The Financial Burden of Paying for Non-Premium Medical Expenses for Children

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Abstract

   With rising health care costs, Americans face a greater financial burden of paying for medical care for uninsured children. This financial burden of paying for children's health care may be greater than anticipated, particularly because most of the uninsured have low to moderate incomes. This past year, the Current Population Survey (CPS) released content for medical out-of-pocket expenditures. Using this and other available CPS data (such as health insurance coverage, race and ethnicity, and income-to-poverty ratio), this research compares the medical expenditure data of children who are insured with those who are uninsured. It also examines the demographic, social, and economic characteristics of uninsured children with the greatest medical out-of-pocket expenditures.

Introduction

   Past studies show that lack of health insurance coverage for children leads to poorer health in childhood (Baker, 2009), as uninsured children are more likely to forgo needed medical care, such as childhood immunizations and routine check-ups (Families USA, 2009). Such a lack of medical care can cause serious long-term problems in children, including poor overall health, inability to participate in physical activities, irregular school attendance, and developmental delays (Bailey and Stoll, 2010; Families USA, 2006; Baker, 2009).

   Our research examines the relationships between health insurance coverage status, medical out-of-pocket expenditures, and other characteristics. Namely, we focus on the following three questions: 1) how do medical out-of-pocket expenditures for uninsured children compare with those of insured children?; 2) what are the demographic, social, and economic characteristics of uninsured children with the greatest medical out-of-pocket expenditures?; 3) in

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which states do uninsured children have the greatest per capita medical out-of-pocket medical expenditures?

Literature Review

The importance of providing health insurance coverage to all children has not been overlooked, but efforts to insure all children have not been completely successful. In recent years, there has been a push to provide health insurance coverage to all children. In 1997, the State Children's Health Insurance Program (SCHIP) was passed into law, providing health insurance coverage for low-income children. In 2009, SCHIP was reauthorized and expanded to extend coverage to more children.[1] Despite these efforts, there are over 7.5 million uninsured children in the United States (DeNavas-Walt, Proctor, and Smith, 2010).

Oftentimes, uninsured children do not receive regular preventive medical care, leaving health problems undetected and/or untreated. Once these untreated health problems have grown severe, the cost of treatment is often much higher (Bailey and Stoll, 2010) and care is usually provided in emergency rooms, where services are often the most expensive, worsening the financial burden on these families (Hadley and Holahan, 2004).

This financial burden of paying for children's health care may be greater than anticipated, particularly because most of the uninsured have low to moderate incomes (Kaiser Commission, 2009). In 2009, nearly two-thirds of the uninsured had incomes below 200 percent of the federal poverty level (CPS Table Creator, 2010). Within these low-income families, there is usually at least one parent working. However, their jobs may not offer health insurance or, if coverage is offered, it may be too expensive to afford. Minority children, particularly Hispanic

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[1] The Children's Health Insurance Program Reauthorization Act (Public Law 111-3) also renamed the program the Children's Health Insurance Program (CHIP).

and Black, non-Hispanic children, are the most susceptible to being uninsured (Families USA, 2006).

Past research supports the idea that uninsured children are less likely to receive regular medical care, often due to costs associated with it. Sondik et al. (2010) found that more than three-fourths of children with either private health insurance coverage or Medicaid had received some form of medical care in the past six months, while only a little over one-half of uninsured children had done so. They also found that thirteen percent of uninsured children had received no medical care in more than two years (including those who had never received care), while only two percent of children with private coverage had not received care during this time period.

Families may not be able to afford regular medical care due to costs, particularly when these costs are not offset by any type of health insurance coverage. In 2009, nearly 2 million children were not able to get medical care because it was not affordable and another 3.5 million children were delayed medical care because of the cost (Sondik, Madans, and Gentleman, 2010). Research has shown that families can spend more than 10% to 20% of their family income on health expenditures (Banthin and Bernard, 2006). The combination of low incomes and increasing out-of-pocket expenditures as a percent of family income can quickly lead to extreme levels of debt.

Data and Methods

This research uses tabular data from the 2010 Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS), including newly-available content on medical out-of-pocket expenditures. This new content contains premium spending as well as non-premium, out-of-pocket medical expenditures. Non-premium spending includes payments and

co-payments for hospital visits, medical providers, dental services, prescription medications, vision aids, and/or medical supplies. Although the data reference period is the entire calendar-year 2009, the data were collected in February, March, and April of 2010. Data were collected in all 50 states and the District of Columbia and are based on a sample of approximately 100,000 addresses.

The population of the CPS ASEC is the civilian noninstitutionalized population living in the United States. Members of the Armed Forces living off post, or with their families on post, are included if at least one civilian adult lives in the household. In our analysis, we only consider people that are under the age of 18.

The primary focus of our research is the dollar amount of non-premium out-of-pocket medical expenditures per child (ages 0 to 17), comparing the insured and the uninsured. In other words, the data is not aggregated to the family level and the dollar amount is associated with the expenditures for children only.

Our research defines health insurance coverage the same as the CPS ASEC does. Health insurance coverage is limited to comprehensive health plans. Individuals are considered to be "insured" if they were covered by any type of health insurance for part or all of 2009. Below are the CPS definitions for the various coverage types:

- Employment-based health insurance is coverage offered through one's own employment or a relative's. It may be offered by an employer or by a union;
- Direct-purchase health insurance is coverage through a plan purchased by an individual from a private company;
- Medicare is the Federal program which helps pay health care costs for people 65 and older and for certain people under 65 with long-term disabilities;

- Medicaid is a program administered at the state level, which provides medical assistance to the needy. Families with dependent children, the aged, blind, and disabled who are in financial need are eligible for Medicaid. It may be known by different names in different states;
    - o CHIP, the Children's Health Insurance Program, is a program administered at the state level, providing health care to low-income children whose parents do not qualify for Medicaid. The CHIP program often has a state name. For instance, Wisconsin calls their CHIP program BadgerCare;
- Military health care is sponsored by Department of Veterans Affairs. Military health care includes TRICARE (serving Uniformed Service members, retirees and their families), VA Heath Care (serving enrolled veterans within VA health care system), and CHAMPVA (similar to VA Health Care but spouses and children are eligible under this program under certain circumstances [Kaiser Foundation, 2008]);
- State-specific plans: Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states;
- Indian Health Service (IHS) is a health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities. If a person has access to the HIS, but has no other insurance, then the person is considered not insured.

Individuals are considered to be "uninsured" if they were not covered by any type of health insurance at any time in 2009.

Two of the demographic characteristics examined are race and Hispanic origin.

Although the Census Bureau uses a variety of approaches in presenting and analyzing race-related data, this research uses the "race-alone" concept; for example, those who reported Asian and no other race (such as White, Black, etc.). Hispanics can be of any race. Our research uses the following five different groups to present and analyze the data: White, Black, Asian, Hispanic, and White, not Hispanic. Because of the small sample size, two groups are not presented: American Indians and Alaska Natives (AIAN) and Native Hawaiians and other Pacific Islanders (NHOPI).

Another characteristic examined is the income-to-poverty ratio. For these comparisons, we exclude unrelated children under the age of 15. These are children who are not related to a reference person by birth, marriage, or adoption. Since these children are treated as unrelated individuals, only their own income can be used to determine their poverty status. Because the Census Bureau usually does not ask income questions of persons under the age of 15, there is no information about the child's income. Thus, the income-to-poverty ratio of these children cannot be determined.

Our research also examines health status, which is self-reported. It is divided into five categories: excellent, very good, good, fair, and poor. In the interest of making our estimates more reliable and easier to understand, these five categories have been condensed into two categories, "fair or poor" and "better than fair" (excellent, very good, or good).

To simplify the descriptive statistics, two categories for parental marital status have also been condensed. Originally, there are six separate marital status categories: "married, civilian spouse present," "married, AF spouse present," "married, spouse absent," "widowed,"

"divorced," "separated," and "never married." We combine "married, civilian spouse present" and "married, AF spouse present" into one category, "married, spouse present."

Results

Race and Hispanic Origin

Average non-premium medical expenditures for all children (regardless of coverage status) were highest for White, non-Hispanic children at $319 per child and lowest for Black children at $150. The average expenditures for White children and Asian children were not statistically different at $280 and $276, respectively. Hispanic children had average expenditures of $176.

Among uninsured children, there were fewer differences in spending between the racial and ethnic groups. Among the groups with the highest medical expenditures, White, non-Hispanic children have medical expenditures of $260, which was higher than that of Blacks ($148). Expenditures for Asian and Hispanic children were not statistically different from the expenditures for White, non-Hispanic or Black children.[2]

Among children with insurance, White, non-Hispanic children and Asian children had the highest expenditures, at $323 and $285. Black children and Hispanic children had the lowest expenditures, at $150 and $174. Expenditures for White children were $287, not statistically different from that of Asian children.

Three race groups showed statistical differences between the insured and uninsured. Expenditures were higher for the insured for White, Asian, and White, not Hispanic children. There were no statistical differences for Blacks and Hispanics.

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[2] Expenditures for White children ($224) were not statistically different from the expenditures for Asian children.

When examined by type of coverage, White, Black, Hispanic, and White, not Hispanic children with direct purchase insurance often had the highest expenditures, while children in these three groups with Medicaid and Medicare often had the lowest. The one exception was children who were Asian. Within the Asian population, there was no definitive highest- or lowest-expenditure type of coverage.

Nativity

Regardless of coverage status, native-born children often have higher out-of-pocket expenditures than those who are foreign-born. Expenditures for native-born children were higher than those of foreign-born children; $260 compared to $208. Among foreign-born children, those who are naturalized citizens have higher expenditures on average than children who are not citizens ($312 compared to $182). Average expenditures for native-born children were higher than those of non-citizens, but were not statistically different from those of naturalized citizens.

Among children with any type of health insurance coverage, average expenditures for native-born children and foreign-born children were not statistically different, at $265 and $218. Naturalized citizens had average expenditures of $322. This was higher than the expenditures of non-citizens ($184). The average expenditures for native-born children were higher than those for non-citizens, but not statistically different from those of naturalized citizens.

For uninsured children, average expenditures were not statistically different between native-born and foreign-born children. Native-born children had average expenditures of $218, while foreign-born children had average expenditures of $182. Expenditures were not statistically different for uninsured naturalized citizens ($224) and uninsured non-citizens ($179).

The expenditures for native-born children were not statistically different from those of naturalized citizens and non-citizens.

For nativity, there were few differences in expenditures for the insured and uninsured. There were no significant differences in the expenditures for foreign-born children, naturalized children, and children who are not citizens. The one exception is average expenditures were higher for the native-born insured children than those who were uninsured.

Health Status

When comparing the two health status categories with the different coverage types (including the uninsured), all show statistical differences in expenditures, with the exception of those covered by military coverage and the uninsured. For the statistically-different coverage groups, expenditures for children with a health status of "fair or poor" were three- to four-times higher than those of children with a health status of "better than fair." For example, among children with any type of health insurance coverage, expenditures for children in the "better than fair" category were $252, while it was $780 for those in the "fair or poor" category. Between the insured and uninsured for health status, expenditures were higher for insured children in the "better than fair" category than the uninsured children. There was no statistical difference in the expenditures for children in the "fair or poor" category.

Parental Marital Status

Among all children, expenditures were highest for children with a parental marital status of "married, spouse present" ($297), which is not statistically different from the expenditures for

children with a parental marital status of "widowed" ($243).[3] The expenditures for children with

a parental marital status of "married, spouse absent" and "never married" were not statistically

different, at $171 and $141, respectively.[4]

Among insured children, the pattern was similar. Average expenditures were highest for

children with a parental marital status of "married, spouse present" ($303).[5] Average

expenditures for children with a parental marital status of "never married" ($129) were not

statistically different from those with a status of "married, spouse absent" ($181).[6]

However, for uninsured children, average expenditures were highest for children with a

parental marital status of "divorced" ($236), "married, spouse present" ($228), "never married"

($221), and "widowed" ($162). Average expenditures for children with a parental marital status

of "widowed" were not statistically different from those with a parental marital status of

"married, spouse absent" ($121) and "separated" ($117).

There were some differences in the expenditures between the insured and uninsured

children by parental marital status. Three groups had higher expenditures for insured children:

"married, spouse present," "separated," "and "never married." The other three groups

("divorced," "married, spouse absent," and "widowed") showed no differences.

Parental Labor Force Status

Likewise, parental labor force status (PLFS) is associated with average out-of-pocket

expenditures. Among all children, average expenditures for children with a PLFS of "working"

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[3] Expenditures for children with a parental marital status of "widowed" were not statistically different from the expenditures for children with a parental status of "divorced," "married, spouse absent," or "separated."
[4] Expenditures for children with a parental marital status of "married, spouse absent" were not statistically different from those with a parental status of "separated" or "widowed."
[5] Expenditures for children with a parental marital status of "married, spouse present" were not statistically different from those with a parental marital status of "widowed" or "separated."
[6] Expenditures for children with a parental marital status of "married, spouse absent" were not statistically different from those of children with a parental status of "separated" or "widowed."

were $292, not statistically different from the expenditures of those children with a PLFS of "with job, not at work" ($280) and "unemployed, on layoff" ($325). Expenditures for children with a PLFS of "unemployed, on layoff" were also not statistically different from "with job, not at work," "unemployed, looking for work" ($186), and "not in labor force" ($191).

For insured children, there were few differences in expenditures. Those for children with a PLFS of "unemployed, on layoff" were $323, not statistically different from those with a PLFS of "working" ($298), "with job, not at work" ($294), "not in labor force" ($193), and "unemployed, looking for work" ($178).[7] However, when we combine "working" and "with job, not at work," the average expenditures are $298; this is significantly different from "unemployed, looking for work" and "not in labor force."

There were even fewer differences by the PLFS for uninsured children. Only one group had a statistical difference between any of the groups. Average expenditures were higher for children with a PLFS of "working" than those with a PLFS of "not in labor force" ($228 compared to $171). Even when combining "working" and "with job, not at work," there are few differences; the average expenditures for this group ($225) are not statistically different from those of "unemployed, looking for work" and "unemployed, on layoff."

Between the insured and uninsured, expenditures were higher for the insured for two PLFS groups: "working" and "with job, not at work." For the other three groups, there were no statistical differences between the insured and uninsured. When comparing expenditures across the types of insurance, the findings were not uniform. For three of the five groups, the lowest expenditures were for those with Medicare or Medicaid. The two exceptions were those with a PLFS of "unemployed, looking for work" and "unemployed, on layoff." Among those with a

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[7] Expenditures were not statistically different for "working" and "with job, not at work." Expenditures were also not statistically different for "unemployed, looking for work" and "not in labor force."

PLFS of "unemployed, looking for work," expenditures were lowest for those with Medicare. For those with a PLFS of "unemployed, on layoff," expenditures were lowest for those with Medicaid. Although direct purchase often has the highest expenditures for most of the other characteristics examined, this was not the case for PLFS; there was no definitive highest-expenditure coverage type.

Income-to-Poverty Ratios

For the majority of the characteristics examined, insured children have higher out-of-pocket expenses than uninsured children. However, when examined using income-to-poverty ratios, a different story emerges; the uninsured children with the lowest income-to-poverty ratios have higher expenses than those with insurance within the same income-to-poverty ratios. For example, below 50 percent of poverty, insured children had average expenditures of $64 while uninsured children had average expenditures of $130. This could be due to the majority of these insured children were covered by Medicaid. This trend continued until reaching those below 300 percent of poverty; at this point, there was no statistical difference in the expenditures of the insured and uninsured.

Region

There were no statistical differences in the average expenditures for all children by region. The Northeast had per-capita expenditures of $247; the Midwest, $272; the South, $263; and the West, $247. This pattern was also true for children with health insurance coverage; there were no statistical differences in the expenditures for children living in the Northeast ($247), the Midwest ($277), the South ($267), or the West ($257). Among the uninsured,

children in the Northeast had expenditures of $259, not statistically different from the expenditures of those in the Midwest ($218) and the South ($231). Expenditures in the Northeast were higher than those for children living in the West ($161). For both the Northeast and South, there were no statistical differences between the expenditures of children with coverage and those without; however, for the Midwest and West, expenditures were higher for children with coverage than for those without.

States

Expenditures for all children for a majority of the states were not statistically different from the national average for average expenditures per child ($258). Ten states had expenditures for all children that were higher than the national average: Connecticut ($327), Maine ($665), Minnesota ($333), Nebraska ($354), Nevada ($465), New Jersey ($345), North Dakota ($349), Utah ($304), Wisconsin ($416), and Wyoming ($394). Eight states had expenditures that were lower than the national average: Alabama ($200), Arizona ($134), Indiana ($190), Mississippi ($150), New Mexico ($124), New York ($166), Oklahoma ($189), and Rhode Island ($164); the District of Columbia also had expenditures that were lower than the national average, at $128.

Conclusions

Our findings show that children with insurance often have higher medical expenditures than those without insurance. This is consistent with research showing that uninsured children often do not receive medical care on a regular basis, lowering their annual out-of-pocket medical expenditures. For children with insurance coverage, expenditures were often highest for those with direct-purchase coverage. More often than not, expenditures were lowest for children with

government coverage, particularly Medicaid or Medicare. One possible reason for higher

expenditures for insured children is that with insurance comes not only more doctor visits, but

also more tests and preventive care. This can quickly increase the annual non-premium out-of-

pocket expenditures for childrens' care. Our research also revealed that there are differences in

out-of-pocket medical expenditures by state.

This paper used the child as the unit of analysis. This analysis should be expanded to

non-premium medical out-of-pocket expenditures for the whole family. It would be better to

aggregate expenditures to the family-level, in order to find the overall family burden of paying

for non-premium medical expenses.

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Table 1.

Medical Out-of-Pocket Expenses for Uninsured and Insured Children (Ages 00-17) by Selected Characteristics: 2009

(Expenditures in 2009 dollars.)

Characteristic	Per Capita Spending for Uninsured Children in 2009	90 percent C.I.[2] (+/-)	Per Capita Spending for Insured Children in 2009	90 percent C.I.[2] (+/-)
Total	214	24	263	10
Race[1] and Hispanic Origin				
White	224	28	287	12
White, not Hispanic	260	41	323	14
Black	148	47	150	16
Asian	196	73	285	41
Hispanic (any race)	183	33	175	23
Income-to-Poverty Ratio				
Below 50 percent of poverty	130	45	64	15
Below 100 percent of poverty	165	38	72	11
Below 150 percent of poverty	165	28	100	13
Below 200 percent of poverty	168	24	126	12
Below 250 percent of poverty	181	24	153	11
Below 300 percent of poverty	192	24	177	11
Below 400 percent of poverty	205	25	204	10
Below 500 percent of poverty	204	25	221	10
Disability Status (Ages 15 to 17)				
With a disability	327	328	797	342
No disability	198	47	337	26
Nativity				
Native born	218	26	265	10
Foreign born	182	65	218	48
Naturalized citizen	224	174	322	108
Not a citizen	179	63	184	50
Region				
Northeast	260	51	247	25
Midwest	218	54	277	20
South	231	42	267	17
West	161	35	257	21
Health Status				
Excellent, very good, or good	207	23	252	10
Fair or Poor	590	530	780	180
Parent's Marital Status				
Married, spouse present	228	30	303	13
Married, spouse absent	121	67	181	49
Widowed	162	75	259	78
Divorced	236	61	251	27
Separated	117	39	230	73
Never married	221	74	129	16
Parent's Labor Force Status				
Working	228	31	298	12
With job, not at work	149	104	294	54
Unemployed, looking for work	237	90	178	48
Unemployed, on layoff	344	194	323	162
Not in labor force	171	43	193	19

[1]Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group
are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept)
or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept).
This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred
method of presenting or analyzing data. The Census Bureau uses a variety of approaches.

[2]A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the
size of the estimates, the less reliable the estimate.

Source: U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement.

Table 2.
Per Capita Out-of-Pocket Expenditures by Coverage Type for Children (Ages 00-17): 2009
(Expenditures in 2009 dollars.)

Characteristic	Total	90 percent C.I.[2] (+/-)	Not Covered	90 percent C.I.[2] (+/-)	Covered by Private and/or government health insurance	
					Total	90 percent C.I.[2] (+/-)
Total	258	9	214	24.0	263	10
Race[1] and Hispanic Origin						
White	280	11	224	28	287	12
White, not Hispanic	319	13	260	41	323	14
Black	150	15	148	47	150	16
Asian	276	38	196	73	285	41
Hispanic (any race)	176	20	183	33	175	23
Income-to-Poverty Ratio						
Below 50 percent of poverty	74	14	130	45	64	15
Below 100 percent of poverty	86	10	165	38	72	11
Below 150 percent of poverty	110	11	165	28	100	13
Below 200 percent of poverty	132	11	168	24	126	12
Below 250 percent of poverty	157	10	181	24	153	11
Below 300 percent of poverty	179	10	192	24	177	11
Below 400 percent of poverty	204	10	205	25	204	10
Below 500 percent of poverty	219	9	204	25	221	10
Disability Status (Ages 15 to 17)						
With a disability	715	394	327	328	797	342
No disability	333	31	198	47	337	26
Nativity						
Native born	260	10	218	26	265	10
Foreign born	208	39	182	65	218	48
Naturalized citizen	312	100	224	174	322	108
Not a citizen	182	41	179	63	184	50
Region						
Northeast	247	23	259	51	247	25
Midwest	272	19	218	54	277	20
South	263	16	231	42	267	17
West	247	19	161	35	257	21
Health Status						
Excellent, very good, or good	247	9	207	23	252	10
Fair or Poor	763	171	590	530	780	180
Parent's Marital Status						
Married, spouse present	298	12	228	30	303	13
Married, spouse absent	171	43	121	67	181	49
Widowed	243	66	162	75	259	78
Divorced	249	25	236	61	251	27
Separated	214	63	117	39	230	73
Never married	141	17	221	74	129	16
Parent's Labor Force Status						
Working	292	11	228	31	298	12
With job, not at work	280	51	149	104	294	54
Unemployed, looking for work	186	44	237	90	178	48
Unemployed, on layoff	325	149	344	194	323	162
Not in labor force	191	18	171	43	193	19

See footnotes at end of table.

Table 2.
Per Capita Out-of-Pocket Expenditures by Coverage Type for Children (Ages 00-17): 2009--Con.
(Expenditures in 2009 dollars.)

	Private Health Insurance					
	Total	90 percent C.I.[2] (+/-)	Employment-based	90 percent C.I.[2] (+/-)	Direct purchase	90 percent C.I.[2] (+/-)
Total	361	15	352	14	474	60
Race[1] and Hispanic Origin						
White	376	16	369	17	466	62
White, not Hispanic	382	17	374	17	457	48
Black	263	31	256	31	422	133
Asian	338	51	327	53	402	178
Hispanic (any race)	336	51	333	55	568	335
Income-to-Poverty Ratio						
Below 50 percent of poverty	255	77	207	56	485	331
Below 100 percent of poverty	231	45	199	42	408	167
Below 150 percent of poverty	258	43	237	44	345	101
Below 200 percent of poverty	268	31	252	31	371	85
Below 250 percent of poverty	285	24	274	24	349	63
Below 300 percent of poverty	304	22	297	23	364	58
Below 400 percent of poverty	317	17	308	17	394	53
Below 500 percent of poverty	326	17	318	17	396	48
Disability Status (Ages 15 to 17)						
With a disability	1,119	568	1,212	696	1,235	1,569
No disability	420	34	402	36	608	157
Nativity						
Native born	362	15	352	15	483	63
Foreign born	338	78	349	87	254	99
Naturalized citizen	380	116	399	127	219	154
Not a citizen	318	96	326	109	267	121
Region						
Northeast	319	33	314	33	303	91
Midwest	356	24	348	24	467	93
South	383	26	377	26	504	127
West	366	31	350	33	519	86
Health Status						
Excellent, very good, or good	345	14	338	14	456	59
Fair or Poor	1,505	408	1,429	401	1,595	823
Parent's Marital Status						
Married, spouse present	368	17	359	17	480	68
Married, spouse absent	251	68	214	60	363	266
Widowed	445	150	469	188	357	189
Divorced	362	39	363	44	368	147
Separated	406	142	408	159	376	200
Never married	296	39	273	36	725	324
Parent's Labor Force Status						
Working	363	15	356	15	475	70
With job, not at work	392	72	370	71	569	295
Unemployed, looking for work	375	114	366	125	486	143
Unemployed, on layoff	541	280	461	282	1,557	1,087
Not in labor force	351	36	341	36	429	120

See footnotes at end of table.

Table 2.

Per Capita Out-of-Pocket Expenditures by Coverage Type for Children (Ages 00-17): 2009--Con.

(Expenditures in 2009 dollars.)

	Government health insurance							
	Total	90 percent C.I.[2] (+/-)	Medicaid	90 percent C.I.[2] (+/-)	Medicare	90 percent C.I.[2] (+/-)	Military health care[3]	90 percent C.I.[2] (+/-)
Total	96	11	77	9	181	114	275	78
Race[1] and Hispanic Origin								
White	110	15	91	13	107	67	301	103
White, not Hispanic	146	25	120	23	125	109	310	117
Black	56	11	46	12	176	172	181	66
Asian	99	41	68	24	106	94	548	531
Hispanic (any race)	64	12	53	9	294	347	238	145
Income-to-Poverty Ratio								
Below 50 percent of poverty	38	14	28	9	356	476	203	117
Below 100 percent of poverty	44	10	38	9	244	224	172	79
Below 150 percent of poverty	53	9	47	8	205	178	203	77
Below 200 percent of poverty	64	9	58	9	183	149	167	52
Below 250 percent of poverty	71	9	65	9	185	139	164	42
Below 300 percent of poverty	78	11	67	9	199	137	236	129
Below 400 percent of poverty	86	11	70	8	191	130	277	105
Below 500 percent of poverty	89	11	73	9	188	125	267	93
Disability Status (Ages 15 to 17)								
With a disability	485	308	482	329	175	158	459	405
No disability	110	15	88	14	103	83	283	65
Nativity								
Native born	97	12	79	10	187	120	268	77
Foreign born	59	31	34	8	35	37	812	897
Naturalized citizen	150	187	29	18	0	0	2,044	2,524
Not a citizen	41	12	35	8	38	40	266	283
Region								
Northeast	81	19	77	19	139	105	193	67
Midwest	115	35	90	35	449	381	442	165
South	100	21	77	14	59	41	268	129
West	82	14	69	13	58	40	225	76
Health Status								
Excellent, very good, or good	86	11	69	9	53	22	261	77
Fair or Poor	351	125	284	110	1,419	1,040	1,352	1,429
Parent's Marital Status								
Married, spouse present	116	18	85	11	109	98	298	98
Married, spouse absent	102	64	100	70	670	1,049	122	108
Widowed	101	49	105	52	6	12	44	35
Divorced	109	34	102	35	116	79	225	86
Separated	94	56	86	57	141	166	243	126
Never married	61	16	55	14	263	319	171	120
Parent's Labor Force Status								
Working	116	19	94	15	102	81	393	178
With job, not at work	113	80	51	21	45	84	525	579
Unemployed, looking for work	61	16	55	15	20	18	209	113
Unemployed, on layoff	56	19	40	15	387	163	187	85
Not in labor force	83	19	69	17	402	355	210	89

[1]Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group
are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept)
or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept).
This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred
method of presenting or analyzing data. The Census Bureau uses a variety of approaches.

[2]A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the
size of the estimates, the less reliable the estimate.

[3]Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care
provided by the Health and Medical Program of the Department of Veterans Affairs and care provided by the Department of Veterans Affairs and
the military.

Source: U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement.

Table 3.
Per Capita Out-of-Pocket Expenditures by Coverage Type by State for Children (Ages 00-17): 2009
(Expenditures in 2009 dollars.)

State	Total	90 percent C.I.[1] (+/-)	Not Covered	90 percent C.I.[1] (+/-)	Covered by Private and/or government health insurance	
					Total	90 percent C.I.[1] (+/-)
United States	258	9	214	24	263	10
Alabama	200	32	139	74	211	38
Alaska	417	221	262	122	435	255
Arizona	134	32	85	47	141	34
Arkansas	325	159	137	94	352	192
California	237	29	131	48	250	35
Colorado	298	50	299	269	289	46
Connecticut	327	46	212	74	324	46
Delaware	231	44	54	34	240	49
District of Columbia	128	40	24	13	132	34
Florida	239	46	281	126	229	39
Georgia	260	38	415	209	237	37
Hawaii	207	52	368	210	201	55
Idaho	291	45	180	84	276	55
Illinois	278	37	101	28	292	40
Indiana	190	38	359	212	173	44
Iowa	252	44	214	136	235	49
Kansas	286	79	530	548	271	77
Kentucky	245	45	90	86	260	46
Louisiana	313	68	74	87	327	77
Maine	665	295	470	161	488	322
Maryland	289	43	80	49	309	48
Massachusetts	280	128	805	346	269	139
Michigan	229	43	21	16	235	47
Minnesota	333	60	489	237	325	62
Mississippi	150	55	100	47	146	61
Missouri	262	39	207	144	255	37
Montana	247	68	117	64	261	75
Nebraska	354	36	178	80	343	32
Nevada	465	96	400	203	473	110
New Hampshire	272	85	272	295	277	93
New Jersey	345	67	329	107	350	77
New Mexico	124	37	66	53	134	42
New York	166	19	167	80	167	20
North Carolina	216	46	157	99	219	46
North Dakota	349	87	73	60	373	96
Ohio	259	49	269	126	260	59
Oklahoma	189	54	102	63	206	59
Oregon	292	57	210	84	301	65
Pennsylvania	253	35	244	104	246	32
Rhode Island	164	30	158	83	158	32
South Carolina	422	195	198	108	465	227
South Dakota	345	100	20	16	375	111
Tennessee	246	42	182	107	253	46
Texas	284	34	234	57	294	42
Utah	305	35	221	67	301	36
Vermont	224	44	113	84	209	46
Virginia	275	53	410	486	269	46
Washington	267	54	162	119	269	61
West Virginia	292	121	87	59	315	137
Wisconsin	416	124	200	69	428	143
Wyoming	394	88	401	192	387	94

See footnotes at end of table.

Table 3.
Per Capita Out-of-Pocket Expenditures by Coverage Type by State for Children (Ages 00-17): 2009--Con.
(Expenditures in 2009 dollars.)

	Private Health Insurance					
	Total	90 percent C.I.[1] (+/-)	Employment-based	90 percent C.I.[1] (+/-)	Direct purchase	90 percent C.I.[1] (+/-)
United States	361	15	352	14	474	60
Alabama	323	59	319	59	364	321
Alaska	425	78	438	81	218	113
Arizona	214	48	223	50	169	74
Arkansas	553	347	463	211	462	535
California	375	57	365	61	494	112
Colorado	364	59	344	56	599	235
Connecticut	374	52	347	47	630	402
Delaware	321	68	325	72	249	170
District of Columbia	258	67	262	71	185	144
Florida	299	58	316	63	196	92
Georgia	328	54	301	45	664	376
Hawaii	264	74	263	80	321	168
Idaho	357	68	302	63	647	221
Illinois	409	59	405	62	498	157
Indiana	247	74	250	77	171	89
Iowa	300	55	308	52	300	138
Kansas	318	71	330	76	148	63
Kentucky	383	61	382	60	446	266
Louisiana	487	107	514	124	287	126
Maine	687	481	381	66	595	203
Maryland	386	59	380	61	389	168
Massachusetts	354	189	366	199	264	221
Michigan	310	62	300	60	648	340
Minnesota	399	71	387	75	471	129
Mississippi	250	106	240	114	368	202
Missouri	340	57	332	61	371	148
Montana	363	106	395	122	251	108
Nebraska	432	40	441	37	363	127
Nevada	580	140	541	123	1,071	1,074
New Hampshire	253	54	246	51	373	166
New Jersey	393	88	390	93	337	253
New Mexico	251	69	223	72	838	702
New York	237	27	238	29	171	70
North Carolina	264	49	224	44	693	370
North Dakota	463	128	485	138	217	110
Ohio	311	63	289	52	511	277
Oklahoma	311	82	304	89	337	183
Oregon	394	88	385	87	435	162
Pennsylvania	320	44	325	45	386	270
Rhode Island	228	46	228	48	269	186
South Carolina	614	321	631	350	643	383
South Dakota	498	145	480	159	722	265
Tennessee	373	72	384	76	294	108
Texas	477	70	474	75	945	557
Utah	342	43	335	44	419	191
Vermont	288	70	291	73	539	391
Virginia	342	62	338	65	355	187
Washington	392	83	327	55	873	577
West Virginia	460	209	392	172	174	115
Wisconsin	497	140	471	138	1,131	964
Wyoming	476	114	488	132	326	144

See footnotes at end of table.

Table 3.
Per Capita Out-of-Pocket Expenditures by Coverage Type by State for Children (Ages 00-17): 2009--Con.
(Expenditures in 2009 dollars.)

	Government health insurance							
	Total	90 percent C.I.[1] (+/-)	Medicaid	90 percent C.I.[1] (+/-)	Medicare	90 percent C.I.[1] (+/-)	Military health care[2]	90 percent C.I.[1] (+/-)
United States	96	11	77	9	181	114	275	78
Alabama	49	14	49	15	0	0	61	48
Alaska	391	486	522	790	18	29	182	85
Arizona	40	20	34	21	0	0	145	92
Arkansas	100	30	96	33	100	0	167	104
California	78	17	69	16	52	36	265	187
Colorado	135	57	116	58	0	0	219	148
Connecticut	101	63	96	69	92	81	155	99
Delaware	88	77	86	85	0	0	192	214
District of Columbia	23	11	17	9	74	81	219	178
Florida	158	58	143	66	144	223	203	109
Georgia	71	20	68	20	32	35	95	69
Hawaii	81	36	49	35	0	0	167	89
Idaho	82	37	83	38	0	0	22	19
Illinois	115	46	78	32	54	93	1,153	1,024
Indiana	44	24	20	12	196	240	666	403
Iowa	93	57	82	59	2	0	338	80
Kansas	149	152	169	191	1,986	2,716	77	48
Kentucky	53	23	45	23	209	245	129	88
Louisiana	108	87	38	38	0	0	1,340	1,560
Maine	150	99	125	114	0	0	289	204
Maryland	71	34	39	22	0	0	274	218
Massachusetts	22	8	22	8	0	0	37	32
Michigan	30	10	28	10	0	0	147	157
Minnesota	86	72	78	74	0	0	212	137
Mississippi	55	27	48	27	153	258	137	118
Missouri	84	33	61	26	177	167	319	259
Montana	76	49	66	49	32	47	135	214
Nebraska	154	45	92	34	122	187	386	153
Nevada	177	99	104	62	34	39	533	499
New Hampshire	322	366	324	400	28	43	354	345
New Jersey	175	122	174	123	0	0	199	746
New Mexico	25	12	18	10	0	0	116	84
New York	59	24	54	22	119	114	319	247
North Carolina	167	94	190	114	0	0	75	30
North Dakota	76	44	56	49	0	0	162	200
Ohio	131	112	109	114	28	47	646	548
Oklahoma	59	31	44	28	5	10	134	81
Oregon	122	80	87	45	374	622	453	632
Pennsylvania	82	24	79	23	1,800	0	134	106
Rhode Island	31	10	24	8	0	0	163	119
South Carolina	384	456	75	60	4	7	2,136	2,564
South Dakota	97	104	93	120	0	0	145	129
Tennessee	119	44	97	48	0	0	202	68
Texas	62	20	47	11	31	51	263	239
Utah	168	60	149	60	0	0	329	303
Vermont	90	43	89	46	288	453	91	73
Virginia	68	22	45	21	0	0	138	62
Washington	46	19	26	15	51	33	143	78
West Virginia	71	48	64	52	52	66	139	103
Wisconsin	393	349	320	346	1,641	1,804	329	304
Wyoming	118	63	127	73	0	0	55	45

[1]A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimates, the less reliable the estimate.

[2]Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Health and Medical Program of the Department of Veterans Affairs and care provided by the Department of Veterans Affairs and the military.

Source: U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement.