

Measuring Racial and Ethnic Disparities in Health Insurance on the Eve of Health Care Reform:

Using Health- and Insurance-specific Life Expectancies as Benchmarks for Progress

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Motivation

- Current measures are point-in-time or short duration
- They do not consider health and insurance states jointly
 - “double jeopardy” of being uninsured & in need of medical care
- Life course is the appropriate time frame for measuring disadvantage in insurance coverage and “double jeopardy”

Objectives

- Estimate life expectancies in different health-specific insurance states for
 - Non-Hispanic Whites
 - Non-Hispanic Blacks
 - Hispanics
- Separate analysis by sex

Data

- 2006 Vital Statistics
 - Abridged period life tables, NCHS
- 2006 Medical Expenditure Panel Survey (MEPS), AHRQ

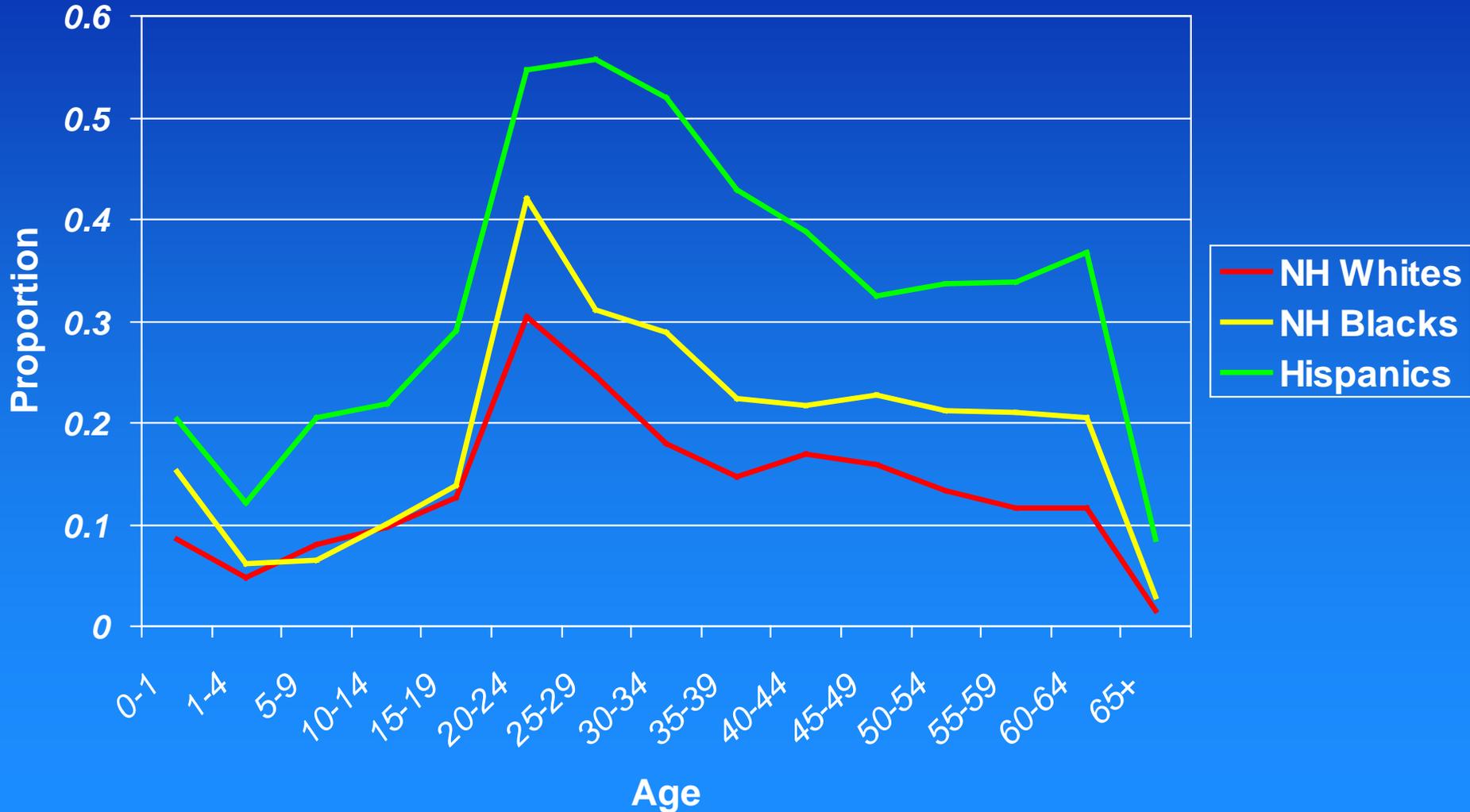
Measures

- Health insurance (MEPS)
 - Monthly indicators of private insurance, Medicare, Medicaid, and no insurance
- Subjective health (MEPS)
 - Excellent or very good vs. good, fair or poor
- Race & Ethnicity (MEPS & Vital Statistics)
 - NH Whites
 - NH Blacks
 - Hispanics (of any race)

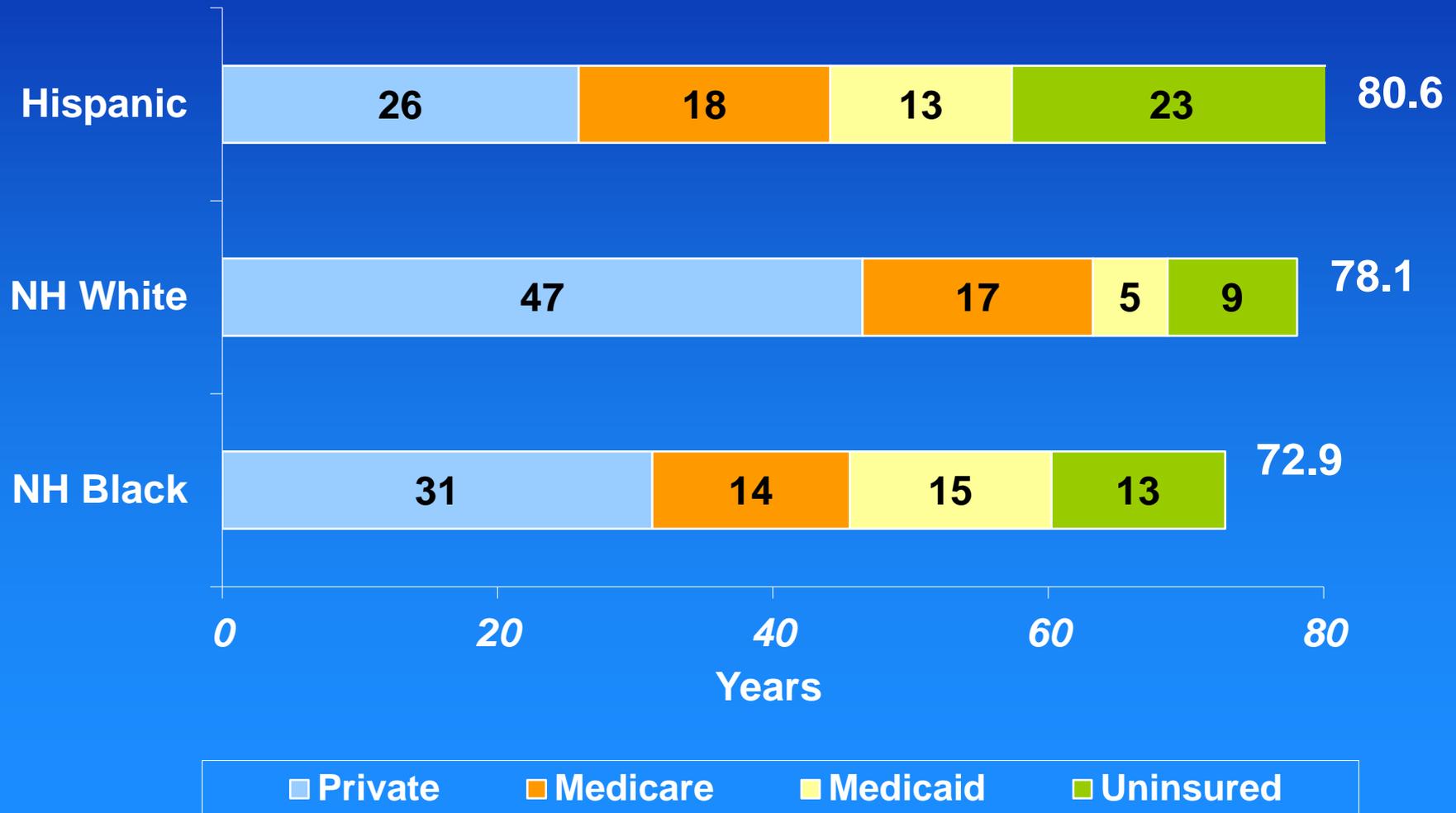
Analytic Approach

1. Construct abridged period life tables for each racial/ethnic group
2. Calculate the age-specific proportion of individuals in different health-specific insurance states at mid-year
3. Partition the number of person-years lived (L_x), and complete all life table functions for each state (T_x and e_x)

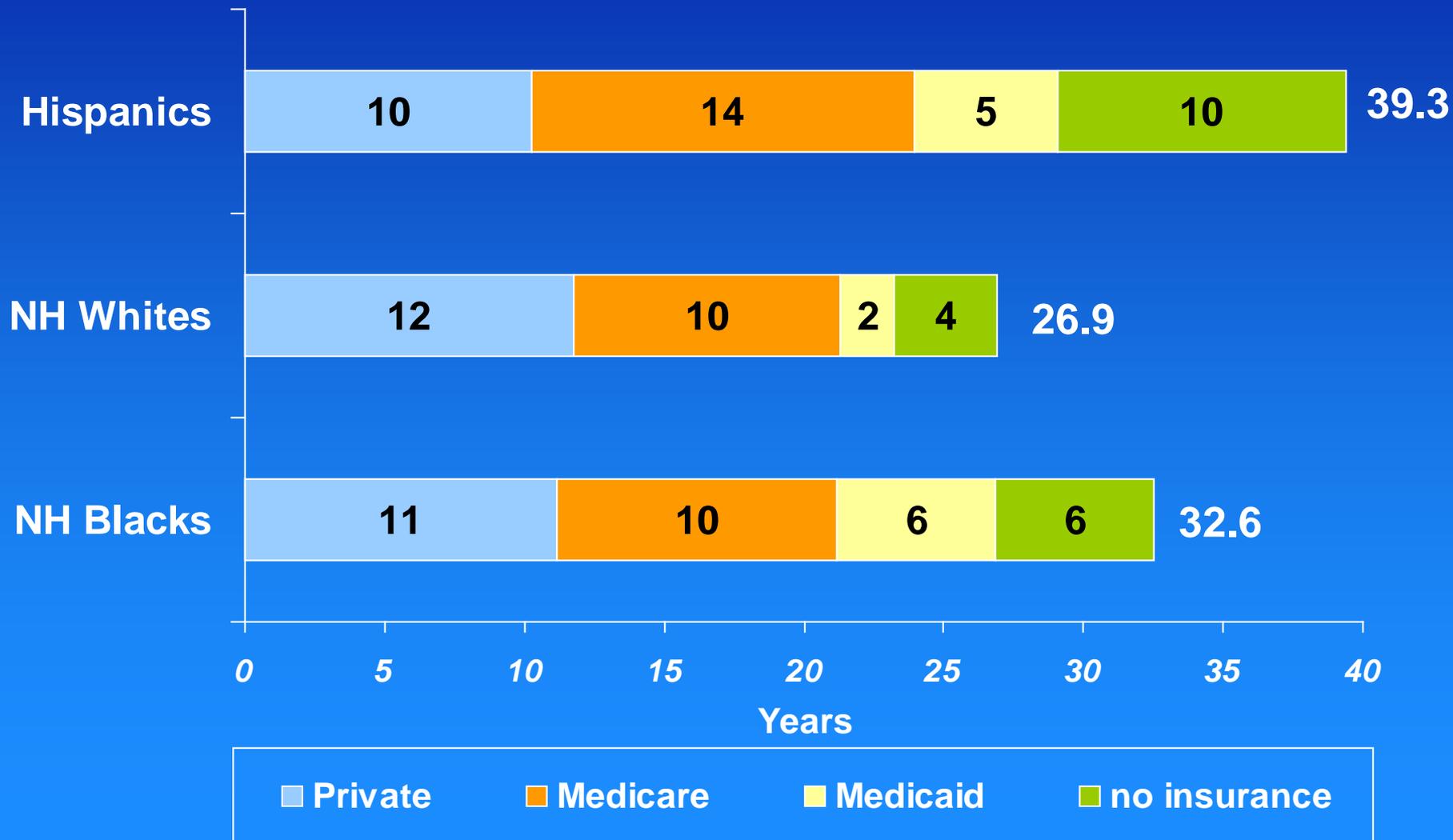
Proportion Uninsured by Age, Mid-year 2006



Life Expectancy in Four Insurance Categories by Race/Ethnicity, 2006



Less Healthy Life Expectancy in Four Insurance States, 2006



Summary & Conclusion

- Health- and insurance-specific life expectancies capture:
 - Duration of exposure to different insurance & health states (e.g. “double jeopardy”)
 - Racial/ethnic disparities in health and insurance coverage with a meaningful unit
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- Measures can serve as a baseline prior to reforms in 2014