Characteristics of Health Insurance and Access to Care across the United States and Minnesota

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Introduction and Initial Questions

Introduction

- Explain the 'why' behind the scenes of health insurance coverage
- Sufficient access to care: those who do not delay or avoid seeking healthcare services due to cost or location.
- Uninsured: people who don't have any type of health insurance.
- 2019 is the primary year for our data
 - To interpret data from immediately pre-pandemic
- Our model used data from 2015 to 2019

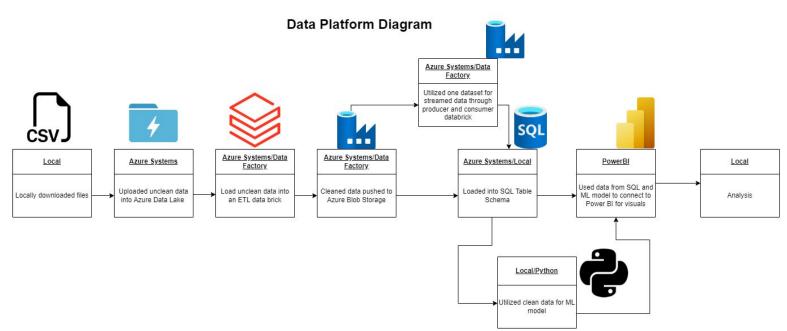
Initial Questions

- 1. How do uninsurance rates vary among demographics such as race, age, sex, population, income, and educational attainment level?
- 2. How does access to healthcare vary at a national level and by county?
- 3. How does access to healthcare vary among Minnesota counties?
- 4. Do rates of uninsurance vary based on offered coverage types?
- 5. Does the rate of uninsurance vary for individuals based on the number of hospitals in their county?
- 6. Can we predict the coverage level for a county based on demographics, income or other factors?
- 7. For those who are covered, is their coverage sufficient for their health needs?

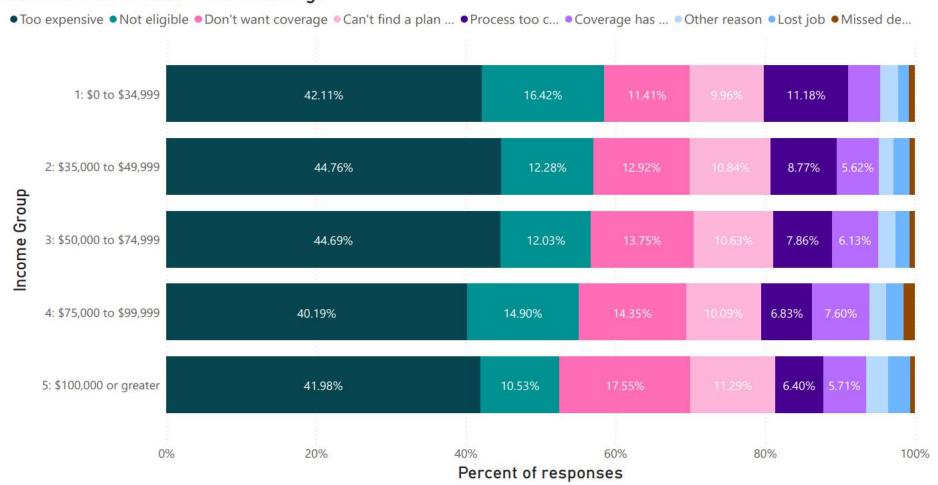
Research Process

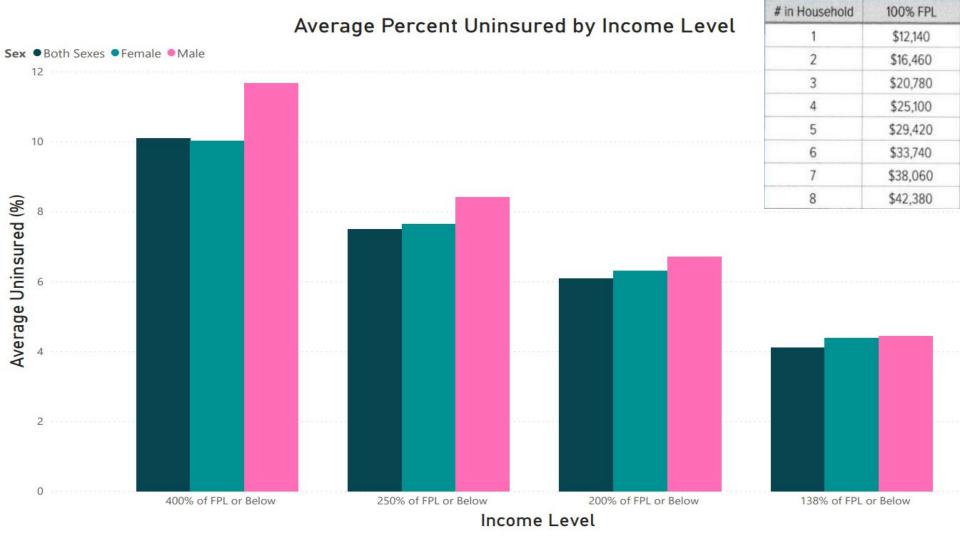
Finding & Processing Data

- Used data mainly from the US Census Bureau and the CDC
- Behavioral Risk Factor Surveillance System (BRFSS)
- Data process: extraction \rightarrow cleaning & transformation \rightarrow loading to SQL database

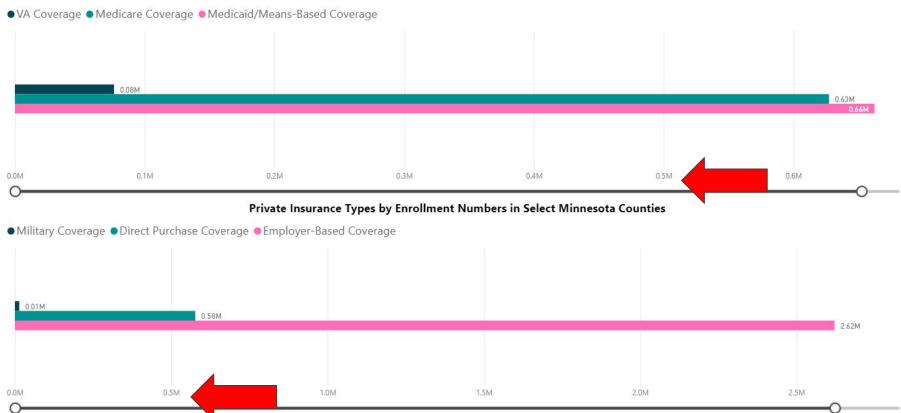


Reasons Americans Lack Coverage



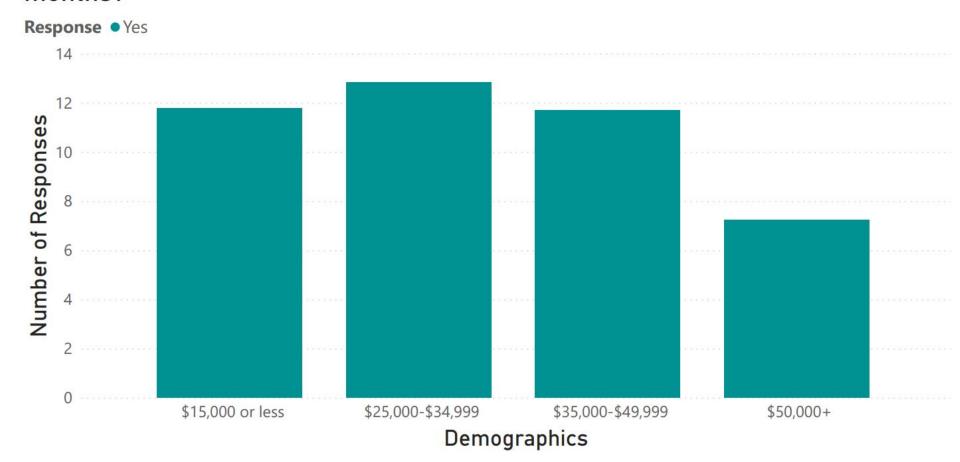


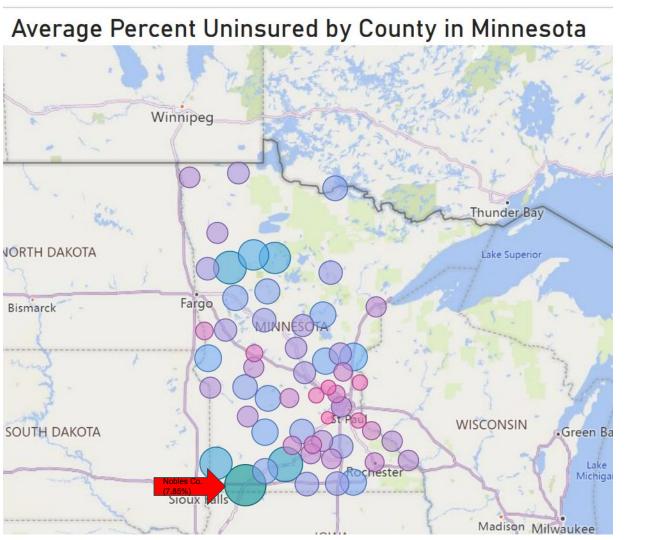




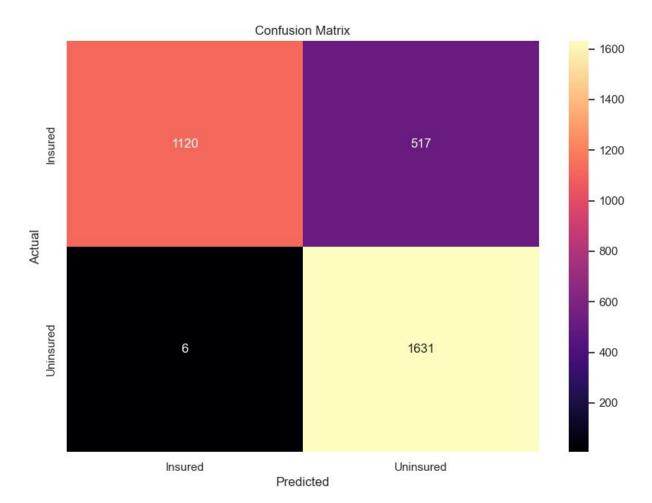
Note: These measures include people with more than one type of coverage.

The select counties consist of Anoka, Blue Earth, Carver, Crow Wing, Dakota, Hennepin, Olmsted, Ramsey, Rice, Scott, Sherburne, St. Louis, Stearns, Washington, and Wright Counties. Has cost prevented you from seeking medical care anytime in the last 12 months?





Machine Learning



Recommendations

Recommendations for Future Data Collection & Research

- Increase data collection in rural and lower-population counties
- Track reasons for lacking insurance by demographics other than income level
- Study intersection of demographics in relation to avoidance of medical care & access to coverage (including location, race/ethnicity, income, etc)
- Classify public insurance enrollees who work full-time by whether or not their employers offer employer-based insurance
- Track tobacco usage in relation to insurance affordability
- Investigate strategies to increase insurance affordability

Sources

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