

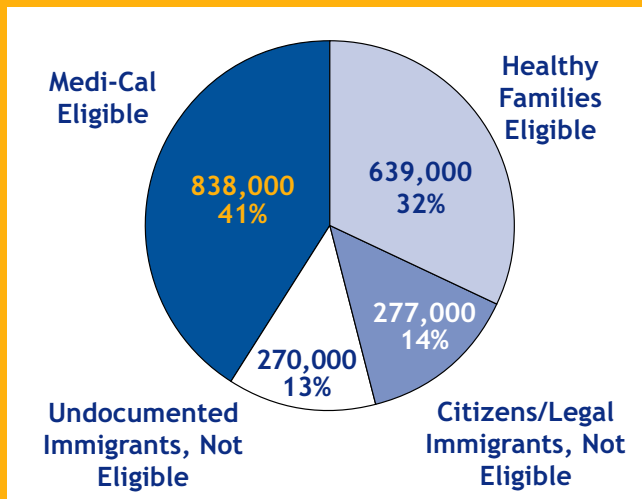
CALIFORNIA'S UNINSURED CHILDREN: A CLOSER LOOK AT THE LOCAL LEVEL

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The Problem

More than 2 million children in California do not have any form of health insurance. The proportion of uninsured children in the state has increased over the past several years (from 17% in 1995 to 21% in 1998) and is significantly higher than in the rest of the nation (15% in 1998). Under new eligibility provisions approved in November 1999, approximately 1.48 million of California's uninsured children are eligible for either the Healthy Families or Medi-Cal program. Many, however, are not enrolled.

EXHIBIT 1: ELIGIBILITY FOR HEALTHY FAMILIES AND MEDI-CAL AMONG CALIFORNIA'S 2,024,000 UNINSURED CHILDREN, AGES 0-18, CALIFORNIA, 1998



Source: Estimates of eligibility calculated by the UCLA Center for Health Policy Research based on data from the March 1999 Current Population Survey

Under current policy, more than four in ten (44%) uninsured children eligible for the Medi-Cal or Healthy Families Programs live in Los Angeles County, three in ten (30%) live in the rest of the Southern California region (excluding Los Angeles County),

9% in Northern California, 10% in the Greater Bay Area, and 7% in the Central Valley.

Policy Options

Implementation of state policy is likely to be most effective at the local level where local administrators understand the unique conditions and characteristics of their population. Specifically, counties can be instrumental in reaching and enrolling children who are eligible for Healthy Families or Medi-Cal. Below are several strategies that counties may consider to expand enrollment of children in these programs. Many of these strategies already have been implemented in some counties and have proven to be successful.

Counties could:

- ❖ **Launch aggressive outreach programs, especially in schools, malls, and other locations that potential eligibles are likely to frequent.**
- ❖ **Expand the hours of enrollment offices to accommodate the schedules of working families.**
- ❖ **Partner with local social service organizations (such as community clinics) and with health care providers to verify addresses, send reminder mailings, and encourage the renewal of enrollment status.**
- ❖ **Publicize to noncitizen parents the May 1999 Immigration and Naturalization Service (INS) policy that enrolling their children will not result in a "public charge" classification (such a classification would jeopardize reentry into the U.S., renewal of visas, and application for U.S. citizenship).**

Additionally, to increase enrollment the state of California could:

- ❖ **Simplify the application form (some states have a one-page form).**

EXHIBIT 2: UNINSURED CHILDREN BY COUNTY, AGES 0-18, CALIFORNIA, AVERAGE OF 1996, 1997 AND 1998

County	Total Population of Children	Uninsured	
		Rate	Range
Alameda	378,324	12%	7-17%
Butte	51,728	20%	11-30%
Contra Costa	242,729	8%	4-13%
Fresno	266,618	12%	7-17%
Kern	212,374	16%	9-22%
Los Angeles	2,867,519	26%	24-28%
Monterey	117,909	16%	7-26%
Orange	777,084	19%	15-23%
Riverside-San Bernardino	994,366	19%	15-22%
Sacramento	337,922	11%	7-15%
San Diego	786,605	21%	17-25%
San Francisco	153,143	19%	9-29%
San Joaquin	172,459	12%	6-18%
San Luis Obispo	57,023	21%	11-32%
San Mateo	179,107	17%	9-25%
Santa Barbara	108,503	29%	18-41%
Santa Clara	450,292	14%	10-18%
Stanislaus	138,947	16%	9-23%
Tulare	125,669	33%	24-42%
Ventura	213,206	16%	9-23%
Yuba	21,463	26%	18-34%

Source: Population estimates are 1997 estimates from the State of California, Department of Finance. Uninsured estimates are based on an average of March 1997, 1998 and 1999 Current Population Surveys, which are more stable than one-year estimates.

Note: We report only counties and county groups with adequate sample size for estimating the uninsured.

- ❖ Adopt “express-lane eligibility,” extending eligibility for Medi-Cal and Healthy Families to children who are already qualified for free or reduced-price school lunch programs, food stamps, or the Supplemental Food Program for Women, Infants and Children (WIC).
- ❖ Make the Medi-Cal recertification period annual, as it is for Healthy Families, rather than every three months.
- ❖ Integrate Healthy Families and Medi-Cal to create a seamless system of coverage for poor families.

The Evidence

Sample size does not permit stable county-level estimates of uninsured children who are eligible for either Healthy Families or Medi-Cal. However, county-level estimates of uninsured children are more stable and provide a picture of the magnitude of the problem.

Conclusions

Many of California’s uninsured children have the possibility of obtaining coverage under the recently approved expansions in Healthy Families and Medi-Cal eligibility policies. Counties can be instrumental in ensuring that children who are eligible for these programs know about them, successfully enroll in them, and maintain coverage through them.

Health Insurance Policy Program

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