



SPECIAL FEDERAL DATA RELEASE EDITION

September 2017

Announcements

Census Bureau Releasing 2016 CPS and ACS Coverage Estimates This Week

The [U.S. Census Bureau](#) will release 2016 health insurance coverage estimates from the [Current Population Survey \(CPS\)](#) and the [American Community Survey \(ACS\)](#) on Tuesday, September 12th, with the full release of ACS data on [American FactFinder](#) scheduled for Thursday, September 14th. The new data from these large-scale federal sources will provide a picture of coverage at the national and state level after three years of ACA implementation as well as historical trend information for context. Be sure to watch the [SHADAC blog](#) for data digests throughout the week.

September 19th SHADAC Data Release Webinar with Census Experts: Register Now

SHADAC researchers will team up with Census Bureau experts to discuss the new 2016 data from the [American Community Survey \(ACS\)](#) and the [Current Population Survey \(CPS\)](#) during a webinar on September 19th. Speakers will give an overview of the new national and state coverage estimates and will explain: when to use estimates from which survey; how to access the estimates via Census reports and [American FactFinder](#); and how to access state-level estimates from the ACS using SHADAC state-level tables. [Register for this event.](#)

Coming Soon: SHADAC's Annual County-Level Uninsured Tables for 2016

 Stay tuned for annual county-level uninsurance tables from SHADAC. Using uninsurance estimates from the [American Community Survey \(ACS\)](#), the tables will include 2016 rates of uninsurance for all states and territories and for all counties with a population greater than 65,000. The tables will also show changes in uninsurance from 2015 to 2016 and indicate state-level uninsurance rates by characteristics (e.g., age, race/ethnicity, and poverty level). [Click here to access SHADAC's ACS county-level uninsured tables for data year 2015.](#)

Also on the Horizon: SHADAC's Comparison of Federal Government Surveys that Count the Uninsured (Annual Brief)

With the release of new insurance coverage estimates, SHADAC will update our annual brief, "Comparing Federal Government Surveys that Count the Uninsured." This brief provides comparisons of uninsurance estimates from five federal surveys: The [American Community Survey \(ACS\)](#), the [Current Population Survey \(CPS\)](#), the [Medical Expenditure Panel Survey – Household Component \(MEPS-HC\)](#), the [National Health Interview Survey \(NHIS\)](#), and the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). We revise this brief each year to include current and historical national estimates of uninsurance along with the most recent available state-level estimates from these surveys. We also discuss the main reasons for variation in the estimates across surveys. [Access last year's brief.](#)

Newly Available Data

Early-Release Estimates from 2017 NHIS Show Stable Uninsured Rates, Ongoing Disparities

The [National Center for Health Statistics \(NCHS\)](#) released the [first early estimates](#) of national uninsurance levels for 2017 from the [National Health Interview Survey \(NHIS\)](#). Nationally, 10.3% of nonelderly Americans (ages 0 to 65) were uninsured during the first quarter of 2017, which is statistically unchanged from 10.0% during the first quarter of 2016. The new estimates show that uninsurance was generally stable across age, race/ethnicity, and income groups when comparing the first quarter of 2016



to the first quarter of 2017. However, disparities in uninsurance levels continue to be seen among certain subpopulations, including: adults (ages 18-64), 22.6% of whom were uninsured; adults ages 25 to 34, 17.0% of whom were uninsured; adults who are Hispanic, 24.1% of whom were uninsured; and adults who had less than a high school education, 30.4% of whom were uninsured. Learn more on [the SHADAC Blog](#).

BRFSS: 2016 State Estimates of Health Behaviors and Health Outcomes

The [Centers for Disease Control and Prevention](#) (CDC) released the [2016 Behavioral Risk Factor Surveillance System \(BRFSS\) Data Set](#). BRFSS collects state data from all 50 states, the District of Columbia, and three U.S. territories about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Estimates of obesity, binge drinking, smoking, chronic disease, and activity limitations are available on SHADAC's [State Health Compare](#) for all states and can be viewed by educational attainment and race/ethnicity. A [snapshot of binge drinking estimates](#) shows that 2016 rates of binge drinking varied from 11.3% of adults in West Virginia to 25.5% in the District of Columbia. Increases in binge drinking for adults were seen nationally and in six states (Minnesota, New Mexico, Pennsylvania, South Carolina, Tennessee, and Texas). No state saw a significant decrease.

2016 MEPS-IC Data: Employer Coverage Offers and Eligibility Held Steady, Deductible Increases Offset Slowdown in Premium Growth

The [Agency for Healthcare Research and Quality \(AHRQ\)](#) recently released a [statistical brief](#) on the national results from the 2016 [Medical Expenditure Panel Survey—Insurance Component \(MEPS-IC\)](#), an annual survey of private employers and state and local governments that is designed to be representative of all 50 states and the District of Columbia. According to the data, the percentage of employees working at establishments that offer coverage was stable in 2016 (84.3%), as was the percentage of these employees who were eligible for the coverage offered (76.5%). However, the ESI take-up rate dropped to 73.3 percent in 2016 from 75.0 percent in 2015, which was a significant decline. Additionally, while premiums grew slowly from 2015 to 2016--up 2.3 percent and 2.2 percent for single and family coverage, respectively--deductible increases offset this slowdown, with individual deductibles jumping 10.1 percent and family deductibles rising 5.3 percent.

[Click here to access SHADAC's recent analysis of employer coverage trends using this new data.](#)

SHADAC's [State Health Compare](#) has been updated to include 2016 MEPS data. National and state-level estimates for the years 2002 to 2016 are available for the following indicators: workers in establishments that offer coverage; average annual ESI premium; and employee contributions to premiums.

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