Overview of OHCA’s
2006 Young Adults Survey

According to the Office of Health Care Access (OHCA) 2006 Young Adults Survey, an estimated 22 percent or 95,200 adults ages 19 to 29 are currently uninsured. The high uninsured rate may result from young adults “aging out” or becoming ineligible for parental or public coverage at a time when they have not yet obtained employment-based coverage on their own. Specifically, three-quarters of all uninsured young adults are currently working, yet only 15 percent have access to employer coverage. Despite young adults’ high uninsured rate, nearly 95 percent think that having insurance is either “very” or “somewhat” important.

The 2006 Young Adults Survey was a telephone poll of 600 adults between ages 19 and 29 conducted in the summer of 2006 by the University of Connecticut’s Department of Public Policy and Center for Survey Research and Analysis. It has a margin of error of plus or minus 3.3 percent.

Young adults have the highest risk of being uninsured. Unlike children, young adults (ages 19 to 29) do not automatically qualify for public coverage and so the share of young adults with public coverage is half that of children (9 percent versus 20 percent). Additionally, fewer young adults than children have private coverage as many “age out” or become ineligible for parental coverage. In comparison with older working age adults (ages 30 to 64), fewer young adults have private coverage (65 percent compared to 83 percent), particularly as many do not have access to coverage through their employers.

Key Survey Findings

- An estimated 95,200 or 22 percent of young adults are currently uninsured.
- Approximately 65 percent of all young adults have private coverage; 9 percent have public coverage and 4 percent are insured through an unknown source.
- One in five young adults with private coverage has it through a parent/guardian.
- Ninety-five percent of young adults think health insurance coverage is either “very” or “somewhat” important.
- Nearly three-quarters of all uninsured young adults are currently employed, most in permanent full-time positions, yet only 15 percent have access to coverage through their employer.
- Only 12 percent of uninsured young adults report that they could potentially obtain coverage through a family member’s employer.
- In the last year, 36 percent of uninsured young adults postponed needed medical care and 24 percent chose not get it.
- Approximately 15 percent of all young adults identified the hospital emergency department as their usual source of care for an illness or injury.
Almost three-quarters of uninsured young adults are currently working. This includes those who are exclusively working and those who are both working and are either a full- or part-time student. In comparison with older working age adults (ages 30 to 64), fewer working young adults are in permanent full-time positions, the type of employment most likely to include health coverage (70 percent compared to 80 percent). An additional 15 percent of uninsured young adults are full- or part-time students who are not currently employed.

Uninsured young adults were much more likely to delay or postpone needed medical care. Uninsured young adults may be choosing to forego timely care in part because significantly fewer have a regular primary care physician compared to those who are insured (40 percent compared to 71 percent). It may also be related to cost, as 21 percent of uninsured young adults had trouble paying their medical bills in the last year.

Few uninsured young adults have access to employment-based coverage. Although nearly three-quarters of all uninsured young adults work, just 15 percent are eligible for coverage through their own employer. Working uninsured young adults are less likely than others to hold permanent full-time positions and most have been with their employer for less than two years, factors which may reduce their eligibility for employer coverage.

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Summary

Young adults’ high uninsured rate is in part related to a loss of parental coverage, diminished eligibility for public coverage, and more limited access to employment-based coverage.

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