

Socioeconomic Disparities in Children's Health and Health Care: Trends in the U.S.

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Presentation Overview

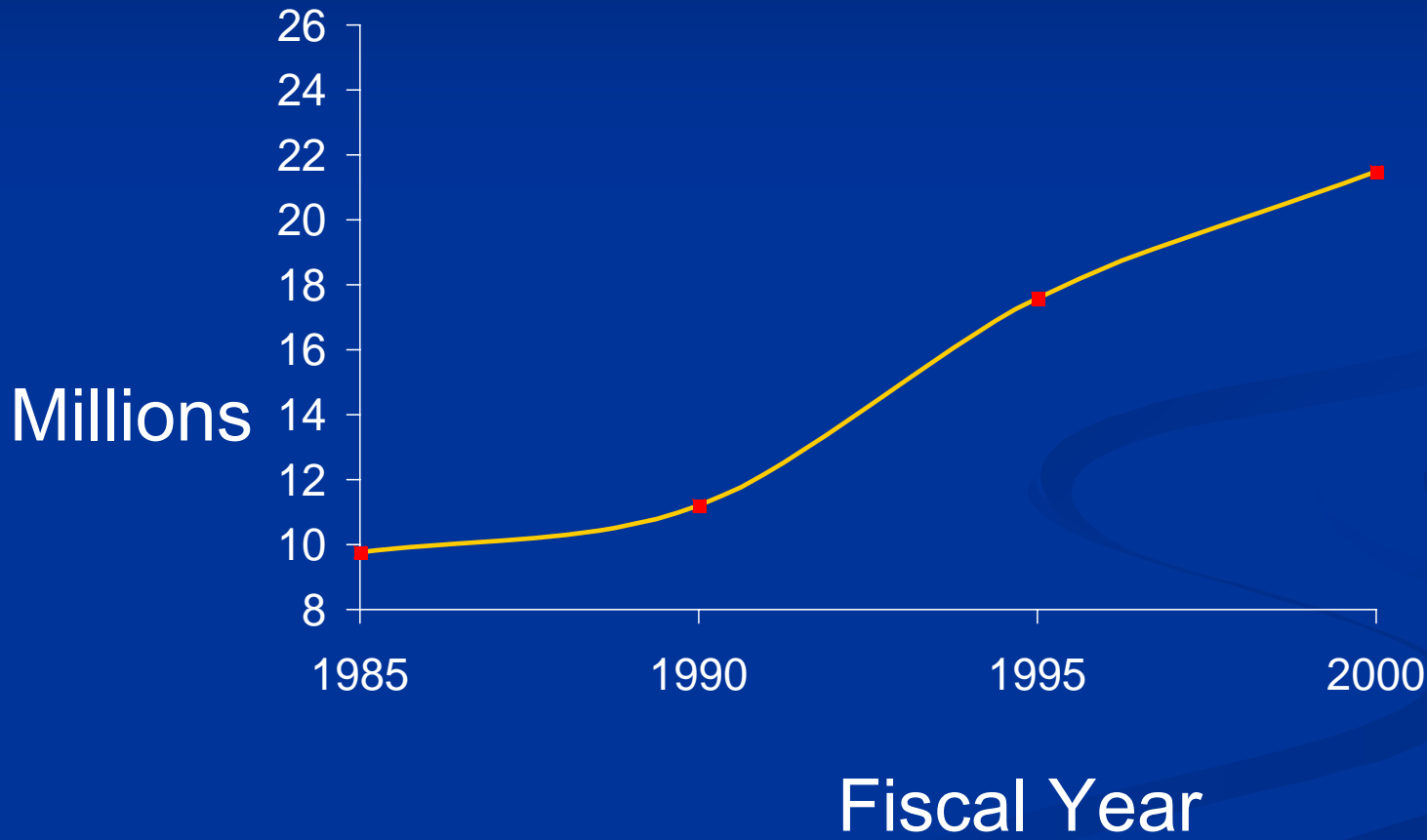
- Description of growth in public health insurance programs for U.S. children
- Our research on whether public insurance expansions have reduced socioeconomic disparities in health status, access and utilization

Growth in Public Insurance

Medicaid

- Enacted by the U.S. Congress in 1965
- Initially, eligibility was very restrictive
- Congress legislated expanded coverage during the 1980s
- Expansions culminated in 1990 with phased-in coverage of all children living below the federal poverty level by 2001
- Poverty status is based on family income and family size. In 2004, the poverty threshold for a family of 4 was \$19,157 USD.

Growth in Children's Medicaid Enrollment

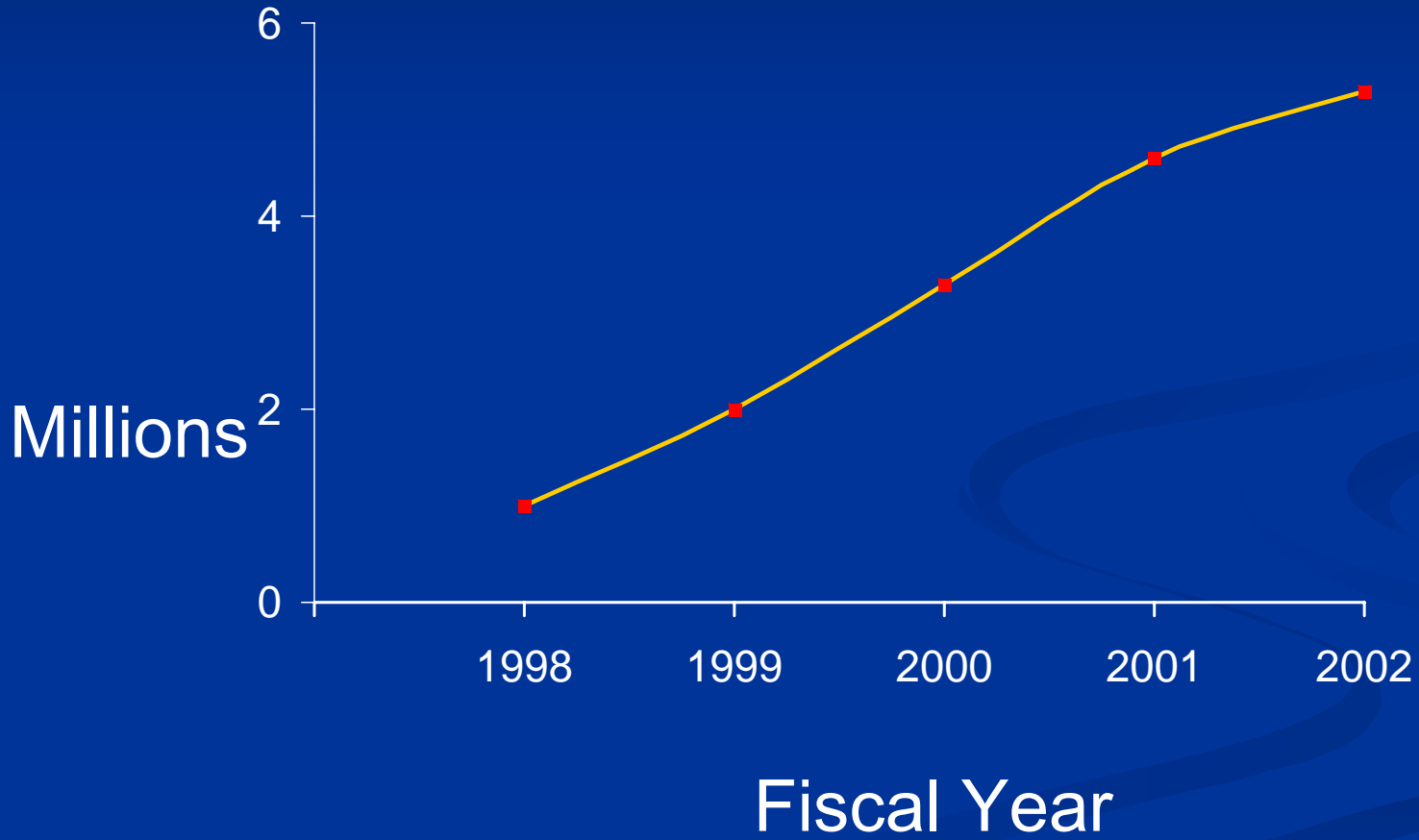


Source: Centers for Medicare and Medicaid

State Children's Health Insurance Program (SCHIP)

- Enacted by Congress in 1997
- Covers children whose family incomes are above Medicaid income eligibility limits but below 200% of the poverty threshold (\$38,314 for a family of 4)
- States started implementing programs in 1998
- By 2000 all states had operating programs

Growth in SCHIP Enrollment



Source: Centers for Medicare and Medicaid

Our Research on Disparities in Access, Utilization and Health Status

Research Question

- Have expansions in public health insurance for children resulted in a narrowing of disparities in health and health care across income?

Data Source

- The National Health Interview Survey (NHIS).
- NHIS is a cross-sectional survey of approximately 35,000 families conducted annually.
- Data are collected by personal interview
- Response rate exceeds 80%
- Used 1982-83 as the baseline and 2000-01 as the endpoint

Outcome Measures

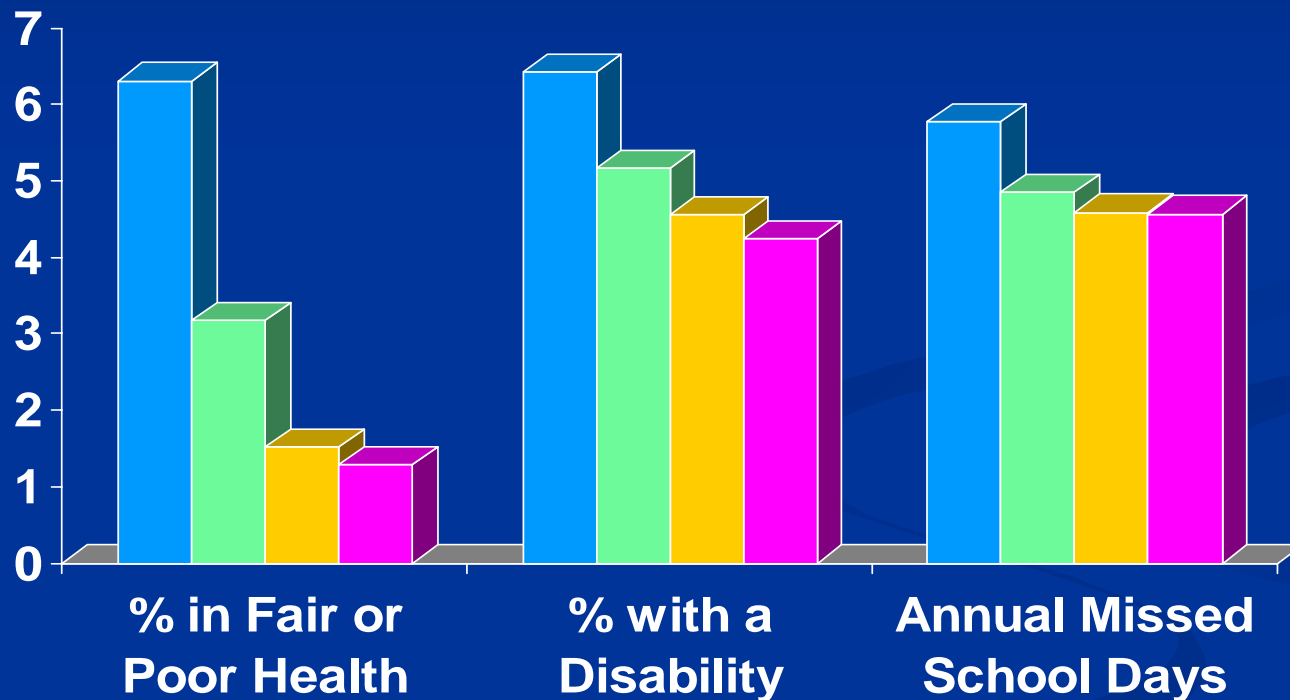
- Health measures:
 - parent assessed health status of the child
 - disability due to chronic conditions
 - annual number of school absence days due to illness
- Health care measures:
 - annual number of doctor visits
 - hospitalizations in the last year
 - receipt of preventive medical and dental care

Socioeconomic Status

- Compared each health and health care outcome measure over time using 4 different poverty categories:
 - <100% of the federal poverty threshold
 - 100-199% of poverty
 - 200-299% of poverty
 - 300% or more of poverty

Baseline Results (Pre-Implementation)

Health Status Measures 1982-1983



■ <100% FPL

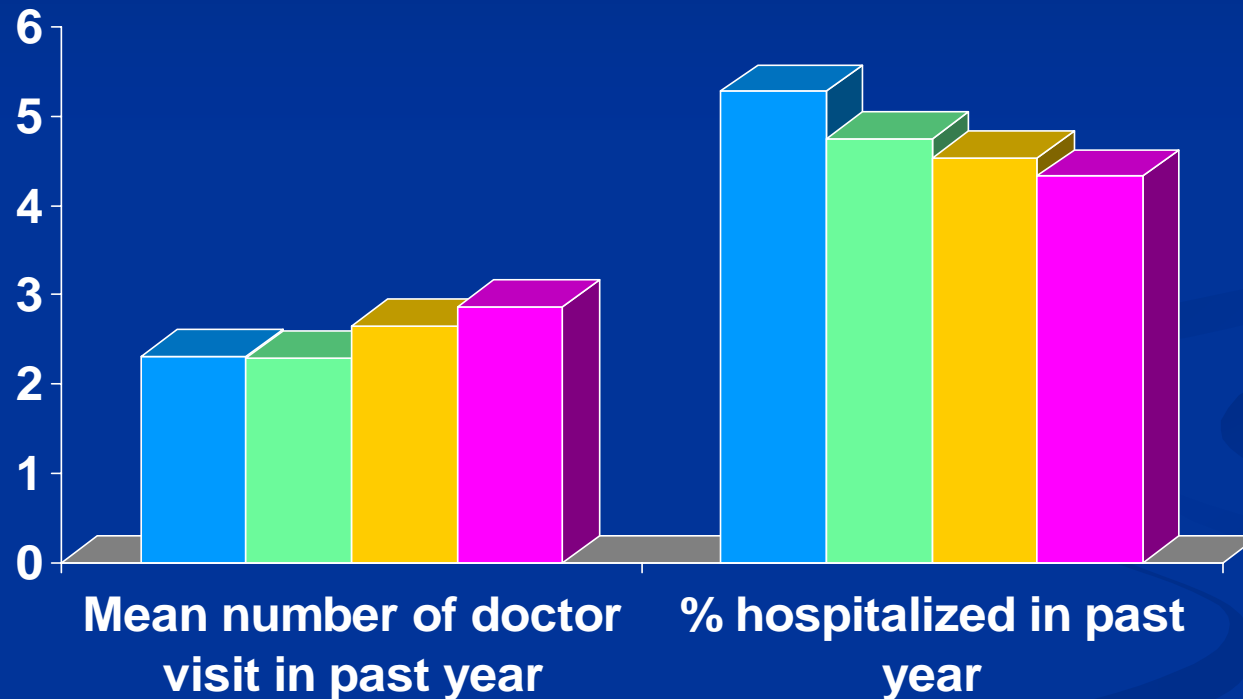
■ 100-199%

■ 200-299%

■ 300% plus

National Health Interview Survey

Use of Physician and Hospital Services 1982-1983



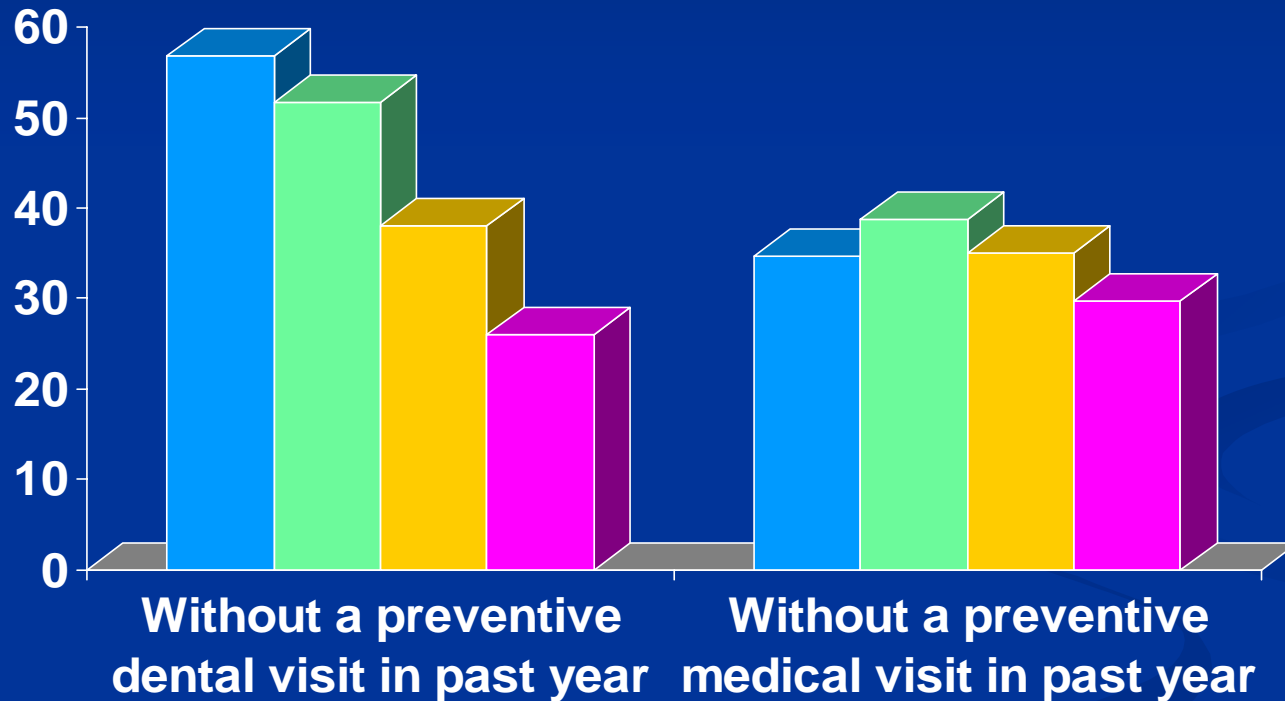
■ <100%

■ 100-199%

■ 200-299%

■ 300% plus

Use of Preventive Care 1982-1983



■ <100%

■ 100-199%

■ 200-299%

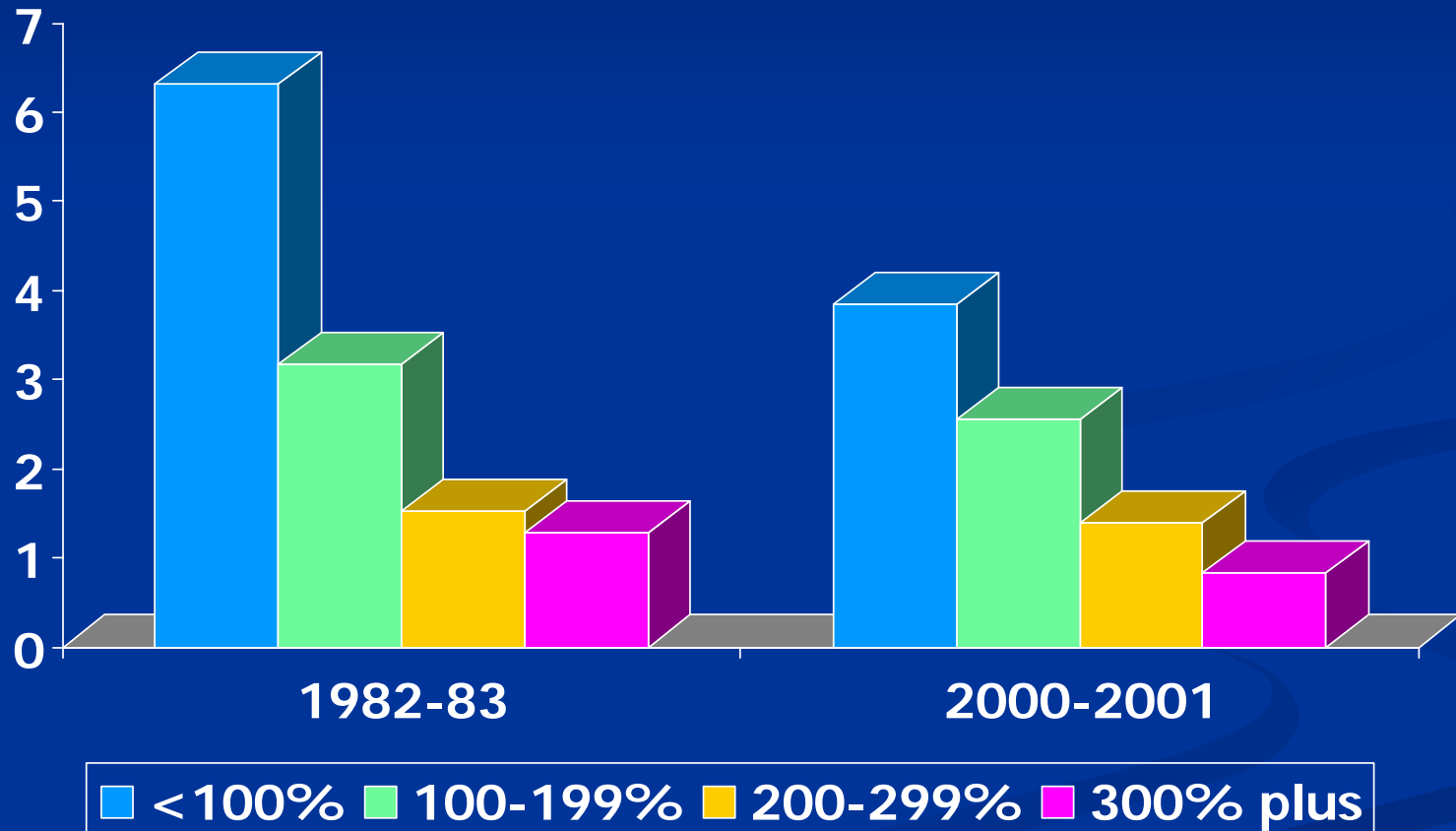
■ 300% plus

Expected Changes

- Modest reductions in health status disparities
- Large reductions in access and utilization disparities

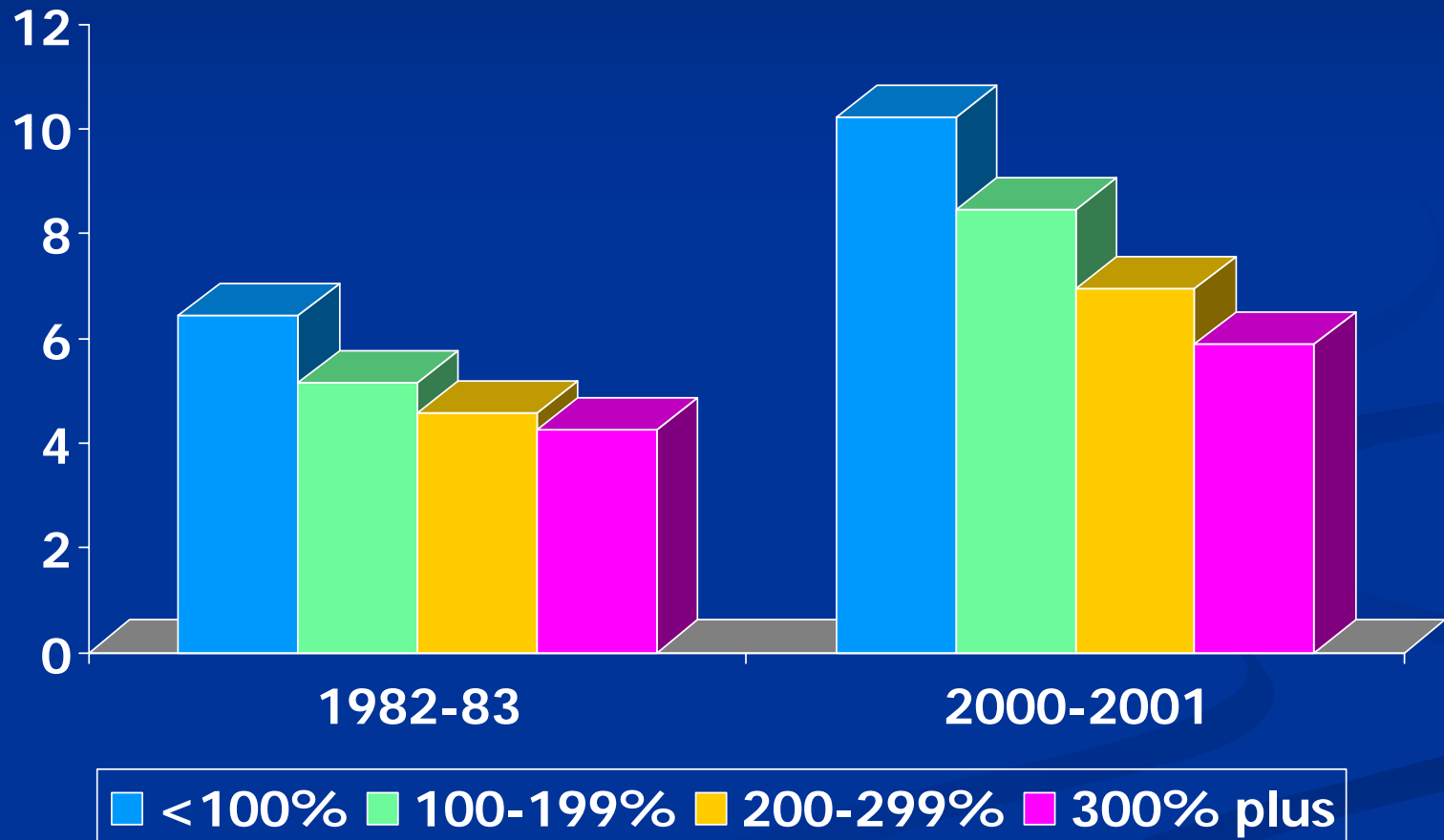
Changes (Post-Implementation)

Changes in Percent of Children in Fair or Poor Health



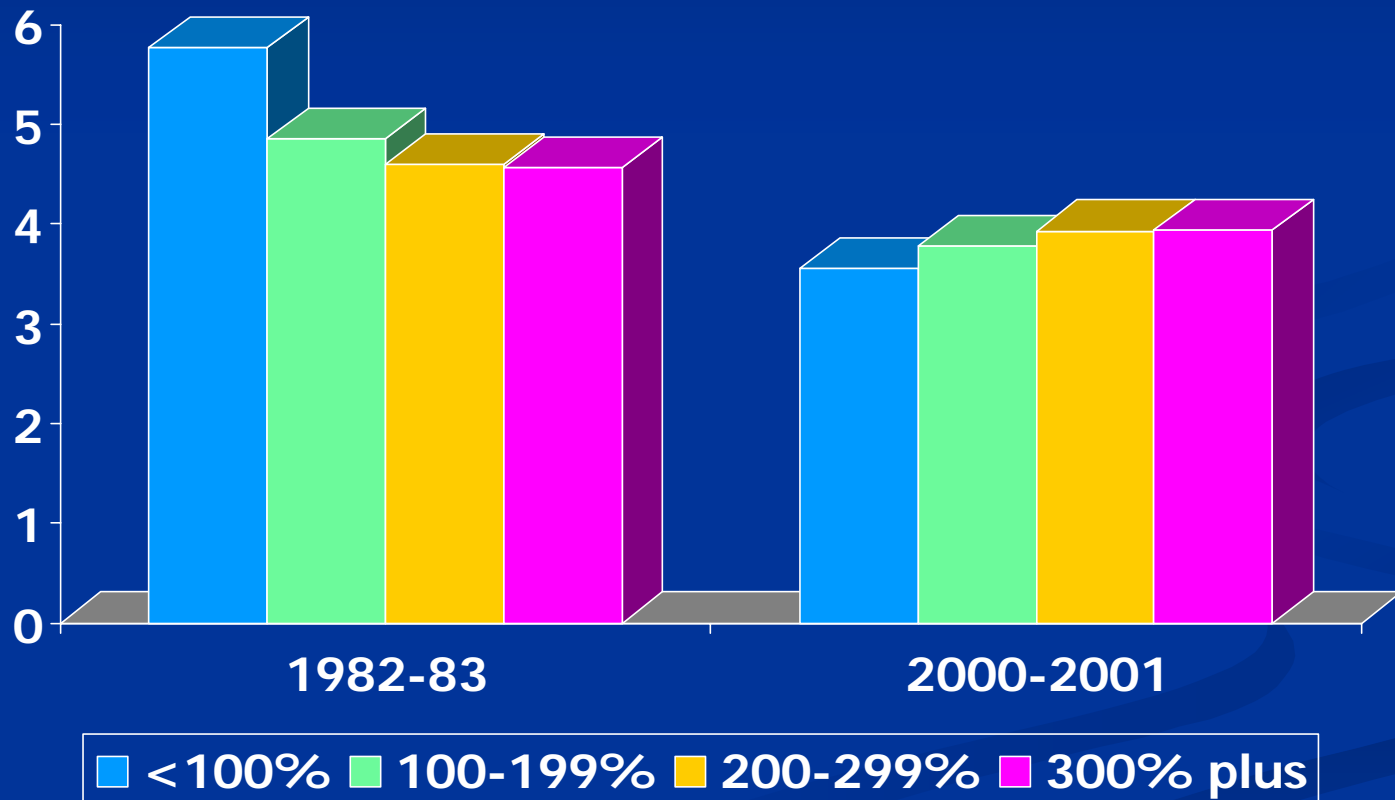
National Health Interview Survey

Changes in Percent of Children with Disabilities



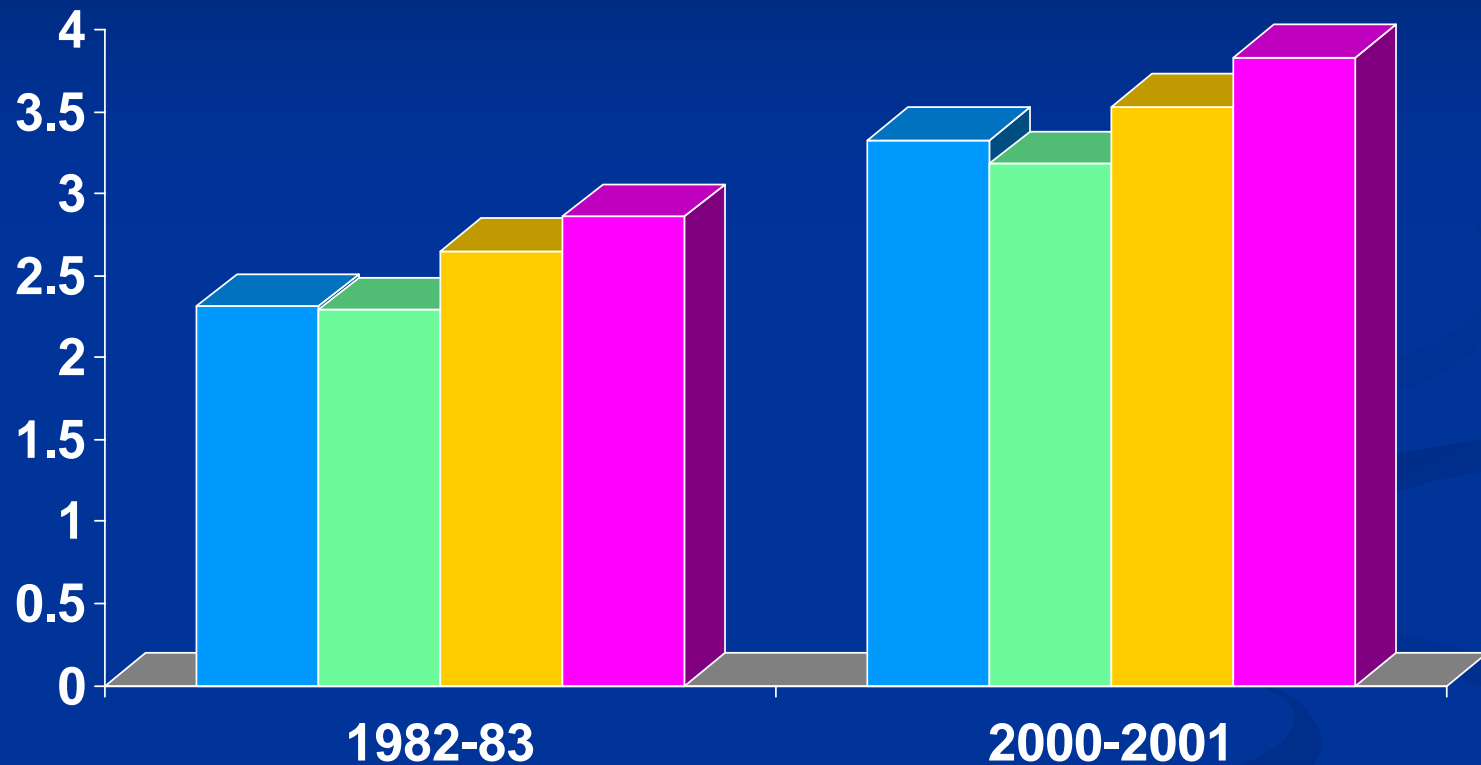
National Health Interview Survey

Changes in Annual Number of Missed School Days Per Year



National Health Interview Survey

Changes in Annual Number of Doctor Visits in Past Year



■ <100%

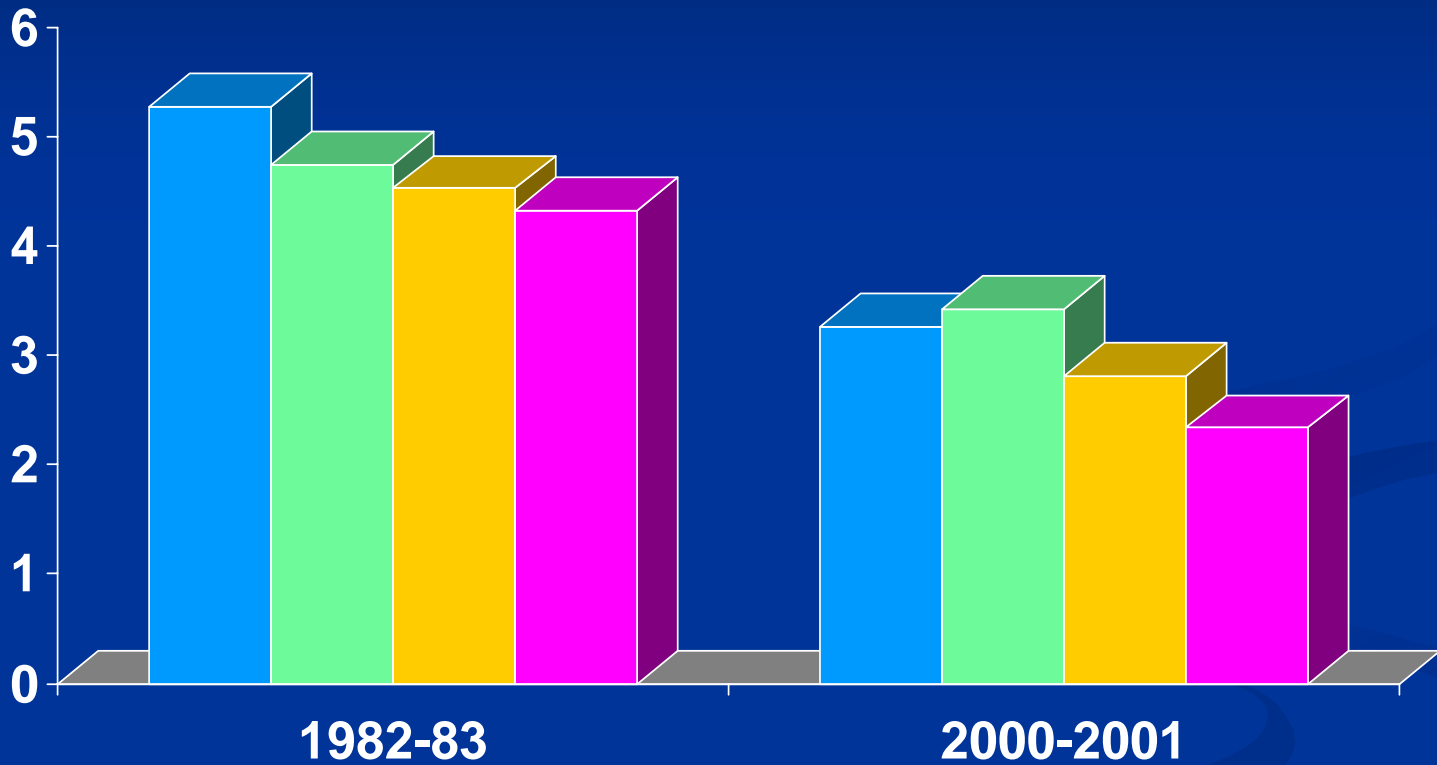
■ 100-199%

■ 200-299%

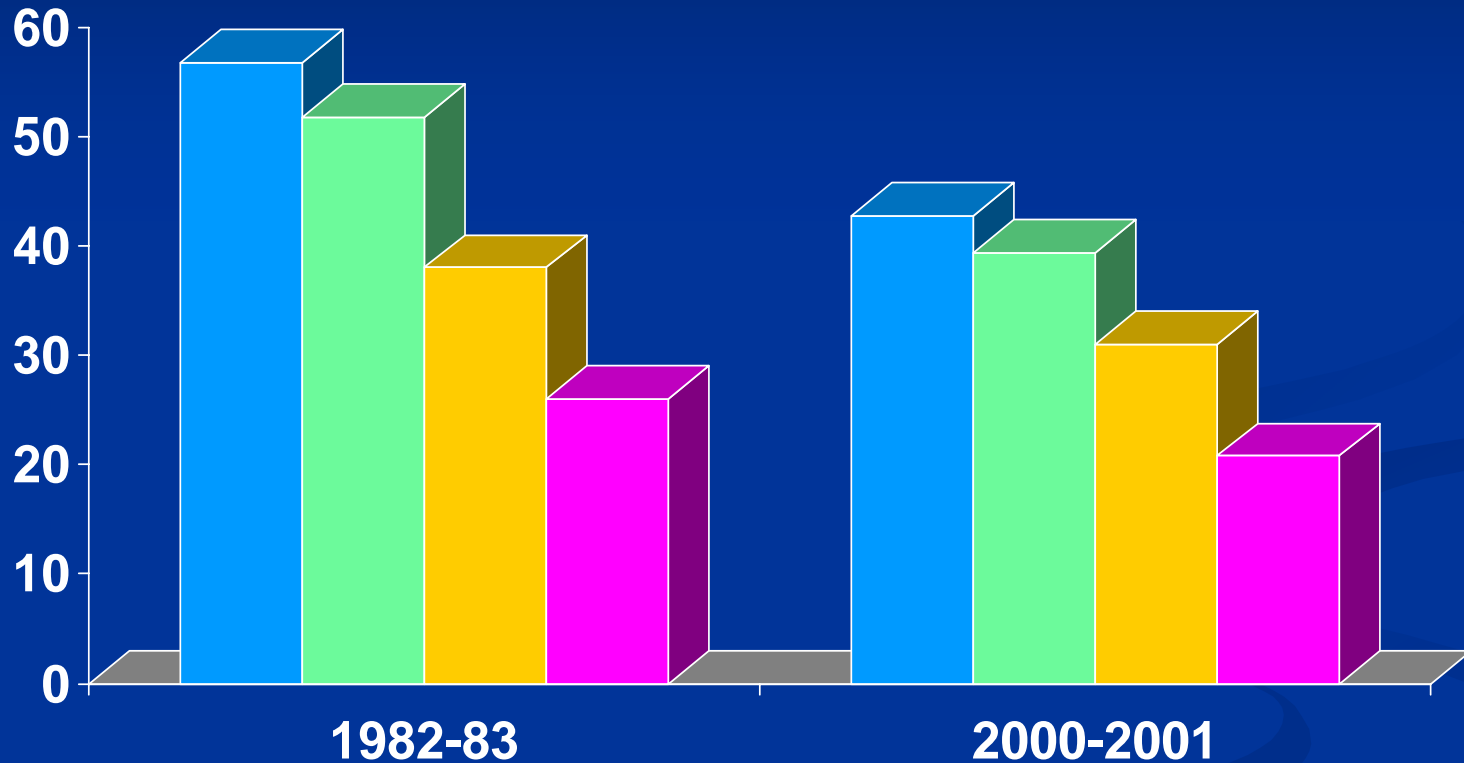
■ 300% plus

National Health Interview Survey

Changes in Percent Hospitalized in Past Year



Changes in Percent Without Preventive Dental Care



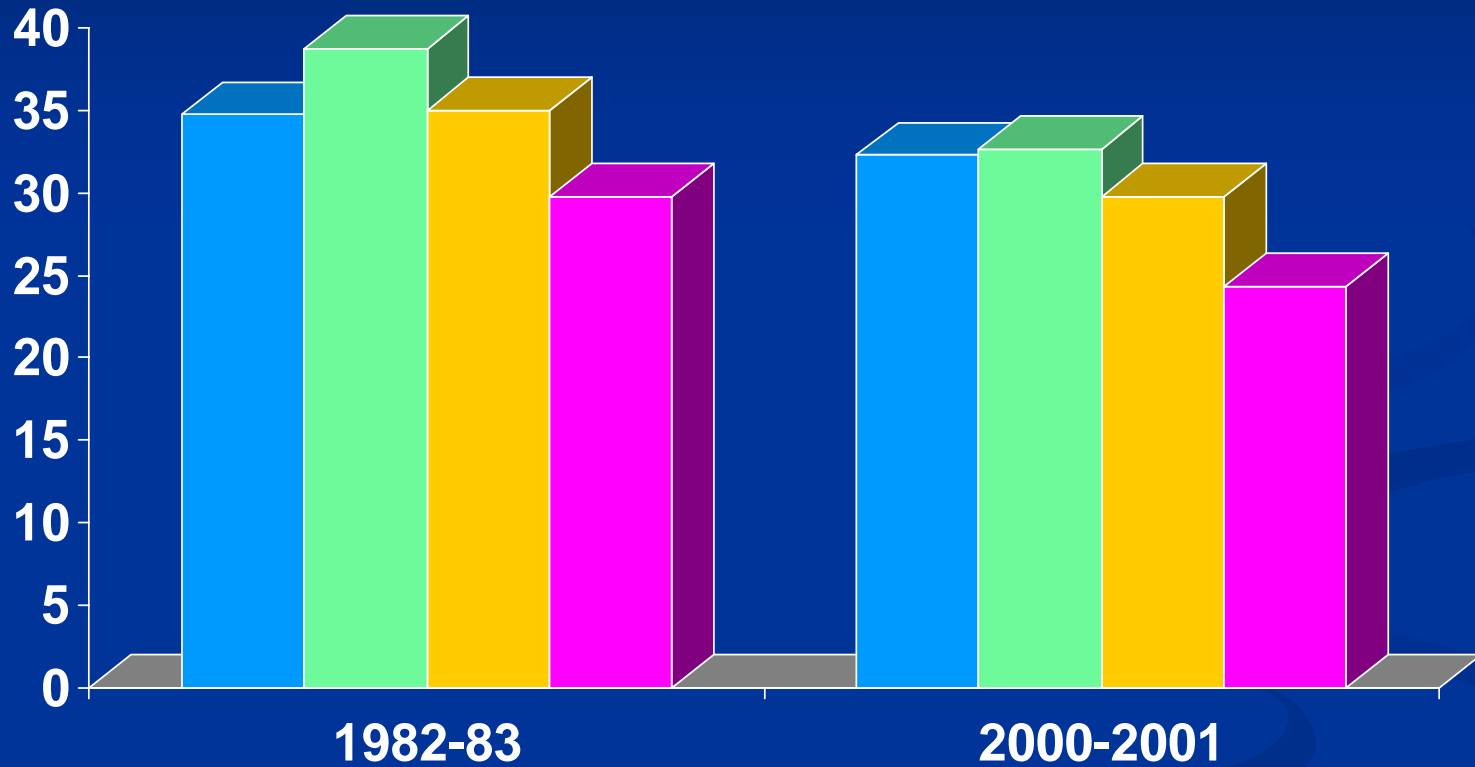
■ <100%

■ 100-199%

■ 200-299%

■ 300% plus

Changes in Percent Without a Well Child Visit in Past Year



Summary of Key Findings: Growth in public insurance

- Public coverage of low income children has grown dramatically over the past 2 decades.
 - More than 10 million children have been added to Medicaid
 - Nearly 5 million children have been added to SCHIP

Summary of Key Findings: Health Status

- The overall health of U.S. children has improved over time, with the exception of disability.
- Our results on disparities in health are mixed:
 - Disparities are unchanged for perceived health;
 - Disparities have widened for disability;
 - Disparities have narrowed for school absences.

Summary of Key Findings: Health Care

- Overall, use of ambulatory care -- including physician services, well child care, and preventive dental care -- has increased for children.
- Inpatient hospital care use has declined for children overall.
- However, the disparities in service use across income remain largely unchanged.
 - Low income children continue to use fewer ambulatory services and more inpatient care.

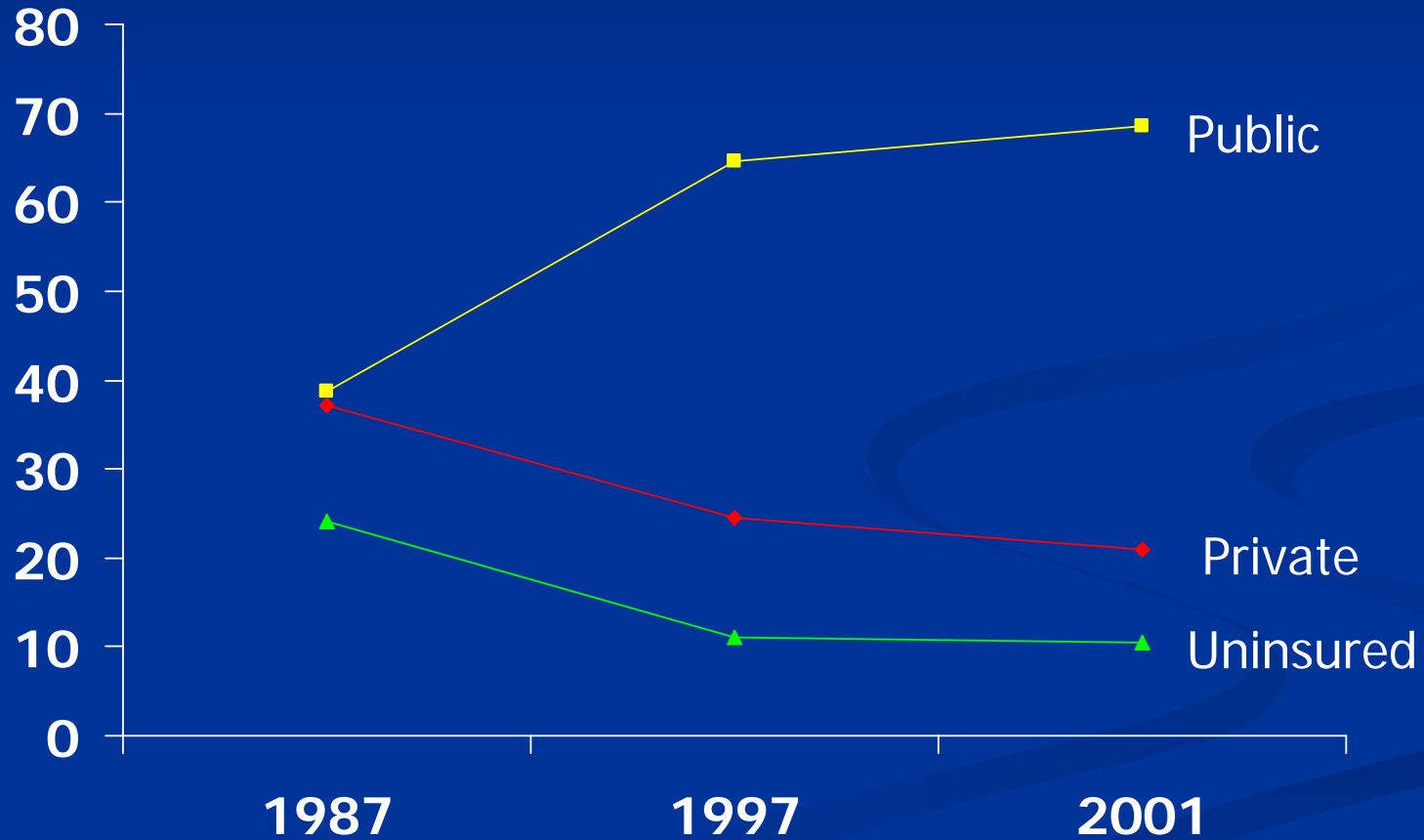
Interpretation of the Results

- We were disappointed by the absence of reductions in health care disparities
- However, the results should not be viewed as indicating a failure on the part of public insurance
- Rather, the absence of reductions in disparities is tied to changes in private health insurance over the study period

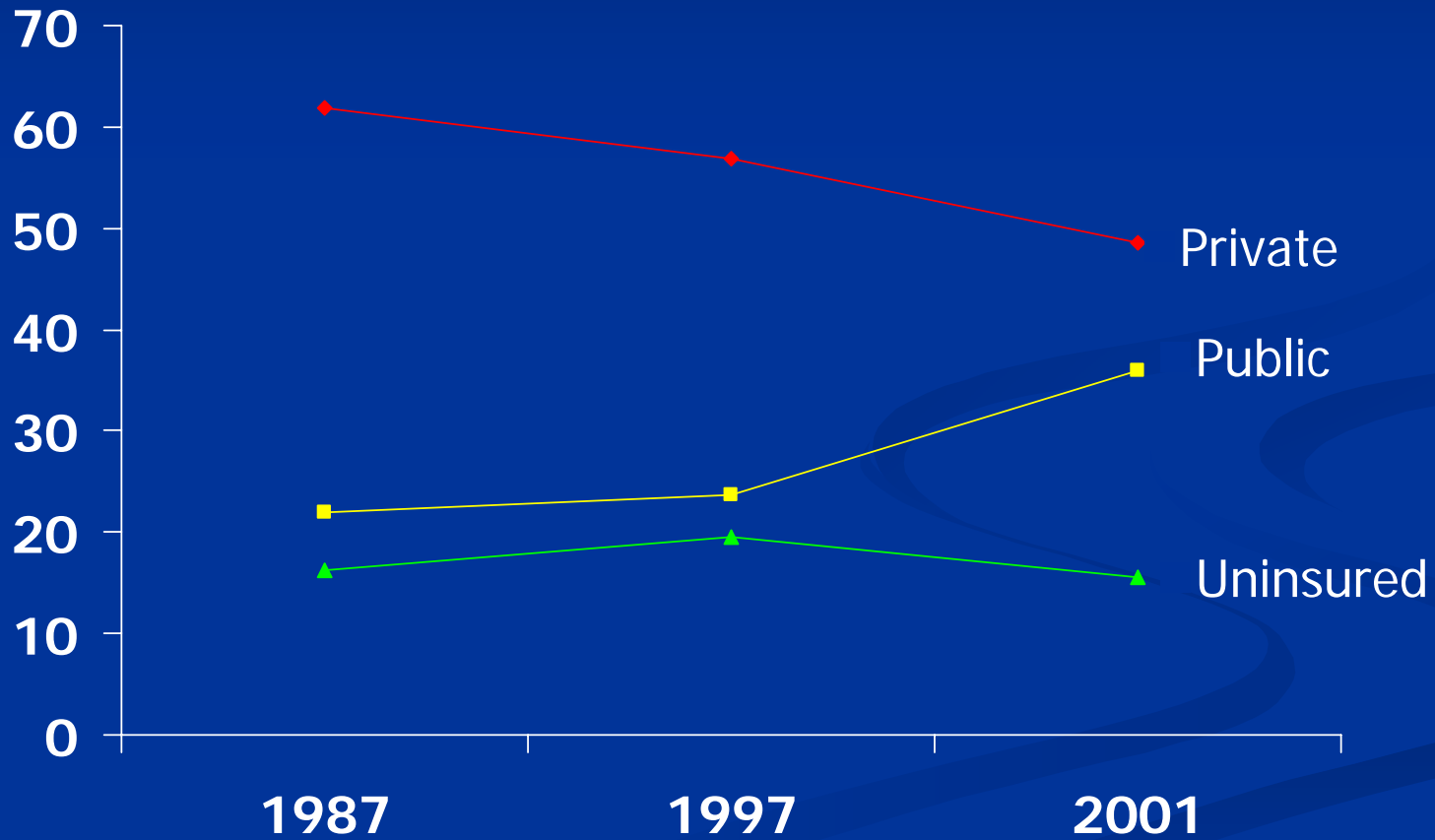
Trends in Private Health Insurance Coverage

- A secular decline in private insurance coverage has occurred over the past 25 years due to:
 - Changes in the economy
 - Changing employment practices
 - Increased cost of private insurance coverage
- These changes have particularly impacted low income families

Trends in Insurance: Poor Children (Medicaid Target Pop)



Trends in Insurance: Near-Poor Children (SCHIP Target Pop)



Conclusion

- Much of the gains in Medicaid and SCHIP enrollment were offset by reductions in private insurance
- Consequently, hoped for reductions in disparities in health and health care did not emerge
- However, poor and near-poor children were able to share the gains in health care experienced by children in higher income families