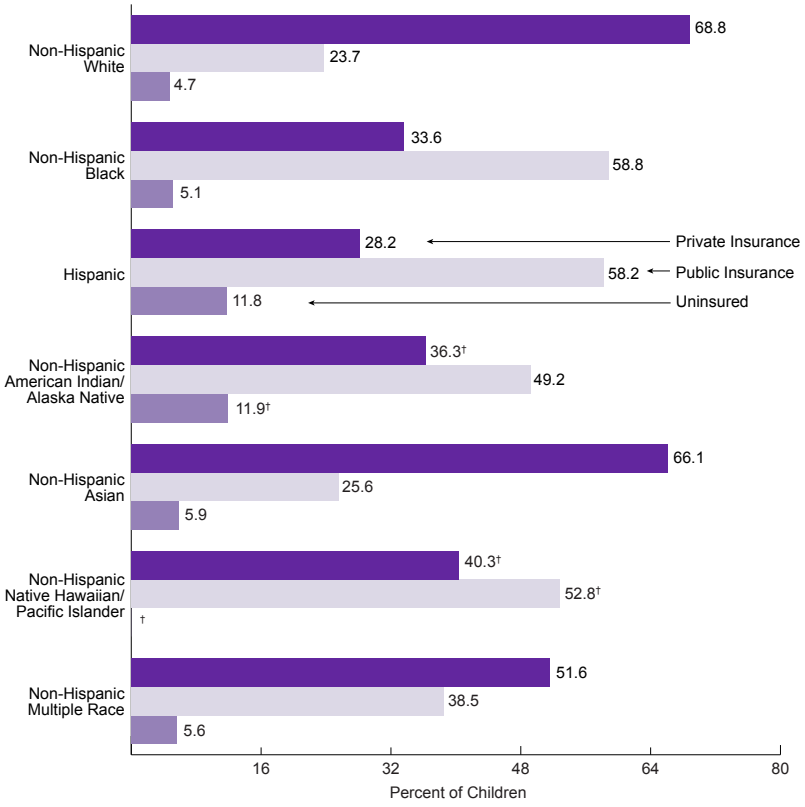
HEALTH INSURANCE

Health insurance is critical for ensuring the health and well-being of children in the United States. Without health insurance coverage, children are less likely to receive medical care and more likely to have poor health status.[1] In 2013, more than 4.8 million children under age 18 did not have health insurance. This represents 6.6 percent of all children in the United States. More than half of children (53.2 percent) were covered by private insurance, and 37.7 percent were covered by public insurance (e.g., Medicaid or other state-sponsored health plans including Children's Health Insurance Program [CHIP]).

Children's health insurance status varies by several factors, including race, ethnicity, and income. In 2013, nearly 70 percent of non-Hispanic White and non-Hispanic Asian children and more than half of non-Hispanic children of multiple races had private coverage (figure 1). In comparison, less than half of non-Hispanic Native Hawaiian/Pacific Islander (40.3 percent), non-Hispanic Black (33.6 percent), Hispanic (28.2 percent), and non-Hispanic American Indian/Alaska Native (36.3 percent) children had private coverage. Children with the highest percentage of public insurance were non-Hispanic Blacks (58.8 percent), Hispanics (58.2 percent), non-Hispanic Native Hawaiians/other Pacific Islanders (52.8 percent), and non-Hispanic American Indians/Alaska Natives (49.2 percent). The highest proportions of uninsured children were among non-Hispanic American Indians/Alaska Natives (11.9 percent) and Hispanics (11.8 percent).

In 2013, households with incomes below 100 percent of poverty had the highest percentage of children with public health insurance (82.3 percent) and the lowest percentage of children with private health insurance (8.4 percent). The highest percent of children who were uninsured in 2013 were children living in households with incomes of 100–199 percent of poverty (11.1 percent), followed by children from households with incomes below 100 percent of poverty (8.2 percent). Children in households with incomes of 200 percent or more of poverty were more likely to have private coverage (81.7 percent) and less likely to have public coverage (11.1 percent) or to be uninsured (4.2 percent), as compared to those in households with lower incomes.

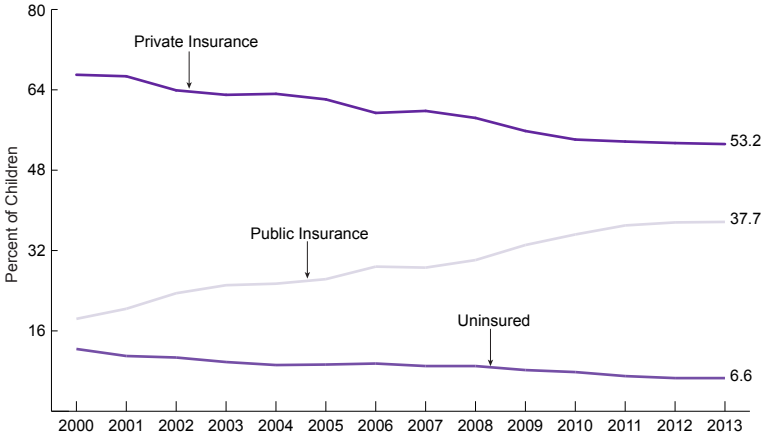
Figure 1. Health Insurance Coverage* Among Children Under Age 18, by Race/Ethnicity, 2013



**Private coverage includes children with any private insurance; Public includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP; A child was considered uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A child was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care. Estimates do not sum to 100 because children who are covered by military plans, Medicare, or other government-sponsored health plans are not shown. †Estimates are considered unreliable. Data followed by a dagger have a relative standard error (RSE) greater than 30% and less than or equal to 50% and should be used with caution. Data not shown have an RSE greater than 50%.*

Between 2000 and 2013 there were shifts in the proportion of children in each of the three types of insurance categories (private insurance, public insurance and uninsured). Private health insurance coverage for children is lower in 2013 (53.2 percent) than it was in 2000 (67.0 percent; figure 2). A larger difference is seen in public health insurance coverage for children which is higher in 2013 (37.7 percent) than it was in 2000 (18.4 percent). The percentage of children who were uninsured in 2013 is nearly half as much as it was in 2000 (6.6 versus 12.4 percent, respectively). Implementation of the Affordable Care Act may further support reductions in uninsurance among children through new electronic data systems that will streamline the eligibility and application process for programs such as Medicaid and CHIP, and by increasing insurance coverage among adults.[2] Research has shown that children's Medicaid and CHIP coverage increases when their parents applied for Medicaid.[3]

Figure 2. Health Insurance Coverage* Among Children Under Age 18, by Year, 2000–2013



**Private coverage includes children with any private insurance; Public includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP; Children were considered uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A child was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care. Estimates do not sum to 100 because children who are covered by military plans, Medicare, or other government-sponsored health plans are not shown.*

Data Source

Figure 1 and 2. Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Analyses conducted by the National Center for Health Statistics.

Endnotes

1. Szilagyi PG, Schuster MA, Cheng TL. The scientific evidence for child health insurance. Acad Pediatr. 2009 Jan-Feb;9(1):4-6.
2. Urban Health Institute: Health Policy Center. A first look at children's health insurance coverage under the ACA in 2014. September 9, 2014. Available at: http://hrms.urban.org/briefs/childrens-health-insurance-coverage-under-the-aca-in-2014.html. Accessed March 2, 2015.
3. DeVoe JE, Marino M, Angier H, et al. Effect of expanding Medicaid for parents on children's health insurance coverage. *JAMA Pediatr.* 2015;169(1):e143145. Available at: http://archpedi.jamanetwork.com/article.aspx?articleid=2086457. Accessed March 2, 2015.

Suggested Citation

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at http://mchb.hrsa.gov/chusa14/