



Closing the Gap on Healthcare for Arkansas Children

Arkansas Advocates for Children & Families
Arkansas Kids Count Coalition
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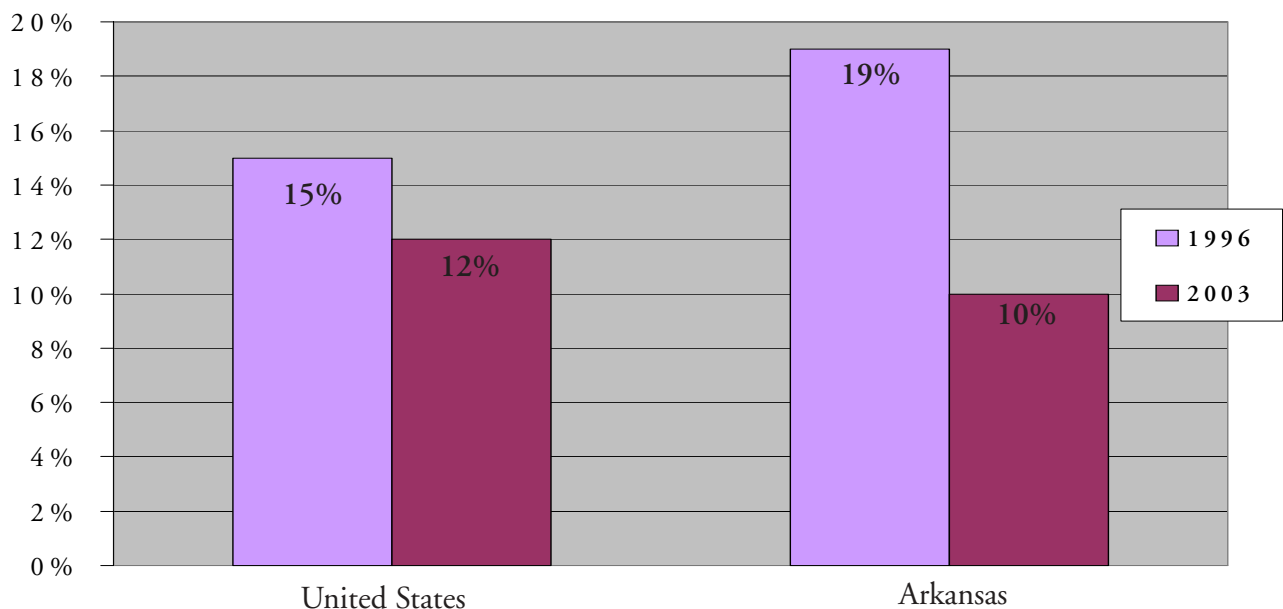
Arkansas's Uninsured Children Update

In 1997, Arkansas created the ARKids First Program, an expansion of Medicaid to cover children in low-income working families up to 200 percent of the federal poverty line. Since that time, Arkansas Advocates for Children & Families (AACF) has worked with the Department of Health and Human Services (DHHS) and other statewide partners to reduce the number of children in the state who lack health insurance. Our outreach and enrollment efforts have been a model for many states in the nation and have been among the most successful.

Arkansas has realized drastic reductions in the percent of uninsured children (from 19 percent in 1996 to 10 percent in 2003).

The chart on page 2 shows each state and a comparison of their 1996 uninsured rate for children to the 2003 uninsured rate for children. Arkansas has decreased its percent of uninsured children by 9 percentage points which ranks them first in the nation along with South Carolina for reducing the percent of uninsured children. Arkansas has seen a 47.4 percent decrease in the percent of children uninsured during this seven year time period.

Percent of Uninsured Children: United States Compared to Arkansas



Data Source: Special census data run by Annie E. Casey Foundation for Arkansas

State Comparison of Change in Percent of Uninsured Children 1996 to 2003

	Percent of all children ages 0-18 with no insurance	Percent of all children ages 0-18 with no insurance	Changes in percent- age of uninsured children
	1996	2003	
United States	15	12	-3
Alabama	15	9	-6
Alaska	11	12	1
Arizona	23	15	-8
Arkansas	19	10	-9
California	19	13	-6
Colorado	15	15	0
Connecticut	11	8	-3
Delaware	13	10	-3
District of Columbia	15	9	-6
Florida	17	16	-1
Georgia	15	13	-2
Hawaii	7	7	0
Idaho	13	12	-1
Illinois	10	11	1
Indiana	11	9	-2
Iowa	11	7	-4
Kansas	10	7	-3
Kentucky	15	11	-4
Louisiana	20	12	-8
Maine	14	7	-7
Maryland	11	9	-2
Massachusetts	9	7	-2
Michigan	8	7	-1
Minnesota	7	6	-1
Mississippi	19	12	-7

State Comparison of Change in Percent of Uninsured Children 1996 to 2003

	Percent of all children ages 0-18 with no insurance	Percent of all children ages 0-18 with no insurance	Changes in percent- age of uninsured children
	1996	2003	
Missouri	12	7	-5
Montana	11	16	5
Nebraska	9	6	-3
Nevada	19	18	-1
New Hampshire	10	6	-4
New Jersey	14	11	-3
New Mexico	23	15	-8
New York	14	10	-4
North Carolina	14	12	-2
North Dakota	8	8	0
Ohio	10	8	-2
Oklahoma	21	16	-5
Oregon	14	12	-2
Pennsylvania	9	10	1
Rhode Island	10	6	-4
South Carolina	17	8	-9
South Dakota	9	8	-1
Tennessee	15	9	-6
Texas	24	21	-3
Utah	10	10	0
Vermont	7	5	-2
Virginia	11	10	-1
Washington	11	9	-2
West Virginia	10	9	-1
Wisconsin	6	6	0
Wyoming	14	12	-2

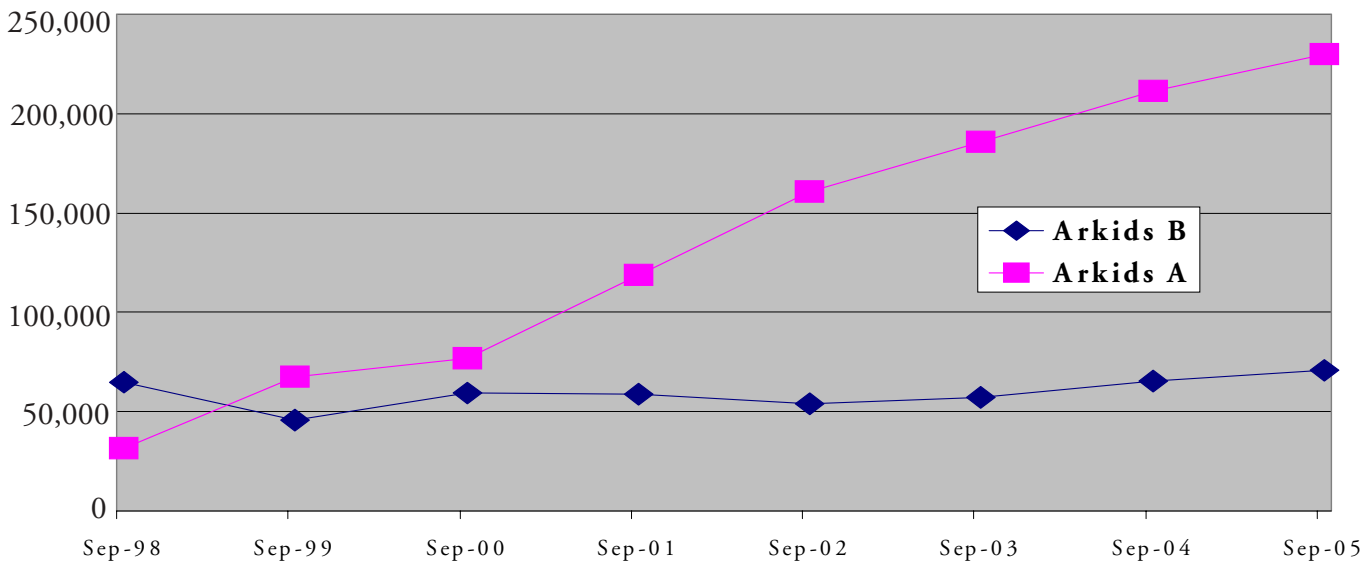
*Data Source: Special census data run by Annie E. Casey Foundation for Arkansas
1996 estimates were compiled using CPS data from 1995-97, while 2003 estimates are based on 2002 - 04 data*

During this same time, Medicaid has seen drastic increases in the number children enrolled. The number of children utilizing Medicaid has increased from 127,000 in the fall of 1997 to 352,000 in September 2005. More than half the children in the state are now covered by Medicaid.

The ARKids First program now includes both traditional Medicaid (ARKids A) and the

Medicaid expansion up to 200 percent of poverty (ARKids B). The direct outreach effort led by AACF focused on enrolling children in ARKids First A & B, which includes the majority of the children enrolled in Medicaid. Currently 229,000 children are enrolled in ARKids A and 70,000 are enrolled in ARKids B.

ARKids First A & B Enrollment Trends September 1998 - September 2005



The enrollment figures are reflective of the enrollment in the Medicaid categories that currently make up ARKids A and B.
Data Source: Special census data run by Annie E. Casey Foundation for Arkansas

Closing the Gap

In 1996, a child living in a family making less than 200 percent of poverty was twice as likely to be uninsured than a child living in a family with an income over 200 percent of poverty. From the beginning, ARKids First was designed to reach those children and provide them with access to health insurance. ARKids First has been tremendously successful, both in cutting uninsured rates for low-income children and narrowing the gap in uninsured rates across income groups.

According to Current Population Survey data compiled by the Annie E. Casey Foundation, in 1996

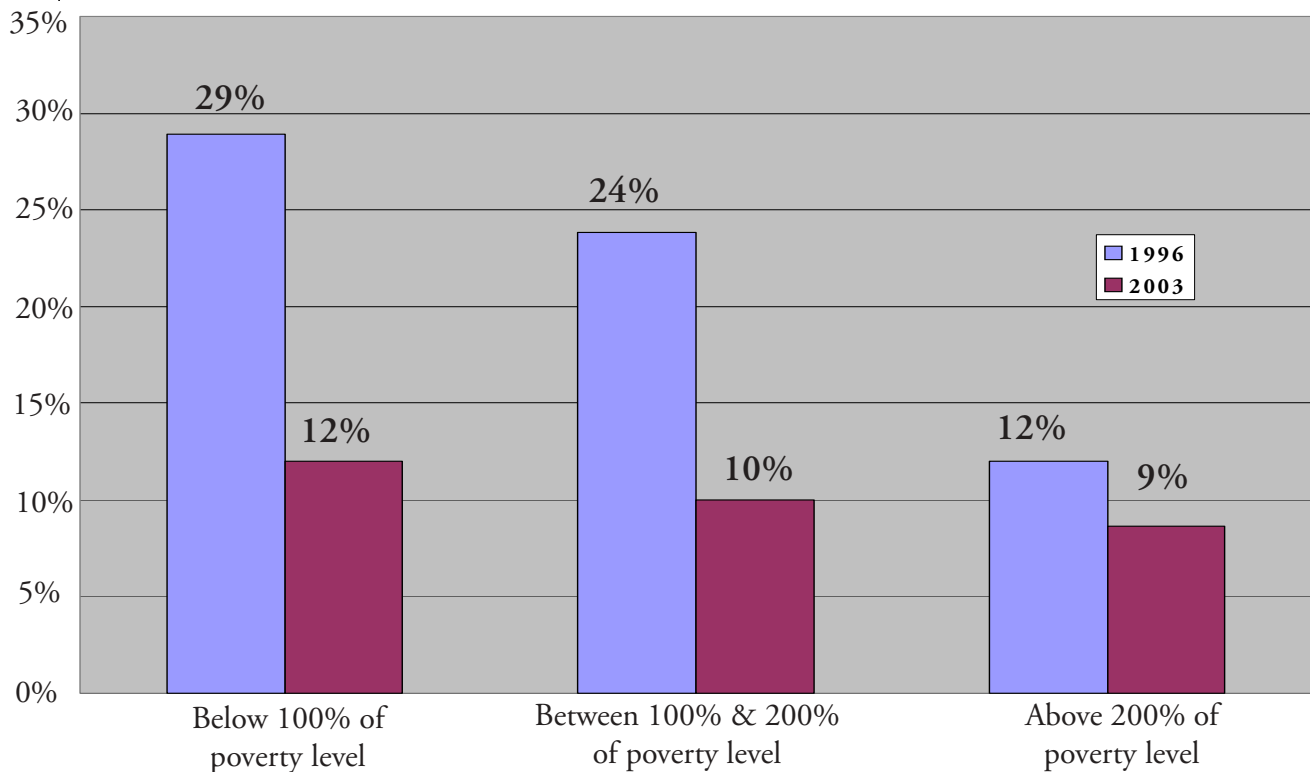
(before the start-up of ARKids First), 29 percent of the children living in families with incomes under 100 percent of poverty were uninsured, compared to 12 percent for children in families with incomes over 200 percent of poverty. This gap has narrowed considerably as a result of ARKids First. In 2003, only 12 percent of the children in families with incomes less than 100 percent of poverty were insured, compared to 9 percent of children over 200 percent of the poverty line.

While uninsured rates have decreased at all income levels, the greatest decrease has been in the

percent of children lacking insurance in families with income between 100 percent and 200 percent of poverty (24 percent versus 10 percent). These children were the original target of the ARKids First expansion in 1997. Today approximately 70,000

children still lack health insurance in Arkansas, 38,000 of them live in households with incomes under 200 percent. These 38,000 children would be potentially eligible for either ARKids A or ARKids B.

**Percent of Arkansas Children Uninsured by Poverty Level
1996 vs. 2003**



*Data Source: Analysis of Current Population Survey data by the Annie E. Casey Foundation.
1996 estimates were compiled using CPS data from 1995-97, while 2003 estimates are based on 2002 - 04 data*

Who are the uninsured?

When ARKids First was implemented the goal was to reach all low-income children in the state. The percentage of uninsured children in the lower income brackets was so great that focusing outreach efforts on all low income families was a good use of resources. Now that so many have been enrolled it is a good time to re-examine the characteristics of today's uninsured children.

Income

According to data compiled by the Annie E. Casey the total number of children who are uninsured is 69,151. Of these a larger number are still living in households under 200 percent. The gap has narrowed over the last 10 years, but a child still has a higher probability of being uninsured if he or she lives in a low-income household.

Demographics of Uninsured Children in Arkansas

	Percent uninsured	Percent of all uninsured children
Below 200% of poverty	10.8%	55.0%
Above 200% of poverty	8.7%	44.8%
Under Age 6	7.9%	26.0%
6 to 18 year olds	10.7%	75.2%
White	10.0%	63.2%
African-American	7.0%	19.9%
Hispanic	28.0%	10.1%
Other	18.0%	6.8%

*Data Source: Percent Uninsured by Race- Arkansas Center for Health Improvement 2004 Household Survey
All other table data from Annie E. Casey Foundation*

Age

According to Current Population Survey data compiled by the Annie E. Casey Foundation, 11 percent of children ages 6 – 18 are uninsured, compared to only 8 percent of children under age 6 lacking health insurance. While the percent of uninsured in both age categories has declined over the past years, there is still a substantially larger percentage of children who lack insurance in the older age category.

Race

Ethnicity has traditionally been a marker of who may lack health insurance. The results from a 2004 household survey conducted by Arkansas Center for Health Improvement shows that 10 percent and 7 percent of white and African – American children respectively, lack health insurance.

Nearly 4 in 10 (39 percent) Hispanic children lack health insurance.

Although uninsured rates for whites are comparable to African-American children, most of the state’s uninsured children are white (because of their greater numbers in the overall population). White children comprise 63 percent of the state’s uninsured children, while African American and Hispanic children comprise 20 percent and 10 percent, respectively of all uninsured children.

Implications for Future Outreach Efforts

There is a need to target policies to provide health insurance not only to children below 200 percent of poverty, but also to the immigrant population and children above 200 percent of poverty.

Supporting changes that better integrate immigration laws and public assistance programs will improve access to health insurance for immigrant children. Supporting expansion of ARKids First to children between 200 percent and 250 percent of poverty would provide access to 9,000 more children according to Annie E. Casey Foundation data. Children living between 200 percent and 250 percent of poverty have a 12 percent uninsured rate which is actually the same as children living in households under 100 percent of poverty. These children have never had access to assistance with health insurance, but are in families who are working just to make ends meet.

Of the children who are eligible for ARKids First, there are two new sub-populations that should be targeted:

- Many children in the state's fast growing Hispanic population do not qualify for ARKids First because of immigration law requirements. However, given how fast this group is growing it will be increasingly important that immigrant children who would in fact qualify know about the program and how to access it. Since Hispanic children born in the US are US citizens, it will be critical to ensure that newborns are enrolled at birth.
- Children over age 6 are more likely to be uninsured. Targeting education and outreach to older children (ages 6-18) may encourage families to enroll these children. The continuation of outreach in the schools will be critical to reaching older children. Automated re-enrollment strategies will also help children who are enrolled at a younger age retain that enrollment status.

Conclusion

There is little doubt that ARKids First has been one of the most important public policy initiatives ever adopted for the children of Arkansas. Access to health insurance has opened the door for many children to receive the care they need. It has also opened up issues concerning utilization and health education. To reap the full benefits of

providing health insurance to children, there must be a greater focus on education to promote prevention and appropriate levels of care. Low-income families are often unable to leave work to attend a well-child visit. This leaves many children without the annual check-up that not only provides for screening, but also provides opportunities for health education. Future efforts need to focus on utilization of services and structuring the health care system to promote greater preventative services and the health education of families.

AACF's Mission

The mission of Arkansas Advocates is to ensure that all children and families have the resources and opportunities to lead healthy and productive lives and to realize their full potential.

Support AACF's Work

AACF is a non-profit organization. If you would like to support our work you may donate online at www.aradvocates.org or mail contributions to the address listed below.



covering kids
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