

Rural-Urban Gap in Uninsured Rates Closes in New York State Following the ACA

Health insurance coverage is an essential component of health care access in the United States^{1,2} and has been shown to increase utilization of health services.³ Health disparities observed among the uninsured, as with uncontrolled diabetes and hypertension, may be effectively addressed through improved access to primary care services.^{4,5} Furthermore, a lack of health insurance coincides with access barriers, many of which are particularly pronounced in rural regions, including less geographically proximate services, lower provider availability, and higher poverty and disability rates.⁶

The 2010 Patient Protection and Affordable Care Act (ACA) required states to either open health insurance marketplaces or join the federal exchange, and gave states the option to expand Medicaid eligibility.⁷ In 2013, New York State (NYS) both implemented the New York State of Health marketplace and Medicaid expansion in part to address health disparities in the uninsured population relative to their insured counterparts.⁸

We examined uninsured rates across the rural-urban continuum⁹ before and after the implementation of the New York State of Health marketplace and Medicaid expansion (2012 vs. 2016) to better understand how the ACA implementation affected health insurance coverage, and therefore, access to primary care across the state.

Key Findings

The average uninsured rate among adults ages 18-64 years in NYS declined from 13.6% to 10.2% between 2012 and 2016

In 2012, urban areas had significantly lower uninsured rates (12.9%) when compared with small town (15.3%, $p < .01$) and rural areas (15.8%, $p < .01$)

In 2016, there were not any statistically significant differences in the adult uninsured rate along the rural-urban continuum in NYS

Reductions in uninsured rates were significantly lower in small town areas compared with more rural areas, resulting in small town regions surpassing rural regions with the highest average uninsured rates of all RUCA regions in NYS

Disparities in Health Insurance Coverage: Before & After the ACA

In 2012, uninsured rates in rural regions of NYS were statistically significantly higher when compared with metropolitan regions. Uninsured rates in rural regions were 2.9% higher on average ($p < .001$) and about 2.4% lower in small town regions ($p < .05$).

Following the ACA, uninsured rates decreased across all regions, and in 2016 there were no significant disparities between these four regions.

However, small town regions experienced the lowest reduction in uninsured rates, surpassing rural regions in having the highest average uninsured rates of all four Rural-Urban Commuting Area (RUCA) regions.

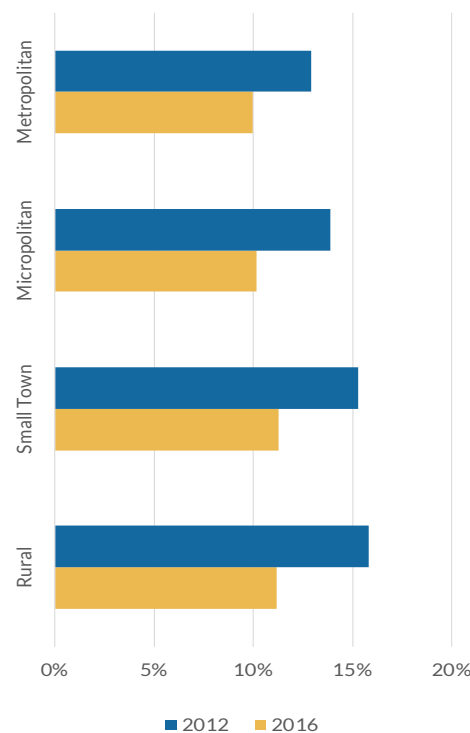


Fig 1. Percent of Uninsured Adults (18-64 years) in NYS, 2012 and 2016. Data Source: United States Census via the American Community Survey, 5-Year Estimates

- A data brief series examining all aspects of primary care access

% Rural

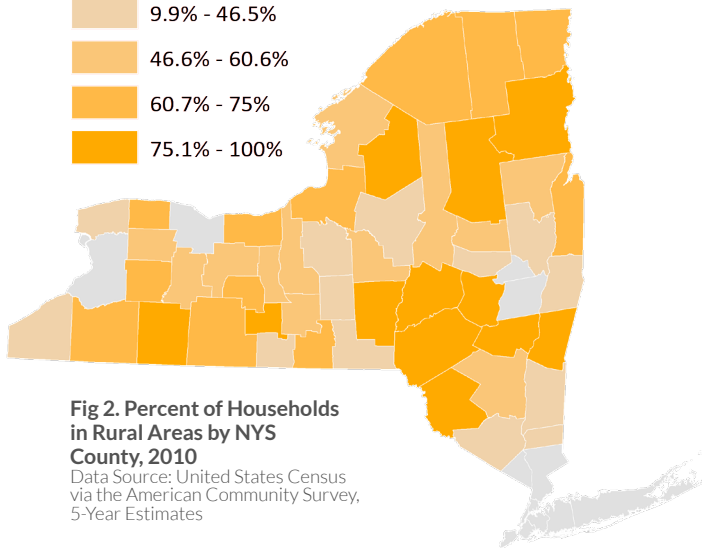
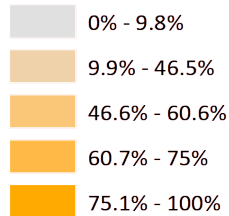
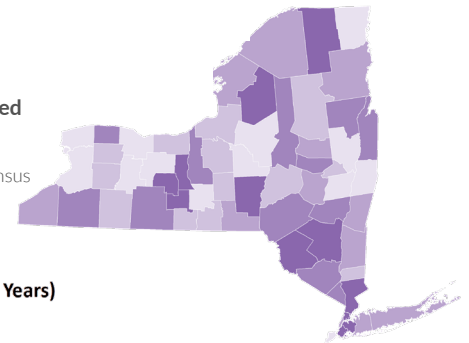


Fig 2. Percent of Households in Rural Areas by NYS County, 2010

Data Source: United States Census via the American Community Survey, 5-Year Estimates

Fig 3a. Percent of Uninsured Adults (18-64 Years) by NYS County, 2012

Data Source: United States Census via the American Community Survey, 5-Year Estimates



% Uninsured Adults (18-64 Years)

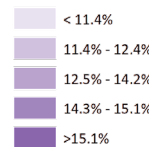
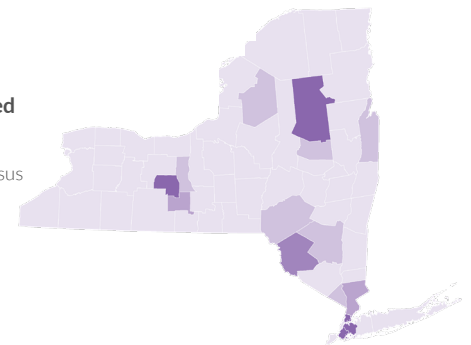


Fig 3b. Percent of Uninsured Adults (18-64 Years) by NYS County, 2016

Data Source: United States Census via the American Community Survey, 5-Year Estimates



Turning Data into Action

Even though the NYS Medicaid program was already more expansive compared with those of most other states, PCDC’s analysis found that rural-urban gaps in uninsured rates closed between 2012 and 2016, following the implementation of the ACA. Beyond health insurance coverage, persistent barriers in small town and rural areas continue to limit access to primary care. These results support maintaining the ACA and highlight the policy’s success in improving a fundamental aspect of health care access in rural regions.



Future research should evaluate the degree to which Medicaid expansion, the removal of pre-existing condition exclusions, and introduction of The Essential Plan influenced regional health insurance coverage gaps in NYS.



Health advocates can cite these results to support future Medicaid expansion efforts, particularly in states that opted out of the Medicaid expansion and those with rural communities largely dependent on public insurance.



Efforts to further reduce the uninsured population should be supported in conjunction with efforts to reduce other access barriers for rural populations, including primary care workforce shortages and retention issues, difficulty maintaining resources for population-specific needs, challenges with financial stability, and social inequities.



Policymakers should consider how these results demonstrate the potential of state-wide health policy initiatives to achieve meaningful change and reduce access inequities in a relatively short period.

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