

Uninsured People in Nevada Estimates and Trends

By:
Decision Analytics
Presented to:
Great Basin Primary Care Association
January 2009

Contents

- Section 1: Definitions
- Section 2: 2007 and 2008 estimates and comments
- Section 3: Comparisons with the U.S.
- Section 4: Indicators of health insurance status and trends that are worth watching

Health Insurance and Coverage Definitions

- People are considered uninsured if they have had **no** health care coverage for the entire year.
- If they have had coverage for **any part of the year**, they are considered insured.
- This definition is consistent with the U.S. Department of Health and Human Services (DHHS) definition of whether a person is uninsured or not.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

3

Types of Health Insurance

- Private coverage:
 - Health insurance that covers an employee and/or a relative such as:
 - Employer-provided plans; and/or
 - Union-provided plans.
 - Direct purchase plans – a plan purchased by an individual from a private provider that could also cover family members.
- Government-provided coverage (Federal, state and/or local plans):
 - Medicare;
 - Medicaid and/or SCHIP;
 - Military health care (TRICARE, CHAMPUS, CHAMVA, or VA); and,
 - State- or local-specific plans.
 - Note: People who are **only** covered by Indian Health Services are considered uninsured in this study.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

4

Definition of Poverty

- Poverty in this study is consistent with how the Federal government officially defines poverty.
- The poverty threshold is determined solely by family size and income.
 - For a complete description of the basic poverty calculation we refer you to this web site supported by the U.S. Census Bureau.
 - <http://www.census.gov/hhes/www/poverty/povdef.html>
- This definition was directed by the Office of Management and Budget's (OMB) Statistical Policy Directive 14.
- The U.S. Department of Health and Human Services (DHHS) uses the official poverty thresholds as defined above but also uses poverty guidelines as described at <http://aspe.hhs.gov/poverty/08poverty.shtml>

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

5

How Poverty Thresholds Work

- Poverty thresholds apply to families and are governed by income and specific family sizes.
- A family listed at 199 percent of poverty means that this family has 99 percent more income (almost twice as much) as the same size family listed at the 100 percent poverty threshold.
- A family is officially in poverty if it's income is at or below 100 percent of the poverty threshold.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

6

Section I

- Estimates of the Uninsured population for 2006, 2007 and 2008 by sex for Nevada
- Comparisons of Clark and Washoe Counties and Nevada
- Discussion of items of interest

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

7

Methodological Changes

- Completely re-designed estimates system:
 - Re-benchmarked to Census 2000
 - New migration model
 - New census bureau data
- Net effects:
 - More migrants than previously estimated
 - More Hispanic migrants than previously estimated
 - More persons uninsured

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

8

Overall General Trends

- *Note: The effects of the financial and economic troubles of late 2008 are **not yet** reflected in our estimates data.*
- *For the total population -*
 - The total percentage of the population without health insurance for an entire year, **held virtually steady** at 17.9% in 2006 to 2007 at 17.9 percent, but decreased slightly to 17.5% in 2008.
 - All counties in Nevada experienced similar trends.
- *For populations measured against the federal poverty threshold(as a percent of the total population) -*
 - The percent of people below 100% of poverty who were uninsured **remained steady** in all three years at 4.3%.
 - The percent of the population between 100% and 199% of poverty who were uninsured **increased** from 4.3% in 2006 to 5.3% in 2007x and 5.0% in 2008 – a 0.07% percentage point increase over the three years.
 - (*Note: Percentage **point** changes are calculated by subtracting one percentage from another; e.g. 4.5% minus 3.5% gives a 1 percentage point increase.*)

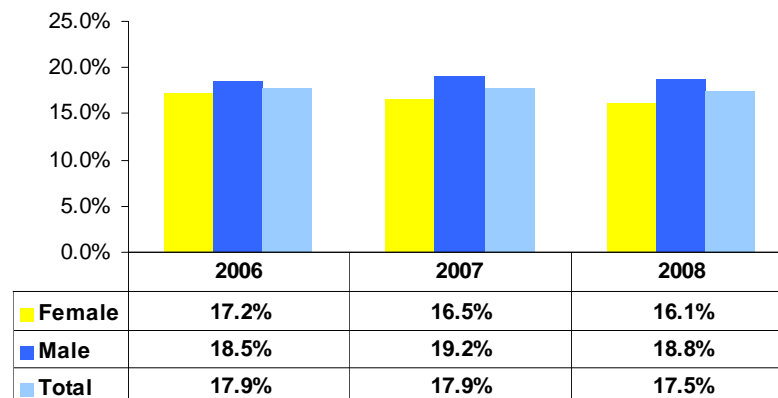
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

9

Total Percentage of Uninsured People in Nevada at All Income Levels

~ the last three years ~



Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

10

Talking Points

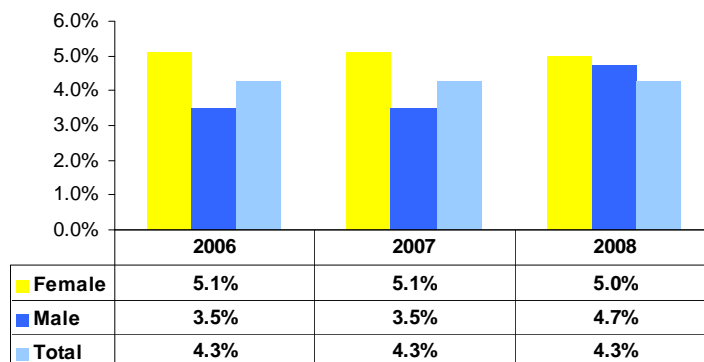
- The percentage of females without health insurance at all income levels appears to have steadily decreased.
- Conversely, the percentage of males without health insurance is consistently higher than females in all three years
 - perhaps due to higher representation in types of industries such as construction that are less likely to offer health insurance.
 - **This could get worse.**

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

11

Percent Uninsured Below 100% of the Federal Poverty Level ~ *the last three years* ~



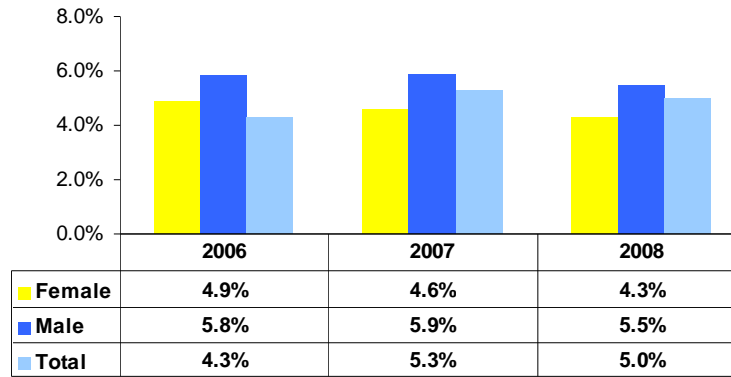
Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

12

Percent Uninsured Between 100% and 199% of the Federal Poverty Level ~ *the last three years* ~



Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

13

Talking Points

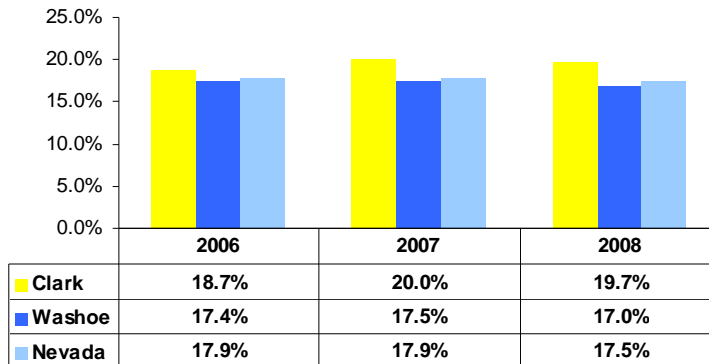
- *Note that people at 100-199% of the federal poverty level show higher percentages of being uninsured than those below the 100% poverty threshold perhaps for two related reasons:*
 - They may make more than the threshold income level to qualify for federal insurance and/or,
 - They may have to work at jobs that don't offer health insurance.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

14

Percent Uninsured in Clark and Washoe Counties Compared to Nevada ~ *the last three years* ~



Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

15

Talking Points

- Washoe County's pattern of people without health insurance mimics the U.S.
 - This may be a function of it's generally more diversified economy.
- Clark County generally has higher rates of people with no health insurance.
 - This may reflect Clark's industrial mix which could be more heavily weighted toward industries that either don't offer health insurance or offer expensive plans.
 - It also may reflect a higher Hispanic population who are three times more likely to be uninsured – as many studies have shown.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

16

Section 2: Other Information on Insurance Status in Nevada

- Medicaid comparisons
- Medicare comparisons
- Private Insurance Comparisons

2/9/2009

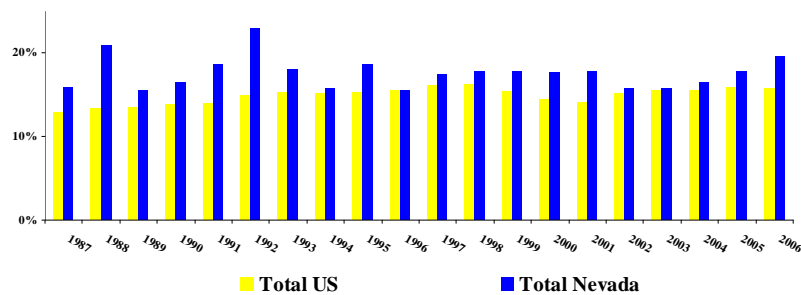
Decision Analytics.
<demogecon@comcast.net>

17

Percent Uninsured

Nevada compared to the U.S. from 1987 to 2007

Note that it looked like Nevada's rate was converging to the U.S. rate; however, the rate in 2004-2006 surged upwards again.



Source: U.S. Census Bureau, Current Population Survey; Decision Analytics, Inc. for Nevada estimates for the years 1998 through 2007.

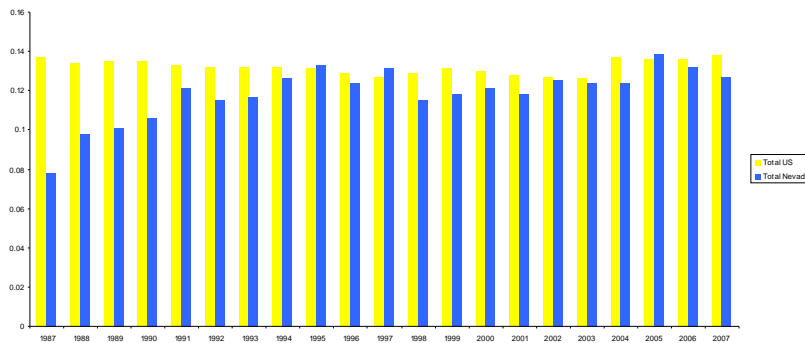
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

18

Medicaid Coverage Nevada versus U.S. from 1987 to 2007

The percentage of people covered by Medicaid PERSISTS in being lower than the U.S. percentage.



Source: U.S. Census Bureau, Current Population Survey.

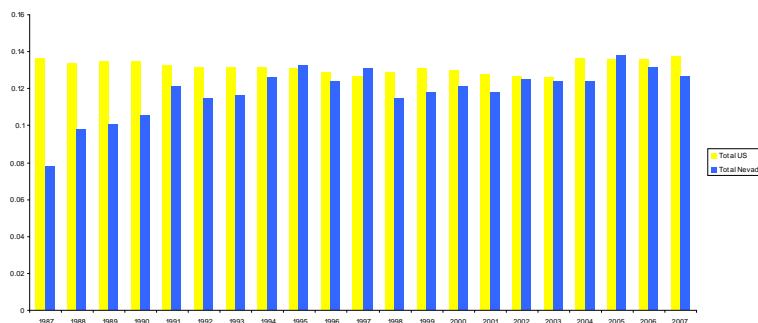
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

19

Medicare Coverage Nevada versus U.S. from 1987 to 2007

As noted before, the percentage of people covered by Medicare has been converging to the U.S. percentage over time.



Source: U.S. Census Bureau, Current Population Survey

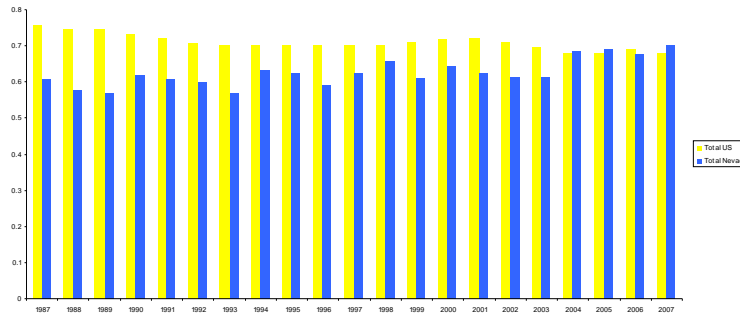
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

20

Private Coverage Nevada versus U.S. from 1987 to 2007

The trend shows a decrease in private coverage in the U.S., but Nevada's was actually HIGHER than the U.S. in 2007.



Source: U.S. Census Bureau, Current Population Survey.

2/9/2009

Decision Analytics.
<demosgecon@comcast.net>

21

Talking Points

- People covered by private insurance (both company-provided and private purchases) and Medicare shows a trend consistent with the U.S.
- The anomaly is the persistently lower rates of people covered by Medicaid.
 - It could be that people's incomes are just slightly higher than the eligibility threshold, but are still part of the working poor in need of coverage.

2/9/2009

Decision Analytics.
<demosgecon@comcast.net>

22

Section III: Indicators and Trends

- Demographic Indicators
- Economic Indicators

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

23

Demographic Indicators that May Point to Changes in Health Care Coverage

Some indicators:

- **Population growth or decline,**
 - migration
 - births
- **Changes in the composition of the population,**
 - Race/ethnicity
 - age
- **Changes in the number or percent in poverty, and**
- **Changes in participation in and access to government-sponsored insurance programs.**

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

24

Labor Market Indicators That May Influence Changes in Insurance Coverage for the Future

- **Unemployment rates and the number unemployed**
- **The composition of the type of jobs people hold**
 - **Changes in the number of jobs that offer no (or limited) insurance benefits such as :**
 - Part-time jobs and seasonal jobs are less likely to include health insurance coverage.
 - Certain industries; e.g. retail trade, that hire mainly part-time workers may not offer health insurance.
- **Business Establishments size and number**
 - **Small business establishments (less than 50 workers) are less likely to provide health insurance.**
 - Over 94% of all business establishments in Nevada have between 1 and 49 workers and employ about 49% of all workers (U.S. Census Bureau, County Business Patterns).
 - Over 54% of Nevada business establishments have only 1 to 4 workers
 - These types of establishments are less likely to offer health insurance and workers are less likely to take the coverage, if offered.

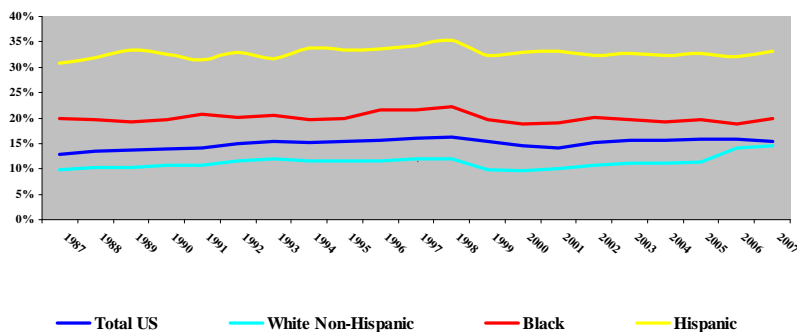
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

25

Uninsured Trends in the U.S. *Composition by Race and Hispanic Origin*

Note that there are NO REAL CHANGES in the rate of insurance coverage within race and Hispanic categories.



Source: U.S. Census Bureau, Current Population Survey, Health Insurance Coverage, Historical Tables,

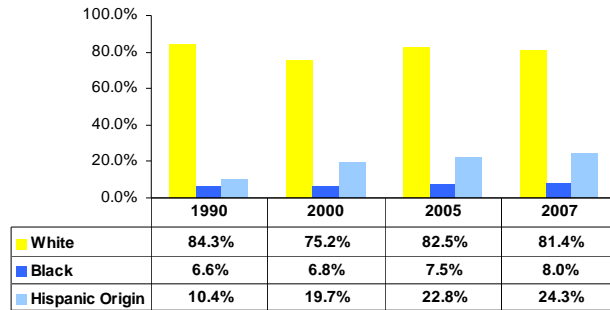
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

26

Population Trends - Composition of Nevada's Population 1990, 2000 and 2005*

The increase in the Hispanic population continues the trend started in 2000. There is no evidence that the growth will not continue.



*Source: U.S. Census Bureau, 1990 and 2000 Censuses, 2005 and 2007 estimates

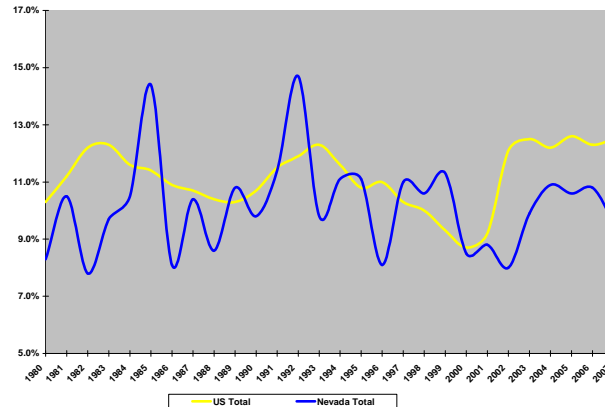
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

27

Poverty Trends ~~ Nevada Compared to the U.S.

The percentage of people in poverty continued to decline staying well below the federal level.



Source: U.S. Census Bureau, Current Population Survey, Official Poverty Estimates.

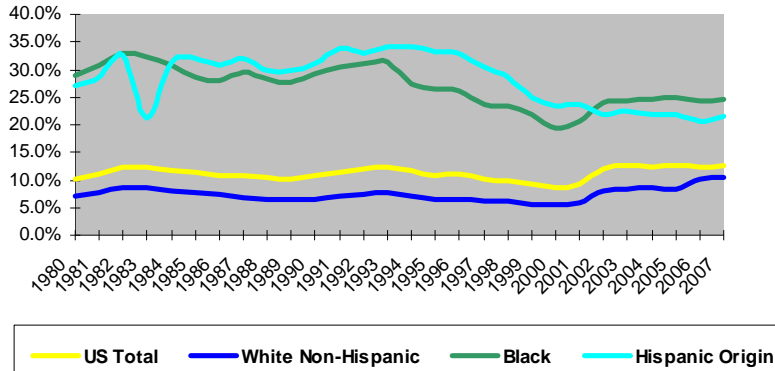
2/9/2009

Decision Analytics.
<demogecon@comcast.net>

28

Poverty Trends in the U.S. Composition by Race and Hispanic Origin

Note the percentage of Hispanics in poverty is trending down slightly while blacks and white-non-Hispanic has trended upward slightly.



Source: Official Poverty Estimates, Current Population Survey, U.S. Census Bureau.

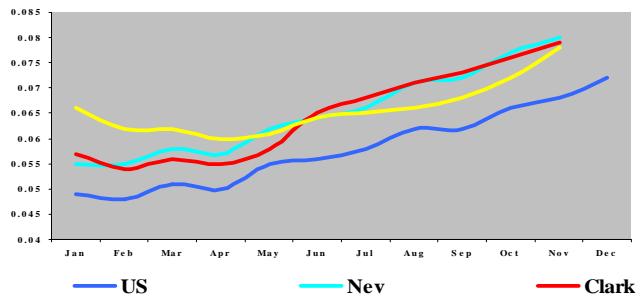
2/9/2009

Decision Analytics.
<demoscon@comcast.net>

29

Unemployment Trends Nevada, Las Vegas MSA, Reno MSA versus the Total U.S.

In the last 12 months there has been a DRAMATIC increase in the unemployment rate. This trend is expected to continue.



Source: Annual Average: U.S. Bureau of Labor Statistics (BLS), 2006.

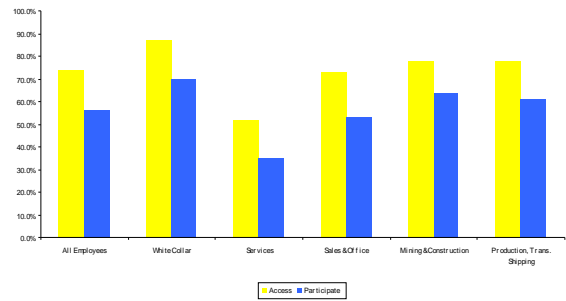
2/9/2009

Decision Analytics.
<demoscon@comcast.net>

30

Workers' Access to and Participation in Company-Sponsored Health Insurance Plans ~ by Type of Worker

The participation drop looks about the same no matter the type of worker. Services show the lowest access rate – about ½ the rate for white collar workers.



Source: Bureau of Labor Statistics, National Compensation Survey, 2008

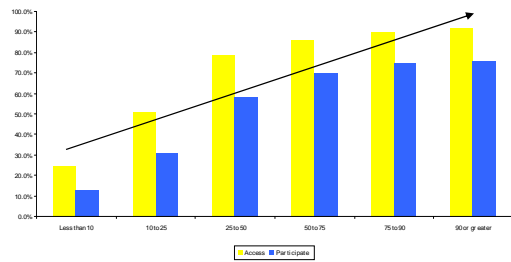
2/9/2009

Decision Analytics.
<demoscon@comcast.net>

31

Access to and Participation in Health Care Plans by Establishment Size

Measured by the number of workers, the larger the firm, the more likely they are to offer health insurance.



Source: Bureau of Labor Statistics, National Compensation Survey, 2008

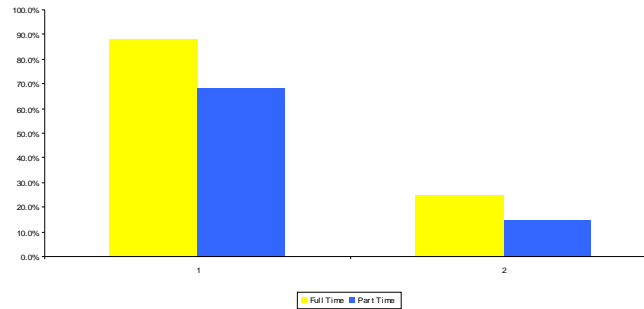
2/9/2009

Decision Analytics.
<demoscon@comcast.net>

32

Comparison of Full-Time versus Part-Time Workers Health Care Access and Participation

Nothing illustrates the plight of the part-time worker more clearly. The Bureau of Labor Statistics released a study that shows that the rate of involuntary part-time work is on the rise due to the weak economy – and this is likely to continue.



Source: Bureau of Labor Statistics, National Compensation Survey, 2008

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

33

What Can We Expect in the Future?

Implications for Nevada

- While the population eligible for government-sponsored assistance may be high in Nevada, indicators suggest they are not participating at the rate of U.S. participation. This may suggest the need for “outreach” programs such as Nevada Checkup.
- The number and percent of persons of Hispanic origin has grown dramatically from 1990 to 2000 AND all indicators are that this group continues to grow.
 - .Hispanics are *three times less likely* to have health care coverage.
 - White-non-Hispanics are becoming a lower percentage of the population and they are the most likely to be insured.
- There is great uncertainty in the economy.
 - Poverty continues to be a persistent problem -- blacks increased their share while Hispanics decreased.
 - Unemployment has increased dramatically.
 - Participation in employment-sponsored health insurance continues to decline and access and participation differs greatly by size of firm and full-time and part-time workers.
- **Conclusion: All trend indicators show and we continue to say that the uninsured will remain a persistent problem in the future without intervention – especially in a weakening economy!!!**

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

34

For Further Reading . . .

- Bhandari, S. (February, 2006), "Health Insurance, Health Status, and Health Services Utilization: 2001, U.S. Census Bureau.
- Bhandari, S. (December, 2002). "Employment-Based Health Insurance: 1997." U.S. Census Bureau, Household Economic Studies, P70-81.
- Bureau of Labor Statistics, (2006), National Compensation Survey, U.S. Department of Labor.
- Bureau of Labor Statistics. (2002) Labor Force Statistics from the Current Population Survey. U.S. Department of Labor.
- Bureau of Labor Statistics. (2000, 2002) Employee Benefits Survey. U.S. Department of Labor.
- Dubay, L. Hill, I. and Kenney, M. (October 1, 2002). "Five Things Everyone Should Know About SCHIP." Urban Institute.
- Judson, D., Popoff, C. and Fadali, B. (2001) "Measuring the Number of People Without Health Insurance: A Test of the Synthetic Methods Approach Using SIPP Microdata." Presented at the 2001 meeting of the Federal Committee of Statistical Methodology in November, 2001, Washington, D.C.,
- Judson, D., Popoff, C., Fadali, B. and McArthur, K. (2000). "Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninsured." Presented to Great Basin Primary Care Association, April 18, 2000, Carson City, Nevada.
- Loomis, L. (July 25, 2000). "Report on Cognitive Interview Research Results for Questions on Welfare Reform Benefits and Government Health Insurance For the March 2001 Income Supplement to the CPS." U.S. Census Bureau, Center for Survey Methods Research, Statistical Research Division.
- Mills, R. (September, 2002). "Health Insurance Coverage: 2001." U.S. Census Bureau, Current Population Reports, P60-220.
- Nelson, C. and Mills, R. (August, 2001). "The March 2001 Health Insurance Verification Question and Its Effects on Estimates of the Uninsured." U.S. Bureau of the Census, Housing and Household Economic Statistics Division.
- Pascale, J. (June 27, 2002). "A Quantitative and Qualitative Assessment of the Data Quality of Health Insurance Measurement Methodologies." U.S. Census Bureau, Unpublished report.
- Proctor, B. and Dalaaker, J. (September, 2002) "Poverty in the United States: 2001." U.S. Census Bureau, Current Population Reports, P60-219.
- Sigmund, C., Popoff, C. and Judson, D. (1999). "A system for Synthetic Estimates of Health-Related Characteristics: Linking a Population Survey with Local Data." Presented at the annual Population Association Meeting, New York, March, 1999.

2/9/2009

Decision Analytics.
<demogecon@comcast.net>

35