Many Children Remain Uninsured and Not Eligible for Medi-Cal and Healthy Families

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Approximately 275,000 children ages 0-17 from families with incomes below 300% of the Federal Poverty Level (FPL) were uninsured and not eligible for Medi-Cal or Healthy Families in 2001. A majority of the uninsured-and-not-eligible children were between the ages of six and 17, while only one in seven were between the ages of zero and five. Health insurance coverage is important to ensure adequate preventive health care during the critical period of children’s growth when undiagnosed health problems can lead to developmental delays and lifelong impairments.

In California, children from the most limited income families – below 250% FPL – are eligible for either Medi-Cal or Healthy Families. Consequently, children who live in families whose incomes exceed 250% FPL, or who do not meet residency requirements, cannot qualify for these public statewide health insurance programs and they remain uninsured.

This policy brief provides data from the 2001 California Health Interview Survey (CHIS 2001) on children from limited-income families (below 300% FPL) who were uninsured and not eligible for the Medi-Cal or Healthy Families programs. The data presented here serve as baselines for county-level efforts occurring through public-private partnerships that have emerged across California to extend health care coverage to this vulnerable population. The upcoming release of CHIS 2003 data will reflect the impact and success of such local initiatives to address this public health issue.

Rates of Uninsured-and-Not-Eligible Children Varied Across the State

Approximately 40,000 uninsured young children (ages 0-5) from limited-income families did not qualify for Healthy Families or Medi-Cal in 2001 (Exhibit 1). The rates of young children who were uninsured and not eligible were highest in Southern California where over two-thirds of these children lived. The same geographic distribution of uninsured-and-not-eligible children was found for older children (ages 6-17) in limited-income families. However, compared to young children, a larger proportion of older uninsured children were not eligible for Medi-Cal or Healthy Families (Exhibit 2).

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Characteristics of Uninsured Children Who Did Not Qualify for Medi-Cal or Healthy Families

Understanding the characteristics of this limited-income population can guide decisions about allocating resources. Statewide, the majority (64%) of uninsured children ages 0-5 in California who did not qualify for Medi-Cal or Healthy Families were Latino, one fourth (26%) were non-Latino white, and the remaining ten percent were African American, Asian or other racial/ethnic groups. In the Northern Region, half of young children who were uninsured and not eligible for public health insurance were Latino, increasing to over two-thirds (68%) in the Southern Region (Exhibit 3). A similar although more pronounced trend was found among older children. Within each region the overwhelming majority of all children ages 6-17 below 300% FPL who were uninsured and not eligible for public health insurance were Latino, especially in the Central Region where over 80% of uninsured-and-not-eligible children were Latino (Exhibit 3).

The family incomes for uninsured-and-not-eligible children in 2001 varied across the state (Exhibit 4). Young children in limited-income families who were uninsured and not eligible for Medi-Cal or Healthy Families in Southern California had the lowest family incomes of any region, where 46% were in families with incomes below the poverty line (0-99% FPL) and 29% were in families with incomes just above the federal poverty line (100-199%). In contrast, about half of young children in limited-income families in the Northern Region had incomes between 200-299% of the poverty line. Among older children ages 6-17 in limited-income families who were uninsured and not eligible for Medi-Cal or Healthy Families, the lowest family incomes were also found in the Southern Region. Similar to younger children, almost half of the older children in limited-income families in the Northern Region had incomes between 200-299% of the Federal Poverty Level (Exhibit 4). These data suggest more uninsured children in 2001 lived just above the income eligibility guidelines in the Northern Region compared to other regions in the state.
Additionally, citizenship status varied among uninsured-and-not-eligible children by region. The Northern Region had the lowest rates of uninsured children from limited-income families who were not eligible for public health insurance and were non-citizens, while the Southern Region had the highest rates (Exhibit 5). This suggests children were more likely to not qualify for Healthy Families or Medi-Cal in the Central and Southern Regions of California due to immigration status, while young children in the Northern Region were more likely to be ineligible for income reasons.

Conclusion
There were 40,000 young children (ages 0-5) and 235,000 older children (ages 6-17) in limited-income families throughout California in 2001 who did not have health insurance for part or all of the year and who did not qualify for Medi-Cal or Healthy Families. Children must meet residency requirements and live in families whose incomes do not exceed 250% FPL in order to qualify for one of these public statewide health insurance programs. Children who were uninsured and not eligible in 2001 either lived in families whose incomes were between 250-300% FPL or were non-citizens without permanent residency (undocumented, temporary workers, or otherwise). The varying regional population characteristics suggest that different approaches may be necessary across the state to extend health insurance coverage to this population. For example, Northern California regions will greatly benefit from recent legislation that allows counties and other entities to draw down unused federal State Children’s Health Insurance Program (SCHIP) funds to cover children who would otherwise qualify for Healthy Families but live in families with incomes between 250-300% FPL. However, a complementary approach is needed in the Southern and Central Regions of California that includes covering low-income children who are not eligible due to immigration status.

Advocates, health care providers, policy makers and community-based organizations are already working through county-based coalitions called Children Health Initiatives to expand health insurance coverage to all California children. Several counties have established such public-private partnerships in order to improve enrollment into Medi-Cal and Healthy Families and to create a new insurance product – widely known as Healthy Kids – for children not eligible for existing public statewide health insurance programs. Extending health insurance coverage to all children in California is an achievable goal, and innovations at the county level are already moving the state in this direction. Leadership from state policy makers will be needed to address the long-term financing and policy issues necessary to ensure that we remain on this important path to insure every California child.

Data Source and Methods
This policy brief is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents ages 12-17, and 12,592 parents of young children ages 0-11. The data were weighted based on the 2000 Census. The interviews, available in six languages, were conducted by telephone between November 2000 and September 2001. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. CHIS is the largest state health survey and one of the largest health surveys in the United States, and CHIS 2003 data will be available at the end of this year. For more information on CHIS, visit www.chis.ucla.edu.

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