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(Kathleen Call): Hello everyone. Welcome to SHADAC's webinar on the 2017 Health Insurance Coverage Estimates featuring Census Bureau and SHADAC experts. I'm Kathleen Call, our Investigator at SHADAC. Thanks to all of you for joining us and thanks to the Census Bureau for participating. We're also grateful for the Robert Wood Johnson Foundation for funding SHADAC's work and making this webinar possible. One of SHADAC's goals is to provide States with Federal data resources and we are happy to have the Census Bureau experts on hand to share their latest results and answer your questions.

Before we get started, some technical items. You are all muted because of the large number of attendees. You can submit questions via the Chat feature on the left-hand side of the viewing screen and you can do that at any time. If you have any technical difficulties with Ready Chat, please call the number on the screen, 1-800-843-9166. You can ask for help via the Chat feature. The slides are available for download at the link and that's on the current slide. Finally, the webinar's being recorded, and you will be notified when it's posted on SHADAC's website.

We're really happy to have Sharon Stern and Edward Berchick from the Census Bureau with us today. Sharon is an Assistant Division Chief for the Employee Characteristics and the Social, Economic, and Housing Statistics Division of the U.S. Census Bureau. And Edward is a Demographer in the Health and Disability, I'm sorry, Health and Disabilities Statistics Branch in that same division. We'll be discussing the recently released Health Insurance Coverage Estimates from the Current Population Survey and the American Community Survey. Both were released last week.

This slide and the next present an overview of the CPS and ACS surveys that we'll be covering today and guidance on when to use each source. The CPS provides a measure of all year uninsured and a point-in-time measure that was added when the survey was redesigned beginning at the end of 2013. The ACS measures coverage at the time of the survey. CPS estimates are available from 1987 forward, although the redesign created a break in series for the 2013 estimates. The ACS provides consistent estimates from 2008 forward and large sample size allows for state and sub-state estimates.

Now, Sharon Stern and Edward Berchick from the Census Bureau will present, will be presenting national results from the CPS and the state results from the ACS. Then, I'll return to discuss some of SHADAC's resources and after the presentation, there'll be time for questions. Just a reminder to go ahead and tap your - type your questions, not tap them - in the Chat window anytime during the webinar and we'll be collecting those.

Now, I'll hand it over to Sharon.

(Sharon Stern): Thank you so much for having us here.

Let me begin just by summarizing the main findings this year. An estimated 8.8% of the population, or about 28.5 million people, did not have health insurance coverage at any point in 2017. The uninsured rate and the number uninsured in 2017 were not statistically different from 2016. Between 2016 and 2017, the percentage of people uninsured at the time of their interview decreased in 3 states and increased in 14 states.

So, next slide. In 2017, most people, 91.2%, had health insurance coverage at some point during the calendar year. And if you look at the next slide, it highlights that more people have private health insurance at 67.2% then Government coverage at 37.7%. And on the next slide, we

highlight the subtext of health insurance. Employer-based insurance was the most common, covering 56% of the population followed by Medicaid, Medicare, Direct-purchase, which includes the health insurance exchanges and Military healthcare. The next slide. In 2017, the uninsured rate for non-Hispanic Whites was 6.3%. The rate was lower when compared with the other groups. The uninsured rate was 10.6% for Blacks and 7.3% for Asians. Hispanics had the highest uninsured rate in 2017 at 16.1%.

Moving on, we turn to the socioeconomic characteristics. In 2017, the uninsured rate was lower for full-time year-round workers, those aged 19 to 64. Then, for people who worked than less full-time year around or for people who did not work at least one week. Next, in 2017, people with lower household incomes had higher uninsured rates than people with higher incomes. These rates ranged from 4.3% for people in households with income of \$125,000 or more to 13.9% for people in households with incomes of less than \$25,000.

Moving on, the larger sample size of the ACS allows us to observe characteristics in greater detail. Because the survey asked about current coverage, we have the opportunity to examine how health insurance status varies by single year of age. So on the next slide it highlights that 26-year-olds had the highest insured rate at 17.8%. And on the following slide, we demonstrate three noticeable sharp differences that exist between single years of age, specifically between 18- and 19-year-olds, between 25- and 26-year-olds, and between 64- and 65-year-olds. These differences correspond to common age-related eligibility thresholds for coverage, including CHIP, dependent coverage, and Medicare.

Moving forward, 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, and policy changes that effect access to care, including the Affordable Care Acct. So on the next slide, we have a chart that shows the change in percentages of people without -

excuse me - *with* health insurance coverage between 2016 to 2017, on the left, and between 2013 to 2017 on the right.

The percentage of people covered by any type of health insurance for at least some time during 2017 was 91.2%. Starting with the left side of the chart, we see that the overall coverage rate is not statistically different from the rate in 2016. Between 2016 and 2017, the rate of Medicare coverage increased by 0.6 percentage points to cover 17.2% of people for part or all of 2017. This increase was partly due to an increase in the number of people aged 65 and over. Military coverage increased by 0.2 percentage points to 4.8% during that time. Between 2016 and 2017, there were no other statistically significant changes for the subtypes shown here.

Moving to the right side of the chart, we see the change in health insurance coverage rates since 2013, the baseline year before many of the provisions of the Affordable Care Act went into effect. The uninsured rate decreased by 4.5 percentage points between 2013 and 2017. Private coverage increased by 3.0 percentage points in this period. Of the two subtypes of private coverage, only direct-purchase health insurance significantly changed. During this time, the Government coverage rate increased by 3.2 percentage points. The coverage rate increased for all of the subtypes of Government: Medicare, Medicaid, and Military Health.

On the next slide, we show rates in 2017 in the darker blue and in 2016, in that lighter teal-ish blue, depending on how it displays on your screen. Between 2016 and 2017, there were no statistically significant changes in the uninsured rate for any racial or Hispanic origin group. On the following slide, we show the uninsured rate by work experience, with people aged 19 to 64. As you see here, there were no statistically significant differences between 2016 and 2017 for each, for any of these groups. On the following slide, we show uninsured rate by household income and again, we do not observe statistically significant changes in the uninsured rate for any of the household income groups. However, looking at changes for Private and Government coverage reveals an important variation.

So on the next slide you see Private coverage rates by household income for the two years. And on that slide you'll see that people with household incomes of \$25,000 to under \$50,000 decreased by 1.1 percentage points. People in households with incomes of \$50,000 to less than \$75,000 had a decrease of 1.3 percentage points. And people in the category of \$75,000 to less than \$100,000 had a decrease of 1.8 percentage points. On the following slide, we show Government coverage rates by household income. And here, we find that Government coverage increased by 2.3 percentage points for this group, people with household income between \$75,000 to less than \$100,000. The rate of Government coverage also increased for people in households with incomes of \$100,000 to less than \$125,000.

Breath. The following slide shows the uninsured rates by Medicaid Expansion status. The variation may be related to this, so this chart categorizes states into two groups. The 31 states and District of Columbia that expanded Medicaid eligibility on or before January 1st, 2017 and the States that did not. 9.4% of the population of ages, oh, it's on the next slide, we'll show the differences. There we go. Thank you. 9.4% of the population ages 19 to 64 living in expansion states has no health insurance coverage at any time in 2017. Not statistically different from the percentage in 2016. In non-expansion states, 16.7% of the population had no health insurance coverage in 2017, up from 16.1% in 2016. And then, the final slide in this little set, shows that in both expansion and non-expansion States, the uninsured rates for working age adults in 2017 was lower than in 2013.

Moving to the next slide, this figure shows the uninsured rate over a longer timeframe. The uninsured rate according to the CPS is in the darker blue, and the uninsured rate according to the, no? Is that purple or darker blue? Apologies. Current Population Survey is the lighter blue and that purple-y darker blue is the American Community Survey, depending again, how it shows on your screen. The percentage of people without coverage during the entire calendar year was essentially unchanged between 2016 and 2017, at 8.8%. As measured by the ACS, the

uninsured rate, the percentage of people without coverage at the time of interview increased 0.2 percentage points from 8.6 to 8.7. There's rounding in there, hence the 0.2 and it looking like 0.1.

Next slide please. The ACS allows us to examine uninsured rates at the state level. On this map, the darkest blue shading is applied to states where the percentage of people uninsured at the time of interview was 14% or higher. Lighter shades represent lower uninsured rates, with the lightest blue category representing an uninsured rate of less than 8%. Two states, Oklahoma, and Texas, are in the darkest shade of blue for 2017 and 25 States and the District of Columbia are in the lightest shade of blue.

On the next slide, this map presents the change in uninsured rates. Between 2016 and 2017, the percentage of people without health insurance coverage decreased in 3 States and increased in 14 States. Statistically significant decreases range from 0.2 to 1.9 percentage points and increase range from 0.3 to 1.0 percentage point. On the next slide, we show a series that we're going to click through, that basically show 13 to 14 to 15 to 16 to provide a broader context for this change.

So where are we now? Okay. So if we could move on to 36, there's one more slide that I'm going to talk about before I hand it to Edward. As noted earlier, the American Community Survey also allows us to look at insurance coverage by single years of age. This figure shows the uninsured rates by single years of age in 2013 in the lightest blue, 2016 in the lighter-greenish color, and 2017 in that dark color that looks like it's on top of 2016. The percentage of people without health insurance coverage at the time of interview did not statistically change for most single years of age. However, for children under 19, and working age adults between 50 and 59, the uninsured rate increased across multiple years of age.

So now I'm going to hand it over to Edward.

Edward Berchick: Thank you Sharon. So when Sharon talked about estimates for the latest release, I'll give a little more context for any products that we have available on our website. So as you can see on this slide, we list some of the other products, it's the PDF of the report, from which Sharon provided estimates, as well as we have additional tables, infographics, as well as other materials. And I'll spend the next few minutes going through each of these materials.

So the next slide, please. So as in previous years, we have three infographics that use American Community Survey data. So these allow users to explore health insurance coverage by state in greater detail. So we have an interactive map that shows the uninsured rate by state from 2008 through 2017. We also have a dot plot that's on the screen right now that allows you to look at the uninsured rate for each state between 2008 and 2017, sorted by the state's uninsured rate in 2017. We also have an exciting new infographic this year, which we'll turn to the next slide, where it shows a screenshot of that.

And recall that Sharon mentioned that the uninsured rate had changed in 17 States, it increased in 3 States, and decreased in 14 States between 2016 and 2017. The large sample size of the ACS allows us to take a detailed look and allows us to look at year-to-year changes in types of coverage for each state. And then, this infographic, we look at each of the subtypes of coverage - Medicare, Medicaid, Tricare, Employer-based, Direct-purchase, VA - and allow you to look in 2016, or 2013, 2016, and 2017 to look at what's going on. And just to show you some of the things that you can see if you use this tool, I'm going to spend the next few minutes talking about a few different states. So if you can get to the next slide?

Here are some results for Louisiana. Louisiana in here had the largest year-to-year change in its uninsured rate between 2016 and 2017. In Louisiana, the total coverage rate increased by 1.9% and you can see that the Private coverage rate actually decreased by 1.1 percentage points while Public coverage increased by 3.1 percentage points. Louisiana's the only state to have

Expanded Medicaid eligibility after January 2016 and on or before January 1st, 2017. Which is the definition of Expansion that we use in our report.

The next slide? We have California. In California the coverage increased 2.0 percentage points between 2016 and 2017, while the Private coverage rate increased mainly to increase in Employer-sponsored insurance. Private coverage decreased mainly due to changes in Medicaid coverage rates. Finally, we have New York, which is the third state to experience a significant year-to-year decrease. And New York did not have any statistically significant change in its private coverage rates but saw a 0.4 percentage point increase in its Public coverage rate mainly due to an increase in Medicare coverage.

So just to give an example of a state that had a decrease in overall coverage or increase in its uninsured rate, we have South Carolina. So in South Carolina, coverage decreased by 1.0 percentage point and that was due to a 1.3% decrease in Private coverage and no change in Public coverage between 2016 and 2017. Then, on the next slide we have Maryland, it's an example of a state that overall showed no statistical change in its coverage rate. But as you can see, Private coverage, if you look at the specific types of coverage, we see 0.8 percentage point decrease in Direct Purchase, 0.7 percentage point increase in Employer-sponsored insurance, and 0.2 percentage point in Medicare coverage. And I chose Maryland because that is where the Census Bureau headquarters is located.

So on the next slide, it's an example of another product we have, which is a static visualization of what's going on in the top 25 most populous metro areas. So you can see in 2017, the Boston metropolitan area had the highest insurance coverage rate at 97%, while Houston had the lowest rate at 81.8%. And between 2016 and 2017, four of the top 25 metro areas had an increase in coverage and six metro areas had decreases in the percentage of people covered between 2016 and 2017.

This year, we also have what we call, American Account Stories. You can think of them as blogs of sorts and like last year, we have this blog called “Who are the Uninsured?” And instead of looking at coverage rates for a particular group, we look at what are the characteristics of the uninsured. And as you can see is that, for example, it’s kind of hard to see in that graph, so I direct you to the story which you can find on our website. We can see that over half of the people without insurance coverage were male, even though the United States has more women than men. We see that the uninsured population was disproportionately concentrated in the South. About four in ten uninsured people were non-Hispanic White, or nearly six in ten in the United States were non-Hispanic White. And then on the next slide, we also have more characteristics and you can see that the uninsured were more likely to have a high school education or less compared with the general, non-institutionalized civilian population.

So on the next slide, there are additional resources on our website. So if you go to that URL you’ll find the detailed historical tables. If you go to the next slide, I’ll give you some examples of these tables. So, these are detailed CPS tables, you can find estimates by type of coverage crossed by a range of socioeconomic characteristics and these estimates go back to 2013. We also, on the next slide, have detailed ACS tables and historical tables based on the ACS and the ACS allows you to look at rates between 2008 and 2017 by state and more detailed types of coverage. And if that infographic, for example, is drawn from one of these tables, so if you want to look at more years than 2013, 2016, and 2017, or you want to look at other ways to break down coverage types, you can find these in our detailed tables. Or historical tables, I’m sorry.

Next slide. We also have a breakdown of the uninsured rates by Congressional District. We have them for this year, 2017, based on the 115th Congress and we also have them going back in previous years. They were on our website last year and they’re still available this year. Next slide? Here, you can also, if you want to look at the uninsured rate in characteristics of the uninsured for the U.S. overall but if you’re interested in looking at a more detailed geography, the ACS one-year file allows you to look at any geography with a population of 65,000 or more, as

Kathleen mentioned earlier in the webinar. And American FactFinder is one way to access these estimates, you look, type in your geography, you type in the table you're looking for, you can search by the characteristics and you can find, find what you need. On AFF, there's a number for the Help Desk and the Help Desk in the Bureau can help you if you need to find something more specific.

Next slide. So I want to highlight a few changes to our tables that might be of interest to data users. So these are changes or new tables that were, that were released on Thursday, that differ from those tables released in years past. So we have a new table on living arrangements, the C27021, in Census Parliament. And this gives you a table that shows you living arrangements, you break it down by living arrangements. And it also shows, for example, what is the rate of insurance coverage for households with a female householder with no husband present. And so that's new for this year.

If you go to the next slide, you can see another, other changes we introduced this year. So we updated income, the poverty thresholds, to reflect eligibility with the Affordable Care Act based on user feedback through contacting them directly and at various conferences. We updated the categories of under 18 and 18 to 64 to under 19 and 19 to 64 to reflect the Medicaid eligibility. And for dependent coverage reasons, once again, based on user feedback, we also updated 25 and over to 26 and over. And then, you can find that complete list of changes to our tables and if you're one across tabs of other, social, or demographic characteristics. What other changes they changed is available on that URL you see there.

And then, there's also a beta version of the new Census dissemination tool. American FactFinder is eventually going to be sunset and replaced with this new version. So we're letting you know that that exists now as over time, we use that as the primary dissemination resource instead of American FactFinder. If you go to the next slide, you'll see that the PUMS data, the Public use Microsample Data, will be available on October 18th, with the ACS. So the release last week

included estimates from the CPS, CPS microdata, and estimates from the ACS. But if you want to get your hands on the microdata themselves for the ACS, stay tuned for a few weeks from now when we release them on October 18th. And it's a 1% sample of the population with the smallest unit being the PUMA, there's documentation of what the PUMA is online, and there are no major changes from last year.

Next slide. And then, on here, you can see the upcoming releases. Five-year data will be available later this year, with the microdata related to that, coming out early in 2019. A reminder that the three-year products have been discontinued, they remain discontinued, and there'll be additional supplemental tables. So the one-year release, as I mentioned, is for geographies of 65,000 or more, but for, we also release a limited set of tables for geographies that are smaller - ones that are 20,000 people or more.

On the next slide, you can see that we also have tables that are useful for calculating the uncertainty associated with our estimates, margins of error, the variance. And you can see what these are, and this is really helpful if you're collapsing cell phone and cable and want to be able to calculate the uncertainty of that estimate. We also have a statistical testing tool on the next slide. And this helps you to test whether or not ACS estimates are statistically different from one another. So on this Excel spreadsheet, you'd list the competency interval you want to use, the census standard is 10% some users like to use 5%. You update that, type in the estimates, you type in either the standard error or the margin of error, and it spits out a very helpful yes or no. And I believe the no is color coded in red, just to let you know that it's truly not significant.

So switching gears, I just want to give a very brief overview of new CPS content. So next slide? So as many of you know that in 2014, after a decade of research, the CPS released, or used a redesigned set of health insurance questions that helped to increase the quality of the data and reduce respondent burden. And so, this is for coverage corresponding to 2013, this is why the tables go back to 2013 for the CPS. And in addition to reducing the burden, we also have more

detailed information at the monthly level, which we, I'll talk about in a minute. And then, we also have the ability to differentiate between subtypes of Direct-purchase coverage.

So on the next slide, you can see one of the things that we're able to now product with these, the redesign, is that we are now able to show point-in-time estimates. So the CPS is conducted between February and April of the calendar year. So respondents are asked if they have coverage now, the time of the interview. And so, within NCHS, the National Center for Health Statistics, we released a one-page brief that compares the NHIS point-in-time coverage from January through March to the CPS, February through April, point-in-time estimate. I took a screenshot there, it's probably impossibly small to read on your screen, but there's a link to where you can download the actual document.

We also, next slide, once again will be releasing or have released the offer and take-up of Employer-sponsored coverage as part of a separate research file that you can download and merge with the main CPS ASEC file. It allows you to answer questions, does an employer offer coverage? If it was offered, was a person eligible to purchase? And if offered and the person did not, was not eligible, why were they not eligible? And there's a working paper by Joelle Abramowitz that you can see at that link in the middle, and then the link in the top where you can find how to access those data.

Next slide? So as I mentioned before, we collect richer detail about subtypes of coverage and collect data about coverage at the monthly level and we use this to construct our annual measure to ensure timely data release. We've been using the data that we collect and putting it through the current processing system and releasing estimates that you have seen in years past and of the type that we've mentioned. But the current processing system has not allowed us to realize the full potential of what those data could potentially offer us.

So we're at the point of redesigning that processing system and evaluating, are those data of sufficient quality of release? Are, do they sufficiently protect privacy of respondents? You know, if we released every subtype in every month, you can potentially identify people and we want to make sure that that is not the case. So we will be starting to release data from the new processing system with next year's release, assuming resources and sufficient quality data. Starting early next year, we'll have a preliminary research file, depending on the circumstances that may change. But going forward, you'll start seeing evaluations at various conferences and various stakeholder meetings to make sure that we do have quality data and that it does ensure disclosure.

Sharon Stern: And I would just add one thing. I know that people on this call are very interested in health insurance data. Obviously, that's why you spent your time to call into today but there are other changes that have gone into the processing system changes. And so, there are changes to how we're adding the demographics, there are changes to how we're editing and imputing income. So this is why this has turned into a multi-year... it's just not, I mean, with all due respect to the health insurance data. There's a lot that has gone into this and we have finally gotten to the point where we think we're going to be able to product that research file.

We're going to start having those evaluations available later this year, early next year. And we'll hopefully be able to achieve this important milestone of seguing to the new system next year. But it will, may not be everything you imagined, when you heard about, well, aren't you going to be able to give me every month? But it's going to be much more rich than what were able to provide under the current processing system.

Edward Berchick: And on the next slide, to emphasize...

Sharon Stern: Everything I just said?

Edward Berchick: Let me emphasize that point. Some things are available in research files, and then, on the next slide, after that, some things are not yet available. So next slide? I think we can get to back to SHADAC.

Kathleen Call: Great. Thanks a lot. I liked that you very clearly outlined what is and that is not available. That's super helpful and it may even answer some of the questions that are being entered into the Chat feature. Please do go ahead and add some of your questions. Before we turn to the questions, I want to briefly describe some of SHADAC's resources and then I'll take questions. As a reminder, you can type of your questions in, I just said that. And we will be sending a follow-up email at the end of the webinar, so you can get all the materials that you request. You can tweet questions as well. Thank you, I didn't even know that - @SHADAC. I didn't know that was being cemented. Thank you.

So our annual Comparing Federal Government Surveys that counts the uninsured brief is being update and will be available soon. This brief has been very helpful to users, it provides a table of the new insurance estimates for states where you can easily find ACS, CPS, the National Health Interview Survey, and the BRFSS, the Behavioral Risk Fact Surveillance System state estimates, all in one table. This is a picture from last year's brief, again, really tiny. But go to our, we'll let you know when that's available on our website.

SHADAC is also updating our state-level custom tabulations of health insurance coverage on our State Health Compare data dissemination site. You can link to this site from SHADAC.org or you can visit the site directly at statehealthcompare.shadac.org. For those of you who are familiar with accessing SHADAC's tabulations for your online tool. This is a reminder that SHADAC's data center has replaced, was replaced last year, with State Health Compare. We simplified the navigation and we really expanded the topics and data sources that were available. We have more than 50, 40 measures, sorry, exaggerating, 40 measures from 13 different data sources.

And if you select Explore the Data from the middle of the screen at the top you can take - you'll be taken to a list of all the variables that are available.

A partial list of the available topics is shown on this screen and when you go to the site you'll be able to scroll down for the full list. In addition to health insurance coverage, we have data on cost, health behaviors, outcomes, access, utilization, and quality of care. As well as public health and social and economic factors that impact health. And for many measures, we have policy relevant breakdowns such as by age, race, ethnicity, income, and coverage type. If you select Coverage Type, you'll be taken to all of our data on health insurance coverage.

You'll start on a map view, but you can also access estimates in tables, state rankings, bar charts, or trend lines. We are currently looking at coverage of the total population. If you select the row, next to the breakdowns you'll be able to see all the options that are available. On the site, you'll also be able to scroll to additional breakdowns, such as education, race, ethnicity, and poverty level.

On State Health Compare's main page, there's a link to a webinar where you can give, where we give a virtual tour of the site. We're happy to answer any of the questions that you have, as you use the State Health Compare, and the State level data that's available. It's a great way to look at measures within your state and easily compare across states over time. I'll also mention that we've improved the data download functionality, so you'll now be able to download and customize the download.

We've published several blogs and have an infographic to highlight last week's data releases. This infographic shows the national and state changes in uninsured rates from the ACS with the uninsured rate increasing nationally in 14 states and decreasing in three, and holding steady for 33 States. So this is just another way of looking at what was presented in the Census release.

To stay updated on our blog and infographics, you can follow us on Facebook and Twitter and sign up for our newsletters at shadac.org.

Again this year, we've devoted state-specific fact sheets using ACS estimates from American FactFinder. In the fact sheets, we've pulled out select health insurance coverage estimates in easy to use formats. If you go to this link on the slide and click on the state, or click on a state in the map, you will be able to pull up state-specific fact sheets. This is an example of the fact sheet for Minnesota - for obvious reasons, we picked Minnesota. It shows the change in uninsured rate from 2016 to 2017 by several characteristics like age, race, ethnicity, and citizenship status. It's not shown here but in the fact sheets, we also have uninsured rates by education, income, and poverty levels.

Each fact sheet also shows you, also has the change in county uninsured estimates for all ages for those counties that are available in the one-year ACS file. That's counties with a population of 65,000 or great. We'll also be providing five-year data as well for all counties, those will be coming out soon. So these are great resources to look at quickly for uninsured rates in your state by characteristic and to see the uninsured estimates for all available counties in an easy to use table.

For those who are interested in tabulating your own estimates from the microdata, the Minnesota Population Center publishes the Census Bureau microdata to review IPUMS. This is a free, easy to use and well-documented way to access the data. One of the benefits of using the microdata that you can create custom tabulations. For example, if you wanted to find your age categories differently than those that are published in the Census website. The 2017 CPS data is already available in IPUMS, so you can start using it today. The ACS will be available in about two weeks after the public use files are released from the Census Bureau in October. Again, this year, we're citing SHADAC's health insurance unit and the Federal poverty guideline variables for both the ACS and CPS through IPUMS. These variables will be available soon.

Now, we're going to begin the question and answer session. In addition to Sharon and (Edward), I'm joined here at SHADAC by my colleague Brett Fried, who's a Senior Research Fellow, and who's going to participate in the question and answer session. So please go ahead and keep typing questions in and I'll start with what we have so far.

So one of the presenters asked for the Census Bureau to explain what Direct-purchase category is, what's included in the Direct-purchase category. Specifically, does it include certain products that can be purchased off exchange, such as short-term, limited-duration insurance or healthcare sharing ministry products? Are these products also available through association health plan products counted in your data?

Edward Berchick: So this is Edward, I'll take that. So I assume that the question was about American Community Survey data? And the American Community Survey does include health insurance coverage purchased off exchanges, so, if you contact Blue Cross/Blue Shield directly or another provider. We, in the instructions, respondents are encouraged or asked not to provide on details about non-comprehensive plans. They're asked not to provide any information about single-service plans, plans that do not provide a full range of coverage, not to provide information about vision or dental. So the universe for that answer is comprehensive plans, but do some respondents potentially report that - potentially. But that is not what the questions asks so we try to capture comprehensive coverage purchased on the exchange or off the exchange.

Kathleen Call: Great. Thank you. This question asks whether or not there's a way to break down Direct-purchase by exchange versus non-exchange? I think you've already answered that question, but I'll let you repeat it just in case not everybody caught that.

Edward Berchick: So I can actually even add a little bit extra. So the, currently the American Community Survey does not allow you to break down whether the Direct-purchase coverage was

purchased on or off the exchange. Starting with the 2019 ACS, we will ask a new question that follows the health insurance coverage question, it's a two-part question that asks if the Direct-purchase plan has a premium and if so, if that premium is subsidized? And we are hoping to use that question or researchers assume that question will allow us to capture subsidized marketplace coverage. So to recap, not currently, in the future, we can tease it out subsidized marketplace, but not unsubsidized marketplace.

Kathleen Call: Great. Thank you. And just to be clear, that's for the CPS or is that for the ACS?

Edward Berchick: That's for the American Community Survey.

Kathleen Call: Okay. All right. Another question asks, is there a way to break down, break apart, Employer-based insurance or Employment-based insurance into fully versus self-insured plans?

Edward Berchick: Do you mean if the person has other people on that plan? If it's covering just that person or if it's covering a family member as well? If that's the question, the answer is "Yes," we do release that variable.

Kathleen Call: Yes. I have a feeling that this person is asking about whether or not the employer is self-insured versus... Brett, you can answer this one?

Brett Fried: Yes. Yes. That's what I think it is, is too. It's more, you know, about, you know, whether, you know, you would say whether it was a, you know, there was a self-insured plan. So whether the employer, you know, is the one doing insurance, you have, is there any capability to do that, to differentiate among the employer plans.

Edward Berchick: No, there is not. Neither the CPS nor the ACS allows you to do that.

Kathleen Call: So is that available in the MEPS data? For uninsured versus self-insured?

Brett Fried: They do have an estimate of self-insured by state. So you could look in the MEPS to get that but, you know, that's at the employer level, not at the personal level.

Kathleen Call: Sounds great. That's it on those questions. So is there any plan to do, to make any changes to the ACS health insurance coverage questions and if so, when? I think this is getting at, in the past, the ACS couldn't distinguish between those plans that were purchased on or off the marketplace. And it sounds like there may be some capacity to do that now?

Edward Berchick: So yes. So in 2016, after the comments and testing, focus groups, and all of that, in 2016, the Census Bureau conducted a field test of a potential revision to the health insurance coverage question, in addition to this new question on premiums and subsidies. The result of the field test showed that the potential revisions, which sought to decrease the overreporting of Direct-purchase coverage, and increased Medicaid reporting did not perform as expected, it actually produced lower quality data than the existing question.

So as a result of that content test, the Census Bureau recommended that we, to OMB who ultimately decides, that we do not change the coverage question. There will be another content test in 2021. They're still determining which questions will and will not be tested. It goes through Census Bureau review, OMB review, as well as other agencies. So again, it's like a recap at the end which is, there are no plans to test in the short term but in 2019, we will have that subsidized marketplace, two-part question.

Kathleen Call: And stay tuned.

Edward Berchick: And stay tuned.

Kathleen Call: Thank you. It's always an interesting, like the process that you have to go through to make changes.

Edward Berchick: Exactly. And if you go on our website, you'll actually find the report that summarizes the process that we went through for that 2016 field test and exactly what, where data quality was improved, and where it was not improved with this potential revision. It's on Page 6 of this something page report. So there's lot of tables and lots of interesting estimates.

Kathleen Call: Yeah, and we'll probably, we can go ahead and post that as a resource when we send, when we announce that the recording is ready to go. One question came in that, and we might have to go back, Carrie, to the slide where in some the bar charts, things don't add up. So for example, Employer coverage plus Direct-purchase coverage looks to be a larger estimate than what you show for Private coverage. So, can you explain that discrepancy?

Edward Berchick: So the CPS has coverage at any point in the previous calendar year. So during the calendar year, people have more than one coverage type. So as a result of having more than one coverage type, it won't sum to more than anybody.

Kathleen Call: Okay. Yes. So it's this is slide that I think the person is commenting on. So some of these questions, I think, you answered at a later point. Such as whether or not the amount of coverage estimates will be available, you answered that - hold tight. Are there advantages to using the microdata instead of using American FactFinder, is another question?

Edward Berchick: It depends on your research questions. So we offer - I don't know the number off hand - but a large number of tables that allow you to look at the intersection of health insurance coverage by a whole range of sociodemographic characteristics. But if there is some cross tab that you want that we don't offer... Say, if you want to know the number of people with at least a college education, who have least so much income, who are married, and insert other

characteristics there, then you most likely need to use the microdata, well, you will need to use the microdata to get those estimates.

Sharon Stern: Yes. And especially having characteristics, because we don't have tables really where we're saying things like, "Do you have full plumbing?" I mean, there's a lot of housing characteristics available that we didn't see as a high priority but may very well be important to your research question.

Kathleen Call: Is it your experience that sometimes people find that there are differences when they use between the two sources, when they use the microdata versus the American FactFinder? And how do you all kind of help people understand those differences?

Edward Berchick: So there will be some differences that relate to two things. First of all, the estimates in American FactFinder are based on the entire ACS sample. Whereas, the public use data is a sample of the full data set. And secondly, the American FactFinder tables are rounded to the nearest tenth, whereas you put those two things together, and your estimates might differ slightly. And we let data users know that, it's, there is going to be some very small amount of variation, it's not going to make the uninsured rate triple, but it may change a few estimates by just a little bit and that's to ensure respondent confidentiality. If we release the full sample, then you can probably uniquely identify a number of people in the data set and we don't want that. We depend on keeping the public trust to ensure the collection of quality data. So the price of that is a small amount of extra noise in what we release.

Kathleen Call: Sure. That makes sense. So another question is, when the data for all counties will be released?

Edwards Berchick: So for counties of 65,000 and more, you can get estimates on American FactFinder. For counties that are smaller, in December, the five-year data release which will provide an

average of the uninsured rate over the last five years will come out. I don't have that slide in front of me but its mid-December.

Sharon Stern: And we also, I mean, we also have this small area health insurance program if you need a fewer set of characteristics. Those are model-based using one-year data and admin records and those are very good. They just don't provide as many options. You can't get by type, by age...going to the five-year ACS provides much more granularity in the type of statistics. Whereas the smaller health insurance allows you have more current small geography.

Edward Berchick: And they will be available in the spring.

Kathleen Call: Yes. That was the other question. When are the SAHIE estimates released, when in the spring typically?

Sharon Stern: I'm not sure.

Edward Berchick: I don't know off hand but I, I'm not aware of any major deviation from prior years.

Sharon Stern: No. They'll continue on whatever schedule they have.

Kathleen Call: A typical schedule. Okay.

Carrie Au-Yeung : We usually do blog that to all our people who subscribe.

Kathleen Call: So we, it sounds like SHADAC sends out a blog when those estimates come out.

Carrie Au-Yeung: Yes. Same with the five year.

Kathleen Call: Great. So any comments on why the uninsured is going up in only 14 states?

Edward Berchick: So we provide the infographic to help you look at what's going on within those states to see if there's a change in one particular type of coverage or some combinations of types of coverage. So...

Sharon Stern: Right. I mean, those, that's really why that infographic is so fabulous and especially this year. Between 2013, 2015, 2016, things were going in a similar direction. Uninsured was going down, you know, maybe it was statistically significant, maybe not but the story was generally the same across the board. This year because there is variation and because there's so many characteristics, excuse me, so many elements that could influence that and the policies vary by state, offerings of policies vary by state, age, you know, literally there's so many differences in the demographics distribution of the populations, et cetera, that, you know, we could spend all day every day studying and not come up with a single answer.

But that, that infographic is a nice way to be able to say, "Well, maybe nothing changed at the state level for the uninsured. But that could be offsetting changes in Private and Government." You know, one increases as one decreases. There's a lot of factors that could be going into that and so, it's great that we have that, so you can kind of get a snapshot by type. To give you a sense of what's going on under the hood.

Kathleen Call: Yeah, and SHADAC really looking forward to playing with the microdata to try to learn some more clues or figure out some more clues as to what's going on. But yes, the infographic is very helpful.

So at this point, we have no other questions, we're about four minutes before the hour. And I want to again thank everybody who attended today's webinar. I want to thank Sharon Stern and Edward Berchick from the Census Bureau for talking with us today about the ACS and CPS

health insurance coverage estimates. A really big thank you to the Robert Wood Johnson Foundation for supporting today's event.

And as noted, today's presentation slides are posted on SHADAC's website. And we'll add a link for any follow-up items, including some of the things that I think Edward mentioned today and any additional resources. It'll be posted online in about a week and we'll include a direct link to the recording in a follow-up email for all attendees.

Thank you so much for joining us today.