Reasons for and barriers to obtaining insurance among US children: The role of generation status

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The impending roll-out of the Patient Protection and Affordable Care Act (ACA) has the potential to reduce the number of uninsured children in the U.S. by as much as 40 percent, from 7.4 million to 4.2 million (Kenney et al., 2011). The benefits of this legislation, however, are likely to be constrained among children in immigrant families, whose risk of being uninsured is currently about twice that of children in non-immigrant families (Foundation for Child Development, 2012). Children who are undocumented will remain categorically ineligible for public insurance under the ACA, and many lawfully present immigrant children will continue to experience eligibility restrictions.

Welfare reform legislation in 1996 mandated a 5 year waiting period prior to eligibility for Medicaid and CHIP among children of immigrants who were lawful permanent residents (LPR) (i.e, those with "green cards"). The Immigrant Children's Health Improvement Act of 2009 allowed states the option of providing public insurance coverage to these children without a waiting period, however by 2012 only about half had opted to extend this coverage (Ku & Jewers, 2013). The ACA will allow LPR families to purchase private insurance coverage for their children in the newly established health insurance exchanges and receive tax credits without a waiting period, including those ineligible for Medicaid based on immigration status (Kaiser Commission on Medicaid and the Uninsured, 2013). The extent to which immigrant families are aware of and interested in this option for obtaining insurance for their children is unclear, however, and the salience for these families of other structural and perceived obstacles to participation in insurance exchanges and in public insurance programs is also not well-understood.

The objective of this paper is to investigate barriers that may impact the effectiveness of the ACA in extending insurance coverage to children in immigrant families in the U.S. Analyzing current data from a nationally representative sample of children, we examine whether there are differences by generational status in awareness of and experience with options for children's health insurance coverage, perceived benefits, costs, and barriers related to coverage, and structural obstacles to obtaining insurance.

METHODS

Data and Participants

The study uses data from the 2011-12 National Survey of Children's Health (NSCH), a national telephone survey sponsored by the U.S. Department of Health and Human Services Administration's Maternal and Child Health Bureau. NSCH collects data on over 500 childhood health indicators covering physical, emotional, and behavioral issues. The NSCH data is nationally representative and contains data for 95,677 children aged 0-17. The study received Institutional Review Board approval. The current study sample was limited to children whose parents reported were uninsured (n=4,040, 5.4%).

Measures

Generational status was categorized as 1st (foreign-born child/foreign-born parents), 2nd (US-born child/at least 1 foreign-born parent) or 3rd generation (US-born child/US-born parents). Child demographics were identified including age in years, gender (male/female), race/ethnicity (non-Hispanic White, non-Hispanic Black, Hispanic, and other, including Asian), highest educational attainment of parents (less than high school graduate, high school graduate, or greater than high school), household composition (two-parent family, single mother, other). Parents were asked if they received TANF/Welfare or food stamps or Supplemental Nutrition Program benefits in the past 12 months. Poverty status was grouped by category (below 100% of the federal poverty level,100%- 133%,133%-150%,150%-185%,185%-200%,200%-300%,300%-400%,Above 400%). Language spoken at home was indicated as English or other.

Health insurance coverage variables include: reason for child being uninsured (e.g., cost, ineligible**,** cannot meet residency or citizenship requirements, or lack of SSN)**;** length of time child uninsured ($<$ 6 months ,6 mo-1 year,1yr-3yr,$>$ 3 yr, never insured); whether parents reported ever: a) had employer based insurance; b) purchased their own insurance; c) heard of Medicaid; d) had Medicaid coverage for child; e) heard of CHIP; f) applied for CHIP.

Navigating Health Insurance: Parents were asked the following questions: Do you know where to get insurance information (yes or no)? Do you know how to enroll (yes or no)? Rank the difficulty of enrolling in insurance (very easy, somewhat easy, somewhat difficult, very difficult). Do you think child is eligible (yes or no)? Would you want your child to enroll (yes or no)?

*Potential for Insurance Coverage***:** employer size (more than 50, exactly 50 or less than 50) and are you currently eligible for insurance (yes, through employer, through Union, No).

Analytic Approach

Frequencies were used to assess the distribution of each variable. Chi Square tests were used to examine the relationship between generation status, demographic and health care variables. All analyses were conducted using STATA (Version 13, College Station, TX) survey procedures to account for survey weights and design.

RESULTS

Out of 95,766 children in the NSCH sample, a total of 3.2% were 1st generation, 23.2 second generation and 73.6% were third generation; in all 5.4% (n=4,040) were uninsured. A total of 26.0% of 1st generation children, 7.0% of second generation and 3.9% of third generation were uninsured. Among uninsured children, 14.9% were first generation families, 29.3% were second generation and 55.8% were third generation.

As shown in Table 1, first generation children were on average older (mean=11.5 years) than second (mean =8.8 years) or third generation (mean =8.9 years) ($p<0.01$). The majority (67.1%) of uninsured 1st generation families had incomes that were less that 100% of the poverty level, a considerably higher percentage than second (37.4%) and third generation (20.2%) families ($p<0.0001$). Uninsured first (80.2%) and second generation (75.6%) families were majority Latino/Hispanic, whereas the majority of third generation children were white (65.9%) First generation families were also more likely to have not finished high school (70.4% versus 58.2% of second generation families and 18.8% of

third generation families (p<0.0001). A larger majority of first (80.9%) and second generation children (82.6%) reside in two-parent homes compared to third generation families (70.2%) (P<0.01). Approximately 13% of first generation and 36% of second generation children spoke English at home. Receipt of welfare or food stamps was not related to generation status among uninsured children.

The top panel of Table 2 displays information about awareness of experience with insurance among families with uninsured children. Significantly fewer first generation families reported knowing where to get insurance information (51.5%) or knowing how to enroll in health insurance programs (43.5%) compared to second (77.4%,70.4%, respectively) and third (86.7%,85.0%, respectively) generation families. Relatively few first generation children had ever had employer-based insurance coverage (23.2%) or Medicaid (8.8%), or had ever heard of Medicaid (86.7%) compared to children in second (51.8%, 69.5%, 94.1% respectively) and third generation families (39.8%, 61.0%, 95.4% respectively; p<.001). First generation families were also less likely to think their child is eligible for insurance (22.5%) than second (49.2%) and third (52.6%) generation families (p<.001).

The next panel of Table 2 displays findings on perceived benefits, costs, and barriers to insurance. The primary reason reported for being uninsured was that insurance 'costs too much' among second (24.5%) and third generation (35.4%) children; among first generation children the percentage was somewhat lower at 19.6%. First generation parents were, however, more likely than other parents to state that a reason for lack of insurance was that 'health insurance is not worth the money it costs'(p<.001). Parents of first and second generation children were significantly more likely than those of third generation children to state that a reason their children were uninsured was that they 'don't know how to get insurance.' Over half of all families perceived that enrolling in insurance coverage was either very difficult or somewhat difficult; there was no difference by generational status in perceived difficulty.

Structural obstacles cited as reasons for lack of insurance differed by generational status. Most notably, 37.8% of first generation families reported that they 'cannot meet residency/citizenship

requirements or lack a social security number,' compared to only 1.2% of second generation families. Fewer first generation families (19.7%) work at companies with greater than 50 employees, making their potential for insurance under the Affordable Care Act less than their second (22.1%) and third (36.9%) generation counterparts.

DISCUSSION

Our analyses reveal that generational status is associated with a multitude of barriers to health insurance coverage for children. Barriers for children in immigrant families include awareness of and experience with various health insurance options, perceived costs and benefits of insurance, structural/policy restrictions on eligibility, and lower likelihood of working in large organizations that tend to offer employee insurance coverage. In general, higher rates of uninsured among immigrant children have been found to be heavily influenced by lower rates of employer-sponsored health insurance (Buchmueller et al., 2007; Carrasquillo et al., 2000). Children of non-citizen parents, regardless of length of residence in the U.S., are more likely to be uninsured and have parents without employer-sponsored health insurance (Ojeda & Brown, 2005). Gaps as large as 20% in coverage between citizen children of immigrant and non-immigrant parents have been demonstrated in many states (Sieber, 2013). Immigrants in general incur lower health care costs than the U.S. born. An exception is emergency department expenditures, which are higher among immigrant compared to non-immigrant children (Derose, 2009). States with more uninsured children also have higher numbers of families with at least one non-citizen parent, second generation families, compared to states with more all-citizen families that have lower rates of uninsured children (Acevedo-Garcia & Stone, 2008). First-generation households reported higher odds of uninsured Latino children compared to later generation households (DeCamp & Bundy, 2012) and those with households where Spanish was the primary language reported higher odds of uninsured children (Ferayorni et al., 2011; DeCamp & Bundy, 2012).

Our results show that being uninsured is an issue across all generation statuses. However, both first and second generation immigrant children have less potential to gain insurance compared to children

in third generation families. Over half of second and over one-third of third-generation children in our sample were under 140% FPL while almost two-thirds of first generation children live in families below 140% FPL. Almost all children in families under 140% FPL will eligible for Medicaid as a result of the ACA and those over 400% FPL will receive tax credits to go toward the purchase of insurance (Blake 2012). Only 3.3% and 9.4% of second and third generation children in our sample were above 400% FPL making them ineligible for insurance expansions and tax credits. The majority of the families in this sample also work for employers with fewer than 50 employees making them less likely to benefit from expansions in employer based insurance and as a result reliant on Medicaid expansions and State and Federal exchanges.

Our report has several limitations. First, our data is cross-sectional nature and do not allow us to infer causality. Second, we do not have information that would further reveal the potential for insurance such as legal status or length of stay in U.S. among 1st generation immigrant children, given that the 5 year waiting period for insurance will remain after the ACA insurance expansions. However, the results of our report highlight challenges and the need for assistance to families with uninsured children in obtaining insurance.

While non-citizen immigrants are not covered by ACA insurance expansions, only 37.8% of first generation families report being uninsured due to the inability to meet citizenship requirements. ACA navigators and health care and services professionals should be aware of potential challenges to helping families negotiate Medicaid expansions and State and Federal exchanges. Over half of all families in this sample believe that purchasing insurance is difficult and many believe that insurance is not worth the cost. In addition, many immigrant families speak languages other than English and a significant percentage of families have low educational attainment (less than high school). Immigrants who speak a language other than English and those who have less than high school level educational attainment often have poor health literacy (Kutner et al., 2006), which could lead to challenges negotiating the health care and the public health system (Freedman, 2009).

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Table 1: Demographic Characteristics and Welfare/Social Program Receipt by Generational Status, Uninsured Children in the 2011-2012 National Survey of Children's Health

	All Uninsured Children N=4040	1st Generation (n=445; 14.9%)	2nd Generation (n=779; 29.3%)	3rd Generation (n=2508; 55.8%)	P-Value Difference by Generation
Demographics					
Age(n=4040)	9.3(0.18)	11.5(0.36)	8.8(0.37)	8.9(0.24)	P<.001
Gender %male (n=2105;52.1%)	54.3(1.8)	58.0(4.3)	53.2(4.0)	53.9(2.3)	P<.05
Race/ethnicity					
White (n=1999; 51.7%)	38.9(1.7)	2.3(0.8)	7.5(1.2)	65.9(2.3)	
Black (n=366; 9.5%)	11.8(1.2)	8.2(2.3)	8.5(2.0)	14.5(1.8)	
Hispanic (n=1046; 51.7%)	41.0(1.9)	80.2(3.2)	75.6(3.0)	12.0(1.8)	P<.001
Other (includes Asian)(n=459;51.7%)	8.6(0.9)	9.2(2.1)	9.3(2.0)	7.6(0.9)	
Poverty level					
Below 100%(n=932;25.87%)	31.4(1.9)	61.7(4.6)	37.4(4.1)	20.2(1.9)	
100%-133%(n=555;15.40%)	17.2(1.5)	13.5(2.3)	22.4(3.6)	15.5(1.8)	
133%-150%(n=101;2.8%)	4.0(0.9)	6.3(3.0)	2.2(1.0)	4.4(1.4)	P<.001
150%-185%(n=437;12.13%)	13.1(1.3)	9.4(2.8)	12.6(2.7)	14.3(1.8)	
185%-200%(n=154;4.27%)	4.3(0.8)	0.6(0.4)	3.9(1.6)	5.5(1.1)	
200%-300%(n=756;20.98%)	16.8(1.3)	5.9(2.0)	13.7(2.7)	21.4(1.8)	
300%-400%(n=305;8.47%)	6.6(0.9)	1(0.4)	4.4(1.2)	9.3(1.5)	
Above 400% (n=363;10.07%)	6.5(0.8)	1.6(0.7)	3.3(0.8)	9.4(1.3)	
Highest level of parental education					
<HS graduate(n=1063;29%)	38.1%(1.9)	70.4(4.1)	58.2(4.1)	18.8(1.7)	P<.001
HS graduate(n=1210;33%)	28.7%(1.7)	17.6(3.6)	19.6(3.2)	31.4(2.3)	
>HS graduate (n=1393;38%)	32.2%(1.8)	11.9.(2.4)	22.3(3.2)	42.8(2.4)	
Marital status					
Two-parent (n=2935;72.7%)	75.6(1.5)	80.9(4.0)	82.6(3.3)	70.2(2.1)	
Single mother (n=730;18.1%)	20.3(1.5)	14.7(3.4)	15.6(3.0)	24.5(2.0)	P<.01
Other (n=375;9.28%)	4.1(0.7)	4.4(2.6)	1.8(0.7)	5.3(0.9)	
Primary Language Spoken at Home is English (n=3110;77%)	65.7%(1.85)	12.7(3.2)	35.5(3.8)	97.5(0.8)	P<.001
Welfare/Social Program Receipt					
Welfare/TANF(n=189;5.8%)	6.8%(1.2)	8.3%(3.7)	5.4%(1.8)	7.1%(1.2)	n/s
SNAP/Food Stamps (n=685;21.2%)	27.3%(1.9)	31.4%(4.8)	25.0%(3.8)	27.3%(2.3)	n/s

	All Uninsured Children N=4040	1st Generation (n=445; 14.9%)	2nd Generation (n=779; 29.3%)	3rd Generation (n=2508; 55.8%)	P-Value Difference by Generation
Table 2: Awareness/Experience and Barriers to Insurance Coverage, Parents of Uninsured Children in the 2011-2012 National Survey of Children's Health					
Awareness and Experience With Insurance Options					
Do you know where to get insurance information? (n=2683; 81%)	78.5%(1.7)	51.5%(5.3)	77.4%(3.6)	86.7%(1.5)	p<.001
Do you know how to enroll for insurance? (n=2590; 78.1%)	74.2%(1.8)	43.5%(5.1)	70.4%(3.9)	85.0%(1.8)	p<.001
Do you think your child is eligible for insurance?(n=1470;44.4%)	47.1%(2.1)	22.5%(4.5)	49.2%(4.3)	52.6%(2.5)	p<.001
Ever had employer based insurance (n=1408; 47.5%)	39.8%(1.0)	23.2%(5.6)	51.8%(2.5)	39.8%(2.0)	p<.001
Ever purchased your own insurance (n=463; 15.6%)	14.0%(1.6)	10.9%(2.9)	12.6%(2.8)	15.5%(2.1)	n/s
Heard of Medicaid (n=3283; 94.1%)	93.6%(0.8)	86.7%(2.4)	94.1%(1.7)	95.4%(0.8)	p<.001
Child ever on Medicaid (n=1706; 52%)	55.9%(2.0)	8.8%(2.2)	69.5%(3.7)	61.0%(2.4)	p<.001
Heard of CHIP (n=1474; 75.2%)	75.3%(2.2)	52.5%(6.5)	73.9%(4.3)	83.1%(2.1)	n/s
Applied for CHIP (n=282; 26.6%)	30.2%(3.2)	19.2%(5.6)	29.0%(6.6)	33.2%(4.1)	n/s
Perceived Benefits, Costs, and Barriers to Insurance					
Rank difficulty of enrolling					n/s
Very Easy (N=516; 15.8%)	13.7% (1.4)	8.7% (3.2)	11.5% (3.0)	16.4% (1.8)	
Somewhat Easy (N=1017; 31.1%)	29.2% (1.9)	33.9% (5.1)	29.7% (4.0)	27.7% (2.3)	
Somewhat Difficult (N=930; 28.4%)	30.3% (2.0)	36.3% (5.2)	34.4% (4.3)	26.2% (2.2)	
Very Difficult (N=631; 19.28%)	22.1% (1.7)	16.6% (3.9)	22.5% (3.2)	23.4% (2.3)	
Would you want your child to enroll? (n=2829; 85.4%)	89.5%(1.1)	97.9%(0.9)	93.9%(1.8)	84.6%(1.6)	p<.001
Reason uninsured: costs too much (n=1251; 35.8%)	29.5%(1.7)	19.6%(3.1)	24.5%(3.4)	35.4%(2.2)	p<.001
Reason uninsured: Health Insurance not worth the money it costs (n=77; 2.2%)	2.5%(0.7)	5.2%(2.6)	0.4%(0.3)	3.0%(1.0)	
Reason uninsured: Did not reapply when coverage ended (n=127; 3.6%)	5.8%(1.2)	5.7%(3.2)	6.9%(2.2)	5.2%(1.6)	p<.001
Reason uninsured: Intend	2.7%(0.8)	0.1%(0.1)	5.5%(2.4)	1.0%(0.4)	p<.001

to apply but just haven't done so (n=53; 1.5%)					
Reason uninsured: Don't know how to get insurance (n=7; 0.2%)	1.0%(0.5)	1.7%(1.6)	1.6%(1.4)	0.4%(0.4)	p<.001
Structural Obstacles to Insurance					
Reason uninsured: No one in the family currently employed/Job loss (n=260; 7.4%)	5.5%(0.8)	0.7%(0.3)	5.5% (1.8)	6.9% (0.1)	p<.001
Reason uninsured: Can't get insurance through employer (n=201; 5.8%)	5.6% (0.8)	3.2% (1.1)	4.1% (1.2)	7.2% (1.3)	p<.001
Reason uninsured: Changing jobs or insurance policies (n=176; 5%)	4.7%(0.8)	0.8%(0.4)	2.6%(1.0)	7.0%(1.3)	p<.001
Reason uninsured: Moving between states of policies (n=82; 2.4%)	2.2%(0.5)	2.5%(1.0)	2.9%(1.4)	1.7%(0.5)	p<.001
Reason uninsured: Insurance company refused to cover/pre-existing condition (n=37; 1.1%)	1.2%(0.5)	0.1%(0.1)	0.4%(0.3)	2.0%(0.9)	p<.001
Reason uninsured: Insurance Company Terminated Coverage / Rule Violation (n=38; 1.1%)	1.5%(0.4)	0.8%(0.5)	1.5%(0.9)	1.7%(0.6)	p<.001
Reason uninsured: Income too high for public program (n=233; 6.7%)	8.0%(1.1)	1.2%(0.4)	11.9%(2.5)	7.8%(1.4)	p<.001
Reason uninsured: Age / Child is too young or old for coverage (n=13; 0.4%)	0.3%(0.2)	0%(0)	0.3%(0.3)	0.5%(0.3)	p<.001
Reason uninsured: Cannot meet residency /Citizenship Requirements/ Lack of SSN (n=172; 4.92%)	6.5%(1.0)	37.8%(4.7)	1.2%(0.5)	0.2%(0.2)	p<.001
Reason uninsured: Ineligible due to other program requirement (n=102; 2.9%)	3.8%(0.9)	3.2%(0.9)	8.0%(2.7)	1.7%(0.6)	p<.001
Reason uninsured: Issues with application or paperwork (n=187; 5.6%)	6.8%(1.1)	2.7%(1.2)	10.6%(2.9)	5.8%(1.3)	p<.001
Reason uninsured: Have Applied-Just waiting (n=109; 3.1%)	3.0%(0.6)	3.1%(1.3)	4.0%(1.5)	2.3%(0.5)	p<.001

Length of time uninsured					
< 6 months (n=1011; 29.5%)	32.0(1.9)	11.8(3.5)	31.1(3.1)	38.5(2.5)	n/s
6 mo-1 year (n=440; 12.8%)	13.0(1.4)	4.4(1.1)	18.0(3.4)	12.8(1.6)	
1yr-3yr (n=814; 23.75%)	22.2(1.6)	15.8(2.7)	28.6(3.9)	20.6(1.8)	
> 3 yr (n=636; 18.6%)	16.8(1.4)	22.8(4.4)	15.2(2.6)	15.9(1.7)	
Never Insured (n=526; 15.6%)	16.0(1.5)	45.1(4.8)	7.1(1.8)	12.3(1.9)	
Employer size					
More Than 50(N=66; 28.2%)	33.4(7.5)	19.7(16.0)	22.1(9.1)	36.9(9.2)	p<.001
Exactly 50 (N=13;5.6%)	7.5(4.5)	20.8(18.0)	28.8(17.2)	1.3(0.6)	
Less Than 50(N=148;63.3%)	58.1(7.7)	58.9(20.3)	49.1(15.0)	60.5(9.1)	
Eligible for employer insurance?					
Yes, Current Employer (n=323;11.1%)	11.5(1.3)	2.3(0.9)	9.0(2.4)	16.0(2.1)	p<.001