

Health Insurance for Artists: What we know and don't know about coverage in Colorado

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The arts have a natural and critical role to play in achieving health and health equity across populations. Artists and arts organizations are embedded within their communities, positioning them as ambassadors of a representative experience with unique voices and approaches to communication.

Throughout history, the arts have effectively supported well-being, created social connection, inspired movements, communicated across difference, and transformed systems and cultures – addressing the very things that public health and health care seek to do but with limited success.¹ The arts in collaboration with health can have a powerful impact on not only health outcomes, but also on increasing social and emotional well-being across all communities.

Key Messages

- Having health insurance is a key component to accessing quality health care.
- Evidence suggests that artists rely on public health insurance more than those in other professions.
- For Colorado artists, there is insufficient data on health insurance and types of coverage. Surveillance could help with understanding coverage and access and inform a policy and advocacy agenda to achieve more equitable health.

Arts and health insurance both benefit health

The arts have been proven to have powerful and lasting effects on health. Research shows that engagement in the arts can effectively address health equity issues at both the individual and community level. Health is not simply the absence of disease but a completeness that includes physical, mental, and social well-being.² Access to high-quality health insurance also has powerful and lasting effects on health and can help improve physical, mental, and social well-being. The Kaiser Family Foundation reports:³

“Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. While the COVID-19 pandemic affected health care utilization broadly, uninsured adults are far more likely than those with insurance to postpone health care or forgo it altogether because of concerns over costs. The consequences can be severe, particularly when preventable conditions or chronic diseases go undetected.”

Given the foundational importance of health insurance, in 2010, President Obama signed the Affordable Care Act (ACA) which had a primary goal of expanding coverage to all Americans. Major changes included:

- expansion of Medicaid to cover all adults with low-income,
- ability of youth up to age 26 to remain on their parents' health insurance, and
- creation of health care exchanges where individuals and small business could purchase health insurance and receive subsidies and tax credits.

These reforms decreased the overall number of Americans without insurance and increased the number of people on both public and private health insurance.

One study found the ACA had an outsized impact on artists:⁴

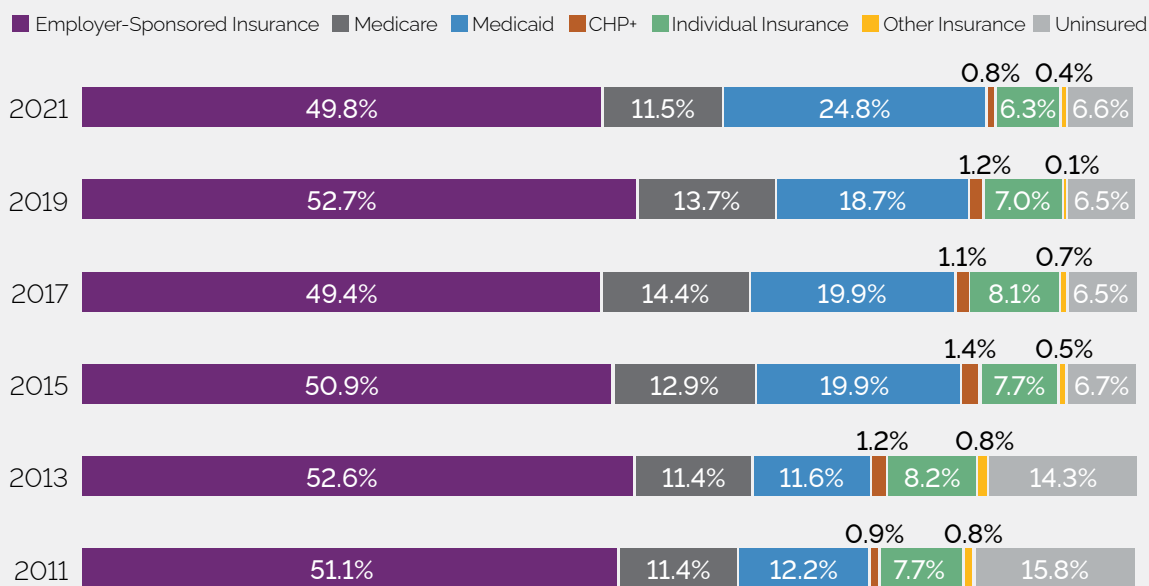
- the provision allowing youth to remain on their parents' health insurance increased employment-related health insurance by 10.7 percentage points, and
- the Medicaid coverage rate of artists below the poverty level increased by 12.4 percentage points.

These effects were significantly larger than for other workers, leading the authors to conclude that the "health reforms have important and larger effects on artist occupations than other worker populations."⁴

In Colorado, due to these policy changes, the rate of uninsured was cut in half in 10 years (2011-2021) from 15.8% to 6.6%. There has been a corresponding increase in the percentage of Coloradans who have Medicaid.

Figure 1. Health Coverage in Colorado, 2011-2021⁵

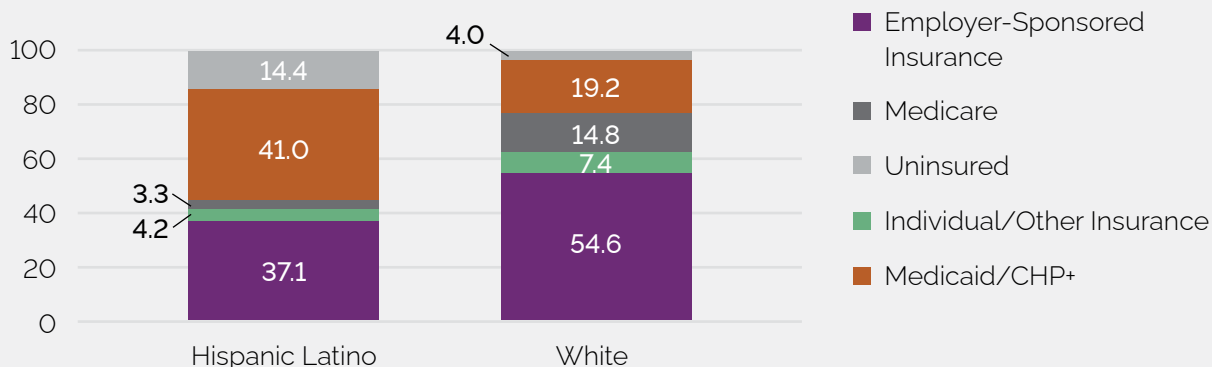
Medicaid covered one in four Coloradans in 2021



How does health insurance impact health equity?

Nationally, individuals of color are more likely to be uninsured, more likely to be on Medicaid, and less likely to have coverage through their employer than White, non-Hispanic Americans.⁶ This holds true in Colorado, as shown in Figure 2 below (due to smaller sample sizes, data are only available for Hispanic Latino and White).

Figure 2: Insurance Status by Race/Ethnicity among Coloradans⁶



Artists need more data to be effective health advocates

National research suggests that artists are more likely to be on Medicaid than individuals in other professional fields. It is also commonly understood that artists, who tend to be self-employed or work part-time or on a contract basis, are less likely to have access to employer-sponsored insurance. In Colorado, and nationally, individuals of color are more likely to be uninsured or on Medicaid.

Unfortunately, there is insufficient data to truly know how many artists in Colorado are covered by Medicaid, receive subsidies for the purchase of private insurance or remain uninsured due to cost or other reasons. There is also no data to support understanding of whether there are differences by race and ethnicity across the arts community.

Without this data it is difficult to prioritize policy solutions.

→ To fill this gap, the arts community should advocate for funding for a comprehensive survey and/or inclusion of occupation-specific questions in existing surveys. The arts community could also engage in a public awareness campaign to emphasize the importance of completing the survey to better understand inequities in health care.

Results could then be used to direct future policy campaigns.

Moving AHEAD Partners

Cleo Parker Robinson Dance and the Farley Health Policy Center are the founding partners of Moving AHEAD which aims to build Colorado's Arts Alliance for Health Equity. Moving AHEAD is a collaborative initiative to bring arts and artists to the table with community leaders from other sectors to positively influence health and equity. Funding provided by The Colorado Health Foundation.

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References

1. Snoko J, Golden T, Francois S, et al. Creating Healthy Communities through Cross-Sector Collaboration [White paper]. University of Florida Center for Arts in Medicine / ArtPlace America. Published 2019. Accessed April 19, 2023. <https://arts.ufl.edu/sites/creating-healthy-communities/resources/white-paper/>
2. Goldbard A. Art & Well-Being: Toward a Culture of Health. U.S. Department of Arts and Culture. Published online 2018. Accessed June 1, 2021. https://www.americansforthearts.org/sites/default/files/ArtWellBeing_final_small.pdf
3. Tolbert J, Drake P, Dec 19 ADP. Key Facts about the Uninsured Population. Kaiser Family Foundation. Published December 19, 2022. Accessed February 14, 2023. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
4. Woronkovic J, Soni A, Freedman S, Simon K. How have recent health insurance expansions affected coverage among artist occupations in the USA? *J Cult Econ*. 2020;44(1):117-154. doi:10.1007/s10824-019-09352-5
5. Colorado Health Access Survey 2021. Colorado Health Foundation. Published 2021. Accessed April 17, 2023. <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>
6. Boozang P, Striar A, Health M. The End of the COVID Public Health Emergency: Potential Health Equity Implications of Ending Medicaid Continuous Coverage. Published 2021. Accessed February 14, 2023. <https://www.shvs.org/the-end-of-the-covid-public-health-emergency-potential-health-equity-implications-of-ending-medicaid-continuous-coverage/>