The Weight of Health Coverage

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Recap

We are trying to answer...

- Is there a causal relationship between having health insurance and obesity?
 - If yes -> which insurance-related variables can be attributed to this causal effect?
 - O If not -> what about other medical conditions?

Why do we even care?

- Worrying trend of increasing obesity rates
- Alternative perspective to obesity

The Dataset

- Oregon Health Insurance Experiment
 - Treatment = Medicaid vs Control = No health insurance

iles

- Randomized Control Trial
- Method of Randomization and Data Recording
- 74,922 Individuals and Hundreds of Variables across
 - Should we use all of them?

Pre-Processing and Cleaning the Data

Which programming languages we use

Mr Clean

- How did we simplify the dataset?
 - Identified relevant CSV files
 - Combined them based on a shared variable
 - Outlined the useful variables
 - Filtered out the unnecessary columns / variables
 - Excluded the individuals whose relevant information wasn't complete
 - who had other health insurance

Back to Health Insurance vs Obesity...

Compute the Differences in mean Body Mass Index:

BMI (Total Population)

control	<u>treat</u>	<u>ATE</u>
29.80	29.72	-0.08
Obesi	ty % (Total Popι	Minor changes in magnitude, compared to
<u>control</u>	<u>treat</u>	ATE the pre-existing average
41.19	40.09	-1.10

What if we partition the dataset based on Age or Gender?

Male BMI

control

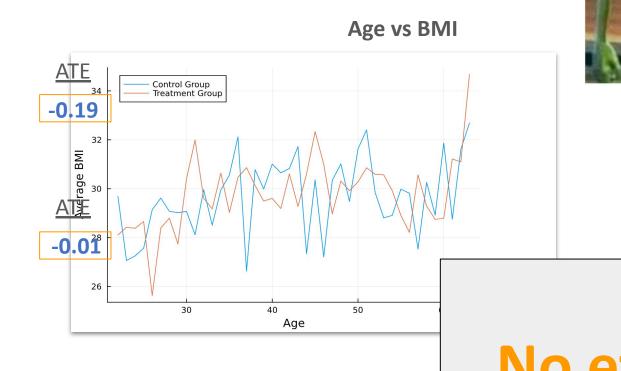
29.02

treat

28.83

Female BMI

<u>control</u> <u>treat</u> 30.42 30.41



Our Initial Expectations

- BMI would be **lower** due to the increased availability of health services and medication
- BMI would be **greater** because having health insurance could give an incentive to gain weight



We check the final in-person measurements of people who had been diagnosed with their respective medical condition prior to the experiment

Medical Condition	Measurement	Treatment	Control	ATE	ATE in %
Diabetes	Hemoglobin (A1C)	6.65	6.71	-0.06	0.87 %
High Cholesterol	Total Cholesterol	211.02	213.91	-2.89	1.37 %
Hyportonoion	Systolic BP	129.88	130.35	-0.47	0.36 %
Hypertension	Diastolic BP	82.32	83.15	-0.82	0.99 %

- Once again, there is no significant difference!
- Treatment group got minimal benefit from having Health Insurance

What could explain the lack of difference?

- Treatment group didn't take advantage of increased healthcare availability
- Medicaid Program is ineffective

How to check?

- Ask participants!
 - Qualitative measurements
 - Quantitative measurements

Quality

		Treat	Control	Effect
ot all need ledical Car		0.66	0.60	10.34%
ot all need ledication		0.77	0.73	6.31%
Quality of nare (1-5)	nedical	3.08	2.62	17.26%

Quantity

	Control	Treat	Effect
# of doctor visits	6.34	8.04	26.75%
# of hospitalizations	0.24	0.35	43.5%
# of emergency department visits	0.42	0.58	38.46%

Well, there is an increase

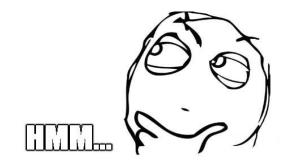
Difference in Diagnosis Rates

	Treat diagnosed during the program	Control diagnosed during the program	Effect
Diabetes	2.64%	1.56%	+68.65 %
High cholesterol	9.79%	6.42%	+52.82 %
Hypertension	9.54%	6.91%	+38.39 %

again, an increase

Evaluation

- Treatment group made use of their health insurance!
 - More likely to seek medical care
 - Happier with the medical care
- Is Medicaid ineffective?
 - No significant improvement in medical conditions
- Any other possible contributing factors?



Final Words...

- Possible explanations:
 - Treatment of some medical conditions might be more complex
 - We could change our interpretation
 - Only one dataset!
- What does it say to us about the effect having health insurance?

Thank You For Listening! Q&A

Subjective

	Treat	Control	Effect
Got all needed medical care(0-1)	0.66	0.60	10.34%
Got all needed medication (0-1)	0.77	0.73	6.31%
Quality of medical care (1-5)	3.08	2.62	17.26%

Objective

	Treat	Control	Effect
# of doctor visits	6.34	8.04	26.75%
# of hospitalization	0.24	0.35	43.5%
ED Low Uninsured	0.42	0.58	38.46%

Is this really a significant increase?