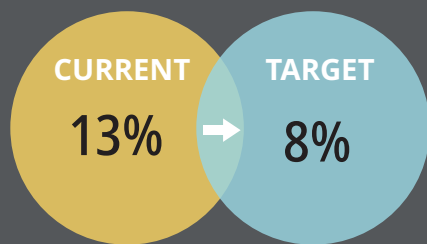


## HEALTH INDICATOR 16: UNINSURED RATE

### DESIRED RESULT: DECREASE THE UNINSURED POPULATION



#### DEFINITION

Population under age 65 without health insurance

#### DETAILS

Individuals age 65 years and older are eligible for Medicare

#### NC UNINSURED RATE (2017)

13%

#### 2030 TARGET

8%

#### RANGE AMONG NC COUNTIES

9 – 20%

#### RANK AMONG STATES

44th\*

#### DATA SOURCE

Small Area Health Insurance Estimates

#### STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

\*Rank of 1st for state with lowest uninsured rate

#### Rationale for Selection:

For most people, access to affordable health care services is dependent upon whether they have health insurance coverage. Although uninsured rates in North Carolina decreased between 2013 and 2016, they have started to rise again. Policy options available to state lawmakers have the potential to greatly reduce the number of people who are uninsured in North Carolina.

#### Context

Access to comprehensive, quality health care services is critical to achieve and maintain health, prevent and manage disease, and achieve health equity. Health insurance is the most common means used to obtain affordable health care services.<sup>137</sup> For those without health insurance, care may be inaccessible and unaffordable, resulting in poor health outcomes.<sup>138</sup> Those without coverage may not receive important preventive care services, may avoid treatment for acute illness and injury, and may also have poorly managed chronic health conditions.<sup>138,139,140</sup> Lack of health insurance coverage can also lead to financial burdens that further negatively impact one's health. Access to affordable health care positively impacts individuals' health and well-being and overall quality of life.<sup>141</sup>

In the United States, there are three broad categories of insurance: private, public, and the uninsured. In 2017, slightly more than half of all North Carolina residents had private insurance (53%).<sup>142</sup> The majority of North Carolinians with private insurance were enrolled in employer-based insurance programs that are jointly financed by employers and employees. Approximately 36% of North Carolinians were covered by public health insurance (i.e., Medicaid, Medicare, Tricare, Veterans Health Administration (VA) health care) with eligibility depending on their age, income, and military status.<sup>142</sup> Those who do not receive health care from their employer and do not qualify for public health insurance (11%) can purchase private health insurance through the government-run health insurance marketplace, which provides subsidies based on income, or through the private insurance market. In 2018, the average annual cost of health insurance was \$6,800 for individuals and \$19,600 for family coverage.<sup>143</sup> Due to the high cost of insurance, both through employers and on the private market, many people cannot afford health insurance and go without.

#### Disparities

Certain types of workers may be less likely to have health insurance.<sup>144</sup> Persons engaged in seasonal, part-time, temporary, or caregiving work or who are self-employed or are small business owners and employees may not receive employer-sponsored insurance and may not qualify for public benefits or tax credits and subsidies to purchase coverage on the marketplace.<sup>145</sup> In North Carolina, those working in the agriculture, forestry, mining, construction, hospitality, and services industries are most likely to lack health insurance.<sup>144</sup> Veteran populations too may fall into the coverage gap, as they may be ineligible for VA health care coverage and may not qualify for TriCare.<sup>145</sup>

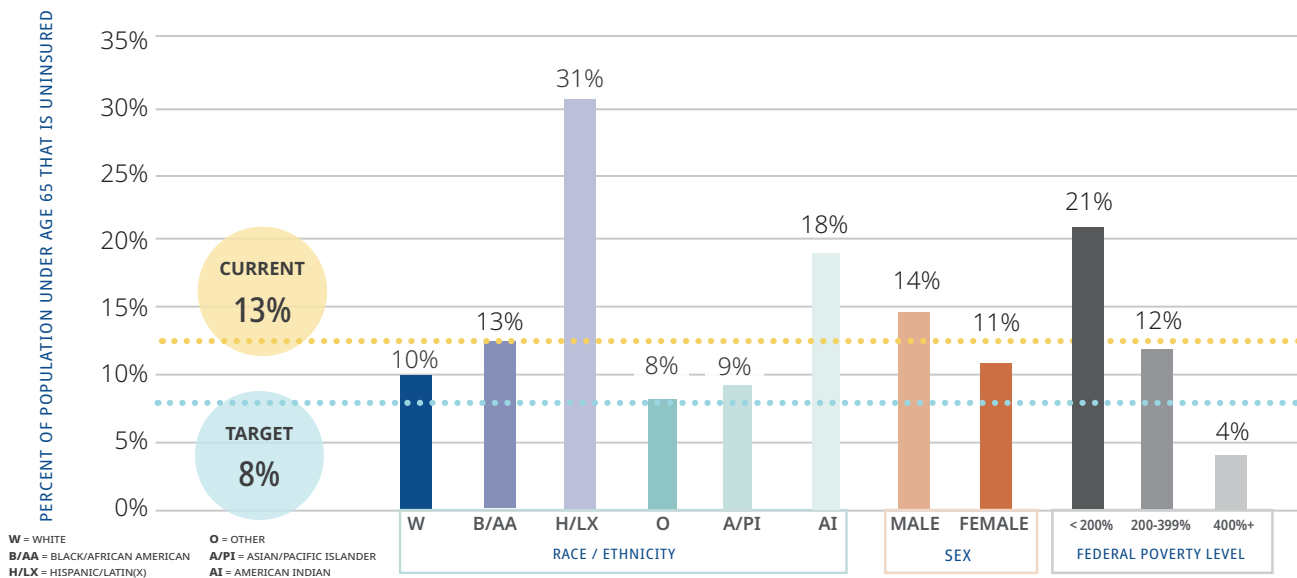
There are also racial and geographic disparities in who does and does not have insurance coverage. Hispanic North Carolinians are uninsured at higher rates than their white and African American counterparts, as members of that community may be more likely to lack access to job opportunities that provide insurance and may also face citizenship and status documentation barriers to qualifying for Medicaid and Medicare.<sup>145</sup> However, white North Carolinians account for almost half of residents in the state without health insurance.<sup>144</sup> Finally, residents of rural areas are more likely to be uninsured than their metropolitan counterparts and are more likely to be concentrated in the mountains and southern plain of the state.<sup>146</sup>

# HEALTH INDICATOR 16: UNINSURED RATE

## DESIRED RESULT: DECREASE THE UNINSURED POPULATION

**FIGURE 29**

Percent uninsured across populations in North Carolina and distance to 2030 target



### 2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years and a forecasted value for North Carolina based on historical data to determine a target for 2030. They also discussed the policy options and their projected effect on the uninsured population. Estimates show that Medicaid expansion in North Carolina would decrease the uninsured population under the age of 65 from 13% to around 8%, therefore the group chose 8% as the target for uninsured for 2030.<sup>147</sup> Analyses have shown that states where Medicaid eligibility has been expanded have seen improved health outcomes, such as decreased infant mortality, decreased cardiovascular mortality rates, improved self-reported health status, and improved rates of smoking cessation.<sup>140</sup>

### Levers for Change

(Collins, Bhupal, & Doty, 2019)

- Expand Medicaid eligibility criteria
- Support bans or limitations on short-term health plans
- Increase publicity and navigator funding for open enrollment
- Increase public education about insurance options

**FIGURE 30**

Percent of Population who is Uninsured in North Carolina Counties: Residents Less than 65 years old, 2017

