HEALTH CARE ACCESS FOR LOW-INCOME CHILDREN

Thy Tran

ABSTRACT: Numerous of studies have identified over 3.5 million children are uninsured in the U.S due to barriers of income, cost of insurance, and confusion about the insurance process. It is vital for children to obtain a regular source of health care as they are experiencing the crucial developmental stages of their young lives. Financial barriers are the most profound answer in many studies conducted yet little is researched about its effect on access to primary care for low-income children in Snohomish County Washington. The study will investigate the obstacles low-income children face when trying to acquire needed health services. There are local reports about health care access among adults but less is known about children; this study aims to fill the gap regarding information about how poverty affects children and their struggles to receive health care. This study also takes a look at why children who are eligible for government assistance programs remains uninsured and how we can improve the programs to better support low-income children across the U.S.

Introduction

Children are delicate, vulnerable, and innocent; they require protection and guidance through the most crucial developmental stage of their lives. They need primary care to ensure their wellbeing and live a healthy life (Newacheck, Stoddard, Hughes & Pearl, 1998). Currently, low-income children face the barrier of limited access to health care due to their family's financial situation. The United States still has an alarmingly high rate of uninsured children. There are approximately 3.6 million uninsured children in the U.S, with many of them qualifying for government insurance coverage but have been dropped for various reasons (Pham, 2017). Many uninsured children live in states that decided against Medicaid expansion, leading them to fall into a coverage gap where their household incomes are above Medicaid eligibility limits but falls far below the Marketplace premium tax credits (Artiga & Ubri, 2017). The risk of being uninsured was higher for children in single-parent homes, older adolescents, minorities, and children in low-income households (Newacheck, Brindis, Cart, Marchi & Irwin, 1999). President Trump's proposed budget for 2019 plans to cut funding for essential programs such as Medicaid and SNAP (Supplemental Nutrition Assistance Program) (Children's Defense Fund, 2018). If the proposals are approved, it will adversely impact the most vulnerable group: low-income children who rely on the assistance.

Having adequate health insurance is an important factor in children receiving a regular source of health care. It was reported that 79% of uninsured children had a regular source of health-service care while 97% of children did with private insurance (Vital and Health Statistics, 1997). Also, children encounter a variety of health conditions through developmental stages that put them at risk for injuries and illnesses (Healthcare and Children, n.d.). During this early stage, routine primary care can provide opportunities for practitioners to identify and treat

health problems that can affect children's physical, emotional, cognitive and behavioral growth (Healthcare and Children, n.d.). In the U.S, 1.2 million children were unable to receive needed health service and 2.1 million children had to delay getting medical care due to the expensive cost of the needed service (CDC Vital and Health Statistics, 2012).

Acquiring health insurance for low-income children has been addressed through the decades by Medicaid, The Affordable Care Act, and many other programs. Even with these programs, there is an enormous amount of low-income children in the U.S without insurance coverage. There are an abundance of questions that remain to be explored and discussed. My research question is how does poverty affect access to primary health care for low-income children in Snohomish County, Washington? I hypothesize that poverty will limit the access to primary health care greatly for low-income children in Snohomish County, Washington. It will be measured by percent of emergency department visits as regular source of care, percent of children with a primary care provider, as well as years spent with a healthcare professional. The study will examine the challenges low-income children experience when trying to obtain health services, public insurance programs accessibility, and why children who are eligible for public insurance remain uninsured. It will strive to accumulate data about the percentage of uninsured low-income children in Snohomish County, Washington in order to establish effective interventions to address the issue at hand.

Background

With being a low-income family, financial barriers are not a new subject. In the U.S, health insurance is not free. The United States has a market justice concept healthcare system where individuals are primarily responsible for their own health coverage. The first step to achieve health care access is to obtain health insurance, which many low-income children are not able to do because it is too expensive. One research study investigated and analyzed what effect health insurance coverage had on children's access to primary care by using the National Health Interview Survey of 1993-1994 (Newacheck et al, 1998). When families with uninsured children were surveyed with the question of why they do not have health insurance, almost three out of four families stated that expensive cost was the reason for their lack of insurance (Newacheck et al, 1998). As mentioned above, private practices best efficiently provide health care in the U.S but, the findings of Newacheck et al.'s (1998), stated children in low-income families are unable to afford private practice prices. Similarly, DeVoe, Graham, Angier, Baez & Krois (2008) suggested that absence of health insurance was the most common predictor of unmet health needs.

The results reported major concerns of families were expensive cost of having insurance, health insurance instability, and lack of access despite having health insurance (DeVoe et al, 2008). When comparing insured children versus uninsured children, uninsured children were more likely to have unmet health-related needs such as prescriptions and medical care (DeVoe et al, 2008). The Alliance for Health Reform reported the same finding of uninsured children are much more likely to have

unmet health needs than insured children. Most uninsured children were forced to do without medical care due to high cost (Alliance for Health Reform, n.d.) Another study showed that over 72% of children delayed or did not receive needed health services due to the expensive cost and that absence of health coverage was the number one response to why children did not have a regular source of health care (Flores, Lin, Walker, Lee, Currie, Allgeyer & Massey, 2017). Related to DeVoe et al.'s (2008) findings, the top unmet health services were dental and medical care (Flores et al., 2017).

In order to meet health needs of children, the U.S Maternal and Child Health Bureau recommended that health care visits are vital for children during their developmental stage (CDC Vital and Health Statistics, 1997). In the U.S, there are 1.44 fewer deaths per 10,000 people and a 2.5% decrease in infant mortality with just one primary care doctor in the community (Starfield, 2011). A study in Australia suggested that having primary care is related to lower hospitalization rates due to good care provided by the primary care doctor (Starfield, 2011). A similar study in Canada reported the same results; places with more primary care providers had more use of preventive care which led to a decrease of hospital visits among children from birth to eighteen years old (Starfield, 2011). Philips Jr. and Bazemore (2010) proposed related results, those with a regular source of primary care had fewer emergency visits and hospital admissions since they received treatment before serious conditions occurred. Specifically, for low-income people, having access to primary care is linked to better health, a lower mortality rate, and complete immunization (Philips Jr. et al, 2010). Primary care has been shown to provide a wide variety of benefits for individuals therefore it is important for vulnerable children to have better access to it.

Through the decades, many public programs were implemented to help poor Americans obtain basic medical care. Despite these new programs, 24% of low-income children remain uninsured (Salsberry, 2003). It was found that SCHIP-eligible children were not enrolled because parents thought they had too high of an income to qualify or they found the process to be too complicated (Salsberry, 2003). A study reported similar results that the four main responses of why parents chose to forego public insurance: 1) confusion about the insurance process and information, 2) difficulties obtaining insurance, 3) restricted number of provider opportunities, and 4) coverage gaps and services that are not covered by the insurance (DeVoe, Westfall, Crocker, Eigner, Selph, Bunce & Wallace, 2012). Both studies showed how being eligible for public insurance does not guarantee coverage and that our current healthcare system limits access for low-income children. However, Swartz (n.d.) claimed that poor children are a population that are focused on more than poor childless adults. The government views medical access for children as a good investment because healthier individuals have shown to be productive citizens (Swartz, n.d.). Alker (2015) reported similar results; the rate of uninsured children decreased to 6% in 2014. With SCHIP, Medicaid, and the Affordable Care Act, there are many options for affordable coverage plans for children. Since the ACA was instated, Nevada went from 15% of children uninsured to 10% in one year (Alker, 2015).

Snohomish County Human Services (2016) reported statistics regarding only low-income adults and their lack of health coverage. Medicaid expanded for adults leading to increased coverage for medical and dental services (Snohomish County Human Services, 2016). It was also reported that one-quarter of adults interviewed do not have a regular source of health care (Snohomish County Human Services, 2016). Less is known about the lack of health care access for low-income children. This study is designed to fill the gap regarding information about the access of health care for low-income children in Snohomish County and how the public insurance system can improve access for the population.

Methods

Study Design

This study will use a longitudinal design. This design will include prospective data gathering, which allows for better evaluation of the effect of poverty on health care access for children over a period of time. Specifically, this design will be a cohort study. It will help the researchers examine specific subpopulations (low-income children) as they change over time. Also, it enables researchers to see what happens to attitudes of the specific cohorts over a period of time.

Participants

This study will be recruiting 500 participants. There will be two cohorts: low-income children and non low-income children. To determine whether a child is "low-income" or not, the study will use the FPL (Federal Poverty Level). Children in households who are at or below the poverty level will be considered "low-income" while those who are above the poverty level are "non low-income". Background information consisting of household income and insurance type will be provided by parents or legal guardians. The age range for the participants will be birth - 18 years old. The study is using a local sample within Snohomish County. With the lack of information regarding health care amongst low-income children in Snohomish County, that is the reason for the focus on this specific population.

Sampling Method and Process

The sampling method will be purposive sampling. To recruit the sample population, flyers and posters will be posted at local public schools, daycares, and parks in Snohomish County. There will be advertisements in the Snohomish County Tribune and ParentMap Magazine. Parents of children who are interested in the study will have to fill out a questionnaire. Questionnaires will be attached to the flyers, newspapers and magazines and need to be turned in via mail or e-mail. The questionnaire will include questions about household size, household income, and child's age. All forms of advertisement and the questionnaire will be available in English, Spanish, Vietnamese, Korean, Chinese, and Tagalog. According to the Statistical Atlas (n.d.), those are the most prevalent languages within Snohomish County.

Ethical Considerations

Since the participants in this study are children, consent from parents and legal guardians will need to be obtained. The informed assent and HIPAA forms will be issued in order to collect data about the child's health insurance coverage and needed health services. Also, this study will be reviewed by the IRB from the Snohomish County Health

Department to ensure that the study will be ethical. With longitudinal designs, information about participants cannot be kept anonymous but will remain confidential. Participants will be informed about freedom of choice and any potential physical or mental harm. Researchers will not put the participants in any harmful conditions or act in disrespectful manners.

Measures

The independent variables are children who are low-income and children who are not low-income. To assess this variable, questions about household size and income will be included in the questionnaire. An important variable to take in account is whether the child has health insurance or not. Health insurance plays a big role in the type of care children receive, therefore it is a crucial confounding variable. The dependent variable is health care access. It will be measured through the percent of persons with hospital emergency department as their usual source of care, percent of persons with a regular primary care provider, and time (years) spent with a healthcare professional. For participants who have health insurance, the next question will be: "What type of insurance do you have?". Additional questions will be about thoughts on medical providers, medical facilities, locations of medical facilities, and what health services have they used within the past 5 years. For participants who do not have health insurance, the question will be: "What are the reasons on why you do not have health insurance?". Further questions will ask about past experiences of trying to obtain health insurance and what health services are currently needed. Other questions that will be addressed are about the barriers families feel they face in trying to receive care and the challenges they experienced.

Procedure

The data will be collected by doing face to face interviews. Face to face interviews will provide the appropriate setting to evaluate participant attitudes and there is the ability to ask clarifying follow-up questions. There will be follow-ups with participants annually for five years. The follow-ups will contain different questions depending on how their information has changed or not changed. Due to this study being explanatory research, in-depth questions regarding individuals' reasoning and behavior will be asked in order to establish a reason why a particular phenomenon occurs. Participants' attitudes such as tone of voice and facial expression will be recorded, too.

Analysis

This study will have a qualitative analysis method. The study aims to understand the correlation between poverty and how it affects health care access for low-income children. Data gathered about the two cohorts will be compared to see if there is an association between poverty and health care access. In order to have a thorough analysis, researchers will perform data reduction, data interpretation, and data representation. In data reduction, data will be reduced from chunks in codes to help make sense of the information. Next, data interpretation will group those data "chunks" in similar categories and interpret themes that emerge from the data clusters. Lastly, data representation is where the trend or association is discovered through making sense of data.

Discussion

Significance and Implications

Children need to have great health care access in order to lead a healthy life. Medical care should be provided for all children regardless of their ability to pay for care. Further research in health care access amongst low-income children will provide necessary information to adjust current health assistance program or create a new program. In Snohomish County, health care for low-income children is not focused on, therefore this study will bring awareness to the county to establish a new health policy or support for the population.

Limitations

A possible concern in this study is loss of follow-up. Loss of follow-up can affect validity of data but will be addressed in the study. Another concern is participants dropping out. Since the study is following participants for five years, there can be a change in contact information, death, or refusal to continue with the study. This concern can limit the amount of usable data. The study asks many questions about family income and health history, which can be uncomfortable for participants or can be perceived as an invasion of privacy. Participants will be notified that all questions are voluntary and the information will be kept confidential.

Future Research

Future studies should focus on if there is difference in health care access if an individual has private or public health insurance. A similar prospective longitudinal research design can be used for the study. The study will focus on the health services used, and overall feeling about the health care they receive. The study will aim to reveal if there is an advantage in having private or public health insurance, and if so, what the advantages are.

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