

Exploring Pediatric Underinsurance to Understand Health Care Access and Affordability

Statement of Problem

Pediatric underinsurance occurs when children's health coverage is inadequate, inconsistent, or has out-of-pocket costs large enough to put access to necessary care out of reach for families. It has been associated with lower reported quality of care, forgone care, and unmet health needs, and is of particular concern for children with chronic conditions. Though the proportion of children without health insurance has generally declined over the past decade, it has coincided with a [rise](#) in the prevalence of pediatric underinsurance. It is currently estimated that [1 in 3 children](#) in the United States is underinsured.

The challenges of underinsurance differ for families with private or public insurance coverage. Decreasing adequacy of commercial or employer-sponsored insurance, which [covers half of children in the United States](#), is likely the result of commercial plans that have [experienced](#) substantial growth in premiums and deductibles throughout the past decade. On the other hand, families enrolled in public insurance may experience [more frequent gaps](#) in coverage.

Description

Building on work that explored the shifting pediatric health coverage landscape for [working families](#), PolicyLab is exploring the issue of pediatric underinsurance to better understand it related to specific populations, and to make recommendations to inform state and federal efforts to ensure children have access to coverage that meets their needs.

Underinsurance Among Children With Special Health Care Needs

Children with special health care needs often require frequent and intense care and are at elevated risk for hospitalizations, emergency department visits and unplanned doctor's visits. However, little research to date has examined the prevalence in underinsurance across the wide spectrum of children's special health care needs.

In a [JAMA Network Open study](#), our team examined the prevalence of underinsurance among this population based on child medical complexity and income levels. In this cross-sectional study, the odds of being underinsured were not uniform among children with special health care needs. We found that both medical complexity and daily functional limitations led to increased odds of underinsurance among this population.

Additionally, we found a concentration of underinsurance among middle-income families of children with special health care needs whose incomes surpassed eligibility thresholds for dependent Medicaid coverage.

Underinsurance Among Immigrant Populations

Our team continues building evidence around this issue and is studying the landscape of underinsurance among immigrant populations. While it is consistently shown that children in immigrant families face substantially higher rates of uninsurance than their peers, little is known about how immigrant families experience underinsurance. State-level policies, language barriers, and economic disparities may create unique challenges for immigrant families that result in higher rates of pediatric underinsurance compared to other children.

PolicyLab researchers are currently examining the prevalence of underinsurance among children in immigrant families to elucidate the mechanisms of health insurance coverage and care access that may differentially impact immigrant families. Preliminary findings show that higher rates of underinsurance among first and second generation immigrant children are largely due to coverage that is inadequate to meet their health care needs.

Future work aims to understand the potential differential impact of insurance type on the risk of underinsurance and devise solutions to optimize coverage among all children, regardless of where they were born.

Next Steps

As health care and insurance costs continue to rise, more research is needed to inform state and federal efforts to ensure that all children have access to insurance coverage—public or private—that meets their needs. We are pursuing further work to understand the impact of underinsurance on children and to devise solutions that optimize coverage for all children.

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PolicyLab Leads

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Research Scientist

Doug Strane (he/him) is a research scientist at PolicyLab at Children's Hospital of Philadelphia (CHOP). Mr. Strane is experienced in mixed methods program evaluation and analysis of administrative data for observational study designs related to child and family health. His research interests include the ways in

which health systems can address social determinants of health; the changing health insurance landscape for families; and the intersection of parenting and substance use disorder. He also serves as the senior evaluation manager at CHOP's Center for Health Equity.

Mr. Strane received his Master of Public Health in Epidemiology from University of Michigan School of Public Health. He is a former Centers for Disease Control and Prevention Public Health Associate Program fellow.



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Ms. Rosenquist has extensive experience working in health policy, advocacy, and related work. Prior to joining CHOP, she was the director of state engagement for Shatterproof ATLAS, a quality measurement system for addiction treatment programs, where she led Shatterproof's partnerships with state agencies and stakeholders in ATLAS pilot states.

Prior to that, Ms. Rosenquist was the associate director for health policy at the Leonard Davis Institute of Health Economics at the University of Pennsylvania (Penn LDI). She has also worked for Action for Global Health, a cross-European coalition of non-profits funded by the Bill & Melinda Gates Foundation, and the Thomson Reuters Foundation, both in London, UK. She started her career in state and local politics, working for the political action committee EMILY's List.

Ms. Rosenquist is a graduate of the College Scholars Program at Cornell University and received her master's degree in global politics from the London School of Economics & Political Science. She lives in Narberth with her husband and two children.



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Team

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Dr. Matone's research interests include maternal and young child health, as well as family well-being. She focuses on building community and public agency research partnerships to support improvements in policies and programs that serve mothers and infants in under-resourced communities. She is experienced in large-scale program evaluation, mixed-methods research designs, and use of administrative data for observational study designs in areas of child and caregiver health.

Dr. Matone is a senior fellow at the University of Pennsylvania's Leonard Davis Institute of Health Economics, a faculty affiliate at The Field Center, and a board member of the Pennsylvania Association for the Education of Youth Children. Dr. Matone received her Doctor of Public Health, specializing in child and adolescent health and development, from Johns Hopkins Bloomberg School of Public Health. She is an alumnus of the Doris Duke Fellowship for the Promotion of Child Well-being program and a former Stoneleigh Foundation fellow.



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[Underinsurance Among Children With Special Health Care Needs in the United States
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