
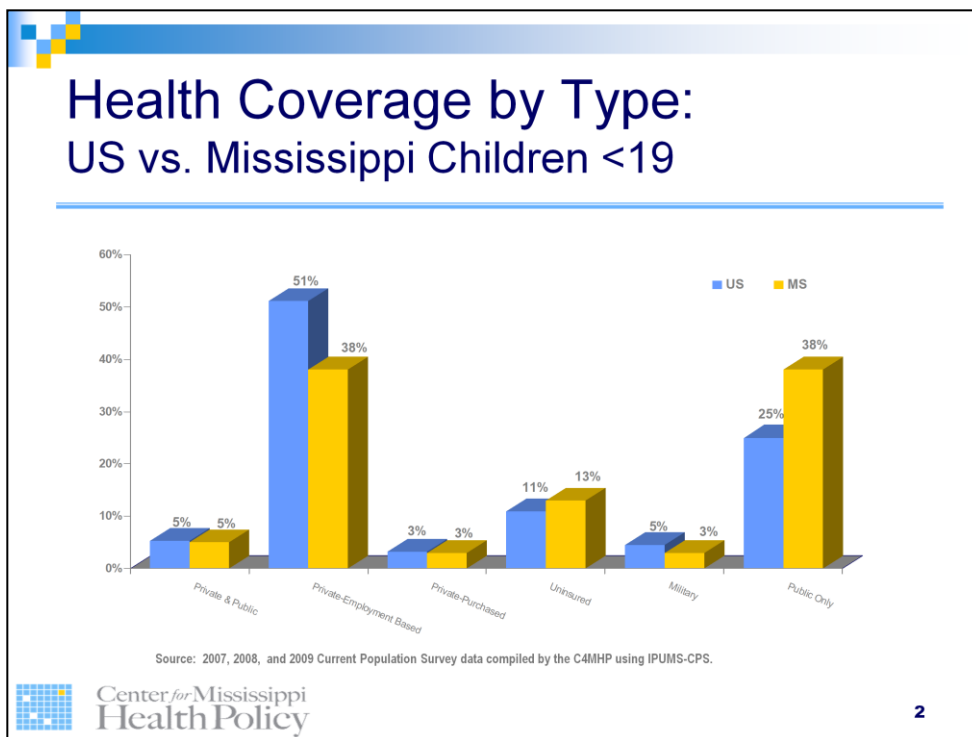


# Health Coverage Mississippi Children <19 Years

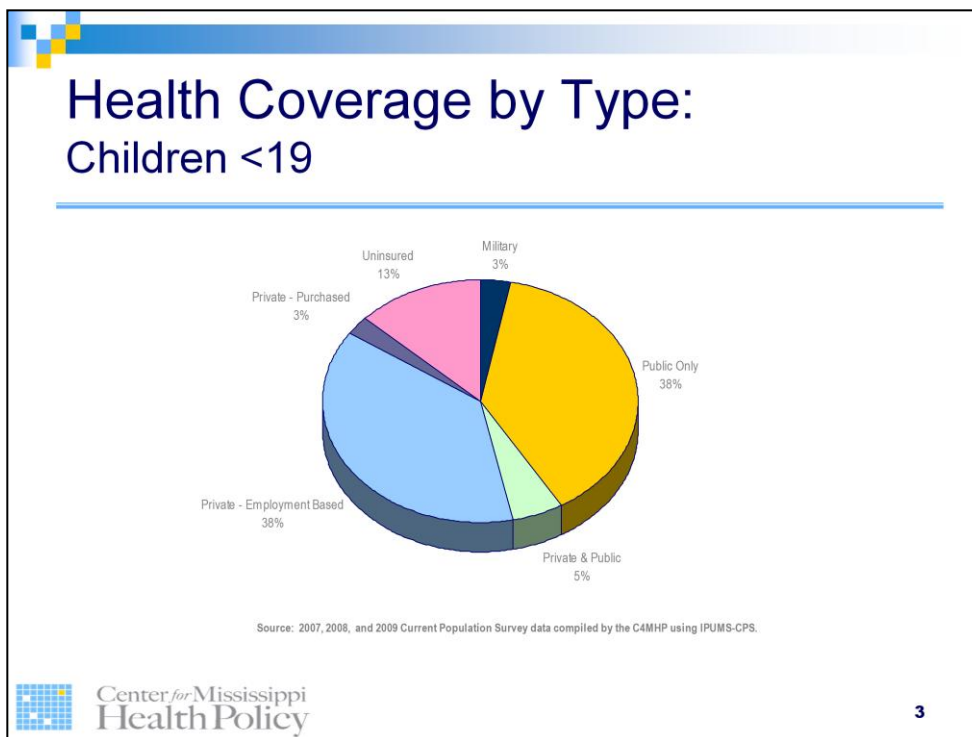
An Analysis of  
2007-2009 Current Population Survey Data  
2009 Medical Expenditures Panel Survey Data

December 2010  
Center for Mississippi Health Policy  
Analyzed by Amy Radican-Wald, DrPH (c), MPH



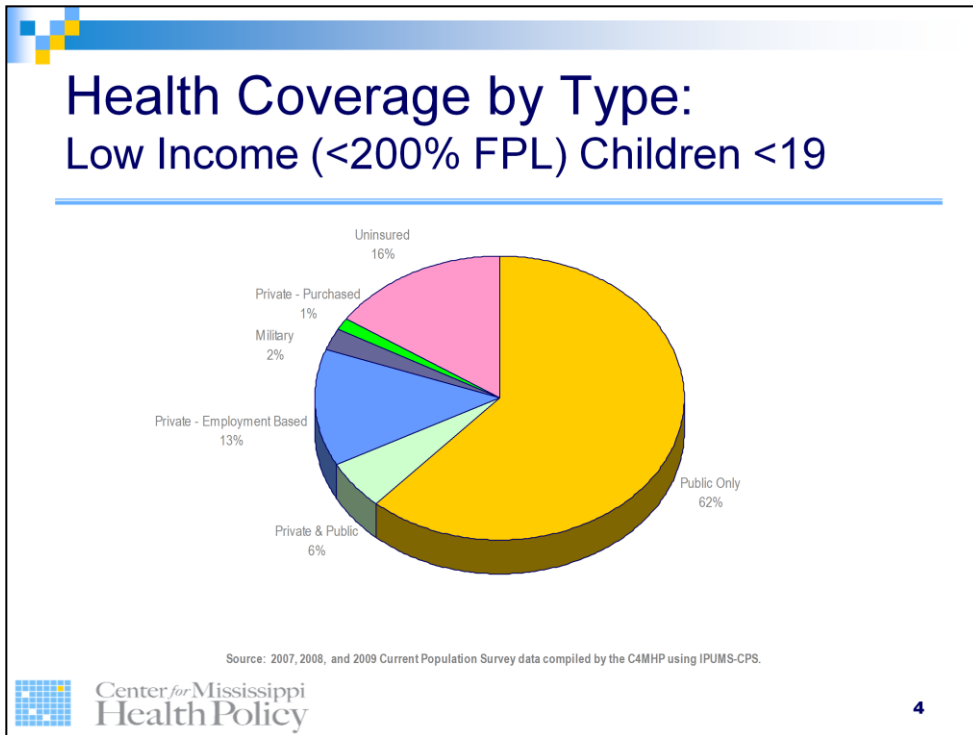


Mississippi's children under 19 years of age experience statistically higher rates of uninsurance compared to nationwide children's rates ( $p < .001$ ), 13% versus 11% respectively, even though Mississippians have significantly higher rates ( $p < .001$ ) of public health insurance (programs such as Medicaid) and lower rates of private health insurance than national rates ( $p < .001$ ).

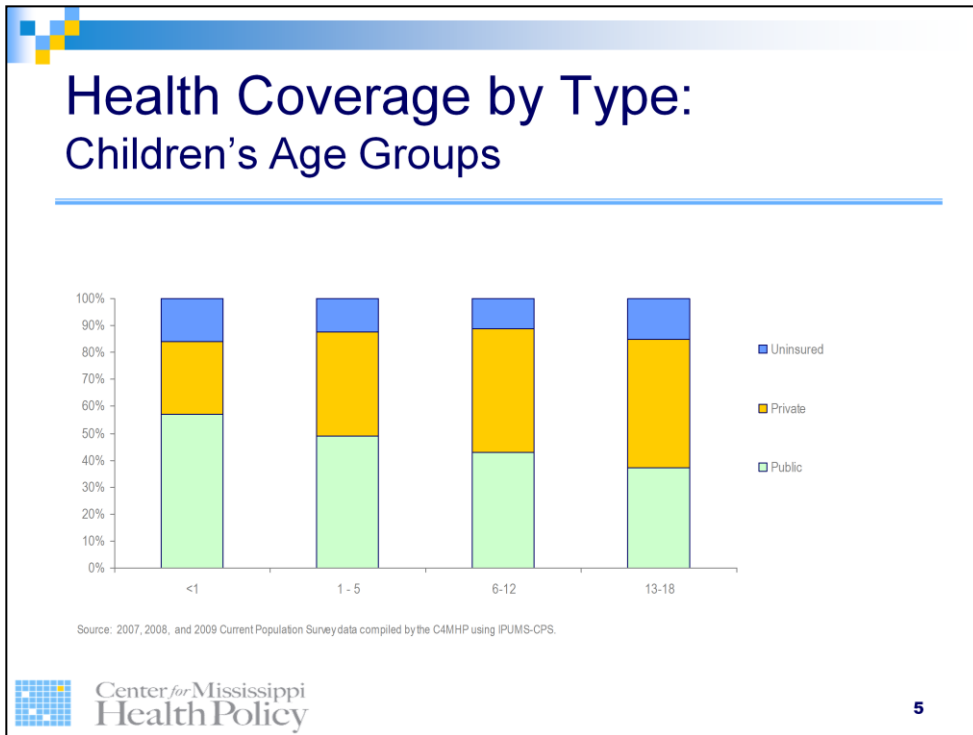


Nearly half (47%) of Mississippi children have private health coverage, with 38% being private insurance accessed solely through employment-based plans. About 1 out of 8 (13%) children lacks any health insurance coverage in Mississippi. Public and military health insurance cover the remaining 40% of children.

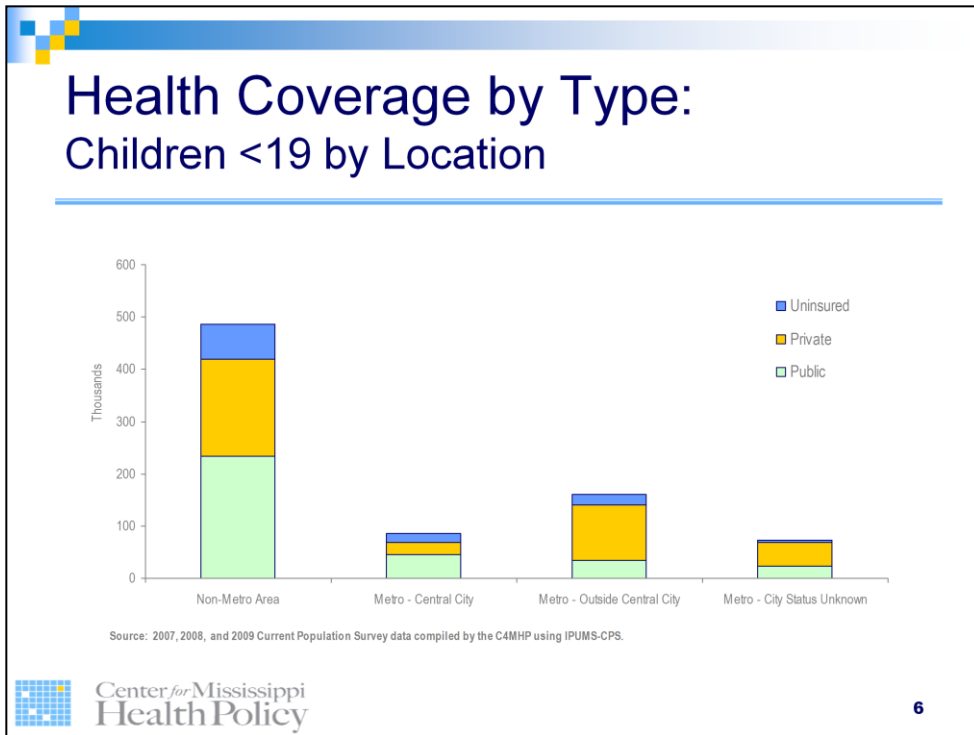
Public health programs provide some coverage for those who do not have access to other health insurance plans. Low-income children can qualify for public health insurance programs such as Medicaid or the Children's Health Insurance Program.



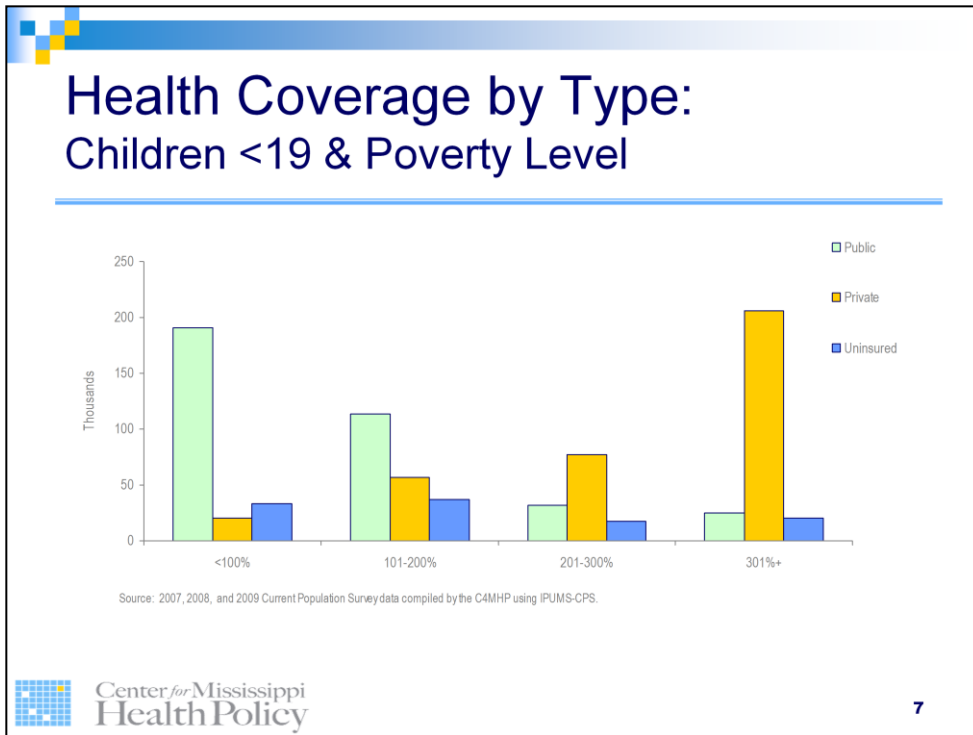
Public health insurance covers the majority of low income children at 65%. About one in five (19%) low income Mississippi children have private health coverage, with 13% being private insurance through employment-based plans. Over 1 out of 6 (16%) low income children lack any health insurance coverage in Mississippi.



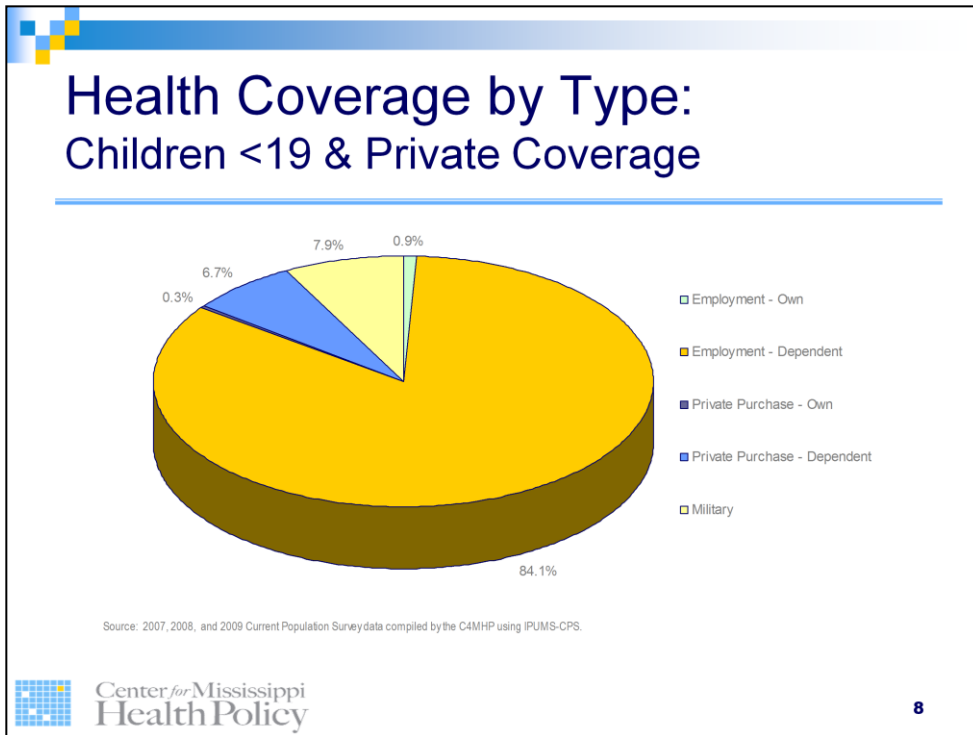
Young Mississippians less than 1 year of age and under 5 years comprise the age groups with the lowest private insurance rates statewide. Children 6 to 12 years enjoy the smallest rates of uninsurance. Older children 13 to 18 years of age have lower public health coverage rates in contrast to children in the younger age categories.



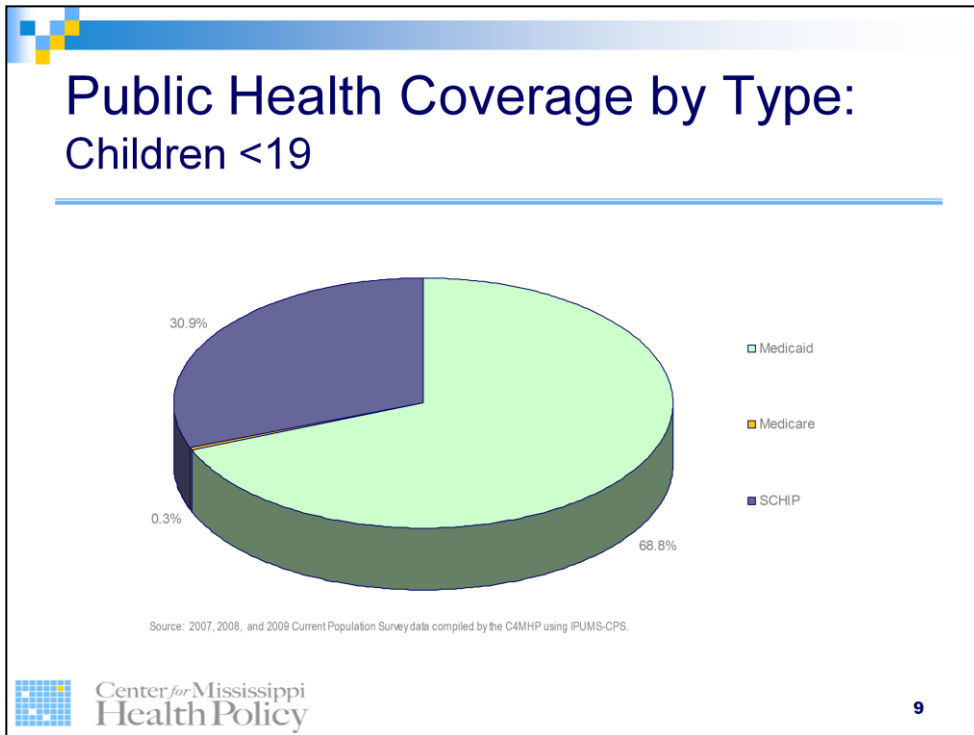
Rural dwelling children in Mississippi experience higher rates of uninsurance and public health coverage and lower rates of private insurance coverage than children living in urban areas.



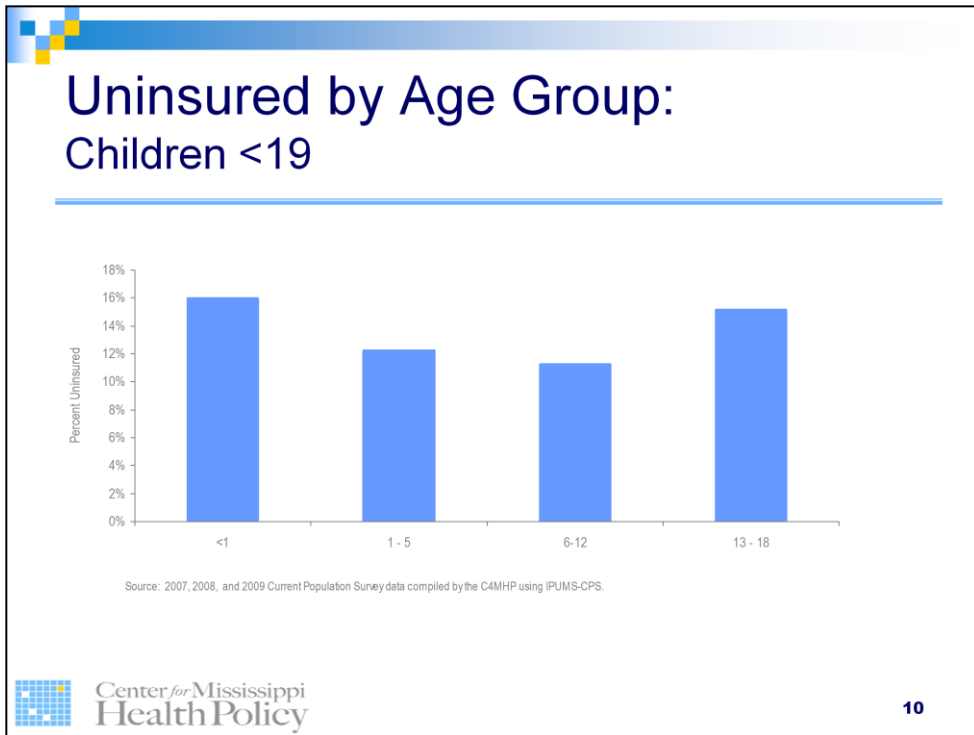
Children in Mississippi exhibit increased private health insurance coverage as poverty status rises above the Federal Poverty Level. Conversely, public health coverage declines as poverty status progresses above the Federal Poverty Level, mainly attributable to family income eligibility limits. Children lacking any health insurance coverage tend to be from groups below the Federal Poverty Level.



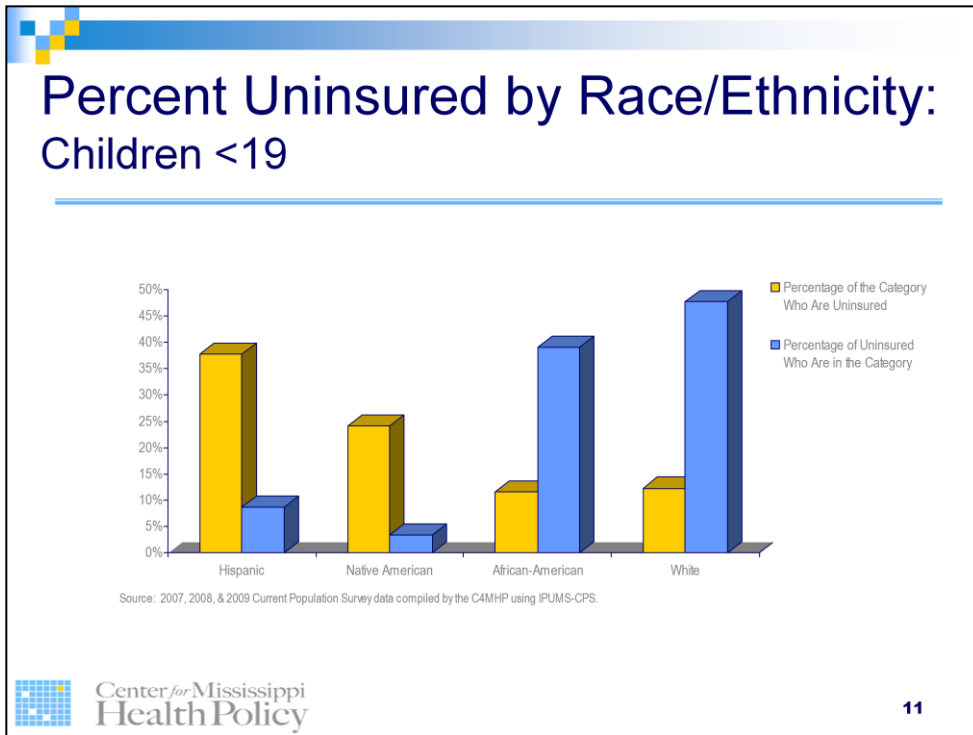
Mississippian children with private health insurance are much more likely to be covered as a dependent on an employer-based family plan (84%) than by their own employer-based plan (1%). Hence, children must depend on family coverage policies, individually purchased plans, or military health coverage in order to garner private health insurance.



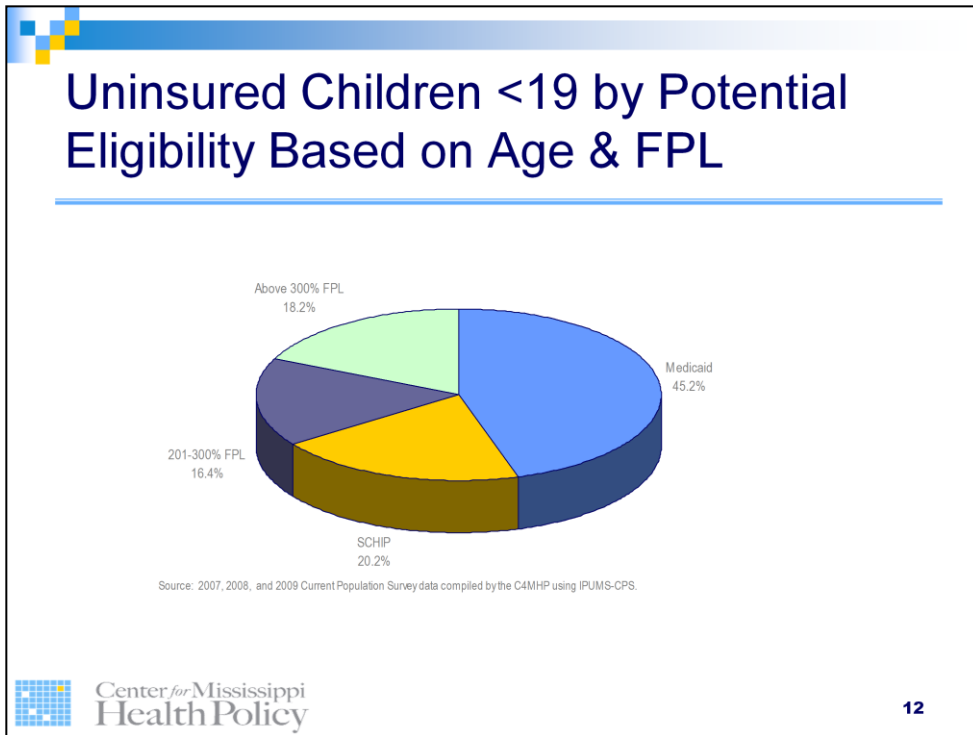
Of the children with public insurance coverage in Mississippi, nearly two-thirds rely on Medicaid. The other third depend on the Children's Health Insurance Program for their health insurance coverage. Only a fraction at less than one percent are covered by Medicare.



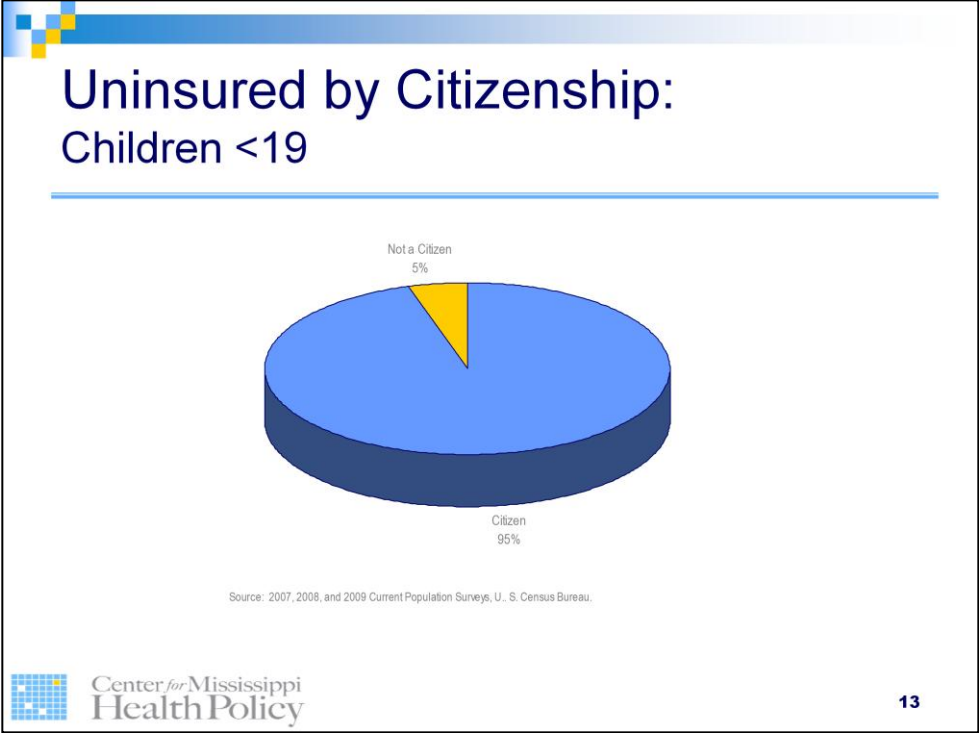
The uninsured rate is highest for Mississippi's youngest and oldest children's age cohort. Thus, rates of uninsurance decline as age increases. Children aged 6 to 12 years have the lowest rates of uninsurance at 11%.



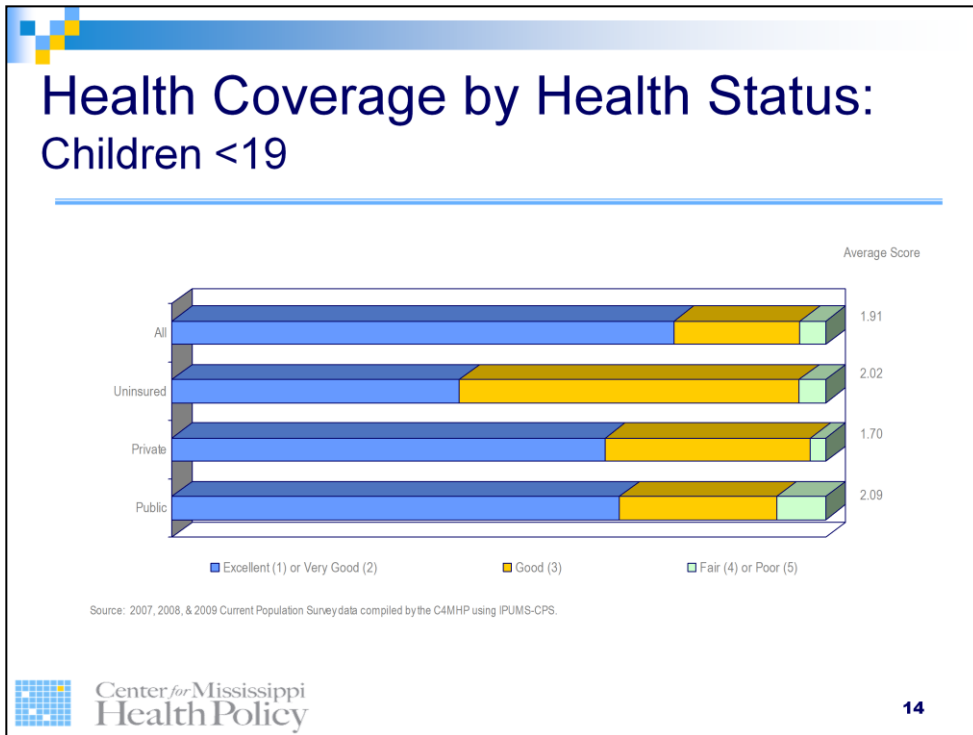
Comparing children's uninsurance rates by race and ethnicity, the uninsured rate is highest for Hispanic and Native American children. The numeric count for uninsurance, however, is highest for African-American and white children in Mississippi.



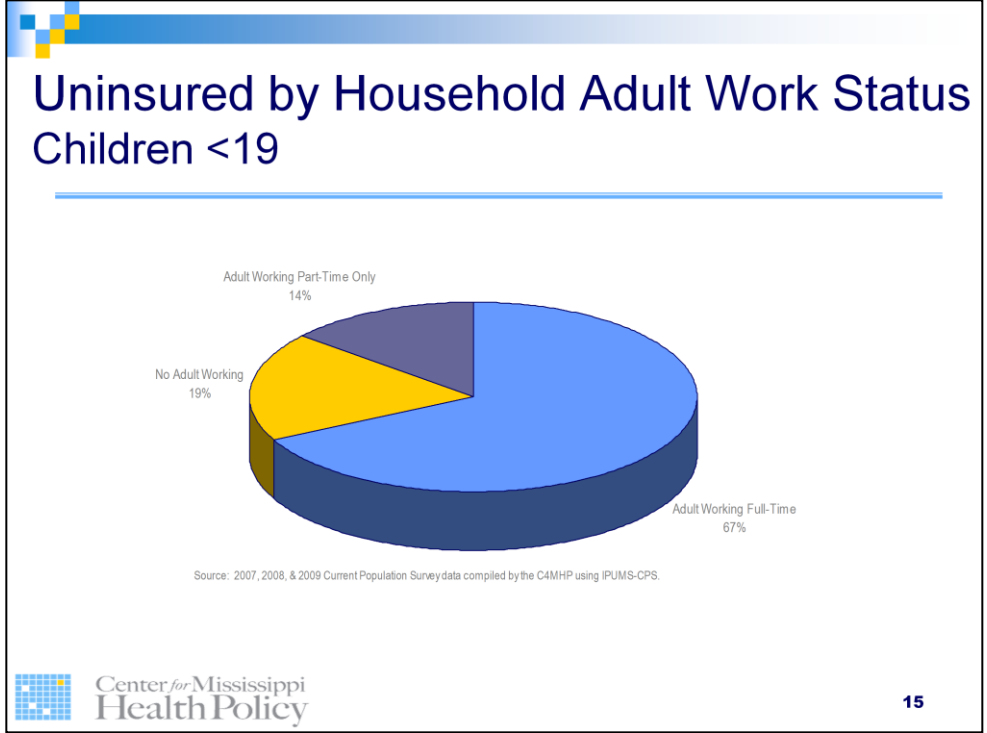
A majority (65%) of uninsured children in Mississippi are eligible for public health insurance coverage through Medicaid or the Children's Health Insurance Program based on Federal Poverty Level limit estimates.



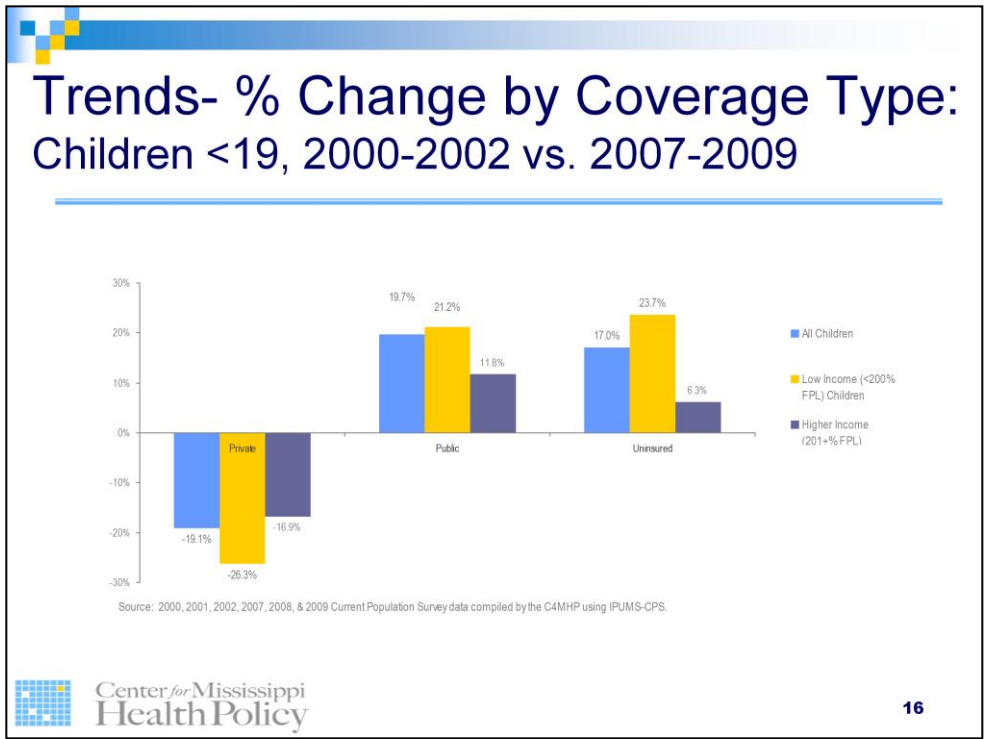
Nearly all (95%) of Mississippi's uninsured children are United States citizens.



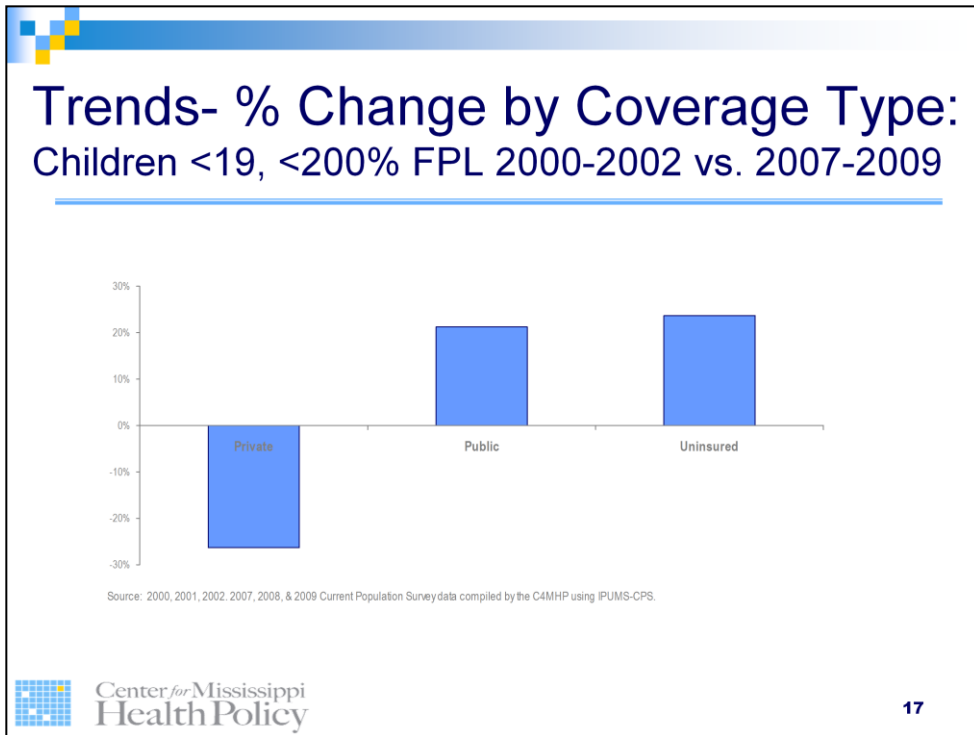
Self-reported health status for Mississippi children under 19 is best among the privately insured. On a scale where 1 represents excellent health status and 5 represents poor health status, the uninsured and publicly insured report higher scores, reflecting less optimal health status. Publicly covered persons with fair or poor health are more apt to have a disabling condition qualifying them for public coverage. Uninsured children were significantly ( $p < .001$ ) more likely to be reported in fair or poor health than children with private insurance coverage.



A majority (81%) of uninsured children <19 years of age are living in families where at least one adult is working and over half (67%) work full-time jobs.

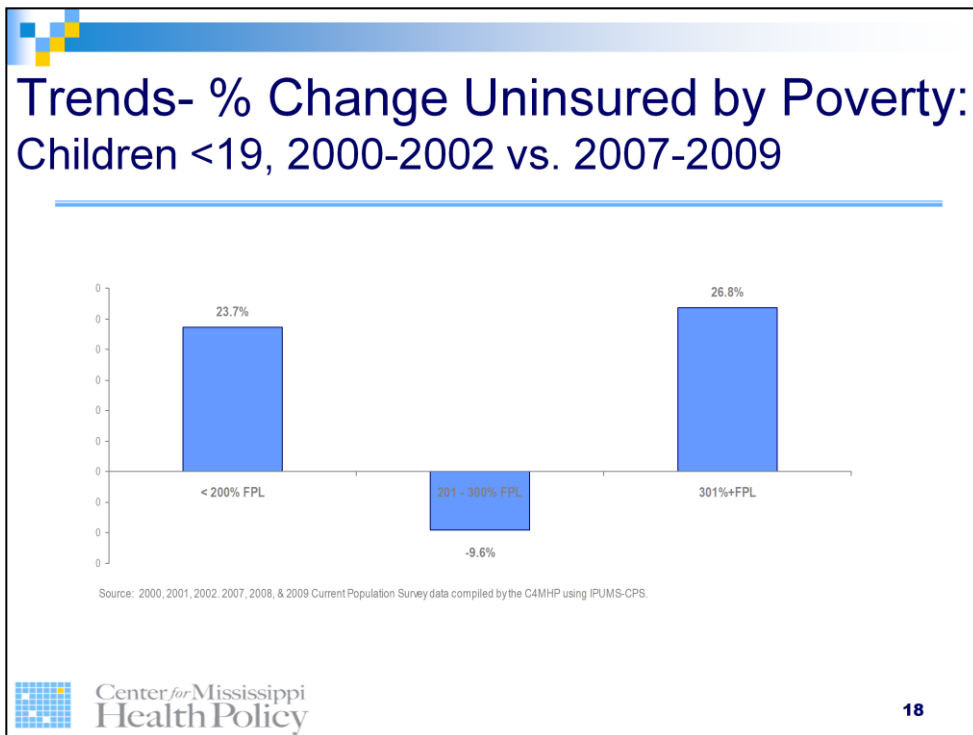


Contrasting health insurance coverage averages from 2000-2002 versus 2007-2009, children show declines in private coverage, with the steepest drop at 26% for low income and privately insured children. Expansion of public health coverage and uninsurance occurred over the same time frame for both low and high income groups. Public insurance rose most in low income children at 21 percent. Increases in the uninsured appear in the low income group, a 23% gain, while increasing by 6% in the higher income group.

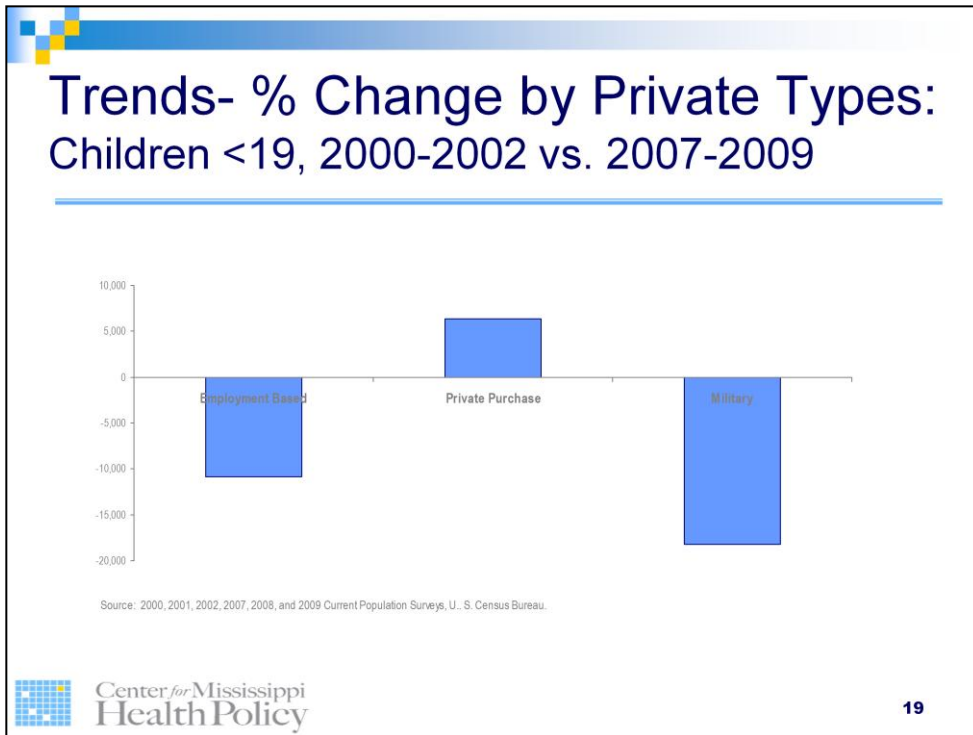


Trend analysis between 2000-2002 and 2007-2009 depicts a statistically significant ( $p < .001$ ) drop in private insurance coverage by over 26%, a highly statistically significant increase ( $p < .001$ ) in public coverage by 28%, and a statistically significant ( $p < .001$ ) marked rise of uninsurance by 24% for children living in poverty.

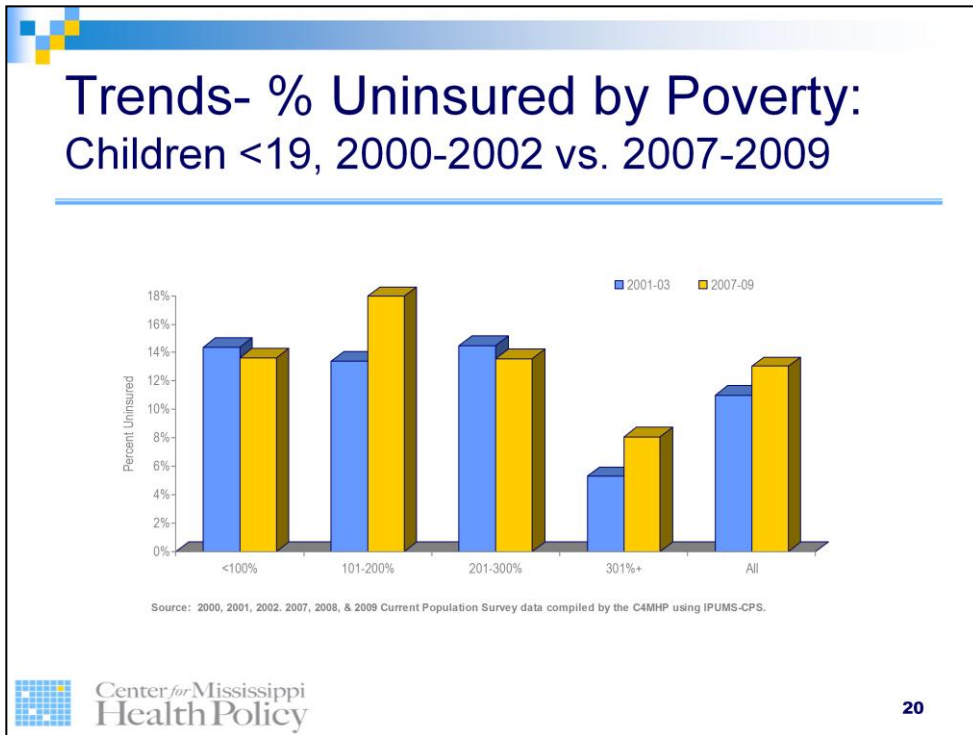
Mississippi's health insurance trend is reflected nationwide. While most children continue to obtain health coverage via the employer of a working adult, uninsurance and public coverage has been rising steadily over the past two decades as employer-based family coverage declined.



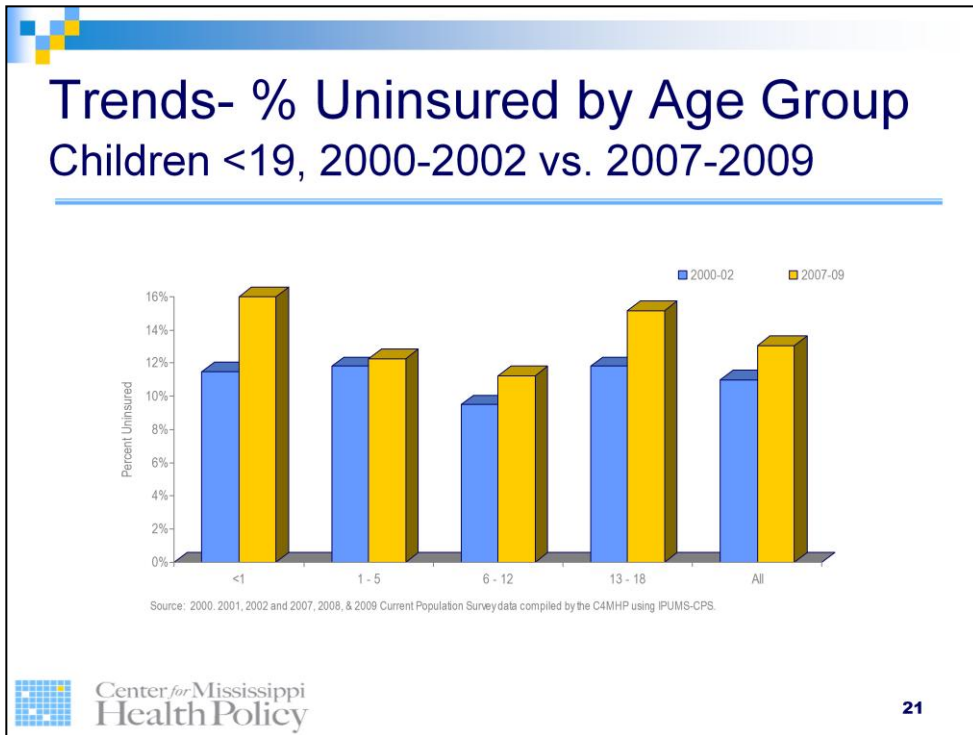
Comparing uninsurance three year averages from 2000-2002 with 2007-2009, children living in poverty and children in families with higher incomes experienced increases in the rate of uninsurance. Children living in families with mid level incomes had a decline in uninsurance by nearly ten percent.



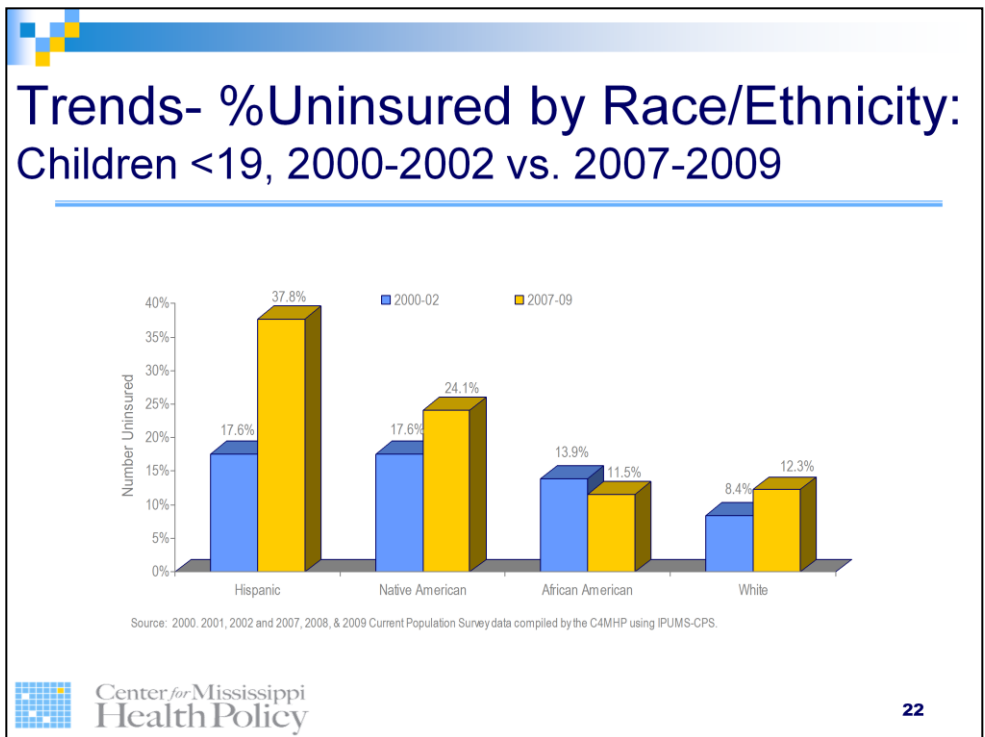
Comparing private health coverage three year averages from 2000-2002 with 2007-2009, children less than 19 years show statistically significant ( $p < .001$ ) declines in private health coverage derived from a family member's employment or military service, while privately purchased health insurance plans had statistically significant ( $p < .001$ ) gains at over 6,000 children.



Comparing uninsurance three year averages from 2000-2002 with 2007-2009, the uninsured rate increased most for lower income children than for those in higher income groups.



Comparing uninsurance three year averages from 2000-2002 with 2007-2009, the uninsured rate increased for children in all age groups. Rises in uninsurance is most pronounced in the youngest and the oldest children's age group and least pronounced in children aged 1-5 years.



Comparing uninsurance three year averages from 2000-2002 with 2007-2009, the uninsured rate increased in every racial/ethnic group of children with the exception of African American children showing a slight decline from 14% to 12%. Growth of uninsurance rate is greatest for Hispanic children, while the numeric change is highest for white children in Mississippi.

## Contact Information

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