

**TRACKING CHANGES IN CHILDREN'S HEALTH
INSURANCE COVERAGE IN CALIFORNIA:
2001 TO 2005**

(Deliverable 2b)

Submitted to

First5 California

Prepared by

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SUMMARY

Significant changes in health insurance coverage for children and families have been occurring nationally. Ongoing decreases in employer-sponsored coverage have increased pressure on public health insurance programs to absorb the newly uninsured children and families. In California, immigrant and undocumented children are particularly vulnerable to lacking insurance. This study examines trends in coverage for children in California from 2001 to 2005 and finds significant reductions in uninsured rates that are likely attributable to increased enrollment in public coverage. Immigrant and undocumented children appear to have benefited considerably more during this same period, which may be attributable in part to the launch of a handful of local county-based insurance programs known as Healthy Kids programs operated by Children's Health Initiatives (CHIs) during this period. However, no differences were detected in the rate of decline of the uninsured in counties with and without CHIs.

INTRODUCTION

Health insurance coverage for children is important to assuring that children have adequate access to medical care. Children who have health insurance are more likely to have a regular source of care, as well as utilize and receive higher quality preventive and acute care.¹⁻⁵ Uninsured children are more likely to receive late or no care for health problems,⁶⁻⁹ and are more likely to visit an emergency room for conditions that are non-urgent and be hospitalized for conditions that are manageable in primary care.¹⁰⁻¹² Children who have access to medical care have a better chance of being healthy, and some research to date has linked health insurance coverage with potential improvements in children's health status.¹³⁻¹⁶

Most children have health insurance coverage through their parent's employment, though recent national data suggest this has been in steady decline in recent years.¹⁷ In general, most children belonging to economically advantaged groups have such private health insurance, while up to two-thirds of children in economically disadvantaged groups may be enrolled in Medicaid (known as Medi-Cal in California) or the State Children's Health Insurance Program (SCHIP; and also known as the Healthy Families program in California).¹⁷ It is estimated, however, that over 750,000 children in California are currently uninsured, though more than half are eligible but not enrolled in public programs. In California, undocumented immigration status remains a particularly formidable barrier to gaining either private or public coverage.

Recognizing this gap in coverage, a growing number of California counties have formed local coalitions known as Children's Health Initiatives (CHIs) and designed new, locally-funded and operated health insurance programs known as *Healthy Kids* for uninsured children ineligible for other programs.¹⁸ In 2001, the first Healthy Kids program was launched in Santa Clara

County to ensure that most children in the county would have access to needed care.¹⁹ By mid-2007, there were 28 counties (of California's 58) that had implemented Healthy Kids programs.

Due in part to the activities of the CHIs in California and national discussion about the pending reauthorization of the SCHIP program this year, there has been considerable legislative discussion about expanding coverage for uninsured children at state and national level. Children are relatively inexpensive to cover compared to adults and at least one analysis suggests that public expenditures on insurance, while substantial, may not be that different from the current levels of public expenditures already allocated to caring for children in safety-net and emergency settings.^{20, 21} It may indeed be reasonable to spend the money in a prospective manner to assure better access to primary care with some potential for longer-term costs savings.

The purpose of this report was to study trends in health insurance coverage for children in California using data from three iterations of the California Health Interview Survey: 2001, 2003, and 2005. Specifically, this report examines changes in children's coverage according to child age-group, immigration status, and county. Doing so may provide some insight into the impacts of initiatives such as those led by First 5 California that have funded health insurance premiums for children ages 0-5 years in Healthy Kids programs. To begin to understand the potential early policy impact of CHIs on coverage rates, this report also tracks insurance changes for children in counties that had or had not yet implemented Healthy Kids programs.

METHODS

Study design and sampling

The study analyzes data on 47,976 children ages 0 to 18 from three iterations of the California Health Interview Survey (CHIS). Specifically, there were 19,122 children in the 2001

CHIS, 13,002 in 2003, and 15,852 in 2005 who fell into one of three analytic categories for health insurance coverage: uninsured, publicly insured, privately insured.

The CHIS is a random-digit dial (RDD) telephone survey of households drawn from each county in California. One randomly selected adult (age 18+ years) in each household was interviewed; if children are present, one adolescent age 12-17 years and one child age 0-11 years are sampled. The adult respondent answered questions on health insurance for all children and adolescents. The survey completion rates for the 2001, 2003, and 2005 CHIS are 63.7%, 60.0%, and 54.0% for the child sample; and 63.5%, 57.3% to 48.5% for the adolescent sample. The decrease in response rates across years is consistent with the decline in RDD response rates observed nationally.

Measure

The study dependent variables are current health insurance coverage, categorized as uninsured, public insurance (Medi-Cal, Healthy Families, or other public), and private insurance (employment based coverage or other private). The independent variable is survey year (2001, 2003 and 2005), and results are stratified by children's age (0-5 years and 6-18 years), immigration status (U.S. citizen, legal resident and undocumented), county of residence, and whether or not the county of residence had a Children's Health Initiative (CHI) with an operational Healthy Kids program. Operational was defined as a program having enrolled children for at least 6 months by the end of 2005.

Analysis

Because the CHIS sample design requires weighting and variance adjustments for the estimates to be representative of children statewide, we used "survey procedures" with the Jackknife estimation in STATA 9.1. Statistical significance was assessed using univariate

logistic regression to test trends in insurance coverage across years from 2001, 2003 to 2005 and Pearson Chi Square with Bonferroni correction to test the association in insurance coverage from 2001 to 2003, and 2001 to 2005. Results were considered statistically significant at the $p < .05$ level or lower. Some county estimates could not be reliably made because of small sample sizes at the county level.

RESULTS

Overall Trends in Children's Health Insurance Coverage

Table 1 shows statistically significant changes in health insurance among children between 2001 and 2005. The overall estimated proportion of privately insured children decreased from 61.8% in 2001, to 58.5% in 2003, and to 57.7% in 2005. This was paired with an increase in the proportion of children with public insurance (27.9%, 33.8% to 35.0%) and an overall decrease in the uninsured rate (10.3%, 7.8% to 7.3%). The linear trend for each category across time periods is statistically significant at $p < .05$.

In general, changes in insurance were greater among those ages 6-18 years than 0-5 years. A statistically significant decrease of 3.9% from 2001 to 2005, for example, was observed for children 6-18 years, while there was no statistically significant change for children 0-5 years across this same time period. A statistically significant decrease of 1.8% was observed for the younger children between 2001 and 2003 only. Increases in public insurance, while significant for both age groups, appeared larger for ages 6-18 years than for 0-5 years (+7.9% vs. +5.2%)

Trends in Children's Health Insurance Coverage by Immigration Status

Table 2 shows that citizen children experienced coverage changes similar to the overall population estimates, with a statistically significant decrease in private insurance coupled with an

increase in public coverage and decrease in uninsured. A significant increase was found in the proportion of legal resident children with public insurance from 30.2% in 2001, to 43.6% in 2003, to 48.6% in 2005. Most striking was a significant decrease in undocumented children who were uninsured from 48.7% in 2001, to 37.8% in 2003, to 33.2% in 2005. Findings were more pronounced in Los Angeles (see **Figure 1**).

Changes in insurance coverage were similar between older and younger children, although most results were not statistically significant for younger children due to smaller sample sizes. Among children ages 6-18, there were statistically significant decreases in the uninsured (51.7% to 35.0%) and increases in public insurance (31.6% to 48.6%) from 2001 to 2005 among undocumented children. Children ages 0-5 years appeared to experience a meaningful decrease in the uninsured rate (32.8% to 18.8%) and a smaller increase in public coverage (47.7% to 54.6%), but neither result was statistically significant.

County Trends in Children's Health Insurance Coverage

Table 3 shows that among counties with an operational CHI by 2005, only Los Angeles experienced a sizeable and statistically significant decline in the uninsured rate, dropping from 13.4% in 2001, to 8.1% in 2003, and 6.9% in 2005. Both Los Angeles and Santa Clara experienced statistically significant increases in publicly-insured children (about +8% each). Among counties that were in a CHI planning phase, only Kings had a statistically significant decline in its uninsured rate, from 10.5% in 2001, to 5.8% in 2003, and 2.3% in 2005.

A handful of CHI planning phase counties experienced statistically-significant increases of 10 percentage points or more in the proportion with public coverage, including Kings, Sacramento, San Luis Obispo, Solano, Sonoma, and Tulare. Many of these counties also experienced significant decreases in private coverage. No statistically detectable effect, however,

could be found on uninsured rates in these counties. Analyses by age group within counties are presented in Appendices A and B.

Changes in Children's Coverage in CHI and non-CHI Counties

Figure 2 shows that counties with operational CHIs were no different statistically than non-CHI counties (including planning phase counties) in the proportion of children who gained or lost insurance coverage between 2001 and 2005. In CHI and non-CHI counties, there were statistically significant decreases in the uninsured rate for children 6-18 years (-5% in CHI counties, and -4% in non-CHI counties) and for all children (-4% in CHI, and -3% in non-CHI). Similarly, there were statistically significant increases in public coverage and decreases in private coverage in CHI and non-CHI counties, but no significant differences in rates of change were found between them.

DISCUSSION

This study demonstrates significant improvements in children's health insurance between 2001 and 2005. These improvements have resulted in reductions in the number of children who are uninsured from approximately 1.0 million in 2001 to about 763,000 in 2005 (174,000 ages 0-5 years, and 589,000 ages 6-18 years). Interestingly, substantial gains in public insurance were made among some of the most vulnerable child populations including young children, legal immigrants, and the undocumented. That public coverage appears to absorb ongoing decreases in private coverage for many of these children is a major accomplishment of the public health insurance system in California.

Children who are undocumented (and thus ineligible for full scope Medi-Cal or Healthy Families) may have enrolled in Healthy Kids, CaliforniaKids (a non-profit children's insurance

product that does not cover hospitalizations), or Emergency Medi-Cal, which provides temporary coverage for families seeking emergency or hospital services. The CHIS does not distinguish among these programs, nor does it separate full-scope Medi-Cal from Emergency Medi-Cal. The many (40%) undocumented children who reported Medi-Cal coverage were likely enrolled in the latter, which is not designed for families seeking community-based primary care.

In Los Angeles, undocumented children appeared to improve more than undocumented children statewide. There was a 30% decrease in the uninsured rate for undocumented children in Los Angeles compared to a 15.5% decrease statewide. Indeed, a concomitant substantial increase in the rate of public coverage was found in Los Angeles—a county with an operational CHI that had enrolled more than 42,000 mostly undocumented children by the end of 2005—suggesting that such programs may be making major contributions to insurance coverage for children in the county regardless of immigration status.

While it is assumed that the CHIs are helping to increase health insurance coverage rates, our analyses did not demonstrate that counties with operational Healthy Kids program made any greater difference in changing uninsured rates than non-CHI counties. In fact, a handful of counties that were in a CHI planning phase—Kings, Sacramento, San Luis Obispo, Solano, Sonoma, and Tulare—appeared to experience significant decreases in the uninsured rate and increases in public insurance without an operational program. Understanding what occurred in these counties during this period may be informative in improving coverage rates statewide. A future study might take into consideration factors as race, poverty level, parent education and any information on public outreach and enrollment expenditures that may influence these changes.

There are several caveats in interpreting these results. First, the CHIS has experienced a declining response rate over time which may mean that individuals who participated in the 2005

CHIS may be a more select group of respondents than earlier iterations and less representative of the general population of children. Second, the estimate of children who are undocumented may be considerably understated in the CHIS, since families may have been disinclined to reveal their true immigration status, and undocumented families willing to respond may be different in some important ways (e.g., ability to obtain insurance coverage) from typical undocumented families. Third, there may be error in the reporting of health insurance coverage, due to the complexity in eligibility for and therefore recognition of public health insurance programs in particular.

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Table 1. Changes in Health Insurance Coverage Status and Type in California: 2001-2005

Age	Population % (Standard Error)											
	Uninsured				Public				Private			
	2001	2003	2005		2001	2003	2005		2001	2003	2005	
0-5 yrs	6.4 (.004)	4.6 (.005)	5.5 (0.05)	a	33.7 (.009)	38.5 (.010)	38.9 (.009)	a b c	59.9 (.008)	56.9 (.010)	55.6 (.009)	a b c
Estimated Population	189000	139000	174000		1029000	1157000	1236000		1767000	1710000	1764000	
6-18 yrs	12.0 (.004)	9.1 (.004)	8.1 (.005)	a b c	25.4 (.005)	31.8 (.007)	33.3 (.008)	a b c	62.6 (.005)	59.2 (.007)	58.6 (.008)	a b c
Estimated Population	827000	640000	589000		1772000	2237000	2404000		4309000	4168000	4236000	
Total	10.3 (.003)	7.8 (.003)	7.3 (.004)	a b c	27.9 (.004)	33.8 (.006)	35.0 (.005)	a b c	61.8 (.004)	58.5 (.005)	57.7 (.006)	a b c
Estimated Population	1016000	779000	763000		2801000	3393000	3640000		6076000	5879000	6000000	

Statistical significance at $p < .05$ is noted as: (a) 2001 vs. 2003, (b) 2001 vs. 2005, and (c) the linear trend for all three years.

Table 2. Changes in Health Insurance Coverage and Type by Child Immigration Status: 2001-2005

Immigration Status	Population % (Standard Error)											
	Uninsured			Public			Private					
	2001	2003	2005	2001	2003	2005	2001	2003	2005			
0-5 yrs												
Citizen	5.8 (.004)	4.2 (.005)	5.3 (.005)	33.4 (.009)	38.0 (.010)	38.7 (.010)	a b c	60.8 (.009)	57.8 (.011)	56.1 (.009)	b c	
Legal Resident	12.4 (.077)	6.8 (.072)	10.2 (.078)	22.7 (.124)	33.6 (.152)	41.6 (.123)		64.9 (.155)	59.6 (.149)	48.2 (.130)		
Undocumented	32.8 (.057)	21.0 (.066)	18.8 (.056)	47.7 (.070)	59.2 (.081)	54.6 (.067)		19.6 (.050)	19.8 (.061)	26.6 (.061)		
6-18 yrs												
Citizen	9.3 (.005)	6.3 (.004)	6.2 (.005)	a b c	24.9 (.005)	30.4 (.007)	31.9 (.008)	a b c	65.8 (.006)	63.3 (.007)	61.9 (.009)	a b c
Legal Resident	28.0 (.036)	25.1 (.037)	21.6 (.052)		30.6 (.032)	44.2 (.042)	49.1 (.047)	a b c	41.5 (.037)	30.8 (.033)	29.3 (.046)	
Undocumented	51.7 (.032)	40.6 (.037)	35.0 (.033)	b c	31.6 (.034)	43.8 (.036)	48.6 (.039)	b c	16.8 (.021)	15.6 (.025)	16.4 (.031)	
Total												
Citizen	8.2 (.004)	5.7 (.003)	5.9 (.003)	a b c	27.6 (.004)	32.8 (.005)	34.1 (.006)	a b c	64.2 (.005)	61.5 (.005)	60.1 (.006)	a b c
Legal Resident	27.2 (.034)	24.0 (.034)	20.8 (.050)		30.2 (.031)	43.6 (.041)	48.6 (.045)	a b c	42.6 (.036)	32.4 (.031)	30.6 (.046)	
Undocumented	48.7 (.030)	37.8 (.034)	33.2 (.032)	b c	34.1 (.032)	46.0 (.034)	49.3 (.036)	b c	17.2 (.021)	16.2 (.021)	17.6 (.029)	

Statistical significance at $p < .05$ is noted as: (a) 2001 vs. 2003, (b) 2001 vs. 2005, and (c) the linear trend for all three years.

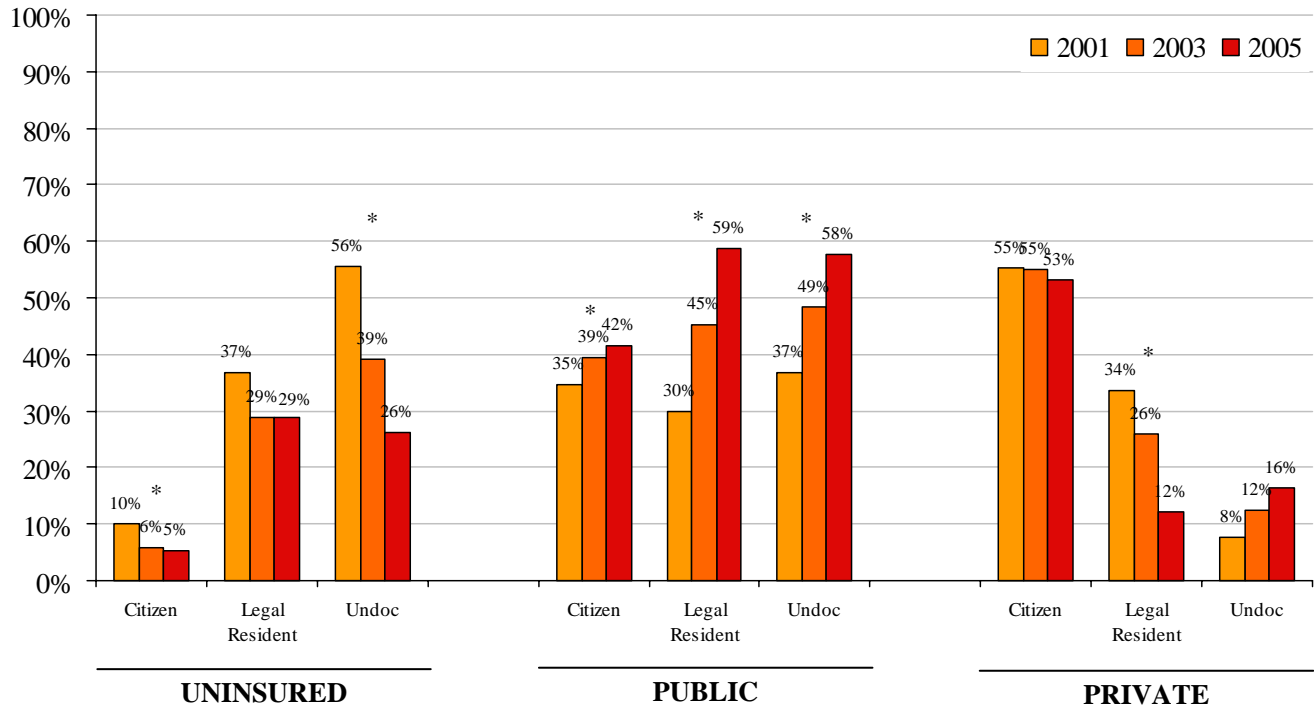


Figure 1. Changes in Health Insurance Coverage in Los Angeles by Immigration Status: 2001-2005
 *p<.05 or better for the statistical significance of the overall linear trend from 2001 to 2003 to 2005.

Table 3. Changes in Coverage by County Healthy Kids Status for Children 0-18 Years: 2001-2005

County and CHI Status by 2005	Population % (Standard Error)											
	Uninsured			Public			Private					
	2001	2003	2005	2001	2003	2005	2001	2003	2005			
OPERATIONAL												
Kern	13.3 (.021)	6.3 (.017)	11.3 (.029)		36.6 (.027)	47.7 (.039)	42.0 (.041)	50.2 (.030)	46.1 (.040)	46.6 (.046)		
Los Angeles	13.4 (.008)	8.1 (.006)	6.9 (.008)	a b	34.7 (.009)	39.9 (.011)	42.8 (.013)	c	51.9 (.009)	52.0 (.011)	50.3 (.012)	
Riverside	12.1 (.017)	10.6 (.023)	11.3 (.021)		30.7 (.026)	31.9 (.029)	31.1 (.027)	57.2 (.030)	57.5 (.033)	57.7 (.029)		
San Bernardino	9.2 (.014)	9.6 (.018)	10.1 (.020)		35.6 (.024)	43.5 (.029)	41.3 (.028)	55.3 (.021)	46.9 (.027)	48.6 (.027)		
San Francisco	--	--	--		25.7 (.030)	30.1 (.051)	31.2 (.048)	69.8 (.031)	69.1 (.051)	68.6 (.048)		
San Joaquin	8.4 (.017)	9.2 (.032)	7.7 (.029)		35.3 (.030)	28.5 (.039)	31.0 (.045)	56.3 (.030)	62.3 (.042)	61.3 (.052)		
San Mateo	--	--	--		14.8 (.029)	10.8 (.030)	20.0 (.054)	80.9 (.032)	80.0 (.040)	78.1 (.053)		
Santa Clara	4.4 (.015)	4.1 (.013)	2.6 (.011)		16.9 (.023)	24.9 (.024)	25.1 (.027)	b c	78.7 (.028)	71.1 (.026)	72.3 (.026)	
Santa Cruz	--	--	--		23.9 (.031)	28.2 (.049)	36.9 (.052)	68.7 (.030)	66.2 (.048)	60.7 (.049)		
PLANNING												
Alameda	5.2 (.013)	6.4 (.011)	4.8 (.013)		18.4 (.027)	24.7 (.019)	23.2 (.027)	76.5 (.029)	69.0 (.018)	72.0 (.031)		
Colusa	--	--	--		39.2 (.086)	67.7 (.111)	41.3 (.098)	41.3 (.092)	29.6 (.108)	32.8 (.087)		
El Dorado	8.6 (.025)	7.7 (.025)	3.8 (.026)		17.7 (.025)	16.9 (.040)	21.2 (.056)	73.7 (.033)	75.4 (.048)	75.1 (.057)		
Fresno	9.7 (.019)	8.7 (.023)	11.0 (.037)		39.1 (.028)	41.6 (.041)	50.7 (.042)	51.2 (.027)	49.7 (.041)	38.3 (.033)	c	
Kings	10.5 (.017)	5.8 (.022)	2.3 (.010)	b c	35.1 (.025)	47.9 (.043)	48.9 (.040)	c	54.4 (.028)	46.3 (.040)	48.8 (.039)	
Merced	8.3 (.020)	12.3 (.033)	7.3 (.020)		30.7 (.031)	47.8 (.044)	35.8 (.046)	a	61.0 (.034)	39.9 (.042)	56.9 (.047)	a
Napa	--	--	--		15.4 (.027)	19.9 (.043)	18.1 (.033)	81.3 (.030)	68.5 (.048)	77.4 (.037)		
Orange	10.5 (.015)	10.0 (.017)	8.7 (.015)		22.8 (.017)	29.1 (.025)	26.6 (.024)	66.7 (.018)	61.0 (.024)	64.8 (.022)		
Placer	--	--	--		10.8 (.031)	10.8 (.026)	17.5 (.044)	87.3 (.032)	86.4 (.029)	79.6 (.046)		
Sacramento	3.2 (.011)	5.1 (.020)	7.2 (.025)		22.3 (.027)	31.3 (.028)	35.9 (.036)	b c	74.5 (.029)	63.6 (.030)	57.0 (.038)	b c
San Luis Obispo	6.0 (.017)	6.5 (.026)	3.3 (.016)		21.9 (.035)	38.6 (.048)	32.6 (.052)	a	72.1 (.033)	54.9 (.044)	64.1 (.051)	a
Santa Barbara	20.6 (.034)	11.6 (.041)	14.1 (.040)		26.2 (.031)	29.8 (.040)	34.2 (.047)	53.2 (.039)	58.6 (.051)	51.7 (.044)		
Solano	4.7 (.013)	2.1 (.011)	4.0 (.015)		15.1 (.020)	20.7 (.036)	25.2 (.031)	b c	80.2 (.022)	77.2 (.038)	70.8 (.029)	
Sonoma	--	--	--		12.2 (.031)	19.3 (.038)	30.5 (.034)	b c	81.0 (.030)	77.9 (.040)	67.2 (.043)	b c
Tulare	11.3 (.022)	6.1 (.020)	7.2 (.021)		42.1 (.033)	55.0 (.035)	55.3 (.035)	a b c	46.6 (.031)	38.9 (.033)	37.5 (.033)	
Yolo	4.9 (.018)	5.5 (.024)	6.5 (.024)		15.7 (.030)	17.8 (.044)	22.4 (.037)	79.4 (.032)	76.8 (.045)	71.0 (.038)		
Yuba	--	--	--		35.1 (.053)	45.4 (.076)	42.2 (.060)	57.4 (.055)	50.0 (.072)	53.6 (.057)		

CHI= Children's Health Initiative

Statistical significance at p<.05 is noted as: (a) 2001 vs. 2003, (b) 2001 vs. 2005, and (c) the linear trend for all three years.

Insufficient samples sizes to make reliable estimates are indicated with (--)

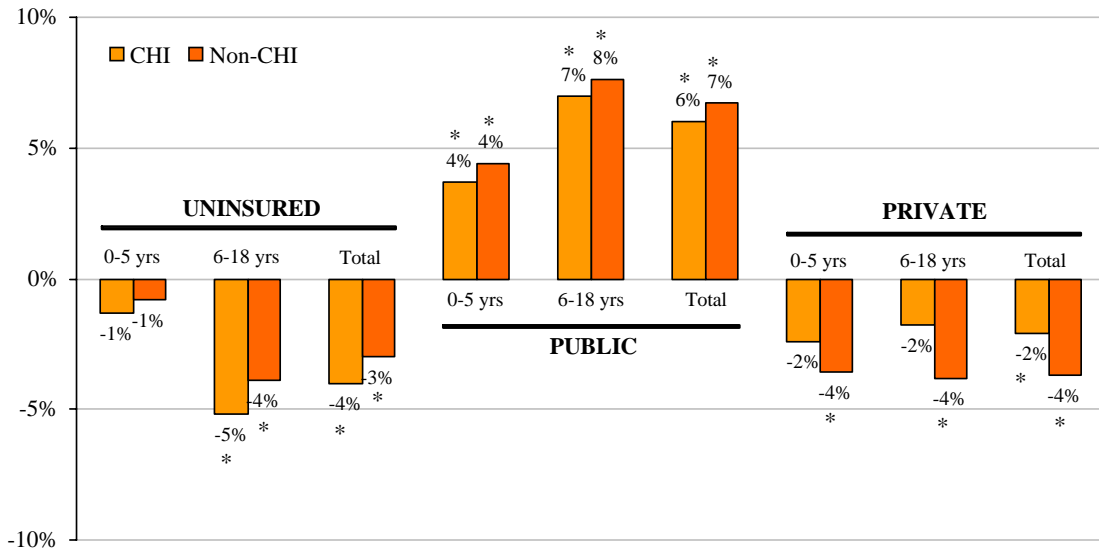


Figure 2. Percent Change in Coverage Types by Children's Health Initiative (CHI) Status: 2001-2005
 Note: Counties that have had operational Healthy Kids programs for a minimum of six months by the end of 2005 were counted as a "CHI" county. All other counties were grouped as "non-CHI".
 *p<.05 or better for the difference between 2001 and 2005 within CHI or within non-CHI counties; differences in the rate of change between CHI and non-CHI within a given age-group were not statistically significant.

Appendix A. Changes in Coverage by County Healthy Kids Status for Children 0-5 Years: 2001-2005

County and CHI Status by 2005	Population % (Standard Error)								
	Uninsured			Public			Private		
	2001	2003	2005	2001	2003	2005	2001	2003	2005
OPERATIONAL									
Kern	--	--	--	45.8 (.055)	56.1 (.083)	52.9 (.057)	42.8 (.053)	40.4 (.082)	37.4 (.061)
Los Angeles	8.2 (.009)	5.0 (.009)	4.9 (.010)	41.2 (.015)	42.8 (.010)	47.4 (.021)	50.7 (.016)	52.2 (.019)	47.7 (.020)
Riverside	7.6 (.023)	5.3 (.024)	12.5 (.041)	34.8 (.048)	39.8 (.055)	40.0 (.050)	57.6 (.049)	54.9 (.051)	47.5 (.042)
San Bernardino	6.3 (.016)	6.4 (.028)	5.0 (.019)	42.5 (.049)	54.7 (.049)	42.6 (.039)	51.2 (.048)	38.9 (.045)	52.4 (.040)
San Francisco	--	--	--	25.6 (.052)	32.9 (.071)	23.8 (.068)	70.8 (.053)	66.0 (.071)	75.5 (.069)
San Joaquin	--	--	--	34.4 (.056)	41.3 (.072)	40.6 (.082)	59.2 (.053)	49.3 (.067)	53.0 (.089)
San Mateo	--	--	--	--	--	--	70.7 (.070)	80.2 (.074)	78.8 (.070)
Santa Clara	--	--	--	20.4 (.040)	28.6 (.052)	23.3 (.038)	79.1 (.040)	67.9 (.052)	73.0 (.037)
Santa Cruz	--	--	--	30.4 (.057)	37.5 (.093)	47.0 (.084)	63.5 (.056)	62.5 (.093)	49.2 (.077)
PLANNING									
Alameda	4.8 (.020)	3.4 (.015)	2.1 (.012)	18.4 (.040)	22.3 (.026)	29.2 (.054)	76.8 (.044)	74.3 (.029)	68.6 (.053)
Colusa	--	--	--	38.7 (.156)	77.4 (.116)	37.5 (.138)	--	--	--
El Dorado	--	--	--	24.5 (.053)	26.6 (.081)	19.9 (.074)	67.1 (.055)	69.5 (.096)	74.6 (.077)
Fresno	--	--	--	52.1 (.055)	60.3 (.065)	54.0 (.055)	41.1 (.053)	37.0 (.062)	41.3 (.050)
Kings	--	--	--	43.9 (.065)	44.0 (.061)	56.7 (.067)	45.4 (.064)	50.4 (.058)	42.3 (.066)
Merced	5.5 (.019)	6.4 (.029)	7.6 (.030)	38.7 (.063)	65.0 (.073)	42.0 (.054)	a 55.8 (.062)	28.7 (.065)	50.4 (.054)
Napa	--	--	--	14.5 (.051)	18.5 (.052)	19.0 (.066)	81.7 (.054)	67.9 (.070)	73.3 (.071)
Orange	5.2 (.015)	5.2 (.019)	9.5 (.028)	29.9 (.030)	32.5 (.050)	27.5 (.043)	65.0 (.032)	62.3 (.052)	62.9 (.041)
Placer	--	--	--	13.1 (.052)	15.5 (.061)	12.3 (.060)	84.7 (.055)	82.7 (.062)	82.6 (.067)
Sacramento	--	--	--	26.0 (.053)	35.9 (.052)	44.1 (.053)	72.3 (.052)	64.1 (.052)	55.4 (.054)
San Luis Obispo	--	--	--	28.4 (.058)	39.4 (.095)	47.5 (.084)	66.1 (.056)	53.2 (.103)	46.4 (.080)
Santa Barbara	--	--	--	38.7 (.054)	38.2 (.073)	43.6 (.067)	56.9 (.052)	56.8 (.078)	54.3 (.066)
Solano	--	--	--	14.2 (.034)	23.9 (.077)	28.3 (.052)	80.9 (.040)	72.6 (.078)	68.6 (.051)
Sonoma	--	--	--	10.3 (.046)	19.8 (.061)	37.1 (.066)	b c 87.3 (.050)	71.0 (.070)	61.1 (.070)
Tulare	--	--	--	51.9 (.056)	60.2 (.060)	66.1 (.060)	42.8 (.057)	37.3 (.057)	27.6 (.053)
Yolo	--	--	--	20.9 (.042)	22.8 (.087)	29.6 (.074)	76.7 (.043)	73.5 (.087)	68.2 (.073)
Yuba	--	--	--	38.5 (.101)	54.9 (.100)	39.3 (.080)	56.7 (.100)	40.4 (.094)	58.2 (.069)

CHI= Children's Health Initiative

Statistical significance at p<.05 is noted as: (a) 2001 vs. 2003, (b) 2001 vs. 2005, and (c) the linear trend for all three years. Insufficient samples sizes to make reliable estimates are indicated with (--)

Appendix B. Changes in Coverage by County Healthy Kids Status for Children 6-18 Years: 2001-2005

County and CHI Status by 2005	Population % (Standard Error)										
	Uninsured			Public			Private				
	2001	2003	2005	2001	2003	2005	2001	2003	2005		
OPERATIONAL											
Kern	14.1 (.025)	7.4 (.021)	12.1 (.031)		32.6 (.032)	44.5 (.049)	36.7 (.056)		53.3 (.036)	48.2 (.049)	51.3 (.055)
Los Angeles	15.8 (.010)	9.6 (.008)	7.7 (.011)	a b c	31.8 (.010)	38.6 (.013)	40.8 (.016)	a b c	52.4 (.011)	51.8 (.012)	51.5 (.015)
Riverside	13.8 (.022)	12.7 (.030)	10.8 (.025)		29.1 (.028)	28.7 (.038)	27.6 (.035)		57.1 (.034)	58.6 (.043)	61.7 (.040)
San Bernardino	10.4 (.019)	10.8 (.023)	12.1 (.026)		32.7 (.030)	39.2 (.034)	40.9 (.035)		57.0 (.028)	50.0 (.032)	47.1 (.032)
San Francisco	--	--	--		25.8 (.035)	28.5 (.065)	35.8 (.061)		69.3 (.037)	71.0 (.065)	64.2 (.061)
San Joaquin	9.2 (.022)	9.1 (.036)	8.3 (.038)		35.7 (.038)	23.7 (.048)	26.7 (.052)		55.1 (.037)	67.2 (.052)	65.0 (.060)
San Mateo	--	--	--		7.7 (.028)	9.8 (.040)	19.4 (.060)		85.9 (.035)	80.0 (.054)	77.8 (.060)
Santa Clara	--	--	--		15.3 (.031)	22.9 (.026)	26.1 (.040)	c	78.5 (.039)	72.7 (.030)	71.9 (.037)
Santa Cruz	--	--	--		21.5 (.041)	25.8 (.054)	32.4 (.058)		70.5 (.042)	67.2 (.054)	65.7 (.059)
PLANNING											
Alameda	5.3 (.015)	7.8 (.015)	6.0 (.019)		18.4 (.032)	25.8 (.024)	20.4 (.034)		76.3 (.035)	66.5 (.024)	73.6 (.042)
Colusa	--	--	--		39.3 (.097)	60.7 (.160)	43.7 (.156)		--	--	--
El Dorado	--	--	--		15.5 (.030)	14.5 (.043)	21.5 (.070)		75.9 (.040)	76.9 (.049)	75.2 (.071)
Fresno	10.9 (.028)	11.1 (.028)	13.7 (.049)		33.5 (.033)	34.3 (.052)	49.3 (.054)	b c	55.6 (.035)	54.7 (.052)	37.1 (.042)
Kings	10.4 (.020)	5.9 (.028)	2.9 (.014)		31.1 (.030)	49.7 (.056)	45.6 (.051)	a b c	58.5 (.037)	44.5 (.052)	51.5 (.051)
Merced	9.4 (.024)	14.6 (.046)	7.2 (.022)		27.6 (.039)	41.0 (.050)	33.4 (.055)		--	--	--
Napa	--	--	--		15.8 (.032)	20.4 (.051)	17.6 (.048)		81.1 (.037)	67.4 (.060)	79.1 (.050)
Orange	12.8 (.020)	12.1 (.022)	8.3 (.014)		19.7 (.022)	27.6 (.033)	26.1 (.029)		67.5 (.024)	60.3 (.031)	65.6 (.027)
Placer	--	--	--		10.0 (.035)	9.1 (.033)	19.2 (.055)		88.2 (.035)	87.8 (.036)	78.7 (.056)
Sacramento	3.9 (.013)	7.3 (.029)	9.9 (.034)		20.8 (.030)	29.4 (.034)	32.5 (.047)		75.3 (.034)	63.3 (.039)	57.6 (.051)
San Luis Obispo	--	--	--		19.5 (.044)	38.4 (.055)	26.8 (.061)		74.3 (.046)	55.4 (.053)	70.9 (.065)
Santa Barbara	27.1 (.047)	14.4 (.054)	19.2 (.058)		21.2 (.035)	26.4 (.048)	30.1 (.061)		51.7 (.046)	59.3 (.061)	50.6 (.060)
Solano	--	--	--		15.5 (.025)	19.6 (.044)	24.0 (.036)		80.0 (.027)	78.8 (.045)	71.6 (.037)
Sonoma	--	--	--		12.9 (.037)	19.1 (.050)	28.3 (.045)		78.4 (.038)	80.9 (.050)	69.3 (.058)
Tulare	13.9 (.025)	7.7 (.027)	7.6 (.029)		37.9 (.037)	52.7 (.054)	50.2 (.049)		48.3 (.037)	39.6 (.051)	42.2 (.046)
Yolo	5.8 (.025)	6.2 (.030)	8.1 (.030)		13.8 (.036)	15.8 (.044)	19.8 (.045)		80.4 (.039)	78.0 (.044)	72.1 (.046)
Yuba	--	--	--		33.7 (.064)	37.5 (.096)	43.5 (.077)		57.6 (.068)	58.0 (.097)	51.5 (.075)

CHI= Children's Health Initiative

Statistical significance at p<.05 is noted as: (a) 2001 vs. 2003, (b) 2001 vs. 2005, and (c) the linear trend for all three years.

Insufficient samples sizes to make reliable estimates are indicated with (--)