

Facts & Findings March 2013

Health Needs and Access to Care of the Working-Age Uninsured in New Jersey by Length of Time without Coverage

Key findings

- *New Jersey adults who were uninsured for at least 12 months are more likely than those who were uninsured for less than a year or those covered all year to be under age 30, poor, Hispanic, and non-citizens.*
- *Even though they are a younger group, the full-year uninsured are more likely than those covered continuously to report some health problem.*
- *Regardless of the length of time without coverage, uninsured adults are more likely to perceive barriers to health care than those who had continuous health insurance.*
- *The full-year uninsured are the least likely to have seen a dentist or have a usual source of health care. The full-year uninsured with a health problem are the least likely to have visited a doctor in the past year.*

Uninsurance is a temporary situation for some and a persistent condition for others. There are disadvantages to having any spell without coverage, but long uninsured periods (typically defined as 12 months or longer) pose the greatest risks for suboptimal utilization of health care.^{1,2} Unlike policies designed solely to bridge gaps in insurance coverage (e.g., due to an employment transition), the Affordable Care Act (ACA) is meant to promote continuous coverage over the life course. It does so primarily through the provision of income-based subsidies to purchase private health insurance, an expansion of Medicaid eligibility, and the requirement that most Americans have coverage or face a penalty.

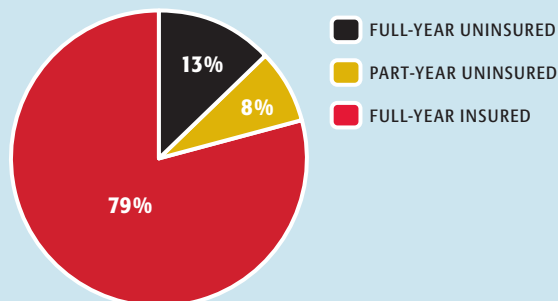
State variation in uninsured rates is largely driven by differences in the prevalence of the long-term uninsured population.² This prevalence, in turn, is a result of population and socioeconomic characteristics, the scope of the state's current Medicaid program, and the existing private insurance market. Therefore, preparation for expected growth in Medicaid and private coverage under the ACA requires state-specific knowledge of the socio-demographic and risk profile of the uninsured, particularly the long-term uninsured, population.

This Facts & Findings uses data from the 2009 New Jersey Family Health Survey (NJFHS) to describe community-dwelling, working-aged adults (ages 19–64) by their insurance status in the 12 months preceding the survey. Specifically, we present comparisons of the socio-demographic characteristics, health status, and access to care of three groups; those who were:

- uninsured for at least 12 months prior to the survey interview,
- uninsured for only part of the prior year, and
- insured for the full year.

A large majority (79%) of working-age adults in New Jersey had continuous health insurance coverage over the year preceding the survey. Of the one-in-five who experienced a spell of uninsurance, a higher proportion was uninsured for the full year or longer (Figure 1).

Figure 1 | **Insurance Status in the Past 12 Months of NJ Adults (19–64)**



NOTE: n=4,902

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Table 1 | **Demographic and Socioeconomic Characteristics of NJ Adults (19–64) by Insurance Status in the Past 12 Months**

	Overall (%)	Full-Year Uninsured (%)	Part-Year Uninsured (%)	Full-Year Insured (%)
Age*				
19-30	22.4	41.7	32.0	18.3
31-40	23.5	21.2	25.0	23.7
41-50	27.1	17.0	27.3	28.7
51-64	27.0	20.1	15.7	29.2
Sex				
Male	49.4	57.7	43.7	48.6
Female	50.6	42.3	56.3	51.3
Race/Ethnicity				
White non-Hispanic	63.1	34.5	48.7	69.1
Black non-Hispanic	11.8	12.2	18.2	11.1
Hispanic	15.6	48.1	24.7	9.5
Asian non-Hispanic	7.6	3.9	6.8	8.3
Other non-Hispanic	1.9	1.2	1.6	2.0
Nativity and Citizenship†				
US-born citizen	74.9	54.5	60.1	79.6
Foreign-born citizen	14.6	10.4	23.0	14.4
Non-citizen in US 5 or more years	7.8	21.5	12.9	5.1
Non-citizen in US less than 5 years	2.8	13.6	4.1	0.9
Primary Language is Non-English				
	18.3	45.9	24.8	13.2
Percent of Federal Poverty Level (FPL)				
Poor (0 to 100% FPL)	7.0	24.6	10.6	3.9
Near poor (101 to 200% FPL)	9.1	24.6	19.5	5.5
Moderate income (201 to 350% FPL)	21.0	28.0	33.1	18.6
Greater than 350% FPL	62.9	22.9	36.8	71.9
Employment Status				
Working full-time	59.3	45.0	44.0	63.1
Working part-time	13.0	15.9	11.8	12.6
Unemployed	8.2	20.2	25.2	4.6
Not in the labor force	19.6	18.9	19.0	19.8

* See Methods section on changes in the insurance status of young adults (19-25) since the NJFHS was conducted.

† See Methods section on the potential under-representation of non-citizens in the NJFHS.

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Those adults who were uninsured for at least 12 months are more likely than those uninsured for less than a year or those covered for the full year to be under age 30 (Table 1). The full-year uninsured are also more likely to be male than the part-year uninsured and the full-year insured.

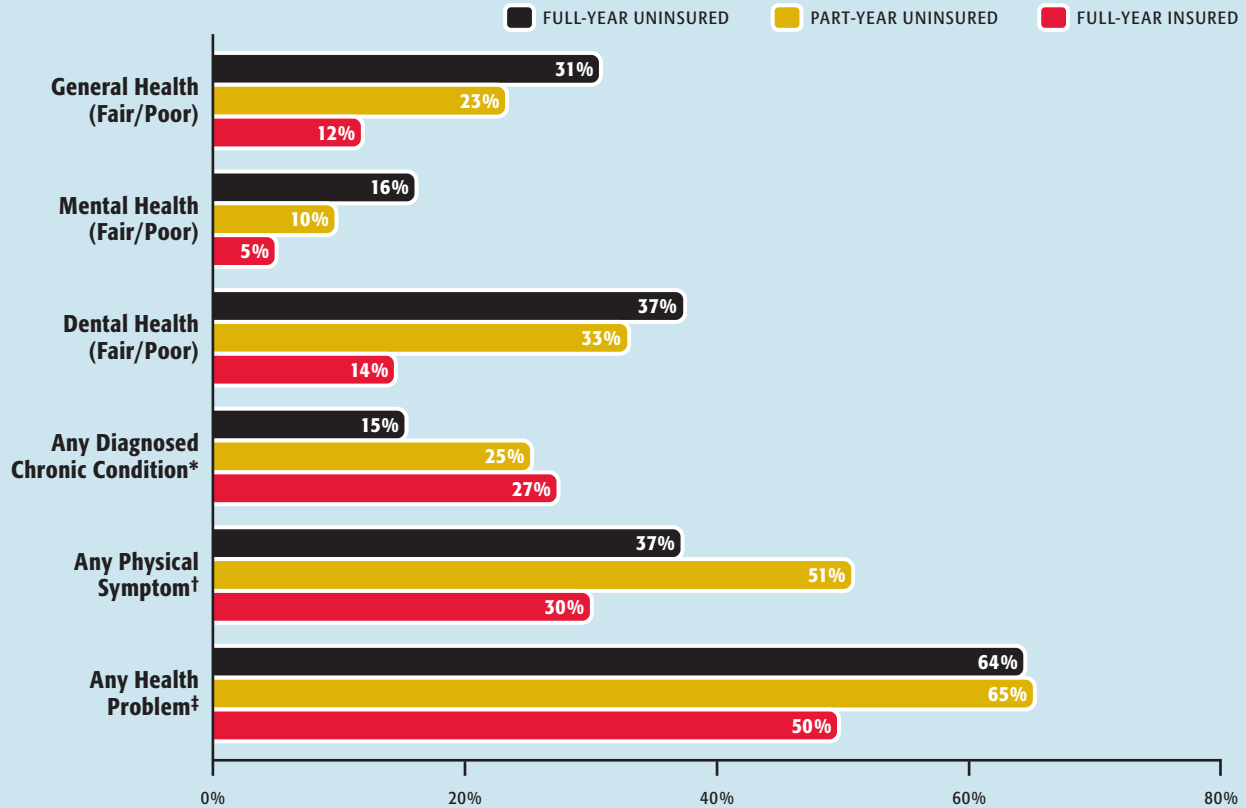
More than half of full- and part-year uninsured working-age adults are from minority populations. The full-year uninsured are the least likely to be white non-Hispanic and the most likely to be Hispanic (Table 1).

Adults experiencing any period of uninsurance in the prior year are more likely to be immigrants than adults continuously insured for the preceding year. However,

full-year uninsured adults are more likely to be non-citizen immigrants than part-year uninsured adults and to speak a language other than English at home.

The full-year uninsured are twice as likely to be poor as adults experiencing a period of uninsurance less than 12 months, even though the full-year uninsured are just as likely to be working full-time as the part-year uninsured. The full-year uninsured are over six times as likely to be poor as adults covered for the entire year. Accordingly, they are also much more likely to be unemployed than those with continuous coverage (Table 1).

Figure 2 | Health Indicators of NJ Adults (19–64) by Insurance Status in the Past 12 Months



* Includes ever diagnosed with asthma, diabetes, or any other long-lasting/serious condition

† Any morbid or serious symptom in the three months preceding the survey (see Table 2)

‡ Defined as fair/poor general, mental, or dental health, or reporting any symptom or ever diagnosed with a chronic condition

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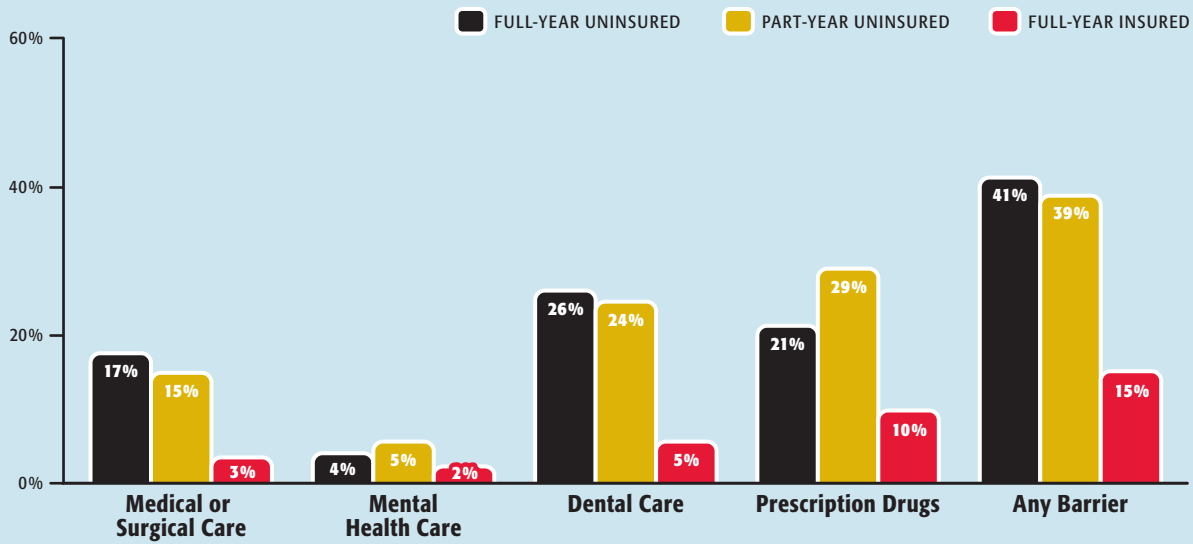
Table 2 | Symptoms Used in the Symptom Response Survey Module in the 2009 NJFHS

Serious Symptoms ³	Morbid Symptoms ³
<i>Likely to represent an underlying disease that could cause death or disability if untreated</i>	<i>Likely to have a high impact on quality of life but not very serious</i>
Shortness of breath	Back pain
Loss of consciousness	Cough with yellow sputum
Blurry vision	Anxiety, nervousness
Severe headaches	Hip, knee, or leg pain
Sadness, hopelessness	Sprained ankle
Lump in breast	Fatigue, weakness
Chest pain	Trouble urinating
	Trouble hearing

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The full-year uninsured are more likely to have reported some kinds of health problems but not others. This group has higher rates of fair/poor general, mental, and dental health, but was no more likely to report being diagnosed with any chronic condition than the part-year uninsured or full-year insured (Figure 2). The full-year uninsured also have a lower prevalence of recent physical symptoms than the part-year uninsured but only a slightly higher rate than the continuously insured. This mixed picture of health status is clarified by understanding how indicators of health can indirectly reflect access. In the NJFHS, inquiries regarding chronic conditions specify respondents should report only illnesses diagnosed by a doctor, whereas perception of overall health and presence of physical symptoms can be based entirely on self-identification.

Figure 3 | **Perceived Barriers to Care* of NJ Adults (19–64) by Insurance Status in the Past 12 Months**



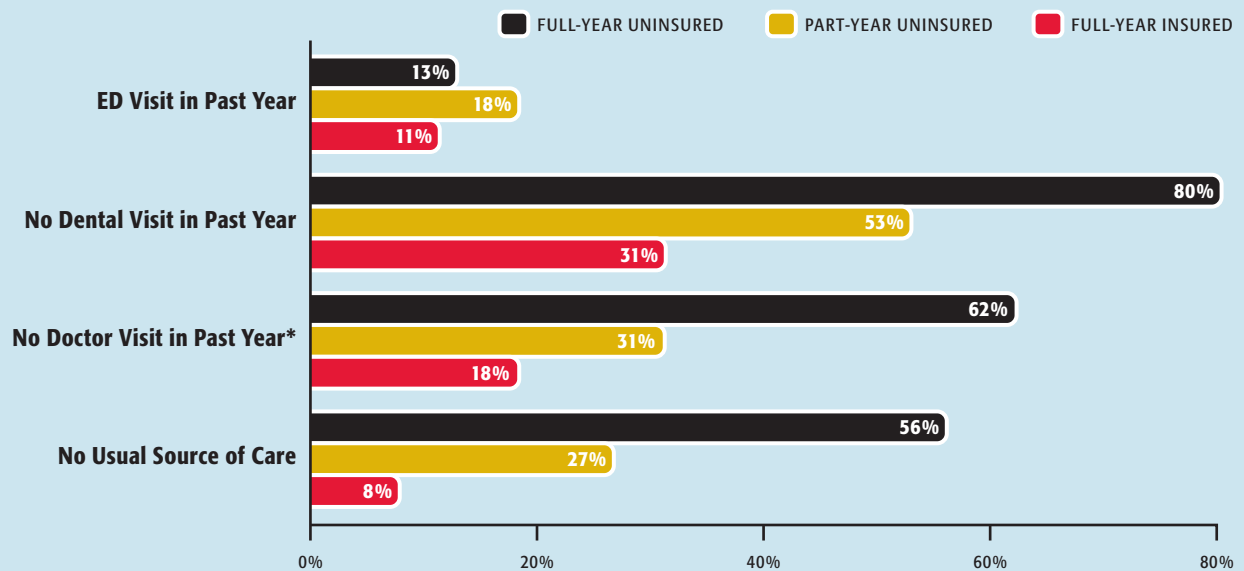
* Perceived barriers to care were captured with the question “During the past 12 months was there a time when you wanted (health care type) but could not get it at that time?”

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Adults experiencing any period of uninsurance in the past year are more likely to report barriers to health care than those who had health insurance regardless of the length of time without coverage (Figure 3). It has been suggested that reports of unmet need by those uninsured for extended periods of time tend to decrease as prolonged disconnection

with the health care system leads to lower awareness of health problems and less perceived need for care.^{1,2,4} If this is true, then estimates of perceived unmet need for the full-year uninsured may be lower than objective measures of foregone, but clinically necessary care.

Figure 4 | **Access Indicators of NJ Adults (19–64) by Insurance Status in the Past 12 Months**



* Among those with a health problem (see Figure 2)

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Emergency department (ED) use is not significantly greater for those uninsured for all of the past 12 months compared to those insured continuously over the past 12 months. However, the full-year uninsured are much more likely to have no dental visit or no usual source of care and,

among those with any reported health problem, the full-year uninsured are much less likely to have a doctor visit in the past year than both the part-year uninsured and the full-year insured (Figure 4).

The full-year uninsured make up the majority of working-age New Jersey adults experiencing any spell without coverage in a 12-month period. They are significantly different in terms of gender, family income, race/ethnicity, and immigration status from those experiencing shorter spells of uninsurance, although their employment status is comparable to this group. In general, those uninsured for 12 months or longer have a similar overall prevalence of any health problem and of any perceived barrier to care as the part-year uninsured, but a higher prevalence of both than the full-year insured, despite being younger. Consistent with other research, access is dramatically worse for the full-year uninsured,^{1,2,5} though there is no evidence from our data that need for otherwise inaccessible care is satisfied by increased use of the ED.

Full-year uninsured adults in New Jersey could benefit from full implementation of the ACA (though access to

dental care is likely to remain inadequate⁶). Those with unaddressed health needs have the greatest incentive to enroll once affordable coverage is made available. Premium costs could rise if such individuals enroll in large numbers and comparatively healthy individuals do not. This phenomenon is known as adverse risk selection.

Our data also show that promoting long-term continuity of coverage will be essential to achieving the largest improvements in utilization of recommended health care for this group. While the part-year uninsured do exhibit better access than the full-year uninsured, their health status and rates of unmet need are still worse than those who were continuously insured. Therefore, managing the frequent fluctuations in health plan eligibility and affordability among the lower-income⁷ will become a more prevalent challenge in providing coverage for New Jersey's working-age uninsured population under the ACA.

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- ⁷ Sommers BD, and S Rosenbaum. "Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth between Medicaid and Insurance Exchanges." *Health Affairs (Millwood)* 30, no. 2 (2011): 228–36.

Other NJFHS Reports

Kristen Lloyd, Joel C. Cantor, Dorothy Gaboda, Peter Guarnaccia. [Health, Coverage, and Access to Care of New Jersey Immigrants: Findings from the New Jersey Family Health Survey](#), June 2011.

Derek DeLia, Jose Nova. [Emergency Department Use by New Jersey Residents in 2009: Facts & Findings](#), June 2011.

Kristen Lloyd, Dorothy Gaboda. [Differences among New Jersey Adults using Private Doctors, Clinics, and with no Usual Source of Care: Facts & Findings](#), October 2011.

Jose Nova, Dorothy Gaboda. [New Jersey Children without Dental Services in 2001 and 2009: Facts & Findings](#), September 2011.

Kristen Lloyd, Jose Nova, Dorothy Gaboda. [Utilization and Insurance Coverage of Dental Services among New Jersey Adults](#), September 2012.

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Methods

The 2009 New Jersey Family Health Survey (NJFHS) was designed to provide population-based estimates of health care coverage, access, use, and other health topics important for New Jersey policy formulation and evaluation in the coming years. It was funded by the Robert Wood Johnson Foundation and designed and analyzed by the Rutgers Center for State Health Policy (CSHP). The fieldwork was conducted by Abt SRBI between November 2008 and November 2009. It was a random-digit-dialed telephone survey of 2,100 families with landlines and 400 families with cell phones residing in New Jersey. It collected information about a total of 7,336 individuals and had an overall response rate of 45.4% (52.6% for landlines and 26.0% for cell phones). The adult who was most knowledgeable about the health and health care needs of the family was interviewed. All estimates presented are weighted to accurately reflect the New Jersey household population.

Further information on the 2009 NJFHS, including a comprehensive methods report and the full text of the survey questionnaire, can be found on the Center's web site: [The 2009 New Jersey Family Health Survey Methods Report](#) [The 2009 New Jersey Family Health Survey Questionnaire](#).

For additional details on the preparation of variables for the analyses presented in this Facts & Findings, readers can refer to CSHP's databook: [Health, Coverage, and Access to Care of New Jersey Immigrants](#).

The overall differences in the socio-demographic composition of the population of working-age adults by insurance status in the past year and the proportions of each subpopulation having the health and access characteristics presented in this Facts & Findings were assessed using Chi-square tests for complex survey data and found to be significantly different at the 5% level.

Data from the NJFHS may not reflect the current proportion of young adults (19–25) who are uninsured. The NJFHS was fielded prior to the implementation of the ACA's dependent coverage expansion which significantly impacted uninsured rates for targeted young adults. In addition, population estimates of the number of non-citizens in New Jersey from the NJFHS differ from those obtained in the Census Bureau's Current Population Survey (CPS) and the American Community Survey (ACS) for similar time periods. The NJFHS underestimates the number of non-citizens compared to these sources by 20–30%.

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