Uninsurance among Parents of Young Children, 1997–2014

Long-Term Trends and Recent Patterns

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National Health Interview Survey (NHIS) data show that the share of nonelderly parents without health insurance fell from 20.0 percent in 2013 to 16.4 percent in 2014 following implementation of the major coverage provisions of the Affordable Care Act, or ACA (Karpman, Gates, Kenney, et al. 2016). The estimated uninsurance rate for parents in 2014 is lower than the uninsurance rate in 1997, when major changes to the NHIS health insurance questions and other aspects of this survey were made.

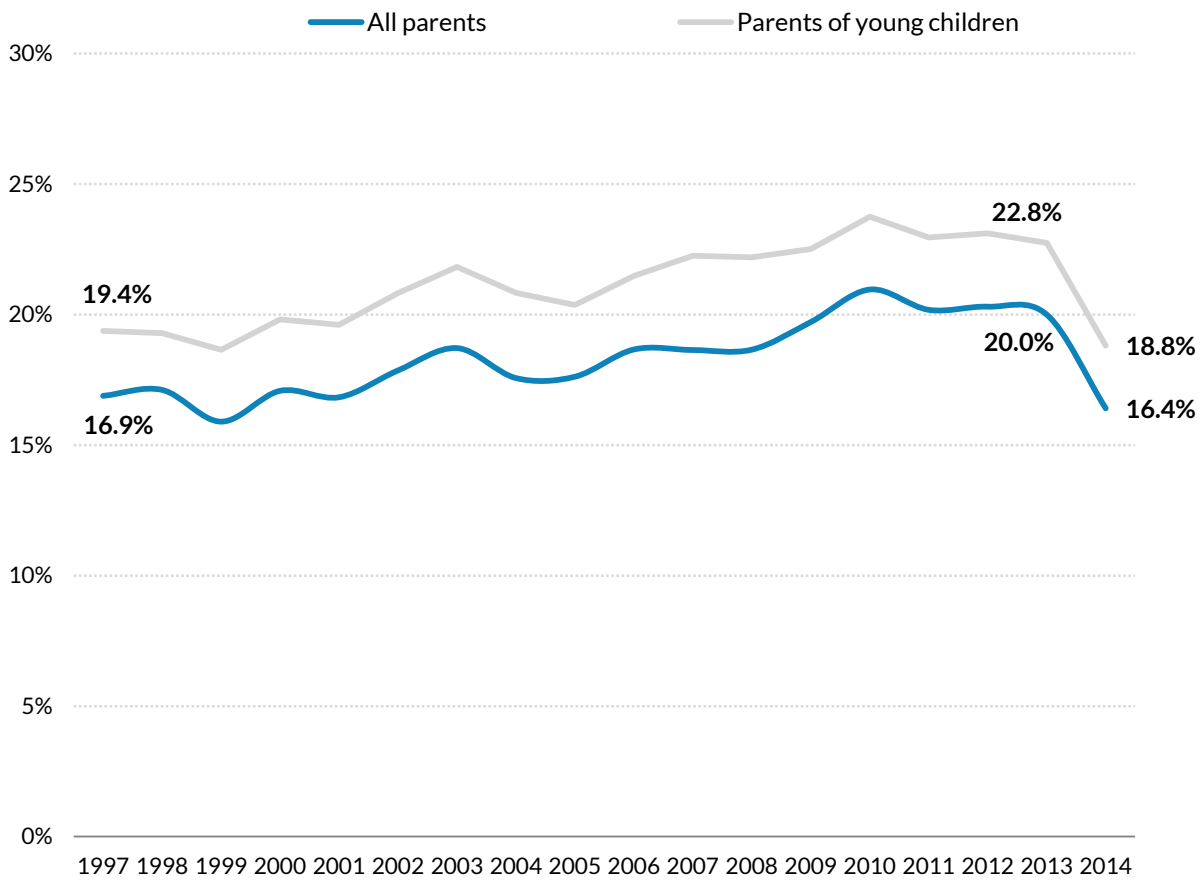
Coverage expansions for parents that took place before the ACA's passage were associated with reductions in uninsurance for children (Aizer and Grogger 2003; Dubay and Kenney 2003; Ku and Broaddus 2000), and children are more likely to visit medical providers and receive well-child visits when their parents are insured (Davidoff et al. 2003; Gifford, Weech-Maldonado, and Farley Short 2005). In addition, children who have a usual source of care are more likely to have unmet health care needs if their parents do not have a usual source of care, suggesting that parents' connection to health insurance and the health care system have implications for their children's health care access (DeVoe et al. 2011). The ACA's Medicaid expansion and new premium tax credits for purchasing Marketplace coverage could narrow the gap in uninsurance between young children and their parents, which has been driven largely by the higher income thresholds at which children are eligible for public coverage relative to such thresholds for parents.

For this analysis, we used NHIS data from 1997 to 2014 to examine long-term trends in uninsurance for nonelderly parents of young children (age 5 and under); differences by coverage status in access to health care, service use, and health care affordability in 2014;[1] and changes in the composition of uninsured parents of young children and uninsurance rates for various subgroups of these parents between 2013 and 2014. This analysis supplements findings from and uses the same methods as a related brief focused on all parents ages 19 to 64 who are living with their dependent children (Karpman, Gates, Kenney, et al. 2016).[2]

We find that the share of parents with young children who did not have health insurance increased from 19.4 percent in 1997 to 22.8 percent in 2013 and then fell to 18.8 percent in 2014 (figure 1). Changes in uninsurance among parents of young children have largely tracked changes in the overall uninsurance rate for parents. However, the uninsurance rate for parents of young children has been consistently higher than the uninsurance rate among all parents, in part because young children are more likely to live in low-income families than older children (Jiang, Ekono, and Skinner 2015). As of 2014, 5.6 million parents of young children were uninsured (data not shown).

FIGURE 1

Uninsurance among All Parents and Parents of Young Children, 1997–2014



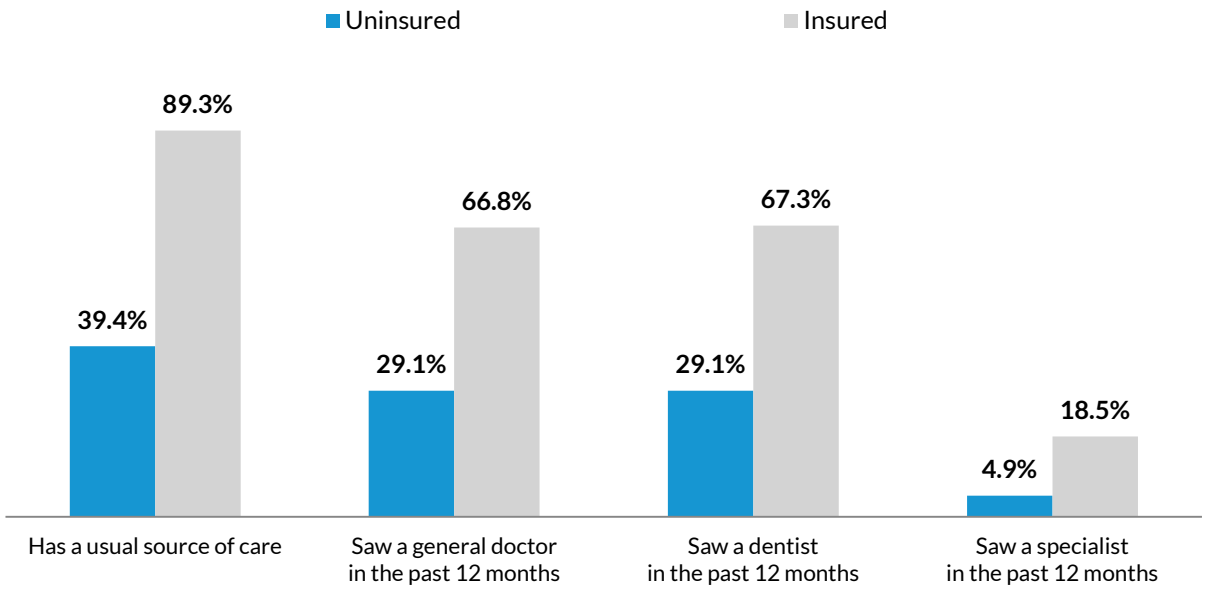
Source: Urban Institute tabulations of 1997–2014 National Health Interview Survey data.
Notes: Parents are defined as adults ages 19 to 64 who were identified as the mother or father of a child age 18 or under living in their household. Young children are defined as age 5 or under. Uninsured is at time of survey.

Uninsured parents of young children are less likely to use the health care system than their insured peers (figure 2). Only 39.4 percent of parents who were uninsured for the entire year before the 2014 survey have a usual source of health care outside of a hospital emergency department compared with 89.3 percent of full-year insured parents. Uninsured parents are less than half as likely as insured

parents to have seen a general doctor or dentist in the past year and are much less likely to have seen a specialist (4.9 percent versus 18.5 percent).

FIGURE 2

Health Care Access and Service Use among Uninsured and Insured Parents of Young Children, 2014

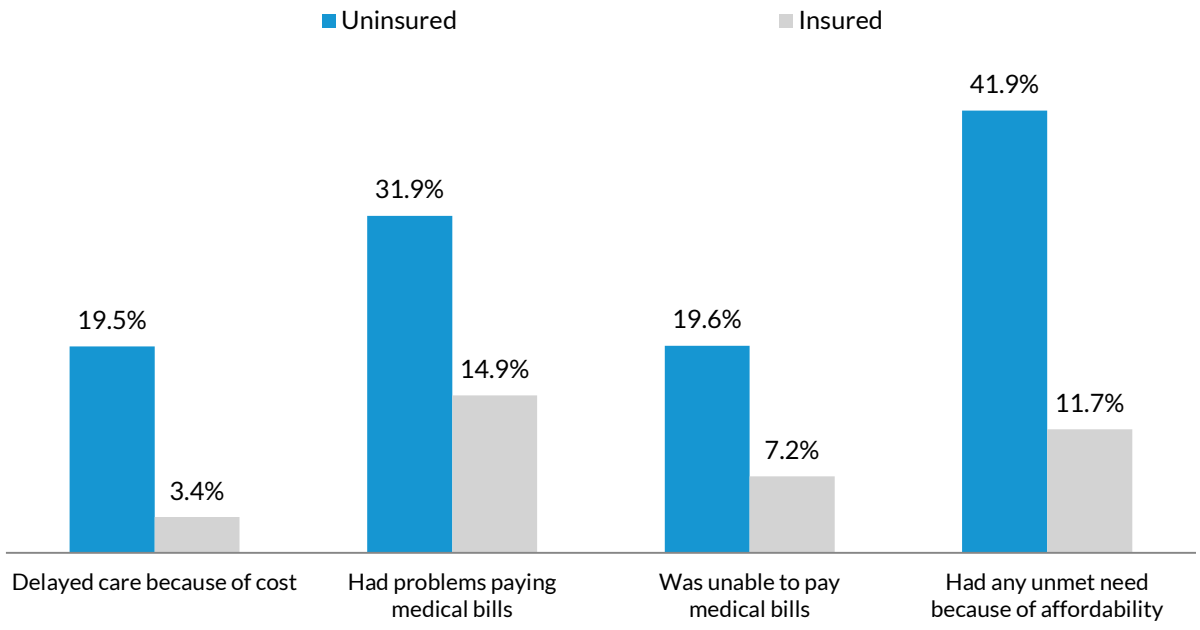


Source: Urban Institute tabulations of the 2014 National Health Interview Survey data.
Notes: Parents are defined as adults ages 19 to 64 who were identified as the mother or father of a child age 18 or under in their health insurance unit. Young children are defined as age 5 or under. Uninsured parents of young children are defined as those who lacked health insurance for all of the previous 12 months. Insured parents of young children are defined as those with health insurance for all of the previous 12 months. Usual source of care is at time of survey. All estimates for the uninsured differ significantly from estimates for the insured ($p < 0.01$).

Uninsured parents of young children also experience more health care affordability problems than insured parents; 19.5 percent of the uninsured had delayed health care because of the cost and 41.9 percent had gone without care for affordability reasons compared with 3.4 percent of insured parents who delayed care because of cost and 11.7 percent of insured parents who had an unmet need for care (figure 3). Uninsured parents were over twice as likely as insured parents to report problems paying family medical bills and being unable to pay medical bills at all in the past year. Differences between uninsured and insured parents in health care access, service use, and affordability were consistent, though typically somewhat smaller, after controlling for their observable characteristics (data not shown).

FIGURE 3

Health Care Affordability among Uninsured and Insured Parents of Young Children, 2014



Source: Urban Institute tabulations of the 2014 National Health Interview Survey data.
Notes: Parents are defined as adults ages 19 to 64 who were identified as the mother or father of a child age 18 or under living in their household. Young children are defined as age 5 or under. Uninsured parents of young children are defined as those who lacked health insurance for all of the previous 12 months. Insured parents of young children are defined as those with health insurance for all of the previous 12 months. All measures are for experience in the 12 months before survey. "Any unmet need" includes unmet need for medical care, dental care, prescription drugs, eyeglasses, mental health care, specialist care, and follow-up care. All estimates for the uninsured differ significantly from estimates for the insured ($p < 0.01$).

Table 1 shows changes in the characteristics of uninsured parents of young children between 2013 and 2014. A larger share of uninsured parents of young children were noncitizens in 2014 (43.6 percent) than in 2013 (37.7 percent), and there were increases in the shares of uninsured parents who were Hispanic (48.2 percent to 52.2 percent) or had at least one noncitizen in the family. A smaller share of the uninsured had some college education short of a bachelor's degree in 2014 relative to 2013. There were no statistically significant changes in the disproportionate share of uninsured parents with young children who were mothers (50.3 percent in 2014), ages 19 to 25 (20.4 percent), not working (35.4 percent), or living in the South or West (73.1 percent). All but 3.6 percent of uninsured parents of young children have incomes below 400 percent of the federal poverty level, suggesting many may be eligible for financial assistance to obtain coverage under the ACA.

TABLE 1

Characteristics of Uninsured Parents of Young Children in 2013 and 2014

	2013 (%)	2014 (%)	
Sex			
Female	52.1	50.3	
Male	47.9	49.7	
Age			
19 to 25	21.0	20.4	
26 to 34	49.3	49.0	
35 to 49	28.5	29.5	
50 to 64	1.2	1.2	
Race/ethnicity			
White, non-Hispanic	34.8	31.4	
Black, non-Hispanic	11.2	11.4	
Hispanic	48.2	52.2	*
Other race, non-Hispanic	5.8	5.0	
Citizenship status			
Citizen	62.3	56.4	**
Noncitizen	37.7	43.6	**
Self-reported health status			
Excellent or very good	62.5	61.4	
Good	30.7	31.8	
Fair or poor	6.8	6.7	
Limitations			
Has any activity limitation	3.1	2.8	
Has no activity limitation	96.9	97.2	
Medicaid expansion status			
Expansion state	46.1	42.2	
Nonexpansion state	53.9	57.8	
Region			
Northeast	9.1	10.0	
South	48.2	49.4	
Midwest	16.5	16.9	
West	26.2	23.7	
Education level			
Less than high school	33.2	36.4	
High school	31.6	34.3	
Some college	27.4	22.6	***
College	7.8	6.7	
Work status			
Full time	52.0	50.2	
Part time	13.9	14.4	
Not working	34.1	35.4	
HIU citizenship status			
Any noncitizen in HIU	41.8	46.7	**
No noncitizens in HIU	58.2	53.3	**
Income by HIU			
≤ 138% of FPL	58.6	61.6	
138–400% of FPL	36.9	34.9	
> 400% of FPL	4.6	3.6	

Source: Urban Institute tabulations of 2013 and 2014 National Health Interview Survey data.

Notes: FPL = the federal poverty level; HIU = health insurance unit. Parents are defined as adults ages 19 to 64 who were identified as the mother or father of a child age 18 or under living in their household. Young children are defined as age 5 or under. All measures are at time of survey. State Medicaid expansion status is as of May 2014.

*/**/*** Estimate for 2014 differs significantly from the 2013 estimate at p< 0.10/0.05/0.01, respectively.

Table 2 shows that between 2013 and 2014, uninsurance fell significantly for most subgroups of parents of young children, with the largest declines among parents that historically have had higher uninsurance rates, such as those with incomes below 400 percent of the federal poverty level, Hispanic parents, and parents in the South and West. However, uninsurance rates for many of these groups of parents remained disproportionately high in 2014: 36.3 percent of those with incomes below 138 percent of the federal poverty level, 40.4 percent of Hispanic parents, and 24.8 percent of those in the South were uninsured. Other groups with young children that continue to have high uninsurance rates are noncitizen parents (47.9 percent), parents with at least one noncitizen in the family (42.2 percent), parents with less than a high school education (47.0 percent), young parents ages 19 to 25 (26.3 percent), parents who are not working full time, and parents who are in less than excellent or very good health.

Together, these results indicate that the uninsurance rate for parents of young children, including many of the most vulnerable parents from minority backgrounds or with low incomes, fell sharply following implementation of the ACA's key coverage provisions. An improving economy and other factors may also have contributed to these coverage gains. However, nearly one in five parents of young children remained uninsured in 2014, and uninsurance rates were disproportionately high among parents who had lower incomes or who were Hispanic, young, or not citizens. The results also show that parents without coverage are much less likely to use the health care system, more likely to go without needed care because of the cost, and more likely to have problems paying medical bills, all of which could jeopardize their health and financial well-being and negatively affect their children. Given the small share of young children who are uninsured (Karpman, Gates, McMorrow, et al. 2016), further reductions in uninsurance among parents may depend on outreach to those whose children are covered and who are themselves eligible for Medicaid or subsidized Marketplace coverage. In addition to targeted outreach and enrollment efforts, it will also be important both to assess how many uninsured parents of young children remain ineligible for financial assistance because they are undocumented immigrants, because their states have not expanded Medicaid, or because they have an offer of employer-based coverage that disqualifies them from receiving premium tax credits for Marketplace coverage and to consider policies to close those gaps.

TABLE 2

Rates of Uninsurance among Parents of Young Children in 2013 and 2014

	2013 (%)	2014 (%)		
All parents of young children	**22.8**	**18.8**	***	
Sex				
Female[a]	21.4	17.2	***	
Male	24.4	20.8	***	+++
Age				
19 to 25[a]	31.8	26.3	**	
26 to 34	24.2	20.1	***	+++
35 to 49	17.5	14.5	***	+++
50 to 64	18.4	16.7		+++

	2013 (%)	2014 (%)		
Race/ethnicity				
White, non-Hispanic	14.1	10.8	***	+++
Black, non-Hispanic	22.4	18.1	**	+++
Hispanic[a]	46.2	40.4	***	
Other race, non-Hispanic	15.1	10.5	**	+++
Citizenship status				
Citizen[a]	17.0	12.8	***	
Noncitizen	51.1	47.9		+++
Self-reported health status				
Excellent or very good[a]	19.8	15.8	***	
Good	31.2	27.5	*	+++
Fair or poor	27.4	25.0		+++
Limitations				
Has any activity limitation[a]	17.7	17.0		
Has no activity limitation	23.0	18.9	***	
Medicaid expansion status				
Expansion state[a]	20.1	15.0	***	
Nonexpansion state	25.7	23.1	*	+++
Region				
Northeast[a]	13.7	12.6		
South	28.5	24.8	**	+++
Midwest	16.9	14.4		
West	24.7	17.5	***	+++
Education level				
Less than high school[a]	50.5	47.0		
High school	30.8	26.7	**	+++
Some college	20.8	14.7	***	+++
College	5.5	3.7	***	+++
Work status				
Full time[a]	19.1	15.4	***	
Part time	28.8	23.3	**	+++
Not working	28.6	24.7	***	+++
HIU citizenship				
Any noncitizen in HIU[a]	46.5	42.2	*	
No noncitizens in HIU	16.6	12.7	***	+++
Income by HIU				
≤ 138% of FPL	41.8	36.3	***	+++
138–400% of FPL	21.6	16.3	***	+++
> 400% of FPL[a]	3.6	2.4	*	

Source: Urban Institute tabulations of 2013 and 2014 National Health Interview Survey data.

Notes: FPL = the federal poverty level; HIU = health insurance unit. Parents are defined as adults ages 19 to 64 who were identified as the mother or father of a child age 18 or under living in their household. Young children are defined as age 5 or under. All measures are at time of survey. State Medicaid expansion status is as of May 2014.

*/**/*** Estimate for 2014 differs significantly from the 2013 estimate at p < 0.10/0.05/0.01, respectively.

+/++/+++ Estimate for uninsurance rate differs significantly from that for the reference category (marked with [a]) at p < 0.10/0.05/0.01, respectively.

Notes

1. For the analysis of differences in access, service use, and affordability, we focus on the insurance coverage status of parents of young children in the year before the survey. We analyze differences in these measures between parents of young children who were insured for the entire previous year and those who were uninsured for the entire previous year.

2. We focus on custodial parents—those living in a household with their dependent children age 18 and under—because noncustodial parents cannot be identified on the NHIS.

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About the Authors

Michael Karpman is a research associate in the Health Policy Center at the Urban Institute. His work focuses on the implications of the Affordable Care Act, including quantitative analysis related to health insurance coverage, access to and affordability of health care, use of health care services, and health status. This work includes efforts to help coordinate and analyze data from the Urban Institute's Health Reform Monitoring Survey. Before joining Urban in 2013, Karpman was a senior associate at the

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Jason A. Gates is a research assistant in the Health Policy Center at the Urban Institute. His current work focuses on the effects of expanding coverage on low income populations, children and families. His expertise is with the National Health Interview Survey, and he has experience analyzing the American Community Survey and Behavioral Risk Factor Surveillance System. He received his BA from Dickinson College.

Stacey McMorrow is a health economist with extensive experience using quantitative methods to study the factors that affect individual health insurance coverage and access to care as well as the impacts of state and national health reforms on employers and individuals. Her current work uses the Affordable Care Act and past Medicaid expansions to explore the effects of expanding insurance coverage on access to care, service use and health outcomes for various populations. Through this and other work, McMorrow has developed substantial expertise in analyzing data from several federal surveys, including the National Health Interview Survey and the Medical Expenditure Panel Survey. Other research interests include the role of community health centers and safety net providers under health reform, receipt of preventive and reproductive health services among women, barriers to care for low-income children, and the market-level effects of insurance expansions. McMorrow received her PhD in health economics from the University of Pennsylvania in 2009.

Genevieve M. Kenney is a senior fellow and codirector of the Health Policy Center at the Urban Institute. She has been conducting policy research for over 25 years and is a nationally renowned expert on Medicaid, the Children's Health Insurance Program (CHIP), and broader health insurance coverage and health issues facing low-income children and families. Kenney has led a number of Medicaid and CHIP evaluations, and published over 100 peer-reviewed journal articles and scores of briefs on insurance coverage, access to care, and related outcomes for low-income children, pregnant women, and other adults. In her current research, she is examining implications of the Affordable Care Act, how access to primary care varies across states and insurance groups, and emerging policy questions related to Medicaid and CHIP. She received a master’s degree in statistics and a PhD in economics from the University of Michigan.

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