



DATA UPDATE

Health Insurance Coverage among Children Ages 3 and Younger and Their Parents in 2016

National and State Estimates

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Using the latest available data from the 2016 American Community Survey (ACS),¹ this brief is an update to our previous analysis that examined health insurance coverage among children ages 3 and younger and their parents in 2015 (Haley et al. 2017a, 2017b). Our research found high rates of coverage through Medicaid and the Children's Health Insurance Program (CHIP) among young children and their parents in 2015, with nearly half of young children and one-fifth of the parents of young children covered by Medicaid/CHIP; this share was higher than that among older children and their parents. Certain family characteristics, such as lower incomes, younger parents, and mixed immigration status, were more prevalent among parents of younger children, placing them at higher risk of lacking coverage. Coverage also varied across states for both young children and their parents.

In addition, we found that coverage expansions to parents, subsidies for Marketplace coverage, and enrollment and outreach efforts under the Affordable Care Act (ACA) were associated with increased coverage rates among both young children and their parents during the first two years of ACA implementation. Though the high reliance on Medicaid and CHIP represented an opportunity for these programs to reach low-income children at critical early ages, our analysis also suggested that policy changes to Medicaid and CHIP would have outsized effects on families with young children.

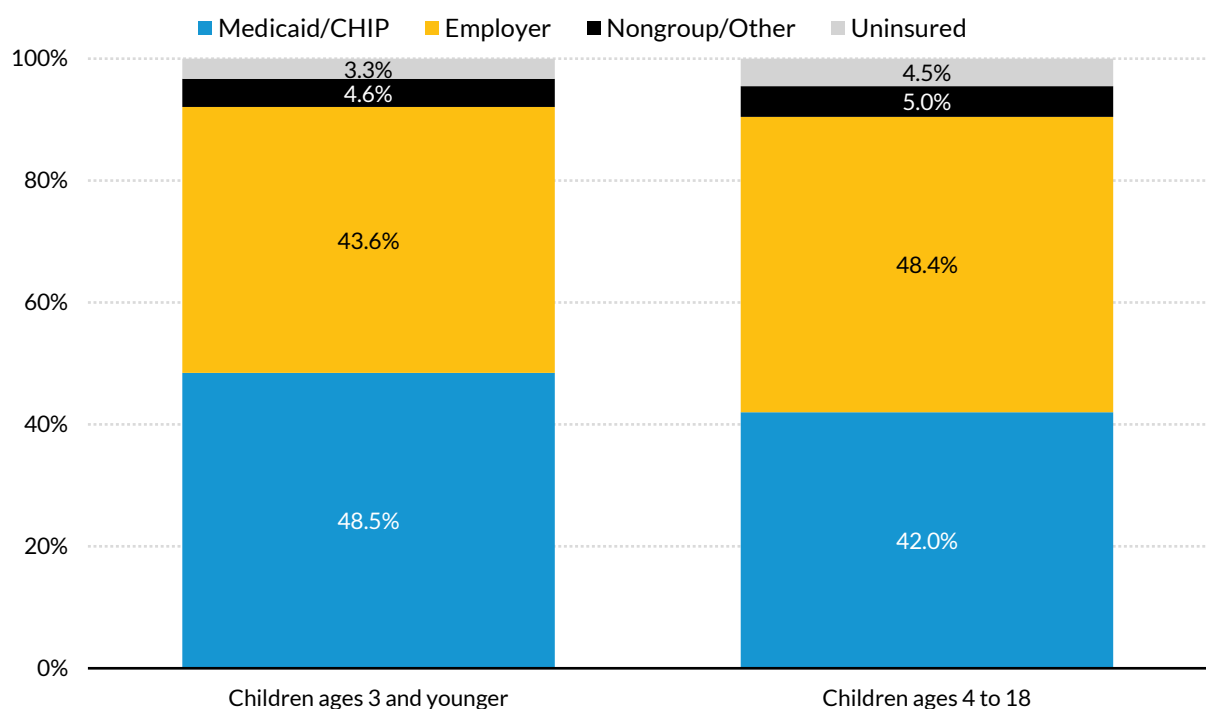
This data update examines coverage patterns among young children and their parents in 2016, the third year after implementation of the major coverage provisions of the ACA. We find that patterns in 2016 were consistent with those we reported for 2015, suggesting that the opportunities presented by

high Medicaid/CHIP coverage among young children and their families—and the potential risks associated with losing such coverage—continued.

- **High reliance on Medicaid and CHIP continued in 2016, with 48.5 percent of young children covered by Medicaid or CHIP—a higher share than among older children (42.0 percent). Just 3.3 percent of children ages 3 and younger were uninsured.** The high rate of Medicaid/CHIP coverage among young children in 2016 continued long-term trends of rising Medicaid/CHIP enrollment rates among children, which have been associated with a decline in uninsurance among children of more than half since the late 1990s (Gates et al. 2016).

FIGURE 1

Health Insurance Coverage of Children Ages 18 and Younger, by Age, 2016



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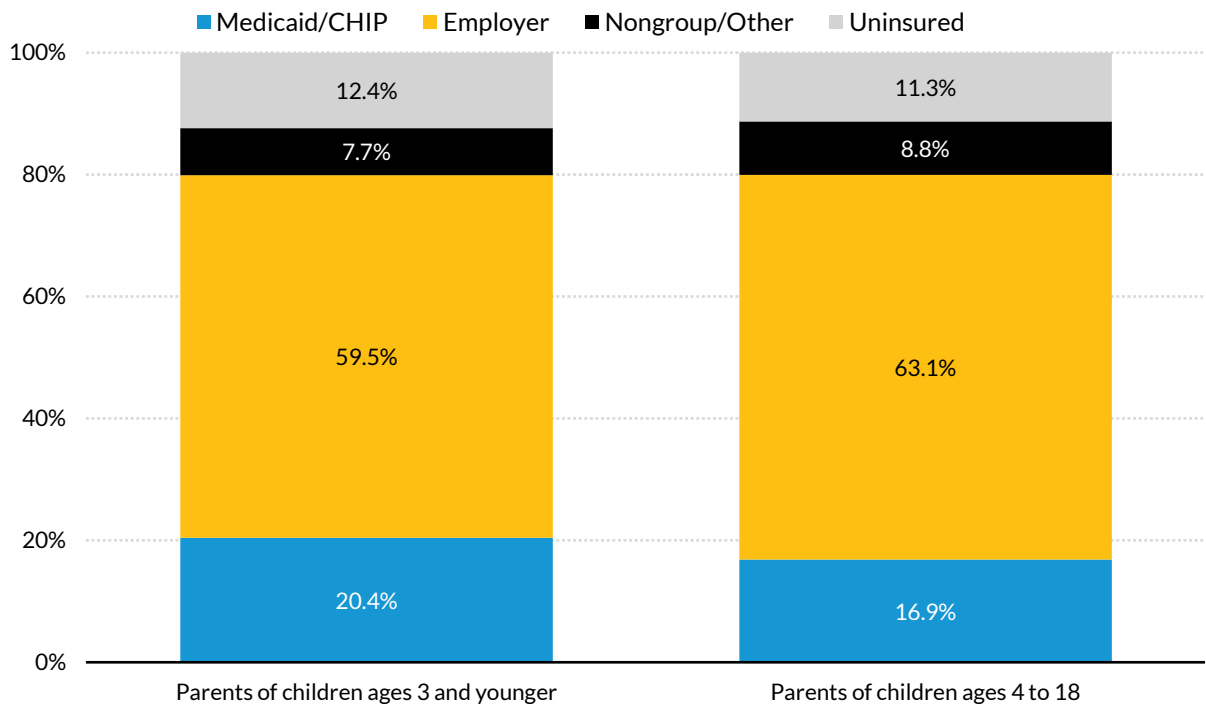
Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Rates for children ages 3 and younger are significantly different from rates for children ages 4 to 18 at the 0.01 level.

- **Parents of young children remained more likely than parents of older children to have Medicaid in 2016.** About one-fifth (20.4 percent) of parents of children ages 3 and younger had Medicaid, compared with 16.9 percent of parents of older children.

FIGURE 2

Health Insurance Coverage of Parents of Children Ages 18 and Younger, by Child's Age, 2016



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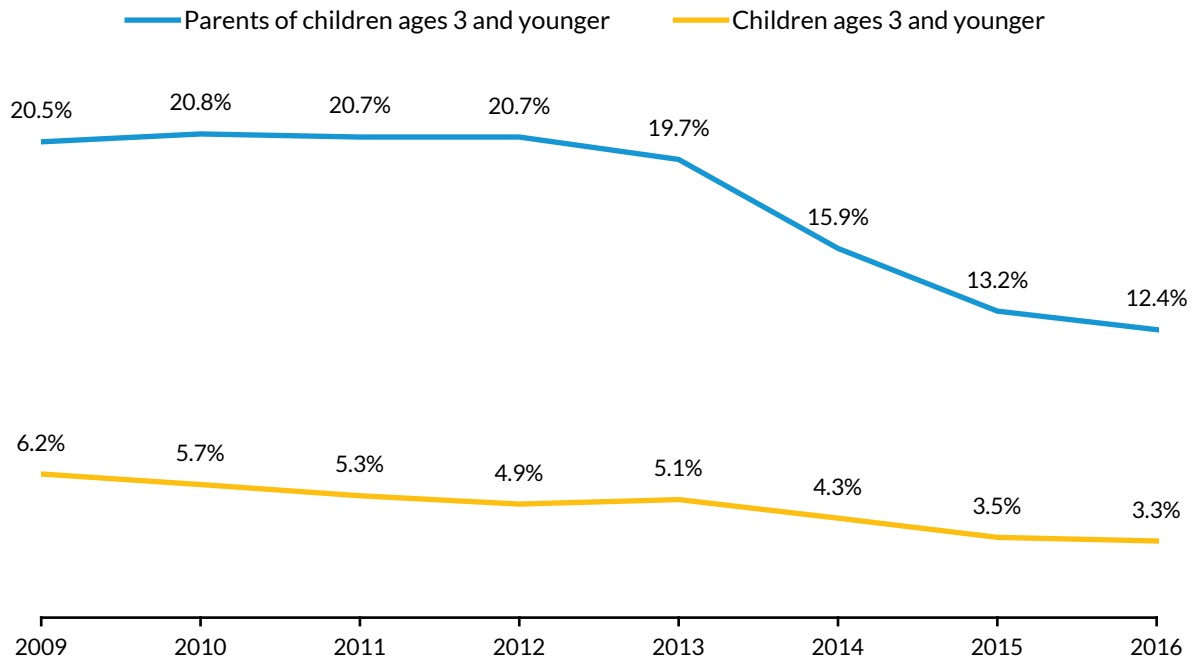
Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. "Parents of children ages 3 and younger" have at least one child age 3 or younger but may also have older children; "parents of children ages 4 to 18" have at least one child age 4 to 18 but may also have younger children. Rates for parents of children ages 3 and younger are significantly different from rates for parents of children ages 4 to 18 at the 0.01 level.

- Uninsurance among both young children and their parents continued to fall in 2016.** In the three years after implementation of the major coverage provisions of the ACA, the uninsurance rate for young children fell from 5.1 percent to 3.3 percent, and the uninsurance rate among parents of young children fell from 19.7 percent to 12.4 percent—a drop of over a third, reflecting coverage gains through Medicaid and the new Marketplaces.² Uninsurance among children fell gradually under Medicaid/CHIP coverage expansions and enrollment increases from 2009 to 2016. Uninsurance was more stable among parents in the beginning of this period but fell steeply under implementation of the coverage provisions of the ACA starting in 2014. Between 2015 and 2016, uninsurance fell from 3.5 percent to 3.3 percent among young children and from 13.2 percent to 12.4 percent among parents of young children. Though these declines were smaller than the large drops in uninsurance from 2013 to 2014 and from 2014 to 2015, they show continued coverage gains for both young children and their parents under the ACA.

FIGURE 3

Uninsurance among Children Ages 3 and Younger and Their Parents, 2009–16



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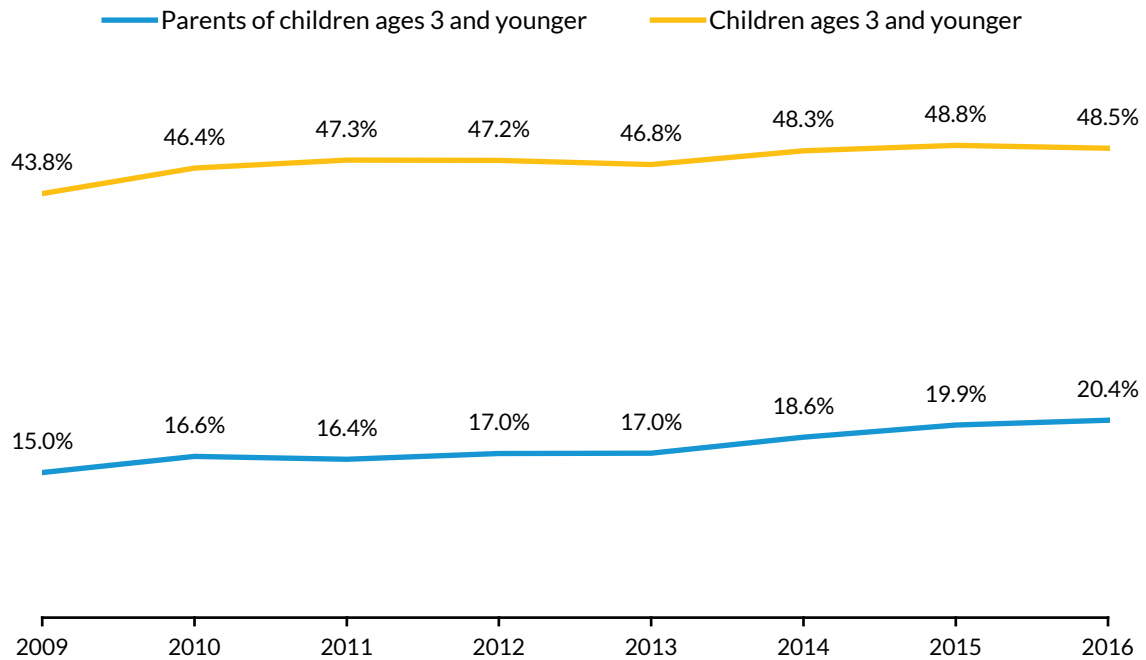
Source: Urban Institute analysis of 2009–16 American Community Survey data from the Integrated Public Use Microdata Series.

Note: Year-to-year changes for children and parents are statistically significant at the 0.01 level.

- Medicaid/CHIP coverage rates among young children and their families remained stable in 2016.** About half of young children and about one-fifth of parents of young children had Medicaid coverage; these were similar to rates in 2015, indicating that gains in Medicaid/CHIP coverage beginning with implementation of the major coverage provisions of the ACA in 2014 held up in the ACA's third year.

FIGURE 4

Medicaid/CHIP Coverage among Children Ages 3 and Younger and Their Parents, 2009–16



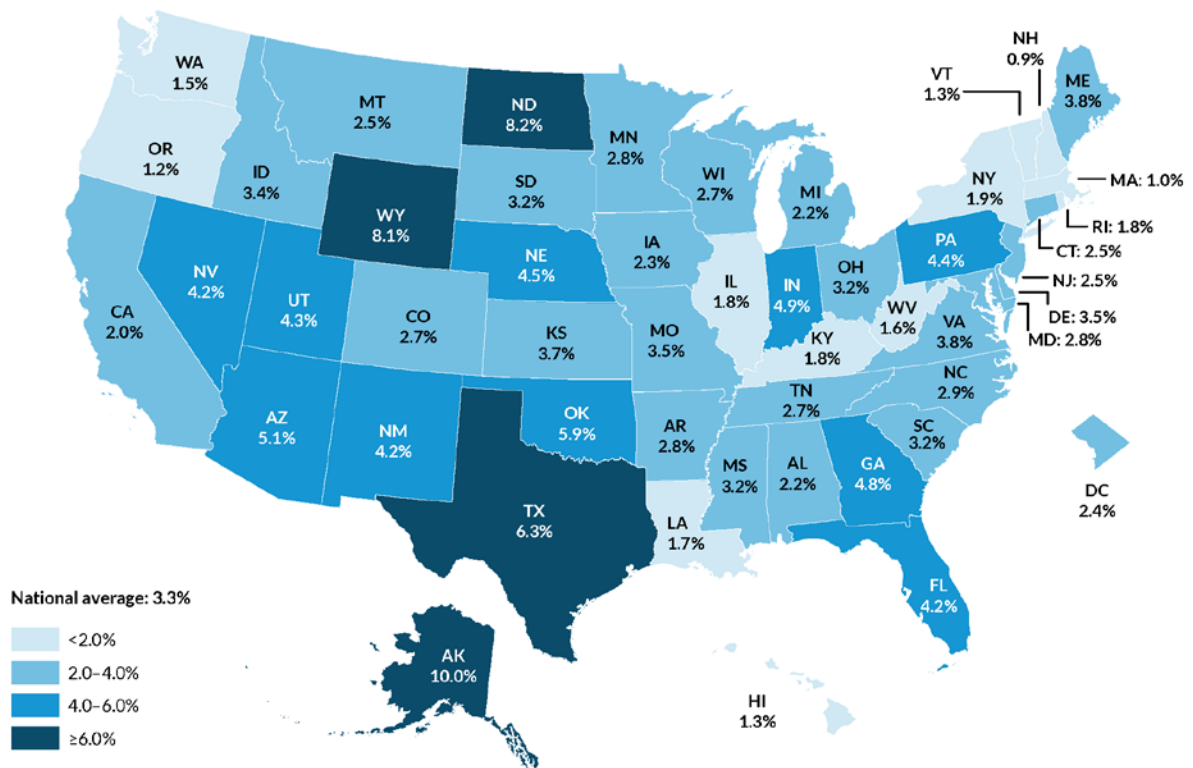
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Source: Urban Institute analysis of 2009–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Year-to-year changes for children and parents are statistically significant at the 0.01 level, except for the 2012–13 change for parents. The estimate for parents in 2015 is slightly different from the estimate published in Haley and colleagues (2017a) because of small changes in methodology. See note 1.

FIGURE 5

Uninsurance among Children Ages 3 and Younger, by State, 2016



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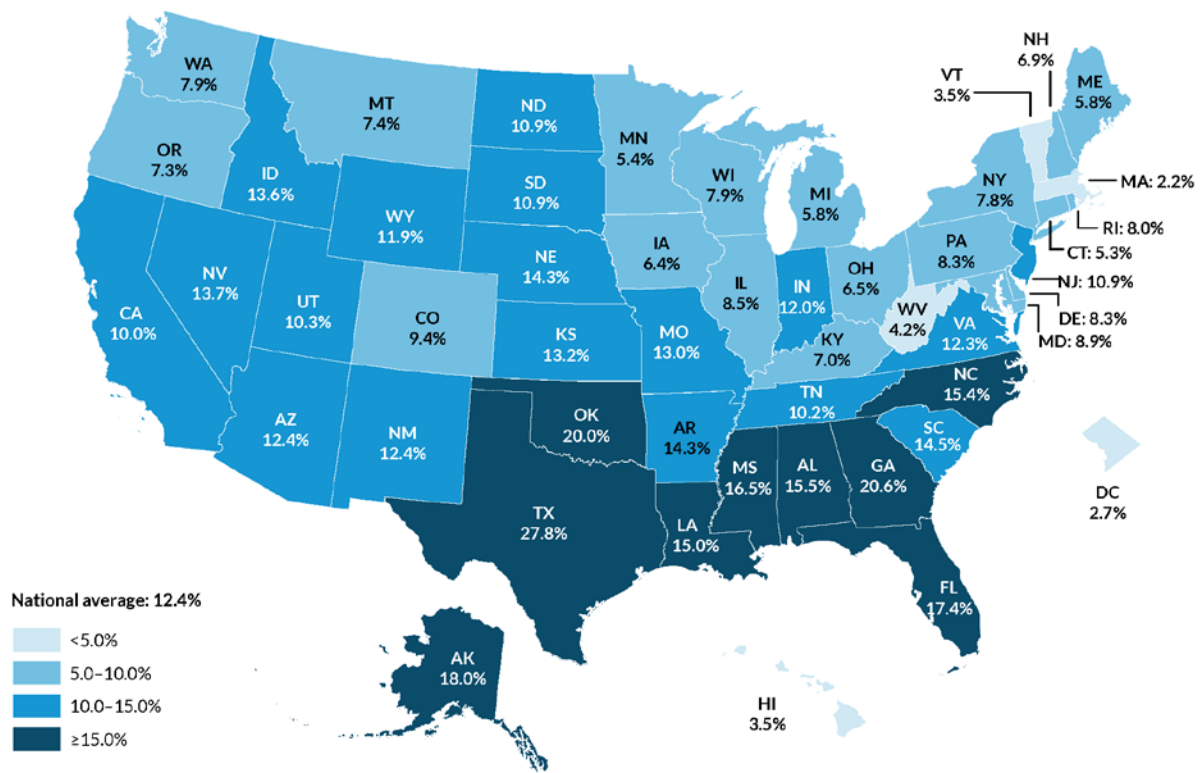
Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Note: State rates are significantly different from the national average at the 0.05 level except in Delaware and South Dakota.

- Coverage for young children and their families continued to vary across states in 2016.** Uninsurance rates among young children were less than 2 percent in 12 states, and more than 8 percent in 3 states. Less than one-third of children had Medicaid/CHIP in North Dakota, Utah, and Wyoming, compared with over 60 percent in Arkansas, Mississippi, and New Mexico. Uninsurance among parents ranged from below 3 percent in the District of Columbia and Massachusetts to above 20 percent in Georgia and Texas. Medicaid/CHIP coverage among parents ranged from below 10 percent in Kansas, Nebraska, Texas, and Virginia to above 30 percent in New Mexico, Vermont, and West Virginia. (Appendix tables 1 through 4 provide state-specific estimates of insurance coverage for children ages 3 and younger and their parents.)

FIGURE 6

Uninsurance among Parents of Children Ages 3 and Younger, by State, 2016



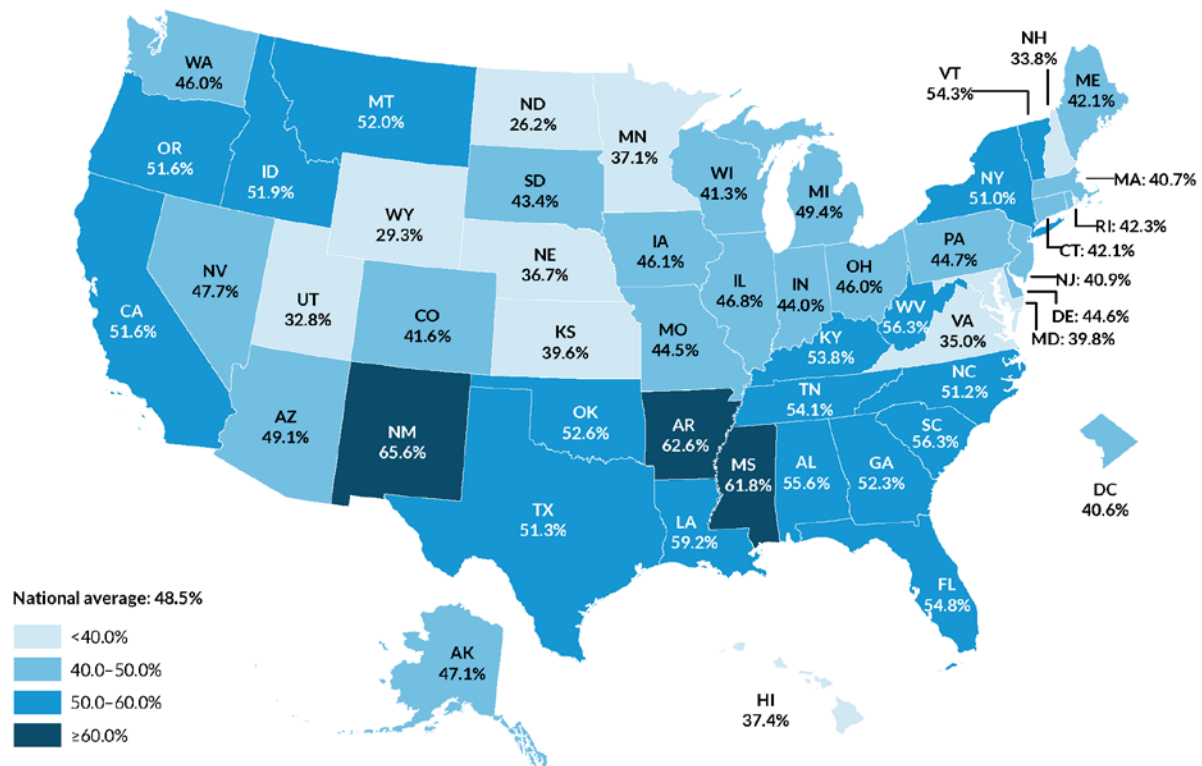
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Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Note: State rates are significantly different from the national average at the 0.05 level except in Arizona, New Mexico, and Virginia.

FIGURE 7

Medicaid/CHIP Coverage among Children Ages 3 and Younger, by State, 2016



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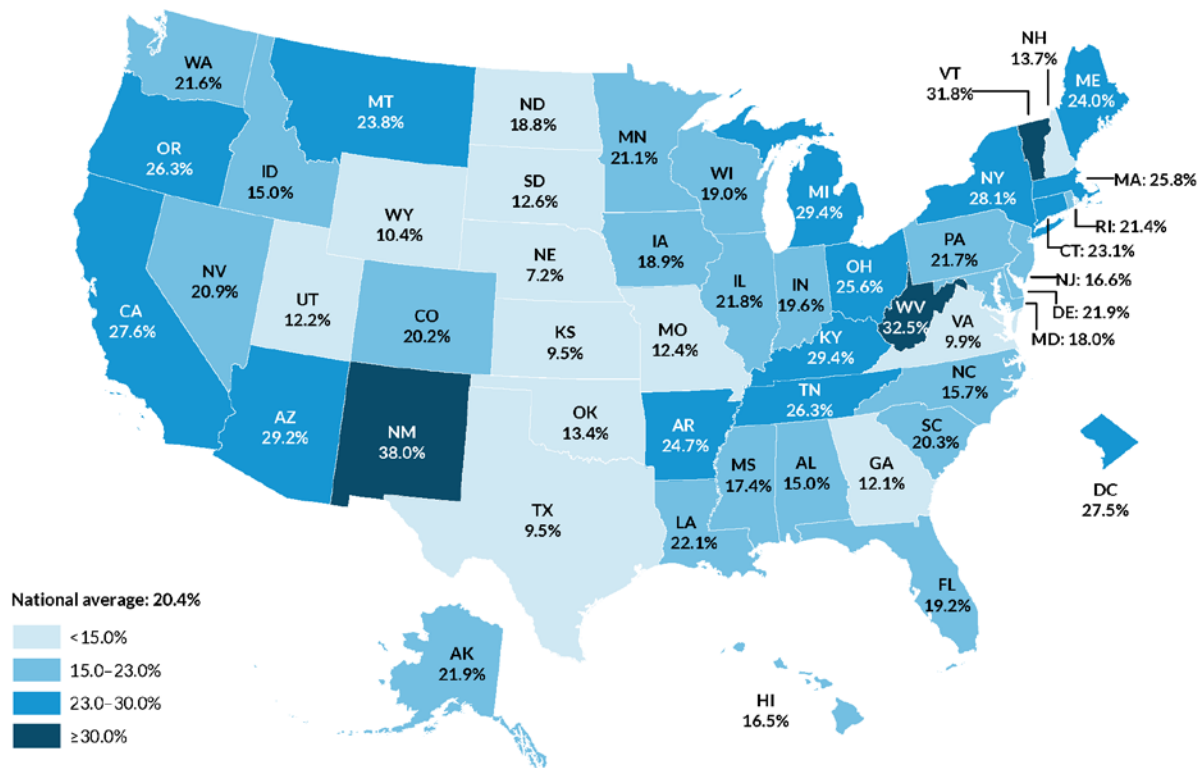
Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. State rates are significantly different from the national average at the 0.01 level.

- Between 2015 and 2016, as more states adopted the ACA's Medicaid expansion,³ parents of young children in nonexpansion states continued to be uninsured at much higher rates than parents in expansion states. An estimated 8.7 percent of parents of young children in expansion states were uninsured in 2016, half the rate among parents in nonexpansion states (18.0 percent; appendix table 1). Much of this difference was because of the much higher rates of Medicaid coverage in expansion states (24.5 percent) compared with nonexpansion states (14.1 percent; appendix table 2).

FIGURE 8

Medicaid/CHIP Coverage among Parents of Children Ages 3 and Younger, by State, 2016



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Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. State rates are significantly different from the national average at the 0.01 level except in South Carolina.

- **Coverage patterns among infants and toddlers (ages 2 and younger) were similar to those among all young children (ages 3 and younger).** Looking more closely by age, we find the highest reliance on Medicaid and CHIP among the youngest children: Medicaid/CHIP covered 49.2 percent of infants, 49.1 percent of 1-year-olds, 48.4 percent of 2-year-olds, and 47.2 percent of 3-year-olds in 2016. Medicaid/CHIP covered 48.9 percent of all infants and toddlers, and just 3.1 percent of infants and toddlers were uninsured, with the lowest rate among infants (2.7 percent; data not shown).⁴ (Appendix tables 1 through 4 provide state-specific estimates for children ages 2 and younger alongside those for children ages 3 and younger.)
- **Reliance on Medicaid/CHIP is high among young children in many metropolitan areas.** As shown in appendix table 5, in 77 of the 100 metropolitan areas with the largest numbers of young children, Medicaid/CHIP covered more than 4 in 10 children ages 3 and younger; in 37 of these metropolitan areas, Medicaid/CHIP covered over half of children ages 3 and younger. These high coverage rates indicate that Medicaid and CHIP were important in young children's health care in large and small metro areas across the US.

Health insurance coverage among young children and their parents in 2016 continued patterns seen in 2015. Nearly half of young children had Medicaid/CHIP coverage in 2016, and Medicaid/CHIP coverage rates were above 40 percent in 40 states and the District of Columbia. Just 3.3 percent of children ages 3 and younger were uninsured nationally, with uninsurance rates below 5 percent in 44 states and the District of Columbia. Medicaid/CHIP coverage rates and uninsurance rates among parents varied widely across states, but 27 states had uninsurance rates above 10 percent, and parents of young children in nonexpansion states were uninsured at twice the rate of parents in expansion states.

Heavy reliance on Medicaid and CHIP presents both opportunities and risks. Though Medicaid/CHIP coverage gives many families of young children access to important health care services, cutbacks in Medicaid/CHIP funding or eligibility would hit these families even harder than families of older children. The recent six-year reauthorization of CHIP⁵ provides some stability in Medicaid/CHIP coverage for young children, and now lawmakers are considering extending the authorization to 10 years.⁶ But the future of Medicaid/CHIP coverage for parents of young children is less certain and will be shaped by state and federal policies now in development.

APPENDIX TABLE 1

Uninsurance among Children Ages 2 and Younger, Children Ages 3 and Younger, and Their Parents, by State and State Medicaid Expansion Status, 2016

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Expansion states	173	2.5%***	242	2.6%***	861	8.7%***	1,067	8.7%***
Alaska	<5	10.9%***	<5	10.0%***	9	19.5%***	9	18.0%***
Arizona	11	4.4%***	17	5.1%***	41	12.2%*	52	12.4%
Arkansas	<5	2.2%***	<5	2.8%***	20	13.3%***	26	14.3%***
California	29	2.0%***	40	2.0%***	202	10.0%***	254	10.0%***
Colorado	5	2.5%***	7	2.7%***	27	9.0%***	35	9.4%***
Connecticut	<5	2.3%***	<5	2.5%***	7	5.0%***	10	5.3%***
Delaware	<5	2.7%***	<5	3.5%*	<5	7.4%***	<5	8.3%***
District of Columbia	<5	1.5%***	<5	2.4%***	<5	1.1%***	<5	2.7%***
Hawaii	<5	1.2%***	<5	1.3%***	<5	2.6%***	<5	3.5%***
Illinois	8	1.7%***	11	1.8%***	54	8.5%***	66	8.5%***
Indiana	11	4.7%***	16	4.9%***	45	12.6%***	53	12.0%***
Iowa	<5	2.3%***	<5	2.3%***	12	6.7%***	14	6.4%***
Kentucky	<5	1.6%***	<5	1.8%***	15	7.0%***	19	7.0%***
Louisiana	<5	1.4%***	<5	1.7%***	35	15.3%***	41	15.0%***
Maryland	6	3.1%	8	2.8%***	28	9.2%***	34	8.9%***
Massachusetts	<5	1.1%***	<5	1.0%***	7	2.4%***	9	2.2%***
Michigan	7	2.0%***	10	2.2%***	26	5.7%***	34	5.8%***
Minnesota	6	2.8%***	8	2.8%***	17	5.2%***	21	5.4%***
Montana	<5	2.5%***	<5	2.5%***	<5	8.0%***	5	7.4%***
Nevada	5	4.5%***	6	4.2%***	19	13.3%***	23	13.7%***
New Hampshire	<5	0.5%***	<5	0.9%***	<5	6.6%***	5	6.9%***
New Jersey	8	2.4%***	10	2.5%***	47	10.4%***	61	10.9%***
New Mexico	<5	4.2%***	4	4.2%***	12	11.0%***	16	12.4%
New York	13	1.9%***	17	1.9%***	74	7.8%***	91	7.8%***
North Dakota	<5	8.7%***	<5	8.2%***	5	10.2%***	6	10.9%***
Ohio	12	3.0%***	17	3.2%***	39	6.6%***	47	6.5%***
Oregon	<5	1.3%***	<5	1.2%***	16	8.0%***	18	7.3%***
Pennsylvania	19	4.5%***	25	4.4%***	52	9.0%***	60	8.3%***
Rhode Island	<5	2.1%***	<5	1.8%***	<5	7.7%***	<5	8.0%***
Vermont	<5	0.9%***	<5	1.3%***	<5	3.1%***	<5	3.5%***
Washington	<5	1.1%***	6	1.5%***	31	7.8%***	39	7.9%***
West Virginia	<5	1.4%***	<5	1.6%***	<5	3.4%***	<5	4.2%***
Nonexpansion states	192	4.1%***	275	4.4%***	1,145	17.8%***	1,427	18.0%***
Alabama	<5	2.2%***	5	2.2%***	35	15.4%***	43	15.5%***
Florida	26	3.9%***	37	4.2%***	146	17.1%***	184	17.4%***
Georgia	18	4.6%***	24	4.8%***	110	21.1%***	134	20.6%***
Idaho	<5	3.0%***	<5	3.4%***	12	12.1%***	17	13.6%***
Kansas	<5	3.0%***	6	3.7%***	20	12.0%***	28	13.2%***
Maine	<5	3.8%***	<5	3.8%***	<5	5.2%***	<5	5.8%***
Mississippi	<5	3.3%***	5	3.2%***	23	16.9%***	28	16.5%***
Missouri	7	3.4%***	10	3.5%***	43	13.4%***	50	13.0%***
Nebraska	<5	4.6%***	5	4.5%***	18	15.2%***	20	14.3%***
North Carolina	11	3.0%***	14	2.9%***	75	15.6%***	94	15.4%***
Oklahoma	10	6.2%***	13	5.9%***	44	19.7%***	55	20.0%***
South Carolina	5	2.9%***	7	3.2%***	33	14.8%***	39	14.5%***
South Dakota	<5	3.2%***	<5	3.2%***	6	11.1%***	7	10.9%***
Tennessee	6	2.4%***	9	2.7%***	32	9.9%***	41	10.2%***
Texas	67	5.6%***	100	6.3%***	444	27.5%***	555	27.8%***
Utah	6	3.9%***	9	4.3%***	26	10.5%***	31	10.3%***
Virginia	11	3.8%***	15	3.8%***	48	11.6%***	64	12.3%*

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Wisconsin	<5	2.4%***	7	2.7%***	23	7.5%***	29	7.9%***
Wyoming	<5	6.7%***	<5	8.1%***	<5	10.7%***	<5	11.9%***
Total	365	3.1%	517	3.3%	2,006	12.3%	2,494	12.4%

Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State ACA Medicaid expansion status reflects decisions as of mid-2016. Alaska, Louisiana, and Montana adopted the Medicaid expansion between mid-2015 and mid-2016; all other expansion states adopted the expansion before mid-2015. However, Louisiana adopted the expansion in July 2016, so Louisiana data collected in the first half of 2016 do not reflect the effects of the expansion. Estimates of fewer than 5,000 cases are suppressed.

*/**/*** State rate differs significantly from the national average at 0.10/0.05/0.01 level.

APPENDIX TABLE 2

Medicaid/CHIP Coverage among Children Ages 2 and Younger, Children Ages 3 and Younger, and Their Parents, by State and State Medicaid Expansion Status, 2016

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Expansion states	3,364	48.2%***	4,505	47.8%***	2,454	24.8%***	3,001	24.5%***
Alaska	14	46.2%***	19	47.1%***	10	21.7%***	11	21.9%***
Arizona	124	50.1%***	167	49.1%***	99	29.8%***	123	29.2%***
Arkansas	72	64.5%***	92	62.6%***	39	25.4%***	45	24.7%***
California	746	51.6%***	1,010	51.6%***	557	27.6%***	699	27.6%***
Colorado	80	40.3%***	111	41.6%***	60	19.9%***	75	20.2%***
Connecticut	44	41.8%***	60	42.1%***	33	23.6%***	41	23.1%***
Delaware	15	44.7%***	19	44.6%***	10	23.7%***	11	21.9%***
District of Columbia	10	39.1%***	14	40.6%***	9	27.3%***	11	27.5%***
Hawaii	20	36.5%***	28	37.4%***	10	16.0%***	14	16.5%***
Illinois	217	47.4%***	284	46.8%***	144	22.6%***	169	21.8%***
Indiana	107	44.4%***	146	44.0%***	72	20.2%***	88	19.6%***
Iowa	55	46.4%***	73	46.1%***	36	19.2%***	42	18.9%***
Kentucky	86	54.1%***	116	53.8%***	67	30.4%***	79	29.4%***
Louisiana	112	60.0%***	144	59.2%***	49	21.8%***	61	22.1%***
Maryland	83	39.7%***	116	39.8%***	54	17.5%***	70	18.0%***
Massachusetts	85	40.8%***	115	40.7%***	80	25.8%***	100	25.8%***
Michigan	163	49.3%***	224	49.4%***	142	30.4%***	170	29.4%***
Minnesota	76	37.9%***	101	37.1%***	67	21.1%***	83	21.1%***
Montana	17	50.7%***	24	52.0%***	12	21.4%***	16	23.8%***
Nevada	50	46.8%***	69	47.7%***	29	20.5%***	36	20.9%***
New Hampshire	13	33.2%***	18	33.8%***	7	12.4%***	10	13.7%***
New Jersey	127	41.1%***	169	40.9%***	78	17.2%***	93	16.7%***
New Mexico	49	67.3%***	66	65.6%***	41	39.0%***	50	38.0%***
New York	354	51.5%***	471	51.0%***	270	28.6%***	329	28.1%***
North Dakota	8	22.8%***	12	26.2%***	6	12.7%***	7	11.8%***
Ohio	191	46.5%***	253	46.0%***	154	26.0%***	185	25.6%***
Oregon	73	53.6%***	94	51.6%***	54	27.8%***	65	26.3%***
Pennsylvania	189	45.5%***	250	44.7%***	131	22.5%***	157	21.7%***
Rhode Island	14	43.9%***	18	42.3%***	9	21.7%***	10	21.4%***
Vermont	9	55.9%***	12	54.3%***	8	31.1%***	10	31.8%***
Washington	126	47.6%***	164	46.0%***	90	22.7%***	106	21.6%***
West Virginia	36	57.1%***	48	56.3%***	28	33.2%***	34	32.5%***

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Nonexpansion states	2,340	50.0%***	3,094	49.5%***	940	14.6%***	1,119	14.1%***
Alabama	95	55.8%***	127	55.6%***	34	15.3%***	41	15.0%***
Florida	364	54.7%***	486	54.8%***	167	19.6%***	204	19.2%***
Georgia	202	52.5%***	267	52.3%***	63	12.1%***	79	12.1%***
Idaho	35	53.2%***	47	51.9%***	15	15.5%***	18	15.0%***
Kansas	44	38.7%***	62	39.6%***	17	10.0%***	20	9.5%***
Maine	14	39.5%***	21	42.1%***	15	24.8%***	18	24.0%***
Mississippi	73	63.3%***	91	61.8%***	25	18.3%***	29	17.4%***
Missouri	97	44.6%***	130	44.5%***	40	12.4%***	48	12.4%***
Nebraska	29	37.2%***	38	36.7%***	9	7.5%***	10	7.2%***
North Carolina	185	52.4%***	242	51.2%***	81	16.7%***	96	15.7%***
Oklahoma	81	51.5%***	112	52.6%***	31	13.9%***	37	13.4%***
South Carolina	100	57.1%***	130	56.3%***	46	20.9%	55	20.3%
South Dakota	17	45.7%***	21	43.4%***	8	13.8%***	8	12.6%***
Tennessee	129	53.8%***	176	54.1%***	90	27.9%***	105	26.3%***
Texas	626	52.3%***	818	51.3%***	162	10.0%***	189	9.5%***
Utah	51	33.8%***	67	32.8%***	31	12.5%***	37	12.2%***
Virginia	104	35.3%***	140	35.0%***	42	10.1%***	51	9.9%***
Wisconsin	86	42.4%***	111	41.3%***	61	19.9%***	70	19.0%***
Wyoming	7	31.0%***	9	29.3%***	<5	11.9%***	<5	10.4%***
Total	5,704	48.9%	7,599	48.5%	3,394	20.8%	4,121	20.4%

Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. State ACA Medicaid expansion status reflects decisions as of mid-2016.

Alaska, Louisiana, and Montana adopted the Medicaid expansion between mid-2015 and mid-2016; all other expansion states adopted the expansion before mid-2015. However, Louisiana adopted the expansion in July 2016, so Louisiana data collected in the first half of 2016 do not reflect the effects of the expansion. Estimates of fewer than 5,000 cases are suppressed.

*** State rate differs significantly from the national average at 0.01 level.

APPENDIX TABLE 3

Employer-Sponsored Coverage among Children Ages 2 and Younger, Children Ages 3 and Younger, and Their Parents, by State and State Medicaid Expansion Status, 2016

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Expansion states	3,171	45.4%***	4,305	45.7%***	5,924	60.0%***	7,383	60.3%***
Alaska	8	25.8%***	11	26.7%***	18	40.9%***	23	43.9%***
Arizona	100	40.4%***	139	41.0%***	170	51.1%***	218	51.6%***
Arkansas	33	29.7%***	45	30.8%***	83	54.6%***	100	54.1%***
California	602	41.6%***	818	41.8%***	1,108	54.8%***	1,390	54.9%***
Colorado	98	49.2%***	127	47.5%***	193	63.7%***	232	62.4%***
Connecticut	56	53.7%***	76	53.1%***	93	65.7%***	118	65.6%***
Delaware	15	46.1%***	20	45.8%***	26	62.1%***	33	63.8%***
District of Columbia	14	53.0%***	18	50.6%***	21	65.1%***	25	63.4%***
Hawaii	26	46.9%***	35	47.1%***	45	69.0%***	57	68.6%***
Illinois	222	48.5%***	298	49.1%***	407	63.8%***	498	64.3%***
Indiana	116	48.0%***	160	48.3%***	223	62.8%***	286	63.9%***
Iowa	57	48.1%***	76	48.1%***	126	67.1%***	151	67.7%***
Kentucky	61	38.7%***	83	38.6%***	122	55.9%***	153	56.7%***
Louisiana	63	33.5%***	81	33.6%***	125	55.1%***	151	54.7%***
Maryland	111	52.7%***	152	52.4%***	202	66.1%***	254	65.6%***

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Massachusetts	116	55.6%***	158	56.0%***	206	66.9%***	258	66.9%***
Michigan	154	46.6%***	209	46.2%***	274	58.6%***	345	59.6%
Minnesota	110	55.4%***	154	56.5%***	211	66.2%***	261	66.5%***
Montana	14	40.8%***	18	39.5%***	33	59.9%***	39	57.8%***
Nevada	46	43.8%***	62	43.1%***	84	60.4%***	101	59.0%***
New Hampshire	24	63.7%***	33	63.0%***	42	73.3%***	51	72.3%***
New Jersey	169	54.4%***	223	54.1%***	306	67.7%***	375	67.7%***
New Mexico	17	23.3%***	25	24.9%***	44	41.6%***	55	41.9%***
New York	301	43.8%***	411	44.5%***	545	57.8%***	683	58.4%***
North Dakota	21	59.0%***	26	57.8%***	34	66.8%***	39	67.9%***
Ohio	199	48.4%***	269	48.8%***	373	63.2%***	461	63.7%***
Oregon	57	41.9%***	79	43.6%	112	57.6%***	147	59.8%***
Pennsylvania	197	47.6%***	270	48.3%***	365	62.5%***	463	63.8%***
Rhode Island	16	50.9%***	22	52.8%***	25	64.1%***	31	64.4%***
Vermont	7	42.5%**	10	42.9%**	15	59.7%**	19	57.5%***
Washington	117	44.1%***	161	45.1%***	242	61.1%***	305	62.0%***
West Virginia	25	40.0%***	34	40.3%***	50	59.4%***	62	59.4%
Nonexpansion states	1,877	40.1%***	2,537	40.6%***	3,719	57.9%***	4,621	58.3%***
Alabama	64	37.2%***	87	37.8%***	136	60.6%***	168	61.0%***
Florida	233	35.1%***	307	34.7%***	442	51.8%***	548	51.7%***
Georgia	145	37.6%***	193	37.8%***	300	57.4%***	374	57.6%***
Idaho	28	41.5%***	37	41.0%***	59	61.5%***	73	59.9%***
Kansas	57	49.3%***	75	48.4%***	116	67.6%***	141	66.2%***
Maine	18	51.3%***	25	49.9%***	37	63.7%***	47	63.8%***
Mississippi	34	29.4%***	45	30.6%***	78	56.8%***	97	58.2%***
Missouri	104	47.7%***	139	47.7%***	210	65.8%***	256	66.1%***
Nebraska	41	52.8%***	55	53.2%***	80	67.7%***	97	69.1%***
North Carolina	125	35.5%***	177	37.4%***	267	55.0%***	344	56.4%***
Oklahoma	57	36.3%***	77	36.5%***	124	55.1%***	156	56.5%***
South Carolina	59	33.6%***	80	34.6%***	118	53.8%***	149	55.4%***
South Dakota	17	45.0%***	23	47.1%***	36	66.0%***	43	67.0%***
Tennessee	94	39.2%***	126	38.7%***	178	54.8%***	221	55.2%***
Texas	444	37.1%***	603	37.8%***	871	53.9%***	1,081	54.2%***
Utah	87	58.1%***	120	59.1%***	166	67.1%***	204	68.2%***
Virginia	149	50.6%***	204	51.1%***	276	66.6%***	345	66.3%***
Wisconsin	108	53.1%***	144	53.7%***	207	67.4%***	250	67.6%***
Wyoming	13	54.1%***	18	56.2%***	21	66.9%***	26	69.0%***
Total	5,048	43.3%	6,842	43.6%	9,643	59.2%	12,004	59.5%

Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State ACA Medicaid expansion status reflects decisions as of mid-2016. Alaska, Louisiana, and Montana adopted the Medicaid expansion between mid-2015 and mid-2016; all other expansion states adopted the expansion before mid-2015. However, Louisiana adopted the expansion in July 2016, so Louisiana data collected in the first half of 2016 do not reflect the effects of the expansion. Estimates of fewer than 5,000 cases are suppressed.

*/**/** State rate differs significantly from the national average at 0.10/0.05/0.01 level.

APPENDIX TABLE 4

Nongroup/Other Coverage among Children Ages 2 and Younger, Children Ages 3 and Younger, and Their Parents, by State and State Medicaid Expansion Status, 2016

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Expansion states	276	3.9%***	372	3.9%***	638	6.5%***	795	6.5%***
Alaska	5	17.0%***	7	16.2%***	8	17.9%***	8	16.3%***
Arizona	13	5.1%***	16	4.8%***	23	6.9%***	29	6.8%***
Arkansas	<5	3.6%***	6	3.8%***	10	6.6%***	13	6.9%***
California	69	4.8%***	91	4.6%*	153	7.6%***	188	7.4%***
Colorado	16	8.0%***	22	8.2%***	22	7.4%***	30	8.0%***
Connecticut	<5	2.3%***	<5	2.4%***	8	5.7%***	11	6.0%***
Delaware	<5	6.4%***	<5	6.2%***	<5	6.7%***	<5	6.1%***
District of Columbia	<5	6.5%***	<5	6.3%***	<5	6.4%***	<5	6.4%***
Hawaii	8	15.4%***	11	14.3%***	8	12.4%***	10	11.4%***
Illinois	11	2.3%***	14	2.3%***	32	5.0%***	42	5.4%***
Indiana	7	2.9%***	9	2.9%***	16	4.4%***	20	4.5%***
Iowa	<5	3.2%***	6	3.5%***	13	7.1%***	16	7.0%***
Kentucky	9	5.6%***	13	5.9%***	15	6.7%***	19	7.0%***
Louisiana	9	5.1%***	13	5.5%***	18	7.8%***	22	8.1%***
Maryland	10	4.6%**	14	4.9%***	22	7.2%***	29	7.5%***
Massachusetts	5	2.4%***	7	2.4%***	15	4.8%***	20	5.1%***
Michigan	7	2.1%***	10	2.2%***	25	5.3%***	30	5.2%***
Minnesota	8	3.8%***	10	3.6%***	24	7.5%***	28	7.1%***
Montana	<5	6.0%***	<5	6.0%***	6	10.7%***	8	11.1%***
Nevada	5	4.9%***	7	5.0%***	8	5.8%***	11	6.4%***
New Hampshire	<5	2.6%***	<5	2.3%***	<5	7.7%	5	7.0%***
New Jersey	7	2.1%***	10	2.5%***	21	4.6%***	26	4.6%***
New Mexico	<5	5.2%***	5	5.3%***	9	8.3%***	10	7.8%
New York	19	2.8%***	25	2.7%***	54	5.8%***	67	5.8%***
North Dakota	<5	9.5%***	<5	7.7%***	5	10.3%***	5	9.4%***
Ohio	9	2.2%***	11	2.0%***	25	4.2%***	31	4.2%***
Oregon	<5	3.3%***	7	3.6%***	13	6.6%***	16	6.7%***
Pennsylvania	10	2.5%***	14	2.5%***	35	6.1%***	45	6.2%***
Rhode Island	<5	3.1%***	<5	3.0%***	<5	6.5%***	<5	6.3%***
Vermont	<5	0.7%***	<5	1.5%***	<5	6.2%***	<5	7.2%***
Washington	19	7.2%***	26	7.4%***	33	8.4%***	42	8.6%***
West Virginia	<5	1.5%***	<5	1.8%***	<5	4.0%***	<5	3.9%***
Nonexpansion states	271	5.8%***	349	5.6%***	619	9.6%***	763	9.6%***
Alabama	8	4.8%***	10	4.5%***	20	8.7%***	23	8.4%***
Florida	41	6.2%***	57	6.4%***	98	11.5%***	124	11.7%***
Georgia	20	5.3%***	26	5.1%***	49	9.4%***	63	9.7%***
Idaho	<5	2.2%***	<5	3.7%***	11	10.9%***	14	11.5%***
Kansas	10	9.0%***	13	8.4%***	18	10.4%***	24	11.1%***
Maine	<5	5.5%***	<5	4.2%***	<5	6.3%***	5	6.4%***
Mississippi	5	4.0%***	6	4.3%***	11	8.1%***	13	7.9%***
Missouri	9	4.3%***	13	4.3%***	27	8.4%***	33	8.6%***
Nebraska	<5	5.4%***	6	5.6%***	11	9.6%***	13	9.4%***
North Carolina	32	9.1%***	40	8.5%***	62	12.8%***	76	12.5%***
Oklahoma	9	6.0%***	11	5.0%***	25	11.3%***	28	10.1%***
South Carolina	11	6.4%***	14	5.9%***	23	10.4%***	27	9.8%***
South Dakota	<5	6.2%***	<5	6.2%***	5	9.1%***	6	9.5%***
Tennessee	11	4.6%**	15	4.5%***	24	7.4%***	33	8.2%***
Texas	59	5.0%***	75	4.7%***	140	8.6%***	170	8.5%***
Utah	6	4.2%***	8	3.8%***	25	9.9%***	28	9.2%***
Virginia	30	10.3%***	40	10.0%***	48	11.7%***	60	11.5%***

	Children Ages ≤2		Children Ages ≤3		Parents of Children Ages ≤2		Parents of Children Ages ≤3	
	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate	Number (1,000s)	Rate
Wisconsin	<5	2.2%***	6	2.2%***	16	5.2%***	20	5.5%***
Wyoming	<5	8.3%***	<5	6.4%***	<5	10.5%***	<5	8.7%***
Total	546	4.7%	721	4.6%	1,257	7.7%	1,558	7.7%

Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: State ACA Medicaid expansion status reflects decisions as of mid-2016. Alaska, Louisiana, and Montana adopted the Medicaid expansion between mid-2015 and mid-2016; all other expansion states adopted the expansion before mid-2015. However, Louisiana adopted the expansion in July 2016, so Louisiana data collected in the first half of 2016 do not reflect the effects of the expansion. Estimates of fewer than 5,000 cases are suppressed.

*/**/** State rate differs significantly from the national average at 0.10/0.05/0.01 level.

APPENDIX TABLE 5

Health Insurance Coverage of Children Ages 3 and Younger in 100 Metropolitan Statistical Areas with Largest Populations of Children Ages 3 and Younger, 2015–16

Metro region	Number of children ages ≤3 (1,000s)	Medicaid/CHIP	Employer	Nongroup/Other	Uninsured
New York-Newark-Jersey City, NY-NJ-PA	975	48.5%***	47.1%***	2.4%***	2.1%***
Los Angeles-Long Beach-Anaheim, CA	653	54.4%***	39.8%***	3.6%***	2.1%***
Chicago-Naperville-Elgin, IL-IN-WI	464	45.5%***	50.3%***	2.6%***	1.6%***
Dallas-Fort Worth-Arlington, TX	393	47.9%***	43.1%***	3.2%***	5.8%***
Houston-The Woodlands-Sugar Land, TX	389	48.9%***	41.9%***	3.3%***	5.8%***
Washington-Arlington-Alexandria, DC-VA-MD-WV	315	32.8%***	56.9%***	6.9%***	3.4%
Atlanta-Sandy Springs-Roswell, GA	290	48.5%***	43.4%	3.3%***	4.9%***
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	289	42.4%***	52.4%***	3.1%***	2.0%***
Miami-Fort Lauderdale-West Palm Beach, FL	268	58.9%***	31.0%***	5.3%***	4.7%***
Riverside-San Bernardino-Ontario, CA	247	59.3%***	34.1%***	4.2%***	2.5%***
Phoenix-Mesa-Scottsdale, AZ	236	44.1%***	45.4%***	4.8%***	5.7%***
San Francisco-Oakland-Hayward, CA	208	33.7%***	61.5%***	3.9%***	0.9%***
Boston-Cambridge-Newton, MA-NH	207	34.2%***	62.6%***	2.2%***	1.0%***
Detroit-Warren-Dearborn, MI	198	49.9%***	46.1%***	2.5%***	1.5%***
Seattle-Tacoma-Bellevue, WA	191	38.9%***	53.6%***	6.1%***	1.4%***
Minneapolis-St. Paul-Bloomington, MN-WI	185	35.1%***	58.8%***	3.6%***	2.5%***
San Diego-Carlsbad, CA	169	42.9%***	42.1%***	12.9%***	2.1%***
Denver-Aurora-Lakewood, CO	145	39.9%***	53.0%***	4.7%***	2.4%***
San Antonio-New Braunfels, TX	134	51.2%***	36.2%***	6.8%***	5.8%***
Tampa-St. Petersburg-Clearwater, FL	133	52.3%***	38.4%***	5.8%***	3.5%***
St. Louis, MO-IL	131	39.9%***	55.2%***	2.9%***	1.9%***
Baltimore-Columbia-Towson, MD	130	37.0%***	55.3%***	5.3%***	2.4%***
Charlotte-Concord-Gastonia, NC-SC	125	49.2%***	44.3%***	3.3%***	3.2%***
Kansas City, MO-KS	111	38.7%***	51.6%***	5.9%***	3.8%***
Portland-Vancouver-Hillsboro, OR-WA	110	41.8%***	53.3%***	2.9%***	2.0%***
Sacramento-Roseville-Arden-Arcade, CA	109	47.9%***	47.4%***	2.9%***	1.8%***
Orlando-Kissimmee-Sanford, FL	109	50.2%***	40.5%***	5.5%***	3.8%***
Las Vegas-Henderson-Paradise, NV	106	50.1%***	41.8%***	3.7%***	4.4%***
Indianapolis-Carmel-Anderson, IN	106	43.9%***	49.9%***	2.8%***	3.5%***
Austin-Round Rock, TX	105	38.6%***	52.0%***	4.8%***	4.5%***
Columbus, OH	103	44.9%***	50.3%***	2.3%***	2.5%***
Nashville-Davidson-Murfreesboro-Franklin, TN	103	47.5%***	45.9%***	3.7%***	2.9%***
Cincinnati, OH-KY-IN	103	40.7%***	54.8%***	2.2%***	2.4%***
Pittsburgh, PA	96	40.9%***	55.0%***	2.8%***	1.3%***
San Jose-Sunnyvale-Santa Clara, CA	94	30.5%***	66.6%***	2.2%***	0.8%***

Metro region	Number of children ages ≤3 (1,000s)	Medicaid/ CHIP	Employer	Nongroup/ Other	Uninsured
Cleveland-Elyria, OH	92	45.5%***	49.0%***	2.2%***	3.4%
Virginia Beach-Norfolk-Newport News, VA-NC	86	38.0%***	34.8%***	23.8%***	3.4%
Oklahoma City, OK	81	48.7%	42.1%***	5.4%***	3.8%***
Salt Lake City, UT	79	29.3%***	63.2%***	3.7%***	3.7%***
Milwaukee-Waukesha-West Allis, WI	79	43.9%***	51.9%***	1.5%***	2.7%***
Raleigh, NC	70	41.8%***	49.3%***	5.4%***	3.4%
Jacksonville, FL	69	48.5%	37.4%***	8.4%***	5.8%***
Providence-Warwick, RI-MA	68	45.3%***	50.1%***	2.7%***	1.9%***
Memphis, TN-MS-AR	66	56.0%***	39.1%***	2.0%***	2.8%***
McAllen-Edinburg-Mission, TX	63	74.6%***	14.7%***	5.1%***	5.6%***
Fresno, CA	62	71.6%***	25.1%***	1.0%***	2.3%***
New Orleans-Metairie, LA	61	55.3%***	39.2%***	4.1%***	1.4%***
Louisville/Jefferson County, KY-IN	59	42.1%***	51.1%***	4.9%***	1.9%***
Bakersfield, CA	58	68.9%***	26.7%***	2.4%***	2.1%***
Richmond, VA	57	39.9%***	52.1%***	5.8%***	2.2%***
Omaha-Council Bluffs, NE-IA	57	38.2%***	50.6%***	6.7%***	4.5%***
Birmingham-Hoover, AL	55	47.4%***	47.3%***	3.0%***	2.3%***
Urban Honolulu, HI	54	31.9%***	48.0%***	19.0%***	1.0%***
El Paso, TX	54	60.9%***	21.8%***	12.6%***	4.7%***
Grand Rapids-Wyoming, MI	51	37.9%***	56.8%***	2.6%***	2.7%***
Buffalo-Cheektowaga-Niagara Falls, NY	50	51.2%***	47.1%***	0.9%***	0.9%***
Rochester, NY	49	45.4%***	48.1%***	2.1%***	4.4%***
Hartford-West Hartford-East Hartford, CT	48	36.8%***	59.1%***	2.9%***	1.3%***
Tucson, AZ	47	50.4%***	38.0%***	8.0%***	3.6%***
Greenville-Anderson-Mauldin, SC	46	51.8%***	40.9%***	3.7%***	3.6%***
Provo-Orem, UT	46	34.4%***	56.8%***	3.4%***	5.5%***
Bridgeport-Stamford-Norwalk, CT	41	36.7%***	54.1%***	2.0%***	7.3%***
Baton Rouge, LA	41	56.1%***	40.7%***	1.9%***	1.2%***
Albuquerque, NM	41	59.1%***	30.8%***	5.6%***	4.5%***
Oxnard-Thousand Oaks-Ventura, CA	41	44.1%***	47.7%***	6.3%***	2.0%***
Knoxville, TN	40	57.5%***	33.5%***	3.6%***	5.4%***
Stockton-Lodi, CA	40	62.9%***	34.4%***	0.8%***	1.9%***
Ogden-Clearfield, UT	39	25.1%***	65.1%***	6.6%***	3.1%***
Dayton, OH	39	49.4%***	44.7%***	3.2%***	2.8%***
Worcester, MA-CT	38	41.5%***	54.8%***	3.3%***	0.4%***
Columbia, SC	38	54.5%***	36.0%***	7.7%***	1.8%***
Des Moines-West Des Moines, IA	38	41.5%***	55.4%***	1.1%***	2.0%***
Colorado Springs, CO	37	39.8%***	33.4%***	25.5%***	1.3%***
Little Rock-North Little Rock-Conway, AR	37	52.8%***	33.3%***	7.6%***	6.2%***
Greensboro-High Point, NC	36	53.1%***	38.2%***	5.5%***	3.2%***
Charleston-North Charleston, SC	36	43.7%***	43.3%***	11.1%***	2.0%***
Albany-Schenectady-Troy, NY	36	43.6%***	51.2%***	4.1%***	1.2%***
New Haven-Milford, CT	35	47.6%***	49.9%***	1.1%***	1.5%***
Boise City, ID	35	49.5%***	42.4%***	4.7%***	3.4%
Wichita, KS	35	43.2%***	47.3%***	4.4%***	5.1%***
Allentown-Bethlehem-Easton, PA-NJ	33	48.1%***	46.2%***	3.3%***	2.4%***
Lakeland-Winter Haven, FL	31	57.4%***	36.7%***	3.0%***	2.8%***
Jackson, MS	31	61.6%***	32.0%***	4.9%***	1.5%***
Toledo, OH	31	47.0%***	49.7%***	2.4%***	0.9%***
Lafayette, LA	31	53.1%***	40.1%***	2.6%***	4.2%***
Visalia-Porterville, CA	31	67.6%***	27.5%***	3.6%***	1.3%***
Modesto, CA	31	61.1%***	34.7%***	1.7%***	2.4%***
Brownsville-Harlingen, TX	30	72.5%***	18.9%***	2.0%***	6.6%***
Lancaster, PA	29	41.2%***	38.5%***	2.0%***	18.3%***
Syracuse, NY	29	50.8%***	45.9%***	1.8%***	1.5%***
Winston-Salem, NC	29	56.7%***	39.0%***	1.5%***	2.8%***
Akron, OH	29	40.4%***	53.8%***	2.5%***	3.3%
Salinas, CA	28	67.5%***	26.1%***	4.3%***	2.1%***

Metro region	Number of children ages ≤3 (1,000s)	Medicaid/ CHIP	Employer	Nongroup/ Other	Uninsured
Augusta-Richmond County, GA-SC	28	45.5%***	41.1%***	9.8%***	3.6%**
Spokane-Spokane Valley, WA	28	59.1%***	32.2%***	7.0%***	1.6%***
Fayetteville-Springdale-Rogers, AR-MO	27	51.8%***	43.9%**	2.3%***	2.1%***
Cape Coral-Fort Myers, FL	27	60.2%***	32.5%***	4.3%***	3.0%***
North Port-Sarasota-Bradenton, FL	27	56.3%***	31.8%***	6.2%***	5.7%***
Harrisburg-Carlisle, PA	26	38.3%***	50.6%***	5.8%***	5.2%***
Corpus Christi, TX	26	56.2%***	32.4%***	3.5%***	7.9%***
Total	10,637	46.7%	46.0%	4.3%	3.0%

Source: Urban Institute analysis of 2015–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program.

*/**/*** Rate for metropolitan area differs significantly from the national average at 0.10/0.05/0.01 level.

Notes

- ¹ We used the 2009–16 American Community Survey, an annual survey fielded by the US Census Bureau. Young children are defined as those ages 3 and younger, older children as those ages 4 to 18. A parent is defined as an adult living in a household with a biological child, adoptive child, or stepchild younger than 19. “Parents of young children” have at least one child age 3 or younger but may also have older children; “parents of older children” have at least one child age 4 to 18 but may also have young children. The sample size of children in the 2016 ACS is 129,000 young children and 180,000 parents of young children. To address potential misclassification of coverage on the ACS, we applied a set of coverage edits. Following convention, we treat Indian Health Service access as uninsurance; some state estimates of uninsurance may be sensitive to this treatment (Kenney et al. 2017). The ACS is fielded continuously over the course of the year, so the estimates reported here reflect averages for each year. Metropolitan areas are defined as metropolitan statistical areas using 2013 definitions from the US Office of Management and Budget based on 2010 census data. Some 2015 results presented here differ slightly from those presented in our previous work. We made slight changes in the methodology for identifying parents to better align with that used in the 2016 ACS, and we made other small adjustments to the 2015 data file. This led to very small changes in some estimates, but no meaningful differences. See Haley and colleagues (2017a) for more details.
- ² Employer-sponsored and nongroup/other coverage also changed between 2009 and 2015 (Haley et al. 2017a) and between 2015 and 2016. For instance, underlying the very small drop in uninsurance among young children between 2015 and 2016 were small increases in employer coverage (from 43.2 percent to 43.6 percent) and nongroup/other coverage (from 4.5 to 4.6 percent).
- ³ Alaska, Louisiana, and Montana adopted the Medicaid expansion between mid-2015 and mid-2016. However, Louisiana adopted the expansion in July 2016, so Louisiana data collected in the first half of 2016 do not reflect the effects of the expansion.
- ⁴ The coverage distribution would be slightly different if estimates were defined for infants and toddlers (ages 2 and younger) rather than young children (ages 3 and younger). For instance, in figure 1, the Medicaid/CHIP rate would be 48.9 percent, the employer rate 43.3 percent, the nongroup/other rate 4.7 percent, and the uninsured rate 3.1 percent for infants and toddlers, compared with 42.3 percent, 48.2 percent, 5.0 percent, and 4.5 percent, respectively, for children ages 3 to 18. Likewise, in figure 2, the Medicaid/CHIP rate would be 20.8 percent, the employer rate 59.2 percent, the nongroup/other rate 7.7 percent, and the uninsured rate 12.3 percent for parents of infants and toddlers, compared with 16.9 percent, 63.1 percent, 8.8 percent, and 11.2 percent, respectively, for parents of children ages 3 to 18. See appendix tables 1 through 4.
- ⁵ Julie Rovner, “CHIP Renewed for Six Years as Congress Votes to Reopen Federal Government,” *Kaiser Health News*, January 22, 2018, <https://khn.org/news/chip-renewed-for-six-years-as-congress-votes-to-reopen-federal-government/>.
- ⁶ Susannah Luthi, “States Breathe Sigh of Relief over CHIP Funding as Key Senators Push for Longer Extension,” *Modern Healthcare*, January 27, 2018, <http://www.modernhealthcare.com/article/20180127/NEWS/180129903>.

References

- Gates, Jason, Michael Karpman, Genevieve M. Kenney, and Stacey McMorro. 2016. “Uninsurance among Children, 1997–2015: Long-Term Trends and Recent Patterns.” Washington, DC: Urban Institute.
- Haley, Jennifer, Robin Wang, Matthew Buettgens, and Genevieve M. Kenney. 2017a. *Health Insurance Coverage among Children Ages 3 and Younger and Their Parents: National and State Estimates*. Washington, DC: Urban Institute.
- . 2017b. “Health Insurance Coverage among Children Ages 3 and Younger and Their Parents: National and State Estimates (Executive Summary).” Washington, DC: Urban Institute.

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