ACCESSING HEALTH SERVICES:

MOVING BEYOND ENROLLMENT

Children's Defense Fund ®

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Every child deserves a healthy start in life, yet there are 10.8 million (14.1%) children under age 19 in the United States who are uninsured. Without health coverage, they are at risk of disease and of not receiving preventive health care services or treatment. There is a cure for this problem, although many still do not know about it. Free or low-cost health care coverage is available to more than 6 million uninsured children through the Children's Health Insurance Program (CHIP) and Medicaid.

The creation of CHIP in 1997 was the most significant funding increase for children's health care coverage since the enactment of Medicaid in 1965. CHIP was designed to help children in working families whose incomes are too high to qualify for Medicaid but too low to afford private family coverage. Most of the children who are eligible for CHIP live in families where at least one parent works but does not receive employer-based family health coverage.

Over a 10-year period, CHIP will provide $48 billion in grants to states to cover uninsured children. States were given the option of developing a separate state program, expanding their Medicaid program, or creating a combination of both. Currently, all 50 states and the District of Columbia have developed a program. Along with CHIP, Medicaid is a jointly funded Federal-State health insurance program that provides health benefits for qualifying low-income and medically needy people. This includes children, the aged, the blind, and/or disabled, and people who are eligible to receive federally-assisted income maintenance.

Thanks to CHIP and Medicaid, health care coverage is available to millions of children at little or no cost. CDF has prepared this document designed for advocates to provide them with ideas on how to move towards the goal of ensuring that all eligible children have access to, and actually use, available health services. Maintaining good health through preventive care will help guarantee that children enter school ready to learn and striving to reach their full potential.

Who are the Uninsured Children?

- 40.8% are White
- 31.7% are Hispanic
- 19.8% are Black
- 5.1% are Asian or Pacific Islander
- 2.6% are American Indian or Alaskan Native

Note: Children younger than 19. Children of Hispanic origin are excluded from the other racial and ethnic categories.
Source: U.S. Department of Commerce, Bureau of the Census, March 2000 Current Population Survey. Calculations by Children's Defense Fund.

The Importance of Health Insurance

From Massachusetts to Mississippi the concerns of families with uninsured children are the same. All families worry that their children will get sick, and too many parents worry about not being able to afford the high cost of health services their children may need when sick or injured. The burden of this worry can be lifted for millions of working families if they enroll in Medicaid or CHIP (see CHIP eligibility chart on page 11).

In the Children's Defense Fund's focus group report, *The Waiting Game*, parents in several states reported that they were fearful of high medical expenses and of feeling like a bad parent because they could not afford health coverage for their children. Lack of insurance means that many low-income families take their children to the doctor at the last minute, often relying on the emergency room as their primary source of care. Meagan, a mother living in Los Angeles, explains, "My daughter complained of an earache and I waited a few days before taking her to the doctor to see if she would feel better. I felt horrible waiting while my child was in pain and I wondered if I would have waited if I had health insurance."[i]

Compared with insured children, uninsured children are:

- Up to ten times less likely to have a regular health care provider
- Four times more likely to delay seeking care when it is needed
- Five times more likely to use the emergency room as a regular source of care
- Six times less likely to fill a prescription because of cost

(ACP-ASIM, 1999; Simpson et al., 1997; Newacheck et al., 1998; Simpson et al., 1997; Berk. Schur, and Cantor, 1995.)

The Chandlers, a working family from Walnut Grove, Mississippi, unable to afford the escalating cost of private health insurance, were faced with the difficult choice of dropping coverage for their children. During the two months that her children were uninsured, Mrs. Chandler was nervous that something bad might happen to them and she would be unable to get the health care they needed. When Mrs. Chandler found out about CHIP through the school lunch program at her children's school, she was surprised that such a program was available. Now that her children are covered by CHIP, she is no longer forced to face the difficult choices that Meagan had to face with her daughter. She is pleased with the program and points out that the benefits under CHIP are more comprehensive and less expensive than their previous employer-based private coverage. "Under CHIP, my cost for regular check-ups, medicine, glasses, and routine doctor visits are all cheaper," says Mrs. Chandler. She recommends that families be proactive in getting health coverage for their children and advises parents to "find out what's out there if you are uninsured — do not be afraid or ashamed to get the coverage your kids need."

Strategies for community-based organizations working to ensure that all families who use their facilities are provided with information about health care coverage

- Educate staff about the benefits of children's health insurance programs so they can inform families about the importance of insuring their children.
- Establish a system to identify all families with uninsured children who use your program.
- Develop a system to enroll all the children who are identified as uninsured (this may mean linking them to enrollment sites outside of your agency).
- Follow-up with families to make sure their applications are complete, that they are not experiencing problems with the application process, and that they have received an insurance card.
- Follow-up with families to make sure they fully understand their benefits, are accessing health services, and have chosen a primary care physician.

Five questions to ask the families you serve:

Community service agencies serving low-income families can play a key role in educating these families about the importance of applying for health coverage and accessing care. By asking families these five questions, you can help ensure that children receive the healthy start they deserve.

1. Do all members of your family have health coverage?
2. Does your family have a primary care provider?
3. Has your child been to the doctor recently (refer to AAP's guidelines on doctor visits)?
4. Do you use your health insurance to visit the doctor for health screenings, immunizations, and other preventive services and check-ups?
5. Do you have questions about how to navigate the health care system?

Research indicates that being insured improves access to health care services. One study found that "children of all ages saw significant improvement in access, had reduced unmet need/delayed care, dental utilization and childhood activities, after enrolling in CHIP."[ii]

Children enrolled in Child Health Plus (CHPlus), New York's CHIP program, experienced improved access to health care services after enrollment. A study found that children enrolled in CHPlus had more primary care visits, compared with the period prior to being enrolled in CHPlus. The percentage of children who were up-to-date on screenings and immunizations was also higher after enrollment. Families reported being satisfied with the program, and 25 percent of families reported that they felt

their child's health status had improved as a result of CHPlus[iii]. Among older children, "the increase in primary care visits was significantly greater among children who were previously uninsured and among children who had a gap in coverage for more than six months."[iv]

Families often enroll their children in CHIP or Medicaid in reaction to a child being sick or injured. However, what needs to be emphasized is the importance of insuring a child before they get sick to ensure access to a primary care provider to help prevent, detect, and manage health problems. Providing a "medical home" for a family allows a physician to become familiar with a child's medical history and, in turn, provide better treatment and care.

This is not to say that children won't get sick because they have health insurance. Getting sick is part of growing up and it is part of the body's way of building a healthy immune system. But there are many times when children get sick due to untreated conditions, which is why seeing a health care provider on a regular basis is so important.

If a health condition is detected early, a child can receive treatment that may cure or help manage a condition. Without early intervention, a minor health condition can end up being a major problem. Not only do these problems affect the health of the child, they also impact the quality of life of the child and family. A child's progress in school can be impeded and family members' work environment can become stressed if they must miss work to care for a sick child.

In the long run, a healthy child may prevent unnecessary health care spending as well as decrease the chances of spreading diseases to other children at home or at school. Everyone in our community benefits when we keep our children healthy and help them reach their full potential physically, emotionally, and cognitively. Following is a list of common childhood conditions and evidence that moving beyond simply enrolling children in health insurance programs is critical for ensuring that children receive the preventive and primary care they need and deserve to grow up healthy.

Common Childhood Health Conditions

HEARING PROBLEMS

The most reliable way to detect hearing problems is through a screening done by a health care provider, yet 85 percent of all newborns do not receive such a screening before leaving the hospital. Given that the most critical time for speech and language development is considered to be from birth to three, it is important that hearing problems be detected early[v]. With early detection, therapy can be initiated, allowing many of these children to develop normal language skills. A study by Moeller highlights the importance of enrolling children with hearing difficulties in a comprehensive intervention program at an early age. Children enrolled by age 11 months "demonstrated significantly better vocabulary and verbal reasoning skills at 5 years of age than did later-enrolled children."[vi] Another study found that "children whose hearing losses were identified by 6 months demonstrated significantly better language scores than children identified after 6 months of age."[vii] Delays in language development have been shown to affect social, emotional, and cognitive development, and ultimately can hinder a child's academic progress.[viii]

LEAD POISONING is a preventable condition caused by ingestion of lead through paint or lead paint dust in the environment. The only way to detect lead poisoning is through a blood test given by a health care provider. If the problem is addressed early enough and only a low level of lead is found, a child will probably not experience any serious side effects. On the other hand, if a child continues to be exposed to lead and the blood lead level of the child becomes too high, serious problems can result, including learning disabilities, developmental delays, behavioral problems, and kidney damage. Treatment also becomes more expensive as the blood lead level rises. The CDC reports that almost 900,000 American children are victims of lead poisoning.[ix]

ASTHMA is one of the most common chronic conditions of childhood affecting more than 4.4 million children. Asthma results in missed school days and emergency room and hospital visits.[x] One study found that half of the children who were kept awake by asthma for only a few nights in a four-week period missed school, which negatively affected their education. As a result half of their parents missed one or more days of work.[xi] While asthma cannot be cured, a health care provider can help a child get the necessary treatment, education, and prescriptions to help manage asthma on a daily basis. Medical evidence shows that with consistent treatment at home and in school, asthma attacks can be prevented, and hospitalizations can be avoided.

- Among non-Hispanic Black and White children ages 5 to 14, Black children are five times more likely to die from asthma than White children.
- The rate of emergency room visits due to asthma among children under age 5 is four times higher for Black children than for White children.
- Among non-Hispanic Black and White children ages 1 to 6, Black children are nearly five times more likely to have elevated blood lead levels than White children. The same aged Mexican-American children are nearly twice as likely as non-Hispanic White children to have elevated blood lead levels.
- Mexican American children aged 2 to 4 are twice as likely as non-Hispanic White children to have dental caries and untreated dental cavities.

Sources: National Vital Statistics System – Mortality, CDC, NCHS, 1998; Hospital Ambulatory

TOOTH DECAY (dental cavities or caries) is one of the most common chronic diseases in childhood.[xii] When left untreated, a child's teeth can cause pain and become unattractive to the point where a child may feel socially isolated. Because 17 percent of children ages 2 to 4 and 52 percent of 8-year-olds have dental cavities, it is important that this issue be addressed at a young age.[xiii] Both the American Academy of Pediatric Dentistry and American Dental Association recommend that a child's first dental visit should occur within six months of the eruption of the first primary tooth and no later than twelve months of age.

Many of these and other childhood conditions are even more common among certain low-income and minority populations. For example, 80 percent of tooth decay is found in just 25 percent of the nation's children, most of whom are from low-income families[xiv]. And non-Hispanic Black children (ages 1 to 5) are more likely to have elevated blood lead levels than the same aged non-Hispanic White children.[xv]

While various factors play a role in the incidence and cause of these conditions, children who lack insurance have been shown to experience more preventable health problems and delays in receiving care.[xvi] Racial and ethnic minority children are more likely than White children to lack health coverage.

Many of these common childhood conditions can be prevented, screened for, and treated by a primary care provider at little or no cost with coverage through Medicaid and CHIP. But without proper preventive and primary care, these conditions may worsen and can even lead to death. Racial disparities exist among death rates due to certain diseases. For example, among non-Hispanic Black and White children ages 5 to 14, Black children are five times more likely to die from asthma than White children.

CHIP and Medicaid provide an opportunity to reduce some of these health problems and racial disparities. However, proper implementation at the state level is essential to ensure that children enrolled in CHIP and Medicaid have access to quality health services so they can receive their benefits. Although the most comprehensive set of benefits is in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) component of the Medicaid program, most states have implemented CHIP programs with benefits similar to those offered under Medicaid. All states' CHIP programs cover immunizations, well-child visits, emergency treatment, and other health services. (Check with your state for the specific CHIP benefits that are provided.)

Health Insurance and Lack of Health Insurance in 1999: Children ages 0 through 18

All numbers in thousands of children

	Number
Insured at some point in 1999	65,550
Uninsured throughout 1999	10,792
Total number of children	76,342

Race & Hispanic Ethnicity	**Number**	**As a Percentage of the Uninsured**
Non-Hispanic White	4,401	40.8
Hispanic	3,424	31.7
Blacks	2,133	19.8
American Indian Aleut, Eskimo	285	2.6
Asian & Pacific Islander	548	5.1
Total	**10,791**	**100**

Income Status of the Uninsured

Family Income	**Number**	**As a Percentage of the Uninsured**
Below 100% poverty	3,334	30.9
100% to 199% poverty	3,456	32.0
200% to 299% poverty	1,901	17.6
300% and up	2,101	19.5
Total	**10,792**	**100**

Source: Bureau of the Census, March 2000 Current Population Survey; Analysis by Children's Defense Fund, March 2001.

MEDICAID and EPSDT

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) entitles children under age 21 who are enrolled in Medicaid to receive comprehensive and preventive health care services, which are considered important to maintaining children's health.

The EPSDT program consists of two mutually supportive, operational components:
(1) Assuring the availability and accessibility of required health care resources; and

(2) Helping Medicaid recipients and their families or guardians effectively use these resources.

The specific services to which children are entitled under EPSDT, as defined by Section 1905(r) of the Social Security Act, include:

- Comprehensive health and developmental history (assessment of physical and mental health development)
- Comprehensive physical exam
- Appropriate immunizations (as defined by the Advisory Committee on Immunization Practices)
- Laboratory tests (including screening for blood lead levels)
- Health education (educating families or guardians on childhood development, accident and disease prevention, and the benefits of healthy lifestyles)
- Vision services (including diagnosis and treatment of vision problems)
- Dental services (including relief of pain and infections, restoration of teeth, and maintenance of dental health)
- Hearing services (including diagnosis and treatment of hearing problems)
- Other necessary health care

Under EPSDT, state Medicaid agencies are responsible for:

- Informing all Medicaid-eligible persons under age 21 that EPSDT services are available.
- Setting distinct periodicity schedules for screening, dental, vision, and hearing services.
- Reporting EPSDT performance information; each state must report annually for each Federal fiscal year if they administer or supervise the administration of an approved plan for a Federally-aided Title XIX program.

Information downloaded from *http://www.hcfa.gov/medicaid/epsdthm.htm*

Health Care Resources for Families

Children's Defense Fund (CDF)
www.childrensdefense.org
A private, non-profit organization supported by foundations, corporation grants, and individual donations. Provides technical assistance, public education, and policy research and advocacy in a variety of areas affecting children, including CHIP and Medicaid.

American Academy of Pediatrics (AAP)
www.aap.org
AAP and its member pediatricians help to promote the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP also publishes a schedule of when a child should see a physician.

National Maternal and Child Health Clearinghouse
www.nmchc.org
A non-profit, federally-funded program that disseminates educational material on issues pertaining to the health of mothers and children.

Children's Dental Health Project
www.childent.org
A policy research organization dedicated to improving children's oral health and increasing their access to dental care. Provides technical assistance and information services to policy makers, health care providers, and parents. CDHP is affiliated with the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

Covering Kids
www.coveringkids.org
A national, three-year, outreach initiative sponsored by the Robert Wood Johnson Foundation that focuses on CHIP and Medicaid enrollees.

The Kaiser Family Foundation
www.kff.org
A philanthropic organization that disseminates health policy analysis with an emphasis on issues affecting low-income children and families. Publishes regular reports on Medicaid, CHIP, and the uninsured population.

Families USA
www.familiesusa.org
Families USA is a national, nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health and long-term care for all Americans.

National Immigration Law Center (NILC)
www.nilc.org
NILC works nationally to protect and promote the rights of low-income immigrants and their family members.

National Health Law Program (NHELP)
www.nhelp.org
NHELP is a national public interest law firm that seeks to improve health care for Americans, particularly the millions of uninsured and under-insured low-income individuals and families.

For information on the benefits offered under Medicaid/EPSDT:
Cindy Ruff, 410-786-5916, E-mail cruff@hcfa.gov
Teresa Gardner-Brocato, 410-786-3289, E-mail tgardnerbrocato@hcfa.gov
Dr. Jerry Zelinger, 410-786-5929, E-mail gzelinger@hcfa.gov

For more information on the benefits offered under CHIP:
CHIP benefits vary by state. Families can be connected to their state's Children's Health Insurance Program by calling **1-877-KIDS-NOW (1-877-543-7669)**. States' Web sites can also be accessed from CDF's Sign Them Up! page located at: www.childrensdefense.org/signthemuphealthy.htm.

Maximum income under existing Children's Health Insurance Programs

		Maximum Income Level for Eligibility			
	Eligibility Level *	Family of 3	Family of 3	Family of 4	Family of 4
State	% of FPL	Yearly	Monthly	Yearly	Monthly
Alabama	200%	$29,260	$2,438	$35,300	$2,942
Alaska	200%	$36,580	$3,048	$44,140	$3,678
Arizona	200%	$29,260	$2,438	$35,300	$2,942
Arkansas	200%	$29,260	$2,438	$35,300	$2,942
California	250%	$36,575	$3,048	$44,125	$3,677
Colorado	185%	$27,066	$2,255	$32,653	$2,721
Connecticut	300%	$43,890	$3,658	$52,950	$4,413
Delaware	200%	$29,260	$2,438	$35,300	$2,942
District of Columbia	200%	$29,260	$2,438	$35,300	$2,942
Florida	200%	$29,260	$2,438	$35,300	$2,942
Georgia	200%	$29,260	$2,438	$35,300	$2,942
Hawaii	200%	$33,660	$2,805	$40,600	$3,383
Idaho	150%	$21,945	$1,829	$26,475	$2,206
Illinois	185%	$27,066	$2,255	$32,653	$2,721
Indiana	200%	$29,260	$2,438	$35,300	$2,942
Iowa	185%	$27,066	$2,255	$32,653	$2,721
Kansas	200%	$29,260	$2,438	$35,300	$2,942
Kentucky	200%	$29,260	$2,438	$35,300	$2,942
Louisiana	200%	$29,260	$2,438	$35,300	$2,942
Maine	200%	$29,260	$2,438	$35,300	$2,942
Maryland	200%	$29,260	$2,438	$35,300	$2,942
Massachusetts	200%	$29,260	$2,438	$35,300	$2,942
Michigan	200%	$29,260	$2,438	$35,300	$2,942
Minnesota	275%	$40,233	$3,353	$48,538	$4,045
Mississippi	200%	$29,260	$2,438	$35,300	$2,942
Missouri	300%	$43,890	$3,658	$52,950	$4,413
Montana	150%	$21,945	$1,829	$26,475	$2,206
Nebraska	185%	$27,066	$2,255	$32,653	$2,721
Nevada	200%	$29,260	$2,438	$35,300	$2,942
New Hampshire	300%	$43,890	$3,658	$52,950	$4,413
New Jersey	350%	$51,205	$4,267	$61,775	$5,148
New Mexico	235%	$34,381	$2,865	$41,478	$3,456
New York	230%	$33,649	$2,804	$40,595	$3,383
North Carolina	200%	$29,260	$2,438	$35,300	$2,942
North Dakota	140%	$20,482	$1,707	$24,710	$2,059
Ohio	200%	$29,260	$2,438	$35,300	$2,942
Oklahoma	185%	$27,066	$2,255	$32,653	$2,721
Oregon	170%	$24,871	$2,073	$30,005	$2,500
Pennsylvania	235%	$34,381	$2,865	$41,478	$3,456
Rhode Island	250%	$36,575	$3,048	$44,125	$3,677
South Carolina	150%	$21,945	$1,829	$26,475	$2,206
South Dakota	140%	$20,482	$1,707	$24,710	$2,059
Tennessee	200%	$29,260	$2,438	$35,300	$2,942
Texas	200%	$29,260	$2,438	$35,300	$2,942
Utah	200%	$29,260	$2,438	$35,300	$2,942
Vermont	300%	$43,890	$3,658	$52,950	$4,413
Virginia	185%	$27,066	$2,255	$32,653	$2,721
Washington	250%	$36,575	$3,048	$44,125	$3,677
West Virginia	200%	$29,260	$2,438	$35,300	$2,942
Wisconsin	185%	$27,066	$2,255	$32,653	$2,721
Wyoming	133%	$19,458	$1,621	$23,475	$1,956

Examples of Programs Targeted at Educating Families About the Health Care System

Young & Healthy is a community group in Pasadena, CA that links low-income families to dental, mental, and health care providers who provide free services to children. Young & Healthy case managers educate families on the importance of enrolling in, and staying enrolled in, health insurance programs as well as accessing the health care system. Young & Healthy has developed the "Health History Notebook" to address children's health care needs at different stages of development. Young & Healthy also provides training on what to consider when selecting an HMO and a primary care physician; how to communicate concerns to health care providers; the differences between preventive, acute, and emergency care; and health recommendations from the American Academy of Pediatrics.

For more information on the Young & Healthy initiative, please contact Laura Diego at 626-795-5166

Use Your Power! is a consumer advocacy group in Washington, DC made up of current and former Medicaid recipients who work in partnership with the Department of Health/Office of Maternal and Child Health and the Community Foundation for the National Capital Region to educate families about how to navigate DC's public health system. The public-private partnership recently published the second edition of a brochure, "A Map To Help Families Use Medicaid & DC Healthy Families," which offers step-by-step guidance about how to apply for benefits, choose a health plan, get basic health care, and stand up for your rights.

For more information on the Use Your Power! Project or to obtain education materials, please call 202-669-3150.

The **Growing Up Healthy** handbook is given to Massachusetts' families upon the birth of a child and serves as a guide to help families understand child development. The guide provides information about how to care for a newborn, appropriate health screenings, child care, nutrition, and child safety. There is also a comprehensive listing of contact information for various social and health services in Massachusetts. *For more information on Growing Up Healthy, call the Family Support and Education Unit of the Division of Maternal, Child and Family Health at the Massachusetts Department of Public Health at 617-624-6060.*

Access & Eligibility: Connecting Points for Children's Health Programs in California is a document developed by the Children's Medical Services Branch of the California Department of Health Services**.** This guide is intended for families who use public programs such as CHIP, Medicaid, and WIC and provides information on eligibility, benefits, and the costs of the programs. *For information on the Connecting Points model, please call 510-567-8294.*

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[iv] Jane L. Holl, MPH, MD, et al., "Evaluation of New York State's Child Health Plus: Access, Utilization, Quality of Health Care, and Health Status," *Pediatrics* 105, No. 3 (March 2000): 714.

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[xvi] Paul W. Newacheck, Dana Hughes, et al., "The Unmet Health Needs of America's Children," *Pediatrics* 105, No. 4 (2000): 989-997. Also see American College of Physicians-American Society of Internal Medicine, *No Health Insurance? It's Enough to Make You Sick: Scientific Research Linking the Lack of Health Coverage to Poor Health* (Washington, D.C.: American College of Physicians-American Society of Internal Medicine, 1999). Retrieved from the Internet at http://www.acponline.org/uninsured/lack-exec.htm.

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