

# THE GEOGRAPHY OF UNINSURANCE IN MASSACHUSETTS: AN UPDATE FOR 2013–2017

## EXECUTIVE SUMMARY

AUGUST 2019

In the wake of a comprehensive state health care reform law and the federal Affordable Care Act, Massachusetts has come closer than any other state to achieving universal health insurance coverage, with fewer than 3 percent of its residents uninsured in 2017.<sup>1</sup> Yet the distribution of the remaining uninsured varies widely across Massachusetts communities, as a previous study found.<sup>2</sup> In this brief, we use new data for 2013–2017 from the American Community Survey to update these earlier findings on the geography of uninsurance in Massachusetts and describe the characteristics of high-uninsurance communities (which generally approximate zip codes<sup>3</sup>) and their uninsured residents to inform strategies for targeted outreach. We also provide [supplemental tables](#) on average uninsurance by geography defined in a variety of ways, including [Congressional districts](#), [state legislative districts](#), [counties](#), [county subdivisions](#) (which in Massachusetts are cities and towns), [school districts](#), and [census tracts](#). These supplemental tables can be used to examine uninsurance in Massachusetts from a variety of perspectives, including identifying the cities and towns in Massachusetts with the highest uninsurance rates (e.g., Halifax, Great Barrington, Lawrence, Everett, and Chelsea) and the highest number of uninsured people (e.g., Boston, Springfield, Worcester, Lowell, and Lawrence) in 2013–2017.

### COMPARING COMMUNITIES

Because comparing communities based on a single measure of uninsurance does not provide a complete picture of how the uninsured population is distributed across Massachusetts, we employ three measures to identify high-uninsurance communities in the state: 1) the **uninsurance rate**, defined as the percentage of residents in a community who are uninsured,<sup>4</sup> 2) the **number of uninsured** residents in the community, and 3) the **concentration of uninsured** residents, defined as the number of uninsured per square mile of land area in the community. We use these measures to define two types of high-uninsurance communities that we refer to throughout the [brief](#):

- **Hot-spot communities:** These are communities with the highest *uninsurance rates* in the state—defined as the highest quartile (top 25 percent) of all Massachusetts communities based on the average uninsurance rate for 2013–2017.
- **Priority hot-spot communities:** These are the hot-spot communities with the highest concentration of uninsured residents. Priority hot-spot communities are defined as the hot-spot communities with the highest *concentration of uninsured*. These capture, collectively, 25 percent of Massachusetts' total uninsured population in 2013–2017.

Focusing on these communities provides insight into where targeted outreach efforts may yield the largest additional coverage gains, as well as the barriers to enrollment that must be overcome to achieve further progress.

### KEY FINDINGS

Based on our analysis, we find that:

**Despite near-universal health insurance coverage in Massachusetts, pockets of high uninsurance continue to persist in communities across the state.** The average uninsurance rate in 2013–2017 of 2.7 percent for Massachusetts communities masks considerable geographic variation, with the average uninsurance rate ranging from a low of 0 percent in 30 communities to a high of 25.8 percent in one community. The average uninsurance rate for the 137 high-uninsurance hot-spot communities was 5.3 percent, more than three times the average uninsurance rate for the 389 not-hot-spot communities in the state, which was 1.7 percent.

**The uninsured are concentrated in a relatively small number of priority hot-spot communities, primarily in and around Boston.** The concentration of uninsured varies widely across Massachusetts communities. Priority hot-spot communities have an average of 799 uninsured residents per square mile, compared with an average of fewer than 100 uninsured residents per square mile in the remaining hot-spot and not-hot-spot communities. Of the 31 priority hot-spot communities, 15 are in the Boston region.<sup>5</sup>

**Priority hot-spot communities are among the most disadvantaged communities in Massachusetts, with residents facing high uninsurance, poverty, and housing cost burdens.**

On average, 5.8 percent of residents in priority hot-spot communities are uninsured, nearly one-quarter have family incomes below the federal poverty threshold,<sup>6</sup> and over half pay more than 30 percent of their household incomes toward housing costs.

**The remaining uninsured in priority hot-spot communities are often in hard-to-reach groups, including young adults, males, and noncitizens.**

On average, approximately half of uninsured residents in priority hot-spot communities are ages 18–34, and nearly two-thirds are male. More than 40 percent of these uninsured residents are noncitizens, whose eligibility for assistance to obtain coverage depends on whether they are lawfully present and whose eligibility for coverage through MassHealth further depends on whether they have qualified status under the 1996 welfare reform law.<sup>7</sup>

**Reaching the remaining uninsured in Massachusetts' priority hot-spot communities will be challenging given the many barriers they face in obtaining coverage.**

In addition to the large share of uninsured residents in priority hot-spot communities who are noncitizens, many of these communities' residents face other barriers to obtaining coverage that range from limited access to affordable employer-sponsored insurance to potential challenges navigating the enrollment process for other forms of coverage. On average, 30 percent have incomes below the federal poverty threshold, and most either did not work in the past year (26 percent)

or only worked part-time or part-year (37.3 percent), making it unlikely they would be eligible for coverage through an employer or, if they were eligible, would be able to afford to pay premiums. Relatively low rates of educational attainment, English proficiency, and household internet access in priority hot-spot communities suggest many uninsured adults in these communities would have difficulty with enrollment without help from navigators or other assisters.

**The characteristics of the remaining uninsured in priority hot-spot communities highlight the need for targeted outreach strategies within each of these communities.**

Our findings suggest that the following strategies will be important for making further progress in reducing uninsurance and improving health in the state:

- Establishing strong partnerships with immigrant-serving organizations to reach uninsured noncitizens and other foreign-born adults.
- Collaborating with other trusted local organizations that have strong connections to residents of different races, ethnicities, and nationalities within the priority hot-spot communities to help connect with hard-to-reach groups.
- Providing enrollment assistance in uninsured residents' native languages to help them overcome informational barriers to understanding their coverage options and obtaining coverage.
- Finally, addressing the social determinants of health that affect residents' health status through mechanisms other than the health care system, such as housing and nutrition.

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## ENDNOTES

- 1 Berchick, Edward R., Emily Hood, and Jessica C. Barnett. 2018. *Health Insurance Coverage in the United States: 2017*. Washington, DC: U.S. Census Bureau.
- 2 Skopec, Laura, and Lea Bart. 2017. *The Geography of Uninsurance in Massachusetts, 2011–2015*. Boston, MA: Blue Cross Blue Shield of Massachusetts Foundation.
- 3 As discussed in the brief, communities are based on zip code tabulation areas (ZCTAs), which approximate the zip codes used for mail delivery.
- 4 Each measure of uninsurance is estimated for the civilian noninstitutionalized population and reflects a five-year average for the 2013–2017 period.
- 5 Regions are based on the definition used by the Massachusetts Executive Office of Health and Human Services and include the Boston, MetroWest, Northeast, Southeast, Central, and Western regions. The Boston region includes the city of Boston and Chelsea, Revere, and Winthrop. Communities that cross regions are assigned to the region where a majority of their population resides.
- 6 The federal poverty threshold in 2017 was \$12,752 for a single nonelderly adult living alone and \$19,730 for a family of three that includes one related child under 18.
- 7 Noncitizens' eligibility to purchase coverage through the Massachusetts Health Connector, with or without premium tax credits, depends on whether they are lawfully present. Their eligibility for comprehensive MassHealth benefits or limited MassHealth coverage (i.e., for emergency services only) depends both on whether they are lawfully present and have qualified status and on other eligibility criteria such as age, income, disability status, pregnancy, and parental status. See Massachusetts Law Reform Institute. 2018. *Understanding the Affordable Care Act: Non-citizens' Eligibility for MassHealth & Other Subsidized Health Benefits*. Boston, MA: Massachusetts Law Reform Institute.