



Strategies for Expanding Children's Access to Health Care

Growing up healthy, both physically and mentally, is essential for a child's success. Health needs that go unmet significantly impact a child's well-being and reduce her or his ability to learn and grow into a productive adult. Every child and youth in Oregon deserves access to quality health care. This care must be comprehensive, including oral health and mental health services. Access to affordable, quality and comprehensive health care is not only vital to a child's health and well-being, it is an essential component of every family's financial stability.

Covering kids makes sense

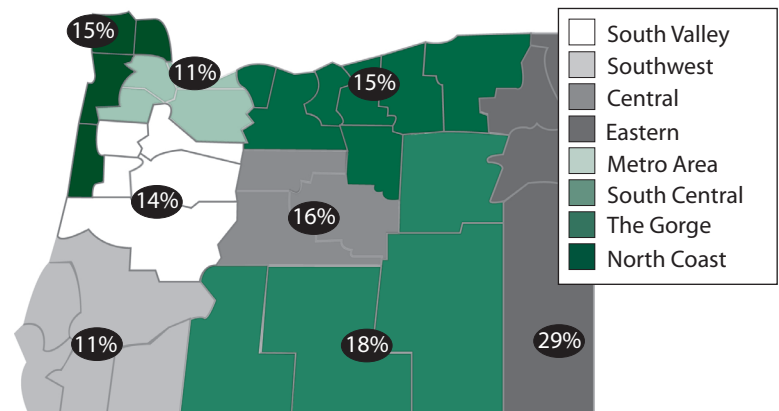
Uninsured children are ten times more likely than insured children to miss out on needed medical care.ⁱ Children without health insurance are more likely to suffer from earaches, sore throats and asthma – common childhood illnesses that force students to miss school and hamper educational success.ⁱⁱ

Public investments in the last decade – the Oregon Health Plan and the State Children's Health Insurance Program – helped to reduce children's uninsurance rates. For example, the percentage of uninsured low-income children dropped from 26 percent in 1996-97 to 18 percent in 2003-04.ⁱⁱⁱ But, now, state budgets and the economy are weaker, thus the number of children without health insurance is on the rise again at both the state and national levels. In Oregon, 12.3 percent of children statewide had no health insurance on any given day during 2004, with some areas of the state experiencing child uninsurance rates as high as 29 percent (see map this page).^{iv}

A child's health insurance helps to cushion families from the financial stress that can accompany injury or illness. It is also more cost-effective for the health care system as a whole. Children who don't receive preventive or early health care are more likely to end up in emergency rooms or require more expensive treatments in the long run. This results in increased costs to everyone because hospitals and insurers pass on these costs to the insured through higher premiums. One study shows that the average increase in family insurance premiums to pay for the cost of the uninsured is currently estimated to be \$1,128 in Oregon, a rate 22 percent higher than the average increase for the nation.^v

The Oregon Health Plan (OHP) was developed to provide health coverage to more low-income Oregonians than

Percent of Uninsured Children by Region



Source: Oregon Population Survey, 2004, as reported by the Office for Oregon Health Policy and Research, revised December 2005

covered by traditional Medicaid. Yet, it is estimated that as many as 67,000 Oregon children who are eligible for public coverage remain uninsured. Reasons for this gap include administrative barriers (e.g., complicated forms, cumbersome enrollment and reenrollment requirements) and insufficient public outreach.^{vi}

If the goal is to make sure all children have access to care, research tells us that health insurance for parents is critical to improving the quantity and quality of the medical care children receive. States that have expanded public coverage for parents have seen greater enrollments of children.^{vii} A survey conducted earlier this year shows that 81 percent of uninsured Oregon children have uninsured parents. Half of these children live in families where adults recently lost OHP coverage.^{viii} Disturbingly, OHP Standard enrollment among very poor families has plummeted since May 2003, largely because of increased administrative barriers to participation. This trend must be reversed if we are to keep entire families and our communities healthy.

Selected Child Health Statistics by County, 2004

County	Uninsured Children * (a)		Percent of 8th-Graders (b)		
	Percent	Number	No Physical Exam or Medical Check Up in Past 12 Months	No Dental Exam or Cleaning in Past 12 Months	At High-Risk for Depression
Baker	28.7	1,118	51.6 *	36.4 *	13.9 *
Benton	14.4	2,497	47.9	21.1	15.7
Clackamas	11.2	10,195	47.2	25.3	16.6
Clatsop	14.6	1,247	49.0 *	29.2 *	16.3 *
Columbia	14.6	1,770	49.0 *	29.2 *	16.3 *
Coos	11.0	1,505	44.3 *	37.0 *	17.5 *
Crook	15.5	823	38.8	36.4	20.3
Curry	11.0	425	44.3 *	37.0 *	17.5 *
Deschutes	15.5	5,135	47.7	40.9	15.5
Douglas	11.0	2,652	55.1	33.6	20.6
Gilliam	15.2	66	55.4 *	41.6 *	14.9 *
Grant	18.0	341	51.1	36.4 *	19.5 *
Harney	18.0	352	51.1	36.4 *	19.5 *
Hood River	15.2	903	55.4	41.6 *	14.9 *
Jackson	11.0	5,096	47.8	28.5	15.2
Jefferson	15.5	919	55.8	44.1	20.6
Josephine	11.0	1,973	NA	NA	NA
Klamath	18.0	2,982	51.1 *	36.4 *	19.5 *
Lake	18.0	329	51.1 *	36.4 *	19.5 *
Lane	14.4	10,924	44.3	28.5	18.8
Lincoln	14.6	1,382	NA	NA	NA
Linn	14.4	3,950	49.7	32.0	17.8
Malheur	28.7	2,501	51.1 *	36.4 *	19.5 *
Marion	14.4	11,783	47.1 **	35.7 **	18.9 **
Morrow	15.2	524	51.6 *	36.4 *	13.9 *
Multnomah	11.2	17,496	42.8	21.2	16.4
Polk	14.4	2,369	47.1 *	35.7 *	18.9 *
Sherman	15.2	72	55.4 *	41.6 *	14.9 *
Tillamook	14.6	801	49.0 *	29.2 *	16.3 *
Umatilla	15.2	2,978	51.6 *	36.4 *	13.9 *
Union	28.7	1,773	51.6 *	36.4 *	13.9 *
Wallowa	28.7	483	51.6 *	36.4 *	13.9 *
Wasco	15.2	909	55.4 *	41.6 *	14.9 *
Washington	11.2	14,460	53.0 **	31.0 **	15.8 **
Wheeler	15.2	50	55.4 *	41.6 *	14.9 *
Yamhill	11.2	2,679	47.1 *	35.7 *	18.9 *
Oregon	12.3 %	108,732	47.9 %	30.1 %	17.0 %

* Indicates regional data.

** In two counties, Marion and Washington, school districts that represent a majority of the counties' students declined to participate. Because a large proportion of students were not sampled, it is uncertain whether the survey accurately represents all 8th-grade students in those two counties.

NA = data not available; school districts did not participate in survey.

Sources: (a) percent from 2004 Oregon Population Survey as reported by the Office of Oregon Health Policy and Research, and number of uninsured children estimated using 2004 population data from Population Research Center, Portland State University; (b) 2004 Oregon Healthy Teens Survey, Oregon Department of Human Services, <http://oregon.gov/DHS/ph/chs/youthsurvey/yrbdata.shtml>.

Children's mental health: a public crisis

Childhood is an important time to promote healthy emotional and cognitive development and prevent mental disorders. Children with untreated mental disorders face challenges in school and at home. Many adult mental disorders have related antecedent problems in childhood; therefore, early intervention during childhood is essential to promoting positive emotional and mental health throughout a person's life.

According to the U.S. Surgeon General's report on mental health, the nation is facing a public crisis in mental health care for children and youth. Children who are unable to access care in doctors' offices and schools are likely to go undiagnosed and untreated.^{ix} On average, three-fourths of children in need of mental health care do not get the help they need.^x

Untreated mental health needs pose serious and sometimes tragic consequences for children. Approximately half of students age 14 and older who have mental disorders drop out of high school. Youth with unidentified and untreated mental disorders often end up in jail or prison. According to one large study, 73 percent of youth in juvenile detention facilities reported mental health problems.^{xi} In Oregon, 17 percent of eighth-grade students were at high risk for depression and 14 percent reported seriously considering suicide. Last year, 920 Oregon youths made suicide attempts that were serious enough to require treatment by a hospital.^{xii}

School-based counseling services, outpatient mental health services and substance abuse treatment programs have all experienced repeated cuts in the last few biennia despite increasing need. Even when mental health care is available to families, it is provided in numerous settings and administered through

multiple agencies, often resulting in fragmented services that are difficult to access.

Oral health: critical to a child's overall health

Dental care is a key component of primary health care, yet dental disease is the most prevalent chronic health problem among children in Oregon. Tooth decay (or dental caries) is largely preventable, but it is five times more common than asthma and seven times more common than hay fever.^{xiii} Untreated caries can result in pain, dysfunction and developmental problems and negatively impact a child's overall health, nutrition and school achievement. Nationally each year, more than 51 million school hours are lost due to dental disease.^{xiv} Nearly six out of ten Oregon children have experienced tooth decay, with 25 percent of them going untreated.^{xv}

A survey of Oregon public school children in 2002 revealed a strong connection between poor oral health and factors such as income and race. Children living in poverty have nearly three times as much untreated decay, and twice as much severe decay, as their more affluent peers and are 50 percent more likely not to have seen a dentist in the previous year. Children of color are nearly twice as likely to have untreated dental decay.^{xvi}

Nearly two-thirds of Oregon's counties experience a shortage of dental professionals, with rural communities hit hardest.^{xvii} In Oregon, there is approximately one pediatric dentist for every 10,000 children.^{xviii} Few dentists are willing to take Oregon Health Plan clients because of administrative issues, such as low reimbursement rates, further exacerbating the access issue for low-income families. Finally, less than one-fifth of uninsured children received necessary dental care in the past year.^{xix}

Access and Schools

Health insurance coverage alone does not guarantee a child's health needs will be met. Even when children are covered by the Oregon Health Plan, many families have difficulty finding a provider who will accept the OHP medical card. The number of providers is especially limited in rural areas. Furthermore, high co-pays, transportation barriers or the need for parents to take time off from work in order to get a child to the doctor create further obstacles to accessing care.

Expanding health services in schools is an effective way to improve children's timely access to needed medical, dental and mental health care, as well as promote students' overall physical and emotional well-being so they can succeed in school. School districts normally rely on school nurses to be their health services experts. School nurses provide and supervise direct health care services to students and facilitate access to health care in the community.^{xx} Unfortunately, one nurse is often expected to serve thousands of students because many school districts have eliminated or reduced the availability of school nurses because of budget constraints. School nurses are not mandated in Oregon. The state allows non-medical school personnel to dispense medication and provide treatment to students when a nurse is not available.

School-based health centers support the work of school nurses and guarantee immediate access to primary care. Approximately 7 percent of Oregon's students have access to these cost-effective primary care clinics that provide developmentally appropriate care in convenient, consumer-friendly settings. As a result, every year thousands of elementary, middle and high school students receive the primary and preventive care they need to learn and stay in school. Client surveys have shown that nearly three out of four students (71 percent) would not have received care if it had not been for the center in their school.^{xxi}

What Oregon Can Do

All children, regardless of income, have a right to comprehensive health care. Promoting the physical, oral and mental health of Oregon's children is not only the right decision – it is also the fiscally responsible decision. When children and their families are unable to access necessary care, society pays a high price. The following recommendations would strengthen children's access to health care and improve the health and well-being of thousands of Oregon's children:

ENROLL ALL ELIGIBLE CHILDREN

The state must focus on making sure every child currently eligible for the Oregon Health Plan (OHP) or the Family Health Insurance Assistance Program (FHIAP) is enrolled and retained. This can be accomplished by expanding outreach and decreasing administrative barriers, such as simplifying application processes, increasing the enrollment period for OHP to 12 months (to match FHIAP) and eliminating the period of uninsurance and asset limit eligibility requirements.

INCREASE ACCESS TO ORAL HEALTH CARE

Dental care is a key component of primary health care. Insuring more children is key (see above), as is expanding school-based dental services and water fluoridation. Solutions to increase the number of dentists include incentives to work in low-income or rural communities and reducing barriers for retired dentists to volunteer. Best practices employed in other states should be explored: training pediatricians to do dental screenings and provide fluoride treatments during regular health checkups; and enhanced OHP reimbursements for dentists who receive continuing education in early pediatric dental techniques. ^{xxii}

SUPPORT SCHOOL-BASED HEALTH SERVICES

Success in school and good health are inextricably linked. One very effective way to provide health care access to children and youth is delivering care where they spend a lot of time – in school. Providing planning grants to school districts that want to expand school-based health services and addressing the abysmal school nurse-to-student ratio in many districts are key first steps. Improving access to oral and mental health services in schools will be fundamental to meeting children's unmet health needs.

PROMOTE MENTAL HEALTH SCREENING

Early identification and treatment of mental health needs enable children to succeed in school and develop socially and emotionally. Oregon must increase the availability of mental health treatment and establish a comprehensive continuum of services that are child and family-centered. But, the first step to accessing care is identifying need. Voluntary mental health screening programs in schools, at all grade levels, and improved mental health assessment by doctors during primary care visits will improve the early detection of mental health problems and help put children and youth on the path to treatment.

ⁱ Robert Wood Johnson Foundation, *Going Without: America's Uninsured Children*, 2005.

ⁱⁱ Ibid.

ⁱⁱⁱ Center for Children and Families, Georgetown University Health Policy Institute, *Closing the Coverage Gap: Trends in Health Insurance Coverage for Children*, November 2005. "Low income" defined as below 200% of federal poverty level.

^{iv} State of Oregon, *Oregon Population Survey*, 2004.

^v Families USA, *Paying a Premium: The Added Cost of Care for the Uninsured*, June 2005.

^{vi} Office for Oregon Health Policy and Research, *Issue Brief: Covering Kids in Oregon*, May 2005.

^{vii} The Urban Institute, *The Effect of Parents' Insurance Coverage on Access to Care for Low-Income Children*, October 2003.

^{viii} Office for Oregon Health Policy and Research, *Children's Access to Health Care Survey (Preliminary Results)*, October 2005.

^{ix} *Mental Health: A Report of the Surgeon General, Executive Summary*, U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health Services, NIH, NIMH, 1999.

^x RAND Health Research Highlights: *Mental Health Care for Youth*, RB-4541, RAND, 2001.

^{xi} Abt Associates, Inc., *Conditions of Confinement: Juvenile Detention and Corrections Facilities*, 1994.

^{xii} Oregon Department of Human Services, *Oregon Vital Statistics Annual Report*, 2004.

^{xiii} *Oral Health in America: A Report of the Surgeon General*, U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, NIH, 2000.

^{xiv} Ibid.

^{xv} *Oregon Smile Survey*, Oregon Department of Human Services, 2002.

^{xvi} Ibid.

^{xvii} *Health Professional Shortage Area Database*, U.S. Department of Health and Human Services, Health Resources and Services Administration, 2005.

^{xviii} Email from Andrew Osborn, Research Analyst, Dental Health Program, Health Services, Oregon Department of Human Services, December 13, 2005.

^{xix} Office for Oregon Health Policy and Research, *Children's Access to Health Care Survey*, *ibid.*

^{xx} *The School Nurse Role in Accessing Health Care*, National Association of School Nurses, 2002.

^{xxi} *School-Based Health Centers: Sustaining Access to Care for Oregon's Youth*, 2005 Status Report, Oregon Department of Human Services, 2005.

^{xxii} Smart Smiles program in North Carolina (Appalachian Regional Commission, "Best Practices in Health Care," www.arc.gov); Kids Get Care and Access to Baby and Child Dentistry programs in Washington (www.metrokc.gov/health/kgc, www.abcd-dental.org).

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