



AUGUST 2004

2003 Current Population Survey Findings SHADAC Conference Call

On August 27, 2004, the State Health Access Data Assistance Center (SHADAC) sponsored a conference call featuring Charles T. Nelson, Assistant Division Chief for Income, Poverty and Health Statistics at the U.S. Census Bureau, and Stephen Zuckerman of the Urban Institute. Nelson and Zuckerman discussed the recently issued findings from the Current Population Survey, published in an August 2004 report, [Income, Poverty and Health Insurance Coverage in the United States: 2003](#) by Carmen DeNavas-Walt, Bernadette D. Proctor, and Robert J. Mills. More than 60 health policy and data analysts from 29 states, several universities, and national health policy organizations participated in the audioconference.

Major Findings

- The number of people without health insurance coverage increased by 1.0 million people nationally from 2002 to 2003—an increase from 15.2% to 15.6% of the population.
- Child uninsurance rates remained stable from 2002 to 2003.
- There was a drop in the rate of employer-based insurance from 61.3 percent in 2002 to 60.4 percent in 2003.
- There was an increase in government health insurance coverage through Medicare, Medicaid, and the State Children's Health Insurance Program—from 25.7% in 2002 to 26.6% in 2003.

Data Issues

- There are no significant methodological changes in the survey this year affecting the health insurance module.
- As with the 2003 data file, the 2004 public use data from the Annual Demographic Supplement to the CPS contains the records from the fully expanded sample.

Follow-Up Items

- Link to the US Census Bureau's FERRET Current Population Survey micro data extraction tool: <http://www.bls.census.gov/ferretftp.htm>
- Link to Census document that describes the Current Population Survey's health insurance coverage variables. The documents under "Methodology" will answer many questions for data users. <http://www.census.gov/hhes/www/hlthins.html>
- SHADAC's document on how to deal with the break in the time series due to the addition of the health insurance verification survey item: http://www.shadac.org/publications/papers/CPS_Time_Series.pdf

- Link to Center for Studying Health System Change Community Tracking Study report on trends in U.S. health insurance coverage, including information on employer-sponsored insurance access and take-up rates. <http://www.hschange.org/CONTENT/694/?topic=topic01>
- Link to the CPS sample design report: <http://www.bls.census.gov/cps/tp/tp63.htm>
- Link to SHADAC issue brief on the discrepancy between general population survey results and administrative counts of public program enrollment: <http://www.shadac.org/publications/issuebriefs/IssueBrief9.pdf>

Summary of Conference Call Questions and Answers

Q: Are the categories of health insurance coverage reported (e.g., uninsured, private, government) mutually exclusive?

A: No. Individuals reporting more than one source of health insurance coverage will be represented in multiple categories. Users of the data may want to create their own decision rules for the creation of mutually exclusive categories (e.g., all individuals with employer coverage, regardless of whether or not they also have public coverage, are coded as having only employer coverage) depending on the research question they are trying to answer.

Q: Do states need to use two- or three-year averages, or can they use year-to-year data points?

A. Currently, the Census Bureau uses multi-year averages to pool state-level data and reduce overall standard errors. Generally speaking, two-year averages are used for looking at one state's information across time, and three-year averages are utilized for state-by-state comparisons. However, by smoothing the data year-to-year trends are lost. There are unpublished single year estimates available at the Census Bureau web address noted below, but any conclusions drawn from this data should take into account the large standard errors. <http://www.census.gov/hhes/hlthins/historic/index.html>

Q. Does CPS data allow for analysis of the reasons behind the drop in employer-sponsored insurance coverage? For example, is the reduction due to losses in employment, employer offer rates, or employee take-up rates?

A. CPS data includes information on job status, earnings, firm size, occupations, and industries. Analysts would be able to make observations about characteristics like the job status of those who lack health insurance coverage, but would not be able to glean detailed information about offer or take-up rates. A Tracking Report from the Center for Studying Health System Change contains new information on these questions and can be found at: <http://www.hschange.org/CONTENT/694/?topic=topic01>.

Q. Why do general population surveys like the CPS produce public coverage estimates that differ from my administrative enrollment counts?

A. Comparisons of survey estimates of Medicaid participation to Medicaid administrative data indicate that anywhere from 15 to 50 percent of Medicaid cases are missed by national population surveys. A SHADAC summary of this issue can be found at: <http://www.shadac.org/publications/issuebriefs/IssueBrief9.pdf>.

Q. What does it mean to say that the CPS is voluntary and the American Community Survey (ACS) is mandatory?

A. The ACS is a new nationwide survey that will replace the long form in future censuses. As such, individuals will be required by law to complete the survey as part of the decennial census effort. Respondents to the CPS do so on a voluntary basis.

Q. What is the best way to report on CPS estimates of health insurance coverage at the county-level?

A. Small sample sizes will generally dictate the use of multi-year averages for county-based estimates. Any conclusions drawn from county-level data should take into account the larger standard errors. The Census Bureau is developing small-area estimates for 3,000 counties. These estimates might be released as early as December of 2004.