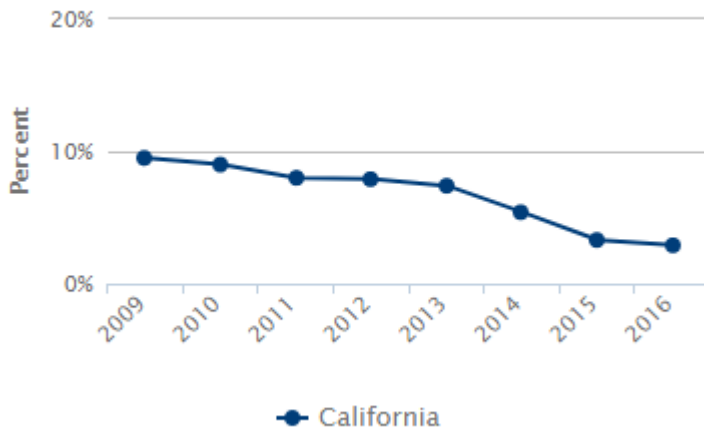


## Child and Youth Health Care in California

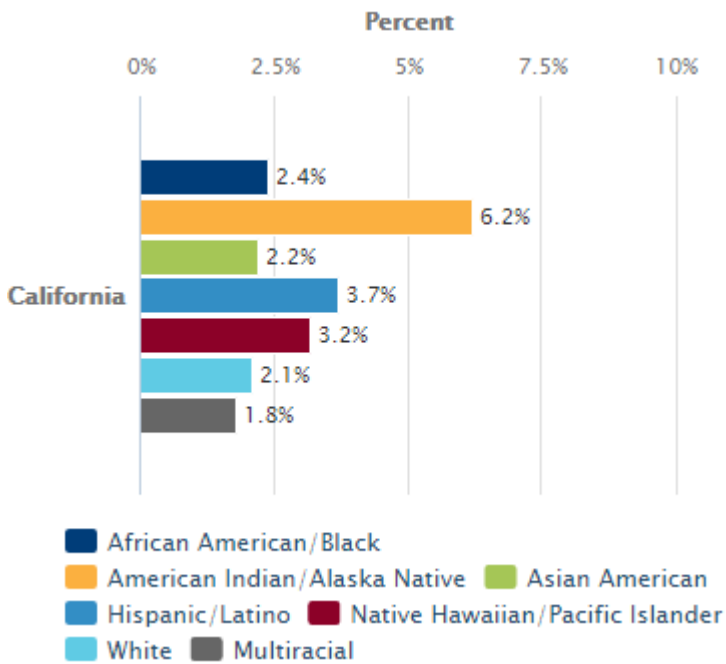
### Children Without Health Insurance Coverage



**Definition:** Estimated percentage of children ages 0-17 with and without health insurance coverage at the time of survey, by type of insurance and age group (e.g., in 2016, 44.5% of California children ages 6-17 were covered by public health insurance).

**Data Source:** U.S. Census Bureau, [American Community Survey](#) (Oct. 2017).

### Children Without Health Insurance Coverage, by Race/Ethnicity: 2016



**Definition:** Estimated percentage of children ages 0-17 with and without health insurance coverage at the time of survey, by race/ethnicity (e.g., in 2016, 3.7% of Hispanic/Latino children in California were uninsured).

**Data Source:** U.S. Census Bureau, [American Community Survey](#) (Oct. 2017).

### What It Is

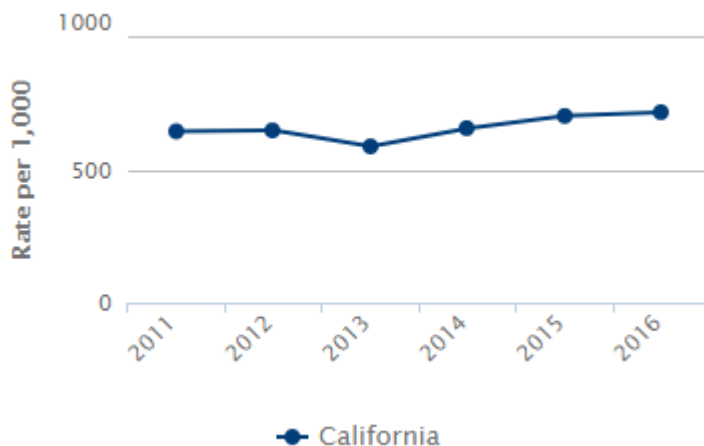
Kidsdata.org's health care measures include:

- Children ages 0-17 for whom needed health care was delayed or not received in the previous 12 months
- Youth ages 12-17 by the length of time since their last routine health check-up
- Children ages 0-17 who visited the emergency room in the previous 12 months, by type of insurance coverage
- Children ages 0-17 uninsured at any point in the previous 12 months
- The usual source of health care for children ages 0-17, by income level and race/ethnicity
- Children ages 0-17 with and without health insurance, by type of coverage (public or private), age group, and race/ethnicity (see [list](#))\*
- Children and youth ages 0-21 with Medicaid (Medi-Cal), CHIP, or other means-tested public health insurance (see [list](#)); also, for California and U.S. only, coverage by age group and race/ethnicity†
- Total yearly enrollment in Medicaid (Medi-Cal) and CHIP among children ages 0-18 (California and U.S. only)
- Medi-Cal enrollment among children and youth ages 0-21 in January of each year; also, for California only, average monthly enrollment by age group and race/ethnicity
- Children ages 0-17 who receive care within a medical home (see [list](#))‡
- The number of school-based or -linked health centers serving public schools
- The extent to which students are provided adequate health services at school, as reported by staff

### Why This Topic Is Important

According to the American Academy of Pediatrics, every child should receive high quality health care that is accessible, family-centered, culturally competent, coordinated, continuous, compassionate, and comprehensive (1). This care is best offered through a medical home, an ongoing family-centered partnership with a child health professional or team, in

## Yearly Enrollment in Medi-Cal and CHIP



**Definition:** Unduplicated number of children ages 0-18 ever enrolled in Medicaid and/or the Children's Health Insurance Program (CHIP) during the federal fiscal year per 1,000 children (e.g., in the 2016 federal fiscal year, 510.5 per 1,000 California children were enrolled in Medicaid).

**Data Source:** Centers for Medicare and Medicaid Services Statistical Enrollment Data System, *Annual Enrollment Reports* (Mar. 2017). California Dept. of Finance, *Race/Ethnic Population with Age and Sex Detail, 2010-2060*; U.S. Census Bureau, *Current Population Estimates, Vintage 2015* (Oct. 2016).

### Children Who Receive Care Within a Medical Home: 2016

Locations	Percent
United States	48.7%
California	41.7%
Alameda County	46.8%
Fresno County	37.2%
Los Angeles County	39.5%
Orange County	43.8%
Riverside County	39.8%
Sacramento County	44.6%
San Bernardino County	38.6%
San Diego County	43.6%
Santa Clara County	46.7%

**Definition:** Estimated percentage of children ages 0-17 who receive coordinated, ongoing, comprehensive care that meets American Academy of Pediatrics medical home standards (e.g., in 2016, 41.7% of California children received care within a medical home).

**Data Source:** *Population Reference Bureau*, analysis of data from the *National Survey of Children's Health* and the *American Community Survey* (Mar. 2018).

which all of the patient's needs are met (1). Children who receive care in the context of a medical home are more likely to have regular preventive check-ups (which can lead to the early identification and treatment of problems) and are less likely to have emergency room visits (1). However, the latest estimates indicate that less than half of children receive care within a medical home, statewide and nationally (2). Not surprisingly, children without health insurance are less likely to access needed care than those with coverage (3). While the number of insured children has increased in recent years, some remain uninsured and many are at risk of losing coverage if investments in public insurance programs are not maintained (3).

### How Children Are Faring

In 2016, 97% of California children ages 0-17 were estimated to have some form of health insurance coverage—up from 91% in 2009—yet gaps remained. For example, more than 6% of American Indian/Alaska Native children were uninsured in 2016, compared to less than 4% for all other racial/ethnic groups with data.

In the same year, an estimated 42% of California children and youth ages 0-21 had Medicaid (Medi-Cal), CHIP, or other means-tested public health insurance coverage, with enrollment estimates highest for infants (47%) and lowest for young adults ages 18-21 (31%). Statewide, coverage for African American/black and Hispanic/Latino groups was higher than 50% in 2016, whereas estimates for Asian/Pacific Islander and white children/youth were lower than 28%. In the 2016 federal fiscal year, total yearly enrollment in Medicaid and CHIP among California children ages 0-17 was 720 per 1,000, more than 20% higher than the national rate of 590 per 1,000.

Parent reports from 2016 show that 42% of the state's children receive care within a medical home, compared to 49% nationwide. In California counties with data, estimates of children receiving care within a medical home ranged from 33% (Imperial) to 50% (Placer).

*View references for this text and additional research on this topic:*

<https://www.kidsdata.org/topic/51/health-care/summary>



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