Bendheim-Thoman Center for Research on Child Wellbeing, Princeton University
Columbia Population Research Center, Columbia University

FRAGILE FAMILIES RESEARCH BRIEF

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Low-Income Fathers' Access to Health Insurance

Background

Low rates of health insurance among low-income, working age men are disproportionately high (as compared with women of similar ages and older men), reflecting the fact that these men have few options for private or public insurance. Lack of insurance is a serious concern insofar as low-income men have higher mortality rates than low-income women of similar ages. They also have higher prevalence rates for conditions like hypertension, high cholesterol and unhealthy weight, which put them at risk for other health problems. Low-income men are more likely to die from health conditions like diabetes, stroke and heart disease compared with men in higher income brackets. They are also more likely to work in jobs involving health hazards and are less likely to have access to employer-sponsored health insurance. Lack of health insurance may contribute to low-income men's relatively poor health status and life expectancy as insurance can act as a buffer to health problems by increasing access to preventive care, health-related screenings and early diagnosis.

Lack of health insurance also affects families of low-income men. Health insurance is a financial resource. Families with insurance are less likely to have problems paying medical bills and less likely to face material hardships like sacrificing food and heat in order to pay medical bills. Ensuring that parents have health insurance is an indirect way to encourage children's use of health-related services and improve continuous health insurance coverage for children.

Data and Methods

This brief uses data from the one-year follow-up surveys of the Fragile Families and Child Wellbeing Study to examine low-income fathers' access to health insurance based on father characteristics and family factors. The one-year follow-up interviews were conducted around the child's first birthday. Fathers with a reported household income equal to or less than 200 percent of the Federal Poverty Level (FPL) at the follow-up interview were included in the analysis (N=1,933). Incarcerated fathers (N=88), fathers with missing data (N=178), and fathers who reported having both private and public health insurance (N=14) were excluded. Fathers were categorized as having either public health insurance (including Medicaid or another publicly funded program), private health insurance, or no insurance. Measures of fathers' characteristics include age, race, employment, education, nativity, military service, any history of incarceration, very low-income (income ≤100% of the FPL), health, disability, depression and whether the father's employer at baseline offered private insurance. Measures of fathers' family status include parent's relationship status, mother's employment, mother's health, mother's depression, mother's health insurance status, and child's health insurance status.

The analysis in Table 1 uses t-tests to detect differences in father characteristics and family factors by the father's insurance status. The analysis in Table 2 presents directions of relative risk ratios from two multinomial logistic regressions that estimate associations between the father's health insurance status and various father and family characteristics.

Results

More than half (58%) of low-income fathers report having no insurance at the one year follow-up interview; 14% have public insurance and 29% have private insurance. Even among fathers who are married, employed, and graduates of high school, over one third are uninsured. Fathers are much more likely to be uninsured than mothers (37% of mothers are uninsured) and children (14% of children are uninsured). Two-thirds of the uninsured children (N=228) have fathers who are also uninsured.

Table 1 compares uninsured fathers with privately insured fathers. According to these estimates, uninsured fathers are in poorer health, more likely to be disabled, more likely to have very low household income (≤100% of FPL), more likely to have a history of incarceration, and more likely to be Hispanic than privately insured fathers. In addition uninsured fathers are younger, less educated, less likely to have served in the military, less likely to have an employer who offers private insurance, and less likely to be married to the biological mother of their child. The

Table 1: Differences in Father Characteristics and Family Factors by Father's Health Insurance Status

	Private vs Uninsured	Public vs. Uninsured
Father's Characteristics		
Suboptimal Health	(-)	—
Disabled	(-)	(+)
Depressed	—	—
Age	(+)	(+)
Education (at least HS diploma)	(+)	(+)
Immigrant	—	(-)
Military Experience	(+)	—
Baseline Employer Offered Insurance	(+)	—
Incarceration History	(-)	—
Income ≤ 100% FPL	(-)	—
Race		
Black	—	(+)
Hispanic	(-)	(-)
White and Other	—	—
Employment		
Full-time	(+)	—
Part-time	(-)	—
Unemployed	(-)	—
Family's Characteristics		
Mother's Suboptimal Physical/Mental Health	—	(-)
Child Suboptimal Health	(-)	—
Mother Employed	(+)	—
Mother has Public Insurance	(-)	(+)
Mother has Own Private Insurance	(+)	—
Relationship Status		
Married	(+)	—
Cohabiting	(-)	—
Neither Married Nor Cohabiting	(-)	(-)

Associations denoted in parentheses are significant at 5%.

biological mothers are more likely to have public insurance, less likely to be employed and more likely to have a child with suboptimal health.

Table 1 also compares uninsured fathers with publicly insured fathers. Uninsured fathers are younger, less educated, less likely to be disabled, less likely to live with the biological mother, less likely to be Black, more likely to be Hispanic, and more likely to be foreign born than publically insured fathers. The biological mothers are more likely to have suboptimal health (physical and mental), and less likely to be publically insured.

Table 2 shows associations between father's health insurance status and various father and family characteristics. According to Table 2, the following factors are positively associated with fathers having private insurance (versus being uninsured): age, being offered private insurance by employer at baseline, employment (full/ part time), being married to child's mother, and mother having her own private insurance. Negative associations with private insurance (versus being uninsured) include being foreign-born, having any incarceration history, having a household income less than or equal to 100 percent of the FPL and mother having public insurance. For public insurance (versus no insurance) positive associations include being disabled, being married or cohabitating with the child's mother, mother being employed, and mother having public insurance. Negative factors include being in suboptimal health, being foreign-born, and mother having suboptimal physical or mental health. Several factors do not show significant associations with father's insurance status, including fathers' education, race, military service, depression and child's suboptimal health.

Table 2: Associations Between Father Insurance Status and Father Characteristics and Family Factors

	Private vs Uninsured	Public vs. Uninsured
Father's Characteristics		
Suboptimal Health	—	(-)
Disabled	—	(+)
Age	(+)	—
Immigrant	(-)	(-)
Baseline Employer Offered Insurance	(+)	—
Incarceration History	(-)	—
Income ≤ 100% FPL	(-)	—
Employment		
Full-time	(+)	—
Part-time	(+)	—
Family's Characteristics		
Mother's Suboptimal Physical/Mental Health	—	(-)
Mother Employed	—	(+)
Mother has Public Insurance	(-)	(+)
Mother has Own Private Insurance	(+)	—
Relationship Status		
Married	(+)	(+)
Cohabiting	—	(+)

Note. *Education, race, military service, depression and child's health were not significantly associated with father's insurance status in either logistic regression.*

Associations denoted in parentheses are significant at 5%.

State variables (not shown) also predict fathers' insurance status; specifically low income fathers in Pennsylvania are three times more likely to have public insurance than low income fathers in Texas. Given the small number of states in the sample (only 15), this finding is only suggestive of ways in which the public sector may be able to positively affect low-income men's access to insurance.

Conclusions and Policy Implications

This study documents the widespread lack of health insurance among low-income fathers. Only 1 in 7 fathers have public insurance and more than half are uninsured. Even among low-income fathers who are married, employed, and graduates of high school, a sizable proportion are uninsured. Not only does the lack of insurance create problems for fathers, it also may affect children's access to insurance. A large percentage of uninsured children have uninsured fathers. Low-income fathers are less likely to have jobs that offer private insurance options. Moreover, even when their employers offer cost-sharing private insurance plans, low-income fathers may still have difficulty affording insurance.

This analysis shows that father's suboptimal health is negatively associated with having public insurance whereas fathers' disability is positively associated with public insurance, suggesting that fathers only receive public insurance when their health deteriorates enough to qualify as disabled.

This brief indicates the need for broad policy changes for health insurance. State differences in insurance status suggest that the public sector has power to address the lack of insurance coverage for fathers. In addition, policies that expand eligibility of public insurance for parents are likely to increase children's coverage. Changes in policy that relate to employer cost sharing insurance options, including making insurance more affordable for parents and making cost-sharing insurance options readily available in low paying occupations, are necessary for increasing coverage for this population.

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Center for Research on Child Wellbeing
Wallace Hall, 2nd Fl. • Princeton University • Princeton, NJ 08544

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This research brief uses data from the Fragile Families and Child Wellbeing study to examine incidence of uninsurance among low-income fathers.

For more information about the Fragile Families and Child Wellbeing Study, go to http://www.fragilefamilies.princeton.edu and go to "About Fragile Families" and "Collaborative Studies." To review public and working papers from the Fragile Families Study, go to http://www.fragilefamilies.princeton.edu/ffpubs.asp.

This research brief was adapted from "Low-Income Fathers' Access to Health Insurance" by Hope Corman, Kelly Noonan, Anne Carroll, and Nancy E. Reichman (published in Journal of Health Care for the Poor and Underserved, February 2009, Vol. 20, Issue 3, pgs. 152-164).

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