

## **SHADAC's Data Center Updates and the Health Insurance Unit**

**Moderator: Julie Sonier**  
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Julie Sonier: Thank you for attending today's webinar on SHADAC's Data Center Updates and the Health Insurance Unit. My name is Julie Sonier and I'm Deputy Director at SHADAC.

Before we begin I'd like to cover a few technical details. All of the phone lines are muted because of the large number of attendees. At any time during the webinar you can submit questions via the Chat feature on the left-hand side of your viewing screen. If you're having technical difficulties please call ReadyTalk at 1-800-843-9166 or you can ask for help via the Chat feature.

The webinar is being recorded and we'll notify you when it's posted on SHADAC's Web site. After the presentation concludes there will be plenty of time for questions and answers.

For those of you who aren't familiar with SHADAC we're an independent health policy research center based at the University of Minnesota. SHADAC provides technical assistance to states on issues related to health insurance coverage and access to care around the collection and analysis of data to inform health policy decisions. SHADAC is primarily funded by the Robert

Wood Johnson Foundation and we want to thank the Foundation for their support.

Our Data Center is a key component of Web site and we recently implemented a number of updates. And our purpose today is to describe these changes and answer any questions that you might have.

I'd like to introduce Joanna Turner, who is a Senior Research Fellow at SHADAC and an expert on census data products. Joanna joined SHADAC two years ago from the Census Bureau where she was a statistician working on the topic of Health Insurance Coverage. At this point I'll turn the presentation over to Joanna.

Joanna Turner: Thanks Julie. Today we'll be discussing recent enhancements to SHADAC's Data Center our online Table and Charts Generator. This is a great tool where you can easily and quickly access national and state level policy relevant tables and charts of health insurance coverage.

We provide health insurance coverage estimates from three sources; the Current Population Survey, CPS, a SHADAC enhanced version of the CPS, and the American Community Survey.

The Census Bureau's Current Population Survey, CPS, collects health insurance coverage information through the annual, social and economic supplement, which is conducted February through April of each year. The CPS collects data through a combination of telephone and in-person interviews. SHADAC developed the enhanced series to harmonize the CPS health insurance coverage estimates over time.

And the Census Bureau's American Community Survey, the ACS, is replacement for the long form of the decennial census, and has been collecting health insurance coverage information since 2008. The ACS is conducted monthly and is primarily a mail survey with telephone and in-person interviews used for non-response follow-up. We have tabulated our Data Center estimates using the public use microdata provided by the Census Bureau.

First, a brief overview of all of the enhancements to the Data Center, and I'll be going into further detail as we go through the presentation. Our Data Center has new functionality that allows data users to compare a single characteristic for multiple states. And more data options have been added to create charts by Age and Property categories. We have updated the Data Center with 2010 ACS estimates and have expanded the ACS Universe to the non-institutionalized population.

I should also note that we previously updated the Data Center with the latest CPS release including estimates for 2010 and the revised estimates for 2000 through 2009. The Census Bureau had made some methodology improvements that they retroactively applied from 2000 forward and this why they released the revised time series.

So we have switched from a Federal Poverty Thresholds to Federal Poverty Guidelines, as guidelines are used for program eligibility determination. Today's I'll also be discussing our policy relevant family definition. Many analysts and researchers have adopted the use of a health insurance unit, an HIU, and study in insurance coverage so as to focus on those individuals who would likely be considered a family unit in determining eligibility for either private or public coverage.

I'll begin with a walk-through of the Data Center and new functionality and then discuss the enhancements to the estimates.

So SHADAC's Data Center provides estimates of the uninsured, insured, private and public coverage as well as individual types, employer sponsored, direct purchase, Medicare, Medicaid and military. We provide counts, percentages and standard errors of the percentages.

These health insurance coverage estimates are available by race, ethnicity, age, poverty level, income, sex, marital status, work status, education and health status other that's only available for the CPS, and citizenship, which is only tabulated for the ACS.

So to begin, go to SHADAC's Web site, [www.shadac.org](http://www.shadac.org) and click on the Navigation tab for Data Center, you'll see options to create tables or charts. So let's begin with tables which will bring you to two main options.

One option is our traditional, our detailed state levels table. If you are a regular Data Center user this option will be familiar. The other option is what we call, Multi-State Overview tables. This is our new functionality that provides a summary table of health insurance coverage estimates for any or all states allowing you to filter the Universe as you like.

For either option you can create tables in a few easy steps. You select Data Source, State, Year and Optional Filters, you then choose what tables you would like to run. After viewing the results you have the option to export our table to Excel or a PDF.

First we'll go through the detailed state level tables before demonstrating the new functionality. You click on Detailed State Level tables to begin. So first

you'll choose your data source, which would be the CPS of SHADAC enhanced, or the ACS, and any options for states, years, age ranges and poverty filters. You can also select your measures for results. Counts, percents and standard errors are automatically selected, but can be unselected if you don't want all of these measures.

So as I mentioned we have these three data sources available, and the CPS and SHADAC enhanced CPS estimates are available from 1987 forward for single years, two year averages and three year averages. And ACS estimates are available from 2008 forward for single years.

If you are not sure what option to choose, the Data Center has Tool Tips to provide information. Just click on the Question Mark to open the Tool Tip, and the X to close the Tool Tip when you are done.

So in this example let's choose the enhanced data for the U.S. and Alabama, two year average for the non-elderly population zero to 64, less than or equal to 138% of the Federal Poverty Guidelines. Now you click, Continue, to choose the table you want.

If you just want health insurance coverage estimates for your current selection, you would click Create Table. This will give you the overall estimates for each major type of health insurance, such as employer sponsored coverage, Medicaid, et cetera.

If you want to see these estimates by any of the available tables listed here, you check the box. So we'll choose Race and Ethnicity, and then I'll re-click on Create Tables to see the results. The results will appear for each table you have selected.

If you choose more than one state the set of tables for each state will show up sequentially. So in our example, if we scrolled down we would see a race and ethnicity table for Alabama in addition to the table for the United States.

You'll see that the table has a title and source notes, and if you want to change any of your parameters you can simply click on the orange bars to edit your selections and rerun the tables.

Now I'll demonstrate the new functionality of the Multi-state Overview Table, we navigate back to the Data Center main page, select Tables, and then select Multi-state Overview Tables. After selecting this option you will select your measures, data source, states, years, age ranges and poverty filters, just like you would for the traditional detailed state tables. Note that we have automatically selected all states, but you can edit those selections.

So instead of going to the next step to select a table like we did with the detailed tables, we offer an additional filter called, Additional Demographics. This allows you to refine your Universe by one category within any of our demographic options. And this is a two stage filter where you first choose the demographic option and then choose a category.

So we'll select the enhanced estimates for a single year, and then select Race and Ethnicity and Hispanic within this option. Click Continue to process the table. Your results will appear in the lower part of the window for the table you have selected. You can now show all states for a single characteristic in one convenient table. In this example we have a table of coverage by Hispanic origin for all states.

These tables also have the helpful new option of sorting by any column, just click on the arrows next to the column heading and you'll see that you can also

export your tables to Excel or to a PDF file. So you can export both the traditional tables and the new Multi-state table.

You can also save your table specifications and rerun them later. But to save your results you need to register first. Registration is very simple and requires just your email address. We encourage our users to register so that we can promptly notify you of data updates and site enhancements.

Now I'll demonstrate how to make a chart. So we navigate back to the Data Center main page and click on the Charts option. Here the emphasis is on trend data so the only data source option is the SHADAC enhanced CPS.

So select the state or states that you want to see, although we suggest that you just a few or it will become cluttered. We'll compare the United States, Alaska, Arkansas and California. Then select the type of coverage that you want to see, uninsured, insured, private or public coverage. In this example we'll choose Uninsured.

And the new functionality that was added for the charts is that you can also select Age and Poverty filter selections. You can select age categories that include children, adults, non-elderly adults and the elderly, and you can select poverty status that includes less than or equal to 138% of Federal Poverty Guidelines, and less than or equal to 200% of Federal Poverty Guidelines.

So finally you select the beginning and end year. In this example we'll choose ages zero to 64, less than or equal to 200% of the Federal Poverty Guidelines for 2000 through 2010. And then you'd simply click, Create Chart to see the rates of uninsurance over time for this selection.

With the charts you can save your parameters, download the chart image and also share the chart using social media outlets such as Facebook or Twitter.

The Census Bureau annually releases the CPS and ACS estimates in the fall and we update our Data Center with the new estimates as soon as we get the data processed. Technical support for the CPS and ACS surveys is available on our Web site and direct links to the ACS and CPS pages are available in the Data Center table notes.

So these pages include general information about the surveys, links to SHADAC issues released about the survey and data, as well as more details about accessing and using the microdata. Just a reminder that you can type your questions into the Chat window at any time.

So now we've done a walk-through of the Data Center, I'm going to describe the data enhancements that we've also made. We've expanded the ACS Universe and implemented the use of federal poverty guidelines and a health insurance unit.

So unlike many national surveys the ACS collects data for people living in institutionalized group quarters, this is such as prisons or nursing homes, and also non-institutionalized group quarters, such as college dormitories or military barracks. The ACS Data Center now includes the entire non-institutionalized population.

Previously the population was the civilian non-institutionalized population, to more closely match other national surveys, and we made this change to take advantage of the more comprehensive population data in the ACS, and to more accurately reflect health insurance coverage estimates for the U.S. population.



We have implemented the use of Federal Poverty Guidelines instead of Federal Poverty Thresholds to determine poverty status. The thresholds are issued by the Census Bureau and are used for statistical purposes such as estimating the official number in poverty. And they're often to as the Federal Poverty Level.

The Census Bureau provides these thresholds on the public use file. But we have switched to using poverty guidelines to determine poverty status in our Data Center. The guidelines are issued by the Department of Health and Human Services, and are more relevant for studies of health insurance coverage as the guidelines are used for administrative purposes, such as determining eligibility for federal programs.

Here we see the main differences between the thresholds and the guidelines. The thresholds vary by family size, number of children and for one and two person families, whether 65 or older. This creates a 48 cell matrix of possible thresholds depending on family size, children and elderly status.

In comparison the guidelines only vary by family size. There are base guidelines for an individual with an increment for each additional person in the household. The thresholds are the same for all states, whereas the guidelines are the same for the contiguous states, but vary for Alaska and Hawaii.

So here's a simple example of calculating poverty status with thresholds versus guidelines. So say we have a three person family that has a total family income of \$35,000. The poverty level is calculated as family income divided by the appropriate threshold or guideline.

Do determine the appropriate threshold to use we would look at the family size and number of children. In this example we don't need to worry about elderly status, as that is only used for one and two person families. So the threshold for a three person family with one child is \$17,552. Dividing the total family income by their threshold gives a poverty level of 199%.

Now to determine the appropriate guideline to use we only need to look at that family size and the state of residence. In this example the guideline for a family of three living in a contiguous state is \$18,310, which gives us a poverty level of 191%.

Using the guidelines does tend to put more people in poverty than using the thresholds, but eligibility for Medicaid as well exchange based subsidies that will take place under the Affordable Care Act are based on the guidelines, the FPGs. So it's important to acknowledge that the guidelines are distinct from the federal poverty threshold in ways that do have significant ramifications on a practical level.

And for our final change we have implemented a definition of family for our Data Center tables, and this applies to all of our data sources as well as the - the switch to FPG also defines all the data sources, the CPS, the SHADAC enhanced CPS and the ACS in all of the years of available estimates. So this is 1987 forward for CPS and the SHADAC enhanced CPS and the 2008 forward for ACS.

So we've defined the family unit to be more relevant for examining health insurance coverage and this definition of family is often referred to as a health insurance unit, or HIU.

Health insurance is often based on family relationships, for example an individual with employer sponsored coverage may be able to cover their spouse and children on their plan. And public coverage often considers family ties in determining program eligibility.

So the HIU groups into a family those individuals who would likely be considered a family unit in determining eligibility for either private or public coverage. And HIU family definition moves us closer to a more accurate income for the family unit.

So a common definition of family is to use the general Census Bureau definition that, groups all interrelated individuals in a household into a family. And we refer to that definition as a Census family.

So detailed family inter-relationships are key to creating the health insurance units, but this information isn't available from all surveys. For example, in the ACS we only know an individual's relationship to the head of the household.

Fortunately for us the University of Minnesota's Population Center has created detailed family relationship variables through integrated public use microdata series, IPUMS. And these are publicly available for the CPS, ACS and also the National Health Interview Survey. So we use these IPUMS family 22 variables in our HIU construction for the CPS and the ACS.

So in practice which household members are included in an HIU will vary across private and public coverage across years and by state. But we felt it was important to create a broad definition that creates consistent time series and can be easily applied and replicated across surveys.

These STATA and SAS code that we used to create the HIU is available on our Web site and it can be modified to tailor the HIU to an individual project or state. Just a quick example, you can easily change the definition of child from under age 19, to say, "Under age 26 in the code."

So the rules for creating the HIU are fairly straight forward. I'll go these along with some examples of how the HIU families compare with families created under the Census definition of all related people within a household.

So single or married parents along with their eligible children are assigned to an HIU, and we have defined eligible children as, "Under age 19, they're not married, and they have no children of their own." Single adults with no children are assigned to their own HIU. And married couples with no children are assigned to their own HIU.

So now we've talked about married and single adults with or without children, the remaining groups are children without a parent in the household. So if the child is related to the household referenced person, they are placed into the first HIU within the household. But if the child is not related to the household referenced person, they're placed into their own HIU.

So now we'll go through some examples that compare the HIU family definition with the Census family definition and hopefully we'll make this a little clearer.

So this example, if we have a household with two married parents and their two children, they're considered a family under both definitions. The Census family groups all of the related individuals together and the HIU groups married parents with their children.

This would include step parents. So in this example, if the husband was the step father to the children, they would still be grouped together as an HIU family.

Next we have a household with a husband and wife without children, but two childless adult siblings of the wife are living with them. The black outline indicates the Census family and the red outline is an HIU family. The Census definition which as I said groups all related people together, so all four of these individuals would be considered a family.

But under the HIU definition, the husband and wife are a family, and each of the childless adult siblings is their own HIU. So there are three health insurance units in this household.

For our next example, we have a multigenerational household with grandparents living with their married child and grandchild. Again, the Census family groups all of the related individuals together, so all five people would be a family. Under the HIU definition, the grandparents are a family and the married child and grandchild are a separate family. So there are two HIUs in this household.

So even if the child was say, 16, they are not included with the grandparents because they are not an eligible child. So to be considered an eligible child, in addition to being under 19 the child needs to be unmarried and not have any children of their own and are regrouped into their parent's HIU.

And finally, we have a household with a married couple with two kids. They are living with a sibling of the husband and the sibling's child. There's also an unrelated individual in the household, a roommate.

So in this example there are two Census families in the household. One family includes all of the related individuals, individuals which is the married couple with kids, and the siblings and child, and the second family is the unrelated roommate.

And under the HIU definition the married couple and kids are their own family, and we have a separate family for the sibling and child. And then the roommate is still their own HIU as they are unrelated to the - anyone in the household.

So here we demonstrate the impact of framing an analysis around the HIU rather than the Census family definition by examining differences in the proportion and number of non-elderly adults, 19 to 64, that fall within three categories of the Federal Poverty Guidelines, the FPG, relevant to the Affordable Care Act.

So we have at or below 138% FPG, this is the new national income eligibility guideline, so most non-elderly adults under the 2014 Medicaid expansion, 139 to 399% FPG, this is the income level at which most individuals will be eligible for health insurance exchange based subsidies and at or above 400% FPG.

So the Census family income includes the income of all of the related individuals in the household, which is the definition of a Census family. And the HIU income includes the income of all the individuals that are in the same health insurance unit.

That comparison is predicted here, are based on the American Community Survey, but we have looked at tabulations based on other surveys such as the CPS, and they generate similar results. So as shown in this table the HIU

definition yields much higher estimates of the number of non-elderly adults in poverty.

Of importance of assessing the impact of the ACA, in particular the 2014 Medicaid expansions, we find around 16 million more non-elderly adults with incomes at or below 138% FPG under the HIU definition as compared to the Census family definition. And this a substantial difference of 8.9 percentage points.

We also looked at implications of using the Census family and HIU definitions across the state to estimate the share of non-elderly adults with incomes at or below 138% of FPG.

As seen in the math, similar to the developed - at the national level, we find that relying on the Census definition of family leads to fewer non-elderly adults estimated to be eligible for Medicaid across the state relative to estimates based on the HIU. The number of adults eligible for Medicaid ranges from 4.6 up to 12 percentage points higher using the HIU when we look at the states.

So traditional definitions of family units tend to overestimate the number of individuals belonging to units for eligibility purposes. So we encourage researchers and analysts to implement health insurance units and any analysis that's examining private or public coverage eligibility.

So as I mentioned these STATA and SAS codes that we used to create the CPS and ACS health insurance units is available on our Web site. This code is well documented and can be modified to change any of the rules for creating a health insurance unit.

Also our HIU variable will soon be available from the Minnesota Population Center's Integrated Public User Microdata Series, IPUMS, for all the years of the CPS and ACS that have health insurance coverage information. So in addition to providing the HIU variable, we'll also include a flag that indicates which of our HIU rules was used to create the family.

So here we have links to our Data Center, and issue brief that describes the health insurance unit in detail along with the modifiable STATA and SAS code that makes defining family for studies of health insurance coverage.

We've also included the link to the IPUMS Web site where we got our family pointer variables from, and where the HIU variable will soon be available on the CPS and ACS public use data. And you can use this if you are interested in calculating HIU families by different characteristics than what is currently available from SHADAC's Data Center.

I'd also like to mention that we're in the process of updating our ACS state check book and this will be released soon. This is state level health insurance coverage estimates from the 2010 American Community Survey. This provides health insurance coverage estimates for all the states by age and poverty categories.

It includes maps of uninsurance estimates as well as showing significant changes in the uninsurance between 2009 and 2010. And we'll be sending a follow up email after the webinar with all of the links discussed during today's presentation.

Now we're going to move on to the question and answer session, but if you have additional questions after the webinar you can contact us at the addresses



shown. I'd also like to introduce Jessie Kemmick-Pintor, a research assistant at SHADAC who's going to be joining us to help answer questions today.

So I'll turn it back to Julie to start with the questions.

Julie Sonier: Great. Thanks so much Joanna. Just as a reminder, if you have a question you can ask it by typing it into the Chat window on the left-hand side of your screen. We do have a number of questions that we've already received and so I'll start with those.

The first one is, "Does the Data Center include - are you able to do cross tabs by multiple variables?" So for example, can you do - get the number of uninsured by age and poverty status?

Joanna Turner: Yes. If you choose the filters and poverty and the first step, you're able to cross any of those filters with the tables that are available in the second step. So you could say choose age zero to 64 in the first step, in the age filter. And then when you're in the second step selecting your tables you would choose poverty level. So then you would age by poverty level.

Julie Sonier: Great. The next question, "Is there any difference between the CPS and the SHADAC enhanced version of the CPS for 2009-2010?"

Joanna Turner: They're very close, from 2004, what we have remains on the SHADAC enhanced CPS with the revised estimates that were released by the Census Bureau. And they're much closer to than what they were to the revision.

There are still some differences, the enhanced series tends to have just a little bit lower uninsured rate than the regular CPS. And we think this is possibly because we use states in our processing, so we're waiting to the state

estimates, which give a little more precision when you're looking at a state level than you would get from the Census. So it's very close at the national level, but there's still some state level differences between the two.

Julie Sonier: Yes, correct. It is very close at the national level, but there are still state level differences.

Joanna Turner: So if you're interested in state analysis you give up a little bit of the sample size by using the SHADAC enhanced series because we take out all of the cases that are what we call, full supplement imputations and we await the data back to the state.

So that's the case where people don't answer any of the questions, they go through an imputation process at the Census Bureau. And that was what was modified during the revisions.

Julie Sonier: In a related question about the SHADAC enhanced CPS, I think that's - this is what this questioner is getting at. And I apologize if I am MIS-stating your question. You could re-ask it if I am. But the question is, "How are - how have federal agencies responded to the SHADAC enhanced CPS? Are they using it? For example, is the Census Bureau using it in any way?"

Joanna Turner: The Census Bureau actually used the SHADAC enhanced series I think as motivation and knowledge of what was happening in the survey to make the recent revisions that they made.

Julie Sonier: And that's why we're much closer to (unintelligible).

Joanna Turner: That's why we're much closer. So they use the - it's not a gold standard, but it was sort of an unofficial benchmark of the revisions that were made.

Julie Sonier: Another data center related question is, "Whether we have - whether there are plans to put any of the sub-state level data from the ACS, to make that available in the data center, and if so, which levels of geography?"

Joanna Turner: We don't currently have plans to add the sub-state estimates for the ACS, but we're definitely considering this for future enhancements. And I'll just mention that on the public use data files, which is what we're using for our tabulations, the lowest geography that's actually available is called a Public Use Microdata Area, which is areas of about 100,000 people.

And this is the case for both the single-year, three-year and five-year files, so the lowest geography we can get is the PUMA level. And in some cases that corresponds with colonies or groups of colonies, but it's not always the case. It does occasionally - or maybe more than occasionally it crosses county boundaries. Although they are contained within individual states.

Julie Sonier: Great. Another question about the data center is, "Is there a race/ethnicity category in the data center for American Indian or Alaskan Native? Is it combined?"

Joanna Turner: Yes, we don't have a separate category, we've...

Julie Sonier: But there is one category for combined American Indian/Alaskan Native? Or do we need to check on that?

Joanna Turner: I actually - I need to look at the table, I apologize for that.

Julie Sonier: We need to check on that and get back to you.

Joanna Turner: But it's a fairly small population group so I've - we've combined it with another category.

Julie Sonier: Okay. This is a question related to the HIU. And the question is, "Does the definition of" - well, it's both HIU and data center, "Does the definition of family that you use for purposes of calculating the federal poverty guidelines or the poverty level of the family, is that definition based on the HIU or is it based on the Census family definition?"

Joanna Turner: It is based on the HIU. And just going back to the question about American Indians, they are included I believe in the Multiple/Other Non-Hispanic category in our data centers.

Julie Sonier: Yes, and as you mentioned that's primarily because of small sample size. But in some states, where there is a much larger sample it's possible to do that with the Public Use file?

Joanna Turner: Yes. And you could definitely find those from the Census Bureau's American Fact Finder.

Julie Sonier: Yes because...

Joanna Turner: Because we're happy to help you navigate through that.

Julie Sonier: I think this question came from a state with a high American Indian population, which is why I wanted to make sure that the person knows that.

Another question related to the HIU is, "Is there a mechanism for coding pregnant women as part of the HIU?"

Joanna Turner: I don't believe that - it - we don't include it I know, in the construction of our HIU. And I believe that that's related to the fact that that information isn't available on the surveys. For example, in the American Community Survey, respondents are not asked about pregnancy status. And so we would not have the data available to group women differently based on whether or not they were pregnant.

But I mean they would still be included based on other relationships. So if we were looking at - you know, we were interested in eligibility for pregnant women, you know, they would still be grouped with similar individuals, more accurately with individuals who would be considered for that pregnant woman's eligibility if she did go in.

For example to enroll for public coverage, we would still be getting at who in her household would be considered, who's income would be considered for eligibility purposes.

Julie Sonier: Great. We have a question about Slide 36, which is the map that shows the impact of using the HIU as the family unit of analysis by state. And the question is, "What do the states that are most impacted by this HIU method, what do those states have in common?"

Joanna Turner: I think for this question we haven't explored it. So I think we would sort of be eyeballing the math, just as other - just as participants in the webinar would be to kind of see. But that's definitely an analysis that we could look at to kind of look at either demographic differences across those states, as far as age distribution, racial/ethnic distribution, income distribution, generally that...

((Crosstalk))

Julie Sonier: If there were more multi-generational families would that have an impact?

Woman: Yes certainly. If the - if we saw demographics that were - that we know are related to the prevalence of multigenerational households, then that would definitely be a sign that that's why we're seeing more people under 138% of poverty.

Because what essentially - like Joanna mentioned, what we're doing is we're breaking up, you know, extensive families that would have been larger, would have had more members, we're breaking them up into more HIU units, and so then the units have fewer members. So certainly in multigenerational households you would see more of an impact.

Julie Sonier: Great. The next question, we're switching back to the SHADAC enhanced CPS for a minute - excuse me. And the question is, "Besides using state-level control totals, doesn't the SHADAC enhanced CPS also drop fully imputed households or does it now include those because the Census revised its imputation routine?" So maybe a little bit of...

Joanna Turner: (Unintelligible) that's a good clarification of the question.

Julie Sonier: And maybe start with a little bit of background for people who aren't as familiar with the issue as the person who asked the question.

Joanna Turner: And that's a good point Julie. So I think around 2007, (Michael Davin) who's now at NORC but previously was at SHADAC, was doing research with the CPS and discovered that the people who did not answer the supplement to the (ASAP) questions tended to -their estimates of uninsurance tended to look different than those who did complete the survey.

So the concern was that there was something going on with the Census Bureau's imputation process that was impacting the estimates, creating bias. So the Census Bureau investigated this, and after you know, extensive evaluations did make changes to the imputation routine to address this problem. And that's what led to the release of the revised series of past fall.

And now to clarify for the SHADAC enhanced series, what we had developed what - we removed all of these full supplement imputations that weren't looking quite like the others in the survey and then we waited back to the states. And we still do that currently, with the current invite series, even using the new estimates from the Census Bureau.

So that's I think - which I maybe wasn't clear, sort of a tradeoff with using the enhanced series now, is that you end up with a smaller sample size because you are dropping all of those full supplement imputations. But they might be a little bit more accurate for state estimates because we do include that in our waiting routine, whereas the Census Bureau doesn't include state in their imputation because of the small sample size issue.

Julie Sonier: This is a question that I'm not sure we to today. But the question is, "Whether the Congressional Budget Office, when they scored the ACA, was using a concept similar to the HIU?" And I don't know that we have - know that for sure, but I think the answer to the question is, "Yes, that they were," unless anyone else here has any...

Woman: No.

Julie Sonier: ...different information.

When there are multiple families or generations in a household, how does the IPUMS identify 19 and 20-year-olds who are not children of the reference persons?

Joanna Turner: We're just thinking about...

((Crosstalk))

Joanna Turner: ...thinking about the data for a second.

Julie Sonier: Would it depend on whether they have their own children or whether they're married?

Joanna Turner: I mean IPUMS would identify based on the information in the survey and the rules that they have for creating families. But yes, if they're a father or mother in the household, they would still - do they still - are they still linked to their mother and father in IPUM?

Julie Sonier: That is the question, yes, "What is the..."

Joanna Turner: I believe they are still linked, yes, to the parents. Yes.

Julie Sonier: Okay, so we think it is - they do - that they do identify them as children?

((Crosstalk))

Julie Sonier: They do link them together?



Joanna Turner: Well not as children, but we would still know that their mother or father lived in the household. So even if they're not, we would still know the pointer or the location of the mother or father in the household.

Julie Sonier: We just don't consider them children in...

((Crosstalk))

Julie Sonier: Okay, great. So the - one question is, "Where did the concept of the HIU come from and how long has it been around?"

Joanna Turner: Well I think the concept has been around for quite a while. For example, the Agency for Health Care Research and Quality their Medical Expenditure Panel survey has been using, has been constructing an HIU and using that in their estimates for quite some time. And so it sort of - it's called different things. So sometimes it's called a Tax Filing Unit as opposed to a Health Insurance Unit.

But it's really just I think - just that analysts have become more and more interested in looking at health insurance and it's been asked, you know, in more surveys. Now that the ACS is asking about health insurance coverage it's something that analysts are, you know, becoming more aware of the fact that that's really the unit of interest.

Julie Sonier: There are a couple of questions that have come in that are related to each other. And the part of the question is, "Are you aware of how the federal government is using the data from the data center, how they are thinking about using the data from, for example, from an HIU versus for example getting tabulations from the Census Bureau's American Fact Finder Web site?"

Joanna Turner: I mean I know that the Census Bureau is looking at Health Insurance Unit families in relation to some of their research that they've been doing. And I believe they've looked at family construction along with their supplemental poverty measures to see how family relationships impact the definition of poverty.

But I would have to look into that a little bit more and could get back to you with some links for the work that they're doing with their Health Insurance Unit. But they currently have no plans to incorporate it in their published data tables.

Julie Sonier: Great. The switch to poverty guidelines in the HIU family makes sense, right, one person, but it might lead to additional data confusion, especially since the data is not available for all geography and race combinations in the data center. So what are your thoughts on this?

Joanna Turner: I was going to say, "The Health Insurance Unit will soon be available on the IPUMS public use data." So if you would like to do tabulations by different race and ethnicity groups, that is definitely possible to do. And if you use the variable as constructed, it will match the tabulations that are in our data center.

Or if you would like to make, you know, modifications in these - the definitions say, "Changing what constitutes an eligible child based on age," that would also be very easy to do in our code, using the data from IPUMS. And that's all variable documented and it should be a fairly easy process to do that.

Julie Sonier: So this is a question that clarifies the discussion from a couple of minutes ago about the 19 and 20-year-old children, and it's just a clarifying question, "So

would a household with married parents and a 20-year-old child, would that be 2 HIUs or 1?"

Joanna Turner: In our HIU we currently have eligible children defined as under 19 years of age. So a 19-year-old child or a 20-year-old child would be put in their own HIU. And that's one part of the code that is very modifiable, so it's one of the first steps that we take in constructing the HIU, is you know, writing a macro that defines who is an eligible child and what age that is.

And so that would be a fairly simple modification that a user could make. So if you want to consider some of the dependent coverage eligibility now on the federal level, and also across states if you want to raise the age of the - of what you consider eligible children, that's a very simple modification to make to the code. But currently they would be in their own HIU.

Julie Sonier: The next question is - I think maybe just first it might be useful to just address it related to whether this information's available in the Data Center, and then the question more generally. But the question is, "Is it possible to determine the percentage of uninsured individuals between 138 and 200% of poverty who were offered employer sponsored insurance but declined the coverage?"

Joanna Turner: Yes, that is not currently available in the data centers.

((Crosstalk))

Joanna Turner: And that information, yes, is not collected in the American Community Survey.

((Crosstalk))

Joanna Turner: And it is available - isn't it? We're just trying to think here if it's available from the CPS.

((Crosstalk))

Julie Sonier: ...about that in the CPS either, which is why you wouldn't be able to do it from these data sources. But maybe talk about some of the other data sources that a person could use to get at that question? So the Medical Expenditure Panel survey maybe or some other federal surveys?

Joanna Turner: I believe the surveys (unintelligible) program participation (unintelligible) the Census Bureau does also has that information.

Woman: (Unintelligible).

Woman: I think there was only year that (unintelligible) included those questions in one of the other (unintelligible) sections (unintelligible) sections?

Joanna Turner: and I was going to say, "We also - SHADAC has a Helpful Issue Brief, but I can't remember what the title is. But it compares the major federal surveys and it gives examples of the sample size, the questions asked, so that the information is available from that issue brief, which we can include when we send out the follow-up email.

Julie Sonier: So just to remind everyone, if you have questions, and we have only a couple of questions left, so if you have burning questions, remember to type them into the Chat box so that we can get to them today.

The next question is, the person who's asking the question says that, "It's been their understanding that the IPUMS data is - or that is best to use for larger" -

well maybe it says, "PUMS data, is best used for larger more urban areas as opposed to states with a large rural distribution of population. Is this still the case?"

Joanna Turner: I mean you would definitely have more sample size in a larger state, but the ACS has a very large sample so I think it's perfectly fine to use it for all states.

Julie Sonier: So you would just want to be conscious of (unintelligible).

Joanna Turner: You just want to be conscious of sample size and if you started cutting the data by a lot of different groups, like for example as we talked with the American Indians, in some states that might not be a very large group, so you would definitely just want to be conscious of sample size and the standard errors that you would getting from your calculations.

Julie Sonier: Great, the next questions is, "Does the current age limit for kids to remain under their parent's health insurance plan, does the have any effect on determining the HIU or eligibility based on the FPG?"

So this person is referring to the I believe the fact that children can be enrolled as dependents on their parent's private health insurance coverage through age 25.

Joanna Turner: So that would similar to our discussion about a user could modify the codes that we're providing. So again, we currently are only including children in their parent's unit if they are under age 19, and that's something that can be revised in the code if the user wants to increase the age at which they want to consider children eligible within (unintelligible).

Julie Sonier: The next question has to do with the change that was made. Joanna you talked about switching the Universe that was used for the ACS...

Joanna Turner: Yes.

Julie Sonier: ...in the Data Center to the entire non-institutionalized population, and can you address what the impact of that change was?

Joanna Turner: Yes, it actually wasn't a very large impact when we had the previously the civilian non-institutionalized population, the overall U.S. population weighted with about 304 million. And when we increased to include the entire non0-institutionalized population it increased to about 305 million.

And in terms of impact on the percent uninsured, previously the total percent uninsured was about 15.5% and with the entire non-institutionalized population it's 15.45%, so a very small impact.

Julie Sonier: Similarly, the map and some of the tables that you talked about near the end, showed the impact of the HIU for non-elderly adults, but do you know how the comparisons - how those same comparisons would look for children?

Joanna Turner: Yes, we looked at - we also ran some tabulations to look at how it affected our estimate of the number of children under 138% of poverty guidelines and then for the other categories of interest, under ACA. And what we found for our estimates of children at or below 138% of poverty, again we found more children under these guidelines within the SHADAC HIU as opposed to a Census family.

So we estimate about 3 million more children would be at or below 138% of federal poverty guidelines. So the percentage points difference was smaller, so

it was about 3.6 as opposed to the 8.9 percent - percentage point difference that we found for non-elderly adults.

Julie Sonier: Great, I think we're getting to the end of our questions, but there's one last question that we have and maybe Joanna you could relate this to the question that was just asked about sort of analysis for states with a large rural population. But the question is, "When would you want to use the two year or three year average CPS estimates versus the single years?"

Joanna Turner: Sure. So we recommend that you would use the CPS two year averages if you're selecting either the age or a poverty filter, which is in the first step of the Data Center tables. And if you select both an age and a poverty filter, we would recommend that you use a three year average. And this, as Julie said, that the sample sizes are getting pretty small the further you cut the data.

And the Census Bureau also has some recommendations if you're interested in comparing the CPS estimates either across time or between states. So they would recommend that you use two year averages to evaluate changes within a state over time. And you would use the three year averages if you are interested in making comparisons across states.

And I'll just mention that this information is also available in the Tool Tips, that you can ask that by clicking the question mark next to the column headings, the selection headings.

Julie Sonier: Great, well there's no new questions that have come in, so I think we will wrap up on time. I'd like to thank everyone for attending today's webinar and please don't hesitate to contact us if you have any additional questions or need some help on related topics.

The slide that's up on the screen now tells you how to follow us on Twitter, as well as how to sign up for our newsletter online. The slides are posted on the SHADAC Web site and we'll add a recording of the webinar in the next few days. And we will notify by email when those are available. Thank you very much for your attendance today, and have a great afternoon.

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