

Health Status Survey Brief

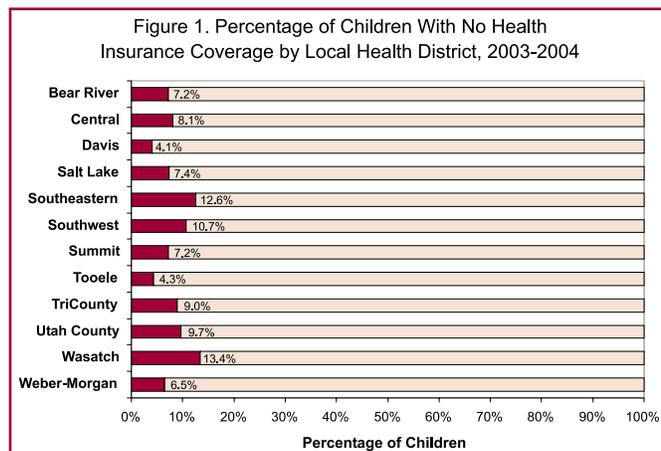
Health Care Access for Children

With 31.2% of Utah's population aged 17 years or younger, Utah has one of the youngest populations in the nation. The Utah Health Status Survey (UHSS) asks parents throughout the state about health status and access to health care services for their children. UHSS information on child health is used to help guide decisions on important child health issues. This UHSS brief reports on health care issues for Utah's 788,500 children ages 17 and under.

Access to health care is a broad term that encompasses health insurance coverage, ability to pay for services, geographic distance, language and other barriers to care, and accessibility of available services. Data will be presented primarily from the combined UHSS 2003–2004 data set. Data from the UHSS 2001 administration will also be presented to illustrate trends. All data in this brief represent Utahns aged 17 years and under.

Insurance Coverage Status

Fewer children had health insurance in 2003–04 than in 2001. In fact between the 2001 and 2003–04 administrations of the UHSS, there was an increase in the percentage of children with no health insurance. In 2001, 6.8% of children (approximately 49,800 children) lacked health insurance of any kind. By the end of 2004 this had increased to 7.7%, an increase of approximately 9,000 additional uninsured children



(58,900). Figure 1 provides an illustration of the percentage of uninsured children by health district. The proportion of children who lacked health insurance by the 12 local health districts varied considerably, with Davis and Tooele health districts having the lowest rates of children who lacked coverage (4.1% and 4.3% respectively) and Wasatch health district having the highest (13.4%).

A significant proportion of uninsured children (76.4%) lived at or below 200% of the federal poverty level. Hispanic children were significantly more likely to lack health insurance compared to non-Hispanic children (24.2% vs 5.7%).

Among uninsured children in Utah, nearly half (47.3%) had been uninsured for one year or longer in 2003–04. Poverty status did not seem to be associated with the length of time that children were uninsured. Hispanic children were significantly more likely to be uninsured for one year or longer than non-Hispanic children (57.6% and 43.6% respectively).

Types of Insurance Coverage for Children

For Utahns who have coverage, the UHSS collects information on the types of insurance coverage.

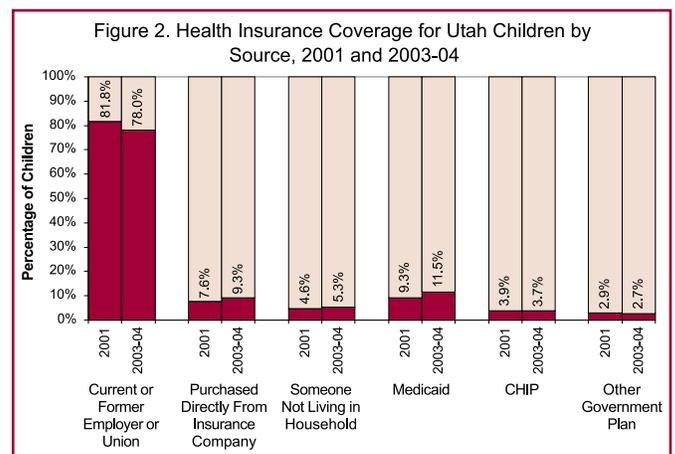
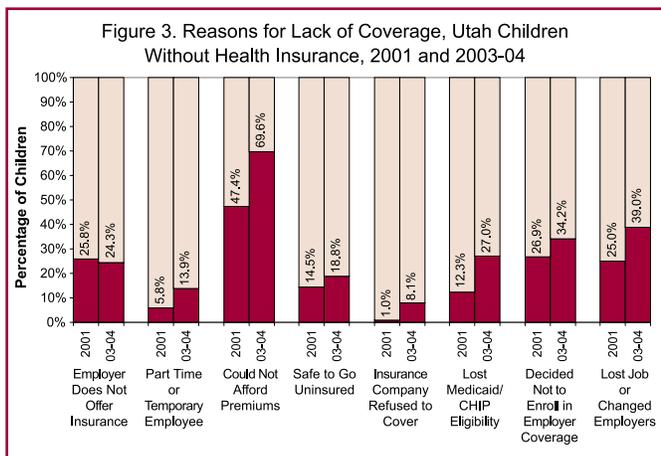


Figure 2 illustrates the percentage of insured children who were reported to have various types of insurance for 2001 and 2003–04. “Type of insurance” categories are not mutually exclusive because some individuals have multiple types.

For the UHSS 2001 and UHSS 2003–04, insurance provided by a current or former employer or union was the most common. However, the percentage of insured children reporting this type of insurance declined significantly from 2001 to 2003–04. The proportion of children who were covered by insurance that was purchased directly from an insurance company increased significantly between 2001 and 2003–04 (7.6% and 9.3% respectively). And the proportion of children who were covered by Medicaid also increased significantly from 9.3% in 2001 to 11.5% in 2003–04. During this time period, CHIP coverage also decreased slightly, though this was not statistically significant.

Reasons Given for Lacking Health Insurance

Approximately 58,900 children in Utah lacked any kind of health insurance coverage in 2003–04. The UHSS asks questions during each administration of the survey to understand why Utahns lack health insurance. Figure 3 illustrates the most common reasons for Utah children to lack coverage.



Reasons for lacking health insurance are not mutually exclusive. Respondents could report as many reasons as applied. The most common reason reported for lacking health insurance for children was ‘Could not afford insurance.’ In 2001, 47.4% of uninsured children were uninsured because the family could not af-

ford insurance. This increased significantly to 69.6% in 2003–04, to approximately 41,000 children (an increase of nearly 20,000 children). The percentage of children lacking insurance because a parent lost or changed a job increased from 25% in 2001 to 39% in 2003–04, and the percentage of children who lacked insurance because a parent had a part time or temporary job doubled between 2001 and 2003–04 (5.8% vs. 13.9% respectively).

Access to Health Care: Other Factors

Having health insurance does not guarantee access to comprehensive health care. Figure 4 illustrates several barriers to health care experienced by Utah children. Even among children with health insurance in 2003–04, 3.8% had difficulties receiving medical care because a service was not covered by their health insurance. This amounted to an estimated 27,100 children.

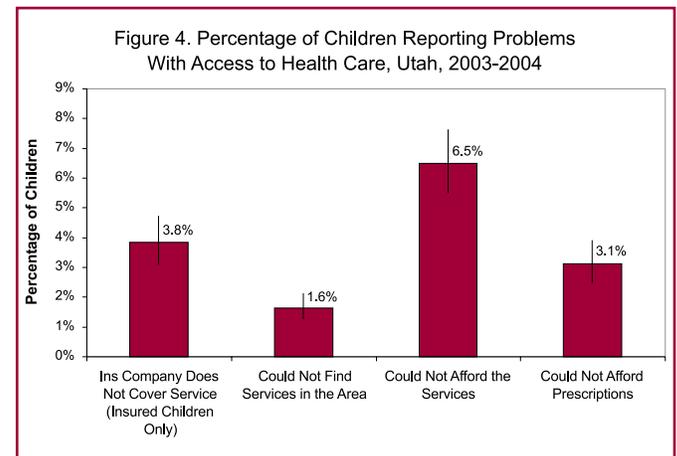
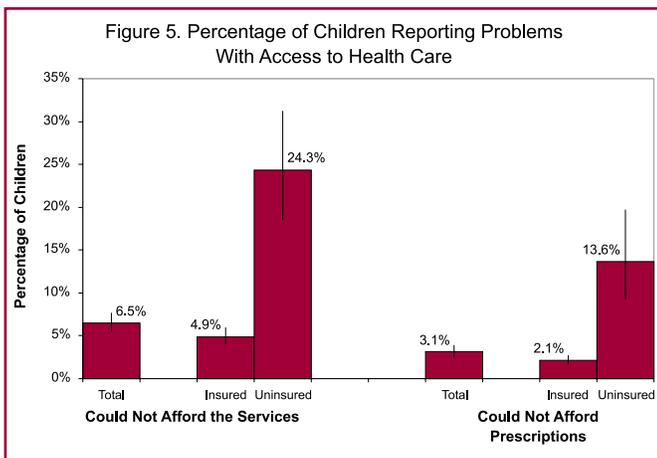


Figure 5 provides estimates for the percentage of children who had problems getting health care because of cost and the inability to afford needed prescriptions by insurance status.

Cost is one of the greatest barriers to health care regardless of insurance coverage. For all Utah children aged 17 and under, 6.5% (approximately 49,500 children) had problems getting needed health care services because it cost too much. Among uninsured children, nearly a quarter (24.3%) reported problems getting health care because of cost. And even among children with health insurance, 4.9% reportedly had difficulties getting health care due to cost. Being able to obtain needed prescriptions is also a component



of access to health care. Uninsured children were six times more likely to go without a needed prescription because of cost than insured children (13.6% vs. 2.1% respectively). Approximately 23,000 Utah children did not receive a needed prescription because of cost, regardless of insurance status.

Receiving a routine medical check-up every 12 months is an important component in promoting health and preventing disability. Problems that are detected at an early stage of development are often more likely to receive effective treatment. Nearly three-quarters of children in Utah received a routine medical check-up in the previous 12 months (73%). However, 27% (approximately 206,000 children) did not. Having health insurance had a positive association with the likelihood of having had a medical check-up in the past 12 months. Of children with some type of insurance 73.4% had a medical check-up, compared to 68% of children who lacked insurance.

For uninsured children who did not have a routine medical check-up, the length of time they had lacked insurance further decreased the likelihood of having received a medical check-up in the past 12 months. Children who had been uninsured for one year or more were significantly less likely to have had a check-up than children who had been uninsured for less than a year (39.7% compared to 27.1%).

For obvious reasons, the health of Utah's children should be a high priority for the State, and having access to health care is an essential component in assuring the health of Utah's young population. While the majority of Utah children have health insurance and access to health care, there are still considerable barriers to health care for many children in the State of

Utah. The challenge for Utah policy-makers is to find effective ways to increase the proportion of children who receive health care services, including medical, dental, mental health, and other services when they are needed.

Table 1. Percentage of Children With No Health Insurance Coverage by Selected Demographics, Utah Insured Residents, Aged 17 and Under, 2003-2004

| | Confidence Bounds | | |
|--|-------------------|-------|-------|
| | | Lower | Upper |
| Total, Children Without Health Insurance | 7.7% | 6.5% | 9.2% |
| Sex | | | |
| Male | 7.9% | 6.5% | 9.6% |
| Female | 7.5% | 6.1% | 9.2% |
| Total, Children w/o Health Insurance | 7.7% | 6.5% | 9.2% |
| Age Group | | | |
| 5 and Under | 6.7% | 5.2% | 8.5% |
| 6 to 12 | 9.4% | 7.6% | 11.6% |
| 13 to 17 | 6.6% | 5.1% | 8.5% |
| Total, Children w/o Health Insurance | 7.7% | 6.5% | 9.2% |
| Annual Household Income | | | |
| Under \$20,000 | 16.8% | 11.6% | 23.8% |
| \$20,000 to <\$45,000 | 12.2% | 9.3% | 15.8% |
| \$45,000 to <\$65,000 | 6.2% | 4.2% | 9.1% |
| \$65,000 and Over | 1.9% | 1.0% | 3.4% |
| Total, Children w/o Health Insurance | 7.7% | 6.5% | 9.2% |
| Poverty Level | | | |
| <200% Federal Poverty Level | 14.0% | 11.2% | 17.2% |
| 200% Federal Poverty Level and Over | 3.0% | 2.1% | 4.1% |
| Total, Children w/o Health Insurance | 7.7% | 6.5% | 9.2% |
| Hispanic or Latino Ethnicity | | | |
| Hispanic | 24.2% | 17.2% | 32.9% |
| Non-Hispanic | 5.7% | 4.6% | 7.0% |
| Total, Children w/o Health Insurance | 7.7% | 6.5% | 9.2% |

Note: Asymmetric confidence bounds (Smythe and Smithers, 1999).



Office of Public Health Assessment
Center for Health Data
P. O. Box 142101
Salt Lake City, UT 84114-2101
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The Utah Health Status Survey (HSS), conducted on an ongoing basis by the Utah Department of Health, is representative of noninstitutionalized adults and children living in Utah households with telephones. It includes information on a variety of topics, including physical and mental health status, health insurance coverage, and access to care. The HSS was conducted with 6,065 households (19,062 persons) in 2003–04. Prior to analysis, HSS data are weighted so that the findings can be generalized to the general Utah population. **The Utah Department of Health would like to thank the citizens of Utah who have participated in this survey.**

For more information about the Utah Health Status Survey, please contact the HSS Coordinator at the Utah Department of Health at (801) 538-9947. You may also visit the Utah Department of Health, Office of Public Health Assessment website, at: <http://ibis.health.utah.gov>.