

Health Policy

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Health insurance coverage of Iowa children

Public Policy Center, The University of Iowa

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Health Policy Brief

Health insurance coverage of lowa children



University of Iowa, Public Policy Center

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Background

Health insurance coverage is one of the most important factors affecting a person's use of health care services. There was an estimated 43.6 million uninsured individuals in the United States in 2002. The estimate of the number of uninsured children varies widely depending on the study. Of the five most important national estimates, the Medical Expenditure Panel Survey produced the highest estimate (14.6% of the population) while the National Survey of Children with Special Health Care Needs produced the lowest estimate (8.3% of all children).

This policy brief draws information about the health insurance coverage of children from the Iowa Child and Family Household Health Survey, a statewide panel study of the health and well-being of children in Iowa families. Data were collected using telephone interviews regarding over 3200 children in Iowa, completed in the spring and summer of 2000. This study was a collaboration between the University of Iowa Public Policy Center (PPC), the Iowa Department of Public Health, the Iowa Child Health Specialty Clinics and the University of Northern Iowa. It was funded by a grant from the US Bureau of Maternal and Child Health and the Iowa Department of Public Health.

Health insurance coverage of children in lowa

The presence and type of health insurance at the time of the interview was determined through a series of questions:

- 1. Do you have any type of health care coverage for {CHILD} including health insurance, prepaid plans (HMOs) or government plans such as Medicaid?
- 2. What type of health care coverage do you use to pay for most of {CHILD's} medical care?

Of the 737,212 children in Iowa according to the 2000 US Census, 6% (46,400) did not have health insurance at the time of the call. The majority (84%) of children with insurance were privately insured, most (92%) through an employer. About 10% reported Medicaid

to be the primary health insurance. Less than 1% were enrolled in the state child health insurance program-SCHIP (called hawk-i) in Iowa or another program such as military insurance.

Additionally parents of insured children were asked about any periods without insurance coverage in the past 12 months. If the child had insurance:

3. In the past 12 months, has there been any time that {CHILD} has not had any health insurance coverage?

An additional 6% of children with health insurance had been uninsured at some point in the previous year.

21%

■<133% FPL ■133-200% FPL □>200% FPL

80% of uninsured children were eligible for either Mediicaid or *hawk-i* based solely on household income

Latino children were almost twice as likely as white children to be uninsured

Uninsured children were reported to be in better health than either children in Medicaid or those with private

insurance.

Uninsured, Medicaid and SCHIP

In Iowa, Medicaid covers children up to 133% of the federal poverty level (FPL) with the State Child Health Insurance Program-SCHIP, (*hawk-i* in Iowa), covering children from 133-200% of FPL.

Based on the household income provided during the interview, 56% of the uninsured children would have qualified for Medicaid while another 25% would have qualified for *hawk-i*.

56% of the uninsured children had been covered by Medicaid at some point in their life. Almost one in five (18%) of those with private insurance had also been covered by Medicaid at some point.

Those with Medicaid rated their insurance coverage higher than those with private insurance. 44% rated Medicaid excellent compared to 30% with private insurance.

The uninsured were most likely to worry about paying for their child's health care costs with 51% worrying a great deal. This compares to 16% of those in Medicaid and 6% with private insurance who worried a great deal.

Characteristics of children by insurance coverage

To evaluate factors related to health insurance coverage in this study, insurance status was categorized in three ways:

- having private health insurance,
- · being enrolled in Medicaid or
- being uninsured

Children in Medicaid were younger than those with private insurance. 38% were under age four compared to 34% of the uninsured and 23% with private insurance.

Parents of Medicaid enrolled children were least likely to be married or in a married-like relationship (69%) followed by uninsured children (78%) and the privately insured (88%).

Latino children were almost twice as likely as white children to be uninsured (11% vs 6%).

Health status and insurance coverage

A higher percentage of uninsured children were reported to be in excellent health (71%) than children covered by Medicaid (50%) or private insurance (68%). Only 9% of uninsured children were reported in either fair (7%) or poor (2%) health-similar to children with private insurance.

Likewise, uninsured children were least likely to have been categorized as having a special health care need using a series of questions developed by the Foundation for Accountability (FACCT). Only 10% of uninsured children had a special health care need compared to 16% of children with private insurance and 33% with Medicaid.

Access to medical care and insurance coverage

Several different issues relating to access to health care were evaluated in this study. About 75% of uninsured children had a regular source of medical care compared to over 90% of both children with Medicaid as well as privately insured children. Uninsured children were least likely to have needed medical care in the previous year but most likely to have unmet need among those needing care. They used the emergency room more frequently than those with private

insurance but less frequently than children with Medicaid. Similarly they were more likely to have had a preventive health visit in the previous 12 months than children in Medicaid (65% vs 53%) but almost one in eight (12%) did not have a preventive visit in over 2 years. As with medical care, uninsured children were least likely to have needed prescription medication but most likely to have had unmet need for prescription drugs.

Uninsured children were much less likely to have a regular source of care and had more unmet need for medical care.

School and family environment and insurance coverage

Two issues regarding the child's environment were evaluated relative to their insurance coverage: their level of engagement in school as measured by a series of questions and reported problems with substance use in the home. About one in five uninsured children had low engagement in school however they had the highest percentages who were highly engaged in school (43%).

Uninsured children were much more likely to be in a home with a substance use problem. Almost 25% uninsured children were in a home with a substance use problem compared to 13% of children in Medicaid and 9% of privately insured children.

Almost one in four uninsured children lived in a home with a substance use problem.

Parents health insurance coverage

About 12% of children had parents who were without health insurance at the time of the interview. There was a fairly strong family relationship; 75% of the uninsured children had parents who were also uninsured.

In addition, 30% of the children enrolled in Medicaid had parents who were uninsured. Conversely, only 3% of children with private health insurance had parents who were uninsured.

There was a fairly strong family relationship where 75% of uninsured children had uninsured parents.

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Dental insurance

Children were much more likely to be without dental insurance than without medical insurance. One in four children were dentally uninsured at time of the call.

Children without dental insurance were less likely to have a dental check-up in

the past year and had more unmet need for dental care.

Medicaid enrollees, however, had similar rates of dental check-ups as uninsured children and had higher unmet need for dental care than the uninsured (18% vs 13%).

Policy recommendations

- 1. Increase outreach to locate and enroll children who are eligible for Medicaid and hawk-i. These programs have successfully stopped the number of uninsured children from increasing at the same time the number of uninsured adults is increasing.
- 2. Develop innovative approaches to enroll families as a unit into public health insurance programs rather than focusing on either individual children or adults. This will provide more uniform insurance within the family and allow for improved utilization of services.
- 3. Consider ways to provide dental insurance for the children who are dentally uninsured but have medical insurance through the Medicaid, *hawk-i* or other public program. Concurrently improvements in the dental Medicaid program should be implemented such as providing dental insurance through a well-known dental insurance carrier as was successfully demonstrated in Michigan.

Related references

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The University of Iowa's Public Policy Center's *Policy Briefs* are designed to succinctly provide our research findings in a manner that is more accessible to policymakers and others. The nature of the Briefs does not allow for extensive explanation of the methods we used in our research however. More information about the specific methodologies used in any particular study can be obtained by contacting researchers at the Center and or by downloading reports with more detailed methods sections. We hope you find these policy briefs helpful to your discourse of some of the most challenging societal issues.

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