

# Non-Federal Surveys Measuring Health Insurance Coverage

## Introduction

Timely and accurate data on health insurance coverage are in high demand as researchers and policymakers begin to evaluate the impact of the Affordable Care Act (ACA). Administrative data - including enrollment data from the federal and state-based health insurance marketplaces and Medicaid enrollment records - provide part of the picture, but statistically robust population-based surveys are still needed to provide a more complete assessment of changes in the distribution of health insurance coverage for the U.S. population. Ongoing federal surveys will ultimately provide the most reliable estimates of insurance coverage. Yet data from these surveys reflecting the first year of ACA implementation (CY 2014) will for the most part not be publicly available until the fall of 2015.<sup>1</sup> One exception is the National Center for Health Statistics' early release of estimates from the National Health Interview Survey, which provided estimates for the period of January through March 2014 (while open enrollment was underway).<sup>2</sup>

Meanwhile, three smaller non-governmental surveys have emerged to fill this data gap by providing national estimates to gauge changes in insurance coverage rates in the general population, including in the months during and immediately following the first ACA open enrollment period (October 1, 2013 to March 31, 2014). This brief provides a detailed description of these three non-governmental surveys: Gallup-Healthways' Well-Being Index (part of Gallup's U.S. Daily Tracking), RAND's Health Reform Opinion Study (HROS), and Urban Institute's Health Reform Monitoring Survey (HRMS). Gallup has measured health insurance status and other health measures as part of its ongoing public polling since 2008, whereas the HROS and HRMS were initiated in 2013 in direct response to the demand for data to monitor implementation of the ACA.<sup>3-5</sup>

These private surveys have the benefit of providing early estimates of changes in health insurance coverage and can be useful for answering some questions, but have limitations related to special populations of interest, comparison of questions over time to established trends, and larger degrees of uncertainty compared to the federal survey estimates.<sup>6</sup> In this brief, we first give detailed information on the purpose and methodology of each of the three surveys, followed by initial findings from each survey. We then provide an overview of the options for obtaining coverage estimates for states or other sub-national population groups and other points for consideration when using these surveys. We conclude with an Appendix listing the questions each survey uses to measure health insurance coverage and ACA Marketplace participation.

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## Summary

Large, ongoing federal surveys provide some of the best estimates of health insurance coverage used to monitor the impact of the Affordable Care Act (ACA). However, because of the size and complexity of these surveys, there is a significant lag time between data collection and its release to the public.

This issue brief provides an overview of three smaller non-governmental surveys that can be used to provide interim estimates of changes in health insurance coverage following the first ACA open enrollment period.



Robert Wood Johnson Foundation

The Gallup-Healthways Well-Being Index measures public perception of well-being in the social, physical, financial, and community domains.

## Non-Federal Surveys: Design and Methodology<sup>7</sup>

The three non-federal surveys examined in this brief -- Gallup-Healthways' Well-Being Index (part of Gallup's U.S. Daily tracking), RAND's Health Reform Opinion Survey (HROS), and Urban Institute's Health Reform Monitoring Survey (HRMS) -- have some basic characteristics in common, as shown in Table 1. Each survey was designed specifically to monitor aspects of ACA

implementation, with HROS and HRMS being completely dedicated to this topic and Gallup having added ACA-specific components to ongoing surveys. All are privately funded. All began collecting ACA-related data during calendar year 2013, and all conduct surveys in English and Spanish. Two of these surveys, Gallup and HRMS, can be used to obtain state-level estimates of health insurance coverage. A more complete description of each survey follows Table 1.

**TABLE 1. OVERVIEW OF NON-FEDERAL SURVEYS TO MEASURE HEALTH INSURANCE COVERAGE**

	Gallup-Healthways Well-Being Index	RAND Health Reform Opinion Study (HROS)	Urban Institute Health Reform Monitoring Survey (HRMS)
Administrator	Gallup, Healthways	RAND Corporation	Urban Institute with GfK Custom Research
Funder(s)	Gallup, Healthways	RAND's sponsors and clients	Robert Wood Johnson Foundation, Ford Foundation, Urban Institute. <i>Others have funded specific oversamples and analysis.</i>
State-level estimates	Annual and bi-annual state estimates	No state-level estimates available	Possible through buy-in to add state sample
Language(s)	English, Spanish	English, Spanish	English, Spanish
Timeframe of administration	2008 to present. <i>Current wording of insurance type options since August 2013.</i>	November 2013 to May 2014, with at least one future follow-up planned	January 2013 to present
Data access	Accessible through paid subscription to Gallup Analytics (aggregate data) or the U.S. Daily Tracking dataset (respondent-level data)	Embargo for 1 year from survey date ( <i>baseline data will be released 9-20-14</i> )	Public use files expected release in fall 2014, with data posted with a 6-7 month lag. <i>Urban Institute may be able to conduct specific analyses upon request.</i>
Website	<a href="http://www.gallup.com/poll/128186/Gallup-Healthways-Index-work.aspx">http://www.gallup.com/poll/128186/Gallup-Healthways-Index-work.aspx</a> <a href="http://www.healthways.com/solution/default.aspx?id=1125">http://www.healthways.com/solution/default.aspx?id=1125</a>	<a href="http://www.rand.org/health/projects/health-reform-opinion.html">http://www.rand.org/health/projects/health-reform-opinion.html</a>	<a href="http://hrms.urban.org/">http://hrms.urban.org/</a>  Public use files will be made available at: <a href="https://www.icpsr.umich.edu">https://www.icpsr.umich.edu</a>

## Gallup U.S. Daily Tracking

Gallup collects health insurance coverage information through its Well-Being Index (WBI) survey, created in collaboration with Healthways in 2008. The WBI's purpose is to measure public perception of well-being, as defined by the following domains:

- Purpose
- Social
- Financial
- Community
- Physical

ACA Marketplace participation is measured separately, through the Politics and Economy “track” which Gallup uses to reflect current topics of interest and currently includes perceptions of and opinions about the ACA. The WBI and Politics/Economy tracks are administered separately, so any given respondent only participates in one or the other (see the Appendix for specific questions used in the WBI and Politics/Economy tracks). Data from both tracks are collected as part of Gallup's U.S. Daily tracking.

Gallup U.S. Daily Tracking targets adult respondents (18 years and older) on an ongoing basis, with interviews conducted through 1,000 telephone calls each evening, 350 evenings per year. Of these 1,000 calls, which are made to non-overlapping sets of telephone numbers, 500 are WBI interviews and 500 are Politics/Economy interviews. Findings from the survey are aggregated over various time periods (depending on the indicator, quarterly, bi-annually, or annually) and reported on the Gallup website and in the annual Well-Being Index report. Calls are made both to landlines and cellular telephones (50% to each), using all working phone exchanges (including unlisted numbers) through Random Digit Dialing (RDD). Within landline households, the respondent is chosen randomly based on the adult household member with the most recent birthday. Sampling is probability-based and includes all 50 states and Washington, D.C., with quotas for time zone and region. The questions pertain only to the respondent and do not include information on the family or other household members.

Gallup's sample size varies depending on the timeframe for reporting (monthly vs annually, for example) but is at least 14,000 per month, with annual WBI survey reports from 2008-2013 comprised of national sample sizes (completed interviews) ranging from 178,072 (2013) to 355,334 (2008). In 2013, the state sample sizes ranged from 547 to 17,053 for the annual health insurance coverage estimate.

The weighting process for Gallup accounts for unequal selection probability, non-response, and double-coverage of landline and cell users. Weighting matches key national demographics (gender, race, age, Hispanic ethnicity, education, and region) based on benchmarks from the most recent Current Population Survey (CPS). Weighting is also done for phone status (cell, landline, both) based on the most recent National Health Interview Survey, and population density based on the most recent Census. Gallup reports that the response rate for its polling is 7% for the Well-Being Index and 10% for the Politics and Economy track. All estimates are calculated with 95% confidence intervals. The margin of error is within 1 percentage point for national uninsured estimates and within 5 percentage points for mid-year state estimates for the smallest states, due to sample size limitations.

## RAND Health Reform Opinion Study (HROS)

RAND created the HROS to monitor public perception about the ACA over time, asking questions in four domains:

- Favorable/unfavorable view of health reform
- Effect of health reform on self, family, and country
- Health insurance coverage
- Rotating topical questions about ACA awareness, impact, and implementation issues

The HROS is conducted monthly, and key findings from the study are published on the RAND website through blogs and other reports. This survey is web-based, and laptops and internet connectivity are

**RAND's Health Reform Opinion Survey aims to monitor public perception of the ACA over time.**

provided to panel members who do not have them. The sampling frame is RAND's American Life Panel (ALP) - a nationally-representative panel of non-elderly adults (aged 18-64). Respondents are paid \$20 for every 30 minutes of response time (payments are pro-rated for shorter surveys). Recruitment methods are based on RDD and convenience sampling. More than 5,000 people from the panel are asked to respond to the HROS questionnaire each month, and each participant is given one week to respond after receiving the questionnaire.

The survey weighting is based on the national population for demographic characteristics such as age, sex, race, ethnicity, education, household size, and family income using benchmarks from the most recent CPS. The survey response rate varies, but the May 2014 survey response rate (calculated as number of completed interviews/size of selected sample) was 63.3% (3330/5264); note that this figure does not include the calculation for response rate for initially joining the ALP panel. The most recent estimates, published April 2014, were calculated with 95% confidence intervals. The margin of error varies by estimate, and is unique among these three surveys in that it is reported in millions of people rather than in percentage points.

### Urban Institute Health Reform Monitoring Survey (HRMS)

The HRMS was developed specifically to monitor ACA implementation and does so through questions in five domains:

- Health insurance coverage
- Access to/use of healthcare
- Healthcare affordability
- Self-reported health status
- Rotating topical questions about ACA awareness and implementation issues

HRMS collects data on both insurance coverage and ACA Marketplace participation (see Appendix for specific questions). The national HRMS survey is conducted on a quarterly basis, and findings are published by the Urban Institute during the quarter following data collection. Like the HROS, this

survey is web-based with laptops and free internet access provided to panel members when needed. Urban Institute works with GfK Custom Research, a market research firm, to conduct the survey.<sup>8</sup>

The sampling frame is GfK's KnowledgePanel® - a probability-based, nationally-representative panel of 55,000 non-elderly adults (aged 18-64) drawn from address-based random sampling of all U.S. residential households (from the U.S. Postal Service). Panel members participate in the panel for an average period of two years and can earn "points" for participation (these points can be redeemed for small prizes such as key chains). For the HRMS, a new sample is drawn from the panel each quarter with a target of 7,500 completed surveys per quarter. The HRMS regularly oversamples for low-income populations and some groups of states (e.g. Medicaid expansion vs non-expansion states).

This survey uses a probability proportional to size weighted sampling approach to draw each new quarterly sample. Weighting reflects the probability of sample selection from KnowledgePanel®, and is post-stratified to match national population demographics based on benchmarks from the most recent CPS and the Pew Research Center's Hispanic Trends Project. The response rate for the overall panel is approximately 15%, while the HRMS cooperation rate is about 60%. The HRMS cumulative response rate (calculated by combining the response rate for the panel, the household profile completion rate, and the cooperation rate) is approximately 5%. Key estimates are calculated with 95% confidence intervals. The margin of error for national uninsurance estimates in the most recently published survey is within 1.3 percentage points.

#### Definitions from the American Association for Public Opinion Research<sup>9</sup>

**Cooperation Rate:** *the proportion of all cases interviewed of all eligible units ever contacted.*

**Response Rate:** *the number of complete interviews with reporting units divided by the number of eligible reporting units in the sample.*

**TABLE 2. NATIONAL ESTIMATES OF UNINSURANCE FROM NON-FEDERAL SURVEYS MEASURING HEALTH INSURANCE COVERAGE, PRE- AND POST-OPEN ENROLLMENT PERIOD**

	Gallup-Healthways Well-Being Index <sup>3,10</sup>	RAND Health Reform Opinion Study (HROS) <sup>4</sup>	Urban Institute Health Reform Monitoring Survey (HRMS) <sup>5</sup>
<i>Baseline Sample Size*</i>	45,743	2,425	7,911
<i>Follow-Up Sample Size*</i>	45,125	2,425	7,701
Baseline Uninsurance Rate (September 2013)	18.0%	20.5%	17.9%
Most Recent Uninsurance Rate	13.4%**	15.8%***	13.9%**
Percentage Point Change in Uninsurance Rate	-4.6	-4.7	-4.0

*\*Total sample size is presented. The effective sample size (ratio of sample size to the design effect) for any given estimate is smaller than the total sample size. The design effect is an estimate-specific measure of the relative efficiency of the sample size compared to a simple random sample of the same size.*

*\*\*Most recent uninsurance rate through 2<sup>nd</sup> Quarter 2014.*

*\*\*\*Most recent uninsurance estimate through March 2014; RAND notes that data collection ended before the end of the month, so this did not capture the surge at the end of open enrollment. RAND expects to release an additional follow-up survey at a later date.*

## Survey Findings

The Kaiser Foundation's April 2014 Data Note "Measuring Changes in Insurance Coverage Under the Affordable Care Act" described the federal surveys, administrative data, and private surveys monitoring coverage rates, and included a table comparing early survey results from these three private surveys (through March 2014).<sup>6</sup> Table 2 updates the Kaiser comparison with June 2014 findings now available from Gallup and HRMS. Sample sizes for these estimates are also included. As Table 2 shows, despite differences in methodology, sample size, and other features, the three surveys have produced estimates of uninsurance that are quite similar. As future results are released and eventually compared with findings from the federal coverage surveys, it will be interesting to note whether estimates remain so close or begin to diverge.

## State-Level Estimates of Health Insurance Coverage

Two of the non-federal surveys described here have potential for reporting state health insurance coverage estimates: Gallup and HRMS.

Twice per year, Gallup reports state estimates of uninsurance using aggregated state data collected for the Well-Being Index. Gallup also annually reports data at the Congressional District and Metropolitan Statistical Area levels. For those interested in additional data beyond the published estimates, a paid subscription to Gallup Analytics (\$8,500 annually) provides access to a web-based portal that allows for visualization and analysis of aggregated data. Tables created within the portal can be exported into Excel for further analysis. Micro respondent-level data can be accessed by purchasing the U.S.

Daily tracking dataset (prices start at \$85,000 per year), which can also include weekly or daily updates. Gallup typically provides raw (unweighted and unanalyzed) data with this purchase.

The HRMS has the potential for state-level (or other subpopulation group) estimates at any point in time, if states or others provide funding to support additional samples. Because most states do not have sufficient sample size in a typical national sample drawn from the panel, the state sample size can be augmented, either by: 1) adding additional state respondents from the overall panel, or 2) adding respondents who are not on the panel. To date, state-level HRMS samples have been funded for Louisiana, New Jersey, Texas, and Maine, and Minnesota is currently underway.

## Points to Consider When Using Non-Federal Surveys of Health Insurance Coverage

The three non-federal surveys described here provide timely insights into insurance coverage trends, public opinion, Marketplace participation, and other current items of interest regarding the ACA and health insurance coverage more generally. However, it is imperative that consumers of the data understand the variation in data collection methods used, the source of the survey sample, and the response rates. In addition, especially when comparing estimates, analysts should note the time periods of survey data collection; a survey that aggregates data over a six-month period of time may have a different finding than survey fielded in one month, especially if the longer period straddles an important event (such as the end of an open enrollment period). Either approach can be informative, but users should be aware of the differences. It is also important to note that all of these surveys have smaller samples and much lower response rates than the federal surveys measuring coverage.<sup>1</sup> Despite these caveats, and despite differences in exact point estimates and standard errors, all the surveys point in the same direction, indicating substantial drops in uninsured rates in the U.S. population.

## About SHADAC

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is funded by the Robert Wood Johnson Foundation to collect and analyze data to inform state health policy decisions relating to health insurance coverage and access to care. For information on how SHADAC can assist your state with small area estimation or other data issues relevant to state health policy, please contact us at [shadac@umn.edu](mailto:shadac@umn.edu) or call 612-624-4802.

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## Appendix: Specific Health Insurance Coverage and Marketplace Participation Questions

### Gallup-Healthways Well-Being Index

*(only questions used to calculate coverage and marketplace participation are provided below)*

#### *Well-Being Index (coverage)*

- Do you have health insurance coverage?
- [If health insurance is indicated] Is your primary health insurance coverage through a current or former employer, a union, Medicare, Medicaid, military or veteran's coverage, or a plan fully paid for by you or a family member?
- [If health insurance is indicated] Do you have another source, or secondary health insurance coverage, in addition to your primary insurance?
- [If a secondary source of health insurance is indicated] Thinking about this secondary health insurance coverage, is it through a current or former employer, a union, Medicare, Medicaid, military or veteran's coverage, or a plan fully paid for by you or a family member?

#### *Politics and Economy track (marketplace participation)*

- Which of the following applies to you?\*
- You currently have health insurance coverage
- You do not have health insurance coverage now but have signed up for coverage for 2014
- You do not have health insurance coverage now or for next year
- Is your health insurance a new policy that just took effect this year; that is, in 2014, or a policy you had before the beginning of this year?
  - [If new policy is indicated] Did you get your new policy from a state or federal health insurance exchange, or not?
  - [If new policy is indicated] Did this new policy replace an existing policy you had, or did you not have health insurance before you got this new policy?
- [If respondent indicates that they currently have health insurance; do not have health insurance now but do have coverage for 2014; or are likely to get health insurance instead of pay a fine<sup>±</sup>]: Do you plan to get/have you gotten health insurance for 2014 specifically through a state or federal health insurance exchange, or not?
- Did you go to, or attempt to go to, a federal government health insurance exchange, a state government health insurance exchange, both, or are you unsure?

\*This question is asked as a “gateway” to the other questions in this track; only the WBI is used to actually calculate insurance coverage.

<sup>±</sup> A previous question on this survey, not included here, asks if someone is more likely to get health insurance or to pay a fine.



**RAND Health Reform Opinion Study** *(only questions used to calculate coverage are provided below)*

- Do you currently have health insurance that will cover you in 2014?
- Which coverage options have you chosen for health insurance in 2014? Please check all that apply.
  - Insurance through my or my spouse's/partner's employer/union
  - Insurance through my parents employer/union
  - Retiree Insurance through my or my spouse's/partner's former employer/union
  - Insurance through your state's or the federal health insurance exchange or marketplace
  - Self-pay insurance or private health insurance not through your state's or the federal health insurance exchange or marketplace
  - Medicare, which is primarily for persons over 65
  - Medi-Gap, which may be identified on the front of your policy as "Medicare Supplemental Insurance"
  - Medicaid, also known as State medical assistance, which is for some persons with limited income and resources
  - Military health care (TRICARE/VA/CHAMP-VA)
  - State-sponsored health insurance
  - Other Government program
  - Other
  - No coverage of any type
- Previously you told us you have the following health insurance for 2014: [ ] Since the last time you took this survey, has there been any change to the type of health insurance that will cover you in 2014?

### Urban Institute's Health Reform Monitoring Survey

*(only questions used to calculate coverage and marketplace participation are provided below)*

- The next question asks about your health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized. Are you currently covered by any of the following types of health insurance or health coverage plans? [Covered, Not Covered, or Not Sure]
  - Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.
  - Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT "or PROGRAM NAME"].
  - Medicare, for people 65 and older, or people with certain disabilities
  - Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as [IF RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT PROGRAM NAME]
  - TRICARE or other military health care, including VA health care
  - Indian Health Service
  - Any other type of health insurance coverage or health coverage plan
- [If none selected as covered] Does this mean you currently have no health insurance or health coverage plan? In answering this question, please EXCLUDE plans that pay for only one type of service (such as nursing home, family planning, dental) and plans that only provide extra cash when hospitalized.
  - I do NOT have health insurance
  - I HAVE some kind of health insurance
- [If "Any other type of health insurance coverage or health coverage plan" selected in the first question or if "I HAVE some kind of health insurance" selected in the second question] What type of health insurance do you have? [text box]
- Thinking about your health insurance coverage over the past 12 months, how many months were you insured? Your best estimate is fine.
  - Insured all 12 months
  - Insured 6 to 11 months
  - Insured 1 to 5 months
  - Did not have health insurance at all over the past 12 months
- [If any coverage types selected in the first question or respondent indicates they have some kind of health insurance in the second question] As you may know, there are new health insurance exchanges or marketplaces where people can shop for insurance and compare prices and benefits. For your current coverage, did you enroll in a health insurance plan through the marketplace, also known as Healthcare.gov or [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT "OR PROGRAM NAME"], in your state?
  - Yes, I enrolled in a health insurance plan through the marketplace
  - I am in the process of enrolling in a health insurance plan in the marketplace
  - No, I did not enroll through the marketplace
- If Medicaid or other, non-specified coverage selected in the first two questions] For your current coverage, did you enroll in Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or a disability through the marketplace?
  - Yes, I enrolled in Medicaid, MA, CHIP, or any kind of state or government-sponsored assistance plan based on income or a disability through the marketplace
  - I am in the process of enrolling in Medicaid, MA, CHIP, or any kind of state or government-sponsored assistance plan based on income or a disability through the marketplace
  - No, I did not enroll through the marketplace

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