



## How the Risk of Losing Health Insurance Varies across Working Lifetimes for Different Sets of Americans

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People without health insurance, on average, have shorter lives, a lower quality of life, and often experience health care related financial hardships. Since the passage of the Patient Protection and Affordable Care Act, the ranks of Americans without health insurance have steadily declined. In 2014, roughly 10.4% of individuals under age 65 were uninsured throughout the year, but a year later it was 9.1%. Recent estimates show that racial minorities have higher uninsured rates than do white Americans. Yet these findings are for particular points in time, and we know little about who is most at risk of becoming uninsured over the course of adulthood. In my research, I study how losing health insurance for the first time affects various long-term outcomes for the people who experience this loss – and I explore how risks vary by age, race, and gender.

Adults between the ages of 18 to 60 – “working-aged adults” – are at the greatest risk of not having health insurance, because longstanding federal health insurance programs cover children through the Child Health Insurance Program and older adults through Medicare. Working-aged adults often get health insurance through employers – and those who lose jobs frequently lose health coverage as well. Because losing insurance and losing a job often coincide, I study how the cumulative risk of first-time job-related and non-job related loss of health insurance varies among adults by age, race, and gender.

### Who Experiences Loss of Health Insurance in Working Adulthood?

Roughly half (46%) of working-aged adults have lost health insurance at some point between the ages of 25 and 55, and one third of these experienced the loss of health insurance in the same year as a job loss.

- Although black and Hispanics represent 15% and 6% of the sample respectively, greater proportions of blacks (20%) and Hispanics (8%) experience the loss of health insurance during their working years. Whites, by contrast, represent 80% of the sample but only 71% of those experience loss of health coverage. As other studies have found, racial minorities are disproportionately more likely to be uninsured.
- A higher proportion of blacks than whites lose jobs and health insurance at the same time, because of racial disparities in access to such coverage through employment.
- By a margin of 53% to 47%, more women than men experience a period of being uninsured in working adulthood.
- Adults between the ages of 30 and 33 have the highest probability of losing their health insurance, and the probability of losing coverage decreases at later ages. If an adult is going to lose health coverage, he or she is more likely to do so in the early years of adulthood. To prevent loss of insurance, policymakers

and health care enrollers should pay special attention adults in this age group.

## **Cumulative Risks of Being Uninsured**

Minorities have the greatest cumulative risk of losing health insurance – an experience that varies by age and gender. Until age 35, Hispanic men have the greatest cumulative risk of being uninsured, but from ages 35 to 55, black men have even greater risks.

A similar pattern appears for minority women. Until the age of 40, Hispanic women have a greater cumulative risk of being uninsured, but black women are at greater risk in later years of working adulthood. By age 47, both black and Hispanic women are at greater risk of being uninsured than Hispanic men, although their cumulative risk still is not as high as the risk for black men.

By age 55, black males have the highest cumulative risk of being uninsured, followed by black women, Hispanic women, and Hispanic men. At every age, white men and women have substantially lower risks of having been uninsured, with their risk peaking at age 55.

## **Workers Who Lose both Jobs and Health Insurance**

Especially in later years, black men and women have substantially greater cumulative risks than others of jointly losing health insurance and jobs. This risk is highest for black men at every age, with black women experiencing almost as great a risk of being both unemployed and uninsured.

At younger ages, Hispanic women and whites both have a low probability of having experienced both job and health insurance loss, but after age 35 the risk increases for Hispanic women at a faster rate and ultimately becomes similar to the risk for Hispanic men. White females have the lowest cumulative risk of losing health insurance and employment in every year after age 30 – and both white women and men experience only modest cumulative risk of both job and health insurance losses by age 55.

## **Implications for Scholars and Policymakers**

Using data that track insurance status over time reveals racial and gender disparities at specific phases of working adulthood. Adults between ages 30 and 33 have the greatest probabilities of becoming uninsured. And just as revealed by comparisons at specific points in time, racial minorities are at greater cumulative risk than whites of losing health insurance at some point between ages 25 and 55. Black men are at greatest risk at all ages, especially when they also lose jobs. And black women also have a relatively high cumulative risk of losing insurance and jobs in the same year.

Because black men and women are less likely to remain covered when they lose their jobs, they should be primary targets for health insurance enrollment efforts. During open enrollment periods under the Affordable Care Act, counselors and others doing outreach should target sites that assist unemployed individuals.

Since most people obtain health insurance through an employer, future research should consider job insecurity as a predictor of coverage losses that can widen health disparities. Especially as the Affordable Care Act is changed by the Trump administration, researchers will need to carefully track insurance loss for various groups of adults over their working lifetimes. Studies using this life-course perspective will lead to better

understanding of health risks and inequalities than those restricted to just one point in time.