

Characteristics of Rural & Urban Children Who Qualify For Medicaid or CHIP But Are Not Enrolled

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Substantial Portions of Children Who Are Eligible to Enroll in Medicaid or CHIP Are Uninsured

About three-quarters of children who qualify for Medicaid or CHIP are enrolled, with slightly higher rates in rural areas than in urban areas.¹ This leaves one in four qualified children without insurance coverage.

In order for efforts to expand health coverage to all children to be successful, it is important to consider both the rate at which qualified children participate in Medicaid and CHIP and the characteristics of children who are qualified for the programs but uninsured. A companion brief summarizes findings on Medicaid/CHIP participation rates for rural and urban children.¹ This brief describes the characteristics of rural and urban children who qualify for Medicaid or CHIP but are not enrolled, or children who are “qualified-but-uninsured”.

KEY FINDINGS

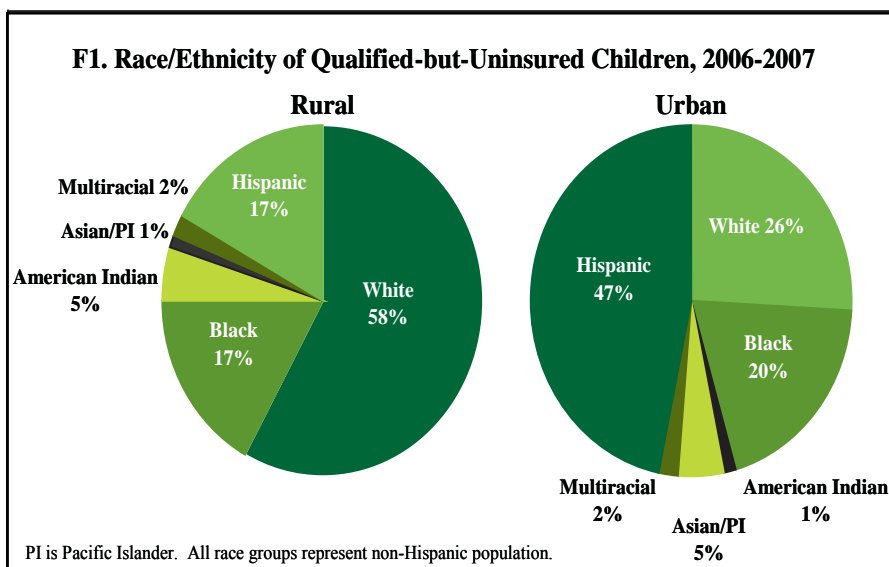
- There are rural-urban and regional differences in the race and ethnicity of qualified-but-uninsured children.
- About 6 in 10 qualified-but-uninsured children have family incomes below the federal poverty level.
- Children of all ages are qualified for Medicaid or CHIP but not enrolled.

There Are Rural-Urban Differences in the Race And Ethnicity of Qualified-But-Uninsured Children

In both rural and urban areas, the qualified-but-uninsured population is diverse. Over half of qualified-but-uninsured children in rural areas are non-Hispanic white, compared to about one-quarter in urban areas. Hispanic children accounted for a sizeable portion of qualified-but-uninsured children in both rural and urban areas, but made up a much larger share of this population in urban areas.

About 1 in 5 qualified-but-uninsured children were African American. American Indian and Alaskan Native children accounted for about 5% of the qualified-but-uninsured population

in rural areas, while Asian and Pacific Islander children made up about 5% of this group in urban areas



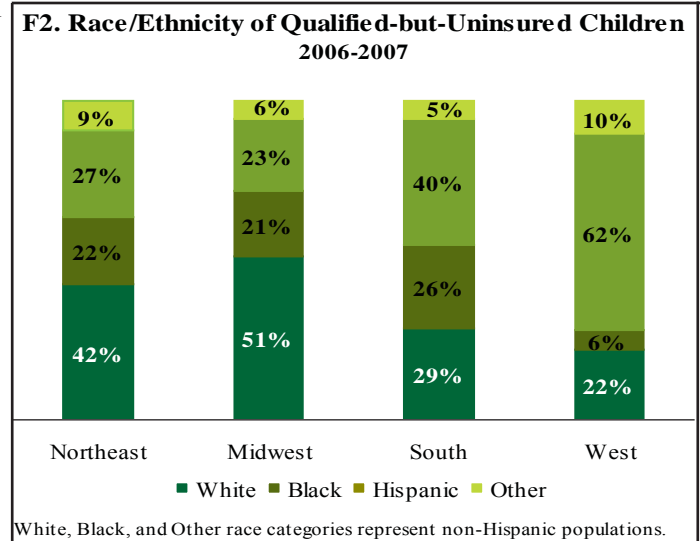
1. NCRHR & PAC. FB#90. Medicaid & CHIP Participation Among Rural & Urban Children. July 2009.

The Race And Ethnicity of Qualified-But-Uninsured Children Varies Substantially By Region

To a large extent, these differences reflect regional differences in overall population demographics. For example, over half of qualified-but-uninsured children in the West were Hispanic, compared to 40% in the South and about one-quarter in the Northeast and Midwest. There was also substantial regional variation in the share of qualified-but-uninsured children who were non-Hispanic white and African American.

Children of All Ages Are Represented in the Qualified-But-Uninsured Population

Of children who qualified for Medicaid or CHIP but were not enrolled, about 31% were age 5 or younger, 33% were between 6 and 12 years old, and 37% were 13 to 18 years old. This pattern was similar in rural and urban areas.



In Both Rural And Urban Areas, About 6 in 10 Qualified-But-Uninsured Children Have Family Incomes Below 100% of the Federal Poverty Level

Another one-third of qualified-but-uninsured children had incomes between 100-199% of the federal poverty level (FPL). Although qualified children with incomes at or above 200% FPL participated in Medicaid/CHIP at lower rates than children with lower incomes (see companion brief), they make up a small portion of qualified-but-uninsured children in both rural and urban areas.

Income of Qualified-But-Uninsured Children 2006-2007		
	Rural	Urban
Under 100% FPL	63% ±3.7	60% ±1.8
100% to 199% FPL	33% ±3.6	35% ±1.8
200% FPL or more	4% ±1.9	5% ±0.7
± figures are 95% confidence interval boundaries.		

CONCLUSION

In both rural and urban areas, a substantial portion of children who qualify for Medicaid or CHIP are not enrolled in the programs and have no other source of insurance coverage. Efforts to increase program participation among this uninsured population will need to target a diverse group of children whose characteristics vary across rural and urban areas and by region. These differences in race and ethnicity, age, and income have implications for the types of outreach and enrollment strategies policymakers and program officials may wish to design and the venues in which they may be most effective.

METHODS

See the companion brief for an overview of methods for this analysis.

CAVEATS

Measures of health insurance coverage in the Current Population Survey (the data source for this analysis) are imperfect. Further, we did not have access to the full range of information that states consider when determining Medicaid/CHIP eligibility, including legal residence status for immigrant children. The results presented here should be considered approximations that represent trends in characteristics of qualified-but-uninsured children, rather than definitive estimates of this population's composition.



Rural Health Research
& Policy Centers

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

This study was funded through cooperative agreement #2-U1CRH03714-05-00 with the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services