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MORE THAN 117,000 OREGON CHILDREN LACK HEALTH INSURANCE

OHSU researcher finds many of Oregon's uninsured children may qualify for public health coverage

PORTLAND, Ore. — Approximately 117,000 children in Oregon are without health insurance. And if recent trends hold true, more kids each year will grow up without health care insurance, which translates into inadequate or no health care. The percentage of children without health insurance has risen from 10.1 percent in 2002 to 12.3 percent in 2004.

Oregon Gov. Ted Kulongoski has made access to basic health care a top priority in his recent Children's Charter, calling for an increase in the number of the state's children with health insurance. One way to address this call is to learn more about the families of uninsured children, according to Jen DeVoe, M.D., principal investigator of a statewide survey to gather information directly from low-income parents and families about issues they face while trying to get health care insurance for their children. DeVoe, a research instructor in family medicine, Oregon Health & Science University School of Medicine, collaborated with state researchers to prepare a research report for the Office of Oregon Health Policy and Research. This survey is one of several significant studies researchers at OHSU have undertaken to help explore the challenges of providing access to basic health care.

"One of the things that spurred me on to this research was hearing the story of a parent who recently came in to see me with bronchitis. She was employed full time and received employer-sponsored health insurance for herself. She asked me also to check her son's lungs because he had been unable to see his pediatrician recently. Her son was really sick, but he did not have health insurance. Her employer had stopped covering employees' children. This hard-working parent couldn't afford to pay the premium for her son because it was more than her monthly income. Also, she couldn't qualify for the Oregon Health Plan because her family income was too high. I was heartbroken to realize that she had no options whatsoever," DeVoe said.

According to the survey, low-income children most likely to be without health insurance are Hispanic, teenagers aged 14 and older whose families are at the higher end of the income threshold (earning less than 133 percent to 185 percent of the federal poverty level), and had one employed parent and one uninsured parent.

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“Lack of access to adequate medical care – for whatever reason – creates a terrible burden for children – delayed diagnoses of treatable conditions that become acute, chronic or life-threatening; poor performance in school; and missing out on the opportunity to become happy, healthy, productive adults,” Kulongoski said. “We cannot afford to fail our children by allowing so many of them to live a life without access to health care. No society can expect to achieve and maintain prosperity while compromising the health of its children, and my goal over the next year is to ensure that every child in Oregon, up to the age of 19, has their basic medical care needs met. My focus is on enrolling all eligible kids and keeping them enrolled through a plan that is also affordable for low-income parents whose incomes are too high to qualify for subsidized state and federal programs.”

In order to gather information from low-income families with children eligible for publicly funded health insurance programs, the research team sent a mail-return survey to a random sample of all Oregon families whose children were enrolled in the food stamp program at the end of January 2005. DeVoe’s report presents data from completed surveys from parents of 2,681 children.

Key findings of the statewide study include:

- ° As many as 68,000 of Oregon’s uninsured children may be eligible for publicly funded health coverage.
- ° Uninsured children were three times more likely to use the emergency department for routine care.
- ° Only 1 in 3 uninsured children visited a primary care provider in the past 12 months, and only one out of five uninsured children got necessary dental care.
- ° One in 4 children in this low-income population had a health insurance coverage gap during the past year.
- ° The longer the health insurance coverage gap, the less likely the child was to have a usual source of care.

Nearly all of the parents who responded to the survey were aware of the Oregon Health Plan (OHP), and most of them expressed a willingness to enroll their children in OHP if eligible. However, several parents reported they encountered difficulties with the OHP application process: 43.7 percent had difficulty gathering all of the required paperwork; three-fourths of the families suggested that it would be easier to maintain coverage if the requirement to re-enroll was extended beyond the current requirement to reenroll every six months; and many parents were confused about the different OHP eligibility requirements for children and adults.

Policy strategies suggested by these results as potentially most effective included: simplification of the OHP application process, elimination of the six-month period of uninsurance for enrollment in the State Children’s Health Insurance Program (SCHIP), and extension of the six-month OHP re-enrollment period.

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The study was conducted for the Office for Oregon Health Policy and Research, which will be publishing the report. This state office is responsible for the development and analysis of health policy in Oregon and serves as the policy-making body for the Oregon Health Plan, Oregon's Medicaid program. The office provides analysis, technical and policy support to assist the governor and the legislature in setting health policy. Funding was provided through the US Department of Health and Human Services, Health Resources and Service Administration. The full research report is available at: www.oregon.gov/das/ohpr.

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