

Company: STATE HEALTH ACCESS DATA ASSISTANCE CENTER

Conference Title: Annual Conversation with the U. S. Census Bureau: New Coverage Data

Date: October 1, 2019

Operator: 10, 9, 8, 7, 6...

Kathleen Call: Hello everyone and welcome to SHADAC's webinar on the 2018 Health Insurance Coverage Estimates featuring the Census Bureau and SHADAC experts.

I'm Kathleen Call. I'm an Investigator at the State Health Access Data Assistance Center or SHADAC. And thank you all for joining us today and, thanks to the Census Bureau for participating. We really look forward to this annual event.

We're also grateful to the Robert Wood Johnson Foundation for funding SHADAC's work and making this Webinar possible. As a health policy research center with a focus on state level policy, one of our goals here at SHADAC is to link states with federal data sources in order to inform and/or evaluate policy decisions.

So we're really happy that the Census Bureau experts are on hand, to share the latest data results from their surveys, and to answer your questions.

I'm just going to run through some technical items before we get started. For those of you dialing in, all phones have been automatically muted due to the large number of attendees. However, if you have questions, feel free to submit them via the Chat feature on the left-hand side of the viewing screen.

If you have any technical difficulties, the Ready Talk - with Ready Talk at any point during the Webinar, please call the number that's listed here. And you might jot it down - 1-800-843-9166. Or you can ask for help via the Chat feature as well.

All the slides from today's Webinar are currently available for download in the link that's on this slide. So you can go ahead and download those if you want.

Finally, today's Webinar is being recorded. And we'll notify you via email when it's posted to the SHADAC Web site.

We're happy to have Laryssa Mykyta and Edward Berchick from the Census Bureau here with us today. Laryssa is the Health and Disabilities Statistics Branch Chief for the Social, Economic, and Housing Statistics Division of the U.S. Census Bureau. And Edward is a Demographer in the Health and Disabilities Statistics Branch in the same unit as Laryssa.

We'll be discussing the recently released health insurance coverage estimates from the current Population Survey which was released on September 10. We'll also be discussing the American Community Survey, part of which was also released the same day. And another part was released last week on September 26. And the rest of the American Community Survey data will be released on October 17.

This slide provides the context - this slide and the next provide a quick overview of the CPS and ACS surveys that we'll be covering today. And guidance on when to use each of these sources.

The CPS provides a measure of all year uninsured, as well as, a point in time measure that was added when the survey was redesigned beginning with the 2013 estimates. The ACS measures coverage at the time of the survey.

The CPS is available from 1987 forward, through to the redesign, which created a break in series in 2013. The ACS provides consistent estimates from 2008 forward. And a large sample size that allows both state and sub-state estimates.

Now I'm going to turn the Webinar over to Laryssa and Edward from the Census Bureau, who will be presenting national results from the CPS, and state results from the ACS. Then I'll return to discuss some SHADAC resources regarding the data from these surveys. And after the presentation there will be time to ask questions.

So as a reminder, go ahead and put - type questions into the Chat feature and we'll save those until the end. You can go ahead and send in questions at any point during the Webinar.

So at this point I'll hand it off to Laryssa and Edward who will introduce the latest findings regarding health insurance coverage in 2018.

Laryssa Mykyta: Thank you Kathleen. As Kathleen mentioned, the recently released health insurance estimates come from two surveys. The Current Population Survey Annual Social and Economic Supplement, or CPS ASEC, asks people about their health insurance coverage at any time in the previous calendar year. And the national level results presented today will come from this survey.

Today's CPS ASEC health insurance estimates are based on the updated processing system. These health insurance estimates should only be compared directly to estimates based on that system.

In 2014 the Census Bureau introduced redesigned health insurance questions in the CPS ASEC. While data collection methods reflected these changes immediately, data processing changes to take advantage of the additional detail in the new instrument have been completed this year. Edward will talk about this more in detail but, I'll just offer a quick preview.

Some of the improvements we've made to the measurement of health insurance coverage for our updated system include an improved universe, more detail on types of plans. For example,

marketplace plans including subsidy status. The use of sub-annual information on coverage to improve accuracy. Improve imputation methods, and refined classifications of private and public coverage.

Because these improvements incorporate new measures of coverage, 2018 estimates should be compared with 2017 estimates from the CPS ASEC Bridge file or subsequent years.

Our evaluations of estimates from both legacy and updated processing systems indicate that the changes that we've made to the processing system improved data quality. And we'll talk more about this in a few minutes.

Next I'll turn to summarizing the main findings this year from the CPS ASEC. An estimated 8.5% of the population or about 27.5 million people did not have health insurance coverage at any point in 2018.

Between 2017 and 2018, the uninsured rate increased .5 percentage points. And the number of uninsured people increased by 1.9 million. This represents the first year-to-year increase in the uninsured rate in the CPS ASEC since 2008-2009.

In 2018 most people -- 91.5% -- had health insurance coverage at some point during the calendar year. With more people having private health insurance -- 67.3% -- than public coverage -- 34.4%.

If we look at private coverage more closely, employer based insurance was the most common sub-type of coverage overall, covering 55.1% of the population. Ten point eight percent of people purchased their coverage directly.

The updated processing system lets us for the first time, distinguish whether coverage was through a state or federal health insurance marketplace such as Healthcare.gov.

In 2018 about 3.3% of people or 30.8% of people with direct purchase insurance, obtained their coverage through the marketplace. In 2018, 34.4% of people had public coverage which includes Medicare, Medicaid, and VA and CHAMPVA coverage.

Over time changes in the rate of health insurance coverage and the distribution of coverage types may reflect economic trends, shifts in the demographic composition of the population such as aging, and policy changes that affect access to care.

The percentage of people covered by any type of health insurance decreased half of a percentage point between 2017 and 2018. This decrease was primarily driven by a change in public coverage. Between 2017 and 2018, the percentages of people with private coverage did not statistically change. And the percentage of people with public coverage decreased .4 percentage points.

Among public coverage, Medicaid coverage decreased .7 percentage points, while Medicare coverage moved in the opposite direction, increasing by .4 percentage points. This increase was partly due to the growth in the number of people age 65 and over. Not a change in Medicare coverage for adults in this age range.

The American Community Survey provides a consistent time trend of health insurance coverage from 2008 to 2018. The uninsured rate in the American Community Survey increased for the second consecutive year after falling from 2013 to 2016.

Age is strongly associated with the likelihood that a person has health insurance. In 2019 adults age 65 and over had the lowest uninsured rate, followed by children under the age of 19, and adults age 19 to 64.

Between 2017 and 2018, the uninsured rate increased for adults age 35 to 44 years, and 45 to 64 years. As well as, for children age zero to 18 years.

Indeed, in 2018 5.5% of children under the age of 19 did not have health insurance coverage, representing a .6 percentage point increase from 2017.

For many characteristics the percentage of children without health insurance coverage was significantly higher in 2018 than in 2017. However, the change was not uniform across groups. For example, the uninsured rate did not change for children and families with income of less than 400% of poverty. But it increased for children living in families at or above 400% of poverty.

In both years the rate of uninsured declined as the income to poverty ratio increased. The uninsured rate among White non-Hispanic children, as well as, among Hispanic children, also increased between 2017 and 2018.

For more information on children's coverage we have an American Count Story on Changes in Children's Health Insurance Coverage. As I mentioned before, the uninsured rate for children increased .6 percentage points between 2017 and 2018, driven by a 1.3 percentage point decline in the percentage of children with public coverage. The percentage of children with private coverage did not statistically change.

Medicaid and CHIP coverage fell for the youngest children - those under 6-years-old. And for those ages six to eleven years, but did not statistically change among 12 to 18-year-olds. Although changed in Medicaid and CHIP coverage did not statistically change for any income to poverty category, Medicaid and CHIP coverage rates are diverging for the bottom two categories.

The updated processing system allows us to report more detailed information than previously available. Including sub-annual or within year, health insurance coverage. Among the 296.2 million

people covered at any point during 2018, most, about 96.4%, held health insurance coverage for all 12 months. While 3.3% had coverage for one to eleven months.

So, most people with coverage during 2018 held that coverage throughout the entire calendar year. Most people with private coverage and with public coverage also had their coverage for all of 2018.

The larger sample size of the American Community Survey allows us to observe the uninsured rate, as well as, changes in the uninsured rate at the state level. This map shows the uninsured rate by state in 2018. Lighter colors represent lower uninsured rates. And darker colors represent higher uninsured rates.

Six states and the District of Columbia are the lightest shade of blue, with less than 5% of people uninsured at the time of interview. Six states in the darkest shade have an uninsured rate of 12% or higher.

This next map presents the change in uninsured rates. Between 2017 and 2018, the percentage of people without health insurance coverage decreased in three states and increased in eight states. Statistically significant decreases ranged from .3 to 1.8 percentage points. And all increases were 1.1 percentage point or less.

So just to recap and highlight some of our key findings, the percentage of people without health insurance coverage for the entire calendar year was 8.5% or 27.5 million people. Between 2017 and 2018 the uninsured rate increased .5 percentage points. And the number of uninsured increased by 1.9 million.

The uninsured rate decreased in three states but increased in eight states between 2017 and 2018.

More information is available in our reports and on line at the URL you see listed. We'll also be releasing more information about ACS estimates in the coming weeks. The state level estimates mentioned just a few minutes ago were released on September 10. As you can see on this release schedule, some ACS products have already been released. And a few more will be released later this month.

In addition to these tables, we're also excited to have an ACS Brief that digs into health insurance coverage at the state level. Comparing the prevalence of specific types of coverage across states in 2018, and also looking at changes between 2017 and 2018, as well as, between 2013 and 2018. This Brief will be available on the Census Bureau Web site soon.

Now I'm going to turn it over to Edward who's going to talk a bit about recent improvements to the CPS ASEC, as well as, improvements to the way the Census Bureau is releasing our estimates. Thank you.

Edward Berchick: As Laryssa pointed out earlier, the data released today reflected -- or earlier this month -- reflect the use of an updated procedure for extracting data from the computerized interview questionnaire adjudicating logically and consistent responses and imputing the same data. We call this collective set of procedures, or processing system.

We've written a number of working papers and blogs that have presented information about this updated processing system at conferences and an on-site expert meeting which SHADAC attended and served as a discussant.

You can find copies of these working papers and presentations on line. And a detailed summary of changes in Appendix A, in the Health Insurance Coverage in the United States 2018 Report.

But I wanted to give a quick overview of what's different what what's new with the CPS ASEC processing system improvements.

The redesign of the CPS ASEC, which marks the start of a new time series, occurred as a two-state process. In 2014 the Census Bureau introduced redesigned health insurance questions in the CPS ASEC in order to improve responses about health insurance coverage in the previous year. And collect information about health insurance in a way that it improves the responding experience while providing more precise estimates of health insurance coverage.

In previous SHADAC Webinars, Census Bureau experts have described these changes. And I will be happy to talk more about them during the Question and Answer, as well.

While the data collection methods reflected these changes immediately, to ensure timely data release, the data from this new questionnaire was processed using the legacy processing system. The second stage of this redesign therefore, was completed this year.

In January we released a version of the 2017 CPS ASEC that used the updated processing system. And in April we released a version of the 2018 CPS ASEC that used the updated processing system. The 2019 release last month exclusively uses the updated processing system.

This next slide shows some key differences between the legacy and the updated processing systems. For example, the updated processing system includes improved instrument outlook with full detail on plan types. Information available on sub-annual health insurance coverage. An imputation process that imputes health insurance information for groups of people eligible to share coverage.

Additionally, the new system excludes infants who were born after the period when we measured calendar year coverage. Infants who were yet to be born can neither be insured nor uninsured with the new processing system.

The updated system also includes new measures in military insurance. Identifying TRICARE, CHAMPVA, and VA separately, with TRICARE, classified as private insurance, and the other two classified as public insurance.

You'll see this change reflected in our official tables and reports, where we now call this public coverage rather than government coverage.

Now I'm going to show you some estimates across the two files. There's some conceptual differences in the meaning of some health insurance measures across the files. And we don't mean to suggest that they are comparable. However, we're going to show the files side-by-side to highlight some of these differences.

First as you can see on the screen, the research file -- this is using the 2017 research file -- to 2016 estimates, processed using this updated system, we see a 0.9 percentage point increase in health insurance coverage for the total population. Comparing the 2018 CPS and ASEC and the 2017 bridge file, we also see a 0.0 percentage point difference.

We see this change in overall coverage. We also see statistically significant changes in the prevalence of most types of coverage. In particular I want to highlight the large decrease in the prevalence of direct purchase insurance. And smaller but statistically significant decreases in the prevalence of employer sponsored Medicaid and military insurance types.

These changes marked the beginning of a new time series. This slide here shows that the CPS time series from 1997 through 2018. Changes to the CPS ASEC health insurance questions and

processing system results in breaks in series for 1999, 2013, and 2017. Therefore the Census Bureau recommends using the ACS for historical trends, including the one that Laryssa presented earlier.

At this point you may be asking what accounts for the changes with the updated processing system. There are many contributing factors including changes to data extraction for health insurance information, imputation of missing income data, the collection and imputation of demographic information.

But looking at the health insurance components of the processing system, two changes stand out. First, when all household members are missing insurance information, all health insurance information is imputed jointly and among people eligible to share coverage within a household.

Additionally, some changes in estimates are driven by refinements in the research file and bridge file in the 2019 file, such that the annual coverage now constructed from monthly estimates.

The updated processing system also allows us to introduce a number of new measures. These include measures of whether coverage is obtained through the Health Insurance Marketplace; information on sub-annual estimates; additional detail on types of military coverage, as well as, types of coverage at the time of interview. And those are reflected on the next slide.

So before moving on, I just want to summarize three key - some key takeaways. Health insurance estimates with the updated processing system, appear to address data quality limitations of previous files.

Accompanying the updated processing system are changes in the interpretation of some variables, particularly private and public coverage. And new information on health insurance that's available

in the form of some annual estimates to Marketplace coverage. And the changes that you see on this slide are what you can expect how estimates have changed.

And on the next slide it's the summary of which files do you switch processing systems. We've had a number of questions about which uses which. And where we highlight which processing system is used for which file.

To highlight some of the new information available with the updated processing system, let's take a closer look at the current coverage. These estimates capture health insurance at the time of interview, which is typically in February through April of the current year.

As shown on the screen, 90.9% of people held health insurance coverage at the time they were interviewed. As the main measure of coverage in the CPS ASEC, calendar year coverage, captures whether a person had coverage at any point in the calendar year. Estimates of current coverage tend to be lower than calendar year estimates.

Between 2018 and early 2019, the uninsured rate at the time of interview increased 0.4 percentage points to 9.1%. Although the net change in public coverage was not significant, Medicaid coverage at the time of interview declined by .7 percentage points. And Medicare coverage increased by .4 percentage points.

You can read more about this new measure current coverage and how it should be interpreted in the Research Matters blog available on line. It includes this graph that you see here that shows that calendar year coverage and current coverage measure different concepts. And do not necessarily imply something about the future - what we can expect in future years about the uninsured rate. But they do provide unique information. So I highly encourage you to read that blog.

So now I'd like to spend a few minutes on how to access estimates. In general, you can find estimates on the Health Insurance Web site, on tables on Data.Census.gov, and record data.

So starting with the first, we see that on the Health Insurance Web site we have ACS detail tables; ACS detail and historical tables; maps interactive, as well as, publications and working papers.

So in terms of CPS detail tables, you can see that they are Excel format. So, we don't expect you to see that tiny print, but we just want to highlight what those tables look like. And for the CPS ASEC we have three new tables that are a product of the updated processing system.

The first, HO1 shows health insurance status by selected characteristics, including by type of coverage. HO2 shows coverage at the time of interview, also by selected characteristics. And the third shows whether a person held a particular type of coverage for none, part, or all of the calendar year.

We also have detailed and historical ACS tables. These were released earlier this week. And these tables provide the same set of detailed and historical tables that we have released in previous years. They include a number of state level tables, including the one you see here which is, health insurance status, and type of coverage by state and age for all people.

One thing I would like to note on this table is that after the release of the 2017 ACS data products, the Census Bureau identified an error in the data for New Castle County, Delaware which impacted estimates in New Castle County and in the State of Delaware.

So on these tables you will see that comparisons between 2017 and 2018, and all estimates for 2017 for the State of Delaware, have been marked as, not applicable. We have user notes on those on our Web site, as well as, on the ACS Web site.

So back by popular demand we have interactive graphics. So we have three of them this year. This slide, I think, was animated but, it doesn't seem to be animating. And it shows you that you can look at the static map that Laryssa represented earlier, and hover over it and see the uninsured rate for a given state in a given year.

We also have two other interactives including a dot plot of uninsured rate by state across years, as well as, the one you see on your screen here, which is type of health insurance coverage by state.

And those interactive graphics should be available on the Health Insurance Web site, which now that I say that I should say how to access it. Which is, if you go to [Census.gov](https://www.census.gov), you click on Topics, click on Health, and then, Health Insurance.

Another way to access estimates is through [Data.Census.gov](https://data.census.gov). As you can see here, this is what the landing page shows you if you go to that Web site.

The 2019 one-year ACS release was the first to use [Data.Census.gov](https://data.census.gov) instead of American FactFinder. But the site has been live for a little bit longer. It's been going through iterations as data users use the site and provide feedback.

On this slide here, 54 shows many of the features and what data projects are available, as indicated by a check mark. Or it will soon become available, as indicated by a blank cell.

So here's the sort of implementation timeline. So you can see that in the past data releases used were put on in September 2019. This fall, major releases were available through [Data.Census.gov](https://data.census.gov). And in spring 2020, after additional data are migrated to [Data.Census.gov](https://data.census.gov), American FactFinder will be sunset and shut down.

So this slide here was a slide that if I were to give this presentation in a couple of weeks, it would look actually, very different. And that's the highlight that, based on data user feedback, including people listening to this Webinar, the team that runs Data.Census.gov will try to incorporate features that data users want in order to help them better access data.

So you can see they added additional ways to add geographies. So if you want to look at a table and then go down to a smaller component - a smaller geography, there are now multiple ways to do it, rather than just one way.

So I would love to do a live demonstration but, I don't want to use that time right now. And I want to point you to the resources you see on this slide. Where you can see information on Data.Census.gov, as well as, links to various Webinars and what we call data gems.

You can see a screenshot on the right from one of the instructional videos that goes through an example where you can see on the landing page where you type in, you know, characteristics of the uninsured. Or if you're used to AFF table names where you type in F2702, it guides you through a hypothetical example in how to access data.

And it's intuitive in a way that if you're used to American FactFinder, you will find it easy to navigate.

So once again to reiterate, this slide that Laryssa showed, some information is currently available on Data.Census.gov, including a state level geography that includes 65,000 people are more.

Later in this month you'll see additional selected population profiles, as well as subject tables. Begin to quote-unquote, speak AFF, those are the F-tables that you may have used in the past. And then November 14, the PUMS file will be available. The Public Use Microdata.

And that leads to the last way to access data which is, to download the microdata and use your choice of statistical software to run your own analysis. So the Public Use CPS ASEC is available. You can find it now. It was posted on September 10.

This year we're excited about two features. First of all as you can see, it's available in multiple file formats - ASCII, SaaS, and CSC. So there still is the data dictionary, but you no longer need to go to ((inaudible)) to get the format and then read it into your statistical software. You can just read it directly as a SAS or CSV file. As a RN data user I am very happy about that.

And then the second thing you see is, in the past if you wanted to look at information at employer sponsored insurance offering take-up coverage at the time of interview, in the past it used to be any coverage. We didn't have type of coverage of the time of interview or SPM variables. You had to download a separate extract and merge them. But now they're all on the main file.

So if you're looking for those files you won't find them, because those data are already there for you on the main file.

And as I mentioned, the ACS Public Use file will be available on November 14. As in previous years it's a 1% micro sample. So it's 1% of the population. The smallest unit of geography will be a PUMA, which contains at least 100,000 persons. And they're generally counties - groups of counties or parts of counties, with some exception.

And for those of you doing state level - or with in-state analyses, PUMAs do not cross state boundaries. They're all contained within a given state.

And for those of you who are interested in populations below 65,000, for those smaller geographies you'll need to use the five year file. On this slide here you can see the five year released timeline.

As with the one year file, there will be a staggered release, with the initial release of the data profiles, detail tables, and summary file, on December 19.

Early in 2020 you'll get additional access to comparison profiles, subject tables, and narrative profiles, with the PUMS data coming at the end of January.

Kathleen Call: Great Laryssa and Edward. That was great. It's really nice to have a walk-through of the latest coverage estimates.

Now my colleague here at SHADAC, Robert Hest and I are going to briefly discuss some of the SHADAC resources regarding Federal Survey data. And then we'll take some questions. So if you have questions go ahead and start typing them in.

Links to all the resources discussed today, from the Census Bureau and from SHADAC, will be available on the Webinar page. And we'll also send information out via email.

At this point I'll hand it over to Robert, who manages SHADAC's Web tool called, State Health Compare. And he'll walk us through that very quickly, how to access state level health insurance coverage data through State Health Compare.

Robert Hest: Thanks Kathleen. Following the November release of the 2018 ACS Public Use Microdata Sample, SHADAC will be updating our custom, state level tabulations of health insurance coverage on our State Health Compare site. Which can be accessed either by clicking the link in the upper right-hand corner of our homepage at SHADAC.org, or by visiting the site directly at StateHealthCompare.SHADAC.org.

State Health Compare has over 45 state level measures related to topics like health insurance coverage, affordability, access, quality, and utilization of healthcare. But also topics like public health and the social and economic factors that affect health.

These measures come from 16 different data sources including the American Community Survey and the Current Population Survey, among others. Some of which are listed here.

All of our measures are available as tables, maps, bar charts, trends, and state rankings, which gives users the flexibility to visualize the data in multiple ways, and perform different types of analyses.

In addition, for most measures we do provide policy relevant breakdowns by variables like age, race, ethnicity, poverty level, and education. And when available, we provide margins of error, in addition to point estimates, that give users the ability to compare estimates and perform statistical testing. Finally, we also make it easy to download the data in a spreadsheet format.

Let's move to screen sharing and I'll walk you through how to find our health insurance coverage measure. From the State Health Compare landing page you can access all of the measures by selecting, Explore the Data. Here you can see all of the available topic areas and measures.

As I mentioned, many of these measures are available by further breakdowns, which you can quickly see by selecting, Show Available Breakdowns. Let's click, Coverage Type, here to look at our health insurance coverage measure.

This measure allows you to examine health insurance coverage by 13 different breakdowns and by eight different types of coverage. We produce this measure using data from the American Community Survey.

When you select any measure on our site, you'll first see the most recent year of data displayed as a map. This quickly gives you a picture of health insurance coverage across the states. The dropdown menus at the top of the screen allow you to select different timeframes. The different breakdowns we have available, and the different coverage types. If you hover your cursor over a state you'll see the rate of health insurance coverage in that state.

Now let's select rank to view our state rank charts. This chart allows you to compare coverage across the states. Again, the dropdown menus at the top allow you to choose from different breakdowns, select the states you'd like to rank, select the coverage type you'd like to view, and the timeframe.

The states can be sorted alphabetically as they are by default. Or by their estimate, either ascending from the lowest value or descending from the highest value.

If you select, Margin of Error, you'll see a 95% margin of error added to the bars which allows you to compare estimates across states.

Let's move to the Trend Chart. The Trend Chart, as its name implies, allows you to see trends over time. And it also allows you to visualize trends in two different ways. First, the trend chart allows you to compare trends in multiple states. Up to seven states at once.

So if we select the United States, Alabama, Alaska, and Arizona, we can compare the national trend in private insurance coverage to the trend in insurance coverage in these states.

Alternatively, you can compare trends among multiple coverage types for one geography or state at a time. And you can do this by selecting trend lines to show coverage type. So here we see the national trends in all the available types of health insurance coverage.

In addition to maps, state ranks, and trends, we also have customizable bar charts and custom tables available on State Health Compare. Additionally, we give you the option to easily download any of our measures as a spreadsheet. And you can do this by selecting, download data, and then clicking either, currently selected data or, choose data to download.

And with that I'll hand it back to Kathleen who will go over more of the SHADAC resources related to Federal Survey Data.

Kathleen Call: Great. Thank you Robert for a great demonstration of State Health Compare. Apart from the forthcoming updates to State Health Compare, SHADAC has published several blogs with accompanying infographics, to highlight the latest releases from September 10 and 26.

This infographic shows the national and state changes in uninsured rates from 2018 ACS, with uninsured rates increasing nationally and in eight states. While decreasing in three states, and holding steady in 39. Which is consistent obviously, with what Laryssa presented earlier.

Idaho saw the largest increase, a one percentage point increase. And Wyoming saw the largest decrease with a 1.8 percentage point decrease. So to stay updated on our blogs and infographics, you can follow us on Facebook or Twitter, or sign up for our newsletter at SHADAC.org.

We're also working on updating our annual, Comparing Federal Government Surveys in the Count of Uninsured brief, which will be available on the SHADAC Web site shortly. This brief includes a helpful table on the new uninsurance estimates for states where you can easily find the ACS, CPS, National Health Interview Survey, or the Behavioral Risk Factor Surveillance System. These state estimates all in one place, as shown here from the cover of the forthcoming brief.

Again this year, we'll also be developing state specific Fact Sheets using ACS estimates from the new data from Data.Census.gov site. That doesn't flow off my tongue yet; sorry. Which has now

replaced the American FactFinder. And the Fact Sheets will pull out select health insurance coverage estimates in an easy to use format.

If you visit the 2017 ACS tables Web page on SHADAC.org and click on a state in the interactive map, you can pull down the state's specific Fact Sheet for any of the 50 states, DC, Puerto Rico, and the United States as a whole.

On this slide we have an example of the Fact Sheet for Minnesota. It shows -- you need a microscope -- but it does show the change in the uninsurance rate from 2016 to 2017 by several characteristics including age, race, ethnicity, and citizenship status. As well as, by education, income, and poverty levels.

Although it's not currently pictured here, each Fact Sheet also has a change in county uninsured estimates for all ages for those county sets, are available in the one-year ACS file. Which are counties with a population greater than 65,000 people.

This is a great resource to quickly look at uninsured estimates in your state by characteristics and see uninsured estimates for all counties in an easy to use table.

If you're interested in tabulating your own estimates from the microdata, the Minnesota Population Center publishes Census Bureau microdata through IPUMS. This is free, easy to use, and well documented way to access the data. One of the benefits of using the microdata is that you can create your own custom tabulations. For example, you may want to define each category differently than what's published and available to the Census.

The microdata is currently available through 2017. And the 2018 CPS and ACS data files will be available in about two weeks, after the public use files are released from the Census Bureau.

Again, this year we'll be providing SHADAC's Health Insurance Unit and Poverty Guideline variables for both the ACS and CPS through IPUMS. And that will be available soon.

Now we're going to begin the Question and Answer session. In addition to Laryssa, and Edward, and Robert, we'll be joined by one of my colleagues here at SHADAC, Brett Fried, who's a Senior Research Fellow here at SHADAC. And some of the questions may pertain to him so, we're glad to have him on hand.

We've seen some questions coming in already so, I'm going to encourage you to contribute more questions if you have any, in the Chat box. Or you can also send them to our Twitter handle which is, @SHADAC.

So let me take a look at the questions coming in. So one person asked why we can't use the ACS prior to 2008. And I'll go ahead and let Edward and Laryssa answer that question.

Laryssa Mykyta: Sure, I can answer that question. Basically the health insurance coverage questions were added to the American Community Survey in 2008.

Kathleen Call: Thank you. How has the Marketplace share in the direct purchase category been changing over time? Can you tell us a little bit about that, if it's possible to look at change over time between those two markets?

Edward Berchick: So, yes. This is Edward. You can look at using the 2017 research file, 2018 bridge file, and the 2019 CPS ASEC. I don't have those specific estimates in front of me. The one I do have is that between 2017 and 2018, the percentage of people with Marketplace coverage did not statistically change between those two years.

Kathleen Call: Great. The next question asks, does the separation of public and private Tricare also applied in the ACS?

So I think the question is really kind of VA, CHAMPVA versus Tricare. Whether or not that's separated in the same way, both the ACS and the CPS.

Edward Berchick: Yes, it is. So since 2008 the ACS has characterized Tricare as private and VA and CHAMPVA as public. So the CPS ASEC, with the updated processing system, is now in line with the ACS.

Kathleen Call: Great. The next question is, whether it's possible to see these data, the breakdowns by coverage type and changes, at a state-by-state level?

Laryssa Mykyta: Yes, in ACS we have - for the ACS we have the table, is it 5. Table HI5 on our Web site breaks down by state to type of coverage by state. And we're also upcoming, there will be a brief that explores this topic in more detail.

Kathleen Call: Great. One other question has to do with the sub-state or sub-year questions from the data from the CPS. Whether or not there is going to be a possibility of seeing some of the month by month data that - the way that the questionnaire was redesigned, to be able to have both points in time create an annual estimate. But the fact that there's month-by-month data, will that be available at any time?

Edward Berchick: So right now, we released information about whether a type of coverage was held for part, all, or none of the year, for five types. Any coverage, no coverage, public, private, as well as Medicaid.

In terms of the month-by-month variables, it's an area that we are currently evaluating. That information will be at a very granular level. So the Census Bureau is committed to preserving respondent confidentiality. So we're working at ways to ensure that we will be releasing quality, accurate information, while at the same time not compromising any confidentiality.

Kathleen Call: Great. There's a few questions here so, I'm going to kind of jump around. I was trying to find another one that's relevant to the CPS. I'm going to switch over to the ACS.

So you are able to now show whether or not information is available, or whether or not private coverage is either through direct purchase or through the Marketplace plans under CPS, which is fantastic. Is that something that's going to be happening with the ACS Survey at any time?

Edward Berchick: So in 2019, so currently in the field, the ACS added a question - a two-part question to capture subsidized Marketplace coverage. So it won't be able to say - so we won't be able to provide estimates of unsubsidized Marketplace coverage. But it will be able to provide subsidized. And hopefully we can present results for that at next year's SHADAC Webinar.

Kathleen Call: Great. That's wonderful. This is another ACS question. So right now people can get the, you know, the annual file as well as, the five year file. But what if people want to be able to break down like two or three years and compare those. Are there anything that they should know or any resources on the Census Bureau Web site that can help people do that?

Edward Berchick: So the short answer is, you can look at year-to-year - you can look at year specific estimates for multiple years on Data.Census.gov. There is a - they're currently working on a new platform to replace DataFerrett, for those of you who have used DataFerrett, that would provide some of that functionality.

There is not currently a timeline for that release. So I think there are no tools at the current time to do proper statistical testing on Data.Census.gov. But if you want to look at MDAT, this new DataFerrett replacement, you can find it at Data.Census.gov\MDAT, M-D-A-T.

Kathleen Call: Okay, that's great. So I think comes from kind of, you know, people that wanted to look at changes pre-post ACA. But there's like you could average five years, so that makes it challenging. So just people wanting to be able to take you know, a cluster of years, especially if they're looking at state level, year-by-year comparisons.

So I think there's always a demand for that, being able to aggregate the data in a different - in less than a five year file. So I'm guessing that's where that's coming from.

Edward Berchick: They're not aware of any plans to do that.

Kathleen Call: Yes. You wish it were there but, it's not. I guess, here's a question about whether or not there's any advantages to using the microdata instead of what's available through the census.data.gov?

Edward Berchick: So, the advantages are, if you want to do a difference in difference, regression based analysis, that's one area. If you want to do a model, as opposed to just looking at specific estimates.

And the second thing is, we have a large number of tables on line that include the number of breakdowns by selected demographic and social characteristics. But if your analysis wants to look at some combination of characteristics that we don't have in one of those tables, that will be a case where you would want to use the microdata.

Laryssa Mykyta: Yes.

Edward Berchick: So if you want to cross race, by income, by education for example, we won't provide that three-way cross tab.

Kathleen Call: Okay, thank you. Laryssa, did you have something to add? I heard something so, I wasn't sure.

Laryssa Mykyta: No.

Kathleen Call: Great. The next question is about the release of the SAHIE data, the Small Area - I can never remember what the whole thing stands for.

Edward Berchick: SAHIE - Small Area Health Insurance Estimates.

Kathleen Call: Thank you. I love acronyms. So, any...

Edward Berchick: So, those data are generally released in the spring. They use ACS as one of their inputs. But they also use ((inaudible)) records, as well as, other sources of data. So it takes a little bit of time for them to collate those sources and run their estimates.

Kathleen Call: But it should be probably about the same time as previous years. There's no anticipated slowdowns in that.

Laryssa Mykyta: There's no anticipated delay in that release, no.

Kathleen Call: Great. We're coming up on the last couple of questions. One is, whether or not the new processing system that's been applied to the CPS, whether or not there's a goal of going back to the first year's after the redesign? Because I think you just showed the last year's data, right?

Laryssa Mykyta: So we have the 2017 research file, and the 2018 bridge file, both of which were - for 2016 estimates and 2017 estimates which use the updated processing system. At this time we do not have plans to go back to earlier years.

Kathleen Call: Okay. And you'd only be able to go back one more year, right? Because that's about the year the - because I know the redesign was in 2013.

Edward Berchick: The redesign was in 2014 for the health insurance questions. And 2015 is when they fully implemented the revised income questions. And in 2016 the revised demographic questions.

Laryssa Mykyta: The demographic edits.

Edward Berchick: The demographic edits -- not to get too much into the weeds of the CPS -- were instituted based on when people entered the CPS Basic. So based on their rotation group.

And so it started to be implemented in 2015, but it was not fully implemented for a year, until all those rotation groups went through their first month in sample.

Kathleen Call: Great. So at this point there's no plans to go back any further than you already have, with the new processing system?

Laryssa Mykyta: That's correct. At this point there's no plan.

Kathleen Call: Okay. That was the last question that I received. So I guess we're ready to finish up. I always give people a second to get one more question in. All right, so I think we wrap up the Question and Answer, as we get to the top of the hour.

If you have any further questions, feel free to reach out to us at SHADAC@umn.edu, and someone will follow-up with us, either through a chat or we'll send those questions over to our ((inaudible)) at the Census Bureau.

Again I want to thank Laryssa and Edward from the Census Bureau for talking with us today about the ACS and CPS Health Insurance Coverage Estimates.

A very big thanks to the Robert Wood Johnson Foundation for supporting today's event. And as previously noted, today's presentation slides are posted at SHADAC's Web site at www.shadaq.org at Data Release Webinar.

We'll add this link and any follow-up questions or items, and the additional resources mentioned today, on the same page. And a recording of the Webinar will be posted on our Web site, shortly. We'll also include a direct link to the recording in a follow-up email to all attendees.

Thank you everyone for joining us. And again, a big thank you to the Census Bureau. Have a great afternoon.