

TRANSCRIPT

**“2013 Health Insurance Coverage Estimates:
SHADAC Webinar Featuring U.S. Census Bureau Experts”**

**Moderator: Joanna Turner
September 24, 2014
12:00 pm CT**

Kathleen Call: Welcome to SHADAC's webinar on the 2013 Health Insurance Coverage Estimates featuring the Census Bureau and SHADAC's experts. Thank you for your patience. We've had some technical difficulties on our end, and we really appreciate your patience.

I'm Kathleen Call from SHADAC and I'm joined on this call by Joanna Turner, who's done the lion's share of the work in getting this set up. And Julie Sonier will be here for the question and answer period.

Thanks for joining us, and thanks to the Census Bureau for participating. Also, we're grateful to the Robert Wood Johnson Foundation for funding SHADAC's work and making this webinar possible. One of SHADAC's goals is to link states with federal data sources, and we're happy to have the Census Bureau experts on hand to share their latest results and answer questions.

Before we get started, some technical items. You are all muted because of the large number of attendees on this call. You can submit questions via the chat

feature on the left-hand side of the viewing screen. We'll be monitoring those questions as we go.

If you are having technical difficulties with ReadyTalk, please call 1-800-843-9166 or you can ask for help via the chat feature. ReadyTalk is monitoring that. The slides are available for download on the link in the fourth bullet. The webinar is being recorded, and we'll notify you when it's ready to be posted on the SHADAC Web site.

Again this year we'll be discussing the recently released Health Insurance Coverage Estimates from the Current Population Survey and from the American Community Survey. This is an exciting year, as this is the first year of the redesigned Current Population Survey's health insurance question.

It's also a challenge any time an established survey implements major changes. And although these changes resulted in a break in the long CPS time trend, the redesign adds a lot of valuable new content.

We hope today's webinar will help you understand the estimates available, the timeline for the rollout of the new CPS content, and what questions can be answered with the redesigned CPS and with the ACS.

We're happy to have Jennifer Day and Brett O'Hara with us from the Census Bureau today. Jennifer is Assistant Division Chief of the Social, Economic, and Housing Statistics Division, and Brett is Chief of the Health and Disability Statistics Branch.

I'm going to hand the webinar over to Jennifer Day, who will be discussing the redesign of the CPS survey, the rollout of the estimates, and presenting highlights from last week's CPS and ACS data release. CPS estimates are

released on September - were released, excuse me, on September 16, and the ACS on September 18.

Then Joanna Turner, a Senior Research Fellow at SHADAC, is going to discuss SHADAC resources. After the presentation, there'll be time for questions and answers. Please type your questions into the chat window at any time during the webinar. With that, I turn it over to Jennifer.

Jennifer Day: Thank you, Kathleen and Joanna. So we often get asked about the differences in our surveys in the Current Population Survey and the ACS, and you can see here kind of a side-by-side comparison of these surveys.

So, first of all, the methods are slightly different. In the CPS, we have the -it's a survey of the civilian non-institutional population, and on the ACS it's the U.S. population, including group quarters. So slight variances there.

The CPS sample size this year was about 76,000 housing units. And the ACS is the largest survey that we do at the Census Bureau and one of the largest in the world with about 2.3 million households. The geography that you can get from these surveys differs, also.

The CPS, typically, you can get the national estimates, and we've also provided state estimates from the current population survey in previous years. And usually that's done by combining two years or more of data to get good state estimates.

The ACS, because of its huge sample size, can get to much smaller geographies. It provides state estimates every single year and substate estimates all the way down to block group level by combining years.

The mode, the way that we collect the CPS and ACS differ also. And the CPS it's an in person visit the first time we go out to the household, and after that the follow up in the current population survey is done mostly via the telephone. In the ACS, we mail out a questionnaire or, actually, now a card inviting people to participate.

And they can either answer via the Internet or on a paper questionnaire and mail it back. For households that don't answer the first month, we then give them a call to try to get the answers. And then in the third month after that, if we still haven't heard from the household, we send somebody as an in person interview to a select number of those households.

So it's a very different way of collecting the information in both surveys. The uninsured measure in the CPS is - what we're trying to collect is the uninsured measure for all of last year. And so it's January through December of the year before.

In our new redesign survey, we now also get the point in time. Meaning, when we're asking the interview, we first start off by saying, "Do you have health insurance now?" And so that gives us an extra measure we've never had before. In the ACS, we have what we call point in time. Meaning, at the time of the interview, "Do you have health insurance?"

So it's a different measure, but they're both trying to get to the same thing. And that is, for instance, this year's estimates that we just put out last week were reflecting the calendar year 2013. It's just they get at it a slightly different way, meaning in CPS we ask, "Did you have insurance from January through December of the prior year?"

And in the ACS, as I said, it's the composite of answers from everybody we interviewed throughout the year of their status at the time of the interview. The years available in the CPS, we started asking back in 1988, which reflected 1987. So we have a time series that goes back decades up to 2013, where we actually changed the question. So it's a break in the time series.

For the ACS, we actually started asking the questions in 2008. And we have not changed the questions during this time period, so we have from 2008 all the way up to 2013. Let me move forward on the slide. Okay. Great. Let's see.

So, as I mentioned, we have the trends that you can look at in the CPS from 1987 to 2012, and then we have this new questionnaire. So you really can't compare across the new questionnaire to prior years. So it'll be 2013 and forward. So 2013 gives us a really good baseline for measuring future changes in the healthcare reform.

For ACS it's been the same question throughout this time period, so we'll be able to really look at the changes from 2012 to 2013 using the ACS. Both, as I mentioned, have state estimates, and the ACS provides substate estimates. Okay. So how did we redesign the CPS?

All right. We had a lot of research that we did. We spent over a decade of looking at research, trying to figure out what was going on with the CPS. Many experts identified that there was - the estimates we were getting from the CPS seemed to be not in line with what other surveys were giving us.

We did some analysis and looked at the Medicaid estimates compared with administrative data from the Medicaid records, and showed that the Medicaid estimates we were getting from the CPS were at least a quarter lower than the administrative records.

We also believed that the way that we were asking the questions when we were out in the field in February, March, and April, and we're asking about January through December of the prior year, that maybe there were some recall error that the - maybe some respondents fatigue at the end of the questionnaire.

They're trying to figure out what we're really trying to ask them. And that maybe we were getting a mixed bag of answers. Maybe people were telling us what they had at that moment versus what they had the year before. But either way we did know, at least for Medicaid, we were undercounting how many people were on Medicaid.

So we did a lot of testing. We did a lot of cognitive testing, qualitative interviews. We did some survey experiments. And we came up with what we believe to be a good set of questions. And we actually feel the two major surveys, one in 2010 and then another one in 20...

(Brett O'Hara): '13.

Jennifer Day: '13? I'm sorry, I'm getting my years mixed up. Thirteen, where we were looking at how well these questions worked, and then how well these questions worked in the CPS ASEC. So what did we come up with? So we improved our measure of the all-year covered.

And to do that, we started with an anchoring question, which was this point in time measure. We started the survey by asking, in February, March, and April, "Do you have health insurance now?" So that kind of gets that concept out of the way and answered.

And then we can ask them, "Well, how long have you had this - how long have you had this health insurance or did you have it last year at any time?" So that we could then go into what did they have and establish what respondents would have had the prior year.

We also added new questions that measure Exchange participation and receipt of subsidies. Based on information that we had done some testing in Massachusetts the year before, we were able to put those questions in.

We also have new questions on employer-offered health insurance coverage, which we actually had in the CPS before and another supplement. And we were able to pull it into the health insurance section of the ASEC supplement.

And then we also were - the income questions, we were introducing a new way of asking some of the income questions that we put into the CPS ASEC, which I'll go a little bit more into later. So we knew that we had some measurement issues.

Some of the measurement issues we identified were, as I mentioned, the calendar-year reference period where we weren't sure exactly if people were really giving us the status of all of last year. The way that we were asking the questions the structure was a laundry list, basically. "Do you have this kind of health insurance? Do you have this kind of health insurance?"

And, basically, one of the problems we could see we had was as soon as people got to something that sounded like what they thought they had, they would say yes. And so there was an overestimate of people telling us they had something higher up on the list than further down on the list. So if it sounded like Medicare or Medicaid, they'd say yes to the first one they would hear.

And also the household level design that we had in the prior CPS health insurance questions really didn't ask every single person by name. And so we were concerned that some people may not have actually been - we may not have gotten the health insurance coverage for everybody who might have been in the household.

So the flow of the questions. It starts, as I mentioned, with this current coverage status. And then it iterates through. It goes into plan type. It asks them what kind of plan type it was, what months it covers, and then, "Was anybody else in this household covered by that plan?"

And it would iterate through this until we were able to capture for each person, each plan type that they were on, the months it covers, and if anybody else was covered by that plan.

Once it cycled through that and we captured all the information about the health insurance, it then would go into the other things, such as the employer-sponsored insurance take up, health status, and medical out of pocket questions.

The flow of design, rather than go through the whole thing, we can at least cover here some of the basics of how the flow of the instrument went. It started with covered now. And so in this year, for instance, if we were in March, we would ask were you covered now.

And that kind of anchors the respondent as to, "Yes, I had coverage," or, "No, I didn't." If they said no, we would then follow up with, "Well, are you covered - were you covered in the past? Last year?"

If they said yes, we would ask them, "What type? Was this before January 1 the prior year, which is 2013? And if it was before, has it been continuous until now? And if it was after, then what month did it start?"

And then find out, well, has it been continuous from that point until now? Then we would ask, "Is anybody else in the household covered by this plan? And, if yes, who else is covered and what months are they covered? And no, well, did the plan cover anyone outside the household?"

This is just a start. And from there we would drill down. The real beauty - one of the beauties of this new instrument is we start with very general questions, and then drill down to specifics as to plan type and when and that kind of thing. So we can really get a full picture of a very complex health insurance environment here.

So now we'll look at how we implemented the CPS. So, as I mentioned, we had new questions on income, as well as these new set of questions for health insurance. But for income, we did a split panel approach.

So we put the new questions as part of the 2014 sample, but it was only part of the sample that got these new questions for health insurance, and the rest of the sample got the traditional health insurance - excuse me, the rest of the sample got the traditional income questions.

We believe that the split panel preserved the time series for the income questions, which provides estimates of poverty, and also would then provide a bridge between the old and new series.

However, for the health insurance, we believed that we really needed to have the full sample for health insurance in order to provide a baseline before some of the major provisions would take effect with the Affordable Care Act.

And we really believed that these new - this full sample would give us reliable estimates, especially for small groups that would be most affected by the change in the law.

We also knew that we had the American Community Survey, which was not changing its questions, which would be able to provide that bridge - provide that - what's the word I'm looking for - provide a way for people to see how health insurance has changed over that year where we can't go back with the CPS.

So here's a visual of how we implemented it. On the income, items are listed on the left and health insurance on the right. The full sample was 98,000 addresses and, as I mentioned, everybody received the new redesigned health insurance questions.

But the income questions on the left, about 68,000 addresses received the income questions, about 5/8 of the sample. And 30,000 received the redesigned income questions. So for the release last week, in our reports or tables or PUMS, everything we released last week is based on the sample of 68,000 addresses.

This is a nationally representative sample of addresses here, so it gives us high-quality estimates based on 68,000. At the bottom you can see, we are currently analyzing the redesign income questions at this point. And then in January, we plan to release the full set of PUMS based on the entire 98,000 addresses, which will include the redesigned and standard income questions.

It will not include any new variables with the health insurance information at that point. However, next summer, we plan to release more information that we've collected, all the extra stuff that we collected in the new health insurance section on the content and questions that we got.

So we look forward to releasing that next summer when we've done more analysis. And, basically, we will be rebuilding our processing system to incorporate the information of the new questions. So let's look ahead and see what our CPS estimates look like.

So one of the questions is, so how did the CPS questions work? And as you can see, the CPS estimates shown here from 2008 all the way up to 2012, and then for 2013, and then the first three months of 2014, or actually February, March, April.

And the 2013 estimate for all-year uninsured was 13.4%, much lower than where we had seen the estimates that we had for prior years. So this is really a visual to show why we really recommend you not compare the prior years to 2013.

And then the February, March, and April estimate is 13.8%, which is more of a point in time type estimate, which, as you would expect, is higher than the all-year estimate of last year. Okay. And we'll look on now our estimates and trends for 2013. Okay. And, Joanna, did you want to pick it up at this point or shall I continue?

Joanna Turner: If you want to do the next two slides, that would be great.

Jennifer Day: Okay.

((Crosstalk))

Jennifer Day: Okay. So here we've got population without health insurance by state. And you can see that Massachusetts is at the top and Texas is at the bottom, the two extremes, with the estimate of the U.S. total shown here in red, more than half-way down the list. Thus many larger population states, such as Texas, Florida, and California have higher rates of uninsurance.

And then here we have - we show - this is ACS, and it provides even more further geographic detail. For example, here we see the 25 most populated metro areas listed by their uninsured rates. Boston is at the top with 4.2% uninsured, not statistically different from the prior year, but down from 2010.

And at the opposite end is Dallas, Houston, and at the bottom is Miami at 24.8%. Again, it's not different from the prior year, but down from 2010.

Joanna Turner: Great. Thanks, Jennifer. As Jennifer mentioned, the ACS can be used to study changes in time. So in this slide, we're looking at, for all ages, what happened with the uninsured, private, and public coverage. So we see that there was no change at the national level in the uninsured rate.

There was an increase of 0.5 percentage points in public coverage, and a decrease of 0.2 percentage points for private coverage. So we can drill down and look at this at the state level with the ACS. So we see that, overall, two states had an increase in their uninsured rate and 13 states saw a decrease.

Looking at private coverage, there was a decrease in private coverage, five states, and an increase for six states. And similarly for public coverage, we see

that Wyoming was the only state that saw a decrease in public coverage, while several saw an increase.

So those were all from the ACS one-year data. And for those of you familiar with the ACS data products, they release two products every year, the one-year file, the three-year estimates, and the five-year estimates.

So the public-use microdata file from the one-year estimates that we were just looking at will be available October 23rd. And this is a 1% sample of the population. In the public-use file, the smallest identifiable geographic unit is PUMA, which is the Public Use Microdata Area.

And these are generally groups of counties or parts of counties. And this is pointing out PUMAs do not cross state boundaries, which is very convenient when you're trying to do substate analysis.

So the upcoming data releases, the three-year estimates for 2011 to 2013 will be released on October 23rd through American Fact Finder. These are estimates for areas with populations larger than 20,000. And the PUMS file for the three-year estimates will be released on December 4.

So the five-year estimates, the 2009 to 2013, will be released on December 4th, with the PUMS file on January 22. Now the five-year estimates are really useful for looking at small geographies within a state.

With the five-year file, we're able to look at estimates for all counties, as well as zip code tabulation areas. Jennifer, do you want me just to go through your resources, or would you like to jump in?

Jennifer Day: Sure. Go ahead.

Joanna Turner: Okay. So this year the Census Bureau split their annual report into two. So there's a separate income and poverty report, and then the health insure report. And these were both released last week.

So this year the health insurance report includes both all of the 2013 CPS estimates, as well as some state level American Community Survey estimates to give a broader picture of coverage so that we can look at what's happening, you know, right now with the CPS, as well as looking at trends over time with the ACS.

You can find the full set of ACS estimates through the American Fact Finder summary tables. And the Census Bureau just made one modification this year to the table, for those of you familiar, S2701.

They included rows that include health insurance coverage by type, which I personally think is pretty helpful, so that you can look at the percentage that have private coverage and public coverage with the associated margin of error with it so you don't need to calculate that from the detailed table. So that is useful.

Jennifer mentioned that new this year with the redesign we have CPS point in time estimates for the period from February to April 2014. And this year a limited set of these were released along with the National Health Interview Survey, the NHIS estimates.

And they have a comparison document that's linked on the slide so we can see how the NHIS and CPS point in time estimates compare. They're a slightly different timeframe. NHIS is measuring January to March, and CPS, February

to April. But it's a little small on this slide. It's just a screenshot. But the NHIS point in time estimate is 13.1% uninsured, and it's 13.8% from the CPS.

Jennifer Day: And I want to point out that they were not statistically different.

Joanna Turner: Oh, thank you. Yes. That is the last column on the slide showing the different in percentage points. The Census Bureau has also made a research file available with the point in time estimates, and that's available at this link.

So the file has the household sequence number, the person number, as well as an identifier on whether or not the person had any coverage or not at the point in time February to April 2014. So this file can easily be merged onto the main CPS file that was released from the Census Bureau if you want to do some early analysis to see what the estimates look like.

Just want to remind everybody that you can type your questions into the chat window at any time. Now, we'll be updating SHADAC's Data Center with the newest CPS and ACS estimates. And if you haven't visited the Data Center in a while, we did launch a redesigned Data Center in February.

So we still provide the depth of health insurance coverage information that was previously available, but we've made improvements so that it's more useful for analysis. It's now easier to explore health insurance coverage topics within your state, and to compare across states and over time.

So we have additional topics from more data sources and some great new ways to visualize the data. So we're able to look at data using maps and charts, as well as time trends.

And we did a webinar on this a couple months after launch, and the virtual tour is available from the main page of the Data Center if you would like to be walked through it. Or it's pretty self-explanatory if you just jump in and start looking for the estimates you're interested in.

So we also have several resources that are available from the webinar page, and you can also find today's slides at this link. So we've updated our annual Comparing Federal Government Surveys That Count the Uninsured brief.

And this brief has the helpful table of the new uninsurance estimates for states, where you can easily find the ACS, National Health Interview Survey. And new this year, we added estimates from the Behavioral Risk Factor Surveillance System, BRFSS. So we have all of these state estimates in one table.

Now, we didn't include the CPS estimates, because the Census Bureau did not release them under that smaller sample size. So it just includes the ACS, NHIS, and the BRFSS estimates. We also have a brief that discusses, in general, recent revisions to several federal surveys for measuring the impact of key provisions of the Affordable Care Act.

So this brief provides an overview of changes to the surveys and how they related to the ACA. It also includes information on survey content, design, and sample sizes. And some of you might be familiar with this brief. This is an update of one that we released two or three years ago.

We also have a brief that provides a more detailed overview of the redesigned CPS, and we've put together a one-pager that we hope will help to clarify the multiple CPS data releases that are happening this year. And we also have a

timeline that provides information on when 2014 estimates will first be available for the nation and states from the NHIS, CPS, and ACS.

So we won't have 2014 estimates for all states until September 2015 from the CPS and the ACS, but we will have an early look for a limited set of states from the National Health Interview Survey. And again this year, we've developed state-specific fact sheets using ACS estimates directly from American Fact Finder.

So these states show change in the uninsured rate from 2012 to 2013 by several characteristics, like age, race, ethnicity, education, and income. And these sheets also include change in county uninsured estimates for all ages and children for those counties that are available in the one-year file. So you can find a drop-down menu with a sheet for your state at the link on the slide.

Now, the SHADAC CPS enhanced series has historically harmonized the CPS Health Insurance Coverage Estimates over time. But due to the CPS redesign and split sample, we're not going to produce enhanced estimates this September.

After the full file is released in January, and we better understand the Census Bureau's new editing, imputation, and weighting routines, we will be evaluating the continuation of the enhanced series.

So it's, you know, likely that the enhanced series is going to continue from 2013 forward, but at this time we don't think it's possible that we can create a bridge for health insurance coverage from 2013 backwards in time.

Now for those of you interested in tabulating your own estimates from the microdata, the Minnesota Population Center publishes Census Bureau

microdata through IPUMS. This is a fee, easy to use, and well-documented way to access the data. And the 2013 CPS data was actually just released today.

And IPUMS will be updating their files when the Census Bureau releases the full file in January and next summer when they release the new health insurance content. IPUMS will have the ACS data available about one to two weeks after the public-use files are released from Census.

And again this year, we'll be providing SHADAC's health insurance unit and federal poverty guideline variables for both ACS and CPS through IPUMS. And if we do continue the enhanced series, this will be available through IPUMS as well.

Now, I'll hand the call back to Kathleen to moderate the question and answer session. And again, just a reminder that you can type your question into the chat window.

Kathleen Call: Great. Thanks, Joanna, and thanks to Brett and Jennifer. At this point, I'm going to read some of the questions that have been put into the chat box. We have quite a few, so we'll see how many we can get through. And if we can't, we'll go ahead and have those listed as answered questions on the web site after the fact.

So I'm going to start with the first question, and where we can, I think, Joanna, I'll ask you to answer some of the questions. And, Jennifer and Brett, I hope that you'll chime in if we need help. Okay.

So in the CPS - this is a clarification question - somebody wants to know if a person who is uninsured one month out of the 12 in the CPS, do they go into the uninsured bucket or is there some sort of prorating across the months?

So if they only show up as one month that they're uninsured, are they listed then as uninsured? And I'm assuming that this question has to do with new redesign rather than the old CPS, given that, that was an annual question.

((Crosstalk))

Joanna Turner: Jump in, Jennifer.

Jennifer Day: Okay. All right. So historically the CPS, the measure of uninsured in the CPS has been if you were uninsured for the entire calendar year, from January through December. So if you had insurance even for one day, you're not put in the count of uninsured.

And that's the same way with the 2013 CPS. If you were uninsured for the entire calendar year 2013, you were considered uninsured. But if you had insurance any time during that year, you were considered having insurance at least for part of the year.

The really neat thing that we'll be able to do once we start building our new processing system, is we'll be able to tease out how many people actually had some kind of insurance during the year, which is a new variable we'll have which we haven't been able to collect in the past.

Kathleen Call: Great. Thanks a lot. So the CPS data accessible through the CPS table creator, is there something similar for the ACS?

Joanna Turner: So the ACS estimates are available through American Fact Finder, which has a set of - you know, a very extensive set of pre-tabulated estimates. And then both the CPS and ACS, of course, are available - or will be available for the ACS in the public-use microdata files.

Kathleen Call: Great. And can you access state level data in both of those tabulators? Estimates for the state?

Joanna Turner: Yes. I'm pretty sure. CPS table creator does have state level estimates, I believe.

Jennifer Day: Yes.

Joanna Turner: Yes. Okay. And, of course, the American Fact Finder has state level, as well as all of the substate estimates. So you have counties when you're looking at the five-year file, the zip code tabulation areas, places, metro areas, so.

Kathleen Call: Great. Thanks a lot. One of the audience members wants to know whether or not the CPS or the ACS will be asking whether or not individuals that don't have coverage have paid a penalty for not having insurance?

Joanna Turner: I don't believe so. Jennifer?

Jennifer Day: We do not have a question like that on either survey at this point.

Kathleen Call: Great. Did you notice any key differences between the two subsamples who received the different income questions? Are they pretty similar? Are they somewhat different? Or is that something you're looking at right now?

Jennifer Day: We are looking at that right now. They are both representative samples of the U.S. population. But we are at the point right now, I showed on that one slide, that we are looking at that 30,000 sample right now and the estimates we're getting from that.

Kathleen Call: Great. This next question asks whether or not the 2015 CPS data collection will use the new income questions only?

Jennifer Day: That is - at this point, we are still evaluating that.

Kathleen Call: Great.

Jennifer Day: Should have an answer shortly.

Kathleen Call: Okay. Also, will the 2015 CPS - sorry. Will 2015 CPS be available in September of 2015? I'm not sure if I understood this question. I'm reading it verbatim, but I may have it wrong. I think I'll just move on to the next question.

Joanna Turner: Just a moment. I think I'll jump in. In September of 2015, we will have 2014 estimates for the entire calendar year, as well as, again, that early look at the February to April 2015 point in time estimates.

Jennifer Day: That's correct.

Kathleen Call: Somebody asked whether or not anyone's going to produce a type of enhanced estimate or comparison of state and county level to access the ACA implementation for 2014?

And I think they're referring to the enhanced CPS series that SHADAC has produced, and because of the level of redesign or the difference between the previous CPS health insurance questions and the current CPS questions, I think we're not certain that that's going to be feasible. So...

Joanna Turner: But next year we will have 2013 as well as 2014 estimates so we can look at changes in time. And from the American Community Survey, I can't remember the table number, I think it's CP03, does show changes over time. And you can look at that at the state level, as well as at the substate or the county level for those that have populations larger than 65,000.

Kathleen Call: So that's even at the level through the two years, because then you'll have two years of estimates?

Joanna Turner: Yes. Next September.

Kathleen Call: Because that was another question about in the past the CPS or the Census Bureau has advised people to use two- and three-year averages for state estimates. With the break in series, do we need to use a single year from now on?

Jennifer Day: So what the Census Bureau has done this year is we did not put out in our tables any state estimates from the Current Population Survey, because that's exactly what we've done in the past. We've combined years of two or three years to produce state level estimates from the Current Population Survey.

Instead, for those tables where we had that, we actually used the American Community Survey data to populate those tables and used the one-year ACS to provide those estimates. So, yes, we normally would say use two or three years of CPS to create a CPS state level estimate.

This year we're saying don't do that, because last year's estimates and this year's estimates are basically two different sets of survey questions. So they really don't line up that well.

Kathleen Call: Great. And so it's possible by next year we'll be able to get some state level estimates from the CPS, because you'll have two years of data?

Jennifer Day: Yes. It'll be two years of the same consistent questions.

Kathleen Call: Will the health insurance estimates change over the multiple releases? For example, it sounds like the uninsured estimate will change from the September release to the January release, because of the change in the sample. So will the estimates change from the January release to the ones that are released next summer?

Brett O'Hara: As Jennifer was talking about, we are going through a whole new processing system. And so that will change the actual - the data. For instance, a new processing system might say this person that didn't answer is on Medicaid versus this person that didn't answer is on some other type of health insurance. And so we're really looking at all the reprocessing that we did for the people that didn't answer the questions.

Jennifer Day: So theoretically, the estimates could vary, though hopefully not dramatically. It's just really we're taking into account with the new processing a lot more information from the survey itself than what we've had in the past, because this survey has expanded somewhat.

Joanna Turner: So just to clarify, the weighting and editing will be implemented next summer with that release?

Jennifer Day: That's correct. The weighting should be more or less the same, it's the editing processing that's going to shift.

Joanna Turner: Okay. Thank you.

Kathleen Call: Okay. So will we be able to use the CPS to study churning, like will the month level data be available for future public-use file?

Jennifer Day: So that's to be determined at this point. As I said, we're working on our processing system and some of it may come down to disclosure issues whether or not we can put out monthly. Certainly, we'll have at the very least some kind of variable out there to get to churning, because that certainly is one of the benefits that we can have with this new set of questions.

You'll be able to see who's going on and who's going off, you know, in or out of insurance or not insurance or what kinds of insurance. And that's what's pretty exciting about this new set of questions here.

Kathleen Call: Great. Thanks. Does CPS table creator allow us breakdowns of uninsured in the total population by age and income categories? Does the American Fact Finder provide similar breakdowns using the ACS data?

Joanna Turner: So American Fact Finder does have tables of uninsured and, I believe, coverage type by age, and then tables by income level. And if you want to contact SHADAC, we're happy to help you walk through and find, you know, hopefully find the estimates that you're interested in through American Fact Finder.

Kathleen Call: Great. Are there any plans to add an Exchange or a subsidy question to the ACS? And, if so, when?

Jennifer Day: Okay. So currently we are going through a process for a content test where a number of the variables or questions on the American Community Survey are - we look at, including the health insurance question and the Exchange and subsidy questions are in this new content test.

So right now we're going through rounds of cognizant testing and then we will be doing, I think it's in 2016, we'll have a full content test, which will be implemented by 2019. So the short answer's yes.

Brett O'Hara: So we would get data out of the 2019 we'd start the process, and in 2020 we actually will get data for users.

((Crosstalk))

Kathleen Call: Yes. And it'll be interesting to see how much people kind of get acclimated to the Exchange and subsidy, like those concepts, and whether or not measurement will shift over time. So why is the redesign CPS measure of all-year uninsured so different from the NHIS estimate?

So I have here the CPS estimate for 2013 is 41.3 million in uninsured nonelderly, and the NHIS estimate is 33.1 million, so a different of about 8 million people. Are there any thoughts about how that difference - what's behind that difference? We're punting to the center here.

Brett O'Hara: We're - I mean, we suspect that with the reprocessing of the data, that we're going to have a better estimate of the uninsured last year. And so it's - so what

we did this year was use the old system of processing our data. And when we move to the new system, we're not sure how the estimates will turn out.

But we're confident that we used the old system correctly. I mean, we wouldn't have released the numbers if we weren't confident. But we're also confident that a new processing system will give us more accurate numbers.

Joanna Turner: And I also wonder for the point in time if it's just being affected, that those questions were asked during some of the months of open enrollment and they're just slightly different, the months covered between the NHIS and the CPS.

Jennifer Day: Exactly. Certainly, the bulk, if you recall, the bulk of the signups really happened late in the sign up period. So you would see something very different.

Kathleen Call: Okay. So in January when both versions of the CPS income questions are released, will there be a way to bridge and combine the estimates from the old and the new questions?

Brett O'Hara: The income questions, did you say, or the health insurance?

Kathleen Call: Yes. The income question.

Brett O'Hara: Yes. That's one of the research questions that we're currently investigating. The whole point of doing the 5/8, 3/8, was to have a bridging factor.

Kathleen Call: Great. So then, the next question is whether - why did the Census Bureau decide to split the CPS sample for the new income questions, but didn't do the same thing for the health insurance questions?

Jennifer Day: That's a good question, and certainly something that we have tried to make very clear. Income is, you know, we're using that to measure the official measure of poverty. And so we really felt that we needed to have a bridge there. And we also didn't expect poverty to change dramatically over this time period. And it really is the only real measure out there of - official measure of poverty.

So we really believed that having this 5/8, 3/8 split sample was the way to go with that. For health insurance, we knew we had the other measures out there of health insurance, the NHIS, the ACS, that could provide, you know, what's going on during this time period.

So, but we also wanted to get the best measure as a baseline for 2013 that we could get, and we really wanted to make sure that we had the best measure and a big sample, a large enough sample so that we could make comparisons between 2013 and 2014 when we expected a lot of change in health insurance.

Kathleen Call: Great. There's one last question about the weighting strategy for the CPS. So whether or not you're going to include state as a covariant in the post-stratification weights going forward with the new CPS data?

Brett O'Hara: I believe we do already.

Joanna Turner: This is for the Current Population Survey.

Kathleen Call: Yes. The Current, not the ACS.

Brett O'Hara: I thought we did. We..

Jennifer Day: We can talk to (Arlene).

Brett O'Hara: Yes. If you get the email, we can certainly check that out. But I'm almost positive that we weight by state. We don't weight anything below states, but we definitely - the strategy is to weight by states and demographic characteristics.

Joanna Turner: Okay. Yes. I know you definitely do that. I was thinking with the CPS that because of the sample size you didn't include state. But...

Brett O'Hara: We continue to use state.

Joanna Turner: Okay.

Kathleen Call: Okay. Great. There are no further questions from the chat line. So I think we can go ahead and go to closing, unless anybody in the room has questions? Great. We have a little audience here at SHADAC, so I want to thank you for attending today's webinar.

And, again, thank you to Jennifer Day and Brett O'Hara from the Census Bureau for talking with us today about the ACS and CPS Health Insurance Coverage estimates. The webinar slides are posted on the SHADAC web site, and we'll add links to any items, unanswered questions, and a record of the webinar by early next week.

We'll also include a direct link to the recording and the follow up email, along with all the links presented today. We encourage you to follow us on Facebook and Twitter, and to sign up for our newsletter. The links are at www.shadac.org. Thank you. This concludes today's webinar.

END