

Revised February 21, 2015

# **2015 Ohio Medicaid Assessment Survey**

## **Pilot Test Report**

Prepared for

**Ohio Colleges of Medicine  
Government Resource Center**

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RTI Project Number 0214474



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## ***Objectives of the 2015 OMAS Pilot Test***

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RTI International and the Government Resource Center (GRC) at the Ohio State University conducted a pilot test of the 2015 Ohio Medicaid Assessment Survey (2015 OMAS). This report describes the methods and results of the pilot test. The 2015 OMAS Pilot Test was conducted under the supervision of the OMAS Executive Committee, which consists of leadership from the State agencies participating in the OMAS (Ohio Medicaid, the Ohio Department of Health, the Ohio Department of Aging, the Ohio Department of Mental Health), the GRC and RTI.

The primary purpose of the 2015 OMAS Pilot Test was to replicate the conditions for full-scale survey data collection. The pilot test sample was a random subset of the list-assisted RDD and cellphone sample selected for the main survey. The 2015 OMAS survey instrument was specified and programmed in 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 objective of the pilot test was to test the accuracy of the computer-assisted telephone interviewing (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.

There were several methodological differences between the pilot and the main study. The pilot test was conducted over a very short-period of time, less than 2 weeks, and therefore a more restricted call-attempt protocol was implemented. The pilot test was conducted only in English. And there were no attempts to convert refusals in the pilot test. These methodological differences imply that the results of the 2015 OMAS Pilot Test are not able to 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:** This portion of the report outlines the manner in which the sample for the OMAS was framed and drawn for the pilot and how it was managed in order to fulfill the requirements.

**Questionnaire:** This section of the report outlines issues with the CATI questionnaire, wording/flow, respondent understanding, interviewer administration, open-ended responses, item nonresponses, interview time, breakoffs, refusals, timings, analysis of questions examining wording changes, and recommendations.

**Training for the Pilot Test:** This section details the location, date, and time of the training, the number of people trained, and some suggestions for revisions to the training agenda based on an assessment by the interviewers and project management team.

**Refusals:** This section presents call data on households that refused to participate in the survey.

**General interviewer comments:** This section summarizes feedback received from pilot test interviewers during debriefing sessions.

**Monitoring Feedback:** This portion discusses the feedback RTI received from OSU as the result of live monitoring during the pilot.

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## **Sample Frame**

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The sampling frame used for the 2015 OMAS Pilot Test was a dual frame consisting of all 100 banks in Ohio associated with landline phone numbers and all cell phone numbers assigned to a rate center in Ohio. The sample of numbers for the pilot was a set of replicates from the full 2015 OMAS sample. In other words, a sample large enough to obtain the desired 16,000 landline interviews and 16,000 cell phone interviews was selected first and divided into replicates. For the main study sample, each frame was stratified such that the landline frame was divided into 123 strata and the cell phone frame was divided into 90 strata. Strata consisted of either a county or a portion of a county. For the cell phone frame, counties were defined based on the rate center from which the cell phone telephone number is assigned. A rate center is a geographic area surrounding a billing area. A cell phone number is assigned to a rate center based on where the telephone was activated. The rate center is a good proxy for a person's residence, but is not as accurate as the telephone exchange assigned to a landline number.

For the pilot, a stratified random sample of replicates from the main study sample was selected. The pilot sample was stratified by county type (i.e., urban, rural Appalachian, rural, and suburban). The pilot sample was selected in this way to allow the pilot responses to be used in the final analytic dataset with minimal analytic impact (i.e., the design-based weights for pilot respondents are the same as the design-based weights for main study respondents). The goal of the pilot was to obtain 200 landline interviews and 300 cell phone interviews. To achieve this, replicates totaling 20,000 landline numbers and 18,600 cell phone numbers were selected. Marketing Systems Group's (MSG) Genesys system was used to select the 100-banks and cell phone numbers used in the main study and pilot.

As was done in the 2012 OMAS, the CATI dialer was used to "clean" landline numbers (i.e., identify nonworking numbers) before interviewers called them during data collection. Of the 20,000 selected landline numbers, 8,239 (41.2%) were identified as working landline numbers and 298 were identified as working, ported cell phone numbers. The working landline numbers were released to the field as landline sample and the ported cell phone numbers were released to the field as the cell phone sample. The percentage of landline numbers identified as working is in line with the number found in 2012.

Sample replicates consisted of 100 landline numbers and 50 cell phone numbers. A total of 200 landline replicates with 20,000 numbers and 372 cell phone replicates with 18,500 numbers were released. After cleaning for nonworking numbers, 8,239 landline numbers remained for fielding.

### **2.1 Experiments**

Due to the increased percentage of desired cell phone respondents in the main sample, two experiments were implemented in the pilot to determine the most efficient way to implement the cell phone sample: an incentive experiment and a cell phone activity experiment.

For the incentive experiment, the cell phone numbers in the pilot study were randomized so that half of the sample members were offered a \$10 incentive and half of the sample were not offered any incentive. This experiment had two hypothesis questions:

1. Does a \$10 incentive increase participation rates?
2. Does a \$10 incentive increase the proportion of respondents that self-identify as having a prepaid or pay-as-you-go phone plan?

For the first hypothesis question, pilot test results indicate that (1) participation rates were higher among those offered an incentive (8.94% vs. 7.26%), a finding even more pronounced in rural areas, and (2) the average number of call attempts among contacted persons per completed interview was lower for those offered the incentive (1.52 vs. 1.66 calls per complete). While the pilot test findings can't be considered conclusive because they are not based on completed replicates (no replicates in the pilot were more than 72% complete), they do indicate affirmative responses to the test hypotheses. The incentive experiment will be completed during the course of main data collection as the pilot replicates are completed. However, since main data collection will begin before these replicates are completed, we recommend using the incentive for cell phone respondents from the start of the main study data collection.

For the cell phone activity experiment, the Cell-Wins flag from MSG was attached to each released cell phone number. The Cell-Wins activity flag is a real-time flag that classifies a cell phone number as (1) active, (2) inactive, or (3) unknown activity. In theory, telephone numbers identified as inactive should not need to be called because they will be found to be inactive. Thus, excluding them before they are released to the field (as is similarly done for nonworking landline numbers) will save data collection costs. However, if a reasonable number of these telephone numbers are incorrectly classified and are truly active, then the cell phone sample will be under-covering the population of interest, which may lead to bias in the estimates.

In order to test if the Cell-Wins flag is accurately identifying inactive cell phone numbers in Ohio, all pilot test cell phone numbers were released to the field with their activity flag appended. Once the released cases are completed, the flags are reviewed to determine if sample telephone numbers identified as inactive are in-fact not working. Based on the pilot test results, the Cell-Wins flag was extremely accurate. More than 98% of the telephone numbers flagged as non-working were flagged correctly. As a result, cell phone sample replicates in the main study will use the Cell-Wins flag to remove inactive numbers prior to fielding.

## 2.3 Disposition of Pilot Sample

There were 504 completed interviews in the pilot. Appendix B presents the final disposition for all 27,048 released sampled numbers (8,239 landline, 298 ported cell phone, and 18,511 cell phone).



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## ***Questionnaire Development***

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Before pilot testing, the OMAS instrument received multiple levels of review and testing. The 2012 OMAS questionnaire was used as a starting point for the 2015 OMAS questionnaire. The instrument was initially reviewed by stakeholders from the State of Ohio during a series of weekly meetings and a consensus on changes was reached. 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 questionnaire content as well as how the questions might come across as read by an interviewer and the potential for multiple interpretations of questions. The questionnaire development process took 15 weeks; seven more weeks than initially planned.

While the questionnaire was under final agency director review, RTI staff began programming the instrument. Changes from the review were then integrated into the programmed instrument. Final approval for skip patterns was received on November 11, 2014. RTI internal CATI testing was conducted November 19-30 with client testing beginning on December 1. 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 testing prior to the launch of the pilot test, with a focus on skip patterns and question/response wording.

Later in this report we examine questionnaire issues that were identified during pilot study data collection.



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## **Data Collection for the 2015 OMAS Pilot Test**

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### **4.1 Training**

RTI conducted 2015 OMAS pilot training December 1–4, 2014, at RTI’s Research Operation Center in Raleigh, NC. The 2015 OMAS Data Collection Trainers, Marion Schultz and Edrina Burnette, led the training sessions with assistance from quality and supervisory leads assigned to the project. Amy Ferketich, the academic Principal Investigator from OSU, attended the first night of training. Fifty-four interviewers and 17 supervisors participated in and successfully completed the pilot training.

Interviewers had to complete training and certification prior to beginning “live” calling. New interviewer training consisted of 4 hours of general interviewer training, 4 hours of introductory CATI training, and 8 hours of project training that was split between two evenings. Experienced interviewers attended a 4-hour introductory CATI training and 8 hours of project training. Topics covered during project training focused heavily on the survey’s background and structure, study-specific protocols and procedures, pronunciation, and answering frequently asked questions. Dr. Ferketich provided interviewers with additional study details and answered questions as needed.

During training, interviewers participated in two round-robin mock interviews, two paired-practice mock interviews, and completed individual survey practice. Pilot certification involved completing two oral quizzes as well as successfully attending and participating during training sessions and exercises. Interviewers had to achieve 100% correct answers on both oral quizzes to become certified and begin calling. The 2015 OMAS pilot training agenda included:

<b>Evening 1 CATI Training Agenda</b>	
5 minutes	Welcome
20 minutes	System security protocols for accessing CATI system
60 minutes	CATI Training
30 minutes	Disposition coding
15 minutes	Refusal aversion
15 minutes	<b>BREAK</b>
60 minutes	Round-robin mock #1 (Adult instrument only)
20 minutes	Individual exercise
15 minutes	Logging off properly

<b>Evening 2 Project Training Agenda</b>	
5 minutes	Welcome and Introduction
25 minutes	Survey background, purpose and structure
10 minutes	Roles and responsibilities
10 minutes	General contacting procedures
15 minutes	Respondent rights and importance of confidentiality
45 minutes	Frequently asked questions
15 minutes	<b>BREAK</b>
20 minutes	Pronunciation exercise
75 minutes	Round-robin mock #2 (Adult, uninsured child instruments)
10 minutes	Wrap-up
<b>Evening 3 Project Training Agenda</b>	
10 minutes	Q&A sessions
30 minutes	Emotional distress and sensitivity
30 minutes	Refusal avoidance
55 minutes	Paired practice
15 minutes	<b>BREAK</b>
15 minutes	Review FAQs and pronunciation
40 minutes	Individual survey practice
35 minutes	Certification quizzes <ul style="list-style-type: none"> <li>• Oral FAQ quiz</li> <li>• Oral pronunciation quiz</li> </ul>
10 minutes	Wrap-up

## 4.2 Location and Dates of the Pilot Test

Interviewing for the pilot started on Wednesday, December 10, 2014, and continued through Thursday, December 18, 2014. All telephone interviewing took place at RTI’s Research Operations Center in Raleigh, NC.

Pilot testing was completed using English-language versions of the instrument for both the cell phone and landline samples; the goal was to complete approximately 300 cell phone and 200 landline interviews. The questionnaire versions fielded for the pilot had undergone extensive review, editing, and

testing by members of both the RTI International (RTI) and Ohio State University (OSU) project management teams.

The OMAS telephone interviewers made calls between the hours of 9:00 am – 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 504 completed interviews. Completed interviews were obtained with between one and six call attempts per record; the average number of attempts for a completed survey was 2.



## Results of the 2015 OMAS Pilot Test

The following section describes the results of the 2015 OMAS Pilot Test. We begin by discussing questionnaire logic and content issues we discovered as a result of the pilot study, then proceed to instrument timing, breakoffs, item nonresponse, and refusals.

### 5.1 Questionnaire Assessment

RTI reviewed a frequency listing of all variables from the questionnaire to evaluate whether skip patterns were being administered correctly. (Note: the frequency distribution has been provided separately to OSU). In addition, RTI created SAS programs to automatically check the more complex skip patterns using the instrument that was first fielded for the pilot. RTI identified several areas in the instrument specifications that required clarifications including updated variable names and skip instructions.

Overall, the adult component of the survey instrument performed very well with only a few minor issues discovered. There were more problems reported in the child component of the survey instrument although it too performed very well. Several items were investigated during the course of the pilot test for potential logic errors; for the vast majority, the logic turned out to be correct, in some cases leading to changes in the agreed-upon specifications. A small number of items did turn out to indicate logic problems:

Questionnaire Item	Issue Identified
B4Ca	1 case didn't meet the criteria to be asked the question, but was asked the question.
B20	1 case didn't meet the criteria to be asked the question, but was asked the question.
B24	1 case didn't meet the criteria to be asked the question, but was asked the question.
B4I	2 cases didn't meet the criteria to be asked the question, but were asked the question.
G72	In 1 case the auto-coding doesn't appear to have worked (because the question value is 2).
J100c	41 cases met the criteria to be asked the question, but were not asked the question.
J105B	2 cases met the criteria to be asked the question, but were not asked the question.
J100chk	1 case met the criteria to be asked the question, but were not asked the question.
J100Ca	1 case didn't meet the criteria to be asked the question, but was asked the question.
J124b	5 cases met the criteria to be asked the question, but were not asked the question.
J117	5 cases met the criteria (after the "or") to be asked the question, but were not asked the question.

Questionnaire Item	Issue Identified
J117b	4 cases met third set of evaluation criteria (after the last “or”) to be asked the question, but were not asked the question. 4 cases met the first evaluation criteria to be asked the question, but were not asked the question.
POSTJ113	5 cases met the two evaluation criteria to be asked the question, but were not asked the question.
J120	102 cases did not meet the second evaluation criteria (days were $\geq 360$ ) to be asked the question, but were asked the question.
K98a	2 cases met one of the first two evaluation criteria to be asked the question, but were not asked the question.
K99	3 cases met either the second or third evaluation criteria to be asked the question, but were not asked the question.
P151	15 cases met the evaluation criteria to be asked the question, but were not asked the question. 5 cases did not meet the evaluation criteria to be asked the question, but were asked it.

## 5.2 Instrument Timing

During the final stages of instrument development, the instruments underwent several minor revisions to reduce the survey length. Once the instruments were finalized for the pilot, the mean interview time for all cases was 32.11 minutes, with a median time of 30.68 minutes (prior to the finalization of the instrument, the mean interview time was 34.76 minutes with a median time of 32.95 minutes). The minimum interview length was 15.62 minutes and the maximum interview time was 79.51 minutes. Approximately 75% of all interviews were completed in less than 37 minutes. The total times were similar among landline and cell phone respondents.

The mean interview time for cases administered for the adult questionnaire was 29.08 minutes, with a median time of 27.78 minutes (prior to reducing the instrument, the mean interview time for the adult questionnaire was 31.8 minutes with a median time of 30.7 minutes). The minimum interview length for cases administered the adult questionnaire was 15.62 minutes and the maximum interview time was 79.51 minutes. Approximately 75% of all adult questionnaire interviews were completed in less than 32 minutes. The adult questionnaire interview time was similar among landline and cell phone respondents.

After the pilot instrument was finalized, there were 78 cases with a child interview. The mean interview time for cases administered both the adult and child questionnaires was 39.8 minutes, with a median time of 38.4 minutes. The minimum interview length for case administered both the adult and child questionnaires was 28.0 minutes and the maximum interview time was 67.7 minutes. Approximately 75% of all child questionnaire interviews were completed in less than 44.0 minutes.

*Table 5-1* shows the mean and distributional interview times for the overall instrument as well as by module.



**Table 5-1. Interview Time by Module<sup>1</sup>**

Module	Number of Interviews	Interview Time (in Minutes)							
		Mean	Percentiles						
			0	10	25	50	75	90	100
S - Screening Module	307	3.0	1.6	2.1	2.4	2.8	3.4	4.0	11.8
A - Current Insurance Status	307	0.4	0.2	0.2	0.3	0.3	0.4	0.7	2.7
B - Currently Insured Adult	286	4.1	1.4	2.7	3.1	3.7	4.7	6.0	16.5
C - Currently Uninsured Adult	21	1.8	0.6	0.7	0.7	1.1	2.3	2.7	6.0
D - Adult Health Status and Care Giving	304	5.4	0.7	3.6	4.2	4.9	6.1	7.7	15.4
E - Utilization and Quality of Adult Health Care Services	307	2.1	1.1	1.5	1.7	1.9	2.4	2.9	5.7
F - Access to Care and Unmet Needs of Adult	302	5.9	2.5	3.8	4.6	5.5	6.8	8.1	15.9
G – Employment	307	1.1	0.1	0.2	0.2	0.9	1.4	2.6	7.1
H - Adult Demographics and Family Income	305	3.7	1.7	2.4	2.8	3.3	4.3	5.3	14.1
Q - Household Questions			0.3	0.5	0.5	0.7	1.0	1.4	2.5
T - Interviewer Assessment of Interview Quality			0.1	0.1	0.2	0.4	1.0	2.0	11.4
CL - Closing Module			0.1	0.2	0.3	0.5	1.4	2.1	29.1
PT – PTSD			0.4	0.5	0.8	1.0	1.2	1.5	5.7
I - Screening Questions for Eligible Child			0.9	1.1	1.2	1.5	1.8	2.1	3.6
J - Child's Insurance Coverage			0.9	1.1	1.3	1.7	2.7	4.3	6.1
K - Child Currently Uninsured			1.0	1.0	2.5	2.6	2.8	4.1	4.1
L - Health Status of Child			1.8	2.2	2.5	2.8	3.4	4.7	6.2
M - Utilization and Quality of Child Health Care Services			0.9	1.2	1.3	1.5	1.8	2.2	3.9
N - Access to Care for Child			0.6	+8	0.9	1.1	2.4	3.2	5.0
O - Unmet Health Needs			0.5	0.8	1.0	1.1	1.3	1.4	2.4
P - Child's Demographics			0.5	0.6	0.6	0.7	0.8	1.1	2.6
Average Total Adult			15.6	21.4	24.2	27.8	32.0	38.1	79.5
Average Total Child			7.8	9.0	9.8	11.5	13.7	14.9	22.8
Average Total (Adult/Child respondents)			28.0	31.4	34.3	38.4	44.0	51.7	67.7
Average Total			15.6	22.3	25.7	30.7	36.7	43.8	79.5

<sup>1</sup> Only includes respondents after the pilot instrument was finalized.

### 5.3 Breakoffs

There were a total of seven breakoffs in the pilot study that were left incomplete. All seven breakoffs happened when the interviewer reached the child section of the interview. In other words, the adult instrument is considered complete for these interviews, but the child instrument is partially complete. Two of the breakoffs occurred at the end of the PTSD module. Three breakoffs occurred in the beginning of the child module when insurance status was being ascertained. The last two breakoffs occurred when detailed information about the child's health status was being ascertained (see *Table 5-2*).

**Table 5-2. Interview Breakoffs by Section, Question, Number of Breakoffs, and Interviewer Notes**

Section	Question	Number of Breakoffs	Remarks from Telephone Interviewers
D	D301_2	2	Respondent hung up at PTSD section.
			Respondent refused to continue due to a language barrier.
I	I90a	1	Respondent hung up during questions related to child's age.
	I95	1	Respondent hung up when asked about child's coverage status.
J	J96	1	Respondent hung up when asked about child's coverage.
L	L25	1	Respondent stated she did not have time to do survey. Stated that she had good health care and did not need to do survey.
M	M135	1	Respondent hung up when mostly done with survey. Length was potential issue.

### 5.4 Item Nonresponse

Item nonresponse in completed interviews was minimal throughout the instrument. *Table 5-3* lists those items that received at least 10 answers of "Refuse" or "Don't Know". As is common in surveys, the greatest nonresponse occurred on income questions. These questions are denoted in *Table 5-3* with one asterisk (\*). Item nonresponse rates of 20-25% are common on income-related survey questions, so in that respect the 2015 OMAS is no different from other surveys. Ninety-nine items from the child instrument did not receive 100% item response (a relatively small number); however, the number of missing responses for all of the child items was so low as to not warrant inclusion in the table. This finding is not surprising given that the questionnaire is designed to speak to the person most knowledgeable about the insurance of the child in question. Only 11 of the 99 item nonresponse values were item refusals in the child instrument.

**Table 5-3. Item Nonresponse by Question and Type of Nonresponse**

Question	Topic	Refuse	Don't Know	Total Nonresponse
B4C	Covered by Medicaid	9	1	10
B4C_CK	Covered by Healthy Families, Health Start...(etc.)	17	0	17
B4C2_VALUE	How long covered by Medicaid plan	12	2	14
B4E	Covered by private plan not from employment	10	2	12
B10B	Does insurance cover dental care	21	1	22
B18	How long covered by primary plan	13	1	14
D30A_VALUE	How much do you weight	2	21	23
E59A_VAL	How long since visited a doctor for routine check-up	17	1	18
E63_VAL	How long since visited a dentist	9	2	11
G72A	Employer coverage offered to employee, families, or spouses	12	1	13
G73	Number of hours worked per week	6	7	13
G73C	Total number of employees	24	4	28
H84_A1*	Number of family members supported by family income	10	6	16
H84_A2*	Family's gross income last month	62	57	119
H84_A2CATS*	Family's gross income last month: categorical	18	16	34
H84_A3*	Family's 2014 annual income	77	30	107
H84_A3CATS*	Family's 2014 annual income: categorical	24	8	32
INCENT	(incentive information)	0	14	14

\*Income series question.



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## ***General Interviewer Comments and Recommendations***

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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 also reported on the most challenging aspects of the project. In general, interviewers that respondents had difficulty with the number of questions relating to insurance choices, which can be confusing and frustrating as many respondents only have one option, and become frustrated with having to answer questions about options they do not have. Respondents also had difficulty with the income questions, which the OMAS EC and RTI anticipated due to the addition of monthly income questions in addition to annual income questions.

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

**Issue:** Questions regarding type of health insurance can be challenging. The staff reported that respondents seem to get confused and sometimes annoyed by the multiple seemingly similar set of questions asking if they have a specific type of insurance.

**Recommendation:** Look into the need for follow up clarification. Evaluate whether the insurance series can be simplified. Review insurance options thoroughly in training.

**Issue:** Some respondents struggle with how or where to report dental care. They are interpreting the health insurance coverage questions to be exclusive of dental care.

**Recommendation:** Add help text to clarify intent. Emphasize the relevant points in training.

**Issue:** Questions that offer response choices are the ones respondents answer more easily. It seems that having questions with no choices add more time to the interview.

**Action:** Address as a training item to more quickly probe with appropriate answer options if respondents struggle with recall.

**Issue:** Respondents struggle with the PTSD series both from a content perspective but also because of the two time period references in the question.

**Recommendation:** Consider eliminating the series or substantially re-word questions.

**Issue:** Interviewers reported that respondents struggle with income. Some have problems with the monthly income question and some with the annual income question.

**Recommendation:** None provided.

**Issue:** PCMH\_6: This question asks about a “health provider” when all questions prior to this question refer to a personal doctor or nurse. When this question is asked respondents often ask “do you mean the personal care doctor we were just talking about?”

**Recommendation:** Make question wording consistent.

**Issue:** B4I: respondents often ask whether we mean “Obama Care.”

**Recommendation:** Develop and provide appropriate help text for interviewers to alleviate respondent confusion.

**Issue:** Some respondents have asked for more information on the 2012 data that was collected.

**Action:** Staff were provided this Web address to provide to respondents with this concern:  
<http://grc.osu.edu/omas/datadownloads/2012omaspublicdata/>.

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## **OSU EC Monitoring Feedback**

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During the 2015 OMAS pilot, RTI coordinated six monitoring sessions with members of the OMAS Executive Committee. The OMAS EC sent RTI monitoring notes on an ongoing basis throughout the pilot data collection. RTI maintained records of all feedback received from OMAS EC members, along with feedback from internal monitoring, to improve training protocols for the main study. In addition, RTI entered all questionnaire logic issues, or requests for specification changes in a log which was continuously updated during the pilot test, and will be maintained during the main study.

Some of the feedback RTI received from the OMAS EC related to interviewer performance and suggestions for additional training items. These comments are not included in this section although they were incorporated into project training materials which have been delivered separately. The following section provides a brief summary of the OMAS EC feedback from pilot test monitoring.

### **7.1 Selected Pilot Test Issues from the Log**

- Incorrectly skipped personal doctor/nurse and PCMH when respondent reported usually going to a clinic and was asked F11. Same issue seemed to happen in child interview, but view of CATI was momentarily lost so could not verify. (Dec 10, 7pm)
- Incorrectly skipped follow-up employment questions when reported working for private industry at G71a. (Dec 10, 7pm)
- Consider in PTSD questions having the intro appear on the screen with an IF NECESSARY prompt for subsequent questions. (Dec 10, 7pm)
- Older form of questionnaire had respondent skipping remaining PTSD items if first two were no. (Dec 13, 1pm)
- Typo on H84\_A2: Should be “your and your family’s” (now says “you and your family’s”). (Dec 14, 2:30pm)
- Respondent was confused by TRACFONE1 because it doesn’t sound like a yes/no question. (Dec 14, 2:30pm)
- D30i\_A2. Need to remove IF NECESSARY prompt from first screen. (Dec 14, 2:30pm)
- E60 may have been coded incorrectly; respondent indicated one hospital stay in Oct and he said he was in the hospital 5 days. (Dec 14, 3pm)
- TRACFONE1 question is confusing; sounded like 2 response options not a yes/no question. (Dec 14, 3pm)

- TRACFONE2 is awkward and sounds like a yes/no question. Respondent answered no and interviewer had to probe as to whether respondent wanted to say probably not or definitely not. (Dec 16, 1pm)
- Some of the income categories at H84\_A2L were truncated (missing the last zero). (Dec 16, 2:40pm)
- Concerning the PTSD questions: (Dec 15)
  - a. If the first question in the bank receives no response (i.e., refused or don't know), skip the rest of the series;
  - b. Only repeat the introduction of the questions if necessary—otherwise only read it once;
  - c. If we keep having trouble with this bank of questions, we will move it to behind the child interview to protect the child interview; and
  - d. If we move it behind the child interview, it will not be asked of a child proxy respondent who was switched as the most knowledgeable for the child interview – to enable not having to hand-off the phone a second time.
- Concerning D45 and D45a, the issue of what to do with pipes, e-cigarettes, cigars came up over the weekend. The questions D45 and D45a are meant only for cigarettes. Accordingly, the other products should not be included. An “if necessary” should be applied that states “This does not include smoking pipes, cigars, and electronic cigarettes or e-cigarettes.” (Dec 15)
- There appears to be confusion concerning the monthly family income versus the annual family income. The recommendation is to keep the questions, but take care of this in recoding. In other words: 1) if we have last month income and not annual recode monthly times 12; 2) if we have annual and not monthly, divide by 12. The recommendation is to keep the responses as variables and generate derived variables for the final data set. (Dec 15)
- A typo on H84\_A2: needs to be “best estimate of your and your family’s gross income” (right now says “you and your family’s”). (Dec 15)
- We need a transition to Q155C—which asks whether you were without telephone service for 24 hours or more and appears after the income questions. We need a transition for respondent ease from the income questions to these. (Dec 15)
- Concern: the fresh fruits and vegetables question is having difficulty. Everyone should pay attention to it to see if it is causing delays or confusion. (Dec 15)
- The wrong question at F67D\_1 is being asked. The question asked was: “During the past 12 months, how many times did <you\_name> actually see a medical specialist?(RECORD NUMBER OF TIMES” To reduce respondent burden (from trying to remember exactly how many times a specialist was seen) we changed the question several versions ago to “During the past 12 months, did you actually see a medical specialist?” This change apparently was never made in the specifications. If the current question is not causing a problem or taking much time I think it is OK to keep it, but if anybody notices any difficulties with this question in monitoring I think we should revert to the simpler version since we do not need number of



- times. Note also that the simpler version is also more consistent with what we ask in the child section at K4Q24. (Dec 16)
- In J96—there is a typo that results in the question being very confusing. The interviewer didn't understand what the question was asking, nor did the respondent, so they had to skip. The question on the screen said "Last week, was child's health insurance coverage the same health insurance coverage." This does not match what's in the 12-11-2-14 specs for J96 (item 570). (Dec 16, 1pm)
  - J124A series and questions that precede (J113 and J116) it: The child was 9 months old, and had been insured since birth, but still got questions that asked about period of time when the child was uninsured, and even though interviewer correctly coded that the child had never been without insurance in the previous year, they were still asked the series of questions on "did any of the following happen while the child was uninsured." The respondent should have been asked POSTJ113 (Has child been covered by this insurance since he was born?). If this question is administered, it should solve the problem described above. Based on the specifications from 12-11-2014, the problem might be with Item 628, variable SK\_J113CHECK, which says: IF ((J113days LESS THAN 360) OR (J113DAYS = 998, 999)), ASK J116.ELSE, SKIP TO J124b. This "ASK J116" direction is causing the CATI to just skip over POSTJ113, which precedes J116 in the specs. If the respondent says yes to POSTJ113, the specs correctly send the respond to J124B. (Dec 16, 1pm)
  - H84\_A3: On the screen, the question said, "What is your best estimate of total 2014 annual income before taxes and other deductions?" We joined the interview after H84\_A1, so I don't know how many people the respondent said were in the family, but from the 12-11 specifications, it looks like the question should have populated with something like "best estimate of your total 2014 annual income..." (Dec 16, 1pm)
  - Transition text is missing for Q155C. Looking at the 12-11 specs, it appears that this transition text was added to Q155, but not to Q155C (item 496). Respondents are either asked Q155 or Q155C depending on whether they are a landline or cell phone interview, respectively. So it appears that we need to have this transition text added to Q155C so that cell phone respondents will also receive the transition sentence. (Dec 16, 1pm)
  - Skipping to the specialist question when the child is indicated as going to the doctor's office as a primary site for access to care (N136A and F67A1). (Dec 16, 1pm)



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## ***Appendix A: 2015 OMAS Questionnaire***

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The Questionnaire is available to download on the OMAS web site via this [LINK](#).



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## ***Appendix B: Sample Dispositions***

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

<b>Disposition Code</b>	<b>Disposition Description</b>	<b>Count</b>	<b>Percent</b>
0R	Released/No Action Taken	11,689	43.22
1A	Ans Machine w and w/o Subject Name	3,040	11.24
1B	BUSY / ALL CIRCUITS BUSY	80	0.30
1C	Answering Machine Indicates Business (company)	2	0.01
1H	Hung Up	119	0.44
1M	Answering Machine, Left Message	2,336	8.64
1N	RING, NO ANSWER	827	3.06
1S	Ans Machine w and w/o Subject Name	238	0.88
2O	Appointment by Subject (Soft)	683	2.53
2S	Appointment by Subject (Hard)	369	1.36
3H	Refusal - Hostile	46	0.17
3O	Refusal by Other (gatekeeper)	1,247	4.61
3P	Refusal by Parent/Guardian	1	0.00
3S	Refusal by Subject	369	1.36
3U	Hang-up Refusal	2,466	9.12
4P	Privacy Manager	19	0.07
5M	Pending Minor	1	0.00
6O	Language Barrier - Other/Unknown	4	0.01
6S	Language Barrier - Spanish	24	0.09
7D	Distressed Respondent	2	0.01
A1	No Answer	220	0.81
A2	Busy	289	1.07
CC	Interview Complete	504	1.86
IA	All Residents Under 18 (Age Ineligible)	64	0.24
IB	Business (not a dwelling unit or household)	1,157	4.28
IC	Changed Phone #	17	0.06
IE	Beeper/Pager	2	0.01
IF	Modem/FAX	225	0.83
IG	Group Quarters	7	0.03
IL	Blocked Line/Pay Phone	10	0.04
IM	Mobile/Cell Phone	79	0.29
IS	Subject is Ineligible	130	0.48
IT	(Temporarily) Disconnected	425	1.57
IW	Wrong or Bad Phone #	204	0.75
NE	Time Expired	110	0.41
NI	Subject Incarcerated	1	0.00

(continued)

**Table B-1. Distribution of Disposition Codes for the OMAS Pilot (continued)**

<b>Disposition Code</b>	<b>Disposition Description</b>	<b>Count</b>	<b>Percent</b>
NM	Physically/Mentally Incapable	7	0.03
NO	Subject Out of the Country	1	0.00
NU	Subj Unavail During Data Collection Period	12	0.04
RM	Mixed Refusal	5	0.02
RO	Refusal by Other (gatekeeper)	1	0.00
RU	Hangup Refusal	1	0.00
RX	Final Refusal - Reviewed	3	0.01
UC	Unable to Contact Subject	12	0.04