HEALTH INSURANCE COVERAGE AND THE AFFORDABLE CARE ACT, 2010–2016

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This issue brief reviews the most recent survey and administrative information available about gains in health insurance coverage since the enactment of the Affordable Care Act (ACA) in 2010. We estimate that the provisions of the ACA have resulted in gains in health insurance coverage for 20.0 million adults through early 2016 (through February 22, 2016), a 2.4 million increase since our previous estimate in September 2015.[1] These estimated health insurance coverage gains are shared broadly across population groups.

Our estimate of a net reduction of 20.0 million uninsured adults is based on data from the National Health Interview Survey (NHIS) and from the Gallup-Healthways Well-Being Index (WBI). Our estimates of changes in the uninsured rate are adjusted to account for changes in general economic conditions (via employment status), geographic location, demographics, and other secular trends, allowing us to estimate the effects of the ACA on the number of uninsured. The Gallup-Healthways WBI shows a dramatic and steady decline in the uninsured rate since the 2012–2013 baseline period before the ACA's major coverage provisions took effect. We rely on the Gallup-Healthways WBI survey for tracking the current rate of health insurance coverage because it provides the timeliest information. Other federal and non-governmental surveys of health insurance status show similar trends over this time period.

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[1] In September 2015, we estimated that 17.6 million uninsured adults had gained health insurance coverage as several of the ACA's coverage provisions took effect. This estimate and the estimate of gains in insurance coverage in this brief reflect the change in the number of individuals with coverage at a point in time. This differs from a cumulative count of individuals who have been covered by Medicaid/CHIP or the Health Insurance Marketplace for some period over the past several years, which would be considerably larger.

Key Highlights

- This report estimates that 20.0 million uninsured adults have gained health insurance coverage because of the Affordable Care Act as of early 2016. This includes:
  - o 17.7 million nonelderly adults (ages 18 to 64) who gained health insurance coverage from the start of Open Enrollment in October 2013 through early 2016.
  - o 2.3 million young adults ages (ages 19 to 25) who gained health insurance coverage between the enactment of the Affordable Care Act in 2010 and the start of the initial Open Enrollment Period in October 2013 due to the ACA provision allowing young adults to remain on a parent's plan until age 26.

- The uninsured rate for non-elderly adults (ages 18 to 64) declined by 43 percent between October 2013 and early 2016 (from 20.3 percent to 11.5 percent).

- Overall, 6.1 million young adults (ages 19 to 25) gained health insurance coverage because of the Affordable Care Act. This includes
  - o 2.3 million young adults who gained coverage from 2010 through the start of Open Enrollment in October 2013 due to the provision that allows people under age 26 to stay on a parents' plan.
  - o 3.8 million young adults who gained health insurance coverage from the start of Open Enrollment in October 2013 through early 2016.

- Coverage gains for nonelderly adults (ages 18 to 64) were broadly shared among racial and ethnic groups.
  - o The uninsured rate among Black non-Hispanics dropped by 11.8 percentage points (a 52.7 percent decline) from 22.4 to 10.6 percent; corresponding to about 3 million Black nonelderly adults gaining coverage.
  - o The uninsured rate among Hispanics dropped by 11.3 percentage points (a 27.0 percent decline) from 41.8 to 30.5 percent, corresponding to about 4 million Hispanic nonelderly adults gaining coverage.
  - o The uninsured rate among White non-Hispanics dropped by 7.3 percentage points (a 50.7 percent decline) from 14.3 to 7.0 percent, corresponding to about 8.9 million White nonelderly adults gaining coverage.

- There was a greater reduction in the uninsured rate among nonelderly adult (ages 18 to 64) women than among nonelderly adult men between October 2013 and early 2016. About 9.5 million women and 8.3 million men gained coverage.

Uninsured Rate for Nonelderly Adults Using the Gallup-Healthways Well-Being Index

The Gallup-Healthways WBI is a daily, nationwide poll of adults. Thanks to its large sample size and the timely availability of data, the Gallup-Healthways WBI can be used to produce timely, adjusted estimates of health insurance coverage. The Gallup-Healthways WBI shows a large decline in the uninsured rate since the third quarter of 2013.

Because the Affordable Care Act major coverage expansions began in the fourth quarter of 2013, we measured the law's impact on uninsured rates by measuring changes in the uninsured rate relative to a baseline period shortly before 2012 through the third quarter of 2013 (shortly before the coverage expansion was initiated). To estimate the effect of the ACA, we adjust the Gallup-Healthways WBI data to remove the contribution of general economic conditions (i.e., employment status), overall time trends, geographic location of respondents, and shifting demographics to the uninsured rate. The resulting adjusted estimates, in Figure 1, show the uninsured rate among nonelderly adults (ages 18 to 64) falling from 20.3 percent in the 2012–2013 baseline period to 11.5 percent as of early 2016.[2]

Figure 1: Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 18 to 64) Using the Gallup-Healthways Well-Being Index, 2012 to 2016
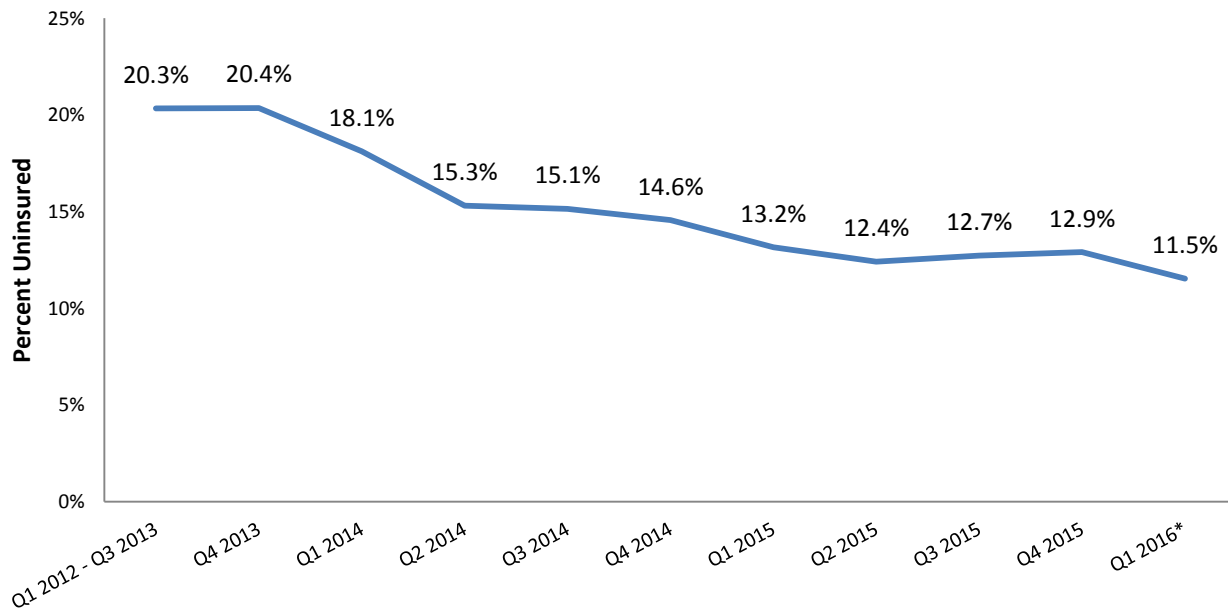
Source: The Office of the Assistant Secretary for Planning and Evaluation's (ASPE) analysis of the Gallup-Healthways Well-Being Index survey data through February 22, 2016.

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[2] Children (ages 0 to 17) and elderly (ages 65 and older) are not included in the estimates for Figure 1. The Gallup-Healthways WBI does not survey children (ages 0 to 17). The most recent available estimates from the National Health Interview Survey (NHIS) show the uninsured rate was 9.1 percent over the first nine months of 2015 for people of all ages, including the elderly and children. For children (ages 0 to 17), NHIS reports an uninsurance rate of 4.5 percent (corresponding to 3.3 million children) for the first nine months of 2015, a 31 percent drop from the rate in 2013 (6.5 percent, corresponding to 4.8 million children). (Accordingly, based on NHIS estimates, 1.5 million children gained coverage between 2013 and the first nine months of 2015.) The NHIS report is available at: http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201602.pdf.

Uninsured Rates by Additional Categories Using the Gallup-Healthways Well-Being Index

Uninsured Rates by Race and Ethnicity

The uninsured rate declined for nonelderly adults (ages 18 to 64) across all race and ethnicity categories since the baseline period (see Figure 2). The reduction in the uninsured rate was greater among Black non-Hispanics (11.8 percentage point drop) and Hispanics (11.3 percentage point drop) than among White non-Hispanics (7.3 percentage point drop).

- Among Black non-Hispanics, the uninsured rate declined 11.8 percentage points (a 52.7 percent decline), from a baseline uninsured of 22.4 percent to 10.6 percent, resulting in 3.0 million adults gaining coverage.

- Among Hispanics, the uninsured rate declined 11.3 percentage points (a 27.0 percent decline), from a baseline uninsured of 41.8 percent to 30.5 percent, resulting in 4.0 million adults gaining coverage.

- Among White non-Hispanics, the uninsured rate declined by 7.3 percentage points (a 50.7 percent decline), from a baseline uninsured of 14.3 percent to 7.0 percent, resulting in 8.9 million adults gaining coverage.

Figure 2: Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 18 to 64) by Race and Ethnicity Using the Gallup-Healthways Well-Being Index, 2012 to 2016
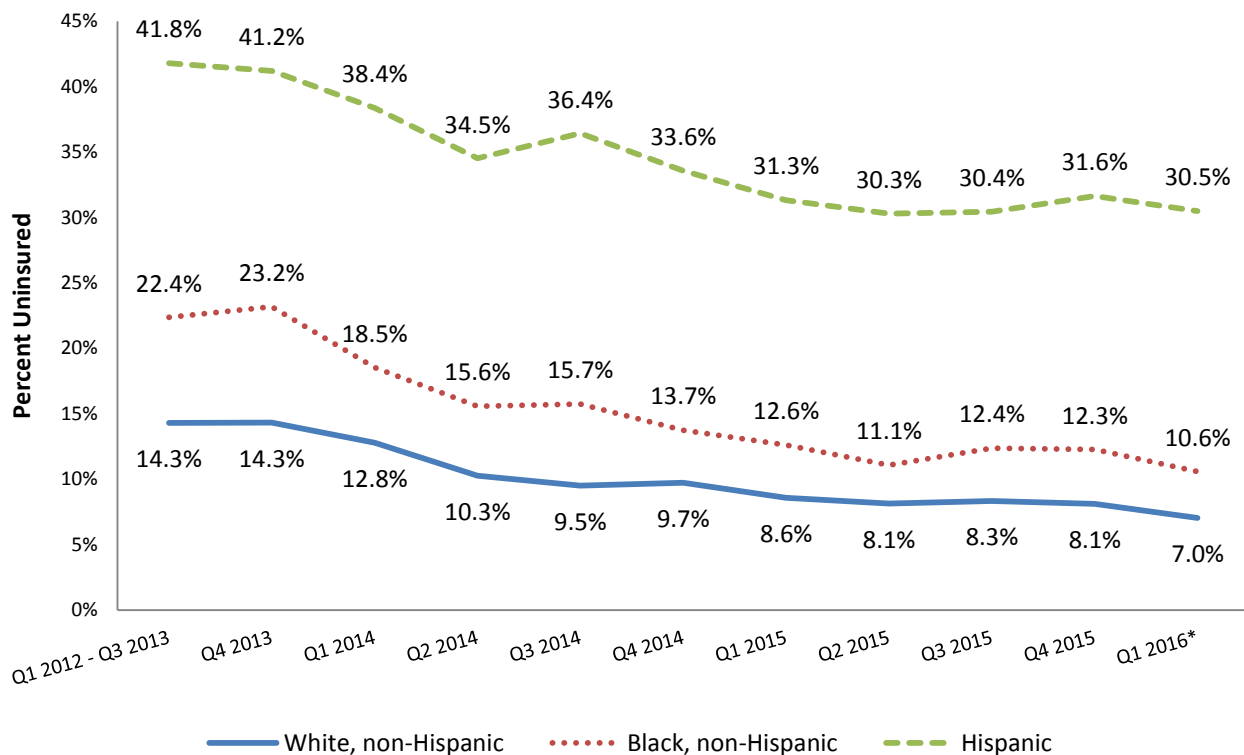
Source: The Office of the Assistant Secretary for Planning and Evaluation's (ASPE) analysis of the Gallup-Healthways Well-Being Index survey data through February 22, 2016.

Uninsured Rates among Young Adults

Coverage gains for young adults (ages 19 to 25) started in 2010 with the ACA's provision enabling them to stay on their parents' plans until age 26. From the 2010 baseline periods through the start of Open Enrollment in October 2013, the uninsured rate for young adults declined from 34.1 percent to 26.7 percent, which translates to 2.3 million more young adults with coverage.
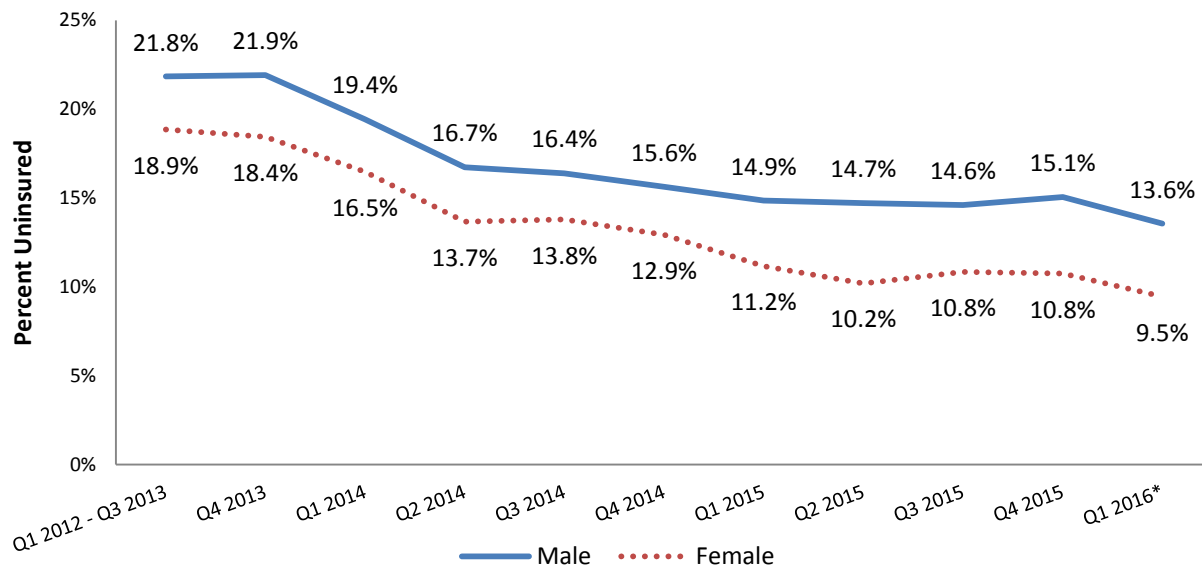
Our analysis of the Gallup-Healthways WBI shows that since October 2013, an additional 3.8 million young adults (ages 19 to 25) gained coverage, a 46.5 percent decrease in the number of uninsured young adults from that date. The adjusted Gallup-Healthways WBI uninsured rate for young adults fell by 12.1 percentage points, from 26.0 percent during the 2012-2013 baseline period to 13.9 percent as of early 2016. In total, an estimated 6.1 million young adults gained coverage from 2010 through early 2016.

Uninsured Rates by Gender

The uninsured rate declined for both males and females since the baseline periods (see Figure 3). There was a greater decline in the uninsured rate among females than among males.

- Males experienced a decline in their uninsured rate of 8.3 percentage points (a 37.9 percent decline), from a baseline of 21.8 percent to 13.6 percent, resulting in 8.3 million adult males gaining coverage.
- Females experienced a decline in their uninsured rate of 9.4 percentage points (a 49.9 percent decline), from a baseline of 18.9 percent to 9.5 percent, resulting in 9.5 million adult females gaining coverage.

Figure 3: Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 18 to 64) by Gender Using the Gallup-Healthways Well-Being Index, 2012 to 2016
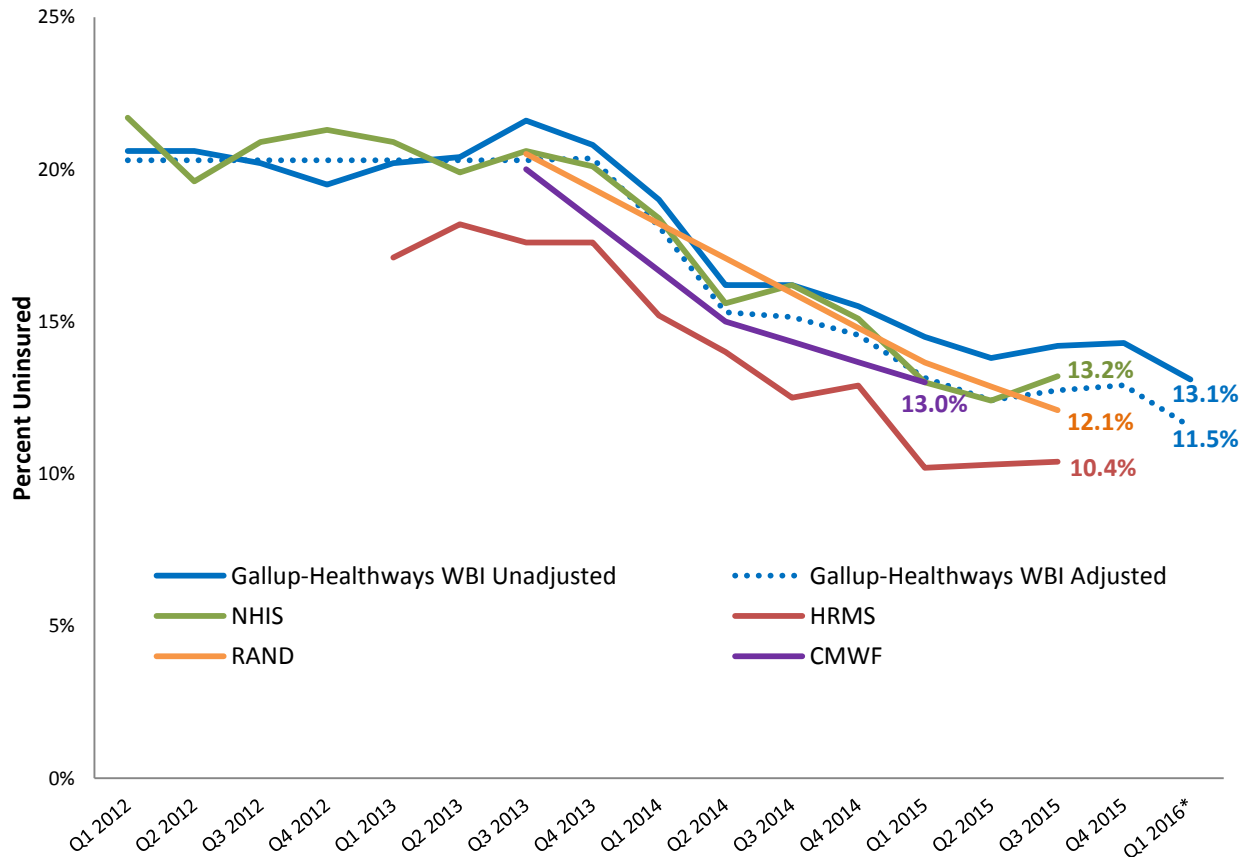

Source: The Office of the Assistant Secretary for Planning and Evaluation's (ASPE) analysis of the Gallup-Healthways Well-Being Index survey data through February 22, 2016.

Comparing Gallup-Healthways Well-Being Index Uninsured Rate to Other Public and Private Surveys

There are a number of estimates of the uninsured rate that are reported regularly. To put these new ASPE estimates in context, we report trends in the rate of uninsured from four other regularly reported survey efforts together with the Gallup-Healthways WBI (see Figure 4).

Despite differences in sample size, response rate, and question wording, estimates from these surveys—the Gallup-Healthways WBI, adjusted estimates from the Gallup-Healthways WBI, the National Health Interview Survey (NHIS), the Urban Institute's Health Reform Monitoring Survey (HRMS), the RAND Health Reform Opinion Survey (RAND), and the Commonwealth Fund Affordable Care Act Tracking Survey (CMWF)—all suggest large reductions in uninsured rates associated with the October 2013-March 2014 and November 2014-February 2015 Open Enrollment Periods. (Because HRMS, RAND, and CMWF do not sample in all quarters, some of the data points shown for these surveys are interpolated.) The unadjusted estimates, including those from Gallup Healthways WBI, are simply raw rates of being uninsured.

Figure 4: Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 18 to 64) Using Multiple Surveys, 2012 to 2016

Source: The Gallup-Healthways Well-Being Index (including adjusted estimates from analysis by the Office of the Assistant Secretary for Planning and Evaluation), the National Health Interview Survey (NHIS), the Urban Institute's Health Reform Monitoring Survey (HRMS), the RAND Health Reform Opinion Survey (RAND), and the Commonwealth Fund Affordable Care Act Tracking Survey (CMWF).
Notes: Estimates for Q1 2016 using the Gallup-Healthways Well-Being Index include data through February 22, 2016.

ASPE regards the NHIS as the most reliable source of estimates of current coverage. NHIS's response rate (about 73 percent in 2014) is much higher than that reported for the other quarterly surveys, and the NHIS sample size is larger than any of the other quarterly polls except for the Gallup-Healthways WBI. The NHIS questionnaire collects information about coverage on the date of interview and contains detailed questions about type of coverage, including verification questions that have been shown to reduce the proportion of people who report being uninsured. The survey is also fielded continuously throughout the year. Gallup-Healthways WBI estimates of uninsured rates among the nonelderly tracked NHIS fairly well in 2012, 2013, and 2014, but began to suggest a higher uninsured rate than other surveys in 2015. Estimates from the RAND and Commonwealth Fund surveys are close to NHIS for the periods where all were fielded. Compared with the other surveys, the HRMS panel survey consistently produces lower estimates of the uninsured but suggests similar trends over time.

NHIS data are reported with a lag due to post-survey processing, and the most recent NHIS estimates available are through the third quarter of 2015. For this reason, ASPE uses the Gallup-Healthways WBI to track the current status of health care coverage rates in the U.S.[3]

Gallup Healthways WBI data for the first quarter of 2016 (through February 22) suggest the open enrollment period for Marketplace coverage in 2016 that ran from November 1, 2015 through January 31, 2016, produced another round of gains in health insurance coverage. Data for this most recent period are not yet available from the other surveys.

Conclusion

We estimate that the provisions of the ACA have resulted in gains in health insurance coverage for 20.0 million nonelderly adults (ages 18 to 64). This estimate comprises 17.7 million nonelderly adults who gained coverage due to the coverage expansions that began in the fourth quarter of 2013 and 2.3 million young adults (ages 19 to 25) who gained coverage between 2010 and 2013 due to the ACA's provision allowing young adults to stay on a parents' plan until the age of 26. In total, 6.1 million previously uninsured young adults have gained coverage due to the ACA. This is especially important because this population were particularly likely to be uninsured prior to the enactment of the ACA. The gains in coverage have been shared widely across racial and ethnic groups, with the rate of being uninsured decreasing by 11.8 percentage points among Black non-Hispanics, by 11.3 percentage points among Hispanics, and by 7.3 among White non-Hispanics.

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[3] Previous studies have shown that estimates of uninsurance rates from the more timely Gallup-Healthways WBI tracks well compared with estimates from federal surveys, including the NHIS: Laura Skopec, Thomas Musco, Benjamin D. Sommers, "A potential new data source for assessing the impacts of health reform: Evaluating the Gallup-Healthways Well-Being Index," *Healthcare*, vol, 2, iss. 2, July 2014, p. 113-120.

Appendix: Administrative Enrollment Data

The estimated health insurance coverage gains represent estimates of coverage gains associated with provisions of the Affordable Care Act (ACA). That is, the coverage gains estimate reductions in the number of people who are uninsured after controlling for general economic conditions (via employment status), secular trends, geographic location and demographic changes. The sum of the enrollment gains in Medicaid and the Children's Health Insurance Program (CHIP) for individuals receiving comprehensive benefits (over 14 million) and the Health Insurance Marketplace (12.7 million) is greater than the net change in health insurance coverage (20 million) because people may move in and out of different sources of health insurance coverage, so the net change in coverage needs to measure more than these two sources of coverage. Our examination of administrative data shows that Medicaid/CHIP and Marketplace administrative data are in line with the health insurance gains seen in survey data and illustrates gains in enrollment for Medicaid/CHIP and the Marketplaces since 2014.

Medicaid Enrollment

Enrollment of individuals receiving comprehensive benefits in Medicaid and CHIP has grown by 14.5 million since October 2013 in the 49 states reporting both December 2015 enrollment data and data for the July–September 2013 baseline period (the period before the initial Marketplace Open Enrollment Period).[4] Enrollment growth in Medicaid and CHIP has been fairly steady since October 2013; however, fluctuations in the data have occurred as states transitioned from their historic definitions of enrollment to CMS's standardized reporting specifications. As of December 2015, Medicaid and CHIP enrollment had increased by over 12 million since the baseline period among states that had implemented Medicaid expansion, and states that had not yet implemented Medicaid expansion reported enrollment growth of over 2 million.

Marketplace Enrollment

Plan selections in the Health Insurance Marketplaces during the annual Open Enrollment Periods (OEP) have increased over time (see Figure 5). On January 31, 2016, Open Enrollment for the 2016 coverage year ended, with the largest number of plan selections to date: approximately 12.7 million plan selections. The 2016 OEP had almost 60 percent more plans selections than the 2014 OEP, and an increase of 1 million plan selections over the 2015 OEP.

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[4] Enrollment data were available for 48 states plus the District of Columbia for both the July–September 2013 baseline period and for December 2015. Connecticut and Maine are not included in the calculation of enrollment growth because those states did not submit enrollment data for the baseline period. The "Medicaid & CHIP: December 2015 Monthly Applications, Eligibility Determinations and Enrollment Report" is available at: https://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html.

Figure 5: Open Enrollment Plan Selections in the Health Insurance Marketplaces, 2014 to 2016
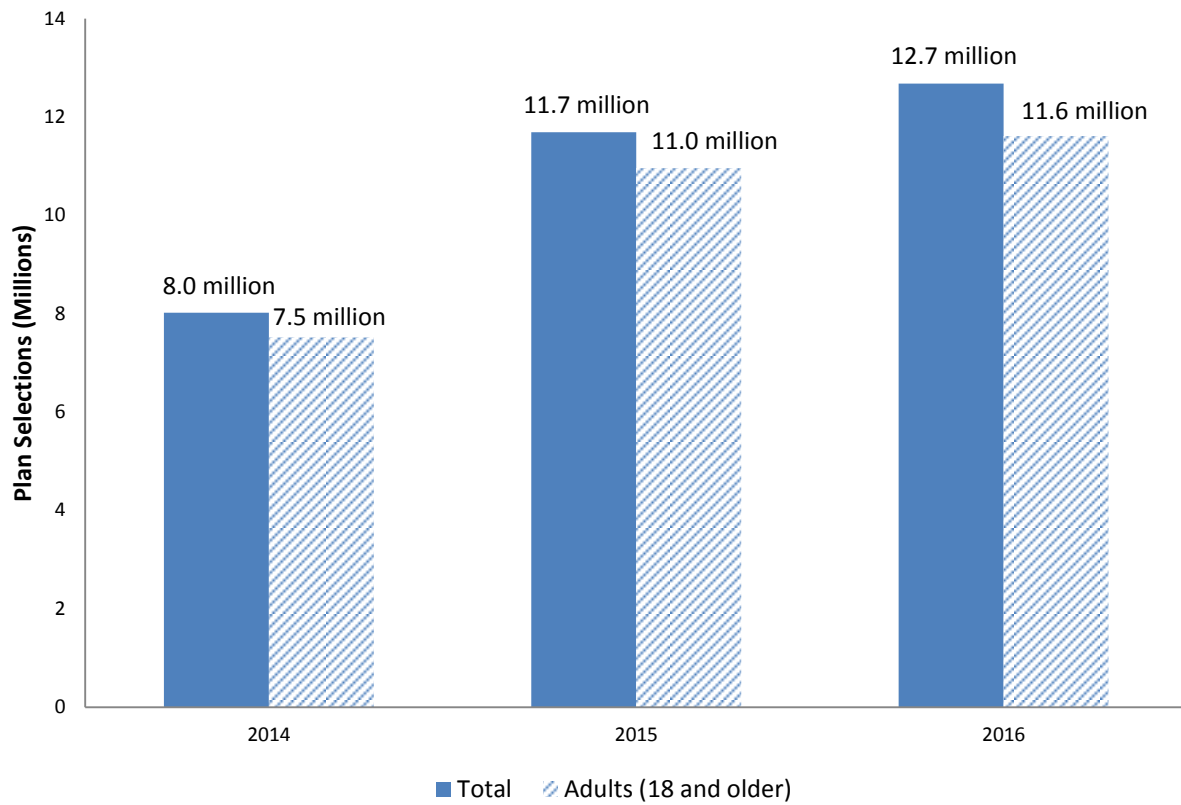
Source: Centers for Medicare & Medicaid Services.

APPENDIX: SURVEY DATA AND METHODS

Survey Data

Estimate of impact of dependent coverage provision, measuring the change in young adult insurance coverage, 2010-2013

The National Health Interview Survey (NHIS) is a large national survey with robust sampling methods. It therefore produces the most reliable estimates of coverage. In March 2015, we were able to use NHIS data through the third quarter of 2013 to update our estimate of the impact of the Affordable Care Act (ACA) dependent coverage provision, which allowed young adults (ages 19 to 25) to stay on their parent's health insurance policy starting in September 2010.

Estimate of change in health insurance coverage for 18 to 64 population, Q3 2013-Q1 2016

To estimate the impact of the ACA health insurance coverage expansion through the Health Insurance Marketplaces and Medicaid, we cannot use the NHIS because data for the first quarter of 2016 are not yet available. Therefore, we use the most recent data available on health insurance coverage from the Gallup-Healthways Well-Being Index Survey, which are collected daily and become available soon after data collection. The data in this brief reflect interviews through February 22, 2016.

Methods

Estimate of impact of dependent coverage provision, measuring the change in young adult insurance coverage, 2010-2013

In March 2015, we used NHIS data to update our earlier estimates of the impact of the young adult dependent coverage provision of the ACA that took effect in September 2010. In this current brief, we use the same estimate of the impact of the dependent coverage provision as we reported in March. We used a baseline period stretching from Q4 2009 through Q3 2010 and compared it to the post period defined as Q4 2012 through Q3 2013. Because we had more data available in March, we updated our estimate published in June 2012 (which used a single quarter of data), using longer pre and post periods in order to smooth away random variation in the uninsured rate. This reduces the influence of random variation in the estimates of the number of uninsured on the exact start and end dates for the analysis, but could allow either more or less opportunity for confounding from other factors.

Our estimate showed an additional 2.3 million young adults gaining coverage. We also performed a sensitivity analysis in which we smoothed only the post period and used Q3 2010 as the baseline, yielding an estimate of 2.8 million additional insured young adults. Thus our core estimate, 2.3 million, is more conservative. We note that individuals move into and out of the 19-25 young adult age range as they age, so the 2.3 million is an estimate of the increased prevalence in coverage at a specific point in time. It is not a longitudinal estimate of all individuals who may have benefited from the provision at any point in time since 2010, which would be considerably larger.

ASPE Brief date	Young adult increase in insurance coverage estimate	Baseline period	End period
June 2012	3.1 million	Q3 2010	Q4 2011
March 2015	2.3 million	Q4 2009 – Q3 2010	Q4 2012 – Q3 2013
March 2015 Sensitivity Analysis	2.8 million	Q3 2010	Q4 2012 – Q3 2013

Estimate of change in health insurance coverage for 18-64 population, Q3 2013-Q1 2016

We used the Gallup Healthways WBI to estimate the change in the national uninsured rate from the baseline period of Q1 2012-Q3 2013 to Q1 2016 (January 1, 2016, through February 22, 2016). The 2016 Health Insurance Marketplace Open Enrollment Period ended on January 31, 2016 for a majority of states. Some states extended enrollment through a Special Enrollment Period, which spanned a few additional days.

We estimated the uninsured rates for the nation using the same methodology used in our previous analysis reported in "Health Insurance Coverage and the Affordable Care Act," published in September 2015.[5] To produce those estimates we used a statistical model that adjusted for age, race, ethnic group, sex, employment status, and state of residence. The current methodology also adjusts for marital status and rural residence. These covariates are aimed to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. The statistical model also adjusts for time trends. Similar to the September 2015 Issue Brief, this methodology does not adjust for household income because on June 1, 2015, Gallup Healthways WBI changed the wording of its questionnaire to collect respondents' annual income instead of monthly income.

The brief includes nonelderly adults (ages 18 to 64). We excluded elderly adults (ages 65 and older) from this brief because a very high proportion are already enrolled in Medicare and thus not eligible for the coverage expansion under the ACA. Gallup Healthways WBI does not collect data on the 17 and under population.

Population estimates for the 18-64 population by race and ethnicity, young adults, and gender, Q3 2013-Q1 2016

For the national, race and ethnicity, young adult, and gender analyses, we used 2016 Census population projections to obtain population estimates for each subgroup. The population estimates we used are as follows:

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[5] "Health Insurance and the Affordable Care Act," *ASPE Issue Brief*, Sept. 22, 2015, available at: https://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-september-2015.

Subgroups	2016 Census Population Projection
National (ages 18 to 64 years)	200.9 million
Race and ethnicity	
White non-Hispanic (ages 18 to 64 years)	122.5 million
Black non-Hispanic (ages 18 to 64 years)	25.7 million
Hispanic (ages 18 to 64 years)	35.8 million
Young adults (ages 19 to 25 years)	31.5 million
Gender	
Males (ages 18 to 64 years)	100.1 million
Females (ages 18 to 64 years)	100.7 million

Race and Ethnicity

For purposes of this brief, ASPE only analyzed gains in health coverage among White non-Hispanics, Black non-Hispanics, and Hispanics. Numbers do not sum to 17.7 million because other races are not included in the table. More detailed results with confidence intervals are below:

Quarter	Change in Percentage Points from Baseline Trend (95% CI)		
	White non-Hispanic	Black non-Hispanic	Hispanic
Baseline Uninsured Rate (Q1 2012–Q3 2013)	*14.3*	*22.4*	*41.8*
Q4 2013	0.0 (-0.7, 0.8)	0.9 (-1.5, 3.2)	-0.6 (-3.0, 1.8)
Q1 2014	-1.5 (-2.3, -0.7)	-3.7 (-6.2, -1.3)	-3.5 (-6.0, -0.9)
Q2 2014	-4.0 (-4.8, -3.2)	-6.7 (-9.3, -4.2)	-7.3 (-10.0, -4.6)
Q3 2014	-4.8 (-5.7, -3.9)	-6.5 (-9.3, -3.7)	-5.4 (-8.3, -2.5)
Q4 2014	-4.5 (-5.5, -3.6)	-8.5 (-11.5, -5.5)	-8.2 (-11.4, -5.1)
Q1 2015	-5.7 (-6.7, -4.6)	-9.6 (-12.9, -6.3)	-10.5 (-13.9, -7.1)
Q2 2015	-6.1 (-7.2, -5.0)	-11.1 (-14.7, -7.6)	-11.6 (-15.2, -7.9)
Q3 2015	-6.0 (-7.2, -4.8)	-10.0 (-13.8, -6.2)	-11.4 (-15.2, -7.5)
Q4 2015	-6.2 (-7.5, -4.9)	-10.1 (-14.1, -6.0)	-10.1 (-14.3, -6.0)
Q1 2016*	-7.3 (-8.7, -5.8)	-11.8 (-16.2, -7.4)	-11.3 (-15.9, -6.7)

Note: Estimates for Q1 2016 using the Gallup-Healthways Well-Being Index include data through February 22, 2016.

Young Adults
We analyzed how many young adults (ages 19 to 25) are included in the 15.8 million adults who have gained coverage since the baseline period of Q1 2012-Q3 2013. More detailed results with confidence intervals are below:

Quarter	Change in Percentage Points from Baseline Trend (95% CI)
	Young Adults (Ages 19 to 25)
Baseline Uninsured Rate (Q1 2012–Q3 2013)	*26.0*
Q4 2013	-0.6 (-2.7, 1.6)
Q1 2014	-2.6 (-4.8, -0.3)
Q2 2014	-6.3 (-8.7, -4.0)
Q3 2014	-6.4 (-9.0, -3.9)
Q4 2014	-7.9 (-10.6, -5.1)
Q1 2015	-9.0 (-11.9, -6.0)
Q2 2015	-10.0 (-13.1, -6.8)
Q3 2015	-9.9 (-13.3, -6.5)
Q4 2015	-10.4 (-14.0, -6.8)
Q1 2016*	-12.1 (-16.0, -8.1)

Note: Estimates for Q1 2016 using the Gallup-Healthways Well-Being Index include data through February 22, 2016.

Gender
We analyzed gains in health coverage by gender. More detailed results with confidence intervals are below:

Quarter	Change in Percentage Points from Baseline Trend (95% CI)	
	Male	Female
Baseline Uninsured Rate (Q1 2012–Q3 2013)	*21.8*	*18.9*
Q4 2013	0.4 (-0.6, 1.4)	-0.4 (-1.4, 0.6)
Q1 2014	-2.1 (-3.2, -1.0)	-2.3 (-3.4, -1.3)
Q2 2014	-4.9 (-6.0, -3.8)	-5.1 (-6.2, -4.0)
Q3 2014	-5.4 (-6.6, -4.2)	-5.0 (-6.2, -3.8)
Q4 2014	-5.7 (-7.0. -4.4)	-5.9 (-7.2, -4.6)
Q1 2015	-6.8	-7.6

Quarter	Change in Percentage Points from Baseline Trend (95% CI)	
	Male	**Female**
	(-8.2, -5.4)	(-9.0, -6.2)
Q2 2015	-7.4 (-8.9, -5.9)	-8.5 (-10.0, -7.0)
Q3 2015	-7.2 (-8.8, -5.6)	-8.0 (-9.6, -6.4)
Q4 2015	-6.8 (-8.5, -5.1)	-8.1 (-9.8, -6.4)
Q1 2016*	-8.3 (-10.2, -6.4)	-9.4 (-11.3, -7.5)

Note: Estimates for Q1 2016 using the Gallup-Healthways Well-Being Index include data through February 22, 2016.