

**NEW YORK CITY'S CHILDREN:  
UNINSURED AND AT RISK**

Findings from *The Commonwealth Fund Survey  
of Health Care in New York City, 1997*

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## NEW YORK CITY'S CHILDREN: UNINSURED AND AT RISK

### OVERVIEW

Children are increasingly at risk for being uninsured. As of March 1997, approximately 11 million children in the United States under age 18, or 14.8 percent of all children, were uninsured—up from 13.8 percent a year earlier.<sup>1</sup> National surveys indicate that children in urban areas such as New York City are particularly at risk.

Responding to the erosion in children's health insurance coverage, New York State and New York City are currently in the midst of a major initiative to expand the Child Health Plus program to reach uninsured, low-income children. Supported by congressional enactment in 1997 of the State Children's Health Insurance Program (CHIP), which makes \$24 billion in new federal funds available to states for children's coverage over the next five years, the city has an opportunity to make major progress in covering uninsured children.<sup>2</sup>

On this eve of decisions to reach out to New York's uninsured children, an understanding of children's current health insurance and health care experiences can help focus attention on areas of concern and provide a baseline to measure progress in the years ahead. Toward this end, The Commonwealth Fund commissioned Louis Harris and Associates, Inc., to conduct *The Commonwealth Fund Survey of Health Care in New York City, 1997*. From October 1996 through March 1997, more than 4,000 adults, including 1,335 parents with children, were interviewed about a range of health care issues.<sup>3</sup> The survey, part of a larger Fund effort to monitor access to health care in New York City, provides a current overview of the status of children's insurance and access to care and the problems faced by those without insurance.

Among the survey's disturbing results is that one of six New York City children under age 18—more than 300,000 children—is uninsured, a proportion that exceeds both the New York State and national averages for 1996.<sup>4</sup> Reflecting the decline in work-based health benefits for families in New York City, the city's children are also far less likely than

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<sup>1</sup> The U.S. Census Bureau's annual *Current Population Survey* is conducted in March. Households are asked about their insurance coverage for the previous year. Paul Fronstin, *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1997 Current Population Survey*, Employee Benefit Research Institute, December 1997.

<sup>2</sup> "State Children's Health Insurance Program," Title XXI, Social Security Act, 1997, Section 2101(a). The \$24 billion is available over the next five years.

<sup>3</sup> An earlier report based on the survey explored the experiences of adults and the importance of health insurance for health and economic security. David Sandman, Cathy Schoen, Catherine DesRoches, and Meron Makonnen, *The Commonwealth Fund Survey of Health Care in New York City, 1997*, The Commonwealth Fund, March 1998.

<sup>4</sup> Commonwealth Fund analysis of U.S. Census Bureau's *March 1996 Current Population Survey* for New York City.

children nationwide to be covered by private health insurance. As of 1996, less than half had private coverage, compared with two-thirds of children nationally.<sup>5</sup>

The experiences of New York City's uninsured children underscore the importance of health insurance for children and the critical role of Medicaid and public programs in providing coverage. Children without health insurance, the survey finds, have greater problems getting care when needed and tend to rely more on emergency care rather than regular primary and preventive care. Uninsured children also have more negative care experiences than children with insurance.

Survey analysis further reveals that children living in low-income working families are especially at risk—both for being uninsured and for having difficulties in getting needed care. In addition, families in which either the parent or child, or both, are uninsured face difficulties obtaining health care and struggle to pay medical bills.

Overall, lack of insurance undermines children's health and damages their chances to lead a healthy life. The expansion of publicly subsidized coverage for children of low-income families is particularly timely. Without public subsidies or employer-provided health plans, families with incomes near poverty levels would have to pay a prohibitive 40 percent of their income for family coverage.

While the expansion in coverage should help address current gaps in health insurance for children, current proposals leave parents on their own. With child health clearly linked to family health and economic security, many of New York City's children will remain at risk.

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<sup>5</sup> National data on children's health insurance coverage is from *The Kaiser/Commonwealth 1997 National Survey of Health Insurance*. The New York City and national surveys took place over the same period and included comparable questions regarding children's health insurance coverage.

## SURVEY DESCRIPTION

*The Commonwealth Fund Survey of Health Care in New York City, 1997*, consisted of interviews with 4,013 adults age 18 or older. The sample included 3,750 telephone interviews and 263 in-person interviews with respondents who did not have telephones in their homes. All interviews were conducted by Louis Harris and Associates, Inc., from October 1996 through March 1997.

The survey asked adults a range of questions about their current and recent insurance coverage, use of services, and health care experiences. Of the 4,013 adults interviewed, 1,335 were parents or guardians of children under age 18 who were living at home. These parents were also asked a brief series of questions about their child's health, insurance status, use of physician services in the past year, ease or difficulty in getting care when needed, and quality of care received.<sup>6</sup>

The survey included an oversample of 750 adults drawn from low-income telephone areas throughout the city. In the analysis, responses were weighted to reflect demographic characteristics based on the *March 1996 Current Population Survey* for New York City and the number of adults and children in each family. Weights for children were used when reporting on children's experiences; weights for adults were used when reporting on the experiences of children's parents.

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<sup>6</sup> In families with more than one child, interviewers randomly selected one of the children and asked the parent to report on that child's experiences.

## SURVEY FINDINGS

### **New York City Children's Health Insurance Coverage**

One of six New York City children under age 18, or 17 percent, was uninsured at the time of the survey. At this rate, the city's children are at significantly higher risk of being uninsured than children throughout New York State or the nation. The city's proportion of uninsured children is 40 percent higher than the New York State average (12%) and 20 percent higher than the national average (14%).

New York City's children are notably less likely to be covered by private health insurance and more likely to be insured by public programs than are children across the nation. Less than half (48%) the city's children under age 18 are covered by private health insurance, compared with 67 percent nationally.<sup>7</sup>

Private health insurance rates are particularly low among families living in poverty. Only 13 percent of children in families with incomes at or below the poverty level had private coverage. Even when working, families living on poverty incomes remained without private coverage: only one of five (22%) children in poor, working families was covered by private insurance.

New York State and federal efforts to expand public coverage for children living in low-income families have helped offset the low rates of private health insurance for New York City's children. As a result, New York City children are more likely to be covered by Medicaid or Child Health Plus than are children elsewhere in the country: 29 percent of New York City's children are insured by public health insurance, compared with just 14 percent nationally.<sup>8</sup>

The proportion of uninsured New York City children is highest among those living in families with incomes below poverty or within 250 percent of poverty (about \$33,000 for a family of three). One of four (26%) poor children is uninsured, as are 15 percent of children in families with incomes from 100 to 250 percent of poverty.<sup>9</sup>

Medicaid and other public sources of children's health insurance are particularly important for low-income children. More than half of children living in poverty (51%) and 16 percent of children in families with incomes from 100 to 250 percent of poverty are covered by Medicaid or some other form of public health insurance coverage. Public programs cover 5 percent of children in families with incomes above 250 percent of poverty.

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<sup>7</sup> *The Kaiser/Commonwealth 1997 National Survey of Health Insurance.*

<sup>8</sup> Children covered by either Medicaid, Child Health Plus, or other forms of public insurance for children were grouped together in the analysis of both the city and national surveys.

<sup>9</sup> The analysis classifies children as poor, near-poor, or above 250% of poverty based on family size and income. In 1996, federal poverty standards were roughly \$10,000 for a family of two, \$13,000 for a family of three, and \$16,000 for a family of four.

## **Profile of New York City's Uninsured Children**

Uninsured children in New York City typically live in low-income families. Nine of 10 live in families with incomes at or below 250 percent of poverty, while two-thirds (64%) live in families with poverty incomes or less. Twenty-seven percent of uninsured children live in families with incomes from 101 percent to 250 percent of poverty.

Most uninsured children live in two-parent, working families. Nearly two-thirds (63%) live in families where both parents are present. Nearly three of four (72%) live in households that include at least one adult worker.

Insurance status varies by children's race/ethnicity and age.<sup>10</sup> Hispanic and African American children are the most likely to be uninsured (42% and 35%, respectively). In contrast, only 11 percent of white children are uninsured. In comparison by age, uninsured rates are highest for adolescents: one of five youths age 13 to 17 (21%) is uninsured, compared with 17 percent of six- to 12-year-olds and 14 percent of children under age six.

Contrary to a popular misconception that those without insurance are generally healthy, many of New York City's uninsured children have health problems. Compared with insured children, uninsured children are less likely to be in excellent health (43% vs. 56%) and more likely to be in fair or poor health (14% vs. 10%).

Children's health status varies significantly by type of insurance. Among insured children, those covered by Medicaid or other forms of public health insurance are the most likely to have health problems: 17 percent had a serious illness in the past year and 16 percent were in fair or poor health. In contrast, children covered by private health insurance are the least likely to have health problems: only 5 percent were in fair or poor health.<sup>11</sup>

## **Access to Health Care and Care Experiences: Insurance Matters for Children**

Confirming national studies of uninsured children, uninsured children in New York City are likely to encounter difficulties obtaining needed care and often go without essential preventive and primary care.<sup>12</sup> Across a variety of measures of health care access, the city's

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<sup>10</sup> Children's race/ethnicity is based on their parents' race or ethnicity.

<sup>11</sup> Health status measures are based on parent's rating of their child's health.

<sup>12</sup> Paul W. Newacheck, et al., "Health Insurance and Access to Primary Care for Children," *New England Journal of Medicine* 338(8):513–19, February 19, 1998.

uninsured children are three to four times more likely to go without care during a year or to report difficulties obtaining care.

Uninsured children often went without care throughout the year. Overall, nearly one-third (29%) have not seen a physician in the past year, compared with only 11 percent of insured children. One of five uninsured children (19%) finds it extremely, very, or somewhat difficult getting medical care—a rate more than twice that reported for insured children (7%).<sup>13</sup>

During a child’s developmental years, having a particular physician or other health professional as a regular source of care is instrumental in receiving timely and appropriate care. Nevertheless, two of five (40%) uninsured children lack a regular health care provider. Insurance significantly improves the likelihood that children will have a regular source of care. Among New York City’s insured children, only 10 percent do not have a regular source of care.

Uninsured children often do not receive preventive care as well. Twenty-nine percent of New York City’s children did not have a routine check-up or immunization in the past year. Among insured children, those covered by Medicaid are the most likely to receive preventive care: only 7 percent did not have a check-up or immunization in the past year. Among children with private insurance, 19 percent did not receive such care in the past year.

New York City children without insurance are also less likely to obtain health services from places organized to deliver ongoing primary and preventive care. They are two-and-one-half times more likely than insured children to rely instead on hospitals and emergency rooms as their “regular” site for care. Barely one-third (35%) get their care on an ongoing basis in a physician’s office, compared with more than half of insured children (51%). One of four uninsured children visits the emergency room (12%) or hospital outpatient department (12%) regularly for his or her health care. Uninsured children are also more likely than insured children to use school health clinics where they are available (5% of uninsured children vs. 1% of insured children).

Parents’ ratings of their children’s doctors tend to be more negative for uninsured children than children with insurance. Although ratings of children’s doctors in the survey are generally positive, only 37 percent of uninsured children have physicians whom their parents rated “excellent,” compared with more than half (55%) of insured children. Twelve percent of uninsured children, as opposed to only 8 percent of insured children, have doctors rated “fair” or “poor.”

Having children without health insurance strains a family’s ability to pay medical bills. Nearly one-third of families with uninsured children reported problems paying their

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<sup>13</sup> Based on parents’ reports.



bills in the past year—more than 50 percent higher than the rate for families with insured children (19%).

Lack of health insurance tends to be a family affair: 70 percent of uninsured parents have an uninsured child. Among insured parents, most typically have the same insurance as their children. However, coverage has begun to diverge among New York City families: 12 percent of insured parents say their child is covered by a different insurer, while 10 percent of insured parents have an uninsured child.

### **Income and Children’s Health Status**

For New York City’s children, health problems and poverty tend to coincide. Based on parents’ reports of their children’s health status, children living in poor families are more likely to be in fair or poor health or to have had a serious illness or chronic health condition than are children living families with incomes well above poverty. One of four children living in poor families is in fair or poor health or has a serious illness or chronic health condition. On the other hand, only 13 percent of children in families with incomes above 250 percent of poverty have health problems.

Children in families receiving some type of public assistance—another measure of low income—are also more likely to have health problems than children not receiving assistance. Nearly one of three children (30%) in families receiving public assistance has health problems. This is true for only 13 percent of children not on public assistance.

### **Low-Wage, Working Families Face Coverage and Access Problems**

For New York City’s low-wage, working families, having a job provides little guarantee of health security.<sup>14</sup> The risk of being uninsured was high among children and parents in working families with incomes at or below poverty. Thirty-three percent of children living in poor, working families are uninsured. Rates are even higher among parents: 43 percent of parents in poor, working families with children are uninsured.

For both children and parents in near-poor, working families, the risk of being uninsured is also high. Thirteen percent of children and 23 percent of parents in families with incomes from poverty to 250 percent of poverty lack health insurance.

Children living in low-wage, working families are at risk for having difficulty getting needed health care—a reflection of gaps in insurance coverage. The lower a family’s income, the greater the risk that the child would have access problems. One of five children living in poor, working families in New York City has not seen a doctor in the past year, compared with 11 percent of children in families with incomes above 250 percent of poverty. More than

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<sup>14</sup> Working families include those in which either the adult interviewed or another adult was working when surveyed.

one of four children in poor, working families and one of eight in near-poor, working families do not have a regular doctor. In contrast, only 6 percent of children in families with incomes above 250 percent of poverty do not have a regular doctor.

Low-wage families are also more likely to rate the quality of their family's health care negatively. More than a third of parents in poor, working families and 26 percent of those in near-poor, working families rate the care they receive as "fair" or "poor," compared with 14 percent of parents in non-poor, working families.

Having insurance significantly reduces health care access problems for children in working families—narrowing, but not eliminating, the gaps across income groups. Of insured children, 13 percent who are poor and 14 percent who are near-poor have not seen a doctor in the past year, compared with 10 percent of insured children in working families with incomes above 250 percent of poverty.

New York City's low-wage, working families with children often have difficulty paying medical bills. Overall, one of four parents in families with incomes within 250 percent of poverty reported problems paying medical bills in the past year.

Lack of health insurance increases the risk that working families with children will have problems paying medical bills. Even with health insurance, however, many of these families—one of five who are poor (21%) and one of four who are near-poor (27%)—still experienced problems paying medical bills in the past year.

The high rates of families with problems paying bills, even when insured, indicate that their health insurance may be inadequate to cover family medical care needs. Either as a result of uncovered health care services, gaps in coverage during the year, or deductibles and copayments, these poor and near-poor, working families in New York City are often left struggling to pay medical bills.

## SUMMARY AND DISCUSSION

### **Access to Health Care at Risk for Uninsured Children**

*The Commonwealth Fund Survey of Health Care in New York City, 1997*, documents the importance of health insurance for children in opening the doors to health care. Yet despite living in a city rich in health care resources, New York City's uninsured children often go without care and do not receive preventive or primary care. When uninsured children do receive care, their experiences tend to be more negative than those of children with insurance.

When one of six children is uninsured, a robust economy with low unemployment has failed notably for low-wage, working families. Tight labor markets have also failed to reverse an ongoing erosion of private health insurance for children living in the city. Today, employer-based health insurance and other forms of private insurance cover less than half of all children. The erosion is most severe among low-wage workers: barely one of five children in working families living on poverty wages has private coverage.

Erosion of employment-based insurance appears to be part of a long-term trend. As service industry employers, small companies, and other sectors that have not traditionally provided health benefits expand to employ a greater proportion of New York City workers, the proportion of working families with private coverage declines. Countering this trend are Medicaid, Child Health Plus, and other public health insurance programs for children, which have been playing a critical role in closing insurance gaps among New York City's low-income families. Without Medicaid, for example, three of four poor children might otherwise be uninsured, as might 31 percent of near-poor children.

Unfortunately, with incomes too high to qualify them for Medicaid yet too low to enable them to afford private coverage on their own, many low-wage parents and their children are likely to be uninsured in the absence of employer-subsidized health benefits. Welfare-to-work programs may exacerbate the problem by pushing parents off Medicaid rolls and into the ranks of the uninsured.

Historically, New York City's extensive system of public hospitals and clinics, as well as some nonprofit health providers, have served as a safety net for access to care. Today, however, the survey indicates that this safety net is not sufficient to offset lack of health insurance. With the advent of managed care and increased competition in current health care markets, hospitals and other public and private providers of medical care to the uninsured face shrinking revenues and the potential loss of insured patients—all at a time when the ranks of uninsured patients continue to grow.

### **A Necessity for Subsidies**

New York City is an expensive market for buying health insurance. Recent surveys of employers in the city indicate that premiums averaged \$2,670 for single-person coverage and \$6,485 for family coverage during 1996.<sup>15</sup> At these rates, insurance is likely to be unaffordable for families with incomes at or below federal poverty levels. Left on their own, such families would have to spend 41 percent of their income to obtain family insurance coverage and 20 percent to cover just one person. Families with incomes at 200 percent of poverty would need to spend 20 percent for family coverage and 8 percent for single-person coverage.

Poverty or near-poverty incomes, by definition, leave families with children hard-pressed to make ends meet. Subsidies must be substantial to make coverage affordable for them. Even if employers paid half the family premium, a family living near the poverty level would still be left spending 20 percent of its income on monthly premium payments.

### **Taking the Next Steps to Improving Children's Health**

The recently enacted federal State Children's Health Insurance Program (CHIP) and New York State's expanded Child Health Plus program offer the opportunity for marked improvements in health insurance coverage for New York City's low-income children. With new funds available, the challenge now is to use them effectively and creatively to reach children at risk.

Outreach programs as well as premium subsidies are the first steps. Recent studies find that as many as 5.1 million of the 11 million children under age 19 who are uninsured nationwide may already be eligible for Medicaid.<sup>16</sup> Finding and enrolling eligible children will require initiatives to inform families of available benefits and efforts to make it easy for families to enroll their children and stay insured.

Leaders of children's insurance initiatives should also consider how best to bring children into health care settings that emphasize primary and preventive care, as well as developmental assessments. Child health studies have demonstrated the importance of having a regular source of primary care that not only treats children's acute care problems but tends to their developmental needs as well. Focusing on developmental issues as well as identifying potential medical problems early on can directly influence children's health and future quality of life.

The survey makes clear that child health is linked to parental and family health, and that being uninsured tends to be a shared family experience. To the extent that lack of insurance undermines parents' health or threatens families' financial security, parents will be

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<sup>15</sup> Jon Gabel, Kelly Hunt, and Jean Kim, *The Financial Burden of Self-Paid Health Insurance for the Poor and Near-Poor*, The Commonwealth Fund, April 1998.

<sup>16</sup> Kenneth Thorpe and Curtis Florence, *Covering Uninsured Children and Their Parents: Estimated Costs and Number of Newly Insured*, The Commonwealth Fund, May 1998.

less able to care for their children's health and developmental needs or to work to improve their families' living standards. Current plans to expand children's health insurance coverage, however, leave their parents and guardians on their own.

New resources are available to improve children's access to health care. The challenge is to use them well. Strategies must include family outreach programs and emphasize coverage of essential child developmental services. They must also ensure that insurance coverage remains stable to avoid disruptions in care and preserve links to doctors. Finally, new efforts must be made to cover parents as well as children: insuring family breadwinners and caregivers is essential to their children's long-term well-being.

**APPENDIX A: SURVEY CHARTS**

## Children Living in New York City Are at Greater Risk for Being Uninsured

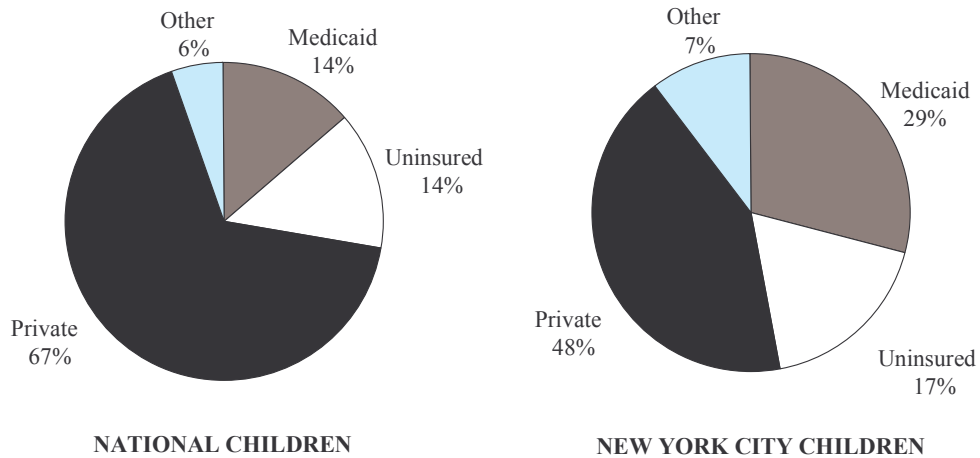
Percent of uninsured children, 1996



\*Based on the *March 1996 Current Population Survey*.

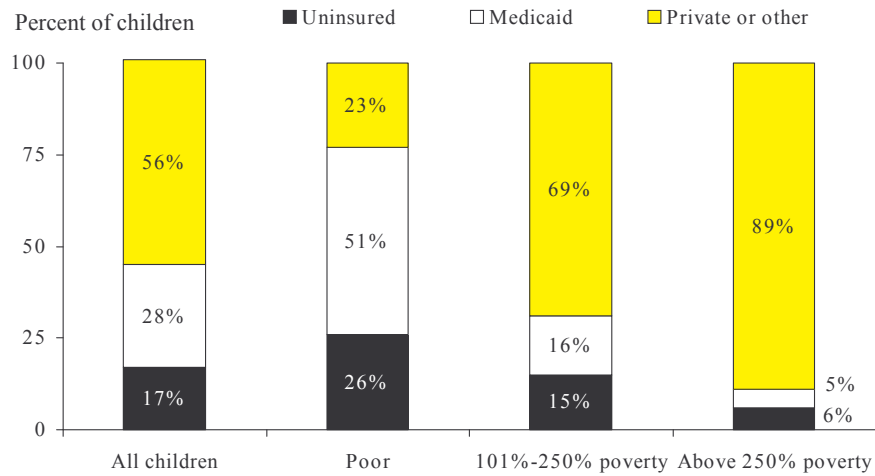
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## New York City Children Are More Likely to Be Uninsured, on Medicaid, and Less Likely to Have Private Coverage



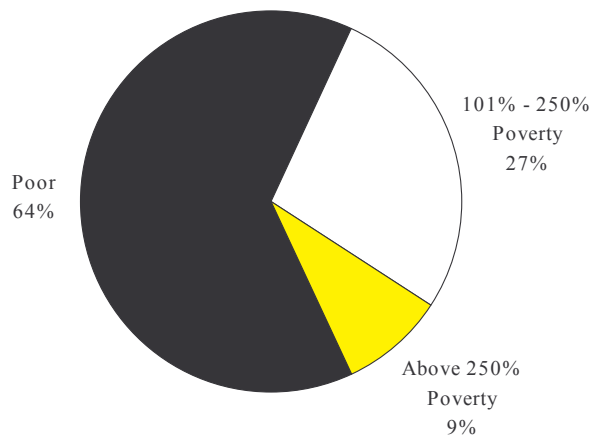
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## Medicaid Is a Critical Source of Insurance for Low-Income Children



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

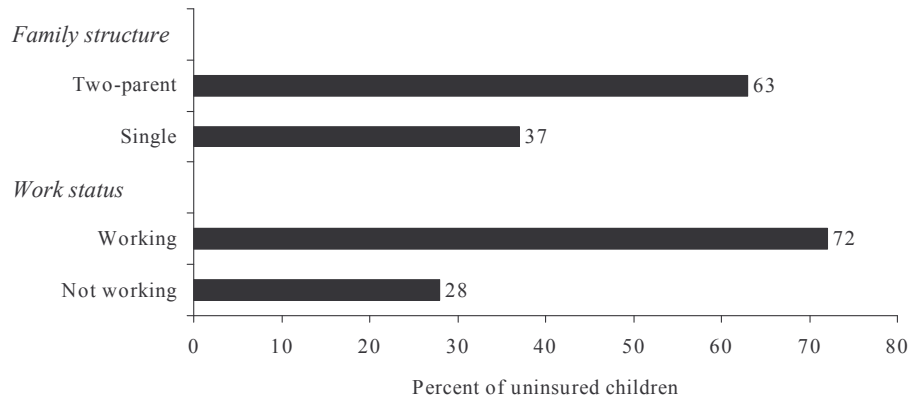
## Nine of Ten New York City Uninsured Children Are Poor or Near-Poor



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

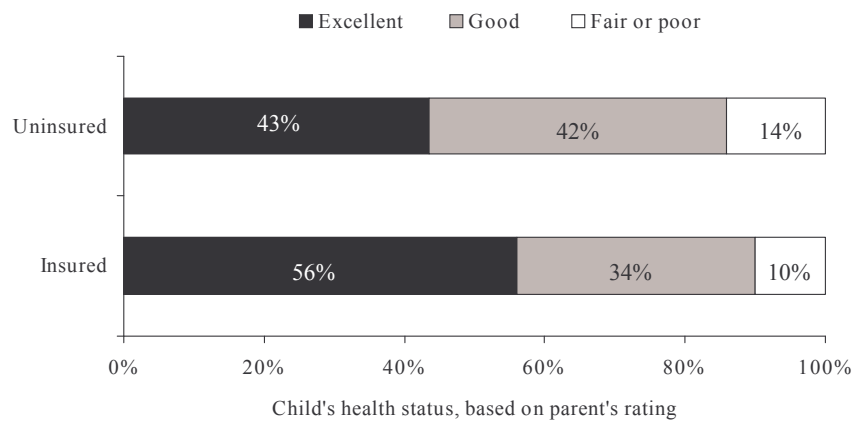


## Most Uninsured New York City Children Live in Working, Two-Parent Families



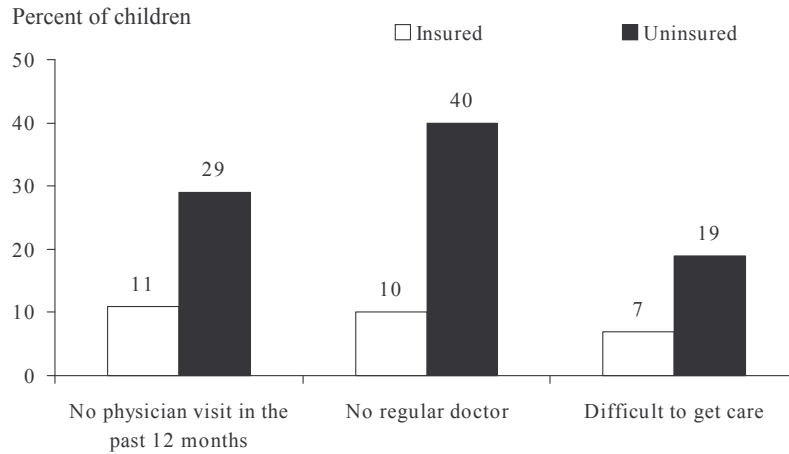
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## New York City's Uninsured Children Are Less Likely Than Insured Children to Be in Excellent Health



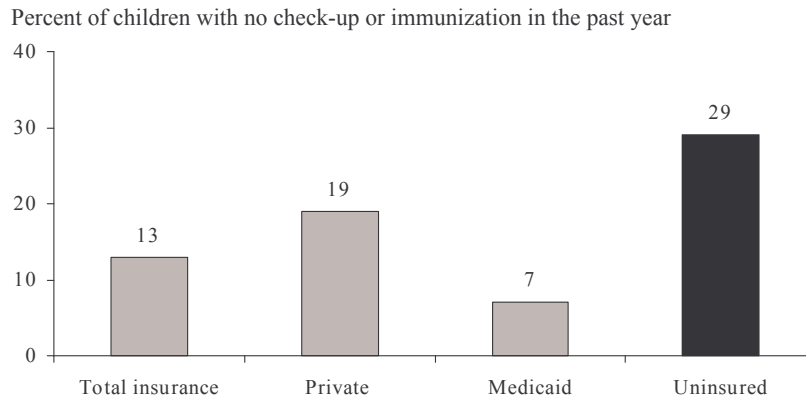
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## Uninsured Children Are at Three Times the Risk of Access Barriers



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

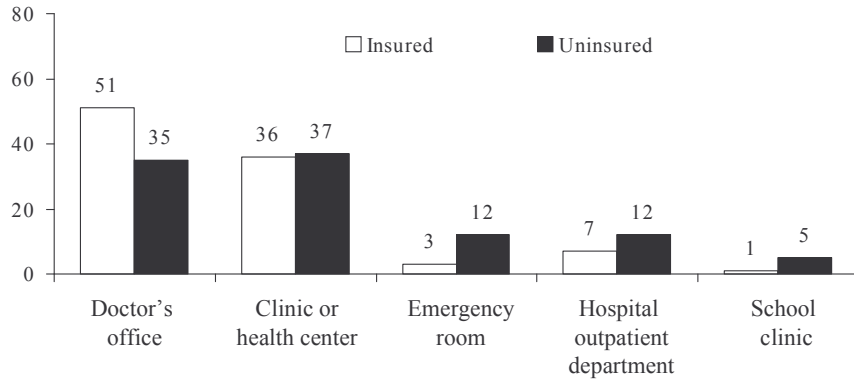
## Uninsured Children Are Less Likely to Receive Preventive Care



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

## Uninsured Children Rely on Hospitals and Emergency Rooms

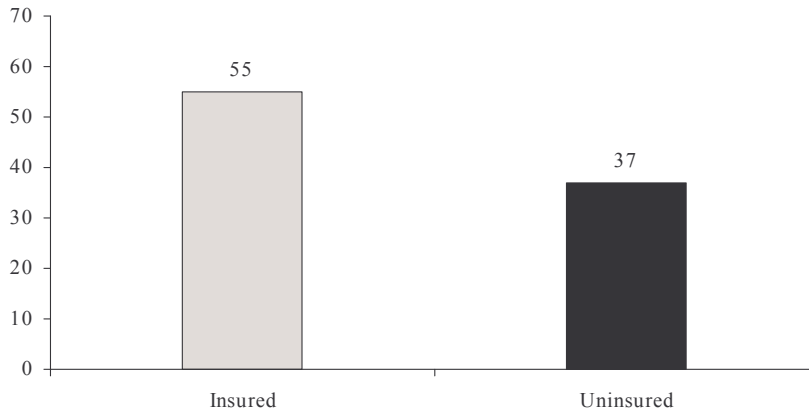
Usual place of care, by percent of children



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

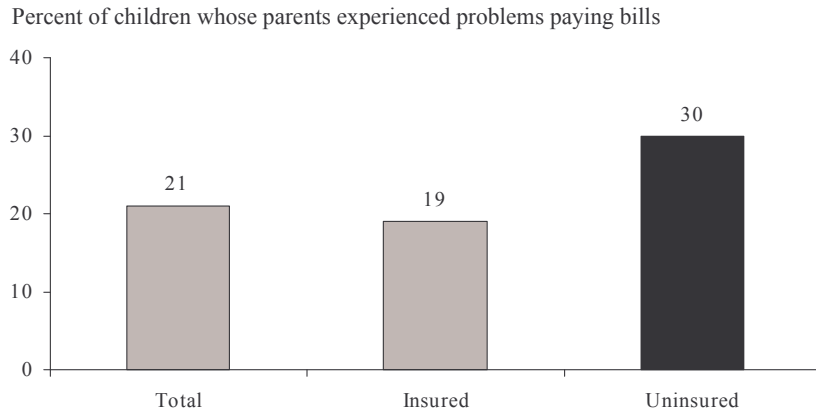
## Parents with Uninsured Children Are Less Satisfied with Their Child's Doctor

Percent of parents rating child's doctor as "excellent"



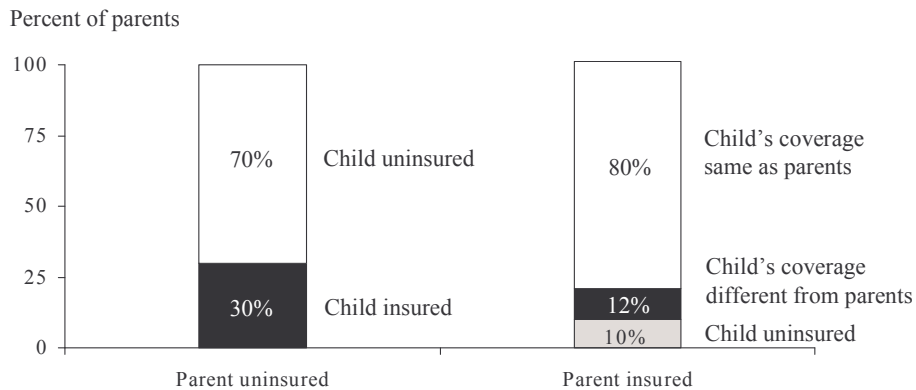
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## Families with Uninsured Children Have Problems Paying Medical Bills



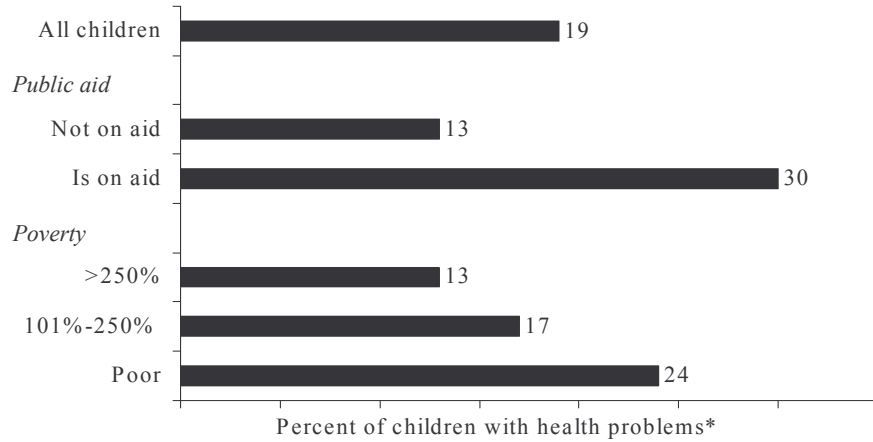
*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

## Uninsured Parents Are More Likely to Have Uninsured Children, and Children's and Parent's Coverage Sometimes Differ



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

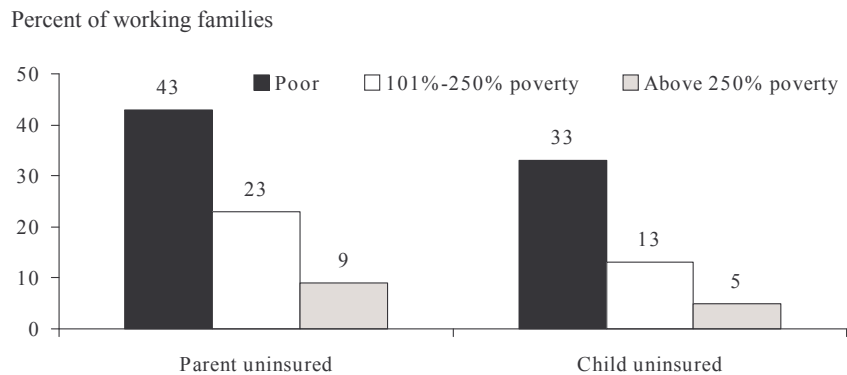
## Low-Income Children Are More Likely to Have Health Problems



\*Child is in fair or poor health or has had a serious illness or chronic condition needing care in the past year.

*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

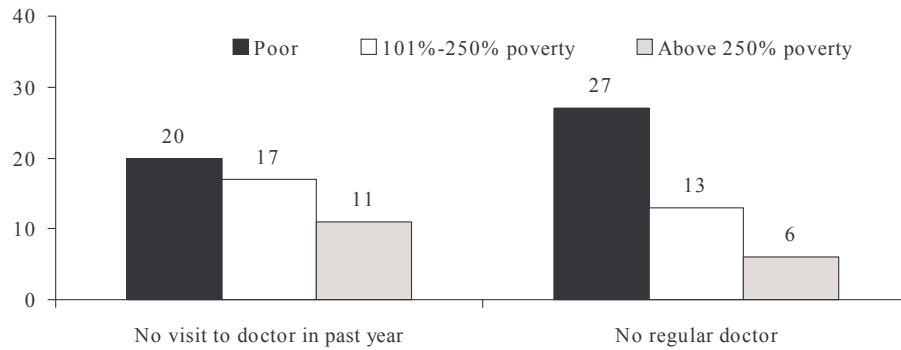
## Children and Parents in New York City Low-Wage, Working Families Are at High Risk of Being Uninsured



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## Children in Low-Wage, Working Families Are Less Likely to Receive Regular Care

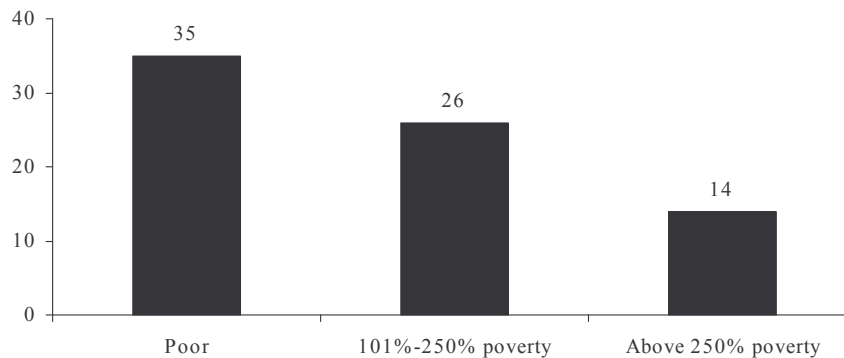
Percent of children with access problem



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## One-Third of New York City Parents in Low-Wage, Working Families with Children Give Negative Ratings to Health Care Received by Family

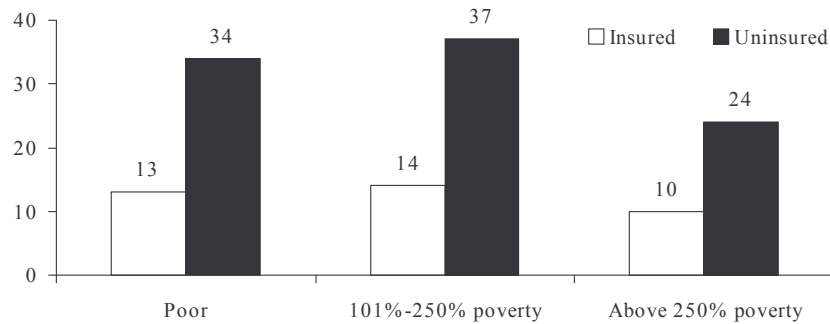
Percent of parents rating health care received by family as fair or poor



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
Louis Harris and Associates, Inc.

## Insurance Improves Access to Health Care Among Children in Low-Wage, Working Families

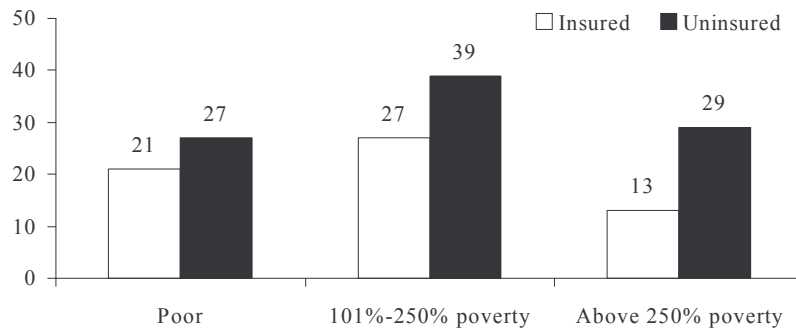
Percent of children in working families with no medical visit in the past year



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

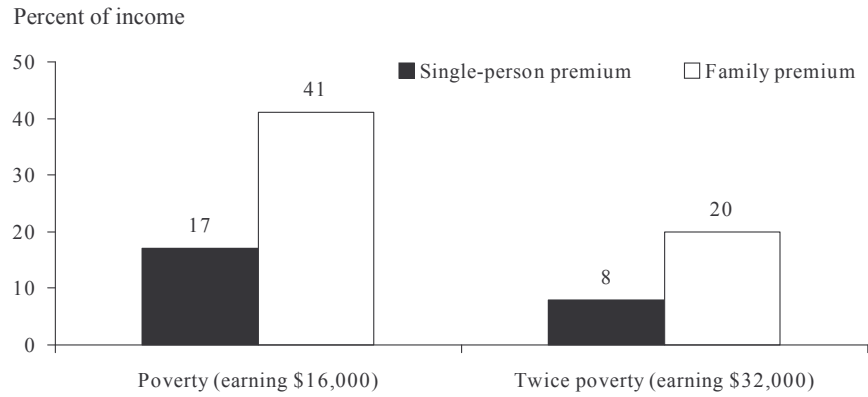
## Lack of Insurance and Inadequate Insurance Leaves Many Low-Wage Families with Problems Paying Bills

Percent of children whose parents had a problem paying medical bills



*The Commonwealth Fund Survey of Health Care in New York City, 1997*  
 Louis Harris and Associates, Inc.

## Cost of Insurance in New York City for a Four-Person Family with Incomes at Poverty and Twice the Federal Poverty Standard\*



\*Jon Gabel, et al., *The Financial Burden of Self-Paid Health Insurance on the Poor and Near-Poor*, April 1998. New York City Premiums: Single-person average \$2,670, Family \$6,485.

*The Commonwealth Fund Survey of Health Care in New York City, 1997*

Louis Harris and Associates, Inc.



## **APPENDIX B: SURVEY TABLES**

**Table 1**  
**New York City Children: Insurance Status and Demographics**

	All Children	Child's Insurance Status*			
		Uninsured	Insured Total	Private Medicaid	
N (unweighted)	1,335 (100%)	220 (100%)	1,115 (100%)	641 (100%)	381 (100%)
<b>Child's health status</b>					
<i>Parent's rating of child's health</i>					
Excellent	54	43	56	61	49
Good	36	42	34	33	35
Fair or poor	11	14	10	5	16
Child had a serious illness in the past year	14	11	14	13	17
<b>Family Characteristics</b>					
<i>Income relative to poverty</i>					
Up to 100% of poverty	42	64	38	11	77
101% – 250% of poverty	30	27	31	39	18
Above 250% of poverty	28	9	31	49	5
<i>Family work status</i>					
Working	74	72	75	97	40
Not working	26	28	25	3	60
<i>Family composition</i>					
Single adult	40	37	41	23	70
Two adults	60	63	59	77	30
<i>Parent's ethnicity</i>					
White	25	11	28	40	11
Black/African American	30	35	29	27	32
Hispanic	37	42	36	24	51
Other minority	8	12	8	10	7
<i>Parent's education</i>					
Less than high school	21	31	19	6	38
High school graduate	31	31	31	26	37
Some college	23	22	23	27	17
College graduate	25	16	26	40	7

\* Responses weighted for number of children in family, child's age, and demographics.

Source: *The Commonwealth Fund Survey of Health Care in New York City, 1997.*

**Table 2**  
**New York City Children: Insurance and Access**

	<b>Child's Insurance Status</b>		
	<b>Total</b>	<b>Insured</b>	<b>Uninsured</b>
N (unweighted)	1,335	1,115	220
		<b>Percent of children*</b>	
No regular doctor	15	10	40
No preventive care in the past 12 months	15	13	29
No doctor visit in the past 12 months	14	11	29
Difficult for child to get care when needed	9	7	19
<i>Parent's rating of child's doctor</i>			
Excellent	52	55	37
Good	39	36	51
Fair or poor	8	8	12
Child's parent had problems paying medical bills in past year	21	19	30

\* Responses weighted for number of children in family, child's age, and demographics.

Source: *The Commonwealth Fund Survey of Health Care in New York City, 1997.*

**Table 3**  
**New York City Families with Children: Income, Insurance, and Access to Health Care**

	Families with Children: Income Relative to Poverty					
	All Families			Working Families*		
	100% or less	101%-250%	More than 250%	100% or less	101%-250%	More than 250%
N (unweighted)	469	373	383	252	341	369
	<b>Percent of children**</b>					
<b>Child's insurance</b>						
<i>Child's insurance</i>						
Medicaid	51	16	5	32	13	4
Private	13	63	87	22	68	89
Other	10	6	2	12	6	2
Uninsured	26	15	6	33	13	5
<b>Parent's current insurance status</b>						
<i>Parent's insurance</i>						
Medicaid	52	18	5	31	13	5
Private	13	54	81	23	59	84
Other	3	4	3	2	4	3
Uninsured	32	23	11	43	23	9

\* Working families include those in which either the parent interviewed was working when surveyed or, if married or a couple, the other adult in the family was working.

\*\* Responses for children weighted for number of children in family, child's age, and demographics. Parents' responses weighted for number of adults in family, adult's age, and demographics.

Source: *The Commonwealth Fund Survey of Health Care in New York City, 1997.*

**Table 4**  
**New York City Families with Children: Income, Work Status, and Access to Health Care**

	<b>Families with Children: Income Relative to Poverty</b>					
	<b>All Families</b>			<b>Working Families*</b>		
	100% or less	101%-250%	More than 250%	100% or less	101%-250%	More than 250%
N (unweighted)	469	373	383	252	341	369
<b>Child's Access to Health Care</b>	<b>Percent of children**</b>					
No regular doctor	21	13	6	27	13	6
No doctor visit in the past 12 months	16	16	10	20	17	11
Difficult to get care***	11	8	5	14	7	5
<i>Rating of child's doctor (by child's parent)</i>						
Excellent	47	49	63	48	50	63
Good	43	41	28	43	41	29
Fair or poor	9	9	7	8	8	7
<i>Child's parent had problem paying medical bills in past year</i>						
Yes, had a problem	20	29	15	23	28	14
<b>Adults with Children: Parent's Access and Medical Bill Problems and Care Ratings</b>						
	<b>Percent of parents (adults with children)</b>					
No regular doctor	46	32	18	47	32	18
No doctor visit	17	15	9	22	17	9
Difficult to get care***	27	25	14	33	23	13
<i>Parent's rating of health care received by themselves and their family in the past year</i>						
Excellent or good	68	68	84	64	69	85
Fair or poor	31	28	14	35	26	14
<i>Parent had a problem paying medical bills in past year</i>						
Yes, had a problem	22	27	16	25	28	15

\* Working families include those in which either the parent interviewed was working when surveyed or another adult in the family was working.

\*\* Responses weighted for number of children in family, child's age, and demographics. Parents' responses weighted for number of adults in family, adult's age, and demographics.

\*\*\* Parent rated getting care for child or self as "extremely," "very," or "somewhat" difficult.

Source: *The Commonwealth Fund Survey of Health Care in New York City, 1997.*