



AN OVERVIEW OF CHILDREN'S HEALTH ISSUES IN MICHIGAN - 2006: ACCESS AND COVERAGE

- [1] **Health Care Coverage for Children**
- [2] **Access to Mental Health Care for Children**
- [3] **Access to Oral Health Care for Children**

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CHILDREN'S HEALTH ISSUES

ACCESS AND COVERAGE

Access to health care and to insurance coverage that pays for that care is important to all of us, but it is especially crucial for children as they have less developed immune systems and are more susceptible to infection and disease. Childhood is also the time when prevention and early intervention are most likely to alter the course of disease. When children are uninsured or do not have access to a regular source of care, they are more likely to delay in seeking treatment which results in using the emergency department or being hospitalized for preventable conditions.

In recent years, Michigan has experienced the decline of employer-sponsored insurance, increasing dependence of children on Medicaid for coverage, and increasing numbers of uninsured children. Difficulties accessing oral health care and mental health care for children in Michigan and racial disparities in access to coverage are especially acute.

[1] HEALTH CARE COVERAGE FOR CHILDREN

Overview

Health insurance is a quintessential component of health. Studies have shown that the consequences of not having health insurance can be detrimental to a person's health. This is especially true for children, as they have less developed immune systems and are more susceptible to infection and disease. Children who are uninsured are significantly more likely to go without primary, preventive care and to use the emergency department or be hospitalized for preventable conditions such as asthma, epilepsy, urinary tract infections, dehydration, pneumonia, and others.

Trends in Michigan

During recent years, the face of health care coverage for children in Michigan has changed dramatically. Between 2000 and 2004 the number of uninsured children in Michigan grew to 180,000 – 7% of the state's children. At the same time, the lack of affordable private and employer-based coverage is forcing more and more families to rely on public programs, such as Healthy Kids (Medicaid) and MICHild (SCHIP) for coverage.

As of February 2006, almost 1 out of every 3 children in Michigan relied on Medicaid or MICHild for health care coverage. For those who do have coverage, about 74% of children under age 19 have at least one working parent.

Children now account for over 59% of all Medicaid enrollees in Michigan but only 14% of program cost.

Who Covers Children in MI?

Health Insurance Coverage Ages 0-18, 2003-2004

Employer-Sponsored:	1,683,550	(63%)
Medicaid:	711,200	(27%)
Uninsured:	180,000	(7%)
Private Insurance:	89,670	(3%)
Other Public	11,800	(0%)
TOTAL	2,676,220	(100%)

How has Coverage of Children in MI Changed?

Change in Number by Coverage Type, 2000-2004

Employer-Sponsored:	-195,549
Private Insurance:	-3,393
Medicaid:	+204,980
Uninsured:	+42,716

HealthyKids (Medicaid) in Michigan

Eligibility: US citizen/legal immigrant, Michigan resident, Income limit of up to 150% of the Federal Poverty Level (FPL)

Services Covered: Ambulance services, dental services, doctor visits, health check-ups, hearing and speech services, home health care, hospice care, hospital care, immunizations, lab and x-ray services, medical supplies, prescriptions, mental health services, personal care services, physical therapy, prenatal care and support services, substance abuse related services, surgical procedures, vision, well-child visits.

Challenges for Michigan

There are at least 83,000 uninsured children living in poverty who are eligible for public health insurance but not enrolled. Difficulties finding housing and food often take priority over health care needs. Gaps in knowledge about public programs, income fluctuations above and below qualifying limits, and difficulties with the enrollment process are common challenges to acquiring health care.

Even when children are enrolled in public health insurance, they still encounter barriers to accessing the benefits of these programs. Lack of continuous enrollment, presumed eligibility for Healthy Kids, and unaffordable co-payments are key challenges for families. Waived co-payments shifted to providers and low reimbursement rates to providers who accept Medicaid have also led to a decrease in providers. On average, Medicaid pays just 65% of what Medicare pays for the same service an adult would receive.

Children experience difficulty accessing services, especially if they reside in rural areas or lack transportation. Low-income families have higher rates of residential mobility than middle and upper-income families, which creates barriers to finding and establishing a meaningful relationship with a health care provider that accepts public insurance, is easily accessible via public transportation, and is culturally and linguistically sensitive to diverse populations.

Children of color in Michigan are less likely to have access to health care and less likely to be insured. Nearly 20% of Hispanic children in Michigan are uninsured, compared with 10% of African American children and 7% of white children. Higher unemployment rates, lower-paying jobs, and immigration status limit access to employer-sponsored health insurance for children of color. Overrepresentation in public health insurance programs makes access to those programs even more imperative. Regardless of insurance status, white children see physicians at twice the rate of non-white children in Michigan, and they receive higher quality care.

Children are also significantly impacted by racial disparities through their mothers' access to health care and prenatal care. Research has shown that promoting the health and wellness of women and couples before and

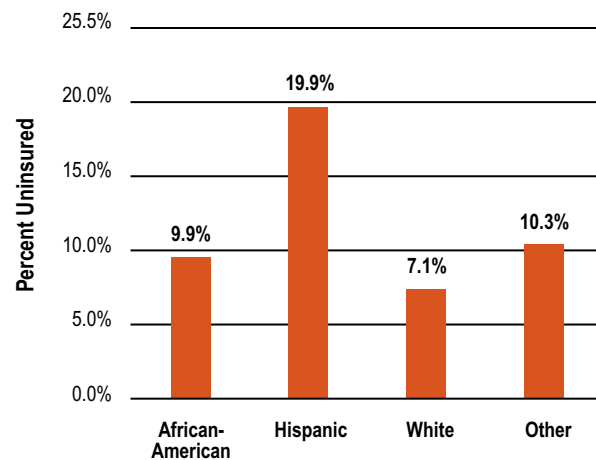
MiChild (SCHIP) in Michigan

Eligibility: US citizen (some legal immigrants qualify), Michigan resident, under 19 years of age, have no health insurance, income limit of up to 200% FPL.

\$2,082 / mo. for a family of two
\$2,612 / mo. for a family of three
\$3,142 / mo. for a family of four
\$3,672 / mo. for a family of five

Services Covered: Regular checkups, immunizations, emergency care, dental care, pharmacy, hospital care, prenatal care and delivery, vision and hearing, mental health and substance abuse services, others depending on health plan.

Uninsured Michigan Children by Race/Ethnicity Ages 0-17 (1999-2001)



Source: Michigan's Children

during pregnancy improves birth outcomes. High rates of infant mortality in some Michigan communities are one indicator of the level of access women have to comprehensive health and social services.

- Across the state, African American babies are almost three times more likely to be born to mothers who received late or no prenatal care and at least three times more likely to die in their first year of life as white babies.
- A recent study conducted by the Wayne State University Medical School found that the infant mortality rate in parts of Detroit is nearly 7 times the rate in Royal Oak – only 14 miles away.
- Michigan has the 3rd worst infant mortality rate in the nation, in large part because of the high infant mortality rate among African-Americans.

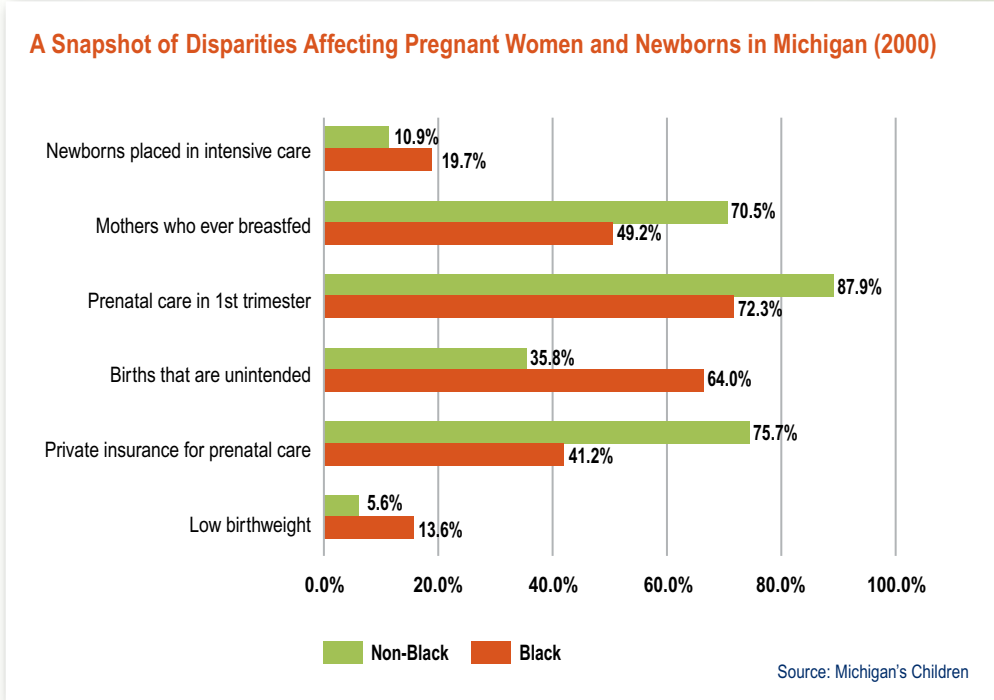
Other State Models for Health Care Coverage for Children:

The decline of employer-sponsored and private coverage, rising health care costs, and state and national economic pressures make state funding for health care coverage for children an on-going challenge. Despite this climate other states, including Illinois, Vermont, Massachusetts, and Pennsylvania have developed plans to restructure the roles and responsibilities of the public and private sector in order to provide universal health care coverage for all children.

Resources:

- Kaiser Family Foundation, State Health Facts <http://www.statehealthfacts.org/>
- MDCH Special Report: Characteristics of the Uninsured and Select Health Insurance Coverage in Michigan (Nov. 2003) http://www.michigan.gov/documents/uninsured_78098_7.pdf
- Closing the Gap: Addressing Racial and Ethnic Health Disparities Among Michigan’s Children, Michigan’s Children, October 2004.

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[2] ACCESS TO MENTAL HEALTH CARE FOR CHILDREN

Overview

Major mental health disorders that can lead to school failure, substance use, violence, suicide, and reduced adult productivity are now recognized to have their onsets during childhood. According to the U.S. Surgeon General, 10% of children have a mental illness severe enough to cause some level of impairment, but 80% do not receive the services they need. Among children ages 9-17, there are one or two children with serious emotional problems in virtually every classroom in the nation. Access to prevention and early intervention services has been shown to reduce the need for costly future treatment, allow children to go to school ready to learn, and reduce use of special education, juvenile detention, and welfare services.

Access Challenges in Michigan

- 283,523 children in Michigan are estimated to have a serious emotional disturbance. In 2004, only 29,180 of them received public services.
- Strict income and eligibility requirements in managed care mean many children cannot receive services until they are deemed severely disturbed; families are often forced to relinquish custody in order to obtain services.
- Most children who have employer-sponsored or private insurance have mental health benefits that are much more stringent than those for physical health. Often families can afford only short-term treatment for complex problems or forgo care until children are in crisis.
- Prevention, intervention, crisis, and residential services are unevenly distributed, especially outside of southern Michigan where there are few providers and transportation is a challenge.
- Adolescents who have access to school-based mental health centers are 10 times more likely than those without such access to seek care, but centers are not available in many regions.
- In Michigan, as in the nation, suicide is the 3rd leading cause of death for youth ages 15-24.
- There is a severe shortage of coordinated services for adolescents with both mental health and substance abuse disorders.
- The average dollar amount spent per child for public mental health services and direct prevention dollars has been on a steady decline in Michigan for the past 5 years.

"For children, the level and structure of funding for mental health services is the most significant factor limiting the promotion of mental health in children, screening and assessment, and provision of services and supports to those in need."

*Michigan Mental Health Commission
Final Report, 2004*

Resources

- Report of the Surgeon General's Conference on Children's Mental Health, September 2000. www.hhs.gov/surgeongeneral/topics/cmh/entirepart.pdf
- Michigan Mental Health Commission Final Report 2004: http://www.michigan.gov/documents/FINAL_MHC_REPORT_PART_1_107061_7.pdf
- Michigan Department of Community Health Mental Health Statistics & Reports http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_4902---,00.html
- Association for Children's Mental Health, www.acmh-mi.org
- Michigan Association for Infant Mental Health, <http://mi-aimh.msu.edu/>

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[3] ACCESS TO ORAL HEALTH CARE FOR CHILDREN

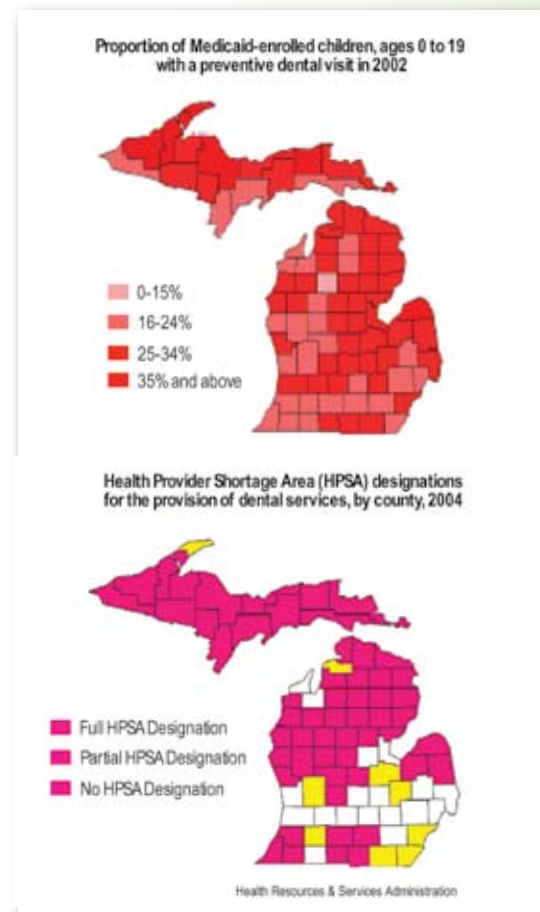
Overview

Access to timely and preventive oral health care is crucial for children. The U.S. Surgeon General's report on oral health (2000) identifies oral disease as a "silent epidemic" that burdens some population groups. Tooth decay is the most common chronic childhood disease – five times more common than asthma. In 2005, nearly 20% of elementary school children had a toothache that made it difficult to pay attention in the classroom. Poor oral health leads to school absences; it impairs nutrition, sleep, mental health, and social interaction; and it is associated with heightened life-long risk of infection, heart disease and stroke, and premature births in some females.

Michigan

There are few dentists available to provide oral health care to children in Michigan, fewer pediatric dentists (specialists trained to handle the oral health of young children, adolescents and children with special health care needs) and even fewer dentists who are willing to accept Medicaid. Under the current Medicaid dental benefit, children receive a narrower scope of services than adults, and dental providers are reimbursed at a lower rate for services provided to children. Children without access to care often receive temporary relief in hospital emergency rooms – a burden on the state's budget – but they still need a dentist to treat the cause of their disease. Children from families with low incomes, racial and ethnic minority groups, those with special health care needs, immigrant children, and children in rural areas are especially at risk of going without adequate oral health care.

- In 2003, over 15% of children in Michigan had no dental coverage.
- Less than 40% of children ages 4-21 in the state's Medicaid program see a dentist each year, compared 60% of children with Healthy Kids Dental and 80% with private Delta Dental coverage.
- Less than 9% of dentists are considered critical access providers – meaning they see at least 3-4 children on Medicaid per week.
- Children under 5 regardless of insurance status were least likely to see a dentist.
- 11 rural counties had less than five dentists in 2004 including one county with none.



- Healthy Kids Dental has significantly improved access in the 59 counties it operates. However, Healthy Kids Dental has yet to be implemented in the large urban areas of the state.
- Poor children suffer twice as much from tooth decay and experience nearly 12 times more restricted-activity days because of dental-related illness than children from higher income families.

Resources

- Burden of Oral Disease in Michigan 2006, Michigan Department of Community Health <http://www.michigan.gov/mdch/>
- Michigan Oral Health Coalition www.mpca.net/oralhealthcoalition/oralhealthcoalition.htm

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