



CHILD WELL-BEING SURVEY 2017

Released July 2018

Delayed health care among children in Greater Cincinnati

The 2017 *Child Well-Being Survey (CWBS)* asked parents and guardians in Greater Cincinnati and Northern Kentucky if, in the past 12 months, there was a time when their child needed health care but it was delayed or not received and why.

9 IN 10 CHILDREN IN REGION RECEIVED CARE WHEN NEEDED

Most parents reported that their child received health care when it was needed (93%). However, this varied by sex and age. Parents reported that almost 1 in 10 boys (9%) had needed care in the past 12 months and it was delayed or not received. That compares with 6% of girls. In addition, about 1 in 10 children ages 6 to 12 (9%) and 13 to 17 (11%) had delayed care or did not receive care. That compares with 2% of children ages 5 and younger.

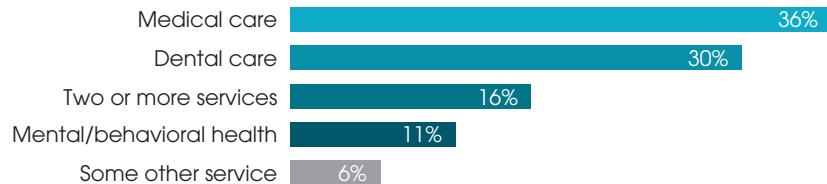
MEDICAL, DENTAL CARE MOST LIKELY TO BE MISSED

CWBS also asked caregivers to choose from a list what kind of care was delayed or not received. The 1 in 10 parents and guardians who

During the past 12 months, was there a time when (your child) needed health care but it was delayed or not received? (Percentages do not add to 100% because of rounding.)



Type of care delayed or not received



SOURCE: 2017 Child Well-Being Survey; Interact for Health and Cincinnati Children's

reported delayed care for their child most often said medical care (36%) or dental care (31%) were the services that were delayed or not received. Another 16% reported that two or more services were delayed.

INSURANCE IS MOST COMMON REASON FOR DELAY IN HEALTH CARE

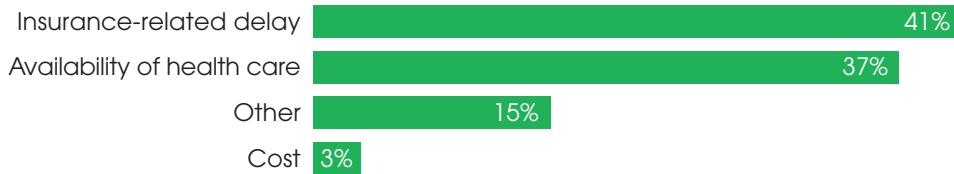
CWBS asked parents and guardians to identify the main reason care was delayed or not received for their child in the past 12 months.

Insurance-related delays affected 4 in 10 children (41%). This includes patients who could not find a doctor who accepted their insurance, patients who were uninsured and other administrative issues related to both public and private insurance.

Availability of health care affected nearly 4 in 10 children (37%). This includes patients who could not get an appointment or referral in a

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For those who delayed or went without care, what was the main reason? (Percentages do not add to 100% because the answer 'don't know' is not included.)



SOURCE: 2017 Child Well-Being Survey; Interact for Health and Cincinnati Children's

timely manner, patients who could not get to the health care provider during office hours or patients who could not find a doctor to treat their condition.

Cost (3%) was the least likely of the choices provided to be identified as the main reason care was delayed or not received.

FAMILIES WITH LOWER INCOME MORE LIKELY TO DELAY CARE

Delayed care was more likely in families with less income. Care for about 1 in 10 children in families earning 100% of the Federal Poverty Guidelines (FPG)¹ or less (10%) or between 100% and 200% FPG (13%) was delayed or not received. That compares with only 5% of children in families earning more than 200% FPG.

DELAYING OR GOING WITHOUT CARE MORE LIKELY FOR CHILDREN WITH PUBLIC INSURANCE

Parents of children with public insurance, such as Medicaid, were

¹ In 2016, 100% of the Federal Poverty Guidelines was \$24,250 for a family of four and 200% FPG was \$48,500.

more likely to report that care for their child was delayed or not received in the past year. Care for 1 in 10 children with public insurance (12%) was delayed or not received when it was needed. That compares with 5% of children with private insurance.

CHILDREN WITH POORER HEALTH MORE LIKELY TO HAVE DELAYED CARE

Four in 10 parents and guardians who reported that their child had poor or fair health also reported that care had been delayed in the past year (44%). The percentage of children whose care was delayed or not received was much lower among children in good (16%) or excellent or very good (5%) health.

WHY WE ASK THESE QUESTIONS

Health outcomes are better when care is received at the right time. These questions help us better understand which children may not be receiving the care they need and why. This can inform conversations about how we can improve access to care in our community.