Health Insurance Coverage of the Center-Based Child Care and Early Education Workforce: Findings from the 2019 National Survey of Early Care and Education

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Introduction

Health insurance coverage provides individuals with a safety net in the event of illness or injury, enabling access to health care while protecting individuals from high medical costs. Health insurance is also a critical resource to ensure that a worker can remain healthy and work consistently.[1] Having health insurance coverage is associated with improved outcomes such as better self-reported health, reduced mortality, increased diagnosis and treatment of chronic diseases, greater financial security, and improved depression outcomes.[2] Health insurance can be purchased privately, either by an individual or sponsored by an employer (or spouse/domestic partner's employer), or it can come from a public source (e.g., Medicaid). Alternatively, an individual may be uninsured.

Child care and early education (CCEE) teachers may obtain health insurance from any of the sources mentioned above, including as part of their compensation package over and above wages paid. However, recent studies suggest that relatively few child care programs offer health insurance to teachers, and many CCEE teachers are uninsured.[3]

Glossary

Child care and early education (CCEE): Refers to caregiving and educational services for children from birth to age 13. CCEE includes center- and home-based settings for infants, toddlers, preschool- and school-aged children. CCEE refers to services for a larger age group than early care and education.

Center-based CCEE provider: An organization providing child care and early education services to children from birth to age 5, not yet in kindergarten, at a single location in a center setting (as opposed to a home-based setting).

CCEE teachers: Individual members of the child care and early education workforce. Teachers include lead teachers, assistant teachers, aides, or specialists directly working with children.

National rates of health insurance coverage vary by race and ethnicity. For example, Hispanic and Black adults report higher rates of uninsurance and lower rates of private health insurance compared with White and Asian adults.[4] It is unclear whether, and to what extent, similar disparities exist among CCEE teachers.

Given the importance of health insurance coverage for health, social, and economic outcomes, it is vital to understand health insurance coverage among CCEE teachers. In this snapshot, we used data from the 2019 National Survey of Early Care and Education (NSECE) to compare the health insurance coverage of CCEE teachers with that of the U.S. population. We also examined variation in health insurance coverage, source of coverage, and uninsurance among center-based CCEE teachers. Finally, we examined health insurance coverage by race and ethnicity.

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Based on past research showing disparities in uninsurance and employer-sponsored private insurance, we focused on these coverage types by race and ethnicity. These estimates serve as a pre-COVID-19 baseline of health insurance coverage for the CCEE workforce.

This snapshot also subdivides CCEE teachers into those who were at a public school and those who were not. We focused primarily on this later group of CCEE teachers not co-located at a public school because community-based centers typically lack access to public funding and resources that public school-based centers likely can access. Additional research has demonstrated gaps in wages between teachers at a public school address vs. not, suggesting benefits such as health insurance also would differ among CCEE teachers at a public school address vs. not.[5]

Key Findings

- A smaller share of CCEE teachers not in a public school setting received private health insurance provided by an employer than other working-aged adults in the United States.
- A larger share of CCEE teachers not in a public school setting were uninsured compared to the general population of working-age adults and CCEE teachers in a public school setting.
- Employers were the most common source of health insurance coverage among CCEE teachers not in a public school setting, but only 23 percent of these teachers received insurance from this source (compared to 62% of CCEE teachers in a public school setting).[a]
- Among CCEE teachers not in a public school setting, non-Hispanic (NH) Black and Hispanic CCEE teachers had the highest rates of uninsurance. These Hispanic CCEE teachers were significantly more likely to be uninsured than NH Asian and NH White teachers. NH Black CCEE teachers also were significantly more likely to be uninsured than NH Asian teachers. NH Asian teachers had the lowest rates of uninsurance and were significantly less likely to be uninsured than NH White teachers.

Data and Methods

The analyses in this snapshot were conducted using the Public Use versions of the 2019 NSECE Center-based Workforce Survey. Respondents were CCEE teachers who worked with children ages 0-5, not yet in kindergarten. We focused primarily on CCEE teachers not in a public school setting.[b] This sample reflected a weighted total of 1,089,480 CCEE center-based teachers, assistants, and aides.

For a subset of analyses, we also examined health insurance coverage rates for CCEE teachers in a public school setting, representing 137,811 CCEE workers and compared health insurance coverage to the U.S. adult working population using U.S. Census Bureau American Community Survey data from 2019.

We examined rates of sources of health insurance coverage among CCEE teachers not in a public school setting by race and ethnicity. Given that previous studies have demonstrated evidence of disparities related to access to insurance, we also conducted significance tests to determine whether differences existed in rates of employer-provided health insurance or uninsurance by race and ethnicity.

[a] The results in this snapshot are primarily limited to the workforce in centers that did not have a public school address. Challenges related to data collection in public school settings resulted in survey data being collected for 429 of the 912 public school-based workforce members in the NSECE workforce sample. Due to high levels of missing data, these members of the workforce were excluded from primary analyses.

[b] Although teachers were not in public schools, they could have been teaching at the pre-K level and funded by public pre-K dollars.

Teachers reported having the following sources of health insurance coverage:

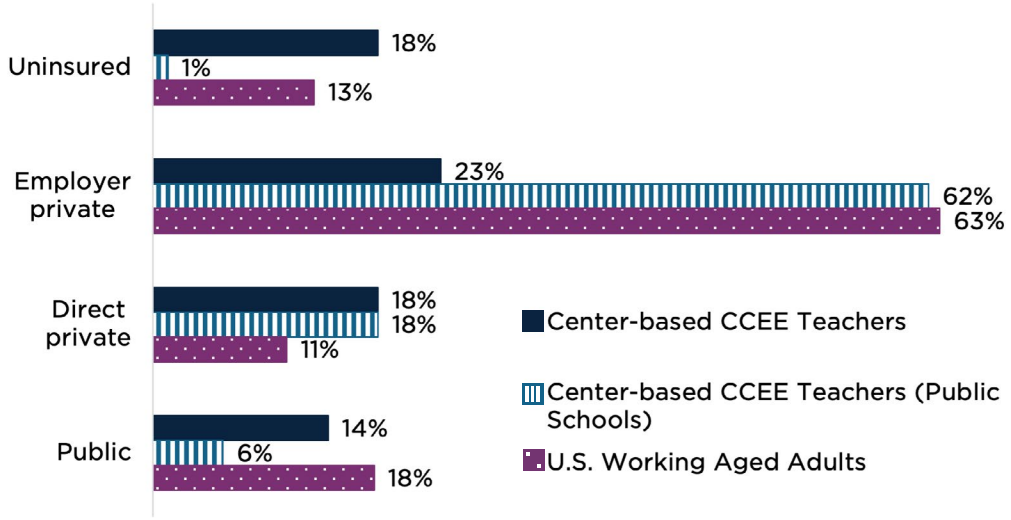
- Uninsured: No coverage of any type (employer may or may not have offered health insurance to employees)
- Employer private: Private health insurance plan from an employer or workplace, either alone or in combination with other insurance types
- Spouse private: Private health insurance plan through spouse or partner's employment
- Direct private: Private health insurance plan purchased directly
- State/local/community private: Private health insurance plan through a state or local government, a health insurance exchange, or community program
- Public: Medicaid, Medicare, military health care/VA, or CHAMPUS/TRICARE/CHAMPVA
- Other or combination: Other insurance or a combination of other insurance types

How did Health Insurance Coverage Rates of the CCEE Workforce Compare to U.S. Working Adults?

Compared to other U.S. working adults (62%), a smaller share of CCEE teachers not in public school settings received private health insurance from an employer (23%) in 2019. Uninsurance rates for CCEE teachers not in public schools were also higher than the uninsurance rates of the general population of working-age adults (18% vs. 13%; see Figure 1).

On the other hand, CCEE teachers in a public school setting had similar rates of insurance from their employer (62%) compared with U.S. working adults (63%). They also had lower rates of uninsurance (1%) than CCEE teachers not in a public school setting (18%).

Figure 1: Rates of Health Insurance among CCEE Teachers (in and not in a Public School Setting) and U.S. Working-Age Adults



Source: U.S. Census Bureau American Community Survey 2019[c] and analysis of 2019 National Survey of Early Care and Education Workforce Survey by Child Trends. We only include NSECE 2019 insurance coverage categories with a direct match in the U.S. Census above.

[c] Figures pulled directly from Table HI05_ACS. *Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2019.* Estimates for working-age adults are for adults ages 19-64 years. https://www.census.gov/library/publications/2022/acs/acsbr-013.html

Note: Percentages do not add up to 100% because only comparable categories across surveys are reported.

Uninsured = Census category of uninsured and NSECE category of uninsured.

Employer private = Census category of employment based and NSECE category of employer private.

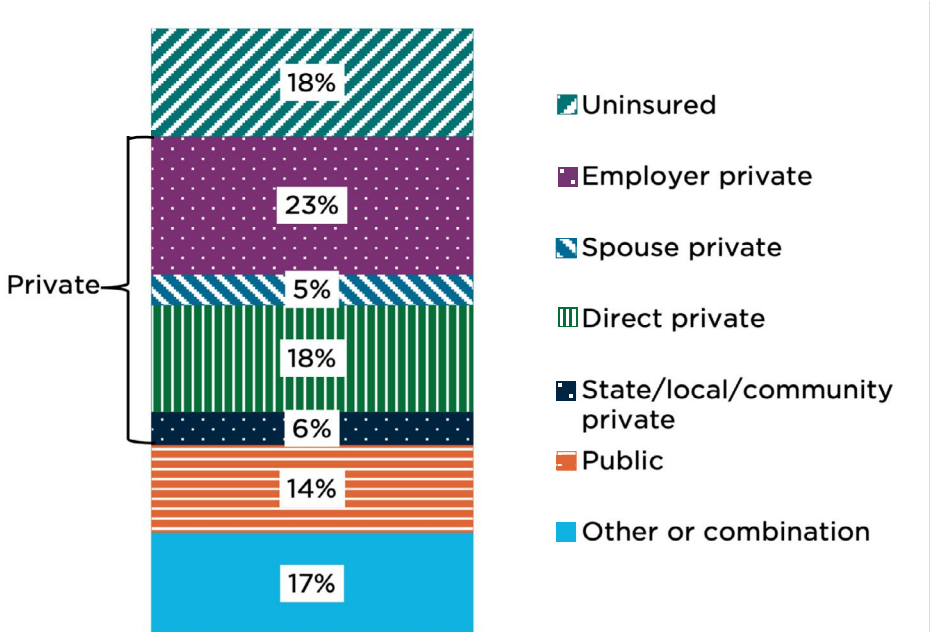
Direct private = Census category of direct purchase and NSECE category of direct private.

Public = Census category of public health insurance (includes TRICARE, Medicaid, and Medicare) and NSECE category of public (includes TRICARE, Medicaid, and Medicare).

What Types of Health Insurance were Most Common Among CCEE Teachers not in a Public School Setting?

There was no single source of health insurance from which the majority of CCEE teachers not in a public school setting received coverage (see Figure 2). However, if categories were collapsed, private sources were the primary source of health insurance, with employer, spouse, direct, and state/local/community private sources accounting for 52% of health insurance coverage.

Figure 2: Sources of Health Insurance of the CCEE Workforce not in a Public School Setting



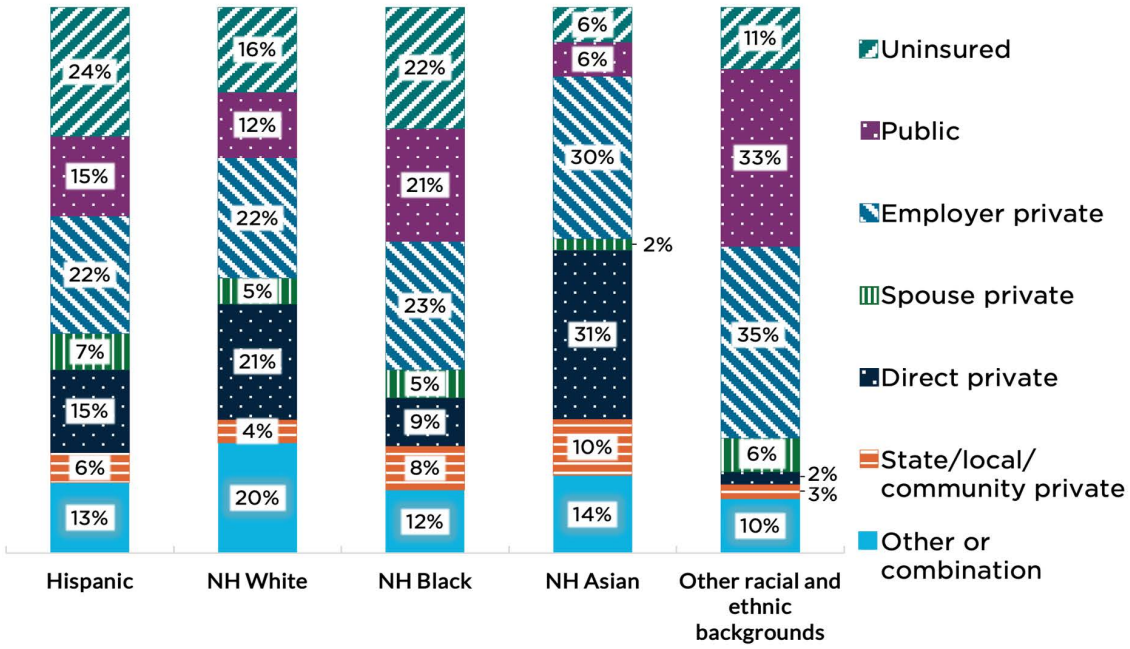
Source: Analysis of 2019 National Survey of Early Care and Education Workforce Survey by Child Trends.

How did Types of Health Insurance Coverage of the CCEE Workforce not in a Public School Setting vary by Race and Ethnicity?

Nearly all rates of health insurance differed by race and ethnicity (see Figure 3). We focused our statistical comparisons on differences in uninsurance and employer-sponsored private insurance given the commonality of employer-sponsored insurance and problems for health, well-being, and household finances associated with uninsurance, as discussed in the introduction of this snapshot.

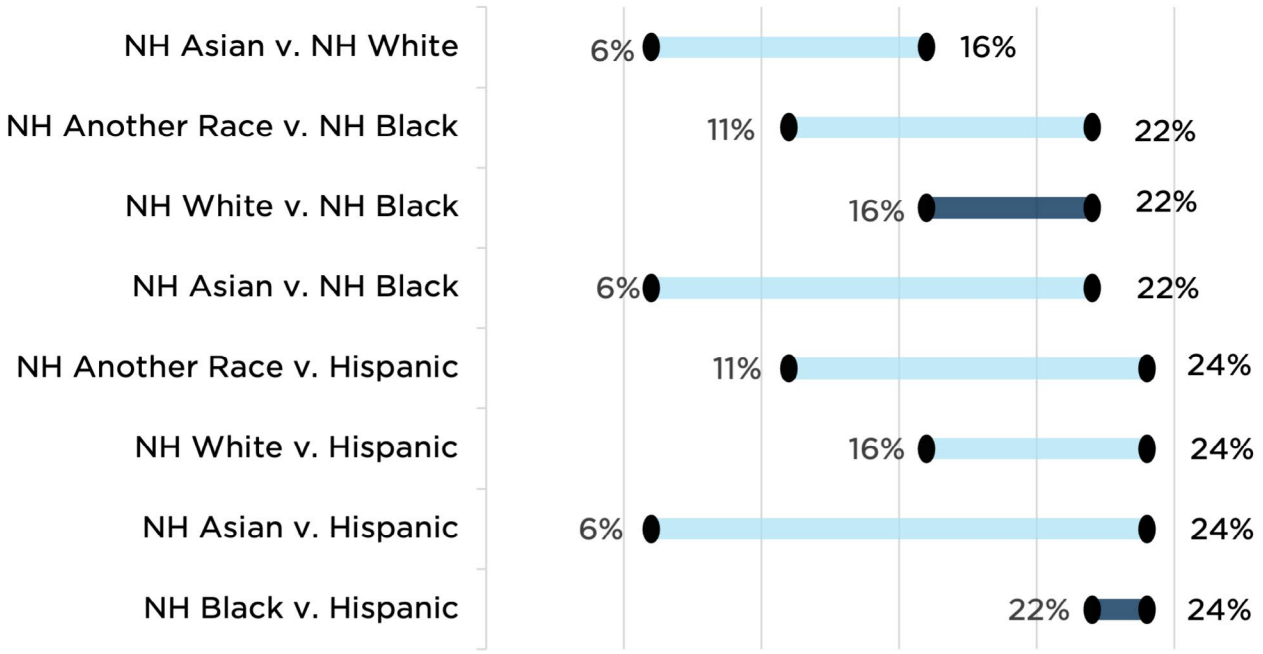
- **Uninsurance:** NH Black and Hispanic CCEE teachers had the highest rates of uninsurance (22% and 24%, respectively; see Figures 3 and 4). Hispanic CCEE teachers were significantly more likely to be uninsured than NH Asian (6%), NH White teachers (16%), and teachers who identified as another racial/ethnic category (11%). NH Black CCEE teachers were significantly more likely to be uninsured than NH Asian teachers and teachers who identified as another race or ethnicity. NH Asian teachers had the lowest rates of uninsurance and were significantly less likely to be uninsured than NH White teachers.
- **Employer-sponsored private health insurance:** Rates of employer-sponsored health insurance did not differ significantly by race and ethnicity. Rates ranged from 22% to 35%.
- **Public health insurance**: Rates of public health insurance varied by race and ethnicity for most subgroups of teachers not in a public school setting. The rates of receipt of public health insurance were highest for teachers who identified as another racial or ethnic category (33%) and lowest for NH Asian teachers (6%). Rates of public health insurance coverage significantly differed for teachers who identified with another NH racial/ethnic category (33%) compared with Hispanic teachers (15%), NH Asian teachers (6%), and NH White teachers (12%). They also significantly varied for NH White teachers (12%) compared with NH Asian teachers (6%) and with NH Black teachers (21%). Finally, rates of public health insurance coverage varied significantly between Hispanic (15%) and NH Asian (6%) teachers.

Figure 3: Sources of Health Insurance of the CCEE Workforce not in a Public School Setting, by Race and Ethnicity of the Teacher



Source: Analysis of 2019 National Survey of Early Care and Education Workforce Survey by Child Trends.

Figure 4. Differences in Uninsurance Rates by Race and Ethnicity



Source: Analysis of 2019 National Survey of Early Care and Education Workforce Survey by Child Trends.

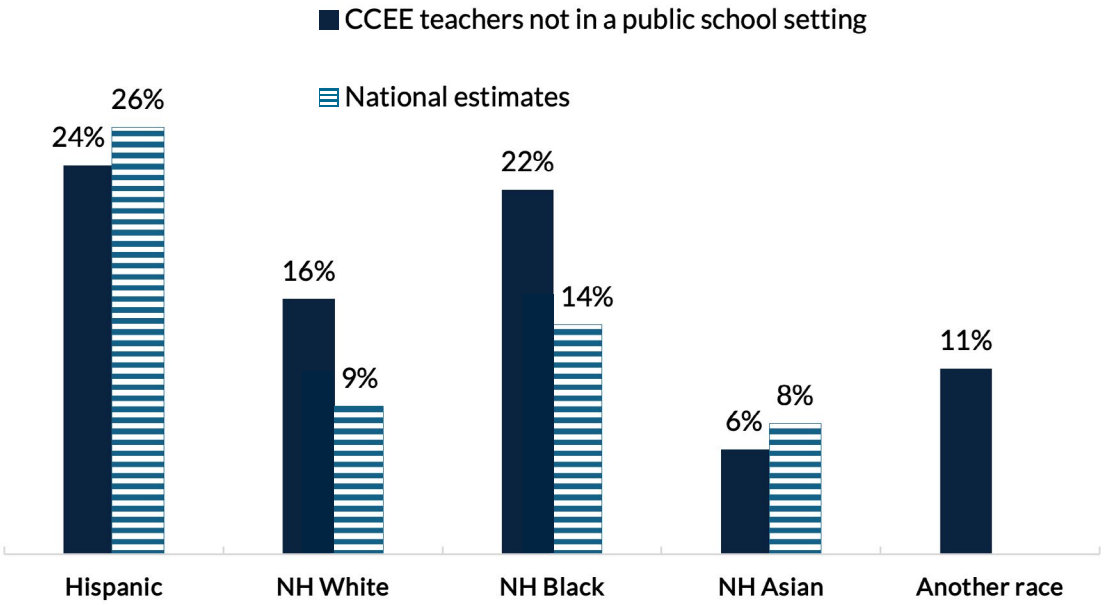
Note: Percentages above reflect the percent of each race and ethnicity group that identified as having no source of health insurance. The group listed on the left corresponds to the percentage listed on the left of the figure; the group on the right corresponds to the percentage on the right of the figure. Light blue bars show significant differences between groups and dark blue bars signify non-significant differences between groups.

Do Uninsurance Rates by Race and Ethnicity Differ for CCEE Teachers not in a Public School Setting Compared with U.S. Working Adults?

Patterns of uninsurance by race and ethnicity for CCEE teachers not in a public school setting mirror that of the U.S. population. Although direct statistical comparisons cannot be made, a larger share of Hispanic and NH Black CCEE teachers and U.S. workers reported being uninsured than other racial and ethnic groups (see Figure 5). However, rates of uninsurance were higher for NH White and NH Black CCEE teachers not in a public school setting compared with national estimates (16% NH White teachers vs. 9% NH White U.S. workers; and 22% NH Black teachers vs. 14% NH Black U.S. workers).[d]

[d] For additional information about the demographic composition of the CCEE workforce (albeit not separated by educators at a public school address or not) please see: Paschall, K., Ekyalongo, Y. Y., & Padilla, C. M. (2023). Professional characteristics of the child care and early education workforce in 2012 and 2019: Descriptions by race and ethnicity, languages spoken, and nativity status. OPRE Report #2023-205. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Figure 5: Rates of Uninsured CCEE Teachers Not in a Public School Setting Compared with U.S. Working Adults, by Race and Ethnicity



Source: U.S. Census Bureau American Community Survey 2019[e] (lined bars) and analysis of 2019 National Survey of Early Care and Education Workforce Survey (blue bars) by Child Trends.

Findings Summary

Fewer CCEE teachers not working in a public school setting received health insurance from their employer compared with the U.S. adult working population and compared with CCEE teachers working at public schools. A minority of the CCEE center-based workforce not working in a public school setting received health insurance coverage from their employer, and rates did not significantly vary by race and ethnicity. Uninsurance was 5 percentage points higher for the CCEE workforce not working in a public school setting (18%) compared with the U.S. adult working population (13%). Despite the expansion of Medicaid, employer-sponsored insurance, and the availability of subsidized plans on health insurance marketplaces under the Affordable Care Act (ACA), CCEE teachers not in a public school setting remain uninsured at very high rates.

Uninsurance rates, but not rates of employer-sponsored health insurance, varied by race and ethnicity among CCEE teachers not in a public school setting. Hispanic and NH Black CCEE teachers not in a public school setting had significantly higher uninsurance rates compared with other racial and ethnic groups of CCEE teachers not in a public school setting. These patterns reflect similar trends for the U.S. working adult population; however, uninsurance rates were higher for NH Black and NH White CCEE teachers not in a public school setting compared to rates within the general U.S. working adult population.

Conclusion

Health insurance coverage supports CCEE teachers by providing an opportunity to receive consistent health care and to mitigate chronic conditions and financial burden due to high health care costs in the absence of health insurance. CCEE teachers have higher rates of illness, ergonomic pain, and depression than the general U.S. population, potentially due to the physically demanding nature

[e] Figures pulled directly from Table HI05_ACS. *Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2019.* https://www.census.gov/library/publications/2022/acs/acsbr-013.html

of their jobs and exposure to germs and viruses from young children.[6,7] However, a large portion of the CCEE workforce, notably those not working in public school settings, less commonly received a health insurance benefit from their employer compared with other working Americans. This trend is consistent regardless of the race or ethnicity of CCEE teachers not working in a public school setting.

Racial and ethnic disparities in health care uninsurance rates of the U.S. workforce persist and are likely driving known health disparities.[8] The CCEE workforce not working in a public school setting is no exception, and it is unclear why these uninsurance disparities exist and how to systematically address these disparities. Future research could examine whether center features, such as auspice or funding streams of the centers, contribute to uninsurance rates. It also may be informative to engage with these CCEE teachers to understand how they navigate securing health insurance or to examine how state CCDF lead agencies incorporate the cost of benefits into child care market rates. ACA regulations stipulating the mandatory coverage of health insurance only for employers with at least 50 employees may also contribute to uninsurance gaps and the lower insurance rates among the CCEE workforce.[f] Supplementary NSECE analyses found that 95 percent of centers in the present study employed fewer than 50 staff so that centers did not provide health insurance is perhaps not surprising.

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