

Key Facts in Rural Health

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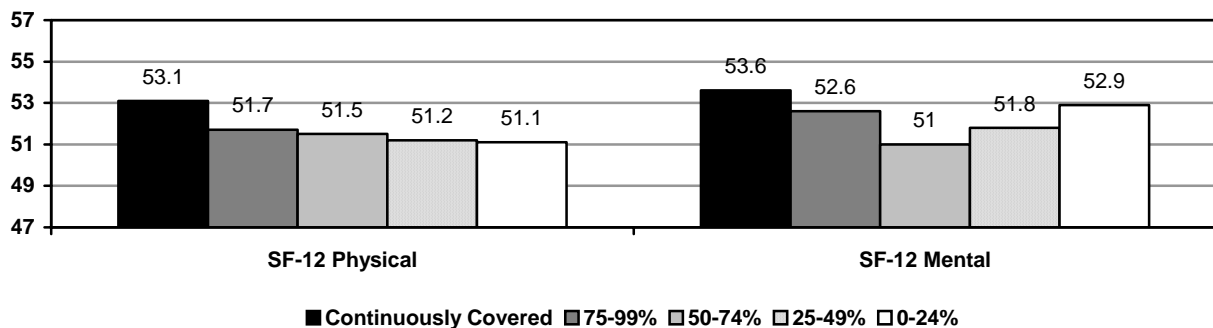
Effects of Uninsurance during the Preceding 10 Years On Health Status among Rural Working Age Adults

Our study used a long-running panel survey, the National Longitudinal Survey of Youth that began in 1979, to examine the effects of gaps in health insurance coverage on how individuals rate their physical and mental health. Standardized self-report instruments, the Short Form-12 Physical Component Score and the Short Form-12 Mental Component Score, were administered to panel study participants when they reached age 40. We also looked to see if the effects of uninsurance would be greater in rural than in urban respondents, and greater for minority rural populations than for white rural populations.

Gaps in Insurance Coverage

- Rural residents were less likely to have been continuously insured between 1989 – 2000 than were their urban peers. Among whites, 57.2% of rural residents were continuously insured versus 66.4% of urban residents ($p=0.0009$). Similar trends were found among African Americans (37.0% versus 44.7%; $p=0.1098$) and among Hispanics (37.7% versus 44.1%; $p = .4114$).
- Continuous health insurance coverage was not associated with better self-perceived physical health. A positive relationship between insurance coverage and health in unadjusted analysis, illustrated below, was not significant after race/ethnicity, education, marital status, and poverty during youth were held constant.

Physical and Mental Health Scores by Health Insurance Coverage.



- Continuous insurance coverage was significantly related to better mental health, as measured by the SF-12 Mental Component Score. The effect persisted in multivariable analysis controlling for residence, race, and demographic characteristics.
- Effects were similar across rural-urban residence and across race/ethnicity groups.

A full copy of the report can be obtained from the SC Rural Health Research Center at <http://rhr.sph.sc.edu>