

SHOW ME Facts:

87.6%

Of mothers have someone they think of as their two-year-old's personal doctor (2010-2013 data)

69.9%

Of mothers can contact their two-year-old's personal doctor 24/7 (2007-2013 data)

10.9%

Of mothers reported having been delayed from seeking health care (2010-2012 data)

90.5%

Of mothers reported having no problems that prevented them from seeking care (2013 data)

90.1%

Of mothers reported they did not feel they were unfairly treated seeking health care (2012, 2013 data)

11.4%

Of mothers reported their two-year-old had gone without health insurance or government programs for a period (2007, 2011-2013 data)

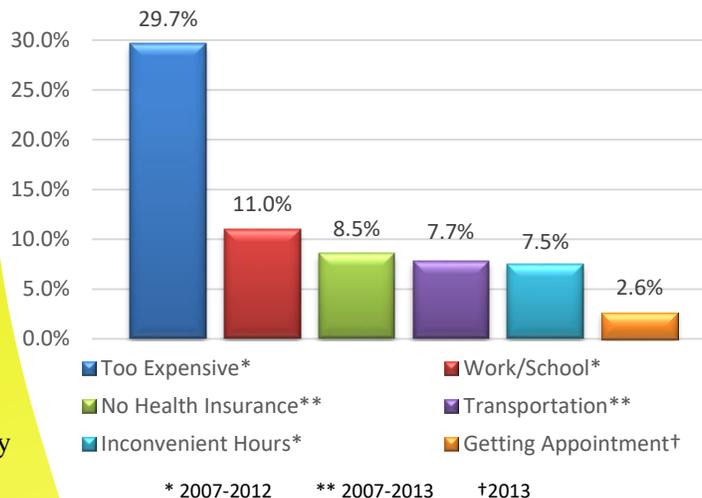
Access to health care is an important factor affecting a child's health trajectory.¹ Health care barriers may be grouped into three broad categories: financial barriers deal with the cost of care and insurance; structural barriers refer to problems of availability and accessibility; and cognitive barriers recognize knowledge and communication obstacles that prevent successful interactions between providers and patients. These barriers may work individually or together to either prevent people from using health care or to reduce the quality of care they receive.²

The most commonly reported barriers tend to be financial or structural. This may be because cognitive barriers are more difficult to recognize and are often connected to other barriers. The barriers people experience may differ depending upon their situation. For example, structural barriers surrounding accessibility are more common among publicly insured families. Conversely, privately insured families tend to be more concerned with the financial barriers of the cost of care.³

This brief looks at the Missouri Child Health Assessment Program Survey (MoCHAPS) data for two-year-olds born between 2008-2013, with no data available for the 2009 cohort. Mothers of two-year-olds were asked about their child's health care experiences, as well as a number of other topics.

MISSOURI TODDLERS

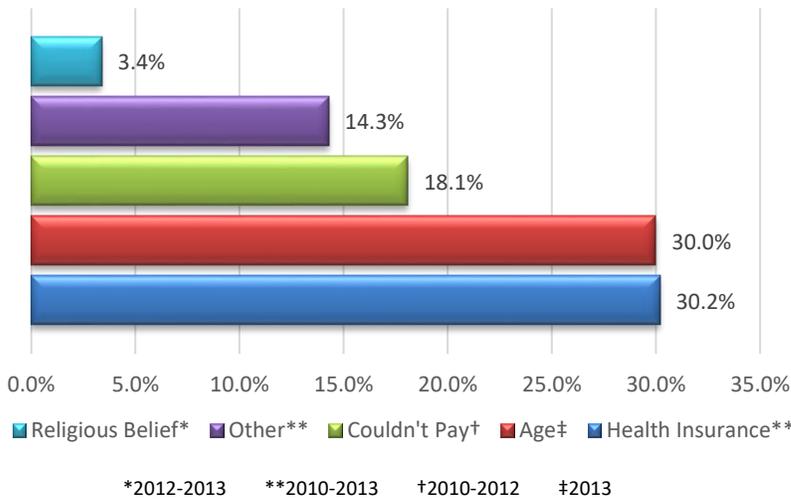
Figure 1: Factors that kept mothers from taking their children for care when sick



Structural barriers, such as scheduling difficulties, and financial barriers were the most commonly reported obstacles for Missouri mothers regarding their two-year-old's health care (Figure 1). Additionally, 3.6% of mothers had problems finding a provider, 3.5% thought that the doctor's office was too crowded and, 2.6% said that health care takes too long.

The majority of mothers (70%) had a personal doctor or nurse they could reach 24 hours a day seven days a week for their two-year-olds. The most common reason given for why mothers could not contact providers was that their children were seldom or never sick (38.7%). However, 19.7% of mothers reported that they had no way of reaching their provider after hours. Furthermore, 6.7% of mothers experienced difficulty because they were new to their area, 3.4% had transportation problems, 1.6% said the usual provider for their area was no longer available, and 11.3% attributed their lack of ability to contact their child's personal doctor or nurse to lack of health insurance.

Figure 2: Reason mothers felt they received unfair treatment seeking health care



UNFAIR TREATMENT

Beyond the more commonly reported structural and financial issues, 8% of mothers with two-year-olds reported they experienced unfair treatment (Figure 2) when trying to obtain health care for their toddler. In Missouri, no one reported they believed they were treated unfairly due to their sex or their sexual orientation. Racial discrimination was the claimed reason 2.7% of the time for unfair treatment, and unfairness due to linguistic ability comprised 1.0% of mothers. Some (30.0%) mothers felt they received unfair treatment due to their age; the median age of mothers who reported unfair treatment due to age was 24 years old.

HEALTH CARE FACILITIES

The majority of mothers (93.5%) reported they had one primary place that they took their toddler when the child was sick, or when the mothers need advice. A private doctor’s office, primary care provider, or pediatrician was used 77% of the time. An emergency room was cited as the usual place of care by 3% of mothers, while 2.8% reported using a hospital clinic and 2.3% reported using urgent care clinics as the place their two-year-old went most of the time for care.

HEALTH INSURANCE IN MISSOURI

Figure 3 represents a breakdown of which health care services are covered by insurance and government programs for two-year-olds in Missouri. Ninety-five percent of immunizations were fully or partially covered by insurance, as were 93% of emergency care visits and hospitalizations and 93% of sick care visits. Hospitalizations were entirely covered for 59% of two-year-olds, and partially covered for an additional 33% of two-year-olds. However, 8% of two-year-olds were not covered for hospitalizations by any insurance or government program.

Though 92.2% of mothers reported that their child currently has health insurance, for the remaining 7.8% of children a lack of insurance coverage may represent a tremendous obstacle in acquiring health care. More than half (52.8%) of Missouri two-year-olds were covered through employer-sponsored health care from their parents. Forty one percent of two-year-olds were covered through Medicaid. Individual private insurance covered 6.8% of two-year-olds, while 2.1% relied upon private insurance purchased through the Health Care Marketplace and 2.3% were covered by military health care.

Figure 3: Extent to which health insurance or government programs cover child's medical bills (2008-2013)

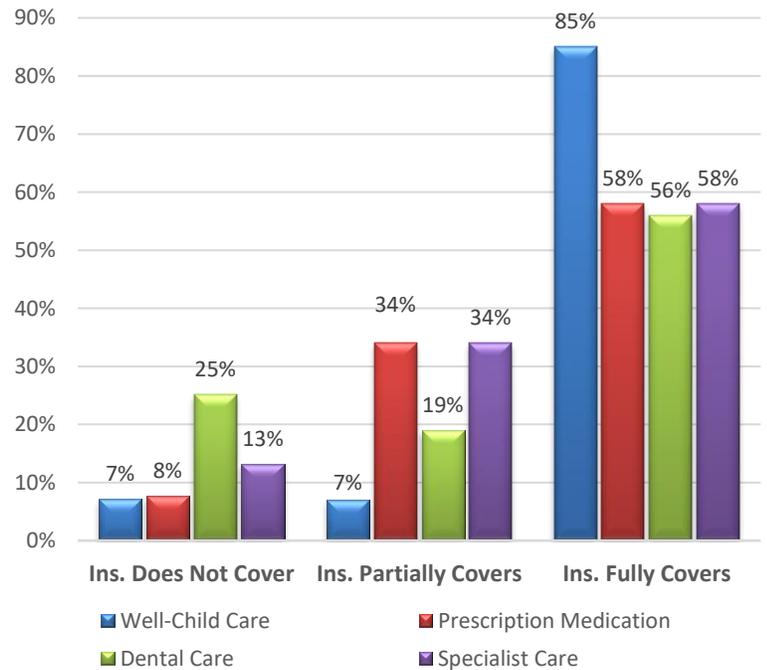
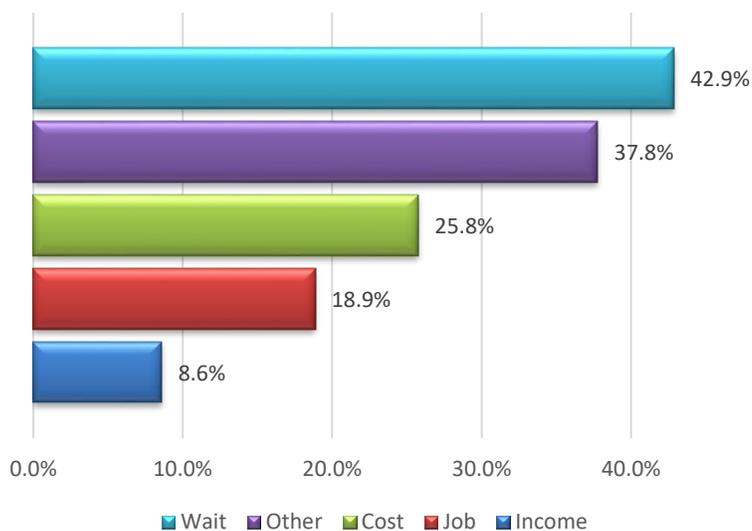


Figure 4: Reason you do not have any health insurance for your child (2011-2013)



Addressing a key financial barrier, when asked why their two-year-olds did not have health insurance, 8.6% of Missouri mothers reported that it was because their income was too high to apply for a public program. Nineteen percent said it was because they could not get employer-sponsored health insurance from their job or their partner's job. For many uninsured two-year-olds (42.9%), their parents had applied for health insurance but were still waiting for approval. More than 1 in four children (25.8%) were not covered because health insurance was too expensive (Figure 4). Six percent of parents reported they had issues completing the paperwork, while preexisting conditions affected 0.8% of two-year-olds.

MATERNAL CHARACTERISTICS

Mothers who reported that their two-year-old did not have health insurance more commonly:

- Were unmarried (7.0%) than married (5.6%)
- Lived in a rural county (10%) than in an urban county (4.3%)
- Had an annual household income below \$50,000 (8.2%) than above \$50,000 (2.7%)
- Were Non-Hispanic White (6.3%) than Non-Hispanic Black (6.0%)
- Non-degree holders (9.0%) than earned a four-year degree or higher (1.4%)
- Reported they did not have someone they think of as their toddler's personal physician (24.6%) than reported that they did (4.0%)

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ABOUT MoCHAPS

The Missouri Child Health Assessment Program Survey (MoCHAPS) is a two-year follow-up to the Missouri PRAMS survey funded by the Title V Maternal and Child Health Block Grant. MoCHAPS was developed in 2007 and has since been conducted annually, except for 2009. The objective of the survey is to assess the health of Missouri's toddlers and their quality of life from birth to two years of age. The MoCHAPS survey is sent to mothers drawn from those who completed the Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) survey when their children are two years of age. MoCHAPS collects data through three mailed survey batches, approximately 1,000 surveys each year. For 2010-2013 birth cohorts, the average weighted response rate was 47.25% (N=2,232). MoCHAPS data are weighted to be representative of all Missouri mothers with two-year-old toddlers.

References:

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2. Carrillo, J. Emilio, et al. "Defining and Targeting Health Care Access Barriers." *Journal of Health Care for the Poor and Underserved*. vol. 22, 2011, pp. 562-575.
3. DeVoe Jennifer E., et al. "Insurance + Access not equal to Health Care: Typology of Barriers to Health Care Access for Low-Income Families." *Annals of Family Medicine*. vol. 5, no. 6, 2007:511-518.

Missouri Child Health Assessment Program Survey (MoCHAPS)

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