

A Profile of Missouri's Low-Wage Uninsured Workers

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The recently enacted American Rescue Plan Act of 2021 (ARP) includes new large financial incentives for states to extend health insurance coverage to low-wage workers and other adults earning less than \$17,775 a year.¹ These incentives apply to regular spending in a state's Medicaid program and offer a five-percentage point across the board increase in the federal share for a 24-month period after the state extends coverage. Missouri is eligible for this funding because voters approved expansion in a referendum last year but it has not yet been implemented. The Kaiser Family Foundation estimates that Missouri's budget would see a net gain of \$1.15 billion over a two-year period when the state begins covering adults in Medicaid.² Approximately 247,500 uninsured non-elderly adults will gain health insurance.³

This fact sheet examines which workers and industries will benefit from the expansion of Medicaid coverage.⁴ Industry sectors in Missouri with the largest percentage of low-wage uninsured workers are hospitality, retail, and health care and social assistance, accounting for 49 percent of low-wage workers without insurance (see Table 1). The most common jobs for low-wage, uninsured workers are cashiers, cooks, laborers and movers, and maids and housekeeping staff (see Table 2).



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Table 1. Top Industry Sectors in Missouri

For Low-Wage Workers		For Low-Wage, Uninsured Workers	
Health care and social assistance	16.2%	Accommodation and food service	19.3%
Retail	15.8%	Retail	17.1%
Accommodation and food service	15.3%	Health care and social assistance	12.9%
Manufacturing	7.8%	Construction	9.5%
Administrative, support, and waste management services	7.2%	Administrative, support, and waste management services	8.9%
Construction	6.9%	Manufacturing	7.8%
Educational services	6.7%	Other services (except public administration)	4.7%
Other services (except public administration)	4.9%	Educational services	3.4%
Transportation and warehousing	3.3%	Transportation and warehousing	3.2%
Arts, entertainment, and recreation	2.9%	Wholesale trade	2.1%

Table 2. Top Occupations in Missouri

For Low-Wage Workers		For Low-Wage, Uninsured Workers	
Cashiers	5.8%	Cashiers	6.9%
Cooks	4.3%	Cooks	4.6%
Waiters and waitresses	3.6%	Laborers and freight, stock, and material movers, hand	4.5%
Laborers and freight, stock, and material movers, hand	3.5%	Construction laborers	4.2%
Janitors and building cleaners	3.1%	Maids and housekeepers	3.9%
Customer service representatives	3.0%	Janitors and building cleaners	3.9%
Maids and housekeepers	2.9%	Waiters and waitresses	3.3%

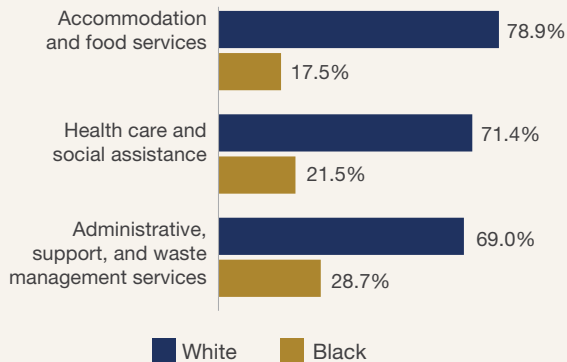
Note: Workers with no occupation are not listed.

Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS).

Demographics of uninsured low-income residents

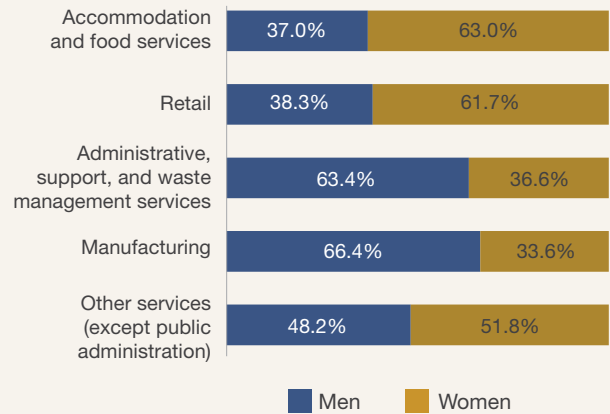
In Missouri, 78 percent of uninsured low-income non-elderly citizens are White, 17 percent are Black, and the remainder describe themselves in other categories including American Indian, Asian/Pacific Islander, or multi-racial.⁵ As Figure 1 illustrates, different areas of the economy have somewhat different racial compositions for low-wage uninsured workers. Figure 2 shows the gender breakdown for low-wage uninsured workers which varies considerably by industry.

Figure 1. Race of Low-Wage, Uninsured Workers in Top Industry Sectors



Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS).⁶

Figure 2. Gender of Low-Wage, Uninsured Workers in Top Industry Sectors



Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS).⁷

Which parts of the state have higher proportions of uninsured workers?

Table 3 lists the twenty-one counties with the highest proportion of uninsured workers, each with more than one in five non-elderly employed adults of all incomes lacking insurance. All of these counties except for McDonald County are classified as rural counties underscoring other research findings that Medicaid expansion substantially benefits rural areas.⁸ The uninsured rate for all non-elderly adult workers varies considerably across the state of Missouri, ranging from 32.5 percent in Scotland County to 5.2 percent in St. Charles County.

Uninsured Rate for Non-Elderly Workers

- Above 20%
- Between 10-20%
- Lower than 10%

Note: Includes all workers ages 19-64 regardless of income or citizenship status.

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) 2015-2019 Table DP03. Grey counties indicate that estimate is suppressed due to high margin of error and low-reliability

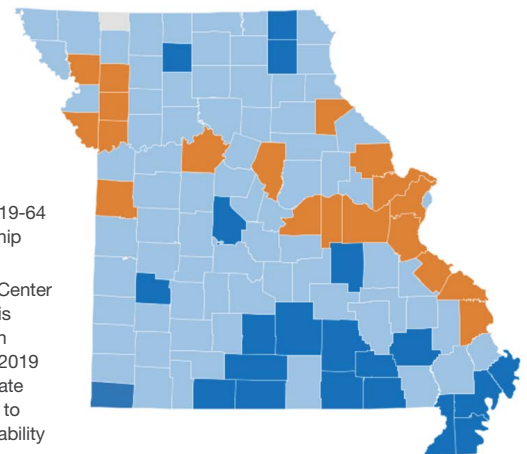


Table 3. Missouri Counties Where More than 20 Percent of Non-Elderly Workers are Uninsured

Note: Includes all workers ages 19-64 regardless of income or citizenship status.

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) 2015-2019 Table DP03.

County	Uninsured Rate
United States	11.0%
Missouri	11.2%
Scotland	32.5%
Oregon	27.8%
Shannon	27.6%
Knox	27.4%
Ripley	26.0%
McDonald	24.8%
Morgan	24.5%
Ozark	24.3%
Cedar	23.5%
Taney	23.2%

County	Uninsured Rate
Dunklin	22.4%
Douglas	22.2%
New Madrid	22.0%
Wayne	21.9%
Mississippi	21.6%
Crawford	20.8%
Carter	20.7%
Wright	20.6%
Grundy	20.5%
Texas	20.4%
Pemiscot	20.3%

Endnotes

¹ For more information on the provisions of the law, see E. Park and S. Corlette, “American Rescue Plan Act: Health Coverage Provisions Explained” (Washington DC: Georgetown University Center for Children and Families and Center on Health Insurance Reform, March 2021), available at <https://ccf.georgetown.edu/2021/03/11/american-rescue-plan-act-health-coverage-provisions-explained/>.

² R. Rudowitz, B. Corallo, and R. Garfield, “New Incentive for States to Adopt the ACA Medicaid Expansion: Implications for State Spending” (Washington DC: Kaiser Family Foundation, March 2021), available at <https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/>.

³ “Medicaid Expansion Enrollment and Eligibility Update: Geographic Distribution of Medicaid Enrollees” (Saint Louis University Center for Health Law Studies & Washington University Center for Health Economics and Policy, March 2021), available at https://publichealth.wustl.edu/wp-content/uploads/2021/03/County_Enrollees_factsheet_final_v.2.pdf. Earlier estimates from the Office of the Governor project enrollment of 274,500 in the first year.

⁴ All data are from the American Community Survey. Most data are from the 2019 Public Use Microdata Sample; county data calculated from American Community Survey five-year (2015-2019) prepared tables.

⁵ The American Community Survey measures race and ethnicity as two separate facets of an individual’s identity. Hispanic/Latino individuals can be of any race. Just 3.5 percent of low-income uninsured non-elderly adults identify as Hispanic/Latino.

⁶ Figure 1: Estimates for the share of low-wage workers in each industry sector who are American Indian/Alaska Native, Asian/Native Hawaiian or Pacific Islander, and Two or More Races/Some Other Race are suppressed due to small sample sizes and low-reliability. Estimates of race in retail industry and construction industry suppressed due to small sample sizes and low-reliability of all but one category. Contact authors for more information on the methodology.

⁷ Figure 2: Estimates of gender in health care and social assistance industry and construction industry are suppressed due to small sample sizes and low-reliability of one category. Contact authors for more information on the methodology.

⁸ J. Hoadley, J. Alker, and M. Holmes, “Health Insurance Coverage in Small Towns and Rural America: The Role of Medicaid Expansion” (Washington DC: Georgetown University Center for Children and Families, September 2018), available at <https://ccf.georgetown.edu/2018/09/25/health-insurance-coverage-in-small-towns-and-rural-america-the-role-of-medicaid-expansion/>.