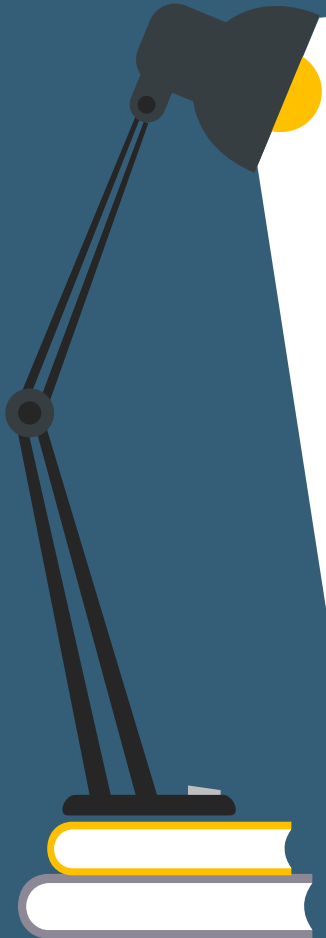


Research Paper

**Regional disparity in the uninsurance rate impact of
COVID-19: a spatial machine learning approach**

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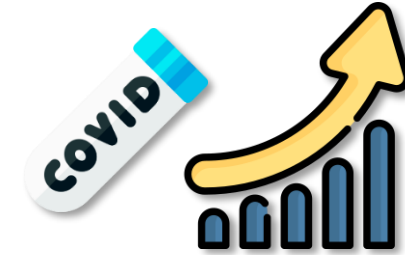
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Introduction

Introduction



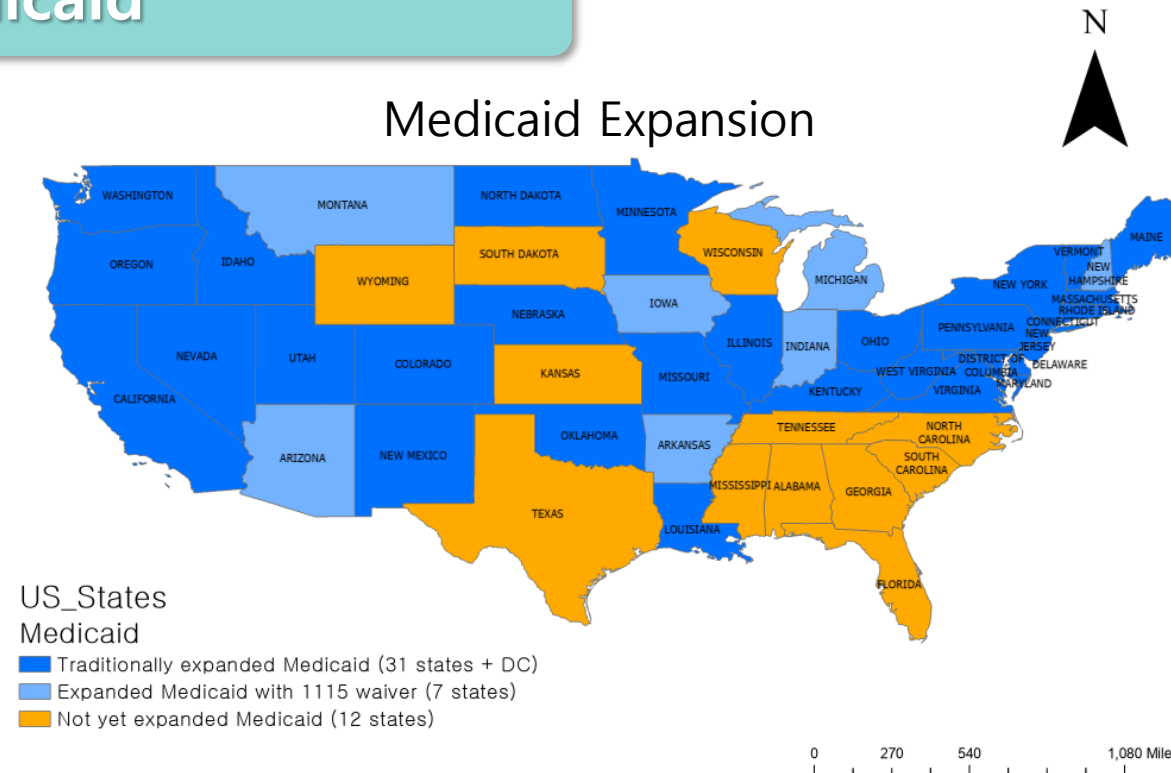
- ▶ The primary form of private insurance in the United States is Employer-Sponsored Insurance (ESI).
- ▶ Medicare and Medicaid subsidize the health insurance system to a limited extent.
- ▶ Most Americans cover their medical problems with private health insurance.



- ▶ The problem is that COVID-19 has caused massive unemployment in American society, which has increased the uninsured rate.
- ▶ The US government and each state government have eased Medicaid enrollment standards and simplified procedures to reduce the damage caused by COVID-19.

Medicaid

Source: National Library of Medicine



- Medicaid is a public health insurance program in the United States that provides low-income people under the age of 65, children under the age of 19, pregnant women, and people with disabilities.
- It is jointly financed by the federal and state governments and operated by the state governments.
- To mitigate the impact of COVID-19, several states have expanded Medicaid standards.
- However, discussions on the effect of Medicaid expansion are still conflicting.

Frameworks

Medicaid Expansion

Positives for Medicaid Expansion

Soni, A. (2020); Creedon et al. (2022);
Bellerose, Collin, & Daw. (2022); Dong, Gindling, & Miller (2022).

- Reduce ethnic disparities in fertility and preterm birth rates.
- Increase investment in healthy behaviors among low-income people.
- Increase flu vaccination rates.
- ▶ Medicaid expansion **reduces uninsured**, privately insured rates.

Skepticism over Medicaid Expansion

Ghosh, Simon, & Sommers (2019); Takvorian et al. (2020); Kandilov,
& Kandilov (2022)

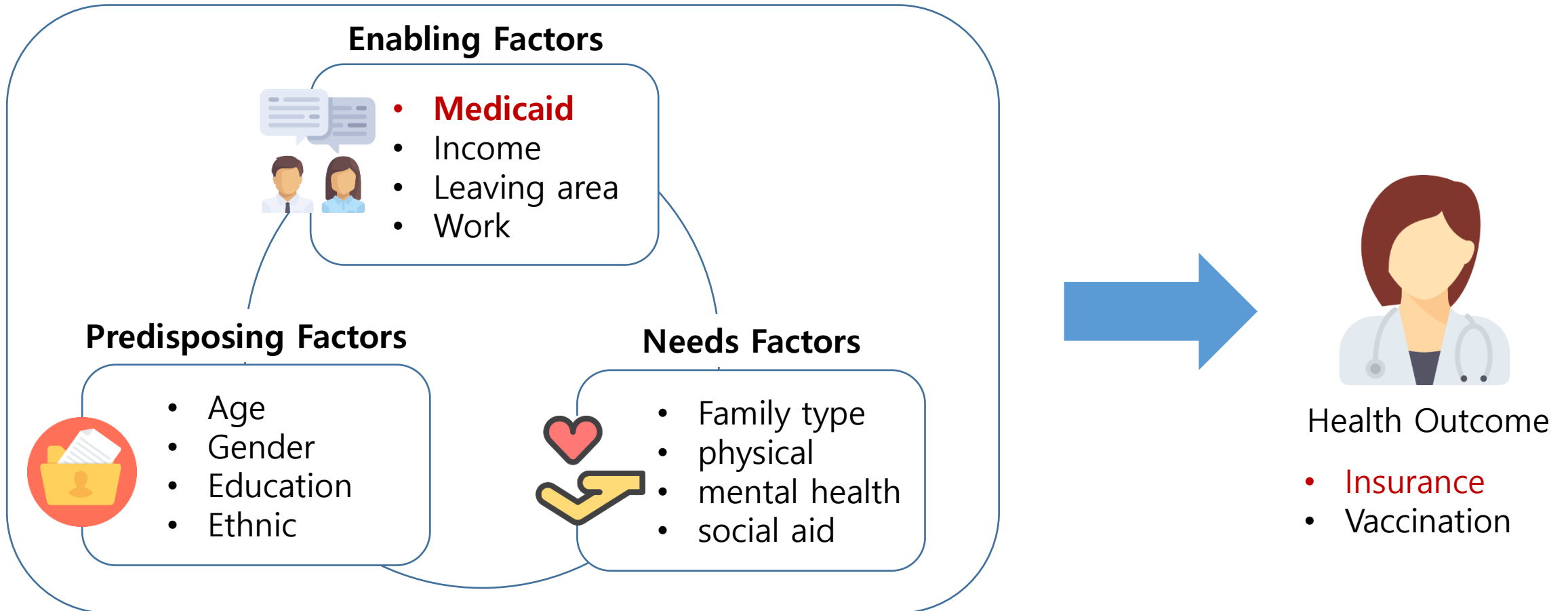
- No evidence of an improvement in the appropriate treatment rate was found.
- The effect varies by state, county, and region.
- It does not affect the private insurance subscription rate according to the type of work.
- ▶ The **empirical evidence** of decreasing uninsured rates **is inconsistent across regions**.

Frameworks

Anderson Behavior Model

Andersen & Newman, 1973; Van Houtven & Norton, 2004

- This model is an analytical framework that predicts medical behavior by considering internal and external factors.



Research Goal

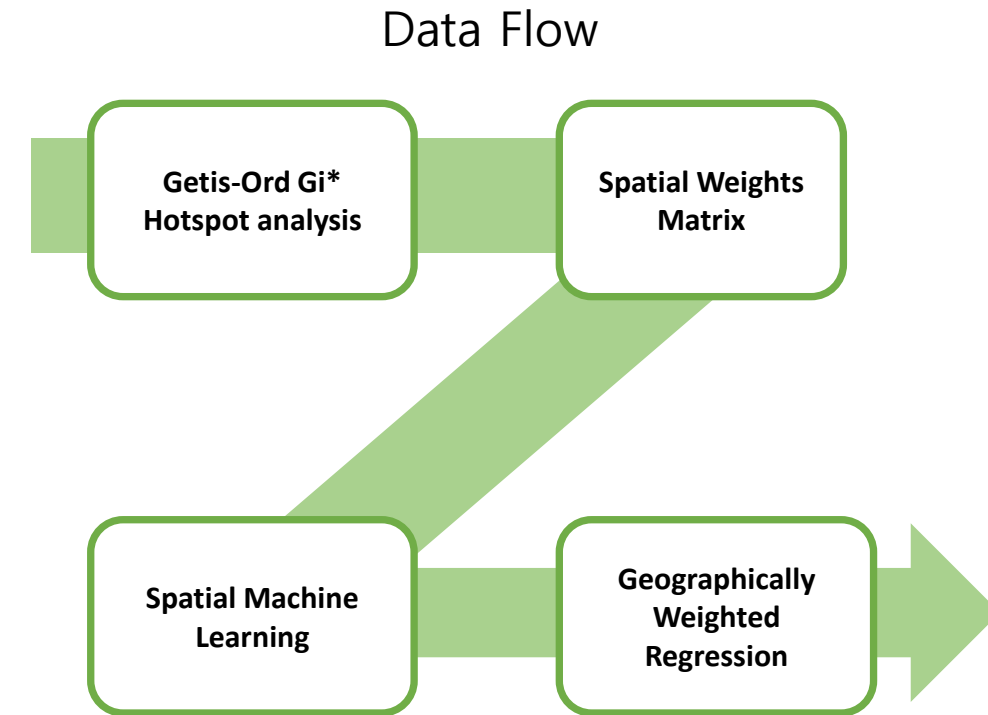
- ▶ **Effects of Medicaid Expansion and Other Social Factors on Health Insurance Uninsured Rates.**
 - Existing statistical estimation methods are limited in considering various social factors simultaneously and cannot predict changes in the importance of each variable in the future.
 - Therefore, this study creates the **importance index between variables**, and **a prediction model using machine learning approaches**.
- ▶ **Whether there is an influence of the spatial patterns of the counties.**
 - In various preceding studies, social variables, including Medicaid, have different influences depending on regional characteristics. Therefore, I want to reflect on the spatial features in the model.

Research Design

Research Design

- Unit of Analysis: **US counties (3,108)**.
- Research time scope: **2019, 2020, and 2021**.
- **County Health Ranking Data** (the University of Wisconsin's Population Health Institute)

- **Gi* Hotspot** show the county's spatial autocorrelation and regional patterns.
- **Spatial ML** shows the importance of variables and predictive models based on **spatial weights matrix**.
- **GWR** illustrates the coefficient value for each county of the variable.



Data and Variables

| Variables | | Descriptive | |
|-------------------|-----------------------------|---|--|
| Target Variable | Change of Uninsurance Ratio | $Uninsurance\ Ratio_t - Uninsurance\ Ratio_0$ | |
| Feature Variables | Medicaid | | |
| | Enabling Factors | Income inequality | Ratio of household income at the 80th percentile to income at the 20th percentile |
| | | Unemployment | Percentage of population ages 16 and older unemployed but seeking work |
| | | Life expectancy | Life expectancy |
| | Needs Factors | Adult smoking | Percentage of adults who are current smokers |
| | | Adult obesity | Percentage of the adult that reports a BMI greater than or equal to 30 kg/m ² |
| | | Food environment | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). |
| | | Children in single-parent households | Percentage of children that live in a household headed by a single parent |
| | | Social associations | Number of membership associations per 10,000 population |
| | Predisposing Factors | Age ratio | Percentage of 65 and over |
| | | Ethnic | Percentage of Hispanic |
| | | Gender | Percentage of Female |
| | | Education | Percentage of adults ages 25-44 with some post-secondary education |
| | | Population | Number of Population |

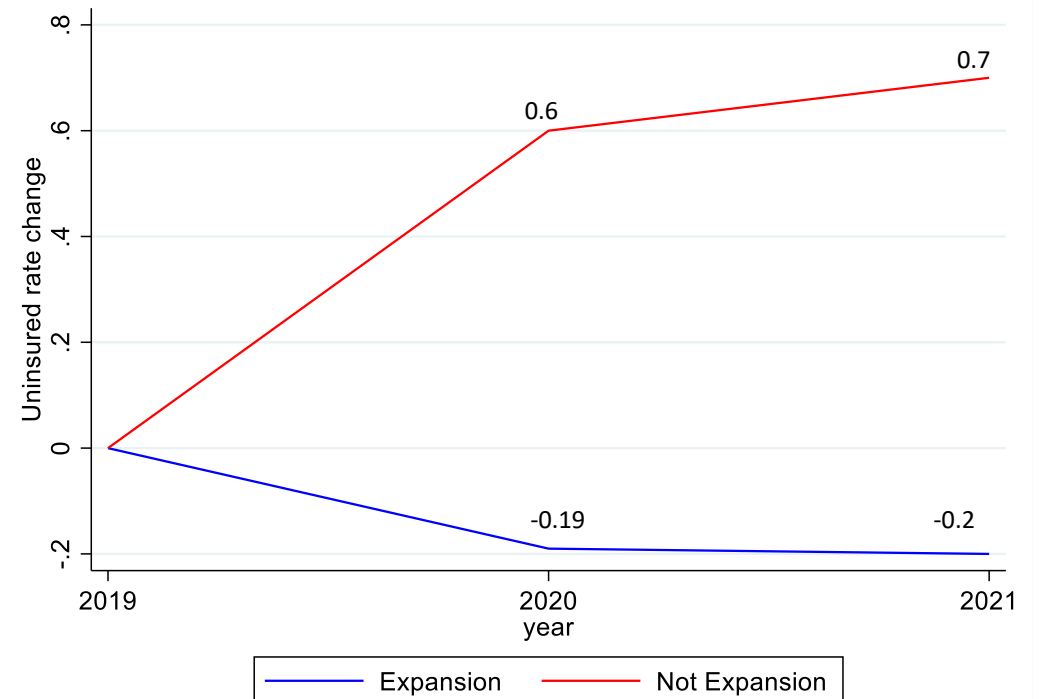
Results

Descriptive statistics

| Variables | | Before COVID | After COVID | |
|-----------------------|--------------------------------------|----------------|-----------------|-----------------|
| | | 2019 | Year 1 (2020) | Year 2 (2021) |
| Uninsurance Ratio (%) | | 11.05 | 11.41 | 11.45 |
| Medicaid (%) | | 63.4 (0.48) | 63.4 (0.48) | 63.4 (0.48) |
| Enabling Factors | Income inequality | 4.51 (0.74) | 4.51 (0.76) | 4.50 (0.77) |
| | Unemployment | 4.57 (1.56) | 4.09 (1.39) | 3.96 (1.39) |
| | Life expectancy | 75.84 (11.38) | 75.75 (11.71) | 75.89 (11.41) |
| Needs Factors | Adult smoking | 17.83 (3.57) | 17.44 (3.55) | 21.30 (4.11) |
| | Adult obesity | 32.08 (4.58) | 32.85 (5.42) | 33.46 (5.94) |
| | Food environment | 7.43 (1.28) | 7.41 (1.26) | 7.41 (1.27) |
| | Children in single-parent households | 32.36 (10.53) | 32.32 (10.67) | 24.42 (10.00) |
| | Social associations | 13.81 (7.05) | 11.72 (5.88) | 11.62 (5.90) |
| Predisposing Factors | Age ratio | 18.86 (4.56) | 19.31 (4.65) | 19.80 (4.75) |
| | Ethnic | 9.51 (13.81) | 9.69 (13.90) | 9.81 (13.93) |
| | Gender | 49.92 (2.18) | 49.91 (2.23) | 49.91 (2.21) |
| | Education | 57.61 (11.67) | 57.89 (11.82) | 58.14 (11.93) |
| | Population | 104102(334347) | 104571 (334793) | 104920 (334768) |

*The Observations for all variables are 3,108.

Changes in non-insured rates according to Medicaid Expansion

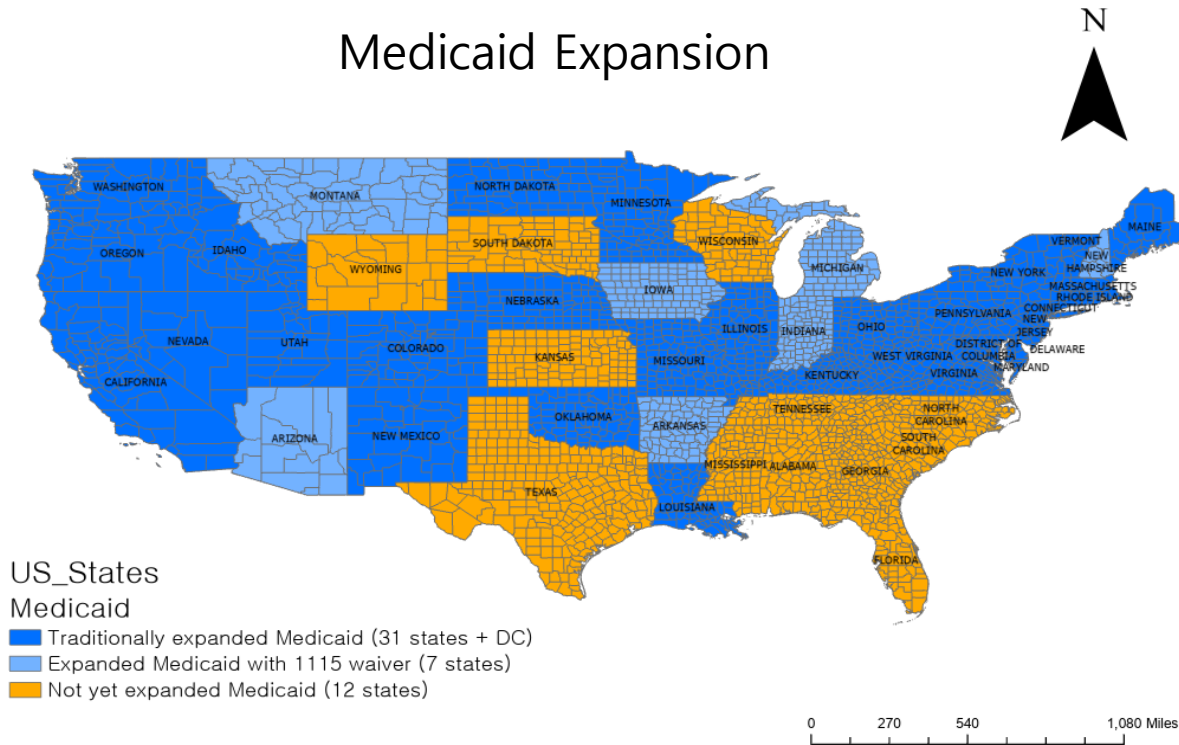


Results

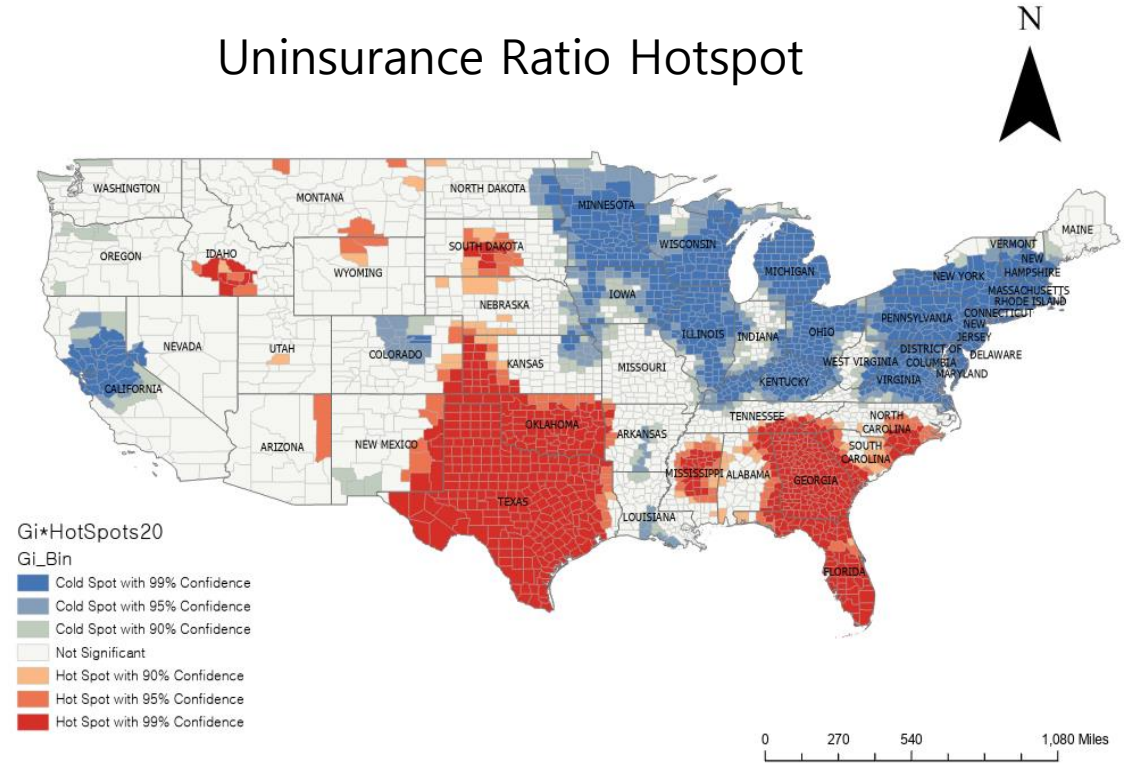
Getis-Ord G_i^* Hotspot analysis

- Global Moran's I
- Moran's Index: 0.3729
 - Expected Index: -0.0003
 - Variance: 0.00003
 - z-score: 66.411

Medicaid Expansion



Uninsurance Ratio Hotspot

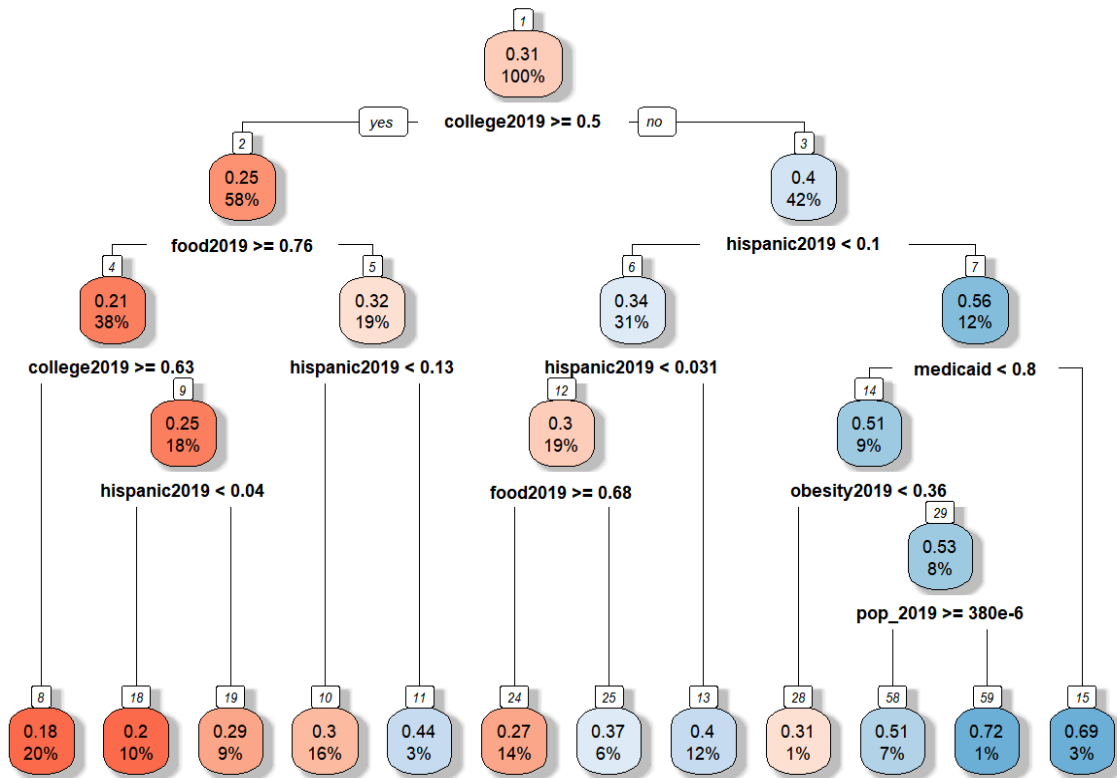


- **Red:** Areas with **increased uninsured rates** compared to surrounding areas
- **Blue:** Areas with **reduced non-insurance rates** compared to surrounding areas
- There are areas where Medicaid has been implemented, but the non-insurance rate has rather increased, and vice versa.
- ▶ Medicaid has been implemented state by state, but its **effectiveness varies by county.**

Results

Spatial Machine Learning

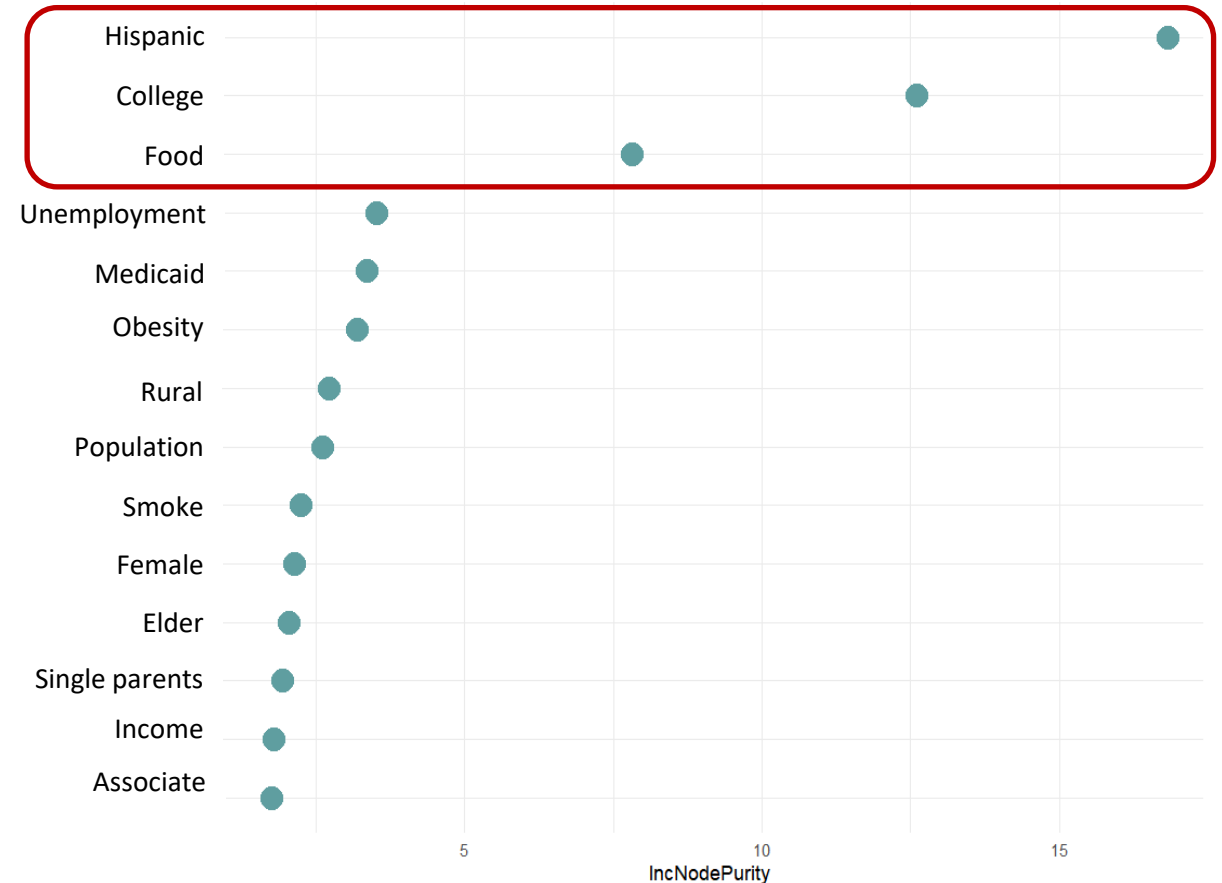
Before COVID-19 (2019)



MSE: 0.0168 / RMSE: 0.1296

Spatial Random Forest

Before COVID19 (2019) Importance

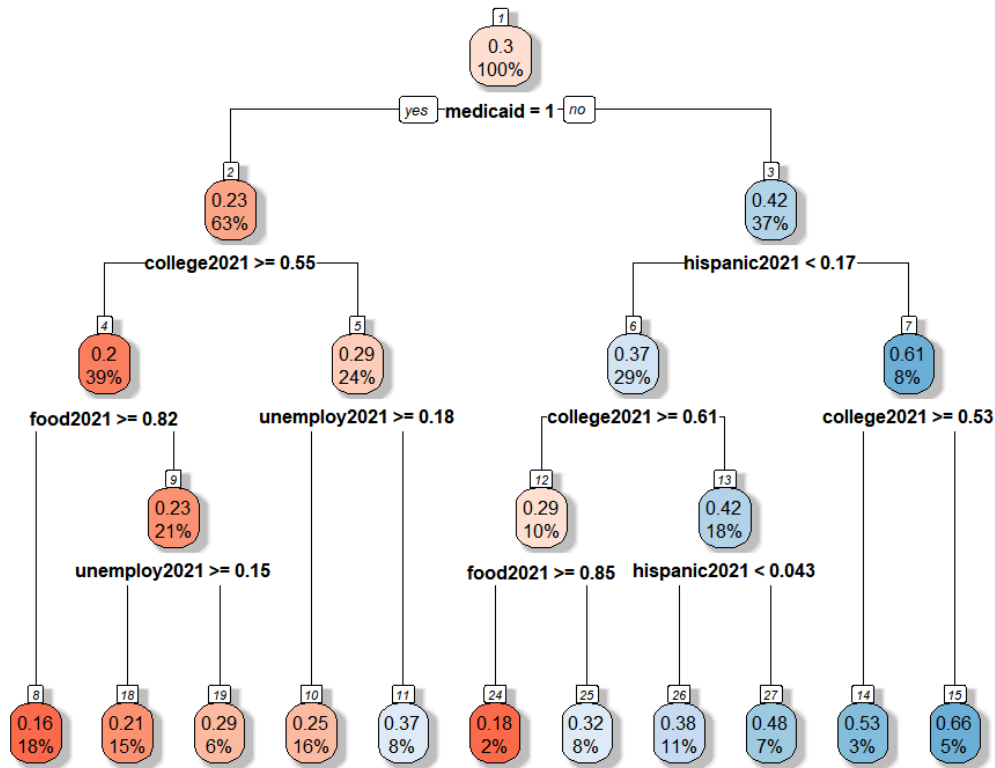


MSE: 0.0098 / RMSE: 0.0994

Results

Spatial Machine Learning

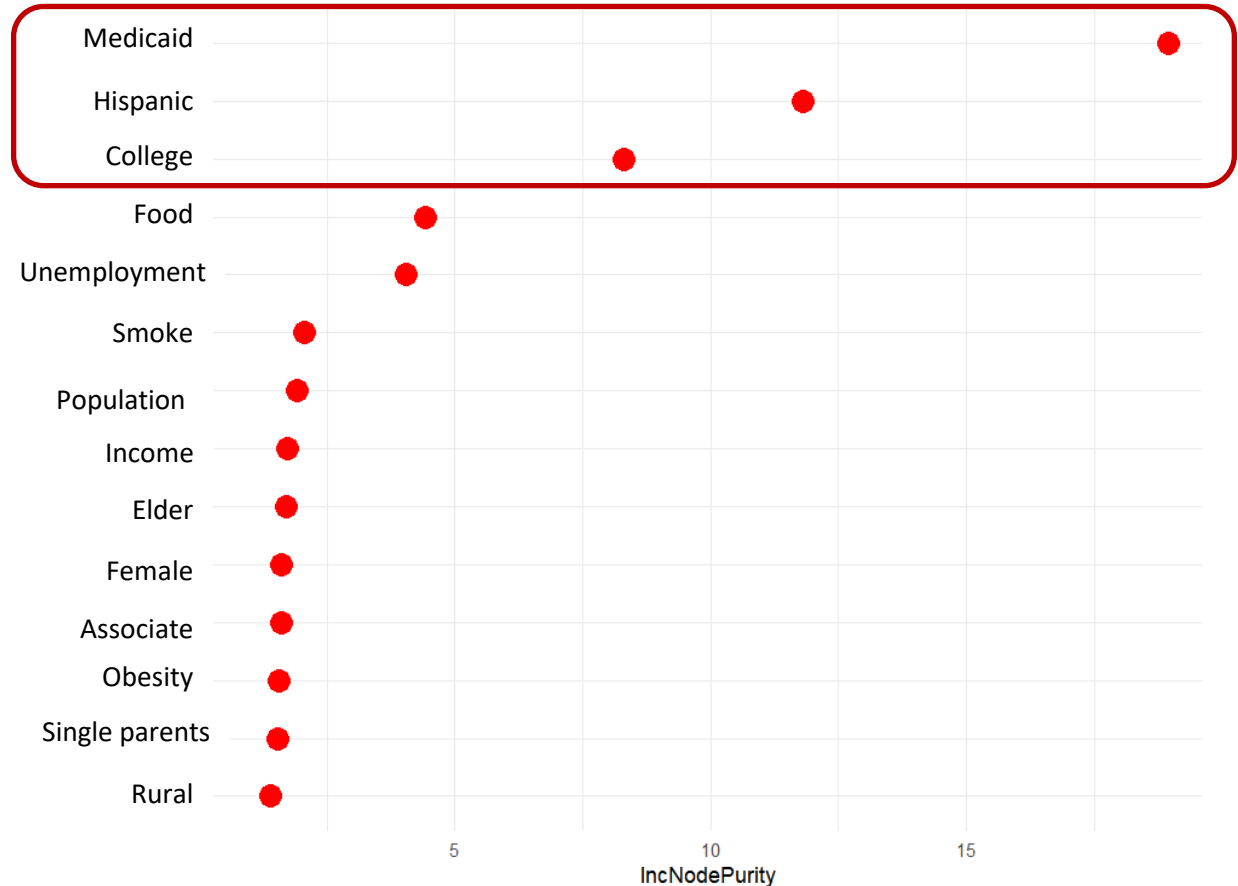
Year 2 Effect (2021)



MSE: 0.0118 / RMSE: 0.1086

Spatial Random Forest

Year 1 (2020) Importance



MSE: 0.0078 / RMSE: 0.0888

Results

Geographically Weighted Regression

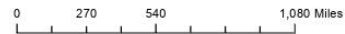
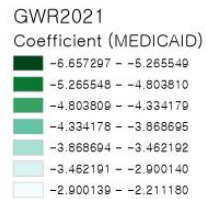
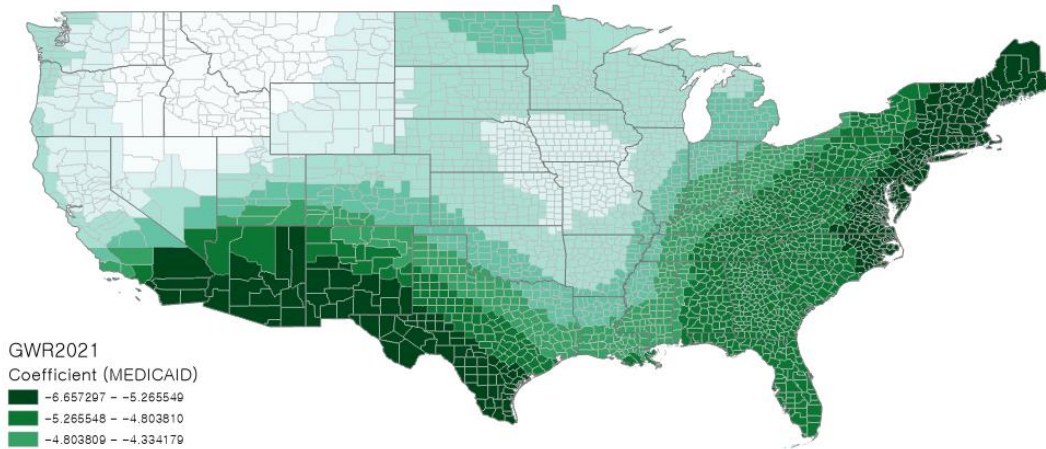
Year 2 Effect (2021)

Coefficient for Uninsured Ratio

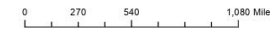
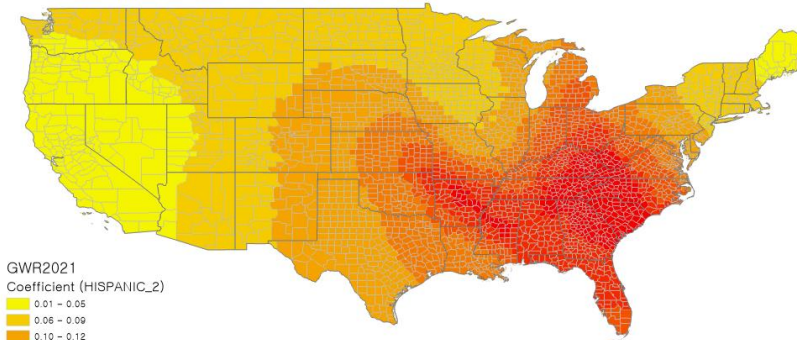


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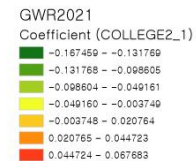
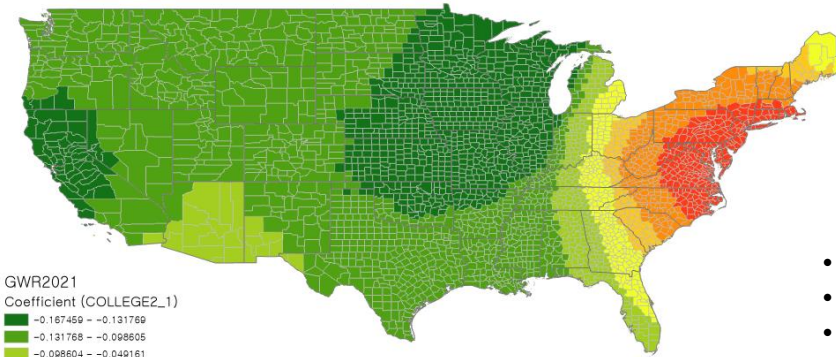
Medicaid



Hispanic



College



- Number of Features: 3108
- R2: 0.5844
- AdjR2: 0.5793
- AICc: 15893.1147
- Sigma-Squared MLE: 9.5382

Conclusion

Conclusion

- ▶ This study reflected the **spatial pattern of uninsured rates that occurred during COVID-19**.
 - Using Gi* Hotspot analysis, patterns were found at the county level.
 - Spatial ML was used to calculate the importance of each variable for predicting the non-insurance rate.
 - Coefficient values of important variables were examined by county through GWR.
- ▶ **The results support** previous studies that **Medicaid affects the reduction of non-insured rates**.
 - Through Spatial ML, we found that Medicaid, Hispanic ratio, and education level were important variables during the COVID-19 period.
 - GWR showed that the influence of **each variable had spatial characteristics**.
- ▶ The influence of Medicaid expansion policy affects each other by county's spatial characteristics and neighboring counties and interacts with other social and economic factors.

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Regional disparity in the uninsurance rate impact of COVID-19



Q & A

