



Coverage Erosion among Kids:

Exploring the Increase in Uninsurance among Children Nationally and at the State Level between 2016 and 2017

AcademyHealth State Health Research and Policy Interest Group

June 1, 2019

Natalie Schwehr, PhD, MAc | Brett Fried, MS | Elizabeth Lukanan, MPH

Funding

- This project was supported with funding from the **Robert Wood Johnson Foundation**.
- The funding sources played no role in the design, methods, data, analysis, or interpretation of the results of the study.
- I have no conflicts of interest to disclose.



Robert Wood Johnson Foundation

Introduction

- Reducing the number of children without health insurance coverage has long been a focus of national and state health policy
 - Children's Health Insurance Program (CHIP) established in 1997 and expanded in the CHIP Reauthorization Act of 2009
 - Patient Protection and Affordable Care Act (ACA) implemented in 2014
 - ACA coverage provisions targeted primarily uninsured adults, but also affected children through enhanced outreach
- Previously, children saw year-over-year decreases in uninsurance

Research Objective

- To examine national and state-level changes in health insurance coverage for children (uninsurance, employer-sponsored insurance [ESI], individual, and Medicaid) from 2016 to 2017
 - National uninsured trends from 2008 to 2017
- To examine variation in the rate of uninsured children by race/ethnicity, income, and parental education

Data

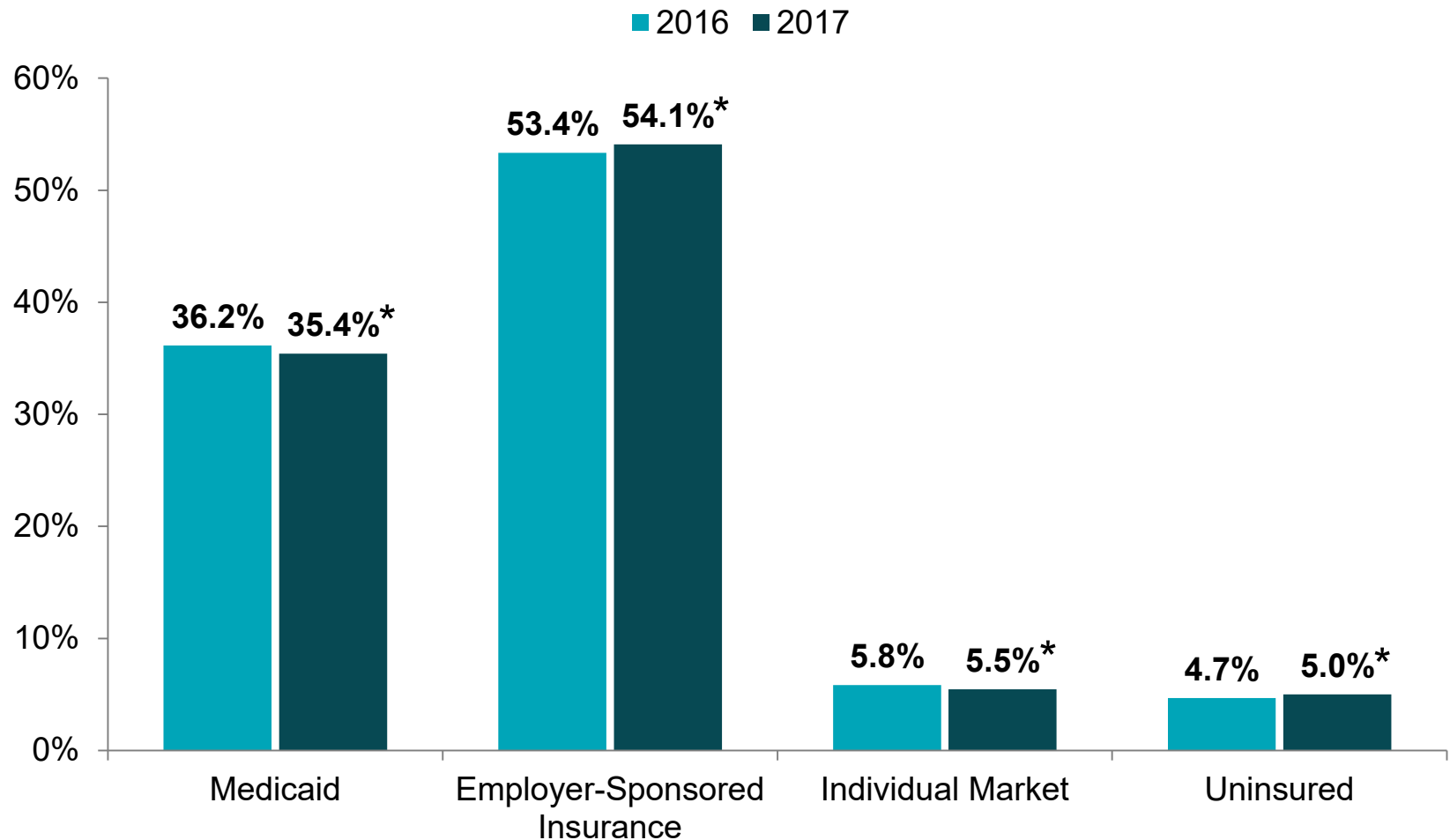
- Public Use Microdata Sample (PUMS) annual files of the 2008-2017 American Community Survey (ACS)
 - Nationally representative
 - Large sample of children (aged 0-18) in all 50 states and DC
 - We used PUMS to create policy relevant custom variables such as family income and poverty status (that are not found in the pre-tabulated estimates available on American FactFinder)
- Stata techniques to account for the complex sample design (e.g., unequal probability of selection, stratification, clustering)

National Changes

Children's Health Insurance, 2016 to 2017

Uninsured Rate Increase Driven by Decline in Public Coverage

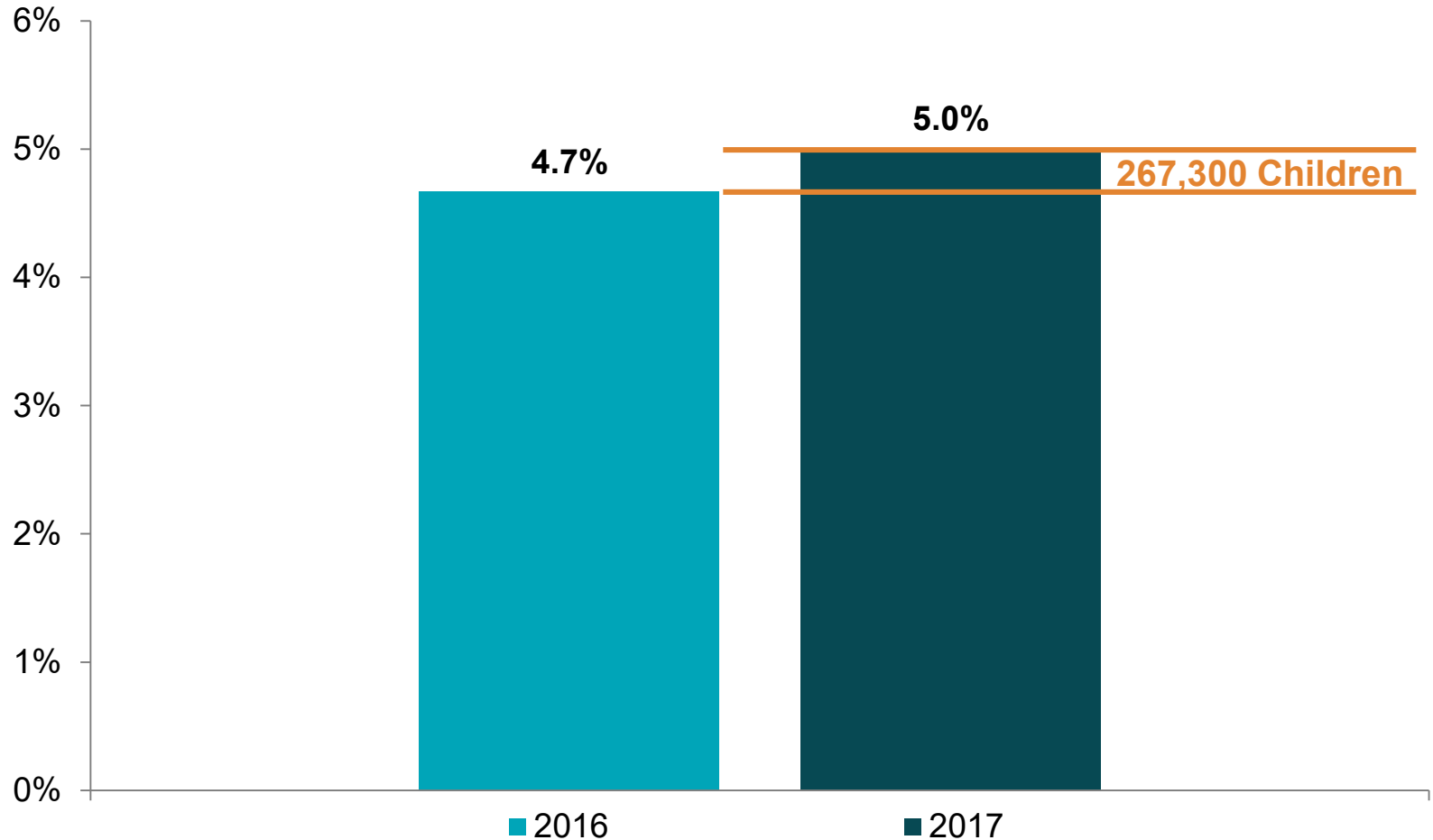
Children's Health Insurance, 2016 to 2017



* Statistically significant change at the 95% level

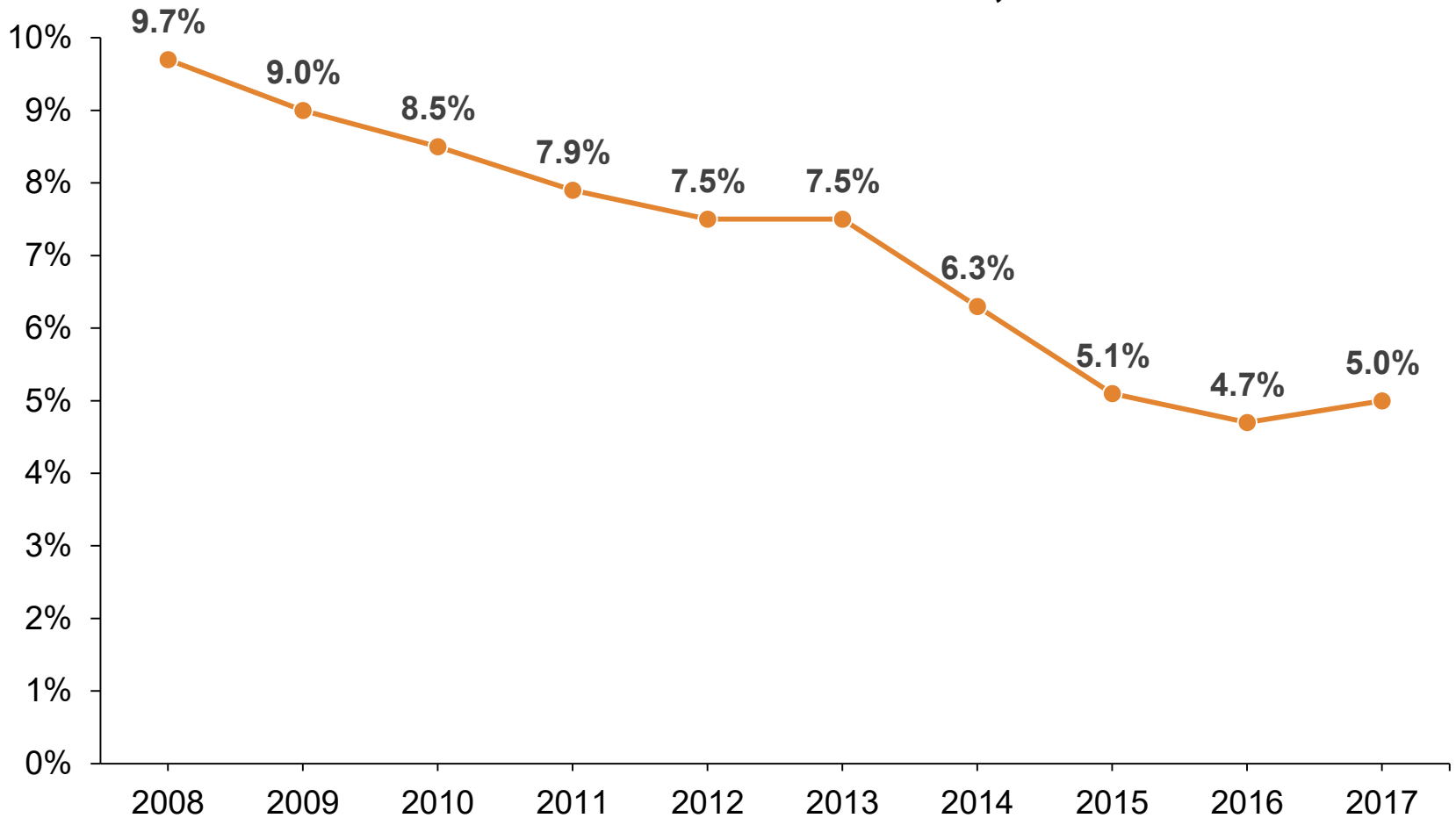
Nearly 270,000 Additional Uninsured Children

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



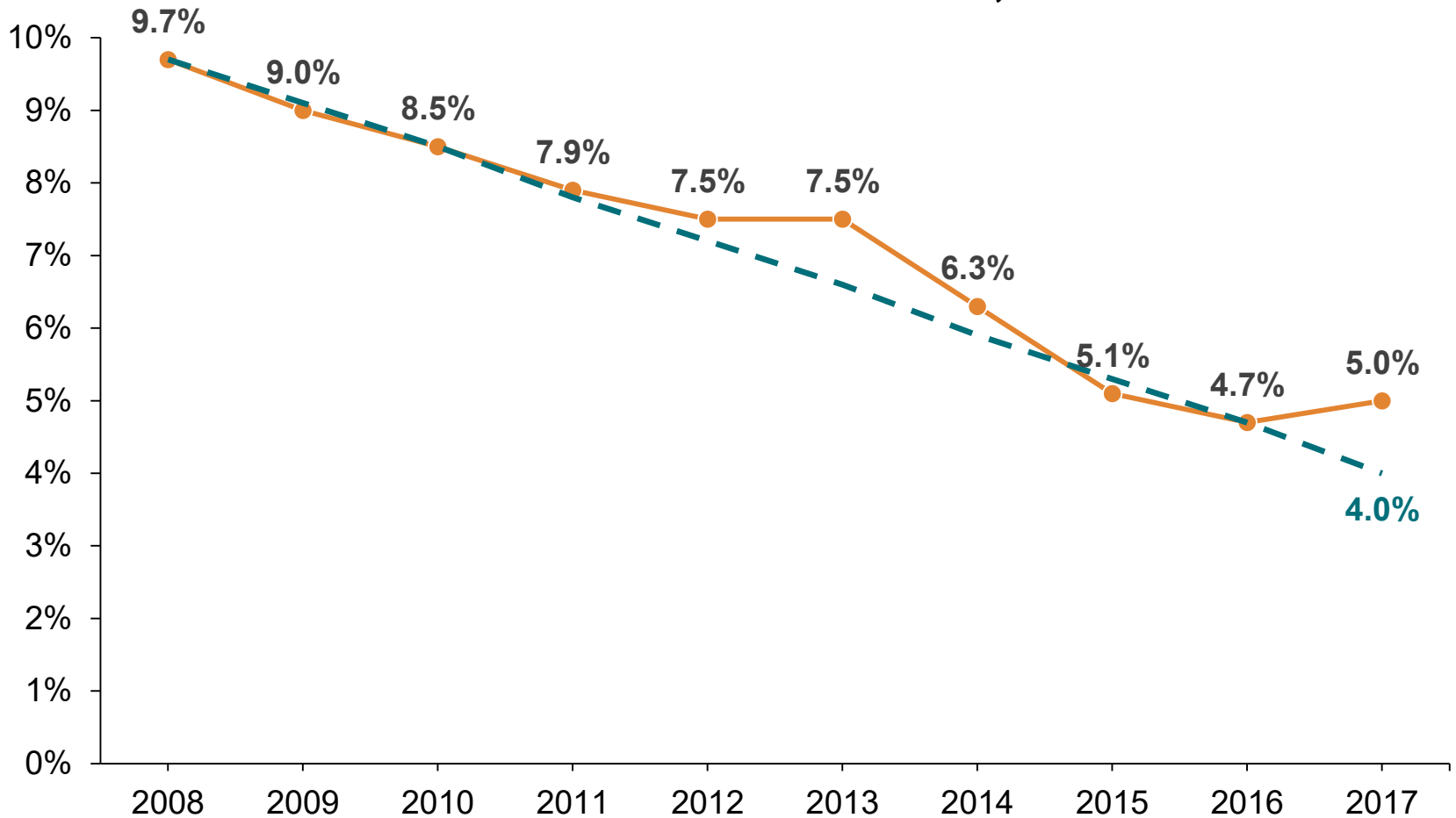
Increase in Uninsured Children Reversed Decade-Long Decline

Uninsured Children in the United States, 2008 to 2017



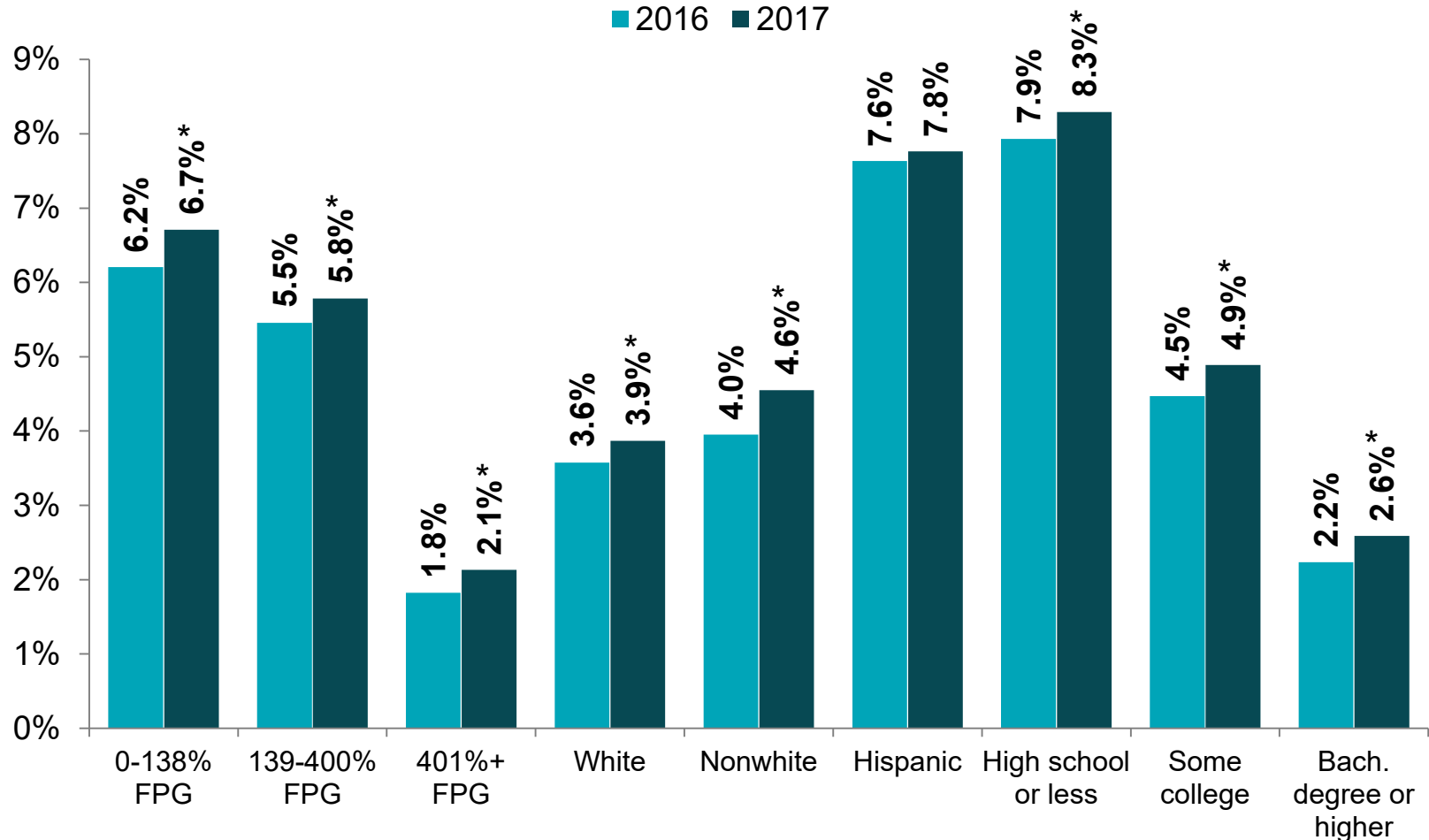
Increase in Uninsured Children Reversed Decade-Long Decline

Uninsured Children in the United States, 2008 to 2017



Uninsurance Increased Across Nearly All Demographic Groups

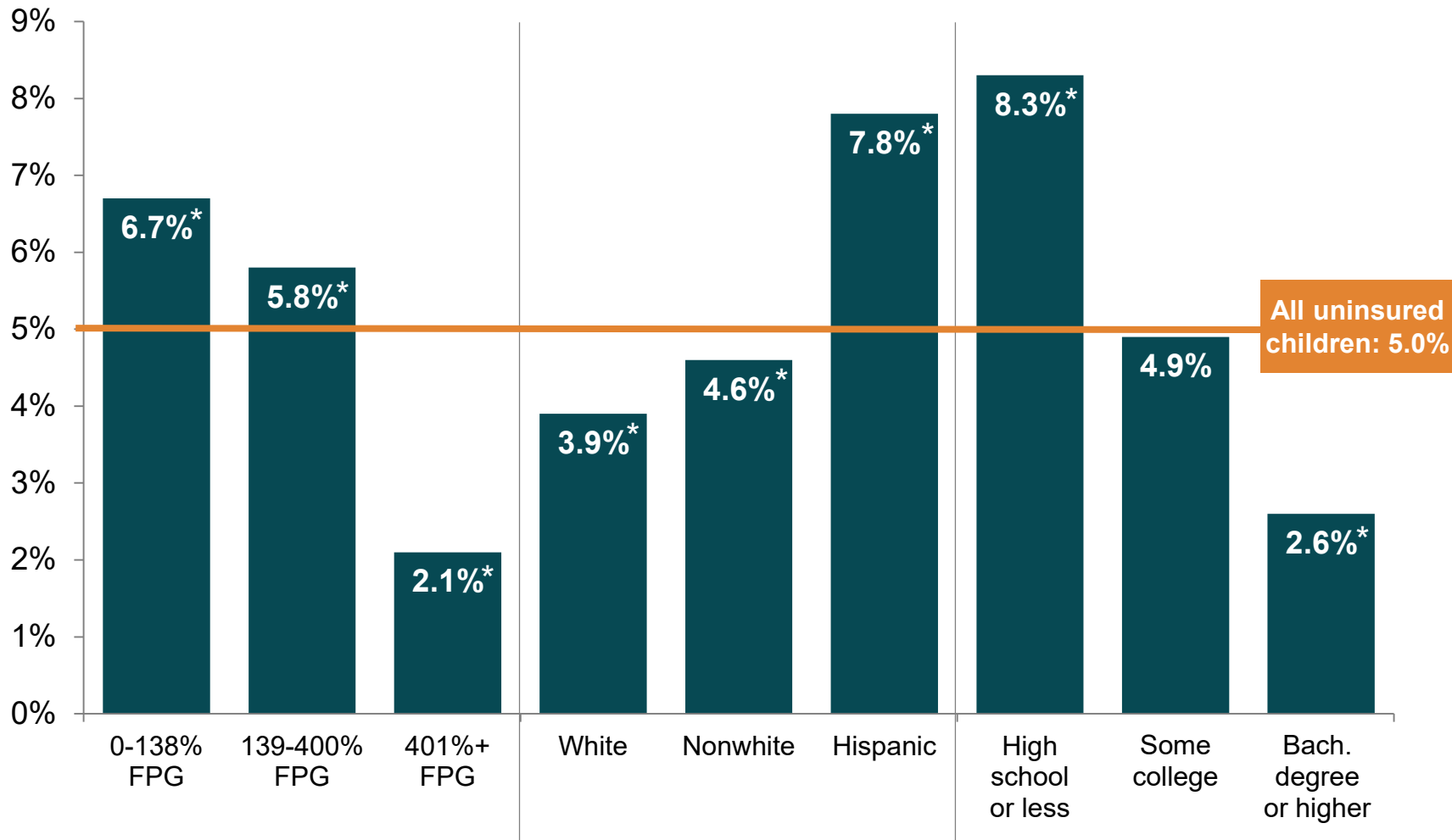
Uninsured Children by Demographic Group, 2016 to 2017



* Statistically significant change at the 95% level

Disparities in Uninsured Children Persisted

Uninsured Children by Demographic Group, 2017



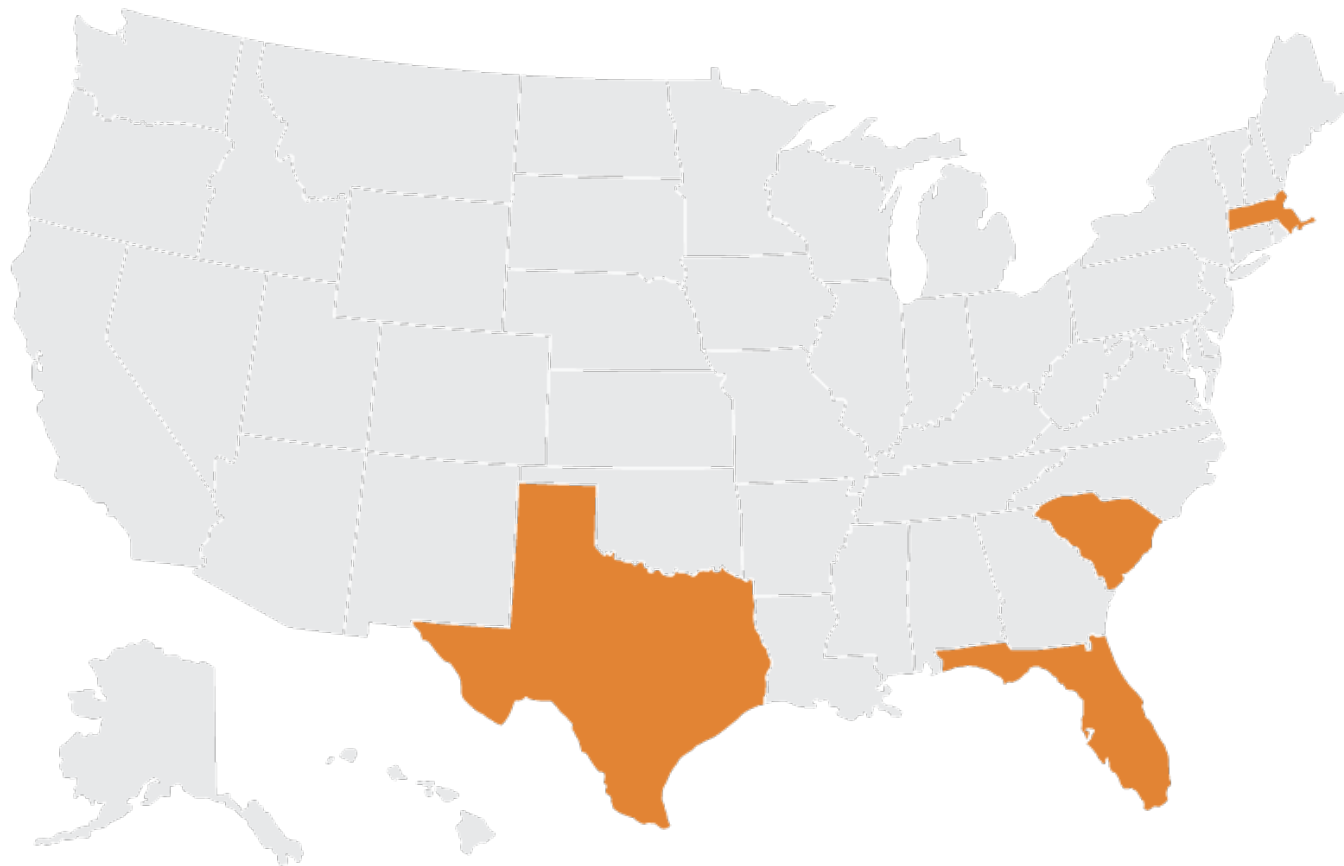
* Statistically significant difference from mean at the 95% level

State-Level Changes

Children's Health Insurance, 2016 to 2017

State Coverage Changes, 2016 to 2017 Uninsured Children

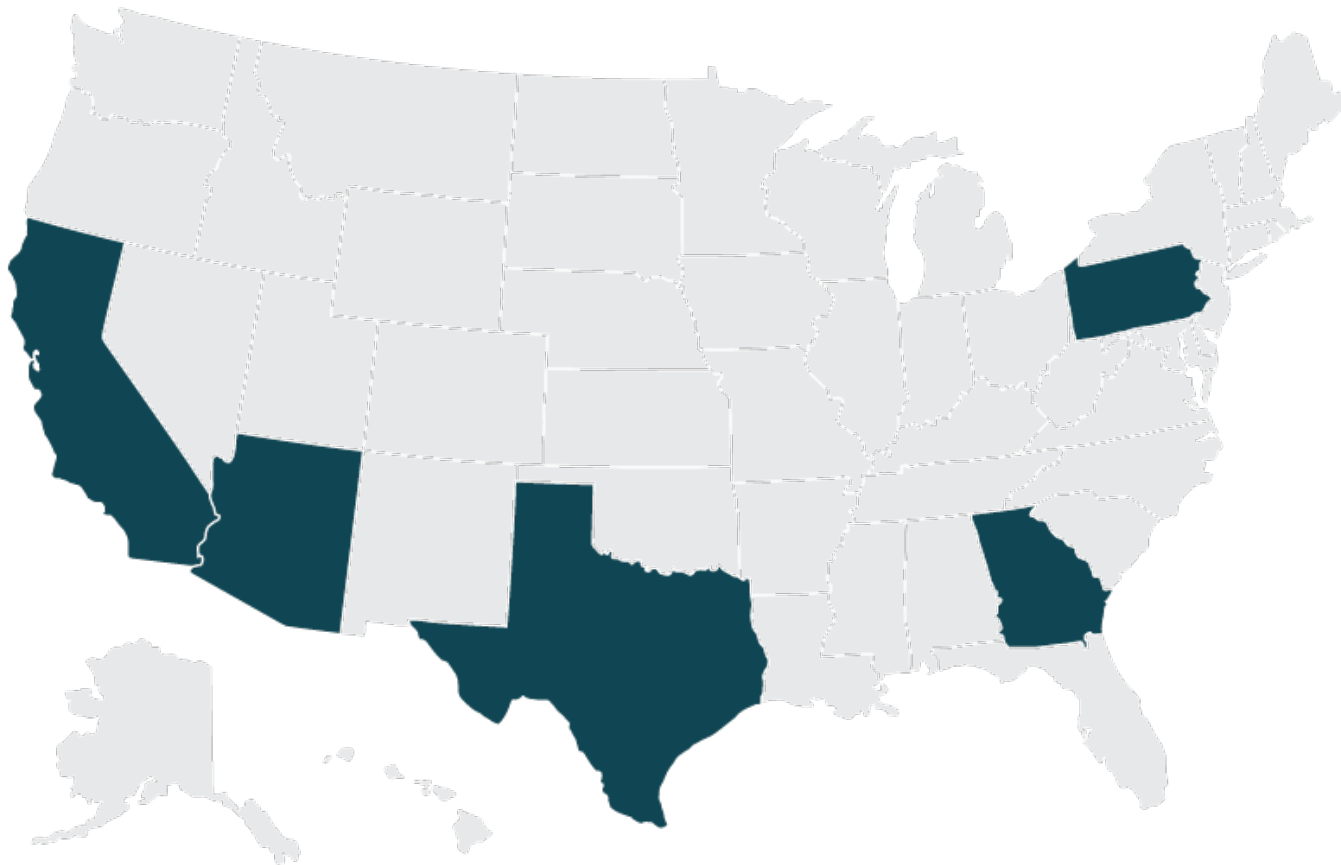
Uninsurance increased in 4 states: Massachusetts, Florida, South Carolina, Texas



Statistically significant change at the 95% level

State Coverage Changes, 2016 to 2017 Children with ESI

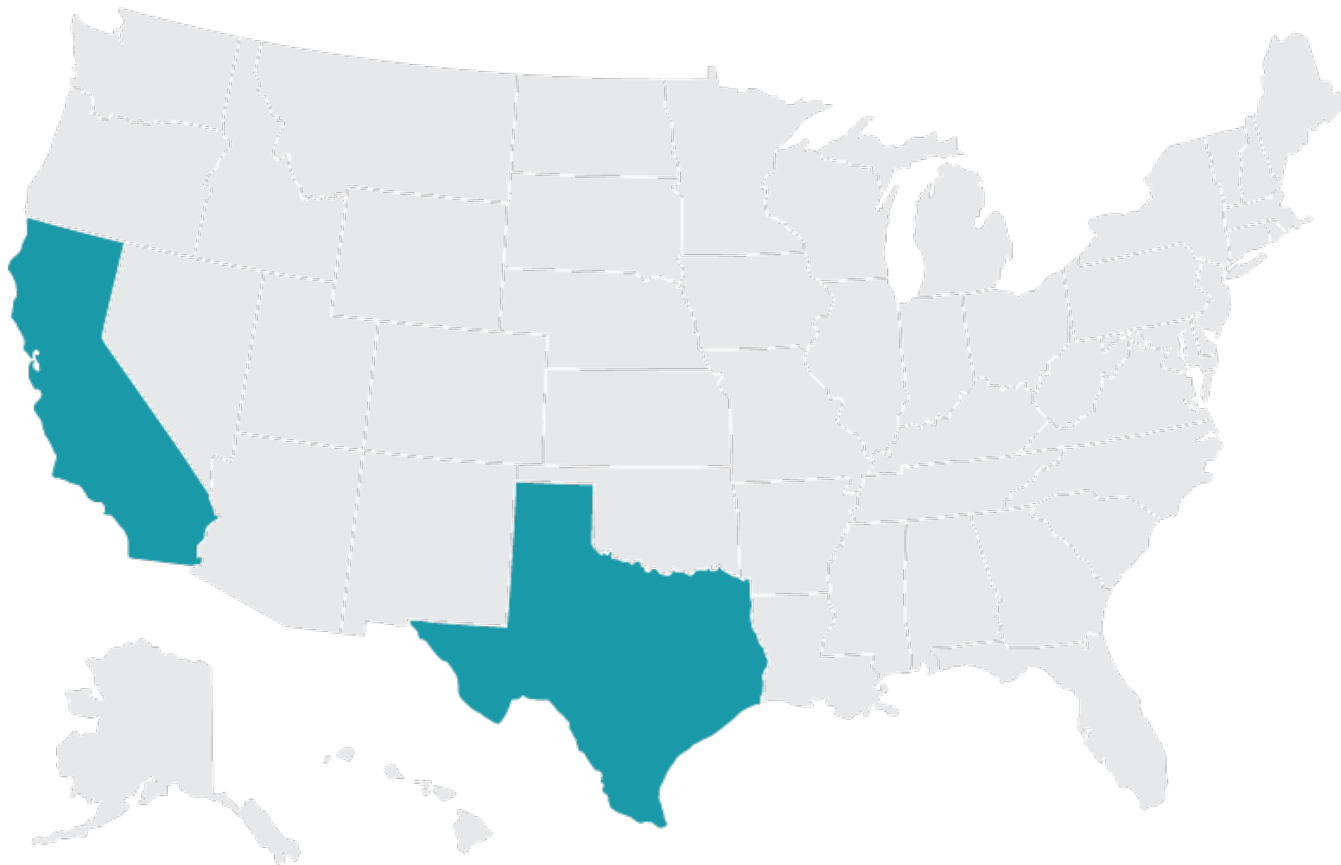
ESI coverage increased in 5 states: Arizona, California, Georgia, Pennsylvania, Texas



Statistically significant change at the 95% level

State Coverage Changes, 2016 to 2017 Children with Medicaid

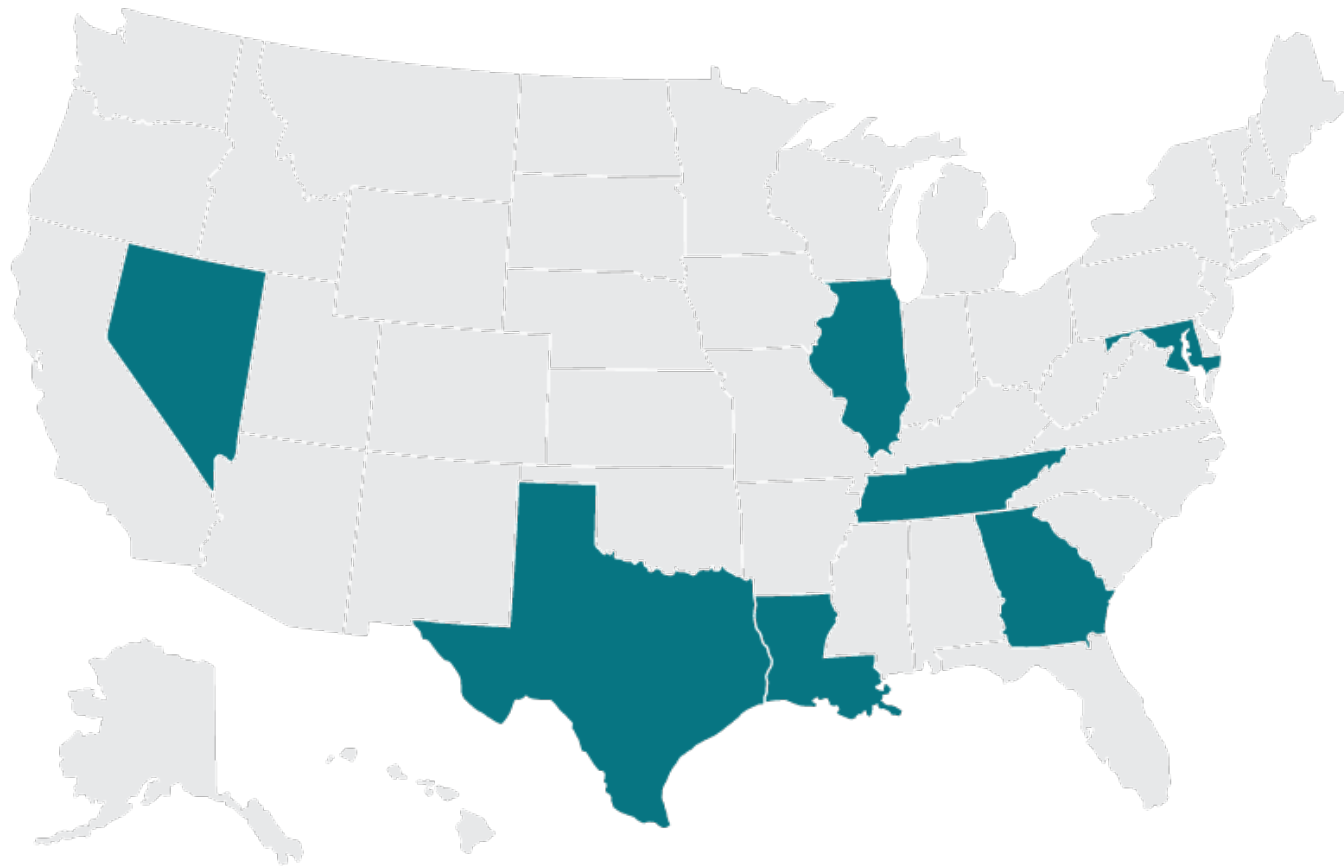
Medicaid coverage decreased in 2 states: California, Texas



Statistically significant change at the 95% level

State Coverage Changes, 2016 to 2017 Children with Individual Coverage

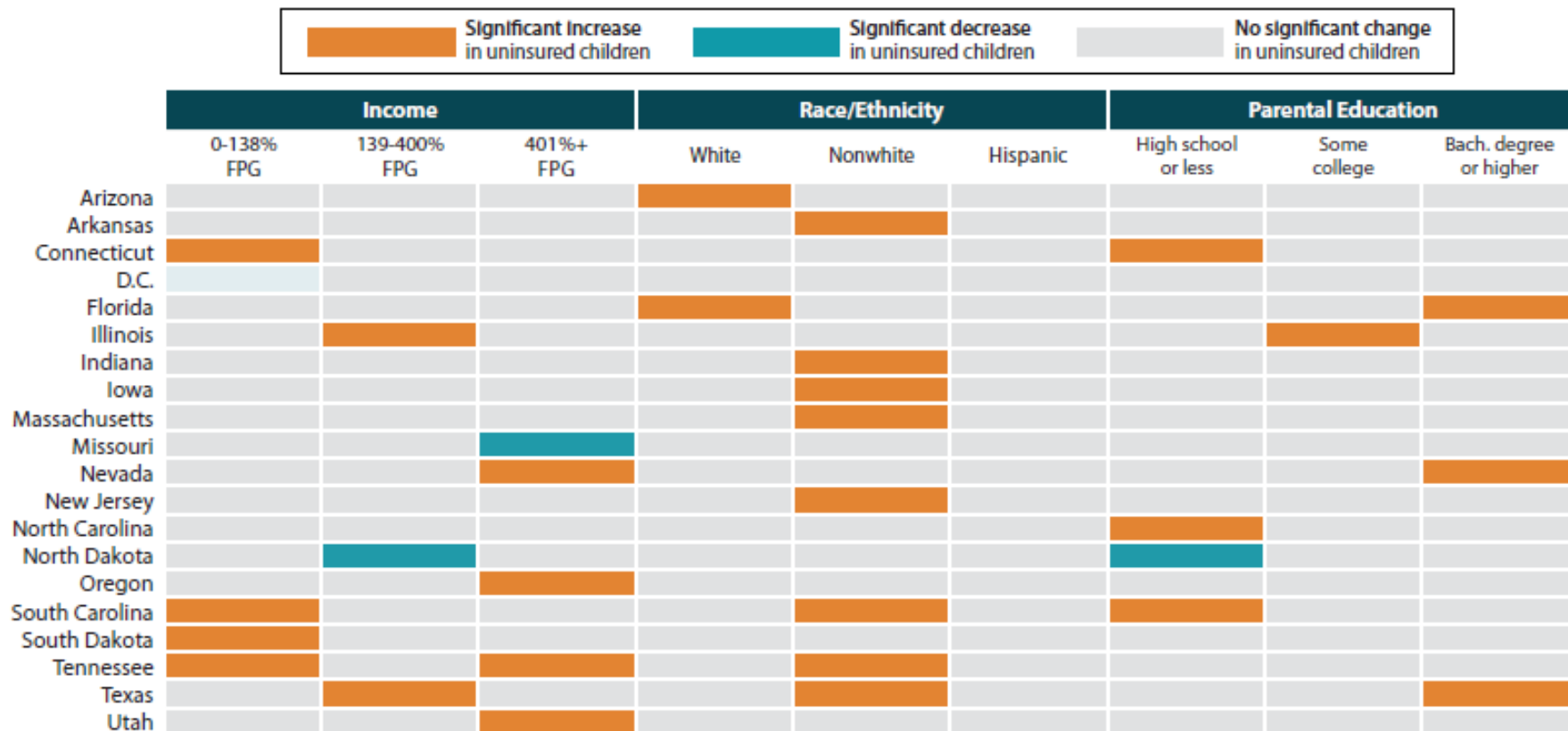
Individual coverage decreased in 7 states: Georgia, Illinois, Louisiana, Maryland, Nevada, Tennessee, Texas



Statistically significant change at the 95% level

Multiple Demographic Groups across 17 States Saw Uninsurance Increases in 2017

State-Level Changes by Demographic Group, 2016 to 2017



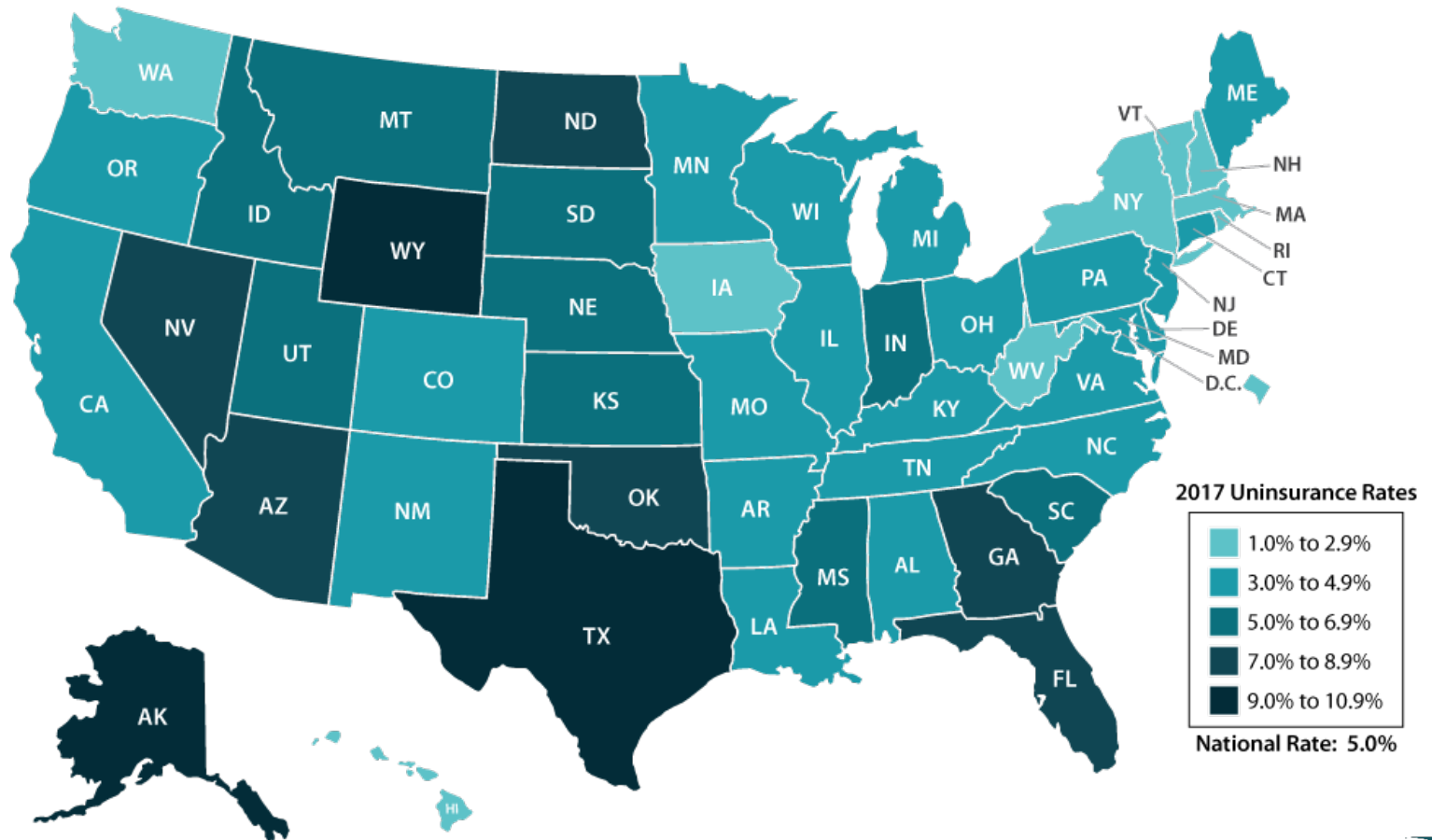
State-Level Variation

Uninsured Children, 2017

Wide Variation in Children's Uninsured Rates

- Ranged from 10.7% in Texas to 1.4% in Vermont

Rates of Uninsured Children in the States, 2017



Disparities within States: Race/Ethnicity

- In 26 states, the Hispanic children had a significantly higher uninsured rate, compared with White children
- The gap in coverage was over 10 points in 3 states

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

Estimates with relative standard errors greater than 30% are indicated by ^.

Disparities within States: Income

- In 46 states, the low-income children (0-138% FPG) had a significantly higher uninsured rate, compared with high-income children (401%+ FPG)
- The gap in coverage was 10 or more points in 3 states

States with the Largest Difference in Uninsured Rates between Low- and High-Income Children, 2017			
State	0-138% FPG	401%+ FPG	Difference
North Dakota	16.1%	3.3%^	12.8
Wyoming	16.6%	3.7%^	12.8
South Dakota	11.6%	1.5%^	10.0
Nebraska	10.6%	2.0%^	8.6
Kansas	9.8%	1.6%	8.2
Texas	12.6%	4.5%	8.2
Utah	11.3%	3.3%	8.0
Georgia	10.1%	2.8%	7.2
Montana	9.6%	2.7%^	6.9
Arizona	10.0%	3.2%	6.8

Estimates with relative standard errors greater than 30% are indicated by ^.

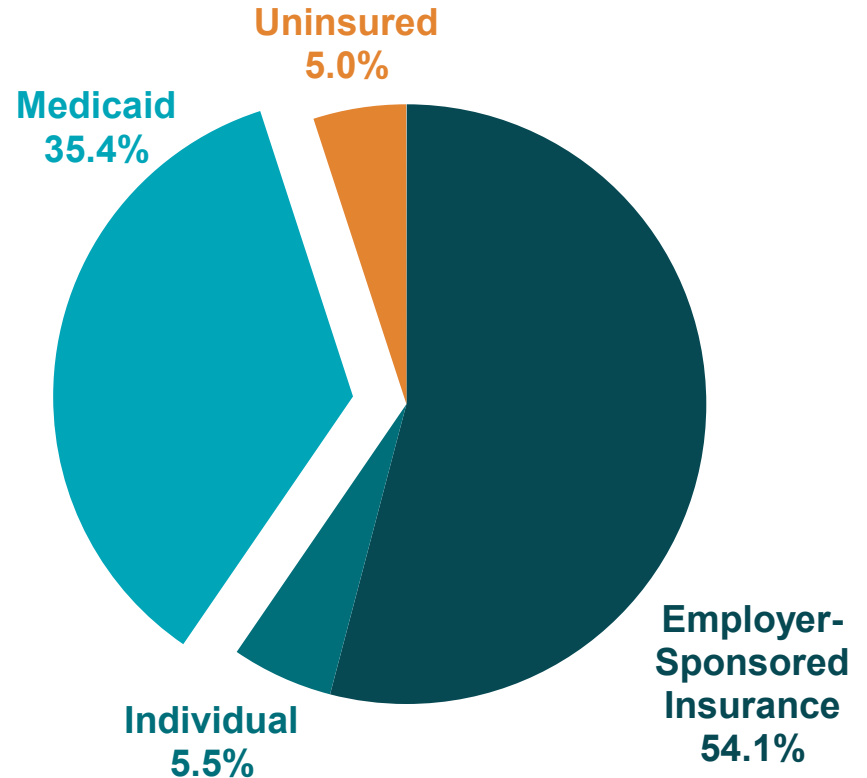
Conclusions

- For the first time in nearly a decade, the uninsured rate among children increased between 2016 and 2017
- Increases were seen across demographic groups, and were driven by decreases in Medicaid and individual coverage
- At the state level, increases in uninsurance were particularly prevalent among Nonwhite children
- Disparities persisted in children's uninsurance by race/ethnicity, income, and parental education

Implications for Policy

- Close to 4 million uninsured children
- Decisions by state policy makers have considerable impact on children's insurance rates
- More than one-third of children are covered by Medicaid or CHIP
- Research has demonstrated that uninsured children have more unmet healthcare needs

Children's Primary Source of Health Insurance Coverage, 2017

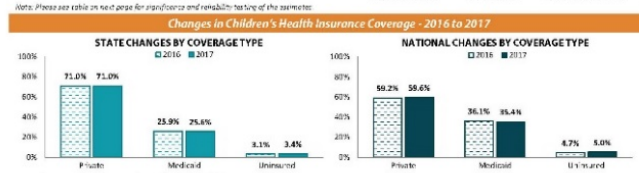
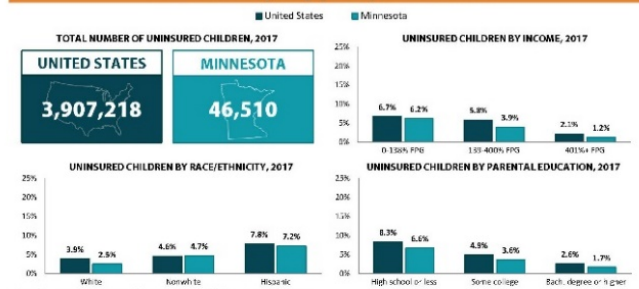
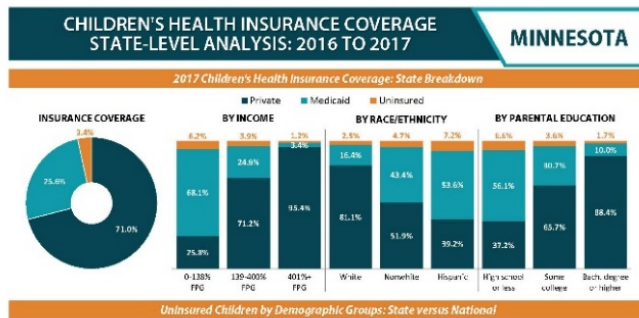


Thank You!

Contact: Natalie Schwehr, schwe425@umn.edu

@shadac 

www.shadac.org/KidsReport2017



Notes: Please see table on next page for significance and reliability testing of the estimates.
 The data presented here come from SHADAC's State-level Coverage and Trends tool.
[VISIT STATE HEALTH COMPARE](#) 

CHILDREN'S HEALTH INSURANCE COVERAGE STATE-LEVEL ANALYSIS: 2016 TO 2017

	All Children (age 0-18)	Coverage By Income			Coverage By Race/Ethnicity			Coverage By Parental Education		
		0-138% FPG	139-400% FPG	401%+ FPG	White	Nonwhite	Hispanic	High school or less	Some college	Bach. degree or higher
Minnesota										
Private										
2016	71.0%	25.7%	73.0%	95.3%	80.9%	48.2%	45.5%	36.3%	64.7%	89.8%
2017	71.0%	25.8%	71.2%	95.4%	81.1%	51.9%	39.2%	37.2%	65.7%	88.4%
2016-2017 Difference	0.0	0.1	-1.8	0.1	0.1	3.8	-6.3	0.9	1.0	-1.4
Medicaid										
2016	25.9%	69.3%	23.6%	3.1%	16.8%	48.4%	45.4%	56.6%	32.3%	8.6%
2017	25.6%	68.1%	24.9%	3.4%	16.4%	43.4%	53.6%	56.1%	30.7%	10.0%
2016-2017 Difference	-0.3	-1.2	1.3	0.3	-0.4	-5.0	8.2	-0.5	-1.6	1.3
Uninsured										
2016	3.1%	5.0%	3.4%	1.6%	2.3%	3.4%	9.1%	7.1%	3.0%	1.6%
2017	3.4%	6.2%	3.9%	1.2%	2.5%	4.7%	7.2%	6.6%	3.6%	1.7%
2016-2017 Difference	0.3	1.1	0.5	-0.4	0.2	1.2	-1.8	-0.4	0.6	0.1

National

	All Children (age 0-18)	Coverage By Income			Coverage By Race/Ethnicity			Coverage By Parental Education		
		0-138% FPG	139-400% FPG	401%+ FPG	White	Nonwhite	Hispanic	High school or less	Some college	Bach. degree or higher
Private										
2016	59.2%	19.2%	66.9%	94.2%	72.8%	51.6%	38.4%	28.4%	56.4%	86.8%
2017	59.6%	19.3%	65.4%	93.7%	73.1%	51.9%	39.6%	28.8%	55.8%	86.3%
2016-2017 Difference	0.4	0.1	-1.5	-0.5	0.3	0.3	1.2	0.4	-0.5	-0.4
Medicaid										
2016	36.1%	74.6%	27.6%	4.0%	23.6%	44.5%	53.9%	63.6%	39.2%	11.0%
2017	35.4%	74.0%	28.8%	4.1%	23.0%	43.6%	52.6%	62.9%	39.3%	11.1%
2016-2017 Difference	-0.7	-0.6	1.2	0.2	-0.6	-0.9	-1.3	-0.7	0.1	0.1
Uninsured										
2016	4.7%	6.2%	5.5%	1.8%	3.6%	4.0%	7.6%	7.9%	4.5%	2.2%
2017	5.0%	6.7%	5.8%	2.1%	3.9%	4.6%	7.8%	8.3%	4.9%	2.6%
2016-2017 Difference	0.3	0.5	0.3	0.3	0.3	0.6	0.1	0.4	0.4	0.4

Disparities in Uninsurance: State versus National

2017 Uninsured

State	Private	Medicaid	Uninsured
2017 / State	3.4%	6.2%	3.9%
2017 / National	5.0%	6.7%	5.8%
Difference	-1.6	-0.5	-1.9

Notes: Significant difference between periods is indicated by * (90% confidence level). Significant difference between state and national is indicated by † (95% confidence level). Tables may not add up precisely due to rounding. Estimates with relative standard errors greater than 30% are indicated by †. † indicates an observed sample size not indicated by †. †FG = federal poverty guidelines. SHADAC uses the "method" section for variable definitions. Source: American Community Surveys as analyzed by SHADAC.

To learn more about children health insurance coverage, visit www.shadac.org/KidsReport2017. Companion documents include a summary report and 50-state comparison tables.

The data presented here come from SHADAC's State-level Coverage and Trends tool.
[VISIT STATE HEALTH COMPARE](#) 