

medicaid
and the uninsured

January 2009

**Covering Uninsured Children:
Reaching and Enrolling Citizen Children with Non-Citizen Parents**

Findings from the Kaiser Survey of Children's Health Coverage

INTRODUCTION

Recently, a number of states have begun pursuing universal coverage efforts for children. Additionally, there is likely to be continued focus on covering children as the State Children's Health Insurance Program (SCHIP) will come up for reauthorization by the Congress and there is the potential for a broader debate around national health reform.

Medicaid and SCHIP have made significant progress in reducing the uninsured rate for low-income children over the past decade. However, two-thirds of children who are eligible for the programs remain uninsured. Thus, successful efforts to increase children's coverage will not only need to focus on children's eligibility for coverage but also on enrolling eligible children.

One group of low-income children that can be particularly difficult to reach and enroll in public coverage is citizen children in mixed status families—i.e., families in which the child is a citizen and the parent is a non-citizen. Regardless of their parents' citizenship status, citizen children are eligible for Medicaid and SCHIP if they meet income eligibility requirements. However, non-citizen parents face multiple barriers to enrolling their children.

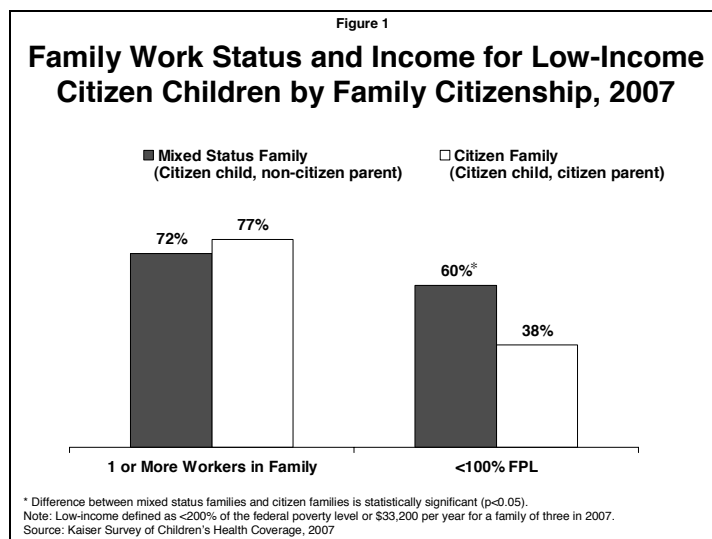
As part of a series using data from a 2007 Kaiser Survey of Children's Health Coverage, this analysis examines health insurance coverage for low-income citizen children (below 200% of the federal poverty level or \$33,200 per year for a family of three in 2007) in mixed status families and identifies some of the specific enrollment barriers for these children. It finds:

- Low-income citizen children in mixed status families are twice as likely to be uninsured as those in citizen families, stemming from more limited access to employer coverage and lower public coverage rates.
- Medicaid and SCHIP could help fill the coverage gap for uninsured low-income citizen children in mixed status families, but their parents are less likely to have heard of Medicaid and SCHIP and to know how to navigate the enrollment process.
- Comprehensive efforts to increase children's coverage need to include strategies focused on reaching low-income citizen children in mixed status families. Findings suggest that outreach efforts conducted both through the community and providers are likely to prove most successful, particularly face-to-face outreach that includes application assistance.

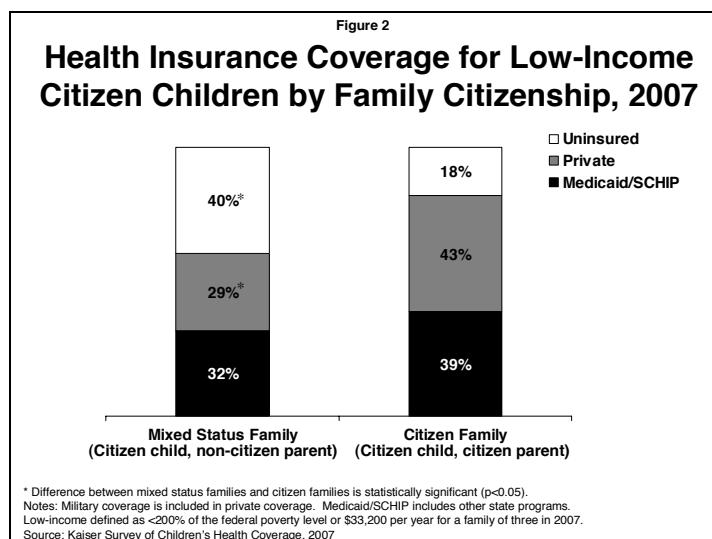
FINDINGS

Family Work Status, Income, and Health Coverage

Low-income mixed status families are about as likely as citizen families to have a worker in the family, but are more likely to be below poverty. Roughly three-quarters of both low-income mixed status (72%) and citizen families (77%) have one or more workers in the family (Figure 1). However, mixed status families are significantly more likely to have family income below the federal poverty level (\$16,600 for a family of three in 2007) (60% vs. 38%), suggesting parents of low-income citizen children in mixed status families tend to be employed in lower-wage jobs.



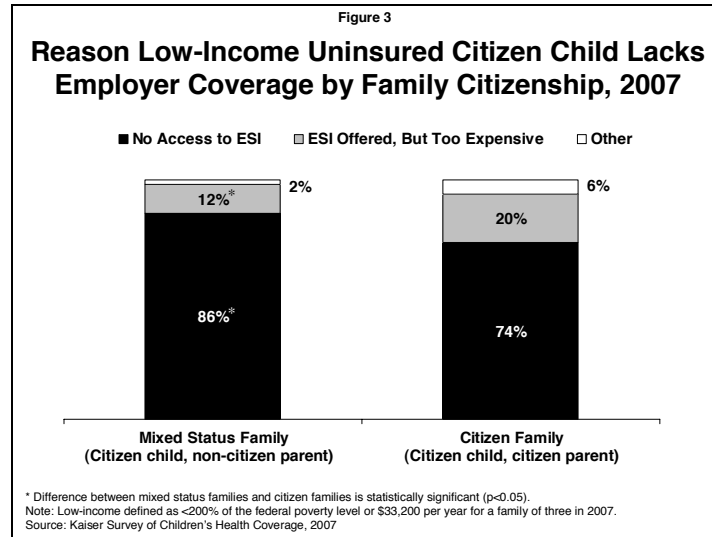
Low-income citizen children in mixed status families are more than twice as likely to be uninsured as those in citizen families. Some 40% of low-income citizen children in mixed status families lack coverage compared to 18% of those in citizen families (Figure 2). Their higher uninsured rate is driven by a significantly lower rate of private coverage (29% vs. 43%), as well as a lower rate of coverage through Medicaid or SCHIP (32% vs. 39%).



Uninsured low-income citizen children in mixed status families are more likely than those in citizen families to lack coverage because they do not have access to employer coverage.

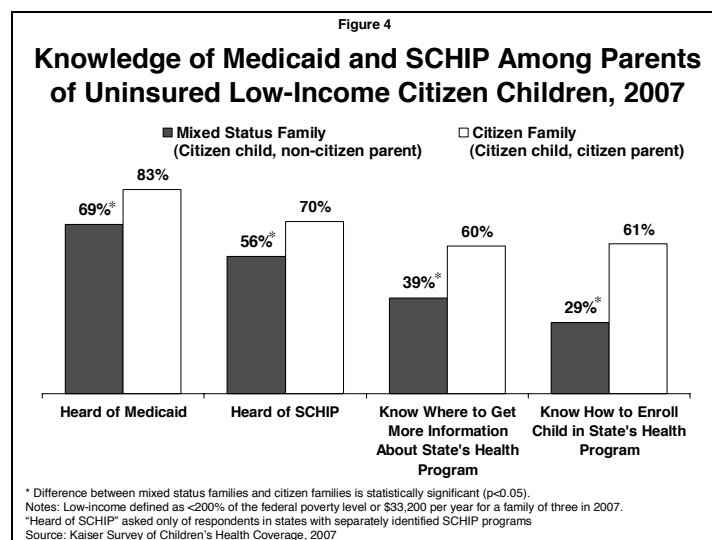
Regardless of family citizenship status, most parents of uninsured low-income citizen children report lack of access to employer coverage as the reason their child is uninsured (Figure 3).

However, parents in mixed status families are significantly more likely to cite lack of access to employer coverage than those in citizen families (86% vs. 74%), even though they are as likely to have a worker in the family.

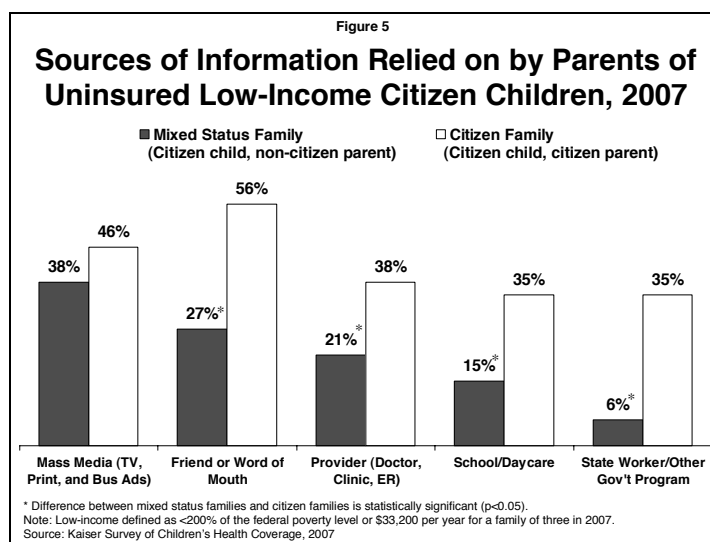


Knowledge of Medicaid and SCHIP

Parents of uninsured low-income citizen children in mixed status families are less likely to know about Medicaid and SCHIP and how to enroll. Given their higher poverty rates and more limited access to employer coverage, Medicaid and SCHIP could help fill the coverage gap for uninsured low-income citizen children in mixed status families. However, their parents are less likely than those in citizen families to have heard of Medicaid and SCHIP and are less familiar with the enrollment process (Figure 4). For example, parents in mixed status families are less than half as likely to say they know how to enroll their child (29% vs. 61%).



Parents of uninsured low-income citizen children in mixed status families have fewer sources of information about public programs for their family. The more limited knowledge of Medicaid and SCHIP among parents of low-income uninsured citizen children in mixed status families likely reflects that, in general, these parents have fewer sources of information about public programs. They are less likely than those in citizen families to use a variety of information sources (Figure 5). Of particular note, they are about six times less likely to say they rely on a state worker or other government program for information (6% vs. 35%). Moreover, when asked to list sources of information for programs for their child or family, parents in low-income mixed status families list fewer sources of information—only 8% of parents in mixed status families name more than one source of information vs. 53% of citizen parents.



Language barriers may also contribute to gaps in knowledge of Medicaid and SCHIP among parents in low-income mixed status families. The Kaiser Survey of Children's Health Coverage was fielded in Spanish and English, and over nine in ten (93%) low-income parents in mixed status families completed the survey in Spanish compared to 7% of parents in citizen families. This suggests that these parents likely prefer to speak and receive materials in Spanish. Further, those with limited English proficiency may have increased difficulties understanding program information and navigating enrollment processes.

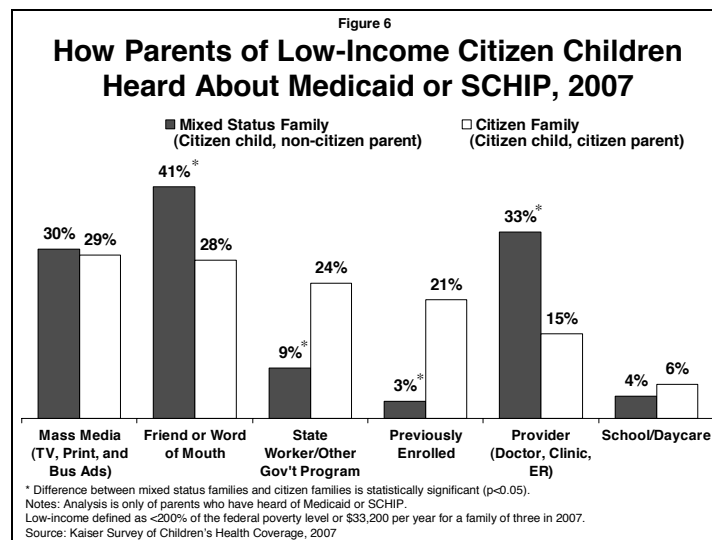
Reaching and Enrolling Low-Income Citizen Children in Mixed Status Families

Parents of low-income citizen children in mixed status families who have heard about Medicaid and SCHIP have high opinions of the programs and would enroll their child.

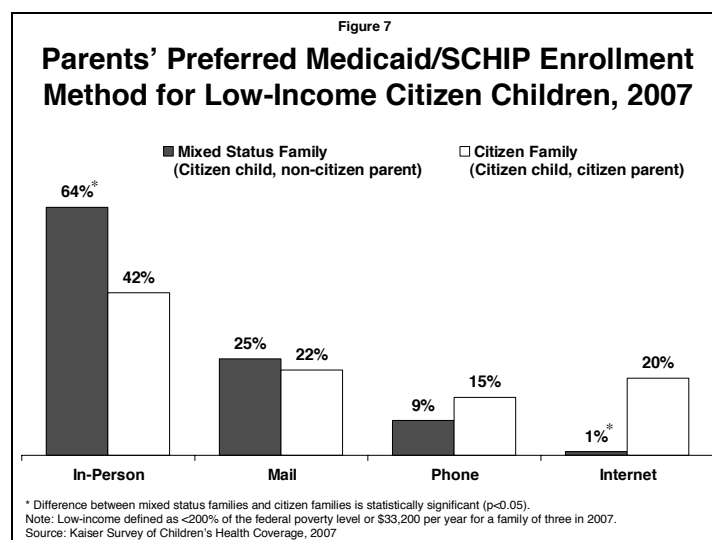
Regardless of family citizenship status, some 99% of low-income parents who have heard about Medicaid and SCHIP and have an opinion about the programs say they think Medicaid or SCHIP is a good program. Similarly, more than nine in ten of those with an uninsured child say they would enroll their child if eligible.

Friends, communities, and providers are key sources of information on Medicaid and SCHIP for low-income parents in mixed status families. When parents in low-income mixed status families hear about Medicaid and SCHIP, they tend to do so through different avenues than those in citizen families. Specifically, they are more likely to say they heard about the programs via a

friend or word of mouth or through a provider such as doctor, clinic, or emergency room (Figure 6). They are significantly less likely to report hearing about the programs through a state worker or other government program or to know about the programs from previously being enrolled.



Parents of low-income citizen children in mixed status families are significantly more likely than those in citizen families to say they would prefer to enroll their child in-person. There are no significant differences in the reported enrollment method used by parents in low-income mixed status and citizen families with a child enrolled in Medicaid or SCHIP. In both cases, about two-thirds report enrolling their child in-person, about one in five say they enrolled via mail, and marginal percentages report using the phone or internet (data not shown). However, there are important differences in the enrollment method parents say they would prefer to use. Nearly two-thirds of parents of low-income citizen children in mixed status families say they would prefer to enroll their child in person. While in-person enrollment is also the most commonly preferred enrollment method for parents of low-income children in citizen families (cited by 42% of parents), a greater proportion of these parents name the phone (16% vs. 9%) or internet (20% vs. 1%) as preferred enrollment methods for their children compared to parents of low-income citizen children in mixed status families.



Coordinating Medicaid and SCHIP enrollment with other public programs could be helpful in reaching low-income citizen children in mixed status families. Overall, about eight in ten uninsured low-income citizen children in mixed status families participate in another public program (Table 1). Among the selected programs, participation rates were highest for the school lunch (56%) and the WIC (34%) programs, which have similar income eligibility limits to Medicaid and SCHIP. As such, sharing data and coordinating enrollment with these programs could help boost Medicaid and SCHIP enrollment for low-income citizen children in mixed status families. For example, providing information about Medicaid and SCHIP with another program application, using other public program enrollment data to identify children potentially eligible for Medicaid and SCHIP, and/or combining enrollment processes across programs could all help facilitate enrollment of these and other eligible but unenrolled children.

Table 1: Public Program Participation in the Past 12 Months for Low-Income Families with an Uninsured Citizen Child by Family Citizenship, 2007

	Mixed Status Family	Citizen Family
School Lunch	56%	48%
WIC (Women, Infants and Children)	34%*	18%
Earned Income Tax Credit	23%*	35%
Food Stamps	14%	18%
Temporary Assistance for Needy Families	5%	2%
Housing Assistance	3%	6%
Social Security Benefits (SSI, SSDI)	2%*	21%
Any Program	80%	75%

* Difference between mixed status and citizen families is statistically significant ($p < 0.05$)
 Source: Kaiser Survey of Children's Health Coverage, 2007.

DISCUSSION AND IMPLICATIONS

Given the high uninsured rate of low-income citizen children in mixed status families and the specific Medicaid and SCHIP enrollment barriers they face, comprehensive efforts to increase coverage among low-income children will need to include efforts specifically focused on reaching these children. The findings in this analysis suggest that in addition to undertaking efforts such as providing information and materials in first languages, a number of other strategies may be useful for reaching these children.

In particular, the findings show that friends, communities, and providers are key sources of information on Medicaid and SCHIP for parents of low-income citizen children in mixed status families. Further, these parents express a significant preference for enrolling their child in-person rather than by mail, phone, or internet, but they have limited connections with state or other government workers. Together, these data suggest that outreach efforts conducted through the community and providers are likely to prove most successful for reaching these parents, particularly face-to-face outreach that includes application assistance. Utilizing community outreach workers who are trusted voices in the neighborhood could help educate parents about the programs, meet parents' language and cultural needs and preferences, and help address any specific questions or fears they may have about enrolling their children. These data also suggest that, although many states are taking steps to increase opportunities for families to apply and enroll in Medicaid and SCHIP via the internet, they should also maintain adequate resources for in-person enrollment.

Further, participation rates in other public programs suggest that coordinating Medicaid and SCHIP outreach and/or enrollment with enrollment in school lunch and other public programs could be helpful in reaching these children. Other public programs may also have successful strategies for reaching low-income citizen children in mixed status families that could be replicated in Medicaid and SCHIP.

In sum, low-income citizen children of non-citizen parents are at significant risk of being uninsured even though many are eligible for Medicaid and SCHIP. As options and strategies for increasing children's coverage are considered, it will be important to address the specific enrollment barriers for these children to achieve broader coverage of eligible children who remain uninsured.

The 2007 Kaiser Survey of Children's Health Coverage was designed and analyzed by researchers at the Kaiser Family Foundation. ICR/International Communications Research collaborated with Kaiser researchers on sample design and weighting and conducted the fieldwork. The survey is a nationally representative telephone survey of 2,073 parents or caregivers of a child age 18 or younger that was conducted in both Spanish and English. Of those children, 984 were in low-income citizen families and 326 were in low-income mixed status families. The citizenship status of the family is based on the status of the child and the status of the parent responding to the survey. Since the survey was only conducted in Spanish and English, it likely under-represents non-citizen parents from regions in which other languages are spoken. The survey was fielded between October 18 and December 23, 2007. For full survey results, see "Next Steps in Covering Uninsured Children: Findings from the Kaiser Survey of Children's Health Coverage," Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, January 2009, www.kff.org.

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