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Unmet Needs: The Large Differences in Health Care Between Uninsured and Insured Children

There is a sharp contrast between the abilities of insured and uninsured children to obtain needed health care. Uninsured children are considerably less likely to receive the health care they need. This is especially evident among children who are uninsured for more than one year. Such long-term uninsured children receive less than half the number of doctor visits that insured children receive on average. Long-term uninsured children receive fewer inpatient hospital care days than insured children -- 42 percent as many days.

These are among the findings of the first analysis of how children's access to health care is affected by long and short spells without insurance. The analysis is based on the 1994 National Health Interview Survey -- the largest national survey ever conducted regarding access to health care -- and presents the most recent data available. The National Health Interview Survey is an in-person survey conducted by the National Center for Health Statistics. In 1994, the National Center for Health Statistics collected information about access to health care for a sample of 32,460 children, which is approximately double the sample size ever surveyed previously on access to care. The Survey's data tapes were recently made available for public analysis.

Uninsured children frequently go without annual doctor visits. Almost two out of five long-term uninsured children (37 percent) have no doctor visits throughout the year -- more than two-and-one-quarter times the rate for insured children. Even young children age five years and under, who should receive annual doctor visits to monitor their growth and development, go without such care at three times the rate of insured children. When they do see doctors, long-term uninsured children are twice as likely as insured children to get care in emergency rooms.

About one in four uninsured children have no usual health care provider. By contrast, only one out of 25 insured children do not have a usual provider of health care.

On a variety of access measures, household heads report that uninsured children have gone without health care at rates much higher than insured children. They are less able to secure important health services -- ranging from medical or surgical care, to dental care,

to prescription medicines and eyeglasses -- than insured children. They are also more likely than insured children to be missing some or all of their immunizations.

This analysis not only examines indicators of health care access for all long-term and short-term uninsured children compared with all insured children, but also examines the differences in care received by uninsured and insured children who are in fair or poor health. This group is in greatest need of health care and will suffer the most significant consequences from going without care. This comparison of children in fair or poor health helps to ensure that no analytic distortions occur between insured and uninsured children due to health status. Uninsured children in fair or poor health, compared to insured children in fair or poor health, are: five times more likely not to have a usual provider of care; four times more likely to have needed medical or surgical care and been unable to get it; almost five times as likely to have needed dental care and been unable to get it; four-and-one-half times as likely to have needed prescription medicines or eyeglasses and been unable to get them; and more than one-and-one-half times as likely to be missing all or some of their immunizations.

At the time of the latest available National Health Interview Survey (1994), the data showed that nearly one out of eight children in the United States did not have health insurance at that point in time, and four-fifths of these uninsured children (or nearly 11 percent of all U.S. children) were uninsured for more than one year.

FINDINGS APPLICABLE TO ALL UNINSURED AND INSURED CHILDREN

Doctor Visits for All Children: Children who are uninsured for more than one year make half as many visits to a doctor as insured children. The average annual number of doctor visits per 1,000 children is 1,725 for long-term uninsured children versus 3,461 for insured children. Approximately two out of five long-term uninsured children (37 percent) do not visit a doctor at all in a year compared to 16 percent of insured children. When long-term uninsured children do see doctors, they are twice as likely as insured children to make their doctor visits in emergency rooms; one out of ten doctor visits by long-term uninsured children (10 percent) is in an emergency room compared to one out of 20 doctor visits by insured children (5 percent).

Doctor Visits for Young Children: Regular doctor visits are especially critical during early childhood. Children need multiple doctor visits during the first few years of life to stay current on immunization schedules and to be screened and treated for any developmental problems, and pediatricians recommend annual checkups at least through age five. However, one-fifth of long-term uninsured children age five and younger (20 percent) had not visited a doctor in at least a year. The proportion of insured children age five and younger who did not see a doctor throughout the year was much smaller (7 percent).

Inpatient Hospital Care: Long-term uninsured children average only 42 percent of the number of inpatient hospital care days of insured children, and short-term uninsured children average half the number of such inpatient hospital days. Insured children average 234 days of annual inpatient hospital care per 1,000 children; long-term uninsured children average 98 days; and short-term uninsured children average 118 days.

Usual Provider of Care: Children who are uninsured for prolonged periods are six-and-one-half times more likely than insured children to lack a usual health care provider. For children uninsured for more than a year, one out of four (26 percent) has no usual health care provider. In contrast, one out of 25 insured children (4 percent) lacks a usual health provider. Children uninsured for short periods also often lose access to regular providers. One out of five children uninsured for a year or less (19 percent) has no usual health care provider.

Inability to Obtain Needed Care: Uninsured children are three-and-one-half times as likely as insured children (21 percent versus 6 percent) to go without needed health care. This includes medical or surgical care, dental care, prescription drugs, eyeglasses and mental health care.

Inability to Obtain Needed Dental Care: Uninsured children are four times more likely to go without needed dental care than insured children. Approximately one out of six children (17 percent) who are uninsured for more than a year, and 15 percent of children uninsured for less than a year, have gone without needed dental care. In contrast, only 4 percent of insured children have gone without needed dental care.

Inability to Obtain Needed Medical or Surgical Care: Children who are uninsured for prolonged periods are six times as likely as insured children to go without needed medical or surgical care. For long-term uninsured children, the reason for not receiving such care is almost always (95 percent of the time) lack of insurance and inability to afford care. For insured children, inability to afford care is cited 31 percent of the time as the reason care was not obtained.

Inability to Obtain Needed Prescription Drugs or Eyeglasses: Uninsured children are three times as likely as their insured counterparts to go without needed eyeglasses or prescription drugs. Six percent of uninsured children compared to 2 percent of insured children have needed eyeglasses or prescription drugs but were unable to get them.

Current Immunizations: Children who are uninsured for prolonged periods are over one-and-one-half times as likely as insured children to be missing all of their current immunizations. One out of five long-term uninsured children (20 percent) are missing all of their immunizations as opposed to one out of eight insured children (12 percent). About 68 percent of insured children are up to date in their immunizations; 59 percent of long-term uninsured children are up to date in their immunizations; and 62 percent of short-term uninsured children are up to date.

FINDINGS APPLICABLE TO CHILDREN IN FAIR OR POOR HEALTH

The National Health Interview Survey asks household heads about their children's health status. Household heads are asked to select from five categories of health status: "excellent," "very good," "good," "fair" or "poor." Uninsured children are less likely to be in excellent health than insured children and more likely to be in fair or poor health. The difference in health status is most pronounced between insured children and children who are uninsured for more than one year. Insured children are likelier to be in excellent health than the long-term uninsured (53 percent versus 45 percent), and the long-term uninsured are likelier to be in poor to good health than children with insurance (27 percent versus 19 percent).

Data about comparative access to care for uninsured and insured children in fair or poor health are significant because they eliminate potential distortions that might exist due to differences in health status. They are also important because the ability to access needed care is most crucial for children who are in fair or poor health. Children in fair or poor health are more likely to seek care than their healthier counterparts, and the unavailability of care for less healthy children is more likely to have severe and irreparable consequences. The National Health Interview Survey data indicate that there is a large difference in health care services between uninsured and insured children who are in fair or poor health. The key findings include:

Doctor Visits: Uninsured children in fair or poor health make considerably fewer visits to a doctor than insured children with the same health status (6,671 average annual visits per 1,000 children versus 11,665 average annual visits per 1,000 children).

Inpatient Hospital Care: Among children in fair or poor health, uninsured children average slightly more than half as many days of inpatient hospital care as insured children. Uninsured children in fair or poor health average 1,361 days of inpatient hospital care per 1,000 children, compared with an average of 2,467 days of inpatient care per 1,000 insured children in fair or poor health.

Usual Provider of Care: Among children in fair or poor health, one out of four uninsured children (25 percent) lacks a usual provider of care. This compares to one out of 20 (5 percent) for insured children in fair or poor health.

Inability to Obtain Needed Care: Among children in fair or poor health, two out of five uninsured children (41 percent) have gone without needed health care. In contrast, one out of eight insured children (12 percent) in fair and poor health has gone without needed care.

Inability to Obtain Needed Dental Care: Uninsured children in fair or poor health are almost five times as likely as their insured counterparts to go without needed dental care.

Among children in fair or poor health, 28 percent of uninsured children and 6 percent of insured children have gone without needed dental care.

Inability to Obtain Needed Medical or Surgical Care: Among uninsured children in fair or poor health, one out of five (20 percent) has gone without needed medical or surgical care. This compares with 5 percent of insured children in fair or poor health who have gone without needed medical or surgical care.

Inability to Obtain Needed Prescription Drugs or Eyeglasses: Among children in fair or poor health, more than one out of six uninsured children (18 percent) have needed and been unable to get prescription drugs or eyeglasses. Only one out of 25 insured children (4 percent) in fair or poor health has been unable to get prescription drugs or eyeglasses.

Current Immunizations: Uninsured children in fair or poor health are more than one-and-one-half times as likely as their insured counterparts to be missing all or part of their current immunizations. Over half (55 percent) of uninsured children in fair or poor health are not up to date in their immunizations, while 34 percent of insured children in fair or poor health are missing all or some of their current immunizations.

METHODOLOGY

The National Health Interview Survey (NHIS) is the largest in-person national survey in the United States concerning health care issues. It is conducted annually by the National Center for Health Statistics of the U.S. Department of Health and Human Services. The NHIS includes both a core survey and supplemental surveys on special topics. The latest year for which NHIS data are publicly available is 1994. That year, the National Center for Health Statistics collected information about access to health care for a sample of 32,460 U.S. children and collected immunization data for a sample of 8,087 children. In previous years, the National Center for Health Statistics' sample sizes for questions concerning access to health care were much smaller.

For this report, we examined access to health care services among children with and without health insurance. We used data from the 1994 NHIS, including the Access to Care File, the Health Insurance File, the Physician Visit File, and the Childhood Immunization File. Nearly all of the data are based on respondents' answers to a variety of questions and therefore are subject to reporting bias.

We defined children as those under age eighteen. We defined children as uninsured if they did not report having private health insurance, Medicaid, Medicare, CHAMPUS, CHAMPVA, or military health insurance during the month of the survey. We present tables that show whether children with health insurance, children who have not had health insurance for more than one year, and children who have not had health insurance for one year or less, have differences in access to health care services. In addition we present tables that show whether children in fair or poor health have differences in access based on their insurance status. The differences in access that we present are significant at the 95 percent level of confidence.

The access issues we examined and the variables we used are described below:

Health Status: We classify the percent of children with and without health insurance by their health status as reported by their household head.

Having a Usual Provider: The NHIS asks respondents whether there is a "particular person or place that they usually go to when they are sick or need advice about health." Individuals who report not having a usual provider also report why they do not have a usual provider. We grouped these reasons into affordability reasons, reasons related to perceived need, and other reasons, which include not trusting doctors, having a doctor who moved, and not knowing where to go.

Unmet Need: The NHIS asks whether an individual needed a variety of health services and products during the twelve months prior to the survey and could not or did not get them. While the wording of the question may suggest being refused care, the broad nature of the question may result in individuals reporting that they "could not get" care when they may or may not have sought care. We report the number of children who had an unmet need for medical or surgical care, dental care, prescription medicine or eyeglasses, and for any of the following five areas: medical or surgical, dental, prescription medicines, eyeglasses, and mental health services.

Health Care Utilization: We report the total number of physician visits and inpatient hospital days per 1000 children based on responses in the core questionnaire on the number of visits or hospital days during the twelve months prior to the survey. In addition, we separately report the number of doctor visits among children age five and younger as a proxy for receipt of well baby exams. We also report the percent of physician visits that were in an emergency room setting, using data in the Physician Visit file of the NHIS.

Immunizations: We classify children by whether they are up to date with the Center for Disease Control's (CDC) immunization schedule. The vaccines recommended in 1994 were oral polio (OPV), measles-mumps-rubella (MMR), diphtheria and tetanus toxoids and acellular pertussis (DTP), Haemophilus influenza type b conjugate (Hib), and hepatitis B. We did not consider Hib and hepatitis B when classifying children because, until recently, they were not required and the CDC did not consider them when producing their coverage estimates. We produce estimates for children age five and younger because older children are almost always up to date due to school enrollment requirements. This data is collected in three ways:

if parents had a copy of their child's immunization records, information on each shot was abstracted;

if parents did not have shot records, they were asked to remember the number of each immunization their child had received; and

if parents did not have shot records and could not remember how many shots their child had received, they were asked if the child had received all of the recommended shots.

CONCLUSION

Uninsured children are far less likely than insured children to receive the health care that they need. This is especially evident for children who are uninsured for periods exceeding one year. For children in fair and poor health, disparities between insured and uninsured children's abilities to obtain different types of needed care are particularly pronounced. For these uninsured children, in particular, the resulting consequences can be severe. It thus makes good sense for this nation's policymakers to address effectively and expeditiously the persistence of uninsured children in America.