

BEYOND HEALTH EFFECTS? EXAMINING THE SOCIAL CONSEQUENCES OF COMMUNITY LEVELS OF UNINSURANCE PRE-ACA

Journal of Health
and Social Behavior

JHSB Policy Brief

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RESEARCH PROBLEM & DATA

How is community life affected by low levels of health insurance?

Access to health insurance matters for several reasons: it predicts individual health outcomes, access to care, quality of care received, and financial stability. Because of the geographically bounded organization and funding of healthcare, it is possible for the uninsured to have a broader impact, affecting everyone living in a community or health market. Previous research has shown that in areas with high levels of uninsurance, even the insured experience decreases in healthcare access and quality and have poorer health outcomes. We expose the less visible but highly consequential *social* cost of uninsurance for Americans due to the nonrandom exclusion of individuals and communities from accessing health insurance.

Using data from the Los Angeles Family and Neighborhood Survey (LAFANS), we conduct a series of multilevel regression analyses that demonstrate that prior to the enactment of the Affordable Care Act (ACA), individuals living in communities with higher levels of uninsurance report lower levels of social cohesion net of other individual and neighborhood factors. Using a difference-in-difference model, we also estimate how the cohesiveness of communities might be affected by an ACA-type intervention. Because LAFANS data were collected with the aim of examining neighborhood processes and health, these data allow us to better account for potentially confounding factors at the individual and community levels, such as the age, racial-ethnic, nativity, and income composition of communities.

KEY FINDINGS

- There is a consistent negative effect of uninsurance on social cohesion, controlling for other individual and neighborhood factors. Compared with residents in neighborhoods at the lowest levels of uninsurance, residents in neighborhoods with the highest levels of uninsurance are significantly less likely to perceive their neighbors as trustworthy, reliable, and engaged in relationships of mutual obligation.
- After adjusting for individual and community characteristics, we find a 34% (1.2 *SD*) decrease in social cohesion scores when moving from a neighborhood with the lowest levels of uninsurance to one with the highest levels of uninsurance.
- These differences between neighborhoods at the lowest levels of uninsurance and the highest levels of uninsurance on perceptions of social cohesion are attenuated when we impose an ACA-type intervention, suggesting that such an intervention will significantly improve individuals' perceptions of social cohesion in their neighborhoods.

POLICY IMPLICATIONS

Lacking health insurance is not only bad for one's health but also for community social life. The expansion of health insurance benefits under the ACA has the potential to reverberate beyond healthcare access and improve community functioning by promoting social cohesion among residents regardless of insurance status.

Yet, discussion of the potential *social* benefits of ACA for individuals and communities has been noticeably absent from debates around ACA implementation.

As a novel approach to understanding why health insurance matters for Americans, these findings have important implications not only for ongoing debates around ACA implementation, repeal, and replacement but also for our broader understanding of the relationships between health policies and social life.

Figure 1. Effects of Uninsurance on Communities and Social Life.

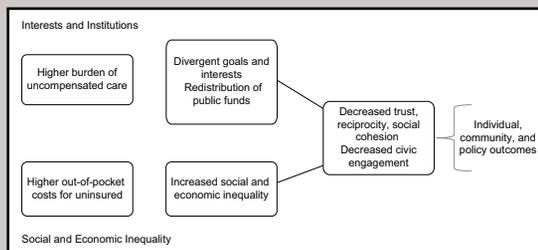


Figure 2. Predicted Social Cohesion by Percentage Uninsured in Neighborhood, Los Angeles Family and Neighborhood Survey.

