covering kids™ & families

The State of Kids' Coverage

August 9, 2006

Prepared for the Robert Wood Johnson Foundation by the State Health Access Data Assistance Center, University of Minnesota – Using data from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics 2003 National Survey of Children's Health (NSCH) and the U.S. Census Bureau's 1998, 1999, 2004 and 2005 Current Population Survey (CPS).

The State of Kids' Coverage

This report is being released to kick off *Covering Kids & Families'* Back to School Campaign, a nationwide effort to enroll eligible children in public coverage programs during the back-to-school season. *Covering Kids & Families* is a national program of the Robert Wood Johnson Foundation, and has benefited from the work of coalitions in all 50 states and the District of Columbia with members representing more than 5,500 organizations.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy organization devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years, the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. By helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in our lifetime. For more information, visit www.rwjf.org.

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The Southern Institute on Children and Families, based in Columbia, SC, serves as the National Program Office for the *Covering Kids & Families* initiative. For more information on the Southern Institute on Children and Families, visit www.thesoutherninstitute.org.

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) helps states monitor rates of health insurance coverage and understand factors associated with being uninsured. SHADAC provides targeted policy analysis and technical assistance to states that are conducting their own health insurance surveys and/or using data from national surveys. Information can be located at www.shadac.org.

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The State of Kids' Coverage

The Robert Wood Johnson Foundation commissioned analyses of data on uninsured children by SHADAC. The resulting report uses data from the Centers for Disease Control and Prevention's National Center for Health Statistics 2003 National Survey of Children's Health (NSCH) and the U.S. Census Bureau's 1998, 1999, 2004 and 2005 Current Population Survey (CPS).[1]

Summary

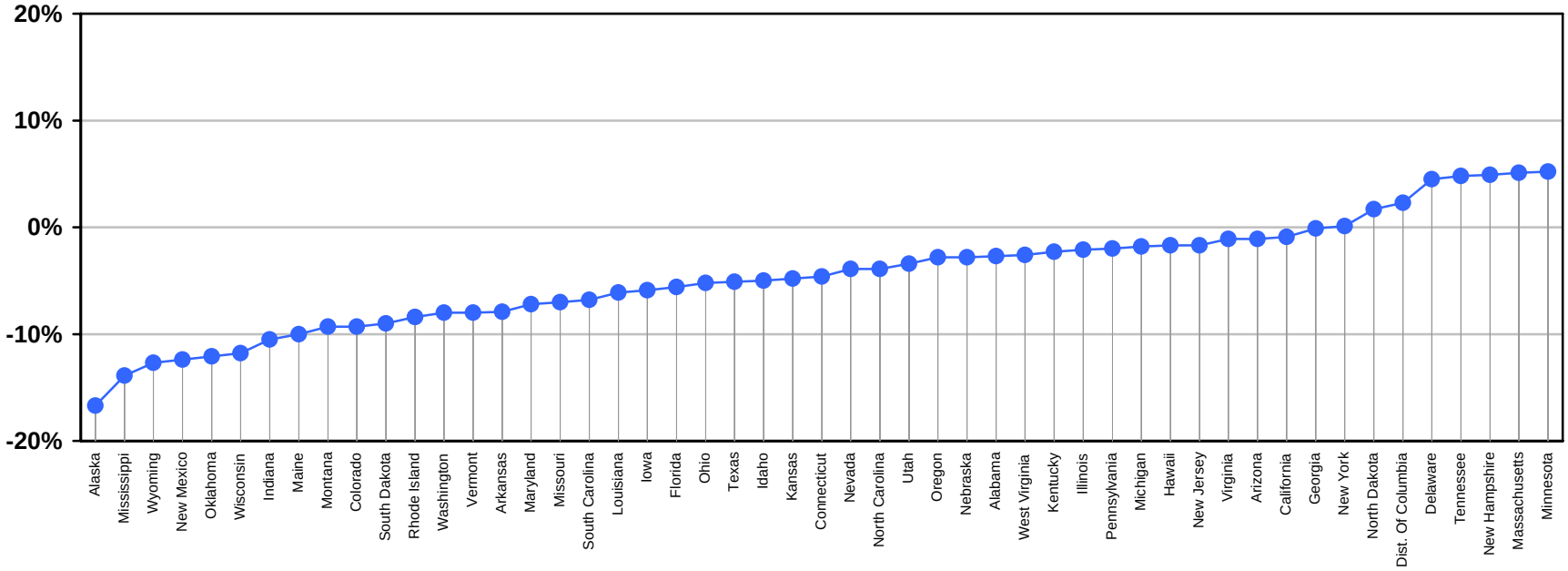
The research in this report is broken into three sections:

- The first is the number of uninsured children, publicly insured children and privately insured children in the U.S. and by state in 2003-2004, using data from the CPS. These data are compared to the number of uninsured children, publicly insured children and privately insured children in the U.S. and by state in 1997-1998. This comparison provides an opportunity to document coverage patterns before and after the implementation of the State Children's Health Insurance Program (SCHIP).
- The second section is the number of uninsured children in the U.S. in 2003-2004 by race and ethnicity using data from the CPS.
- The third is key findings from the 2003 NSCH that look at the consequences of being without health insurance for all or even a part of the year, compared to full-year insurance coverage.

[1] Two-year averages from the Current Population Survey are used to obtain more precise state-level estimates. The 2004 and 2005 Current Population Surveys are used to obtain the 2003-2004 two-year average, and the 1998 and 1999 Current Population Surveys are used to obtain the 1997-1998 two-year average.

The percent of privately insured children in the United States has declined.

Figure 1: Percentage Point Change in Health Insurance Coverage Status for Privately Insured Children (0-17 years) by State, 1997-98 to 2003-04

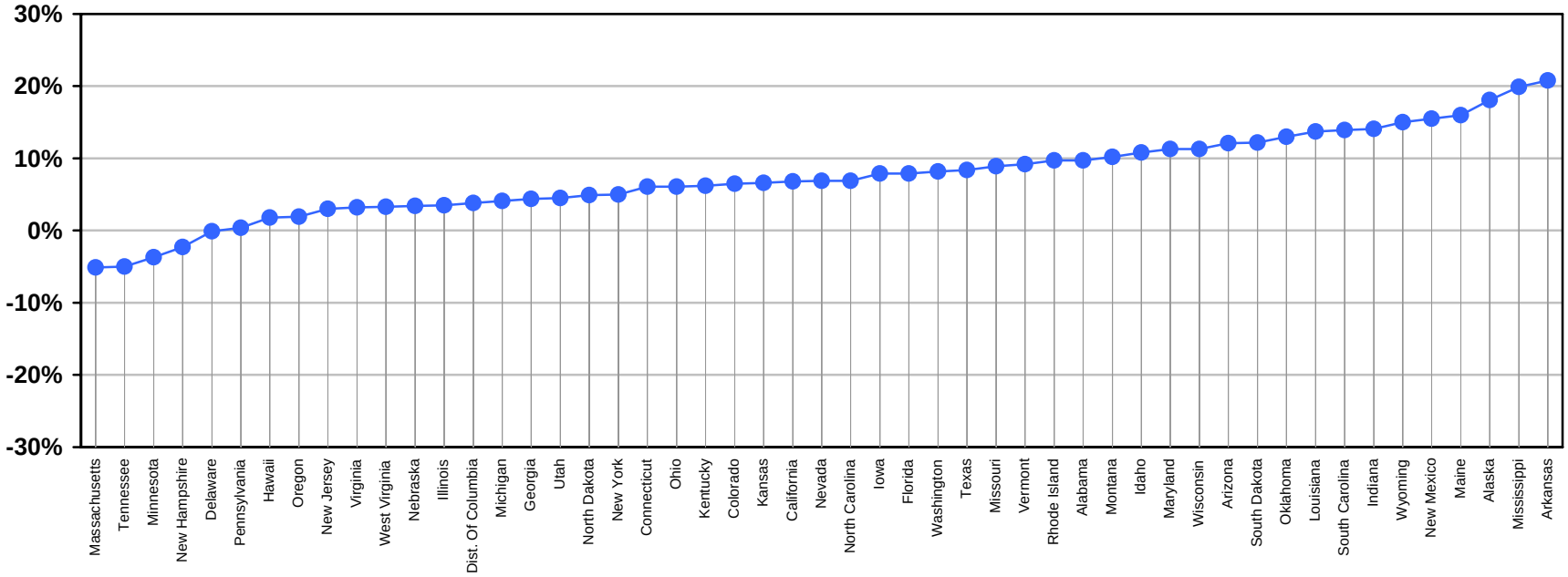


Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

- Nationally, the proportion of children covered by private health insurance has declined 3.5 percentage points.
- Twenty states experienced a significant decline in private insurance coverage among children.
- The percent of children with private insurance has not increased significantly in any state over this time period.

Public insurance coverage among children in the United States has increased.

Figure 2: Percentage Point Change in Health Insurance Coverage Status for Publicly Insured Children (0-17 years) by State, 1997-98 to 2003-04

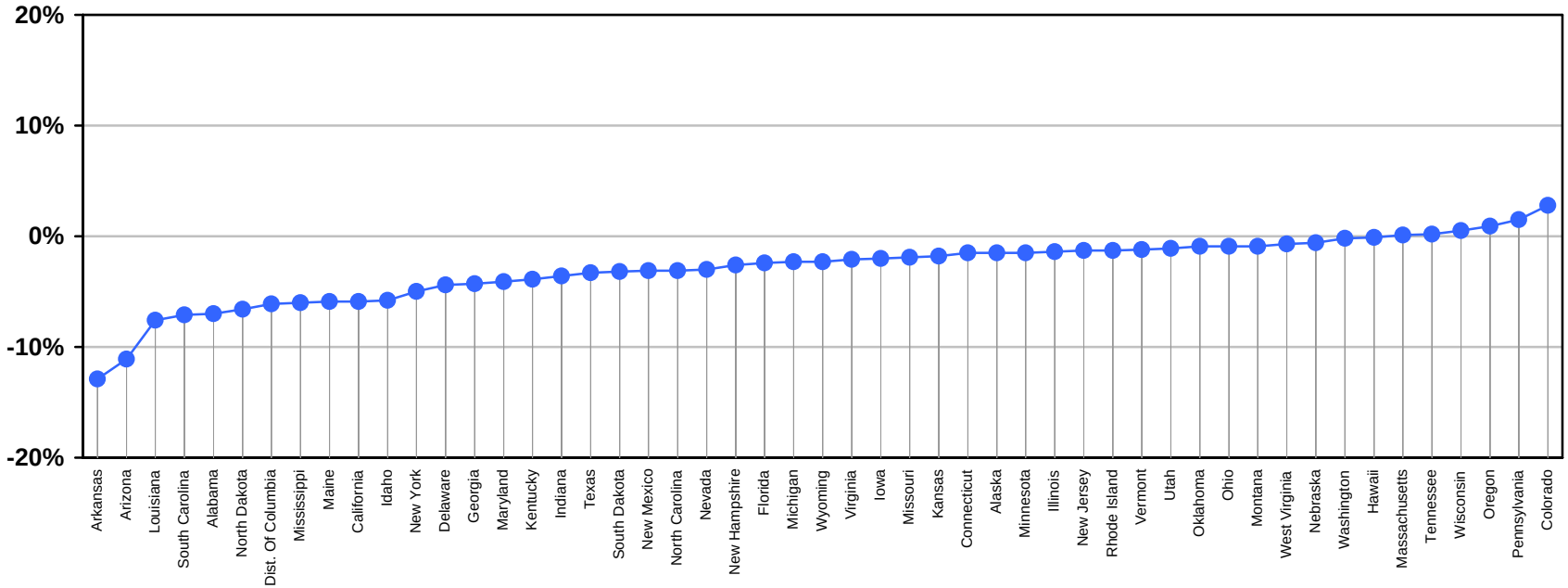


Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

- Nationally, public coverage among children has increased 6.4 percentage points.
- Thirty-four states have experienced a significant increase in public coverage among children.
- The percent of children with public health insurance has not decreased significantly in any state over this time period.

The percent of uninsured children in the United States has declined.

Figure 3: Percentage Point Change in Health Insurance Coverage Status for Uninsured Children (0-17 years) by State, 1997-98 to 2003-04



Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

- Nationally, the proportion of uninsured children declined 2.9 percentage points.
- Thirteen states experienced a significant decline in uninsurance among children.
- The percent of uninsured children has not increased significantly in any state over this time period.

Table 1: Health Insurance Status for Children (0-17 years) by State, 2003-2004

	Private			Public			Uninsured		
	Rate	Std. Error	Number	Rate	Std. Error	Number	Rate	Std. Error	Number
Alabama	60.9%	2.07%	668,837	31.1%	2.01%	341,190	8.0%	1.00%	88,128
Alaska	57.2%	2.20%	108,470	31.2%	2.12%	59,054	11.6%	1.40%	22,063
Arizona	56.1%	2.06%	868,195	29.3%	1.88%	454,516	14.6%	1.39%	226,765
Arkansas	51.5%	2.28%	351,946	39.8%	2.28%	272,228	8.7%	1.15%	59,023
California	56.3%	0.91%	5,393,710	31.2%	0.87%	2,991,227	12.5%	0.58%	1,195,085
Colorado	69.9%	1.59%	815,467	15.8%	1.28%	183,767	14.3%	1.16%	167,113
Connecticut	71.6%	1.59%	606,710	20.0%	1.45%	169,261	8.4%	0.97%	71,053
Delaware	67.3%	2.05%	132,546	22.2%	1.87%	43,740	10.6%	1.21%	20,742
District of Columbia	46.4%	2.97%	51,694	44.1%	3.01%	48,992	9.5%	1.65%	10,499
Florida	57.9%	1.31%	2,326,831	26.8%	1.21%	1,077,716	15.3%	0.90%	613,827
Georgia	56.4%	1.96%	1,306,801	31.0%	1.83%	719,025	12.7%	1.29%	293,658
Hawaii	71.5%	2.03%	214,227	22.1%	1.92%	66,130	6.4%	1.02%	19,402
Idaho	60.1%	2.21%	227,842	28.8%	2.08%	109,196	11.1%	1.27%	42,038
Illinois	68.4%	1.33%	2,206,666	20.9%	1.19%	674,329	10.7%	0.83%	344,145
Indiana	66.3%	1.90%	1,056,550	24.8%	1.75%	395,280	9.0%	1.18%	143,135
Iowa	71.3%	1.87%	492,283	21.5%	1.73%	147,893	7.3%	1.01%	50,396
Kansas	72.7%	1.77%	505,383	20.8%	1.66%	144,826	6.5%	0.87%	45,063
Kentucky	61.6%	1.99%	614,873	29.0%	1.85%	289,161	9.4%	1.22%	94,386
Louisiana	52.6%	2.50%	616,361	35.8%	2.46%	419,426	11.6%	1.47%	137,093
Maine	59.2%	1.89%	169,572	35.0%	1.86%	100,183	5.9%	0.79%	16,881
Maryland	71.7%	2.07%	1,004,836	19.4%	1.92%	272,139	8.9%	1.20%	124,073
Massachusetts	71.2%	1.77%	1,064,533	21.6%	1.64%	322,998	7.2%	0.95%	107,474
Michigan	66.2%	1.50%	1,675,850	27.5%	1.46%	697,237	6.3%	0.70%	160,357
Minnesota	76.3%	1.52%	951,377	17.2%	1.37%	214,585	6.5%	0.85%	80,694
Mississippi	46.9%	2.53%	358,002	39.9%	2.52%	304,826	13.2%	1.56%	100,494
Missouri	64.0%	2.02%	902,002	28.0%	1.94%	394,821	7.9%	1.02%	111,746
Montana	53.9%	2.59%	116,304	29.5%	2.45%	63,684	16.5%	1.96%	35,677
Nebraska	69.6%	1.82%	308,974	23.9%	1.70%	106,086	6.5%	0.89%	28,799
Nevada	67.2%	1.78%	408,614	16.1%	1.47%	97,126	16.7%	1.36%	101,599
New Hampshire	76.9%	1.59%	236,197	16.5%	1.43%	50,565	6.6%	0.85%	20,305
New Jersey	72.2%	1.48%	1,575,785	16.4%	1.29%	358,672	11.4%	0.97%	247,868
New Mexico	41.4%	2.33%	204,874	44.4%	2.40%	219,990	14.2%	1.60%	70,600
New York	59.1%	1.20%	2,711,186	31.9%	1.16%	1,463,170	9.0%	0.65%	413,774
North Carolina	60.1%	1.70%	1,271,037	28.4%	1.59%	598,617	11.6%	1.12%	244,095
North Dakota	72.8%	2.00%	105,621	18.7%	1.76%	27,107	8.6%	1.21%	12,440
Ohio	68.2%	1.43%	1,932,961	23.9%	1.34%	676,687	7.9%	0.79%	224,030
Oklahoma	53.5%	2.38%	457,648	29.2%	2.22%	249,557	17.4%	1.80%	148,930
Oregon	64.1%	2.06%	543,463	24.2%	1.86%	204,713	11.8%	1.23%	99,384
Pennsylvania	68.0%	1.35%	1,938,192	22.5%	1.20%	641,312	9.5%	0.93%	271,671
Rhode Island	65.2%	1.79%	163,978	28.5%	1.72%	71,680	6.3%	0.83%	15,871
South Carolina	60.1%	2.25%	618,382	31.6%	2.12%	325,683	8.3%	1.11%	85,688
South Dakota	65.0%	2.21%	125,238	26.7%	2.10%	51,281	8.3%	1.02%	16,025
Tennessee	61.6%	2.16%	862,228	27.9%	1.94%	390,703	10.4%	1.43%	146,130
Texas	50.4%	1.11%	3,186,723	28.9%	1.03%	1,825,363	20.7%	0.88%	1,308,765
Utah	72.8%	1.76%	560,201	17.5%	1.50%	134,266	9.7%	1.12%	74,858
Vermont	56.3%	2.10%	76,766	39.3%	2.09%	53,509	4.4%	0.81%	5,958
Virginia	73.1%	1.80%	1,334,759	18.4%	1.61%	335,350	8.5%	1.07%	155,259
Washington	60.9%	1.96%	911,895	31.4%	1.92%	470,824	7.7%	1.01%	115,216
West Virginia	56.1%	2.30%	220,854	35.3%	2.25%	139,162	8.6%	1.28%	33,966
Wisconsin	67.3%	1.87%	893,456	26.3%	1.80%	349,000	6.4%	0.87%	85,633
Wyoming	60.7%	2.15%	71,858	28.1%	2.03%	33,339	11.1%	1.32%	13,175
United States	61.8%	0.28%	45,528,742	26.9%	0.26%	19,851,180	11.3%	0.18%	8,321,039

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 2004 and 2005. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage.

Table 2: Health Insurance Status for Children (0-17 years) by State, 1997-1998

	Private			Public			Uninsured		
	Rate	Std. Error	Number	Rate	Std. Error	Number	Rate	Std. Error	Number
Alabama	63.6%	3.04%	642,562	21.4%	2.76%	215,496	15.0%	2.13%	151,421
Alaska	73.9%	2.60%	155,604	13.0%	1.95%	27,357	13.1%	1.86%	27,586
Arizona	57.2%	2.36%	784,914	17.2%	1.73%	235,635	25.7%	2.02%	352,462
Arkansas	59.4%	2.81%	423,001	19.0%	2.27%	136,982	21.6%	2.31%	156,429
California	57.2%	1.07%	5,342,997	24.5%	0.97%	2,285,158	18.3%	0.78%	1,711,521
Colorado	79.2%	2.29%	802,644	9.3%	1.66%	94,499	11.5%	1.69%	116,636
Connecticut	76.2%	2.79%	642,041	13.9%	2.42%	116,737	9.9%	1.76%	83,435
Delaware	62.8%	3.36%	129,623	22.3%	3.03%	45,911	14.9%	2.49%	30,891
District of Columbia	44.2%	4.20%	48,316	40.3%	4.58%	43,607	15.6%	2.99%	16,820
Florida	63.5%	1.62%	2,031,099	18.9%	1.37%	604,256	17.6%	1.21%	562,935
Georgia	56.4%	2.77%	1,198,735	26.6%	2.61%	564,252	17.0%	2.08%	359,821
Hawaii	73.2%	3.18%	222,821	20.2%	2.97%	61,515	6.6%	1.62%	20,134
Idaho	65.0%	2.44%	252,309	18.1%	1.98%	70,154	16.9%	1.83%	65,463
Illinois	70.5%	1.55%	2,474,343	17.4%	1.32%	610,980	12.1%	1.03%	424,393
Indiana	76.8%	2.38%	1,192,845	10.7%	1.84%	165,038	12.5%	1.73%	194,469
Iowa	77.1%	2.53%	575,457	13.6%	2.09%	101,480	9.3%	1.72%	69,379
Kansas	77.5%	2.49%	551,008	14.2%	2.19%	101,019	8.3%	1.49%	58,992
Kentucky	63.9%	2.85%	615,386	22.8%	2.41%	219,705	13.3%	2.04%	128,362
Louisiana	58.7%	2.91%	655,812	22.2%	2.57%	248,750	19.2%	2.24%	214,129
Maine	69.2%	3.14%	204,227	19.0%	2.64%	56,222	11.8%	2.09%	34,274
Maryland	78.9%	2.66%	969,510	8.1%	1.76%	100,879	13.0%	1.98%	158,805
Massachusetts	66.1%	2.26%	948,050	26.7%	2.19%	383,197	7.1%	1.06%	102,288
Michigan	68.0%	1.74%	1,873,116	23.4%	1.64%	642,519	8.6%	0.94%	239,170
Minnesota	71.2%	2.72%	1,004,146	20.9%	2.56%	294,954	7.9%	1.43%	111,923
Mississippi	60.8%	2.90%	467,479	20.0%	2.43%	153,759	19.2%	2.19%	147,295
Missouri	71.0%	2.89%	976,848	19.1%	2.66%	263,446	9.9%	1.67%	135,624
Montana	63.3%	2.74%	160,650	19.3%	2.32%	49,250	17.4%	2.06%	44,247
Nebraska	72.3%	2.67%	350,214	20.5%	2.56%	99,611	7.1%	1.19%	34,065
Nevada	71.1%	2.56%	357,099	9.1%	1.70%	44,789	19.8%	2.11%	99,435
New Hampshire	72.0%	3.04%	244,794	18.8%	2.76%	63,874	9.2%	1.77%	31,195
New Jersey	73.9%	1.75%	1,480,992	13.4%	1.49%	268,602	12.7%	1.17%	254,169
New Mexico	53.8%	2.67%	310,321	28.9%	2.50%	167,114	17.4%	1.86%	100,360
New York	59.0%	1.30%	2,809,406	26.9%	1.20%	1,282,270	14.0%	0.86%	667,659
North Carolina	63.9%	2.16%	1,169,519	21.4%	1.93%	392,167	14.6%	1.47%	267,576
North Dakota	71.0%	2.87%	127,924	13.7%	2.23%	24,752	15.2%	2.22%	27,401
Ohio	73.4%	1.72%	2,198,590	17.8%	1.59%	531,446	8.8%	0.95%	263,196
Oklahoma	65.6%	2.62%	575,276	16.1%	2.10%	141,337	18.3%	2.09%	158,973
Oregon	66.9%	2.84%	570,939	22.2%	2.54%	190,603	10.9%	1.74%	92,931
Pennsylvania	69.9%	1.71%	2,061,481	22.1%	1.61%	650,233	8.0%	0.94%	235,397
Rhode Island	73.6%	3.38%	161,519	18.8%	3.00%	40,749	7.6%	2.16%	16,548
South Carolina	66.9%	3.06%	676,725	17.7%	2.48%	179,281	15.4%	2.31%	156,601
South Dakota	73.9%	2.53%	137,814	14.5%	2.05%	27,024	11.5%	1.72%	21,608
Tennessee	56.8%	2.86%	837,259	32.9%	2.70%	484,135	10.3%	1.78%	151,609
Texas	55.6%	1.29%	3,230,491	20.4%	1.08%	1,190,151	24.0%	1.06%	1,396,573
Utah	76.2%	2.29%	517,050	12.9%	1.83%	87,459	10.8%	1.66%	73,474
Vermont	64.3%	3.28%	95,077	30.1%	3.23%	44,440	5.6%	1.26%	8,268
Virginia	74.2%	2.55%	1,239,527	15.1%	2.25%	253,277	10.7%	1.64%	177,790
Washington	68.9%	2.68%	1,070,440	23.2%	2.54%	362,305	7.9%	1.38%	122,553
West Virginia	58.7%	3.27%	203,122	32.0%	3.22%	110,745	9.3%	1.65%	32,276
Wisconsin	79.1%	2.67%	1,032,789	15.0%	2.56%	194,655	6.0%	1.20%	77,239
Wyoming	73.5%	2.39%	101,743	13.1%	1.83%	18,256	13.4%	1.75%	18,403
United States	65.3%	0.35%	46,905,644	20.5%	0.31%	14,742,017	14.2%	0.24%	10,204,191

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998 and 1999. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

Table 3: Change in Health Insurance Status for Children (0-17 years) by State, 1997-98 to 2003-04

	Private		Public		Uninsured	
	Percentage Point Change~	Percentage Change^	Percentage Point Change~	Percentage Change^	Percentage Point Change~	Percentage Change^
Alabama	-2.7	-4.2%	9.7	45.3% *	-7.0	-46.7% *
Alaska	-16.7	-22.6% *	18.1	139.2% *	-1.5	-11.3%
Arizona	-1.1	-1.9%	12.1	70.8% *	-11.1	-43.0% *
Arkansas	-7.9	-13.2% *	20.8	109.3% *	-12.9	-59.9% *
California	-0.9	-1.6%	6.8	27.6% *	-5.9	-31.9% *
Colorado	-9.3	-11.7% *	6.5	69.3% *	2.8	24.6%
Connecticut	-4.6	-6.0%	6.1	44.0% *	-1.5	-15.2%
Delaware	4.5	7.1%	-0.1	-0.5%	-4.4	-29.2%
District of Columbia	2.3	5.2%	3.8	9.5%	-6.1	-39.1%
Florida	-5.6	-8.8% *	7.9	42.1% *	-2.4	-13.3%
Georgia	-0.1	-0.1%	4.4	16.5%	-4.3	-25.3%
Hawaii	-1.7	-2.3%	1.8	9.1%	-0.1	-2.0%
Idaho	-5.0	-7.7%	10.8	59.5% *	-5.8	-34.1% *
Illinois	-2.1	-3.0%	3.5	20.1% *	-1.4	-11.6%
Indiana	-10.5	-13.7% *	14.1	132.1% *	-3.6	-28.4%
Iowa	-5.9	-7.6%	7.9	57.8% *	-2.0	-21.4%
Kansas	-4.8	-6.2%	6.6	46.6% *	-1.8	-21.8%
Kentucky	-2.3	-3.7%	6.2	27.4% *	-3.9	-29.2%
Louisiana	-6.1	-10.4%	13.7	61.7% *	-7.6	-39.4% *
Maine	-10.0	-14.5% *	16.0	84.2% *	-5.9	-50.1% *
Maryland	-7.2	-9.1% *	11.3	138.7% *	-4.1	-31.7%
Massachusetts	5.1	7.7%	-5.1	-19.2%	0.1	0.7%
Michigan	-1.8	-2.7%	4.1	17.6%	-2.3	-26.6% *
Minnesota	5.2	7.3%	-3.7	-17.7%	-1.5	-18.4%
Mississippi	-13.9	-22.9% *	19.9	99.6% *	-6.0	-31.3% *
Missouri	-7.0	-9.8% *	8.9	46.6% *	-1.9	-19.6%
Montana	-9.3	-14.8% *	10.2	52.7% *	-0.9	-4.9%
Nebraska	-2.8	-3.8%	3.4	16.5%	-0.6	-9.0%
Nevada	-3.9	-5.5%	6.9	76.0% *	-3.0	-15.2%
New Hampshire	4.9	6.8%	-2.3	-12.3%	-2.6	-28.0%
New Jersey	-1.7	-2.2%	3.0	22.4%	-1.3	-10.6%
New Mexico	-12.4	-23.1% *	15.5	53.7% *	-3.1	-17.9%
New York	0.1	0.1%	5.0	18.4% *	-5.0	-35.8% *
North Carolina	-3.9	-6.0%	6.9	32.3% *	-3.1	-21.0%
North Dakota	1.7	2.4%	4.9	35.8%	-6.6	-43.6% *
Ohio	-5.2	-7.1% *	6.1	34.4% *	-0.9	-10.1%
Oklahoma	-12.1	-18.5% *	13.0	80.8% *	-0.9	-5.1%
Oregon	-2.8	-4.2%	1.9	8.7%	0.9	8.0%
Pennsylvania	-2.0	-2.8%	0.4	1.9%	1.5	19.3%
Rhode Island	-8.4	-11.4% *	9.7	51.2% *	-1.3	-16.8%
South Carolina	-6.8	-10.2%	13.9	78.9% *	-7.1	-46.1% *
South Dakota	-9.0	-12.1% *	12.2	83.8% *	-3.2	-27.8%
Tennessee	4.8	8.4%	-5.0	-15.1%	0.2	1.5%
Texas	-5.1	-9.2% *	8.4	41.3% *	-3.3	-13.8% *
Utah	-3.4	-4.5%	4.5	35.1%	-1.1	-10.2%
Vermont	-8.0	-12.4% *	9.2	30.5% *	-1.2	-21.6%
Virginia	-1.1	-1.5%	3.2	21.4%	-2.1	-20.1%
Washington	-8.0	-11.6% *	8.2	35.3% *	-0.2	-2.5%
West Virginia	-2.6	-4.4%	3.3	10.3%	-0.7	-7.6%
Wisconsin	-11.8	-14.9% *	11.3	75.6% *	0.5	8.0%
Wyoming	-12.7	-17.3% *	15.0	114.2% *	-2.3	-17.0%
United States	-3.5	-5.4% *	6.4	31.3% *	-2.9	-20.5% *

** Indicates statistical difference between time periods at p<0.05.*

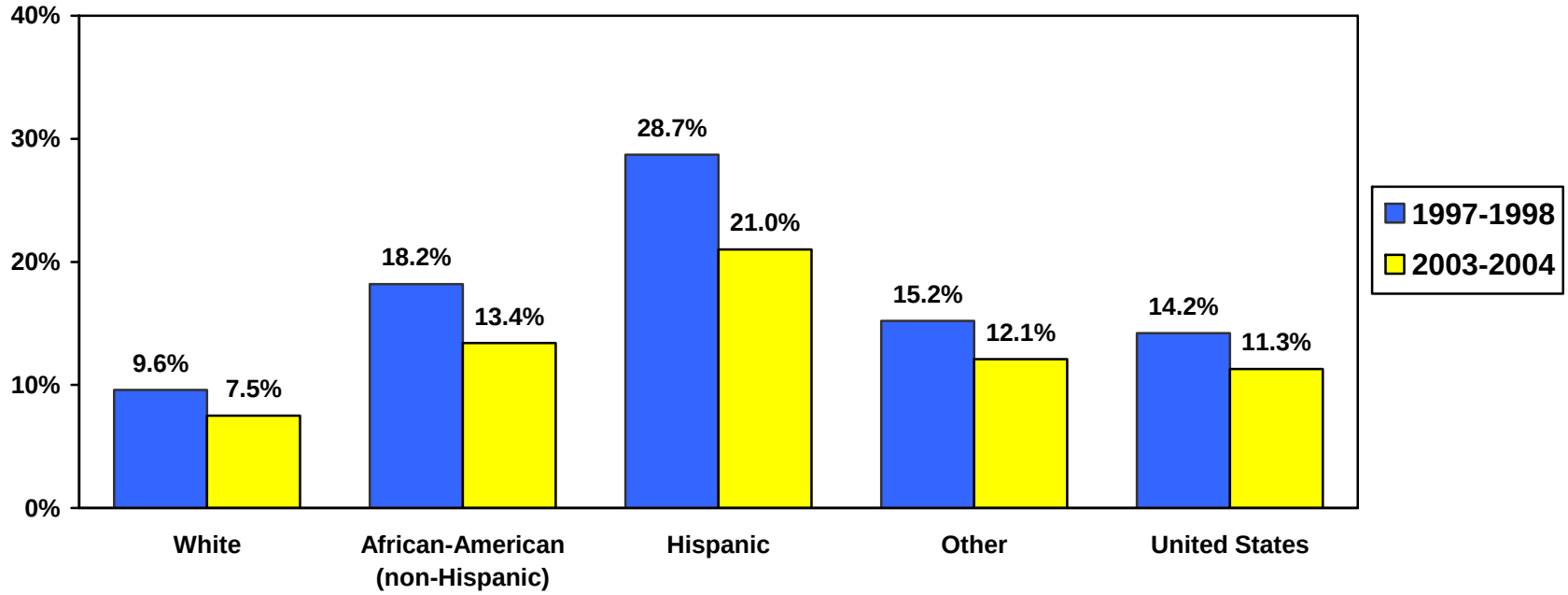
~ "Percentage point change" is the difference between the 2003-04 percent and the 1997-98 percent and represents the actual change in percentage.

^ "Percentage change" is the proportional change from 1997-98 to 2003-04 and represents the amount of change as a percent of the 1997-98 rate.

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. Note: In the CPS, respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

Non-white children have higher rates of uninsurance than white children in the United States.

Figure 4: Children (0-17 years) Lacking Health Insurance Coverage by Race/Ethnicity, 1997-1998 and 2003-2004

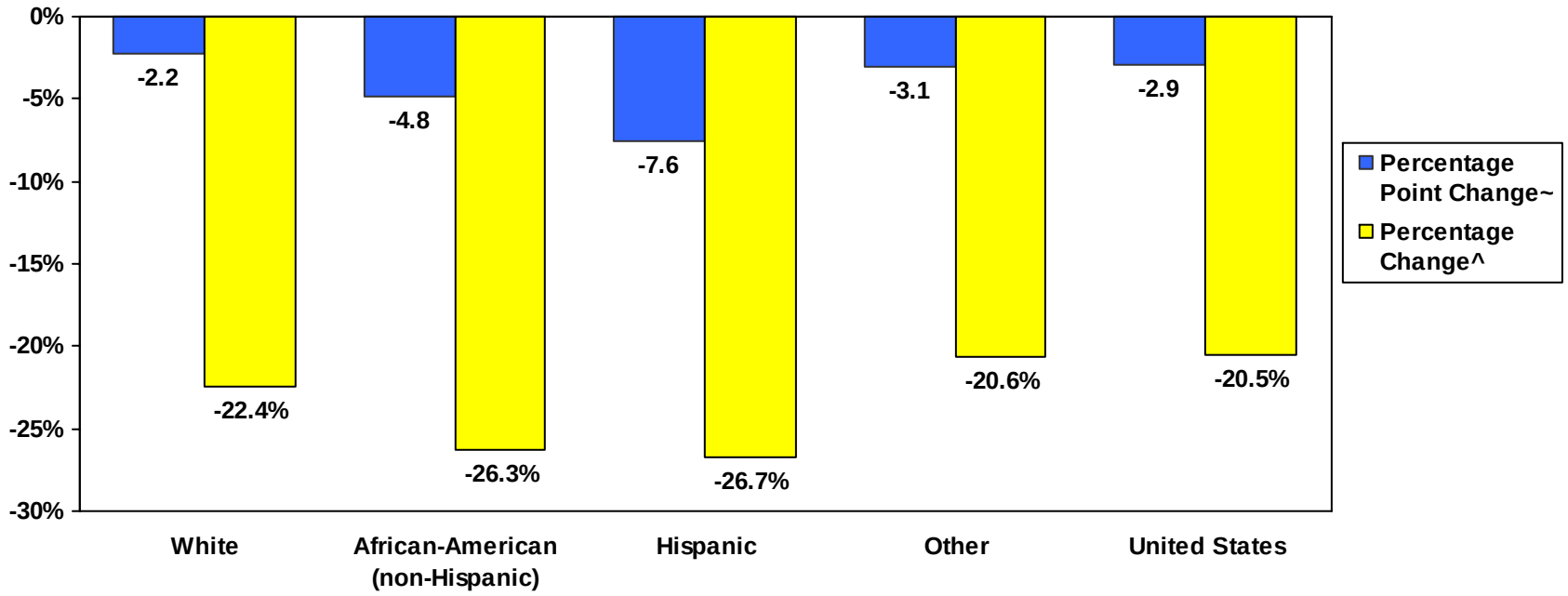


Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. "Other" race includes American Indian, Eskimo, Aleut, Asian and Pacific Islander.

- All groups of non-white children have higher rates of uninsurance than white children in both time periods.
- Hispanic children have the highest rate of uninsurance, at 21 percent in 2003-2004.
- African-American children (13.4%) have a higher incidence of uninsurance than white children (7.5%) in 2003-2004.

Hispanic children in the United States experienced the greatest decrease in uninsurance.

Figure 5: Children (0-17 years) Lacking Health Insurance Coverage by Race/Ethnicity, Change from 1997-1998 to 2003-2004



Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 2004 and 2005. "Other" race includes American Indian, Eskimo, Aleut, Asian and Pacific Islander.

~ "Percentage point change" is the difference between the 2003-04 percent and the 1997-98 percent and represents the actual change in percentage.

^ "Percentage change" is the proportional change from 1997-98 to 2003-04 and represents the amount of change as a percent of the 1997-98 rate.

- Nationally, uninsurance rates have declined by 20.5 percent in this time period.
- All groups of non-white children have greater percentage point declines in uninsurance than white children.
- Hispanic and non-Hispanic, African-American children have the greatest percentage point decline in uninsurance.

Table 4: Uninsurance Rates Among Children (0-17 years) by Race/Ethnicity, 2003-2004

	1997-1998		2003-2004		Percentage Point Change~	Percentage Change^
	Rate	Count	Rate	Count		
White	9.6%	4,404,242	7.5%	3,238,180	-2.2	-22.4% †
African-American (non-Hispanic)	18.2% *	2,031,822	13.4% *	1,576,146	-4.8	-26.3% †
Hispanic	28.7% *	3,193,854	21.0% *	2,964,527	-7.6	-26.7% †
Other Race	15.2% *	574,274	12.1% *	542,187	-3.1	-20.6% †
United States	14.2% *	10,204,191	11.3% *	8,321,039	-2.9	-20.5% †

** Indicates statistical difference from white at p<0.05.*

† Indicates statistical difference between time periods at p<0.05.

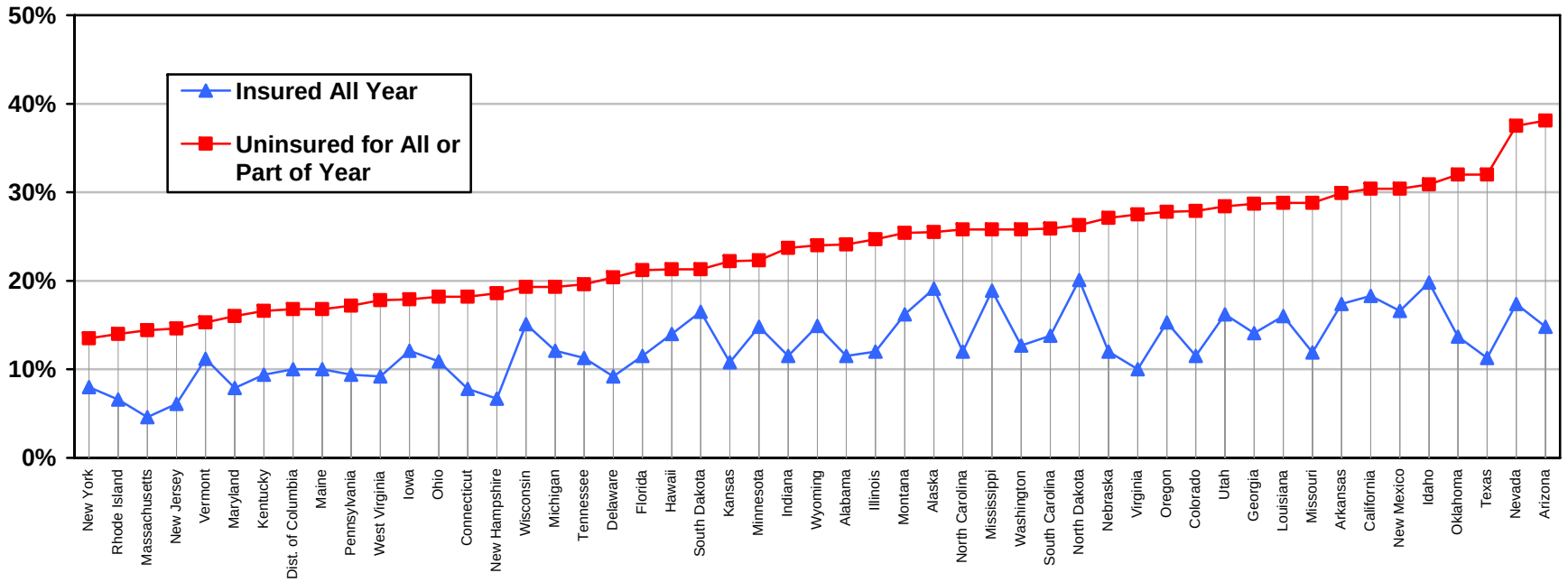
~ "Percentage point change" is the difference between the 2003-04 percent and the 1997-98 percent and represents the actual change in percentage.

^ "Percentage change" is the proportional change from 1997-98 to 2003-04 and represents the amount of change as a percent of the 1997-98 rate.

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 2004 and 2005. "Other" race includes American Indian, Eskimo, Aleut, Asian and Pacific Islander.

Children who are not insured all year in the United States are much less likely to receive any medical care.

Figure 6: Children (0-17 years) Not Receiving Any Medical Care by State, 2003



Source: State and Local Area Integrated Telephone Survey (SLAITS), National Survey of Children's Health (NSCH), 2003.

- Nationally, 25.6 percent of children who are uninsured for all or part of the year do not receive any medical care, compared to 12.3 percent of children who are insured all year.
- Children who are uninsured for all or part of the year are significantly less likely to receive any care in all but nine states.

Table 5: Percent of Children (0-17 years) Not Receiving Any Medical Care by State, 2003

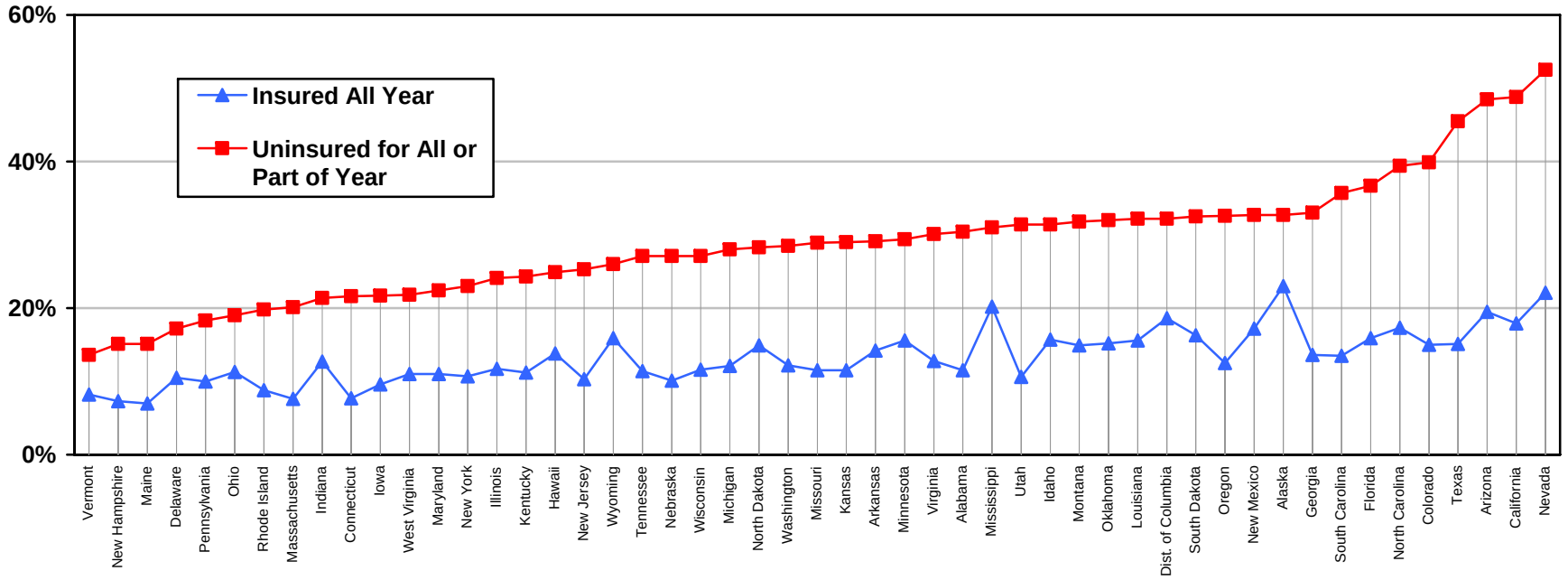
	Insured All Year			Uninsured for All or Part of Year			
	Rate	Std. Error	Number	Rate		Std. Error	Number
Alabama	11.5%	0.89%	109,739	24.1%	*	3.16%	36,249
Alaska	19.1%	1.23%	29,498	25.5%		3.07%	8,648
Arizona	14.8%	1.13%	171,303	38.1%	*	2.80%	134,259
Arkansas	17.4%	1.21%	98,948	29.9%	*	3.30%	33,121
California	18.3%	1.18%	1,407,849	30.4%	*	2.85%	512,925
Colorado	11.5%	1.02%	109,825	27.9%	*	3.06%	53,308
Connecticut	7.8%	0.77%	59,702	18.2%	*	3.65%	12,186
Delaware	9.2%	0.82%	16,296	20.4%	*	3.49%	4,305
District of Columbia	10.0%	0.96%	9,776	16.8%		3.63%	1,704
Florida	11.5%	0.97%	356,909	21.2%	*	2.52%	168,314
Georgia	14.1%	1.16%	271,564	28.7%	*	3.48%	105,345
Hawaii	14.0%	1.00%	37,718	21.3%		4.28%	5,790
Idaho	19.8%	1.20%	60,633	30.9%	*	2.90%	19,801
Illinois	12.0%	0.95%	342,048	24.7%	*	3.43%	92,522
Indiana	11.5%	1.02%	160,575	23.7%	*	3.43%	47,412
Iowa	12.1%	0.93%	74,048	17.9%		3.29%	14,302
Kansas	10.8%	0.91%	63,476	22.2%	*	2.97%	23,370
Kentucky	9.4%	0.87%	81,461	16.6%	*	2.74%	20,383
Louisiana	16.0%	1.09%	167,141	28.8%	*	3.45%	37,646
Maine	10.0%	0.88%	25,537	16.8%	*	3.17%	5,157
Maryland	7.9%	0.77%	99,561	16.0%	*	3.46%	18,666
Massachusetts	4.6%	0.57%	61,348	14.4%	*	3.31%	19,450
Michigan	12.1%	0.90%	272,930	19.3%	*	2.98%	53,078
Minnesota	14.8%	1.03%	162,663	22.3%	*	3.43%	31,541
Mississippi	18.9%	1.25%	121,729	25.8%		3.47%	29,454
Missouri	11.9%	0.85%	149,788	28.8%	*	4.20%	39,811
Montana	16.2%	1.07%	27,881	25.4%	*	2.81%	10,587
Nebraska	12.0%	0.92%	46,938	27.1%	*	4.27%	12,821
Nevada	17.4%	1.14%	76,221	37.5%	*	2.50%	53,308
New Hampshire	6.7%	0.72%	18,330	18.6%	*	3.43%	6,006
New Jersey	6.1%	0.65%	114,707	14.6%	*	2.99%	37,736
New Mexico	16.6%	1.28%	69,050	30.4%	*	3.28%	25,621
New York	8.0%	0.82%	316,186	13.5%	*	2.42%	71,638
North Carolina	12.0%	0.98%	213,814	25.8%	*	3.02%	78,302
North Dakota	20.1%	1.13%	25,794	26.3%		3.71%	4,657
Ohio	10.9%	0.89%	272,753	18.2%	*	3.23%	53,688
Oklahoma	13.7%	1.05%	95,225	32.0%	*	2.98%	57,246
Oregon	15.3%	1.03%	105,432	27.8%	*	2.62%	43,413
Pennsylvania	9.4%	0.83%	235,160	17.2%	*	3.17%	56,256
Rhode Island	6.6%	0.74%	14,379	14.0%	*	2.94%	3,457
South Carolina	13.8%	0.96%	123,159	25.9%	*	3.26%	32,146
South Dakota	16.5%	1.11%	28,152	21.3%		3.44%	4,651
Tennessee	11.3%	0.93%	137,991	19.6%	*	3.45%	33,169
Texas	11.3%	0.95%	528,859	32.0%	*	2.48%	493,518
Utah	16.2%	1.24%	100,958	28.4%	*	3.58%	32,569
Vermont	11.2%	0.88%	14,227	15.3%		3.69%	1,464
Virginia	10.0%	0.85%	157,070	27.5%	*	3.41%	59,732
Washington	12.7%	0.97%	166,617	25.8%	*	3.59%	45,094
West Virginia	9.2%	0.79%	31,221	17.8%	*	2.65%	8,951
Wisconsin	15.1%	1.08%	178,222	19.3%		3.41%	28,581
Wyoming	14.9%	0.98%	15,195	24.0%	*	2.82%	4,352
United States	12.3%	0.22%	7,635,605	25.6%	*	0.71%	2,787,711

** Indicates statistical difference from Insured All Year at p<0.05.*

Source: State and Local Area Integrated Telephone Survey (SLAITS), National Survey of Children's Health (NSCH), 2003.

Uninsured children in the United States are less likely to have a "medical home."

Figure 7: Percent of Children (0-17 years) Without a Personal Doctor or Nurse, 2003



Source: State and Local Area Integrated Telephone Survey (SLAITS), National Survey of Children's Health (NSCH), 2003.

- Among children uninsured for all or part of the year, 35 percent do not have a personal doctor or nurse. This is significantly higher than among children insured all year, at 13.5 percent.
- Children who are uninsured for all or part of the year are significantly less likely to have a personal doctor or nurse in all but one state (Virginia).

Table 6: Percent of Children (0-17 years) Without a Personal Doctor or Nurse, 2003

	Insured All Year			Uninsured for All or Part of Year			
	Rate	Std. Error	Number	Rate		Std. Error	Number
Alabama	11.5%	0.97%	110,017	30.4%	*	3.52%	45,788
Alaska	23.0%	1.28%	35,506	32.7%	*	3.44%	11,068
Arizona	19.5%	1.34%	226,013	48.5%	*	2.83%	170,905
Arkansas	14.2%	1.13%	80,721	29.1%	*	3.31%	32,242
California	17.9%	1.14%	1,373,354	48.8%	*	3.07%	824,271
Colorado	15.0%	1.13%	143,635	39.9%	*	3.24%	76,257
Connecticut	7.7%	0.74%	58,944	21.6%	*	3.73%	14,530
Delaware	10.5%	0.93%	18,681	17.2%	*	2.94%	3,634
District of Columbia	18.6%	1.24%	18,089	32.2%	*	4.10%	3,272
Florida	15.9%	1.17%	496,708	36.7%	*	3.03%	291,060
Georgia	13.6%	1.15%	260,228	33.0%	*	3.47%	121,210
Hawaii	13.8%	1.02%	37,235	24.9%	*	4.65%	6,789
Idaho	15.7%	1.05%	48,127	31.4%	*	2.87%	20,110
Illinois	11.7%	0.94%	332,871	24.1%	*	3.61%	90,191
Indiana	12.7%	1.04%	177,856	21.4%	*	3.00%	42,767
Iowa	9.6%	0.81%	58,806	21.7%	*	3.34%	17,359
Kansas	11.5%	1.03%	67,685	29.0%	*	3.31%	30,555
Kentucky	11.2%	1.01%	97,369	24.3%	*	3.38%	29,891
Louisiana	15.6%	1.10%	162,110	32.2%	*	3.70%	42,035
Maine	7.0%	0.75%	17,751	15.1%	*	2.98%	4,629
Maryland	11.0%	0.91%	137,663	22.4%	*	3.61%	26,135
Massachusetts	7.6%	0.77%	102,671	20.1%	*	3.64%	27,146
Michigan	12.1%	0.89%	272,793	28.0%	*	3.71%	77,080
Minnesota	15.6%	1.08%	171,839	29.4%	*	4.04%	41,619
Mississippi	20.2%	1.31%	129,917	31.0%	*	3.69%	35,416
Missouri	11.5%	0.91%	145,219	28.9%	*	3.98%	39,903
Montana	14.9%	1.10%	25,642	31.8%	*	3.01%	13,278
Nebraska	10.1%	0.89%	39,476	27.1%	*	4.31%	12,836
Nevada	22.1%	1.27%	96,781	52.5%	*	2.58%	74,608
New Hampshire	7.3%	0.70%	19,981	15.1%	*	2.96%	4,871
New Jersey	10.3%	0.89%	192,591	25.3%	*	3.43%	65,216
New Mexico	17.2%	1.28%	71,343	32.7%	*	3.40%	27,497
New York	10.7%	0.99%	426,664	23.0%	*	3.49%	121,754
North Carolina	17.3%	1.15%	307,657	39.4%	*	3.50%	119,816
North Dakota	14.9%	1.01%	19,101	28.3%	*	3.87%	5,019
Ohio	11.3%	0.90%	283,380	19.0%	*	3.04%	56,176
Oklahoma	15.2%	1.18%	105,968	32.0%	*	2.88%	57,294
Oregon	12.5%	0.98%	85,851	32.6%	*	2.76%	50,950
Pennsylvania	10.0%	0.86%	248,444	18.3%	*	2.79%	59,704
Rhode Island	8.8%	0.82%	19,199	19.8%	*	3.71%	4,897
South Carolina	13.5%	0.96%	121,098	35.7%	*	3.81%	44,314
South Dakota	16.3%	1.23%	27,773	32.5%	*	4.53%	7,107
Tennessee	11.4%	1.00%	139,563	27.1%	*	3.84%	45,806
Texas	15.1%	1.09%	705,457	45.5%	*	2.64%	701,294
Utah	10.6%	0.97%	65,928	31.4%	*	3.71%	36,027
Vermont	8.2%	0.79%	10,463	13.6%		3.37%	1,300
Virginia	12.8%	0.94%	201,304	30.1%	*	3.41%	65,310
Washington	12.2%	0.94%	160,092	28.5%	*	3.54%	49,690
West Virginia	11.0%	0.94%	37,411	21.8%	*	2.93%	10,964
Wisconsin	11.6%	0.97%	136,330	27.1%	*	3.97%	40,157
Wyoming	15.9%	1.02%	16,230	26.0%	*	2.87%	4,723
United States	13.5%	0.22%	8,345,535	35.0%	*	0.79%	3,806,472

** Indicates statistical difference from Insured All Year at p<0.05.*

Source: State and Local Area Integrated Telephone Survey (SLAITS), National Survey of Children's Health (NSCH), 2003.

Methods & Resources

All analysis for this report was done using the Current Population Survey (CPS) and the National Center for Health Statistics (NCHS) 2003 National Survey of Children's Health (NSCH).

The CPS is a monthly survey that the Census Bureau conducts for the Bureau of Labor Statistics to provide data on labor force participation and unemployment. As the official source of government statistics on employment status and income, data on health insurance coverage is collected through the Annual Social and Economic Supplement (ASEC), which was initially added to the CPS in March of each year and was expanded to February through April beginning in 2001. The CPS ASEC is both nationally and state representative and has included approximately 78,000 households per year since 2000 (U.S. Census Bureau 2002; Davern et al. 2003). The reference period for insurance coverage in the ASEC is the previous calendar year. The 2003 ASEC response rate was 85 percent, and the data were collected through a combination of telephone and in-person modes using computer-assisted instruments (U.S. Census Bureau 2002). The 1998, 1999, 2004 and 2005 ASEC data are used in these analyses. All rates cited in this report are based on weighted estimates. The complex survey design is corrected for using StataSE version 9.1 software. The sample for our analysis is limited to children aged 0-17. Data for which there are 50 or less unweighted observations within a state are not reported, as such a small number of respondents can generate imprecise and misleading estimates. All reported differences are significant at $p<0.05$.

The NSCH is a national survey that examines the physical and emotional health of children aged 0-17. The survey is administered by telephone to parents or guardians of children 17 years of age and younger in all states and the District of Columbia (Blumberg et al. 2005). This report only includes responses from the 50 states and the District of Columbia for children age 17 and younger. The NSCH survey employs the sample design of the National Immunization Survey, a random sample of telephone numbers within 78 Immunization Action Plan areas. All rates cited in this report are based on weighted estimates. The complex survey design is corrected for using StataSE version 9.1 software. The overall (median) response rate for the 2003 NSCH Survey was 55.3 percent (Blumberg et al. 2005). The sample size for our analysis is 102,353 observations (weighted count of 72,736,965). Missing values were imputed using the hotdeck methodology in StataSE 9.1. Data for which there are 50 or less unweighted observations within a state are not reported, as such a small number of respondents can generate imprecise and misleading estimates. All reported differences are significant at $p<0.05$. Additional information about the NSCH is available at: http://www.cdc.gov/nchs/slaits.htm.

Additional Information on Source Data

To select a single source of data for the state-by-state analyses conducted for the Back-to-School analysis, SHADAC considered the availability of the following:

- Consistent and timely data from all 50 states and Washington, DC
- Large annual sample sizes in all states
- Health insurance coverage measures
- Large state samples of minority group members
- Data on children

The two surveys that scored the highest on those criteria were the National Center of Health Statistics National Survey of Children's Health (NSCH) survey and the Census Bureau's Current Population Survey Annual Social and Economic Supplement (CPS ASEC). These surveys produce estimates of health insurance coverage for all 50 states and Washington, DC. Our choice of survey impacts our point estimates of the percent and number of children with particular characteristics such as health insurance coverage and race/ethnicity.

Survey data are known to undercount the number of people enrolled in public health insurance coverage (Call et al. 2002). The estimates of public health insurance coverage from the CPS ASEC are therefore lower than enrollment counts from administrative data for each of the states and the nation as a whole. Therefore the estimate of the number of children enrolled in public health insurance (e.g., Medicaid or SCHIP) from the CPS ASEC is likely an undercount. These data, however, are the only source of state by state information on the uninsured and those with private coverage. Also the evidence to date demonstrates little bias from the public health insurance program undercount in surveys on the estimate of the uninsured (Call et al, 2002). Furthermore, since the conclusions in this report are drawn from survey data in both periods they would both likely be biased downward in a similar fashion.

For more information regarding these tabulations, please contact the State Health Access Data Assistance Center:

Web: **www.shadac.org**
E-mail: shadac@umn.edu
Voice: 612-624-4802
Fax: 612-624-1493

Methods

The literature has explored the specific differences among surveys that measure health insurance coverage (Nelson et al. 2003; Congressional Budget Office 2003; Fronstin 2000; Lewis, Elwood and Czajka 1998; Farley-Short 2001). The NSCH and the CPS ASEC surveys differ in:

- Sample design and sample frame
- Population coverage
- Survey non-response
- Mode of survey administration
- Operationalization of the concept of uninsurance
- Data processing procedures (e.g., editing and imputation)

Sample selection, sample frame and population coverage:

NSCH and CPS ASEC use different sampling strategies – NSCH samples telephone numbers using random-digit dialing (RDD), and CPS ASEC samples households from an address-listing file (updated continuously by the Census Bureau). Thus, population coverage varies by survey as households without telephones are included in the CPS ASEC, but not in the NSCH. Also, people in phoneless households are more likely to be uninsured than those with telephones (Davern, Lepkowski et al. 2004). Furthermore, population coverage problems in RDD-only surveys affect concepts other than health insurance, because people in households with telephones have different characteristics than those in households without telephones (Groves 1990; Keeter 1995).

Mode of survey administration and survey non-response:

CPS ASEC is a mixed mode survey using both telephone and in-person interviews. In-person interviews are used for the first month a household and/or family is included in the sample, and primarily by telephone thereafter. The 2003 NSCH was a telephone-only survey, which tends to have lower response rates than mixed-mode government surveys like the CPS ASEC. The median response rate for the 2003 NSCH was 55.3 percent, compared to the CPS ASEC's 84 percent.

Furthermore, evidence indicates some differences in sample demographic representation in telephone-only surveys compared to mixed-mode or in-person only surveys (Groves 1990; Groves and Kahn 1979; Thornberry and Massey 1988). For example, telephone surveys tend to have a smaller percentage of people in lower income categories, and a smaller percentage of people with less than a high school education.

Methods

Operationalization of the concept of uninsurance:

The manner in which surveys operationalize the concept of uninsurance includes both the reference period (or the timeframe addressed by the survey questions) and the timing of data collection activities.

Reference period: CPS ASEC employs a list of specific possible types of health insurance coverage and elicits responses regarding coverage at any time during the previous calendar year.

Specifically, the CPS ASEC question stem asks the respondent if s/he or anyone else in the household had the following types of insurance coverage at any point during the last year:

- Employer-based
- Private insurance (self-purchased insurance)
- Medicaid
- Medicare
- State-specific health insurance programs (including SCHIP)
- CHAMPUS/VA/Military Health Care

Respondents are classified as uninsured if they do not answer "yes" to any of the above options. Beginning in 2000, if no coverage is reported, an uninsurance verification question is asked:

- I have recorded that (READ NAMES) were not covered by a health plan at any time in YEAR. Is that correct?
- (IF NO) Who should be marked as covered?
- (FOR EACH PERSON) What type of insurance was (NAME) covered by in YEAR? (READ LIST)

Methods

The addition of the verification question results in more people reporting that they have health insurance coverage compared to earlier years of the CPS. In order to make the data comparable over time, data from the 1998 and 1999 CPS were manipulated as to impute what individuals would have said had they been asked the same verification question. The hotdeck procedure was implemented in Stata SE 9.1 to impute values to this question.

In the CPS respondents are allowed to report up to six different types of insurance from the list. If a respondent does not report any type of health insurance coverage, they are considered uninsured. The NSCH, by contrast, asks two general questions about the respondent's health insurance coverage at the point in time s/he is interviewed:

> Does **[CHILD]** have any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicaid?
> **[Is that coverage,/Is [he/she] insured by]** Medicaid or the State Children's Health Insurance Program, SCHIP? In this state, the program is sometimes called **[FILL MEDICAID NAME, SCHIP NAME]**.

Despite the fact that the CPS ASEC health insurance items use the entire last year as the reference period for the health insurance coverage survey items, there is considerable debate about what these estimates actually measure. Officially, the Census Bureau refers to the 2005 CPS ASEC health insurance estimates as representing those people who lacked insurance for the entire calendar year 2004. Some researchers, however, feel that the estimates actually reflect a point-in-time estimate as of the interview (Congressional Budget Office 2003; Swartz 1994; Nelson and Short 1990). This assertion is based on comparing the CPS estimates derived from other surveys such as the National Health Interview Survey (NHIS) and the Medical Expenditure Panel Survey (MEPS).

Methods

Timing of data collection:

The NSCH was conducted from January 2003 – July 2004, while the CPS ASEC is conducted in February through April of each year (Blumberg et al. 2005; US Census Bureau 2002).

Data processing procedures:

SHADAC imputed the NSCH missing data items, while the Census Bureau fully imputes and edits the CPS ASEC data file. Both SHADAC's and the Census Bureau's method of imputing data employ hotdeck methodology. However, the specific hotdeck methods used to impute the data differed significantly, and these differences can introduce bias into the estimates (Davern, Blewett et al. 2004; Little and Rubin 1987). Data editing procedures can introduce differences in survey estimates as well. For example, the CPS ASEC edits children to have Medicaid if one of the primary family members reports TANF income, regardless of whether Medicaid coverage was reported (Lewis et al. 1998).

Comparing survey estimates from different surveys:

Though the CPS ASEC and other health insurance coverage surveys offer different point estimates of insurance coverage rates, the major findings from these surveys are similar. Namely, that there are many children in every state without health insurance, and minority populations are less like to be insured.

Conclusions:

The NSCH, NHIS and CPS ASEC have advantages and disadvantages, depending on one's analysis design and criteria. The criteria used by the SHADAC researchers led them to choose the NSCH for the Back-to-School state-by-state analysis. Many states collect extremely high-quality data on health insurance coverage, and its relationship to the factors examined in the Back-to-School report. However, when the objective is comparing all the states to each other, the options are narrowed to either the CPS ASEC or the NSCH.

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Appendix A: Estimated Change in Number of Children (0-17 years) by Health Insurance Status and State, 1997-98 to 2003-04

	Private	Public	Uninsured
Alabama	26,275	125,695	-63,294
Alaska	-47,134	31,697	-5,524
Arizona	83,281	218,881	-125,697
Arkansas	-71,055	135,246	-97,406
California	50,714	706,070	-516,436
Colorado	12,823	89,268	50,477
Connecticut	-35,331	52,524	-12,382
Delaware	2,923	-2,172	-10,149
District of Columbia	3,378	5,385	-6,321
Florida	295,732	473,460	50,892
Georgia	108,066	154,773	-66,163
Hawaii	-8,595	4,615	-733
Idaho	-24,467	39,043	-23,425
Illinois	-267,677	63,349	-80,248
Indiana	-136,295	230,242	-51,334
Iowa	-83,174	46,413	-18,983
Kansas	-45,625	43,807	-13,929
Kentucky	-513	69,456	-33,976
Louisiana	-39,451	170,676	-77,036
Maine	-34,655	43,962	-17,394
Maryland	35,326	171,260	-34,733
Massachusetts	116,483	-60,199	5,186
Michigan	-197,266	54,719	-78,813
Minnesota	-52,770	-80,369	-31,229
Mississippi	-109,478	151,067	-46,801
Missouri	-74,846	131,375	-23,878
Montana	-44,347	14,434	-8,570
Nebraska	-41,241	6,475	-5,266
Nevada	51,515	52,337	2,165
New Hampshire	-8,598	-13,309	-10,890
New Jersey	94,793	90,070	-6,301
New Mexico	-105,447	52,876	-29,760
New York	-98,220	180,900	-253,885
North Carolina	101,519	206,450	-23,481
North Dakota	-22,304	2,355	-14,962
Ohio	-265,629	145,241	-39,166
Oklahoma	-117,629	108,220	-10,044
Oregon	-27,477	14,110	6,454
Pennsylvania	-123,289	-8,921	36,274
Rhode Island	2,459	30,931	-677
South Carolina	-58,343	146,402	-70,913
South Dakota	-12,576	24,258	-5,583
Tennessee	24,970	-93,432	-5,479
Texas	-43,768	635,213	-87,809
Utah	43,151	46,808	1,385
Vermont	-18,311	9,069	-2,310
Virginia	95,232	82,073	-22,532
Washington	-158,545	108,520	-7,337
West Virginia	17,732	28,417	1,690
Wisconsin	-139,334	154,345	8,395
Wyoming	-29,885	15,083	-5,229
United States	-1,376,902	5,109,163	-1,883,152

Notes:

- ***Results are not tested for statistical significance.***
- *The number of children in some states and the nation as a whole was re-calibrated by Census 2000, which falls in the middle of this time period.*

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey 1998, 1999, 2004 and 2005. Note: In the CPS respondents are allowed to report more than one type of health insurance coverage. Those reporting both public and private coverage are considered to have public health insurance coverage. The addition of an insurance verification question to the CPS in 2000 results in more people reporting that they have health insurance coverage compared to earlier years. In order to make the data comparable over time, data from the 1998 and 1999 CPS were imputed to simulate the impact of having a verification question. The hotdeck imputation procedure was implemented in Stata SE 9.1.

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