

Is health insurance enough? Understanding primary healthcare utilization among women enrolled in the Florida Maternal, Infant, & Early Child Home Visiting (MIECHV) program

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Disclosure Statement

No relationships to disclose

➤ This presentation will focus on participants in a home visiting program and their experience accessing care with and without insurance coverage

Learning Objectives

- Discuss insurance as a factor that is necessary & sufficient for healthcare service utilization from the Florida Maternal, Infant, & Early Child Home Visiting (MIECHV) clients' perspectives
- Identify barriers & facilitators to healthcare access among women in high-risk communities enrolled in the Florida MIECHV program
- Describe how the MIECHV program links pregnant women & mothers to healthcare services

Background

- Many factors are associated with access to appropriate healthcare:
 - Resource availability
 - Health seeking behaviors
 - Doctor-patient language concordance
 - Cultural competence
- The main focus in access to care has been the health insurance coverage



Insurance

- Prior to the Affordable Care Act (ACA):
 - Rise in insurance rates were exceeding inflation
 - Over $\frac{1}{3}$ of the U.S. population were uninsured
 - Young, low-income women had an increased likelihood of having no insurance coverage
- The advent of the ACA has led to:
 - Expansion of select state Medicaid programs
 - Insurance options for those previously deemed ineligible
 - Home visiting initiatives across the country

Insurance (*cont'd*)

- Since ACA, research has been mixed with reports stating:
 - Insurance has increased access to care
 - Insufficient data to support such a conclusion
- The question of whether health insurance is enough to ensure access to care still remains



MIECHV

- In 2010, the Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Initiative was launched as part of the ACA
 - Reauthorized in 2015 for two more years
- Home visiting supports:
 - Parent health and healthy pregnancy
 - Parenting skills
 - Knowledge about child health and development
 - Linkage to services and supports



Aims

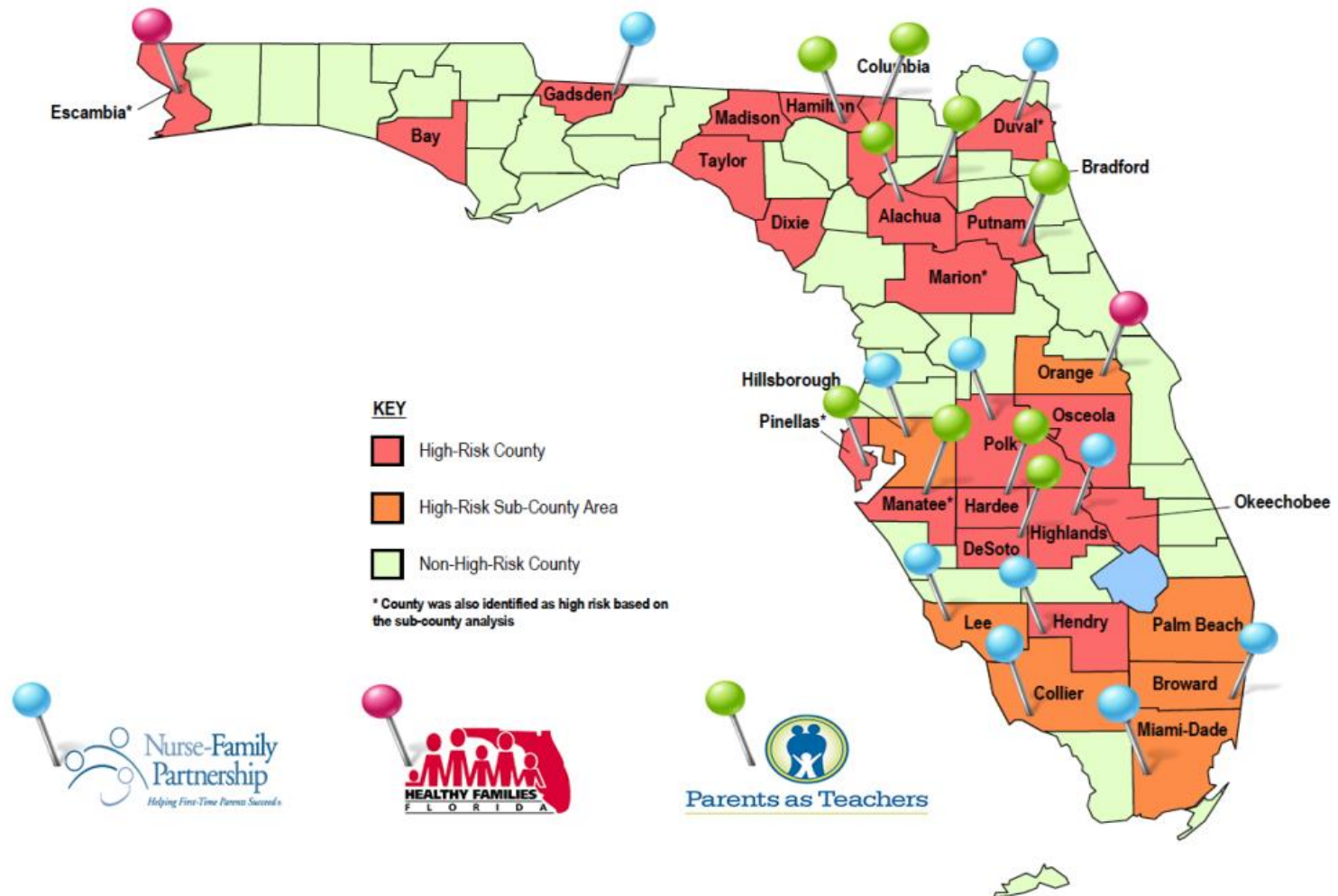
- Assess whether insurance coverage helps women in FL MIECHV program access care
- Understand the role home visitors' play in facilitating access to healthcare services from the perspectives of women in the Florida MIECHV program



Methods

- Florida MIECHV clients were recruited via flyers distributed by their home visitors
- Interviews included questions regarding:
 - Women's healthcare experiences
 - Challenges in access to care
 - Aid provided by the home visitor to access care

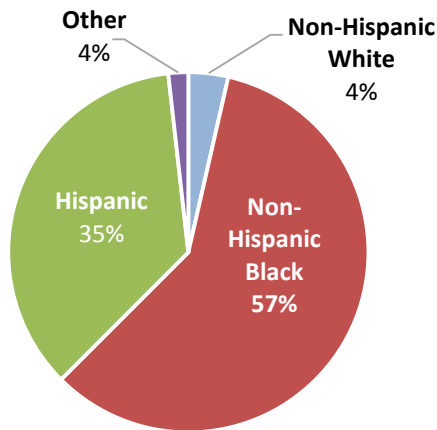
Florida MIECHV



Participants

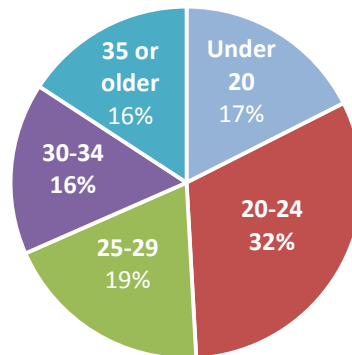
➤ 58 semi-structured telephone interviews

Race/Ethnicity

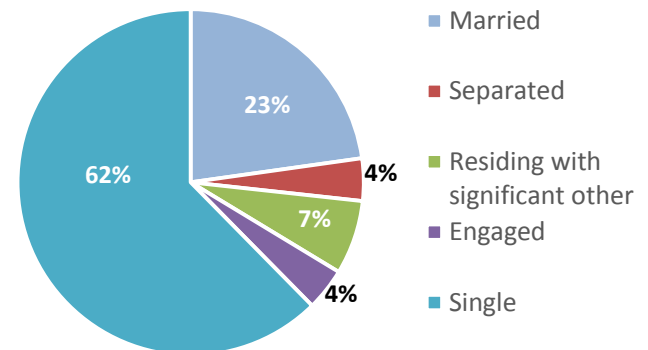


Note: N=57, 1 missing/prefer not to disclose

Age



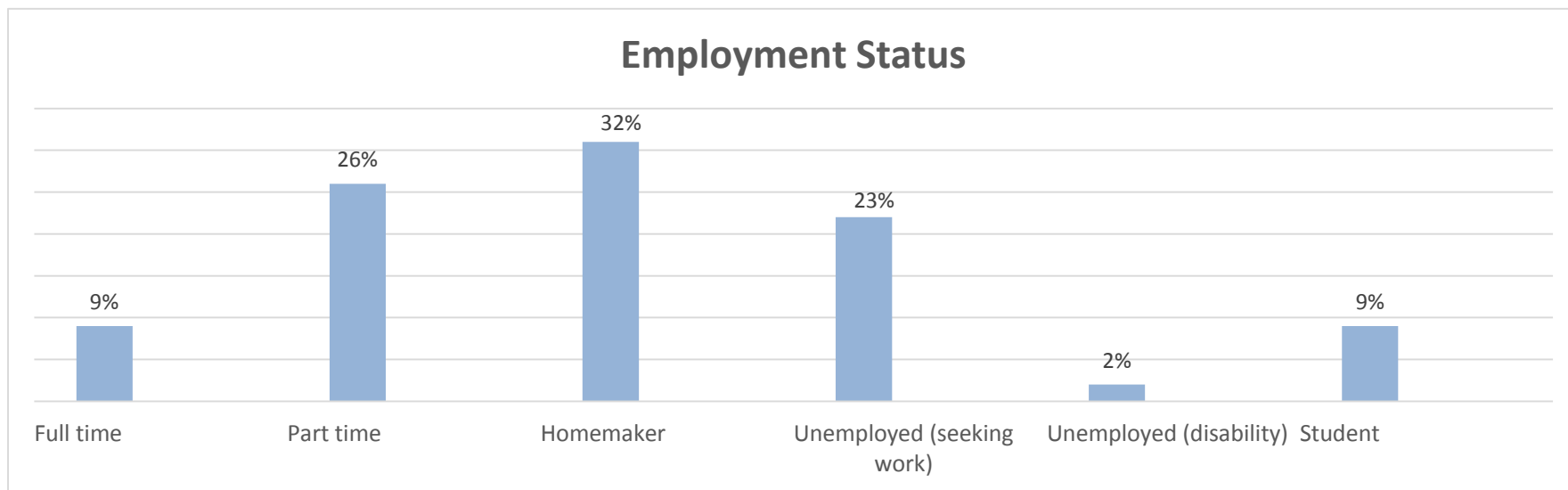
Marital Status



Note: N=56, 2 missing/prefer not to disclose

Participants (*cont'd*)

- Primarily English-speaking (62.1%)
 - 13 in Spanish (22.4%)
 - 9 in Haitian-Creole (15.5%)



Note: N=57, 1 missing/prefer not to disclose

Analysis

- All interviews were transcribed & reviewed for accuracy
- Transcripts were systematically inductively coded by two independent research assistants using Atlas.ti
 - Kappa (K) = 0.79
 - Percentage agreement = 70.8%
- Coded data were analyzed for emergent themes

Results

- When asked about access to care:
 - 43% of participants discussed health insurance during the interviews
 - Approximately 26% participants had or obtained Medicaid while in MIECHV
 - Home visitors did at times help women with acquiring insurance
- Insurance coverage was pluralistic:
 - Medicaid
 - Private
 - Employment

Results (*cont'd*)

- Many of the participants in Florida MIECHV reported that insurance allowed them access to providers
 - This access, however, could be limited at times for some participants

I went to my regular doctor's visits. I haven't had a problem where I have not been able to be seen.

I was looking for a doctor because the doctor I had before did not take Medicaid.

Results (*cont'd*)

- Some participants lacked proper coverage due to various circumstances that included:
 - Immigrant status
 - Expiration of prior coverage
 - Loss of coverage after giving birth
- When program participants were uninsured, the home visitor aided program participants in the process of accessing care

Accessing Care

No, I didn't have access to a doctor. She actually referred me because I told her. Well, we told her me and my husband were struggling because we didn't have insurance... She told me that there is a place where we could go... and we actually got the services for free.

Results (*cont'd*)

- For participants that reported lack of insurance coverage, there was increased difficulty in accessing, as well as maintaining care.

I did not have health insurance, because I [used] to go to [the] clinic many times, they gave [insurance] to me. Then, they stopped it and it became hard for me financially and to go to the hospital.

Limitations

➤ Generalizability

- Participants opted into the study after receiving the recruitment flyers

➤ Open ended questions

- Some participants shared more detailed information than others

Conclusion

- Our analysis found that insurance is necessary to access healthcare services
- Although insurance is necessary, it is not sufficient to access the healthcare resources necessary for the women in Florida MIECHV
- Home visitors served as viable resources in accessing & maintaining care when insurance was not enough

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Thank You!