

Chapter Seven

Access to Health Care Services

This chapter focuses on issues that affect children's access to and use of health care services—health insurance coverage, the availability of a regular source (location) of health care, and the availability of a regular physician or other health care provider. The chapter also describes utilization of health care services in the past year.

Health Insurance Coverage

NHANES-III collected information on health insurance coverage of all respondents. Survey questions considered Medicare, Medicaid, Veteran's Administration (VA) benefits, CHAMPUS, CHAMPVA, and private health insurance.¹

During the survey period, four different versions of the survey instrument were used and health insurance questions varied across versions. The major difference was the time frame referenced; for example, "now" vs. "in the last month." In addition, some questions had slight variations in wording across versions.² When differences in versions were considered slight, NHANES-III staff created the variable for the full survey time period. All variables used in this analysis were available for the full survey sample except the question about receipt of CHAMPUS, CHAMPVA, Veteran's Administration (VA) benefits, and military health care. The preva-

lence of this type of insurance coverage was calculated using data for respondents who answered that question. These data were not tabulated separately because of very low prevalence, but contributed to overall estimates of health insurance coverage.

Almost 9 out of 10 school-age children were covered by some type of health insurance (table D-114). Children in the lowest-income group had the lowest rate of health insurance coverage, overall, and were less likely than children in either of the other income groups to have health insurance (77% vs. 87% and 96%) (figure 53). The difference between the lowest-income group and the low-income group was concentrated among 5-10-year-olds, with a 9 percentage point difference between the two groups (81% vs. 90%) (table D-114). Differences between the lowest-income and low-income groups were smaller for the older age groups and were not statistically significant. In contrast, the difference between the lowest-income group and the higher-group was pervasive. Significant differences were noted for all gender-and-age-specific subgroups.

School-age children in the lowest-income group were significantly *less* likely than children in the other two income groups to have private health insurance and *more* likely to be receiving Medicaid benefits (figure 54 and tables D-115

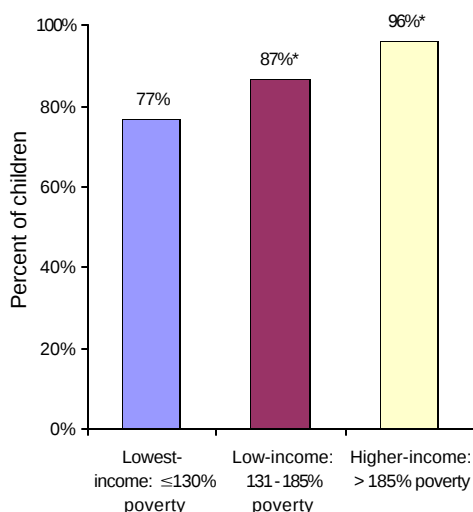
¹CHAMPUS (now known as TRICARE) is a health care benefits program for active duty and retired members of the military. CHAMPVA is a health care benefits program for permanently disabled veterans and their dependents.

²Version differences for health insurance questions varied for different sources of health insurance. Two versions of the Medicare and Medicaid questions were asked: "At any time DURING THE LAST 12 MONTHS were you covered by Medicare/Medicaid?" and "DURING THE LAST MONTH were you covered by Medicare/Medicaid?"

Two versions of the questions about CHAMPUS, CHAMPVA, Veteran's benefits, and military health care were asked: "DURING THE PAST 12 MONTHS were you covered by.....?" and "DURING THE LAST MONTH were you covered by....."

Three versions of the private health insurance question were asked: "Are you NOW covered by a health insurance plan?", "Are you covered by a health insurance plan?" and "During the LAST MONTH were you covered by a health insurance plan obtained privately or through an employer or union?"

Figure 53—Percent of school-age children with any health insurance coverage



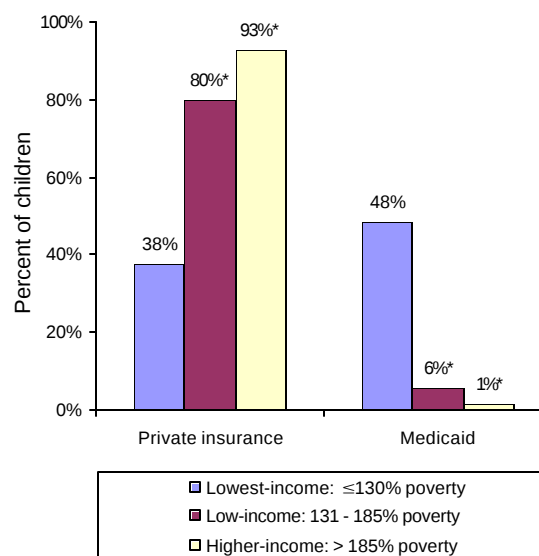
*Statistically significant difference from lowest-income group at the .05 level or better.
Source: NHANES-III, 1988-94.

and D-116). Overall, only 38 percent of children in the lowest-income group had private health insurance, compared with 80 percent of children in the low-income group and 93 percent of children in the higher-income group. Close to half (48%) of school-age children in the lowest-income group received Medicaid benefits, compared with 6 percent of children in the low-income group and 1 percent of children in the higher-income group. These patterns were observed for both males and females and for all gender-and-age subgroups.

Regular Source of Health Care

Overall, about 9 out of 10 school-age children had a regular source of health care—that is, a specific clinic, health center, or doctor’s office that was used for health care needs or to obtain health-related advice and information (table D-117). Children in the lowest-income and low-income groups were equally likely to have a regular source of health care. In comparison with children in the higher-income group, however, children in the lowest-income group were significantly less likely to have a regular source

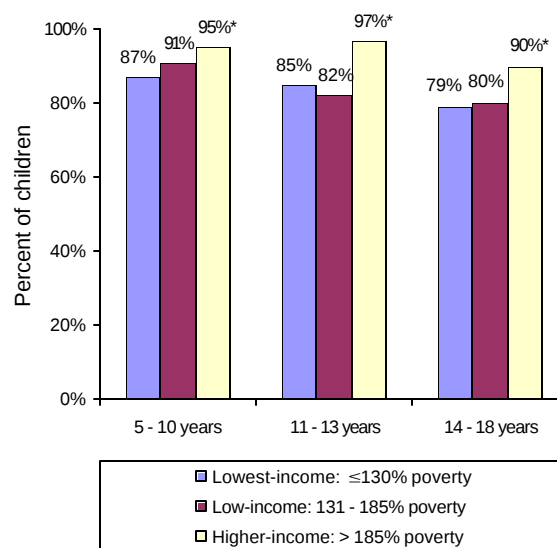
Figure 54—Percent of school-age children with private health insurance and Medicaid



*Statistically significant difference from lowest-income group at the .05 level or better.
Source: NHANES-III, 1988-94.

of care (83% vs. 93%). This pattern was observed for all three age groups (figure 55), as well as for all but one of the gender-and-age-specific subgroups (table D-117).

Figure 55—Percent of school-age children with a regular source of health care



*Statistically significant difference from lowest-income group at the .05 level or better.
Source: NHANES-III, 1988-94.

More than 7 out of 10 (73%) school-age children had a regular physician or other health care provider (table D-118). The percentage of children with a regular healthcare provider was roughly equivalent for the lowest-income and low-income groups but, in comparison with higher-income children, children in the lowest-income group were significantly less likely to have a regular provider (64% vs. 80%). This pattern was observed for all three age groups (figure 56) and for all gender-and-age-specific subgroups (table D-118).

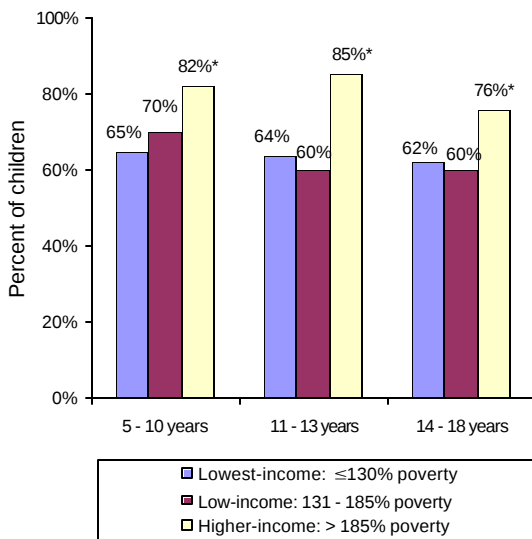
Use of Health Care Services in the Past Year

Overall, approximately three-quarters of school-age children saw a physician or other health care provider at least once during the preceding 12 months (excluding overnight hospital stays) (table D-119). School-age children in the lowest-income group were *more* likely than children in the low-income group and *less* likely than children in the higher-income group to have seen a health care provider during the past year (70%

vs. 63% and 79%). This pattern was observed for both males and females; however, the difference between the lowest-income group and the low-income group was not statistically significant for females.

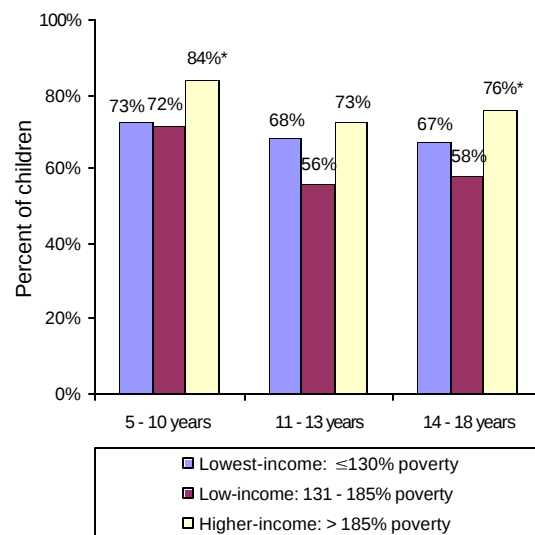
When the data were examined by age, there were no statistically significant differences between the lowest-income group and the low-income group in the percentage of children who had visited a health care provider in the past year (figure 57). The significant difference between the lowest-income group and the higher-income group remained for two of the three age groups.

Figure 56—Percent of school-age children with a regular physician or health care provider



*Statistically significant difference from lowest-income group at the .05 level or better.
Source: NHANES-III, 1988-94.

Figure 57—Percent of school-age children who saw a health care provider during the past year



*Statistically significant difference from lowest-income group at the .05 level or better.
Source: NHANES-III, 1988-94.