

# An Examination of Child Health Insurance Program in the State Of Louisiana, USA

Bukola B. Oluwade,  
Southern University and A & M College, Public Policy Dept. Baton Rouge, Louisiana

## Abstract

This current study examined the Children's Health Insurance Program (CHIP) which was instituted to provide health coverage to eligible children only, through both Medicaid and separate CHIP programs. The CHIP is administered by states, according to federal requirements and laid down procedures. Meanwhile, the program is jointly funded by the states and the federal government to ensure a healthy growth among American's children. Despite the tremendous increase of the immigrant's children in the United States of America, CHIP has yet neglected the fewer disadvantage immigrants' children in the educational sectors. In perusing the insurance policy for children, it is very sad to denounce that the first generational children are not covered; the reason being that they are not citizens. Besides, the entire school-going-age population group mingled-up in classrooms, playing grounds and many other recreational centres for fun, which will in the long-run make disease eradication impossible. The study was purely descriptive, and both secondary and primary sources of data were used for better elucidation and examination of the CHIP-program based on the perceptions of the American's residents. The study found out that it is very difficult for CHIP to embark on disease eradication among in case of an outbreak among the infants. Additionally, the study underscored that majority of the respondents were of the view that CHIP is an emblematic example of a discrimination (or a racist) program in the State which needs a maximum attention to be looked at again. The study recommended that policymakers and the government should look at effective ways of re-packaging CHIP to cover all the school going age children in the state in order to protect the children from an outbreak of disease.

**Keywords:** *Equity, CHIP, Infants, and Epidemiology*

## 1.0 Introduction

Child Health Insurance Program (CHIP) provides low-cost health coverage to children in families that earn too little money to qualify for Medicaid. This insurance policy over the years has been discharged in a discriminate manner. In some states, CHIP covers some pregnant women who carry an expected unborn citizen-baby. In the context of health insurance packages in the United States, each state offers CHIP coverage and works closely with its state Medicaid program.

Meanwhile, each state program has its own rules about who qualifies for CHIP. Very startlingly, the Children's Health Insurance Program (CHIP) provides health coverage to eligible children only, through both Medicaid and separate CHIP programs. The CHIP is administered by states, according to federal requirements and laid down procedures. The program is funded jointly by states and the federal government.

Over decades now, health care costs are at record highs throughout the nation. Besides people do not know how much health care expenditure or cost to spend when they are sick or at risk, which is the very primary reason for health insurance coverage. With health insurance being in high demand, the cost has increased as well. Notably, the Medicaid and the Children's Health Insurance Program (CHIP) emerged to provide no-cost or low-cost health coverage for eligible children in Louisiana. These programs provide health coverage for children so that they can get routine check-ups, immunizations and dental care to keep them healthy. In addition, the Medicaid and CHIP also cover dental care for children in order to ensure a healthy growth among them. All this unique benefit derived from CHIP is only available for native children alone (Dorsey, 2016).

Interestingly, the Medicaid administers several programs that provide various health care coverage services at a low cost to children and families who meet certain eligibility qualifications. The clause eligibility in the proposed insurance scheme exempts some significant number of sensitive children in the United State from the insurance policy. Also, with the healthcare reform in place, the Government Health Insurance is where you can shop around for health insurance and enrol health insurance at a potentially lower cost through subsidies or available specialized lower premiums based on what you qualify for. However, not everyone qualifies for the Government Health Insurance as well, mostly because a household makes too much money or is not a citizen or permanent resident (Dorsey, 2016).

Very importantly, the purpose of this CHIP is to safeguard and prevent the spread of disease among children. According to Adu-Frimpong (2016) an eminent Ghanaian Scholar in the area of Health economics, argued under the concept of epidemiology and the disease control that, in the jumble of low prevalence, disease can be controlled or eradicated at a zero cost (i.e. under full insurance coverage) without any co-payment or fee for service. He further argued that disease can be eradicated in the muddle up of the epidemic through universal coverage in order to improve the health status of the people (Cultler, D. M. & Zeckhauser, R.J., 2000). Despite the fact that Louisiana State is being ranked low in public health, there is still many resistance and restriction to health insurance policies. This current study is to bring to light the need for equality in demand of CHIP for all children in the State of Louisiana as well as United State as a whole.

## 2.0 Overview of Louisiana Health Insurance Policy Demand, 2016

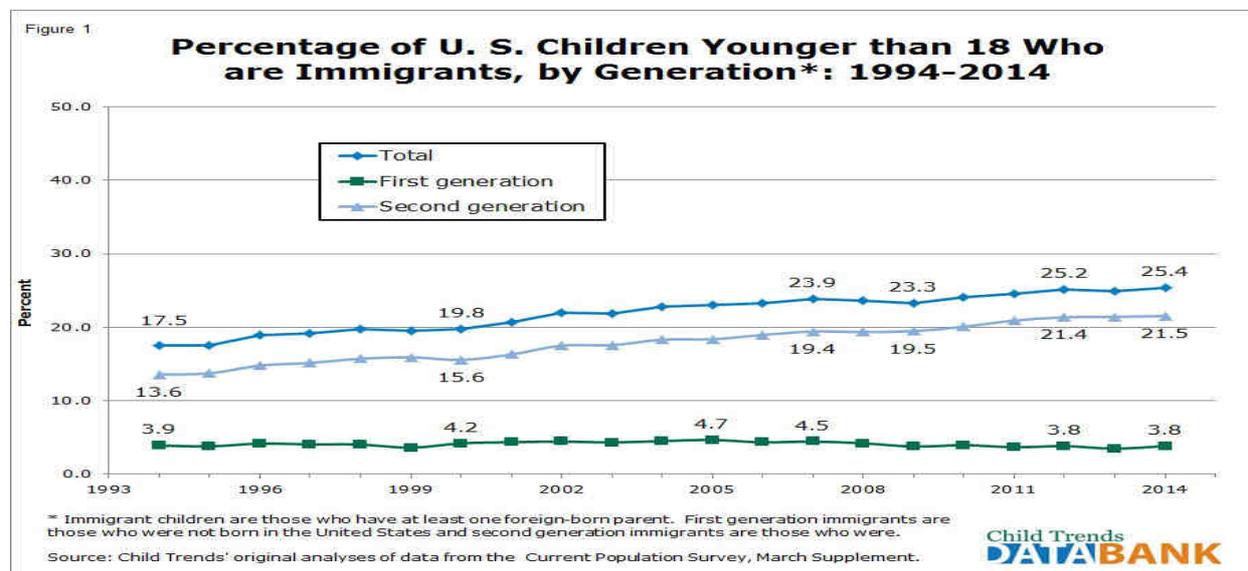
In Louisiana, a historically red state with consistently low public health rankings and resistance to the Affordable Care Act, the demand for health insurance is strong. When the state expanded its Medicaid program in June 2016, residents rushed to enrol in such volume that extra workers were brought in to process applications.

Now, however, the future of Obamacare in Louisiana and elsewhere is in question as President-elect Donald J. Trump prepares to take office and fulfil his campaign promise to repeal the healthcare reform law. Residents are encouraged to enrol in coverage; 2017 open enrollment remains in effect along with the state's newly expanded Medicaid program. Meanwhile, the state needs a lot more of such insurance policy schemes in order to enhance the growth in the health of the residents both immigrants and citizens.

## 2.1 Literature Review

### The Need for Equality in Health Insurance Policy Coverage among Infants in Louisiana State, USA

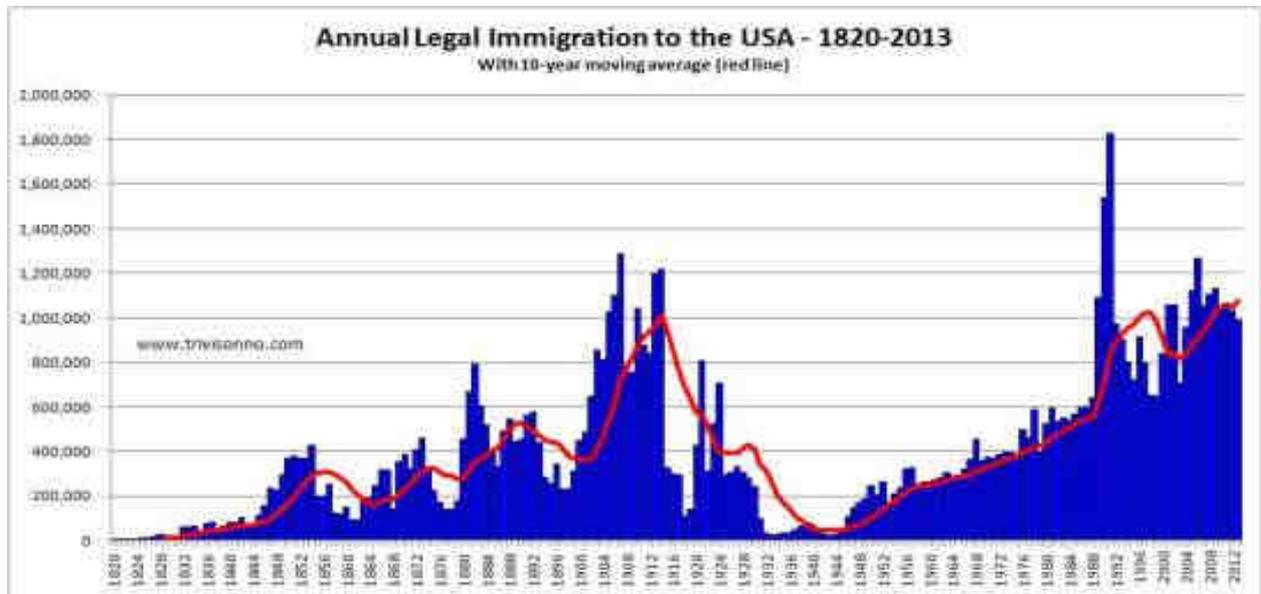
United State has been the host of immigrants since 1820 up-to-date. In relation figure 1, the population of the United State children has also increased over time due to the increased in the immigrant children from both first-generation immigrants (i.e. those who were born outside United State) and Second generation immigrants (those who were born in United State).



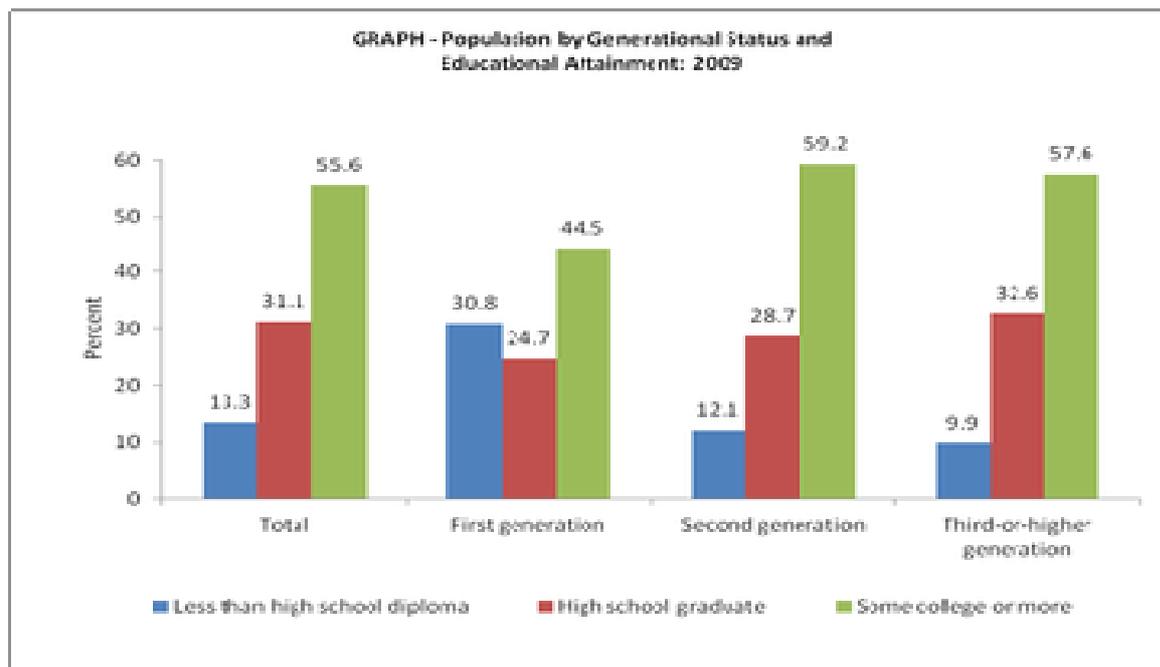
Apparently, it observed that these immigrants are always at disadvantage in the sight of the law. More, especially on the issues related to healthcare, employment, educational privileges', and insurance subscriptions. These legal constraints expose the susceptible immigrants to be easily contaminated or infected with diseases, and sickness, due to lack of getting access to an affordable healthcare facility. Under the concept of epidemiology, it very alarming that disease can easily spread, and becomes difficult to control or curb with a positive price of medication, that is with no insurance packages or without co-payment or full coverage (Adu-Frimpong, 2016).

Very importantly, following the 10 years annual moving averages data, the flow of both legal and illegal immigrants has increased in the fullness of time. This incredible increment in the total immigrant's population has subsequently led to the fabulous increase in the immigrant's children in the United States (see figure 1 above and figure 2 below).

**Figure 2:** Annual Legal Immigration Population to the USA between 1820 and 2013



Meanwhile, despite the tremendous increase of the immigrant's children in the United States of America, CHIP has yet neglected the fewer disadvantage immigrants' children in the educational sectors. In perusing the insurance policy for children, it is very sad to denounce that the first generation children are not covered; the reason being that they are not citizens. Besides, the entire school-going-age population group mingled-up in classrooms, playing grounds and many other recreational centres for fun. In fact, in the midst of eradication or prevention, the CHIP scheme will fail to achieve its purpose if all the children found on the land of United States are not covered by the plan.



**Figure 2: Educational Attainment of Immigrants Children Who Needs CHIP**

Figure 2 reveals graph of the population by the generational status of immigrants' children and their educational attainment as at 2009 data. The graph explicitly brings to light three generational order status and their respective educational category from less than high school diploma, high school graduate and college level. The data reveals that the trend has been increasing over time.

**Source of data:**

[https://upload.wikimedia.org/wikipedia/en/6/67/Population by Generational Status and Educational Attainment, 2009.png](https://upload.wikimedia.org/wikipedia/en/6/67/Population_by_Generational_Status_and_Educational_Attainment,_2009.png)

**Epidemiology of Disease in United State**

In fact, the spread and prevention of diseases have become a major concern to many health experts and organizations. Following the Lackland nurses research in San Antonio among camps, it was underscored that four teenagers in their camp have been diagnosed with tuberculosis. According to these nurses, the kids are really sick and need immediate treatments. They confirmed that tuberculosis is definitely there and have to be tackled ones and for all (David Lakey press report, 2014).

Very astonishingly, Dr Marc Siegel, a professor of medicine at New York University's Langone Medical Center and a Fox News Team medical contributor, said tuberculosis appears to be spreading through several counties in southern Texas. He further accentuated that tuberculosis and other communicable diseases need to be carefully monitored and screened for -- something that is not possible under the current circumstances, poverty serve as a hindrance to affordability, hence the spread of diseases.

To reflect on the relevance and the need for inclusive insurance packages for all school-going children, let's date back 1950s, where it was underscored that population density contributed to the quick spread of diseases, especially among people who live in close proximity to each other. Currently, over 60% of the global population lives in urban areas. With more people living in dense conditions, there is more frequent contact between more individuals, allowing disease transmission to easily occur (David Lakey press report, 2014). Migration and global travel – As it becomes more common for people to travel throughout the world, it also becomes easier for diseases to travel with them. An outbreak in one region that would have otherwise been contained can move into other uninfected regions when infected people travel or relocate to these areas (David Lakey press report, 2014 and Adu-Frimpong, 2016). This can be seen among many susceptible school children

who are uninsured due to immigration policy. In the long-run, the infected individuals who are outside the CHIP are likely to spread the diseases/illness among the newborn babies which are susceptible.

In the nutshell, the epidemiology of diseases is very high in school going age. The policymakers can control the spread of disease by ensuring equal coverage and insurance policy among all students, irrespective of their resident status. In fact, this current study is unveiling to policymakers the gospel truth that underpins the control and prevention of diseases or in most in the presence of an outbreak. The study advises that policymakers should always target and attacked issues of child health from the root but not the branches.

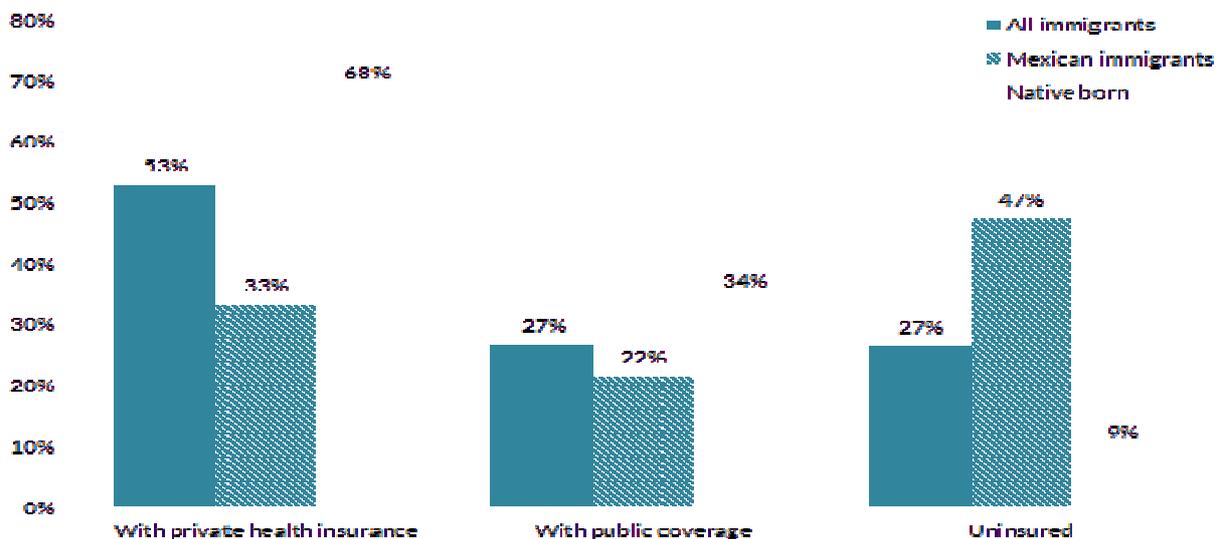
### 3.0: Method and Materials

This current study is purely descriptive in nature. The study utilizes both secondary and primary sources of data. The secondary sources of data were obtained from the U.S. Immigration website, the U.S and Louisiana Insurance website and some other relevant Journals on Louisiana CHIP. The study used a series of secondary sources of data from many different sources, for the purpose of the data analysis in order to ascertain the need for equality among children in the State of Louisiana, U.S.A. The series of data used include 1820-2012 extant data from U.S. Immigration website and 2000 -2013 extant data from U. S. Census Bureau, population division. In addition, the used a data from Child trend databank from 1993-2014. The study is non-parametric in nature rather; it used both pie-chart and bar graphs for the data analysis. Nonetheless, the study further used a stratified random sampling technique to solicit for relevant information regarding the Louisianans perceptions about CHIP, after several years of the program’s implementation. The study sought to find out how the population thinks about the CHIP-program in relation to fairness, equity, and resource allocation. In all, 500 respondents were sampled to increase reliability and validity of the findings. The study specifically, focused on five selected parishes with infants schools in Baton Rouge, Louisiana.

### 4.0: Empirical Discussion and Data Analysis

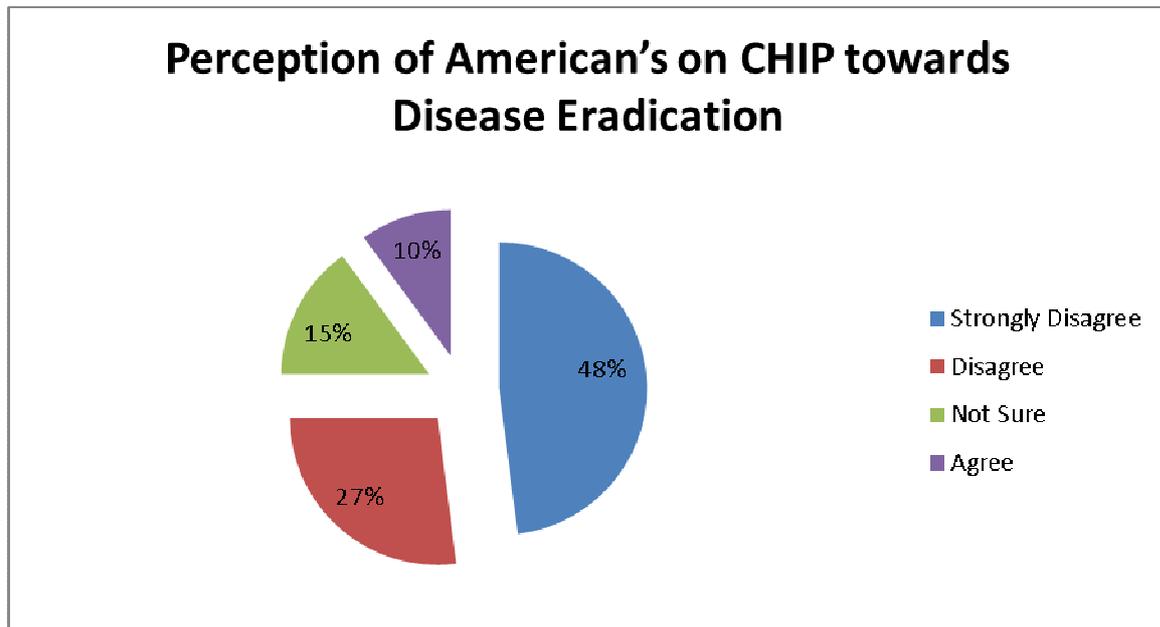
#### 4.1 Data Presentation

Figure 3: Children Insurance Packages and their Subscriptions



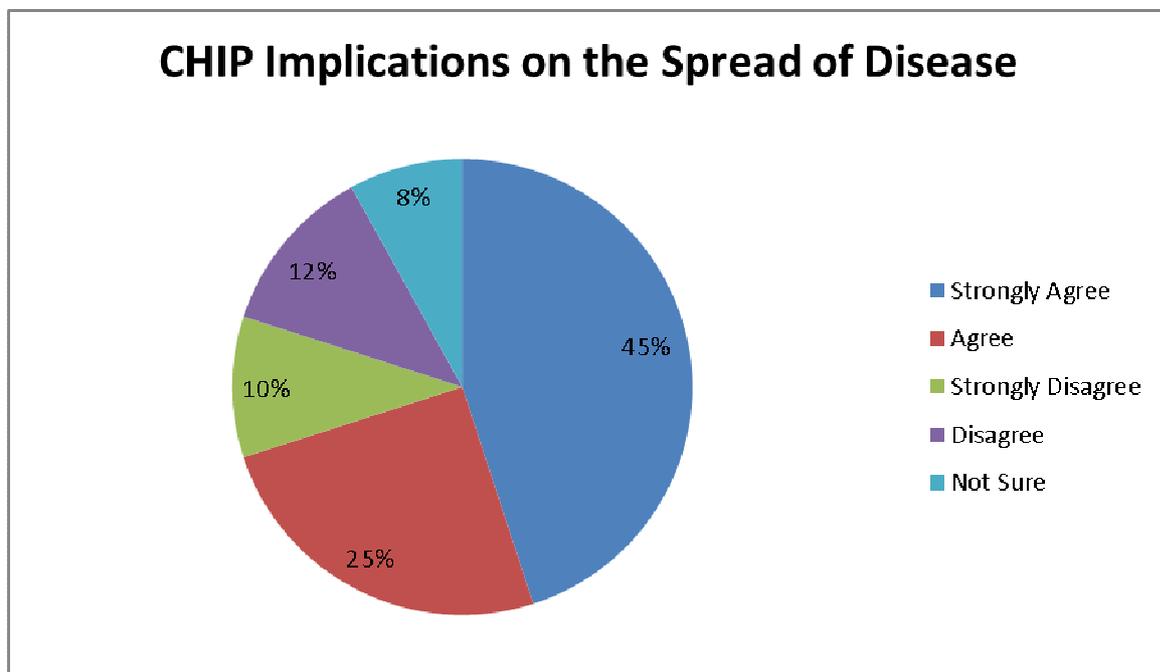
Source of Data: [http://www.migrationpolicy.org/sites/default/files/source\\_images/SPT-Mexico2016-F7-T.png](http://www.migrationpolicy.org/sites/default/files/source_images/SPT-Mexico2016-F7-T.png)

**Figure 4:** Perception of American's on CHIP towards Disease Eradication



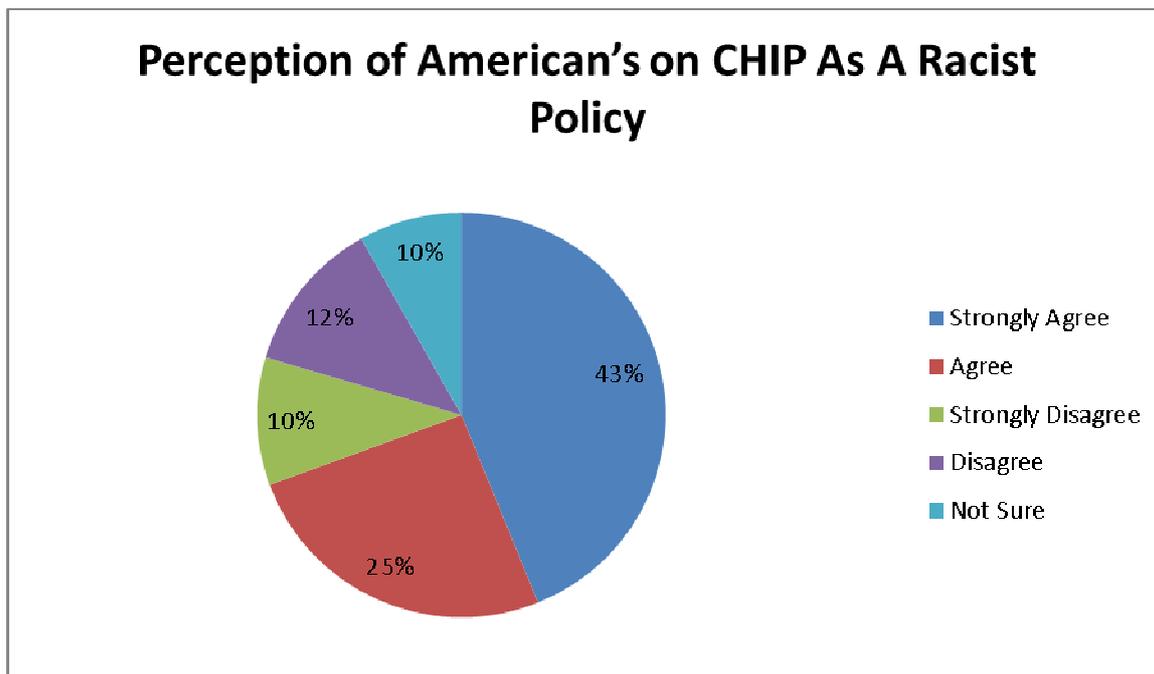
Field Data Source: November 2017

**Figure 5:** CHIP Implications on the Spread of Disease



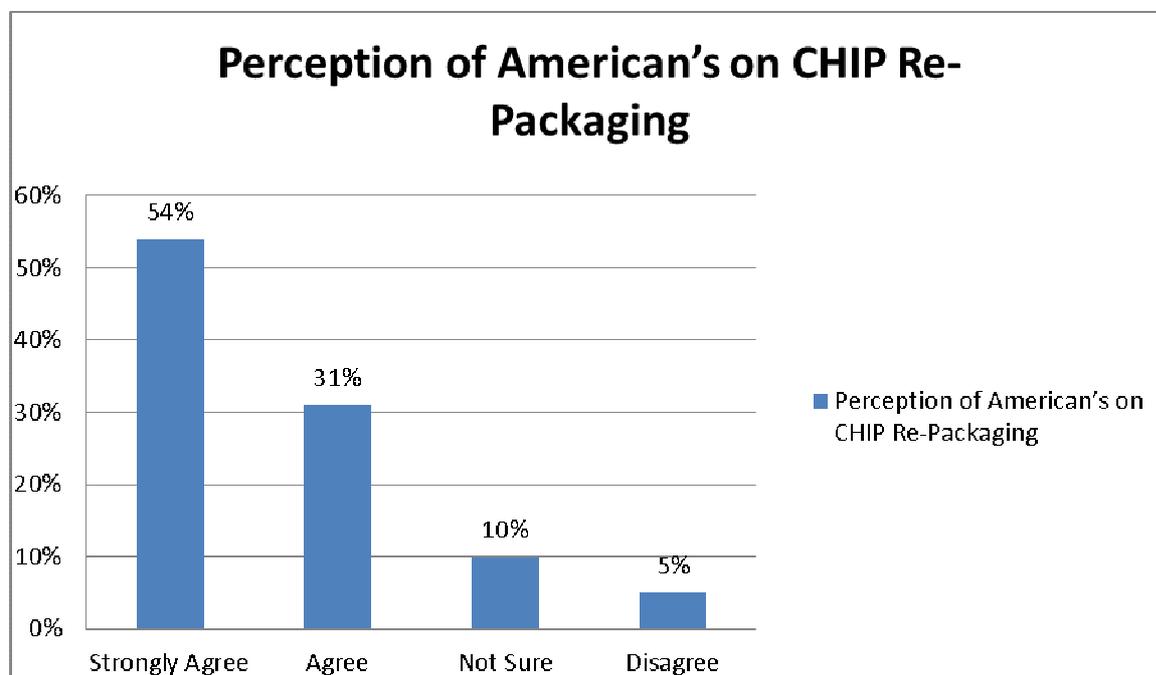
Field Data Source: November 2017

**Figure 6:** Perception of American's on CHIP As A Racist Policy



Field Data Source: November 2017

**Figure 7:** Perception of American's on CHIP Re-Packaging (or Policy Review)



Field Data Source: November 2017

## 4.2 Discussion

**Figure 3** discusses the Children Insurance Packages and their Subscriptions to the United States of America. In relation to the available secondary source of data, regarding private health insurance, about 63% of all the Native born have private insurance coverage, while 53% of all the immigrants born have private insurance coverage. Again, regarding the public health insurance scheme or coverage, about 34% of all the Native born have public insurance coverage, while 27% of all the immigrants born have public insurance coverage. However, 27% of all the immigrants are left uninsured, while only 9% of the native born are left uninsured.

**Figure 4** discusses the perception of American's residents both natives and immigrants on the role of CHIP towards disease eradication. In relation to the field data, about 75% of the respondents (both disagree and strongly disagree) were against the motion that CHIP can realize its mission and objective by protecting the natives against an outbreak of disease. The main reason was based on the concept of disease eradication under the theory of epidemiology advocated by Adu-Frimpong (2016), in his recent book, titled "the theory and practice of health economics", which argued that it is impossible to eradicate disease when there exist a susceptible individuals and infected individuals interactions within a community, with the absence of insurance coverage. However, 10% of the respondents were in favor of the motion that CHIP could aid to controlling the spread of diseases, while 15% were not sure of how CHIP could aid in controlling the spread of diseases due to its current policy.

**Figure 5** discusses the perception of American's residents (both natives and immigrants) on the implications of CHIP towards the spread of disease among children. In relation to the field data, about 70% of the respondents (both strongly agree and agree) were in favor of the motion that CHIP –policy in the in the long-run is likely to serve as a secondary source of disease outbreak (or spread of disease). The main reason was based on the concept of the spread and eradication of diseases under the theory of epidemiology when there is no universal coverage of social insurance. However, 22% of the respondents were against the motion that CHIP in the long-run will facilitate the spread of diseases, while 8% of the respondents were not sure of how CHIP could contribute to the spread of diseases in the long-run.

**Figure 6** discusses the perception of American's residents (both natives and immigrants) CHIP as a racist policy. In fact, about 68% of the respondents (both strongly agree and agree) were in favor of the motion that CHIP –policy is a typical case of a racist policy. The main reason was based on the fact that, CHIP does not ensure equitable distribution (or opportunity) of healthcare facility usage, utilization, and insurance subscription for all school-going age in the Land of United States of America. However, 22% of the respondents were against the motion that CHIP is an emblematic example of a racist policy, while 10% of the respondents were not sure whether CHIP is an emblematic example of a racist policy or not.

**Figure 7** discusses the concerns of American's residents (both natives and immigrants) on the re-packaging of CHIP, through an effective policy review for the better future of the nation and their children as a whole. In fact, about 85% of the respondents (both strongly agree and agree) were in favour of the motion that CHIP –policy needs to be re-packaged to include all school-going age children in the country. The main reason was based on the fact that, a healthy nation depends on a healthy workforce (or citizens/individuals). They further asserted that the future of every healthy nation depends on the healthy state of the youth (or children). However, 5% of the respondents were of the view that CHIP is a good policy which does not need any re-packaging, while 10% of the respondents were not sure whether CHIP needs to be reviewed (or re-packaging).

## 5.0 Conclusion and Recommendation

This current study is very useful to the State of Louisiana as well as United States of America as a whole to ensure a healthy nation in the long-run. The study concluded that it is very difficult for CHIP to assist the government to embark on disease eradication among the youth (or infants) in case of an outbreak of disease among the infant's schools in the State of Louisiana. Additionally, the study underscored that majority of the respondents were of the view that CHIP is an emblematic example of a discrimination (or a racist) program in the State which needs a maximum attention to be looked at again. The study recommended that policymakers and the government should look at effective ways of re-packaging CHIP to cover all the school going age children in the state in order to protect the children from an outbreak of diseases, to ensure a healthy state in the long-run.

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