



# Research Brief

## **COVERING KIDS: Children's Access to Health Care** *Results from a Statewide Oregon Survey*

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# **COVERING KIDS: Preliminary Results from a Statewide Survey Designed to Learn More about Keeping Oregon Children Insured**

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## **BACKGROUND**

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. This represents 105,000 children; if the 18<sup>th</sup> year is included, the number increases to 117,250 uninsured children.<sup>1</sup> The 2004 Oregon Population Survey indicates that 62,000 children are living in families with income levels where they may be eligible for public coverage. The Governor and legislature have identified increasing health insurance coverage for Oregon children as a top priority. Having insurance improves children's access to routine well-child care. Well-child care and having a regular medical provider are very important for children's health. This continuity allows for better monitoring of children's development and earlier detection of potential problems, when they are more responsive to treatment. On average, uninsured children are less likely to get routine well-child care, have worse access to health care and use medical and dental services less frequently than do insured children.<sup>1</sup>

This statewide study was conducted to gather information directly from low-income parents about issues they face when attempting to obtain health insurance coverage for their children. A mail return survey was conducted between April and June of 2005, and included a sample of Oregon food stamp enrolled families with children between the ages of one and nineteen. Study participants were asked to respond to questions designed to: identify barriers faced by low income Oregon families who qualify for publicly-financed health insurance; examine demographic and other factors associated with barriers to children's health insurance enrollment and continuous coverage; and 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. This brief presents descriptive data from completed surveys from parents of 2,681 children.

## **HEALTH INSURANCE STATUS**

Parents of children in the study population reported that over ten percent (10.9%) were uninsured, 73% of children had public insurance coverage (mostly Oregon Health Plan (OHP)), 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 with income approaching the income eligibility threshold; or had an employed, but uninsured parent.

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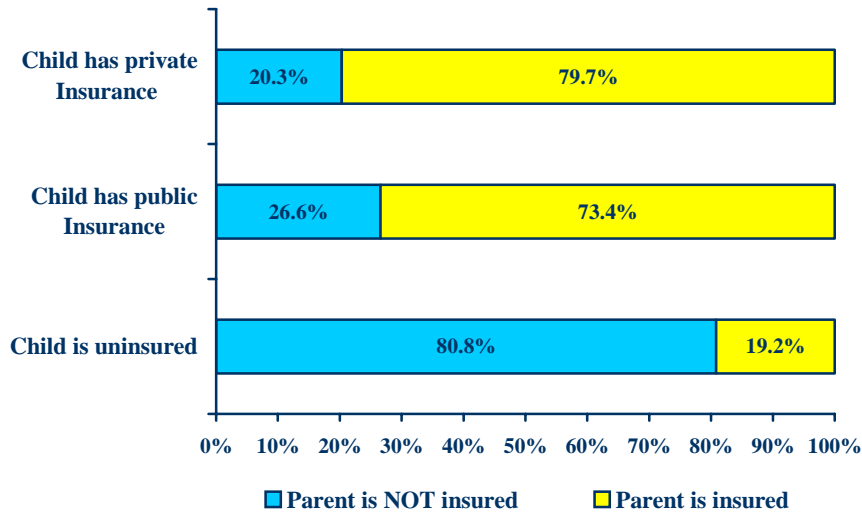
### **Who Was Most Likely to be Without Health Insurance Coverage?**

- 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 five.
- 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.

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<sup>1</sup> The upper age limit for the State Children's Health Insurance Program (SCHIP) includes children under the age of 19.

## UNINSURED CHILDREN HAD UNINSURED PARENTS



### 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 (46.6%) compared with parents who reported current health insurance coverage (18.2%).

### REASONS FOR HEALTH INSURANCE GAPS

Among children with gaps in coverage, the income requirements of public insurance, eligibility requirements for employer sponsored health insurance, and the cost of employer-sponsored health insurance were the major reported reasons that children went without health insurance coverage:

- 20.7% of parents reported that their child was not eligible for OHP because of income.
- 20.3% of parents reported the person whose private 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” as a reason their child went without health insurance coverage. Of those, 31.4% had difficulty with OHP documentation or the OHP application process, and 18.8% reported missing the six-month OHP re-certification window.

### What are the Financial Implications?

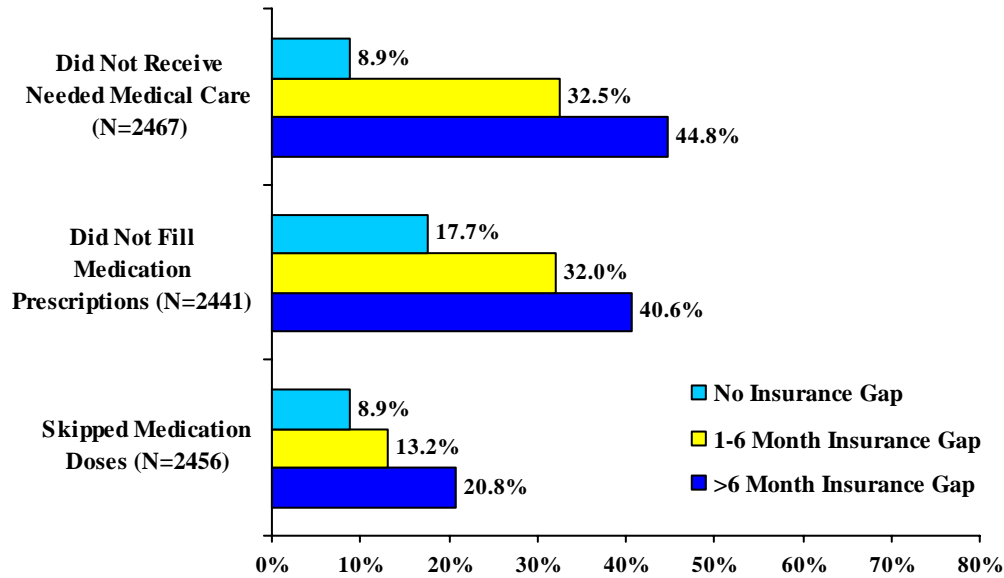
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When asked why children were not able to access necessary care, cost was most often mentioned:

- 46.0% of parents reported an inability to pay for the visit.
  - 20.7% reported that their health plan would not pay for the treatment.
  - 17.4% of parents reported that they owed money to the provider.
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**CHILDREN WITH INSURANCE GAPS GREATER THAN SIX MONTHS HAD THE HIGHEST RATES OF UNMET NEED**

*“In the Past 12 months....”*



**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.

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.

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

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.

## 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 health 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 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.

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<sup>i</sup> Source: Institute of Medicine, *Health Insurance is a Family Matter*, Brief, p. 5, September 2002. Available at: <http://www.iom.edu>.