

A Profile of Mississippi's Low-Wage Uninsured Workers

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The recently enacted American Rescue Plan Act of 2021 (ARP) includes new financial incentives for states to extend health insurance coverage to low-wage workers and other adults earning less than \$17,775 a year through Medicaid.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. The Kaiser Family Foundation estimates that Mississippi's budget would see a net gain of \$400 million over a two year period if the state expanded Medicaid to take advantage of the new incentives.² Approximately 166,600 uninsured adults would gain health insurance, comprising just over half of the state's uninsured population.³

This factsheet examines which workers and industries would benefit from expansion of Medicaid coverage.⁴ The restaurant, food service, and construction industries employ the most uninsured low-wage workers, collectively accounting for more than a quarter of such workers (see Table 1). *Cashiers, cooks, maids and housekeeping staff, waiters/waitresses, and retail workers are most likely to be uninsured* (see Table 2).



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Table 1. Top Industries for Mississippi's Low-Wage Workers

All Workers	
Restaurants and other food services	13.1%
Construction	6.7%
Elementary and secondary education	4.5%
Retail trade, general merchandise stores	4.1%
Nursing care facilities	2.9%
Uninsured Workers	
Restaurants and other food services	15.4%
Construction	12.0%
Retail trade, general merchandise stores	3.9%
Services to buildings and dwellings	3.1%
Other amusement, gambling, and recreation industries	2.2%

Table 2. Top Occupations for Mississippi's Low-Wage Workers

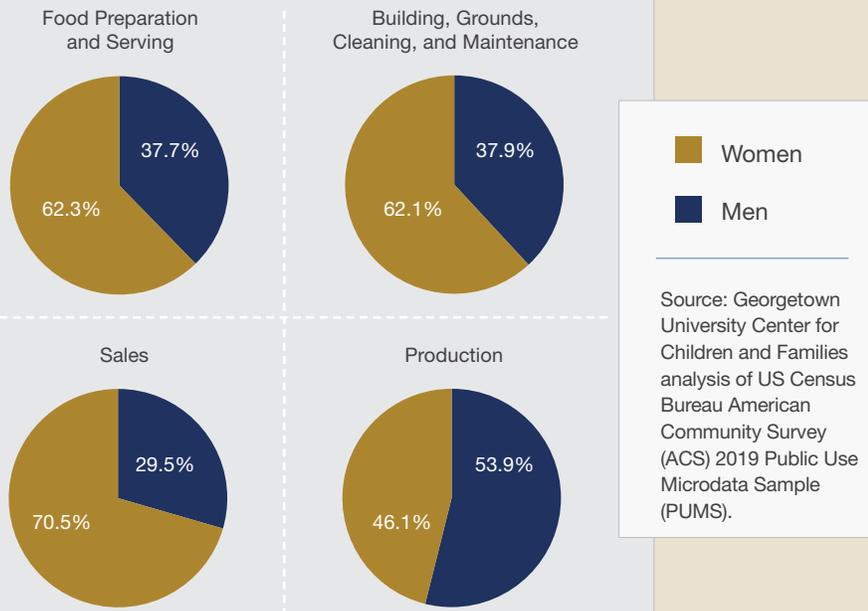
All Workers	
Cashiers	7.5%
Cooks	4.5%
Maids/housekeepers	4.0%
Laborers and freight, stock, and material movers	3.1%
Retail salespeople	3.1%
Uninsured Workers	
Cashiers	7.4%
Maids/housekeepers	5.7%
Cooks	5.0%
Waiters and waitresses	3.7%
Retail salespeople	3.6%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS). Low-wage defined as below 138% of the federal poverty level. Share of individuals with no industry or occupation not listed. For more details see the Methodology section on our website at ccf.georgetown.edu.

What are the demographics of low-wage uninsured workers?

Figure 1 suggests that low-wage working women in particular would benefit from an expansion because they are more likely to be employed in industries with high rates of uninsurance—such as food preparation, cleaning, and sales. Mississippi also has a maternal mortality rate that is higher than the national average, and Black women are at higher risk of adverse outcomes.⁵ In addition to the Medicaid expansion incentives, the newly enacted American Rescue Plan offers states a new option to extend postpartum coverage in Medicaid for twelve months at a state’s regular Medicaid matching rate.

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



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

Below is a list of counties with the highest proportion of uninsured workers (of all incomes) ranging from one fifth to one quarter of their non-elderly employed adults. Rural counties dominate the list. Mississippi’s rate of uninsured workers (14.9 percent) is considerably higher than the national average (11.0 percent).

County	Uninsured Rate for Employed Individuals (ages 19-64)
1. Quitman	26.3%
2. Humphreys	25.2%
3. George	22.0%
4. Washington	21.9%
5. Tunica	20.6%
6. Adams	20.5%
7. Jefferson Davis	20.4%
8. Sharkey	20.4%
9. Marion	20.2%
10. Tishomingo	19.9%

Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2014-2019 Table DP03.

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 Kaiser Family Foundation, “Who Could Medicaid Reach with Expansion in Mississippi?” (Washington DC: Kaiser Family Foundation, February 2021), available at <http://files.kff.org/attachment/fact-sheet-medicaid-expansion-MS>.

⁴ See Methodology section at ccf.georgetown.edu for more information on sources of data and analysis methods. Most data are from 2019; county data are from American Community Survey 5-year data prepared tables.

⁵ C. Collier et al., “Mississippi Maternal Mortality Report, 2013-2016” (Jackson, MS: Mississippi State Department of Health, April 2019), available at https://msdh.ms.gov/msdhsite/_static/resources/8127.pdf.