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Review Article

The Dilemma of Parents without Medical Insurance in the United States

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Introduction

Medical insurance refers to a contract that demands an insurer to cover a patient's healthcare costs for a premium. There are many benefits associated with having healthcare insurance. First, it offers protection to the insured when faced with disastrous health conditions and events [1]. It protects people from unforeseen and financial burdens associated with health events. Even though such events may be rare and difficult to foresee, their financial implications are beyond the means of most individuals [1]. For example, during the first year of cancer diagnosis, uninsured young patients below the age of 65 pay an average of $5,900 [2].

Second, medical insurance allows broad access to healthcare for small usage fees [1]. For a yearly fee, the insured gains access to low out-of-pocket or cost-free services. Additionally, health insurance companies use their market power to negotiate the cost of health services for their clients. Therefore, the insured individuals receive discounts when paying outof-pocket. Moreover, health insurance improves and ensures that high-quality healthcare professionals and hospitals serve their clients. Dey and Bach [1] noted that health insurers encourage people to stay healthy by reducing premium costs for people who quit unhealthy behaviors, such as smoking.

Recent statistics show that majority of the United States citizens know the importance of medical insurance. Specifically, a 2019 survey showed that 92% of people have health insurance [3]. This means that only 8% of U.S. citizens were not covered during that year. More than two-thirds of the insured were under private health insurance [3]. Despite the importance of medical insurance, some U.S. citizens lack it for various reasons. Some of the factors associated with lack of medical insurance in the U.S. include high cost [4], poverty, and being a person of color [5].

Lack of medical insurance has adverse consequences on the uninsured. First, people who lack insurance are more likely to be charged more in hospitals than insured individuals [6]. They also have higher mortality rates than insured people [7]. Additionally, they have poorer health outcomes than the insured, e.g., lower 5-year survival rates of cancer [8]. Even though past research studies have revealed the prevalence of the insured/uninsured, predictors of being uninsured, and the consequences of being uninsured, there is a knowledge gap regarding parents' dilemma without medical insurance in the United States. Consequently, the current study sought to address this knowledge gap.

Literature Review

Health Insurance Coverage in the United States

The United States lacks a universal health insurance scheme. Approximately 9 in 10 individuals were estimated to be insured in 2018, leaving about 1 in 10 of the population uninsured [9]. Progress towards securing the right to healthcare has been incremental. The first major step toward improved insurance coverage dates back to the 1920s when employer-based health insurance was launched. This insurance scheme became popular after World War II when the government exempted tax on health insurance. In 1965, Medicaid and Medicare were introduced as the first public health insurance programs [10]. Their introduction followed the enactment of the Social Security Act.

The Medicaid program provided states with a choice to get federal matching for providing health care services to economically disadvantaged families and people with disabilities [11]. Coverage was progressively made compulsory for lowincome expectant women and newborns and later for individuals of up to 18 years [12]. Currently, about 18% of Americans are covered under the Medicaid program. Medicare provides health care coverage for people above 65 [13]. Eligible individuals and benefits provided have progressively increased over the years. In 1972, people below 65 years with prolonged disabilities or end-stage kidney disease became eligible [14]. Since 1973, people enrolled in Medicare can access their insurance via traditional Medicare or Medicare Advantage [15].

The children's Health Insurance Program (CHIP) was developed in 1997 for children from economically disadvantaged family backgrounds whose oncome was high to be enrolled in Medicaid but do not afford private insurance [16]. Currently, the CHIP covers about 10 million children. In some states, it is part of Medicaid, while in others, it is an autonomous program. Lastly, the passage of the Affordable Care Act (ACA) signified the most considerable expansion to date of the government's role in funding and regulating health care. The ACA increased coverage by 20 million and decreased the percentage of uninsured adults (19-64 years) by 8% between 2010 and 2018.

Affordability of Medical Insurance in the United States

The majority of the United States' citizens consider the cost of medical insurance high. A study conducted by Tipirneni et al. [4] to explore adults' perceptions of medical insurance, medical care, and employment near retirement revealed that 25% of the participants aged 50 to 64 years had little or no confidence regarding their ability to purchase health insurance in the following year. Additionally, 50% of the respondents indicated that they would not afford health insurance after retirement. Because of the high cost of medical insurance, 14.1% of the participants kept their job, while others delayed or considered postponing their retirement to keep employer-based health insurance.

Most uninsured Americans are individuals from low-income family backgrounds. Recently, Bunch and Bandekar [17] revealed that slightly more than four million children below 19 years were not enrolled in a health insurance scheme in 2020. Even though the population of uninsured children was similar to those of previous years, children in poverty were more affected than those above the poverty level [17]. An individual is considered in poverty if their household income is lower than the poverty threshold. In 2020, 9.3% of children in poverty were uninsured. However, the prevalence of uninsurance was 2.2.% for children whose families had more than four-fold the above the poverty line. From 2018-to 2020, the uninsurance rate among children in poverty increased by 1.6%. While in children whose household income is more than four-fold the poverty level, there was a 0.4% decrease in the uninsured.

Factors Associated with Lack of Medical Insurance in the United States

Many factors are associated with the lack of medical insurance in the United States. First, having an income under 200% of the poverty threshold is a significant predictor of uninsurance [5]. In 2019, about 83% of the uninsured individuals had family incomes below 400% of the poverty threshold [5]. Additionally, about 85% of people who lacked medical insurance were non-elderly adults [5]. Furthermore, the prevalence of uninsurance among children was less than 50% of those of non-elderly adults because of Medicaid and Children's Health Insurance Program coverage among children than adults.

The rate of uninsurance is also higher among the minority racial groups. Blacks and Hispanics are more likely to be uninsured than non-Hispanic Whites [5]. Even though 43.1% of the U.S. population consists of people of color, they make up more than 50% of the non-elderly uninsured population [5]. Additionally, all minority ethnic groups have higher uninsured rates than non-Hispanic Whites. Moreover, non-citizens are highly likely to be uninsured than non-citizens.

Consequences of Uninsurance for Children

Financial Implications of Being Uninsured

People without insurance for a year pay about 50% of their out-of-pocket. Additionally, hospitals usually charge uninsured people higher rates than insured individuals [6]. Kearney et al. [18] also reported that most U.S. adults could not afford health care and dental costs. The most affected age group is above 65 years who have to pay for various types of health care that are not provided by Medicare, e.g., prescription drugs, dental, and hearing services. The uninsured are also not immune to the high cost of medical care. Kearney et al. [18] noted that about 50% of insured adults face financial challenges in their out-of-pocket costs, and a quarter of them cannot afford the deductible.

Among the various ethnic groups in the U.S., African Americans and Hispanic adults cannot access health care because of high costs. Another group of individuals adversely affected by high health care costs is those with lower incomes. A high percentage of U.S. adults in these groups face challenges with access to care and delay their medical care because of the cost. Moreover, Kearney et al. [18] noted that the high cost of medical bills adversely affects U.S. households. In March 2019, a quarter of all U.S. adults revealed that they or their family members had difficulty paying medical bills and about half of them noted that the bills affected their families.

Health Consequences of Being Uninsured

People who do not have medical insurance have more adverse hospital outcomes than their insured counterparts. According to Seifi et al. [7], uninsured patients have higher (4.1%) mortality rates than their insured counterparts (3.7%). Further analysis showed that mortality rates of uninsured individuals were higher in older adults, those with more than one chronic condition, Asians, low-income individuals, and rural residents [7]. In a related study, Seo et al. [19] revealed that people with gaps in insurance coverage are highly likely to have challenges accessing health care, prescription drugs, dental services, and getting external referrals than those with Medicaid coverage.

Past empirical studies have also revealed that uninsured patients have worse health outcomes than the insured. For instance, Silvestri et al. [8] established that the uninsured patients aged 60-64 had a two-fold higher likelihood of being diagnosed with the late-stage disease than the insured. Additionally, they had a lower likelihood of receiving cancer treatment and surgery than Medicare beneficiaries. Moreover, compared to the insured, younger uninsured individuals had a lower 5-year survival rate across various types of cancer.

The cost of health care also deters many individuals from accessing health care and getting prescriptions. Kearney et al. [20] revealed that 50% of U.S. adults postponed or avoided dental care in the previous year because of high cost. Similarly, 29% did not take medicine as prescribed because of the high cost [20].

Methods

Research Design

The current study utilized a cross-sectional research design. In this research design, the researcher examines data from a population at a single time. The participants are chosen based on the phenomenon of interest to the study. This research design is observational. They are also referred to as descriptive research because they describe the variables explored in their natural environment [21]. Unlike experimental research designs, the researcher does not manipulate any variables [21]. Therefore, a cross-sectional research design describes the target population's characteristics but does not determine a causal association between the variables.

There are various benefits associated with the use of cross-sectional research design. First, it is inexpensive and faster to implement. It allows the researcher to gather much information within a short time. Data is usually collected inexpensively using self-report questionnaires.

Participants

The target population consisted of parents without medical insurance in the United States. The participants were enrolled in the study through a purposive sampling approach. In this sampling technique, the researchers are selected if they have attributes that can address the research question or the purpose of the study. A participant was selected for the study if s/he is a parent, has a child, and currently has or lacks medical insurance. Using this sampling technique, 66 participants were picked for the study. Out of the 66 participants, 30 had medical insurance, while 36 did not have it.

Data Collection

Data was collected from the participants using survey instruments. The survey instrument consisted of closed-ended questions that assessed the dilemma or challenges encountered by parents without medical insurance in the United States. All the items on this questionnaire were measured on a 2-point scale (Yes or No). It consisted of the following items:

- Do you have challenges accessing health care?
- Do you have challenges getting prescription drugs?
- Do you have frequent health problems that you cannot afford to treat?

Research Ethics

The current study was conducted strictly to ethics involving human research participants. Before the study was done, the researcher sought permission from the University's Institutional Review Board (IRB). The primary role of the IRB is to enhance the safety and well-being of all research subjects. Additionally, it ensures that a research study adheres to the ethics and principles of research involving human research subjects. After getting the IRB's approval to conduct the study, informed consent was sought from the potential participants. Participants were required to sign the form and send it back to the researcher, confirming that they were willing to enroll in the study.

Moreover, participants were assured that their personal information would be kept confidential and not be accessed by third parties. This was accomplished through the use of password-protected files. Furthermore, participation in this study is voluntary. This means that the participants were not forced or coerced to enroll in the study. The research subjects were also free to withdraw from the study without penalty.

Results

Demographic Characteristics

Descriptive statistics were conducted to determine participants' distribution by insurance status and gender. The results are shown in Tables 1 and 2 below. As seen in Table 1, 54.5% (n = 36) of participants had health insurance, while 45.5% (n = 30) did not have it. Next, Table 2 shows that 63.6% (n = 42) of the respondents were male, while 36.4% (n = 24) were female.

Do you have health insurance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	54.5	54.5	54.5
	No	30	45.5	45.5	100.0
	Total	66	100.0	100.0	

Table 1: Insurance Coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	42	63.6	63.6	63.6
	Female	24	36.4	36.4	100.0
	Total	66	100.0	100.0	

Table 2: Participants' Distribution by Gender

The Association between Insurance Status and Challenges Accessing Health Care

A Chi-square test for association was conducted to determine whether an association exists between insurance status and challenges in accessing health care. Table 3 shows that $\chi(1) = 65.000$, $p = .000$. This tells us a statistically significant association between insurance status and challenges accessing health care. Table 4 shows a strong association between insurance status and challenges accessing health care. Figure 1 shows that the uninsured have higher rates of challenges in accessing health care than insured individuals.

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	65.000[a]	1	.000		
Continuity Correction[b]	61.038	1	.000		
Likelihood Ratio	89.724	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	64.000	1	.000		
N of Valid Cases	65				

[a]0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.85.
[b]Computed only for a 2x2 table

Table 3: Chi-Square Tests.

		Value	Approx. Sig.
Nominal by Nominal	Phi	1.000	.000
	Cramer's V	1.000	.000
N of Valid Cases		65	

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Table 4: Symmetric Measures

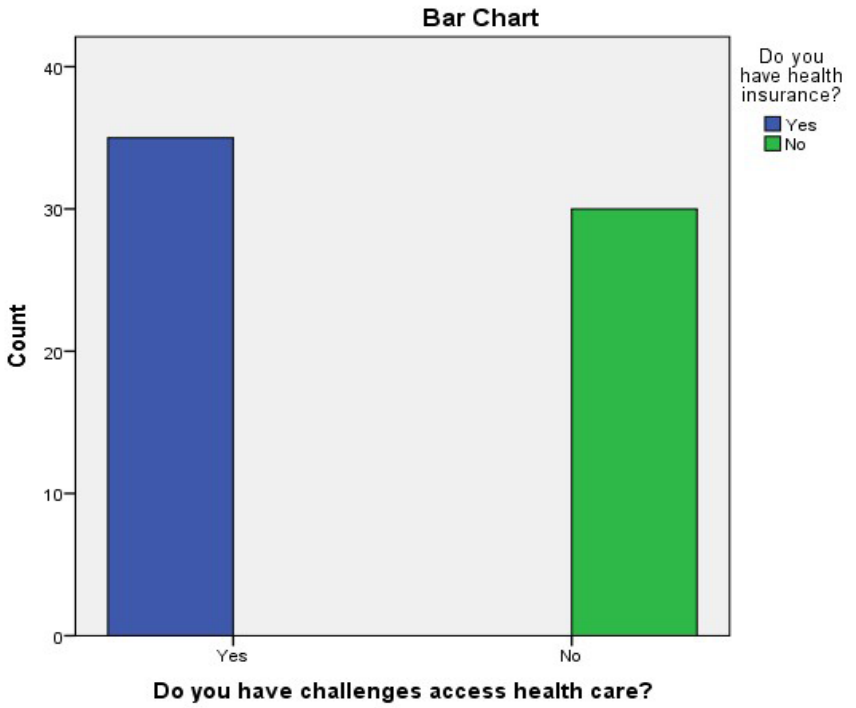

Figure 1: Challenges Getting Health Care

Second, a Chi-square test for association was conducted to determine if there is an association between insurance status and challenges getting prescription drugs. Table 5 shows that $\chi(1) = 65.000$, $p = .000$. This tells us that a statistically significant association exists between insurance status and challenges getting prescription drugs. Table 6 shows a strong association between insurance status and challenges accessing health care.

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1-sided)
Pearson Chi-Square	65.000[a]	1	.000		
Continuity Correction[b]	61.038	1	.000		
Likelihood Ratio	89.724	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	64.000	1	.000		
N of Valid Cases	65				

[a]0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.85.
[b]Computed only for a 2x2 table

Table 5: Chi-Square Tests (Insurance Status and Association with Challenges getting Prescription Drugs)

		Value	Approx. Sig.
Nominal by Nominal	Phi	1.000	.000
	Cramer's V	1.000	.000
N of Valid Cases		65	
a. Not assuming the null hypothesis. b. Using the asymptotic standard error assuming the null hypothesis.			

Table 6: Symmetric Measures

Lastly, a Chi-square test for association was conducted to determine if there is an association between insurance status and frequent health problems. Table 7 shows that $\chi(1) = 65.000$, $p = .000$. This tells us that a statistically significant association exists between insurance status and frequent health problems. Table 8 shows a strong association between insurance status and frequent health problems. Figure 2 shows that the uninsured have higher rates of frequent health problems than insured individuals.

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1sided)
Pearson Chi-Square	65.000[a]	1	.000		
Continuity Correction[b]	61.038	1	.000		
Likelihood Ratio	89.724	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	64.000	1	.000		
N of Valid Cases	65				
[a]0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.85. [b]Computed only for a 2x2 table					

Table 7: Chi-Square Tests

		Value	Approx. Sig.
Nominal by Nominal	Phi	1.000	.000
	Cramer's V	1.000	.000
N of Valid Cases		65	
a. Not assuming the null hypothesis. b. Using the asymptotic standard error assuming the null hypothesis.			

Table 8: Symmetric Measures

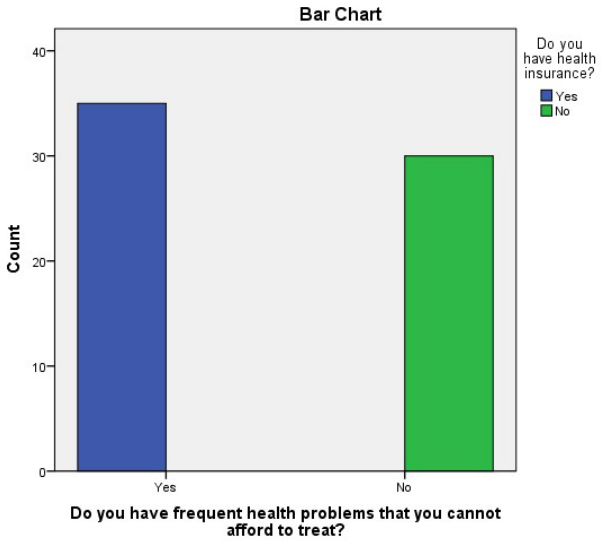

Figure 2: Association between Insurance Status and Frequent Health Problems

Discussion

This study explored the Dilemma of parents without medical insurance in the United States. The results revealed a statistically significant association between insurance status and challenges accessing health care. The uninsured were more likely to have challenges accessing health care. Second, the results revealed a statistically significant association exists between insurance status and challenges getting prescription drugs. The uninsured were more likely to have challenges getting prescription drugs. Lastly, the results showed that uninsured had frequent health problems. These results are supported by past research studies. Seo et al. [19] revealed that people with gaps in insurance coverage are highly likely to have challenges accessing health care, prescription drugs, dental services, and getting external referrals than those with Medicaid coverage. Similarly, Silvestri et al. [8] established that the uninsured patients aged 60-64 had a two-fold higher likelihood of being diagnosed with the late-stage disease than the insured. The major limitation of this study is the use of cross-sectional research which does not revealed causal association among variables.

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