POVERTY TRACKER

CENTER ON POVERTY & SOCIAL POLICY at Columbia University

Columbia Population Research Center

ROBIN HOOD

MONITORING POVERTY AND WELL-BEING IN NYC

SPOTLIGHT ON

Health:

Access to health insurance and health care for families with young children in New York City — Evidence from the Early Childhood Policy Tracker

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Introduction

The COVID-19 pandemic highlighted long-standing disparities in access to health insurance and health care. In New York State, children are eligible for public health insurance (Medicaid or Child Health Plus) regardless of income or immigration status. However, coverage for adults is much more uneven. Drawing on three years of data for families in the Early Childhood Poverty Tracker (ECPT), this report examines health insurance coverage and health care access for parents and young children in New York City. This longitudinal perspective is critical because people may experience disruptions in health coverage over time because of changes in employment, relationship status, or eligibility for public benefits.

These gaps in coverage can have significant consequences for health. People who have health insurance are more likely to use health care services, including preventive care, and have lower rates of illness and mortality.[1] They are more likely to receive screening services, allowing for earlier detection of serious illnesses such as cancer.[2] Insurance coverage is especially important for people with chronic health conditions that require regular care.[3,4] For people with asthma, for instance, lack of insurance can mean more asthma attacks and emergency room visits. For people with diabetes, it can lead to more difficulty managing glucose levels. For those with major depression, it can increase the use of acute care services and emergency or inpatient care.[5]

The Affordable Care Act (ACA), implemented in 2014, significantly expanded the share of Americans covered by health insurance. However, nearly one in ten remains uninsured. About half of those uninsured could qualify for Medicaid or subsidized coverage under the ACA, but have either not enrolled or have lost coverage; even with ACA subsidies, health insurance premiums are too costly for many who are eligible. Others are not eligible for either program because they are undocumented, their incomes are too high, or for other reasons.[6] New Yorkers are more likely to have health insurance than residents of many other states, but one in twenty New York State residents, mostly non-elderly adults, lacked insurance in 2020.

This brief uses Early Childhood Poverty Tracker (ECPT) data to examine several questions about access to health insurance and health care for New York City families with young children:

- How common are health insurance gaps for young children and parents?
- Which families are most at risk of gaps in insurance coverage?
- Are families who experience insurance gaps more likely to have unmet medical needs or face financial burdens?

[1] *Freeman, Kadiyala, Bell, Martin (2008).*

[2] *Reyes & Miranda (2015).*

[3] *Brown et al. (2021); Rogers et al. 2018).*

[4] *For children, unstable or lack of health insurance is similarly associated with high rates of asthma (Ebell et al. 2017) and asthma-related emergency department visits (Gushue et al. 2019); as well as delay of care and unmet health care needs (Tumin et al. 2019).*

[5] *Ji et al. (2017).*

[6] *Sommers (2020).*

About the Early Childhood Poverty Tracker

The Early Childhood Poverty Tracker study uses repeated surveys with the same parents to understand how families change as their children grow and develop. The baseline survey included 1,528 parents, each of whom selected a "focal child" who was 0-35 months old in June 2017 or was born in the subsequent year. Since the baseline survey, parents have been surveyed several times per year about the focal child's health and development, enrollment in school or child care, and family circumstances including economic conditions, health, and wellbeing. The figures presented in this report exclude families who have moved out of New York City, and are weighted statistically to be representative of children born in and living in New York City. For more detail about the methods used in the Early Childhood Poverty Tracker study, and for a profile of our sample, see our baseline report.[7]

About this report

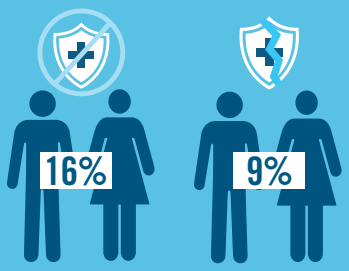
This report is based primarily on the ECPT baseline, 12-month, and 24-month annual surveys. These surveys collect annual poverty and hardship measures, and ask respondents whether they are currently insured, what kind of insurance they have, and whether they have had interruptions in insurance coverage over the past 12 months. Information about children's health insurance and health care access was drawn from the 2020 "child survey," fielded during the summer and fall of 2020. Because this survey was fielded during an unusual time, when possible, we checked this information against similar questions fielded in the prior year and flagged any instances in which survey responses might have been affected by COVID-19.

Part of this report examines how common insurance gaps are among parents of young children in New York City. Because people may gain and lose insurance multiple times, we combined data from the baseline, 12-month, and 24-month surveys to count the number of years in which people had a gap in insurance — that is, they lacked health insurance for at least one month over the previous year. Although survey timing varied, for the most part the reference period for these questions fell between late 2016 and early 2020.

In measuring income poverty, this report uses the Supplemental Poverty Measure (SPM). While Census data provide annual statistics on poverty in the city using the Official Poverty Measure (OPM), the SPM defines income more broadly than the official measure, capturing resources that come to families through the tax system or in the form of near-cash benefits like food stamps or housing assistance. The SPM for New York City also uses a higher poverty line than other official statistics, recognizing that New Yorkers face higher costs of living than people do in other places across the country. Lastly, the SPM captures important expenses faced by many families, such as medical and child care costs, which official statistics ignore.

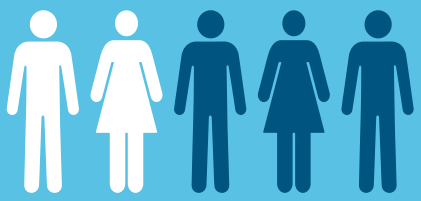
[7] *Neckerman, Brooks-Gunn, Doran, Kennedy, Maury, Waldfogel, and Wimer (2019).*

KEY FINDINGS



Almost all children in New York City have health care coverage (as reported by 99% of the parents we surveyed). However, coverage for parents is much less certain. When surveyed in 2019, 16% of parents said they had no health care insurance coverage and another 9% had experienced an interruption in their coverage over the last 12 months.

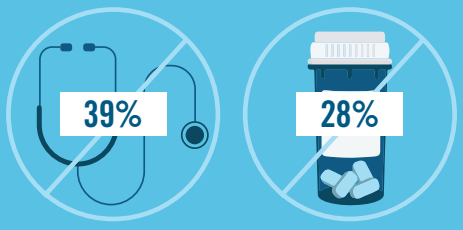
TWO OUT OF FIVE parents experienced a gap in health insurance coverage in at least one of the past three years (2017-2019). Parents who lived in poverty were more likely to have had an insurance gap over the past three years, as were Black, Latino, and foreign-born parents.

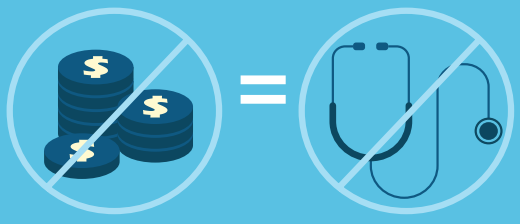


Parents who reported that they were in fair or poor health were more likely than those with good to excellent health to face gaps in health insurance coverage. Among those in fair or poor health, more than half had a gap in coverage at some point over the past three years.

Public insurance programs like Medicaid and Child Health Plus (CHIP) are vital supports for low-income families but the recertification requirement can lead to interruptions in coverage. Parents who were covered by Medicaid were more likely to have a gap in insurance coverage compared to parents with other coverage.

Parents who experienced gaps in coverage were more likely to forgo medical care (39%) and not fill prescriptions because of the cost (28%) compared to parents with stable coverage.





Even if children have insurance, they may face barriers to accessing health care. About 3% of parents reported that their child needed health care during the past 12 months but couldn't get it; among those parents, half reported that cost of care or lack of insurance was a barrier.

LACK OF INSURANCE MAY ALSO BE A FINANCIAL BURDEN ON FAMILIES; PARENTS WITH INSURANCE GAPS WERE MORE LIKELY THAN OTHER PARENTS TO WORRY ABOUT MONEY.

Health insurance coverage among ECPT children and adults

Access to health insurance was nearly universal among ECPT children living in New York City in 2019 and 2020. Even among children living below the poverty line, 99% had health care coverage. By contrast, 16% of ECPT parents did not have health insurance coverage, including 24% of parents living in poverty and 14% of parents at or above the poverty line. Children were also less likely than their parents to face interruptions in health insurance coverage: 5% of children, compared with 25% of adults, had an insurance gap in the 12 months prior to the year they took the survey (2019 for most respondents).

These differences reflect the varied availability of public health insurance for children and adults. Children living in New York State are assured coverage under either Medicaid or under New York State's CHIP (Child Health Plus) program, which provides health insurance to children who are above the Medicaid income levels or who are ineligible for Medicaid because of their immigration status. Nearly all children in families living below the poverty line had health insurance through Medicaid or New York State's CHIP program. Even among higher-income households, more than half of children had public insurance. Among adults, by contrast, there is no analogue to the CHIP program. Adults who are undocumented are not eligible for coverage under Medicaid or the ACA. In addition, many adults with incomes too high for Medicaid (above 138% of the poverty line) cannot afford to purchase insurance through the ACA, and may not be offered private insurance through their employer.[8]

Table 1

Health care insurance coverage in 2019 or 2020 for children and parents by poverty status

	CHILDREN			PARENTS		
	TOTAL	IN POVERTY	NOT IN POVERTY	TOTAL	IN POVERTY	NOT IN POVERTY
Any insurance at time of survey	99%	99%	99%	84%	76%	86%
Public insurance	65%	90%	57%	39%	64%	32%
Other insurance	34%	9%	43%	45%	12%	54%
No insurance	1%	1%	1%	16%	24%	14%
Lacked insurance at any time in past 12 months	5%	8%	4%	25%	38%	21%

Source: Tabulations from 24-month follow-up survey (2019-20), N=1,096, and ECPT third "child survey" (2020)[9], N=921

Note: Public insurance includes Medicaid, Child Health Plus, Medicare, and health care programs for military personnel or veterans such as TriCare. "Other" insurance includes employer-provided health insurance, COBRA, and individual coverage such as that offered through the Affordable Care Act.

[8]*Sommers (2020).*

[9]*Information on children's insurance status was obtained in the summer and fall of 2020, while information on parents' insurance status was obtained in the winter of 2019-20. The insurance rates for children were identical in 2019 and 2020. The share of children in poverty who were receiving public insurance was slightly lower in 2019 than in 2020; it is uncertain whether this difference is due to the pandemic.*

Access to health care among young children

Even if children have insurance, they may face barriers to accessing health care. About 3% of parents reported that their child needed health care during the past 12 months but couldn't get it; among those parents, half reported that cost of care or lack of insurance was a barrier. Despite concern about low-income families going to the emergency room for primary care, more than three in four parents said they went to a private doctor or pediatrician's office when their child was sick, with little difference between children living above or below the poverty line. About one in five went to a Community Health Center, hospital outpatient clinic, emergency room, or other kind of provider such as an urgent care center.[10] As a measure of "continuity of care," we asked parents if there was a health care professional they considered to be their child's personal doctor or nurse. Parents living in poverty were less likely to say their child had a personal doctor or nurse — a concern given the importance of continuity of care to health outcomes.[11]

Table 2

Indicators of access to care for children, overall and by poverty status

	TOTAL	IN POVERTY	NOT IN POVERTY
Needed care but couldn't get it in past 12 months	3%	1%	4%
Usual place of care for sick child			
Private doctor or pediatrician's office	78%	74%	80%
Community Health Center	7%	11%	6%
Hospital outpatient clinic	6%	4%	7%
Hospital emergency room	4%	7%	4%
Has someone the parent considers to be their child's personal doctor or nurse	81%	72%	84%

Source: Tabulations from ECPT third "child survey," 2020, N=921

Insurance gaps among parents

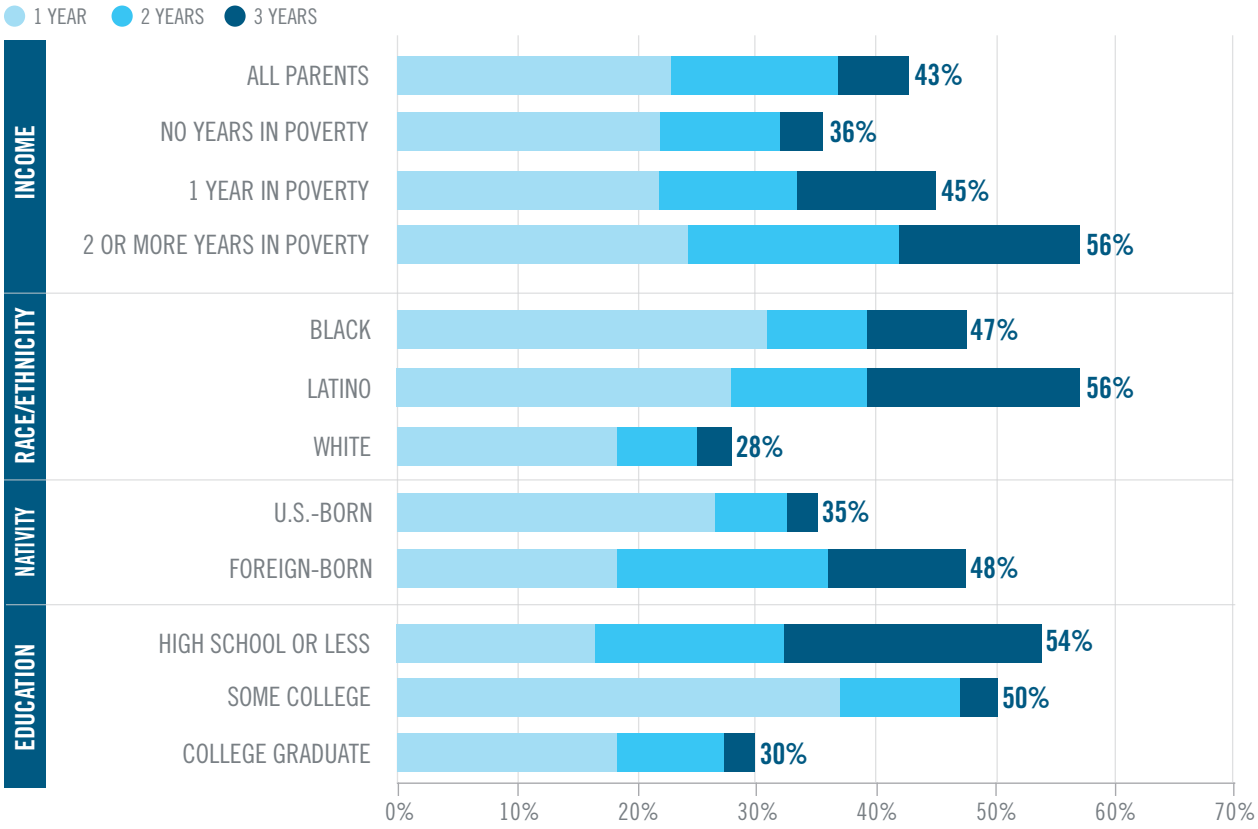
As noted above, one in four parents either had no insurance or experienced a gap in insurance coverage over the previous 12 months. Over three years, two in five parents experienced a gap in coverage. Figure 1 shows how health insurance coverage varied across demographic categories. Gaps in coverage were more common among parents who spent more time in poverty, and among parents who were Black, Latino, foreign-born, or less educated.

[10] *Among parents under the poverty line, the share who said they took a sick child to a hospital outpatient clinic dropped from 15% to 3% between 2019 and 2020; this could reflect the impact of COVID-19, with safety concerns leading parents to avoid hospitals.*

[11] *Enlow, Passarella, and Lorch (2017).*

Figure 1

Number of years with any gaps in health coverage for parents, by demographics



Source: Tabulations from ECPT baseline, 12-month follow-up, and 24-month follow-up surveys, N=1056

Immigration status and health insurance eligibility and access

Eligibility for public insurance programs is dependent on immigration status, which creates barriers to health insurance and health care for many parents.[12] Eligibility for Medicaid is restricted based on immigration status; citizens, permanent residents, refugees, Deferred Action for Childhood Arrivals (DACA) participants, and some other categories of immigrants are eligible for Medicaid, but undocumented immigrants are not.[13] (Receipt of prenatal or emergency medical care is not restricted based on immigration status.)

In addition to these eligibility restrictions, some immigrants who were eligible for public health insurance may have chosen not to participate due to concern about the "public charge" rule, according to which participation in safety net programs such as Medicaid might be considered in applications for entry to the U.S. or permanent residence.[14]

Foreign-born parents who reported that they were not U.S. citizens or permanent residents were significantly more likely to have a gap in insurance coverage.

[12] *Bustamante et al. (2019).*

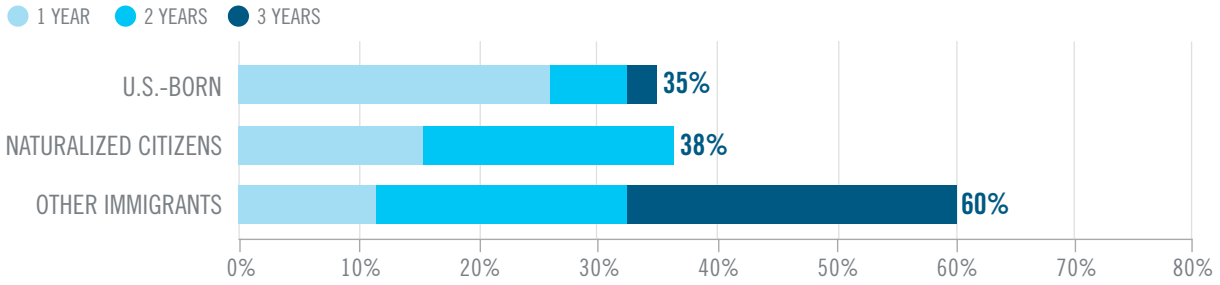
[13] *New York City Human Resources Administration (2016).*

[14] *Haley, Kenny, Bernstein, and Gonzalez (2020). The public charge rule was not implemented until February 2020, but public discussion of the policy began in September 2018.*

While U.S.-born and naturalized citizens had similar rates of insurance coverage, gaps in coverage were much more common for immigrants who were not U.S. citizens: three in five such parents had at least one insurance gap across the first three years of the study. In fact, more than one in four parents who were not citizens had an insurance gap in all three years (Figure 2).

Figure 2

Number of years with any gaps in health coverage for parents, by nativity and citizenship status



Source: Tabulations from ECPT baseline, 12-month follow-up, and 24-month follow-up surveys

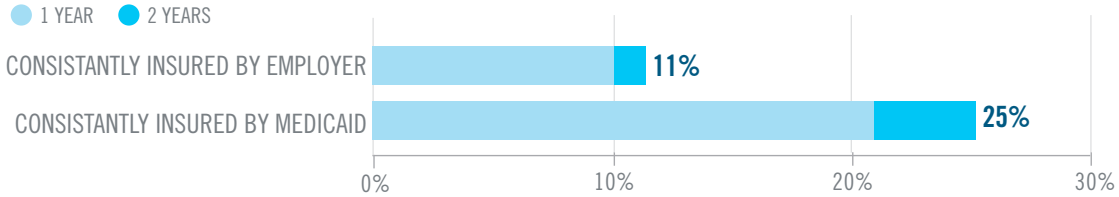
Administrative barriers and Medicaid/CHIP coverage

Medicaid and CHIP are vital supports for low-income families, but as many researchers have noted, the requirement for annual recertification can lead to administrative delays. Medicaid recipients must recertify eligibility every 12 months, and the process can lead to interruptions in coverage even for those who are still eligible.[15]

This pattern was evident in the ECPT study. Parents who were covered by Medicaid were more likely to have a gap in insurance coverage in the following year. In fact, among parents who were consistently insured by Medicaid, 25% had an interruption in insurance coverage in at least one year, while only 11% of those consistently insured by employers had an insurance gap (Figure 3).

Figure 3

Number of years with any gaps in health insurance among parents consistently insured by employer or Medicaid



Source: Tabulations from ECPT baseline, 12-month follow-up, and 24-month follow-up surveys, N=978

Note: Parents consistently insured by an employer reported receiving insurance from their own employer or someone else's employer in each of the first three ECPT annual surveys. Parents consistently insured by Medicaid reported they were insured by Medicaid in each of the first three ECPT annual surveys.

[15] *Wagner (2020); Artiga and Pham (2019).*

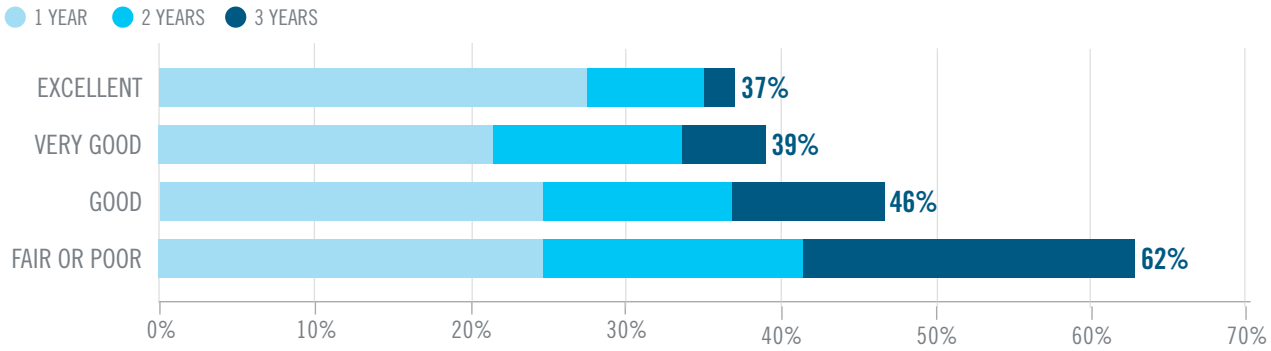
The cost of unstable coverage for New York City's families

As discussed earlier, unstable access to insurance can have many negative health consequences, especially for people with health problems that require regular medical care.[16,17,18]

Unfortunately, parents with worse health were also most likely to experience gaps in health insurance coverage. More than half of parents with fair or poor health had an interruption in coverage over the first three years of the study (Figure 4).

Figure 4

Number of years with any gaps in health insurance by self-rated health



Source: Tabulations from ECPT baseline, 12-month follow-up, and 24-month follow-up surveys, N=1056

Note: The self-rated health measure is the average of self-rated health measures from all three annual surveys.

ECPT's detailed measures of medical and financial hardship show how lack of insurance may affect families. Parents who had an insurance gap in the past year were much more likely than other parents to say that someone in their household needed to see a doctor but couldn't go because of the cost, or that they did not fill a prescription because of the cost (Figure 5). Additionally, parents who had an insurance gap were slightly more likely than those with stable insurance to worry about money (Figure 5).

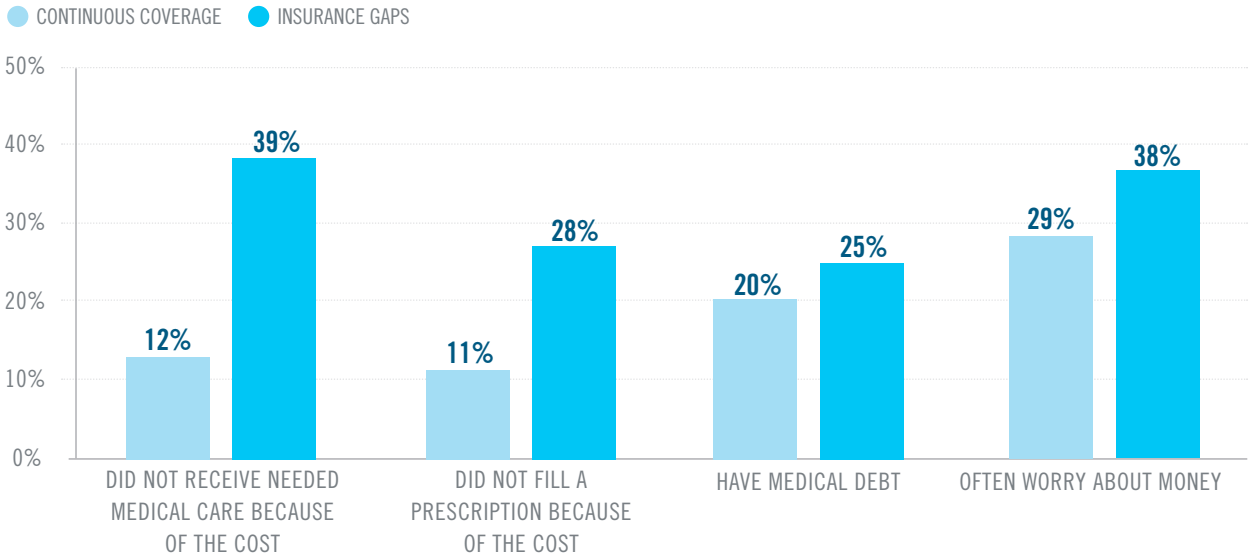
[16] *Brown et al. (2021); Rogers et al. (2018).*

[17] *For children, unstable or lack of health insurance is similarly associated with high rates of asthma (Ebell et al, 2017) and asthma-related emergency department visits (Gushue et al, 2019); as well as delay of care and unmet health care needs (Tumin et al, 2019).*

[18] *Ji et al. (2017)*

Figure 5

Medical hardships, medical debt, and worry about money by stability of insurance coverage in previous year



Source: Tabulations from ECPT baseline, 12-month follow-up, and 24-month follow-up surveys, N=1096, and 9-month follow-up survey, N=1,256

Note: These estimates are adjusted for poverty and gender. Except for the rates of medical debt, estimates in the figure represent a three-year average of predicted values.

Conclusion

Together, New York State's Medicaid and CHIP offer public health insurance to all children living in the state, regardless of income or immigration status. As a result, health coverage is nearly universal among young children living in New York City. Health coverage for adults is more uneven, however. Among parents surveyed in 2019 and early 2020, one in four had an interruption in their health coverage at some point during the past 12 months, and two in five lost insurance at some point over the past three years. Such insurance gaps were especially common among low-income families, as well as Black, Latino, and foreign-born parents.

Two aspects of public insurance programs — restricted eligibility based on immigration status and the annual recertification process — may contribute to these disruptions in coverage. Expanding public insurance for undocumented immigrants and making Medicaid recertification less burdensome[19] would likely improve access to health insurance for New York City adults. In addition, expanding free or low-cost health care for those who cannot afford or qualify for insurance would allow more New Yorkers to access the health care they need.[20]

[19] *Wagner (2020).*

[20] *Jaffe (2019).*

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