USUAL SOURCE OF CARE

An indicator of access to health care is having a usual source of care.¹ A usual source of care is “a place where [children go] when sick, such as a physician’s office or health center but not an emergency department.”² A Healthy People 2020 objective for access to health services is to “increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care.”³ People with a usual source of care are more likely to receive preventive health services, have better health outcomes, and have fewer disparities and costs than those without a usual source of care.¹³⁴

A majority of children under 18 years of age (96.2 percent) had a usual source of care in 2012. Having a usual source of care varied by age, poverty status, and insurance type. The proportion of children who had a usual source of care decreased with age: 97.9 percent of children aged 0–4 years, 96.6 percent of those aged 5–11 years, and 94.4 percent of children aged 12–17 years. The percentage of children with a usual source of care was greater for those living in households with incomes of 200 percent or more of poverty (97.3 percent) than for children living in households with incomes less than 100 percent and 100–199 percent of poverty (94.8 and 95.2 percent, respectively). Uninsured children were less likely to have a usual source of care, compared to children with public or private health insurance (73.2 versus 97.5 and 98.2 percent, respectively; figure 1).

Among children with a usual source of care in 2012, 74.2 percent of children used a doctor’s office; 23.9 percent used a clinic; and 1.9 percent used the hospital and other places, including emergency rooms and hospital outpatient departments. Usual source of care location varied by race and ethnicity, poverty status, and insurance type. American Indian/Alaska Native and Hispanic children (46.9 and 38.4, respectively) were more likely to use clinics as a usual source of care than multiple-race, non-Hispanic Black, and Asian children (24.4, 24.4, and 22.4 percent, respectively). Non-Hispanic White children (17.2 percent) were the least likely to use clinics as a usual source of care.

Figure 1. Usual Source of Care* Among Children Under Age 18, by Health Insurance Type, 2012

*Has a place where the child is usually taken when sick or in need of health advice. All estimates are age adjusted and may not total 100 due to rounding.
Children with household incomes of less than 100 percent and 100–199 percent of poverty (36.9 and 30.5 percent, respectively) were approximately twice as likely to use a clinic as a usual source of care than children with household incomes of 200 percent or more of poverty (15.6 percent; figure 2). Conversely, 83.1 percent of children with household incomes of 200 percent or more of poverty used a doctor’s office as a usual source of care, compared to 67.2 percent of those with incomes of 100–199 percent of poverty and 60.3 percent of those with incomes below 100 percent of poverty. Uninsured children and children with public insurance (38.6 and 35.1 percent, respectively) were more than two times as likely to use a clinic as a usual source of care than children with private insurance (14.1 percent).

Problems with affordability and insurance are common barriers to having a usual source of care.1 The Affordable Care Act increases access to health benefits, expands insurance, and focuses on preventive health. Through the expansion of health center operations, including construction of new sites and expansion of preventive and primary services, having a usual source of care will be more accessible for individuals and families with lower incomes and with public or no insurance.5,6

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**Endnotes**


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**Suggested Citation**