All-cause Mortality Rates and Primary Care Physician Supply in US Counties 2021

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# 1. Summary/Abstract

In this project, I will conduct a cross-sectional study on the county level and examine the potential association between age-adjusted all-cause mortality rate and primary care physician supply for US counties. A multilevel linear model will be used, and multiple potential confounders will be accounted for in the model.

# 2. Introduction

## 2.1 General Background Information

The all-cause mortality rate is an important indicator of general population health. Although the age-adjusted all-cause mortality rate consistently declined in the US from 1935 to 2014, a notable increasing trend after 2015 has been observed (Woolf, Wolf, & Rivara, 2023). Personal level access to primary care is highly associated with mortality, morbidity, and healthcare costs (Peart, Lewis, Brown, & Russell, 2018). There is a need to study how primary care physician supply on the geographic levels is associated with all-cause mortality rates in the US.

My hypothesis is that primary care physician supply is negatively associated with age-adjusted all-cause mortality rate among US counties.Since counties can be considered nested within states or regions, a multilevel linear model will be used. The dependent variable will be mortality rate, main predictor will be primary care physician supply, and the socioeconomic measures will be the covariates in the model.

# 3. Methods

Three data sources were used for this study. (1) Multiple Cause of Death File of 2021 from CDC WONDER (https://wonder.cdc.gov/mcd.html). I will obtain county-level age-adjusted all-cause mortality rates (deaths/100k people) from this source. (2) Area Health Resource File of 2021 from U.S. Department of Health & Human Services (https://data.hrsa.gov/data/download). I will obtain county-level primary care physician supply (physicians/100k people) and rural/urban categorization of the county from this file. (3) estimates of 2021 from 2017-2021 5-year American Community Survey (https://www.nhgis.org/). I will obtain states, regions, and some county-level socioeconomic measures as potential confounders for modeling. These measures may include %Living under poverty line, %Without a high school diploma, %Hispanic, %NH-Black, %Unemployed, %Without health insurance, and so on. Data from the three sources will be merged by using the FIPS code which serves as the ID for counties.

# 4. Results

## 4.1 Exploratory analysis

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| Table 1: Data summary table.   | **Characteristic** | **N = 3,079** | | --- | --- | | Rate2 | 1,376/368 | | Phys,Primary Care, Patient Care Non-Fed 2021 | 51/37 | | metro | NA | | 0 | 1,917 / 3,079 (62%) | | 1 | 1,162 / 3,079 (38%) | | hispanic\_pct | 10/14 | | NHB\_pct | 9/14 | | noHS\_pct | 12.1/5.8 | | poverty\_pct | 14.5/6.1 | | unemployed\_pct | 5.27/2.59 | | uninsured\_pct | 9.6/5.0 | |

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| Figure 1: Distributions in the nurmeric variables. |

From the histograms, we can tell the distribution for the outcome (mortality rate) is fairly normal. Distributions for PCP supply, %Hispanic and %NH-Black are very skewed. We probably have to log-transform PCP supply.

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| Figure 2: Scatterplot of Mortality Rate and Log(PCP Supply). |

There seems to be a linear relationship between Mortality Rate and log(PCP supply). Linear regression might be suitable for analysis.

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| Figure 3: Scatterplot of Mortality Rate and Log(PCP Supply) by Metro Status. |

The relationship looks similar for the metro and non-metro counties. Maybe there is no interaction by metro status.

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| Table 2: Correlations among covariates.   |  | hispanic\_pct | NHB\_pct | noHS\_pct | poverty\_pct | unemployed\_pct | uninsured\_pct | | --- | --- | --- | --- | --- | --- | --- | | hispanic\_pct | 1.0000000 | -0.1152436 | 0.4163789 | 0.0744451 | 0.0437684 | 0.3863902 | | NHB\_pct | -0.1152436 | 1.0000000 | 0.3066258 | 0.4267227 | 0.3521652 | 0.1481195 | | noHS\_pct | 0.4163789 | 0.3066258 | 1.0000000 | 0.6063866 | 0.3739226 | 0.5454885 | | poverty\_pct | 0.0744451 | 0.4267227 | 0.6063866 | 1.0000000 | 0.5641002 | 0.3975236 | | unemployed\_pct | 0.0437684 | 0.3521652 | 0.3739226 | 0.5641002 | 1.0000000 | 0.2160019 | | uninsured\_pct | 0.3863902 | 0.1481195 | 0.5454885 | 0.3975236 | 0.2160019 | 1.0000000 | |

The correlations among the covariates are relatively low. We can keep all the covariates for modeling.

## 4.2 Basic statistical analysis

## 4.3 Full analysis

# 5. Discussion

## 5.1 Summary and Interpretation

## 5.2 Strengths and Limitations

## 5.3 Conclusions

# 6. References

Peart, A., Lewis, V., Brown, T., & Russell, G. (2018). Patient navigators facilitating access to primary care: A scoping review. *BMJ Open*, *8*(3), e019252. <https://doi.org/10.1136/bmjopen-2017-019252>

Woolf, S. H., Wolf, E. R., & Rivara, F. P. (2023). The New Crisis of Increasing All-Cause Mortality in US Children and Adolescents. *JAMA*, *329*(12), 975. <https://doi.org/10.1001/jama.2023.3517>