EXECUTIVE SUMMARY

MORE COVERAGE, BETTER CARE:

Improving Children's Access to Health Services

Children's access to health care has been a longstanding policy issue, with strong bipartisan support for expanding insurance coverage and redesigning the health care delivery system in ways that benefit young people. Despite enormous progress made over the past two decades, however, millions of children remain unable to obtain needed health services. Grantmakers have a unique and historic opportunity to finish the job and guarantee all children access to affordable, appropriate, and high-quality care.

Child Health

The United States has witnessed enormous improvements in children's health over the last century. Despite these successes, however, there are rising numbers of children with serious diseases and disorders (Institute of Medicine 2004). Children's health needs are different than those of adults, because of their vulnerability during periods of rapid development, their exposure to risks that cannot be adequately addressed by traditional medical services, and their dependency on caregivers to arrange for their health care (Halfon et al. 1996). There are both short- and long-term consequences of poor childhood health, from high rates of school failure to diminished economic performance for the nation as a whole (Halfon 2005).

Children's Access to the Health Care System

One of the most important strategies for improving child health is to make health care services available to children. Children need a caring, preventive health care system — one that helps families predict future needs, monitors emerging concerns, and coordinates care (Chung and Schuster 2004). Yet 12 percent of children have had no health care visit to an office or clinic within the past 12 months and 6 percent of children have no usual source of care (National Center for Health Statistics 2005). There are two main approaches to improving access to health care: expanding health insurance coverage and redesigning the health care delivery system (Meyer and Silow-Carroll 2000).

Health Insurance Coverage for Children

Health insurance coverage is one of the strongest predictors of whether children have access to health care. Tremendous progress has been made in the last several decades in improving access to insurance coverage for children (Cunningham and Kirby 2004). Today 88 percent of all children and 80 percent of low-income children in the United States have health insurance, either through the private market or public programs (Kaiser Commission on Medicaid and the Uninsured November 2005).

Private Health Insurance Coverage

Private insurance rates have been dropping since the 1980s, with most of the decline due to the erosion of employer-sponsored coverage (Cunningham and Kirby 2004).

Employer-Sponsored Coverage – The majority (56 percent) of the nation's 78 million children received health insurance coverage through a parent's employer-sponsored policy in 2004, so changes in the availability and affordability of employer-sponsored coverage have a large impact on health coverage for children (Kaiser Commission and the Uninsured November 2005; Rousseau 2005). The proportion of children with employer-sponsored coverage dropped 5 percentage points between 2000 and 2004, as a result of the steep increases in premium costs, a decreasing number of employers offering coverage, and a decreasing number of employees being able to afford coverage even if offered (Kaiser Commission on Medicaid and the Uninsured September 2004; Kaiser Commission on Medicaid and the Uninsured November 2005).

Public Health Insurance Coverage

A quarter of all children and half of low-income children receive some form of public health insurance coverage (Kaiser Commission on Medicaid and the Uninsured November 2005). Most of the progress made in improving children's access to health care over the past two decades has been as a result of the expansion of public programs.

Medicaid – Medicaid is the largest single health insurance program for American children and has long been a critical safety net for low-income children. In 2003, over 25 million children were enrolled in Medicaid at a cost of nearly $45 billion (Kaiser Commission on Medicaid and the Uninsured 2004). Countless studies have recorded the accomplishments of the Medicaid program in terms of children's primary care utilization, mortality and hospitalization rates, school readiness, and health care costs. The key component of Medicaid coverage for children is the mandatory early and periodic screening, diagnostic, and treatment (EPSDT) benefit for individuals under 21. EPSDT is an extremely comprehensive benefit which is important for low-income children and children with special needs; its scope of covered diagnostic and treatment services is unmatched, even by private insurance.

State Children's Health Insurance Program (SCHIP) – SCHIP provides health coverage to low-income children who live in families with income or assets above eligibility levels, yet whose parents cannot afford to purchase private insurance. In 2003, about 4 million children were covered by SCHIP (Kaiser Commission on Medicaid and the Uninsured September 2004). SCHIP coverage has been found to diminish unmet need, boost preventive care, raise the probability of having a usual source of care, lessen parents' stress and financial barriers, and improve children's access to oral health care (Kenney and Chang 2004).

Progress at Risk – Rising Medicaid and SCHIP costs have led state and federal policymakers to explore options for reducing program spending. States have only a few ways to cut Medicaid and SCHIP costs — reducing enrollment, reducing benefits, increasing cost sharing, or reducing provider payments — all of which potentially worsen children's access to health care (Lewit et al. 2003).

Children Without Health Insurance Coverage

Nearly 12 percent of all children and 20 percent of low-income children are uninsured. Lack of insurance is a major barrier to health care. More than 60 percent of the 8.4 million uninsured children in the U.S. appear to be eligible for Medicaid or SCHIP coverage, yet they are not enrolled in either program (Kaiser Commission on Medicaid and the Uninsured 2004).

The Delivery of Health Care for Children

The existence of insurance alone does not eradicate all of the barriers to accessing suitable health care services (Institute of Medicine 1998). Even when insured, children's access to affordable, appropriate, high-quality care cannot be guaranteed without a wide range of health system improvements.

Primary Care

For the parents of uninsured children, and even those who are insured, it may be difficult to find a consistent provider who is conveniently located, with hours that accommodate a family's work and child care schedules; who has the linguistic skills and cultural sensitivity necessary to provide quality care; or who accepts uninsured patients or children with public coverage (Lewit et al. 2003).

Availability of Health Care Providers – Recent research has shown that the number of primary care physicians per capital has been steadily shrinking, and only half of physicians are willing to accept all new Medicaid patients (Proser et al. 2005). This lack of health care providers has serious implications for children and for health care costs.

Linguistically and Culturally Competent Health Care – Parents and children with limited English proficiency are less likely than proficient English speakers to obtain needed health care services. Problems in patient-provider communication also occur between families and health professionals who speak the same language but come from different cultures.

Referral Services

At some point, most children need referral to services not provided as part of a routine pediatric visit. Primary care providers often find it difficult to locate specialists willing to provide care to low-income or uninsured children. Medical home programs are attempting to fill this gap by consolidating primary and specialty care into seamless comprehensive care models (Chung and Schuster 2004; Simpson and Stallard 2004).

The Safety Net

Low-income children tend to rely on an extended but stressed network of safety net providers: those school-based health centers, public hospitals, community health centers, public health departments, individual practitioners, and others who provide health care for uninsured and underinsured adults and children, regardless of their insurance coverage, ability to pay, or immigration status (Institute of Medicine 1998). Despite their importance, there is no sole or sure source of financial support for safety net providers (Regenstein and Huang 2005).

Philanthropic Activities

Foundations and corporate giving programs are supporting a wide range of activities related to children's health care access, with many believing that success in providing access to all children can both improve children's health outcomes and serve as the foundation for broader health reform. Effective grantmaking strategies to improve children's access include facilitating enrollment in existing public programs, enhancing and expanding public coverage, supporting school-based health care, and engaging community members in shared planning and action.

Lessons Learned

- Successful efforts require action at both the grassroots and treetops levels. While winning grassroots support is labor-intensive and takes a long time, success in pushing for change at the policy level often requires quick, bold action, and does not always allow time to consult everyone beforehand.
- It is critical to do the appropriate homework before embarking on a program, for both community leaders and foundations. There is no need to start from scratch in this effort, however, as many existing models for exist.
- Arguments for improving access should be framed in simple, persuasive terms. Effectively promoting greater investment in access to care for children likely requires use of language that frames the issue broadly in terms that make an emotional appeal. Examples include framing the issue as a choice about how society allocates its resources or as a means of addressing the thinning of the social contract between government and its citizens. Campaigns that get too lost in the details and statistics are too often met with deaf ears.
- Meeting participants commented that "nothing succeeds like success." It is important, therefore, to support practical demonstrations, measure their progress, and publicize their successes. Policymakers and opinion leaders want to get behind winning programs.
- Evaluation is also critical to achieving sustainability, since policymakers will not want to fund programs that do not have a proven track record. But it is important to remember that not all projects can or even should succeed. Part of the purpose of evaluation is to identify those that no longer deserve support.
- There are many potential partners for grantmakers, and effective coalitions may consist of strange bedfellows. Much of the work consists of bringing together unnatural allies, such as having the business community join forces with the United Way. Other grantmakers have found unlikely allies in the local farm bureau; while usually a conservative voice, the farm bureau is interested in advocating for greater access to care for farm workers' children.

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