

# Using Recent Revisions to Federal Surveys for Measuring the Effects of the Affordable Care Act

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## Summary

This brief discusses recent revisions to several federal surveys that could be used to measure the impact of key provisions of the Affordable Care Act (ACA), with a particular focus on how the surveys could be used to examine differences within and among states. It provides:

- An overview of changes to the surveys and how they relate to the ACA
- Summaries about the surveys, including content, design and sample sizes
- Information on obtaining estimates and data

## Introduction

As the United States implements the Patient Protection and Affordable Care Act (ACA), 2014 marks an important year when policymakers and researchers will have their first opportunities to measure the effects of the law's core provisions designed to expand health coverage and access. Because many aspects of the law depend on decisions and actions at the state level, differences among the states provide fertile opportunity for better understanding the impacts of the ACA under a variety of circumstances. For example, approximately half of the 50 states have expanded their Medicaid programs while the other half have not. Additionally, the effects of the law may vary based on states' individual characteristics, such as their existing health insurance coverage, health care financing, and health care delivery systems, as well as their unique economic environments and the demographic and socioeconomic characteristics of their populations.

In anticipation of the need to monitor the impact of the ACA, several federal surveys that historically have asked questions about health insurance coverage and access to health care services are being or have been revised to address the impact of health reform. This brief discusses federal surveys with questions on health coverage and access, focusing especially on recent changes to federal surveys that could be used to monitor the effects of health reform and compare those results across the states.<sup>1</sup> We examine seven federal surveys that include questions on health insurance coverage and health access, of which five have been recently revised to include new questions and one is in the process of revision. While many states also conduct their own health surveys that could be used to examine the effects of health reform within their borders, this brief concentrates on federal surveys because of their potential for comparing the effects of health reform across states.<sup>2</sup> We provide an overview of the following federal surveys:

- American Community Survey (ACS)
- Current Population Survey (CPS)
- National Health Interview Survey (NHIS)
- Medical Expenditure Panel Survey-Household Component (MEPS-HC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Survey of Income and Program Participation (SIPP)
- National Survey of Children's Health (NSCH)

This brief describes each of these surveys, including recent survey revisions; survey content related to health coverage, access and specific ACA provisions; survey design; sample sizes, including sample sizes by state; and how to obtain estimates and data.

<sup>1</sup>This brief provides an update to SHADAC's 2011 brief, "Monitoring the Impacts of Health Reform at the State Level: Using Federal Survey Data" (SHADAC 2011).

<sup>2</sup>SHADAC's State Reform Survey Item Matrix (SRSIM) catalogs questions that numerous individual states are using to measure the effects of health reform, available at <http://shadac.org/content/srsim>.



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Each survey in this brief asks at least one question on current health coverage status, coverage during the past year, or both.

## Measuring the Effects of the ACA

There are several common topics that the surveys discussed in this brief have addressed by adding new questions or revising existing ones. These include health coverage status, employer-sponsored insurance and take-up, health insurance exchanges, premium subsidies for coverage obtained through exchanges, and the young adult provision of the law, which allows children to remain on their parents' insurance until age 26, and others. This section of the brief will discuss those topics and which surveys have addressed them with new or revised questions.

### Health coverage status

All of the surveys in this brief ask questions on health coverage status, with some asking about current “point in time” status, some asking about coverage during the previous calendar year or 12 months, and some asking both. The Current Population Survey (CPS) has been revised to provide a measure of current (point in time) coverage status, as well as a measure of coverage during the current year to-date (approximately three months) and all of the previous calendar year. The Survey of Income and Program Participation (SIPP) has been redesigned and renamed the SIPP-EHC for its use of an event history calendar (EHC), which is discussed in greater detail later in this brief. Like the previous SIPP, the redesigned survey continues to ask a series of questions on current (point in time) coverage and coverage during a period of time before the survey. However, respondents will be interviewed less-frequently (every 12 months instead of every four months), and the survey will ask about changes in health coverage on a monthly level instead of the four-month wave-level from the previous version of the survey. The Behavioral Risk Factor Surveillance System (BRFSS) continues to ask only about current (point in time) coverage; however, 38 states and the District of Columbia have implemented a new optional module that asks about coverage during the previous 12 months. The American Community Survey (ACS), National Health Interview Survey (NHIS), and Medical Expenditure Panel Survey – Household Component (MEPS-HC) have not added or revised their questions about health coverage

status. The ACS continues to ask only about current (point in time) coverage, and that question remains the only health insurance related question in the survey. The NHIS asks about current status and coverage during the previous 12 months. The MEPS-HC asks about current status and the prior calendar year. The National Survey of Children's Health (NSCH) was undergoing a redesign at the time this brief was written, so it's unknown if its next version will include revised questions on coverage status; however, previous versions of the NSCH have asked a single question about current (point in time) coverage status.

### Employer-sponsored coverage

The ACA includes multiple components designed to increase access to employer-sponsored insurance (ESI), such as the requirement for employers with 50 or more workers to offer insurance or pay a penalty, and tax credits for certain small businesses that offer health coverage. Several federal surveys have added questions that could be used to analyze the ACA's effects on ESI over time. The CPS has added questions about access to and take-up of employer-sponsored insurance coverage, such as whether a respondent's employer offers coverage, whether a person could qualify if his or her employer offers insurance, and why a person doesn't take coverage if his or her employer offers it. The NHIS has added questions on the availability of employer-sponsored coverage and a series of questions about how much employers pay toward coverage. The SIPP-EHC has added employer-sponsored insurance take-up questions to determine whether a respondent's employer offers coverage and why the person doesn't take it, if the person reported being uninsured while employed at any time during the previous calendar year. The BRFSS has not added any questions related to employer-sponsored insurance to its core survey; however, a new optional module asks about coverage type. The MEPS-HC has not revised or added questions related to employer coverage, but it continues to list employer-sponsored insurance as an option for coverage type and to list employer as an option on a question about who else pays toward

insurance premiums. The ACS has not added or modified questions related to employer sponsored coverage, but it continues to list employer-sponsored insurance as a coverage type. Historically, the NSCH has not asked about employer-sponsored insurance.

### Health insurance exchanges and premium subsidies

The CPS, NHIS, MEPS-HC and SIPP-EHC have introduced new questions to measure the impact of the ACA's health insurance exchanges and premium subsidies, which became effective on January 1, 2014. Each of these surveys uses a similar method to one developed by the U.S. Census Bureau for the CPS of using a series of questions designed to increase the accuracy of people's responses—first asking their general type of coverage, next asking (where applicable) if it was obtained through an exchange, and finally asking if the premiums were subsidized based on income (Pascale et al. 2013). They also each use state-specific names for the health insurance exchanges, because 16 states and the District of Columbia used unique names for their exchanges. One limitation of the exchange questions identified by the Census Bureau during testing was misreporting by respondents of whether they obtained private coverage or Medicaid through the exchanges, an error that stemmed from the way exchanges would automatically determine a person's eligibility for subsidies or Medicaid based on their income, causing applicants sometimes to enroll in different plans than they thought they were getting (e.g., an applicant may have intended to enroll in private coverage but was deemed eligible for Medicaid by the exchange due to income) (Pascale 2014).

In addition to those questions on coverage obtained through exchanges, the NHIS asks an additional question of respondents younger than 65 about whether they “looked into purchasing health insurance coverage through” an exchange (National Center for Health Statistics, 2014, p. 228). The MEPS-HC also added health exchange to a list of other sources of coverage (e.g., directly from an insurance company, from a union, from a previous employer, etc.) for self-employed respondents who have coverage through their businesses. The CPS

and MEPS-HC also added questions asking people employed by small businesses whether their coverage was obtained through a SHOP exchange.

### Young adult provision

The CPS and SIPP-EHC have added questions specifically to measure the effect of the ACA's provision allowing young adults to be covered as dependents on their parents' health coverage up to age 26. If there is anyone on the respondent's plan living outside of the household, the CPS asks whether the person is under 19, 19 to 25 years old, or older than 25; and the SIPP-EHC asks if the person is a child under 18, a child 18 to 25 years old, a child 26 or older, a spouse or partner, or other.

### Other ACA-related questions

The NHIS has added several new questions about topics not covered by other surveys in this brief. It addresses the law's provision that guarantees access to health coverage regardless of a person's health status and the provision requiring coverage of preventive care services without cost sharing (SHADAC 2013, January).

## Survey Design and Content Related to Health Insurance Coverage and Health Care Access, Use, and Cost

This section provides a brief overview of the design of each survey. It also provides an overview of the surveys' questions on health care access, use, and cost, as well as recent revisions to the surveys that were not addressed in the previous section on ACA-specific survey changes. Table 1 provides a more-detailed comparison of the surveys' designs, and Table 4 provides a more detailed description of each survey's questions.

### ACS

The American Community Survey (ACS), conducted by the Census Bureau, is an ongoing general household survey of the entire U.S. population, including persons living in group quarters. The survey replaced the long form of the decennial census

The CPS, NHIS, MEPS-HC and SIPP-EHC each use similar methods to determine if a respondent obtained coverage through an exchange and if the premiums were subsidized.

The 2014 CPS has been revised to add a measure on current coverage and improve its measure of coverage for the past year.

and provides annual estimates of health insurance coverage for the nation, states, and sub-state geographies. People are required by law to respond to the survey. In 2013, the ACS added an option for respondents to take the survey online.

The ACS is the only survey in this brief that has not added any questions or undergone any revisions related to health reform. Since 2008, it has asked a single question about current (point in time) health insurance coverage that includes seven coverage types as response categories. Historically, trends in the ACS uninsurance rate have been similar to those found in other federal surveys (SHADAC 2013, September). The ACS does not include any questions on health care access, use, or cost.

### CPS

The Current Population Survey (CPS), conducted by the Census Bureau for the Bureau of Labor Statistics, is designed to provide monthly data on labor force participation and unemployment for the civilian non-institutionalized population. Its Annual Social and Economic Supplement (ASEC), administered once each year from February through April, collects data on income and health insurance coverage. The CPS survey provides annual estimates of health insurance coverage for the nation and states.

In addition to the ACA-related updates discussed in the previous section of this brief, the Census Bureau has revised the CPS' questions on health coverage. The new questions are the result of several years of research and work to improve the survey's uninsurance estimate by enhancing respondents' comprehension of the questions and reducing recall error (U.S. Department of Commerce and U.S. Census Bureau 2013). The revised questions begin with a new question on current (point in time) coverage, following up with a series of questions about coverage during the previous calendar year and current year to-date to determine when that coverage began and whether there were any months in which their coverage was different (Turner and Boudreaux 2014).<sup>3</sup> The CPS also redesigned its method for

addressing coverage of other household members, now asking whether any others have the same type of coverage as the respondent, then asking whether other household members have any additional coverage (Brault et al. 2014). The survey continues to ask a series of questions about type of coverage, as well as limited questions on health care cost. The CPS does not include any questions on health care access.

### NHIS

The National Health Interview Survey (NHIS), sponsored by the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics, is a survey of the health of the civilian non-institutionalized population. This annual survey provides national-level estimates for a variety of health and access indicators, and it provides selected estimates on uninsurance, public coverage and private coverage available for states with sufficient sample sizes (43 states in 2012).

In addition to questions related to the ACA, which were discussed in the previous section, the NHIS has added questions on health coverage, health care access and use, and affordability. The NHIS continues to ask questions on current coverage (point in time) and coverage during the previous 12 months, a series of questions about coverage types, and questions on the usual source of care, use of health services, unmet need for health care services, barriers to obtaining care, health care cost and other topics. Health insurance coverage and basic access, use, and cost questions are asked for all household members, while more-detailed questions are asked about a random adult and a random child, if children are present in the household.<sup>4</sup>

### MEPS-HC

The Medical Expenditure Panel Survey-Household Component (MEPS-HC), sponsored by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, is a survey of health care access, utilization, and cost for the civilian non-institutionalized population. MEPS-HC is a

<sup>3</sup>For survey data prior to the 2014 CPS changes, SHADAC has developed an enhanced series to account for changes to CPS questions over time and to make additional adjustments to provide a more-accurate measure of trends in coverage (Ziegenfuss and Davern 2011; State Health Access Data Assistance Center 2009). SHADAC is evaluating the feasibility of updating this enhanced measure to account for these latest revisions to the CPS.

<sup>4</sup>In collaboration with the Minnesota Population Center at the University of Minnesota, SHADAC has developed the Integrated Health Interview Series (IHIS, see [www.ihis.us](http://www.ihis.us)), a unique initiative that has harmonized and documented the NHIS from 1969 forward, making data downloads and documentation freely available to data users.

panel survey including several interviews over two calendar years. This survey provides annual estimates at the national level with selected estimates on health care expenditures available for states with sufficient sample sizes (25 states in 2010).

In addition to the ACA-related questions discussed in the previous section, the MEPS-HC continues to ask a series of questions about current coverage (point in time) and coverage during the previous calendar year, along with questions about type of current coverage. The MEPS-HC includes detailed questions on usual source of care, use of health services, unmet need for health care, barriers to obtaining care, health care cost, and other topics. Household information is supplemented by information collected from respondents' health care providers. The MEPS-HC supports longitudinal data analysis.

## BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS), sponsored by the Centers for Disease Control and Prevention, is a state-based survey of population health, risk factors, and health behaviors for the adult civilian non-institutionalized population. All 50 states and the District of Columbia use the survey's core standardized questionnaire, and they may add optional modules. This survey provides annual estimates for the nation and states. In 2011, the BRFSS added cell phones to its sampling frame, limiting the comparison of data before and after the change.<sup>5</sup>

The BRFSS has not introduced any questions related to health coverage or access to its core survey, but in 2013 it did introduce an optional module that 38 states and the District of Columbia have added to their surveys. The module adds questions on type of coverage with several response categories, as well as a separate question asking if the respondent has Medicare; how long the respondent has been without health coverage if currently uninsured; and whether the respondent has been uninsured at any point in the previous 12 months. It also adds a question on the respondents' general satisfaction with the health

care they receive; a question about non-financial barriers to care; and cost-related questions of whether respondents have skipped prescribed medications during the past 12 months due to cost and whether they are paying off any medical bills over time. The core BRFSS for all 50 states continues to ask adults a single question about current (point in time) coverage status and does not ask about coverage type. The BRFSS includes questions on usual source of care, use of health services (particularly preventive care), unmet need for health care, and other topics.

## SIPP

The Survey of Income and Program Participation (SIPP), conducted by the U.S. Census Bureau, is a panel survey that collects longitudinal data on income and public program participation for the civilian non-institutionalized population. The survey interviews respondents at standard intervals (called waves) for panels lasting multiple years; however, a 2014 substantial redesign of the SIPP modifies the timeframes for the duration of panels and the intervals between waves. The previous version of the SIPP survey included core questions that were asked during each wave and topical modules that varied by wave; however, the redesigned SIPP does not use separate topical modules. The SIPP has sample sizes designed to be representative of 20 states in the 2008 panel and the redesigned 2014 panel.

The new SIPP survey instrument has been renamed the SIPP-EHC for its use of an event history calendar (EHC) interviewing technique, which is meant to enhance respondents' recall of events as the survey reference period is extended to "reduce survey costs and respondent burden" (U.S. Census Bureau 2013, p. 1). Although the survey will retain its panel design of following respondents for multiple years, the SIPP-EHC will follow a panel for 4 years, while the previous SIPP followed respondents between 2 ½ to 4 years. Like the previous SIPP, the redesigned survey continues to ask a series of questions on current (point in time) coverage and coverage during a period of time before the survey. However, the reference

The SIPP has undergone a substantial redesign. The new version of the survey, which began in 2014, has been renamed the SIPP-EHC.

<sup>5</sup>The Centers for Disease Control and Prevention added cell phones to the BRFSS sampling frame to capture the growing number of U.S. households that use cell phones exclusively, but the methodological change causes a break in the comparability of survey data (U.S. Centers for Disease Control and Prevention 2013).



period for coverage over time has been extended from four to 12 months, and the survey now is designed to capture information about changes in health coverage on a monthly level instead of the four-month wave-level from the previous version of the survey.

In addition to questions related to the ACA, the SIPP-EHC will introduce a number of new questions, including a series of detailed questions on specific types of coverage (e.g., whether private coverage is an health maintenance organization, preferred provider organization, point-of-service, fee-for-service, etc.; whether it's a high-deductible plan; whether it has a health savings account); if the respondent had any coverage that ended, why it ended; and why respondents didn't buy private health insurance or obtain Medicaid if the person had a period of uninsurance. The survey also modified its coverage-type questions to ask about military coverage separately from other sources of coverage. For children, the survey no longer asks respondents to make a distinction about whether the child has Medicaid or CHIP coverage. The SIPP will continue to ask questions on the use of health services, health care costs and other topics, and it will continue to support longitudinal analysis.

### NSCH

The National Survey of Children's Health (NSCH), conducted by the National Center for Health Statistics and sponsored by the U.S. Department of Health and Human Services' Maternal and Child Health Bureau of the Health Resources and Services Administration, is a survey of the health and well-being of the civilian non-institutionalized population of children under age 18. The NSCH is conducted every four years and provides national and state-level estimates. Like the BRFSS, the NSCH added cell phones to its sampling frame for the 2011/2012 survey.

The NSCH was undergoing a redesign at the time this brief was written, and the new questions were not available. Previous versions of the NSCH have asked a single question about current (point in time) coverage status and, if the child is insured, a follow-up question about Medicaid/Children's Health Insurance Program (CHIP) coverage. The NSCH

also includes questions on usual source of care, use of health services, unmet need for health care, barriers to obtaining care, health care cost and affordability, and other topics.

### Survey Sample Sizes

This section provides an overview of sample sizes for each of the surveys. Table 2 lists each survey's sample size by age and income categories, and Table 3 lists sample sizes for each state by survey.

Four of the surveys — the ACS, CPS, BRFSS, and NSCH—are designed to provide state-representative estimates for all states. The ACS has the largest sample size of the federal surveys, at 3,113,030 in 2012, which allows for analysis at both the state and sub-state levels. The BRFSS, with a sample size of 467,333 adults in 2012, provides the next largest sample size to the ACS. The BRFSS supports both state and sub-state geographic analysis, with county-level identifiers in the public-use file. The sample size of the CPS is smaller, at 202,634 for calendar year 2012. Because of the smaller state sample sizes in the CPS, the Census Bureau recommends using 3-year averages to compare measures across states and 2-year averages to evaluate changes within a state over time. Finally, the NSCH, with a sample size of 95,677 children in the 2011/2012 survey, supports state-level analyses but not analyses at sub-state geographies.

The NHIS, MEPS-HC, and SIPP do not have sufficient sample size to produce annual estimates for all states, although each survey produces representative data or estimates for a limited number of states. Additionally, it may be possible to pool data from multiple years of these surveys to get reliable state estimates, as is commonly done with the CPS. The public use files for the NHIS and MEPS-HC do not include state identifiers, so any state-level analyses would need to be conducted using a Research Data Center. However, the SIPP includes state identifiers for all states on its public use files.

### Obtaining State-Level Estimates

Table 5 provides the website links for summary tabulations of estimates and lists the locations of the

public use microdata files for each of the surveys. Summary tabulations are pre-tabulated estimates available to the public through published reports and/or tables. Microdata files containing individual records and detailed variable information are available directly through the sponsoring agency or from a few third party data access sites.

Microdata files are generally available as public use files and as non-public files. The public use files have undergone disclosure avoidance techniques prior to being released. They may also have other edits such as limited variables or reduced sample size. The non-public data files, on the other hand, may allow a researcher to analyze using more variables and/or sample, but these can only be accessed through a Research Data Center (RDC).

As an example, state identifiers are available on the public use files for ACS, CPS, BRFSS, NSCH, and SIPP. For the NHIS and MEPS-HC, access to state identifiers is only available on restricted data files at a designated RDC. As another example, the ACS public use file contains about two-thirds of the records available on the non-public files. SHADAC can provide support to state health policy analysts who are interested in accessing the full data files through an RDC.

## About SHADAC

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

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## Table 1: Federal Survey Design Elements

	ACS	CPS	NHIS	MEPS-HC	BRFSS	NSCH	SIPP
<b>Target population</b>	Total population including persons in group quarters	Civilian non-institutionalized population	Civilian non-institutionalized population	Civilian non-institutionalized population	Civilian non-institutionalized adult population	Non-institutionalized child population (0 to 17 years)	Civilian non-institutionalized population
<b>Primary focus of survey</b>	General household survey, replacement for the "long form" decennial census	Labor force participation and unemployment	Population health	Health care access, utilization, and cost	Population health, risk factors, and health behaviors	Children's health and well-being	Longitudinal data on income and program participation
<b>Sample frame</b>	National Master Address File (MAF)	Census 2000 sampling frame updated with new housing construction. (Census 2010 sampling frame is being phased in between April 2014 and July 2015.)	Census 2000 sampling frame updated with new housing construction	Respondents to the NHIS	Households with landline telephones, plus cell phones added in 2012	Households with landline telephones, plus cell phones added in 2011/2012 survey	<b>Pre-2014 SIPP:</b> Census 2000 sampling frame updated with new housing construction <b>SIPP-EHC, beginning 2014:</b> National Master Address File (MAF)
<b>Sample designed to be state representative?</b>	Yes	Yes	No, but representative for some states	No, but representative for some states	Yes	Yes	Yes, for 20 largest states (2008 and 2014 panels)
<b>Survey mode</b>	Mail, phone, in person, and Internet	Phone and in person	In person	In person	Phone	Phone	In person and phone
<b>Response rate</b>	97.3 percent in 2012	80 percent in 2012	77.6 percent in 2012	54.9 percent in 2011	45.2 percent in 2012 (median state response rate for landline/cell phones combined)	23.0 percent in 2011/2012 (landline/cell phones combined)	<b>Pre-2014 SIPP:</b> 57.3 percent by wave 11 of the 2008 panel <b>SIPP-EHC:</b> Not yet available. Wave 1 interviews from February to May 2014; data release expected for spring 2016 (Claxton et al. 2014).
<b>State-level estimates available?</b>	Yes	Yes	Releases selected estimates for largest states (43 in 2012). Public use file does not include state identifiers.	Releases selected estimates for largest states (25 in 2010). Public use file does not include state identifiers.	Yes	Yes	No, but state identifiers are available on the public use file
<b>State-level analysis of sub-populations possible (e.g., by income or insurance type)?</b>	Yes	Yes, but limited by state sample size; recommended to use 2- or 3- year averages	Potentially, but limited by state sample size and survey design	Potentially, but limited by state sample size and survey design	Yes	Yes	Potentially, but limited by state sample size and survey design



## Table 2: Federal Survey Sample Sizes by Age, Income, and State

	ACS	CPS	NHIS	MEPS-HC	BRFSS	NSCH	SIPP
	2012	2013	2012	2011	2012	2011/2012	2008 panel, Wave 10
<b>Total</b>	3,113,030	202,634	108,131	33,622	467,333	95,677	79,321
Children (ages 0 to 18)	717,620	59,826	29,468	9,386	0	95,677	20,079
Adults (ages 19 to 64)	1,857,862	119,362	65,093	20,180	315,210	0	46,914
<b>Low-income</b>	1,177,390	81,479	62,575	15,937	N/A	32,111	29,637
Children (ages 0 to 18)	315,042	26,369	20,091	5,628	N/A	32,111	9,700
Adults (ages 19 to 64)	663,994	45,048	34,398	8,527	N/A	0	15,484
<b>Sample size by state</b>							
High	368,047 (CA)	20,468 (CA)	N/A	5,480 (CA)	21,723 (MA)	2,200 (TX)	8,113 (CA)
Median	44,608 (LA)	3,025 (ME)	N/A	433 (SC)	7,878 (SD)	1,852 (NC)	953 (SC)
Low	5,824 (WY)	1,780 (MT)	N/A	0 (ND)	3,327 (DC)	1,811 (SD)	132 (WY)

1. The BRFSS includes adults ages 18 and older; the adult tabulations are ages 18 to 64. The NSCH includes children ages 0 to 17. The MEPS-HC children data use ages 0 to 17 and adult data use ages 18 to 64.

2. Low-income is defined as family income below 200% of the Department of Health and Human Services federal poverty guidelines for ACS, CPS, and NHIS. The NHIS low-income data were tabulated using the IHIS variable poverty guideline variable POVIIMPHS1 for 2012 data. Low-income is defined as family income below 200% of the Census Bureau's poverty thresholds for MEPS-HC and NSCH. The SIPP counts for low income also use the Census Bureau poverty thresholds and exclude children under 15 years old who are not related to the household head. Low-income data are not provided for BRFSS because the survey collects categorical household income that does not allow for poverty calculations.

3. The National Center for Health Statistics no longer publishes or provides state sample sizes for the NHIS because they are considered restricted data.

### Table 3: Federal Survey State Sample Sizes

	ACS	CPS	MEPS-HC	BRFSS	NSCH	SIPP
	2012	2013	2011	2012	2011/2012	2008 Panel, Wave 10
Alabama	47,819	2,132	473	9,026	1,820	1,225
Alaska	6,946	2,510	24	4,345	1,846	142
Arizona	65,945	2,596	609	7,306	1,845	1,867
Arkansas	29,224	2,270	347	5,187	1,849	775
California	368,047	20,468	5,480	14,574	1,903	8,113
Colorado	51,322	4,510	382	12,255	1,820	1,093
Connecticut	36,381	4,340	369	8,781	1,888	737
Delaware	8,815	3,050	107	5,174	1,824	212
District of Columbia	6,303	2,820	53	3,827	1,861	134
Florida	190,050	8,182	2,113	7,624	1,855	3,897
Georgia	96,228	4,432	1,089	6,100	1,848	2,573
Hawaii	14,154	3,520	353	7,582	1,881	315
Idaho	15,293	2,262	53	5,896	1,857	478
Illinois	127,208	6,080	1,136	5,579	2,071	3,089
Indiana	66,370	3,015	714	8,645	1,829	2,832
Iowa	31,458	3,697	273	7,166	1,847	866
Kansas	29,139	2,854	370	11,801	1,836	540
Kentucky	44,664	2,671	631	11,223	1,864	870
Louisiana	44,608	2,034	399	9,068	1,846	1,232
Maine	13,172	3,025	91	9,921	1,823	372
Maryland	58,417	4,891	561	12,812	2,181	1,788
Massachusetts	68,435	2,958	517	21,723	1,861	2,120
Michigan	98,587	4,391	1,103	10,499	1,833	1,950
Minnesota	54,354	4,788	569	12,246	1,830	1,419
Mississippi	29,486	1,865	457	7,788	1,883	882
Missouri	61,639	3,092	561	6,754	1,859	2,168
Montana	10,154	1,780	81	8,679	1,824	221
Nebraska	18,883	2,975	117	19,173	1,818	388
Nevada	26,726	3,196	82	4,846	1,901	454
New Hampshire	13,469	3,909	96	7,530	1,934	349
New Jersey	88,003	3,992	1,080	15,761	1,858	3,119
New Mexico	19,771	1,877	107	8,776	1,847	501
New York	196,314	8,329	1,966	6,060	1,989	3,923
North Carolina	97,420	3,968	899	11,898	1,852	2,006
North Dakota	7,122	2,408	0	4,879	1,835	208
Ohio	117,251	5,153	1,122	13,026	1,916	2,577
Oklahoma	37,096	2,481	346	8,015	1,886	976
Oregon	38,767	2,734	349	5,302	1,846	937
Pennsylvania	128,605	5,873	1,046	19,958	1,886	2,775
Rhode Island	10,755	3,234	91	5,480	1,889	238
South Carolina	47,344	2,567	433	12,795	1,930	953
South Dakota	8,380	2,949	91	7,878	1,811	166
Tennessee	64,276	2,650	505	7,056	1,862	1,992
Texas	249,155	12,545	3,254	9,129	2,200	6,261
Utah	28,199	2,909	441	12,436	1,823	672
Vermont	6,553	2,502	66	6,056	1,856	154
Virginia	82,824	4,321	965	7,398	1,909	3,201
Washington	69,301	3,625	828	15,319	1,843	2,412
West Virginia	18,290	1,907	132	5,409	1,827	533
Wisconsin	58,484	3,747	598	5,299	1,838	2,484
Wyoming	5,824	2,550	91	6,273	1,837	132
<b>Total</b>	<b>3,113,030</b>	<b>202,634</b>	<b>33,620</b>	<b>467,333</b>	<b>95,677</b>	<b>79,321</b>

1. The National Center for Health Statistics no longer publishes or provides state sample sizes for the NHIS because they are considered restricted data.

## Table 4: Federal Health Survey Access and Coverage Questions

	ACS	CPS	NHIS	MEPS-HC	BRFSS	NSCH	SIPP
<b>Health insurance coverage status (insured/uninsured) and type of coverage</b>	Single question about coverage status that includes different coverage types as response categories	Series of questions about coverage types	Question about coverage status, followed by a series of questions about coverage types	Series of questions about coverage types; questions on availability of health insurance through employer; questions on scope of coverage	<b>Standard questions:</b> Single question about coverage status; no information on coverage type. <b>Optional questions:</b> Question about coverage status that includes different coverage types as response categories; question about whether respondent is covered by Medicare.	Single question about coverage status; if insured, asked if coverage is through Medicaid or CHIP	Series of questions about coverage status and type of coverage type for each month
<b>Other household members or people living outside the household covered by the health plan</b>	No	Series of questions on whether any other household members were covered by the same plan; questions on whether the plan covers anyone outside of the household and the person's age (under 19, 19 to 25, 26 and older)	No	No	No	No	Single question on whether the plan covers anyone outside of the household and the person's age, if a child (under 18, 18 to 25, 26 and older; or a spouse/partner, or other)
<b>Health insurance coverage obtained through exchange</b>	No	Series of questions to determine whether coverage was obtained through an exchange	Series of questions to determine whether coverage was obtained through an exchange; question on whether respondent looked into purchasing health coverage through an exchange, if under age 65	Series of questions to determine whether coverage was obtained through an exchange	No	No	Series of questions to determine whether coverage was obtained through an exchange
<b>Employer-sponsored health coverage</b>	Question about coverage status includes employer-sponsored insurance as a type of coverage	Question on whether respondent has coverage through an employer? If so, question about whether employer contributes toward premiums; if not, questions about whether employer offers coverage the respondent does not have, could the respondent qualify for it, and why the respondent doesn't take it.	Question about coverage status includes employer-sponsored insurance as a type of coverage; question on availability of health insurance through employer; series of questions on whether and how much an employer pays toward coverage	Questions on whether coverage comes from an employer and whether an employer pays toward premiums	<b>Optional question:</b> Employer-sponsored coverage listed in question about coverage types	No	Questions on whether respondent has coverage through an employer; if there was a time in the prior calendar year when the respondent was employed but didn't have ESI, whether the employer offered coverage; if the employer offered coverage the respondent didn't take, question on why
<b>Health insurance coverage obtained through small-business SHOP exchange</b>	No	Questions on whether employer-based insurance was obtained through a SHOP exchange	No	Questions on whether employer-based insurance was obtained through a SHOP exchange	No	No	No
<b>Is there a fee or premium for the insurance/is it subsidized</b>	No	Questions on whether there is a monthly premium for the plan and whether the premium is subsidized based on income	Questions on whether there is an enrollment fee or premium for Medicaid, CHIP coverage, a state-sponsored health plan or another government program. If respondent has non-employer private coverage, question on whether coverage had a premium based on income; and question on who pays for the coverage.	Questions on whether there is a monthly premium for the plan and whether the premium is subsidized based on income	No	No	Questions on whether there is a monthly premium for the plan and whether the premium is subsidized based on income
<b>Health insurance coverage: verification question for uninsured</b>	No	Yes	Yes	Yes	No	No	Yes

**Table 4: (Continued) Federal Health Survey Access and Coverage Questions**

	ACS	NHIS	MEPS-HC	BRFSS	NSCH	SIPP
<b>Type of uninsurance measures</b>	Point in time	Point in time; previous 12 months; if uninsured at time of survey, length of time uninsured; if insured at survey, whether uninsured at some point in the past year	Point in time; all of prior calendar year; length of time uninsured; uninsured at some point in the past year	<b>Standard question:</b> Point in time. <b>Optional question:</b> Any time in previous 12 months; if currently uninsured, how long since last had coverage	Point in time; whether uninsured at some point in the past 12 months; if uninsured at survey, any coverage in the past 12 months	Point in time; previous 12 months; whether uninsured at some point in the past calendar year; in uninsured, length of time uninsured; if uninsured, reasons for being uninsured
<b>State-specific program and health exchange names included</b>	No	Yes	Yes	No	Yes	Yes
<b>Health and disability status</b>	Disability status (limited)	Health and disability status; medical conditions, pregnancy	Health and disability status; medical conditions, pregnancy	Health and disability status, medical conditions	Health and disability status, medical conditions	Health and disability status
<b>Usual source of care</b>	No	Whether respondent has usual source of care; reason for no usual source of care; type of place for usual source of care	Whether respondent has usual source of care; reason for no usual source of care; type of place/provider of usual source of care	Whether respondent has a personal doctor or health care provider	Whether the child has a usual source of care; type of place for usual source of care; whether child has a personal doctor or nurse; medical home/care coordination	No
<b>Use of health services</b>	No	Use of services in the past 2 weeks and past year, by provider type; more detailed is asked of sample adult and sample child.	Detailed information on use of services by provider type and reason	<b>Standard questions:</b> Length of time since last doctor visit for routine checkup; specific preventive care services. <b>Optional question:</b> In past 12 months, number of times been to a doctor, nurse or health professional	Medical/dental visits in the past year; preventive medical/dental visits in past year; services from specialists and mental health providers	Hospitalizations; number of medical provider visits; prescription drugs; use of care while uninsured
<b>Unmet need for health care</b>	No	Unmet needs due to cost for specific types of care/services	In past year, unable to obtain necessary medical or dental care or prescription drugs; reasons couldn't obtain care; how much of a problem I was that care was not received	<b>Standard question:</b> Any time in the past 12 months when couldn't go to the doctor due to cost. <b>Optional question:</b> In past 12 months, did not take prescribed medication due to cost.	Any time in the past 12 months when child needed health care but it was delayed or not received	No
<b>Barriers to obtaining care</b>	No	Delayed care; reasons for delayed care	Delayed care; reasons for delayed care; how much of a problem it was that care was delayed; how often was it easy to get necessary care	<b>Optional question:</b> Any reasons other than cost for delaying needed medical care	Delayed care (see above); difficulty obtaining referrals	No
<b>Health care costs/affordability</b>	No	Premiums and out-of-pocket expenditures	Premium cost; detailed information on health care expenditures and sources of payment (including self-pay)	<b>Optional question:</b> Currently have any medical bills that are being paid off over time	Any out-of-pocket expenses for care; how often that amount is reasonable	Premiums and out-of-pocket expenditures

1. For the BRFSS, except where noted otherwise that the question is optional, this table refers to questions in the core module that are standard across all states.
2. Because MEPS-HC and SIPP are longitudinal surveys, it is possible to construct uninsurance measures for the complete time period of their panels.
3. The NSCH currently is under revision, so these question topics refer to the 2011/2012 survey.

## Table 5: Survey Resources and Internet Links

Survey	Estimates	Web Site
ACS	Summary Tabulations	American FactFinder (full sample): <a href="http://factfinder2.census.gov">http://factfinder2.census.gov</a> SHADAC's Data Center (public use sample): <a href="http://datacenter.shadac.org">http://datacenter.shadac.org</a>
	Public Use Files	American FactFinder: <a href="http://factfinder2.census.gov">http://factfinder2.census.gov</a> Census Bureau DataFerrett: <a href="http://dataferrett.census.gov">http://dataferrett.census.gov</a> IPUMS: <a href="http://www.ipums.org">http://www.ipums.org</a> (IPUMS-USA)
CPS	Summary Tabulations	Census Bureau web site (follow "Tables" link): <a href="http://www.census.gov/hhes/www/hlthins/hlthins.html">http://www.census.gov/hhes/www/hlthins/hlthins.html</a> Census Bureau CPS table creator: <a href="http://www.census.gov/cps/data/cpstablecreator.html">http://www.census.gov/cps/data/cpstablecreator.html</a> SHADAC's Data Center (public use sample): <a href="http://datacenter.shadac.org">http://datacenter.shadac.org</a>
	Public Use Files	Census Bureau DataFerrett: <a href="http://dataferrett.census.gov">http://dataferrett.census.gov</a> IPUMS: <a href="http://www.ipums.org">http://www.ipums.org</a> (IPUMS-USA)
SHADAC-Enhanced CPS	Summary Tabulations	SHADAC's Data Center (public use sample): <a href="http://datacenter.shadac.org">http://datacenter.shadac.org</a>
	Public Use Files	IPUMS: <a href="http://www.ipums.org">http://www.ipums.org</a> (IPUMS-USA)
NHIS	Summary Tabulations	NHIS Early Release program: <a href="http://www.cdc.gov/nchs/nhis/releases.htm">http://www.cdc.gov/nchs/nhis/releases.htm</a> Soon to be available on SHADAC's Data Center: <a href="http://datacenter.shadac.org">http://datacenter.shadac.org</a>
	Public Use Files	NHIS documentation: <a href="http://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm">http://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm</a>
IHIS	Summary Tabulations	Integrated Health Interview Series (based on NHIS): <a href="https://www.ihis.us/ihis">https://www.ihis.us/ihis</a>
	Public Use Files	IHIS: <a href="https://www.ihis.us/ihis">https://www.ihis.us/ihis</a>
MEPS-HC	Summary Tabulations	MEPS-HC summary tables: <a href="http://meps.ahrq.gov/mepsweb/data_stats/quick_tables.jsp">http://meps.ahrq.gov/mepsweb/data_stats/quick_tables.jsp</a>
	Public Use Files	MEPS-HC data release schedule: <a href="http://meps.ahrq.gov/mepsweb/about_meps/releaseschedule.jsp">http://meps.ahrq.gov/mepsweb/about_meps/releaseschedule.jsp</a>
BRFSS	Summary Tabulations	BRFSS prevalence and trends data: <a href="http://apps.nccd.cdc.gov/BRFSS/">http://apps.nccd.cdc.gov/BRFSS/</a> BRFSS publications: <a href="http://www.cdc.gov/brfss/publications/index.htm">http://www.cdc.gov/brfss/publications/index.htm</a> SHADAC's Data Center: <a href="http://datacenter.shadac.org">http://datacenter.shadac.org</a>
	Public Use Files	BRFSS data and documentation: <a href="http://www.cdc.gov/brfss/data_documentation/index.htm">http://www.cdc.gov/brfss/data_documentation/index.htm</a>
SIPP	Summary Tabulations	Census Bureau SIPP web site: <a href="http://www.census.gov/programs-surveys/sipp/publications.html">http://www.census.gov/programs-surveys/sipp/publications.html</a>
	Public Use Files	Census Bureau DataFerrett: <a href="http://dataferrett.census.gov">http://dataferrett.census.gov</a>
NSCH	Summary Tabulations	Child and Adolescent Health Measurement Initiative's NSCH Data Resource Center: <a href="http://www.nschdata.org/learn/NSCH">http://www.nschdata.org/learn/NSCH</a>
	Public Use Files	NSCH web site (follow "View/Download") <a href="http://www.cdc.gov/nchs/slait/nsch.htm">http://www.cdc.gov/nchs/slait/nsch.htm</a>

## Table Sources

Table 1

- ACS design and methodology available at [http://www.census.gov/acs/www/methodology/methodology\\_main/](http://www.census.gov/acs/www/methodology/methodology_main/) and response rate available at [http://www.census.gov/acs/www/methodology/response\\_rates\\_data/](http://www.census.gov/acs/www/methodology/response_rates_data/).
- CPS design and methodology available at <http://www.census.gov/prod/2006pubs/tp-66.pdf> and response rate available at [https://www.census.gov/hhes/www/p60\\_245sa.pdf](https://www.census.gov/hhes/www/p60_245sa.pdf). Information on new Census 2010 sampling frame available at [http://www.bls.gov/cps/sample\\_redesign\\_2014.pdf](http://www.bls.gov/cps/sample_redesign_2014.pdf).
- NHIS design and methodology and response rate available at [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHIS/2012/srvydesc.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2012/srvydesc.pdf).
- MEPS-HC design and methodology available at [http://www.meps.ahrq.gov/mepsweb/survey\\_comp/hc\\_data\\_collection.jsp](http://www.meps.ahrq.gov/mepsweb/survey_comp/hc_data_collection.jsp) and response rate available at [http://www.meps.ahrq.gov/mepsweb/survey\\_comp/hc\\_response\\_rate.jsp](http://www.meps.ahrq.gov/mepsweb/survey_comp/hc_response_rate.jsp).

- BRFSS design and methodology available from “Overview: BRFSS 2009” at [http://www.cdc.gov/brfss/annual\\_data/2012/pdf/Overview\\_2012.pdf](http://www.cdc.gov/brfss/annual_data/2012/pdf/Overview_2012.pdf) and response rate available at [http://www.cdc.gov/brfss/annual\\_data/2012/pdf/SummaryDataQualityReport2012\\_20130712.pdf](http://www.cdc.gov/brfss/annual_data/2012/pdf/SummaryDataQualityReport2012_20130712.pdf).
- NSCH design and methodology and response rate available at <http://www.cdc.gov/nchs/slaits/nsch.htm> and [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/slaits/nsch\\_2011\\_2012/01\\_Frequently\\_asked\\_questions/NSCH\\_2011\\_2012\\_FAQs.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slaits/nsch_2011_2012/01_Frequently_asked_questions/NSCH_2011_2012_FAQs.pdf).
- SIPP design and methodology available at <http://www.census.gov/programs-surveys/sipp/methodology/users-guide.html> and response rate available at <http://www.census.gov/content/dam/Census/programs-surveys/sipp/tech-documentation/complete-documents/2008/SIPP%202008%20Panel%20Wave%2006%20-%20Core%20File.pdf>.

### Table 2

- ACS data tabulated from the 2012 public use file.
- CPS data tabulated from the 2013 Annual Social and Economic Supplement public use file, representing calendar year 2012.
- NHIS age data tabulated from the 2012 public use file. NHIS income data tabulated from the IHIS 2012 file using the poverty guideline variable POVIMPHHS1.
- MEPS-HC data obtained through MEPSnet/HC Trend Query web tool, available at [http://meps.ahrq.gov/mepsweb/data\\_stats/MEPSnetHC.jsp](http://meps.ahrq.gov/mepsweb/data_stats/MEPSnetHC.jsp).
- BRFSS data tabulated from the 2012 public use file.
- NSCH data obtained through NSCH Data Resource Center for Child and Adolescent Health web tool, available at <http://www.childhealthdata.org/browse/survey>.
- SIPP data tabulated from wave 10 of the 2008 panel from the public use file.

### Table 3

- ACS data tabulated from the 2012 public use file.
- CPS data tabulated from the 2013 Annual Social and Economic Supplement public use file, representing calendar year 2012.
- MEPS-HC data source is a special tabulation provided by the Agency for Healthcare Research and Quality.
- BRFSS data tabulated from the 2012 public use file.
- NSCH data obtained from the 2011/2012 List of Variables and Frequency Counts, available at [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/slaits/nsch\\_2011\\_2012/04\\_List\\_of\\_variables\\_and\\_frequency\\_counts/create\\_formatted\\_frequencies.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slaits/nsch_2011_2012/04_List_of_variables_and_frequency_counts/create_formatted_frequencies.pdf).
- SIPP data tabulated from wave 10 of the 2008 panel from the public use file.

### Table 4

- ACS questions available at [http://www.census.gov/acs/www/methodology/questionnaire\\_archive/](http://www.census.gov/acs/www/methodology/questionnaire_archive/).
- CPS questions available at [http://www.reginfo.gov/public/do/PRAViewIC?ref\\_nbr=201311-0607-001&icID=3414](http://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201311-0607-001&icID=3414) (Annual Social and Economic Supplement, Attachment A – Items Booklet).
- NHIS questions available at [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Survey\\_Questionnaires/NHIS/2014/English/](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2014/English/).
- MEPS-HC questions available at [http://www.meps.ahrq.gov/mepsweb/survey\\_comp/survey.jsp](http://www.meps.ahrq.gov/mepsweb/survey_comp/survey.jsp).
- BRFSS questions available at <http://www.cdc.gov/brfss/questionnaires.htm>.
- NSCH questions available at [http://www.nschdata.org/learn/topics\\_questions](http://www.nschdata.org/learn/topics_questions).
- Pre-2014 SIPP questions available at <http://www.census.gov/programs-surveys/sipp/data/2008-panel.html>. 2014 panel SIPP-EHC questions obtained from the Census Bureau.



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