

## **CLOSING REMARKS:**

**Charles Nelson** [revised by the author on October 16, 2003]

I have been asked by the organizers to say a few words as we close this conference.

Yesterday, I am sure people learned more than they wanted to know about the current debate in the U.S. about how to best treat health care with regard to poverty measures -- whether it is better to include health needs in poverty thresholds or subtract health care expenses from income. But I think what that debate shows is that it is very important in the U.S. to have economic measures that are sensitive to health care changes. I imagine the U.S. is like most countries in this regard.

If you look at today's *Washington Post* article about the new health insurance coverage numbers that U.S. Census Bureau produced, you will see a couple of important findings. First, that the number of people without health insurance coverage was around 44 million in 2002, and that the number of uninsured in the U.S. grew by about 2.4 million last year. Over the last two years the number of uninsured in the U.S. has grown by almost 4 million people. The coverage rate for children stayed constant between 2001 and 2002; the entire increase in the uninsured is concentrated among adults 18 to 64. In fact, children's coverage rates have not declined in the last couple of years mainly because there is a children's health insurance program that was enacted several years ago. States are allocated about \$4 billion annually to cover children who wouldn't otherwise be covered. These are children who might previously have fallen through the cracks -- children who are not eligible for Medicaid, but don't have coverage through private or employer sources.

It is important to have economic measures that are sensitive to these kinds of changes. David Betson said yesterday that no matter how one treats health care in a poverty measure, it is still better than the current official U.S. poverty measure in which the federal government could double or triple its spending on child health care and it would have no impact at all. Reality is that health spending has an economic impact as well as a social impact. What we try to do at the Census Bureau, similar to what many of us around the table are trying to do in their countries, is to come up with measures that inform policy makers and tell them about the consequences of their actions. Having a measure that is sensitive to changes in health care is

an important part of that. How countries deal with this issue, I think, depends on a lot of factors, some of which are probably specific to individual countries, but I hope that the discussions have at least given people an idea of how to begin thinking about the critical issues, and how to begin thinking about how to design poverty and related measures that are more sensitive to changes in health care spending and health insurance coverage in their own countries.

I want to thank the organizers for all of their hard work and thank all the participants and discussants for their lively presentations and discussions. It's been a very good conference. Thank you very much.