



The Survey of Family Planning and Women's Lives: Methodology

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Survey Overview

The Survey of Family Planning and Women's Lives (SFPWL) is a nationally representative survey of 1,990 women of reproductive age (ages 18 to 44) that assesses perceptions and use of birth control methods and short- and long-term effects of birth control and unplanned births. The survey is administered predominantly via the Internet. The survey provides timely descriptive estimates for a representative sample of women to inform current policy debates.

The survey respondents were drawn from the National Opinion Research Center (NORC) at the University of Chicago's AmeriSpeak panel, a probability-based representative panel of civilian, noninstitutionalized adults (ages 18 and over) living in the United States. The first wave of the survey was fielded from January 15 to February 8, 2016, and the second wave was fielded from July 20 to September 11, 2016. The sample size of completed surveys for the first wave was 798 women, and the sample size for the second wave was 1,189 women.¹ The survey took, on average, 17 minutes to complete. The survey (both online and telephone formats) was conducted in English and Spanish.

The survey is a component of an ongoing multiyear research project assessing the short- and long-term effects of access to affordable contraception and barriers to its use funded by the William and Flora Hewlett Foundation. In addition to the survey, the project includes consumer focus groups, interviews with reproductive health providers and other key informants, and econometric analyses of the effects of access to affordable contraception on women's reproductive history, educational attainment, income, health, and other outcomes.

AmeriSpeak Panel

The AmeriSpeak panel was established and funded by NORC in 2014 to combine the speed and cost-effectiveness of an Internet panel survey with a probability-based representative sample.²

The AmeriSpeak panel is drawn from the National Sample Frame, constructed by NORC to cover over 99 percent of US households. The 2010 National Frame used a two-stage probability sample design to select a representative sample of households in the United States. The first-stage sampling unit is a National Frame Area, which is either an entire metropolitan area (made up of one or more counties) or a county (some counties were combined so that each National Frame Area contains a population of at least 10,000). Within the selected National Frame Areas, the second-stage sampling unit is a segment, defined either in terms of census tracts or block groups, containing at least 300 housing units according to the 2010 Census. The National Sample Frame contains almost three million households.

AmeriSpeak panel recruitment occurs in two phases: initial recruitment and nonresponse follow-up recruitment. Sampled households are mailed a prenotification card followed by a more extensive recruitment packet with panel information. Two reminder mailings are sent, and NORC staff follow up via e-mail and telephone when this information can be matched to the sampled address. After the initial 10-week recruitment phase, a random subsample of nonresponding households is selected for follow-up and these households receive an additional recruitment package, an enhanced incentive for participation, and in-person visits with NORC field interviewers.

NORC obtains and documents informed consent and agreement with the privacy policy and terms and conditions during registration, which is completed either online or via telephone. The AmeriSpeak panel development has approval from NORC's institutional review board, and the SFPWL received separate approval from the Urban Institute's and NORC's institutional review boards. During an initial profile survey, respondents can enroll in either the online mode or telephone mode for data collection for future AmeriSpeak surveys. Depending upon the study population and design of any given study, approximately 85 percent of AmeriSpeak panel interviews are administered online and approximately 15 percent by telephone.

In recognition of their time and effort completing surveys, AmeriSpeak panelists receive a point-based incentive upon completing a survey. The number of points awarded depends on the length of the survey and other burdens imposed on panelists. Panelists can accrue and redeem these points for merchandise, gift cards, or debit cards. For SFPWL, AmeriSpeak panelists who completed the interview received the cash equivalent of five dollars.

The SFPWL sample was selected from the AmeriSpeak panel using sampling strata based on age, race/ethnicity, education, and gender (48 strata total). Our survey includes an oversample of young women ages 18 to 26. The size of the selected sample per sampling stratum was proportional to the share of the population in each stratum. In addition, sample selection took into account expected differential survey completion rates by demographic groups so that the set of panel members with a

completed interview for a study was a representative sample of the target population. If a panel household had more than one active adult panel member, only one adult in the household was eligible for selection (random within-household sampling).

Survey Response Rate

For surveys based on Internet panels, the overall response rate incorporates the survey completion rate as well as the rates of panel recruitment and panel participation over time. The American Association for Public Opinion Research cumulative response rate for the SFPWL is the product of the panel household recruitment rate of 18.3 percent, the weighted panel household retention rate of 93.8 percent, and the survey completion rate of 50.8 percent—8.7 percent.³

For context, the response rates for federal government surveys are generally quite high—for example, 95.8 percent (weighted) for the American Community Survey (ACS) and 70.1 percent for the National Health Interview Survey—while response rates for telephone surveys used for polling, such as those conducted by Pew and Gallup, are much lower. The response rate for a typical telephone survey by Pew and for the Gallup Daily Tracking Poll are both 9 percent.⁴

The low survey response rate does not necessarily imply inaccurate estimates; a survey with a low response rate can still be representative of the sample population, although the risk of nonresponse bias is higher. Whether there is bias depends on how different the average outcomes are for respondents and nonrespondents. Other factors—such as levels of missing data and conformity with other research findings—also affect the quality of the data. Information on these other factors is provided below.

Comparing SFPWL Estimates with Federal Surveys

In light of the relatively low response rate, it is important to examine the validity of the weighted survey estimates from SFPWL. To assess this, we benchmarked the estimates against those from established federal surveys, which have substantially higher response rates. Differences in estimates across surveys may reflect many factors, including differences in the wording of the questions as well as question placement and context within the particular survey; differences in survey design, mode, and fielding strategies; differences in data preparation and weighting; and differences in survey fielding time frames. The consistency of the SFPWL estimates with estimates from federal survey data increases confidence in SFPWL as a source of timely and reliable information about women's experiences with contraception and reproduction.

To benchmark the results from the SFPWL, we compared the weighted estimates with estimates from other surveys with nationally representative samples. We compared demographic, socioeconomic, and health insurance measures in the SFPWL to the American Community Survey, a federally administered survey with a public sample size of over two million people and a response rate of 96.7 percent in 2014.⁵ We also compared estimates of family income and health insurance to estimates from the 2016 Quarter 1 Health Reform Monitoring Survey (HRMS),⁶ an Internet-based panel survey

designed and conducted by the Urban Institute. While the HRMS—like the SFPWL—has a smaller sample size and lower response rate than federal surveys, the survey questions on family income and health insurance coverage are nearly identical between the two surveys. Thus, comparing the SFPWL with the HRMS minimizes the contribution of question wording and structure to differences in estimates between these surveys. The HRMS has been benchmarked against federal surveys and provides a reference period more similar to the SFPWL (early 2016) than the federal surveys. We also compared measures of contraception use and reproductive experience measures to estimates from the National Survey of Family Growth (NSFG), a federally administered survey with a sample size of 1,840 women ages 18 to 44 in 2013 (fielded three years earlier) and a response rate around 73 percent. These comparison surveys were also calibrated using projected population control totals by age, sex, and race/ethnicity from the Census Bureau.⁷ For all comparisons, the significance of differences between survey responses was calculated using two-tailed *t*-tests accounting for complex survey design.

The demographic characteristics found in the SFPWL are consistent with the ACS, and no significant differences between the surveys were found for age, employment status, or region (table 1). Where significant differences are observed, they were relatively small, and showed that women in the SFPWL were more likely than women in the ACS to be non-Hispanic and of two or more racial groups or of a single racial group that is not white or black, less likely than women in the ACS to have the educational attainment of a high school degree and more likely to be in each of the other categories of educational attainment (less than high school, some college, college degree or more), more likely to be married, less likely to be widowed, separated, or divorced, and more likely to own their home.

We do see differences in estimates of family incomes and insurance status between the SFPWL and those found in the 2014 ACS. However, family size and income are measured differently between the surveys and there is a two-year gap in survey fielding, which could contribute to these differences (table 2). SFPWL respondents were less likely to have family incomes at or below 138 percent of the federal poverty level and more likely to have family incomes at or above 400 percent of the federal poverty level. In addition, women in the SFPWL are less likely to have employer-sponsored insurance or be uninsured and more likely to be enrolled in Medicare or Medicaid. Differences between ACS and SFPWL may also be explained by differences in the survey time frame. The SFPWL responses reflect insurance coverage two years following the implementation of state Medicaid expansions under the Affordable Care Act (2016), while ACS estimates reflect the initial implementation of the Affordable Care Act's insurance coverage expansions (2014). The SFPWL estimates are consistent, however, with the patterns of family income and insurance coverage reported by women in the 2016 HRMS, who were sampled during a similar time period using the same measurements of family size and income as the SFPWL (table 2).

Estimates of contraception use and reproductive health are broadly similar between the 2016 SFPWL and the 2013 NSFG (table 3). Similarities between estimates were found for ever use and current use of the majority of birth control methods. Where differences are observed, women in the SFPWL were notably more likely to have ever used or currently use emergency contraception than women in the NSFG. When comparing subgroups, women ages 26 to 34 in the SFPWL were slightly less

likely to have ever been pregnant than those in the NSFG (70.6 and 77.7 percent, respectively). Among women who have ever been pregnant, those in the SFPWL were slightly more likely to have had one or more unplanned pregnancy than those in the NSFG (69.9 and 66.6 percent, respectively), while reported rates of abortions were similar in the SFPWL and the NSFG (21.4 and 19.0 percent, respectively).

Patterns of reported contraception use, unplanned pregnancy, and abortion rates between the SFPWL and the NSFG are also quite similar when compared across subgroups of women by race/ethnicity, family income, educational attainment, and age (table 4). In both surveys, white, non-Hispanic women had higher rates of current contraception use and lower rates of unplanned pregnancies and abortions than minority women. Low-income women and women with low educational attainment were less likely to report current birth control use and more likely to report unplanned pregnancies and abortions than higher-income and more educated women. Patterns by age indicate increased use of contraception and rate of ever having had an abortion and decreased rate of ever having had an unplanned pregnancy as women age through their reproductive years. A few small significant differences were found between the surveys. Women in the SFPWL were more likely than those in the NSFG to report current birth control use, driven by a difference among low income women. Hispanic women and those with low educational attainment in the SFPWL were more likely than those in the NSFG to report having had an unplanned pregnancy, and low income women in the SFPWL were more likely to report having had an abortion. Because of the small sample sizes of women when estimates are reported by subgroup, we include 95 percent confidence intervals in addition to significance tests in table 4.⁸

Where differences in estimates between the SFPWL and the NSFG are observed, several factors could be contributing factors, including differences in survey design and fielding, the wording of questions, nonresponse bias, and question placement in the survey. Survey mode could also lead to different responses, as questions related to contraception use in the NSFG are answered directly to the interviewer, while 85 percent of the SFPWL participants completed the survey independently online. Respondents might be more comfortable revealing sensitive personal information outside an interviewer-administered survey. Finally, the SFPWL responses were reported from January through September 2016, whereas NSFG responses were collected in 2013. Patterns of contraception use and unplanned pregnancies have changed in the United States, and differences between surveys may reflect that they were administered in different time periods.

The similarities between the estimates in the SFPWL and other surveys with respect to the sample characteristics and patterns of contraception use and reproductive experience suggest that the SFPWL will be a valuable source of timely, relevant, and representative information on the experiences of women of reproductive age in 2016.

TABLE 1

Comparison of Demographic and Socioeconomic Characteristics of Women Ages 18 to 44 between the SFPWL and the ACS

	2014 ACS (%)	2016 SFPWL (%)	Difference (%)	
Age				
18 to 25	30.7	29.1	1.6	
26 to 34	33.5	34.8	-1.3	
35 to 44	35.8	36.1	-0.3	
Race/ethnicity				
White, non-Hispanic	56.4	56.3	0.1	
Black, non-Hispanic	13.9	13.8	0.1	
Other/2+ races, non-Hispanic	7.6	9.8	-2.2	**
Hispanic	19.8	20.0	-0.2	
Educational attainment				
Less than a high school degree	9.0	11.2	-2.2	*
High school graduate or equivalent	30.9	23.8	7.1	***
Some college	29.8	32.5	-2.7	**
College degree or higher	30.3	32.6	-2.3	*
Marital status				
Married	41.1	43.8	-2.7	*
Widowed, separated, or divorced	10.6	8.9	1.7	**
Never married/living with partner	48.3	47.3	1.0	
Employment status				
Working	67.6	65.9	1.7	
Not working or not in labor force	32.4	34.1	-1.7	
Region				
Northeast	17.4	17.5	0.0	
Midwest	20.6	20.6	0.0	
South	37.8	37.8	0.0	
West	24.1	24.1	0.0	
Housing status				
Owned	51.5	54.0	-2.5	*
Not Owned	48.5	46.0	2.5	*
Sample size	505,964	1990		

Sources: SFPWL January-September 2016 and ACS 2014.

Notes: ACS = American Community Survey. SFPWL = Survey for Family Planning and Women's Lives. *** $p < .01$ ** $p < .05$ * $p < .10$; significance calculated using a two-tailed t-test.

TABLE 2

Comparison of Family Income and Health Insurance Status of Women Ages 18 to 44 between the SFPWL and the ACS and the HRMS

	2014 ACS (%)	2016 SFPWL (%)	Difference ACS – SFPWL (%)		March 2016 HRMS (%)	2016 SFPWL (%)	Difference HRMS – SFPWL (%)
Family income							
≤ 138% FPL	42.4	33.8	8.6	***	35.1	33.8	1.3
139–399% FPL	35.0	37.2	-2.2		38.3	37.2	1.1
≥ 400% FPL	22.6	27.5	-4.9	***	26.6	27.5	-0.9
Insurance status							
Employer-sponsored insurance	59.4	51.6	7.8	***	53.4	51.6	1.8
Medicare	1.3	2.8	-1.5	***	1.9	2.8	-0.9
Medicaid	14.8	21.2	-6.4	***	20.3	21.2	-0.9
Directly purchased coverage	7.6	6.4	1.3	*	8.0	6.4	1.6
Uninsured	16.9	14.3	2.5	**	12.0	14.3	-2.3
Sample size	505,964	1990			1736	1990	

Sources: SFPWL January–September 2016; ACS 2014; HRMS March 2016.

Notes: ACS = American Community Survey. FPL = federal poverty level. HRMS = Health Reform Monitoring Survey. SFPWL = Survey of Family Planning and Women's Lives.

*** $p < .01$ ** $p < .05$ * $p < .10$; significance calculated using a two-tailed t -test.

TABLE 3

Comparison of Contraception and Reproductive Health Measures among Women Ages 18 to 44 between the SFPWL and the NSFG

	2013 NSFG (%)	2016 SFPWL (%)	Difference (%)	
Ever used birth control method				
<i>Sterilization</i>	27.3	23.2	4.1	*
<i>Shot</i>	24.9	24.6	0.3	
<i>Pills</i>	75.1	70.3	4.8	*
<i>Patch</i>	9.2	10.0	-0.8	
<i>Ring</i>	9.7	11.8	-2.1	
<i>Emergency contraception</i>	17.8	25.2	-7.4	***
<i>Condoms</i>	87.9	84.8	3.1	*
<i>Rhythm method</i>	19.4	20.3	-0.9	
<i>Withdrawal</i>	61.3	62.1	-0.8	
Currently using birth control method				
<i>Male or female sterilization</i>	22.9	23.2	-0.3	
<i>Implant</i>	1.2	2.6	-1.4	**
<i>Intrauterine device</i>	8.4	9.0	-0.5	
<i>Shot</i>	2.0	2.5	-0.5	
<i>Pill</i>	16.3	14.4	1.9	
<i>Patch</i>	0.4	0.2	0.3	
<i>Ring</i>	1.6	0.9	0.7	
<i>Emergency contraception</i>	0.1	1.8	-1.7	***
<i>Male condom</i>	8.8	12.3	-3.5	**
<i>Other barrier methods</i>	0.3	0.2	0.1	
<i>Natural family planning/rhythm method</i>	1.3	1.8	-0.5	
<i>Withdrawal</i>	3.1	2.6	0.5	
Women who have ever been pregnant, by age				
<i>18 to 25</i>	33.5	36.9	-3.3	
<i>26 to 34</i>	77.7	70.6	7.2	**
<i>35 to 44</i>	86.8	85.9	0.8	
Women who have ever been pregnant and:				
<i>Have had one or more unplanned pregnancy</i>	66.6	69.9	-3.3	*
<i>Had an abortion</i>	19.0	21.4	-2.4	
Sample size	1840	1990		

Sources: SFPWL January-September 2016 and NSFG 2013

Notes: NSFG = National Survey of Family Growth. SFPWL = Survey of Family Planning and Women's Lives. *** $p < .01$ ** $p < .05$ * $p < .10$; significance calculated using a two-tailed t-test. In the SFPWL, women who reported ever using sterilization are included among those who are currently using sterilization.

TABLE 4

Comparison of Contraception and Reproductive Health Measures among Women Ages 18 to 44 between the SFPWL and the NSFG, by Selected Characteristics

	Current birth control use (%)						Any unplanned pregnancy, among women who have ever been pregnant (%)						One or more abortion, among women who have ever been pregnant (%)					
	2013 NSFG		2016 SFPWL		Difference		2013 NSFG		2016 SFPWL		Difference		2013 NSFG		2016 SFPWL		Difference	
	%	95% CI	%	95% CI	%		%	95% CI	%	95% CI	%		%	95% CI	%	95% CI	%	
Total	66.3	63.0-69.5	70.3	67.6-72.8	-3.9	**	64.8	58.9-70.4	69.9	66.8-72.9	-5.1		19.0	15.3-23.3	21.4	18.8-24.4	-2.4	
Race/ ethnicity																		
White, non-Hispanic	70.3	66.3-74.0	76.2	73.0-79.2	-6.0		60.2	51.9-67.8	64.2	59.9-68.3	-4.0		18.0	12.6-25.1	15.2	12.2-18.9	2.8	
Black or other, non-Hispanic	58.6	49.4-67.3	60.8	55.2-66.1	-2.2		71.1	59.5-80.5	80.3	74.6-85.0	-9.2		21.2	13.1-32.4	32.6	26.9-38.9	-11.4	
Hispanic	62.4	55.1-69.1	64.7	57.6-71.2	-2.3		72.0	66.0-77.4	74.2	66.4-80.7	-2.2	**	19.6	12.4-29.6	26.4	19.6-34.6	-6.8	
Family income																		
≤ 138% FPL	59.9	53.8-65.7	63.7	58.4-68.6	-3.8	**	77.5	71.8-82.3	84.8	79.8-88.8	-7.3		20.0	14.0-27.7	22	17.4-27.4	-2.0	**
139-399% FPL	68.3	61.9-74.1	71.5	67.6-75.1	-3.2		61.0	50.1-70.9	67.8	63.1-72.2	-6.9		16.6	11.6-23.3	20.6	16.8-24.8	-3.9	
≥ 400% FPL	69.6	62.0-76.2	77.9	73.2-82.0	-8.4		60.3	49.9-69.8	51.2	44.3-58.1	9.0		12.2	7.7-18.7	21.9	16.4-28.6	-9.7	
Age																		
18 to 25	57.9	52.4-63.1	61.8	55.3-68.0	-4.0		80.8	72.9-86.8	74.8	54.8-82.8	6.0		13.1	9.2-18.4	19.9	12.7-29.9	-6.8	
26 to 34	67.7	62.0-73.0	72.8	69.1-76.3	-5.1		66.3	59.2-72.8	71.6	66.8-75.9	-5.2		19.7	14.9-25.6	18.9	15.2-23.3	0.8	
35 to 44	70.9	66.5-74.9	74.5	70.7-78.0	-3.6		59.3	49.9-68.2	66.9	62.4-71.2	-7.6		20.0	14.3-27.2	23.9	20.0-28.3	-3.9	
Educational attainment																		
High school or less	66.0	60.2-71.4	65.2	59.4-70.6	0.8	*	75.7	70.4-80.3	81.0	75.2-85.7	-5.3	**	19.7	14.2-26.7	21.3	16.0-27.9	-1.6	
Some college	63.7	58.8-68.3	70.5	66.5-74.3	-6.9		71.2	62.1-78.9	72.5	67.7-76.9	-1.3		20.8	15.3-27.7	22.1	18.5-26.2	-1.3	
College degree or higher	69.3	62.9-75.1	75.4	71.8-78.7	-6.0		42.5	34.2-51.3	54.1	48.8-59.3	-11.6		16.0	10.3-24.0	20.9	16.9-25.4	-4.9	
Sample Size	1840		1990				1296		1364				1296		1362			

Sources: SFPWL January-September 2016 and NSFG 2013.

Notes: FPL = federal poverty level. NSFG = National Survey of Family Growth. SFPWL = Survey of Family Planning and Women's Lives. *** $p < .01$ ** $p < .05$ * $p < .10$; significance calculated using a two-tailed t-test. 95% confidence intervals are reported to account for less precise estimates for subsamples than for the full sample.

Survey Weights

Weights for the eligible respondents (women ages 18 to 44) were calculated using panel base weights to start. Panel base sampling weights for all sampled housing units were computed as the inverse of probability of selection from the NORC National Frame. The subsample of housing units selected for the nonresponse follow-up had their panel base sampling weights inflated by the inverse of the subsampling rate. The base sampling weights were further adjusted to account for unknown eligibility and nonresponse among eligible housing units. The household-level nonresponse adjusted weights were then poststratified to external counts for number of households obtained from the CPS. Then, these household-level poststratified weights were assigned to each eligible adult in every recruited household. Furthermore, a person-level nonresponse adjustment accounted for nonresponding adults within a recruited household.

Finally, panel weights were raked to external population totals associated with age, sex, education, race/ethnicity, housing tenure, telephone status, census division, and family income as a percentage of the federal poverty level. The external population totals are obtained from the 2015 CPS and the National Health Interview Survey. Study-specific base sampling weights were derived using a combination of the final panel weight and the probability of selection associated with the sampled panel member. Because not all sampled panel members completed the survey interview for the study, an adjustment was needed to account for and adjust for survey nonrespondents. This adjustment decreases potential nonresponse bias associated with sampled panel members who did not complete the interview for the study. At the final stage of weighting, any extreme weights (i.e., any weight larger than median weight plus three times the interquartile range of the weights) were trimmed, and then weights were raked again to the same population totals.

We analyzed the survey data using Stata 14's `svy` commands. Standard errors for estimates from the SFPWL are calculated using a first-order Taylor series linear approximation to account for the variation in weights in the survey design. NORC provided separate weights for first-wave responses, second-wave responses, and the full dataset combining both waves.

Instrument Development

Urban Institute researchers developed the survey instrument, drawing upon relevant surveys and feedback from the project's advisory group and the William and Flora Hewlett Foundation. The final questionnaire will be posted on the project's web page; we describe the instrument development in more detail below.

The project team conducted a literature review to identify key information needs and topics to address in the survey. A draft outline of survey topics and potential sources for questions was provided to advisory group members in an October 2015 meeting. Based on the discussion and feedback from that meeting, the project team revised the topics and began compiling potential questions from such

surveys as the National Survey of Family Growth, the National Longitudinal Study of Adolescent to Adult Health (Add-Health), and surveys from the Guttmacher Institute and Kaiser Family Foundation. The project team drafted new questions and revised compiled questions as necessary.

The project team sent a draft instrument to a subset of advisory group members with subject-matter expertise for review and comment, and to Urban Institute staff with expertise in survey and questionnaire design. The survey was revised and reordered based on feedback from these reviewers. The survey was pretested among 25 AmeriSpeak panelists, and minor modifications were made following the pretest results.

The survey instrument was nearly identical in both waves of the survey. However, in the second wave, several additional questions focused on the Zika virus were added. These questions were developed with input from the March of Dimes and Centers for Disease Control and Prevention staff working on contraception access as part of the Zika virus response.

Missing Data

Item nonresponse in the survey was very low; less than 1 percent for the majority of survey questions. If a respondent's previous answers in survey questions resulted in being skipped out of a question (e.g., women who had never had sex were not asked questions on current birth control use), we coded their responses as missing and exclude them from the population for the estimate. Women who responded "don't know" or who refused to report a response were included in the population for the estimate, though we do not present a separate category for women who refused to report a response. Decisions about whether to present a response category for "don't know" responses were determined by the substantive relevance of a "don't know" response.

Notes

1. Three respondents are only included in the full sample (n=1990), as they had completed the survey during the first wave of interviewing but were not marked in the AmeriSpeak survey system. During data file preparations NORC found these completed interviews and included them in the final sample.
2. More information about the AmeriSpeak panel is available in NORC's white paper (AmeriSpeak 2015a) and technical summary (AmeriSpeak 2015b).
3. The American Association for Public Opinion Research cumulative response rate for wave 1 of SFPWL is the product of the panel household recruitment rate of 36.9 percent, the weighted panel household retention rate of 94.6 percent, and the survey completion rate of 41.3 percent—14.4 percent. The decrease in cumulative response rate from 14.4 percent in wave 1 to 8.7 percent for the full sample is due to a decrease in the AmeriSpeak panel household recruitment rate from 36.9 percent in wave 1 to 18.3 percent for the full sample. This decrease is due to fielding wave 2 of the survey before 2016 AmeriSpeak panel recruitment was completed.
4. For information on response rates in the national surveys, see "Response Rates," US Census Bureau, accessed September 1, 2016, <http://www.census.gov/acs/www/methodology/sample-size-and-data-quality/response-rates/>, and Division of Health Interview Statistics (2016). For information on the Pew response rate, see Pew (2012). Information on the response rate for the Gallup Daily Tracking Poll was obtained through personal communication with Gallup.

5. The weights in the SFPWL were calculated using the Current Population Survey (CPS), so we do not present a comparison with the CPS.
6. Additional information about the HRMS is available at <http://hrms.urban.org/>.
7. For a description of how the Census Bureau adjusted the CPS, see appendix C in Zbikowski and Lubich (2006). For the ACS's weighting methodology, see chapter 11 in Torrieri (2014).
8. Wide confidence intervals indicate that the comparison between surveys is likely to have low power and may be unable to detect statistical significance.

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