

The Effect of Methodological Differences in Two Surveys' Estimates of the Percentage of Employers Sponsoring Health Insurance

Two large surveys on employer-sponsored health insurance produced different estimates of the percentage of employers offering insurance to their employees in 1993. These differences occurred despite major similarities in the surveys' purpose and design. In this paper, five survey design factors are assessed. Estimates from the second survey were recomputed to eliminate cases not included in the first survey. Survey estimates were no longer significantly different when cases were removed because establishments had moved, were single-employee establishments on the sample frame, were classified as completed only in the second survey, or when poststratification adjustments in the weighting used only in the second survey were eliminated. Based on a comparison of 449 cases that responded in both surveys, changes in the wording of questions also probably contributed to the difference in survey estimates. These results indicate that estimates from these types of surveys are very sensitive to differing designs.

Between 1989 and 1995, 45 states enacted small group health insurance reforms (GAO 1995). The goal was to remove some of the barriers faced by small employers in obtaining health insurance. These barriers include medical underwriting, high premium cost, and long waiting periods for coverage of pre-existing medical conditions. Baseline estimates of the level of employer-sponsored health insurance are key to evaluating these reforms. However, two recent studies presented different estimates of the proportion of private sector employers offering health insurance in 1993.¹ According to the Robert Wood Johnson Foundation (RWJF) Employer Survey, 58.4% of private sector employers in 10 states offered health insurance, compared with 51.5% estimated in the National Employer Health Insurance Survey (NEHIS) (Cantor, Long, and Marquis 1995; NCHS 1997) (see Figure 1). NEHIS was

sponsored by the U.S. Department of Health and Human Services. It was managed by the National Center for Health Statistics (NCHS) in partnership with the Agency for Health Care Policy and Research (AHCPR) and the Health Care Financing Administration (HCFA).

Data from these surveys are used in health care policy development and evaluation at the national and state level. Hence, it is essential that a difference in estimates of this magnitude be investigated, because it will enhance the use and interpretation of survey results. This paper examines why estimates from these surveys differed significantly despite major similarities in survey design and purpose. First, the paper describes the sample design, data collection procedures, weighting procedures, wording of questions, and reference period of the two surveys. Next, specific characteristics are investigated for

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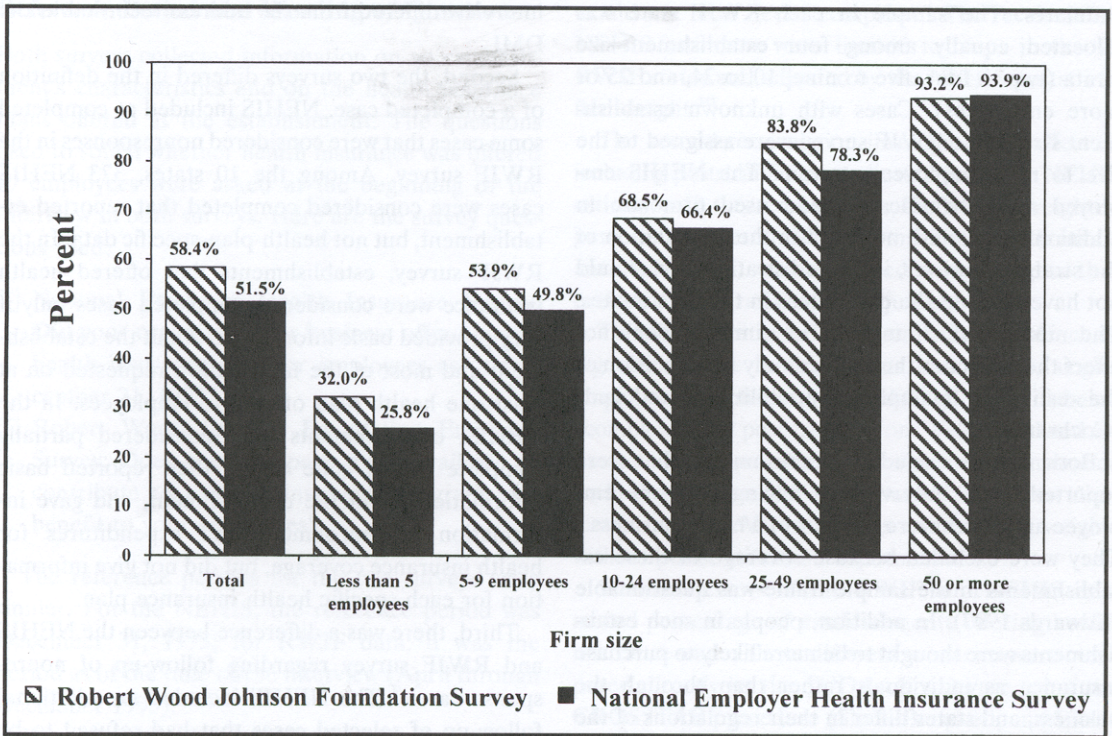


Figure 1. Percentage of establishments offering health insurance in 10 states, 1993 (firm size indicates number of employees in all locations under the same ownership or management as the establishment)

their effect on the estimated percentage of establishments offering insurance. These characteristics include:

- Treatment of single-employee establishments in sampling.** Both the RWJF survey and NEHIS included single-employee establishments (including the owner) if the sampled establishment was reported in the interview to be part of a larger business. However, NEHIS sampled establishments with only one employee where the size of the business was unknown, whereas RWJF did not.
- Eligibility rules.** NEHIS included establishments that had moved from the address on the sample frame if the respondent considered it the same company, whereas RWJF considered such establishments as ineligible.
- Definition of completed cases.** NEHIS included as "completed" (or partially completed) some types of cases that were considered nonresponses in the RWJF survey.
- Weighting procedures.** NEHIS used a poststratification adjustment, whereas the RWJF survey did not.

- Wording of questions.** The wording of questions varied somewhat between the surveys.

Sample Design

The NEHIS and RWJF surveys were designed to produce state-level estimates of employer-sponsored health insurance.² Whereas the NEHIS covered all 50 states plus the District of Columbia, the RWJF survey included only 10 states (Colorado, Florida, Minnesota, North Dakota, New Mexico, New York, Oklahoma, Oregon, Vermont, and Washington). Both surveys used the same sampling unit, an establishment, to make state-level estimates. An establishment was defined as a single business location. A firm was defined as all establishments nationwide under common ownership or control. For example, an establishment might be a laundry at one address, and that establishment's firm might consist of five laundries in different locations that all are owned by the same person.

Both surveys used the same sampling frame (Dun and Bradstreet's Dun's Market Identifiers [DMI] file)³ for the private sector.⁴ Both surveys used probability samples within the states to produce unbiased

estimates. The sample in each RWJF state was allocated equally among four establishment-size strata (two to four, five to nine, 10 to 24, and 25 or more employees). Cases with unknown establishment size in the RWJF survey were assigned to the five to nine employees stratum. The NEHIS employed more stratification and used firm size in addition to establishment size in the formulation of the strata.⁵ However, increased stratification should not have affected the differences in these estimates. The number of strata used in sampling does not affect the estimates themselves, only the precision of the estimates (sampling variability is reduced) (Cochran 1963).

Both surveys excluded establishments that were reported in the interview as having only one employee and which were not part of a larger business.⁶ They were excluded because coverage of these establishments in the sample frame was questionable (Edwards 1997). In addition, people in such establishments were thought to be more likely to purchase insurance as individuals rather than through the business, and states differ in their regulations of the small group and individual health insurance markets as to whether single-person establishments (self-employed individuals, to be precise) are part of the small group or individual market (GAO 1996). Both surveys included single-employee establishments if they were reported in the interview as part of a larger firm (two or more employees). However, the RWJF survey did not sample any single-employee establishments, whereas NEHIS did (213 cases in the 10 states). A sample of single-employee establishments was included in NEHIS because it was not known whether these establishments were part of a larger firm or not.

Data Collection Procedures

Westat, Inc., the data collection agent for both surveys, used computer-assisted telephone interviews. However, the two surveys varied in several procedures.

First, the surveys differed in how to consider establishments that had moved from the address on the sample frame to another address. The RWJF survey considered them ineligible for the survey. NEHIS, on the other hand, included these cases if the respondent considered the business to be the same (Edwards 1997). In the 10 states sampled in the NEHIS, 765 cases (or 11% of all responding cases) were movers, that is, the address at the time of

interview differed from the address recorded in the DMI.

Second, the two surveys differed in the definition of a completed case. NEHIS included as completed some cases that were considered nonresponses in the RWJF survey. Among the 10 states, 373 NEHIS cases were considered completed that reported establishment, but not health-plan-specific data. In the RWJF survey, establishments that offered health insurance were considered completed cases only if they provided basic information about the establishment and most of the information requested on at least one health plan offered to employees. In the NEHIS, establishments were considered partially complete (result code C3) if they reported basic information about the establishment, and gave information on enrollment and expenditures for health insurance coverage, but did not give information for each specific health insurance plan.

Third, there was a difference between the NEHIS and RWJF survey regarding follow-up of nonresponse cases.⁷ The NEHIS included an additional follow-up of selected cases that had refused to be interviewed, using a special nonresponse questionnaire. Among the 10 states, a total of 136 cases were converted to completed status (result code C2) after follow-up, because the minimal information required for establishments not offering health insurance was provided (Edwards et al. 1997). The RWJF survey did not include a nonresponse questionnaire.

Weighting Procedures

In both surveys, weights adjust for the sample case's probability of selection and for differential nonresponse among subgroups of establishments. However, the NEHIS weight (Marker et al. 1996) also included poststratification ratio adjustments to state employment totals by four establishment-size groups and two broad industry groups. The employment totals⁸ were provided by the Bureau of Labor Statistics (BLS) as of January 1994. The purpose of these ratio adjustments was to improve the accuracy of state estimates by adjusting survey estimates to agree with independent state employment estimates. Poststratification also adjusted NEHIS data for new establishments and their employees included in the BLS data system but not included in the DMI file (Marker et al. 1996). The RWJF weight did not include poststratification ratio adjustments (Edwards, Marker, and Sheridan 1993).

Reference Period and Wording of Questions

Both surveys collected information on an establishment's characteristics and on the health insurance plans offered at the establishment. The questions used to solicit whether health insurance was offered to employees were asked at the beginning of the interview in both surveys. Here are the survey questions used:

- National Employer Health Insurance Survey: Did your organization or business offer a group health insurance plan for employees as of December 31, 1993?
- Robert Wood Johnson Foundation Employer Survey: Does your company make available or contribute to a health insurance program as a benefit to your employees?

The reference periods for the two surveys were similar. For the NEHIS, the reference period was December 31, 1993; for RWJF data, it was the period as of the time of the interview (April through December 1993).

The potential effect of differences in the surveys' wording of questions also was investigated. Unweighted responses of the 449 cases that responded to *both* surveys were compared.⁹ These 449 cases occurred in eight of the 10 states. These cases are of particular interest because, response error aside, one would expect identical responses from the same establishment to each survey. As already shown, responses may have differed because the wording of questions differed in the two surveys. Since NEHIS data collection occurred from April to December 1994, NEHIS asked about provision of a group health insurance plan retrospectively as of December 31, 1993. Thus, retrospective data collection also may have contributed to differences in response due to recall error and/or different respondents. The RWJF survey asked about a health insurance program as of the time of interview (April to December 1993).

Methods

To examine the effect of the previously discussed methodological differences on the percentage of establishments offering health insurance, the NEHIS estimate is recalculated three ways.

First, the NEHIS estimates were recalculated to eliminate the types of cases that were excluded from the RWJF survey: establishments that had moved, single-employee establishments, and cases that

would not have been "complete." The recalculated NEHIS estimates were limited to cases in the 10 RWJF states and adjusted by the NEHIS poststratified weight.¹⁰

The second recalculation investigates the effect of including poststratification adjustments in the NEHIS estimator. In this recalculation, the NEHIS weighted percentage of establishments offering health insurance (all cases) was estimated using weights that excluded poststratification adjustments.

Third, we investigated the combined effect of including cases where establishments had moved, single-employee establishments, additional cases labeled "complete," and poststratification. We recalculated estimates of the percentage offering health insurance excluding all cases (1,376) that would have been eliminated in the RWJF survey, as well as using weights without poststratification adjustments.

Standard errors of the RWJF and NEHIS estimated percentage of establishments offering health insurance under these different scenarios were computed directly by the SUDAAN software using the CROSSTAB procedure (Shah, Barnwell, and Bieler 1996). The Z-test or T-test with a .05 level of significance was used in all comparisons mentioned.

Respondent-reported firm size (number of employees nationwide, rather than establishment size) is used in all figures and tables.

To investigate the effects of the wording of questions, unweighted responses from 449 cases that answered both surveys were compared, but not tested for statistical significance, because the responses to each survey were reported by the same cases.

Results

When all three types of cases not included in the RWJF survey were similarly omitted from the NEHIS survey, the NEHIS 10-state estimate of establishments offering insurance increases significantly to 54.1% (Table 1). When we recomputed the estimate for all cases, eliminating only the poststratification adjustment, it was significantly higher—an increase of almost three percentage points to 54.2%. After recomputing the estimate again, eliminating all three categories (movers, sampled one-worker establishments, and NEHIS-specific completed cases) and dropping the poststratification adjustment, the difference between the two survey estimates dropped from 6.9 percentage points to only 1.7 percentage points (see Table 2), and the NEHIS estimate (56.7%) was no longer significantly different from the RWJF estimate (58.4%). For four of

Table 1. Number of sample cases, estimated number of establishments, and estimated percentage of establishments offering health insurance in 10 states from the RWJF survey and NEHS, 1993

	RWJF		NEHS				
	All cases in 10 states	All cases in same 10 states	(a) Excluding movers	(b) Excluding single-employee establishments	(c) Excluding NEHS specific completes	Excluding (a), (b), and (c)	Without post-stratification
Number of sample cases	22,347	6,763	5,098	6,550	6,254	5,387	6,763
Estimated number of establishments (000s)	1,051 (4)	1,402 (4)	1,218 (9)	1,335 (4)	1,297 (8)	1,082 (10)	1,028 (1)
Estimated percentage of establishments offering health insurance by firm size							
All firms	58.4 (.5)	51.5 (.8)	52.1 (.9)	53.1 (.9)	52.2 (.9)	54.1 (1.0)	54.2 (.8)
Less than 5 employees	32.0 (1.0)	25.8 (1.3)	26.1 (1.5)	27.2 (1.5)	26.4 (1.5)	27.8 (1.7)	26.0 (1.4)
5-9 employees	53.9 (1.2)	49.8 (2.0)	49.3 (2.1)	50.1 (2.0)	51.4 (2.0)	51.3 (2.2)	50.3 (1.9)
10-24 employees	68.5 (1.1)	66.4 (2.1)	67.4 (2.2)	67.5 (2.1)	66.5 (2.1)	68.6 (2.2)	66.1 (2.0)
25-49 employees	83.8 (1.3)	78.3 (2.6)	78.2 (2.7)	78.9 (2.5)	78.2 (2.7)	78.4 (2.8)	78.3 (2.5)
50 or more employees	93.2 (.5)	93.9 (.8)	94.0 (.9)	93.9 (.8)	93.8 (.9)	93.6 (.9)	93.8 (.8)

Notes: Firm size indicates number of employees in all locations under the same ownership or management as the establishment. Standard errors are in parentheses.

five subgroups of establishments, identified by firm size, the survey estimates were no longer significantly different (five to nine, 10 to 24, 25 to 49, and 50 or more employees). However, for the less than five employees category, the differences between the estimates from the two surveys remained significant.

Table 3 shows the discrepancies in reporting among the 449 cases that responded to both the RWJF survey and the NEHS. The number of cases reporting in the NEHS that they did not offer health insurance and in the RWJF survey reporting that they did, was nearly three times the number that reported offering coverage in the NEHS and not offering coverage in the RWJF survey. In addition to different question wording, the retrospective fielding of the NEHS one year later than the RWJF survey may have played a role in some of these discrepancies.

Discussion

Researchers and policymakers at the state level will use the RWJF survey and NEHS for state estimates, and it is important to understand why the surveys produce different estimates that are statistically significant in seven states (Table 4). Among the 10 states, the difference in estimates from the two surveys ranged from 2% in New Mexico to 8% in both Oregon and New York. The RWJF survey estimate

of establishments offering insurance in Florida, Minnesota, New York, Oklahoma, Oregon, Vermont, and Washington were significantly higher than those estimated by the NEHS. This study demonstrated that survey estimates of employer-sponsored insurance are highly sensitive to alternative design fac-

Table 2. Estimated percentage of establishments offering health insurance in 10 states from the RWJF survey and NEHS (before and after adjustments for methodological differences), 1993

Firm size ^a	RWJF (%)	NEHS (%)	
		Unadjusted	Adjusted
All firms	58.4 (.5)	51.5 (.8) ^b	56.7 (.9)
Less than 5 employees	32.0 (1.0)	25.8 (1.3) ^b	28.1 (1.6) ^b
5-9 employees	53.9 (1.2)	49.8 (2.0) ^b	51.7 (2.1)
10-24 employees	68.5 (1.1)	66.4 (2.1)	68.3 (2.1)
25-49 employees	83.8 (1.3)	78.3 (2.6) ^b	78.6 (2.6)
50 or more employees	93.2 (.5)	93.9 (.8)	93.6 (.8)

Note: Standard errors are in parentheses.

^a Number of employees in all locations under the same ownership or management as the establishment.

^b Significantly different from the RWJF estimate at the $\alpha = .05$ level.

Table 3. Reporting discrepancies among cases responding to both the RWJF survey and NEHIS

Firm size ^a	Total cases	Number of cases reporting "yes" in NEHIS and "no" in RWJF	Number of cases reporting "no" in NEHIS and "yes" in RWJF
All firms	449	5	13
Less than 5 employees	31	2	2
5-9 employees	41	1	4
10-24 employees	58	0	3
25-49 employees	39	1	1
50 or more employees	280	1	3

^a Number of employees in all locations under the same ownership or management as the establishment.

tors. Hence, policymakers and analysts must consider the design in interpreting and using the survey data. In addition, when comparing the results of one survey with another to measure trends over time, it is imperative to consider whether any observed differences are due to real changes, or to changes in data collection methodology.

Since data collection for the NEHIS occurred later than that for the RWJF survey and was conducted by the same agent, the survey designers were able to build on the experience from the RWJF project. Changes in design were made with the objective of improving the accuracy of the NEHIS data. Individually, each change in sample design and data collection procedure did not significantly affect the estimated percentage of establishments offering health insurance. However, collectively, they affected the estimated percentage. Inclusion of post-stratification in the estimator had a similar significant effect. All of these changes resulted in lowering the estimated percentage of establishments offering health insurance.

The NEHIS sampled one-employee establishments to increase the coverage of single-location establishments that were part of a larger firm. The sampling of single-employee establishments, even when they did not appear on the frame to belong to a larger business, did not yield many in scope and, therefore, in completed cases. However, it did improve the coverage of single-employee establishments that were part of a larger company.¹¹

The inclusion in the NEHIS of establishments that had moved and of cases that were completed as a result of nonresponse follow-up produced more accurate estimates because enumeration of these cases was more accurate than without these procedures. The NEHIS classification of more cases completed, based on different criteria, is debatable. Whereas the NEHIS included as completed those cases with no individual plan information, the RWJF survey did not. The NEHIS required inclusion of total costs across all plans to be considered as a completed case, yet in the RWJF survey questions about these costs were not included. In developing criteria for which set of items must have responses for cases to be classified as completed, the trade-off between non-response by a unit and nonresponse to a particular item must be considered, in addition to the relative importance of the survey questions.

Poststratification of estimators frequently is not done in surveys on employers. These adjustments were included in the estimator so that NEHIS estimates of total employment agreed with independent Bureau of Labor Statistics estimates of employees (NCHS 1997). Another result of including these adjustments in the estimator was that the NEHIS estimates of establishments were closer to those published by the Census Bureau and the Bureau of

Table 4. Estimated percentage of establishments offering health insurance from the RWJF survey and NEHIS (before adjustments for methodological differences), by state, 1993

State	RWJF (%)	NEHIS (%)
All 10 states	58.4 (.5)	51.5 (.8) ^a
Colorado	56.5 (1.7)	53.1 (2.2)
Florida	54.8 (1.2)	47.5 (2.0) ^a
Minnesota	56.6 (1.1)	51.1 (2.2) ^a
New Mexico	51.2 (1.2)	49.4 (2.5)
New York	62.6 (1.1)	54.6 (1.8) ^a
North Dakota	53.6 (1.3)	49.1 (2.7)
Oklahoma	51.4 (1.3)	43.9 (2.3) ^a
Oregon	59.8 (1.2)	51.6 (2.2) ^a
Vermont	61.1 (1.3)	55.0 (2.4) ^a
Washington	63.1 (1.2)	56.4 (2.1) ^a

Note: Standard errors are in parentheses.

^a Significantly different from the RWJF estimate at the $\alpha = .05$ level.

Labor Statistics (U.S. Department of Commerce 1995).¹² The NEHIS estimate of the total number of establishments in the 10 states (1,402,000) is much closer to the County Business Patterns estimate (1,466,000) published by the Census Bureau than it is to the RWJF's estimate (1,051,000). The NEHIS estimate without the poststratification adjustment (1,028,000) is close to the RWJF's estimate.

Although some of the response variations found among the 449 cases participating in both surveys may be attributable to other factors, such as different interviewers and/or respondents and a different reference period, one reason for the difference in responses is probably due to wording of the questions, as shown earlier. This finding is consistent with observations made by survey staff while monitoring interviews, as well as with comments made by interviewers themselves during debriefings following completion of the survey (NCHS 1994). Interviewers noted that the NEHIS question on health insurance was problematic for small businesses because the owners did not consider themselves as employees. As a result, the owner-respondents tended to respond negatively to the question. It is possible that the phrase used in the RWJF question, "make available or contribute to a health insurance program," was interpreted more broadly than the NEHIS phrase, "offer a group health insurance plan," particularly among small businesses with less than 25 employees.

If this conjecture is correct, the NEHIS estimate of small businesses offering health insurance may be biased downward. However, it is not possible to measure the size of this effect in the main NEHIS survey independent of the other factors studied. This finding reaffirms the need to thoroughly pre-

test the wording of questions in surveys of small businesses.

The effects of methodological changes are important to consider in planning future surveys of establishments. For example, the reference period employed in the NEHIS resulted in a higher percentage of cases that were out of business than in the RWJF survey.¹³ NEHIS questions were asked in 1994, retrospectively for 1993. New businesses, which are more likely to close soon after opening, had a greater chance of going out of business in the NEHIS than in the RWJF survey because of the longer lag between the time the sample was selected and the time when data collection occurred. The NEHIS reference period also probably resulted in more response error on most survey items due to respondent recall problems. A 1993 reference period was used in the NEHIS rather than a current reference period in order to measure the actual health insurance expenditures during the 1993 plan year.

The RWJF questionnaire was the first private sector survey of its type and the NEHIS was the first federal government survey of its type. They were developed because of the need for more information for the health care reform debates. Additional employer health insurance surveys are planned. This includes one in the Medical Expenditure Panel Survey sponsored by the Agency for Health Care Policy and Research.

This paper explored only five survey design issues. Other design issues not investigated also may have caused differences in survey estimates. Hopefully, resources will be allocated to research survey strategies that may increase the accuracy and usefulness of data, and that also will make the procedures more efficient.

Notes

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1 Morrisey, Jensen, and Morlock (1994) also estimate the number of small firms (less than 50 employees) offering health insurance in 1993. However, the prevalence of health insurance provision among businesses differs depending on whether the sample unit used is an establishment or a firm (Zarkin et al. 1995). Hence, this paper

focuses on the two surveys that used the establishment as the sample unit.

2 Two reports are available that give detailed information on the designs of the Robert Wood Johnson Foundation Employer Survey and the National Employer Health Insurance Survey (Edwards, Marker, and Sheridan 1993) and (Moss 1999).

3 The Dun and Bradstreet's Dun's Market Identifiers (DMI) file is updated monthly from a variety of sources, including credit inquiries (primary source), the U.S. Postal Service, telephone companies, banks, courthouses, newspapers, yellow pages, and other public records (Chapman 1995). The number of establishments in the DMI file varies monthly because of this updating process.

- 4 The NEHIS sample was obtained from DMI as of October 1993 and was fielded six to 14 months later. State unemployment files were used to select the RWJF samples in Minnesota and Oregon. The RWJF samples for the eight remaining states were drawn from the DMI on a flow basis (rather than all at one time). The RWJF survey collected data from April through December 1993. Since the time lag between the date when each state sample was obtained from the DMI file and when it was fielded was never more than two months (Edwards 1997), the RWJF sample frame should not differ appreciably from the NEHIS frame.
- 5 State samples in the NEHIS were stratified by a two-way cross classification of seven establishment-size categories ("1, no other location," 1-5, 6-24, 25-49, 50-249, 250-999, and 1,000 or more employees), and three firm-size categories (1-49, 50-999, 1,000 or more). Establishments with unknown size were included in the NEHIS, but were assigned according to firm size category. If the firm had one to 49 employees, cases with unknown establishment size were assigned to the "1-5" establishment stratum. Otherwise, these cases were assigned to the "6-24" establishment-size stratum.
- 6 The NEHIS included a separate sample of self-employed people with only one business location. These cases were identified from the last two quarters of the 1993 National Health Interview Survey (NHIS). Screening occurred in both the NHIS and the DMI samples of private establishments. Self-employed people with at least one employee identified from the NHIS sample were ineligible for that sample. Self-employed people with no employees identified in the DMI sample were ineligible for that sample.
- 7 Inclusion of both types of cases as "complete" (from the nonresponse questionnaire follow-up and cases without plan-specific information) did not bias the estimated percentage of establishments offering health insurance, because the weighting procedures included separate nonresponse adjustments according to whether the establishment reported offering health insurance (Marker et al. 1996).
- 8 Bureau of Labor Statistics (BLS) published employment totals normally do not include self-employed proprietors. However, the number of self-employed proprietors also was provided by BLS and used in the poststratification adjustments.
- 9 The confidentiality provisions used in the RWJF survey permitted the sharing of data with selected researchers for statistical purposes only. The cases were matched by the data collection contractor and provided to NCHS.
- 10 Ideally, the recalculated estimates excluding NEHIS cases would have used recalculated weights for each estimate. Although this was not done, the direction of the results would not have changed and the magnitude of the difference would be the same or higher.
- 11 Prior to sample selection, it was estimated that between one-fourth and one-third of DMI cases with one employee and no other locations were in firms with more than one employee (Marker et al. 1996). Because the "1, no other location" stratum represented 11% of establishments on the DMI sample frame (Westat 1996), 3% to 4% of the sample could be identified as eligible from this stratum. A disadvantage of including this stratum was that between two-thirds and three-fourths of the sampled cases were expected to be found ineligible during fielding of the survey.
- 12 Establishments reported in the County Business Patterns (CBP) report represent the number of businesses active any time during the year. During the last quarter of 1993, however, unpublished estimates of establishments based on mandatory unemployment records data (ES202) from the Bureau of Labor Statistics in the 10 states (1,482,227) are slightly higher than the 1993 CBP estimates (1,466,323). It should be noted that although the ES202 and CBP establishment estimates appear similar to the NEHIS estimates, employee estimates from these two data sources will not always agree with NEHIS estimates because of differences in coverage. For example, ES202 and CBP estimates do not include self-employed proprietors in the count of employees, while NEHIS includes them. CBP also excludes agricultural farm workers, while NEHIS includes them.
- 13 A comparison of the final case dispositions of the two samples found a higher percentage of the NEHIS sample ineligible because the establishments were closed or out of business (6%) than in the RWJF survey (2%). Although all NEHIS size strata were affected by this phenomenon, the effect was largest in small establishments with fewer than 10 employees.

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