

## Disparities in health insurance coverage among children and young adults in Georgia and the U.S.

Brandon K. Attell, MA

Center of Excellence for Children's Behavioral Health, Georgia Health Policy Center, Atlanta GA

**Corresponding Author:** Brandon K. Attell • PO Box 3992, Atlanta, GA 30302 • (404) 413-0178 • [battell1@gsu.edu](mailto:battell1@gsu.edu)

### ABSTRACT

**Background:** In this brief report, I compare rates of health insurance coverage for children and young adults in Georgia and the United States.

**Methods:** Utilizing data from the 2014 American Community Survey, I performed two-sample tests of weighted proportions for a variety of health insurance coverage indicators.

**Results:** Although there is little difference between Georgia and the United States in the proportion of those covered by Medicare and Medicaid, in Georgia there are fewer individuals with private health insurance and more uninsured individuals.

**Conclusions:** Progress toward universal coverage will require continued examination of insurance status at both the state and national level.

**Key words:** health insurance coverage; American Community Survey; Affordable Care Act; Medicare; Medicaid

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### INTRODUCTION

As the U.S. approaches its seventh year under The Patient Protection and Affordable Care Act (ACA), a public health issue that remains is health insurance coverage. Insurance coverage is especially important for children and young adults because it improves health and well-being early in the life-course and is a protective factor for health during adulthood (Carlson et al., 2014; Halfon & Hochstein 2002). In this brief report, I compare differences in health insurance coverage between Georgia and the U.S. for individuals 26 years of age and younger with a focus on private, public, or no insurance coverage.

### METHODS

The data for this analysis come from the 2014 American Community Survey (ACS), which is available online via the U.S. Census Bureau. The ACS is a survey mailed to a multi-stage stratified sample representative of the U.S. population across all age groups. For each household unit identified in the sample, one adult provided a proxy response for each person residing in the household. As such, there are data available for individuals younger than 18 years of age, although they did not directly respond to the survey and are not considered head of the households. For more detailed information about the ACS design, readers are directed to the U.S. Census Bureau (2009).

I constructed a series of indicators that identified whether a respondent had any private (employer-based or from another source) or public insurance (Medicare or Medicaid), some other insurance, or no insurance. These indicators were used to calculate point estimates for the number and proportion of individuals in each insurance category at the state and national level. Because the ACA extended dependent coverage through age 26, I focused the analysis on those aged 0 to 26 and excluded those 27 years of age and older, keeping the first year of age that individuals could progress out of dependent coverage. The final sample size for Georgia was 33,185 individuals (weighted N= 3,808,996) and the final sample size for the U.S. was 1,015,848 (weighted N= 114,044,274).

Coverage differences between Georgia and the U.S. were tested using two-sample proportion tests. All estimates were weighted using successive difference replication estimates (Fay & Train, 1995) to account for the survey sampling design. Additionally, standard errors were adjusted to account for Georgia as a subpopulation of the U.S. (West, Berglund, & Heeringa, 2008). The analysis was conducted using Stata MP version 14 (StataCorp 2015).

### RESULTS

Results of the two-sample proportion tests are displayed in Table 1. In Georgia, there is a lower percentage of individuals (53.48%) with any private insurance coverage

compared to the U.S. (59.17%). Similarly, in Georgia there is a lower percentage of individuals with employer-based insurance (47.18%) compared to the U.S. (51.95%) and fewer individuals with other private insurance coverage (GA = 7.29%, U.S. = 8.46%). At the state and national levels, about one-third of individuals report public insurance coverage (GA = 31.21%, U.S. = 30.73%), with more individuals in Georgia than the U.S. covered by Medicare

(GA = 0.79%, U.S. = 0.69%) and Medicaid (GA = 30.82%, U.S. = 30.38). In Georgia, more individuals are covered by some other insurance source (GA = 4.45%, U.S. = 3.46%). Finally, in Georgia, there is, compared to the U.S., a larger proportion of individuals who are uninsured (GA = 14.28%, U.S. = 10.81%). All differences were significant at  $p \leq 0.001$ .

**Table 1. Weighted estimates of insurance coverage in GA and the United States**

Insurance Type	Georgia	United States	GA vs U.S.
	Weighted n (% of population)	Weighted n (% of population)	Difference in Weighted Proportions
Any Private Insurance	2,037,002 (53.48%)	67,478,877 (59.17%)	-0.0569*
Employer Based	1,797,141 (47.18%)	59,244,485 (51.95%)	-0.0477*
Other Private Insurance	277,761 (7.29%)	9,653,677 (8.46%)	-0.0177*
Any Public Insurance	1,188,917 (31.21%)	35,042,637 (30.73%)	0.0048*
Medicare	30,255 (0.79%)	786,726 (0.69%)	0.0010*
Medicaid	1,173,923 (30.82%)	34,650,563 (30.38%)	0.0044*
Other Insurance Source <sup>a</sup>	169,383 (4.45%)	3,951,515 (3.46%)	0.0099*
No Insurance Coverage	543,771 (14.28%)	12,331,684 (10.81%)	0.0347*

Georgia sample size = 33,185. Georgia estimated population size = 3,808,996. U.S. sample size = 1,015,848. U.S. estimated population size = 114,044,274. Columns do not total to 100% because respondents could select multiple sources of insurance coverage. Data source is the 2014 ACS PUMS population records.

<sup>a</sup>Other insurance source includes TRICARE, VA, and Indian Health Service

\*  $p \leq 0.001$ ; Differences were tested using a two-sample test of weighted proportions. GA was the focal group.

**DISCUSSION/CONCLUSIONS**

The findings of this analysis indicate that Georgia has a smaller proportion of children and young adults with private health insurance (especially employer-based insurance) and a greater proportion with no health insurance coverage. Georgia is one of several states that opted out of Medicaid expansion under the ACA (Price & Eibner, 2013), a policy decision that is a possible mechanism driving the disparity in uninsured individuals with respect to the U.S. (Courtemanche, Marton, & Yelowitz 2016). Indeed, in their longitudinal study of health insurance coverage after ACA implementation, McMorro et al. (2015) found that the percentage of uninsured young adults in Medicaid expansion states dropped by 10%, compared to an 8% decrease in non-Medicaid expansion states. A second potential source of the disparity for those who were uninsured is that some children and young adults may fall into the health insurance “coverage gap,” where they earn too much to be covered under public insurance and too little to receive the Marketplace premium tax credit afforded by the ACA (Collins et al. 2012). Although these mechanisms were not explicitly tested for this brief report, future research on insurance in Georgia should seek to examine these relationships.

Nonetheless, the children and young adults most likely to be uninsured are also those who are also most likely to be in need of health insurance coverage (Clark et al., 2016). Several studies show that the ACA has expanded the number of children and young adults with insurance coverage and has also improved their health (Carlson et al., 2014; Sommers & Kronick, 2012). As this study shows, however, making progress toward universal coverage will require continued examination of insurance status at both the state and national levels.

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