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Children's Access to Health Care

Results from the Oregon Survey

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EXECUTIVE SUMMARY

The percentage of Oregon children under the age of 18 without health insurance has risen from 10.1% in 2002 to 12.3% in 2004.[1] This represents 105,000 children.[a] Governor Ted Kulongoski has placed access to basic health care as a top priority in his recent Children's Charter, calling for an increase in the number of Oregon's children with health insurance coverage.[2] One way to address this call is to learn more about the experiences of Oregon families who have uninsured children. Although several national studies have highlighted potential explanations for gaps in children's health insurance coverage, every state has a unique children's health insurance environment. A statewide study was conducted to gather information directly from low-income families in Oregon about issues they currently face when attempting to obtain health insurance coverage for their children.

In order to gather information from low-income families with children eligible for publicly funded health insurance programs, the mail-return survey sample included all Oregon families with children enrolled in the food stamp program at the end of January 2005. This report presents descriptive survey results from the parents of 2,681 children.

ACCESS TO HEALTH INSURANCE

Health Insurance Status

Among the children in the study population with a known insurance status, over ten percent (10.9%) were uninsured, 73% of children had only public insurance coverage (mostly Oregon Health Plan), and 16.1% had private coverage. Low-income children who were most likely to be without health insurance coverage were Hispanic; were teenagers over age 14; were in families at the higher end of the income threshold; had an employed parent; or had a parent who was uninsured.

- 15.7% of Hispanic children were without health insurance coverage compared with 9.5% of non-Hispanic children.
- 14.2% of children over 14 years of age were uninsured, compared with only 6.6% of children between ages one and four.
- Households earning zero income reported that 8.2% of their children had no health insurance, compared with 19% of children in households earning greater than 133% of the federal poverty level.
- 52.2% of uninsured children were in low-income families with employed parents; 37.1% of publicly insured children had employed parents.
- 80.8% of uninsured children had a parent with no health insurance coverage themselves, compared with only 20.3% of insured children.

[a] If the 18th year is included, the number increases to 117,725 uninsured children. The upper age limit for the State Children's Health Insurance Program (SCHIP) includes children up to the age of 19.

Health Insurance Gaps

There were significant gaps in health insurance coverage within this low-income group of children:

- More than one-quarter (26.3%) of the children in the study went without health insurance coverage at some time during the 12-month period immediately prior to the study.
- A higher percentage of parents without health insurance had children who experienced gaps in coverage (46.4%) compared with parents who reported current health insurance coverage (18.2%).

Reasons for Insurance Coverage Gaps

Among children with gaps in coverage, cost and income requirements were the major reasons that children went without health insurance:

- 20.7% of parents reported that their child was not eligible for Oregon Health Plan because of income.
- 20.3% of parents reported the person whose insurance covered the child was no longer eligible for coverage (due to reasons such as job change or part-time work).
- 16.5% of parents reported that the family could not afford to pay for employer-sponsored health insurance premiums.

Over one-third of the parents reported "other" reasons their child went without health insurance coverage. Among comments reported as "other," 31.4% had difficulty with OHP documentation or the OHP application process, and 18.8% reported missing the six-month OHP re-certification window.

Enrollment in the Oregon Health Plan (OHP)

Among parents whose children were not currently enrolled in OHP, 32.5% believed that their child was eligible for the OHP, and 59.4% reported that they would want to enroll their child in OHP if they were told that their children were eligible.

The main reasons cited by parents for not wanting to enroll their children in OHP included: child already has other insurance (68.4%), the rules change too often (14.1%), it is too difficult to see a provider when you have the OHP (12.5%), it takes too much time to apply (10.1%).

Among the parents who were familiar with the OHP application process, 69.1% found it very easy or somewhat easy (26.0% and 43.1% respectively) while 27.7% found it somewhat difficult or very difficult (23.4% and 4.3% respectively) to complete an OHP application.

The most commonly cited difficulties with the OHP application process included: it was difficult to gather all of the paperwork needed to enroll (43.7%), it takes too much time (23.4%), it is difficult to get through on the telephone (16.4%), and it was not possible to find transportation to the office (15.0%).

When asked to select three changes that would make the OHP application easier, 72.6% reported that it would be helpful if a child did not have to re-enroll in the OHP every six months, 35.5% preferred that a child not have to be without insurance coverage for six months before qualifying for OHP coverage, 34.1% were interested in applying for the OHP online, and 31.0% wanted coverage to start the same day that a child visits a healthcare provider's office.

ACCESS TO HEALTHCARE SERVICES

Usual Source of Care

Only 68.3% of uninsured children reported having regular access to a provider of primary care services, compared with nearly all of the children with health insurance (92.9%).

Children without health insurance were almost six times more likely than insured children to lack a usual source of care and three times more likely to be taken to the ED or an urgent care clinic for regular care.

Gaps in insurance coverage were also associated with not having access to a usual source of primary care:

- 16.9% of children with a gap of greater than six months in the past year had no usual source of care, compared with only 2.6% of children with continuous insurance coverage.
- 39.4% of children with gaps had to change clinics due to insurance change or loss compared with only 23.3% of children with no gaps.

Unmet Medical Care and Prescription Medication Needs

Being without health insurance coverage was associated with higher rates of unmet need:

- 37.6% of uninsured children had unmet medical needs, compared to 13.5% of insured children.
- 40.6% of children with health insurance gaps greater than six months had unmet prescription medication need, compared with 17.7% of children with no gaps.

Children with NO INSURANCE and NO USUAL SOURCE of care were the most vulnerable to unmet healthcare needs:

- 39.3% of uninsured children with no usual source of care had unmet need while only 12.4% of children with both insurance and a usual source of care had unmet need. Children with insurance but no usual source of care fared better than the uninsured children with a usual source of care (24.0% vs. 36.7%, respectively).
- Only 10.4% of the children with no insurance and no usual source of care ALWAYS received timely urgent care, compared with 57.6% of insured children with a usual source of care who always received urgent care as soon as they needed it.

Access to Healthcare Providers and Facilities

Over one-third of children without health insurance (38.5%) did not visit a doctor's office or primary healthcare clinic in the past 12 months, compared with just over ten percent of children with current insurance.

Only 18.9% of the uninsured children received all of the dental care that they needed, compared with 57.9% of privately insured children.

Over three-quarters of uninsured children (76.7%) had a problem gaining access to specialty care, compared to 47.8% of children with private insurance coverage.

FINANCIAL IMPACTS

When asked why children were not able to access necessary care, cost was most often mentioned. Parents reported an inability to pay for the visit (46%), that their health plan would not pay for the treatment (20.7%), or that they owed money to the provider (17.4%) as the most common reasons for children not receiving needed medical care.

In the past 12 months, over half of the parents with insured children (54.7%) had no out-of-pocket expenses for all of their child's medical care.

IN CONCLUSION

- Despite eligibility for public and private coverage, Oregon's low-income families have children who are uninsured or experience significant gaps in their healthcare coverage.
- Cost and administrative hurdles are the major reasons for families not insuring their children.
- Children are more likely to remain uninsured if their parents are also uninsured.
- A lack of health insurance was associated with significantly higher rates of unmet healthcare needs for many of Oregon's children.
- Gaps in health insurance coverage led to the same problems encountered by children who were never insured, which include lack of access to a usual source of care or use of the Emergency Department as a usual source of care.

POLICY IMPLICATIONS

Several national studies have highlighted potential explanations for gaps in children's health insurance coverage, but every state has a unique children's heath insurance environment. There are opportunities within the current structure of the publicly financed insurance system and the private sector to expand children's health insurance coverage and to keep children continuously covered.

This study of low-income families enrolled in Oregon's food stamp program provides further evidence to support consideration of some of the commonly cited national policy recommendations to get and keep low-income children covered:

- Streamline the Oregon Health Plan application process.
- Minimize gaps in coverage by:
  - Eliminating or reducing the required period of uninsurance.
  - Simplifying the Oregon Health Plan renewal process.
  - Extending the re-enrollment period from 6 months to 12 months.
- Explore ways to contain the rising costs of healthcare to ensure sustained affordability in both the public and private sector.
- Explore ways to lower the cost of coverage for families who have access to employer-sponsored insurance.

References

1. Office for Oregon Health Policy and Research. Oregon Population Survey 2004, Health Insurance Statistics. Salem, OR 2005.

2. Kulongoski E. Governor Kulongoski's Children's Charter, available at http://governor.oregon.gov/Gov/children.shtml. Salem: State of Oregon Governor's Office; 2003.

Introduction

Oregon has responded to the well-documented need for improving children's access to healthcare with several new programs aimed at expanding children's health insurance coverage. In November 2003, Governor Ted Kulongoski announced the Children's Charter, which included a goal to expand access to basic health care, including increasing the number of children with health insurance.

As part of his Children's Charter, the governor raised the asset limit for children receiving Oregon Health Plan coverage from $5,000 to $10,000; he called for the development of a children's health insurance product; and he asked Oregon's Department of Human Services to pilot expanded outreach strategies for children. Despite major budget constraints in Oregon's Medicaid Program, state leaders have continued to look for ways to expand children's coverage.

Oregon offers healthcare coverage to certain low-income children through the Oregon Health Plan (OHP), which is comprised of several programs. The majority of children are eligible through Poverty Level Medicaid or the State Children's Health Insurance Program (SCHIP). OHP provides coverage for children up to 19 years old whose families earn less than 185% of the federal poverty level (FPL).[b] There are approximately 216,400[c] children enrolled in OHP receiving coverage under the OHP Plus benefit package.

Another publicly supported option for covering children in Oregon is the Family Health Insurance Assistance Program (FHIAP). FHIAP helps low-income Oregonians afford private health insurance by subsidizing private health insurance premiums for either individual or group coverage. FHIAP subsidizes a portion of the insurance premium (50%-95% premium subsidy, depending upon household income level, up to 185% FPL). Participants must re-enroll every 12 months and cannot exceed $10,000 in liquid assets. There are approximately 4,000[d] children under the age of 19 enrolled in this program.

Even with Oregon's efforts to expand coverage and create new programs, the percentage of children in Oregon without health insurance has risen from 10.1% in 2002 to 12.3% in 2004[1] (approximately 105,000 uninsured children).[e] Currently, it is estimated that as many as 62,000 of Oregon's uninsured children live in families earning less than 200% of the federal poverty level and are likely eligible for public coverage.[1] Although several national studies have highlighted potential reasons for gaps in children's health insurance coverage, every state has a unique children's health insurance environment. This study was designed to provide insight—directly from low income Oregon parents—into why

[b] 2005 Federal Poverty Level is an annual income of $19,350 for a family of four.
[c] Reflects enrollment of 216,368 children as of September 15, 2005. Source: Oregon Dept. of Human Services, Oregon Medical Assistance Programs, DSSURS dataset main_OMAP_elig_sept2005 Source: Oregon Dept. of Human Services, Oregon Medical Assistance Programs, DSSURS dataset main_OMAP_elig_sept2005
[d] Reflects enrollment of 3,992 children as of October 24th, 2005. Information available at http://egov.oregon.gov/IPGB/docs/snapshot/10_24_05.pdf
[e] If the 18th year is included, the number increases to 117,725 uninsured children. The upper age limit for the State Children's Health Insurance Program (SCHIP) includes children up to the age of 19.

many children in Oregon are without insurance coverage. The primary objectives of this study were to (1) identify barriers faced by low-income Oregon families who qualify for publicly-financed health insurance; (2) to examine demographic and other factors associated with barriers to health insurance enrollment and gaps in children's health insurance coverage; and (3) to explore potential links between children's health insurance status, access to and utilization of healthcare services, financial impacts, and the reported health status of Oregon's children.

METHODS

Sample

This study population included all families with children enrolled in the food stamp program at the end of January 2005. A total of 84,087 of these families qualified for the study after confirmation that they had at least one child between the age of one and nineteen.[f]

A stratified random sample of 10,175 families was drawn from the 84,087 total households deemed eligible to participate. One focal child was then randomly selected from each sample household. To ensure an adequate response from families with uninsured children, an over-sample was drawn of families with no children enrolled in a public medical assistance program for at least 60 days. The sample was also stratified by region to obtain geographic diversity. (Final results were weighted back to the original, qualifying food stamp population of 84,087 households.) Sampling regions were based on the eight Oregon Population Survey (OPS) regions, collapsed into six (Figure 1).

Of the 10,175 households originally sampled, 8,636 were eligible for the study while the remaining 1,539 were ineligible because they had moved out of state or had a bad address with no current forwarding address during the study data collection period. Completed surveys were received from 2,681 eligible households, for a response rate of approximately 31% (Figure 2). This response rate is consistent with the national average for Medicaid surveys.[2] Survey respondents were demographically similar to the eligible sample (Figure 3). A standard two-step weighting process was utilized for analysis including adjustment for non-response and weighting back to all of the 84,087 qualifying households in the food stamp study population.[3-6] All results are reported with unweighted raw numbers and weighted percentages, unless otherwise indicated.

Survey

A unique survey instrument was designed to gather information from Oregon parents about barriers to children's health insurance enrollment, access to children's medical care and prescription services, utilization of children's healthcare services, family financial contributions for children's care, and parental perceptions of their children's health status. The instrument draws from widely accepted data collection tools, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, the Community Tracking Study, the Medical Expenditure Panel Survey, and the National

[f] Medicaid eligibility determination and enrollment processes differ for children under age one in Oregon, so children under the age of one were therefore excluded.

Health Interview Survey.[7-9] Certain questions were created and adapted to make them more relevant to Oregon's unique environment. To ensure validity, cognitive testing of the survey instrument was conducted with a small sample of parents with uninsured children who agreed to take the survey and participate in a validation interview. Surveys were translated into Spanish and Russian and then independently back translated to ensure reliability of translation.

RESULTS

Respondent Demographics

Survey respondents reported on a fairly equal number of boys and girls. All ages were well represented with a slightly lower percentage of children over 14 years of age when compared with children in the younger age categories. Nearly one-fourth of the population (23.8%) described themselves as Hispanic. The self-reported race breakdown included 65.4% White, 4.4% Black or African American, 2.6% American Indian or Alaskan Native, 1.5% Asian, and 1.2% Native Hawaiian or other Pacific Islander. Nine percent of the respondents reported being more than one race, and 15.9% reported being a race other than those previously listed or did not respond to the question (Figure 4). Most respondents who selected "other race" designated themselves as "Hispanic," "Mexican," or "Latino." Approximately two-thirds of the children live in single parent households. Almost half of the parents (41.7%) reported being currently employed or self-employed. Over ten percent of the households have at least one child without health insurance (13.4%), and 43.3% of the households have one or more uninsured adults. In this population, 35.4% reported that at least one adult in the household lost OHP health insurance after January 2003 (Figure 5). Most households had between two to six people with a large percentage of the children living in households with one to three children (Figures 6 and 7). Over 13% of households had zero income, and the majority of households had monthly earnings below 100% of the federal poverty level (Figure 8).

Access to Health Insurance

Current Health Insurance Status

Insurance status was known for 2,649 children, weighted 98.7% of the population. Among the children whose insurance status was known, 10.9% were uninsured at the time this survey was conducted. Nearly two-thirds of the children in the study population were enrolled in the Oregon Health Plan (72.4%). Most of the remaining insured children who were not enrolled in OHP were covered as dependents by an employer-sponsored plan. A few families identified some other form of coverage (Figure 9). Among those children currently uninsured, the majority of them had OHP coverage in the past (Figure 10). The rates of children's uninsurance varied by region, with counties along the Columbia Gorge having the highest percentage of uninsured children (12.5%) compared with the lowest percentage in the southern and eastern regions of the state (8.6%). (Figure 11 and 12).

In order to examine demographic and other characteristics associated with a child's current health insurance status, each child with a known insurance status was assigned to one of three main insurance categories: 10.9% of children were uninsured at the time of

the survey, 73.0% of children had only public insurance coverage (mostly OHP), and 16.1% had private coverage (Figure 13).

When comparing characteristics associated with these three insurance categories, there were several statistically significant differences noted. Figure 14 shows differences in insurance status when comparing Hispanic and non-Hispanic children ($p<0.0001$). A higher percentage of Hispanic children had no health insurance (15.7%) compared with non-Hispanic children (9.5%). When compared with non-Hispanics, the percentage of Hispanics with public insurance is also higher (75.3% vs. 71.9% of non-Hispanics), but the percentage with private insurance is lower (9.0% vs. 18.6% of non-Hispanics). Variations were seen by race as well, although the numbers in many of the race categories were extremely small, making it difficult to achieve statistical significance (Figure 15a). When several of the race groups are combined to create race categories, a lower percentage of White children are uninsured (9.8%), compared with American Indians or Alaskan Natives (12.8%), and Other races (14.7%) (Figure 15b, $p=0.0001$).

Age was associated with different rates of insurance coverage (Figure 16, $p<0.0001$). Uninsurance rates were the highest among children over age fourteen (14.2%), compared with only 6.6% of children between age of one and five who were uninsured. The percentage of children with private insurance remained fairly stable across all age categories; however, the percentage of children with public insurance declined from 80.2% in the youngest group to 69.9% in the oldest group.

Insurance coverage differed by household income (Figure 17, $p<0.0001$) and parental employment status (Figures 18 and 19, $p<0.0001$). A higher percentage of households with zero income reported children covered by public insurance (84.9%), compared with higher income households (56.7% of children in households earning 101-133% FPL and 38.4% of children households earning >133% FPL). Surprisingly, households with the highest incomes reported higher rates of uninsurance: 19.0% uninsured children living in households earning >133% FPL vs. only 8.2% uninsured children among zero income households. Children of employed parents had a 13.1% uninsurance rate, compared to an uninsurance rate of only 9.0% among children with parents who were currently not employed. Figure 19 shows the employment status of the parents of children in each of the three insurance categories. While the highest percentage of privately insured children had employed parents (60.6%), over half of uninsured children (52.2%) also had parents reporting employment outside the home. Only 47.8% of uninsured children had parents not currently working outside the home.

Children's health insurance status was significantly associated with the health insurance status of parents and other adults in the household (Figure 20, $p<0.0001$). More than four-fifths of the parents (80.8%) who completed the survey about an uninsured child had no health insurance coverage themselves, compared with only one-fifth (20.3%) of parents with privately insured children. And, nearly all of the uninsured children (90.6%) had at least one uninsured adult in the household. In contrast, only 42.1% of children with public coverage and 28.2% of children with private insurance have uninsured adults in their households ($p<0.0001$) (Figure 21). Half of the uninsured children (49.4%) had an adult in the household who recently lost OHP coverage, compared to only 36.0% of

children with private insurance ($p<0.0001$) (Figure 22). When comparing the households, a higher percentage of households with adults who recently lost OHP had uninsured children (10.9% vs. 8.0%, $p=0.0260$) (Figure 23).

Gaps in Insurance Coverage

Among the households for whom information was available about health insurance coverage in the past 12 months, 26.3% had children who went without health insurance coverage at some time during the 12-month period immediately prior to the study (Figure 24). Among the children with a health insurance coverage gap, 34.2% had no health insurance for more than 6 months, while 65.8% were uninsured for fewer than six months (Figure 25). When comparing demographic and other characteristics of children with gaps in coverage to children who maintained continuous enrollment, there were significant differences by age, parental employment, parental insurance status, and monthly income (Figure 26). Among the children of parents who reported that they were currently employed or self-employed, 29.3% had a gap in coverage, while coverage gaps were reported in 24.2% of the children with parents currently not working outside the home ($p=0.0301$). When looking specifically at the information about the one parent who completed each of the surveys, a higher percentage of these parents without health insurance had kids who experienced gaps in coverage (46.4%) compared with parents who reported current health insurance coverage for themselves (18.2%) ($p<0.0001$). A higher percentage of children in families with zero income had insurance gaps (32.4%), compared with 24.4% of children in families earning between 1-50% FPL and 22.9% of the children in families with incomes between 51-100% FPL. Children in families earning more than 133% FPL also had a high percentage of insurance gaps (32.4%).

Barriers to Maintaining Continuous Coverage

Among the families with children who had gaps in insurance coverage, 20.7% reported that their child was not eligible for OHP because of income. Interestingly, many families with incomes that would likely qualify for OHP held this belief. Among the population with children's insurance gaps, 25.2% of parents who earned between 51-100% of the federal poverty level (FPL) believed that their child was not eligible for OHP because of income. Similarly, 39.7% of parents earning 133-185% FPL had a similar perception (Figure 27, $p=0.0016$). Other common reasons cited for a child being uninsured included: the person whose insurance covered the child was no longer eligible for coverage (due to reasons such as job change or part-time work), and the family could not afford to pay for employer-sponsored health insurance premiums (Figure 28).

Enrollment in the Oregon Health Plan

Among the children not currently enrolled in the OHP, 68.5% had been previously enrolled, and 31.5% had never been enrolled (Figure 29). Over one-third of the parents with children not currently enrolled in OHP had completed an OHP application for their child within the past year (Figure 30). Approximately 32.5% of parents whose children were not currently enrolled in OHP believed that their child was eligible for the OHP at the time that they completed the survey, and 59.4% reported that they would want to enroll their child in OHP if they were told their child was eligible. When comparing the two groups not currently enrolled in OHP, a higher percentage of parents of children who

had previously been enrolled in the OHP believed their child was eligible (44.4% vs. 28.0% of parents whose child had never been enrolled, p=0.0040) and would want to enroll their child (72.8% vs. 58.6% of those who had never been enrolled, p=0.0029) (Figure 31). The main reasons cited by parents for not wanting to enroll their children in OHP included: child already has other insurance (68.4%), the rules change too often (14.1%), and it is too difficult to see a provider when you have the OHP (12.5%) (Figure 33). Several respondents wrote additional information about concerns that OHP was not financially stable. One parent said, "I want my baby to have benefits when she needs them, not just when the state has money." Another wrote, "The program seems so unstable. I have concerns about lapses in coverage or reductions in services available, or delivered by healthcare providers not receiving enough compensation by the OHP program. It seems like every time the legislature has problems with the budget, people or services get cut from the Health Plan."

Only 16.5% of the parents in the study population reported never having completed an OHP application for their child at some point in the past. Among those parents familiar with the application process, 69.1% found it very easy or somewhat easy (26.0% and 43.1% respectively), while 27.7% found it somewhat difficult or very difficult (23.4% and 4.3% respectively) (Figure 32).

For parents familiar with the OHP application process, the most commonly cited problems included: it was difficult to gather all of the paperwork needed to enroll (43.7%), it takes too much time (23.4%), it is difficult to get through on the telephone (16.4%), and it was not possible to find transportation to the office (15.0%) (Figure 34). Many parents chose to write in additional information regarding this question. One parent wrote, "I had to fill out the paperwork three or four times…Even after filling out numerous packets, someone didn't complete it on time at the office." Another commented, "Case workers have to go through so much paperwork. I feel bad for anyone who has to do that." Others were also concerned about "the shortage of workers to complete the final paperwork."

When asked to select three changes that would make the OHP application process easier, many parents reported that it would be helpful if a child did not have to re-enroll in the OHP every six months (72.6%), if a child did not have to be without insurance coverage for six months before qualifying for OHP coverage (35.5%), if you could apply for the OHP online (34.1%), and if coverage started the same day that a child visits a healthcare provider's office (31.0%) (Figure 35). Several respondents wrote comments about the burdens of renewals every six months. As one parent noted, "Renewing every six months is a chore for families on fixed incomes…when you do renew, you should not have to resubmit copies of the same documentation over and over again."

Awareness about Public Medical Assistance Programs

All of the families in the study population were enrolled in the food stamp program, and most of them (88.4%) understood that they could also apply for public medical benefits when they completed a food stamp application. Nearly two-thirds of them (61.6%) reported that their food stamp worker asked if they wanted to apply for medical benefits (Figure 36). When comparing children in each of the three insurance categories, a

slightly smaller percentage of parents with uninsured children understood that they could apply for medical benefits when they completed a food stamp application or reported that a food stamp worker asked them if they wanted to apply for medical benefits (Figure 37 and 38).

Nearly everyone in the population had heard of the Oregon Health Plan (Figure 36). Most people had heard about OHP from a welfare office/case worker or from a friend or family member (Figure 39). A much smaller percentage of the population (32.7%) had heard of the Family Health Insurance Assistance Program (FHIAP), and only 6.9% of the population had ever received FHIAP assistance.

Access to Healthcare Services

Usual Source of Care

Most of the families in the overall study population reported having a usual place to take their children for needed medical care. The most common usual sources of care included: a private doctor's office or clinic (57.6%); a public health clinic, community health center or tribal health clinic (21.1%); and a hospital-based clinic (6.6%). A few families reported a hospital emergency department (2.4%) or an urgent care clinic (1.9%) as their usual source of care (Figure 40). Access to a place that can provide primary care and continuity of services differed significantly depending on whether a child had current health insurance. Only 68.3% of uninsured children reported having regular access to a provider of primary care services, compared with nearly all of the children with health insurance (92.9%). Children without health insurance were almost six times more likely than insured children to be without a usual source of care and three times more likely to be taken to the ED or an urgent care clinic for regular care (Figure 41, $p<0.0001$). Gaps in insurance coverage were also associated with not having access to a usual source of primary care. Nearly seventeen percent of children with a gap of greater than six months in the past year had no usual source of care (16.9%), compared with only 2.6% of children with continuous insurance coverage ($p<0.0001$). Children with health insurance gaps greater than six months used the emergency department for regular care five times as often as children with continuous coverage (Figure 42). Over one-fourth of the parents (26.8%) in the overall study population had to change their child's regular clinic because of a health insurance change or loss. A smaller percentage of children who maintained continuous insurance for at least 12 months had to change clinics compared with children who had insurance coverage gaps (23.3% vs. 39.4%, $p<0.0001$) (Figure 43). Fewer children with public insurance coverage had to change clinics compared to the uninsured (24.3% vs. 38.8%, $p=0.0001$) (Figure 44).

Unmet Medical Care and Prescription Medication Needs

In the twelve months immediately preceding the survey, 16.0% of children in the study population had a time when they did not receive necessary medical care; 21.5% of children did not receive a necessary medication because their parents could not afford to fill the prescription; and 10.6% had to skip doses or take less medication due to unaffordable costs (Figure 45). Children's health insurance coverage gaps were associated with higher rates of unmet medical care and prescription needs. A much higher percentage of uninsured children had unmet medical needs, compared to insured

children (37.6% of the uninsured did not receive needed medical care vs. 13.5% of the insured children, $p<0.0001$) (Figure 46). The length of the insurance gap also seems to have affected access to care. Among children with health insurance gaps greater than six months, 44.8% had unmet medical care need, compared with 32.5% of those with shorter gaps, and only 8.9% of the continuously insured (Figure 47, $p<0.0001$). No usual source of care was also significantly associated with higher rates of unmet need. The parents of 29.3% of children with no usual source of care reported unmet medical need, compared to only 14.3% of parents with children who had a usual source of care (Figure 48, $p<0.0001$). These trends with insurance status, insurance gaps and usual source of care were similar for children not getting access to necessary prescription medications (Figure 46, 47, 48).

A lack of health insurance and no usual source of care had an additive effect on unmet need: 39.3% of uninsured children with no usual source of care had unmet need while only 12.4% of children with both insurance and a usual source of care had unmet need. Children with insurance but no usual source of care fared better than the uninsured children with a usual source of care (percent reporting unmet need: 24.0% vs. 36.7%, respectively, $p<0.0001$) (Figure 49). This double vulnerability that resulted from having no insurance and no usual source of care was also associated with unmet prescription medication need (Figure 50), and a higher likelihood of having skipped medications due to cost (Figure 51).

In the overall population, most parents reported that their children always (54.1%) or usually (25.3%) received urgent care for an acute illness or injury as soon as they wanted it (Figure 52). Parents of uninsured children, however, were only half as likely to report that their child always received timely urgent care (24.0% vs. 55.6% of parents with insured children, $p<0.0001$) (Figure 53). Children with gaps in health insurance coverage also experienced more delays in receiving urgent medical care. Over sixty percent of parents whose children had 12-month continuous health insurance enrollment reported that they "always" obtained urgent care as soon as they wanted it, compared with only 17.6% of parents of children with a coverage gap greater than six months. In contrast, children with more than a six-month coverage gap were seven times more likely than children with continuous insurance to never get timely immediate care (Figure 54, $p<0.0001$). Respondents with a usual source of care for their children were more likely to have access to timely urgent care: 55.6% of the parents who have children with a usual source of care reported that they "always" receive urgent care when needed, compared with only 26.1% of children without a usual source of care always receiving immediate care for urgent conditions (Figure 55, $p<0.0001$). Again, having both insurance and a usual source of care was associated with the best rate of timely urgent care, with 57.6% of parents reporting that their insured children who have a usual source of care always got urgent care as soon as it was needed, compared with only 10.4% of parents with uninsured children who have no usual source of care ($p<0.0001$) (Figure 56). In contrast, one in three of the uninsured children with no usual source of care never got timely urgent care, compared with only one in twenty of the children with both insurance and a usual source of care ($p<0.0001$) (Figure 57).

When asked why children were not able to access necessary care, cost was most often mentioned. Parents reported an inability to pay for the visit (46%), that their health plan would not pay for the treatment (20.7%), or that they owed money to the provider (17.4%) as the most common reasons for children not receiving needed medical care (Figure 58). For many parents, the disruption in their access to care occurred during a short lapse in OHP coverage. One parent wrote, "I was re-applying for OHP, and it was the in-between period." Another child did not get care because the family was "waiting for re-enroll approvals." For many of the families in this low-income population, health insurance coverage allowed them to receive children's medical care at no cost. In the past 12 months, over half of the parents with insured children (54.7%) had no out-of-pocket expenses for all of their child's medical care (Figure 59). Several parents expressed gratitude to the OHP for the coverage. One wrote, "It's actually an awesome program that saves my life."

Access to Healthcare Providers and Facilities

Over one-third of children without health insurance (38.5%) did not visit a doctor's office or primary healthcare clinic in the past 12 months, compared with just over ten percent of children with current insurance (Figure 60, $p<0.0001$). Ease in gaining access to necessary specialists was also associated with having health insurance. When asked to indicate the level of difficulty they experienced in attempts to see a medical specialist by type of insurance, a larger percentage of parents with privately insured children (52.5%) reported no problems compared to the parents of children with public insurance (43.2%) or no health insurance (23.3%) (Figure 61, $p=0.0056$). In contrast, it was easier for publicly insured children with a mental health condition to get all necessary special treatment or counseling. Only 40.8% of children with public insurance had a problem getting necessary mental health services, compared with 57.4% of privately insured children, and 62.0% of uninsured children (Figure 62, $p=0.0014$).

Similarly, obtaining dental care was a problem for a large percentage of the uninsured children (77.7%) (Figure 63, $p<0.0001$). In the 12-month period immediately preceding the study, only 18.9% of the uninsured children received all of the dental care that they needed (Figure 64, $p<0.0001$). Dental care was also a problem for many children with health insurance coverage: 43.0% of the privately insured children and 44.5% of children with public coverage had a problem getting dental care (Figure 63). Not having a usual source of care was also associated with difficulties obtaining dental care (Figure 65).

DISCUSSION

Insurance Matters for Children

National research has clearly shown the link between stable health insurance coverage and better access to necessary healthcare services. Children lacking health insurance coverage are less likely to receive preventive services such as immunizations, dental and vision care.[10] Children with health insurance are 70% more likely to receive necessary acute medical care for common childhood ailments compared to their uninsured

counterparts.[10] These access difficulties extend into emergency situations where lack of health insurance often leads to delays and worse outcomes.

Oregon's children experience similar access difficulties, and for many children, a lack of health insurance or gap in insurance coverage led to a lack of regular care. Uninsured children in this study population were much less likely than their insured counterparts to have a usual source of care, and one in three had not visited a primary care provider within the past year. Rates of unmet healthcare needs were significantly higher in uninsured children, most strikingly in children who had health insurance gaps of greater than six months in the past year. Continuous health insurance was associated with a higher percentage of children always receiving healthcare at times of urgent need. Children's dental care was one of the most difficult services to access for all children, regardless of insurance status, which may reflect the fact that many commercially available plans do not offer dental coverage. Mental health services were also more difficult to access without health insurance coverage: 62% of uninsured children did not get necessary treatments and counseling, compared with only 40.8% of children with public insurance. Interestingly, a much higher percentage of privately-insured children (57.4%) had unmet mental healthcare needs which may be due to the fact that commercial insurance programs usually have limited mental health coverage, compared to the public plans.

For many children, a lack of health insurance led to a lack of regular care. The longer the health insurance gap, the less likely a child was to have a usual source of care. This cascading effect makes these children most vulnerable. The double vulnerability of having no usual source of care and no health insurance was associated with the most significant barriers to access. This especially vulnerable population also had difficulties getting timely urgent care: uninsured children without a usual source of care were seven times more likely to never get needed care right away, compared with insured children who also had a usual source of care.

Stable health insurance provides children with better access to necessary healthcare services and makes good economic sense. Better access to preventive care and primary care for insured children has shown to decrease hospitalizations. In contrast, without access to primary care and a higher likelihood of delayed emergency care, a lack of health insurance results in higher overall healthcare costs.[11] The average cost of an avoidable hospital stay in 2002 was estimated to be about $3,300.[12] Emergency Room visits for complications related to untreated chronic illness can cost 20-50 times more than one primary care visit.[12]

Why Are Children Uninsured?

Why do one in ten children in a population of families enrolled in food stamps and presumably eligible for public medical assistance programs have no current health insurance? More strikingly, why did one in four of these children go without health insurance at some time during the last year? Recent studies have identified many possible explanations for why many children have no health insurance:

- **Private Health Insurance Coverage is Unaffordable**

Workers are having increasing difficulty affording family coverage as prices continue to climb. A recent analysis of employer-sponsored insurance data from the Medical Expenditure Panel Survey (MEPS) revealed that from 1997 to 2003, the average monthly U.S. employee contribution towards a family health insurance premium rose steadily from $109 to $190. For Oregon families, the average employee contribution towards a family health insurance premium jumped from $83/month in 1997 to $180/month in 2003. Not surprisingly, over that same six-year time period, the percentage of eligible employees who have enrolled their families in an employer-sponsored health insurance plan has declined.[13]

Data from this survey confirm the fact that these rising costs are unaffordable for many working parents in Oregon. Over half of the children without current health insurance (52.2%) had a parent in the workforce. Among parents who had children with insurance gaps, 16.5% reported that the family could not afford to pay for employer-sponsored health insurance premiums. One-fifth of the children with gaps lost insurance because the person whose employer-sponsored plan covered the child was no longer eligible for health insurance through the workplace.

- **Public Health Insurance Coverage has Complex Eligibility Requirements**

On the public side, national data shows that many uninsured children may qualify for Medicaid or other publicly-financed programs; however, parents often misunderstand the eligibility guidelines and cannot always complete all of the necessary steps to enroll their children in health insurance and to gain access to necessary healthcare services.[14-30] The experiences reported by Oregon families in this study echo what has been observed nationally. One-fifth of the parents with uncovered children believed the children were not eligible for the Oregon Health Plan because of income. In some cases, these children may have had a period of ineligibility due to seasonal income fluctuations or due to requirements that Oregon children who qualify for the State Children's Health Insurance Program (SCHIP) must go six months without health insurance before enrolling in the OHP. In many cases, however, Oregon parents may not understand OHP income requirements. For example, among children with insurance gaps, 22.6% of parents earning 51-100% of the federal poverty level (FPL) believed that their children were not eligible for OHP because of income. These children likely qualify for Medicaid. Similarly, 31.8% of parents earning 133-185% FPL had a similar belief. These children likely qualify for SCHIP benefits, but most of their parents do not qualify for benefits. Perhaps, there is confusion in these families about the different eligibility rules for children and adults. This confusion was further evidenced by the fact that several respondents reported concerns about premiums and co-pays for their children or believed that their children did not qualify because OHP was closed to all new enrollees. These concerns relate to policies that affect adults, not children.

- **Public Health Insurance Application Procedures are Often Complicated**

Oregon Health Plan application paperwork and re-enrollment requirements were frustrating for many parents who had success navigating the food stamp enrollment process but were unable to keep their children covered by health insurance. When all respondents were given the opportunity to vote on the most beneficial change to be made in the OHP application process, parents overwhelming reported that it would be much easier for them if their child did not have to re-enroll every six months.

Studies comparing how different states have implemented the State Children's Health Insurance Program report that states with more extensive enrollment regulations have fewer eligible children consistently covered by health insurance.[14-16] When enrollment is made easier, more kids gain coverage and enrollment administrative costs can be reduced.[31] In some cases, reductions in enrollment and utilization may be attributable to people who are unwilling to complete the insurance application paperwork because they do not need immediate care. However, the National Survey of American Families also suggests that many eligible low-income families, even those with acute health needs, simply cannot navigate the enrollment process.[30]

- **Many Parents Do Not Qualify for Public Insurance Coverage**

Parental uninsurance is strongly associated with children's uninsurance.[32] Among Oregon's food stamp population, 80.8% of uninsured children had an uninsured parent, compared with just 20.3% of privately-insured children who had uninsured parents. National studies have shown that one of the most effective strategies to covering more kids is to expand parental coverage.[33] In Oregon's current fiscal environment, covering more parents may not be possible. In fact, many low-income adults have lost access to OHP Standard coverage due to policy changes that tie continued coverage to timely payment of monthly premiums and/or the recent closure of the OHP Standard program to new adult enrollees. The link between parental and children's coverage, however, is crucial in Oregon's current situation. Although children's coverage has not been changed, the changes in coverage for adults have the potential to trickle down to children and endanger their coverage. As evidenced in this study, a higher percentage of uninsured children had a parent who recently lost OHP coverage. Furthermore, several parents reported concerns about stricter income eligibility and premium payments for children. Although, eligibility and premium policies for adults have recently changed, they have remained constant for children under OHP Plus. The level of confusion around different OHP coverage for adults and children has been noted anecdotally but was clearly supported by survey respondents. It is critical to develop strategies to educate parents about children's eligibility and to have clear, consistent messages about the public insurance coverage options for children.

Study Limitations

This study has several limitations. The sample of low-income families was drawn from food stamp data. Families enrolled in the food stamp program are already connected to a system of public benefits. These families likely have higher rates of enrollment in medical benefit programs and may encounter fewer barriers to enrollment when compared to a more general low-income population. Because the data from this study can only be generalized to the food stamp population, these results may be understating the problem in the general population. Although it was not possible to reach a broader sample of low-income families for this study, it is likely that many of the barriers reported by food stamp families are magnified for families not already accessing public services. For budgetary reasons, the survey was only administered in English, Spanish and Russian; and telephone follow-up was not possible. Although a four-wave survey methodology was employed (two surveys and two reminder postcards), the response rate was 31%. The respondents, however, were demographically similar to non-respondents, and it was possible to use administrative data to adjust for non-response and weight results back to the entire food stamp population of 84,087 households. This complex adjustment for non-response addressed much of the concerns about anticipated response bias. As with any self-reported data, there is always the potential for recall bias. To minimize recall bias, respondents were asked to recall events and occurrences only in the past twelve months, and several questions pertained to similar topics in order to verify consistency in responses.

In Conclusion

- Health insurance makes a difference. Oregon has expanded health insurance coverage to needy families whenever possible and currently offers generous public health insurance plans to children. Most of the children in this study had coverage through the Oregon Health Plan.
- Despite eligibility for public and private coverage, some of Oregon's low-income families have children who are uninsured or experience significant gaps in their healthcare coverage.
- Cost and administrative hurdles are the major reasons for families not insuring their children.
- Children are more likely to remain uninsured if their parents are also uninsured.
- A lack of health insurance was associated with significantly higher rates of unmet healthcare needs for many of Oregon's children.
- Gaps in health insurance coverage led to the same problems encountered by children who were never insured, which include lack of access to a usual source of care or use of the Emergency Department as a usual source of care.

Policy Implications

Several national studies have highlighted potential explanations for gaps in children's health insurance coverage, but every state has a unique children's heath insurance environment. There are opportunities within the current structure of the publicly financed insurance system and the private sector to expand children's health insurance coverage and to keep children continuously covered.

This study of low-income families enrolled in Oregon's food stamp program provides further evidence to support consideration of some of the commonly cited national policy recommendations to get and keep low-income children covered. Although current fiscal constraints prevent the expansion of public health insurance coverage to more parents, these families might benefit from new strategies to get more children enrolled in publicly financed health insurance programs and to keep them enrolled, including:

- **Streamline the Oregon Health Plan application process.** Among a population of parents who successfully navigated the Oregon food stamp enrollment process, many reported difficulties with the burdensome OHP application process. Several of these parents reported that the amount of paperwork and income verification necessary to apply for OHP was overwhelming and caused needless delays. In addition to putting a burden on low-income families, these large amounts of paperwork can be costly for states to process. Because states have the authority to determine which documents are collected to verify income and residency, Oregon has the opportunity to streamline the application process. Simplified models exist in several states that have been successful in verifying income through a combination of state and federal databases, often with substantial administrative savings.[31,34] A collaborative effort to combine verification for several public assistance programs at one time may also save costs and make the process more efficient. Oregon is also one of the few states with an asset limit, which has the potential to exclude needy children and further adds to the paperwork processing burden.[35]

- **Minimize gaps in coverage by:**
    - **Eliminating or reducing the required period of uninsurance.** One in four children in this study had a health insurance coverage gap in the past year. Insurance gaps of greater than six months in this Oregon food stamp population were associated with the worst rates of unmet healthcare need and other access difficulties. Oregon should join with many other states who have moved towards decreasing or eliminating waiting periods for SCHIP enrollment.[35]

    - **Simplifying the Oregon Health Plan renewal process.** In addition to making it easier for families to keep kids covered, simplification of the OHP renewal process may actually save money. These cost savings can also be realized when children avoid gaps in coverage that can lead to

overuse of emergency department services and delays in preventive healthcare services. Strategies that have been successful in other states have included implementing a period of continuous eligibility for families even if income circumstances change and allowing passive re-enrollment if the family had no changes in their situation from the previous year.

- **Extending the re-enrollment period from 6 months to 12 months.** Oregon parents overwhelmingly reported that extending the renewal period would make it easier to keep their children insured. Many of the parents whose children had health insurance gaps indicated that the gap occurred during a missed re-certification window. The extension of the renewal period from six months to twelve months can also save money. Research has shown that it is often more cost effective to keep children continuously enrolled in health programs for longer periods of time than to administratively re-enroll them over and over again.[36]

Many parents in this study reported that their child had recently lost employer-sponsored coverage, and they expressed a desire to find affordable private coverage for their child. In order to ensure feasible health insurance coverage options for all families, additional strategies are also needed in the broader healthcare arena:

- Explore ways to contain the rising costs of healthcare to ensure sustained affordability in both the public and private sector.
- Explore ways to lower the cost of coverage for families who have access to employer-sponsored insurance.

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CHART BOOK TABLE OF CONTENTS

Figure 1

Sampling regions based on the eight Oregon Population Survey (OPS) regions, collapsed into six regions

Each region contains several adjacent Oregon counties, as follows:

- Region 1: Clatsop, Columbia, Lincoln, Tillamook
- Region 2: Clackamas, Multnomah, Washington, Yamhill
- Region 3: Benton, Lane, Linn, Marion, Polk
- Region 4: Coos, Curry, Douglas, Jackson, Josephine
- Region 5: Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler; Crook, Deschutes, Jefferson
- Region 6: Grant, Harney, Klamath, Lake; Baker, Malheur, Union, Wallowa

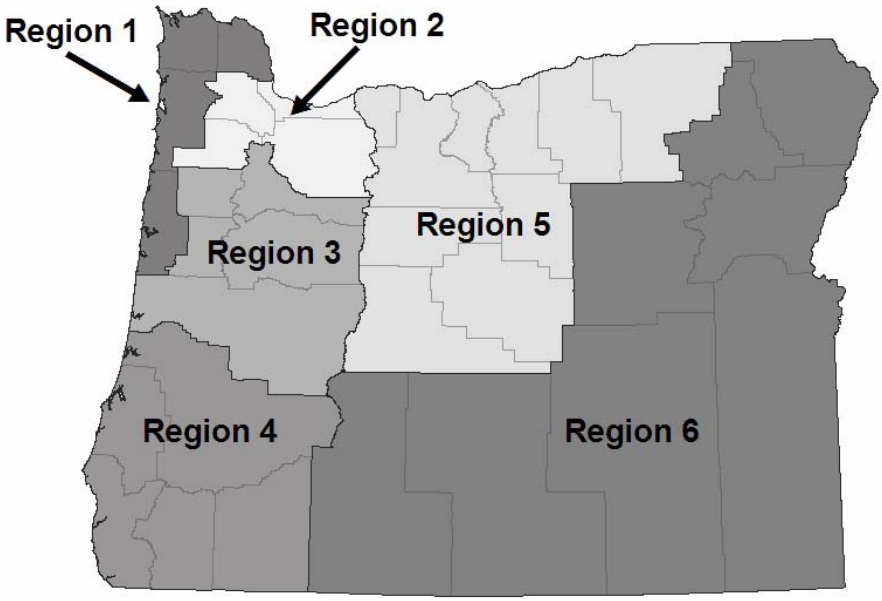


Figure 2
Children's Access to Healthcare Study Potential Participants

Flow Diagram of Potential Study Participants

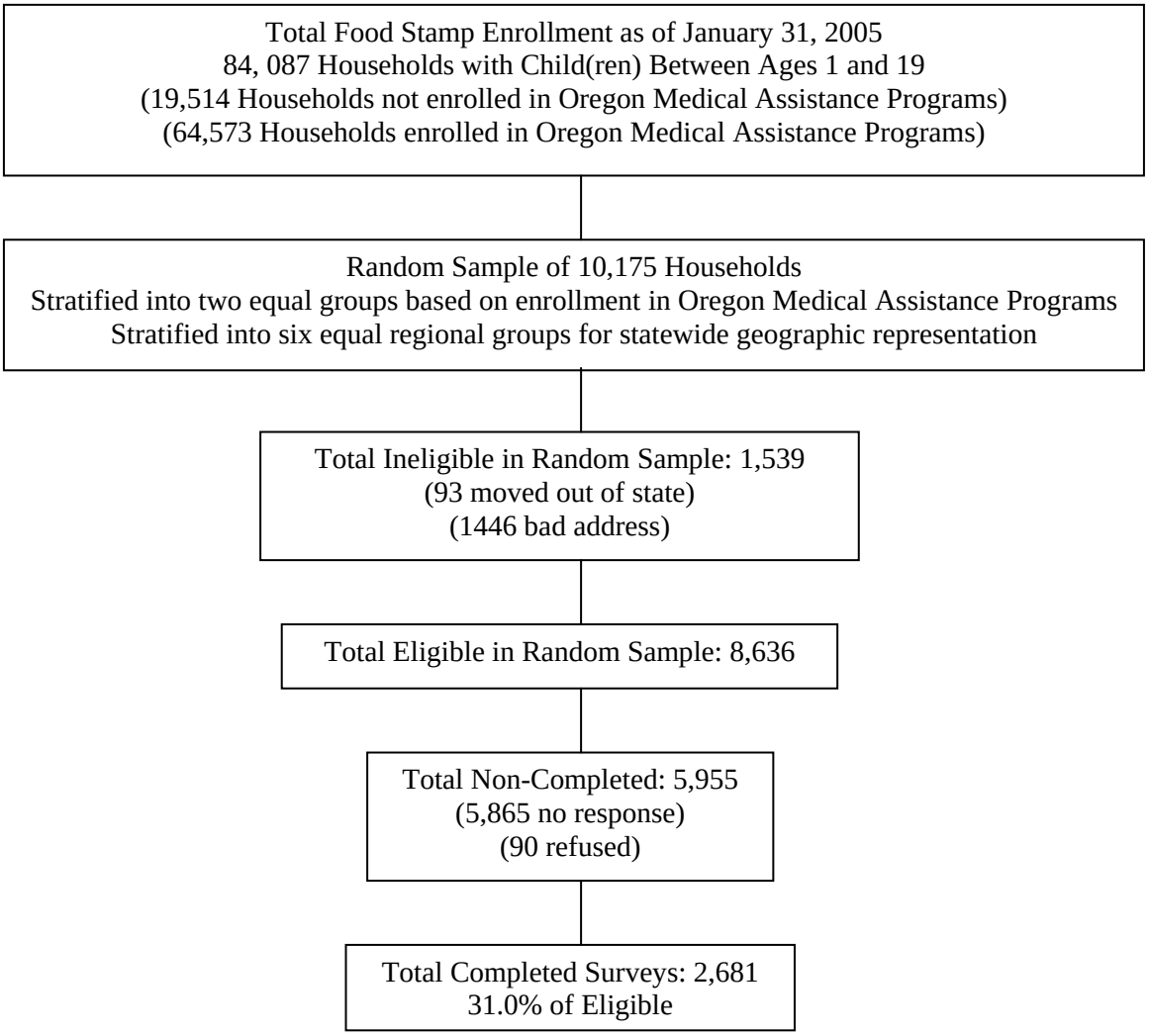


Figure 3
Comparison of Respondent Characteristics to Sample Population

DEMOGRAPHICS	ELIGIBLE POPULATION 8,636	SURVEY RESPONDENTS 2,681
Race		
White	73.7%	75.6%
Black	2.5%	1.9%
Hispanic	18.5%	17.7%
Asian	1.1%	1.2%
American Indian	3.3%	2.8%
Pacific Islander	0.1%	0.2%
Other	0.5%	0.6%
Unknown	0.2%	0.1%
Gender (child)		
Female	48.9%	48.3%
Male	51.1%	51.7%
Age		
1 to 4	26.2%	25.6%
5 to 9	28.9%	30.2%
10 to 14	25.4%	26.4%
15 and over	19.6%	17.8%
Region		
1	16.9%	18.8%
2	16.1%	15.6%
3	16.8%	15.9%
4	16.9%	16.2%
5	16.5%	15.3%
6	16.9%	18.2%
Current Enrollment in One of the Programs Sponsored by the Office for Medical Assistance Programs (OMAP)		
At Least One Child Enrolled in OMAP	50.3%	54.9%
No Child Enrolled in OMAP	49.7%	45.1%
Monthly Income		
<$500	30.0%	28.7%
$501-1000	25.7%	26.5%
$1001-1500	19.3%	18.2%
$1501-2000	14.5%	15.4%
>$2000	10.5%	11.2%

Figure 4
Race and Ethnicity of Survey Respondents

DEMOGRAPHICS (Unweighted N=2681)	Weighted Percentages
Ethnicity	
Non-Hispanic	72.9%
Hispanic	23.8%
Don't Know Ethnicity	0.6%
No Response	2.7%
Race	
White	65.4%
Black or African American	4.4%
American Indian or Alaskan Native	2.6%
Asian	1.5%
Native Hawaiian or other Pacific Islander	1.2%
MORE THAN ONE RACE (9.0%)	
White and American Indian or Alaskan Native	4.6%
White and Black	1.8%
White and Asian	1.2%
White and Native Hawaiian or other Pacific Islander	0.4%
American Indian or Alaskan Native and Black	0.2%
American Indian or Alaskan Native and Asian	0.05%
American Indian or Alaskan Native and Native Hawaiian or other Pacific Islander	0.03%
Asian and Black	0.02%
More than Two Races	0.7%
OTHER (15.9%)	
Other race-unknown	9.6%
Don't know race	0.7%
No Response	5.6%

Figure 5
Additional Demographics

DEMOGRAPHICS (Unweighted N=2681)	Weighted Percentages
Adult Relationship to Child	
Mother	84.8%
Father	7.5%
Sister or brother	0.4%
Grandparent	3.5%
Aunt or uncle	0.3%
Other family	0.3%
Other not family	0.3%
Left blank	2.9%
Parental Employment Status	
Employed	36.0%
Self-employed	5.7%
Not employed	55.9%
Left blank	2.4%
Parental Marital Status	
Now Married	36.6%
Divorced	23.2%
Separated	10.8%
Widowed	1.7%
Never Married	24.9%
Left blank	2.8%
Parental Insurance Status	
Uninsured	34.2%
Currently has health insurance	61.3%
Left blank or don't know	4.5%
Insurance Status of Children in Household	
All children currently have health insurance	83.7%
Not all children currently have health insurance	13.4%
Left blank	2.9%
Insurance Status of Adults in Household	
All adults currently have health insurance	52.6%
Not all adults currently have health insurance	43.3%
Left blank	4.2%
Adult Loss of Oregon Health Plan since January 2003	
At least one adult recently lost OHP	35.4%
No adults recently lost OHP	49.6%
Don't know	9.0%
Left blank	5.9%

Figure 6
Total Household Size

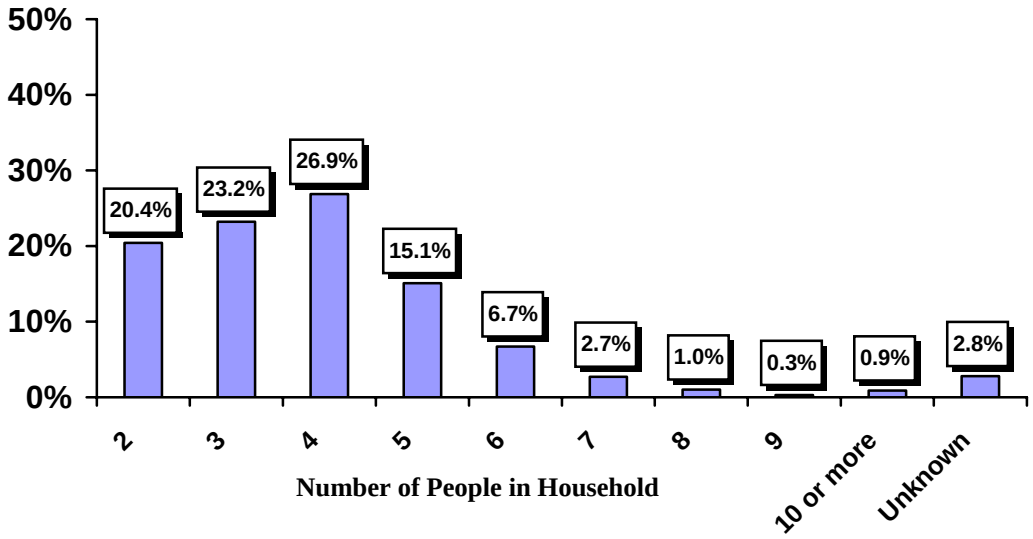


Figure 7
Number of Children in Household

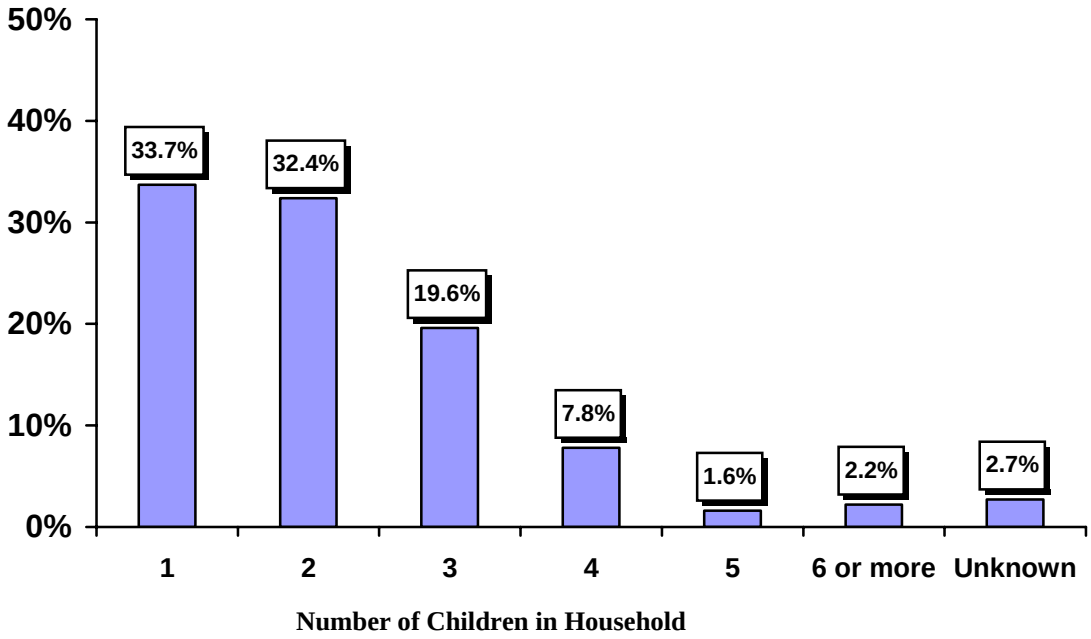
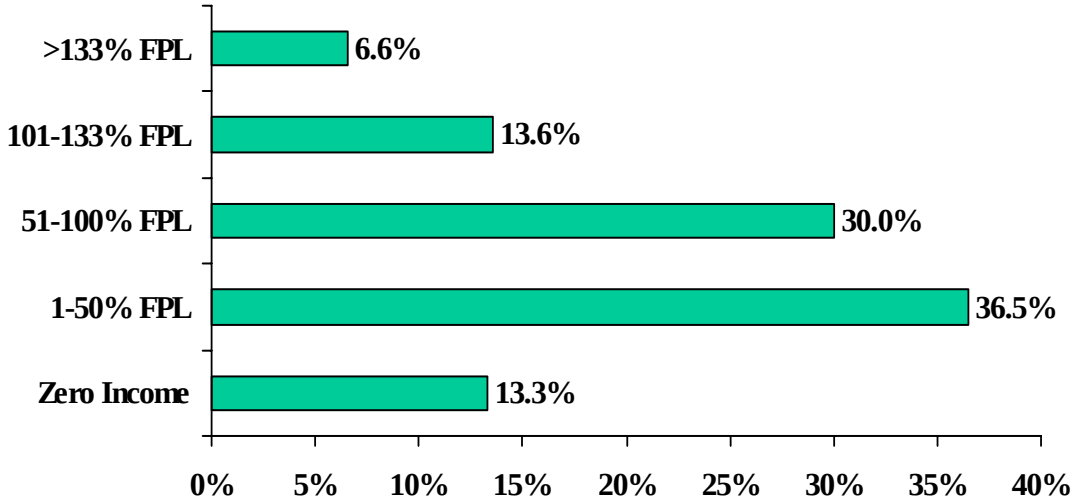


Figure 8
Monthly Household Income as Percent of Federal Poverty Level (FPL)



Unweighted N=2619

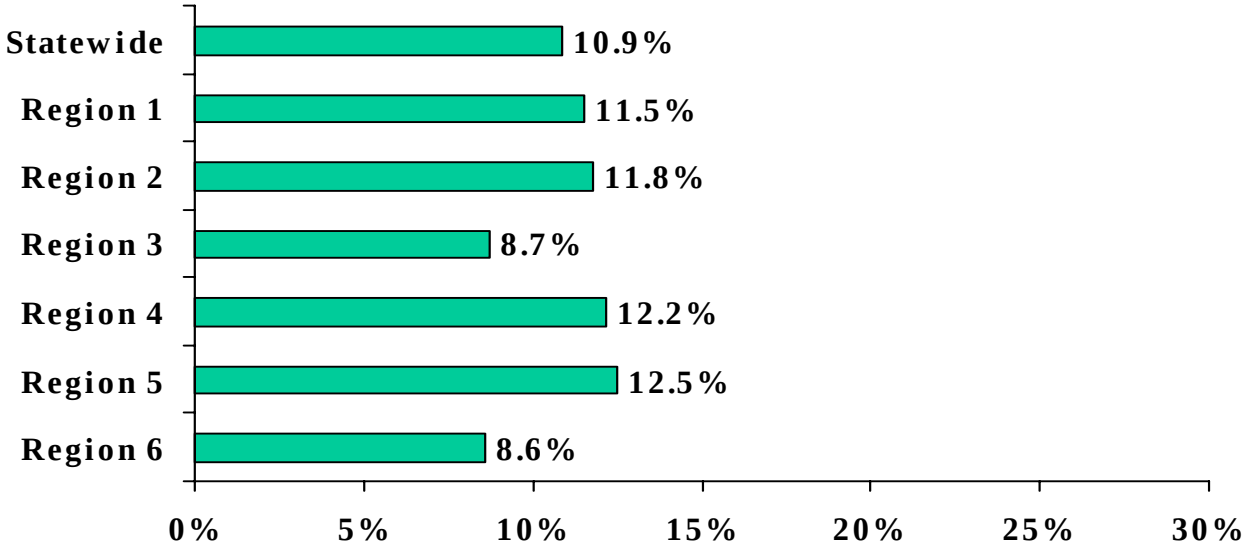
Figure 9
Current Insurance Type among Children with Known Insurance Status

Current Type of Insurance (Unweighted N=2649)	Weighted Percentages
Oregon Health Plan (OHP)	72.4%
UNINSURED	10.9%
Parent or Guardian's Employer or Union Plan	10.3%
OHP and Employer-Sponsored	4.3%
Insurance purchased privately	1.0%
Oregon Medical Insurance Pool (OMIP)	0.5%
CHAMPUS or other Military Insurance	0.2%
Other-Private Insurance	0.2%
OHP and Indian Health Service (IHS)	0.1%
Other-Public Insurance	0.05%
Medicare	0.05%

Figure 10
Past Insurance Type among Uninsured Children

Past Type of Insurance (Unweighted N=466)	Weighted Percentages
Past insurance OHP	48.9%
Past insurance from parent employer or union	15.7%
Past insurance purchased privately	0.9%
Past insurance CHAMPUS	0.4%
Past insurance HIS	0.2%
Past insurance OMIP	0.1%
Past insurance Other type-unknown	1.7%
More than one type of past insurance	4.9%
Child has never had insurance	15.4%
Don't Know or No response	11.8%

Figure 11
Percentage of Uninsured Children by Region



Region 1: Clatsop, Columbia, Lincoln, Tillamook
Region 2: Clackamas, Multnomah, Washington, Yamhill
Region 3: Benton, Lane, Linn, Marion, Polk
Region 4: Coos, Curry, Douglas, Jackson, Josephine
Region 5: Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler; Crook, Deschutes, Jefferson
Region 6: Grant, Harney, Klamath, Lake; Baker, Malheur, Union, Wallowa

Unweighted N=2649 (households with known children's insurance status)

Figure 12
Children's Uninsurance Rates by Region

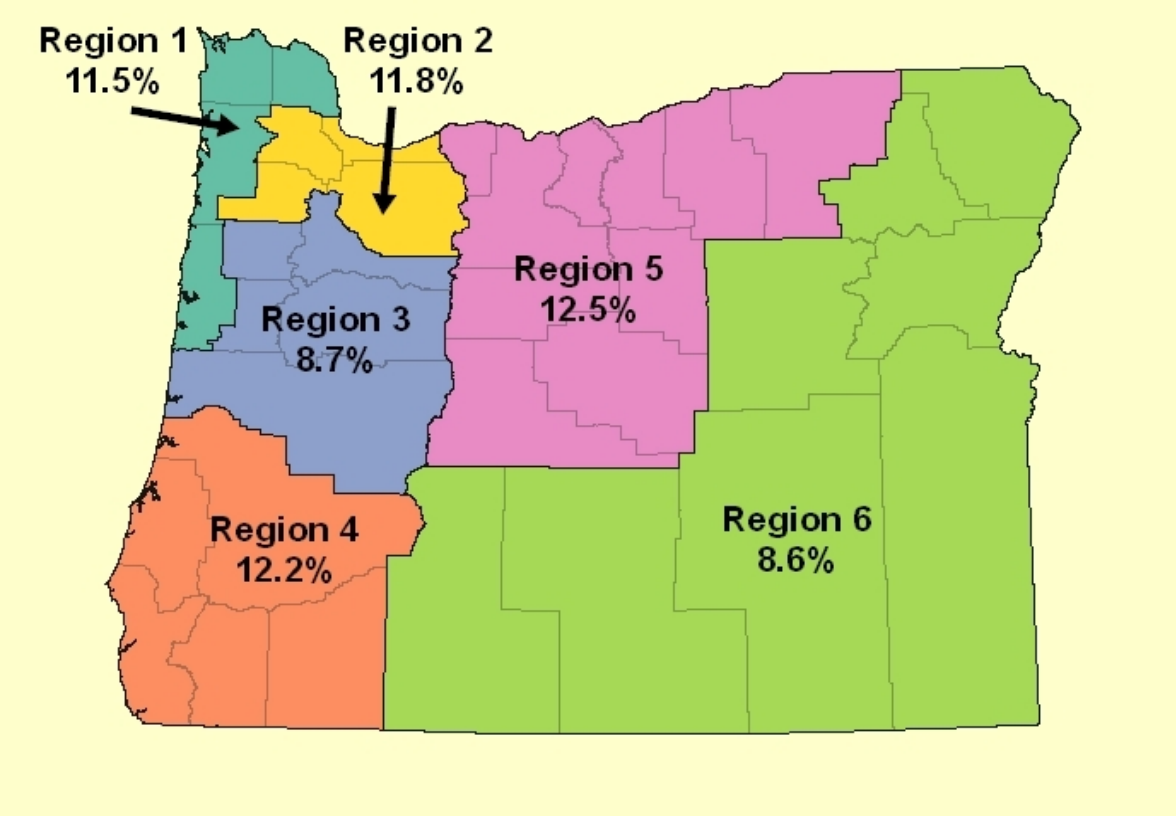
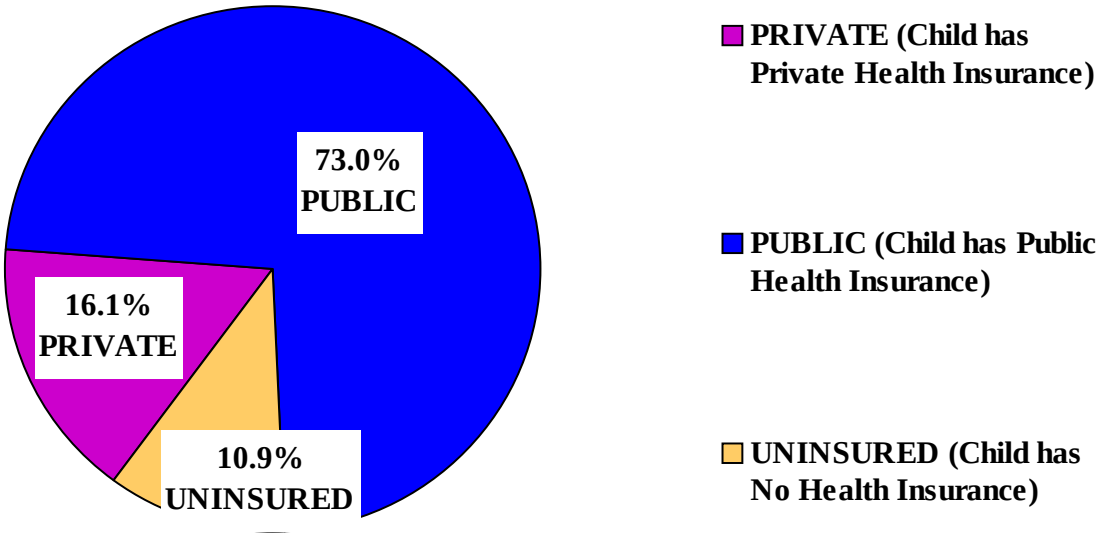
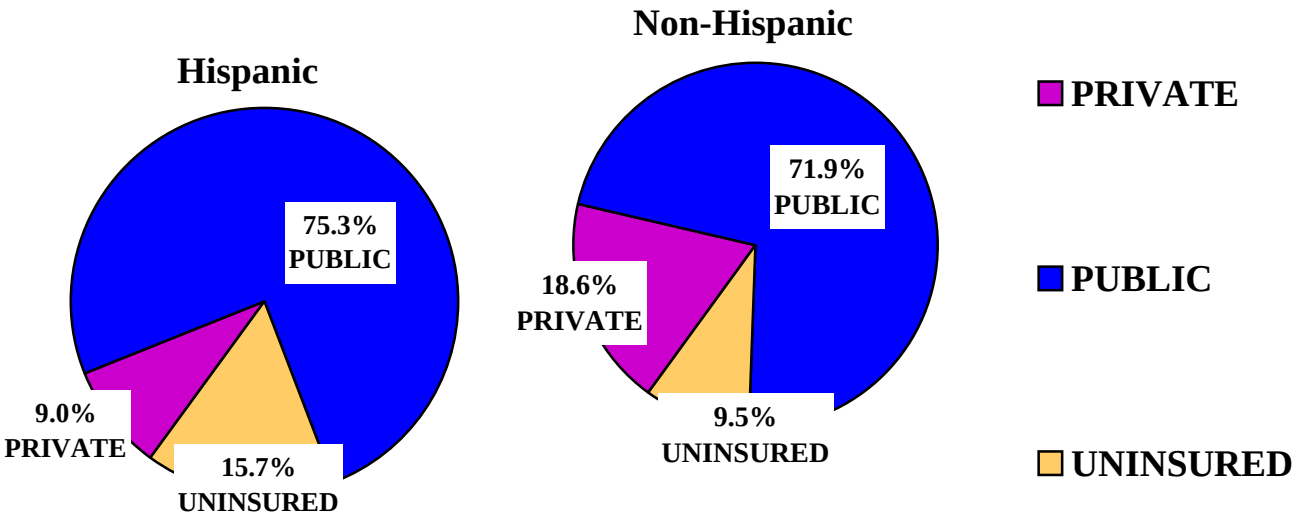


Figure 13
Type of Health Insurance Coverage



This chart only includes the 2649 children for whom specific insurance information was available (Weighted 98.7% of total population).

Figure 14
Insurance Type by Ethnicity



Unweighted N=2593
p<0.0001

Figure 15a
Insurance Type by Race

RACE (Unweighted N= 2505)	PRIVATE Weighted Percentages	PUBLIC Weighted Percentages	UNINSURED Weighted Percentages
White	17.1%	73.2%	9.8%
American Indian or Alaskan Native	34.6%	52.6%	12.8%
Asian	9.9%	81.1%	9.0%
Black or African American	8.5%	84.5%	7.0%
Native Hawaiian or other Pacific Islander	17.5%	70.9%	11.6%
More than one race	21.4%	70.1%	8.5%
Other- Unknown race	9.2%	72.0%	18.9%

Note: the cell sizes for Asian, Black, and Native HI/PI are far too small to determine statistical significance. See alternate table in Figure 15b where these racial groups are combined into an "Other-Unknown" race category.

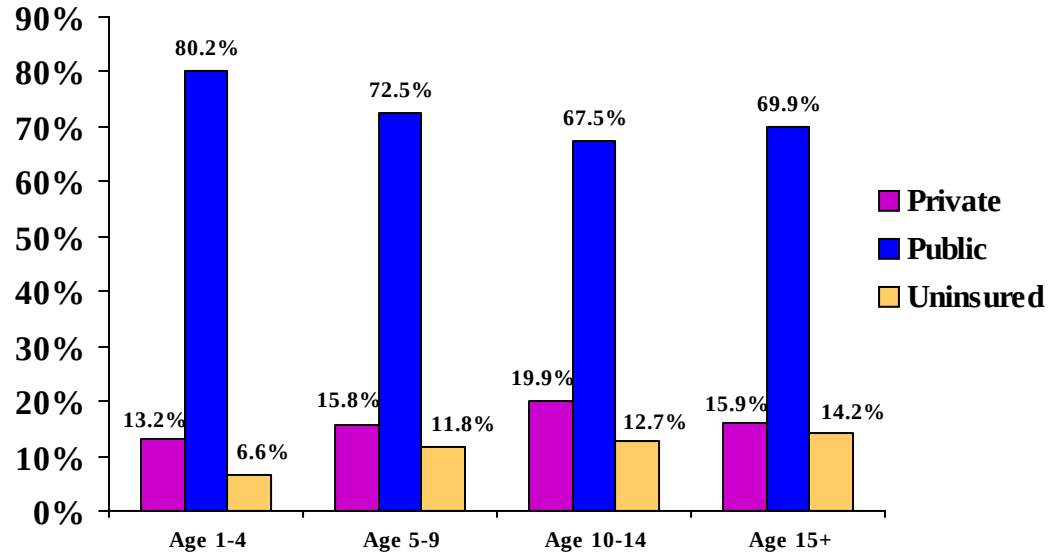
Figure 15b
Insurance Type by Race Categories

COLLAPSED RACE CATEGORIES

RACE (Unweighted N= 2505) p=0.0001	PRIVATE Weighted Percentages	PUBLIC Weighted Percentages	UNINSURED Weighted Percentages
White	17.1%	73.2%	9.8%
American Indian or Alaskan Native	34.6%	52.6%	12.8%
Other Races (includes Asian, Black, Native HI/PI, and Other races)	9.6%	75.7%	14.7%
More than one race	21.4%	70.1%	8.5%

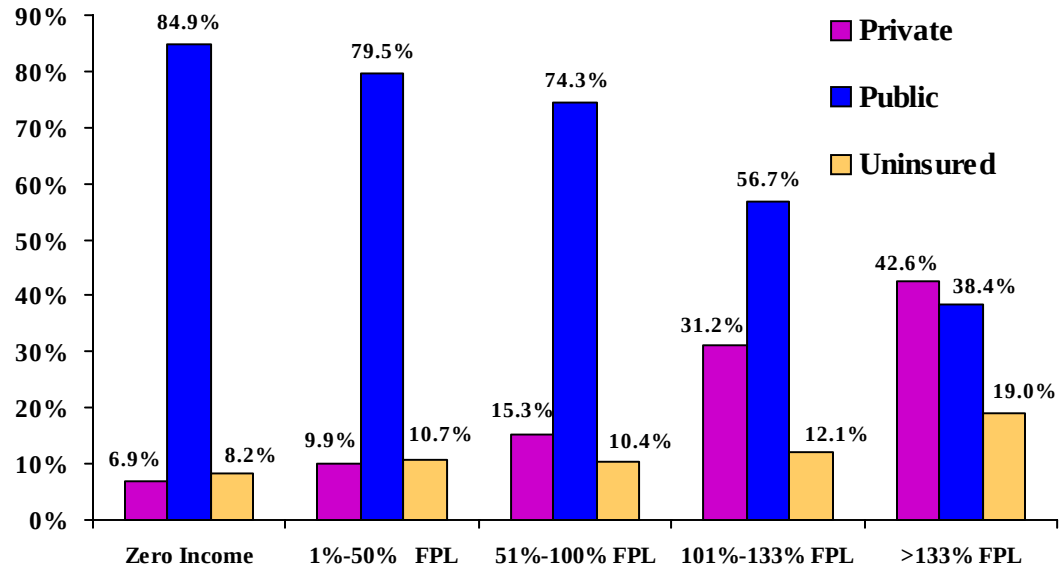
p=0.0001

Figure 16
Insurance Type by Age



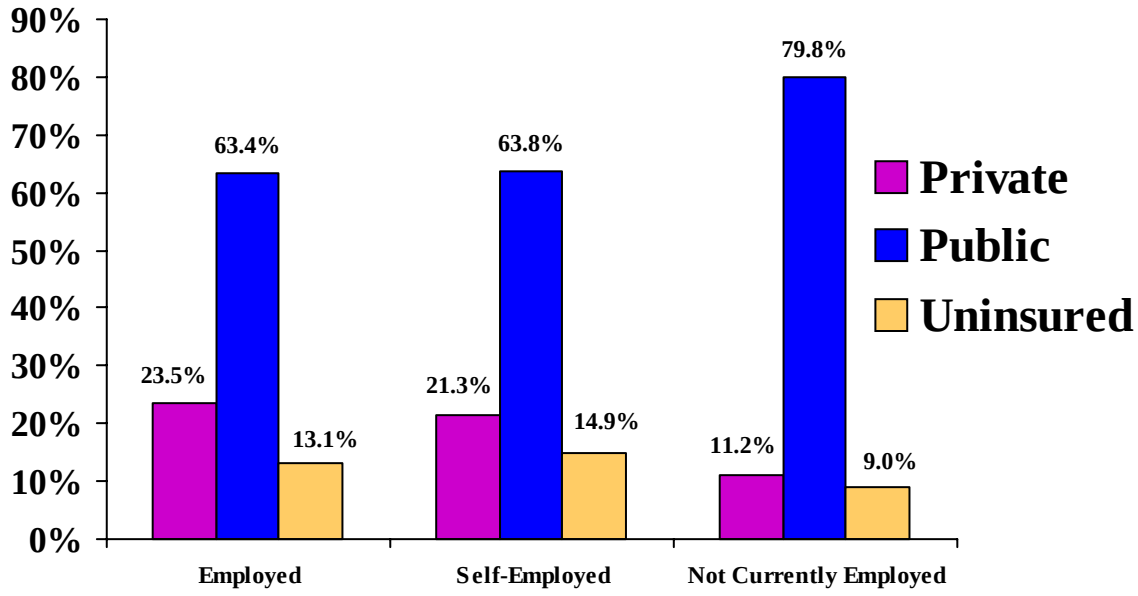
Unweighted N=2649
p<0.0001

Figure 17
Insurance Coverage Declines as Income Reaches 185% FPL.



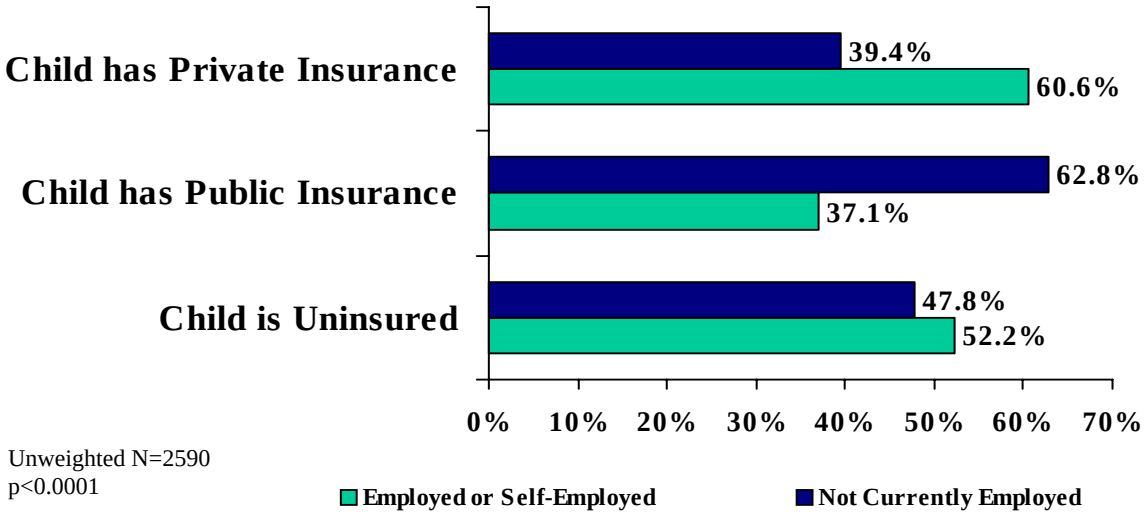
Unweighted N=2591
p<0.0001

Figure 18
Insurance Type by Parental Employment Status



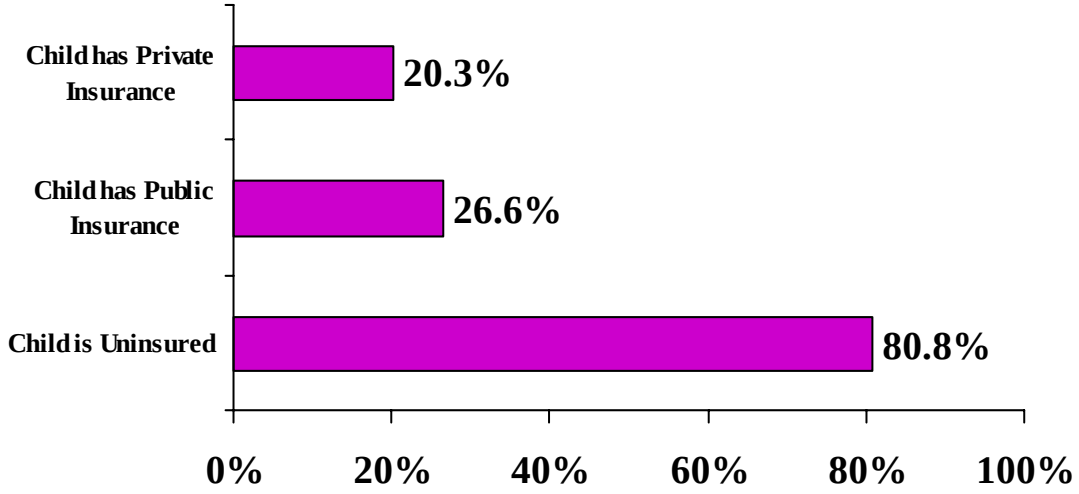
Unweighted N=2590
p<0.0001

Figure 19
Parental Employment Status by Insurance Type



Unweighted N=2590
p<0.0001

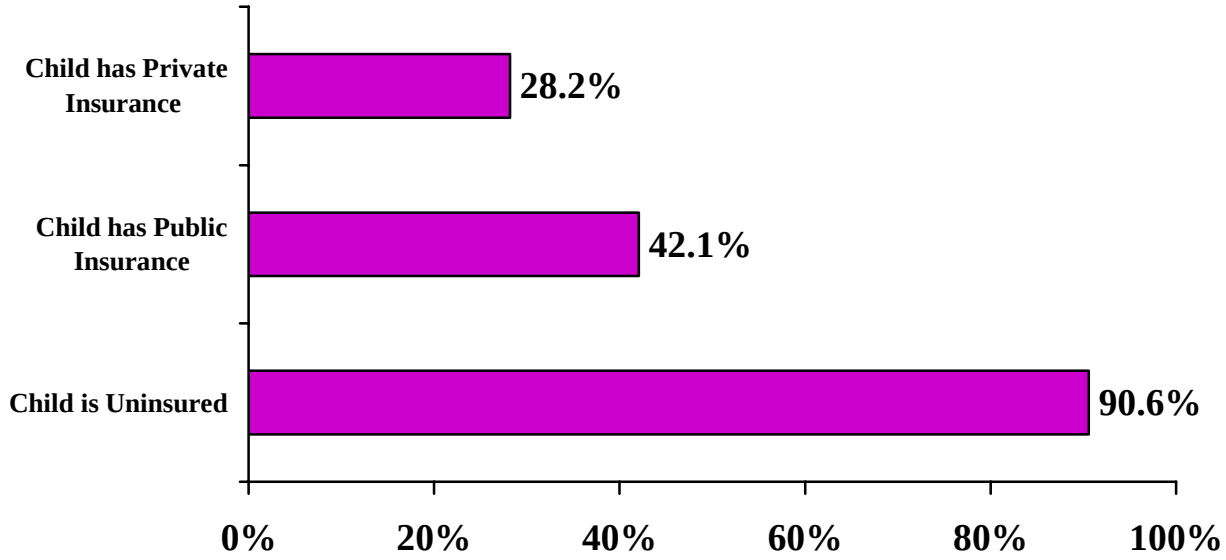
Figure 20
A High Percentage of Uninsured Children Had Uninsured Parents.



Unweighted N=2606
p<0.0001

Percent of Parents Who are Uninsured

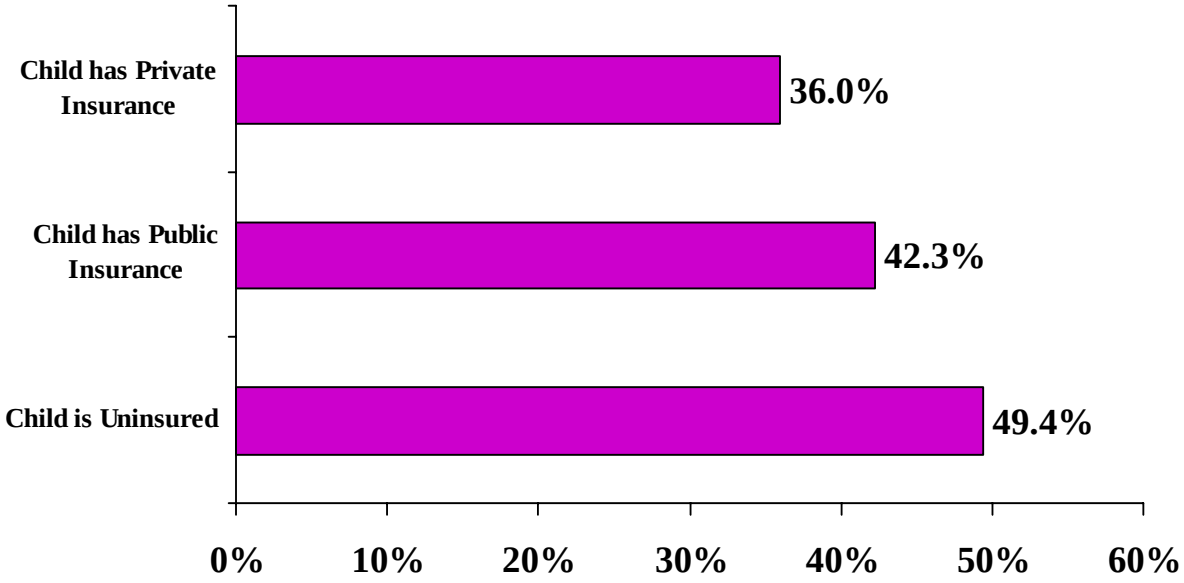
Figure 21
Nearly All Uninsured Children Had at Least One Uninsured Adult in their Households.



Unweighted N=2558
p<0.0001

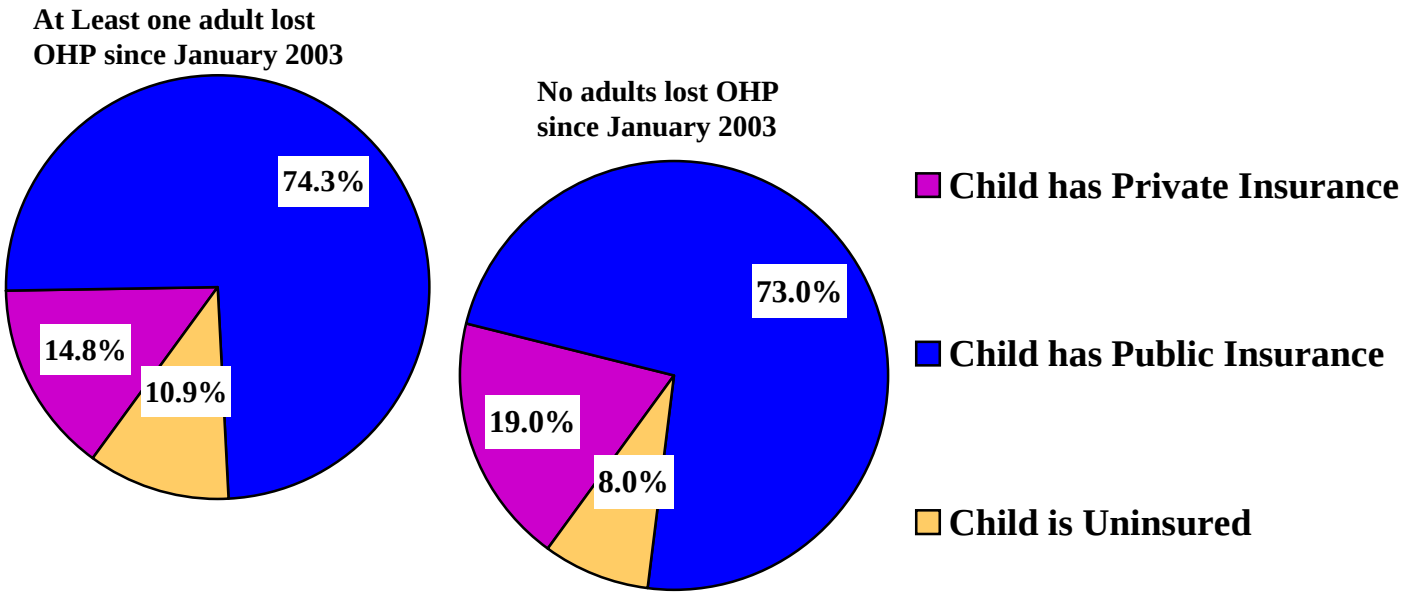
Percent of Households with at Least One Uninsured Adult

Figure 22
Higher Rates of Uninsured Children Had Parents Who Recently Lost OHP.



Unweighted N=2288
p<0.0001

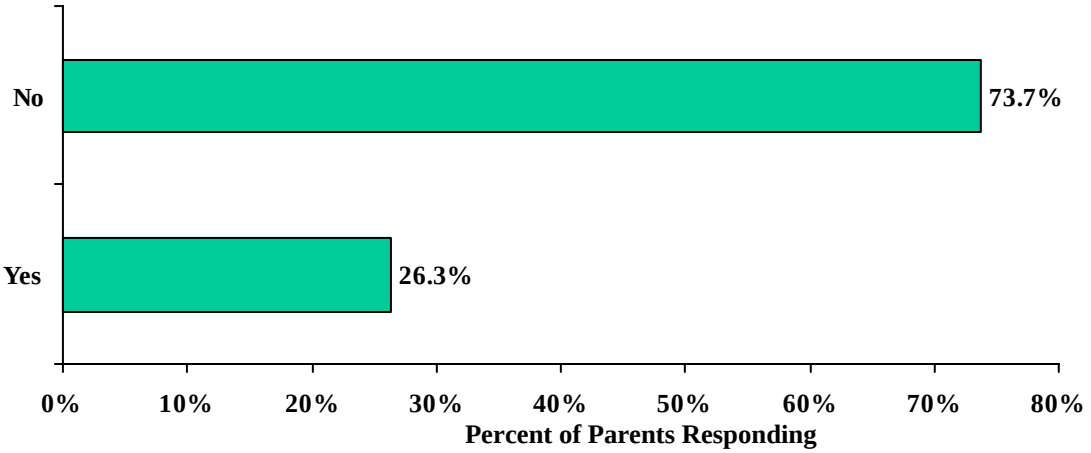
Figure 23
Higher Rates of Uninsured Children Live in Families with Adults Who Recently Lost OHP Coverage



Unweighted N= 2288
p=0.0260

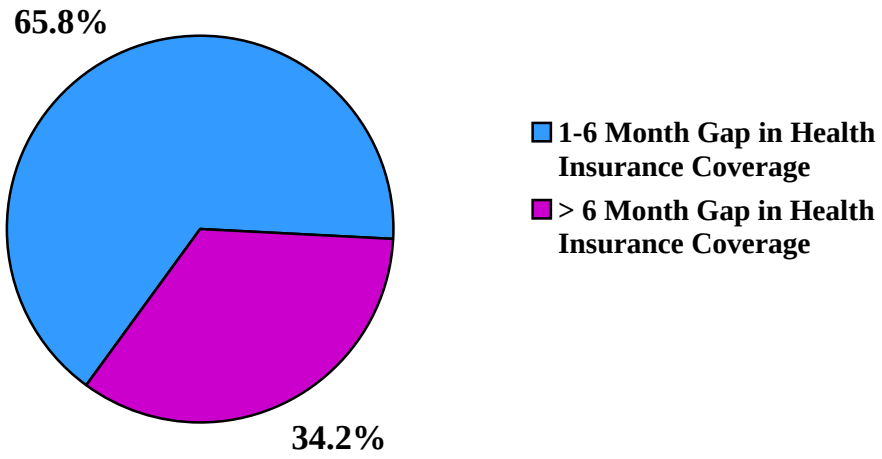
Figure 24
Insurance Coverage Gaps

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



Unweighted N=2510 (Unweighted number responding yes = 851; Unweighted number responding no = 1659)

Figure 25
Length of Health Insurance Coverage Gaps



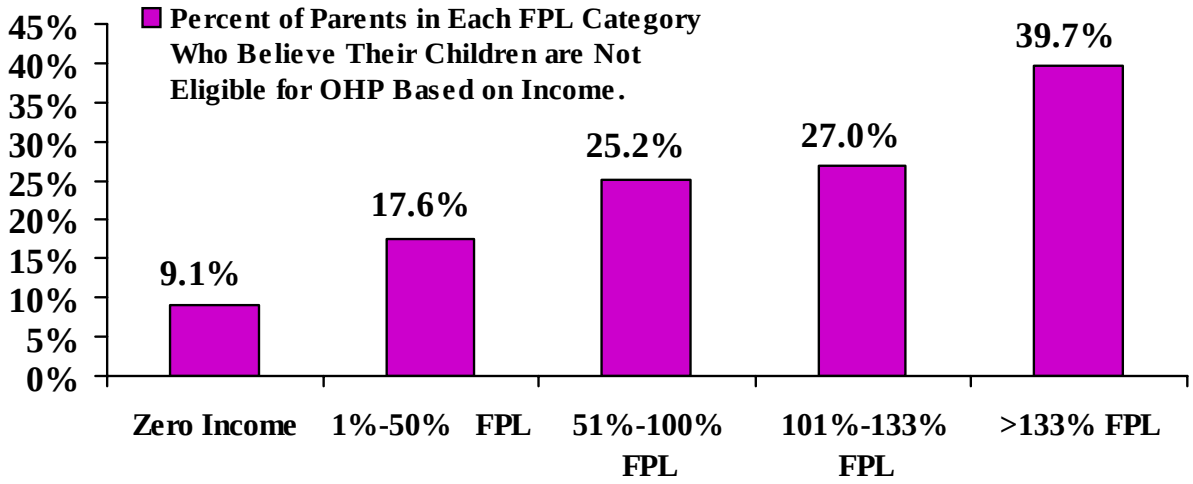
This chart only includes the 851 households who reported having children with a health insurance gap in the past 12 months.

Figure 26
Demographic Comparisons between Children with Health Insurance Coverage Gaps and Children with No Gaps

*This table contains only the households for whom information was available regarding health insurance coverage gaps and the specific demographic variables listed. (The total for each row may not = 100% due to rounding of percentages to nearest tenth.)

DEMOGRAPHICS	Health Insurance Coverage Gap in the Past 12 Months (Weighted %)	No Health Insurance Coverage Gaps in the Past 12 Months (Weighted %)
Age (Unweighted N=2510)		
1-4 years of age	22.7%	77.3%
5-9 years of age	25.4%	74.6%
10-14 years of age	27.4%	72.6%
15-18 years of age	33.1%	66.9%
(p=0.0433)		
Race (Unweighted N=2381)		
White	25.6%	74.4%
American Indian or Alaskan Native	17.7%	82.3%
Asian	46.1%	53.9%
Black or African American	20.9%	79.1%
Native Hawaiian or other Pacific Islander	51.4%	48.6%
More than one race	24.6%	75.4%
Other-Unknown race	31.8%	68.2%
(p=0.1001)		
Ethnicity (Unweighted N=2443)		
Hispanic	29.7%	70.3%
Not Hispanic	25.9%	74.1%
(p=0.1887)		
Parental Employment (Unweighted N=2454)		
Employed or Self-Employed	29.3%	70.7%
Not Currently Employed	24.2%	75.8%
(p=0.0301)		
Household Monthly Income (Unweighted N=2457)		
Zero Income	32.4%	67.6%
1% - 50% FPL	24.4%	75.6%
51% - 100% FPL	22.9%	77.1%
101% - 133% FPL	31.6%	68.4%
> 133% FPL	32.4%	67.6%
(p=0.0226)		
Parental Insurance (Unweighted N=2403)		
Parent Completing the Survey Currently has Health Insurance	18.2%	81.8%
Parent Completing the Survey Currently has no Health Insurance	46.4%	53.6%
(p<0.0001)		
Adult Health Insurance Coverage (Unweighted N=2429)		
All Adults in Household Have Health Insurance	15.0%	85.0%
Not All Adults in Household Have Health Insurance	40.4%	59.6%
(p<0.0001)		

Figure 27
Parents of Many Uninsured Children May Not Understand OHP Income Requirements



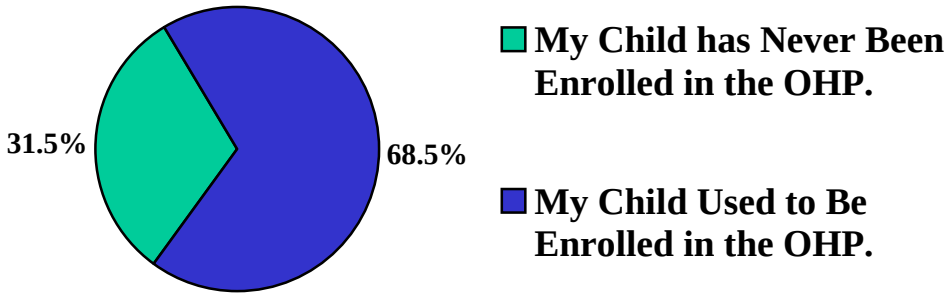
Unweighted N=815
p=0.0016

This chart only includes the children with coverage gaps for whom information was available about barriers to insurance. When non-citizens where excluded from the analysis, it did not significantly change the results.

Figure 28
Reasons Given for Why Children Went Without Health Insurance

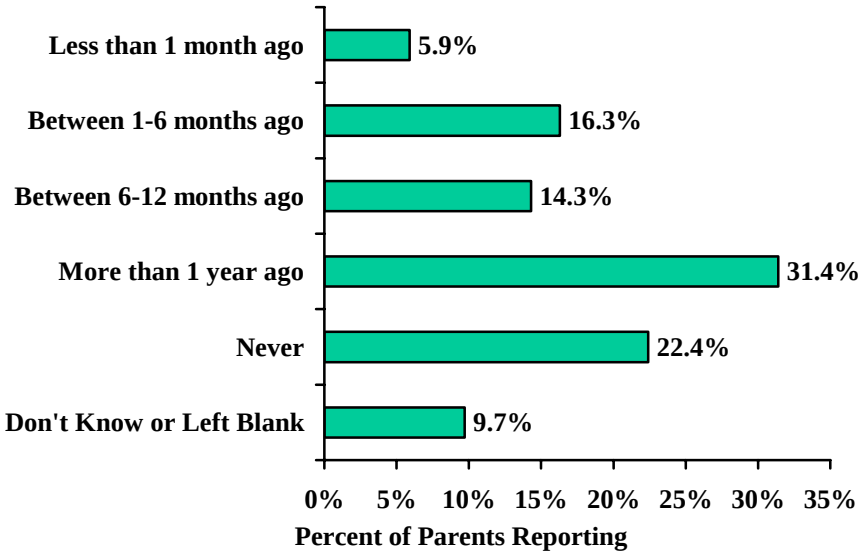
RESPONSES FROM PARENTS WHOSE CHILDREN WENT WITHOUT HEALTH INSURANCE IN THE PAST 12 MONTHS (Unweighted N=851)	**WEIGHTED PERCENTAGES**
My child is not eligible for the Oregon Health Plan because of my income.	20.7%
The person whose health insurance covered my child was no longer eligible for coverage (due to job change, part-time work, etc…).	20.3%
We could not afford to pay the premiums for insurance provided at work.	16.5%
My child is not a U.S. citizen.	9.0%
I am not a U.S. citizen.	5.2%
The employer of the person with coverage stopped providing insurance.	2.9%
The health insurance provided by an employer or union does NOT cover children.	0.8%
My child does not need health insurance because my child does not get sick.	0.8%
My child was refused health insurance because of a medical problem.	0.2%
Don't know	9.2%
**Other	37.6%
MOST COMMON RESPONSES WRITTEN INTO **OTHER CATEGORY (Unweighted N=340)	**Percent Among Those Reporting "Other" (Weighted)**
Missed Re-certification Window	18.8%
OTHER OHP APPLICATION OR ADMINISTRATIVE PROBLEMS (31.4%)	
Administrative Problems	7.1%
Difficulty with OHP Documentation	6.3%
Coverage was Dropped for Unknown Reason	4.5%
OHP Application Pending	4.4%
Case Worker Issue	3.8%
Denied for Unknown Reasons	2.8%
Paperwork Problems	2.5%
CONFUSION ABOUT PREMIUMS/ELIGIBILITY (5.0%)	
Confusion about Premiums or Co-pays	4.5%
Confusion about Eligibility	0.5%
WAITING PERIODS (2.6%)	
Employer Waiting Period	1.4%
OHP Waiting Period	1.2%
MISCELLANEOUS	
Moved	8.6%
Cannot Afford It	6.2%
Custody Issue	4.7%
Self-Employed or Insurance Not offered by Employer	4.3%
Did not take up OHP again	1.0%
Switching Coverage	0.9%
Aged Out	0.3%

Figure 29
The Majority of Children Not Currently Enrolled in OHP Had Been Previously Enrolled.



This chart only includes the 945 children who are not currently enrolled in the Oregon Health Plan and for whom past information is known.

Figure 30
When Was the Last Time You Applied for the Oregon Health Plan for Your Child?



This chart includes only the 1066 children not currently enrolled in the OHP whose parents responded to this question.

Figure 31
Parents with Children Who Were Previously Enrolled in OHP Were More Likely to Believe Their Children Were Currently Eligible and More Willing to Want to Enroll Them in OHP.

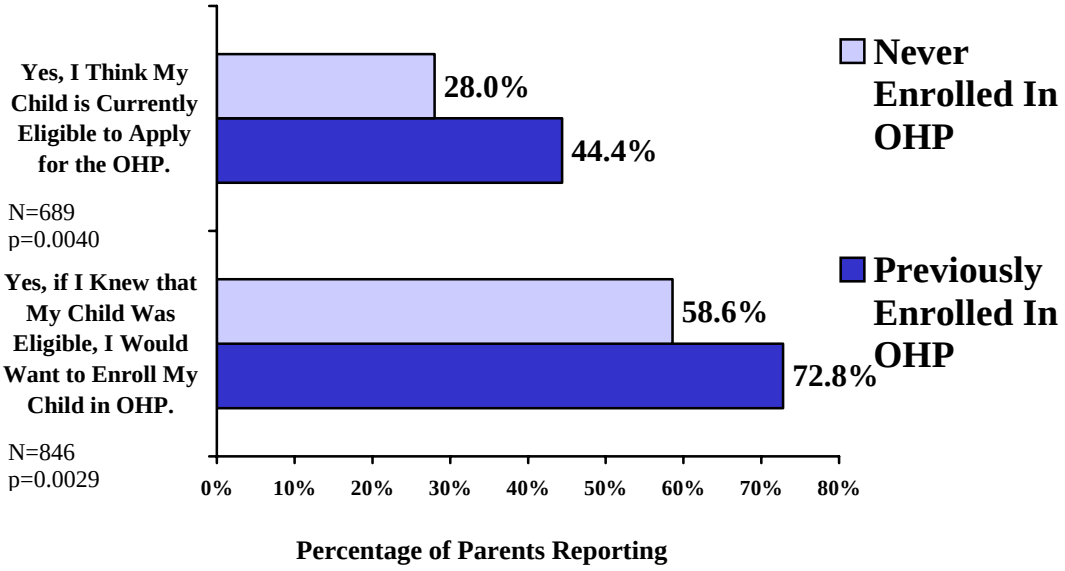
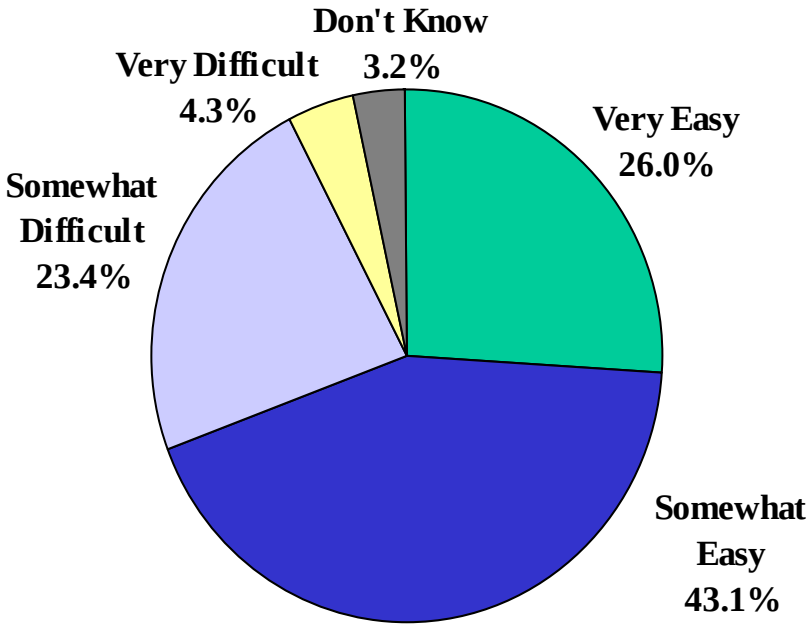


Figure 32
How Easy or Difficult Do You Think It Is to Complete an OHP Application?



Unweighted N=2473

Figure 33
Reasons Why Parents Would Not Try to Enroll Their Children in OHP

RESPONSES FROM PARENTS WHO REPORTED THEY WOULD NOT WANT TO ENROLL THEIR CHILDREN IN OHP (Unweighted N=415)	WEIGHTED PERCENTAGES
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 OHP.	12.5%
It takes too much time to apply.	10.1%
I do not qualify, so my children probably would not qualify either.	8.6%
The application asks for too much private information.	8.0%
I do not want welfare or public assistance.	6.4%
I think the Oregon Health Plan is closed to all new enrollees.	5.9%
Our family does not need the help.	5.7%
My child does not need health insurance.	5.0%
My child is not a U.S. citizen.	2.0%
I am not a U.S. citizen.	1.2%
It costs too much.	1.0%
Don't Know	0.2%
**Other	15.0%
MOST COMMON RESPONSES WRITTEN INTO **OTHER CATEGORY (Unweighted N=70)	**Percent Among Those Reporting "Other" (Weighted)**
Poor quality	11.3%
Prefer Another Plan or Provider	7.4%
Providers Restrictions	6.7%
Custody Issues	6.5%
Pending Applications Take Too Long	6.2%
Confused about Eligibility	6.0%
Concerns about Financial Stability of OHP	5.9%
Limited Services or Benefits	5.5%
Too Much Hassle/Unreasonable Rules	5.2%
No Reason Not to Apply	4.3%
Income Fluctuation	4.0%
Stigma	3.7%
Case Worker Issue	3.7%
Paperwork Too Difficult	3.7%
Want Dental Coverage	3.2%
Income or Asset Threshold Too Low	2.7%
Cannot Take the Risk of Six Months of Uninsurance	2.7%
Child Does not Qualify Due to Age	2.3%
Other People Need it More	1.2%

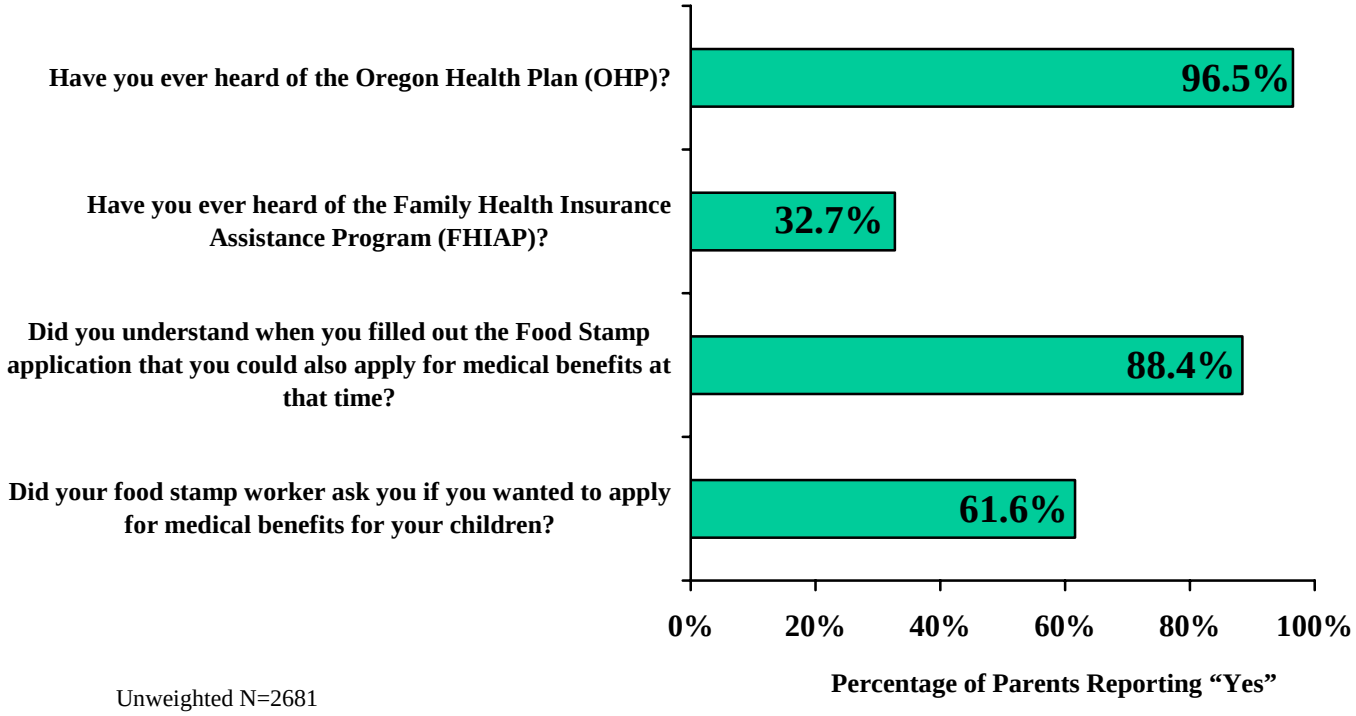
Figure 34
What Was Difficult About the OHP Application Process?

RESPONSES FROM PARENTS WHO REPORTED HAVING APPLIED FOR OHP IN THE PAST (Unweighted N=2458)	**Weighted Percentages**
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%
I have transportation problems getting to the office.	15.0%
The people at the application office are not helpful.	13.8%
It was too difficult to find out if my child qualifies for the OHP.	10.5%
The forms are too hard to understand.	10.4%
I could not get to the application office when it was open.	10.1%
Don't Know	4.4%
**Other	13.6%
MOST COMMON RESPONSES WRITTEN INTO **OTHER CATEGORY (Unweighted N=356)	**Percent Among Those Reporting "Other" (Weighted)**
Re-enrollment Paperwork Redundant/Too Often	9.3%
Process Time Too Long	7.3%
Confusion about how to Select Providers	5.7%
Burdensome Proof of Income Requirements	4.2%
Income Guidelines Too Restrictive	2.6%
Custody Issues	2.3%
Providers are Limited	1.8%
Long Response Time	1.5%
Easier if Assistance Programs were Aligned	1.1%
Premiums	0.4%
Not Enough Warning Time for Deadlines	0.2%

Figure 35
Most Helpful Changes to the OHP Application Process

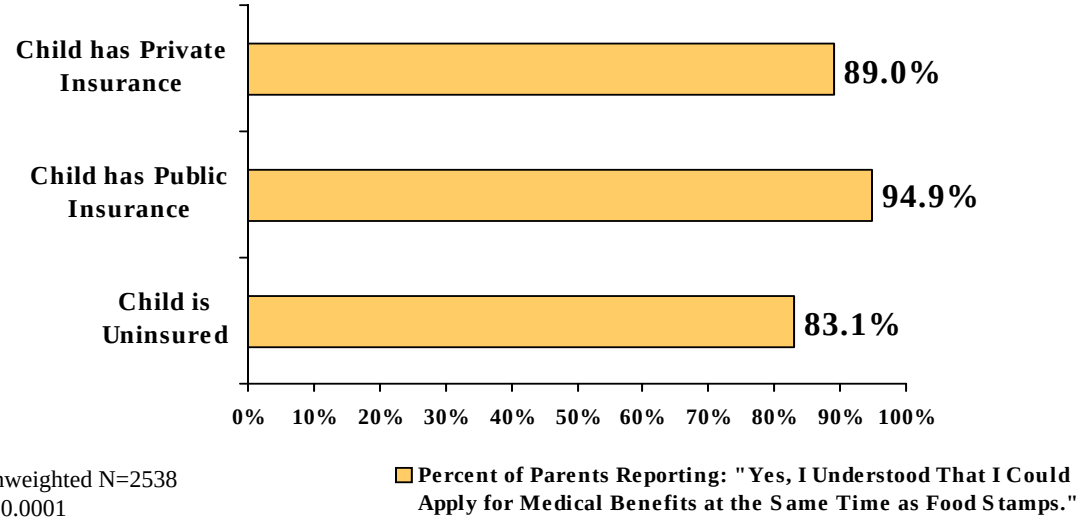
RESPONSES FROM PARENTS WHO GAVE SUGGESTIONS ABOUT IMPROVING the OHP APPLICATION PROCESS (Unweighted N=2681)	Weighted Percentages
If you did not have to re-enroll your child in the OHP every six months.	72.6%
If your child did not have to be without insurance for six months before getting the OHP.	35.5%
If you could apply for the OHP for your child online.	34.1%
If OHP coverage started the same day that your child visits a health care provider.	31.0%
If OHP applications were available at your child's clinic or doctor's office.	22.2%
If OHP applications were available at your child's school.	13.3%
Don't Know	10.1%
**Other	12.0%
MOST COMMON RESPONSES WRITTEN INTO **OTHER CATEGORY (Unweighted N=314)	**Percent Among Those Reporting "Other"**
Less restrictive income guidelines (FPL)	11.2%
Simplify re-enrollment process	9.3%
Easier access to providers and referrals	6.4%
Less burdensome proof of income requirements	4.6%
Smoother/faster process	3.9%
Simplified application	3.9%
Eliminate requirement for child support/ex-spouse contribution	2.5%
Help with transportation issues	2.4%
Cover adults	1.9%
Better benefit package	1.9%
Program stability (benefits, rules)	1.9%
Premium confusion with adult program	1.8%
More help from case workers	1.7%
Improved process for issuing cards	1.5%
Assistance programs aligned	1.4%
Confusion around program, eligibility and (age >18)	1.2%
Less burdensome proof of income requirements (self employed)	0.7%
Less restrictions involving the other parent/child support	0.4%
Copay confusion	0.4%
More program info regarding choices and benefits	0.3%
Help phone line	0.2%
Cost	0.1%

Figure 36
Awareness of Public Medical Assistance Programs



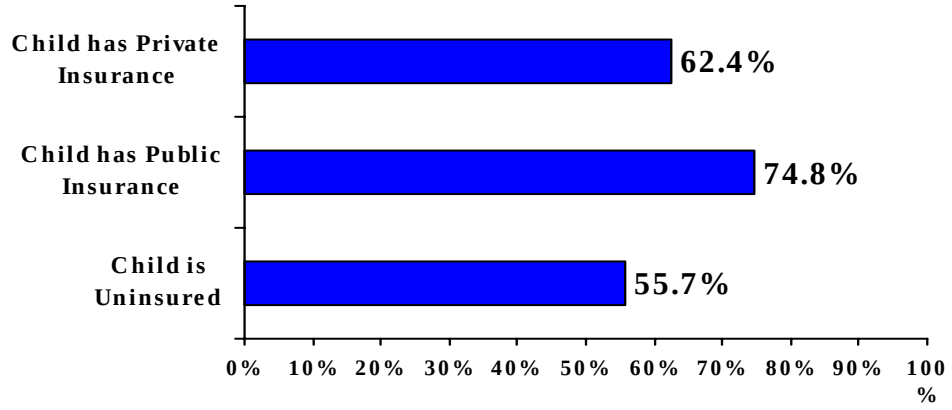
Unweighted N=2681

Figure 37
A Lower Percentage of Families with Uninsured Children Understood They Could Apply for Medical Benefits at the Same Time as Food Stamps.



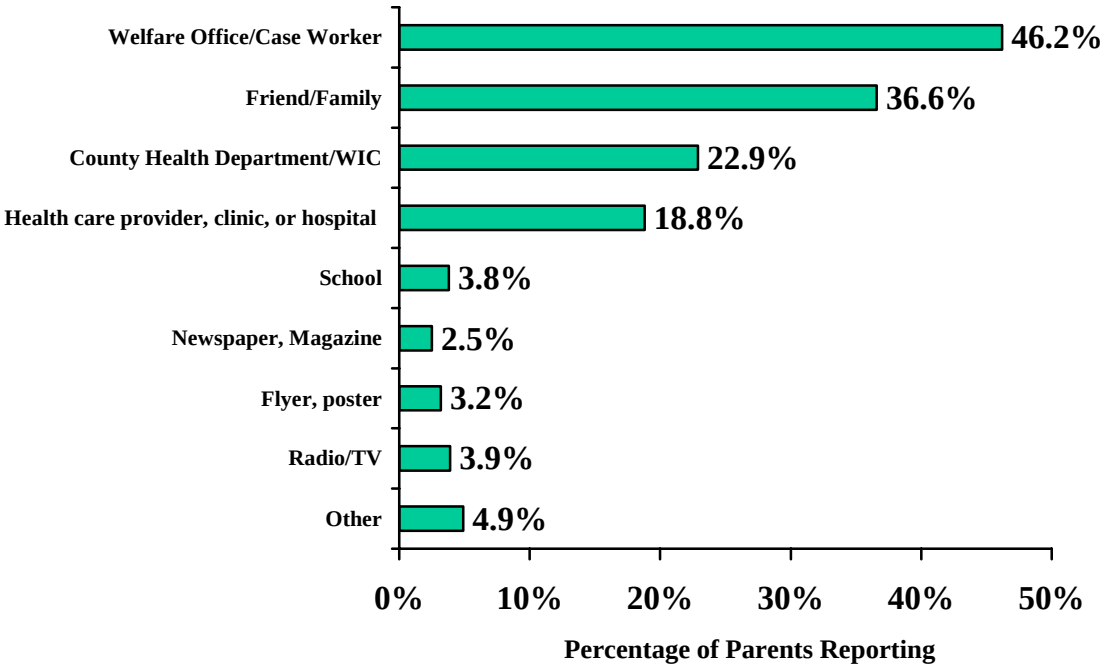
Unweighted N=2538
p<0.0001

Figure 38
Lower Percentage of Families with Uninsured Children Reported Being Asked by a Food Stamp Worker if They Wanted to Apply for Medical Benefits.



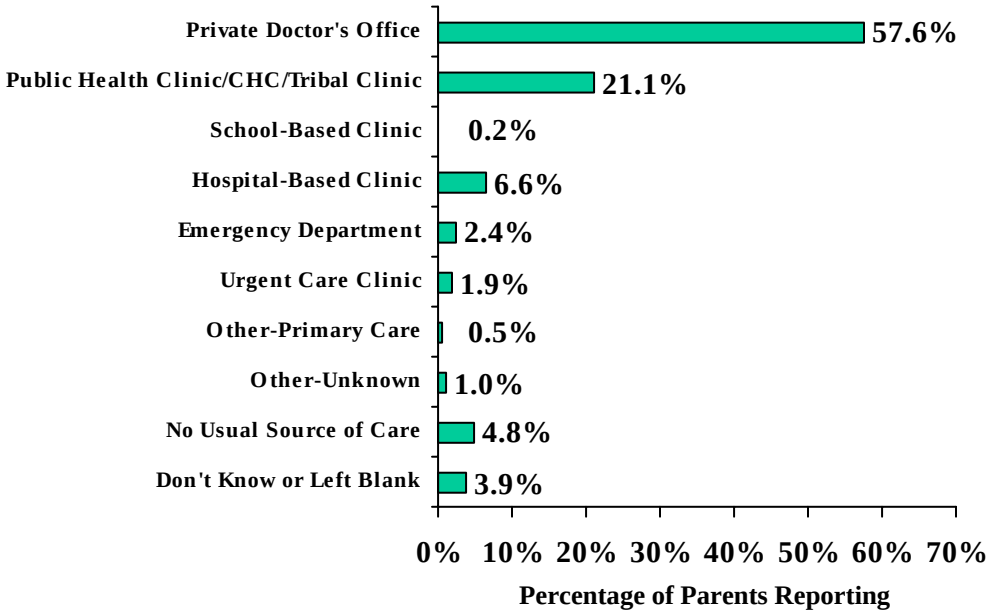
Unweighted N=2329
p<0.0001

Figure 39
"Where Did You First Hear About the Oregon Health Plan?"



This chart includes the 2598 of parents who had heard about the OHP (Weighted 96.5% of total population sampled).

Figure 40
"Where Do You Usually Take Your Child for Needed Medical Care?"



This chart includes information from all 2681 respondents.

Figure 41
A Higher Percentage of Uninsured Children Have No Usual Source of Care and Use the Emergency Department for Regular Care.

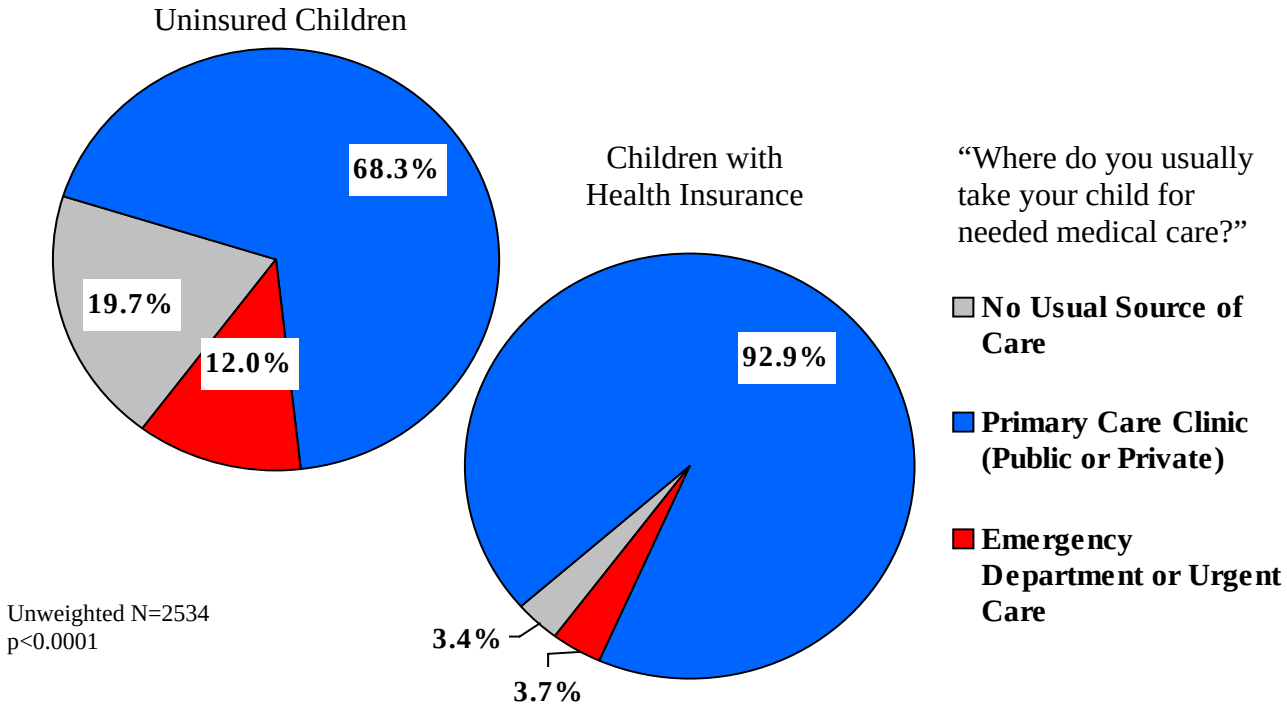
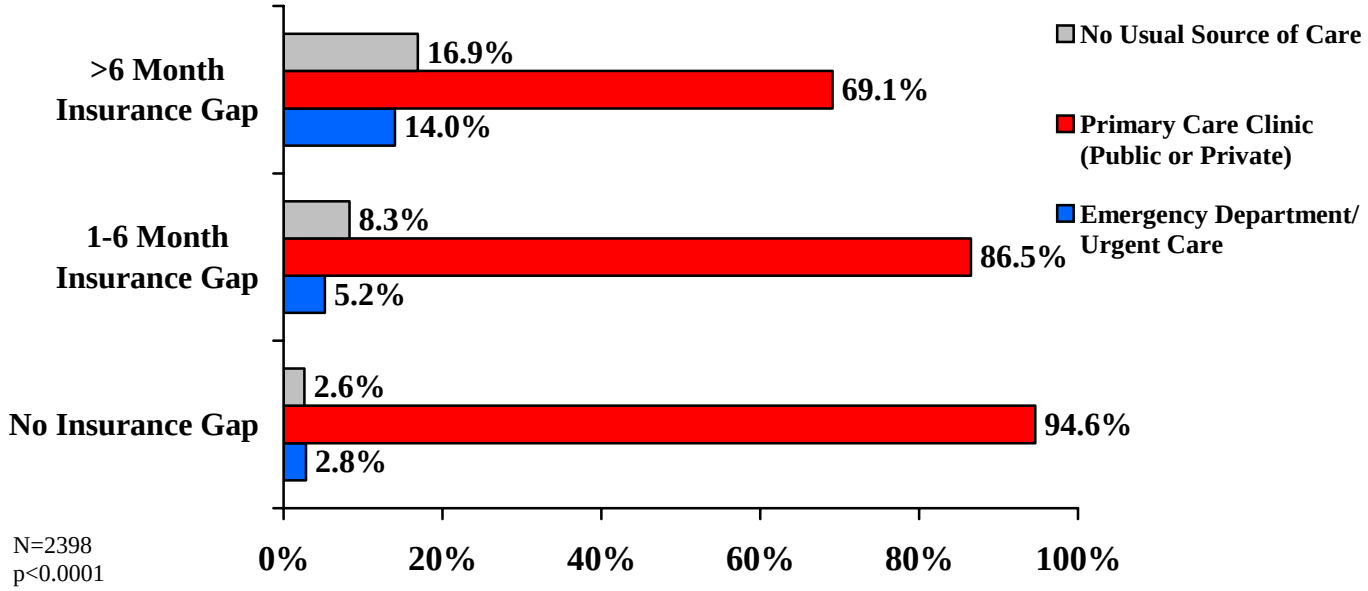


Figure 42
A Large Insurance Gap is Associated with Having No Usual Source of Care and Higher Utilization of the Emergency Department.

"Where do you usually take your child for needed medical care?"

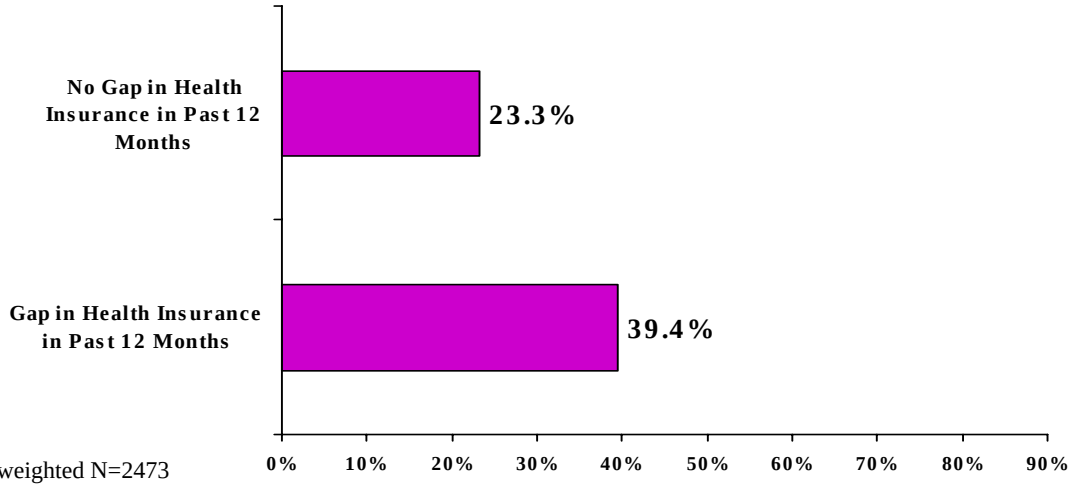


N=2398
p<0.0001

Percentage of Parents Reporting Where They Usually Take Their Child for Care

This chart only includes the children for whom specific insurance gap and usual source of care information was available.

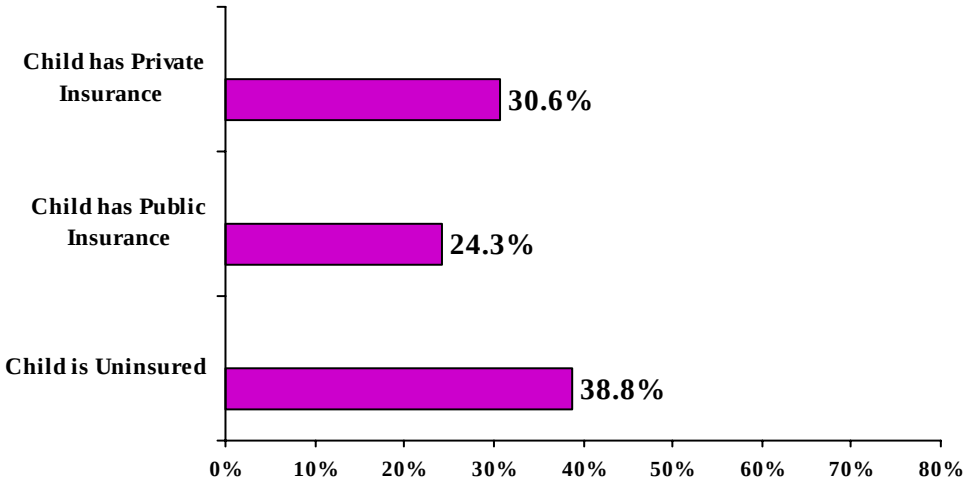
Figure 43
Yes, My Child Had to Change His or Her Regular Clinic Due to Insurance Change or Loss…



Unweighted N=2473
p<0.0001

Percentage of Parents Reporting That Their Child Had to Change Regular Clinics

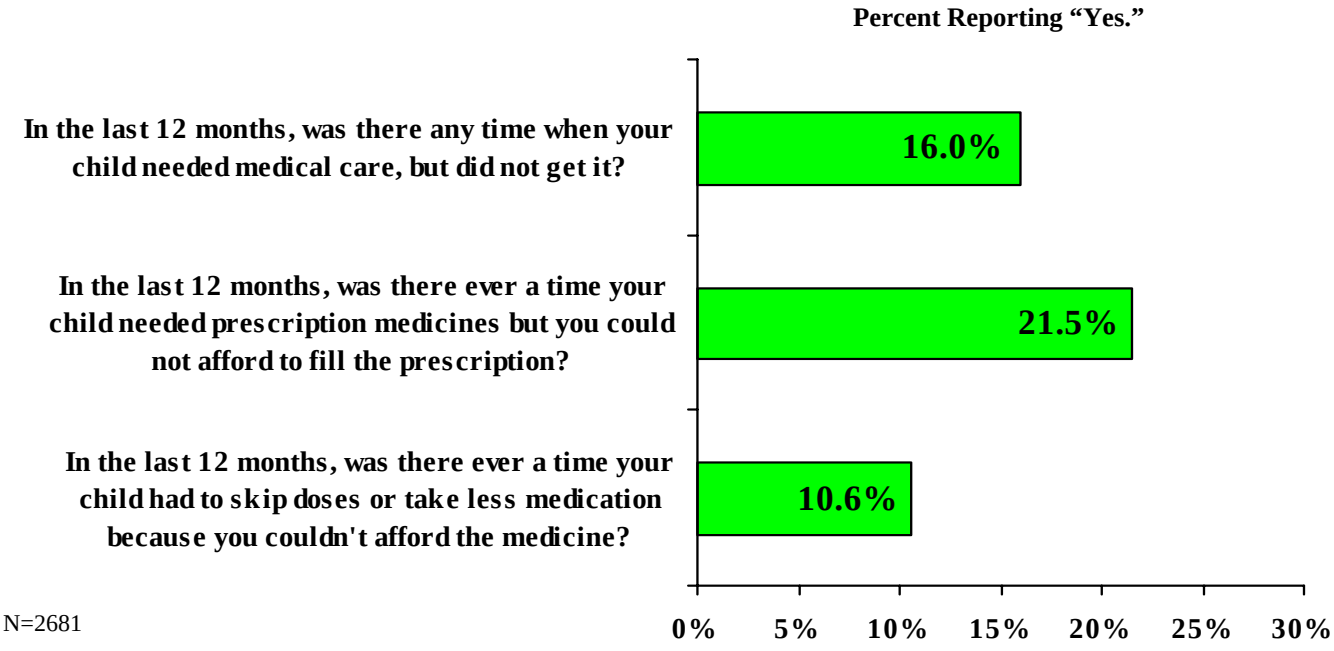
Figure 44
Yes, My Child Had to Change His or Her Regular Clinic Due to Insurance Change or Loss…



Unweighted N=2551
p=0.0001

Percent of Parents Reporting Their Child Had to Change Regular Clinics

Figure 45
Unmet Medical Care and Prescription Medication Needs



N=2681

Figure 46
Uninsured Had Higher Rates of Unmet Need

"In the past 12 months…"

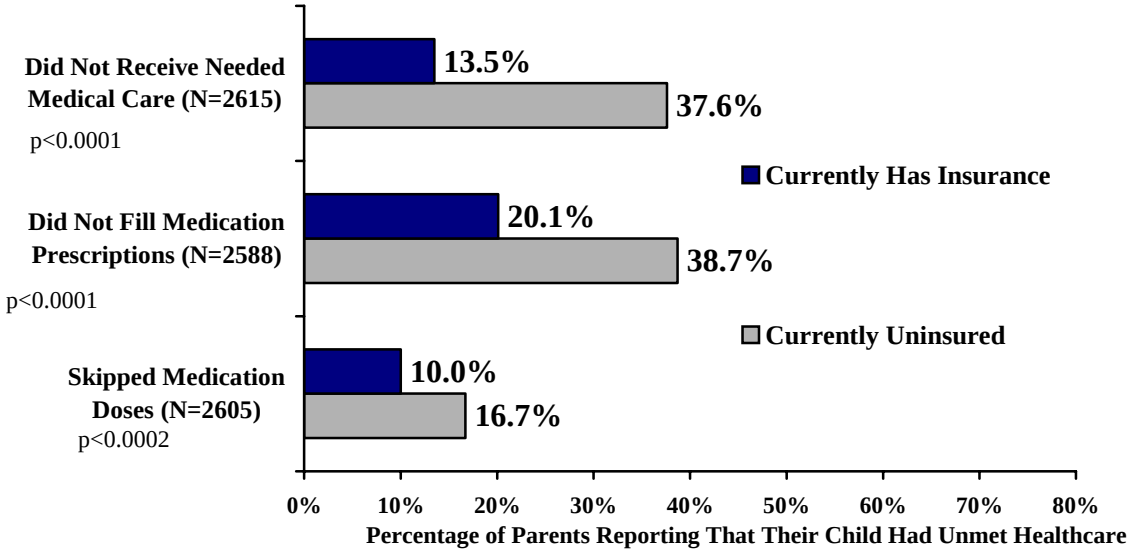


Figure 47
Children with Insurance Gaps Greater Than Six Months Had the Highest Rate of Unmet Need

."In the past 12 months…"

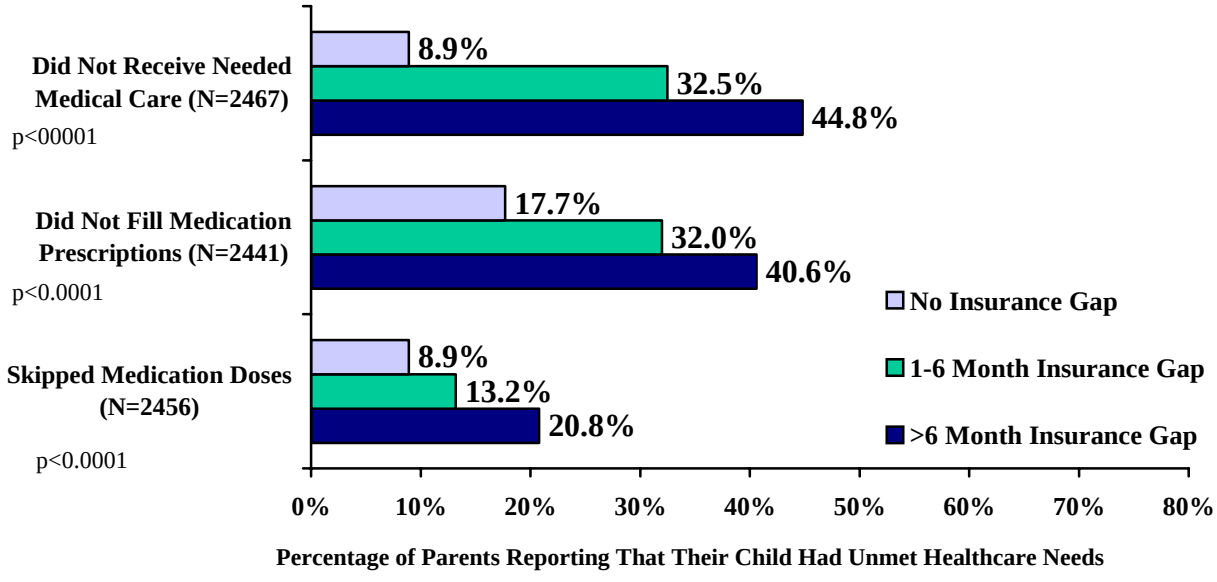


Figure 48
Children Without a Usual Source of Care Had Higher Rates of Unmet Need.

"In the past 12 months…"

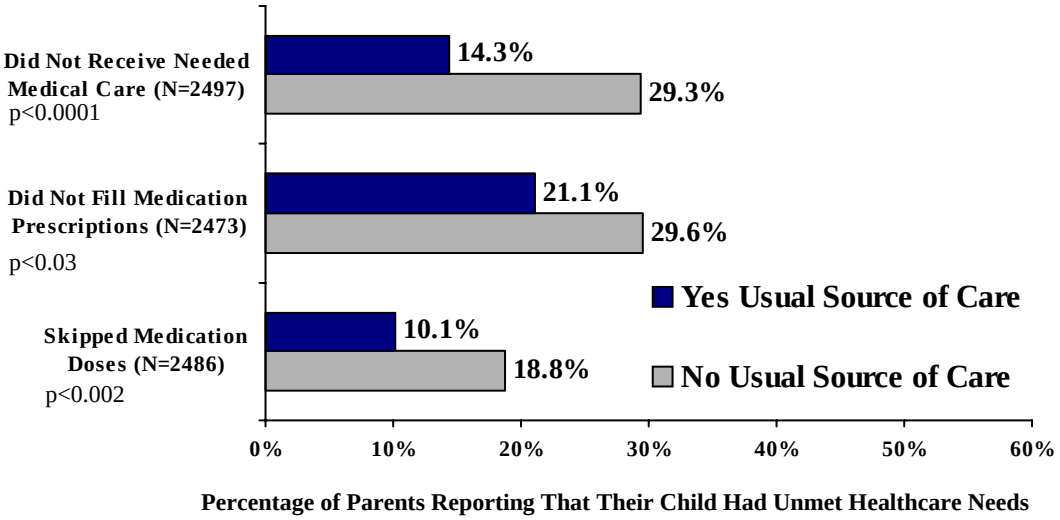
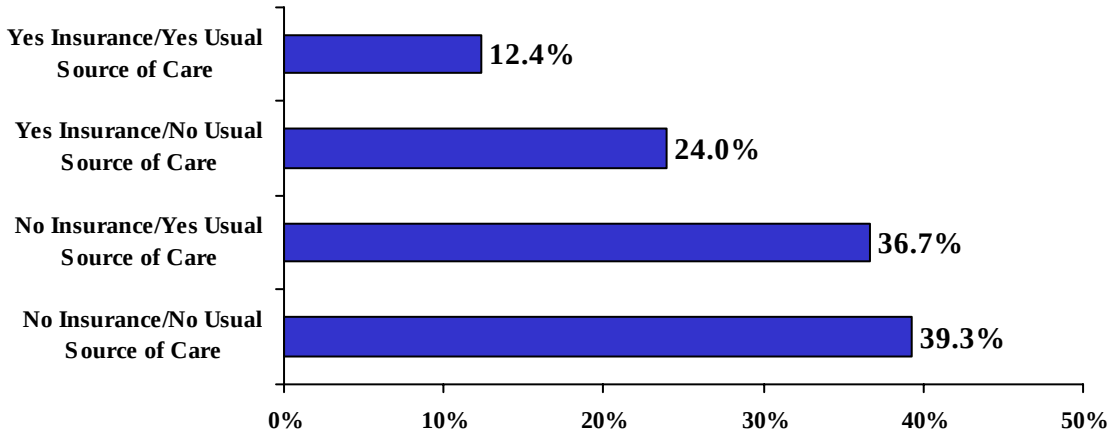


Figure 49
Unmet Medical Care Needs by Insurance Status and Usual Source of Care

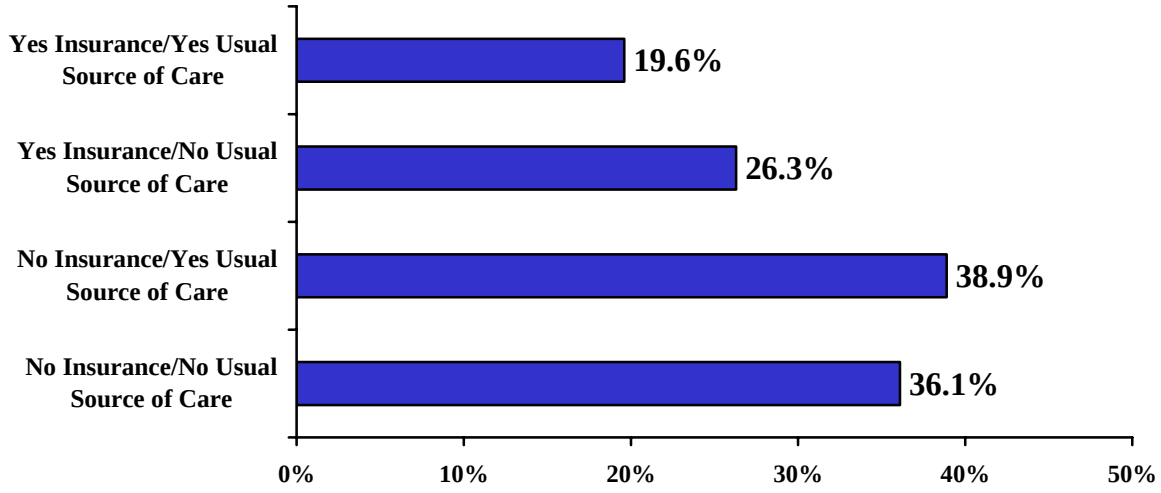
"In the past 12 months, was there ever a time your child needed medical care but did not get it?" (Percent responding "yes")



Unweighted N=2488
p<0.0001

Figure 50
Unmet Prescription Medicine Needs by Insurance Status and Usual Source of Care

"In the past 12 months, was there ever a time your child needed prescription medicines but you could not afford to fill the prescription?" (Percent responding "yes")

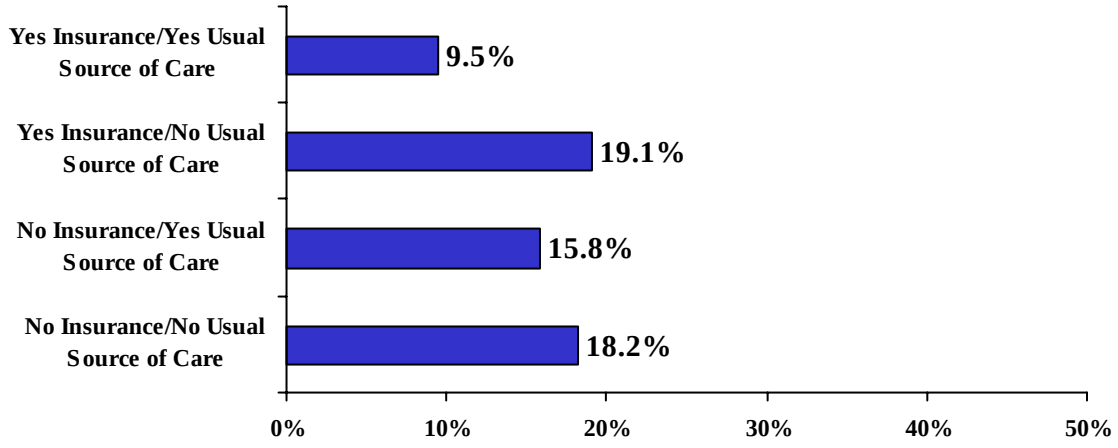


Unweighted N=2464
p<0.0001

Percent of Parents Reporting that Their Child had Unmet Prescription Medication Needs

Figure 51
Skipped Medications by Insurance Status and Usual Source of Care

"In the past 12 months, was there ever a time your child had to skip doses or take less medication because you couldn't afford the medicine?" (Percent responding "yes")



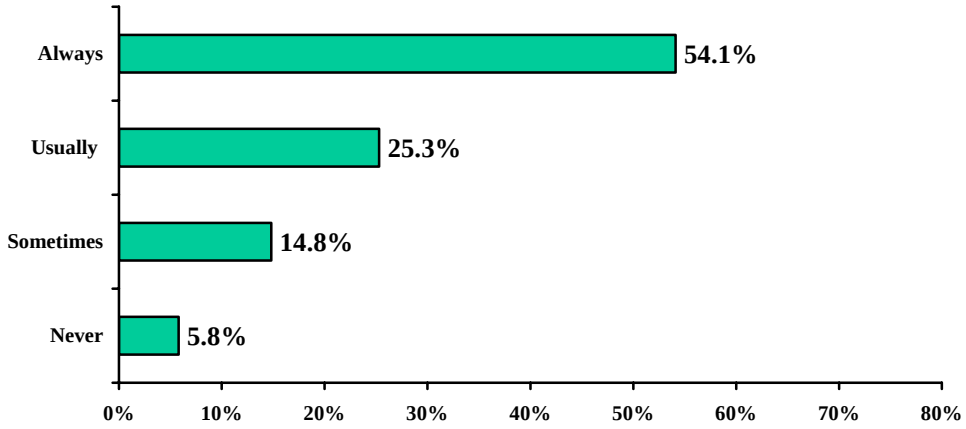
Unweighted N=2477
p=0.0005

Percent of Parents Reporting that Their Child Skipped Medications Due to Cost

Figure 52

Receipt of Urgent Care

"In the Last 12 Months, When Your Child Needed Care Right Away for an Illness, Injury, or Condition, How Often Did Your Child Get Care as Soon as You Wanted It?"

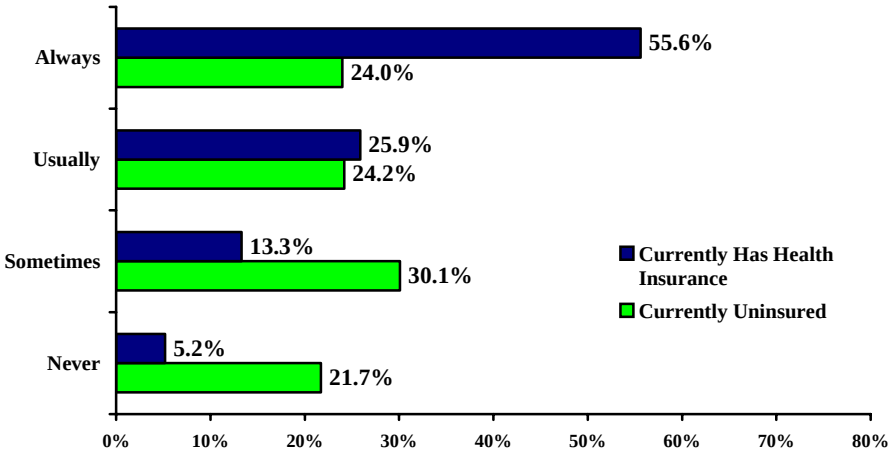


Percentage of Parents Reporting How Often Their Child Got Urgent Care Right Away (Total = 100%)

This chart only includes the 1790 children for whom urgent care was needed in the past 12 months.

Figure 53
Receipt of Urgent Care by Insurance Status

"In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted it?"



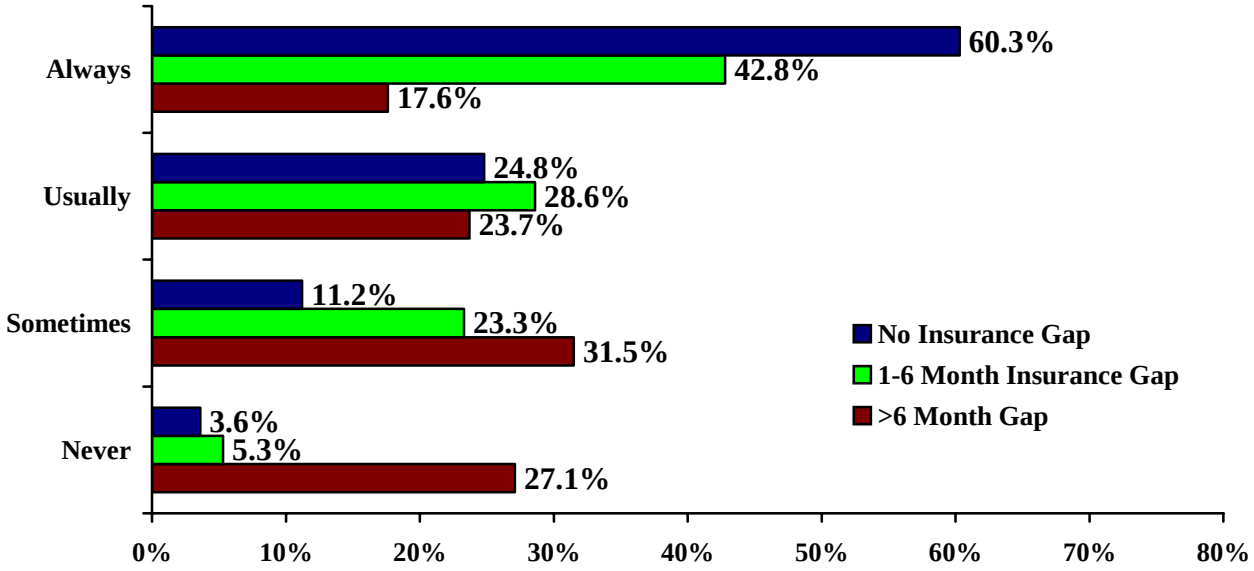
N=1784
p<0.0001

Percentage of Parents Reporting How Often Their Child Got Urgent Care Right Away

This chart only includes children for whom insurance status was known and urgent care was needed in the past 12 months.

Figure 54
Receipt of Urgent Care by Insurance Gap

"In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted it?"

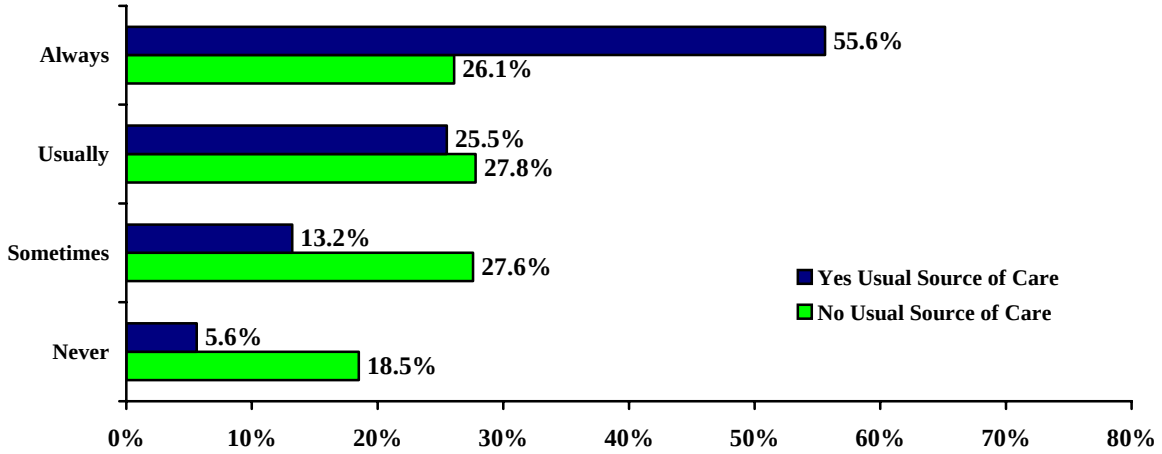


Unweighted N=1670
p<0.0001

Percentage of Parents Reporting How Often Their Child Got Urgent Care Right Away

Figure 55
Receipt of Urgent Care by Usual Source of Care Status

"In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted it?"

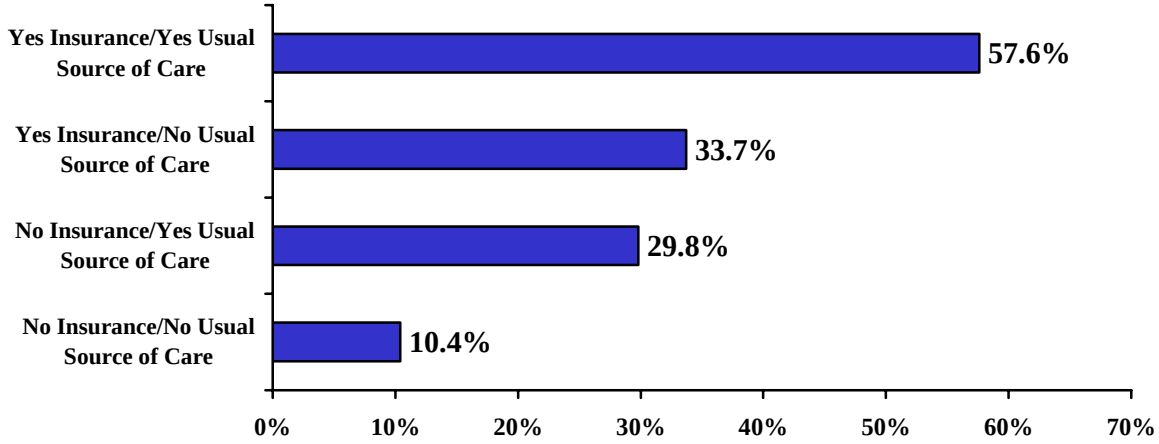


Unweighted N=1697
p<0.0001

Percentage of Parents Reporting How Often Their Child Got Urgent Care Right Away

Figure 56
Receipt of Urgent Care by Insurance Status and Usual Source of Care Status

"In the past 12 months when your child needed care right away for an illness, injury, or condition, how often did your child get the care as soon as you wanted it?"
(Percent responding "always")

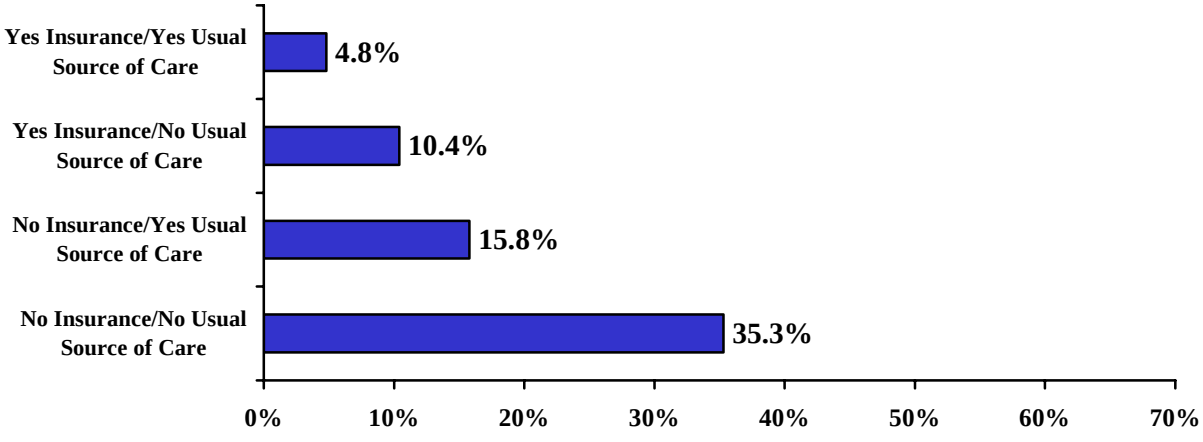


Unweighted N=1692
p<0.0001

Percent of Parents Reporting that Their Child ALWAYS Got Timely Urgent Care

Figure 57
Receipt of Urgent Care by Insurance Status and Usual Source of Care Status

"In the past 12 months when your child needed care right away for an illness, injury, or condition, how often did your child get the care as soon as you wanted it?"
(Percent responding "never")



Unweighted N=1692
p<0.0001

Percent of Parents Reporting that Their Child NEVER Got Timely Urgent Care

Figure 58
Main Reasons Why Children Did Not Get Needed Medical Care

RESPONSES FROM PARENTS WHO REPORTED THAT THEIR CHILDREN DID NOT GET NEEDED MEDICAL CARE (Unweighted N=528)	**Weighted Percentages**
I did not have the money to pay for the visit.	46.0%
My health plan would not pay for the treatment.	20.7%
We owed money to the doctor, the clinic or hospital.	17.4%
The doctor or hospital would not accept my child's health insurance.	16.4%
My child does not have a personal health care provider.	14.7%
I did not have transportation.	8.8%
I could not get an appointment soon enough.	8.5%
The office was not open when I could take my child.	6.6%
I could not get through on the telephone.	5.3%
I did not have childcare for my other children.	5.1%
It takes too long to travel to the doctor's office or clinic.	3.3%
Don't know	5.2%
**Other	30.9%
MOST COMMON RESPONSES WRITTEN INTO **OTHER CATEGORY (Unweighted N=134)	**Percent Among Those Reporting "Other" (Weighted)**
No Insurance, unsure about coverage	32.0%
No providers nearby that take our insurance	8.0%
No dental coverage	4.0%
No provider (dental)	3.2%
Slow referral process	1.1%

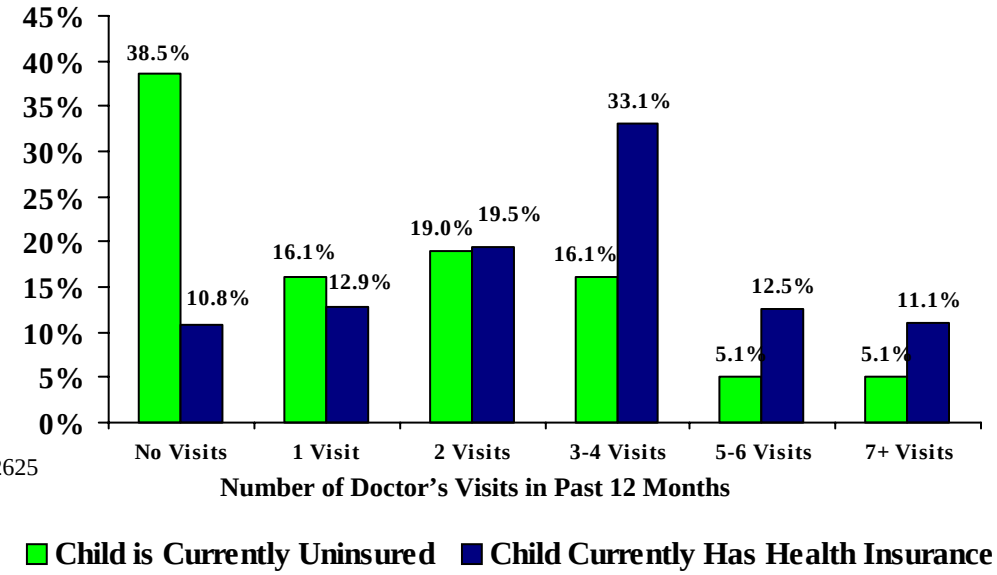
Figure 59

"In the last 12 months, how much did you spend on all medical care for your child? Include anything you paid for your child's health, including premiums and co-pays. Your best estimate is fine."

Money spent on child's care in the past 12 months (Unweighted N=2608)	Uninsured Children (Weighted Percentages)	Insured Children (Weighted Percentages)
None ($0)	29.9%	54.7%
$1 to $50	13.7%	17.9%
$51 to $100	10.4%	7.9%
$101 to $200	15.2%	6.1%
$201 to $400	12.4%	6.3%
$401 to $800	10.6%	3.0%
$801 or more	7.9%	4.1%

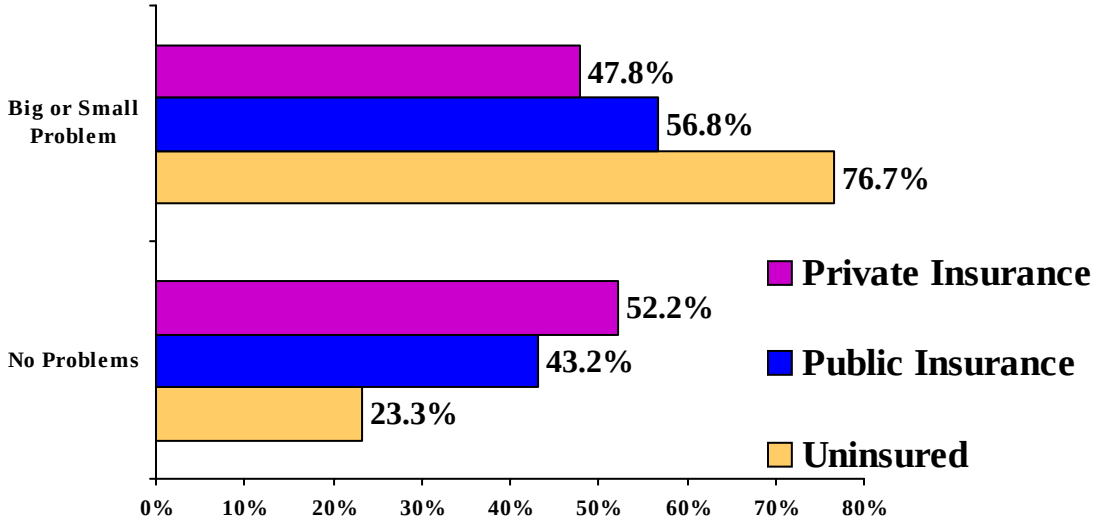
$p<0.0001$

Figure 60
Number of Doctor's Visits by Insurance Status



Unweighted N=2625
p<0.0001

Figure 61
"In the last 12 Months, How Much of a Problem Was It to See the Specialist That Your Child Needed?"

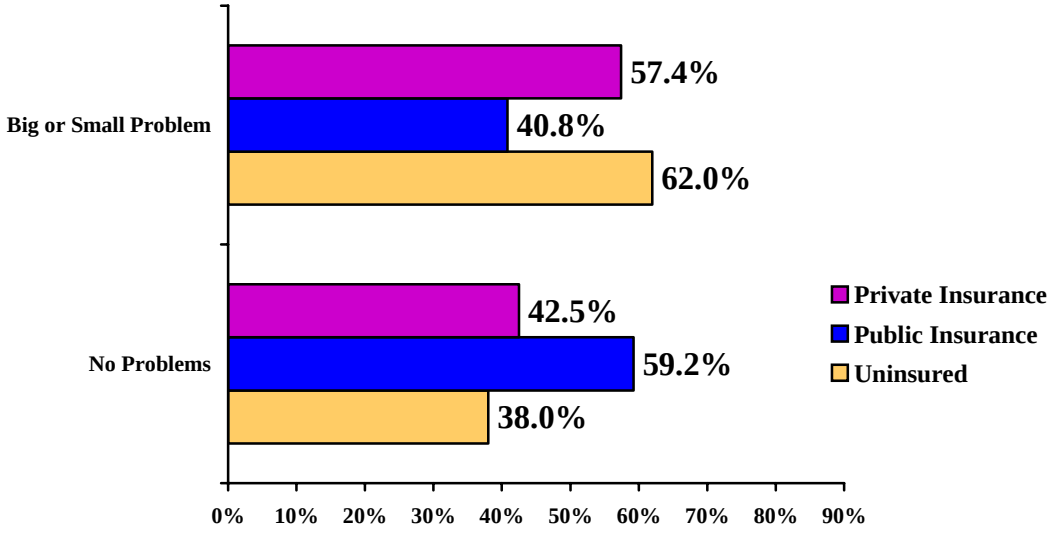


Unweighted N=683
p=0.0056

Percentage of Parents Reporting that They Had Problems Seeing the Specialist that Their Child Needed

This chart only includes children who needed to see a specialist; those who did not need to see a specialist were excluded.

Figure 62
"In the last 12 months, How Much of a Problem Was It to Get Treatment or Counseling for Your Child?"

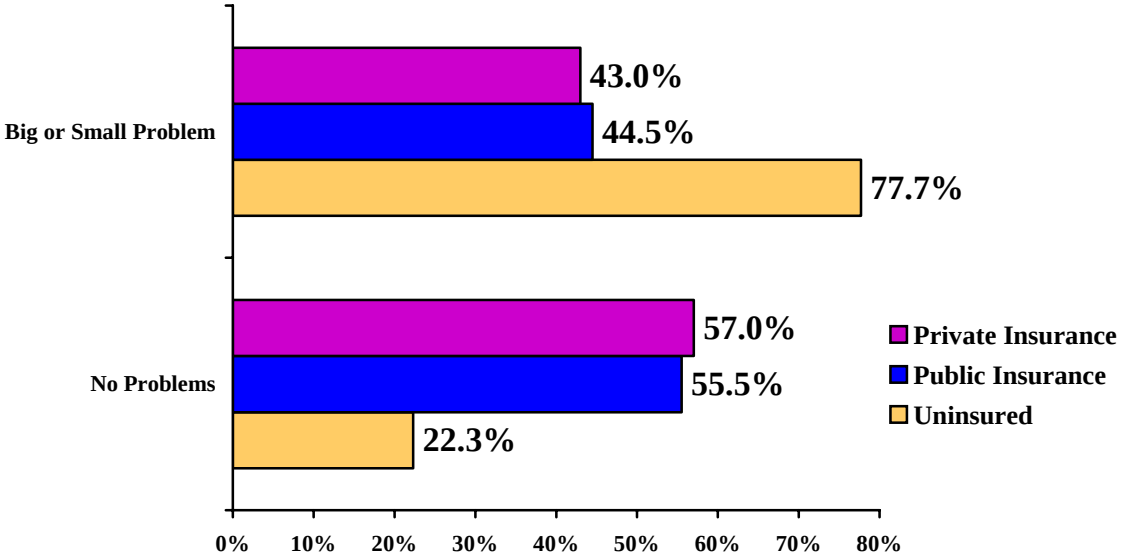


Unweighted N=649
p=0.0014

Percentage of Parents Reporting that They Had Problems Getting Treatment or Counseling for Their Child

This chart only includes the children who needed mental health treatment; those who did not need treatment were excluded.

Figure 63
"In the last 12 months, How Much of a Problem Was It to Get Dental Care for Your Child?"

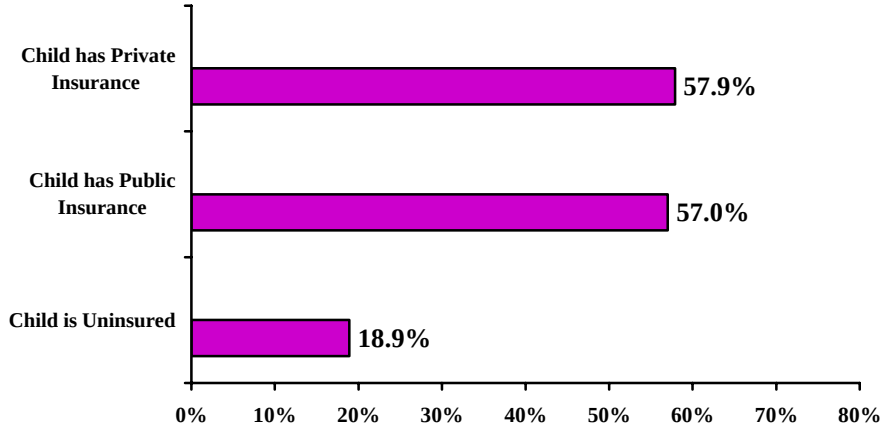


Unweighted N=2560
p<0.0001

Percentage of Parents Reporting Ho Difficult It Was To Get Dental Care for Their Child in the Past 12 Months

This chart includes the children for whom specific dental access and insurance type information was available.

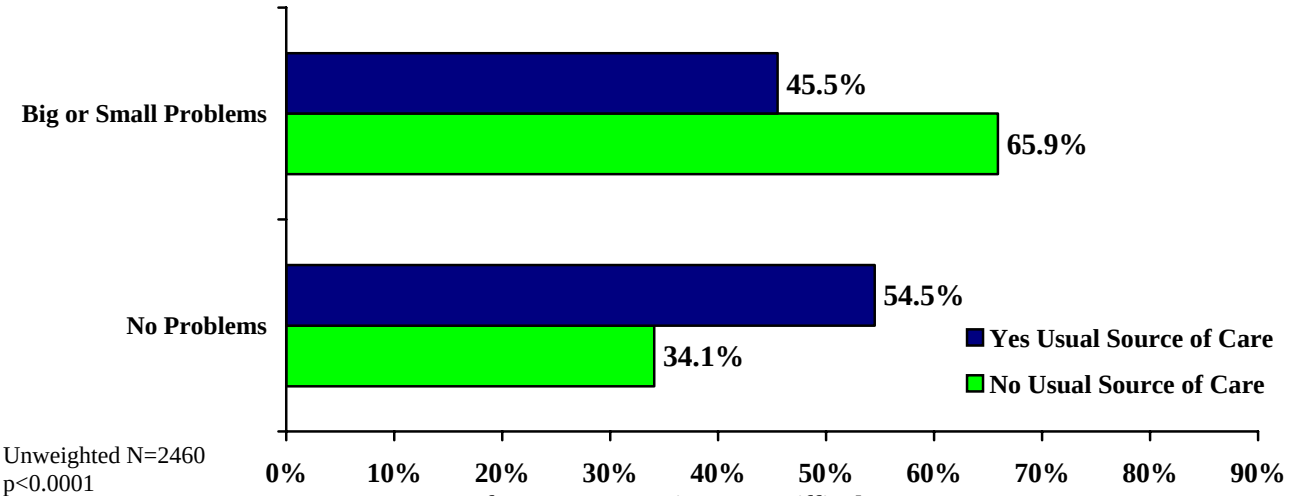
Figure 64
"Yes, My Child Received All of the Dental Care That He or She Needed in the Last 12 Months…"



Unweighted N=2628
p<0.0001

Percent of Parents Reporting that Their Child Got All Necessary Dental Care in the Past 12 Months.

Figure 65
"In the Last 12 months, How Much of a Problem Was It to Get Dental Care for Your Child?"



Unweighted N=2460
p<0.0001

Percentage of Parents Reporting How Difficult It Was to Get Dental Care for Their Child in the Past 12 Months

This chart includes the children for whom specific dental access and usual source of care information was available.

This chart includes the children for whom specific dental access and usual source of care information was available.