

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

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# Presentation Overview

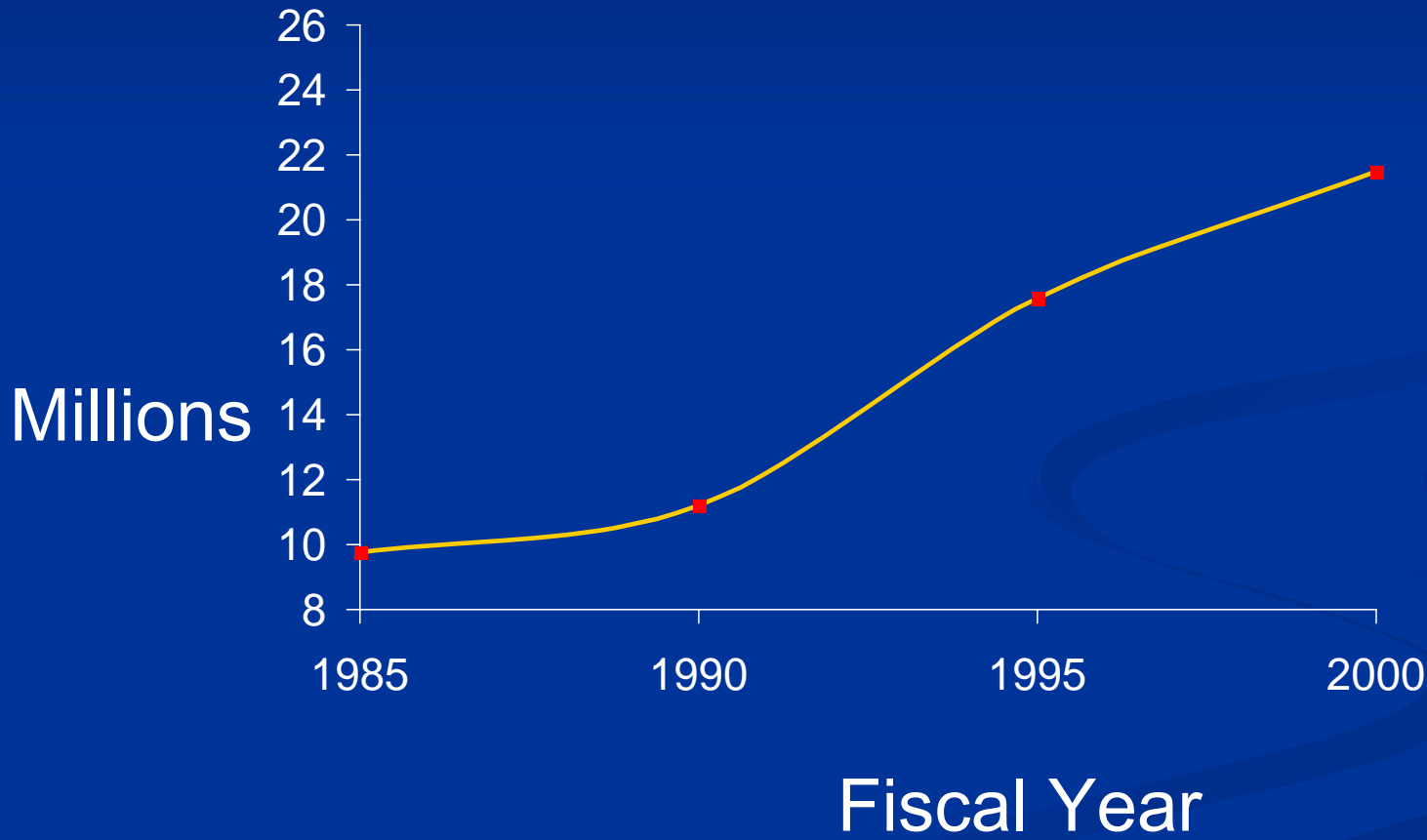
- Description of growth in public health insurance programs for U.S. children
- Our research on whether public insurance expansions have reduced socioeconomic disparities in health status, access and utilization

# 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

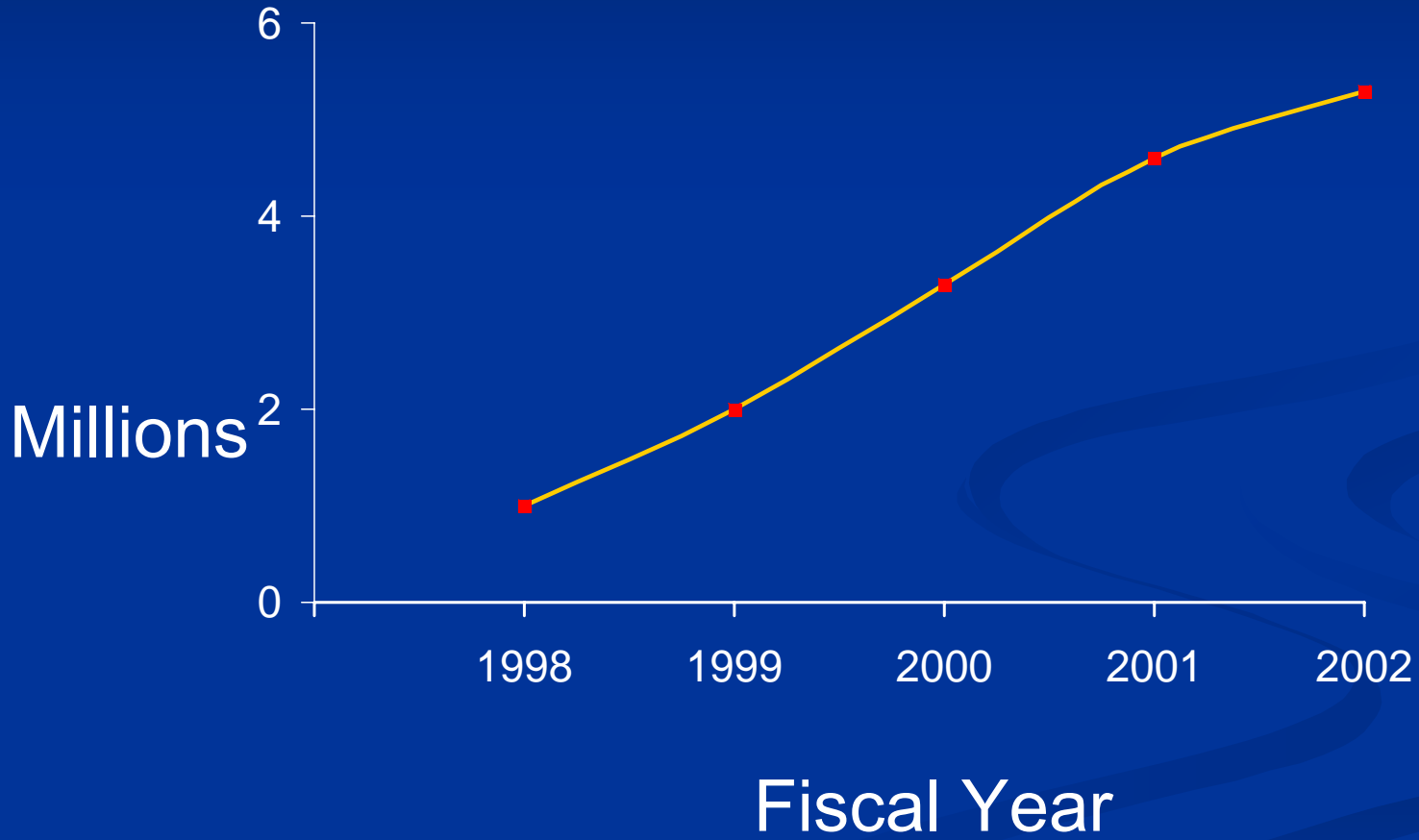


Source: Centers for Medicare and Medicaid

# 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

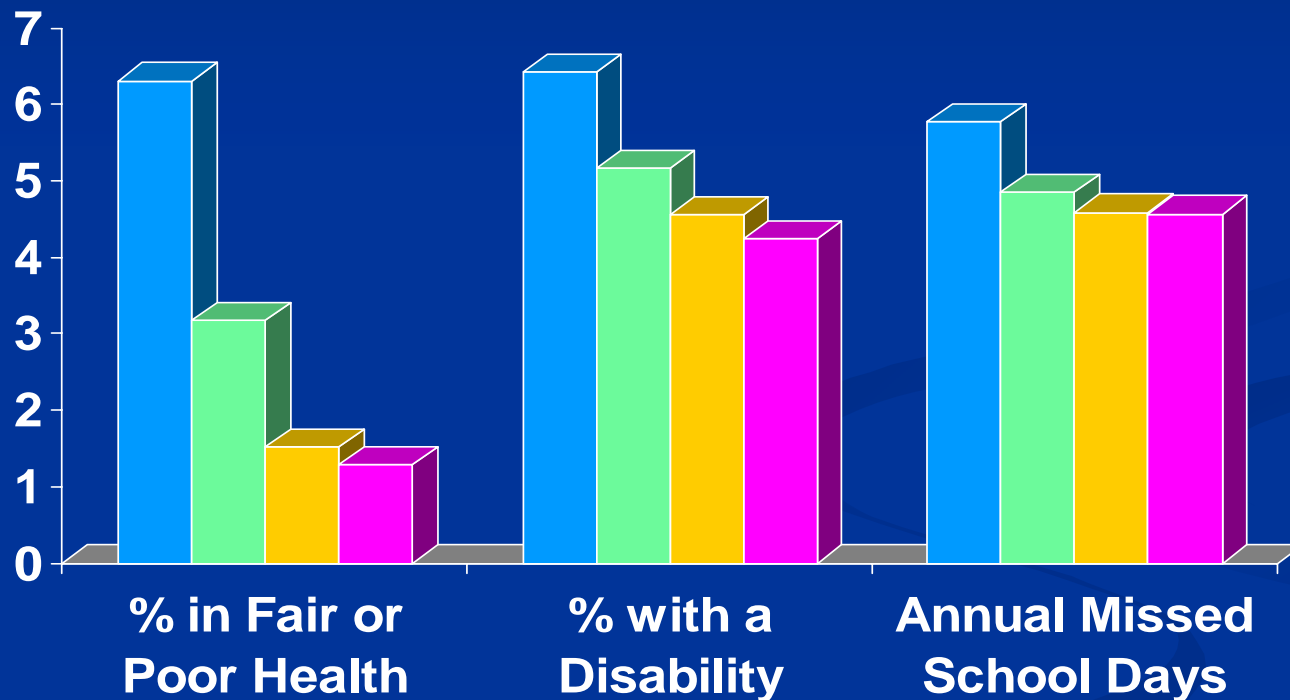
- Health measures:
  - parent assessed health status of the child
  - disability due to chronic conditions
  - annual number of school absence days due to illness
- Health care measures:
  - annual number of doctor visits
  - hospitalizations in the last year
  - receipt of preventive medical and dental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

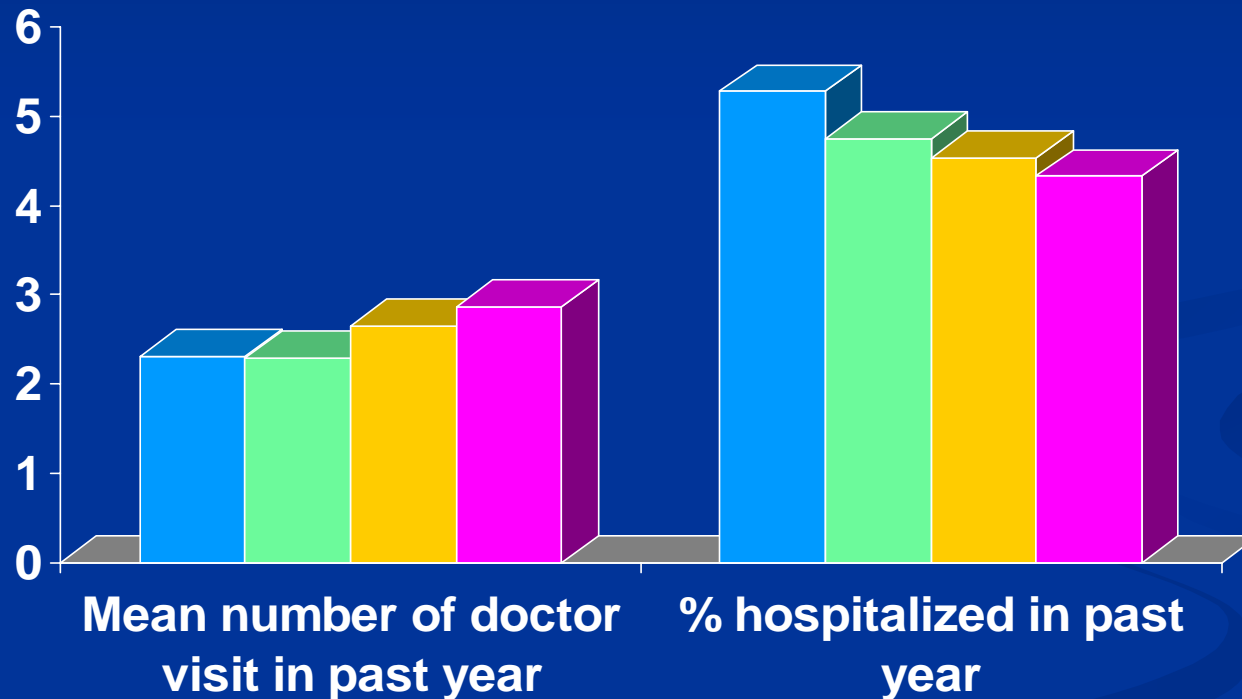
■ 100-199%

■ 200-299%

■ 300% plus

National Health Interview Survey

# Use of Physician and Hospital Services 1982-1983



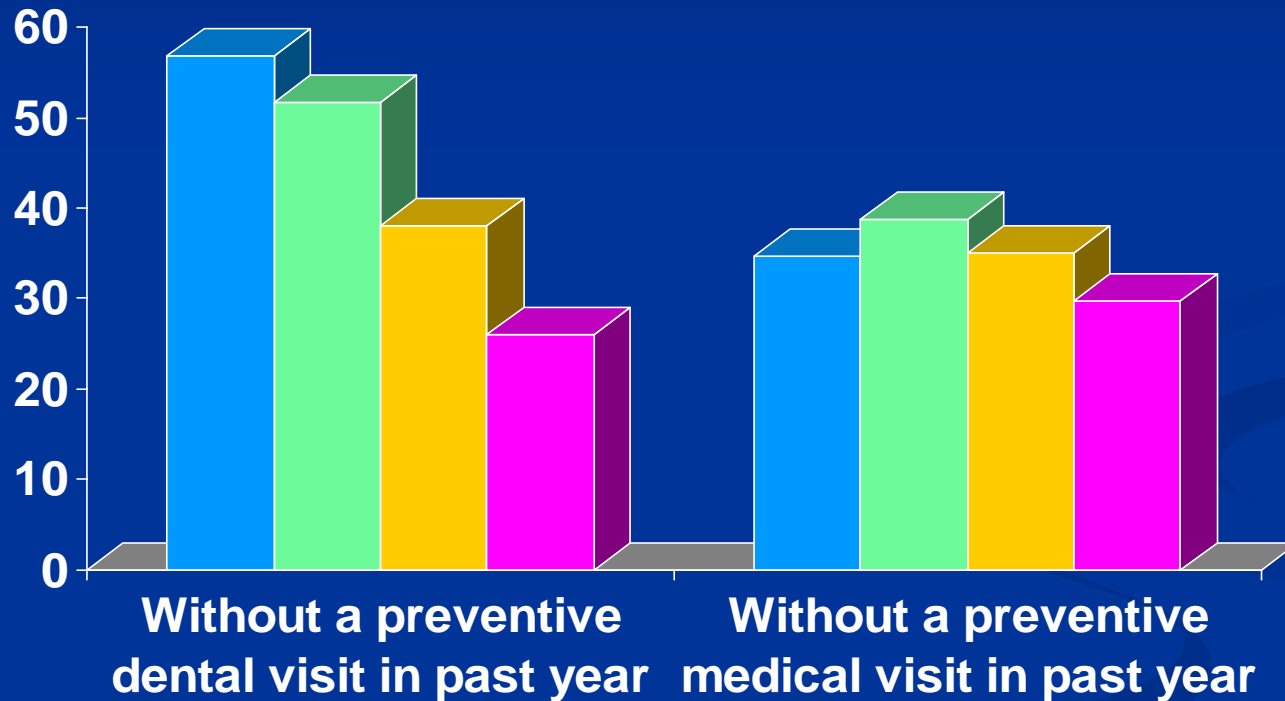
■ <100%

■ 100-199%

■ 200-299%

■ 300% plus

# Use of Preventive Care 1982-1983



■ <100%

■ 100-199%

■ 200-299%

■ 300% plus

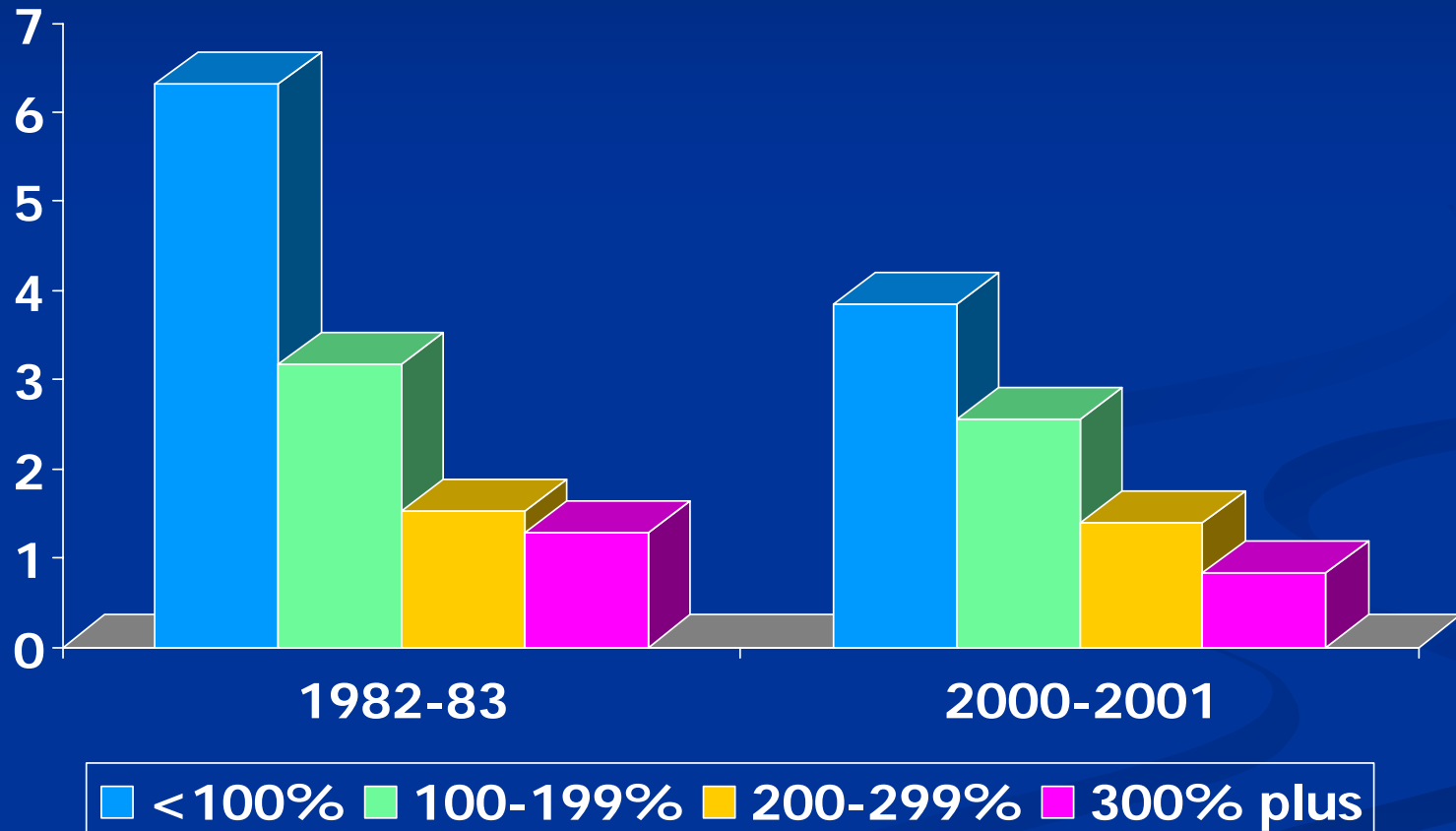


# Expected Changes

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

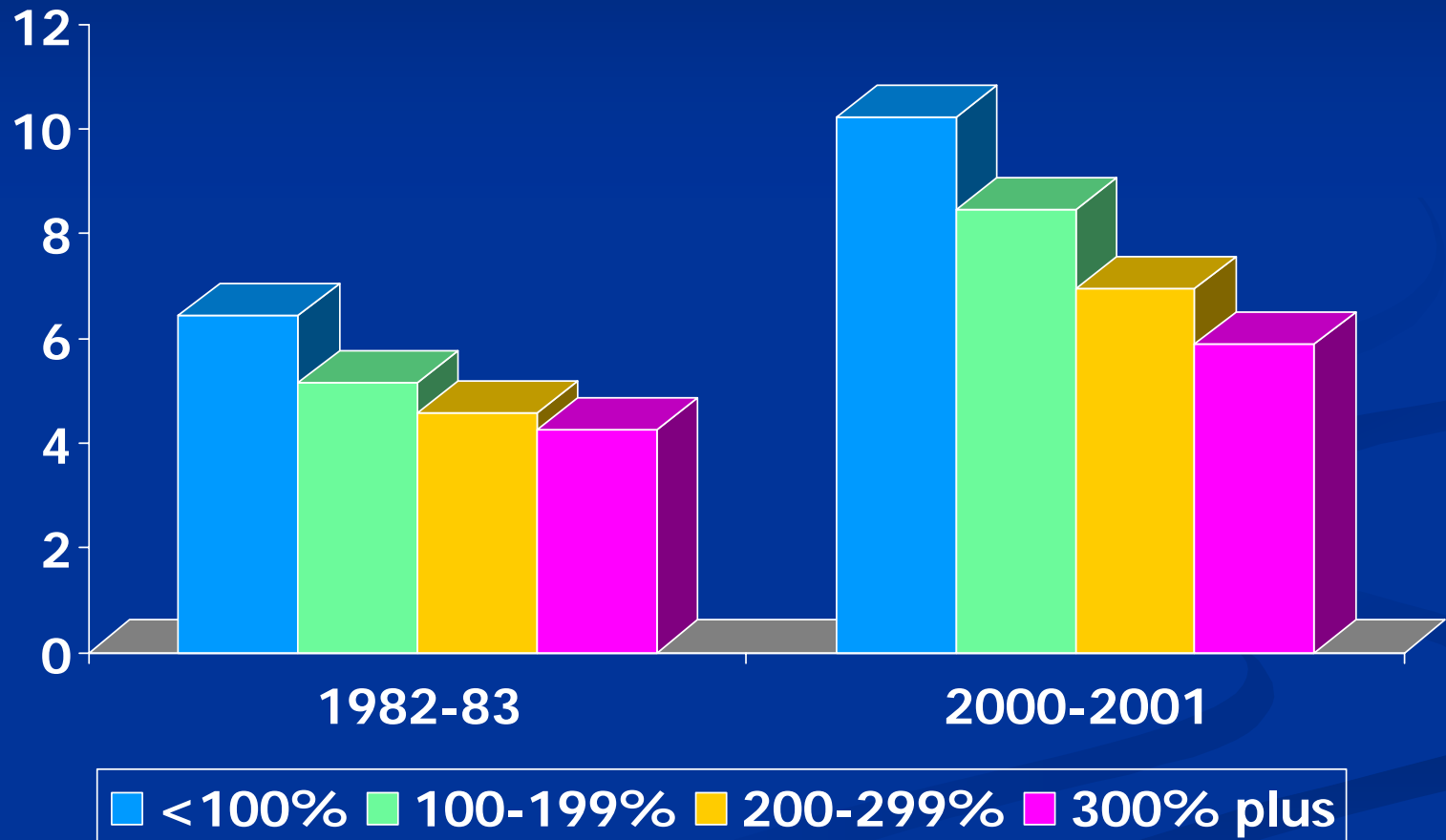
# Changes (Post-Implementation)

# Changes in Percent of Children in Fair or Poor Health



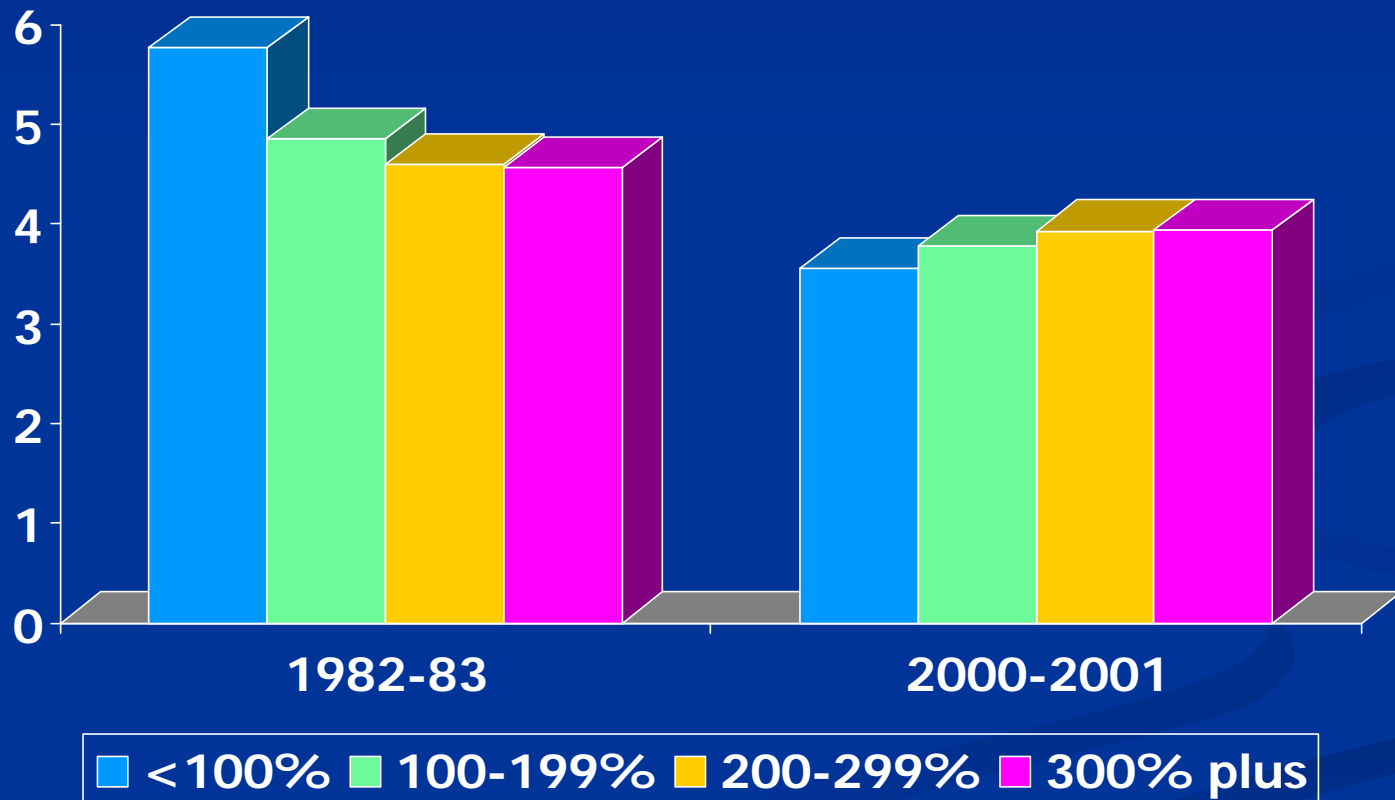
National Health Interview Survey

# Changes in Percent of Children with Disabilities



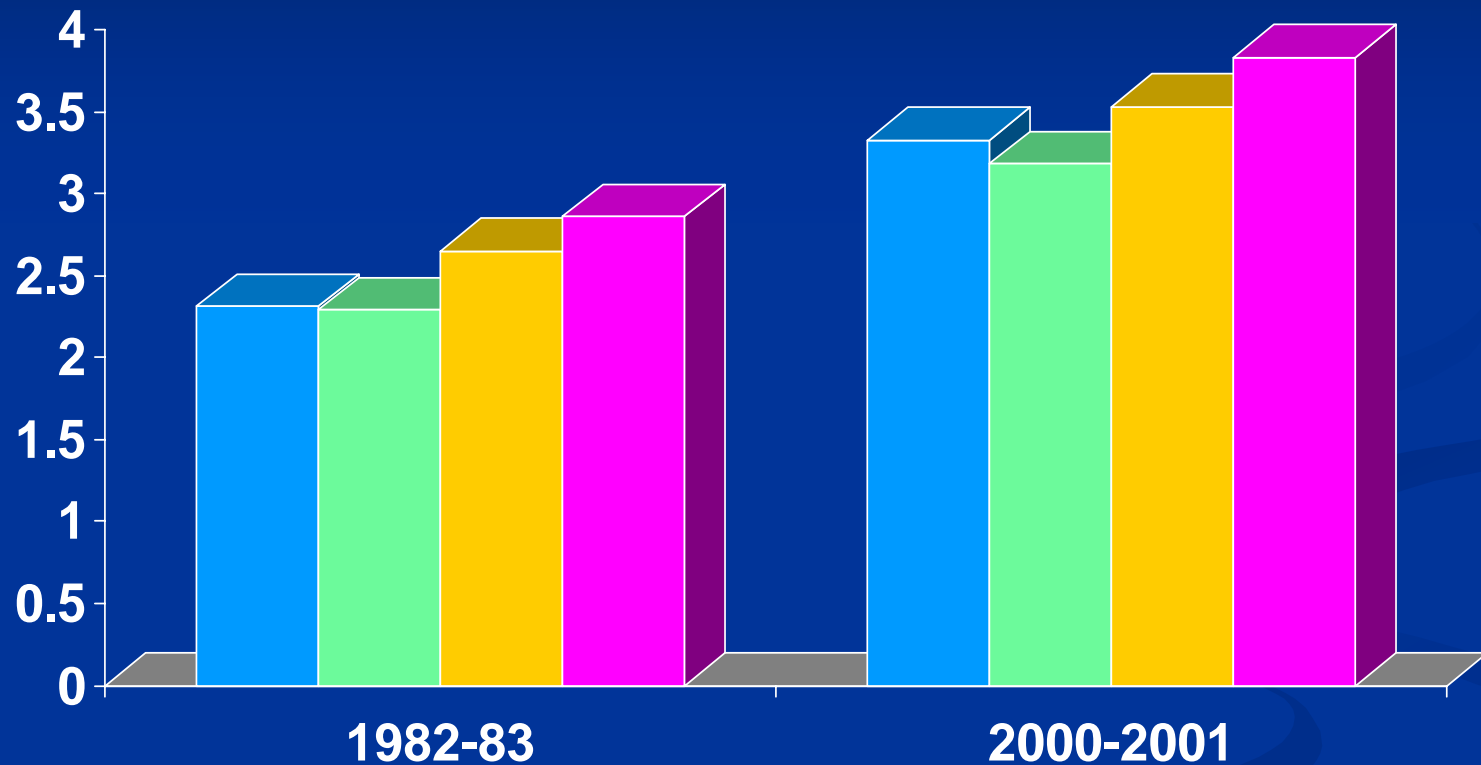
National Health Interview Survey

# 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%

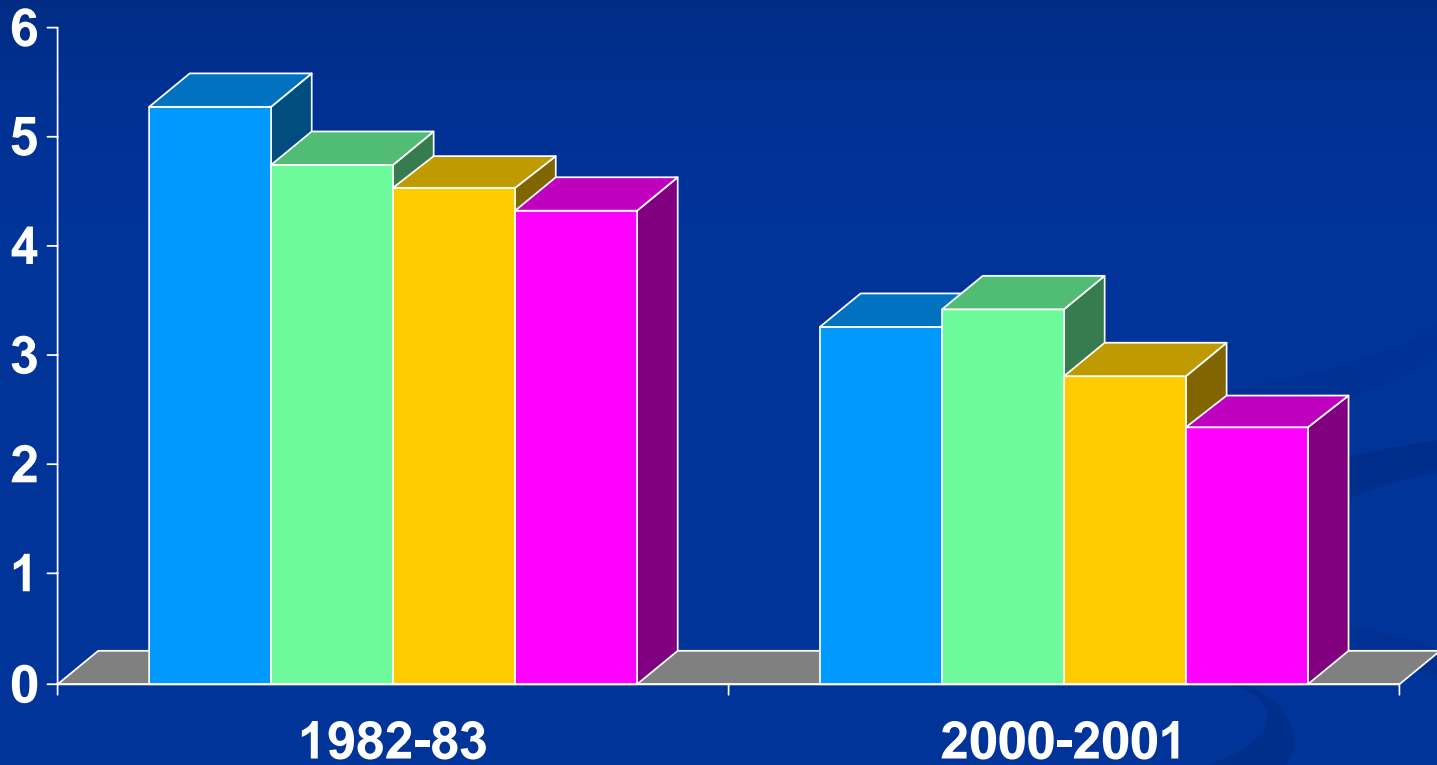
■ 100-199%

■ 200-299%

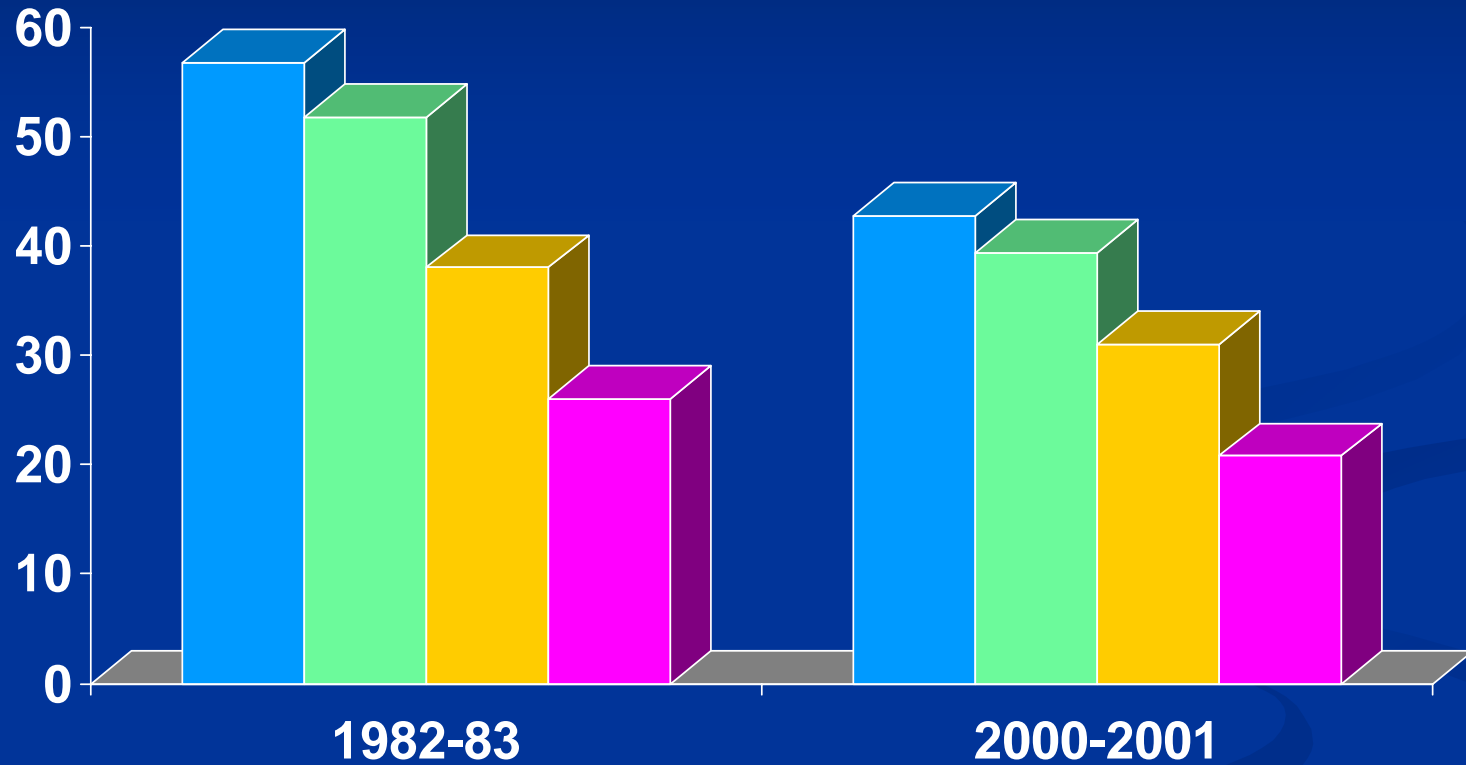
■ 300% plus

National Health Interview Survey

# Changes in Percent Hospitalized in Past Year

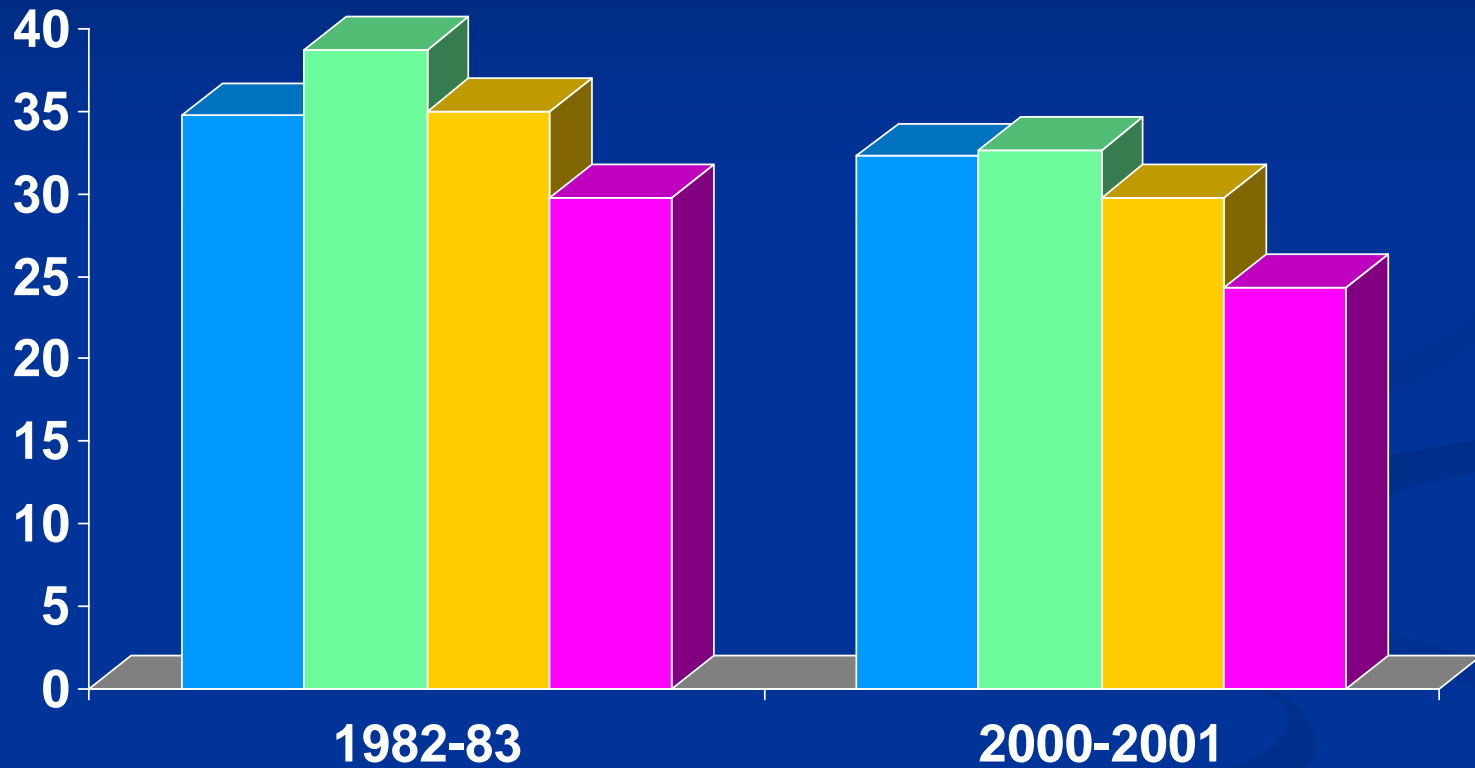


# Changes in Percent Without Preventive Dental Care





# 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.

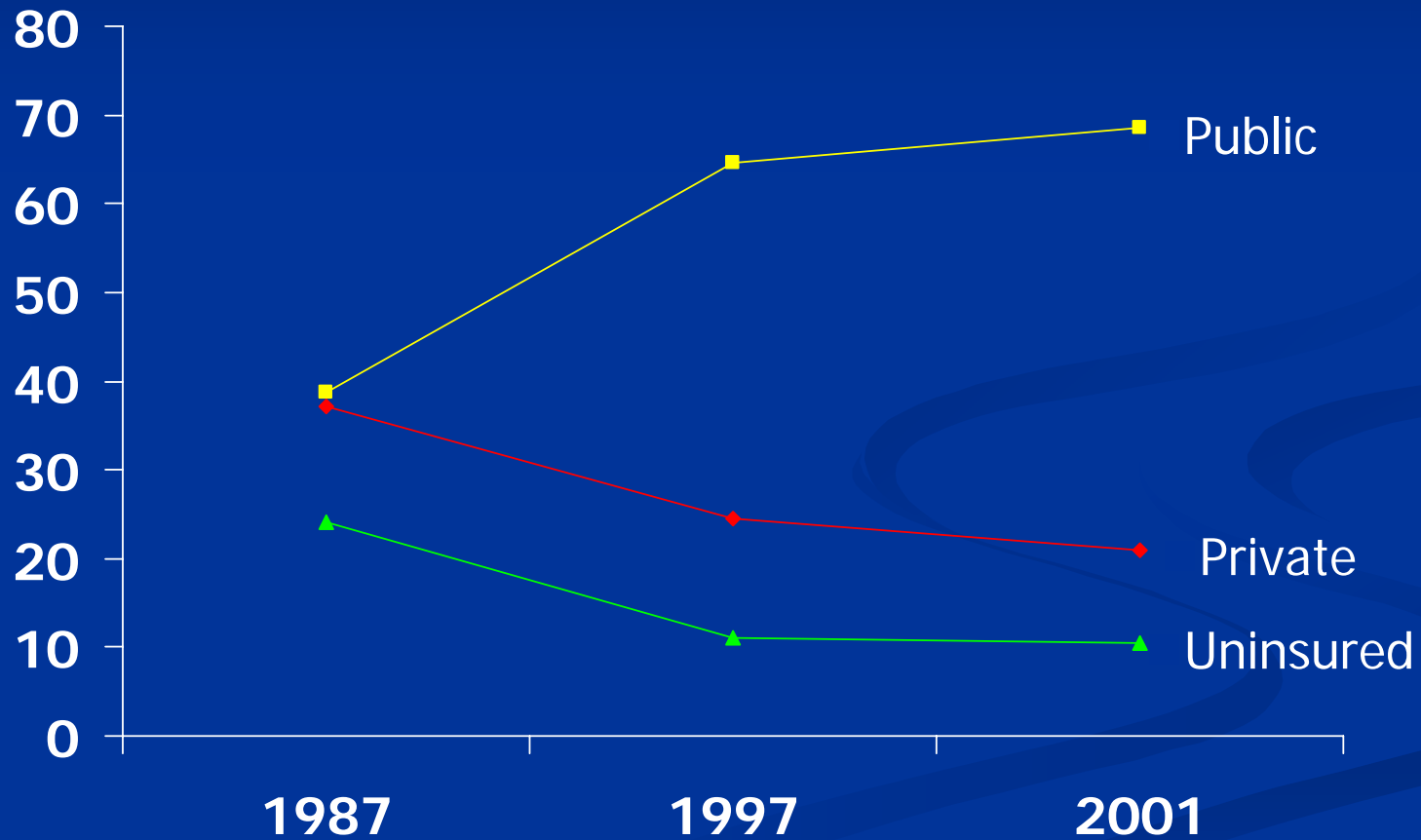
# Interpretation of the Results

- 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

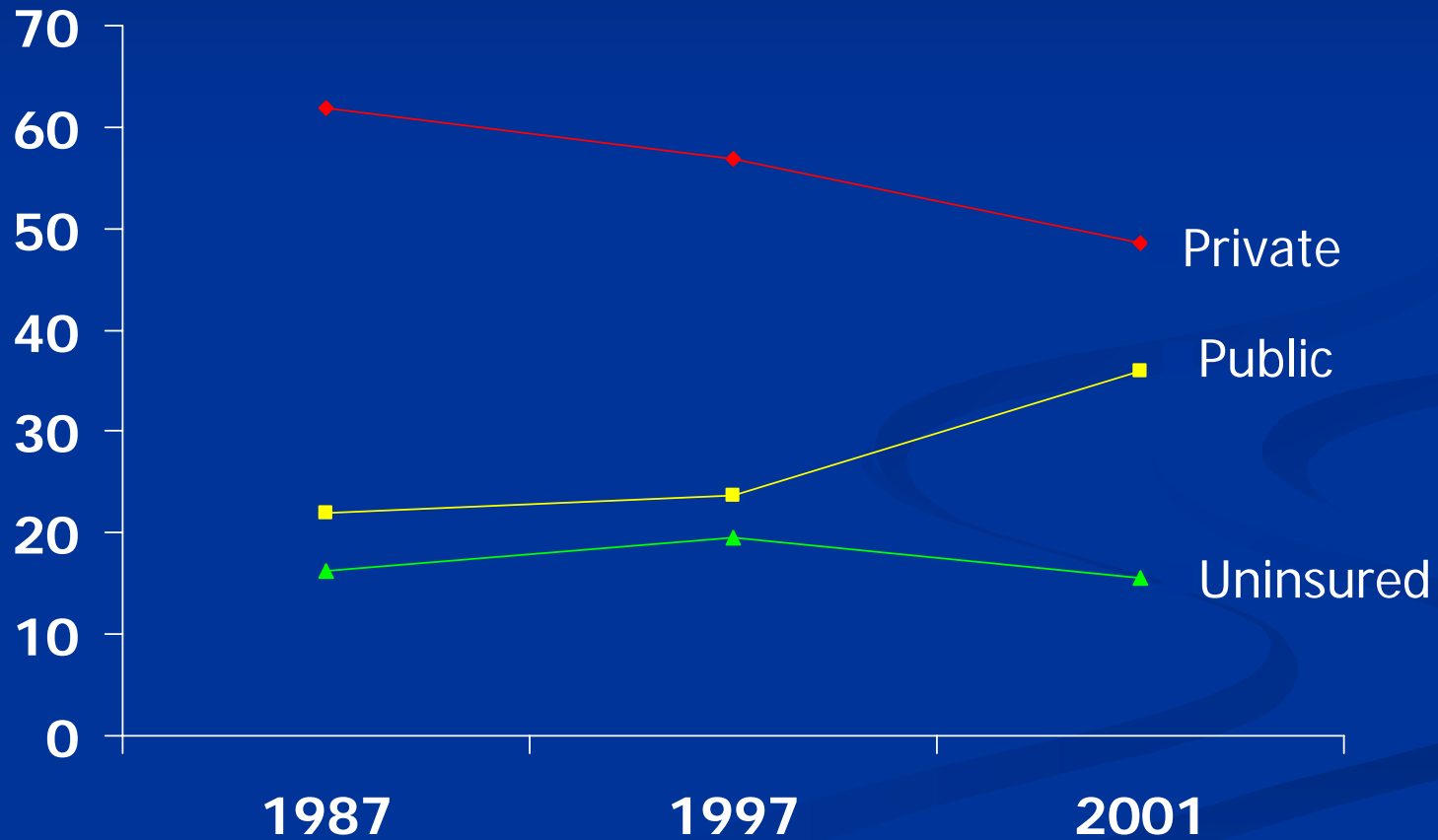
# Trends in Private Health Insurance Coverage

- 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