

The Implications of Parents' Romantic Involvement on Children's Health Outcomes

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Abstract

With changes in the economy and the reduction of employment benefits packages, about 40 million Americans do not have adequate health insurance coverage (Budrys 2005; Serad and Fernandopulle 2005). While there are publically funded health insurance programs, in the form of Medicaid and SCHIP (State Children's Health Insurance Program), not everyone qualifies. Among those children who qualified for SCHIP in 2004, just 44 percent enrolled in the program. Even so, these publically funded health insurance programs may not result in the same level of access to health care as private insurance programs. This research is concerned with the different types of children's health insurance coverage – such as private, public (Medicaid, SCHIP), or no health insurance – and explores links to several well-being outcome measures.

This research examines Parents' Romantic Involvement and type of health insurance coverage among young children within low-income families as a barrier to good health. Using data from the Fragile Families and Child Well-being Study, this research uses bivariate and multivariate regression methods to understand how family structure and type of health insurance pattern two dependent variables: 1) focal child lacking a regular doctor and 2) focal child not using a doctor's office (i.e. using an emergency room, clinic or home) for health care. For the multivariate analysis, other variables which may be inter-correlated – such as sex of child, racial-ethnic group of child, age of mother, mother's education, family structure stability, and nativity of the mother – will be used as control variables in the analysis.

Background Research Outline

The Fragile Families and Child Well Being Study is a large, nationally-based, longitudinal survey of nearly 5,000 children (<http://www.fragilefamilies.princeton.edu>;

Reichman et al., 2001). The Fragile Families dataset is comprised of about 5,000 births in 20 large U.S. cities between 1998 and 2000. Mothers were interviewed at the time of the birth of their children, and then follow-up interviews were gathered at the child's first and third birthdays. At the baseline, 1,186 married mothers and 3,712 unmarried mothers were included in the sample. This study will use data from the baseline and year three (third birthday). Mother's age is a constructed variable on the year three file, by adding two years to the age reported on the baseline file. Racial-ethnic group is reported as non-Hispanic White, non-Hispanic Black, Hispanic, or Other. Mother's education at the time of year three interview. Family structure stability is measured by examining any changes from mother's marital status from the baseline survey to the year three survey. Nativity of mother is measured as native-born non-immigrant, native-born first generation, and foreign-born.

This study will use multivariate methods to test for relationships between health insurance coverage and the outcome variables. The discrete outcome variables, *focal child lacking a regular doctor* and *focal child not using a doctor's office for health care*, will be examined separately through logistic regression models, first including type of health insurance, and then the socio-economic and control variables. The poster presentation will illustrate the main findings in bivariate and multivariate form. Our preliminary findings are that romantic involvement alone does not explain health insurance type and that Hispanic and Black children are less likely than white children to see health care in a doctor's office, and more likely to seek health care in an ER, clinic or at home. To date, we have created some of the output for this analysis. We see the need to also include a place control variable, so this will also be included in our final models. This research is an interim paper that will also eventually include outcome measures from the child's fifth birthday.

Biological Parents' Relationship and Health Outcomes

Biological Parents' Relationship	Year Three Health Insurance Type			Year Three Health Outcomes	
	% no insurance	% Medicaid	% private	% who lack regular doctor	% who use ER/clinic/home for health care
Married	7.1	29.6	63.3	6.6	19.3
Cohabit	12.6	63.0	24.4	8.4	35.0
Romantically Involved	8.9	78.5	12.7	7.0	29.4
Not Romantically Involved	7.7	71.9	20.4	6.2	28.3

	Year Three Health Insurance Type (n=2,819)				Year Three Health Outcome (n=2,817)	
	No Insurance compared with private insurance		Medicaid compared w/ private insurance		Odds will use doctor's office (not ER/clinic or home) for health care	
	Model 1a	Model 1b	Model 2a	Model 2b	Model 3a	Model 3b
Marital Status						
Married	0.27**	0.36**	3.69**	0.23**	1.69**	0.71
Cohabit	1.31	1.14	0.13**	0.70**	0.73**	0.99**
Romantically Involved	1.94	2.20*	0.70*	1.96*	0.97	1.13
Not Romantically Involved	R	R	R	R	R	R
Transitions		0.91		0.95		1.13
Male		0.94		1.03		1.10
Mother's Age		1.00		.97**		1.00
Mother's Race						
White		R		R		R
Black		0.99		2.22**		0.41**
Hispanic		1.60*		1.80**		0.42**
Mother's Education		0.65**		0.66**		1.17**
Insurance Coverage						
No Health Insurance						0.52**
Medicaid/SCHIP Insurance						0.68**
Private Insurance						R

Note: * indicates $p < .05$, ** indicates $p < .01$

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