

State-Level Analyses of the NHIS to Support Implementation and Evaluation of Health Reform

Donna Spencer, PhD

State Health Access Data Assistance Center (SHADAC)

University of Minnesota

State Health Research and Policy Interest Group

AcademyHealth Annual Research Meeting

Orlando, FL

June 23, 2012

Acknowledgements

- Supported by a grant from the Robert Wood Johnson Foundation (RWJF)
- Co-Authors
 - Heather Dahlen, SHADAC
 - Karen Turner, SHADAC
 - Sharon Long, Urban Institute

States have Extensive Data Needs under Health Reform

- Preparing for reform
- Monitoring changes under reform
- Evaluating the impacts of reform on health care access, service utilization and costs

Requirements for Data Sources

- Rich data on health status, health insurance coverage, health care access, use, costs, etc.
- State-representative samples
- Data timeliness
- Data over time

NHIS Has Potential to be Key Resource for States

- A comprehensive data source for health reform analysis
 - Nationally-representative survey on health status, health insurance coverage, health behaviors, and health care access

Outcome Measures	ACS	CPS	SIPP	NHIS	MEPS-HC	BRFSS
Insurance coverage - Point in time	✓		✓	✓	✓	✓
Insurance coverage - Prior calendar year		✓	✓	✓	✓	
Affordability/scope of coverage			✓	✓	✓	
Access to care/barriers to care			✓	✓	✓	✓
Health care use				✓	✓	✓
Affordability of care		✓		✓	✓	

NHIS Has Potential to be Key Resource for States

- Timeliness
 - Conducted every year, fielded throughout the year
 - Relatively quick turnaround time for public use data
- Longest running national health survey (since 1957)
 - Availability of harmonized data: Integrated Health Interview Survey (IHIS) @ the Minnesota Population Center
 - <http://www.ihis.us/ihis/>
- Although not designed to produce state-specific estimates, sample design provides adequate samples for larger states
- Allows for stronger evaluation design for state studies than is possible with a survey for a single state (DD versus pre-post)

Recent NHIS Developments

- Sample augmentation
- Questionnaire changes
 - Reasons for no usual source of care
 - Trouble finding doctor
 - Preventive services in past 12 months
 - Reasons for ER use
 - Health insurance
- Making quarterly data available
- Releasing data more quickly

Challenges Using the NHIS for State-Level Analysis

- State-level identifiers are not available on public use files; access restricted to Research Data Center (RDC)
- State-level estimates not feasible for all states because of sample design and small sample sizes
 - Even more of an issue if using sample adult/child files or focusing on population subgroups within a state (e.g., lower income adults)
- Available sample weights do not account for state population totals and characteristics

Available State-Level NHIS Results

- NCHS NHIS Early Release Program
 - Point-in-time health insurance estimates for select states (most recently for 2011)
 - 32 states for all ages, < 65 years, 18-64 years
 - Northeast: CT, MA, NJ, NY, PA
 - South: AL, AR, FL, GA, LA, MD, NC, OK, SC, TN, TX, VA
 - Midwest: IL, IN, IA, KS, MI, MN, MO, OH, WI
 - West: AZ, CA, CO, NV, OR, WA
 - 25 states for children 0-17 years

<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201206.pdf>

Available State-Level NHIS Results

- ASPE Health System Measurement Project

NHIS Measure	Years	# of States (2010 data)
Usual source of care	2000-2010	37
Delayed care due to cost	2000-2010	37
Smoking (adults)	2000-2010	30
Colorectal cancer screening (adults)	2000, 2005, 2010	15
Seasonal flu vaccine	2000-2010	36

<https://healthmeasures.aspe.hhs.gov/>

SHADAC's Current Work at UMN RDC

- Objective: Expand the role of NHIS in helping states implement, monitor, and evaluate health reform
- Linked public use and restricted data, 2006-2010
 - IHIS data
 - NHIS Public Use data
 - NHIS Restricted data (primarily state identifiers)
- Methods work
 - Exploring the value of state-level weights to reflect state population totals and characteristics
 - American Community Survey (ACS) population totals

SHADAC's Current Work at UMN RDC

- State-level estimates
 - Insurance coverage, health status, health care access and use (e.g., unmet need, usual source of care)
 - Single state vs. multi-state/multi-year
- Policy-directed analyses for states for which analysis is possible.
 - For example,
 - Characteristics and health care needs of individuals newly eligible under health reform (e.g., Medicaid expansion)
 - Access, use and affordability of health care by insurance status and other key population characteristics within a state

Contact Information

Donna Spencer, PhD
dspencer@umn.edu
www.shadac.org



Sign up to receive our newsletter and updates at
www.shadac.org



UNIVERSITY OF MINNESOTA
School of Public Health