

Ranks of uninsured declined nationally in 2012

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By the numbers

Nearly one in ten children in the United States, or 6.6 million total children, is not covered by health insurance, a drop from 7 million children in 2011. Children living in poverty, who are Hispanic or are not U.S. citizens were all more likely than other children to not have health insurance.

American's uninsured children

All children	8.9%
Children not in poverty	7.7%
Children in poverty	12.9%
Household income	
Less than \$25,000	12.6%
\$25,000 to \$49,999	13.0%
\$50,000 to \$74,999	9.1%
\$75,000 or more	4.8%
Race and Hispanic origin	
White, not Hispanic	6.5%
Black	9.3%
Asian	8.0%
Hispanic (any race)	14.1%
Nativity	
Native-born citizen	6.5%
Naturalized citizen	8.7%
Noncitizen	27.3%

Source: U.S. Census Bureau, Current Population Survey

Reporter Barrett Newkirk collected the By the numbers data and infobox.

Cirilo Ortega, a farmworker in Thermal, has Medi-Cal coverage for his three daughters, ages 7 to 12, but only for emergencies. When his children fall sick and he has to take them in, he has to pay more than \$200 or \$300 out-of-pocket for medicines and doctor's visits. While he is luckier than some without any coverage at all, Ortega is hoping to have his family and children covered under the new Affordable Care Act, so he can be more at peace.

"Unfortunately they don't have what they need," he said in Spanish. "It's not sufficient... I want to do more for them, but sometimes you can't."

Ortega is one of a group of families across the valley who wish they could provide better health care for their kids-- but experts say there are some promising signs.

The amount of people, especially children, living without health insurance declined nationally in 2012, according to new data released Tuesday from the Census Bureau. The rate of uninsured children decreased to 8.9 percent, or 6.6 million kids, in 2012, down from 9.4 percent and 7 million the year before.

“Public coverage has really been making the difference,” said Kelly Hardy, senior director of health policy at Children Now, a national organization advocating for children that works on several child health initiatives.

The timing comes during a large-scale, nationwide push to increase coverage, as the Affordable Care Act prepares to bring millions of people health care as it goes into full effect in January. Enrollment begins for the new state health insurance marketplace Covered California on October 1, and an advertising campaign kicked off late August.

“We hope that the buzz and publicity around health care reform implementation will mean that some of those kids get in the door when they didn’t previously,” Hardy said.

“This culture of coverage where everyone’s supposed to be eligible for something and workers at the county level and state level help you figure out which program you’re eligible for - that really is a change in perspective that makes a big difference,” she added.

The amount of insured people increased across the board, but the changes were not statistically significant in the older age groups. The number of people with health insurance went up to 263.2 million in 2012 from 260.2 million the year before.

These changes in 2012 also came as household income rose, the Census Bureau reported.

Fifty percent of California children are covered by Medi-Cal, the state’s insurance program for the low-income, Hardy said. Those covered by government health insurance rose to 32.6 percent in 2012, up from 32.2, according to the Census data.

“Absolutely what we’re seeing especially a few years ago during the recession was that private coverage was declining as people lost jobs and public coverage was picking up the slack for kids,” Hardy said.

In the Coachella Valley, 10 percent of children were uninsured in 2010, according to the most recent data from the Health Assessment Resource Center. There was also a valley-wide decline in these numbers between 2007 and 2010, declining from 15.7 percent to 10 percent. Among those covered valley children, 65 percent had government or public insurance, and 35 percent had private, HARC data showed.

Valley health stakeholders said the nationwide trends were reflected in the state and region.

“It’s obviously a critical issue for children’s development,” said Harry Freedman, executive director of First 5 Riverside, a county division aimed at giving a strong and healthy start to children from birth to 5 years old. “Having access to children’s health insurance is tremendously important at a young age; it sets the foundation for future health, it’s important for success, it’s a lot less expensive to provide preventive services.”

Being able to get immunizations, well-baby checks and other early health care has a huge pay-off in the long run, he said, such as reducing the number of times children have to go to the emergency room or

end up with chronic diseases. But it is also very expensive.

“Having a medical home is critically important,” Freedman said. “In order to have a medical home, you have to have health insurance.”

He partially attributed the valley’s decrease in uninsured kids to the Healthy Kids program, a First 5 program which provides health care coverage for children in Riverside County who don’t qualify for Medi-Cal up to 300 percent of the Federal Poverty Level, a group that he says has a particularly difficult time providing coverage for their kids. The Federal Poverty Level is \$11,490 annually for an individual. In the 2011-2012 year, there were about 1,300 children enrolled and 900 in 2012-2013.

The insurance plan is funded through money designated by Proposition 10, with almost \$3.5 million allocated for Healthy Kids between 2012-2013 and 2015-2016, Freedman said.

“(I’m) really glad to see it makes a difference,” he said.

But he is not sure whether the numbers of kids being brought into the insured fold would continue to increase and put families at ease, calling it one of the unknowns of the ACA.

Glen Grayman, president of the board of Desert Healthcare District and the Health Assessment Resource Center, said that he would intuitively expect the numbers of uninsured children to continue to fall as the landmark health legislation goes into effect.

“Even though it has not formally yet begun, other than keeping kids on their parents’ plans until age 26, that’s really going to become a very well-known, increasingly known concept,” Grayman said. “I would hope and reasonably expect that coverage... will substantially increase beginning January 1, although it’s probably going to take a couple of cycles of ACA enrollment and promulgation and marketing of health insurance marketplaces... before that is a really widespread knowledge and implementation.”

Nationally, there were some insurance disparities among the kids, with 12.9 percent of children in poverty uninsured, compared with 7.7 percent of kids not in poverty. Hispanic children were also more likely to not be covered, at 14 percent compared with 9.3 percent of black children, 8 percent of Asian and 6.5 percent of white children.

“We’re trying to close those gaps,” Hardy said, adding that there needs to be more systematic coverage of all children, “an opportunity that health care reform gives us.”