



# ASPE RESEARCH NOTES

INFORMATION FOR DECISION MAKERS

FOCUS ON: *Insurance*

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## MARCH 1993 CURRENT POPULATION SURVEY RE-BENCHMARKED ON 1990 CENSUS

The March 1993 Current Population Survey (CPS) was originally benchmarked on the 1980 Census of Population. The March 1994 CPS was benchmarked on the 1990 Census. In order to interpret the changes between the two surveys, Census also re-benchmarked the March 1993 CPS. Having one survey benchmarked on the two decennial censuses allows a look at the effects of benchmarking on the health insurance statistics produced by the survey.

Benchmarking is a process by which the weighted sums from the CPS are made to be consistent with projections of similar sums from the latest available decennial census. The population weights average approximately 1600. This means that on average each person record in the CPS "stands for" 1600 persons in the population. Use of the person weights causes the CPS to produce numbers of persons approximately equal to the actual number in the nation.

The 1990 benchmark differs from the 1980 in one other important way. The 1990 Census totals were adjusted by age, sex, and race for the estimated Census undercount. After each of the last several censuses, Census personnel have done post-census surveys and examined other sources of information on the size of the population by characteristic and made estimates of the number of persons missed by the Census for any number of reasons. These missed persons tend to be single, young, and non-Caucasian or Hispanic.

	Benchmark		Increase
	1980	1990	
Employer-Sponsored Insurance	148.2	148.8	0.6
Non-group	32.6	32.7	0.1
All Private	180.8	181.5	0.7
Medicare	33.7	33.2	-0.5
Medicaid	28.6	29.4	0.8
Champus, VA	9.5	9.5	0
Insured	216.8	218.2	1.4
Uninsured	37.4	38.6	1.2
Total	254.2	256.8	2.6

**SOURCE:** ASPE Tabulations.  
**NOTE:** Persons with more than one kind of insurance are included more than once.

	Increase In Millions
Hispanic	2.9
Non-Hispanic:	
White	-1.4
Black	0.4
Other	0.6

**SOURCE:** ASPE Tabulations.

Table 1 shows the results for health insurance coverage of benchmarking to the 1990 rather than the 1980 Census. The total population increased by 2.6 million (about 1%). The increase in population was divided approximately equally between persons with health insurance (1.4 million) and uninsured persons (1.2 million). As a percentage, however, this was an estimated 1% increase in the number of insured, but a 3% estimated increase in the number of uninsured.

The increase in the number of insured persons was about equally divided between persons covered by private health insurance (0.7 million) and those covered by Medicaid (0.8 million). The uninsured tend to be poor. Medicaid recipients are poor by definition. One reason for the increase in the number of the uninsured and in the number of Medicaid recipients was that the number of persons in poverty increased dramatically by 1.1 million of the 2.6 million total increase. Thus 44% of the increased population was poor.

Benchmarking is done on the basis of age, sex, and race where race includes Hispanic origin, but it also involves marital status. The CPS weights are constructed as the inverse of the sampling fraction and adjusted for non-response. Then these weights are summed for females and adjusted until they sum to the female benchmark--the number in each age/race category in the last Census projected forward to the year in question. For married couples, the weight of the male spouse is then set equal to the adjusted weight of his wife. Finally, the weights for unmarried males are adjusted until the total number of males in each age/race class is equal to the male benchmark. These weights are then used to tabulate persons by characteristic.

The number of Medicare recipients fell by half a million as a result of the new weights. Most Medicare recipients have either Medicare alone or Medicare in combination with private insurance or Medicaid. The decrease in the number of Medicare recipients coupled with the increases in the numbers of persons with private insurance and with Medicaid suggests that the decrease in the number of persons with Medicare came about mainly among persons who had Medicare only.

One clue to the reason re-benchmarking increased the number of uninsured and Medicaid recipients so much may be that Hispanics grew by 2.9 million persons. Black non-Hispanics also increased by 400,000 persons. Persons of other races rose by 600,000 persons. White non-Hispanics actually fell by 1.4 million. The net effect was the 2.6 million increase in the population.

TABLE 3: Percent Uninsured by Race and Ethnicity	
Hispanic	33%
Non-Hispanic:	
White	14%
Black	20%
Other	20%
<b>SOURCE:</b> ASPE Tabulations.	

White non-Hispanics have by far the greatest incidence of health insurance coverage. Hispanics, especially those with low incomes, tend to be uninsured if they live in Texas or elsewhere in the southwest. They tend to be on Medicaid if they live in the northeast or in large Midwestern cities. The decrease in the number of White non-Hispanics and the large increase in the number of Hispanics brought about by the introduction of the new weights must have been important in increasing the number of uninsured persons and in the number of persons with Medicaid.

Hispanics are younger than other groups in the population. Thus other clues to the reason that re-weighting caused such a large increase in the uninsured and Medicaid populations may be gained by looking at the age distribution of the increase in population. Approximately 1.6 million of the increased population was among children under age 18. An additional 1.4 million were aged 18-24 and an additional 0.9 million

were aged 25-44. Persons above age 44 actually declined by 1.3 million. Persons older than age 44 are less likely to be in poverty, to be in Medicaid, or to be uninsured.

The largest increases in population tended to be among relatively young persons--children under 18, persons in the prime childbearing years (age 18-24), and among the other age groups most likely to have children at home--persons aged 35-44. These age groups are most likely to be covered by Medicaid or to be uninsured. While not shown in the table, of persons under age 44, 31% are uninsured or are covered by Medicaid. Of older persons, only 16% are uninsured or are covered by Medicaid.

TABLE 4: Re-Weighting the March 1993 CPS: Differences by Age (millions of persons)	
Age	Increase
Under 18	1.6
18-24	1.4
25-34	0.5
35-44	0.4
45-54	-0.2
55-64	-0.7
65+	0.4
<b>SOURCE:</b> ASPE Tabulations.	

Thus it is easy to see how the large increases in the numbers of young persons and of persons of Hispanic descent brought about major increases in the number of persons uninsured or with Medicaid coverage. Similarly the decreases in the number of older White non-Hispanic persons must have contributed to the decline in the numbers of persons shown on the file with Medicare coverage.

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