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New Coverage Data from the ACS & CPS:

An Annual Conversation with Census Bureau Experts

Joanna Turner: Welcome to SHADAC's Webinar on the 2016 Health Insurance Coverage Estimates featuring Census Bureau and SHADAC experts. I'm Joanna Turner, Senior Research Fellow at SHADAC. Thanks for joining us and we'd like to thank the Census Bureau for participating this year. We're also grateful to the Robert Wood Johnson Foundation for funding SHADAC's work and making this webinar possible.

One of our goals is to link states with federal data sources and we're happy to have Census Bureau experts on hand to share their latest result and answer questions. Before we get started some technical items.

You're all muted because of the large number of attendees. You can submit questions via the chat feature on the left hand side of the viewing screen. If you have any technical difficulties with Readytalk please call 1800-843-9166 or you can ask for help via the chat feature.

These slides are available on SHADAC's website. You can see the link on the 4th bullet on the slide. Today's webinar is being recorded and we'll notify you when it's posted on SHADAC's website. We're happy to have Jennifer Day and Marina Vornovitsky from the Census Bureau with us.

Jennifer is Assistant Division Chief of the Social Economic and Housing Statistics and Marina is Chief of the Health and Disability Statistics branch. We'll be discussing the recent release, Health Insurance Coverage Estimates from the Current Population Survey and the American Community Survey. Both of these were released last week.

This slide and the next week provide an overview of the CPS and ACS survey that we'll be covering today and some guidance on when you possibly use each source. The CPS provides the measure of all you uninsured and the new point-in-time

measure that was added when the survey was redesigned beginning with the 2013 estimates and the ACS measure coverage at the time of the survey.

CPS estimates are available from 1987 forward although the redesign did create a break in the health insurance coverage series beginning with the 2013 estimates. The ACS provides consistent estimates from 2008 forward and the large sample allowed for state and sub-state estimates.

Jennifer Day from the Census Bureau will be presenting national results from the CPS and state results from the ACS. Marina Vornovitsky will then discuss how to access the estimates and give a brief overview of new and modified content. I'll then return to discuss some SHADAC resources and after the presentation there'll be time for questions.

We hope today's webinar will help you better understand the estimates that are currently available and what questions can be answered with the ACS and the CPS. As a reminder please type your questions into the chat window at any time during the webinar and we'll answer questions at the end. I'm now going to hand it over to Jennifer to present the results. Thank you.

Jennifer Day: Thank you Joanna. Over time the changes in the rate of health insurance coverage and the distribution of coverage types may reflect economic trend, shift in demographic composition of the population and policy changes that impact access to care. Several such policy changes occurred in 2014 when many provisions of the patient protection in the Portable Care Act when into effect.

In 2016 the uninsured rate was 8.8%. Most people -- 91.2% -- had health insurance coverage at some point during the calendar year. With more people -- about 2/3 -- had private health insurance at 67.5% and about 1/3 had government coverage at 37.3%. Among the subtypes of health insurance employer-based insurance covered the most people at 55.7% of the population followed by Medicaid at 19.4%, Medicare at 16.7%, direct purchase at 16.2% and military healthcare at 4.6%.

Between 2015 and 2016 as shown on the left here the percentage of people covered by any type of health insurance increased by 3/10 of a percentage point. The only type of specific coverage to show a statistically significant change in the current population survey was Medicare which increased by 4/10 of a percentage point.

Between 2015 and 2016 there was no specifically significant change for any other subtype of health insurance in the current population survey. On the right we show between 2013 and 2016 where the un-insurance rate decreased by 4.6 percentage points. Part of the private health insurance increased by 3.3 percentage points and government coverage increased by 2.7 percentage points.

Among the subtypes direct purchase health insurance has significantly changed to 4.8 percentage points. Medicaid coverage increased by 1.9 percentage points. Medicare coverage increased by 1 percentage point likely due to the increase the number of people age 65 and over and not to changes in Medicare coverage rates within a particular age group. There was no significant difference in the percentage of people covered by employer based health insurance or military health plans.

Here we see both the current population survey estimates of people without health insurance coverage for the entire calendar year for 2013, 2014, 2015 and 2016. The longer line is the American Community Survey annual average of current health insurance coverage estimates from 2008 to 2016. As measured by the American Community Survey the uninsured rate was 8.6% in 2016. Between 2015 and 2016 the uninsured rate decreased by 0.8 percentage points. And since 2013 the uninsured rate declined by 5.9 percentage points according to American Community Survey.

Both measures, the CPS and the ACS, American Community Survey, show a decline in the rate and number of people without health insurance. Looking at income we can see people without – we can see people with more household income have higher uninsured rates than people with higher income. The uninsured rate for people in households with an annual household income of less than $25,000 was 13.7% compared with 4.2% for people in households with incomes of $125,000 or more.

Compared with 2015 the CPS showed only the lowest household incomes had a significant change in 2015 with a 1.1 percentage point decrease. Here we have a work experience split into three groups. The uninsured rate for people who work full time full year was 9.8%. For people who worked less than full time year around and for people who didn't work the rates were about 15%. Both of less than full year around and the non-workers had about a 1 percentage decrease from the past year.

In 2016 the uninsured rate for non-Hispanic White was 6.3%, a decrease from 2015. This rate is lower compared with other groups. The uninsured rate was 10.5% for Blacks, 7.6% for Asians and Hispanics at the highest uninsured rate at 16.0. Here we see the American Community Survey data to look at single year of age from 2013 shown in the lightest blue to 2016 which is shown in the darkest blue. The uninsured rate dropped for most single ages under age 65 between 2015 and 2016.

These declines followed two years of decline for all ages under 65. Younger adults tend to experience larger declines than older adults. For example the uninsured rate decreased by 2 percentage for 26 year olds and 0.6 percentage points for 64 year olds. Adults age 26 continue to have the highest uninsured5 rate in 2016 at 17.5%. Three notable sharp differences remained in 2016 between single years of age specifically between ages 18 and 19, 25 and 26 and ages 64 and 65.

This figure shows the uninsured rates for the nation, all states and the District of Columbia from 2008 to 2016 ranged by their 2016 rate – uninsured rate. The gray dot represents the uninsured rate between 2008 and 2013 and the blue for 2014, 2015, and 2016. Clearly the uninsured rates were all states improved during this time period and at the top of the figure is Massachusetts with its uninsured rate of 2.5%. At the bottom of the figure is Texas with a rate of 16.6% in 2016.

Between 2015 and 2016 the uninsured rate decreased in 39 states with no statistical change for the remaining 11 states and the District of Columbia. Those states saw an increase in their uninsured rate between 2015 and 2016. The decrease ranged from 3 percentage points in Massachusetts to 3.5% in Montana. Between 2013 and 2016 the uninsured rate has dropped in all 50 states and the District of Columbia.

Let's look at the same information on state in this series of maps. The more concentrated color represents higher uninsured rate -- the darkest blue -- uninsured rates of 14.0% or more and the lightest blue represents the uninsured rate of less than 8.0%. Here beginning in 2013, here before many of the provisions of the Affordable Care Act went into effect most states are in the darkest category. Only three states and the District of Columbia were in the lightest category.

Here is the map for 2014, the first year when many of the provisions of the health care law went into effect. In general the colors on the map are lighter. Eleven states

and the District of Columbia are in the lowest category. Here's the map for 2015. Generally the colors on the map continues to lighten and finally for 2016 now 25 states and the District of Columbia are in the lightest shade of blue with the uninsured rate of less than 8.0%. Only Texas and Alaska remain in the higher category.

Here we split out the U.S. into two maps. On the left the states in blue are Medicaid expansion states and on the right in blue are the non-expansion states as of January 1, 2016. In general the uninsured rate in expansion states was lower, on average 6.5% than in the non-expansion states at 11.7%. Between 2015 and 2016 the overall decrease in the uninsured rate was 0.9 percentage for expansion states compared with 0.7 percentage points for non-expansion states.

Medicaid eligibility and therefore the uninsured rate is often related to poverty status. At all levels of poverty for all four years shown the uninsured rate was higher in non-expansion states than in expansion states. Between 2015 and 2016 the uninsured rate decreased at each level of poverty except for people at or above the 400% of poverty in non-expansion states. That's the last two bars on the right. For each poverty level the decrease in the uninsured rate was greater in expansion states than in non-expansion states.

Here from the American Community Survey we see the change in uninsured rate for the 25 most popular metro areas. From 2013 to 2016 Boston is at the top with the lowest rate and the smallest overall change from 2013. Dallas and Houston are at the bottom of the list with uninsured rate for 2016 above 15%. Six cities shown here didn't show a significant change in their uninsured rate between 2015 and 2016. They're indicated with a hollowed out circle which is Boston, Baltimore, Washington, D.C., Tampa, San Antonio and Houston.

This year we released four blogs. The first blog, Health Insurance Coverage Measurement in Two Surveys, discusses some of the differences between the current population survey and the American Community Survey and provides guidance on when to use each survey. This blog underlines dynamic changes in health insurance coverage, explores changes in coverage from 2009 to 2016 by race and ethnicity.

The percentage of people with some kind of insurance went up for all four groups but rose faster for Hispanics who average rates had the lowest. Direct purchase,

Medicaid and Medicare coverage increased for all four groups, the non-Hispanic Whites, Blacks, Asians and Hispanics. Employment based coverage increased for all groups except for non-Hispanic Whites. The coverage rate remains relatively constant however this relatively stay figure hides a more nuanced story related to age.

Let's look at the age structure of the population. The non-Hispanic White population is the oldest with a median age 42 which is the purple line across the top followed by Asian who's median age is 35, Blacks whose median age is 32 and Hispanic whose median age is 27. We can account for age differences among race in Hispanic origin groups by looking within age categories to relevant health insurance types.

Here starting with the employment based health insurance coverage we see for 19 to 25 year olds, all groups, non-Hispanic Whites, Blacks, Asians and the Hispanics, saw feat increases in their coverage since 2010. However among non-Hispanic Whites these increases were offset by falling employment based coverage rates for older age groups resulting in little movement of the insurance type overall in the non-Hispanic White population.

For direct purchase insurance coverage two notable differences stand out among the age groups. For the entire period the rate of direct purchase insurance among 19 to 25 year olds was higher for Asians and increased more than for the non-Hispanic White population. At the same time among the 65 and over population non-Hispanic had higher rates compared with other age groups even as their rates declined over the entire period.

For Medicaid all race and Hispanic groups for all ages younger than 65 saw an increase in coverage between 2009 and 2016. Among 19 to 25 year olds in fact had the greatest increase in coverage over the entire period. For Medicare which didn't change its coverage tools during the period, coverage rates between 2009 and 2016 for race in Hispanic groups changed little within each age group.

We had another blog which we called Who Are the Uninsured which explores the universe of people who were uninsured and it compares their characters --- total population. As you can see in this figure 12% of the uninsured shown in the blue bar were under age 18 years old compared with over 20% of the total population. Also a

small fraction of the uninsured were over 65, 65 and over, just 1.4% compared with the larger share of the total population.

The majority uninsured were working ages at 6.7% and ages 25 to 34 and 35 to 44 was the two largest age groups. Over half all people without health insurance coverage were male at 50 – just about 55% even though the U.S. population have more women than men. We can do a similar analysis by race and Hispanic origin for regions of the U.S. Here we find the uninsured or disproportionally Hispanic and were more concentrated in the South. We also find that most people without health insurance coverage had just a high school education or less and were disproportionally prone to live in poverty.'

Among workers without health insurance about 1 in 3 were service occupations, the second group box. These data come from a table published in the American FactFinder each year, table F2702 which shows more characteristics of the uninsured and are available for small geographies.

Our fourth blog looks at veteran health insurance coverage. Over half of veterans are ages 65 and over so have health insurance coverage through – primarily had health insurance coverage through Medicare. The other half of veteran population who were of working age, 19 to 64, about 1 half million or 5.5% were uninsured in 2016. Both the number and rate of the working age veteran population without health insurance declined to a new low during the last four years.

Working age veterans under the age of 35 experienced the largest decline in their uninsured rate between 2013 and 2016 causing an age gap in health insurance coverage between themselves and the oldest working age veterans from a difference of 8.2 percentage points to 3.4 percentage points.

Between 2013 and 2016 health insurance coverage rates for working age veterans increased for most health insurance type. By 2016 employer sponsored health insurance was the most common health insurance coverage for working age veterans followed by VA healthcare, TRICARE, Medicaid and other means types of government programs and direct purchase.

About 1/3 of working age veterans used or enrolled in VA healthcare system in 2016 and about one-quarter of the working age veterans relied on VA as their sole source

of health insurance coverage while most veterans using VA, that's three-quarters, had an additional type of health insurance coverage. About 3 in 10 working age veterans had more than one type of health insurance plan. Among these veterans multiple health plans, about three-quarters had VA as one of their coverages.

Among the uninsured working age veterans about one-quarter could potentially qualify to use VA healthcare based on service connected disability status or income level. Additionally 1 in 10 working age veterans, almost 1 million, relied on Medicaid or other means --- government healthcare program. Between 2013 and 2016 the percentage of working age veterans who had Medicaid increased most for those who live in poverty. The number of working age veterans with Medicaid also increased during this period, most notably for veterans whose income to poverty ratio was 100 and 399% of the poverty threshold.

Marina Vornovitsky: Now we're going to switch gears a little bit and I will tell you about some additional information that you have available on the Census.gov website. I will also talk about some of the changes that were made to the current calculation survey a few years back and provide with some additional information about that.

If you are interested in finding additional information, if you have released a lot of product the best place to start would be on the health insurance website. When you go on the website you'll see the report shown on the right. If you click on it you'll see the full speed of things that we've released.

On there we have CPS detail table, historical table. We have a number of ACS historical tables available as well as logs, maps and hopefully in the next couple of days we'll also post some interactive infographics. On the health insurance website we also list our publications, working papers and some research extract files.

Also if you – I don't know if you're familiar with American FactFinder but it's a great source of information, great source of local estimates. There you can see information about the uninsured rate for a number of different socioeconomic characteristics. You can also look at characteristics other than uninsured as well as we have tables on public and private coverage rates. Finally there's the CPS table creator where you can create custom tables from the CPS ASAQ.

What I'd like to do now is point out a couple of things that you may not be as familiar with. This is one of our historical tables based on the American Community Survey data in all the --- to the table very well and it's very wide and very long. Basically this is a historical ACS table and it provides information going back to 2008 for United States and all states and the District of Columbia. This is just a snapshot to show you what's available. Again it provides information employer-based so essentially total coverage rate and total coverage rate, public and private coverage rate as well as all of the four subtypes.

Here's another table that I wanted to highlight for you and it's related to the log that Jennifer was discussing earlier, Who Are the Uninsured? This is a snapshot of table F2702 and it shows what uninsured population looks like in relation to the entire population. The blog, it really focuses on the nation as a whole. However this same information is available for all geographies. If you go on American FactFinder you can see – you can view this table for all areas, the population of 65,000 or more. Here's just an example.

I pulled up this table for Miami-Dade County in Florida. Basically now is the hurricane, there's a lot of interest in the characteristics of the population living there. You can see what the population looks like in that particular area versus characteristics of the uninsured. We're also going to have a few additional releases coming up on October 19. They'll be releasing the PUMA file then on December 7 five year estimates. Just a reminder, three year ACS estimates, they've been discontinued. However the Census Bureau is releasing one year supplemental estimates that can provide you some information for the smaller geographies.

Finally also coming up there'll be Variance Replicate Estimate tables and specifically for five year 2012 to 2016. These are available for select tables. Also we have this very --- statistical tool available on our website and it's really great for comparing different geographies to each other. For example you can plug in the estimates. You can plug in the margin of error for any number of geographies. What the tool does, it tells you which ones are different from one another. If you're interested in doing some kind of comparison study then this is really a great resource.

I wanted to switch gears now again and talk about some of the changes that we made to the current population survey. For those who aren't familiar with it we implemented the change in calendar year 2014 asking about calendar year 2013.

We do have a strong baseline for comparing change of health insurance coverage rates between 2013 and 2014 and beyond. This change was based on over a decade of research and we've really improved the survey experience for all respondents and at the same time we collected more information. We collected it more efficiently.

In particular for each type of coverage we now have monthly detail and as new type of health insurance coverage became available, this implementation of the Affordable Care Act previously we really didn't have a chance – didn't have the ability to differentiate between different subtypes of direct purchase coverage. But the three design, we're able to keep some of these things out. We have already released some estimates from the new surveys, some information that wasn't previously available.

In particular for third year in a row we have released estimates of current coverage joint with the National Health Interview Survey so this table, if you're interested it's available on the NHIS website and it's also available on our health insurance website.

We released estimates of health insurance current coverage and it's information as of February to April 2017. People asked do you have – do you currently have health insurance coverage. In addition we've released information on offer and take-up of employer sponsored coverage. We have a research paper that's available on our website. This information essentially, people who were employed at the time of interview but didn't have employer sponsored coverage. They were asked does your employer offer coverage.

If that person said yes we asked were you eligible. If a person wasn't eligible we asked why not. If a person was offered and was eligible but chose not to participate we also asked why not. We have released this information. In particular it's available on our website as a research file. For the bulk of the estimates though for time we date and released we used current processing methods from previous years.

However given the wealth of new information now collected by the survey the current processing system isn't really ideal for current data structure. In particular as I mentioned before the system that we currently have processing the data, it doesn't differentiate some types of coverage. In particular it's expecting direct purchase but

now we know a lot more about the type of direct purchase that somebody has. And also the system is expecting the data at an annual level but of course now we have month to month information. It's really doesn't utilize the full wealth of information available.

Over the last several years we've focused our efforts on developing a new processing system. In order to do that, doing that has really evolved figuring out who has coverage, what type of coverage, policy holder and details. Let me give you just a couple of examples to demonstrate what some of the challenges that we've grappled with are.

During the survey we asked a person does your plan cover anybody else. The person responds yes, they cover these people. Of course this streamlines the interview process for respondents but what this means on the back hand for us is when we get the data in the door we need to copy the information from the record of the person who reported it and we need to copy it in a way that – we need to copy to all of the records.

Also a person could say, you know, yes I'm currently covered but really provide us no information about their coverage during the year. We need to figure out what to do about that and it really depends on coverage type. For example if somebody has Medicare the tools that we use are going to be very different than if somebody reported current coverage for direct purchase. Once somebody has Medicare they're not likely to go off it. The situation's very different with direct purchase. The bottom line is that once we have all of this information processed we're going to have a lot more detail and at this point here in the stage where we know what we'd like to release to the public. Of course we need to make sure that these variables are compliant with the Census Bureau standards and that in terms of disclosure protection that there's sufficient production for our respondents that they don't reveal identity of anyone's respondent.

At the moment we made the following available in research files. We have three research files that are available going back several years. Point-in-time coverage, essentially this is the file that you can use if you're interested in replicating estimates which we released through the – in (HIF) but is an abstract on offer and take-up with sponsored coverage. There's one abstract that people can use if they're interested

in replicating the estimates. There's additional information on that on our website and we'll be happy to field any questions about those.

At the moment from the new survey instrument we don't yet have information available one exchange participation, receipt of subsidies and plan changes during the year. However this is something that we're actively working on. And now I'm going to turn it over to Joanna.

Joanna Turner: Thanks Marina. I'm going to briefly discuss some SHADAC resources and then we'll take questions. Just as a reminder you can type your question into the chat window at any time. Links to all of the resources that are discussed today will be available from the webinar page and we'll also be sending this information in a follow up email.

Our annual comparing federal government survey --- the uninsured brief has been updated and this is currently available on SHADAC's website. For those of you familiar with this brief it has the helpful table of the new uninsured estimates for states where you can easily find the ACS, PPF, National Health Interview Survey and the Behavioral Risk Factor Surveillance System Estimates in one table. SHADAC will be updating our state level custom tabulation of health insurance coverage on our state health compared data dissemination site.

For those of you that are familiar with accessing SHADAC tabulations, with our online tool you'll notice some changes this year. The previous version SHADAC data center has been replaced with state health compare. If you have the data center bookmark you should be automatically redirected to this new site. With the redesign we simplified the navigation and we expanded the topic areas and data sources.

Let the explore data in the middle of the screen or along the top navigation bar you'll be taken to a list of all the available estimates. This is a partial list of topics that are available. When you go to the live site you'll of course be able to scroll down for the full list. In addition to health insurance coverage we have estimates on cost, health behaviors, outcomes, access, utilization and quality of care as well as estimates on public health and social and economic factors.

If you select the coverage type you'll be taken to all of our data on health insurance coverage. You'll start with the map view but you can also access estimates in tables, bar charts or with trend lines. This is similar to the functionality that we had on

SHADAC data center and we're currently looking at estimates of private coverage for the total population.

If you select that arrow next to break down you'll see all of the options that are available. Again on the site you'll be able to scroll down to get the full list of available break downs such as education, race, ethnicity and poverty level. On the state health compare main page there's a link to a webinar where we gave a virtual tour of the new site introducing those two – the functionality and the available estimates. We're of course also happy to answer any questions you may have if you explore state health compare and the new state level data that's available.

It's a great way to look at measures within your state and easily compared across states and over time. I'd also like to mention that we've improved the data download functionality with the redesign site so now you have the availability to get more customized data download when you're looking at different visualizations. We've also published several blogs and an infographic to highlight last data releases. This infographic shows the national and state change and uninsured rates from the ACS as well as the top states with the largest percentage point drop in the uninsured rate and the largest decline in the number of uninsured…as Jennifer said 39 states decline in the uninsured rate with the largest decline in Montana with a 3.9 percentage point decline. California has the largest decline in number with about 473,000 fewer uninsured people.

To stay updated we include you to follow up on Facebook and Twitter and find out through our newsletter. The links to all of those are available on our website at SHADAC.org. With you we've also updated our state specific facts sheet using ACS estimates from the American FactFinder. These are currently available on our SHADAC's website at the link on the slide. The fact sheets, what we've done is pull out select health insurance coverage estimates in an easy to use format. If you go to that link and click on state it's going to pull up a state specific sheet.

This is an example of a fact sheet for Minnesota. It shows the change in the uninsured rate from 2015 through 2016 by several characteristics, age, race/ethnicity and citizenship status. It's not shown here but the fact sheet also has uninsured rates by education, income and poverty level. Each fact sheet also has the change in county uninsured estimates for the total population and children, for counties that

are available in the one year ACS file. This is counties with a population greater than 65,000 people.

We think this is a nice resource to quickly look at uninsured estimates for your state by characteristic and it's an easy way to see the uninsured estimates that are available for the county in your state. For those of you that are interested in tabulating your own estimates from the micro data the Minnesota population center publishes the Census Bureau micro data through IPUMS. This is free, easy to use and a well documented way to access the data. One of the benefits of using micro data is you can create custom tabulations. For example many of the published Census Bureau tables define children as 0 to 17 but you might be interested in 0 to 18, 0 to 19, other breakdowns of the data.

The 2016 current population survey data is already available in IPUMS so you can start using that today right after the webinar if you'd like and the ACS data will be available about one to two weeks after the public use files are released from the Census Bureau in October. And again this year we'll be providing SHADAC's custom health insurance unit and federal poverty guideline variables for both the ACS and the CPS to IPUMS.

Now we're going to begin the question-and-answer session. For this I'm joined by two of my SHADAC colleagues, Kathleen Call, an investigator at SHADAC and Brett Fried is a senior Research Fellow. Just as a reminder please type your questions into the chat window and we'll get started here.

One of the first questions we have I think is for the Census Bureau. It looks like in one of the bar charts that some of the percentages didn't add up. For example, percent with employer coverage and direct purchase doesn't equal the percent with private coverage. Can you explain that?

Marina Vornovitsky: Yes. Definitely has to do with the fact that people can have more than one type of coverage.

Joanna Turner: Great. I also mentioned that with the redesign to state health compare we updated how we release our health insurance coverage estimates. Now we've implemented a health insurance coverage triarchy. For people with more than one type of coverage

we assign them to a single type which will be internally consistent if you're accessing the data through state health compare.

We have a question about the VA coverage. Was that a significant increase in the VA coverage from 2015 to 2016? Then I'll tack on a later question. Is this is a new focus or a new area that the Census Bureau is monitoring?

Marina Vornovitsky: We have always asked about coverage. We've always asked about military health coverage in terms of the block Jennifer's…I don't believe we have that information with us right now. In terms of the new information we are always interested in looking for topics that may be of interest to our data users.

Jennifer Day: We do collect information on veterans and the American Community Survey which is where this data come from. We have on the Census.gov website, we do have a whole lot of information about veterans and what we can learn from the American Community Survey.

We've had an infogratic graphic a few years ago that looked at health insurance of veterans and we felt we had to update that information. That's when we decided to write the blog on this.

Joanna Turner: Great thank you. Do either of the surveys capture information about whether insurance was purchased on the marketplace?

Marina Vornovitsky: In the current population survey we do capture this information. However for timely data releases using the old process system we aren't able to release it right now but it's our intention to do so.

Joanna Turner: In a related question does the Census Bureau have any plans to add a marketplace question to the American Community Survey?

Marina Vornovitsky: We've recently gone through a content task on the American Community Survey. The report on our findings should be posted relatively soon. Again I don't have the exact date but we're expecting it shortly. Then in terms of what questions that'll be asked on the American Community Survey that's really up to the OMB and we're awaiting on the decision which is expected in December.

Joanna Turner: It sounds like there might be a possibility of marketplace question going forward. Do you know if it's added when would that be implemented?

Marina Vornovitsky: It'd be – if it were added it'd be implemented in 2019. What we tested in the content test, we tested a different version of the "main health insurance" question. We're also testing two versions of the premium subsidy question. With that information somebody could construct some measure of interest in relation to the marketplace.

Joanna Turner: Thanks. In a related question asking about content on the ACS is there any possibility that the ACS will consider adding something like health status which would be a really good measure for health services research.

Marina Vornovitsky: We don't have any plans right now. The Office of American Community Survey, they actually released a very handy infographic that I believe is available on their website. It's census.gov/acs. There the infographic provides information on what are some of the steps that need to be taken in order for a question to be added to the American Community Survey. Definitely I'd suggest checking that out in terms of what's involved.

Joanna Turner: Thanks. Will the Census Bureau ever consider creating a three year ACS file say, for 2014 to 2016 to enhance researchers' ability to assess the Affordable Care Act. I know the three year files were previously discontinued.

Marina Vornovitsky: My suggestion would be to direct that question to the American Community Survey office.

Joanna Turner: Okay thank you. Just looking through the questions here it looks like the direct purchase estimate was quite a bit higher in the current population survey between 2015 and '16. Do you have any ideas why? A related question to that is that the direct purchase estimates have historically been higher on the ACS than from the other survey and has there been any research or update on this issue?

Marina Vornovitsky: Let me answer the second question first. The information about health insurance coverage on both CPS and ACS, it's self reported. People can respond yes to multiple types of health insurance coverage. What we found happens and what the research suggests often happens is that people can be thinking of their dental plan or vision plan and select – thinking of that when they click on direct purchase.

If you're interested – essentially some of those plans can be non-comprehensive. If you're interested in really limiting the estimates to the comprehensive than a measure of direct purchase only it's much closer to other sources of data.

Joanna Turner: Thanks Marina. We had other questions I think the answer is to check with the ACS office but one of the data users commented that the ACS provides worker industry and occupation status like the current population survey. It doesn't provide --- and any other plans from the American Community Survey to add --- question to the ACS.

Jennifer Day: It's very similar to the answer that Marina gave you on health status. We don't have any plans at this point and we'd have to go through that process to be able to add questions like that in American Community Survey.

Joanna Turner: Okay great. Thank you. I'll jump over to a question about the current population survey. Can you just clarify how you'd access the new content, the point-in-time measure?

Marina Vornovitsky: Sure. If you go to the health insurance website and the link appears in the slide. What you'll do is go to data. Again it's on the left hand side, health insurance. Click on health insurance data set and then the – one of the items listed is CPS ACS research files. There they provide current coverage, abstract. We provide employer offer and take-up abstract. If you're interested in doing any kind of custom tabulations there's the public use micro data file. That's what we call an L type extract and one --- to the detail but again if you're interested in replicating our estimates of ESI or direct purchase that's an abstract that you're going to need then we'll be happy to field any questions about that.

Joanna Turner: Great. Also just mention that SHADAC has written a brief that describes how to merge on the new content from the CPS to the main research file. We'll include a link to that but that's available currently on SHADAC's website. It just gives a you --- and state of code for how to merge those two files together. If you're interested in the new point-in-time estimate I believe that's available from IPUMS now. If you're using IPUMS you can also access that estimate.

Do we have a question about race and ethnicity? The American Indian Alaskan Native alone and in combination is more useful for tribes and researchers than

American Indian Alaskan Native alone. Why does the Census Bureau report alone instead of alone or in combination?

Marina Vornovitsky: Can you repeat that?

Joanna Turner: It looks like the Census Bureau tabulation race and ethnicity is done as alone, White alone, Black alone, American Indian Alaskan Native alone. Why doesn't the Census Bureau report this alone or in combination because what you can leave for the American Indian Alaskan Native community, this would be more useful for tribes and researchers.

Marina Vornovitsky: They're actually not – my suggestion would be to reach out to the area that's working on these questions and they can provide more of an explanation for everything that's going into that.

Joanna Turner: Maybe we can follow up with this particular question and contact information or particular email or number so that they can ask the question to the correct person at the Census Bureau. We'll follow up after the call with that.

Just quickly looking through the question at the Census Bureau --- about doing really release estimates similar to what's done by the National Health Interview Survey especially for rates of uninsurance.

Marina Vornovitsky: For CPS CSAQ we collect data between February and April of – for this current we collected data in February and April. As part of the survey we ask – the way that the survey goes is we ask do you have current health insurance coverage. If a person says yes, we ask when did it start and then get into what type, trying to tease out as much information as a respondent knows.

Really information about current coverage and information about last year coverage is all collected during the same interview and then what are the --- that they processed together. At the moment we really don't have the ability to separate one from another and it's my expectation that in the future it'll be released together just because of how they're collected and processed.

Joanna Turner: Thanks Marina. We'll do a question for SHADAC here, give you guys a second to catch your breath. So we have a question. When will SHADAC be releasing their state profiles with 2016 data?

I think if you're referring to the fact sheets that I discussed during the presentation these are currently available. These are the sheets that have state specific data by characteristics for the uninsured as well as county level estimates for all of the counties that are available in the one year file. Again that's the largest counties with populations larger than 65,000. There's a link to these fact sheets from the webinar page.

We have another question for the Census Bureau. Do either of the surveys include information about immigration status?

Marina Vornovitsky: On both surveys we ask about – we ask whether the person's a citizen. We know whether if somebody is citizen where they're native born or naturalized or we also know if somebody's not a citizen but we don't ask whether somebody's in the country legally or not. That information we don't have.

Joanna Turner: Thanks Marina. So now that the CPS has redesigned the survey and they're asking about which month, you have an idea of the quality of this data and if the monthly level data is going to be released at some point on the public use file?

Marina Vornovitsky: We would certainly like to release as much information as we're able to to our data users. What does need to happen is we're going to put together a research file and we're currently beginning the process of evaluating the quality of the data again making sure that the data meet our quality standards and also that there are no disclosure concerns.

Once that process is complete it's our intention to release the research file. Unfortunately I don't have timing on that subject to budget and other internal resources but it's our intention to release the research file to the data user community so that they can look at the data and provide us with feedback on the quality.

Joanna Turner: Great thanks. Related can you just say again when the new processing system is implemented. Will the Census Bureau be releasing data files back to 2013 so that researchers have a consistent time period?

Marina Vornovitsky: Our first and foremost goal is going to be to release essentially most recent estimates and obviously for estimates from the year before so that people can make year to year comparisons. We'd like very much to go back and reprocess the data. However the exact timing of that, it'll depend on budgets.

Joanna Turner: Thanks. We've got a question for SHADAC. If the new state health compared doesn't include something that the data center used to have, can I contact SHADAC? Certainly. Please contact us. We have all of the data files that were available from the data center so we can easily publish tables and send you that data. We're happy to work with you going forward as well with the estimates.

We have another question clarifying what is the health insurance unit. Just briefly describe how SHADAC groups families into units that are more likely to have private or public coverage. For example if you had a household with grandparents, children and grandchildren instead of grouping all of the household members into one family, we'd separate the grandparents into a health insurance unit and the children and grandchildren into a separate health insurance unit. SHADAC has a brief on our website that describes the health insurance unit and how it's constructed. We'll put a link to this on the webinar page as well to make it easier for you to find.

I think a clarification question, are the measures all from the American Community Survey or Census? I think --- clarify the estimates that are available from the ACS and the CPS. I think you guys are on mute so I guess I'll look to answer that and say that the Census Bureau has published all the elements discussed today. The state level from the American Community Survey and all of the national estimates were from the current population survey.

Marina Vornovitsky: Yes that's correct. Sorry I didn't realize we were on mute.

Joanna Turner: No problem. One quick question before I think we're going to have to close. Is it still possible to get state level estimates from the current population survey?

Marina Vornovitsky: It's possible although our general recommendation – and we do have a blog that Jennifer mentioned that goes into some of that in greater detail is for some national estimates and for – which historical estimates going back to 2008 which is the first health insurance question appeared on the ACS. They recommend using American

Community Survey. For national level estimates they recommend using the current population survey.

Joanna Turner: Okay great. Maybe I'll just clarify that. Well the ACS is recommending for state level estimates. Researchers can still tabulate from the current population micro data or as you pointed out in your slides Marina the CPS table creator has the ability to get state level estimates as well.

I think unfortunately we're coming up on the hour. I apologize if we didn't get to your question but we'll follow up with everybody after the webinar with an answer. I'd just like to thank you for attending today's webinar. Again thank you to Jennifer Day and Marina Vornovitsky from the Census Bureau for talking with us about the re-released ACS and CPS health insurance coverage estimates.

Thanks to the Robert Wood Johnson Foundation for continuing to support our work in this area. The webinar slides are posted on SHADAC's website and we'll add links to any follow up items, the unanswered questions and the recording of the webinar next week. We'll include a direct link to the recording in the follow up email along with all of the links that were presented today. Thank you. That concludes today's webinar.