

Spillover Effects of Children's Public Health Insurance on Adult Family Members' Health-Seeking Behavior

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OBJECTIVE

The objective of this paper is to determine the spillover effects of children's public health insurance program on health care consumption of the adult members in the family, controlling for demographics, health status, and health insurance of the adults.

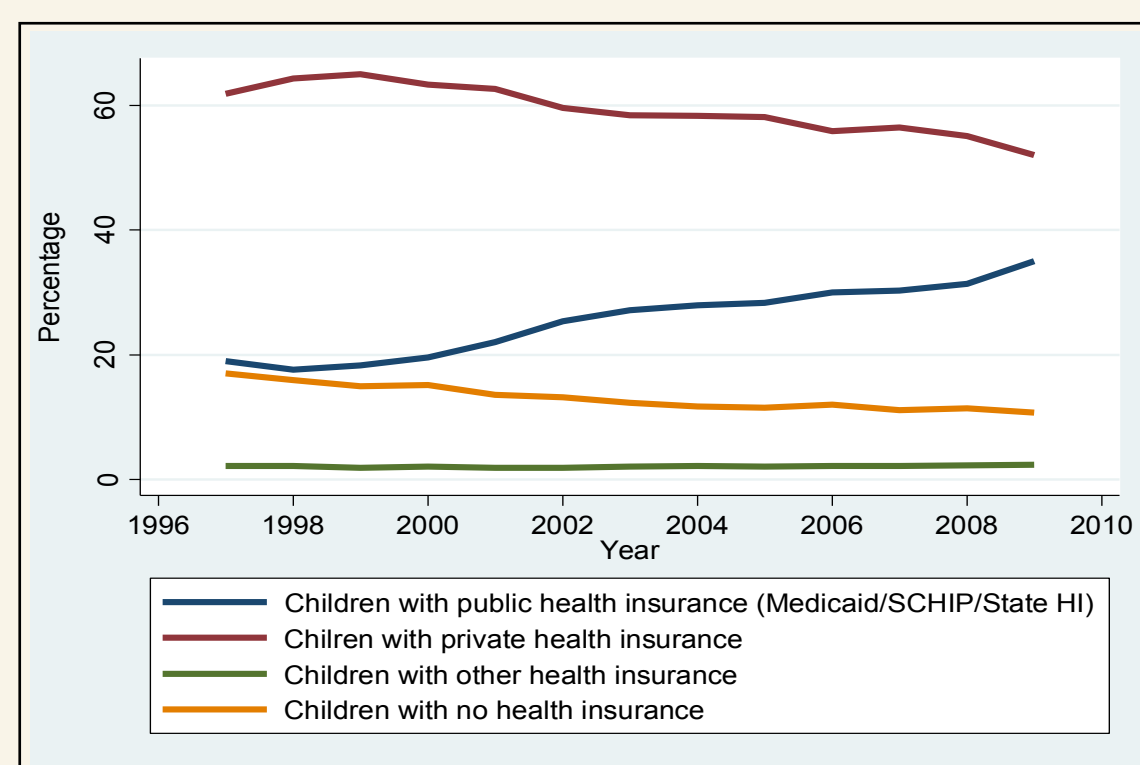
RESEARCH QUESTIONS

1. Is there any association between children's health insurance and cost related unmet/delayed needs of the adult members in the family?
2. Does the likelihood of having unmet/delayed needs of the parents differ by the type of insurance children have? ?

BACKGROUND

The expansion of public health insurance for children (Medicaid and SCHIP 1997) are shown to have reduced the rates of uninsured children, improved the access to and utilization of medical care, and led to better health outcomes (See Currie and Gruber, 1996; Hudson et al., 2005; Kenney, 2007, for example).

Percentages of Children with Different Types of Health Insurance during 1997-2009



Source: Integrated Health Interview Series (IHIS), 1997-2009

This expansion of public health insurance for children could potentially have both direct and indirect impacts on the care-takers of the children.

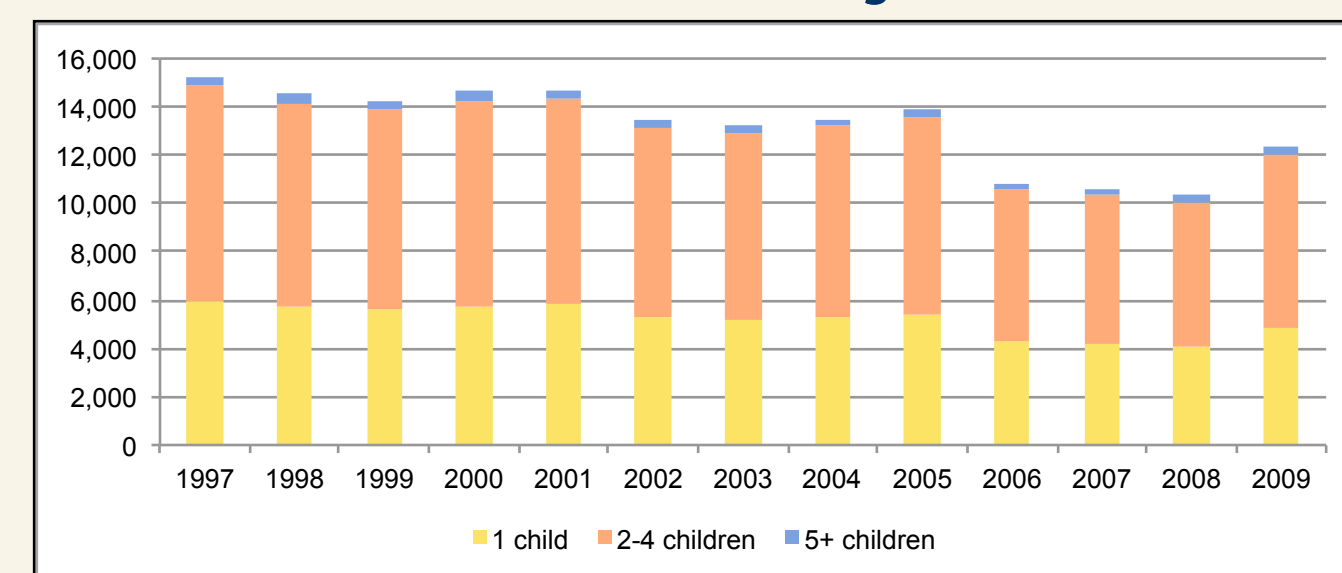
Possible pathways are:

- Once children become insured by public health insurance, the reduction in the out-of-pocket expenditures for children's health care can relax the family's budget constraint and, hence, allow them to spend more on their own health care.
- Since the insured children are less likely to get sick in the first place, the parents will even have more resources to take care of themselves.

DATA

- The data are drawn from the Integrated Health Interview Series (IHIS), which is a harmonized data set from the U.S. National Health Interview Survey (NHIS). The NHIS is a cross-sectional household, health interview survey, and its sample is a representative of the civilian, non-institutionalized population living in the United States.
- The sample in this analysis is restricted to the adult sample file from 1997-2009. It includes 295,880 individuals (171,399 households) whose ages are between 19 and 60 and have children in the family.

Number of Households by Different Number of Children during 1997-2009

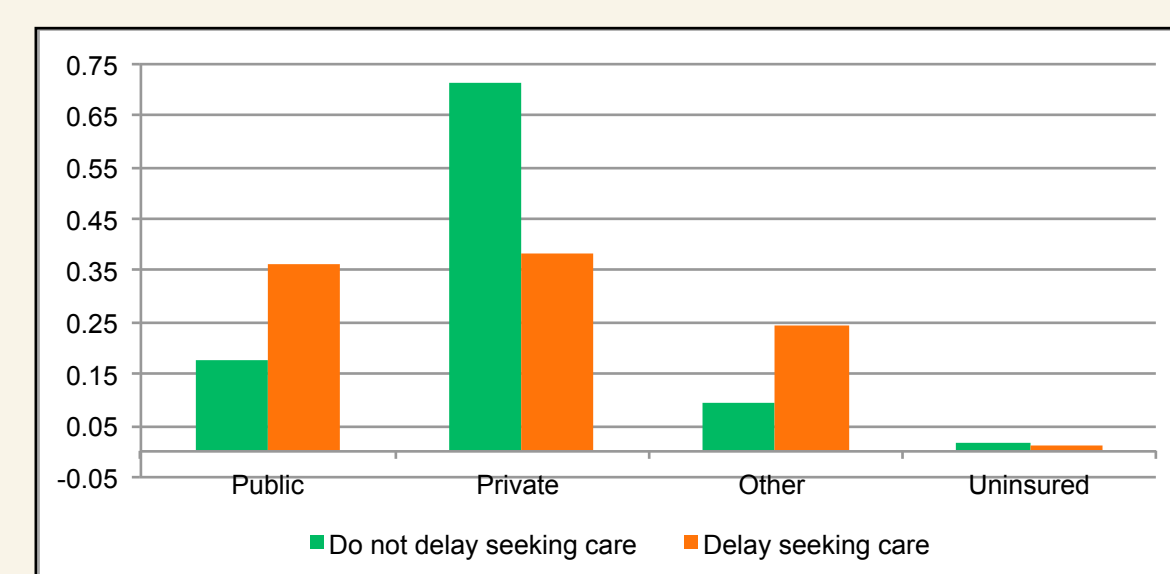


Source: Integrated Health Interview Series (IHIS), 1997-2009

METHODOLOGY

- A logistic regression is used to determine the impact of children's health insurance on the probability that the adult members delay seeking medical care for themselves.
- Dependent variables: Whether the adult delays seeking medical care due to worry about the cost
- Explanatory variables:
 - » Children's health insurance status:
 - Whether all children in the household are insured
 - Proportions of children with public, private, other, or no insurance within the household
 - » Adult's health insurance status
 - » Adults' health chronic conditions
 - » Other demographic and socioeconomic characteristics including age, race, marital status, income, and employment status

Proportions of Adults who Delay Seeking Care, by Children's Health Insurance Status



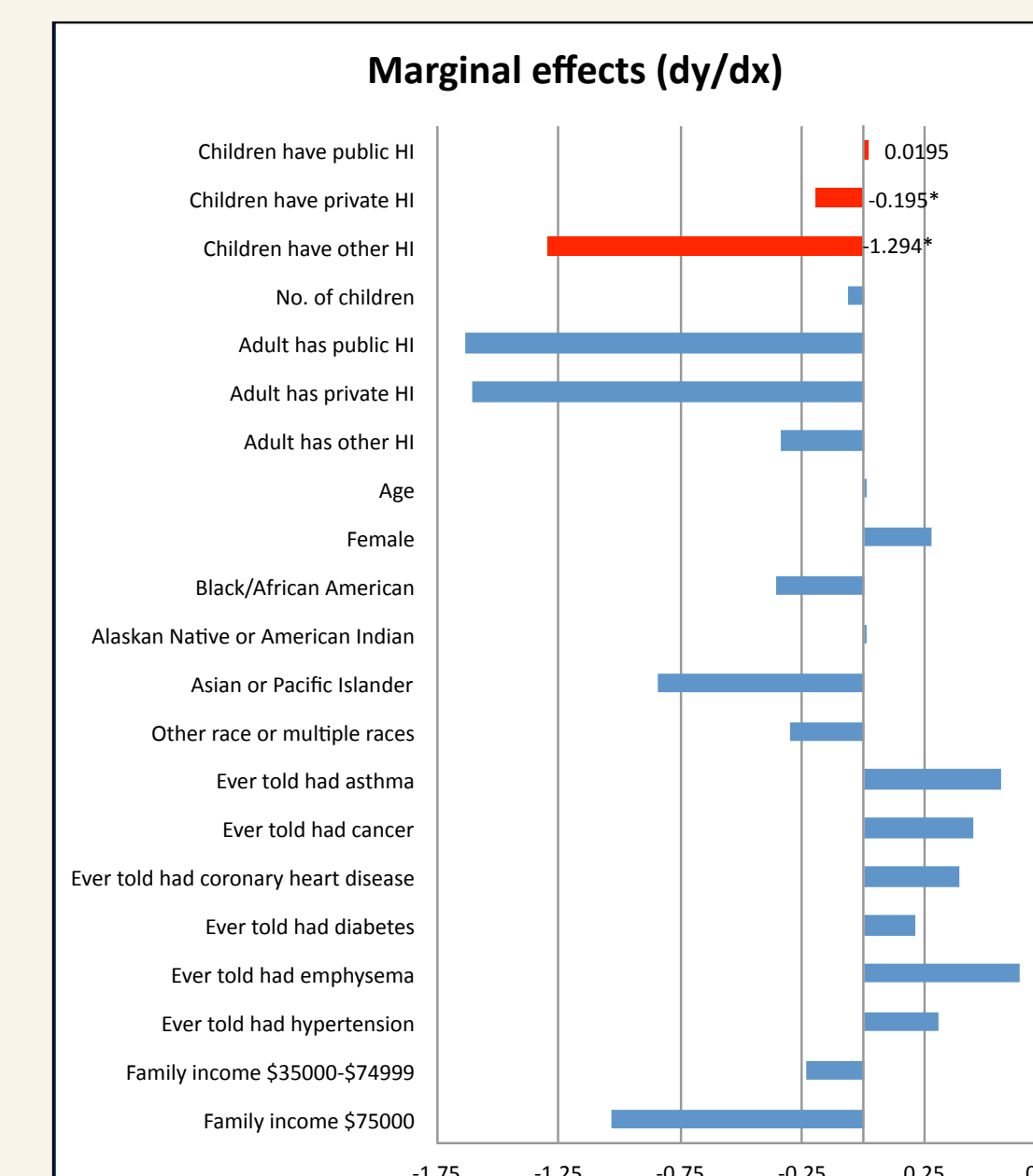
PRELIMINARY RESULTS

1. Children's health insurance variable is: Whether all children in the household are insured.



* Statistically significant at 1% level

2. Children's health insurance variables are: Proportions of children in the household with public, private, other, and no insurance.



* Statistically significant at 1% level

CONCLUSIONS

- The adults in the households in which all children have health insurance (any type) are less likely to delay seeking medical care, compared to the adults in the households in which some children are uninsured.
- The adults in the households with publicly insured children are more likely to delay seeking medical care, compared to the adults in the households with privately insured children. This is likely due to the fact that adults whose children have public insurance have lower socioeconomic status or that they are more likely to have poorer health and have more need for medical care.

Limitations and Future Works

The preliminary results are likely to be biased since children's health insurance status may not be exogenous to the adults' health seeking behavior. The next stage of this research is to apply the state eligibility rules for Medicaid and SCHIP, and to use the predicted public health insurance coverage of children as the instrumental variable in the analysis.

MAIN REFERENCES

Minnesota Population Center and State Health Access Data Assistance Center, Integrated Health Interview Series: Version 3.0. Minneapolis: University of Minnesota, 2010. (<http://www.ihis.us>)

Currie, J., and Gruber, J. (1996a). Health insurance eligibility, utilization of medical care, and child health. *The Quarterly Journal of Economics*, 111(2), 436-466.

Hudson, J.L., Selden, T.M., and Bantnin, J.S. (2005). The impact of SCHIP on insurance coverage of children. *Inquiry*, 42, 232-254.

Kenney, G. (2007). The impacts of the State Children's Health Insurance Program on children who enroll: Findings from ten states. *Health Services Research*, 42(4), 1520-1543.