

Chapter Six

Access to Health Care Services

This chapter focuses on issues that affect individuals' access to and use of health care services—health insurance coverage, the availability of a regular source (location) of health care, and the availability of a regular physician or other health care provider. The chapter also describes utilization of health care services in the past year.

Many WIC local agencies are co-located with public health clinics or other health care delivery sites. In addition, as noted in Chapter One, under adjunctive-eligibility rules, Medicaid recipients are automatically income-eligible for WIC.

Health Insurance Coverage

NHANES-III asked all respondents about sources of health insurance coverage. Survey questions considered Medicare, Medicaid, Veteran's Administration (VA) benefits, CHAMPUS, CHAMPVA, and private health insurance.¹

During the survey period, four different versions of the survey instrument were used and health insurance questions varied across versions. The major difference was the time frame referenced; for example, "now" vs. "in the last month." In addition, some questions had slight variations in wording across versions.² When differences in versions were considered slight, NHANES-III staff created the variable for the full survey time

period. All variables used in this analysis were available for the full survey sample except the question about receipt of CHAMPUS, CHAMPVA, Veteran's Administration (VA) benefits, and military health care. The prevalence of this type of insurance coverage was calculated using data for respondents who answered that question. These data were not tabulated separately because of very low prevalence, but contributed to overall estimates of health insurance coverage.

Overall, 88 percent of pregnant and postpartum women, 94 percent of infants, and 92 percent of 1-4-year-old children had some type of health insurance coverage (table D-113). Among women, there was no difference between WIC participants and income-eligible nonparticipants in the rate of health insurance coverage (79% vs. 80%). However, in comparison with higher-income women, women participating in WIC were significantly less likely to have health insurance (point estimate for higher-income women is statistically unreliable).

Among infants and children, WIC participants were *more* likely than income-eligible nonparticipants and *less* likely than higher-income nonparticipants to have health insurance. Ninety-three percent of WIC infants had health insurance, compared with 84 percent of income-eligible infants. The percentage of higher-income infants with health insurance was significantly greater

¹CHAMPUS (now known as TRICARE) is a health care benefits program for active duty and retired members of the military. CHAMPVA is a health care benefits program for permanently disabled veterans and their dependents.

²Version differences for health insurance questions varied for different sources of health insurance. Two versions of the Medicare and Medicaid questions were asked: "At any time DURING THE LAST 12 MONTHS were you covered by

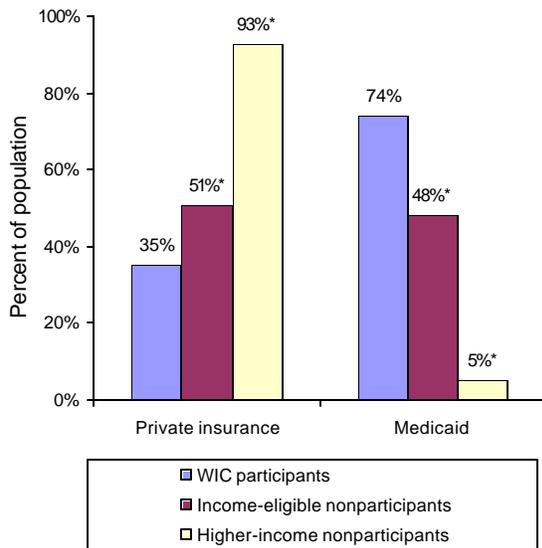
Medicare/Medicaid?" and "DURING THE LAST MONTH were you covered by Medicare/Medicaid?"

Three versions of the private health insurance question were asked: "Are you NOW covered by a health insurance plan?", "Are you covered by a health insurance plan?" and "During the LAST MONTH were you covered by a health insurance plan obtained privately or through an employer or union?"

than the percentage of WIC infants, but the point estimate for higher-income infants is unreliable. Among 1-4-year-old children, 94 percent of WIC children had health insurance, compared with 86 percent of income-eligible children and 96 percent of higher-income children.

WIC participants were significantly *less* likely than comparable individuals in either of the nonparticipant groups to have private health insurance coverage and were *more* likely to be receiving Medicaid benefits (figure 43 and tables D-115 and D-116). Overall, only 35 percent of WIC participants had private health insurance coverage, compared with 51 percent of income-eligible nonparticipants and 93 percent of higher-income nonparticipants. In contrast, almost three-quarters of WIC participants received Medicaid benefits, compared with 48 percent of income-eligible nonparticipants and 5 percent of higher-income nonparticipants. These patterns were observed separately for each participant category. However, among women, the differ-

Figure 43 - Percent of persons with private health insurance and Medicaid



*Statistically significant difference from WIC participants at the .05 level or better.
Source: NHANES-III, 1988-94.

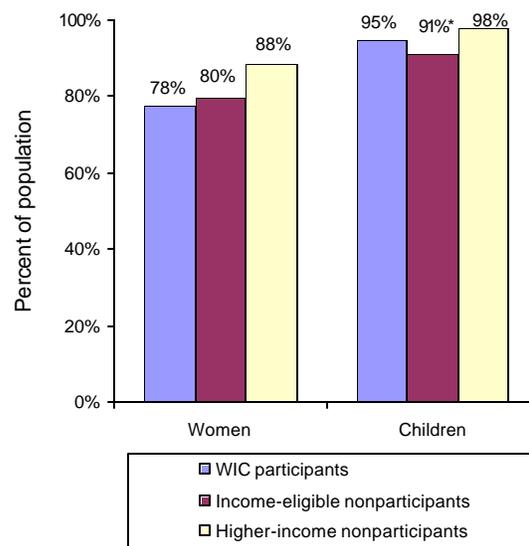
ence between WIC participants and income-eligible nonparticipants in the receipt of private health insurance was not statistically significant (table D-115).

Regular Source of Health Care

More than 8 out of 10 pregnant and postpartum women reported having a regular source of health care—that is, a clinic, health center, or doctor’s office that was usually used for health care needs or to obtain health-related advice and information (table D-117). There were no significant between-group differences in the percentage of pregnant and postpartum women who had a regular source of health care (figure 44).

Overall, 97 percent of all infants and 95 percent of 1-4-year-old children had a regular source of health care (table D-117). WIC infants were significantly more likely than income-eligible nonparticipant infants and just as likely as higher-

Figure 44 - Percent of women and children with a regular source of health care



*Statistically significant difference from WIC participants at the .05 level or better.

Note: Infants are not shown because the point estimates for WIC infants and higher-income infants are statistically unreliable.

Source: NHANES-III, 1988-94.

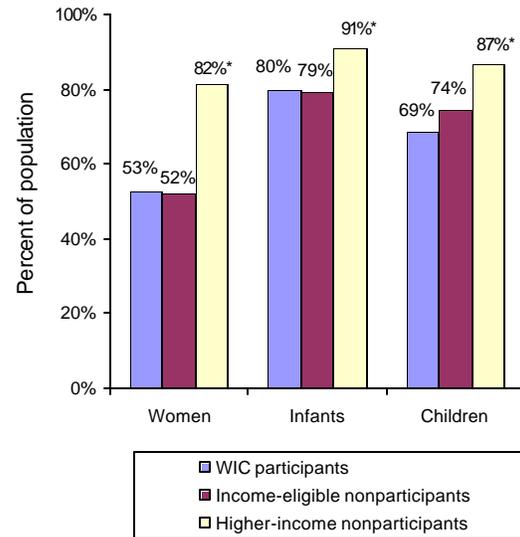
income nonparticipant infants to have a regular source of health care (point estimates for WIC infants and higher-income infants are statistically unreliable). Among 1-4-year-old children, WIC participants were *more* likely than income-eligible nonparticipants and *less* likely than higher-income nonparticipants to have a regular source of health care (95% vs. 91% and 98%) (figure 44).

Overall, 78 percent of women, infants, and 1-4-year-old children had a regular physician or other health care provider (table D-118). WIC participants were no more or less likely to have a regular health care provider than their counterparts in the income-eligible nonparticipant group (figure 45). However, in comparison with higher-income nonparticipants, all three categories of WIC participants were less likely to have a regular health care provider. Differences between WIC participants and higher-income nonparticipants were most substantial for women and children. Just over half (53%) of WIC women reported having a regular provider, compared with 82 percent of higher-income women. Similarly, 69 percent of WIC children had a regular health care provider, compared with 87 percent of higher-income children.

Use of Health Care Services In the Past Year

Overall, 95 percent of pregnant and postpartum women, infants, and 1-4-year-old children saw a physician or other health care provider at least once during the preceding 12 months (excluding overnight hospital stays) (table D-119). WIC participants were more likely than income-eligible nonparticipants to have seen a health care provider during the past year (96% vs. 91%). This difference was concentrated among women and children. There was no difference between WIC participants and higher-income nonparticipants in the use of health care services in the past year.

Figure 45 - Percent of persons with a regular physician or health care provider



*Statistically significant difference from WIC participants at the .05 level or better.
Source: NHANES-III, 1988-94.