

Trends and Disparities in Children's Health Insurance: New Data and the Implications for State Policy

May 2, 2019

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Slides and handouts can be found at: www.shadac.org/KidsReport2017Webinar

To view SHADAC's full analysis (summary report, state profiles, and 50-state tables) visit www.shadac.org/KidsReport2017

About SHADAC and SHVS

State Health Access Data Assistance Center (SHADAC)

www.shadac.org



State Health Values and Strategies (SHVS)

www.shvs.org



Driving Innovation Across States



Acknowledgement

• Today's webinar, and the analysis we're presenting, are supported with funding from the **Robert Wood Johnson Foundation**.



Speakers







- Moderator: Lynn Blewett, PhD, MPA
 - Director of SHADAC and Professor in the Division of Health Policy and Management at the University of Minnesota, School of Public Health.
- Speaker: Elizabeth Lukanen, MPH
 - Deputy Director of SHADAC
- Speaker : Heather Howard, JD
 - Director of State Health and Value Strategies (SHVS) and Lecturer in Public Affairs at the Woodrow Wilson School of Public & International Affairs at Princeton University

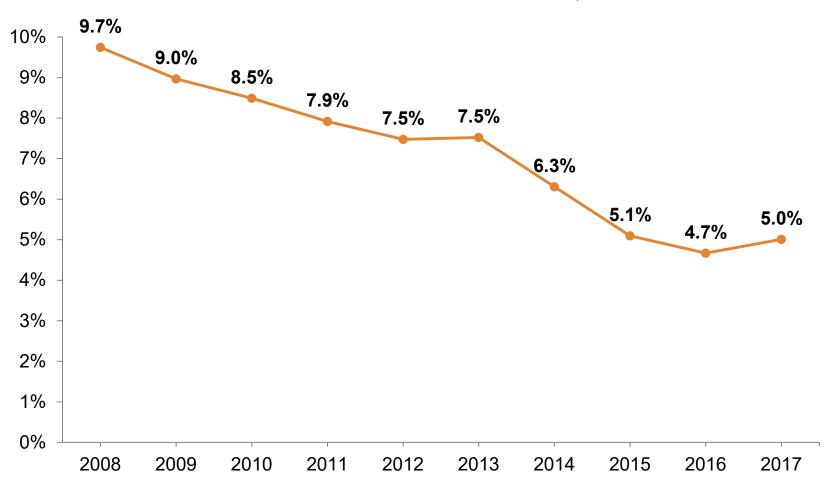
Introduction

- Reducing the number of children without health insurance coverage has long been a focus of national and state health policy
- Using data from the U.S. Census Bureau's American Community Survey (ACS), SHADAC monitors trends in children's uninsurance annually to identify areas of progress and variation within and across states
- For the first time in nearly a decade, the uninsured rate among children (age 0-18) increased between 2016 and 2017
- Increases in uninsurance were significant across most demographic groups
- At the state level, disparities in children's uninsurance by race/ethnicity, income, and parental education persisted



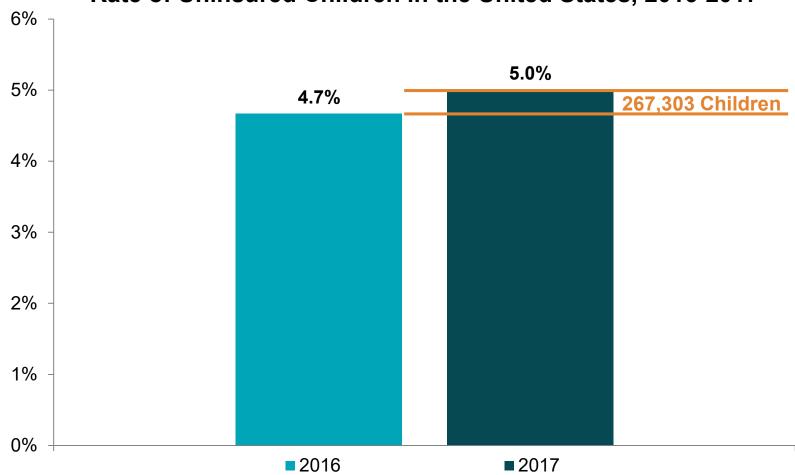
Increase in Uninsured Children Reverses Decade-Long Decline

Uninsured Children in the United States, 2008-2017



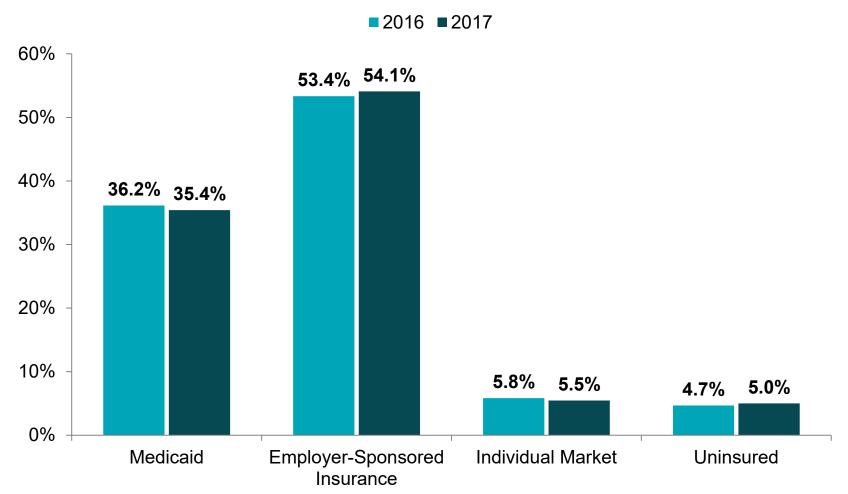
Nearly 270,000 Additional Uninsured Children, 2016-2017

Rate of Uninsured Children in the United States, 2016-2017



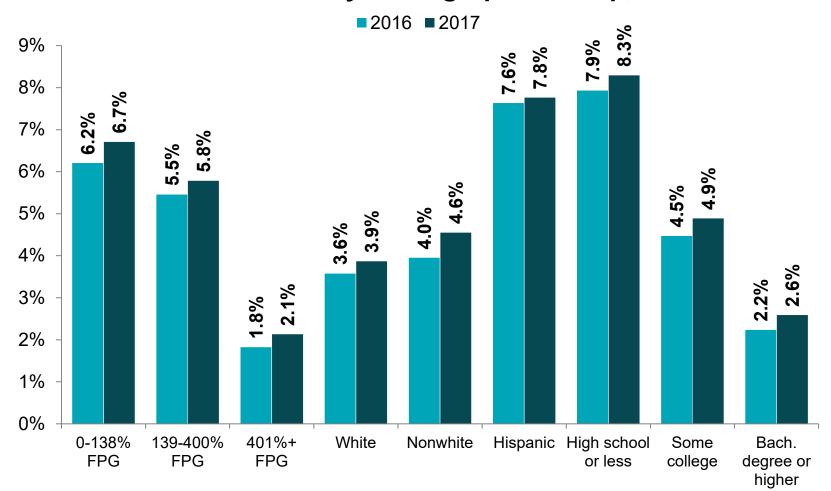
Uninsured Rate Increase Driven by Decline in Public Coverage

Children's Health Insurance, 2016-2017



Uninsurance Increased Across Nearly All Demographic Groups

Uninsured Children by Demographic Group, 2016-2017

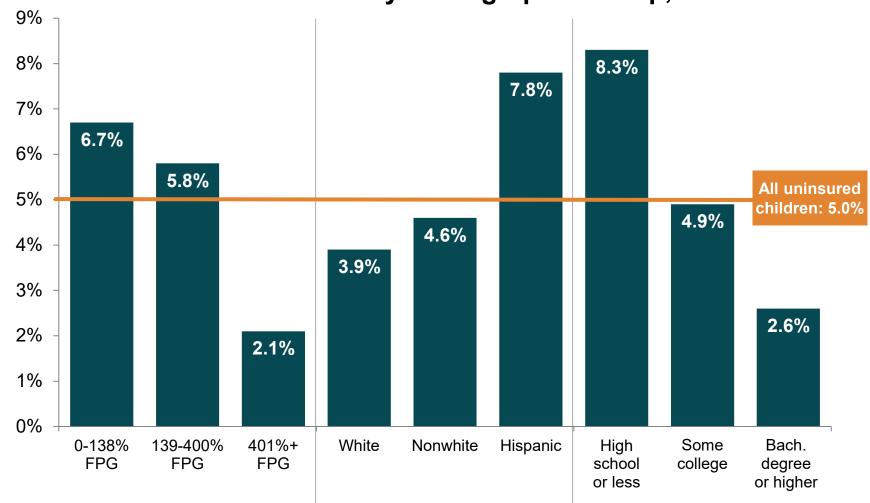


Note: The increase for Hispanic children was not statically significant at the 95% level.



Disparities in Children's Uninsurance Persisted

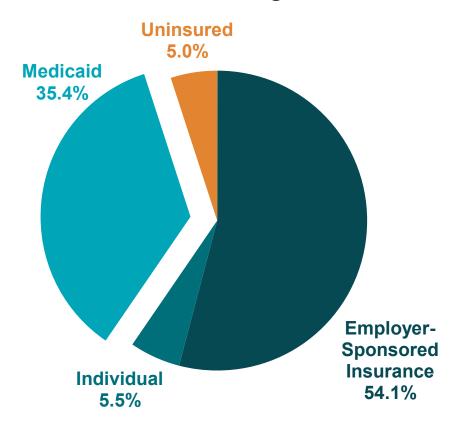
Uninsured Children by Demographic Group, 2017



Why should this matter to policymakers?

- Research has demonstrated that uninsured children have fewer physicians visits, fewer visits to address chronic conditions, and fewer preventive health care services compared to insured children
- While the majority of insured children have employer-sponsored insurance, more than one-third of children are covered by Medicaid or CHIP
- Decisions by state policy makers have considerable impact on children's insurance rates

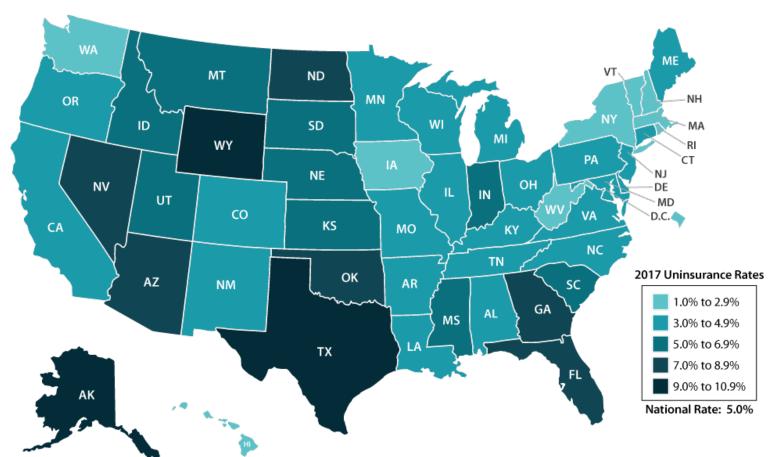
Children's Primary Source of Health Insurance Coverage, 2017



Considerable Variation in Children's Uninsured Rates by State

• Children's uninsured rates ranged from 10.7% in Texas to 1.4% in Vermont

Rates of Uninsured Children in the States, 2017



States with Low Uninsurance Typically Have High Rates of Employer-Sponsored Insurance or Medicaid

- Low uninsurance for children is typically associated with either high rates of Medicaid coverage or high rates of employer-sponsored insurance
- For example, 63.9% of children in Massachusetts have employersponsored insurance compared to the national rate of 54.1% (an almost 10 point different)
- In Louisiana, 48.0% of children have Medicaid compared to 35.4% in the United States (a difference of almost 13 points)

Ten States with the Lowest Rates of Uninsured Children, 2017		
Massachusetts	1.5%	
Rhode Island	2.2%	
Hawaii	2.5%	
New Hampshire	2.6%	
Iowa	2.7%	
Washington	2.7%	
West Virginia	2.7%	
New York	2.8%	
Michigan	3.0%	
Louisiana	3.0%	
United States	5.0%	





- Low uninsured rate (1.5%)
 compared to the U.S. (5.0%)
- Low rates of uninsured among subgroups
 - Low-income children (2.0%) compared to the U.S. (6.7%)
 - Hispanic children (1.9%)
 compared to the U.S. (7.8%)
 - Children in families with low parental education (1.6%) compared to the U.S. (8.3%)

	MA	U.S.	Difference
All Children	1.5%	5.0%	-3.5%†
Children By Incom	ne		
0-138% FPG	2.0%	6.7%	-4.7%†
139-400% FPG	1.9%	5.8%	-3.9%†
401%+ FPG	0.8%	2.1%	-1.3%†
Children By Race/	Ethnicity	/	
White	1.0%	3.9%	-2.9%†
Nonwhite	2.3%	4.6%	-2.3%†
Hispanic	1.9%	7.8%	-5.9%†
Children By Paren	tal Educ	ation	
High school or less	1.6%	8.3%	-6.7%†
Some college	2.3%	4.9%	-2.6%†
Bach. degree or higher	0.7%	2.6%	-1.9%†



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Louisiana



- Low uninsured rate (3.0%)
 compared to the U.S. (5.0%)
- Low rates of uninsured among most subgroups
 - Nonwhite children in Louisiana had an uninsured rate of only 2.5% in 2017, which was more than 2 points below the national average (4.6%) for this group
 - Children in families with low parental education had an uninsured rate of 3.5% in 2017 compared to the U.S. rate of 8.3% for this group

	LA	U.S.	Difference
All Children	3.0%	5.0%	-2.0%†
Children By Incom	ne		
0-138% FPG	3.2%	6.7%	-3.5%†
139-400% FPG	3.7%	5.8%	-2.1%†
401%+ FPG	1.8%	2.1%	-0.3%
Children By Race/	Ethnicity	/	
White	2.8%	3.9%	-1.1%†
Nonwhite	2.5%	4.6%	-2.1%†
Hispanic	8.7%	7.8%	0.9%
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Uninsured Children are Concentrated in a Small Number of States

- More than half (52%) of all uninsured children in the United States live in just seven states
- This includes New York and California, which both have an uninsured rate below the national average of 5.0%

• New York: 2.8%

California: 3.2%

States with the Largest Number of Uninsured Children in 2017			
State	Number of Uninsured Children	Percent of Uninsured Children Nationwide	
Texas	833,178	21%	
Florida	320,913	8%	
California	303,373	8%	
Georgia	194,464	5%	
Arizona	136,973	4%	
Pennsylvania	127,908	3%	
New York	122,256	3%	
Total	2,039,065	52%	
United States	3,907,218	100%	

Texas

- Highest rate of uninsured children in 2017 at 10.7%
- Largest increase in uninsured children between 2016 and 2017 an additional 82,000 uninsured children
- Decline in both individual market and Medicaid coverage
- The increase in uninsurance occurred despite an increase in employer-sponsored insurance for children in Texas (1.4 points)
- Uninsured rates were particularly high among:
 - Middle-income children (139-400% FPG) likely eligible for subsidized coverage through the marketplace (13.0% compared to 5.8% in the U.S.)
 - Hispanic children (14.3% compared to 7.8% in the U.S.)
 - Children in families with low parental education (16.2% compared to 8.3% in the U.S.)

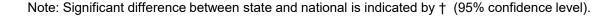
States with High Uninsured Rates Among Low-Income Children Typically Have Low Rates of Medicaid

- High rates of uninsurance for low-income children are typically associated with lowerthan-average rates of Medicaid
- For example, in Utah, 52.8% of low-income children have Medicaid, compared to 74.0% in the United States
- In addition, these states
 typically have large disparities in
 uninsurance between children
 with high and low incomes

States with the Highest Uninsured Rates among Low-Income Children, 2017		
State	Rate	
Wyoming	16.6%	
North Dakota	16.1%	
Texas	12.6%	
South Dakota	11.6%	
Utah	11.3%	
United States	6.7%	

- High uninsured rate (6.9%)
 compared to the U.S. (5.0%),
 despite high rates of employer sponsored insurance (67.7%)
- High rates of uninsured among subgroups
 - Low-income children (11.3%) compared to the U.S. (6.7%)
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 compared to the U.S. (7.8%)
 - Children in families with low parental education (14.9%) compared to the U.S. (8.3%)
- Utah has low rates of Medicaid for children (16.9%) compared to the U.S. (35.4%) (not shown)

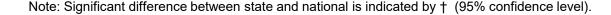
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Children By Race	Ethnicity		
White	5.2%	3.9%	1.3%†
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Children By Parental Education					
High school or less	14.9%	8.3%	6.6%†		
Some college	7.0%	4.9%	2.1%†		
Bach. degree or higher	3.6%	2.6%	1.0%		

Note: Significant difference between state and national is indicated by † (95% confidence level).



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Disparities Persist within States

- National disparities in uninsurance are mirrored at the state level
- Some of the largest gaps exist between Hispanic and White children
- Notably, eight states saw a significant increase in the uninsured rate for Nonwhite children (not shown)

States with the Largest Difference in Uninsured Rates between Hispanic and White, 2017

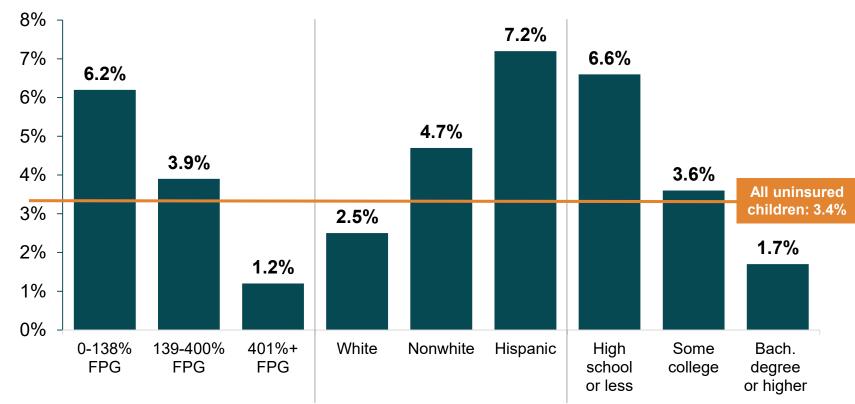
State	White	Hispanic	Difference
Wyoming	7.3%	19.4%^	12.1
Georgia	5.0%	16.1%	11.0
Utah	5.2%	15.5%	10.4
Arkansas	3.2%	12.3%	9.1
Tennessee	3.5%	11.6%	8.1
North Carolina	3.4%	11.1%	7.7
Texas	6.9%	14.3%	7.4
Maryland	2.7%	9.4%	6.7
Virginia	3.9%	10.6%	6.7
North Dakota	5.5%	12.1%^	6.5



Minnesota

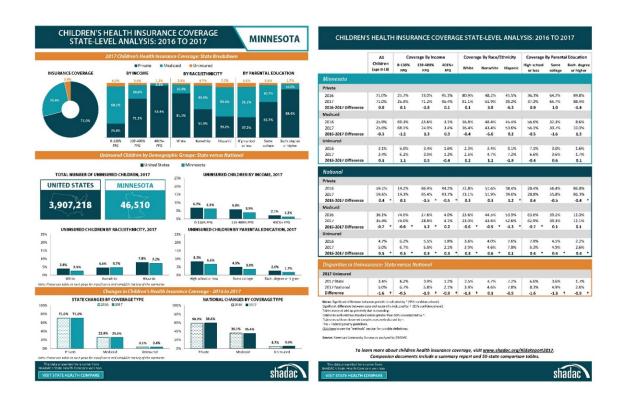
- Low uninsured rate (3.4%) compared to the U.S. (5.0%)
- Considerable disparities within the state

Minnesota: Uninsured Children by Demographic Group, 2017



State Profiles

- Two-page "at a glance" graphic profiles of children's insurance coverage for each state have been produced to accompany this report. Each state profile includes statistical comparisons of coverage changes from 2016 to 2017 and disparities in uninsurance compared with the U.S. in 2017.
- Available at <u>www.shadac.org/KidsReport2017</u>



SHADAC Analysis of Children's Health Insurance

To view SHADAC's full analysis of Children's Health Insurance (summary report, state profiles, and 50-state tables) visit www.shadac.org/KidsReport2017 or click the links below.

- Summary Chartbook
- State Profiles
- 50-State Comparison Tables

Most of the data presented here comes from SHADAC's State Health Compare: www.statehealthcompare.shadac.org

 State Health Compare is a user-friendly online tool for obtaining state-level estimates related to health and health care—such as insurance coverage, access, cost, utilization, and outcomes—as well as equity and economic measures

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Heather Howard



Director

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Potential Contributing Factors



Reduction in marketing and outreach funding



Individual mandate penalty zeroed out



States are more proactively conducting Medicaid review and redetermination processes

Dynamic Federal Policy Environment



Consumer confusion about status of programs and eligibility



ACA litigation creates uncertainty



Public charge rule/immigration policy debates have chilling effect on enrollment in health programs

Promising State Strategies



Increasing marketing and outreach funding to promote health insurance coverage



Expansion of adult health insurance coverage



Coordination and alignment between state agencies serving children and low-income families



Targeted eligibility and enrollment strategies

Hearing from the States



Louisiana

Jen Steele Medicaid Director Louisiana Department of Health



Minnesota

Alisha Simon
Supervisor, Access and Cost Containment Unit
Health Economics Program
Minnesota Department of Health

Discussion



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Driving Innovation Across States