

HUSKY A

What does this indicator measure?

HUSKY A presents the number and percent of all children under age 19 who are enrolled in the Medicaid portion of Connecticut's State Children's Health Insurance Program (SCHIP) as of January 2004.¹

HUSKY A provides comprehensive health services, including preventive care, doctor visits, prescriptions, emergency care, hospital services, mental health and substance abuse treatment, and dental and eye care to low-income children.

Why is this indicator important?

When health problems go untreated in young children, a host of negative, long-term outcomes can result. From healthy nutrition and frequent prenatal care to regular well-child visits at important developmental points-in-time and dental care, expectant mothers and young children require specific interventions that are known to produce positive outcomes. But preventive health care does have a price tag, and the price can be prohibitive if insurance is not available.

HUSKY A and Family Economic Security

Many people have lost, or never had, employer-sponsored health benefits. Low-income families, who have higher rates of chronic illness and disability than upper-income families, are less likely to have adequate health care benefits.² Without health insurance, a medical emergency or chronic condition needing ongoing treatment can threaten the household's financial security. Nearly half of all personal bankruptcies are due in part to medical expenses.³

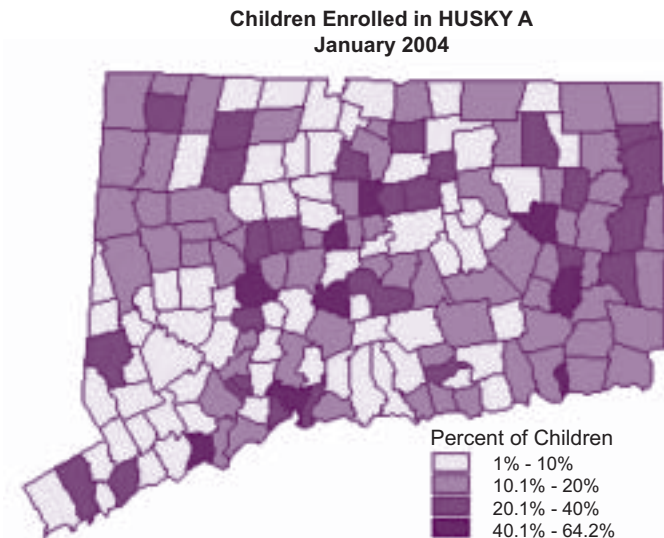
Uninsured children are nearly four times as likely to have an unmet health care need than insured children, and those who are uninsured over the long term receive less than half the number of doctor visits of insured children.⁴ Similarly, uninsured children and parents are forced to seek urgent medical care when necessary – a very costly alternative to low-cost preventive care and a further drain on already over-extended hospital emergency departments and public clinics.

Although *HUSKY* provides invaluable health services, recent state fiscal pressures have made it a repeated target for programmatic changes such as the imposition of premiums and co-pays, the raising of eligibility criteria, and the discontinuation of vital Medicaid services, such as Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT).⁵ While these changes may save the state money in the short-term, they will cost the state more over time as families seek treatment in hospital emergency departments, rather than less expensive preventive care in doctors' offices. Most low-income families have no resources to spend on health care, and if required to do so, would likely not enroll or drop off the program.⁶

How are Connecticut children faring?

From 1997 to 2001, the average percent of children without health insurance in Connecticut declined from 11.8% to 7.9%.⁷ The success of the *HUSKY* program is likely responsible for much of this reduction. In Connecticut, in 2004, almost one-quarter of children (23.3%) under age 19 were enrolled in *HUSKY A* and were therefore provided access to essential preventive health care.

HUSKY A participation in 2004 was highest in Connecticut's poorest cities, with more than half of all children living in Bridgeport, Hartford, New Haven,



Waterbury, Windham, and New Britain enrolled in the program. Between one-quarter and one-third of children in towns in northeastern and western Connecticut, and the Naugatuck Valley also participated in HUSKY A.

What can be done: Protecting HUSKY from state budget cuts

It is a fiscally wise investment to provide low-income people with access to affordable preventive and comprehensive health care. HUSKY A and B cost less per person than commercial plans. While HUSKY A children and adults comprise about three-quarters of Medicaid enrollees in the state, they account for only 14% of the total Medicaid costs.⁸

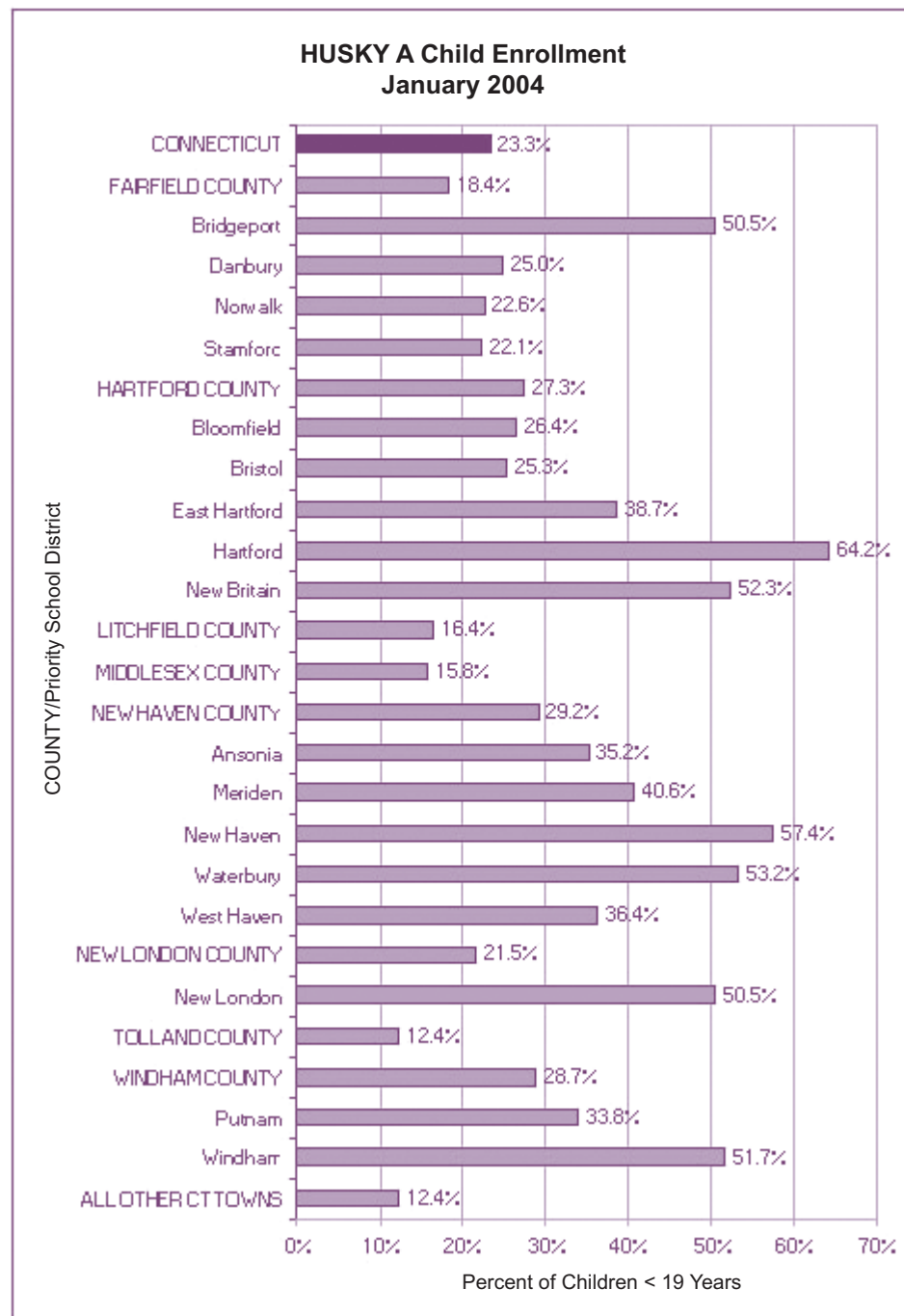
Several actions would improve the health and well-being of children and families in Connecticut:

- ▶ Drop the administrative requirement of a face-to-face application interview;
- ▶ Permit mail-in applications for the self-verification of income;
- ▶ Streamline the process for eligibility re-determination;⁹
- ▶ Provide adequate funding for HUSKY outreach;
- ▶ Establish uniform eligibility cutoffs for HUSKY A children and their parents; and
- ▶ Eliminate reductions in eligibility criteria and services.

Where can I get more information?

More information can be found using the following sources:

- ▶ Center on Budget and Policy Priorities at: www.cbpp.org
- ▶ Children’s Health Council at: www.childrenshealthcouncil.org
- ▶ Connecticut Department of Social Services at: www.huskyhealth.com
- ▶ Connecticut Health Policy Project at: www.cthealthpolicy.org
- ▶ Connecticut Voices for Children at: www.ctkidslink.org
- ▶ 2-1-1 Infoline - United Way of Connecticut at: www.infoline.org
- ▶ Kaiser Family Foundation at: www.kff.org
- ▶ Urban Institute at: www.urban.org



Endnotes

¹ The Balanced Budget Act of 1997 created a new children's health insurance program, called the State Children's Health Insurance Program (SCHIP). This program gave states permission to offer health insurance for children, under age 19, who are not already insured. SCHIP is a state-administered program, and each state sets its own guidelines regarding eligibility and services.

Connecticut's SCHIP is called HUSKY (Healthcare for Uninsured Kids and Youth) and includes both Medicaid coverage for children and an insurance program. The Medicaid portion of the HUSKY plan is referred to as part A. Medicaid is a program that pays for medical assistance for individuals and families with low income and resources that meet specific eligibility criteria. This program became law in 1965 and is jointly funded by the federal and state governments. Medicaid is the largest source of funding for medical and health-related services for people with limited income. The insurance program is referred to as part B.

Family size and income determine eligibility. Current income guidelines provide HUSKY A coverage to a family of three whose household income is less than \$28,232, after certain expenses are calculated. A household with income above this threshold may be eligible for HUSKY B, for which families are required to pay a monthly premium for coverage. HUSKY A-eligible children with special health care needs can receive services through a separate Title V program, called Children with Special Health Care Needs. HUSKY Plus is supplemental benefits for Children with Special Health Care Needs who are enrolled in HUSKY B.

² Heymann, J. (2000). *The Widening Gap: Why America's Working Families Are in Jeopardy – and What Can Be Done About It*. New York, NY: Basic Books. (pp. 114-118).

³ Center for Studying Health System Change. (2003). *Patient Cost Sharing: How Much Is Too Much?* Issue Brief No. 72. December 2003; USA Today. (April 25, 2000). *Medical Bills Play Big Role in Bankruptcies*.

⁴ Families USA. (2002). *Children Losing Health Coverage*. Special Report. Washington, DC.

⁵ Early and Periodic, Screening, Diagnostic, and Treatment program (EPSDT), defined in law in 1989 (OBRA 89), is Medicaid's comprehensive and preventive child health program for children under the age of 21. It includes periodic screening, vision, dental, and hearing services and requires that any medically necessary health problems identified be treated.

⁶ Kaiser Commission on Medicaid and the Uninsured. (2003). *Health Insurance Premiums and Cost-Sharing*:

HUSKY A - January 2004

Location	Pop <19	# Children Enrollees	% Children on HUSKY A	Location	Pop <19	# Children Enrollees	% Children on HUSKY A
Fairfield County							
Bethel	239,465	44,139	18.4%	Norwalk	19,364	4,380	22.6%
Bridgeport	5,237	480	9.2%	Redding	2,537	69	2.7%
Brookfield	41,996	21,202	50.5%	Ridgefield	7,572	154	2.0%
Danbury	4,509	235	5.2%	Shelton	9,528	1,043	10.9%
Darien	17,670	4,419	25.0%	Sherman	1,091	85	7.8%
Easton	6,615	83	1.3%	Stamford	27,598	6,100	22.1%
Fairfield	2,194	57	2.6%	Stratford	12,020	2,366	19.7%
Greenwich	14,858	742	5.0%	Trumbull	9,344	519	5.6%
Monroe	16,208	776	4.8%	Weston	3,480	36	1.0%
New Canaan	5,878	312	5.3%	Westport	7,480	187	2.5%
New Fairfield	6,326	91	1.4%	Wilton	5,772	75	1.3%
Newtown	4,394	321	7.3%				
	7,793	407	5.2%				
Hartford County							
Avon	224,532	61,196	27.3%	Manchester	13,128	3,690	28.1%
Berlin	4,422	146	3.3%	Marlborough	1,693	109	6.4%
Bloomfield	4,908	380	7.7%	New Britain	18,460	9,649	52.3%
Bristol	4,447	1,173	26.4%	Newington	6,394	788	12.3%
Burlington	14,631	3,697	25.3%	Plainville	3,896	663	17.0%
Canton	2,547	155	6.1%	Rocky Hill	3,715	285	7.7%
East Granby	2,378	156	6.6%	Simsbury	7,151	260	3.6%
East Hartford	1,338	116	8.7%	Southington	10,199	1,095	10.7%
East Windsor	12,485	4,828	38.7%	South Windsor	7,056	418	5.9%
Enfield	2,338	582	24.9%	Suffield	3,259	225	6.9%
Farmington	10,744	1,874	17.4%	West Hartford	14,701	1,768	12.0%
Farmington	6,128	400	6.5%	Wethersfield	5,536	629	11.4%
Glastonbury	9,029	497	5.5%	Windsor	7,353	1,350	17.9%
Granby	3,025	171	5.7%	Windsor Locks	3,040	523	17.2%
Hartford	39,763	25,514	64.2%				
Hartland	587	55	9.4%				
Litchfield County							
Barkhamsted	47,857	7,860	16.4%	Norfolk	413	68	16.5%
Bethlehem	936	121	12.9%	North Canaan	831	163	19.6%
Bridgewater	932	111	11.9%	Plymouth	3,223	676	21.0%
Canaan	433	28	6.5%	Roxbury	535	33	6.2%
Colebrook	270	83	30.7%	Salisbury	940	136	14.5%
Cornwall	388	13	3.3%	Sharon	665	88	13.2%
Goshen	364	64	17.6%	Thomaston	2,053	294	14.3%
Harwinton	685	67	9.8%	Torrington	8,567	2,374	27.7%
Kent	1,429	101	7.1%	Warren	308	31	10.1%
Litchfield	691	88	12.7%	Washington	941	129	13.7%
Morris	2,210	320	14.5%	Watertown	5,730	664	11.6%
New Hartford	607	77	12.7%	Winchester	2,645	916	34.6%
New Milford	1,782	137	7.7%	Woodbury	2,357	219	9.3%
	7,921	859	10.8%				
Middlesex Co.							
Chester	38,817	6,132	15.8%	East Hampton	2,871	325	11.3%
Clinton	884	99	11.2%	Essex	1,514	140	9.2%
Cromwell	3,504	442	12.6%	Haddam	1,888	167	8.8%
Deep River	3,005	384	12.8%	Killingworth	1,764	98	5.6%
Durham	1,196	286	23.9%	Middlefield	1,099	66	6.0%
East Haddam	2,091	157	7.5%	Middletown	10,479	2,897	27.6%
	2,278	262	11.5%				

HUSKY A - January 2004							
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Middlesex Co. contd.							
Old Saybrook	2,374	294	12.4%	Westbrook	1,464	221	15.1%
Portland	2,407	294	12.2%				
New Haven Co.							
	215,606	62,985	29.2%				
Ansonia	4,728	1,664	35.2%	New Haven	34,248	19,669	57.4%
Beacon Falls	1,421	154	10.8%	North Branford	3,763	343	9.1%
Bethany	1,481	83	5.6%	North Haven	5,534	505	9.1%
Branford	6,248	838	13.4%	Orange	3,424	158	4.6%
Cheshire	7,883	331	4.2%	Oxford	2,970	265	8.9%
Derby	2,818	860	30.5%	Prospect	2,371	230	9.7%
East Haven	6,643	1,474	22.2%	Seymour	3,931	601	15.3%
Guilford	5,804	337	5.8%	Southbury	4,447	236	5.3%
Hamden	13,120	2,508	19.1%	Wallingford	10,940	1,251	11.4%
Madison	5,438	195	3.6%	Waterbury	29,946	15,929	53.2%
Meriden	15,743	6,389	40.6%	West Haven	12,818	4,662	36.4%
Middlebury	1,690	92	5.4%	Wolcott	4,263	519	12.2%
Milford	12,487	1,665	13.3%	Woodbridge	2,634	88	3.3%
Naugatuck	8,814	1,939	22.0%				
New London Co.							
	67,327	14,460	21.5%				
Bozrah	592	76	12.8%	New London	6,655	3,359	50.5%
Colchester	4,617	590	12.8%	North Stonington	1,347	223	16.6%
East Lyme	4,114	451	11.0%	Norwich	9,069	3,647	40.2%
Franklin	474	52	11.0%	Old Lyme	1,851	134	7.2%
Griswold	2,934	689	23.5%	Preston	1,118	169	15.1%
Groton	10,520	1,634	15.5%	Salem	1,216	102	8.4%
Lebanon	2,066	244	11.8%	Sprague	811	192	23.7%
Ledyard	4,376	507	11.6%	Stonington	4,088	796	19.5%
Lisbon	1,135	150	13.2%	Voluntown	712	91	12.8%
Lyme	432	27	6.2%	Waterford	4,344	629	14.5%
Montville	4,857	698	14.4%				
Tolland County							
	35,605	4,425	12.4%				
Andover	872	85	9.7%	Somers	2,336	166	7.1%
Bolton	1,395	99	7.1%	Stafford	3,099	546	17.6%
Columbia	1,409	124	8.8%	Tolland	4,130	219	5.3%
Coventry	3,337	417	12.5%	Union	158	15	9.5%
Ellington	3,570	275	7.7%	Vernon	6,644	1,692	25.5%
Hebron	2,772	193	7.0%	Willington	1,338	153	11.4%
Mansfield	4,544	441	9.7%				
Windham County							
	29,670	8,508	28.7%				
Ashford	1,129	249	22.0%	Pomfret	1,095	137	12.5%
Brooklyn	1,812	237	13.1%	Putnam	2,238	757	33.8%
Canterbury	1,313	226	17.2%	Scotland	475	57	12.0%
Chaplin	596	101	17.0%	Sterling	936	176	18.8%
Eastford	450	28	6.2%	Thompson	2,391	394	16.5%
Hampton	504	102	20.2%	Windham	5,943	3,075	51.7%
Killingly	4,512	1,644	36.4%	Woodstock	2,058	227	11.0%
Plainfield	4,217	1,098	26.0%				
CONNECTICUT							
	898,897	209,705	23.3%				

Endnotes continued

The Impact on Low-Income Populations. Washington, DC.

⁷ American Academy of Pediatrics. (1998). *Health Insurance Status of U.S. Children Under Age 19 by State.* Retrieved on March 15, 2004, from: www.aap.org/advocacy/bystate9799.htm

⁸ Connecticut Voices for Children. (2004). *HUSKY is a Smart Investment.* New Haven, CT: Connecticut Voices for Children.

⁹ Urban Institute. (2001). *Parents' Reasons for Not Obtaining Public Health Insurance for Children More Complex Than Once Thought.* (Press Release) Retrieved on April 25, 2003, from: <http://www.urban.org>

HUSKY A

Source:

Connecticut Voices for Children. (2004). Unpublished data.
Connecticut Department of Public Health. Population-based Estimates.

Methodology:

The number of children enrolled in HUSKY A on January 1, 2004 as a percentage of the total number of children under age 19 in a town or county. The total number of children under 19 is an estimate obtained by applying the percentage of the population under 19 from the 2000 Census to the Connecticut Department of Public Health population estimate for the year 2002 (most recent available population estimate).

What we need to know
The percent of uninsured children by town.