Introduction: XXX words

Discussion: XXX words

Association between health insurance access and chronic obstructive pulmonary disease (COPD) among adults with asthma in the United States

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Add abstract

# Introduction (XXX words)

1. Completion of an 'Introduction section' (250 words suggested for the section; excluding title, references and PICOT table) assignment for your population health journal article.

Your writing will be judged based on the following criteria:

expression

interpretation

overall impression

2. The 'Introduction' section must contain the following components in a structured way (feel free to combine multiple components in single paragraphs, but in a way that the components are identifiable by a non-subject area expert).

general background (Brief description of the problem/context / what is already known / a brief and high-level summary of the previous research),

why the study is needed/rationalize your study (clearly outlines what is unknown/identification of a gap/update of previous research with compelling reasons), AND

study aim (primary research question/objective including the prespecified hypothesis) and design (summary of approach)

# Methods (XXX words)

## Study populations

This study includes respondents from non-institutionalized United States (US) civilian adults aged 20-80 years with asthma, in all 50 states and Washington D.C. Data for the study was extracted from the National Health and Nutrition Examination Survey (NHANES). NHANES collects data through interviews and physical examinations to study the health and nutritional status of adults and children in the US. It has a publicly available database released by the National Center for Health Statistics (NCHS). NHANES uses a four-stage clustered sampling design and produces a nationally representative sample (1,2).

NHANES releases public data in two-year cycles, but the 2019-2020 cycle was not completed due to the coronavirus (COVID-19) pandemic. Therefore data collected from 2019 to March 2020 (pre-pandemic) were combined with NHANES 2017-2018 to get a nationally representative sample (2). To increase the sample size for this study, the 2017-2020 pre-pandemic and 2015-2016 releases were combined for this study for a total of years.

There are records (respondents) in the 2015-2016 cycle and in the 2017-March 2020 cycle. From the full data non-asthma patient records were excluded. Further respondents younger than years old and older than years, were removed. Missing values for the exposure and outcome were defined as exclusion criteria. The final analytic sample included respondents (see [Figure 1](#fig-flowchart)).

|  |
| --- |
| Figure 1: Flowchart of the study population and sample size for the analysis. |

## Study variables

The **outcome** of the study is if the participants have been diagnosed with chronic obstructive pulmonary disease (COPD). The outcome is based on questions, “*Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis?*” in the 2017-March 2020 cycle, and the individual questions for emphysema, chronic bronchitis, and COPD in the 2015-2016 cycle. Participants who responded “Yes” to either one of the 3 diseases in the 2015-2016 data were coded as “Yes”. Respondents who responded “No” to all diseases were coded as “No”.

The primary **exposure** of interest is the respondent’s access to health insurance. This was obtained through the question “*Are you covered by health insurance or some other kind of health care plan?*”, as a dichotomous outcome.

Confounders used in this analysis were selected based on the literature. These include the number of times the respondent received healthcare over past year (healthcare use), lung cancer, smoking status, number of smokers inside the home, and diabetes. **Lung cancer** was defined from the set of questions for the type of cancer. If the respondents selected lung cancer for any one of the corresponding variables they were considered to be diagnosed with lung cancer. If participants said “No” to the question, “*Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?*”, they are defined as not having lung cancer.

**Smoking status** was defined from questions “*Do you now smoke cigarettes?*” and “*Have you smoked at least 100 cigarettes in your entire life?*”. If the respondents smoke every day or some days, they are considered “current smokers”. If the respondents are not smoking now but have smoked more than 100 cigarettes in their lifetime, they are considered as “former smokers”. If they haven’t smoked 100 cigarettes throughout life, they are considered “never smoked”. **Number of smokers inside the home** was directly obtained through the question “*Not counting decks, porches, or detached garages, how many people who live here smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product inside this home?*”.

Sex and age, in years, at the time of screening were used as other covariates in this analysis. For all above mentioned variables if the respondents answered “Refused” or “Don’t know”, the response was considered missing.

## Statistical analyses

NHANES provides sampling weights for each respondent after accounting for the complex sampling design and oversampling criteria (1,2). For the analysis to be representative of the population survey features were used in this analysis. Since multiple cycles were combined survey weights should be adjusted accordingly. Guidelines specify multiplying 2015-2016 weights by and 2017-March 2020 weights by . All variables used in this study were collected through the household questionnaire. Therefore, interview weights were used in this analysis (2).

Descriptive statistics were obtained with medians, 1st and 3rd quartiles for numerical variables and percentages for categorical variables. Crude and adjusted odds ratios (OR) were obtained using logistic regression models. Adjustment variables used in this study are healthcare use, smoking status, number of smokers inside the home, and diabetes. confidence intervals (CI) and two-sided p-values based on the Student t distribution were also obtained (3).

All analysis were conducted using R version 4.3.1 (3). Data manipulation was done using the dplyr package (4) and complex survey design features were incorporated using the survey package (5). Multiple imputation will be performed using the mice package (6).

# Results (XXX words)

Variables used in this study, grouped by levels of the outcome and accounting for the complex survey design, are summarized in Table 1. Respondents with diagnosed COPD are older (with a median age of ) than respondents without COPD (median age ). There are approximately males and females without COPD while more females in the sample are diagnosed with COPD. The median number of healthcare visits in the past year is similar between the two response groups. The proportion of lung cancer among respondents in this sample is close to zero ( in the COPD group and almost in the non-COPD group). There are more current and former smokers with COPD and more respondents who have never smoked in the non-COPD group. There are more respondents with diabetes in the COPD group () compared to the non-COPD group ().

Majority of the respondents didn’t answer the number smokers inside the house, with missing in the COPD group and in the non-COPD group.

Table 1: Characteristics of the participants by COPD status. All proportions adjusted for the survey design.

| **Characteristic** | **Overall** (n=2,154)*1* | **Has COPD** (n=508)*1* | **Doesn't have COPD** (n=1,646)*1* |
| --- | --- | --- | --- |
| Has insurance |  |  |  |
| Yes | 88% | 91% | 87% |
| No | 12% | 9% | 13% |
| Age (years) | 43.0 (29.0, 58.3) | 57.0 (44.9, 65.0) | 39.0 (27.0, 55.0) |
| Sex |  |  |  |
| Male | 42% | 33% | 45% |
| Female | 58% | 67% | 55% |
| No. of healthcare visits | 2.0 (1.0, 4.0) | 3.0 (2.0, 6.0) | 2.0 (1.0, 4.0) |
| Lung cancer |  |  |  |
| Yes | 0% | 2% | 0% |
| No | 99% | 97% | 100% |
| Missing | 0% | 1% | 0% |
| Smoking status |  |  |  |
| Current smokers | 21% | 37% | 17% |
| Former smokers | 27% | 31% | 26% |
| Never smoked | 51% | 33% | 56% |
| Missing | 0% | 0% | 0% |
| No. of people who smoke inside |  |  |  |
| 0 | 20% | 24% | 19% |
| 1 | 7% | 13% | 6% |
| 2 | 4% | 8% | 3% |
| 3 | 1% | 2% | 1% |
| Missing | 68% | 53% | 72% |
| Has diabetes |  |  |  |
| Yes | 13% | 24% | 10% |
| No | 85% | 72% | 88% |
| Borderline | 2% | 3% | 2% |
| Missing | 0% | 0% | 0% |
| *1*%; Median (IQR) | | | |

Crude OR for the outcome (COPD) and exposure (insurance status) was calculated for the complete data, containing records. The OR was with a confidence interval of (, ). Therefore, the odds of being diagnosed with COPD is times higher in US adults without health insurance, compared to US adults with health insurance.

Adjusted OR from the logistic regression model for the complete data are shown in Table 2. Lung cancer is not used for OR adjustment since the number of respondents with lung cancer are near zero (**Table 1**). After adjusting for the confounders and other variables, the OR () shows that there is no significant difference (p-value = ) in the odds of being diagnosed with COPD between US adults with or without health insurance.

Table 2: Adjusted odds ratios. All proportions adjusted for the survey design.

| **Characteristic** | **OR***1* | **95% CI***1* | **p-value** |
| --- | --- | --- | --- |
| Has insurance |  |  |  |
| Yes | — | — |  |
| No | 1.10 | 0.58, 2.10 | 0.8 |
| No. of healthcare visits | 0.77 | 0.69, 0.86 | <0.001 |
| Smoking status |  |  |  |
| Current smokers | — | — |  |
| Former smokers | 3.01 | 1.32, 6.83 | 0.010 |
| Never smoked | 4.15 | 2.06, 8.37 | <0.001 |
| No. of people who smoke inside | 0.87 | 0.60, 1.25 | 0.4 |
| Has diabetes |  |  |  |
| Yes | — | — |  |
| No | 2.53 | 1.32, 4.85 | 0.007 |
| Borderline | 3.19 | 0.79, 12.8 | 0.10 |
| Age (years) | 0.94 | 0.93, 0.96 | <0.001 |
| Sex |  |  |  |
| Male | — | — |  |
| Female | 0.54 | 0.28, 1.06 | 0.071 |
| *1*OR = Odds Ratio, CI = Confidence Interval | | | |

**Results in progress**

The reported OR uses the complete data with no missing values. This approach might not be suitable since there is a variable with high missing values. Therefore, multiple imputation would be used in the future submission to impute missing data. Before conducting the missing data analysis, data missing at random assumptions will be evaluated.

A sensitivity analysis will be carried out with the “duration since last healthcare visit” replacing the number of visits, already included in the model.

# Discussion (XXX words)

1. Completion of a 'Discussion Section' assignment (250 words suggested excluding the title, reference list, and PICOT table/aims ) for your population health journal article for in-class peer review and feedback.

2. The 'Discussion' section must contain the following components in a structured way (feel free to combine multiple components in single paragraphs, but in a way that the components are identifiable by a non-subject area expert. Ideally, contents of this section should be presented in the same order as was presented in the 'Results' section. Below is a general suggestion about structure (see rubric for more details):

Begin with answering the specific research question you asked in your introduction section. Respond to the specified study objectives and explicitly state the key findings.

Interpretation – Give an interpretation of the findings of your study.

Generalisability – Discuss the external validity of the results. Describe the clinical relevance/why your findings are important.

Clear and consistent study implications/an overall 'big-picture' take-home message.

References

1. Chen TC, Clark J, Riddles MK, Mohadjer LK, Fakhouri THI. National Health and Nutrition Examination Survey, 2015-2018: Sample Design and Estimation Procedures. Vital Health Stat 2. 2020 Apr;(184):1–35.

2. Akinbam L, Chen TC, Davy O, Ogden C, Fink S, Clark J, et al. National Health and Nutrition Examination Survey, 2017–March 2020 Prepandemic File: Sample Design, Estimation, and Analytic Guidelines. [Internet]. National Center for Health Statistics (U.S.); 2022 May [cited 2023 Oct 13]. Available from: https://stacks.cdc.gov/view/cdc/115434

3. R Core Team. R: A Language and Environment for Statistical Computing [Internet]. Vienna, Austria: R Foundation for Statistical Computing; 2023. Available from: https://www.R-project.org/

4. Wickham H, François R, Henry L, Müller K, Vaughan D. dplyr: A Grammar of Data Manipulation. 2023.

5. Lumley T. Complex Surveys: A Guide to Analysis Using R: A Guide to Analysis Using R. John Wiley and Sons; 2010.

6. Buuren S van, Groothuis-Oudshoorn K. mice: Multivariate Imputation by Chained Equations in R. Journal of Statistical Software. 2011;45(3):1–67.

Appendix

**PICOT**

|  | Description |
| --- | --- |
| P | Non-institutionalized United States civilian adults aged 20-80 years with asthma, in all 50 states and Washington D.C. |
| I | Individuals without access to health insurance |
| C | Individuals with access to health insurance |
| O | Chronic obstructive pulmonary disease (COPD) |
| T | NHANES 2015-March 2020 (pre-pandemic) |

Study objective

Scientific research question

*Table 4: Characteristics of the participants by COPD status ignoring complex sampling design.*

| **Characteristic** | **Overall** (n=2,154)*1* | **Has COPD** (n=508)*1* | **Doesn't have COPD** (n=1,646)*1* |
| --- | --- | --- | --- |
| Has insurance |  |  |  |
| Yes | 86% | 89% | 85% |
| No | 14% | 11% | 15% |
| Age (years) | 47.0 (32.0, 61.0) | 58.0 (46.0, 66.0) | 42.5 (29.0, 58.0) |
| Sex |  |  |  |
| Male | 42% | 40% | 43% |
| Female | 58% | 60% | 57% |
| No. of healthcare visits | 2.0 (2.0, 4.0) | 3.0 (2.0, 6.0) | 2.0 (1.0, 3.0) |
| Lung cancer |  |  |  |
| Yes | 1% | 3% | 0% |
| No | 99% | 97% | 100% |
| Missing | 0% | 1% | 0% |
| Smoking status |  |  |  |
| Current smokers | 23% | 37% | 18% |
| Former smokers | 24% | 31% | 22% |
| Never smoked | 53% | 32% | 60% |
| Missing | 0% | 0% | 0% |
| No. of people who smoke inside |  |  |  |
| 0 | 19% | 22% | 18% |
| 1 | 9% | 16% | 7% |
| 2 | 5% | 7% | 4% |
| 3 | 1% | 2% | 1% |
| Missing | 66% | 53% | 70% |
| Has diabetes |  |  |  |
| Yes | 18% | 30% | 14% |
| No | 80% | 66% | 84% |
| Borderline | 3% | 4% | 2% |
| Missing | 0% | 0% | 0% |
| *1*%; Median (IQR) | | | |

*Table 5: Adjusted odds ratios ignoring complex sampling design.*

| **Characteristic** | **OR***1* | **95% CI***1* | **p-value** |
| --- | --- | --- | --- |
| Has insurance |  |  |  |
| Yes | — | — |  |
| No | 0.99 | 0.60, 1.67 | >0.9 |
| No. of healthcare visits | 0.83 | 0.76, 0.90 | <0.001 |
| Smoking status |  |  |  |
| Current smokers | — | — |  |
| Former smokers | 2.36 | 1.42, 3.99 | 0.001 |
| Never smoked | 4.60 | 2.83, 7.69 | <0.001 |
| No. of people who smoke inside | 0.98 | 0.79, 1.22 | 0.9 |
| Has diabetes |  |  |  |
| Yes | — | — |  |
| No | 1.45 | 0.90, 2.33 | 0.13 |
| Borderline | 1.56 | 0.52, 5.13 | 0.4 |
| Age (years) | 0.95 | 0.93, 0.96 | <0.001 |
| Sex |  |  |  |
| Male | — | — |  |
| Female | 0.78 | 0.53, 1.12 | 0.2 |
| *1*OR = Odds Ratio, CI = Confidence Interval | | | |