

Influences on Health Care of Children in Iowa: A Preview

Carol B. Roskey, Iowa State University¹
Sue Crull, Iowa State University²

Abstract

Interest in children's health care and the availability of health insurance for children has waxed and waned. With the establishment of programs to assist children in receiving health care, reports have focused on program evaluation and regulation. Czajka and Olsen (2000) studied trigger events on changes in children's health insurance coverage with the goal of helping decision makers understand what uninsured means. However with the rise in health care costs and the concomitant rise in health insurance premiums, private or employer-sponsored coverage is declining while public-sponsored coverage is rising (Lewis, Ellwood, & Czajka, 1997). The current study examines not only type of insurance coverage a child has but also relates it to community location, use of health services and selected demographic characteristics and participation in other public support programs.

There are 621 Iowa households with children in this study. For 73% of the households the employer paid all or part of the child's health insurance. Private insurance paid entirely by the household was the situation for 9.4% of the households. Medicaid or *hawk-I* [(*hawk-I* is the Iowa version of the State Children's Health Insurance Program (SCHIP)] were used by 14% of the households.

Three measures of physical health care were examined: routine well-child checkup, dental checkup and eye exam. Measures of use of health care services have been found to relate to type of insurance coverage, income, and selected demographic characteristics. Nationally, uninsured children are under-represented in the higher incomes (ASPE, 2004). Insurance coverage was related to age of the child, qualification for government coverage, metro status, income, race and ethnicity. Iowa, at a rate of approximately 6.4%, has historically had one of the lowest percentages of uninsured children in the country (*hawk-i*, 2004). In addition, *hawk-i* outreach efforts have resulted in a 70% increase in children covered by Medicaid from 1995 to 2003. Of the children in this study 88.4% had a routine well-child checkup, 78.8% had a dental checkup and 54.8% had an eye exam.

Results provide insights into knowledge of and use of programs by families that will benefit public policy decisions. Insurance status of children and use of health care services need to be modeled for the Mid-west so that policy decisions can be improved. Future data analysis will be able to relate activity level of the child to obesity as well as health services. With the rising costs of health care and health insurance, investigation into the effect of changes in private insurance should also be examined in terms of health status. Children's health status affects many aspects of their life and needs to be examined more seriously in the context of the family.

References

- Czajka, J.L., & Olsen, C. (2000). The Effects of Trigger Events on Changes in Children's Health Insurance Coverage. Mathematica Policy Research. (<http://aspe.hhs.gov/health/reports/triggers/part-a.htm>).
- Hawk-i (Health and Well Kids in Iowa). (2004). Annual Report of the *hawk-i* Board to the Governor, General Assembly and Council on Human Services. Calendar Year 2003.
- Lewis, K., Ellwood, M., & Czajka, J.L. (1997). Children's Health Insurance Patterns: A Review of the Literature. Mathematica Policy Research.
- Bhandari, S., & Gifford, E. (2003). Children with Health Insurance: 2001. (Current Population Reports No. P60-24). Washington, D.C.: U.S. Census Bureau.
- Office of Assistant Secretary for Planning and Evaluation. (October 27, 2004). Chartbook on Children's Insurance Status. Washington, D.C.: Department of Health and Human Services. <http://aspe.hhs.gov/health/1998chartbk/98-chtbk.htm>
- Endnotes

¹ Professor and Director, Center for Family Policy, Department of Human Development and Family Studies, 2354 Palmer, Ames, IA 50011, 515.294.3028, fax 515.294.2502, cbroskey@iastate.edu.

² Associate Professor, Department of Human Development and Family Studies, 1369 Palmer, Ames, IA 50011, 515.294.7844, fax 515.294.2502, suecrull@iastate.edu.