



# Data Bulletin

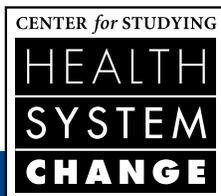
## Results from HSC Research

### SOME COMMUNITIES MAKE PROGRESS IN REDUCING CHILDREN'S UNINSURANCE

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*This Data Bulletin presents findings from the Household Survey, a nationally representative telephone survey of the civilian, noninstitutionalized population, as well as 12 randomly selected communities conducted as part of the Community Tracking Study. The 1996-1997 survey includes nearly 33,000 families and 60,000 individuals, and the 1998-1999 survey includes approximately 32,000 families and 59,000 individuals.*

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**FIGURE 1**  
**INSURANCE STATUS CHANGES FOR CHILDREN UNDER AGE 18**

SITE	PERCENT UNINSURED	
	1996-1997	1998-1999
<i>Boston, Mass.</i>	7	3*
<i>Cleveland, Ohio</i>	8	6
<i>Greenville, S.C.</i>	12	9
<i>Indianapolis, Ind.</i>	10	10
<i>Lansing, Mich.</i>	4	4
<i>Little Rock, Ark.</i>	17	12*
<i>Miami, Fla.</i>	22	17
<i>Northern New Jersey</i>	6	8
<i>Orange County, Calif.</i>	16	15
<i>Phoenix, Ariz.</i>	16	15
<i>Seattle, Wash.</i>	6	5
<i>Syracuse, N.Y.</i>	7	4**
<i>Metropolitan areas over 200,000 population</i>	12	11
<i>United States</i>	12	11

\* Difference from 1996-1997 estimate is statistically significant at  $p < .05$ .

\*\* Difference from 1996-1997 estimate is statistically significant at  $p < .10$ .

Source: Community Tracking Study Household Survey, 1996-1997 and 1998-1999

**A**lthough the rates of uninsurance for children nationally did not change between surveys conducted in 1996-1997 and 1998-1999<sup>1</sup>, some communities experienced a significant decline in children's uninsurance rates during this period, according to recent findings from the Center for Studying Health System Change (HSC). The children's uninsurance rates dropped from 7 percent to 3 percent in Boston, from 17 percent to 12 percent in Little Rock and from 7 percent to 4 percent in Syracuse (see Figure 1). They also declined in Miami, Greenville and Cleveland, although these decreases were not statistically significant.

## Economic Factors

Decreases in children's uninsurance rates in these communities may be, in part, the result of the strong economic growth that occurred across the United States during this period. These factors may have been particularly important in Boston, where the decrease in uninsurance rates was due almost entirely to an increase in private insurance coverage among children. Private insurance coverage is strongly related to income, and Household Survey data show significant increases in incomes among Boston-based families with children between the two surveys and decreases in the percentage of children living below the poverty line (from 16 percent in 1996-1997 to 10 percent in 1998-1999). The findings for Boston are consistent with a recent report on health insurance coverage in Massachusetts, in which the robust economy and the private sector were considered to be among the driving forces behind sharp declines in children's uninsurance statewide.<sup>2</sup>

## Public Coverage Expansions

Public coverage expansions may also have played a role in the three communities that experienced the greatest decline in uninsurance rates. A recent report cited Massachusetts, New York and Arkansas as having been among the most successful states recently in enrolling children in Medicaid and the State Children's Health Insurance Program (SCHIP).<sup>3</sup>

Eligibility for public coverage also expanded in other Community Tracking Study communities, including Northern New Jersey and Orange County, Calif., but this has had little apparent impact on children's uninsurance rates in those locations. In Greenville, increases in public coverage between the two surveys were largely offset by decreases in private insurance coverage, resulting in little or no gain in

## NATIONAL TRENDS IN CHILDREN'S HEALTH INSURANCE COVERAGE

An April 2000 study by HSC found no changes in children's uninsurance rates between 1996-1997 and 1998-1999 at the national level. For low-income children (i.e., in families with incomes below 200 percent of the federal poverty line), the study found a sharp increase in coverage through Medicaid or other state insurance programs (e.g., SCHIP), but an equally sizeable decrease in private insurance coverage. The result was no net gain in coverage among low-income children nationally.

*From HSC Issue Brief No. 29, "Recent Trends in Children's Health Insurance Coverage," April 2000*

children's overall insurance coverage. This latter trend is similar to what HSC observed nationally for low-income children (see box: National Trends in Children's Health Insurance Coverage).

## Policy Implications

A recent report of the U.S. Census Bureau indicated that children's uninsurance rates declined for the first time after a decade of steady increases. This Data Bulletin shows that the gains in children's coverage have been greater in some communities than others. These gains have occurred in communities with high uninsurance rates as well as those that already had relatively low uninsurance rates for children. The result is that some communities, including Boston, Lansing and Syracuse, now have near universal coverage of children, and others have been able to make significant inroads into what has been a major problem in their community.

Nevertheless, there is still considerable variation across communities in children's uninsurance rates. Some communities with high uninsurance rates have made little or no progress in reducing children's uninsurance, despite substantial expansions in eligibility for public coverage. It is not clear whether these communities can

replicate the success of communities that have made substantial gains in children's coverage.

HSC will continue to monitor the progress of these communities in reducing children's uninsurance, and future research will examine economic and policy-related factors that account for low and high uninsurance rates among children in some areas. ●

## Notes

1. A recent report from the U.S. Census Bureau based on the Current Population Survey showed a significant decline in children's uninsurance rates nationally between 1998 and 1999 (U.S. Census Bureau, "Health Insurance Coverage 1999," September 2000). While Figure 1 also shows a slight decrease in children's uninsurance rates nationally based on the Community Tracking Study, this change was not statistically significant. The CTS estimates of change are also based on different time points than were used in the recent Census report.
2. Division of Health Care Finance and Policy, Commonwealth of Massachusetts. *Health Insurance Status of Massachusetts Residents: Preliminary 2000 Findings*, August 24, 2000.
3. Edmunds, M., M. Teitelbaum and C. Gleason. *All Over the Map: A Progress Report on the State Children's Health Insurance Program*. Washington, DC: Children's Defense Fund, July 2000.