



## News Articles, Advocacy

### Study: Rates of uninsured children drop, access to care improves

by Melissa Jenco, News Content Editor

Millions more children had access to health care in 2014 than in 2000, according to a new study.

The findings show the importance of public programs like the Children's Health Insurance Program (CHIP) and serve as a call to action to ensure they continue to receive funding, said AAP CEO/Executive Vice President Karen Remley, M.D., M.B.A., M.P.H., FAAP.

"For decades, fighting to provide all U.S. children with health insurance and access to care has been a priority for the AAP," Dr. Remley said. "This new research shows how far we have come in achieving these goals of improving access to health care for all children and why it is so important we continue to improve these programs."

Researchers from the Academy and Albert Einstein College of Medicine analyzed data on 178,038 children using the 2000-2014 National Health Interview Survey. They reported their findings in the article "Trends in Access to Health Care Services for US Children: 2000-2014," (Larson K, et al. *Pediatrics*. Nov. 15, 2016,

During the study period, rates of uninsured children dropped from 12.1% to 5.3%, meaning 4.9 million more children were insured. The rates were especially staggering for Hispanic families, who went from 26.1% uninsured to 9.3%, and poor families, who went from 22.2% uninsured to 5.9%.

"While there is still a gap in uninsured rates by income, we've made significant progress in shrinking that gap," said AAP President Benard P. Dreyer, M.D., FAAP. "It's critical for our nation's future health that we provide children at all income levels access to quality health care."

The study found public insurance rose from 18.9% to 38.9%, while private coverage dropped from 69% to 55.8%.

The researchers also looked at five indicators of health care access - well-child visits, doctor visits, dental visits, having a usual source of care and unmet health needs - and found improvements in each. <http://dx.doi.org/10.1542/peds.2016-2176>.





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Rates for not having a well-child visit dropped from 29% to 16.2%, which means about 9.3 million more children had a well-child visit in 2014 than 2000. Rates for no usual source of care fell from 7% to 3.6%.

Co-author Andrew D. Racine, M.D., Ph.D., FAAP, a member of the AAP Committee on Child Health Financing, found both of those trends heartening.

"When children see providers who know their medical history and can monitor their physical and socio-emotional development, for example, they are more likely to have better overall health, be up-to-date on immunizations, perform better in school and receive care in the most cost-effective way," he said.

The team also found that rates of not having a doctor office visit fell from 12.9% to 8.6%, no dental visit dropped from 29.6% to 20.7% and unmet health care needs declined from 7.9% to 5.8%.

While increases in access were seen for all races and income levels, black, Hispanic and poor children saw some of the biggest improvements.

For instance, the rate of Hispanic children not seeing a doctor fell from 19.8% to 11.9%, while the rate for black children declined from 14.4% to 8.8%. Poor children not seeing a dentist fell from 41.6% to 25.1%, and the rates of Hispanic and black children seeing a dentist nearly matched white children.

The authors attributed the findings in part to initiatives like CHIP, which covers 8 million children. Such programs not only have increased insurance coverage rates but spurred improvements in the quality of care and availability of providers.

"These findings suggest that policy initiatives aimed at improving health insurance coverage and access have had an impact, especially for children in vulnerable population groups," the authors wrote.

They called for extending CHIP and Medicaid and addressing issues like discontinuity of coverage and adequate payment for providers.

In a [related, solicited commentary](#), Stephen Berman, M.D., FAAP, echoed the call for CHIP reauthorization as well as a national policy focusing on social determinants of health.

"We need a new vision and national commitment to the health of our children that goes beyond improving access to care," he said.