

Trends in Uninsurance among Rural Minority Children



South Carolina
Rural Health
Research Center

At the Heart of Public Health Policy

Trends in Uninsurance among Rural Minority Children

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Executive Summary

The societal and personal benefits of health insurance coverage for children are well documented. Contemporary efforts to reduce the number of children lacking health insurance, such as SCHIP, have demonstrated much success. Nonetheless, disparities in health insurance coverage for both minority and rural children persist, with children who are simultaneously minority race/ethnicity and living in rural areas being particularly disadvantaged. We used twenty-one years of data from the National Health Interview Survey, a nationally representative household survey conducted by the Centers for Disease Control and Prevention, to explore trends in health insurance and health services utilization for children between 1980 and 2001. In this research, “rural” is defined as living in a county that is not in a metropolitan area. Due to data limitations, we cannot analyze the experience of children of all race/ethnicities, but focus on non-Hispanic white, non-Hispanic African American, and Hispanic children.

Findings

- Rural children have been consistently less likely to have insurance than urban children, and minority status adds to the disparity:
 - The proportion of white children who lacked health insurance peaked in 1994, when 23.6% of rural children and 20.9% of urban children were uninsured. Subsequently, the proportion of white children lacking health insurance declined through 2001, reaching a low of 8.7% among rural children and 5.9% among urban children.
 - The proportion of urban African American children lacking insurance was highest in 1994 at 27.6%, while the proportion lacking coverage among rural African American children peaked in 1990, at 31.5%. Both populations have seen a decline in the percentage of children without insurance, to 9.4% among urban African American children and 14.2% among rural African American children.
 - Hispanic children consistently showed the highest proportion uninsured. Lack of insurance among Hispanic children peaked in 1994 for urban children, 34.5%, and in 1995 among rural children, 38.6%. By 2001, these rates had declined to 23.9% among urban Hispanic children and 26.7% among rural Hispanic children.

- Several factors consistently influenced the odds that a child would lack health insurance, measured in 1980, 1986, 1994 and 2001. Compared to urban white children, rural white children and Hispanic children, both urban and rural, were more likely to lack insurance. In addition, increased odds for being uninsured were found among:
 - Children from families living below the poverty level
 - Children from families where adults had less than a high school education
 - Children living outside the Northeast region of the US
 - Children living in non-parental households, such as grandparents or guardians

- Changing effects were found for children from single parent households. In 1980, 1986 and 1994, children from such households were less likely to be uninsured than children in 2-parent households. In 2001, the situation was reversed, and single-parent children were more likely to be uninsured.
- Factors consistently associated with lack of health insurance, such as poverty, low education, and non-parental households, have been more prevalent among minority children since 1979, and remained so in 2001. Rural disadvantages for minority children are marked. For example:
 - In 2001, 31.2% of urban African American children lived in poverty, versus 44.6% rural African American children.
 - In 2001, 29.5% of urban Hispanic children lived in poverty, versus 34.6% of rural Hispanic children.
 - In 2001, 7.5% of urban white children lived in poverty, versus 12.2% of rural white children.

Implications

Innovative approaches should be developed to address disparities that exist for rural and minority children who live in the Southeast and to some extent the Western portion of the country.

Although the proportion of uninsured urban and rural children has decreased since the mid-1990's, a chasm still exists between urban and rural children. Medicaid eligibility guidelines are more restrictive in the Southeast and West regions where the majority of rural African Americans and Hispanic children are located. In the current budget climate, finding means for providing some form of coverage for these children after the SCHIP program expires will be challenging.

Pilot testing of enrollment initiatives should be conducted by states that have disproportionate populations of hard to reach rural and minority children.

If some form of public insurance remains as a safety net for children, it must be equitably available. Enrollment into SCHIP or Medicaid can be a very intimidating process, especially for an undereducated parent who may feel stigmatized due to socioeconomic status or language. Bureaucratic barriers should be minimized when enrolling a child into any public health insurance or service program. Re-enrollment procedures can duplicate existing paperwork, creating additional administrative costs, while creating barriers to access. A passive re-enrollment process that ensures appropriate coverage and reduces fraud should be encouraged for public programs. Lessons learned from federal assistance enrollment strategies during the aftermath of Katrina and Rita could yield models that enroll children at optimal levels with the least amount of administrative cost and manpower investments.

Innovative outreach strategies are needed to ensure that present and future public insurance programs reach all children equally, particularly rural and minority children.

Concerted outreach is the key to successful enrollment of rural minority children in health insurance programs. Outreach work is particularly necessary for Hispanic children. . Under the SCHIP program, states have had the flexibility to use some of their SCHIP funds for purposes other than providing health insurance coverage, such as special health initiatives. These initiatives may target underserved, uninsured, or immigrant children.