

Study: Half of parents of uninsured minority children unaware they are Medicaid eligible

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Study also reveals substantial health and healthcare issues for uninsured children and financial burden on families.

Half of parents of uninsured minority children are unaware that their children are Medicaid/CHIP-eligible, according to a new study. These uninsured children have suboptimal [health](#), impaired access to care, and major unmet needs. The child's health issues can cause considerable [financial burden](#) for the family.

"Our findings indicate an urgent need for better parental education about Medicaid and the Children's Health Insurance Program (CHIP)," says Glenn Flores, MD, Distinguished Chair of Health Policy Research for the Medical Research Institute and study author. "The findings also indicate a need to improve Medicaid/CHIP outreach and enrollment."

Minority children in the United States have the highest uninsurance rates. Latino and African-American children account for 53 percent of uninsured American children (2.4 million), despite comprising only 48 percent of the total U.S. child population.

The study aim was to examine parental awareness of and the reasons for lacking health insurance in Medicaid/CHIP-eligible minority children, and the impact of the children's uninsurance on health, access to care, unmet needs, and family financial burden. Full findings are published in the *International Journal for Equity in Health*.

For the study, 267 uninsured Medicaid/CHIP-eligible Latino and African-American children were recruited at 97 urban Texas community sites, including supermarkets, health fairs, and schools. The researchers examined sociodemographic characteristics, uninsurance duration, reasons for the child being uninsured, health status, special healthcare needs, access to medical and dental care, unmet needs, use of health services, quality of care, satisfaction with care, out-of-pocket costs of care, and financial burden.

Key findings:

- Only 49% of parents were aware that their uninsured child was Medicaid/CHIP eligible.
- The most common reason for insurance loss was expired and never reapplied (30%).
- The most common reason for never being insured was high insurance costs.
- 38% of children had suboptimal health, and 66% had special healthcare needs.
- 64% had no primary-care provider.
- The mean uninsured time for the participants was 14 months.
- 5% had never been insured.
- 83% of parents worry about their child's health more than others.
- Unmet healthcare needs included: healthcare, 73%; mental healthcare, 70%; mobility aids/devices, 67%; dental, 61%; specialty care, 57%; and vision, 46%.
- Due to the child's health, 35% of parents had financial problems, 23% cut work hours, and 10% ceased work.

The study identified special challenges for uninsured Latino children, including parental worry about children's health and out-of-pocket costs, and children having no primary-care provider, regular source of preventive care, or 24-hour phone sick-care coverage.

Noteworthy challenges identified for uninsured African-American children include higher rates of asthma and ADHD, access to same-day sick visits without appointments, unmet acute-care and prescription needs, phone advice from a healthcare provider, high rates of emergency-department visits, providers' lack of understanding of parental preferences for raising children, and additional income needs for children's medical expenses. The findings suggest that enhancing awareness and outreach will be crucial to insuring more [uninsured children](#).

"Our data indicate that special efforts should be made to target populations at highest risk of parental unawareness of [children's](#) Medicaid/CHIP eligibility, including those uninsured the longest, those at the higher end of income eligibility, and Latinos," says Dr. Flores.

More information: Glenn Flores et al. A cross-sectional study of parental awareness of and reasons for lack of health insurance among minority children, and the impact on health, access to care, and unmet needs, *International Journal for Equity in Health* (2016). [DOI: 10.1186/s12939-016-0331-y](#)

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