Webinar: U.S. Census Bureau Data Explained: Breaking Down 2023 Health Insurance Coverage Estimates from the ACS & CPS - featuring a Q&A with a Census Bureau Expert

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Company: State Health Access Data Assistance Center (SHADAC)

[Elizabeth Lukanen]: Welcome and hello, everyone. Welcome to our annual Census Data Webinar. Today, we will be discussing the recently released 2023 health insurance coverage estimates from the Current Population Survey and the American Community Survey. My name is Elizabeth Lukanen. I'm the Deputy Director of SHADAC, or the State Health Access Data Assistance Center. For those of you who have not heard of us and don't know us, we are a health policy research center located at the University of Minnesota School of Public Health here in Minneapolis. One of our main goals is to help analysts and researchers and policymakers use a variety of data sources, including federal survey data, to inform and evaluate policy decision makers. Among other things, we provide unbiased technical assistance to states and other organizations, and we really specialize in translating complex research findings into actionable information that we hope is accessible to a broad audience.

A couple quick notes to start us off. First, a hearty thank you to the Robert Wood Johnson Foundation for supporting SHADAC's work and for making this webinar possible. I also want to thank all of our presenters, whom you'll hear a little bit more about in just a minute. Of course, thank you to everyone who joined us for the webinar today. Like most Zoom webinars, everyone on the audience is going to be automatically muted, but you can use the chat feature to send us a message if you're having any problems. We're going to do our best to troubleshoot if you have issues. We'll also use the chat to share slides and links that we talk about during today's webinar. Then we'll also use that for the Q&A portion of our webinar as well, and I'll talk a little bit about that. Finally, this webinar is being recorded and we will notify you via email when the recording is posted on our website.

Once again, my name is Elizabeth Lukanen, and I will be moderating today's presentation. I'm really excited to welcome our featured guest, Sharon Stern, who is the Assistant Division Chief for employment characteristics in the US Census Bureau Social Economic and Housing We're very grateful Sharon was able to join us, and she will be joining us for the Q&A portion of today's webinar that follows the presentation. I'm also joined by SHADAC Research Fellow, Andrea Stewart, and SHADAC Senior Research Fellow, Robert Hest, who will be our speakers today. Andrea joined SHADAC in 2018 and leads our work tracking and reporting on the annual release of federal health insurance estimates, and Robert joined SHADAC in 2017. He manages our State Health Compare web tool, as well as our Minnesota Community and Uninsured Profile project, which we do in partnership with the Blue Cross Blue Shield Foundation of Minnesota. Definitely check that out if you have never looked at that tool. Robert also leads SHADAC's work in the Minnesota Research Data Center, applying for and using restricted use data to analyze health care affordability, access, and utilization at the state level.

I'm going to quickly just run through our agenda for today. This is a 45-minute webinar. It's part of a featured series of resources that SHADAC has produced every year for twenty plus years. We are now calling this our Survey Data Season. So now when you start craving apples and pumpkin spice in the fall, you can also start getting excited about the shiny new data coming out during Survey Data Season. Andrea is going to walk us through what resources and products are part of that Survey Data Season. Then she's going to walk through some of the recent data release and present key findings, including the 2023 nation-level health insurance coverage estimates from the Current Population Survey, followed by the state-level coverage estimates from the American Community Survey that were just released. Then I'm going to turn it over to Robert, who is going to provide a short demonstration on how to access health insurance coverage estimates using two approaches. First, getting those estimates directly from the Census Bureau via data.census.gov, and then through SHADAC’s State Health Compare site where we provide

easy access to state-level estimates and some data visualization. We also thought it would be helpful this year to have Robert walk through a couple of case studies on ways that we and you could use the CPS and ACS to understand and identify health insurance needs at the state and sub-state geographies. We are going to close with a question-and-answer session where Robert, Andrea, and our featured guest from Census, Sharon Stern, will answer any questions that you have. Just a reminder, this is a 45-minute webinar, so get your questions in early by submitting them at any time through our Q&A feature. We'll monitor those during the presentation and get to as many as possible at the end. With that, I will turn it over to Andrea to present some Survey Data Season highlights.

[Andrea Stewart]: Thanks so much. Once again, welcome everyone, and thanks for being here. As Elizabeth mentioned earlier, SHADAC has long covered the annual releases of health insurance coverage estimates from a number of federal survey sources, beginning with the National Health Interview Survey or NHIS, which is the first to release full year estimates at a national level and by demographic groups in June of each year. Next, we cover the release of estimates on a specific type of coverage that is most prevalent in the US, employer-sponsored insurance, or ESI, from the Medical Expenditure Panel Survey Insurance Component, or MEPS-IC, that's released in July. Estimates from the Behavior Risk Factor Surveillance System, or BRFSS, which look at health insurance coverage and related measures of access and cost of care across states, are usually released in late August to early September each year. Finally, we cover the release of national and state-level data on health insurance coverage from the Current Population Survey, or CPS, and the American Community Survey, or ACS, in the second week of September. This succession of data releases from early summer to early Fall are now all encompassed under the larger umbrella of SHADAC'S new Survey Data Season branding.

This year, SHADAC has published either a detailed blog or a comprehensive report analyzing top-level findings from each of these survey data releases, which can be found

at the individual links provided here or collectively on our Survey Data Season homepage, which is also linked at the bottom of the slide.

Today, however, we're going to be focusing on data from the final two surveys which are the culmination of Survey Data Season, the CPS and the ACS, both of which are conducted by the US Census Bureau. Estimates from the CPS were made available to the public on September 10 via the official annual Health Insurance Coverage in the United States report, and ACS estimates were available via data.census.gov starting on September 12. State-level estimates from the ACS have historically been included within the CPS report until 2022, when the Census Bureau began publishing a separate more state-focused brief using ACS data. A separate brief has also been published this year, as you can see, drawing on ACS estimates to provide an in-depth look at state-level health insurance coverage in 2013, 2019, and 2023. Additional ACS-related projects, such as the single-year Public Use Microdata Sample or PUMS file, is planned for release on October 17, and the 5-year data will be released on December 12 of this year.

Now, let's turn to look at some of the key findings from the first survey released, the CPS. As a quick refresher, in the Current Population Survey Annual Social and Economic Supplement, or CPS AEC, health insurance coverage refers to comprehensive coverage at any time during the calendar year for the civilian non-institutionalized population of the US. The two key qualifiers for this measure then, when considering if an individual was uninsured, is if they did not report having coverage for the entire year or if they have had a plan that is not considered comprehensive, such as those through the Indian Health Service or single service plans as outlined here.

The CPS ASEC also measures rates of private coverage, which include employment-based, direct care, or Tricare, and public coverage comprised of Medicare, Medicaid, and VA and CHAMPVA coverage.

Overall, when looking at types of health insurance coverage in 2023, an estimated 8% or 26.4 million people were uninsured for the entire calendar year. This did not represent a statistically significant change from 7.9% in 2022. Rates of private coverage also remain statistically unchanged from 65.7% in 2022 to 65.4% in 2023. Within private coverage types, however, all subcategories of coverage experienced significant changes. The rate of employment-based coverage fell 0.7 percentage-points to 53.7% in 2023, while conversely, the rates of direct purchase and Tricare each increased by 0.3 percentage-points, and marketplace coverage increased by 0.4 percentage-points. In 2023, 36.3% of people had public coverage, not a notable change from 36.1% in 2022. Within public coverage types, VA and CHAMPVA covered 1% of the population, while Medicare and Medicaid each covered exactly 18.9%. However, Medicare experienced a significant 0.2 percentage-point increase from 2022, while Medicaid did not. The CPS ASEC includes insurance coverage estimates for a variety of demographic characteristics, for which some categories like race/ethnicity and immigration status saw no significant changes in 2023.

However, findings show that when looking by age, the rate of uninsurance among children age 0 to 18 rose significantly to 5.8% in 2023 from 5.4% in 2022.

Keeping with age categories for a moment, children also saw significant increases in uninsured rates when looking by region, rising from 3.3% to 4.6% in the Midwest and rising from 4.2% to 5.1% in the West in 2023. Additionally, children in Medicaid expansion states experienced a 0.5 percentage-point increase in uninsured rates from 2022, when there were 4.1% to 2023 at 4.6%.

Nonelderly adults, also referred to as working age adults, experienced their own set of changes in uninsured rates between 2022 and 2023. While their overall rate was stable at 10.9%, adults who worked full-time year-round in 2023 saw a rise in uninsurance from 8.4% to 8.9%. Conversely, those who worked less than full-time year-round experienced decreased rates of uninsurance, falling to 12.9% in 2023 from 13.8% in 2022. Nonelderly

adults living in the Midwest, like children, saw an increase in uninsured rates from 2022 to 2023, rising to 8.1% from 7.2%.

When looking at uninsured rates among nonelderly adults by Medicaid expansion status, uninsurance for those living in expansion states rose significantly overall, from 8.4% in 2022 to 8.9% in 2023. For those with incomes between 100% and 399% of the poverty level, the uninsured rate rose to 13.3% in 2023 from 12.4% the year prior. Among nonelderly adults in non-expansion states, the rate of uninsurance for those with incomes below 100% of the poverty level fell significantly by 5.3 percentage-points from 37.9% in 2022 to 32.5% in 2023.

Now let's pivot to look at some of the key health insurance coverage findings for 2023 at the state level from the ACS. It is important to note that the ACS differs from the CPS in its measure of health insurance coverage, considering an individual as uninsured if they did not have insurance at the time of the interview rather than during the entire calendar year. As measured by the ACS, the national uninsured rate in 2023, 7.9%, was statistically unchanged from 8% in 2022. Across the states, eleven saw increases in uninsurance, three saw decreases, and Texas and Massachusetts continued a longstanding trend of having the highest and lowest rates of uninsurance at 16.4% and 2.6%, respectively. Rates of private insurance coverage fell slightly to 67% in 2023 from 67.2%. This overall drop was supported by decreasing private insurance coverage rates in nine states, while only four states saw increases. Rates of employer-sponsored insurance coverage and direct purchase coverage were unchanged at 54.7% and 13.9% respectively in 2023. Across the nation, the rate of public insurance coverage rose significantly in 2023, increasing to 37.4% from 37.2% the previous year. Public coverage saw the most change of all insurance types across the states in 2023, increasing in thirteen and decreasing in four. Medicaid coverage was unchanged at 21.3%, while the rate of Medicare coverage rose to 18.8% in 2023 from 18.5% the previous year.

In 2023, the uninsured rate for nonelderly adults was 11%, a decline from 11.3% in 2022, and the third year in a row that this group has experienced decreasing uninsured rates. Twelve states also saw decreases in their uninsured rates, while only four saw increases for nonelderly adults.

Uninsurance among children rose significantly between 2022, when the rate was 5.1%, and 2023, when it climbed to 5.4%. This increase reverses that two-year trend of decline in children's uninsured rates in the ACS. Only three states saw a decrease in their uninsured rate for children, while five saw an increase.

The rate of private coverage among nonelderly adults was unchanged at 73.5% in 2023. Across the states, nearly the same number experienced decreases, six, in rates for nonelderly adults as experienced increases, eight.

The rate of private coverage among children in 2023 was 60.6%, unchanged from the same recorded rate in 2022. Changes in coverage rates for children were nearly again matched across the states, decreasing in five and increasing in four during 2023.

The rate of public coverage among nonelderly adults was statistically unchanged in 2023, holding steady at 19.5% from 19.4% in 2022. Looking at the states, the stability was again supported by a nearly equal number of states that experienced decreases as those that experienced increases.

The rate of public coverage among children in 2023 was 39.4%, statistically unchanged from the previous year at 39.6%. Seven states saw a decrease in public coverage while five states saw an increase.

Now that we've covered some of the major findings from these two surveys, my colleague Robert Hest is going to walk us through some of the resources on directly accessing and

using 2023 CPS and ACS estimates, including examples of research projects and questions that can be answered by customized analysis of these data. Thanks, Robert.

[Robert Hest]: Thanks, Andrea. As we previously mentioned, the Census Bureau annually publishes health insurance coverage estimates from the CPS and their Health Insurance Coverage in the United States report, and has published a brief with state-level coverage using data from the ACS for the past two years as well. Each of these reports provides an excellent overview and analysis of health insurance coverage for each data year.

The Census Bureau also provides shorter supplemental analyses via blogs posted as part of their America Counts series. This year, the Census Bureau has written a piece focusing on health insurance coverage for adults age 19 to 64, analyzing why uninsurance rates can be higher for this group. Since many public coverage options are focused on children, older adults, and other specific populations.

However, if you're looking to work with the data directly or do your own analysis, you can access the estimates via data.census.gov, where you can search for information by topic, by demographic characteristics, or directly by the table number, if you already know it. Data.census.gov offers users several options for search filters once a data table is selected, including by year and by geographic level.

Additionally, in the Census.gov Health Insurance Library, users can find other detailed and historical tables that show health insurance coverage in the CPS ASEC and ACS by selected characteristics such as coverage by race, age, and family status, like you can see here for the CPS, and coverage by state, cross-tabulated with characteristics like age, that you can see here for the ACS. And also, historical tables that show health insurance coverage rates over time.

The Census Bureau also offers a resource that allows users to view and quickly create data visualizations, which can be found by going to the census.gov/library/visualizations.html URL. Data users can either select 'health' under the 'Topics' menu, or select 'American Community Survey' or 'Current Population Survey' under the 'Demographic Program or Survey' menu to find the graphics related to health insurance coverage from these two surveys.

For those of you interested in tabulating your own estimates from the microdata, the 2024 CPS ASEC public use microdata are now available, and ACS microdata from the 2023 survey will be released next month on October 17. Additionally, the Institute for Social Research and Data Innovation at the University of Minnesota publishes Census Bureau microdata through IPUMS. This is a free, easy to use and well documented way to access the microdata. Again, this year, we are providing SHADAC's Health Insurance Unit and Federal Poverty Guideline variables for both the CPS and ACS through IPUMS.

Following the release of microdata from the ACS and CPS, SHADAC will be updating our state-level custom tabulations of health insurance coverage on our State Health Compare site, which can be accessed by either clicking the link on the upper right-hand corner of our home page at shadac.org or by visiting the site directly at statehealthcompare.shadac.org. State Health Compare has 48 state-level measures on topics ranging from health insurance coverage and cost of care to public health and health behaviors. We produce these measures using data from seventeen different sources, including the ACS and CPS, among many others. All of our measures are available as tables, maps, bar charts, trends, and state rankings, which gives users the flexibility to visualize the data in multiple ways and perform different types of analyses. In addition, for most measures, we provide policy-relevant breakdowns by variables like age, race/ethnicity, poverty level, and education, among others. When available, we provide margins of error in addition to point estimates to give users the ability to compare estimates and perform statistical testing. Finally, we make it easy to download the data in

a spreadsheet format for those who want to do more sophisticated analysis. SHADAC uses data from the ACS to produce our most viewed measure, health insurance coverage type, with data by multiple types of coverage and breakdowns by numerous economic and sociodemographic groups. I'm going to briefly move out of the slides and share my screen, and I'll walk you through how you can access these data on State Health Compare.

From the State Health Compare landing page, you can access most of our data, actually all of our data, by clicking here on 'Explore the Data'. Here, you'll see all of the available topic areas and measures. As I mentioned before, most of these measures have available breakdowns, which you can see easily by selecting this show available breakdowns checkbox. Clicking 'Coverage Type,' that will take users to our health insurance coverage measure, which can be subcategorized into eight different types of coverage and viewed by thirteen different breakdowns. When you select any measure on your site, you'll first be taken to a landing page with an overview providing a description of the measure and its importance, as well as its use in several recently published SHADAC products.

From the landing page, selecting the first data visualization option on the toolbar allows users to see the most recent year of data displayed as a map. This quickly gives you a picture of health insurance coverage across the states in this instance. And the dropdown menus at the top allow you to select from different timeframes, different coverage types, and different ways you can break the data down. If you hover your cursor over the state, you can easily see the estimate associated with that state.

Now let's select rank to look at our state rank chart. As its name implies, this visualization allows you to compare estimates across the states. And again, the dropdown menus allow you to select between breakdowns, different types of coverage, the states you'd like to compare, and the timeframe you'd like to look at. In this case, you can select between the percent of coverage and the number of people with that type of coverage. Clicking 'Margin of Error' adds a margin of error to the bars. You can quickly do comparisons across

the states. By default, the estimates are sorted by the state name, but they can also be sorted by the values, either starting from the lowest value or starting from the highest value.

Our measures also have a trend chart, which allows you to see quickly how trends evolve over time across multiple states or across different groups within one state. In addition to these trend charts, state rankings, and maps, each measure can also be displayed as a bar chart or in tabular form. Finally, as I mentioned, we give you the option to download any of our measures on State Health Compare in spreadsheet format, which you can easily do here by clicking 'Download Data,' and then either selecting 'Currently Selected Data' to download just the data that's on your screen or 'Choose Data to Download' to select from all of our measures and breakdowns. Now, we'll return to our slides to show you some practical and research-based examples of ways the ACS and CPS data can be used.

Beginning in 2018, SHADAC partnered with the Blue Cross and Blue Shield Foundation of Minnesota, as part of their Minnesota's Uninsured and the Communities in Which They Live, a project that supports targeted outreach and enrollment activities of health insurance navigators and provides information about the uninsured to Minnesota policymakers as they develop strategies to reach the remaining uninsured in Minnesota. Using the latest estimates from the ACS, the profile provides rates and counts of Minnesotans at numerous geographic levels. The ZIP code level, by county, economic development region, MNsure rating area, legislative districts, and of course, statewide. The profile features characteristics of the total population and the uninsured population within a select community, and through the addition of a social vulnerability index, can also assist in identifying different social factors that can influence the health of the population and factors that influence access to health insurance coverage.

For example, using the ZIP codes associated with the Duluth area of Minnesota, we produced a local case study that identified one, communities that were uninsurance hot

spots and would be ideal sites for targeted outreach and enrollment efforts, and two, the socioeconomic characteristics of these communities by age, race and ethnicity, ratio of income to poverty level, sex, and disability status. So that navigators and assister organizations can implement the most relevant strategies for outreach and enrollment efforts for these communities, such as providing culturally appropriate materials and assistance, selecting different sites or partners for enrollment events, and being prepared to enroll uninsured community members into different types of health insurance coverage programs.

We also frequently rely on data from the ACS and CPS to provide targeted technical assistance to states. One of the most common forms of technical assistance we provide is using ACS microdata to help states identify the remaining eligible but uninsured population in the state and estimating their geographic distribution to help those states reach the remaining uninsured. We've also used CPS and ACS data to help identify uninsured populations that may have an affordable offer of employer-provided coverage or other characteristics that would make them ineligible for or unlikely to enroll in coverage. Finally, we use the ACS and CPS data to estimate the size, characteristics, and geographic distribution of populations potentially eligible for future expansion to that coverage. Data that states can use to forecast potential costs and benefits associated with new proposed coverage programs.

In early November, SHADAC will officially publish the last of our Survey Data Season products, with the annual Comparing Federal Government Surveys That Count the Uninsured brief. This brief includes a helpful table of the new uninsurance estimates for the most recent year of data from all of the federal survey data resources covered throughout Survey Data Season, including the ACS, CPS, MEPS, NHIS, and BRFSS. Readers will also find helpful context on how these surveys measure health insurance coverage and uninsurance differently from one another, guidance on how to decide which estimates to use when, and explanations of the different contextual factors that may influence the data

or data collection in any given year. For example, the COVID-19 pandemic and the current Medicaid unwinding. With that, I will hand it back to Elizabeth.

[Elizabeth Lukanen]: Thanks, Robert. And thanks everyone for typing in your questions, we have quite a few. So, Sharon, just want to make sure that you are on and you can hear us.

[Sharon Stern]: I can, I can hear you.

[Elizabeth Lukanen]: Awesome.

[Sharon Stern]: And if you don't mind, I tried to look at the questions quickly. And I saw there were some really great questions in there, and one that caught my attention had to do with understanding what was included in direct purchase. It's really important to understand that these are self-responses, and both of our surveys do it slightly different. But in essence, it can include lots of things. If we ask someone, did they purchase it directly, it could include a Medigap type plan. We cannot differentiate that; we don't have enough information. So, when we ask them if they purchased it directly, it's not just on the marketplace.

And I think the questions hit on another important thing that I'll hit on a little bit, which is that some people get their Medicaid or their government-sponsored coverage through an online portal that may look to a respondent like the marketplace. So, there are some real issues with how people answer the questions, and those are things we can't untangle in what they've provided. And all we can really do is report which category they put themselves into during the surveys.

[Elizabeth Lukanen]: That's really helpful, and I think that you sort of got at this, but there was a direct question about whether something like an ICHRA, an Individual Coverage Health

Reimbursement Arrangement, be in this. And I think what you're saying is it could be if that is how the person reported it.

[Sharon Stern]: That's exactly right. You know, it isn't our intent necessarily to get those kinds of plans. But yet, they are coverage of a sort, and if that person who responded believes it fits in that category, then they will be there. So, there will be some noise, I'll say, in the data around some of these concepts because we rely on individuals to understand their own coverage. As everybody on this call knows, it's a really complicated landscape. There's nothing easy or straightforward about it. And so there will be some noise in the results due to that.

[Elizabeth Lukanen]: Thanks, that's really helpful. Maybe I'll stick on employer-sponsored for just a second and then return to direct purchase, because I think this is more of what you can actually identify in the data, which is: is there a way to see public employees pulled out from employment-based plans in these estimates?

[Sharon Stern]: There is not. And I'm saying it with a little bit of a caveat in my voice because the American Community Survey is a very large sample. And presumably—we have not done this—but we do get occupation information, and there is what we call the class of worker coding that will tell you if the person was employed by the government or a private industry. So there may be, in the data, a way to sort of approximate the thing that the questioner asked about. Definitely not a direct estimate. But in the ACS, it might be a large enough sample that you could look at the types of employment for people. But again, it depends what the person's analysis really is, whether that's going to be a good idea. And if someone was looking to do that, I'd be happy to have them contact me and talk more about what might be teased out there.

[Elizabeth Lukanen]: Great. I think that's a very nice offer, and SHADAC can make that connection, or we can maybe help with that as well. Shifting over to a question about

direct purchase before I go to a wave of questions about Medicaid. Can you get marketplace coverage estimates at a state level? I guess, through the ACS, the question asks, but through the CPS I think would be another, I'd ask about that as well.

[Sharon Stern]: Yes. We don't generally publish state-level data from the CPS anymore now that we have the ACS. It's got a much larger sample and it's more reliable at the state-level. Previously, when we did state-level analysis with the CPS, we would use a multi-year average. So, if someone was interested in that measure, because we do say that with the more questions that we have in the Current Population Survey, you may be able to dive into some more detail of coverage that you might not get with the American Community Survey. So, if someone was interested in trying with a multi-year average, but in times when coverage is change and a lot, that will not work. So clearly, you would want to cover a period where there was a lot of change. In the, I'm sorry, I lost track of what we're saying.

[Elizabeth Lukanen]: Oh, I think they were asking specifically, about whether you could get marketplace.

[Sharon Stern]: Oh yes, marketplace.

[Elizabeth Lukanen]: Estimates by state.

[Sharon Stern]: Yes. And so, in the ACS, we have direct purchase. That's what we offer as the variable.

[Elizabeth Lukanen]: Great. We have quite a few questions about Medicaid and children's Medicaid and the unwinding. I think I will just start by asking the first one. So, looking back at recent historical trends, both in the ASEC and ACS, they both captured the surge in Medicaid and CHIP enrollment in 2019 to 2021, but not the CMS reported spike in 2022.

Why might that be? Could it be related to underreporting? And I guess Sharon, I'll start with you, but Robert, I know that you've thought a lot about this as well.

[Sharon Stern]: So, I think my perspective on this is that our surveys—and especially the ACS but also the CPS—we cannot match when we do those record match studies and we look to see how we are doing compared to CMS records, there is a mismatch. We have some data that shows that there is a mismatch having to do with this misunderstanding perhaps of coverage, this being self-reports. And so, what I would say about, you know, some years we're tracking and some years we're not. In all of the years, we are lower than the CMS data. You know, our trends, our lines are a bit lower. And so, I personally wouldn't overinterpret or, you know, say what's the gap necessarily, with one year that doesn't fit. So, I myself kind of tried to take a longer view and say that the characteristics of reporting and our surveys are such that sometimes we are more in line and sometimes less in line. But these are, in my personal opinion and in my professional opinion, these are minor. We're still generally in the same position relative to the administrative records. And I would welcome Robert, if you've also given a lot of thought to this, to hear your comments on it.

[Robert Hest]: Yeah. Yeah, I think I generally agree. I mean, there's a long running trend of an undercount of Medicaid coverage in both of these surveys. I think there is some evidence that suggests that that undercount probably grew somewhat during the pandemic and the continuous coverage period, and some evidence that points to that being kind of a lack of understanding of coverage among enrollees during the continuous coverage requirement that led to them self-reporting their coverage as not being covered by Medicaid, when in fact they may have continued to be covered by Medicaid. So, I think what we would always recommend if you're really looking for the most accurate counts of the number of people who in fact have Medicaid coverage, that the administrative data is always going to be the best source for that. These surveys are always going to be a better source for, source of information about other types of coverage, and of course, for uninsurance that

can't be measured in that administrative data. So yeah, I think that's where I would land there. I think the data are still good. If you're looking for information about the characteristics of people with Medicaid coverage, that's going to be available in these data and wouldn't be available in the administrative data. So, I think it's always best to think about exactly what sort of question you want to answer and whether the administrative data is going to do the best job answering that question, or whether that's going to be something that you're going to find an answer to in survey data. Then of course, thinking about the limitations of that data and how much you want to push the data, and what caveats you might have to think about based on the data source you're using.

[Elizabeth Lukanen]: Both very thoughtful answers. Again, I would offer, SHADAC thinks a lot about this. Robert definitely does and certainly Census does. If you ever want to noodle over a question with us, just reach out and we can help you think about why you're seeing things in the data that don't comport with what you think you should see. We just got a question yesterday on this topic.

So, a couple of questions about the timing of these data. So, what timing do the newly released data reflect? And then some questions about the unwinding. I'll ask verbatim one of the questions and I think probably in your answer, we'll get it both things. 'So, I was surprised that Medicaid coverage had not changed in 2023, and that children's increased uninsured was driven by ESI. Can you speak to what the data tells us about the Medicaid redetermination or unwinding process, if anything?' Maybe you can start, Sharon, just by talking about what timing these data reflect.

[Sharon Stern]: Yes, thank you. That is an incredibly important question. In the CPS ASEC, we ask about coverage at any time in the previous year. So, if they had coverage during part of the year, they would be counted as having that coverage. So that's part of the answer. The ACS asked for coverage at the time of interview, but people are interviewed all year long. So, we have people interviewed from January, February, all the way through December. In

different states that may have gone through their disenrollment process at different times in different ways, people may have gotten re-covered. It's a really complex thing to happen. But the ACS estimates represent interviews throughout the year. So, they also would not necessarily reflect some radical difference. You're just seeing kind of an average experience of the year.

But I would harken back to something that Robert said that came with the previous question, which was there was some evidence of an increased gap of reporting because people were unaware of the continuous coverage provision. So, while they were kept enrolled, they may not have known. And so, the fact that our estimates are a little bit lower and maybe not changing as much, actually just, maybe that is part of the story there as well. Part is the timing. We're covering a period that a lot of different things were happening. People were genuinely reporting January and December and all the ones in between, as well as, as we said, people not necessarily understanding that they still had the coverage at all. So, I think that sort of gets at that question. It's really interesting and complicated thing. These surveys weren't built necessarily to measure within-year change.

And one of the things we do have that we don't talk about as much is we have the Survey of Income and Program Participation. That is also an annual retrospective survey, but it is designed to capture within-year change. So, when we go out with that survey, there's an event history calendar that is meant to help people identify things that happen during a year around the same time. If they're talking about their coverage, was that before you lost your job or after sort of thing. You know, tying together events that might have happened during the year. So, I would certainly encourage people to consider looking at the Survey of Income and Program Participation, also, as a source to understand the within-year changes.

[Elizabeth Lukanen]: So, even to clarify or distill it even further, is it fair to say that the data released in 2024, so next September's data, would be the first time to see the full impacts of unwinding sort of in the tail end of that. Is that fair?

[Sharon Stern]: So, you know what I'm going to say is it depends. It depends what happens this year.

[Elizabeth Lukanen]: I suppose!

[Sharon Stern]: Do you know? Like there are so many changes and there's things that both policy and economy that are affecting what the coverage is. So yes, we'll see something next year. I don't know how clear it's going to be.

[Elizabeth Lukanen]: Okay, fair enough. I am going to change gears and talk about the data that we presented by race/ethnicity and just more generally. So, these are two related questions. The first is whether the data that have come out this year on race/ethnicity reflect the new OMB race/ethnicity standards released a couple of months ago, and if not, when the Census plans to introduce those? Then the second is, maybe for Robert, can the geographic and data breakdowns that are done at the national level also be done at a state level? So, I guess those are sort of related. Sharon, maybe we'll start with you.

[Sharon Stern]: So, the standards have just come out. It's going to take a couple years for us to get our surveys updated with those new standard questions. I believe there was a federal register notice actually earlier in the summer that talked about what our proposal was and when we would be able to do it. But I'm not the expert in that. So, I would be happy to look up and send a link to that federal register notice. But it was going to be a couple of years. This isn't something we can change quickly.

[Elizabeth Lukanen]: Yeah, we can maybe include that follow up that register link in our follow up email. Robert, anything you want to say about race/ethnicity at a state level before we close?

[Robert Hest]: Yeah, sure. All of the breakdowns, I think that question might be about the things that we did with the Minnesota Uninsured Profile. All of those data are also available at the national level and those all come from data.census.gov. So, I would suggest looking to data.census.gov and finding those specific coverage tables that have the characteristics of coverage there by those different data breakdowns, because those can be done at all of the geographic levels that are available at data.census.gov, of course, including the national level.

[Elizabeth Lukanen]: Well, that brings us to a close. I think we have so many more questions we didn't get to. So, we might need to expand this back to an hour. I want to thank Robert and I want to thank Andrea, and Sharon, a special thanks for you, from the Census Bureau for joining us today. You will be getting an email soon with the recording of this webinar. We'll follow up with some links, and if we can, follow-up with some extra Q&A. So, thank you. You can follow us at the SHADAC website and on LinkedIn. You can find our newsletter at shadac.org, and we will be back in your inbox with our recording as soon as it's available. Thanks so much.