

Key Facts in Rural Health

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DEMAND FOR MEDICAL SERVICES AMONG PREVIOUSLY UNINSURED CHILDREN: THE ROLES OF RACE AND RURALITY

This project examined the use of medical services over nearly two years among newly insured and continuously insured children, ages six through twelve, in the CHIP and Medicaid programs in South Carolina and West Virginia. We asked whether newly insured children had a different pattern of utilization than children who had been continuously insured.

The study examined utilization of ambulatory care, prescription drug, emergency room, and inpatient hospital services, using number of services received and expenditures for services as the two measures of demand. The models controlled for age and sex of child as well as presence of chronic conditions including asthma, psychosocial problems, diabetes, congenital anomalies, and nervous system disorders. Continuously insured children had been insured for at least the year prior to the study period.

Findings

In neither state did newly insured children's pattern of demand vary by whether a child lived in an urban or rural area or by the race of a child. Therefore, our original hypothesis that race and rurality would explain the discrepancies in initial demand for services between previous studies was not supported. In South Carolina, for instance, newly insured rural white children displayed delayed demand, just as did newly insured urban white children and rural and urban African-American children.



A full copy of the report can be obtained from the SC Rural Health Research Center.