A Profile of Health Problems and Quality of Care for Publicly vs. Privately Insured Children in the US
Christina Bethell, PhD, MBA, MPH,1 Michael Kogan, PhD2, Bonnie Strickland, PhD2, Edward Schor, MD,4 Eva Hawes, MPH, MEPH, C(E)S2
and Paul Newacheck, DrPH3
1Child and Adolescent Health Measurement Initiative, Oregon Health & Science University, Portland, OR; 2Office of Epidemiology and Research HRSA, Maternal and Child Health Bureau, Rockville, MD; 3Integrated Services for Children with Special Health Needs, Maternal and Child Health Bureau, Rockville, MD; 4Programs & Partnerships, Lucile Packard Foundation for Children’s Health, Palo Alto, CA; and 4Phillip R. Lee Institute for Health Policy Studies, University of California San Francisco Medical Center, San Francisco, CA.

Abstract

Background

Both the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 and the Affordable Care Act (ACA) seek to expand insurance coverage and ensure quality of care provided for children, youth, and families. The 2011/2012 National Survey of Children’s Health (NSCH) is the most recent national survey of specific sample of children seeking identification of differences in health status and quality by insurance source and across states. It is an important resource for assessing needs and tracking the impact of both the CHIPRA and ACA legislation on the health and health care of children and youth in the US. Utilizing prevalence in the 2011/2012 NSCH, we describe and compare state variations are explored as are differences within and across specific socioeconomic and health-related subgroups of children.

Methods

Data for this study were drawn from the 2011/2012 NSCH public-use data files prepared by the Child and Adolescent Health Measurement Initiative through its Data Resource Center for Child and Adolescent Health (DRC). The 2011/2012 National Survey of Children’s Health (NSCH) was conducted between February 2011 and June 2012 with at least 1800 parents of children 0–17 years old from each state. The NSCH is coordinated by the Maternal and Child Health Bureau and administered by the National Center for Health Statistics using the State and Local Area Integrated Telephone Survey mechanism. The data were analyzed using SAS software, version 9.3. The overall response rate for all participating states combined was 65.5%, with a net response rate of 78.4%.

Results: National Prevalence and State Variation

Overall Prevalence of Health Problems and Quality of Care

Prevalence of Special Care Needs Health Care Services, Chronic Health Problems and Key Preventive Care Services

Prevalence, Odds Ratio, and Adjusted Odds Ratio for Children with Public vs. Private Insurance Coverage

Table 1. National and State Prevalence of Health Problems and Health Services

Table 2. National and State Prevalence of Health Problems and Health Services

Table 3. National and State Prevalence of Health Problems and Health Services

Table 4. Preventive Health Care Nationwide and State

Table 5. National and State Insurance and Access to Care

Table 6. Medical Home Nationale and State

Table 7. Medical Home Nationwide and State

Conclusions and Implications

Significant health status and health care quality disparities exist between US children with public (Medicaid) and private insurance, as well as across states. Even when controlling for a range of demographic and health status factors, there is also wide variation both within and across these states pointing to the potential impact of policies and programs impacting child health. Further support CHIPRA and ACA as a focus on improving health care system performance in areas of (1) insurance duration and adequacy, (2) health care access, (3) chronic condition management, and (4) health promotion and disease prevention. Results demonstrate the importance of continuously evaluating disparities in health and quality of health care delivery between children with public and privately insured children; it is critical to realize that poor health care reform to eliminate disparities and promote the early and lifelong health of children, youth and families in the US.

Analyses support the use of the NSCH to produce standardized and comparable state-level data relevant to CHIPRA and ACA provisions that state impact on children’s health insurance coverage and quality of care and then filtering these measures according to children’s special health care needs and socioeconomic status. Further evaluation of these data can help evaluate the impact of state programs and policies as health care reform unfolds.

References