James Scanlan <jps@jpscanlan.com> 12/26/2014 3:36 PM

Attn: Race/Ethnic diff in uninsurance study authors

To uihealthpolicy@urban.org • lclemans@urban.org

Dear Drs. Clemans-Cope, Buettgens, and Recht:

I read the recent Urban Institute report on racial/ethnic differences in uninsurance under the ACA and was pleased to see recognition of the way the two relative differences tend to be affected by the prevalence of an outcome and of the need to employ an effect size measure, as well as the reliance on a couple of my works.

I nevertheless have several points to make that I hope you will consider in your future work.

First, in general the report reads like a standard health disparities measurement document that most readers would regard at, at least generally, regarding relative and absolute measures as an appropriate means of appraising size of disparities – even though the careful reader would recognize that the report goes beyond that.

Second, while the report recognizes that the relative difference tend to change as the prevalence of an outcome changes (to which the pattern whereby one group will tend to show a larger relative change in one outcome while the other group will tend to show a larger proportionate change in the opposite outcome), the report does not seem to recognize that the absolute difference tends also to change as the prevalence of an outcome changes – and that the rate ranges at issue are such that groups with higher baseline uninsurance rates tend to experience larger absolute declines in those rates declines generally.

Third, notes 16 and 17 explain somewhat the pattern of the two relative differences. But probably few readers would grasp the issue from the notes. Further, note 17 suggests that relative differences (or the size of relative changes) would be satisfactory for appraising changes when both relative differences change in the same direction. It is true that in that situation one could fairly surmise that a true change occurred. But it would remain the case that neither of the two relative differences would be effectively quantifying the difference in the circumstances of the two groups reflected by the rates or providing sound information on the how much the disparity changed (usually, with one relative difference indicating a large change and the other a small change).

While I characterize what I deem the most suitable measure the "estimated effect size," the key is not that it is an "effect size," but that the measure does not change as the prevalence of an outcome changes. When Lynch and Harper speak of an "effect size" they are simply referring to the "relative risk," a usage accepted at page 6 of the report, and I don't mean to suggest that the usage is incorrect. But the relative risk (RR) is simply a measure of the relative difference (which is the RR -1 when RR is above 1 and RR when RR is below 1), which I think your study recognizes not to be a sound measure of association. At any rate, neither the relative difference nor the relative risk is a sound measure of association and any quantification based on it will be misleading. See reference 1 and 2. Same, of course, holds for a comparison of the size of the relative changes. But these points hold for the absolute difference as well.

It also holds, however, for the phi coefficient, which behave essentially like the absolute difference. See Section A.13 of reference 3. So your findings based on the phi coefficient are essentially the same as those based on the absolute difference. (I am not sure the effects of the chi square on the measure;

but since chi square is a measure of significance, I don't think it could make the phi coefficient a sound measures of effect size.)

Below are the figures, using my EES measure, based on your figure 1

Scenario	B-W EES	H-W EES
w/o aca	0.27	0.63
aca - cur medicaid	0.32	0.65
aca- exp medicaid	0.22	0.71

I may post a comment on your 12/16 Metro Trends after I have thought this through a bit more.

Beast wishes,
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1. "Race and Mortality Revisited," Society (July/Aug. 2014)
http://jpscanlan.com/images/Race_and_Mortality_Revisited.pdf

2. 137. Goodbye to the rate ratio. BMJ Feb. 25, 2013 (responding to Hingorani AD, van der Windt DA, Riley RD, et al. Prognosis research strategy (PROGRESS) 4: Stratified medicine research. BMJ2013;346:e5793): http://www.BMJ.com/content/346/BMJ.e5793/rr/632884

3. Scanlan's Rule Page of jpscanlan.com: http://jpscanlan.com/scanlansrule.html