

Housing Instability and Children's Health Insurance Gaps

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ABSTRACT

OBJECTIVE: To assess the extent to which housing instability is associated with gaps in health insurance coverage of preschool-age children.

METHODS: Secondary analysis of data from the Early Childhood Longitudinal Study—Birth Cohort, a nationally representative study of children born in the United States in 2001, was conducted to investigate associations between unstable housing—homelessness, multiple moves, or living with others and not paying rent—and children's subsequent health insurance gaps. Logistic regression was used to adjust for potentially confounding factors.

RESULTS: Ten percent of children were unstably housed at age 2, and 11% had a gap in health insurance between ages 2 and 4. Unstably housed children were more likely to have gaps in insurance compared to stably housed children (16% vs 10%). Controlling for potentially confounding factors, the odds of a child insurance gap were significantly higher in unstably housed

families than in stably housed families (adjusted odds ratio 1.27; 95% confidence interval 1.01–1.61). The association was similar in alternative model specifications.

CONCLUSIONS: In a US nationally representative birth cohort, children who were unstably housed at age 2 were at higher risk, compared to their stably housed counterparts, of experiencing health insurance gaps between ages 2 and 4 years. The findings from this study suggest that policy efforts to delink health insurance renewal processes from mailing addresses, and potentially routine screenings for housing instability as well as referrals to appropriate resources by pediatricians, would help unstably housed children maintain health insurance.

KEYWORDS: children's health insurance; health insurance gaps; housing instability

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WHAT'S NEW

Children with unstable housing—homelessness, multiple moves, or living with family or friends and not paying rent—are at increased risk of experiencing health insurance gaps between 2 and 4 years of age compared to children with stable housing situations.

HEALTH INSURANCE IS an important gateway to health care.¹ For children, access to routine health care, which includes immunizations, checkups, and screenings is considered critical for optimal health and development,² particularly in the preschool years.³ In recognition of the importance of health care for children, expansions of public health insurance for children have taken place in the United States with the creation of the Children's Health Insurance Program (CHIP) in 1997 and extensions of the program in 2009 and 2015. While CHIP has been successful in increasing health insurance coverage rates for children, many children still experi-

ence gaps in coverage,^{4–6} even at very young ages.⁷ Continuous coverage is important because studies have found that children's health insurance gaps are associated with not having routine care,^{8–11} lack of a usual source of care,^{8,9,11} unmet need for health care,^{9–12} and not having up-to-date immunizations.^{13,14} Maintaining continuous coverage is particularly challenging for low-income households.¹⁵

We are aware of no existing studies of the effects of children's health insurance gaps on children's health outcomes, although studies of the Medicaid/CHIP expansions in the 1990s found short-term improvements in some measures of health status among children,¹⁶ and a very recent study found that children's enrollment in Medicaid/CHIP has positive long-term effects on health.¹⁷ These findings, in concert with those on children's insurance gaps and health care utilization, suggest that children's health insurance gaps have adverse effects on health.

Rising housing costs and stagnant incomes have made housing unaffordable for many families. A growing

proportion of poor families spends at least half of their income on housing, and about 1 in 8 poor renting families in America reported in 2013 that it was likely they would be evicted in the near future.^{18,19} “Doubling up” (living with family or friends) to make ends meet is common in low-income families; in an urban US birth cohort of mostly nonmarital births, 50% of mothers reported at least one instance of doubling up by the time their child was 9 years old.²⁰ The US Department of Education reported that, during the 2013–2014 school year, almost 1.3 million children lived in the primary nighttime residence categories used to provide service under the McKinney-Vento Homeless Assistance Act, up 8% from the prior year. Most were doubled up because of loss of housing or economic hardship; others resided in shelters or transitional housing, were awaiting foster care placement, lived in unsheltered locations, or lived in a hotel or motel owing to the lack of other adequate housing.²¹

To our knowledge, housing instability, which can include homelessness, eviction, frequent moves, and doubling up, has not been explored as a potential determinant of gaps in children’s health insurance, despite past research finding associations between other sources of family instability, such as job loss and divorce, and children’s health insurance gaps,^{6,22} studies finding associations between housing instability and health care utilization for children,^{23–26} and the studies mentioned above finding links between children’s insurance gaps and health care utilization. Together, these findings suggest that insurance gaps could be a pathway between housing instability and children’s health care utilization. In this study, we use nationally representative data to investigate associations between housing instability and subsequent gaps in health insurance coverage of preschool-aged children.

Two potential mechanisms by which housing instability could be associated with health insurance gaps are 1) missing renewal notices and 2) changes in employment status. Renewal notices for public insurance (or potentially non-employer-based private insurance) often arrive by US mail and do not get forwarded. It is also plausible that housing instability makes it difficult or impossible for parents to maintain stable or full-time employment and therefore to maintain employer-based private health insurance.

METHODS

DATA

The Early Childhood Longitudinal Study—Birth Cohort (ECLS-B) is a nationally representative panel study of >10,000 children born in the United States in 2001. Births were sampled from Vital Statistics natality records of children born in 2001 who were alive at 9 months, had not been placed for adoption, and were born to mothers aged ≥ 15 years.²⁷ Twins, low birthweight infants, and American Indian/Alaskan Native and Asian/Pacific Islander mothers were oversampled. The initial survey was conducted when the child was 9 months old, and follow-up surveys were

completed when the child was 2, 4, and 5 years old (the 5-year follow-up data are not used in our study, which focuses on preschool children). Additionally, the ECLS-B includes data on maternal and infant health and some demographic factors from a birth certificate module. All sample sizes are rounded to the nearest 50 as required by the National Center for Education Statistics.

Given our focus on preschool children and lack of necessary data elements at 9 months, we focused on children’s insurance gaps between the 2- and 4-year surveys. We restricted the sample to families with children whose mothers reported at 9 months that the child was currently insured and had not experienced any insurance gaps between birth and 9 months. Of the 9600 mothers who participated in the 2-year survey, 8700 also completed the 4-year survey. Of the 8700 mothers, 750 reported that their children had experienced insurance gaps between birth and 9 months and were therefore excluded from the analyses. Of the remaining 7950 mothers, 200 were excluded because of missing data on key variables, leaving 7750 mothers for analyzing associations between housing instability (reported at 2 years) and children’s health insurance gaps between 2 and 4 years.

MEASURES

EXPOSURE VARIABLE

Our measure of housing instability includes homelessness, multiple moves, and doubling up with family and friends and not paying rent, as reported in the 2-year survey. Homelessness, as defined by the US Department of Housing and Urban Development (HUD), is the lack of a fixed, regular, and adequate nighttime residence or residence in a temporary accommodation or space not intended for residence. In the 2-year interview, the mother was asked “In what type of housing do you live?” Response choices included living in a community shelter, a hotel or a motel room or being homeless. She was also asked “What is your current housing situation?” One response choice was living in temporary housing or a shelter. If she responded affirmatively to any of these response choices, she was coded as homeless. Moving more than once per year is a risk factor for homelessness;^{28,29} we thus considered families to have had multiple moves if the mother reported that she moved at least twice between the 9-month and 2-year interviews. The family was considered to have doubled up if the mother reported currently living with friends or relatives and not paying rent.

Our measure of housing instability (which includes homelessness as defined by HUD, multiple moves, and doubling up) is consistent with, but not quite as broad as, the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (PL 111-22, Section 1003) definition of homelessness that is used for eligibility for programs funded by HUD. That definition includes families with children with long periods of not living independently in permanent housing, who have frequently moved, and who are expected to have housing difficulties

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