

Unmet medical needs are most common among vulnerable children

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Despite recent government efforts, the medical needs of about six million children in the United States are not being met, according to data from as recent as 2006. Even more troubling, researchers say, is the substantial growth in those numbers, from approximately 4.5 million children in 1998.

Children without insurance and children without a regular source of health care are the most likely to report unmet medical needs, suggesting that improvements are essential in government efforts to address the health of vulnerable children, according to a new study from the University of Michigan C.S. Mott Children's Hospital.

Researchers also found that Hispanic children are uninsured at higher rates and do not have a regular place to seek medical attention—known as a usual source of care (USC). The study appears in the new issue of the journal *Pediatrics*.

Researchers from the Child Health Evaluation and Research (CHEAR) Unit in the U-M Division of General Pediatrics set out to find how the proportions of publicly insured children (Medicaid and the State Child Health Insurance Program, or SCHIP) and uninsured children without a USC had changed over time (1998-2006).

The time period in the study was chosen so that researchers could evaluate the influence of two federal programs in providing a USC for vulnerable children. SCHIP was initiated by the federal government in

1997 to expand health coverage to children. The President's Health Center Initiative (PHCI) was launched in 2002 with a goal of expanding health centers in medically underserved communities.

Researchers found significant decreases in the proportions of children that were privately insured. In addition, increasing proportions of uninsured children reported having no USC over the study period.

Compared with a child covered with private insurance, the odds of reporting unmet medical needs increased steadily among uninsured children between 1998 and 2006, from 4.7 to 6.2. In addition, the odds of reporting unmet medical needs among children without a USC rose from 3.7 to 5.3 compared with children who identified a private office as a USC.

"Our research shows that these government programs have not yet fully addressed the health care needs of the most vulnerable children," says lead study author Leesha K. Hoilette, M.D., a pediatric health services research fellow with the CHEAR Unit.

"As the nation continues to focus on the future of health care, and, in particular, health care for children, it seems insufficient to focus policy efforts on either health care coverage or access alone," Hoilette says. "Initiatives must be targeted in tandem to increase both coverage and access and reduce unmet medical need."

Researchers analyzed data from the Centers for Disease Control and Prevention's National Health Interview Survey. Their findings show:

- The distribution of children according to insurance status changed significantly in 2006 from 1998, with higher proportions enrolled in public programs and lower proportions privately insured.

- The proportion of uninsured children has remained stable from 2002-2006, at approximately 10 percent. However, the proportion of uninsured reporting no USC increased over the same time period. (23 percent in 2006).
- Hispanic children now constitute the largest proportions of uninsured children and those reporting no USC.
- Private offices continued to be a USC for the bulk of children regardless of insurance status. However, the proportions of uninsured and SCHIP-enrolled children who identified a private office as a USC has decreased recently.
- With increasing proportions of uninsured children reporting no USC despite the overall proportion remaining stable, there is troubling shift toward reporting no USC, the researchers say.
- Uninsured children and children without a USC reported the highest odds of unmet medical need, compared with privately insured children with a USC. These trends were stable over the study period.
- Publicly insured children have two times the odds of reporting an unmet medical need compared with the privately insured, revealing a dichotomy that warrants attention on how to address this continuing disparity, Hoilette says.

Source: University of Michigan

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