

# **Lack of Insurance Coverage Leaves Many Mississippi Delta Residents Without Access to a Regular Healthcare Provider**

*A Policy Brief from the 2009 Delta Rural Poll*

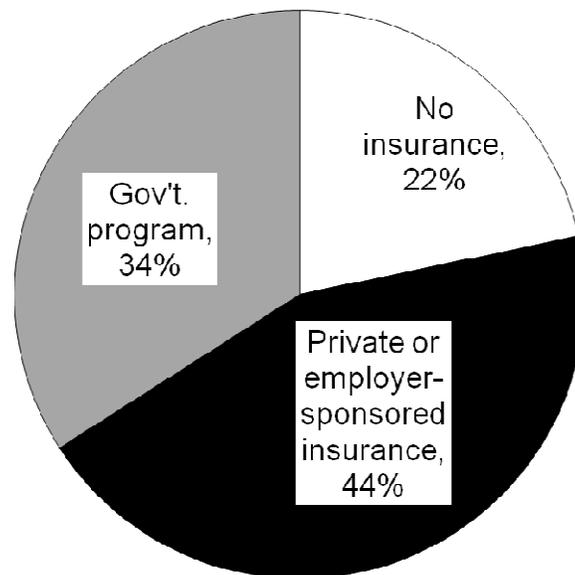
by Katie Kerstetter, MPP  
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Of the 46 million Americans who are estimated as being uninsured, 555,000 live in Mississippi.<sup>1</sup> Nearly one in five Mississippians lack health insurance, according to the most recent Census Bureau data. Compared to other states, Mississippi ranks as one of the bottom ten in terms of its level of health insurance coverage.

The news is even worse for residents in the Mississippi Delta. Data from the most recent Delta Rural Poll show that an estimated 22 percent of adult Delta residents, across eleven counties in the region, did not have health insurance in early 2009 (Figure 1).<sup>2</sup> Those without health insurance were less likely to have a regular health care provider.

Lack of insurance coverage leads to negative outcomes for Delta residents and the region as a whole, including increased burdens on hospitals and emergency rooms. This policy brief discusses who is most likely to be uninsured in the Delta, the personal and societal effects of low insurance coverage, and how coverage can be improved. For the purpose of this report, “insured” refers to individuals that have private or employer-sponsored coverage as well as those who receive coverage from government programs, such as Medicaid and Medicare.

**Figure 1: Insurance Coverage Among Mississippi Delta Residents, 2009**



Source: 2009 Delta Rural Poll

<sup>1</sup> U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, “Number and Percentage of People Without Health Insurance Coverage by State Using 2- and 3-Year Averages: 2005-2006 and 2007-2008,” released September 2009.

<sup>2</sup> The Delta Rural Poll is a representative telephone survey of a sample of Mississippi Delta residents from eleven counties: Bolivar, Coahoma, Humphreys, Issaquena, Leflore, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica and Washington. Data for this analysis were weighted on the basis of county-level adult population, race/ethnicity and gender figures from the 2000 U.S. Census. The total 2009 Delta Rural Poll sample size is 1,144.

## Who is Uninsured in the Delta?

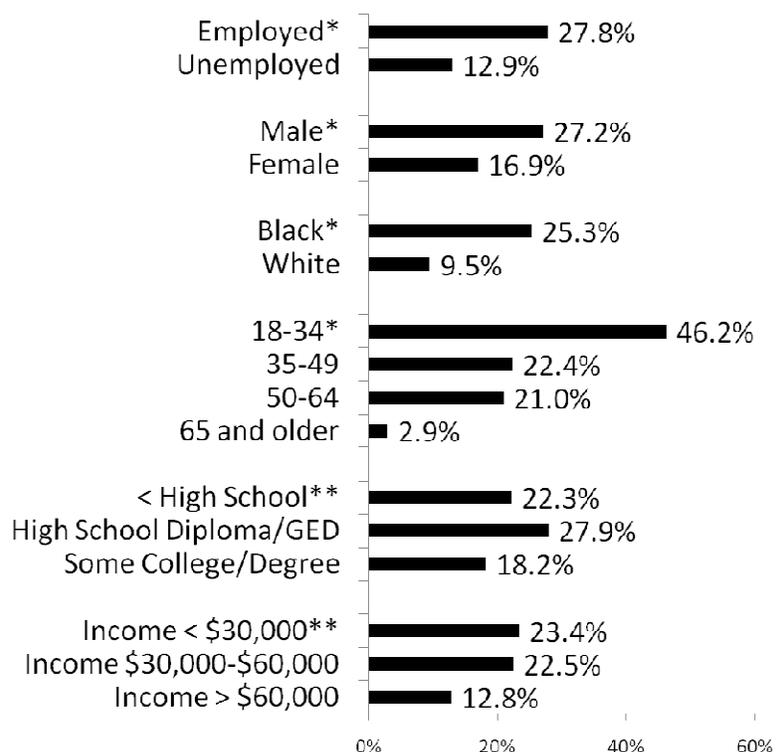
Deltans who are black, male, less than 35 years of age, and who were employed at some point during 2009 are significantly less likely to be insured than their white, female, older, and unemployed counterparts. Those with a college education and incomes above \$30,000 are significantly more likely to be insured compared to those with less education and lower incomes (Figure 2).

Although it may seem strange that Delta residents with jobs are less likely to have health insurance, this is likely due to the combination of low rates of employer-sponsored coverage and limited public health insurance options for low-income workers. Mississippi has one of the lowest rates of employer-sponsored insurance in the US,<sup>3</sup> and the Delta is no exception. One out of every five full-time workers in the Delta was uninsured in 2009.

Very few Delta residents age 65 and older lack health insurance coverage, because they qualify for and typically receive government-funded insurance through the Medicare program. However, younger workers are not as fortunate. Medicaid, Mississippi's health insurance program for low-income residents, is primarily available to working adults if they have a dependent child and have incomes less than 46 percent of the federal poverty line (or \$8,064 a year for a family of three).<sup>4</sup>

This means that full-time workers earning the minimum wage, making \$15,080 per year, are not able to access government health insurance, even if their employers do not provide coverage.

**Figure 2: Percent of Uninsured Mississippi Delta Residents, 2009**



Source: 2009 Delta Rural Poll; \* Statistically significant at the 99 percent confidence interval; \*\*Statistically significant at the 95 percent confidence interval

<sup>3</sup> Kaiser Family Foundation, "State Variation and Health Reform Chartbook," Figure 2.3, August 6, 2009.

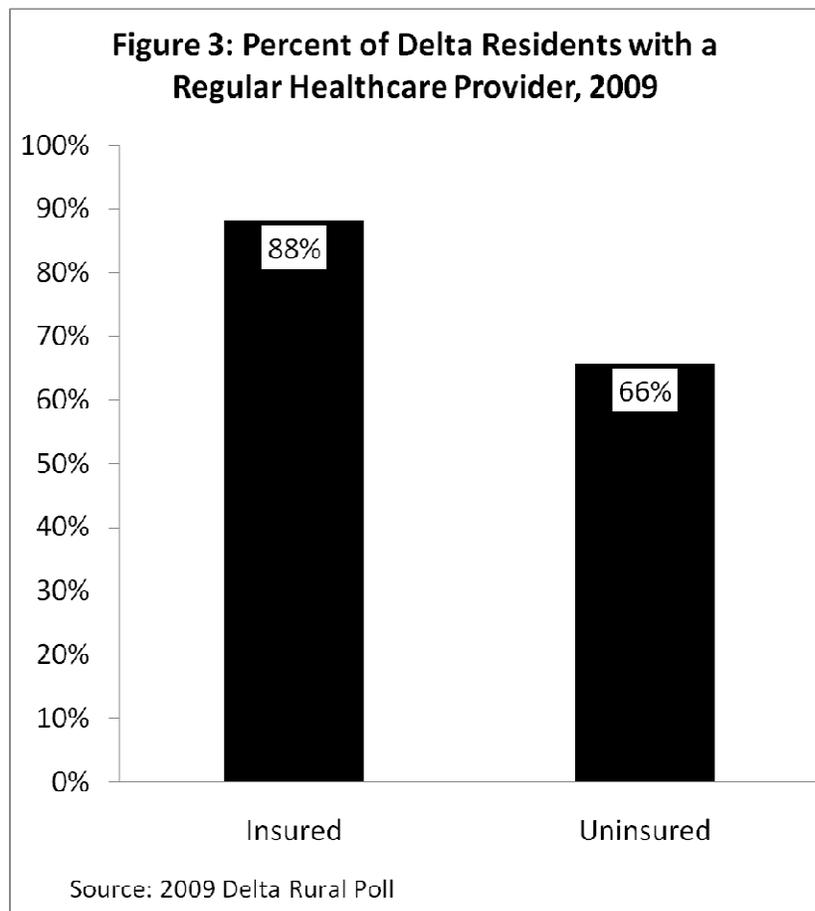
<sup>4</sup> Kaiser Family Foundation, "Mississippi: Medicaid/CHIP Eligibility," January 2009. Families who are working at the time of application are eligible if they earn less than 46 percent of the poverty line; families who are unemployed at the time of application are eligible if they earn less than 25 percent of the poverty line. Pregnant women with incomes up to 185 percent of the poverty line are eligible for Medicaid in Mississippi.

## Lack of Insurance Leads to Negative Outcomes

Delta residents who do not have health insurance are significantly less likely to have a regular healthcare provider. In 2009, about 88 percent of those with insurance reported having a regular health care provider, compared to 66 percent of those without health insurance, according to estimates from the Delta Rural Poll (Figure 3).

Without access to regular healthcare, uninsured individuals are more likely to go without needed care and to experience more serious health problems that require emergency and hospital care.

Relying on hospital and emergency care harms not only uninsured individuals but the region and state as well. Uninsured adults are twice as likely as their insured counterparts to have difficulty paying for food and housing due to high medical bills.<sup>5</sup> Residents living in communities with high proportions of uninsured residents may find it more difficult to access specialty services or receive emergency room and hospital care.<sup>6</sup> States also bear the burden in terms of supporting hospitals' uncompensated healthcare costs. The Urban Institute estimates that in a worst-case scenario, Mississippi will provide \$581 million in uncompensated care this year. Without healthcare reform, these costs are expected to grow to \$1.2 billion by 2019.<sup>7</sup>



<sup>5</sup> Kaiser Commission on Medicaid and the Uninsured, “The Uninsured and the Difference Health Insurance Makes,” September 2008.

<sup>6</sup> National Governors Association, “Improving and Increasing Access to Care: State Health Coverage Expansions Since 2004,” September 28, 2006.

<sup>7</sup> Bowen Garrett, John Holahan, Lan Doan, and Irene Headen, “The Cost of Failure to Enact Health Reform: Implications for States,” Urban Institute, October 2009.

## Increasing Health Insurance Coverage for Delta Residents

Both the national health reform proposal and initiatives adopted by other states could help more Delta residents in their attempts to access health insurance. Other states have increased coverage by expanding Medicaid programs or providing incentives to employers. For example, Arkansas' ARHealthNetwork provides coverage for small business employees who earn up to 200 percent of the poverty line through a public/private partnership.<sup>8</sup>

The national health care reform proposal also could help to increase coverage in the Delta. The Obama administration estimates that its plan could provide an additional 24,200 Mississippi workers with insurance through their employers as well provide coverage for all remaining uninsured residents through a health insurance exchange.<sup>9</sup>

While many ideas for health care reform are being debated, the results presented here demonstrate the need for serious attention to health insurance as an entry point for Delta residents to access health care.



*The Delta Rural Poll is a telephone survey of residents from eleven counties in Mississippi conducted every two years. It is a project of the Delta State University (DSU) Institute for Community-Based Research in collaboration with the Division of Social Sciences and Center for Community and Economic Development. The Wolfgang Frese Survey Research Laboratory at Mississippi State University's Social Science Research Center conducts the poll. Support for the 2009 DRP was provided by the partners listed above in conjunction with the Mississippi Primary Health Care Association and the DSU Faculty Development Fund. The views expressed in this report are solely those of the author and do not necessarily represent any of the partnering organizations.*

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<sup>8</sup> "Arkansas Safety Net Benefit Program (HIFA) Section 1115 Demonstration Fact Sheet," updated April 13, 2009.

<sup>9</sup> HealthReform.gov, "How Health Insurance Reform Will Benefit Mississippi," accessed August 26, 2009.