Demographic and Attitudinal Predictors of Safety Net Utilization in New Jersey

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Context

The Safety Net consists of community, migrant, and school-based health centers, hospital outpatient clinics, the health care for the homeless program, public health housing program, community-based clinics, and teaching hospitals (IOM, 2004).

Nearly 1.2 million New Jersey residents, or almost 14% of the state population, were without health care coverage in 2003 (11th Legislature, 2004).

About 39% of community health center patients are uninsured and another 36% are covered by the Medicaid program (Uniform Data System, 2002).

Emergency department utilization in New Jersey has exceeded the national average.

The number of ED visits per 1,000 populations increased from 329 in 1998 to 376 in 2003 in New Jersey.

Variables

Dependent Variable
• Usual Source of Care
  • Safety Net
  • Private Doctor
  • No source ER

Independent Variables
• Demographic:
  • Age, Sex, Race/Ethnicity, Immigration Status
  • Controls:
    • Insurance Status, Poverty Level, Health Status, Dental Health Status, Delayed Health Care

Research Question
What are the demographic and attitudinal factors that predict safety net and emergency room utilization for adults age 19-64?

Previous Literature
Compared with white non-Hispanic patients, Hispanic patient visits were higher to health centers and hospital outpatient departments (Forest & Wheelan, 2000).

Approximately 395,000 of New Jersey residents 1.2 million uninsured individuals are between the ages of 19 and 30 (Corliss, 2003).

Individuals worry a lot about obtaining proper medical care and about being wiped out financially (60%) (Yelgian, Pockell, Smith, and Murray, 2000).

Methods

Data Source: The Rutgers Center for State Health Policy New Jersey Family Health Survey (NJFHS, 2001)

Designed to assess: Health insurance coverage, Health status, Health care utilization, Access to care, Health attitudes.

The survey was a random digit-dialed telephone survey of 2,265 families residing in the state of New Jersey including 3,569 adults age 19-64.

Low-income families (<200% FPL) and families with elderly members were oversampled.

Response Rate: 59.3%.

Analytical Strategy
Bivariates associations between each of the independent variables and usual source of care were conducted using chi-square statistics for all categorical predictors and one-way ANOVA for the continuous or scalar variables.

Multinomial Regression (Adults 19-64)
• 3 models
  • Demographics → Controls → Health Attitudes

Safety Net Utilization by Insurance Status

Multinomial Regression Results For Adult Safety Net vs. Private Doctor Utilization

Model 1 Model 2 Model 3
Age .98* .97* .98*
Race (Hispanic) 2.42* 1.33 1.78
Foreign-born U.S. Citizen .37 .62 .80
Non-U.S Citizen < 5 yrs 2.08 2.94* 3.90*
Private Insurance .31* .38* .29
Delay of Care .37* .62 .80

Key Findings
Adult safety net users are more likely to:
• be younger
• be non-citizens in U.S < 5yrs
• not be private insured
• be poor
• experience delayed health care
• have poor overall health

Adult ER Users are more likely to:
• be non-citizens in U.S < 5 yrs
• be uninsured young males
• not use public or private insurance
• experience delayed health care
• believe that doctors will treat if you’re poor
• only go to the doc when things get bad

Implications & Future Research
There is a need for health center outreach programs for the immigrant community.

More preventative health education

Cultural competence

Language translators

Doctors/staff treating people with respect

Satisfaction of facilities

Waiting time in office

Waiting time to schedule appointments

Cross-sectional study

Strengths

Survey technique included non-telephone population by asking respondents about phone service interruption in the past year.

Large amount of detail on various measures

Racially/ethnically diverse