

Health Insurance Coverage Statistics from the Census Bureau

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US Census Bureau

FESAC
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Census Bureau Statistics on Health

Social Determinants of Health

- Age
- Ancestry
- Commuting patterns (distance/time)
- Disability
- Educational attainment
- Employer type (industry, class of work)
- Employment status
- Fertility
- Food stamps receipt
- Grandparents as caregivers
- Household and family composition
- Housing value
- Income and earnings amounts
- Labor force status
- Language spoken and English ability
- Marital status
- Mobility
- Nativity status/citizenship
- Number of children
- Other income sources
- Perceived Health status
- Poverty
- Race and ethnicity
- School enrollment
- Sex
- Transportation to work
- Type of work (occupation)
- Veterans Disability
- Veterans status
- Wealth
- Well-being: basic needs, consumer durables, ability to get help, food security, fear of crime

Physical Determinants of Health

Housing

- Age of housing
- Plumbing
- Heating
- Housing cost (monthly)
- Housing conditions

Health care costs and financing

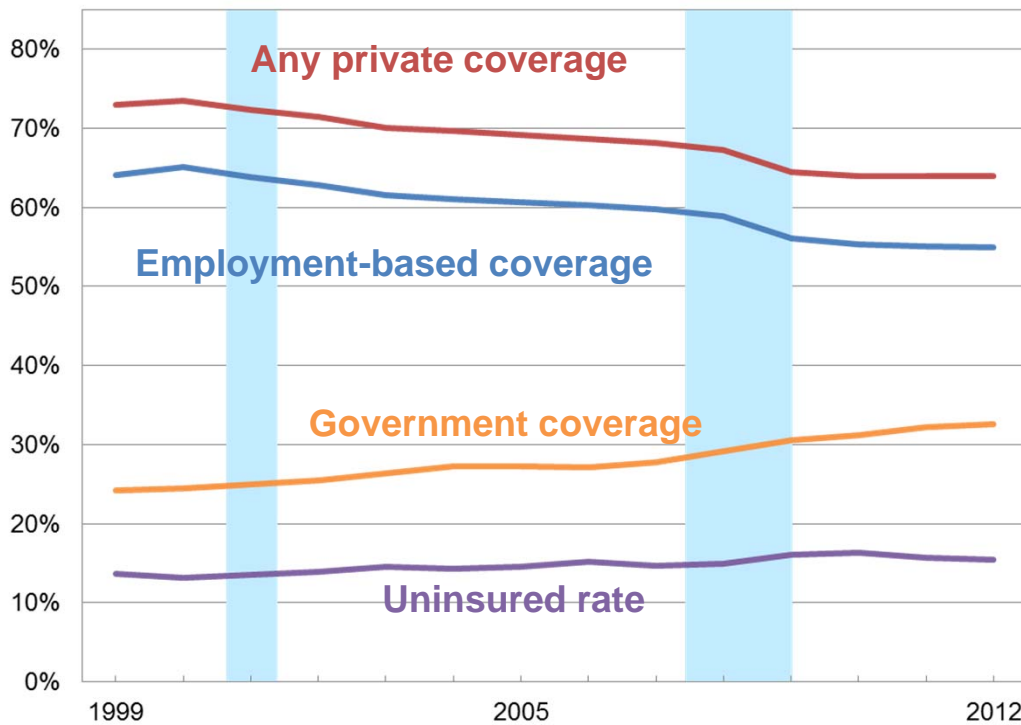
- Health insurance (Insured/not)
- Types of health insurance
- Spells of health insurance
- Employer health insurance take-up
- Reasons not covered
- Out-of-pocket spending (MOOP)
- Family Care

Health care services

- Accessibility
- Health Care Workers
- Number of medical personnel
- Availability of medical offices/hospitals
- Types of medical
- Utilization of health services

Current Population Survey Annual Social and Economic Supplement

People by Type of Health Insurance Coverage: 1999 to 2012



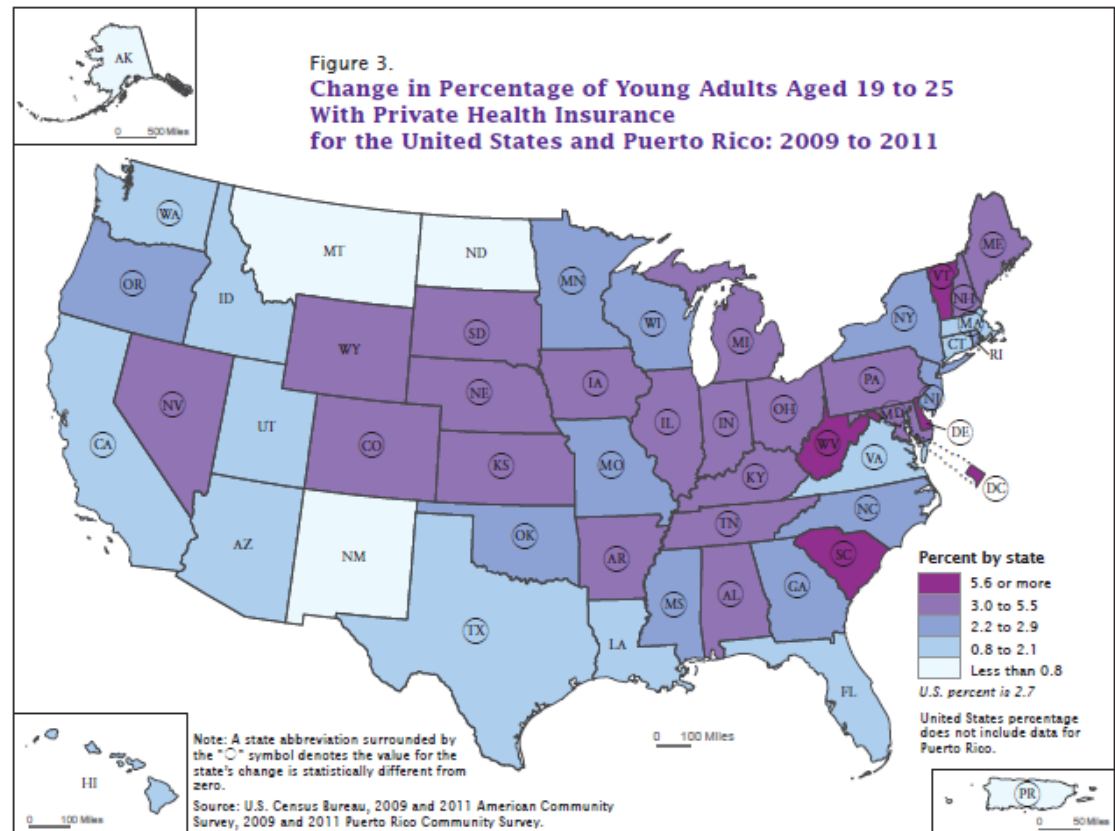
American Community Survey

Health Insurance by type, small geography

American Community Survey (ACS)

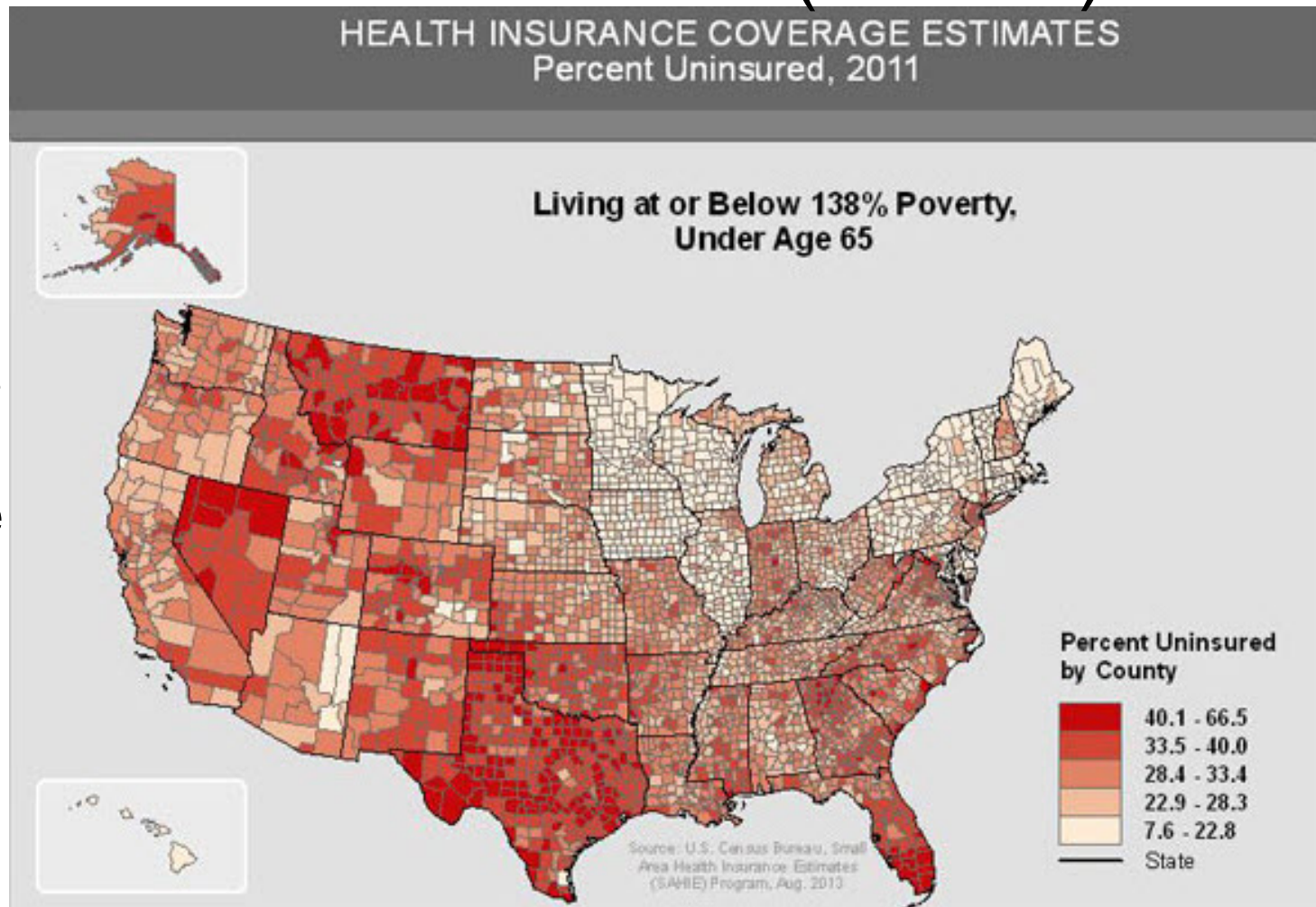
16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - h.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan - <i>Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>



ACS Enhancement: Small Area Health Insurance Estimates (SAHIE)

Only source of single-year estimates of health insurance coverage for every county in the U.S.

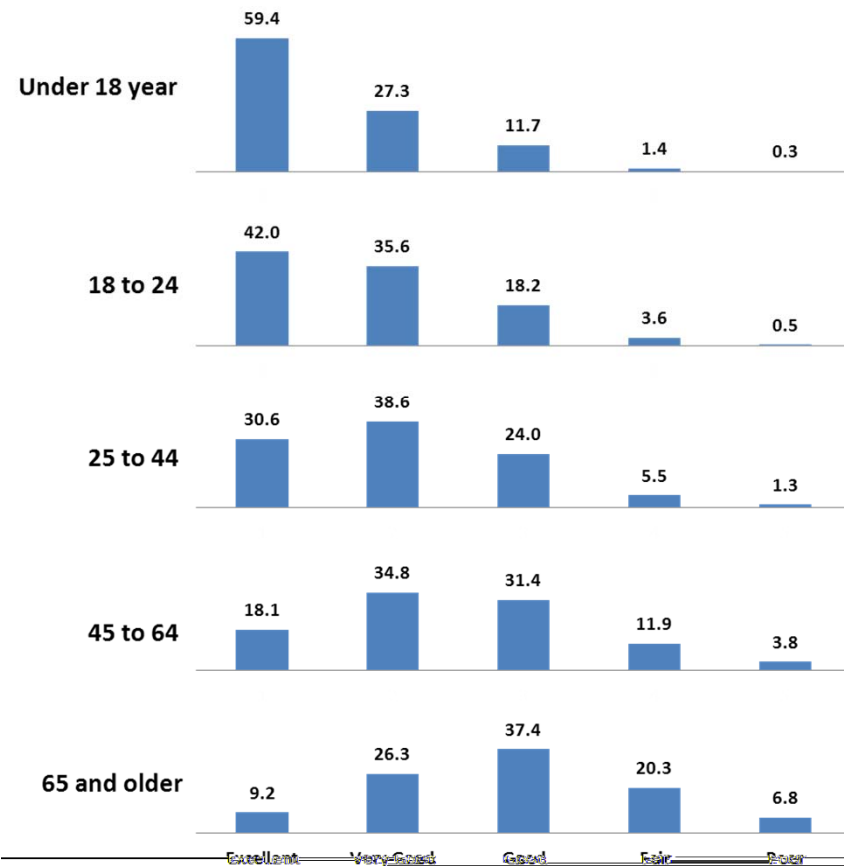


Survey of Income and Program Participation

- Cross-sectional and longitudinal
- Transitions, churning
- Core and Topical Module questions
- Focus on low-income
- 3, 4, and 5 year panels, since 1984
- Follows people when they move
- National level primarily, state
- Current panel started 2008
- Re-designed SIPP 2014

Health Status by Age: 2010

Percent of population



Source: Survey of Income and Program Participation, 2010

ACS Medicaid Undercount

	Count	Percent
Original Uninsured Estimate	40.9 million	15.4%
Partially Adjusted Uninsured Estimate	37.7 million	14.2%

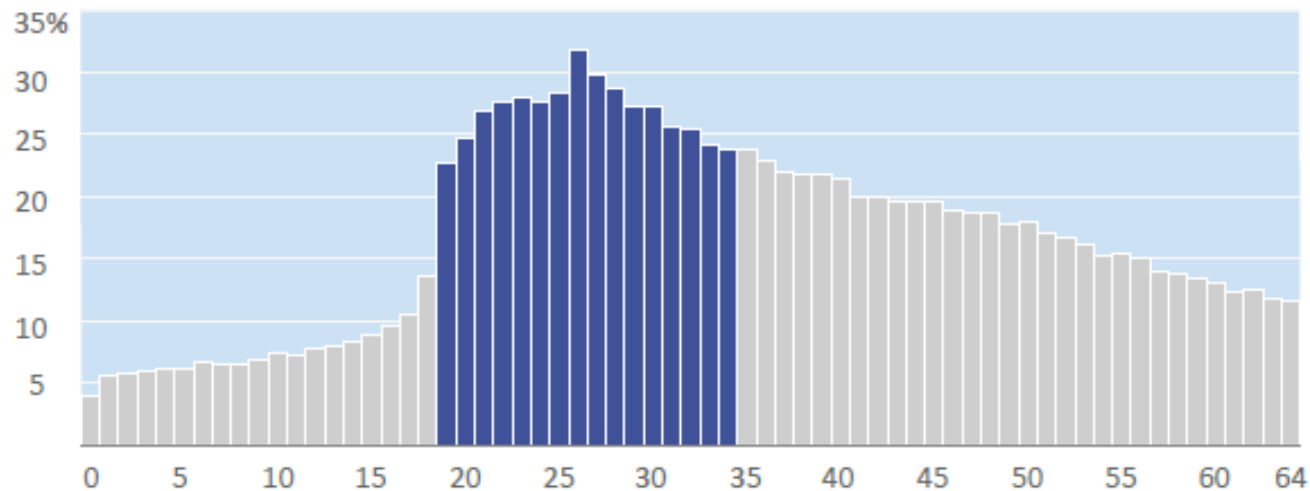
Source: 2008 American Community Survey

The Young and Uninsured in 2012

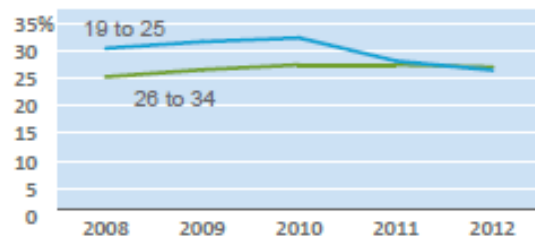
In 2012, young adults age 19 to 34 years old had the highest uninsured rates of any other age group (26.9 percent). Historically, many young adults lost access to health insurance when they moved away from home or graduated from college. Young adults transitioning into entry-level or part-time jobs may not have access to employer-sponsored health plans. Eligibility for public health plans, such as Medicaid, is determined by factors such as income level, disability, and citizenship status.

This infographic highlights statistics about uninsured young adults using data from the 2008 through 2012 American Community Surveys (ACS). The ACS collects data on health insurance coverage to enable federal agencies to more accurately distribute resources and better understand state and local health insurance needs.

Percent Uninsured by Single Year of Age 0 to 64



The 18 million uninsured 19- to 34-year-olds in 2012 accounted for **40 percent** of the uninsured population under the age of 65.



Change in Uninsured Rates 2008–2012

Since the implementation of the September 23, 2010 policy change that allows dependents to remain on their parents' health insurance plan until their 26th birthday, the trend in health care coverage for the 19- to 25-year-old age group has seen a significant shift, while the trend for 26- to 34-year-olds has remained relatively stable.

Supplemental Poverty Measure (SPM)

- Based on National Academy of Sciences expert panel recommendations
- Census Bureau, in collaboration with BLS, has produced the report for three years
- It will not replace the official poverty measure, but complement it
- Includes after-tax and transfer income and subtracts non-discretionary expenses - work expenses, child care, child support and medical out of pocket expenses.
- As a result, increases in insurance purchase or premium costs could increase poverty, while increases in government transfers could decrease poverty

The Research SUPPLEMENTAL POVERTY MEASURE: 2012

Current Population Reports

By Kathleen Short
Issued November 2013
160-247

INTRODUCTION

This is the third report describing research on the Supplemental Poverty Measure (SPM) released by the U.S. Census Bureau, with support from the Bureau of Labor Statistics (BLS).¹ The SPM extends the official poverty measure by taking account of many of the government programs designed to assist low-income families and individuals that are not included in the current official poverty measure. The current official poverty measure was developed in the early 1960s, and only a few minor changes have been implemented since it was first adopted in 1969 (Orshansky, 1963, 1965a, 1965b; Fisher, 1992). The official measure consists of a set of thresholds for families of different sizes and compositions that are compared with before-tax cash income to determine a family's poverty status. At the time they were developed, the official poverty thresholds represented the cost of

a minimum diet multiplied by three (to allow for expenditures on other goods and services).

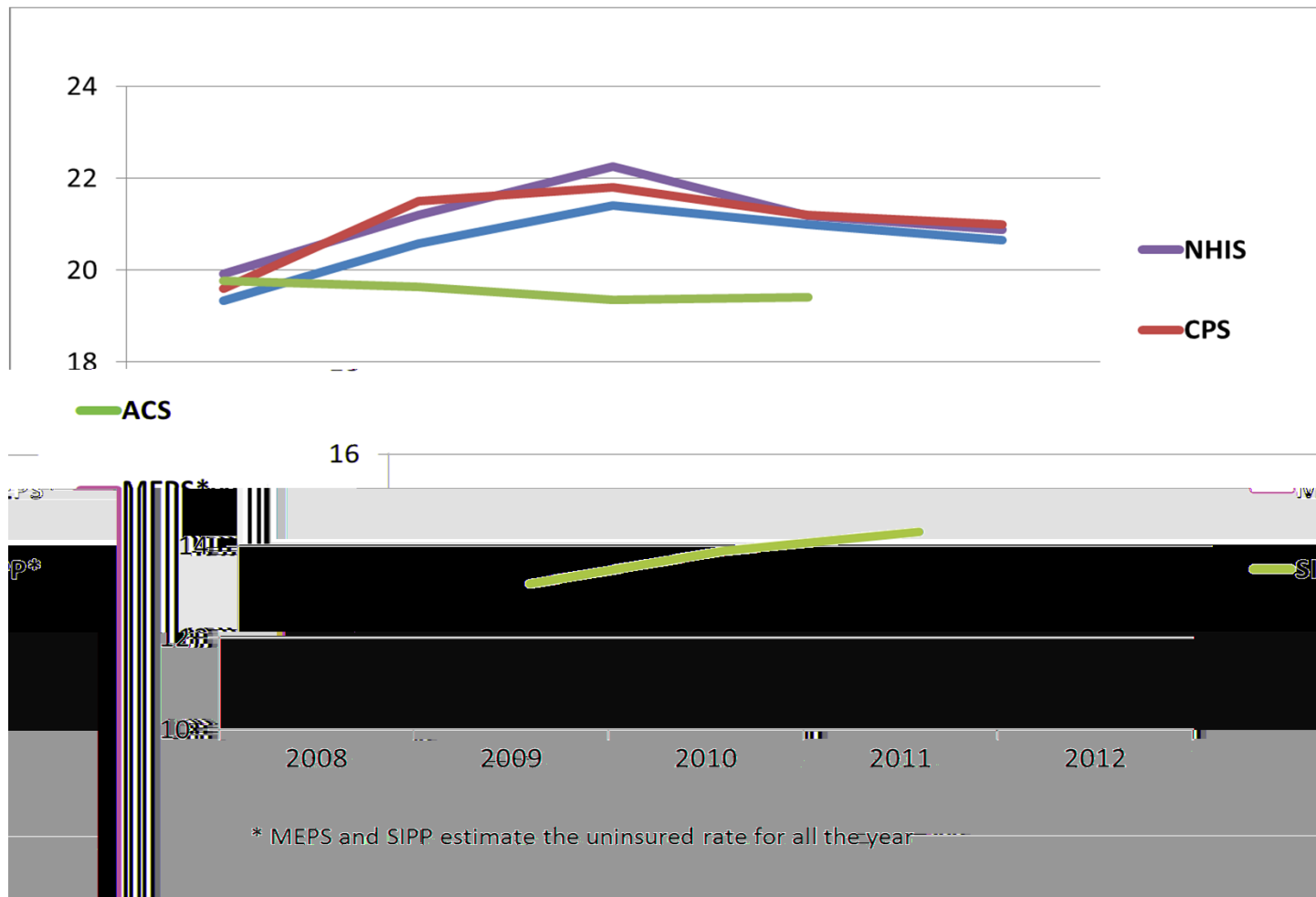
Concerns about the adequacy of the official measure have increased during the past decades (Ruggles, 1990), culminating in a Congressional appropriation in 1990 for an independent scientific study of the concepts, measurement methods, and information needed for a poverty measure. In response, the National Academy of Sciences (NAS) established the Panel on Poverty and Family Assistance, which released its report *Measuring Poverty: A New Approach* in the spring of 1995 (Citro and Michael, 1995). In March of 2010, the Interagency Technical Working Group on Developing a Supplemental Poverty Measure (ITWG) listed suggestions for research on the SPM. The ITWG was charged with developing a set of initial starting points to permit the Census Bureau, in cooperation with the BLS, to produce a report on the SPM that would be released along with the official measure each year. Their suggestions included:

- The SPM thresholds should represent a dollar amount spent on a basic set of goods that includes food, clothing, shelter, and utilities (FCSU) and a small additional amount to allow for other needs (e.g., household supplies, personal care, non-work-related transportation). This threshold should be calculated with five years of expenditure data for families with exactly two children using Consumer Expenditure Survey data, and it should be adjusted (using a specified equivalence scale) to reflect the needs of different family types and geographic differences in housing costs. Adjustments to thresholds should be made over time to reflect real change in expenditures on this basic bundle of goods at the 33rd percentile of the expenditure distribution.
- SPM family resources should be defined as the value of cash income from all sources, plus the value of noncash benefits that are available to buy the basic bundle of goods (FCSU) minus necessary expenses for critical goods and services not included in the thresholds. Noncash benefits include nutrition assistance, subsidized housing, and home

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**United States
Census
Bureau**

Uninsured rate for adults, aged 18-64, for NHIS, ACS, CPS, MEPS, SIPP



What the Census Bureau Collects in the Future

Exchanges and the Health Insurance Marketplace

Health insurance exchanges

- ASEC: Was that coverage through the [Health Insurance Marketplace/state-specific exchange]?
- SIPP: Did you get any of your health coverage through the Health Insurance Exchange during 2013? For example, in [your state], there are Exchange Programs through the [Health Insurance Marketplace/state-specific exchange].

SHOP plans

- ASEC: Small businesses can offer health coverage to their employees through the [SHOP Marketplace/state-specific exchange]. Is the coverage at all related to the [SHOP Marketplace/state-specific exchange]?
- SIPP: see exchange question above

Subsidized Premiums

Premiums

- ASEC: Was there a monthly premium for this plan?
- SIPP: Was there a monthly premium for your health coverage during 2013?

Subsidized premiums

- ASEC: Was the cost of the premium subsidized based on family income?
- SIPP: Was the cost of the premium subsidized based on your family income?

(Re)classifying Health Insurance Types

Option 1: Use existing categories and flag people with exchange-based and subsidized coverage

Option 2: Create new categories of coverage, reassigning people from existing plan types when necessary

Changes to the American Community Survey (ACS)

ACS Content Test

Cognitive interviews (2015-2016), Content test (2017-2018), Implementation in 2019

Testing modifications to Question 16:

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	Yes	No
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g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan - Specify	<input type="checkbox"/>	<input type="checkbox"/>

Limit over-reporting of direct purchase

Improve reporting of state-based medical assistance

Understand how exchange-based coverage is reported

Changes to the American Community Survey (ACS)

Addition of question on exchanges:

- Prior testing suggested only subsidy-related possible

17 a. Is there a monthly premium for this plan?
A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

Yes
 No

b. Is the cost of the premium subsidized based on family income?

Yes
 No

- New testing will determine if one question on exchange participation is possible.

ESI Take-Up Questions

Employer-Sponsored Insurance (ESI) Take-Up questions are available in both the CPS Redesign and SIPP-EHC

CPS Redesign:

- Four questions
- Copied from the February CPS Contingent Worker Supplement
- Reference Period: Point-in-Time

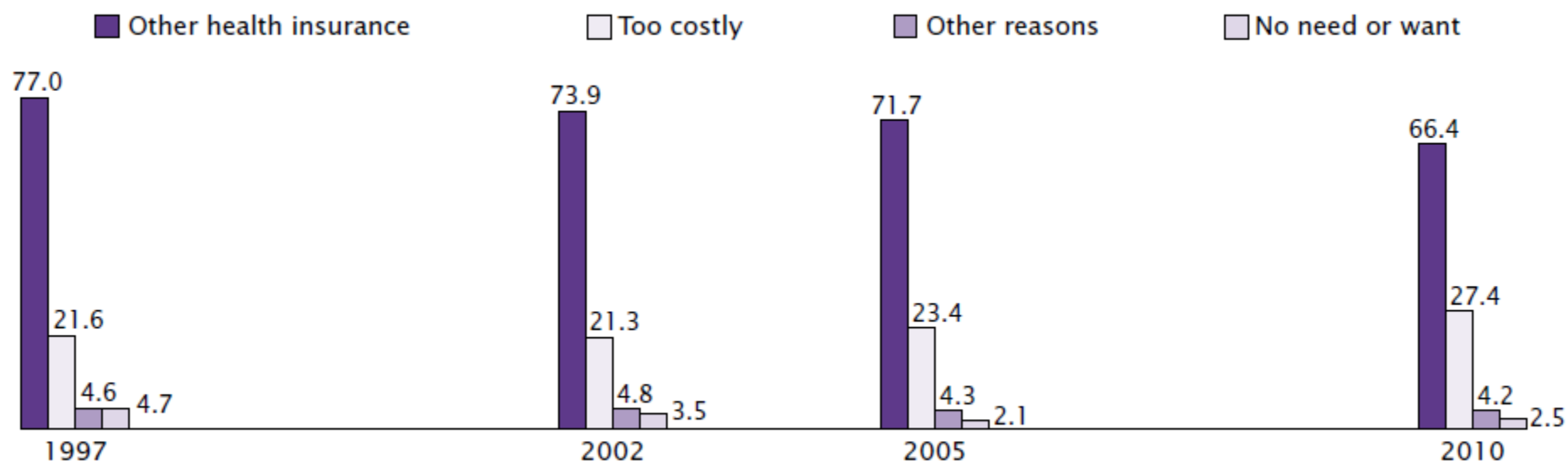
SIPP-EHC:

- Two questions
- Similar to CPS questions
- Reference Period: Calendar Year

2008 SIPP has take-up questions

Most Common Reasons for Nonparticipation by Workers Who Chose Not to Participate in Jobs With Employer-Offered Health Insurance: 1997, 2002, 2005, and 2010

(In percent)



Notes: "Other reasons" category is composed of write-ins. Categories do not sum to 100 percent since respondents may select more than one category.

Source: U.S. Census Bureau, Survey of Income and Program Participation (1996, 2001, 2004, and 2008 Panels).

Additional Reasons Not Insured

SIPP-EHC provides several more questions on reasons for being uninsured that should be useful for ACA analyses

Why did not obtain coverage:

Direct Purchase

- For 2015 survey (asking about 2014), question will be changed to ask specifically about *Health Exchange Coverage*

Medical Assistance (Medicaid)

Why coverage ended:

Asked about ESI, Direct-Purchase, Medical Assistance, Military, and Other plans

Questions asked for all ages (including children)

SIPP Enhancement

Thus, SIPP does not only ask about employment-based coverage among working adults.

Regardless of employment status or age, SIPP now asks why respondents have not enrolled specifically in:

- Exchange/Direct-Purchase Insurance
- Medicaid

Including reasons such as:

- Too expensive
- Denied/not eligible
- Healthy (didn't need coverage)
- Dissatisfied/Don't believe in insurance
- Too difficult or confusing

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