

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.

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Chapter One: Introduction

Background

The American Academy of Pediatrics recommends that children aged 0-21 years should see a physician for a comprehensive preventive health care visit at least once a year to ensure proper continuity of care (Committee on Practice and Ambulatory Medicine, 2000). Regular visits with a family practitioner have been linked to lower emergency department utilization (Christakis, Mell, Koepsell, Zimmerman, & Connell, 2001) and a consistent “medical home” promotes more effective and efficient care (Starfield & Shi, 2004). Too many children, especially rural minorities, do not receive the benefits of well child visits such as timely developmental screens, age-appropriate immunizations, and preventive services.

Children and Health Insurance Coverage

Children with health insurance generally have better access to care and improved health status compared to children without health insurance. Keane et al (1999) found improvements in access to health services and reductions in unmet or delayed health care needs for younger and older children alike associated with the receipt of health insurance coverage. The authors concluded that having health insurance coverage fosters continuity of care.

Changes in Health Insurance Coverage

With evidence supporting the value of health insurance coverage for children, expansion of the State Children’s Health Insurance Program (SCHIP) became a national priority in the late 1980s. Cunningham and Park (2000), however, using data from the Center for Studying Health System Change, found no net gains in children with health insurance coverage after the implementation of SCHIP (1996 – 1999). According to their research, the expected increase in

the number of children with public insurance was counterbalanced by a decrease in the number of children who were privately insured. Potential explanations provided in the study include expensive increases in premiums for private insurance and changes in low-income populations.

More recent research by Sommers (2005) suggests a drop-out phenomenon among children enrolled in SCHIP or Medicaid. More than 45%, or 3 million, of the children enrolled nationally dropped out, even though they continued to meet eligibility guidelines and had no other form of health insurance coverage. African American children were less likely than White children to lose their eligibility or drop out of SCHIP or Medicaid. White children were more likely to move into private health insurance plans than African American children.

Weinick and Monheit (1999) examined differences in family structure as potential contributors to racial/ethnic differences in child health insurance coverage. During the period of SCHIP expansion, Weinick and Monheit observed demonstrable increases in children from two-parent homes with public insurance. Children who continued to lack insurance during SCHIP expansion tended to come from single-parent families. Parents' marital status, employment status, and family income were crucial factors associated with children's insurance status.

Racial/Ethnic Disparities in Health Insurance Coverage

Building on previous research, Newacheck et al (2003) identified disparities among adolescents. Specifically, statistically significant differences between poor adolescents and middle to high income peers were discovered on (a) health status indicators, (b) access to care, (c) satisfaction with care, and (d) health service utilization. The researchers assert that even in an environment of public insurance expansion, poor adolescents face disadvantages in health services. Similar disparities within rural populations were documented by Probst, Moore and Baxley (2005).

Flores et al (2005) identified a cadre of disparities between white and minority children. Differences along racial lines were identified in health status, health insurance coverage, quality of medical provider encounters, parental relationships with medical providers, satisfaction with care, and referrals to specialty care providers. Simpson et al (2005) examined (a) health insurance coverage, (b) service utilization, (c) hospital discharges, (d) quality of care, (e) and racial/ethnic differences among income groups. To no surprise, they discovered that poor children were more likely than middle to high income children to lack private insurance, or have public insurance, such as Medicaid.

Despite historical trends in health insurance coverage, or the expansion of SCHIP in the federal budget, the Henry J. Kaiser Family Foundation provides a daunting forecast for SCHIP in the Kaiser Commission on Key Facts (2003).

“neither Medicaid nor SCHIP has reached its full enrollment potential, leaving many eligible children still uninsured. With the current state fiscal crisis, restrictions on eligibility to reduce spending are likely to further erode coverage.”

Study objectives

As the literature review suggests, the focus of previous research has been racially based disparities in insurance, with little or no previous research on rural effects. The study reported here builds on previous research by examining the following study objectives:

1. to determine whether the proportion of rural children who lack health insurance has declined between 1980 and 2001.
2. to determine whether a decline in the proportion of rural children who lack health insurance from 1980 to 2001 is the same for white and minority children.

3. to determine whether health care utilization has changed among rural children during the period 1980 – 2001.
4. to determine whether changes in health care utilization from 1980-2001 patterns are different for white and minority children.
5. to identify the differences between white and minority children among indicators related to health insurance status: (a) parent education, (b) family structure, and (c) poverty.

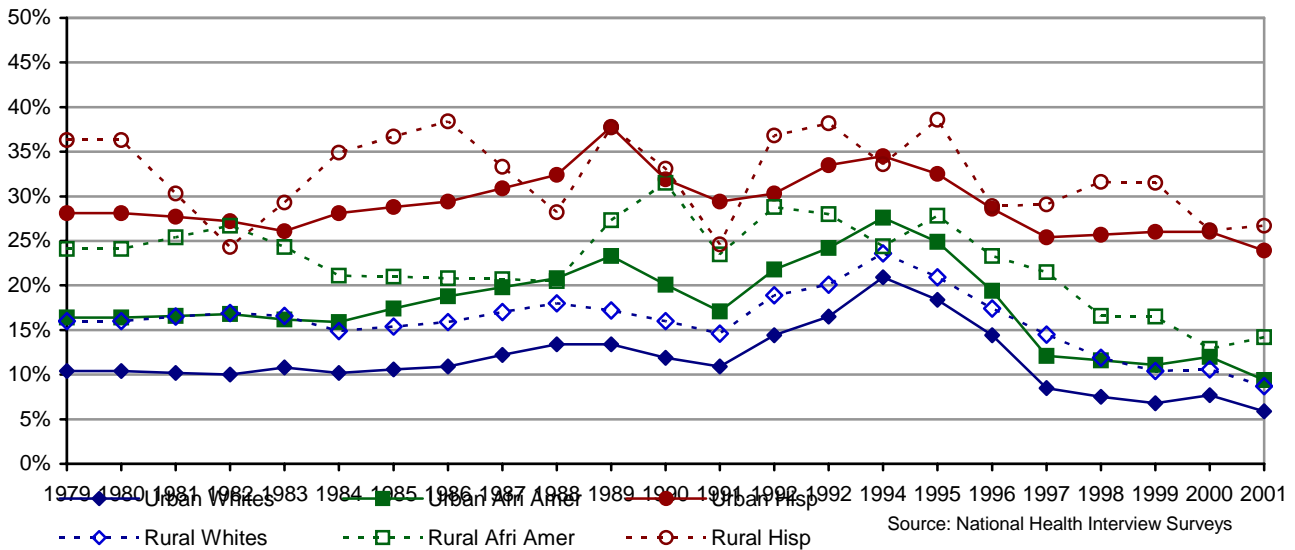
Data from the National Health Interview Survey (NHIS) across 22 years (1979-2001) were used for the analyses found in the current report. The NHIS, conducted by the Centers for Disease Control and Prevention, is one of the principal sources of information on the health, health insurance, and health services use of the US population. In the NHIS, “rural” is defined as living in a county that is not in a metropolitan statistical area. Further distinctions, as between small and large rural counties, were not attempted. It must be also noted that the NHIS has limitations with regard to racial minorities. Because some population groups are relatively small, particularly in rural America, valid estimates could only be provided for the three largest race/ethnicity groupings: non-Hispanic white, non-Hispanic African American, and Hispanic.

Chapter Two: Health Insurance Trends and Drivers

Lack of Health Insurance

The proportion of white children who lacked health insurance, as measured by the National Health Interview Survey conducted by the Centers for Disease Control and Prevention, peaked in 1994, when 23.6% of rural children and 20.9% of urban children were uninsured (See Figure 1, and Table 1). Following the introduction of national efforts aimed at expanding children’s coverage, 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.

Figure 1. Trends in uninsured children, 1979 – 2001, by race/ethnicity and residence.

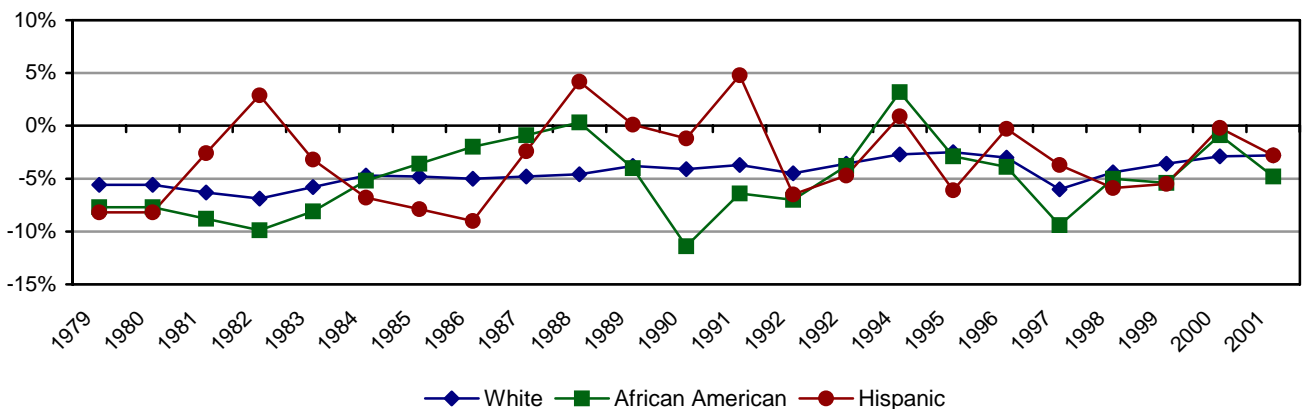


The trend among minority children is less clear. The proportion of urban African American children who lacked insurance was highest in 1994 at 27.6%, but the proportion lacking coverage among rural African American children peaked in 1990, at 31.5%. Among

both rural and urban African American children, the proportion without insurance coverage has declined in recent years, although never reaching the levels of coverage found among urban white children. Since 1979, Hispanic children have consistently had the highest levels of uninsurance of any racial/ethnic group, with little progress evident when compared to the strong gains in coverage recorded by white children.

Rural/urban gaps are illustrated in Figure 2, which shows the difference between the percentage of urban children who have insurance and the parallel proportion of rural children. Rural/urban gaps within white children ranged between -6.5% and -2.9% across the years studied, with a mean rural difference of -4.4% (Table 1), which implies that rural white children were consistently less likely to be insured than their urban counterparts. Rural/urban gaps for minority children were more volatile. In part, this reflects smaller sample sizes, which would allow for more chance variation. In some years, African American and Hispanic rural children were actually more likely to be insured than their urban peers. However, rural-urban “gaps” must be assessed within the overall context illustrated in Figure 1; high levels of minority children in both settings lack health insurance.

Figure 2. Rural-urban differences in proportion of children with health insurance, by race.



For all three racial/ethnic groups, increases in the percent of children lacking health insurance between 1991 and 1994 preceded steady decreases through 2001. It is noteworthy that decreases in the proportion of children without insurance actually preceded the State Children's Health Insurance Program, which made funds available to the states on October 1, 1997. SCHIP allowed some states an opportunity to expand their Medicaid programs to include a state-specific children's health insurance program. Some states, however, may have elected to expand coverage in advance of SCHIP. As of September 30, 1999, all states and U.S. territories had a Centers for Medicare and Medicaid Services-approved SCHIP plan in place (Centers for Medicare and Medicaid Services, 2004).

Factors Associated with Insurance Status, All Things Held Equal

Changes in insurance status and physician visit behavior could result from policy changes such as the expansion of government coverage, or from population level changes in the demographic characteristics associated with coverage. To ascertain factors associated with insurance among children, we ran brief multivariable logistic regression analyses to ascertain predictors of children's health insurance coverage. Because of limits to comparable data items across a 20-year period, the factors studied were limited to race/residence, age, sex, income, family education, family structure, and region. Results are shown in Table 1, on the next page. Remaining sections of this chapter will present trends in each of these key factors.

In 1980, the first year for which multivariable analysis was possible, the factor having the largest effect on whether a child would lack health insurance was poverty. At that time, the odds that a child living in a family with income below the Federal poverty level would lack health insurance were 3.25 (95% CI 2.95 -3.58), compared to a child from a wealthier family. While

poor children remained less likely to have insurance across the study period, the degree of difference caused by this single factor had diminished (OR 1.51, 95% CI 1.32-1.71) by 2001.

Family structure had paradoxical effects. Living with a single parent, rather than both parents, reduced the likelihood that a child would be uninsured in 1980, 1986 and 1993, holding poverty and other characteristics equal. In 2001, a child living with a single parent was more likely to be uninsured. Living without parents, that is, with another family member or a guardian, was associated with increased odds for uninsurance across the entire period. The proportion of children living in single parent or non-parent households was consistently highest among African American children.

Low education, even with poverty held constant, was consistently associated with higher odds for uninsurance, compared with children whose parents had a high school diploma or better. While the proportion of children living in low education households has declined markedly since 1979, the prevalence of low parental education remains highest among children from rural and minority families. Again, trends for this factor are presented in the following sections of this chapter.

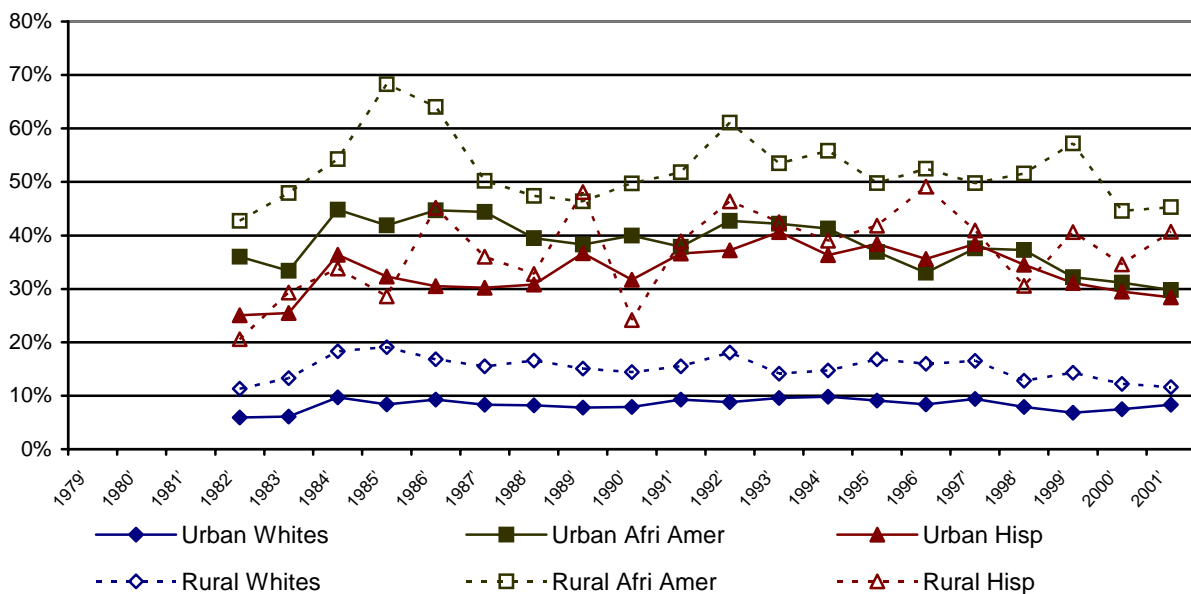
Table 1. Influence of demographic factors on the odds that a child will lack health insurance, selected years, NHIS (Note: This table is repeated, with confidence intervals, in Appendix B.)

	1980	1986	1994	2001
Race/Residence				
White, rural	1.27 *	1.25 *	1.09 *	1.42 *
White, urban (reference)	---	---	---	---
African American, rural	0.90	0.69 *	0.62	1.32
African American, urban	0.90	1.06	1.16 *	1.17 *
Hispanic, rural	2.64 *	2.53 *	1.53 *	3.19 *
Hispanic, urban	1.82 *	1.99 *	1.58 *	3.44 *
Age of child (years)				
0-5	1.08	1.08	0.79 *	0.74 *
6-11	0.99	0.98	0.91 *	0.90
12-17 (referent)	---	---	---	---
Sex				
Male	1.00	1.03	0.99	1.03
Female (referent)	---	---	---	---
Family Income				
Below Poverty	3.25 *	3.14 *	1.44 *	1.51 *
At Above Poverty	---	---	---	---
Missing	2.17	3.42	2.87	1.71
Highest Education in family				
Less than high school	1.69 *	1.76 *	1.35 *	2.11 *
High school graduate +	---	---	---	---
Parents				
Both	---	---	---	---
Single	0.80 *	0.80 *	0.89 *	1.21 *
No Parent	1.80 *	1.95 *	1.25 *	1.58 *
Other/Unknown			1.74	
Number Of Persons In Family				
Two	1.09	1.29	1.14	1.20
Three	0.86	1.02	0.97	1.01
Four Or More	---	---	---	---
Region				
Northeast	---	---	---	---
Midwest	1.20 *	0.98	1.10	1.48 *
South	2.41 *	2.21 *	1.95 *	2.54 *
West	2.29 *	1.78 *	1.35 *	2.03 *

Trends in Poverty Among Children

In the United States, poverty disproportionately affects children and has consistently been linked to negative health and developmental outcomes in children (Wood, 2003). The proportion of children living in poverty was consistently highest among rural African American children (52.20% average across the study period; Figure 6, below).¹ All minority children were markedly more likely to live in poverty than urban white children; rural white children were also disadvantaged compared to their urban peers. Among urban African American and Hispanic children, poverty rates declined between 1997 and 2001. However, this was not associated with corresponding increased coverage in both populations. The proportion of children lacking health insurance declined in the 1990's among African American children, but failed to decline among Hispanics (Figure 1, above).

Figure 3. Proportion of Children (0-17) Living Below Poverty by Race, Residence, and Year, 1979-2001

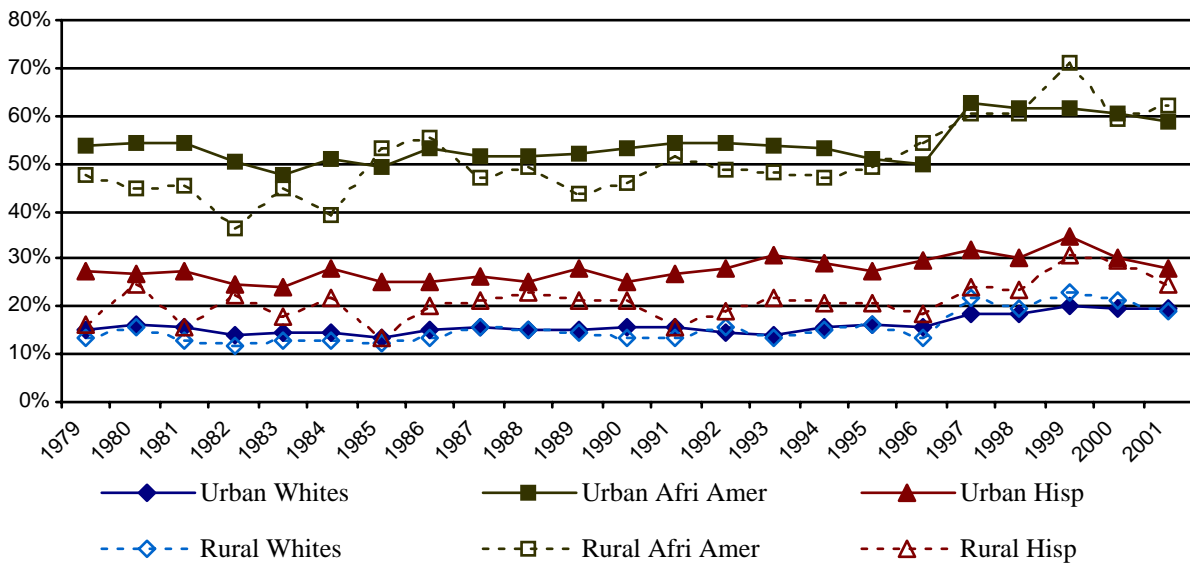


¹ Unlike health insurance coverage, health service utilization, education, and family structure, poverty information was not collected from 1979 through 1981; therefore poverty analyses begin with 1982.

Family Structure

Family structure describes the living arrangement between the sample children and their parents, which can include biological, adoptive, step, in-law, or foster parents. Individuals serving as legal guardians do not meet the definition of parent for the purposes of the NHIS. Non-traditional family arrangements (households other than two-parent) have been linked to increased rates of children lacking insurance (Weinick & Monheit, 1999). Between 1979 and 2001, the proportion of children living in non-traditional families increased slightly across all race/ethnicities. However, non-traditional family structure was consistently most prevalent among African-American children. While there are slight urban/rural differences across and between racial groups, the small differences generally favored rural children.

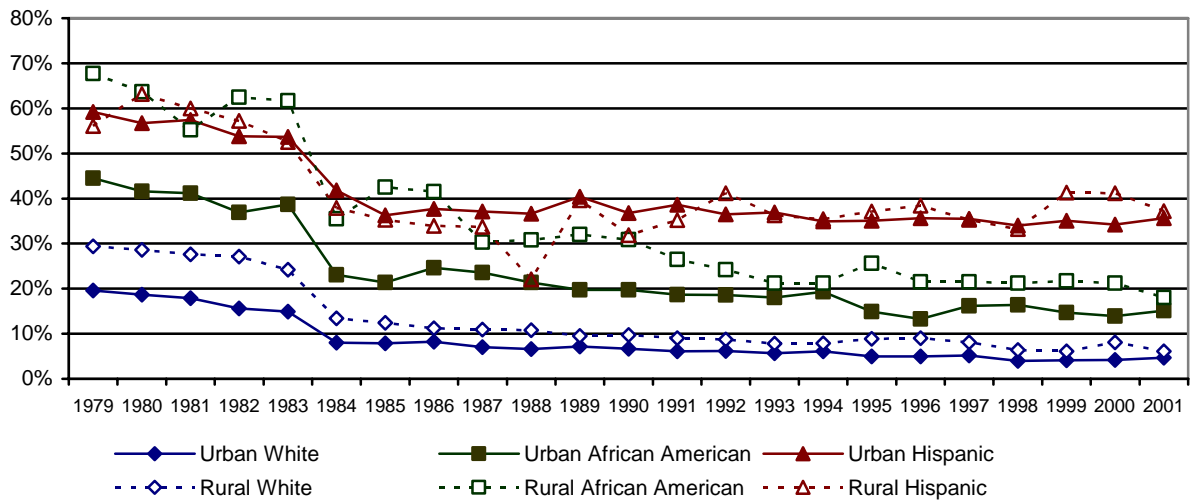
Figure 4. Non-traditional family structure (an arrangement other than a two-parent household) among children, by race/ethnicity and residence



Less than High School as Highest Level of Education in Household

Multivariable analysis suggested that children of low income parents, even with other characteristics held equal, were less likely to have health insurance. Figure 5 illustrates how parental education attainment varied by race and geography between 1979 and 2001. Both rural and race/ethnicity disparities are evident when other children are compared to urban, white children. Educational disparities were most pronounced for Hispanic children. Since 1984, roughly one third of both rural and urban Hispanic children have belonged to low-education households. Educational disparities are also present for African American children, but are less pronounced.

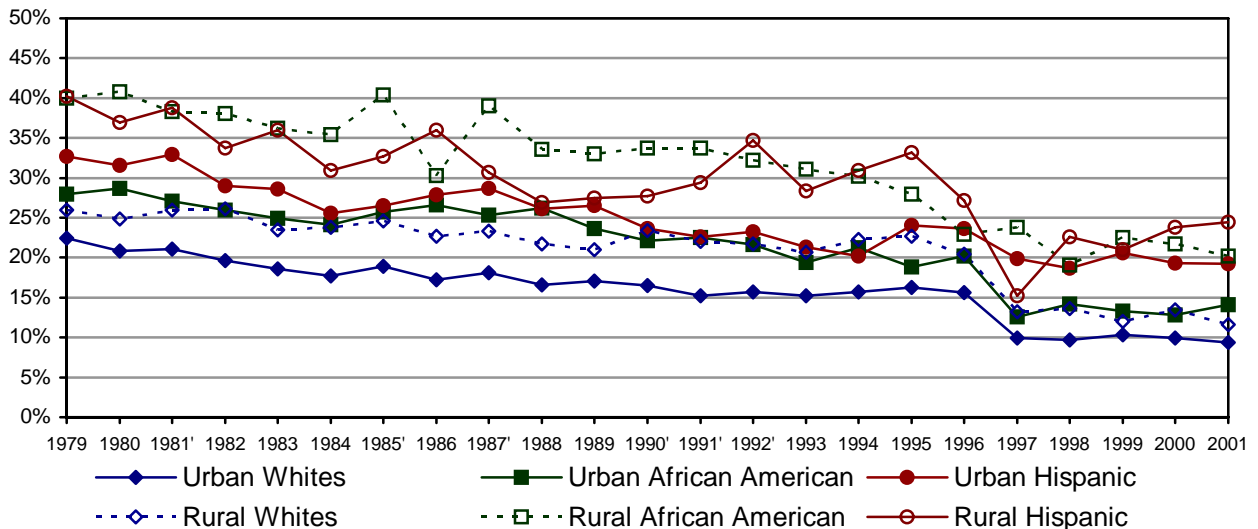
Figure 5. Proportion of children living in household with less than high school education among adults, by race/ethnicity and residence. US, 1979 - 2001



Health Care Utilization

Health insurance coverage is strongly associated with health care utilization. It would be reasonable to expect the proportion of children who did not see a healthcare provider during the year to decline after 1996, paralleling the decline in uninsured children. As shown in Figure 3, the proportion of children for whom no physician visit was reported has declined since 1979 across all children. Continuing the pattern noted for insurance, urban white children were most likely to have received care during the past year. For all groups except rural Hispanic children, the proportion of children without a visit declined sharply in 1997 and remained relatively flat for the next four years, through 2001. For rural Hispanics, however, the apparent upward slope of children without a visit for the 1997 – 2001 period may be an artifact of a very low “no visit” percentage in 1997. However, given disparities between rural Hispanic and urban white children, even the absence of change would be troubling.

Figure 6. Proportion of children with no reported physician visit during the past year. US, 1979-2001



Almost 10% more rural than urban African American children had no reported physician visit in each of the years between 1979 and 2001. This rural/urban difference is approximately twice as much as for White or Hispanic children. Prior to SCHIP, the proportion of urban Hispanic children lacking a physician visit parallels that among urban African Americans, declining steadily from the high rates noted in 1979. From 1997 forward, however, the proportion of Hispanic children lacking a health care visit no longer declines, but remains steady.

Factors Influencing Whether a Child Would Have At Least One Healthcare Visit

We carried out a brief multivariable analysis of factors affecting whether a child's parents would report that he or she had made at least one healthcare visit during the previous year, paralleling the analysis for health insurance reported in Table 1. Results are shown at the end of this chapter and fully presented in Appendix B.

The factors that affected the risk that a child would lack health insurance were the same as those associated with failure to have a healthcare visit during the year: race, residence, education of adults in the household, poverty, and family structure. Effects paralleled those discussed regarding insurance coverage, with minority race, rural residence, low education, poverty, and non-traditional family structures being associated with higher odds that a child would not have a healthcare encounter during the year. As anticipated, children who lacked insurance coverage were significantly less likely to have made a visit than those who had insurance.

What is perhaps most surprising, however, is the small degree to which insurance status ameliorates the effects of race, residence, poverty and other household characteristics. For example, the odds that a rural African American child would not report a doctor visit in 1980 were 2.37 compared to an urban white child; after adding insurance coverage, this value was

essentially unchanged, 2.35. In part, the small effect size stems from the broad measure of access used, *any* visit in a year. Examining whether the child had received age-appropriate visits might have yielded different results. Nonetheless, it would appear that providing insurance coverage to disadvantaged children is only one part of the process of ensuring that they receive age-appropriate care.

Table 2. Factors associated with the odds that a child would have no physician visits during the past year, selected year, NHIS (Model 1 includes demographic characteristics but not insurance coverage; Model 2 adds insurance)

		1980		1986		1994		2001	
NO VISITS Vs SOME Visits		Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
		OR							
Race/rurality	Rural White	1.23 *	1.21 *	1.33 *	1.31 *	1.45 *	1.44 *	1.17 *	1.12 *
	Urban White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Rural Afr. Amer	2.37 *	2.35 *	1.78 *	1.79 *	2.16 *	2.22 *	1.98 *	2.01 *
	Urban Afr. Amer	1.48 *	1.49 *	1.61 *	1.60 *	1.40 *	1.37 *	1.35 *	1.34 *
	Rural Hispanic	2.06 *	1.88 *	2.65 *	2.38 *	2.24 *	2.13 *	2.23 *	1.79 *
	Urban Hispanic	1.69 *	1.61 *	1.69 *	1.56 *	1.24 *	1.16 *	1.85 *	1.52 *
Health Insurance	Not Covered	---	1.55	---	1.87	---	1.80	---	3.08
	Covered	---	1.00	---	1.00	---	1.00	---	1.00
Age	0-5	0.27 *	0.26 *	0.25 *	0.24 *	0.24 *	0.25 *	0.34 *	0.35 *
	6-11	0.84 *	0.84 *	0.83 *	0.83 *	0.83 *	0.83 *	0.83 *	0.84 *
	2-17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Sex	Male	1.01	1.01	1.22	1.22	1.06	1.06	1.05	1.06
	Female	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Income	Below_Pov	0.97 *	0.90 *	1.17 *	1.06 *	1.23 *	1.17 *	1.26 *	1.19 *
	At_Above_Pov	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Missing	1.24	1.18	1.71	1.52	1.43	1.25	1.12	1.07
Highest Education	Less than HS	1.56 *	1.52 *	1.52 *	1.42 *	1.45 *	1.40	1.69	1.45
	H.S._Plus	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Parents in h'hold	Both	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Single	0.91 *	0.92 *	0.84	0.85 *	0.79 *	0.80 *	1.03	1.00
	No Parent	1.16 *	1.11	1.24	1.15	1.08	1.05	1.11	1.03

Chapter Three – Discussion and Implications

Discussion

The proportion of African American children, both rural and urban, without insurance coverage has declined in recent years, yet a pronounced disparity continues when compared with urban white children. The historical high rates of uninsurance for Hispanic children have remained consistent, especially in comparison to urban white children. Overall, these findings are similar to those reported by Cunningham and Park (2000) and Newacheck et al (2004), which were previously presented. The value added contributions of the current study; however, illustrate the exacerbation of uninsurance in rural minority populations, which are not presented in the aforementioned studies.

The proportion of children for whom no physician visit was reported has declined since 1979 for all children. This trend was most pronounced for urban white children. The decline in lacking physician visits is less impressive for rural minority children with almost 10% more rural than urban African American children having no reported physician visit in each of the years between 1979 and 2001. This mean percent difference is approximately twice as much as for White or Hispanic children. Generally speaking, these results support the findings by Cornelius et al (1993) in which it was determined that more than one in four minority children lacked a regular provider, as compared to one in five white children. Again, the value added contribution of the current study is the differentiation between urban and rural. Even within minority populations, there is an urban rural disparity for visiting a physician.

Of all the factors considered as contributors to a child lacking health insurance, poverty has the strongest effect. This finding corroborates previous research by Mayberry et al, (1999)

which asserted that having access to health care is strongly predicted by economic status. All minority children were more likely to live in poverty than urban white children. Within race, rural children were also more likely to live in poverty than their urban counterparts. Among urban African American and Hispanic children, poverty rates declined between 1997 and 2001.

Family structure had paradoxical effects. Living with a single parent, as compared to two parents, actually reduced the likelihood that a child would be uninsured for several years prior to SCHIP, holding poverty and other characteristics equal. By 2001, a child living with a single parent was more likely to be uninsured. Living without parents, that is, with another family member or a guardian, was associated with increased odds for uninsurance across the entire period. These findings are similar to the results found by Weinick and Monheit (1999). As previously presented, they observed demonstrable increases in children from two-parent homes with public insurance during SCHIP expansion. The current study builds on these findings by identifying the underlying racial disparity in that the proportion of children living in single parent or non-parent households was consistently highest among African American children.

Low education, even with poverty held constant, was consistently associated with higher odds for uninsurance, compared with children whose parents had a high school diploma or better. This finding builds off of previous research by Simpson et al (2005), who ascertained that poor children were more likely to have (a) public insurance, or lack private insurance, (b) poor access to medical services, and (c) high risk for preventable hospitalizations. Their results demonstrated that this had more to do with race than income. Assuming a relationship between education and income, the current study identified that the prevalence of low parental education remains highest among children from rural and minority families.

In conclusion the factors that affected the risk that a child would lack health insurance, as well as failure to have a healthcare visit during the year, are: race, residence, education of adults in the household, poverty, and family structure. Effects paralleled those discussed regarding insurance coverage, with minority race, rural residence, low education, poverty, and non-traditional family structures being associated with higher odds that a child would not have a healthcare encounter during the year. As anticipated, children who lacked insurance coverage were significantly less likely to have made a visit than those who had insurance.

What is perhaps most surprising, however, is the small degree to which insurance status ameliorates the effects of race, residence, poverty and other household characteristics. It would appear that providing insurance coverage to disadvantaged children is only one part of the process of ensuring that they receive age-appropriate care.

Implications

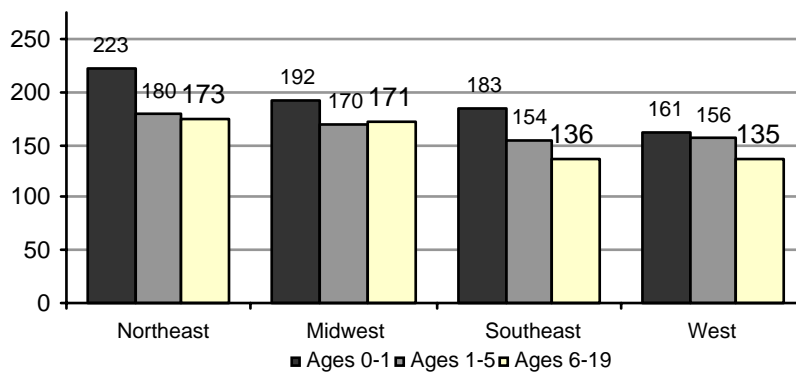
Innovative approaches should be developed to address disparities that exist for rural and minority children who live in the Southeast and to some extent the Western portion of the country.

The proportion of uninsured urban and rural children declined sharply coincident with the introduction of SCHIP in 1996. Findings in this report parallel other research nationally, which found a 9 percent increase in the proportion of children with insurance between 2002 and 2003 (Centers for Medicare and Medicaid Services 2004). Public health insurance coverage increased for children between 100-199 percent above poverty, the target group for SCHIP (Cunningham et al., 2001). With the current authorization of SCHIP approaching its expiration date, all stakeholders in child health should begin working aggressively to ensure the gains made by the

program are, at minimum, sustained. In the current budget climate, finding means for providing some form of coverage for these children after the SCHIP program reaches its expiration date will be challenging. Identifying, demonstrating and facilitating such efforts could be a key Federal role.

Although the proportion of uninsured urban and rural children has decreased since the implementation of SCHIP, gaps are still large for rural minority children, particularly Hispanic youth. The Henry J. Kaiser Family Foundation has documented, by state, criteria for both SCHIP and Medicaid income eligibility (See chart below and Appendix C). At present, eligibility guidelines are more restrictive in the Southeast and West regions of the country. These regions house a disproportionate share of rural minority children, African Americans in the Southeast and Hispanics in the Southeast and West.

Figure 7.
Income Eligibility Guidelines for Medicaid, by Region, July 2004
(Source: Kaiser Family Foundation, www.statehealthfacts.org)



Given the states' recent budget crises, anticipated to be exacerbated in several Southeastern states by the 2005 hurricane season, it will be difficult for states to identify policy and funding mechanisms to maintain children's insurance coverage. If disparities in health insurance coverage for rural African American and Hispanic children are to be reduced, however, greater equality in eligibility for some form of health insurance, or other means for providing practitioner access, must be ensured. At present, looking to public – private partnerships to bring community resources to bear to ensure care for children seems the most feasible approach.

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. Many states have streamlined their approach to eligibility, using a passive re-enrollment approach. Active 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. These models would be applicable because the populations being served are comparable to the ones that are the focus of this report. The Federal role could be to identify, categorize and disseminate effective strategies.

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. The Centers for Medicare and Medicaid have an appreciation for this and have provided resources and information at their website, <http://www.cms.hhs.gov/schip/outreach>, to provide guidance to states and programs on their outreach efforts. While states are encouraged to target low-income, underserved populations, there is a dearth of information regarding programs targeting rural children. Outreach work is particularly necessary for Hispanic children, as indicated by the low insurance coverage rates documented in the present report.

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. It could be helpful to states with large numbers of these populations to have access to a clearinghouse of model initiatives. Specifically, states that have had some success in meeting the health care needs of these populations could disseminate their model programs through a central portal so that all states can benefit from disparity reductions for underserved, uninsured, or immigrant children.

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Appendix A: Methods

Data Source

Data from the National Health Interview Survey (NHIS) (1979-2001) were used for the current report. The NHIS is a multipurpose health survey, administered at the respondent's household by trained interviewers, conducted by the National Center for Health Statistics (NCHS), and Centers for Disease Control and Prevention (CDC). The NHIS is the principal source of information on the health of the civilian, non-institutionalized, household population of the United States (<http://www.cdc.gov/nchs/nhis.htm>). The survey has been conducted since 1957 on an annual basis.

The survey is comprised of several subsets, based on the make-up of the household. Questions are designed to elicit essential information related to a household's, person's and child's demographic information (e.g. age, sex, ethnicity), health status (e.g. health problems), behavioral patterns (e.g. exercise, smoking), health services (e.g. health insurance coverage), and other related topics.

The overall NHIS uses a geographically stratified random sampling approach, which is then weighted to reflect the composition of the US population. From each household, NHIS interviewers randomly select one adult and one child as subjects. To achieve study objectives, both core and supplemental questionnaires were explored.

From the 1979 to 2001 administrations of the NHIS, variables related to insurance coverage, health services utilization, education, family structure, and poverty were examined. The focus of the current study is children, thus analysis was restricted to subjects between 0-17 years of age. Data were stratified across race (i.e. white, African American, and Hispanic) and

rural status (i.e. rural, urban). Rural status was identified using the Metropolitan Statistical Area (MSA).

For selected years, health insurance information was unavailable. For such cases, in order to present clear graphics, values were interpolated by averaging information from the year before and after the year in question. Lack of health insurance required imputed values for four of the twenty-three years studied (1979, 1981, 1985, 1987).

Analysis

Dependent variables

Health insurance status was measured by determining whether the child has any coverage, either public or private. “Any utilization” was defined as making at least one physician visit during the preceding year, exclusive of Emergency Department visits or hospitalizations.

Because NHIS did not obtain general insurance information for children during selected years (1979, 1981, 1985, 1987) we also measured the following proxy variables over the same time period: family poverty index, family structure (one or two parents in household), highest education level in the household, and doctor visit in past 12 months. These variables were chosen because they are consistently asked each year from 1980 to 2001 in the NHIS and have been found to be strongly associated with health insurance coverage in previous studies.

Independent variables

The key independent variables were rural residence (non-Metropolitan Statistical Area) and race (NHIS re-codes for White, African American, and Hispanic). We chose to exclude children of the “other” race category due to inconsistencies in categories of race/ethnicity for these groups over the time period of interest.

Statistical Analysis

Rates of uninsurance, any utilization, and the other proxy variables were calculated using appropriate weighting factors and presented for each year across the time period, as done by Newacheck et al (Newacheck, Stein, Bauman, & Hung, 2003). Newacheck and coauthors grouped years, because the condition they were studying, limitations in activities, has a relatively low frequency of occurrence. Because insurance is very common, we anticipated being able to calculate insurance status for each year individually. All analyses were stratified by race and rural residence over time.

Appendix B: Tables

Table B-1. Proportion of Children (0-17) Lacking Health Insurance (1979-1983)

**Gray shading indicates that data are not available for that year.

Residence & Race	1979	1980	1981	1982	1983
Urban					
White		10.4%		10.0%	10.8%
Un-weighted (n)		14,021		13,466	6,525
Weighted (N)		28,900,000		28,580,000	27,140,000
African American		16.4%		16.8%	16.2%
Un-weighted (n)		3,242		3,202	1,650
Weighted (N)		6,906,446		6,995,820	7,164,330
Hispanic		28.1%		27.2%	26.1%
Un-weighted (n)		2,202		2,519	1,290
Weighted (N)		4,585,652		5,180,236	5,360,534
Rural					
White		16.0%		16.9%	16.6%
Un-weighted (n)		8,309		8,237	4,230
Weighted (N)		17,120,000		17,040,000	17,630,000
African American		24.1%		26.7%	24.3%
Un-weighted (n)		918		976	469
Weighted (N)		2,214,561		2,166,729	2,113,920
Hispanic		36.3%		24.3%	29.3%
Un-weighted (n)		364		419	332
Weighted (N)		709,033		893,036	1,430,912

Table B-1, continued. Proportion of Children (0-17) Lacking Health Insurance (1984-1989)

Residence & Race	1984	1985	1986	1987	1988	1989
Urban						
White	10.2%		10.9%		13.4%	13.4%
Un-weighted (n)	13,307		8,191		8,699	15,539
Weighted (N)	27,600,000		32,750,000		32,220,000	32,340,000
African American	15.9%		18.8%		20.8%	23.3%
Un-weighted (n)	3,093		2,945		2,394	4,836
Weighted (N)	7,061,409		7,775,065		7,787,419	8,136,419
Hispanic	28.1%		29.4%		32.4%	37.8%
Un-weighted (n)	2,672		1,592		1,516	3,498
Weighted (N)	5,552,208		6,027,113		6,625,152	7,296,423
Rural						
White	14.9%		15.9%		18.0%	17.2%
Un-weighted (n)	8,270		3,454		3,398	6,145
Weighted (N)	17,280,000		12,320,000		12,430,000	11,700,000
African American	21.1%		20.8%		20.5%	27.3%
Un-weighted (n)	896		551		465	914
Weighted (N)	2,138,255		1,625,086		1,752,465	1,609,519
Hispanic	34.9%		38.4%		28.2%	37.7%
Un-weighted (n)	597		184		148	347
Weighted (N)	1,314,903		761,954		613,701	646,574

Table B-1, continued. Proportion of Children (0-17) Lacking Health Insurance (1990-1995)

Residence & Race	1990	1991	1992	1993	1994	1995
Urban						
White	11.9%	10.9%	14.4%	16.5%	20.9%	18.4%
Un-weighted (n)	15,707	15,677	16,026	7,953	15,240	11,900
Weighted (N)	32,550,000	32,160,000	33,020,000	33,150,000	34,050,000	35,460,000
African American	20.1%	17.1%	21.8%	24.2%	27.6%	24.9%
Un-weighted (n)	5,076	5,098	5,041	2,541	4,858	4,063
Weighted (N)	8,171,600	8,364,036	8,514,616	9,023,789	9,484,893	9,206,437
Hispanic	31.9%	29.4%	30.3%	33.5%	34.5%	32.5%
Un-weighted (n)	3,936	4,197	6,521	1,978	4,138	7,367
Weighted (N)	7,888,655	8,405,519	7,998,008	8,052,167	9,018,836	9,012,448
Rural						
White	16.0%	14.6%	18.9%	20.1%	23.6%	20.9%
Un-weighted (n)	6,092	6,241	6,050	3,116	5,698	3,893
Weighted (N)	11,360,000	11,890,000	11,750,000	12,140,000	11,960,000	11,310,000
African American	31.5%	23.5%	28.8%	28.0%	24.4%	27.8%
Un-weighted (n)	987	926	943	379	688	611
Weighted (N)	1,689,002	1,613,346	1,761,248	1,520,135	1,457,154	1,636,570
Hispanic	33.1%	24.6%	36.8%	38.2%	33.6%	38.6%
Un-weighted (n)	391	396	615	200	438	879
Weighted (N)	750,872	738,944	721,723	744,762	914,107	1,021,425

Table B-1, continued. Proportion of Children (0-17) Lacking Health Insurance (1996-2001)

Residence & Race	1996	1997	1998	1999	2000	2001
Urban						
White	14.4%	8.5%	7.5%	6.8%	7.7%	5.9%
Un-weighted (n)	7,195	5,784	5,451	5,209	5,295	5,401
Weighted (N)	35,520,000	34,810,000	34,580,000	34,780,000	34,970,000	34,610,000
African American	19.4%	12.1%	11.6%	11.1%	12.0%	9.4%
Un-weighted (n)	2,554	2,000	1,824	1,779	1,867	1,905
Weighted (N)	9,353,151	9,363,300	9,138,613	9,252,155	9,220,316	9,339,313
Hispanic	28.6%	25.4%	25.7%	26.0%	26.0%	23.9%
Un-weighted (n)	4,453	3,347	3,254	3,001	3,260	3,281
Weighted (N)	9,236,975	9,607,173	9,977,965	10,260,000	10,690,000	10,970,000
Rural						
White	17.4%	14.5%	11.9%	10.4%	10.6%	8.7%
Un-weighted (n)	2,363	1,910	1,869	1,774	1,685	1,726
Weighted (N)	11,490,000	11,660,000	11,960,000	11,950,000	10,940,000	11,340,000
African American	23.3%	21.5%	16.6%	16.5%	12.9%	14.2%
Un-weighted (n)	380	282	303	274	286	280
Weighted (N)	1,657,403	1,451,968	1,623,603	1,521,784	1,538,333	1,466,378
Hispanic	28.9%	29.1%	31.6%	31.5%	26.2%	26.7%
Un-weighted (n)	588	380	370	352	347	356
Weighted (N)	1,186,558	1,050,211	1,036,244	1,166,511	1,055,636	1,131,323

Table B-2. Proportion of Children (0-17) with NO Dr. Visits in past 12 months (1979-1983)

Residence & Race	1979	1980	1981	1982	1983
Urban					
White	22.4%	20.8%	21.1%	19.6%	18.6%
Un-weighted (n)	15,612	14,021	7,465	13,430	6,509
Weighted (N)	29,330,000	28,900,000	28,710,000	28,500,000	27,080,000
African American	28.0%	28.7%	27.1%	26.0%	24.9%
Un-weighted (n)	3,551	3,242	1,469	3,191	1,650
Weighted (N)	7,066,593	6,906,446	6,907,815	6,967,293	7,164,330
Hispanic	32.7%	31.6%	32.9%	29.0%	28.6%
Un-weighted (n)	2,440	2,202	1,068	2,511	1,289
Weighted (N)	4,609,427	4,585,652	4,933,802	5,164,983	5,356,137
Rural					
White	26.0%	24.8%	26.0%	26.1%	23.5%
Un-weighted (n)	9,387	8,309	4,433	8,226	4,222
Weighted (N)	17,470,000	17,120,000	17,710,000	17,010,000	17,600,000
African American	40.0%	40.8%	38.3%	38.1%	36.2%
Un-weighted (n)	1,034	918	384	974	468
Weighted (N)	2,146,126	2,214,561	2,309,308	2,157,757	2,108,918
Hispanic	40.2%	36.9%	38.8%	33.7%	36.0%
Un-weighted (n)	448	364	162	419	331
Weighted (N)	855,124	709,033	749,892	893,036	1,423,651

Table B-2, continued. Proportion of Children (0-17) with NO Dr. Visits in past 12 months (1984-1989)

Residence & Race	1984	1985	1986	1987	1988	1989
Urban						
White	17.7%	18.9%	17.2%	18.1%	16.6%	17.1%
Un-weighted (n)	13,294	12,162	8,175	16,355	8,671	15,494
Weighted (N)	27,580,000	32,220,000	32,690,000	32,530,000	32,100,000	32,250,000
African American	24.1%	25.7%	26.6%	25.3%	26.2%	23.6%
Un-weighted (n)	3,086	4,163	2,938	5,792	2,387	4,819
Weighted (N)	7,045,607	7,575,227	7,751,938	7,845,534	7,762,787	8,103,235
Hispanic	25.6%	26.5%	27.9%	28.7%	26.1%	26.5%
Un-weighted (n)	2,671	2,401	1,591	3,294	1,510	3,487
Weighted (N)	5,550,175	6,237,011	6,023,520	6,275,718	6,595,232	7,274,613
Rural						
White	23.8%	24.6%	22.7%	23.3%	21.7%	21.0%
Un-weighted (n)	8,258	5,240	3,444	6,692	3,390	6,132
Weighted (N)	17,260,000	12,580,000	12,290,000	12,170,000	12,400,000	11,680,000
African American	35.4%	40.4%	30.3%	39.0%	33.6%	33.0%
Un-weighted (n)	892	863	546	1,011	464	913
Weighted (N)	2,128,288	1,660,139	1,614,486	1,572,318	1,748,634	1,607,077
Hispanic	30.9%	32.7%	36.0%	30.7%	26.9%	27.5%
Un-weighted (n)	597	261	182	371	148	345
Weighted (N)	1,314,903	608,435	755,028	674,513	613,701	642,989

Table B-2, continued. Proportion of Children (0-17) with NO Dr. Visits in past 12 months (1990-1995)

Residence & Race	1990	1991	1992	1993	1994	1995
Urban						
White	16.5%	15.2%	15.7%	15.2%	15.7%	16.3%
Un-weighted (n)	15,653	15,619	15,963	7,924	15,154	11,818
Weighted (N)	32,430,000	32,040,000	32,880,000	33,030,000	33,840,000	35,220,000
African American	22.1%	22.5%	21.6%	19.4%	21.2	18.8%
Un-weighted (n)	5,054	5,086	5,025	2,527	4,834	4,034
Weighted (N)	8,139,565	8,344,703	8,489,203	8,978,517	9,435,008	9,127,379
Hispanic	23.6%	22.6%	23.2%	21.3%	20.2%	24.0%
Un-weighted (n)	3,920	4,184	6,497	1,974	4,117	7,333
Weighted (N)	7,856,781	8,381,652	7,968,525	8,035,547	8,966,304	8,975,320
Rural						
White	23.4%	22.0%	21.7%	20.7%	22.3%	22.7%
Un-weighted (n)	6,079	6,225	6,034	3,106	5,683	3,864
Weighted (N)	11,340,000	11,860,000	11,720,000	12,100,000	11,930,000	11,230,000
African American	33.7%	33.7%	32.2%	31.1%	30.2%	28.0%
Un-weighted (n)	980	925	942	377	682	603
Weighted (N)	1,679,826	1,612,154	1,758,549	1,509,168	1,446,264	1,618,376
Hispanic	27.7%	29.4%	34.7%	28.4%	30.9%	33.2%
Un-weighted (n)	391	396	613	200	438	875
Weighted (N)	750,872	738,944	719,104	744,762	914,107	1,016,786

Table B-2, continued. Proportion of Children (0-17) with NO Dr. Visits in past 12 months (1996-2001)

Residence & Race	1996	1997	1998	1999	2000	2001
Urban						
White	15.6%	9.9%	9.7%	10.3%	9.9%	9.4%
Un-weighted (n)	7,153	5,748	5,417	5,152	5,255	5,389
Weighted (N)	35,310,000	34,580,000	34,310,000	34,390,000	34,640,000	34,550,000
African American	20.2%	12.6%	14.2%	13.3%	12.8%	14.1%
Un-weighted (n)	2,535	1,964	1,804	1,759	1,859	1,907
Weighted (N)	9,275,505	9,180,885	9,028,483	9,186,501	9,182,892	9,317,020
Hispanic	23.6%	19.9%	18.7%	20.6%	19.3%	19.2%
Un-weighted (n)	4,420	3,319	3,223	2,956	3,231	3,254
Weighted (N)	9,158,934	9,533,530	9,888,062	10,130,000	10,570,000	10,900,000
Rural						
White	20.4%	13.2%	13.6%	12.0%	13.5%	11.6%
Un-weighted (n)	2,343	1,894	1,866	1,754	1,672	1,718
Weighted (N)	11,380,000	11,580,000	11,980,000	11,820,000	10,830,000	11,310,000
African American	22.9%	23.8%	19.1%	22.5%	21.7%	20.2%
Un-weighted (n)	376	279	304	274	285	281
Weighted (N)	1,644,944	1,438,375	1,633,165	1,518,104	1,532,074	1,449,365
Hispanic	27.2%	15.2%	22.6%	21.0%	23.8%	24.4%
Un-weighted (n)	582	378	369	353	344	354
Weighted (N)	1,171,001	1,045,346	1,035,373	1,170,517	1,050,157	1,123,096

Table B-3. Highest Level of Education (Less Than High School) in Household for Children (0-17) (1979-1983)

Residence & Race	1979	1980	1981	1982	1983
Urban					
White	19.6%	18.7%	17.9%	15.6%	14.9%
Un-weighted (n)	15,419	13,894	7,432	13,387	6,467
Weighted (N)	28,960,000	28,640,000	28,590,000	28,400,000	26,890,000
African American	44.5%	41.6%	41.2%	36.9%	38.7%
Un-weighted (n)	3,484	3,179	1,447	3,174	1,621
Weighted (N)	6,934,875	6,774,638	6,767,194	6,929,828	7,038,523
Hispanic	59.2%	56.7%	57.4%	53.8%	53.7%
Un-weighted (n)	2,397	2,153	1,051	2,493	1,276
Weighted (N)	4,517,705	4,481,155	4,870,636	5,126,302	5,300,428
Rural					
White	29.4%	28.6%	27.6%	27.1%	24.2%
Un-weighted (n)	9,268	8,241	4,402	8,203	4,204
Weighted (N)	17,220,000	16,930,000	17,600,000	16,970,000	17,530,000
African American	67.7%	63.7%	55.2%	62.5%	61.7%
Un-weighted (n)	996	910	374	964	456
Weighted (N)	2,064,772	2,192,573	2,252,506	2,142,632	2,056,897
Hispanic	56.1%	63.2%	60.0%	57.2%	52.5%
Un-weighted (n)	433	350	159	417	329
Weighted (N)	826,916	679,425	741,748	889,380	1,418,575

Table B-3, continued. Highest Level of Education (Less Than High School) in Household for Children (0-17) (1984-1989)

Residence & Race	1984	1985	1986	1987	1988	1989
Urban						
White	8.0%	7.9%	8.2%	7.0%	6.6%	7.2%
Un-weighted (n)	13,222	12,137	8,135	16,308	8,682	15,388
Weighted (N)	27,430,000	32,170,000	32,530,000	32,460,000	32,160,000	32,050,000
African American	23.1%	21.4%	24.6%	23.6%	21.4%	19.7%
Un-weighted (n)	3,057	4,176	2,930	5,771	2,390	4,805
Weighted (N)	6,975,670	7,602,660	7,735,470	7,809,789	7,777,758	8,089,052
Hispanic	41.8%	36.3%	37.7%	37.1%	36.6%	40.4%
Un-weighted (n)	2,663	2,403	1,587	3,291	1,514	3,496
Weighted (N)	5,534,791	6,241,927	6,005,123	6,272,681	6,617,410	7,292,859
Rural						
White	13.4%	12.4%	11.2%	10.9%	10.8%	9.5%
Un-weighted (n)	8,242	5,242	3,439	6,693	3,397	6,136
Weighted (N)	17,220,000	12,590,000	12,270,000	12,160,000	12,430,000	11,690,000
African American	35.5%	42.5%	41.5%	30.3%	30.8%	32.0%
Un-weighted (n)	890	862	546	1,010	465	900
Weighted (N)	2,116,223	1,661,413	1,613,710	1,571,814	1,752,465	1,586,770
Hispanic	37.9%	35.3%	33.9%	33.7%	22.1%	39.6%
Un-weighted (n)	597	262	184	372	147	346
Weighted (N)	1,314,903	610,935	761,954	676,551	607,693	644,762

Table B-3, continued. Highest Level of Education (Less Than High School) in Household for Children (0-17) (1990-1995)

Residence & Race	1990	1991	1992	1993	1994	1995
Urban						
White	6.7%	6.1%	6.2%	5.7%	6.1%	5.0%
Un-weighted (n)	15,567	15,564	15,890	7,899	15,027	11,760
Weighted (N)	32,270,000	31,950,000	32,740,000	32,920,000	33,590,000	35,070,000
African American	19.7%	18.7%	18.6%	18.0%	19.3%	14.9%
Un-weighted (n)	5,051	5,068	5,004	2,530	4,822	4,001
Weighted (N)	8,130,126	8,319,051	8,456,832	8,986,158	9,422,478	9,064,698
Hispanic	36.8%	38.6%	36.5%	36.9%	34.9%	35.1%
Un-weighted (n)	3,933	4,186	6,474	1,963	4,111	7,305
Weighted (N)	7,883,604	8,385,113	7,951,595	7,999,029	8,959,692	8,932,205
Rural						
White	9.7%	9.0%	8.7%	7.8%	7.9%	8.9%
Un-weighted (n)	6,064	6,224	6,038	3,102	5,663	3,860
Weighted (N)	11,310,000	11,860,000	11,720,000	12,090,000	11,890,000	11,230,000
African American	30.9%	26.5%	24.2%	21.2%	21.2%	25.6%
Un-weighted (n)	981	919	938	379	682	604
Weighted (N)	1,683,167	1,597,283	1,753,599	1,520,135	1,445,903	1,622,135
Hispanic	31.9%	35.2%	41.2%	36.3%	35.4%	37.1%
Un-weighted (n)	390	395	611	200	426	866
Weighted (N)	749,007	737,169	718,160	744,762	890,321	998,491

Table B-3, continued. Highest Level of Education (Less Than High School) in Household for Children (0-17) (1996-2001)

Residence & Race	1996	1997	1998	1999	2000	2001
Urban						
White	5.0%	5.2%	4.0%	4.1%	4.2%	4.7%
Un-weighted (n)	7,098	5,721	5,384	5,187	5,276	5,408
Weighted (N)	35,000,000	34,380,000	34,110,000	34,640,000	34,840,000	34,630,000
African American	13.3%	16.2%	16.4%	14.7%	13.9%	15.1%
Un-weighted (n)	2,515	1,951	1,784	1,770	1,874	1,922
Weighted (N)	9,207,981	9,131,586	8,907,860	9,231,906	9,262,994	9,382,150
Hispanic	35.6%	35.5%	34.0%	35.1%	34.2%	35.6%
Un-weighted (n)	4,425	3,235	3,113	2,982	3,252	3,280
Weighted (N)	9,176,979	9,265,353	9,544,457	10,190,000	10,690,000	10,980,000
Rural						
White	9.0%	8.1%	6.4%	6.1%	8.1%	6.1%
Un-weighted (n)	2,351	1,892	1,859	1,771	1,680	1,730
Weighted (N)	11,430,000	11,540,000	11,900,000	11,940,000	10,890,000	11,380,000
African American	21.5%	21.5%	21.2%	21.7%	21.2%	18.0%
Un-weighted (n)	374	277	299	275	288	283
Weighted (N)	1,636,305	1,433,745	1,605,848	1,520,163	1,544,181	1,482,758
Hispanic	38.4%	35.3%	33.2%	41.3%	41.2%	37.2%
Un-weighted (n)	587	378	360	349	347	357
Weighted (N)	1,184,238	1,042,518	1,006,930	1,160,788	1,060,309	1,128,553

Table B-4. Family Structure (Arrangement Other Than Two Parent Household) for Children (0-17) (1979-1983)

Residence & Race	1979	1980	1981	1982	1983
Urban					
White	14.9%	16.1%	15.5%	14.0%	14.8%
Un-weighted (n)	15,612	14,021	7,465	13,364	6,469
Weighted (N)	29,330,000	28,900,000	28,710,000	28,370,000	26,910,000
African American	53.6%	54.5%	54.0%	50.2%	47.6%
Un-weighted (n)	3,551	3,242	1,469	3,101	1,593
Weighted (N)	7,066,593	6,906,446	6,907,815	6,773,204	6,911,217
Hispanic	27.4%	26.6%	27.4%	24.6%	23.8%
Un-weighted (n)	2,440	2,202	1,068	2,476	1,275
Weighted (N)	4,609,427	4,585,652	4,933,802	5,089,277	5,300,940
Rural					
White	13.5%	15.7%	12.9%	11.7%	12.7%
Un-weighted (n)	9,387	8,309	4,433	8,188	4,199
Weighted (N)	17,470,000	17,120,000	17,710,000	16,940,000	17,510,000
African American	47.3%	44.8%	45.3%	36.3%	44.9%
Un-weighted (n)	1,034	918	384	946	413
Weighted (N)	2,146,126	2,214,561	2,309,308	2,095,353	1,874,216
Hispanic	16.4%	24.8%	15.7%	22.3%	17.8%
Un-weighted (n)	448	364	162	413	331
Weighted (N)	855,124	709,033	749,892	879,949	1,427,281

Table B-4, continued. Family Structure (Arrangement Other Than Two Parent Household) for Children (0-17) (1984-1989)

Residence & Race	1984	1985	1986	1987	1988	1989
Urban						
White	14.4%	13.2%	15.0%	15.5%	15.1%	15.2%
Un-weighted (n)	13,222	12,161	8,171	16,356	8,691	15,527
Weighted (N)	27,420,000	32,220,000	32,670,000	32,540,000	32,200,000	32,320,000
African American	50.8%	49.0%	53.0%	51.2%	51.7%	52.2%
Un-weighted (n)	2,990	4,167	2,923	5,785	2,390	4,821
Weighted (N)	6,822,132	7,586,524	7,710,450	7,834,113	7,778,987	8,112,162
Hispanic	28.1%	25.1%	25.4%	26.4%	25.4%	27.9%
Un-weighted (n)	2,647	2,395	1,592	3,294	1,511	3,494
Weighted (N)	5,503,113	6,224,253	6,027,113	6,277,127	6,605,561	7,289,830
Rural						
White	12.8%	12.4%	13.3%	15.5%	15.1%	14.6%
Un-weighted (n)	8,243	5,242	3,448	6,700	3,396	6,144
Weighted (N)	17,230,000	12,590,000	12,300,000	12,180,000	12,430,000	11,700,000
African American	39.1%	53.0%	55.4%	46.8%	49.0%	43.6%
Un-weighted (n)	852	864	551	1,010	465	914
Weighted (N)	2,023,066	1,661,382	1,625,086	1,571,498	1,752,465	1,609,519
Hispanic	21.6%	13.3%	20.1%	21.0%	23.2%	21.5%
Un-weighted (n)	590	262	184	372	146	347
Weighted (N)	1,300,982	610,935	761,954	676,551	608,820	646,574

Table B-4, continued. Family Structure (Arrangement Other Than Two Parent Household) for Children (0-17) (1990-1995)

Residence & Race	1990	1991	1992	1993	1994	1995
Urban						
White	15.9%	15.5%	14.4%	13.8%	15.5%	16.0%
Un-weighted (n)	15,695	15,631	16,007	7,952	15,226	11,888
Weighted (N)	32,520,000	32,070,000	32,970,000	33,140,000	34,010,000	35,430,000
African American	53.2%	54.0%	54.2%	53.8%	53.3%	51.0%
Un-weighted (n)	5,057	5,079	5,033	2,538	4,844	4,058
Weighted (N)	8,145,822	8,333,023	8,500,248	9,014,452	9,464,456	9,194,128
Hispanic	25.3%	26.8%	28.1%	30.8%	29.0%	27.4%
Un-weighted (n)	3,925	4,183	6,511	1,977	4,136	7,350
Weighted (N)	7,868,028	8,380,054	7,985,701	8,051,285	9,014,297	8,994,669
Rural						
White	13.5%	13.3%	15.4%	13.5%	15.3%	16.1%
Un-weighted (n)	6,089	6,223	6,045	3,109	5,694	3,887
Weighted (N)	11,360,000	11,860,000	11,740,000	12,120,000	11,950,000	11,300,000
African American	46.0%	51.5%	48.9%	47.9%	47.2%	49.4%
Un-weighted (n)	986	923	941	378	688	610
Weighted (N)	1,686,969	1,613,346	1,755,366	1,517,132	1,457,154	1,634,182
Hispanic	21.3%	15.5%	19.0%	21.8%	20.8%	20.5%
Un-weighted (n)	390	395	615	200	438	878
Weighted (N)	749,244	736,953	721,723	744,762	914,107	1,019,867

Table B-4, continued. Family Structure (Arrangement Other Than Two Parent Household) for Children (0-17) (1996-1989)

Residence & Race	1996	1997	1998	1999	2000	2001
Urban						
White	15.5%	18.5%	18.3%	19.9%	19.6%	19.7%
Un-weighted (n)	7,187	5,784	5,466	5,220	5,307	5,428
Weighted (N)	35,480,000	34,810,000	34,650,000	34,840,000	35,030,000	34,750,000
African American	49.8%	62.4%	61.3%	61.8%	60.3%	59.0%
Un-weighted (n)	2,553	2,000	1,831	1,790	1,883	1,926
Weighted (N)	9,350,957	9,363,300	9,158,415	9,315,733	9,312,701	9,417,583
Hispanic	29.4%	31.7%	30.2%	34.5%	30.2%	28.1%
Un-weighted (n)	4,443	3,347	3,260	3,010	3,272	3,300
Weighted (N)	9,219,319	9,607,173	10,000,000	10,290,000	10,740,000	11,050,000
Rural						
White	13.6%	22.0%	19.5%	23.0%	21.1%	19.3%
Un-weighted (n)	2,360	1,910	1,875	1,776	1,686	1,731
Weighted (N)	11,480,000	11,660,000	12,010,000	11,960,000	10,940,000	11,380,000
African American	54.0%	60.6%	60.4%	71.2%	59.4%	62.0%
Un-weighted (n)	380	282	303	276	288	282
Weighted (N)	1,657,403	1,451,968	1,628,543	1,527,273	1,544,181	1,419,509
Hispanic	18.7%	24.1%	23.6%	30.7%	29.6%	24.7%
Un-weighted (n)	588	380	369	354	349	358
Weighted (N)	1,186,558	1,050,211	1,034,469	1,173,606	1,064,562	1,135,828

Table B-5. Proportion of Children (0-17) Living Below Poverty Level (1979-1983)

Residence & Race	1979	1980	1981	1982	1983
Urban					
White				5.9%	6.1%
Un-weighted (n)				12,437	5,873
Weighted (N)				26,420,000	24,410,000
African American				36.0%	33.4%
Un-weighted (n)				2,859	1,384
Weighted (N)				6,201,846	6,026,348
Hispanic				25.1%	25.5%
Un-weighted (n)				2,267	1,141
Weighted (N)				4,672,820	4,755,901
Rural					
White				11.3%	13.3%
Un-weighted (n)				7,544	3,819
Weighted (N)				15,580,000	15,910,000
African American				42.7%	47.9%
Un-weighted (n)				831	372
Weighted (N)				1,856,222	1,633,230
Hispanic				20.6%	29.3%
Un-weighted (n)				391	305
Weighted (N)				836,379	1,322,803

Table B-5, continued. Proportion of Children (0-17) Living Below Poverty Level (1984-1989)

Residence & Race	1984	1985	1986	1987	1988	1989
Urban						
White	9.7%	8.4%	9.3%	8.3%	8.2%	7.8%
Un-weighted (n)	11,919	10,944	7,745	15,638	8,388	14,714
Weighted (N)	24,670,000	28,760,000	30,980,000	31,150,000	31,040,000	30,630,000
African American	44.8%	41.9%	44.7%	44.4%	39.5%	38.3%
Un-weighted (n)	2,713	3,718	2,580	5,225	2,160	4,262
Weighted (N)	6,174,952	6,757,106	6,906,098	7,088,426	7,018,275	7,186,471
Hispanic	36.4%	32.3%	30.5%	30.2%	30.8%	36.7%
Un-weighted (n)	2,351	2,093	1,429	2,995	1,380	3,075
Weighted (N)	4,896,170	5,479,471	5,408,627	5,693,483	5,939,177	6,490,037
Rural						
White	18.3%	19.1%	16.8%	15.5%	16.6%	15.1%
Un-weighted (n)	7,505	4,825	3,167	6,294	3,197	5,706
Weighted (N)	15,670,000	11,560,000	11,210,000	11,420,000	11,730,000	10,870,000
African American	54.3%	68.3%	64.0%	50.2%	47.4%	46.4%
Un-weighted (n)	767	793	484	867	421	760
Weighted (N)	1,820,523	1,550,827	1,436,666	1,342,826	1,581,309	1,361,352
Hispanic	33.8%	28.6%	45.2%	36.0%	32.8%	48.1%
Un-weighted (n)	560	243	163	350	137	309
Weighted (N)	1,236,493	566,617	686,361	639,952	569,733	579,062

Table B-5, continued. Proportion of Children (0-17) Living Below Poverty Level (1990-1995)

Residence & Race	1990	1991	1992	1993	1994	1995
Urban						
White	7.9%	9.3%	8.8%	9.6%	9.8%	9.1%
Un-weighted (n)	14,904	14,905	15,152	7,582	14,368	11,284
Weighted (N)	30,920,000	30,610,000	31,190,000	31,570,000	32,110,000	33,720,000
African American	40.0%	37.9%	42.7%	42.2%	41.3%	36.9%
Un-weighted (n)	4,464	4,353	4,304	2,208	4,204	3,472
Weighted (N)	7,210,594	7,131,765	7,316,190	7,886,866	8,314,082	7,857,035
Hispanic	31.7%	36.6%	37.2%	40.6%	36.3%	38.4
Un-weighted (n)	3,567	3,844	5,705	1,782	3,616	6,382
Weighted (N)	7,152,376	7,669,013	7,035,348	7,246,701	7,841,233	7,877,488
Rural						
White	14.4%	15.5%	18.1%	14.1%	14.7%	16.8%
Un-weighted (n)	5,673	5,817	5,551	2,899	5,337	3,653
Weighted (N)	10,580,000	11,060,000	10,780,000	11,290,000	11,210,000	10,600,000
African American	49.7%	51.8%	61.1%	53.5%	55.8%	49.8
Un-weighted (n)	812	751	737	322	534	528
Weighted (N)	1,387,014	1,322,019	1,387,240	1,293,843	1,142,144	1,412,616
Hispanic	24.2%	38.9%	46.4%	42.5%	39.0%	41.8%
Un-weighted (n)	334	362	551	177	400	817
Weighted (N)	646,079	684,391	640,417	656,929	839,062	938,617

Table B-5, continued. Proportion of Children (0-17) Living Below Poverty Level (1996-2001)

Residence & Race	1996	1997	1998	1999	2000	2001
Urban						
White	8.4	9.4%	7.9%	6.8%	7.5%	8.3%
Un-weighted (n)	6,796	4,986	4,506	4,212	4,194	4,341
Weighted (N)	33,580,000	30,100,000	28,700,000	28,240,000	27,730,000	27,870,000
African American	33.0%	37.6%	37.3%	32.2%	31.2%	29.8%
Un-weighted (n)	2,250	1,590	1,394	1,313	1,411	1,461
Weighted (N)	8,299,693	7,493,832	7,129,552	6,988,493	6,955,359	7,078,626
Hispanic	35.6%	38.4%	34.5%	31.1%	29.5%	28.4%
Un-weighted (n)	3,770	2,687	2,471	2,187	2,555	2,477
Weighted (N)	7,881,029	7,845,812	7,630,144	7,596,143	8,399,015	8,310,296
Rural						
White	16.0%	16.5%	12.8%	14.3%	12.2%	11.6%
Un-weighted (n)	2,235	1,672	1,599	1,486	1,354	1,400
Weighted (N)	10,830,000	10,240,000	10,310,000	10,080,000	8,844,734	9,201,037
African American	52.5%	49.8%	51.6%	57.2%	44.6%	45.3%
Un-weighted (n)	337	255	262	230	239	238
Weighted (N)	1,452,272	1,316,999	1,429,212	1,301,743	1,282,183	1,215,818
Hispanic	49.1%	40.9%	30.6%	40.6%	34.6%	40.7%
Un-weighted (n)	553	341	306	308	303	297
Weighted (N)	1,103,353	963,885	865,589	1,010,847	943,923	939,702

Table B-6. Factors associated with the risk that a child would lack health insurance coverage, selected years, NHIS

	NOT COVERED vs COVERED	OR	1980			1986			1994			2001		
			LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	
Race/ Residence	RURAL WHITE		1.27	1.16	1.39	1.25	1.10	1.43	1.09	1.01	1.18	1.42	1.22	1.66
	URBAN WHITE		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Rural Afr Amer		0.90	0.74	1.10	0.69	0.53	0.90	0.62	0.51	0.76	1.32	0.98	1.78
	Urban Afr Amer		0.90	0.79	1.03	1.06	0.91	1.23	1.16	1.05	1.27	1.17	1.01	1.36
	RURAL HISPANIC		2.64	2.06	3.38	2.53	1.69	3.78	1.53	1.22	1.90	3.19	2.61	3.91
	URBAN HISPANIC		1.82	1.60	2.07	1.99	1.71	2.30	1.58	1.45	1.72	3.44	3.05	3.86
Age	0-5		1.08	0.99	1.19	1.08	0.96	1.21	0.79	0.73	0.85	0.74	0.66	0.82
	age 6-11		0.99	0.90	1.08	0.98	0.87	1.10	0.91	0.85	0.97	0.90	0.81	1.00
	age 12-17		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Sex	SEX													
	MALE		1.00	0.93	1.08	1.03	0.94	1.13	0.99	0.94	1.05	1.03	0.95	1.13
Income	FEMALE		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	BELOW_POV		3.25	2.95	3.58	3.14	2.73	3.61	1.44	1.32	1.57	1.51	1.32	1.71
	AT_ABOVE_POV		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MISSING		2.17	1.91	2.46	3.42	2.92	4.01	2.87	2.59	3.17	1.71	1.55	1.90
Education	LT_H.S.		1.69	1.55	1.83	1.76	1.54	2.00	1.35	1.23	1.47	2.11	1.89	2.35
	H.S_PLUS		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Parents in home	PARENTS													
	BOTH		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	SINGLE		0.80	0.72	0.88	0.80	0.69	0.93	0.89	0.82	0.97	1.21	1.08	1.36
	NO PARENT		1.80	1.44	2.26	1.95	1.41	2.71	1.25	1.04	1.50	1.58	1.26	1.98
Persons in family	Other/Unknown								1.74	1.10	2.76			
	TWO		1.09	0.89	1.33	1.29	1.01	1.65	1.14	0.98	1.34	1.20	0.97	1.49
	THREE		0.86	0.78	0.95	1.02	0.90	1.16	0.97	0.89	1.04	1.01	0.90	1.14
	FOUR OR MORE		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	REGION													

Table B-6, continued. Factors associated with the risk that a child would lack health insurance coverage, selected years, NHIS

Region	NORTHEAST	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MIDWEST	1.20	1.06	1.36	0.98	0.82	1.16	1.10	1.00	1.21	1.48	1.24	1.77
	SOUTH	2.41	2.14	2.70	2.21	1.91	2.56	1.95	1.79	2.13	2.54	2.17	2.96
	WEST	2.29	2.02	2.60	1.78	1.50	2.10	1.35	1.23	1.48	2.03	1.73	2.38

Table B-7. Factors associated with the odds that a child would have no physician visits during a year, selected years, NHIS
 (Note: model does not include health insurance coverage; see next table)

NO VISITS vs SOME VISITS	OR	1980			1986			1994			2001		
		LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	
Intercept		0.33	0.31	0.36	0.25	0.23	0.28	0.24	0.22	0.25	0.12	0.10	0.14
RACE_RURALEITY													
RURAL WHITE		1.21	1.13	1.30	1.31	1.18	1.46	1.44	1.32	1.56	1.12	0.92	1.35
URBAN WHITE		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Rural AA		2.35	1.99	2.77	1.79	1.41	2.26	2.22	1.80	2.73	2.01	1.42	2.85
Urban AA		1.49	1.35	1.64	1.60	1.42	1.82	1.37	1.23	1.52	1.34	1.11	1.61
RURAL HISPANIC		1.88	1.47	2.39	2.38	1.65	3.42	2.13	1.67	2.70	1.79	1.28	2.51
URBAN HISPANIC		1.61	1.44	1.80	1.56	1.36	1.79	1.16	1.05	1.29	1.52	1.30	1.79
AGECAT													
0-5		0.26	0.24	0.29	0.24	0.22	0.27	0.25	0.23	0.27	0.35	0.29	0.41
6-11		0.84	0.79	0.90	0.83	0.76	0.91	0.83	0.78	0.89	0.84	0.73	0.97
12-17		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
SEX													
MALE		1.01	0.96	1.08	1.22	1.13	1.33	1.06	0.99	1.13	1.06	0.94	1.19
FEMALE		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
LIVING IN POVERTY													
BELOW_POV		0.90	0.82	0.97	1.06	0.94	1.19	1.17	1.06	1.29	1.19	0.99	1.43
AT_ABOVE_POV		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MISSING		1.18	1.06	1.32	1.52	1.31	1.76	1.25	1.10	1.41	1.07	0.92	1.24
HIGHEST ED IN FAMILY													

Table B-7, continued. Factors associated with the odds that a child would have no physician visits during a year, selected years, NHIS (Note: model does not include health insurance coverage; see next table)

LT_H.S.	1.52	1.42	1.62	1.42	1.26	1.59	1.40	1.27	1.54	1.45	1.23	1.72
H.S._PLUS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PARENTS												
BOTH	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
SINGLE	0.92	0.85	0.99	0.85	0.76	0.95	0.80	0.74	0.88	1.00	0.87	1.16
NO PARENT	1.11	0.91	1.35	1.15	0.86	1.53	1.05	0.87	1.27	1.03	0.76	1.40
NOTCOV												
NOT COVERED	1.55	1.42	1.68	1.87	1.68	2.08	1.80	1.68	1.93	3.08	2.64	3.59
COVERED	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**Table B-8. Factors associated with the odds that a child would have no physician visits during a year, selected years, NHIS
(Model includes health insurance coverage.)**

		1980			1986			1994			2001		
NO VISITS vs SOME VISITS		OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL
	Intercept	0.33	0.31	0.36	0.25	0.23	0.28	0.24	0.22	0.25	0.12	0.10	0.14
	RACE_RURALETHNICITY												
Race/Residence	RURAL WHITE	1.21	1.13	1.30	1.31	1.18	1.46	1.44	1.32	1.56	1.12	0.92	1.35
	URBAN WHITE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Rural AA	2.35	1.99	2.77	1.79	1.41	2.26	2.22	1.80	2.73	2.01	1.42	2.85
	Urban AA	1.49	1.35	1.64	1.60	1.42	1.82	1.37	1.23	1.52	1.34	1.11	1.61
	RURAL HISPANIC	1.88	1.47	2.39	2.38	1.65	3.42	2.13	1.67	2.70	1.79	1.28	2.51
	URBAN HISPANIC	1.61	1.44	1.80	1.56	1.36	1.79	1.16	1.05	1.29	1.52	1.30	1.79
	AGECAT												
Age	0-5	0.26	0.24	0.29	0.24	0.22	0.27	0.25	0.23	0.27	0.35	0.29	0.41
	6-11	0.84	0.79	0.90	0.83	0.76	0.91	0.83	0.78	0.89	0.84	0.73	0.97
	12-17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	SEX												
Sex	MALE	1.01	0.96	1.08	1.22	1.13	1.33	1.06	0.99	1.13	1.06	0.94	1.19
	FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	LIVING IN POVERTY												
Income	BELOW_POV	0.90	0.82	0.97	1.06	0.94	1.19	1.17	1.06	1.29	1.19	0.99	1.43
	AT_ABOVE_POV	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MISSING	1.18	1.06	1.32	1.52	1.31	1.76	1.25	1.10	1.41	1.07	0.92	1.24
	HIGHEST ED IN												

Table B-8. continued. Factors associated with the odds that a child would have no physician visits during a year, selected years, NHIS (Model includes health insurance coverage.)

	FAMILY												
Education in family	LT_H.S.	1.52	1.42	1.62	1.42	1.26	1.59	1.40	1.27	1.54	1.45	1.23	1.72
	H.S._PLUS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PARENTS												
Parents I home	BOTH	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	SINGLE	0.92	0.85	0.99	0.85	0.76	0.95	0.80	0.74	0.88	1.00	0.87	1.16
	NO PARENT	1.11	0.91	1.35	1.15	0.86	1.53	1.05	0.87	1.27	1.03	0.76	1.40
	NOTCOV												
Insurance coverage	NOT COVERED	1.55	1.42	1.68	1.87	1.68	2.08	1.80	1.68	1.93	3.08	2.64	3.59
	COVERED	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Appendix C – Income Eligibility Levels, as of July 2004, for Children Under SCHIP and Medicaid, as a Percent of Federal Poverty Level (FPL), 2001

(Source: Kaiser Foundation, <http://www.statehealthfacts.org/>)

	Income Eligibility-- Separate SCHIP	Medicaid Infants Ages 0-1	Medicaid Children Ages 1-5	Medicaid Children Ages 6-19
Alabama	200%	133%	133%	100%
Alaska	Not Available	175%	175%	175%
Arizona	200%	140%	133%	100%
Arkansas	Not Available	200%	200%	200%
California	250%	200%	133%	100%
Colorado	185%	133%	133%	100%
Connecticut	300%	185%	185%	185%
Delaware	200%	200%	133%	100%
District of Columbia	Not Available	200%	200%	200%
Florida	200%	200%	133%	100%
Georgia	235%	200%	133%	100%
Hawaii	Not Available	200%	200%	200%
Idaho	185%	150%	150%	150%
Illinois	200%	200%	133%	133%
Indiana	200%	150%	150%	150%
Iowa	200%	200%	133%	133%
Kansas	200%	150%	133%	100%
Kentucky	200%	185%	150%	150%
Louisiana	Not Available	200%	200%	200%
Maine	200%	185%	150%	150%
Maryland	300%	200%	200%	200%
Massachusetts	200%	200%	150%	150%
Michigan	200%	185%	150%	150%
Minnesota	Not Available	280%	275%	275%
Mississippi	200%	185%	133%	100%
Missouri	Not Available	300%	300%	300%
Montana	150%	133%	133%	100%
Nebraska	Not Available	185%	185%	185%
Nevada	200%	133%	133%	100%
New Hampshire	300%	300%	185%	185%
New Jersey	350%	200%	133%	133%

	Income Eligibility-- Separate SCHIP	Medicaid Infants Ages 0-1	Medicaid Children Ages 1-5	Medicaid Children Ages 6-19
New Mexico	Not Available	235%	235%	235%
New York	250%	200%	133%	100%
North Carolina	200%	185%	133%	100%
North Dakota	140%	133%	133%	100%
Ohio	Not Available	200%		200%
Oklahoma	Not Available	185%	185%	185%
Oregon	185%	133%	133%	100%
Pennsylvania	200%	185%	133%	100%
Rhode Island	Not Available	250%	250%	250%
South Carolina	Not Available	185%	150%	150%
South Dakota	200%	140%	140%	140%
Tennessee	Not Available	185%	133%	100%
Texas	200%	185%	133%	100%
Utah	200%	133%	133%	100%
Vermont	300%	300%	300%	300%
Virginia	200%	133%	133%	133%
Washington	250%	200%	200%	200%
West Virginia	200%	150%	133%	100%
Wisconsin	Not Available	185%	185%	185%
Wyoming	185%	133%	133%	100%