2014 Health Insurance Coverage Estimates:
SHADAC Webinar Featuring U.S. Census Bureau Experts

Moderator: Joanna Turner
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(Kathleen Call): Welcome to SHADAC Webinar on the 2014 Health Insurance Coverage Estimates Featuring the Census Bureau and SHADAC experts. I'm (Kathleen Call) an investigator at SHADAC. Thanks for joining us and thanks for the Census Bureau for participating. Also, we're grateful to the Robert Wood Johnson Foundation for funding SHADAC work and making this webinar possible.

One of SHADAC's goals is to link states with federal data sources and we're happy to have the Census Bureau experts on hand to share their latest results, and more importantly, answer some questions.

Before we get started some technical items, you are all muted because of a large number of attendees. You can submit questions via the chat feature on the left hand side of the viewing screen. If you're having any technical difficulties with ReadyTalk, please call 1-800 – I believe it's up there, yes – 1-800-843-9166 or you can ask for help via the chat feature because we want to monitor it throughout this webinar.

The slides are available for download at the link in the fourth bullet. The webinar is being recorded and we will notify you when it's posted on SHADAC's Web site. We're happy to have Jennifer Day and Marina Vornovitsky and I was going to pronounce this right, I apologize Marina. I had it in my head but it didn't come out of my lips. So we have Jennifer and Marina from the Census Bureau with us today.

Jennifer is the Assistant Division Chief of the Social Economic and Housing Statistics Division and Marina is the Chief of the Health and Disability Statistics branch. Again this year, we will be discussing the recently released health insurance coverage estimates from the current population survey and the American community survey. This is a very exciting year as if the first look at the CPS and ACS estimates for 2014, the first year of the full implementation of the Affordable Care Act.

This slide, and the next, provides an overview of the CPS and ACS surveys that we'll be covering today in guidance on when to use each source. The CPS was redefined last year with the release of the 2013 estimates and provides a measure of all year uninsured and a new point in time measure.

Estimates are available from 1987 forward although the redesign created a breaking series beginning with the 2013 estimates. The ACS provides consistent estimates from 2008 forward and the large sample allows for state and sub-state estimates.

Jennifer Day from the Census Bureau will be presenting the national results from the CPS and state results from the ACS. Marina will be – will then give a brief overview of the CPS redesign and explain the different files that were released.

And Joanna Turner the Senior Research Fellow at SHADAC is going to discuss SHADAC resources. After the presentations there will be time for questions, but please feel free to submit them throughout the talk. We'll be gathering them for the end of the conversation so we can make sure we get all of your questions answered.

We hope today's webinar will help you better understand the estimates available and what questions can be answered with the CPS and the ACS. As a reminder, please type your questions in the chat window throughout anytime during that webinar. I'll now hand the webinar over to Jennifer to present results.

(Jennifer Day): OK. Thank you Kathleen. So here's a picture of our recently released report. This report presents statistics from both the current fluctuation survey and the American Community Survey focusing on the 2014 calendar year.

Over time, changes in the rate of health insurance coverage may reflect economic trends, shifts in demographic composition of the population and policy changes that impact access to care. Several such policy changes occurred in 2014 when many of the provisions of the Affordable Care Act went into effect.

The percentage of people without health insurance coverage decrease shortly between 2013 and 2014 by 2.9 percentage points measured in the current population survey. This puts the unsure rate in 2014 at 10.4 percent as measured by the CPS. The ACS measures a comparable decline.

In fact, after several years of a relatively stable uninsured rate between 2008 and 2013 as measured by the ACS, the percentage of the population who are uninsured at the time of the interview dropped in 2014.

This represents the largest percentage point decline in the uninsured rate during this period. In 2014 most people 89.6 percent had health insurance coverage at some point during the calendar year. With most people having private health insurance about 66 percent and just over third had government coverage about 36.5 percent.

Among the subtypes of health insurance, employer based insurance cover the most people of 55.4 percent of population, followed by Medicaid 19.5 percent, Medicare is 16 percent and Direct Search is 14.6 percent which includes their people would go when they got their health insurance for the exchanges and in military care at 4.5 percent.

Between 2013 and 2014 the increase in the percentage of people covered by health insurance was due to an increase in both the rates of private and government coverage. The rate of private coverage increased by 1.8 percentage points and government coverage increased by 2.0 percentage

points. Between 2013 and 2014 the greatest changes in coverage rates were the increases in direct purchase, health insurance and Medicaid.

The largest percent point change in coverage was for direct purchase which increased by 3.2 percentage points and percentage of people with Medicaid coverage during part or all the year increased by 2.0 percentage points. Here, we used the American Community Survey to look at the changes by single years of age. The uninsured rate at the time of the interview dropped for every single age under 65 between 2013 and 2014.

However, the change was not uniform across the age –the largest decrease has occurred among the ages that had higher rates last year, specifically working aged adults, ages 19 to 64. In 2014 the highest uninsured rates was at 25.1 percent at age 26. Three notable sharp differences occurred between single years of age. For example, the uninsured rate was over one and a half times greater for 19 year olds compared with 18 year olds.

Almost one in a quarter times graded for 26 year olds compared with 25 year olds and the uninsured rates for 64 year olds was about one quarter of the rate of the 64 year olds. Here, we have work experience leading to three groups for 2013 and 2014. Looking at work experience, we find that full-time year round workers that are from the left were the least likely to be uninsured in 2013 and 2014 dropping to 11.2 percent in 2014.

Looking at the other two groups in 2013, people who work less than full-time year round the middle bars had a higher uninsured rates than none workers in 2013. And in 2014, both groups has comparable uninsured rates of about 17.5 percent. With a bigger decline in the populations work less than full-time year round relative to the non-workers.

People with lower household income had higher uninsured rates than people with higher income. In 2014, 16.6 percent of people in households with an annual household income of less than 25,000 had no health insurance coverage compared with 5.3 percent of people in households with income of 100,000 or more.

Between 2013 and 2014, uninsured rates decreased for each income category, but more for the population with lower income than for the population with higher income. In 2014, non-Hispanic whites had a lower uninsured rates 7.6 percent compared with other groups. The uninsured mates for blacks and Asians were higher than for non-Hispanic whites of 11.8 percent and 9.3 percent respectively.

Hispanics have the highest uninsured rate at 19.9 percent. Between 2013 and 2014, the uninsured rate decreased for all race and Hispanic origin groups. The decrease was comparable for blacks, Asians, and Hispanics at just over 4.0 percentage points. Unless for non-Hispanic whites at 2.1 percentage points. In 2014, the uninsured rate for non-citizens was over three times that of native born population. At 31.2 percent for non-citizens compared with 8.7 percent for the native born population.

Between 2013 and 2014, the uninsured rates decreased for only 50 groups, (inaudible) for the native born population than either the naturalized citizens or non-citizens. The uninsured rates decreased by 2.4 percentage points among the native born by 5.2 percentage points for naturalized citizens and by 7.5 percentage points for non-citizens.

This math, using the American Community Survey data shows that the same shaded in darker blue have a greater percentage of the population without health insurance coverage compared with shape shaded in lighter blue. The American Community Survey which has a much larger sample slides from the CPS is the useful source for estimating and identifying changes in the uninsured population at the state level.

The next several slides shows statistics from the ACS. So during 2014, the state with a lowest percentage of people without health insurance at the time of the interview was Massachusetts at 3.3 percent, while the highest uninsured rate was for Texas at 19.1 percent.

And here, we see the change between 2013 and 2014. All 50 states and the district of Columbia showed a decrease in the rate of the population without health insurance coverage at the time of the interview. The decrease in the

uninsured rates between 2013 and 2014 ranged from 0.4 percent to 5.8 percentage points.

So here, we split out the U.S. into two max, on the left, the states in blue are Medicaid expansion states and on the right are the states in blue are the non-expansion states as of January 1st 2014. In general, the uninsured rate in the expansion space was lower than in the non-expansion space. Overall, in expansion states, the uninsured rate in 2014 was 9.8 percent compared with 13.5 percent in non-expansion states.

And then here, we see the change arranged by Medicaid expansion stats. In general, decreases in the uninsured rate were greater in expansion states than a non-expansion states. Overall, the decrease in the uninsured rate with 3.4 percentage points in the expansion states compared with 2.3 percentage points in non-expansion states.

We look a little bit closer at state differences by income to poverty ratio. In both state groups, expansion states and non-expansion states, working age adults with higher income to poverty ratios had lower uninsured rates. However in both years, 2013 and 2014 the uninsured rate was lower in the expansion states and in the non-expansion states at all levels of poverty.

And the change that is the decreases for all groups were greater in expansion states than a non-expansion states. So here is another view with the state sorted by their uninsured rate for 2014. With Massachusetts and Texas at that too extreme. With the estimate for the U.S. total shown here in red, more than halfway down the list. The darker dot is the 2014 estimates and the lighter blue dot is the 2013 estimates.

The length of the line shows the difference or the amount of change between the two years. All states and the District of Columbia had a significant decline and the percentage of uninsured. The state with the smallest decrease at the top was Massachusetts with a 0.4 percent change. With an already low uninsured rate, the states still saw a significant change. The state with the largest change was Kentucky with a change of 5.8 percentage points.

And here, we see the same thing before the 25 largest metro areas. Here, Boston and at the top with the lowest rate of uninsured in 2014 at 3.8 percent and also the smallest change. A significant from 2013. The cities with the largest changes were Los Angeles and Miami with over a five percentage point decline. This leads Miami and Houston now at the bottom with a rate of an uninsured of about 19.5 percent.

Also last week, we released a blog using ACS data called Man Lag Behind Women and Health Insurance Coverage. This blog looks at differences between men and women's health insurance rates. In 2014, the uninsured rate was 12.9 for men and 10.5 for women. The difference of 2.4 percentage points. Though the gap has shrunk since 2009. And here we see the differences by age. For both sexes, the uninsured rate peaks at age 26 and age when children lose their health insurance coverage provided by their parent's policies.

And the gap between men and women's coverage rates appears to be entirely among people of working age. With a largest gaps among those and their 20's and 30's. Here we see no desirable differences in the rates of private health insurance coverage for men and women across the ages. That's represented in the top two lines, which are pretty much on top of each other. But in the bottom two lines, we see it is with government provided health insurance coverage where we see differences between men and women.

At a younger ages, women have had higher coverage rates than men. This kind of reverses with age as men in their later 50's and early 60's appear to have higher rates than women do. So why is that? So here we look more closely at the government provided health insurance coverage. Across the top is Medicare. We see no real differences and coverage rates for men and women. And in the middle panel is Medicaid with the largest gaps in coverage appearing among men and women in their 20's and 30's.

And in the bottom panel is VA healthcare. Here, among people in their 50's and 60's a higher proportion of men than women receives healthcare benefits and veterans to VA care. About two thirds of people with VA care also have private health insurance. That's the difference between the men's and

women's uninsured rates is mainly different by government health insurance coverage specifically in Medicaid provided to young adults.

So as we mentioned the sense that you release those CPS and ACS estimates last week on health insurance coverage, you can find the CPS table select ACS tables, the report figures, text table or historical tables and much more on our subject matter page on health insurance at the URL listed here under the COPS.

Also you can find summary tables on health insurance coverage by detailed geography on the American fact finder. As we mentioned we have a limited set of state estimates from the report. We have more data on health insurance be released this fall. We have an ACS public use, micro data for L or palms which will be available on October 27. ACS palms data are most useful for those who need to create tables that are not available through the Census Bureau of American fact finder.

It's a great resource for researchers, students, government officials and others who may publicly available and up to date information about the U.S. population in health and characteristics. The ACS palms is a one percent public use micro data sample that is its record size is about one percent of the population or about three million personal records.

The smallest identifiable geographic unit is the public used micro data area which is PUMA. It's a sense of geography that has to have at least 100,000 population size. PUMA's generally groups of counties or parts of counties but there are exceptions. And PUMAs do not cross state boundaries.

In December, on December 10, we will release the 2010 to 2014 five-year ACS estimates for all geographic areas. These tables will be available in the American fact finder. The palm's file for the five year file will be available the following month on January 21. We will not be providing this year's three-year data products so there will not be estimates for 2012 through 2014 as we have had (inaudible).

So now I'll turn the mic over to my colleague (Marina Vornovitsky) the Chief of the Health and Disability Branch here at the Census Bureau and she'll tell

you more about the background and technical side of her selection and release separates with the current population survey.

Marina Vornovitsky: Hello. So Jennifer has been talking about some of the results. I am going to take a step back and talk a little bit about the CPS questionnaire redesign and also all the different files that we have available for you.

So as some of you know in 2013, calendar year 2013 was the first year when we introduced the new CPS health and first questionnaire. So this was really a complete redesign of question series and it will based on over a decade of research which included to content task multiple research projects and also collaboration of this researchers in federal agencies and in the academia.

A result of that effort was an improved measure of all year coverage as well as point and time measure and also additional questions to measure exchange participation received of cities and employer offered health insurance coverage as well as redesigned questions on medical out of pocket expenditures.

Last year was –was also the first year when income questions were redesigned. These features are separation of source and the balance questions what we call dual past approach. Essentially we collected data on recipients at first and then collected information on amounts and amounts received.

The income changes from the income side also featured, tailored and skipped patterns. If a person is over 65, they would be asked about social security income first and then would be asked about other income sources. If a person comes from a low income household, they would be asked about income that may come from government programs and then the question and patterns has not changed for other respondents.

It changes on the income side also included more detailed interest dividend and retirements questions as well as ranged follow ups for those who responded to this I don't know or refused. So what did we release last – I apologize. So what did we release last year? Last year, the entire CPS ACEC example received reassigned health insurance questions. However, the income questions for administer to a portion of the sample received traditional

income questions while another portion of the sample approximately 30,000 addresses received redesigned income questions.

Last year's health insurance report was based on the all 68,000 contractors. That is –the portion of the sample that received traditional income questions. How is that different from what we are doing from what we did this year? This year, obviously the entire CPS ACEC example receives redesigned health insurance questions. So when we compare it back to 2013, we wanted to use the entire CPS ACEC example because in 2013 as I mentioned before, the entire sample receives a redesigned health insurance questions.

We wanted to insure that we have a strong baseline for measuring change between 2013 and 2014. The one difference is where we compare –is the way the cross health insurance by income or product keen. In these situations, in order to compare apples to apples we compare 2014 estimates to calendar year 13 and for calendar year 13 we use the portion of the sample that received redesigned income questions.

So to summarize, in August 2015 we released a set of detailed table for income and poverty using the redesigned sample. Also we released 2013 health insurance coverage tables from the food sample. These are the estimates that we used in our report when we compare a 2013 to 2014. And again whenever we cross health insurance by income or poverty in 2013, we used the portion of the sample that received redesigned income questions to insure an apples to apples comparison.

So what should you use and when? Well, let me focus on income and poverty first. If you are –if you would like to compare back, as 2013 and earlier then in order to compare back, you need to use traditional income questions using a sample of 68,000 addresses for the calendar year 2013. If you would like to compare forward then you need to use the portion of the sample that received redesigned income questions for 2013.

For health insurance, it is slightly different. So for both 2013 and 2014 we use the full file. However, if you would like to cross health insurance by

income or poverty then you need to be using the sample that received redesigned income questions for calendar year 2013.

We had a tool that is called the CPS stable creator. In that tool, we have loaded all three files. We have a file the hills of traditional income questions, we have a file using redesigned income questions and we have the full file for 2013.

So you can –depending on what it is that you would like to use, you can use CPS stable creator to create additional tabulation. For example, if you would like to replicate our estimates from last year's report then you need to be using the samples that received traditional income questions in last year. However, if you would like to replicate our 2013 estimates in the report that we published this year, then you need to be using the full file.

If you have any questions about a CPS stable creator, we encourage you to contact us and we would be happy to walk you through. But it's a wonderful tool to use if you would like additional tabulations that are not available in the report.

We have also created a research file that essentially bridges traditional and redesigned income questions. It's a full 2013 file this redesigned income and you can find additional information on the style as well as some tabulations from this file in this year's income and poverty report and they also have links to –we report also have links to a research paper that can provide additional information.

Finally, if you would like to look at the file and do additional analysis using this file, then we have a public hills income consistent research file available for us and the link below. So let me talk about –switch gears now and talk about some of the new content that is currently available and to talk about contents that will become available.

So last year was the first year when we released a CPS points in time health insurance coverage measure. It was a release jointly that the national health interview started. And this year again will be the release this content. It is something that was not available from their traditional CPS ACECs

questionnaire. We also have made available a point in time research file. You can go to the webpage, the link is listed on the slide and you can download acts turned coverage abstract for last year and for this year.

We also have a lot of documentation on our webpage. So the risk of getting slightly to technical now, let me give you some background on some of the differences between traditional CPS ACEC health insurance questionnaire and the redesigned one.

So one of the advantages of the redesigned health insurance instrument is that we collect a lot more information. For example and this is really just one example that I'm showing you here. For example in the old CPS ACEC instrument, if somebody said that they were covered by somebody who is not a member of the household we really didn't know what type of coverage that person have.

However, the new instrument, give this information on the type of coverage for every member of the household whether they are covered by somebody inside the household or somebody outside of the household. So this all type variable, it gives you information on the type of coverage for those individuals who are covered by somebody who is not a member of the household.

They have taken advantage of this new information in this year's report and because also made this act L type extract as we call it available on our webpage along the documentation for those data users who may want to replicate our results and do additional analysis.

So let me talk about some of the content that will become available. We are currently working on a new processing system that we'll make information on exchanged participation, receipt of subsidies and plan it changes view in the year available. So once this new system is in place, data users will have a lot more information on the types of coverage that people have throughout the year.

Also as I mentioned before, they uses to be ACEC instrument collect information on employer or for health insurance coverage. They are currently working on making this information available as an extract. And we are

hoping to have it available early next year. This concludes my part of the presentation. Let me now turn it over to the next presenter.

Joanna Turner: Thanks Marina and thanks Jennifer. This is Joanna Turner at SHADAC. So just as a quick reminder you can type your questions into the chat window at anytime. And I'm going to be covering a few SHADAC resources. And again links to all of the resources that SHADAC and census have discussed today will be available from the webinar page and we'll also send this information in a follow up e-mail to all of the participants.

So we currently updating our annual comparing schedule government surveys that come (inaudible). And it should be available in a few days. And for those of you that are familiar with this brief and has the helpful table of the new un-insurance estimates for states where you can easily find ACS, National Health Interview Survey and Behavioral IRS factors. So we have the system state estimates in one table.

Just quickly mention a couple of other briefs that I should have had screenshots for but don't we have a brief set tax about always the different schedule surveys and give guidance on the content in the surveys and how you might use them to help answer questions related to health policy. We have a companion brief that also goes along with this that covers similar content for none scheduled surveys. So we'll be sure to include our links to both of those in the follow up e-mail.

So we're going to be updating SHADAC data center with the new CPS and ACS estimates. And we do plan to review on the 2013 estimates using (default) and come consistent file that Marina Vornovitsky described. So we'll be reporting the current 2013 estimates that we have in data center from the 60,000 address file with the estimates from the profile so that we can look at more reliable estimates for states. And then we'll also provide the CPS state two year averages for 2013 and 2014.

So last week, we published several blogs and infographic to highlight the ACS NCPS data releases. And this was just a shot of infographic, it shows the national change and uninsured rates from the ACS as well as the state map of

declines and uninsurance in the top states with the largest percentage point drop in the uninsured rate. So we see the states with the logistic clients 5 percentage points Kentucky, Nevada, West Virginia, Oregon, California, and Washington.

And again this year, we've also developed states specific fact sheets that use ACS estimates from American fact finder so that's the Census Bureau data retrieval so I'll let Jennifer Day covered. So what we've done is we pulled out some health insurance specific public estimates and put them in a pretty easy to use format.

So each state will have a fact sheet, so if you go the link on this slide and just click on new statement map, it's going to pull up a sheet that looks like this. This is Minnesota's so it has the uninsured rate for 2013 and 2014 as well as indicator of the change is statistically significant.

You can look at uninsured by age, race ethnicity, citizenship status, and that showing here we also have it by education, and income and property level. You can see in Minnesota as you flip to the coming in this line.

So kids it's 5.6 percent of children are uninsured, and then if you saw the preview the second page of the fact sheet has county uninsured rates for all ages and children. So these are all of the counties within your state that are available in the APS one year file. So counties of populations generally larger than 65,000.

And for those of you that are interested in tabulating your own estimates from the micro date, the Minnesota population center publishes the Census Bureau micro data (inaudible), this is free, easy to use, and well documented way to access the data. And one of the benefits that we really find of using the micro data is you can create your custom tabulation.

Just a simple example is many of the published tables available from the Census Bureau define children as age zero to 17 but you might really be interested in children zero to 18, or zero to 19, or you don't have custom however they breaks that you would like to look at.

So the Minnesota population center is currently processing the data. The 2014 CPS estimates or the micro data should be available soon. They'll release ACS data about one to two weeks after the public used files are available from census. And again this year SHADAC will be providing our custom health insurance unit and scheduled property guideline variables for ACS and CPS to get them. So now…

(Pause)

Female: It's (inaudible) up.

Joanna Turner: I am sorry, I pushed mute. I apologize for that. So I was saying one of the questions that came in a little bit earlier in the webinar was asking where the tables of exchange participation and obviously the subsidies and (Marina Vornovitsky) would you cover that this is not yet available but can you just repeat when census estimates that, I mean new content variables maybe available. Are you on mute also census like I was? Hello? OK.

We'll move on to another question. Let's see. So one of the questions we had was about how the Medicaid estimates from the survey compare to estates administrative data.

And I was just wondering how did the CPS and ACS estimates and Medicaid population compare to administrative counts of Medicaid involvement both at the national and state level particularly among Medicaid expansion states and all (inaudible) at SHADAC too.

Kathleen Call: Sure. I think that kind of consistent phenomenon that's been followed for a long time is that the Medicaid administrative records always come in looking different than the survey estimates of that program participation.

I think that's idea that Medicaid undercounts has been something (place) all surveys consistently overtime. So it doesn't matter what survey, we always see that the survey estimates are always lower or undercounting what is shown in the administrative records.

I think there are reasons to think that there would be differences across of two data sets or collective in a different fashion and use for different purposes.

What's important to keep in mind and what we've learned a lot to this research is that even though that there is an undercount, what we find is that people are really good at reporting that they do or don't have coverage and so that undercount doesn't seem to buy its estimates of uninsurance to a level that you would be worried about it.

Just a slight biases but not with the you know when people first started looking at that undercount the concern was that all of that was moving to big bias like that over the undercount Medicaid would leave to large biases in upward test over estimates of uninsurance.

And that does not seem to be the case and that's consistent across surveys that the undercount, that there is a difference between these files but what's important to keep in mind is that surveys are the only way that we can actually get a full estimates of the distribution of coverage across the population. And then the only source of that very important estimate who are the remaining uninsured, and so as much as we kind of worry about the undercount I think we're less worried about it as we learn more.

I know the CPS has been tracking the Medicaid undercounts every year and has not updated that for the most recent year of data so we don't know if that's shrinking overtime with the redesign or not. The hope is that will because we know that under that there are some shifts in the distribution of coverage based on the redesign.

So the short answer is that they probably are different and that the administrative records will be higher than what's true for the surveys. We worry less about that as we get to know more about the Medicaid undercount and we know that it's not biasing estimates of uninsurance which we can only get from survey data.

We should also keep in mind that as measuring health insurance it's more complicated, it's hard to know how these things will shift. So I think we're all

struggling to figure out how to identify people that are on the marketplace that have purchased insurance to the marketplace in particular those who have subsidized and unsubsidized insurance.

And that's a real challenge, so as much as we feel pretty confident about being able to say who have insurance and who doesn't knowing exactly what type and being confident about people's ability to report that has gotten much more complex to the recent changes in the way that health insurance is made available to people.

Joanna Turner: Thank you, Kathleen. Do we have you back Census?

Jennifer Day: Yes, we are back.

Joanna Turner: Thank you. Let's just quickly go back to the other question, can you just mention again when the new content exchange participation and subsidies might be available your estimate?

Jennifer Day: We don't have exactly an estimate, we are working on a processing system which we need to develop and implement in order to produce estimates that way. So I can't give you really a good solid estimate when that is.

You know we're aiming for hopefully having something by next year but it may even be a year after so I don't want to get your expectations too high here. But you know I would love to be on this call next year and be able to tell you more about what we see on the data there. You want to add anymore to that?

Marina Vornovitsky: Yes. However, to the extent possible we do try to make new content available. So the revised questions on medical out of pocket expenditures, they're on the public use file and they were in the public use file last year.

They do have the new content on the current coverage available as in abstract on our Web site and it does also, I discuss this, I'll type extract that gives data users additional information. And finally we do plan to make the employer sponsor to insurance present take up the information. We do plan to make it available early next year.

Kathleen Call: This is Kathleen Call again. But I think it's fair to say that all of the federal surveys are really struggling with how best to measure marketplace coverage and how to capture that. The easiest doesn't have explicit questions around marketplace enrolment at this point in time. The CPS does and so does NHIS and obviously some of the non-federal surveys but how best to capture that data is still kind of a moving target and we're learning as we go.

So I think it's fair to say that that's a hard thing to capture that if you're really trying to track enrolment and how that compares to say other public program enrolment, the enrolment data is probably the best source. So looking at what the state is reporting for the number of people enrolled in the market is probably the best source of that data and do surveys have a lot of work to catch up on that.

Because it's very complicated, we've completed it. We've created a complex system and then expect people on the telephone or in the mail or on the Web to be able to answer these questions very precisely when it's not always precise in their heads how to answer these questions.

Joanna Turner: Thanks. And some of the follow up question is Census, can you talk a little bit more about measuring changes in coverage over the years for example moving from uninsured to Medicaid within the year. Is that (inaudible) to conduct internally with the files?

Marina Vornovitsky: Yes, it is certainly the analysis that we are very much interesting in conducting and certainly in developing this process and system. It is something that they are looking at very carefully to make sure that both internally and externally, people will be able to use this file to answer questions like this.

Joanna Turner: OK. Thanks. Does CPS have a public use file for states?

Marina Vornovitsky: We do have a public use file and however for states level estimates, we recommend going to the American Community Survey just because the sample size is much larger than the CPS. So it will give you more precise estimates.

Joanna Turner: OK. Thank you, and that's a follow up question to when does the Census Bureau recommend you being CPS versus ACS estimates and do you have any resources that kind of document just guidance?

Maria Vornovitsky: Yes. Actually we have a release to blog and perhaps it does one of those resources that could be sent out after the webinar a LinkedIn and blog that details some of the differences in health insurance coverage, become in the CPS and the ACS, and we also have a couple of fact sheets about each survey and guidance depends on how much detail you want guidance on when to use each survey.

Joanna Turner: Thanks and I'll just mention again, SHADAC brief that covers the federal surveys that it provides a lot of great detail on both the ACS, CPS national health and review survey, medical (inaudible) panel survey, and the behavioral risk factor, surveillance system.

And just we've got a few tables that give a nice or review of what content is available in the surveys as well as sample size so you have an idea of what's going to be possible for the national estimates as well as which surveys can support a state estimates.

So we have another question. Wondering if this is a historical draft in the uninsured rate, I know it went down for all of the states?

Marina Vornovitsky: Yes, so going back to the draft that (Jennifer) showed at the beginning of the presentation, you can see that between 2008 and 2013 there uninsured rate of measured of the ACS has remained relative stable. And obviously we can't use 2013, 2014 CPS ACEC, we can't use it to look back and compare to CPS ACEC estimates let's say 2008.

However, we can look at what type of change we have measured over this period. And if you look at, if you go back on the data you'll see that actually the last time the measured a significant change as the CPS ACEC was – I believe it was 2008 to 2009 when the uninsured rate actually increased by 1.2 percentage points.

Kathleen Call: There was a follow up question about the undercounts and why it doesn't seem to buy us the uninsured rate and we'll share a resource from a publication that compares what we know about the undercount across all of the federal surveys that we've really looked into this for.

I mean seeing the main thing is to understand is that while these two estimates are very different from the two different data sources. What we know when we actually ask people that are enrolled in public programs about their insurance.

For the most part they get it right, they know that they have Medicaid about 70 percent or more, understand that they do have Medicaid and the other portion doesn't understate, they get it wrong, they save some other type of insurance.

Very few actually report that they don't have any coverage so what we glean from this information is that the undercount that there is this difference between the two sources of data but from a measurement perspective and looking at how both the validation and math studies is that people's reporting of insurance status having at our – or not having it is pretty accurate and where there are errors, it's pretty small compared to what you would think it would be based on the magnitude of the undercount.

So there's some biases that's much smaller than we expected. And we'll share resource at the end of the webinar.

Joanna Turner: OK. Thanks, Kathleen. So we have another question that is asking if you can explain the decline and the uninsured rate for non-citizens given that they're not allowed to purchase plans on the marketplace.

Marina Vornovitsky: Well let me actually take a little bit of time on that one. So let me give you some information about that slide and let me actually bring that slide up. And then I can – WE can talk about this in more detail. Hold on, give me one second. Let me just – Yes, this is the slide that the question refers to.

So on this slide you can see that in both 2013 and 2014, the native born population had a higher rate of health insurance coverage than the non-citizen population.

And between 2013 and 2014, both groups experienced increases in health insurance coverage rates, this private and public coverage rates increasing. So on the some types of health insurance coverage, direct purchase and Medicaid showed the largest increases.

And this was true for both in native born and non-citizens. And while this is certainly true that non-citizens experienced larger percentage points decrease in uninsured rates. Then if you look at the numbers the native born population actually experienced a larger relative decrease 20.1, 21.8 percent versus 19.3 percent.

And here in terms of to get back to the second part of your question, in terms of non-citizens the eligibility rules, they are actually very complicated and they vary by state. So if somebody is not a citizen, it does not mean that they are not necessarily eligible to be covered by Medicaid.

If somebody may have a green card or somebody – I mean that a lot of provisions that may enable non-citizens to go on the marketplace and still be eligible for subsidies.

So I mean the bottom line is that it's really complicated and it varies by rules, vary by the state, but the fact that somebody is not a non-citizen does not mean that they're not eligible for any of the provisions of the affordable care act.

Joanna Turner: Great. Thanks, Marina. So is there data for having insurance coverage by disability status?

Marina Vornovitsky: We have a large number of tables available on our health insurance Web page and I do believe that we have breakdowns by disabilities status. If not, then users, entrusted users can certainly use tools such as the CPS stable

creator or the American Fact Finder, if they're interested in the American Community Survey Data to create the tabulations that they're interested in.

Joanna Turner: Thanks. And I'll just give a plug for SHADAC's data center that we actually just recently added tabulations from the American Trinity Survey of coverage by disability status as well as language ability, so those are two new measures that you might not have seen but you have looked at the estimates since the release last year.

So we have a question asking about 19 to 25 year old that they have the highest uninsured rate. And the question is just wondering that this group of people are usually healthy and might not use the health care system, does it matter that they'll covered. I think I mean yes, you want to jump in (Kathleen) or Census?

Jennifer Day: The young invisible.

Joanna Turner: Yes.

Kathleen Call: I think just because you're healthy at this time doesn't mean that something could not happen that you would be wise to have a health insurance policy and I think the dependent coverage expansion does really help in a lot of states and throughout the nation.

So I think there's some evidence that there is some interest in having coverage among that population once affordable coverage is made accessible to them. And there's also kind of a non-economist that the whole risk sharing that you need you know a pool of varied help set actually make it affordable for everyone. And so I think that's really the (inaudible) behind pushing for coverage for all.

Joanna Turner: Thanks. So we have a question wondering if health care disparities and absolute numbers available by race in Minnesota? So there are definitely estimates of coverage by race in both current population survey and the American Trinity Survey?

Jennifer Day: Yes. Especially you can go to the American Fact Finder on the (inaudible) Web site and you can go by your state and by race and get your health insurance estimate.

Joanna Turner: Thanks, Jennifer. Can you just clarify, could, Marina, could you describe that you could possibly use two different 2013 CPS files when looking at health insurance coverage estimates?

Marina Vornovitsky: Yes. There are actually free. So essentially if you're interested in replicating all our estimates from last year which you know is probably going to be lower on the priority list.

In that case, you would use the sample that received – the portion of the sample that received traditional income questions last year. And then for most – If you're interested in the statistics for calendar year 2013 that appear in this year's report. Then for really most of the estimates you would use the full file.

Because we administered the redesigned health insurance questions to the entire CPS ACEC sample last year. So really it make sense to use the full file to ensure that you have a strong baseline. The only distinction is when you would like to cross health insurance estimates for calendar year 2013 by income or poverty.

So last year as I mentioned, redesigned income questions so there was a split panel. Redesigned income questions who were administered to a sample of approximately 30,000 addresses, and to the rest of the samples received traditional income questions.

So if you would like to compare let's say health insurance coverage rates between 2013 and 2014 and you would like to cross by income or poverty then for calendar year 2013 you need to use the portion of the sample that received redesigned income questions to ensure that you have an apples to apples comparison between 2013 and 2014.

Joanna Turner: Thanks, Marina, and I think…

Marina Vornovitsky: And actually if you would like additional information I would just like to direct you to a couple of resources. So the Census Bureau held a technical meeting on August 28 and there we went great length to essentially explain what we did last year, how was this year different, what are all the different files that are available for calendar year 2013.

Also if you go to the health insurance Web page you will see that we have two sets of detailed tables for 2013. Once that is the said that we released last year and it was based on the sample that received traditional income questions.

And we also in August, a few weeks ago we released detail tables that utilize the full sample for most estimates. So you can certainly look at that.

And finally as I mentioned the CPS stable creator it kind of walks you through all the different possibilities and if you try to combine things that should not be combined then table creator will offer you guidance and explain – well you know here's what you can do with these files and but if you'd like to do this them this is the file which you should be using. And obviously they are always available to answer questions.

Joanna Turner: Great. Thanks. We'll make sure to include all links to all of these resources and the follow up e-mail. And I'll let Kathleen close the webinar.

Kathleen Call: Great.

Joanna Turner: … we're at the top of the hour.

Kathleen Call: Thanks for attending today's webinar and again thank you to Jennifer Day and Marina Vornovitsky and the Census Bureau for talking with us today about the ACS and CPS. We also want to thank the Robert Wood Johnson Foundation who supports this work.

The webinar slides are posted on the SHADAC Web site and we'll add links to all of the follow ups and for any unanswered questions, I think we got all of our questions but if there's anything that's unanswered, or if we get some late breaking questions, we will make sure to include them.

We'll include the direct link to the recording and we encourage you to follow us on Facebook and Twitter and to sign up for a newsletter at the links were at www.shadac.org. And this concludes today's webinar.

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