

Demographic and Attitudinal Predictors of Safety Net Utilization in New Jersey

Jasmine Thompson; Susan Brownlee PhD, Joel Cantor ScD
The Institute for Health, Health Care Policy and Aging research

Context

- The Safety Net consists of community, migrant, and school-based health centers, hospital outpatient clinics, the health care for the homeless program, public health housing program, community-based clinics, and teaching hospitals (IOM, 2004).

- Nearly 1.2 million New Jersey residents, or almost 14% of the state population, were without health care coverage in 2001 (211th Legislature, 2004).

- About 39% of community health center patients are uninsured and another 36% are covered by the Medicaid program (Uniform Data System, 2002).

- Emergency department utilization in New Jersey has exceeded the national average.

- The number of ED visits per 1,000 populations increased from 329 in 1998 to 376 in 2003 in New Jersey.

Research Question

What are the demographic and attitudinal factors that predict safety net and emergency room utilization for adults age 19-64?

Previous Literature

- Compared with white non-Hispanic patients, Hispanic patient visits were higher to health centers and hospital outpatient departments (Forest & Whelan, 2000).

- Approximately 395,000 of New Jersey's 1.2 million uninsured individuals are between the ages of 19 and 30 (Corzine, 2003).

- Individuals worry a lot about obtaining proper medical care and about being wiped out financially (60%) (Yelgian, Pockell, Smith, and Murray, 2000).

Methods

Data Source: The Rutgers Center for State Health Policy New Jersey Family Health Survey (NJFHS, 2001)

- Designed to assess:** Health insurance coverage, Health status, Health care utilization, Access to care, Health attitudes

- The survey was a random digit-dialed telephone survey of 2,265 families residing in the state of New Jersey including 3,569 adults age 19-64.

- Low-income families (<200% FPL) and families with elderly members were oversampled.

- Response Rate: 59.3%.

Analytical Strategy

- Bivariate associations between each of the independent variables and usual source of care were conducted using chi-square statistics for all categorical predictors and one-way ANOVA for the continuous or scalar variables.

- Multinomial Regression (Adults 19-64)

- 3 models
- Demographics → Controls → Health Attitudes

Variables

Dependent Variable

- Usual Source of Care
- Safety Net
- Private Doctor
- No source ER

Independent Variables

- Demographic:
 - Age, Sex, Race/Ethnicity, Immigration Status
- Controls:
 - Insurance Status, Poverty Level, Health Status, Dental Health Status, Delayed Health Care
- Health Attitudes

Sample

N=3569

Gender

- Male=1460
- Female=1805

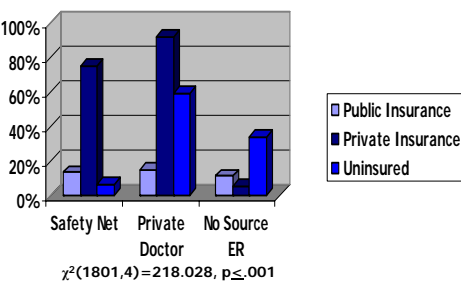
Race/Ethnicity

- White non-Hispanic=1173
- Black Non-Hispanic=353
- Hispanic=387
- Other Race=97

Immigration Status

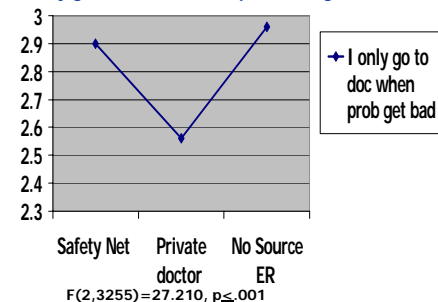
- U.S-Born Citizen=2853
- Foreign-Born Citizen=220
- Not U.S Citizen < 5 yrs=85
- Not U.S Citizen ≥ 5 yrs=105

Safety Net Utilization by Insurance Status



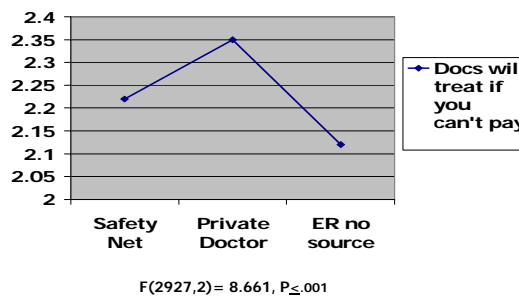
Safety Net Utilization by Health Attitude

(I only go to the doc when problems get bad)



Safety Net Utilization by Health Attitude

(docs will treat if you can't pay full amount)



Multinomial Regression Results For Adult ER vs. Private Doctor Utilization

	Model 1	Model 2	Model 3
Age	.98*	.97*	.99
Male	1.34*	1.33*	1.23
Non-citizen in U.S <5 yrs	2.21*	2.39*	2.73*
0% to 100% FPL		1.70*	1.56
Public Insurance		.31*	.34*
Private Insurance		.18*	.19*
Delay of Care		1.38*	1.17
Docs will treat if you can't pay			.83*
I only go to the doc when things get bad			1.14*

Note: Parameters are Odds Ratios.
*p<.05

Multinomial Regression Results For Adult Safety Net vs. Private Doctor Utilization

	Model 1	Model 2	Model 3
Age	.98*	.97*	.98*
Race (Hispanic)	2.42*	1.33	1.78
Foreign Born U.S Citizens	.37*	.62	.80
Non-U.S Citizen < 5 yrs	2.08	2.94*	3.90*
Private Insurance		.31*	.38*
0% to 100% FPL		1.82	2.10*
101% to 200% FPL		1.89*	2.31*
Overall Health Status		.80*	.79*
Delay of Care		1.61*	1.51*

Note: Parameters are Odds Ratios.
*p<.05

Key Findings

Adult safety net users are more likely to....

- be younger
- be non-citizens in U.S < 5 yrs
- not be private insured
- Be poor
- experience delayed health care
- have poor overall health

Adult ER Users are more likely to...

- be non-citizens in U.S < 5 yrs
- be uninsured young males
- not use public or private insurance
- experience delayed health care
- believe that doctors will treat if you're poor
- only go to the doc when things get bad

Implications & Future Research

- There is a need for health center outreach programs for the immigrant community
- More preventative health education
- Examine predictors for child safety net utilization
- Examine ratings of safety net facilities
 - Cultural competence
 - Language translators
 - Doctors/staff treating people with respect
- Satisfaction of facilities
- Waiting time in office
- Waiting time to schedule appointments

Limitations

- Cross-sectional study

Strengths

- Survey technique included non-telephone population by asking respondents about phone service interruption in the past year.
- Large amount of detail on various measures
- Racially/ethnically diverse