CALIFORNIA’S UNINSURED CHILDREN: A CLOSER LOOK 
AT THE LOCAL LEVEL

Ninez Ponce, Ph.D., Stephanie Teleki, MPH, and E. Richard Brown, Ph.D.
UCLA Center for Health Policy Research

The Problem

More than 2 million children in California do not have any form of health insurance. The proportion of uninsured children in the state has increased over the past several years (from 17% in 1995 to 21% in 1998) and is significantly higher than in the rest of the nation (15% in 1998). Under new eligibility provisions approved in November 1999, approximately 1.48 million of California’s uninsured children are eligible for either the Healthy Families or Medi-Cal program. Many, however, are not enrolled.

EXHIBIT 1: ELIGIBILITY FOR HEALTHY FAMILIES AND MEDI-CAL AMONG CALIFORNIA’S 2,024,000 UNINSURED CHILDREN, AGES 0-18, CALIFORNIA, 1998

Under current policy, more than four in ten (44%) uninsured children eligible for the Medi-Cal or Healthy Families Programs live in Los Angeles County, three in ten (30%) live in the rest of the Southern California region (excluding Los Angeles County), 9% in Northern California, 10% in the Greater Bay Area, and 7% in the Central Valley.

Policy Options

Implementation of state policy is likely to be most effective at the local level where local administrators understand the unique conditions and characteristics of their population. Specifically, counties can be instrumental in reaching and enrolling children who are eligible for Healthy Families or Medi-Cal. Below are several strategies that counties may consider to expand enrollment of children in these programs. Many of these strategies already have been implemented in some counties and have proven to be successful.

 Counties could:

❖ Launch aggressive outreach programs, especially in schools, malls, and other locations that potential eligibles are likely to frequent.

❖ Expand the hours of enrollment offices to accommodate the schedules of working families.

❖ Partner with local social service organizations (such as community clinics) and with health care providers to verify addresses, send reminder mailings, and encourage the renewal of enrollment status.

❖ Publicize to noncitizen parents the May 1999 Immigration and Naturalization Service (INS) policy that enrolling their children will not result in a “public charge” classification (such a classification would jeopardize reentry into the U.S., renewal of visas, and application for U.S. citizenship).

Additionally, to increase enrollment the state of California could:

❖ Simplify the application form (some states have a one-page form).
The Evidence

Sample size does not permit stable county-level estimates of uninsured children who are eligible for either Healthy Families or Medi-Cal. However, county-level estimates of uninsured children are more stable and provide a picture of the magnitude of the problem.

Conclusions

Many of California’s uninsured children have the possibility of obtaining coverage under the recently approved expansions in Healthy Families and Medi-Cal eligibility policies. Counties can be instrumental in ensuring that children who are eligible for these programs know about them, successfully enroll in them, and maintain coverage through them.

Health Insurance Policy Program

Center for Health and Public Policy Studies
UC Berkeley School of Public Health
Berkeley, CA 94720-7360
Phone: (510) 643-1675  Fax: (510) 643-2340
E-mail: chpps@uclink.berkeley.edu
Internet: http://chpps.berkeley.edu

UCLA Center for Health Policy Research
Los Angeles, CA 90095-1772
Phone: (310) 825-5491  Fax: (310) 825-5960
E-mail: chpr@admin.ph.ucla.edu
Internet: http://www.healthpolicy.ucla.edu

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