The Well-Being and Basic Needs Survey

A New Data Source for Monitoring the Health and Well-Being of Individuals and Families

Michael Karpman, Stephen Zuckerman, and Dulce Gonzalez

August 2018

The social safety net faces a period of transition as policymakers seek significant changes to an array of programs that help low-income families pay for food, health care, housing, and other basic needs. These changes are being considered in an economic environment that exposes many families to financial insecurity even as the economy approaches full employment in 2018. As new program rules and budgets are established, policymakers and the public need timely information to understand how these policies will affect people who rely on public assistance.

In December 2017, the Urban Institute launched the Well-Being and Basic Needs Survey (WBNS) to monitor changes in individual and family health and well-being as policymakers make changes to federal safety net programs and the labor market continues to evolve. This new annual survey is a key component of Urban's *From Safety Net to Solid Ground* project supported by the Robert Wood Johnson Foundation and other foundations. The project offers insights into the implications of proposed changes to programs such as Medicaid, the Supplemental Nutrition Assistance Program, and housing assistance for the well-being of people striving to cover their basic needs.

The WBNS builds on the sampling strategy and survey design employed by the Urban Institute for its Health Reform Monitoring Survey (HRMS). Launched in 2013, the HRMS is a survey of the nonelderly population that explores the value of cutting-edge internet-based survey methods to monitor the Affordable Care Act before data from federal surveys are available. The WBNS draws from the same internet panel as the HRMS and similarly provides data well ahead of federal surveys, which have longer time lags between data collection and the release of estimates. Further, the WBNS is unique in the comprehensive nature of its content, which covers a broad cross-section of topics relevant to health and material hardship, including health insurance, housing, food security, employment, family income, program participation, and family financial security. No single federal survey covers the same breadth of issues addressed in the WBNS. These features of the WBNS will provide policymakers and

other stakeholders with timely data to monitor changes to the social safety net and support evidence-based decisionmaking.

This brief describes the design and content of the WBNS. To assess the capacity of the WBNS to produce nationally representative estimates for the nonelderly adult population, we also report findings from a benchmarking analysis in which we compare estimates from the WBNS with estimates from established federal surveys with larger sample sizes, higher response rates, and stronger designs.

Sampling and Weighting

Target Population

Adults ages 18 to 64 in the United States comprise the target population for the WBNS, which was first fielded in December 2017 and will continue to be fielded annually each December going forward. We focus on nonelderly adults and their families because they are more likely than the elderly to be affected by certain proposed policy changes and programs (e.g., work requirements) and because they are more likely to be living with dependent children, who are a key target population of most safety net programs. Adults living in group quarters are excluded from the WBNS sample.

Sample respondents report on behalf of themselves and their families, which we define as their spouse or partner, if applicable, and any of their children or stepchildren under age 19 who are living with them.[1] Although this definition does not fully reflect the diversity of family structures and living arrangements in the US, it is more closely aligned with eligibility rules for certain safety net programs (e.g., health insurance units used to assess income eligibility for Medicaid). Respondents may also be more likely to provide accurate responses to many of the sensitive questions in the WBNS when reporting on behalf of their spouse or partner and their children than they would if they were reporting on behalf of other relatives or nonrelatives living in their household.

Sampling

The WBNS sample is drawn from the KnowledgePanel, a probability-based online research panel managed by GfK Custom Research. Approximately 55,000 people participate in this panel, some with and some without household internet access (GfK 2016). Participants who lack internet access at home are provided with laptops and free internet access to facilitate participation. Potential participants are recruited to join the panel primarily from an address-based sampling frame, the US Postal Service Delivery Sequence File, which covers 97 percent of US households.[2] Panel recruitment is based on a stratified sampling methodology designed to provide representative information on the US population; self-selected volunteers are not eligible to participate in the panel. GfK's address-based sampling methodology facilitates recruitment of hard-to-reach populations, such as young adults and certain minority groups. GfK supplements the Latino households recruited through address-based sampling with its KnowledgePanel Latino sample, which is recruited using a dual-frame random-digit-dial (RDD) sampling methodology targeting areas with high Latino population density.

Approximately 12 percent of people invited to join the KnowledgePanel express a willingness to participate. To qualify for inclusion in the panel, they must complete initial surveys providing a detailed demographic profile of their households, and this profile information can be used for sampling and weighting in future surveys. The completion rate for the household profile is approximately 61 percent. These participants become active members of the panel and form the pool from which people are sampled for specific surveys. KnowledgePanel members participate in an average of two surveys per month and stay in the panel for an average of two years.

In each round of the WBNS, a stratified random sample of approximately 7,500 nonelderly adults is drawn from the KnowledgePanel. We oversample adults with household incomes below 150 percent of the federal poverty level (FPL) to reach a target of approximately 3,750 respondents with low household incomes.[3] The field period for the first round of the WBNS began December 14, 2017, and ended January 5, 2018, with nearly 90 percent of respondents completing the survey in December. We anticipate fielding the next round of the WBNS in December 2018. Panel participants may be sampled in more than one survey round over time. However, each panel member has a unique identifier that can be used to account for overlap across samples.

Sample Size and Response Rate

A total of 14,122 KnowledgePanel members were randomly selected to participate in the first round of the WBNS, of which 7,700 completed the survey. The study completion rate, defined as the ratio of completed surveys to total cases fielded, was 54.5 percent. The American Association for Public Opinion Research cumulative response rate, which is the product of the household recruitment rate, profile rate, and study completion rate, was 3.9 percent (AAPOR 2016). A total of 112 cases with high item nonresponse were dropped to yield a final sample of 7,588 completed surveys.

Although the response rate for the WBNS is low, it is comparable to response rates for RDD surveys such as those conducted by Gallup and Pew (Karpman, Long, and Huntress 2015; Skeeter et al. 2017), and previous studies have found that KnowledgePanel and RDD surveys were comparable in terms of providing demographically representative samples (Chang and Krosnick 2009; Yeager et al. 2011). Other studies have found that low response rates for the panel do not necessarily imply inaccurate estimates, with little evidence of nonresponse bias for core demographic and socioeconomic measures in studies assessing recruitment for the KnowledgePanel (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008).

Weighting

WBNS weights reflect the probability of sample selection from the KnowledgePanel and poststratification to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey (CPS) and American Community Survey (ACS). Weights are poststratified separately to control totals for adults with family incomes below 150 percent of FPL and at or above 150 percent of FPL for the following measures: age by gender; race and ethnicity; educational attainment; presence of children age 17 or under in the household; census region; metropolitan status; homeownership

status; family income as a percentage of FPL (0 to less than 50 percent and 50 to less than 150 percent for the low-income sample, and 150 to less than 250 percent, 250 to less than 400 percent, and 400 percent or more for the higher-income sample); family composition (marital status by presence of children under age 19 in the family); primary language; and internet access by age. Poststratification weights are produced through an iterative proportional fitting (raking) method. Weights are trimmed and scaled to sum to the sample size of total survey respondents. The design effect for the first round of the WBNS is 1.83. Although the weights mitigate nonresponse bias, the WBNS has more risk of error than federal surveys.

Imputation of Missing Data

As part of developing poststratification survey weights, we impute values for missing data on family income as a percentage of FPL using a multiple imputation regression approach. We also impute marital status, number of children and number of adults in the household, and the age and relationship of children to the respondent to develop the measures of family size used to define the appropriate FPL threshold. Observations with missing data for any of the family structure or family income variables used to calculate family income as a percentage of FPL constitute 6.5 percent of the sample. We did not impute missing values for survey measures that are not used in the construction of the weights. Item nonresponse rates are below 3 percent for nearly all other survey measures.

Survey Administration

GfK contacts panel members through email and invites them to participate in the WBNS. Participants are directed to follow a link to the online, self-administered survey. Questionnaires are available in English and Spanish. Nonresponding sample members are sent two reminder emails. To encourage participation, GfK has an incentive system that allows panel members to accrue points based on the number of surveys they complete. Members can be entered into sweepstakes or raffles or redeem points for cash or other prizes. During the first round of the WBNS, survey respondents completed the survey in a median time of 13 minutes.

Survey Content

The WBNS covers a unique array of topics related to health, material hardship, and individual and family well-being, as well as the interaction of respondents and their families with major safety net programs. The core domains covered by the survey include health status and health care, housing and neighborhoods, family income, program participation, food security, employment, and family financial security. Specific measures covered within each domain are shown in table 1. The survey also asks supplemental questions on other topics, such as opioid use disorder. To the extent possible, validated questions are drawn from federal surveys, including the ACS, American Housing Survey, Behavioral Risk Factor Surveillance System, CPS, National Health Interview Survey (NHIS), Survey of Household Economics and Decisionmaking, and Survey of Income and Program Participation (SIPP). Survey

content was developed through a collaboration of researchers across policy centers at the Urban Institute and with input from external experts on safety net and poverty issues.

In addition to core demographic data, the household profile provides supplementary data on respondents' diagnosed medical conditions, citizenship status, and geographic location. The many measures for which data are collected through both the profile and the survey allow researchers to gain insight on specific subgroups, such as adults in families with young children and adults with disabilities or chronic health problems. Because of the sampling design and sample size, however, the WBNS does not support estimates at the state level or for smaller geographic areas.

TABLE 1

Key Domains Covered by the Well-Being and Basic Needs Survey

Survey domain	Specific topics
Housing and neighborhoods	Housing tenure
	Housing type
	Rental assistance
	Housing and utility affordability
	Housing stability/evictions
	Neighborhood quality/safety
	Family and community support
Food security	Household food insecurity
	Reliance on charitable feeding programs
Health status and health care	Self-reported health status
	Disability status
	Chronic conditions
	Psychological distress
	Health insurance coverage
	Unmet needs for medical care because of costs
	Problems paying family medical bills
	Perceived stress
Employment	Employment status
	Employer type
	Hours worked per week
	Labor force participation
	Factors affecting ability to work
	Employee benefits
Family income	Sources of family income
	Family income as a percentage of FPL
	Income volatility
Safety net program participation	SNAP
	TANF or other cash assistance
	Medicaid/CHIP
	Child care assistance
	Free or reduced-price school lunch
	WIC

	Rental assistance LIHEAP
Family financial security	Use of alternative financial services (e.g., payday loans, auto title loans) Missed payments on credit cards or loans Self-reported financial well-being Unexpected family income changes Unexpected household expenditures Contacts by debt collection agencies Confidence in ability to pay for unexpected expenses

Notes: CHIP = the Children's Health Insurance Program; FPL = the federal poverty level; LIHEAP = the Low Income Home Energy Assistance Program; SNAP =the Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; WIC = the Special Supplemental Nutrition Program for Women, Infants, and Children.

Benchmarking Analysis

As with estimates from all surveys, WBNS estimates are subject to various sources of error, including coverage and nonresponse error, sampling error, and measurement error. Survey weights reduce but do not eliminate error related to coverage and nonresponse. To assess the ability of the WBNS to produce nationally representative estimates for the nonelderly adult population, we conducted a benchmarking analysis comparing weighted WBNS estimates with estimates from federal surveys that have larger sample sizes, higher response rates, and stronger designs.

We compared WBNS estimates with benchmarks from the 2016 ACS, 2017 CPS Annual Social and Economic Supplement (ASEC), 2016 CPS Food Security Supplement (FSS), and 2016 NHIS.[4] For this analysis, we focused on comparing basic demographic and socioeconomic characteristics and other measures that are based on questions that are consistent between the WBNS and the relevant federal survey. Estimates are reported at the time of the survey unless otherwise noted. We compare estimates for the overall sample of nonelderly adults and, consistent with the survey sampling and weighting approach, those with family incomes below 150 percent of FPL and those with incomes at or above 150 percent of FPL.

Estimates are weighted to be nationally representative of the noninstitutionalized population of adults ages 18 to 64 and exclude those living in group quarters. Standard errors for WBNS estimates are clustered at the state level. Standard errors are estimated using replicate weights for CPS-ASEC estimates and generalized variance parameters for CPS-FSS estimates. For ACS and NHIS estimates, standard errors are estimated using the cluster and strata variables provided for variance estimation.

Potential Reasons for Differences in Responses between the WBNS and Federal Surveys

Although this benchmarking analysis focuses on questions drawn from federal surveys, responses may differ between the WBNS and these surveys for several reasons beyond the potential sources of error described above. One reason is that data collection periods vary between these surveys and the WBNS

(table 2). Because the WBNS field period occurred more recently than the field period for other surveys, WBNS respondents may report better outcomes that are linked to the state of the economy, which was improving throughout the year before the survey. Seasonal patterns may also contribute to differences between the WBNS and other surveys on topics such as mental health (e.g., lower perceived well-being in winter months, when the WBNS is fielded) and employment, though the direction of the effect of seasonal employment may vary by industry.

TABLE 2

Data Collection Periods for the Well-Being and Basic Needs Survey and Federal Surveys

Survey	Dates of data collection
2017 WBNS	December 2017 through January 2018
2016 ACS	January through December 2016
2017 CPS Annual Social and Economic Supplement	February through April 2017
2016 CPS Food Security Supplement	December 2016
2016 NHIS	January through December 2016

Notes: ACS = the American Community Survey; CPS = the Current Population Survey; NHIS = the National Health Interview Survey; WBNS = the Well-Being and Basic Needs Survey.

Responses may also differ because of differences in question wording, question order and context, and survey mode (Krosnick and Presser 2010). For instance, WBNS respondents are asked about a broader array of sensitive issues compared with participants in these federal surveys, possibly affecting their assessments of their health and well-being. Federal survey respondents may also be less likely to report socially undesirable behaviors or outcomes because of the presence of an interviewer. In contrast, the self-administered mode of the WBNS may reduce social desirability bias, leading to increased willingness to report negative outcomes (Tourangeau and Yan 2007).

Further, adults in the WBNS respond on behalf of themselves. In the ACS, CPS, and NHIS, another household member may respond on behalf of adults who are living with them. Studies have found evidence of less proxy reporting of usual hours worked in the CPS and underreporting of disability status of nonelderly adults in the household in the NHIS compared with self-reporting of these measures (Kojetin and Mullin 1995; Todorov and Kirchner 2000). For some questions (e.g., problems paying family medical bills in the past 12 months), the relevant family unit differs across surveys. The federal surveys define the family more broadly than the WBNS by including all related people who are living together.[5] Overall, the effects of these differences in survey design and timing are likely to depend on the measure of interest.

Consistencies in Demographic Characteristics and in Measures Based on Federal Survey Questions

DEMOGRAPHICS

As expected, the WBNS estimates align closely with federal survey benchmarks on the key demographic and socioeconomic measures used to create the survey weights both for the overall sample of

nonelderly adults and for those with family incomes below 150 percent of FPL and at or above 150 percent of FPL, which we subsequently refer to as the lower- and higher-income samples (table 3). The WBNS estimates of citizenship status, which were not used for weighting, are consistent with the ACS and CPS, with approximately 90 percent of nonelderly adults reporting that they are citizens (data not shown). We found no statistically significant differences in the estimated share of citizens between the WBNS and either of these surveys for the lower- or higher-income samples.

HOUSING

Questions on housing type and whether those who own their homes have a mortgage or similar property debt are drawn or adapted from the ACS. The WBNS also includes a question drawn from the NHIS that asks renters whether their households pay lower rent because the federal, state, or local government is paying part of the cost. Overall, WBNS estimates are consistent with federal survey benchmarks for these measures, though there is not always consistency within income subgroups (table 4). For instance, approximately two-thirds of adults in the WBNS and ACS reside in one-family detached houses, and just over 70 percent of homeowners report having a mortgage. However, the WBNS sample includes a smaller share of low-income respondents who report living in a detached house or having a mortgage. Among renters, about 9 percent of respondents in the WBNS and NHIS report paying lower rent because the government pays part of the cost, though a much larger share of WBNS respondents reported not knowing the answer to this question.

The WBNS also includes questions adapted from the 2008 SIPP on whether respondents' households did not pay the full amount of the rent or mortgage; did not pay the full amount of the gas, oil, or electricity bills; or experienced a utility shutoff in the past 12 months. Modified versions of the questions on inability to pay the rent or mortgage and inability to pay utility bills were included in the first wave of the 2014 SIPP, with respondents reporting these issues for the 2013 calendar year. In the WBNS, we found that 10.2 percent of nonelderly adults reported problems paying the rent or mortgage in 2017 compared with 8.5 percent of nonelderly adult SIPP respondents reporting these problems in 2013 (data not shown). We also found that 13.0 percent of WBNS respondents were unable to pay utility bills compared with 11.6 percent of SIPP respondents (data not shown). However, these WBNS and SIPP estimates are not directly comparable because of differences in the reference period and question wording.

The WBNS also asks respondents whether they were forced to move for various reasons in the past 12 months based on a question from the American Housing Survey with a two-year reference period. We find that about 1 percent of WBNS respondents were forced to move in the past 12 months compared with about 2 percent of nonelderly adults participating in the 2015 American Housing Survey who were forced to move over the past two years (data not shown because of differences in the length of the reference period).

TABLE 3

Comparison of Well-Being and Basic Needs Survey Estimates of Demographic and Socioeconomic Characteristics of Adults Ages 18 to 64 with Federal Survey Benchmarks Used for Weighting

	All Adults		Adults with Family Incomes below 150% FPL		Adults with Family Incomes at or above 150% FPL		
	December 2017 WBNS estimate	Benchmark estimate	December 2017 WBNS estimate	Benchmark estimate	December 2017 WBNS estimate	Benchmark estimate	Survey benchmark used for weighting
Age							
18–34	36.3%	37.3%	51.8%	54.4%	31.2%	31.4%	2017 CPS-ASEC
35–49	31.0%	30.8%	24.7%	22.9%	33.0%	33.6%	
50–64	32.8%	31.8%	23.5%	22.8%	35.8%	35.0%	
Gender							
Male	48.5%	49.2%	44.6%	47.2%	49.8%	49.9%	2017 CPS-ASEC
Female	51.5%	50.8%	55.4%	52.8%	50.2%	50.1%	
Race and ethnicity							
White, non-Hispanic	61.2%	60.8%	47.2%	46.6%	65.7%	65.8%	2017 CPS-ASEC
Black, non-Hispanic	12.5%	12.5%	18.6%	18.6%	10.5%	10.4%	
Other or multiple races, non-Hispanic	8.4%	8.9%	7.9%	9.1%	8.6%	8.8%	
Hispanic	17.9%	17.8%	26.3%	25.8%	15.2%	15.0%	
Region							
Northeast	17.4%	17.6%	15.7%	16.4%	18.0%	18.0%	2017 CPS-ASEC
Midwest	20.9%	20.7%	19.0%	18.6%	21.5%	21.4%	
South	37.7%	37.7%	40.1%	40.0%	36.9%	37.0%	
West	24.0%	24.0%	25.2%	25.1%	23.6%	23.6%	
Urban-rural residence							
Lives in a metropolitan area	87.1%	87.0%	85.8%	85.2%	87.5%	87.6%	2017 CPS-ASEC
Does not live in a metropolitan area	12.9%	12.2%	14.2%	13.9%	12.5%	11.6%	
Not identified	NA	0.8%	NA	0.9%	NA	0.7%	
English language proficiency							
English proficient Hispanic	4.4%	4.3%	5.7%	5.3%	4.0%	3.8%	2016 ACS
Bilingual Hispanic	9.7%	9.5%	13.2%	12.7%	8.6%	8.2%	
Spanish proficient Hispanic	3.9%	3.8%	7.5%	6.8%	2.7%	2.5%	
Non-Hispanic	82.1%	82.4%	73.7%	75.1%	84.8%	85.4%	
Not reported	NA	0.0%	NA	0.0%	NA	0.0%	
Internet access							
Has Internet access at home	91.6%	90.9%	83.9%	83.4%	94.2%	94.0%	2016 ACS
Does not have Internet access at home	8.4%	9.1%	16.1%	16.6%	5.8%	6.0%	
Marital status							
Married	51.3%	51.8%	22.6%	25.3%	60.7%	61.0%	2017 CPS-ASEC
Widowed	1.4%	1.6%	2.2%	2.5%	1.1%	1.2%	

Divorced	7.7%	7.9%		11.2%	9.6%		6.6%	7.3%	**	
Separated	1.9%	2.0%		3.5%	3.5%		1.4%	1.4%		
Never married	28.2%	28.9%		50.0%	53.6%		21.0%	20.3%		
Living with a partner	9.4%	7.9%	***	10.2%	5.4%	***	9.1%	8.8%		
Not married or living with a partner, no specific category imputed	0.2%	NA		0.5%	NA		0.2%	NA		
Family structure										
Married/partner, children under 19 in family	29.9%	29.5%		20.8%	19.4%		32.9%	33.0%		2017 CPS-ASEC
Married/partner, no children under 19 in family	30.7%	30.2%		12.0%	11.3%		36.8%	36.7%		
Single, children under 19 in family	7.3%	7.5%		13.4%	13.3%		5.3%	5.4%		
Single, no children under 19 in family	32.0%	32.9%		53.8%	55.9%		24.9%	24.8%		
Educational attainment										
Less than high school	10.3%	10.3%		21.2%	20.3%		6.8%	6.8%		2017 CPS-ASEC
High school	27.7%	28.1%		33.8%	35.3%		25.7%	25.5%		
Some college	29.7%	29.7%		33.4%	33.2%		28.5%	28.5%		
College or more	32.3%	31.9%		11.6%	11.3%		39.0%	39.1%		
Homeownership status										
Owned or being bought by someone in household	63.4%	63.8%		48.2%	51.0%		68.3%	68.2%		2017 CPS-ASEC
Rented	33.5%	35.2%		46.1%	47.2%		29.4%	31.0%		
Occupied without payment of rent	2.8%	1.1%	***	5.1%	1.7%	***	2.0%	0.8%	***	
Not reported	0.4%	NA		0.6%	NA		0.3%	NA		
Family income as a percentage of FPL										
At or below 50% FPL	9.3%	10.4%		37.7%	40.3%		NA	NA		2017 CPS-ASEC
50 to less than 100% FPL	7.7%	7.5%		31.3%	29.1%		NA	NA		
100 to less than 150% FPL	7.7%	7.9%		31.0%	30.6%		NA	NA		
150 to less than 200% FPL	7.6%	7.8%		NA	NA		10.0%	10.5%		
200 to less than 250% FPL	7.6%	7.3%		NA	NA		10.2%	9.8%		
250 to less than 300% FPL	6.9%	7.1%		NA	NA		9.1%	9.6%		
300 to less than 400% FPL	12.7%	12.0%		NA	NA		16.8%	16.2%		
400 to less than 500% FPL	11.9%	9.7%	***	NA	NA		15.8%	13.1%	***	
500 to less than 600% FPL	6.7%	7.4%		NA	NA		9.0%	10.0%	*	
600% FPL or more	22.0%	22.9%		NA	NA		29.2%	30.9%		

Notes: ACS = the American Community Survey; CPS-ASEC = the Current Population Survey, Annual Social and Economic Supplement. FPL = the federal poverty level; NA = not applicable. Marital status, children in family, and family income are imputed in the Well-Being and Basic Needs Survey if missing. Adults who report living with a partner are not included in the other marital status categories.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

TABLE 4

Comparison of Well-Being and Basic Needs Survey Estimates of Housing Characteristics of Adults Ages 18 to 64 with Federal Survey Benchmarks

	All adults		Adults with family incomes below 150% FPL		Adults with family incomes at or above 150% FPL		
	December 2017 WBNS estimate	Benchmark estimate	December 2017 WBNS estimate	Benchmark estimate	December 2017 WBNS estimate	Benchmark estimate	Survey benchmark
Housing type							
One-family house detached from any other house	66.5%	66.0%	51.7%	55.9% *	71.4%	70.2%	2016 ACS
One-family house attached to one or more houses	8.6%	5.9% ***	8.6%	5.9% ***	8.6%	5.9% ***	
Building with two or more apartments	20.3%	22.6%	29.9%	29.5%	17.1%	19.7%	
Mobile home	3.9%	5.5% ***	8.3%	8.5%	2.4%	4.2% ***	
Boat, RV, van, etc.	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	
Not reported	0.6%	NA	1.3%	NA	0.4%	NA	
Mortgage or similar debt on property, among homeowners							
Yes, mortgage, deed of trust, or similar debt	70.9%	72.4%	50.5%	61.1% **	75.6%	75.7%	2016 ACS
Yes, contract to purchase	2.3%	1.1% *	5.2%	1.7% **	1.6%	0.9% *	
No	26.3%	26.5%	43.7%	37.2% *	22.3%	23.4%	
Not reported	0.5%	NA	0.7%	NA	0.4%	NA	
Pays lower rent because government pays part of cost, among renters							
Yes	9.1%	9.4%	20.1%	19.5%	3.2%	2.9%	2016 NHIS
No	81.8%	90.3% ***	66.6%	80.1% ***	89.9%	96.9% ***	
Don't know	9.0%	0.2% ***	13.1%	0.4% ***	6.8%	0.1% ***	
Not reported	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	

Note: ACS = the American Community Survey; NA = not applicable; NHIS = the National Health Interview Survey.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

HEALTH INSURANCE

Questions on health insurance in the WBNS are drawn from the HRMS, which uses a modified version of a question from the ACS that asks respondents whether they are covered by any of several types of coverage. The WBNS also includes a verification question to determine whether those who did not report any specific type of coverage are uninsured. Those who report having some form of coverage are asked to provide a write-in response describing the type of coverage they have. We apply an editing process to assign coverage types based on these responses. For those who report having coverage but do not select or describe a specific, valid type of coverage, we impute coverage status by drawing on data from previous rounds of the HRMS, which contains more detailed questions on health insurance. We then develop a coverage type hierarchy to categorize respondents who report several types of coverage into mutually exclusive categories. Reports of coverage through an employer or the military are placed at the top of the hierarchy, followed by Medicare, Medicaid or the Children's Health Insurance Program, coverage purchased directly from an insurance company (i.e., private nongroup coverage), and other nonspecified coverage.

Within the overall sample of nonelderly adults, we find that WBNS estimates of health insurance coverage and the uninsurance rate are generally consistent with estimates from the ACS (table 5). Health insurance estimates in the WBNS are also consistent with the ACS for adults with incomes above 150 percent of FPL but are less consistent among the lower-income sample. However, we did not find statistically significant differences in estimated uninsurance rates between the WBNS and ACS for either the full sample or the income subsamples. A significant body of research has found it is often difficult to identify types of health insurance coverage in surveys, particularly in distinguishing whether respondents have Medicare, Medicaid, or private nongroup coverage (Cantor et al. 2007; Pascale 2008).

TABLE 5

Comparison of Well-Being and Basic Needs Survey Estimates of Health Insurance of Adults Ages 18 to 64 with Federal Survey Benchmarks

	All adults		Adults with family incomes below 150% FPL		Adults with family incomes at or above 150% FPL		
Health insurance coverage	**December 2017 WBNS estimate**	**Benchmark estimate**	**December 2017 WBNS estimate**	**Benchmark estimate**	**December 2017 WBNS estimate**	**Benchmark estimate**	**Survey benchmark**
Through an employer or Tricare/VA/other military	62.7%	63.7%	23.8%	32.6% ***	75.5%	76.8%	
Medicare	4.2%	3.0% ***	10.4%	6.6% ***	2.2%	1.5% ***	
Medicaid, Medical Assistance, CHIP, or other government-sponsored assistance plan based on income or disability	10.6%	12.1%	29.3%	30.0%	4.5%	4.7%	2016 ACS
Direct purchase	7.1%	9.1% ***	7.2%	9.3% **	7.1%	9.0% ***	
Other nonspecified coverage	3.8%	NA	5.4%	NA	3.3%	NA	
Uninsured	11.5%	12.0%	23.9%	21.5%	7.4%	8.1%	

Notes: CHIP = the Children's Health Insurance Plan; NA = not applicable; VA = Veterans Affairs. A coverage editing and imputation process is used to identify coverage status and coverage type of Well-Being and Basic Needs Survey respondents reporting that they have insurance but do not specify the type of insurance. Coverage type is assigned based on the following hierarchy: employer-sponsored insurance/coverage through the military; Medicare; Medicaid, Medical Assistance, CHIP, or other government-sponsored assistance plan based on income or disability; direct purchase; other nonspecified coverage; and uninsured.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 level, using two-tailed tests.

TABLE 6

Comparison of Well-Being and Basic Needs Survey Estimates of Employment of Adults Ages 18 to 64 with Federal Survey Benchmarks

	All adults		Adults with family incomes below 150% FPL		Adults with family incomes at or above 150% FPL		
	December 2017 WBNS estimate	**Benchmark estimate**	**December 2017 WBNS estimate**	**Benchmark estimate**	**December 2017 WBNS estimate**	**Benchmark estimate**	**Survey benchmark**
Employment status							
Employed	68.2%	71.8% ***	43.9%	43.0%	76.1%	81.8% ***	2017 CPS-ASEC
Unemployed	5.4%	3.3% ***	12.8%	6.5% ***	3.0%	2.2% ***	
Not in labor force	25.7%	24.4%	42.7%	50.4% ***	20.1%	15.4% ***	
Not reported	0.8%	0.4% **	0.6%	0.2%	0.8%	0.5% *	
Usual hours per week worked, if working							
Number of hours	41.22	39.95 ***	35.06	33.70	42.16	41.05 ***	2017 CPS-ASEC
Usually works 35 or more hours per week	80.7%	80.5%	53.6%	57.5%	85.8%	84.7%	

Note: The Well-Being and Basic Needs Survey question asking respondents whether they are working at the time of the survey is based on a question used in the Health Reform Monitoring Survey. The remaining Well-Being and Basic Needs Survey questions focused on unemployment and labor force participation are based on questions from the monthly Current Population Survey.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

EMPLOYMENT

The WBNS question on whether respondents are working or self-employed at the time of the survey is drawn from the HRMS, and subsequent employment questions are based on those used in the monthly CPS. In both the WBNS and the most recent rounds of the HRMS (March and September 2017 and March 2018), just over 68 percent of adults report being employed compared with about 72 percent in the 2017 CPS-ASEC (table 6). WBNS participants were 2 percentage points more likely to report being unemployed than CPS participants and were about equally likely to be out of the labor force. WBNS participants with incomes below 150 percent FPL were less likely, and those with incomes at or above that level more likely, to report being out of the labor force relative to CPS participants. In both the WBNS and CPS, approximately 81 percent of working adults were working full time (35 or more hours per week) with no statistically significant differences by income group.

PROBLEMS PAYING FAMILY MEDICAL BILLS AND UNMET NEEDS FOR MEDICAL CARE BECAUSE OF COSTS

Eighteen percent of participants in the WBNS report having had problems paying family medical bills in the 12 months before the survey, which is consistent with levels observed in the most recent rounds of the HRMS. The corresponding NHIS benchmark estimate of adults with problems paying family medical bills is 15.5 percent (table 7). WBNS estimates of unmet needs for medical care because of costs in the past 12 months were similar to estimates from the NHIS for all nonelderly adults and for each income subsample.

Differences between WBNS Estimates and Benchmarks for Measures Based on Federal Survey Questions

The WBNS also contains questions drawn from federal surveys for which estimates are inconsistent with survey benchmarks for both the overall sample and for subsamples by income. These include questions on self-reported health status, psychological distress, and household food security. WBNS participants report worse health and psychological distress and greater household food insecurity than participants in other surveys, possibly reflecting differences in sampling, survey mode, or other factors, which we discuss in more detail below.

HEALTH STATUS AND PSYCHOLOGICAL DISTRESS

On measures of self-reported health, WBNS respondents are less likely to report being in excellent health and more likely to report being in fair or poor health than their NHIS counterparts (table 7). Similar reporting patterns in the WBNS and HRMS suggest that these differences between the WBNS and NHIS may be attributable either to the composition of the KnowledgePanel or to survey mode effects that may be observed when comparing online, self-administered surveys with surveys relying on in-person interviews. Previous studies have found that differences in survey mode can affect response patterns, especially when participants are responding to sensitive questions (Baker et al. 2010; Chang and Krosnick 2010; Tourangeau and Yan 2007). These studies suggest that internet-based, self-administered surveys may reduce the effects of social desirability bias such that respondents may be

more likely to report stigmatized attitudes, behaviors, and outcomes and less likely to provide answers that reflect positively on themselves than they would if interviewed by phone or in person. For instance, respondents report better overall health over the telephone than through self-administered online surveys (Greene, Speizer, and Wiitala 2008; Schonlau et al. 2004; Yeager et al. 2011).

Mental health–related questions are also susceptible to mode effects: respondents tend to report a higher prevalence of mental health problems when completing self-administered instruments rather than in-person ones (Aquilino 1998; Epstein, Barker, and Kroutil 2001). One study found that people who completed the Health Information National Trends Survey III containing the six-item Kessler psychological distress scale, or K6 (Kessler et al. 2002) in a self-administered mail format were nearly twice as likely to report a score indicating serious psychological distress than people who participated in the same survey with an interviewer by phone; these survey mode effects were greatest among nonelderly adults (Cantor, McBride, and Kaufman 2010). This evidence of social desirability bias from previous research may help explain our finding that WBNS respondents are much more likely than NHIS respondents to report serious psychological distress during the past 30 days.

FOOD SECURITY

Over 23 percent of WBNS participants reported that their household experienced food insecurity during the 12 months before the survey based on their responses to the six-item short-form of the household food security survey module (table 8). In contrast, about 13 percent of nonelderly adults completing the December 2016 CPS-FSS reported household food insecurity.

The food security measures differ somewhat across surveys. In the CPS, food security status is defined based on the full 18-item household food security module, which includes the six questions contained in the short form version of the scale and 12 other questions. In addition, most CPS households with family incomes above 185 percent of FPL are not asked the food security questions based on their responses to two preliminary screening questions. There are also screening questions within the food security scale that are used to determine whether respondents receive subsequent questions in the scale. The WBNS only includes the six-item short form of the food security module and does not include screening questions. Another difference between the surveys is that the recommended format for the self-administered version of the module used in the WBNS includes an option to select "don't know"; CPS respondents must volunteer that they don't know the answer to the questions.

When we limit the CPS sample to lower-income adults who were not screened out of the food security scale questions and base our food security estimates solely on responses to the six-item scale questions, however, we continue to find higher levels of household food security among CPS participants relative to WBNS participants (table 9).

TABLE 7

Comparison of Well-Being and Basic Needs Survey Estimates of Health Status and Health Care Experiences of Adults Ages 18 to 64 with Federal Survey Benchmarks

	All adults			Adults with family incomes below 150% FPL			Adults with family incomes at or above 150% FPL			
	December 2017 WBNS estimate	Benchmark estimate		December 2017 WBNS estimate	Benchmark estimate		December 2017 WBNS estimate	Benchmark estimate		Survey benchmark
Self-reported health status										
Excellent	10.9%	30.4%	***	9.2%	24.4%	***	11.4%	32.3%	***	2016 NHIS
Very good	36.8%	33.4%	***	25.5%	25.6%		40.5%	35.9%	***	
Good	36.9%	25.0%	***	40.0%	28.9%	***	35.8%	23.8%	***	
Fair	12.2%	8.6%	***	18.9%	15.3%	***	10.0%	6.4%	***	
Poor	3.1%	2.6%	*	6.2%	5.7%		2.0%	1.5%	**	
Not reported	0.2%	0.0%	**	0.1%	0.0%		0.2%	0.0%	**	
Psychological distress based on Kessler six nonspecific distress scale scores										
No or low psychological distress (0-7)	71.5%	85.6%	***	56.6%	75.7%	***	76.4%	88.8%	***	2016 NHIS
Moderate psychological distress (8-12)	17.1%	7.0%	***	23.4%	11.6%	***	15.1%	5.6%	***	
Serious psychological distress (13-24)	9.9%	3.8%	***	18.3%	8.6%	***	7.1%	2.3%	***	
Not reported	1.5%	3.5%	***	1.7%	4.1%	***	1.4%	3.3%	***	
Had problems paying family medical bills in the past 12 months										
Yes	18.0%	15.5%	**	25.8%	22.0%	*	15.4%	13.4%	***	2016 NHIS
No	81.4%	84.4%	**	73.2%	77.8%	**	84.1%	86.4%	***	
Not reported	0.6%	0.2%	***	0.9%	0.2%	**	0.5%	0.2%	***	
Any unmet need for medical care due to costs in the past 12 months										
Yes	17.8%	19.1%		27.3%	31.0%		14.6%	15.3%	***	2016 NHIS
No	81.8%	80.0%	*	72.4%	67.9%	*	84.9%	83.8%	***	
Not reported	0.4%	0.9%	***	0.3%	1.1%	***	0.4%	0.9%	***	

Note: The Kessler 6-item scale is used to measure nonspecific psychological distress. Scores are based on how often respondents report feeling the following in the past 30 days: nervous; hopeless; restless or fidgety; so sad that nothing could cheer them up; that everything was an effort; worthless. The scores for each item range from 0 (low) to 4 (high), with a cumulative score ranging from 0 to 24. Previous studies have classified those with scores of 13 to 24 as having serious psychological distress and those with scores of 8 to 12 as having mild or moderate psychological distress (Kessler et al. 2003; McMorrow et al. 2017; Weissman et al. 2015). In the Well-Being and Basic Needs Survey, any unmet need for medical care is defined to include general doctor care, specialist care, prescription drugs, tests, treatment, or follow-up care, dental care, mental health care or counseling, and substance use treatment or counseling. The NHIS estimate is based on similar categories but includes vision care and does not include substance use treatment or counseling.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

TABLE 8

Comparison of Well-Being and Basic Needs Survey Estimates of Household Food Security of Adults Ages 18 to 64 with Federal Survey Benchmarks

	December 2017 WBNS estimate	Benchmark estimate		Survey benchmark
Household food security in the past 12 months				
High or marginal	76.7%	87.3%	***	2016 CPS-FSS
Low	12.9%	7.8%	***	
Very low	10.4%	4.9%	***	
Food insecure (i.e., low or very low food security)	23.3%	12.7%	***	

Note: Estimates exclude 1.5 percent of adults in the Well-Being and Basic Needs Survey and 0.3 percent of adults in the CPS-FSS who did not respond to the food security questions.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

TABLE 9

Comparison of Well-Being and Basic Needs Survey Estimates of Household Food Security of Adults Ages 18 to 64 with Family Incomes below 150% of FPL with Federal Survey Benchmarks

	December 2017 WBNS estimate	Benchmark estimate		Survey benchmark
Household food security in the past 12 months, based only on 6-item scale questions, excluding adults screened out of food security scale questions based on income				
High or marginal	53.8%	66.6%	***	2016 CPS-FSS
Low	23.2%	19.2%	***	
Very low	23.0%	14.2%	***	
Food insecure (i.e., low or very low food security)	46.2%	33.4%	***	
Often or sometimes true that food that was bought just didn't last and didn't have money to get more in past 12 months	47.1%	37.3%	***	
Often or sometimes true that couldn't afford to eat balanced meals in past 12 months	49.6%	34.1%	***	
Ever cut size of meals or skipped meals because there was not enough money for food in past 12 months	30.2%	21.2%	***	
Cut size of meals or skipped meals every month, or some months but not every month, in past 12 months	24.4%	17.0%	***	
Ever ate less than felt they should because there was not enough money for food in past 12 months	31.6%	22.1%	***	
Ever were hungry but didn't eat because there was not enough money for food in past 12 months	25.0%	11.9%	***	

Notes: In the Current Population Survey, respondents with family incomes above 185 percent of the federal poverty level (FPL) are skipped out of the food security scale questions based on their responses to two screening questions. If these higher-income adults do not report having ever run short of money and trying to make their food or food money go further, and do not report sometimes having not had enough to eat or having enough but not always having the kinds of food they want to eat, they are categorized as having high food security and do not receive questions in the 18-item scale. In addition, individuals with allocated income data in the Current Population Survey may also be skipped out of the 18-item scale questions based on their responses to these screening questions. Estimates exclude adults who did not respond to any of the food security questions.

*/**/*** Estimate differs significantly from Well-Being and Basic Needs Survey estimate at the 0.10/0.05/0.01 levels, using two-tailed tests.

These differences could be caused by social desirability bias or other effects based on differences in survey mode, but evidence of how this form of bias pertains to the measurement of food security is limited. Although previous studies have not found mode effects when comparing telephone and in-person interviews in the CPS (Nord and Hopwood 2007), we are not aware of research comparing food security estimates in self-administered surveys with estimates derived from other survey modes. However, we found some indication of the potential for mode effects when we compared the prevalence of household food insecurity among adults age 51 and older in the 2013 CPS-FSS with results from the 2013–14 Health Care and Nutrition Survey, a self-administered mail-in supplement to the Health and Retirement Study.[6] We found that an estimated 10.6 percent of older adults reported household food insecurity in the CPS-FSS compared with an estimated 17.4 percent of older adults in the Health Care and Nutrition Survey.[7]

To evaluate the quality of the WBNS food security data, a psychometric assessment of the data was conducted by external experts using Rasch modeling methods.[8] Based on item response theory, the Rasch model assumes there is an underlying continuum of severity of food insecurity along which households and items (i.e., the individual questions in the food security scale) can be located, and it posits that the probability of an affirmative response to each item depends on the item severity and the severity level of the household (Bickel et al. 2000). The assessment of the WBNS data found that item infit and outfit statistics, which measure the extent to which the data fit the assumptions of the model, were generally within an acceptable range and comparable to item fit statistics for the sample of nonelderly adults from the 2016 CPS-FSS. However, the statistics indicated some unexpected responses for selected items, which may be because some respondents did not consider the questions carefully. The item severity parameters for the WBNS were largely consistent with the CPS-FSS, indicating that the WBNS performs well in terms of ordering items by severity. The assessment noted that the higher estimated prevalence of food insecurity in the WBNS relative to the CPS-FSS could reflect differences in survey context, administration, or sampling procedures.

Comparison with Measures That Are Not Based on Federal Survey Questions

Despite differences in question wording, the shares of adults reporting that their family received certain public benefits in the 12 months before the survey are generally somewhat higher than estimates from the CPS, though previous studies have found significant underreporting of these benefits in the CPS and other surveys (Meyer, Mok, and Sullivan 2009; Pascale, Roemer, and Resnick 2009; Wheaton 2008). Differences between the WBNS and CPS are within three percentage points for the Supplemental Nutrition Assistance Program, cash welfare assistance, Supplemental Security Income, Medicaid or the Children's Health Insurance Program, free or reduced-price lunch, the Special Supplemental Nutrition Program for Women, Infants, and Children, rental assistance, and energy assistance (data not shown). However, differences in estimated benefit receipt are generally higher among lower-income adults in the WBNS relative to the CPS. We also find consistency between the WBNS and CPS in the work status of the spouse or partner among adults who are married or living with a partner. Among workers, the WBNS yields lower estimates of the share working for a private, for-profit company and higher

estimates of the share with alternative work arrangements (i.e., self-employed or working for the government or a nonprofit organization) compared with the CPS.

Overall Conclusions from the Benchmarking Analysis

This benchmarking analysis shows that most indicators based on data from the WBNS are reasonably consistent with measures from larger federal surveys, but there are discrepancies worth keeping in mind. Some of these discrepancies are likely caused by differences in survey mode; others could be caused by the timing of the survey, placement of the questions within the flow of the survey instrument, the precise alignment of the question wording, self-reporting versus proxy reporting, and differences in the definition of the family unit. There are also differences between the WBNS and federal surveys in how income is measured that may explain some of the discrepancies within the income subsamples.

Given the low response rate for the WBNS, these discrepancies could also be caused by differential nonresponse, meaning the characteristics of adults who participate in KnowledgePanel or the WBNS differ from those of nonparticipants, while the federal surveys used for benchmarking have higher response rates and less potential for nonresponse bias.

Despite the greater risk of error in the WBNS relative to federal surveys, our assessment is that the WBNS data will serve as a credible source of information for analyses of health and well-being within the Safety Net to Solid Ground project and will be of particular value for monitoring changes over time in these outcomes and variation across subgroups of interest. However, it will be important to keep the observed discrepancies in mind as researchers draw conclusions from the various analyses based on these data.

Survey Resources

The WBNS survey instruments will be posted on the Urban Institute website following the initial release of estimates for the corresponding round of the survey. Public-use files will also be made available to other researchers through the Robert Wood Johnson Foundation's Health and Medical Care Archive on the Inter-university Consortium for Political and Social Research website. Survey instruments and briefs drawing on WBNS data will be made available through the Safety Net to Solid Ground section of the Urban Institute website: https://www.urban.org/features/safety-net-solid-ground.

Notes

[1] Eighteen-year-old respondents who are not married or living with a partner and do not have children are asked to include their parents and any siblings under age 19 who are living with them when reporting on behalf of their family.

[2] Because of the increasing number of households that only or mostly use cell phones and the increasing costs of fielding phone surveys because of declining response rates, the KnowledgePanel transitioned from a RDD sampling methodology to address-based sampling in 2009.

[3] We focus on adults with household incomes below 150 percent of FPL to increase representation of adults who are likely to fall below the income eligibility thresholds for major safety net programs such as Medicaid and the Supplemental Nutrition Assistance Program.

[4] NHIS estimates are based on the sample adult file. ACS and NHIS estimates are developed using public-use data from the Integrated Public Use Microdata Series USA and Integrated Public Use Microdata Series NHIS databases (Blewett et al. 2018; Ruggles et al. 2018).

[5] When constructing measures of family structure and family income as a percentage of FPL in the federal surveys, we use a definition of family consistent with the WBNS definition.

[6] Health and Retirement Study (2013 Health Care and Nutrition Study) public use dataset. Produced and distributed by the University of Michigan with funding from the National Institute on Aging (grant number NIA U01AG009740). Ann Arbor, MI; 2016. See also Health and Retirement Study (HRS 2012 Core) public use dataset. Produced and distributed by the University of Michigan with funding from the National Institute on Aging (grant number NIA U01AG009740). Ann Arbor, MI; 2017.

[7] The Health Care and Nutrition Survey estimate excludes adults living in nursing homes.

[8] Matthew Rabbitt, US Department of Agriculture, personal communication, June 27, 2018.

References

AAPOR (American Association for Public Opinion Research). 2016. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, 9th Edition. Oakbrook Terrace, IL: AAPOR.

Aquilino, William S. 1998. "Effects of Interview Mode on Measuring Depression in Younger Adults." *Journal of Official Statistics* 14 (1): 15–29.

Baker, Reg, Stephen J. Blumberg, J. Michael Brick, Mick P. Couper, Melanie Courtright, J. Michael Dennis, Don Dillman, Martin R. Frankel, Philip Garland, Robert M. Groves, Courtney Kennedy, Jon Krosnick, Paul J. Lavrakas, Sunghee Lee, Michael Link, Linda Piekarski, Kumar Rao, Randall K. Thomas, and Dan Zahs. 2010. "Research Synthesis: AAPOR Report on Online Panels." *Public Opinion Quarterly* 74 (4): 711–81.

Blewett, Lynn A., Julia A. Rivera Drew, Risa Griffin, Miriam L. King, and Kari C.W. Williams. 2018. IPUMS Health Surveys: National Health Interview Survey, Version 6.3 [dataset]. Minneapolis, MN: Integrated Public Use Microdata Series. http://doi.org/10.18128/D070.V6.3.

Bickel, Gary, Mark Nord, Cristofer Price, William Hamilton, and John Cook. 2000. *Guide to Measuring Household Food Security, Revised 2000.* Alexandria, VA: US Department of Agriculture, Food and Nutrition Service.

Cantor, David, Brett McBride, and Katherine Kaufman. 2010. *Differences between Mail and Telephone Interviewing Modes for Collection of Kessler's Scale for Nonspecific Psychological Distress.* Presentation to the Federal Computer Assisted Survey Information Collection Workshop, Bureau of Labor Statistics, Washington, DC, March 18.

Cantor, Joel C., Alan C. Monheit, Susan Brownlee, and Carl Schneider. 2007. "The Adequacy of Household Survey Data for Evaluating the Nongroup Health Insurance Market." *Health Services Research* 42 (4): 1739-57.

Chang, LinChiat, and Jon A. Krosnick. 2009. "National Surveys via RDD Telephone Interviewing versus the Internet: Comparing Sample Representativeness and Response Quality." *Public Opinion Quarterly* 73 (4): 641–78.

———. 2010. "Comparing Oral Interviewing with Self-Administered Computerized Questionnaires: An Experiment." *Public Opinion Quarterly* 74 (1): 154–67.

Epstein, Joan Faith, Peggy Ripley Barker, and Larry A. Kroutil. 2001. "Mode Effects in Self-Reported Mental Health Data." *Public Opinion Quarterly* 65 (4): 529–49.

Garrett, Joe, J. Michael Dennis, and Charles A. DiSogra. 2010. *Non-response Bias: Recent Findings from Address-Based Panel Recruitment*. Presented at the Annual Conference of the American Association for Public Opinion Research, Chicago, May 13-16.

GfK. 2016. *GfK Knowledge Panel Overview*. New York: GfK Custom Research North America.

Greene, Jessica, Howard Speizer, and Wyndy Wiitala. 2008. "Telephone and Web: Mixed-Mode Challenge." *Health Services Research* 43 (1): 230–48.

Heeren, Timothy, Erika M. Edwards, J. Michael Dennis, Sergei Rodkin, Ralph W. Hingson, and David L. Rosenbloom. 2008. "A Comparison of Results from an Alcohol Survey of a Prerecruited Internet Panel and the National Epidemiologic Survey on Alcohol and Related Conditions." *Alcoholism: Clinical and Experimental Research* 32 (2): 222–29.

Karpman, Michael, Sharon K. Long, and Michael Huntress. 2015. "Nonfederal Surveys Fill a Gap in Data on ACA." Washington, DC: Urban Institute.

Kessler, Ronald C., Gavin Andrews, Lisa J. Colpe, Eva Hiripi, Daniel K. Mroczek, Sharon-Lise T. Normand, Ellen E. Walters, and Alan M. Zaslavksy. 2002. "Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress." *Psychological Medicine* 32 (6): 959–76.

Kessler, Ronald C., Peggy R. Barker, Lisa J. Colpe, Joan F. Epstein, Joseph C. Gfroerer, Eva Hiripi, Mary J. Howes, Sharon-Lise T. Normand, Ronald Manderscheid, Ellen E. Walters, and Alan M. Zaslavsky. 2003. "Screening for Serious Mental Illness in the General Population." *Archives of General Psychiatry* 60 (2): 184–89.

Kojetin, Brian A., and Paul Mullin. 1995. The Quality of Proxy Reports on the Current Population Survey (CPS). In the Proceedings of the Survey Methods Research Section, edited by the American Statistical Association, 1110–15. Alexandria, VA: American Statistical Association

Krosnick, Jon A., and Stanley Presser. 2010. Question and Questionnaire Design. In *Handbook of Survey Research, Second Edition*, edited by James D. Wright and Peter V. Marsden. West Yorkshire, England: Emerald Group.

McMorrow, Stacey, Jason A. Gates, Sharon K. Long, and Genevieve M. Kenney. 2017. "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents." *Health Affairs* 36 (5): 808–18.

Meyer, Bruce D., Wallace K.C. Mok, and James X. Sullivan. 2009. *The Underreporting of Transfers in Household Surveys: Its Nature and Consequences.* Working paper 15181. Cambridge, MA: National Bureau of Economic Research.

Nord, Mark, and Heather Hopwood. 2007. "Does Interview Mode Matter for Food Security Measurement? Telephone Versus In-Person Interviews in the Current Population Survey Food Security Supplement." *Public Health Nutrition* 10 (12): 1474–80.

Pascale, Joanne. 2008. "Measurement Error in Health Insurance Reporting." *Inquiry* 45 (4): 422–37.

Pascale, Joanne, Marc I. Roemer, and Dean Michael Resnick. 2009. "Medicaid Underreporting in the CPS: Results from a Record Check Study." *Public Opinion Quarterly* 73 (3): 497–520.

Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek.2018. IPUMS USA: Version 8.0 [dataset]. Minneapolis, MN: Integrated Public Use Microdata Series. https://doi.org/10.18128/D010.V8.0.

Schonlau, Matthias, Kinga Zapert, Lisa Payne Simon, Katherine Haynes Sanstad, Sue M. Marcus, John Adams, Mark Spranca, Hongjun Kan, Rachel Turner, and Sandra H. Berry. 2004. "A Comparison between Responses from a Propensity-Weighted Web Survey and an Identical RDD Survey." *Social Science Computer Review* 22 (1): 128–38.

Skeeter, Scott, Nick Hatley, Courtney Kennedy, and Arnold Lau. 2017. *What Low Response Rates Mean for Telephone Surveys.* Washington, DC: Pew Research Center.

Todorov, Alexander, and Corinne Kirchner. 2000. "Bias in Proxies' Reporting of Disability: Data from the National Health Interview Survey on Disability." *American Journal of Public Health* 90 (8): 1248–53.

Tourangeau, Roger, and Ting Yan. 2007. "Sensitive Questions in Surveys." *Psychological Bulletin* 133 (5): 859–83.

Weissman, Judith, Laura A. Pratt, Eric A. Miller, and Jennifer D. Parker. 2015. *Serious Psychological Distress Among Adults: United States, 2009-2013.* Data brief 203. Hyattsville, MD: National Center for Health Statistics.

Wheaton, Laura. 2008. *Underreporting of Means-Tested Transfer Programs in the CPS and SIPP.* Washington, DC: Urban Institute.

Yeager, David S., Jon A. Krosnick, LinChiat Chang, Harold S. Javitz, Matthew S. Levendusky, Alberto Simpser, and Rui Wang. 2011. "Comparing the Accuracy of RDD Telephone Surveys and Internet Surveys Conducted with Probability and Non-Probability Samples." *Public Opinion Quarterly* 75 (4): 709–47.

About the Authors

Michael Karpman is a research associate in the Health Policy Center at the Urban Institute. His work focuses primarily on the implications of the Affordable Care Act, including quantitative analysis related to health insurance coverage, access to and affordability of health care, use of health care services, and health status. His work includes efforts to help coordinate and analyze data from the Urban Institute's Health Reform Monitoring Survey and Well-Being and Basic Needs Survey.

Before joining Urban in 2013, Karpman was a senior associate at the National League of Cities Institute for Youth, Education, and Families. He received his MPP from Georgetown University.

Stephen Zuckerman is a senior fellow and vice president of the Health Policy Center at the Urban Institute. He has studied health economics and health policy for 30 years and is a national expert on Medicare and Medicaid physician payment, including how payments affect enrollee access to care and the volume of services they receive. He is currently examining how payment and delivery system reforms can affect the availability of primary care services and studying the implementation and impact of the Affordable Care Act.

Before joining Urban, Zuckerman worked at the American Medical Association's Center for Health Policy Research. He received his PhD in economics from Columbia University.

Dulce Gonzalez is a research analyst in the Health Policy Center at the Urban Institute. Before joining Urban, she interned at the Georgetown University Center for Children and Families, where she conducted qualitative and quantitative analyses on Medicaid, the Children's Health Insurance Program, and the Affordable Care Act. Gonzalez has also worked at the nonprofit organization Maternal and Child Health Access, where she evaluated health and well-being outcomes for women in the Welcome Baby Program, a perinatal home visiting program. She received her MPP from Georgetown University.

Acknowledgments

This brief and the Wellbeing and Basic Needs Survey were funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Robert Wood Johnson Foundation or the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

We would like to thank the following individuals affiliated with the Urban Institute and other organizations and universities for assistance with the development of the survey: Gregory Acs, Gina Adams, Lea Bart, Linda Blumberg, Rachel Burton, Lisa Clemans-Cope, Mary Cunningham, Stacy Dean, Diana Elliott, Linda Giannarelli, Heather Hahn, Colleen Heflin, Genevieve Kenney, Kilolo Kijakazi, Sharon Long, Giridhar Mallya, Signe-Mary McKernan, Sharon Parrott, LaDonna Pavetti, Elizabeth Peters, Caroline Ratcliffe, Barbara Sard, Corianne Scally, Arloc Sherman, Megan Thompson, Timothy Triplett, Elaine Waxman, and Douglas Wissoker. We would also like to thank Lea Bart, Kristin Blagg, Jason Gates, Craig Gundersen, Katherine Hempstead, Sharon Long, Laura Skopec, Timothy Triplett, and Douglas Wissoker for helpful comments and assistance with this report.

2100 M Street NW
Washington, DC 20037

www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.