

Health Care Use, Insurance Coverage and Employment of Low-Income Rural Families

Health and access to medical insurance and medical care contribute to the ability to be financially sustainable through employment. Rural low-income families may have special challenges in maintaining employment because of health. The following papers present three aspects of the association among health care use, work time, health insurance coverage, symptoms of depression and employment. Findings include: patterns of health care use differed by ethnic group; working 30+ hours per week and having health insurance predicted employment stability over time; and symptoms of depression were associated with higher unemployment.

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The data were collected from 414 rural low-income mothers from 15 states from all regions of the country as part of the 'Rural Families Speak' project², a longitudinal mixed method, multistate research project supported by USDA and all participating universities. By Wave 3, there were 238 continuing participants. Interviewees had household incomes that were less than 200% of the poverty threshold when they entered the study in 2000. They could be working or not employed, partnered or not, but they had to have at least one child under the age of 13 in the household. Mothers were selected via a purposive sampling procedure through agencies offering government benefits such as food stamps and job training and Extension programs such as nutrition education. The project was designed to assess the well-being and functioning of rural low-income families in the years after welfare reform was established. Key variables in the study were mental and physical health, job history and current employment, job benefits, and work supports such as government benefits and informal support, including child care and transportation.

The three papers examine different aspects of use of health care services, access to health insurance, physical and mental health, and employment. In the paper by Seiling, Varcoe, Devitto, and Kim, African American and Hispanic mothers were compared to their white counterparts with regard to a measure of health care access: number of doctor visits in the previous year. Researchers used the Andersen model to structure the multiple regression analysis. They found that predisposing, enabling, and need factors all predicted doctor visits, with different variables predicting use for the ethnic groups. Age (predisposing factor), number of chronic conditions and having had an illness or injury in the past year (need factors) were significant factors for white mothers. In contrast, using transportation assistance (enabling factor) was the main determinant for Hispanic mothers. Dolan, Mammen, Bauer, and Seiling studied predictors of employment stability over three years. Having health insurance coverage and working 30+ hours per week were significantly related to stability of employment in the logistic regression. Dolan, Richards, Sano, Bauer, and Braun examined the link between risk for clinical depression and employment patterns over time. They found that low-income mothers who were continuously unemployed were more depressed than those who worked continuously. Those who perceived their financial circumstances as going down were more depressed than those who found their financial conditions to be stable or improving.

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