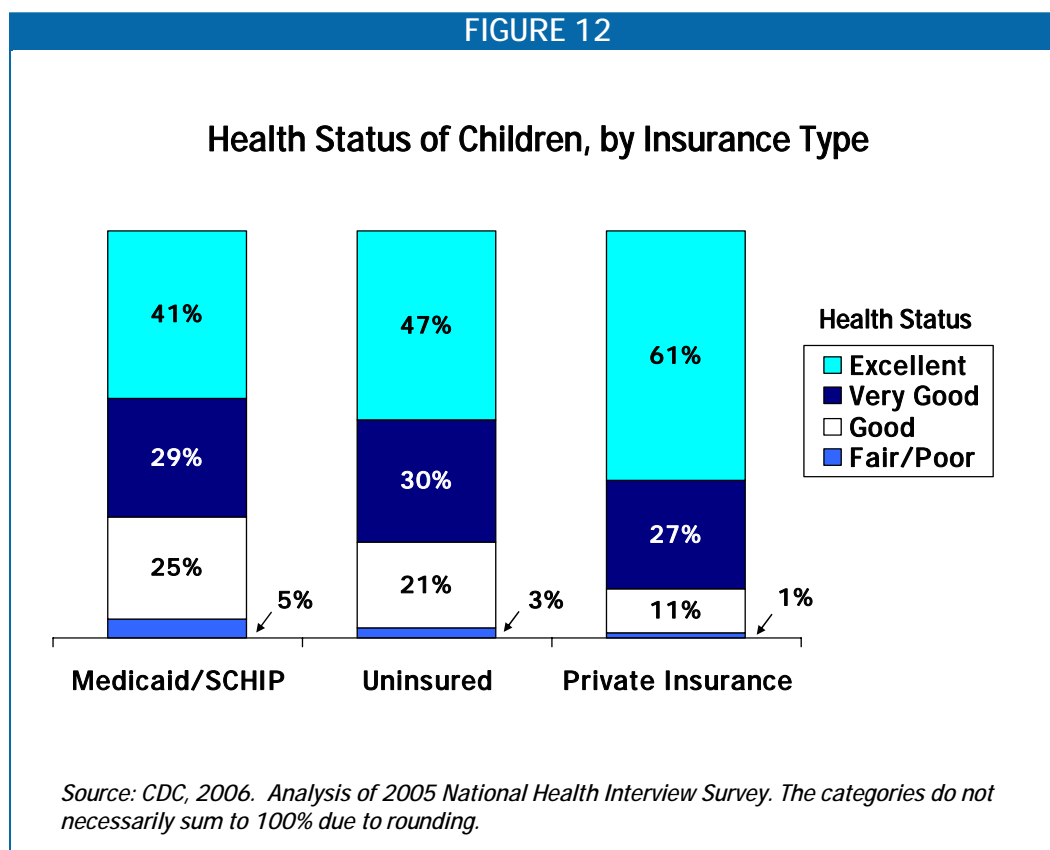


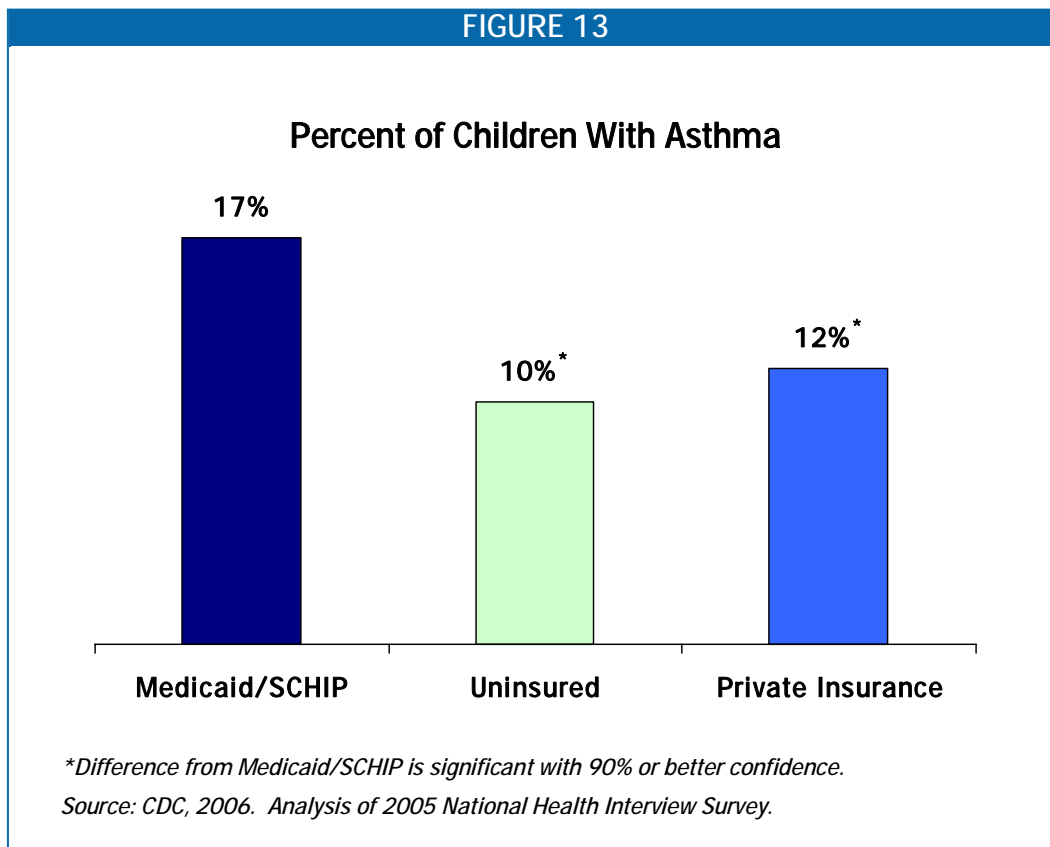
### CHILDREN IN MEDICAID AND SCHIP ARE MORE LIKELY TO BE IN POOR OR FAIR HEALTH

- Children in Medicaid or SCHIP are about four times as likely to be in “poor” or “fair” health (as assessed by their parents or caretakers) as privately insured children, and about twice as likely to be in poor or fair health as uninsured children, according to data from the Centers for Disease Control and Prevention. Publicly insured children are also less likely than the other two groups to be in “excellent” health.
- Children in low-income families are greater risk of poor health because they are brought up in greater deprivation. In addition, parents are more likely to enroll their children in Medicaid or SCHIP when their children are sick or have health problems.
- As shown later in this report (Figure 28), parents report that their children enrolled in Medicaid or SCHIP are often in better health than they were a year before.
- Yet while Medicaid and SCHIP help address the health needs of many of the nation’s sickest children, many other children with fair or poor health remain uninsured.



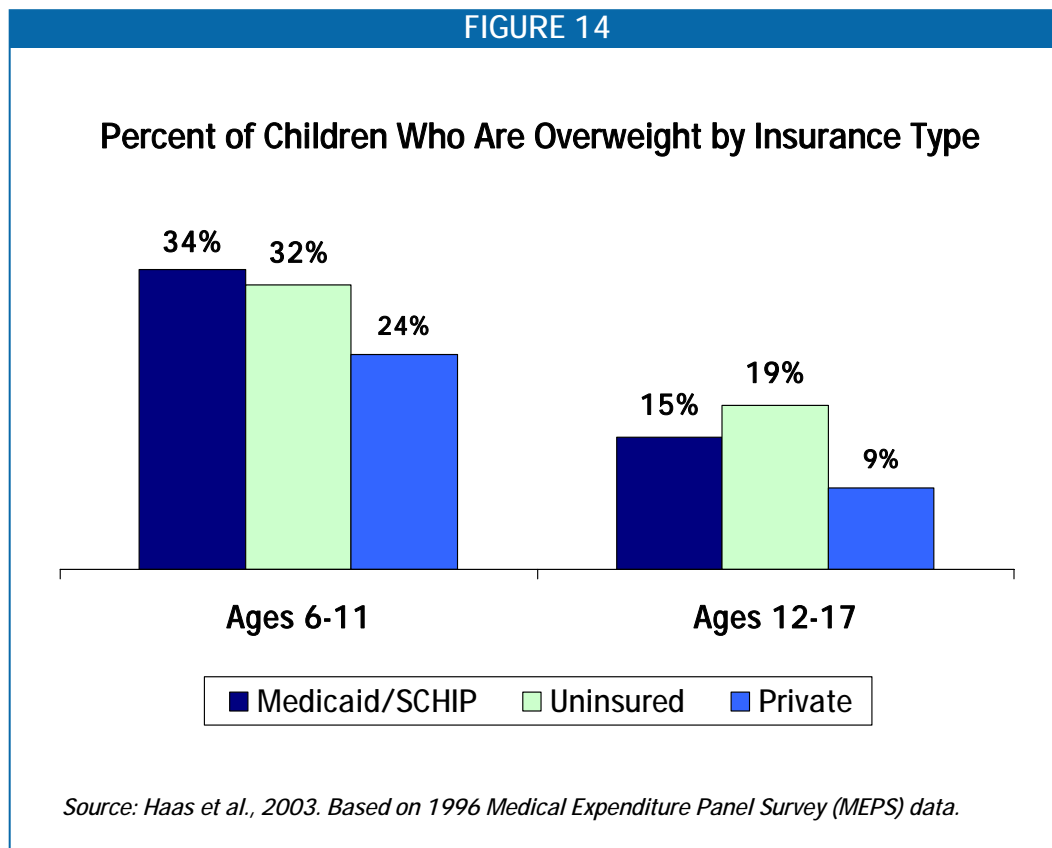
### ASTHMA IS COMMON AMONG CHILDREN IN MEDICAID AND SCHIP

- Asthma, one of the most common and serious childhood diseases, is a leading cause both of pediatric hospitalizations and of school days missed (Center for Health Care Strategies, 2001).
- Publicly insured children are more likely to have been diagnosed with asthma than uninsured children and children with private insurance. About one-sixth of children served by Medicaid or SCHIP have been diagnosed as asthmatic at some point.
- Medicaid and SCHIP can provide access to primary medical care and to medications (e.g., inhalers) that ease asthma and prevent asthma attacks. (As Figure 29 shows, the health of children with asthma improves after they have been enrolled in SCHIP.) That, in turn, can avert unnecessary and expensive emergency room visits or hospital admissions.



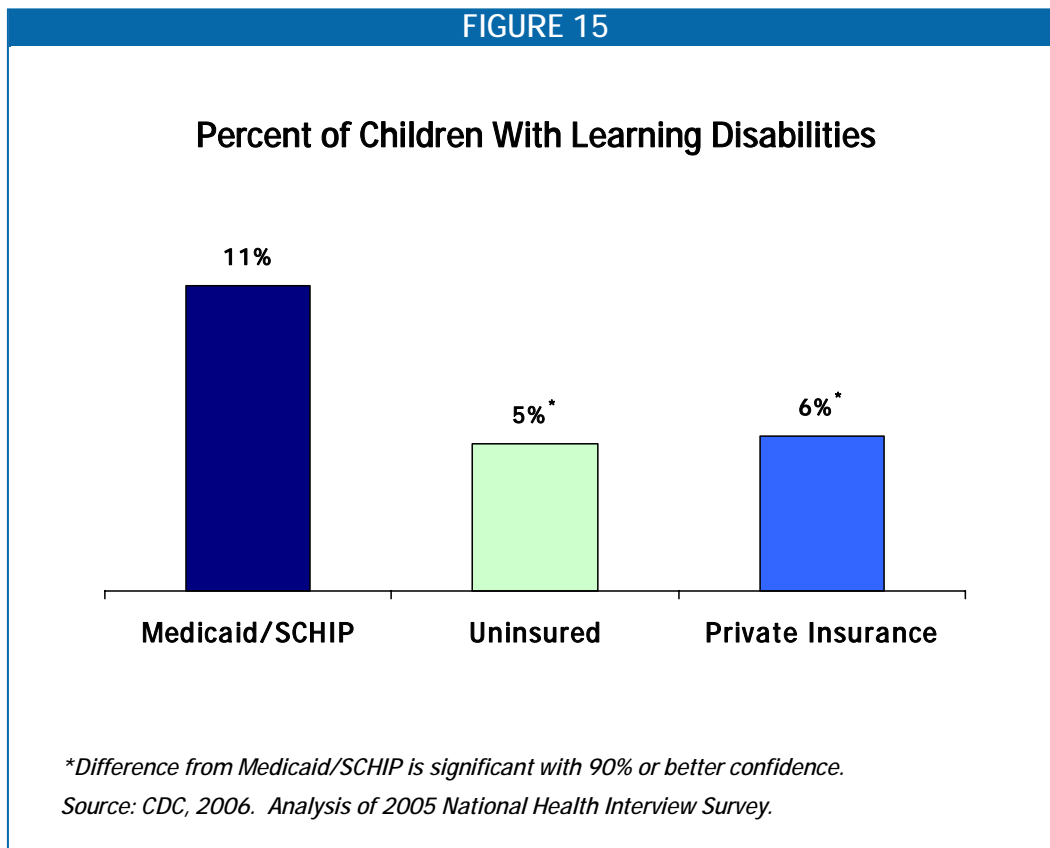
### MANY CHILDREN COVERED BY PUBLIC INSURANCE ARE OVERWEIGHT

- A rising share of American children is overweight, which can lead to adult obesity as well as to chronic diseases such as diabetes or heart disease (Anderson and Butcher, 2006). Analyses of the 1996 Medical Expenditure Panel Survey indicate that a substantial share of publicly-insured children are overweight, as are a large share of uninsured and privately insured children (Haas *et al.*, 2003).
- Some of the differences in the percentages who are overweight are not related to insurance status, however, but are related to income, race/ethnicity and other characteristics of the children. After controlling for such factors, publicly insured children 6 to 11 were *not* more likely to be overweight than privately insured children, although differences for older children remained. (See Appendix)
- While Medicaid and SCHIP cannot directly affect children's diets or physical activity, health insurance programs may be able to do more to promote obesity prevention or treatment, such as coverage of counseling about nutrition or exercise (National Governors Association 2002).



### MANY CHILDREN IN MEDICAID OR SCHIP HAVE HEALTH PROBLEMS THAT MAKE IT MORE DIFFICULT FOR THEM TO LEARN

- Children covered by public insurance are more likely to have been diagnosed with learning disabilities than privately insured or uninsured children. Medicaid and SCHIP provide access to medical and behavioral care services that help these children and improve their opportunities to learn at school. (Figure 30 shows that SCHIP coverage has been associated with improved school performance.)
- Public insurance programs can serve as a financial bridge between schools and health care. In many cases, teachers, counselors, or other school personnel identify problems among schoolchildren, and Medicaid or SCHIP then covers the health care services these children need.



### MANY CHILDREN IN MEDICAID AND SCHIP NEED MEDICATIONS REGULARLY

- Many children served by Medicaid and SCHIP have chronic health conditions or other special health care needs that require regular treatment using prescription drugs.
- Children served by public programs are more than twice as likely to have a medical problem that requires regular treatment (i.e., for three or more months) with medications than uninsured children. Publicly insured children are also more likely to have such medical conditions than privately insured children.
- Medicaid and SCHIP offer prescription drug coverage that helps these children get the medications they need. Limits on Medicaid or SCHIP enrollment, as well as policies that delay or interrupt coverage, increase the risk that these children will not receive needed medications.

