Health Insurance Coverage of Children Under Age 19: 2008 and 2009

American Community Survey Briefs

INTRODUCTION

Health insurance coverage, whether private or public, improves children's access to health care services and the regularity with which children receive medical care. This improved access to care leads to better health for insured children compared to uninsured children.¹

Insured children are either covered by private health insurance as dependents on a parent's or guardian's plan or through public coverage available to eligible lowincome children. Children's health insurance coverage is susceptible to changes in adults' insurance coverage status as well as changes in a child's eligibility for public programs.

Between 2008 and 2009, changes in children's health insurance coverage type concurred with reduced access to private insurance and increased eligibility for public coverage. There were 9.4 million families with at least one unemployed member in 2009, up from 6.1 million in 2008.² This increase suggests decreased access to private insurance for parents and children.³ The increase in the poverty rate for children under age 18, from 18.3 percent in 2008 to 20.0 percent in 2009, indicates that more children were eligible for public coverage.

¹ Institute of Medicine, *Health Insurance Is a Family Matter*, The National Academies Press, Washington DC, 2002.

²Bureau of Labor Statistics, U.S. Department of Labor, "Employment Characteristics of Families— 2009," June 10, 2010, <www.bls.gov/news.release /famee.nr0.htm> (August 10, 2010).

³ Gerry L. Fairbrother et al., "The Impact of Parental Job Loss on Children's Health Insurance Coverage," *Health Affairs*, vol. 29, no. 7, 2010.

Two federal laws increased access to public coverage in 2009. First, the federal government reauthorized the Children's Health Insurance Program—a program designed to provide health insurance coverage to uninsured children in families with income-levels above standards to qualify for Medicaid. The reauthorization took effect in April of 2009 and included funds for outreach and enrollment grants as well as provisions to remove barriers to enrollment. Second, the federal government passed the American Recovery and Reinvestment Act of 2009, which included funds to help states maintain Medicaid services for current enrollees and to defray costs associated with new enrollment from October 2008 through December 2010.⁴ It is likely that these two Acts boosted enrollment in public programs shortly after the provisions in the Acts took effect.^{5,6}

This report presents data on health insurance coverage of children under age 19 in the 2008 and 2009 American Community Surveys (ACS).⁷ The data presented in this report are for the civilian noninstitutionalized population, which excludes active-duty military and persons in prisons and nursing homes.

⁵ Vernon K. Smith, et al., "The Crunch Continues: Medicaid Spending, Coverage and Policy in the Midst of a Recession," September 2009, <www.kff.org /medicaid/7985.cfm> (August 30, 2010).

⁶ Vernon K. Smith, et al., "CHIP Enrollment June 2009: An Update on Current Enrollment and Policy Directions," April 2010, <www.kff.org/medicaid/7642 .cfm> (August 30, 2010).

⁷ Data for children under 19 are presented because both Medicaid and the Children's Health Insurance Program are available to eligible children under 19.

> U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU

Issued September 2010

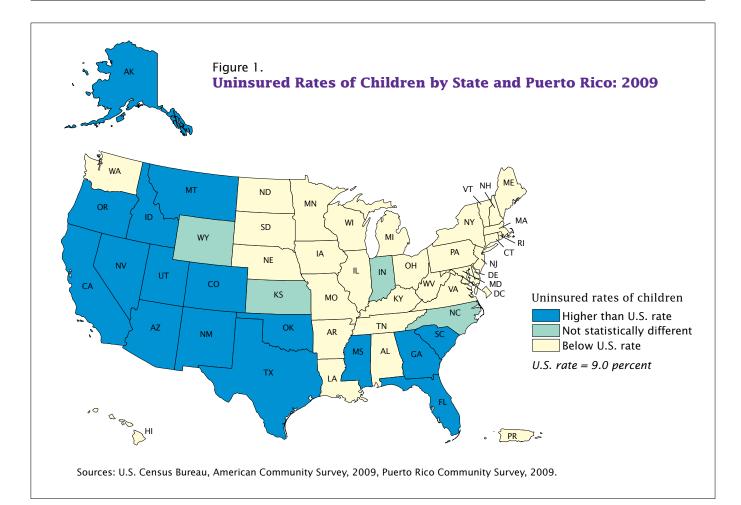
ACSBR/09-11

By Annie Mach Laura Blumenthal

Helping You Make Informed Decisions

USCENSUSBUREAU

⁴ Kaiser Commission on Medicaid and the Uninsured, "American Recovery and Reinvestment Act (ARRA): Medicaid and Health Care Provisions," March 4, 2009, <www.kff.org/medicaid/7872.cfm> (August 10, 2010).



HIGHLIGHTS

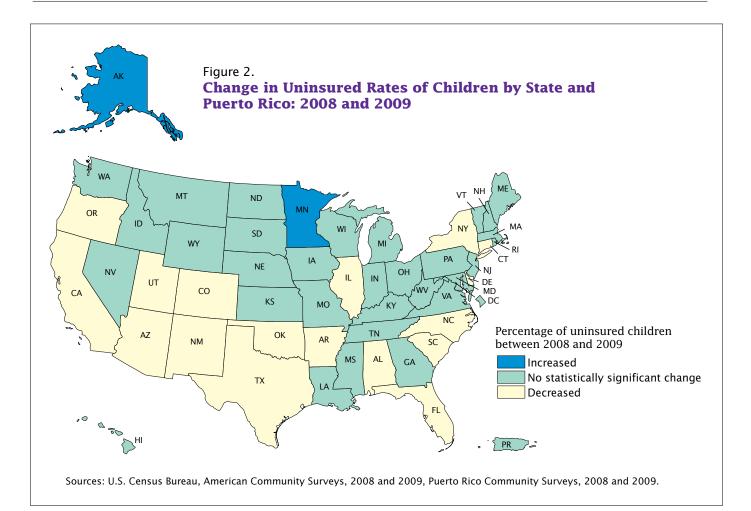
- Between 2008 and 2009, the percentage of insured children in the United States increased from 90.3 percent to 91.0 percent.
- In 2009, the uninsured rate of children in the United States was 9.0 percent, and among the states the uninsured rate ranged from 18.4 percent in Nevada to 1.5 percent in Massachusetts.
- Between 2008 and 2009, the uninsured rate for children decreased in the United States as well as in 17 states. The uninsured rate increased in two states (Alaska and Minnesota), and it was not statistically different in 32 states and Puerto Rico.

 The percentage of insured children with private insurance decreased from 71.3 percent in 2008 to 68.0 percent in 2009. The percentage of insured children with public coverage increased from 32.7 percent in 2008 to 35.7 percent in 2009.

HEALTH INSURANCE COVERAGE

The percentage of insured children in the United States increased from 90.3 percent in 2008 to 91.0 percent in 2009, with 1.1 million more insured children in 2009 compared to 2008 (see table). Conversely, the percentage of uninsured children in the United States decreased from 9.7 percent in 2008 to 9.0 percent in 2009, with 517,669 fewer uninsured children in 2009 compared to 2008. In 2009, Nevada had the highest percentage of uninsured children, 18.4 percent, and Massachusetts had the lowest percentage of uninsured children, 1.5 percent. Compared to the percentage of uninsured children nationally, the percentage of uninsured children was higher in 16 states, lower in 31 states and Puerto Rico, and not statistically different in 4 states (Figure 1). Between 2008 and 2009, the percentage of uninsured children increased in 2 states (Alaska and Minnesota), decreased in 17 states, and did not change significantly in 32 states and Puerto Rico (Figure 2).

The increases in the number and percent of insured children in the United States between 2008 and 2009 were accompanied by shifts in the coverage types held by



insured children. The number of insured children with private coverage decreased from 50.5 million in 2008 to 48.9 million in 2009, while the percentage decreased from 71.3 percent to 68.0 percent. The number of insured children with public coverage increased from 23.1 million in 2008 to 25.7 million in 2009, while the percentage increased from 32.7 percent to 35.7 percent. The net effect of the change in overall coverage was 517,669 fewer uninsured children in 2009 than in 2008—even though about 400,000 more parents were uninsured and the U.S. economy was in recession. Specifically, the percentage of insured children with employer-based insurance, the percentage with direct purchase, and the percentage with Medicare decreased, while the percentage of insured children with Medicaid or

other means-tested public coverage increased between 2008 and 2009 (Figure 3).

Measuring Health Insurance Coverage

The ACS asks respondents about current health insurance coverage at the time of the interview.

Respondents select one or more types of health insurance from a list or explain their coverage in a written response. Respondents who do not indicate a form of coverage or only select Indian Health Service (IHS) are considered uninsured.

Health insurance coverage in the ACS is broadly classified as private or public coverage. The following are definitions for the types of coverage captured by the ACS and discussed in this report.

Private Health Insurance

Employer-based: Insurance through a current or former employer or union.

Direct-purchase: Insurance purchased directly from an insurance company.

TRICARE or other military health coverage: Coverage for active duty service members, National Guard and Reserve members, retirees, their families, survivors, and certain former spouses.

Public Coverage

Medicare: Coverage for people 65 and older or people with certain disabilities.

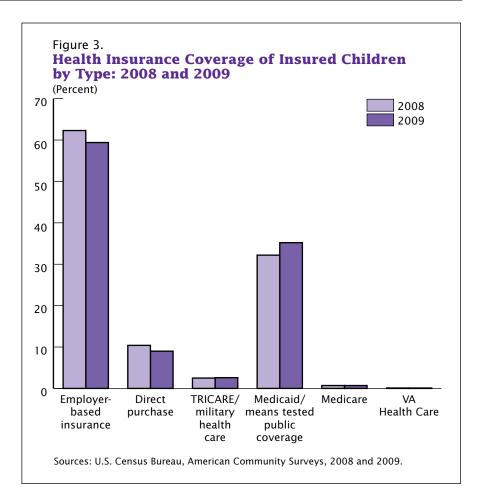
Medicaid or other means-tested public coverage: Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability (for example, Children's Health Insurance Program—CHIP). VA Health Care: Provided through the Department of Veterans Affairs (includes those who have ever used or enrolled in VA Health Care).

FOR MORE INFORMATION

For more information about health insurance estimates, go to the U.S. Census Bureau health insurance Web site at <www.census.gov/hhes /www/hlthins/hlthins.html> or contact the Health and Disability Statistics Branch of the U.S. Census Bureau at 301-763-9112.

SOURCE AND ACCURACY

Data presented in this report are based on people and households that responded to the ACS in 2008 and 2009. The resulting estimates are representative of the entire population. All comparisons presented in this report have taken sampling error into account and are significant at the 90 percent confidence level unless otherwise noted. Due to rounding, some details may not sum to totals. For information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the "2009 ACS Accuracy of the Data" document located at <www.census.gov/acs/www /Downloads/data documentation /Accuracy/ACS_Accuracy_of _Data_2009.pdf>.



WHAT IS THE AMERICAN COMMUNITY SURVEY?

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely demographic, social, economic, and housing data for the nation, states, congressional districts, counties, places, and other localities every year. It has an annual sample size of about 3 million addresses across the United States and Puerto Rico and includes both housing units and group quarters (e.g., nursing facilities and prisons). The ACS is conducted in every county throughout the nation, and every municipio in Puerto Rico, where it is called the Puerto Rico Community Survey. Beginning in 2006, ACS data for 2005 were released for geographic areas with populations of 65,000 and greater. For information on the ACS sample design and other topics, visit <www.census .gov/acs/www>.

Health Insurance Coverage of Children by State and Puerto Rico: 2008 and 2009

(Numbers in thousands)

	2008 health insurance coverage				2009 health insurance coverage				Change in health insurance coverage (2009 less 2008)			
Area		Margin of error ¹		Margin of error ¹		Margin of error ¹		Margin of error ¹		Margin of error ¹		Margin of error ¹
United Otates?	Number	(±)	Percent	(±)	Number	(±)	Percent	(±)	Number	(±)	Percent	(±)
United States ²	70,827	78	90.3	0.10	71,895	70	91.0	0.09	*1,068	105	*0.72	0.14
Alabama	1,094	7	92.1	0.58	1,120	8	93.8	0.53	*26	11	*1.76	0.79
Alaska	169	3	87.5	1.31	169	3	85.4	1.62	-	5	*–2.11	2.09
	1,514	13	84.4	0.73	1,590	11	87.3	0.56	*75	17	*2.86	0.91
Arkansas	682 8,898	6 27	91.2 89.5	0.80 0.26	697 8,988	6 23	93.0 90.0	0.67	*15 *90	8 35	*1.78 *0.55	1.04 0.35
Colorado	1,095	10	85.9	0.20	1,161	11	89.4	0.23	*65	15	*3.42	1.09
Connecticut	822	5	95.1	0.55	826	5	96.0	0.53	3	7	*0.90	0.76
Delaware	201	3	92.4	1.40	210	3	94.4	1.21	*9	5	*2.05	1.85
District of Columbia	119	3	96.3	1.37	122	2	96.6	1.30	3	3	0.28	1.89
Florida	3,513	21	82.7	0.48	3,635	21	84.7	0.46	*123	30	*1.94	0.66
Georgia	2,381	14	88.6	0.49	2,419	14	88.4	0.46	*38	20	-0.20	0.68
Hawaii	290	3	96.4	0.85	297	3	97.1	0.67	*7	4	0.63	1.08
Idaho	382 3,194	6 13	87.2 94.4	1.19 0.33	392 3,197	5 12	88.2 95.1	1.04 0.30	*10	7 18	1.02 *0.70	1.58 0.44
Indiana	3,194 1,513	13	94.4	0.33	1,524	12	95.1	0.30	11	18	0.70	0.44
lowa	715	5	94.7	0.57	717	6	95.1	0.53	2	8	0.37	0.77
Kansas.	685	7	92.2	0.66	679	6	91.3	0.71	-6	9	-0.96	0.97
Kentucky	992	8	93.1	0.63	1,001	7	93.1	0.59	9	11	-0.02	0.86
Louisiana	1,084	9	92.2	0.59	1,106	8	92.8	0.57	*22	12	0.67	0.82
Maine	274	3	93.1	1.20	273	3	94.2	0.82	-1	5	1.14	1.46
Maryland	1,350	8	94.6	0.47	1,360	7	94.9	0.39	10	11	0.31	0.61
Massachusetts	1,498	7	98.2	0.24	1,517	6	98.5	0.20	*18	9	0.26	0.31
Michigan	2,420	9 5	94.7	0.30	2,372	9 7	94.9	0.27	*–48	13	0.14	0.40
Minnesota	1,248 716	8	94.0 87.8	0.36 1.05	1,246 728	9	93.3 89.1	0.43	-2 *12	12	*–0.69 1.29	0.56 1.42
Missouri	1,392	7	92.8	0.40	1,404	9	92.7	0.50	*12	12	-0.14	0.65
Montana.	205	4	86.2	1.42	206	4	86.9	1.31	1	6	0.72	1.93
Nebraska	440	4	92.8	0.78	442	4	93.4	0.82	2	6	0.59	1.13
Nevada	561	9	80.0	1.28	585	10	81.6	1.38	*24	14	1.64	1.88
New Hampshire	295	3	94.8	0.84	295	3	95.1	0.82	-	4	0.26	1.17
New Jersey	2,010	10	92.9	0.40	2,019	8	93.3	0.32	9	12	0.36	0.51
	461	6	86.2	1.00	482	8	87.7	1.08	*21	10	*1.59	1.47
New York	4,449 2,144	14	94.4 90.1	0.24 0.49	4,473 2,205	13 13	95.1 91.3	0.24	*24 *61	19 18	*0.65 *1.21	0.34 0.63
North Dakota	141	3	92.8	1.41	144	2	94.3	0.39	3	4	1.54	1.71
Ohio	2,690	12	92.9	0.39	2,696	13	93.3	0.38	5	17	0.36	0.55
Oklahoma	837	7	87.0	0.68	860	7	88.3	0.68	*23	10	*1.30	0.96
Oregon	803	9	87.7	0.87	827	9	89.1	0.73	*24	12	*1.45	1.14
Pennsylvania	2,783	12	94.0	0.39	2,796	10	94.4	0.32	13	16	0.42	0.51
Rhode Island	232	3	94.8	0.87	230	3	94.3	1.04	-2	4	-0.53	1.35
South Carolina	998	8	87.9	0.68	1,030	8	89.5	0.68	*32	11	*1.58	0.96
South Dakota	192 1,456	3 9	91.2 93.2	1.28	193 1,479	3	92.2 93.6	1.14 0.49	*24	5	0.91 0.35	1.71 0.71
Tennessee	5,846	23	93.2 82.4	0.51 0.31	6,022	10 27	83.1	0.49	*177	35	*0.63	0.71
Utah	783	23 9	87.1	0.93	822	8	89.4	0.38	*39	12	*2.32	1.28
Vermont	134	2	95.9	1.00	133	2	96.5	0.80	-1	3	0.56	1.28
Virginia	1,789	11	92.5	0.47	1,841	10	93.1	0.43	*52	15	0.62	0.64
Washington	1,506	9	92.0	0.51	1,544	9	92.6	0.50	*38	12	0.68	0.71
West Virginia	384	4	93.4	0.83	385	4	94.0	0.85	1	6	0.55	1.19
Wisconsin	1,322	6	94.9	0.40	1,313	7	94.7	0.45	-9	10	-0.15	0.60
Wyoming	125	3	91.1	1.71	124	3	90.7	2.03	-1	4	-0.35	2.65
Puerto Rico	994	6	95.1	0.47	976	5	95.3	0.47	*–18	8	0.19	0.66

* Statistically different at the 90 percent confidence level.

- Represents or rounds to zero.

¹Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. This number when added to and subtracted from the estimate forms the 90 percent confidence interval.

²The U.S. estimates do not include Puerto Rico.

Sources: U.S. Census Bureau, American Community Surveys, 2008 and 2009, Puerto Rico Community Surveys, 2008 and 2009.