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



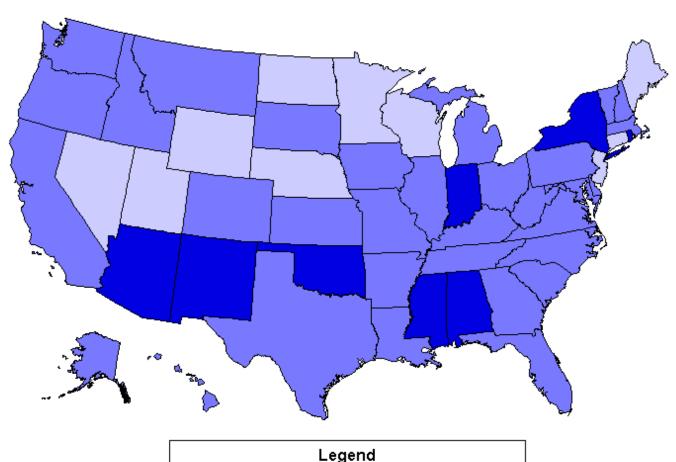
Affordable Care SIPP vs CPS ASEC

	2010 CPS ASEC	2004 SIPP	CPS-SIPP
	Avg	Avg	Δ Avg
Family Premium Spending			_
Family premium spending§ (2009 \$)	1,505	1,525	-19.29
Family premium spending=\$0 (%)	45.41	43.48	1.94 **
Family Non-Premium Spending			
Family non-premium spending§ (2009 \$)	1,480	1,521	-41.76
Family non-premium spending=\$0 (%)	29.18	26.65	2.53 **

Source: Caswell and O'Hara 2010



Non-Premium Medical Out-of-Pocket **Expenditures for All Children by State**



Smith & O'Hara 2011



- 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

ACS

Has health insurance type for the past 3 years

Disability

Does not have

Health Status

Affordable care or access to care variables

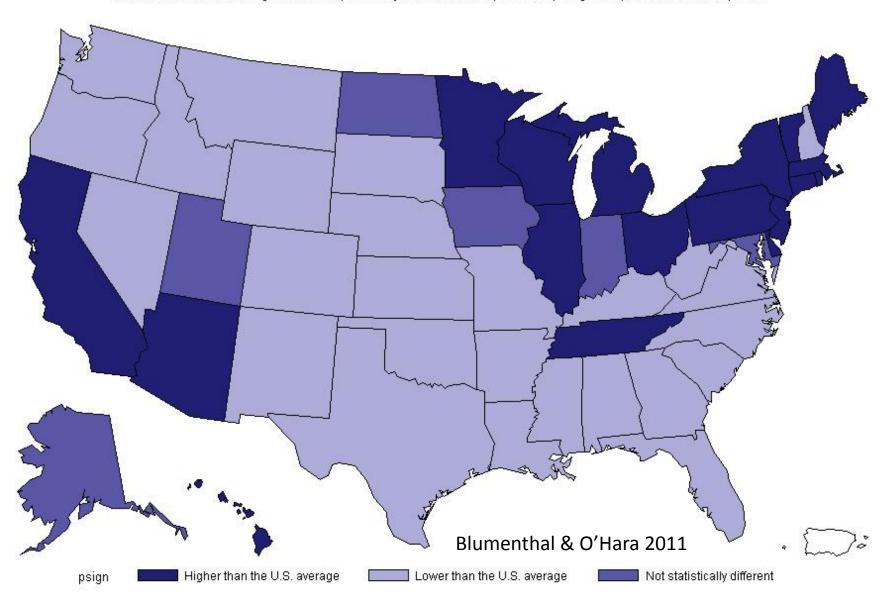
Owner/dependent on a private health insurance plan



Percent of Medicaid Children with Publicly Covered Parents, by State

National Average is 54.4%

90% confidence level
Universe: Medicaid children age 18 and under, with family income below 200 percent FPL, living with a parent - Household Population



ACS Brief

Health Insurance Coverage of Workers Aged 18 to 64, by Work Experience: 2008 and 2010

Issued September 2011

American Community Survey Briefs

ACSER/09-11

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.1 Yet, people may lose eligibility for employerbased health Insurance after they (or a family member) lose a Job or shift from 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 preexisting conditions or the absence of employer subsidies. Consequently, employment Is not only associated with employerbased 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 create health exchanges by 2014, through which people who lose full-time employment would be able to individu-

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.

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

Full-time, year-round worker: Workers

who usually worked 35 hours or more per

Less than full-time, year-round worker:

week for 50 to 52 weeks In the past 12

Workers who usually worked fewer than

35 hours per week and/or fewer than 50

weeks in the past 12 months. This includes

Employer-based health insurance: Health Insurance provided through a worker's own (or family member's) current, or 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), Medicaid or other means-tested public coverage, Medicare, TRICARE or other military health coverage, or VA Health Care.

Uninsured: Has no health Insurance coverage (through an employer or otherwise).

By Matthew W. Brault and Laura F. Blumenthal

About 167.1 million people, or 54.9 percent of the civilian noninstitutionalized population, had employer-based health insurance coverage in 2010 (Table 827004, available at http://factfinder2

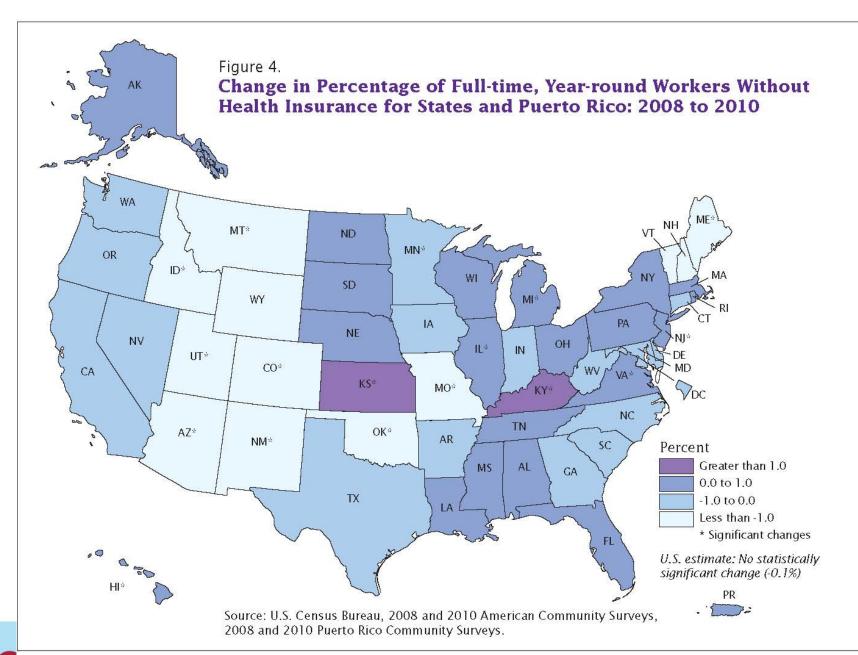
.census.gov>).

² Consolidated Omnibus Budget Reconciliation
Act of 1985, PL. 99–272, 100 Stat. 82.



U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU







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Referenced papers are on the Health Insurance Website

http://www.census.gov/hhes/www/hlthins/publications/working.html

