

**June 2020**

# 2019 Ohio Medicaid Assessment Survey

## Methodology Report

Prepared for

Ohio Colleges of Medicine Government Resource Center  
Attn: Timothy R. Sahr  
1070 Carmack Road  
Telephone: (614) 366-3175  
E-mail: [timothy.sahr@osumc.edu](mailto:timothy.sahr@osumc.edu)

Prepared by

RTI International  
Marcus Berzofsky, Caroline Scruggs, and Nicole Lee  
3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

OSU PO Numbers RF01559825 & RF01568818  
ODM Task Number ODM202007  
RTI Project Number 0217102





---

---

# Table of Contents

---

Chapter	Page
1	Introduction..... 1-1
1.1	Project Overview ..... 1-1
1.2	Design Overview and Important Changes From Prior Iterations..... 1-2
1.2.1	Design Overview ..... 1-2
1.2.2	Important Changes From Prior Iterations ..... 1-2
1.3	Institutional Review Board Determination ..... 1-3
1.4	Address-Based Sampling Pilot..... 1-3
2	Sampling ..... 2-1
2.1	Objectives of the Sample Design ..... 2-1
2.2	Sampling Plan ..... 2-1
2.3	RDD Sampling Frames ..... 2-2
2.3.1	Cell Phone Frame..... 2-3
2.3.2	Marketing Systems Group Consumer Cellular Database Frame ..... 2-3
2.3.3	Landline Frame ..... 2-3
2.3.4	RDD Sample Design..... 2-3
2.3.5	RDD Cell Phone Sample ..... 2-4
2.3.6	RDD Landline Sample ..... 2-6
2.3.7	RDD Starting Sample Size of Telephone Numbers ..... 2-8
2.3.8	Pre-Data-Collection Sample Processing ..... 2-9
2.3.9	RDD Creation of Sample Replicates ..... 2-10
2.3.10	RDD Number of Respondents ..... 2-11
2.4	Address-Based Sampling Pilot..... 2-12
2.4.1	ABS Pilot Research Objectives..... 2-12
2.4.2	ABS Frame ..... 2-12
2.4.3	Sample Targets and Selection ..... 2-13
2.4.4	ABS Pilot Respondents..... 2-13
3	Questionnaire ..... 3-1
3.1	Instrument Content..... 3-1
3.2	Survey Instrument Development ..... 3-4
3.3	Pilot Test ..... 3-5
3.4	Cuts for Length ..... 3-5
3.5	ABS Pilot Instrument Development ..... 3-6
4	Data Collection ..... 4-1
4.1	Procedures..... 4-1
4.1.1	Implementation Protocol..... 4-1
4.1.2	Household Selection ..... 4-2
4.1.3	Respondent Selection..... 4-3
4.1.4	Proxy Interviews ..... 4-3
4.1.5	Refusal Conversion ..... 4-3
4.1.6	Spanish Interviewing ..... 4-4
4.1.7	Methods Used to Increase Response Rates..... 4-4

4.1.8	Determining a Completed Interview .....	4-6
4.1.9	Interviewer Training .....	4-6
4.2	Response Rates .....	4-8
4.2.1	Lower-Bound Response Rate .....	4-9
4.2.2	Council of American Survey Research Organizations and AAPOR Response Rates .....	4-10
4.2.3	Upper-Bound Response Rate .....	4-10
4.2.4	All Rates—Presented by State, Region, Stratum, and County .....	4-11
4.2.5	Coverage Estimates of Subpopulations .....	4-11
4.3	Interviewer Debriefing and Feedback .....	4-14
4.4	Changes to the CATI During the Field Period .....	4-15
4.5	Data Collection Subcontractor .....	4-15
4.6	ABS Pilot Data Collection .....	4-16
5	Data Processing and Analysis .....	5-1
5.1	Dataset .....	5-1
5.2	Data Processing .....	5-1
5.2.1	Cleaning the Data .....	5-1
5.2.2	Coding Open-Ended Responses .....	5-2
5.2.3	Recoded, Derived, and Auto-Coded Variables .....	5-2
5.2.4	Quality Review .....	5-3
5.2.5	Data Formatting .....	5-4
5.3	Imputation .....	5-4
5.3.1	WSDH Imputation .....	5-4
5.3.2	Imputation for Last Month’s and Last Year’s Household Income .....	5-5
5.3.3	Amount of Item Nonresponse .....	5-4
5.4	Weighting Strategy .....	5-5
5.5	Weighting the RDD Sample .....	5-5
5.5.1	Design-Based Weight .....	5-6
5.5.2	Nonresponse Adjustment .....	5-6
5.5.3	Dual-Frame Adjustment .....	5-6
5.5.4	Poststratification .....	5-7
5.5.5	Weight Trimming .....	5-11
5.5.6	Design Effects .....	5-11
5.6	Weighting the ABS Sample .....	5-16
5.6.1	Create Base Weight .....	5-16
5.6.2	Eligibility Adjustment .....	5-17
5.6.3	Nonresponse Adjustment .....	5-17
5.6.4	Person-level Design Weight .....	5-17
5.6.5	Coverage Adjusted Weight .....	5-18
5.7	Combining the RDD and ABS Weights .....	5-18
5.7.1	Blending of Final RDD and ABS Supplement Weights .....	5-18
5.7.2	Poststratification of Blended Weights .....	5-20
5.7.3	Evaluation of Blended Weights .....	5-24
5.8	Estimation .....	5-24
5.8.1	Estimation Approach .....	5-24
5.8.2	Estimation Variables .....	5-24
5.9	Public-Use and Restricted-Use Files and Other Documentation .....	5-25
	References .....	R-1

## Appendixes

A	Pilot Test Report .....	A-1
B	Interviewer Training Manual .....	B-1
C	Response Rate and Disposition Tables .....	C-1
D	Data Dictionary .....	D-1
E	Final Questionnaires .....	E-1
F	Verbatim Coding Guide .....	F-1
G	Data Usage .....	G-1
H	Post-Field-Start Changes Log .....	H-1
I	ABS Materials.....	I-1

---

## List of Tables

---

Number	Page
2-1. Proposed Sample Sizes by Type of Sample .....	2-2
2-2. Number of Landline Telephone Numbers Assigned to an African American Household Within the Five Metro Counties, by Stratum Type .....	2-8
2-3. Sample Released for Calling by Phone Type .....	2-9
2-4. Sample Released by Date .....	2-10
2-5. Completed Interviews by County and Telephone Type .....	2-11
2-6. Target and Starting Sample Size by Sampling Strata, ABS Pilot.....	2-13
2-7. Number of Completed Interviews Among Adults and Children by Response Mode.....	2-14
3-1. Questionnaire Content by Section .....	3-1
4-1. Agenda.....	4-7
4-2. Distribution of Disposition Codes by AAPOR Response Category and Phone Type.....	4-9
4-3. Expected and Observed Ratio of Income to Poverty.....	4-11
4-4. Expected and Observed Gender.....	4-12
4-5. Expected and Observed Race/Ethnicity.....	4-13
4-6. Expected and Observed Age.....	4-13
4-7. Distribution of Respondents by Gender and Age by Survey Year, 2012 and 2019 OMAS.....	4-14
4-8. OMAS ABS Sample Pilot Schedule.....	4-17
5-1. Classification and Sorting Order for Imputation Variables .....	5-1
5-2. Number and Percentage of Missing Data for Imputed Variables .....	5-4
5-3. Adult Sample Marginal Weighting Adjustments and Population Totals.....	5-8
5-4. Child Sample Marginal Weighting Adjustments and Population Totals.....	5-10
5-5. Design Effects at the State and Medicaid Region Levels for Adult and Child Estimates of Key Outcomes .....	5-12
5-6. Design Effects at the County Level for Adult Estimates of Key Outcomes.....	5-13
5-7. Number and Percentage of Undeliverable Addresses.....	5-17
5-8. Blending Parameters for Adult and Child Weights Under Proportional Option .....	5-19
5-9. Adult Sample Marginal Weighting Adjustments and Population Totals.....	5-21
5-10. Child Sample Marginal Weighting Adjustments and Population Totals.....	5-22

---

# Introduction

---

## 1.1 Project Overview

The Ohio Department of Medicaid (ODM), the Ohio Department of Health (ODH), the Ohio Colleges of Medicine Government Resource Center (GRC), The Ohio State University (OSU), and other State of Ohio health-associated agencies teamed with RTI International to conduct the 2019 Ohio Medicaid Assessment Survey (OMAS), the eighth iteration of the OMAS series of surveys, dating back to 1998.<sup>1</sup> Similar to earlier iterations, the 2019 OMAS collected data on the health status, health insurance status, health care access and utilization, health risks, and demographics of Ohioans to help the Ohio Medicaid program and other state programs operate efficiently and effectively. Specifically, the 2019 OMAS

- provides data comparable to earlier versions of the OMAS and OFHS conducted in 2017, 2015, 2012, 2010, 2008, and 2004,<sup>2</sup> to assess changes in Ohio over time;
- informs policies that serve Ohio's Medicaid and potentially Medicaid-eligible populations;
- helps policymakers assess the impact of recent changes in Ohio's economic climate, the health care marketplace, and government programs related to health care reform on Ohioans' health status and access to care; and
- helps policymakers evaluate the health risks of Ohioans.

The 2019 OMAS was fielded from September through December 2019. Interviewers collected data via telephone surveys in randomly selected Ohio households with landline telephones and Ohioans with cell phones. Interviewers administered the survey to a randomly selected adult in households with more than one adult resident, or with the adult user of the sampled cell phone. Interviewers spoke with an adult proxy in cases where the selected adult was physically or mentally incapable of completing the interview, and, if applicable, with an adult proxy on behalf of a randomly selected child (18 years of age or younger) in households with children.

For the 2019 OMAS, the telephone survey sample was supplemented with a small sample based on residential addresses, which received an invitation to complete a Web or paper-based self-administered survey. This address-based sampling (ABS) pilot was fielded as a technique to mitigate increasing nonresponse to telephone surveys and to enable more responses from hard-to-reach populations.

Representatives from the ODM, GRC, OSU, ODH, Ohio Department of Developmental Disabilities, Ohio Department of Aging, Ohio Department of Mental Health and Addiction Services, and RTI formed a working group called the OMAS Executive Committee (OMAS EC). The OMAS EC met

---

<sup>1</sup> From 1998 to 2010, these surveys were referred to as the Ohio Family Health Survey (OFHS). The name was changed with the 2012 survey to reflect the role of Ohio Medicaid in funding and leading the survey effort.

<sup>2</sup> Because of methodological differences between the two studies, we do not recommend comparing results from the 2019 OMAS with the 1998 OFHS.

in early 2019 to initiate the project and review methodological procedures for implementing the OMAS. This collaboration continued through weekly meetings, ongoing reporting of results, and co-development of the survey instruments and methodological procedures for data capture, cleaning, and reporting.

The OMAS EC was concerned with maintaining methodological continuity between the 2019 OMAS and earlier iterations of the survey and maintaining a high standard for quality assurance in project procedures to preserve the validity of the data collected. This report describes the procedures involved in achieving these objectives.

## **1.2 Design Overview and Important Changes from Prior Iterations**

### **1.2.1 Design Overview**

The 2019 OMAS adult and child questionnaires covered several topics regarding the health and health insurance status of Ohio residents. Topics included the following:

- type of health insurance coverage, if any;
- general physical, mental, and dental health status;
- diagnosis of select health conditions;
- health care use and needs;
- perceptions of health care quality;
- access to health care; and
- health-associated demographics.

The survey consisted of two main sections—one for the randomly selected adult in the household and a second for an adult proxy responding for a randomly selected child under the age of 19, if one was presently residing in the adult respondent’s household. Consistent with prior iterations of OMAS, the age at which one was considered a child for purposes of household enumeration and administration of the child survey instrument was 18 and younger for the 2019 OMAS. This keeps the child age classification in line with the Ohio Medicaid program eligibility rules.

The sample design for the 2019 OMAS was a complex design consisting of landline and cell phone numbers. Additionally, an ABS pilot survey was conducted to complement the random digit dialing (RDD) frame. This design is explained in Section 2, Sampling.

### **1.2.2 Important Changes from Prior Iterations**

The 2019 OMAS incorporated several design enhancements to increase the accuracy and precision of the survey estimates or reduce item nonresponse. The enhancements included the following:

- increasing proportion of respondents from the cell phone frame to at least 85% (previously 70% in 2017 OMAS);
- incorporating Ohio residents with out-of-state cell phone numbers into the sampling population (also included in 2017);
- eliminating the Asian and Hispanic surname list samples;



- incorporating the 2017 cell phone respondent sample in the Rate Center Plus Method (Berzofsky et al., 2019b) to better target counties on the cell phone frame;
- stratifying the cell phone sample by whether (1) their address was known and (2) the cell phone number was associated with the prepaid cell phone plan;
- fully implementing the use of Cellular Working Identification Number Service (Cell-WINS) to the efficiency of the cell phone sample;
- oversample listed landline telephone numbers;
- including the number of dual enrollees in Medicaid and Medicare as a control total in the creation of the final survey weights (WT\_A);
- altering the definition of type of insurance (I\_TYPE\_A\_IMP) such that it no longer assigns Medicaid coverage based on the response to item B4H;
- converting the household income section to be a categorical set of items rather than asking about a household's exact income amount; and
- implementing an ABS supplemental survey to complement the RDD study in five counties (Athens, Gallia, Lake, Montgomery, and Washington).

Details of these enhancements are in the relevant sections of this report.

### 1.3 Institutional Review Board Determination

Because the 2019 OMAS involves collecting data about adult respondents and child respondents via an adult proxy, study documents, including the design, research protocol, and questionnaires, were delivered to the institutional review boards (IRBs) at OSU and RTI. The IRBs reviewed materials and spoke with the principal investigators (PI) at OSU and GRC and the project director at RTI to assess whether the 2019 OMAS fell under their respective responsibilities for protecting human subjects in sponsored research. Both IRBs determined that the 2019 OMAS was research in support of governmental agency programs (research for hire), which under federal code does not necessarily require IRB oversight. Members of the OSU IRB did agree that GRC in collaboration with ODH would field and respond to respondents' calls about the survey, including complaints and requests for information and that GRC and ODH staff taking such calls would report any concerns or adverse events to the OSU and RTI IRBs.

### 1.4 Address-Based Sampling Pilot

The OMAS response rate has steadily decreased over time. The response rate was 30% in 2012, 24% in 2015, and 22.5% in 2017. Much of this decline is because of the inability to contact potential respondents given call screening, call blocking, and other technologies. This downward response rate trend will likely continue with future OMAS iterations. To address this trend, RTI proposed conducting a pilot experiment in a limited number of Ohio counties using an ABS frame to inform design considerations and provide options for administering the OMAS in the future, assuming response rates will continue to decrease.

The ABS frame can provide a more stable design and achieve a higher response rate than with RDD. The ABS frame can also better target subpopulations (e.g., race/ethnicity, lower income) of interest based on known Census tract information for all addresses in Ohio. The latter is important to the OMAS given the need to target African American households in metropolitan areas and smaller counties where

telephone exchanges may overlap substantially with neighboring counties. GRC approved conducting this pilot experiment, which was implemented separately but at the same time as the main OMAS study.

The ABS pilot could have been designed in one of two ways: (1) a statewide design or (2) a county-level design. A statewide design would select a random sample of address from the entire state with little or no stratification. This design would allow for good comparisons to the RDD statewide estimates but would not allow for an understanding of how the two frames may differ at the county level. The county-level design would select a few counties in which a larger sample within each would be selected. This approach would allow for a detailed understanding of differences in these counties but may not be representative of the entire state. The OMAS ABS pilot used the county-level approach because (1) county-level estimates are critical and, therefore, understanding differences at this level is critical; and (2) counties in different county types (i.e., metro, suburban, or rural) can be selected to serve as proxies for other like-counties. In all, the ABS pilot collected 1,561 surveys—985 via web and 576 via paper—across five counties. The five counties included in the pilot were Athens (rural), Gallia (rural), Lake (suburban), Montgomery (metro), and Washington (rural).

The 2019 OMAS ABS pilot used an ABS frame as a complement to the current RDD frame with three analytic goals:

1. understand differences in response rates between an ABS and RDD frame;
2. understand differences in the representativeness of sample respondents; and
3. understand differences in the weighted estimates for key outcomes.

Details on the implementation of the ABS sample and how it compared with the RDD sample are provided as appropriate in each section below.

---

## Sampling

---

### 2.1 Objectives of the Sample Design

The 2019 OMAS employed a five-pronged design consisting of the following:

1. a stratified random sample of cell phone numbers by rate center county (cell phone sample), whether the phone number is linked to an address, and whether the phone number is associated with a prepaid cell phone plan;
2. a list-assisted RDD sample of landline numbers;
3. a high- and low-incidence African American RDD supplemental sample (landline African American oversample);
4. a statewide sample of residents with an out-of-state area code cell phone number from Marketing System Group's (MSG's) Consumer Cellular Database; and
5. an ABS sample of households in five counties: Athens, Gallia, Lake, Montgomery, and Washington.

The target population for the OMAS was the total noninstitutionalized adult and child populations residing in residential households in Ohio. Excluded from this population were adults and children who met at least one of the following criteria:

- in penal, mental, or other institutions;
- living on military bases covered by dedicated central office codes;
- living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents);
- contacted at their secondary residence during a stay of fewer than 30 days;
- living in Ohio for less than a month;
- without access to a residential phone (landline or cell phone);
- who did not speak English or Spanish well enough to be interviewed; and
- with physical or mental impairments that prevented a respondent from completing an interview (as defined by the interviewer or by another member of the household) if a knowledgeable proxy was not available.

### 2.2 Sampling Plan

The OMAS sampling plan was a probability-based design with known probabilities of selection at each stage of selection. This design allows for inference to be made for the entire state of Ohio and select metropolitan counties and various subpopulations and regions of interest.

As described in this section, five separate samples were allocated to meet the 2019 OMAS goals. These samples used an RDD cell phone and landline frame and an ABS frame. Like the 2017 OMAS, the

2019 OMAS included a sample consisting of out-of-state cell phone numbers identified as belonging to a person living in Ohio. With the continued increase in cell phone only persons in Ohio (58.5% of adults and 71.8% of households with children in 2018 [National Center for Health Statistics (NCHS), 2019]) the potential for coverage error bias has increased because many Ohio residents had ported their cell phone numbers from when they lived in other states. These out-of-state cell phone numbers are excluded from a traditional cell phone frame. Although the exact percentage of Ohio residents with an out-of-state cell phone telephone number is not known, estimates based on the MSG Consumer Cellular Database place the average at 3%, with some counties having more than 40% of the cell phone population with an out-of-state cell phone number. Therefore, to minimize the potential for coverage bias, the population of Ohio residents with out-of-state cell phone numbers was incorporated into the design. The 2017 OMAS sample was used to determine whether differences existed between cell phone residents with in- and out-of-state cell phone numbers (Berzofsky et al., 2019c) and found persons with an out-of-state phone number were younger, in better health, and more likely to be insured.

For each of the five designs discussed previously, *Table 2-1* summarizes the starting quantity of phone numbers that were selected and the number of completed interviews for each sample type.

**Table 2-1. Proposed Sample Sizes by Type of Sample**

Sample		Number of Completed Interviews	
Type	Size from Vendor	Target	Actual <sup>a</sup>
Base cell phone sample	1,044,115	24,225	24,060
Out-of-state cell phone sample (MSG Consumer Cellular Database)	156,000		2,112
Base landline sample	575,987	3,518	3,285
Landline African American oversample <sup>a</sup>	127,649	757	611
RDD subtotal	1,903,751	28,500	30,068
Address-based sample	6,456	1,500	1,561
Total	1,910,207	30,000	31,629

<sup>a</sup> Number selected in the high-density African American strata in the five metropolitan counties (excluding Summit and Stark counties, which lacked high-density African American exchanges). The high-density African American strata are defined as the exchanges with the largest density of African Americans. Density was determined based on Census data for the geographic areas served by exchanges (see *Section 2.4.4*). The exact density cut point varied across the five major metropolitan counties: Cuyahoga, Franklin, Hamilton, Lucas, and Mahoning.

## 2.3 RDD Sampling Frames

The 2019 OMAS used a multiple-frame approach for the RDD sample consisting of three distinct frames. The three frames consisted of (1) a list of all cell phone numbers with an Ohio area code; (2) a list of identified Ohio residents with an out-of-state cell phone number in the MSG Consumer Cellular Database; and (3) a list of all landline numbers. The 2019 OMAS used an overlapping design, whereby

dual users (i.e., people who can be reached on either a cell phone or a landline phone number) can enter the survey through either phone type.<sup>3</sup>

### 2.3.1 Cell Phone Frame

For the cell phone sample, the Telcordia Local Exchange Routing Guide was used to identify the cell phone 1,000-blocks in Ohio. As described in detail in *Section 2.5*, each 1,000-block was assigned to a rate center county for stratification purposes. Furthermore, two flags were appended to each selected telephone number: (1) whether the cell phone number could be linked to a known address and (2) whether the cell phone number was associated with a prepaid calling plan.

### 2.3.2 Marketing Systems Group Consumer Cellular Database Frame

For Ohio residents who have an out-of-state cell phone number (i.e., a telephone with an area code not assigned to Ohio), those with an out-of-state cell phone number in MSG's Consumer Cellular Database were identified. The Consumer Cellular Database is not necessarily a representative set of Ohio residents. Therefore, those listed in the database with an out-of-state cell phone number may not be representative of all residents of Ohio with an out-of-state cell phone number.

### 2.3.3 Landline Frame

The landline samples for the OMAS consisted of a random sample of telephone numbers from all current operating telephone exchanges in Ohio. MSG's Genesys Sampling system was used to generate the full set of 100-blocks in Ohio—100-blocks refers to groupings of 100 phone numbers based on the area code, exchange, and next two numbers (e.g., 614-366-31XX is a 100-block). Listed landline information is used to assign 100-blocks to counties and ZIP codes, allowing sampling statisticians to target a sample. In 2019, a flag for whether the landline telephone number was listed in a telephone directory was appended to the sampled numbers.

### 2.3.4 RDD Sample Design

The 2019 OMAS was a stratified simple random sample of telephone numbers in Ohio. The 2019 OMAS sample design needs to support estimation at the following geographic levels:

- State
- Medicaid region
- County type
- County

To support estimation at each of these levels, the 2019 OMAS targeted 28,500 completed interviews.

In determining an optimal allocation, several design allocations were considered. The design sought to achieve a minimum number of completed interviews in each analysis stratum while minimizing the design effects at each level of analysis. In addition, the design considered the potential need to use small area estimation to produce estimates for some outcomes when the number of respondents endorsing

---

<sup>3</sup> If reached on both phones, the person was ineligible on the second phone type for which they were contacted. Because of the large number of phone numbers on each frame, the likelihood of being reached on both phone types is small.

an outcome of interest is smaller than desired. The design analysis followed the methods detailed in Berzofsky et al. (2015).

Given the shift in the type of telephone used in Ohio—92.7% identify as cell phone only, cell phone mostly, or dual telephone users (NCHS, 2019), with a greater proportion of minorities, low-income households, and households with children shifting to cell phones (Lu et al., 2014)—the 2019 OMAS shifted to a predominantly cell phone sample allocation. The 2019 OMAS targeted 85% of desired interviews to come from phone numbers on the cell phone frame and 15% from the landline frame. This translates to 24,225 respondents from the cell phone frame and 4,275 respondents from the landline frame. This cell phone allocation is an increase over that in the 2017 OMAS, which allocated 70% of desired respondents to the cell phone frame; the 2015 OMAS, which allocated 50% of the desired number of respondents to the cell phone frame; the 2012 OMAS, which allocated 25% of desired respondents to the cell phone frame; and the 2008 OFHS, which allocated less than 5% of the desired number of respondents to the cell phone frame.

Within each phone type, the sample was distributed across four broad categories: two categories in the cell phone sample and two categories in the landline sample. For the cell phone sample, these categories include (1) the base cell phone sample, and (2) the MSG Consumer Cellular Database. For the landline sample, the categories include (1) base landline sample, and (2) African American oversample. The base cell phone and landline frames were stratified even further to help ensure estimation at each geographic level of interest. Across both frames, 555 unique strata were formed in the 2019 OMAS. Details on the stratification and allocation within the cell phone frame are in *Section 2.6*. Details on the stratification and allocation within the landline frame are in *Section 2.7*.

### 2.3.5 RDD Cell Phone Sample

The 2019 OMAS targeted 24,225 completed interviews to come from the cell phone frame. This section describes how the sample was stratified and allocated.

#### **Stratification**

The cell phone frame was stratified into 88 unique geographic areas at the county and subcounty levels. Counties were defined using *rate center areas*. A rate center area is the area in which a cell phone was activated. Rate center areas are not bound by traditional geographic boundaries (e.g., county borders); rather, they are areas surrounding an activation center. Denser areas with more activation centers will have more rate center areas. More rural areas will have fewer rate center areas. A rate center area is assigned to a county based on where the majority of the rate center population resides. Therefore, a county can contain multiple rate centers or no rate centers.<sup>4</sup> These areas can be grouped to form strata based on the county for which the majority of the rate center population resides (i.e., rate centers can be assigned to a county). The collection of rate centers to form a county is called a *rate center county*. Although not a perfect match, rate center counties are correlated to the county for which the cell phone owner resides. Each rate center county was its own stratum (86 strata)—Ohio has 88 counties.<sup>5</sup> Upon the

<sup>4</sup> In Ohio, two counties—Carroll and Vinton—do not have any rate center areas assigned to them.

<sup>5</sup> Two Ohio counties—Carroll and Vinton—do not have a rate center assigned to their county and, therefore, do not have a cell phone stratum.

selection of the base cell phone sample, two flags were appended to each sampled number: (1) whether the cell phone number was linked to an address, and (2) whether the cell phone number was associated with a prepaid call plan. These flags led to the creation of 344 (86x4) strata as each county was substratified to account for the new flags.

Seventeen additional strata were created for the out-of-state cell phone number samples. The out-of-state cell phone number strata include telephone numbers contained in the MSG Consumer Cellular Database stratified by county type (metro, suburban, rural non-Appalachian, rural Appalachian) and whether the county had 5,000 or more telephone numbers with an out-of-state area code. The inclusion of out-of-state cell phone numbers was first implemented in the 2017 OMAS. These strata were added to minimize potential coverage bias in the cell phone frame.

### **Base Cell Phone Sample**

The base cell phone sample was allocated across the 88 counties in Ohio. To achieve the estimation goals of the 2019 OMAS, a minimum number of interviews per stratum was set at 70 completed interviews in each county. Initially, the cell phone sample was allocated proportionally across the 88 strata based on the number of cellular-dedicated 1,000-blocks in each stratum. If the proportional allocation resulted in a targeted sample size less than 70, the sample size was set at 70. Using a raking procedure, the sample size in the other strata was reduced not to exceed the total number of desired interviews.

Furthermore, because of the classification error between a cell phone number's assigned rate center and the actual county a respondent resides in, the *Rate Center Plus* allocation method was used (see Berzofsky et al., 2019b). The Rate Center Plus method uses the prior OMAS to create a classification error matrix by which the conditional probabilities of a number being assigned to a rate center given the desired county the respondent is from was calculated. These probabilities were used to convert the desired number of interviews in each county to a rate center county for sample selection. In Ohio, because two counties—Carroll and Vinton—do not have any rate centers assigned, the number of sampling strata becomes 86 rather than 88.

After the sample was drawn, each sampled number had two flags appended: first, whether the address was known for the owner of the cell phone number, and second, whether the cell phone number was associated with a prepaid plan. Using these flags, the sample was further stratified within county and the two appended flags. The inclusion of these two flags split the sample into four groups within each county stratum: (1) those with an address indicator and a prepaid indicator, (2) those with an address indicator but no prepaid indicator, (3) those with no address indicator but a prepaid indicator, and (4) those with no address indicator or prepaid indicator. This created 344 cell phone strata. The use of the address flag allowed us to better target the sample at the county level. Based on the 2017 OMAS, those numbers with an address linked had an 80% chance of being in the expected county (Scruggs et al., 2018). The prepaid flag helped increase the response propensity among those with a lower socioeconomic status (Berzofsky et al., 2019c).

### ***MSG Consumer Cellular Database Sample***

The MSG Consumer Cellular Database sample was used to sample all telephone numbers with a non-Ohio area code. The sample was stratified such that counties with 5,000 or more persons associated with an out-of-state phone number were assigned to their own stratum and all other counties were stratified by county type. This created 17 strata. The target sample was allocated proportionally based on the number of out-of-state cell phone numbers in each county type. A simple random sample of out-of-state cell phone numbers was selected from the Consumer Cellular Database within each stratum.

### ***Sample Selection***

The sample selection method varied by the type of cell phone sample. For the base cell phone sample, a stratified random sample of phone numbers from cellular-dedicated 1,000-blocks was selected. Within each stratum, the allocated number of phone numbers was selected using a simple random sample. For the MSG Consumer Cellular Database sample, a simple random sample of eligible telephone numbers was selected.

### **2.3.6 RDD Landline Sample**

The 2019 OMAS targeted 4,275 completed interviews to come from the landline frame. This section describes how the sample was stratified and allocated.

### ***Stratification***

The landline frame was stratified into 186 unique strata at the county and subcounty levels. The nonmetropolitan counties plus Stark and Summit counties were each a stratum (83 strata). Each of the remaining five metropolitan counties<sup>6</sup> was further split into two strata based on the density of African Americans living in the Census tract (10 strata). Additionally, each stratum was split by whether the phone number was listed in a telephone directory (186 strata).

### ***Base Landline Sample***

The base landline sample was allocated across the 186 landline strata. To achieve the estimation goals of the 2019 OMAS, a minimum number of interviews per stratum was set at 10 completed interviews in each county. The initial allocation was based on the number of landline numbers in each stratum. If, based on a proportional allocation, fewer than 10 interviews were allocated, the sample size was set to 10. A raking procedure was used to reduce the sample allocation in the other strata. Other studies have found that listed households have a higher propensity of responding (i.e., if they are more willing to publish their phone number, they are more likely to answer and respond to a survey), they are very likely different from unlisted households on key health and demographic characteristics (Tarnai et al., 2009). Because the 2019 OMAS allocated only 15% of respondents to come from the landline sample, it was determined that the benefits of a more efficient sample outweighed the impact of any potential bias. Therefore, in the 2019 OMAS, listed landline numbers were oversampled compared to unlisted phone numbers. The oversample was similar to what is done in the Behavioral Risk Factor Surveillance System (BRFSS) (Levine et al., 2019).

---

<sup>6</sup> The five metropolitan counties are Cuyahoga, Franklin, Hamilton, Lucas, and Montgomery.



### ***African American Oversample***

One key goal of the OMAS was to produce reliable probability-based estimates of the African American population. To achieve this, an oversample of landline telephone numbers in the five high-density African American counties<sup>7</sup> (Cuyahoga, Franklin, Hamilton, Lucas, and Montgomery) was conducted. An oversample of African Americans in these counties was needed to achieve a reliable estimate because African Americans in Ohio are heavily concentrated in these five counties, requiring the majority of African American respondents to come from these metropolitan counties.

Because of the desire to produce an African American estimate for each of the five largest urban counties, a balanced allocation of the African American oversample was used. In each county for which African Americans had a population density large enough to create substrata, a balance oversampling of 100 interviews was allocated to county by frame type.

On the landline frame, each county was then further stratified into high- and low-density African American areas. *High and low density* refers to the concentration of telephone numbers associated with African American households in an exchange. Current data from Claritas were used to determine the percentage of African Americans in each telephone exchange. Phone exchanges were stratified into density-level categories (high and low density). **Table 2-2** presents the distribution of telephone numbers based on the associated percentage of African American households in the five metro counties for which an oversample was conducted. Because these distributions are not the same in each county, the definition of high and low density varied by county. The categories were created in such a way to maximize the likelihood of obtaining the desired number of African American respondents while maintaining a reasonable unequal weighting effect. Using these categories, for each county, an optimization routine was used to maximize the number of completed surveys in the high-density African American stratum while ensuring that the unequal weighting effect for the county did not exceed a specified threshold.

### ***Sample Selection***

In the base landline and African American oversampling strata, within each stratum, a random sample of 100-blocks was selected. This sample was selected through a list-assisted 1+block RDD method.

### ***Selection of Respondents Within a Household***

Among the respondents contacted through a landline, one adult (i.e., a person 19 years of age or older) was selected using the modified most recent birthday method (i.e., the adult with the most recently past birthday to the day of the interview was selected). Among those contacted through a cell phone, the owner of the phone (if 19 years of age or older) was selected. People contacted on an unexpected phone type (i.e., a landline sample number that was a cell phone or vice versa) were considered ineligible for the study.

---

<sup>7</sup> Based on results of the 2012 OMAS, Stark and Summit counties did not have enough African American residents to make the oversampling in those counties efficient.

**Table 2-2. Number of Landline Telephone Numbers Assigned to an African American Household Within the Five Metro Counties, by Stratum Type**

County	Number of Landline Telephone Numbers by Density of African Americans in landline Exchange			
	Total		Maximum <sup>c</sup>	
	Low	High	Low	High
Cuyahogaa	1,255,500	421,000	209,878	70,378
Franklin <sup>b</sup>	1,314,900	37,500	222,442	6,344
Hamilton <sup>b</sup>	802,500	54,200	47,254	3,192
Lucas <sup>b</sup>	436,100	67,400	18,185	2,811
Montgomery <sup>b</sup>	509,000	98,300	104,047	20,094

<sup>a</sup> Cuyahoga was split at 60%.

<sup>b</sup> Franklin, Hamilton, Lucas, and Montgomery were split at 50%.

<sup>c</sup> The maximum number of African American households is based on assuming all estimated African Americans in each exchange have a landline telephone.

Furthermore, in households with children, one child was selected using the most recent birthday method. However, rather than having the child complete a survey, a proxy adult respondent who was most knowledgeable about the child was identified to complete the survey for the child. Ideally, this adult was selected to complete the adult survey, but a different person completed the survey when the randomly selected adult indicated that he or she could not accurately respond for the child.

### 2.3.7 RDD Starting Sample Size of Telephone Numbers

To achieve the desired number of completed interviews, a response ratio factor was applied to the desired number of completed interviews to obtain the starting number of telephone numbers that should be purchased from MSG. The ratios varied by stratum type (i.e., landline, cell phone). RTI used data from the 2017 OMAS to arrive at these average ratios. However, data from the 2017 OMAS also demonstrated that people across strata did not respond at the same rate. Therefore, RTI used the 2017 OMAS response rates to adjust the ratios used to determine the starting number of selected phone numbers for the 2019 OMAS. The adjustment applied to the average rate for 2019 was the ratio of the average 2017 response rate and the response rate within the stratum in 2017. For the landline RDD samples (i.e., base landline, African American oversample), an average response rate of 100:1 was used. For base cell phone samples (base cell phone), a ratio of 35:1 was used. For the MSG Consumer Cellular Database sample, a ratio of

25:1 was used.<sup>8</sup> For the West Virginia rate center sample, a ratio of 135:1 was used.<sup>9</sup> *Table 2-3* shows the amount of sample purchased, nonworking,<sup>10</sup> clean sample and released by stratum.

**Table 2-3. Sample Released for Calling by Phone Type**

Phone Type	Sample			
	Purchased	Nonworking	Clean	Released
<b>Total</b>	1,903,751	731,588	1,172,163	1,032,959
<b>Landline</b>	703,636	417,294	286,342	147,138
Unlisted	566,593	376,545	190,048	56,856
Listed	128,471	40,749	87,722	84,616
Ported <sup>a</sup>	8,572	0	8,572	5,666
<b>Cell</b>	b	314,294	729,821	729,821
Not Consumer Database/Not Prepaid	875,460	314,036	561,424	561,424
Not Consumer Database/Prepaid	97,069	258	96,811	96,811
Consumer Database/Not Prepaid	52,165	0	52,165	52,165
Consumer Database/Prepaid	19,421	0	19,421	19,421
<b>Out of State Cell</b>	156,000	0	156,000	156,000

<sup>a</sup> Ported numbers are originally on the Landline frame and then released as cell phone numbers.

### 2.3.8 Pre-Data-Collection Sample Processing

Prior to uploading the sample to the computer-assisted telephone interviewing (CATI) system, the sample phone numbers were preprocessed to remove clearly nonworking numbers. The preprocessing method was different for the landline and cell phone sample. For 2019, the entire sample was cleaned prior to being released.

#### **Cell Phone**

The cell phone sample cannot be processed through a dialer. Therefore, to preprocess the cell phone sample and remove nonworking numbers, RTI relied on MSG Cell-WINS, which uses billing records and call usage data to flag the status of cell phone numbers. Cell-WINS classifies a number into one of three categories—active, inactive, or unknown. An active number has been used in the past month. An inactive number has not been used in the past 3 months. An unknown number has not been used in the past month or two.

<sup>8</sup> Lower ratio (compared to the base cell phone sample) was used because of the higher anticipated active number rate among telephone numbers in the MSG Consumer Cellular Database.

<sup>9</sup> A higher ratio was used because of the anticipated high level of ineligibility because of many numbers being linked to non-Ohio residents.

<sup>10</sup> Nonworking numbers are defined as one of the following depending on phone type. Landline (LL): The phone numbers not identified as nonworking during the screening process. Cell phone: The phone numbers identified as having either an active or unknown activity Cell-WINS status.

Cell-WINS is relatively new. RTI evaluated the accuracy of the Cell-WINS flag in Ohio during the 2015 OMAS pilot and found that telephone numbers assigned a Cell-WINS inactive status created only a 2.4% undercoverage rate (i.e., the vast majority of telephone numbers identified as inactive truly were nonworking telephone numbers). The rate varied by county type but was always less than 5% in all county types. Berzofsky et al. (2019a) presented the details and results of the experiment. Based on the findings from the 2015 survey, the 2019 OMAS used Cell-WINS throughout the data collection period.

Cell-WINS inactive telephone numbers were removed from the list of sampled telephone numbers before they were uploaded to the CATI system. To ensure the maximum accuracy of the Cell-WINS flag, replicates were not assigned a Cell-WINS status until 2 days before they were fielded. On average, Cell-WINS identified about 30% of cell phone numbers as inactive.

### Landline

The preprocessing of the landline phone numbers had the following steps:

1. Phone numbers were entered into the Neustar system to identify phone numbers that had been ported to a cell phone. Ported numbers were removed from the landline sample and appended to the cell phone sample with their CATI call type changed.
2. The remaining phone numbers were fed into the dialer to identify nonworking numbers. Numbers that were nonworking, based on the Integrated Services Digital Network cause codes returned to the dialer, were flagged for removal. Approximately 60% of phone numbers were flagged as ineligible because they were nonworking.

Once ported and nonworking numbers were removed, the remaining phone numbers were uploaded to the CATI for data collection.

### 2.3.9 RDD Creation of Sample Replicates

Once each sample was selected, the selected telephone numbers were grouped into replicates containing up to 100 telephone numbers on the landline frame and 50 numbers on the cell phone frame. Replicates were formed at the stratum level. Because the sample size of phone numbers selected in each stratum was not necessarily a multiple of 100 or 50, some replicates contained fewer than the desired replicate amount. Sets of replicates were released in a manner proportional to the population distribution in the state. *Table 2-4* indicates the dates on which new replicates were released into the field and the number of telephone numbers associated with the released replicates.

**Table 2-4. Sample Released by Date**

Release Date	Total Sample
<b>Landline</b>	
8/30/2019	22,300
9/20/2019	22,500
10/3/2019	27,766
11/3/2019	74,572
Total	147,138
<b>Cell Phone</b>	
8/30/2019	157,730
9/12/2019	75,000
9/20/2019	138,600
10/3/2019	272,552
11/3/2019	34,375
11/8/2019	175,259
11/24/2019	32,305
Total	885,821

### 2.3.10 RDD Number of Respondents

The survey achieved 30,068 total telephone interviews, including 26,172 from the cell phone frame and 3,896 from the landline frame. Across strata, the sample achieved targeted respondent sample size goals of at least 70 interviews in all but four (Carroll, Harrison, Noble, Vinton) cell phone strata and at least 10 interviews in all but 10 landline strata (Ashland, Fayette, Harrison, Holmes, Noble, Ottawa, Preble, Putnam, Van Wert, Vinton); combined, all but five counties (Carroll, Harrison, Noble, Ottawa, and Vinton) achieved the targeted goal of 80 completed interviews. *Table 2-5* presents the number of completed interviews in each county by phone type.

**Table 2-5. Completed Interviews by County and Telephone Type**

Ohio County	Landline	Cell Phone	Total
Adams County	13	79	92
Allen County	28	241	269
Ashland County	5	165	170
Ashtabula County	45	251	296
Athens County	13	228	241
Auglaize County	25	126	151
Belmont County	38	231	269
Brown County	12	148	160
Butler County	98	599	697
Carroll County	11	54	65
Champaign County	24	89	113
Clark County	77	327	404
Clermont County	46	372	418
Clinton County	14	110	124
Columbiana County	35	252	287
Coshocton County	21	113	134
Crawford County	24	113	137
Cuyahoga County	326	1,957	2,283
Darke County	31	144	175
Defiance County	17	109	126
Delaware County	59	505	564
Erie County	17	176	193
Fairfield County	80	313	393
Fayette County	9	88	97
Franklin County	432	2,723	3,155
Fulton County	11	84	95
Gallia County	15	79	94
Geauga County	26	178	204
Greene County	82	326	408
Guernsey County	13	132	145
Hamilton County	213	1,815	2,028
Hancock County	29	252	281
Hardin County	10	112	122
Harrison County	9	52	61
Henry County	12	101	113
Highland County	19	139	158
Hocking County	30	103	133
Holmes County	8	127	135

Ohio County	Landline	Cell Phone	Total
Huron County	12	164	176
Jackson County	14	118	132
Jefferson County	14	180	194
Knox County	21	221	242
Lake County	34	402	436
Lawrence County	40	247	287
Licking County	107	376	483
Logan County	13	191	204
Lorain County	86	570	656
Lucas County	92	1,009	1,101
Madison County	23	107	130
Mahoning County	99	536	635
Marion County	14	231	245
Medina County	50	320	370
Meigs County	24	102	126
Mercer County	18	171	189
Miami County	43	222	265
Monroe County	16	104	120
Montgomery County	244	1,377	1,621
Morgan County	14	88	102
Morrow County	11	116	127
Muskingum County	43	276	319
Noble County	2	50	52
Ottawa County	6	71	77
Paulding County	11	70	81
Perry County	16	88	104
Pickaway County	20	146	166
Pike County	12	70	82
Portage County	62	237	299
Preble County	9	122	131
Putnam County	8	112	120
Richland County	43	291	334
Ross County	27	241	268
Sandusky County	19	150	169
Scioto County	17	268	285
Seneca County	21	91	112
Shelby County	17	188	205
Stark County	123	601	724

Ohio County	Landline	Cell Phone	Total
Summit County	155	930	1085
Trumbull County	62	316	378
Tuscarawas County	36	242	278
Union County	16	132	148
Van Wert County	1	128	129
Vinton County	9	43	52
Warren County	72	396	468

Ohio County	Landline	Cell Phone	Total
Washington County	33	210	243
Wayne County	21	366	387
Williams County	21	105	126
Wood County	32	283	315
Wyandot County	16	84	100
Total	3,896	26,172	30,068

## 2.4 Address-Based Sampling Pilot

The 2019 OMAS included an ABS frame pilot to determine the impact of using a mail-to-web and paper response modes design. The pilot was conducted in five counties chosen to represent different county types:

- Montgomery County (metropolitan)
- Lake County (suburban)
- Athens County (Appalachian)
- Gallia County (Appalachian)
- Washington County (rural non-Appalachian)

### 2.4.1 ABS Pilot Research Objectives

The purpose of the ABS supplement was to evaluate how responses and respondents differed when using an ABS frame, compared to an RDD frame as had been used on all prior OMAS studies (seven prior iterations since 1998). To that end, the following study evaluation questions were developed:

- How does the distribution of respondent characteristics differ between those obtained through ABS and RDD frames?
- How do the weighted estimates for key outcome measures (e.g., insurance status, unmet health care needs, self-rated health) differ between those obtained through ABS and RDD frames?
- How does the available cost and paradata compare between the ABS and RDD frames?
  - Are response rates different?
  - Is the average time to take the survey different?
  - Is item nonresponse or the amount of DK/REF responses different?
- Determine whether and how best to blend RDD and ABS cases.

### 2.4.2 ABS Frame

The sampling frame consisted of computerized delivery sequences addresses from the US Postal Service, including city-style, Rural Route Boxes, Highway Contract Boxes, and Only Way to Get Mail (OWGM) PO Boxes (both vendor and RTI identified) within each of the five pilot counties. The frame

excluded drop points with more than four units, non-OWGM PO Boxes, and addresses flagged business only, seasonal, or educational. Additionally, the frame was expanded to create households for identified dormitories. The inclusion of dormitories was done in Athens County to include students from Ohio University.

### 2.4.3 Sample Targets and Selection

The sample target for the ABS pilot was 1,500 completed interviews allocated equally across the three county types (i.e., 500 interviews from metro, 500 interviews from suburban, and 500 from rural). For the metropolitan county (Montgomery County), the frame was further stratified into low- and high-density African American strata, based on the expected density of African American households within a Census Block. This led to 6 sampling strata for the pilot.

*Table 2-6* presents the stratum specific household population sizes, respondent sample targets, and the starting sample size (i.e., number of addresses selected) from each county. Within the two metropolitan county strata, an oversampling factor of 2 was applied to the high African American stratum. This led to an allocation of the targeted 500 metropolitan respondents of 338 in the low African American stratum and 162 in the high African American stratum. Overall, we assumed a 23% response rate. This rate was adjusted based on an expected higher response rate in suburban counties and lower response rate in metropolitan counties. The starting sample size was a function of the target sample size and the expected response rate for the particular county type. Sample selection was conducted by taking a simple random sample of households within each stratum.

**Table 2-6. Target and Starting Sample Size by Sampling Strata, ABS Pilot**

County	County Type	Population	Sample Size	
			Target	Starting
Montgomery County – Low African American	Metro	418,142	338	1,719
Montgomery County – High African American	Metro	113,845	162	535
Lake County	Suburban	229,701	500	2,070
Athens County	Rural	65,563	200	853
Gallia County	Rural	30,203	100	426
Washington County	Rural	60,871	200	853

### 2.4.4 ABS Pilot Respondents

*Table 2-7* presents the final number of adult and child respondents by stratum and mode of response. In total, there were 1,561 adult respondents—985 via web and 576 via paper—and 301 child respondents—279 via web and 22 via paper. Each county type nearly met or exceeded its targeted 500 completed interviews. Montgomery County was the only county to fall slightly short (492 respondents) because the high African American stratum did not obtain as many interviews as targeted.

**Table 2-7. Number of Completed Interviews Among Adults and Children by Response Mode**

Stratum	Completed Interviews					
	Adult			Child		
	Total	Web	Paper	Total	Web	Paper
Montgomery County – Low African American	412	265	147	73	69	4
Montgomery County – High African American	80	50	30	13	12	1
Lake County	530	359	171	110	105	5
Athens County	200	129	71	42	40	2
Gallia County	106	60	46	21	18	3
Washington County	233	122	111	42	35	7
Total	1,561	985	576	301	279	22



## Questionnaire

### 3.1 Instrument Content

The 2019 OMAS questionnaire consisted of two main sections: an adult section and a child section. Within each section were separate modules focusing on topics such as health insurance coverage, health status, health care utilization, and health care access. *Table 3-1* is a summary of each questionnaire section.

**Table 3-1. Questionnaire Content by Section**

Questionnaire Section	Contents of Section
Introduction and Screener Questions for Main Sample	Section asked respondents to: <ul style="list-style-type: none"> <li>▪ identify themselves and describe the purpose for the call;</li> <li>▪ give general information about the survey;</li> <li>▪ determine the number of people in the household (landline only) and the family;</li> <li>▪ select a member of the household age 19 or older with the most recent birthday (landline only);</li> <li>▪ determine respondents' ability to answer questions about their health insurance coverage; and</li> <li>▪ offer some initial background information about the study.</li> </ul>
Current Insurance Status	Questions ask: <ul style="list-style-type: none"> <li>▪ if respondents are currently covered by health insurance; and</li> <li>▪ verify insurance status if respondent says "don't know.:"</li> </ul>
Currently Insured (Adult)	Topics covered include: <ul style="list-style-type: none"> <li>▪ type of insurance coverage;</li> <li>▪ source of coverage;</li> <li>▪ length of coverage;</li> <li>▪ previous coverage; and</li> <li>▪ respondent's lack of coverage in the past.</li> </ul>
Currently Uninsured (Adult)	Respondents who were currently uninsured were asked about: <ul style="list-style-type: none"> <li>▪ the last time they had insurance; and</li> <li>▪ type and source of their previous health insurance.</li> </ul>
Health Status and Care-Giving (Adult)	Questions focused on respondents': <ul style="list-style-type: none"> <li>▪ general physical and mental health,</li> <li>▪ current and past health care conditions,</li> <li>▪ need for assistance in day-to-day activities, special therapy, and treatment or counseling,</li> <li>▪ use of tobacco products and alcohol, and</li> <li>▪ current pregnancy (female respondents age 19–44 years only).</li> </ul>

(continued)

**Table 3-1. Questionnaire Content by Section (continued)**

Questionnaire Section	Contents of Section
Utilization and Quality of Adult Health Care Services (Adult)	Section asked respondents: <ul style="list-style-type: none"> <li>▪ when they last visited a doctor;</li> <li>▪ when they last saw a dentist;</li> <li>▪ number of times spent in a hospital overnight; and</li> <li>▪ how many times they had to go to the emergency room.</li> </ul>
Access to Care and Unmet Needs (Adult)	Topics covered include: <ul style="list-style-type: none"> <li>▪ where respondents usually went for health care;</li> <li>▪ whether they had a personal doctor or nurse;</li> <li>▪ characteristics of the care received at their usual place of care;</li> <li>▪ whether they needed professional help coordinating health care and how often they received help;</li> <li>▪ whether they needed to see a specialist within the past 12 months,</li> <li>▪ their ability to access dental care;</li> <li>▪ whether they experienced difficulty in getting needed prescriptions and other health care because of cost;</li> <li>▪ use of prescription pain medications;</li> <li>▪ ease of accessing care compared to 3 years ago;</li> <li>▪ reasons for delaying or avoid care that was felt as needed in past 12 months;</li> <li>▪ economic stressors related to health care, including ability to pay medical bills;</li> <li>▪ housing status (home ownership, rent, stay with friends or family with no rent, homeless); and</li> <li>▪ monthly cost of rent or mortgage.</li> </ul>
Adult Employment	Respondents were asked about: <ul style="list-style-type: none"> <li>▪ their job status and whether they were currently employed;</li> <li>▪ a description of their workplace setting, health insurance offered by their employer, the number of hours they worked; and</li> <li>▪ if unemployed, reasons for unemployment.</li> </ul>
Demographics and Family (Adult)	Demographic questions in this section included: <ul style="list-style-type: none"> <li>▪ marital status;</li> <li>▪ spouse/partner's employment status;</li> <li>▪ education;</li> <li>▪ race and ethnicity;</li> <li>▪ income; and</li> <li>▪ number of telephone numbers within the household.</li> </ul>
Household questions	Additional questions about household: <ul style="list-style-type: none"> <li>▪ whether there was any lack of telephone service within the past 12 months; and</li> <li>▪ questions about experiences of interpersonal violence or threats of violence from intimate partner.</li> </ul>
Screening Questions for Eligible Child	The first section of the child questionnaire asked adults about: <ul style="list-style-type: none"> <li>▪ the selected child's age and gender;</li> <li>▪ their relationship to the child;</li> <li>▪ their ability to answer questions about the child's health insurance coverage (landline only); and</li> <li>▪ the selected child's current insurance status.</li> </ul>

(continued)

**Table 3-1. Questionnaire Content by Section (continued)**

Questionnaire Section	Contents of Section
Insurance Coverage (Child)	<p>If the selected child had insurance, the interviewer asked the adult proxy a variety of questions, such as:</p> <ul style="list-style-type: none"> <li>▪ type;</li> <li>▪ source;</li> <li>▪ period of time the child had been covered;</li> <li>▪ previous coverage; and</li> <li>▪ any possible lack of coverage in the past.</li> </ul>
Currently Uninsured (Child)	<p>If the selected child was uninsured at the time of the interview, the interviewer asked the adult proxy about the:</p> <ul style="list-style-type: none"> <li>▪ last time the child had insurance;</li> <li>▪ type and source of the previous insurance; and</li> <li>▪ whether anyone tried to get Medicaid coverage for the child or reasons the child no longer had Medicaid coverage (if previously covered).</li> </ul>
Health Status (Child)	<p>Questions in this section focused on the child's:</p> <ul style="list-style-type: none"> <li>▪ general and physical health;</li> <li>▪ screen time for things other than schoolwork;</li> <li>▪ consumption of 100% fruit juice and sugar-sweetened beverages (children 0–5 years only);</li> <li>▪ use of prescription drugs and health services;</li> <li>▪ ability to do age-appropriate activities;</li> <li>▪ adverse child experiences such as parent or guardian divorced, died, jail time, witnessing domestic violence, living with someone mentally ill, suicidal, or severely depressed or with an alcohol/drug problem, treated unfairly because of race or ethnic group; and</li> <li>▪ need for special therapy, treatment, or counseling.</li> </ul>
Utilization and Quality of Health Care Services (Child)	<p>For this section, the interviewer asked respondents about:</p> <ul style="list-style-type: none"> <li>▪ the child's doctor, vision and dental visits; and</li> <li>▪ whether the child had any visits to an emergency room.</li> </ul>
Access to Care (Child)	<p>Interviewers asked respondents about:</p> <ul style="list-style-type: none"> <li>▪ where the child usually goes to receive health care;</li> <li>▪ whether the child has a personal doctor or nurse;</li> <li>▪ characteristics of the care the child received at their usual place of care; and</li> <li>▪ whether the adult needed professional help coordinating the child's health care and how often the adult received help.</li> </ul>
Unmet Health Needs (Child)	<p>This section of the survey asked about:</p> <ul style="list-style-type: none"> <li>▪ unmet dental care;</li> <li>▪ unmet mental health care;</li> <li>▪ ease of accessing care compared to 3 years ago; and</li> <li>▪ delays or avoiding getting care that was needed.</li> </ul>
Demographics (Child)	<p>Demographic items included the child's:</p> <ul style="list-style-type: none"> <li>▪ race and ethnicity; and</li> <li>▪ the employment status of his or her parents.</li> </ul>

(continued)

**Table 3-1. Questionnaire Content by Section (continued)**

Questionnaire Section	Contents of Section
Weighting Questions	<p>The following questions from the adult interview were used in the weighting process:</p> <ul style="list-style-type: none"> <li>▪ How many phone lines do you have?</li> <li>▪ How many people live in the household? (landline only)</li> <li>▪ Do you have a cell phone (for landline respondents) or landline phone (for cell phone respondents)?</li> <li>▪ How many landline numbers/cell phones do you have?</li> </ul>

### 3.2 Survey Instrument Development

The OMAS EC oversees and governs the OMAS project content, methodological approach, and analyses. A major obligation of the OMAS EC is to collaborate on developing the survey questionnaire. The research team initiated the process by reviewing the survey instruments used in the 2004 through 2017 OMAS iterations with the sponsoring state agencies to assess which items would remain and which would be removed and what new items would be necessary to meet the agencies' current needs. These needs were incorporated into sections consisting of current insurance status, health status and caregiving, utilization and quality of health care services, access to care and unmet needs, employment status, and demographic information for adults and children.

After the OMAS EC had developed a working draft of the adult and child instruments, RTI project staff helped finalize the instrument and prepare it for pilot testing. RTI staff examined the instruments for ease of administration and response, wording and response categories for new items, transitions and overall survey flow, skip patterns and item-specific logic, and actual survey length versus the budgeted length restrictions. After advanced drafts of the instruments were developed, cognitive interviews from three Ohio communities (rural, suburban, and metropolitan) provided feedback concerning the understanding, discomfort, and efficiency of the instruments and specific items for revisions.

RTI received a draft version of the questionnaire from the OMAS EC in late spring 2019, with the goal of programming, testing, and finalizing the survey for a pilot test in late June. RTI's project team:

- reviewed the initial questionnaire item by item to assess question construction, order, and structure;
- discussed each section of the survey instrument and prepared preliminary training materials;
- contributed items developed by RTI from other surveys to replace employment-related items that were not deemed adequate based on prior iterations of the OMAS/OFHS;
- compiled a comprehensive assessment of recommended revisions to the 2015 OMAS and prior instruments, identifying problems that the project team believed the instrument posed for data collection and presented strategies for resolving those problems;
- prepared the next version of the questionnaire based on project team suggestions and strategies; and

- conducted a pilot test to develop a comprehensive assessment of recommended revisions to review with the research team. A detailed description of the pilot test follows.

### 3.3 Pilot Test

The primary purpose of the 2019 OMAS pilot test was to replicate the conditions for full-scale survey data collection, to determine more accurately the survey length for both the adult and child versions of the instrument, and to further check the CATI programming, assess questionnaire flow, evaluate respondent understanding, identify potential fielding issues, and refine our understanding of interviewer training needs.

Interviewing for the pilot test started on August 22, 2019, and continued through August 25, 2019. All telephone interviewing occurred at the RTI CATI call center in Raleigh, North Carolina.

Pilot testing was completed using an English-only version of the instrument for both the cell phone and landline samples; the goal was to complete approximately 100 cell phone interviews, stop and review the initial data, and make any necessary changes. At the conclusion of pilot interviewing, RTI obtained 110 completed interviews. Pilot test examination included identifying and correcting overt problems such as flow patterns and respondent comprehension and examining response distributions, missing data, proportions of “do not know” and “refused,” extremely small cell sizes, survey section timings, and question series inconsistencies.

For the pilot test, RTI released 10,378 cell phone sample records from across the state. RTI did not prescreen the sample with the vendor before calling, as is sometimes done, relying instead on a predictive dialer to automatically dispose of nonworking numbers and for the interviewing staff to code out businesses.

During the pilot test, the minimum interview length was 18.43 minutes and the maximum interview time was 57.07 minutes. The mean interview time for cases administered for the adult questionnaire was 30.91 minutes, with a median time of 29.76 minutes. Approximately 75% of all adult section interviews were completed in less than 34.25 minutes. The adult questionnaire interview time was similar between landline and cell phone respondents.

The pilot included 32 cases with a child interview. The mean interview time for cases administered to both the adult and child questionnaires was 43.44 minutes, with a median time of 42.72 minutes. The minimum interview length for cases administered both the adult and child questionnaires was 27.87 minutes and the maximum interview time was 71.68 minutes. Approximately 75% of all child questionnaire interviews were completed in less than 51.40 minutes.

### 3.4 Cuts for Length

To bring the survey within a budgeted average of 22 minutes for adult respondents and 6 minutes per child proxy, questions were cut from both the adult and child instruments. The OMAS EC leadership developed guidelines for prioritizing questionnaire items to distinguish items that were critical to policy and program analyses from those that were less critical and therefore could be deleted. The guideline for

deleted questions included time considerations (long banks of questions), whether an item would show much movement since the last wave of the OMAS, and the degree to which a question was of importance to the Ohio Medicaid program or important to examining economic impact, health risk change, and health system stress for Ohioans.

Section D of the adult section of the survey was expanded during development, but after the pilot, several items in that series were deleted for length. Sections F and G were also reviewed and cut down for length. Minor logic errors encountered during the pilot by interviewers or noted during monitoring were also corrected. Beyond deletions, other minor text changes were made for clarity and flow purposes.

Final versions of the Adult and Child questionnaires with CATI specifications can be found in *Appendix E: Final Questionnaires*.

### 3.5 ABS Pilot Instrument Development

The ABS pilot administered two versions of the questionnaire: a computer-assisted web interview (CAWI) and a paper-and-pencil interview (PAPI). The OMAS questionnaire was redesigned for self-administration using best practices, including use of a neutral background color to aid navigation of the paper survey, bolding questions to contrast against response options, underlining key words or terms, and use of arrows to guide respondents through skip logic. RTI started with design and formatting of the paper version and omitted all of the CATI household screening questions. We also endeavored to simplify the skip instructions to avoid the respondent needing to flip through pages of the survey to follow the correct path based on their answers. This required reordering the questions. Once the paper version of the survey was approved, RTI translated the paper version into specifications for web programming.

RTI drafted mailing materials using best practices (*Appendix I: ABS Materials*). To add credibility to the study, we included the study logo for the OMAS in the letters, postcards, and envelopes, and the electronic signatures of GRC Director of Research and Analytics Tim Sahr and ODM Medical Director Dr. Mary Applegate. We designed graphics to make it clear how respondents could complete the survey and what the (prepaid and promised) incentives were. The survey covers included photographs of people engaged in different activities with the intention of representing racial/ethnic and socioeconomic diversity. The colors of the covers were made distinct between the Adult and Child surveys to make it clear to respondents that they were different. RTI selected colors within the OMAS logo palette, opting for red for the Adult and blue for the Child. The full list of materials is listed below:

- Adult paper survey cover
- Adult survey invitation letter
- Adult survey reminder self-mailer (postcard)
- Adult survey second reminder self-mailer (postcard)
- Child paper survey cover
- Child survey invitation letter
- Child survey reminder self-mailer (postcard)
- Child survey second reminder self-mailer (postcard)

---

## **Data Collection**

---

### **4.1 Procedures**

RTI used the Voxco CATI software system to program and field the 2019 OMAS. This fully integrated program provided call management and replicate controls, multilingual interviewing capabilities, monitoring, and incidence tracking. The software automatically controlled skip and fill logic and range checking for numeric data. The programming logic directed the questionnaire's flow and prevented an interviewer from entering data in the wrong field. On any given screen of the questionnaire, the program accepted only a predetermined range or type of response.

#### **4.1.1 Implementation Protocol**

The 2019 OMAS closely followed the Centers for Disease Control and Prevention's BRFSS calling protocols as did prior iterations of the OMAS. The instrument maintained and fielded counters to manage protocol.

##### ***Call Scheduling***

In line with prior iterations of the survey, to encourage younger and more diverse population participation, RTI scheduled most interviewing session hours for weekday evenings, Saturdays during the day, and Sunday evenings. The target time interviewing period was between 5 p.m. and 9 p.m. respondent time on weekdays, between 10 a.m. and 9 p.m. on Saturday, and between 1 p.m. and 9 p.m. on Sundays. RTI's Research Operations Center (ROC) also scheduled shifts between 9 a.m. and 5 p.m. on weekdays for up to a maximum of 20% of total session hours, primarily to dispose of business numbers and to reach respondents who work or are otherwise unavailable in the evenings.

##### ***Number of Attempts***

Interviewers made a minimum of seven attempts to reach an eligible household and interviewed an eligible adult for each telephone number in the landline sample frame. Each call attempt was given a minimum of five rings. The attempts were rotated through weekday day, weekday evening, Saturday day, and Sunday evening shifts to maximize coverage of the residential population. Additional attempts were made when a household was reached and eligible for the study. Persistent "ring no-answers" were attempted a minimum of four times across varying days of the week. If a respondent was contacted on the last call and an interview could not be completed, another attempt was made.

Lines that were busy were called back a minimum of two times at 15-minute intervals. If the line was still busy after the third attempt, the number was attempted again on different calling occasions until the record was resolved.

Cell phone numbers were dialed a minimum of five times, which was the protocol for earlier iterations of the OMAS. To minimize the impact of call blockers and spam identification applications,

RTI implemented an approach that used rotating telephone local numbers to contact sampled telephone numbers. The numbers pushed from the dialers were rotated daily from a core group of 30 numbers. In addition, phone numbers were screened regularly to determine if they had been identified as nuisance or SPAM numbers. Those identified were removed from the rotation.

### **Callbacks**

The CATI system allowed two types of callbacks depending on whether the respondent could offer a specific time and date to be contacted again. A system-scheduled callback was assigned to a record that could not be given a specific date and time, and a scheduled callback was for respondents who provided a definite appointment for recontact.

Callbacks to specific respondents were entered into the computer by interviewers and handled automatically by the program. RTI's system accommodated both general and specific callbacks. For a specific appointment, the record waited until the designated time to be released. At this time, the system found the next available interviewer and delivered the record as the next call. The call history screen that accompanied each record informed the interviewer that the call was a definite appointment and described the circumstances of the original contact. General callbacks, where respondents requested that we try to reach them at a generally specified time of day ("I usually get home around 6 o'clock") were sorted and allotted automatically by the system. They were held out of the sample until the appointed hour, when they were sent to a station with an open slot for that call. They had a higher system priority than returning no-answer and busy records but a lower priority than specific callbacks.

RTI's system also accommodated restarting interrupted interviews by using a definite callback strategy. If a cooperative respondent had to terminate an interview but wanted to finish later, it was possible to set a definite callback for that exact time and restart the interview where it left off. If the interviewer who began the survey was available at the prescribed time, the system sent the call back to that station.

The Voxco system automatically handled callbacks for "no answer," "busy," and "answering machine" outcomes. Repeated no answers were retried at different times of day and days of the week as follows:

- If a call between 5 p.m. and 6 p.m. resulted in no answer, the record was put in the queue to be retried between 8 p.m. and 9 p.m. of the same shift.
- If a call resulted in a busy signal, it was automatically recycled within the same shift according to a preset schedule.
- As with no answers, if a shift closed before an automatically rescheduled busy was attempted, the number was cycled to the next available calling time.

#### **4.1.2 Household Selection**

The 2019 OMAS definition for determining eligible households in the landline sample was based on prior OMAS surveys. This defines an eligible household as any residential housing unit such as an apartment, a house, or a mobile home. Ineligible households included dormitories; hospital rooms; nursing homes; group homes; sororities and fraternities; halfway houses; shelters; prisons or barracks;



businesses; or any number that reached a computer, fax line, or pay phone. If the selected respondent had not lived in Ohio for at least 1 month prior to the interview, the household was also considered ineligible.

### 4.1.3 Respondent Selection

After a household was determined to be eligible, household members were verified as being eligible; eligibility included all related adults (19 years of age or older), unrelated adults, roommates, and domestic workers who considered the household their home. Household members did not include adult family members who were living elsewhere at the time of the interview.

The 2019 OMAS used the “most recent birthday method” to randomly select a respondent for an interview. Interviewers asked the person answering the screening questions to identify the adult 19 years of age or older currently living in the household who had had the most recent birthday. Full identification was not required; a first name or relationship was accepted. The person identified as having had the most recent birthday was the selected respondent for the interview. For the cell phone sample, the adult associated with the cell phone was by default the selected respondent.

### 4.1.4 Proxy Interviews

The 2019 OMAS allowed for the use of proxy interviews in the same manner as the 2017 through 2004 administrations. Proxies were requested when the selected respondent had a cognitive or physical impairment. A knowledgeable adult for the proxy was defined as someone 19 years of age or older who was able to answer questions about the selected respondent’s health insurance. For interviews that were suspended and resumed, the CATI program prompted interviewers to continue the survey only with the person who started the interview. Proxies were not allowed in the cell phone study.

Proxy interviews were conducted for all child interviews in the 2019 OMAS. In these interviews, the screener randomly selected the child with the most recent birthday. For the landline sample, the interviewer then asked to speak to the adult most knowledgeable about the selected child’s health insurance; in 1% of interviews the child interview was completed by someone other than the adult respondent (an adult more knowledgeable). For the cell phone sample, the adult associated with the cell phone was asked to answer the child questions rather than handing the cell phone to another adult.

### 4.1.5 Refusal Conversion

All interviewers calling on the 2019 OMAS were trained to avoid refusals. When respondents refused to participate, the interviewer left a note explaining what had happened or had been said, if anything, and RTI’s refusal conversion specialists made at least one more contact. Exceptions were made for cases in which the person answering the phone said something indicating a callback would not be appropriate, such as making threats. Whenever a respondent refused to be interviewed or terminated an interview in progress, the interviewer recorded information as to why the respondent refused or terminated the interview and entered this information into the CATI system. Staff reviewed this information just before calling the telephone number again. During nonresponse refresher training, supervisory staff compiled these cases and reviewed effective strategies for nonresponse avoidance and conversion.

Although a high response rate was important, the role of the interviewers was not to harass respondents into participating in either the selection process or the interview. Interviewers were trained to inform their supervisor if:

- the respondent was verbally abusive or threatened litigation,
- the respondent requested to be placed on a “do not call” list, or
- the household refused to transfer the call to the selected respondent and stated that they would never allow the call to be passed to the selected respondent.

These numbers were terminated and coded as final refusals not to be called back.

#### **4.1.6 Spanish Interviewing**

RTI conducted the 2019 OMAS in English and Spanish. Of the 30,068 completed records in the final data file, 159 were collected in a specialized CATI effort associating Spanish-speaking interviewers with records flagged during the primary collection effort as belonging to non-English-speaking households. The procedure for conducting interviews in Spanish was straightforward: When a bilingual interviewer reached a Spanish-speaking respondent, the interviewer explained the survey in Spanish and continued directly into the interview without interruption. When a non-Spanish-speaking interviewer contacted a Spanish-speaking household, the record was coded for Spanish interviewing, and the system automatically routed the record to a bilingual interviewer for subsequent attempts.

#### **4.1.7 Methods Used to Increase Response Rates**

As has been done for prior iterations of the OMAS, RTI implemented a variety of methods to maximize response rates for the 2019 OMAS: leaving messages on answering machines and privacy managers:

- providing verification numbers for RTI and the survey sponsors,
- employing special refusal conversion efforts,
- reattempting phone numbers on different days and at different times of day to maximize efforts to each household,
- conducting interviews in Spanish and English, and
- using a \$10 incentive for cell phone respondents.

Each of these is described in detail below.

##### ***Leaving Messages on Answering Machines***

RTI interviewing staff left messages on persistent “answering machine” and “privacy manager” dispositions, informing respondents of the study and scheduling another call attempt for the following day. The message stated that RTI interviewers were calling on behalf of the State of Ohio and that a callback at their convenience would be appreciated. The call center’s toll-free telephone number was left on the answering machine. Messages were left on the first and fourth attempts to a household if an answering machine or privacy manager was reached on these attempts. For privacy managers, if a message could not be left, the interviewers were instructed to enter the call center’s toll-free telephone

number. RTI's call center supervisors were set up to handle incoming respondent calls to complete the interview in response to an answering machine message.

The text of the answering machine message appears below:

“Hello, my name is \_\_\_\_\_, and I am calling on behalf of the State of Ohio. We are conducting a survey on health and health care issues. Your participation would help the State of Ohio make better health care policy decisions for its residents. Please call us at (PROJECT TOLL-FREE NUMBER) at your convenience.”

### ***Survey Verification Lines***

RTI's ROC dedicated a toll-free telephone number to receive respondent calls regarding the legitimacy and validity of the study. RTI staff also made contact information for the ODH available to those respondents who wished to contact the survey sponsors directly. For the sponsoring agencies, ODH took responsibility for responding to concerns about the survey effort and shared this information with GRC and RTI. All concerns were addressed by either ODH, GRC, or RTI, pending the issue of concern, and logged for review by GRC and RTI.

### ***Refusal Conversion Efforts***

Refusal conversion for the 2019 OMAS occurred at two points: The initial contact with the household and during any subsequent contacts with the household. Study protocols allowed for the reattempt of households that had initially refused. Section 4.1.5, Refusal Conversion, has more detailed information about the refusal conversion protocols for the OMAS.

### ***Reattempting Numbers***

As discussed earlier in Section 4.1.1, Implementation Protocol, telephone numbers that did not initially produce a completed interview were contacted on different days and at different times of the day to maximize efforts to reach each household. The study protocol allowed calling to be done over many weeks to ensure that respondents on vacation and those not at home during common calling hours could be reached.

### ***Conducting Interviews in Spanish***

The 2019 OMAS was conducted in English and Spanish to maximize response rates and increase the participation of Ohio's Hispanic population. As noted previously, fewer than 1% were conducted by Spanish-speaking interviewers with households or cell phones which were flagged as non-English speaking within the system.

### ***The Use of a \$10 Incentive for Cell Phone Respondents***

As noted in Section 2 (Sampling), the 2019 OMAS design increased the desired number of interviews on the cell phone frame from 70% to 85%. With this increase, there was concern about potential undercoverage because of respondents on prepaid plans not wanting to participate in the survey because of the impact on their cell phone minutes. People using a prepaid plan make up one in three cell phone users in the United States (Lifsher, 2013) (the actual 2019 OMAS prepaid plans as a part of the

total cell phone collection was 12.7%<sup>11</sup>). Prepaid phone users may be highly correlated with lower economic status or those living in rural areas (Berzofsky et al., in press)—both key demographic groups for OMAS. To ensure representation from prepaid users, the 2019 OMAS offered a \$10 incentive.

The process for notifying and implementing the cell phone incentive was as follows:

1. At the beginning of the interview, cell phone respondents were notified about the incentive. Only respondents who completed the interview were eligible for the incentive.
2. At the completion of the interview, the respondent was offered the incentive in one of two ways: By electronic Visa gift card or by check. The respondent also had the option of declining the incentive. If the online gift card was selected, the respondent needed to provide a valid e-mail address. The check was offered only to participants who stated that they could not or did not want to receive an electronic gift card.

#### 4.1.8 Determining a Completed Interview

An interview was considered complete when a selected respondent or knowledgeable proxy answered:

- the adult section of the questionnaire through and including the question about adult health insurance status; or
- the adult section of the questionnaire, including the question about adult health insurance status and at least the key questions (as identified by the OMAS EC) in the child section of the questionnaire.

In the 2019 OMAS final dataset, there are variables indicating the status of the adult and child sections of each case. Included in the final dataset are 2,258 interviews (7.5% of cases in the final dataset) that completed the health insurance status module in the adult questionnaire but terminated before completing the full instrument were coded—these we classified as partial complete interviews. Adult interviews that completed all the adult modules are considered fully completed interviews. Because both partial and full respondents provide critical analytic data, their records were included in the final dataset.

#### 4.1.9 Interviewer Training

RTI conducted numerous interviewer training sessions for the 2019 OMAS. The first session preceded the pilot test in August 2019, and multiple sessions were held prior to the fielding of the main study in September 2019 and throughout the field period. The training was conducted by RTI's project management team at RTI's Raleigh, North Carolina, ROC training facility. Members of the OMAS EC participated in the pilot test and initial field period training sessions. RTI's extensive training, combined with study quality control procedures, ensured consistent, high-quality interviewing throughout data collection.

The quality of data collection depends largely on the performance of the interviewing staff. Interviewers on this study were specifically recruited for health care research and call center experience.

---

<sup>11</sup> This percentage is based on a flag provided from our vendor, MSG, rather than a survey item, which was done in previous years. In the past, the percentage for the survey item was always much higher than the MSG estimate, so 12.7% is most likely an underestimate.

RTI developed an intensive 2-day training curriculum for the 2019 OMAS, integrating project-specific background discussion with hands-on practice interviewing, review of general and project-specific protocols, and quizzes to reinforce learning.

Interviewers had to complete training and certification prior to beginning “live” calling in production. Training consisted of 8 hours split between the two evenings. Topics covered during training focused heavily on the survey’s background and structure, study-specific protocols and procedures, pronunciation, and answering frequently asked questions. Members of the OMAS EC attending the training sessions assisted with additional study details and answered interviewer questions.

During training, interviewers participated in two round-robin mock interviews, two paired-practice mocks, and completed individual survey practice. Field certification for the OMAS involved two oral quizzes and successfully attending and participating during training sessions and exercises. Interviewers needed to achieve 100% correct on both oral quizzes to become certified and begin calling. The 2019 OMAS pilot training agenda included the items in *Table 4-1*.

**Table 4-1. Agenda**

Time, Minutes	Topic	Time, Minutes	Topic
<b>Evening 1</b>		<b>Evening 2</b>	
15	Welcome and Introduction	10	Q&A/Review
25	Survey Background, Purpose, and Structure	30	Emotional Distress and Sensitivity
10	Roles and Responsibilities	30	Refusal Avoidance
10	General Contacting Procedures	55	Paired Practice
15	Respondent Rights and Importance of Confidentiality	15	BREAK
45	Review of Frequently Asked Questions (FAQ)	15	Review FAQ and Pronunciation
15	BREAK	40	Individual Read-Through of Questionnaire
20	Pronunciation Practice	35	Certification
75	Round-Robin	10	Q&A/Final Review
10	Question-and-Answer (Q&A) Sessions		

In addition, any attendees who were new hires were required to complete RTI’s standard new-hire training, which includes our *iLearning* and onsite introductory CATI training systems. Additional information about the training can be found in *Appendix B, Interviewer Training Manual*.

RTI conducted follow-up refresher trainings and distributed project bulletins with FAQ and issues encountered during fielding to all stations. These trainings reemphasized survey protocol, covered strategies for handling refusals, reviewed the procedures for suspended records, and reviewed particular survey items with which the interviewers had difficulty. The refresher trainings reinforced quality control during data collection to ensure reliable, valuable data. Much of the information discussed during refresher trainings was based on feedback from the OMAS EC, who participated in both live monitoring and the review of recorded interviewing sessions throughout the field period. In total, 804 interviewers were trained and certified to work on the 2019 OMAS.

## 4.2 Response Rates

To affirm the representation of the target population in a study, researchers look to response rates as indicators of performance. There is no one agreed-upon standard response rate formula because each project lends itself to different measures of performance. Several of these performance measures are discussed below.

All response rates will be affected by the procedure of assigning final status dispositions. The results of each call attempt were assigned a disposition according to guidelines published by the American Association for Public Opinion Research (AAPOR). These final dispositions can be summarized as follows:

### Eligible

- Completes and partial interviews (if applicable)
- Refusals and noncontacts (after confirming eligible household)

### Ineligible

- Survey Ineligible = No eligible respondents in household or cell phone did not belong to an eligible adult
- Nonresidential = Not a residential phone number

### Unknown

- Unknown Eligible (known household) = Confirmed household but did not establish survey eligibility (landline); confirmed person owns phone but did not establish that phone is used for personal use (cell phone)
- Unknown Household = Cannot confirm whether the number is residential

Each telephone record's history of attempts is analyzed to determine the record's final status. Priority is given to outcomes that gather the most information. For more information, see *Table 4-2*.

**Table 4-2. Distribution of Disposition Codes by AAPOR Response Category and Phone Type**

Rank	AAPOR Group	Label	Count		
			Landline	Cell Phone	All Records
1	1.1	Completes (full interviews only)	3,570	24,240	27,810
2	1.2	Partial Complete	326	1,932	2,258
3	2.1	Refusals and Break-offs	5,249	32,766	38,015
4	2.2	Noncontact (incl. Answering Machines)	479	1,629	2,108
5	4.4	Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)	783	2,634	3,417
6	4.5	Non-residence (incl. Businesses, Dorms)	13,398	19,274	32,672
7	4.7	No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)	388	136,450	136,838
8	4.2	Fax/Data Line	4,140	353	4,493
9	4.3	Nonworking, Disconnected Number <sup>a</sup>	34,341	244,063	278,404
10	3.1	Unknown, No Answer	0	0	0
11	3.2	Housing Unit, Unknown if Eligible Respondent (Screener Not Completed)	54,240	317,131	371,371
12	3.9	Unknown Eligibility, Other (incl. Language Barrier, Physical Impairment Preventing Interview)	22,132	95,157	117,289

<sup>a</sup> Excludes 18,284 cases that were removed from the final analysis data because replicates were not being fully worked.

#### 4.2.1 Lower-Bound Response Rate

The lower-bound response rate provides the lowest possible response rate figure. Also known as AAPOR Response Rate #1, it is obtained by dividing the number of completed interviews by the maximum number of potentially qualified households:

$$RR1 = \frac{\text{Completes}}{\text{Eligible} + \text{Unknown}}$$

For this survey, the lower-bound response rate was 4.2% for the landline sample, 5.1% for the cell phone sample, and 5.0% overall.

### 4.2.2 Council of American Survey Research Organizations and AAPOR Response Rates

Some response rates consider the ability of the interviewing staff to establish contact with potentially eligible households and to resolve all numbers that do not ring into potentially eligible households. In cases where resolution is not achieved (i.e., telephone numbers cannot be assigned dispositions that definitely reflect eligibility) these response rates generally use an estimate of the rate at which telephone numbers ring into eligible households to classify a fraction of these numbers of unknown disposition as eligible. Compared to the lower-bound rate, these response rates increase the response rate calculation by not assuming all unscreened numbers belong to qualifying households. In addition, some “adjusted” response rates assign cases to the denominator where the respondent is eligible but unable to complete the interview because of impairment or language difficulties. One adjusted response rate, defined by the Council of American Survey Research Organizations and equivalent to AAPOR’s Response Rate #3, calculates the eligible households by taking a proportion of the unresolved numbers and classifying them as eligible.

$$RR3 = \frac{\text{Completes}}{\text{Eligible} + e_u \times \text{Unknown}}, \text{ where } e_u = \left( \frac{\text{Eligible}}{\text{Eligible} + \text{Ineligible}} \right)$$

For this study, this calculation produced an AAPOR Response Rate #3 response rate of 16.7% for the landline sample, 21.2% for the cell phone sample, and 20.5% overall.

At the end of data collection, this study treats partial completes in the same manner as total completed interviews and includes them in the final analysis file. For this reason, we produced AAPOR’s Response Rate #4, which includes partial completes in the numerator of the response rate equation.

$$RR4 = \frac{\text{Completes} + \text{Partials}}{\text{Eligible} + e_u \times \text{Unknown}}, \text{ where } e_u = \left( \frac{\text{Eligible}}{\text{Eligible} + \text{Ineligible}} \right)$$

For this study, this calculation produced an AAPOR Response Rate #4 response rate of 18.2% for the landline sample, 22.9% for the cell phone sample, and 22.2% overall.

### 4.2.3 Upper-Bound Response Rate

The upper-bound response rate provides the most optimistic percentage of generally recognized response rates. The upper bound, also known as AAPOR’s Response Rate #5, is a measure of interviewer performance and does not take into account sample quality (e.g., numbers that ring but are never answered) nor household behavior that prevents contact (e.g., privacy manager technology, screening calls using an answering machine).

$$RR5 = \frac{\text{Completes}}{\text{Eligible}}$$

The upper-bound cooperation rate for this study was 37.1% for the landline sample, 40.0% for the cell phone sample, and 39.6% overall.



#### 4.2.4 All Rates—Presented by State, Region, Stratum, and County

The sampling design was a dual-frame (cell phone and landline) design that included strata for each county within each frame. Response rates for each stratum can be found in *Appendix C: Response Rate & Disposition Tables*.

#### 4.2.5 Coverage Estimates of Subpopulations

*Tables 4-3* through *4-6* detail expected and observed (without weighting or imputation) percentages of the population classified by key demographic variables by region and age group.<sup>12</sup> The unweighted observed sample is compared to population distributions from the American Community Survey (ACS) 5-year averages. An arrow pointing up (↑) indicates that the observed sample percentage is greater than the population percentage. An arrow pointing down (↓) indicates that the observed sample percentage is less than the population percentage.

The sample tends to overrepresent populations with lower incomes, particularly those below the poverty level, and underrepresent populations with incomes over three times the poverty level. This is consistent with the 2004 through 2017 surveys. The African American oversampling in metro areas successfully increased the percentage of African American respondents. In prior iterations of the survey—2008, 2010, and 2012—the sample was skewed heavily toward females and older age groups, which is typical in contemporary telephone surveys. Under the new design (i.e., increased cell allocation to 85% of completed interviews) the distributions by gender and age have shifted to look more like the population at large. *Table 4-7* presents the respondent distributions by gender and age in 2015, 2017, and 2019. As the table shows, the percentage of male and younger adult respondents (19–34 years of age) increased.

**Table 4-3. Expected and Observed Ratio of Income to Poverty<sup>a</sup>**

	Total Responses	Percentage								
		Under 1.0		1.0 to 2.0 <sup>b</sup>		2.0 to 4.0		Over 4.0		
		Exp.	Obs.	Exp.	Obs.	Exp.	Obs.	Exp.	Obs.	
<b>Age Group</b>										
Total <sup>c</sup>	37,186	14.5	19.7 ↑	17.4	20.4 ↑	31.9	27.5 ↓	36.1	32.3 ↓	
0–18	7,118	20.8	21.8 ↑	20.8	21.9 ↑	31.0	28.0 ↓	27.4	28.2 ↑	
19–64 <sup>d</sup>	21,171	13.9	21.6 ↑	15.4	19.4 ↑	30.8	25.8 ↓	39.8	33.2 ↓	
65+	8,897	8.1	13.7 ↑	20.2	21.7 ↑	37.2	31.0 ↓	34.5	33.6 ↓	
<b>Age Group</b>										
Total <sup>c</sup>	37,186	14.5	19.7 ↑	17.4	20.4 ↑	31.9	27.5 ↓	36.1	32.3 ↓	
0–18	7,118	20.8	21.8 ↑	20.8	21.9 ↑	31.0	28.0 ↓	27.4	28.2 ↑	

(continued)

<sup>12</sup> Because 0- to 18-year-olds are listed as a separate age category, the total number of respondents in these tables is equal to the total adult interviews and the total child interviews, which total 37,186.

**Table 4-3. Expected and Observed Ratio of Income to Poverty<sup>a</sup> (continued)**

	Total Responses	Percentage							
		Under 1.0		1.0 to 2.0 <sup>b</sup>		2.0 to 4.0		Over 4.0	
		Exp.	Obs.	Exp.	Obs.	Exp.	Obs.	Exp.	Obs.
19–64 <sup>d</sup>	21,171	13.9	21.6 ↑	15.4	19.4 ↑	30.8	25.8 ↓	39.8	33.2 ↓
65+	8,897	8.1	13.7 ↑	20.2	21.7 ↑	37.2	31.0 ↓	34.5	33.6 ↓
<b>Region</b>									
Total	37,186	14.5	19.7 ↑	17.4	20.4 ↑	31.9	27.5 ↓	36.1	32.3 ↓
Appalachian	7,077	16.9	23.6 ↑	20.1	22.4 ↑	34.3	26.8 ↓	28.6	27.2 ↓
Metropolitan	18,001	16.2	21.0 ↑	17.5	20.2 ↑	30.2	26.5 ↓	36.1	32.3 ↓
Rural Non-App	6,100	11.1	16.7 ↑	17.7	21.1 ↑	36.5	30.7 ↓	34.7	31.5 ↓
Suburban	6,008	9.7	14.5 ↑	14.5	18.1 ↑	31.5	27.9 ↓	44.3	39.5 ↓

<sup>a</sup> The ratio of the reported household income to the federal poverty level for the reported household size.

<sup>b</sup> The 2019 OMAS had a poverty cutoff at 206%, while the ACS uses 200%.

<sup>c</sup> The total number of respondents is equal to the total number of adult and child interviews conducted because 0- to 18-year-olds are included.

<sup>d</sup> The 2019 OMAS defined a child as a person 18 years of age or younger based on Medicaid eligibility criteria. However, ACS uses 0–17 years of age as an age category. Therefore, equal comparison age categories were recreated based on respondent data to match the ACS.

**Table 4-4. Expected and Observed Gender**

Region	Total Responses	Percentage					
		Male			Female		
		Expected	Observed		Expected	Observed	
Total	37,186	49.0	47.2	↓	51.0	52.8	↑
Appalachian	7,077	49.7	47.6	↓	50.3	52.4	↑
Metropolitan	18,001	48.5	46.6	↓	51.5	53.4	↑
Rural Non-App	6,100	49.8	48.3	↓	50.2	51.7	↑
Suburban	6,008	49.4	47.5	↓	50.6	52.5	↑

Table 4-5. Expected and Observed Race/Ethnicity

Region	Total Responses	Percentage											
		Hispanic			White			African American		Other			
		Exp.	Obs.		Exp.	Obs.		Exp.	Obs.	Exp.	Obs.		
Total	37,186	3.7	3.7	–	79.2	72.7	↓	12.2	13.8	↑	4.9	9.8	↑
Appalachian	7,077	1.6	2.3	↑	92.9	83.5	↓	2.8	4.5	↑	2.7	9.8	↑
Metropolitan	18,001	4.7	4.7	–	69.4	61.0	↓	19.8	24.0	↑	6.1	10.3	↑
Rural Non-App	6,100	3.4	3.0	↓	91.2	84.0	↓	2.2	3.6	↑	3.3	9.4	↑
Suburban	6,008	2.7	2.9	↑	89.1	83.5	↓	3.9	4.8	↑	4.3	8.8	↑

Table 4-6. Expected and Observed Age

Region	Total Responses	Percentage											
		0–17 <sup>a</sup>			18–34 <sup>a</sup>			35–54		55+			
		Exp.	Obs.		Exp.	Obs.		Exp.	Obs.	Exp.	Obs.		
Total	37,186	22.7	19.1	↓	21.5	16.5	↓	25.6	23.6	↓	30.1	40.8	↑
Appalachian	7,077	22.3	19.3	↓	19.7	14.6	↓	25.4	22.6	↓	32.6	43.5	↑
Metropolitan	18,001	22.6	19.0	↓	23.0	18.6	↓	25.3	24.1	↓	29.1	38.3	↑
Rural Non-App	6,100	23.6	19.0	↓	19.3	15.2	↓	25.8	22.8	↓	31.3	43.0	↑
Suburban	6,008	22.9	19.6	↓	20.2	13.9	↓	26.6	23.8	↓	30.2	42.7	↑

<sup>a</sup> The 2019 OMAS defined a child as a person 18 years of age or younger based on Medicaid eligibility criteria. However, ACS uses 0–17 years of age as an age category. Therefore, equal comparison age categories were recreated based on respondent data to match the ACS.

**Table 4-7. Distribution of Respondents by Gender and Age by Survey Year, 2012 and 2019 OMAS**

	2015	2017	2019
<b>Gender</b>			
Male	44.5	45.7	47.2
Female	55.5	54.3	52.8
<b>Age Category, Years</b>			
19–24	7.2	8.0	7.7
25–34	11.7	12.3	12.7
35–44	12.2	12.2	13.4
45–54	17.9	16.5	15.8
55–64	22.4	21.8	20.9
65+	28.5	29.2	29.6

### 4.3 Interviewer Debriefing and Feedback

During the OMAS data collection period there were two types of primary interviewer retraining: (1) regular “check-in” and feedback sessions throughout the day for interviewers who had no completes over the past 2 hours (e.g., 0 completes as of 11 AM, 1:00PM, 3:00PM); and (2) ongoing, individual training based on observations from monitoring sessions (both live and recorded).

During individual training with monitors or supervisors, telephone interviewers were provided specific instances and examples of where they could improve. These sessions were inclusive both of onsite monitoring and monitoring that the client team conducted. Overarching observations from both sets of monitoring were nearly the same, and improvement was observed over time. Comments included the following:

- issues with pronouncing numbers like a “northerner” and the word *ask*;
- any instance in which the survey was not read verbatim, no matter how minor the addition or omission;
- lack of familiarity with the questionnaire—“stumbling and sounding choppy”;
- reading answer choices or interviewer notes when not necessary;
- not consistently emphasizing highlighted words;
- reading too slowly or too quickly;
- over-probing or insufficient probing;
- interviewers being chatty and overly casual;
- good and appropriate handling of difficult respondents by addressing concerns, explaining the survey, and maintaining professionalism;

- being accommodating with elderly respondents: adjusting tone of voice and pace and being patient;
- enunciating and reading clearly;
- good use of neutral probing and interviewer prompts;
- engaging respondents to participate; and
- enthusiastic and pleasant tone of voice.

In addition, the verbatim coding process, which was an ongoing process conducted by RTI and the OMAS EC during the field period, revealed the need to integrate verbatim questions into the retraining procedures.

When observations from monitoring, which were conducted live and by recording by OMAS EC members and the project PI and co-investigators, were felt to be a trend as much as isolated occurrences, this feedback was provided to interviewing staff during quality circle meetings to make sure there was no widespread misunderstanding. Feedback from interviewers during these meetings was mostly related to handling specific questions and getting clarification of standard interviewing techniques. Most interviewers expressed enjoyment with the work and being part of a research team.

#### **4.4 Changes to the CATI During the Field Period**

Some changes to the 2019 OMAS CATI program were necessary after the start of the field period. The state requested adding back in a few questions that were cut after the pilot. Additionally, shortly after beginning data collection, GRC and RTI revised the interviewer note at one of the screening questions<sup>13</sup> to clarify that students living in dormitories and reached on their cell phones are eligible to take the survey. By mid-September, the CATI survey was still running longer than budgeted, and GRC decided to condense select survey banks to anchor questions only, eliminating some follow-up questions.

Based on interviewer feedback about respondents prematurely hanging up at the end of the adult interview, RTI recommended and implemented revisions to the incentive section to ensure that interviewers recorded incentive contact information. A few other minor changes related to survey flow were made based on interviewer feedback; these were not substantive changes.

The details of all changes were kept in a log at RTI, along with notations of the different questionnaire versions and when they were put in the field. RTI has provided the OMAS EC with a condensed version of this log, which appears in *Appendix H Post-Field-Start Changes Log*.

#### **4.5 Data Collection Subcontractor**

With the approval of the OMAS EC, RTI hired a data collection subcontractor to help complete the survey within the project period. Precision Opinion, Inc. (Precision) of Las Vegas, Nevada, completed approximately 40.8% of total interviewing hours on the 2019 OMAS. RTI has a longstanding relationship with Precision, and its staff of interviewers and supervisors have assisted RTI with telephone interviewing on other major projects. In addition to this existing relationship, the advantages of using Precision include

---

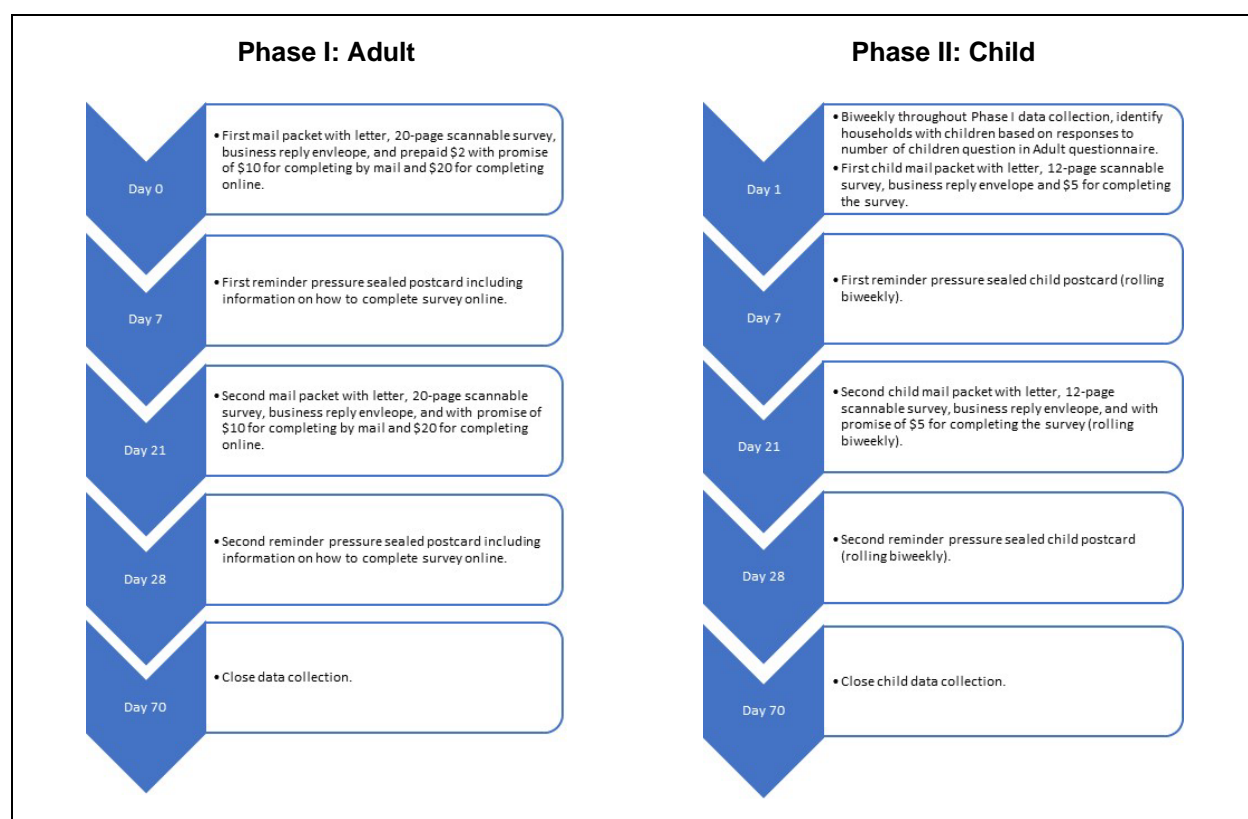
<sup>13</sup> Item “PS” in the questionnaire in Appendix E.

its use of the Voxco system, which allowed RTI to fully integrate Precision’s call center staff into our project systems so that they operated as a virtual extension of our own facilities. Precision employees were trained on site by RTI’s training staff and were subject to the same protocols for calling on the project as RTI’s staff. In addition, OMAS EC members were able to conduct live monitoring of Precision staff, just as they were able to do with RTI staff.

## 4.6 ABS Pilot Data Collection

RTI used a Choice+ web and mail two-phase multimode ABS methodology (see Figure 4-1). This method has been demonstrated to be cost efficient, yield higher response rates compared to alternative ABS multimode designs, and yield representative results (Biemer et al., 2018). In the first phase, web and mail versions of the Adult OMAS survey were offered concurrently. Each mail packet included a cover letter with CAWI login credentials, a PAPI survey, and a business reply envelope. A \$2 prepaid cash incentive was included in the first mail packet. Respondents were incentivized to respond to the web version with a promised incentive of \$20 for completing the CAWI; a \$10 promised incentive was offered if the respondent chose to complete the paper survey instead. All nonrespondents were sent a reminder postcard, and then a second mail packet (similar in content to the first packet, but without the prepaid incentive), and a second reminder postcard. All mailings included a toll-free phone number for respondents to contact OSU with questions.

**Figure 4-1. ABS Data Collection Protocol**



In the second phase, RTI administered the OMAS Child Survey. Respondents who completed the Adult CAWI Survey and reported having children in the household were invited to complete the Child Survey for an additional \$5. Respondents who completed and returned the Adult PAPI were scanned and screened for eligibility and mailed the Child PAPI Survey. Nonrespondents were mailed a second survey packet and a second reminder postcard.

The data collection schedule for the ABS pilot is shown in Table 4-8.

**Table 4-8. OMAS ABS Sample Pilot Schedule**

Version	Timing	Mailing	Date
Adult	Day 0	Survey packet 1	11/12/2019
Adult	Day 7	Reminder self-mailer 1	11/19/2019
Adult	Day 21	Survey packet 2	12/3/2019
Adult	Day 28	Reminder self-mailer 2	12/10/2019
Child	Day 42	Survey packet 1	12/30/2019
Child	Day 49	Reminder self-mailer 1	1/6/2020
Child	Day 63	Survey packet 2	1/20/2020
Adult		Close data collection	1/15/2020
Child	Day 70	Reminder self-mailer 2	1/27/2020
Child		Close data collection	2/15/2020





---

## ***Data Processing and Analysis***

---

### **5.1 Dataset**

The Voxco survey management system stored 2019 OMAS telephone disposition data, sample data, survey response data, and data that the survey management system created into a centralized database. The final dataset was created in the SAS statistical program produced directly from the meta and survey data collected in Voxco. The final dataset contains sample information and survey responses but does not include the telephone number to preserve respondent confidentiality.

### **5.2 Data Processing**

#### **5.2.1 Cleaning the Data**

##### ***Inconsistent Responses***

The CATI program prevents most data inconsistencies with built-in variable range and skip logic checks. Some inconsistencies in the data, however, the CATI instrument cannot prevent; instead, such inconsistencies are corrected after data collection. The following list describes these inconsistencies, with the corrective action steps taken for each:

- **Inconsistencies resulting from incorrect open-end recoding:** There were a few occurrences where the open-ended response did not match the question. These were resolved and fixed in the open-end recoding process.
- **Inconsistencies because of respondents providing contradictory responses:** In certain cases, the CATI program could not force consistent data responses. For example, if a respondent stated that there were more adults in the family than in the household, the CATI script was programmed to verify this information. If the respondent stated that his or her response was correct, the inconsistency remained. These inconsistencies remained in the final dataset.
- **Inconsistencies introduced during postprocessing:** Occasionally, respondents provided contradictory responses, and the steps to correct the inconsistency yielded further complications. For example, if a respondent mentioned that he or she was insured through a current job, he or she was automatically coded as being employed. The next question asked the same respondent to indicate place of employment. Some respondents answered that they did not work or that they had lost their job. This inconsistency remained.

##### ***Outliers—Out-of-Range Responses***

The CATI program developed for the 2019 OMAS was designed to minimize inconsistent responses throughout the questionnaire, and range checks were set to appropriate limits on responses. For

example, if a question asked, “How many days in the last 30 did you drink alcohol?” the answer should fall between 0 and 30. All range checks were “hard” in the sense that the computer would not allow entry of an out-of-range response. Consistency checks verified that responses matched one another across questions. For instance, if a respondent said that there were more adults in his or her central family unit than lived in the household, a consistency check prompted the interviewer to reconcile the responses between the two questions.

### **Missing Values**

After working with the OMAS EC to identify candidate variables for imputation at the household and individual levels, RTI conducted data imputation rather than accept medium to high levels of nonresponse resulting from “don’t know” or “refused” responses or from questions not asked. Section 5.3, Imputation, contains additional information about the OMAS imputation procedures.

Both “don’t know” and “refused” were consistently coded throughout the questionnaire as 98 and 99 or 998 and 999.

### **5.2.2 Coding Open-Ended Responses**

The 2019 OMAS used the coding manuals from the 2012, 2015, and 2017 OMAS iterations as a starting point for the development of a coding process. From these coding guides, codes were added as needed to allow for comparability with prior years while still giving added flexibility to the coders. All open-ended responses from the data were then output into files that were subsequently imported into a customized Microsoft Excel spreadsheet for verbatim coding. Several coders worked under a supervisor who checked their work for consistency. Coding results were shared with the OMAS EC regularly, with the delivery of interim datasets during fielding for review and approval or suggestions for changes in coding procedures.

Final coded verbatim data were merged back into the SAS dataset for delivery to the OMAS EC. Data variables containing recoded verbatim text have the appendage *\_REC* on the variable name in the final dataset.

### **5.2.3 Recoded, Derived, and Auto-Coded Variables**

In the 2019 OMAS, several variables were created to make data analysis easier. These variables come in one of three forms:

- Recoded variable
- Derived variable
- Auto-coded variable

These variables are identifiable in the dataset based on their names. For example, variables that end with *\_REC* are recoded variables. Also, variables that do not have a survey item in their name are derived variables.

**Recoded Variable**

Recoded variables are variables that are exact replicates of a survey item, renamed to something that is more intuitive to the user. When applicable, recoded variables include open-ended responses that have been assigned to (1) an existing category, (2) a newly created category because of a large propensity of open-ended responses with a response not provided to respondents, or (3) an “other” category. These variables were created for the items of analytic importance that can be directly linked to only one survey question.

**Derived Variable**

Derived variables are variables that are created from two or more survey items. These items often involve the skip logic in the survey to ensure that the levels of the derived variable are properly categorized. Furthermore, certain characteristics can be ascertained from several questions in the survey (e.g., does the person have insurance). Derived variables look at these items when categorizing an individual to have a particular characteristic.

In the 2019 OMAS, changes were made to how the derived variables for Medicaid status of adults and children (MEDICD\_A/MEDICD\_C) and type of insurance held by adults and children (I\_TYPE\_A\_IMP/I\_TYPE\_C\_IMP) were defined.

**Auto-Coded Variables**

Auto-coded variables are variables the CATI program creates during the interview based on respondent-answered questions. These variables are created during the interview process so that they can be used during the interview.

**5.2.4 Quality Review**

RTI conducted extensive tests of the integrity of the final data. RTI programmers developed SAS scripts that tested the integrity of all survey responses against the CATI logic and against the recoded, derived, and auto-coded variables. These scripts attempted to flag cases that violated any logic rules. Inconsistencies were logged in an output file and checked by data processing staff to see whether any of the data processing programs needed to be corrected.

After the final set of variables was recoded and created and analytic weights were produced, the data were reviewed for quality assurance. A set of checks was implemented to verify the key components of the data:

- frequencies of derived variables with their source survey variables to ensure appropriate assignments;
- verification of universe totals (i.e., those eligible for an item) for each survey and derived variable;
- comparison of key estimates with prior-year survey data to ensure that change in estimates was reasonable or expected;
- verification that all imputed variables had no item nonresponse after imputation;
- verification that the imputed variables had expected distributions;

- verification that all survey weights were positive and greater than one; and
- verification that survey weight totals summed to expected control totals.

### 5.2.5 Data Formatting

The final SAS dataset has an associated SAS format library that contains variable labels to help users understand the source and content of the variable. A SAS program with the format values is provided. This SAS dataset was used to create additional formatted datasets in the Stata MP and R-System format for EC data users.

## 5.3 Imputation

Key survey variables for which a respondent did not provide an answer were imputed to allow for a complete analysis data file. These variables were identified for one of two reasons: (1) their necessity in the weighting process, and (2) the need to be part of a complete data file to ensure that records with a missing value in one of these variables could still be included in analyses using these variables. Such variables are identified in the final dataset with the *\_imp* suffix in the variable name. All variables were imputed with a weighted sequential hot-deck (WSHD) approach that uses variable correlates for the formation of imputation cells and the sorting of donor and recipient cases within those cells. This approach also used the unit nonresponse-adjusted sampling weight to ensure that the sampling design is accounted for when matching donors with item nonrespondents.

A major change in the imputation process was the methodology used to impute last year's and last month's household income. The 2019 OMAS changed the way household income was collected, similar to how it was collected in 2015. In the case of missing household income, a multistage approach that emphasized intra-record consistency was used. This process was much more complex for household income compared to other variables because income was asked for two time periods (last year and past month) and each of these was potentially requested in multiple ways. The instrument attempted to collect income as a specific dollar value first, or, if the respondent refused to answer with a specific amount, as a number of dollar ranges (with range boundaries determined by the number of people supported by the household income).

### 5.3.1 WSHD Imputation

WSHD imputed missing values by pairing item nonrespondents with donors who have similar values for auxiliary variables related to the variable being imputed (Iannacchione, 1982). This occurred in two ways:

- Sets of item respondents and nonrespondents were grouped based on the values of one or more variables that were important predictors of the variable in question; this cross-classification of predictors defined the "imputation cell."
- Within imputation cells, respondents and nonrespondents were sorted in an identical fashion, which makes it more likely (but not guaranteed) that nonrespondents will be paired with respondents who have similar values of the sorting variables.

The actual pairing of records within cells occurs randomly, with pairing probabilities determined by the amount of overlap between cases' scaled weight sums. Scaled weight sums are calculated by

separately and cumulatively<sup>14</sup> summing respondents' and nonrespondents' nonresponse-adjusted weights and dividing each record's cumulative weight sum by the overall sum (among respondents or nonrespondents) for the cell. These scaled weight sums are greater than 0 and less than or equal to 1. These scaled weight sums can also be used to define scaled weight ranges, which are defined as the range between the previous case's scaled weight sum<sup>15</sup> and that of the case in question.

For example, consider the case where the first nonrespondent in an imputation cell has a scaled weight sum value of 0.3. This record therefore has a scaled weight range from 0.0 to 0.3. If the first two respondents in this cell have scaled weight sum values of 0.2 and 0.5, they are the only potential donors for the nonrespondent in question (they are the only ones with weight ranges overlapping that of the nonrespondent in question, having ranges from 0.0 to 0.2 and 0.2 to 0.5, respectively). Although the second respondent has a wider weight range ( $0.5 - 0.2 = 0.3$ ) relative to the first ( $0.2 - 0.0 = 0.2$ ), it is less probable that it will be the donor record for the first nonrespondent because the entire range of the first respondent overlaps with that of the nonrespondent, covering two-thirds of the nonrespondent's range. The remaining one-third of the nonrespondent's range is covered by the second respondent. Therefore, in this example, the first respondent will be selected as the donor with twice the probability of the second, despite having a smaller weight.

*Table 5-1* presents the imputation cells and sorting criteria varied across variables; the cell variables and sorting variables are denoted with a *C* for a variable included in formation of the imputation cell and *S* for a variable used for sorting. Imputation proceeded in the order in which the variables are presented in the table.

### 5.3.2 Imputation for Last Month's and Last Year's Household Income

Income is an extremely important variable that is also subject to relatively high rates of missingness. The income questions were also fairly complex in nature, because there was both a last month's and last year's version (asked separately), and because each version could be reported as either a specific dollar value or a category, with category options varying by the number of dependents. This all resulted in a fairly intricate, multistep imputation process. The income imputation strategy employed is detailed in the following steps:

1. Classified missing income cases
  - a. Reported continuous last year's income, missing last month's income entirely
  - b. Reported continuous last year's income, reported categorical last month's income
  - c. Reported continuous last year's income, reported continuous last month's income
  - d. Reported categorical last year's income, missing last month's income entirely
  - e. Reported categorical last year's income, reported categorical last month's income
  - f. Reported categorical last year's income, reported continuous last month's income

<sup>14</sup>Because the weight sums are calculated cumulatively, the way in which the cells are sorted largely determines which records can be paired.

<sup>15</sup>The previous case refers to the ordering the sorting criteria imposed. The left endpoint on the scaled weight range for the first case in a cell is zero.

- g. Missing last year's income entirely, missing last month's income entirely
  - h. Missing last year's income entirely, reported categorical last month's income
  - i. Missing last year's income entirely, reported continuous last month's income
2. Used percentile-constrained lognormal interpolation (Couzens et al., 2016) for cases reporting last year's income categories (*d-f*), where possible (i.e., when there were enough cases with same number of people in the household to estimate lognormal parameters).
  3. Used WSHD for *d-f* cases where there were not enough cases with same number of people in the household to estimate lognormal parameters, but where there was at least one additional case with the same cross-classification of number in household and income category number (1-10)<sup>16</sup>; formed imputation cells by number in household, income category number, and Adult Medicaid Status.
  4. Used linear interpolation (uniformly select a value between category boundaries) for *d-f* cases not accounted for by 2 or 3, above.
  5. Used cases in group *c* to determine which factors were most important in predicting the ratio of last year's to last month's income (random forest variable importance, for example).
  6. For cases in *i*, used the median ratio between last year's and last month's income to impute last year's income within the cross-classification of variables identified in step 5 (again, using cases from group *c* to determine the median value).
  7. Used WSHD for cases in group *h*, with imputation cells defined by the cross-classification of number of people in the household, last month's income category number (1-10), and Adult Medicaid Status.
  8. Use WSHD for cases in group *g* (imputing last year's and last month's income simultaneously from the same donor), with imputation cells defined by the cross-classification of Adult Medicaid Status, Adult Race, and Adult Gender.
  9. For cases in *b*, *e*, and *h* with a reported categorical last month's income value, used a three-step interpolation/imputation approach equivalent to what was applied to last year's income in steps 2-4.
  10. For cases in *a* and *d* with no reported last month's income information, used WSHD with imputation cells defined by the cross-classification of number of people in the household, categorized last year's income, and Adult Medicaid Status.

---

<sup>16</sup> Cutpoints used to define category boundaries differ across groups defined by the number of people in the household (ranging from 1 to 15+ persons).

**Table 5-1. Classification and Sorting Order for Imputation Variables**

Imputation Variables	Classification and Sorting Order														
	Phone Type	Region	Adult Gender	Adult Race	Adult Education Attainment	Adult Age	Adult Insurance Status	Adult Medicaid Status	No. of Children in Household	No. of Children in Family	No. of Adults in Family	Child Race	Child Age	Child Insurance Status	Poverty Status, 400%
County	C														
Adult Gender	C	C													
Adult Race	C	C	C												
Adult Education Attainment	C	S	S	S											
Adult Age	C	C	C	C											
Adult Insurance Status	C	C	S	C	S	S									
Adult Medicaid Status	S	C	S	C	S	S	C								C
Number of Children in Household	C	C		C	C	S									
Number of Children in Family	S	C		S	C	S			C						
Number of Adults in Family	S	S		C	S	S				C					
Family Members Supported by Income	S	S		S	S	S				C	S				
Number of Landlines in Household	S	C		S	S	S									

(continued)

**Table 5-1. Classification and Sorting Order for Imputation Variables (continued)**

Imputation Variables	Classification and Sorting Order																
	Phone Type	Region	Adult Gender	Adult Race	Adult Education Attainment	Adult Age	Adult Insurance Status	Adult Medicaid Status	# of Children in Household	# of Children in Family	# of Adults in Family	Child Race	Child Age	Child Insurance Status	Poverty Status	Adult Health Status	Adult Job Status
Number of Adults in Household <sup>b</sup>	S	S		S	S	S			C <sup>c</sup>		C <sup>a</sup>						
Days Covered by Insurance	S	S		S	S	S	S	C									
Without Phone for 24+ hrs (not cell)	C			S													
Without Phone for 24+ hrs (not landline)	C			S													
Child Gender	C	C															
Child Race	S	C		C	S												
Child Age		C			S	S <sup>d</sup>											
Child Insurance Status		S		C	C	S	C										
Child Medicaid Status		S			C	S		C				C		C			
Adult Health Status	S	S		C	S	S									C		
Adult Days Mental Health affected activities	S	S		C	S	S									C	C	
Intimate Partner Violence	S	S	C	C	S	S									C		
Child Health Status	S	S										S	S		C		

(continued)



**Table 5-1. Classification and Sorting Order for Imputation Variables (continued)**

Imputation Variables	Classification and Sorting Order																
	Phone Type	Region	Adult Gender	Adult Race	Adult Education Attainment	Adult Age	Adult Insurance Status	Adult Medicaid Status	# of Children in Household	# of Children in Family	# of Adults in Family	Child Race	Child Age	Child Insurance Status	Poverty Status	Adult Health Status	Adult Job Status
Adult Job Status	S	S	C	C	S	S	C								C		
Adult Retired	S	S	C	C	S	S									C		C

C – Variable used in formation of imputation cells.

S – Variable used for sorting within imputation cells.

<sup>a</sup> Number of adults in family was collapsed into three levels (1, 2, 3, or more).

<sup>b</sup> Only imputed for landline cases.

<sup>c</sup> Number of children in household was collapsed into three levels (1, 2, 3, or more).

<sup>d</sup> Adult age was collapsed into six levels (19–24, 25–34, 35–44, 45–54, 55–64, 65+).

<sup>e</sup> Donors limited to respondent cases.

### 5.3.3 Amount of Item Nonresponse

Across all the variables imputed, the level of missing data ranged from 0.15% (number of children in household) to 13.74% (number of other landline phone lines). In general, of the 30 items imputed, all but intimate partner violence and landline without phone service had fewer than 10% of responses missing. *Table 5-2* shows the number and percentage of missing data for each item imputed.

**Table 5-2. Number and Percentage of Missing Data for Imputed Variables**

Variable	Nonrespondents	Respondents	% Missing
B4C2—Length of having current Medicaid plan	542	29,526	1.80
D30—Rate general health status	617	29,451	2.05
D30I—Past 30 days, mental health prevented work/activities	1,119	28,949	3.72
H77—Highest level of education completed	2,149	27,919	7.15
H84_A1—Number of family members supported by income	2,774	27,294	9.23
H84_A2—Last month gross income	2,217	27,851	7.37
H84_A3—Last year's gross income	2,376	27,692	7.90
I90A—Child age	348	29,720	1.16
INSRD_A—Adult Insurance Status	98	29,970	0.33
INSRD_C—Child Insurance Status	165	29,903	0.55
L125--Child Health Status	137	29,931	0.46
MEDICD_A—Adult covered by Medicaid	475	29,593	1.58
MEDICD_C—Child covered by Medicaid	546	29,522	1.82
P148—Child gender	174	29,894	0.58
RACE5_A—Race Ethnicity Adult, 5 categories	576	29,492	1.92
RACE5_C—Race Ethnicity Child, 5 categories	171	29,897	0.57
S9—Ohio FIPS County Code, Respondent Provided	107	29,961	0.36
S9-TYPE—Survey County Type	405	29,663	1.35
S11—Adults in family	136	29,932	0.45
S12—Children in household	44	30,024	0.15
S14—Respondent age	441	29,627	1.47
S13B—Children in family	127	29,883	0.42

(continued)

**Table 5-2. Number and Percentage of Missing Data for Imputed Variables (continued)**

Variable	Nonrespondents	Respondents	% Missing
S15—Respondent gender	104	29,964	0.35
Q153—Number of other landline phone lines in household	274	1,994	13.74
Q155—Without phone service 24 hours or more (not cell)	397	29,671	1.32
Q155C—Without phone service 24 hours or more (not landline)	2,011	28,057	6.69
NUM_ADULTS—Number of Adults in household (landline only)	594	25,578	2.27
G71—Last week job status,	1,858	28,210	6.18
G71RET—Retired	2,042	28,026	7.29
IPV—Intimate Partner Violence	3862	26,206	12.84

## 5.4 Weighting Strategy

The weighting strategy consisted of the following broad steps:

- Develop weights for the RDD respondents.
- Develop weights for the ABS respondents.
- Develop blended weights combining the RDD and ABS respondents.

These steps are detailed in the next three sections.

## 5.5 Weighting the RDD Sample

For the 2019 OMAS, RTI incorporated five major steps in the process to create the survey weights to ensure proper inference to the target population:

- Design-based weights
- Nonresponse adjustment
- Dual-frame adjustment
- Poststratification
- Weight trimming

This section describes these steps in detail. Further detail on using the survey weights can be found in *Appendix G, Data Usage*.

### 5.5.1 Design-Based Weight

The design-based weight (wt0) for each selected number is the inverse probability of selection. For OMAS, which used a stratified design, the design-based weight is equal to the number of telephone numbers available in a stratum divided by the number of telephone numbers selected.

### 5.5.2 Nonresponse Adjustment

The first step in the weighting adjustment process was to adjust the design-based weights (wt0) for nonresponse and other survey design factors (i.e., child oversample, number of people in the household, number of telephone lines). To account for each of these adjustments the nonresponse step was broken into three sequential parts. Each of these parts was conducted separately for adult respondents (including those with a child) and the child interviews. These parts were implemented as described below:

- **Nonresponse and ineligibility adjustment (wt1):** Within the sampling stratum (county for landline numbers and rate center county for cell phone), the design-based weights of respondents were adjusted to account for the weight of ineligible telephone numbers, unknown eligibility telephone numbers, and the eligible nonresponding telephone numbers.
- **Multiple phone number adjustment (wt2):** Respondent weights were divided by the number of phone numbers (of the phone type—landline or cell phone—being responded on) reported by the respondent (e.g.,  $wt2 = wt1/n_j$  where  $n_j = 1, 2, \dots, k^*$  is the number of phone numbers person  $j$  has capped at three for landline respondents and two for cell phone respondents).
- **Number of people in household adjustment (wt3):** To account for the sub-selection of a respondent within a household for landline respondents, the weight was multiplied by the reported number of people in the household (capped at four) (e.g.,  $wt3 = wt2 * n_h$ , where  $n_h = 1, 2, 3, \text{ or } 4$ —the number of adults in the household). A similar adjustment was made for the child weight using the number of children in the household.<sup>17</sup> No adjustment was made for cell phone respondents (i.e.,  $wt3 = wt2$ ).

### 5.5.3 Dual-Frame Adjustment

To minimize potential respondent bias, the 2019 OMAS incorporated a dual-frame design that used both landline and cell phone numbers. To maximize the likelihood of reaching a potential respondent, the OMAS design allowed for respondents to be selected from either their landline or cell phone number (if they had both). However, the weight for these dual-frame respondents needed to be adjusted to account for the fact that they could have been selected from either frame (Lu et al., 2013). To identify the dual-frame respondents, the 2019 OMAS asked each respondent if he or she had a cell phone (if responding on a landline) or landline phone (if responding on a cell phone).

The 2019 OMAS used a composite adjustment to adjust the weights of these dual-frame users. The composite adjustment blends the dual users from each frame type such that when combined the dual users count as a single entity. The blending parameter ( $\lambda$ ) is the proportion of dual frame user's weight applied to the landline frame and the complement of the blending parameter (i.e.,  $1 - \lambda$ ) is the proportion

---

<sup>17</sup> When multiple children were associated with a cell phone respondent, one child was randomly selected in a similar manner to the adult household respondent.

applied cell phone dual user's weight. Mathematically, the composite weight for all users can be written as

$$\begin{cases} wt_4 & \text{if non-dual user} \\ wt_4 \times \lambda & \text{if dual landline user} \\ wt_4 \times (1 - \lambda) & \text{if dual cell phone user} \end{cases}$$

For the 2019 OMAS, a composite factor of  $\lambda = 0.50$  was used.

Prior to deciding to use the composite method, several other dual-frame adjustment approaches were considered and compared. These approaches included a single-frame estimation approach; a composite approach with lambda set at 50%; a composite approach with lambda optimized to minimize the unequal weighting effect; and a composite approach with lambda optimized to minimize the design effect for past year's income. After comparing the standard errors for key estimates resulting from each of these approaches, it was determined that the composite approach produced the smallest standard errors. Based on this analysis, the 50/50 composite method approach was deemed most appropriate for the 2019 OMAS. The use of the composite approach differs from the 2012 and 2015 OMAS where the single frame estimation method provided the most optimal standard errors.

#### 5.5.4 Poststratification

After the dual-frame adjustment, the respondent weights were then poststratified to known control totals. This step ensures that weights of the respondents accurately reflect the distribution of the target population. In other words, this step corrects for the fact that the distribution of the respondent sample may not be the same as the distribution of the target population. To make this adjustment, RTI used the generalized exponential model (Folsom & Singh, 2002), which is a raking procedure that simultaneously controls the marginal totals. Separate models were fit for the adult respondents and the child interviews. The 2019 OMAS controlled for the following characteristics for the adult respondents:

- Age (6 levels)
- Race (5 levels)
- Gender (2 levels)
- Phone type (3 levels)
- County Type (4 levels)
- Medicaid (3 levels)
- Education (4 levels)
- Region (7 levels)
- Medicaid\*Gender (6 levels)
- Gender\*Age (12 levels)
- Medicaid\*Collapsed Age18 (9 levels)
- Education\*Age (24 levels)
- Race\*Age (30 levels)
- Gender\*Collapsed Race\*Collapsed Age (60 levels)
- Medicaid\*Collapsed Age\*Gender (18 levels)

**Table 5-3** displays the marginal control totals used for the adult population totals (population frequency), the marginal adjustment made at each characteristic level, and the minimum and maximum weight adjustment. The control totals for age, race, gender, region, education, and county came from the 5-year ACS. The control totals for phone type came from the 2018 National Health Interview Survey

<sup>18</sup> Collapsed age has three levels: 19–44, 45–64, and 65 or older.

(NCHS, 2019). The control totals for Medicaid enrollment came from the ODM. The Ohio Medicaid control totals are the average enrollment during the October–December data collection period.

**Table 5-3. Adult Sample Marginal Weighting Adjustments and Population Totals**

Adult Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
Intercept	4.8646	0.034	42.3927	8,939,341	100.0
<b>Age, years</b>					
19–24	7.1725	0.4256	26.8221	912,306	10.2
25–34	7.8307	0.4331	24.5763	1,533,104	17.2
35–44	6.7239	0.4576	27.6239	1,396,763	15.6
45–54	5.4713	0.1363	42.3927	1,488,201	16.6
55–64	4.2853	0.0899	27.959	1,612,804	18.0
65+	3.0311	0.034	19.2298	1,996,163	22.3
<b>Race</b>					
White	5.4803	0.3403	26.8221	7,225,253	80.8
Black/African American	4.4124	0.4626	16.0533	1,050,760	11.8
Hispanic	5.4948	0.8432	17.5048	283,480	3.2
Asian	11.6298	2.0174	42.3927	204,996	2.3
Other	0.8253	0.034	5.0544	174,853	2.0
<b>Gender</b>					
Male	5.3563	0.034	42.3927	4,323,338	48.4
Female	4.4795	0.0613	27.9413	4,616,003	51.6
<b>Phone Type</b>					
Cell	5.4715	0.0939	27.959	5,391,252	60.3
Mixed	5.7513	0.1839	42.3927	3,151,809	35.3
Land	1.3023	0.034	7.9977	396,280	4.4
<b>Medicaid Status</b>					
No Medicaid	5.1226	0.1051	27.6239	1,218,210	13.6
Medicaid only	2.4833	0.034	11.4211	362,421	4.1
Medicaid and Medicare	5.0615	0.0699	42.3927	7,358,710	82.3

(continued)

**Table 5-3. Adult Sample Marginal Weighting Adjustments and Population Totals (continued)**

Adult Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
<b>County Type</b>					
Rural Appalachian	4.4193	0.034	42.3927	1,372,208	15.4
Metro	5.011	0.0372	27.9413	4,893,439	54.7
Rural Non-Appalachian	4.3946	0.0613	22.9356	1,167,978	13.1
Suburban	5.2868	0.086	27.959	1,505,716	16.8
<b>Region</b>					
North Central	5.1078	0.1117	24.5763	550,721	6.2
Northeast	5.9701	0.0561	42.3927	2,744,670	30.7
Northeast Central	4.9407	0.0908	22.9873	628,372	7.0
Northwest	4.136	0.0613	18.3446	448,758	5.0
South Central	3.9929	0.034	19.2044	1,726,912	19.3
Southeast	4.2685	0.0669	16.8155	674,853	7.5
Southwest	4.8786	0.0466	26.2841	2,165,056	24.2
<b>Education</b>					
Less than high school	5.6542	0.1655	42.3927	827,284	9.3
High school	4.9474	0.0944	27.959	2,949,650	33.0
Some college	5.144	0.046	27.9413	2,729,663	30.5
College or more	4.3099	0.034	24.5685	2,432,744	27.2

The child weights were poststratified to the following characteristics:

- Age (4 levels)
- Race (5 levels)
- Gender (2 levels)
- Phone type (3 levels)
- Medicaid (2 levels)
- Region (7 levels)
- Gender\*Age (8 levels)
- County Type (4 levels)
- Race\*Age (20 levels)
- Medicaid\*Gender (4 levels)

*Table 5-4* displays the marginal control totals used for the child population totals (population frequency), the marginal adjustment made at each characteristic level, and the minimum and maximum weight adjustment.

Table 5-4. Child Sample Marginal Weighting Adjustments and Population Totals

Child Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
Intercept	12.3125	2.2119	29.6311	2,750,101	100.0
<b>Age, years</b>					
<1	8.7664	2.5174	21.3232	134,205	4.9
1-5	13.1649	2.6118	29.6311	686,150	24.9
6-12	14.0878	2.2119	29.2438	1,013,687	36.9
13-18	10.9087	2.8456	28.2653	916,059	33.3
<b>Race</b>					
White	13.692	3.2495	27.6673	1,958,249	71.2
Black/African American	7.7935	2.2119	12.7141	384,347	14.0
Hispanic	11.0948	3.8359	18.827	168,146	6.1
Asian	17.6624	7.8924	29.6311	65,809	2.4
Other	14.2966	3.5559	26.1106	173,550	6.3
<b>Gender</b>					
Male	12.3472	2.5174	28.2653	1,410,523	51.3
Female	12.2763	2.2119	29.6311	1,339,578	48.7
<b>Phone Type</b>					
Cell	12.6949	2.5174	29.6311	2,078,497	75.6
Mixed	12.7562	3.3212	29.2438	613,707	22.3
Land	5.0259	2.2119	10.1643	57,897	2.1
<b>Medicaid Status</b>					
Medicaid	13.0862	2.8319	29.6311	1,170,969	42.6
Not Medicaid	11.7954	2.2119	23.6975	1,579,132	57.4
<b>County Type</b>					
Rural Appalachian	11.7227	2.5174	23.332	409,047	14.9
Metro	12.4451	2.2119	29.6311	1,494,578	54.3
Rural Non-Appalachian	11.9227	3.2495	25.427	377,212	13.7
Suburban	12.7753	3.5032	26.2002	469,264	17.1

(continued)



**Table 5-4. Child Sample Marginal Weighting Adjustments and Population Totals (continued)**

Child Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
<b>Region</b>					
North Central	13.2087	4.2446	22.3609	170,002	6.2
Northeast	15.0597	2.8207	29.6311	787,845	28.6
Northeast Central	14.6316	3.8359	26.6541	193,226	7.0
Northwest	9.9642	3.2495	16.8614	147,871	5.4
South Central	9.4195	2.2119	17.6509	560,274	20.4
Southeast	11.5289	2.9768	18.4552	198,427	7.2
Southwest	12.9588	2.6118	23.6682	692,456	25.2

### 5.5.5 Weight Trimming

The final step in the weighting process was to trim the extreme weights. This step is conducted to ensure that no one respondent has too much influence on the estimates. Weight trimming is useful to improve precision by reducing the variation in the weights. However, too much trimming may introduce bias in the estimates. Therefore, an analysis was conducted to determine the smallest level of weight trimming that sufficiently improved precision without introducing the potential for bias. As a part of this analysis, weight trimming levels of the largest 1%, 2.5%, 5%, and 7.5% of weights were compared. This comparison was conducted at the state and county levels.

For the 2019 OMAS, based on the analysis results, no weight trimming was deemed necessary.

### 5.5.6 Design Effects

To help evaluate the impact of the 2019 OMAS sample design and weighting adjustments on the variability of estimates, RTI and the OMAS EC reviewed the design effects (DEFF; Kish, 1965) for key outcomes at the state and county levels. The design effect is defined as:

$$DEFF = \frac{\text{sampling variance of a complex design}}{\text{sampling variance of a simple random sample}}$$

For a proportion, which most of OMAS estimates are, this formula translates to:

$$DEFF_{prop} = \frac{v(\hat{p})_{complex}}{v(\hat{p})_{SRS}}$$

Where  $\hat{p}$  is the estimated proportion;  $v(\hat{p})_{SRS}$  is the estimated variance of the estimated proportion, assuming a simple random sample; and  $v(\hat{p})_{complex}$  is the estimated variance of the estimated proportion, considering the complex survey design.

Factors in the 2019 OMAS design that contributed to the design effect include the following:

- **Stratification:** For both the landline and cell phone samples, a stratified design was used at the county (or rate center county) or subcounty level. When the outcome of interest is homogeneous within a stratum, the design effect can be reduced.
- **Oversampling:** To meet the precision requirements for key subpopulations of the 2019 OMAS, the sample allocation to each stratum was altered from a proportional allocation to give more sample to strata where certain subpopulations of interest (e.g., African Americans, rural residents) were likely to reside. Any deviation from a proportional allocation is considered an oversample of one or more strata. Oversampling creates variation in the probabilities of selection, which increases the design effect.
- **Within-household selection:** One adult person for the landline sample and one child (if any were present) within each household were selected. Because the number of adults (or children) varied across households, the probability of selection for people in a household differed across households. This differing probability of selection increases the design effect.
- **Weight adjustments:** To reduce the potential for nonresponse and coverage bias, differential weight adjustments were applied to respondents. If response and coverage propensities varied greatly among subpopulations, the design effect may have increased as a result of these adjustments. In addition, weight trimming can be applied to the final set of weights to reduce the design effect of an estimate but, for the 2019 OMAS the design effects were small enough without weight trimming that no weight trimming was implemented.

In general, the combination of the above factors led to a design effect greater than one. To illustrate the design effects in the 2019 OMAS, *Table 5-5* presents the design effects at the state and Medicaid region levels for the percentage of adults and children insured, respectively; the percentage of adults and children on Medicaid, respectively; and the mean self-reported health status of adults and children (five-point Likert scale), respectively. *Table 5-6* presents the design effects at the county level for the percentage of adults insured, the percentage of adults on Medicaid, and the self-reported health status of adults (five-point Likert scale). As seen in the tables, some design effects were less than one. This occurred for estimates in counties where no oversampling occurred, the weight adjustments were not differential across respondents, and the outcome was homogeneous across respondents (e.g., most children insured).

**Table 5-5. Design Effects at the State and Medicaid Region Levels for Adult and Child Estimates of Key Outcomes**

Medicaid Region	Insurance		Medicaid		Self-Reported Health Status	
	Adult	Child	Adult	Child	Adult	Child
State	2.3	1.96	1.87	1.94	2.25	1.92
North Central	1.81	2.9	1.91	1.82	1.83	1.54
Northeast	2.33	1.2	1.63	1.47	1.89	1.65
Northeast Central	2.26	1.71	1.71	1.59	2.07	1.54

(continued)

**Table 5-5. Design Effects at the State and Medicaid Region Levels for Adult and Child Estimates of Key Outcomes (continued)**

Medicaid Region	Insurance		Medicaid		Self-Reported Health Status	
	Adult	Child	Adult	Child	Adult	Child
Northwest	3.71	6.09	1.68	4.59	3.14	3.35
South Central	2.32	1.44	1.75	2.83	2.5	2.51
Southeast	2.12	1.55	1.97	1.87	2.78	1.88
Southwest	2.06	2.17	2.12	1.7	2.28	1.59

**Table 5-6. Design Effects at the County Level for Adult Estimates of Key Outcomes**

County	Insurance	Medicaid	Self-Reported Health Status
Adams	3.01	1.99	1.64
Allen	1.41	1.16	2.30
Ashland	1.54	1.19	1.51
Ashtabula	1.98	1.52	1.73
Athens	1.23	2.82	3.67
Auglaize	8.26	1.31	2.12
Belmont	1.32	1.25	4.57
Brown	1.66	1.77	2.60
Butler	2.05	1.66	1.78
Carroll	1.17	1.15	1.62
Champaign	4.69	3.49	2.21
Clark	1.55	1.43	1.76
Clermont	1.50	1.42	1.64
Clinton	1.26	1.17	1.26
Columbiana	1.80	1.58	1.73
Coshocton	0.90	2.25	2.68
Crawford	2.64	2.08	1.90
Cuyahoga	2.96	1.78	1.88

(continued)

**Table 5-6. Design Effects at the County Level for Adult Estimates of Key Outcomes (continued)**

County	Insurance	Medicaid	Self-Reported Health Status
Darke	3.37	1.36	3.61
Defiance	3.21	0.95	1.55
Delaware	1.93	2.07	1.82
Erie	4.13	1.61	2.62
Fairfield	1.45	1.37	2.00
Fayette	1.17	1.08	1.72
Franklin	2.25	1.71	2.15
Fulton	1.46	1.71	2.13
Gallia	1.00	1.56	3.25
Geauga	2.05	1.15	2.74
Greene	1.95	1.46	1.65
Guernsey	1.54	1.22	1.93
Hamilton	1.98	2.62	2.44
Hancock	1.60	3.90	4.17
Hardin	1.54	1.36	2.57
Harrison	1.03	1.27	3.24
Henry	1.20	1.93	1.52
Highland	1.37	1.99	1.40
Hocking	1.92	1.37	1.76
Holmes	1.50	1.08	1.19
Huron	1.64	1.18	1.54
Jackson	1.84	1.67	1.47
Jefferson	1.59	1.69	1.62
Knox	1.31	1.02	4.53
Lake	1.36	1.47	1.53
Lawrence	1.68	2.47	2.57
Licking	1.84	1.28	1.56
Logan	1.28	1.41	5.37
Lorain	1.97	1.31	1.96
Lucas	1.94	1.51	2.06

(continued)

**Table 5-6. Design Effects at the County Level for Adult Estimates of Key Outcomes (continued)**

County	Insurance	Medicaid	Self-Reported Health Status
Madison	1.64	1.28	1.36
Mahoning	1.50	1.45	1.80
Marion	1.39	1.39	1.85
Medina	1.66	1.79	1.72
Meigs	1.34	3.05	4.07
Mercer	1.52	0.99	4.03
Miami	1.77	1.35	1.58
Monroe	1.90	5.46	4.00
Montgomery	1.74	1.96	2.58
Morgan	1.52	4.42	2.96
Morrow	3.99	1.12	1.70
Muskingum	1.65	1.98	1.66
Noble	1.30	1.37	1.40
Ottawa	0.94	1.32	1.37
Paulding	1.71	1.25	1.53
Perry	1.68	1.11	1.72
Pickaway	2.09	1.92	1.56
Pike	2.08	2.24	1.75
Portage	1.31	1.45	1.54
Preble	1.75	1.92	2.56
Putnam	0.83	1.20	4.46
Richland	1.76	1.25	1.54
Ross	1.02	1.73	5.95
Sandusky	1.79	1.33	1.43
Scioto	2.73	1.67	3.13
Seneca	1.06	0.97	1.56
Shelby	1.33	1.13	2.99
Stark	1.71	1.44	2.01
Summit	1.79	1.30	1.68

(continued)

**Table 5-6. Design Effects at the County Level for Adult Estimates of Key Outcomes (continued)**

County	Insurance	Medicaid	Self-Reported Health Status
Trumbull	1.78	1.80	2.22
Tuscarawas	3.36	2.71	2.60
Union	1.72	0.60	2.03
Van Wert	1.54	1.03	1.67
Vinton	1.65	3.03	1.77
Warren	1.65	1.37	1.72
Washington	1.33	1.90	2.06
Wayne	1.89	1.25	1.96
Williams	1.92	1.49	1.57
Wood	1.78	3.65	1.49
Wyandot	1.43	1.32	2.04

## 5.6 Weighting the ABS Sample

The ABS pilot weighting plan consisted of five steps:

1. Create base weight
2. Eligibility adjustment
3. Nonresponse adjustment
4. Person-level design weight
5. Coverage adjustment

In this section, each step in the weighting process is described.

### 5.6.1 Create Base Weight

The ABS supplement used a stratified simple random sample to select housing units within each of the six sampling strata (h) listed in Table 2-6. As such, the based (design) weight (WT\_HH) is computed as:

$$WT_{HH} = \frac{N_h}{n_h}$$

Where  $N_h$  is the number of housing units within stratum h and  $n_h$  is the number of housing units sampled within stratum h.

### 5.6.2 Eligibility Adjustment

The OMAS ABS supplement included three mailings to each sampled household. After each mailing a subset of the cases were identified as “undeliverable address.” **Table 5-7** presents the number of times a case was identified as being an undeliverable address.

**Table 5-7. Number and Percentage of Undeliverable Addresses**

Number of Times Undeliverable	Number of Cases	Percentage of Cases
Never undeliverable	5,670	87.8
Undeliverable on one mailing <sup>1</sup>	55	0.9
Undeliverable on two mailings <sup>2</sup>	341	5.3
Undeliverable on three mailings <sup>3</sup>	390	6.0

<sup>1</sup> Of the three mailings made, one was returned as undeliverable and the other two had no response.

<sup>2</sup> Of the three mailings made, two were returned as undeliverable and the other one had no response.

<sup>3</sup> All three of the mailings were returned as undeliverable.

Cases with one or more undeliverable address mailings were coded as “out-of-scope” for the study. As such, these sampling units were ineligible for the study. However, any other housing unit where no residency was confirmed is considered eligible. Therefore, an eligibility adjusted weight ( $WT_{HH\_E}$ ) was defined as follows:

$$WT_{HH\_E} = \begin{cases} 0 & \text{if undeliverable} \\ WT_{HH} & \text{otherwise} \end{cases}$$

### 5.6.3 Nonresponse Adjustment

To correct for nonresponse, the eligibility adjusted weight for responding households was adjusted to account for the weight of eligible nonresponding households. For this step, because of the small sample sizes, within each stratum, a simple ratio adjustment was used. As such, the nonresponse adjusted weight ( $WT_{HH\_NR}$ ) will be calculated for stratum  $h$  as:

$$WT_{HH\_NR_h} = WT_{HH\_E_h} \times \frac{\sum_h WT_{HH\_E_h}}{\sum_h (WT_{HH\_E_h} \times I_h)} \times I_h$$

Where  $I_h$  is an indicator of response for stratum  $h$  (i.e.,  $I_h = 1$  indicates a responding household and  $I_h = 0$  indicates a nonresponding household).

### 5.6.4 Person-level Design Weight

Under the ABS supplement protocol, one adult and one child (when present) were randomly selected to participate in OMAS. Responding adults indicate the number of adults in the household ( $n_{ia}$ ) and when present, the number of children ( $n_{ic}$ ). Because the nonresponse adjusted weight is a household-level weight, the purpose of the person-level design weight is to adjust the weight such that it represents the number of persons within each stratum rather than households. As such the person-level design weight

consisted of two weights: (1) an adult weight (WT\_A1), and (2) a child weight (WT\_C1). These two weights are defined as:

$$WT\_A1 = WT\_HH\_NR_h \times n_{ia}$$

and

$$WT\_C1 = WT\_HH\_NR_h \times n_{ic}$$

### 5.6.5 Coverage Adjusted Weight

The final weight adjustment is to correct the person-level design weight for any coverage deficiencies through a poststratification adjustment. In this step, calibration models similar to the ones fit for the RDD frame respondents will be created. These models will poststratify respondents based on population totals from the 2018 5-year ACS. Because of the small sample size in the pilot, the poststratification is conducted across all five counties combined and fit with how the ACS data is presented. To control for differences in each county, county type (metropolitan, suburban, and rural) will be included in the model. Because of the sample size in the pilot, a stepwise modeling approach is used to fit the following characteristics:

- County type (metropolitan, suburban, rural)
- Age category (19-24, 25-34, 35-44, 45-54, 55-64, 65+)<sup>19</sup>
- Race/ethnicity (White non-Hispanic, Black non-Hispanic, Hispanic, Other)<sup>20</sup>
- Gender (male/female)
- Medicaid status (yes/no)

Ideally, the adult and child ABS weights accurately represent each county type. Therefore, in addition to the main effects, the interaction of each characteristic with county type was included in the model.

The resulting weights from the poststratification model is WT\_A\_ABS and WT\_C\_ABS for adults and children, respectively.

## 5.7 Combining the RDD and ABS Weights

The final 2019 OMAS dataset consists of a combined set of RDD and ABS supplement respondents. The blended OMAS weighting plan consisted of two steps:

1. Blending of the final RDD and ABS supplement weights
2. Poststratification adjustment to correct for any coverage error in the blending process

### 5.7.1 Blending of Final RDD and ABS Supplement Weights

The final RDD weights and ABS supplement weights were blended to ensure that the combined sample did not overrepresent any population in the state. The RDD weights are representative of Ohio, and the ABS supplement weights are representative of the five supplement counties. Therefore, an

<sup>19</sup> Age categories will be combined to 19–44, 45–64, and 65+ if sample sizes do not support more detailed categories.

<sup>20</sup> Hispanic may be combined with Other if sample size too small.



adjustment is needed to ensure that the combined file does not double-represent people in the state. Furthermore, because persons with no phone coverage were excluded from the counties where the ABS supplement did not occur, the blended estimates excluded these cases from the five ABS supplement counties. A total of 67 ABS respondents were excluded because they indicated that they did not have a cell phone or landline phone in their household—about 4.2% of ABS supplement respondents.

The blending methodology used a dual-frame adjustment method (Hartley, 1964). Under Hartley’s method a blending parameter ( $\lambda$ ) is applied to cases which appear on the two frames. In this case, all persons in the RDD sample overlap with the ABS frame but those respondents from the ABS frame who indicate that they do not have a landline phone or cellphone do not overlap with the RDD frame.

The input for the blended weights were the weighted RDD cases and weighted ABS cases. The dual-frame adjusted weight was defined for adults and children as:

$$WT\_A\_BLEND = WT_{A\_RDD} \times \lambda_A + WT_{A\_ABS} \times (1 - \lambda_A)$$

for adults and

$$WT\_C\_BLEND = WT_{C\_RDD} \times \lambda_C + WT_{C\_ABS} \times (1 - \lambda_C)$$

for children.

To determine the best blending parameter, four options were considered:

1. The proportion of respondents
2. An even blending parameters (i.e.,  $\lambda = 0.5$ )
3. A reduced ABS blending parameter (i.e.,  $\lambda = 0.05$ )
4. An extremely reduced ABS blending parameter (i.e.,  $\lambda = 0.01$ )

Under option 1, the proportion of respondents is calculated and applied at the county level.

*Table 5-8* presents the blending parameters which are used under this option.

**Table 5-8. Blending Parameters for Adult and Child Weights Under Proportional Option**

County	Sample Size (Adult)		Blending Parameter (Adult)	Sample Size (Child)		Blending Parameter (Child)
	RDD	ABS		RDD	ABS	
Montgomery County	1,617	492	0.77	356	86	0.81
Lake County	434	530	0.45	98	110	0.47
Athens County	240	200	0.55	53	42	0.56
Gallia County	94	106	0.47	26	21	0.55
Washington County	242	233	0.51	51	42	0.55

### 5.7.2 Poststratification of Blended Weights

Because the poststratification models for the RDD and ABS weights are different, a final poststratification of the combined samples is needed to ensure that the blended estimates match population totals. The poststratification model is similar to the RDD poststratification model for adults and children, respectively, with the only exception being the inclusion of control totals for phone type. A poststratification adjustment was made for each of the blended weight options.

For adults, the final blended poststratification model included the following population attributes:

- Age (6 levels)
- Race (5 levels)
- Gender (2 levels)
- Phone type (3 levels)
- County Type (4 levels)
- Medicaid (3 levels)
- Education (4 levels)
- Region (7 levels)
- Medicaid\*Gender (6 levels)
- Gender\*Age (12 levels)
- Medicaid\*Collapsed Age21 (9 levels)
- Education\*Age (24 levels)
- Race\*Age (30 levels)
- Gender\*Collapsed Race\*Collapsed Age (60 levels)
- Medicaid\*Collapsed Age\*Gender (18 levels)

The final resulting weights will be identified by WT\_A\_BLEND.

*Table 5-9* displays the marginal control totals used for the adult population totals (population frequency), the marginal adjustment made at each characteristic level, and the minimum and maximum weight adjustment.

The child weights were poststratified to the following characteristics:

- Age (4 levels)
- Race (5 levels)
- Gender (2 levels)
- Phone type (3 levels)
- Medicaid (2 levels)
- Region (7 levels)
- Gender\*Age (8 levels)
- County Type (4 levels)
- Race\*Age (20 levels)
- Medicaid\*Gender (4 levels)

The final resulting weights will be identified by WT\_C\_BLEND.

<sup>21</sup> Collapsed age has three levels: 19–44, 45–64, and 65 or older.

Table 5-9. Adult Sample Marginal Weighting Adjustments and Population Totals

Adult Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
Intercept	0.9999	0.9653	1.0131	8,939,341	100.0
<b>Age, years</b>					
19–24	0.9994	0.9653	1.0102	912,306	10.2
25–34	1.0002	0.9883	1.0131	1,533,104	17.2
35–44	1	0.9725	1.0093	1,396,763	15.6
45–54	0.9999	0.9881	1.0077	1,488,201	16.6
55–64	0.9998	0.985	1.0057	1,612,804	18.0
65+	0.9998	0.98	1.0092	1,996,163	22.3
<b>Race</b>					
White	0.9998	0.9835	1.0066	7,225,253	80.8
Black/African American	1.0009	0.9653	1.0093	1,050,760	11.8
Hispanic	0.9996	0.9881	1.0102	283,480	3.2
Asian	1.0009	0.9903	1.0131	204,996	2.3
Other	0.997	0.9725	1.0085	174,853	2.0
<b>Gender</b>					
Male	0.9999	0.9653	1.0102	4,323,338	48.4
Female	0.9998	0.9835	1.0131	4,616,003	51.6
<b>Phone Type</b>					
Cell	0.9996	0.9653	1.0131	5,391,252	60.3
Mixed	1.0003	0.9749	1.0112	3,151,809	35.3
Land	0.9993	0.9806	1.0077	396,280	4.4
<b>Medicaid Status</b>					
No Medicaid	1.0005	0.9755	1.0131	1,218,210	13.6
Medicaid only	1.0006	0.9653	1.0092	362,421	4.1
Medicaid and Medicare	0.9997	0.9744	1.013	7,358,710	82.3
<b>County Type</b>					
Rural Appalachian	1.000	0.9653	1.0129	1,372,208	15.4
Metro	1.0001	0.9735	1.013	4,893,439	54.7
Rural Non-Appalachian	1.000	0.9742	1.0108	1,167,978	13.1
Suburban	0.9989	0.9725	1.0131	1,505,716	16.8

(continued)

**Table 5-9. Adult Sample Marginal Weighting Adjustments and Population Totals (continued)**

Adult Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
<b>Region</b>					
North Central	1.000	0.9751	1.013	550,721	6.2
Northeast	0.9994	0.9725	1.0103	2,744,670	30.7
Northeast Central	1.000	0.9747	1.0102	628,372	7.0
Northwest	1.000	0.9742	1.0091	448,758	5.0
South Central	0.9997	0.9735	1.0127	1,726,912	19.3
Southeast	1.0008	0.9744	1.0131	674,853	7.5
Southwest	1.0002	0.9653	1.0129	2,165,056	24.2
<b>Education</b>					
Less than high school	0.9995	0.9653	1.013	827,284	9.3
High school	1.0002	0.9742	1.0131	2,949,650	33.0
Some college	0.9999	0.9725	1.0129	2,729,663	30.5
College or more	0.9995	0.9735	1.0112	2,432,744	27.2

*Table 5-10* displays the marginal control totals used for the child population totals (population frequency), the marginal adjustment made at each characteristic level, and the minimum and maximum weight adjustment.

**Table 5-10. Child Sample Marginal Weighting Adjustments and Population Totals**

Child Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
Intercept	0.9998	0.714	1.404	2,750,101	100.0
<b>Age, years</b>					
<1	0.985	0.714	1.400	134,205	4.9
1–5	1.0002	0.8588	1.1386	686,150	24.9
6–12	1.001	0.9074	1.0946	1,013,687	36.9
13–18	1.0005	0.7443	1.404	916,059	33.3

(continued)

**Table 5-10. Child Sample Marginal Weighting Adjustments and Population Totals (continued)**

Child Variable	Marginal Weight Adjustment	Adjustment Factor		Population	
		Minimum	Maximum	Frequency	Percentage
<b>Race</b>					
White	1.0003	0.9362	1.0438	1,958,249	71.2
Black/African American	1.0019	0.9266	1.0849	384,347	14.0
Hispanic	0.9976	0.8588	1.1386	168,146	6.1
Asian	0.9874	0.714	1.404	65,809	2.4
Other	0.9969	0.8852	1.1165	173,550	6.3
<b>Gender</b>					
Male	1.0001	0.714	1.404	1,410,523	51.3
Female	0.9995	0.7443	1.400	1,339,578	48.7
<b>Phone Type</b>					
Cell	0.9995	0.714	1.400	2,078,497	75.6
Mixed	1.0007	0.7476	1.404	613,707	22.3
Land	1.0031	0.8995	1.1165	57,897	2.1
<b>Medicaid Status</b>					
Medicaid	1.0002	0.7153	1.3988	1,170,969	42.6
Not Medicaid	0.9996	0.714	1.404	1,579,132	57.4
<b>County Type</b>					
Rural Appalachian	1.0027	0.7184	1.404	409,047	14.9
Metro	0.998	0.714	1.3945	1,494,578	54.3
Rural Non-Appalachian	1.000	0.7454	1.4	377,212	13.7
Suburban	1.003	0.7153	1.4015	469,264	17.1
<b>Region</b>					
North Central	1.000	0.8588	1.3973	170,002	6.2
Northeast	1.0018	0.7156	1.3945	787,845	28.6
Northeast Central	1.000	0.7488	1.400	193,226	7.0
Northwest	1.000	0.7454	1.3903	147,871	5.4
South Central	1.0002	0.714	1.4015	560,274	20.4
Southeast	1.0049	0.7184	1.404	198,427	7.2
Southwest	0.9998	0.714	1.404	2,750,101	100.0

### 5.7.3 Evaluation of Blended Weights

Using the final poststratified weights, the four blended options were evaluated by comparing estimates and standard errors for key estimates in the survey instrument. Estimates were reviewed at the statewide, county type, and county levels. The findings were the following:

- Estimates and standard errors at the statewide level did not vary much.
- Estimates at the county type level did not vary much but the standard errors were slightly larger as the blending parameter decreased.
- Estimates differed slightly under the proportional and even blending parameter options but did not differ under the options which down weight the ABS supplement.

Based on these findings, the reduced ABS blending parameter ( $\lambda = 0.05$ ) was selected. Since not all counties had ABS respondents, this option allowed for the inclusion of the ABS sample without introducing potential measurement error because only five counties had the ability to respond by web or paper.

## 5.8 Estimation

The 2019 OMAS used a complex survey design. As such, special procedures are required to properly calculate the standard error of estimates. This section details the approach for proper estimation. Examples of how to use existing software (e.g., Stata, SUDAAN, SAS, and R) are presented in *Appendix G, Data Usage*.

### 5.8.1 Estimation Approach

Estimates in the 2019 OMAS can be produced through Taylor series linearization (TSL). TSL is a computational procedure that uses the sampling design, including strata and clusters, to estimate standard errors. For clustered designs, standard errors are estimated from the standard error among clusters; for stratified designs, such as OMAS, standard error are estimated within each stratum. Estimates of standard errors of means are available through formula; more complex estimates are then functions of means so that derivatives are used to linearize the variance. More information about Taylor series variance estimation for sample survey data is available in Woodruff (1971); Fuller (1975); Lohr (2010); Levy and Lemeshow (2008); Särndal, Swensson, and Wretman (1992); Lee, Forthofer, and Lorimor (1989); and Wolter (1985).

### 5.8.2 Estimation Variables

To calculate the TSL standard errors, the analyst needs the stratum identifiers, cluster identifiers, and analysis weights. The required variables for the 2019 OMAS are the following:

- **WT\_A:** analysis weight for adults
- **WT\_C:** analysis weight for children
- **STRATUM:** stratification indicator

The 2019 OMAS had some strata for which there is only one child respondent in a stratum. In these cases, estimation requires the use of either the grand mean or collapsing strata.

## 5.9 Public-Use and Restricted-Use Files and Other Documentation

The 2019 OMAS is available to the public in two forms (1) a public-use file (PUF) and (2) a restricted-use file (RUF). The PUF is available for download without any restriction. The RUF is available to the public after applying to and getting permission from the GRC. The PUF has gone through disclosure review and survey items that pose a disclosure risk have been either suppressed (i.e., removed from the datafile) or coarsened (i.e., levels collapsed to have more respondents per level). The RUF has less suppression and coarsening, but, for this reason, requires additional information from the researcher to obtain the RUF.

In addition to the PUF and RUF, additional documentation related to the OMAS are available. The additional documentation includes substantive briefs and other related reports.

All datafiles and documentation can be obtained on the OMAS website at <http://grc.osu.edu/OMAS>





---

## References

---

- Bassett, S. S., Magaziner, J., & Hebel, J. R. (1990). Reliability of proxy response on mental health indices for aged, community-dwelling women. *Psychology and Aging, 5*, 127–132.
- Berzofsky, M. E., Peterson, K. C., Lu, B., Speizer, H., & Sahr, T. (2015). Use of a reimbursement to increase the proportion of prepaid cellphone respondents. In *Proceedings for 70th Annual American Association for Public Opinion Research Conference*, pp. 3923–3936. Alexandria: American Statistical Association.
- Berzofsky, M. E., Blanton, C. W., Peterson, K. C., Lu, B., Speizer, H., & Sahr, T. (in press). Use of a reimbursement to increase the proportion of prepaid cellphone respondents. *Proceedings of the 70th Annual American Association for Public Opinion Research Conference*, Hollywood, FL.
- Berzofsky, M. E., Lu, B., Weston, D., Couzens, G. L., & Sahr, T. (2015). Considerations for the use of small area analysis in survey analysis for health policy: Example from the 2015 Ohio Medicaid Assessment Survey. In *Proceedings for 70th Annual American Association for Public Opinion Research Conference*, pp. 3963–3976. Alexandria: American Statistical Association.
- Berzofsky, M. E., Peterson, K. C., Speizer, H., Lu, B., & Sahr, T. (2019a). Assessing the use of a pre-field screening service to identify nonworking cellphone numbers in Ohio. *Survey Practice, 10*(1), 1–10. doi:10.29115/SP-2019-0004
- Berzofsky, M. E., Scruggs, C. B., Speizer, H., Peterson, K., Lu, B., & Sahr, T. (2019b). A method for accounting for classification error in a stratified cellphone sample. *Journal of Survey Statistics and Methodology*, smx033. doi:10.1093/jssam/smx033
- Berzofsky, M. E., Scruggs, C. B., Speizer, H., Lu, B., & Sahr, T. (2019c). Coverage Gap: Out-of-State Telephone Numbers for State Surveys. Presented at the 2019 AAPOR conference.
- Biemer, P., Murphy, J., Zimmer, S., Berry, C., Deng, G., & Lewis, K. (2017). Using bonus monetary incentives to encourage web response in mixed-mode household surveys. *Journal of Survey Statistics and Methodology, 6*(2). doi:10.1093/jssam/smx015
- Couzens, G. L., Berzofsky, M. E., & Peterson, K. C. (2016). Income interpolation from categories using a percentile-constrained inverse-CDF approach. In *Proceedings of the 70th Annual American Association of Public Opinion Research Conference*, Hollywood, FL.
- Ellis, B. H., Bannister, W. M., Cox, J. K., Fowler, B. M., Shannon, E. D., Drachman, D., . . . Giordano, L. A. (2003). Utilization of the propensity score method: An exploratory comparison of proxy-completed to self-completed responses in the Medicare Health Outcomes Survey. *Health and Quality of Life Outcomes, 1*, 47. doi:10.1186/1477-7525-1-47
- Epstein, A. M., Hall, J. A., Tognetti, J., Son, L. H., & Conant, L. (1989). Using proxies to evaluate quality of life. *Medical Care, 27*(Suppl. 3), 91–98.

- Folsom, R. E., Jr., & Singh, A. C. (2002). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. In *Proceedings of the American Statistical Association, Survey Research Methods Section* (pp. 598–603). Alexandria, VA: American Statistical Association.
- Fowles, J. B., Rosheim, Z. K., Fowler, E. J., Craft, C., & Arrichiello, L. (1999). The validity of self-reported diabetes quality of care measures. *International Journal for Quality in Health Care, 11*, 407–412.
- Fuller, W. A. (1975). Regression analysis for sample survey. *Sankhyā, Series C, 37*, 117–132.
- Hartley, H.O. (1962). Multiple Frame Surveys. In *American Statistical Association Proceedings of the Social Statistics Section, 1961* (pp. 203–206). Washington, DC: American Statistical Association.
- Iannacchione, V. G. (1982). *Weighted sequential hot deck imputation macros*. Paper presented at the Seventh Annual SAS User's Group International Conference, San Francisco.
- Kish, L. (1965). *Survey Sampling*. Wiley, Hoboken, NJ.
- Kovar, M. G., & Wright, R. A. (1974). An experiment with alternate respondent rules in the National Health Interview Survey. In *American Statistical Association Proceedings of the Social Statistics Section, 1973* (pp. 311–316). Washington, DC: American Statistical Association.
- Lee, E. S., Forthofer, R. N., & Lorimor, R. J. (1989). *Analyzing complex survey data*. Beverly Hills, CA: Sage.
- Levine, B. A., Berzofsky, M. E., Hampton, J. C., & Battles, H. (2019). Telephone surveys under different frame constructions—evaluating differences in estimates, precision, and cost. *International Journal of Social Research Methodology, 22*(4), 417–430.  
<https://doi.org/10.1080/13645579.2018.1563969>
- Levy, P.S., & Lemenshow, S. (2008). *Sampling of Populations: Methods and Applications*, 4th ed. Hoboken, NJ: Wiley.
- Lifsher, M. (2013, February 22). More cellphone users switch to prepaid plans. *Phys.Org*. Retrieved from <http://phys.org/news/2013-02-cellphone-users-prepaid.html> at <http://phys.org/news/2013-02-cellphone-users-prepaid.html>
- Lohr, S. L. (2010). *Sampling: Design and analysis*, 2nd ed. Boston, MA: Brooks/Cole.
- Lu, B., Berzofsky, M. E., Sahr, T., Ferketich, A., Blanton, C. W., & Tumin, R. (2014, May). *Capturing minority populations in telephone surveys: Experiences from the Ohio Medicaid Assessment Survey series*. Poster presented at the 69th Annual American Association for Public Opinion Research Conference, Anaheim, CA.
- Lu, B., Peng, J., & Sahr, T. (2013). Estimation bias of different design and analytical strategies in dual-frame telephone surveys: An empirical evaluation. *Journal of Statistical Computation and Simulation, 83*(12), 2352–2368. doi:10.1080/00949655.2012.692369
- Mathiowetz, N. A., & Groves, R. M. (1985). The effects of respondent rules on health survey reports. *American Journal of Public Health, 75*, 639–644.

- National Center for Health Statistics. (2004). *NCHS staff manual on confidentiality*. Hyattsville, MD: Author. Retrieved from <http://www.cdc.gov/nchs/data/misc/staffmanual2004.pdf>
- National Center for Health Statistics (NCHS). (2019). National Health Interview Survey Early Release Program, Table 1: Modeled estimates (with standard errors) of the percent distribution of household telephone status for adults aged 18 and over, by state: United States, 2019. Hyattsville, MD: Author. Retrieved from [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Wireless\\_state\\_201912-508.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Wireless_state_201912-508.pdf)
- Perkins, J. J., & Sanson-Fisher, R. W. (1998). An examination of self- and telephone-administered modes of administration for the Australian SF-36. *Journal of Clinical Epidemiology*, *51*(11), 969–973.
- Särndal, C. E., Swensson, B., & Wretman, J. (1992). *Model assisted survey sampling (Springer series in statistics)*. New York: Springer-Verlag.
- Scruggs, C. B., Berzofsky, M. E., Duffy, Jr., T. P., Lu, B., & Sahr, T. (2018). Consumer cellular database: More efficient, but at what cost? In AAPOR Proceedings, Survey Research Methods Section (pp. 3084-3092). Alexandria, VA: American Statistical Association.
- Tarnai, J. Schultz, M., & Moore, D. L. (2009). Characteristics of cell phone only, listed, and unlisted telephone households. *Survey Practice*, *2*(7). doi:10.29115/SP-2009-0035
- Todorov, A. (2003). Cognitive procedures for correcting proxy response biases in surveys. *Applied Cognitive Psychology*, *17*, 215–224. doi:10.1002/acp.850
- Wolter, K. M. (1985). *Introduction to variance estimation*. New York: Springer-Verlag.
- Woodruff, R. S. (1971). A simple method for approximating the variance of a complicated estimate. *Journal of the American Statistical Association*, *66*, 411–414.



---

***Appendix A: Pilot Test Report***

---

September 17, 2019

# 2019 Ohio Medicaid Assessment Survey

## Pilot Test Report

Prepared for

**Ohio Colleges of Medicine  
Government Resource Center**

Attn: Timothy R. Sahr  
157 Pressey Hall  
Columbus, OH 43210  
Telephone: (614) 366-3175  
E-mail: [timothy.sahr@osumc.edu](mailto:timothy.sahr@osumc.edu)

Prepared by

**RTI International**  
3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

RTI Project Number 0217102.000.002

---

---

# Table of Contents

---

Chapter	Page
1. Objectives of the 2019 OMAS Pilot Test	A-5
2. Sample	A-6
2.1. Sample Frame .....	A-6
2.2. Disposition of Pilot Sample .....	A-6
3. Instrument Development	A-6
4. Data Collection for the 2019 OMAS Pilot Test	A-7
4.1. Training .....	A-7
4.2. Location and Dates of the OMAS Pilot Test.....	A-7
5. Results of the 2019 OMAS Pilot Test	A-8
5.1. Instrument Timing .....	A-8
5.2. Breakoffs .....	A-10
5.3. Item Nonresponse .....	A-10
6. Interviewer Comments and Recommendations	A-11

## Appendixes

A:	2019 OMAS Questionnaire.....	A-13
B:	Sample Dispositions.....	A-14

---

## ***List of Exhibits***

---

<b>Number</b>	<b>Page</b>
Exhibit 1. 2019 OMAS Pilot Training Agenda .....	A-8
Exhibit 2. Interview Time by Module.....	A-9
Exhibit 3. Interview Breakoffs by Section, Question, and Last Call Disposition.....	A-10
Exhibit 4. Item Nonresponse by Question and Type of Nonresponse .....	A-11



---

# 1. Objectives of the 2019 OMAS Pilot Test

---

RTI International and the Government Resource Center (GRC) at the Ohio State University (OSU) conducted a pilot test of the 2019 Ohio Medicaid Assessment Survey (2019 OMAS). This report describes the methods and results of the pilot test. The 2019 OMAS Pilot Test was conducted under the supervision of the OMAS Executive Committee, which consists of leadership from the state agencies participating in OMAS (Ohio Medicaid, Ohio Department of Health, Ohio Department of Aging, Ohio Department of Mental Health), GRC, and RTI.

The primary purpose of the 2019 OMAS Pilot Test was to replicate the conditions for full-scale survey data collection. The pilot test sample was a random subset of the cellphone sample selected for the main survey. The 2019 OMAS survey instrument (*Appendix A*) was specified and programmed for computer-assisted telephone interviewing (CATI) for the pilot test. All other survey protocols designed for the main study, including interviewer training, data collection procedures, and data management routines, were developed in time to be implemented in the pilot test. The objectives of the pilot test were to test the accuracy of the CATI program, assess questionnaire flow and burden, evaluate respondent understanding of questionnaire and survey terms, identify potential fielding issues, and develop an improved understanding of interviewer training needs.

The pilot test and main study had several methodological differences. The pilot test was conducted over 4 days, and therefore a more restricted call-attempt protocol was implemented. The pilot test was conducted only in English, only with the cellphone sample, and with no attempts to convert refusals. Given these methodological differences, the results of the 2019 OMAS Pilot Test cannot be projected to the general population of Ohio. This restriction does not limit the utility of the results in answering the objectives outlined above.

The remainder of this report is organized into the following sections:

- **Sample:** Section 2 outlines how the OMAS sample was framed and drawn for the pilot and how it was managed to fulfill the requirements.
- **Instrument Development:** Section 3 outlines the process undertaken to develop the 2019 OMAS data collection instrument.
- **Data Collection for the 2019 OMAS Pilot Test:** Section 4 details the location, date, and time of the training; the number of people trained; and the topics covered during the training.
- **Results of the 2019 OMAS Pilot Test:** Section 5 outlines issues with the CATI instrument (including wording/flow, respondent understanding, interviewer administration, open-ended responses, and nonresponses) and includes data on interview time by module, breakoffs, and item nonresponse.
- **Interviewer Comments and Recommendations:** Section 6 summarizes feedback received from pilot test interviewers and supervisors during debriefing sessions and presents recommendations to address identified issues.

---

## **2. Sample**

---

### **2.1 Sample Frame**

The pilot sample frame consisted of the cellular random-digit-dial (RDD) frame of Ohio cellphone numbers. The sample was randomly selected from all cellphone numbers with an Ohio area code. For the pilot sample, 15,000 numbers were selected. To improve the efficiency of the sample, each number had an activity flag appended to it that designated the status for the past month as active, inactive, or unknown. Cellphone numbers flagged as inactive (31%) were screened out as ineligible for the study. Therefore, 10,376 cellphone numbers were loaded to Voxco for the pilot.

### **2.2 Disposition of Pilot Sample**

There were 110 completed interviews in the pilot. Appendix B presents the final disposition for all 10,376 released, sampled cellphone numbers.

---

## **3. Instrument Development**

---

Before pilot testing, RTI conducted multiple levels of review and testing of the 2019 OMAS instrument. The 2017 OMAS instrument was used as a starting point for the 2019 OMAS instrument. The instrument was initially reviewed by stakeholders from the state of Ohio during a series of meetings beginning on May 21, 2019. Changes included deleting questions, adding new questions, moving question locations, revising skip instructions, and revising question wording. During this process, RTI survey methodologists provided an expert review of the content as well as the potential for multiple interpretations of questions.

While the instrument was under final agency director review, RTI staff began programming the instrument. Changes from the review were then integrated into the programmed instrument. RTI internal CATI testing was conducted from August 8 through August 22, 2019, with client testing beginning on August 20. This testing process continued until the launch of the pilot study.

RTI worked closely with the OMAS Executive Committee to identify survey construct issues and prioritize program modifications identified during pre-testing prior to the launch of the pilot test, with a focus on skip patterns and question/response wording. In Section 6, we examine instrument issues that were identified during pilot study data collection.

---

## 4. Data Collection for the 2019 OMAS Pilot Test

---

### 4.1 Training

RTI conducted 2019 OMAS pilot training on August 19 and 20 at RTI's Research Operations Center in Raleigh, North Carolina. The 2019 OMAS Data Collection Trainers—Marion Schultz, Rachael Rosenberg, and Dakisha Locklear—led the training sessions with assistance from quality and supervisory leads assigned to the project. Sixty-nine interviewers and six supervisors participated in and successfully completed the pilot training.

Interviewers had to complete training and certification before beginning “live” calling. Experienced interviewers attended an 8-hour CATI training/project training. Topics covered during project training focused heavily on the survey's background and structure, study-specific protocols and procedures, pronunciation, and answers to frequently asked questions.

During training, interviewers participated in two round-robin mock interviews and a paired-practice mock interview. Pilot certification involved completing a background quiz and two oral quizzes and successfully attending and participating in training sessions and exercises. Interviewers had to score 80% on the background quiz and 100% on both oral quizzes to become certified and begin calling.

*Exhibit 1* shows the 2019 OMAS pilot training agenda.

### 4.2 Location and Dates of the OMAS Pilot Test

Interviewing for the pilot started on Thursday, August 22, 2019, and continued through Sunday, August 25, 2019. All telephone interviewing took place at RTI's Research Operations Center in Raleigh, North Carolina.

Pilot testing was completed using English-language versions of the instrument for the cellphone sample; the goal was to complete approximately 100 interviews. The instrument versions fielded for the pilot had undergone extensive review, editing, and testing by members of the RTI and OSU project management teams.

The OMAS telephone interviewers made calls from 9:00 am to 9:00 pm on weekdays, 9:30 am to 6:00 pm on Saturday, and 1:00 pm to 9:00 pm on Sundays. At the conclusion of interviewing, RTI had obtained 110 completed interviews.

**Exhibit 1. 2019 OMAS Pilot Training Agenda**

<b>Evening 1: Project/CATI Training Agenda</b>	
15 minutes	Welcome
20 minutes	System security protocols for accessing CATI system
15 minutes	CATI training, disposition coding review
80 minutes	Project training, general interviewing review
15 minutes	BREAK
60 minutes	Round-robin (adult instrument only)
20 minutes	Paired practice
15 minutes	Logging off properly
<b>Evening 2: Project/CATI Training Agenda</b>	
5 minutes	Q&A sessions
15 minutes	Emotional distress and sensitivity
30 minutes	Round robin (adult w/ child)
55 minutes	Paired practice
15 minutes	BREAK
15 minutes	HIPAA training
10 minutes	Respondent rights, confidentiality agreements
40 minutes	Paired practice
35 minutes	Certification quizzes: Oral FAQ quiz Oral pronunciation quiz
10 minutes	Wrap-up

---

## **5. Results of the 2019 OMAS Pilot Test**

---

This section describes the results of the 2019 OMAS Pilot Test, including instrument timing, breakoffs, and item nonresponse.

### **5.1 Instrument Timing**

During the pilot, the mean interview time for all respondents was 34.22 minutes, with a median time of 32.02 minutes. The minimum interview time was 18.43 minutes, and the maximum interview time was 71.68 minutes. Approximately 75% of all interviews were completed in less than 40 minutes.

The mean interview time for respondents administered the adult instrument was 30.91 minutes, with a median time of 29.76 minutes. The minimum interview time for cases administered the adult instrument was 18.43 minutes, and the maximum interview time was 57.07 minutes. Approximately 75% of all adult interviews were completed in less than 34 minutes.

During the pilot, 32 respondents were administered both the adult and child questionnaires. The mean interview time for respondents administered both the adult and child instrument was 43.44 minutes, with a median time of 42.72 minutes. The minimum interview time for respondents administered both the adult and child instrument was 27.87 minutes, and the maximum interview time was 71.68 minutes. Approximately 75% of all child interviews were completed in less than 40 minutes. *Exhibit 2* shows the mean and distributional interview times for the overall instrument and by module.

## Exhibit 2. Interview Time by Module

Module	Number of Interviews	Interview Time (in Minutes)							
		Mean	Percentiles						
			0	10	25	50	75	90	100
S—Screening Module	110	3.14	1.90	2.28	2.48	2.88	3.33	4.39	7.32
A—Current Insurance Status	110	0.40	0.18	0.26	0.28	0.34	0.40	0.65	1.63
B—Currently Insured Adult	100	2.28	1.03	1.35	1.56	2.02	2.53	3.71	8.50
C—Currently Uninsured Adult	10	0.63	0.30	0.31	0.33	0.47	0.80	1.27	1.45
D—Adult Health Status and Care Giving	110	8.65	2.80	6.33	7.33	8.31	9.98	11.12	15.13
E—Utilization and Quality of Adult Health Care Services	110	1.15	0.45	0.71	0.88	1.06	1.27	1.65	5.63
F—Access to Care and Unmet Needs of Adult	109	6.11	3.67	4.60	5.17	5.80	6.63	8.33	11.35
G—Employment	110	2.02	0.58	0.80	1.12	1.67	2.48	3.60	6.32
H—Adult Demographics and Family Income	109	3.40	1.40	1.80	2.35	2.92	4.02	5.35	11.92
Q—Household Questions	110	0.28	0.15	0.22	0.23	0.25	0.30	0.35	0.93
R—Relationship Violence	64	0.88	0.25	0.58	0.64	0.72	0.80	1.67	2.57
I—Screening Questions for Eligible Child	29	1.70	0.73	1.02	1.20	1.50	1.88	3.42	3.57
J—Child’s Insurance Coverage	24	1.10	0.53	0.57	0.60	0.78	1.38	2.18	3.12
K—Child Currently Uninsured	6	0.55	0.15	0.15	0.40	0.46	0.77	1.05	1.05
L—Health Status of Child	31	5.93	1.42	4.57	5.03	5.83	6.58	7.48	9.82
M—Utilization and Quality of Child Health Care Services	31	1.23	0.30	0.85	1.07	1.18	1.45	1.68	2.10
N—Access to Care for Child	31	0.88	0.07	0.40	0.72	0.87	1.05	1.22	1.87
O—Unmet Health Needs	31	0.29	0.10	0.13	0.18	0.28	0.37	0.43	0.70
P—Child’s Demographics	31	0.69	0.28	0.43	0.50	0.63	0.80	0.92	1.37
CL—Closing Module	110	3.11	0.80	1.38	1.75	2.47	3.48	5.21	15.78
<b>Average Total Adult</b>	<b>110</b>	<b>30.91</b>	<b>18.43</b>	<b>22.80</b>	<b>25.83</b>	<b>29.76</b>	<b>34.25</b>	<b>41.23</b>	<b>57.07</b>
<b>Average Total Child</b>	<b>32</b>	<b>11.40</b>	<b>0.73</b>	<b>8.47</b>	<b>9.68</b>	<b>12.40</b>	<b>13.61</b>	<b>14.62</b>	<b>15.95</b>
<b>Average Total (Adult and Child respondents)</b>	<b>32</b>	<b>43.44</b>	<b>27.87</b>	<b>32.33</b>	<b>34.63</b>	<b>42.72</b>	<b>51.40</b>	<b>55.63</b>	<b>71.68</b>
<b>Average Total</b>	<b>110</b>	<b>34.22</b>	<b>18.43</b>	<b>23.67</b>	<b>27.17</b>	<b>32.02</b>	<b>39.68</b>	<b>48.47</b>	<b>71.68</b>

## 5.2 Breakoffs

Seventeen breakoffs occurred in the pilot study. Only three breakoffs happened when the interviewer reached the child section of the interview; the adult instrument is considered complete for these interviews, but the child instrument is partially complete. Six breakoffs occurred at the end of the insurance status module, and three breakoffs occurred at the end of the currently insured module. The remainder of breakoffs occurred throughout the adult section (see *Exhibit 3*).

### Exhibit 3. Interview Breakoffs by Section, Question, and Last Call Disposition

Section	Question	Last Call Disposition
B	B4A	Appointment by respondent (hard)
	B4C	Appointment by respondent (hard)
	B4E	Line trouble
	B4G	Language barrier—Spanish
	B22	Appointment by other (soft)
	B22	Appointment by respondent (hard)
D	CDC_6	Hung up
	D33	Answering machine without respondent name
	D33B	Answering machine, left message
E	E62	Line trouble
F	RAFF1	Appointment by respondent (soft)
G	G75	Appointment by respondent (hard)
H	S17	Hung up
	H84	Appointment by respondent (hard)
I	P148	Refusal by respondent
L	ACES_7	Hung up
M	M135	Appointment by other (soft)

## Item Nonresponse

Item nonresponse in completed interviews was minimal throughout the instrument. *Exhibit 4* lists items that received at least three combined responses of “Refuse” or “Don’t Know.” As is common in surveys, the greatest nonresponse occurred on income questions. These questions are denoted in *Exhibit 4* with one asterisk (\*). Item nonresponse rates of 20% to 25% are common on income-related survey questions, so in that respect the 2019 OMAS is consistent with other surveys. The number of missing responses for the child items was very low, with only four items having at least three “Refuse” or “Don’t Know” responses. This finding is not surprising given that the instrument is designed to speak to the person sufficiently knowledgeable about the insurance of the child in question.

**Exhibit 4. Item Nonresponse by Question and Type of Nonresponse**

	Survey/ Question	Topic	Refuse	Don't Know	Total Nonresponse
Adult	H84_A3*	Family members' 2018 annual income	16	7	23
	H84_A2*	Family members' last month's income	13	6	19
	F_3A	Monthly rent/mortgage payment	3	12	15
	H84_A1*	Number of family members supported by family income	4	1	5
	IS_UCLA1	How often do you feel that you lack companionship?	2	2	4
	IS_UCLA2	How often do you feel left out?	2	2	4
	RAFF1	Guns of any kind kept in household	0	4	4
	B4C_CK	Covered by Healthy Families, Healthy Start...(etc.)	3	0	3
	E62	Emergency room visits in past 12 months	3	0	3
	IS_UCLA3	How often do you feel isolated from others?	1	2	3
	R1	Violence in relationships intro	0	3	3
RENT_12MO	Difficulty paying rent/mortgage past 12 months	2	1	3	
Child	DEVICE_USE	Child daily screen time	2	1	3
	I95	Child covered by health insurance	2	1	3
	I95A	Child covered by health insurance, detailed	2	1	3
	PL125A1	Child height	2	1	3

\*Income series question.

## 6. Interviewer Comments and Recommendations

Interviewers reported an overall positive experience with the pilot survey. No major issues were reported, and the staff expressed optimism about the main study. Interviewers had limited opportunities to experience a breadth of circumstances in the pilot study due to the small sample size and short timeline.

Interviewer and supervisor feedback and recommendations/actions are summarized below:

1. **Issue:** Interviewers were asked several times whether there is a website for review. The website from last round has not been updated to include 2019. This could lead some respondents to question the legitimacy of the current work.

- **Recommendation:** Update website.
2. **Issue:** While administering C1\_NEW, a respondent reported that he had never had insurance. This option is not available to select.
    - **Recommendation:** Add “Never had insurance” as a response option.
  3. **Issue:** Several staff reported that the wording of H84 is awkward for the respondent and the interviewer.
    - **Recommendation:** None. The current wording is an improvement over prior rounds, and the income series was expected to be a challenge.



---

## ***Appendix A: 2019 OMAS Instrument***

---

(See Appendix E)

## Appendix B: Sample Dispositions

**Table B-1. Distribution of Disposition Codes for the 2019 OMAS Pilot**

Disposition Code	Disposition Description	Count	Percent
1	(Intro) continue	2	0.02
1A	Answering machine without respondent name	1,968	18.96
1B	Busy/all circuits busy	132	1.28
1H	Hung up	1,247	12.02
1L	Line trouble	76	0.73
1M	Answering machine, left message	2,402	23.15
1N	Ring, no answer	1,681	16.20
1S	Answering machine with respondent name	623	6.00
2O	Appointment by other (soft)	75	0.72
2S	Appointment by respondent (hard)	81	0.78
3O	Refusal by other (gatekeeper)	279	2.69
3S	Refusal by respondent	184	1.77
3U	Hang-up refusal	162	1.56
4P	Privacy manager	94	0.91
6O	Language barrier—other/unknown	12	0.12
6S	Language barrier—Spanish	15	0.14
CC	Interview complete	109	1.05
CR	Adult interview complete, child interview refused	1	0.01
IA	All residents under 18 (age ineligible)	19	0.18
IB	Business (not a dwelling unit or household)	142	1.37
IC	Changed phone #	59	0.57
IE	Beeper/pager	1	0.01
IF	Modem/fax	8	0.08
IG	Group quarters	1	0.01
IL	Blocked line/pay phone	46	0.44
IM	Mobile/cell phone (if it is a landline sample record)	5	0.05
IS	Respondent is ineligible	68	0.66
IT	(Temporarily) disconnected	813	7.83
IW	Nonworking # (wrong or bad phone #)	43	0.41
ND	Distressed	2	0.02
NO	Respondent out of the country	1	0.01
NU	Respondent unavailable for data collection period	6	0.06
RH	Final refusal—hostile	15	0.14
W3	Disconnect by supervisor	2	0.02
	No attempt	2	0.02

---

## ***Appendix B: Interviewer Training Manual***

---

# Ohio Medicaid Assessment Study (2019 OMAS)

*Telephone Interviewer Manual*

RTI Project No.0217102

Prepared by:

**RTI International**  
[www.rti.org](http://www.rti.org)

2019

*The contents of this manual are considered proprietary and should only be used for the purposes of this contract.*

# Ohio Medicaid Assessment Survey (2019 OMAS)

## *Telephone Interviewer Manual*

RTI Project No. 0217102

Prepared by:

**RTI International**  
[www.rti.org](http://www.rti.org)

2019

[Page intentionally left blank]

---

---

# Table of Contents

---

	<b>Page</b>
1	Introduction..... 1-1
1.1	Background and Purpose ..... 1-1
1.2	Study Design..... 1-1
1.3	Sample Design ..... 1-1
1.4	Respondent Selection..... 1-2
1.4.1	Landline ..... 1-2
1.4.2	Cell Phone..... 1-3
1.4.3	Adult Proxy for Children ..... 1-3
1.4.4	Adult Proxy for Impaired Adults ..... 1-3
1.5	Data Collection Schedule..... 1-3
1.6	Project Staff ..... 1-3
2	Telephone Interviewer Responsibilities and Expectations ..... 2-1
2.1	Telephone Interviewer Responsibilities..... 2-1
2.2	Telephone Interviewer Expectations..... 2-2
3	Respondent’s Rights and Confidentiality ..... 3-1
3.1	Respondent Rights ..... 3-1
3.2	Confidentiality ..... 3-2
4	General Contacting Procedures..... 4-1
4.1	Obtaining Cooperation from Sample Members ..... 4-1
4.2	Initial Contact ..... 4-1
4.3	Elements of an Interviewing Call ..... 4-2
4.4	Strategies for Gaining Cooperation to Conduct the Interview..... 4-3
4.4.1	The First Twenty Seconds ..... 4-3
4.4.2	During and After the Call ..... 4-4
4.4.3	Answers to Common Questions ..... 4-5
4.5	2019 OMAS Toll Free Number ..... 4-6
5	Sensitivity Training..... 5-1
5.1	Sensitive Issues in 2019 OMAS ..... 5-1
5.2	Dealing with Distressed Respondents..... 5-1
5.3	Telephone Interviewer Distress ..... 5-4

6	Refusal Avoidance and Refusal Conversion.....	6-1
6.1	Dealing with Reluctant Respondents.....	6-1
6.2	Refusal Avoidance Techniques.....	6-2
6.3	Refusals.....	6-2
7	Administering the Survey .....	7-1
7.1	The Questionnaire.....	7-1
7.1.1	Key Sections in the Questionnaire.....	7-2
7.2	General Interviewing Techniques.....	7-3
7.2.1	Asking Questions.....	7-3
7.2.2	Probing.....	7-3
7.2.3	Entering Responses.....	7-4
7.3	Screening the Household .....	7-4
7.4	Monitoring and Feedback .....	7-5

## List of Exhibits

3-1	Ohio Medicaid Assessment Survey .....	3-3
4.1	2019 OMAS Frequently Asked Questions (FAQs) .....	4-6

## List of Appendices

Appendix A	Pronunciation List .....	A-1
Appendix B	Reluctance vs. Refusal Guide .....	B-1



---

# Introduction

---

## 1.1 Background and Purpose

The State of Ohio is sponsoring the 2019 *Ohio Medicaid Assessment Survey* (2019 OMAS). The 2019 OMAS has been designed to provide accurate, reliable, and representative data on health insurance coverage, use of medical services, satisfaction with and access to health care. These data will inform healthcare policy decisions and ultimately, have the potential to make a significant impact on the lives of people living in Ohio.

The 2019 OMAS is a continuation of one of the largest ongoing state-level public health surveys. The survey includes sections that focus on insurance status for both adults and children, health status and care giving, usage and access to care, unmet healthcare needs, financial stress and medical bills, food situations, and demographic information.

RTI International, a not-for-profit survey research organization in Research Triangle Park, North Carolina, has been hired to manage the data collection effort.

## 1.2 Study Design

The design of the 2019 OMAS is similar to surveys conducted in every two years since 2004. The survey was referred to as the Ohio Family Health Survey (OFHS) from 2004 through 2010 and was renamed as OMAS beginning in 2012. The 2019 OMAS study is designed as a random-digit-dial (RDD) and cell phone telephone survey using a computer-assisted telephone interview system, or CATI. Data will be collected from approximately 36,500 adults (19 years of age and older) living in Ohio. Approximately 7,000 of these interviews will include a child's proxy interview. The target population for the 2019 OMAS is non-institutionalized adult and child populations residing in the state of Ohio. The adult interview, including all screening questions, will take approximately 20 minutes to administer. The child interview will take approximately 9 minutes to complete.

## 1.3 Sample Design

The 2019 OMAS sampling plan consists of a list-assisted RDD landline sample, a RDD sample of cell phone numbers, and a supplemental African-American landline sample in the largest five primary metro counties. The landline sample frame will be stratified by Ohio's 88 counties with additional within county strata to account for the supplemental African-American sample. In total, there will be 93 landline sample strata. The sample will be allocated proportionally to each county. The largest 5 metro counties (Cuyahoga, Franklin, Hamilton, Lucas, and Montgomery) will have an additional 100 interviews allocated to them as a part of the supplemental African American sample. If the expected number of

respondents for a county based on the proportional allocation is less than 10 the allocation will be set to 10. The target for the remaining counties will be reduced in order to maintain the total desired interviews. The cellphone frame will be stratified based on the cell phone number's rate center assigned county, if the number is identified by MSG's Consumer Cellular Database and if the number is a prepaid cellphone (88 counties subset into 4 strata, yielding 352 sample strata). A cell phone number's rate center is a geographic area around the location for which the cellphone number was activated. Also, all rural counties will have a supplemental sample to achieve an additional 5,000 rural county interviews. In addition, a sample of Ohio residents with out-of-state cellphone numbers as identified by MSG's Consumer Cellular Database will be selected. These out-of-state cellphone numbers will be stratified by county and county type (metro, suburban, rural Appalachia, and rural non-Appalachia) based on the address of the cellphone owner. The strata are made up of the 13 counties with the largest proportion of phone numbers and the remainder of the counties are broken out into the 4 county types, resulting in an additional 17 cellphone sample strata. The sample will be proportionally allocated to each county. If the expected number of respondents for a county based on the proportional allocation is less than 80 the allocation will be set to 80. The target for the remaining counties will be reduced in order to maintain the total desired interviews.

The sample file will be randomly divided into replicates for release to you, the telephone interviewers, to achieve approximately 36,500 completed interviews: 7,300 from landline telephone numbers and 29,200 from cellphone telephone numbers. Since the initial sampling unit is a telephone number, we will not know who to interview until we dial the telephone number and screen for eligibility. Interviewers will screen each telephone number in the sample and determine eligibility. The following types of telephone numbers will be ineligible for the 2019 OMAS:

- Business telephone numbers.
- Telephone numbers belonging to minors (18 years or younger).
- Telephone numbers associated with a household residing outside the state of Ohio.
- Mobile telephone numbers associated with a minor (18 years or younger).

## 1.4 Respondent Selection

### 1.4.1 Landline

The landline sample will use a simplified procedure for selecting a household member. We will first ask for the number of adults in the household aged 19 or older. If it is only one person, we will select that person. For households with more than one adult we will select the individual with the most recent birthday. Using the most recent birthday method guarantees we randomly select a person from the household as opposed to just interviewing the person answering the phone. The selected respondent will then be informed of their rights and read the informed consent.

### 1.4.2 Cell Phone

For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone. If the respondent cannot complete the interview at that time, attempt to set an appointment for a more convenient time. If at any point we are told the selected respondent is not the cell phone owner, the case will be reset and rescreened. Only the owner of the cell phone can be the selected as the respondent.

### 1.4.3 Adult Proxy for Children

The 2019 OMAS includes a separate section that asks questions about a selected child in the household. We do not administer these questions with the selected child. Instead, a proxy adult will be identified to complete the survey. The proxy adult for Landline cases will be the most knowledgeable person in the household to answer questions about the child. It is possible that the selected proxy may not be the same person selected to answer the adult survey. Cell phone cases assume the owner of the phone is the most knowledgeable adult and will not ask this question. If a cell phone respondent for the child proxy answers “Don’t know” 3 times in a row to any of the questions, the survey will skip to the end.

### 1.4.4 Adult Proxy for Impaired Adults

The 2019 OMAS does allow proxy interviews for adults **only** when the selected adult has a long-term or permanent mental or physical impairment. Interviewers do not ask if a selected adult has a mental or physical impairment rather, we have this option if a household member offers this information. If this option is selected, the CATI, and not the interviewer, will adjust the questions to be asked of the proxy for the selected respondent.

## 1.5 Data Collection Schedule

A small pilot study is scheduled in August of 2019. Full study data collection will take place for 4 months from September to December 2019.

## 1.6 Project Staff

The administrative Principal Investigator for the 2019 OMAS is Timothy Sahr from the Ohio Colleges of Medicine Government Resource Center. The academic Principal Investigator is Amy Ferketich from The Ohio State University. The RTI Project Director is Tom Duffy. He is responsible for the overall administration of all aspects of the project. Nicole Lee is the Project Assistant Director, she is responsible for the overall administration of the project. Marcus Berzofsky is the Statistician who is responsible for sampling, weighting, and data analysis and reporting. Dave Schultz is the project’s Programmer who maintain the CATI instrument. Kurt Johnson is the Production Manager who is responsible for managing the overall data collection process. Marion Schultz is the Quality Assurance Manager who is responsible for overall training and quality assurance efforts. Timothy Nesius and Meagan Brackin are the Production Leads. Anel Rodriguez, Jay Yelverton, Jerry Robinson and Carolina Valenzuela are the project’s Production Shift Supervisors and will oversee most production floor

activities. Rachael Rosenberg is the Production Shift Supervisor who will oversee most monitoring activities.

---

# ***Telephone Interviewer Responsibilities and Expectations***

---

## **2.1 Telephone Interviewer Responsibilities**

As a member of the 2019 OMAS staff, you, the interviewer, play an extremely important role in the overall success of this study. You are the link to the thousands of respondents who will provide valuable information on their health insurance coverage, use of medical services, and access to health care. You are the person who develops rapport with the respondents, assures them that their participation is vital, makes them feel important, obtains their full cooperation, and provides information so they can make an informed decision about participating in the study (by administering informed consent).

It is extremely important that you help make each respondent feel at ease and comfortable with the interview. One key to accomplishing this goal is to be fully informed about the study and the data collection instruments and procedures. Helping you to become well informed about the Ohio Medicaid Assessment Survey (2019 OMAS) will be a major objective of our interviewer training for the project.

In fulfilling your role during each contact with a respondent you should:

- Communicate a positive attitude;
- Demonstrate familiarity with the questionnaire contents so that the interview proceeds in a professional manner;
- Maintain control of the interview; and
- Assume a nonjudgmental, neutral yet empathetic approach to the respondent, and the subject matter so that the sample member will feel comfortable answering the questions truthfully and completely.

As far as the respondents are concerned, they are sharing their information with a representative of the State of Ohio who cares and who will put that information to good use. Therefore, your understanding of the task and your commitment to it are crucial to the success of the survey. You are entrusted with treating all aspects of the project with the seriousness and attention deserved.

The chapters in this manual are designed to guide you through the interviewing process. Each section of the manual is devoted to a specific task. It is important for you to read it and keep it handy for reference. In addition to maintaining a pleasant, compassionate, and professional attitude toward all respondents, other interviewer responsibilities include:

- Successful completion of interviewer training for this study;
- Proper administration of the screening procedures to select individuals within households;

- Obtaining verbal informed consent to participate in the study;
- Securing cooperation from the eligible respondent to participate in the survey;
- Proper administration of the CATI interview to selected individuals in compliance with the directions in this manual;
- Observing all quality control procedures and meeting established performance standards;
- Maintaining the confidentiality of respondents and survey materials at all times;
- Filing daily time reports and other administrative records as required; and
- Committing your time and effort for the duration of the project and reporting for work as scheduled.

## 2.2 Telephone Interviewer Expectations

As an interviewer for the 2019 OMAS, you play a critical role in the success of the project. The following are our expectations for you regarding your performance and productivity while working on the 2019 OMAS.

### ***Performance Expectations***

All interviewers will be monitored for quality and quantity of their work. Project staff, Research Operations Center (ROC) Quality Experts (QE's), and OMAS Executive Committee members will be conducting monitoring sessions throughout the data collection period. Interviewers will be reviewed in terms of how consistently they read all survey questions *verbatim*, as well as to ensure that standardized interviewing techniques (probing, neutrality, etc.) are being followed at all times. You should expect to receive feedback after a monitoring session regarding your performance.

### ***Productivity Expectations***

It is extremely important that we monitor interviewer productivity very closely to ensure that we meet all data collection goals. Your productivity will be measured through various means throughout the data collection period. You will receive feedback from a supervisor on a weekly basis about your productivity.

When working on the cell-phone sample, we expect that you will make an average of 30 outbound calls per hour. Since this is an RDD study, it is likely that you will reach a high number of answering machines, disconnected numbers, etc., so you will be dialing a lot of numbers in order to reach a person. If you are not completing interviews, you should be dialing more numbers, so higher than 30 calls per hour is better.

In addition, we will require that you become “certified” before beginning to work on this project. Certification involves 4 steps:

1. Practice interviews
2. Paired mock interviews

3. Written and oral quizzes
4. Successfully completing training

No interviewer will be permitted to begin work on this study until he/she has been certified by a supervisor or project staff.

[Page intentionally left blank]



---

## ***Respondent's Rights and Confidentiality***

---

### **3.1 Respondent Rights**

The rights of survey respondents must be recognized and protected by all RTI representatives. Verbal or written assurances to respondents have no meaning if they are violated or contradicted by the actions of any member of the research team. The 2019 OMAS is collecting sensitive information from respondents, therefore we must communicate to respondents that we are doing everything to keep their information safe and secure.

RTI survey procedures are designed to protect individual rights and to comply with all applicable laws. Among the rights that must be protected are:

- The right to accurate representation;
- The right of informed consent;
- The right to refuse; and
- The right of privacy.

The **right to accurate representation** is simply an extension of honesty in interpersonal relationships. Respondents have the right to receive completely accurate information about the study, its sponsor, their requested involvement and the reasons for the study.

- *You cannot tell* respondents that the interview will take “just a minute” when you know that it will take more.
- *You cannot tell* respondents that they **must** participate in the interview for any reason.
- *You can tell* respondents that the interview will take approximately 20 minutes to complete and that you can schedule an appointment at another time if they are unable to be interviewed just then.
- *You can also tell* respondents that their participation is voluntary, but their opinions and experiences are important because they represent the health experiences of a large number of people who will not be interviewed.

The **right of informed consent** requires that respondents be provided with adequate information to make an informed decision about participation. They must be expressly informed of the purposes of the study, the procedures that will be followed, any discomforts, risks, or benefits that might be associated with participation, and sources from which additional information about the study can be obtained. The individual must also be informed that consent may be withdrawn, and participation discontinued at any time.

The **right to refuse** refers to a respondent's right to refuse to participate without fear of intimidation. While it is helpful to know why individuals do not want to participate in a study, those who refuse have no obligation to state a reason for their decision. You must distinguish between pressuring respondents to participate and providing them with sufficient information upon which to base a rational decision about participation.

The **right of privacy** is an issue that is currently receiving a great deal of attention from legislators, civil rights advocates, concerned citizens, and organizations that sponsor and conduct surveys. In addition to constitutional guarantees against invasion of privacy, specific federal legislation (The Privacy Act of 1974) assures that certain elements of an individual's personal privacy are protected against undue inquiry and subsequent use and dissemination of information collected.

At first it may seem as though recognizing respondents' rights will hinder your efforts to gain the cooperation of potential respondents. However, by adhering to the guidelines explained above, you will actually be more likely to obtain their participation. Being informative and truthful will demonstrate your integrity as an interviewer and assure the sample member of the legitimacy of the study.

### 3.2 Confidentiality

In addition to respondents' rights issues, we are concerned with *confidentiality*. We guarantee to all persons providing survey information that their responses will not be disclosed in a manner that will show identifying information. Interviewers and all other project staff members must uphold these promises of confidentiality of data collected from respondents.

The names or initials of respondents and the information obtained are not to be discussed with anyone other than authorized project personnel. All survey documents and records also must be safeguarded at all times. To be certain that the confidentiality requirements for this study are understood and that all who work on the study agree to uphold the requirements, a Confidentiality Agreement (*Exhibit 3-1*) must be read, understood and signed by each staff member before he/she begins work on the project. All project staff members are required to sign a confidentiality pledge stating that a breach of confidentiality will result in termination of their employment.

While working on the 2019 OMAS, if any notes are taken about an interview, these must remain secure in the call center and cannot be taken out of the building. Any project notes must also be destroyed properly by shredding. It is NEVER acceptable to take notes that contain any personally identifying information. Notes can, and should, reference a specific case ID. For the most part, you will not need to take notes and any questions about a case should be entered in a problem sheet. Again, no identifying information should be recorded in problem sheets.

**Exhibit 3-1. Ohio Medicaid Assessment Survey****STAFF CONFIDENTIALITY AGREEMENT**

(HR Directions employees working on the Ohio Medicaid Assessment Study)

I, \_\_\_\_\_ (*print employee's name*), an employee of HR Directions, an independent contractor utilized by RTI, agree to work on all RTI projects in accordance with the guidelines and restrictions specified below. I understand that compliance with the terms of this agreement is a condition of my assignment with RTI and that these terms are supplementary to those listed in my contract of employment with HR Directions.

- a. I affirm I have watched the Health Insurance Portability and Accountability Act (HIPPA\_
- b. I agree to treat as confidential all case-specific information obtained any RTI project and related matters. I further agree that this covenant of confidentiality shall survive the termination of this agreement.
- c. I further understand that failure to follow the guidelines below may result in a potential violation of the provisions of the Privacy Act of 1974 (violation of the Privacy Act is a misdemeanor and may subject the violator to a fine of up to \$5,000), and potential Institute disciplinary action, including termination. To fulfill confidentiality obligations, I will:
  1. Discuss confidential project information only with authorized employees of RTI.
  2. Store confidential project information as specified by project protocols.
  3. Safeguard combinations, keys, and rooms that secure confidential project information.
  4. Safeguard confidential project information when in actual use.
  5. Immediately report any alleged potential violations of the security procedures to my immediate supervisor.
  6. Not photocopy or record by any other means any confidential project information unless authorized by project leaders or my supervisor.
  7. Not in any way compromise the confidentiality of project participants.
  8. Not allow access to any confidential project information to any unauthorized person.
  9. Report any lost or misplaced confidential project information to my supervisor immediately.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Organization: HR Directions (Greene Resources)

Several measures will be implemented to ensure the security of the information gathered during each interview. These include the following:

- All project team members that might have contact with participants will sign a Pledge of Confidentiality.
- Personally, identifying information is maintained separately from the actual questionnaire responses in RTI's CATI system.
- All data are maintained in project-specific, ID/password-protected shared network folders. Only those people that have been given authorization to access those folders by the project director can access that data. The ID/password that the user logs into the secured network determines what directories and data they can access.
- All identifying information, such as first name as gathered for callback purposes only and telephone number, will be removed from the CATI system to make certain that the information cannot be traced back to the respondent.

---

## ***General Contacting Procedures***

---

### **4.1 Obtaining Cooperation from Sample Members**

It is important to the success of the survey that you become skilled at obtaining cooperation from sample members. Interviewers are expected to use their ingenuity as required during the introductory steps when requesting participation in the interview. You must be prepared, however, to deal with problem situations that may arise at any time during a contact with a respondent. Of particular importance is the fact that we are asking questions about health insurance coverage and experiences with health care, which some people may feel uncomfortable discussing. It is your job to address any concerns of the respondent and help put them at ease during the interview.

Guidelines for working with sample members to enlist their cooperation are presented below. Appropriate approaches that prove successful with various sample members should be shared during quality circle meetings and/or in discussions with your supervisor so that other interviewers can be informed and benefit from your experience.

### **4.2 Initial Contact**

First, always read the call notes before you call a case. Interviewers who contacted the case before you will have made important entries in the call notes to help you handle the next call. This could provide you with some very important information such as if a call was broken off because the respondent had concerns regarding confidentiality or to let you know that a respondent refused to participate on the previous call. It is important to note that some cases where distress occurs are coded out and not ever called back, but for other cases, where the respondent wants to continue, callbacks are made. As such, it is important that you familiarize yourself with the case notes before you call the case. If you ever have a question about whether or not you should call a case where distress is noted in the interviewer notes, ask a supervisor.

Also, be sure to check the history of the case before you dial. You can determine what the last outcomes were for the case, and know if you are keeping an appointment, following up on a broken appointment, if the appointment was broken by the respondent, or if you are following up a “no contact” outcome like “ring no answer,” “answering machine,” or “regular busy.”

Your initial contact with the respondent (or other adult) is critical in securing cooperation in the study. The first 10-20 seconds of the call are when most people make up their mind whether to hear you out, or to refuse to participate. Within the first moments of your call it is important that you convey four points:

1. You are a **professional, competent** interviewer;
2. Calling from a **legitimate and reputable** organization;
3. Engaged in **important and worthwhile** research; and
4. The respondent's **participation is vital** to the success of the research.

Your voice and words must convey credibility; it is not just *what you say* but *how you say it!* You should be serious, pleasant, and self-confident. What you say and how you sound to the person on the other end of the line impacts how well you are able to control your relationship with respondents. For example, if you sound uncertain or uncomfortable asking the questions, this feeling will be communicated to the respondent who may be reluctant to share such information experiences.

Approach all respondents as if they are friendly and interested. Assume that if they are not cordial, it is because they are not yet informed about why you are calling. An important component of this approach is to *talk with* the respondents, *not at* them. This requires that you respond interactively and listen to what the respondents say. If they believe you are really interested in their responses, they are more likely to participate.

Keep in mind that not all respondents are the same; some will agree to a screening or interview with only a brief explanation of the purpose while others will need more detail. Begin with a brief explanation and give more detail as necessary.

### 4.3 Elements of an Interviewing Call

The key to successful interviewing is being prepared for every contact that you make. Have a complete set of the appropriate materials at your workstation, organized in such a manner that you do not have to stop and search for the required documents. These materials include the Telephone Interviewer Manual and “cheat sheets” provided to you during training that gives quick answers to the top 5 most frequently asked questions and guidance on respondent distress.

The exact context of an interviewing call will vary depending on:

- What took place on previous calls to the household;
- What questions or objections the respondent has about participating; and
- The respondent's mood and current situation.

Because of these variables, every call is different, and it is impossible to provide you with one picture of what happens during a call. Below are some general rules you should follow every time you place a call:

- **Be prepared before you place a call.** Be prepared to talk to the respondents. Do not rely on your memory to answer questions. Make sure you review and understand the Frequently Asked Questions (FAQs).

- Act professionally. Convey to respondents that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.
- Make the most of your contact. Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future attempts. For example, if you are trying to contact the respondent and he/she is not available, gain as much information as you can to help us reach the respondent the next time we call. Important questions to ask include:
  - ✓ When is the respondent usually home?
  - ✓ What is the best time to reach the respondent?

#### 4.4 Strategies for Gaining Cooperation to Conduct the Interview

With each call that you make, your goal is to identify an eligible respondent and complete the interview. You will need to obtain cooperation from potentially two different individuals as follows:

- From an adult household member (19 years of age or older) in order to screen the household for eligibility, and
- From the eligible respondent (19 years of age or older) him/herself to participate in the survey.

In each of these situations you are asking an adult to spend time with you on the telephone right now to complete the screener, obtain consent, and complete the interview. You must be prepared to explain why the study is important, why it is important for the individual to participate, and address any other concerns of any of these individuals. Although this section outlines important strategies for gaining cooperation and interviewing, your success in using these strategies starts with your ability to listen carefully at all times and bring your own creative style and thinking to these strategies.

##### 4.4.1 The First Twenty Seconds

The first twenty seconds of your telephone call with a person will determine your success in gaining cooperation. Our experience shows that if you are able to get your foot in the door in the first twenty seconds of the call, you will be able to complete your task - whether it's administering the screener, obtaining consent, and/or securing cooperation to conduct the interview - on that call. If you are unsuccessful in the first twenty seconds of the call, you will be unlikely to complete your task on that call, and chances are the individual will not give you much more than twenty seconds to convey your message anyway.

If you are going to be successful in gaining cooperation, you need to develop skills and strategies to gain cooperation within the first twenty seconds of the call. Although the telephone call may sometimes last longer than twenty seconds, you will need to use the following five strategies to get your foot in the door in this portion of the call. While written in terms of the respondent, these strategies apply to other adult household members as well.

- **Listen carefully.** By listening carefully, you will know what you need to say to them next. This is a three-pronged task: hear, acknowledge, approach. First, you must hear what the respondent is saying. When you hear a respondent offering resistance, your next step is to acknowledge their concerns or feelings. You must acknowledge the objection immediately realizing that the respondent simply needs further information before they commit to the survey. Try to probe and understand the specifics of the objection so that it can be answered accurately and quickly. You must have a good working knowledge of the survey in order to realize the difference between a true objection and what may only be a concern. Then you must approach the objection with your professional and expert information. *Using the same standard spiel for each respondent is a set up for failure.* Always read the call notes, listen to the respondent and tailor your strategy for gaining cooperation accordingly.
- **Offer information.** When a respondent gives excuses as to why he/she is unable to participate in the study, many times the respondent simply does not fully understand why we are conducting the study and why it is important for them to be interviewed. Hence, a first step in gaining cooperation can be to offer the respondent more information. Of course, not just any information will do. *You need to listen carefully to identify what in particular the respondent does not seem to understand and tailor the information you provide accordingly.*
- **Establish an emotional, yet professional, connection with the respondent.** We know from experience that respondents agree to participate in interviews when interviewers establish an emotional connection about why the study is important for this particular respondent, rather than just explaining why the study is important. *When you offer the respondent more information about the study, you need to make it personal to them.*
- **Offer options.** You will often identify that what keeps the respondent from participating is not a lack of information, but that the respondent just does not have time to do the interview currently. Respondents who might otherwise participate might be busy or leaving for school or work. *You can offer options for when and how the interview is completed.* We can complete the interview in parts, any time of the day or night, on weekends, while the respondent is at work, and on any day of the week. Sometimes when you offer options, the respondents will balk at every option you provide. You might ascertain that the real issue regarding their resistance is that you have not made the purpose of the study personal to them, and you will need to provide additional information.
- **Know when you have established rapport.** You need to be able to identify the moment when you have convinced the respondent to participate and it is safe to jump into the interview. If you attempt to begin the interview before you have established rapport, you might lose the respondent completely on your current call. If you wait too long to start the interview after you have the respondent on your side, you might also lose the respondent as you provide extraneous information to the individual.

#### 4.4.2 During and After the Call

The first twenty seconds of your contact with the respondent are crucial to gaining cooperation with the respondent. However, there are a number of additional approaches and strategies which you will need to employ during and after the call with the respondent.

- **Empathize.** Let the respondent know that you understand where they are coming from. For example, if the respondent's major concern about participating is the amount of time



required, emphasize that you do understand and then explain that you will go through the interview as quickly as possible or call back at a time that is more convenient.

- **Do not argue.** Maintain a pleasant, friendly attitude and emphasize the positive: how important the study is, how important it is for this particular individual to participate, and how far we are willing to go to accommodate the respondents' needs no matter how abrasive or rude he/she is. It is helpful to get the respondent to respond positively to some statement, because this will usually lead to an interview.
- **Let the respondent know how important he/she is.** If the respondent appears to be "weakening," express a strong willingness to answer any questions and address any concerns. Do not hesitate to say outright how important it is to our study that he/she participates. Emphasize that this person is not replaceable. No one else but the respondent can supply the study with this crucial information.
- **Let the respondent know how important the study is to the sponsor and society.** Let the respondent know that their answers will directly affect policies the State of Ohio will create regarding health insurance and health care.
- **Leaving an opening for future conversion attempts.** If a respondent appears hesitant, attempt to keep a reluctant person talking by making brief, neutral statements in response to their comments. Make an effort to get a reluctant person started with the interview by asking the first question at the earliest possible moment. Once started, most respondents complete the interview.

If a respondent refuses to participate when you call, you should ask how he/she reached this decision and attempt to address the respondent's concerns. If, despite your best efforts, the respondent still refuses to participate, tell the respondent that we regret not having his/her input, and that we understand his/her reasons. Thank the respondent for his/her time and suggest that if the respondent changes his/her mind that they may contact you again and that we will be happy to conduct an interview at that time.

- **Record what happened in the call notes.** You need to write concise information about the individuals to whom you spoke and what they said to you, as well as the outcome of the call in the call notes. Remember that interviewers form a team. You might not be the next interviewer to telephone the respondent, so include in the call notes all of the information which you think the next interviewer will need to be successful.

It is helpful to view gaining cooperation as an exercise in listening to and addressing the respondent's concerns. If you are able to do so quickly, confidently, and correctly, you will have good success in gaining cooperation

#### 4.4.3 Answers to Common Questions

You must be prepared to deal with problem situations that may arise at any time during a contact with a respondent. While we do anticipate that some people may be uncomfortable answering the questions in this survey, remember that you can always reassure respondents that they do not have to answer any questions they don't want to.

In addition, there are several questions that are frequently asked by both respondents and household members. We have identified a number of these questions, and responses to them are presented in *Exhibit 4-1*. It is important that you learn the responses to these questions and that you work to adapt them to the specific concerns of a respondent. Please keep your Telephone Interviewer Manual with the full list of FAQs' at your workstation. You should become familiar with the answers so that, when a question is asked, you can quickly find the appropriate answer from the list. Not every situation that you will encounter is covered; we will supplement the questions and answers as necessary throughout the data collection period.

## 4.5 2019 OMAS Toll Free Number

If you are in a situation where the person who answers the phone seems to be cooperative, but the sample member is simply impossible to catch at home, you can leave a phone number that the sample member can call. The number you should leave is 1-877-256-8029. This will ensure that their call gets routed to an interviewer working on the 2019 OMAS who can deal with them promptly and effectively. If a respondent calls after hours they will be forwarded to a project voicemail. There will be two separate voicemail boxes where respondents can leave a message. One box will be for Spanish-speaking respondents and one for English-speaking respondents.

### Exhibit 4.1. 2019 OMAS Frequently Asked Questions (FAQs)

#### **What is this survey about? / What is the purpose of this survey?**

The purpose of the study is to help the State of Ohio gather information on health insurance coverage, the use of medical services, and problems getting health care. These data will inform healthcare policy decisions and ultimately, have the potential to make a significant impact on the lives of people living in Ohio.

#### **Why do you want to interview me?**

We would like to gather information from residents about health insurance and health care in order to help inform the State of Ohio regarding healthcare policy decisions.

#### **Who is sponsoring this study? / Who is conducting this study?**

This study is sponsored by the State of Ohio.

[IF NEEDED: health agencies in Ohio including the Ohio Department of Health, Ohio Medicaid, Ohio Department of Mental Health and Addiction Services, Ohio Department of Aging, and Ohio Department of Developmental Disabilities.].

#### **How long will this take?**

This survey will take approximately 20 minutes to complete.

#### **How do I know this remains confidential?**

I can assure you that all information that we obtain from you will be kept confidential. Your answers will never be connected with your telephone number. The answers provided will be combined with those from other participants and only reported as a group, not individually. All project staff members have signed confidentiality agreements and are prohibited by law from using the information for anything other than this research study. Any other use is a violation of Federal Law and is subject to heavy fines and imprisonment.

**Exhibit 4.1. 2019 OMAS Frequently Asked Questions (FAQs) (Continued)****I already have insurance. You don't want to interview me.**

The study seeks information from residents of Ohio regardless of insurance coverage. These data will inform healthcare policy decisions and have the potential to make a significant impact on the lives of people living in Ohio.

**I don't have insurance. You don't want to interview me.**

The study seeks information from residents of Ohio regardless of insurance coverage. These data will inform healthcare policy decisions and have the potential to make a significant impact on the lives of people living in Ohio.

**What kinds of questions are you going to ask?**

I will ask you some questions about yourself and your household, as well as about your health insurance coverage, the use of medical services, and problems getting health care. The results of this study will help shape policies and programs regarding these issues.

**What is the difference between household and family?**

For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in the home where we reach the respondent. By family, I mean two or more persons residing together who are related by birth, marriage, adoption or legal guardian.

**How can I complete the interview?**

You can complete this interview with me over the phone right now or we could schedule a more convenient time for you to complete it. It only takes approximately 20 minutes to finish.

**Who else is participating in this survey?**

Adults age 19 or older residing in the state of Ohio.

**I am not typical/representative, pick someone else/your questions don't apply to me?**

In order for the State of Ohio to get an accurate view on issues related to health insurance and health care, they need information from all kinds of people. Everyone can share their experiences with these topics. You are not replaceable.

**What will the data be used for?**

The purpose of the study is to help the State of Ohio gather information on health insurance coverage, the use of medical services, and problems getting health care. The results of this study will help shape policies and programs regarding these issues.

**What benefit do I get out of my participation?**

Some people find that being in this survey is helpful. The results of this study will help shape future programs regarding these issues.

**What is RTI International?**

RTI International is a not-for-profit survey research organization in Research Triangle Park, North Carolina, who has been hired to manage the data collection effort.

**How do I know this study is legitimate?**

If you would like to verify the legitimacy of the study or to obtain additional information, please call Kurt Johnson at RTI International. His number is 1-800-334-8571, extension 66515. If you have any questions about your rights as a research participant, please contact RTI International's Office of Research Protection toll-free at 1-855-322-2826. You may also call a representative from the State of Ohio at 1-614-466-3543.

**Exhibit 4.1. 2019 OMAS Frequently Asked Questions (FAQs) (Continued)****How do I know you are really an interviewer for this study?**

You may call my supervisor, T.J. Nesius, at RTI's Research Operations Center at 1-800-334-8571, extension 66559 to verify my employment.

**How did you get my phone number?**

We randomly selected phone numbers of people residing in the state of Ohio. We do not know who you are, and we have no other identifying information.

**I'm too busy now! / I just don't have time for your survey!**

This survey takes approximately 20 minutes to complete. We could get started now and I'll move through the questions as quickly as possible to save you time.

**Call me back next week.**

[SUCH STATEMENTS ARE USUALLY PUT-OFF TACTICS AND USUALLY WILL BE CONTINUED WHEN YOU CALL BACK. TRY TO RETAIN CONTROL OF THE SITUATION BY ESTABLISHING AN APPOINTMENT.]

O.K., I've made an appointment for you at \_\_\_\_\_ [TIME] next \_\_\_\_\_ [DAY]. If that's all right, someone will call you then. If you decide you want to complete the interview before then, you can call 1-866-256-8029 to speak with an interviewer. You'll need to give them this number for reference: Case ID \_\_\_\_\_.

**Do I have to do this/answer your questions?**

Your participation in this study is voluntary. We could begin the interview and if you do not want to answer a particular question, we can skip them at any time. [IMMEDIATELY BEGIN INTERVIEW]

**Can I refuse to answer that question?**

Yes, you can refuse to answer any questions, but please remember that your answers will be kept private and no identifying information will be given to the State of Ohio or anyone else.

**I'm not going to give you all this personal information!**

The information we collect will be kept completely private. No information that could personally identify you will be given to the State of Ohio or anyone else. No one will know who participated in the study.

**I'm not going to answer a lot of questions over the phone! / I don't do anything by phone...send it to me in the mail.**

I'm sorry. We are not able to send the survey by mail. Let me start and you can see what the questions are like. [IMMEDIATELY ASK THE FIRST QUESTION.]

**I don't want to buy anything!**

Let me assure you that we are not selling anything. We are conducting a very important research study for the State of Ohio regarding your experiences with health insurance coverage, the use of medical services, and problems getting health care.

**I think this whole business is stupid. The government has better things to do with dollars, etc., etc.**

This is a very important research study. The purpose is to help the State of Ohio gather information regarding health insurance coverage, the use of medical services, and problems getting health care. The results of this study will help shape future policies and programs regarding this issue.

**Exhibit 4.1. 2019 OMAS Frequently Asked Questions (FAQs) (Continued)****Why do you need to know the number of telephones/cell phones in my household?**

We are collecting this information for statistical purposes only. We will not ask for any additional telephone numbers.

**I don't want to confirm my telephone number.**

We are only asking to make sure that we dialed the number we intended to dial. [IF STILL WON'T CONFIRM NUMBER, MARK CASE AS A REFUSAL]

**I am on the National Do Not Call list.**

The Do Not Call list covers telemarketing and soliciting. We are gathering data for a research study and are not trying to sell you anything. The do not call list does not apply.

[Page intentionally left blank]

---

## ***Sensitivity Training***

---

### **5.1 Sensitive Issues in 2019 OMAS**

Due to the nature of the information we are seeking, there may be some items in the survey that some men or women feel uncomfortable answering. For example, some people may be hesitant to answer questions about their health experiences. During your training, you will learn skills to help reassure respondents that their answers are important and kept confidential, and their participation is appreciated. Some tactics that you will learn include:

- Reminding respondents that their answers are confidential and being familiar with the procedures we're using to protect respondent's information;
- Providing positive, neutral feedback, such as "Thank you; I understand; We appreciate your participation in this important study; It's important your opinion is included in the results, if you need to take a minute or if you would like us to call you back we can. ," etc.;
- Acknowledging a respondent's hesitancy in answering a question, such as, "It's important to find out what people think about this, so please take your time." And;
- (Only if necessary) Reminding respondents that it is okay to skip any question he/she does not feel comfortable answering.

### **5.2 Dealing with Distressed Respondents**

If the respondent displays distress during the interview, you will administer the following distress protocol and then immediately contact a supervisor to report the situation. Keep in mind that respondent distress during the interview is different from respondent anger or frustration during the introduction and consent process. By "distress" we are referring to respondents who are most likely upset by the content of the survey as it relates to their own personal experiences, not an angry household member who is refusing to complete the screening process. The respondent distress protocol includes steps to follow for different levels of distress: mild, moderate, or severe distress. If you encounter a distressed respondent, it is critical to immediately alert a supervisor so that she or he can assist you as well as escalate as appropriate.

For the 2019 OMAS, we have what we describe as a "Respondent Driven" protocol for dealing with possible distress and crisis situations. This means that we react to respondents' signs and needs by offering them choices.

**Step 1: Recognize that a respondent is possibly distressed.**

The following are signs that may indicate a respondent is possibly distressed:

- Hesitancy to answer a question or questions;
- Refusal to answer questions or to continue the interviewing process;
- Lowering of the volume or tone of voice;
- Responding in an agitated manner by raising his/her voice or using inappropriate language;
- Crying;
- Indications of tremors, a quivering in the respondent's voice;
- Hearing the respondent tap his/her fingers, or an instrument on the telephone or surface; or
- Disorganization, dissociation, or non-responsiveness to questions asked.

**Step 2: Observe the level of distress that a respondent is apparently experiencing.**

Below is a table that provides some guidance to an interviewer as to what indicators you might come across on the telephone indicating that a person may be in distress.

*NOTE: The indicators listed below are examples - not an exhaustive list.*

<b>LEVEL OF DISTRESS</b>	<b>SIGNS OR INDICATORS OF POSSIBLE DISTRESS</b>
<b>MILD</b>	<ul style="list-style-type: none"> <li>• <b>Change in voice tone or volume.</b></li> <li>• <b>Hesitancy to answer questions.</b></li> <li>• <b>Use of inappropriate language/cursing.</b></li> <li>• <b>Provides non-relevant answers to questions asked.</b></li> <li>• <b>Displays an unwillingness or hesitancy to continue</b></li> </ul>
<b>MODERATE</b>	<p><b>MILD signs plus any of the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Displays signs of distress that may include long pauses, or sighing</b></li> <li>• <b>Sobbing, weeping, and/or crying on the telephone.</b></li> <li>• <b>Displays flat voice tones.</b></li> <li>• <b>Being non-responsive</b></li> <li>• <b>Provides nonsensical/bizarre answers.</b></li> </ul>
<b>SEVERE</b>	<ul style="list-style-type: none"> <li>• <b>Talks about passive or active suicidal thoughts with or without a plan</b></li> <li>• <b>Talks about wishing another person was dead with or without a plan to kill the person</b></li> <li>• <b>Respondent asks for immediate help from emergency services or 911</b></li> <li>• <b>Respondent poses an immediate threat to themselves or someone else</b></li> </ul>



**Step 3: Respond appropriately to the situation.**

Based on your observation of the level of distress it is imperative that you react appropriately and with sensitivity. When a respondent displays emotional distress, either verbally or non-verbally (i.e., crying) you should acknowledge their distress and if appropriate offer to finish the interview at another time. Some acknowledgement phrases you may use include:

**Acknowledgement Phrases**

- “It sounds like these questions may be upsetting to you. Would you like to take a short break and get a drink of water?”
- “Would you like me to skip this question and go to the next section?”
- “Are you ok? Do you want to keep going with the interview? If not, I can call you back another time to finish.”
- “Thank you for sharing that.”
- “We appreciate you taking time to talk to us today, would it help to take a short break?”
- “These questions seem to be frustrating you, would you like me to call back at a better time to complete the interview?”
- “Sir/Ma’am, would you like to take a break and continue this at a later time?”
- “We really appreciate you telling us this.”

If the respondent continues to exhibit distressed behavior you should provide the hotline number to the Ohio Department of Mental Health and Addiction Services (1-877-275-6364). In the event the respondent chooses to terminate the interview because of distress, you should record detailed comments about the case as well as complete a problem sheet describing the distress, and then put the case in the supervisor review queue so that it can be reviewed by project staff who will determine if the case should be returned to production. All such cases will be reviewed.

Similarly, in the unlikely event that a respondent exhibits severe distress by expressing thoughts/intentions of suicide, the interviewer will stop the interview and will encourage the respondent to call the National Suicide Hotline (1-800-273-8255 (TALK)). You may also offer to transfer the respondent to that hotline. Detailed comments about any case involving suicide should be recorded in a problem sheet and immediately reported to a supervisor. Break-off interviews with potentially suicidal respondents will not be placed back into production.

**Step 4: Document the case by preparing a problem sheet**

Once a distress situation is encountered it is necessary to document the case immediately. Notify a supervisor to assist you when completing a problem sheet. Please remember, more detail and more information are better than less. The problem sheet needs to include details of the event so someone else can understand the type of distress and what actions the interviewer used when responding to the distress. The respondent’s name should not be mentioned in this documentation.

### 5.3 Telephone Interviewer Distress

You may encounter a situation in which a respondent shares an experience or says something that is beyond the scope of this project which makes you feel uncomfortable. The following are procedures for you to follow in that situation.

- Encourage the respondent to stay on track by saying, “I don’t want to take any more of your time than necessary, so why don’t I ask the next question” and quickly move on with the interview.
- If a respondent continues to share information that is making you uncomfortable, thank the respondent for their time and disconnect the call. You should make careful case notes about the nature of the conversation so that project staff can review to determine whether or not the case should be called back. Please put these cases in the supervisor review queue, and if necessary, speak to your supervisor immediately.

---

## ***Refusal Avoidance and Refusal Conversion***

---

### **6.1 Dealing with Reluctant Respondents**

Initial refusals from sample members often come before you have had a chance to explain what the study is about. Successful interviewers learn to vary their approach according to the attitude and comments of the respondents. While most respondents will be satisfied with the basic introduction, you must be prepared to answer more detailed questions if necessary. At times such questions may not be verbalized or may be hidden in another question or statement made by a potential respondent. You must become sensitive to such feelings and be prepared to deal with them. Even though not expressed, the person you wish to interview may hesitate because of various suspicions or a lack of understanding. Among the barriers you may encounter and have to overcome are:

- **Lack of understanding of this research.** The sample members may not understand what you, RTI, or the State of Ohio are doing and why. Quickly, prior to going into the more formal initial interview procedures, you need to be ready to briefly explain why this study is important and how it's being conducted. This explanation should be clear and concise.
- **Concern that personal or sensitive questions will be asked.** Explain to sample members who express or appear to have this concern that the personal or sensitive questions you will ask are necessary to make this study useful. Explain that names will never be associated with any reported information. The answers they give will be held in the strictest confidence. You may also tell them that while we hope they will answer all questions, they do not have to answer any question they do not want to answer. However, you should also emphasize that it is very critical that we get as many people as possible to answer all questions.
- **Fear that wrong answers will be given, or the interview will make the respondent seem unintelligent.** If you sense that this fear is causing reluctance, explain that we are not testing anyone, there are no right or wrong answers, and that everyone's ideas and attitudes are important to the study. Most questions simply involve recalling facts and personal experiences.
- **Belief that you are really selling something.** Unfortunately, unethical use of survey research approaches by salespeople has made people, in some areas, suspicious of interviewers. Your introduction, in which you immediately explain who you are and why you are calling, will help deal with such suspicions.

In general, when answering questions or overcoming objections, respond positively to concerns voiced and do not argue with or alienate the sample member. Listen to any questions carefully and attempt to answer them briefly. Do not respond with more details than are required to meet a concern because additional details may suggest more questions or raise new concerns. Also, when you cannot answer a question, don't hesitate to tell a respondent that you will get an answer to his/her important question and then arrange a callback appointment to provide the information.

## 6.2 Refusal Avoidance Techniques

Maintaining a positive, professional attitude:

- remain in control of the interview;
- be accommodating;
- treat respondents the way you would like to be treated;
- always use good manners; and
- remember that you are a professional representative of the State of Ohio, as well as RTI International.

Knowing what to say and when to say it:

- explain the importance of the study;
- explain our procedures;
- offer the project toll free number, 1-877-256-8029, so the respondent can check the validity of the study; and
- apologize for bothering them but explain that what we are doing is important and that their participation is necessary for the success of the study.

## 6.3 Refusals

Since the refusal rate is a large component of interview non-response, one of the most effective methods of maximizing the interview response rate is to minimize the refusal rate. The first (and most critical) step is the effort by the initial interviewer to deal effectively with reluctant sample members, therefore minimizing the incidence of initial refusals.

Interviewers need to be aware that participation by sample members is extremely important to the success of a study and that refusals cannot be accepted without reasonable efforts to convince the sample member to cooperate. Some general suggestions for dealing with potential non-respondent sample members are:

- Never take a comment or action of a sample member personally because he/she does not know you and, if your approach has been professional, he is reacting negatively for reasons beyond your control.
- Recognize that many factors may result in refusal at the time of your initial call that may not be a problem at another time (e.g., you called while the person was in the shower, napping, just leaving the house, not feeling well); a call at another time may find the person in different circumstances and more receptive.
- Attempt to keep a reluctant respondent talking by making **brief** and **neutral** statements in response to their comments.
- Never refer to a previous refusal directly. Review the event level comments and be ready to address specific concerns.

In spite of the best efforts of interviewers, refusals do occasionally occur. If you do encounter a refusal, analyze what happened to see if you could have handled the situation better. If necessary, discuss the situation with your supervisor or a team leader to see if he/she can suggest a way you could have handled the situation better. Generally, such cases will be followed up by someone else in an effort to obtain cooperation, so it's important that you provide adequate documentation of the refusal.

When you code a case as a refusal, be sure to provide thorough information about the nature of and reasons for the refusal. This is the only information that our refusal conversion interviewers will have at their disposal as they subsequently try to convert these cases. Their success in converting these cases into completed interviews depends, in large part, on how fully and accurately you document the reasons given for the refusal and other relevant details via your comments so they can prepare an appropriate approach. Always try to be the interviewer that other interviewers want to follow, not the interviewer that makes people wonder if all the information was recorded accurately.

And remember, a professional interviewer never harasses or unduly pressures a respondent. On the other hand, interviewers need to be aware that participation by respondents is extremely important to the success of a study and that refusals cannot be accepted without reasonable efforts to convince the respondent to cooperate

[Page intentionally left blank]

---

## Administering the Survey

---

### 7.1 The Questionnaire

When administering the questionnaire, CATI will route you to the correct questions based on the responses of the sample member. The questionnaire is divided into five sections containing different modules described below. Depending on the respondent's answers, the interview is expected to take approximately 20 minutes to complete.

#### Opening Section

Intro	Introduction
	Screener and Cell Phone Usage

#### Health Insurance

SECTION A	Current Insurance Status
SECTION B	Currently Insured Adult
SECTION C	Currently Uninsured Adult

#### Access and Utilization of Healthcare

SECTION D	Adult Health Status & Care Giving
SECTION E	Utilization and Quality of Adult Health Care Services
SECTION F	Access to Care & Unmet Needs of Adult
F.1	Needs of Access to Care
F.2	Unmet Needs of Adult
F.3	Financial Stress & Medical Bills

#### Demographics

SECTION G	Employment
SECTION H	Adult Demographics & Family Income

#### Closing Section

SECTION Q	Household Questions
• CHILD	<b>IF APPLICABLE, Child Questionnaire</b>
CLOSING	Closing Statements
SECTION T	Interviewer Assessment of Interview Quality

### 7.1.1 Key Sections in the Questionnaire

The 2019 OMAS has some very specific definitions and detailed protocols. While the entire survey requires your keen attention to detail, some items may present more of a challenge than others. Below is a brief list of items unique to the 2019 OMAS.

- **Screening**–Please note, that for the purpose of the 2019 OMAS, an adult is considered someone 19 years of age and older. At CF1, when you ask, “May I speak with an adult?” it is important to remember that the person needs to be age 19 or older.
- **Adult**–Defined as a person **19** and older.
- **Child**–Defined as a person **18** and younger
- **Landline vs. Cell Phone**–If we anticipate calling a cell phone and instead reach someone on a landline, we will continue the interview after checking the respondent is not driving.
- **Proxy Adult Interviews**–If the selected respondent has a long term or permanent physical or mental impairment and is not capable of answering the questions over the phone, you may conduct the interview with a “proxy adult.” The proxy adult is someone who is knowledgeable about the selected person’s insurance status.
- **Proxy Child Interviews**–You will conduct the interview with the adult who is most knowledgeable regarding the child’s insurance coverage and health status. It is possible that this adult is not the same one who completed the adult questionnaire.
- **Household definition**–Household refers to all of the people who are living in the house, apartment, or mobile home where we reached the respondent.
- **Family definition**–Defined as two or more persons residing together who are related by birth, marriage, adoption or legal guardian.
- **Insurance questions**–There may be times when a respondent is not clear on a definition or a type of insurance. There are interviewer notes throughout the survey that you may read if necessary. However, you may only provide the statements and definitions listed in the survey. You may not offer your own definition or explanation to a respondent.
- **Breastfeeding** – There are a few questions that ask pregnant women about how they plan to feed the new baby. Some women may find the questions sensitive. Do not apologize for the questions. Do remind a respondent that she can skip any question she would like. In the rare event that a respondent offers that she is not keeping or delivering the baby you will not ask this set of questions. If a respondent wants to refuse any of the questions you should not attempt refusal conversions.
- **Income questions**–We will provide ranges as answer options for the respondent to select. The ranges are set based on the number of people reported in the respondent’s family (S11 and S13). Do remind the respondent that their answers are confidential, and the information will be reported at a group level.



## 7.2 General Interviewing Techniques

### 7.2.1 Asking Questions

The following are guidelines for asking questions:

- Ask the questions exactly as they are presented. Do not abbreviate or condense any question.
- Emphasize all words or phrases that are in **bold**.
- Ask every question specified, even when a respondent has seemingly provided the answer as part of the response to another question. The answer received in the context of one question may not be the same answer that will be received when the other question is asked. If it becomes cumbersome to the respondent, remind him/her gently that you must ask all questions of all respondents.
- If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question.
- Read the questions slowly, at a pace that allows them to be readily understood. It is important to remember that the respondent has not heard these questions before (at least not recently) and will not have had the exposure you have had to the questionnaire.
- Read transition statements just as they are presented. Transition statements are designed to inform the respondent of the nature of a question or a series of questions, to define a word, or to describe what is being asked for in the question. Don't create "transition statements" of your own; if you do, you risk introducing bias into the interview.
- Give the respondent plenty of time to recall past events.
- Do not suggest answers to the respondent. Your job as an interviewer is to read the questions, make sure the respondent understands what you have read, and then enter the responses. Do not assist the respondent in selecting responses.
- Ask the questions in the exact order in which they are presented.
- Words that are in ALL CAPITAL LETTERS are never to be read out loud. This includes both questions and response categories.
- Read all questions including those which may appear to be sensitive to the respondent in the same manner with no hesitation or change in inflection.

### 7.2.2 Probing

At times, it will be necessary for you to probe to obtain a more complete or more specific answer from a respondent. To elicit an acceptable response, you will often need to use an appropriate neutral or non-directive probe. The important thing to remember is **not** to suggest answers or lead the respondent. Some general rules for probing follow.

- Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question for a second time, the respondent will probably understand what information is expected.
- Use the silent probe, which is pausing or hesitating to indicate to the respondent that you need additional or better information. This is a good probe to use after you have determined the respondent's response pattern.

- Use neutral questions or statements to encourage a respondent to elaborate on an inadequate response. Examples of neutral probes are "What do you mean?", "How do you mean?", "Tell me what you have in mind.", "Tell me more about...."
- Use clarification probes when the response is unclear, ambiguous, or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. Examples of clarification probes are "Can you give me an example?" or "Could you be more specific?"
- Encourage the respondent to give his or her best guess if a respondent gives a "don't know" response. Let the respondent know that this is not a test, where there are right and wrong answers; the respondent's answers are the right answers.
- If the respondent asks you to fill in the answer or guess for him or her, let the respondent know that you can't do that, and ask the respondent if she or he requires clarification on question content or meaning.

### 7.2.3 Entering Responses

The majority of the questions you will ask include a pre-coded response. To enter a response for these types of questions, you will simply select the appropriate response option and enter the number corresponding to that response. There are some questions, however, that are open-ended—that is, you must enter a verbatim response to the question.

The conventions presented below must be followed at all times to ensure that the responses you enter accurately reflect the respondents' answers and to guarantee that questionnaire data are all collected in the same systematic manner.

- You must listen to what the respondent says and enter the appropriate answer if the response satisfies the objective of the question. If it does not appear to satisfy the objective, repeat the question.
- In entering answers to open-ended questions or "Other (SPECIFY)" categories, enter the response verbatim, exactly as it was given by the respondent.
- Enter the response immediately after it is given.
- If a respondent gives a range in response to a question, probe as appropriate for a more specific answer.

## 7.3 Screening the Household

Because we are getting our numbers from an RDD sample, we will not know who to interview until we dial the telephone number and screen for eligibility. The CATI system will provide the screening questions for you. In order to start a screening, you must verify if the individual you are speaking with is an adult, age 19 or older. The phone number must be a private residence or a non-business cell phone. Businesses will be coded out as ineligible.

Once an eligible household is confirmed, the screening process for picking the sample member may begin. If there is only one person in the household, we would select that person. For households with

more than one adult we will select the individual with the most recent birthday. For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone.

In order to ensure that the selection process is completely random, each household must be screened in the same way. Once an individual is selected as the respondent, they become the person that must be interviewed. Even if this person is hard to reach or another household member is willing to complete the interview, only the selected respondent may continue. Likewise, if a proxy adult is selected to answer questions for another adult or regarding a child, you must continue with the person selected as the proxy.

You will ask the respondent for the first name of the selected individual. If the respondent does not want to give their first name, you may ask for their initials. The purpose of asking for the first name or initials is to ensure that if a break-off occurs during the interview, the correct person can be identified when the call back is made. For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone, asking for the first name of the selected individual.

## **7.4 Monitoring and Feedback**

To ensure that performance standards set for this project are met, supervisors, project staff, and the client will monitor interviewer performance. They will be listening for application of proper interviewing techniques, and will pay attention to production rates, and the number of refusals and breakoffs experienced. The CATI system will provide summary performance data for each interviewer for review by his or her supervisor and for discussion between the supervisor and interviewer.

Quality circle meetings will be held throughout the project. The project team will meet with interviewing staff to discuss operating issues, such as progress with production, the wording and structure of interview questions, special screens, quality control monitoring, gaining cooperation during the interview, refusal conversion, and the overall interviewing environment. These meetings have been well-received by all interviewers in past studies as an opportunity for interviewer teams to provide feedback on daily operations.

[Page intentionally left blank]

---

## Appendix A: Pronunciation Guide

---

<b>Alcoholic</b>	al-kuh- <b>haw</b> -lik	<b>Islander</b>	<b>ahy</b> -luh n-der
<b>Angina</b>	an- <b>jy</b> -na	<b>Latino</b>	luh- <b>tee</b> -noh
<b>Artery</b>	<b>arturee</b>	<b>Latina</b>	luh- <b>tee</b> -nuh
<b>Ask</b>	ahsk	<b>Mexican</b>	<b>mek</b> -si-kuh-n
<b>Breast</b>	brest	<b>Molina</b>	moh- <b>lee</b> -nuh
<b>Buckeye</b>	<b>buhk</b> -ahy	<b>Myocardial</b>	mahy-uh- <b>kahr</b> -dee-uh-l
<b>Cardiologists</b>	car-dee- <b>all</b> -a-jists	<b>Ohioan</b>	oh- <b>hahy</b> -oh-en
<b>Champ-VA</b>	ch-amp- <b>vee</b> -Ay	<b>Obstetrician</b>	ob-sta- <b>trish</b> -ens
<b>Congestive</b>	kun- <b>jes</b> -tiv	<b>Orthodontists</b>	awr thuh <b>don</b> tist
<b>Coronary</b>	<b>kawr</b> -e-neree -	<b>Orthopedists</b>	ortho- <b>peed</b> -ists
<b>Dermatologists</b>	derm-a- <b>tol</b> -a-jists	<b>Pacific</b>	puh- <b>sif</b> -ik
<b>Diabetes</b>	dahy-uh- <b>bee</b> -teez	<b>Pediatrician</b>	pee-dee-uh- <b>trish</b> -uh n
<b>Excellent</b>	<b>ek</b> -suh-luh nt	<b>Respite</b>	res-pit
<b>Feeling</b>	<b>fee</b> -ling	<b>Specific</b>	spi- <b>sif</b> -ik
<b>Fidgety</b>	<b>fij</b> -i-tee	<b>Syndrome</b>	<b>sin</b> -drohm
<b>Gynecologists</b>	guy-na- <b>col</b> -a-jists	<b>Unison</b>	yoo-nuh-suh n
<b>Hygienists</b>	hy- <b>jen</b> -ist hahy- <b>jee</b> -nist	<b>Voluntary</b>	<b>vol</b> -uh n-ter-ee
<b>Infarction</b>	in- <b>fahrk</b> -shuh n		

[Page intentionally left blank]

---

## **Appendix B: Reluctance VS. Refusal**

---

Reluctance	VS.	Refusal
1. I don't think I qualify for this study.		1. Respondent uses profanity directed to the interviewer. This is not the same as casual profanity during the interview.
2. Can you pick someone else?		2. Respondent uses hate speech or racial, cultural slurs.
3. I am not really into surveys.		3. Respondent makes threatening statements to TI.
4. I am too old for this study.		4. Call me again, and I am calling the police.
5. I am hard to catch so maybe I should just skip this.		5. I am filing a complaint with the Better Business Bureau.
6. No one here has any insurance.		6. If you call again, I am contacting my lawyer.
7. I do not have any health problems.		7. (After 3 points stated) Respondent hangs up.
8. I do not think this is legit.		8. (After 3 points stated) Respondent says, "This is a waste of time, do not call me again."
9. Twenty seems like a long time.		9. Yeah, I know this is a survey for the State of Ohio about health insurance and I do not want to participate.
10. I'm on the other line now and this is not a good time.		10. I have told you 20 times to stop calling!! Do not call this evening, do not call this weekend, there is no time you can call!
11. Yeah, Yeah (hung up after 1 point)		
12. I doubt {sample member's name} will help you.		
13. I am in and out. You probably won't catch me.		
14. I'm on my way out, sorry I can't help you right now.		
15. Could you stop calling during the day?		

[Page intentionally left blank]



## Appendix C: Response Rate and Disposition Tables

Note: No telephone numbers were identified as AAPOR code 2.3 (Other Non-Refusal), so the upper and lower bounds of the cooperation rates are the same throughout the following tables.

The cooperation rates are defined as follows:

$$COOP_{LB} = \frac{\text{completes}}{\text{completes} + \text{partials} + \text{refusals} + \text{other}}$$

$$COOP_{UP} = \frac{\text{completes}}{\text{completes} + \text{partials} + \text{refusals}}$$

Note: In 2019, no telephone numbers were assigned to an “other” disposition code. The “other” disposition code consists of telephone numbers assigned to AAPOR code 2.3 (Other Non-Interview). Therefore, the upper and lower bounds of the cooperation rate are the same in this case.

**Table C-1. Overall (%)**

Sampling Phone	RR1	RR3	RR4	RR5	Coop LB	Coop UB
Landline	4.2	16.7	18.2	37.1	37.1	37.1
Cell	5.1	21.2	22.9	40.0	40.0	40.0
Overall	5.0	20.5	22.2	39.6	39.6	39.6

**Table C-2. Medicaid Region (%)**

Medicaid Region No.	Sampling Medicaid Region	RR1	RR3	RR4	RR5	Coop LB	Coop UB
1	North Central	5.4	23.0	24.6	42.5	42.5	42.5
2	Northeast	4.1	20.2	22.0	38.3	38.3	38.3
3	Northeast Central	4.5	18.4	19.8	35.3	35.3	35.3
4	Northwest	6.0	20.5	22.1	39.6	39.6	39.6
5	South Central	6.0	21.3	23.0	41.3	41.3	41.3
6	Southeast	6.4	21.4	23.1	42.8	42.8	42.8
7	Southwest	4.7	19.8	21.5	39.1	39.1	39.1

**Table C-3. County Type (%)**

Region No.	Sampling Region	RR1	RR3	RR4	RR5	Coop LB	Coop UB
1	Rural Appalachian	5.9	21.7	23.4	42.5	42.5	42.5
2	Metro	4.2	19.2	20.8	36.5	36.5	36.5
3	Rural Non-Appalachian	6.0	21.0	22.7	40.7	40.7	40.7
4	Suburban	6.4	23.2	24.8	46.4	46.4	46.4

**Table C-4. Sub-Stratum (%)**

Sub-Stratum	RR1	RR3	RR4	RR5	Coop LB	Coop UB
African American—Low Density	3.8	16.3	17.9	38.2	38.2	38.2
African American—High Density	4.6	17.3	19.6	36.9	36.9	36.9
Total	4.1	16.7	18.6	37.6	37.6	37.6

**Table C-5. Stratum (%)**

Stratum	Consolidated Stratum Description	Phone Type	RR1	RR3	RR4	RR5	Coop LB	Coop UB
1	Adams County, Ohio	Landline	5.0	29.2	31.6	48.0	48.0	48.0
2	Allen County, Ohio	Landline	8.0	18.1	20.2	42.2	42.2	42.2
3	Ashland County, Ohio	Landline	1.8	6.6	9.2	16.7	16.7	16.7
4	Ashtabula County, Ohio	Landline	4.3	15.7	16.7	40.4	40.4	40.4
5	Athens County, Ohio	Landline	8.7	25.8	25.8	36.4	36.4	36.4
6	Auglaize County, Ohio	Landline	7.2	16.1	16.1	42.9	42.9	42.9
7	Belmont County, Ohio	Landline	8.7	22.4	22.9	50.0	50.0	50.0
8	Brown County, Ohio	Landline	6.0	16.9	18.8	42.9	42.9	42.9
9	Butler County, Ohio	Landline	3.6	19.0	20.8	38.6	38.6	38.6
10	Carroll County, Ohio	Landline	4.7	31.5	35.0	52.9	52.9	52.9
11	Champaign County, Ohio	Landline	8.3	12.3	14.1	33.9	33.9	33.9
12	Clark County, Ohio	Landline	5.9	18.7	20.0	40.7	40.7	40.7
13	Clermont County, Ohio	Landline	2.9	15.0	15.9	29.2	29.2	29.2
14	Clinton County, Ohio	Landline	3.4	18.2	19.7	31.6	31.6	31.6
15	Columbiana County, Ohio	Landline	3.4	18.2	19.3	33.7	33.7	33.7
16	Coshocton County, Ohio	Landline	6.8	15.1	15.8	35.1	35.1	35.1

(continued)

Table C-5. Stratum (%) (continued)

Stratum	Consolidated Stratum Description	Phone Type	RR1	RR3	RR4	RR5	Coop LB	Coop UB
17	Crawford County, Ohio	Landline	5.6	23.9	25.8	43.1	43.1	43.1
18	Cuyahoga County, Ohio - AA Low Density	Landline	2.7	12.0	13.2	32.9	32.9	32.9
19	Cuyahoga County, Ohio - AA High Density	Landline	3.5	12.0	13.5	35.6	35.6	35.6
20	Darke County, Ohio	Landline	9.1	17.2	17.2	45.5	45.5	45.5
21	Defiance County, Ohio	Landline	9.0	23.2	24.4	46.3	46.3	46.3
22	Delaware County, Ohio	Landline	3.3	17.1	18.5	37.6	37.6	37.6
23	Erie County, Ohio	Landline	3.1	16.0	17.2	32.9	32.9	32.9
24	Fairfield County, Ohio	Landline	6.4	21.0	22.4	38.9	38.9	38.9
25	Fayette County, Ohio	Landline	3.4	13.8	15.3	33.3	33.3	33.3
26	Franklin County, Ohio - AA Low Density	Landline	4.8	17.2	18.6	43.6	43.6	43.6
27	Franklin County, Ohio - AA High Density	Landline	7.1	17.6	19.8	41.1	41.1	41.1
28	Fulton County, Ohio	Landline	4.4	13.3	13.3	30.4	30.4	30.4
29	Gallia County, Ohio	Landline	4.3	12.6	12.6	33.9	33.9	33.9
30	Geauga County, Ohio	Landline	2.2	13.4	14.1	29.2	29.2	29.2
31	Greene County, Ohio	Landline	4.8	16.6	17.9	38.7	38.7	38.7
32	Guernsey County, Ohio	Landline	4.3	14.7	17.2	30.8	30.8	30.8
33	Hamilton County, Ohio - AA Low Density	Landline	3.4	18.2	20.0	34.9	34.9	34.9
34	Hamilton County, Ohio - AA High Density	Landline	3.5	17.9	21.8	27.0	27.0	27.0
35	Hancock County, Ohio	Landline	6.8	19.3	19.3	49.2	49.2	49.2
36	Hardin County, Ohio	Landline	4.3	19.9	22.4	36.4	36.4	36.4
37	Harrison County, Ohio	Landline	5.8	19.3	19.3	33.3	33.3	33.3
38	Henry County, Ohio	Landline	6.9	27.3	27.3	61.5	61.5	61.5
39	Highland County, Ohio	Landline	4.6	16.4	20.5	33.3	33.3	33.3
40	Hocking County, Ohio	Landline	11.9	24.4	26.7	48.5	48.5	48.5
41	Holmes County, Ohio	Landline	4.3	21.8	26.2	38.5	38.5	38.5
42	Huron County, Ohio	Landline	3.6	23.1	24.9	44.8	44.8	44.8
43	Jackson County, Ohio	Landline	6.8	24.2	27.0	38.6	38.6	38.6

(continued)

**Table C-5. Stratum (%) (continued)**

<b>Stratum</b>	<b>Consolidated Stratum Description</b>	<b>Phone Type</b>	<b>RR1</b>	<b>RR3</b>	<b>RR4</b>	<b>RR5</b>	<b>Coop LB</b>	<b>Coop UB</b>
44	Jefferson County, Ohio	Landline	4.9	11.7	12.9	29.7	29.7	29.7
45	Knox County, Ohio	Landline	7.4	13.2	15.2	36.4	36.4	36.4
46	Lake County, Ohio	Landline	3.0	12.1	13.4	36.3	36.3	36.3
47	Lawrence County, Ohio	Landline	5.9	16.3	18.0	37.0	37.0	37.0
48	Licking County, Ohio	Landline	5.8	15.1	15.8	39.7	39.7	39.7
49	Logan County, Ohio	Landline	11.8	19.9	19.9	55.6	55.6	55.6
50	Lorain County, Ohio	Landline	2.4	10.8	12.6	32.1	32.1	32.1
51	Lucas County, Ohio - AA Low Density	Landline	5.4	22.6	24.3	41.9	41.9	41.9
52	Lucas County, Ohio - AA High Density	Landline	4.2	24.4	27.3	30.9	30.9	30.9
53	Madison County, Ohio	Landline	5.6	16.1	16.8	38.3	38.3	38.3
54	Mahoning County, Ohio	Landline	4.5	19.2	20.3	41.0	41.0	41.0
55	Marion County, Ohio	Landline	4.5	15.6	16.9	38.2	38.2	38.2
56	Medina County, Ohio	Landline	2.8	17.7	19.4	41.1	41.1	41.1
57	Meigs County, Ohio	Landline	10.3	27.6	27.6	54.8	54.8	54.8
58	Mercer County, Ohio	Landline	9.2	18.4	20.0	41.8	41.8	41.8
59	Miami County, Ohio	Landline	3.8	14.4	15.8	31.8	31.8	31.8
60	Monroe County, Ohio	Landline	8.1	29.1	29.1	37.8	37.8	37.8
61	Montgomery County, Ohio - AA Low Density	Landline	4.8	16.4	19.2	41.4	41.4	41.4
62	Montgomery County, Ohio - AA High Density	Landline	4.7	11.6	13.0	40.2	40.2	40.2
63	Morgan County, Ohio	Landline	6.7	17.1	21.3	47.1	47.1	47.1
64	Morrow County, Ohio	Landline	6.3	19.7	23.3	40.7	40.7	40.7
65	Muskingum County, Ohio	Landline	8.6	16.2	18.5	39.8	39.8	39.8
66	Noble County, Ohio	Landline	0.8	5.5	11.1	8.3	8.3	8.3
67	Ottawa County, Ohio	Landline	2.3	23.2	23.2	41.2	41.2	41.2
68	Paulding County, Ohio	Landline	5.3	32.1	32.1	56.3	56.3	56.3
69	Perry County, Ohio	Landline	7.9	28.1	28.1	41.0	41.0	41.0
70	Pickaway County, Ohio	Landline	7.2	19.0	19.0	37.8	37.8	37.8
71	Pike County, Ohio	Landline	7.3	30.4	33.2	44.0	44.0	44.0

(continued)

Table C-5. Stratum (%) (continued)

Stratum	Consolidated Stratum Description	Phone Type	RR1	RR3	RR4	RR5	Coop LB	Coop UB
72	Portage County, Ohio	Landline	4.9	14.6	15.2	47.8	47.8	47.8
73	Preble County, Ohio	Landline	5.7	10.2	10.2	32.4	32.4	32.4
74	Putnam County, Ohio	Landline	13.4	20.8	20.8	41.9	41.9	41.9
75	Richland County, Ohio	Landline	5.8	14.3	15.6	35.2	35.2	35.2
76	Ross County, Ohio	Landline	10.6	14.5	14.5	36.7	36.7	36.7
77	Sandusky County, Ohio	Landline	2.7	19.9	22.0	43.2	43.2	43.2
78	Scioto County, Ohio	Landline	9.3	20.4	20.4	42.2	42.2	42.2
79	Seneca County, Ohio	Landline	4.3	22.9	24.0	48.9	48.9	48.9
80	Shelby County, Ohio	Landline	5.8	14.2	15.2	33.3	33.3	33.3
81	Stark County, Ohio	Landline	3.2	10.8	11.9	35.0	35.0	35.0
82	Summit County, Ohio	Landline	3.0	14.9	16.5	33.9	33.9	33.9
83	Trumbull County, Ohio	Landline	4.1	22.8	24.2	34.6	34.6	34.6
84	Tuscarawas County, Ohio	Landline	4.8	13.2	13.6	32.2	32.2	32.2
85	Union County, Ohio	Landline	5.7	16.6	18.3	43.5	43.5	43.5
86	Van Wert County, Ohio	Landline	5.0	12.9	12.9	46.2	46.2	46.2
87	Vinton County, Ohio	Landline	4.8	31.4	31.4	50.0	50.0	50.0
88	Warren County, Ohio	Landline	3.3	15.6	17.3	35.5	35.5	35.5
89	Washington County, Ohio	Landline	8.4	18.3	18.8	47.4	47.4	47.4
90	Wayne County, Ohio	Landline	5.5	17.2	18.1	40.9	40.9	40.9
91	Williams County, Ohio	Landline	7.0	21.3	22.2	36.7	36.7	36.7
92	Wood County, Ohio	Landline	4.6	18.3	19.5	38.5	38.5	38.5
93	Wyandot County, Ohio	Landline	4.6	20.9	23.8	41.2	41.2	41.2
94	Adams County, Ohio	Cell	6.8	20.1	22.0	33.9	33.9	33.9
95	Allen County, Ohio	Cell	7.1	21.6	23.7	41.3	41.3	41.3
96	Ashland County, Ohio	Cell	6.2	20.4	22.7	39.7	39.7	39.7
97	Ashtabula County, Ohio	Cell	5.4	20.7	22.0	40.3	40.3	40.3
98	Athens County, Ohio	Cell	7.1	21.4	23.2	44.5	44.5	44.5
99	Auglaize County, Ohio	Cell	0.0	0.0	0.0	0.0	0.0	0.0
100	Belmont County, Ohio	Cell	5.4	18.8	20.2	39.3	39.3	39.3
101	Brown County, Ohio	Cell	6.6	20.0	21.9	40.9	40.9	40.9

(continued)

**Table C-5. Stratum (%) (continued)**

<b>Stratum</b>	<b>Consolidated Stratum Description</b>	<b>Phone Type</b>	<b>RR1</b>	<b>RR3</b>	<b>RR4</b>	<b>RR5</b>	<b>Coop LB</b>	<b>Coop UB</b>
102	Butler County, Ohio	Cell	5.1	21.6	23.3	39.9	39.9	39.9
104	Champaign County, Ohio	Cell	5.2	16.2	16.8	35.1	35.1	35.1
105	Clark County, Ohio	Cell	6.5	21.5	23.5	45.7	45.7	45.7
106	Clermont County, Ohio	Cell	5.9	27.5	29.4	47.4	47.4	47.4
107	Clinton County, Ohio	Cell	5.4	18.9	19.9	36.1	36.1	36.1
108	Columbiana County, Ohio	Cell	4.6	17.0	18.3	35.5	35.5	35.5
109	Coshocton County, Ohio	Cell	5.9	19.7	21.8	38.8	38.8	38.8
110	Crawford County, Ohio	Cell	6.2	18.9	21.2	36.0	36.0	36.0
111	Cuyahoga County, Ohio	Cell	4.6	24.5	26.8	41.5	41.5	41.5
112	Darke County, Ohio	Cell	4.6	16.0	17.7	33.9	33.9	33.9
113	Defiance County, Ohio	Cell	7.2	23.2	24.7	47.1	47.1	47.1
114	Delaware County, Ohio	Cell	7.4	22.8	24.5	44.6	44.6	44.6
115	Erie County, Ohio	Cell	5.5	20.5	22.0	39.6	39.6	39.6
116	Fairfield County, Ohio	Cell	6.8	20.0	21.5	40.5	40.5	40.5
117	Fayette County, Ohio	Cell	5.8	18.4	20.6	38.3	38.3	38.3
118	Franklin County, Ohio	Cell	6.2	22.4	24.4	40.3	40.3	40.3
119	Fulton County, Ohio	Cell	5.6	20.3	25.0	39.4	39.4	39.4
120	Gallia County, Ohio	Cell	5.8	18.1	18.9	39.1	39.1	39.1
121	Geauga County, Ohio	Cell	5.2	22.0	23.5	40.8	40.8	40.8
122	Greene County, Ohio	Cell	0.0	0.0	0.0	0.0	0.0	0.0
123	Guernsey County, Ohio	Cell	6.2	19.7	21.6	39.6	39.6	39.6
124	Hamilton County, Ohio	Cell	4.7	19.8	21.3	38.6	38.6	38.6
125	Hancock County, Ohio	Cell	6.3	20.9	22.9	41.3	41.3	41.3
126	Hardin County, Ohio	Cell	6.2	19.9	22.0	37.9	37.9	37.9
127	Harrison County, Ohio	Cell	5.8	21.3	22.1	41.1	41.1	41.1
128	Henry County, Ohio	Cell	7.8	24.5	25.7	43.5	43.5	43.5
129	Highland County, Ohio	Cell	6.5	19.2	20.9	40.5	40.5	40.5
130	Hocking County, Ohio	Cell	6.2	20.4	22.7	44.8	44.8	44.8
131	Holmes County, Ohio	Cell	5.3	15.6	17.2	28.0	28.0	28.0
132	Huron County, Ohio	Cell	5.6	18.6	19.6	37.9	37.9	37.9
133	Jackson County, Ohio	Cell	6.5	18.2	19.1	42.8	42.8	42.8

(continued)

Table C-5. Stratum (%) (continued)

Stratum	Consolidated Stratum Description	Phone Type	RR1	RR3	RR4	RR5	Coop LB	Coop UB
134	Jefferson County, Ohio	Cell	4.9	20.4	21.4	47.9	47.9	47.9
135	Knox County, Ohio	Cell	7.4	21.5	23.2	40.7	40.7	40.7
136	Lake County, Ohio	Cell	4.6	19.5	20.6	40.3	40.3	40.3
137	Lawrence County, Ohio	Cell	5.5	18.2	19.9	40.1	40.1	40.1
138	Licking County, Ohio	Cell	6.0	19.1	20.3	38.5	38.5	38.5
139	Logan County, Ohio	Cell	7.7	21.5	23.6	42.8	42.8	42.8
140	Lorain County, Ohio	Cell	4.8	19.4	21.0	38.0	38.0	38.0
141	Lucas County, Ohio	Cell	6.0	22.5	24.1	43.5	43.5	43.5
142	Madison County, Ohio	Cell	7.1	22.1	24.6	42.9	42.9	42.9
143	Mahoning County, Ohio	Cell	4.8	19.0	20.8	40.1	40.1	40.1
144	Marion County, Ohio	Cell	6.6	21.0	23.1	39.7	39.7	39.7
145	Medina County, Ohio	Cell	4.3	20.9	22.3	39.8	39.8	39.8
146	Meigs County, Ohio	Cell	6.2	21.0	22.9	46.5	46.5	46.5
147	Mercer County, Ohio	Cell	5.8	17.7	18.8	37.8	37.8	37.8
148	Miami County, Ohio	Cell	5.7	20.8	23.1	43.2	43.2	43.2
149	Monroe County, Ohio	Cell	7.0	23.1	25.7	42.9	42.9	42.9
150	Montgomery County, Ohio	Cell	6.0	20.0	21.6	41.3	41.3	41.3
151	Morgan County, Ohio	Cell	7.9	23.2	25.6	40.7	40.7	40.7
152	Morrow County, Ohio	Cell	8.1	23.5	25.8	44.1	44.1	44.1
153	Muskingum County, Ohio	Cell	6.5	19.6	21.5	42.0	42.0	42.0
154	Noble County, Ohio	Cell	7.1	26.8	29.7	47.9	47.9	47.9
155	Ottawa County, Ohio	Cell	4.3	25.3	25.3	39.1	39.1	39.1
156	Paulding County, Ohio	Cell	6.2	25.0	26.5	43.8	43.8	43.8
157	Perry County, Ohio	Cell	7.1	20.4	21.4	44.6	44.6	44.6
158	Pickaway County, Ohio	Cell	6.8	20.9	22.1	42.7	42.7	42.7
159	Pike County, Ohio	Cell	5.3	19.2	22.9	38.7	38.7	38.7
160	Portage County, Ohio	Cell	4.6	22.4	24.4	36.1	36.1	36.1
161	Preble County, Ohio	Cell	6.1	20.6	21.3	45.5	45.5	45.5
162	Putnam County, Ohio	Cell	5.6	18.3	19.6	34.0	34.0	34.0
163	Richland County, Ohio	Cell	6.7	21.2	23.2	39.6	39.6	39.6
164	Ross County, Ohio	Cell	5.9	18.0	19.5	40.4	40.4	40.4

(continued)

**Table C-5. Stratum (%) (continued)**

<b>Stratum</b>	<b>Consolidated Stratum Description</b>	<b>Phone Type</b>	<b>RR1</b>	<b>RR3</b>	<b>RR4</b>	<b>RR5</b>	<b>Coop LB</b>	<b>Coop UB</b>
165	Sandusky County, Ohio	Cell	6.6	21.3	22.6	41.0	41.0	41.0
166	Scioto County, Ohio	Cell	6.0	19.8	21.8	44.7	44.7	44.7
167	Seneca County, Ohio	Cell	4.9	28.1	28.7	43.8	43.8	43.8
168	Shelby County, Ohio	Cell	6.4	19.8	21.4	39.2	39.2	39.2
169	Stark County, Ohio	Cell	5.4	23.9	25.4	41.9	41.9	41.9
170	Summit County, Ohio	Cell	5.0	24.5	26.4	42.3	42.3	42.3
171	Trumbull County, Ohio	Cell	3.5	22.3	24.4	37.3	37.3	37.3
172	Tuscarawas County, Ohio	Cell	6.0	19.3	21.2	35.9	35.9	35.9
173	Union County, Ohio	Cell	6.3	19.3	20.1	36.2	36.2	36.2
174	Van Wert County, Ohio	Cell	6.8	22.2	24.7	39.3	39.3	39.3
176	Warren County, Ohio	Cell	6.3	23.7	27.6	42.9	42.9	42.9
177	Washington County, Ohio	Cell	7.1	23.2	24.7	47.4	47.4	47.4
178	Wayne County, Ohio	Cell	5.9	20.2	22.1	38.2	38.2	38.2
179	Williams County, Ohio	Cell	6.2	23.1	24.8	42.2	42.2	42.2
180	Wood County, Ohio	Cell	7.1	22.8	23.7	43.6	43.6	43.6
181	Wyandot County, Ohio	Cell	7.9	25.4	25.8	44.2	44.2	44.2
182	Butler County, Ohio	OOS Cell	2.4	18.8	20.6	34.8	34.8	34.8
183	Cuyahoga County, Ohio	OOS Cell	2.2	17.6	18.9	32.7	32.7	32.7
184	Delaware County, Ohio	OOS Cell	4.6	21.3	22.6	39.9	39.9	39.9
185	Franklin County, Ohio	OOS Cell	3.6	18.6	20.5	33.9	33.9	33.9
186	Hamilton County, Ohio	OOS Cell	2.2	19.7	20.2	35.3	35.3	35.3
187	Lawrence County, Ohio	OOS Cell	4.4	23.6	24.7	47.1	47.1	47.1
188	Lorain County, Ohio	OOS Cell	1.7	14.8	15.3	27.0	27.0	27.0
189	Lucas County, Ohio	OOS Cell	2.2	18.2	19.3	32.6	32.6	32.6
190	Mahoning County, Ohio	OOS Cell	3.1	21.3	23.9	38.6	38.6	38.6
191	Montgomery County, Ohio	OOS Cell	2.8	20.1	20.6	36.4	36.4	36.4
192	Stark County, Ohio	OOS Cell	1.9	15.9	17.0	27.9	27.9	27.9
193	Summit County, Ohio	OOS Cell	2.4	17.5	18.7	32.2	32.2	32.2
194	Warren County, Ohio	OOS Cell	2.4	15.2	15.6	29.0	29.0	29.0
195	Rural Appalachian	OOS Cell	2.4	19.9	21.2	36.2	36.2	36.2

(continued)



Table C-5. Stratum (%) (continued)

Stratum	Consolidated Stratum Description	Phone Type	RR1	RR3	RR4	RR5	Coop LB	Coop UB
196	Metro	OOS Cell	1.9	17.6	17.6	30.4	30.4	30.4
197	Rural Non-Appalachian	OOS Cell	2.0	16.1	17.1	28.6	28.6	28.6
198	Suburban	OOS Cell	2.5	17.1	18.3	30.9	30.9	30.9

Table C-6. County (%)

County Number	County Name	RR1	RR3	RR4	RR5	Coop LB	Coop UB
1	Adams County, Ohio	6.0	22.8	24.8	37.9	37.9	37.9
2	Allen County, Ohio	7.2	21.4	23.5	41.4	41.4	41.4
3	Ashland County, Ohio	5.7	19.1	21.5	38.0	38.0	38.0
4	Ashtabula County, Ohio	5.2	20.0	21.3	40.3	40.3	40.3
5	Athens County, Ohio	7.2	22.0	23.8	43.8	43.8	43.8
6	Auglaize County, Ohio	7.1	16.4	16.4	42.2	42.2	42.2
7	Belmont County, Ohio	5.9	19.6	20.8	41.2	41.2	41.2
8	Brown County, Ohio	6.5	19.8	21.7	41.1	41.1	41.1
9	Butler County, Ohio	4.0	20.4	22.2	38.7	38.7	38.7
10	Carroll County, Ohio	4.7	31.5	35.0	52.9	52.9	52.9
11	Champaign County, Ohio	6.2	15.1	16.3	34.5	34.5	34.5
12	Clark County, Ohio	6.3	20.8	22.7	44.5	44.5	44.5
13	Clermont County, Ohio	4.2	20.6	21.9	37.8	37.8	37.8
14	Clinton County, Ohio	5.1	19.0	20.0	35.4	35.4	35.4
15	Columbiana County, Ohio	4.3	17.4	18.7	35.1	35.1	35.1
16	Coshocton County, Ohio	6.1	18.8	20.7	38.0	38.0	38.0
17	Crawford County, Ohio	6.0	20.6	22.8	38.4	38.4	38.4
18	Cuyahoga County, Ohio	3.9	21.6	23.6	39.3	39.3	39.3
19	Darke County, Ohio	5.0	16.5	17.9	35.5	35.5	35.5
20	Defiance County, Ohio	7.3	23.2	24.6	47.0	47.0	47.0
21	Delaware County, Ohio	5.6	21.3	22.9	42.3	42.3	42.3
22	Erie County, Ohio	5.0	19.8	21.2	38.6	38.6	38.6
23	Fairfield County, Ohio	6.7	20.3	21.8	40.1	40.1	40.1

(continued)

**Table C-6. County (%) (continued)**

<b>County Number</b>	<b>County Name</b>	<b>RR1</b>	<b>RR3</b>	<b>RR4</b>	<b>RR5</b>	<b>Coop LB</b>	<b>Coop UB</b>
24	Fayette County, Ohio	5.3	17.7	19.7	37.7	37.7	37.7
25	Franklin County, Ohio	5.6	21.3	23.2	39.6	39.6	39.6
26	Fulton County, Ohio	4.9	16.2	18.0	34.2	34.2	34.2
27	Gallia County, Ohio	5.4	16.7	17.3	37.9	37.9	37.9
28	Geauga County, Ohio	3.6	18.0	19.1	36.0	36.0	36.0
29	Greene County, Ohio	4.8	16.7	18.0	38.7	38.7	38.7
30	Guernsey County, Ohio	5.9	19.0	21.0	38.5	38.5	38.5
31	Hamilton County, Ohio	4.4	19.9	21.4	37.9	37.9	37.9
32	Hancock County, Ohio	6.4	20.9	22.7	41.9	41.9	41.9
33	Hardin County, Ohio	5.9	20.0	22.1	37.7	37.7	37.7
34	Harrison County, Ohio	5.8	21.1	21.8	40.1	40.1	40.1
35	Henry County, Ohio	7.6	24.9	25.9	45.8	45.8	45.8
36	Highland County, Ohio	6.3	18.9	20.9	39.6	39.6	39.6
37	Hocking County, Ohio	7.2	21.2	23.5	45.8	45.8	45.8
38	Holmes County, Ohio	5.2	16.0	17.8	28.7	28.7	28.7
39	Huron County, Ohio	5.4	18.9	20.0	38.4	38.4	38.4
40	Jackson County, Ohio	6.5	19.4	20.6	42.2	42.2	42.2
41	Jefferson County, Ohio	4.9	18.8	19.9	44.6	44.6	44.6
42	Knox County, Ohio	7.4	20.9	22.7	40.4	40.4	40.4
43	Lake County, Ohio	4.5	19.0	20.1	40.0	40.0	40.0
44	Lawrence County, Ohio	5.0	20.0	21.5	42.0	42.0	42.0
45	Licking County, Ohio	5.9	17.9	19.0	38.9	38.9	38.9
46	Logan County, Ohio	7.9	21.6	23.6	43.5	43.5	43.5
47	Lorain County, Ohio	4.0	17.8	19.4	36.5	36.5	36.5
48	Lucas County, Ohio	5.4	22.8	24.5	42.2	42.2	42.2
49	Madison County, Ohio	6.5	19.9	21.6	41.2	41.2	41.2
50	Mahoning County, Ohio	4.6	19.3	21.1	40.1	40.1	40.1
51	Marion County, Ohio	6.5	20.7	22.7	39.6	39.6	39.6
52	Medina County, Ohio	3.8	20.0	21.4	40.1	40.1	40.1
53	Meigs County, Ohio	6.8	22.1	23.7	48.1	48.1	48.1

(continued)

Table C-6. County (%) (continued)

County Number	County Name	RR1	RR3	RR4	RR5	Coop LB	Coop UB
54	Mercer County, Ohio	6.0	17.8	18.9	38.1	38.1	38.1
55	Miami County, Ohio	5.0	18.3	20.3	39.1	39.1	39.1
56	Monroe County, Ohio	7.2	24.9	27.3	42.0	42.0	42.0
57	Montgomery County, Ohio	5.5	19.5	21.1	40.9	40.9	40.9
58	Morgan County, Ohio	7.7	22.6	25.4	41.5	41.5	41.5
59	Morrow County, Ohio	7.8	22.9	25.4	43.6	43.6	43.6
60	Muskingum County, Ohio	6.7	19.2	21.2	41.7	41.7	41.7
61	Noble County, Ohio	6.1	25.3	28.5	43.5	43.5	43.5
62	Ottawa County, Ohio	3.1	24.0	24.0	40.0	40.0	40.0
63	Paulding County, Ohio	6.0	26.2	27.4	45.8	45.8	45.8
64	Perry County, Ohio	7.2	22.7	23.5	43.9	43.9	43.9
65	Pickaway County, Ohio	6.8	20.5	21.5	41.7	41.7	41.7
66	Pike County, Ohio	5.5	20.8	24.5	39.4	39.4	39.4
67	Portage County, Ohio	4.8	21.0	22.3	41.4	41.4	41.4
68	Preble County, Ohio	6.1	19.3	20.0	43.8	43.8	43.8
69	Putnam County, Ohio	6.1	18.7	19.9	34.9	34.9	34.9
70	Richland County, Ohio	6.6	20.3	22.1	39.0	39.0	39.0
71	Ross County, Ohio	6.2	17.7	19.0	39.9	39.9	39.9
72	Sandusky County, Ohio	5.7	20.9	22.2	41.2	41.2	41.2
73	Scioto County, Ohio	6.1	19.8	21.7	44.5	44.5	44.5
74	Seneca County, Ohio	4.7	26.9	27.7	45.3	45.3	45.3
75	Shelby County, Ohio	6.3	19.4	21.0	38.8	38.8	38.8
76	Stark County, Ohio	4.6	20.9	22.4	39.8	39.8	39.8
77	Summit County, Ohio	4.3	22.3	24.1	40.2	40.2	40.2
78	Trumbull County, Ohio	3.7	22.4	24.3	36.4	36.4	36.4
79	Tuscarawas County, Ohio	5.8	18.3	19.9	35.4	35.4	35.4
80	Union County, Ohio	6.2	18.9	19.9	37.7	37.7	37.7
81	Van Wert County, Ohio	6.7	21.9	24.2	39.6	39.6	39.6
82	Vinton County, Ohio	4.8	31.4	31.4	50.0	50.0	50.0
83	Warren County, Ohio	3.0	16.2	17.6	33.3	33.3	33.3

(continued)

Table C-6. County (%) (continued)

County Number	County Name	RR1	RR3	RR4	RR5	Coop LB	Coop UB
84	Washington County, Ohio	7.3	22.5	23.8	47.4	47.4	47.4
85	Wayne County, Ohio	5.9	20.1	21.9	38.4	38.4	38.4
86	Williams County, Ohio	6.4	22.7	24.2	40.9	40.9	40.9
87	Wood County, Ohio	6.2	21.2	22.2	42.0	42.0	42.0
88	Wyandot County, Ohio	6.9	24.2	25.2	43.6	43.6	43.6
89	Out of State Cell Sample by County Type	2.3	18.0	19.1	32.3	32.3	32.3



---

## ***Appendix D: Data Dictionary***

---

**OMAS 2019 - Public Use File****Adult Variables****Contents Listing***Date Created: 22JUN20*

Data Set Name	DATA.OMAS2019_PUF_A
Observations	31558
Variables	228
Engine	V9
Created	06/22/2020 15:44:02

NAME	TYPE	LENGTH	VARNUM	LABEL
STRATA	num	8	1	STRATA--Sample Stratum
COUNTY_FRAME	char	5	2	COUNTY_FRAME--County, ABS Frame
NUM_ADULTS	num	8	3	NUM_ADULTS--Number of adults in HH
S10C	num	8	4	S10C--Adults in HH 19 or older
S1	num	8	5	S1--Adult in HH with most recent birthday
S1A	num	8	6	S1A--Person most knowledgeable about HH birthdays
SS2B	num	8	7	SS2B--Person most knowledgeable about health insurance
S4A	num	8	8	S4A--Speak to Proxy
S5	num	8	9	S5--Intro to see if R is available for interview
PROXY_FLAG	num	8	10	PROXY_FLAG--Proxy Interview
S2C	num	8	11	S2C--Relationship to sample member
S15	num	8	12	S15--Subject gender
S8	num	8	13	S8--Time lived in Ohio
S9	num	8	14	S9--Ohio FIPS County Code
S9_REGION	num	8	15	S9_REGION--Region value
S11	num	8	16	S11--Adults in family
ZS11	num	8	17	ZS11--ORIGINAL VALUE OF S11
S11B	num	8	18	S11B--Verify adults in HH
NUMADULT_REC	num	8	19	NUMADULT_REC--CHANGE NUMBER OF ADULTS IN HOUSEHOLD
S12	num	8	20	S12--Children in HH
S13B	num	8	21	S13B--Children in family
NOCHILD_CK	num	8	22	NOCHILD_CK--Verify children in HH
S13A	num	8	23	S13A--Respondent is parent of child in HH
S14	num	8	24	S14--Respondent age
S14A	num	8	25	S14A--Respondent age range
PREA1	num	8	26	PREA1--Health insurance last week
A1	num	8	27	A1--Have health insurance/plan
A1A	num	8	28	A1A--Verify health insurance/plan
B4A	num	8	29	B4A--Employer health insurance/plan
B4AA	num	8	30	B4AA--Your/spouse's work insurance
B4AA1	num	8	31	B4AA1--Verify employer insurance/plan
B4AA1_ACODE	num	8	32	B4AA1_ACODE--Recode B4AA instruction
B4AB	num	8	33	B4AB--Current or past work insurance/plan
B4B	num	8	34	B4B--Medicare insurance/plan
B4C	num	8	35	B4C--Medicaid insurance/plan



NAME	TYPE	LENGTH	VARNUM	LABEL
B4C_CK	num	8	36	B4C_CK--Medicaid coverage confirmed
B4C_CK_PAYER	num	8	37	B4C_CK_PAYER--Who provided this health insurance plan
B4B_CON1	num	8	38	B4B_CON1--Verify Medicaid/Medicare
B4B_CON2	num	8	39	B4B_CON2--Verify respondent age
B4BCAGE	num	8	40	B4BCAGE--Verify respondent age range
B4B_R	num	8	41	B4B_R--Medicare created
B4C_R	num	8	42	B4C_R--Medicaid recoded
B4CAM1	num	8	43	B4CAM1--Medicaid plan specify 1
B4CAM2	num	8	44	B4CAM2--Medicaid plan specify 2
B4CAM3	num	8	45	B4CAM3--Medicaid plan specify 3
B4C2	num	8	46	B4C2--Length of having current insurance plan
B4E	num	8	47	B4E--Private insurance/plan
B4G	num	8	48	B4G--Any other insurance
B4H	num	8	49	B4H--Who pays for insurance
B18	num	8	50	B18--Primary insurance coverage - number days
B19	num	8	51	B19--Other insurance plan - last 12 mons
B20	num	8	52	B20--Had Medicaid prior to current plan
B21	num	8	53	B21--Prior to current coverage; covered by employer/union
B22	num	8	54	B22--Prior to current coverage; covered by family paid plan
B24	num	8	55	B24--Prior to current coverage; covered by any insurance
B27	num	8	56	B27--Last 12 mons, how long without insurance
C1_NEW	num	8	57	C1_NEW--When last covered by any type of health insurance plan
C3	num	8	58	C3--Last coverage, Medicaid
C4	num	8	59	C4--Last coverage, employer/union
D30	num	8	60	D30--Rate general health status
D30I	num	8	61	D30I--Past 30 days, mental health prevented work/activities
CDC_1	num	8	62	CDC_1--Have serious difficulty hearing
CDC_2	num	8	63	CDC_2--Difficulty seeing, even when wearing glasses
CDC_3	num	8	64	CDC_3-- Difficulty walking or climbing stairs
CDC_4	num	8	65	CDC_4--Difficulty dressing or bathing
CDC_5	num	8	66	CDC_5--Difficulty concentrating, remembering or making decisions

NAME	TYPE	LENGTH	VARNUM	LABEL
CDC_6	num	8	67	CDC_6--Difficulty doing errands alone, such as visiting a doctor's office or shopping
ADULT_DD	num	8	68	ADULT_DD--Developmental disability
D33	num	8	69	D33--Last 12 mons, injured due to fall
D33B	num	8	70	D33B--Injury resulted in visit to health professional
D41	num	8	71	D41--Diagnosed high BP or hypertension
D41A	num	8	72	D41A--Diagnosed heart attack
D41B	num	8	73	D41B--Diagnosed coronary heart disease
D41C	num	8	74	D41C--Ever diagnosed with a stroke
D41D	num	8	75	D41D--Diagnosed congestive heart failure
D42	num	8	76	D42--Ever diagnosed with high cholesterol
D43	num	8	77	D43--Diagnosed diabetes
D43B	num	8	78	D43B--Diagnosed diabetes only with pregnancy
D43C	num	8	79	D43C--Taking Insulin
D43D	num	8	80	D43D--Taking diabetic pills to lower your blood sugar
D44	num	8	81	D44--Has asthma
D48	num	8	82	D48--Has some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
E65	num	8	83	E65--Last 12 mons, any pregnancy
E65A	num	8	84	E65A--Currently pregnant
D30A_UNIT	num	8	85	D30A_UNIT--Weight without shoes
D30A_VALUE	num	8	86	D30A_VALUE--Weight without shoes
D30B	num	8	87	D30B--Height without shoes
D30B_F	num	8	88	D30B_F--Height without shoes
IS_UCLA1	num	8	89	IS_UCLA1--How often do you feel that you lack companionship
IS_UCLA2	num	8	90	IS_UCLA2--How often do you feel left out
IS_UCLA3	num	8	91	IS_UCLA3--How often do you feel isolated from others
IS_OSI1	num	8	92	IS_OSI1--How often do you use devices to communicate with friends or relatives[DELETED -9/13]
IS_OSI2	num	8	93	IS_OSI2--How often do you get together with friends or relatives[DELETED -9/13]
D45	num	8	94	D45--During lifetime, smoked 100 cigarettes
D45A	num	8	95	D45A--Frequency of smoking now
D45D	num	8	96	D45D--Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
D45E	num	8	97	D45E--Have you ever used an electronic cigarette or vaping product even one time?

NAME	TYPE	LENGTH	VARNUM	LABEL
D45F	num	8	98	D45F--Do you now use e-cigarettes or vaping products every day, some days, rarely, or not at all?
D45G	num	8	99	D45G--Rules about smoking inside the home[DELETED -9/13]
D46	num	8	100	D46--Past 30 days, number days had alcohol
D46FILL	num	8	101	D46FILL--Computed number of drinks
D46A	num	8	102	D46A--Past 30 days, number of days with X drinks
D46B	num	8	103	D46B--Past 30 days, number days using marijuana or cannabis
D46C_1	num	8	104	D46C_1--Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use them?
E59	num	8	105	E59--How long since last doctor visit
E59_1	num	8	106	E59_1--Never been to doctor
E59A	num	8	107	E59A--How long since last doctor visit for routine check up
E62	num	8	108	E62--Last 12 mons, number of ER visits
F67	num	8	109	F67--Regular source of medical care
F67_1	num	8	110	F67_1--No regular source of care
F67_2	num	8	111	F67_2--Usual source of care
F67A1	num	8	112	F67A1--More than one doctor or nurse
F68	num	8	113	F68--Last 12 mons, could not get needed dental
F68B_3	num	8	114	F68B_3--Last 12 mons, could not get needed mental health
F68B_4	num	8	115	F68B_4--Last 12 mons, could not get alcohol or other drug treatment needed
F86C_NEW	num	8	116	F86C_NEW--Last 12 mons, could not get any other health care, such as a medical exam, or medical supplies[ADDED -9/5]
F69_NEW	num	8	117	F69_NEW--Compared with three years ago, is getting the medical care becoming easier, harder, or has it stayed the same?[ADDED -9/5]
AVOID_CARE	num	8	118	AVOID_CARE--Delayed or avoided getting care needed
WHY_AVOID	num	8	119	WHY_AVOID--Why did you avoid or delay getting care
WHY_AVOIDA	num	8	120	WHY_AVOIDA--Avoided or delayed getting care because they thought it would cost too much
WHY_AVOIDB	num	8	121	WHY_AVOIDB--Avoided or delayed getting care because they did not have transportation

NAME	TYPE	LENGTH	VARNUM	LABEL
WHY_AVOIDC	num	8	122	WHY_AVOIDC--Avoided or delayed getting care because the provider was not available when needed to go
WHY_AVOIDD	num	8	123	WHY_AVOIDD--Avoided or delayed getting care because they could not find a provider
F70	num	8	124	F70--Last 12 mons, problem paying medical bills
DEBT_12MO	num	8	125	DEBT_12MO--Paid off any debt in the past 12 months
RENT_12MO	num	8	126	RENT_12MO--Ability to pay rent/mortgage in the past 12 months
F_3	num	8	127	F_3--Living situation
F_3A	num	8	128	F_3A--Monthly rent or mortgage cost[REVISED Skip Logic -9/4]
FOOD_WORRY	num	8	129	FOOD_WORRY--Last 12 mons, worried whether food would run out before getting money to buy more[ADDED -9/13]
FOOD_OUT	num	8	130	FOOD_OUT--Last 12 mons, had food run out before getting money to buy more[ADDED -9/13]
F_1	num	8	131	F_1--Intro, household and personal items in working order
F1A	num	8	132	F1A--Home heating such as a furnace in working order[DELETED -9/13]
F1B	num	8	133	F1B--Air conditioning in working order[DELETED -9/13]
F1E	num	8	134	F1E--A computer, tablet, or smartphone in working order[DELETED -9/13]
F1G	num	8	135	F1G--A car or truck in working order[DELETED -9/13]
F1J	num	8	136	F1J--Internet access in working order[DELETED -9/13]
RAFF1	num	8	137	RAFF1--Guns of any kind kept in household
FOOD1	num	8	138	FOOD1--Worried about running out of food frequency[DELETED -9/13]
FOOD2	num	8	139	FOOD2--Food running out frequency[DELETED -9/13]
G71	num	8	140	G71--Last week job status
G71RET	num	8	141	G71RET--Retired
G71A	num	8	142	G71A--Hours worked last week
G71B	num	8	143	G71B--Hour worked, range
G71F	num	8	144	G71F--How long have you had your current job
G71C	num	8	145	G71C--Last 6 mons, how many hours worked per week
G71D	num	8	146	G71D--Last 6 mons, how many hours worked per week, range
G71A_NEW	num	8	147	G71A_NEW--Self-employed
G72	num	8	148	G72--Employer/union offer health plan

NAME	TYPE	LENGTH	VARNUM	LABEL
G72A	num	8	149	G72A--Employer/union type of coverage[DELETED -9/13]
ESI_CHLD	num	8	150	ESI_CHLD--Employer or union offer coverage to the children of employees[ADDED -9/13]
ESI_SPS	num	8	151	ESI_SPS--Employer or union offer coverage to the spouses of employees[ADDED -9/13]
G72B	num	8	152	G72B--Eligible for employer/union health plan
G72B_R	num	8	153	G72b_r--Participates in employer/union offer health plan, ABS
G72C	num	8	154	G72C--Reason not participating in employer health plan
G72C_1	num	8	155	G72C_1--Not participating in employer health plan because it costs too much
G72C_2	num	8	156	G72C_2--Not participating in employer health plan because of having other insurance
G72C_3	num	8	157	G72C_3--Not participating in employer health plan because of not needing it
G76	num	8	158	G76--Last 12 mons, looked for work
G77	num	8	159	G77--Intro, reasons for being unemployed
G77A	num	8	160	G77A--Unemployed because could not find work
G77B	num	8	161	G77B--Unemployed because caring for a family member
G77C	num	8	162	G77C--Unemployed because at least one physical or mental health limitation
G77E	num	8	163	G77E--Unemployed because in a job training program or school
G77H	num	8	164	G77H--Unemployed because worried will lose Medicaid coverage
G78	num	8	165	G78--Intro, reasons for not finding any work
G78A	num	8	166	G78A--Could not find work because other schooling, training, or some other license or credential
G78B	num	8	167	G78B--Could not find work because not have transportation
G78C	num	8	168	G78C--Could not find work because would need an employer background check
H76	num	8	169	H76--Marital status
H76A	num	8	170	H76A--Spouse employed
H77	num	8	171	H77--Highest level of education completed
H78	num	8	172	H78--Military service ever
H79	num	8	173	H79--Last 12 mos, receive any health services from a Veterans' Administration clinic, hospital, or outpatient center
S16	num	8	174	S16--Adult Hispanic ethnicity

NAME	TYPE	LENGTH	VARNUM	LABEL
S17M1	num	8	175	S17M1--Adult Race- specify 1
S17M2	num	8	176	S17M2--Adult Race- specify 2
S17M3	num	8	177	S17M3--Adult Race- speicfy 3
S17M4	num	8	178	S17M4--Adult Race- specify 4
S17M5	num	8	179	S17M5--Adult Race- specify 5
S17M6	num	8	180	S17M6--Adult Race- specify 6
S17M7	num	8	181	S17M7--Adult Race- specify 7
S17B	num	8	182	S17B--Adult Primary Race
S18	num	8	183	S18--Adult Hispanic Race
Q153A	num	8	184	Q153A--Primary landline use
Q153	num	8	185	Q153--Number of other landlines
U3	num	8	186	U3--Use cell phone
H84_NEW	num	8	187	H84_NEW--How many family members, including yourself, live in your household?
H84_A1	num	8	188	H84_A1--Number of family members supported by income
H84_A1_EXTRA	num	8	189	H84_A1_EXTRA--Are there additional family members not in household but supported by family income[REVISED Logic -9/11]
H84_A1_NUM	num	8	190	H84_A1_NUM--How many additional family members not in household but supported by family income
H84_A2	num	8	191	H84_A2--Last month gross income
H84_A2CATS	num	8	192	H84_A2CATS--Monthly gross income estimate
H84_A2L	num	8	193	H84_A2L--Lower bound, monthly gross income
H84_A2H	num	8	194	H84_A2H--Upper bound, monthly gross income
H84_A3	num	8	195	H84_A3--Last year annual gross income
F_H84_A3CAT	num	8	196	F_H84_A3CAT--Borderline annual income fill
H84_A3CATS	num	8	197	H84_A3CATS--Last year's annual gross income estimate
H84_A3L	num	8	198	H84_A3L--Lower bound, annual gross income
H84_A3H	num	8	199	H84_A3H--Upper bound, annual gross income
PAPI_88	num	8	200	PAPI_88--Did your parent/guardian claim you as dependent on 2018 taxes, ABS
R1	num	8	201	R1--Screener for different types of violence in relationships with an intimate partner
R2N_THREAT	num	8	202	R2N_THREAT--Intimate partner threatened physical violence against respondent[REVISED Skip Logic - 9/13]
R2N_USED	num	8	203	R2N_USED--Intimate partner used physical violence against respondent[REVISED Skip Logic -9/13]

NAME	TYPE	LENGTH	VARNUM	LABEL
R3NEW_U	num	8	204	R3NEW_U--Last time intimate partner threatened or used physical violence against respondent[REVISED Skip Logic -9/16]
R4NEW_B	num	8	205	R4NEW_B--Face-to-face contact with police or law enforcement after last time an intimate partner threatened or used physical violence against respondent[REVISED Skip Logic -9/13]
R2A	num	8	206	R2A--Offering toll free number for counselor
B4AA_RECODE	char	1	207	B4AA_RECODE--Moves recorded answers to B4AA
S14A_RECODE	char	1	208	S14A_RECODE--Move updated age category to age cat var
D30B_I	char	2	209	D30B_I--Height without shoes
D30BFI	char	3	210	D30BFI--Height Feet/Inches (FII format)
D30B_C	char	3	211	D30B_C--Height Centimeters
D30BINC	char	5	212	D30BINC--CALCULATE NUMBER OF INCHES
HHCOUNT	char	2	213	HHCOUNT--HOUSEHOLD COUNT
R3MAX	char	3	214	R3MAX--Max days, last time intimate partner threatened or used physical violence against respondent
R3NEWDAY	char	6	215	R3NEWDAY--New, last time intimate partner threatened or used physical violence against respondent
B4CAM1_REC	num	8	216	B4CAM1_REC--Medicaid plan specify 1, recode
B4CAM2_REC	num	8	217	B4CAM2_REC--Medicaid plan specify 2, recode
B4CAM3_REC	num	8	218	B4CAM3_REC--Medicaid plan specify 3, recode
G72A_REC	num	8	219	G72A_REC--Employer/union type of coverage, recode[DELETED -9/13]
S17M1_REC	num	8	220	S17M1_REC--Adult Race- specify 1, recode
S17M2_REC	num	8	221	S17M2_REC--Adult Race- specify 2, recode
S17M3_REC	num	8	222	S17M3_REC--Adult Race- specify 3, recode
S17M4_REC	num	8	223	S17M4_REC--Adult Race- specify 4, recode
S17M5_REC	num	8	224	S17M5_REC--Adult Race- specify 5, recode
S17M6_REC	num	8	225	S17M6_REC--Adult Race- specify 6, recode
S17M7_REC	num	8	226	S17M7_REC--Adult Race- specify 7, recode
S15_REC	num	8	227	S15_REC--Subject gender, recode
S9_REC	num	8	228	S9_REC--Ohio FIPS County Code, Recoded

**OMAS 2019 - Public Use File****Child Variables****Contents Listing*****Date Created: 22JUN20***

Data Set Name	DATA.OMAS2019_PUF_C
Observations	31558
Variables	115
Engine	V9
Created	06/22/2020 15:44:03



NAME	TYPE	LENGTH	VARNUM	LABEL
PREPI90	num	8	1	PREPI90--One child health coverage and status questions
PI90S	num	8	2	PI90S--Intro, youngest child health insurance coverage
P148	num	8	3	P148--Child gender
I90A	num	8	4	I90A--Child age
I90B	num	8	5	I90B--Relationship to child
I91A	num	8	6	I91A--Person responsible for child's insurance
I91B	num	8	7	I91B--Name of person responsible for child's insurance
I91C	num	8	8	I91C--Person availability
I91D	num	8	9	I91D--Request to speak to person responsible for child's insurance
I92	num	8	10	I92--Continue child interview
PAR3	num	8	11	PAR3--Refusal conversion, asking to answer just 1 to 3 of the most important questions before ending
I95	num	8	12	I95--Last week, child covered by health care plan
I95A	num	8	13	I95A--Does child have health insurance
J96	num	8	14	J96--Last week, child health insurance same as R
J96A	num	8	15	J96A--Confirm child health insurance same as R
PREJ100A	num	8	16	PREJ100A--Spec questions about child coverage
J100A	num	8	17	J100A--Child covered by employer or union plan
J100C	num	8	18	J100C--Child covered by Medicaid
J100CHELP	num	8	19	J100CHELP--Medicaid defined
J100C_CK	num	8	20	J100C_CK--Child covered by Medicaid
J100C_CK_PAY	num	8	21	J100C_CK_PAY--Who provides health insurance plan
J100CA	num	8	22	J100CA--Specify which Medicaid plan
J100B	num	8	23	J100B--Child covered by Medicare
J100BCON	num	8	24	J100BCON--Confirm child covered by Medicare
J100B_R	num	8	25	J100B_R--Calculated response
J100C_R	num	8	26	J100C_R--Calculated response child covered by Medicare
J100E	num	8	27	J100E--Child covered by private health plan
J100F	num	8	28	J100F--Child covered by BCMH or other public program
NJ100F1	num	8	29	NJ100F1--Specify which other public program
J100G	num	8	30	J100G--Does child have any other health coverage
J100H	num	8	31	J100H--Pays for health insurance plan
J100CHK	num	8	32	J100CHK--Confirm child health plan coverage
J113	num	8	33	J113--Length of time child has been covered by current primary health insurance

NAME	TYPE	LENGTH	VARNUM	LABEL
J116B	num	8	34	J116B--Child covered by any insurance prior to current plan
J117	num	8	35	J117--Child covered by Medicaid prior to current plan
J117HELP	num	8	36	J117HELP--Help text
J117B	num	8	37	J117B--Prior to current coverage had employer/union plan
PREK96	num	8	38	PREK96--Child current insurance status
K96_NEW	num	8	39	K96_NEW--When was the child last covered by any type of health insurance plan
K99	num	8	40	K99--Last time child had coverage was Medicaid
K100	num	8	41	K100--Child last insurance was employer/union plan
L125	num	8	42	L125--Rate child's health
LAS14	num	8	43	LAS14--How long since the child had eyes examined by any doctor or eye care provider[DELETED -9/13]
DEVICE_USE	num	8	44	DEVICE_USE--Average weekday, child screen time usage[REVISED Skip Logic -9/13]
FRUIT_DAY	num	8	45	FRUIT_DAY--Servings of fruit per day[DELETED -9/13]
VEG_DAY	num	8	46	VEG_DAY--Servings of vegetables per day[DELETED -9/13]
SUGAR_1	num	8	47	SUGAR_1--Glasses of juice yesterday
SUGAR_2	num	8	48	SUGAR_2--Glasses of non-diet soda yesterday
PL125A1	num	8	49	PL125A1--Child height
L125AP_F	num	8	50	L125AP_F--How tall is the child now? (0-8 FEET)
PL125A2	num	8	51	PL125A2--Child weight
PRE_L126A	num	8	52	PRE_L126A--Child health problems questions
L126H_2	num	8	53	L126H_2--Child developmental disability
AUTISM	num	8	54	AUTISM--Child ever diagnosed with Autism
L126A_NEW	num	8	55	L126A_NEW--Does the child currently need or use medicine prescribed by a doctor or other health care professional, other than vitamins
L126J_NEW	num	8	56	L126J_NEW--Does the child need or get special therapy
L126M_NEW	num	8	57	L126M_NEW--Does the child have any kind of emotional, developmental or behavioral problem for which they need or gets treatment or counseling
PRE_LAS12	num	8	58	PRE_LAS12--Intro for child communication, experiences, stress
LAS12	num	8	59	LAS12--Does the child experience any difficulty speaking, communicating, or being understood
LAS1A	num	8	60	LAS1A--Child ever diagnosed with asthma
LAS5	num	8	61	LAS5--Child currently has diabetes or sugar diabetes

NAME	TYPE	LENGTH	VARNUM	LABEL
ACES_3	num	8	62	ACES_3-- Child ever experienced parent or guardian divorced or separated
ACES_4	num	8	63	ACES_4-- Child ever experienced parent or guardian died
ACES_5	num	8	64	ACES_5-- Child ever experienced parent or guardian served time in jail after child was born.
ACES_6	num	8	65	ACES_6-- Child ever experienced saw or heard parents or adults slap, hit, kick, punch one another in the home
ACES_7	num	8	66	ACES_7-- Child ever experienced being a victim of violence or witnessed violence in the neighborhood.
ACES_8	num	8	67	ACES_8-- Child ever experienced living with anyone who was mentally ill, suicidal, or severely depressed
ACES_9	num	8	68	ACES_9-- Child ever experienced lived with anyone who had a problem with alcohol or drugs
ACES_10	num	8	69	ACES_10-- Child ever experienced treated or judged unfairly because of race or ethnic group
LAS12A	num	8	70	LAS12A--Past 30 days, number of days child ages 5-11 missed school/usual activities due to mental health condition or emotional problems
LAS12B	num	8	71	LAS12B--Past 30 days, number of days child ages 12+ missed school/usual activities due to mental health condition or emotional problems
PREM131	num	8	72	PREM131--Intro, child's use of health care services
M131	num	8	73	M131--How long since the child has last seen a doctor
M131A	num	8	74	M131A--Confirm child never had doc visit
FL_M130	num	8	75	FL_M130--Fill for M130
M130	num	8	76	M130--Child received well checkup
M130_NUMBER	num	8	77	M130_NUMBER--How many well checks has the child had in the past 12 months
M134	num	8	78	M134--Times child was in ER
M135	num	8	79	M135--How long since the child has last seen a dentist
N136	num	8	80	N136--Place child goes when sick
N136CHECK	num	8	81	N136CHECK--verify place child goes for health care
N136A	num	8	82	N136A--Kind of place child goes for care
N137B	num	8	83	N137B--Child has personal care giver
J108	num	8	84	J108--Needed help coordinating child's care
J108B	num	8	85	J108B--Received needed help coordinating child's care
O139	num	8	86	O139--Child unable to get needed dental care
O139_MH	num	8	87	O139_MH--Last 12 mos, could not get needed mental health care or counseling services

NAME	TYPE	LENGTH	VARNUM	LABEL
O144_NEW	num	8	88	O144_NEW--Compared with three years ago, is getting the child medical care becoming easier, harder, or has it stayed the same?[ADDED -9/5]
AVOID_CARE_C	num	8	89	AVOID_CARE_C--Last 12 mos, delay or avoid getting care that the child needed because of the cost[ADDED -9/5]
PREP149	num	8	90	PREP149--Intro, the next few questions are just for general classification purposes
P149	num	8	91	P149--Child Hispanic
P150M1	num	8	92	P150M1--Child race - specify 1
P150M2	num	8	93	P150M2--Child race - specify 2
P150M3	num	8	94	P150M3--Child race - specify 3
P150M4	num	8	95	P150M4--Child race - specify 4
P150M5	num	8	96	P150M5--Child race - specify 5
P150M6	num	8	97	P150M6--Child race - specify 6
P150M7	num	8	98	P150M7--Child race - specify 7
P150A	num	8	99	P150A--Best represents child's race
P150B	num	8	100	P150B--Confirm child's primary race
P151	num	8	101	P151--Child's parents employed
L125AP_I	char	2	102	L125AP_I--How tall is the child now? (00-12 INCHES)
L125AP	char	3	103	L125AP--Child Height Feet/Inches (FII format)
L125AC	char	3	104	L125AC--Child Height Centimeters
PL125INC	char	5	105	PL125INC--CALCULATE NUMBER OF INCHES
L125A2P	char	3	106	L125A2P--Child Weight Pounds (025-500)
L125A2K	char	3	107	L125A2K--Child Weight Kilograms (018-227)
L125LBS	char	5	108	L125LBS--Child Weight, CALCULATE NUMBER OF POUNDS
P150M1_REC	num	8	109	P150M1_REC--Child race - specify 1, recode
P150M2_REC	num	8	110	P150M2_REC--Child race - specify 2, recode
P150M3_REC	num	8	111	P150M3_REC--Child race - specify 3, recode
P150M4_REC	num	8	112	P150M4_REC--Child race - specify 4, recode
P150M5_REC	num	8	113	P150M5_REC--Child race - specify 5, recode
P150M6_REC	num	8	114	P150M6_REC--Child race - specify 6, recode
P150M7_REC	num	8	115	P150M7_REC--Child race - specify 7, recode

**OMAS 2019 - Public Use File****Derived Variables****Contents Listing*****Date Created: 22JUN20***

Data Set Name	DATA.OMAS2019_PUF_D
Observations	31558
Variables	115
Engine	V9
Created	06/22/2020 15:44:05

NAME	TYPE	LENGTH	VARNUM	LABEL
S9_TYPE	num	8	1	S9-TYPE--Survey County Type
INTTYPE	num	8	2	INTTYPE - Type of Interview
RACE_A	num	8	3	RACE_A--Adult's Race
RACE_C	num	8	4	RACE_C--Child's Race
HISP_A	num	8	5	HISP_A--Adult Hispanic ethnicity
HISP_C	num	8	6	HISP_C--Child Hispanic ethnicity
EDUC	num	8	7	EDUC--Level of education
INSRD_A	num	8	8	INSRD_A--Adult Insurance Status
INSRD_C	num	8	9	INSRD_C--Child Insurance Status
MEDICD_A	num	8	10	MEDICD_A--Adult covered by Medicaid
MEDICD_C	num	8	11	MEDICD_C--Child covered by Medicaid
MARITAL	num	8	12	MARITAL--Marital status
INS_EMP	num	8	13	INS_EMP--Enrolled in employer plan-whose employer
RELATE_A	num	8	14	RELATE_A -- Relationship of proxy to respondent
AGE_A	num	8	15	AGE_A--Adult's Age, categorical
AGE_C	num	8	16	AGE_C--Child's Age, categorical
BMI_A	num	8	17	BMI_A--Body mass index - adult
BMI_A_CAT	num	8	18	BMI_A_CAT--BMI category - adult
ERVT_A	num	8	19	ERVT_A--Adult - number of ER visits
USUAL_A	num	8	20	USUAL_A--Usual source of care - adult
HLTHND_A_10	num	8	21	HLTHND_A_10--Getting needed medical care - adult [Not compatible to prior surveys]
INS_EMP2	num	8	22	INS_EMP2--Insured by Own Current Employer
ERVT_C	num	8	23	EVRT_C--Child - number of ER visits
RELATE_C	num	8	24	RELATE_C -- Relationship of child to proxy
RACE5_A	num	8	25	RACE5_A-- Race Ethnicity Adult, 5 categories
RACE5_C	num	8	26	RACE5_C-- Race Ethnicity Child, 5 categories
RACE4_A	num	8	27	RACE4_A--Four Level adult race
RACE4_C	num	8	28	RACE4_C--Four Level child race
MC_REGION	num	8	29	MC_REGION--Medicaid Region
COUNTY_REC	num	8	30	COUNTY_REC--FIPS county code, Recoded
SMOKE_STAT	num	8	31	SMOKE_STAT--Smoking Status
COMPLETE_C	num	8	32	COMPLETE_C--Completed child interview
I_TYPE_A	num	8	33	I_TYPE_A--Adult insurance type (for trend comparisons with previous surveys)
I_TYPE_C	num	8	34	I_TYPE_C--Child insurance type (for trend comparisons with previous surveys)
RX_NEED_C	num	8	35	RX_Need_C--Child need for prescription drugs

NAME	TYPE	LENGTH	VARNUM	LABEL
THERAP_C_NEW	num	8	36	THERAP_C_NEW--Need for Special Therapies Long Term, child
MHCOND_C_NEW	num	8	37	MHCOND_C_NEW-- Potential Disabling Mental Health or developmental Condition, child
CARE_ABD_C	num	8	38	CARE_ABD_C--Medicaid ABD/Waiver or Medicare, child
DISAB_PROXY_C_NEW	num	8	39	DISAB_PROXY_C_NEW--Proxy for disability - child [Not compatible to prior surveys]
MHCOND	num	8	40	MHCOND-- Potential Disabling Mental Health Condition
CARE_ABD	num	8	41	CARE_ABD--Medicaid Waiver or < age 65 and Medicare or Medicaid ABD
HHINCM	num	8	42	HHINCM-Last Month's Income
HHINCM_CAT_H	num	8	43	HHINCM_CAT_H--Upper bound for Last Month's Income
HHINCM_CAT_L	num	8	44	HHINCM_CAT_L--Lower bound for Last Month's Income
HHINCY	num	8	45	HHINCY-Last Year's Income
HHINCY_CAT_L	num	8	46	HHINCY_CAT_L--Lower bound for Last Year's Income
HHINCY_CAT_H	num	8	47	HHINCY_CAT_H--Upper bound for Last Year's Income
G71RET_IMP	num	8	48	G71RET_IMP--Retired, Imputed
G71_IMP	num	8	49	G71_IMP--Last week job status, Imputed
D30I_IMP	num	8	51	D30I_IMP--Past 30 days, mental health prevented work/activities, Imputed
D30_IMP	num	8	52	D30_IMP--Adult health status, Imputed
MEDICD_C_IMP	num	8	53	MEDICD_C_IMP--Child covered by Medicaid, Imputed
INSRD_C_IMP	num	8	54	INSRD_C_IMP--Child Insurance Status, Imputed
I90A_IMP	num	8	55	I90A_IMP--Child age, Imputed
RACE5_C_IMP	num	8	56	RACE5_C_IMP--Race Ethnicity Child, 5 categories, Imputed
P148_IMP2	num	8	57	P148_IMP2--Child gender, Imputed, for weighting (2 levels)
B4C2_IMP	num	8	58	B4C2_IMP--Length of having current insurance plan
MEDICD_A_IMP	num	8	59	MEDICD_A_IMP--Adult covered by Medicaid, Imputed
NUM_ADULTS_IMP	num	8	60	NUM_ADULTS_IMP--Number of Adults in household, Imputed
H84_A1_IMP	num	8	61	H84_A1_IMP--Number of persons in family supported by income, Imputed

NAME	TYPE	LENGTH	VARNUM	LABEL
S11_IMP	num	8	62	S11_IMP--Number of Adult family members in household, Imputed
S13B_IMP	num	8	63	S13B_IMP--Number of children family members in household, Imputed
S12_IMP	num	8	64	S12_IMP--Number of children in household, Imputed
INSRD_A_IMP	num	8	65	INSRD_A_IMP--Adult Insurance Status, Imputed
S14_IMP	num	8	66	S14_IMP--Adult Age, Imputed
H77_IMP	num	8	67	H77_IMP--Highest level of education, Imputed
RACE5_A_IMP	num	8	68	RACE5_A_IMP--Race Ethnicity Adult, 5 categories, Imputed
S15_IMP	num	8	69	S15_IMP--Adult Gender, Imputed
S9_IMP	num	8	70	S9_IMP--FIPS county code, Imputed
HHINCY_IMP	num	8	71	HHINCY_IMP--2018 Annual Income, Imputed and Top Coated at 99%
HHINCM_IMP	num	8	72	HHINCM_IMP--2019 Monthly Income, Imputed and Top Coated at 99%
L125_IMP	num	8	73	L125_IMP--Child health status, Imputed
IPV	num	8	74	IPV--Intimate Partner Violence
S9_TYPE_IMP	num	8	75	S9_TYPE_IMP-- County type, Imputed
P148_IMP	num	8	76	P148_IMP--Child gender, Imputed
EDUC_IMP	num	8	77	EDUC_IMP--Level of education, Imputed
FAM_TYPE_IMP	num	8	78	FAM_TYPE_IMP--Household composition, imputed
GENDER	num	8	79	GENDER--Adult gender imputed
I_TYPE_A_IMP	num	8	80	I_TYPE_A_IMP--Adult insurance type, imputed
I_TYPE_C_IMP	num	8	81	I_TYPE_C_IMP--Child insurance type, imputed
AGE_C_IMP	num	8	82	AGE_C_imp--Child's Age, categorical, Imputed
AGE_A_IMP	num	8	83	AGE_A_IMP--Adult's Age, categorical, Imputed
USUAL_C	num	8	84	USUAL_C--Usual source of care - child
DISAB_PROXY_A2	num	8	85	DISAB_PROXY_A2--Proxy for disability - adult
COUNTY_IMP	num	8	86	County_IMP--FIPS county code, Imputed
RACE4_A_IMP	num	8	87	RACE4_A_IMP--Four Level adult race, imputed
RACE4_C_IMP	num	8	88	RACE4_C_IMP--Four Level child race, imputed
Q153AB_IMP	num	8	89	Q153AB_IMP--Houshold has active landline phone number(s), ABS, Imputed
Q153AA_IMP	num	8	90	Q153AA_IMP--Has active cell phone number, ABS, Imputed
FPL100_19	num	8	91	FPL100_19--Annual Poverty Threshold by Persons in Houshold
FPL_PCT	num	8	92	FPL_PCT--Annual FPL percent



NAME	TYPE	LENGTH	VARNUM	LABEL
FPL_CAT_19	num	8	93	FPL_CAT_19--Categorical Annual FPL Level
POVERTY_19	num	8	94	POVERTY_19--Annual Categorical Poverty Level
FPL100_MON_19	num	8	95	FPL100_MON_19--Monthly Poverty Threshold by Persons in Houshold
FPL_MON_PCT	num	8	96	FPL_MON_PCT--Monthly FPL percent
FPL_MON_CAT_19	num	8	97	FPL_MON_CAT_19--Categorical Monthly FPL Level
POVERTY_M_19	num	8	98	POVERTY_M_19--Monthly Categorical Poverty Level
FPL100_FLAG_19	num	8	99	FPL100_FLAG_19--Last year's 0/1 Flag of records that are 100% of FPL or less
FPL100_M_FLAG_19	num	8	100	FPL100_M_FLAG_19--Last month's 0/1 Flag of records that are 100% of FPL or less
FPL138_FLAG_19	num	8	101	FPL138_FLAG_19--Last year's 0/1 Flag of records that are 138% of FPL or less
FPL138_M_FLAG_19	num	8	102	FPL138_M_FLAG_19--Last month's 0/1 Flag of records that are 138% of FPL or less
MCD_ELIG_A	num	8	103	MCD_ELIG_A--All potential Medicaid income eligible adults
MCD_EXPANSION_A2	num	8	104	MCD_EXPANSION_A2--Medicaid expansion eligible adults
MCD_EXPANSION_NOABD_A2	num	8	105	MCD_EXPANSION_NOABD_A2--Medicaid expansion eligible adults; excluding ABD
CAIDELIG_M2	num	8	106	CAIDELIG_M2--Medicaid Eligibility, 14 Levels
CAIDELIG_GRP2	num	8	107	CAIDELIG_GRP2--Medicaid Eligibility, 4 levels
PARTIAL_FLAG_A	num	8	108	PARTIAL_FLAG_A--Adult Partial 0/1
PARTIAL_FLAG_C	num	8	109	PARTIAL_FLAG_C--Child Partial 0/1
BMI_C_Z	num	8	110	BMI_C_Z--child BMI z score, 6 years and older
BMI_C_PCT	num	8	111	BMI_C_PCT--child BMI percentage, 6 years and older
BMI_C	num	8	112	BMI_C--child body mass index, 6 years and older
BMI_C_CAT2	num	8	113	BMI_C_CAT2--BMI category, children 6 - 18 years old
BMI_C_CAT	num	8	114	BMI_C_CAT--BMI category, children 11 years and older
WT_A	num	8	115	WT_A--Final Weight, Adult
WT_C	num	8	116	WT_C--Final Weight, Child



---

## ***Appendix E: Adult and Child CATI Instrument Specifications***

---



# **2019 Ohio Medicaid Assessment Survey**

## **Adult and Child CATI Instrument Specifications**

**Draft**

Last updated 09-17-2019  
(Version 27)



## Table of Contents

Section	Page
Global References.....	E-v
NOTES.....	E-1
FRONT END SCREENING.....	E-2
SECTION A: CURRENT INSURANCE STATUS.....	E-17
SECTION B: CURRENTLY INSURED ADULT.....	E-18
Employer-based Coverage.....	E-18
Medicare Coverage.....	E-19
Medicaid Coverage.....	E-20
Private Coverage.....	E-25
Insurance Covered Health Services.....	E-26
Previous Coverage.....	E-27
Coverage Past 12 Months.....	E-29
SECTION C: CURRENTLY UNINSURED ADULT.....	E-30
SECTION D: ADULT HEALTH STATUS & CARE GIVING.....	E-32
General Health.....	E-32
Chronic Conditions.....	E-35
Heart Disease.....	E-36
High Cholesterol.....	E-37
Diabetes.....	E-37
Asthma.....	E-38
Arthritis.....	E-39
Pregnancy Status.....	E-39
Weight and Height.....	E-39
Substance Use.....	E-42
SECTION E: UTILIZATION OF ADULT HEALTH CARE SERVICES.....	E-45
Visits to Medical Doctor and Health Professional.....	E-45
Emergency Room Visits.....	E-46
SECTION F: SOURCES OF CARE AND DETERMINANTS.....	E-47
SECTION G: EMPLOYMENT.....	E-54
SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME.....	E-61
Family Income.....	E-66
SECTION Q: HOUSEHOLD QUESTIONS.....	E-79
CHILD QUESTIONNAIRE.....	E-82
SECTION I: SCREENING QUESTIONS FOR ELIGIBLE CHILD.....	E-82
SECTION J: CHILD'S INSURANCE COVERAGE.....	E-88
Employer-based Coverage.....	E-88
Medicaid Coverage.....	E-89
Coverage.....	E-91
Other State-sponsored or Public Health Insurance.....	E-93
Other Health Insurance.....	E-94

Previous Coverage .....	E-95
SECTION K: CHILD CURRENTLY UNINSURED.....	E-97
Previous Coverage .....	E-97
SECTION L: HEALTH STATUS OF CHILD .....	E-99
General Health .....	E-99
Sugary Beverage Intake .....	E-100
Height and Weight .....	E-101
Developmental Disability .....	E-102
Need/Use of Health Care Services.....	E-103
SECTION M: UTILIZATION AND QUALITY OF CHILD HEALTH CARE	
SERVICES.....	E-108
Visits to Medical Doctor and Health Professional.....	E-108
Well-baby Checkup .....	E-109
Hospital Stays .....	E-109
Emergency Room Visits .....	E-110
Dental Care .....	E-110
SECTION N: ACCESS TO CARE FOR CHILD.....	E-111
Care Coordination.....	E-112
SECTION O: UNMET HEALTH NEEDS.....	E-114
Dental Care .....	E-114
SECTION P: CHILD'S DEMOGRAPHICS.....	E-116
CLOSING .....	E-119



## Global References

FIPS	County	Region	FIPS	County	Region
33	Crawford	Southeast	95	Lucas	North Central
41	Delaware	South Central	107	Mercer	NorthWest
45	Fairfield	South Central	123	Ottawa	North Central
47	Fayette	South Central	125	Paulding	NorthWest
49	Franklin	South Central	137	Putnam	NorthWest
73	Hocking	South Central	143	Sandusky	North Central
83	Knox	SouthEast	147	Seneca	North Central
89	Licking	SouthEast	161	Van Wert	NorthWest
91	Logan	South Central	171	Williams	NorthWest
97	Madison	South Central	173	Wood	North Central
101	Marion	South Central	175	Wyandot	NorthWest
117	Morrow	SouthEast	9	Athens	SouthEast
127	Perry	SouthEast	13	Belmont	SouthEast
129	Pickaway	South Central	31	Coshocton	SouthEast
131	Pike	South Central	53	Gallia	South Central
141	Ross	South Central	59	Guernsey	SouthEast
145	Scioto	South Central	67	Harrison	SouthEast
159	Union	South Central	79	Jackson	South Central
5	Ashland	NorthEast Central	81	Jefferson	SouthEast
19	Carroll	NorthEast Central	87	Lawrence	South Central
75	Holmes	NorthEast Central	105	Meigs	South Central
133	Portage	NorthEast	111	Monroe	SouthEast
139	Richland	NorthEast Central	115	Morgan	SouthEast
151	Stark	NorthEast Central	119	Muskingum	SouthEast
153	Summit	NorthEast	121	Noble	SouthEast
157	Tuscarawas	NorthEast Central	163	Vinton	South Central
169	Wayne	NorthEast	167	Washington	SouthEast
7	Ashtabula	NorthEast	1	Adams	SouthWest
35	Cuyahoga	NorthEast	15	Brown	SouthWest
43	Erie	NorthEast Central	17	Butler	SouthWest
55	Geauga	NorthEast	25	Clermont	SouthWest
77	Huron	NorthEast Central	27	Clinton	SouthWest
85	Lake	NorthEast	61	Hamilton	SouthWest
93	Lorain	NorthEast	71	Highland	SouthWest
103	Medina	NorthEast	165	Warren	SouthWest
29	Columbiana	NorthEast	21	Champaign	SouthWest
99	Mahoning	NorthEast	23	Clark	SouthWest
155	Trumbull	NorthEast	37	Darke	SouthWest
3	Allen	NorthWest	57	Greene	SouthWest
11	Auglaize	NorthWest	109	Miami	SouthWest
39	Defiance	NorthWest	113	Montgomery	SouthWest
51	Fulton	NorthWest	135	Preble	SouthWest
63	Hancock	NorthWest	149	Shelby	NorthWest
65	Hardin	NorthWest			
69	Henry	NorthWest			



## NOTES

- PROGRAMMER – We need a help screen available at all times that provides the following text:

If you have questions or concerns about the study or if you feel that you have been harmed as a result of this study, you may call The Ohio State University 1-800-678-6437.

- The following are variables that will be loaded into the CATI from the sample file:
  - CALL TYPE. 1 = Landline, 2 = Cellphone
  - INCENTIVE. 1 = Yes, 2 = No

## FRONT END SCREENING

### ANSPROMPT

(ASK IF: ANSW\_CT==1 OR ANSW\_CT==4 OR ANSW\_CT==7 OR ANSW\_CT==10,  
ELSE GO TO INT02.)

PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

Hello, I'm calling on behalf of the State of Ohio and The Ohio State University regarding an important research study about health care issues affecting state residents. Please call us at 1-877-256-8029 at your convenience. Your participation will help the State of Ohio make better health care policy decisions for residents, such as yourself. My name is \_\_\_\_ (First name) and we look forward to speaking with you. Thank you.

- 01 LEFT MESSAGE (GO TO INT02)
- 02 SOMEONE PICKED UP (GO TO ANSWRECORD)
- 03 UNABLE TO LEAVE MESSAGE

### INT04

(DISPLAY IF: DISP = PRIVACY MANAGER)

IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:  
"We are calling on behalf of the State of Ohio."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:  
ENTER: 1-855-322-2826

- 01 PHONE ANSWERED (GO TO INT1A)
- 02 PHONE NOT ANSWERED (GO TO SCREEN)

### CALL\_IN

Thank you for calling. My name is [Interviewer Name] from RTI International. We called your household on behalf of the State of Ohio. We are conducting a survey on health insurance coverage and access to health care. Your number has been selected at random to be included in the study.

I have that you are calling from [Respondent Phone Number] – is this the best number to call you on if we get disconnected and I need to call you back?

- 01 CONTINUE
- 02 NEW NUMBER

## INTRODUCTION AND SCREENER QUESTIONS FOR MAIN SAMPLE

**(PROGRAMMER: EACH SECTION NEEDS A TIMER. PLEASE START TIMER FOR SECTION A. TO BE STORED FOR COMPLETE AND SCREENED INTERVIEWS)**

(SECTIONTIME\_SECS\_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)

LEAD\_IN1

Hello, I'm calling on behalf of the State of Ohio and The Ohio State University regarding an important study about health care issues affecting state residents. My name is [\_\_\_\_\_] and I am part of the research team. This is not a scam or a sales call. [IF CALL TYPE=2: You will receive \$10 for participating.]

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey sponsor is the State of Ohio. We are not selling anything.)

- 01 CONTINUE (GO TO CF1A)
- 04 BUSINESS NUMBER (GO TO BUSINESS\_NUM)
- 05 WOULD LIKE TO BE CALLED ON A NEW NUMBER (GO TO TEL06)

BUSINESS\_NUM

We are conducting a study of households in Ohio. For survey purposes can you confirm if anyone lives at these premises?

- 01 YES (GO TO CF1A)
- 02 NO

CF1A

Your telephone number was chosen randomly and all information will be kept strictly confidential and only reported in group form. This call may be monitored or recorded for quality assurance. (FILL: IF CALLTYPE=02 The person selected to participate will receive a \$10 electronic gift card for completing the survey.)

(IF NECESSARY: We are also interested in experiences of persons who do not have health insurance. The State of Ohio needs your household's input to help make health care policy decisions. This survey should take 22 minutes to complete. I work for RTI, a survey research company contracted by The Ohio State University on behalf of the State of Ohio. If you have questions, concerns, or complaints about the study, you may call The Ohio State University at 1-800-678-6437.)

- 01 ADULT ON PHONE (GO TO STARTTIME\_S)
- 02 ADULT AVAILABLE (GO BACK TO LEAD\_IN1)
- 03 CHILD SPEAKING (GO TO ADULT)
- 05 LANGUAGE BARRIER (GO TO LANGBARRIER)
- 06 REFUSED (GO TO WHO\_REF)

## ADULT

May I speak with an adult?

- 01 ADULT AVAILABLE (GO BACK TO LEAD\_IN1)
- 03 NOT AVAILABLE (GO TO THANKS1)
- 99 REFUSED (GO TO WHO\_REF)

## CELL\_RESP

Is this a <CALLTYPE> phone?

(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE

IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

- 01 LANDLINE PHONE
- 02 CELL PHONE (GO TO PS2)
- 08 SCHEDULE A CALLBACK (GO TO INT06)
- 09 OTHER CODES (GO TO ALTB)

## PS

(ASK IF: CELL\_RESP=01)

**(PROGRAMMER: START TIMER FOR SCREENER. REQUIRED FOR BOTH COMPLETE AND SCREENED INTERVIEWS)**

First, have I reached you at a residential household, such as an apartment, a house, or a mobile home?

(INTERVIEWER NOTE: A non-residence would be a dormitory, hospital room, nursing home, assisted living facility, group home or barracks)

- 01 YES (GO TO NUM\_ADULTS)
- 02 NO, NON-RESIDENCE (GO TO PS2)
- 98 DK (GO TO INT05)
- 99 REFUSED (GO TO INT05)

## PS2

(ASK IF PS=02)

Have I reached you at college housing, such as a dormitory, fraternity or sorority house, campus sponsored housing or college family housing, or international student or visiting faculty housing?

- 01 YES (GO TO CELL1)
- 02 NO, NON-RESIDENCE (GO TO INT05)
- 98 DK (GO TO INT05)
- 99 REFUSED (GO TO INT05)

## CELL1

(ASK IF: IF CELL\_RESP=02 OR PS2=01)

Before we continue, are you driving or doing anything that requires your full attention right now?

- 01 YES (R IS DRIVING/DOING SOMETHING)
- 02 NO (GO TO CELL\_PICK)
- 03 NOT A CELL PHONE (GO BACK TO CELL\_RESP)

## CELL2

When would be a better time to call you?

(IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I'm sorry, but for your safety we're not able to do the interview while you're driving. When would be a better time to call you?)

- 01 SET CALL BACK (GO TO INT06)

## CELL\_PICK

This study hopes to gain information about health care. I need to speak with an adult 19 years or older. Are you an adult?

- 01 YES (ADULT ON PHONE) (GO TO PRESCR\_NAME)
- 02 NO (CHILD ON PHONE)

## CELL\_CONFIRM

Does this phone belong to someone 19 years of age or older? (IF YES: May I speak to that adult?)

- 01 YES, ADULT COMES TO PHONE (GO TO CELL\_INTRO)
- 02 YES, ADULT CANNOT COME TO PHONE (GO TO INT06)
- 03 NO, PHONE BELONGS TO SOMEONE 18 YRS OR YOUNGER (GO TO INT09)

## NUM\_ADULTS

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, **including** yourself, are 19 years of age or older?

(INTERVIEWER: FOR PURPOSES OF THIS SURVEY "HOUSEHOLD" REFERS TO ALL OF THE PEOPLE WHO ARE LIVING IN THIS HOUSE, APARTMENT, OR MOBILE HOME WHERE WE REACH THE RESPONDENT.)

ENTER NUMBER OF ADULTS

- 98 DK
- 99 REFUSED

## NUM\_ADULTSREF

(ASK IF NUM\_ADULTS = 98,99)

For the purposes of this survey, we will need to know the number of adults, aged 19 years or older, who are members of your household. I just want to reassure you that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?

(INTERVIEWER NOTE: IF R GIVES A NUMBER, SELECTING 01 WILL TAKE YOU BACK TO NUM\_ADULT TO ENTER A RESPONSE. YOU DO NOT HAVE TO RE-READ THE QUESTION.)

- 01 GIVES ANSWER - TAKES YOU BACK TO NUM\_ADULT TO ENTER RESPONSE
- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

## S10C

(ASK IF NUM\_ADULTS=0, ELSE GO TO S1)

Just to confirm, you said that there are no adults, 19 years of age or older in your household?

- 01 YES, THERE ARE NO ADULTS (GO TO INT09)
- 02 NO, THERE ARE ADULTS (GO BACK TO NUM\_ADULTS)
- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)



S1 The person in your household I need to interview is the adult aged 19 or older currently living in your household with the most recent birthday. Is that you or someone else?

(INTERVIEWER: SELECT THE PERSON WHO HAD THE LAST BIRTHDAY, NOT WHO WILL HAVE THE NEXT BIRTHDAY.)

(IF NECESSARY:

- Household refers to all the people who are living in this house, apartment, or mobile home where I have reached you. Members of a household do not have to be related; this includes roommates.
- Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.)

(INTERVIEWER: IF RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY ``Consider their order of birth, and tell me who was born **last**.´´)

- 01 SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR\_NAME)
- 02 NOT SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR\_NAME)
- 03 INDIVIDUAL ON PHONE DOES NOT KNOW HOUSEHOLD MEMBERS BIRTHDAYS
- 96 THERE ARE NO ADULTS 19 OR OVER IN HOUSEHOLD (GO TO INT09)
- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

S1a

May I speak to someone who knows about the household member's birthdays?

- 01 PERSON COMING TO THE PHONE (GO BACK TO S1)
- 02 NO ONE AVAILABLE WHO KNOWS HHM BIRTHDAYS (GO TO INT06)

CELL\_INTRO

Hello, my name is \_\_\_\_\_ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio and The Ohio State University. We are conducting a survey on health care issues. This call may be monitored or recorded for quality assurance.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything)

You are the person I need to interview.

- 01 CONTINUE

## SCR\_NAME

(FILL: IF CELL\_PICK=01 OR CELL\_CONFIRM=01 Then you are the person I need to interview.)

Could I have <PRESCR\_NAME> first name or initials?

(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP)

RECORD NAME OR INITIALS (TEXT RANGE=25 CHARACTERS)

## SPEAK1

(ASK IF: S1=01 OR CELL\_PICK= 01 OR NUM\_ADULTS=01 OR CELL\_CONFIRM=01 GO TO PREINFORM, ELSE ASK SPEAK1)

May I speak to <PRESCR\_NAME> now?

(INTERVIEWER:

- IF THE SELECTED RESPONDENT IS TEMPORARILY ILL AND WOULD BE ABLE TO DO THE INTERVIEW AT A LATER TIME, SELECT 02 NOT AVAILABLE.
- SELECT OPTION 03, ONLY IF THE SELECTED RESPONDENT CANNOT DO THE INTERVIEW DUE TO A LONG-TERM OR PERMANENT PHYSICAL OR MENTAL IMPAIRMENT.)

01 YES (GO TO S5)

02 NO (GO TO INT06)

03 SELECTED R IS PHYSICALLY OR MENTALLY IMPAIRED AND CANNOT DO INTERVIEW

98 DK (GO TO INT06)

99 REFUSED (GO TO INT06)

## SS2b

I need to speak to the person who knows the most about (FILL: SCR\_NAME'S) health insurance. Would that be you or someone else?

(INTERVIEWER: ATTEMPT TO GET A KNOWLEDGEABLE PERSON ON THE LINE. IF SUCCESSFUL, CODE IN '01' BELOW. IF UNSUCCESSFUL, ATTEMPT TO GET THE NAME OF A KNOWLEDGEABLE PERSON TO CALL BACK LATER AND CODE IN '02'. IF RESPONDENT SAYS NOBODY IN THE HOUSEHOLD IS KNOWLEDGEABLE, ASK, Who in the household would be the most knowledgeable?)

- 01 YES (GO TO PROXY\_NAME)
- 02 NO (GO TO SK\_SS2B)
- 98 DK (GO TO SK\_SS2B)
- 99 REFUSED (GO TO SK\_SS2B)

## PROXY\_NAME

Could I have (FILL: IF SS2b=01 your / IF SS2b=02 his or her) first name or initials?

(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also work.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP.)

RECORD NAME OR INITIALS (TEXT RANGE=25 CHARACTERS)

## S4a

(ASK IF: SS2b=02, ELSE GO TO S5)

May I speak to (FILL: PROXY\_NAME) please?

- 01 YES
- 02 NO (GO TO INT06)
- 98 DK (GO TO INT06)
- 99 REFUSED (GO TO INT06)

## S5

(ASK IF S4A=01 OR SPEAK1=01)

Hello, my name is \*\*\* and I am calling on behalf of the State of Ohio and The Ohio State University regarding an important study about health care issues affecting state residents. This call may be monitored or recorded for quality assurance.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything.)

- 01 AVAILABLE
- 02 NOT ABLE TO PARTICIPATE AT THIS TIME (GO TO INT06)

## INFORM

(FILL: IF SPEAK1=03: We are conducting a survey on health and health care issues. Since <SCR\_NAME> is unable to complete the interview, we would like you to respond on their behalf.)

Now, I would like to ask a few general questions about <YOURSELF\_NAM> and <YOUR\_HIS\_HER> family.

Before we begin, The Ohio State University would like me to tell you that the interview will last approximately 22 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential. May we begin?

(INTERVIEWER:

IF THE R SAYS NO, CLICK BREAK TO SET AN APPOINTMENT OR CODE A REFUSAL)

- 01 YES
- 02 NO (GO TO INT06)
- 99 REF (GO TO WHO\_REF)

## S2c

(ASK IF: SS2b = 01 OR S4a=01, ELSE ASK S15)

What is your relationship to <SCR\_NAME>?

(INTERVIEWER: READ LIST ONLY IF NECESSARY, and SAY: "You are <SCR\_NAME>'s...)

- 01 YOU ARE (SCR\_NAME)'S WIFE / FEMALE PARTNER
- 02 YOU ARE (SCR\_NAME)'S HUSBAND / MALE PARTNER
- 03 YOU ARE (SCR\_NAME)'S MOTHER
- 04 YOU ARE (SCR\_NAME)'S FATHER
- 05 YOU ARE (SCR\_NAME)'S DAUGHTER
- 06 YOU ARE (SCR\_NAME)'S SON
- 07 YOU ARE (SCR\_NAME)'S GRANDMOTHER
- 08 YOU ARE (SCR\_NAME)'S GRANDFATHER
- 09 YOU ARE (SCR\_NAME)'S AUNT
- 10 YOU ARE (SCR\_NAME)'S UNCLE
- 11 YOU ARE (SCR\_NAME)'S SISTER
- 12 YOU ARE (SCR\_NAME)'S BROTHER
- 13 YOU ARE (SCR\_NAME)'S OTHER FEMALE RELATIVE
- 14 YOU ARE (SCR\_NAME)'S OTHER MALE RELATIVE
- 15 YOU ARE (SCR\_NAME)'S FEMALE LEGAL GUARDIAN
- 16 YOU ARE (SCR\_NAME)'S MALE LEGAL GUARDIAN
- 17 YOU ARE (SCR\_NAME)'S FOSTER MOTHER
- 18 YOU ARE (SCR\_NAME)'S FOSTER FATHER
- 19 YOU ARE (SCR\_NAME)'S OTHER FEMALE NON-RELATIVE
- 20 YOU ARE (SCR\_NAME)'S OTHER MALE NON-RELATIVE

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO  
98 DK  
99 REFUSED

S15

What is <YOUR\_NAME> gender?

(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)

- 01 MALE  
02 FEMALE  
97 OTHER (SPECIFY)  
  
99 REFUSED

S8

How long <HAVE\_HAS> <YOU\_NAME> lived in Ohio? Has it been less than a month, or one month or more?

(INTERVIEWER: IF RESPONSE IS “ALL MY LIFE”, SELECT RESPONSE OPTION 02 “ONE MONTH OR MORE”.)

- 01 LESS THAN 1 MONTH (GO TO INT18)  
02 ONE MONTH OR MORE  
  
98 DK (GO TO INT18)  
99 REFUSED (GO TO INT18)

S9

In what county in the State of Ohio <DO\_DOES> <YOU\_NAME> live?

(IF NECESSARY: Which county <DO\_DOES> <YOU\_NAME> live in **most of the time**?)

(INTERVIEWER NOTE:

- FIND THE COUNTY RESPONDENTS NAME IN THE LIST AND CODE ACCORDINGLY.
- IF RESPONDENT SAYS MORE THAN ONE COUNTY NAME, CODE ONLY THE ONE RESPONDENT LIVES IN MOST OF THE TIME IS MOST SURE OF.

CATI: ANTICIPATED CODE FROM SAMPLE IS (FILL: RESTORE COUNTY FIPS CODE)

001	ADAMS	061	HAMILTON	121	NOBLE
003	ALLEN	063	HANCOCK	123	OTTAWA
005	ASHLAND	065	HARDIN	125	PAULDING
007	ASHTABULA	067	HARRISON	127	PERRY
009	ATHENS	069	HENRY	129	PICKAWAY
011	AUGLAIZE	071	HIGHLAND	131	PIKE
013	BELMONT	073	HOCKING	133	PORTAGE
015	BROWN	075	HOLMES	135	PREBLE
017	BUTLER	077	HURON	137	PUTNAM
019	CARROLL	079	JACKSON	139	RICHLAND
021	CHAMPAIGN	081	JEFFERSON	141	ROSS
023	CLARK	083	KNOX	143	SANDUSKY
025	CLERMONT	085	LAKE	145	SCIOTO
027	CLINTON	087	LAWRENCE	147	SENECA
029	COLUMBIANA	089	LICKING	149	SHELBY
031	COSHOCTON	091	LOGAN	151	STARK
033	CRAWFORD	093	LORAIN	153	SUMMIT
035	CUYAHOGA	095	LUCAS	155	TRUMBULL
037	DARKE	097	MADISON	157	TUSCARAWAS
039	DEFIANCE	099	MAHONING	159	UNION
041	DELAWARE	101	MARION	161	VAN WERT
043	ERIE	103	MEDINA	163	VINTON
045	FAIRFIELD	105	MEIGS	165	WARREN
047	FAYETTE	107	MERCER	167	WASHINGTON
049	FRANKLIN	109	MIAMI	169	WAYNE
051	FULTON	111	MONROE	171	WILLIAMS
053	GALLIA	113	MONTGOMERY	173	WOOD
055	GEAUGA	115	MORGAN	175	WYANDOT
057	GREENE	117	MORROW		
059	GUERNSEY	119	MUSKINGUM		

998 DK  
999 REFUSED

S9a

(ASK IF: S9=998 OR 999, ELSE GO TO S9B)

In what city or town <DO\_DOES> <YOU\_NAME> live?

(INTERVIEWER: PROBE FOR SPELLING NEEDED.)

RECORD RESPONSE (TEXT RANGE=70 CHARACTERS)

S9b

What is <YOUR\_NAME> ZIP code?

RECORD 5 DIGIT ZIP CODE (RANGE 43000-45999)

DK 99998

RE 99999

S11

(ASK IF: NUM\_ADULTS NOT EQUAL 1, ELSE GO TO S12)

(PROGRAMMER: S11 MAY BE UPDATED THROUGHOUT THE SCREENER. STORE ORIGINAL VALUE IN ZS11)

**Including** <YOURSELF\_NAM>, how many **adult** members of <YOURHISHER> **family**, age 19 and over, live in this household? By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reached you/proxy name. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

(IF RESPONDENT SAYS "0", ASK "Are you the only person age 19 or older in your family living in this household?" IF YES, CODE "01")

(IF RESPONDENT GIVES A NUMBER GREATER THAN 20, CODE RESPONSE AS 20.)

ENTER NUMBER (01 - 20)

98 DK (GO TO S12)

99 REFUSED (GO TO S12)

S11b

(ASK IF: S11> NUM\_ADULTS AND NUM\_ADULTS > 00, ELSE GO TO S12)

Let me see if I have this right, earlier I had recorded that there were <NUM\_ADULTS> living in <YOUR\_NAME> **household**, but now I recorded that there were <S11> in <YOUR\_NAME> **family**? Which of these is correct?

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reached you. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

- 01 CHANGE NUMBER OF ADULTS IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE NUM\_ADULTS
- 02 CHANGE NUMBER OF ADULTS IN FAMILY, ENTER NEW NUMBER AND RECODE S11
- 03 NO CHANGES (GO TO S12)
- 99 REFUSED (GO TO S12)

**S12**

How many children 18 years of age **or younger** live in your household, whether they are family members or not?

(IF NECESSARY:

- For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we have reached you.
- By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

ENTER NUMBER OF CHILDREN

- 98 DK (GO TO S14)
- 99 REFUSED (GO TO S14)

**S13b**

(IF S12=01)

Is the child living in your household a family member?

(ASK IF S12>01)

How many of the <S12> living in your household are family members?

(IF NECESSARY: By family, I mean children who are related to you by birth, marriage, adoption or legal guardian.)

(NOTE: IF RESPONDENTS SAYS "NONE" CODE AS 0)

ENTER NUMBER OF CHILDREN

- 98 DK (GO TO S13A)
- 99 REFUSED (GO TO S13A)



## NOCHILD\_CK

(ASK IF: S13B>S12, ELSE GO TO S13A)

Let me see if I have this right, there are <S12> total in the household, and <S13B> in the household who are family members. Which of these is correct?

- 01 CHANGE NUMBER OF CHILDREN IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S12 (GO TO S12)
- 02 CHANGE NUMBER OF CHILDREN IN FAMILY, ENTER NEW NUMBER AND RECODE S13 (GO TO S13B)
  
- 98 DK
- 99 REFUSED

## S13a

<AREYOU\_ISNAM> a parent of any of the < S12> living in your household, including children temporarily away from the home?

(IF NECESSARY: Parents include step parents, foster parents, and legal guardians.)

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

## S14

Please tell me how old <YOUWERE\_NAME> on <YOURHISHER> last birthday.

(IF NECESSARY:

- These questions are just to help ensure that this study's results represent everyone in the state of Ohio.
- Your best guess is fine.)

RECORD AGE (RANGE 019-125)

- 998 DK (GO TO S14A)
- 999 REFUSED (GO TO S14A)

S14a (ASK IF: S14=998,999, ELSE GO TO S14FILL)

On <YOUR\_NAME> last birthday would you say that <YOUWERE\_NAME>...

(IF NECESSARY:

- These questions are just to help ensure that this study's results represent everyone in the State of Ohio.
- Your best guess is fine.)

01 19–24 years old  
02 25–34 years old  
03 35–44 years old  
04 45–54 years old  
05 55–64 years old  
06 65–74 years old  
07 75 years old or older

98 DK (GO TO INT09)  
99 REFUSED (GO TO INT09)

**(SECTIONTIME\_SECS\_TIMEEND = ADMIN VARIABLE WITH SECTION S END TIME)**  
**(SECTIONTIME\_SECS\_TIMETOTAL = ADMIN VARIABLE WITH SECTION S TOTAL TIME)**  
**(SECTIONTIME\_SECS\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION S COMPLETED)**

## SECTION A: CURRENT INSURANCE STATUS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION A)  
(SECTIONTIME\_SECA\_TIMESTART = ADMIN VARIABLE WITH SECTION A START TIME)

PREA1

My next questions are about <YOUR\_NAME> **current** health insurance coverage, that is, the health coverage <YOU\_NAME> had **last week**, if any. Most of these questions require a “yes” or “no” answer.

01 CONTINUE

A1

<AREYOU\_ISNAM> covered by health insurance or some other type of health care plan?

01 YES (GO TO END OF SECTION A)

02 NO

98 DK

99 REFUSED

A1a

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE or Champ-VA.

Keeping this in mind, <AREYOU\_IS\_L> covered by health insurance or some other type of health care plan?

01 YES, INSURED

02 NO, NOT INSURED (GO TO C1)

98 DK (GO TO C1)

99 REFUSED (GO TO C1)

(SECTIONTIME\_SECA\_TIMEEND = ADMIN VARIABLE WITH SECTION A END TIME.)  
(SECTIONTIME\_SECA\_TIMETOTAL = ADMIN VARIABLE WITH SECTION A TOTAL TIME.)  
(SECTIONTIME\_SECA\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION A COMPLETED)

## SECTION B: CURRENTLY INSURED ADULT

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION B. )  
(SECTIONTIME\_SECB\_TIMESTART = ADMIN VARIABLE WITH SECTION B START TIME)

### Employer-based Coverage

B4A

<AREYOU\_ISNAM> covered by a health insurance plan through a current or former employer or union?

(IF NECESSARY:

- Either through (FILL: IF INT1=03 SCR\_NAME's/ ELSE your) own or someone else's employment.
- Include retiree coverage and COBRA.
- Do not include Medicare or Medicaid coverage.
- Military status is considered employment.)

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK,

"<AREYOU\_ISNAM> enrolled in the program now?")

- 01 YES
- 02 NO (GO TO B4B)
- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

B4Aa

(DP SKIPCHECK NOTE: B4aa1=02 WILL APPEAR HERE AS 01 AND B4aa1=03 WILL APPEAR AS 02) (POST-PROCESSING NOTE)

Is that insurance through <YOUR\_NAME> work or <AREYOU\_IS\_L> receiving insurance as a dependent through someone else's work?

(IF NECESSARY:

- A spouse is a dependent.
- This includes current or past work.
- The health insurance can come through a **past employer**, but the coverage **must be current**.)

- 01 <YOUROWN\_NAMC> WORK (GO TO B4AB)
- 02 SOMEONE ELSE'S WORK (GO TO B4AB)
- 03 BOTH THROUGH <YOUROWN\_NAMC> WORK AND SOMEONE ELSE'S WORK
- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

## B4Aa1

Just to confirm, you said that <YOUR\_NAME> insurance is through <YOUROWN\_NAME> work and someone else's work?

- 01 YES, INSURANCE BOTH THROUGH <OWN\_NAME\_C> and SOMEONE ELSE'S WORK
- 02 NO, INSURANCE THROUGH <OWN\_NAME\_C> WORK ONLY (RECODE B4Aa=01)
- 03 NO, INSURANCE THROUGH SOMEONE ELSE'S WORK (RECODE B4Aa=02)
- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

## B4Ab

(IF B4AA =01 OR 03 FILL: Is that through <YOUR\_NAME> current work or past work?)

(IF B4AA = 02 FILL: <AREYOU\_ISNAM> covered through that person's current work or past work?)

- 01 CURRENT WORK
- 02 PAST WORK
- 98 DK
- 99 REFUSED

## Medicare Coverage

## B4B

<AREYOU\_ISNAM> \_\$recall(recall= "also", condition="B4A=01 or B4Aa=01")covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or with certain disabilities?

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, “<AREYOU\_ISNAM> enrolled in the program now?”)

- 01 YES
- 02 NO

98 DK  
99 REFUSED

## Medicaid Coverage

B4C

\_\$recall(recall="<AREYOU\_ISNAM> **also** covered by **Medicaid**, the **State** of Ohio government health care program?", condition=" (b4a=01 OR b4b=01) ")

\_\$recall(recall="<AREYOU\_ISNAM> covered by **Medicaid**, the **State** of Ohio government health care program? ", condition="not(b4a=01 OR b4b=01) ")

(IF NECESSARY:

- Medicaid uses managed care organizations like CareSource, Buckeye, Molina, Paramount, and United Healthcare.
- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, and Medicaid for the Aged, Blind and Disabled, commonly referred to as ABD.
- Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, MyCare Ohio, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.)

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’, THEN ASK,

“<AREYOU\_ISNAM> enrolled in the program now?”)

01 YES (GO TO B4B\_CON1)  
02 NO

98 DK  
99 REFUSED

B4CFILLA - Calculated fill for B4C\_CK based on S9

(FILL:

- IF S9= Butler, Clermont, Clinton, Delaware, Franklin, Hamilton, Madison, Pickaway, Union, Warren: the MyCare Ohio program that includes **Aetna Better Health Care** and Molina Healthcare
- IF S9=Fulton, Lucas, Ottawa, Wood: the MyCare Ohio program that includes **Aetna Better Health Care** and Buckeye Community Health Plan
- IF S9=Cuyahoga, Geauga, Lake, Lorain, Medina: the MyCare Ohio program that includes CareSource, **United HealthCare Community Plan**, and Buckeye Community Health Plan
- IF S9=Clark, Greene, Montgomery: the MyCare Ohio program that includes Buckeye Community Health Plan and Molina HealthCare

- IF S9= Columbiana, Mahoning, Portage, Stark, Summit, Trumbull, Wayne: the MyCare Ohio program that includes CareSource and **United HealthCare Community Plan**

## B4C\_CK

\_\$recall(recall="<AREYOU\_ISNAM> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, **United Healthcare Community Plan**, or Buckeye Community Health Plan?", condition="not(B4B=01)")

\_\$recall(recall="<AREYOU\_ISNAM> also covered by MBI WD,<b4cfilla> Medicare Premium Assistance Programs, QMB, SLMB, Healthy Families or Healthy Start? ",condition=" B4B = 01")

\_\$recall(recall="(IF NECESSARY: Code any references to United Healthcare plans other than **United Healthcare Community Plan** or Paramount plans other than Advantage as 02=No)",condition="not(B4B=01)")

## (IF NECESSARY, AS A REMINDER):

- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.
- Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.
- QMB refers to Qualified Medicare Beneficiary and is a program that assists with Medicare premiums and cost sharing.
- SLMB refers to Specified Low-Income Medicare Beneficiary and is a program that assists with Medicare premiums.
- MBI WD refers to Medicaid Buy In for Working Disabled.)

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’, THEN ASK,

“<AREYOU\_ISNAM> enrolled in the program now?”)

01 YES

02 NO

98 DK

99 REFUSED

## B4C\_CK\_payer

(ASK IF B4C\_CK = 01)

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government program, <YOU\_NAME> or <YOURHISHER> family, or someone else?

- 01 EMPLOYER OR UNION
- 02 STATE OR LOCAL GOVERNMENT PROGRAM
- 03 <YOU\_NAME\_C> OR FAMILY
- 04 SOMEONE ELSE
  
- 98 DK
- 99 REFUSED

## B4B\_CON1

(ASK IF (B4B = 01 AND ((S14>=19 AND S14<65) OR (S14A>=01 AND S14A <06))) OR (B4B=02 AND ((S14>=65 AND S14<=125) OR (S14A=06))) OR (B4C\_CK=98, 99) OR (B4B=98, 99)), ELSE GO TO B4B\_R.

Just to verify, <AREYOU\_IS\_L> covered by the state **Medicaid** program, or <AREYOU\_ISNAM> covered through the national **Medicare** program, or by both **Medicaid** and **Medicare**?

(IF NECESSARY:

- Medicare is different from Medicaid. Medicare is a **Federal** health insurance for people 65 years or older and people with disabilities and is run by the Social Security Administration.
- Medicaid is a **State of Ohio** program that pays for medical insurance for certain individuals and families with low incomes and resources.)

- 01 MEDICAID ONLY
- 02 MEDICARE ONLY
- 03 BOTH MEDICAID AND MEDICARE
- 04 NEITHER
  
- 98 DK
- 99 REFUSED

## B4B\_CON2

(ASK IF: B4B\_CON1 = 01 AND (S14 >=65 OR S14A = 06)) OR (B4B\_CON1=02 AND ((S14>18 AND S14 <65) OR S14A<06)), ELSE GO TO B4B\_R

And <you\_name> <werewas> years old. Is that correct?

- 01 YES (GO TO B4B\_R)
- 02 NO
  
- 98 DK (GO TO B4B\_R)
- 99 REFUSED (GO TO B4B\_R)



**B4BCAGE**

(ASK IF: B4B\_CON2=02, ELSE GO TO B4B\_R)

How old were <you\_name> on your last birthday?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio. Your best guess is fine.)

ENTER AGE IN YEARS

998 DK

999 REFUSED

**B4B\_R**

IF ((B4B\_CON1= 02,03) THEN B4B\_R=01), IF((B4B\_CON1 = 01,04) THEN B4B\_R=02), IF ((B4B\_CON1= 98) THEN B4B\_R=98), IF ((B4B\_CON1=99) THEN B4B\_R= 99), ELSE B4B\_R= B4B

01 YES

02 NO

98 DK

99 REFUSED

**B4C\_R**

IF ((B4B\_CON1=01 OR 03) THEN B4C\_R=01); ELSE IF ((B4B\_CON1=02 OR 04) THEN B4C\_R=02); ELSE IF B4B\_CON1=98 THEN B4C\_R=98; ELSE IF B4B\_CON1=99 THEN B4C\_R =99; ELSE IF B4C=1 THEN B4C\_R=1; ELSE IF ((B4C\_CK=1 AND B4C\_CK\_payer=02) THEN B4C\_R=1); ELSE IF (B4C\_CK=01 AND B4C\_CK\_payer NE 02) THEN B4C\_R=02; ELSE B4C\_R=B4C\_CK)

01 YES

02 NO

98 DK

99 REFUSED

**B4Ca**

(ASK: IF B4C\_R=01), ELSE GO TO B4E

Which Medicaid plan <AREYOU\_IS\_L> covered by?

(IF NECESSARY: Is it Healthy Families, Healthy Start, Medicaid for the Aged, Blind and Disabled, Individual Options, IO, Level One Waiver, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, MyCare Ohio, or something else?)

(INTERVIEWER:  
CODE ANY REFERENCE TO NOT HAVING MEDICAID AS 17. ALSO CODE ANY  
REFERENCES TO UNITED HEALTHCARE PLANS OTHER THAN UNITED  
HEALTHCARE COMMUNITY PLAN OR PARAMOUNT PLANS OTHER THAN  
ADVANTAGE AS 17.)

- 01 HEALTHY FAMILIES
- 02 HEALTHY START
- 03 MEDICAID FOR THE AGED, BLIND AND DISABLED, MBI WD, BCCP, HOME  
CHOICE/MONEY FOLLOWS THE PERSON (MFP), SPECIALIZED RECOVERY  
SERVICES (SRS)
- 04 PASSPORT OR ASSISTED LIVING WAIVER,
- 05 OHIO HOME CARE WAIVER
- 06 INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
- 07 MYCARE OHIO
- 08 MEDICARE PREMIUM ASSISTANCE PROGRAM (MPAP), QMB, SLMB, "HELP  
WITH MEDICARE"
- 09 AETNA BETTER HEALTH CARE, AETNA
- 11 BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
- 12 CARESOURCE
- 13 MOLINA HEALTHCARE
- 14 PARAMOUNT ADVANTAGE, PARAMOUNT
- 15 UNITED HEALTH CARE COMMUNITY PLAN, UNITED
- 17 EMPLOYEE/PERSONAL/NON-MEDICAID
  
- 97 OTHER
- 98 DK
- 99 REFUSED

B4C2

How long <HAVE\_HAS> <YOU\_NAME> been covered by <FL\_B4CA>? Would you say...

(IF NECESSARY: Your best guess is fine.)

- 01 Less than 3 months
- 02 3 months to 1 year,
- 03 1 to 2 years, or
- 04 more than 2 years?
  
- 98 DK
- 99 REFUSED

**Private Coverage**

B4E

<AREYOU\_ISNAM>                    \_\$Recall                    (RECALL="also",  
 CONDITION="B4A=01 OR B4AA=01 OR B4C=01 OR (B4C\_CK=01  
 AND B4C\_CK\_payer=3)") covered by health insurance purchased directly,  
 that is, a plan not related to current or past employment?

- 01     YES
- 02     NO
  
- 98     DK
- 99     REFUSED

B4G

<DODOESC> <YOU\_NAME> have any **other** health care coverage that I have not mentioned?

(INTERVIEWER NOTE: If “Exchange” is mentioned, then code as Yes.)

(PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT:  
 That sounds like a plan I asked you about before. <DODOESC> <YOU\_NAME> have any **other**  
 health care coverage that I did **not** mention earlier? GO BACK AND CHANGE ANSWERS AS  
 NECESSARY.)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:

- FILL: IF B4A=01 HEALTH PLAN THROUGH EMPLOYER
- FILL: IF B4B\_R=01 MEDICARE (65+ & DISABILITIES)
- FILL: IF B4C\_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
- FILL: IF B4E=01 DIRECT PURCHASE INSURANCE PLAN

- 01     YES
- 02     NO (GO TO B4CHK)
  
- 98     DK (GO TO B4CHK)
- 99     REFUSED (GO TO B4CHK)

B4H

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government program is it <YOU\_NAME> or <YOURHISHER> family, or someone else?

- 01 EMPLOYER OR UNION
- 02 STATE OR LOCAL GOVERNMENT PROGRAM
- 03 <YOU\_NAME\_C> OR FAMILY
- 04 SOMEONE ELSE
  
- 98 DK
- 99 REFUSED

B4CHK

(ASK IF: (B4A=01 + B4B\_R=01 + B4C\_R=01 + B4E=01 + B4G=01 > 1) AND (B4B\_CON1=MISSING)), ELSE GO TO B18)

To confirm, you said <YOU\_NAME> <AREIS> covered by:

(FILL:

- FILL: IF B4A=01 a health insurance plan through a current or former employer or union
- FILL: IF B4B\_R=01 Medicare
- FILL: IF B4C\_R=01 Medicaid
- FILL: IF B4E=01 health insurance purchased directly
- FILL: IF B4G=01 some other health coverage)

Is that correct?

- 01 YES (GO TO B10)
- 02 NO
  
- 98 DK
- 99 REFUSED

### Insurance Covered Health Services

B18

(GO TO B19 IF: (B4A=02) AND (B4B\_R=02) AND (B4C\_R=01) AND (B4E=02) AND (B4G=02))

How long <HAVE\_HAS> <YOU\_NAME> been covered by <YOURHISHER> current primary health insurance plan? Would you say...

(IF NECESSARY:

- Your best guess is fine.
- The primary plan is the plan that pays the medical bills first or pays most of the medical bills. How long <HAVE\_HAS> <YOU\_NAME> been covered by that plan?)

- 01 Less than 3 months,
- 02 3 months to 1 year,
- 03 1 to 2 years, or (GO TO START OF SECTION D)
- 04 more than 2 years?  
(GO TO START OF SECTION D)
  
- 98 DK
- 99 REFUSED

### Previous Coverage

B19

(ASK IF: (B18=01, 02) OR (B4C2=01, 02))

Before <YOU\_NAME> became covered with <YOURHISHER> current primary health insurance plan, <WEREWAS> <YOU\_NAME> covered by another plan within the past 12 months?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

B20

(ASK IF: (B19=01 AND B4C\_R = 02,98,99))

Just prior to <YOUR\_NAME> current health insurance coverage <WEREWAS> <YOU\_NAME> covered by **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

- 01 YES
- 02 NO (GO TO B21)
  
- 98 DK (GO TO B21)
- 99 REFUSED (GO TO B21)

B21

ASK IF (B20=2,98,99 AND B19=1) OR (B4C\_R=1 AND B19=1)

Just prior to <YOUR\_NAME> current health insurance coverage, <WEREWAS>  
<YOU\_NAME> covered by a health insurance plan obtained through an employer or union?

(IF NECESSARY:

- Either through <YOUR\_NAME> own or someone else's employment.
- Include retiree coverage and COBRA.
- Do not include Medicare or Medicaid coverage.)

01 YES

02 NO (GO TO B22)

98 DK (GO TO B22)

99 REFUSED (GO TO B22)

B22

ASK IF (B21=2,98,99)

Just prior to <YOUR\_NAME> current health insurance coverage,  
<WEREWAS> <YOU\_NAME> covered by any other insurance that  
<YOU\_NAME> or <YOURHISHER> family paid for completely?

01 YES (GO TO B27)

02 NO

98 DK

99 REFUSED

B24

(ASK IF: B19=01 AND (B22=02,98,99), ELSE GO TO B27)

Just prior to <YOUR\_NAME> current health insurance coverage, <WEREWAS>  
<YOU\_NAME> covered by any health insurance plan?

01 YES

02 NO (START OF SECTION D)

98 DK

99 REFUSED

**Coverage Past 12 Months**

B27

(ASK IF: (B18 = 01, 02, 98, 99) OR (B4C2 = 01, 02, 98, 99))

**During the past 12 months**, how long <werewas> <you\_name> without health insurance coverage? Would you say...

(IF NECESSARY: Your best guess is fine.)

- 01 0 to 2 months
- 02 3 to 6 months, or
- 03 7 to 12 months

**(SECTIONTIME\_SECB\_TIMEEND = ADMIN VARIABLE WITH SECTION B END TIME.)****(SECTIONTIME\_SECB\_TIMETOTAL = ADMIN VARIABLE WITH SECTION B TOTAL TIME.)****(SECTIONTIME\_SECB\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION B COMPLETED.)**

**SECTION C: CURRENTLY UNINSURED ADULT**

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION C.)  
(SECTIONTIME\_SECC\_TIMESTART = ADMIN VARIABLE WITH SECTION C START TIME)**

(ASK IF: (A1a = 02, 98, 99)  
C1\_new

When <WEREWAS> <you\_name> last covered by any type of health insurance plan? Was it...

- 01 Less than 3 months ago,
- 02 3 months to less than 1 year ago,
- 03 1 to 3 years ago, or (GO TO PRED30)
- 04 More than 3 years ago? (GO TO PRED30)\*
- 05 NEVER HAD COVERAGE (GO TO PRED30)
  
- 98 DK (GO TO PRED30)
- 99 REFUSED (GO TO PRED30)

C3

The last time <YOU\_NAME> had health insurance <werewas> <YOUHESHE> covered by Medicaid, the State of Ohio government health care program?

(IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choice, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, MyCare Ohio, and Transitions.)

- 01 YES (GO TO PRED30)
- 02 NO
  
- 98 DK
- 99 REFUSED



C4

The last time <YOU\_NAME> had health insurance, <WEREWAS> <you\_name> covered by a plan obtained through a current or former employer or union?

(IF NECESSARY:

- Either through <YOUR\_NAME> own or someone else's employment.
- Include retiree coverage and COBRA.
- Do not include Medicare or Medicaid coverage.)

01 YES

02 NO

98 DK

99 REFUSED

**(SECTIONTIME\_SECC\_TIMEEND = ADMIN VARIABLE WITH SECTION C END TIME.**

**SECTIONTIME\_SECC\_TIMETOTAL = ADMIN VARIABLE WITH SECTION C TOTAL TIME**

**SECTIONTIME\_SECC\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION C COMPLETED)**

## SECTION D: ADULT HEALTH STATUS & CARE GIVING

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION D.)  
(SECTIONTIME\_SECD\_TIMESTART = ADMIN VARIABLE WITH SECTION D START TIME)

### General Health

IF PROXY\_FLAG=1, GOTO CDC\_1

PRED30

Now I would like to ask about your health.

01 CONTINUE

D30

In general, would you say your health is excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
  
- 98 DK
- 99 REFUSED

D30I

Now, thinking about your mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, **during the past 30 days** did a mental health condition or emotional problem keep you from doing your work or other usual activities?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "SO NO DAYS AT ALL?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-31)

- 98 DK
- 99 REFUSED

CDC\_transition: With this next set of questions, we want to ask about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.

CDC\_1:

<AREYOU\_ISNAME> deaf, or <DO\_DOES><YOU\_NAME> have serious difficulty hearing?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

01 YES  
02 NO  
  
98 DK  
99 REFUSED

CDC\_2:

<AREYOU\_ISNAME> blind, or <DO\_DOES> <YOU\_NAME> have serious difficulty seeing, even when wearing glasses?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

01 YES  
02 NO\*cdc  
  
98 DK  
99 REFUSED

CDC\_3:

<DODOESC> <YOU\_NAME> have serious difficulty walking or climbing stairs?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

01 YES  
02 NO  
  
98 DK  
99 REFUSED

CDC\_4:

<DODOESC> <YOU\_NAME> have difficulty dressing or bathing?

INTERVIEWER NOTE: "Difficulty" is whatever you define or perceive it to be.

01 YES  
02 NO  
  
98 DK  
99 REFUSED

CDC\_ 5:

Because of a physical, mental or emotional condition, <DO\_DOES> <YOU\_NAME> have serious difficulty concentrating, remembering or making decisions?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

01  
02 NO  
  
98 DK  
99 REFUSED

CDC\_ 6:

Because of a physical, mental or emotional condition, <DO\_DOES> <YOU\_NAME> have difficulty doing errands alone, such as visiting a doctor's office or shopping?

INTERVIEWER NOTE: "Difficulty" is whatever you define or perceive it to be.

01 YES  
02 NO  
  
98 DK  
99 REFUSED

ADULT\_DD

<DODOESC> <YOU\_NAME> have a developmental disability?

(IF NECESSARY: Developmental disabilities are a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.)

01 YES  
02 NO  
  
98 DK  
99 REFUSED

Thinking about any injuries you may have experienced....

D33

(ASK IF: ((S14>54) AND (S14<126)) OR (S14A=05,06) OR (ADULT\_DD=01), ELSE GO TO D41)

Within the past 12 months, have you been injured due to a fall?

- 01 YES
- 02 NO (GO TO D41)
  
- 98 DK (GO TO D41)
- 99 REFUSED (GO TO D41)

D33b

Did this injury due to a fall result in a visit to a doctor, nurse, other health professional, a clinic, or hospital?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

### Chronic Conditions

D41

The next questions are about medical conditions you may have.

Has a doctor, nurse or other health professional ever told you that you had any of the following?  
For each, tell me Yes or No.

High blood pressure or hypertension?

(INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE', 'PRE-HYPERTENSION' OR 'HIGH NORMAL' THEN CODE AS '02')

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

**Heart Disease**

D41A

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A heart attack, also called a myocardial infarction?

(MYOCARDIAL: mahy-uh-kahr-dee-uh-l)

(INFARCTION: in-fahrk-shuh n)

01 YES

02 NO

98 DK

99 REFUSED

D41b

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

Coronary heart disease, also known as coronary **artery** disease, congestive heart **disease** or angina (an-jy-nuh)?

(ARTERY: ARE-TUR-EE)

(CONGESTIVE: KUN-JES- TIV)

(CORONARY: KAWR-E-NEREE)

01 YES

02 NO

98 DK

99 REFUSED

D41c

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A stroke?

01 YES

02 NO

98 DK

99 REFUSED

D41d

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

Congestive heart **failure**?

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

01 YES

02 NO

98 DK

99 REFUSED

### **High Cholesterol**

D42

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

High cholesterol?

(Has a doctor, nurse, or other health professional ever told you that you had any of the following?)

01 YES

02 NO

98 DK

99 REFUSED

### **Diabetes**

D43

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

Diabetes or sugar diabetes?

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

01 YES

02 NO (GO TO D44)

03 (VOLUNTEERED) BORDERLINE

98 DK (GO TO D44)

99 REFUSED (GO TO D44)

D43b

(ASK: IF S15≠01, ELSE GO TO D43c)

Was your **diabetes** only during a time associated with a pregnancy?

01 YES ONLY WHEN PREGNANT

02 NO

98 DK

99 REFUSED

D43c

(ASK: IF D43 = 01, ELSE GO TO D44)

Are you now taking insulin?

01 YES

02 NO

98 DK

99 REFUSED

D43d

(ASK: IF D43 = 01, ELSE GO TO D44)

Are you now taking diabetic pills to lower your blood sugar? (IF NECESSARY: These are sometimes called oral agents or oral hypoglycemic agents.)

01 YES

02 NO

98 DK

99 REFUSED

**Asthma**

D44

Have you ever been told by a doctor or any health professional that you had asthma?

01 YES

02 NO

98 DK

99 REFUSED



**Arthritis**

D48

//ASK IF S14 &gt; 44 OR S14A &gt; 03//

Have you ever been told by a doctor or any other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

**Pregnancy Status**

E65 (ASK: IF S15=02 AND (S14 &lt;45 OR (S14A = 01, 02, 03))), ELSE GO TO D30A\_VALUE

During the past 12 months were you pregnant at any time?

- 01 YES
- 02 NO (GO TO D30A\_VALUE)
- 98 DK (GO TO D30A\_VALUE)
- 99 REFUSED (GO TO D30A\_VALUE)

E65a

Are you currently pregnant?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

**Weight and Height**

D30a\_VALUE

//IF E65a=01: Just before your current pregnancy, about how much did you weigh without shoes?//

About how much do you weigh without shoes?

(INTERVIEWER: ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS.) ENTER WEIGHT (RANGE 1-700)

- 998 DK
- 999 REFUSED

## D30a\_UNIT

(About how much do you weigh without shoes?)

(INTERVIEWER: -ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS.) ENTER WEIGHT (RANGE 1-700)

ENTER UNITS)

- 01 POUNDS
- 02 KILOGRAMS
  
- 98 DK
- 99 REFUSED

## D30b

About how tall are you without shoes?

(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.

IF R GIVES HEIGHT IN HALF-INCH INCREMENT, ROUND UP TO NEAREST WHOLE NUMBER.)

- 01 ANSWERED IN FEET/INCHES (GO TO D30B\_F)
- 02 CENTIMETERS (GO TO D30B\_C)
  
- 98 DK (GO TO IS\_UCLA1)
- 99 REFUSED (GO TO IS\_UCLA1)

## D30B\_F

(About how tall are you without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

(1-8 FEET)

## D30B\_I

(About how tall are you without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

(00-12 INCHES)

**LONELINESS/ISOLATION QUESTIONS**

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way. You do not have to answer any questions that make you uncomfortable.

**IS\_UCLA1**

First, how often do you feel that you lack companionship?

- 01 Hardly ever
- 02 Some of the time
- 03 Often
  
- 98 DK
- 99 REFUSED

**IS\_UCLA2**

How often do you feel left out?

- 01 Hardly ever
- 02 Some of the time
- 03 Often
  
- 98 DK
- 99 REFUSED

**IS\_UCLA3**

How often do you feel isolated from others?

- 01 Hardly ever
- 02 Some of the time
- 03 Often
  
- 98 DK
- 99 REFUSED

**Substance Use**

These next few questions are about your experiences with tobacco, alcohol and other substances.

D45

(ASK IF: PROXY\_FLAG NE 1, ELSE GO TO END OF SECTION D)

Have you smoked at least 100 cigarettes in your entire life?

(IF NECESSARY: 5 packs contain 100 cigarettes. This does not include smoking pipes, cigars, and electronic cigarettes or e-cigarettes.)

- 01 YES
- 02 NO (GO TO D45d)
  
- 98 DK
- 99 REFUSED

D45a

Do you smoke cigarettes every day, some days, or not at all?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 NOT AT ALL (GO TO D45D)
  
- 98 DK
- 99 REFUSED

D45d

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 NOT AT ALL
  
- 98 DK
- 99 REFUSED

D45e.

Have you ever used an electronic cigarette or vaping product even one time?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

//IF D45E=01//

D45F

Do you now use e-cigarettes or vaping products every day, some days, rarely, or not at all?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 RARELY
- 04 NOT AT ALL
  
- 98 DK
- 99 REFUSED

D46

**During the past 30 days**, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "SO NO DAYS AT ALL?" AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS (RANGE 0 – 30)

- 98 DK
- 99 REFUSED

D46A

(ASK IF D46>0)

**During the past 30 days**, considering all types of alcoholic beverages, on how many days, if any, did you have <d46fill> or more drinks on an occasion?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "so no days at all?" AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS (RANGE 0 – 30)

- 98 DK
- 99 REFUSED

D46B.

During the past 30 days, on how many days did you use marijuana or cannabis?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "so no days at all?" AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DAYS            (RANGE 0 – 30)

98     DK  
99     REFUSED

D46C\_1

Have you ever, even once, used any prescription **pain** reliever in any way a doctor did not direct you to use them?

(IF NECESSARY: This includes using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it or using it in any other way a doctor did not direct you to use it.)

01     YES  
02     NO  
98     DK  
99     REFUSED

(SECTIONTIME\_SECD\_TIMEEND = ADMIN VARIABLE WITH SECTION D END TIME.

SECTIONTIME\_SECD\_TIMETOTAL = ADMIN VARIABLE WITH SECTION D TOTAL TIME

SECTIONTIME\_SECD\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION D COMPLETED)

## SECTION E: UTILIZATION OF ADULT HEALTH CARE SERVICES

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION E.)  
(SECTIONTIME\_SECE\_TIMESTART = ADMIN VARIABLE WITH SECTION E START TIME)

### Visits to Medical Doctor and Health Professional

I would now like to ask about <YOUR\_NAME> use of health care services.

E59

**Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <YOU\_NAME> last saw a doctor or other health care professional about <YOURHISHER> own health? Was it...

(IF NECESSARY:

- Your best guess is fine. How long ago was <YOUR\_NAME> last visit to a doctor or health professional?
- This would include a routine checkup, physical or for any reason.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DOCTOR
  
- 98 DK
- 99 REFUSED

E59\_1

(ASK: IF (E59==03), ELSE GO TO E59A)

I want to make sure I have this right, <YOU\_NAME> <HAVE\_HAS> **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

- 01 NEVER BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL IN THEIR OFFICES
- 02 BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL BUT NOT IN AN OFFICE
- 03 INCORRECT RESPONSE (GO BACK TO E59)
  
- 98 DK
- 99 REFUSED

E59A

(ASK IF E59=01, 98, 99)

About how long has it been since <YOU\_NAME> last visited a doctor for a **routine check-up**? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. Was it...

(IF NECESSARY: Your best guess is fine.)

(IF NECESSARY: Do NOT include overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DOCTOR FOR A ROUTINE CHECK-UP
  
- 98 DK
- 99 REFUSED

### Emergency Room Visits

E62

**During the past 12 months**, how many times <WEREWAS> <YOU\_NAME> a patient in a hospital **emergency** room?

(IF NECESSARY: Include **emergency** room visits where <YOU\_NAME> <WEREWAS> admitted to the hospital.)

(IF NECESSARY: Your best guess is fine.)

- 00 NONE
- 01–20 (CODE ACTUAL VALUE)
- 21 MORE THAN 20
  
- 98 DK
- 99 REFUSED

(SECTIONTIME\_SECE\_TIMEEND = ADMIN VARIABLE WITH SECTION E END TIME.)

SECTIONTIME\_SECE\_TIMETOTAL = ADMIN VARIABLE WITH SECTION E TOTAL TIME

SECTIONTIME\_SECE\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION E COMPLETED)



## SECTION F: SOURCES OF CARE AND DETERMINANTS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION F)  
(SECTIONTIME\_SECF\_TIMESTART = ADMIN VARIABLE WITH SECTION F START TIME)

F67

Is there one place that <YOU\_NAME> usually <gogoes> to when <YOUARE\_NAME> sick or <YOUHESHE> <NEEDNEEDS> advice about <YOURHISHER> health?

(IF NECESSARY: THIS CAN INCLUDE AN ER. We are interested in whether <YOUHESHE> have one place <YOUHESHE> usually go to seek medical care, not whether <YOUHESHE> have been there recently.)

- 01 YES (GO TO F67\_2)
- 02 NO
- 03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO F67\_2)
- 98 DK
- 99 REFUSED

F67\_1

(ASK IF: F67=02, ELSE GO TO F67\_2)

Just to be sure, is it that there is **no place** at all that <YOU\_NAME> **usually** <gogoes> to when <youheshe> <areis> sick or <youheshe> <needneeds> advice about <YOURHISHER> health, **or** is it that <YOU\_NAME> <GOGOES> to more than one place?

- 01 NO PLACE AT ALL (GO TO F68)
- 02 MORE THAN ONE PLACE
- 98 DK (GO TO F68)
- 99 REFUSED (GO TO F68)

F67\_2

(ASK IF (F67 = 01, 03 OR F67\_1=02), ELSE GO TO F68)

Is this place where <YOU\_NAME> **usually** <GOGOES> for care...

INTERVIEWER NOTE: IF RESPONDENT SAYS THEY GO TO MORE THAN ONE PLACE SAY "Think about the place you go most often."

- 01 A doctor's office or health center?
- 02 A hospital emergency room?
- 03 An urgent care center?

- 04 A clinic in a pharmacy or grocery store? (//IF NECESSARY: sometimes called a “minute clinic” or “little clinic”)  
 05 or some other place
98. DK  
 99. REFUSED

## F67A1

A personal doctor or nurse is a health professional who knows <YOU\_NAME> well and is familiar with <YOURHISHER> health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician’s assistant.<DODOESC> <YOU\_NAME> have one or more persons <youheshe> <think\_s> of as <YOURHISHER> personal doctor or nurse?

(INTERVIEWER: IF R IS NOT CLEAR WHETHER THEY SEE ONE PERSON OR MORE THAN ONE PERSON ASK: Do you have one person or more than one person <youheshe><think\_s> of as <YOUR\_NAME> personal doctor or nurse?)

- 01 YES, ONE PERSON OR MORE THAN ONE PERSON  
 02 NO (GO TO F68\_INTRO)
- 98 DK (GO TO F68\_INTRO)  
 99 REFUSED (GO TO F68\_INTRO)

**Unmet Needs of Adult**

## F68\_intro

My next questions are about the care <YOU\_NAME> have received. For each question, please say yes or no.

**During the past 12 months**, was there a time when <YOU\_NAME> needed any of the following, but could **not** get it at that time:

## F68

Dental care?

- 01 YES  
 02 NO  
 03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
- 98 DK  
 99 REFUSED

## F68B\_3

Mental or emotional health care or counseling services?

- 01 YES
- 02 NO
- 03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
  
- 98 DK
- 99 REFUSED

## F68B\_4

Alcohol or other drug treatment, not counting cigarettes?

- 01 YES
- 02 NO
- 03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
  
- 98 DK
- 99 REFUSED

## F68C\_new

Any other health care, such as a medical exam, or medical supplies?

- 01 YES
- 02 NO
- 03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
  
- 98 DK
- 99 REFUSED

## F69\_new

Compared with three years ago, is getting the medical care <YOU\_NAME> <NEEDNEEDS> becoming easier, harder, or has it stayed the same?

- 01 EASIER
- 02 HARDER
- 03 STAYED THE SAME
- 04 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
  
- 98 DK
- 99 REFUSED

We just talked about the types of health care <YOU\_NAME> may have needed. Next, we'll ask about delaying or avoiding care.

avoid\_care

**During the past 12 months**, did <YOU\_NAME> delay or avoid getting care that <YOU\_NAME> felt <YOU\_NAME> needed?

(IF NECESSARY:

- Include delays because of health plan approval.
- "Care" means any health care, including prescription drugs.)

01 YES

02 NO

98 DK

99 REFUSED

//ASK IF AVOID\_CARE==01//

//RANDOMIZED why\_avoid\_a THROUGH why\_avoid\_d//

Why did you delay or avoid getting care? For each statement I read, please tell me yes or no.

why\_avoid\_a.

<YOU\_NAME\_C> thought it would cost too much?

01 YES

02 NO

98 DK

99 REFUSED

why\_avoid\_b.

<YOU\_NAME\_C> did not have transportation?

01 YES

02 NO

98 DK

99 REFUSED

why\_avoid\_c.

The provider was not available when <YOU\_NAME> needed to go?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

why\_avoid\_d.

<YOU\_NAME\_C> could not find a provider?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

### Financial Stress & Medical Bills

These next questions are about <YOUR\_NAME> financial situation.

F70

During the past 12 months, were there times when <YOU\_NAME> had problems paying or <YOU\_NAME> <WEREWAS> unable to pay for medical bills for <Rhimherslf> or anyone else in the family or household?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

Intro\_12mo

In the past 12 months, has it gotten easier, harder, or stayed the same to...

Debt\_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to...) Pay off any debt that <YOU> had?

Rent\_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to...) Pay <YOUR> rent or mortgage?

- 01 Easier
- 02 Harder
- 03 Stayed the same

- 04 RESPONDENT SAID THEY DID NOT HAVE THIS
- 98 DK
- 99 REFUSED

The next questions ask about cost of housing

- F3. Considering where you currently live, do you ...
- 01 Own or pay a mortgage on your home
  - 02 Pay rent
  - 03 Stay with friends or family without paying rent
  - 04 Live in a shelter or some other temporary housing
  - 05 Or are you currently homeless
  - 98 DK
  - 99 REFUSED

//IF F3==01 or 02 AND Rent\_12mo NE 04, Ask F3a.//

F3a Approximately how much do you pay in total for your **monthly** rent or mortgage? (IF NECESSARY: for your primary residence)

- 01 \_\_\_\_\_
- 98 DK
- 99 REFUSED

Now, considering your food situation:

FOOD\_WORRY:

At **any** time in the past 12 months, have <YOUHESHEC> **worried** whether <YOURHISHER> food would run out before <YOUHESHE> got money to buy more?

- 01 ES
- 02 NO
- 98 DK
- 99 REFUSED

FOOD\_OUT:

At **any** time in the past 12 months, have <YOUHESHE> you run out of food before <YOUHESHE> got money to buy more?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

(SECTIONTIME\_SECF\_TIMEEND = ADMIN VARIABLE WITH SECTION F END TIME.  
SECTIONTIME\_SECF\_TIMETOTAL = ADMIN VARIABLE WITH SECTION F TOTAL  
TIME  
SECTIONTIME\_SECF\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION F  
COMPLETED)

**SECTION G: EMPLOYMENT**

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION G.)  
(SECTIONTIME\_SECG\_TIMESTART = ADMIN VARIABLE WITH SECTION G START TIME)**

PREG71

The next question is about <YOUR\_NAME> current employment status.

01 CONTINUE

G71

(SKIP IF (B4AA=01,03) AND (B4AB=01) AND AUTOCODE G71 = 01)

**Last week** did <YOU\_NAME> have a job either full- or part-time?

(IF NECESSARY:

- Include any job from which <YOU\_NAME> <werewas> temporarily absent.
- The sponsors want to know whether it is difficult for people without jobs or for people in certain kinds of jobs to get or maintain health insurance coverage.)

01 YES

02 NO

98 DK (GO TO SK\_ENDG)

99 REFUSED (GO TO SK\_ENDG)

ASK IF G71 LE 02. ELSE GO TO SK\_ENDG.

G71Ret

Are you retired?

01 YES

02 NO

98 DK (GO TO SK\_ENDG)

99 REFUSED (GO TO SK\_ENDG)

//IF G71=01 AND G71Ret LE 02, GO TO PREG71A///IF G71=02 AND G71Ret=01, GO TO H76//

//IF G71=02 AND G71Ret=02, GO TO G76//

ASK IF PROXY\_FLAG=1 AND G71=01, ELSE GO TO SK\_ENDG  
PREG71A



These next questions are about your current employment status.

G71A

Thinking about just last week, how many hours did you work?

(INTERVIEWER NOTE: IF RESPONDENT SAYS THEY WERE SICK OR ON VACATION LAST WEEK, ASK “HOW MANY HOURS DO YOU WORK IN A TYPICAL WEEK?”)

//ENTER NUMBER 0–99// (>99 code as 99)

998 DK  
999 REF

//if G71A= 998 or 999//

G71B

Did you work...?

101 1–19 hours  
102 20–34 hours  
103 35 or more hours

998 DK  
999 REF

G71F //if G71=01//

How long have you had your current job?

(IF NECESSARY:

- Your best guess is fine.
- (if respondent says they have more than one job: “please answer for the job you work the most”)

Default to categorical

01 Less than 3 months  
02 3 months to 6 months  
03 More than 6 months to 1 year  
04 More than 1 year?  
98 DK  
99 REF

IF G71F = 03 OR 04, ASK G71C. ELSE GO TO G74.  
G71C

Thinking about the last six months, how many hours did you usually work per week?  
(IF NECESSARY: Your best guess is fine)

//ENTER Number 0-99// (>99 code as 99)

998 DK  
999 REF

//ASK IF G71F = 03 OR 04 AND G71A = 998 or 999. ELSE GO TO G74.//

G71D

Did you work...?

101 1-19 hours  
102 20-34 hours  
103 35 or more hours

998 DK  
999 REF

//ASK ALL//  
G71A\_NEW

<AREIS> <YOUHESHE> self-employed?

(INTERVIEWER:

- CODE WORKS FOR HIM/HER SELF, OWNS THEIR OWN BUSINESS, BABYSITTER AS 01.)
- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01 YES, SELF-EMPLOYED  
02 NO  
  
98 DK  
99 REFUSED

G72

((ASK: if G71 = 01 AND NOT (B4AA=01,03) OR (NOT B4AB=01), ELSE GO TO G72A))

Next I'm going to ask you a few questions about employment and health insurance. Does <YOUR\_NAME> employer or union offer health insurance to **any** of its employees?

(INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

- 01 YES
- 02 NO (GO TOSK\_ENDG)
- 98 DK (GO TOSK\_ENDG)
- 99 REFUSED (GOTOSK\_ENDG)

G72A

(ASK: IF (G72=01)

- ~~CODE "FULL TIME EMPLOYEES" AND "EMPLOYEES" AS 01 EMPLOYEES ONLY.~~
- ~~CODE "EMPLOYEE AND CHILDREN" OR "EVERYONE" OR "ALL OF THE ABOVE" AS 02 EMPLOYEES AND THEIR FAMILIES.)~~

ESI\_CHLD: To the best of your knowledge, does <YOUR\_NAME> employer or union offer coverage to the children of employees?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

ESI\_SPS: To the best of your knowledge, does <YOUR\_NAME> employer or union offer coverage to the spouses of employees?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

G72B

(ASK: IF (G72=01 AND G71A\_NEW =2)

**(IF B4Aa=01 OR 03 AND B4Ab=01 THEN AUTOCODE G72b=01 AND GO TO SK\_ENDG.)**

You may have already told me this, but <AREIS> <YOU\_NAME> **currently** eligible to participate in <YOURHISHER> employer or union health plan?

(INTERVIEWER:

- IF RESPONDENT STATES THAT THEY ARE IN A WAITING PERIOD, THEY ARE NOT CURRENTLY ELIGIBLE.
- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01 YES  
 02 NO  
  
 98 DK  
 99 REFUSED

G72c

(ASK: IF (G72B=01 AND (NOT (B4AA=01,03 AND B4AB=01)))

Please tell me whether each of the following was a reason <YOU\_NAME> <AREIS> **not** participating in <YOURHISHER> employer or union health insurance plan.

G72c\_1 Costs too much  
 G72c\_2 Have other insurance  
 G72c\_3 I/HE/SHE DO/DOES not need it

01 YES  
 02 NO  
  
 98 DK  
 99 REFUSED

//ASK IF G71==02//  
**NOT WORKING**

[ASK IF G71=02, ELSE GO TO H76]

**G76**

In the last month <HAVE\_HAS> <YOU\_NAME> looked for work?

01 YES  
 02 NO  
  
 98 DK  
 99 REFUSED

//ASK IF G71=02 AND G71Ret=02.//

**G77**

Earlier you said that <YOU\_NAME> <AREIS> not currently employed. People are unemployed for various reasons. I am going to read several reasons why <YOU\_NAME> may be unemployed. For each, please tell me yes or no.

CATI: RANDOMIZE ITEMS.

**G77A**

<YOU\_NAME\_C> could not find work.

01 YES  
02 NO

98 DK  
99 REFUSED

**G77B**

<YOU\_NAME\_C> <AREIS> caring for a family member.

01 YES  
02 NO

98 DK  
99 REFUSED

**G77C**

<YOU\_NAME\_C> <HAVE\_HAS> at least one physical or mental health limitation.

01 YES  
02 NO

98 DK  
99 REFUSED

**G77E**

<YOU\_NAME\_C> <AREIS> in a job training program or school.

01 YES  
02 NO

98 DK  
99 REFUSED

//ASK ONLY IF ENROLLED IN MEDICAID (B4C\_R == 01)//

**G77H**

<YOU\_NAME\_C> <AREIS> worried <YOUHESHE> will lose Medicaid coverage.

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

[ASK G78 THRU G78C IF G77A=01, ELSE GO TO H76]

**G78**

You said that <YOU\_NAME> could not find any work. I am going to read several reasons why <YOU\_NAME> may be unable to find work. For each, please tell me yes or no.

CATI: RANDOMIZE ITEMS

**G78A**

<YOU\_NAME\_C> <NEEDNEEDS> other schooling, training, or some other license or credential

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

**G78B**

<YOU\_NAME\_C> <DODOES> not have transportation.

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

**G78C**

<YOU\_NAME\_C> would <NEEDNEEDS> an employer background check.

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

(SECTIONTIME\_SECFGTIMEEND = ADMIN VARIABLE WITH SECTION G END TIME.  
SECTIONTIME\_SECG\_TIMETOTAL = ADMIN VARIABLE WITH SECTION G TOTAL  
TIME  
SECTIONTIME\_SECG\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION G  
COMPLETED)

## SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION H.)  
(SECTIONTIME\_SECH\_TIMESTART = ADMIN VARIABLE WITH SECTION H START TIME)

H76

The next few questions are for general classification purposes: <AREYOU\_ISNAM> currently...

- 01 married
- 02 not married, but living together with a partner
- 03 widowed (GO TO H77)
- 04 divorced or annulled (GO TO H77)
- 05 separated, or
- 06 never been married? (GO TO H77)
  
- 98 DK (GO TO H77)
- 99 REFUSED (GO TO H77)

H76A

Is <YOUR\_NAME> spouse or partner currently employed?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

H77

READ ANSWER OPTIONS ONLY IF ABSOLUTELY NECESSARY

What is the highest level of school (FILL: IF INT1=03 SCR\_NAME has/ELSE you have) completed or the highest degree received?

(IF RESPONSE IS:

- "HIGH SCHOOL", ASK "Does this mean "some high school" or "high school graduate".
- IF RESPONSE IS "COLLEGE", ASK "Does this mean "some college" or "four year college graduate".
- IF RESPONSE IS DEGREE, ASK "What type of degree?")

- 01 LESS THAN FIRST GRADE
- 02 FIRST THROUGH 8TH GRADE
- 03 SOME HIGH SCHOOL, BUT NO DIPLOMA

- 04 HIGH SCHOOL GRADUATE OR EQUIVALENT (GED/VOCATIONAL/TRADE SCHOOL GRADUATE)
- 05 SOME COLLEGE, BUT NO DEGREE
- 06 ASSOCIATE DEGREE (1-2 YEAR OCCUPATIONAL, TECHNICAL OR ACADEMIC PROGRAM)
- 07 FOUR YEAR COLLEGE GRADUATE/BACHELOR'S DEGREE
- 08 ADVANCED DEGREE (INCLUDING MASTER'S, PROFESSIONAL DEGREE, OR DOCTORATE)
  
- 98 DK
- 99 REFUSED

H78

<HAVEHASC> <YOU\_NAME> ever served in the United States Armed Forces?

(IF NECESSARY: This includes the Army, Navy, Marines, Air Force, Coast Guard, Nursing Corps, National Guard, or Military Reserves, (FILL: IF S15=02 or Women's Forces Branch).

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

//If H78=01//

H79.

Within the past 12 months, did <YOU\_NAME> receive any health services from a Veterans' Administration clinic, hospital, or outpatient center?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

S16

<AREYOU\_ISNAM> of Hispanic or Latino origin?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED



S17

*CODE ALL THAT APPLY*

Which one or more of the following would you say is <YOUR\_NAME> race?  
<AREYOU\_ISNAM> White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, or some other race I have not mentioned?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 06 HISPANIC, LATINO, SPANISH
- 97 OTHER
  
- 98 DK
- 99 REFUSED

S17B

(ASK IF: (MNB(S17,01)+MNB(S17,02)+MNB(S17,03)+MNB(S17,04)+MNB(S17,05))>1),  
ELSE GO TO S18)

Which of these groups, that is: uL\_\$Recall (RECALL="LI<RACE\_LBL:1>/LI",  
CONDITION="NBR(S17)==1 or NBR(S17)==2 or NBR(S17)==3 or NBR(S17)==4 or  
NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")\_\$Recall  
(RECALL="LI<RACE\_LBL:2>/LI", CONDITION="NBR(S17)==2 or NBR(S17)==3 or  
NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")\_\$Recall  
(RECALL="LI<RACE\_LBL:3>/LI", CONDITION="NBR(S17)==3 or NBR(S17)==4 or  
NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")\_\$Recall  
(RECALL="LI<RACE\_LBL:4>/LI", CONDITION="NBR(S17)==4 or NBR(S17)==5 or  
NBR(S17)==6 or NBR(S17)==7")\_\$Recall (RECALL="LI<RACE\_LBL:5>/LI",  
CONDITION="NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")\_\$Recall  
(RECALL="LI<RACE\_LBL:6>/LI", CONDITION="NBR(S17)==6 or NBR(S17)==7")\_\$Recall  
(RECALL="LI<RACE\_LBL:7>/LI", CONDITION="NBR(S17)==7")/uL would you say best  
represents <YOUR\_NAME> race?

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT  
QUESTION IF NECESSARY.)

**(PROGRAMMER: PLEASE LIMIT RESPONSE CHOICES TO THOSE SELECTED IN  
S17)**

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN

- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 06 HISPANIC, LATINO, SPANISH
  
- 97 OTHER
- 98 DK
- 99 REFUSED

S18

(ASK: IF NBR(S17)=1 AND S17=06, ELSE GO TO Q153A)

Do you consider <YOURSELF\_NAM> to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

- 01 WHITE HISPANIC
- 02 BLACK OR AFRICAN AMERICAN HISPANIC
- 03 ASIAN HISPANIC
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE HISPANIC
- 05 NATIVE HAWAIIAN OR PACIFIC ISLANDER HISPANIC
- 97 OTHER RACE HISPANIC
  
- 98 DK
- 99 REFUSED TO DISCRIMINATE

Q153A

\_\$recall(RECALL="Not including this phone number, does <YOUR\_NAME> household have any **other landline** telephone numbers primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.",CONDITION="CELL\_RESP=01")

\_\$recall(RECALL="Not including this phone number, <DO\_DOES> <YOU\_NAME> have any **other active cell** phone numbers primarily for non-business use? Do not include **landline** phone numbers.",CONDITION="CELL\_RESP=02")

(IF NEEDED: We are collecting this information for statistical purposes only. We will not ask for any additional telephone numbers.)

- 01 YES
- 02 NO (GO TO U3)
  
- 98 DK (GO TO U3)
- 99 REFUSED (GO TO U3)

Q153

\_\$recall(RECALL="Not including this phone number, how many other landline telephone numbers are there in <your\_name> house that are primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.",CONDITION="cell\_resp =01")

\_\$recall(RECALL="Not including this phone number, how many other active cell phone numbers <do\_does> <you\_name> have that are primarily for non-business use? Do not include landline phone numbers. ",CONDITION="cell\_resp =02")

\_\$recall(RECALL="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",CONDITION="cell\_resp=02")

(IF R SAYS 0, SAY: I want to be sure I recorded your response correctly. REREAD THE QUESTION AND IF THEY STILL SAY 0, GO BACK AND CHANGE ANSWER TO Q153a)

IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

01–10 (Code actual number)

11 MORE THAN 10

98 DK

99 REFUSED

U3

\_\$recall(recall="<dodoesC> <YOU\_NAME> personally use a cell phone?",condition="CELL\_RESP=01")

\_\$recall(recall="Excluding cell phones, does <your\_name> household have a landline telephone number primarily for non-business use? Do not include phones or numbers that are only used by a computer or fax machine.",condition="CELL\_RESP=02")

\_\$recall(recall="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",condition="CELL\_RESP=02")

01 YES

02 NO

98 DK

99 REFUSED

**Family Income**

H84\_NEW

(ASK IF: SUMS11S113B=98,99), ELSE GO TO H84\_A1))

How many family members, including yourself, live in your household?

INTERVIEWER NOTE: By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

ENTER NUMBER OF FAMILY MEMBERS

98 DK (SK\_ENDH)

99 REFUSED (SK\_ENDH)

H84\_A1\_INTRO

The next few questions ask about &lt;YOU\_NAME&gt; income so that the survey sponsors can find out how income relates to health insurance coverage and problems receiving medical care.

H84\_A1

(AUTOCODE: IF SUMS11S113B=1, THEN AUTOCODE H84\_A1=01 AND SKIP TO NEXT QUESTION)

Earlier you said there were &lt;sum of # of adults and children in family in household&gt; family members, including yourself, living in your household. How many of these family members are supported by the family's total income?

(IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

ENTER NUMBER

98 DK

99 REFUSED

H84\_A1\_extra

Are there any other family members who do not live in your home who are also supported by the family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents.")

01 YES

02 NO

98 DK  
99 REFUSED

H84\_A1\_number

(ASK IF H84\_A1\_extra=01)

How many other family members are also supported by the family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents.")

(ENTER NUMBER)

98 DK  
99 REFUSED

H84\_A2

What is your best estimate of \_\$Recall (RECALL="**<YOUR\_NAME>**", CONDITION="H84\_A1==01")\_ \$Recall (RECALL="**<YOUR\_NAME>** and **<YOUR\_NAME>** **family members**", CONDITION="H84\_A1>1") gross income **last month** before taxes and other deductions?

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: This includes family members living inside and outside the household support by you.)

RECORD INCOME (RANGE 1-9,999,996)

9999997 DID NOT HAVE INCOME (GO TO H84\_A3)  
9999998 DK  
9999999 REFUSED

H84\_A2CATS

(ASK IF: H84\_A1=98, 99 AND H84\_A2=9999998,9999999, ELSE GO TO H84\_A3)

\_\$recall(RECALL="I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.",CONDITION="H84\_A2=9999999")

\_\$recall(RECALL="I heard you say you don't know. I want to assure you that your best guess is fine.",CONDITION="H84\_A2=9999998")

Was \_\$recall (RECALL="<YOUR\_NAME>", CONDITION="H84\_A1==01")\_\$recall (RECALL="<YOUR\_NAME> and <YOUR\_NAME> family members", CONDITION="H84\_A1>1") gross income last month before taxes and other deductions more or less than <F\_H84\_A2CAT>?

- 01 BELOW (GO TO H84\_A2L)
- 02 EXACTLY NUMBER FILLED (GO TO H84\_A3)
- 03 ABOVE (GO TO H84\_A2H)
  
- 98 DK (GO TO H84\_A3)
- 99 REFUSED (GO TO F\_H84\_A3cats)

#### H84\_A2L

(ASK IF: H84\_A2CATS=03, ELSE GO TO H84\_A2H)

Which category best represents \_\$recall (RECALL="<YOUR\_NAME>", CONDITION="H84\_A1==01")\_\$recall (RECALL="<YOUR\_NAME> and <YOUR\_NAME> family members", CONDITION="H84\_A1>1") gross income before taxes and other deductions last month?

- (IF H84\_A1=1 DISPLAY CATEGORIES 01-05)
- (IF H84\_A1=2 DISPLAY CATEGORIES 06-10)
- (IF H84\_A1=3 DISPLAY CATEGORIES 11-15)
- (IF H84\_A1=4 DISPLAY CATEGORIES 16-20)
- (IF H84\_A1=5 DISPLAY CATEGORIES 21-25)
- (IF H84\_A1=6 DISPLAY CATEGORIES 26-30)
- (IF H84\_A1=7 DISPLAY CATEGORIES 31-35)
- (IF H84\_A1=8 DISPLAY CATEGORIES 36-40)
- (IF H84\_A1=9 DISPLAY CATEGORIES 41-45)
- (IF H84\_A1=10 DISPLAY CATEGORIES 46-50)
- (IF H84\_A1=11 DISPLAY CATEGORIES 51-55)
- (IF H84\_A1=12 DISPLAY CATEGORIES 56-60)
- (IF H84\_A1=13 DISPLAY CATEGORIES 61-65)
- (IF H84\_A1=14 DISPLAY CATEGORIES 66-70)
- (IF H84\_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$400	or less	
02	Over	\$400	to	\$600
03	Over	\$600	to	\$900
04	Over	\$900	to	\$1,000
05		\$1,000	to	\$1,300
06		\$600	or less	
07	Over	\$600	to	\$900
08	Over	\$900	to	\$1,200
09	Over	\$1,200	to	\$1,300

10		\$1,300	to	\$1,800
11		\$700	or less	
12	Over	\$700	to	\$1,100
13	Over	\$1,100	to	\$1,500
14	Over	\$1,500	to	\$1,600
15		\$1,600	to	\$2,300
16		\$900	or less	
17	Over	\$900	to	\$1,300
18	Over	\$1,300	to	\$1,800
19	Over	\$1,800	to	\$2,000
20		\$2,000	to	\$2,700
21		\$1,000	or less	
22	Over	\$1,000	to	\$1,500
23	Over	\$1,500	to	\$2,100
24	Over	\$2,100	to	\$2,300
25		\$2,300	to	\$3,200
26		\$1,200	or less	
27	Over	\$1,200	to	\$1,800
28	Over	\$1,800	to	\$2,400
29	Over	\$2,400	to	\$2,700
30		\$2,700	to	\$3,700
31		\$1,300	or less	
32	Over	\$1,300	to	\$2,000
33	Over	\$2,000	to	\$2,700
34	Over	\$2,700	to	\$3,000
35		\$3,000	to	\$4,100
36		\$1,500	or less	
37	Over	\$1,500	to	\$2,200
38	Over	\$2,200	to	\$3,000
39	Over	\$3,000	to	\$3,300
40		\$3,300	to	\$4,600
41		\$1,600	or less	
42	Over	\$1,600	to	\$2,400
43	Over	\$2,400	to	\$3,300
44	Over	\$3,300	to	\$3,700
45		\$3,700	to	\$5,100
46		\$1,800	or less	
47	Over	\$1,800	to	\$2,700
48	Over	\$2,700	to	\$3,600
49	Over	\$3,600	to	\$4,000
50		\$4,000	to	\$5,500
51		\$1,900	or less	
52	Over	\$1,900	to	\$2,900
53	Over	\$2,900	to	\$3,900

54	Over	\$3,900	to	\$4,400
55		\$4,400	to	\$6,000
56		\$2,100	or less	
57	Over	\$2,100	to	\$3,100
58	Over	\$3,100	to	\$4,200
59	Over	\$4,200	to	\$4,700
60		\$4,700	to	\$6,500
61		\$2,200	or less	
62	Over	\$2,200	to	\$3,300
63	Over	\$3,300	to	\$4,500
64	Over	\$4,500	to	\$5,000
65		\$5,000	to	\$6,900
66		\$2,400	or less	
67	Over	\$2,400	to	\$3,500
68	Over	\$3,500	to	\$4,800
69	Over	\$4,800	to	\$5,400
70		\$5,400	to	\$7,400
71		\$2,500	or less	
72	Over	\$2,500	to	\$3,800
73	Over	\$3,800	to	\$5,100
74	Over	\$5,100	to	\$5,700
75		\$5,700	to	\$7,900

- 98 DK  
99 REFUSED

(ALL FROM H84\_A2L GO TO H84\_A3)

#### H84\_A2H

Which category best represents \_\$Recall (RECALL="<YOUR\_NAME>", CONDITION="H84\_A1==01")\_ \$Recall (RECALL="<YOUR\_NAME> and <YOUR\_NAME> family members", CONDITION="H84\_A1>1") gross income before taxes and other deductions last month?

- (IF H84\_A1=1 DISPLAY CATEGORIES 01-05)  
 (IF H84\_A1=2 DISPLAY CATEGORIES 06-10)  
 (IF H84\_A1=3 DISPLAY CATEGORIES 11-15)  
 (IF H84\_A1=4 DISPLAY CATEGORIES 16-20)  
 (IF H84\_A1=5 DISPLAY CATEGORIES 21-25)  
 (IF H84\_A1=6 DISPLAY CATEGORIES 26-30)  
 (IF H84\_A1=7 DISPLAY CATEGORIES 31-35)  
 (IF H84\_A1=8 DISPLAY CATEGORIES 36-40)  
 (IF H84\_A1=9 DISPLAY CATEGORIES 41-45)  
 (IF H84\_A1=10 DISPLAY CATEGORIES 46-50)  
 (IF H84\_A1=11 DISPLAY CATEGORIES 51-55)  
 (IF H84\_A1=12 DISPLAY CATEGORIES 56-60)



(IF H84\_A1=13 DISPLAY CATEGORIES 61-65)  
 (IF H84\_A1=14 DISPLAY CATEGORIES 66-70)  
 (IF H84\_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$1,300	to	\$1,500
02	Over	\$1,500	to	\$2,000
03	Over	\$2,000	to	\$2,900
04	Over	\$2,900	to	\$3,900
05		\$3,900	or more	
06		\$1,800	to	\$2,000
07	Over	\$2,000	to	\$2,700
08	Over	\$2,700	to	\$3,900
09	Over	\$3,900	to	\$5,200
10		\$5,200	or more	
11		\$2,300	to	\$2,600
12	Over	\$2,600	to	\$3,400
13	Over	\$3,400	to	\$4,900
14	Over	\$4,900	to	\$6,600
15		\$6,600	or more	
16		\$2,700	to	\$3,100
17	Over	\$3,100	to	\$4,100
18	Over	\$4,100	to	\$6,000
19	Over	\$6,000	to	\$8,000
20		\$8,000	or more	
21		\$3,200	to	\$3,600
22	Over	\$3,600	to	\$4,800
23	Over	\$4,800	to	\$7,000
24	Over	\$7,000	to	\$9,300
25		\$9,300	or more	
26		\$3,700	to	\$4,200
27	Over	\$4,200	to	\$5,500
28	Over	\$5,500	to	\$8,000
29	Over	\$8,000	to	\$10,700
30		\$10,700	or more	
31		\$4,100	to	\$4,700
32	Over	\$4,700	to	\$6,200
33	Over	\$6,200	to	\$9,000
34	Over	\$9,000	to	\$12,000
35		\$12,000	or more	
36		\$4,600	to	\$5,200
37	Over	\$5,200	to	\$6,900
38	Over	\$6,900	to	\$10,000
39	Over	\$10,000	to	\$13,400
40		\$13,400	or more	

41		\$5,100	to	\$5,700
42	Over	\$5,700	to	\$7,600
43	Over	\$7,600	to	\$11,000
44	Over	\$11,000	to	\$14,700
45		\$14,700	or more	
46		\$5,500	to	\$6,300
47	Over	\$6,300	to	\$8,300
48	Over	\$8,300	to	\$12,000
49	Over	\$12,000	to	\$16,000
50		\$16,000	or more	
51		\$6,000	to	\$6,800
52	Over	\$6,800	to	\$9,000
53	Over	\$9,000	to	\$13,000
54	Over	\$13,000	to	\$17,400
55		\$17,400	or more	
56		\$6,500	to	\$7,300
57	Over	\$7,300	to	\$9,700
58	Over	\$9,700	to	\$14,000
59	Over	\$14,000	to	\$18,800
60		\$18,800	or more	
61		\$6,900	to	\$7,900
62	Over	\$7,900	to	\$10,400
63	Over	\$10,400	to	\$15,100
64	Over	\$15,100	to	\$20,100
65		\$20,100	or more	
66		\$7,400	to	\$8,400
67	Over	\$8,400	to	\$11,100
68	Over	\$11,100	to	\$16,100
69	Over	\$16,100	to	\$21,500
70		\$21,500	or more	
71		\$7,900	to	\$8,900
72	Over	\$8,900	to	\$11,800
73	Over	\$11,800	to	\$17,100
74	Over	\$17,100	to	\$22,800
75		\$22,800	or more	

98 DK  
99 REFUSED

H84\_A3

What is your best estimate of \$Recall (RECALL="<YOUR\_NAME>", CONDITION="H84\_A1==01")\_ \$Recall (RECALL="<YOUR\_NAME> and <YOUR\_NAME> family members", CONDITION="H84\_A1>1") **total 2018 annual income** before taxes and other deductions?

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: This includes family members living inside and outside the household support by you.)

RECORD INCOME (RANGE 1–9,999,996)

- 9999997 DID NOT HAVE INCOME
- 9999998 DK
- 9999999 REFUSED

H84\_A3CATS

(Ask IF (H84\_A3=9999998,9999999) AND ((NOT H84\_A2=9999999) AND (NOT H84\_A2CATS=99)), ELSE SKIP TO SK\_ENDH)

(FILL: IF H84\_A3=9999998 I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.)

(FILL IF H84\_A3=9999999 I heard you say you don't know. I want to assure you that your best guess is fine.)

Was (IF INT1=03 SCR\_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions more or less than?

(FILL: IF H84_A1=	1	\$16,000	)
(FILL: IF H84_A1=	2	\$22,000	)
(FILL: IF H84_A1=	3	\$27,000	)
(FILL: IF H84_A1=	4	\$33,000	)
(FILL: IF H84_A1=	5	\$39,000	)
(FILL: IF H84_A1=	6	\$44,000	)
(FILL: IF H84_A1=	7	\$50,000	)
(FILL: IF H84_A1=	8	\$55,000	)
(FILL: IF H84_A1=	9	\$61,000	)
(FILL: IF H84_A1=	10	\$67,000	)
(FILL: IF H84_A1=	11	\$72,000	)
(FILL: IF H84_A1=	12	\$78,000	)
(FILL: IF H84_A1=	13	\$83,000	)
(FILL: IF H84_A1=	14	\$89,000	)
(FILL: IF H84_A1>=	15	\$95,000	)

- 01 BELOW
- 02 EXACTLY NUMBER FILLED
- 03 ABOVE
  
- 98 DK
- 99 REFUSED

(ALL FROM H84\_A3L GO TO Q155)

H84\_A3L

Which category best represents (IF INT1=03 SCR\_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions?

- (IF H84\_A1=1 DISPLAY CATEGORIES 01-05)
- (IF H84\_A1=2 DISPLAY CATEGORIES 06-10)
- (IF H84\_A1=3 DISPLAY CATEGORIES 11-15)
- (IF H84\_A1=4 DISPLAY CATEGORIES 16-20)
- (IF H84\_A1=5 DISPLAY CATEGORIES 21-25)
- (IF H84\_A1=6 DISPLAY CATEGORIES 26-30)
- (IF H84\_A1=7 DISPLAY CATEGORIES 31-35)
- (IF H84\_A1=8 DISPLAY CATEGORIES 36-40)
- (IF H84\_A1=9 DISPLAY CATEGORIES 41-45)
- (IF H84\_A1=10 DISPLAY CATEGORIES 46-50)
- (IF H84\_A1=11 DISPLAY CATEGORIES 51-55)
- (IF H84\_A1=12 DISPLAY CATEGORIES 56-60)
- (IF H84\_A1=13 DISPLAY CATEGORIES 61-65)
- (IF H84\_A1=14 DISPLAY CATEGORIES 66-70)
- (IF H84\_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$5 thousand or less
02	Over	\$5 thousand to \$8 thousand
03	Over	\$8 thousand to \$11 thousand
04	Over	\$11 thousand to \$12 thousand
05		\$12 thousand to \$16
06		\$7 thousand or less
07	Over	\$7 thousand to \$10 thousand
08	Over	\$10 thousand to \$14 thousand
09	Over	\$14 thousand to \$16 thousand
10		\$16 thousand to \$22
11		\$9 thousand or less
12	Over	\$9 thousand to \$13 thousand
13	Over	\$13 thousand to \$18 thousand
14	Over	\$18 thousand to \$20 thousand
15		\$20 thousand to \$27
16		\$10 thousand or less

17	Over	\$10 thousand to	\$16 thousand
18	Over	\$16 thousand to	\$21 thousand
19	Over	\$21 thousand to	\$24 thousand
20		\$24 thousand to	\$33
21		\$12 thousand or less	
22	Over	\$12 thousand to	\$18 thousand
23	Over	\$18 thousand to	\$25 thousand
24	Over	\$25 thousand to	\$28 thousand
25		\$28 thousand to	\$39
26		\$14 thousand or less	
27	Over	\$14 thousand to	\$21 thousand
28	Over	\$21 thousand to	\$29 thousand
29	Over	\$29 thousand to	\$32 thousand
30		\$32 thousand to	\$44
31		\$16 thousand or less	
32	Over	\$16 thousand to	\$24 thousand
33	Over	\$24 thousand to	\$32 thousand
34	Over	\$32 thousand to	\$36 thousand
35		\$36 thousand to	\$50
36		\$18 thousand or less	
37	Over	\$18 thousand to	\$26 thousand
38	Over	\$26 thousand to	\$36 thousand
39	Over	\$36 thousand to	\$40 thousand
40		\$40 thousand to	\$55
41		\$19 thousand or less	
42	Over	\$19 thousand to	\$29 thousand
43	Over	\$29 thousand to	\$40 thousand
44	Over	\$40 thousand to	\$44 thousand
45		\$44 thousand to	\$61
46		\$21 thousand or less	
47	Over	\$21 thousand to	\$32 thousand
48	Over	\$32 thousand to	\$44 thousand
49	Over	\$44 thousand to	\$48 thousand
50		\$48 thousand to	\$67
51		\$23 thousand or less	
52	Over	\$23 thousand to	\$34 thousand
53	Over	\$34 thousand to	\$47 thousand
54	Over	\$47 thousand to	\$52 thousand
55		\$52 thousand to	\$72
56		\$25 thousand or less	
57	Over	\$25 thousand to	\$37 thousand
58	Over	\$37 thousand to	\$51 thousand
59	Over	\$51 thousand to	\$56 thousand
60		\$56 thousand to	\$78

61		\$27	thousand or less		
62	Over	\$27	thousand to	\$40	thousand
63	Over	\$40	thousand to	\$54	thousand
64	Over	\$54	thousand to	\$60	thousand
65		\$60	thousand to	\$83	
66		\$28	thousand or less		
67	Over	\$28	thousand to	\$43	thousand
68	Over	\$43	thousand to	\$58	thousand
69	Over	\$58	thousand to	\$64	thousand
70		\$64	thousand to	\$89	
71		\$30	thousand or less		
72	Over	\$30	thousand to	\$45	thousand
73	Over	\$45	thousand to	\$62	thousand
74	Over	\$62	thousand to	\$69	thousand
75		\$69	thousand to	\$95	

- 98 DK
- 99 REFUSED

H84\_A3H

Which category best represents (IF INT1=03 SCR\_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions?

- (IF H84\_A1=1 DISPLAY CATEGORIES 01-05)
- (IF H84\_A1=2 DISPLAY CATEGORIES 06-10)
- (IF H84\_A1=3 DISPLAY CATEGORIES 11-15)
- (IF H84\_A1=4 DISPLAY CATEGORIES 16-20)
- (IF H84\_A1=5 DISPLAY CATEGORIES 21-25)
- (IF H84\_A1=6 DISPLAY CATEGORIES 26-30)
- (IF H84\_A1=7 DISPLAY CATEGORIES 31-35)
- (IF H84\_A1=8 DISPLAY CATEGORIES 36-40)
- (IF H84\_A1=9 DISPLAY CATEGORIES 41-45)
- (IF H84\_A1=10 DISPLAY CATEGORIES 46-50)
- (IF H84\_A1=11 DISPLAY CATEGORIES 51-55)
- (IF H84\_A1=12 DISPLAY CATEGORIES 56-60)
- (IF H84\_A1=13 DISPLAY CATEGORIES 61-65)
- (IF H84\_A1=14 DISPLAY CATEGORIES 66-70)
- (IF H84\_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$16	thousand to	\$18	thousand
02	Over	\$18	thousand to	\$24	thousand
03	Over	\$24	thousand to	\$35	thousand
04	Over	\$35	thousand to	\$47	thousand

05		\$47 thousand or more		
06		\$22 thousand to	\$25 thousand	
07	Over	\$25 thousand to	\$32 thousand	
08	Over	\$32 thousand to	\$47 thousand	
09	Over	\$47 thousand to	\$63 thousand	
10		\$63 thousand or more		
11		\$27 thousand to	\$31 thousand	
12	Over	\$31 thousand to	\$41 thousand	
13	Over	\$41 thousand to	\$59 thousand	
14	Over	\$59 thousand to	\$79 thousand	
15		\$79 thousand or more		
16		\$33 thousand to	\$37 thousand	
17	Over	\$37 thousand to	\$49 thousand	
18	Over	\$49 thousand to	\$72 thousand	
19	Over	\$72 thousand to	\$95 thousand	
20		\$95 thousand or more		
21		\$39 thousand to	\$44 thousand	
22	Over	\$44 thousand to	\$57 thousand	
23	Over	\$57 thousand to	\$84 thousand	
24	Over	\$84 thousand to	\$112 thousand	
25		\$112 thousand or more		
26		\$44 thousand to	\$50 thousand	
27	Over	\$50 thousand to	\$66 thousand	
28	Over	\$66 thousand to	\$96 thousand	
29	Over	\$96 thousand to	\$128 thousand	
30		\$128 thousand or more		
31		\$50 thousand to	\$56 thousand	
32	Over	\$56 thousand to	\$74 thousand	
33	Over	\$74 thousand to	\$108 thousand	
34	Over	\$108 thousand to	\$144 thousand	
35		\$144 thousand or more		
36		\$55 thousand to	\$63 thousand	
37	Over	\$63 thousand to	\$83 thousand	
38	Over	\$83 thousand to	\$120 thousand	
39	Over	\$120 thousand to	\$160 thousand	
40		\$160 thousand or more		
41		\$61 thousand to	\$69 thousand	
42	Over	\$69 thousand to	\$91 thousand	
43	Over	\$91 thousand to	\$132 thousand	
44	Over	\$132 thousand to	\$177 thousand	
45		\$177 thousand or more		
46		\$67 thousand to	\$75 thousand	
47	Over	\$75 thousand to	\$99 thousand	
48	Over	\$99 thousand to	\$145 thousand	

49	Over	\$145 thousand to	\$193 thousand
50		\$193 thousand or more	
51		\$72 thousand to	\$82 thousand
52	Over	\$82 thousand to	\$108 thousand
53	Over	\$108 thousand to	\$157 thousand
54	Over	\$157 thousand to	\$209 thousand
55		\$209 thousand or more	
56		\$78 thousand to	\$88 thousand
57	Over	\$88 thousand to	\$116 thousand
58	Over	\$116 thousand to	\$169 thousand
59	Over	\$169 thousand to	\$225 thousand
60		\$225 thousand or more	
61		\$83 thousand to	\$94 thousand
62	Over	\$94 thousand to	\$124 thousand
63	Over	\$124 thousand to	\$181 thousand
64	Over	\$181 thousand to	\$242 thousand
65		\$242 thousand or more	
66		\$89 thousand to	\$101 thousand
67	Over	\$101 thousand to	\$133 thousand
68	Over	\$133 thousand to	\$193 thousand
69	Over	\$193 thousand to	\$258 thousand
70		\$258 thousand or more	
71		\$95 thousand to	\$107 thousand
72	Over	\$107 thousand to	\$141 thousand
73	Over	\$141 thousand to	\$206 thousand
74	Over	\$206 thousand to	\$274 thousand
75		\$274 thousand or more	

98 DK

99 REFUSED

**(POST-PROCESSING NOTE: WHEN CATEGORIZING RS BY INCOME % OF FPL, BE SURE TO INCLUDE CODING FOR PERCENTAGES THAT FALL BETWEEN WHOLE NUMBERS, AND ALWAYS ROUND UP. FOR EXAMPLE, 44.1% SHOULD BE CODED AS 45%.)**



**SECTION Q: HOUSEHOLD QUESTIONS**

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION Q.)  
(SECTIONTIME\_SECQ\_TIMESTART = ADMIN VARIABLE WITH SECTION Q START TIME)

Q155

(ASK: IF CELL\_RESP=01, ELSE GO TO Q155C)

Now I have a few questions about your household. **Excluding cell phones**, at any time, during the past 12 months, had <YOUR\_NAME> household been without telephone service for 24 hours or more?

- 01 YES (GO TO SK\_ENDQ)
- 02 NO (GO TO SK\_ENDQ)
  
- 98 DK (GO TO SK\_ENDQ)
- 99 REFUSED (GO TO SK\_ENDQ)

Q155C

Now I have a few questions about your household. **Excluding landline phones**, at any time, during the past 12 months, <HAVE\_HAS> <YOU\_NAME> been without telephone service for 24 hours or more?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

(SECTIONTIME\_SECQ\_TIMEEND = ADMIN VARIABLE WITH SECTION Q END TIME.

SECTIONTIME\_SECQ\_TIMETOTAL = ADMIN VARIABLE WITH SECTION Q TOTAL TIME

SECTIONTIME\_SECQ\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION Q COMPLETED)

//SKIP IF S14>64 OR S14A>6//  
 //ASK R1 – R\* at this point if i90A = 0//  
 //ELSE ASK R1-R\* after child section prior to closing with encouragement to complete language//

R1.

**//Programmer: Turn off prior timers. Please start timer for Section R. //**

**// Ask R1 if PROXY\_FLAG=0, else skip to SK\_ENDR//**

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This is a sensitive topic. You can skip any questions you don't want to answer.

Shall we continue?

- 01 YES
- 02 NO [SKIP TO CLOSING]
  
- 98 DK [SKIP TO CLOSING]
- 99 REFUSED [SKIP TO CLOSING]

R2new\_threat //ask if R1=01//

Has an intimate partner ever **threatened** you with physical violence? This includes threatening to hit, slap, push, kick or physically hurt you in any way.

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED [GO TO R2A]

R2new\_used

Has an intimate partner **EVER used** physical violence against you? This includes hitting, slapping, pushing, kicking, or hurting you in any way.

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED [GO TO R2A]

R3new //ask if R2new\_threat=1 OR R2new\_used=1//; ELSE GO TO R2A

When was the last time an intimate partner threatened or used physical violence against you?

- 00 NEVER {programmer: r3newday = 0} [GO TO R2A]
- 01 \_\_\_\_\_ DAYS {1-90} {programmer: r3newday = R3new 01 }
- 02 \_\_\_\_\_ WEEKS {1-51} {programmer: r3newday = R3new02 \* 7}
- 03 \_\_\_\_\_ MONTHS {1-35} {programmer: r3newday = R3new03 \* 30}
- 04 \_\_\_\_\_ YEARS {1-125} {programmer: r3newday = R3new04 \* 365}
- 98 DK [GO TO R2A]
- 99 REFUSED [GO TO R2A]

```
//ask if R3new =01//
R3new01 [INTERVIEWER ENTER DAYS]
//NUMERIC RANGE// {1-90}
//ask if R3new =02//
R3new02 [INTERVIEWER ENTER WEEKS]
//NUMERIC RANGE// {1-51}
//ask if R3new =03//
R3new 03 [INTERVIEWER ENTER MONTHS]
//NUMERIC RANGE// {1-35}
//ask if R3new =04//
R3new 04 [INTERVIEWER ENTER YEARS]
//NUMERIC RANGE// {1-125}
```

R4new\_b //ask if R3new is ≤1 year/52 weeks/12 months/365 days//

Thinking about the last time an intimate partner threatened or used physical violence against you, did it result in you having any face-to-face contact with police or law enforcement?

01 YES  
 02 NO  
  
 98 DK  
 99 REFUSED

R2A

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential hotline you can call. Would you like that number?

The number is 1-800-799-SAFE, which is 7233. So the number is 1-800-799-7233. Or visit [thehotline.org](http://thehotline.org).

Would you like me to repeat the number?

**(SECTIONTIME\_SECQ\_TIMEEND = ADMIN VARIABLE WITH SECTION R END TIME.**

**SECTIONTIME\_SECQ\_TIMETOTAL = ADMIN VARIABLE WITH SECTION R TOTAL TIME**

**SECTIONTIME\_SECQ\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION R COMPLETED)**

## CHILD QUESTIONNAIRE

### SECTION I: SCREENING QUESTIONS FOR ELIGIBLE CHILD

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION I.)  
(SECTIONTIME\_SECS\_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)**

PREPI90

\_\$Recall (RECALL="Thank you for answering these questions about your own health.",  
CONDITION="PROXY\_FLAG=0")

\_\$Recall (RECALL="<SCR\_NAME>", CONDITION="I91A=01") The next questions focus on the health insurance coverage and health status of one child in your home. You will receive [IF CALL TYPE = 02, DISPLAY "an additional"] \$5 for participating in this portion of the survey.

01 CONTINUE

FL\_PI90

**(ASK IF S13b=01)** Earlier you said there was one child in <YOUR\_NAME> family. What is that child's first name, nickname, or initials?

**(ASK IF S13b=02-97)** We would now like to identify the child in <YOUR\_NAME> family, **age 18 or younger**, who had the most recent birthday. What is that child's first name, nickname, or initials?

(IF NECESSARY:

- I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

PI90 <FL\_PI90>

(ENTER 99-REFUSED IF RESPONDENT REFUSES CHILD'S NAME)

(INTERVIEWER HELP SCREEN: IF NECESSARY: I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

(INTERVIEWER HELP SCREEN: INTERVIEWER NOTE: IF THE RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY "Consider their order of birth, and tell me about the child who was born last.")

01 WILL GIVE NAME (GO TO CH\_NAME)

66 TERMINATE INTERVIEW (GO TO REFUSAL)

- 77 DON'T KNOW CHILDREN'S BIRTHDAYS/WHICH CHILD WAS BORN LAST  
 98 DK (CH\_NAME)  
 99 REFUSED TO GIVE NAME (CH\_NAME)

PI90S //ASK IF PI90 = 77//

That's fine. The next questions will focus on the health insurance coverage and health status of the **youngest** child in your home.

- 01 CONTINUE (GO TO FL\_PI90B)  
 99 REFUSED (GO TO INT20)

FL\_PI90B

(ASK IF PI90S=01) What is the first name, nickname, or initials of the youngest child in your home?

(IF NECESSARY:

- I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

PI90A <FL\_PI90A>

(ENTER 99-REFUSED IF RESPONDENT REFUSES CHILD'S NAME)

(INTERVIEWER HELP SCREEN: IF NECESSARY: I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

(INTERVIEWER HELP SCREEN: INTERVIEWER NOTE: IF THE RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY "Consider their order of birth, and tell me about the child who was born last.")

- 01 WILL GIVE NAME (GO TO CH\_NAME)  
 66 TERMINATE INTERVIEW (GO TO REFUSAL)  
 98 DK (CH\_NAME)  
 99 REFUSED TO GIVE NAME (CH\_NAME)

REFUSAL

Your responses are very important. The sponsors need <HOUSEHOLD\_1> household's input to make health care policy decisions that may be helpful to the State of Ohio.

(IF NECESSARY: You may call the State of Ohio at 1-800-678-6437, or RTI at 1-855-322-2826 if you have questions or concerns about the survey.)

(IF NECESSARY: You will receive an additional \$5 for participating in this portion of the survey.)

- 01 CONTINUE (GO BACK TO PI90A)
- 99 REFUSED (GO TO INT20)

#### CH\_NAME

Creates fill for child's name

- 0 the child
- 1 <PI90:0>

#### P148

What is <CH\_NAME>'s gender?

- 01 MALE
- 02 FEMALE
- 03 OTHER (verbatim)
- 99 REFUSED

#### I90A

Please tell me how old <CH\_NAME> was on <FL\_HISHERTHEIR> last birthday.

(INTERVIEWER: CODE AGE IN YEARS BETWEEN 00 AND 18.)

- 00 LESS THAN ONE YEAR
- 01–18 CODE AGE IN YEARS
- 97 CHILD IS 19 OR OLDER" (GO TO SK\_STARTCL)
- 98 DK
- 99 REFUSED

#### I90B

What is <YOUR\_NAME> relationship to <CH\_NAME>?

(INTERVIEWER:

- CODE STEP AND GREAT GRANDPARENTS AS 03 GRANDPARENT.
- CODE STEP SIBLINGS AS 05 BROTHER/SISTER.
- CODE PARENT THAT DOESN'T IDENTIFY AS MOTHER OR FATHER AS 12)

- 01 PERSON IS <CH\_NAME>'s MOTHER
- 02 PERSON IS <CH\_NAME>'s FATHER
- 03 PERSON IS <CH\_NAME>'s GRANDPARENT
- 04 PERSON IS <CH\_NAME>'s AUNT/UNCLE
- 05 PERSON IS <CH\_NAME>'s BROTHER/SISTER
- 06 PERSON IS <CH\_NAME>'s OTHER RELATIVE
- 07 PERSON IS <CH\_NAME>'s LEGAL GUARDIAN
- 08 PERSON IS <CH\_NAME>'s FOSTER PARENT
- 09 PERSON IS <CH\_NAME>'s OTHER NON-RELATIVE
- 10 PERSON IS <CH\_NAME>'s STEP-MOTHER
- 11 PERSON IS <CH\_NAME>'s STEP-FATHER
- 12 RESPONDENT DESIGNATED PARENT
  
- 98 DK
- 99 REFUSED

## I91A

(ASK IF: (CELL\_RESP=01) OR (NOT NUM\_ADULTS=01 AND NOT NUM\_ADULTS=WR), ELSE GO TO I95)

I would now like to speak to the **adult in this household** who **best knows** about <CH\_NAME>'s health insurance coverage and health status. Is that you, or a different person?

(IF NECESSARY: We are also interested in experiences of children who do not have health insurance.)

(INTERVIEWER NOTE: IF RESPONDENT SAYS NOBODY IN THE HOUSEHOLD IS WELL INFORMED, ASK WHO IN THE HOUSEHOLD IS MOST KNOWLEDGEABLE.)

- 01 DIFFERENT PERSON
- 02 PERSON ON PHONE IS THE ONE WHO IS MOST KNOWLEDGEABLE ABOUT THE CHILD'S INSURANCE COVERAGE (GO TO I95)
  
- 98 DK (GO TO INT23)
- 99 REFUSED (GO TO INT23)

## I91B

What is that person's first name?

(BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP)

(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would be fine.)

RECORD RESPONSE (TEXT RANGE=25 CHARACTERS)

- 98 DK (GO TO PAR3)
- 99 REFUSED (GO TO PAR3)

## I91C

Is <I91B:O> available?

- 01 YES
- 02 NO (GO TO INT23)
  
- 66 CHILD PROXY NOT IN HH (GO TO PAR3)
- 98 DK (GO TO INT23)
- 99 REFUSED (GO TO INT23)

## I91D

Thank you for your time and participation. The rest of the questions we have are about <CH\_NAME>. May I speak to <I91B:O> now please?

- 01 YES (FL\_I92)
- 02 NO (GO TO INT23)
  
- 98 DK (GO TO INT23)
- 99 REFUSED (GO TO INT23)

## I92

Hello, my name is \_\_\_\_\_(INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio and The Ohio State University. We are conducting a survey on health and health care issues. This call may be monitored or recorded for quality assurance. <FL\_I92>

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything.)

- 01 CONTINUE
  
- 99 REFUSED (GO TO INT20)

## CH\_INFORM

Before we begin, The Ohio State University would like me to tell you that the interview will last approximately 8 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential.

- 01 CONTINUE



## PAR3

(ASK IF i91b = 98, 99 or i91c = 66, ELSE GO TO I95)

Would you be able to answer just 2 of the most important questions before we end? These next few questions ask about some general information related to <CH\_NAME>'s health insurance coverage.

(IF RESPONDENT HESITATES: There are just a few key questions that would help the State of Ohio assess how many children have health care coverage and how it affects their lives. Your responses to just these few questions are very important to the state.)

- 01 CONTINUE (GO TO I95)
- 99 REFUSED TO CONTINUE (GO TO INT20)

## I95

These next few questions ask about some general information related to <CH\_NAME>'s health insurance coverage. Last week was <CH\_NAME> covered by health insurance or some other type of health care plan?

- 01 YES (GO TO SK\_ENDI)
- 02 NO
- 98 DK
- 99 REFUSED

## I95A

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as Government and military programs such as Medicare, Medicaid, Healthy Start, Healthy Families, TRICARE or CHAMP-VA. Keeping this in mind, last week was <CH\_NAME> covered by health insurance or some other type of health care plan?

**(DEFINITIONS:**

**Healthy Families:** OH Medicaid's health coverage for low-income children & parents.

**Medicaid:** State government health coverage for low-income persons.

**Medicare:** Federal government health coverage for those 65 and older or with certain disabilities)

- 01 YES
- 02 NO (GO TO SK\_ENDI)
- 98 DK (GO TO SK\_ENDI)
- 99 REFUSED (GO TO SK\_ENDI)

**(IF INTERVIEW TERMINATES ANYTIME AFTER i95a AND BEFORE J100c or K96\_new)**

**SECTION J: CHILD'S INSURANCE COVERAGE**

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION J.)**  
**(SECTIONTIME\_SECJ\_TIMESTART = ADMIN VARIABLE WITH SECTION J START TIME)**

***Employer-based Coverage***

J96

(ASK IF: ((A1 = 01 OR A1A=01) AND (I95=01 OR I95A=01), ELSE GO TO PREJ100A)

Last week, was <CH\_NAME>'s health insurance coverage the same as <FL\_J96> health insurance coverage <FL\_J96A>?

- 01 YES
- 02 NO (GO TO PREJ100a)
- 98 DK (GO TO PREJ100a)
- 99 REFUSED (GO TO PREJ100a)

J96A

So, the health insurance coverage that <CH\_NAME> has is \_\$Recall (RECALL="through a current or former employer or union," CONDITION="B4A=01") \_\$Recall (RECALL="Medicare," CONDITION="B4B\_R=01") \_\$Recall (RECALL="Medicaid," CONDITION="B4C\_R=01") \_\$Recall (RECALL="purchased directly," CONDITION="B4E=01") \_\$Recall (RECALL="other health care coverage," CONDITION="B4G=01") and it has the same benefits and covers the same services as \_\$Recall (RECALL="you", CONDITION="I91A=02 OR CELL\_RESP=02 OR NUM\_ADULTS=01")\_\$Recall (RECALL="<SCR\_NAME>", CONDITION="I91A=01"), and <CH\_NAME> does not have any other health insurance coverage. Is this correct?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

PREJ100A

(ASK IF: J96=2, 98, 99 OR J96A=02,98,99 OR ((I95=01 OR I95A=01) AND J96=WR), ELSE GO TO J113)

I would like to now ask you some more specific questions about <CH\_NAME>'s health insurance coverage.

01 CONTINUE

J100A

Is < CH\_NAME > covered by a health insurance plan through someone’s current or former employer or union?

(IF NECESSARY: Include COBRA)

(IF NECESSARY: Do not include Medicare or Medicaid coverage.)

- 01 YES, COVERED BY A HEALTH INSURANCE PLAN THROUGH CURRENT/FORMER EMPLOYER OR UNION
- 02 NO, NOT COVERED
- 98 DK
- 99 REFUSED

### **Medicaid Coverage**

J100C

Is <CH\_NAME> covered by **Medicaid**, the **State** of Ohio government health care program?

(IF NECESSARY: Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.)

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’: “Is <CH\_NAME> enrolled in the program now?” Or “(Does FILL: CH\_NAME) get health care from one of these plans?”)

- 01 YES (GO TO J100CA)
- 02 NO (GO TO J100C\_CK)
- 98 DK (GO TO J100C\_CK)
- 99 REFUSED (GO TO J100C\_CK)
- 97 HELP SCREEN (GO TO J100CHELP)

J100CHELP

**Healthy Families:** OH Medicaid health coverage for low-income children & parents.

**Healthy Start:** The Medicaid program to provide free and low cost health coverage to pregnant women and children.

**Medicaid:** Ohio government health coverage for low-income persons.

**Medicaid Waiver Programs:** provide community services to those who would otherwise be institutionalized, such as in a nursing home.

- 01 ENTER TO RETURN TO QUESTION (GO TO J100C)

## J100C\_CK

(ASK IF: (NOT I95A=02,98,99) AND (NOT J96A=01) AND (J100C=02,98,99), ELSE GO TO J100CA)

Is <CH\_NAME> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, or Buckeye Community Health Plan?

(IF NECESSARY:

- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.
- Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.)

(INTERVIEWER: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’:

- “Is <CH\_NAME> enrolled in the program now?”
- OR “Does <CH\_NAME> get health care from one of these plans?”)

- 01 YES
- 02 NO (GO TO J100b)
- 98 DK (GO TO J100b)
- 99 REFUSED (GO TO J100b)

## J100C\_CK\_pay

(ASK IF J100C\_CK=01)

Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU\_NAME> or <YOUR\_NAME> family, or someone else?

- 01 EMPLOYER OR UNION
- 02 STATE, LOCAL, OR COMMUNITY PROGRAM
- 03 <YOU\_NAME\_C> OR FAMILY
- 04 SOMEONE ELSE
- 98 DK
- 99 REFUSED

## J100CA

(ASK IF: (J100C=1 or (J100C\_CK=01 AND J100C\_CK\_payer=02) OR (J96A=01 AND B4CA=03,04,05,06,07,08,09), ELSE GO TO J100B)

Which Medicaid plan is <CH\_NAME> covered by?

(IF NECESSARY: Is it Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, Medicaid for the Aged, Blind and Disabled, or something else?)

- 01 HEALTHY FAMILIES
- 02 HEALTHY START, MAGI CHILDREN
- 03 MEDICAID FOR THE AGED, BLIND AND DISABLED, HOME CHOICE/MONEY FOLLOWS THE PERSON (MFP)
- 04 OHIO HOME CARE WAIVER
- 05 INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
- 06 BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
- 07 CARESOURCE
- 08 MOLINA HEALTHCARE
- 09 PARAMOUNT ADVANTAGE, PARAMOUNT
- 10 UNITED HEALTH CARE COMMUNITY PLAN, UNITED
  
- 11 HOME CHOICE, MONEY FOLLOWS THE PERSON (MFP)
- 12 ADOPTION OR FOSTER CARE MEDICAL ASSISTANCE
- 13 EMPLOYEE/PERSONAL/NON-MEDICAID
  
- 97 OTHER
- 98 DK
- 99 REFUSED

**Coverage**

## J100B

(ASK IF J96a NE 01, ELSE GO TO J113)

Is <CH\_NAME> \_\$recall(recall="also", condition="(J100A=01 or J100C=01 or (J100C\_CK=01 AND J100C\_CK\_payer=01))") covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or persons with certain disabilities?

(INTERVIEWER HELP SCREEN - Medicare: Federal government health coverage for those 65 and older or with certain disabilities.)

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF `COVERED: "Is <CH\_NAME> enrolled in the program now?" OR "Does <CH\_NAME> get health care from one of these plans?")

- 01 YES
- 02 NO (GO TO J100B\_R)
  
- 98 DK (GO TO J100B\_R)
- 99 REFUSED (GO TO J100B\_R)

## J100BCON

Just to confirm, you said that < CH\_NAME> is covered by Medicare, the Federal government-funded insurance plan for people 65 years and older or persons with certain disabilities. Is that correct?

- 01 CORRECT, CHILD IS COVERED BY MEDICARE
- 02 INCORRECT, CHILD IS NOT COVERED BY MEDICARE
  
- 98 DK
- 99 REFUSED

## J100B\_R

(( PROGRAMMER - THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES ))(( CALCULATE J100B\_R=J100B. IF J100BCON≠BLANK J100B\_R≠J100BCON ))

- 01 YES
- 02 NO

## J100C\_R

((PROGRAMMER – THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES ))  
(CALCULATED J100C = 01 OR (J100C = 02 AND J100C\_CK = 01 AND J100C\_CK\_PAY = 02 ))

- 01 YES
- 02 NO

## J100E

Is < CH\_NAME> covered by health insurance purchased directly, that is a plan not related to someone's current or past employment?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

**Other State-sponsored or Public Health Insurance**

J100F

Is <CH\_NAME> covered by the Bureau for Children with Medical Handicaps (BCMh) or any **other** state-sponsored or public health insurance program that I have **not** mentioned?

(IF NECESSARY: BCMH stands for: Bureau for Children with Medical Handicaps. The purpose of the program is to promote the early identification of children with medically handicapping conditions. The mission of the program is to assure that children with special health care needs and their families obtain care that is family centered, comprehensive, culturally sensitive, and community based.)

(PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like a plan I asked you about before. <DODOESC> <YOU\_NAME> have any **other** health care coverage that I did **not** mention earlier?)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)UL\_\$Recall (RECALL="LI<FL\_J100A>/LI",

CONDITION="FL\_J100A=1")\_\$Recall (RECALL="LI<FL\_J100B>/LI",  
 CONDITION="FL\_J100B=1")\_\$Recall (RECALL="LI<FL\_J100C>/LI",  
 CONDITION="FL\_J100C=1")\_\$Recall (RECALL="LI<FL\_J100E>/LI",  
 CONDITION="FL\_J100E=1")/UL(INTERVIEWER: IF R MENTIONS OTHER INSURANCE,  
 GO BACK TO QUESTIONS ABOVE AND INPUT NEW INFORMATION)

- 01 YES
- 02 NO (GO TO J100I1)
- 98 DK (GO TO J100I1)
- 99 REFUSED (GO TO J100I1)

NJ100F1

What is the name of that program?

(INTERVIEWER NOTE: IF RESPONDENT SAYS CARE SOURCE, HEALTHY START, HEALTHY FAMILIES, JOB & FAMILY SERVICES, CODE J100f AS 02 MEDICAID.)

- 01 BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMh)
- 02 MEDICAID (INCLUDES CARE SOURCE, HEALTHY START, & HEALTHY FAMILY, JOB & FAMILY SERVICES)
- 98 DK
- 99 REFUSED

**Other Health Insurance**

J100G

Does < CH\_NAME > have any **other** health care coverage that I have **not** mentioned?

(INTERVIEWER NOTE: If “Exchange” is mentioned, then code as Yes.)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)

(FILL: IF J100A=01 HEALTH PLAN THROUGH EMPLOYER

(FILL: IF J100B\_R=01 MEDICARE (65+ & DISABILITIES)

(FILL: IF J100C\_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)

(FILL: IF J100E=01 DIRECT PURCHASE INSURANCE PLAN)

(FILL: IF J100F=01 STATE-SPONSORED)

01 YES

02 NO (GO TO J100CHK)

98 DK (GO TO J100CHK)

99 REFUSED (GO TO J100CHK)

J100H

Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU\_NAME> or <YOUR\_NAME> family, or someone else?

01 EMPLOYER OR UNION

02 STATE, LOCAL, OR COMMUNITY PROGRAM

03 <YOU\_NAME\_C> OR FAMILY

04 SOMEONE ELSE

98 DK

99 REFUSED

J100CHK

(ASK IF: V01 (SUM ([FL\_J100CHKA-FL\_J100CHKG3])>1), ELSE GO TO J113

To confirm, you said (FILL: CH\_NAME) is covered by:

(FILL: IF J100A= 01 a health insurance plan through an employer or union,

IF J100B\_R=01 Medicare,

IF J100C\_R= 01 a Medicaid program,

IF J100E=01 a private health insurance plan purchased directly,

IF J100F=01 (J100f), which is a public health insurance program,

IF J100G=01 Other health care coverage.)

Is that correct?

01 YES (GO TO J113)

02 NO



- 98 DK  
99 REFUSED

**AFTER A SECOND TIME, PLEASE DO NOT REPEAT THE SERIES A 3<sup>RD</sup> TIME. CONTINUE ON TO NEXT QUESTION.**

J113

How long has <CH\_NAME> been covered by <FL\_HISHER> current primary health insurance plan? Is it...

(IF NECESSARY: Your best guess is fine.)

- 01 Less than 3 months  
02 3 months to 1 year  
CATI: DISPLAY IF I90A > 1  
03 1–2 years  
CATI: DISPLAY IF I90A > 2  
04 more than 2 years?
- 98 DK  
99 REFUSED

### **Previous Coverage**

J116b

(ASK IF: (J113=01, 02), ELSE GO TO END OF SECTION J)

Just prior to <CH\_NAME>'s current health insurance coverage, <FL\_WASWERE> <FL\_HESHE> covered by any health insurance plan?

- 01 YES  
02 NO (GO TO SK\_ENDJ)
- 98 DK (GO TO SK\_ENDJ)  
99 REFUSED (GO TO SK\_ENDJ)

J117

(ASK IF: (J116b = 01) AND ((J100C\_CK=02,98,99) OR (J96A=01 AND B4C\_R=02,98,99)), ELSE GO TO J117B)

Just prior to (FILL: CH\_NAME)'s current health insurance coverage <FL\_WASWERE> (FILL: IF P148=01 he / IF P148=02 she) covered **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

- 01 YES (GO TO SK\_ENDJ)  
 02 NO (GO TO J117B)
- 98 DK (GO TO J117B)  
 99 REFUSED (GO TO J117B)  
 95 HELP SCREEN

## J117HELP

## HELP SCREEN

**Disability Assistance:** insurance or cash benefits against loss because of an accident or illness.

**Healthy Families:** OH Medicaid's health coverage for low-income children & parents

**Healthy Start:** Medicaid expansion program to provide free and low cost health coverage to pregnant women and children

**Medicaid:** State of Ohio health coverage for low-income persons.

**Medicaid Waiver Programs:** provide community services to those who would otherwise be institutionalized, such as in a nursing home.

## J117B

(ASK IF: (J117 = 02, 98, 99) OR (J100C=01) OR (J96A=01 AND B4C\_R=01), ELSE GO TO SK\_ENDJ)

Just prior to <CH\_NAME>'s current health insurance coverage, was <FL\_HESHE> covered by a health insurance plan obtained through someone's employment or union?

- 01 YES  
 02 NO
- 98 DK  
 99 REFUSED

(SECTIONTIME\_SECJ\_TIMEEND = ADMIN VARIABLE WITH SECTION J END TIME.

SECTIONTIME\_SECJ\_TIMETOTAL = ADMIN VARIABLE WITH SECTION J TOTAL TIME

SECTIONTIME\_SECJ\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION J COMPLETED)

**SECTION K: CHILD CURRENTLY UNINSURED**

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION K.)  
 (SECTIONTIME\_SECK\_TIMESTART = ADMIN VARIABLE WITH SECTION K START TIME)

**Previous Coverage**

PREK96

(ASK IF: (I95a=02,98,99), ELSE GO TO L125)

Next I would like to ask more specific questions about <CH\_NAME>'s prior insurance coverage.

(ASK K96\_new, THEN IF PROTOCOL IS MET WITHOUT THE RECORD BECOMING A COMPLETE, CODE AS COMPLETE)

K96\_new

When was <CH\_NAME> last covered by any type of health insurance plan? Was it....

- 01 Never
- 02 Less than 3 months ago,  
CATI: DISPLAY IF I90A > 1
- 03 3 months to less than 1 year ago,  
CATI: DISPLAY IF I90A > 2
- 04 1 to 2 years ago
- 05 More than 2 years ago?
- 98 DK
- 99 REFUSED

K99

(ASK IF: K96\_new=02,03)

The last time <CH\_NAME> had insurance, <FL\_WASWERE> <FL\_HESHE> covered by Medicaid, the State of Ohio government health care program?

(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)  
**(Disability Assistance:** insurance or cash benefits against loss because of an accident or illness.  
**Healthy Families:** OH Medicaid's health coverage for low-income children & parents. **Healthy Start:** Medicaid expansion program to provide free and low-cost health coverage to pregnant women and children. **Medicaid:** State of Ohio health coverage for low-income persons.  
**Medicaid Wavier Programs:** provide community services to those who would otherwise be institutionalized, such as in a nursing home.)

- 01 YES
- 02 NO

98 DK  
99 REFUSED

K100

(ASK IF: (K99=02, 98, 99), ELSE GO TO END OF SECTION K)

The last time <CH\_NAME> had health insurance, <FL\_WASWERE> <FL\_HESHE> covered by a health insurance plan obtained through someone's employment or union?

01 YES  
02 NO

98 DK  
99 REFUSED

**(IF INTERVIEW TERMINATES AFTER THIS POINT AND PROTOCOL IS MET WITHOUT BECOMING A COMPLETE, CODE AS COMPLETE)**

**(SECTIONTIME\_SECK\_TIMEEND = ADMIN VARIABLE WITH SECTION K END TIME.**

**SECTIONTIME\_SECK\_TIMETOTAL = ADMIN VARIABLE WITH SECTION K TOTAL TIME**

**SECTIONTIME\_SECK\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION K COMPLETED)**

**SECTION L: HEALTH STATUS OF CHILD**

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION L.)**  
**(SECTIONTIME\_SECL\_TIMESTART = ADMIN VARIABLE WITH SECTION L START TIME)**

**General Health**

L125

Now I would like to ask about <CH\_NAME>'s health. In general, how would you describe <CH\_NAME>'s health? Would you say <FL\_HISHER> health is excellent, very good, good, fair, or poor?

- |    |           |
|----|-----------|
| 01 | EXCELLENT |
| 02 | VERY GOOD |
| 03 | GOOD      |
| 04 | FAIR      |
| 05 | POOR      |
| 98 | DK        |
| 99 | REFUSED   |

SKIP IF I90A <1.

The next questions ask about screen time for things other than schoolwork. Screen time is the time that <CH\_NAME> spends with cell phones, tablets, television, computers, video games, and other electronic devices.

**DEVICE\_USE:**

**On an average weekday**, about how much screen time does <CH\_NAME> usually have? Would you say...

- |    |                        |
|----|------------------------|
| 01 | None [SKIP TO SUGAR_1] |
| 02 | Less than 1 hour       |
| 03 | 1 to 2 hours           |
| 04 | 3 to 4 hours           |
| 05 | 5 to 6 hours           |
| 06 | 7 or more hours        |
| 98 | DK                     |
| 99 | REFUSED                |

**Sugary Beverage Intake**

## SUGAR\_1

(ASK IF: (1 < i90a < 12), ELSE GO TO SUGAR\_2)

Considering the food your child ate yesterday, including meals and snacks, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did <CH\_NAME> drink? Was it...

(IF NECESSARY:

- “Only include 100% fruit juice.”
- Part of a glass counts as 1 glass.
- ASK RESPONDENT TO ESTIMATE THE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.)

(INTERVIEWER: CODE “NONE” OR “DOES NOT DRINK FRUIT JUICE” as 00)

- |    |                |
|----|----------------|
| 00 | Zero           |
| 01 | One            |
| 02 | Two, or        |
| 03 | Three or more? |
| 98 | DK             |
| 99 | REFUSED        |

## SUGAR\_2

(ASK IF: (1<i90a<6), ELSE GO TO PL125A1)

Yesterday, how many glasses or cans of soda or pop, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks, did <CH\_NAME> drink? Do not count diet drinks. Was it....

(IF NECESSARY: This also includes any drinks with added sugar, such as Sunny Delight, Iced Tea Drinks, Tampico, Hawaiian Punch, Cranberry Cocktail, HI-C, Snapple, Sugar Cane Juice, Gatorade, Sweetened Water Drinks, and Energy Drinks)

(INTERVIEWER: CODE “NONE” OR “DOES NOT DRINK SODA” as 01)

- |    |                |
|----|----------------|
| 01 | Zero           |
| 02 | One            |
| 03 | Two, or        |
| 04 | Three or more? |
| 98 | DK             |
| 99 | REFUSED        |

## PL125A1

(ASK: (IF i90A>=6), ELSE GO TO PRE\_L126A)

**Height and Weight**

How tall is <CH\_NAME> now?

- 01 ANSWERED IN FEET/INCHES (GO TO L125AP\_F)
- 02 ANSWERED IN CENTIMETERS (GO TO L125AC)
  
- 98 DK (GO TO PL125a2)
- 99 REFUSED (GO TO PL125a2)

## L125AP\_F

(How tall is <CH\_NAME> now?)  
(1-8 FEET)

## L125AP\_I

(How tall is <CH\_NAME> now?)  
(00-12 INCHES)

## L125AP

(ASK IF: (L125AP\_F\*100)+L125AP\_I)

Feet/Inches in fii format

## L125AC

(ASK IF PL125A1=01)

Centimeters

RECORD NUMBER (RANGE=91-254 NUMERIC CHARACTERS)

## PL125A2

How much does <CH\_NAME> weigh now?

(IF NECESSARY: Your best guess is fine.)

(INTERVIEWER: ACCEPT DK/REF WITHOUT PROBING.)

- 01 ANSWERED IN POUNDS (GO TO L125A2P)
- 02 ANSWERED IN KILOGRAMS (GO TO L125A2K)
  
- 98 DK (GO TO Pre\_L126A)
- 99 REFUSED (GO TO Pre\_L126A)

L125A2P

(Pounds)

RECORD RESPONSE (RANGE=25-500 NUMERIC CHARACTERS)

L125A2K

(ASK IF: (PL125A2=01), ELSE GO TO L125LBS)

(Kilograms)

RECORD RESPONSE (RANGE=18-227 NUMERIC CHARACTERS)

**Developmental Disability**

Pre\_L126A

The next questions are about any kind of health problems, concerns, or conditions that may affect <CH\_NAME>'s behavior, learning, growth, or physical development.

L126H\_2

Does &lt;CH\_NAME&gt; currently have a developmental disability?

(IF NECESSARY: **Developmental disabilities** are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.)

01 YES

02 NO

98 DK

99 REFUSED

Skip in

//L126H\_2=01//

AUTISM

Has a doctor or other health care provider **EVER** told you that <CH\_NAME> has Autism or Autism Spectrum Disorder? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder.

01 YES

02 NO

98 DK

99 REFUSED



**Need/Use of Health Care Services**

SKIP IF I90A < 1.

L126A\_NEW

Because of a physical, mental, or emotional condition lasting 6 months or more, does <CH\_NAME> currently need or use medicine **prescribed by a doctor or other health care professional**, other than vitamins?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

SKIP IF I90A < 1.

L126J\_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH\_NAME's> need or get **special therapy**, such as physical, occupational or speech therapy?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

SKIP IF I90A < 1.

L126M\_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH\_NAME> have any kind of emotional, developmental or behavioral problem for which <FL\_HESHE> <FL\_L126M: needs or gets/need or get> **treatment or counseling**?

- 01 YES
- 02 NO (GO TO PRE\_LAS12)
  
- 98 DK (GO TO PRE\_LAS12)
- 99 REFUSED (GO TO PRE\_LAS12)

SKIP IF I90A < 1.

## LAS12

Compared to other <I90A>-year-old children, would you say <FL\_HESHE> <FL\_LAS12: experiences/experience> any difficulty speaking, communicating, or being understood?

(USE THIS VERSION IF I90A=98, 99 OR MISSING)

Compared to other children <FL\_HISHER> age, would you say <FL\_HESHE> experiences any difficulty **speaking**, communicating, or being understood?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

## LAS1a

Has a doctor or other health professional ever told you that <CH\_NAME> has asthma?

- 01 YES
- 02 NO (SKIP TO LAS5)
  
- 98 DK (SKIP TO LAS5)
- 99 REFUSED (SKIP TO LAS5)

## LAS5

Does <CH\_NAME> currently have diabetes or sugar diabetes?

[IF NECESSARY, Diabetes is a disease in which the body does not properly make or use insulin.]

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

**ACES:**

The next questions are about events that may have happened during <CH\_NAME>'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may **skip any questions you do not want to answer**. Please remember this information will not be shared with anyone and you will not be identified.

To the best of your knowledge, has <CH\_NAME> EVER experienced any of the following?

## ACE\_3.

Parent or guardian divorced or separated.

- 01 YES
- 02 NO

98 DK  
99 REFUSED

## ACE\_4.

Parent or guardian died.

01 YES  
02 NO

98 DK  
99 REFUSED

## ACE\_5.

Parent or guardian served time in jail after <CH\_NAME> was born.

01 YES  
02 NO

98 DK  
99 REFUSED

## ACE\_6.

Saw or heard parents or adults slap, hit, kick, punch one another in the home.

01 YES  
02 NO

98 DK  
99 REFUSED

## ACE\_7.

Was a victim of violence or witnessed violence in <FL\_HISHER> neighborhood.

01 YES  
02 NO

98 DK  
99 REFUSED

ACE\_8.

Lived with anyone who was mentally ill, suicidal, or severely depressed.

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

ACE\_9.

Lived with anyone who had a problem with alcohol or drugs.

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

ACE\_10.

Treated or judged unfairly because of &lt;FL\_HISHER&gt; race or ethnic group.

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Child Functional Impairment for Children and Adolescence

//ASK IF I90A&gt;5 to I90A&lt;12 //

LAS12a. Now, thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days, **during the past 30 days**, did a mental health condition or emotional problem keep <CH\_NAME> <YOU\_NAME> from participating in school, social relationships with friends, or other usual activities?

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "so no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-30)

- 98 DK
- 99 REFUSED

//ASK IF I90A&gt;11//

LAS12b. Now, thinking about your child's mental health, which includes stress, depression, and problems with emotions or **substance use**, for how many days, **during the past 30 days** did a mental health condition or emotional problem keep <CH\_NAME> <YOU\_NAME> from participating in school, social relationships with friends, or other usual activities?

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "so no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-30)

98 DK  
99 REFUSED

**SECTION M: UTILIZATION AND QUALITY OF CHILD HEALTH CARE SERVICES**

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION M.)  
(SECTIONTIME\_SECM\_TIMESTART = ADMIN VARIABLE WITH SECTION M START TIME)

PREM131

I am now going to ask some questions about <CH\_NAME>'s use of health care services.

01 CONTINUE

**Visits to Medical Doctor and Health Professional**

M131

**Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <CH\_NAME> last saw a doctor or other health care professional about <FL\_HISHER> health? Was it...

(IF NECESSARY:

- Include either care for sickness or injury, or a general checkup.
- Do include visits to urgent care.
- Your best guess is fine. About how long ago was <CH\_NAME>'s last visit to a doctor or health professional?)

- 01 Within the last 12 months or  
02 More than 12 months ago?  
03 NEVER WENT TO A DOCTOR
- 98 DK  
99 REFUSED

M131A

(ASK IF: (M131=03), ELSE GO TO FL\_M130)

I want to make sure I have this right, <CH\_NAME> has **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

(INTERVIEWER NOTE: IF R SAYS WRONG (03), CATI WILL TAKE YOU BACK TO M131 TO CORRECT DATA.)

- 01 RIGHT / CORRECT – NEVER BEEN TO A DOCTOR/ HEALTH CARE PROFESSIONAL. (GO TO FL\_M132\_1)  
02 RIGHT / CORRECT – HAVE BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL, BUT NOT IN THEIR OFFICE. (GO TO FL\_M132\_1)

- 03      WRONG – HAVE VISITED A DOCTOR (GO TO M131)
- 98      DK
- 99      REFUSED

**Well-baby Checkup**

FL\_M130

(ASK IF M131=01,98,99)

(USE THIS VERSION IF I90A=00)

Since <FL\_HISHER> birth did <CH\_NAME> receive a well-baby checkup, that is a general checkup when <FL\_HESHE> <FL\_WASWERE> not sick or injured?

(USE THIS VERSION IF I90A&gt;=01)

During the past 12 months did <CH\_NAME> receive a well-child checkup, that is a general checkup when <FL\_HESHE> <FL\_WASWERE> **not** sick or injured?

M130

- 01      YES
- 02      NO
- 98      DK
- 99      REFUSED

M130\_number

(ASK IF M130=01 and i90a&lt;=2))

During the past 12 months, how many well-child check-ups did <CH\_NAME> have?

ENTER NUMBER

98 DK

99 REFUSED

**Hospital Stays**

FL\_M132\_1

FILL FOR M132

- 01      **Since birth**
- 02      **During the past 12 months**

FL\_M132\_2

FILL FOR M132

01 has &lt;CH\_NAME&gt; been

02 was &lt;CH\_NAME&gt;

**Emergency Room Visits**

M134

<FL\_M132\_1>, how many times <FL\_M132\_2> a patient in a hospital emergency room?  
(RANGE 00-21)

(IF NECESSARY: Include emergency room visits where <FL\_HESHE> <FL\_WASWERE>  
admitted to the hospital?)

(IF NECESSARY: Your best guess is fine.)

00 NONE

01-20 (CODE ACTUAL VALUE)

21 MORE THAN 20

98 DK

99 REFUSED

**Dental Care**

M135

(ASK IF I90A &gt; =1)

About how long has it been since <CH\_NAME> last visited a dentist? Was it...

(IF NECESSARY: Include all types of dentists such as orthodontists, oral surgeons, and all other  
dental specialists as well as dental hygienists (HY-JEN-IST).)

(IF NECESSARY: Your best guess is fine.)

01 Within the last 12 months or

02 More than 12 months ago?

03 NEVER WENT TO A DENTIST

04 CHILD DOES NOT HAVE TEETH

98 DK

99 REFUSED

(SECTIONTIME\_SECM\_TIMEEND = ADMIN VARIABLE WITH SECTION M END  
TIME.

SECTIONTIME\_SECM\_TIMETOTAL = ADMIN VARIABLE WITH SECTION M  
TOTAL TIME

SECTIONTIME\_SECM\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION  
M COMPLETED)



**SECTION N: ACCESS TO CARE FOR CHILD**

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION N.)  
 (SECTIONTIME\_SECN\_TIMESTART = ADMIN VARIABLE WITH SECTION N START TIME)

N136

The next questions are about access to health care for <CH\_NAME>. <FL\_ISARE> there a place that <CH\_NAME> **usually** goes when <FL\_HESHE> is sick or needs advice about <FL\_HISHER> health?

- 01 YES (GO TO N136a)
- 02 NO
- 03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO N136A)
- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

N136CHECK

Just to be sure, is it that there is **no place** at all that <CH\_NAME> usually <FL\_GOESGO> to when sick or needing advice about health, **or** is it that <FL\_HESHE> goes to more than **one** place?

- 01 NO PLACE AT ALL (GO TO END OF SECTION N)
- 02 MORE THAN ONE PLACE (GO TO N136a)
- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

N136A

(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

Is this place where <CH\_NAME> **usually** goes for care

- 01 A doctor's office or health center?
- 02 A hospital emergency room?
- 03 An urgent care center?
- 04 A clinic in a pharmacy or grocery store?  
 (//IF NECESSARY: sometimes called a "minute clinic" or "little clinic")
- 05 Or some other place?
- 98 DK
- 99 REFUSED

N137B

(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Do you have one or more persons you think of as &lt;CH\_NAME&gt;'s personal doctor or nurse?

(INTERVIEWER NOTE: IF RESPONDENT SEES A DOCTOR AND NURSE IN THE SAME VISIT, CODE AS 01)

- 01 YES, ONE PERSON OR MORE THAN ONE PERSON
- 02 NO (GO TO END OF SECTION N)
- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

**Care Coordination**

J108

(ASK IF: ((N137B=01) AND L126a\_new=01 or L126j\_new=01 or L126m\_new=01 or LAS10=01 or LAS11=01 or LAS12=01), ELSE GO TO END OF SECTION N)

During the past 12 months, was there any time <YOU\_NAME> needed professional help coordinating care or coordinating referrals among different health care providers and services that <CH\_NAME> uses?

- 01 YES
- 02 NO (GO TO END OF SECTION N)
- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

J108b

(ASK IF: J108=01)

<FL\_BIRTHC>, how often did you get as much help as you wanted with arranging or coordinating care for <CH\_NAME>? Would you say always, usually, sometimes, rarely or never?

- 01 ALWAYS
- 02 USUALLY
- 03 SOMETIMES
- 04 RARELY
- 05 NEVER
- 98 DK
- 99 REFUSED

**(SECTIONTIME\_SECN\_TIMEEND = ADMIN VARIABLE WITH SECTION N END TIME.**

**SECTIONTIME\_SECN\_TIMETOTAL = ADMIN VARIABLE WITH SECTION N TOTAL TIME**

**SECTIONTIME\_SECN\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION N COMPLETED)**

**SECTION O: UNMET HEALTH NEEDS**

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION O.)  
 (SECTIONTIME\_SECO\_TIMESTART = ADMIN VARIABLE WITH SECTION O START TIME)

***Dental Care***

O139

\_\$Recall (RECALL="Has there been", CONDITION="I90A=00")\_\$Recall (RECALL="During the past 12 months, was there", CONDITION="I90A>00") a time when <CH\_NAME> needed dental care but could **not** get it at that time?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

//ASK ONLY IF I90A &gt; 11//

O139\_MH

**During the past 12 months**, was there a time when <CH\_NAME> needed mental health care or counseling services but could **not** get it at that time?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

O144\_new

(ASK IF: ( I90a &gt; 02); else go to avoid\_care\_child)

Compared with three years ago, is getting the medical care <CH\_NAME> needs becoming easier, harder, or has it stayed the same?

(IF NECESSARY: In general, do the guardians of <CH\_NAME> find getting medical care for <FL\_HIMHER> is easier, harder, or about the same compared to three years ago?)

- 01 EASIER
- 02 HARDER
- 03 STAYED THE SAME
- 04 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
- 98 DK
- 99 REFUSED

We just talked about the types of health care <child\_name> may have needed. Next, we'll ask about delaying or avoiding care.

avoid\_care\_child

During the past 12 months, did <YOU\_NAME> delay or avoid getting care that <YOU\_NAME> felt <CH\_NAME> needed because of the cost?

(IF NECESSARY:

- INCLUDE DELAYS BECAUSE OF HEALTH PLAN APPROVAL.
- "CARE" MEANS ANY HEALTH CARE, INCLUDING PRESCRIPTION DRUGS.)

01 YES

02 NO

98 DK

99 REFUSED

**(SECTIONTIME\_SECO\_TIMEEND = ADMIN VARIABLE WITH SECTION O END TIME.**

**SECTIONTIME\_SECO\_TIMETOTAL = ADMIN VARIABLE WITH SECTION O TOTAL TIME**

**SECTIONTIME\_SECO\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION O COMPLETED)**

**SECTION P: CHILD'S DEMOGRAPHICS**

**PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION P.  
(SECTIONTIME\_SECP\_TIMESTART = ADMIN VARIABLE WITH SECTION P START  
TIME)**

PREP149

The next few questions are just for general classification purposes.

P149

Is <CH\_NAME> of Hispanic or Latino/a origin?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

P150

Which one or more of the following would you say is <CH\_NAME>'s race? <FL\_ISAREC>  
<FL\_HESHE> White, Black or African-American, Asian, Native American, Alaskan Native,  
Native Hawaiian, Pacific Islander, or some other race I have not mentioned?

(IF NECESSARY: These questions are just to help ensure that this study's results represent  
everyone in the State of Ohio.)

(CODE ALL THAT APPLY)

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
  
- 06 HISPANIC, LATINO, SPANISH
- 97 OTHER
  
- 98 DK
- 99 REFUSED

## P150A

(ASK IF: ((MNB(P150,01)+MNB(P150,02)+MNB(P150,03)+MNB(P150,04)+MNB(P150,05))>1), ELSE GO TO P151)

Which of these groups, that is: uL\_\$Recall (RECALL="LI<CH\_LBL:1>/LI",  
CONDITION="NBR(P150)==1 or NBR(P150)==2 or NBR(P150)==3 or NBR(P150)==4 or  
NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")\_\$Recall  
(RECALL="LI<CH\_LBL:2>/LI", CONDITION="NBR(P150)==2 or NBR(P150)==3 or  
NBR(P150)==4 or NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")\_\$Recall  
(RECALL="LI<CH\_LBL:3>/LI", CONDITION="NBR(P150)==3 or NBR(P150)==4 or  
NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")\_\$Recall  
(RECALL="LI<CH\_LBL:4>/LI", CONDITION="NBR(P150)==4 or NBR(P150)==5 or  
NBR(P150)==6 or NBR(P150)==7")\_\$Recall (RECALL="LI<CH\_LBL:5>/LI",  
CONDITION="NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")\_\$Recall  
(RECALL="LI<CH\_LBL:6>/LI", CONDITION="NBR(P150)==6 or NBR(P150)==7")\_\$Recall  
(RECALL="LI<CH\_LBL:7>/LI", CONDITION="NBR(P150)==7")/uLwould you say best  
represents <CH\_NAME>'s race?

(LIMIT RESPONSE CHOICES TO THOSE SELECTED IN P150)

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 06 HISPANIC, LATINO, SPANISH
  
- 97 <P150:O>
- 98 DK
- 99 REFUSED

## P150B

(ASK IF: (NBR (P150)=1 AND (P150A), ELSE GO TO P151)

Do you consider <CH\_NAME> to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

(INTERVIEWER: FOR MULTIRACIAL DO NOT INCLUDE COMBINATIONS THAT LIST HISPANIC OR LATINO. IF R SAYS WHITE AND HISPANIC, CODE AS WHITE. DO USE THIS CODE FOR EXAMPLES LIKE BLACK AND WHITE, ASIAN AND WHITE.)

- 01 WHITE HISPANIC
- 02 BLACK OR AFRICAN AMERICAN HISPANIC

- 03 ASIAN HISPANIC
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE HISPANIC
- 05 NATIVE HAWAIIAN OR PACIFIC ISLANDER HISPANIC
- 06 OTHER RACE HISPANIC
  
- 98 DK
- 99 REFUSES TO DISCRIMINATE

P151

You may have mentioned this already, but are either of <CH\_NAME>'s parents employed?

- 01 YES
- 02 NO
  
- 98 DK
- 99 REFUSED

**(SECTIONTIME\_SECP\_TIMEEND = ADMIN VARIABLE WITH SECTION P END TIME.**

**SECTIONTIME\_SECP\_TIMETOTAL = ADMIN VARIABLE WITH SECTION P TOTAL TIME**

**SECTIONTIME\_SECP\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION P COMPLETED)**



**CLOSING**

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION CL.)  
(SECTIONTIME\_SECCL\_TIMESTART = ADMIN VARIABLE WITH SECTION CL START TIME)**

Q160

01 CONTINUE

INCENT

(ASK IF: (CALLTYPE=02) OR (CELL\_RESP=02)), ELSE GO TO SK\_ENDCL)

To thank you for your participation, we would like to send you an electronic gift card for //IF CELL PHONE ADULT ONLY "\$10"; IF CHILD AND LANDLINE ADULT "\$5"; IF CHILD AND CELL PHONE ADULT "\$15"//. What is your email address?

(INTERVIEWER:

- YOU ARE REQUIRED TO READ BACK THE EMAIL ADDRESS CHARACTER BY CHARACTER
- IF R ASKS, THE ELECTRONIC GIFT CARD SHOULD BE DELIVERED WITHIN 1 BUSINESS DAY
- IF R DOESN'T HAVE AN EMAIL ADDRESS, ENTER 96 NO EMAIL ADDRESS
- IF R ASKS FOR A CHECK, ENTER 97 PREFERS CHECK)
- IF NECESSARY: The types of gift cards that are being offered include: Amazon, Barnes and Noble, CVS/Pharmacy, Domino's Pizza, Overstock.com, Panera, QVC, Staples, Target and Walmart.)

RECORD RESPONSE (TEXT RANGE = 40 CHARACTERS) (GO TO THANKS)

96 NO EMAIL ADDRESS (GO TO ADDRESS)

97 PREFERS CHECK (GO TO ADDRESS)

98 DK (GO TO ADDRESS)

99 REFUSED (THANKS)

## ADDRESS

We can send you a check to thank you for your participation. In order to mail your check, I need to collect your full name and mailing address. This information will not be connected with your answers in the survey.

(INTERVIEWER: IF R ASKS, IT CAN TAKE UP TO 4 WEEKS TO RECEIVE THE CHECK.)

- 01 CONTINUE
- 02 DECLINES CHECK (GO TO THANKS)

NAME	RECORD NAME (TEXT RANGE = 40 CHARACTERS)
ADDR1	RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
ADDR2	RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
CITY	RECORD CITY (TEXT RANGE = 30 CHARACTERS)
STATE	RECORD STATE (TEXT RANGE = 2 CHARACTERS)
ZIP	RECORD ZIP CODE (RANGE = 5 DIGITS)

## EMAILTHANKS

Thank you for providing us with your e-mail address. You will receive an e-mail shortly that will inform you of the approximate delivery time of your electronic gift card. We appreciate your willingness to participate in our survey. You may need to check your junk mail folder for an email titled "Thank you for participating in the Ohio Health Survey."

## THANKS

I would like to thank you again for your participation. We want to reassure you that your responses will be kept strictly confidential. Is it ok if we contact you with follow-up questions?

(IF NECESSARY, If you would like to speak to someone about the survey please call the State of Ohio at (614) 466-3543 or if you have questions about your rights as a study participant, you can call RTI at 1-855-322-2826)

- 01 YES
- 02 NO

**(SECTIONTIME\_SECCL\_TIMEEND = ADMIN VARIABLE WITH SECTION CL END TIME.**

**SECTIONTIME\_SECCL\_TIMETOTAL = ADMIN VARIABLE WITH SECTION CL TOTAL TIME**

**SECTIONTIME\_SECCL\_COMPLETION = ADMIN VARIABLE NOTING IF SECTION CL COMPLETED)**

**(PROGRAMMER: INTERVIEW FINISH TIME. USE 24 HOUR CLOCK)**

**(PROGRAMMER: CLOSE ALL TIMERS)**

LANG INTERVIEWER: LANGUAGE INTERVIEW CONDUCTED IN:

- 01 ENGLISH
- 02 SPANISH



---

## ***Appendix F: Verbatim Coding Guide***

---

(Separate Document on Project Website)



---

# Appendix G: Data Usage

---

## G.1 Instructions for Using Weights

For the purposes of design-based (variance) estimation, the data file includes the following design variables:

- WT\_A, WT\_C: adjusted survey weights for adult-level and child-level estimates and analyses
- STRATA: a stratum indicator for generating design-based variance estimators

Sampling variances for the weighted estimates that account for the complex sample design can be computed with statistical software such as SUDAAN, STATA, SAS, or R.

An example SUDAAN statement would necessitate a Nest statement where STRATA is specified, and a Design statement with a “WR” specification for a with-replacement sampling design (approximation).

An example follows for a health insurance variable (INSRD\_A) that is tabulated by region.

```
Proc Descript Data="OMAS.ssd" Filetype=sas Design=WR;
Weight WT_A;
Nest STRATA / missunit;
Var INSRD_A_IMP;
Tables REGION;
Class REGION;
Title "OMAS, Percent of adults insured by region";
Print Percent SEPercent;
```

This example SAS code shows how to compute the weighted percentage of adults insured statewide:

```
Proc Surveymeans Data= OMAS mean;
Stratum STRATA;
Weight WT_A;
Var INSRD_A_IMP;
Class INSRD_A_IMP;
Domain REGION;
run;
```

The following example STATA code shows how to compute the weighted percentage of adults uninsured statewide.

```
svyset _n [pweight=WT_A], strata(strata) vce(linearized) singleunit(certainty)
```

```
xi, noomit: svy: total i.INSRD_A_IMP, level(95)
```

```
xi, noomit: svy: mean i.INSRD_A_IMP, level(95)
```

The following example R code shows how to compute the weighted percentage of adults uninsured statewide.

```
library(survey)
options(survey.lonely.psu="adjust")
omas2019_design = svydesign(ids = ~1, strata=~strata, data=omas_2019, weights = omas_2019$WT_A)

svytotal(~as.factor(INSRD_A_IMP), design = omas2019_design)
svymean(~as.factor(INSRD_A_IMP), design = omas2019_design)
```

## G.2 Limitations and Cautions When Using the Data

The 2019 OMAS carries with it the following limitations and cautions regarding use of the data:

- A majority of these data were collected via telephone, but an ABS Pilot Study used web and paper through mail. The predominance of telephone interviewing (95.2%) merits limits relating to do the following:
  - Collect information from consumers of the sampled population without valid telephone numbers.
  - Maximize the number of attempts to reach nonrespondents.
  - Reach respondents in a manner that is most suitable for themselves.
  - Minimize bias that may result from predominantly using one mode of data collection. A study conducted in 1998 with the 36-Item Short Form Health Survey found that younger adults were more likely to refuse to participate when the study was administered via mail, whereas older adults were more likely to refuse telephone interviews (Perkins & Sanson-Fisher, 1998).
- Interviews were only conducted with households that could speak English or Spanish well enough to be interviewed. Thus, non-English- and non-Spanish-speaking households were excluded from the survey. As identified by the final dispositions, less than one-tenth of 1% of households contacted were unable to complete the survey because of a language barrier.
- The literature indicates that using proxies can introduce bias to the survey results. Several studies have shown consistent differences between self- and proxy reporting (Bassett et al., 1990; Ellis et al., 2003; Epstein et al., 1989; Kovar & Wright, 1974; Mathiowetz & Groves, 1985; Todorov, 2003). The research has shown that proxies have difficulty measuring another person's behaviors or disabilities because they have a different perception of the behavior or disability when it is not their own. Availability of information also can be an issue when using proxies because they may not have the direct knowledge to respond accurately about another person's behavior or opinions. Proxies were limited to cases where the selected household member had a long-term or permanent physical or mental impairment. Of the 37,700 cases in the final data file, fewer than 1% were completed by proxy. Unrelated to the adult section, the child section was always by proxy.
- The inability to verify the information collected, and the reliance on self-reported insurance status and health behaviors, are further limitations of the study. Although both live monitoring of interviewers and review of their recordings verified the information as recorded, this survey's protocols did not allow for the verification of respondent insurance status by obtaining a copy of their insurance card. Research has shown that differences occur



when comparing claims data and medical records to self-reported information provided in a telephone survey (Fowles et al., 1999).

These limitations, as they relate to the ability to use the 2019 OMAS data, are common to all RDD telephone surveys in the following ways:

- The data can only be generalized to the population surveyed (i.e., the information cannot be generalized to households without telephones).
- Comparisons made to other data sources for Ohio must be done with the understanding that differences in the data could result from differences in how the survey was designed and conducted—not necessarily because of actual differences in the population of interest.
- To maximize coverage when conducting a telephone study, a dual frame of landline and cell phone numbers must be used. The 2019 OMAS used an overlapping dual-frame design, which included respondents who could have been captured from either frame. This poses several methodological challenges related to a person with both a landline and cell phone having multiple chances of being selected. As discussed in Section 5.3, the 2019 OMAS used a 50/50 composite technique to account for this overlap and to ensure proper weights for inference to the target population.
- When considering subpopulation sizes with OMAS data analysis, the OMAS EC recommends using the NCHS guidelines for health-surveillance suppression of cell sizes of 10 or fewer to protect against possible identification breaches (NCHS, 2004).

### G.3 Survey Dispositions

This section presents the final dispositions for the entire study and by region stratum and county. For details, see *Tables G-1 through G-4*.

- 1.1 Interview
- 1.2 Partial Interview
- 2.1 Refusals
- 2.2 Noncontact
- 3.1 Unknown, No Answer
- 3.2 Unknown Household
- 3.9 Unknown Other
- 4.2 Fax/Data Line
- 4.3 Nonworking, Disconnected Number
- 4.4 Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
- 4.5 Nonresidence (incl. Businesses, Dorms)
- 4.7 No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)

**Table G-1. Final Dispositions Overall**

Phone Type	1.1	1.2	2.1	2.2	3.1	3.2	3.9	4.2	4.3	4.4	4.5	4.7
Landline	3,884	342	5,535	500	57,059	22,153	4,164	35,528	785	13,810	612	3,884
Cell	23,926	1,916	32,480	1,608	314,312	95,136	329	242,876	2,632	18,862	136,226	23,926
Overall	27,810	2,258	38,015	2,108	371,371	117,289	4,493	278,404	3,417	32,672	136,838	27,810

## Note:

- 1.1 Interview
- 1.2 Partial Interview
- 2.1 Refusals
- 2.2 Noncontact
- 3.1 Unknown, No Answer
- 3.2 Unknown Household
- 3.9 Unknown Other
- 4.2 Fax/Data Line
- 4.3 Nonworking, Disconnected Number
- 4.4 Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
- 4.5 Non-residence (incl. Businesses, Dorms)
- 4.7 No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)

**Table G-2. Final Dispositions by Medicaid Region**

Medicaid Region No.	Sampling Medicaid Region	1.1	1.2	2.1	2.2	3.1	3.2	3.9	4.2	4.3	4.4	4.5	4.7
1	North Central	1,658	116	2,013	112	20,745	6,315	340	17,923	187	2,173	7,462	1,658
2	Northeast	6,739	577	9,719	558	111,541	36,826	1,508	84,550	1,023	10,171	51,261	6,739
3	Northeast Central	1,932	143	3,235	164	28,427	8,770	351	21,661	261	2,656	10,176	1,932
4	Northwest	1,952	155	2,691	130	21,472	6,045	193	16,795	224	1,715	5,711	1,952
5	South Central	6,060	501	7,685	433	64,743	22,251	769	47,608	614	5,797	22,982	6,060
6	Southeast	2,757	216	3,312	153	28,586	8,202	312	20,267	325	2,104	7,310	2,757
7	Southwest	6,712	550	9,360	558	95,857	28,880	1,020	69,600	783	8,056	31,936	6,712

## Notes:

- 1.1 Interview
- 1.2 Partial Interview
- 2.1 Refusals
- 2.2 Noncontact
- 3.1 Unknown, No Answer
- 3.2 Unknown Household
- 3.9 Unknown Other
- 4.2 Fax/Data Line
- 4.3 Nonworking, Disconnected Number
- 4.4 Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
- 4.5 Non-residence (incl. Businesses, Dorms)
- 4.7 No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)

**Table G-3. Final Dispositions by County Type**

Region No.	Sampling County Type	1.1	1.2	2.1	2.2	3.1	3.2	3.9	4.2	4.3	4.4	4.5	4.7
1	Rural Appalachian	5,286	424	6,385	338	60,096	17,036	685	44,533	700	4,519	17,267	5,286
2	Metro	13,421	1,167	20,978	1,204	213,253	71,973	2,327	163,202	1,859	18,735	92,075	13,421
3	Rural Non-Appalachian	4,582	357	6,002	304	50,474	14,981	634	39,209	497	4,474	13,824	4,582
4	Suburban	4,521	310	4,650	262	47,548	13,299	847	31,460	361	4,944	13,672	4,521

## Notes:

- 1.1 Interview
- 1.2 Partial Interview
- 2.1 Refusals
- 2.2 Noncontact
- 3.1 Unknown, No Answer
- 3.2 Unknown Household
- 3.9 Unknown Other
- 4.2 Fax/Data Line
- 4.3 Nonworking, Disconnected Number
- 4.4 Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
- 4.5 Non-residence (incl. Businesses, Dorms)
- 4.7 No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)

Table G-4. Final Disposition by Sampling Stratum

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
1	Adams County, Ohio	Landline	12	1	10	2	162	53	21	244	0	41	2
2	Allen County, Ohio	Landline	27	3	29	5	201	72	12	81	3	43	3
3	Ashland County, Ohio	Landline	5	2	20	3	156	85	5	86	2	34	1
4	Ashtabula County, Ohio	Landline	44	3	58	4	662	263	72	150	2	248	6
5	Athens County, Ohio	Landline	20	0	34	1	124	50	6	334	4	23	1
6	Auglaize County, Ohio	Landline	27	0	31	5	240	72	10	71	1	40	3
7	Belmont County, Ohio	Landline	44	1	42	1	342	77	18	189	3	41	2
8	Brown County, Ohio	Landline	9	1	11	0	87	43	2	47	6	7	2
9	Butler County, Ohio	Landline	103	10	146	8	2,177	399	118	1,657	19	420	16
10	Carroll County, Ohio	Landline	9	1	7	0	112	61	13	186	1	34	3
11	Champaign County, Ohio	Landline	21	3	33	5	137	54	2	28	1	13	3
12	Clark County, Ohio	Landline	72	5	96	4	786	258	58	432	6	207	8
13	Clermont County, Ohio	Landline	49	3	103	13	1,243	265	74	1,106	17	221	7
14	Clinton County, Ohio	Landline	12	1	24	1	160	154	34	258	0	96	2
15	Columbiana County, Ohio	Landline	33	2	57	6	701	165	63	615	4	230	9
16	Coshocton County, Ohio	Landline	20	1	35	1	161	78	10	83	0	27	3
17	Crawford County, Ohio	Landline	25	2	30	1	224	162	32	271	2	114	4
18	Cuyahoga County, Ohio - AA Low Density	Landline	183	18	317	39	4,561	1,542	264	1,604	59	974	42
19	Cuyahoga County, Ohio - AA High Density	Landline	137	18	214	16	2,289	1,268	169	655	31	536	24
20	Darke County, Ohio	Landline	20	0	23	1	141	34	5	38	2	15	3
21	Defiance County, Ohio	Landline	19	1	20	1	133	38	11	55	10	50	4
22	Delaware County, Ohio	Landline	50	4	74	5	765	620	56	690	19	247	13
23	Erie County, Ohio	Landline	27	2	48	5	509	288	66	331	15	253	7

(continued)

**Table G-4. Final Disposition by Sampling Stratum (continued)**

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
24	Fairfield County, Ohio	Landline	79	5	111	8	826	197	50	697	21	222	12
25	Fayette County, Ohio	Landline	9	1	16	1	171	66	16	50	1	73	0
26	Franklin County, Ohio - AA Low Density	Landline	251	21	282	22	2,641	2,010	225	1,368	42	759	49
27	Franklin County, Ohio - AA High Density	Landline	177	22	218	14	1,389	677	175	362	15	543	21
28	Fulton County, Ohio	Landline	14	0	31	1	216	54	29	55	0	79	1
29	Gallia County, Ohio	Landline	19	0	34	3	217	172	23	49	5	95	3
30	Geauga County, Ohio	Landline	21	1	48	2	596	267	80	348	8	214	16
31	Greene County, Ohio	Landline	79	6	111	8	1,083	342	95	416	11	334	10
32	Guernsey County, Ohio	Landline	12	2	23	2	151	92	13	105	4	59	3
33	Hamilton County, Ohio - AA Low Density	Landline	119	12	190	20	2,756	422	139	2,500	53	406	21
34	Hamilton County, Ohio - AA High Density	Landline	60	13	144	5	1,336	181	76	2,376	35	258	15
35	Hancock County, Ohio	Landline	32	0	30	3	257	148	14	94	6	75	7
36	Hardin County, Ohio	Landline	8	1	10	3	127	37	7	127	2	39	1
37	Harrison County, Ohio	Landline	6	0	12	0	67	19	7	73	1	19	0
38	Henry County, Ohio	Landline	16	0	9	1	165	40	22	40	1	73	1
39	Highland County, Ohio	Landline	16	4	27	1	168	130	17	145	3	74	1
40	Hocking County, Ohio	Landline	32	3	28	3	166	36	14	96	0	28	1
41	Holmes County, Ohio	Landline	10	2	11	3	161	43	37	73	2	126	4
42	Huron County, Ohio	Landline	13	1	12	3	188	142	21	222	1	77	1
43	Jackson County, Ohio	Landline	17	2	23	2	165	42	21	227	0	55	0
44	Jefferson County, Ohio	Landline	19	2	38	5	289	33	10	102	0	32	1
45	Knox County, Ohio	Landline	20	3	28	4	174	43	7	39	3	16	4

(continued)

Table G-4. Final Disposition by Sampling Stratum (continued)

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
46	Lake County, Ohio	Landline	37	4	58	3	879	253	49	205	9	198	6
47	Lawrence County, Ohio	Landline	37	4	58	1	314	214	35	208	5	62	4
48	Licking County, Ohio	Landline	112	5	151	14	1,298	358	101	293	18	312	11
49	Logan County, Ohio	Landline	15	0	11	1	95	5	1	19	0	8	1
50	Lorain County, Ohio	Landline	76	13	130	18	2,153	748	153	548	25	496	9
51	Lucas County, Ohio - AA Low Density	Landline	67	5	83	5	813	263	105	644	7	328	15
52	Lucas County, Ohio - AA High Density	Landline	25	3	51	2	423	97	59	1,570	18	212	6
53	Madison County, Ohio	Landline	23	1	33	3	260	90	17	139	3	32	2
54	Mahoning County, Ohio	Landline	102	6	126	15	1,540	460	160	961	19	367	11
55	Marion County, Ohio	Landline	13	1	17	3	180	74	11	99	4	26	2
56	Medina County, Ohio	Landline	53	5	68	3	1,126	631	95	798	16	287	8
57	Meigs County, Ohio	Landline	23	0	18	1	136	46	5	124	1	11	2
58	Mercer County, Ohio	Landline	23	2	26	4	126	70	7	57	1	30	4
59	Miami County, Ohio	Landline	42	4	79	7	628	349	53	393	4	219	5
60	Monroe County, Ohio	Landline	17	0	27	1	146	19	11	453	5	34	2
61	Montgomery County, Ohio - AA Low Density	Landline	53	9	61	5	697	271	36	291	13	161	4
62	Montgomery County, Ohio - AA High Density	Landline	175	21	218	21	2,010	1,304	81	587	17	208	22
63	Morgan County, Ohio	Landline	8	2	6	1	94	8	5	21	2	13	0
64	Morrow County, Ohio	Landline	11	2	14	0	117	30	12	48	2	47	2
65	Muskingum County, Ohio	Landline	41	6	50	6	303	69	16	85	3	44	3
66	Noble County, Ohio	Landline	1	1	10	0	81	25	12	172	0	13	1
67	Ottawa County, Ohio	Landline	7	0	10	0	194	91	27	254	3	63	3

(continued)

**Table G-4. Final Disposition by Sampling Stratum (continued)**

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
68	Paulding County, Ohio	Landline	9	0	7	0	116	38	12	117	1	55	3
69	Perry County, Ohio	Landline	16	0	22	1	127	36	10	261	2	40	2
70	Pickaway County, Ohio	Landline	28	0	40	6	221	96	18	181	1	44	1
71	Pike County, Ohio	Landline	11	1	12	1	66	60	13	198	0	44	3
72	Portage County, Ohio	Landline	76	3	77	3	1,065	314	48	255	5	133	8
73	Preble County, Ohio	Landline	12	0	21	4	143	29	5	29	0	7	1
74	Putnam County, Ohio	Landline	13	0	15	3	47	19	1	26	0	4	3
75	Richland County, Ohio	Landline	45	4	75	4	478	175	31	145	5	130	9
76	Ross County, Ohio	Landline	29	0	47	3	169	25	2	36	3	4	2
77	Sandusky County, Ohio	Landline	19	2	20	3	360	292	55	241	3	208	5
78	Scioto County, Ohio	Landline	19	0	23	3	98	62	9	76	4	15	1
79	Seneca County, Ohio	Landline	22	1	19	3	266	203	25	211	3	127	3
80	Shelby County, Ohio	Landline	13	1	23	2	117	70	8	42	1	43	5
81	Stark County, Ohio	Landline	143	15	226	24	2,666	1,415	124	768	22	479	20
82	Summit County, Ohio	Landline	149	16	251	24	3,251	1,251	208	2,204	33	645	22
83	Trumbull County, Ohio	Landline	62	4	99	14	1,028	291	44	2,093	34	172	5
84	Tuscarawas County, Ohio	Landline	39	1	75	6	517	174	29	229	3	91	9
85	Union County, Ohio	Landline	20	2	19	5	226	78	10	80	4	46	2
86	Van Wert County, Ohio	Landline	6	0	7	0	104	4	2	19	1	5	2
87	Vinton County, Ohio	Landline	3	0	2	1	52	5	6	67	3	13	1
88	Warren County, Ohio	Landline	71	8	108	13	1,631	313	116	809	23	354	14
89	Washington County, Ohio	Landline	37	1	35	5	276	88	21	84	2	39	5
90	Wayne County, Ohio	Landline	18	1	22	3	233	50	10	79	3	55	14
91	Williams County, Ohio	Landline	22	1	30	7	192	61	23	185	3	75	3

(continued)



Table G-4. Final Disposition by Sampling Stratum (continued)

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
92	Wood County, Ohio	Landline	30	2	40	6	406	175	45	236	10	152	5
93	Wyandot County, Ohio	Landline	14	2	17	1	209	60	19	113	20	89	1
94	Adams County, Ohio	Cell	21	2	39	0	201	46	1	207	3	14	73
95	Allen County, Ohio	Cell	289	27	370	13	2,457	888	2	2,219	18	149	588
96	Ashland County, Ohio	Cell	150	17	203	8	1,533	526	3	1,318	14	79	382
97	Ashtabula County, Ohio	Cell	272	17	367	19	3,450	951	3	2,655	22	165	1,133
98	Athens County, Ohio	Cell	251	22	280	11	2,197	766	0	1,485	23	98	567
99	Auglaize County, Ohio	Cell	0	0	1	0	4	1	0	10	1	0	1
100	Belmont County, Ohio	Cell	161	12	229	8	1,883	703	1	1,368	29	87	487
101	Brown County, Ohio	Cell	108	10	143	3	1,042	341	0	799	6	48	207
102	Butler County, Ohio	Cell	245	20	329	20	3,200	982	2	2,432	13	174	1,687
104	Champaign County, Ohio	Cell	27	1	46	3	354	86	0	223	3	26	50
105	Clark County, Ohio	Cell	268	25	276	18	2,787	775	0	1,662	15	134	771
106	Clermont County, Ohio	Cell	72	5	74	1	739	323	1	769	2	70	473
107	Clinton County, Ohio	Cell	83	4	134	9	898	401	2	823	6	39	335
108	Columbiana County, Ohio	Cell	130	10	219	7	1,844	624	3	1,211	30	92	561
109	Coshocton County, Ohio	Cell	83	9	120	2	918	266	2	769	10	44	179
110	Crawford County, Ohio	Cell	41	5	67	1	408	143	0	344	7	24	118
111	Cuyahoga County, Ohio	Cell	1,593	150	1,998	96	20,338	10,318	20	20,754	184	1,463	18,038
112	Darke County, Ohio	Cell	94	10	168	5	1,384	390	0	929	5	71	297
113	Defiance County, Ohio	Cell	132	8	134	6	1,223	340	1	928	10	53	248
114	Delaware County, Ohio	Cell	214	16	243	7	1,937	480	1	1,339	6	97	610
115	Erie County, Ohio	Cell	184	13	258	10	2,210	664	3	1,855	14	133	630
116	Fairfield County, Ohio	Cell	225	17	303	11	2,237	536	5	1,435	4	145	559

(continued)

Table G-4. Final Disposition by Sampling Stratum (continued)

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
117	Fayette County, Ohio	Cell	69	8	97	6	763	251	0	520	3	41	195
118	Franklin County, Ohio	Cell	2,112	191	2,785	152	20,315	8,489	23	17,497	162	1,661	11,396
119	Fulton County, Ohio	Cell	13	3	16	1	184	14	0	115	2	10	50
120	Gallia County, Ohio	Cell	70	3	100	6	838	195	0	487	10	22	193
121	Geauga County, Ohio	Cell	42	3	58	0	549	163	1	416	1	38	272
122	Greene County, Ohio	Cell	0	0	0	0	3	8	0	7	0	1	10
123	Guernsey County, Ohio	Cell	103	10	144	3	1,001	411	1	750	12	69	299
124	Hamilton County, Ohio	Cell	2,354	171	3,406	165	32,317	11,488	30	23,156	228	2,273	14,487
125	Hancock County, Ohio	Cell	304	29	385	18	3,024	1,039	2	2,405	24	197	816
126	Hardin County, Ohio	Cell	58	6	86	3	587	196	1	532	5	28	150
127	Harrison County, Ohio	Cell	53	2	73	1	600	191	0	478	10	15	221
128	Henry County, Ohio	Cell	77	4	90	6	614	197	1	605	4	35	220
129	Highland County, Ohio	Cell	133	12	173	10	1,347	357	0	875	8	67	254
130	Hocking County, Ohio	Cell	82	9	88	4	884	259	0	551	6	37	180
131	Holmes County, Ohio	Cell	109	11	257	12	1,179	470	4	1,221	14	108	336
132	Huron County, Ohio	Cell	165	9	251	10	1,925	600	1	1,458	13	92	428
133	Jackson County, Ohio	Cell	115	6	141	7	1,185	311	1	596	8	46	187
134	Jefferson County, Ohio	Cell	137	7	135	7	1,927	561	1	1,112	22	73	345
135	Knox County, Ohio	Cell	242	20	322	10	2,094	589	7	1,688	21	146	534
136	Lake County, Ohio	Cell	663	37	909	37	10,048	2,587	6	6,635	49	608	2,958
137	Lawrence County, Ohio	Cell	129	12	167	14	1,624	415	2	943	17	60	362
138	Licking County, Ohio	Cell	218	14	315	19	2,450	612	1	1,559	12	146	730
139	Logan County, Ohio	Cell	196	19	233	10	1,614	458	4	1,151	15	86	376
140	Lorain County, Ohio	Cell	521	43	779	28	7,421	1,963	2	5,363	43	356	2,646

(continued)

Table G-4. Final Disposition by Sampling Stratum (continued)

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
141	Lucas County, Ohio	Cell	1,049	75	1,223	64	11,901	3,200	11	8,789	73	731	4,174
142	Madison County, Ohio	Cell	45	5	53	2	411	116	0	302	5	26	124
143	Mahoning County, Ohio	Cell	605	59	792	54	8,930	2,254	9	5,082	67	510	2,882
144	Marion County, Ohio	Cell	224	22	305	13	2,130	680	1	1,846	9	113	628
145	Medina County, Ohio	Cell	177	12	247	9	2,994	656	0	2,113	16	201	1,264
146	Meigs County, Ohio	Cell	79	7	79	5	928	173	0	456	8	24	250
147	Mercer County, Ohio	Cell	243	15	364	21	2,967	606	3	1,747	8	111	633
148	Miami County, Ohio	Cell	99	11	110	9	1,235	265	0	716	5	52	384
149	Monroe County, Ohio	Cell	88	10	102	5	823	221	1	630	7	35	336
150	Montgomery County, Ohio	Cell	1,646	135	2,086	116	19,061	4,432	13	11,403	74	1,107	5,456
151	Morgan County, Ohio	Cell	48	5	64	1	371	118	0	355	9	20	145
152	Morrow County, Ohio	Cell	71	7	80	3	584	135	0	443	7	26	184
153	Muskingum County, Ohio	Cell	250	24	309	12	2,698	545	1	1,610	15	119	489
154	Noble County, Ohio	Cell	46	5	45	0	409	144	0	365	4	15	221
155	Ottawa County, Ohio	Cell	9	0	12	2	120	64	0	175	1	11	128
156	Paulding County, Ohio	Cell	35	2	41	2	385	102	0	375	6	14	177
157	Perry County, Ohio	Cell	66	3	76	3	632	154	1	379	3	16	118
158	Pickaway County, Ohio	Cell	128	7	154	11	1,337	250	3	858	6	74	289
159	Pike County, Ohio	Cell	63	12	84	4	917	112	0	489	4	36	324
160	Portage County, Ohio	Cell	69	6	106	10	1,106	217	0	884	5	64	1,022
161	Preble County, Ohio	Cell	111	4	115	14	1,364	209	2	714	10	51	279
162	Putnam County, Ohio	Cell	84	6	152	5	1,052	204	1	896	10	45	271
163	Richland County, Ohio	Cell	303	28	416	18	3,040	707	2	2,441	35	185	895
164	Ross County, Ohio	Cell	229	19	307	12	2,740	573	1	1,379	27	124	559

(continued)

**Table G-4. Final Disposition by Sampling Stratum (continued)**

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
165	Sandusky County, Ohio	Cell	155	9	205	9	1,570	406	1	1,198	14	62	492
166	Scioto County, Ohio	Cell	295	31	310	24	3,600	647	1	1,711	40	152	804
167	Seneca County, Ohio	Cell	46	1	58	0	587	244	1	695	6	24	649
168	Shelby County, Ohio	Cell	193	16	278	5	2,087	444	1	1,451	18	119	495
169	Stark County, Ohio	Cell	664	41	838	41	8,716	1,967	7	6,872	52	524	5,134
170	Summit County, Ohio	Cell	942	72	1,158	55	13,330	3,287	7	10,502	90	782	9,302
171	Trumbull County, Ohio	Cell	118	11	174	13	2,254	805	1	1,860	46	89	2,213
172	Tuscarawas County, Ohio	Cell	235	23	385	11	2,558	721	1	1,932	28	143	1,036
173	Union County, Ohio	Cell	67	3	114	1	738	136	1	494	6	55	253
174	Van Wert County, Ohio	Cell	120	13	167	5	1,149	317	0	1,117	9	54	422
176	Warren County, Ohio	Cell	12	2	12	2	155	7	0	132	4	10	26
177	Washington County, Ohio	Cell	156	10	155	8	1,444	413	1	950	13	93	393
178	Wayne County, Ohio	Cell	354	32	522	18	3,992	1,049	9	3,130	27	249	1,324
179	Williams County, Ohio	Cell	81	6	101	4	929	180	1	783	9	54	307
180	Wood County, Ohio	Cell	78	3	93	5	778	136	0	529	7	37	251
181	Wyandot County, Ohio	Cell	57	1	70	1	517	77	0	416	9	33	213
182	Butler County, Ohio	OOS Cell	62	6	103	7	1,856	562	7	1,690	14	129	822
183	Cuyahoga County, Ohio	OOS Cell	178	14	332	21	5,848	1,732	14	4,982	81	353	2,848
184	Delaware County, Ohio	OOS Cell	77	5	107	4	1,159	326	1	896	6	81	516
185	Franklin County, Ohio	OOS Cell	385	39	671	40	7,225	2,259	14	6,508	94	389	3,375
186	Hamilton County, Ohio	OOS Cell	135	4	228	15	4,448	1,335	11	4,224	71	264	2,295
187	Lawrence County, Ohio	OOS Cell	106	5	109	5	1,796	404	0	1,323	23	82	552
188	Lorain County, Ohio	OOS Cell	27	1	65	7	1,143	360	0	1,081	13	70	551
189	Lucas County, Ohio	OOS Cell	70	4	131	10	2,219	778	5	2,241	30	149	1,174

(continued)

**Table G-4. Final Disposition by Sampling Stratum (continued)**

Stratum	Stratum Description	Phone Type	1.1	1.2	2.1	2.2	3.2	3.9	4.2	4.3	4.4	4.5	4.7
190	Mahoning County, Ohio	OOS Cell	49	6	64	8	1,137	315	2	1,038	13	64	549
191	Montgomery County, Ohio	OOS Cell	110	3	175	14	2,729	839	6	2,598	26	163	1,276
192	Stark County, Ohio	OOS Cell	31	2	74	4	1,195	326	1	1,174	17	81	640
193	Summit County, Ohio	OOS Cell	76	5	147	8	2,282	685	2	2,005	30	132	1,142
194	Warren County, Ohio	OOS Cell	47	1	109	5	1,451	382	3	1,147	27	87	601
195	Rural Appalachian	OOS Cell	253	16	400	29	7,682	2,072	18	6,887	122	501	3,682
196	Metro	OOS Cell	21	0	47	1	764	252	2	830	15	61	409
197	Rural Non-Appalachian	OOS Cell	114	7	267	11	4,132	1,295	10	4,178	65	237	2,112
198	Suburban	OOS Cell	237	16	478	35	6,970	1,867	14	6,201	79	409	3,497

## Notes:

- 1.1 Interview
- 1.2 Partial Interview
- 2.1 Refusals
- 2.2 Noncontact
- 3.1 Unknown, No Answer
- 3.2 Unknown Household
- 3.9 Unknown Other
- 4.2 Fax/Data Line
- 4.3 Nonworking, Disconnected Number
- 4.4 Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
- 4.5 Non-residence (incl. Businesses, Dorms)
- 4.7 No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)



## Appendix H: Post–Field-Start Changes Log

Date	Quex #	Change Made
9/3/2019	H84_A3	Skip logic was updated to make sure single adult households are getting asked questions.
9/3/2019	D43C	Changed logic for D43b to route properly to D43c. Item was not routing properly if D43b was not asked.
9/3/2019	PS	Added interviewer note: [INTERVIEWER NOTE: A non-residence would be a dormitory, hospital room, nursing home, assisted living facility, group home or barracks].
9/3/2019	R2NEW_THREAT	Skip revised so that if R2NEW_THREAT >= 98, R2A is asked instead of closing.
9/3/2019	R2NEW_USED	Logic updated so that if R2NEW_USED >= 2 it skips to R3NEW_U.
9/3/2019	THANKS	Added question to create a flag for future recruiting.
9/4/2019	F3A	IF F3==01 or 02 AND Rent_12mo NE 04, Ask F3a.
9/5/2019	D45G	“SOME” and “NOT” changed to lowercase and bolded instead.
9/5/2019	FOOD_1	Fills were revised: The first statement is “<YOUHESHEC>worried whether <YOURHISHER> food would run out before <YOUHESHE> got money to buy more.” In the last 12 months, was that <b>often</b> true, <b>sometimes</b> true, or <b>never</b> true for your household?
9/5/2019	F68C_NEW	Added question: Any other health care, such as a medical exam, or medical supplies? 01 YES 02 NO 03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT 98 DK 99 REFUSED
9/5/2019	F69_NEW	Added question: Compared with three years ago, is getting the medical care <YOU_NAME> <NEEDNEEDS> becoming easier, harder, or has it stayed the same? 01 EASIER 02 HARDER 03 STAYED THE SAME 04 RESPONDENT INDICATES HE/SHE DID NOT NEED IT 98 DK 99 REFUSED

Date	Quex #	Change Made
9/5/2019	O144_NEW	<p>Added question: Compared with three years ago, is getting the medical care &lt;CH_NAME&gt; needs becoming easier, harder, or has it stayed the same? (IF NECESSARY: In general, do the guardians of &lt;CH_NAME&gt; find getting medical care for &lt;FL_HIMHER&gt; is easier, harder, or about the same compared to three years ago?)</p> <p>01 EASIER 02 HARDER 03 STAYED THE SAME 04 RESPONDENT INDICATES HE/SHE DID NOT NEED IT 98 DK 99 REFUSED</p>
9/5/2019	AVOID_CARE_CHILD	<p>Added question: We just talked about the types of health care &lt;child_name&gt; may have needed. Next, we'll ask about delaying or avoiding care. During the past 12 months, did &lt;YOU_NAME&gt; delay or avoid getting care that &lt;YOU_NAME&gt; felt &lt;child_name&gt; needed because of the cost? (IF NECESSARY: Include delays because of health plan approval. "Care" means any health care, including prescription drugs.)</p> <p>01 YES 02 NO 98 DK 99 REFUSED</p>
9/13/2019	IS_OSI1	Question deleted.
9/13/2019	IS_OSI2	Question deleted.
9/13/2019	D45G	Question deleted.
9/13/2019	D46C_1	<p>Portion of question moved to If Necessary note: Have you ever, even once, used any prescription <b>pain</b> reliever in any way a doctor did not direct you to use them? (IF NECESSARY: This includes using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it or using it in any other way a doctor did not direct you to use it.)</p>
9/13/2019	F1A-F1J	Questions deleted.
9/13/2019	Raff1	Question deleted.
9/13/2019	Food_1	Question deleted.
9/13/2019	Food_2	Question deleted.
9/13/2019	Food_worry	<p>Question added to replace Food_1: Now, considering your food situation: At <b>any</b> time in the past 12 months, have &lt;YOUHESHEC&gt; <b>worried</b> whether &lt;YOURHISHER&gt; food would run out before &lt;YOUHESHE&gt; got money to buy more?</p> <p>01 YES 02 NO 98 DK 99 REFUSED</p>



Date	Quex #	Change Made
9/13/2019	Food_out	Question added to replace Food_2: At <b>any</b> time in the past 12 months, have <YOUHESHE> you run out of food before <YOUHESHE> got money to buy more? 01 YES 02 NO 98 DK 99 REFUSED
9/13/2019	G72	Wording revised: Next I'm going to ask you a few questions about employment and health insurance. Does <YOUR_NAME> employer or union offer health insurance to <b>any</b> of its employees?
9/13/2019	G72a	Question deleted.
9/13/2019	ESI_CHLD	Added to replace G72a: To the best of your knowledge, does <YOUR_NAME> employer or union offer coverage to the children of employees? 01 YES 02 NO 98 DK 99 REFUSED
9/13/2019	ESI_SPS	Question added: ESI_SPS: To the best of your knowledge, does <YOUR_NAME> employer or union offer coverage to the spouses of employees? 01 YES 02 NO 98 DK 99 REFUSED
9/13/2019	LAS14	Question deleted.
9/13/2019	DEVICE_USE	Skip logic revised: If Device_Use = 01, go to Sugar_1
9/13/2019	Fruit_Day	Question deleted, including transition text.
9/13/2019	Veg_Day	Question deleted.
9/13/2019	M135	Wording revised: About how long has it been since <CH_NAME> last visited a dentist? Was it...  (IF NECESSARY: Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists (HY-JEN-IST).)
9/13/2019	R2NEW_THREAT	Skip logic revised: All options except 99 go to next questions; 99 skips to R2A.
9/13/2019	R2NEW_USED	Skip logic revised: All options except 99 go to next questions; 99 skips to R2A.
9/13/2019	R3NEW	Skip logic revised: Ask if R2NEW_THREAT =1 OR if R2NEW_USED = 1, ELSE go to R2A.
9/13/2019	R4NEW_B	Ask if R3NEW <= 1 year; 98 & 99 go to R2A.
9/13/2019	Q160	Question text deleted and moved to THANKS.
10/9/2019	CF1A	Wording revised: "If you have questions, concerns, or complaints about the study, you may call the State of Ohio at 1-800-678-6437".



---

## ***Appendix I: ABS Materials***

---



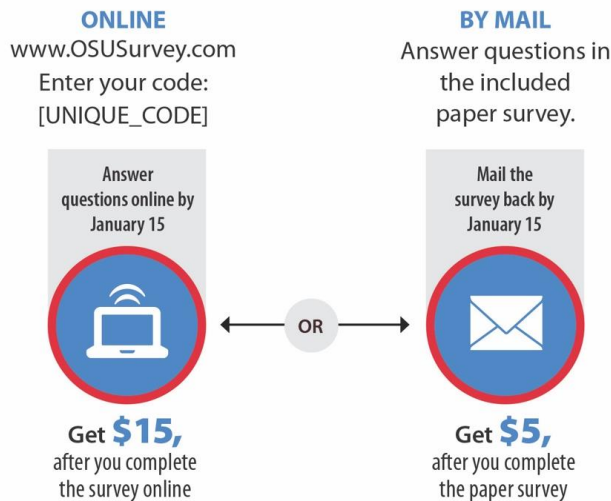
<<SYMPH\_CaseID\_Barcode>> <<StageID>>-<<Control#>>  
 <<COUNTY\_NAME>> County Resident  
 <<ADDRESS\_1>>  
 <<ADDRESS\_2>>  
 <<CITY>>, <<ST>> <<ZIP>>



Dear COUNTY\_NAME County Resident:

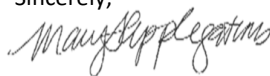
Congratulations, you've been selected to participate in our brief survey! By completing this survey, you will help local and state agencies improve health services across Ohio. We have included \$2 in this envelope as a thank you for your help.

The survey is easy and may be completed in one of two ways:



Participation is voluntary, so you do not have to participate if you don't want to. All answers to the survey will be kept private and confidential. This survey is sponsored by the by Ohio State University and will take approximately 20 minutes. If you have questions or concerns about the study or if you feel that you have been harmed as a result of this study, you may call The Ohio State University 1-800-678-6437 or visit OSUSurvey.com.

Sincerely,  
  
 Timothy Sahr, Principal  
 Director of Research and Analytics  
 Ohio Colleges of Medicine Government Resource Center at  
 The Ohio State University

Sincerely,  
  
 Dr. Mary S. Applegate  
 Medical Director  
 The Ohio Department of Medicaid

A Collaboration of the Ohio Department of Medicaid and The Ohio State University  
 Columbus, Ohio | 1-800-678-6437 | grc.osu.edu/OMAS



<<SYMPH\_CaseID\_Barcode>> <<StageID>>-<<Control#>>  
<<FIRST\_NAME>> <<LAST\_NAME>>  
<<ADDRESS\_1>>  
<<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Dear <<FIRST\_NAME>> <<LAST\_NAME>>:

Thank you for participating in our survey! You mentioned that you had a child who lived in your home. We would appreciate it if you could answer some additional questions about your child’s health and insurance coverage. **Complete the enclosed survey and return it by January 31, 2020 to receive an additional \$5.**

Participation is voluntary, so you do not have to participate if you don’t want to. All answers to the survey will be kept private and confidential. This survey is sponsored by the Ohio State University and will take approximately 12 minutes. If you have questions or concerns about the study or if you feel that you have been harmed as a result of this study, you may call The Ohio State University 1-800-678-6437 or visit OSUSurvey.com.

Sincerely,

Timothy Sahr, Principal  
Director of Research and Analytics  
Ohio Colleges of Medicine Government Resource Center at  
The Ohio State University

Sincerely,

Dr. Mary S. Applegate  
Medical Director  
The Ohio Department of Medicaid



Ohio Medicaid Assessment Survey  
PO BOX 12728  
Columbus, Ohio 43212

DO NOT FORWARD



Please help us help local and state agencies improve health services across Ohio. Open this postcard to learn how you can participate in our important survey and get up to **\$15.**



A few days ago, we mailed you a large white envelope containing **\$2** in cash and an invitation to complete an important survey.

If you or someone else living with you already completed the survey – *thank you*. If not, please complete your survey today.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

www.OSUSurvey.com

Enter your code:  
[UNIQUE\_CODE]

Answer questions online by January 15



Get **\$15,**  
after you complete  
the survey online

OR

**BY MAIL**

Answer questions in  
the included  
paper survey.

Mail the survey back by January 15



Get **\$5,**  
after you complete  
the paper survey

If you have any questions, please visit **OSUSurvey.com** or call **800-678-6437**. We look forward to hearing from you.

*Many thanks,*

Timothy Sahr, Principal  
Director of Research and Analytics  
Ohio Colleges of Medicine Government Resource Center at  
The Ohio State University





Ohio Medicaid Assessment Survey  
PO BOX 12728  
Columbus, Ohio 43212

DO NOT FORWARD



We are interested in the health insurance coverage and health status of a child in your home. Open this postcard to learn how you can participate in our important survey and get an additional \$5.





A few days ago, we mailed you a large white envelope with an invitation to complete an additional survey that focuses on the health insurance coverage and health status of a child in your home. If you have already completed the survey – *thank you*.

If not, please complete your survey today. If we receive the completed survey by January 31<sup>st</sup> 2020 you will receive an additional **\$5**.

**The survey is easy and may be completed by mail.  
Answer questions in the paper survey that we included.**

Mail the survey back  
by January 31<sup>st</sup>.



Earn **\$5** more.

If you have any questions, please call **800-613-2408**.  
We look forward to hearing from you.

*Many thanks,*

A handwritten signature in black ink that reads "Mary S. Applegate".

**Dr. Mary S. Applegate**  
Medical Director  
The Ohio Department of Medicaid



## OMAS Adult PAPI Questionnaire

## INTRODUCTION

This study is sponsored by The Ohio State University and will take approximately 20 minutes. Your participation is voluntary. You do not have to answer any question you do not want to, and your responses to questions will be kept confidential.

If you have questions or concerns about the study or if you feel that you have been distressed as a result of this study, you may call the State of Ohio at 1-800-678-6437. If you have questions about your rights as a study participant, you can call RTI at 1-955-322-2826.

## INSTRUCTIONS

- This survey should be completed by the **adult, 19 years or older, who lives in this household and had the most recent birthday.**
- Mark your answer by completely filling in the circle or marking an “X” in the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow and/or a note that tells you what question to answer next.

## START HERE CURRENT INSURANCE STATUS

**First, we would like to know what kind of health insurance you have. Please note that your answers cannot be used to affect any insurance benefits.**

**1. Are you covered by health insurance or some other type of health care plan?**

Yes **————→ Go to # 2 on page 2**

No



**1a. Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE or Champ-VA.**

**Keeping this in mind, are you covered by health insurance or some other type of health care plan?**

Yes, insured **————→ Go to # 2 on page 2**

No, not insured **————→ Go to # 12 on page 4**

## FOR INSURED ONLY

- 2. Are you covered by a health insurance plan through a current or former employer or union?**

Answer yes if you have insurance through:

*Your own or someone else's employment,  
The military, or  
Retiree coverage and COBRA.*

*Do not include Medicare or Medicaid coverage.*

- Yes  
 No → **Go to # 3**

- 2a. Is your insurance through your work or are you receiving insurance as a dependent through someone else's work?**

- Your own work  
 Someone else's work  
 Both through your own work and someone else's work

- 2b. Is your insurance through a current job or past job?**

- Current job  
 Past job

- 3. Are you covered by Medicare, the Federal government-funded health insurance plan for people 65 years and older or with certain disabilities?**

- Yes  
 No

- 4. Are you covered by Medicaid, the State of Ohio government health care program?**

*Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.*

- Yes → **Go to # 4b**  
 No

- 4a. Are you covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, or Buckeye Community Health Plan?**

- Yes  
 No → **Go to #5**

- 4b. Which Medicaid program or plan are you covered by?**

- Healthy Families  
 Healthy Start  
 Medicaid for the aged, blind, disabled (ABD), MBI WD, BCCP, Home Choice/Money Follows the Person (MFP), Specialized Recovery Services (SRS) Passport or Assisted Living Waiver  
 Ohio Home Care Waiver  
 Individual Options (IO), Level One, Transitions, or Self Waiver  
 MyCare Ohio  
 Medicare Premium Assistance Program (MPAP), QMB, or SLMB  
 Aetna Better Health Care  
 Buckeye Community Health Plan  
 CareSource  
 Molina Healthcare  
 Paramount Advantage  
 United Health Care Community Plan  
 Some other plan  
 Don't know

- 4c. How long have you been covered by this program?
- Less than 3 months
  - At least 3 months but less than 1 year
  - At least 1 year but less than 2 years
  - 2 years or more

5. Are you covered by health insurance purchased directly, that is, a plan not related to a current or past employment?
- Yes
  - No

6. Do you have any other health care coverage that I have not mentioned?
- Yes
  - No → **Go to # 7**

- 6a. Who provides this health insurance plan?
- Employer or union
  - State or local government program
  - You or family
  - Someone else

7. How long have you been covered by your current primary health insurance plan?
- Less than 3 months
  - At least 3 months but less than 1 year
  - At least 1 year but less than 2 years → **Go to # 15 on page 4**
  - 2 years or more → **Go to # 15 on page 4**

8. During the past 12 months, how long were you without health insurance coverage?
- 0 – 2 months
  - 3 – 6 months
  - 7 – 11 months

9. Just prior to your current health insurance coverage were you covered by Medicaid, the State of Ohio government health care program?

*Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled (ABD), and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, MyCare Ohio, and Transitions.*

- Yes
- No

10. Just prior to your current health insurance coverage, were you covered by a health insurance plan obtained through an employer or union?
- Yes
  - No

11. Just prior to your current health insurance coverage, were you covered by any other insurance that you or your family paid for completely?
- Yes → **Go to # 15 on page 4**
  - No → **Go to # 15 on page 4**

## FOR THE UNINSURED ONLY

12. When were you last covered by any type of health insurance plan?

- Less than 3 months ago  
 3 months to less than 1 year ago  
 1-3 years ago → **Go to # 15**  
 More than 3 years ago → **Go to # 15**

13. The last time you had health insurance were you covered by Medicaid, the State of Ohio government health care program?

*Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled (ABD), and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, MyCare Ohio, and Transitions.*

- Yes  
 No

14. The last time you had health insurance, were you covered by a plan obtained through a current or former employer or union?

- Yes  
 No

## PHYSICAL HEALTH

15. Are you...

- Male → **Go to # 16**  
 Female  
 Do not identify as male or female

15a. During the past 12 months were you pregnant at any time?

- Yes  
 No

15b. Are you currently pregnant?

- Yes  
 No

16. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

17. Thinking about your mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, during the past 30 days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

Days

Next, we would like to know about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.

18. Are you deaf, or do you have serious difficulty hearing?

- Yes  
 No

19. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

- Yes  
 No

20. Do you have serious difficulty walking or climbing stairs?

- Yes  
 No

21. Do you have difficulty dressing or bathing?

- Yes  
 No

22. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes  
 No

23. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

- Yes  
 No

24. Do you have a developmental disability?

*Developmental disabilities are a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.*

- Yes  
 No

25. Within the past 12 months, have you been injured due to a fall?

- Yes  
 No → Go to # 26

25a. Did this injury due to a fall result in a visit to a doctor, nurse, other health professional, a clinic, or hospital?

- Yes  
 No

26. Has a doctor, nurse or other health professional ever told you that you had high blood pressure or hypertension?

- Yes  
 No

27. Has a doctor, nurse or other health professional ever told you that you had a heart attack, also called a myocardial infarction?

- Yes  
 No

28. Has a doctor, nurse or other health professional ever told you that you had coronary heart disease, also known as coronary artery disease, congestive heart disease or angina?

- Yes  
 No

29. Has a doctor, nurse or other health professional ever told you that you had a stroke?

- Yes  
 No

30. Has a doctor, nurse or other health professional ever told you that you had congestive heart failure?

- Yes  
 No

31. Has a doctor, nurse or other health professional ever told you that you had high cholesterol?

- Yes  
 No

32. Has a doctor, nurse or other health professional ever told you that you had diabetes or sugar diabetes?

- Yes  
 No → **Go to # 33**  
 Borderline

32a. For women only: Was your diabetes only during a time associated with a pregnancy?

- Yes, only when pregnant  
 No

32b. Are you now taking insulin?

- Yes  
 No

32c. Are you now taking diabetic pills to lower your blood sugar?

*These are sometimes called oral agents or oral hypoglycemic agents.*

- Yes  
 No

33. Have you ever been told by a doctor or any health professional that you had asthma?

- Yes  
 No

34. Have you ever been told by a doctor or any other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes  
 No

35. About how much do you weigh without shoes?

*If you are currently pregnant, please record about how much you weighed without shoes just before your current pregnancy.*

Pounds

36. About how tall are you without shoes?

Feet and   Inches

## MENTAL HEALTH

The next questions are about how you feel about different aspects of your life. You do not have to answer any questions that make you feel uncomfortable.

37. How often do you feel that you lack companionship?

- Hardly ever  
 Some of the time  
 Often

38. How often do you feel left out?

- Hardly ever  
 Some of the time  
 Often

39. How often do you feel isolated from others?

- Hardly ever  
 Some of the time  
 Often



## TOBACCO AND ALCOHOL

The next few questions are about your experiences with tobacco, alcohol and other substances.

40. Have you smoked at least 100 cigarettes in your entire life?

- Yes  
 No → Go to # 41

40a. Do you now smoke cigarettes...

- Every day  
 Some days  
 Not at all

41. Do you currently use chewing tobacco, snuff, or snus...

- Every day  
 Some days  
 Not at all

42. Have you ever used an electronic cigarette or vaping product, even one time?

- Yes  
 No → Go to # 43

42a. Do you now use e-cigarettes or vaping products...

- Every day  
 Some days  
 Rarely  
 Not at all

43. During the past 30 days, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?

Days

44. For women only: During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 4 or more drinks on an occasion?

Days

45. For men only: During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 5 or more drinks on an occasion?

Days

46. During the past 30 days, on how many days did you use marijuana or cannabis?

Days

47. Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use them?

*This includes using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it or using it in any other way a doctor did not direct you to use it.*

- Yes  
 No

## DOCTOR AND HOSPITAL VISITS

The next questions are about your use of health care services.

48. **Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since you last saw a doctor or other health care professional about your own health?

- Within the last 12 months  
 More than 12 months ago → **Go to # 49**  
 I have never been to a doctor → **Go to # 49**

48a. About how long has it been since you last visited a doctor for a **routine check-up**? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Within the last 12 months  
 More than 12 months ago  
 I have never been to a doctor

49. **During the past 12 months**, how many times were you a patient in a hospital **emergency room**?

Times

## HEALTHCARE NEEDS

50. Is there one place that you usually go to when you are sick or need advice about your health?

- Yes  
 No → **Go to # 51**

50a. Is this place where you **usually** go for care...

- A doctor's office or health center  
 A hospital emergency room  
 An urgent care center  
 A clinic in a pharmacy or grocery store  
 Some other place

50b. A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician's assistant.

Do you have one or more persons you think of as your personal doctor or nurse?

- Yes, one or more persons  
 No

The next questions are about the care you have received.

51. **During the past 12 months**, was there a time when you needed **dental care**, but could not get it at that time?

- Yes  
 No  
 I did not need dental care during the past 12 months

52. During the past 12 months, was there a time when you needed mental or emotional health care or counseling services, but could not get it at that time?

- Yes  
 No  
 I did not need mental or emotional health care or counseling services during the past 12 months

53. During the past 12 months, was there a time when you needed alcohol or other drug treatment (not counting cigarettes), but could not get it at that time?

- Yes  
 No  
 I did not need alcohol or other drug treatment during the past 12 months

54. During the past 12 months, was there a time when you needed any other health care, such as a medical exam, or medical supplies, but could not get it at that time?

- Yes  
 No  
 I did not need any other health care during the past 12 months

55. Compared with three years ago, is getting the medical care you need becoming...

- Easier  
 Harder  
 Stayed the same  
 I did not need medical care during the past 3 years

We just asked about the types of health care you may have needed. The next questions ask about delaying or avoiding care.

56. During the past 12 months, did you delay or avoid getting care that you felt you needed?

- Yes  
 No → Go to # 57

56a. Did you delay or avoid getting care because you thought it would cost too much?

- Yes  
 No

56b. Did you delay or avoid getting care because you did not have transportation?

- Yes  
 No

56c. Did you delay or avoid getting care because the provider was not available when you needed to go?

- Yes  
 No

56d. Did you delay or avoid getting care because you could not find a provider?

- Yes  
 No

## FINANCIAL STRESS

These next questions are about your financial situation.

57. During the past 12 months, were there times when you had problems paying or you were unable to pay for medical bills for yourself or anyone else in the family or household?

- Yes  
 No

58. In the past 12 months, has it gotten easier, harder, or stayed the same to pay off any debt that you had?

- Easier  
 Harder  
 Stayed the same  
 I do not have debt

59. In the past 12 months, has it gotten easier, harder, or stayed the same to pay your rent or mortgage?

- Easier  
 Harder  
 Stayed the same  
 I do not have rent or a mortgage

60. Considering where you currently live, do you...

- Own or pay a mortgage on your home  
 Pay rent  
 Stay with friends or family without paying rent → **Go to # 61**  
 Live in a shelter or some other temporary housing → **Go to # 61**

60a. Approximately how much do you pay in total for your monthly rent or mortgage?

\$  ,  Monthly Payment

61. At any time in the past 12 months, have you worried whether your food would run out before you got money to buy more?

- Yes  
 No

62. At any time in the past 12 months, have you run out of food before you got money to buy more?

- Yes  
 No

## EMPLOYMENT STATUS

The next questions are about your current employment status.

63. Last week did you have a job either full- or part-time?

- Yes, full-time meaning at least 35 hours  
 Yes, part-time, 20-34 hours  
 Yes, part-time, less than 20 hours  
 No → **Go to # 63c**

63a. How long have you had your current job?

- Less than 3 months  
 3 months to 6 months  
 More than 6 months to 1 year  
 More than 1 year

63b. Does your employer or union offer a health insurance plan to any of its employees?

*If you have more than one job, refer to the job where you work the most hours*

- Yes → **Go to # 64 on page 11**  
 No → **Go to # 73 on page 12**  
 I am self-employed → **Go to # 64 on page 11**

## 63c. Are you retired?

- Yes → Go to # 73 on page 12
- No → Go to # 67

EMPLOYER- OR UNION-  
PROVIDED INSURANCE

## 64. Does your employer or union offer coverage to any of the following? Choose all that apply.

- Children of employees
- Spouses of employees

## 65. Are you currently eligible to participate in your employer or union health plan?

- Yes
- No → Go to # 73 on page 12

## 66. Do you participate in your employer or union health plan?

- Yes → Go to # 73 on page 12
- No

Please tell us whether each of the following was a reason you are not participating in your employer or union health insurance plan.

## 66a. It costs too much.

- Yes
- No

## 66b. You have other insurance.

- Yes
- No

## 66c. You do not need it.

- Yes → Go to # 73 on page 12
- No → Go to # 73 on page 12

## UNEMPLOYMENT

## 67. In the last month have you looked for work?

- Yes
- No

Several reasons that people are unemployed are listed below. For each, please answer yes or no.

Are you unemployed because...

68. You are caring for a family member?

- Yes
- No

69. You have at least one physical or mental health limitation?

- Yes
- No

70. You are in a job training program or school?

- Yes
- No

71. You are worried you would lose Medicaid coverage?

- Yes
- No
- I do not have Medicaid

## HOUSEHOLD INFORMATION

72. Are you unemployed because you could not find work?

- Yes  
 No → Go to # 73

There are several reasons why you may be unable to find work

72a. Were you unable to find work because you need other schooling, training, or some other license or credential?

- Yes  
 No

72b. Were you unable to find work because you do not have transportation?

- Yes  
 No

72c. Were you unable to find work because you would need an employer background check?

- Yes  
 No

73. How long have you lived in Ohio?

- Less than one month  
 One month or more

The next questions ask about the people living with you

74. How many members of your household, including yourself, are 19 years of age or older?

*Please count all individuals 19 years of age or older (including yourself) that live with you.*

Adults

75. Including yourself, how many adult members of your family, age 19 and over, live in this household?

*Please count all individuals 19 years of age or older (including yourself) that live with you.*

Adults

76. Are you a parent of any children 18 years of age or younger living in your household, including children temporarily away from the home?

*Parents include stepparents, foster parents, and legal guardians.*

- Yes  
 No, I am not a parent of children that live here  
 No children live here → Go to # 77

76a. How many children 18 years of age or younger live in your household, whether they are family members or not?

*Please count all individuals 18 years of age or younger that live with you.*

Children

**76b. How many children living in your household are family members?**

*Please only count individuals 18 years of age or younger who are related to you.*

Children

**77. Please tell me how old you were on your last birthday?**

Years old

**78. Are you currently...**

- Married
- Not married, but living together with a partner
- Widowed → **Go to # 79**
- Separated
- Divorced or annulled → **Go to # 79**
- Never been married → **Go to # 79**

**78a. Is your spouse or partner currently employed?**

- Yes
- No

**79. What is the highest level of school you have completed or the highest degree received?**

- Less than first grade
- First through 8th grade
- Some high school, but no diploma
- Vocational, trade, or high school graduate or GED
- Some college, but no degree
- Associate degree (1-2 year occupational, technical or academic program)
- Four year college graduate/bachelor's degree
- Advanced degree (including master's, professional degree, or doctorate)

**80. Have you ever served in the United States Armed Forces?**

*This includes the Army, Navy, Marines, Air Force, Coast Guard, Nursing Corps, National Guard, Military Reserves, or Women's Forces Branch.*

- Yes
- No → **Go to # 81**

**80a. Within the past 12 months, did you receive any health services from a Veterans' Administration clinic, hospital, or outpatient center?**

- Yes
- No

**81. Are you of Hispanic or Latino/a origin?**

- Yes
- No

**82. Which one or more of the following would you say is your race? Please select all that apply.**

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Other

**83. If you selected more than one race in # 82: Which of these groups would you say best represents your race?**

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Other

**84. Does your household have any landline telephone numbers primarily for non-business use?**

*Do not include cell phones or numbers that are only used by a computer or fax machine.*

- Yes
- No

**85. Do you have an active cell phone number primarily for non-business use?**

*Do not include landline phone numbers.*

- Yes
- No

**86. How many family members are supported by the family's total income?**

*Include all family members who you would include on your taxes as dependents.*

People

**87. Are there any other family members who do not live in your home who are also supported by the family's total income?**

- Yes
- No → Go to # 88

**87a. How many other family members are also supported by the family's total income?**

People

**88. Did your parent or guardian claim you as a dependent on their 2018 taxes?**

- Yes
- No

**89. What is your best estimate of your and your family members' gross income last month before taxes and other deductions?**

\$    ,

**90. What is your best estimate of your and your family members' total 2018 annual income before taxes and other deductions?**

\$    ,



In order to mail you your \$5 check for completing this survey, we need to collect your name and mailing address:

First Name:

Last Name:

Address:

Apartment:

City:

State:

Zip Code:

**Thank you for your participation!**  
**Please return this questionnaire in the envelope provided.**  
**If you have lost the envelope or did not receive one, please return this questionnaire to:**  
**RTI International**  
**Attn: Data Capture (0217102.000.003.004)**  
**5265 Capital Boulevard**  
**Raleigh, NC 27616**

**You will receive your \$5 in three to four weeks.**

## OMAS Child PAPI Questionnaire

## INTRODUCTION

This study is sponsored by The Ohio State University and will take approximately 12 minutes. Your participation is voluntary, you do not have to answer any question you do not want to, and your responses to questions will be kept confidential.

If you have questions or concerns about the study or if you feel that you have been distressed as a result of this study, you may call the State of Ohio at 1-800-678-6437. If you have questions about your rights as a study participant, you can call RTI at 1-955-322-2826.

## INSTRUCTIONS

- This survey should be completed by the **adult in this household who best knows about the child or children's health insurance coverage and health status.**
- This survey asks about one child in your household. Please answer the questions about **the child in your family, age 18 or younger, who had the most recent birthday.**

**START HERE****CURRENT INSURANCE STATUS**

The first few questions ask about some general information related to your child's health insurance coverage.

1. Last week, was this child covered by health insurance or some other type of health care plan?

Yes → **Go to # 2**

No



1a. Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE or Champ-VA.

Keeping this in mind, last week was this child covered by health insurance or some other type of health care plan?

Yes, insured → **Go to # 2**

No, not insured → **Go to # 9 on page 5**

**FOR INSURED ONLY**

2. Is this child covered by a health insurance plan through someone's current or former employer or union?

Yes

No

3. Is this child covered by **Medicaid**, the **State of Ohio** government health care program?

*Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.*

Yes → **Go to # 3c**

No



3a. Is this child covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, or Buckeye Community Health Plan?

Yes

No → **Go to #4**



3b. Who provides this health insurance plan?

Employer or union

State, local, or community program

You or family

Someone else

**3c. Which Medicaid plan is this child covered by?**

- Healthy Families
- Healthy Start, MAGI Children
- Medicaid for the aged, blind, disabled (ABD)
- Ohio Home Care Waiver
- Individual Options (IO), Level One, Transitions, or Self Waiver
- Buckeye Community Health Plan
- CareSource
- Molina Healthcare
- Paramount Advantage, Paramount
- United Health Care Community Plan
- Home Choice/Money Follows the Person (MFP)
- Adoption of Foster Care Medical Assistance
- Some other plan
- Don't know

**4. Is this child covered by Medicare, the Federal government-funded health insurance plan for people 65 years and older or persons with certain disabilities?**

- Yes
- No

**5. Is this child covered by health insurance purchased directly, that is, a plan not related to someone's current or past employment?**

- Yes
- No

**6. Is this child covered by the Bureau for Children with Medical Handicaps (BCMh) or any other state-sponsored or public health insurance program that has not been mentioned?**

- Yes
- No → **Go to # 7**

**6a. What is the name of that program?**

- Bureau for Children with Medical Handicaps (BCMh)
- Medicaid (i.e., CareSource, Healthy Start, Healthy Family, Job & Family Services)
- Some other program

**7. Does this child have any other health care coverage that has not been mentioned?**

- Yes
- No → **Go to # 8**

**7a. Who provides this health insurance plan?**

- Employer or union
- State or local government program
- You or family
- Someone else

## FOR UNINSURED ONLY

8. How long has this child been covered by their current primary health insurance plan?

- Less than 3 months  
 At least 3 months but less than 1 year  
 At least 1 year but less than 2 years  
     → **Go to # 10 on page 5**  
 2 years or more → **Go to # 10 on page 5**

8a. Just prior to this child's current health insurance coverage, were they covered by any health insurance plan?

- Yes  
 No → **Go to # 10 on page 5**

8b. Just prior to this child's current health insurance coverage, were they covered by Medicaid, the State of Ohio government health care program?

*Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, and Medicaid for the Aged, Blind and Disabled (ABD). Medicaid waiver programs include Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.*

- Yes  
 No

8c. Just prior to this child's current health insurance coverage, were they covered by a health insurance plan obtained through someone's employer or union?

- Yes → **Go to # 10 on page 5**  
 No → **Go to # 10 on page 5**

9. When was this child last covered by any type of health insurance plan?

- Less than 3 months ago  
 3 months to less than 1 year ago  
 1-2 years ago → **Go to # 10**  
 More than 2 years ago → **Go to # 10**  
 This child has never been covered by insurance → **Go to # 10**

9a. The last time this child had health insurance, were they covered by Medicaid, the State of Ohio government health care program?

*Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, and Medicaid for the Aged, Blind and Disabled (ABD). Medicaid waiver programs include Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.*

- Yes → **Go to # 10 on page 5**  
 No

9b. The last time this child had health insurance, were they covered by a plan obtained through a current or former employer or union?

- Yes  
 No

**PHYSICAL HEALTH**

10. In general, how would you describe this child's health?

- Excellent
- Very Good
- Good
- Fair
- Poor

11. How would you describe the condition of this child's teeth now?

- Excellent
- Very Good
- Good
- Fair
- Poor

12. **On an average weekday**, about how much screen time does this child usually have?

*Screen time is the time that the child spends with cell phones, tablets, television, computers, video games, and other electronic devices doing things other than schoolwork.*

- None
- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 7 or more hours

13. Considering the food this child ate yesterday, including meals and snacks, how many **glasses or boxes of 100% fruit juice**, such as orange or apple juice, did this child drink?

- 0
- 1
- 2
- 3 or more

14. Yesterday, how many **glasses or cans of soda or pop**, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks, did this child drink? Do not count diet drinks.

- 0
- 1
- 2
- 3 or more

15. How tall is this child now?

Feet and  Inches

16. How much does this child weigh now?

Pounds

The next questions are about any kind of health problems, concerns, or conditions that may affect this child's behavior, learning, growth, or physical development.

17. Does this child currently have a developmental disability?

*Developmental disabilities are a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.*

- Yes
- No → **Go to # 19**

18. Has a doctor or other health care provider **ever** told you that this child has Autism or Autism Spectrum Disorder? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder.

- Yes
- No

## LIFETIME EVENTS

The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer. Please remember this information will not be shared with anyone and you will not be identified.

To the best of your knowledge, has this child ever experienced any of the following...

19. Because of a physical, mental, or emotional condition lasting 6 months or more, does this child currently need or use medicine prescribed by a doctor or other health care professional, other than vitamins?
- Yes  
 No
20. Because of a physical, mental, or emotional condition lasting 6 months or more, does this child need or get special therapy, such as physical, occupational or speech therapy?
- Yes  
 No
21. Because of a physical, mental, or emotional condition lasting 6 months or more, does this child have any kind of emotional, developmental or behavioral problem for which they need or get treatment or counseling?
- Yes  
 No
22. Compared to other children the same age, would you say this child experiences any difficulty speaking, communicating, or being understood?
- Yes  
 No
23. Has a doctor or other health professional ever told you that this child has asthma?
- Yes  
 No
24. Does this child currently have diabetes or sugar diabetes?
- Yes  
 No

25. Parent or guardian getting divorced or separated.
- Yes  
 No
26. A parent or guardian died.
- Yes  
 No
27. Parent or guardian served time in jail after this child was born.
- Yes  
 No
28. Saw or heard parents or adults slap, hit, kick, punch one another in the home.
- Yes  
 No
29. Was a victim of violence or witnessed violence in their neighborhood.
- Yes  
 No
30. Lived with anyone who was mentally ill, suicidal, or severely depressed.
- Yes  
 No



**DOCTOR AND HOSPITAL VISITS**

31. Lived with anyone who had a problem with alcohol or drugs.

Yes  
 No

32. Treated or judged unfairly because of their race or ethnic group.

Yes  
 No

33. Now, thinking about this child’s mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, during the past 30 days did a mental health condition or emotional problem keep this child from participating in school, social relationships with friends, or other usual activities?

Days

34. **Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since this child last saw a doctor or other health care professional about their health?

Within the last 12 months  
 More than 12 months ago → **Go to # 35**  
 Child has never been to a doctor → **Go to # 35**

34a. During the past 12 months, did this child receive a well-child checkup, that is a general checkup when they were not sick or injured?

Yes  
 No → **Go to # 35**

34b. During the past 12 months, how many well-child check-ups did this child have?

Times

35. During the past 12 months, how many times has this child been a patient in a hospital emergency room?

Times

36. About how long has it been since this child last visited a dentist? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists.

Within the last 12 months  
 More than 12 months ago  
 Child has never been to a dentist  
 Child does not have teeth

## HEALTHCARE NEEDS

The next questions are about access to health care for this child.

37. Is there one place that this child usually goes to when they are sick or need advice about their health?

Yes

No → Go to # 38

37a. Is this place where this child usually goes for care...

A doctor's office or health center

A hospital emergency room

An urgent care center

A clinic in a pharmacy or grocery store

Some other place

37b. A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Do you have one or more persons you think of as this child's personal doctor or nurse?

Yes, one or more persons

No

38. During the past 12 months, was there any time you needed professional help coordinating care or coordinating referrals among different health care providers and services that this child uses?

Yes

No → Go to # 39

38a. How often did you get as much help as you wanted with arranging or coordinating care for this child?

Always

Usually

Sometimes

Rarely

Never

39. During the past 12 months, was there a time when this child needed dental care but could not get it at that time?

Yes

No

40. During the past 12 months, was there a time when this child needed mental health care or counseling services but could not get it at that time?

Yes

No

41. Compared with three years ago, is getting the medical care this child needs becoming...

Easier

Harder

Stayed the same

Child is less than 3 years of age

We just talked about the types of health care this child may have needed. The next question asks about delaying or avoiding care.

42. **During the past 12 months, did you delay or avoid getting care that you felt this child needed because of cost?**

- Yes  
 No

## HOUSEHOLD INFORMATION

43. **What is your relationship to this child?**

- Mother  
 Father  
 Grandparent  
 Aunt or uncle  
 Brother or sister  
 Other relative  
 Legal guardian  
 Foster parent  
 Other non-relative  
 Step-mother  
 Step-father

44. **What is this child's gender?**

- Male  
 Female  
 Does not identify as male or female

45. **How old was the child on their last birthday?**

Years old

- This child is less than 1 year old

46. **Is this child of Hispanic or Latino/a origin?**

- Yes  
 No

**47. Which one or more of the following would you say is this child's race? Please select all that apply.**

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Some other race

**48. If you selected more than one race in # 47: Which of these groups would you say best represents this child's race?**

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Some other race

**49. Are either of this child's parents employed?**

- Yes
- No

In order to mail you your \$5 check for completing this survey, we need to collect your name and mailing address:

First Name:

Last Name:

Address:

Apartment:

City:

State:

Zip Code:

**Thank you for your participation!**  
**Please return this questionnaire in the envelope provided.**  
**If you have lost the envelope or did not receive one, please return this questionnaire to:**  
**RTI International**  
**Attn: Data Capture (0217102.000.003.004)**  
**5265 Capital Boulevard**  
**Raleigh, NC 27616**

**You will receive your \$5 in three to four weeks.**