

**KEY FINDINGS FROM THE 2002 NATIONAL HEALTH INTERVIEW SURVEY**  
**Access to Care among Uninsured and Insured Children:**  
**Well-Child Checkups, Usual Source of Care and Unmet Needs**

This research by the Urban Institute documents levels of access to care along several dimensions for uninsured and insured children overall, by race and ethnicity, by their families' income level, and for children reported to have asthma. The findings are based on analysis of the 2002 National Health Interview Survey (NHIS), which is a survey of the health status, access to care, use of health care services, and economic and social characteristics of the U.S. population. The survey, sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention, includes 40,000 households and 93,000 persons annually. There are 12,500 children in the sample child file, the basis for this analysis. This research focuses on three measures that may indicate that access to care is compromised, and provides a statistical portrait of the nation's insured and uninsured children overall and by race, ethnicity, family income and health status.<sup>1</sup> Estimates for low-income children are discussed throughout the findings. These are children in families whose income is at or below 200 percent of the federal poverty level,<sup>2</sup> and most of them are likely eligible for coverage through Medicaid or SCHIP. Highlights are as follows:<sup>3</sup>

**Child Did Not Receive Well-Child Checkup in Past Year**

The American Academy of Pediatrics recommends approximately eight well-child examinations during the first two years of life, and an annual physical examination for children over 2 years of age. Failure to receive annual checkups may indicate that children are not receiving immunizations and other preventive care essential for healthy growth and development.

- *Overall:* Regardless of age, race, ethnicity, income or health status, uninsured children were much less likely to have received a well-child checkup within the past year. Almost half (48%) of uninsured children did not receive a well-child checkup within the past year, almost twice the rate (26%) for insured children.
- *By Age:* Children in older age groups were more likely than younger children to lack a well-child checkup. Uninsured children were much more likely to lack a well-child checkup than insured children in each age group. For example, more than one in three (38%) uninsured children age 2 through 6 years lacked a well-child checkup—more than twice the rate for insured children in that age group. For the oldest children, the gap between the insured and uninsured children was the largest. Almost three out of five

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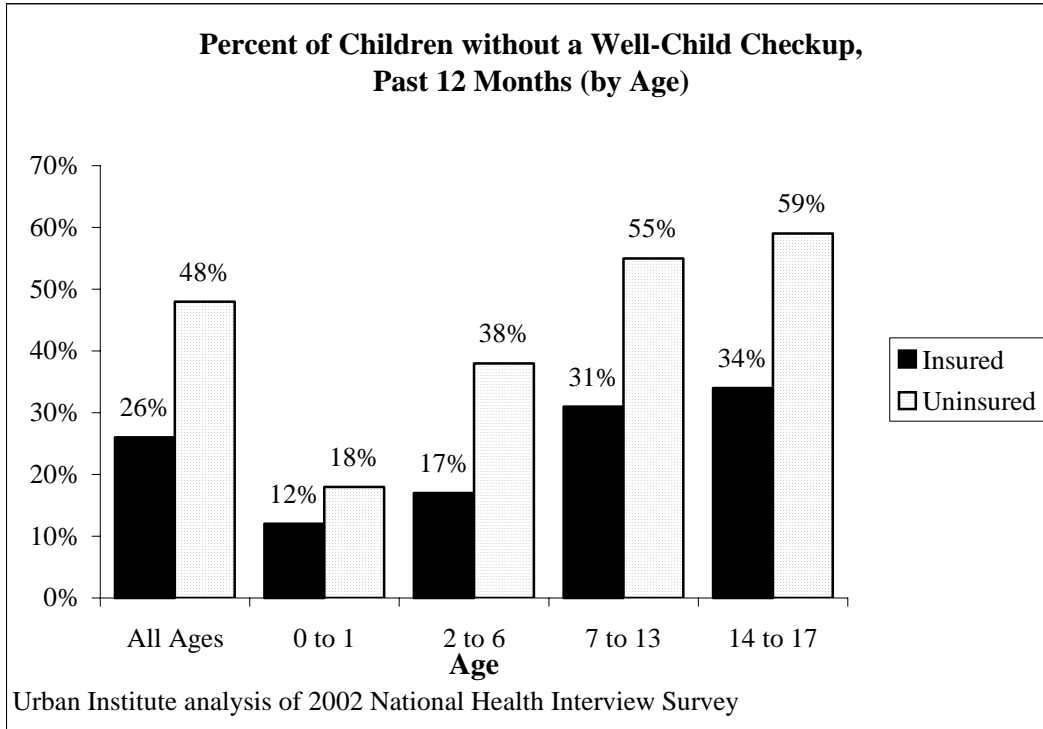
<sup>1</sup> “White” and “African-American” children are non-Hispanic; “Hispanic” refers to Hispanics of all races. The non-Hispanic “other” group was analyzed separately, but estimates are not shown due to small sample sizes.

<sup>2</sup> For example, a family of four with income at \$37,700 would be at 200% of the federal poverty level.

<sup>3</sup> All sample estimates reported in this summary are significantly different from zero. All comparisons between insured and uninsured children, or between income, ethnic, and health groups that are noted in these findings meet conventional levels ( $p \leq .05$ ) of statistical significance. Estimates presented are rounded to the nearest percentage point. Comparison or mathematical manipulation of the estimates may be subject to rounding error.

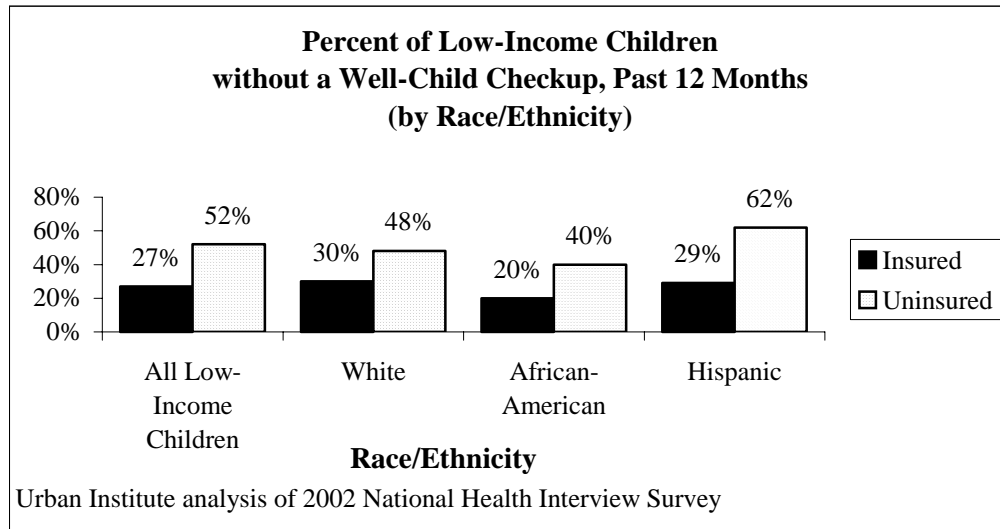
(59%) uninsured 14 to 17-year-old children lacked a well-child checkup, compared with one-third of insured children in that age group. (Figure 1)

**Figure 1**



- *White children:* More than two out of five (43%) uninsured White children did not have a well-child checkup during the previous year, a rate 60 percent higher than for insured White children. Similar patterns prevail when examining the experience of low-income White children (Figure 2).
- *African-American children:* More than one in three (36%) uninsured African-American children did not have a well-child checkup, almost twice the rate (19%) for insured African-American children.
- *Hispanic children:* Three out of five uninsured Hispanic children (60%) failed to get a well-child checkup during the previous year. This is double the rate for insured Hispanic children (28%) and considerably higher than the rate for uninsured African-American or White children.
- *Low-income children:* More than half (52%) of uninsured low-income children failed to get a well-child checkup, almost twice the rate (27%) for insured low-income children. While both insured and uninsured higher-income children were more likely than their lower income counterparts to receive a well-child checkup, 41 percent of uninsured higher-income children failed to get a checkup in the past year.

**Figure 2**



- *Children with asthma:* Uninsured children with asthma also failed to receive well-child checkups at high rates. Well-child checkups were not reported for almost two out of five (38%) uninsured children with asthma, compared with less than one in four insured children with asthma.

### **Child Lacks a Usual Source of Care, or Reported Usual Source Is Hospital Emergency Department**

Having a designated provider or “usual source of care” for management of acute and chronic conditions is an important indicator that the child has a means to enter the health care system when care is needed. Children who lack a usual source of care or must turn regularly to a hospital emergency department are unlikely to receive preventive care or early and regular management of acute or chronic health conditions.

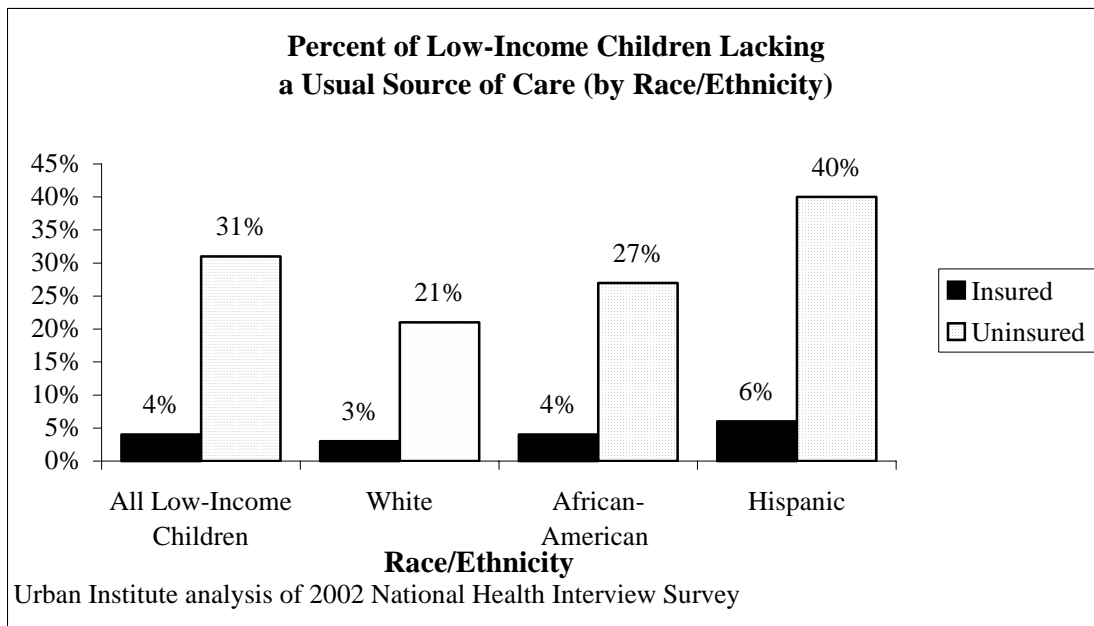
- *Overall:* Uninsured children, regardless of race or ethnicity, income, or health status, were more likely than insured children to lack a usual source of care such as a pediatrician or family physician; among those with a usual source of care, uninsured children were more likely to specify a hospital emergency department as the type of provider they would use.<sup>4</sup> More than one in four (26%) uninsured children lack a usual source of care, and among those reporting a usual source, 7 percent reported that they use a hospital emergency department. Only 3 percent of children with insurance lack a usual source of care. Among those with a usual source, only 1 percent specified that they use a hospital emergency department.
- *White children:* More than one in six (17%) uninsured White children lack a usual source

<sup>4</sup> A knowledgeable adult is the actual respondent for minor children in the survey.

of care. Among uninsured White children with a usual source of care, 6 percent reported that they use a hospital emergency department, compared with 1 percent of insured White children. Findings with respect to lack of usual source of care are similar for low-income White children (Figure 3).

- *African-American children:* More than one in four (27%) uninsured African-American children lack a usual source of care, almost eight times the rate for insured African-American children, and over 50 percent higher than the rate for uninsured White children. Among those with a usual source of care, 8 percent specified that they use a hospital emergency department. Only 1 percent of insured African-American children reporting a usual source of care identified a hospital emergency department as the type of provider.
- *Hispanic children:* Uninsured Hispanic children are particularly likely to lack a usual source of care, with more than one in three (37%) reporting that they lack one, more than twice the rate for uninsured White children. The rate for uninsured Hispanic children is almost eight times the rate for insured Hispanic children. Among uninsured Hispanic children with a usual source of care, 9 percent reported that they use a hospital emergency department, compared with 1 percent of insured Hispanic children.
- *Low-income children:* Almost one in three (31%) uninsured low-income children lacks a usual source of care, almost eight times the rate for insured low-income children. Among uninsured low-income children with a usual source of care, 8 percent reported that they rely on a hospital emergency department for their care.

**Figure 3**



- *Children with asthma:* Despite the importance of a regular provider in ensuring timely

access to appropriate care, almost one out of five (19%) uninsured children with asthma lacks a usual source of care. Only 2 percent of insured children with asthma lack a usual source of care.

### **Unmet Need for Medical Care<sup>5</sup> or Prescription Drugs**

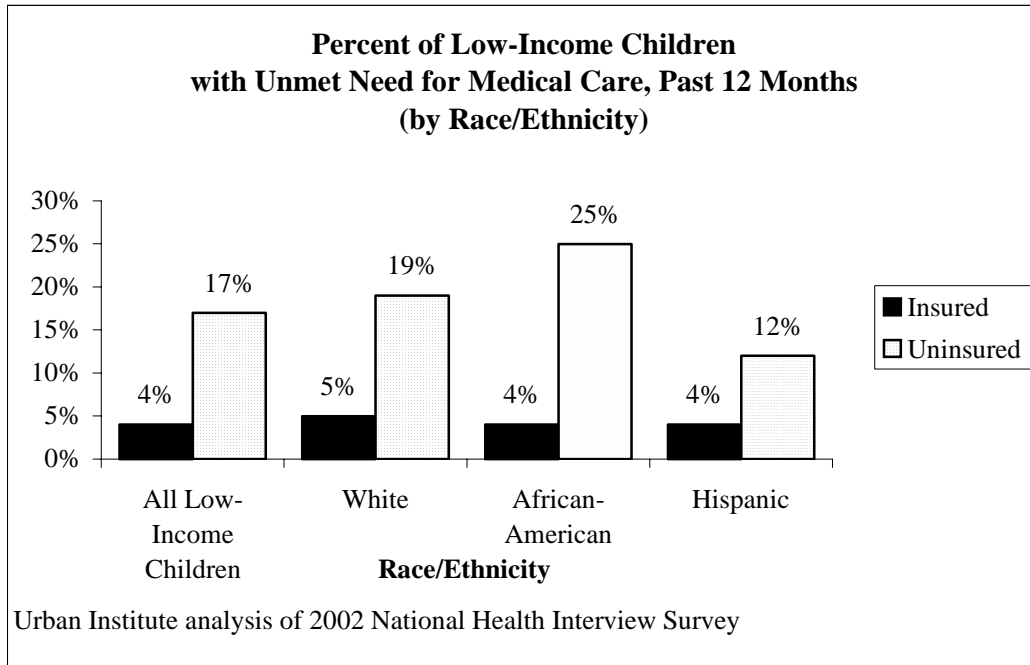
One of the most direct indicators of compromised access is when needed care is delayed or foregone entirely due to concerns about cost.

- *Overall:* Uninsured children, regardless of race or ethnicity, income, or health status, were more likely than insured children to report an unmet need for medical care associated with concerns about cost. Sixteen percent of uninsured children experienced unmet need for medical care, more than five times the rate (3%) for children with insurance. Eight percent of uninsured children reported an unmet need for prescription drugs, four times the rate (2%) for insured children.
- *White children:* Sixteen percent of uninsured White children were reported to have an unmet medical care need, more than five times the rate for insured White children. Findings for low-income White children were similar.(Figure 4).
- *African-American children:* Uninsured African-American children were particularly likely to experience an unmet medical care need (24%), compared with 3 percent of insured African-American children.
- *Hispanic children:* Twelve percent of uninsured Hispanic children were reported to have an unmet medical care need, almost four times the rate for insured Hispanic children.
- *Low-income children:* Among uninsured low-income children, 17 percent experienced unmet medical care need, and nearly one in 10 (9%) reported an unmet prescription drug need. A higher income does not substitute for insurance coverage in ensuring access to care. The rate of unmet needs for uninsured higher-income children was only slightly less than for low-income uninsured children.

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<sup>5</sup> Unmet medical care need is defined broadly to capture delays in care due to concerns about cost.

**Figure 4**



- *Children with asthma:* Reported rates of unmet need for medical care and unmet prescription drug needs were also particularly high for uninsured children with asthma. One in four (25%) experienced an unmet medical need, about five times the rate for insured children with asthma. Similarly, 23 percent of uninsured children with asthma were reported to have an unmet prescription drug need. This rate is almost five times the rate for insured children with asthma, and almost three times the rate for uninsured children without asthma.

**Figure 5**

