



# Hawai'i Covering Kids Data Project

## Data Available to Measure the Number of Uninsured Children and Youth in Hawai'i

by D. William Wood

Collaborators

Beth Giesting and Barbara Luksch

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Year 1 Report

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## Hawai'i's Health Insurance Programs for Children and Youth

### **QUEST and Medicaid Fee-for-Service**

QUEST is the state's Medicaid managed care program. The Medicaid Fee-for-Service program serves children and youth who are certified by the state to be blind or disabled.

The State Children's Health Insurance Program (CHIP) and a state-sponsored Immigrant Children's Program started July 1, 2000. They are not separate health insurance programs but allow children and youth ages 0 to 19 years in families up to 200% family income level to qualify for QUEST or Medicaid Fee-for-Service programs. Eligible children and youth now include legal immigrants, refugees, and citizens of the Marshall Islands, Federated States of Micronesia, and Palau.

For more information log on to [www.coveringkids.com/community](http://www.coveringkids.com/community) or call Ask Aloha United Way at 275-2000 on O'ahu or 1-877-275-6569 toll-free on the Neighbor Islands.

### **Hawai'i Medical Service Association**

The HMSA Children's Plan is an individual plan providing affordable medical care to children and youth ages thirty-one days through eighteen years who are Hawai'i residents and currently uninsured. It gives children and youth basic health care benefits such as preventive services, immunizations, and doctor visits for a monthly fee of \$58.50. For more information call 948-6422 on O'ahu or 1-800-618-4672 on the Neighbor Islands.

## **Acknowledgement**

Funding for the Hawai'i Covering Kids Data Project is provided by the Hawai'i Medical Service Foundation. HMSA Foundation is a philanthropic organization whose mission is to extend HMSA's commitment to providing access to cost effective health care services; health promotion, education, and research; and the promotion of social welfare.

## **Author**

D. William Wood is Professor of Sociology at the University of Hawai'i at Mānoa. Collaborators are Beth Giesting, Hawai'i Primary Care Association Executive Director, and Barbara Luksch, Hawai'i Covering Kids Project Director.

## **Hawai'i Covering Kids**

Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children is a \$47 million program of The Robert Wood Johnson Foundation, with direction and assistance provided by the Southern Institute on Children and Families.

Hawai'i Covering Kids is a three-year statewide initiative to create a seamless enrollment process for eligible children and youth into the Medicaid programs (QUEST, Medicaid Fee-for-Service, State CHIP, and Immigrant Children's Program). The major activities are outreach, enrollment, and process simplification.



For more information on Hawai'i Covering Kids, and to download a copy of this report, please log on to [www.coveringkids.com](http://www.coveringkids.com).

## **Collaborative Partners**

This Hawai'i Covering Kids Data Project is not possible without combined efforts with the Hawai'i State Department of Health Public Health Nursing Branch, Hawai'i State Department of Education Student Support Section, Hawai'i Association of Independent Schools, and Hawai'i Council of Private Schools. We are especially grateful to Ruth Ota, Dee Helber, and Terrina Wong for their help and support.

## **Hawai'i's Uninsured Children and Youth**

### **A. Total Number of Children and Youth in Hawai'i (Denominator)**

The 1998 State of Hawai'i Data Book estimated 346,900 persons under the age of 19 years residing in the state. A 1988 study to assess the number of school children and youth in Hawai'i without health insurance revealed that Kaua'i had the highest rate of uninsured school children at 12.5%, O'ahu had the lowest rate at 3.7% and Maui and Hawai'i had 5.87% and 6.91% respectively. Data related to private schools were also collected and analyzed and showed that between 2.4 and 4.1 percent of the enrolled children were uninsured. Children and youth ages 0 to 18 years who do not attend formal schools are not included, therefore it was an underestimate for this population group. However, the percent of uninsured children and youth may be accurate.

As the Hawai'i Covering Kids Data Project matures, Table 1 in Appendix A will be completed to account for all children and youth in formal schools, home schools, day care centers, preschools, drop-outs, and high school graduates. Also, systems will be established to regularly collect health insurance data for all 0 to 19-year-olds.

### **1. Problem**

There is a problem identifying all children and youth in the state.

#### 1.1 Students Who Drop Out of School

A drop-out is calculated by the Hawai'i State Department of Education (DOE) as an event between school years. Students are registered at schools, registration records are filed with district offices, and these records are sent to the central office. If a child is in one school at the end of a school year but not listed in any DOE school the next school year, the records are searched for an official school transfer. If there is no transfer record, the child is considered a dropout. By the time drop-outs are identified within the system, the school year can be advanced. Also, if the family moves to the mainland without notifying the DOE, the student is recorded as a drop-out unless the new school requests the file.

#### 1.2 Home Schooled Children and Youth

A home schooled student is not required to report to the DOE once the school of record has been notified of the parent's intent to home school. There is only a one-time permission without annual update or evaluation and files are kept at the child's school of record and are not shared with the central office. Therefore, the DOE does not know how many children and youth are home schooled or where they live.

### 1.3 Public School Students

Counting public school students is complicated because variable school year dates, including year-round schools, makes a sensible start date for an enrollment census difficult. A second complication is variability in emergency cards and enrollment. Some children and youth do not have current emergency cards while others have cards that are old and poorly marked with updates. This creates not only problems with enrollment counts and data collection, but also places many children and youth at risk in case of an emergency.

### 1.4 Independent School Students

Independent schools have no uniform procedure to categorize student numbers in different grades. Reporting is often done according to funding agency needs or ages are categorized as Pre-Kindergarten (PK), Junior Kindergarten (JK), Kindergarten (K), and Kindergarten through Grade 12 (K-12).

### 1.5 Day Care Centers, Preschools, Head Start, and WIC

We have not contacted day care centers and preschools so their enrollment numbers are unknown. Head Start and WIC data may be useful but there is a problem of duplicate counts because some WIC recipients are also included in school records.

### 1.6 Verifying Data

There is a problem verifying reported data. Initial attempts to determine the number of uninsured school children and youth were obtained from schools, however, we did not verify the numbers during year one of the grant.

## **2. Hawai'i State Department of Health (DOH) Surveys**

DOH uninsured data have two main sources. The Hawai'i Health Surveillance Survey (HHS) and the Hawai'i Behavioral Risk Factor Surveillance System (HBRFSS) are telephone surveys regularly administered by several survey research firms for the state. These surveys, particularly the HBRFSS, are national efforts by the Centers for Disease Control and Prevention (CDC) to collect relevant data from a representative sample of the population regarding risks due to certain behaviors. The majority of the survey's content is prescribed by CDC and individual states may add to the data collection instrument but must pay for requested modules. Also, HBRFSS only reports on adults who are 18 years old and older.

HHS is based on household responses rather than individual responses like HBRFSS. A representative of the household responds on its behalf, therefore HHS provides data on a larger number of people than HBRFSS. Estimates of results are generated for both surveys but the HHS is the most useful for our purposes since it reports on children and youth.

Many Hawai'i population estimates are based on DOH telephone surveys. These surveys are conducted by a wide variety of DOH divisions and offices including the Family Planning Section, Alcohol and Drug Abuse Division, State Health Planning and Development Agency, and Office of Health Status Monitoring. For their purpose, telephone surveys are an acceptable method of determining population changes, however, a notable number of residents were without a telephone and/or housing during the past two years. Table 2 and Table 3 illustrate this point. The 1998 Hawai'i Substance Abuse Treatment Needs Survey interviewed 5500 persons and found 3.4% spent at least thirty days without a permanent address in the past two years. Homeless children and youth are at risk for not having health insurance and without a home or telephone, they are not included in HHS estimates.

HHS's estimate of the number of people living in the state is an underestimate since it disregards the homeless who are unlikely to provide data in a telephone survey. Also, a question was asked about having a telephone. This question had similar results with 3.5% of the sample without a telephone for thirty days during the previous two years. These people were also inaccessible to the HHS survey and are not reflected in the data.

Table 4 shows the combined results of the two questions concerning "a period in the last two years without a permanent address for over thirty days" and "a period of time in the last two years without a telephone for over thirty days" tabulated by county. An estimated 31,177 people in the state spent at least thirty days during the past two years without a permanent address. This number presented by county shows that 25,549 reside on O'ahu, 2,552 on Maui (including Moloka'i and Lana'i), 2,028 on Hawai'i, and 1,048 on Kaua'i.

There were 31,436 people who did not have a telephone at least thirty days the past two years. Of these, 22,293 lived on O'ahu, 4,655 on Hawai'i, 2,668 on Maui (including Moloka'i and Lana'i) and 1,820 on Kaua'i. These data suggest the overlap between the two response groups is relatively minor on the Neighbor Islands.

Table 5 shows a self-reported variable of ethnicity or race for the two response groups. Caucasians out-number all other groups with 12,882 persons without a permanent address for at least thirty days in the last two years. For those classified as "Other," an estimated 7,361 persons were without a permanent address for thirty days or more in the past two years. Next are Japanese (4,500) followed by Filipinos (3,543).

Caucasians also dominate the numbers of those without a telephone during the previous two years. Approximately 13,573 Caucasians spent at least thirty days without a telephone during the past two years. The next largest group is "Other" followed by Hawaiians, Japanese, and Filipinos.

Populations that self-identify without a permanent residence the past two years are not the same as the population that self-identify without a telephone. The relationship regarding ability to respond to HHS or HBRFS is unclear. Future data analyses will examine any overlap between these two subgroups.

## **B. Number of Uninsured Children and Youth in Hawai'i (Numerator)**

Despite difficulties in establishing the number of children and youth under 19 years old in Hawai'i, some data related to the percent of uninsured were collected.

### 1. Hawai'i Health Surveillance Database

The first source is the state's Health Surveillance System database in Table 6. Among all surveyed residents, slightly more males than females were uninsured. That relationship remains constant across all counties but is more pronounced on the Neighbor Islands than on O'ahu. According to these data, the percent of uninsured are: 3.5% under age 15 years, 4.8% ages 15-17 years, and 12.4% ages 18-24 years. The data are not further disaggregated by DOH. The Neighbor Islands have considerably higher percentage of uninsured children and youth than O'ahu.

It is estimated that 6.2% of the total population is without health insurance. When classified by ethnicity or race, the numbers range from 3.6% (Japanese) to 8.1% ("Other"). Besides "Other", Caucasians (7.5%) and Hawaiians (7.0%) are the next highest followed by Filipinos (6.2%).

Finally, the poorer one is economically the more likely one is to not have health insurance (except for the poorest group in the state which presumably is covered by the state's Medicaid programs).

### 2. DOE Data

Table 7 shows data representing 95% of enrollment for all public schools in 1998 and 1999. The DOE geographic district is listed below the year. The percent without emergency cards refers to the number enrolled for whom emergency cards are not on file.

The 1998 and 1999 data are not directly comparable because they are based on different denominators. In 1998, (data in parenthesis) there are data for about 109,000 public school students while 1999 data represents approximately 169,000 students. Also, according to these data, the island of Hawai'i had more emergency cards than students enrolled.

Table 7 is from the DOH Public Health Nursing Branch review of the DOE emergency cards. This table shows data related to health insurance, particularly QUEST. In 1999, 6.69% of the students with emergency cards reported being uninsured. The percent of uninsured ranges from a low of 4.34% in O'ahu's Central District to 9.87% on the island of Hawai'i. Kaua'i is

near the highest rate with 9.49% uninsured while Maui and O'ahu's Windward Districts are lower with 5.30% and 5.01% respectively.

Table 8 shows the data divided by student grade level. The first notable item is that many grades have more emergency cards than students registered. This suggests a need for cross-checking to determine data accuracy. The second item, in the second column, lists numbers representing data obtained from schools that did not provide specific grade data. Again, there should be further investigation and attempts to correct this problem.

The last five columns are interesting because they show by grade the percentages of children and youth in public schools with emergency cards, health insurance, no health insurance, or unknown status. Overall, emergency cards were found for 94.08% of children and youth enrolled in the schools. The percent ranges from a low of 82.36% for Grade 12 to a high of 101.9% for Grade 6. For students with emergency cards, 94.08% were insured. The lowest percent of insured students were those in Pre-Kindergarten and Kindergarten at 86.17%. The realistic "high insured" was Grade 1 where 94.74% are listed as insured. The highest percent insured were those registered in grades Kindergarten to Grade 12, where schools did not list data by grade, at 186.61%. This suggests serious over estimation by school officials.

There are 7.11% of public school children and youth in the category uninsured or no health insurance. Insured and uninsured summation shows insurance status of more than 100% of the number of students with emergency cards which means the data contain errors. Of those listed as uninsured, the highest percent is found in Pre-Kindergarten and Kindergarten with 13.83% of the children without health insurance. The lowest percent of uninsured children and youth occurs for those registered in Grade 1, if special education and Pre-Kindergarten students are not counted. Pre-Kindergarten has 3.41% uninsured and special education has 1.48%.

Since many children and youth presently uninsured will presumably enroll in Med-QUEST programs, the percent of children and youth in those programs is also presented in the table. For all public school children and youth, 16.53% are covered by QUEST. The range is from a low of 10.75% for Grade 11 students to 21.39% in Grade 1.

Finally, Table 8 shows no health insurance information for 4.55% of the students enrolled in 1999. Of these, Grade 12 students represent 17.64% and Grade 3 only 0.41%.

The 1999 school-based data are emphasized in this report because the 1998 data (in parentheses) are less complete and therefore less reliable. The lower rate of uninsured in the 1999 data is likely the result of it being more complete than the 1998 data and does not reflect a significant change in rates.

### **C. Conclusions**

We cannot estimate the number of children and youth in the state through official records. We know there are children and youth without health insurance but we do not know their number. We currently estimate at least 7% are uninsured based on DOE data representing just over 50% of the children and youth enrolled in Hawai'i's schools. We believe this is an underestimate based on significant errors in their data collection systems.

We are not confident of the uninsured estimates for children and youth produced by HHS due to many factors, including the populations without permanent residences and without telephone access at any given point in time. We are concerned that data collection methods are flawed and respondents' knowledge of the insured status of children and youth in the household is inaccurate. The estimates of 3-4% are inordinately low given the state's history of gap group health insurance and DOE data.

Comprehensive data systems development for public schools, independent schools, preschools, day care centers, home school arrangements, drop-outs, Head Start, WIC, and other unspecified data sources is needed to make an accurate statement on the number of uninsured children and youth in Hawai'i.

### **D. Recommendations**

1. Refine and verify the DOE emergency card data systems.
2. Encourage the DOE to establish an online statewide registration system.
3. Develop and refine the independent schools emergency card data systems.
4. Develop and refine emergency card data systems for preschools and day care centers.
5. Develop and refine the Head Start emergency card data systems.
6. Integrate these systems with WIC program data systems.

**APPENDIX A**

**Tables 1 to 8**

**TABLE 1**  
**Enrollments 1999**

<b>Age Group</b>	<b>Public Schools Numbers</b>	<b>Independent Schools Numbers</b>	<b>Day Care Centers and Preschools Numbers</b>	<b>Home Schooled Numbers</b>	<b>Drop Out Numbers</b>
Grades PK-JK	760	0	?	?	?
Grades K-6	101,215	?	?	?	?
Grades 7-8	28,286	?	?	?	?
Grades 9-12	49,178	?	?	?	?
<b>TOTALS</b>	<b>179,439</b>	<b>36,909</b>	<b>?</b>	<b>?</b>	<b>?</b>

**TABLE 2**  
**Thirty Days Without a Permanent Address in the Last Two Years 1999**

Survey Question: "Have you had a period in the last two years where you did not have a permanent address for over thirty days?"

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
No	4,871	96.6%
Yes	1,71	3.4
Subtotal	5,041	100.0
Missing	1	
Don't Know	8	
<b>Total</b>	<b>5,050</b>	<b>—</b>

**TABLE 3**  
**Thirty Days Without a Telephone in the Last Two Years 1999**

Survey Question: "Have you had a period of time in the last two years when you did not have a telephone for over thirty days?"

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
No	4,859	96.5
Yes	178	3.5
Sub Total	5,037	100.0
Missing	0	
Don't Know	13	
<b>Total</b>	<b>5,050</b>	—

**TABLE 4**  
**Responses to Questions on Telephone Access and Homelessness by County 1999**

<b>County</b>	<b>Statistic</b>	<b>No Permanent Address in Last Two Years?</b>	<b>No Telephone in Last Two Years?</b>
Honolulu	Mean	.038	.033
	Standard Error of Mean	.000	.000
	Estimated Number	25,549	22,293
Hawai i	Mean	.020	.047
	Standard Error of Mean	.000	.001
	Estimated Number	2,028	4,655
Kaua i	Mean	.026	.044
	Standard Error of Mean	.001	.001
	Estimated Number	1,048	1,820
Maui	Mean	.030	.031
	Standard Error of Mean	.001	.001
	Estimated Number	2,552	2,668
<b>Total</b>	<b>Mean</b>	<b>.035</b>	<b>.035</b>
	<b>Standard Error of Mean</b>	<b>.000</b>	<b>.000</b>
	<b>Estimated Number</b>	<b>31,177</b>	<b>31,436</b>

**TABLE 5**  
**Responses to Questions Regarding Telephone Access and Homelessness by Ethnicity 1999**

<b>State- Defined Ethnic Group</b>	<b>Statistic</b>	<b>No Permanent Address in Last Two Years?</b>	<b>No Telephone in Last Two Years?</b>
Caucasian	Mean	.048	.050
	Standard Error of Mean	.000	.000
	Estimated Number	12,882	13,573
Japanese	Mean	.021	.016
	Standard Error of Mean	.000	.000
	Estimated Number	4,500	3,371
Hawaiian	Mean	.026	.044
	Standard Error of Mean	.000	.001
	Estimated Number	2,891	4,966
Filipino	Mean	.033	.020
	Standard Error of Mean	.001	.000
	Estimated Number	3,543	2,102
Other*	Mean	.038	.038
	Standard Error of Mean	.000	.000
	Estimated Number	7,361	7,424
<b>Total</b>	<b>Mean</b>	<b>.035</b>	<b>.035</b>
	<b>Standard Error of Mean</b>	<b>.000</b>	<b>.000</b>
	<b>Estimated Number</b>	<b>31,177</b>	<b>31,436</b>

\*not classified elsewhere including Chinese, Korean, Samoan, Vietnamese, Laotian, other Pacific Islanders, etc.

**TABLE 6**  
**Percent Uninsured by Gender, Age, Race/Ethnicity, Poverty, and County**  
**Hawai'i Health Surveillance Data 1999**

<b>Characteristic</b>	<b>O'ahu</b>	<b>Hawai'i</b>	<b>Kaua'i</b>	<b>Maui</b>	<b>Total</b>
<b>Gender</b>					
Male	5.9 (7)	10.7 (9)	8.2 (9)	8.0 (10)	6.8 (7)
Female	5.0 (5)	8.5 (7)	5.8 (8)	6.0 (8)	5.6 (6)
<b>Age (Years)</b>					
0-14	2.7 (4)	6.2 (5)	4.1 (6)	4.9 (8)	3.5 (5)
15-17	3.5 (4)	12.8 (10)	6.6 (13)	4.5 (13)	4.8 (7)
18-24	12.4 (13)	19.2 (13)	15.9 (15)	11.2 (17)	13.0 (13)
25-34	7.0 (8)	12.0 (13)	11.9 (9)	4.9 (10)	7.5 (9)
35-44	6.4 (7)	11.5 (10)	10.1 (10)	10.7 (10)	7.7 (8)
45-54	4.9 (5)	10.9 (9)	5.4 (11)	12.7 (12)	6.5 (7)
55-64	5.2 (3)	13.3 (8)	7.3 (9)	6.6 (5)	6.4 (4)
65-74	4.1 (2)	3.9 (6)	4.1 (4)	2.4 (3)	3.9 (2)
75+	2.0 (2)	1.5 (1)	(3)	2.2 (5)	1.8 (2)
<b>Race/Ethnicity</b>					
Caucasian	5.3 (7)	13.4 (9)	10.9 (16)	10.7 (14)	7.5 (9)
Hawaiian	7.2 (7)	8.9 (7)	7.5 (9)	3.3 (8)	7.0 (7)
Chinese	5.0 (5)	8.5 (10)	(0)	(4)	4.8 (5)
Filipino	5.7 (4)	9.1 (8)	6.7 (3)	7.2 (6)	6.2 (5)
Japanese	4.0 (2)	2.7 (5)	<1.0 (3)	2.2 (2)	3.6 (3)
Other	6.0 (9)	15.8 (13)	13.0 (11)	16.2 (14)	8.1 (10)
<b>Poverty Level</b>					
0-62.5%	8.0	15.3	4.3	5.7	9.1
63-100%	12.2	18.1	10.9	13.3	13.1
101-133%	6.3	13.3	2.9	5.6	7.3
134-185%	6.9	9.5	13.5	11.3	8.0
186-200%	4.4	12.8		2.7	5.3
201-300%	7.1	7.3	6.9	6.1	7.0
>300%	3.5	7.4	5.7	7.0	4.4
TOTAL	5.4	9.6	7.0	7.3	6.2

**TABLE 7**  
**Public Schools by District 1998 and 1999**

<b>1998</b>	<b>Percent Insured</b>	<b>Percent Uninsured</b>	<b>Percent QUEST</b>	<b>Percent Without Emergency Cards*</b>
Central	95.86	4.14	5.95	
Honolulu	91.10	8.89	27.14	
Hawai i	91.43	9.79	24.02	
Kaua i	91.13	8.89	21.27	
Leeward	96.69	3.31	15.36	
Maui	88.21	7.13	11.51	
Windward	95.13	4.87	15.37	
Total	92.82	6.83	15.37	
<b>1999</b>	<b>Percent Insured</b>	<b>Percent Uninsured</b>	<b>Percent QUEST</b>	<b>Percent Without Emergency Cards*</b>
Central	92.80	4.34	11.17	2.86
Honolulu	87.22	7.31	15.96	5.47
Hawai i	90.59	9.87	23.99	-0.46
Kaua i	81.20	9.49	14.68	9.31
Leeward	88.59	7.01	18.60	4.40
Maui	85.53	5.30	10.14	9.17
Windward	89.64	5.01	13.61	5.34
Total	88.77	6.69	15.55	4.55

\* difference between the number enrolled and the number of emergency cards

**TABLE 8**  
**Public Schools Health Insurance and Grade Level Data 1999**

GRADE	ENROLL	EMERG CARDS	# INSURED	QUEST	MEDICAID	TRICARE	HMSA PRIVATE	KAISER PRIVATE	OTHER	NONE	% Cards	% Insured	% Uninsured	% QUEST/Medicaid	% Unknown
PK	573	558	539	135	41	91	141	61	70	19	97.38	96.59	3.41	31.54	2.62
PK & K	187	188	162	41		1	66	3	51	26	100.53	86.17	13.83	21.81	0.53
K	12,093	12,170	11,507	2,678	38	1,265	3,614	1,496	2,390	663	100.64	94.55	5.45	22.32	0.64
K-3	5	5	5	3	0	0	0	2	0	0	100.00	100.00	0.00	60.00	0.00
K-5	8,392	8,409	7,556	1,470	19	24	3,025	2,157	862	520	100.20	89.86	6.18	17.71	3.77
K-6	5,538	4,615	5,213	187	7	13	2,435	704	1,089	227	83.33	112.96	4.92	4.20	1.77
K-12	747	747	1,394	214	0	1	256	103	144	34	100.00	186.61	4.55	28.65	91.16
1	12,456	12,577	11,916	2,648	42	1,200	3,880	1,574	2,524	661	100.97	94.74	5.26	21.39	0.97
2	12,533	12,589	11,897	2,468	44	1,180	4,003	1,584	2,577	692	100.45	94.50	5.50	19.95	0.45
3	12,754	12,806	12,040	2,414	38	1,073	4,234	1,736	2,532	766	100.41	94.02	5.98	19.15	0.41
4	12,944	13,049	12,284	2,404	60	976	4,351	1,778	2,668	765	100.81	94.14	5.86	18.88	0.81
5	12,327	12,352	11,611	2,172	63	932	4,244	1,671	2,471	741	100.20	94.00	6.00	18.09	0.20
6	11,426	11,643	10,848	1,944	25	773	4,099	1,586	2,380	795	101.90	93.17	6.83	16.91	1.90
6-8	5,342	4,213	4,873	633	23	16	2,092	1,271	737	317	78.87	115.67	7.52	15.57	2.85
7	11,044	10,711	9,834	1,523	38	798	3,759	1,471	2,245	877	96.98	91.81	8.19	14.57	3.02
7-8	694	674	644	199	6	9	275	44	111	30	97.12	95.55	4.45	30.42	2.88
7-12	813		483							8					39.61
8	10,375	10,092	9,381	1,420	62	656	3,748	1,397	2,098	711	97.27	92.95	7.05	14.68	2.73
9	12,635	10,132	9,011	1,396	45	537	3,735	1,563	1,735	1,121	80.19	88.94	11.06	14.22	19.81
9-12	6,758	6,133	5,542	331	81	92	2,724	1,531	802	424	90.75	90.36	6.91	6.72	11.72
10	10,700	9,262	8,324	1,150	57	679	3,463	1,517	1,458	938	86.56	89.87	10.13	13.03	13.44
11	10,109	8,478	7,596	850	61	559	3,456	1,345	1,325	882	83.87	89.60	10.40	10.75	16.13
12	8,976	7,393	6,603	797	57	450	2,988	1,081	1,230	790	82.36	89.31	10.69	11.55	17.64
FSC	6	6	6	4	1			1			100.00	100.00		83.33	
SPED	151	138	136	10	21	37	32	12	24	2	91.39	98.55	1.45	22.46	8.61
<b>TOTAL</b>	<b>179,578</b>	<b>168,940</b>	<b>159,405</b>	<b>27,091</b>	<b>829</b>	<b>11,362</b>	<b>60,620</b>	<b>25,688</b>	<b>31,523</b>	<b>12,009</b>	<b>94.08</b>	<b>94.36</b>	<b>7.11</b>	<b>16.53</b>	<b>4.55</b>

**APPENDIX B**

**Hawai'i State Department of Education**

**Student Enrollment, Emergency Cards,  
and Health Insurance Status  
by Public School Districts**

**1998**

DISTRICT	ENROLL	EMERG CARDS	# INSURED	TYPE OF INSURANCE						
				QUEST	MEDICAID	CHAMPUS	HMSA PRIVATE	KAISER PRIVATE	OTHER	NONE
TOTAL - CENTRAL	36,567	34,260	32,862	2,071	60	3,502	5,396	2,684	19,149	1,398
TOTAL - HONOLULU	15,947	14,137	12,809	3,199	112	914	4,540	1,592	2,452	1,328
TOTAL - HAWAII	27,283	24,677	22,614	5,927	121	159	10,696	1,897	3,814	2,063
TOTAL - KAUAI	7,562	7,636	6,957	1,624	32	82	2,935	127	2,157	679
TOTAL - LEEWARD	4,223	4,220	4,070	114	4	49	459	224	3,220	150
TOTAL - MAUI	16,507	14,931	13,171	1,948	58	93	6,066	3,822	1,184	1,760
TOTAL - WINDWARD	10,512	10,065	9,575	1,442	27	404	3,935	2,023	1,744	490
<b>TOTAL - STATE</b>	118,601	109,926	102,058	16,325	414	5,203	34,027	12,369	33,720	7,868

**APPENDIX C**

**Hawai'i State Department of Education**

**Student Enrollment, Emergency Cards,  
and Health Insurance Status  
by Public School Districts**

**1999**

	ENROLL	EMERG CARDS	# INSURED	QUEST	MEDICAID	TRICARE	HMSA PRIVATE	KAISER PRIVATE	OTHER	NONE
TOTAL - CENTRAL DISTRICT	36,676	34,341	32,807	3,818	52	7,186	10,022	4,449	7,280	1,534
TOTAL - HONOLULU DISTRICT	34,154	31,777	29,321	5,073	168	173	12,729	4,826	6,352	2,456
TOTAL - HAWAII DISTRICT	26,078	26,197	23,624	6,110	145	169	10,913	1,920	4,367	2,573
TOTAL - KAUAI DISTRICT	10,643	9,652	8,642	1,513	49	69	3,721	248	3,042	1,010
TOTAL - LEEWARD DISTRICT	33,487	32,015	29,665	5,968	259	2,741	10,018	5,978	4,701	2,350
TOTAL - MAUI DISTRICT	21,154	17,171	17,799	2,036	109	92	6,895	4,819	1,830	1,098
TOTAL - WINDWARD DISTRICT	19,246	18,218	17,253	2,573	47	932	6,322	3,448	3,951	965
<b>TOTAL - STATE</b>										
	<b>181,438</b>	<b>169,371</b>	<b>159,111</b>	<b>27,091</b>	<b>829</b>	<b>11,362</b>	<b>60,620</b>	<b>25,688</b>	<b>31,523</b>	<b>11,986</b>