

# Going Without: America's Uninsured Children

Prepared for the Robert Wood Johnson Foundation by the State Health Access Data Assistance Center (SHADAC) and the Urban Institute using data from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics and the U.S. Census Bureau's Current Population Survey (CPS).

August 2005

covering kids<sup>™</sup>  
& families

***GOING WITHOUT: AMERICA'S UNINSURED CHILDREN***  
*August 2005*

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## ***INTRODUCTION***

The Robert Wood Johnson Foundation commissioned separate analyses of data on uninsured children by the State Health Access Data Assistance Center (SHADAC) and the Urban Institute. The resulting report uses data from the Centers for Disease Control and Prevention's National Center for Health Statistics 2003 National Survey of Children's Health (NSCH) and 1998-2003 National Health Interview Survey (NHIS) and the U.S. Census Bureau's 2003-2004 Current Population Survey (CPS).<sup>1</sup>

### **Summary**

Taken together, the research documents that uninsured children in virtually every state and the District of Columbia do not receive all the medical care they need. Children who have health coverage have better access to health care. While millions of children have been helped through Medicaid and the State Children's Health Insurance Program (SCHIP), millions more are still eligible to receive low-cost or free health care coverage, but are not enrolled.

This report is being released to launch the annual *Covering Kids & Families* Back-to-School Campaign, a national effort to enroll eligible children in public coverage programs during the back-to-school season. Thousands of *Covering Kids & Families* activities are planned nationwide in the coming weeks to enroll eligible uninsured children in Medicaid and SCHIP. Information on *Covering Kids & Families* and the Back-to-School campaign can be found at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

**The research in this report is broken down into three sections:**

- **Key Findings from the 2003-2004 Current Population Survey (CPS)** – Details the number of uninsured children in the U.S. and by state, as well as national estimates of the number of children who may be eligible for Medicaid and SCHIP
- **Key Findings from the 1998-2003 National Health Interview Survey (NHIS)** – Highlights national changes in insurance coverage among children during recent years
- **Key Findings from the 2003 National Survey of Children's Health (NSCH)** – Looks at the consequences of being without health insurance

*Covering Kids & Families operates through statewide and local projects in all 50 states and the District of Columbia and is a national program of the Robert Wood Johnson Foundation.*

*The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. By helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in our lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org).*

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<sup>1</sup> The national estimates used the 2004 CPS data (which refer to Calendar year 2003), and the state estimates averaged the 2003 and 2004 CPS data to obtain more precise state-level estimates (which refer to calendar year 2002 and 2003 respectively).

*The Southern Institute on Children and Families, based in Columbia, S.C., serves as the National Program Office for the Covering Kids & Families Initiative. For more information on the Southern Institute on Children and Families, visit [www.thesoutherninstitute.org](http://www.thesoutherninstitute.org).*

*The University of Minnesota's State Health Access Data Assistance Center (SHADAC) helps states monitor rates of health insurance coverage and understand factors associated with being uninsured. SHADAC provides targeted policy analysis and technical assistance to states that are conducting their own health insurance surveys and/or using data from national surveys. Information can be located at [www.shadac.org](http://www.shadac.org).*

*The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic and governance problems facing the nation. The Urban Institute's Health Policy Center studies how the dynamics of the health care market affect health care financing, costs and access. For more information, visit [www.urban.org](http://www.urban.org).*

## KEY FINDINGS FROM THE 2003-2004 CURRENT POPULATION SURVEY

### *Number of Uninsured and Eligible Uninsured Children in the U.S. and a State-by-State Look at Those Who Are Uninsured*

This research documents the number of uninsured children nationally, by race and ethnicity and estimates the percentage of uninsured children who appear to be eligible for coverage through Medicaid or the State Children's Health Insurance Program (SCHIP). State estimates of the number of uninsured children are also included. The state and national estimates are based on an analysis of the Current Population Survey Annual Social and Economic Supplement (CPS), which is a survey that produces poverty, income and employment information on the civilian, non-institutionalized population.

The national estimates used the 2004 CPS data, and the state estimates averaged the 2003 and 2004 CPS data to obtain more precise state-level estimates. The 2004 CPS supplement includes a sample of more than 65,000 children. The CPS contains detailed information on household composition and the demographic and socio-economic characteristics of household members, including income by source and insurance status.<sup>2</sup> Estimates of the number of children who are eligible for Medicaid or SCHIP coverage were simulated using the eligibility rules in place in each state in 2003.<sup>3</sup>

#### **Millions of Children Are Uninsured**

- 8.4 million children are uninsured
- 2.9 million Hispanic children are uninsured<sup>4</sup>
- 1.6 million African-American children are uninsured<sup>5</sup>

#### **Most Uninsured Children Are Eligible for Medicaid or SCHIP Coverage**

- More than seven in 10 uninsured children appear to be eligible for Medicaid or SCHIP coverage.
- Two-thirds of uninsured non-Hispanic white children appear to be eligible for Medicaid or SCHIP coverage.
- More than eight in 10 uninsured African-American children appear to be eligible for Medicaid or SCHIP coverage
- More than seven in 10 uninsured Hispanic children appear to be eligible for Medicaid or SCHIP coverage

**Source:** Compiled by the Urban Institute using data from the U.S. Census Bureau's Current Population Survey, 2004.

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<sup>2</sup> Error associated with measuring insurance status has led to concerns about the validity of estimates of the number of uninsured children based on household surveys. In particular, there is concern that underreporting of public coverage could lead to overestimates of the number of children who are uninsured.

<sup>3</sup> While the simulation attempts to mimic the eligibility determination process for each state, limitations of the information available in the household survey introduce measurement error in the simulation. Moreover, to the extent that the number of uninsured children is overstated, the number of children who are estimated to be uninsured but eligible for Medicaid or SCHIP may also be overstated. In addition, some changes in eligibility between 2002 and 2003, related for example to the imposition of enrollment caps, may not be captured in the eligibility simulation.

<sup>4</sup> "Hispanic" includes Hispanic children of all races.

<sup>5</sup> "African-American" includes only non-Hispanic children.

**Table 1: STATE-BY-STATE COMPARISON OF UNINSURED CHILDREN  
AVERAGE NUMBER OF CHILDREN UNDER 18 AND  
PERCENT AND NUMBER OF UNINSURED CHILDREN  
BY STATE AND IN THE TOTAL U.S.  
(TWO-YEAR AVERAGE 2002-2003)**

**Please note:** This chart does not include 18-year-olds. Therefore, it undercounts the number of uninsured children who might be helped by Medicaid or the State Children's Health Insurance Program (SCHIP).

State	Two-Year Average Percent Uninsured (2002-2003)	Two-Year Average Number of Uninsured Children (2002-2003)	Two-Year Average Number of Children (2002-2003)	State	Two-Year Average Percent Uninsured (2002-2003)	Two-Year Average Number of Uninsured Children (2002-2003)	Two-Year Average Number of Children (2002-2003)
Alabama	9.7%	108,545	1,114,445	Montana	16.3%	35,301	216,353
Alaska	12.8%	24,969	194,443	Nebraska	6.3%	27,903	443,587
Arizona	14.7%	220,309	1,503,650	Nevada	18.6%	108,639	586,198
Arkansas	10.3%	69,022	672,755	New Hampshire	5.1%	15,759	306,512
California	13.3%	1,273,892	9,596,277	New Jersey	10.4%	223,116	2,155,255
Colorado	14.1%	161,893	1,152,220	New Mexico	13.9%	69,178	498,370
Connecticut	8.2%	71,123	868,726	New York	9.7%	446,151	4,617,250
Delaware	9.2%	18,099	197,378	North Carolina	12.3%	254,647	2,065,610
District of Columbia	10.0%	11,249	113,271	North Dakota	7.5%	10,924	146,475
Florida	15.0%	589,586	3,924,340	Ohio	8.2%	237,845	2,884,160
Georgia	13.0%	296,581	2,283,576	Oklahoma	14.8%	128,244	870,593
Hawaii	7.4%	23,770	320,230	Oregon	12.4%	103,653	835,936
Idaho	13.6%	50,502	371,212	Pennsylvania	9.3%	264,800	2,847,645
Illinois	10.6%	346,434	3,261,189	Rhode Island	4.9%	12,097	244,900
Indiana	9.4%	150,340	1,596,035	South Carolina	7.9%	80,427	1,012,259
Iowa	7.2%	50,946	704,988	South Dakota	8.0%	15,845	197,508
Kansas	7.3%	51,320	707,311	Tennessee	8.8%	122,257	1,386,174
Kentucky	11.5%	114,185	992,236	Texas	21.2%	1,308,327	6,189,435
Louisiana	13.6%	160,882	1,184,792	Utah	9.2%	69,935	761,207
Maine	7.0%	19,430	280,413	Vermont	4.8%	6,659	138,254
Maryland	9.0%	126,934	1,407,118	Virginia	10.6%	191,254	1,802,660
Massachusetts	6.9%	103,016	1,495,632	Washington	8.7%	130,926	1,504,728
Michigan	6.4%	161,061	2,532,146	West Virginia	9.4%	36,658	392,574
Minnesota	6.0%	74,382	1,243,078	Wisconsin	6.2%	83,338	1,353,275
Mississippi	11.5%	87,759	761,871	Wyoming	13.4%	16,034	120,092
Missouri	6.2%	86,160	1,389,812	<b>Total</b>		<b>8,452,292</b>	<b>73,446,140</b>

**Source:** Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey, 2003 and 2004.

## **KEY FINDINGS FROM THE 1998-2003 NATIONAL HEALTH INTERVIEW SURVEY** *Changes in Insurance Coverage among Children and Parents*

This research by the Urban Institute documents levels of insurance coverage overall and by race and ethnicity. The findings are based on an analysis of the 1998-2003 National Health Interview Survey (NHIS), which is a survey of the health status, access to care, use of health care services and economic and social characteristics of the U.S. population. The survey, sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention, includes approximately 40,000 households and 93,000 persons annually. There are 164,188 children and 144,140 parents in the sample used for this analysis.

This research provides a statistical portrait of the nation's uninsured children and parents overall and by race, ethnicity and family income.<sup>6</sup> Low-income families are defined as families whose income is at or below 200 percent of the federal poverty level.<sup>7</sup> Most children in low-income families are likely eligible for coverage through Medicaid or SCHIP.

Key findings are as follows:<sup>8</sup>

### **The number of uninsured children in America has decreased by nearly 2 million since 1998, largely due to children being enrolled in Medicaid and SCHIP.**

- There are 1.5 million fewer low-income uninsured children and less than a half million fewer (.46 million) higher-income uninsured children since 1998. The gains among lower-income families can largely be attributed to increased enrollment into Medicaid and SCHIP.

### **Since 1998, the number of uninsured children decreased by nearly 2 million, while the number of uninsured parents increased by more than 1 million.**

- While the percent of uninsured Hispanic children fell by 6 percentage points, the percent of uninsured Hispanic parents rose by three percentage points.
- While the percent of uninsured African-American children fell 5 percentage points—from 14 percent in 1998 to 9 percent in 2003—African-American parents failed to make any gains.

### **Since 1998, minority children have made the greatest gains.**

- The percent of uninsured Hispanic children fell from 26 percent in 1998 to 20 percent in 2003.
- The percent of uninsured African-American children fell from 14 percent in 1998 to 9 percent in 2003. They now lag behind non-Hispanic whites by only 3 percentage points.

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<sup>6</sup> “White” and “African-American” include only non-Hispanic children. “Hispanic” refers to Hispanics of all races. The non-Hispanic “other” group was analyzed separately, but estimates are not shown due to small sample sizes.

<sup>7</sup> For example, a family of four with an annual income of \$38,700 would be at 200 percent of the federal poverty level.

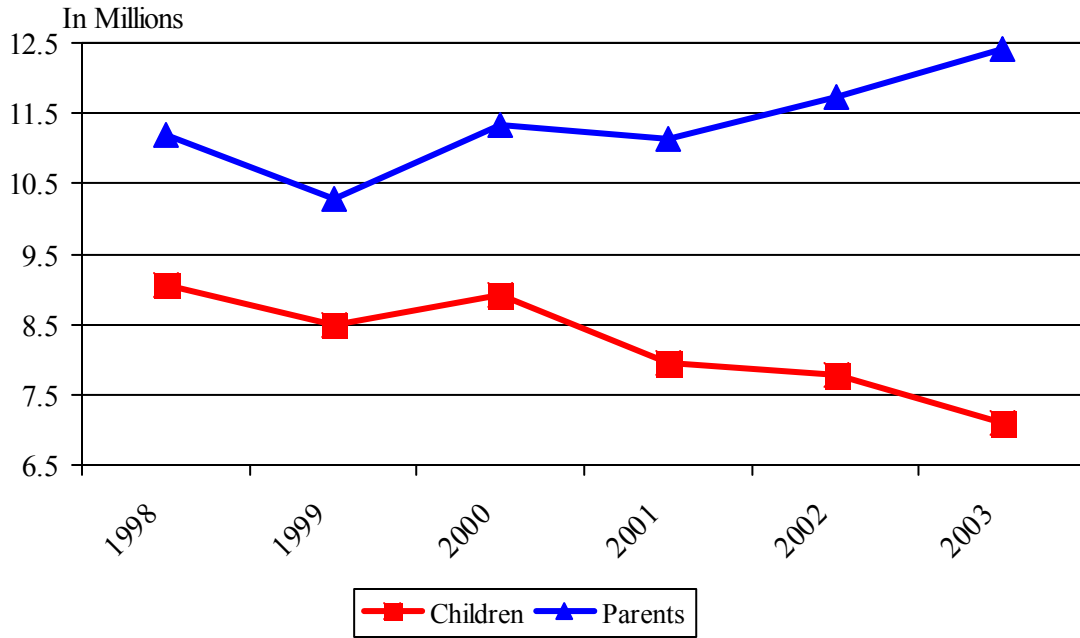
<sup>8</sup> All sample estimates reported in this summary are significantly different from zero. All comparisons over time, or between income and ethnic groups that are noted in these findings, meet conventional levels of statistical significance ( $p \leq .05$ ). Estimates presented are rounded to the nearest percentage point. Comparison or mathematical manipulation of the estimates may be subject to rounding error.

**Despite these gains, minority children, especially Hispanic children, are still more likely to be uninsured than non-Hispanic white children.**

- Twenty percent of Hispanic children are uninsured, compared to 9 percent of African-American children and 6 percent of non-Hispanic white children.



**Figure 2: Total Number of Uninsured Children and Parents (1998-2003)**



Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

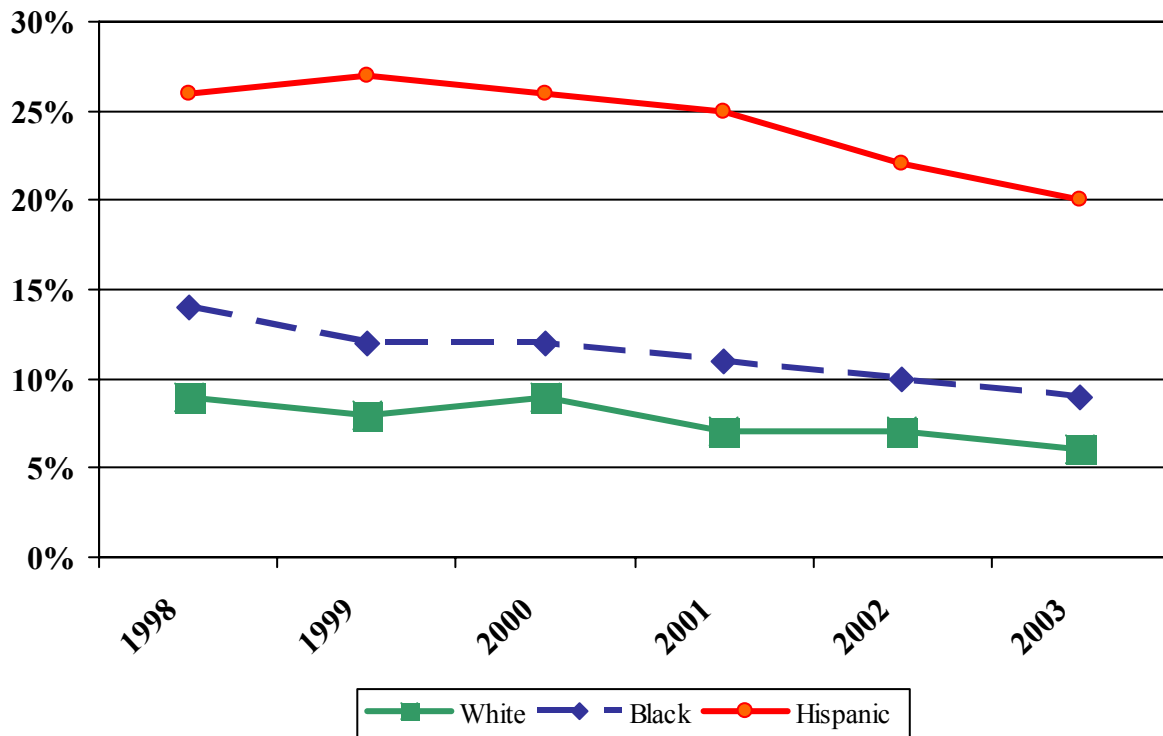
**Table 2**

<b>Change in the Number of Uninsured Children and Parents between 1998 and 2003</b>							
	<b>1998-2003 Change for Children in millions</b>			<b>1998-2003 Change for Parents in millions</b>			<b>Difference between Changes for Parents and Children in millions</b>
	1998	2003	Change	1998	2003	Change	
Total	9.05	7.09	-1.96*	11.19	12.42	1.23*	3.20*
White	4.15	2.86	-1.30*	5.74	5.39	-0.35	0.95*
Black	1.46	1.00	-0.46*	1.50	1.48	-0.02	0.44*
Hispanic	2.88	2.70	-0.18	3.40	4.91	1.52*	1.70*
Other	0.56	0.53	-0.03	0.54	0.63	0.09	0.12*
Low-Income	6.30	4.80	-1.50*	7.64	8.72	1.08*	2.59*
High-Income	2.75	2.29	-0.46	3.05	3.70	0.65*	1.11*

\*Indicates a statistically significant change at  $p < .01$

Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

**Figure 3: Percentage of Uninsured Children by Race (1998-2003)**



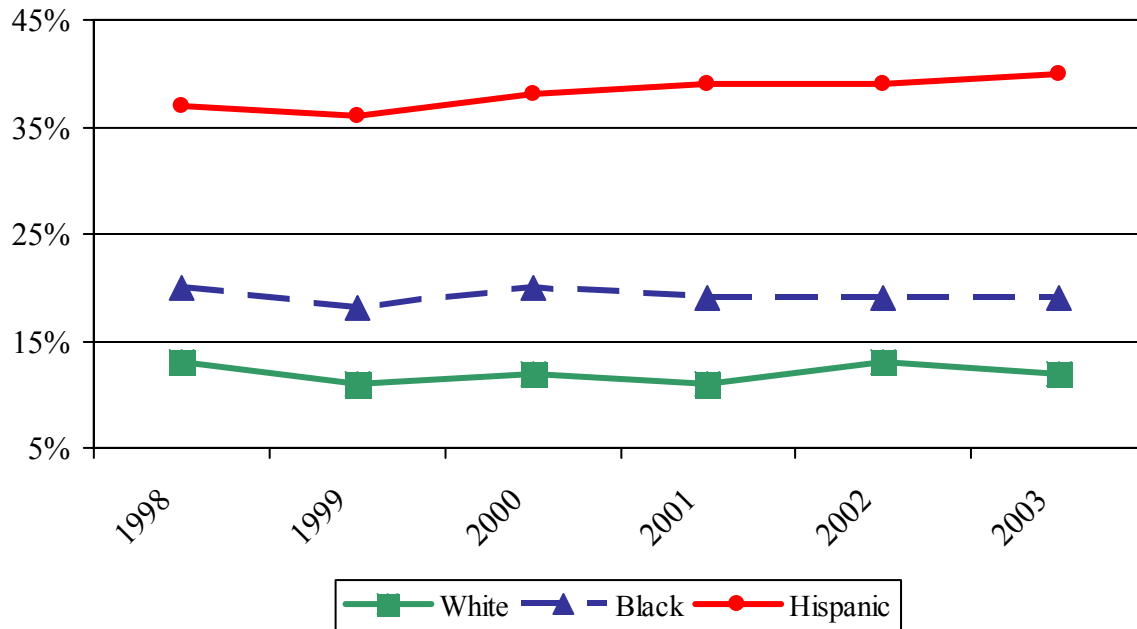
Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

**Table 3**

Changes in Percent of Uninsured Children, 1998-2003							
	1998	1999	2000	2001	2002	2003	
Total Children	13%	12%	12%	11%	11%	10%	*
White, Non-Hispanic	9%	8%	9%	7%	7%	6%	*
Black, Non-Hispanic	14%	12%	12%	11%	10%	9%	*
Hispanic	26%	27%	26%	25%	22%	20%	*
Other	17%	14%	16%	15%	15%	15%	n/a
Low-Income	23%	22%	21%	19%	17%	16%	*
High-Income	6%	5%	6%	5%	7%	5%	

\*Indicates that difference between 1998 and 2003 is statistically different at  $p < .01$   
 Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

**Figure 4: Percent of Uninsured Parents by Race  
(1998-2003)**



Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

**Table 4**

Change in Percent of Uninsured Parents, 1998-2003							
	1998	1999	2000	2001	2002	2003	
Total Parents	17%	16%	17%	17%	18%	18%	*
White, Non-Hispanic	13%	11%	12%	11%	13%	12%	
Black, Non-Hispanic	20%	18%	20%	19%	19%	19%	
Hispanic	37%	36%	38%	39%	39%	40%	*
Other	18%	18%	21%	17%	19%	19%	n/a
Low-Income	38%	37%	37%	37%	36%	39%	
High-Income	7%	7%	8%	8%	9%	8%	*

\*Indicates that difference between 1998 and 2003 is statistically different at  $p < .01$   
Source: Urban Institute analysis of the National Health Interview Survey, 1998-2003

## KEY FINDINGS FROM THE 2003 NATIONAL SURVEY OF CHILDREN'S HEALTH

### *An In-depth Look at the Consequences of Being without Health Insurance*

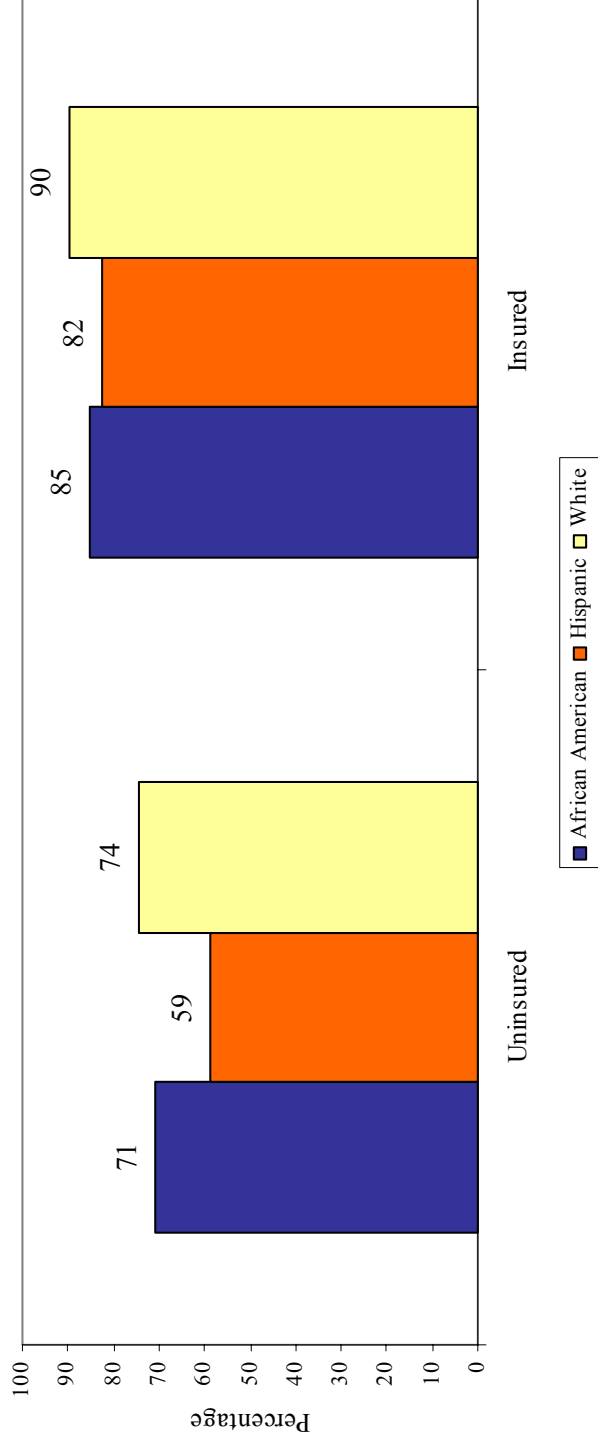
The Robert Wood Johnson Foundation (RWJF) commissioned the State Health Access Data Assistance Center (SHADAC), located at the University of Minnesota School of Public Health, to develop a comprehensive state-by-state analysis of American children without health insurance and an analysis of access to health care for American children without health insurance using data from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics, 2003 National Survey of Children's Health. SHADAC also compared reported gaps in care between insured and uninsured children in each state, thereby providing an in-depth look at the consequences that children in America face when they do not have health insurance. The results are startling. Some highlights:

- **One-third (32.9%) of uninsured children went without any medical care for the entire year.** Conversely, nearly 88 percent (87.5%) of their insured counterparts received care during the same period.
- **The problem exists in nearly every state.** Although the data show high levels of uninsured children not receiving care across the nation, states with the highest levels of uninsured children not receiving any care were: Arizona (47.1%); Nevada (43.4%); Oklahoma (41.7%); Texas (40.5%); New Mexico (40.3%); Georgia (37.8%); California (37.4%); and Louisiana (37.1%).
- **Uninsured children are less likely than insured children to receive all needed medical care.**
  - Uninsured children in America are 10 times more likely than insured children to miss out on needed medical care.
  - Uninsured Hispanic children are 10 times more likely than insured Hispanic children to miss out on the medical care they need.
  - Uninsured African-American children are 20 times more likely than insured African-American children not to receive all the medical care they need.
- **Uninsured Hispanic and African-American children are less likely to receive medical care than uninsured non-Hispanic white children.**
  - More than 40 percent (41.4%) of uninsured Hispanic children went without any medical care during the year, compared to just a quarter (25.7%) of uninsured non-Hispanic white children.
  - Uninsured African-American children (14.7%) are less likely to receive all needed medical care than uninsured non-Hispanic white children (3.9%).

- **Uninsured kids often do not have a personal doctor or nurse.** Nearly nine out of ten (85.9%) insured children have someone they consider their personal doctor or nurse, compared with just a little more than half (56.8%) of uninsured children.
  - Three-fourths (74.7%) of insured Hispanic children have someone they consider their personal doctor or nurse, compared with less than half (41%) of uninsured Hispanic children.
  - More than three-fourths (79.3%) of insured African-American children have someone they consider their personal doctor or nurse, compared with just half (50.9%) of uninsured African-American children.

# Uninsured White, African-American and Hispanic Children Are Less Likely Than Their Insured Counterparts to Have Received Any Medical Care

Figure 5: Percent of Uninsured and Insured Children (0-17) Receiving Any Care By Race 2003

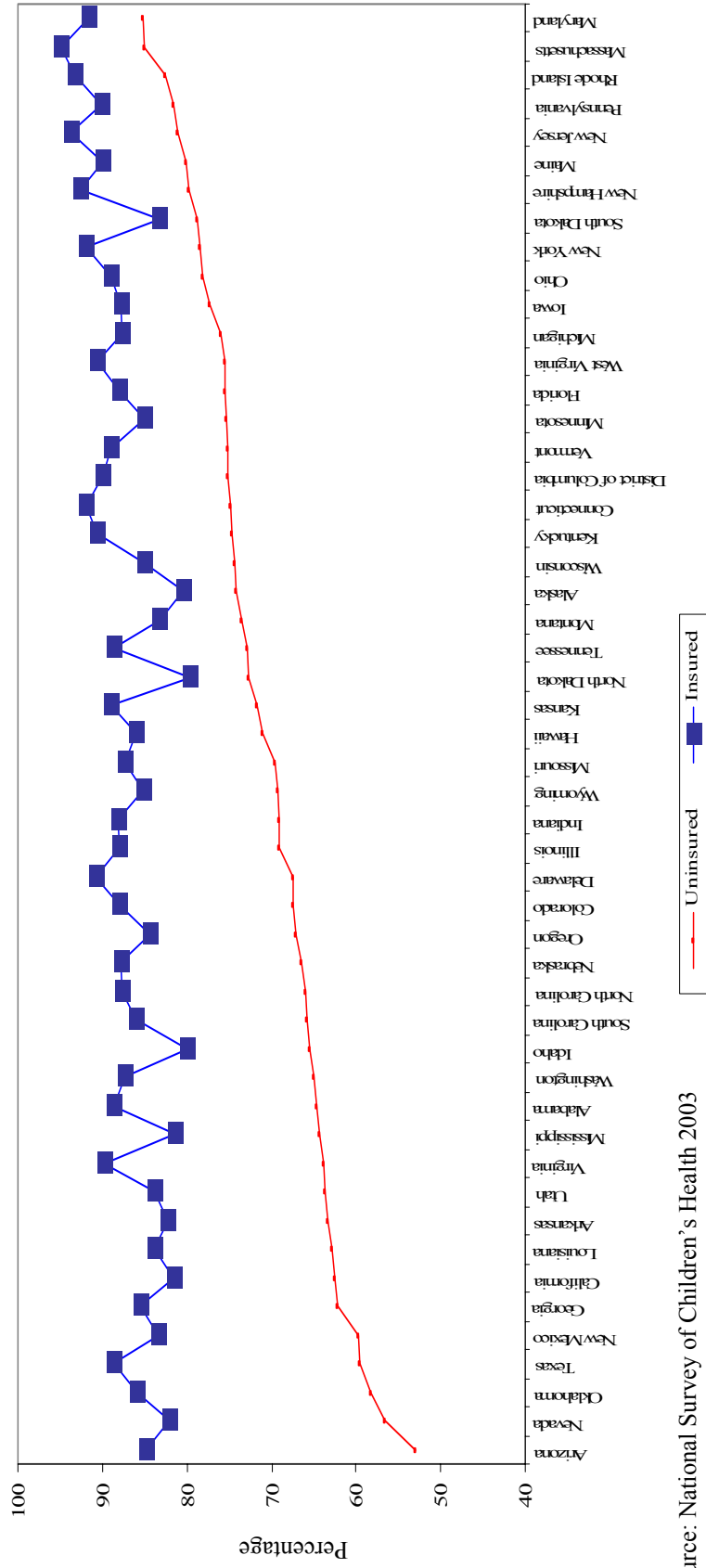


Source: National Survey of Children's Health 2003

- Nationally, uninsured African-American, Hispanic and white children are less likely to have received any medical care in the past year than children with health insurance.
- Uninsured Hispanic children (58.6%) are less likely than uninsured white children (74.3%) to have received any medical care in the past year.
- Insured African-American children (85.3%) and insured Hispanic children (82.4%) are also less likely to have received any medical care in past year than insured white children (89.6%).

# Uninsured Children Are Less Likely Than Insured Children to Have Received Any Medical Care by State

Figure 5a: Percent of Uninsured and Insured Children (0-17) That Received Any Medical Care - 2003 by State



Source: National Survey of Children's Health 2003

- Nationally, uninsured children are less likely than insured children to receive any medical care in the past year.
- Uninsured children in 46 states are less likely to receive any medical care in the past year than insured children. (The difference is not statistically significant in Alaska, Maryland, North Dakota, Pennsylvania and South Dakota).
- Uninsured children in Arizona (52.9%), Nevada (56.6%) and Oklahoma (58.3%) are the least likely to have received any medical care in the past year.

**Table 5: Rate and Number of Uninsured and Insured Children (ages 0-17) That Received Any Medical Care – 2003 by State**

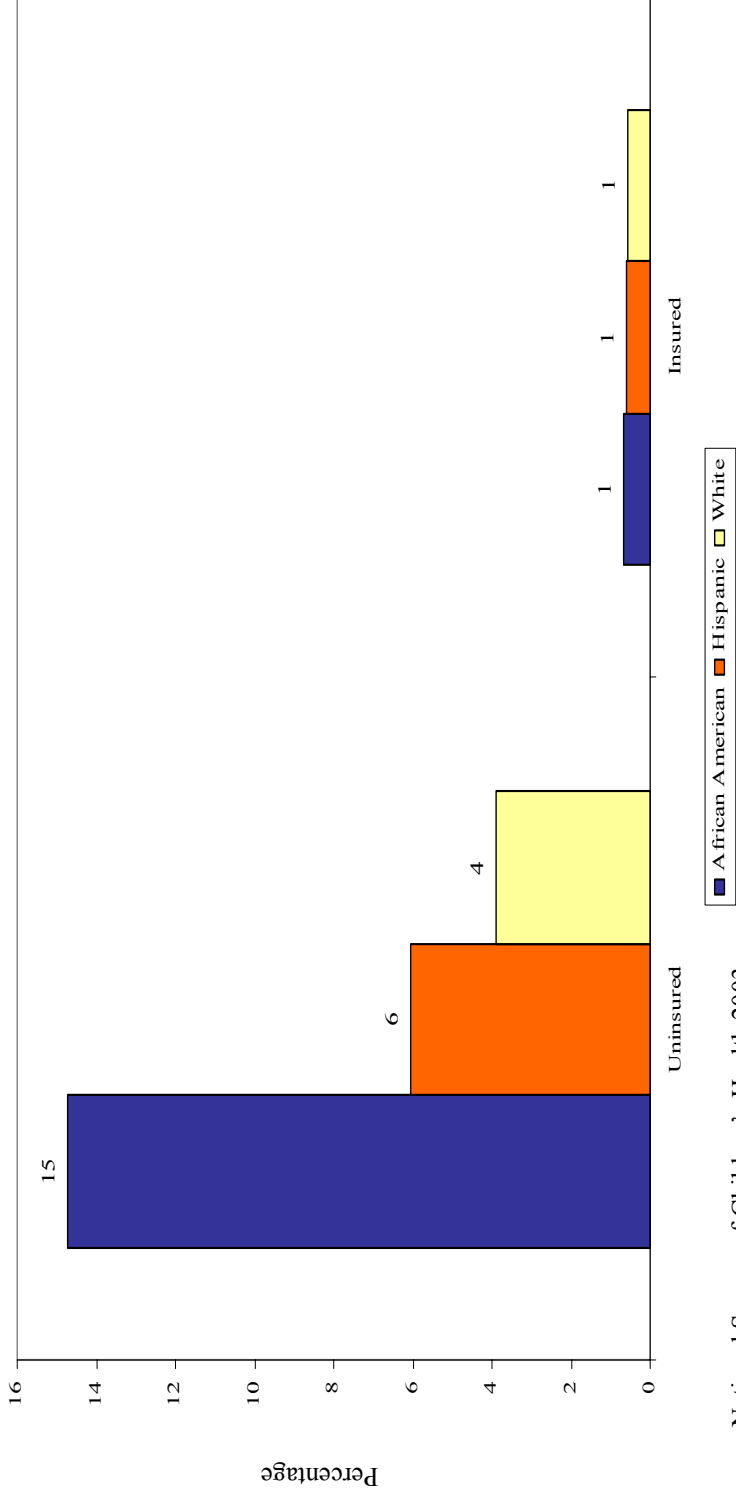
State	Uninsured		Insured		State	Uninsured		Insured	
	Rate	Number	Rate	Number		Rate	Number	Rate	Number
Alabama	64.6	53,944	88.6	904,214	Montana	73.6	19,823	83.3	156,069
Alaska	74.3	14,896	80.4	135,197	Nebraska	66.5	19,177	87.8	359,318
Arizona	52.9	125,891	84.8	1,081,366	Nevada	56.6	57,956	82.2	391,546
Arkansas	63.3	37,906	82.2	508,964	New Hampshire	79.8	11,730	92.6	269,212
California	62.6	652,570	81.6	6,804,893	New Jersey	81.1	125,723	93.8	1,847,221
Colorado	67.4	84,360	88.0	900,338	New Mexico	59.7	28,809	83.3	376,425
Connecticut	74.9	22,785	92.0	737,433	New York	78.4	158,903	92.0	3,956,469
Delaware	67.4	7,109	90.9	170,691	North Carolina	66.1	108,201	87.7	1,680,351
District of Columbia	75.2	3,629	90.0	92,376	North Dakota	72.7	7,789	79.7	107,903
Florida	75.5	331,790	88.0	3,050,619	Ohio	78.1	125,918	89.0	2,355,307
Georgia	62.2	122,412	85.5	1,787,740	Oklahoma	58.3	59,888	85.8	662,340
Hawaii	71.0	10,866	86.1	241,725	Oregon	67.2	67,788	84.5	628,806
Idaho	65.6	27,540	79.9	262,370	Pennsylvania	81.5	146,117	90.2	2,377,912
Illinois	69.0	179,443	88.0	2,606,871	Rhode Island	82.6	11,155	93.2	213,691
Indiana	69.0	70,758	88.2	1,318,111	South Carolina	65.9	43,632	86.1	820,130
Iowa	77.3	35,762	87.9	565,554	South Dakota	78.7	10,425	83.3	149,395
Kansas	71.7	42,352	88.9	563,648	Tennessee	72.9	64,320	88.7	1,153,234
Kentucky	74.7	46,152	90.7	842,019	Texas	59.5	639,768	88.6	4,555,130
Louisiana	62.9	46,959	83.9	920,950	Utah	63.6	46,820	84.0	559,358
Maine	80.1	15,197	89.9	239,681	Vermont	75.3	3,206	89.0	118,114
Maryland	85.2	51,627	91.7	1,203,352	Virginia	63.8	83,347	89.8	1,492,212
Massachusetts	85.0	45,803	94.9	1,354,520	Washington	65.1	64,108	87.3	1,215,572
Michigan	76.0	96,874	87.7	2,104,961	West Virginia	75.5	18,974	90.7	330,146
Minnesota	75.4	66,838	85.1	983,336	Wisconsin	74.4	56,034	85.0	1,065,002
Mississippi	64.4	38,923	81.4	567,069	Wyoming	69.2	7,714	85.3	93,095
Missouri	69.5	47,748	87.4	1,164,238	<b>Total</b>	<b>67.1</b>	<b>4,267,458</b>	<b>87.5</b>	<b>58,046,194</b>

Source: National Survey of Children's Health 2003



# Uninsured White, African-American and Hispanic Children Are Less Likely Than Their Insured Counterparts to Have Received All Needed Medical Care

Figure 6: Percent of Uninsured and Insured Children (0-17) Not Receiving All Medical Care Needed by Race - 2003

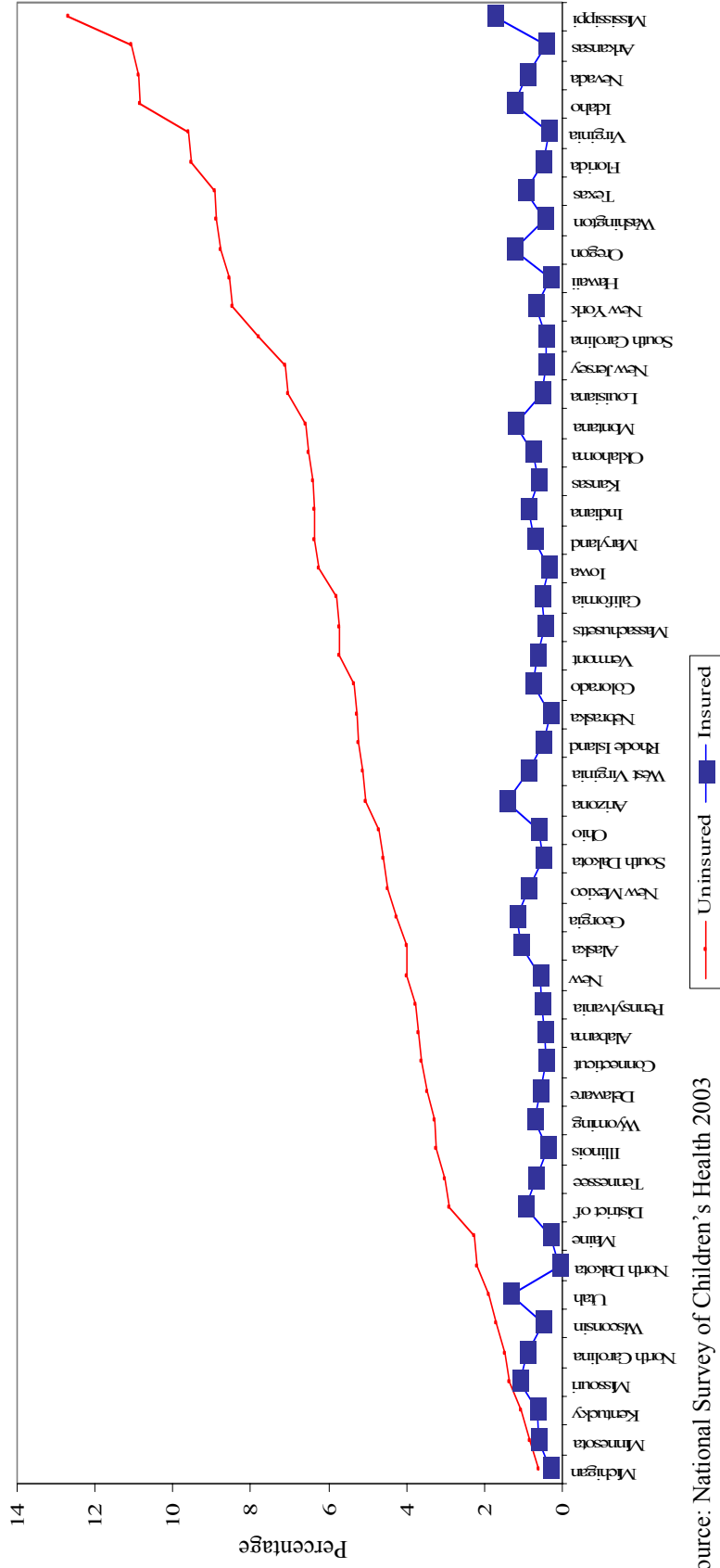


Source: National Survey of Children's Health 2003

- Nationally, uninsured African-American, Hispanic and white children are less likely to receive all needed medical care than insured children within the same race/ethnic groups.
- Uninsured African-American children (14.7%) are less likely to receive all needed medical care than uninsured white children (3.9%).
- There are no significant differences between insured children of different races and ethnicities with respect to receiving all needed medical care in the past year.

# Uninsured Children Are Less Likely Than Insured Children to Receive All Needed Medical Care by State

Figure 6a: Percent of Uninsured and Insured Children (0-17) That Did Not Receive All Medical Care Needed - 2003



Source: National Survey of Children's Health 2003

- Nationally, uninsured children are less likely than insured children to have received all the medical care that they needed in the past year.
- Uninsured children in 19 states are significantly less likely to have received all needed medical in the past year.
- Uninsured children in Nevada (10.9%), Arkansas (11.1%) and Mississippi (12.7%) are the least likely to have received all needed medical care in the past year.

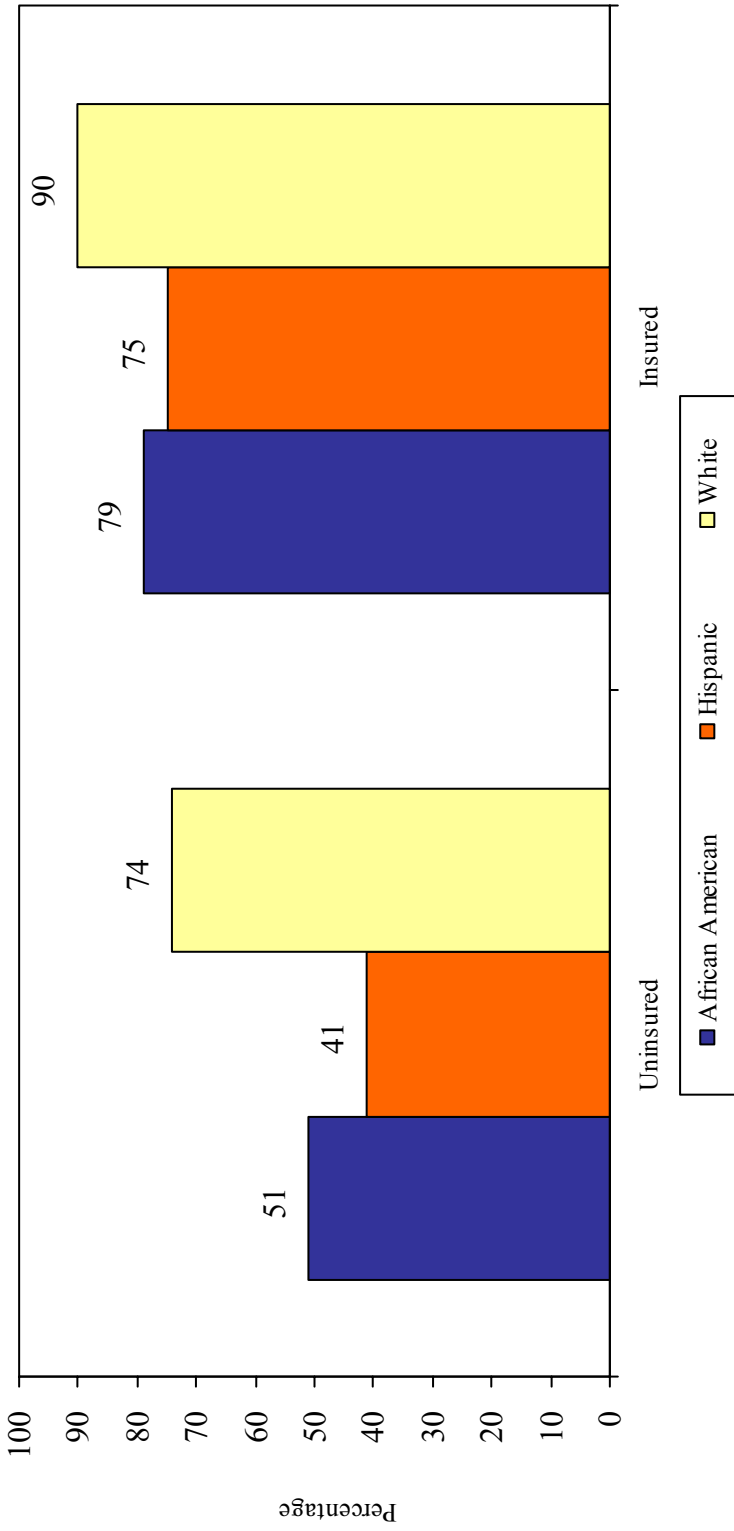
**Table 6: Rate and Number of Uninsured and Insured Children (ages 0-17)  
That Did Not Receive All Medical Care Needed – 2003 by State**

State	Uninsured		Insured		State	Uninsured		Insured	
	Rate	Number	Rate	Number		Rate	Number	Rate	Number
Alabama	3.7	1,994	0.5	4,184	Montana	6.6	1,307	1.2	1,865
Alaska	4.0	596	1.1	1,421	Nebraska	5.3	1,011	0.3	1,142
Arizona	5.1	6,363	1.4	15,399	Nevada	10.9	6,227	0.9	3,551
Arkansas	11.1	4,193	0.4	2,182	New Hampshire	4.0	466	0.6	1,540
California	5.8	37,796	0.5	34,458	New Jersey	7.1	8,926	0.4	7,929
Colorado	5.4	4,449	0.7	6,693	New Mexico	4.5	1,288	0.9	3,222
Connecticut	3.6	825	0.4	3,018	New York	8.5	13,350	0.7	26,657
Delaware	3.5	242	0.6	970	North Carolina	1.5	1,604	0.9	14,893
District of Columbia	2.9	105	0.9	873	North Dakota	2.2	171	0.1	101
Florida	9.5	31,554	0.5	14,329	Ohio	4.7	5,827	0.6	13,858
Georgia	4.3	5,222	1.1	20,444	Oklahoma	6.5	3,908	0.7	4,945
Hawaii	8.5	902	0.3	761	Oregon	8.8	5,945	1.2	7,825
Idaho	10.8	2,984	1.3	3,273	Pennsylvania	3.8	5,495	0.5	12,472
Illinois	3.2	5,818	0.4	9,909	Rhode Island	5.2	582	0.5	1,040
Indiana	6.4	4,510	0.8	11,108	South Carolina	7.8	3,399	0.4	3,439
Iowa	6.2	2,201	0.4	1,977	South Dakota	4.6	477	0.5	735
Kansas	6.4	2,685	0.6	3,354	Tennessee	3.0	1,937	0.7	7,829
Kentucky	1.1	481	0.6	5,459	Texas	8.9	57,130	0.9	42,958
Louisiana	7.0	3,173	0.5	4,824	Utah	1.9	881	1.3	7,346
Maine	2.3	343	0.3	723	Vermont	5.7	176	0.6	747
Maryland	6.3	3,276	0.7	8,819	Virginia	9.6	8,001	0.4	5,232
Massachusetts	5.7	2,622	0.5	6,265	Washington	8.9	5,595	0.5	5,511
Michigan	0.6	566	0.3	6,275	West Virginia	5.1	949	0.9	2,817
Minnesota	0.8	563	0.6	6,048	Wisconsin	1.7	937	0.5	5,013
Mississippi	12.7	4,882	1.7	9,769	Wyoming	3.3	251	0.7	657
Missouri	1.4	650	1.1	12,470	<b>Total</b>	<b>6.222</b>	<b>264,837</b>	<b>0.65</b>	<b>378,328</b>

Source: National Survey of Children's Health 2003

# Uninsured White, African-American and Hispanic Children Are Less Likely Than Their Insured Counterparts to Have A Personal Doctor or Nurse

Figure 7: Percent of Uninsured and Insured Children (0-17) Reporting That They Have a Personal Doctor or Nurse by Race - 2003

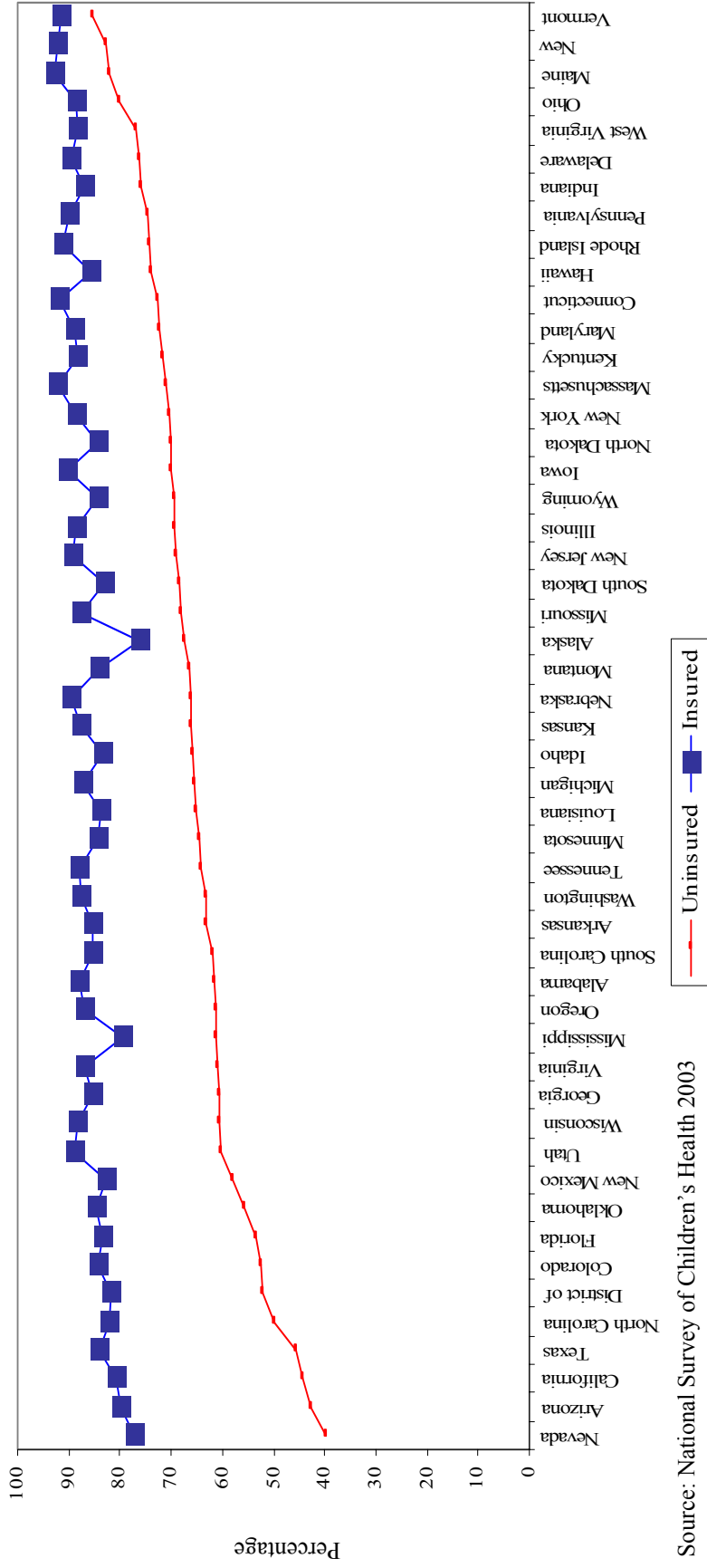


Source: National Survey of Children's Health 2003

- Nationally, uninsured African-American, Hispanic and white children are less likely to have a personal doctor or nurse than insured children within the same race/ethnic group.
- Uninsured African-American children (50.9%) and uninsured Hispanic children (41.0%) are less likely than uninsured white children (73.6%) to have a personal doctor or nurse.
- Insured African-American children (79.3%) and insured Hispanic children (74.7%) are also less likely than insured white children (90.2%) to have a personal doctor or nurse.

# Uninsured Children Are Less Likely Than Insured Children to Have A Personal Doctor or Nurse by State

Figure 7a: Percent of Uninsured and Insured Children (0-17) Reporting That They Have a Personal Doctor or Nurse - 2003



Source: National Survey of Children's Health 2003

- Nationally, uninsured children are less likely than insured children to have a personal doctor or nurse.
- Uninsured children in 47 states are less likely than insured children to have a personal doctor or nurse. (The difference is not statistically significant in Alaska, Hawaii, Ohio and Vermont.)
- Uninsured children in Nevada (39.8%), Arizona (42.5%), California (44.4%) and Texas (45.7%) are the least likely to have a personal doctor or nurse.

**Table 7: Rate and Number of Uninsured and Insured Children (ages 0-17) Reporting That They Have a Personal Doctor or Nurse – 2003 by State**

State	Uninsured		Insured	
	Rate	Number	Rate	Number
Alabama	61.6	51,383	87.9	896,957
Alaska	67.5	13,547	76.4	128,457
Arizona	42.5	101,104	79.7	1,015,997
Arkansas	63.1	37,742	85.5	529,030
California	44.4	462,813	80.7	6,723,648
Colorado	52.3	65,472	84.3	862,270
Connecticut	72.6	22,093	91.9	736,791
Delaware	76.1	8,024	89.5	168,148
District of Columbia	52.1	2,514	81.6	83,784
Florida	53.4	234,899	83.3	2,888,308
Georgia	60.7	119,390	85.5	1,787,130
Hawaii	73.9	11,296	85.7	240,597
Idaho	65.8	27,630	83.4	273,952
Illinois	69.4	180,343	88.5	2,619,190
Indiana	76.0	77,892	86.9	1,298,342
Iowa	70.0	32,385	90.3	581,117
Kansas	66.1	39,014	87.6	554,864
Kentucky	71.7	44,280	88.2	818,207
Louisiana	65.1	48,627	83.8	920,287
Maine	82.1	15,572	92.9	247,619
Maryland	72.4	43,906	88.8	1,165,152
Massachusetts	71.0	38,275	92.2	1,316,041
Michigan	65.6	83,597	87.2	2,093,502
Minnesota	64.4	57,063	84.4	975,580
Mississippi	61.3	37,049	79.5	553,918
Missouri	68.2	46,819	87.7	1,169,139

State	Uninsured		Insured	
	Rate	Number	Rate	Number
Montana	66.5	17,918	84.0	157,362
Nebraska	66.1	19,078	89.6	366,862
Nevada	39.8	40,778	77.1	367,372
New Hampshire	82.8	12,163	92.3	268,263
New Jersey	69.1	107,102	89.4	1,761,197
New Mexico	58.0	27,983	82.8	373,991
New York	70.5	142,893	88.7	3,813,841
North Carolina	49.8	81,608	82.0	1,571,030
North Dakota	70.1	7,513	84.5	114,421
Ohio	80.0	128,900	88.5	2,341,148
Oklahoma	55.7	57,224	84.8	654,377
Oregon	61.4	61,936	86.9	646,936
Pennsylvania	74.6	133,774	90.0	2,372,367
Rhode Island	74.3	10,037	91.2	208,895
South Carolina	61.8	40,892	85.3	812,560
South Dakota	68.5	9,069	83.0	148,831
Tennessee	64.0	56,516	88.0	1,144,524
Texas	45.7	491,351	84.1	4,323,400
Utah	60.3	44,408	89.1	593,342
Vermont	85.5	3,642	91.4	121,392
Virginia	60.8	79,423	87.0	1,446,326
Washington	63.3	62,406	87.6	1,219,537
West Virginia	76.7	19,281	88.4	321,868
Wisconsin	60.5	45,573	88.2	1,105,236
Wyoming	69.4	7,740	84.3	92,016
<b>Total</b>	<b>56.8</b>	<b>3,611,935</b>	<b>85.9</b>	<b>56,995,120</b>

Source: National Survey of Children's Health 2003

## METHODOLOGY FOR ANALYSIS OF NATIONAL HEALTH INTERVIEW SURVEY DATA

### **Data Source and Sample**

This analysis used the 1998-2003 National Health Interview Survey (NHIS) to examine changes in insurance coverage. The NHIS is a continuous, in-person, household survey sponsored by the National Center for Health Statistics. The sample, which includes approximately 40,000 households and 93,000 persons annually, is nationally representative of the civilian, non-institutionalized U.S. population. The NHIS collects information on demographic characteristics, family income, insurance coverage, health status, access to care and use of health care services. A knowledgeable adult serves as the respondent for minor children.<sup>9</sup> Data was analyzed for children ages 0-17 and parents 18 years and older with at least one child—biological, step or adopted—under age 18 and living in the same household. The analytic sample includes 164,188 children and 144,410 parents.

### **Identifying Children without Health Insurance**

The NHIS collects information on a person's health insurance at the time of the survey, asking whether they have any of a variety of public or private insurance plans, or are without insurance other than plans that only cover a single service. Individuals without any general medical insurance coverage at the time of the interview are considered uninsured. General medical insurance includes private health insurance (i.e., from an employer or workplace, purchased directly, or through a state, local government or community program), Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), a state-sponsored health plan, other government programs, and military health plans (i.e., VA, TRICARE, CHAMPUS, CHAMP-VA).

The NHIS estimates that on average, 10 percent of children (7.09 million), were uninsured at some point in time during 2003. This estimate is lower than the estimate of 8.4 million uninsured children from the March 2004 Supplement of the Current Population Survey (CPS). At this time, researchers are uncertain as to why the NHIS and CPS estimates of uninsured children vary. The surveys differ in the wording of the questions concerning insurance coverage and in the time frame covered (current vs. full year), but not necessarily in ways that are consistent with the differences in the estimates. The *Covering Kids & Families* Back-to-School Campaign uses the uninsured estimate from the CPS due to its widespread use in policy analysis. Error associated with measuring insurance status has led to concerns about the validity of estimates of the number of uninsured children—based on household surveys. In particular, there is concern that underreporting of public coverage could lead to overestimates of the number of children who are uninsured.

### **Grouping Children According to Relevant Characteristics**

Children were grouped according to selected demographic and socio-economic characteristics:

- Ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, other)

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<sup>9</sup> As with any household survey, the information captured in the NHIS is based on self-reporting and may be subject to various types of reporting error.

- Family income relative to the federal poverty level (FPL),<sup>10</sup> grouped into low-income (below 200% FPL) and higher-income (above 200% FPL)

### **Analysis**

For each year in the sample, we computed the percentage of uninsured children and parents, and then for children and parents stratified by ethnicity and income. We compared the percentage of uninsured children and parents in different subgroups and examined whether the percentage of uninsured changed more for some subgroups than for others. In particular, we examined whether the differences between the percentage of uninsured African-Americans and non-Hispanic whites, and Hispanics and non-Hispanic whites changed between 1998 and 2003. We also examined whether the percentage of uninsured children and parents in each race/ethnicity category differed from those of children and parents in each of the other three categories in the race/ethnicity group in 1998 and 2003, respectively. We compared the percentage of uninsured low-income children and parents to the percentage of uninsured higher-income children and parents and examined whether those gaps changed over time. The various comparisons between ethnic groups and income groups were made using t-tests with conventional levels of significance ( $p \leq .05$ ). All analyses were performed using Stata software. Sample proportions were weighted to national totals. Statistical comparisons took into account the complex sample design of the NHIS.

For more information regarding this analysis of the National Health Interview Survey, please contact:

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<sup>10</sup> We used imputed poverty percent values provided by the NCHS for those observations without valid reported income.



## METHODOLOGY FOR ANALYSIS OF THE 2003 NATIONAL SURVEY OF CHILDREN'S HEALTH

The analysis for this report was done using the National Center for Health Statistics (NCHS) 2003 National Survey of Children's Health (NSCH). The NSCH is a national survey that examines the physical and emotional health of children ages 0-17. The survey is conducted by telephone and administered to parents or guardians of children 17 years of age and younger in all 50 states and the District of Columbia (Blumberg, et al. 2004). This report only includes responses from the 50 states and the District of Columbia for children age 17 and younger.

The NSCH survey employs the sample design of the National Immunization Survey, a random sample of telephone numbers within 78 Immunization Action Plan areas. All rates cited in this report are based on weighted estimates. The complex survey design is corrected for using StataSE version 8.0 software. The overall (median) response rate for the 2003 NSCH was 55.3 percent (Blumberg, et al.). The sample size for our analysis of children ages 0-17 was 102,353 observations (weighted count of 72,736,965). Missing values were imputed using the hotdeck methodology in StataSE 8.0. Data for which there were 50 or less unweighted observations within a state were not reported, as such a small number of respondents can generate imprecise and misleading estimates. All the differences referenced in the key points of this report are significant at  $p < 0.05$ . Additional information about the NSCH is available at: [www.cdc.gov/nchs/slait.htm](http://www.cdc.gov/nchs/slait.htm).

To select a single source of data for the state-by-state analyses conducted for the *Covering Kids & Families* Back-to-School Campaign, SHADAC considered the availability of the following:

- Consistent and timely data from all 50 states and the District of Columbia
- Large sample size in all states
- Health insurance coverage measures
- Health care access measures
- Large state samples of minority group members
- Data on children

The two surveys that scored the highest on those criteria were the National Center of Health Statistics' National Survey of Children's Health (NSCH) and the Census Bureau's Current Population Survey Annual Social and Economic Supplement (CPS-ASEC). Both surveys produce estimates of health insurance coverage for all 50 states and the District of Columbia. The CPS-ASEC, however, has a smaller sample size of 0-17 year olds (in most states and for the nation as a whole) and does not measure health care access. SHADAC researchers, therefore, chose the NSCH for their analysis because it includes health care access items that are crucial for the analysis.

### **Methods:**

The literature has explored the specific differences among surveys that measure health insurance coverage (Nelson et al. 2003; Congressional Budget Office 2003; Fronstin 2000; Lewis et al. 1998; Farley-Short 2001). The NSCH and CPS-ASEC surveys differ in the following ways:

- **Sample selection, sample frame and population coverage:** The NSCH and CPS-ASEC use different sampling strategies. The NSCH samples telephone numbers using random digit dialing (RDD) and the CPS-ASEC samples households from an address-listing file (updated continuously by the Census Bureau). Thus, population coverage varies by survey as households without telephones are included in the CPS-ASEC, but not in the NSCH. Also, people in households without phones are more likely to be uninsured than those with telephones (Davern, Lepkowski et al. 2004). Furthermore, population coverage problems in RDD-only surveys affect concepts other than health insurance because people in households with telephones have different characteristics than those in households without telephones (Groves 1990; Keeter 1995).
- **Mode of survey administration and survey non-response:** The CPS-ASEC is a mixed-mode survey using both telephone and in-person interviews. In-person interviews are used for the first month a household and/or family is included in the sample. Telephone interviews are used primarily thereafter. The 2003 NSCH was a telephone-only survey, which tends to have lower response rates than mixed-mode government surveys like the CPS-ASEC. The median response rate for the 2003 NSCH was 55.3 percent, compared to 84 percent for the CPS-ASEC.

Furthermore, evidence indicates some differences in sample demographic representation in telephone-only surveys compared to mixed-mode or in-person only surveys (Groves 1990; Groves and Kahn 1979; Thornberry and Massey 1988). For example, telephone surveys tend to have a smaller percentage of people in lower-income categories and a smaller percentage of people with less than a high school education.

- **Operationalization of the concept of being without health insurance:** The manner in which the surveys operationalize the concept of being without health insurance includes the reference period, or the time-frame addressed by the survey questions, as well as the timing of data collection activities.

Reference period: The CPS-ASEC employs a list of specific possible types of health insurance coverage and elicits responses regarding coverage at any time during the previous calendar year, whereas the NSCH asks two questions regarding health insurance coverage at the point in time the person is interviewed, as well as two questions concerning changes in insurance status over the past year.

Specifically, the CPS-ASEC question stem asks the respondent if they or anyone else in the household had the following types of insurance coverage at any point during the last year:

- Employer-based
- Private insurance (self-purchased insurance)
- Medicaid
- Medicare
- State-specific health insurance programs (including SCHIP)
- CHAMPUS/VA/Military Health Care

Respondents are classified as uninsured if they do not answer "yes" to any of the above options. If no coverage is reported, a verification question is asked to confirm that the person did not have health insurance:

- I have recorded that (READ NAMES) were not covered by a health plan at any time in (YEAR). Is that correct?
- (IF NO) Who should be marked as covered?
- (FOR EACH PERSON) What type of insurance was (NAME) covered by in (YEAR)? (Read list)

Respondents are allowed to report up to six different types of insurance from the list. In our multivariate analysis, our dependent variable is equal to "1" if the person is uninsured and "0" if they are covered.

The NSCH, by contrast, asks two general questions about the respondent's health insurance coverage at the point in time they are interviewed:

- Does [CHILD] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- [Is that coverage,/Is [he/she] insured by] Medicaid or the State Children's Health Insurance Program, (SCHIP)? In this state, the program is sometimes called [FILL MEDICAID NAME, SCHIP NAME].

Despite the fact that the CPS-ASEC health insurance items use the entire last year as the reference period for the health insurance coverage survey items, there is considerable debate about what these estimates actually measure.

Officially, the Census Bureau refers to the 2004 CPS-ASEC health insurance estimates as representing those people who lacked insurance for the entire 2003 calendar year. Some researchers, however, feel that the estimates actually reflect a point-in-time estimate as of the interview (Congressional Budget Office 2003; Swartz 1994; Nelson and Short 1990). This assertion is based on comparing the CPS estimates derived from other surveys such as the National Health Interview Survey (NHIS) and the Medical Expenditure Panel Survey (MEPS).

Timing of data collection: The NSCH was conducted from January 2003 – July 2004, while the CPS-ASEC was conducted February – April in 2002 (Blumberg, et al.; US Census Bureau 2002).

- **Data processing procedures:** We imputed the NSCH missing data items, while the Census Bureau fully imputes and edits the CPS-ASEC data file. Both the Census Bureau's method of imputing data and ours employs hotdeck methodology. However, the specific hotdeck methods used to impute the data differ significantly, and these differences can introduce bias into the estimates (Davern, Blewett et al. 2004; Little and Rubin 1987). Data editing procedures can introduce differences in survey estimates as well. For example, the CPS-ASEC edits children as having Medicaid if one of the primary family members reports TANF income, regardless of whether Medicaid coverage was reported (Lewis et al. 1998).

- **Comparing survey estimates from different surveys:** Though the NSCH, CPS-ASEC and other health insurance coverage surveys offer different point estimates of insurance coverage rates, the major findings from these surveys are similar, namely, that there are many children in every state without health insurance; minority populations are less likely to be insured; and the uninsured have less access to health care and preventive services.

### **Conclusion**

The NSCH and CPS-ASEC have advantages and disadvantages, depending on one's analysis design and criteria. The criteria used by SHADAC researchers led them to choose the NSCH for the Back-to-School Campaign state-by-state analysis. Many states collect extremely high-quality data on health insurance coverage and its relationship to the factors examined in the Back-to-School Campaign report. However, when the objective is comparing all the states to each other, the options are narrowed to either the CPS-ASEC or NSCH.

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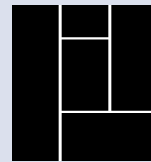
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