



WESTERN COUNTIES HAVE HIGHEST UNINSURED RATE FOR KIDS

This fact sheet is the second of a three-part series examining the geographic variation in health insurance coverage for Kansans.

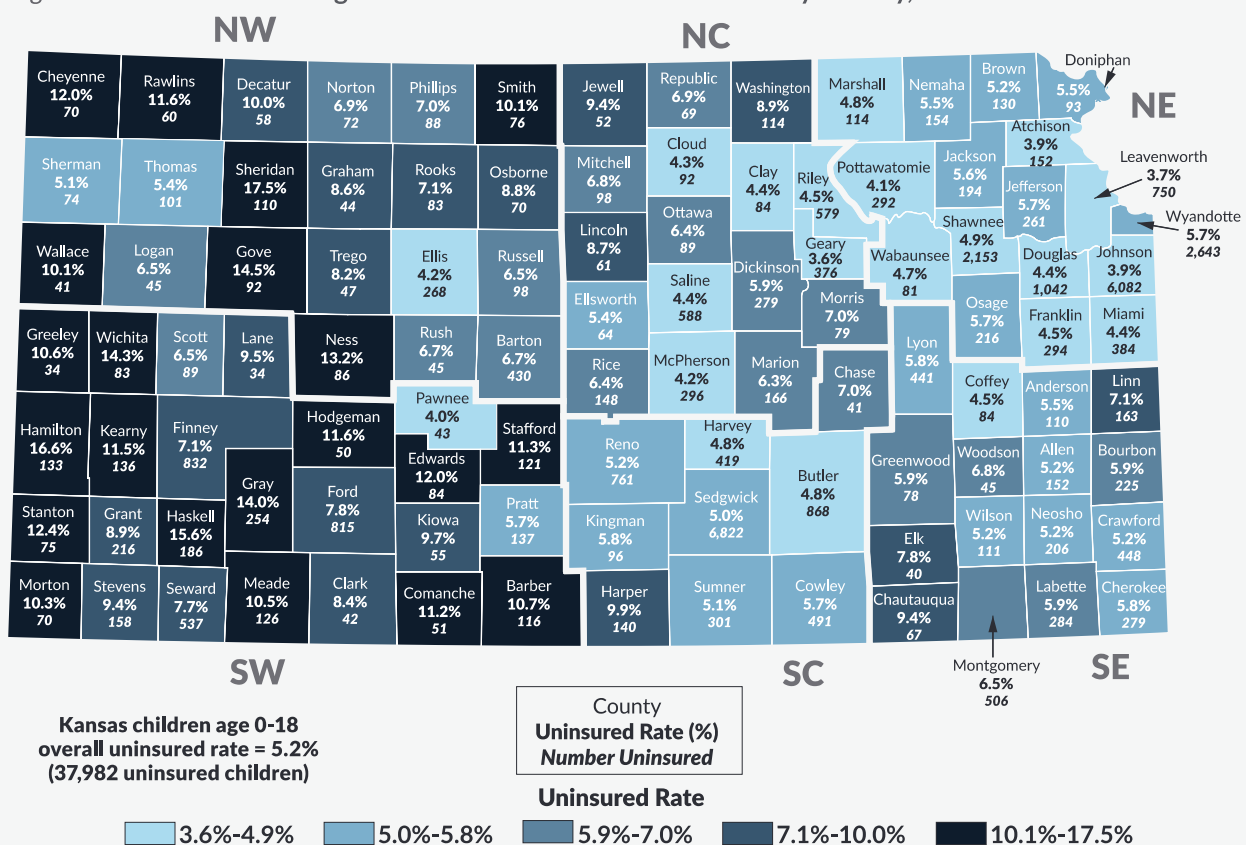
Gains in health insurance coverage have stalled in recent years for Kansas children age 0-18. In 2017, the overall uninsured rate among Kansas children was 5.2 percent (37,982 uninsured children).

This fact sheet examines the county-specific uninsured rate among Kansas children in 2017 (Figure 1) – the most recent year for which county-level data are available – and regional changes in the uninsured rate for children from 2009 to 2017 (Figure 2, page 2). It uses data from the U.S. Census Bureau 2017 Small Area Health Insurance Estimates.

Uninsured Rate Varies by County

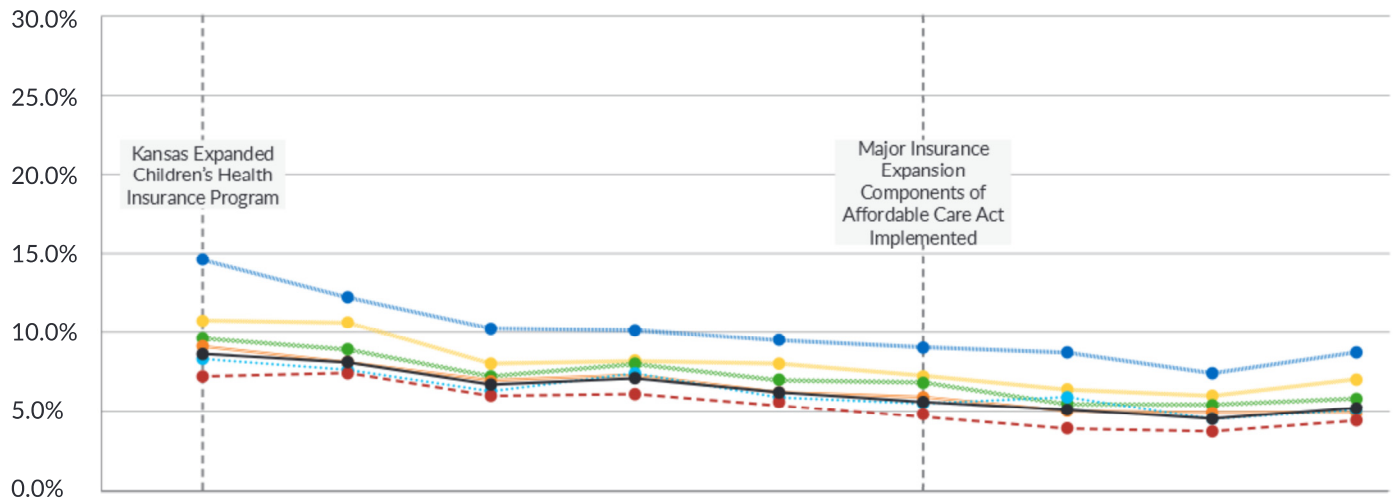
- There was a nearly five-fold difference between the counties with the highest and lowest uninsured rate among children in 2017: 17.5 percent in Sheridan County and 3.6 percent in Geary County.
- The 21 counties with the highest uninsured rate (10.1 percent to 17.5 percent) among children in 2017 were all located in the western half of the state.
- However, nearly half (49.3 percent, or 18,742) of uninsured children lived in one of the five most populous counties (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte) in 2017.

Figure 1. Kansas Children Age 0-18: Uninsured Rate and Number by County, 2017



Note: Uninsured Kansas children age 0-18 (not in institutions) = 37,982. County-level data in Excel format are available at bit.ly/2LZwVnD. Regions are designated using the Kansas Department of Health and Environment District Office Boundaries map. Source: KHI analysis of data from the U.S. Census Bureau 2017 Small Area Health Insurance Estimates.

Figure 2. Kansas Children Age 0-18: Uninsured Rate by Region, 2009-2017



| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|----|-------|-------|-------|-------|------|------|------|------|------|
| SW | 14.6% | 12.2% | 10.2% | 10.1% | 9.5% | 9.0% | 8.7% | 7.4% | 8.7% |
| NW | 10.7% | 10.6% | 8.0% | 8.2% | 8.0% | 7.2% | 6.4% | 6.0% | 7.0% |
| SE | 9.6% | 8.9% | 7.2% | 8.0% | 7.0% | 6.8% | 5.5% | 5.4% | 5.8% |
| NC | 9.1% | 8.1% | 6.9% | 7.3% | 6.2% | 5.9% | 5.0% | 4.9% | 4.9% |
| SC | 8.3% | 7.6% | 6.3% | 7.4% | 5.9% | 5.5% | 5.9% | 4.5% | 5.1% |
| NE | 7.2% | 7.4% | 6.0% | 6.1% | 5.6% | 4.8% | 3.9% | 3.7% | 4.4% |
| KS | 8.6% | 8.1% | 6.7% | 7.1% | 6.2% | 5.6% | 5.1% | 4.5% | 5.2% |

Note: Regions are designated using the Kansas Department of Health and Environment District Office Boundaries map. Kansas expanded Children's Health Insurance Program (CHIP) to children up to 250 percent of the 2008 federal poverty level.

Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 Small Area Health Insurance Estimates.

The Trend in Uninsured Rate is Similar Among Regions

- The southwest region of Kansas had a higher uninsured rate for children than other regions in the state over the period 2009 to 2017.
- Trends in the uninsured rate for children were similar across regions from 2009 to 2017.
- While the uninsured rate for children increased in 2017 for all regions except north central Kansas, the change in each region was not statistically significant.

Discussion

Eligibility for the Children's Health Insurance Program (CHIP) was expanded by the Kansas Legislature in 2009. Expanded Medicaid eligibility for adults as allowed under the Affordable Care Act has not occurred in Kansas. Research shows that expanding eligibility for Medicaid among parents is associated with increased coverage among children. This suggests that Medicaid expansion for adults in Kansas could further reduce the uninsured rate among children as well.

Technical Note

The U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) data is the only data source for single-year county-specific estimates for health insurance coverage (<http://www.census.gov/programs-surveys/sahie/about.html>). SAHIE estimates for health insurance coverage at the state level could differ slightly from those derived from other data sources because of differences in methodology.

ABOUT THE FACT SHEET

This fact sheet is based on work done by Hina B. Shah, M.P.H.; Cheng-Chung Huang, M.P.H.; and Wen-Chieh Lin, Ph.D. It is available online at khi.org/policy/article/19-39.

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