

ABSTRACT

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Project Title: How Health Insurance Status Affects Persons with Disabilities

Objectives(s): This study of health insurance for persons with disabilities had two specific aims. The first was a descriptive analysis of the relationship between health insurance coverage and demographic characteristics, health care expenditures, health service use, and outcomes for persons with and without potentially disabling conditions. The second aim was a multivariate statistical analysis that (i) relates baseline individual characteristics and attributes of available health insurance options to labor force participation and health insurance coverage and (ii) relates insurance coverage to health outcomes for persons with and without disabling conditions.

Research Design: This study used Medical Expenditure Panel Survey data from 1998-2004 to explore the relationships among health and functional status, health insurance, and health service use and outcomes.

Methodology: The descriptive analyses computed basic frequency statistics and examined associations among respondents' demographic characteristics, the presence or absence of potentially disabling conditions, and having health insurance. We also examined frequencies and associations among these factors and outcomes. For the multivariate analysis, we linked MEPS data to other sources of controls for local conditions (e.g., unemployment rate). We then estimated a system of equations for labor force participation (LFP), insurance status, and outcomes.

Findings: Persons with chronic health conditions and/or functional status limitations are more likely to have low incomes and lack health insurance for at least one month per year compared to working age survey respondents who do not have these conditions. Rates of uninsurance for these populations are as high as 40%, with uninsurance concentrated in the South and among individuals who do not belong to specific eligibility categories for Medicaid. Long-run projections of the effects of the Affordable Care Act suggest that Medicaid expansions will reduce the numbers of these individuals without insurance. Analysis of SF-12 outcomes measures indicates that health insurance coverage does not have statistically significant effects on overall health in the working-age population or among working-age individuals with chronic health conditions or disabilities.

Clinical Relationships: N/A

Impact/Significance: This project did not find statistically significant effects of health insurance on health for working-age Americans. Point estimates suggest that there may be positive effects, but our samples were not large enough and our instrument not sensitive enough to detect them. It is also possible that the effects of health insurance accumulate slowly in this population, making detection more difficult.