

Access to Care



Limitations in accessing health care impact a child's ability to reach his or her full potential and can negatively impact his or her quality of life.¹ The main barriers to accessing health care include lack of insurance coverage, the ability and timeliness of accessing needed services, and the availability of providers.¹

Children's Insurance Coverage

Lack of health insurance coverage is an important barrier to accessing health services. Uninsured children are less likely to receive medical care and more likely to have poor health status.²

In 2011

- 3.2 percent of children did not have medical coverage in Ohio compared to 5.5 percent nationwide.³
- 7 percent of children in Ohio had a period without medical coverage during the previous 12 months, compared to 11.3 percent nationwide.³

Medical coverage does not guarantee coverage for all types of health services. More than three times as many children are uninsured for dental care and almost twice as many for vision care as those uninsured for general medical care in Ohio.⁴

Children's Access to Services

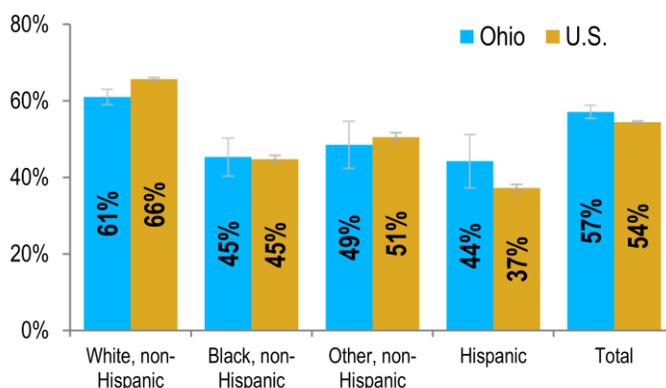
Improving access to care for children includes ensuring they have a usual source of care and a primary care provider (PCP).¹ Individuals with a usual source of care have better health outcomes and fewer disparities and costs.^{5,6}

In Ohio

- Almost one in ten children do not have a personal doctor or nurse.³
- More than 30 percent of adolescents have not had a preventive medical or dental visit in the past 12 months.^{3,7}
- Almost three in ten children have not received a vision screening in the past two years.³
- More than 40 percent of children do not receive comprehensive, coordinated care consistent with a medical home.³
- More than half of racial and ethnic minority children do not receive comprehensive, coordinated care consistent with a medical home.³

While most children may report having a usual source of care in Ohio, a substantial percentage of children are not receiving comprehensive and preventive care annually.³

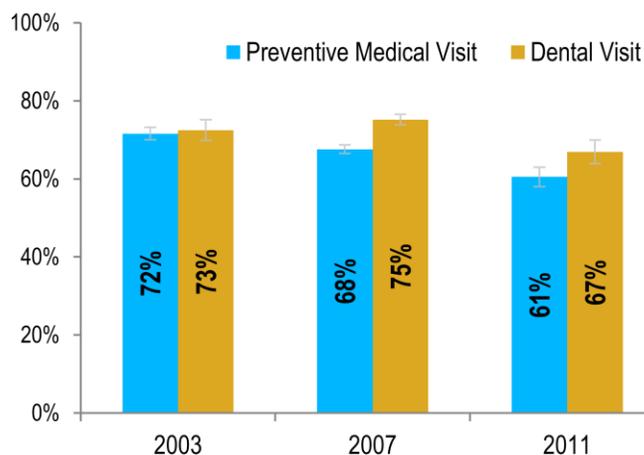
Children Whose Parents Report They Received Care Consistent with a Medical Home by Race/Ethnicity, 2011



Source: National Survey of Children's Health, 2011

The percentage of adolescents having a preventive medical or any dental visit has significantly decreased since 2003.

Ohio High School Students Who Reported Having a Preventive Medical or a Dental Visit in the Past 12 Months, 2003-2011



Source: Youth Risk Behavior Survey, 2003-2011

Availability of Providers

Insurance coverage for children does not necessarily ensure access to services. The availability and distribution of providers, especially providers who will treat uninsured and publicly insured patients, can be a significant barrier in children's ability to access health care.

In Ohio

- Just over half of primary care physicians submitted a Medicaid claim in state fiscal year 2012, and less than 40 percent of those have seen a substantial number of Medicaid patients (250 or more).⁸
- Just over 35 percent of dentists submitted a Medicaid claim in state fiscal year 2012, and less than half of those have seen a substantial number of Medicaid patients (250 or more).⁸
- About one out of every five uninsured children report not having a personal doctor or nurse, whereas one out of every eight publicly insured children and one out of every 20 privately insured children report not having a personal doctor or nurse.⁴



What Is Being Done to Increase Access to Care for Children in Ohio?

Several school-based health programs aim to increase access to care for school-age children and adolescents.

- **School Nursing**
 - The School Nursing Program at the Ohio Department of Health (ODH) provides support to schools and the estimated 1,528 full-time-equivalent registered nurses (RNs) employed in Ohio schools.⁹
- **School-Based Health Centers**
 - There are currently 14 physical school-based and linked health centers serving 40 schools offering comprehensive medical and mental health care services.¹⁰
- **School-Based Oral Health Programs**
 - Currently, 20 school-based sealant programs serve children in 51 of Ohio's 88 counties and reach half of all eligible schools in the state.¹¹
 - There are 11 safety-net dental programs operating in schools serving children in more than 25 counties.
- **School Hearing and Vision Screenings**
 - In 2008-09, 90 percent of schools were in compliance with state revised code requiring hearing screenings and 95 percent were in compliance with state revised code requiring vision screenings.¹²

Other statewide initiatives also aim to increase access to care for school-age children and adolescents.

- Ohio recently expanded the Medicaid program to include more low-income adults. Research has shown that children with insured parents are more likely to have a regular source of health care.¹³
- The Ohio Department of Medicaid has a clinical performance measure for managed care plans that assess the number of adolescents who have received at least one comprehensive well-care visit during the year.¹⁴
- ODH is leading a statewide expansion of the Patient-Centered Medical Home (PCMH) model of primary care that aims to expand the number of practices providing comprehensive and coordinated primary care.¹⁵

“For working parents, especially the working poor, having children's medical needs taken care of at school makes sense and is more cost-effective for the healthcare system overall.”

*—Connie Carnes,
executive director at
Health Establishments at
Local Schools (HEALS)*

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