covering connecticut's kids & families

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Uninsured Children in Connecticut: 2003

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Recently, the US Census Bureau reported that an estimated 71,000 children under 18 in Connecticut were uninsured for the *entire year* in 2003. This number represents 8.3 percent of all Connecticut children.[1] The uninsured rate was unchanged from the previous year, and essentially unchanged over a four-year period. (The estimate of uninsured children in Connecticut over the last four years ranged from about 57,000 to 71,000.) Since this measure counts only children who were uninsured for the entire year, it is likely that many more were uninsured for part of the year.

Uninsured children in low-income families

In 2001-03, an estimated 42,000 Connecticut children under 19 who lived in families with income at or below 200% of the federal poverty level were uninsured.[2] The proportion of children living in low-income families who were uninsured was 18.6 percent. *Virtually all these children are income-eligible for HUSKY.*

Comparison with US rates

In 2003, the uninsured rates for all US children and for US children in low-income families were higher than rates for Connecticut children.

An estimated 8.4 million children under 18 were uninsured for the entire year in 2003. The proportion of US children who were uninsured (11.4%) was unchanged from the previous year. In low-income families, 19.5% of US children were uninsured in 2001-2003.

Nationwide, children who were more likely to be uninsured were[3]:

- *12 to 17 years old* (12.7%), compared with younger children (10.6%);
- *Hispanic* (21.0%), compared with non-Hispanic white (7.4%) and non-Hispanic black children (14.5%);
- *Poor* (19.2%), compared with children living in higher income families (11.4%).

Community-level estimates of uninsured children

Neither the Census Bureau nor other sources of Connecticut-specific data on the uninsured[4] provide local estimates of the number or proportion of uninsured children. There are no town level data on estimated numbers of uninsured children.

For community-level estimates of the uninsured, state- and national-level estimates can serve as a point of reference against which local socioeconomic conditions[5] can be considered. For example, the uninsured rate is likely to be higher in a town with a relatively large population of Hispanic residents; or in a town whose residents are mainly employees of small businesses that do not typically offer health insurance.

Reducing the numbers of uninsured children and families in Connecticut

In 2004, Connecticut eliminated some cost-sharing burdens for families enrolled in HUSKY and rolled back plans that would have

fundamentally changed the structure and benefits of HUSKY. Connecticut can further reduce the number of uninsured children and families by taking the following steps:

- **Restore coverage for parents or caretaker relatives of children on HUSKY.** Increasing the income eligibility level from 100% to 185% of the federal poverty level for these adults would allow us to have consistent income guidelines for family members. Research shows that this results in higher rates of enrollment among children and adults.[6]

- **Simplify enrollment so children and parents become enrolled when they need services and stay enrolled by**:
  - restoring *continuous eligibility* (which allows children to remain enrolled in HUSKY for one year, regardless of modest fluctuations in family income) and
  - restoring and implementing *presumptive eligibility* for children and pregnant women (which allows for same-day coverage of needed health care for those who are likely to be eligible once paperwork is completed);

- **Streamline eligibility,** by increasing DSS staffing, improving technological supports, and coordinating applications with the enrollment broker; and

- **Reinvigorate community-based outreach, marketing and application assistance.** The years 2001 - 2002 saw a spike in enrollment as a direct result of TV, radio and print marketing; consumer hotlines; local outreach grants; Healthy Start outreach; and statewide initiatives. However, budget cuts have nearly eliminated state-funded marketing and outreach efforts.

Policy makers, providers, and advocates who are interested in the effect of these changes on health insurance status should monitor family experiences and socioeconomic conditions in Connecticut and their communities. Annual reports on the uninsured from the US Census Bureau are issued in September each year.

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[1] DeNavas-Walt C, Proctor, BD, Mills RJ. Income, poverty, and health insurance coverage in the United States: 2003. Washington, DC: US Census Bureau, August 2004. www.census.gov Limitations include: a) small sample size produces relatively large confidence intervals, especially for subpopulations; b) respondents may be confused about time period (12 months of the calendar year v. part year v. point-in-time); c) respondents may be confused about type of coverage (Medicaid v. Title XIX v. HUSKY A v. health plan name); d) methods tend to produce an underestimate of Medicaid participation; e) methods may change from year to year.

[2] 200% of the federal poverty level: $31,342 annual income for family of 3; $37,702 for family of 4.

[3] Comparable data by age and race/ethnicity are not available for Connecticut children.

[4] Other sources of data include the 2004 survey by the Office for Health Care Access, annual Behavioral Risk Factor Surveillance System data, and Connecticut data from 2001 National Survey of Children with Special Health Care Needs.

[5] Local socioeconomic conditions include: employment and unemployment trends, population trends, differences in the distribution of children by age and race/ethnicity, and presence of immigrant groups.

[6] Broadus, Matthew and Ku, Leighton. The Importance of Family-Based Insurance Expansions: New Research Findings About State Health Reforms. September 2002. Available at www.cbpp.org.