

DOES PARENTS' LACK OF HEALTH COVERAGE AFFECTS THEIR INSURED CHILDREN'S HEALTH OUTCOMES AND HEALTH SEEKING BEHAVIOR?

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By

Ilhom Akobirshoev, MSW, MA

Abstract

Children's insurance coverage in the United States is steadily reaching a near universal level while parents' health insurance coverage is lagging behind. Between 1998 and 2008, the percentage of parents without health insurance, but whose children had health insurance, increased by more than two fold, from 6.3 to 12.7 percent. Unlike the theoretical underpinnings of health insurance, even when children have their own health insurance, they do not act independently in deciding to use health care services. Rather, children depend on their parents to make health care decisions. Parents decide where, when and how their children will utilize health care services. Parent's responsiveness to their children's health care needs could be constrained if they themselves are uninsured. A critical policy question is how a parent's lack of health insurance coverage affects their insured children's health outcomes and use of health care services. To date, no study has examined the relationship between parent's health insurance coverage and their insured children's health outcomes in the United States. Few studies have examined the relationship between parent's health insurance coverage and their children's use of health care services. However, these studies were limited to just a few states and primarily included a sample of children from low-income families. Furthermore, these studies had several methodological issues potentially biasing their findings. This dissertation will seek to fill this important research gap. Another important contribution of this dissertation is related to the expansion of the Affordable Care Act (ACA) and equity in access to health care. Since April 2014, the ACA began providing more American families with the needed health insurance coverage, but policy makers are still unclear about its potential outcomes. Therefore, this study, among other things, will examine the potential outcomes from implementation of the ACA in relation to addressing the gap between insurance coverage of children and their parents as well as addressing the health care disparities across race, geographical locations and other social and economic determinants.

The research will consist of three studies: Study 1 will be based on the *Person-Process-Context-Time (PPCT) model of Bronfenbrenner's ecological systems theory of human development* and will evaluate the effect of parent's lack of health coverage, as an element of *exosystem*, on children's health outcomes as a *development outcomes* of interest. Logistic regression will be used to evaluate the effect of parent's lack of health insurance coverage on children's health status, and other selected health conditions. Study 2 will draw on *Andersen's behavioral model of health services use* and will evaluate the effect of parent's health coverage, as an *enabling factor*, on the children's use of healthcare services. Study 2 will also examine the impact of inequities across race geographical location, types of health insurance coverage, social and economic determinants on access and use of health care services. The statistical significance of the odd ratios will be examined to evaluate the association between the parents' lack of health insurance

