Health care cost-related hardships, health and economic stability among Arkansas working families with young children

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Children’s HealthWatch

- Improving children’s health on the front lines of care

Children’s HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children’s health and policy experts committed to improving children’s health in America.

- 5 sites
  - Baltimore, Boston, Little Rock, Minneapolis, Philadelphia

- In-depth interviews with caregivers of kids 0-48 mos.
Health-related social needs

- Non-health care factors that contribute to (or harm) health status
  - Access to adequate food (food insecurity)
  - Stable housing (housing stability)
  - Ability to maintain heat/cooling, light (energy security)
  - And others...

- Cost of health care can have ripple effects that adversely impact non-health care factors
Health care cost related hardships

- Choosing between basic needs and health care because of high health care costs and causing...
  - **Forgone health care** to pay for basic needs
    - NOT paying for care, prescriptions, oral or mental health
  - OR forgone basic needs
    - Food, housing, utilities
  - **Health care cost sacrifices**

- We looked into these data because our site had higher prevalence than other sites—next highest site less than half that in Arkansas
Exploration of foregone care or basic needs for health care costs

- 7,737 young children <4 yrs and their caregivers
- Interviewed in ACH ED between January 2008 and July 2016
- Questions:
  - Did not get health care needed due to family inability to afford (foregone care)
  - Paid for medical care but was thus unable to pay for other basic needs e.g. food, housing, utilities (health care cost sacrifices)
Survey Detail

- Detail of foregone care type:
  - Health care
  - Prescriptions
  - Oral health care

- Detail of basic needs sacrificed for health care
  - Food
  - Housing
  - Utilities
  - Transportation
  - And others
Relatively delayed effect of Great Recession in Arkansas: Increasing rates of foregone care/basic needs sacrifices for health care through 2012

State unemployment peaked in 2011
Rates of caregiver uninsurance dropped & private insurance increased after implementation of the ACA

Implementation of the ACA

Public | No Insurance | Private
---|---|---
22% | 43% | 35%
24% | 33% | 43%
29% | 27% | 44%
24% | 34% | 42%

2013 | 2014 | 2015 | 2016
Children with public or no insurance have higher rates of foregone care and both foregone care + sacrifices

- **Child public insurance**
  - Foregone care only: 7.4%
  - Health care sacrifices only: 12.1%
  - Both: 21.9%
  - At least one hardship: 41.4%

- **Child no insurance**
  - Foregone care only: 6.2%
  - Health care sacrifices only: 15%
  - Both: 29.2%
  - At least one hardship: 50.4%

- **Child private insurance**
  - Foregone care only: 5.8%
  - Health care sacrifices only: 7.4%
  - Both: 4.1%
  - At least one hardship: 17.4%

• childrenshealthwatch.org
Uninsured caregivers: highest rates of foregone care & both foregone care + sacrifices but privately insured caregivers: highest rate of basic needs sacrifices

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Foregone Care Only</th>
<th>Health Care Sacrifices Only</th>
<th>Both</th>
<th>At Least One Hardship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Public Insurance</td>
<td>13.9%</td>
<td>8.9%</td>
<td>6.5%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Parent No Insurance</td>
<td>31.3%</td>
<td>9.5%</td>
<td>63.6%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Parent Private Insurance</td>
<td>7.5%</td>
<td>11.5%</td>
<td>4.9%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

There were greater differences in health care hardships among the three insurance types. Children with public insurance had the highest rates of foregone care and both hardships, but privately insured parents reported foregone care, 7% reported health cost sacrifices only, and more than one fifth reported both foregone care and health cost sacrifices.

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figures only
Many families reporting sacrifices struggled to pay utilities, rent/mortgage, other medical bills.

*Numbers do not add to 100% as families can report >1 sacrifice.*
Increased odds of poor child health if experiencing health care hardships

<table>
<thead>
<tr>
<th></th>
<th>Hospitalizations</th>
<th>Fair/Poor Health</th>
<th>Developmental Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foregone Care</td>
<td>1.15</td>
<td>1.43</td>
<td>1.32</td>
</tr>
<tr>
<td>Sacrifices for Health Care</td>
<td>1.31</td>
<td>1.56</td>
<td>1.49</td>
</tr>
<tr>
<td>Both</td>
<td>1.22</td>
<td>1.38</td>
<td></td>
</tr>
</tbody>
</table>

Adjusted for: mother's place of birth, race/ethnicity, marital status, educational attainment, employment, age, child age & breastfeeding. Child outcomes also include health insurance.
Increased odds poor caregiver health, maternal depression, other household hardships if experiencing health care hardships.
<table>
<thead>
<tr>
<th>DEMOGRAPHIC CHARACTERISTICS</th>
<th>Foregone Care Only %</th>
<th>Trade-offs for HC Only %</th>
<th>Foregone Care &amp; Trade-offs %</th>
<th>No Reported HC Hardship %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother US Born</td>
<td>87</td>
<td>84.3</td>
<td>78.8</td>
<td>89.9</td>
</tr>
<tr>
<td>Child Age - Months</td>
<td>16.9</td>
<td>17.5</td>
<td>18.0</td>
<td>15.9</td>
</tr>
<tr>
<td>Mother race/ethnicity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hispanic</td>
<td>16.2</td>
<td>19.6</td>
<td>23.3</td>
<td>11.7</td>
</tr>
<tr>
<td>- Black, N-H</td>
<td>38</td>
<td>30.4</td>
<td>29.7</td>
<td>40.2</td>
</tr>
<tr>
<td>- White, N-H</td>
<td>41.9</td>
<td>47.9</td>
<td>43.6</td>
<td>45.1</td>
</tr>
<tr>
<td>- Other</td>
<td>3.9</td>
<td>2.1</td>
<td>3.5</td>
<td>3</td>
</tr>
<tr>
<td>CG Married/Partnered</td>
<td>49.8</td>
<td>62</td>
<td>57</td>
<td>55.5</td>
</tr>
<tr>
<td>CG Employed</td>
<td>46.2</td>
<td>54.2</td>
<td>43</td>
<td>52.5</td>
</tr>
<tr>
<td>CG Education &gt; HS</td>
<td>43.2</td>
<td>55.5</td>
<td>45.5</td>
<td>52.2</td>
</tr>
</tbody>
</table>

*Column Percents*
Caregiver working, HS+

- 2485 in sample of original 7737
- 208 reported health care cost related hardships
- Analyses control and adjustments
  - Child health outcomes control for child’s health insurance status
  - Adjusted for: mother’s place of birth, race/ethnicity, marital status, age, child age, and breastfeeding
Still squeezed-working, HS+

<table>
<thead>
<tr>
<th>Variable</th>
<th>Health cost sacrifices AOR (95% CI), P Value</th>
<th>No reported hardship</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---Health Fair or Poor</td>
<td>1.24 (0.79, 1.95), P=0.35</td>
<td>1.00</td>
</tr>
<tr>
<td>---Developmental risk*</td>
<td>1.83 (1.21, 2.77), P=0.04</td>
<td>1.00</td>
</tr>
<tr>
<td>Caregiver Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---Fair or Poor</td>
<td>1.90 (1.29, 2.81), P=0.01</td>
<td>1.00</td>
</tr>
<tr>
<td>---Depression Screen</td>
<td>2.24 (1.57, 3.19), P&lt;0.001</td>
<td>1.00</td>
</tr>
<tr>
<td>Household Hardships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---HH Food Insecurity</td>
<td>3.50 (2.43, 5.06), P&lt;0.001</td>
<td>1.00</td>
</tr>
<tr>
<td>---Child Food Insecurity</td>
<td>3.30 (1.99, 5.49), P&lt;0.001</td>
<td>1.00</td>
</tr>
<tr>
<td>--At least 1 adv housing#</td>
<td>2.46 (1.77, 3.43), P&lt;0.001</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*PEDS 2 or more concerns  #behind on rent, homeless, multiple moves
Where do we go from here?

- **Implications for Policy**
  - Focus should be directed on affordability...
  - Housing...including quality (warranty of habitability)
  - Insurance co-pays
  - Prescription coverage and co-pays
- **...and opportunities to increase family resources**
  - State-level EITC
  - SNAP benefit amount
  - State minimum wage was increased from $7.50 to $8.50/hour from 2015-2017 (highest in the South, where 5 states have not adopted a state minimum wage)
Where do we go from here?

- Access to affordable, quality health care must be maintained
- Social determinants screening matters
  - Even a job and HS education is not enough protection from adverse child and caregiver outcomes
- Strengthen partnerships with legal, advocacy, community-based and faith groups to further support families
- Consider health!
  - Blood pressure and bills....
Thank You!

- Site PIs: Maureen Black, PhD, Mariana Chilton, PhD, MPH, Diana Cutts, MD, Megan Sandel, MD, MPH
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