

## Fact Sheet

### Youth Access to Health Care

Adolescence is a time when youth begin making independent choices concerning their own health and health care. Their experiences will have lifelong effects on their health choices and adult health status, so it is important that the care they receive is timely, appropriate, easily accessible and affordable.

Health insurance is vital to adolescents' access to and use of health care services. Children not covered by health insurance are less likely than those with health insurance to have a regular source of health care and less likely than the privately insured to have used prescription medicines. Children without health insurance are more likely than others to receive late or no care for health problems, putting them at greater risk for hospitalization. In addition to less access to health care, a lack of health insurance can influence children's school attendance and participation in extracurricular activities, and has been shown to increase parental financial and emotional stress.

### Tennessee Data

As of FY 2003, an estimated 149,454 or 10.1% of Tennessee children 19 and younger are not insured according to the American Academy of Pediatrics (AAP).

- According to the AAP, in FY 2003 over 700,000 or 47% of Tennessee's children ages 19 and under are enrolled in Medicaid. This compares to 28 million or 37% nationally during the same time.
- The number and percent of children in Tennessee without health insurance has increased from 2001 to 2005. In 2001 there were 98,000 children (7.0% of all children in Tennessee) without health insurance. By 2005 there were 128,000 (8.0% of all Tennessee children) without health insurance as of the 2007 Kids Count Data Center.
- The number of children receiving an EPSDT/TENNderCare exam has continued to increase each year for the past 6 years with the 2005 federal fiscal year screening rate reaching 75%. In the annual Medical Record Review (MRR), EPSDT/TENNderCare has achieved a statewide weighted average for documentation of the seven required EPSDT components of 88.2% and an APSP of 66.3%. (Source: John B. Semiannual Progress Report January 31, 2007). Barriers to accessible health care for youth primarily revolve around outreach, income-related eligibility, a shortage of providers, lack of comprehensive services, developmental appropriateness of services and confidentiality.

## **Best Practices**

- **Parents** – Strategies for parents include making preventive health care a priority, and taking children for regular check-ups and immunizations; establishing open lines of communication with adolescents to talk about health; and being an advocate for adolescent health at school and in the community.
- **Schools** – Schools can support student health by working on the eight coordinated school health school components identified by the Centers for Disease Control and

### **Prevention:**

health education, physical education, health services, nutrition services, health promotion for staff, counseling and psychological services, healthy school environment and parent/community involvement. Schools can also institute a program of health instruction for students and serve as hosts for community providers to locate their physical and mental health services within school walls.

- **Community Health Care Providers** – Providers can make their services “teen friendly” by promoting regular preventive health visits; seizing health promotion opportunities; ensuring access to primary caregivers with skills, experience and interest in adolescents; offering comprehensive screening and counseling for high-risk behaviors; protecting the confidentiality of their teen patients; and teaching parents and other caring adults how to support adolescent well-being.

## **Prevention Pays**

Health economists estimate that every year the US spends \$33.5 billion on direct medical cost (e.g., hospital, doctor care, and drugs) for preventable adolescent illness associated with just six areas: teen pregnancy, sexually transmitted infections, alcohol and other drug problems, motor vehicle injuries, other unintentional injuries and outpatient mental health visits. These experts also estimate that it would cost only about \$4.3 billion (or \$203 per person) annually to provide adolescents and young adults (ages 10-24) with a comprehensive package of health and dental services such as that recommended by the American Academy of Pediatrics. (Source: MJ Park et al., Investing In Clinical Preventive Health Services for Adolescents, Policy Information and Analysis Center for Middle Childhood and Adolescence and national Adolescent health Information Center, University of California, San Francisco (2001).

## **2010**

### **Objectives**

## **Reduce Uninsurance Rates**

By 2010, reduce the percent of children without health insurance to 7%, from the 2004 baseline of 10.8%.

## **Increase Access to Health Care Services**

By 2010, increase the percentage of children with complete EPSDT annual examinations to 80% from the 2003/2004 baseline rate of 67.2%.

### **Websites**

Annie E. Casey Foundation – Kid’s Count Data Center  
<http://www.aecf.org/>

Childhood and Adolescence and National Adolescent Health Information Center, University of California, San Francisco (2001)

Covering Kids  
[www.coveringkids.org](http://www.coveringkids.org)

John B. Semiannual Progress Report  
January 31, 2007  
<http://tennessee.gov/tenncare/forms/johnb0107.pdf>  
National Adolescent Health Information Center  
<http://nahic.ucsf.edu/>

National Center for Health and Health Care in Schools  
[www.healthinschools.com](http://www.healthinschools.com)

State Children’s Health Insurance Program (SCHIP)  
[www.cms.hhs.gov/schip](http://www.cms.hhs.gov/schip)

TennCare – Tennessee’s Medicare Program  
<http://www.state.tn.us/tenncare/>

TENNderCARE – Tennessee’s EPSDT Program  
<http://tennessee.gov/tenncare/tenndercare/index.html>