

RESEARCH REPORT

Parents with Low Incomes Faced Greater Health Challenges and Problems Accessing and Affording Needed Health Care in Spring 2021

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January 2022



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Acknowledgments

This report was funded by the David and Lucile Packard Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at urban.org/fundingprinciples.

The authors thank Michael Karpman for guidance on the HRMS; Michael Karpman, Emily Johnston, Stacey McMorrow, and Elaine Waxman for helpful comments; Rachel Kenney for skilled editorial assistance; Brittney Spinner for valuable graphical design assistance; and Jon Schwabish for data visualization assistance.

Parents with Low Incomes Faced Greater Health Challenges and Problems Accessing and Affording Needed Health Care in Spring 2021

The COVID-19 pandemic has added hardships and stress to the burdens parents face in meeting their families' needs (Karpman, Gonzalez, and Kenney 2020). Parents with low incomes, in particular, have faced greater difficulties meeting their and their families' basic needs than other parents (CBPP 2021; Karpman, Gonzalez, and Kenney 2020; Padilla and Thomson 2021). In this report, we use data from the April 2021 Health Reform Monitoring Survey (HRMS) to assess health status, health insurance coverage, health care access and affordability, and worries about other basic needs in spring 2021 among nonelderly parents. We examine these outcomes among three income groups: at or below 138 percent of the federal poverty level (FPL); 139 to 399 percent of FPL; and at or above 400 percent of FPL. We find that though parents at various income levels faced health challenges and problems accessing and affording health care, parents with low incomes faced particularly steep challenges. Our main findings are as follows:

- Compared with parents with higher family incomes, parents who had family incomes at or below 138 percent of FPL (about \$30,000 per year for a family of three) were, on average, younger, more likely to have young children under age 6, and less likely to be married. Thus, many were likely balancing considerable child care responsibilities with limited resources. In addition, parents with family incomes at or below 138 percent of FPL were disproportionately people of color.
- Parents with incomes at or below 138 percent of FPL were more likely than those with higher incomes to report physical and mental health problems in spring 2021. Among such parents, an estimated 26.4 percent reported being in fair or poor health, 48.3 percent reported having one or more chronic conditions, and 40.9 percent reported having a mental or behavioral health condition. These shares were 3.9 percent, 34.8 percent, and 20.0 percent for parents with incomes at or above 400 percent of FPL.
- In April 2021, parents with incomes at or below 138 percent of FPL were more than nine times more likely to be uninsured than those with incomes at or above 400 percent of FPL (21.0 versus 2.3 percent). Those with incomes between 139 and 399 percent of FPL were more than

five times more likely to be uninsured than those with incomes at or above 400 percent of FPL (12.1 versus 2.3 percent). Compared with parents with higher incomes, parents with incomes at or below 138 percent of FPL were also less likely to have a usual source of health care, and those with a usual source of care were less likely to have a usual provider.

- Parents with incomes at or below 138 percent of FPL (29.7 percent) were more than twice as likely as those with incomes between 139 and 399 percent of FPL (15.5 percent) and more than seven times more likely than those with incomes at or above 400 percent of FPL (4.2 percent) to report problems paying family medical bills.
- An estimated 61.5 percent of parents with incomes at or below 138 percent of FPL reported delaying or forgoing some type of health care in the past 12 months because of the cost, difficulties taking time off work, difficulties balancing family or child care obligations, or transportation challenges. Among parents with incomes between 139 and 399 percent of FPL and those with incomes at or above 400 percent of FPL, 37.5 percent and 18.8 percent delayed or forwent care for these reasons. Thus, parents with incomes at or below 138 percent of FPL were more than three times more likely than those with incomes at or above 400 percent of FPL to report such challenges. In April 2021, about one in four parents reported avoiding care over concerns about coronavirus exposure during the prior year; rates were similar across income groups.
- Parents with incomes at or below 138 percent of FPL were more likely than parents with higher incomes to be worried about experiencing other financial and material hardships; 1 in 3 reported being very or somewhat worried about having enough to eat, and more than 4 in 10 reported being very or somewhat worried about being able to pay their rent or mortgage, utilities, or debts in the next 30 days.

Challenges accessing and affording health care among parents with low incomes could compound the other hardships they were experiencing before the pandemic and that were likely exacerbated by the crisis. Federal relief assistance and supports were aimed at reducing some pandemic- and recession-related hardships, and provisions requiring states to maintain Medicaid enrollment allowed many lower-income families to remain covered by health insurance (Buettgens and Green 2021; Wheaton et al. 2021). But further actions such as expanding and maintaining access to affordable coverage, expanding paid leave and child care assistance, and expanding and ensuring take-up of available supports like child tax credits could help address these challenges and provide needed support to parents as they try to ensure the health and well-being of their families.

Introduction

The COVID-19 pandemic and ensuing economic recession have placed significant burdens on parents and caregivers. The economic downturn has had more negative effects on employment and income for households with children than other households. And among those losing jobs or income, rates of material hardship were higher among adults living with children than among other adults (Williams 2021). These effects built on prepandemic patterns of families with children having lower incomes than other families and high rates of material hardship reported among many low-income families with children (Kalish 2016; Karpman et al. 2018).

The recession and other economic challenges caused by the pandemic disproportionately affected families with lower incomes. Early in the pandemic, in March and April 2020, parents with incomes below 250 percent of FPL were more likely than parents with higher incomes to report that someone in their family lost work or income because of the pandemic and that the pandemic had affected their family's financial decisions (Karpman, Gonzalez, and Kenney 2020). As of September 2020, 40 percent of parents living with a child under age 6 reported that they or their family had lost employment or work-related income during the pandemic, and more than 20 percent reported their household experienced food insecurity (Waxman, Gupta, and Gonzalez 2020). Further, one in five adults living with young children reported working fewer hours because of caregiving responsibilities in December 2020, and those adults were more likely to report incomes below the poverty level than were adults who faced increased caregiving responsibilities but were not working less (Waxman and Gupta 2021). In summer 2021, Hispanic/Latinx and Black adults were more likely to report troubles paying household expenses than were white and Asian adults (CBPP 2021).*

Hardships put children's and families' health and well-being at risk. The direct effects of the virus, greater social isolation, school closures, missed and delayed health care, and the pandemic economic fallout may be exacerbating physical and mental health problems. Evidence suggests parents' and children's mental health has worsened during the pandemic (Panchal et al. 2021; Patrick et al. 2020). The Census Bureau's Household Pulse Survey also found persistently high rates of anxiety and depression symptoms among adults during 2020, and these rates were higher among adults with lower incomes and Black and Hispanic/Latinx adults than among other adults (Planalp, Hest, and Blewett 2021).

* The racial and ethnic groups examined in this paper are white, Black, Hispanic/Latinx, and additional races. We use "Hispanic/Latinx" to reflect the different ways in which people self-identify. Adults of "additional races" are Asian, Native Hawaiian, Pacific Islander, American Indian/Alaska Native, or more than one race. White adults, Black adults, and adults of additional races do not identify as Hispanic/Latinx.

Not getting needed health care could worsen these problems. Parents with lower incomes were more likely to report unmet needs for care in the family because of costs than were those with higher incomes in spring 2020 (Karpman, Gonzalez, and Kenney 2020), consistent with prepandemic patterns. In addition, parents have faced concerns about coronavirus exposure during the pandemic (Gonzalez et al. 2020; Gonzalez et al. 2021a, 2021b; Gonzalez, Karpman, and Haley 2021a, 2021b). Delays in and unmet needs for care among parents likely affect their own health and the health and well-being of their children (Burak 2019; Center on the Developing Child 2021; Murphey et al. 2018).

Variation in pandemic-related adversity by income builds on existing disparities in parents' access to health insurance coverage. Family income also affects parents' health insurance coverage options and, by extension, their access to affordable care. Parents with incomes at or below 138 percent of FPL living in states that have adopted the Affordable Care Act's (ACA's) Medicaid expansion and some parents with very low incomes in the remaining 12 states that have not expanded Medicaid can qualify for Medicaid (Brooks et al. 2021). And under the Families First Coronavirus Response Act's continuous enrollment requirement, people enrolled in Medicaid in or after March 2020 can maintain that coverage until after the end of the public health emergency (Brooks and Schneider 2020).¹ Many parents with incomes between 100 and 400 percent of FPL who do not qualify for Medicaid and lack an "affordable" employer-sponsored insurance offer (defined as having access to a self-only plan below a certain percentage of family income) can enroll in subsidized Marketplace coverage; the Biden administration's pandemic-related special enrollment period made such coverage available in spring 2021.² But in addition to some parents being ineligible for any subsidized coverage because of their immigration status or income, many poor parents in states that have not expanded Medicaid fall into the "coverage gap," meaning they are ineligible for any subsidized coverage (Simpson 2020). Vast research literature finds that health insurance coverage is associated with improved access to and affordability of care among adults, including parents, suggesting differences in coverage availability across income groups could contribute to differences in access to needed health care (Guth, Garfield, and Rudowitz 2020; McMorrow et al. 2017; Sommers, Gawande, and Baicker 2017).

In this report, we assess challenges related to health and health care access and affordability faced by parents with incomes at or below 138 percent of FPL more than a year into the pandemic. To do so, we use data from the April 2021 round of the Urban Institute's Health Reform Monitoring Survey. We first assess the characteristics of parents overall and by family income. We then assess reported health status and health conditions, health insurance coverage at the time of the survey, health care access, problems paying family medical bills in the past 12 months, delayed or forgone health care needs for

various reasons during the past 12 months, and financial concerns in the next 30 days by income level. We conclude with considerations for policy changes that could help address some of these problems.

Results

Characteristics of Parents

According to the April 2021 HRMS, an estimated 19.6 percent of parents reported having family incomes at or below 138 percent of FPL, 39.8 percent had incomes of 139 to 399 percent of FPL, and 40.5 percent had incomes at or above 400 percent of FPL (table 1). On average, parents with incomes at or below 138 percent of FPL were younger (and thus likely earlier in their careers) and more likely to report being female than were those with higher incomes.³ They were also more likely to have young children under age 6; 51.0 percent of such parents lived with younger children, compared with 43.7 percent of those with incomes between 139 and 399 percent of FPL and 36.4 percent of those with incomes at or above 400 percent of FPL. Thus, parents with incomes at or below 138 percent of FPL were more likely to have greater caregiving responsibilities than parents with higher incomes. Such parents also had a lower likelihood of being married and a higher likelihood of living with a partner.

Because of structural factors that affect education, job type, and other circumstances, parents with incomes at or below 138 percent of FPL were also more likely to be people of color than were their counterparts with higher incomes. An estimated 18.8 percent of parents with incomes at or below 138 percent of FPL were Black and 35.4 percent were Hispanic/Latinx. Among parents with incomes between 139 and 399 percent of FPL, 10.6 percent were Black and 27.0 percent were Hispanic/Latinx, and among those with incomes at or above 400 percent of FPL, 8.2 percent were Black and 11.9 percent were Hispanic/Latinx. In line with variation in the shares of parents who are Hispanic/Latinx, the shares of parents who are bilingual or primarily speak Spanish were higher among parents with incomes at or below 138 percent of FPL and parents with incomes between 139 and 399 percent of FPL than among parents with incomes at or above 400 percent of FPL. Parents with incomes at or below 138 percent of FPL also had lower levels of education, on average, and less than half reported being employed at the time of the survey in April 2021, when unemployment rates remained higher than prepandemic levels.⁴ Moreover, an estimated 21.3 percent of such parents were noncitizens, meaning they may be ineligible for Medicaid because of their immigration status.

And though many parents with incomes at or below 138 percent of FPL could qualify for the ACA's Medicaid expansion because of their income, we find that nearly half lived in the South, where a lower

share of states have adopted the expansion; about 40 percent of parents with incomes at or below 138 percent of FPL lived in a state that had not yet expanded Medicaid and thus may fall into the coverage gap. Parents with incomes at or below 138 percent of FPL were also more likely to live outside metropolitan areas.

TABLE 1

Characteristics of Nonelderly Parents, by Family Income, April 2021

Percent

	Family Income		
	At or below 138% of FPL (n = 602)	139–399% of FPL (n = 1,354)	At or above 400% of FPL (n = 908)
Share of all parents	19.6	39.8	40.5
Age			
18–34	44.6***	31.7***	16.3
35–49	41.0***	53.3***	62.4
50–64	14.5***	15.0***	21.2
Children's ages			
Has children under age 6	51.0***	43.7**	36.4
Has only older children (ages 6–18)	49.0***	56.3**	63.6
Sex^a			
Female	75.5***	57.1***	42.6
Male	24.5***	42.9***	57.4
Marital status			
Married	51.4***	78.8***	92.9
Living with a partner	18.6***	9.1***	2.4
Divorced, widowed, or separated	12.0***	5.6**	3.4
Never married	18.0***	6.4***	1.2
Race/ethnicity			
Black	18.8***	10.6	8.2
White	42.0***	54.8***	63.8
Hispanic/Latinx	35.4***	27.0***	11.9
Additional races	3.8***	7.5*	16.0
Citizenship status			
Noncitizen	21.3***	12.9**	6.3
Citizen	77.8***	86.8**	93.7
Language			
Primarily English	73.9***	78.7***	90.4
Primarily Spanish	11.3***	7.9**	1.6
Bilingual English and Spanish	14.8***	13.4***	8.0
Education			
Less than high school	25.8***	9.3***	1.8
High school degree	65.9***	62.6***	30.7
Some college	26.2***	30.3***	19.3
College degree or more	8.4***	28.1***	67.5
Employment status			
Working at time of survey	45.9***	74.1***	86.9
Not working at time of survey	53.3***	25.5***	12.5
Region			
Northeast	11.1	14.4	16.6

	Family Income		
	At or below 138% of FPL (n = 602)	139–399% of FPL (n = 1,354)	At or above 400% of FPL (n = 908)
Midwest	16.9	20.4	20.7
South	47.5***	37.9	35.5
West	24.6	27.4	27.2
Rurality			
Lives in an MSA	83.5***	87.0***	93.0
Does not live in an MSA	16.5***	13.0***	7.0
Lives in a state that expanded Medicaid as of April 2021	59.6**	64.7	69.3

Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. MSA = metropolitan statistical area. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. White adults, Black adults, and adults of additional races are non-Hispanic/Latinx. Adults of additional races are Asian, Native Hawaiian, Pacific Islander, American Indian/Alaska Native, or more than one race. Characteristics shown are individual characteristics. Totals may not add to 100 percent because of rounding or missing data.

^a Sex is based on a single profile question that gave only two response categories (male or female).

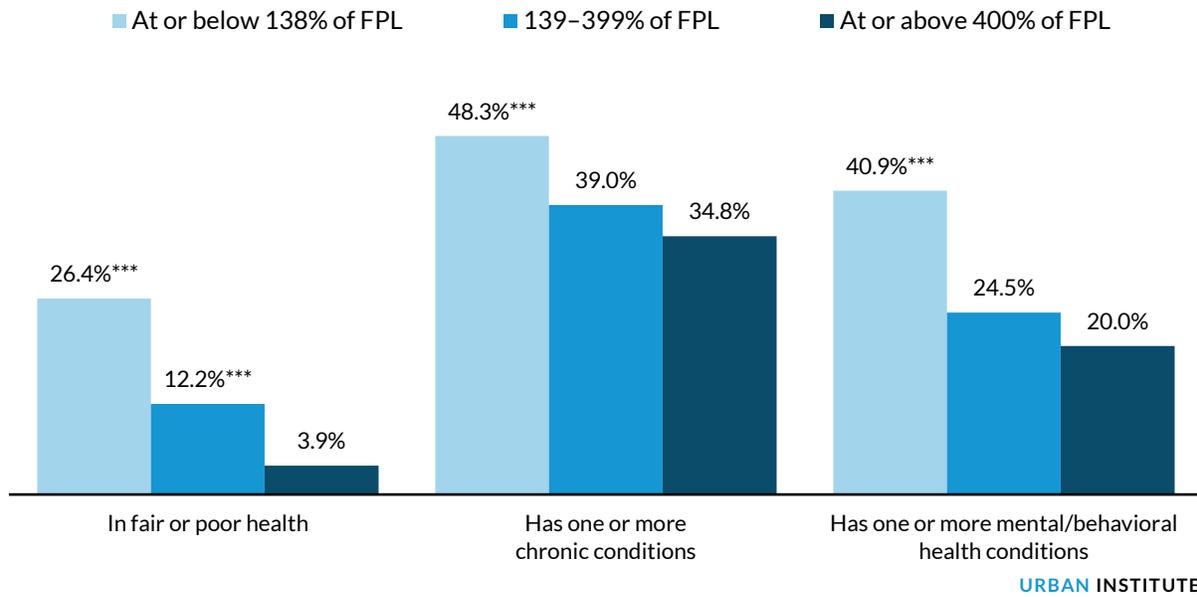
/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

Health Challenges

Parents with incomes at or below 138 percent of FPL were more likely to report health problems and chronic conditions than parents with higher incomes: 26.4 percent reported being in fair or poor health, 48.3 percent reported having one or more chronic conditions, and 40.9 percent reported having a mental or behavioral health condition (figure 1). These rates were 3.9 percent, 34.8 percent, and 20.0 percent among parents with incomes at or above 400 percent of FPL. Parents with family incomes at or below 138 percent of FPL were also more likely to report more than one chronic condition (data not shown).⁵ Parents with incomes between 139 and 399 percent of FPL were more likely than parents with incomes at or above 400 percent of FPL to report being in fair or poor health, but they were not significantly more likely to report having one or more chronic conditions or mental or behavioral health conditions.

FIGURE 1

Health Status and Health Conditions of Nonelderly Parents, by Family Income, April 2021



Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. Chronic conditions are measured by a question asking whether the individual currently has a health condition that has lasted for a year or more or is expected to last for a year or more, including a physical health condition (e.g., arthritis, asthma, cancer, dementia, diabetes, heart disease, high cholesterol, hypertension, or stroke), a mental health condition, a problem with alcohol or drug use, or a developmental disability. Mental and behavioral health conditions are measured by a question asking whether a doctor or other health professional ever told the respondent they had any of the following mental or behavioral health conditions: any type of anxiety disorder, any type of depression, any other type of mental health condition, or a problem with alcohol or drug use.

/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

Uninsurance and Access to Care

UNINSURANCE



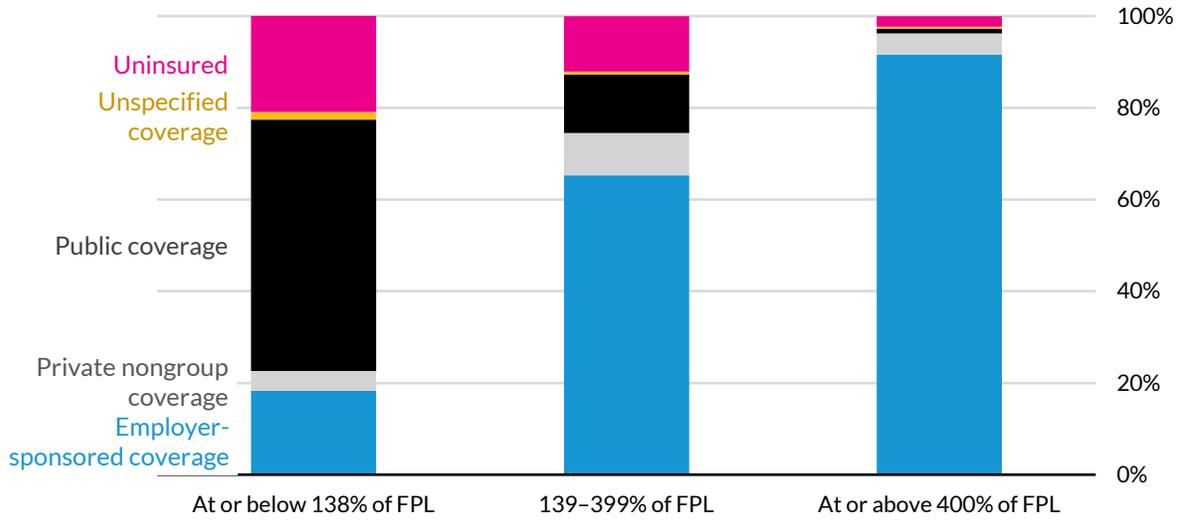
9x

Compared with parents with family incomes at or above 400 percent of the poverty level, **parents with incomes at or below 138 percent of the poverty level were more than nine times as likely to be uninsured**, and parents with incomes between 139 and 399 percent of the poverty level were more than five times as likely to be uninsured.

Figure 2 examines parents' health insurance coverage status at the time of the survey. Parents with incomes at or below 138 percent of FPL (21.0 percent) and those with incomes between 139 and 399 percent of FPL (12.1 percent) were more than nine and more than five times more likely to be uninsured than parents with incomes at or above 400 percent of FPL (2.3 percent). Among those with insurance coverage, the type varied widely as well: 54.8 percent of parents with incomes at or below 138 percent of FPL had public coverage such as Medicaid, and just 18.3 percent had employer-sponsored insurance (ESI), whereas 91.6 percent of parents with incomes at or above 400 percent of FPL had ESI and just 1.1 percent had public coverage.

FIGURE 2

Health Insurance Coverage at the Time of the Survey among Nonelderly Parents, by Family Income, April 2021



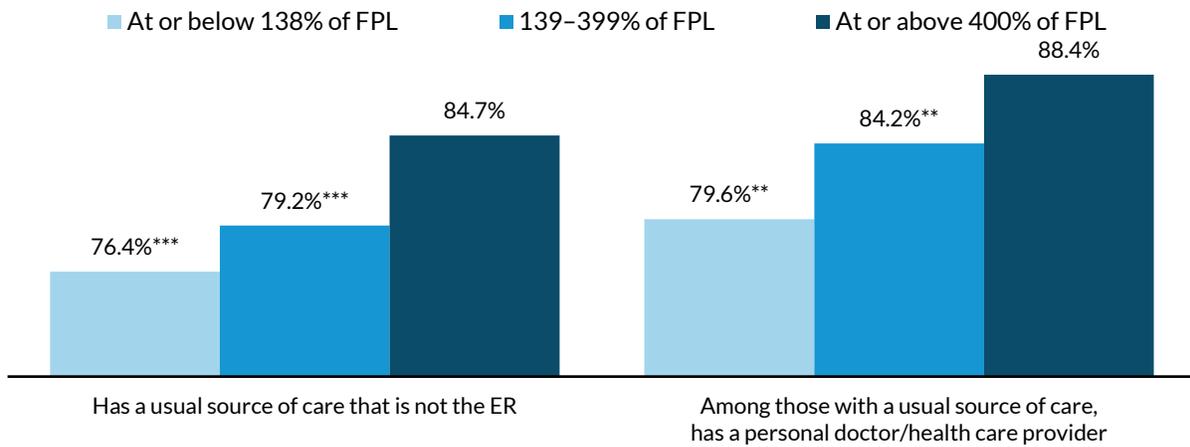
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Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. More detail on health insurance coverage status measurement is available in Karpman and Zuckerman (2021).

FIGURE 3

Share of Nonelderly Parents Reporting Having a Usual Source of Health Care and a Usual Doctor or Provider, by Family Income, April 2021



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Source: Health Reform Monitoring Survey, April 2021.

Notes: . FPL=federal poverty level. ER = hospital emergency room. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them.

/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

Barriers to Care

Parents with incomes at or below 138 percent of FPL (29.7 percent) were about twice as likely as those with incomes between 139 and 399 percent of FPL (15.5 percent) and more than seven times more likely than those with incomes at or above 400 percent of FPL (4.2 percent) to report problems paying family medical bills (figure 4).

PROBLEMS PAYING FAMILY MEDICAL BILLS

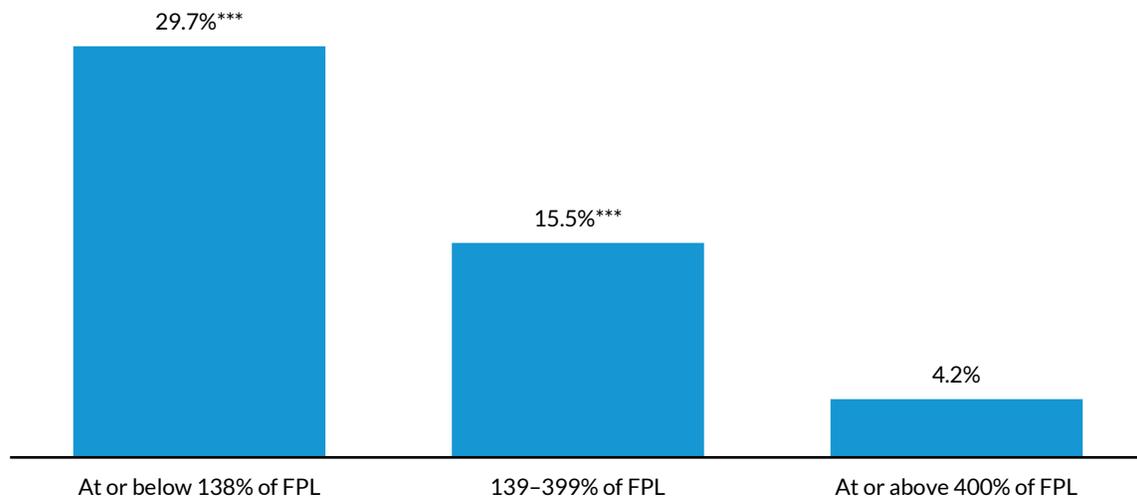


7x

Parents with family incomes at or below 138 percent of the poverty level were more than seven times as likely as those with incomes at or above 400 percent of the poverty level **to report problems paying family medical bills.**

FIGURE 4

Share of Nonelderly Parents Reporting Problems Paying Family Medical Bills in the Last 12 Months, by Family Income, April 2021



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Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL= federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. Medical bills are for doctors, dentists, hospitals, therapists, medication, equipment, nursing home care, or home care.

/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

The share of parents with incomes at or below 138 percent of FPL reporting delayed or forgone health care during the 12 months before the survey in April 2021 because of cost concerns, difficulties taking time off work, difficulties meeting family or child care obligations, or transportation difficulties was more than three times higher than the share among parents with incomes at or above 400 percent of FPL (61.5 versus 18.8 percent). Among parents with incomes between 139 and 399 percent of FPL, the share forgoing or delaying care for one or more of these reasons was 37.5 percent. More than half of parents with incomes at or below 138 percent of FPL (53.3 percent) reported delaying or forgoing care because of the cost, and more than one in six reported doing so because of difficulties taking time off work, difficulties meeting family or child care obligations, or transportation difficulties.

DELAYED OR FORGONE HEALTH CARE



3x

Parents with family incomes at or below 138 percent of the poverty level were more than three times as likely as those with incomes at or above 400 percent of the poverty level to report delayed or forgone health care for one or more of four reasons during the 12 months before the survey was conducted in April 2021.

They reported higher rates of delayed or forgone care for each of these reasons:

-  Cost concerns
-  Difficulties taking time off work
-  Difficulties taking time away from child care or family obligations
-  Difficulties with transportation

In addition, 30.6 percent of parents with incomes at or below 138 percent of FPL reported avoiding care because of coronavirus exposure concerns. Avoidance of care for this reason did not differ significantly across income groups; more than 20 percent of each group reported delaying or forgoing care for fear of virus exposure.

TABLE 2

Delayed or Forgone Health Care in the Past 12 Months among Nonelderly Parents, by Family Income, April 2021

Percent

	Family Income		
	At or below 138% of FPL (n = 602)	139–139% of FPL (n = 1,354)	At or above 400% of FPL (n = 908)
Delayed or forwent care because of coronavirus exposure concerns	30.6	23.4	25.9
Delayed or forwent care for any of the following reasons	61.5***	37.5***	18.8
Cost concerns	53.3***	30.0***	10.7
Difficulties taking time off work	17.0***	13.0***	7.8
Difficulties taking time away from child care or family obligations	18.5***	10.2**	6.4
Difficulties with transportation	17.5***	3.4**	1.1

Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. The types of care included in delayed or forgone care due to cost are prescription drugs, general doctor's visits, specialist visits, medical tests, treatment or follow-up care, dental care, mental health care or counseling, treatment or counseling for alcohol or drug use, vision care, and medical supplies or equipment. The types of care included in delayed or forgone care due to coronavirus exposure concerns are prescription drugs, general doctor or specialist visits, hospital visits, preventive health screenings or medical tests, treatment or follow-up care, dental care, mental health care or counseling, treatment or counseling for alcohol or drug use, and some other type of medical care. We cannot distinguish between delayed and forgone care.

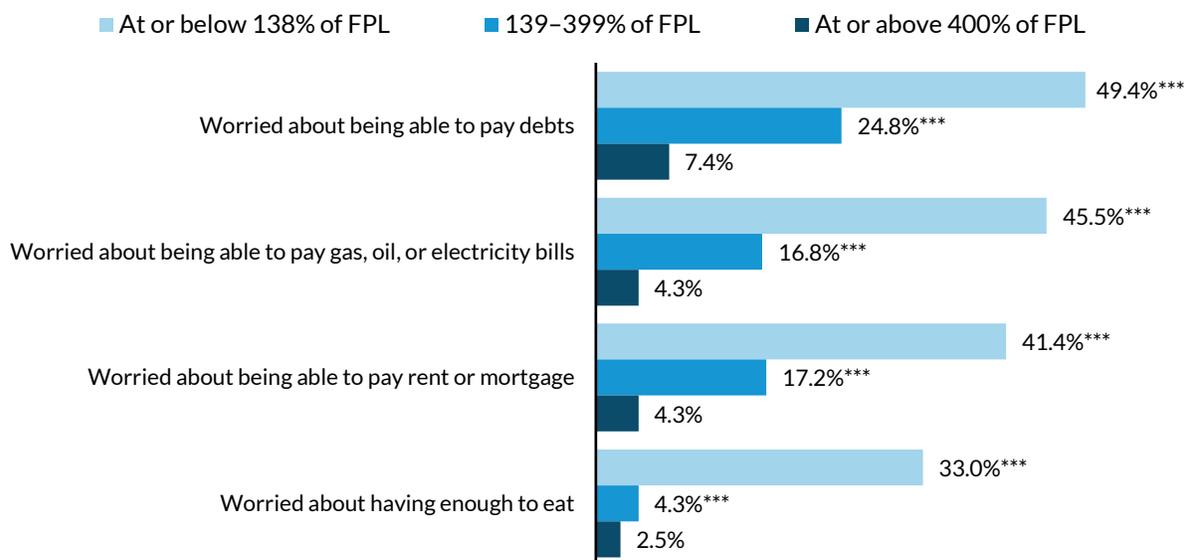
/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

Financial and Material Hardships

Many parents with incomes at or below 138 percent of FPL also struggled with worries about other financial and material hardships that could be exacerbating their stress and worries, worsening their overall health status, and adding to their difficulties affording needed health care and paying medical bills. Nearly half (49.4 percent) were reportedly worried about being able to pay debts, 45.4 percent were worried about being able to pay utilities, and 41.4 percent were worried about being able to pay their rent or mortgage in the next 30 days (figure 5). These rates were 7.4 percent, 4.3 percent, and 4.3 percent among parents with incomes at or above 400 percent of FPL. In addition, 33.0 percent of parents with incomes at or below 138 percent of FPL reported being worried about having enough to eat in the next month, compared with only 2.5 percent of parents with incomes at or above 400 percent of FPL. Thus, the health and health care hardships among parents with incomes at or below 138 percent of FPL co-occurred with other financial hardships.

FIGURE 5

Share of Nonelderly Parents Reporting Worries about Meeting Basic Needs in the Next 30 Days, by Family Income, April 2021



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Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. Estimates are for the share of parents who reported being very or somewhat worried.

/ Estimate differs significantly from that for parents with incomes at or above 400 percent of FPL at the 0.05/0.01 level, using two-tailed tests.

Discussion

In spring 2021, many parents with incomes at or below 138 percent of FPL reported being in fair or poor health or having a chronic health condition; more than a fifth lacked insurance coverage at the time of the survey; some had problems paying family medical bills in the past 12 months; and many reported delayed or forgone health care in the past 12 months due to the cost and/or difficulties related to work, child care and family obligations, or transportation. These challenges add to the financial stress some parents in this group were experiencing, such as worries about paying bills, housing costs, or utilities or having enough to eat in the next month. Because parents of color are overrepresented among those with incomes at or below 138 percent of FPL, they and their children face much greater risks of experiencing health care access and affordability issues.

Below we describe several actions and policy changes that could help address parents' health and health care challenges and other hardships and reduce disparities across income groups.

Expanding and maintaining health insurance coverage. Parents with incomes at or below 138 percent of FPL reported much higher uninsurance rates than parents with higher incomes. Insurance coverage is proven to be associated with greater access to and affordability of care (Institute of Medicine 2009), suggesting some of the greater difficulties these parents reported may be related to their lower levels of health insurance coverage compared with those with higher incomes. This highlights the potential benefits of expanding access to affordable coverage through Medicaid and subsidized Marketplace plans. Recent estimates find that more than 600,000 uninsured parents fall in the coverage gap in states that have not expanded Medicaid under the ACA, including more than 250,000 uninsured parents with children under age 6 (McMorrow et al. 2021). Because 12 states have not adopted the ACA’s Medicaid expansion, addressing these gaps will likely require congressional action, such as the reconciliation legislation currently being considered that would provide a new federally funded subsidized coverage option for these adults (Holahan et al. 2021).⁶

For the one in eight parents with incomes between 139 and 399 percent of FPL who is uninsured, those who lack access to affordable ESI and meet immigration requirements can qualify for subsidized Marketplace plans. About 3 million people enrolled in Marketplace coverage during the administration’s 2021 pandemic special enrollment period.⁷ Further, the administration announced it will extend the 2022 open enrollment period by an additional 30 days and allocate an additional \$80 million in funding to support consumers in the 30 states with federally facilitated Marketplaces (Pollitz, Tolbert, and Orgera 2021).⁸ Recent policy changes such as the American Rescue Plan’s enhanced Marketplace subsidies that cover a greater share of premiums mean that Marketplace plans are currently more affordable than ever, and Congress is considering extending the subsidy enhancements (McMorrow et al. 2021). However, limited awareness of the subsidies could limit their reach (Haley and Wengle 2021). Other policy changes, such as state adoption of the American Rescue Plan’s optional 12-month Medicaid/Children’s Health Insurance Program (CHIP) postpartum extension or the mandated state postpartum Medicaid/CHIP extension proposed in the Build Back Better bill, could increase coverage opportunities for some parents with lower and moderate incomes (Johnston et al. 2021).

Despite increases in unemployment during the pandemic, uninsurance among adults has not spiked as feared, largely because of increased public coverage (Karpman and Zuckerman 2021). But the expiration of Medicaid’s continuous enrollment requirement could mean many Medicaid enrollees will lose coverage as redetermination and renewal processes resume, which is anticipated to be phased in starting in 2022 (Buettgens and Green 2021). This means a careful, streamlined unwinding of the requirement by states, such as by using the entire 12-month catch-up period and connecting people losing Medicaid to other coverage sources like the Marketplaces, will be key to promoting continuity of

coverage for adults with lower incomes (Brooks and Gardner 2021).⁹ Greater support for health insurance navigators, expanded outreach, and efforts to reduce procedural denials could also lead to greater take-up of and retention in coverage among parents who are eligible for Medicaid but not enrolled (Haley et al. 2021).

Expansions in paid leave and child care assistance. As noted, more than one in six parents with incomes at or below 138 percent of FPL reported delaying or forgoing health care in the prior 12 months because of difficulties taking time off work or away from child care or family obligations. Thus, ensuring parents have leave to take care of their own health needs and affordable child care could improve their abilities to access needed care in a timely way. Congress is currently considering expanding access to paid family and medical leave and child care subsidies.¹⁰ Expanded assistance could especially benefit families with low incomes; such families are more likely to include young children and to report delayed or forgone care due to work or child care obligations, which are likely related to their lower likelihood of being able to work from home or having paid sick leave and their greater difficulties arranging child care (Karpman, Gonzalez, and Kenney 2020). Improved access to affordable child care would also disproportionately benefit parents with young children; 15.6 percent of parents with a child under age 6 reported delaying or forgoing health care because of difficulty taking time away from child care or family obligations, compared with 6.4 percent of parents with only older children (data not shown).

Improving COVID-19 vaccination rates and virus containment measures. More than a quarter of parents in all of the income groups we examined delayed or did not get care in the prior year over worries about coronavirus exposure. Adults reported delaying or forgoing health care for this reason into spring 2021, even as infection rates began to fall from their earlier peak (Gonzalez, Karpman, and Haley 2021a). In April 2021, nearly 1 in 10 parents reported they had delayed or forgone health care for their children during the past 30 days for the same reason (Gonzalez, Karpman, and Haley 2021b). Greater uptake of COVID-19 vaccines and boosters among subgroups of parents and adolescents, such as among young adults, rural residents, Republicans, and other groups with lower vaccine uptake (Kirzinger et al. 2021), and effective rollout of vaccines for younger ages could address some of these concerns and encourage receipt of missed care. But additional public health strategies, such as mask requirements, improved ventilation, widespread availability of low-cost or free tests, and high-quality masks, will also be needed to reduce overall risks of infection and virus-related barriers to seeking care. However, though fewer people will miss care because of coronavirus exposure concerns as the pandemic eventually recedes, delaying or forgoing care because of the cost or other difficulties, which varies much more by income, may continue.

Expanding and ensuring take-up of pandemic-related financial assistance. Federal support for economic impact payments and expanded unemployment benefits may have mitigated some problems during the period covered by the April 2021 survey. Further expansions in benefits such as the American Rescue Plan's child tax credit could provide relief from some of the health care cost burdens and concerns about meeting financial obligations and daily needs that many parents with incomes at or below 138 percent of FPL reported. The Build Back Better package passed by the House, if passed by the Senate and signed into law, could extend child tax credits and expand other supports. But families with incomes at or below 138 percent of FPL and parents who are Hispanic/Latinx, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or multiple races were less likely to report receiving advance credit payments in summer 2021 (Karpman et al. 2021). Thus, greater outreach and support from government and community-based stakeholders and reductions in administrative burdens to ensure more equitable availability of assistance would also be necessary (Cox et al. 2021). Such relief could be even more impactful if the tax credit were made permanent (Acs and Werner 2021).

Parents' health is critical to their children's health and well-being. Thus, our findings suggest improving access to and affordability of health care and supporting parents in getting the health care they need, particularly parents with incomes at or below 138 percent of FPL, are critical as families continue to weather the pandemic. Moreover, because parents with family incomes at or below 138 percent of FPL are more likely to be Black or Hispanic/Latinx, reducing disparities in health care access and affordability by income could reduce racial and ethnic inequities, which have widened during the pandemic across various measures (Padilla and Thomson 2021). And because such families are more likely to include young children, improving health and health care among parents could have cumulative long-term benefits for children as they grow and develop. Connecting families to coverage and child tax credit assistance for which they already qualify could quickly help families meet some of their immediate needs. But reducing inequities in the long term will require addressing structural factors, including systemic racism and discrimination, that consign many parents of color to having low incomes and chronic issues that parents, especially those with incomes at or below 138 percent of FPL, face meeting their families' financial, caregiving, housing, nutrition, and other needs.

Methods

This report draws on data from the Urban Institute's Health Reform Monitoring Survey, a nationally representative, internet-based survey of adults ages 18 to 64. Launched in 2013, the HRMS provides timely information on health insurance coverage, health care access and affordability, and other health

topics before federal survey data become available. For each round of the HRMS, we draw a stratified, random sample of nonelderly adults from Ipsos's KnowledgePanel, the nation's largest probability-based online panel. Members of the panel are recruited from an address-based sampling frame covering approximately 97 percent of US households, including those without internet access. If needed, panel members are given internet access and web-enabled devices to facilitate their participation. Additional information can be found at hrms.urban.org.

For this analysis, we used data from the April 2021 round of the HRMS, fielded April 2 through 20. It had a sample size of 9,067 adults, and 82 percent completed the survey in the first week. This analysis is based on the sample of 2,864 parents, defined as respondents who reported they are the parent or guardian of a child or stepchild under age 19 who lives with them. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of the national nonelderly adult population, based on benchmarks from the Current Population Survey and the American Community Survey. Participants can take the survey in English or Spanish, and the survey takes a median of 15 minutes to complete.

This analysis has several limitations. The probability-based internet panel underlying the HRMS does not cover some adult populations, including those who are homeless, are institutionalized, or do not speak English or Spanish. Also, the HRMS has a low cumulative response rate, and nonresponse bias is likely only partially mitigated by the survey weights. However, previous studies assessing recruitment for the panel from which HRMS samples are drawn have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008).

In addition, the income, health status and chronic conditions, insurance coverage status, health care access and affordability measures, and other personal characteristics are self-reported responses in the HRMS and may be subject to measurement error. The survey defines family income as the respondent's income plus the incomes of their spouse (if applicable) and any children or stepchildren under 19 who live with them. Response categories are provided for various percentages of the poverty level according to family size, and the survey asks respondents to choose the category that best describes their family's total income over the last year before taxes and other deductions. However, the HRMS's income measure and definition of family differ from the measures of modified adjusted gross income used to determine eligibility for Medicaid and Marketplace tax credits; therefore, estimated levels of family income as a percentage of the poverty level are only an approximation of whether respondents are in the income ranges targeted by the Medicaid expansion and Marketplace tax credits (Alarcon, Fried, and

Hest 2020; CMS 2021). Estimates by income group are presented in the body of the paper; estimates for all parents, regardless of income, are presented in appendix table A.1.

Appendix. Characteristics of All Parents

TABLE A.1

Demographic Characteristics, Health Status, Health Insurance Coverage, Health Care Access and Affordability, and Worries about Basic Needs for all Nonelderly Parents, April 2021

	All parents
Demographic and socioeconomic characteristics (%)	
<i>Age</i>	
18–34	28.0
35–49	54.6
50–64	17.4
<i>Children's ages</i>	
Has children under age 6	42.2
Has only older children (ages 6–18)	57.8
<i>Sex^a</i>	
Female	54.8
Male	45.2
<i>Marital status</i>	
Married	79.2
Living with a partner	8.3
Divorced, widowed, or separated	6.0
Never married	6.6
<i>Race/ethnicity</i>	
Black	11.3
White	56.0
Hispanic/Latinx	22.5
Additional races	10.2
<i>Citizenship</i>	
Noncitizen	11.9
Citizen	87.8
<i>Language</i>	
Primarily English	82.5
Primarily Spanish	6.0
Bilingual English and Spanish	11.5
<i>Education</i>	
Less than high school	9.5
High school degree	50.3
Some college	25.0
College degree or more	40.2
<i>Employment status</i>	
Working at time of survey	73.8
Not working at time of survey	25.7
<i>Region</i>	
Northeast	14.6
Midwest	19.8
South	38.8
West	26.8

	All parents
<i>Rurality</i>	
Lives in a metropolitan statistical area	88.7
Does not live in a metropolitan statistical area	11.3
<i>Lives in a state that expanded Medicaid as of April 2021</i>	65.6
Health status, insurance coverage, and health care access and affordability (%)	
<i>Presence of chronic conditions</i>	
One chronic condition	22.2
More than one chronic condition	16.9
One or more chronic conditions	39.1
<i>Health insurance coverage</i>	
Employer-sponsored insurance	66.8
Public coverage	16.3
Private nongroup/unspecified coverage	7.1
Private nongroup coverage	6.4
Unspecified coverage	0.7
Uninsured	9.9
<i>Access to health care</i>	
Has a usual source of care that is not the ER	80.9
Among those with a usual source of care, has a personal doctor/health care provider	85.2
<i>Medical bills</i>	
Problems paying family medical bills in past 12 months	13.7
<i>Delayed or forgone health care</i>	
Delayed or forwent care in the last 12 months because of coronavirus exposure concerns	25.8
Delayed or forwent care in the last 12 months for any of the following reasons	34.6
Cost concerns	26.7
Difficulties taking time off work	11.7
Difficulties taking time away from child care or family obligations	10.3
Difficulties with transportation	5.3
Worries about basic needs in the next month (%)	
Having enough to eat	12.0
Being able to pay rent or mortgage	16.7
Being able to pay gas, oil, or electricity bills	17.4
Being able to pay debts	22.6
Sample size	2,864

Source: Health Reform Monitoring Survey, April 2021.

Notes: FPL = federal poverty level. Parents are adults ages 18 to 64 who reported they are the parent or guardian of any children or stepchildren under age 19 who live with them. White adults, Black adults, and adults of additional races are non-Hispanic/Latinx. Adults of additional races are Asian, Native Hawaiian, Pacific Islander, American Indian/Alaska Native, or more than one race. Estimates of worries about basic needs are for the share of parents who reported being very or somewhat worried.

^a Sex is based on a single profile question that gave only two response categories (male or female).

Notes

- ¹ Families First Coronavirus Response Act, Pub. L. 116-127 (2021).
- ² Centers for Medicare & Medicaid Services, “2021 Special Enrollment Period in Response to the COVID-19 Emergency,” news release, January 28, 2021, <https://www.cms.gov/newsroom/fact-sheets/2021-special-enrollment-period-response-covid-19-emergency>.
- ³ Throughout this report, differences are statistically significant at the $p < 0.05$ value or lower. Estimates for all parents, regardless of income, are presented in appendix table A.1.
- ⁴ “U-3 Was 6.1 Percent, U-6 Was 10.4 Percent, in April 2021,” *TED: The Economics Daily*, US Bureau of Labor Statistics, May 12, 2021, <https://www.bls.gov/opub/ted/2021/u-3-was-6-1-percent-u-6-was-10-4-percent-in-april-2021.htm>.
- ⁵ An estimated 25.4 percent of parents with incomes at or below 138 percent of FPL, 16.7 percent of those with incomes between 139 and 399 percent of FPL, and 13.0 percent of those with incomes at or above 400 percent of FPL reported having two or more chronic health conditions (data not shown).
- ⁶ Katie Keith, “Unpacking the Coverage Provisions in the House’s Build Back Better Act,” *Health Affairs Blog*, November 29, 2021, <https://www.healthaffairs.org/doi/10.1377/hblog20210912.160204/full/>.
- ⁷ Centers for Medicare & Medicaid Services, “Biden-Harris Administration Announces Record-Breaking 12.2 Million People Are Enrolled in Coverage through the Health Care Marketplaces,” news release, September 15, 2021, <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-record-breaking-122-million-people-are-enrolled-coverage>.
- ⁸ Centers for Medicare & Medicaid Services, “CMS Extends Open Enrollment Period and Launches Initiatives to Expand Health Coverage Access Nationwide,” news release, September 17, 2021, <https://www.cms.gov/newsroom/press-releases/cms-extends-open-enrollment-period-and-launches-initiatives-expand-health-coverage-access-nationwide>.
- ⁹ Tricia Brooks, “CMS Takes Positive Steps to Protect Enrollees from Loss of Coverage at End of the PHE,” *Say Ahhh!* (blog), Georgetown University Health Policy Institute, Center for Children and Families, August 13, 2021, <https://ccf.georgetown.edu/2021/08/13/cms-takes-positive-steps-to-protect-enrollees-from-loss-of-coverage-at-end-of-the-phe/>.
- ¹⁰ Emily Cochrane, “House Democrats Say They Plan Action Next Week on the Infrastructure Bill and Their Social Safety Net Plan,” *New York Times*, September 24, 2021, <https://www.nytimes.com/2021/09/24/us/politics/house-democrats-infrastructure-social-policy.html>; and Tony Romm, “Democrats Take Early Steps toward New Paid Leave Program, as Work Continues to Craft \$3.5 Trillion Bill,” *Washington Post*, September 10, 2021, <https://www.washingtonpost.com/us-policy/2021/09/10/democrats-budget-congress/>.

References

- Acs, Gregory, and Kevin Werner. 2021. "How a Permanent Expansion of the Child Tax Credit Could Affect Poverty." Washington, DC: Urban Institute.
- Alarcon, Giovanni, Brett Fried, and Robert Hest. 2020. "2020 Update of SHADAC's Health Insurance Unit." Minneapolis: State Health Access Data Assistance Center.
- Brooks, Tricia, and Alexa Gardner. 2021. "Unwinding the COVID Continuous Eligibility Requirement at the End of the Public Health Emergency: Tips for Advocates." Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Brooks, Tricia, Alexa Gardner, Jennifer Tolbert, Rachel Dolan, and Olivia Pham. 2021. *Medicaid and CHIP Eligibility and Enrollment Policies as of January 2021: Findings from a 50-State Survey*. San Francisco: Kaiser Family Foundation.
- Brooks, Tricia, and Andy Schneider. 2020. "The Families First Coronavirus Response Act: Medicaid and CHIP Provisions Explained." Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Buettgens, Matthew, and Andrew Green. 2021. *What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency?* Washington, DC: Urban Institute.
- BUILD Initiative, EducationCounsel, Center for Law and Social Policy, Georgetown University Center for Children and Families, and Linchpin Strategies. 2021. *Supporting Prenatal-to-Three with Federal Relief Funds*. Boston: BUILD Initiative.
- Burak, Elisabeth Wright. 2019. "Parents' and Caregivers' Health Insurance Supports Children's Healthy Development." Washington, DC: Society for Research in Child Development.
- CBPP (Center on Budget and Policy Priorities). 2021. *Tracking the COVID-19 Recession's Effects on Food, Housing, and Employment Hardships*. Washington, DC: Center on Budget and Policy Priorities.
- Center on the Developing Child. 2021. "Three Principles to Improve Outcomes for Children and Families: 2021 Update." Cambridge, MA: Harvard University, Center on the Developing Child.
- CMS (Centers for Medicare & Medicaid Services). 2021. *Income Eligibility Using MAGI Rules*. Baltimore: Centers for Medicare & Medicaid Services.
- Cox, Kris, Roxy Caines, Arloc Sherman, and Dottie Rosenbaum. 2021. *State and Local Child Tax Credit Outreach Needed to Help Lift Hardest-to-Reach Children out of Poverty*. Washington, DC: Center on Budget and Policy Priorities.
- Garrett, Joe, J. Michael Dennis, and Charles A. DiSogra. 2010. "Non-response Bias: Recent Findings from Address-Based Panel Recruitment." Presented at the Annual Conference of the American Association for Public Opinion Research, Chicago, May 13–16.
- Gonzalez, Dulce, Michael Karpman, and Jennifer M. Haley. 2021a. "Coronavirus Concerns Led More Than 1 in 10 Nonelderly Adults to Delay or Forgo Health Care in Spring 2021." Washington, DC: Urban Institute.
- . 2021b. "Worries about the Coronavirus Caused Nearly 1 in 10 Parents to Delay or Forgo Needed Health Care for Their Children in Spring 2021." Washington, DC: Urban Institute.
- Gonzalez, Dulce, Michael Karpman, Genevieve M. Kenney, and Stephen Zuckerman. 2021a. "Delayed and Forgone Health Care for Children during the COVID-19 Pandemic." Washington, DC: Urban Institute.
- . 2021b. "Delayed and Forgone Health Care for Nonelderly Adults during the COVID-19 Pandemic." Washington, DC: Urban Institute.

- Gonzalez, Dulce, Stephen Zuckerman, Genevieve M. Kenney, and Michael Karpman. 2020. "Almost Half of Adults in Families Losing Work during the Pandemic Avoided Health Care Because of Costs or COVID-19 Concerns." Washington, DC: Urban Institute.
- Guth, Madeline, Rachel Garfield, and Robin Rudowitz. 2020. *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*. San Francisco: Kaiser Family Foundation.
- Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. 2021. "Uninsurance Rose among Children and Parents in 2019: National and State Patterns." Washington, DC: Urban Institute.
- Haley, Jennifer M., and Erik Wengle. 2021. "Uninsured Adults' Marketplace Knowledge Gaps Persisted in April 2021." Washington, DC: Urban Institute.
- Heeren, Timothy, Erika M. Edwards, J. Michael Dennis, Sergei Rodkin, Ralph W. Hingson, and David L. Rosenbloom. 2008. "A Comparison of Results from an Alcohol Survey of a Prerecruited Internet Panel and the National Epidemiologic Survey on Alcohol and Related Conditions." *Alcoholism: Clinical and Experimental Research* 32 (2): 222–29. <https://doi.org/10.1111/j.1530-0277.2007.00571.x>.
- Holahan, John, Matthew Buettgens, Jessica S. Banthin, and Michael Simpson. 2021. "Filling the Gap in States That Have Not Expanded Medicaid Eligibility." New York: Commonwealth Fund.
- Institute of Medicine (Institute of Medicine, Committee on Health Insurance Status and Its Consequences). 2009. *America's Uninsured Crisis: Consequences for Health and Health Care*. Washington, DC: National Academies Press. <https://doi.org/10.17226/12511>.
- Johnston, Emily M., Jennifer M. Haley, Stacey McMorrow, Genevieve M. Kenney, Tyler W. Thomas, Clare Wang Pan, and Robin Wang. 2021. *Closing Postpartum Coverage Gaps and Improving Continuity and Affordability of Care through a Postpartum Medicaid/CHIP Extension*. Washington, DC: Urban Institute.
- Kalish, Emma. 2016. "Family Finances: How Do Families with and without Children Differ?" Washington, DC: Urban Institute.
- Karpman, Michael, Dulce Gonzalez, and Genevieve M. Kenney. 2020. "Parents Are Struggling to Provide for Their Families during the Pandemic: Material Hardships Greatest among Low-Income, Black, and Hispanic Parents." Washington, DC: Urban Institute.
- Karpman, Michael, Dulce Gonzalez, Stephen Zuckerman, and Gina Adams. 2018. "What Explains the Widespread Material Hardship among Low-Income Families with Children?" Washington, DC: Urban Institute.
- Karpman, Michael, Elaine Maag, Genevieve M. Kenney, and Douglas A. Wissoker. 2021. "Who Has Received Advance Child Tax Credit Payments, and How Were the Payments Used?" Washington, DC: Urban Institute.
- Karpman, Michael, and Stephen Zuckerman. 2021. "The Uninsurance Rate Held Steady during the Pandemic as Public Coverage Increased." Washington, DC: Urban Institute.
- Kirzinger, Ashley, Grace Sparks, Audrey Kearney, Mellisha Stokes, Liz Hamel, and Mollyann Brodie. 2021. "KFF COVID-19 Vaccine Monitor: November 2021." San Francisco: Kaiser Family Foundation.
- McMorrow, Stacey, Jessica Banthin, Matthew Buettgens, Michael Simpson, Genevieve M. Kenney, and Clare Wang Pan. 2021. *Extending the Enhanced Marketplace Affordability Provisions under the American Rescue Plan Act Could Benefit Nearly 1 Million Uninsured Children and Parents*. Washington, DC: Urban Institute.
- McMorrow, Stacey, Jason Gates, Sharon Long, and Genevieve M. Kenney. 2017. "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents." *Health Affairs* 36 (5): 808–18. <https://doi.org/10.1377/hlthaff.2016.1650>.
- Murphey, David, Elizabeth Cook, Samuel Beckwith, and Jonathan Belford. 2018. "The Health of Parents and Their Children: A Two-Generation Inquiry." Bethesda, MD: Child Trends.

- Padilla, Christina M., and Dana Thomson. 2021. "More Than One in Four Latino and Black Households with Children Are Experiencing Three or More Hardships during COVID-19." Bethesda, MD: Child Trends and the National Research Center on Hispanic Children and Families.
- Panchal, Nirmita, Rabah Kamal, Cynthia Cox, Rachel Garfield, and Priya Chidambaram. 2021. "Mental Health and Substance Use Considerations among Children during the COVID-19 Pandemic." San Francisco: Kaiser Family Foundation.
- Patrick, Stephen W., Laura Henkhaus, Joseph S. Zickafoose, Kim Lovell, Alese Halvorson, Sarah Loch, Mia Letterie, and Matthew M. Davis. 2020. "Well-Being of Parents and Children during the COVID-19 Pandemic: A National Survey." *Pediatrics* 146 (4): e2020016824. <https://doi.org/10.1542/peds.2020-016824>.
- Planalp, Colin, Robert Hest, and Lynn A. Blewett. 2021. "COVID-19 Pandemic Coincided with Elevated and Increasing Anxiety and Depression Symptoms." Minneapolis: State Health Access Data Assistance Center.
- Pollitz, Karen, Jennifer Tolbert, and Kendal Orgera. 2021. "Navigator Funding Resorted in Federal Marketplace States for 2022." San Francisco: Kaiser Family Foundation.
- Sommers, Benjamin D., Atul A. Gawande, and Katherine Baicker. 2017. "Health Insurance Coverage and Health — What the Recent Evidence Tells Us." *New England Journal of Medicine* 377: 586–93. <https://doi.org/10.1056/NEJMs1706645>.
- Waxman, Elaine, and Poonam Gupta. 2021. "Working Less to Provide More Care: How the Pandemic Has Affected Families with Young Children." Washington, DC: Urban Institute.
- Waxman, Elaine, Poonam Gupta, and Dulce Gonzalez. 2020. "Six Months into the Pandemic, 40 Percent of Parents with Young Children Have Experienced Economic Fallout." Washington, DC: Urban Institute.
- Wheaton, Laura, Sarah Minton, Linda Giannarelli, and Kelly Dwyer. 2021. "2021 Poverty Projections: Assessing Four American Rescue Plan Policies." Washington, DC: Urban Institute.
- Williams, Elizabeth. 2021. "Back to School amidst the New Normal: Ongoing Effects of the Coronavirus Pandemic on Children's Health and Well-Being." San Francisco: Kaiser Family Foundation.

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