

Rural Children Really Need SCHIP, Study Says

BY JANE ANDERSON
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Rural children are much more dependent on the State Children's Health Insurance Program than are urban children and also have less of a safety net to fall back on if the popular public insurance program is cut, a new study found.

The study, released in May by the Carsey Institute at the University of New Hampshire, Durham, found that in 2005, 32% of children in rural areas relied on SCHIP or Medicaid, compared with 26% of children in cities. The report also found more rural children living in economically vulnerable families, with 47% of rural children living in low-income families in 2005, compared with 38% of urban families.

"Rural leaders should realize that SCHIP reauthorization is vitally important for rural areas," said William O'Hare, report author and senior fellow at the Carsey Institute, in an interview.

Nationwide, approximately 28 million children receive health insurance from Medicaid, and an additional 6 million are covered by SCHIP. About 4 million children in rural areas relied on SCHIP or Medicaid in 2005.

Congress is due to reauthorize SCHIP this year and proposals to expand coverage to more families and to increase funding are under consideration.

Ron Pollack, executive director of the Washington-based advocacy group Families USA, said in a statement that the report demonstrates how important it is to expand the SCHIP program to cover uninsured children in rural communities.

While Medicaid and SCHIP are covering more children each year, more than 8 million children under age 18 still lack health insurance. In rural areas, the Carsey Institute study found that a majority of uninsured children (54%) live in families where the head of the household works full-time year-round.

Meanwhile, from 1996 to 2005, the number of children covered by private health insurance steadily declined, while the number of those covered by SCHIP and Medicaid steadily increased. In rural communities, the steady loss of manufacturing jobs has contributed to the loss of private health insurance coverage, the study said.

The shift from private insurance to public programs is much more prominent in rural areas, Mr. O'Hare said. "The jobs being lost in rural areas have good benefits," he said. Among rural children in low-income families, the share covered by SCHIP and Medicaid increased from 38% in 1998 to 54% in 2005, while children covered through parents' employers fell by 10 percentage points over the same period.

Previous studies also have found that as many as 20 million children live without health insurance at some point in the year, and that is especially true in families in which a parent is employed in seasonal or cyclical work, which can be more prevalent in rural areas.

Mr. O'Hare said that access to health care in rural areas also is impeded by a shortage of providers, especially pediatricians. In addition to insurance, there are other medical or health care disadvantages," he said. "The reauthorization of SCHIP is just the tip of the iceberg in trying to get good medical care to rural children. It's an important first step, but it's just a first step." ■

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'Medicolegally, we are only trained to go so far into the young adult's life. Should any issues arise, a pediatrician would have a hard time answering the question: "Tell me doctor, how many 23-year-old patients do you treat?" Being a nice person and unwilling to dismiss a patient that is "too old" could come back and bite you, and certainly would not be a defense if care issues were to follow.'

Dr. Charles A. Scott, p. 62

WIDENING A WINDOW OF OPPORTUNITY: IMMUNIZING EARLIER MAY HELP PROTECT MORE CHILDREN FROM INFLUENZA

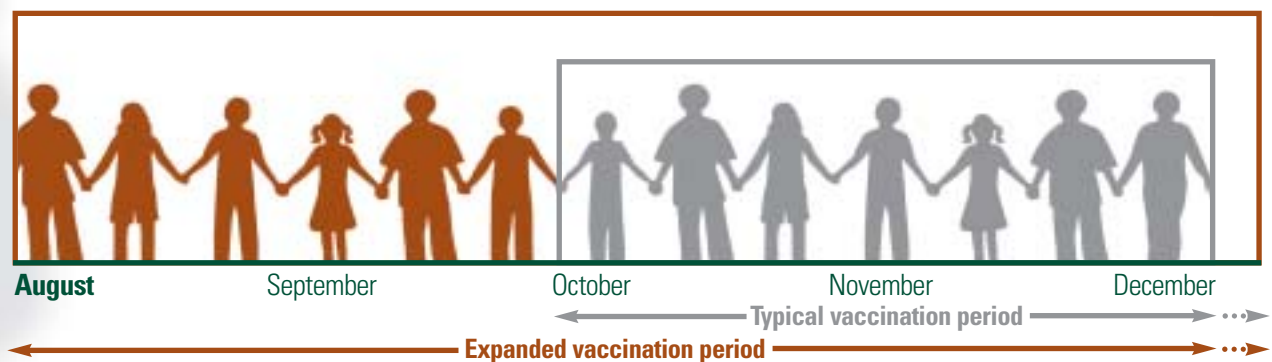
CHILDREN: HIGH INFECTION RATES, LOW VACCINATION RATES

A school-aged child is often the origin of a flu epidemic, spreading the flu to other children, family members, and the community—including those at high risk.¹

Yet, only 10.8% of the children aged 5 years to 17 years who were household contacts of high-risk persons were vaccinated in 2006.²

EARLIER VACCINATION MAY HELP INCREASE VACCINATION RATES

Currently, most influenza vaccinations start in October/November and usually require a separate appointment. Vaccinating earlier may help protect more children by immunizing them at back-to-school or other regularly scheduled visits.



An analysis of well-child visits in the Medical Expenditure Panel Survey estimated that:

Approximately 8 million more children could potentially be protected by vaccinating August through October^{3,4*}

*Data derived from a US Department of Health and Human Services/Agency for Healthcare Research and Quality analysis of pediatric well-child visits from August through December. The data estimate the number of children who visited a pediatric provider from August through October, but who did not return between October through December.

INCREASING CHILDHOOD VACCINATION RATES COULD BENEFIT THE ENTIRE COMMUNITY⁵

A model estimating the potential benefits of vaccinating U.S. children against influenza predicts that:

- Vaccinating 20% of children could reduce total influenza cases by 46%
- Vaccinating 80% of children could reduce total influenza cases by 91%

Thus, a new strategy to increase vaccination rates in children may be of substantial benefit.

MedImmune is a biotechnology company committed to helping reduce influenza morbidity and mortality and to developing innovative solutions to improve vaccination strategies.

 **MedImmune**
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