



# Parental Employment Does Not Guarantee Health Insurance for Children<sup>1</sup>

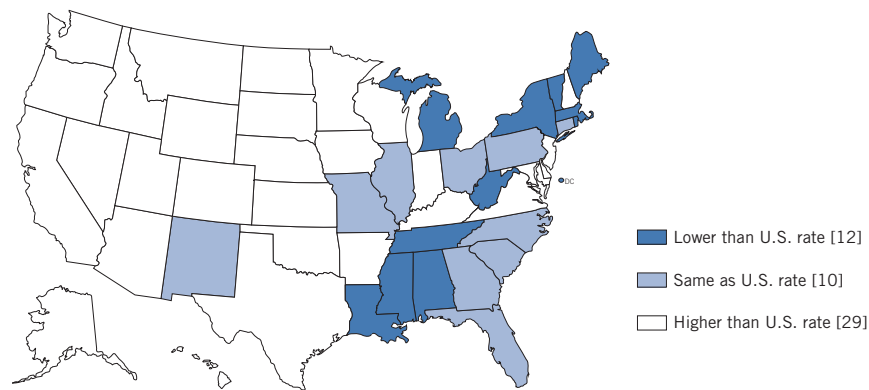
(SEPTEMBER 2004)

In every state, the vast majority of low-income parents work either full-time or part-time.<sup>2</sup> However, almost one in every five children in a low-income family still lacks health insurance.

## Most Children in Low-Income Families Have a Working Parent

Eighty-four percent of children in low-income families live with a parent who works either part-time or full-time. The percent of low-income children with working parents differs across states, although in every state a substantial majority of low-income parents are employed. For example, the lowest rate of employment is in Louisiana, where 75 percent of low-income children have employed parents (the District of Columbia is lower at 67 percent), compared to 95 percent in Wyoming (see Table). Low-income parents who live in the western states are more likely to be employed than low-income parents in eastern states (see Map 1).

**Map 1: Low-income children with employed parents**



The map shows differences between states and the U.S. rate that are statistically significant at the .10 level.

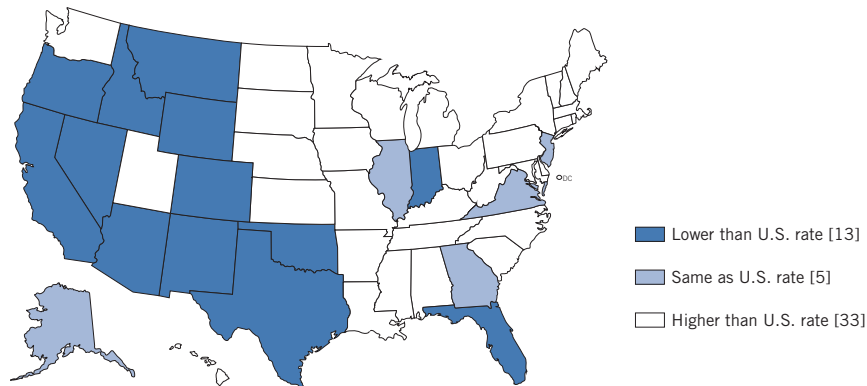
<sup>1</sup> Estimates in this fact sheet were prepared by Heather Koball and Ayana Douglas-Hall of NCCP based on the U.S. Current Population Survey (CPS), Annual Social and Economic Supplement for March 2001-2003; final figures represent the average data over calendar years 2000, 2001, and 2002.

<sup>2</sup> Low-income is defined as income below twice the poverty level, which research suggests is the minimum income level necessary to meet basic needs. The federal poverty level was \$18,850 for a family of four in 2004.

## Parental Employment Does Not Guarantee Health Insurance

Employed parents do not always have access to affordable health insurance for their children. Nationwide, 18 percent of children in low-income families lack any type of health insurance. The percent varies widely across states. In Texas, just 69 percent of children in low-income families have health insurance, while in Vermont 93 percent do (see Table). Lack of health insurance is an issue primarily faced by children living in western states (see Map 2).

**Map 2: Low-income children with health insurance**



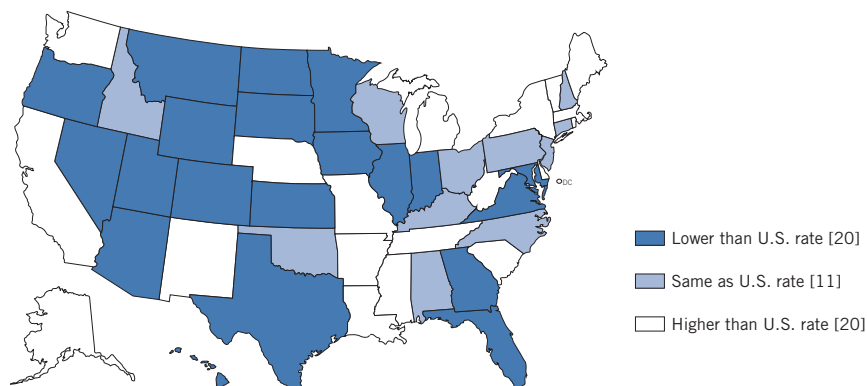
The map shows differences between states and the U.S. rate that are statistically significant at the .10 level.

## Public health insurance use lowest in western states

Public health insurance, such as Medicaid and the State Children's Health Insurance Program (SCHIP), provide free or low-cost health insurance to children in low-income families. Because of state differences in application procedures and eligibility, use of these health insurance programs can vary greatly.

Across the United States, almost half (47 percent) of children in low-income families receive public health insurance; however, this varies from 27 percent receiving public health insurance in Colorado and Nevada to more than twice as many (64 percent) receiving it in Vermont (the District of Columbia is higher at 70 percent) (see Table). Not surprisingly, many of the western states in which low-income children are least likely to have any health insurance also have the lowest rates of public health insurance use (see Map 3).

**Map 3: Low-income children receiving public health insurance**



The map shows differences between states and the U.S. rate that are statistically significant at the .10 level.

	Percent of low-income children with working parents	Percent of low-income children who have any health insurance (public or private)	Percent of low-income children who have public insurance
<b>NATIONAL</b>	<b>84%</b>	<b>82%</b>	<b>47%</b>
ALABAMA	82%	87%	47%
ALASKA	89%	82%	53%
ARIZONA	85%	77%	43%
ARKANSAS	87%	85%	50%
CALIFORNIA	85%	79%	48%
COLORADO	86%	72%	27%
CONNECTICUT	84%	86%	44%
DELAWARE	86%	89%	49%
DISTRICT OF COLUMBIA	67%	92%	70%
FLORIDA	84%	78%	44%
GEORGIA	85%	81%	41%
HAWAII	85%	87%	38%
IDAHO	93%	79%	45%
ILLINOIS	84%	82%	44%
INDIANA	90%	79%	32%
IOWA	94%	88%	40%
KANSAS	89%	85%	37%
KENTUCKY	86%	87%	47%
LOUISIANA	75%	85%	52%
MAINE	83%	87%	56%
MARYLAND	88%	85%	30%
MASSACHUSETTS	79%	93%	60%
MICHIGAN	80%	89%	51%
MINNESOTA	94%	87%	41%
MISSISSIPPI	80%	88%	63%
MISSOURI	84%	89%	53%
MONTANA	92%	78%	42%
NEBRASKA	92%	90%	50%
NEVADA	91%	74%	27%
NEW HAMPSHIRE	90%	87%	45%
NEW JERSEY	85%	81%	45%
NEW MEXICO	83%	79%	59%
NEW YORK	77%	87%	58%
NORTH CAROLINA	84%	83%	46%
NORTH DAKOTA	88%	85%	41%
OHIO	83%	84%	47%
OKLAHOMA	89%	79%	44%
OREGON	90%	80%	44%
PENNSYLVANIA	84%	86%	45%
RHODE ISLAND	77%	92%	61%
SOUTH CAROLINA	84%	89%	53%
SOUTH DAKOTA	90%	86%	39%
TENNESSEE	83%	93%	60%
TEXAS	89%	69%	39%
UTAH	91%	83%	41%
VERMONT	83%	93%	64%
VIRGINIA	87%	82%	30%
WASHINGTON	85%	86%	56%
WEST VIRGINIA	79%	88%	60%
WISCONSIN	91%	93%	48%
WYOMING	95%	78%	43%

More detailed information about state eligibility rules for public health insurance and other programs are available using the 50-State Policy Wizard at [www.nccp.org](http://www.nccp.org). Also see NCCP reports detailing state policy choices that impact the economic security of low-income families at: [www.nccp.org/cat\\_6.html](http://www.nccp.org/cat_6.html)