Tracking Our Nation’s Health with Census Surveys

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SIPP, CPS ASEC, and ACS

SIPP: Survey on Income and Program Participation
- 94,000 people in Wave 6 (2009)
- Longitudinal - month to month information
- Regional Estimates
- Purpose: measure program participation (early 1980’s)

CPS ASEC: Annual Social and Economic Supplement to the Current Population Survey
- 100,000 addresses (210,000 people in 2009)
- Cross-section
- State estimates, but should combine years
- Purpose: measure unemployment (mid-1940’s)

ACS: American Community Survey
- 3 million addresses
- Cross-section
- State and sub-state estimate
- Purpose: replace the decennial Census sample data (i.e., the long form) with a 5 year ACS estimate
SIPP

Access to Care
  Utilization of health services

Affordability of Care
  Out-of-pocket spending for premiums and other medical related items

Health status and disability

Can create a Health Insurance Unit based on private coverage information
SIPP

Why are you uninsured?

1) Too expensive
2) Not offered by employer
3) Not at job long enough to qualify
4) Job Loss
5) Haven’t needed
   Etc......

Expanded question for Re-Engineered SIPP:

Why don’t you have

- Employer-provided coverage?
  - Ex. Traded for other benefits or cash
- Direct-purchase coverage?
  - Ex. Pre-existing conditions
- Public coverage?
  - Ex. Denied or not Eligible
CPS ASEC
Affordable care information was introduced last year
***Does not have access to care information

Health status and disability

Can create a Health Insurance Unit based on private coverage information

Type of health insurance coverage from 1987
Affordable Care  
SIPP vs CPS ASEC

<table>
<thead>
<tr>
<th></th>
<th>2010 CPS ASEC</th>
<th>2004 SIPP</th>
<th>CPS-SIPP</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Avg</td>
<td>Avg</td>
<td>Δ Avg</td>
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<tr>
<td><strong>Family Premium Spending</strong></td>
<td></td>
<td></td>
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<tr>
<td>Family premium spending§ (2009 $)</td>
<td>1,505</td>
<td>1,525</td>
<td>-19.29</td>
</tr>
<tr>
<td>Family premium spending=$0 (%)</td>
<td>45.41</td>
<td>43.48</td>
<td>1.94 **</td>
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<tr>
<td><strong>Family Non-Premium Spending</strong></td>
<td></td>
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<tr>
<td>Family non-premium spending§ (2009 $)</td>
<td>1,480</td>
<td>1,521</td>
<td>-41.76</td>
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<tr>
<td>Family non-premium spending=$0 (%)</td>
<td>29.18</td>
<td>26.65</td>
<td>2.53 **</td>
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</tbody>
</table>

Source: Caswell and O’Hara 2010
Non-Premium Medical Out-of-Pocket Expenditures for All Children by State

Legend
- Higher than the U.S. per capita MOOP
- Not statistically different from the U.S. per capita MOOP
- Lower than the U.S. per capita MOOP

Smith & O’Hara 2011
ACS

Has health insurance type for the past 3 years

Disability

Does not have

Health Status

Affordable care or access to care variables

Owner/dependent on a private health insurance plan
Percent of Medicaid Children with Publicly Covered Parents, by State
National Average is 54.4%

Universe: Medicaid children age 18 and under, with family income below 200 percent FPL, living with a parent - Household Population

Blumenthal & O’Hara 2011

Legend:
- Higher than the U.S. average
- Lower than the U.S. average
- Not statistically different

psign

[Map of the United States showing percentages for different states.]

Note: The map illustrates the percentage of Medicaid children with publicly covered parents, with states shaded to indicate whether their percentages are higher, lower, or not statistically different from the national average of 54.4%. The data is based on Blumenthal & O’Hara 2011.
Health Insurance Coverage of Workers Aged 18 to 64, by Work Experience: 2008 and 2010

For many Americans, health insurance coverage is tied to their work. Specifically, a majority of U.S. residents have health insurance coverage through their own or a family member's employer or union. But people may lose eligibility for employer-based health insurance after they lose a job or if a family member loses a job or changes to full-time to part-time or temporary work. While individuals can always purchase insurance in the open market, this option is often not affordable due to prematurity conditions or the absence of employer subsidies. Consequently, employment is not only associated with employer-based health insurance coverage, but with overall health insurance coverage as well.

To help alleviate this dependency, Congress passed laws to increase the portability and affordability of private coverage options. COBRA allows individuals to purchase the same coverage they received while working, albeit for a limited period of time and without the employer subsidy. More recently, the Affordable Care Act has mandated that states waive health exchanges by 2014, through which people who lose full-time employment would be able to individual.

DEFINITIONS
Work experience: A summary of whether a person worked, the number of weeks worked, and the usual number of hours worked per week in the past 12 months.
Workers: People who worked in the past 12 months.
Full-time, year-round worker: Workers who usually worked 35 hours or more per week for 50 to 52 weeks in the past 12 months.
Less than full-time, year-round worker: Workers who usually worked fewer than 35 hours per week and/or fewer than 50 weeks in the past 12 months. This includes part-time workers, temporary or seasonal workers, and people who may have lost a job in the past 12 months.
Nonworkers: People who have not worked in the past 12 months.
Employer-based health insurance: Health insurance provided through a worker's own or family member's current, former, employer or union.
Non-employer-based health insurance: Any other health insurance type, private or public. This includes: direct purchase health insurance purchased directly from an insurance company by an individual or an individual's relative, Medicare or other means-tested public coverage, Medicaid, TRICARE or other military health coverage, or unsubsidized.
Uninsured: Has no health insurance coverage (through an employer or otherwise).
Figure 4.
Change in Percentage of Full-time, Year-round Workers Without Health Insurance for States and Puerto Rico: 2008 to 2010

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Referenced papers are on the Health Insurance Website
http://www.census.gov/hhes/www/hlthins/publications/working.html