



# Nonfederal Surveys Fill a Gap in Data on ACA

*Michael Karpman, Sharon K. Long, and Michael Huntress*

*March 2015*

Though federal government surveys, such as the American Community Survey (ACS), Current Population Survey (CPS), National Health Interview Survey (NHIS), Medical Expenditure Panel Survey, and Behavioral Risk Factor Surveillance System, are essential for understanding the effect of the Affordable Care Act (ACA) on health insurance coverage and health care, the time lag between data collection and release means little information has been available as major provisions of the law have been implemented in 2014 and early 2015, an important window of opportunity to make policy and programmatic changes that could improve the law's effectiveness.

To fill this information gap, private research organizations have launched new surveys or modified existing ones to provide timely data and valuable insights on ACA implementation issues and challenges. These surveys include:

- Commonwealth Fund's Affordable Care Act Tracking Survey
- Enroll America's Survey of Uninsured and Newly Insured Adults
- Gallup-Healthways' Well-Being Index
- Kaiser Family Foundation's Health Tracking Poll
- McKinsey Center for US Health System Reform's Open Enrollment Consumer Survey
- RAND's Health Reform Opinion Study
- Urban Institute's Health Reform Monitoring Survey

With results often reported within weeks of data collection, these surveys can both provide policymakers with early feedback on whether key ACA objectives are being met and help them identify

pressing challenges.<sup>1</sup> This brief provides an overview of the surveys (table 1) and compares their design and content, including common and disparate findings on topics such as insurance coverage, affordability of health care, and experience with the health insurance Marketplaces. Survey instruments and reference materials are available in appendix A.<sup>2</sup>

## Overview of Surveys

The organizations highlighted in this brief use surveys that differ in focus, sample frame, target population, type of sample, survey mode, and the frequency and regularity with which the surveys are fielded (tables 1–3). The seven surveys compared here, which are not longitudinal unless noted, are as follows.

**Commonwealth Fund Affordable Care Act Tracking Survey (the CWF survey).** The first wave of this series was fielded in July through September 2013 and focused on awareness of the new health insurance Marketplaces and other key ACA coverage provisions, as well as nonelderly adults' likelihood of using the Marketplaces. Then, two one-time survey waves (in October and December 2013) targeted nonelderly adults who were uninsured or had nongroup coverage. The surveys explored awareness of ACA coverage provisions, use of and experience with the Marketplaces, enrollment through the Marketplaces, opinion of the ACA, and cancellations of nongroup policies. A follow-up survey to the July through September 2013 wave was conducted in April through June 2014; it measured changes in the uninsurance rate for nonelderly adults and access to care after the ACA's first open enrollment period.

**Enroll America Survey of Uninsured and Newly Insured Adults (the EA survey).** The initial survey, fielded in December 2013, focused on uninsured nonelderly adults' awareness of and experience with the Marketplaces and their intentions to enroll. A follow-up survey in April 2014 explored why some adults enrolled in new private coverage or Medicaid and why others remained uninsured.

**Gallup-Healthways Well-Being Index (the Gallup survey).** This index, conducted as part of daily Gallup Poll interviews, pools responses across several months to provide estimates of changes in uninsurance rates for all adults since 2008. Gallup also uses selected polls to collect information on such topics as opinions and awareness of the ACA and intentions to use the Marketplaces and obtain insurance.

TABLE 1

## Overview of Nonfederal Surveys Providing Timely Information on the ACA

Survey	Sponsor	Vendor	Timing, frequency, and initial release of findings
Affordable Care Act Tracking Survey	Commonwealth Fund	Social Science Research Solutions	Annual, around open enrollment. First survey fielded July 15, 2013, through September 8, 2013, with results first reported September 2013. Repeated April 9, 2014, through June 2, 2014, with results first reported July 2014. Two one-time surveys fielded October 9–27, 2013, and December 11–29, 2013, with results first reported the following month. Next survey planned for end of 2015 open enrollment.
Surveys of Uninsured and Newly Insured Adults	Enroll America	PerryUndem and GfK	First survey fielded December 12–22, 2013, with results first reported January 2014. Second survey fielded April 10–28, 2014, with results first reported May 2014.
Well-Being Index	Gallup-Healthways	NA	Daily; Well-Being Index launched in 2008; July 1, 2014, through September 30, 2014, results first reported October 8, 2014.
Kaiser Health Tracking Poll	Kaiser Family Foundation	Princeton Survey Research Associates International	Monthly, over the span of one week each month; questions on ACA asked since April 2010. Results reported at end of each month.
Open Enrollment Consumer Survey	McKinsey Center for US Health System Reform	Third-party vendor	Five surveys fielded during 2014 open enrollment: November 25, 2013 through December 6, 2013; December 16–20, 2013; January 6–10, 2014; February 4–13, 2014; and April 7–16, 2014. Additional surveys planned for 2015 open enrollment. Reporting of results varies.
Health Reform Opinion Study	RAND	NA	Monthly; first survey fielded in September 2013, monthly surveys fielded between November 2013 and May 2014 and periodically through the remainder of 2014. One-quarter of sample contacted each week. Results reported periodically; insurance change estimates for September 2013 through March 2014 reported April 2014.
Health Reform Monitoring Survey	Urban Institute	GfK	Quarterly surveys fielded over about three weeks each in March, June, September, and December. Results first reported the following month of each fielding. First survey was fielded January through February 2013 and February through March 2013.

**Sources:** Bhardwaj, Coe, Cordina, and Saha (2014); Carman and Eibner (2014); Collins, Rasmussen, and Doty (2014); Collins, Rasmussen, Doty, and Garber (2013); Collins, Rasmussen, Doty, Garber, and Blumenthal (2013); Collins et al. (2014); Hamel, Firth, and Brodie (2014e); Kaiser Family Foundation (2010); PerryUndem (2014a, 2014b). Jenna Levy, “In US, Uninsured Rate Holds at 13.4%,” *Gallup*, October 8, 2014; “How Does the Gallup-Healthways Well-Being Index Work?” Gallup, accessed February 11, 2015, <http://www.gallup.com/poll/128186/gallup-healthways-index-work.aspx>; “American Life Panel: Available Surveys,” RAND, accessed February 11, 2015, <https://mmicdata.rand.org/alp/index.php?page=data>; “RAND Health Reform Opinion Study: Frequently Asked Questions,” RAND, accessed January 16, 2015, <http://www.rand.org/health/projects/health-reform-opinion/faq.html>; “HRMS Frequently Asked Questions,” Urban Institute, accessed January 16, 2015, <http://hrms.urban.org/faq.html>.

**Note:** NA = not applicable.

**Kaiser Family Foundation Health Tracking Poll (the KFF survey).** This monthly survey provides information on adults' opinions, knowledge, and experiences with the US health care system. Questions about the ACA were added in 2010.

**McKinsey Open Enrollment Consumer Survey (the McKinsey survey).** This longitudinal survey, implemented twice in 2013 (in November through December) and three times in 2014 (in January, February, and April), was administered to nonelderly adults eligible for a qualified health plan. These were people who, in 2013 before the ACA's open enrollment period started, either (1) were uninsured or had nongroup coverage, or (2) had group coverage that was not continuing the following year, and are not likely to be eligible for Medicaid (because they have income above 138 percent of the federal poverty level [FPL] if they live in Medicaid expansion states or above 100 percent of FPL if they live in nonexpansion states). The survey explored the choices these consumers make in shopping for and purchasing coverage.

**RAND's Health Reform Opinion Study (the RAND survey).** Started in September 2013 and then fielded monthly between November 2013 and May 2014 (and fielded again in August and November 2014), this survey uses a longitudinal sample and tracks adults' opinions of the ACA and changes in health insurance coverage from the previous month.

**Urban Institute's Health Reform Monitoring Survey (the Urban survey).** Started in January through March 2013, this quarterly survey of nonelderly adults contains questions on insurance coverage, access to and affordability of health care, and self-reported health status, as well as supplemental questions on timely ACA implementation challenges. Respondents answer additional questions for a randomly selected child in the household, if any children are present.

## Comparison of Survey Design

### Sample Selection and Recruitment

The CWF, EA, Gallup, KFF, and Urban surveys are conducted with probability-based samples: respondents are randomly selected from a sample frame representing the national population and have a known, nonzero probability of selection (table 2). The CWF, Gallup, and KFF surveys use random-digit dialing (RDD) methods to select and recruit their samples. These surveys draw from dual-frame samples covering households with landlines and cell phones, with processes for randomly selecting respondents in households with a landline.

The EA, McKinsey, RAND, and Urban surveys, in contrast, draw samples from Internet panels. The EA and Urban surveys use KnowledgePanel, which draws from an address-based sampling frame.<sup>3</sup> The RAND survey draws its sample from its American Life Panel, which is recruited through several means.<sup>4</sup> To ensure that households without Internet access are represented, both KnowledgePanel and the American Life Panel provide free Internet access and laptops if needed. The McKinsey survey does not publicize the sampling frame from which it draws its sample. With the exception of the Gallup and RAND surveys, all of the surveys are fielded by third-party contractors. In addition, all of the surveys

are tapping into ongoing survey efforts or panels maintained by the relevant vendors or sponsoring organizations.

## Sample Size

Because of differences in the frequency of data collection, the sample frame and recruitment pool, and the target population, sample sizes vary widely (table 3). Because it surveys 500 adults daily, the Gallup survey holds by far the largest sample size: about 45,000 respondents (general adult population) per quarter. The lowest sample sizes reflect narrower populations of interest, such as uninsured or newly insured nonelderly adults (of which the EA survey samples approximately 600–900) and uninsured or nongroup insured nonelderly adults (of which the October and December waves of the CWF survey sample 600–700).

## Survey Mode and Administration

The CWF, Gallup, and KFF surveys conduct computer-assisted telephone interviews (table 3). The EA, McKinsey, RAND, and Urban surveys, however, conduct self-administered Internet-based surveys. Most of the surveys highlighted in this brief are conducted in both English and Spanish.

## Response Rates and Survey Weighting Procedures

The response rates for the ACA surveys reviewed here vary between 5 percent and 20 percent depending on the method of administration (table 3).

For the Internet-based surveys, given the multiple stages at which respondents must provide information, response rates are calculated differently than in the RDD surveys. For instance, the American Association for Public Opinion Research cumulative response rate for KnowledgePanel, which underlies the EA and Urban surveys, is the product of the rate at which households are successfully recruited, the rate at which they complete household profiles with standard demographic information, and the rate at which they complete questionnaires when selected to participate in a given survey (American Association for Public Opinion Research 2011). Though typical survey completion rates for Urban's survey are about 60 percent, the cumulative response rate is 5 to 6 percent. Similarly, the RAND survey has a completion rate of around 60 percent, but the cumulative response rate, although not reported, will be lower.<sup>5</sup>

All seven organizations apply survey weights to correct for potential nonresponse and noncoverage bias and for any instances in which the design of a particular survey deviates from equal probability of selection methods. These weights are designed such that key sociodemographic estimates in each survey match the appropriate targets from national surveys, such as the ACS and CPS, and from the US census. RDD-based surveys are also weighted to reflect the distribution of telephone usage in the national population, based on data from the NHIS.

## Capacity to Support Subgroup, Subnational, and Time Trend Analysis

All of the surveys reported here are used to produce estimates for demographic subgroups (e.g., age, gender, race and ethnicity, income, educational attainment, employment status, insurance coverage type, health status, and political party or affiliation). The CWF survey (in the July through September 2013 and April through June 2014 waves) and Urban survey oversample low-income adults (those with less than 250 percent of FPL in the CWF survey and those at or below 138 percent of FPL in the Urban survey) to reduce the sampling error of estimates for these populations. For the April through June 2014 wave, the CWF survey recontacted a prescreened population of nonelderly adults who reported being uninsured or having nongroup coverage. The EA survey targets nonelderly adults who are uninsured or newly insured in private coverage or Medicaid, and the McKinsey survey focuses on adults who are identified as eligible for a qualified health plan.

Only three of the surveys covered here are designed to support state-level estimates. The Gallup survey supports estimates in all states, the CWF survey oversamples nonelderly adults in the six largest states, and the Urban survey uses large state samples and targeted state oversamples. Most of the surveys are used to provide estimates by region and state groups (such as Medicaid expansion versus nonexpansion states, and states using state-based Marketplaces versus those using the federal Marketplace).

With the exception of the EA survey, time trend analysis is possible with the surveys reviewed because they contain a core set of questions in multiple rounds or in each round. Five surveys draw upon repeated cross-sections from either an existing panel or the larger sample frame. The RAND survey polls the same individuals on the American Life Panel each month, and the McKinsey survey also is longitudinal. Finally, in all seven surveys the unit of analysis is the individual adult, who responds for himself or herself. However, Gallup survey respondents also answer for randomly selected members of their household, and Urban survey respondents answer questions for a randomly selected child in the household, if children are present.

TABLE 2

## Comparison of Survey Design: Sample Frame, Target Populations, and Sample or Oversamples

Survey	Sample frame	Target population	Sample and oversamples
Commonwealth Fund Affordable Care Act Tracking Surveys (July through September 2013 and April through June 2014)	Dual-frame (landline/cell phone) RDD phone survey covering continental United States. Single respondent randomly selected in each household. Cell phones treated as individual devices. April through June 2014 sample includes prescreened and recontacted adults who identified as uninsured or nongroup enrollees in July through September 2013 wave or in Social Science Research Solutions omnibus survey.	Adults ages 19 to 64; individual responding for self.	Cross-sectional sample with oversamples of nonelderly adults with family income less than 250% of FPL and nonelderly adults from the six largest states (CA, FL, IL, NY, PA, and TX). Recontacted all uninsured and nongroup enrollees in 2014.
Commonwealth Fund Affordable Care Act Tracking Surveys (October 2013 and December 2013)	Dual-frame RDD phone survey covering continental United States. Single respondent randomly selected in each household. Cell phones treated as individual devices. Included as part of Social Science Research Solutions omnibus phone survey.	Adults ages 19 to 64 potentially eligible for new ACA coverage options (i.e., uninsured or with nongroup coverage); individual responding for self.	Cross-sectional sample.
Enroll America Surveys of Uninsured and Newly Insured Adults	KnowledgePanel, a probability-based Internet panel of 55,000 drawn from an address-based sample frame based on the USPS Delivery Sequence File. Households contacted by mail and phone in English and Spanish and provided free Internet access and laptops if needed.	Uninsured and newly insured adults ages 18 to 64; individual responding for self.	Cross-sectional sample of panel members.
Gallup-Healthways Well-Being Index	Dual-frame RDD phone survey. Respondents within a household chosen randomly.	Adults age 18 and older; individual responding for self and randomly selected other members of household.	Cross-sectional sample.
Kaiser Family Foundation Health Tracking Poll	Dual-frame RDD phone survey. For the landline sample, respondents selected by asking for the youngest adult male or female currently at home based on a random rotation. If no one of that gender is available, youngest adult of opposite gender is interviewed. Cell phone sample interviews conducted with person who answers the phone.	Adults age 18 and older; individual responding for self.	Cross-sectional sample.
McKinsey Open Enrollment Consumer Survey	Not available. <sup>a</sup>	Adults ages 18 to 64 eligible to purchase individual coverage on the ACA exchanges or elsewhere; individual responding for self.	Longitudinal, panel-based survey.

Survey	Sample frame	Target population	Sample and oversamples
RAND Health Reform Opinion Study	American Life Panel, an Internet panel of over 5,500 adults age 18 and older recruited through various methods. <sup>b</sup>	Adults age 18 and older; insurance estimates reported for nonelderly adults ages 18 to 64; individual responding for self.	Longitudinal sample of all panel members each month.
Urban Institute Health Reform Monitoring Survey	KnowledgePanel, a probability-based Internet panel of 55,000 drawn from an address-based sample frame based on the USPS Delivery Sequence File. Households contacted by mail and phone in English and Spanish and provided free Internet access and laptops if needed.	Nonelderly adults ages 18 to 64 and children from birth to age 17; individual adult responding for self and randomly selected child in the household.	Cross-sectional sample of panel members with oversamples of adults with family income less than or equal to 138% of FPL and certain state groups.

**Sources:** Bhardwaj, Coe, Cordina, and Saha (2014); Carman and Eibner (2014); Collins, Rasmussen, and Doty (2014); Collins, Rasmussen, Doty, and Garber (2013); Collins, Rasmussen, Doty, Garber, and Blumenthal (2013); Collins et al. (2014); GfK (2013); Hamel, Firth, and Brodie (2014e); PerryUndem (2014); PerryUndem and Enroll America (2014); “How Does the Gallup-Healthways Well-Being Index Work?” Gallup, accessed February 11, 2015, <http://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>; “American Life Panel: Available Surveys,” RAND, accessed February 11, 2015, <https://mmicdata.rand.org/alp/index.php?page=data>; “HRMS Frequently Asked Questions,” Urban Institute, accessed January 16, 2015, <http://hrms.urban.org/faq.html>.

**Notes:** FPL = federal poverty level; RDD = random-digit dialing; ACA = Affordable Care Act; USPS = United States Postal Service.

<sup>a</sup> McKinsey did not provide information on sample frame.

<sup>b</sup> Sources of recruitment for the American Life Panel include adults who joined an Internet panel to respond to the Monthly Survey of the University of Michigan’s Survey Research Center and participants in an Internet panel for the National Survey Project conducted by Stanford University and Abt SRBI, among others. For more details on panel composition, see “Panel Composition,” RAND, accessed January 15, 2015, <https://mmicdata.rand.org/alp/index.php?page=panelcomposition>.

TABLE 3

## Comparison of Survey Design: Sample Size, Survey Mode, Response Rate, and Survey Weights

Survey	Sample size each round	Survey mode and administration	Response rate	Survey weights
Commonwealth Fund Affordable Care Act Tracking Surveys (July through September 2013 and April through June 2014)	6,132 nonelderly adults in 2013 (2,895 landline; 3,237 cell phone); 4,425 nonelderly adults in April through June 2014 (2,098 landline; 2,327 cell phone).	Computer-assisted telephone interviewing, with interviews conducted in English and Spanish.	July through September 2013: 20.1% (22.2% for landline, 17.8% for cell phone). April through June 2014: 14% (19% for landline main sample component; 15% for cell phone main sample component; response rate for recontacted sample not reported).	Weights based on age by state (for seven state breaks: CA, TX, NY, FL, PA, IL, and all other states), gender by state, race or ethnicity by state, education by state, household size, geographic division, and population density using the ACS, and to household telephone use using NHIS. Weights for April through June 2014 data based on age, gender, race and ethnicity, education, household size, geographic division, and population density using the ACS and by household telephone use using NHIS.
Commonwealth Fund Affordable Care Act Tracking Surveys (October 2013 and December 2013)	682 uninsured or nongroup enrollees in October 2013 (283 landline, 399 cell phone); 622 nonelderly adults who are uninsured or have nongroup coverage in December 2013 (292 landline, 330 cell phone).	Computer-assisted telephone interviewing, with interviews conducted in English and Spanish.	December 2013: 11.9% (18.3% for landline, 6.3% for cell phone) October 2013: 10.8% (14.6% for landline, 8.1% for cell phone).	Weights based on age by gender, region by gender, education, race or ethnicity, and metropolitan status based on CPS, and household telephone use using NHIS.
Enroll America Surveys of Uninsured and Newly Insured Adults	910 uninsured nonelderly adults in December 2013; 671 newly insured and 853 uninsured nonelderly adults in April 2014.	Internet-based survey.	Not available. <sup>a</sup>	Not available. <sup>a</sup>
Gallup-Healthways Well-Being Index	Over 178,000 adults (500 a day) in 2013. This had been 355,000 adults per year (1,000 a day) previously; the April 1, 2014, through June 30, 2014, sample included 45,125 adults.	Computer-assisted telephone interviewing, with interviews conducted in English and Spanish.	7% for the Well-Being track, which includes the health insurance question.	Weighted based on age, gender, region, education, ethnicity, and race from CPS, population density from 2010 census, and by household telephone use using NHIS.
Kaiser Family Foundation Health Tracking Poll	Approximately 1,500 adults a month.	Computer-assisted telephone interviewing, with interviews conducted in English and Spanish.	8% for the landline sample, 9-10% for the cell phone sample.	Weights based on gender, age, education, race, Hispanic origin, nativity (for Hispanics only), and region based on ACS, population density using the 2010 census and household telephone use using NHIS.

Survey	Sample size each round	Survey mode and administration	Response rate	Survey weights
McKinsey Open Enrollment Consumer Survey	Qualified health plan–eligible nonelderly adults totaling 4,563 adults in November 2013 through January 2014; 2,096 adults in February 2014; 2,874 adults in April 2014.	Internet-based survey conducted in English.	Not available. <sup>b</sup>	Weights based on age, gender, geography, household size, household income and insurance coverage using US Census Bureau data.
RAND Health Reform Opinion Study	3,300 adults a month, including 2,600 nonelderly.	Internet-based survey conducted in English or Spanish.	Cumulative response rate not reported. Completion rates for Health Reform Opinion Study approximately 60%.	Weights based on gender, age, race and ethnicity, education, household size, and family income using CPS.
Urban Institute Health Reform Monitoring Survey	7,500 nonelderly adults; adults also respond for 2,500 children each quarter.	Internet-based survey conducted in English or Spanish.	The AAPOR cumulative response rate for the Health Reform Monitoring Survey is the product of the panel household recruitment rate, the panel household profile rate, and the Health Reform Monitoring Survey completion rate, equaling roughly 5% each quarter.	Weights based on gender, age, race and ethnicity, education, income, presence of children in households, residence in a metropolitan area, Internet access, homeownership, region, and state group using CPS, and primary language using Pew Hispanic Center Survey.

**Sources:** Bhardwaj, Coe, Cordina and Saha (2014); Carman and Eibner (2014); Collins, Rasmussen, and Doty (2014); Collins, Rasmussen, Doty, and Garber (2013); Collins, Rasmussen, Doty, Garber, and Blumenthal (2013); Collins et al. (2014); Hamel, Firth, and Brodie (2014e); PerryUndem (2014); PerryUndem and Enroll America (2014); Skopec, Musco, and Sommers (2014); “How Does the Gallup-Healthways Well-Being Index Work?” Gallup, accessed February 11, 2015, <http://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>; Dan Witters, “Arkansas, Kentucky Report Sharpest Drops in Uninsured Rate,” *Gallup*, August 5, 2014, <http://www.gallup.com/poll/174290/arkansas-kentucky-report-sharpest-drops-uninsured-rate.aspx>; Jenna Levy, “In US, Uninsured Rate Sinks to 13.4% in Second Quarter,” *Gallup*, July 10, 2014, <http://www.gallup.com/poll/172403/uninsured-rate-sinks-second-quarter.aspx>; “American Life Panel: Available Surveys,” RAND, accessed February 11, 2015, <https://mmicdata.rand.org/alp/index.php?page=data>; “RAND Health Reform Opinion Study: Frequently Asked Questions,” RAND, accessed January 16, 2015, <https://mmicdata.rand.org/alp/index.php?page=hros>; “HRMS Frequently Asked Questions,” Urban Institute, accessed January 16, 2015, <http://hrms.urban.org/faq.html>.

**Notes:** ACS = American Community Survey; NHIS = National Health Interview Survey; CPS = Current Population Survey; AAPOR = American Association for Public Opinion Research.

<sup>a</sup> Enroll America and PerryUndem did not respond to requests for information.

<sup>b</sup> McKinsey did not provide information on response rates.

## Comparison of Survey Content

The content of these surveys varies based on their purpose, target population, sample size, periodicity, and survey mode. The survey questions are often based on questions from major federal surveys to facilitate benchmarking analysis. This section compares the extent to which surveys address the following topics:

- Health insurance coverage
- Health insurance literacy and decisionmaking
- Access to and affordability of health care
- Public opinion and awareness of the ACA
- Experiences with health insurance Marketplaces, Medicaid, and other ACA provisions

The exact wording of survey questions can be found through the links to survey instruments in appendix A.

### Health Insurance Coverage

The CWF, Gallup, RAND, and Urban surveys provide estimates of the change in the national uninsurance rate since the beginning of the first ACA open enrollment period (table 4).

Though the estimated levels of uninsurance and the magnitudes of change vary, the surveys consistently show a marked decline in the share of adults who are uninsured. The Urban survey estimates that the largest coverage gains have occurred in states that expanded Medicaid, with smaller gains in nonexpansion states (Long et al. 2014). Similarly, the CWF survey shows a substantial decrease in the uninsurance rate among poor nonelderly adults in expansion states but no significant change in nonexpansion states (Collins et al. 2014). According to Gallup survey results, states that both expanded Medicaid and set up their own Marketplace experienced greater coverage gains than states that did not implement both of these actions.<sup>6</sup> The CWF, Urban, and Gallup survey results also show larger declines among populations targeted by key ACA provisions (such as low-income adults) and those with historically high uninsurance rates (such as racial and ethnic minorities; Collins et al. 2014; Long et al. 2014).<sup>7</sup>

TABLE 4

## Estimated Change in Uninsurance Rate across Nonfederal ACA Surveys

Organization	Target population	Time period	Sample size	Pre-2014 uninsurance rate (%)	2014 uninsurance rate (%)	Change in number of uninsured
Commonwealth Fund	Adults ages 19 to 64	July through September 2013 to April through June 2014	6,132 in July through September 2013, 4,425 in April through June 2014	20	15	-9.5 million nonelderly adults <sup>a</sup>
Gallup-Healthways	Adults ages 18 to 64	July through September 2013 to July through September 2014	32,230 in July through September 2013, 29,728 in July through September 2014	21.6	16.2	-10.6 million adults <sup>b</sup>
RAND	Adults ages 18 to 64	September 2013 to March 2014	2,425 in both September 2013 and March 2014	20.5	15.8	-9.3 million nonelderly adults <sup>c</sup>
Urban Institute	Adults ages 18 to 64	September 2013 to September 2014	7,911 in September 2013, 7,642 in September 2014	17.7	12.4	-10.6 million adults <sup>d</sup>

**Sources:** Carman and Eibner (2014); Collins, Rasmussen, and Doty (2014); Long et al. (2014). Quarterly estimates of the uninsurance rate among nonelderly adults at the time of the Gallup survey were provided by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

<sup>a</sup> This is the difference in the number of uninsured adults ages 19 to 64 based on estimates from the July through September 2013 Commonwealth Fund survey (37.1 million) and the April through June 2014 Commonwealth Fund survey (27.6 million; Collins, Rasmussen, and Doty 2014).

<sup>b</sup> The Urban Institute estimated this figure based on 2014 national population predictions available from the US Census Bureau. These files give population projections by race, ethnicity, and sex for all ages from 2012 to 2060 based on estimated birth rates, death rates, and net migration rates over the period. Using the "Table 1, Middle Series" file (which has a 2014 projected population of 318,892,103), we summed the 2014 population projections for all 18- to 64-year-olds to arrive at 198,461,688 nonelderly adults in 2014. See "2012 National Population Projections: Downloadable Files," US Census Bureau, accessed January 16, 2015. Quarterly estimates of the uninsurance rate among nonelderly adults at the time of the Gallup survey were provided by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. These estimates are based on survey data collected throughout the quarter (e.g., July through September 2014 for quarter 3 2014). We thank staff at the Office of the Assistant Secretary for Planning and Evaluation for providing these tabulations.

<sup>c</sup> RAND uses the weighted percentage of respondents from the survey multiplied by the total population of adults ages 18 to 64 (198.5 million) to extrapolate to the national level.

<sup>d</sup> This estimate uses 2014 national population predictions available from the US Census Bureau. These files give population projections by race, ethnicity, and sex for all ages from 2012 to 2060 based on estimated birth rates, death rates, and net migration rates over the period. Using the "Table 1, Middle Series" file (which has a 2014 projected population of 318,892,103), we summed the 2014 population projections for all 18- to 64-year-olds to arrive at 198,461,688 nonelderly adults in 2014. See "2012 National Population Projections: Downloadable Files," US Census Bureau, accessed January 16, 2015, <https://www.census.gov/population/projections/data/national/2012/downloadablefiles.html>.

Federal survey data will provide more definitive estimates because of those surveys' larger sample sizes, stronger designs, and higher response rates. So far, however, the quick-turnaround private surveys have tracked well with federal estimates. For instance, based on early release data from the NHIS, the Centers for Disease Control and Prevention estimate that the uninsurance rate for adults ages 18 to 64 fell 4.8 percentage points between 2013 and April through June 2014 (Cohen and Martinez 2014). Table 4 shows that nonfederal ACA surveys have provided similar estimates of the change in the uninsurance rate among nonelderly adults between the periods just before and after the first Marketplace open enrollment.

Question wording on current insurance status and coverage type differs across surveys. For instance, the Urban survey asks a slightly modified version of a question included in the ACS and a follow-up question to verify if a respondent is uninsured, and it provides an option for those with unspecified coverage to provide a write-in response. In contrast, the Gallup, KFF, and RAND surveys first ask respondents whether they have coverage and follow up with a question on the type of coverage. Respondents can select more than one coverage type in Urban's and RAND's surveys. The KFF survey asks for the respondent's main source of coverage, and the Gallup survey asks about both primary and secondary sources of coverage. Both the Gallup and RAND surveys have released estimates of changes in coverage types. Gallup survey data show an increase in the share of nonelderly adults with nongroup coverage or Medicaid between August through September 2013 and April 2014.<sup>8</sup> RAND survey data estimate large gains in employer-sponsored insurance, Medicaid, and Marketplace coverage between September 2013 and March 2014 (Carman and Eibner 2014).

The EA, KFF, McKinsey, and Urban surveys explore the reasons why adults say they are uninsured and did not enroll in an available coverage option. In each survey, affordability is cited as the main barrier to obtaining coverage (Zuckerman et al. 2014; Shartzter et al. 2014; PerryUndem and Enroll America 2014b; Hamel, Firth, and Brodie 2014c; Bhardwaj, Coe, Cordina, and Saha 2014). Whether affordability challenges stem from a lack of awareness of available financial assistance, ineligibility for assistance, or actual inability to afford coverage even with assistance has not been fully explored. However, several surveys suggest that a lack of assistance for low-income adults in Medicaid nonexpansion states and unfamiliarity with Marketplace-based subsidies both play a role (Shartzter et al. 2014; PerryUndem and Enroll America 2014; Bhardwaj, Coe, Cordina, and Saha 2014).

Surveys also provide varied estimates of the share of uninsured adults who anticipate gaining coverage or paying the penalty for not having coverage. The EA survey finds that 42 percent of uninsured adults said they would definitely or probably obtain coverage in 2015, motivated by both the penalty and the benefits of having coverage (PerryUndem and Enroll America 2014). Because the composition of the pool of uninsured adults has changed since fall 2013, Gallup and KFF survey data have shown a declining share expecting to gain coverage as the end of open enrollment approached (Hamel, Firth, and Brodie 2014b).<sup>9</sup> The Urban survey found that just before the first open enrollment period, those who expected to be eligible for Medicaid or Marketplace subsidies were substantially more likely to anticipate gaining coverage in 2014 compared with those who did not think they would be eligible (Blavin and Karpman 2014).

Additional major areas of focus on health insurance in the surveys include satisfaction with coverage, access to employer-sponsored insurance, coverage status of respondents and family members over the 12 months before the survey, transitions and churning across coverage types and uninsurance, enrollment through the Marketplace, and reasons why the uninsured have not enrolled through the Marketplace.

## **Health Insurance Literacy and Decision Making**

Several surveys examine factors that affect consumers' decisionmaking process on health insurance and their understanding of basic insurance concepts. EA, RAND and Urban survey data underscore the low levels of health insurance literacy among the uninsured, lower-income nonelderly adults, and racial and ethnic minorities (Barcellos et al. 2014; Blumberg et al. 2013b; Long and Goin 2014a; PerryUndem and Enroll America 2014). For instance, the RAND survey found that uninsured and lower-income nonelderly adults were less likely than other adults to provide the correct answers to multiple-choice questions on health insurance topics (Barcellos et al. 2014). KFF and Urban survey data highlight the trade-offs individuals make between limits on their coverage and the amount they are willing to pay for that coverage (Blumberg et al. 2013a; Hamel, Firth, and Brodie 2014a). According to EA survey data, cost, especially premium cost, is among the most important factors shaping plan choices (PerryUndem and Enroll America 2014).

## **Access to and Affordability of Health Care**

Drawing upon its expanded sample of adults who identified as uninsured or enrolled in nongroup coverage in previous surveys and who are therefore potentially eligible for new coverage options under the ACA, the CWF's April through June 2014 survey highlights access and affordability among the newly insured. According to CWF survey data, more than one-third of enrollees in Marketplace coverage or Medicaid received care they would not have been able to access or afford before obtaining coverage, and three-quarters of previously uninsured adults who used their new coverage to get care reported that they would not have been able to get this care before getting coverage (Collins et al. 2014).

The Urban survey also has a strong focus on health care access and affordability: it contains questions on respondents' usual source of care, whether adults had a routine checkup in the past year, difficulty finding a doctor, medical needs that were unmet for affordability reasons, deductibles and out-of-pocket spending, whether respondents pay premiums or receive subsidies, and problems with medical bills or medical debt.

## **Public Opinion and Awareness of the ACA**

Despite the growth in Marketplace and Medicaid enrollment, opinions of the ACA have been consistently negative according to ACA surveys reviewed here. Though the CWF, Gallup, KFF, RAND, and Urban surveys have all measured public opinion, the Gallup, KFF, and RAND surveys have done so most consistently over time and track these changes as a primary objective. All five of these have shown

a majority or plurality as having an unfavorable opinion of or disapproving of the ACA; KFF and Urban survey data show that even among those who stand to benefit most from health care reform, such as the uninsured, most do not report having a favorable opinion of the law (Hamel, Firth, and Brodie 2014b; Holahan et al. 2014).

Since 2010, the KFF survey has not only tracked public opinion of the ACA, but has also asked for open-ended responses about the reasons behind favorable and unfavorable opinions and measured respondents' perceptions of whether they and their families have benefited or been harmed by the law. Since 2011, the KFF survey has also tracked opinions of individual components of the ACA. The data show favorable views of the ACA coverage expansions and insurance market reforms, but negative opinions of the individual mandate. For those with unfavorable views of the law, the most common concerns are about the cost of health insurance and health care and the individual mandate (Hamel, Firth, and Brodie 2014b).

The Gallup survey has also measured public opinion of the ACA and its perceived effect on adults and their families. Both Gallup and KFF survey data show that most adults do not think they are affected, but of those that do, more believe they are affected negatively than positively (Hamel, Firth, and Brodie 2014d).<sup>10</sup> Both surveys also underscore that the greatest differences in public opinion are across political affiliations.<sup>11</sup> However, CWF survey data from July through September 2013 suggest widespread support for expanding Medicaid to more residents, with two-thirds of nonelderly adults in nonexpansion states favoring expansion (Collins, Rasmussen, Doty, and Garber 2013). The RAND survey is unique because it shows monthly opinions of the ACA for the same sample, including whether respondents' opinions are susceptible to change.

Before the open enrollment period, several of the surveys in this brief found low awareness of many ACA provisions. EA and Urban survey data suggest that adults are less familiar with Marketplace subsidies and more familiar with the penalty for not having coverage (PerryUndem and Enroll America 2014; Long and Goin 2014b). According to CWF, EA, Gallup, and Urban survey data, awareness is especially low among uninsured adults targeted by the ACA's coverage expansions. Though the CWF survey found awareness of the Marketplace and subsidies doubled during the first open enrollment period, it also found that more than half of uninsured adults remained unaware of financial assistance available to purchase coverage in April through June 2014 (Collins et al. 2014).

## **Experiences with Marketplaces, Medicaid Expansion, and Other ACA provisions**

The KFF and Urban surveys have focused on adults' experiences with early ACA reforms (such as the extension of dependent coverage up to age 26 and the ban on discrimination against children with preexisting conditions). In September 2013, the Urban survey found that 4 in 10 adults reported being affected by at least one of seven specific early reforms (Clemans-Cope et al. 2014). Between October 2013 and March 2014, however, the KFF survey found that about 8 in 10 adults said they had not personally benefited from the health reform law (Hamel, Firth, and Brodie 2014b). This contrast highlights the gap between perceptions of the overall law's effect and perceptions of its individual components' benefits.

In contrast to the limited focus on early reforms, most of these surveys explore the use of, experiences with, and enrollment through the Marketplaces. The CWF, EA, and Urban surveys provide the most depth on this topic. The CWF survey, in its April through June 2014 wave, found that by the end of the first open enrollment period, 43 percent of adults potentially eligible for new coverage options (i.e., uninsured adults or those with nongroup coverage) said they had visited the Marketplace (Collins et al. 2014). According to Urban survey data from June 2014, more than half of adults (56.7 percent) who were uninsured in the previous year and obtained coverage by the time of the survey looked for information on health plans in the Marketplace, compared with less than one-third who were uninsured in the previous year and remained uninsured at the time of the survey (Zuckerman et al. 2014).

CWF survey data indicate that nearly half of adults who visited the Marketplace enrolled in either a private plan or Medicaid and nearly two-thirds of the visitors who enrolled were uninsured just before enrollment (Collins et al. 2014). According to McKinsey survey data, the conversion rate (i.e., the share of those shopping for coverage who purchased coverage) is much higher for the previously insured than the previously uninsured, but that survey does not measure Marketplace enrollment directly (Bhardwaj et al. 2014).

The EA and Urban surveys examine the reasons why uninsured respondents do not visit the Marketplace and why those who visit do not enroll. In both cases, financial barriers are mentioned most frequently as a reason both for not going to the Marketplace and for not obtaining coverage (PerryUndem 2014a; Zuckerman et al. 2014). EA survey data show that the vast majority (79 percent) of uninsured adults who did not look for coverage were unaware of the availability of financial assistance (PerryUndem 2014a), and the McKinsey survey finds that 79 percent of subsidy-eligible uninsured who identified cost as a reason for not shopping for coverage were unaware of the availability or amount of financial assistance (Bhardwaj, Coe, Cordina, and Saha 2014).

# Appendix A. Survey Instruments, Reports, and Methodologies

## Commonwealth Fund's ACA Tracking Surveys

### Survey Instruments

Instruments for the July through September 2013 and April through June 2014 waves are not available online.

Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, Tracy Garber, and David Blumenthal. *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Month*. New York: Commonwealth Fund, 2013. <http://www.commonwealthfund.org/Surveys/2013/Affordable-Care-Act-Tracking-Survey.aspx>.

Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, Tracy Garber, and David Blumenthal. *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Three Months*. New York: Commonwealth Fund, 2014. [http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724\\_Collins\\_americans\\_experiences\\_hlt\\_ins\\_marketplaces\\_three\\_months\\_tracking\\_survey.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724_Collins_americans_experiences_hlt_ins_marketplaces_three_months_tracking_survey.pdf).

### Selected Survey Reports

Methodologies are provided at the end of each report.

Collins, Sara, Petra W. Rasmussen, and Michelle M. Doty. *Gaining Ground: Americans' Health Insurance Coverage and Access to Care after the Affordable Care Act's First Open Enrollment Period*. New York: Commonwealth Fund, 2014. <http://www.commonwealthfund.org/publications/issue-briefs/2014/jul/health-coverage-access-aca>.

Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, Tracy Garber, and David Blumenthal. *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Three Months*. New York: Commonwealth Fund, 2014. [http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724\\_Collins\\_americans\\_experiences\\_hlt\\_ins\\_marketplaces\\_three\\_months\\_tracking\\_survey.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724_Collins_americans_experiences_hlt_ins_marketplaces_three_months_tracking_survey.pdf).

### Additional Resources on Methodology

Pew Charitable Trusts. "Social Science Research Solutions (SSRS) Omnibus Survey." Washington, DC: Pew Charitable Trusts, 2012. [http://www.pewtrusts.org/~media/Assets/2012/07/19/Pew\\_Payday\\_Lending\\_Methodology.pdf](http://www.pewtrusts.org/~media/Assets/2012/07/19/Pew_Payday_Lending_Methodology.pdf).

Social Science Research Solutions. "SSRS Omnibus." Media, PA: Social Science Research Solutions, 2014. <http://ssrs.com/research/ssrs-omnibus/>.

# Enroll America's Surveys of Uninsured and Newly Insured Adults

## Survey Instruments

Survey instruments for the EA survey are not available online.

## Selected Survey Reports

Methodologies are provided at the beginning or end of each report.

PerryUndem. *The Uninsured Midway through ACA Open Enrollment*. Washington, DC: PerryUndem, 2014.  
[https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry\\_Undem\\_Uninsured\\_Survey.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry_Undem_Uninsured_Survey.pdf).

PerryUndem and Enroll America. *Voices from the Newly Enrolled and Still Uninsured*. 2014.  
<https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/11/Post-Enrollment-Survey.pdf>.

## Additional Resources on Methodology

GfK. "GfK KnowledgePanel Design Summary." Palo Alto, CA: GfK, 2013.  
[http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel\(R\)-design-summary-description.pdf](http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel(R)-design-summary-description.pdf).

# Gallup-Healthways Well-Being Index

## Survey Instruments

The full Gallup-Healthways survey instruments are not available online, but selected questions and topline results are available for some reports.

## Selected Survey Reports

Methodologies are provided at the end of each report.

Levy, Jenna. "In US, Uninsured Rate Sinks to 13.4% in Second Quarter." *Gallup*, July 10, 2014.  
<http://www.gallup.com/poll/172403/uninsured-rate-sinks-second-quarter.aspx>.

Witters, Dan. "Arkansas, Kentucky Report Sharpest Drops in Uninsured Rate." *Gallup*, August 5, 2014.  
<http://www.gallup.com/poll/174290/arkansas-kentucky-report-sharpest-drops-uninsured-rate.aspx>.

## Additional Resources on Methodology

Gallup. *Gallup-Healthways Well-Being Index Methodology Report for Indexes*. Washington, DC: Gallup, 2009.  
<http://wbi.meyouhealth.com/files/GallupHealthwaysWBI-Methodology.pdf>.

Gallup. "How Does Gallup Polling Work?" Accessed January 16, 2015, <http://www.gallup.com/poll/101872/how-does-gallup-polling-work.aspx>.

Gallup. "How Does the Gallup-Healthways Well-Being Index Work?" Accessed January 27, 2015, <http://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>.

## Kaiser Family Foundation's Health Tracking Poll

### Survey Instruments

Survey instruments and methodologies are available through the "Topline and Methodology" link for each poll.

Kaiser Family Foundation. "Kaiser Health Tracking Poll." Accessed January 16, 2015. <http://kff.org/tag/tracking-poll/>.

### Selected Survey Reports

Hamel, Liz, Jamie Firth, and Mollyann Brodie. "Kaiser Health Tracking Poll: August-September 2014." Menlo Park, CA: Kaiser Family Foundation, 2014. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-august-september-2014/>.

Hamel, Liz, Jamie Firth, and Mollyann Brodie. "Kaiser Health Tracking Poll: July 2014." Menlo Park, CA: Kaiser Family Foundation, 2014. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-july-2014/>.

## McKinsey Center for US Health System Reform's Open Enrollment Consumer Survey

### Survey Instruments

Survey instruments for the McKinsey study are not available online.

### Selected Survey Reports

Methodologies are provided at the end of each report.

Bhardwaj, Amit, Erica Coe, Jenny Cordina, and Mahi Rayasam. *Individual Market Enrollment: Updated View*. McKinsey & Company, 2014. <http://healthcare.mckinsey.com/sites/default/files/Individual-Market-Enrollment.pdf>.

Bhardwaj, Amit, Erica Coe, Jenny Cordina, and Ruchira Saha. *Individual Market: Insights into Consumer Behavior at the End of Open Enrollment*. McKinsey & Company, 2014. [http://healthcare.mckinsey.com/sites/default/files/McKinsey%20Reform%20Center\\_Individual%20Market%20Post%20OEP%20Trends.pdf](http://healthcare.mckinsey.com/sites/default/files/McKinsey%20Reform%20Center_Individual%20Market%20Post%20OEP%20Trends.pdf).

# RAND's Health Reform Opinion Study

## Survey Instruments

RAND. "American Life Panel: Available Surveys." Accessed January 16, 2015, <https://mmicdata.rand.org/alp/index.php?page=data>

## Selected Survey Reports

Carman, Katherine Grace, and Christine Eibner. *Changes in Health Insurance Enrollment since 2013*. Santa Monica, CA: RAND, 2014. [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR600/RR656/RAND\\_RR656.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR600/RR656/RAND_RR656.pdf).

## Additional Resources on Methodology

RAND. "American Life Panel." Accessed January 16, 2015, <https://mmicdata.rand.org/alp/index.php?page=main>.

RAND. "RAND Health Reform Opinion Study." Accessed January 16, 2015, <http://www.rand.org/health/projects/health-reform-opinion.html>.

RAND. "RAND Health Reform Opinion Study: Frequently Asked Questions." Accessed January 16, 2015, <https://mmicdata.rand.org/alp/index.php?page=hros>.

# Urban Institute's Health Reform Monitoring Survey

## Survey Instruments

Urban Institute. "HRMS Survey Instruments." Accessed January 16, 2015, <http://hrms.urban.org/survey-instrument/index.html>.

## Selected Survey Reports

Long, Sharon K., Michael Karpman, Adele Shartzter, Douglas Wissoker, Genevieve M. Kenney, Stephen Zuckerman, Nathaniel Anderson, and Katherine Hempstead. *Taking Stock: Health Insurance Coverage under the ACA as of September 2014*. Washington, DC: Urban Institute, 2014. <http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of-September-2014.html>.

Shartzter, Adele, Genevieve M. Kenney, Sharon K. Long, Katherine Hempstead, and Douglas Wissoker. *Who Are the Remaining Uninsured as of June 2014?* Washington, DC: Urban Institute, 2014. <http://hrms.urban.org/briefs/who-are-the-remaining-uninsured-as-of-june-2014.html>.

## Additional Resources on Methodology

Urban Institute. "HRMS Frequently Asked Questions." Accessed January 16, 2015, <http://hrms.urban.org/faq.html>

GfK. "GfK KnowledgePanel Design Summary." Palo Alto, CA: GfK, 2013. [http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel\(R\)-design-summary-description.pdf](http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel(R)-design-summary-description.pdf).

# Notes

1. We identified several other surveys providing ACA information that, though timely, we did not include in this comparison. Two are not included because they are ongoing and had not yet been fielded at the time this brief was prepared in 2014 (Commonwealth Fund's Biennial Health Insurance Survey and Kaiser Family Foundation's Survey of Low-Income Americans and the ACA), the third is not included because it is not a national survey (Kaiser Family Foundation's California Longitudinal Panel Study), and the fourth is not included because it is part of a series that began in 2014 and has been fielded only once (Kaiser Family Foundation's Survey of Nongroup Health Insurance Enrollees).
2. Information on survey design and content contained in this brief was compiled from survey instruments and reports available online, as well as correspondence in March through April 2014 and September 2014 with organizations sponsoring the surveys.
3. KnowledgePanel shifted to an address-based sampling frame because of declining RDD response rates and use of landline phone service. Selected households are initially contacted by mail; follow-up phone calls are made if mailed invitations are ignored and phone numbers can be matched to addresses (GfK 2013).
4. Sources of recruitment for the American Life Panel include adults who joined an Internet panel to respond to the Monthly Survey of the University of Michigan's Survey Research Center and participants in an Internet panel for the National Survey Project conducted by Stanford University and Abt SRBI, among others. For more details on panel composition, see "Panel Composition," RAND, accessed January 15, 2015, <https://mmicdata.rand.org/alp/index.php?page=panelcomposition>.
5. For instance, less than half of the University of Michigan Internet panel cohort and the National Survey Project cohort joined the American Life Panel. See Rand, "Panel Composition."
6. Dan Witters, "Uninsured Rate Drops More in States Embracing Health Law," *Gallup*, April 16, 2014, <http://www.gallup.com/poll/168539/uninsured-rates-drop-states-embracing-health-law.aspx>; and Dan Witters, "Arkansas, Kentucky Report Sharpest Drops in Uninsured Rate," *Gallup*, August 5, 2014, <http://www.gallup.com/poll/174290/arkansas-kentucky-report-sharpest-drops-uninsured-rate.aspx>.
7. Jenna Levy, "US Uninsured Rate Holds Steady at 13.4%," *Gallup*, June 5, 2014, <http://www.gallup.com/poll/170882/uninsured-rate-holds-steady.aspx>.
8. Jenna Levy and Dan Witters, "More in US Have Self-Funded Health Coverage, Medicaid," *Gallup*, May 9, 2014, <http://www.gallup.com/poll/168968/self-funded-health-coverage-medicaid.aspx>.
9. Frank Newport, "Majority of Uninsured Say They Will Get Insurance," *Gallup*, March 7, 2014, <http://www.gallup.com/poll/167786/majority-uninsured-say-insurance.aspx>.
10. Jeffrey M. Jones, "Americans Remain Negative toward Healthcare Law," *Gallup*, April 11, 2014, <http://www.gallup.com/poll/168491/americans-remain-negative-healthcare-law.aspx>.
11. Andrew Dugan and Frank Newport, "Politics Are Biggest Factor in Views of Healthcare Law," *Gallup*, April 1, 2014, <http://www.gallup.com/poll/168170/politics-biggest-factor-views-healthcare-law.aspx>; "Health Tracking Poll: Exploring the Public's Views on the Affordable Care Act," Kaiser Family Foundation, accessed January 16, 2015, <http://kff.org/interactive/health-tracking-poll-exploring-the-publics-views-on-the-affordable-care-act-aca/>.

# References

American Association for Public Opinion Research. 2011. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, 7th Edition*. Deerfield, IL: American Association for Public Opinion Research. [http://www.aapor.org/AAPORKentico/AAPOR\\_Main/media/MainSiteFiles/StandardDefinitions2011\\_1.pdf](http://www.aapor.org/AAPORKentico/AAPOR_Main/media/MainSiteFiles/StandardDefinitions2011_1.pdf).

- Barcellos, Silvia Helena, Amelie C. Wuppermann, Katherine Grace Carman, Sebastian Bauhoff, Daniel L. McFadden, Arie Kapteyn, Joachim K. Winter, and Dana Goldman. 2014. "Preparedness of Americans for the Affordable Care Act." *Proceedings of the National Academy of Sciences* 111 (15): 5497–5502.
- Bhardwaj, Amit, Erica Coe, Jenny Cordina, and Ruchira Saha. 2014. *Individual Market: Insights into Consumer Behavior at the End of Open Enrollment*. McKinsey & Company. [http://healthcare.mckinsey.com/sites/default/files/McKinsey%20Reform%20Center\\_Individual%20Market%20Post%20OEP%20Trends.pdf](http://healthcare.mckinsey.com/sites/default/files/McKinsey%20Reform%20Center_Individual%20Market%20Post%20OEP%20Trends.pdf).
- Blavin, Fredric, and Michael Karpman. 2014. *What Health Insurance Coverage Changes Are the Uninsured Anticipating for 2014?* Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/anticipated-changes-for-2014.html>.
- Blumberg, Linda J., Sharon K. Long, Genevieve M. Kenney, and Dana Goin. 2013a. *Factors Influencing Health Plan Choice among the Marketplace Target Population on the Eve of Health Reform*. Washington, DC: Urban Institute. [http://hrms.urban.org/briefs/hrms\\_decision\\_factors.html](http://hrms.urban.org/briefs/hrms_decision_factors.html).
- Blumberg, Linda J., Sharon K. Long, Genevieve M. Kenney, and Dana Goin. 2013b. *Public Understanding of Basic Health Insurance Concepts on the Eve of Health Reform*. Washington, DC: Urban Institute. [http://hrms.urban.org/briefs/hrms\\_literacy.html](http://hrms.urban.org/briefs/hrms_literacy.html).
- Carman, Katherine Grace, and Christine Eibner. 2014. "Changes in Health Insurance Enrollment since 2013." Santa Monica, CA: RAND. [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR600/RR656/RAND\\_RR656.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR600/RR656/RAND_RR656.pdf).
- Clemans-Cope, Lisa, Bowen Garrett, Katherine Hempstead, and Nathaniel Anderson. 2014. *Early ACA Market Reforms: Who Has Been Affected So Far?* Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/early-aca-market-reforms.html>.
- Cohen, Robin A., and Michael E. Martinez. 2014. *Health Insurance Coverage: Early Release of Quarterly Estimates from the National Health Interview Survey, January 2010–June 2014*. Hyattsville, MD: National Center for Health Statistics. [http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_estimates\\_2010\\_2014\\_Q12.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_estimates_2010_2014_Q12.pdf).
- Collins, Sara, Petra W. Rasmussen, and Michelle M. Doty. 2014. *Gaining Ground: Americans' Health Insurance Coverage and Access to Care after the Affordable Care Act's First Open Enrollment Period*. New York: Commonwealth Fund. <http://www.commonwealthfund.org/publications/issue-briefs/2014/jul/health-coverage-access-aca>.
- Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, and Tracy Garber. 2013. *What Americans Think of the New Insurance Marketplaces and Medicaid Expansion*. New York: Commonwealth Fund. [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2013/sep/1708\\_collins\\_hlt\\_ins\\_marketplace\\_survey\\_2013\\_rb\\_final.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2013/sep/1708_collins_hlt_ins_marketplace_survey_2013_rb_final.pdf).
- Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, Tracy Garber, and David Blumenthal. 2013. *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Month*. New York: Commonwealth Fund. <http://www.commonwealthfund.org/Surveys/2013/Affordable-Care-Act-Tracking-Survey.aspx>.
- Collins, Sara, Petra W. Rasmussen, Michelle M. Doty, Tracy Garber, and David Blumenthal. 2014. *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Three Months*. New York: Commonwealth Fund. [http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724\\_Collins\\_americans\\_experiences\\_hlt\\_ins\\_marketplaces\\_three\\_months\\_tracking\\_survey.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2014/Jan/1724_Collins_americans_experiences_hlt_ins_marketplaces_three_months_tracking_survey.pdf).
- GfK. 2013. "GfK KnowledgePanel Design Summary." Palo Alto, CA: GfK. [http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel\(R\)-design-summary-description.pdf](http://www.knowledgenetworks.com/knpanel/docs/knowledgePanel(R)-design-summary-description.pdf).
- Hamel, Liz, Jamie Firth, and Mollyann Brodie. 2014a. *Kaiser Health Tracking Poll: February 2014*. Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-february-2014>.
- Hamel, Liz, Jamie Firth, and Mollyann Brodie. 2014b. *Kaiser Health Tracking Poll: March 2014*. Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-march-2014>.

- Hamel, Liz, Jamie Firth, and Mollyann Brodie. 2014c. *Kaiser Health Tracking Poll: April 2014*. Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-april-2014/>.
- Hamel, Liz, Jamie Firth, and Mollyann Brodie. 2014d. *Kaiser Health Tracking Poll: June 2014*. Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-june-2014/>.
- Hamel, Liz, Jamie Firth, and Mollyann Brodie. 2014e. *Kaiser Health Tracking Poll: August-September 2014*. Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-august-september-2014/>.
- Holahan, John, Genevieve M. Kenney, Michael Karpman, and Ariel Fogel. 2014. *Looking Behind Public Opinion Polling on the Affordable Care Act*. Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/aca-opinions.html>.
- Kaiser Family Foundation. 2010. "Kaiser Health Tracking Poll: April 2010." Menlo Park, CA: Kaiser Family Foundation. <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-april-2010/>.
- Long, Sharon K., and Dana Goin. 2014a. *Large Racial and Ethnic Differences in Health Insurance Literacy Signal Need for Targeted Education and Outreach*. Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/literacy-by-race.html>.
- Long, Sharon K., and Dana Goin. 2014b. *Most Adults Are Not Aware of Health Reform's Coverage Provisions*. Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/awareness-of-provision.html>.
- Long, Sharon K., Michael Karpman, Adele Shartzter, Douglas Wissoker, Genevieve M. Kenney, Stephen Zuckerman, Nathaniel Anderson, and Katherine Hempstead. 2014. *Taking Stock: Health Insurance Coverage under the ACA as of September 2014*. Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of-September-2014.html>.
- PerryUdem. 2014a. *The Uninsured Midway through ACA Open Enrollment*. Washington, DC: PerryUdem. [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry\\_Udem\\_Uninsured\\_Survey.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry_Udem_Uninsured_Survey.pdf).
- PerryUdem. 2014b. *Why Did Some People Enroll...and Not Others?* Washington, DC: PerryUdem. <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/05/EA-PerryUdem-Survey-Report.pdf>.
- PerryUdem and Enroll America. 2014. *Voices from the Newly Enrolled and Still Uninsured*. <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/11/Post-Enrollment-Survey.pdf>.
- Shartzter, Adele, Genevieve M. Kenney, Sharon K. Long, Katherine Hempstead, and Douglas Wissoker. 2014. *Who Are the Remaining Uninsured as of June 2014?* Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/who-are-the-remaining-uninsured-as-of-june-2014.html>.
- Skopec, Laura, Thomas Musco, and Benjamin D. Sommers. 2014. "A Potential New Data Source for Assessing the Impacts of Health Reform: Evaluating the Gallup-Healthways Well-Being Index." *Healthcare* 2 (2): 113–20.
- Zuckerman, Stephen, Michael Karpman, Fredric Blavin, and Adele Shartzter. 2014. *Navigating the Marketplace: How Uninsured Adults Have Been Looking for Coverage*. Washington, DC: Urban Institute. <http://hrms.urban.org/briefs/navigating-the-marketplace.html>.

## About the Authors

**Michael Karpman** is a research associate in the Health Policy Center at the Urban Institute. His work focuses on the implications of the Affordable Care Act, including quantitative analysis related to health insurance coverage, access to and affordability of health care, utilization of health care services, and health status. Before joining the Urban Institute, he was a senior associate at the National League of Cities Institute for Youth, Education and Families. He holds an MPP from Georgetown University.

**Sharon K. Long** is a senior fellow in the Health Policy Center at the Urban Institute. Long is an applied economist with over 25 years of experience conducting timely research on health care issues, including work addressing state and national health reform. She was recently awarded Academy Health's 2012 Health Services Research Impact Award for her research evaluating the impacts of health reform in Massachusetts. Though she has spent most of her career at the Urban Institute, she was a Professor in the School of Public Health at the University of Minnesota from 2010 to 2012, where she worked with states on health reform issues as a senior economist at the State Health Access Data Assistance Center (SHADAC). Long holds a PhD in economics from the University of North Carolina at Chapel Hill.

**Michael Huntress** is a former research associate in the Health Policy Center at the Urban Institute. He holds an MS in Mathematics and Statistics from Georgetown University.



2100 M Street NW  
Washington, DC 20037

[www.urban.org](http://www.urban.org)

## ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

This brief was funded by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. We are grateful to our funders, who make it possible for Urban to advance its mission. It is important to note that funders do not determine our research findings or the insights and recommendations of our experts.

Copyright © March 2015. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders.