



# More Than 4 Million Parents of Young Children Were Uninsured in 2017–18

## Both Uninsured Mothers and Fathers Living with Children under Age 6 Experienced Difficulties Accessing and Affording Health Care

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Whether parents have health insurance coverage affects not only their health care access but the financial stability and well-being of the entire family. The harmful consequences of parents' uninsurance may be magnified for young children, given early childhood's importance for long-term growth and development. Moreover, compared with a vast body of evidence on maternal and child health, research on fathers' insurance coverage and its implications for children and families is limited. In this brief, we assess uninsurance among parents living with young children from birth to age 5, using National Health Interview Survey (NHIS) data from 2017 and 2018, and report separate estimates for mothers and fathers. Our main findings are as follows:

- More than 4 million parents living with young children—2.2 million mothers and 2.2 million fathers—were uninsured in 2017–18, representing a 40 percent decline in uninsurance since 2013, following implementation of the major coverage provisions of the Affordable Care Act (ACA).
- In 2018, fathers living with young children were more likely to be uninsured than mothers living with young children (15.2 percent versus 13.0 percent). Both mothers and fathers who were living with young children and were Hispanic, noncitizens, living in the South, lacking a high school diploma, or in a family with low income faced uninsurance rates greater than 20 percent.
- Of the estimated 4.4 million uninsured parents living with young children in 2017–18, most were under age 35, about half were Hispanic, and more than half lived in the

South. Compared with uninsured fathers, uninsured mothers living with young children were considerably less likely to be working and more likely to have low incomes.

- Both mothers and fathers living with young children most commonly reported being uninsured because of cost, and many reported becoming uninsured after losing employer or public coverage. Uninsured fathers living with young children were more likely than such mothers to have gone more than three years without coverage.
- Many uninsured parents living with young children also reported problems affording needed health care, low levels of health care use, and concerns about affording other basic needs.

Many uninsured parents experience unmet health needs, financial hardships, and worries about affording the family's medical care, which can have adverse effects on both their and their children's health in the short and long run. Reducing uninsurance among parents—such as through Medicaid expansion in the remaining states, increasing coverage affordability and accessibility for people who are eligible for Medicaid or Marketplace coverage but not enrolled, and eliminating eligibility restrictions based on immigration status—would likely improve parents' ability to access and afford needed care and reduce related financial concerns. Moreover, expanding coverage for parents could improve family financial stability and long-term well-being for approximately 4.0 million children under 6 who live in a family with at least one uninsured parent.

## Introduction

Health insurance coverage for parents not only increases parents' health care access and affordability but improves the family's financial health and children's coverage and receipt of care (Burak 2017; Hudson and Moriya 2017; McMorrow et al. 2016, 2017; Venkataramani, Pollack, and Roberts 2017; Wherry, Kenney, and Sommers 2016). Moreover, conditions in early childhood affect children in the short term and have long-term consequences for their development, contributing to lifetime health and well-being (Center on the Developing Child 2010).

Though most children live with two parents and the share of children living with only their father has risen over recent years, most children living with only one parent live with their mother.<sup>1</sup> Thus, uninsurance among mothers may have greater implications for young children. But fathers also play an important role in children's health and well-being,<sup>2</sup> and considerably less research has focused on their experiences with the health care system and potential related implications for their children. And among parents living with young children, fathers have long had higher uninsurance rates (Karpman, Gates, et al. 2016).

Implementation of the ACA's major coverage provisions in 2014, including Medicaid expansion in participating states and new availability of Marketplace coverage, expanded coverage options for parents and other adults. By 2018, 32 states had expanded Medicaid eligibility to people with incomes up to 138 percent of the federal poverty level (FPL). But in the 19 states that had not expanded Medicaid, the eligibility threshold for parents remained lower, at a median 61 percent of FPL (Brooks

et al. 2018). Medicaid eligibility is further restricted by immigration status; undocumented noncitizens are ineligible, and legally present noncitizens face a five-year waiting period before becoming eligible.<sup>3</sup>

Parents with incomes between 100 and 400 percent of FPL may qualify for subsidized Marketplace coverage if they lack access to affordable employer-sponsored coverage, but rules that define affordability are based on individual, rather than family, coverage. This means some parents are ineligible for subsidies even if family coverage is expensive relative to the family's income, an issue known as the “family glitch” (Brooks 2014; Johnson et al. 2020). In addition, undocumented immigrants cannot purchase coverage in the Marketplace (with or without a subsidy). Following implementation of the ACA coverage provisions, uninsurance fell among children and parents, including parents of young children (Haley et al. 2019; Karpman, Kenney, et al. 2016). However, uninsurance remained higher among parents of young children than among all parents and much higher than among their children (Haley et al. 2019; Karpman, Gates, et al. 2016).

The progress made in reducing uninsurance among families with young children is increasingly at risk. Recent data indicate coverage gains among parents stalled after 2016 (Haley et al. 2018, 2019), and the number of uninsured children under age 6 appears to be growing after falling to a historic low in recent years (Alker and Roygardner 2019; Burak, Clark, and Roygardner 2019).<sup>4</sup> These conditions could threaten parents' and young children's access to needed care and overall family stability. Though additional states have adopted the ACA's Medicaid expansion since 2018, numerous threats to the ACA remain, and repeal of the law would likely result in steep increases in uninsurance (Blumberg et al. 2019).<sup>5</sup> Further, even before their implementation in February of this year, changes to the “public charge” rule proposed in 2018 led many immigrant families with children to avoid public benefit programs like Medicaid for fear of immigration-related consequences (Haley et al. 2020).

Parents and their young children also face ongoing and anticipated job and coverage losses due to the COVID-19 pandemic; in March and April 2020, more than 4 in 10 parents—many with a child under age 6—experienced losses of work or income in their family because of the pandemic (Karpman, Gonzalez, and Kenney 2020). Parents have reported the coronavirus outbreak is affecting their families' financial stability, and families with young children may be disproportionately affected, because they are already more likely to experience material hardship than families with only older children (Karpman et al. 2018; Karpman, Gonzalez, and Kenney 2020). And the pandemic has exacerbated long-standing racial, ethnic, and socioeconomic inequities, disproportionately affecting the financial well-being of Black and Hispanic families and families with low incomes (Karpman, Gonzalez, and Kenney 2020). Some families with workers losing jobs are also losing employer-sponsored coverage (Karpman, Zuckerman, and Peterson 2020). The adverse effects of the pandemic may also extend to families' health; some families who have lost work or income have reported forgoing health care because of financial concerns and worries about virus exposure (Gonzalez et al. 2020). And stress related to the pandemic appears to be adversely affecting the emotional health and well-being of both young children and their parents.<sup>6</sup>

In this brief, we examine uninsurance patterns among parents living with children from birth to age 5. Using 2013–18 NHIS data, we describe the following separately for mothers and fathers living with

young children: uninsurance rates over time and across subgroups of parents; demographic, socioeconomic, and health characteristics of uninsured parents; and health care access, use, affordability, and material hardship among uninsured parents.

## Data and Methods

We use data from the 2013–18 National Health Interview Surveys, which we obtained from the Integrated Public Use Microdata Series at the University of Minnesota (Blewett et al. 2019). In all analyses, we used NHIS survey weights and adjusted standard errors to account for the complex survey design. We computed weighted population estimates using an average when pooling across multiple data years.<sup>7</sup> We define custodial parents of young children as adults ages 19 to 64 living with at least one child from birth to age 5 whose NHIS record indicates the parent is their biological, adoptive, or stepparent. (Parents living with young children may also have older children ages 6 to 18.) Our total pooled sample for 2017–18 included about 7,400 mothers and 6,000 fathers, including more than 950 uninsured mothers and 900 uninsured fathers. Measures only available for sample adults are based on smaller samples of more than 400 uninsured mothers and nearly 300 uninsured fathers.

To see how uninsurance changed following full implementation of the ACA’s coverage provisions in 2014, we examine annual trends in uninsurance from 2013 to 2018 separately for mothers and fathers living with children from birth to age 5.<sup>8</sup> We then pool 2017–18 data to examine the following characteristics of mothers and fathers living with young children: age; race/ethnicity; citizenship; geographic region; marital status; work status;<sup>9</sup> educational attainment; health insurance unit income as percentage of FPL; self-reported health status; psychological distress during the past 30 days, according to the Kessler Psychological Distress Scale (Kessler 2003); and three indicators of health behaviors and health risks, being a smoker at the time of the survey, having a body mass index greater than 30 at the time of the survey, and having one or more of four selected chronic conditions (cardiovascular disease, lung disease, diabetes or liver/kidney disease, and high blood pressure).<sup>10</sup> Psychological distress, smoking, obesity, and chronic condition measures are only available for sample adults.

We also examine which demographic and socioeconomic groups of mothers and fathers have the highest uninsurance rates and assess mothers’ and fathers’ most commonly reported reasons for being uninsured, showing only the reasons identified by at least 5 percent of either mothers or fathers.<sup>11</sup> Finally, we examine the duration mothers and fathers report being uninsured. By examining why and how long people are uninsured, we can better identify appropriate policy solutions.

Among uninsured mothers and fathers living with young children, we then examine their access to care (having a usual source of care other than a hospital emergency department, having received a flu vaccine in the past 12 months, or having seen a general doctor, medical specialist, or mental health provider in the past 12 months) and unmet health care needs (medical care, dental care, eyeglasses, prescription medications, or mental health care) because of cost in the past 12 months. Finally, we assess health care affordability problems and other material hardships among uninsured parents,

including problems paying medical bills in the last 12 months, being very or somewhat worried about paying medical bills at the time of survey, having experienced low or very low food security in the past 30 days, and being very or somewhat worried about paying monthly bills or about paying rent, mortgage, or housing costs at the time of survey. Problems paying medical bills and food security are measured for the whole family. The food security scale is constructed based on answers to six questions, and total scores of 2–6 indicate low or very low food security (Blumberg et al. 1999). Worries about medical bills, monthly bills, and paying rent, mortgage, or housing costs are individual-level measures, but the scales for these items differ: survey respondents can report being very, somewhat, or not worried about paying medical bills but can report being very worried, moderately worried, not too worried, or not worried at all about paying monthly bills and rent, mortgage, or housing costs. Thus, the very or somewhat worried categories are not directly comparable across measures. All access, affordability, and hardship measures are limited to sample adults.

**Limitations.** This analysis has several limitations. First, we may undercount the number of custodial parents of young children, given known issues with reporting the presence of young children in the household in surveys (US Census Bureau 2019). Second, the survey defines mothers and fathers as women and men, respectively, and respondents can only identify one of each as parents. This constrains our ability to identify more than one parent in same-sex couples and parents who are nonbinary or transgender or identify outside of these parent and gender definitions. Third, the small sample size of uninsured parents living with young children in the NHIS requires pooling data years, especially for access and affordability measures only available for sample adults, and requires suppressing estimates for certain subgroups with very small sample sizes. Fourth, chronic condition measures only capture those who have been diagnosed by a health care professional and therefore may understate the prevalence of chronic conditions, especially for those who are uninsured and lack access to medical care. Fifth, all outcome measures are also self-reported and subject to recall and social desirability bias. Finally, given lack of data on whether adults have children not living in the same household, we cannot provide similar analyses for noncustodial parents of young children, which is a bigger limitation for fathers.

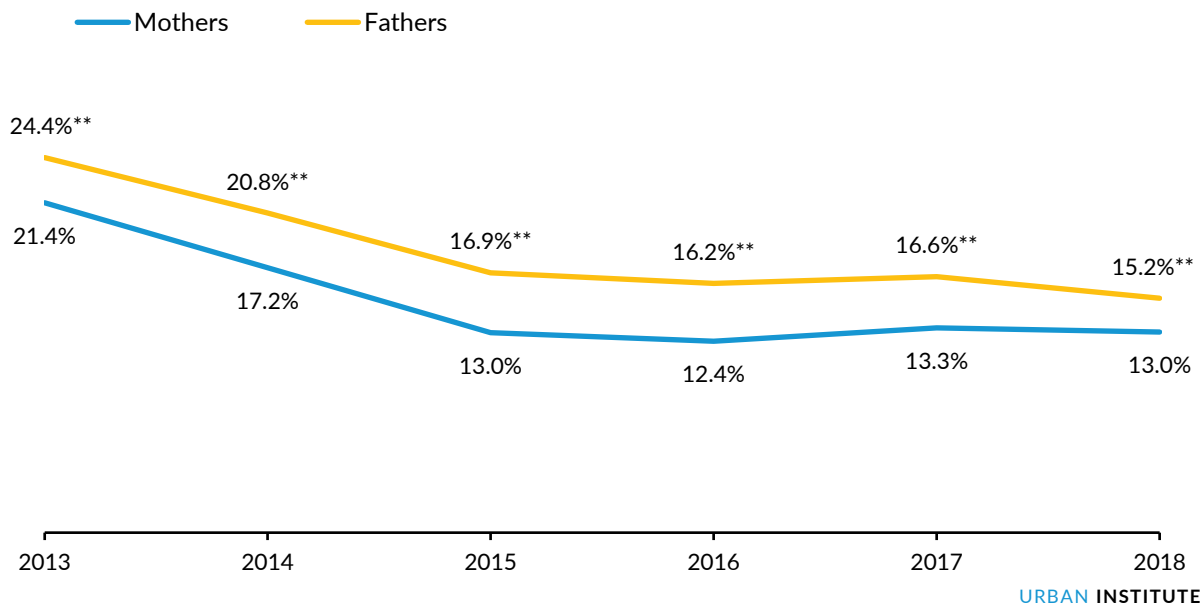
## Results

*Uninsurance among parents living with young children fell following ACA implementation, but 13.0 percent of mothers living with young children and 15.2 percent of such fathers remained uninsured in 2018.*

Uninsurance rates for mothers and fathers living with young children from birth to age 5 declined by nearly 40 percent between 2013 and 2018, falling from 21.4 percent to 13.0 percent for mothers and from 24.4 percent to 15.2 percent for fathers (figure 1). However, most of the decline occurred in 2014 and 2015 and then stalled between 2015 and 2018. Declines were similar for mothers and fathers, but such changes did not close the coverage gap between mothers and fathers: in 2017–18, fathers living with young children remained significantly more likely to be uninsured than mothers.

FIGURE 1

Uninsurance Rates among Mothers and Fathers Living with Children from Birth to Age 5, 2013–18



**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Uninsurance is at the time of survey.

\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

*Fathers living with young children were more likely to be married and employed and to have incomes above 138 percent of FPL than mothers living with young children.*

Approximately 16.8 million mothers and 14.0 million fathers lived with young children in 2017–18 (table 1), and they were parents to about 23.8 million children under age 6 (data not shown). Nearly all fathers living with young children lived with a spouse or partner, whereas about one in five mothers was widowed, separated, divorced, or never married. Acknowledging the presence of single mothers and the absence of noncustodial fathers in the data is essential for interpreting any analysis comparing custodial mothers and fathers. For example, 87.9 percent of fathers reported working full time in 2017–18, compared with 47.3 percent of mothers, and 37.2 percent of mothers living with young children were not working. These patterns may partially owe to the differing structures and supports available to mothers and fathers caring for young children.

Mothers living with young children were also nearly twice as likely as fathers living with young children to have incomes below 138 percent of FPL (30.9 percent versus 16.4 percent), and they were younger, more likely to be Black, and more likely to report moderate or severe psychological distress. Though fathers self-reported better health status than mothers on average, fathers' and mothers' rates of having been diagnosed with chronic health conditions were similar, and fathers were more likely than mothers to report being current smokers (16.1 percent versus 11.6 percent). The vast majority of both mothers (86.6 percent) and fathers (84.5 percent) of young children were citizens.

TABLE 1

## Characteristics of Mothers and Fathers Living with Children from Birth to Age 5, 2017–18

	Mothers		Fathers	
	Percent	Count (1,000s)	Percent	Count (1,000s)
<b>Total</b>	<b>100.0</b>	<b>16,836</b>	<b>100.0</b>	<b>13,974</b>
<b>Age</b>				
19–25	15.8	2,658	7.4**	1,030
26–34	48.9	8,225	40.8**	5,701
35–49	35.0	5,891	49.0**	6,845
50–64	0.4	63	2.8**	397
<b>Race/ethnicity</b>				
Non-Hispanic white	55.1	9,269	57.7*	8,064
Non-Hispanic Black	13.2	2,226	9.9**	1,377
Hispanic	22.5	3,784	22.9	3,198
Other race, non-Hispanic	9.3	1,557	9.6	1,335
<b>Citizenship status</b>				
Citizen	86.6	14,474	84.5**	11,708
Noncitizen	13.4	2,233	15.5**	2,144
<b>Region</b>				
Northeast	16.5	2,780	16.6	2,317
South	38.3	6,441	36.2	5,060
Midwest	21.6	3,637	21.6	3,022
West	23.6	3,979	25.6	3,574
<b>Marital status</b>				
Married	68.7	11,547	83.3**	11,634
Living with partner	11.7	1,962	13.1**	1,830
Widowed, separated, or divorced	5.3	885	1.4**	197
Never married	14.4	2,414	2.2**	305
<b>Educational attainment</b>				
Less than high school	11.7	1,959	11.9	1,637
High school diploma	20.5	3,426	23.9**	3,296
Some college	29.8	4,976	26.2**	3,622
College degree	38.1	6,365	38.0	5,249
<b>Work status</b>				
Not working	37.2	6,264	7.8**	1,091
Part-time	15.4	2,600	4.3**	597
Full-time	47.3	7,972	87.9**	12,285
<b>Income in HIU</b>				
≤ 138% of FPL	30.9	5,194	16.4**	2,289
138–400% of FPL	38.3	6,441	43.7**	6,106
> 400% of FPL	30.9	5,201	39.9**	5,579
<b>Self-reported health status</b>				
Fair or poor	5.0	843	4.1**	576
Good	23.3	3,914	22.0	3,073
Excellent/very good	71.7	12,070	73.9**	10,318
<b>Score on the Kessler Psychological Distress Scale<sup>a</sup></b>				
None or mild (0–7)	88.4	14,790	93.3**	12,136
Moderate (8–12)	8.6	1,435	5.0**	646
Severe (13+)	3.0	498	1.7**	224
<b>Smoking status<sup>a</sup></b>				
Current smoker	11.6	1,984	16.1**	2,152
Not a current smoker	88.4	15,147	83.9**	11,184

	Mothers		Fathers	
	Percent	Count (1,000s)	Percent	Count (1,000s)
<b>Obesity (BMI &gt; 30)<sup>a</sup></b>				
Obese	29.5	4,878	29.9	3,905
Not obese	70.5	11,633	70.1	9,175
<b>Chronic health conditions<sup>a</sup></b>				
None	74.4	12,601	72.2	9,426
One or more	25.6	4,337	27.8	3,637

**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** HIU = health insurance unit. FPL= federal poverty level. BMI = body mass index. These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Counts may not add to the total because of missing values for some measures. Psychological distress occurred in the past 30 days. Chronic health conditions include cardiovascular disease, lung disease, diabetes or liver/kidney disease, and high blood pressure.

<sup>a</sup> Measures only available for sample adults.

\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

*Fathers living with young children were more likely to be uninsured than mothers living with young children within nearly every subgroup we examined, but uninsurance varied across subgroups for both mothers and fathers, and some groups had very high uninsurance rates.*

We find wide variation in uninsurance rates across mothers' and fathers' demographic characteristics in 2017–18. For instance, both mothers and fathers living with young children were more likely to be uninsured if they were younger, Hispanic or Black, noncitizens, living in the South, or unmarried (figure 2).

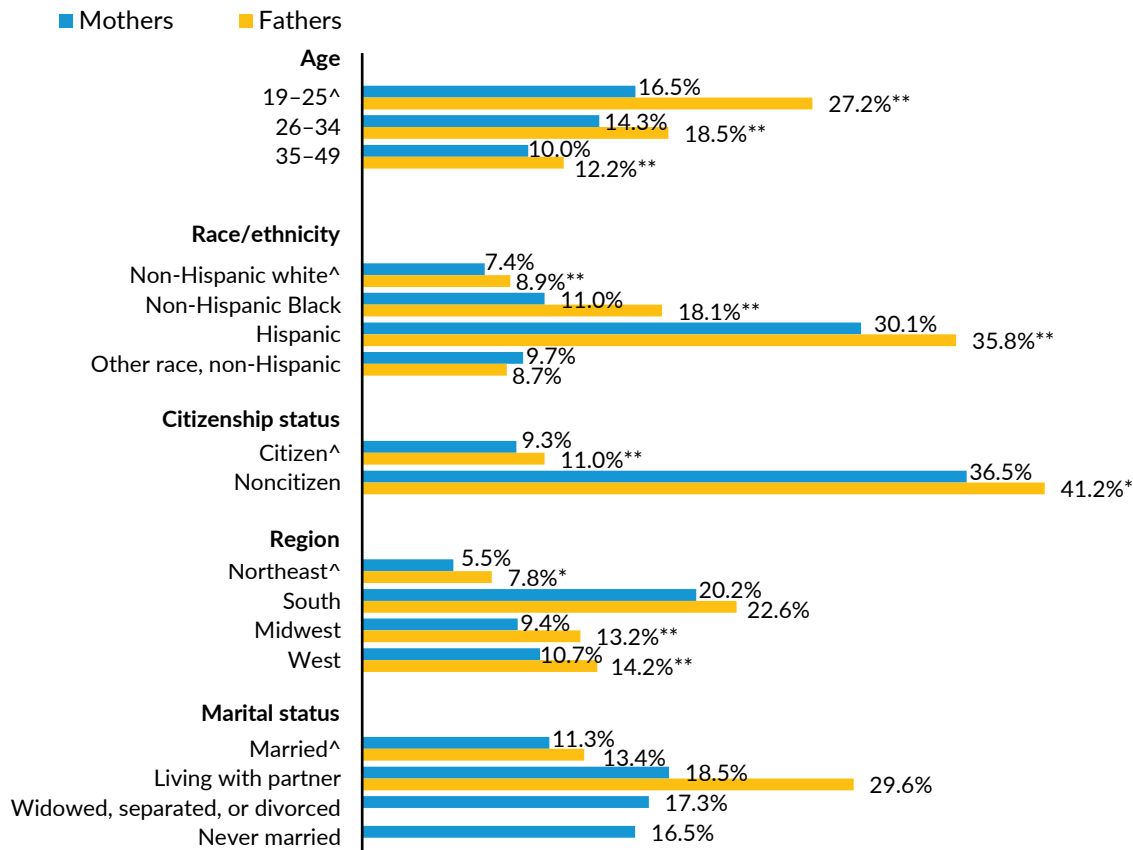
In addition, fathers' uninsurance rates were higher than those for mothers within most subgroups we examined, but the size of the gap varied across groups. Though fathers were more likely to be uninsured than mothers within each age group, this gap was largest for the youngest parents. Among parents ages 19 to 25, about 27.2 percent of fathers were uninsured, compared with 16.5 percent of mothers; this 10.7 percentage-point gap starkly contrasts the 4.2 percentage-point and 2.1 percentage-point gaps for those ages 26 to 34 and ages 35 to 49.

We also identified several subgroups of parents living with young children with uninsurance rates over 20 percent, including mothers who were Hispanic (30.1 percent), noncitizens (36.5 percent), or living in the South (20.2 percent) and fathers who were ages 19 to 25 (27.2 percent), Hispanic (35.8 percent), noncitizens (41.2 percent), living in the South (22.6 percent), or living with a partner (29.6 percent).



FIGURE 2

**Uninsurance Rates among Parents Living with Children from Birth to Age 5, by Demographic Characteristics, 2017–18**



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**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Rates for parents ages 50 to 64 and for widowed, separated, divorced, or never married fathers are not shown because of insufficient sample size (< 250). Rates for mothers and fathers, except mothers ages 26 to 34 and mothers of other races, differ significantly from those in the reference category (^) at the 0.05 level.

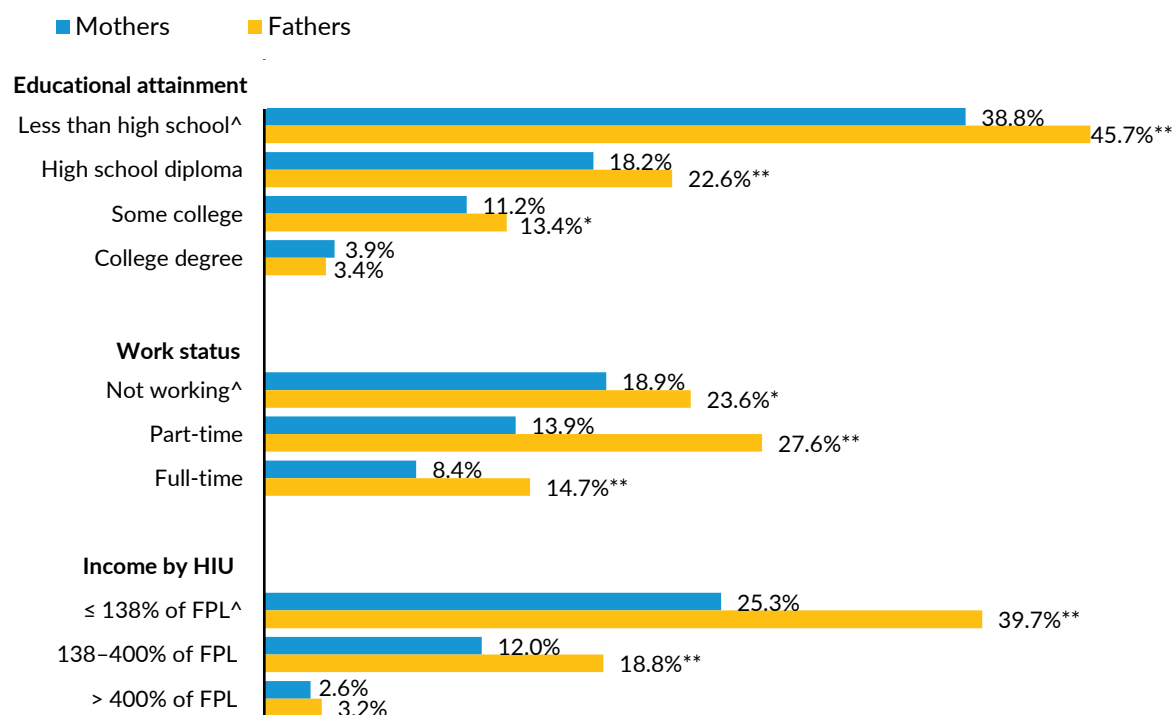
\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

We also find variation in uninsurance rates across socioeconomic characteristics; uninsurance rates are higher among part-time and nonworking parents than full-time working parents and higher among parents with less than a high school education than among those with a high school diploma or more education (figure 3). Further, both mothers and fathers with low incomes were more than twice as likely to be uninsured than their counterparts with moderate or higher incomes. About one-quarter (25.3 percent) of mothers with incomes below 138 percent of FPL were uninsured, compared with 12.0 percent of those with moderate incomes (138 to 400 percent of FPL) and 2.6 percent of those with higher incomes (above 400 percent of FPL). For fathers, uninsurance rates were 39.7 percent among those with low incomes, 18.8 percent among those with moderate incomes, and 3.2 percent

among those with higher incomes. Thus, among both mothers and fathers, those with low incomes were nearly 10 times as likely to be uninsured as their counterparts with the highest incomes.

Fathers living with young children were more likely than mothers living with young children to be uninsured within nearly all the subgroups we examined, and we identify some subgroups facing very high uninsurance rates, especially among fathers. For example, among parents who did not complete high school, 38.8 percent of mothers and 45.7 percent of fathers lacked coverage.

**FIGURE 3**  
**Uninsurance Rates among Mothers and Fathers Living with Children from Birth to Age 5, by Socioeconomic Characteristics, 2017–18**



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**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** HIU = health insurance unit. FPL = federal poverty level. These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Rates for mothers and fathers, except for fathers working part time, differ significantly from those in the reference category (<sup>^</sup>) at the 0.05 level.

\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

*About 4.4 million parents living with young children were uninsured in 2017–18. Most uninsured mothers and fathers were under age 35, about half were Hispanic, and more than half lived in the South, but uninsured mothers were more likely than uninsured fathers to be single parents and to have low incomes.*

Approximately 2.2 million mothers and 2.2 million fathers living with young children remained uninsured in 2017–18 (table 2), and about 4.0 million children under age 6 lived with at least one uninsured parent (data not shown). Among uninsured parents living with young children in 2017–18,

about half were Hispanic and about one-third were white. Though most uninsured parents were citizens, about 4 in 10 were not. More than half of uninsured mothers (58.4 percent) and fathers (51.3 percent) resided in the South. Though most uninsured mothers and fathers were in excellent or very good health and reported mild psychological distress at the most, 7.8 percent of mothers and 5.1 percent of fathers were in fair or poor health, and 15.5 percent of mothers and 9.2 percent of fathers reported moderate or severe psychological distress. Moreover, more than 1 in 5 uninsured mothers (23.3 percent) and fathers (21.5 percent) reported having been diagnosed with a chronic health condition, more than 3 in 10 uninsured mothers (34.5 percent) and fathers (31.4 percent) were obese, and noteworthy shares of uninsured mothers (11.8 percent) and fathers (27.5 percent) reported being a current smoker.

The characteristics of uninsured mothers and fathers living with young children largely reflected those of all parents of young children: relative to uninsured fathers, uninsured mothers were younger, less likely to have a spouse or partner and to be working, and more likely to have low incomes and to have experienced severe psychological distress.

**TABLE 2**

**Characteristics of Uninsured Mothers and Fathers Living with Children from Birth to Age 5, 2017–18**

	Mothers		Fathers	
	Percent	Count (1,000s)	Percent	Count (1,000s)
<b>Total</b>	<b>100.0</b>	<b>2,205</b>	<b>100.0</b>	<b>2,214</b>
<b>Age</b>				
19–25	19.7	434	12.5**	276
26–34	53.0	1,168	47.2**	1,046
35–49	26.7	588	37.4**	828
50–64	0.7	15	2.9**	64
<b>Race/ethnicity</b>				
Non-Hispanic white	30.9	682	32.4	718
Non-Hispanic Black	11.0	241	11.1	245
Hispanic	51.2	1,130	51.3	1,135
Other race, non-Hispanic	6.9	151	5.3	116
<b>Citizenship status</b>				
Citizen	62.3	1,339	59.3	1,281
Noncitizen	37.7	812	40.7	881
<b>Region</b>				
Northeast	6.9	152	8.1	180
South	58.4	1,288	51.3**	1,135
Midwest	15.4	339	17.8	395
West	19.3	425	22.8	504
<b>Marital status</b>				
Married	59.0	1,300	70.2**	1,554
Living with partner	16.3	359	24.1**	534
Widowed, separated, or divorced	6.9	151	1.6**	36
Never married	17.9	394	4.1**	91
<b>Educational attainment</b>				
Less than high school	34.8	756	34.6	741
High school diploma	28.4	616	34.5**	739
Some college	25.5	555	22.6	484
College degree	11.4	247	8.4**	179

	Mothers		Fathers	
	Percent	Count (1,000s)	Percent	Count (1,000s)
<b>Work status</b>				
Not working	53.5	1,180	11.4**	252
Part-time	16.2	357	7.3**	163
Full-time	30.3	667	81.3**	1,800
<b>Income in HIU</b>				
≤ 138% of FPL	59.1	1,302	40.6**	899
138–400% of FPL	34.9	769	51.4**	1,138
> 400% of FPL	6.1	133	8.0	177
<b>Self-reported health status</b>				
Fair or poor	7.8	172	5.1**	113
Good	29.5	648	30.8	682
Excellent/very good	62.7	1,378	64.1	1,419
<b>Score on the Kessler Psychological Distress Scale<sup>a</sup></b>				
None or mild (0–7)	84.5	1,839	90.8**	1,817
Moderate (8–12)	10.0	218	6.7	134
Severe (13+)	5.5	119	2.5*	49
<b>Smoking status<sup>a</sup></b>				
Current smoker	11.8	265	27.5**	555
Not a current smoker	88.2	1,984	72.5**	1,460
<b>Obesity (BMI &gt; 30)<sup>a</sup></b>				
Obese	34.5	746	31.4	621
Not obese	65.5	1,415	68.6	1,354
<b>Chronic health conditions<sup>a</sup></b>				
None	76.7	1,695	78.5	1,568
One or more	23.3	514	21.5	429

**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** HIU = health insurance unit. FPL = federal poverty level. BMI = body mass index. These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Counts may not add to the total because of missing values for some measures. Psychological distress occurred in the past 30 days. Chronic health conditions include cardiovascular disease, lung disease, diabetes or liver/kidney disease, and high blood pressure.

<sup>a</sup> Measures only available for sample adults.

\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

*Among uninsured parents living with young children, the most commonly reported reason for lacking coverage was cost, and many reported having lost employer or public coverage. Uninsured fathers were more likely than uninsured mothers to report never having had insurance coverage.*

Almost 40 percent of uninsured mothers and about 50 percent of uninsured fathers reported cost as a reason for lacking coverage (table 3). After cost, uninsured mothers and fathers most commonly reported being uninsured after losing other coverage: 12.9 percent of mothers and 19.3 percent of fathers reported losing coverage because of a job change, and another 25.5 percent of mothers reported losing coverage after pregnancy. Less than 3 percent of uninsured mothers and fathers cited not needing coverage as a reason for not having it (data not shown).

Though most uninsured mothers and fathers living with young children reported having coverage in the past, fathers were more likely to have always been uninsured. Among mothers, 39.0 percent had

coverage in the past year, 20.1 percent had coverage one to three years earlier, and 17.3 percent last had coverage more than three years earlier. About 1 in 4 uninsured mothers (23.6 percent) reported never being insured. Among fathers, just 25.0 percent had coverage in the past year, 11.2 percent had coverage one to three years earlier, and 25.1 percent last had coverage more than three years earlier. About 4 in 10 uninsured fathers (38.7 percent) reported never being insured.

**TABLE 3**

**Reasons for Lacking Coverage and Duration of Uninsurance among Uninsured Mothers and Fathers Living with Children from Birth to Age 5, 2017–18**

Percent

	Mothers	Fathers
<b>Reasons for being uninsured</b>		
Cost too high	38.7	51.1**
Lost job/changed employer	12.9	19.3**
Insurance ended after pregnancy	25.5	0.9**
Lost Medicaid because of new job/income	5.3	5.3
No employer offer/not eligible for employer plan	4.8	9.9**
<b>Duration of uninsurance</b>		
Less than a year	39.0	25.0**
One to three years	20.1	11.2**
More than three years	17.3	25.1**
Never had insurance	23.6	38.7**

**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Reasons for being uninsured are reported only for currently uninsured adults, and respondents can report multiple reasons. Only reasons identified by at least 5 percent of either mothers or fathers are presented.

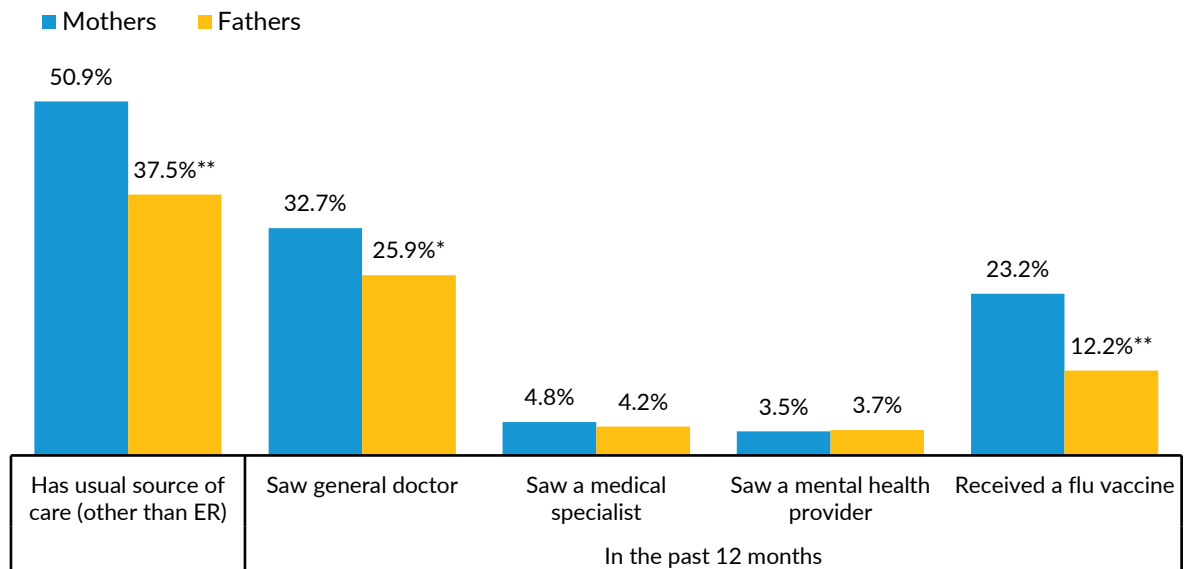
\*\*/\* The rate for fathers differs significantly from the rate for mothers at the 0.05/0.10 level.

*Many uninsured mothers and fathers reported problems accessing and affording health care and low levels of health care use. Though uninsured mothers reported greater access and use for some types of care, they were also more likely to report unmet needs due to cost than uninsured fathers.*

About half (50.9 percent) of uninsured mothers living with young children reported having a usual source of care other than a hospital emergency room, compared with 37.5 percent of uninsured fathers (figure 4). Uninsured fathers were also about half as likely as uninsured mothers to have received a flu vaccine in the prior year (12.2 percent versus 23.2 percent). Only about one in three uninsured mothers and one in four uninsured fathers had seen a general doctor in the past 12 months, and less than 5 percent had seen a medical specialist or mental health care provider during the past year.

FIGURE 4

**Health Care Access and Use among Uninsured Mothers and Fathers Living with Children from Birth to Age 5, 2017–18**



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**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** ER = hospital emergency room. These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household.

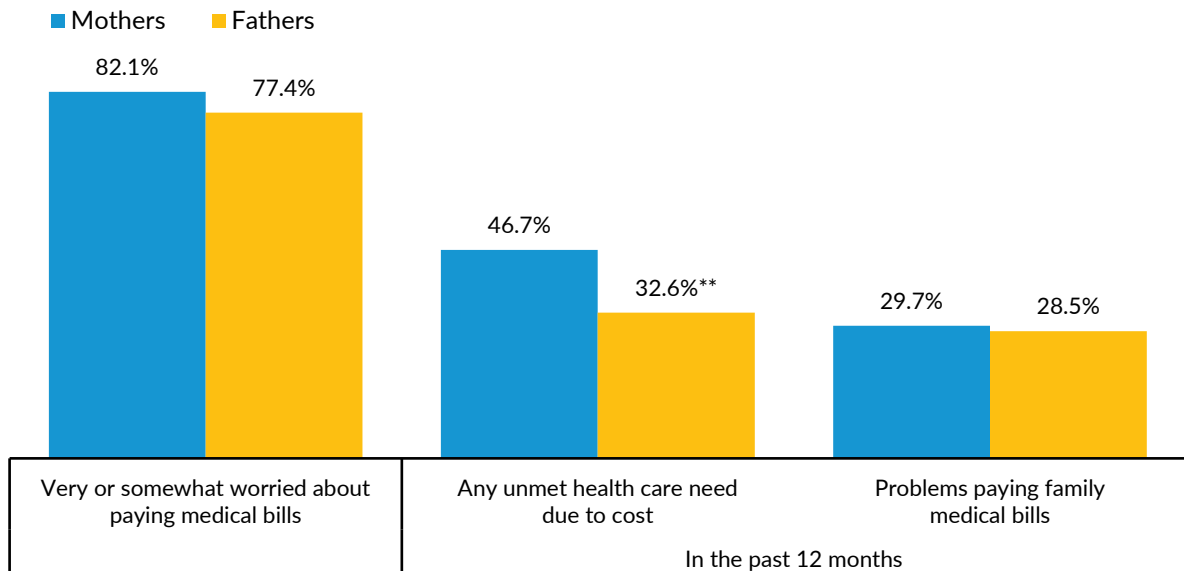
\*\*/\* Rates for mothers and fathers differ significantly at the 0.05/0.10 level.

Almost half of uninsured mothers (46.7 percent) and just under a third of uninsured fathers (32.6 percent) reported having some type of unmet need for care due to cost in the past 12 months (figure 5). Uninsured mothers were also significantly more likely than uninsured fathers to report having specific unmet needs for medical care, dental care, and eyeglasses (data not shown), and dental care was the most commonly reported unmet need for both groups (33.4 percent of uninsured mothers and 22.4 percent of uninsured fathers; data not shown).

More than a quarter of uninsured mothers (29.7 percent) and uninsured fathers (28.5 percent) reported problems paying medical bills in their family, and more than three-quarters of uninsured mothers (82.1 percent) and uninsured fathers (77.4 percent) reported being very or somewhat worried about paying medical bills.

FIGURE 5

**Health Care Affordability among Uninsured Mothers and Fathers Living with Children from Birth to Age 5, 2017–18**



URBAN INSTITUTE

**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Any unmet health care need includes an unmet need for at least one of the following: medical care, dental care, eyeglasses, prescription medicine, and mental health care.

\*\*/\* Rates for mothers and fathers differ significantly at the 0.01/0.05/0.10 level.

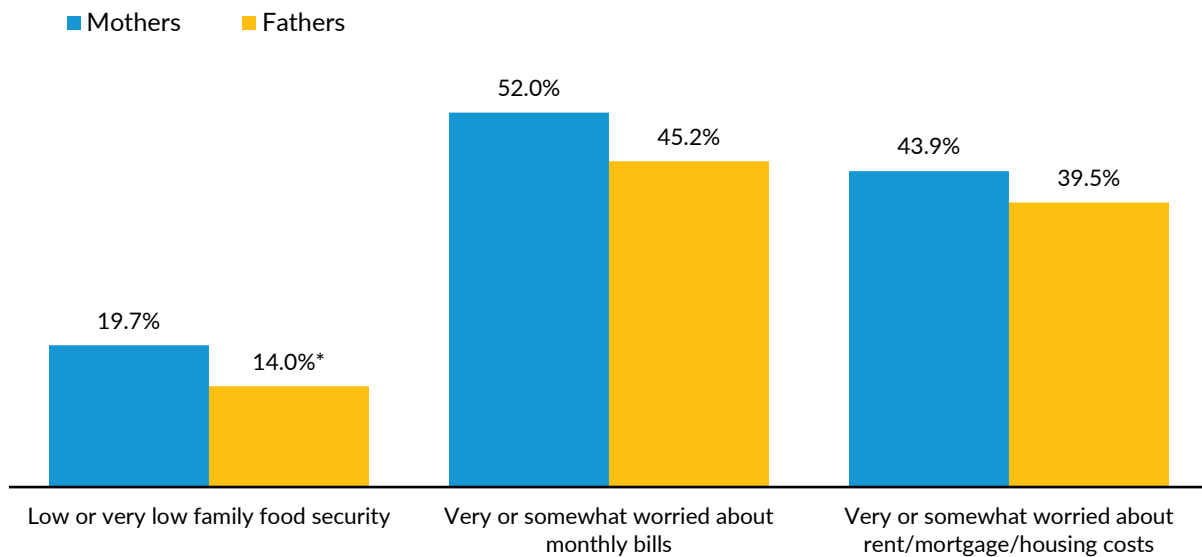
*Many uninsured parents living with young children also reported problems meeting the family's material needs.*

Among uninsured parents living with young children, 19.7 percent of mothers and 14.0 percent of fathers reported low or very low family food security, more than half of mothers and nearly half of fathers were very or somewhat worried about paying monthly bills, and about 40 percent of mothers and fathers were very or somewhat worried about paying housing costs—problems that can affect the entire family's stability and well-being.

Moreover, material hardships and problems accessing and using care were more prevalent among uninsured parents living with young children than those with insurance coverage. Compared with insured parents, uninsured parents had significantly lower rates of health care use across all types of care we examined and higher rates of food insecurity, unmet health care needs due to cost, problems paying medical bills, and worries about paying medical, monthly, and housing costs (data not shown).

FIGURE 6

**Material Hardship among Uninsured Mothers and Fathers Living with Children from Birth to Age 5, 2017–18**



**Source:** Urban Institute tabulations of 2017–18 National Health Interview Survey data.

**Notes:** These custodial mothers and fathers are women and men ages 19 to 64 identified as the parent of a child ages 5 and under living in their household. Family food security occurred in the past 30 days.

\*\*/\* Rates for mothers and fathers differ significantly at the 0.05/0.10 level.

## Discussion

Though both mothers and fathers living with young children gained health insurance coverage under the ACA, these gains stalled after 2015, leaving more than 4 million parents living with young children uninsured and approximately 4.0 million children under age 6 living with at least one uninsured parent in 2017–18. Uninsurance was higher among certain subgroups of parents, such as those with low incomes and those who were Hispanic, were noncitizens, or did not have a high school diploma. Most uninsured parents living with young children reported not seeing a general doctor in the past year, and many reported unmet health care needs, problems affording care, and concerns about meeting their families' basic needs, underscoring the compounded financial pressures these families face.

Uninsurance among parents living with young children could be reduced through maintaining the ACA's publicly subsidized coverage options, expanding Medicaid in the states that have not done so, and increasing outreach and enrollment efforts to people who are eligible but not enrolled in Medicaid or Marketplace coverage. In 2017–18, about 6 in 10 uninsured mothers living with young children and 4 in 10 uninsured fathers living with young children had incomes in the range targeted by expanded Medicaid, but more than 50 percent lived in the South, where many states had yet to implement the expansion.<sup>12</sup> Most of the remaining uninsured parents had incomes that could qualify them for subsidized Marketplace coverage. However, with cost reported as the primary reason for uninsurance



among most parents, current subsidies may be insufficient to make Marketplace coverage affordable. This problem may be exacerbated by the family glitch, whereby some families are ineligible for subsidies even if family coverage is expensive relative to the family's income. In addition, eliminating Medicaid and Marketplace eligibility restrictions based on immigration status, rolling back the public charge rule, and expanding access to low-priced care at federally qualified health centers could help ensure health needs are being met for the 4 in 10 uninsured parents living with young children who are noncitizens.

Fathers living with young children had higher uninsurance rates than mothers overall and within most subgroups we examined, despite having higher incomes and employment rates, on average, than mothers living with young children. They were also more likely to have gone more than three years without coverage. Though very few fathers reported not needing coverage at all, fathers may perceive coverage as being of lower value than do mothers. This may be related to their lower perceived health needs: fewer uninsured fathers reported moderate or severe psychological distress or being in fair or poor health than did uninsured mothers, and uninsured fathers were less likely to have a usual source of care or to report an unmet need for care. However, men may be at higher risk of certain health problems than women of similar ages but less aware of these problems (Everett and Zajacova 2016). In fact, nearly 30 percent of uninsured fathers living with young children reported being current smokers, compared with 11.8 percent of uninsured mothers, putting them at higher risk for other chronic conditions. However, they reported similar rates of diagnosed chronic conditions as did uninsured mothers. Targeted outreach informing men about the value of publicly subsidized coverage and how to enroll, the importance of their health to their children's well-being, and the value of preventive care may be needed to close some of these gaps.<sup>13</sup> It will also be important to address nonfinancial barriers to care, such as the inability to take time off from work, which might prevent fathers from enrolling in coverage and seeking health care.<sup>14</sup> That so many fathers living with young children are working full time suggests they are key sources of the family's financial resources, so ensuring they have access to needed health care is also critical to family well-being.

Though uninsurance was lower among mothers than fathers, uninsured mothers living with young children were less likely to be living with a spouse or partner and to be employed, and they were more likely to have low incomes, have experienced psychological distress, and have higher unmet needs for care due to cost. Mothers' low rates of labor force participation may be related to the high cost of child care and the demands of caring for young children, particularly for single mothers. These challenges may make it even harder for uninsured mothers to meet their children's needs, suggesting a need to expand access to subsidized child care and other public supports for families (Gould and Cooke 2015).<sup>15</sup> In addition, about one-quarter of uninsured mothers living with young children reported having lost coverage after pregnancy; for many, this coverage may have been pregnancy-related Medicaid/Children's Health Insurance Program coverage, which expires 60 days after delivery (Chen and Hayes 2018; Martin et al. 2019). Several federal and state proposals have aimed to extend postpartum Medicaid/Children's Health Insurance Program coverage for a full year.<sup>16</sup> However, broadening affordable coverage options before pregnancy and after the postpartum period would also be needed to ensure continuous coverage and care for all mothers of young children.

Many difficulties faced by uninsured parents of young children have likely been exacerbated during the COVID-19 pandemic, as parents struggle to meet family needs with even fewer supports (Karpman, Gonzalez, and Kenney 2020).<sup>17</sup> In March/April 2020, 1 in 4 parents of children under age 6 reported difficulties arranging child care (Karpman, Gonzalez, and Kenney 2020), affecting parents' abilities to balance work and caregiving and thus their families' financial security. In 2017–18, about 8 in 10 uninsured parents living with young children reported worrying about medical costs and many worried about paying other monthly expenses, but the pandemic has likely intensified these worries.<sup>18</sup> In addition, structural racism and other social determinants of health contribute to the higher uninsurance rates among some groups, such as parents living with young children who are Hispanic or who have low incomes. Such groups have also been hard hit by the economic crisis caused by the pandemic and may be facing even higher uninsurance rates and other hardships than in prior years (Karpman et al. 2020; Karpman, Gonzalez, and Kenney 2020). Thus, uninsured parents with young children may now be experiencing even greater stress, worry, and financial strain than reported here, which could affect their children's short- and long-term development. And though reducing uninsurance through Medicaid expansion or other health insurance reforms could provide some relief to families struggling financially, additional efforts to improve access to affordable food, housing, and child care will likely be necessary to support families with young children during and after the pandemic.<sup>19</sup>

## Notes

- <sup>1</sup> US Census Bureau, "More Children Live with Just Their Fathers Than a Decade Ago," press release, November 16, 2017, <https://www.census.gov/newsroom/press-releases/2017/living-arrangements.html>.
- <sup>2</sup> "Fathers: Powerful Allies for Maternal and Child Health," National Institute for Children's Health Quality, accessed August 24, 2020, [www.nichq.org/insight/fathers-powerful-allies-maternal-and-child-health](http://www.nichq.org/insight/fathers-powerful-allies-maternal-and-child-health); "Making Fathers Visible in Maternal and Child Health," National Institute for Children's Health Quality, accessed August 24, 2020, [www.nichq.org/insight/making-fathers-visible-maternal-and-child-health](http://www.nichq.org/insight/making-fathers-visible-maternal-and-child-health).
- <sup>3</sup> In 2018, 25 states allowed pregnant women who are legally present noncitizens to enroll in Medicaid or the Children's Health Insurance Program (CHIP) without a waiting period, and another 16 states adopted CHIP's Unborn Child option, which grants women coverage for their fetus without restrictions based on their immigration status (Brooks et al. 2018).
- <sup>4</sup> Edward R. Berchick and Laryssa Mykyta, "Uninsured Rate for Children Up 5.5 Percent in 2018," US Census Bureau, September 10, 2019, <https://www.census.gov/library/stories/2019/09/uninsured-rate-for-children-in-2018.html>.
- <sup>5</sup> "Sabotage Watch: Tracking Efforts to Undermine the ACA," Center on Budget and Policy Priorities, updated July 22, 2020, <https://www.cbpp.org/sabotage-watch-tracking-efforts-to-undermine-the-aca>.
- <sup>6</sup> Ema Barger and Maggie Clark, "Families with Young Children Need More Support during COVID-19, Surveys Show," *Say Ahhh!* (blog), Georgetown University Center for Children and Families, August 12, 2020, <https://ccf.georgetown.edu/2020/08/12/families-with-young-children-need-more-support-during-covid-19-surveys-show/>.
- <sup>7</sup> Estimates of parents living with children under age 6 in the NHIS roughly align with those from the American Community Survey (ACS). The 2017–18 NHIS identifies about 1.3 million and 1.5 million more mothers and fathers living with young children overall than does the ACS, but the two data sources' estimates differ by fewer than 50,000 people. Though fathers living with young children are more likely to be uninsured than such mothers in both data sources, the differences in fathers' and mothers' uninsurance rates are smaller in the ACS.

than the NHIS. The number of children under age 6 living with at least one uninsured parent in 2017–18 is also similar in the NHIS (4.0 million) and ACS (3.9 million). These ACS estimates incorporate edits that account for apparent misreporting of insurance coverage (Haley et al. 2019).

- <sup>8</sup> We also estimate the number of children under age 6 who live with at least one uninsured parent.
- <sup>9</sup> Work status is defined as not working, part-time employment for 1 to 34 hours per week, or full-time employment for 35 or more hours per week.
- <sup>10</sup> Cardiovascular disease includes those ever diagnosed with coronary heart disease, angina pectoris, heart attack, stroke, or any other heart condition. Lung disease includes those diagnosed with asthma, emphysema, or bronchitis in the past 12 months and those who still have asthma. Diabetes or liver/kidney disease includes those who have been diagnosed with diabetes, prediabetes, chronic liver conditions, hepatitis, or weak kidneys in the past 12 months or any liver condition in the past 12 months. High blood pressure includes those who were diagnosed with hypertension in the past 12 months.
- <sup>11</sup> Reasons not shown include becoming ineligible for coverage because of age/enrollment in school; having lost Medicaid for reasons unrelated to age, job, income or pregnancy; not needing or choosing not to have insurance; an insurance company refused to issue a policy; marriage, divorce, death, or separation; never having had coverage; having moved from another county, state, or country; and being self-employed.
- <sup>12</sup> Since 2018, four states (Idaho, Maine, Utah, and Virginia) have begun implementing Medicaid expansion, and three additional states (Missouri, Nebraska, and Oklahoma) are planning to implement expansions in 2020–21; see “Status of State Action on the Medicaid Expansion Decision,” Henry J. Kaiser Family Foundation, August 17, 2020, <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- <sup>13</sup> Jennifer M. Haley, Stacey McMorrow, Genevieve M. Kenney, and Tyler Thomas, “Millions of Dads Won’t Have Health Insurance This Father’s Day,” *Urban Wire* (blog), Urban Institute, June 19, 2020, <https://www.urban.org/urban-wire/millions-dads-wont-have-health-insurance-fathers-day>; “Gender Differences in Health Care, Status, and Use: Spotlight on Men’s Health,” Henry J. Kaiser Family Foundation, accessed August 24, 2020, <http://files.kff.org/attachment/slides-gender-differences-in-health-care-status-and-use-spotlight-on-mens-health>; Emily Eckert, “It’s Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum,” *Health Affairs Blog*, February 6, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>.
- <sup>14</sup> “Fathers: Powerful Allies for Maternal and Child Health,” National Institute for Children’s Health Quality.
- <sup>15</sup> Kim Parker, “Women More Than Men Adjust Their Careers for Family Life,” *Fact Tank*, Pew Research Center, October 1, 2015, <https://www.pewresearch.org/fact-tank/2015/10/01/women-more-than-men-adjust-their-careers-for-family-life/>.
- <sup>16</sup> “View Each State’s Efforts to Extend Medicaid Coverage to Postpartum Women,” National Academy for State Health Policy, July 21, 2020, <https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/>.
- <sup>17</sup> Gina Adams, “Stabilizing Supports for Children and Families during the Pandemic,” *Urban Wire* (blog), Urban Institute, April 2, 2020, <https://www.urban.org/urban-wire/stabilizing-supports-children-and-families-during-pandemic>.
- <sup>18</sup> Liz Hamel, Audrey Kearney, Ashley Kerzinger, Lunna Lopes, Casey Muñana, and Mollyann Brodie, “KFF Health Tracking Poll – May 2020,” Henry J. Kaiser Family Foundation, published May 27, 2020, <https://www.kff.org/report-section/kff-health-tracking-poll-may-2020-health-and-economic-impacts/>.
- <sup>19</sup> Faith Mitchell, “COVID-19’s Disproportionate Effects on Children of Color Will Challenge the Next Generation,” *Urban Wire* (blog), Urban Institute, August 17, 2020, <https://www.urban.org/urban-wire/covid-19s-disproportionate-effects-children-color-will-challenge-next-generation>.

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