kids count north dakota

Insights on Children

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Health Insurance Coverage Status for Children in North Dakota

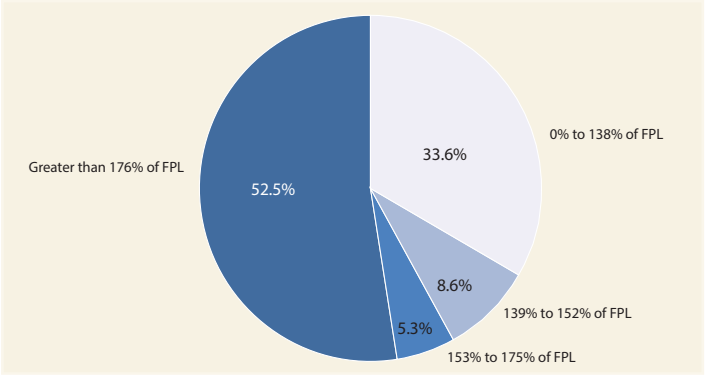
Children without health insurance have limited access to health care (whether preventive or ongoing) which can lead to a greater risk of illness and hospitalization. In addition, a lack of health insurance can have a negative influence on school attendance and participation in extracurricular activities, and increased financial and emotional stress among parents[1].

According to the Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 7.2 percent of North Dakota's children did not have health insurance coverage in 2016 (i.e., 13,129 children ages 0 through 18). Nationally, nearly 5 percent of children were uninsured in 2016 (i.e., approximately 3.6 million children)[2]. The SAHIE program produces estimates of health insurance coverage for states and all counties in the nation. Estimates are based on models that incorporate data from a number of sources including Medicaid and SNAP (i.e., food stamps) records, federal tax return data, population estimates, and the American Community Survey (ACS).

In approximately half of North Dakota counties, at least 10 percent of children did not have health insurance in 2016[2] (Figure 2). Logan and Grant counties, both located in the south, central part of North Dakota, had the largest percentages of uninsured children in the state in 2016 (21.5% and 19.5%, respectively)[2]. The metropolitan areas of Cass, Burleigh, Morton, and Grand Forks counties had the lowest rates of uninsured children, all under 6.4 percent in 2016[2] (Table 1).

Disparities in uninsured rates for children continue to exist in North Dakota by race and ethnicity. A similar proportion of African American and American Indian children in North Dakota were without health insurance in 2016, approximately 1 in 5 youth. Both groups of children are more than three times as likely to be uninsured than white children in North Dakota (20.8% and 19.5% compared to 6.0%, respectively)[3].

Figure 1. Uninsured Children Ages 0 through 18 in North Dakota by Income to Poverty Ratios, 2016[4]

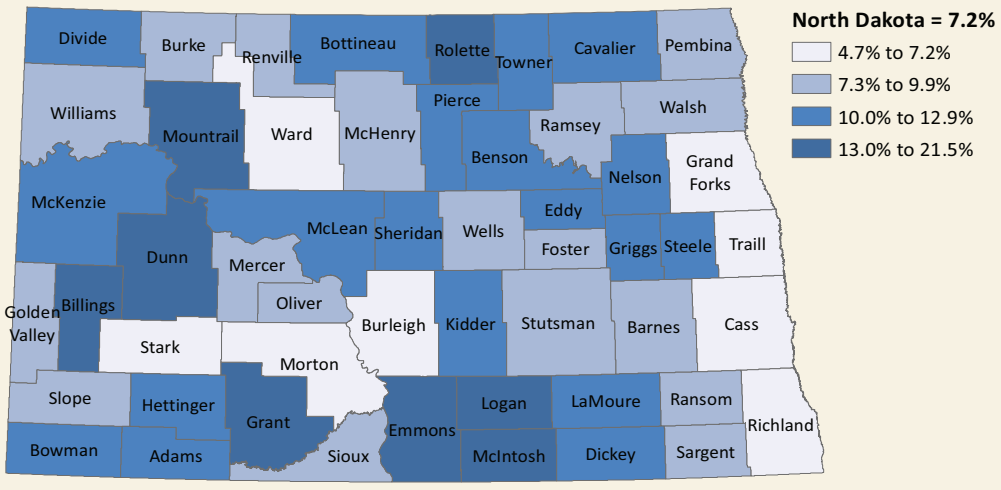


Note: The data in this graphic represent the household income levels of North Dakota children who do not have health insurance coverage. Household income levels are presented as a percentage of the federal poverty level (FPL). The federal poverty level for a 4-person family in 2016 was $25,100[5].

The Uninsured

Nearly half of uninsured children, 47.5 percent, live in families with incomes up to 175 percent of the federal poverty level (Figure 1)[4] - despite the fact that more than two-thirds of uninsured children live in families where all the parents are working, 64.4 percent in 2016[4]. These lower income levels potentially qualify North Dakota children for coverage through one of two programs: Medicaid and Healthy Steps (i.e., the North Dakota Children's Health Insurance Program or CHIP).

Figure 2. Percent of Children Ages 0 through 18 Who Are Uninsured* in North Dakota by County, 2016[2]



[1]Child Trends. 2016. Health Care Coverage, https://www.childtrends.org/indicators/health-care-coverage/. [2]U.S. Census Bureau, Small Area Health Insurance Estimates, https://www.census.gov/programs-surveys/sahie.html. [3]U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates. [4]U.S. Census Bureau, 2016 American Community Survey Public Use Microdata (PUMS) 1-Year Estimates. *Native American children with no coverage other than access to Indian Health Service (IHS) are considered uninsured.

Table 1. Percent of Children Ages 0 through 18 without Health Insurance* in North Dakota by County, 2012 to 2016[2]

	2012		2013		2014		2015		2016	
	Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE	Percent	MOE
North Dakota	7.3%	1.0	8.7%	1.1	7.0%	0.9	7.9%	0.9	7.2%	0.9
Adams	9.7%	2.4	13.7%	3.0	11.4%	2.7	12.4%	3.0	10.9%	3.0
Barnes	6.8%	1.8	8.3%	2.0	7.7%	1.7	7.9%	1.9	8.1%	2.0
Benson	11.0%	2.7	11.0%	2.7	8.1%	1.8	10.2%	2.3	11.0%	2.5
Billings	12.0%	2.9	14.2%	3.0	12.6%	2.9	12.6%	3.3	13.4%	3.5
Bottineau	9.9%	2.2	12.5%	2.6	10.5%	2.3	11.7%	2.7	10.7%	2.5
Bowman	9.6%	2.3	12.1%	2.6	10.5%	2.3	11.6%	2.7	10.1%	2.7
Burke	7.6%	2.1	11.2%	2.6	8.1%	2.0	12.0%	2.7	9.9%	2.6
Burleigh	6.1%	1.6	6.6%	1.7	5.4%	1.1	5.6%	1.2	5.6%	1.2
Cass	5.6%	1.5	6.7%	1.6	5.9%	1.0	5.9%	1.1	4.7%	0.9
Cavalier	8.1%	2.0	10.4%	2.4	8.7%	2.0	11.4%	2.6	10.5%	2.7
Dickey	8.4%	2.2	11.5%	2.6	8.5%	1.9	10.3%	2.4	10.1%	2.6
Divide	9.4%	2.3	11.6%	2.7	7.8%	1.9	9.9%	2.6	12.4%	3.0
Dunn	10.5%	2.3	16.0%	3.1	12.1%	2.5	13.5%	3.0	14.9%	3.3
Eddy	9.5%	2.3	11.5%	2.6	9.0%	2.2	12.8%	3.0	11.0%	3.0
Emmons	12.4%	2.8	17.4%	3.5	14.0%	3.1	12.8%	3.1	13.0%	3.1
Foster	7.5%	2.0	10.4%	2.4	7.5%	1.7	9.6%	2.3	8.3%	2.2
Golden Valley	10.8%	2.6	14.9%	3.1	8.8%	2.0	10.0%	2.7	8.5%	2.5
Grand Forks	6.3%	1.6	7.5%	1.8	6.2%	1.2	8.1%	1.7	6.3%	1.4
Grant	16.4%	3.7	21.8%	4.2	20.0%	4.6	19.4%	4.6	19.5%	4.9
Griggs	8.9%	2.2	10.8%	2.5	9.1%	2.0	13.2%	2.9	10.6%	2.5
Hettinger	9.2%	2.3	13.8%	3.0	10.5%	2.4	12.5%	3.1	10.2%	2.6
Kidder	12.3%	2.9	14.6%	3.2	12.1%	2.8	12.8%	3.0	11.7%	3.3
LaMoure	8.3%	2.1	11.9%	2.6	10.6%	2.4	12.4%	2.9	11.8%	3.0
Logan	13.5%	3.1	18.5%	3.7	20.0%	4.3	16.1%	3.9	21.5%	5.6
McHenry	10.4%	2.5	13.6%	3.0	9.7%	2.2	10.8%	2.8	9.1%	2.3
McIntosh	11.0%	2.8	16.3%	3.4	10.9%	2.5	12.8%	3.2	13.0%	3.7
McKenzie	11.2%	2.4	11.8%	2.5	10.0%	2.1	11.7%	2.6	11.5%	2.7
McLean	10.3%	2.3	12.3%	2.5	9.3%	1.9	11.0%	2.4	11.0%	2.6
Mercer	6.8%	1.9	8.5%	2.1	6.4%	1.5	8.9%	2.2	7.5%	2.0
Morton	6.9%	1.8	8.6%	2.0	7.0%	1.5	7.4%	1.7	6.2%	1.5
Mountrail	11.3%	2.4	14.5%	2.8	10.0%	2.2	13.9%	3.1	14.1%	3.2
Nelson	8.5%	2.2	11.2%	2.5	8.8%	2.0	10.8%	2.7	10.5%	2.7
Oliver	9.9%	2.5	15.9%	3.3	9.2%	2.3	9.2%	2.5	8.6%	2.3
Pembina	9.0%	2.2	10.3%	2.3	8.9%	2.0	9.5%	2.1	9.7%	2.3
Pierce	8.4%	2.2	11.0%	2.5	8.9%	2.1	10.6%	2.8	10.1%	2.7
Ramsey	9.2%	2.1	9.8%	2.1	7.5%	1.6	8.5%	1.9	8.1%	1.9
Ransom	7.4%	2.0	9.8%	2.3	7.9%	1.8	9.3%	2.2	7.3%	1.9
Renville	7.5%	2.0	10.1%	2.3	6.7%	1.7	8.5%	2.3	7.7%	2.0
Richland	6.8%	1.8	8.2%	1.9	7.2%	1.5	7.1%	1.6	6.6%	1.6
Rolette	14.0%	2.9	14.5%	3.0	10.4%	2.2	13.3%	2.8	13.1%	2.9
Sargent	7.0%	1.9	8.7%	2.2	6.3%	1.5	8.7%	2.2	9.3%	2.5
Sheridan	14.2%	3.3	21.3%	4.2	14.2%	3.3	15.4%	3.6	12.3%	3.2
Sioux	10.1%	2.9	10.5%	2.9	8.1%	1.9	9.5%	2.5	9.7%	2.5
Slope	9.1%	2.5	11.5%	2.8	9.7%	2.3	8.8%	2.8	8.0%	2.3
Stark	6.5%	1.7	7.3%	1.9	5.7%	1.2	6.3%	1.4	6.5%	1.5
Steele	8.6%	2.2	9.7%	2.4	8.1%	1.9	11.5%	2.6	10.6%	2.6
Stutsman	6.4%	1.8	8.7%	2.1	6.6%	1.4	7.4%	1.7	7.6%	1.9
Towner	10.1%	2.4	12.0%	2.7	8.3%	1.9	15.1%	3.5	12.6%	3.5
Traill	7.5%	2.0	8.5%	2.1	6.5%	1.5	8.1%	1.9	6.8%	1.7
Walsh	8.6%	2.0	10.4%	2.3	8.3%	1.8	11.6%	2.5	9.5%	2.2
Ward	6.2%	1.7	8.0%	1.8	6.1%	1.2	6.3%	1.3	6.5%	1.4
Wells	9.1%	2.3	10.3%	2.4	8.3%	1.9	10.7%	2.5	8.9%	2.2
Williams	6.8%	1.8	7.3%	1.9	6.2%	1.3	8.7%	1.9	7.5%	1.7

Notes: The MOE (i.e., margin of error) values presented in Table 1 are the difference between the estimate and its upper or lower confidence bounds (at a 90 percent confidence level). Confidence bounds can be created by adding the MOE to the estimate for an upper bound and subtracting for a lower bound. *Native American children with no coverage other than access to Indian Health Service (IHS) are considered uninsured.

Medicaid currently covers children ages 0 through 5 in families with incomes up to 152 percent of the federal poverty level and children ages 6 through 18 in families with incomes up to 138 percent of poverty. Healthy Steps, the Children's Health Insurance Program (CHIP) in North Dakota, covers children ages 0 through 18 who are not eligible for Medicaid and have incomes up to 175 percent of poverty[5].

If all uninsured children with incomes up to 175 percent of poverty were successfully enrolled in one of these two programs, North Dakota's uninsured rate for children would drop by half, down to 3.6 percent.

Access to Care

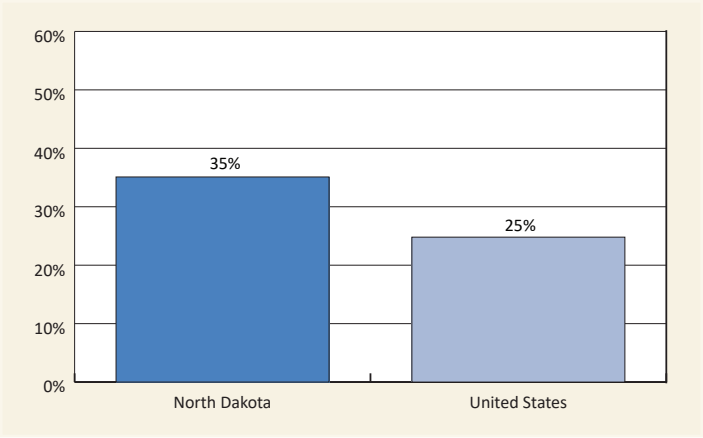
For many children who have access to health insurance in North Dakota, the type of coverage they have may limit the services available to the child. The lack of a medical home and the availability of medical professionals are additional factors in determining whether or not children receive appropriate health care.

According to the 2016 National Survey of Children's Health, more than one in three children in North Dakota has inadequate health insurance coverage (35.1%) (i.e., coverage does not meet the child's health needs, does not allow the child to see an appropriate health care provider, and/or the family's out-of-pocket medical expenses are considered unreasonable) (Figure 3)[6].

In addition, nearly half of children in the state do not receive coordinated, ongoing, and comprehensive care within a medical home (49.1%)[6] (Figure 4). That is, they do not have access to a personal doctor or nurse, a usual source for care, or access to family-centered care. These children may have problems getting needed referrals and lack effective coordination of care. This percentage is larger for children with special health care needs (54.9%) than for children without special health care needs (47.8%)[6].

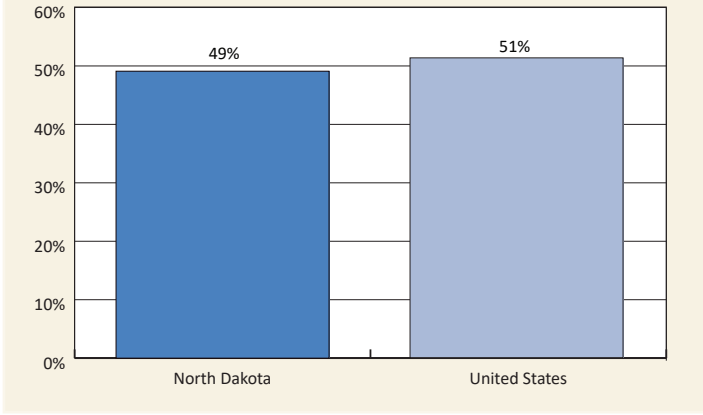
In addition to children with inadequate health insurance coverage and lacking of a medical home, North Dakota faces a shortage of medical health care professionals throughout the state. According to the Health Resources and Services Administration with the U.S. Department of Health and Human Services, North Dakota needs about 38 additional primary health care practitioners to meet the primary health care needs in the state (i.e., to reach a population to provider ratio of at least 3,500 to 1; or 3,000 to 1 when unusually high needs exist in a community)[7].

Figure 3. Children with Inadequate Health Insurance: Coverage is not sufficient to meet the child's needs, the family's out-of-pocket costs are considered unreasonable, and coverage does not allow the child to see needed health care providers, 2016[6]



Note: Data represent all children ages 0 through 17 who have health insurance coverage.

Figure 4. Children who did not receive coordinated, ongoing, comprehensive care within a medical home (i.e., a place where children can access a personal doctor or nurse, usual source for sick care, and family-centered care), 2016[6]



Note: Data represent all children ages 0 through 17.

Summary

The majority of children in North Dakota are covered by some form of health insurance and nearly half of the uninsured are potentially eligible for a form of public health coverage. Efforts to build awareness and connect uninsured children to free and low cost health insurance coverage will help to ensure that North Dakota children have a healthy start and a healthy future.

The challenge facing many families seeking quality health care in North Dakota is that all coverage is not equal. Approximately one-third of children in North Dakota have inadequate health insurance to meet their needs and half do not receive coordinated, ongoing, and comprehensive care within a medical home[6]. In addition, many children and families within North Dakota live in areas with limited access to a primary health care professional[7].

While health insurance coverage is important, perhaps even more important are efforts to ensure that coverage translates into high quality health care that leads to positive health outcomes for all children.

[5]Medicaid and CHIP Eligibility, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey, Kaiser Family Foundation, March 2018. Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2018. Available at https://kaiserf.am/2yhRq9w. [6]2016 National Survey of Children's Health. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health. Retrieved from http://www.childhealthdata.org. [7]Health Resources and Services Administration Data Warehouse, U.S. Department of Health and Human Services. Designated Health Professional Shortage Areas Statistics. Retrieved from Kaiser Family Foundation State Health Facts at http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?state=ND.

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Understanding the current and historical benchmarks for child well-being, the underlying context for each, and the relative importance of potential outcomes is a vital process in forming decisions to improve the lives of children, families, and communities in our state.

The findings presented in this report are those of the authors alone and do not necessarily reflect the opinions of our sponsors, contributors, or board members.

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