Does health insurance affect patient's doctor visit?

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As of July 2016, 11.2% of the United States’ population is Mexican Americans (United States Census Bureau 2017, American Community Survey). Mexican Americans comprised 63.2% of all Hispanics and Latinos in the United States (United States Census Bureau 2017, American Community Survey). About 52% of all Mexican Americans reside in the West and 35% in the South (U.S. Census, Hispanic Population 2010). Our objective is to seek how health insurance coverage rates affect the Mexican Americans population’s doctor visit between these two different regions under the Affordable Care Act (ACA). We use the 2010 – 2017 NHIS where 2010 – 2013 is considered as before the ACA Medicaid expansion and 2014-2017 is considered as after ACA Medicaid expansion. We only include non-citizen people of Hispanic origin who reside in the South and West Census regions and age from 19 to 64. There are two groups of identification. West region of the US is our treatment group where 97% of people are Mexican Americans and the South region of the US is our control group where 4% of people are Mexican Americans. We use the linear probability model and the logit and probit model. The result we found from both models is that, having any kind of insurance (public or private) increase patients’ doctor visit. After ACA expansion people are more likely to visit doctors. Especially, married people, females, people who speak English, people who are in Federal Poverty Line 2 and 3, people who have more than high school degrees are more likely to visit doctors. People having very good or excellent health conditions and having more than 30 hours of work are less likely to visit doctors. Western people and people having less than high school degree are less likely to visit doctors and the coefficient for these two variables are statistically insignificant. Mexican Americans are more likely to visit doctors, but the coefficient is insignificant. Therefore, for further study, we want to check the robustness by adding race variable whether or not the non-white people go to visit doctors than the white people.