

Type of health insurance coverage and children's unmet healthcare needs: A mixed-methods approach



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Presenter Disclosures

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Carrie Tillotson

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Overview

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- Background
- Qualitative Study
 - ▣ Methods
 - ▣ Results
- Quantitative Study
 - ▣ Methods
 - ▣ Results
- Conclusion

Background

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- What is "known":

Stable health insurance coverage

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Better financial access to care.^{1,2}

¹ Starfield B. (2008) "Access, Primary Care, and the Medical Home." *Medical Care* 46(10):1015-1016.

² Olson, L. M., S. F. Tang, and P. W. Newacheck. 2005. "Children in the United States with discontinuous health insurance coverage." *New England Journal of Medicine* 353(4): 382-91.

Background

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- However...
 - ▣ less is known about the impact of:

**public insurance vs.
private insurance coverage**

on parental perceptions of program quality and rates of children's unmet health care needs.

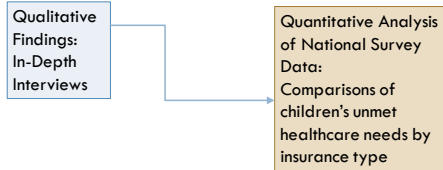
Research Objective

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- To determine whether **publicly insured** and **privately insured** children experience differences in healthcare and access to health care services.

Methods: Overview

- We conducted a mixed-methods study of primary data from in-person interviews and secondary data from a national survey.



Methods: Qualitative Phase

- **Objective:**
 - To examine whether families with children eligible for public health insurance in Oregon reported differences between how public and private coverage affected their children's access to health care services.
- **Study Population:**
 - Stratified, random subsample of low-income families participating in the Oregon Children's Access to Healthcare Study (CAHS)³ in 2005.
 - Both urban and rural areas
 - Children with varied types & patterns of insurance coverage

³ DeVoe JE, Krois L. (2006) Children's Access to Healthcare: Results from the Oregon Survey. http://www.oregon.gov/OHPPR/OHREC/Docs/CAHS_FullReport_Final06.pdf?ga=1

Methods: Qualitative Phase

- **The Interview:**
 - 24 in-person, in-depth interviews conducted throughout Oregon
 - Open-ended questions about:
 - participants' knowledge, beliefs, & attitudes about healthcare and health insurance topics.
 - Questions designed to explore facilitators/barriers to:
 - children's health insurance enrollment
 - healthcare service utilization

Methods: Qualitative Phase

- **Analysis**
 - Interviews recorded and transcribed verbatim
 - Transcripts reviewed by 5 person team; codes assigned to various themes in an iterative process.⁴
 - Reviewers followed an immersion/crystallization process.⁵

⁴ MacQueen K, et al. Codebook development for team-based qualitative analysis. *Cultural Anthropology Methods Journal* 1998;10:31-6.

⁵ Borkan J. Immersion/crystallization. In: Crabtree BF, Miller W, eds. *Doing Qualitative Research*, 2nd edition. Thousand Oaks, CA: Sage Publications; 1999:179-94.

Results: Qualitative

- **Public Insurance Pros:**
 - Availability
 - Quality care
- **Public Insurance Cons:**
 - Limited access to providers
 - Limited benefits (uncovered services)
 - Stigma

Results: Qualitative

- **Private Insurance Pros:**
 - More options/easier to get appointments
 - Treated better (no stigma)
- **Private Insurance Cons:**
 - High costs/unaffordable
 - Limit in covered services

Results: Qualitative

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- Summary:
 - Consensus on importance of insurance and differences between public versus private insurance...
 - But more variation on whether public or private was superior.

Methods: Quantitative Phase

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- Objective:
 - To determine on a national basis, whether parental-reports of unmet need differed between publicly- and privately-covered children among low- and middle-income families.
- 2002-2006 Medical Expenditure Panel Survey- Household Component
- Study population:
 - Children ≤ 17 years old from:
 - Low income families (<200% FPL) (n=28,338)
 - Middle income families (200 - <400% FPL) (n=13,160)

Methods: Quantitative Dependent Variables

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Unmet Healthcare Needs (Children ages 0-17)	Preventive Counseling Services (Children ages 2-17)
• No doctor visits in past year	Never received counseling regarding:
• Less than yearly dental visits	• Healthy eating
• Unmet medical and/or prescription need in past year	• Physical exercise
• Unmet dental need in past year	• Use of safety restraints
• Delayed care/problem getting care index variable, including: Did not always get care as soon as wanted for illness, injury, condition	• Use of bike helmets
Problem getting necessary care	
Problem seeing specialist	

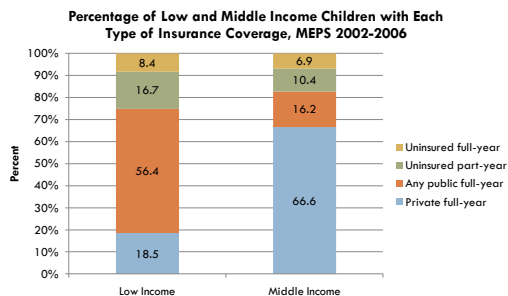
Methods: Quantitative Phase

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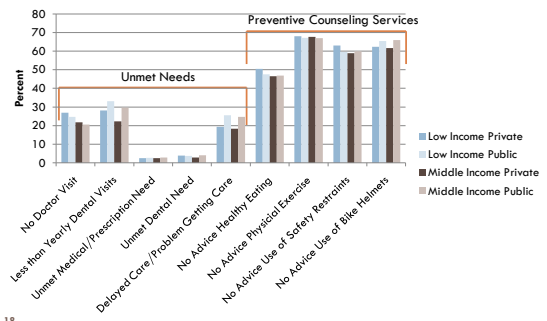
- Logistic regression:
 - Child's insurance type (independent variable)
 - Private full-year insurance
 - Any public full-year insurance
 - Uninsured part-year
 - Uninsured full-year
 - Child's unmet healthcare needs (dependent variables)
 - Covariates:
 - Child's age, race/ethnicity, usual source of care status, health status, and region of residence
 - Parental employment, education, insurance type, usual source of care status, household income, and family composition
 - Stratified by family income level

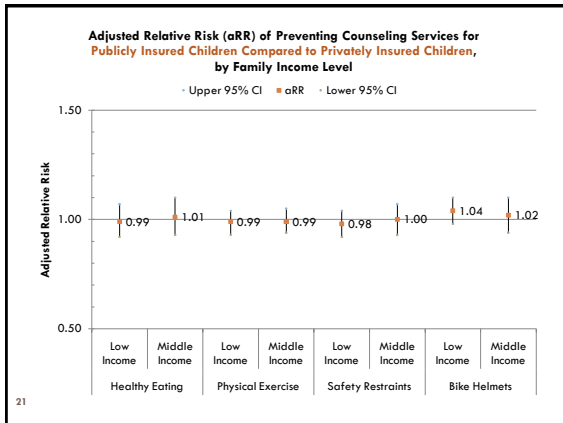
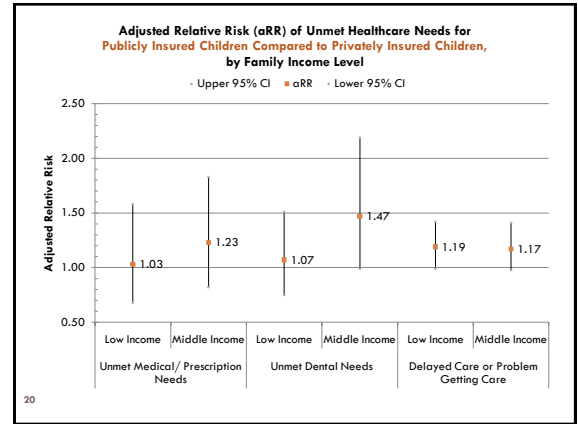
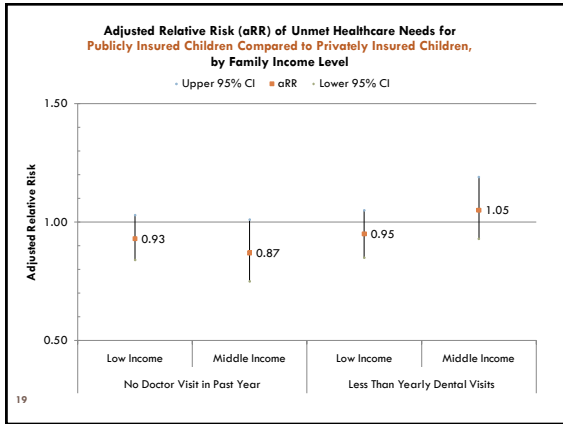
Results: Quantitative

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Percentage of Publicly and Privately Insured Children with Unmet Healthcare Needs and No Preventive Counseling Guidance, MEPS 2002-2006





Results: Quantitative

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- Summary:
 - No significant differences in unmet healthcare needs or preventive counseling measures between publicly and privately insured children.
 - Similar pattern of results for both low- and middle-income levels.

Study Limitations

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- Qualitative data were from individual interviews in Oregon and are not generalizable.
- The multivariate analyses are from observational data and associations cannot assess causation.
- Health insurance alone does not sufficiently guarantee that health care needs will be met.

Conclusion

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- Qualitative Findings:
 - No clear consensus among interviewees regarding a superior type of insurance coverage for children.
- Quantitative Findings:
 - No significant differences in parental-reported unmet needs and preventive counseling between publicly and privately insured children.
 - Similar pattern of results for low and middle income children.
- Continued investigations of comparative effectiveness of public vs. private insurance programs pertinent to future health care debates, evaluation, and reforms.

Acknowledgments

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