

Key Facts in Rural Health

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Trends in Rural Children's Health and Access to Care

The past ten years have seen positive trends in the availability of health insurance coverage for children, coupled with worsening trends for poverty. The South Carolina Rural Health Research Center used three iterations of the National Survey of Children's Health (2003, 2007, 2011/2012) to examine whether rural children have benefited equally from any improvements in health insurance, health care use and health status.

Key findings:

More children are living in poverty or low-income families across the decade; children in large and small rural areas were more likely to be poor or low income than were urban children

- The proportion of children living in poverty (below 100% of the Federal Poverty Level, FPL) increased significantly between 2003 and 2012 among children living in all areas
- The proportion of non-white among all poor and low-income children increased over the decade, with significant growth for Hispanic children

Most children have health insurance, as high as 95% in 2011/2012; however, Hispanic children have lagged behind

- Hispanic children were least likely to be insured
- Across all children, public coverage increased from 30.3% of children in 2003 to 39.0% in 2011/12; significant increases were reported among all urban children and all white children
- Medicaid or SCHIP was the dominant source of insurance across all survey years for NH Black and Hispanic children
- Receipt of preventive medical visits peaked in 2007 (88.4% for all children) and subsequently declined to 84.6% in 2011/2012

Nationally, the proportion of parents reporting their child was in excellent or very good health were high

- Despite improvements among NH Blacks and Hispanic children, there were notable disparities in health status compared to NH White children

A greater proportion of children, including rural children, had financial access to care through health insurance at the end of the period than at the beginning. The proportion of children with public health insurance increased, which may suggest greater reliance on public insurance as a necessity. In addition, further research is needed to address race/ethnicity and residence-based disparities, which persisted across the decade.