



BACKGROUND

The Affordable Care Act (ACA) expands insurance coverage, but achieving optimal utilization of medical care will be a challenge for families whose eligibility for different sources of coverage is not concordant between parents and children and/or is likely to fluctuate over time with changes in life and economic circumstances. ¹ The administrative and logistical complexities this creates in accessing health coverage and care will be more prevalent for families in states like New Jersey. First of all, as a gateway state, a higher proportion of New Jersey families will have to contend with eligibility and enrollment issues stemming from immigration status. And also, because of its generous CHIP coverage (up to 350% FPL for children), a greater proportion of moderate-income families will be split across the Medicaid-Exchange divide.

RESEARCH OBJECTIVE

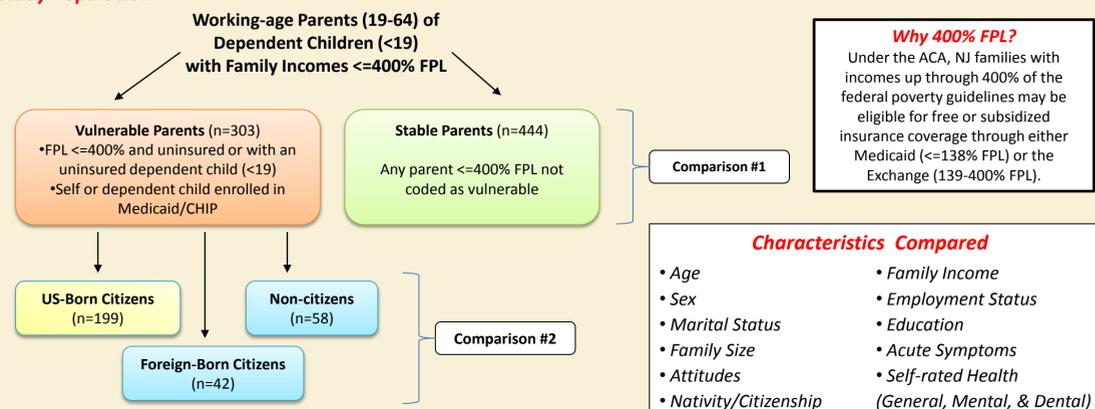
- To describe the socio-demographics, health care-seeking attitudes, and health indicators of working-age parents whose families are vulnerable to coverage and access coordination challenges
- To further examine differences in these characteristics among vulnerable parents by their immigration status

METHODS

Data Source – 2009 New Jersey Family Health Survey (NJFHS)

- Statewide household survey collecting data on various health topics important for New Jersey policy formulation and evaluation.
- Random-digit-dialed (RDD) survey of 2,100 families with landlines and 400 families relying on cell phones.
- Overall response rate of 45.4%.
- Selected respondent was the person who was most knowledgeable about the health and health care needs of the family and answered questions concerning all related members of the household.

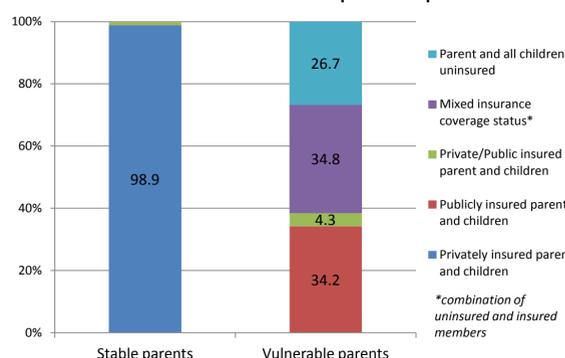
Study Population



Statistical Analysis

- Chi-square tests of differences in the distribution of socio-demographics, health indicators, and health care-seeking attitudes by comparison groups; All analyses weighted and adjusted for complex survey design in SAS 9.2

Parent-Child Insurance Mix in Groups for Comparison #1

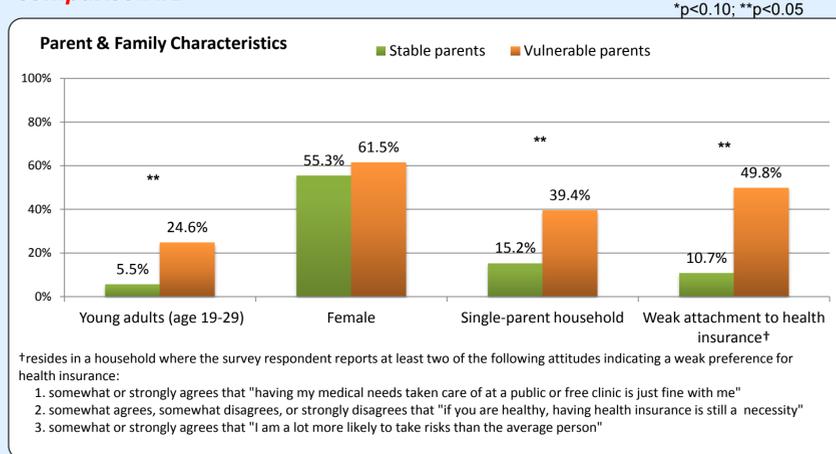


Parent-Child Insurance Mix in Groups for Comparison #2



PRINCIPAL FINDINGS

Comparison #1

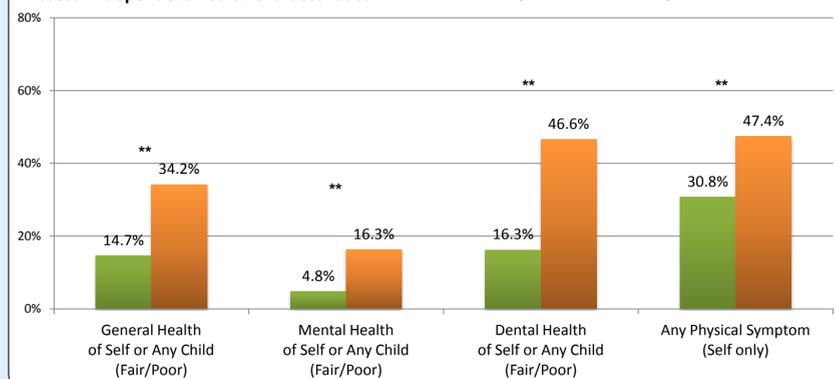


- Vulnerable parents are more likely younger (19-29) and in single-parent families
- Vulnerable parents are also much more likely to express attitudes indicating a weak attachment to health insurance as a mechanism for managing their health care.

Demographic characteristics	Stable parents	Vulnerable parents	Socioeconomic characteristics	Stable parents	Vulnerable parents
Race/Ethnicity**			Family Income <200% FPL **	12.2%	68.0%
White non-Hispanic	61.3%	28.6%	Employment Status **		
Black non-Hispanic	11.5%	21.7%	Working Full-Time	64.6%	36.7%
Hispanic	12.6%	45.3%	Working Part-Time	13.3%	17.4%
Asian non-Hispanic	11.3%	2.6%	Not Working	2.7%	21.3%
Other non-Hispanic	3.2%	1.9%	Not in Labor Force	19.4%	24.7%
Immigration Status**			Educational Attainment **		
US-Born	75.2%	55.6%	Less than High School	2.4%	26.1%
Foreign-Born Citizen	17.9%	12.9%	High School or Equivalent	41.5%	46.4%
Non-Citizen in US 5 years or more	6.7%	26.4%	More than High School	56.1%	27.5%
Non-Citizen in US less than 5 years	0.3%	5.1%			

- Vulnerable parents are more likely to be Hispanic, have lower family incomes, and are less likely to be working.

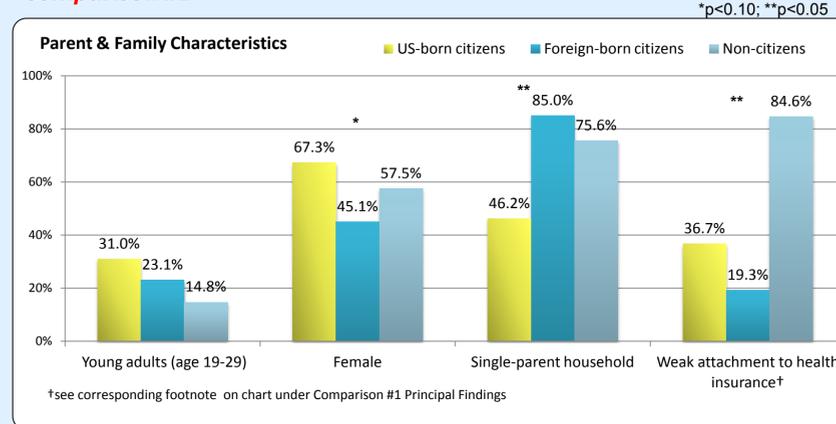
Access-Independent Health Characteristics



- Compared to parents with more stable family coverage situations, vulnerable parents are more likely to report their own or their child(ren)'s health as fair/poor.

PRINCIPAL FINDINGS (cont.)

Comparison #2

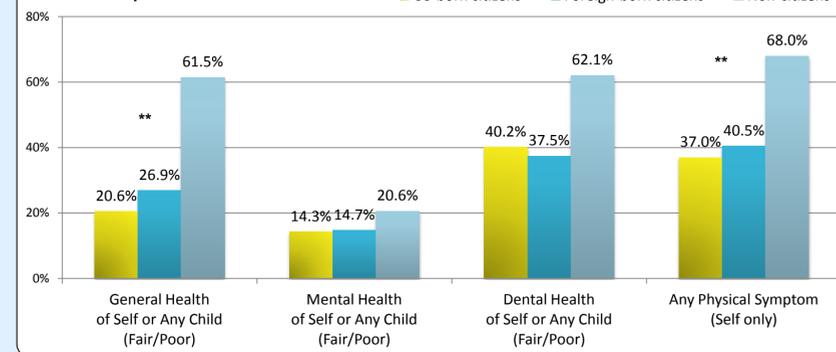


- Among parents at risk for coordination problems, immigrants are slightly less likely to be female, but the most likely to be in single-parent households compared to US-born parents.
- Among vulnerable parents, non-citizen immigrants are the most likely to express attitudes indicating a weak attachment to health insurance, but citizen immigrants are the least likely to report such attitudes.

Demographic characteristics	US-born citizens	Foreign-born citizens	Non-citizens	Socioeconomic characteristics	US-born citizens	Foreign-born citizens	Non-citizens
Race/Ethnicity**				Employment Status **			
White non-Hispanic	44.6%	19.4%	4.7%	Working Full-Time	30.3%	56.4%	40.0%
Black non-Hispanic	35.6%	8.4%	1.8%	Working Part-Time	21.4%	18.7%	10.2%
Hispanic	19.0%	44.9%	91.9%	Not Working	27.5%	9.1%	14.7%
Other non-Hispanic	0.7%	27.3%	1.6%	Not in Labor Force	20.9%	15.7%	35.1%
Family Income <200% FPL	58.7%	73.6%	81.6%	Educational Attainment **			
				Less than High School	11.4%	16.1%	55.7%
				High School or Equivalent	66.4%	31.8%	18.2%
				More than High School	22.2%	52.1%	26.1%

- The data suggest immigrant parents are the most likely of all vulnerable parents to have low family incomes; thus, large proportions of them will be at great risk for "churning".¹

Access-Independent Health Characteristics



- Families with a non-citizen immigrant parent are more likely to have a member with fair or poor self-rated general health.
- Non-citizen immigrant parents are also more likely to experience an acute symptom warranting medical attention.

CONCLUSIONS

- States with large immigrant populations have additional considerations in planning their health insurance outreach and enrollment systems to assist vulnerable adults and their families in maintaining health coverage and accessing needed care.
- Non-citizen immigrant parents, who are largely Hispanic in New Jersey, are the state's most vulnerable subpopulation:
 - most volatile incomes
 - express the highest rates of fair/poor health
 - least attached to the American health insurance system.

Limitations

- Small sample for some subgroups
- Cross-sectional, unable to identify parents with actual income or eligibility "churning"
- Respondents' attitudes were attributed to other adults in the household
- Unable to determine legal status of non-citizens in the sample

IMPLICATIONS FOR POLICY, DELIVERY, OR PRACTICE

Strategies to synchronize family coverage, to incentivize insurance plans to participate in all Exchange programs, to engage parents when they experience life changes affecting eligibility, and to ensure the cultural and linguistic sensitivity of all efforts targeting immigrants are important for protecting families from coverage and access coordination problems. Moreover, assurance of the consistency and utility of health coverage can help foster confidence in the health insurance system as a preferred mechanism for managing health care, thereby enhancing the effectiveness of efforts to keep vulnerable families enrolled.

Selected Reference(s)

¹Sommers BD and S Rosenbaum. Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and Insurance Exchanges. Health Affairs (Millwood). 2011; 30(2): 228-236.

THIS RESEARCH WAS SUPPORTED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION

