

HEALTH INSURANCE

The health of children depends at least partially on their access to health services. Children with access to health care have reasonable assurance of obtaining the medical and dental attention needed to maintain their physical well-being. Health care for children includes physical examinations, preventive interventions and education, screening, and immunizations, as well as sick care. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (public or private) are much more likely than children without health insurance to have a regular and accessible source of health care.¹ Regular health care increases the continuity of care, which helps to maintain good health.²

Data Sources

The majority of data provided in this section comes from various reports utilizing data from the Current Population Survey (CPS), administered by the U.S. Census Bureau.³ The reports include:

- 1.6 Million California Children Are Uninsured by Nadereh Pourat, E. Richard Brown, and Roberta Wyn, University of California, Los Angeles, Center for Health Policy Research, March 1997 (based on the March 1996 CPS);
- The State of Health Insurance in California, 1997, by Helen Halpin Schaffler, University of California, Berkeley, and E. Richard Brown, UCLA Center for Health Policy Research (based on the March 1997 CPS);
- San Francisco County Estimates of Health Insurance, by Andrew Bindman, University of California, San Francisco, December 19, 1997 (based on the 1997 and 1996 CPS).

Estimates of Uninsured Children and Youth

San Francisco County. In 1996 and 1997, children and youth ages 0 to 17 were estimated to comprise an average of about 9% (11,700) of the uninsured population (130,000) in San Francisco. In 1997, the estimated number of uninsured residents ages 0 to 17 or 10,517 or 7% of the uninsured population, and for 1996 the estimate was 13,093 or 11% of the uninsured population. The proportion of San Francisco residents ages 0 to 17 without health insurance was much lower than the proportion of San Francisco residents of all ages without health insurance in both 1997 (21%; 159,530) and 1996 (17%; 117,855).⁴ (According to the study, data from 1996 to 1997 suggesting that the number of uninsured in San Francisco for all ages may have grown over time could represent a real trend or be an artifact of the data collection.)⁵

¹ Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being, 1998. Federal Interagency Forum on Child and Family Statistics, D.C.: U.S. Government Printing Office, 1998; National Center for Health Statistics, "Health of Our Nation's Children," Vital Statistics Health Series, 10 No. 191, 1998.

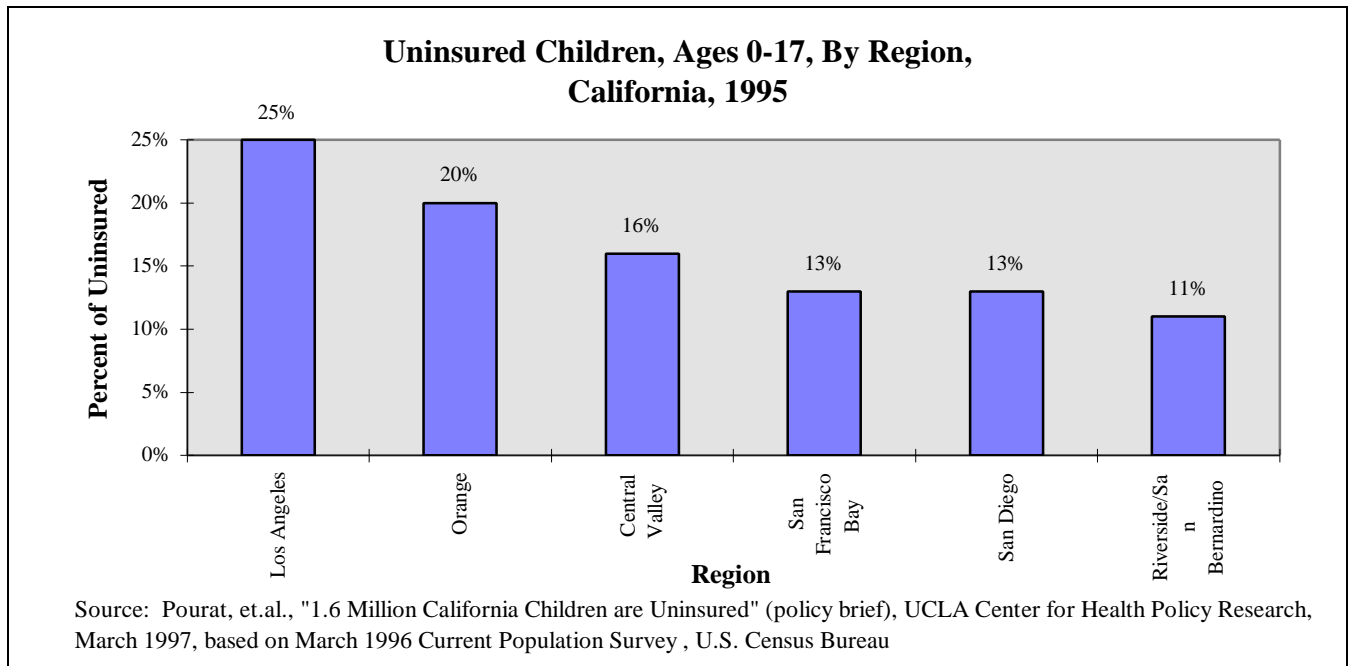
² U.S. Department of Health and Human Services, Trends in the Well-Being of America's Children and Youth: 1996, April 1996

³ The CPS is conducted annually to provide updates to the census performed every decade. Information on health insurance status is obtained annual in March. The sampling was designed to provide estimates at the national and state levels, and sample sizes at the county level are small and subject to wide variation due to error. In 1996, 208 San Francisco residents provided data about their health insurance status and in 1997 the sample size for the county was 233.

⁴ The 95% confidence interval for the estimate of San Francisco uninsured was 15 to 26% (115,995 to 201,057) in 1997 and 11 to 22% (76,357 to 152,714) for 1996.

⁵ Bindman, Andrew, San Francisco County Estimates of Health Insurance, December 19, 1997. The lower and upper percentage estimates of uninsured persons in San Francisco were 15% and 26%, respectively. These lower and upper estimates describe a range for which there is a 95% chance that the true number of uninsured actually lies somewhere in

San Francisco Bay Area. An estimated 10% of children and youth ages 0 to 17 in the six-county San Francisco Bay Area were uninsured in 1995.⁶ This percentage was lower than several regions in the state, including Los Angeles County which had the highest percentage of uninsured children and youth (25%) compared to



all other regions surveyed. In general, counties with large populations of immigrant workers, or those counties with large agricultural or durable goods manufacturing industries, tended to have higher rates of uninsured residents.

California. The proportion of children and youth who are uninsured in San Francisco is generally lower than the proportion statewide. In 1997, the proportion of California children ages 0 to 17 who lacked health insurance was 17% (1.6 out of 9.1 million) while the percentage of children ages 0 to 18 for 1996 was estimated at 18% (1.7 million).⁷ California's rate of uninsured children is higher than the national average of 15% (1996).⁸

between (95% confidence interval). Gender, race/ethnicity, and poverty status data for the uninsured San Francisco population under age 18 was not available due to the small sample size of the CPS dataset.

⁶ The six counties in the "San Francisco Bay Area" region were San Francisco, Marin, San Mateo, Alameda, Contra Costa, and Santa Clara. Data for San Francisco County only was not available from this source. Not all California counties were analyzed.

⁷ Schaffler, Helen Halpin, and E. Richard Brown, The State of Health Insurance in California, 1997; Pourat, Nadereh, et.al.

⁸ U.S. Census Bureau, Housing and Household Economic Statistics Division, March Current Population Survey

By Gender. In 1996, there were no gender differences in the proportion of California children and youth ages 0 to 18 who were uninsured. However, lack of insurance was much more common among males ages 19 to 24

HEALTH INSURANCE COVERAGE, BY AGE AND GENDER, AGES 0-24, CALIFORNIA, 1996					
<u>Age and Gender</u>	Uninsured	Job-Based Insurance	Privately Purchased Coverage	Medi-Cal	Other Public Insurance
Age 0-18					
Males	18%	54%	4%	22%	1%
Females	18%	54%	4%	23%	1%
Age 19-24					
Males	48%	39%	6%	7%	0%
Females	33%	45%	5%	16%	1%

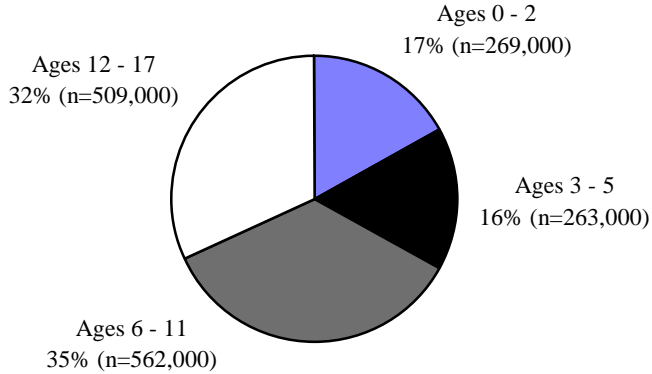
Source: Schauffler, Helen Halpin, and E. Richard Brown, The State of Health Insurance in California, 1997 (based on 1997 CPS)

(48%) than among females in the same age group (33%). This difference is due the fact that more females than males in this age group receive Medi-Cal (16% vs. 7%) and employment-based health insurance (45% vs. 39%).⁹

By Age. In 1995, children ages 0 to 5 represented one-third (33%) of California's uninsured children and youth up to age 17. Of these, about half were infants and toddlers under 3, and about half were

⁹ Schauffler and Brown, 1997

**Uninsured Children, By Age Groups, Ages 0-17,
California, 1995**



Source: Pourat, et. al, UCLA Center for Health Policy Research, "1.6 Million California Children Are Uninsured" (policy brief), March 1997 (based on U.S. Census Bureau, March 1996 Current Population Survey)

preschool children ages 3 to 5. An additional 35% of California's uninsured children were ages 6 to 11, while adolescents ages 12 to 17 accounted for the remaining 32%.

By Race/Ethnicity. Availability of health insurance coverage among children and youth in California varies widely by race/ethnicity. In 1995, 29% of Latino children in California were without health insurance. This was more than twice the rate for Asian children (12%), non-Latino Whites (10%), and African American children

**Uninsured Children, By Ethnicity, Ages 0 - 17,
California, 1995**

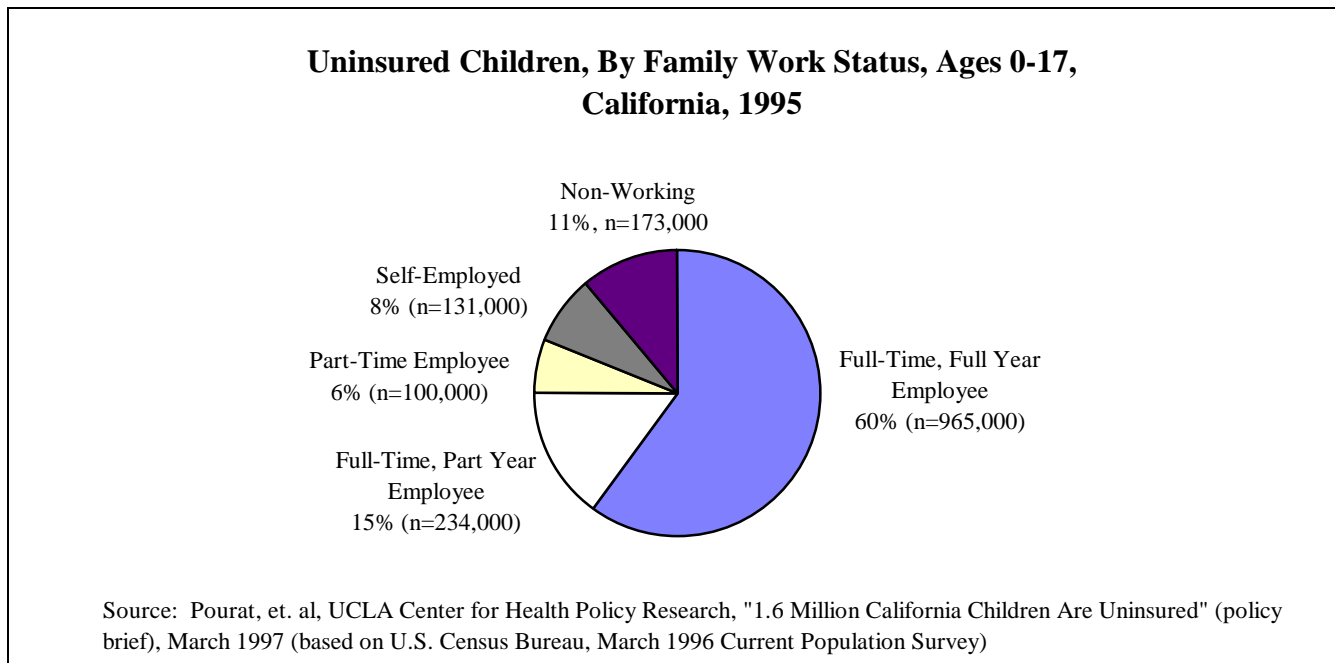
	Latino	Asian American	Non-Latino White	African American
All Children	29% (1,200,000)	12% (136,000)	10% (370,000)	10% (69,000)
Children in Full-Time Working Families	31% (634,000)	14% (94,000)	8% (208,000)	8% (*)

Source: Pourat, et.al., UCLA Center for Health Policy Research, "1.6 Million California Children Are Uninsured," March 1997 (based on data from the U.S. Census Bureau, Current Population Survey, March 1996).

* Notes: Sample size is too small to be reliable.

(10%). Even among children in full-time working families, the uninsured rate for Latino children was high (31%), more than twice that of any other ethnic group including 14% of Asian American children and 8% of non-Latino white and African American children.¹⁰

By Family Work Status. Having working parents does not ensure health insurance coverage for California's children. In 1995, most (89%) uninsured children in California lived in families with at least one working parent. Sixty percent of uninsured children were in families with at least one parent employed full-time for the entire year. Another 21% of uninsured children lived in families with a parent working part-time or for part of the year, and 8% were in self-employed families. Only 11% of uninsured children were in families without a working parent.



Ironically, the lowest uninsured rate among children was in families without a working adult. In 1995, only 13% of children in non-working families in California were uninsured, because Medi-Cal protected 77% of children in these families.

Sources of Insurance. In 1996, 54% of California's insured children received health insurance through employer-sponsored plans, compared to 50% in 1994. Twenty-two percent of insured children obtained health insurance coverage through Medi-Cal in 1996, compared to 25% in 1994. Only 4% of insured children were covered by privately-purchased health insurance, compared to 3% in 1995.¹¹

Children of working parents are not covered by employment-based insurance for several reasons:

- Often, an employer offers a health plan, but an employee may receive wages too low to afford it. Generally, employers in California pay between 60% and 70% of the costs of employment-based family coverage. The cost to employees ranges from \$140 to \$210 per month.¹² Sixty percent of

¹⁰ These are the racial/ethnic categories designated by the authors of the study.

¹¹ Pourat, 1997

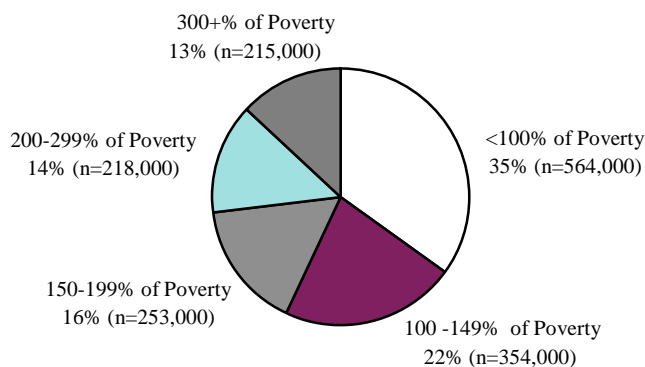
¹² Schauffler, 1997

uninsured Californians indicate high cost as the main reason they do not have health care coverage.¹³

- An employee may be able to afford his or her work-based health insurance but the plan may not extend to the rest of the family.
- Insurance may not be portable between jobs.
- Traditional barriers, such as culturally incompetent care, physical inaccessibility, and language differences may impede access to employment-based health coverage.¹⁴

By Income/Poverty Level. There is a direct correlation between low-income status and lack of health insurance. Children from low-income, working families frequently do not have access to employer-sponsored health insurance coverage due to the nature of their parent or guardian's type of employment. These same families may not qualify for Medi-Cal, and can not afford the costs of privately-purchased insurance. As a result, children in low-income situations with working parents are without health care coverage.

Uninsured Children, By Poverty Level, Ages 0-17, California, 1995



Source: Pourat, et. al, UCLA Center for Health Policy Research, "1.6 Million California Children Are Uninsured" (policy brief), March 1997 (based on U.S. Census Bureau, March 1996 Current Population Survey)

In 1995, a majority of uninsured children in California were low-income, with more than one-third (35%) of uninsured children living in families with incomes below the federal poverty level (defined in 1995 as less than \$12,158 for a family of three and less than \$15,569 for a family of four). Another 38% were near poor, with family incomes between the poverty level and twice the poverty level. Thus, three-quarters of uninsured children (1.2 million) could be considered to be in families with too few resources to pay for health insurance coverage.

¹³ Brown, E. Richard, et. al., The Uninsured in California: Causes, Consequences and Solutions, Final Report to the California HealthCare Foundation, September, 1997.

¹⁴ Schauffler, 1997