

# States vary in children's health, gaps exist in insurance, quality care across sectors

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A comprehensive report based on the National Survey of Children's Health conducted by children's health researchers at Oregon Health & Science University and the Maternal and Child Health Bureau finds insurance duration, consistency and adequacy, and the corresponding access to health care, are lacking for many U.S. children and have a detrimental effect on their health and well-being.

The researchers cite a need for improvement in all states, with wide variations across states that can inform improvement efforts. The results especially support national goals focused on the consistency of insurance coverage and access to mental health and specialist care, preventive care, family-centered care and care coordination for children. Their study is published online in the journal *Academic Pediatrics*.

"Our findings show we are on the right track with priorities for improving health care set forth in health care reform legislation; yet, cross-cutting health and quality disparities exist for children and urge rapid, course-changing innovation and progress," said Christina Bethell, Ph.D., M.B.A., M.P.H., lead author, professor of pediatrics in the OHSU School of Medicine, OHSU Doernbecher Children's Hospital; and director of the Child and Adolescent Health Measurement Initiative at OHSU.

The researchers found significant differences in the health and well-being of children, their access to health care, and consistency of insurance coverage depending on their state of residence. And although

some states consistently perform at the top on these quality indicators, no state consistently performs well on all measures.

The data are derived from the 2007 [National Survey](#) of Children's Health, which represented approximately 1,700 children, ages birth to 17, from each state and the District of Columbia. Survey respondents were a parent or other adult in the household who knew the child and the child's health history.

Key findings from this profile of health problems and quality of care for all children include:

- An estimated 43 percent of U.S. children have at least one of 20 chronic health conditions assessed (32 million); that number increased to 54.1 percent when including whether the child is overweight or obese or at risk for developmental delays.
- 19.2 percent of U.S. children have conditions resulting in their identification as having a special health care need, a 1.6-point increase since 2003.
- The prevalence, complexity and severity of health problems were greater for the 29.1 percent of children who are publicly insured versus privately insured, even after adjusting for variations in demographic and socioeconomic factors.
- Fewer than half (45 percent) of all children in the United States scored positively on a minimal quality of care measure that included adequate insurance, a preventive care visit and care within a medical home.
- Notable disparities exist among publicly insured children

according to race/ethnicity and across all [children](#) by special needs status and household income.

"This study demonstrates the value of national- and state-level data gathered from the National Survey of Children's Health, which was specifically designed to link health, insurance and quality of care information at the child level. This linkage is critical to a whole child and whole systems picture of performance and priorities," said Michael Kogan, Ph.D., study co-author and director of the Office of Epidemiology, Policy and Evaluation, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

With the passage of the Children's Health Insurance Program Reauthorization Act and the Patient Protection and Affordable Care Act, the United States has a unique opportunity to improve the health and well-being of its young citizens, the researchers conclude, and the National Survey of Children's [Health](#) is one of a few resources that can supply the national and state-level data necessary to measure CHIPRA progress.

Provided by Oregon Health & Science University

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