

## **CHILDREN'S ACCESS TO HEALTH INSURANCE AND HEALTH STATUS IN WASHINGTON STATE: INFLUENTIAL FACTORS**

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### **OVERVIEW**

*Health insurance, and especially coverage for children, has been a subject of recent political debate in Washington State,<sup>1</sup> as well as on the national stage. Policy makers and health care providers can use high-quality state-level data to assess which children lack health insurance and devise possible solutions to address this need. Illustrating the value of this approach, Child Trends analyzed 2003 data from the National Survey of Children's Health (NSCH)<sup>2</sup> for a representative sample of children from Washington State. We find that children's access to health insurance and their health status were correlated with social and economic factors, including race/ethnicity, family income, and parent education.*

*Our analysis sought to answer the following research question:*

*How do health insurance and health status vary among Washington children according to their social and economic backgrounds?*

*First, we examined whether parents reported that their child:*

- *Has health insurance, and whether it was public or private;*
- *Is in good, very good, or excellent general health;*
- *Is obese;*
- *Displays internalizing behaviors (has anxious or depressive symptoms); and*
- *Has a special health care need.*

*Next, we examined whether the following social and economic factors were associated with the proportion of children with these characteristics:*

- *Family income at or below twice the official poverty threshold;*
- *Child race/ethnicity;<sup>3</sup>*
- *Child age;*
- *Child gender;*
- *Family structure; and*
- *Highest educational level of an adult in the household.*

## ABOUT THE DATA SOURCE AND METHODOLOGY USED FOR THIS BRIEF

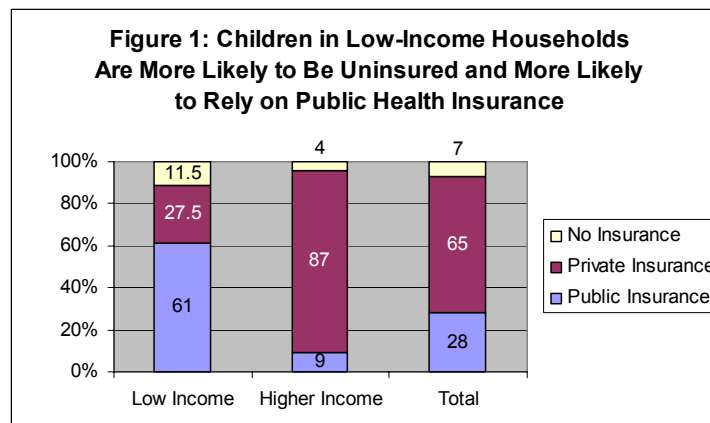
The 2003 National Survey of Children's Health (NSCH) is a telephone survey that was conducted in every state, including Washington. The study sample of 1,932 households was selected to be representative of the state's child population during that year. For this analysis, a statistical procedure referred to as multiple imputation was used to estimate missing values for the poverty variable. Low-income is defined as income below 200 percent of the Federal poverty line.

We conducted logistic regressions, a multi-variable statistical analysis method, to examine the association of each background characteristic with health insurance and health status, while controlling for the other background characteristics. Unadjusted associations that remained significant at the  $p < .05$  level, net of these controls, are reported below.

## FINDINGS

### General Health Insurance

- **Most children in Washington were insured in 2003.** A little more than 93 percent of children in the state had health insurance in 2003, slightly higher than the national average of 91 percent. However, whether children currently had health insurance varied by several economic and social factors.
- **Children in low-income households were significantly less likely to have health insurance at the time of the survey.** As shown in the top segment of the left-most and central bars in Figure 1, about 12 percent of children in Washington families with incomes that were less than 200 percent of the federal poverty line<sup>4</sup> were currently uninsured, compared with about 4 percent of children in families with higher incomes.
- **Low parental educational levels were associated with a lower likelihood of a child being insured.** Among children in households in which no parent had a high school diploma, only 82 percent had insurance at the time of the survey. In households in which the highest parental educational credential was a high school diploma, 89 percent of children were insured. Of children in households with parents who had more than a high school education, 96 percent had insurance. The association between parental educational levels and children's access to health insurance remained significant after controlling for family income, family structure, and child age, gender, and race/ethnicity.
- We found no significant differences in insurance status by race or ethnic background after the relevant controls were included in the model.



### *Public Insurance*

- **Around 28 percent of children in Washington relied on public health insurance in 2003**, as shown in the bottom segment of the right-most bar in Figure 1. As shown in the bottom segment of the left and central bars, children in low-income households were much more likely to have public insurance (61 percent) than were those in households with higher incomes (9 percent).
- Also more likely to rely on public health insurance for their children were:
  - Single mothers (56 percent, compared with 21 percent of parents in households headed by two biological and adoptive parents); and
  - Parents with less education (87 percent of those with less than a high school education, compared with 54 percent of those with high school diplomas and 21 percent of those with more than a high school education).
- Compared with white children, black, Latino, and Asian children were slightly more likely to have public health insurance, but the difference was not statistically significant when controlling for these other factors.

### *Health Status*

- **Most children were healthy at the time of the survey.** The health of children in Washington State was rated just slightly higher than the health of children nationwide. Most parents rated their child's overall health as excellent or very good (88 percent in Washington; 84 percent nationally; significantly higher in Washington) or good (10 percent in Washington; 13 percent nationally; significantly lower in Washington). Only 3 percent of parents in Washington and the United States as a whole said that their child's health was just fair or poor.<sup>5</sup>
- **However, health status differed for children with different ethnic backgrounds and family structures.** Compared with parents of white children, parents of Latino children were less likely to rate their children's health as excellent, very good, or good. And children in families headed by single mothers were rated lower in overall health, compared with children in families headed by two biological or adoptive parents. Black children in the survey had lower health ratings than did their white counterparts, but we do not know if this difference was significant for all of Washington State because the number of black children was too small for statistical tests.

### *Weight Status*

- **Washington children between the ages 10 and 17 were less likely to be obese than were children in the nation as a whole.** At the time of the survey, around 11 percent of children in the state had a body mass index that would indicate obesity, compared with a national average of 15 percent in this age group.<sup>6</sup>

### *Internalizing Behavior*

Children were rated as displaying internalizing behavior problems if their parent described them as feeling worthless, inferior, unhappy, sad, depressed, withdrawn, or uninvolved with others, at least some of the time.

- **Around 13 percent of Washington children displayed internalizing behavior.**
- **Internalizing behavior problems were related to family structure.** Children from two-parent, blended families (that is, families with one step-parent and one biological parent) were significantly more likely to display internalizing behavior than were children who lived with their biological or adoptive parents.
- **Internalizing behavior problems did not vary significantly by low-income status, parental education, race/ethnicity, gender, or age.**

### ***Special Health Condition***

Children were considered as having a special health condition if their parents reported that their child had experienced any of the following circumstances: (a) used medicine prescribed by a doctor for a condition; (b) used special medical care, mental health, or educational services; (c) had limited abilities; (d) had undergone special therapy, such as physical, occupational, or speech therapy; or (e) had undergone treatment or counseling for an emotional, developmental, or behavioral problem. To count as a special health condition, at least one of the above conditions must have lasted or had been expected to last at least 12 months.

- **Around 18 percent of children had a special health condition that had lasted or was expected to last at least 12 months.**

Both of the differences reported below are statistically significant ( $p < .05$ ), after controlling for background characteristics.

- Older children were significantly more likely than were younger children to be reported to have a special health condition.
- Compared with children with biological or adoptive parents, children with one biological parent and one step-parent were more likely to have a special health condition.

## **DISCUSSION**

Government agencies, such as the National Institutes of Health and the Centers for Disease Control and Prevention, have made the elimination of health disparities a priority for building a healthier population.<sup>7</sup> However, social and economic differences in access to health insurance and in health outcomes persist for large numbers of Americans.<sup>8</sup> Results of the analyses presented in this *Research Brief* indicate that disparities in health and access to insurance still exist in Washington State. Findings indicate that poverty level and parental education are strongly related to whether children have health insurance. Further, our findings indicate that racial/ethnic background is associated with health outcomes and insurance access, but most of these associations are not statistically significant when differences in socioeconomic status are accounted for.<sup>9</sup> Thus, in Washington State, racial disparities in health insurance and health status may reflect differences in earnings, family structure, and parental education.

The data used for this analysis were collected before the current economic downturn. Census data show that the rate of uninsured Americans rose slightly during the recession of 2001.<sup>10</sup> A recent report from Washington KIDS COUNT estimates that nearly 40,000 more children will live in poverty in 2009 if un-

employment in the state reaches 9 percent.<sup>11</sup> The present economic climate will likely reduce the number of families able to provide their children with health insurance and may have a negative effect on child health outcomes overall.

On the other hand, state and federal policies also affect health levels and disparities. Congress recently lifted restrictions on the State Children's Health Insurance Program (SCHIP) that had limited the state's ability to spend its allotment. This policy change is one of several that could reduce the number of uninsured children in Washington State. More research will be needed to monitor trends and ascribe cause-and-effect links between specific state or federal policies and child health disparities, and to examine the relative effects of the economic crisis and policy changes on health disparities among children.

## **SUMMARY**

Most children in Washington State are healthy and are covered by health insurance, but children from certain social and economic backgrounds are more likely to be uninsured or to have poor health outcomes than are others. Children from lower-income and lower-education households were disproportionately uninsured and disproportionately rely on public insurance. Latino parents were less likely to rate their children's health as excellent, very good, or good. However, after controlling for other factors, there were no other statistically significant differences by race/ethnicity in either health outcomes or health insurance coverage. Children in mother-only families were more likely to use public insurance and less likely to be in good health. And children in step-families appear to be at a higher risk than are other children for internalizing behaviors and special health conditions.

Especially in a time when the state budget is strained, these group differences may be useful in setting priorities for using scarce government resources.

## **ACKNOWLEDGEMENTS**

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## REFERENCES

- <sup>1</sup> Some Washington state legislators and advocacy organizations have a goal of complete child health insurance by 2010. This year's state budget shortfall has reduced the state's contribution to child health insurance program, but federal funds were used to make up the difference. ([http://blog.seattletimes.nwsourc.com/politicsnorthwest/2009/02/27/childrens\\_advocacy\\_group\\_march.html](http://blog.seattletimes.nwsourc.com/politicsnorthwest/2009/02/27/childrens_advocacy_group_march.html))
- <sup>2</sup> Child and Adolescent Health Measurement Initiative (CAHMI), 2003 National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, [www.childhealthdata.org](http://www.childhealthdata.org).
- <sup>3</sup> We use the term "white" to refer to non-Hispanic white children, "black" to refer to non-Hispanic black children, and Latino to refer to children of Hispanic or Latino ethnicity.
- <sup>4</sup> The federal poverty threshold is calculated based on family size and number of children. In 2003, the federal poverty threshold for a family of three with two children was \$14,824. For a family of four with two children, it was \$18,660 (<http://www.census.gov/hhes/www/poverty/threshld/thresh03.html>).
- <sup>5</sup> This study did not analyze national data with controls, so these differences are without controls. It is possible that significant differences between state and national estimates of child health status may be due to social and economic factors, such as higher incomes or education levels.
- <sup>6</sup> Group differences in obesity were not estimated at the state level because the numbers in these categories were too small.
- <sup>7</sup> U.S. Department of Health and Human Services. Healthy people 2010: What are its goals? Retrieved March 26, 2009, from <http://www.healthypeople.gov/About/goals.htm>.
- <sup>8</sup> Centers for Disease Control and Prevention. Addressing health disparities. Retrieved February 25, 2009, from <http://www.cdc.gov/HealthyYouth/healthtopics/disparities.htm>.
- <sup>9</sup> An exception was the parent rating of general health for Latino children, which was significantly less likely to be good or better than good, even after controlling for earnings. Also, model estimates of general health for African-American children could not be estimated because there were too few African-American children in the sample.
- <sup>10</sup> See Figure 6: DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. U.S. Census Bureau, Current Population Reports, P60-235, Income, Poverty, and Health Insurance Coverage in the United States: 2007, U.S. Government Printing Office, Washington, DC, 2008. Retrieved March 26, 2009, from <http://www.census.gov/prod/2008pubs/p60-235.pdf>.
- <sup>11</sup> Pflugst, L., Stutman, T.J., Magarati, M., & Loeb, H. (2009). "The state of Washington's children: Poverty and the future of children and families in Washington State." Human Services Policy Center, University of Washington. Seattle, WA: Washington KIDS COUNT. Retrieved March 31, 2009, from [http://www.hspsc.org/swc\\_2009\\_press.aspx](http://www.hspsc.org/swc_2009_press.aspx).

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