Name: Uninsured

Short Description: Percentage of the civilian non-institutionalized population without health insurance.

Data Source(s):
- Name: United States Census Bureau, American Community Survey (ACS)
- Link to Source: https://www.census.gov/programs-surveys/acs/data.html

Year(s): 2017-2021 (ACS 5-year Estimates)

Source Geographic Level: Zip Code Tabulation Area (ZCTA)

Stratification: Black populations

Selection Rationale: This measure captures the affordability aspect of access to care in conjunction with other socioeconomic measures. Health insurance absorbs some of the costs associated with seeking healthcare. Although these data do not provide information on those who are "underinsured" (such as individuals with insurance who still have high out-of-pocket costs and deductibles relative to their income, or whose insurance does not cover behavioral health), this was the most complete and geographically granular source of information on lack of health insurance coverage available.

Strengths and Limitations
- **Strengths**:
  - [*Importance*] In order to meet population health needs, care must be affordable, and health insurance absorbs some of the costs associated with seeking healthcare. Individuals without health insurance will have higher out-of-pocket costs and may be less likely to be able to afford care, and thus less likely to receive care. Serious mental illness is more prevalent among adults who are uninsured and those who experience poverty, and inability to afford care is a leading reason for individuals forgoing mental health care.[1] Additionally, adults experiencing serious psychological distress are more likely to be uninsured than adults who are not experiencing serious psychological distress.[2]

---

[1] Kamal, R. (2017, July 31). *What are the current costs and outcomes related to mental health and substance use disorders?* Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/#item-start

[2] Weissman, J., Pratt, L.A., Miller, E.A., & Parker, J.D. (2015, May). *Serious Psychological Distress Among Adults: United States, 2009–2013*. Centers for Disease Control and Prevention, National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db203.htm

- o [*Relevance and Usability*] Data on the uninsured population are easily interpretable and can be used to direct decisions on directing resources to improve health insurance coverage and affordability of care.
  - o [*Scientific Soundness*] ACS data provide valid and reliable estimates. This measure is advantageous because it is both simple to calculate and simple to communicate.
  - o [*Feasibility*] This measure is readily available through the United States Census Bureau's ACS, an ongoing survey that provides data in the year immediately following the year in which they are collected.
- **Limitations**:
  - o [*Equity*] Individuals with health insurance coverage may still be "underinsured" and face barriers to affording behavioral health care services (such as high out-of-pocket costs or insufficient coverage for behavioral health services by their health insurance). If available, local data on underinsured populations and other barriers to affordable behavioral health care may be used to augment census data on uninsured populations.
  - o [*Relevance and Usability*] Data on all types of health insurance are combined. To better understand health insurance coverage, additional sources of data at the local level with information about types of insurance may be helpful. Additionally, historically insurance companies have not provided coverage for mental health care at the same level as other physical health needs, or they have used a mental health carve-out (where mental health services and claims are managed by a different company and are reimbursed at a different rate). Various mental health parity policies have improved coverage for mental health care; however, issues in receiving insurance coverage for mental health care persist such as inadequate provider networks and restrictive criteria to qualify for coverage.[3]
  - o [*Scientific Soundness*] This measure is self-reported and depends on the accuracy of the person surveyed.

Calculation:

Overall Population:

$$Uninsured_{Overall} = \frac{population\ with\ no\ health\ insurance\ coverage}{total\ population} \times 100\%$$

ACS tables and variables used:

---

[3] Bogusz, G. B. (2020, March 13). *Health Insurers Still Don't Adequately Cover Mental Health Treatment.* National Alliance on Mental Illness. https://www.nami.org/Blogs/NAMI-Blog/March-2020/Health-Insurers-Still-Don-t-Adequately-Cover-Mental-Health-Treatment

- Table B27020: Health Insurance Coverage Status and Type by Citizenship Status (Civilian noninstitutionalized population):
  - B27020_001: Estimate Total
  - B27020_006: Estimate Total: Native Born: No health insurance coverage
  - B27020_012: Estimate Total: Foreign Born: Naturalized: No health insurance coverage
  - B27020_017: Estimate Total: Foreign Born: Noncitizen: No health insurance coverage

Black Populations:

$$Uninsured_{Black} = \frac{Black\ individuals\ with\ no\ health\ insurance\ coverage}{total\ number\ of\ Black\ individuals} \times 100\%$$

ACS tables and variables used:
- Table C27001B: Health Insurance Coverage Status by Age (Black or African American Alone) (Black or African American Alone Civilian noninstitutionalized population)
  - C27001B_001: Estimate Total
  - C27001B_004: Estimate Total: Under 19 years: No health insurance coverage
  - C27001B_007: Estimate Total: 19 to 64 years: No health insurance coverage
  - C27001B_010: Estimate Total: 65 years and over: No health insurance coverage