

# Impact of the Affordable Care Act on health insurance coverage and healthcare utilization among construction workers

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The Patient Protection and Affordable Care Act (PPACA) or the Affordable Care Act (ACA) was signed into law by President Obama in 2010. The goal of the ACA is to give more Americans access to affordable, quality health insurance and to reduce the growth in U.S. healthcare spending (ObamaCare Facts, 2015). Under the ACA, many regulations and options have been put into place (see timeline below), including the new Small Business Health Options Program for small employers (< 50 employees), and tax penalties for individuals without health insurance (Transamerica Center for Health Studies, 2015).

This Quarterly Data Report examines the impact of the ACA by analyzing health insurance coverage and healthcare utilization among construction workers throughout the last decade using nationally representative survey data.

## 2010

- President Obama signed the Affordable Care Act
- Small businesses receive health insurance tax credits for providing insurance benefits to workers
- Providing free preventive care
- Providing access to insurance for uninsured Americans with pre-existing conditions

## 2013

- Open enrollment in the Health Insurance Marketplace begins

## 2014

- Health insurance required for all Americans
- Penalty for those without health insurance



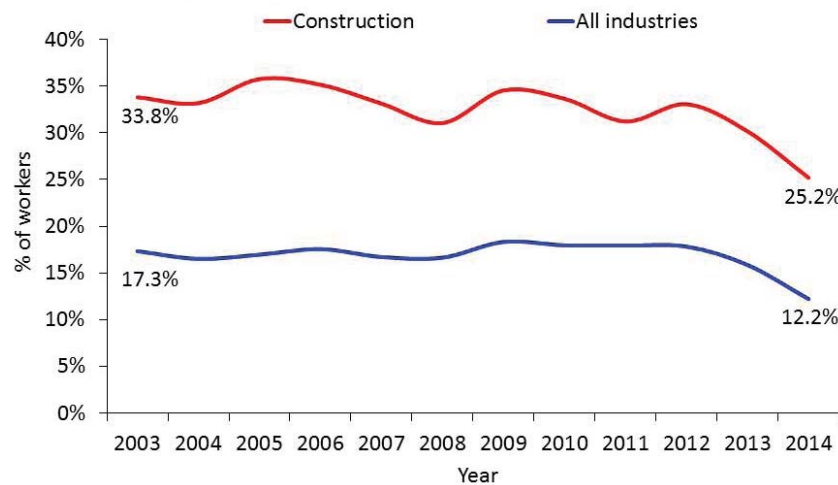
## KEY FINDINGS

- In 2014, the uninsured rate in construction reached a historically low level at 25.2%, but remained the highest among major industries.
- Between 2009 and 2014, the proportion of uninsured among Hispanic construction workers dropped from 66.3% to 46.3%.
- Employment-based health insurance coverage changed little for construction industries between 2009 and 2014.
- The proportion of workers with self-purchased insurance increased by more than 40% since the launch of the Health Insurance Marketplace in 2013.
- The difficulty of finding affordable health insurance for those who purchased health insurance directly, diminished from 39.4% in 2011 to 22.5% in 2014.

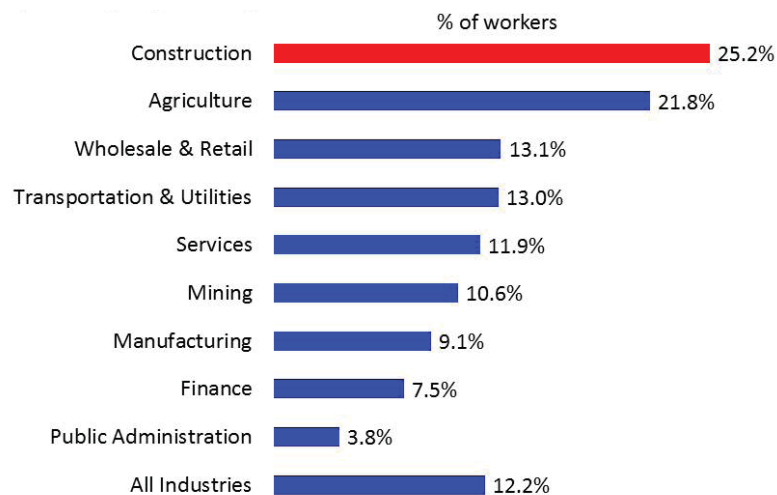
## SECTION 1: Trends of health insurance coverage

Overall, construction workers were more likely to be uninsured than workers in all industries combined. Between 2003 and 2013, more than 30% of construction workers were uninsured, while an average of 17% of all workers lacked health insurance during this time period (Chart 1). In 2014, the percentage of uninsured workers in construction reached a historically low level (25.2%), corresponding to the ACA mandate that required all Americans to have health insurance by then. Even so, the uninsured rate in construction remained the highest among all major industries in 2014, and was more than twice that for all industries on average (Chart 2).

**1. Percentage of workers who were uninsured, construction vs. all industries, 2003-2014**  
(All employment\*)



**2. Percentage of workers who were uninsured, by major industry, 2014**  
(All employment\*)



\*All employment includes wage-and-salary workers and the self-employed.

Source: Chart 1 - 2004-2015 March Supplement to the Current Population Survey. Calculations by the authors.

Source: Chart 2 - 2015 March Supplement to the Current Population Survey. Calculations by the authors.

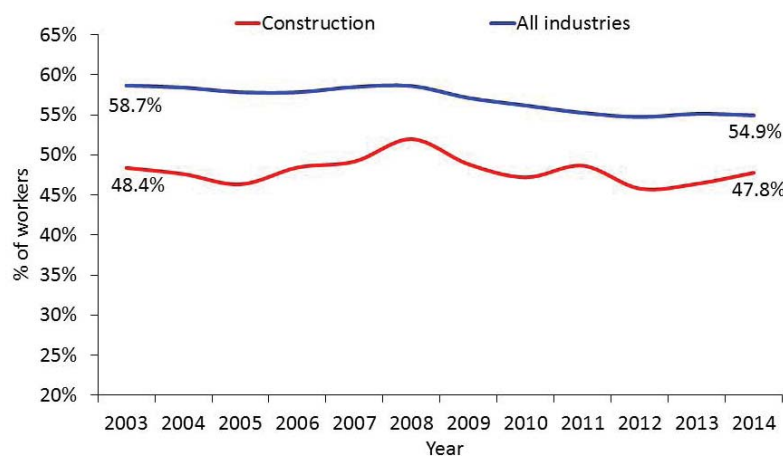
Section 1: Trends of health insurance coverage

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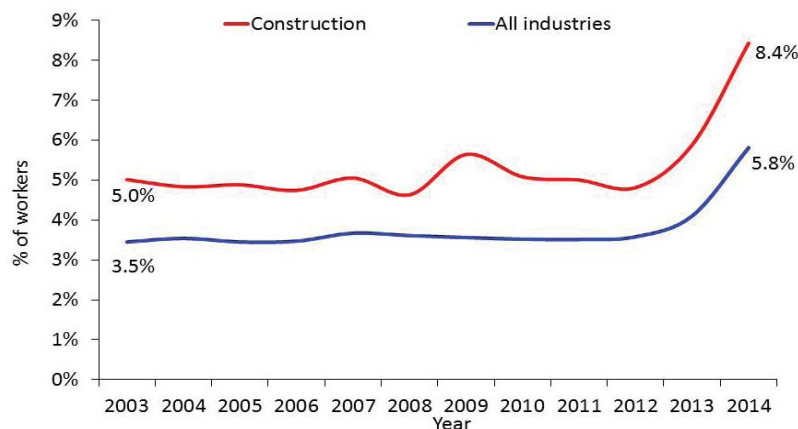
Among wage-and-salary workers, the rate of employment-based health insurance in construction was consistently lower than all industries. However, in recent years the rate in construction was relatively flat but declined for all industries (Chart 3).

Over the past decade, only a small proportion of workers had self-purchased health insurance; somewhat higher for construction than for all industries (5.1% vs. 3.6% on average from 2003-2013; Chart 4). Under the ACA, Americans who did not have access to health insurance coverage through a job or government programs could buy health insurance through the Health Insurance Marketplace beginning in October 2013; most Americans without health insurance coverage for 2014 were required to pay a penalty on their Federal income tax. As a result, 2014 saw a spike in self-purchased health insurance for both construction and all industries—up more than 40% compared to 2013.

**3. Percentage of workers who had employment-based insurance, construction vs. all industries, 2003-2014 (Wage-and-salary workers)**



**4. Percentage of workers who had self-purchased insurance, construction vs. all industries, 2003-2014 (All employment\*)**



\*All employment includes wage-and-salary workers and the self-employed.  
 Source: 2004-2015 March Supplement to the Current Population Survey. Calculations by the authors.

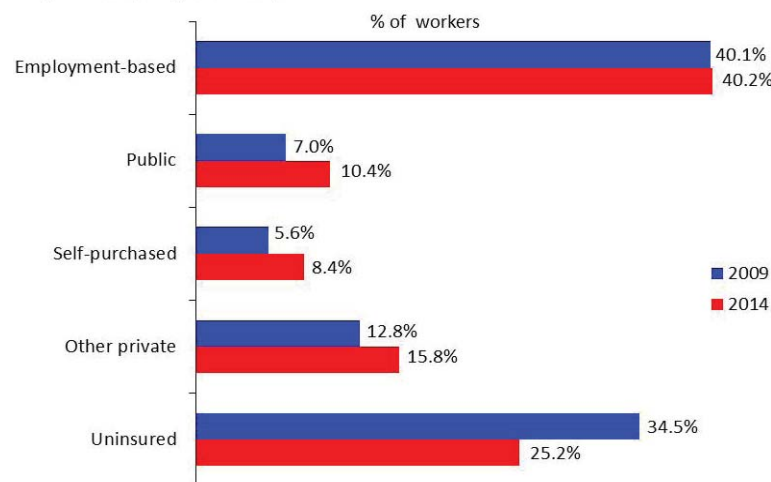
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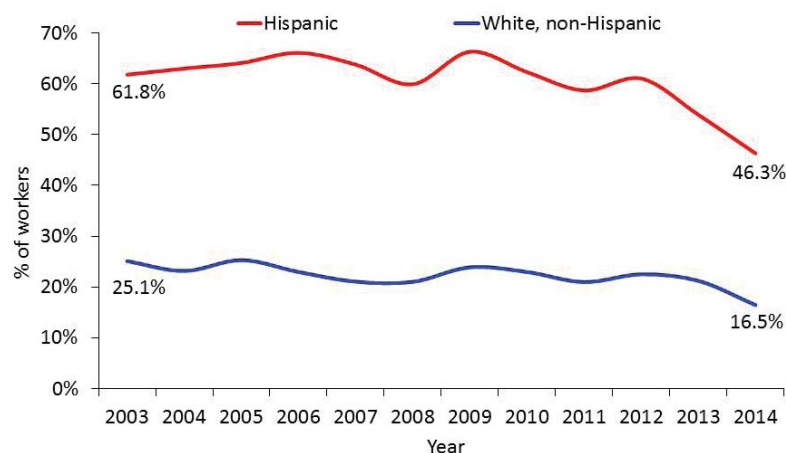
The impact of the ACA was clear when comparing types of health insurance in 2009 and in 2014. Although employment-based insurance coverage for construction workers remained the same, the uninsured rate in construction declined from 2009 to 2014. This drop was mainly attributed to the increase in self-purchased health insurance and public insurance (Chart 5).

Following the overall trend in construction, the uninsured rate among Hispanic construction workers dropped from 66.3% in 2009 to 46.3% in 2014, a 30% decrease since the inception of the ACA (Chart 6). However, disparities still exist between Hispanic and white, non-Hispanic construction workers. Compared to 16.5% of their white, non-Hispanic counterparts, the uninsured rate among Hispanic construction workers nearly tripled.

**5. Types of health insurance coverage among construction workers, 2009 vs. 2014 (All employment\*)**



**6. Percentage of construction workers who were uninsured, Hispanic vs. white, non-Hispanic, 2003-2014 (All employment\*)**



\*All employment includes wage-and-salary workers and the self-employed.

Source: Chart 5 - 2010 and 2015 March Supplement to the Current Population Survey. Calculations by the authors.

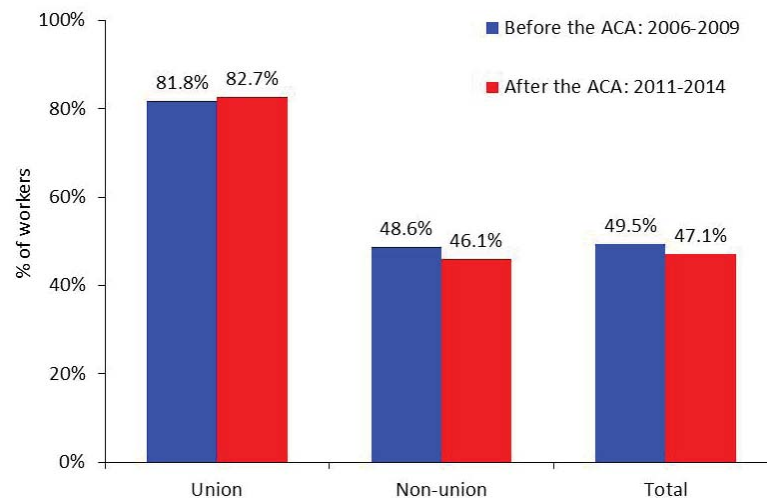
Source: Chart 6 - 2004-2015 March Supplement to the Current Population Survey. Calculations by the authors.

Section 1: Trends of health insurance coverage

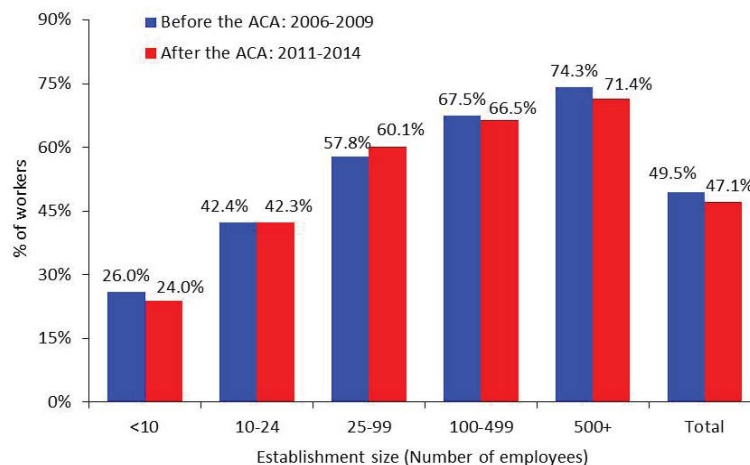
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Unionized construction workers were more likely to have health insurance coverage than their non-unionized counterparts, before and after the ACA. Between 2011 and 2014, 82.7% of union workers had employment-based health insurance, while 46.1% of non-union workers had such coverage (Chart 7). Construction workers employed by small firms were less likely to receive health insurance from their employer than those who worked at large firms; this trend did not change much after the ACA. However, among employers with 100 or more employees, lower insurance coverage after the ACA was observed (Chart 8).

**7. Employment-based health insurance coverage in construction, by union status, before vs. after the ACA (Wage-and-salary workers)**



**8. Employment-based health insurance coverage in construction, by establishment size, before vs. after the ACA (Wage-and-salary workers)**



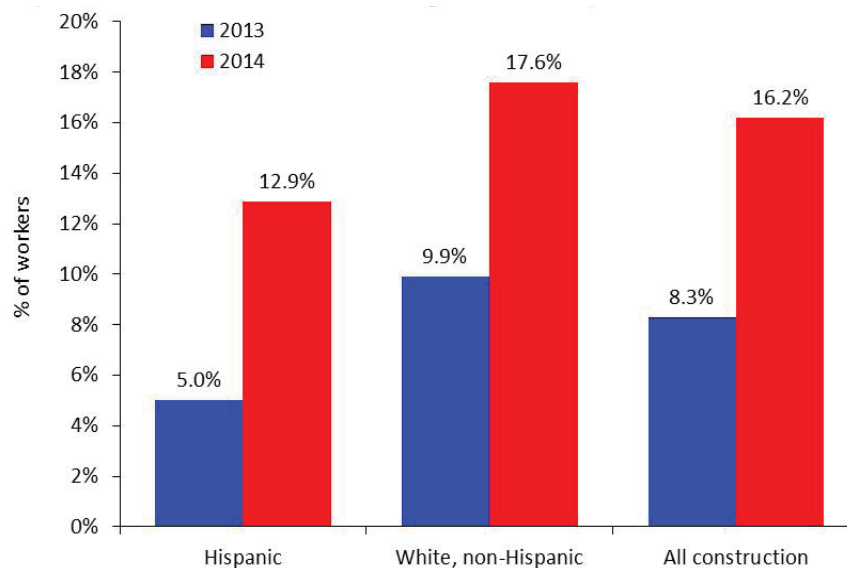
Source: 2007-2015 March Supplement to the Current Population Survey. Calculations by the authors.

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## SECTION 2: Health insurance purchase experiences

During the first two years of the Health Insurance Marketplace, more and more Americans sought to purchase health insurance for themselves. In 2014, 16.2% of construction workers aged 18 to 64 tried to purchase health insurance through the Marketplace, nearly double the percentage in 2013 (8.3%; Chart 9). Among Hispanic construction workers, about 13% tried to purchase health insurance through the Marketplace in 2014, compared to only 5% in 2013.

### 9. Tried to purchase health insurance coverage through the Health Insurance Marketplace, 2013 vs. 2014 (Construction workers aged 18-64)

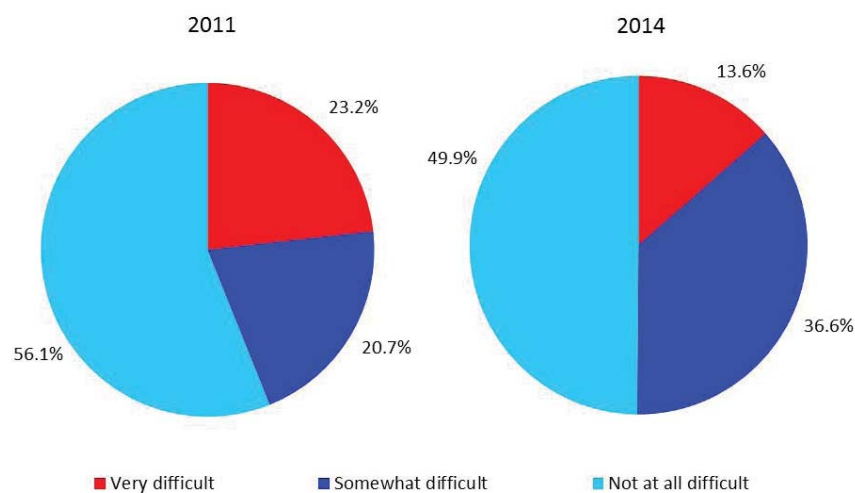


Question: *Have you looked into purchasing health insurance coverage through the Health Insurance Marketplace?*

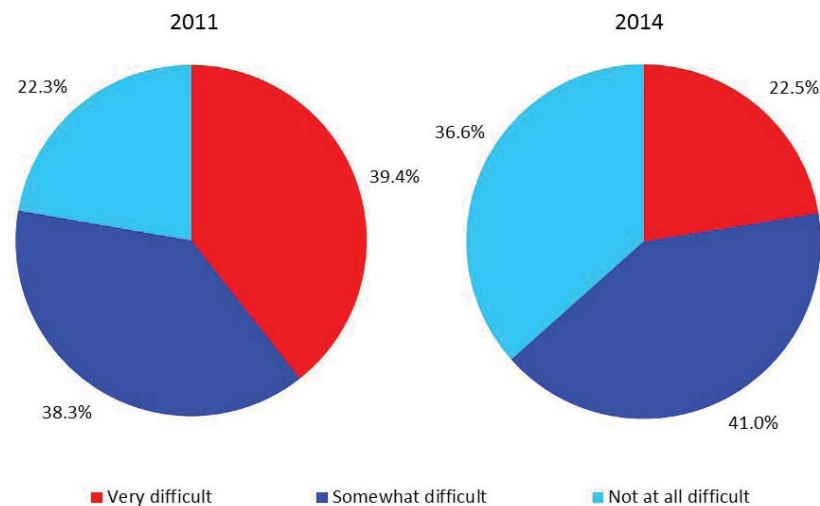
Source: 2013 and 2014 National Health Interview Survey. Calculations by the authors.

Information on health insurance purchase experiences was collected in recent years. When the respondents were asked about their health insurance purchasing experience in the past three years, among construction workers who purchased health insurance directly, 23.2% reported that in 2011 it was very difficult to find coverage during the previous three years, but only 13.6% reported such difficulty in 2014 (Chart 10). The difficulty of finding affordable health insurance also diminished for those who purchased health insurance directly; 39.4% responded “very difficult” in 2011, while the percentage dropped to 22.5% in 2014 (Chart 11).

**10. Difficulty level of finding health insurance in the past three years among those who purchased health insurance directly, 2011 vs. 2014 (Construction workers)**



**11. Difficulty level of finding affordable health insurance in the past three years among those who purchased health insurance directly, 2011 vs. 2014 (Construction workers)**



Question: Chart 10 - How difficult was it to find a plan with the type of coverage you needed in the past three years?

Question: Chart 11 - How difficult was it to find a plan you could afford in the past three years?

Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

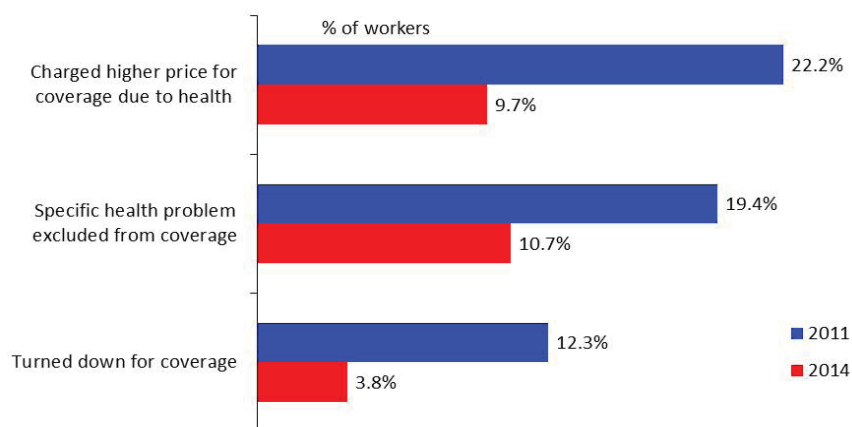
Section 2: Health insurance purchase experiences

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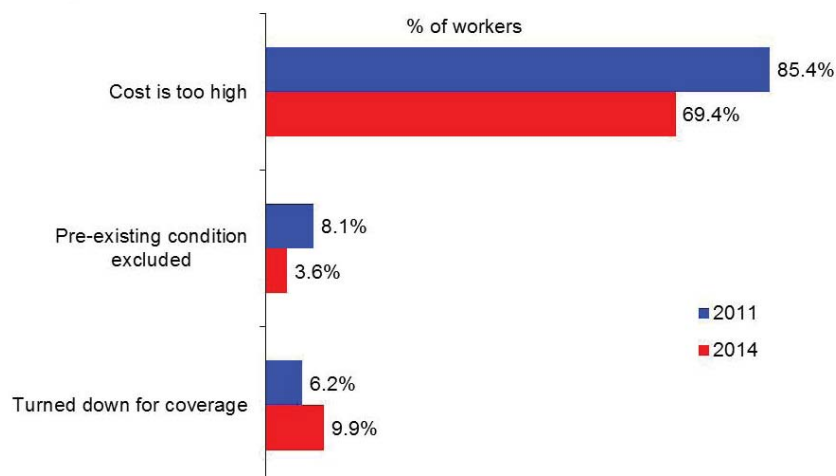
Fewer construction workers reported that they were charged a higher price for coverage due to their health, excluded from coverage due to a specific health problem, or turned down for coverage in 2014 than in 2011 (Chart 12).

For those who tried but did not purchase health insurance, the top reason was that the cost was too high. However, the percentage of those who gave this reason dropped from 85.4% in 2011 to 69.4% in 2014 (Chart 13).

**12. Health insurance purchase experience in the past three years among those who purchased health insurance directly, 2011 vs. 2014 (Construction workers)**



**13. Reasons for not buying health insurance in the past three years among those trying to purchase health insurance directly, 2011 vs. 2014 (Construction workers)**



Questions: Chart 12 - Did any company charge a higher price because of (your/your family's) health in the past three years?

Did any company exclude a specific health problem from the coverage in the past three years?

Did any company turn you down when you tried to buy coverage on your own in the past three years?

Question: Chart 13 - Why did you not buy the plan?

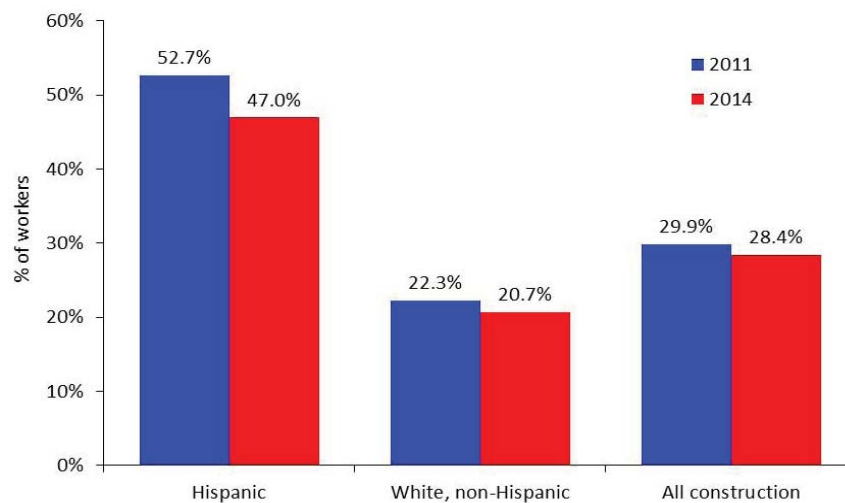
Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.



### SECTION 3: Healthcare utilization

Health insurance and healthcare utilization are correlated. In response to the survey question: “Is there a place you usually go to when you are sick or need advice about your health<sup>1</sup>?”, the response remained similar for construction workers overall between 2011 and 2014, but the difference was more pronounced for Hispanics. The percentage of Hispanic construction workers who had no usual place to receive care when sick dropped from 52.7% in 2011 to 47.0% in 2014 (Chart 14). Despite this decrease, disparities between Hispanic and white, non-Hispanic construction workers persist. In 2014, the proportion of Hispanic construction workers who reported that they did not have a usual place for care was more than double the percentage for their white, non-Hispanic counterparts (47.0% vs. 20.7%).

14. Percentage of construction workers who had no usual place to receive care when sick, 2011 vs. 2014



<sup>1</sup>As used in the National Health Interview Survey, the term “a usual place to receive care” includes doctors’ offices, clinics, outpatient departments, emergency rooms, and any other health care location mentioned by the respondent.

Question: *Is there a place that you USUALLY go to when you are sick or need advice about your health?*

Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

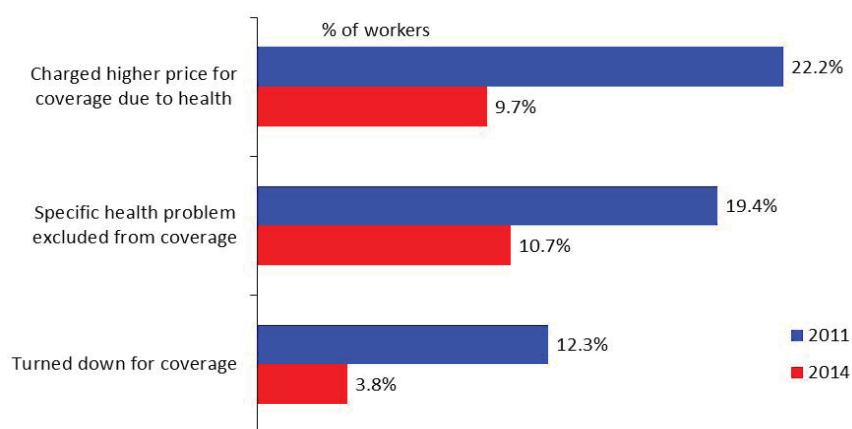
## Section 3: Healthcare utilization

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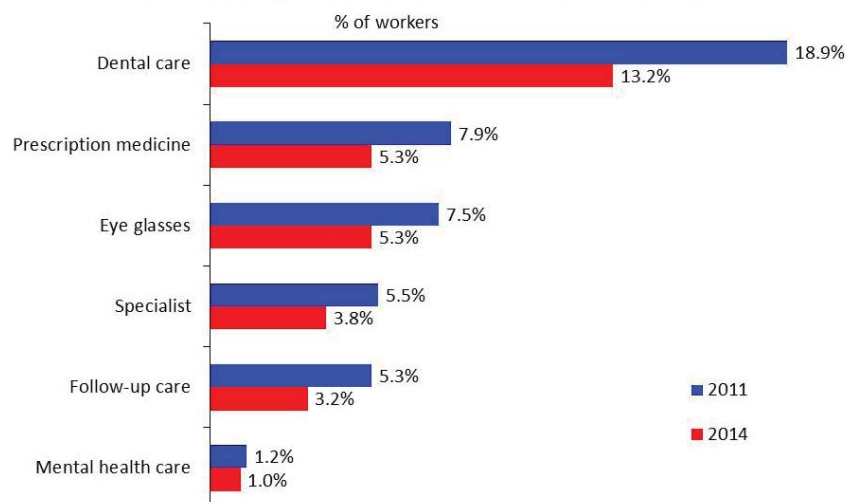
In general, healthcare utilization among construction workers increased between 2011 and 2014. About 57% of construction workers had seen or talked with a general doctor<sup>2</sup> about their health in 2014, 16% higher than the percentage in 2011 (49.5%; Chart 15).

In addition, fewer construction workers could not afford healthcare they needed in 2014 compared to 2011. For example, nearly 20% of construction workers reported they could not afford dental care in 2011, but the percentage dropped to 13% in 2014 (Chart 16).

### 15. Type of healthcare utilization in the past 12 months among construction workers, 2011 vs. 2014



### 16. Type of healthcare needed, but could not afford in the past 12 months among construction workers, 2011 vs. 2014



<sup>2</sup>A doctor in general practice, family medicine, or internal medicine.

Question: Chart 15 - DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

Question: Chart 16 - DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

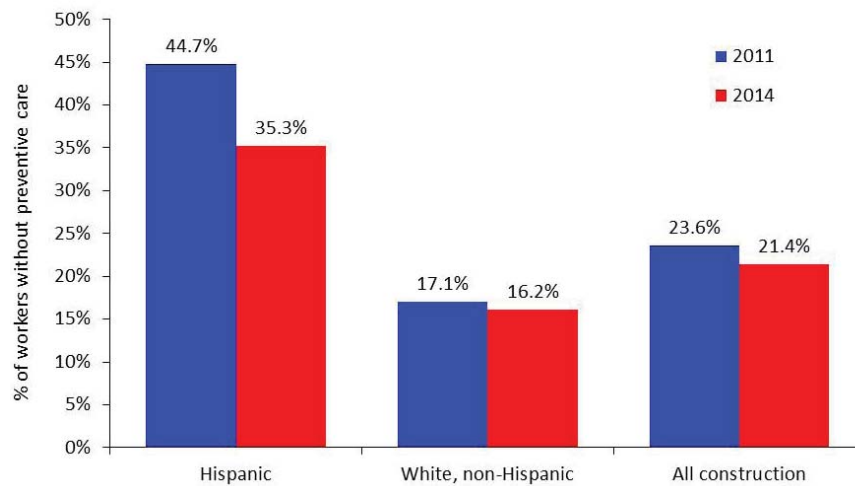
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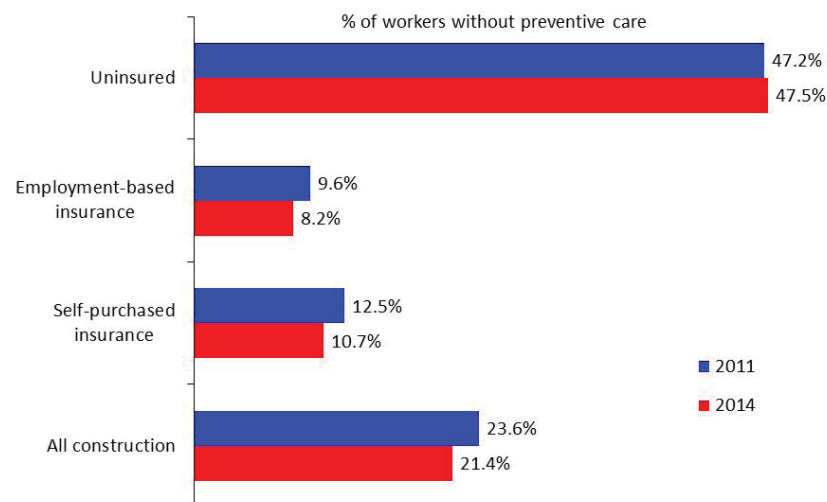
The percentage of construction workers who did not receive preventive care of any kind (e.g., a physical examination or a check-up) decreased slightly between 2011 and 2014 (Chart 17). The drop was significant among Hispanic construction workers (from 44.7% to 35.3%), while there was no meaningful change among white, non-Hispanic construction workers.

When stratified by type of health insurance coverage, there was no change in receipt of preventive care for uninsured workers between 2011 and 2014; nearly half of uninsured workers lacked preventive care in both years (Chart 18).

**17. Percentage of construction workers who did not receive preventive care of any kind, by Hispanic ethnicity, 2011 vs. 2014**



**18. Percentage of construction workers who did not receive preventive care of any kind, by insurance coverage, 2011 vs. 2014**



Question: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

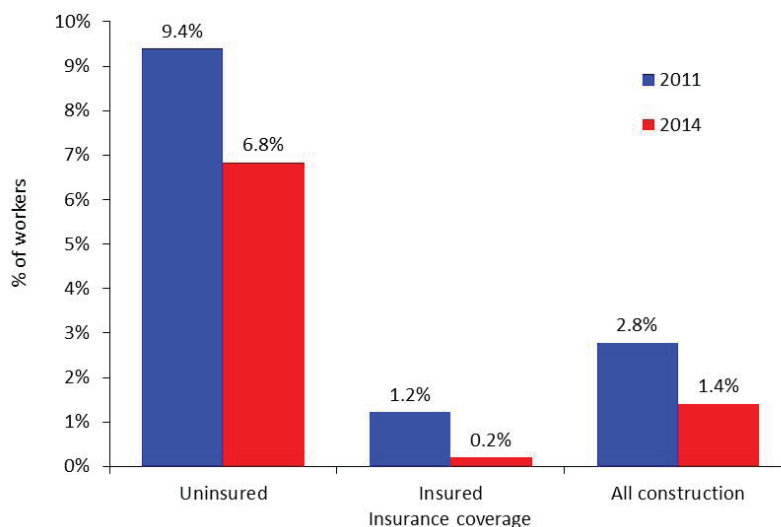
Section 3: Healthcare utilization

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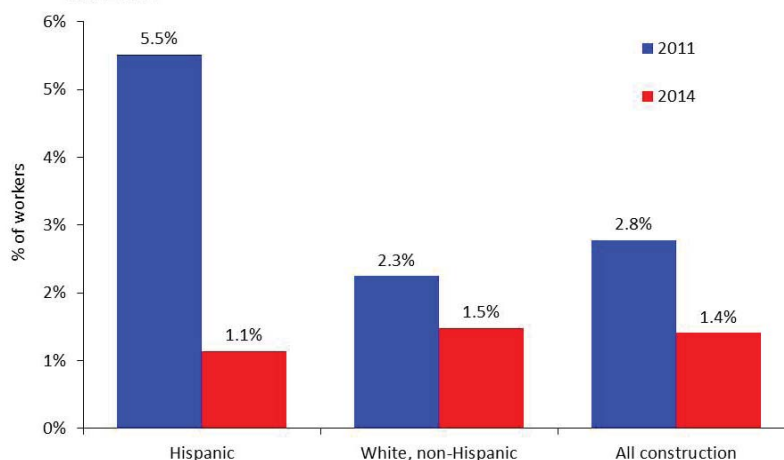
Since emergency rooms are often the only place for people without insurance to receive treatment, uninsured construction workers used an emergency room as their primary source for healthcare more often than their insured counterparts. Nearly 10% of uninsured construction workers in 2011 and almost 7% in 2014 relied mostly on emergency rooms for treatment when sick (Chart 19).

Overall, the percentage of construction workers who used a hospital emergency room dropped 50%—from 2.8% in 2011 to 1.4% in 2014 (Chart 20). More significant changes were found among Hispanic workers, dropping nearly 80% over the same time period (5.5% vs. 1.1%), similar to the use by white, non-Hispanic construction workers in 2014.

**19. Percentage of construction workers who used a hospital emergency room as their primary source for treatment, by insurance coverage, 2011 vs. 2014**



**20. Percentage of construction workers who used a hospital emergency room for treatment, by Hispanic ethnicity, 2011 vs. 2014**



Question: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

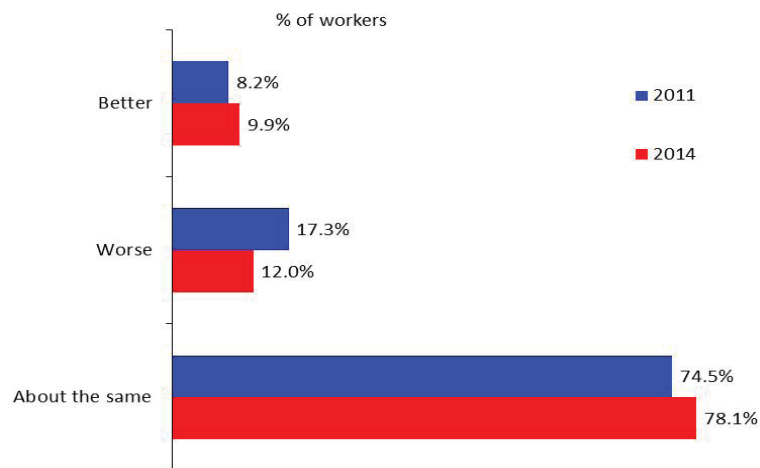
Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

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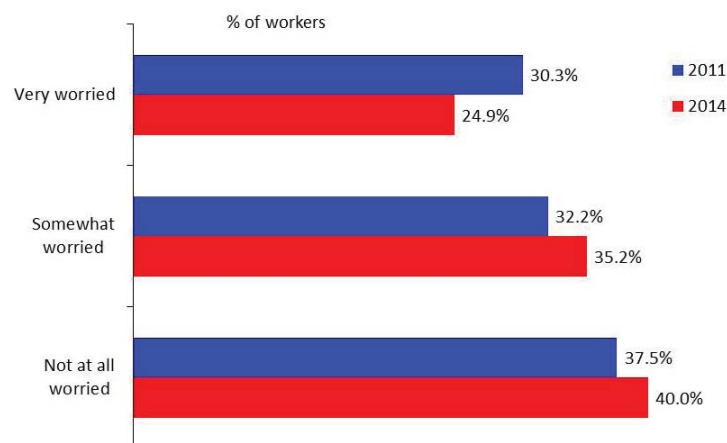
## SECTION 4: Perception of health insurance coverage and healthcare utilization

Information on perception of health insurance coverage and healthcare utilization was collected between 2011 and 2014 in the data sources used for this report. When asked to compare their current health insurance coverage with a year ago, most construction workers reported it was about the same, while the percentage of construction workers who thought their coverage was worse than a year ago decreased from 17% in 2011 to 12% in 2014 (Chart 21). In addition, construction workers were less likely to report that they were very worried about paying a medical bill if they become sick or have an accident in 2014 than in 2011 (25% vs. 30%; Chart 22).

### 21. Construction workers' perception of health insurance coverage compared to a year ago, 2011 vs. 2014



### 22. Worried about paying medical bills following sickness or accident among construction workers, 2011 vs. 2014



Question: Chart 21 - In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

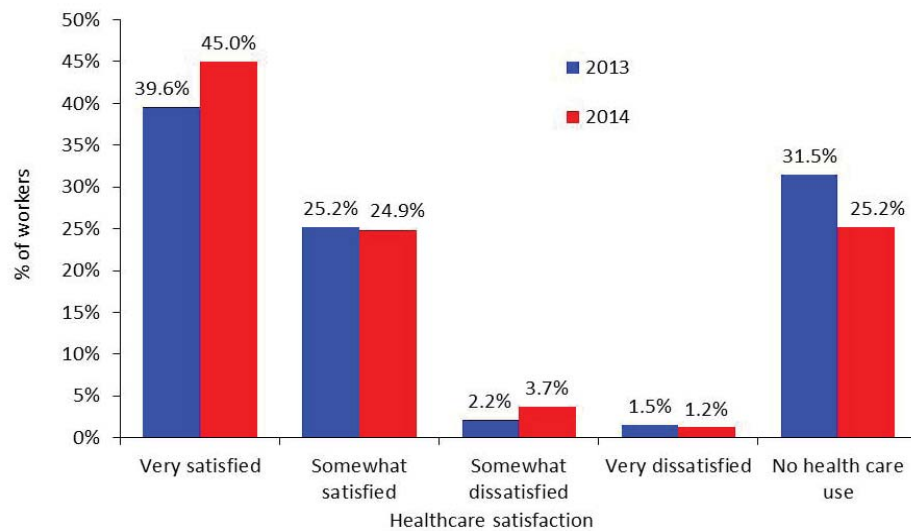
Question: Chart 22 - If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

Source: 2011 and 2014 National Health Interview Survey. Calculations by the authors.

## Section 4: Perception of health insurance coverage and healthcare utilization Fourth Quarter 2015

In 2013, the National Health Interview Survey began asking respondents about their satisfaction with healthcare over the past year. Nearly half (45%) of construction workers were very satisfied with their healthcare in 2014, while about two in five were very satisfied in 2013 (Chart 23). The percentage of construction workers who did not use healthcare also decreased from 32% in 2013 to 25% in 2014. These changes correspond with the health insurance mandate for 2014 and the launch of the Health Insurance Marketplace.

### 23. Satisfaction with healthcare in the past 12 months among construction workers, 2013 vs. 2014



Question: *In general, how satisfied are you with the health care you received in the past 12 months?*  
Source: 2013-2014 National Health Interview Survey. Calculations by the authors.

## Conclusion

Although the ACA is still in the early stages, millions of Americans are now receiving health insurance coverage that was previously unavailable to them. The percentage of workers who had self-purchased insurance grew by more than 40% between 2013 and 2014, which directly reflects the health insurance mandate for 2014. However, employment-based insurance coverage has changed little since smaller employers (< 50 employees) are not required to provide coverage under the ACA, and the requirements for larger employers are not in effect yet. Within construction, the proportion of uninsured workers dropped from one-in-three in 2010 to one-in-four in 2014. In addition, the ACA had a stronger impact on Hispanics than their white, non-Hispanic counterparts; Hispanics were more likely to receive preventive care and less likely to use hospital emergency rooms for treatment in 2014 compared to 2011. The difference was minimal for their white, non-Hispanic counterparts over the same time period. While the majority of construction workers in 2011 and 2014 perceived that their health insurance coverage was about the same as a year ago, the proportion who thought their coverage was worse dropped from 17% to 12%. The findings indicate that the ACA has made a measurably positive impact on health insurance coverage and healthcare utilization among construction workers.

## Data Sources

- US Census of Bureau, 2004-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).
- National Center for Health Statistics, 2011-2014 National Health Interview Survey.

## References

- Transamerica Center for Health Studies, 2015. Retrieved from <http://www.transamericacenterforhealthstudies.org/>. (Accessed December 2015).
- ObamaCare Facts: Facts on the Affordable Care Act, 2015. Retrieved from <http://obamacarefacts.com/obamacare-facts/> (Accessed December 2015).

## Definitions

**Health insurance coverage** in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage during the calendar year. For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or government insurance. The CPS ASEC defines private health insurance as a plan provided through an employer or a union and coverage purchased directly by an individual from an insurance company or through an exchange. Government health insurance includes federal programs such as Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military. In the CPS ASEC, people were considered “insured” if they were covered by any type of health insurance for all or part of the previous calendar year. They were considered uninsured if, for the entire year, they were not covered by any type of health insurance.

## About the CPWR Data Center

The CPWR Data Center is part of CPWR – The Center for Construction Research and Training. CPWR is a 501(c)(3) nonprofit research and training institution created by North America’s Building Trades Unions, and serves as its research arm. CPWR has focused on construction safety and health research since 1990. The Quarterly Data Reports – a series of publications analyzing construction-related data, is part of our ongoing surveillance project funded by the National Institute for Occupational Safety and Health (NIOSH).

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Please visit CPWR’s other resources to help reduce construction safety and health hazards:

Construction Solutions <http://www.cpwrconstructionsolutions.org/>

Construction Solutions ROI Calculator <http://www.safecalc.org/>

The Electronic Library of Construction OSH <http://www.elcosh.org/index.php>

Falls Campaign <http://stopconstructionfalls.com/>

Hand Safety <http://choosehandsafety.org/>

Work Safely with Silica <http://www.silica-safe.org/>

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