

Preliminary Results from a Statewide Survey Designed to Learn More about Keeping Oregon Children Insured

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RESEARCH TEAM

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BACKGROUND

 Approximately 105,000 children in Oregon are without health insurance.

 Approximately 68,000 of Oregon's uninsured children live in families
 earning under 200% of the federal poverty level and may be eligible for public health insurance coverage.

Oregon Population Study, 2004)

STUDY OBJECTIVES

To hear directly from low income Oregon parents about their experience accessing health insurance coverage for their children. More specifically,

- ✓ To identify barriers faced by low income Oregon families who qualify for publicly-financed health insurance.
- ✓ To examine factors associated with barriers to health insurance enrollment and gaps in children's health insurance coverage.
- ✓ To explore potential links between health insurance status, access to and utilization of healthcare services, financial impacts, and the reported health status of Oregon's children.

METHODS – STUDY POPULATION

STUDY POPULATION: All families with children (age 1-19) enrolled in the food stamp program as of January 31, 2005.

Total of 84,087 Households

- 19,514 households with no children enrolled in public medical assistance programs
- 64,573 households with at least one child enrolled in public medical assistance programs



SAMPLING

Random sample of 10,175 households (random selection of one focal child within each household).

- ✓ Stratified into two equal groups based on enrollment in public medical assistance programs (children enrolled in OHP vs no children enrolled for at least a 60 day period).
- ✓ Stratified into equal groups based on six geographic regions.

Flow Diagram of Potential Study Participants

Total Food Stamp Enrollment as of January 31, 2005 84,087 Households with Children (age 1-19)

Random Sample of 10,175 Households

Total Ineligible in Random Sample: 1,539

Total Eligible in Random Sample: 8,636

Total Completed Surveys: 2,681 31.0% of Eligible

Comparison of Respondents to Eligible Sample

| Demographics | Eligible Sample (n=8,636) | Respondents (n=2,681) |
|----------------------------------|---------------------------|-----------------------|
| Male | 51.1% | 51.7% |
| Female | 48.9% | 48.3% |
| Race/Ethnicity | | |
| Asian | 1.1% | 1.2% |
| African-American/Black | 2.5% | 1.9% |
| Hispanic | 18.5% | 17.7% |
| Native Hawaiian/Pacific Islander | 0.1% | 0.2% |
| Native American/Alaska Native | 3.3% | 2.8% |
| White | 73.7% | 75.6% |
| Other or Unknown | 0.7%% | 0.7% |
| Age | | |
| 1 to 4 years of age | 26.2% | 25.6% |
| 5 to 9 years of age | 28.9% | 30.2% |
| 10 to 14 years of age | 25.4% | 26.4% |
| 15 and over | 19.6% | 17.8% |

Comparison of Respondents to Eligible Sample

| Demographics | Eligible Sample (n=8,636) | Respondents (n=2,681) |
|---|---------------------------|-----------------------|
| At Least One Child Enrolled in Medical Assistance Program | 50.3% | 54.9% |
| No Child Enrolled in Medical Assistance Program | 49.7% | 45.1% |
| Region (Oregon Counties in each Region) | | |
| Region 1: Clatsop, Columbia, Lincoln, Tillamook | 16.9% | 18.8% |
| Region 2: Clackamas, Multnomah, Washington, Yamhill | 16.1% | 15.6% |
| Region 3: Benton, Lane, Linn, Marion, Polk | 16.8% | 15.9% |
| Region 4: Coos, Curry, Douglas, Jackson, Josephine | 16.9% | 16.2% |
| Region 5: Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler; Crook, Deschutes, Jefferson | 16.5% | 15.3% |
| Region 6: Grant, Harney, Klamath, Lake; Baker, Malheur, Union, Wallowa | 16.9% | 18.2% |
| Monthly Income | | |
| < \$500 | 30.0% | 28.7% |
| \$501-\$1,000 | 25.7% | 26.5% |
| \$1,001-\$1,500 | 19.3% | 18.2% |
| \$1,501-\$2,000 | 14.5% | 15.4% |
| > \$2,000 | 10.5% | 11.2% |

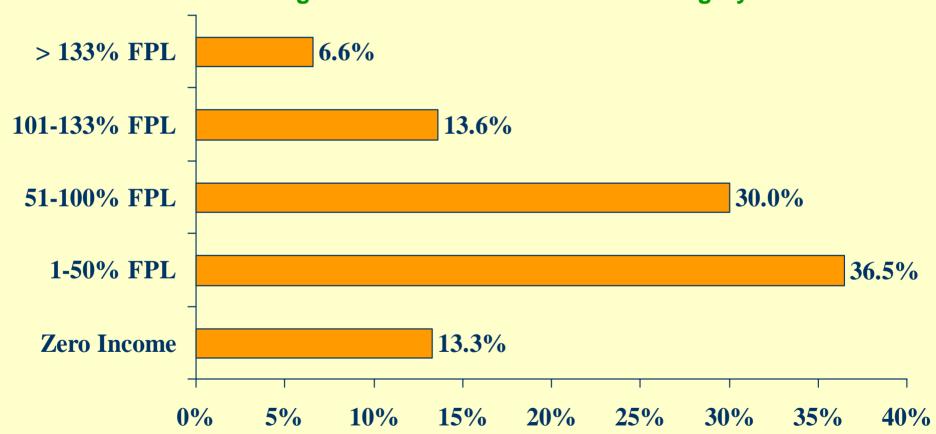
RESULTS

Basic Demographics and Health Insurance Status

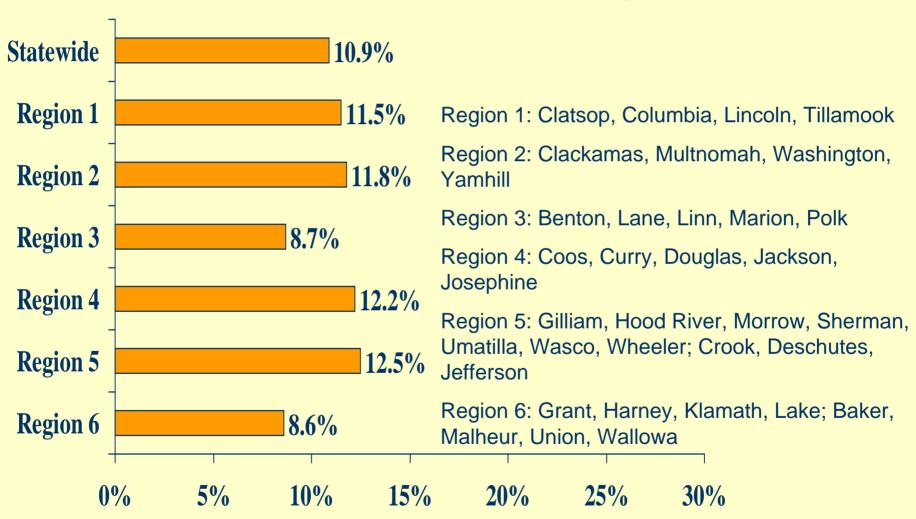


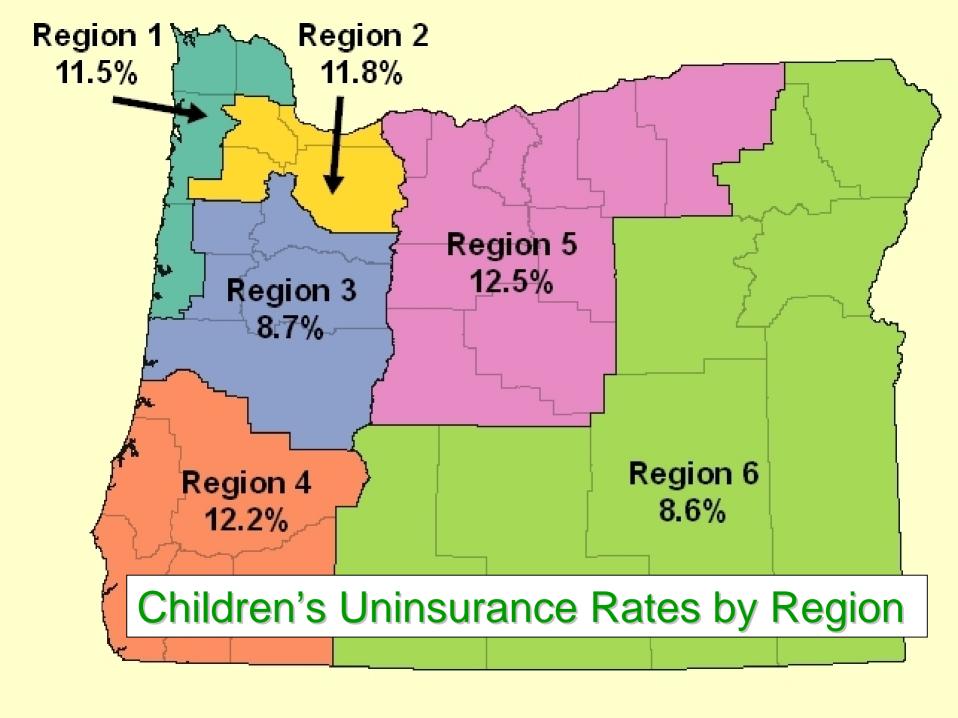
Majority of Respondents Earn Below 100% of the Federal Poverty Level (FPL)



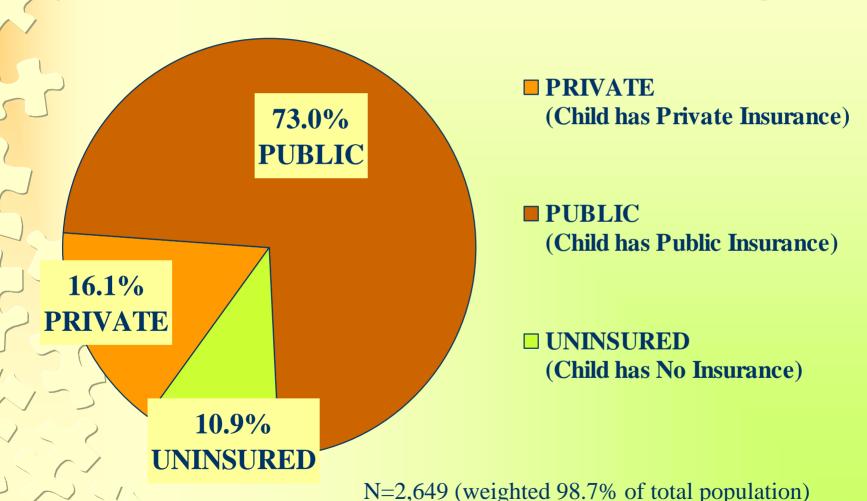


Percentage of Uninsured Children by Region



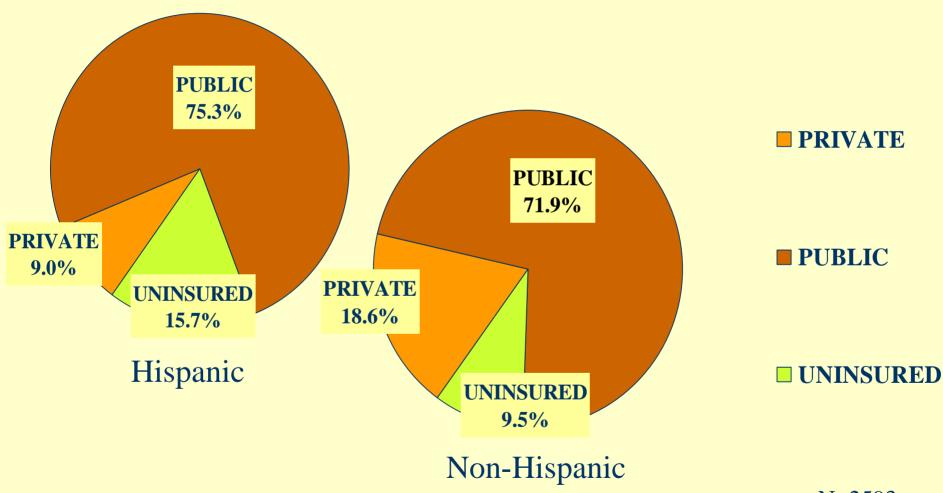


Health Insurance Coverage



Preliminary Results - Do not cite or reproduce without consent

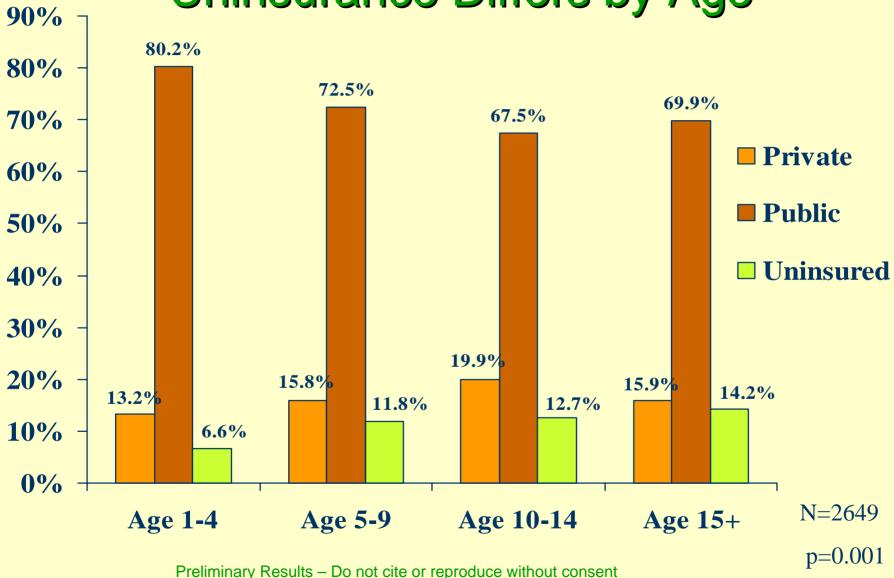
Higher Rates of Uninsurance Among Hispanic Children



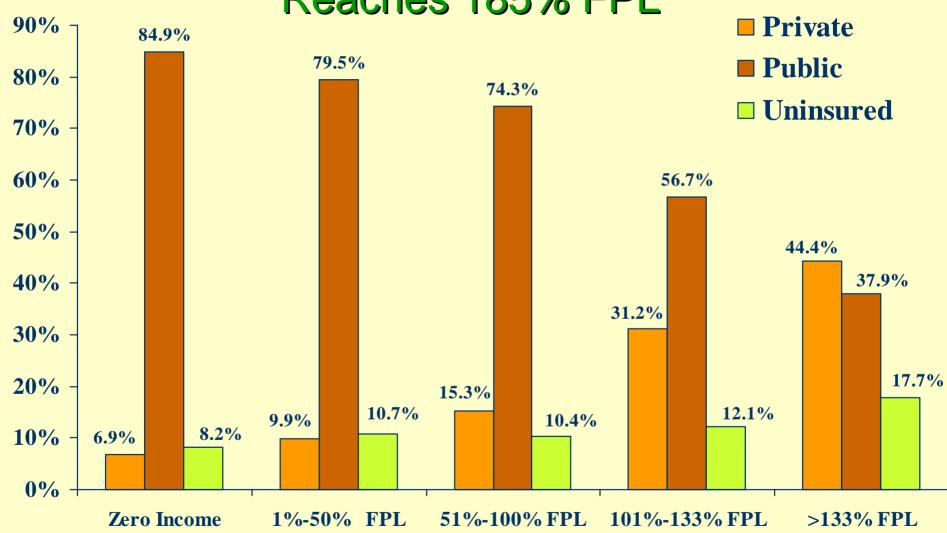
N = 2593

p<0.0001

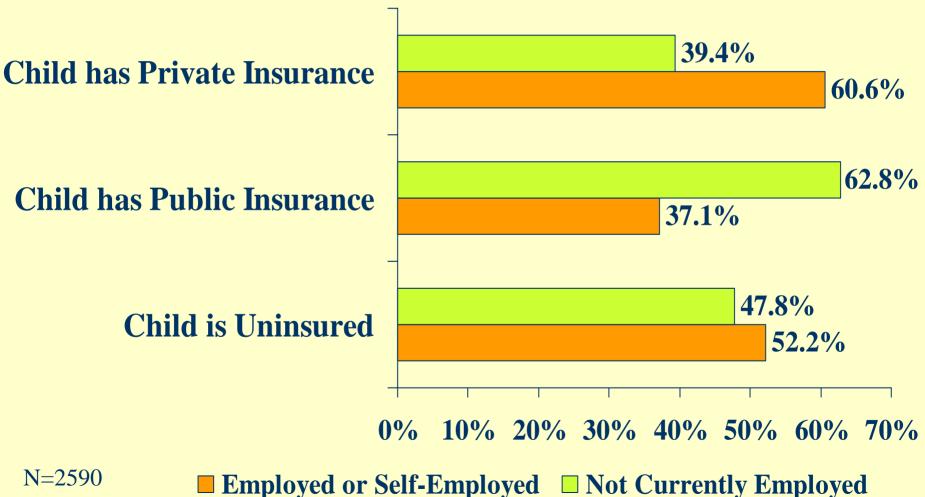




Insurance Coverage Declines as Income Reaches 185% FPL

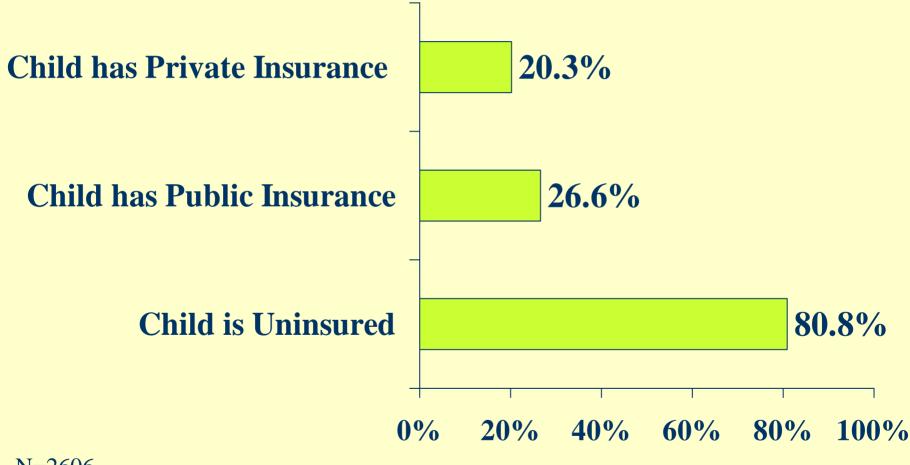


Parental Employment Status by **Insurance Type**



N = 2590p < 0.0001

A High Percentage of Uninsured Children Had Uninsured Parents

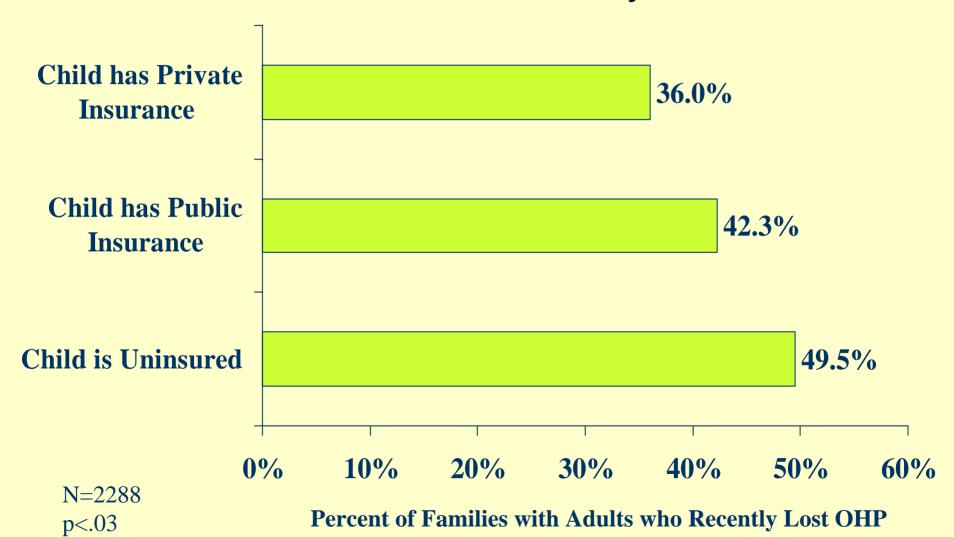


N=2606 p<0.0001

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Percent of Parents Who are Uninsured

Higher Rates of Uninsured Children Have Parents Who Have Recently Lost OHP



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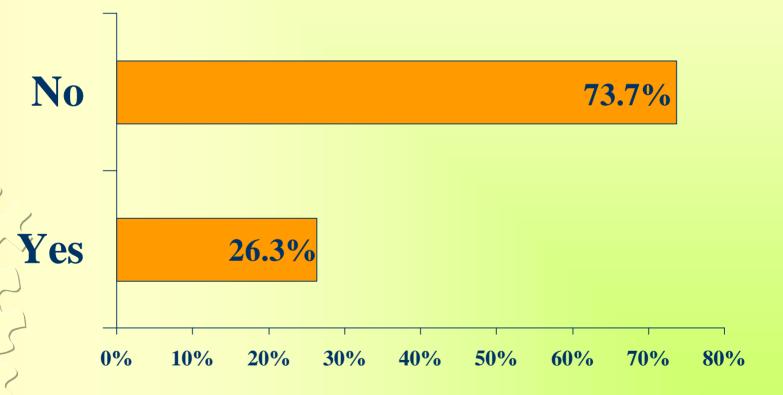


Barriers to Maintaining Insurance Coverage

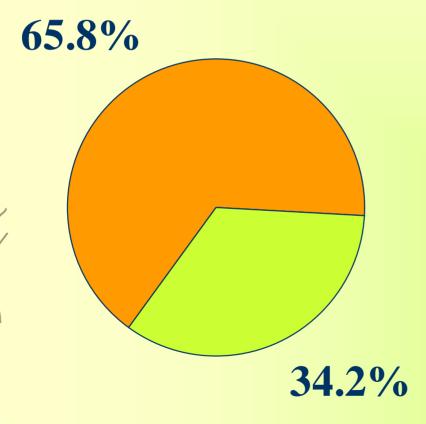


Insurance Coverage Gaps

"At any time in the last 12 months, was your child without health insurance?"



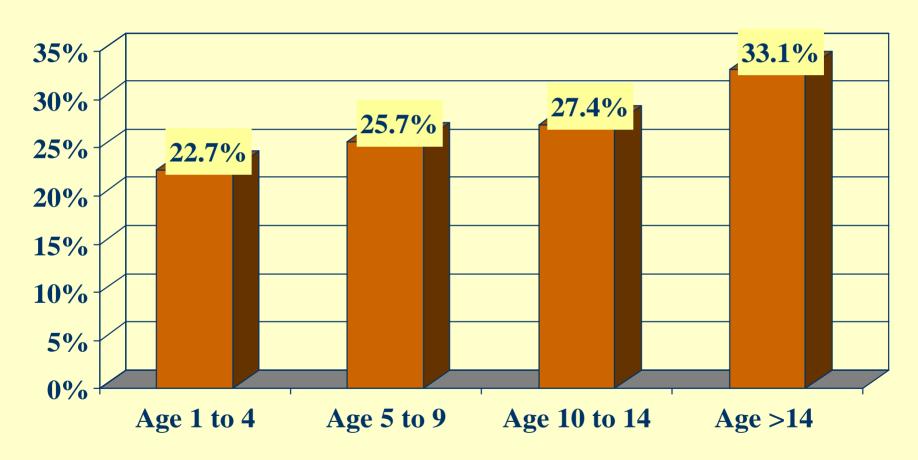
Among Children With Gaps, One-third Had No Coverage for Longer than 6 Months



- 1-6 Month
 Gap in Health
 Insurance
 Coverage
- > 6 Month
 Gap in Health
 Insurance
 Coverage

N=851

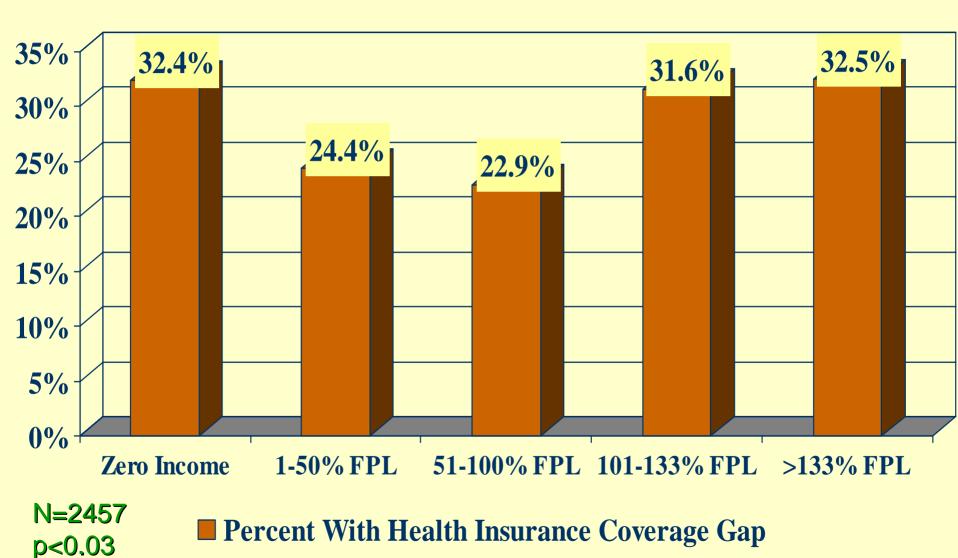
Coverage Gaps Differ By Age



■ Percent With Health Insurance Coverage Gap

N=2510 p<0.05

Coverage Gaps Differ By Income



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Why Did Your Child Go Without Health Insurance Coverage?

| My child is not eligible for the Oregon Health Plan because of my income. | 20.7% |
|--|-------|
| The person whose health insurance covered my child was no longer eligible for coverage (due to reasons like job change or part-time work). | 20.3% |
| We could not afford to pay the premiums for insurance provided at work. | 16.5% |

Among Those Reporting Other Reasons for Children's Health Insurance Gaps...

 28.6% reported a problem with the OHP application process.

18.8% missed the OHP re-certification window.

6.2% could not afford insurance.

Why Was Your Child Uninsured?

"Because I owe money to OHP for back premiums when they dropped adults from the health plans..."

"We own our own business and could not afford insurance premiums...had to wait 6 months to apply for OHP..."

"My employer does not offer insurance, and I don't make enough to get it on my own, and OHP denied us..."

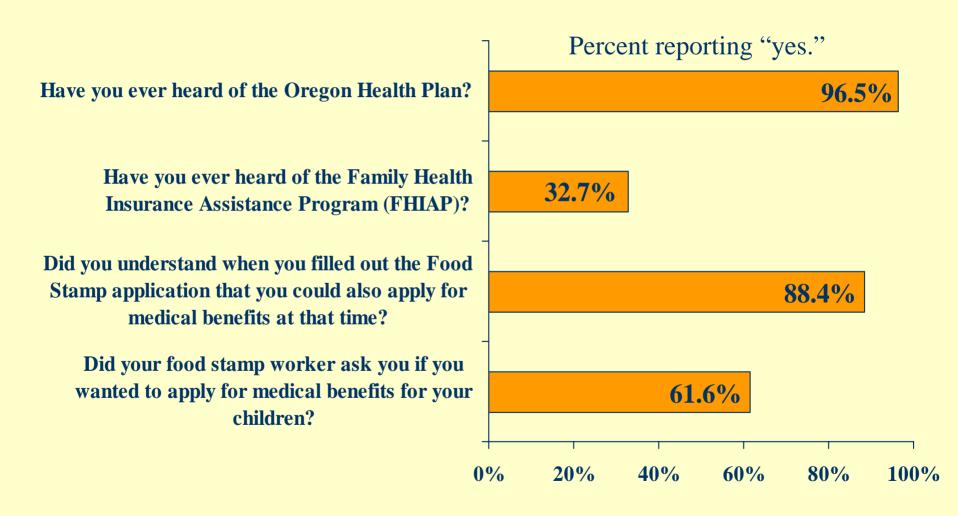
"Their dad was supposed to get them covered through his work, but the costs was too much, and it didn't happen..."



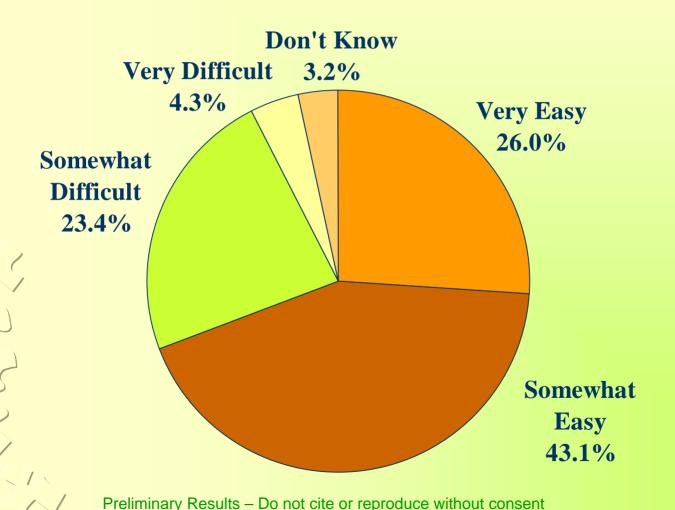
Enrollment in Public Insurance Programs



Awareness of Public Medical Assistance Programs



How Easy or Difficult do You Think it is to Complete an OHP Application?



What was Difficult About the OHP Application Process?

| It was difficult to gather all the paperwork I needed to enroll. | 43.7% |
|--|-------|
| It takes too much time. | 23.4% |
| I could not get through on the telephone. | 16.4% |
| have transportation problems getting to the office. | 15.0% |
| The people at the application office are not helpful. | 13.8% |

Among Those Reporting Other OHP Application Difficulties...

 9.3% reported that the re-enrollment paperwork was redundant and required too often.

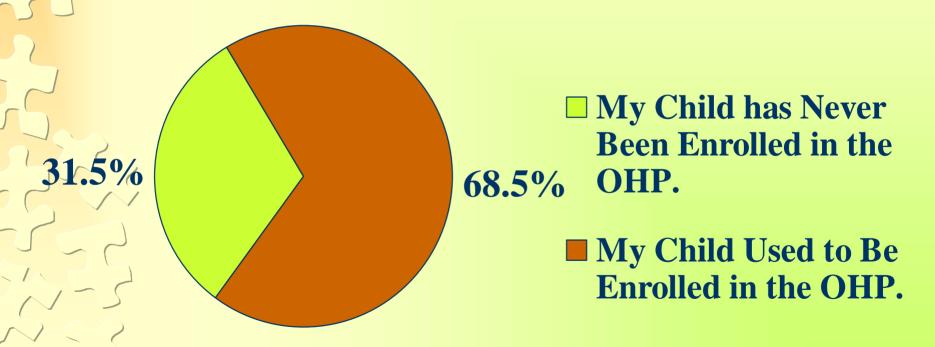
 7.3% said the processing time was too long.

 5.7% had confusion about how to select medical and dental providers.

When Asked to Identify Three Changes that Would Make the OHP Application Process Easier...

- √72.6% said it would be easier if you
 did not have to re-enroll your child in
 the OHP every 6 months.
- √ 35.5% said it would be easier if your child did not have to go without health coverage for 6 months.
- √ 34.1% said they would like to be able to apply on-line.

The Majority of Children Not Currently Enrolled in OHP had been Previously Enrolled...



Reasons for Not Wanting to Enroll Child in OHP

| My child already has health insurance. | 68.4% |
|---|-------|
| The rules change too often. | 14.1% |
| It is too difficult to see a provider when you have the Oregon Health Plan. | 12.5% |
| It takes too much time to apply. | 10.1% |

RESULTS

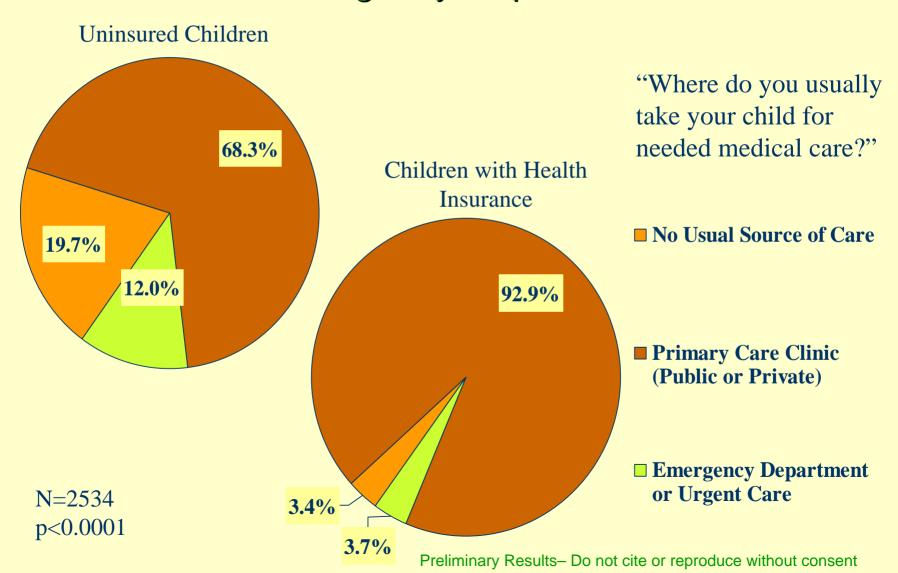
Access to Healthcare Services



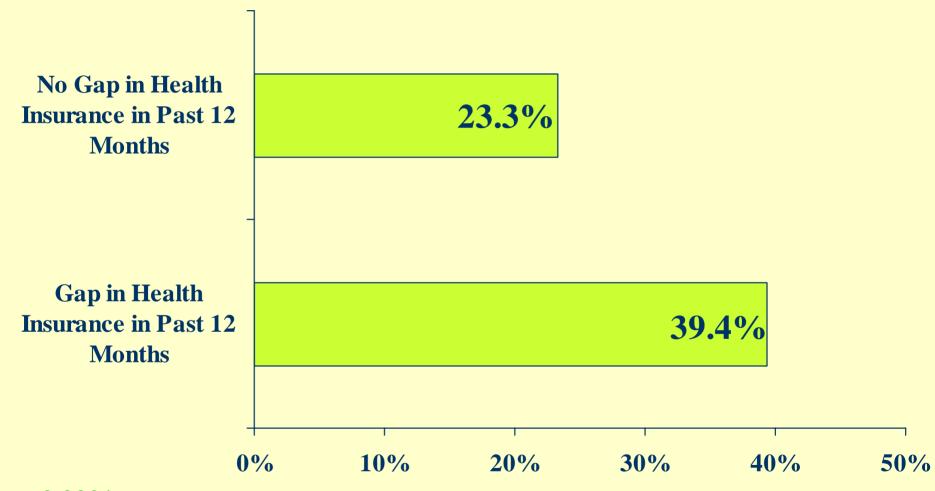
Where Do You Usually Take Your Child for Needed Medical Care?

- 57.6% reported Private Doctor's Office
- 21.1% reported Public Health, Community Health or Tribal Health Clinic
- 6.6% reported Hospital-based Clinic
- 2.4% reported Emergency Department

A Higher Percentage of Uninsured Children have no Usual Source of Care or Use the Emergency Department



Yes, My Child Had to Change His or Her Regular Clinic Due to Insurance Change or Loss...

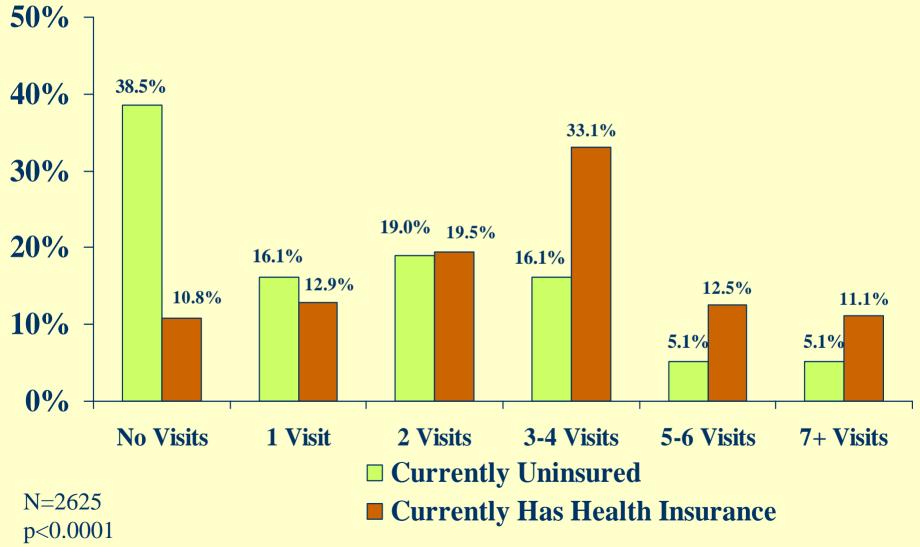


p<0.0001

Percent of Parents Reporting Their Child had to Change Regular Clinics

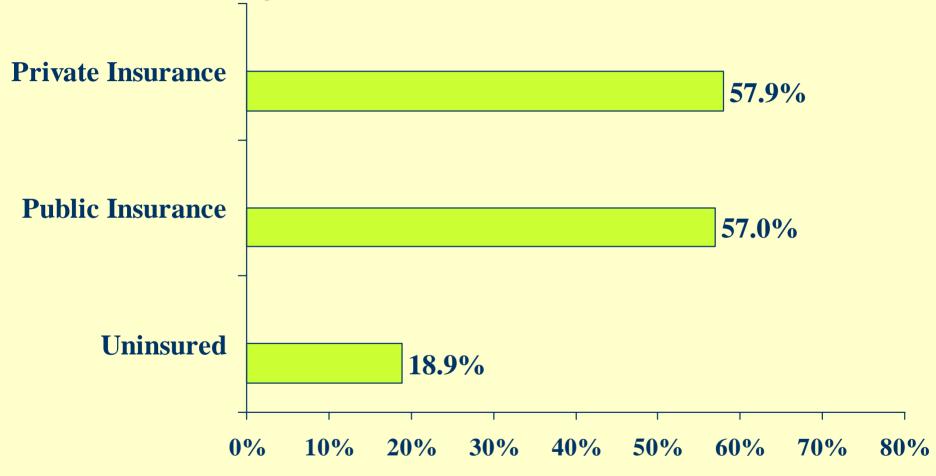
Preliminary Results – Do not cite or reproduce without consent

Over One-third of Uninsured Children did not See a Healthcare Provider in the Past Year



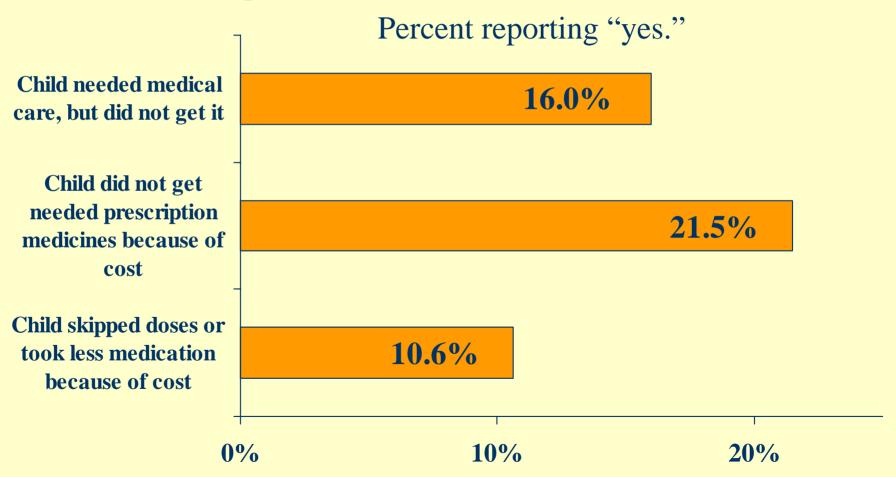
Preliminary Results - Do not cite or reproduce without consent

Less than One-fifth of Uninsured Children got Necessary Dental Care in the Past Year



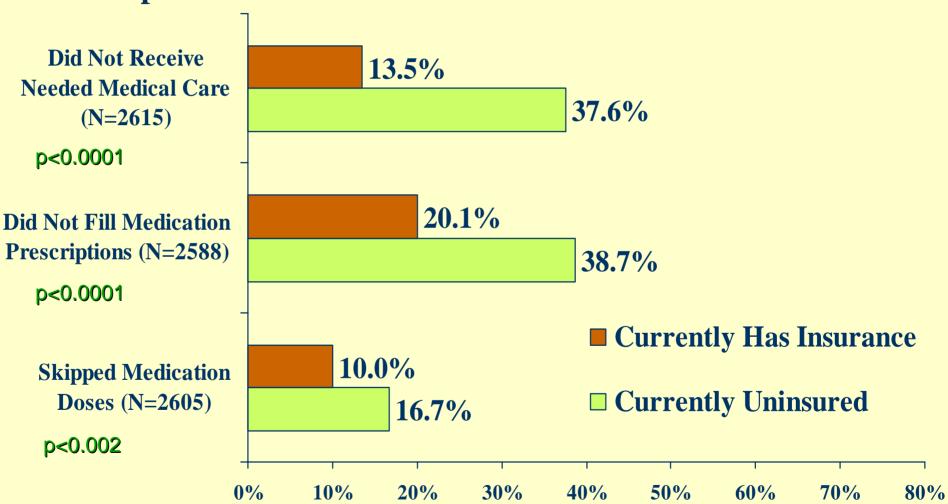
N=2628 p<0.0001 Percent of Parents Reporting that Their Child Got Necessary Dental Care in Past 12 Months

Unmet Medical Care and Prescription Medication Needs



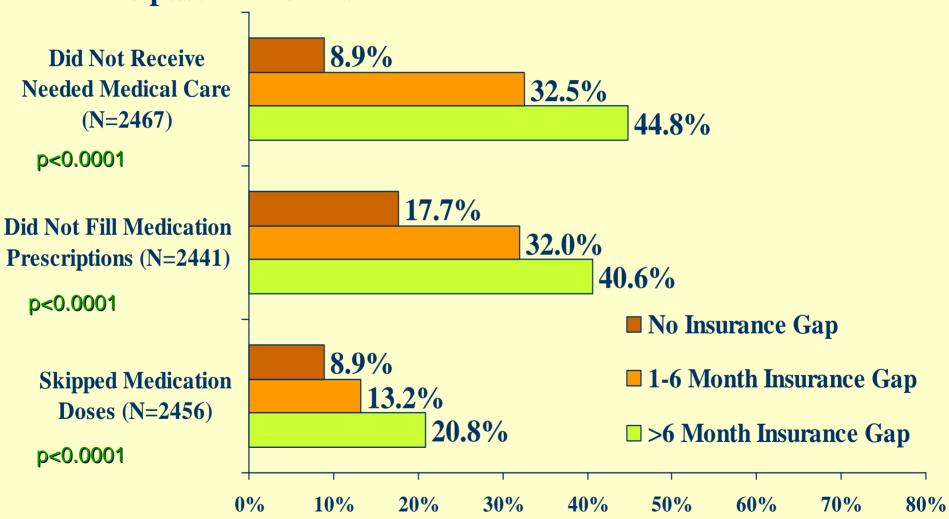
Uninsured Had Higher Rates of Unmet Need

"In the past 12 months..."



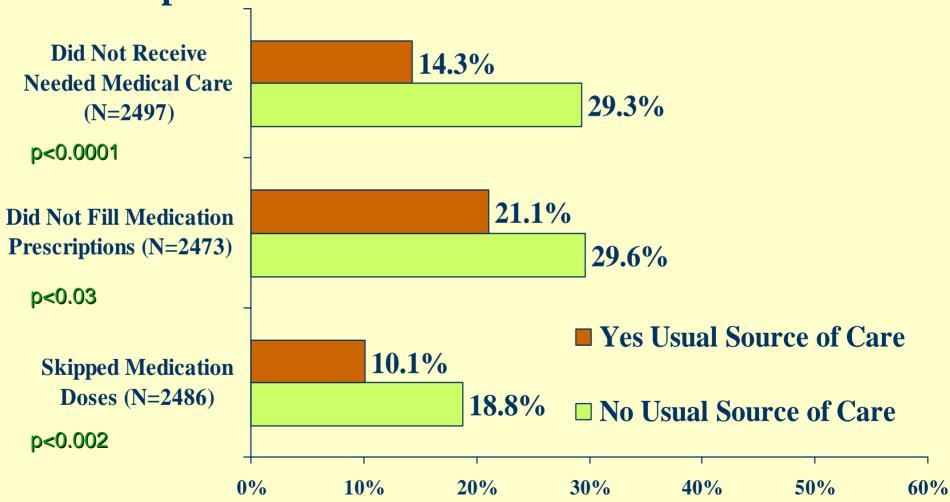
Children With Insurance Gaps Greater Than Six Months Had the Highest Rates of Unmet Need

"In the past 12 months..."



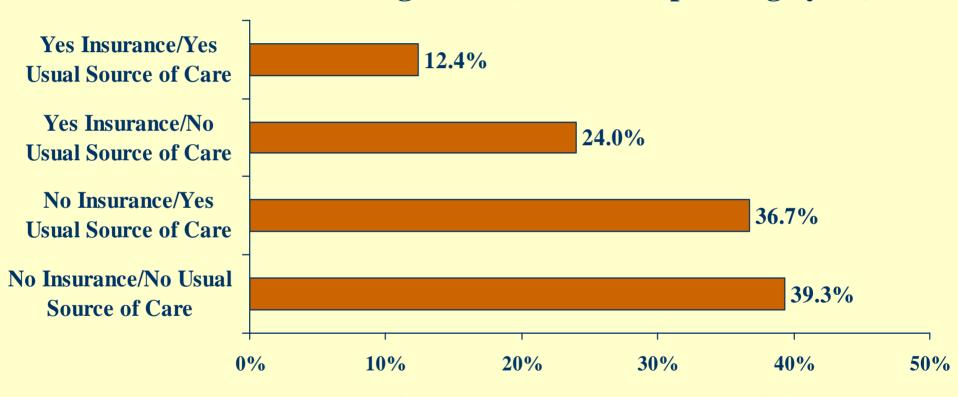
Children Without a Usual Source of Care Had Higher Rates of Unmet Need

"In the past 12 months..."



Double Vulnerability: No Insurance and No Usual Source of Care

"In the past 12 months, was there ever a time your child needed medical care but did not get it?" (Percent responding "yes")



N=2488 p<0.0001 Percent of Parents Reporting that Their Child had Unmet Medical Care Needs

STUDY LIMITATIONS

- Analysis is based on self-reported information from mail-return data from 31% of the eligible sample population.
- Survey respondents may have higher rates of uninsurance and unmet healthcare needs compared with the general food stamp population.
- This is a preliminary cross-sectional analysis and associations cannot be proven causal.

CONCLUSIONS: Health Insurance Status

Among children in the food stamp population, higher rates of uninsurance were associated with being:

- Hispanic
- Older than 14 years of age
- Living in a household earning greater than 133% FPL
- Having an uninsured parent
- Having a parent who recently lost OHP coverage

CONCLUSIONS: Barriers to Maintaining Insurance Coverage

1 in 4 children in the food stamp program had a gap in insurance coverage during the past year. Reason reported by parents include:

- Lost or could not afford employer-sponsored coverage
 - Did not think their child was eligible for OHP due to income
 - Missed OHP re-certification window

CONCLUSIONS: Enrollment in Public Programs

Among parents in Oregon's food stamp population:

- 96.5% had heard of the Oregon Health Plan.
- 32.7% had heard of the Family Health Insurance Assistance Program (FHIAP).
- A majority of parents with children not currently enrolled in OHP wanted to enroll their children in OHP if they became eligible.

CONCLUSIONS: Improving Access to Public Programs

The process of applying to OHP could be improved to increase access to health coverage for those eligible. Suggestions reported by parents include:

- Extend the time between reenrollment (72.6%)
- Decrease the amount of paperwork needed to enroll (43.7%)
- Consider not requiring children to go without coverage for 6 months prior to enrollment (35,3%)

CONCLUSIONS: Uninsurance and Healthcare Access Problems

Compared to Children with Insurance, the Uninsured Children in this study were...

• 6 times more likely to have no usual source of care.

• 3 times more likely to go to the Emergency Department for regular care.



In the past 12 months...

- 1 in 3 uninsured children did not visit a primary care provider.
- 4 out of 5 uninsured children did *not* get necessary dental care.

CONCLUSIONS:

Gaps in Health Insurance Coverage

Children in this study with a gap in health insurance coverage...

- Had higher rates of unmet healthcare needs.
- Were more likely to need to change their regular clinic due to an insurance change or loss.



 Low-income children remain uninsured despite being eligible for public and private health insurance options.

• Efforts should be targeted at maximizing enrollment and retention of eligible children by identifying and addressing as many barriers as possible.

ACKNOWLEDGEMENTS

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