

**The County as a Fundamental
Unit of Analysis of Health
Insurance Coverage in the
United States**

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Overview

- Background
- Methods
- Findings
- Limitations
- Discussion
- Conclusions

Background

- Passage of the 2010 Patient Protection and Affordable Care Act (PPACA)
- Counties are a principal locus of access and barriers to health care access
 - indigent health care, maintain hospitals and clinics, and public health departments
 - levy taxes for public services

Background

- Many health care interventions at the county level are left out of national- and state-level proposals
- Prior research in the US has not focused on county characteristics as determinants of health access

Research Questions

- How does health insurance coverage vary across U.S. counties?
- What county characteristics are the major predictors of variations in health insurance coverage?

Methods

- Literature Review
- Data obtained and merged from:
 - U.S. Census Bureau's Small Area Health Insurance Estimates program (SAHIE)
 - Area Resource File (ARF)
 - USA Counties
 - Population Estimates, U.S. Census

Data Analysis

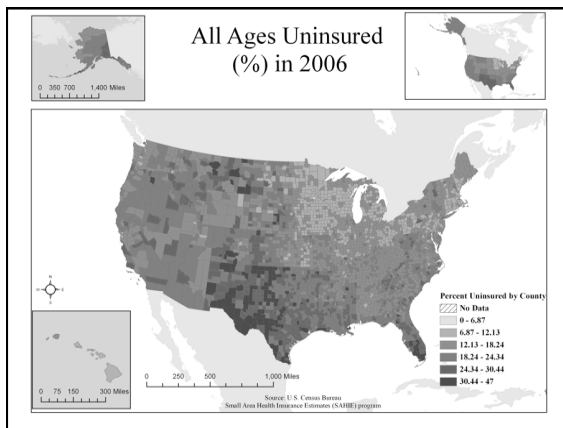
- Data Analysis
 - SPSS (v. 17.0) & Stata (v. 11.1)
 - Descriptive statistics
 - Correlations and semi-partial correlations
 - Multiple regression models
 - Resampling-based sensitivity analysis

Findings

- Wide variability in uninsurance across counties
 - 6.9% to 46.9% for all ages
 - 4.5% to 41.1% for children
- Model 1: $R^2=0.51$
- Model 2 (state fixed effects model): $R^2=0.75$

Findings

- Predictors of uninsurance
 - Percentage Hispanic
 - Percentage Black
 - Percentage voting Republican
 - Percentage of persons living in poverty
 - Unemployment
 - Rurality



Limitations

- Measure of health insurance coverage did not specify the type of coverage or other commonly used measures of health access
- Lack of specific information on period of uninsurance
- Double specification issues with the SAHIE as a dependent variable

Discussion

- Our findings highlight the inequities in access to health care and potential solutions for improving coverage
 - Uninsurance is highly concentrated in a limited number of counties
 - Some counties are capable of mobilizing local leadership and resources to support policy changes that enhance access

Discussion

- Financing, delivery and regulation of health care is shared among federal, tribal, state, and county governments
 - Health care reform should embrace inter-governmental solutions

Discussion

- As health reform unfolds, there is a need to consider the role of counties in
 - promoting public health and prevention,
 - increasing access to insurance coverage, and
 - leveraging resources to assure adequate local infrastructure to deliver services at the county level

Conclusion

- Counties vary widely in health insurance coverage
- Predictors of uninsurance include Hispanic ethnicity, voting patterns, and rurality
- Health reform should consider the county as a fundamental unit and county jurisdictions as partners

THANK YOU
