

Statistical Brief #12

Children's Access to Necessary Health Care, Fall 2001

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Introduction

The quality of the health care received by children in America is an issue of public policy concern for several reasons. First, the quality of the health care delivery system is critical for maintaining the health and well-being of children. In addition, all children may not be receiving care equally. Following these subgroups of children over time can provide information about whether greater equity has been achieved or whether serious gaps remain. In 2001, a new child supplement was added to the Medical Expenditure Survey (MEPS) that contained a variety of health status and quality of care measures of children. This MEPS Statistical Brief presents preliminary analyses of what is reported about the quality of children's medical care based on the 2001 MEPS child supplement. The health care quality measures in the 2001 child supplement had previously been asked in a parent-administered questionnaire (PAQ) as part of the 2000 MEPS. The 2000 parent-administered questionnaire and the 2001 child supplement were added to the Medical Expenditure Panel Survey (MEPS) to enhance the ability of MEPS to address quality of care issues. The health care quality measures for this study were taken from the health plan version of CAHPS®, an AHRQ sponsored family of survey instruments designed to measure quality of care from the consumer's perspective. The Child Supplement was administered in late 2001. All of the questions refer to events experienced in the last 12 months. Only differences that are statistically significant at the 0.05 level are discussed in the text.

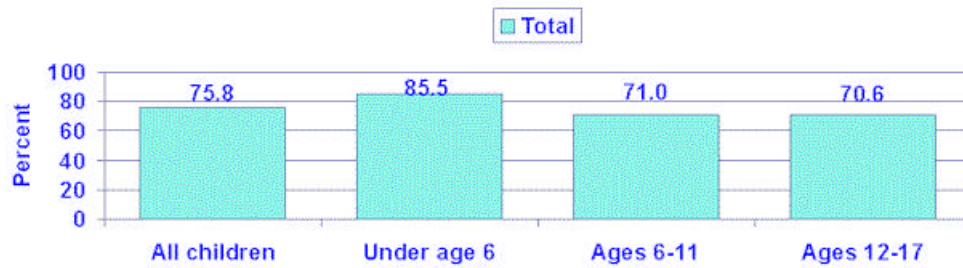
Access to Care: Problems receiving needed care

Overall, 75.8 percent of children under age 18 (53.8 million children in the U.S. civilian noninstitutionalized population) were reported to have one or more visits to a doctor's office or clinic in the last 12 months (figure 1). Children ages 5 and under were more likely to have one or more visits reported than older children (85.5 % for ages 5 and under, 71.0 % for ages 6-11, 70.6 % for ages 12-17). Among those children receiving care, 91.9 percent were reported as not having problems receiving care their parents or doctors believed necessary (figure 2). Hispanic children were more likely than black children or white children to have a problem receiving needed care reported (percent reporting no problem: 88.4 % of Hispanic children, 91.7 % of black children, 92.7 % of white children). This differential pattern of Hispanic children being more likely than white children to have a problem receiving needed care reported was consistent for young children (ages 5 and under), as well as for older children (ages 12-17). In addition, uninsured children or those with public-only coverage were more likely to have a problem receiving needed care reported than were children with private coverage (percent reporting no problem: 89.1 % for uninsured children; 89.5 % for children with public-only coverage, 93.2 % for privately insured children) (figure 3).

About MEPS and CAHPS®

This Statistical Brief summarizes an access and quality of care measure pertaining to the health care received by noninstitutionalized children of the United States. The Medical Expenditure Panel Survey (MEPS) collects nationally representative data on health care use, expenditures, sources of payment, insurance coverage and the quality of care for the U.S. civilian noninstitutionalized population. MEPS is sponsored by the Agency for Healthcare Research and Quality (AHRQ). The health care quality measures used for this study were taken from the health plan version of CAHPS®, an AHRQ sponsored family of survey instruments designed to measure quality of care from the consumer's perspective. A response rate of 68 percent was achieved for the 2001 MEPS child supplement. There were 9,000 respondents to the 2001 child supplement. Specific item nonresponse rates varied from 0.0 to 0.7 percent for the study questions. All insurance coverage estimates are based on health insurance status for the first part of 2001. More information about MEPS can be obtained through the MEPS website at www.meps.ahrq.gov. More information about CAHPS® can be obtained through the CAHPS® website (www.cahps.ahrq.gov) or on the AHRQ website (www.ahrq.gov).

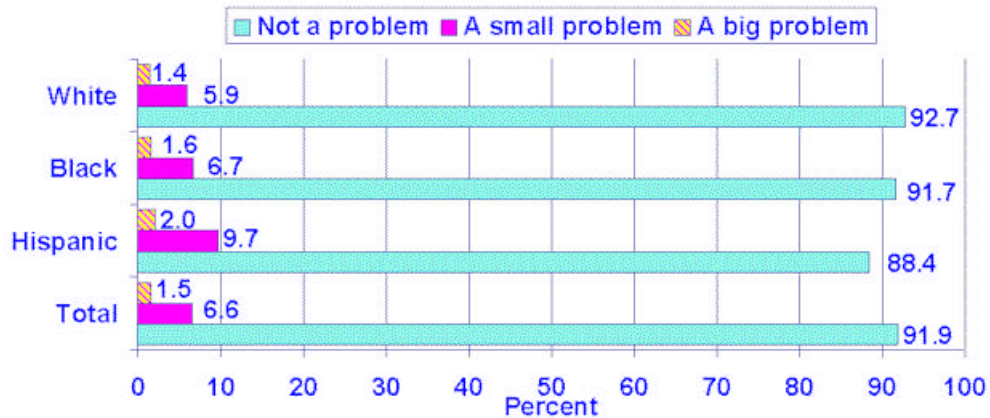
Figure 1
Percent of Children < 18 who had a doctor's office or clinic visit
(excluding emergency rooms) in the last 12 months, by age



Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001



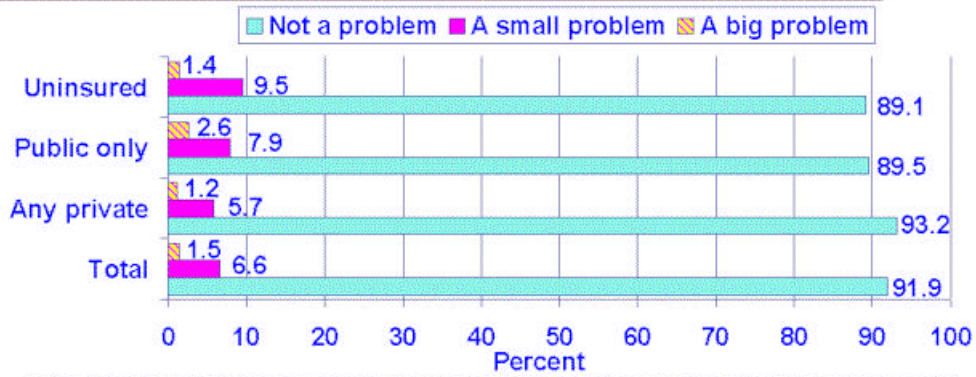
Figure 2
Among Children < 18 who had a doctor's office or clinic visit in the last 12 months, percent distribution of problems in receiving necessary care by race/ethnicity



Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001



Figure 3
Among Children < 18 who had a doctor's office or clinic visit in the last 12 months, percent distribution of problems in receiving necessary care by insurance status



Note: Any private includes persons with private insurance or Tricare. Public only includes persons without Any private but with public insurance. Uninsured includes persons without Any private or Public only.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001

