CONNECTICUT VOICES FOR CHILDREN

Uninsured Children in Connecticut: 2008

October 2009

Statewide estimates

The latest data from the US Census Bureau's Current Population Survey (CPS) indicate that in 2008, an estimated 44,000 Connecticut children under 18 (5.4%) were uninsured for the entire year.[1] The 2-year average uninsured rates for all persons and for children in Connecticut in 2007-08 were essentially unchanged from recent previous years (Table 1).

Table 1. Uninsured in Connecticut, 2007-2008

	2007-2008	2005-2006
All persons	9.7%	10.2%
	334,500	353,000
	(300,000–369,000)	(318,000–388,000)
Children under 18	5.3%	6.8%
	43,500	56,500
	(29,000-58,000)	(41,000-72,000)

Source: Analysis of Current Population Survey data for 2005-2008
Note: 2-year average estimated number of uninsured is shown with range (estimate +/- margin of error at 90% confidence level). The US Census Bureau recommends comparing 2- or 3-year averages to evaluate statistically significant changes over time.

An estimated 19,000 Connecticut children under 19 who lived in families with income at or below 200 percent of the federal poverty level ($42,400 for a two-parent family with 2 children in 2008) were uninsured.[2] *Nearly all uninsured children in Connecticut are eligible for coverage in the HUSKY Program.*

Comparison with US rates

Nationwide, an estimated 7.3 million children under 18 were uninsured for the entire year in 2008. The number and proportion of US children who were uninsured in 2008 (9.9%) declined significantly from the previous year (8.1 million or 11.0%) to *the lowest number and rate since measurement began in 1987.*

Among all persons—adults and children—the number who were uninsured in 2008 increased over the previous year to just over 46 million. The number with health insurance (255 million) increased due to an increase in the number with public health insurance, such as Medicaid, CHIP and Medicare, while the number with private coverage decreased in 2008.

Nationwide, children who were most likely to be uninsured were those living in poverty (15.7%), Hispanic children (17.2%), and adolescents 12 to 17 years old (11.6%). For children, the 2007-08 uninsured rates in New England states, including Connecticut, were substantially lower than the rate for all US children.[3]

Local estimates of the uninsured

For the first time, the US Census Bureau has included a question on insurance status in its annual American Community Survey (ACS). The question asks whether the person is currently covered by any type of insurance, so the results are not directly comparable to data from the CPS which asks about insurance status for the entire previous year. The sample size for the ACS is much larger than the CPS, so statewide and local area estimates of insurance status are available for counties, Congressional Districts, and towns with population greater than 65,000.[4]

Table 2. Uninsured by County and Age, 2008

	Uninsured Rate	
	All persons	Children under 18
Connecticut	9.0%	4.9%
Fairfield County	11.3%	6.2%
Hartford County	8.0%	4.3%
Litchfield County	7.7%	3.3%
Middlesex County	6.8%	3.4%
New Haven County	8.7%	4.1%
New London County	8.6%	7.3%
Tolland County	5.5%	1.3%
Windham County	12.5%	6.9%

Source: American Community Survey, 2009

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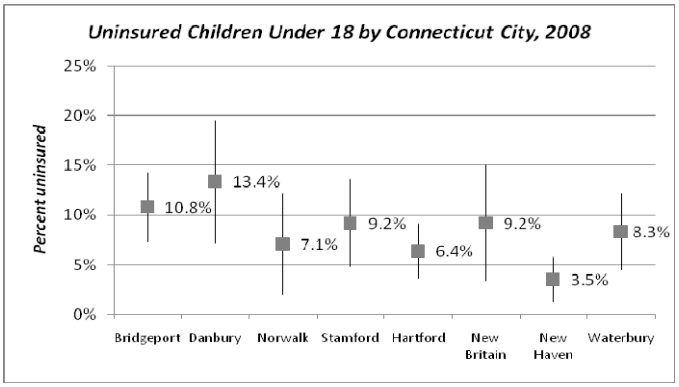
According to the ACS, an estimated 311,000 people (9.0%) were uninsured in Connecticut in 2008, including about 39,500 children (4.9%) (Table 2). Among cities, the uninsured rate for New Haven children is lower than the average for all cities over 65,000 people (Figure 1).



Source: American Community Survey, 2009. Ranges (estimate +/- margin of error) are shown for the cities.

Reducing the number of uninsured children and families in Connecticut

Connecticut has taken important steps to reduce the number of uninsured children and parents. Effective July 1, 2007, income eligibility for parents and relative caregivers in HUSKY A was increased to 185% of the federal poverty level, bringing it in line with the income eligibility level for their children. Research has shown that children are more likely to be insured when their parents can get coverage too.[5] Income eligibility for pregnant women was raised to 250% of the federal poverty level, effective January 1, 2008, so that more women will have coverage during pregnancy and their babies will be covered as soon as possible after birth. Connecticut has also taken steps to mitigate the effect of a new federal requirement for documenting citizenship in order to enroll families in HUSKY A. Taken together, these policies have contributed to the far lower uninsured rate for children, compared with the total rate for all persons.

Persistent problems with retention

Outreach and community-based application assistance are proven strategies for increasing child enrollment. However, numerous studies have shown that while outreach has been largely successful, Connecticut has does not do as well keeping children enrolled.[6] In a recent 2-year period, over 141,000 new children and adults enrolled in the HUSKY Program, but the net increase in enrollment was just over 11,000.[7] Improving retention is key to reducing the number of uninsured children in Connecticut.

Recommendations

Connecticut has made a considerable investment in children's coverage. The new federal Children's Health Insurance Program Reauthorization Act of 2009 provides even more opportunities for taking steps to reduce the number of eligible-but-uninsured children and families.

Based on studies of HUSKY Program enrollment dynamics and numerous reports on successful retention strategies, we offer the following recommendations for program simplification aimed at improving retention:

- **Unify the eligiblity determination processes for HUSKY A and B;**
- **Restore 12-month continuous eligibility so children remain enrolled in HUSKY regardless of short-term income changes;**
- **Align eligibility and re-enrollment cycles for family members*;***
- **Allow for use of existing databases to verify family eligibility (administrative renewal)*;***
- **Restore state funding for community-based outreach and application assistance, with an emphasis on helping families renew coverage for eligible children.**

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[1] DeNavas-Walt C, Proctor, BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2008. Washington, DC: US Census Bureau, September 2009. http://www.census.gov/prod/2009pubs/p60-236.pdf. For more information on the Census Bureau's methods for estimating the uninsured rate, see "Counting the Uninsured" at www.ctkidslink.org/pub_detail_425.html.

[2] US Census Bureau. Number and percent of children under 19 years of age, at or below 200 percent of poverty, by state: three-year averages for 2006, 2007, and 2008. Washington, DC: Census Bureau, August 31, 2009. http://www.census.gov/hhes/www/hlthins/liuc08.html.

[3] Maine 5.6%, New Hampshire 7.1%, Vermont 8.5%, Massachusetts 5.1%, Rhode Island 6.6%, and Connecticut 6.3%. Source: www.statehealthfacts.org

[4] To learn more about the American Community Survey, see: Hero J. Using the census to learn about your commmunity: A guide to the American Community Survey. September 2009. Available online at www.ctkidslink.org.

[5] Dubay L, Kenney G. Expanding public health insurance to parents: effects on children's coverage under Medicaid. Health Services Research, 2003; 38(5): 1283-1301.

[6] Sommers B. Why millions of children eligible for Medicaid and SCHIP are uninsured: Poor retention versus poor take-up. Health Affairs 2007; 26(5): w560-w567. Connecticut Voices for Children. HUSKY Program enrollment dynamics: Coverage continuity, gaps in coverage and retention. September 2008. Available at: www.ctkidslink.org.

[7] Connecticut Voices for Children. Trends in new enrollment in the HUSKY Program: 2006-2007. 2008 July. Available at: www.ctkidslink.org.