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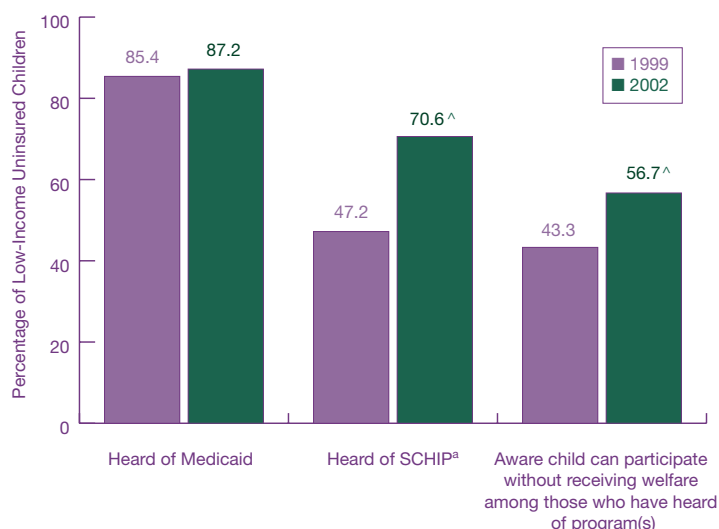
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Endnotes

- These questions were edited following procedures described elsewhere (Kenney, Haley, and Dubay 2001). The SCHIP estimate for 2002 was calculated for children living in the 31 states that had a separate SCHIP program with a different name than the state's Medicaid program in that year. Awareness of SCHIP programs that are Medicaid expansions cannot be calculated separately from overall awareness of Medicaid.
- The SCHIP estimate for 1999 was calculated for children living in the 24 states that had a separate SCHIP program with a different name than the state's Medicaid program in

Figure 1. Familiarity with Medicaid and Separate SCHIP Programs among Low-Income Families with Uninsured Children, 1999 and 2002



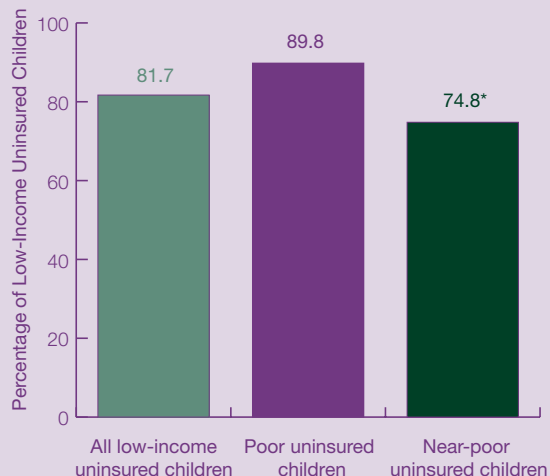
Sources: 1999 and 2002 National Surveys of America's Families

Note: Children are age 17 and younger.

^a Defined for children living in states that have a separate SCHIP program with a different name than their Medicaid program.

[^] Estimate for 2002 is significantly higher than estimate for 1999 at the 0.10 level.

Figure 2. Willingness to Enroll in Medicaid/SCHIP among Low-Income Families with Uninsured Children, 2002



Source: 2002 National Survey of America's Families

Notes: Children are age 17 and younger. Applies to children whose parents have heard of at least one program. Low-income families are those with incomes below 200% of the federal poverty thresholds. Poor families are those with incomes below 100% of the federal poverty thresholds. Near-poor families are those with incomes between 100% and 200% of the federal poverty thresholds.

* Estimate for near-poor group is significantly different from estimate for poor group at the 0.10 level.

that year. Changes over time were similar when the same subset of states was used in both years. The estimates presented here suggest larger increases in awareness of SCHIP programs since 1999 than did the National Survey of Children with Special Health Care Needs that was fielded beginning in late 2000 (Kenney, Haley, and Blumberg 2002).

³ Willingness to enroll was computed using preliminary imputations for the 19.1 percent of cases with missing values.

⁴ Poor families are those with incomes below 100 percent of the federal poverty thresholds; near-poor families are those with incomes between 100 and 200 percent of the federal poverty thresholds.

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Snapshots of America's Families III, No. 2



SNAPSHOTS
of America's Families



Snapshots III presents findings from the 1997, 1999, and 2002 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered from approximately 40,000 representative households in each round. The NSAF is part of the *Assessing the New Federalism* project (ANF). Information on ANF and the NSAF can be obtained at <http://www.urban.org/anf>.

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Familiarity with Medicaid and SCHIP Programs Grows and Interest in Enrolling Children Is High

by Genevieve Kenney, Jennifer Haley, and Alexandra Tebay

No. 2

Familiarity with public health insurance programs for children has increased markedly in the past three years. Between 1999 and 2002, the share of low-income uninsured children whose parents had heard of the State Children's Health Insurance Program (SCHIP) increased by 23.3 percentage points, and the share whose parents understood that welfare was not a prerequisite for enrolling a child in Medicaid or SCHIP increased by 13.4 percentage points. Nonetheless, many low-income families remain unfamiliar with available Medicaid and SCHIP coverage. Addressing these knowledge gaps may have substantial payoffs, since the vast majority of low-income uninsured children have parents who want to enroll their children in Medicaid/SCHIP.

This snapshot uses the National Survey of America's Families to examine changes in parents' awareness of Medicaid and SCHIP between 1999 and 2002 and their interest in enrolling their uninsured children in public programs in 2002. Over this period, unprecedented investments were made in SCHIP and Medicaid outreach, including mass media campaigns and community-based efforts to identify and enroll eligible children.

Major Findings

In 2002, 87.2 percent of low-income uninsured children had families who had heard of Medicaid, and 70.6 percent had families who had heard of separate SCHIP programs (figure 1).¹ While there was little change in Medicaid awareness between 1999 and 2002, SCHIP awareness increased by 23.3 percentage points.² Low-income families with uninsured children remained more aware of Medicaid than of the newer SCHIP programs, but the differential has narrowed substantially since 1999. By 2002, 91.7 percent of all low-income uninsured children had parents who had heard of Medicaid, SCHIP, or both (data not shown).

Among those aware of Medicaid or SCHIP, the proportion of low-income uninsured children with families who understand that welfare is not a prerequisite for enrolling increased from 43.3 to 56.7 percent between 1999 and 2002. Despite this progress, however, many families remain confused about the relationship between wel-

fare and Medicaid/SCHIP, a finding consistent with other recent data showing that many low-income parents do not know that their uninsured children could qualify for public coverage (Kenney, Haley, and Blumberg 2002).

In 2002, 81.7 percent of low-income uninsured children whose parents had heard of either Medicaid or SCHIP had parents who said they would enroll their child if told their child was eligible for coverage (figure 2).³ Of the remainder, 12.6 percent had parents who said they would not enroll their child, and 5.7 percent had parents who said that it depends. Poor parents expressed greater interest in enrolling their child than near-poor parents (89.8 percent and 74.8 percent, respectively).⁴

DATA AT A GLANCE

BETWEEN 1999 AND 2002, THE SHARE OF LOW-INCOME UNINSURED CHILDREN WHOSE PARENTS HAD HEARD OF THEIR STATE'S SEPARATE SCHIP PROGRAM INCREASED FROM 47.2 TO 70.6 PERCENT.

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Discussion

According to these data, recent outreach efforts have paid off: More low-income families are familiar with Medicaid and SCHIP and fewer are confused about eligibility requirements. These findings, along with evidence of declines in uninsurance among this income group (Kenney, Haley, and Tebay 2003), indicate that the programs are increasingly known and accepted among the target population. Furthermore, it appears that most low-income parents want to enroll their uninsured children in Medicaid or SCHIP.

However, many still have not heard of the separate SCHIP program in their state or do not know that welfare is not a prerequisite for enrolling a child in Medicaid or SCHIP. Moreover, other data suggest that many parents perceive the Medicaid and SCHIP application processes as difficult (Kenney, Haley, and Blumberg 2002). Further reducing uninsurance among low-income children will depend in part on addressing these knowledge gaps and improving application processes.

References

Kenney, Genevieve, Jennifer Haley, and Stephen Blumberg. 2002. "Awareness and Perceptions of Medicaid and SCHIP among Low-Income Families with Uninsured Children: Findings from Early 2001." Washington, D.C.: U.S. Department of Health and Human Services.

