

Children who lack continuity with a regular health care provider miss needed services

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Low-income children who don't access health care from the same place or provider over the long term are significantly more likely to have unmet health care needs compared with those do, according to a new study published in the journal *Pediatrics*.

Studies like this are crucial to informing the financing and delivery of quality [health care](#) for [children](#), the researchers report.

"In the current policy debates about [health insurance reform](#), much of the focus has been on the importance of stable [health insurance](#). This study confirmed that having a stable usual source of care is also an important factor in accessing needed health care," said Jennifer E. DeVoe, M.D., D.Phil., principal investigator and research professor in family medicine, Oregon Health & Science University School of Medicine.

Previous studies have shown that patients who maintain an ongoing relationship with a primary care facility or provider, also known as a "usual source of care," are more likely to use preventive health care, not use emergency services and have shorter hospital stays. In this study, DeVoe and colleagues expanded on that research by examining whether having a consistent place or person from whom to access regular health care over time affects low-income children's ability to access needed services.

To collect data, they created a statewide survey with questions adapted

from several vetted national surveys and sent it to 8,636 families who were enrolled in Oregon's food stamp program at the end of January 2005. One focal child per family was randomly selected for each survey. The researchers received 2,681 completed responses and applied statistical weights to ensure that these responses were representative of the 84,087 households in the food stamp population.

The survey asked parents whether their child had experienced an "unmet need" in the previous 12 months, which the researchers defined as: an unmet medical need; an unmet prescription need; missed medication doses; delayed urgent care; no outpatient visits; and reports of problems obtaining necessary dental care or specialty care, and counseling.

Parents were also asked where they took their child for needed medical care. Children whose parents responded that their child received care at a community health center, private clinic or school-based clinic were considered to have a usual source of care. Those who reported no current usual source of care, or whose children received regular care only an emergency department or at an urgent care facility, were considered to have no usual source of care.

Based on these responses, the researchers report that 79 percent of the children who lacked a usual source of health care had an unmet need compared with 45 percent who reported having a usual source of care.

The researchers then compared their findings with a comparable national sample and found 67.5 percent of low-income children nationwide who lacked a usual source of care had an unmet need compared with 37 percent who reported having a usual source of care.

"A child without a usual source of care had at least two times the odds of experiencing an unmet need than a child with a usual source of care both in the Oregon population and in the national sample," DeVoe explained.

In addition, the researchers were interested in knowing whether children whose insurance changes had prompted a change in their usual source of care were more vulnerable to experiencing unmet need. They found that an estimated 23 percent of low-income children in Oregon had changed their usual source of care because of insurance reasons. Compared to children with a stable usual source of care, the group that had changed their usual source of care had 2.6 times the odds of experiencing unmet medical care needs.

"Although this study confirms the importance of a stable usual source of care, our findings do warn against any notion that having a regular source of care can substitute for stabilizing the U.S. insurance system. Financial and structural reforms are both needed to ensure better access to health care for low-income children" said DeVoe.

Source: Oregon Health & Science University ([news](#) : [web](#))

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