

A Profile of North Carolina's Low-Wage Uninsured Workers

by Joan Alker and Alexandra Corcoran

April 2021

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. The Kaiser Family Foundation estimates that North Carolina's budget would see a net gain of \$1.21 billion over a two-year period if the state expanded Medicaid.² Approximately 372,400 uninsured nonelderly adults, or one-third of the state's uninsured population, would gain health insurance.³

This fact sheet examines which workers and industries would benefit from expansion of Medicaid coverage.⁴ Industry sectors with the largest percentage of low-wage uninsured workers are hospitality, retail, and construction, accounting for 42 percent of those working without insurance (see Table 1). *The most common jobs for low-wage, uninsured workers are cashiers, cooks, freight and stock laborers, waiters/waitresses, and nursing assistants* (see Table 2).



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

Table 1. Top Industry Sectors for Low-Wage, Uninsured Workers

Accommodation and food services	16.0%
Retail	15.4%
Construction	10.9%
Administrative, support, and waste management services	10.3%
Manufacturing	10.2%
Health care and social assistance	9.2%
Other services (except public administration)	6.0%

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).

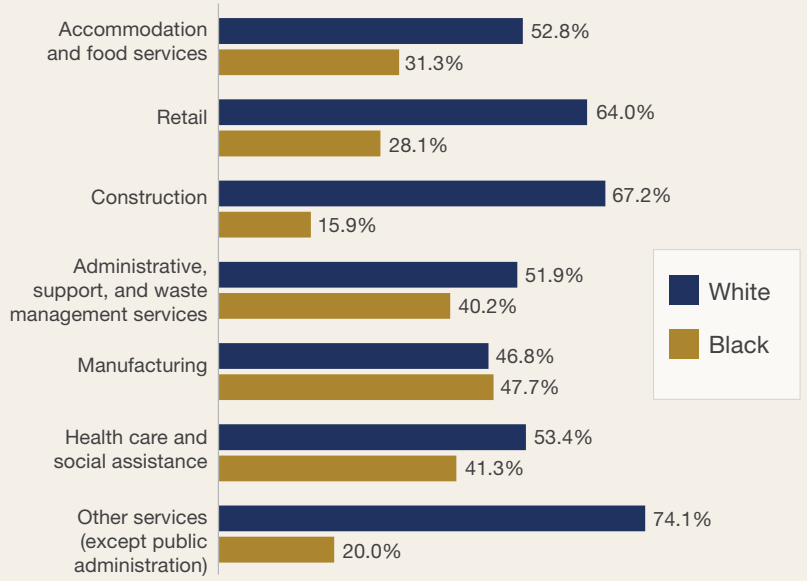
Table 2. Top Occupations for Low-Wage, Uninsured Workers

Cashiers	5.6%
Cooks	4.6%
Laborers and freight, stock, and material movers	3.7%
Waiters and waitresses	2.9%
Nursing assistants	2.6%
Landscaping and groundskeeping workers	2.5%
Janitors and building cleaners	2.5%
Construction laborers	2.4%
Maids and housekeeping cleaners	2.3%
Stockers and order fillers	2.2%
Retail salespersons	2.1%
Driver/sales workers and truck drivers	2.1%

Demographics of uninsured low-wage workers

Our analysis finds that women make up a disproportionate share of low-income, non-elderly North Carolinians (58 percent). In North Carolina, 59 percent of uninsured, low-income non-elderly citizens are White, 32 percent are Black, and the remainder describe themselves in other categories including American Indian, Asian/Pacific Islander, or multi-racial. Approximately 6 percent of uninsured, low-income non-elderly citizens are Latino.⁵ As Figure 1 illustrates, different areas of the economy have somewhat different racial compositions for low-wage uninsured workers but in every industry, except for manufacturing, the majority of low-wage, uninsured workers who would gain coverage through Medicaid expansion are White.

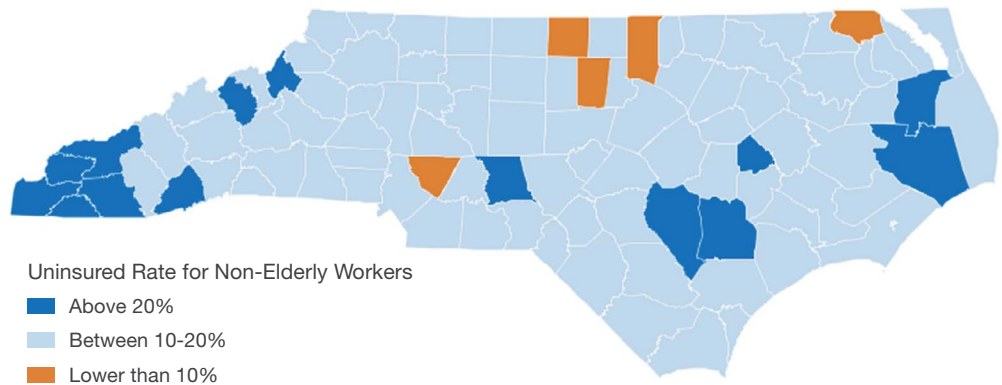
Figure 1. Race of Low-Wage, Uninsured Workers in Top Industry Sectors



Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS). Estimates for the share of low-wage workers in each occupational 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.

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

The map on the right shows that the uninsured rate for all non-elderly adult workers varies considerably across the state of North Carolina, ranging from 5.8 percent in Gates County to 27.2 percent in Avery County. Table 3 lists the 14 counties with the highest proportion of uninsured workers, each with more than 20 percent of non-elderly employed adults lacking insurance. All of these counties are rural counties underscoring other research findings that Medicaid expansion would disproportionately benefit rural areas.⁶



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.

Table 3. North Carolina 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 for Non-Elderly Workers
United States	11.0%
North Carolina	13.8%
Avery	27.2%
Tyrrell	26.6%
Graham	26.1%
Hyde	26.0%
Cherokee	25.1%
Duplin	23.9%

County	Uninsured Rate for Non-Elderly Workers
Clay	23.2%
Swain	22.9%
Greene	22.4%
Sampson	22.2%
Yancey	22.1%
Macon	21.7%
Transylvania	20.5%
Montgomery	20.4%

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 North Carolina?” (Washington DC: Kaiser Family Foundation, February 2021), available at <https://files.kff.org/attachment/fact-sheet-medicaid-expansion-NC>.

⁴ Contact authors for more information on sources of data and methods. All data are from American Community Survey 2019 most from the 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.

⁶ 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/>.