

STATISTICAL BRIEF #501

March 2017

Children's Usual Source of Care: Insurance, Income, and Racial/Ethnic Disparities, 2004-2014

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Introduction

Having a usual source of care is an important indicator of health care access for children, yet many children lack this key resource. Without a usual source of care, children may not receive the appropriate level of recommended medical care. Lacking a usual source of care is more common for low-income, uninsured and non-white children. In this Brief we provide estimates of trends in the number of children ages 0–17 who lack a usual source of care in the United States for the period from 2004–2014. We report these trends by insurance status, family income, and race/ethnicity. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

In 2014, approximately 7.9 percent of U.S. children younger than eighteen years (about 5.8 million children) were reported as not having a usual source of care (figure 1). This percentage was 1.1 points lower than in 2004. In 2014, uninsured children were more than five times (31.4 percent) as likely to lack a usual source of medical care as children with private insurance (6.2 percent, figure 2). Moreover, uninsured children were nearly four times as likely as children with any public coverage (8.2 percent) not to have a usual source of care. Uninsured children were substantially more likely to lack a usual source of care each year between 2004 and 2014.

With respect to family income, children from higher income families were less likely (4.3 percent) than children from any other income group to lack a usual source of medical care in 2014 (figure 3). A greater share of children from poor (8.9 percent) or near poor families (9.8 percent), as well as children from low (12.0 percent) or middle (7.9 percent) income families did not have a usual source of medical care in 2014 (figure 3). In 2014, children in low-income families were less likely than children in middle-income and high-income families to have a usual source of care. The share of children without a usual source of care was higher in middle income (7.9 percent) compared to high income (4.3 percent) families in 2014.

Racial/ethnic differences in the percentage of children reporting no usual source of care were found throughout 2004–2014. In 2014, Hispanic (10.4 percent), and African-American (10.3 percent) children were more likely to lack a usual source of care compared to white children (5.9 percent, figure 4). The share of Hispanic children without a usual source of care declined by four percentage points between 2004 and 2014 (figure 4). Even with this decline, Hispanic children remained more likely to lack a usual source of care in 2014, compared to non-Hispanic whites.

Data Source

The estimates in this Statistical Brief are based on data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) Full Year Consolidated Files 2004–2014. Estimates are weighted to represent the U.S. civilian noninstitutionalized population. Standard errors for all estimates are adjusted for complex survey design.

Definitions

No usual source of care

Parents reported whether or not their children had a particular doctor's office, clinic, health center, or other place to go for medical care when ill or for health-related advice. Individuals who indicated they did not have a particular place were considered to lack a usual source of care.

Insurance status

Insurance status over the entire year is summarized with three mutually exclusive categories: any private insurance, public only, and uninsured. The private insurance category includes individuals who had any private insurance coverage during the year. The public category is composed of individuals who never had private insurance but were covered by public insurance for at least part of the year. Finally, individuals in the uninsured category had no insurance for the entire year.

Race/ethnicity

Race/ethnicity is captured with a 5-category variable constructed using both race and ethnicity measures in MEPS. The categories are as follows: Hispanic, non-Hispanic white with no other race reported, non-Hispanic black with no other race reported, non-Hispanic Asian with no other race reported, and non-Hispanic other/multiple races.

Income

Income is defined by five groups based on the percentage of the federal poverty line for total family income, adjusted for family size and composition. We use five categories: poor (less than 100 percent), near poor (100 percent to less than 125 percent), low income (125 percent to less than 200 percent), middle income (200 percent to less than 400 percent), and high income (greater than or equal to 400 percent) in the year of the data collection.

Highlights

- A usual source of medical care was unavailable to 5.8 million children (7.9 percent of children ages 0-17) in 2014.
- Children who were uninsured were more likely to have no usual source of care in each year between 2004 and 2014.
- Children living in poor families were more likely to lack a usual source of care compared to children living in high-income families in both 2004 and 2014.
- Children from high-income families were less likely than children in any other income group to lack a usual source of care in 2014.
- The percentage of Hispanic children without a usual source of care declined by 4 percentage points between 2004 and 2014.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is co-sponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources on nonsampling error, see the following publications:

Brown, E., Jr. *Children's Usual Source of Care: United States, 2002*. Statistical Brief #78. May 2005. Agency for Healthcare Research and Quality, Rockville, MD. http://meps.ahrq.gov/mepsweb/data_files/publications/st78/stat78.pdf

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. https://meps.ahrq.gov/data_files/publications/mr1/mr1.pdf

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. https://meps.ahrq.gov/data_files/publications/mr2/mr2.pdf

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5–III-12.

Suggested Citation

Zewde, N., Berdahl, T. *Children's Usual Source of Care: Insurance, Income, and Racial/Ethnic Disparities, 2014*. Statistical Brief #501. March 2017. Agency for Healthcare Research and Quality, Rockville, MD. http://meps.ahrq.gov/mepsweb/data_files/publications/st501/stat501.pdf

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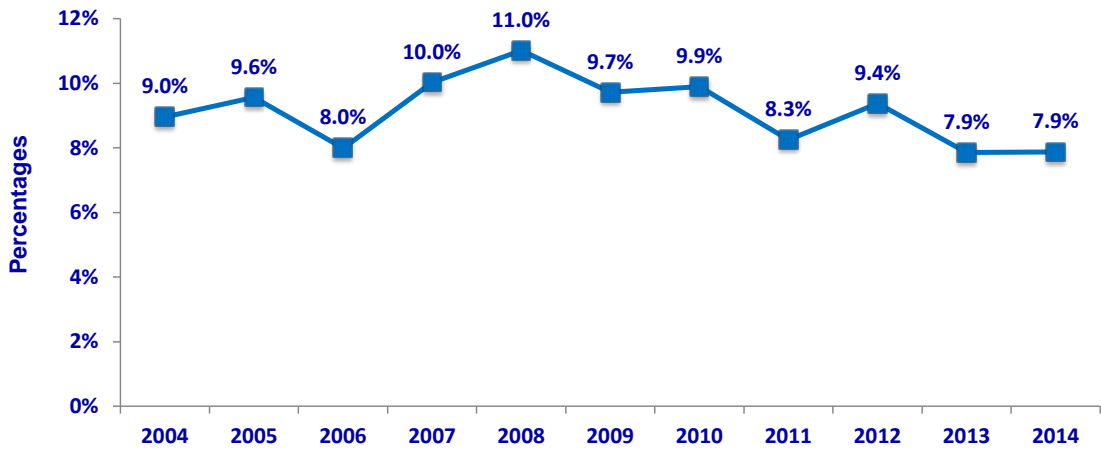
AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs.

Please email us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

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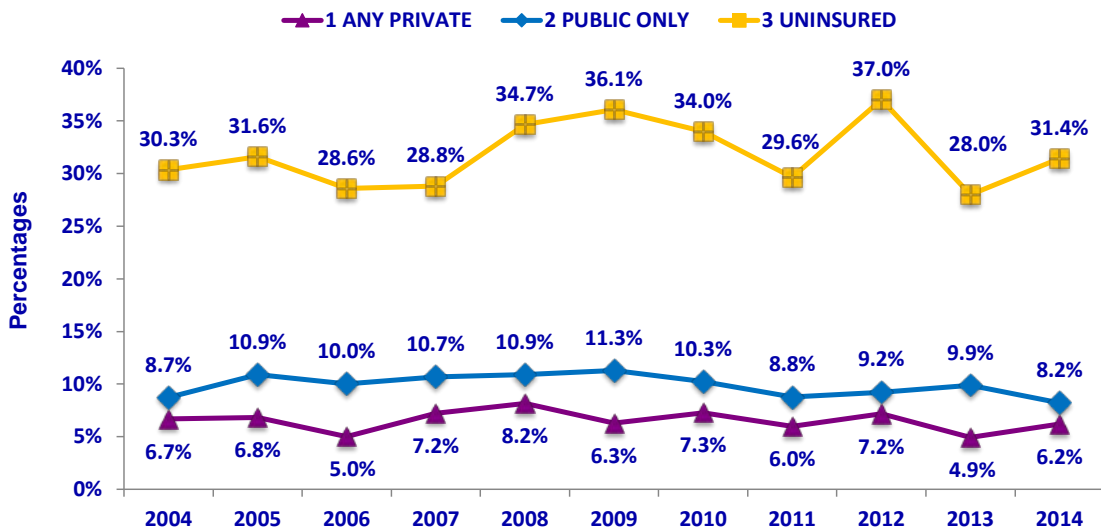
Figure 1. Percentage of children with no usual source of care, United States, 2004–2014



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004–2014



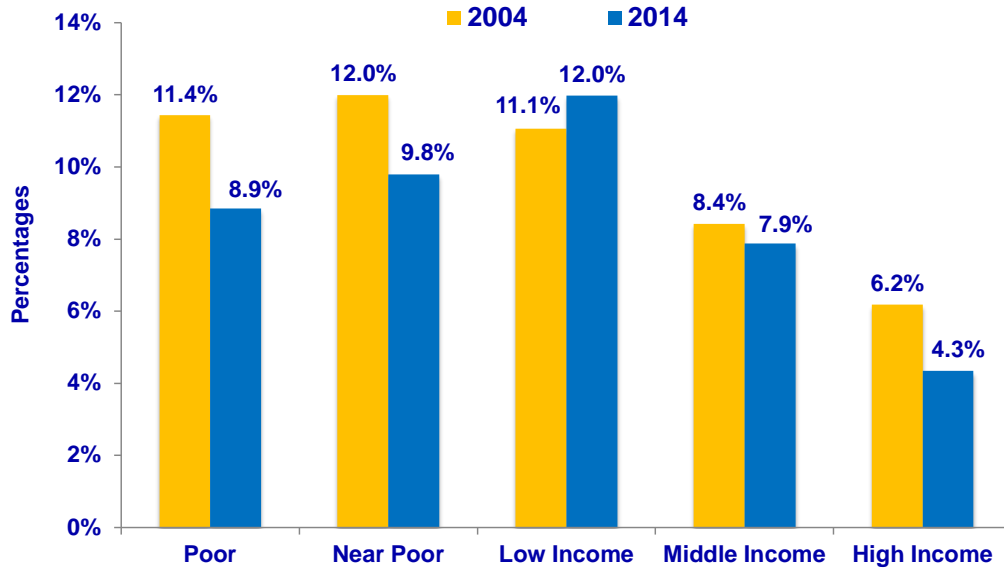
Figure 2. Percentage of children with no usual source of care, by insurance coverage, United States, 2004–2014



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004–2014



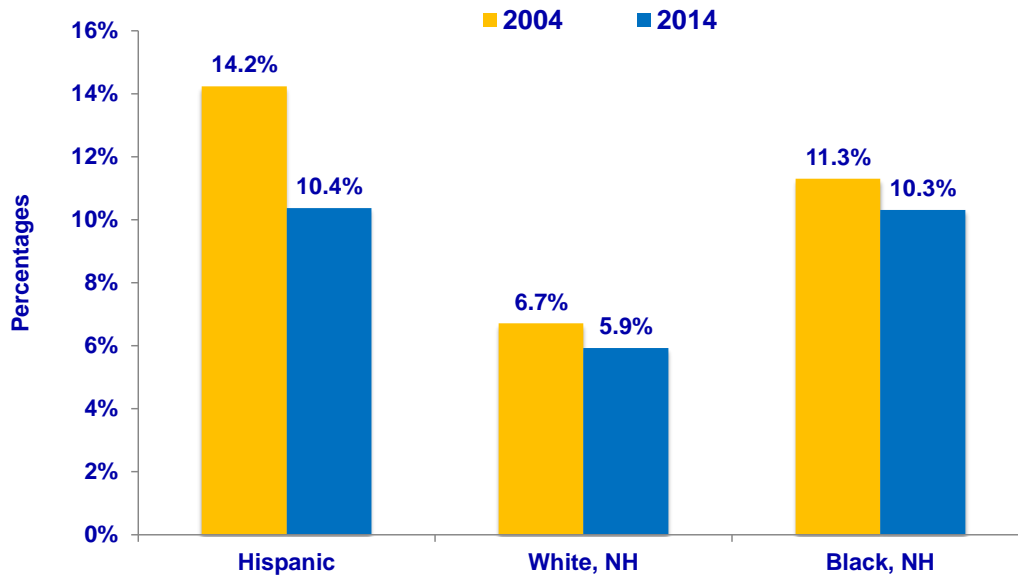
Figure 3. Percentage of children with no usual source of care, by income group, United States, 2004 and 2014



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004–2014



Figure 4. Percentage of children with no usual source of care, by race/ethnicity, United States, 2004 and 2014



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004–2014