

POLICY & PRACTICE

Risks of Losing Insurance

For parents, losing employer-based health insurance means their children could be uninsured for long periods of time, the American Academy of Pediatrics reports. Among an estimated 3 million children whose parents lose employer-based insurance annually, 75% subsequently become uninsured, and almost a million remain uninsured for a year or longer. Theoretically, families have options when this happens, such as COBRA, individually purchased private insurance, or enrollment in Medicaid or the State Children's Health Insurance Program (SCHIP). "But the reality is that COBRA and private coverage are mostly unaffordable to low- and moderate-income families," and parents may not know about Medicaid and SCHIP or face enrollment barriers, such as cumbersome applications and waiting periods, according to the AAP. Among those children who become uninsured, only 1 in 8 will enroll in public programs, whereas 1 in 30 will obtain nonemployer-based private coverage. The results were based on more than 18,000 records of children obtained from Medical Expenditure Panel Survey data, from 1996 to 2001.

Data on Children's Hospitals

Hospitalizations at children's hospitals account for only one-third of pediatric inpatients. Examining data from the 2000 Healthcare Cost and Utilization Project Kids' Inpatient Database, Richard Wasserman, M.D., and a team of researchers found that almost 65% of hospitalizations for children ages 1-17 years were to nonchildren's hospitals. More than 5% of these hospitalizations were for a mental health condition. When compared to discharges in children's hospitals, significantly more discharges in nonchildren's hospitals were for 15- to 17-year-old females, patients from low-income zip codes, and uninsured patients.

"While our results do not assess quality of care, we hypothesize that nonchildren's hospitals may be underresourced in pediatric expertise while providing an excess of care for the poor and for mental health conditions," said Dr. Wasserman, a professor of pediatrics at the University of Vermont.

Foster Care, Fewer Meds

Children in foster homes often lack medications for chronic conditions, Heather Forkey, M.D., and her colleagues at the University of Massachusetts report. By looking at health care data on 75 foster children, they found that more than 80% went into foster care needing prescription medication for a chronic illness, but did not have access to the required medication. For example, 79% didn't have asthma medications, and 90% did not have eczema medications, even though the medications were prescribed. "The numbers we came up with, albeit from a small sample, were dramatic," said Dr. Forkey at the annual meeting of the Pediatric Academic Societies. "In particular, foster children may not receive needed medications even after placement in a new foster home because medication history is often difficult for foster parents and primary care physicians to obtain."

Vaccine Underinsurance

Just because you have insurance doesn't mean you're covered for immunizations, a survey of 995 Americans conducted by researchers at the University of Michigan at Ann Arbor, indicated. As many as 5 million privately insured children and 36 million privately insured adults are not covered for immunizations, a factor that may contribute to low immunization rates. "Over the past few years, newly approved vaccines have been increasingly expensive, so insurance plans have been less likely to cover them," said lead author Matthew Davis.

"This means that new vaccines of the future may be available to many people only if they can pay out of pocket."

Depression and Marijuana Use

The evidence for a link between marijuana use and depression is getting stronger, according to the White House Office of National Drug Control Policy. The office's National Survey on Drug Use and Health shows that, among persons aged 18 years or older, those who first used marijuana before age 12 years were twice as likely to have serious mental illness in the past year as those who first used marijuana at age 18 or older. "There certainly are

people who self-medicate, but the danger we're talking about is the growing evidence that use itself may be triggering and may be worsening the onset of mental health problems," ONDCP director John P. Walters said at a Washington press conference. "Now, would some of those people have mental health problems anyway? That's entirely possible. But it's also entirely possible that some of these people may not subsequently show these mental health problems, and the evidence suggests that the use of marijuana may trigger the onset of problems that would not otherwise be there."

—Jennifer Silverman

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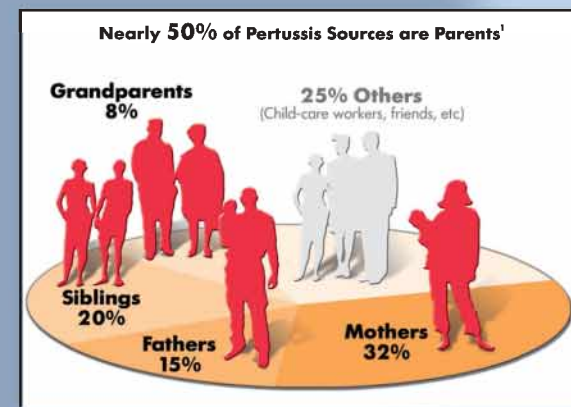
PERTUSSIS transmission

How do infants get
PERTUSSIS?

They get it from their family.

That's right — their moms
and **DADS**, brothers
and sisters, even grandma
and grandpa!

Nearly 75% of the time, a
family member is the source
of pertussis disease in infants¹



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According to a recent study of pertussis in 264 infants, a family member was identified as the source of the disease in three quarters of the cases. In fact, the infant's mother was positively identified as the source in 32% of the cases. In addition to Mom, other confirmed sources included Dad 15% of the time, Grandma/Grandpa 8% of the time, and a sibling 20% of the time. This study provides clear documentation of the threat of pertussis within the family setting and serves as a window to the growing problem of pertussis in the general population.¹