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Monitoring the Impacts of Health Reform at the State Level: Using Federal Survey Data

Introduction

The 2010 federal Patient Protection and Affordable Care Act (also referred to as the Affordable Care Act or ACA) will have far-reaching impacts on health insurance coverage, health care financing, and health care delivery in the United States. Given that states are responsible for implementing many of the core elements of the legislation, understanding the state-level impacts of the ACA will contribute to better understanding the overall impact of the law on the nation, identifying and addressing any unintended effects, and ensuring that the reforms included in the law are sustainable over time.

There are several reasons to expect that the impacts of the ACA will vary by state. First, states have significant flexibility in how they choose to implement the law, especially with regard to health insurance coverage. Second, existing variation across states in health insurance coverage, health care financing, and health care delivery systems will play a role in determining the impact of the law in each state. Finally, existing variation across states in the economic, demographic and socioeconomic characteristics of their populations (for example, the share of the population that will be newly eligible for Medicaid in 2014) and in their economic environments (for example, the share of workers at firms that currently offer health insurance) will also affect the impacts of the ACA in the state.

The purpose of this brief is to identify the state-level information currently available from federal surveys that states can use to monitor the impact of health reform and to compare the impacts of reform across states. We examine seven federal surveys that include questions on health insurance coverage and health access. While many states also conduct their own health surveys—and many of these state surveys include a richness of detail not available from federal surveys—our focus in this brief is on data that can be used to make comparisons across all 50 states and the District of Columbia. We provide an overview of survey design, survey content, and sample sizes, including sample sizes by state, for the following federal surveys:

- American Community Survey (ACS)
- Current Population Survey (CPS)
- National Health Interview Survey (NHIS)
- Medical Expenditure Panel Survey–Household Component (MEPS-HC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Survey of Children’s Health (NSCH)
- Survey of Income and Program Participation (SIPP)

This brief describes each of these surveys, addressing survey design, sample, content relating to coverage and access, and how to obtain estimates and data. This discussion is followed by a series of tables summarizing the information provided, with source notes included at the end of the brief.

Survey Design

This section provides a brief overview of each of the surveys, with a more detailed comparison of the surveys provided in Table 1.

The **American Community Survey (ACS)**, conducted by the U.S. Census Bureau, is an ongoing general household survey of the entire population (including persons living in group quarters). This mandatory survey (persons are required to respond under law) replaced the long form of the decennial census and provides annual estimates of health insurance coverage for the nation, states, and sub-state geographies.

The **Current Population Survey (CPS)**, conducted by the U.S. Census Bureau for the Bureau of Labor Statistics, is designed to provide monthly data on labor force participation and unemployment for the civilian non-institutionalized population. Data on income and health insurance coverage are collected once each year through the Annual Social and Economic Supplement (ASEC), which is administered February through April. This survey provides annual estimates of health insurance coverage for the nation and states.

The **National Health Interview Survey (NHIS)**, sponsored by the Centers for Disease Control and Prevention's National Center for Health Statistics, is a survey of the health of the civilian non-institutionalized population. This annual survey provides national-level estimates for a variety of health and access indicators, with selected estimates available for the 20 largest states.

The **Medical Expenditure Panel Survey – Household Component (MEPS-HC)**, sponsored by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, is a survey of health care access, utilization, and cost for the civilian non-institutionalized population. MEPS-HC is a panel survey including several interviews over two calendar years. This survey provides annual estimates at the national level with selected estimates available for about 30 to 35 states.

The **Behavioral Risk Factor Surveillance System (BRFSS)**, sponsored by the Centers for Disease Control and Prevention, is a state-based survey of population health, risk factors, and health behaviors for the adult civilian non-institutionalized population. States may add optional modules to the standardized questionnaire. This survey provides annual estimates for the nation and states.

The **National Survey of Children's Health (NSCH)**, sponsored by the U.S. Department of Health and Human Services' Maternal and Child Health Bureau of the Health Resources and Services Administration, is a survey of the health and well-being for the civilian non-institutionalized population of children under age 18. The NSCH is conducted every four years and provides national and state-level estimates.

The **Survey of Income and Program Participation (SIPP)**, conducted by the U.S. Census Bureau, collects longitudinal data on income and public program participation for the civilian non-institutionalized population. SIPP is a panel survey with the entire panel being interviewed at four month intervals (called waves). The survey includes core questions that are asked during each wave as well as topical modules that vary by wave. Each panel varies in duration from 2 ½ to 4 years. SIPP provides national and state-level estimates by month and year and is designed to be representative of the 20 largest states (2008 panel).

Survey Sample Sizes

This section provides an overview of sample sizes for each of the surveys. Table 2 lists each survey's sample size by age and income categories, and Table 3 lists sample sizes for each state by survey.

Four of the surveys—the ACS, CPS, BRFSS, and NSCH—are designed to provide state-representative estimates for all states. The ACS has the largest sample size of the federal surveys, at approximately 3 million in 2009, which allows for analysis at both the state and sub-state levels. The BRFSS, with a sample size of 424,592 adults in 2009, provides the next largest sample sizes to the ACS and can also support both state and sub-state analysis. The sample size of the CPS is smaller, at 209,802 for calendar year 2009. Because of the smaller state sample sizes in the CPS, the Census Bureau recommends using 3-year averages to compare measures across states and 2-year averages to evaluate changes within a state over time. Finally, the NSCH, with a sample size of 91,642 children in 2007, supports state-level analyses but not analyses at sub-state geographies.

The NHIS, MEPS-HC, and SIPP do not have sufficient sample size to produce annual estimates for all states, although each survey produces estimates for a limited number of states. Additionally, it may be possible to pool data from multiple years of these surveys to get reliable state estimates, as is commonly done with the CPS. The public use files for the NHIS and MEPS-HC do not include state identifiers, so any state-level analyses would need to be conducted using a Research Data Center. In contrast, the SIPP includes state identifiers for all states on its public use files.

Survey Content Related to Health Insurance Coverage and Health Care Access, Use, and Cost

This section provides an overview of the health insurance coverage and the health care access, use and cost questions included in each of the surveys. Table 4 provides a more detailed description of these questions.

The **ACS** asks a single question about current (i.e., “point in time”) health insurance coverage that includes seven coverage types as response categories. This question was added in 2008, so researchers and policymakers are still learning about the data. The ACS uninsurance rate is consistent with the CPS and NHIS uninsurance rates overall as well as for key population subgroups, including children (National Research Council 2010). The ACS does not include any questions on health care access, use, or cost.

The **CPS** asks a series of questions about insurance coverage for the prior calendar year. The question series has been asked since 1988; as such a long time trend is available and researchers and policymakers are familiar with the data. There are concerns about the accuracy of reported coverage for the CPS because it asks respondents to recall coverage they had up to 16 months prior to the interview. In fact, research has shown that the CPS tends to look more like a point in time estimate than the full year measure of coverage that it is intended to measure (Congressional Budget Office 2003; Davern et al. 2007). SHADAC has developed an enhanced CPS series to account for question changes over time and to make some additional adjustments that result in a more accurate measure of trends in coverage (Ziegenfuss and Davern 2011; State Health Access Data Assistance Center 2009). The CPS does not include any questions on health care access or use. Limited questions on health care cost were added to the 2010 ASEC supplement.

The **NHIS** has been conducted since 1957 and asks questions on current (point in time) coverage and coverage over the past year, followed by a series of questions about coverage types. The NHIS includes questions on usual source of care, use of health services, unmet need for health care services, barriers to obtaining care, and health care cost, among other topics. Health insurance coverage and some basic access, use and cost questions are asked for all household members. Detailed measures are only asked about a random adult and, if children are present, a random child within the household. In collaboration with the Minnesota Population Center (MPC) at the University of Minnesota, SHADAC has developed the Integrated Health Interview Series (IHIS, see www.ihis.us). IHIS is a unique initiative that has harmonized and documented the NHIS from 1969 forward, making data downloads and documentation freely available to data users.

The **MEPS-HC** asks a series of questions about current (point in time) coverage and coverage over the months included in each round of interviewing, along with questions on type of coverage. The MEPS-HC includes detailed questions on usual source of care, use of health services, unmet need for health care, barriers to obtaining care, and health care cost, among other topics. Household information is supplemented by information collected from respondents' health care providers. The MEPS-HC supports longitudinal data analysis.

The **BRFSS** asks adults a single question about current (point in time) coverage status and does not ask about coverage type. The BRFSS includes questions on usual source of care, use of health services (particularly preventive care), and unmet need for health care, among other topics.

The **NSCH** asks a single question about current (point in time) coverage status and, if the child is insured, follows up with a question about Medicaid/Children's Health Insurance Program (CHIP) coverage. The NSCH includes questions on usual source of care, use of health services, unmet need for health care, barriers to obtaining care, and health care cost/affordability, among other topics.

The **SIPP** asks a series of questions about current (point in time) coverage and coverage over the months included in each round of interviewing, along with questions on coverage types. The SIPP includes questions on use of health services and health care cost, among many other topics. The SIPP supports longitudinal data analysis.

Obtaining State-Level Estimates

Table 5 provides the web site links for summary tabulations of estimates and lists the locations of the public use microdata files for each of the surveys. Summary tabulations are pre-tabulated estimates available to the public through published reports and/or tables. Microdata files containing individual records and detailed variable information are available directly through the sponsoring agency or from a few third party data access sites.

Microdata files are generally available as public use files and as non-public files. The public use files have undergone disclosure avoidance techniques prior to being released. They may also have other edits such as limited variables or reduced sample size. The non-public data files, on the other hand, may allow a researcher to analyze using more variables and/or sample, but these can only be accessed through a Research Data Center (RDC).

As an example, state identifiers are available on the public use files for ACS, CPS, BRFSS, NSCH, and SIPP. For the NHIS and MEPS-HC, access to state identifiers is only available on restricted data files at a designated RDC. As another example, the ACS public use file contains about two-thirds of the records available on the non-public files. SHADAC can provide support to state health policy analysts who are interested in accessing the full data files through an RDC.

Table 1: Federal Health Survey Design Elements

	ACS	CPS	NHIS	MEPS-HC	BRFSS	NSCH	SIPP
Target population	Total population including persons in group quarters	Civilian non-institutionalized population	Civilian non-institutionalized population	Civilian non-institutionalized population	Civilian non-institutionalized adult population	Non-institutionalized child population (0 to 17 years)	Civilian non-institutionalized population
Primary focus of survey	General household survey, replacement for the “long form” decennial census	Labor force participation and unemployment	Population health	Health care access, utilization, and cost	Population health, risk factors, and health behaviors	Children’s health and well-being	Longitudinal data on income and program participation
Sample frame	National Master Address File (MAF) ¹	Census 2000 sampling frame updated with new housing construction	Census 2000 sampling frame updated with new housing construction	Respondents to the NHIS	Households with landline telephones	Households with landline telephones	Census 2000 sampling frame updated with new housing construction
Sample designed to be state representative?	Yes	Yes	No, but representative for some states	No, but representative for some states	Yes	Yes	Yes, for the 20 largest states (2008 panel)
Survey mode	Mail, phone, and in person	Phone and in person	In person	In person	Phone	Phone	In person and phone
Response rate	98.0% in 2009	85.9% in 2009 ²	82.2% in 2009	59.3% for full panel in 2008	38.9% (average of state response rates) in 2009	46.7% in 2007	63.4% by wave 12 of the 2004 panel
State-level estimates available?	Yes	Yes	Releases selected estimates for 20 largest states. Public use file does not include state identifiers	Releases selected state estimates for about 30-35 states. Public use file does not include state identifiers	Yes	Yes	No, but state identifiers are available on the public use file
State-level analysis of subpopulations possible (e.g., by income or insurance type)?	Yes	Yes, but limited by state sample size; recommended to use 2- or 3- year averages	Potentially, but limited by state sample size and survey design	Potentially, but limited by state sample size and survey design	Yes	Yes	Potentially, but limited by state sample size and survey design

Notes:

¹ The National Master Address File (MAF) is the Census Bureau’s official inventory of known addresses.

² The CPS response rate represents 2009 calendar year data collected from the 2010 Annual Social and Economic Supplement

See pages 12-13 of this brief for source information.

Table 2: Federal Health Survey Sample Size by Age, Income, and States for the Most Recent Year Available

	ACS 2009	CPS 2009	NHIS 2009	MEPS-HC 2008	BRFSS 2009	NSCH 2007	SIPP 2008
Total¹	3,030,728	209,802	88,446	33,066	424,592	91,642	91,219
Children (ages 0 to 18)	735,486	64,128	25,158	10,437	0	91,642	24,115
Adults (ages 19 to 64)	1,815,272	123,818	53,170	19,245	290,491	0	54,326
Low-Income²	964,336	71,742	28,772	14,095	NA	26,562	33,439
Children (ages 0 to 18)	285,437	26,565	11,085	5,649	NA	26,562	11,286
Adults (ages 19 to 64)	503,533	36,641	14,971	7,040	NA	0	17,883
Sample size by state³							
High	352,875 (CA)	20,190 (CA)	12,971 (CA)	4,800 (CA)	20,294 (WA)	1,932 (IL)	8,557 (CA)
Median	44,191 (KY)	3,246 (SD)	1,092 (SC)	400 (AR, CO, CT, IN, LA, MA, MS, OK, SC)	6,828 (SD)	1,788 (MT)	1,038 (KY)
Low	5,538 (WY)	1,800 (MT)	117 (AK)	< 100 (AK, DC, MT, ND, VT)	2,432 (AK)	1,725 (VT)	163 (WY)

Notes:

¹ The BRFSS includes adults ages 18 and older; the adult tabulations are ages 18 to 64. The NSCH includes children ages 0 to 17.

² Low-income is defined as family income below 200% of the Department of Health and Human Services federal poverty guidelines for ACS, CPS, MEPS-HC and NSCH. Low-income is defined as family income below 200% of the Census Bureau's poverty thresholds for NHIS. The SIPP counts for low income also use the Census Bureau poverty thresholds, and exclude children under 15 years old who are not related to the household head.

³ The state tabulations for the NHIS are based on average sample size from 2004 to 2006, and the state tabulations for the MEPS-HC are based on average sample size from 2004 to 2008.

NA: BRFSS only has categorical household income so poverty calculations are not available.

See pages 12-13 of this brief for source information.

Table 3: Federal Health Survey Sample Sizes by State for Most Recent Year Available

	ACS 2009	CPS 2009	NHIS 2004-2006	MEPS-HC 2004-2008	BRFSS 2009	NSCH 2007	SIPP 2008
Alabama	48,319	2,272	1,391	500	6,789	1,761	1,331
Alaska	6,457	2,776	117	<100	2,432	1,739	215
Arizona	61,915	2,719	1,864	900	5,475	1,769	2,319
Arkansas	28,919	2,014	791	400	4,009	1,765	820
California	352,875	20,190	12,971	4,800	17,392	1,751	8,664
Colorado	49,434	4,569	1,393	400	11,956	1,801	1,278
Connecticut	35,272	4,598	1,024	400	6,496	1,889	944
Delaware	8,425	3,192	242	100	4,361	1,805	282
District of Columbia	5,580	2,611	157	<100	3,904	1,801	201
Florida	186,047	8,464	5,639	1,700	12,055	1,797	4,578
Georgia	95,400	4,618	2,210	900	5,896	1,782	2,859
Hawaii	13,517	3,691	434	200	6,683	1,822	401
Idaho	15,755	2,493	457	200	5,390	1,768	529
Illinois	126,758	6,473	3,924	1,200	5,845	1,932	3,491
Indiana	65,850	2,981	1,869	400	9,288	1,764	3,332
Iowa	30,748	3,790	781	200	6,024	1,757	996
Kansas	28,327	2,968	887	200	18,912	1,803	760
Kentucky	44,191	2,931	1,124	600	9,652	1,803	1,060
Louisiana	44,325	1,980	1,309	400	8,882	1,868	1,206
Maine	12,535	3,576	387	100	8,082	1,752	438
Maryland	56,406	4,920	1,548	600	8,591	1,773	2,234
Massachusetts	64,856	3,098	1,711	400	16,731	1,786	2,593
Michigan	100,064	4,816	2,797	1,000	9,255	1,861	2,465
Minnesota	53,140	4,801	1,548	500	5,611	1,767	1,560
Mississippi	28,958	2,011	653	400	11,194	1,918	901
Missouri	60,303	3,523	1,701	500	5,057	1,847	2,603
Montana	8,958	1,800	256	<100	7,618	1,788	278
Nebraska	18,109	3,101	573	300	15,988	1,827	535

	ACS 2009	CPS 2009	NHIS 2004-2006	MEPS-HC 2004-2008	BRFSS 2009	NSCH 2007	SIPP 2008
Nevada	26,145	3,302	707	200	3,840	1,821	617
New Hampshire	13,021	4,013	254	100	5,989	1,773	442
New Jersey	86,356	4,525	2,591	800	12,390	1,827	3,499
New Mexico	18,816	2,108	742	300	8,837	1,826	633
New York	188,767	9,059	5,607	1,800	6,927	1,793	4,654
North Carolina	94,278	4,128	2,336	1,000	13,277	1,782	2,382
North Dakota	6,798	2,425	120	<100	4,767	1,800	225
Ohio	117,386	5,549	3,161	1,000	9,774	1,765	3,241
Oklahoma	37,026	2,541	1,074	400	7,846	1,816	1,036
Oregon	37,792	2,914	989	500	4,297	1,794	1,060
Pennsylvania	125,505	5,907	3,308	1,000	9,178	1,767	3,408
Rhode Island	10,436	3,299	287	100	6,296	1,756	268
South Carolina	45,877	2,768	1,092	400	9,860	1,885	1,258
South Dakota	8,280	3,246	163	100	6,828	1,740	206
Tennessee	63,282	2,695	1,493	500	5,579	1,840	2,407
Texas	238,301	12,436	8,457	3,600	11,608	1,805	6,432
Utah	27,276	2,711	739	200	10,161	1,747	775
Vermont	6,148	2,643	145	<100	6,664	1,725	180
Virginia	78,548	4,413	2,236	700	5,184	1,774	3,897
Washington	66,407	3,544	1,843	800	20,294	1,736	3,363
West Virginia	18,253	2,095	432	100	4,817	1,766	566
Wisconsin	59,049	3,844	1,638	600	4,553	1,860	2,830
Wyoming	5,538	2,661	124	100	6,058	1,748	166
U.S. Total	3,030,728	209,802	89,296	33,066	424,592	91,642	92,418

See pages 12- 13 of this brief for source information.

Table 4: Federal Health Survey Access and Coverage Topics

	ACS	CPS	NHIS	MEPS-HC	BRFSS ¹	NSCH	SIPP ²
Health insurance coverage status (insured/uninsured) and type of coverage	Single question about coverage status that includes different coverage types as response categories	Series of questions about coverage types	Question about coverage status, followed by a series of questions about coverage types; question on availability of health insurance through employer	Series of questions about coverage types; questions on availability of health insurance through employer; questions on scope of coverage	Single question about coverage status; no information on coverage type	Single question about coverage status; if insured, asked if coverage is through Medicaid or CHIP	Series of questions about coverage status and coverage type for each month; question on availability of health insurance through employer
Health insurance coverage: verification question for uninsured	No	Yes	Yes	Yes	No	No	Yes
Type of uninsurance measures	Point in time	All of prior calendar year	Point in time; all of prior year; if uninsured at time of survey, length of time uninsured; if insured at survey, whether uninsured at some point in the past year	Point in time; all of prior year ³ ; length of time uninsured; uninsured at some point in the past year	Point in time	Point in time; whether uninsured at some point in past year; if uninsured at survey, any coverage in past year	Point in time; all of prior year ³ ; whether uninsured at some point in past year; if uninsured, length of time uninsured; reasons for being uninsured
State-specific program names included	No	Yes	Yes	Yes	No	Yes	Yes
Health and disability status	Disability status (limited)	Health and disability status (limited)	Health and disability status; medical conditions, pregnancy	Health and disability status, medical conditions, pregnancy	Health and disability status, medical conditions	Health and disability status, medical conditions	Health and disability status
Usual source of care	No	No	Whether respondent has usual source of care; type of place for usual source of care	Whether respondent has usual source of care; reason for no usual source of care; type of place/provider of usual source of care	Whether respondent has a personal doctor or health care provider	Whether child has a usual source of care; type of place for usual source of care; whether child has a personal doctor or nurse; medical home/care coordination	No

	ACS	CPS	NHIS	MEPS-HC	BRFSS ¹	NSCH	SIPP ²
Use of health services	No	No	Use of services in past 2 weeks and past year, by provider type; more detailed is asked of the sample adult and sample child.	Detailed information on use of services by provider type and reason	Length of time since last doctor visit for routine checkup; specific preventive care services	Medical/dental visits in past year; preventive medical/dental visits in past year; services from specialists and mental health providers	Hospitalizations; number of medical provider visits; prescription drugs; use of care while uninsured
Unmet need for health care	No	No	Unmet needs due to cost for specific types of care/services	In past year, unable to obtain necessary medical or dental care or prescription drugs; reasons couldn't obtain care; how much of a problem it was that care was not received	Any time in past 12 months when couldn't go to doctor due to cost	Any time in past 12 months when child needed health care but it was delayed or not received	No
Barriers to obtaining health care	No	No	Delayed care; reasons for delayed care	Delayed care; reasons for delayed care; how much of a problem it was that care was delayed; how often was it easy to get necessary care	No	Delayed care (see above); difficulty obtaining referrals	No
Health care costs/affordability	No	Limited set of questions about annual out-of-pocket expenditures	Premiums and out-of-pocket expenditures	Premium cost; detailed information on health care expenditures and sources of payment (including self-pay)	No	Any out-of-pocket expenses for care; how often that amount is reasonable	Premiums and out-of-pocket expenditures

Notes:

¹ This comparison focuses on questions that are common across all states.

² The SIPP is administered in panels, with each panel consisting of waves and rotation groups. Each wave contains core questions that are asked each time, along with questions that vary from one wave to the next (topical modules). This table includes questions in both the core and topical modules.

³ Since MEPS-HC and SIPP are longitudinal surveys, it is also possible to construct uninsurance measures over the complete time period of the panel.

See pages 12-13 of this brief for source information.

Table 5: Federal Health Survey Resources and Internet Links

Survey	Estimates	Web Site
ACS	Summary Tabulations	American FactFinder (full sample): http://factfinder.census.gov/ SHADAC's Data Center (public use sample): http://www.shadac.org/datacenter
	Public Use Files	American FactFinder: http://factfinder.census.gov/ Census Bureau DataFerret: http://dataferrett.census.gov/ IPUMS: http://www.ipums.org/ (IPUMS-USA)
CPS	Summary Tabulations	Census Bureau web site (follow "Tables" link): http://www.census.gov/hhes/www/hlthins/hlthins.html Census Bureau CPS table creator: http://www.census.gov/hhes/www/cpstc/cps_table_creator.html SHADAC's Data Center (public use sample): http://www.shadac.org/datacenter
	Public Use Files	Census Bureau DataFerret: http://dataferrett.census.gov/ IPUMS: http://www.ipums.org/ (IPUMS-CPS)
SHADAC-Enhanced CPS	Summary Tabulations	SHADAC's Data Center (public use sample): http://www.shadac.org/datacenter
	Public Use Files	IPUMS: http://www.ipums.org/ (IPUMS-CPS)
NHIS	Summary Tabulations	NHIS Early Release program: http://www.cdc.gov/nchs/nhis/releases.htm
	Public Use Files	http://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm
IHIS	Summary Tabulations	http://www.ihis.us
	Public Use Files	http://www.ihis.us
MEPS-HC	Summary Tabulations	MEPS-HC Summary tables: http://www.meps.ahrq.gov/mepsweb/data_stats/quick_tables.jsp
	Public Use Files	http://www.meps.ahrq.gov/mepsweb/about_meps/releaseschedule.jsp
BRFSS	Summary Tabulations	BRFSS web site: http://apps.nccd.cdc.gov/BRFSS/index.asp BRFSS web site: http://www.cdc.gov/brfss/pubs/index.htm
	Public Use Files	http://www.cdc.gov/brfss/technical_infodata/surveydata.htm
NSCH	Summary Tabulations	http://www.nschdata.org/Content/Default.aspx
	Public Use Files	NSCH web site (follow "View/Download") http://www.cdc.gov/nchs/slait/nsch.htm
SIPP	Summary Tabulations	Census Bureau SIPP web site http://www.census.gov/sipp/pubs.html
	Public Use Files	Census Bureau DataFerret: http://dataferrett.census.gov/

Table Sources

Table 1 Source Information

ACS design and methodology available at

http://www.census.gov/acs/www/methodology/methodology_main/ and response rate available at http://www.census.gov/acs/www/methodology/response_rates_data/index.php.

CPS design and methodology available at <http://www.census.gov/prod/2006pubs/tp-66.pdf> and response rate available at http://www.census.gov/hhes/www/p60_238sa.pdf.

NHIS design and methodology and response rate available at

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2009/srvydesc.pdf.

MEPS-HC design and methodology available at

http://www.meps.ahrq.gov/mepsweb/survey_comp/hc_data_collection.jsp and response rate available at http://www.meps.ahrq.gov/mepsweb/survey_comp/hc_response_rate.jsp.

BRFSS design and methodology available from “Overview: BRFSS 2009” at

http://www.cdc.gov/brfss/technical_infodata/surveydata/2009.htm and response rate available at ftp://ftp.cdc.gov/pub/Data/Brfss/2009_Summary_Data_Quality_Report.pdf.

NSCH design and methodology and response rate available at

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slait/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf.

SIPP design and methodology available at <http://www.census.gov/sipp/usrguide.html> and response rate available at http://www.census.gov/sipp/sourceac/S&A04_W1toW12%28S&A-9%29.pdf.

Table 2 Source Information

ACS data tabulated from the 2009 public use file.

CPS data tabulated from the 2010 Annual Social and Economic Supplement public use file, representing calendar year 2009.

NHIS data tabulated from the 2009 public use file. Data for states obtained from Cohen RA, Makuc DM. State, regional, and national estimates of health insurance coverage for people under 65 years of age: National Health Interview Survey, 2004–2006. National health statistics reports; no1. Hyattsville, MD: National Center for Health Statistics. 2008. Available at: <http://www.cdc.gov/nchs/data/nhsr/nhsr001.pdf>. Three-year totals for states divided by three to estimate annual sample size.

MEPS-HC data tabulated from the 2008 public use file. Data for states is a special tabulation provided by the Agency for Healthcare Research and Quality. Data represents average state sample size from 2004-2008, rounded to the nearest hundred.

BRFSS data tabulated from the 2009 public use file. Data for states obtained from the Behavioral Risk Factor Surveillance System 2009 Codebook Report. 2010. Available at http://www.cdc.gov/brfss/technical_infodata/surveydata/2009.htm.

NSCH data from the 2007 public use file available in tables from the Data Resource Center for Child and Adolescent Health at <http://www.childhealthdata.org>. Data for states obtained from Stephen Blumberg, et al. Design and Operation of the National Survey of Children’s Health, 2007. 2009. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slait/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf.

SIPP data tabulated from wave 4 of the 2008 panel from the public use file. Tabulations by age are number of people in month 4. Data for states is number of people in wave 4. Because people may change age over the months in a wave it is not straightforward to calculate a person number by age for a wave.

Table 3 Source Information

ACS data tabulated from the 2009 public use file.

CPS data tabulated from the 2010 Annual Social and Economic Supplement public use file, representing calendar year 2009.

NHIS data obtained from Cohen RA, Makuc DM. State, regional, and national estimates of health insurance coverage for people under 65 years of age: National Health Interview Survey, 2004–2006. National health statistics reports; no.1. Hyattsville, MD: National Center for Health Statistics. 2008. Available at: <http://www.cdc.gov/nchs/data/nhsr/nhsr001.pdf>. Three-year totals for states divided by three to estimate annual sample size.

MEPS-HC data source is a special tabulation provided by the Agency for Healthcare Research and Quality. Data represents average state sample size from 2004-2008, rounded to the nearest hundred.

BRFSS data obtained from the Behavioral Risk Factor Surveillance System 2009 Codebook Report. 2010. Available at http://www.cdc.gov/brfss/technical_infodata/surveydata/2009.htm.

NSCH data obtained from Stephen Blumberg, et al. Design and Operation of the National Survey of Children's Health, 2007. 2009. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slait/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf.

SIPP data tabulated from wave 4 of the 2008 panel from the public use file, number of people.

Table 4 Source Information

ACS questions available at http://www.census.gov/acs/www/methodology/questionnaire_archive/.

CPS questions available at <http://www.census.gov/apspd/techdoc/cps/cpsmar10.pdf>.

NHIS questions available at

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2009/English/.

MEPS-HC questions available at http://www.meps.ahrq.gov/mepsweb/survey_comp/survey.jsp.

BRFSS questions available at <http://www.cdc.gov/brfss/questionnaires/english.htm>. *NSCH*

questions available at <http://www.nschdata.org/Content/Guide2007.aspx>.

SIPP questions available at <http://www.census.gov/sipp/questionnaires.html>.

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About SHADAC

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is funded by the Robert Wood Johnson Foundation to collect and analyze data to inform state health policy decisions relating to health insurance coverage and access to care. For information on how SHADAC can assist your state with small area estimation or other data issues relevant to state health policy, please contact us at shadac@umn.edu or call 612-624-4802.

