

## APPENDIX. COMPARISON OF UNINSURED ESTIMATES FROM RECENT SURVEYS

Several health policy research organizations and federal agencies have conducted surveys to capture the change in coverage since implementation of the Affordable Care Act. Each of these surveys uses slightly different methods, but they all were conducted over similar periods, with a baseline survey measuring the uninsured rate prior to implementation of the health reform law's major coverage provisions and follow-up surveys once implementation began. Although the surveys have produced slightly different estimates, they are directionally the same, showing a significant decline in the rate and number of uninsured adults in the United States.

### Survey Estimates of Changes in U.S. Uninsured Rates Since 2013

Survey	Pre-implementation uninsured rate (%) [95% CI]	Post-implementation uninsured rate (%) [95% CI]	Change in millions [95% CI]
The Commonwealth Fund Affordable Care Act Tracking Survey	19.9% [18.5%–21.4%]	12.7% [11.5%–14.0%]	13.0 million [7.8 million–18.3 million]
Gallup Healthways Well-Being Index <sup>1,2</sup>	20.7%	13.1%	–
ASPE Analysis of Gallup–Healthways Well-Being Index <sup>3</sup>	20.3%	11.5%	20 million
Urban Institute Health Reform Monitoring Survey <sup>4</sup>	17.6%	10.4%	14.3 million [10.8 million, 17.8 million]
RAND Health Reform Opinion Survey <sup>5</sup>	–	–	16.6 million
National Health Interview Survey <sup>6</sup>	20.4%	12.8%	14.5 million

Notes: Confidence intervals are shown where they were reported out by the organization; ASPE estimates adjust for age, race, ethnic group, sex, employment status, state of residence, and time trends.

– Percent estimates were not reported.

<sup>1</sup> K. Finegold and M. Z. Gunja, [Survey Data on Health Insurance Coverage for 2013 and 2014](#), ASPE issue brief (Office of the Assistant Secretary for Planning and Evaluation, Oct. 31, 2014).

<sup>2</sup> N. Uberoi, K. Finegold, and E. Gee, [Health Insurance Coverage and the Affordable Care Act, 2010–2016](#) (Office of the Assistant Secretary for Planning and Evaluation, March 3, 2016).

<sup>3</sup> Ibid.

<sup>4</sup> M. Karpman and S. K. Long, “[QuickTake–Taking Stock: Gains in Health Insurance Coverage Under the ACA Continue as of September 2015, But Many Remain Uninsured](#)” (Urban Institute Health Policy Center, Nov. 4, 2015).

<sup>5</sup> K. G. Carman and C. Eibner, “[Insurance Enrollment Holds Steady in Advance of the 2016 Open Enrollment Period](#),” *The RAND Blog*, Nov. 12, 2015.

<sup>6</sup> M. E. Martinez, R. A. Cohen, and E. P. Zammitti, [Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2015](#) (National Center for Health Statistics, Feb. 2016).

## Methodological Differences Between Private Surveys

Survey	Population	Time frame	Sample frame	Response rate
The Commonwealth Fund Affordable Care Act Tracking Survey	U.S. adults ages 19–64	July–Sept. 2013 to February–April 2016	Dual-frame, RDD telephone survey	2013: 20.1% 2016: 13.9%
Gallup–Healthways Well-Being Index <sup>1,2</sup>	U.S. adults ages 18–64	2013 to January–March 2016	Dual-frame, RDD telephone survey	5%–10%
ASPE Analysis of Gallup–Healthways Well-Being Index <sup>3</sup>	U.S. adults ages 18–64	January 2012–Oct. 2013 to January–March 2016	Dual-frame, RDD telephone survey	5%–10%
Urban Institute Health Reform Monitoring Survey <sup>4</sup>	U.S. adults ages 18–64	Sept. 2013 to Sept. 2015	KnowledgePanel-probability-based internet panel of 55,000 households	Approximately 5% each quarter
RAND Health Reform Opinion Survey <sup>5</sup>	U.S. adults ages 18–64	Sept. 2013 to August 2015	American Life Panel-internet panel of 5,500 adults	9%
National Health Interview Survey <sup>6</sup>	U.S. adults ages 18–64	2013 to 2015	Multistage area probability design	80%

Notes: Information for this table was gathered from survey data releases and from an Urban Institute report comparing surveys; see: M. Karpman, S. K. Long, and M. Huntress, *Nonfederal Surveys Fill a Gap in Data on ACA* (Urban Institute, March 13, 2015).

<sup>1</sup> K. Finegold and M. Z. Gunja, *Survey Data on Health Insurance Coverage for 2013 and 2014*, ASPE issue brief (Office of the Assistant Secretary for Planning and Evaluation, Oct. 31, 2014).

<sup>2</sup> N. Uberoi, K. Finegold, and E. Gee, *Health Insurance Coverage and the Affordable Care Act, 2010–2016* (Office of the Assistant Secretary for Planning and Evaluation, March 3, 2016).

<sup>3</sup> Ibid. All models adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend.

<sup>4</sup> M. Karpman and S. K. Long, “QuickTake–Taking Stock: Gains in Health Insurance Coverage Under the ACA Continue as of September 2015, But Many Remain Uninsured” (Urban Institute Health Policy Center, Nov. 4, 2015).

<sup>5</sup> K. G. Carman and C. Eibner, “Insurance Enrollment Holds Steady in Advance of the 2016 Open Enrollment Period,” *The RAND Blog*, Nov. 12, 2015.

<sup>6</sup> M. E. Martinez, R. A. Cohen, and E. P. Zammitti, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January–September 2015* (National Center for Health Statistics, Feb. 2016).

## HOW THIS SURVEY WAS CONDUCTED

The Commonwealth Fund Affordable Care Act (ACA) Tracking Survey, February–April 2016, was conducted by SSRS from February 2 to April 5, 2016. The survey consisted of 15-minute telephone interviews in English or Spanish, conducted among a random, nationally representative sample of 4,802 adults ages 19 to 64 living in the United States. Overall, 1,496 interviews were conducted on landline telephones and 3,306 interviews on cell phones.

This survey is the fourth in a series of Commonwealth Fund surveys to track the implementation and impact of the ACA. The first was conducted by SSRS from July 15 to September 8, 2013, by telephone among a random, nationally representative U.S. sample of 6,132 adults ages 19 to 64. The survey had an overall margin of sampling error of  $\pm 1.8$  percentage points at the 95 percent confidence level.

The second survey in the series was conducted by SSRS from April 9 to June 2, 2014, by telephone among a random, nationally representative U.S. sample of 4,425 adults ages 19 to 64. The survey had an overall margin of sampling error of  $\pm 2.1$  percentage points at the 95 percent confidence level. The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely eligible for new coverage options under the ACA. As such, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through their omnibus survey of adults who were uninsured or had individual coverage prior to the first open enrollment period for 2014 marketplace coverage.

This third survey in the series was conducted by SSRS from March 9 to May 3, 2015, by telephone among a random, nationally representative U.S. sample of 4,881 adults ages 19 to 64. The March–May 2015 sample also was designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. SSRS recontacted households reached through their omnibus survey of adults between November 5, 2014, and February 1, 2015, who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey had an overall margin of sampling error of  $\pm 2.1$  percentage points at the 95 percent confidence level.

The February–April 2016 sample also was designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 4 were obtained through two sources: stratified random-digit-dialing sample, using the same methodology as in waves 1, 2 and 3; and households reached through the SSRS omnibus survey, where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance.

As in all waves of the survey, SSRS oversampled adults with incomes under 250 percent of poverty to further increase the likelihood of surveying respondents eligible for the coverage options as well as allow separate analyses of responses of low-income households.

The data are weighted to correct for the stratified sample design, the use of recontacted respondents from the omnibus survey, the overlapping landline and cell phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age, gender, race/ethnicity, education, household size, geographic division, and population density using the U.S. Census Bureau's 2014 American Community Survey, and weighted by household telephone use using the U.S. Centers for Disease Control and Prevention's 2014 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 189 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard regression imputation procedure. The survey has an overall margin of sampling error of  $\pm 2.0$  percentage points at the 95 percent confidence level. The land-line portion of the main-sample survey achieved a 22.6 percent response rate and the cellular phone main-sample component achieved a 13.9 percent response rate. The overall response rate, including the prescreened sample, was 13.9 percent.