

RISKY BUSINESS: EXPLORING THE PERCEIVED RISK OF  
BEING UNINSURED AMONG COLLEGE STUDENTS

by

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## DEDICATION

I would like to dedicate this work to my cat, Stella, who never left my side while I wrote. Not only was she there for me throughout it all, but she even contributed her own two cents from all the times she stepped on my keyboard.

*Sorry I edited out your work, Stella... Maybe next time you'll get to share your intellectual thoughts.*

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## **ABSTRACT**

The US healthcare system is unequal—without universal coverage some individuals, particularly poor and/or underemployed persons, lack access to quality care. While this situation is well-documented, some areas remain unexamined, including coverage among young adults transitioning to adulthood. In my research, I address this gap by interviewing college students about the causes of their insurance gaps and the associated challenges and risks they face living without healthcare coverage. By taking this approach, my research documents the plight of young adults in the US who are precariously transitioning to adulthood.

## I. RISKY BUSINESS: EXPLORING THE PERCEIVED RISK OF BEING UNINSURED AMONG COLLEGE STUDENTS

Because the US does not have a universal healthcare system, insurance is imperative for all but the very rich to help cover costs associated with health care. Many poor individuals, however, lack health insurance.

When someone is uninsured, seeking health care becomes much more complicated. It is not as simple as making a doctor's appointment, going to the emergency room, or getting medication when sick. People who are uninsured need to pay for all of this out of pocket as well as navigate a system where stigma exists for the uninsured. Each of these can result in people not addressing their health needs (Allen et al. 2014). For those that do seek care, the accumulation of medical bills can result in a significant financial burden (Resolve Team 2023).

Being uninsured is tied to demographic characteristics including socioeconomic status, citizenship, and race. In 2022, for instance, the 25.6 million uninsured nonelderly persons in the United States primarily consisted of low-income adults and people of color (Tolbert 2023).

Being uninsured is also associated with age. Young adults—defined as persons aged 18-26—are less likely to be insured compared to other age groups. While the Young Adult Provision of the Affordable Care Act (Health Affairs Health Policy Brief 2013) allowed young adults to remain on their parents' health insurance until they turn 26, many young adults remain uninsured (14.9% in 2019; Conway 2020). This occurs when young adults' parents are uninsured (and lack coverage they can add their young adult children to), when young adults do not have parents, and/or when young adults do not have insurance through employment—a common circumstance

in this group.

College students are a particular subgroup of young adults. They exist in a liminal space—a transition period—between childhood and adulthood (Heading & Loughlin 2018; Meyer and Land 2005). During this time, they experience life-altering moments including (typically) new living environments, exposure to new ways of thinking and doing things, newfound responsibility, and greater independence. Their healthcare also transitions from pediatric to adult care and they may face adult health issues including infectious diseases common in college campuses like sexually-transmitted infections. In facing these issues, they may or may not involve their parents—who typically managed their health and healthcare previously—and, especially if not, they may be forced to navigate the healthcare system for the first time on their own. In this formative circumstance, the role of health insurance, including the ability to access healthcare, is an important consideration.

As such, the purpose of this research is to assess the experiences of uninsured college students, including the risks they associate with this situation (if they associate any risks at all), how they perceive those risks, and how they manage health-related difficulties when they arise. Ulrich Beck (1992) defines risk as “the probabilities of physical harm due to given technological or other processes.” He splits this risk up into two categories: 1) perceived risk which is the anticipation of a disaster or something threatening and objective risk, the probability of the phenomena occurring; and 2) adverse effects that may arise. Using Beck’s framework, risk averse behaviors and perceptions of risk can be used to study the experience of uninsured college students. How are uninsured college students’ perceptions of certain risks (illness,



accidents, etc.) differ from their more securely insured peers? How might risk aversion limit uninsured students' college experiences and by association, their future-making as compared to those who have more dependable health care access or coverage? And where does all of this leave us?

### *Health Insurance in the United States: An Overview*

Healthcare in the United States, for the most part, relies on employer-sponsored health insurance. Employer-sponsored coverage, the beginning of private insurance, expanded significantly during WWII. During the war the federal government froze wages, so companies began offering health care as incentive to attract workers. Before the war only 9% of the population had health insurance. Afterwards that number doubled to nearly 23% (Morrissey 2014). In the subsequent decades, despite other countries like the United Kingdom adopting socialized medicine, or government-sponsored healthcare, the United States doubled down on employer-sponsored coverage.

Changes to the US health care system did not occur until 1965 when Medicare and Medicaid were signed into law. Medicare was added to provide coverage for older adult citizens and provided similar coverage to private insurance at the time (Berkowitz 2005). Medicaid was implemented to cover medical costs for people with limited income, pregnant women, and people with disabilities (DCD 2022). In 1997, The Children's Health Insurance Program (CHIP) was also created to provide preventative care to nearly 11 million uninsured American children—many of whom came from uninsured working families not eligible for Medicaid. However, only persons 18 years of age and younger qualify for CHIP (CMS 2023; Texas Health

and Human Services n.d). While each of these expanded access to healthcare, the focus of the US health care system remained firmly based on employer-sponsored coverage.

This doubling down on health insurance was due in part to the emergence of health maintenance organizations (HMOs) in the 1970s (Morissey 2014). HMOs centralized health care for employers. By providing an avenue to account for regulations and mitigating increasing costs associated with health care, HMOs took over the role of primary health insurers for many employers. However, these gains resulted in limitations for individuals, including personal choice about which health care providers to see (Robinson 2023).

Around the same time, insurance companies began to compete against HMOs and each other by offering lower premiums to employers. The tradeoff was lower coverage for individuals and/or non-coverage for certain types of care (Morissey 2014). The challenges associated with HMOs and insurance companies are mutual. In some cases, insurance companies also categorize providers into “in” and “out” of network categories, thus limiting individual choice about which providers they see. And in other cases, both HMOs and insurance companies also deny needed care. For individual consumers, the result was poorer care and fewer choices.

The employer-based nature of the US health care system is problematic in several ways (Pfeffer 2018). Many poorer and younger individuals are *underemployed*. They may work in part-time jobs, or multiple part-time jobs, where their employers purposefully keep their hours below 40 hours per week to avoid providing health insurance. Self-employed persons, likewise, historically faced difficulties finding insurance coverage. Some avenues like HMOs were closed

to individuals and other options like private insurance were prohibitively expensive. In 1983, for instance, Blue Cross Blue Shield's monthly premium for an individual for full hospital coverage was \$34.40. Typical wages for some jobs were not much more than that. Childcare workers in 1983, for example, earned \$69 per week on average while full-time waiters earned \$158 per week (Blue Cross Blue Shield NYT 1982; Mellor 1985). Similar trends have continued through 2024.

Affording healthcare without relying on health insurance has also become more problematic over time as health care expenses have increased. The actions of HMOs and insurance companies, for instance, have resulted in increased medical costs, as health care providers, hospitals, and others increased their prices to offset discounts demanded by insurers. Malpractice insurance, prescriptions, and other medical items have also increased in cost over time.

All of this has led to a highly unequal health care system. People who are covered by either public or private health insurance are typically the ones who benefit from the health care system the most. People who are insured are better able to seek health care. They have more options than someone who is uninsured. People who are uninsured can be left with few options, including going to emergency rooms or urgent care to address minor problems or leaving even severe health issues untreated. For example, undocumented immigrants in Hidalgo County who need dialysis for their End-stage renal disease do not qualify for the constant care they need every week due to being uninsured. They can usually only get care if they need to undergo emergency dialysis to save their lives (Melo 2018).

In the mid-2000s, debate about health care access ultimately resulted in the development and passage of the Affordable Care Act (ACA). This legislation, which was introduced by President Barack Obama, was meant to be a compromise (Assistant Secretary for Public Affairs [ASPA] 2022). While maintaining the employer-sponsored insurance structure of US health care, the legislation was meant to make insurance coverage more available and to provide better care. Among other things, the ACA was meant to expand care to low-income persons by providing affordable health coverage to those with low incomes and free coverage (through the expansion of Medicaid) to the poorest individuals (those with incomes below 133% of the federal poverty level—roughly \$20,294 for an individual in 2024 (Assistant Secretary for Public Affairs [ASPA] 2022; Assistant Secretary for Planning and Evaluation [ASPE] 2024). The ACA also prohibited insurance companies from refusing to insure people because of preexisting health conditions and mandated that insurance companies allow young adults to remain on their parents' health insurance until they turn 26 years old.

With the enactment of the Affordable Care Act (ACA), the uninsured rate across the country decreased from 19.2% in 2010 to 8.7% in 2016 (two years after the legislation took effect). However, not all states accepted the Medicaid expansion aspect of the ACA, and in those areas uninsured rates remained higher. Texas, for example, had the lowest rate of insurance coverage in 2010 at 23.7% (Grubbs & Wright 2020). Without the Medicaid expansion, 17.9% remained uninsured, which meant Texas still had the lowest rate of insurance coverage among all US states (Brunson 2018). Not expanding Medicaid disproportionately affected the poorest of the poor.

## *Insurance Issues and Health Risks Among College Students*

While young adults are thought to be healthy and manage effectively without regular health care, this is not actually the case. Young adults are at the forefront of the obesity epidemic with 23% of 20–25-year-olds being obese (Bonnie et al. 2015).

Some suffer from chronic illnesses like diabetes that require regular management and oversight from health care providers. More critically, young adults are more likely than other age groups to experience serious injuries, which can be financially devastating in the US without insurance coverage. In fact, the leading causes of death among young adults are traffic collisions, drowning, violence, and self-harm. Data from 2020 shows 18– and 19-year-olds as the group with the highest deaths from motor vehicle accidents (Insurance Institute for Highway Safety 2022). In addition, violence from bullying and sexual assault also poses risks for college students, as do sexually transmitted infections, bacterial meningitis, and other communicable diseases. Alcohol and drug use, mental health issues, and other non-communicable diseases are also particularly prevalent in this age group (World Health Organization 2022).

A lack of health insurance causes some young adults to face challenges including discontinuities in care. This can be exacerbated for some individuals who also experience differences between the adolescent and adult health systems, failure of pediatric providers to prepare adolescents for adult care, a lack of adult providers, and a lack of communication between pediatric and adult providers and systems of care (Institute of Medicine and National Research Council 2015).

Whether or not health insurance is needed, most traditional college students lack their own insurance coverage. Many are covered through their parents' insurance, due to the Young Adult

Provision of the ACA. However, not all parents have insurance coverage to put their young adult children on, and not all students have parents. At the same time, employment-based insurance is somewhat complicated for young adults, particularly those attending college. When they are employed, their jobs tend to be part-time. While part-time jobs may enable students to afford rent/tuition/living necessities, at least in part, part-time jobs rarely provide insurance coverage. There are exceptions. Companies including Amazon, Chipotle, Costco, Ikea, Lowe's, Macy's, Staples, Starbucks, Trader Joe's, UPS, Walmart, and Whole Foods Market offer health insurance to part-time employees once a certain number of hours have been worked (Kirkham 2023). The catch is that most of these plans require co-payments that many employees cannot afford and/or they offer minimal coverage.

Other options for insurance coverage for college students include insurance plans, or other healthcare opportunities, offered by their respective colleges and universities. Some universities offer health care for little or no cost. Others provide students with one free visit to a campus health center each quarter/semester. And yet others offer insurance plans that vary in price and coverage.

Ohio University, for instance, offers a free medical clinic for qualifying low-income individuals aged 18-64 that offers monthly diabetes care and health screenings for blood pressure, blood sugar, total cholesterol, and total lipid profile (Ohio University 2022). In addition, they offer a free primary care mobile health clinic for uninsured or underinsured persons that offers women's health screenings and health screenings on the go. There is also a free osteopathic manipulative

medicine clinic run by volunteer students and physicians that can address issues with pain including migraines and menstrual pain. Ohio University's students have access to all these services, so even if they are uninsured, they have access to certain free healthcare services during times of need.

Texas State University, in contrast, only offers health insurance for students through Aetna with monthly payment installments. The premium rates average around \$1,689 for 4 months in fall and spring semesters and \$569 per month during the summer session (Texas State University 2023). These costs are in addition to tuition, rent, and other expenses students may incur, making insurance coverage inaccessible for most low income or Pell-eligible students.

While Texas State University has a Student Health Center (SHC) on its main campus in San Marcos, TX, none of the services available are free for students. The one exception is an "After Hours Ask-A-Nurse Advice Line" that students can call to speak with a nurse for give medical advice. This service is free (Texas State University 2023). The SHC had a pharmacy attached to it where students could easily fill prescriptions, however it permanently closed on May 25<sup>th</sup>, 2023. Students who had used the pharmacy in the last two years were notified via email that the campus pharmacy had their prescriptions transferred to Walgreens. The director of the Student Health Center, Dr. Emilio Carranco, stated that the reasons for the pharmacy's closure included increased competition with other pharmacies in the area, declines in insurance reimbursement, and low prescription volume (Van Leeuwen 2023).

Considering college- and university-sponsored insurance nationally, research has shown that this type of coverage tends to provide uneven access to health care, limited benefits, many exclusions, and high co-pays and deductibles (Liang 2010). Thus, providing few benefits for their high costs. In many cases, the student plans are also profit generating for the schools themselves, meaning the plans may be geared towards providing financial benefits to schools rather than health benefits to students. In 2010, for example, the Kansas Board of Regents received 1.5% of students' insurance premiums, the University of Alaska received 5%, and the University of Colorado received 50% (Liang 2010).

The third option for uninsured college students to receive free or subsidized healthcare is relying on public resources. Such resources, however, are often limited and sometimes exclude college students specifically. In Hays County—where Texas State University is located—for example, the county offers the Indigent Health Care Program. This program is available for residents of Hays County who are ineligible for Medicaid that meet specific income and resource requirements based on Aid to Families with Dependent Children guidelines (Hays County 2023). However, the program specifically excludes students from Texas State.

Without other options, college students may be faced with paying for their healthcare out of pocket. This is especially problematic in cases of serious injury or major illness, where associated costs may be especially high.



And even when students have insurance, for example through their parents' coverage, they can still be functionally uninsured (Liang 2010). This happens when campus health resources, like the SHC at Texas State University, do not accept certain plans. While students may have the option to go off campus for healthcare, this can be problematic when students do not have reliable sources of transportation or the lack of funds for ride services like Lyft and Uber.

### *The Risk of Being Uninsured*

For people who lack health insurance in the US, risks include going into debt due to healthcare costs, going bankrupt, not catching a disease in time for it to be treated due to lack of routine health screenings, and death. In some cases, these are objective risks and in other cases, perceived risks. Boholm (2023) defines objective risk as the probability of a phenomenon occurring—in other words the actual risk of a particular event like a car accident or a case of bacterial meningitis. This type of risk is measurable and quantifiable—and often fairly low. Perceived risk, on the other hand, is how likely people believe adverse events will occur. This type of risk is subjective and is based on individuals' feelings, experiences, and emotions. In many cases, peoples' perceived risks are higher than the objective risk. Acknowledging that perceived risks are often higher than objective risks is an important distinction to make because it allows a clearer understanding of how personal risk perception is. No two people will have the same exact risk perception, but shared lived experiences can make their perceived risks very similar, providing insight into cultures of risk.

According to anthropologist Mary Douglas (1983) risk, and particularly perceived risk, is cultural—it is shaped by social and cultural processes and that they should be viewed as being culturally and historically embedded. This is reflected in the statement Ulrich Beck made in a 2007 interview where talks about attending a conference on risk society pre 9/11. He discusses how the American conference participants felt that the European participants exaggerated the topic of risk and that they were “quite hysterical”. The Europeans saw the Americans as being naïve. However, after 9/11, Beck says the Americans became “radical converts” that ended up leading to the US reconstructing its world in the name of risk aversion (Boholm 2003; Wimmer & Quandt 2007). This means that the way someone perceives risk is based on how they experience the world around them, their upbringing, and the kind of world they live in—and that people with similar backgrounds may perceive risks in similar ways or to similar degrees.

Beck takes the concept of risk a step further by stating that modern society, including the United States, is “risk society.” He defines this as “a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself” (1992, p. 21). In this context, the anticipation of a disaster or something threatening poses risk and everyone is exposed to risk because of the risk-focused society we live in. The world is not necessarily more dangerous than before, but risk is embedded into modern day life. This idea is furthered by Giddens and Pierson (1998, p. 209), who state that modern society is a risk society, or “a society increasingly preoccupied with the future (and also with safety) which generates the notion of risk.”

In risk societies, according to Beck (1992), individuals take precautions against future problems in anticipation of possible threats. He further explains this by saying “we become active today in

order to prevent, alleviate, or take precautions against the problems and crises of tomorrow”. An example he uses is of the anti-nuclear movement in Germany. The younger generation went out into the streets to protest nuclear power in Germany. While there was no real, imminent danger, the protesters justified their actions by arguing that the danger of a nuclear catastrophe was enough to justify the violation of law- likely due to what happened from the Chernobyl disaster (Beck 1992; Wimmer & Quandt 2007).

Beck further identifies class-specific risks. He notes that there are overlapping areas between class and risk society. Risks inversely follows the same pattern that wealth does. While wealth is typically accounted for by those at the “top” (high class), those at the “bottom” (poverty) are the ones facing the risks. In other words, risks are stratigraphically distributed and mainly accumulate in levels of poverty. While wealthy people—who have wealth from income, power, or education—can purchase safety and freedom from risk, poor individuals like unskilled workers are at higher risks of becoming unemployed, unhoused, unfed, unsafe, and other “risky” situations. Even situations of security, like low-income housing, may put poor people at risk by being located near areas of industrial pollution that are constantly exposed to high levels of pollutants in their air, water, and soil.

While risks are social dynamics that are *not* class positions, they do overlap and influence one another. Unequal distribution of social wealth is the breeding ground for risks. Risk averse behaviors and perceptions of risk can be used as a framework to study the experience of being an uninsured college student. How are the uninsured college students’ perceptions of certain risks (illness, accidents, etc.) different from their more securely insured peers? How might risk

aversion limit uninsured students' college experiences and by association, their future-making as compared to those who have more dependable health care access or coverage? When looking at this in terms of health insurance, what do college students perceive as risk factors? Do they feel as though they are at risk because they are uninsured? These questions are important to answer because they give insight into how health insurance or the lack thereof can lead to adjustments in behavior and therefore, alternative paths. Having health insurance is a safety net that is typically taken for granted. The stakes are higher for someone who is uninsured, but how and/or how does this impact college students who are themselves living in a liminal space?

## **Methods**

Data was collected from students at Texas State University—a Hispanic Serving Institution with over 34,000 undergraduate students located in central Texas. Recruitment was limited to students aged 18-26 to correspond with the common definition of young adults, including how young adults are defined in the ACA, and students who were currently uninsured.

Recruitment occurred via flyers distributed around campus, announcements made on departmental and class Canvas sites, and announcements made in class during the summer semester and the fall semester. Recruitment was also conducted in-person. In this scenario, students were asked to complete a short survey (Appendix 1) about their health insurance status and demographic characteristics. Students who met the inclusion criteria were then asked to participate in an interview.

Semi-structured interviews were the primary method of data collection. Interviews typically

lasted one hour and were recorded and later transcribed to ensure accuracy. During the interviews, students were asked a series of questions pertaining to their experiences with health insurance, their health, their perception of risk, and their hopes for the future in terms of insurance/health (Appendix 2). Following the interviews respondents also completed a short demographic survey.

### *Analysis*

Thematic analysis—the process of coding a set of data with the goal of finding patterns to reveal themes—was used to analyze the interview texts. This process involved iteratively coding transcripts to identify concepts in interview data and then categorizing them into themes.

Because previous research has suggested risk, both perceived and actual, varies by gender—with males being more at risk for things like car accidents, drug overdoses, and violence (Insurance Institute for Highway Safety 2022; Arias & Ahmed 2022; Shmerling 2022) but less likely to perceive risk (Ferrin 2022) compared to females—comparisons were made between participants identifying as female or male.

## **Results**

### *Surveys*

Survey data were collected from 29 respondents (15 males and 14 females), but when the sample was limited to students 18-26 years old the sample only included 23 respondents (10 males and 13 females). Males ranged in age from 19 to 23 and females in the sample ranged in age from 19 to 25.

Among this convenience sample of students, only three were uninsured (2 males and 1 female). Students in the sample, regardless of insurance status, indicated they used both the Student Health Center (SHC) and the Counseling Center (also located on campus) for their health needs. Both male and female respondents reported using the SHC for the same services—primary care, mental health services, nurse clinic, sexual and reproductive health, and laboratory services. Only males, however, reported using sports medicine.

When asked “How often does the possibility of being hurt or sick cause you to worry/change your plans?” 70% of male respondents selected rarely or never (10% selected sometimes and 20% always). In comparison, 31% of female respondents selected rarely, while 38% selected sometimes and the remaining 31% indicated often. Among the three uninsured students, their answers were rarely, always, and sometimes (respectively).

Surprisingly, given these responses, students’ perceptions about the statement “Not having health insurance is risky.” Indicated the opposite pattern. Eighty percent of male respondents selected strongly agree (with the remaining 20% selecting agree), while only 38% of female respondents chose strongly agree (46% chose agree and 15% neutral). Among the three uninsured students, 66% of them chose strongly agree and the remaining 33% chose agree.

### *Interviews*

A total of eight students participated in interviews (3 males and 5 females, ranging in age from 18 to 25). Seven out of the eight respondents had health insurance or access to health care while growing up; only one respondent had been uninsured their entire life. Four respondents reported

being previously covered by their parents' employer-based health insurance as adults but lost this when their parents lost their jobs. The other four were uninsured due to various reasons including a work-based insurance plan changing and becoming unaffordable, parents being unable to afford the premiums to keep their college-aged students on their insurance, and losing European health insurance after moving to the U.S.

In the interviews, all respondents expressed frustration with the cost of health care in the United States. As for their experiences being uninsured, each student's experience was different when it came to their use of health resources on campus and how they approached health in their everyday lives. However, all reported experiencing stress due to risk perceptions when it came to making decisions or participating in certain activities in some way.

### *Seeking Healthcare*

Overall, respondents reported being relatively healthy with no major or chronic health conditions. The one exception was Neo<sup>1</sup>, 22, who suffers from fibromyalgia. In Neo's case being uninsured makes it difficult for him to get treatment, so he doesn't. Like the rest of the respondents, he reported visiting the Student Health Center (SHC) for his medical needs, including an X-ray for an injured ankle. Aside from this, Neo spends \$108 out of pocket a month for four medications he needs to take. The other respondents reported visiting the SHC occasionally, primarily for prescription refills or if there was an "urgent" medical situation.

In the interviews, students stated that the Student Health Center (SHC) was an option for healthcare when they needed it, but it was not an ideal option. While students reported the SHC

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<sup>1</sup> Pseudonyms are used throughout the thesis to maintain the anonymity of the participants.

being “convenient” because of its location on campus and the ease of getting an appointment, they felt there was nothing exceptional about the care they received there. Students also felt the cost of services at the SCH was too expensive. Neo shared his experience: “The initial cost is \$30 to get seen, but if you add any bloodwork or do any X-rays it automatically shoots up to like \$90. When I injured my ankle, I ended up having to shell out \$200 that I did not have because I got an X-ray and needed crutches.” Some respondents even resorted to attempting at-home treatment for their illnesses before going to the doctor to avoid the associated costs of healthcare. For the most part, this involved taking over-the-counter medicine and hoping the issue would resolve itself with time. Jasmine explained her regime by saying: “When I’m getting a cold and my body is aching, cold, and shivering I think: *what can I take over the counter that’s affordable?* Going to the doctor, getting a checkup, getting the prescription... doing all of that will total up to like, \$70, \$80. Instead, I can just go to H-E-B and get some Mucinex for 20 bucks.”

While some students acknowledged the SHC was cheaper than going to an Urgent Care, it was still a financial burden, which caused some students to delay care for as long as possible since they have to pay out of pocket. The SHC offers a “Financial Hardship Application” but it is not advertised or listed on their website and many of the respondents were unaware of this option when asked if they had heard about it. An exception was Elena. Elena used to work as a Resident Assistant (RA) at TXST where she would only get paid \$150 every two weeks. She stated this in her Financial Hardship Application and was approved— cutting her SHC fees in half. She only had to pay \$15 to be seen and could receive up to a 50% discount on any lab, X-rays, and/or procedures ordered by her provider. These discounted rates made the SHC more affordable for



Elena, but free services would have allowed Elena to use that money from her small paycheck for other necessities.

The Counseling Center—the other health-related option on campus—was not used by most of the respondents, but the students who did use it were not happy with their experiences. They appreciated the fact that it was free but were extremely frustrated at how difficult it was to get an appointment, noting that there are not enough counseling staff available for the size of the student body. When students lack health insurance, however, they are left with few other options unless they are able/willing to pay out-of-pocket to see a provider off-campus.

While other healthcare options exist in the surrounding area (off-campus), respondents in this study reported purposefully limiting themselves to the SHC and Counseling Center because they were less expensive than other options and easier to access.

*Exercising Precautions Out of Fear: Being Uninsured is Risky*

“It’s like playing Russian Roulette. I am not invincible.” – Neo, 22

For all the respondents in this study, seeking healthcare was an option they preferred to avoid entirely. Interviewees reported trying their best to not get sick because of how expensive medical care is without insurance. Steps they took included exercising, eating healthy, taking daily vitamins, and avoiding drinking or smoking.

Other types of precautions students reported included refraining from participating in certain “dangerous” activities. Jacqueline, 22, who became uninsured after her mother was laid off, and

said she only went to the doctor when absolutely necessary, typically after exhausting all other options, including at-home remedies like drinking cranberry juice for a UTI or trying other ideas she finds on Google. In one instance, Jacqueline reported that one of her friends invited her to go axe-throwing. Jacqueline declined the invitation because she was worried about getting hurt. Since she is uninsured, she would have to pay out of pocket and did not want to take that risk because she could not afford to pay an expensive medical bill. Jacqueline also stated she avoids going out in big groups because she does not want to get sick. “Whenever I’ve been around a lot of people, I always find that if I’m in big groups of people at a time, I don’t necessarily get sick, but something always happens. That was when I was insured. I used to be like ‘oh, it’s okay I can do that’ but now I’m more cautious about that. I’m not trying to randomly get sick.” Overall, she felt that being uninsured has made her more cautious.

Being uninsured and unable to afford medical care made all the students in this study more risk averse. Troy, 20, became uninsured when his father retired. His parents live in Europe, and he moved to the United States recently for school but had lived in the U.S. in the past. Troy played American football when he was in high school and had health insurance at the time. Because of this, he visited the doctor often due to football injuries. He has rarely seen a doctor since he started college though. Troy wants to play football for Texas State and plans on trying out for the team, but he wants health insurance before he does. He will not join the football team if he does not have insurance. “I want to play football at Texas State, but I am uninsured. Since I don't have health insurance I can’t try out because like... what if I get injured or something? When I played football in high school and was still insured, I would always go to the doctor because of injuries.”

*Gambling with Health: Not Going to the Doctor Unless It Is “Really Bad”*

“I don’t go to the doctor... unless it’s like really, *really* bad”- Melanie, 19

Throughout the interviews, students expressed feeling like they were gambling with their health by being uninsured. Some of them ignored health problems hoping they would just “go away” because a doctor’s visit is unaffordable.

Elena, 25, for example, grew up in a low-income family who did not trust doctors. She was taught to “tough it out” whenever she got sick. She says that preventative care is a luxury, one she did not have growing up. Her parents are undocumented, so her family is not used to going to the doctor here in the U.S. “If someone gets sick, we *all* have to pay for it. I think it’s crazy that people go to the doctor because they *think* they’re sick.... I can’t do that.”

In Elena’s family, health is a community issue. Her family is financially dependent on each other and if someone gets sick, family members pitch in to help cover the health care costs. It is because of this that Elena only visits a doctor when she knows something is seriously wrong. Elena had to go to the ER after experiencing a pain in her chest resulting in her arm going numb because she thought she was having a heart attack. She said she had been having this pain for over a year and a half, but she ignored it hoping it would go away since she could not afford to see a doctor. The ER was unable to diagnose her condition, so Elena turned to the SHC. The provider at the SHC told her she needed a specialist, so Elena visited another doctor in San Marcos. This doctor was also unable to help her and suggested a different specialist. The third doctor she visited was finally able to address the issue, which turned out to be a benign cyst. Despite the positive outcome, Elena expressed frustration because “[I] kept going in circles and

was paying for it every single time.” If Elena had health insurance, she would have been able to visit a doctor sooner and likely would have avoided months of pain.

In the end, five people helped pay her medical costs. Her uncle paid her ER bill, her parents and boyfriend paid for the doctor visits, and she covered the costs of the tests. Financial burdens like this are one type of risk that uninsured people experience: only seeking healthcare when worried that your life is in danger.

Other students reported preferring to attempt at-home treatment for their illnesses before going to the doctor (to avoid the associated costs of healthcare) and rationing their health. In most cases this involved taking over-the-counter medicine with hopes that the issue would resolve itself with time, and questioning if they needed certain tests or medications when they *did* go to the doctor.

Jasmine, 20, for example, opts for over-the-counter medicine as a first line of defense when treating illnesses. When that does not work or she starts feeling worse, then she will visit a doctor. Jasmine used to have health insurance and would use the SHC. While she was insured, she was unaware of the actual cost of care since she did not have to pay. However, since becoming uninsured she has started rationalizing her health and begins to question whether she really needs to get a certain test done or buy a certain medication. “When I became uninsured, I did not know how much going to the doctor actually cost because I never had to pay for it before. Now that I do know... I sort of question my doctor to see if I *really* need a certain test or medication.” Jasmine did not question the doctor because she did not trust their professional

opinion-she questioned the doctor in attempts to budget her visit. This sort of health prioritization is a way that students gamble with their health. Instead of being able to focus on getting better, they pick and choose what they deem to be most important when seeking health care.

In some cases, this extends to more serious issues. Tiffany, 21, for example, stated she routinely downplayed her sickness because of the way her family treated her health problems growing up. She grew up in a conservative Christian household where they were part of a ministry community where when someone needed something, they would send in a request and other community members would pitch in to send money to the person—which could extend to paying for healthcare. As a college student, Tiffany suffered a foot injury while running. She had taken up running as a form of exercise to try and stay healthy. She did not want to go to the doctor so instead she used ice to treat it at home and stopped running in hopes of healing it and preventing it from getting worse. “I had just started running again, so I was like, what's going on, you know? I didn't go to the doctor, so I told myself: *we're going to ice it out, we're going to be like, super careful with it, and we're not running* [until it's healed]. So, part of being uninsured is me being super aware of my body and what it can and cannot handle.” She did this until the pain went away and was able to run again, only this time being more careful to avoid another foot injury.

Likewise, Thomas, 18, who became uninsured after turning 18, indicated he does not seek health care at all. He is first aid certified and his father is an army medic, so he feels confident in his ability to treat ailments at home. Last summer, however, he had a respiratory infection. He tried

to tough it out, hoping it would go away, but it ended up getting worse. He finally went to the doctor and was put on a steroid, a cough syrup, and an antibiotic to get rid of the infection. The doctor told him he was at risk of developing walking pneumonia, which could have impacted his ability to come to campus in the fall. This treatment was very expensive but worked. As a result, Thomas reported being more cautious since then. “My experience with my respiratory infection over the summer made me realize how tough being sick could be. The strenuous treatment that was very expensive... luckily, I grew up in a low-income area where the doctors are used to treating uninsured migrants, so my doctor gave me a card that would give me a discount on my medications since I was uninsured. This helped save some money, but I would rather not get sick like that again.”

Some respondents were comfortable gambling with their health because of their experiences with healthcare growing up, a false sense of confidence for being able to treat themselves, or due to financial difficulties. Elena and Tiffany were taught to “tough it out”. Thomas thought he could handle it on his own, and Jasmine was faced with the realities of expensive healthcare.

### *Feeling Different*

“I told my friend: you’d rather *spend* money than no money and help yourself?

Crazy.”- Jasmine, 20

Overall, the respondents reported feeling as though they were having relatively normal college experiences with a few exceptions. One of those was avoiding drinking alcohol and smoking—things they reported their peers regularly engaged in. Troy, 20, shared how his friends who have health insurance routinely participate in activities including skating, partying, drinking, and other

things he considered reckless. “I don’t do any of that. I avoid physical activities, but my friends just don’t care. I would personally rather stay at home.” Another difference was the response to getting sick. Several respondents noted feeling jealous or experiencing disbelief in the nonchalant way some of their friends would visit an urgent care for something as minimal as a headache that lasted a few hours too long or if they *thought* they *might* be getting sick—two scenarios the respondents felt they would handle or had handled very differently.

Neo, 22, for instance, considers himself a cautious person. Neo became uninsured when his previous health insurance plan changed and became unaffordable. He does not know how to swim, so when his roommate wanted him to go to Sewell Park to visit the San Marcos River, he expressed worry about drowning. Knowing that he cannot afford to pay for a hospital visit if this happens, he keeps putting off their visit to the river. “I can’t swim... and my roommate really wants to take me to the river so we can go swimming, but I’m scared! If I fall into the water, I don’t know what’s going to happen because I can’t swim. What if I drown? If I survive that, it is going to be a huge medical bill!” Neo also avoids parties, due to his fear of suffering from alcohol poisoning or getting roofied, as he explained: “I don’t want to get drugged or something and need to go to the hospital and then when I’m finally out have the doctors be like... here’s a bill for \$20,000! People who have health insurance are a little less scared of consequences.” Sewell Park is a very popular attraction for TXST students as well as residents of San Marcos. Being that it is TXST tradition for students to jump in the river after their commencement ceremonies, visiting Sewell and going to the river is part of the TXST college experience—something that Neo is missing out on because he is uninsured and worried about potential risks.

Melanie, 19, was insured through Medicaid but became uninsured after the end of the Continuous Medicaid Coverage that had been extended during COVID. She shared an instance where being uninsured made her feel “different”. Melanie’s insured cousin had a cyst removed shortly after it appeared, which shocked Melanie. “If it was me, I would’ve probably waited for like a month to see if it was really that serious before I would try to get it removed.” For Melanie, it was a decision she would not make lightly—especially since she would have to pay for it. “She [her cousin] didn’t really think twice about it which I think is so lucky, in a sense, to be able to do that rather than to push it off, even though [pushing it off] is kind of bad for you.” Seeing how people with health insurance do not have to neglect their health puts the importance (and privilege) of having health insurance into perspective for the respondents. Melanie thought her cousin was lucky for being able to visit a doctor without having to think twice about how much the cost would be. Neo’s sister has health insurance and he shared about a time where he asked her if she worried about alcohol poisoning when partying. She said she did not think about it because her health insurance would pay the bill anyway. When Neo was asked if he would rather have a higher paying job or one that had better health insurance, he answered the following: “Insurance will help me in the long run because I’ll be able to actually work on my health. If my health just keeps declining, I’m not going to be able to work anyway so I might as well have some kind of insurance and then just kind of figure out where to go from there.” This is one instance where the importance of health insurance became more prominent to respondents.

## **Discussion and Conclusion**

While all the respondents indicated they had or would seek care if needed, they also largely limited themselves to the options on-campus: the Student Health Center and the Counseling



Center. In most cases, however, the participants acknowledged they actively sought to avoid getting sick or injured because of the associated costs they would face without insurance.

Preventative measures participants described included exercising, eating healthy, taking daily vitamins, and avoiding drinking or smoking. Other types of precautions students indicated in the interviews included refraining from participating in certain “dangerous” activities, such as axe-throwing, swimming, and sports. While the students’ experiences highlight how being uninsured and unable to afford medical care makes them become more risk averse, they also highlight how being uninsured makes them different from their insured peers.

In relation to risk, students expressed feeling like they were gambling with their health by being uninsured. They reported testing their luck by ignoring health problems hoping they would just “go away” and/or by attempting to treat health problems themselves with over-the-counter medications or other home remedies hoping their efforts would resolve the problem. Because this particular group of college students were generally healthy, this approach worked most of the time. In some cases, like Thomas’s outlined above, it did not. In Thomas’s case he became more risk averse following his experience, including being less willing to avoid seeking care in the future. Another trend that existed in the data was that feelings of gambling tended to correlate with being uninsured. In the study, those who were uninsured for long periods of time or had always been uninsured reported feeling used to waiting things out.

Overall, the respondents felt they were having relatively normal college experiences with a few exceptions. While they avoided certain behaviors or activities their peers commonly engaged in, like drinking, the one difference they repeatedly noted in the interviews was the difference in

how their insured peers reacted to getting sick, specifically that they felt their peers were too eager to seek care. Some of the respondents reported jealous of this approach and others reported feeling disbelief at how people with health insurance did not have to neglect their health. These comparisons, likewise, highlighted the importance (and privilege) of having health insurance for them.

### *Risk Society*

Generally, the students' experiences in this research align with Beck's idea of risk society. When analyzing the respondents' experiences of perceived vs. actual risks expressed in the interviews, respondents' perceived risks were usually much stronger than the actual risks they faced.

Avoiding activities like going to parties with large crowds or swimming in a fairly shallow river where drownings are unheard of, are examples of concerns (perceived risks) outweighing reality (actual risks). Some actual risks for young adults include violence from bullying, sexual assault, drugs, alcohol, and mental health issues (World Health Organization 2022). However, respondents did not express concerns over any of these.

While there are some very real risks for being uninsured, including not identifying and treating diseases like diabetes before they become major issues, as young adults, the respondents were generally healthy and required minimal care. However, their perceived risks or being uninsured were not invalid. Accidents and injuries are common in this age group and medical costs associated with these can easily be in the range of tens of thousands of dollars—a steep price to pay for students with little to no income who are also often in the process of paying for their schooling and living expenses away from home. Costs for major surgery (like a ruptured

appendix) or care for broken bones (like a broken arm from skateboarding) can cost \$18,773 (national average) for an appendectomy, or over \$10,000 for a broken arm that requires surgery (MDSave 2024; Enhance Health 2023). The financial burden in such cases would be extremely problematic for young adult college students who are uninsured and work a part-time job (if they work at all).

Health insurance was meant to be the method of managing such risks, but the rise of medical costs due to insurance companies mandating discounts from healthcare providers (among other things) has made not having health insurance even more problematic. In response, the students in this research reported that the unaffordable cost of medical care led to them actively avoiding healthcare visits even when they would have preferred that option because they could not afford it. The risk associated with this is poorer health, which in turn can lead to poorer performance (intellectually and physically), which in turn can lead to poorer health, and so on—a situation Sered refers to as a “death spiral.” The death spiral is particularly an issue for poor individuals—like the respondents in this study, who when compared to their peers, tended to come from poorer/more disadvantaged backgrounds (Sered & Fernandopulle 2005).

Overall, the respondents in this study were at a disadvantage compared to their insured peers who could afford to visit doctors, even for minor health issues. Their insured peers did not have to worry about how they were going to pay for healthcare visits or how much certain medications or procedures would cost. Survey data revealed that Texas State students who had health insurance tended to not worry about the possibility of being hurt or sick to the point of changing their plans. Uninsured students, on the other hand, responded that they did worry. This trend

continued throughout the interviews with several respondents sharing they avoided certain activities out of fear of getting hurt.

Gender comparisons between the respondents showed some little variation. All the respondents, regardless of gender, displayed an arguably equal amount of risk aversion. There was only one instance where Thomas, 18, showed riskier behavior than the rest of the respondents by trying to tough out a respiratory infection because he thought being First-Aid certified gave him enough experience to not need a doctor, but this was not a wider trend in the data. The sample size, however, was small, so the conclusions to be drawn from this research are limited.

#### *Temporal conditions of health insurance*

Being uninsured is a temporal condition in and of itself. In terms of risk, the participants perceive risk in a certain way because of their experiences from being uninsured. Since perceived risk is based on someone's experiences and the social/cultural process they experience, becoming insured will influence and change their risk perception. Once they graduate college and secure full-time employment, their situation will change because they have access to health insurance. Since their experiences will then be different, this will cause their risk perception to change. The same is true if they become uninsured again. This was seen in the way many of the participants who recently became uninsured mentioned how they became more cautious as a result. Future research on the difference in risk perception between participants who altered between having health insurance and being uninsured could be done to further develop this idea of health insurance status being a temporal condition.

### *Recommendations*

This research illuminates some of the issues uninsured college students face regarding their health. They juggle school and sometimes work to be able to afford college, and in many cases, living away from home. Like their insured peers, uninsured students should be focusing on their schoolwork and learning how to deal with their newfound independence when they go to college. They should not have to worry about how to deal with an illness or how they are going to afford a prescription.

When asked about what advice they would give to other college students in similar situations, the participants shared the following:

- “Try to avoid certain things and be cautious... colleges in general are like a cesspool full of disease, so be careful who you’re hanging out with in your classes! Also, make sure you research and don’t be afraid to ask questions. Chances are, you can ask a pharmacist a question over what medication could help certain symptoms you have, which will save you a doctor’s visit.” -Jacqueline, 22.
- “Get a job, try to get insurance, and start paying for it monthly, or avoid certain physical activities.”- Troy, 20
- “Try to seek out literally *any* resource that could help you figure out insurance. Don’t stop yourself from going out and living your life, but just be careful. Make sure you ask plenty of questions at doctors’ offices about financial plans they may offer. Prioritizing you and your health is the most important thing... you can figure out the steps on how to pay it later.”- Neo, 22

- “Watch your step when it rains! I’ve noticed all the stairs, slopes, cracks, and notches in the road... people are slipping and falling constantly.”– Thomas, 18
- “Student Health Center, always. I am really grateful that it’s here.”- Elena, 25
- “Look into the fine print of what health insurances you have to see exactly when they expire... if the time is running out, start looking around. You don’t want to be in a situation where you have to see a doctor, but you don’t go because you don’t have the insurance for it.”- Melanie,19
- “Don’t do stupid stuff. Figure out what options are available to you and figure out what the heck is going on at the SHC, they’re there and they offer services for you as a student.”- Tiffany, 21
- “Do not be so careless, especially when it comes to your well-being. It does not matter where you are, who you’re with; at the end of the day, you are protecting yourself and you only have yourself to rely on. Oh, and girl, if you’re sick, go make some chicken noodle soup!”- Jasmine, 20

Overall, the advice the participants had to give pertained to different ways other students can stay healthy and properly navigate their health. For most of them, the advice they had to give was related to their personal experiences. An interesting note, though, was that some of the advice the participants had to give was corrective behavior from what they did. They advised other uninsured students to put their health first and not worry about the price of care even though many participants did the exact opposite by putting off their own health needs. The participants understand the consequences of being uninsured in a for-profit healthcare system, but do not yet

have the means to be able to navigate the system properly. Their firsthand experience gives them the credibility and the hope for other students to be in better situations where they do not neglect their health out of financial fear.

Beyond this advice, there are steps that universities, including Texas State, can take to improve the situation of uninsured students. First, they can make health services on campus more accessible and affordable. At Texas State, the university could do this by expanding the SHC to allow faculty and staff to use it along with the students (where income generated from more visits could be used to subsidize student visits), providing laboratory services at cost, and extending the free Ask-A-Nurse hotline hours so the service is available during the day.

Additionally, participant responses revealed that students would be willing to pay an extra tuition fee if it meant the SHC would become free to use, or at least offer one free check-up. While a cost is still involved, it could be offset by financial aid giving students the opportunity to have improved healthcare access, and through this health, during their time at the university.

Finally, the university could re-open the pharmacy located inside the SHC. Many of the students interviewed relied on the campus pharmacy to get their medications due to its convenient location. Aside from the participants, many students could benefit from the pharmacy reopening, uninsured or not. Since the pharmacy was located inside the SHC, it made getting medication after seeing a provider much more convenient. Re-opening and extending the pharmacy to also be accessible to faculty and staff would make it get utilized more and in turn, generate more income, solving the issue of why it was closed in the first place.

## APPENDIX SECTION

### Appendix 1: Recruitment Survey

1. Do you currently have health insurance?                      Yes                      No

a. **If yes:** which one:

Private insurance through your parents

Private insurance through your employer

Private insurance through the university

Public insurance (Medicare)

Other \_\_\_\_\_

b. **If no:** how long have you been without health insurance?

2. Texas State offers some health services on campus. Please check all the ones you use/have used.

Counseling Center

Student Health Center for:

Primary care

Urgent care

Mental Health services



Nurse Clinic (Immunizations, Pregnancy testing, etc.)

Sports Medicine

Sexual and Reproductive Health

Laboratory Services and X-Rays

3. How often does the possibility of being hurt or sick cause you to worry/change your plans?

Never          Rarely          Sometimes          Always          Often

4. How much do you agree with the following statement: Not having health insurance is risky.

Strongly Disagree          Disagree          Neutral          Agree          Strongly Agree

5. What is your age (in years)?

6. What is your gender identity?

Female

Male

Non-binary

Other: \_\_\_\_\_

7. **For uninsured students only:**

I am interested in understanding more about how college students experience living without health insurance. Are you willing to participate in a 45-60 minute interview about your experience?

Yes

No

If yes, please talk to me so we can set up a day/time for your interview.

THANK YOU FOR YOUR PARTICIPATION!

## Appendix 2: Interview Guide

### **Risk Perception of Uninsured College Students Attending Texas State University Interview Guide**

*The specific questions discussed will vary by interview, but the general topics to be covered are listed below along with example questions. Not every topic will be covered in every interview.*

#### **Topics with sample questions:**

1. Experience living without health insurance:
  - i. Tell me about your experience living without health insurance. Do you have any health concerns? What do you do when you become sick? What impact does not having health insurance have on your life, if any?
  - ii. Why are you uninsured?
    - i. Family situation: Do your parents have health insurance?
      1. (If yes): Why aren't you covered on their health insurance plan?
      2. (If not): How does this affect you being uninsured?
    - ii. Employment situation: Are you currently employed? What, if any, health insurance options does your employer offer?
      1. (If options are offered): Why are you not taking part in that plan?
      2. (If options are not offered): If given the opportunity, would you pay for health insurance?
2. Experience being an uninsured college student:
  - i. Tell me about the campus resources available to you as a student. How useful is the Student Health Center when you need to see a medical provider?
    - i. (If used): Tell me about your experience. Did not having health insurance affect your visit in any way?
    - ii. (If not used): Why not?
  - ii. Are you aware that the university offers free counseling? How do you feel about the campus Counseling Center offering a limited number of appointments during your college career?
  - iii. Are there any obstacles students face when trying to access the health resources available on campus? Is there anything about the health resources available on campus you would like to change?
  - iv. Are you aware of any off-campus resources for uninsured students?
    - i. (If yes): Tell me about them.
    - ii. (If no): What resources do you wish were available?
  - v. Do you feel as though you face difficulties your peers with health insurance do not?
    - i. (If yes): Tell me about them.
    - ii. (If no): Why not?
3. Risk Perception
  - i. What does risk mean to you? Do you consider yourself a risky person or more of a cautious person? Why?

- ii. Do you think being uninsured puts you at risk? Do you refrain from participating in certain activities that could be considered dangerous because you don't have health insurance?
    - i. Does not having health insurance change what you do in other ways?
  - iii. Do you think the people around you who have health insurance have a different college experience than you?
    - i. (If yes): How are their experiences different?
    - ii. (If no): Why not?
  - iv. When choosing your career or making decisions about your future, how important is having health insurance to you? Would you pick a job that offers better insurance over one that pays more?
4. Previous access to health care
- i. What was your experience, if any, with health insurance growing up?
  - ii. Why did you become uninsured?
  - iii. How important is having health insurance to you? Is having health insurance something you think about having in the future?
  - iv. What advice do you have for other uninsured Texas State University students?



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