



Prepared by:

Brian Robertson, PhD
Mark Noyes



OR HIS Final Survey – Short Version

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Oregon Health Authority

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I. Survey Lead In Statement, Introduction, Respondent Selection

Interviewer Persuader Statement

Your participation in this study is very important. We are doing this study on behalf of the Oregon Health Authority to inform decisions about health insurance in Oregon. That's why it is so important to hear from your household.

The study will take about 20 minutes, depending on the size of your household. Will you help us by doing this study?

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Christine Allen of Market Decisions Research at 1-800-293-1538, ext. 107.

Lead In Statement

Q:LEAD

Hello. My name is _____ and I'm calling on behalf of the State of Oregon. We are working on a study about health care and health insurance in Oregon. Will you help us? First, is this a residence?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call. We are not selling anything.

IF ASKED: The survey will take about 20 minutes depending on answers.

Information Screen for Interviewers

Q:INFOQ

GENERAL RELUCTANCE: Your participation in this study is very important. We are doing this study on behalf of the Oregon Health Authority to inform decisions about health insurance in Oregon. That's why it is so important to hear from your household.

STUDY LENGTH

The study will take about 20 minutes, depending on the size of your household. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Christine Allen of Market Decisions Research at 1-800-293-1538, ext. 107.

1. Is this a Private residence where SOMEONE lives at least 6 months of the year?
2. Is your primary residence located in Oregon?
3. Did I reach you on a cell phone?
4. Are you 18 years of age or older?
5. ***Ask if reached on a cell phone...*** Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?
6. I'd like to talk with the adult in the household who knows the most about the HEALTH INSURANCE coverage and health care of the people living there. Is that you?

Statement of Implied Consent

Q:INTO

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only and will not be combined with other information that could identify you in any way.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

II. Household Level Information

1. What county do you live in?
2. What is your zip code?
3. Is your residence owned by or being bought by you or someone in your household, rented for money, or occupied without payment?
4. **If Landline:** Do you or any other member of the household have a cell phone? **If Cell Phone:** Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
5. How many people currently live or stay at your household?
6. Please give me just the FIRST NAMES of the people who are living in your household. I'll ask for the names one at a time.
7. Please tell me (your name)/the name of the next member of the household.

III. Person Level Demographics

1. What sex was PERSON assigned at birth?
2. Now, does PERSON consider themselves...
3. And PERSON's age?
4. **Ask of those indicating DK or REF to AGE1...** We would like to get a rough estimate of the age of each person living in the household. Can you indicate if PERSON is...
5. **Ask of those 16 and older...** Is PERSON currently married, living with a partner, widowed, separated, divorced, or never been married?
6. **Ask of those 18 and older...** What is the highest level of school PERSON has completed or the highest degree PERSON has received?
7. Is PERSON of Hispanic, Latino, or Spanish origin?
8. Which one or more of the following would you say is PERSONS's race?
9. **Ask of those answering "Asian"...** Is that Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian?
10. **Ask of those answering "Pacific Islander" to RACE...** Is that Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander?
11. **Ask if more than one race selected in RACE...** Which one of these groups would you say best represents PERSON's race?
12. **Ask of those 18 and older...** Is PERSON a veteran of the United States military?
13. Was PERSON born in the United States?
14. **Ask of those not born in the United States...** For how many years has PERSON lived in the United States?
15. **Ask of those not born in the United States...** In what country was PERSON born?
16. Does PERSON speak a language other than English at home?
17. **Ask of those who speak a language other than English at home...** What is this language?

IV. Family Unit Formation

1. What is PERSON's relationship to HEAD OF HOUSEHOLD?
2. Is PERSON married to anyone who currently lives here or to someone outside the household?
3. ***Ask of anyone under 18 and not the children of the primary family of the household...***
Is anyone living here the parent or guardian of PERSON?
4. ***Ask of all children who are not wards of someone in the HH to FAM03...*** Who in the household is main person taking care of PERSON ?

V. Insurance Coverage

I am going to read you a list of different types of health insurance coverage.

Please do not include any health insurance plan that covers only ONE type of service like plans for dental care or prescription drugs.

1. **Ask of each person in the household EXCEPT anyone excluded in UNITSCRN...** Is PERSON covered by ANY type of health insurance?
2. **Ask of all indicating no insurance...** Just to be sure I have this right, PERSON does not have health insurance coverage. Is this correct?
3. **Ask of those indicating no insurance...** Does anyone else pay for PERSON's bills when they seek medical care?
4. **Ask of those indicating they receive insurance through SSI, through the state, through welfare, or through disability to ins02...** How did PERSON apply for or receive the health insurance through the state?
5. **Ask of those indicating they receive insurance through OregonHealthcare.gov, the health exchange, healthcare.gov, or Obamacare...** Healthcare.gov and OregonHealthcare.gov are resources that connect residents to affordable healthcare coverage. They also provide a way for residents to know whether they qualify for health insurance coverage through The Oregon Health Plan or through a private health insurance plan for which a monthly premium is paid.

Do you know if PERSON is enrolled in the Oregon Health Plan or if PERSON is enrolled in a private health plan?
6. **Ask of all 65 and older who did not indicate Medicare coverage...** I noticed that PERSON is 65 or older and you indicated this person was NOT covered by Medicare. Is this correct?
7. **Ask of all 65 and older and indicated covered by private insurance...** You indicated PERSON is covered by private insurance. Is this private insurance policy a PRIVATE Medicare supplement such as plans offered by AARP, United Health Care, or Regence Blue Cross Blue Shield that help cover expenses not paid by PERSON's Medicare?
8. **Ask of those indicated covered by Medicare (though not dually covered by Medicaid and Medicare) and younger than 65...** Just to verify, is PERSON covered by national MEDICARE, or are they covered through the state's Oregon Health Plan or by both?
9. **Ask of those indicated covered by Medicaid (though not dually covered by Medicaid and Medicare) and 65 and older...** Just to verify, is PERSON covered by the Oregon Health Plan program or are they covered through the national MEDICARE program, or by both?

10. ***Ask of those indicated covered by Medicare and 65 and not indicating private insurance coverage...*** Does PERSON have a PRIVATE Medicare supplement such as those offered by AARP, United Health Care, or Regence Blue Cross Blue Shield, or other plans to help cover expenses not paid by Medicare or a Medicare Advantage Plan?

VI. Private Insurance

1. **Ask of all indicated covered by private insurance and if more than one person is covered by private insurance...** Are the people you indicated above as covered by private health insurance ALL covered under the SAME health insurance plan? IF YES: Who is the policy holder for this plan?
IF NO: Which members of the household are policy holders for a private health insurance plan?
2. **Ask of all indicated as policy holders and if more than one person is covered by private insurance...**Next, which members of the household are covered by each private health insurance plan. Which members are covered under PERSON's policy?
3. **Ask of all indicated as covered by private insurance and not linked to a specific policy...** The following household members do not have a policy holder listed for their private insurance. Are any of these household members covered under PERSON's policy?
4. **Ask of all indicated as policy holders...** Is PERSON's PRIVATE HEALTH INSURANCE provided through Regence, Moda, United Healthcare, Providence, Kaiser, or some other company?
5. **Ask of those indicating coverage source is exchange based carrier...** Was this health insurance coverage obtained through the state health insurance marketplace, also known as the Exchange, OregonHealthcare.gov, or Healthcare.gov?
6. **Ask of those indicating coverage source is healthcare.gov, the Exchange, or Obamacare...** Which company is this insurance provided by?
7. **Ask of all indicated as policy holders...** Is PERSON's health insurance through PERSON's work, union, association, or trust; someone else's work, union, association, or trust; or some other source?
8. **Ask of all indicated as policy holders and not covered by plan through employer/labor union...** Is PERSON's insurance provided through COBRA or state continuation, a retirement plan, a school, college, or university, or was the plan purchased directly or the premium paid out of pocket?
9. **Ask of those with a plan through the exchange...** What type of plan is this? Is it a bronze, silver, gold, or platinum plan?
10. Does PERSON's health insurance plan cover at least some of the cost of prescription drugs?
11. **Ask of all those indicated as policy holders...** What is the monthly premium paid for PERSON's health insurance?
12. **Ask of all those indicated as policy holders...** How much is the deductible for everyone covered under this health insurance? This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

13. **Ask of all those indicated as policy holders...** Does PERSON have a Health Savings Account or HSA?

14. **Ask of all those who have an HSA...** How much did PERSON contribute to their HSA account during the past 12 months?

15. **Ask of all those who have an HSA AND insurance through work or union...** How much did PERSON's employer contribute to their HSA account during the past 12 months?

16. **Ask if policy only covers one individual...** Can dependents be covered under PERSON's health insurance?

17. **Ask of all indicated as policy holders...** Compared to last year have there been changes in the coverage provided by PERSON's health insurance that limited which health care providers they could see for care?

18. **Ask if private insurance was through the state or OHP. Ask for each person listed under policy...** Earlier you stated that PERSON's insurance was provided through a state sponsored health insurance program such as the Oregon Health Plan. Just to check again, is PERSON covered by the Oregon Health Plan (MEDICAID), Healthy Kids (CHIP), Private Insurance, Military, Veterans or TRICARE, or some other type of insurance?

VII. Private Insurance Follow Up Questions

1. ***Ask if person has private insurance AND is aged 18 to 26...*** Does PERSON currently have private health insurance for medical bill coverage through a parent's health insurance?

2. ***Ask if person is between the ages of 18 and 26 and does not have private insurance through their parents ...***Does PERSON's PARENTS have private health insurance that allows coverage of children?

VIII. Insurance Follow Up

1. Was there a time in the past 12 months when anyone in the household looked for health insurance using the state's health insurance marketplace or through Healthcare.gov?

IX. Follow Up Questions for Those Covered by OHP

1. When PERSON enrolled in OHP they most likely had to choose a Coordinated Care Organization (CCO) for medical, dental and mental health care. In which CCO is PERSON enrolled?

X. Follow Up Questions for the Uninsured

1. These next questions ask about those without health insurance. How long has it been since PERSON had any health insurance?

2. Can you please tell me the main reason that PERSON does not have health insurance coverage?

Next, I am going to read some possible reasons why PERSON may no longer have health insurance coverage.

3. You or another member of the family lost their job.

4. You or another member of the family are no longer eligible for insurance through their employer because of a reduction in the number of hours they work.

5. An employer stopped offering health insurance coverage to you or another family member.

6. Our family could no longer afford the cost of the premiums for health insurance through an employer for PERSON.

7. PERSON lost their coverage through or became ineligible for the Oregon Health Plan or Medicaid.

8. PERSON is not interested in insurance.

9. **Ask of all uninsured unless indicated “never had insurance”...** Thinking back to the last time PERSON had health insurance, what type of insurance did PERSON have?

10. As you may know, The Oregon Health Plan (OHP) is the state's Medicaid program and it pays for medical insurance for certain individuals and families with low incomes.

11. What are the reasons that the uninsured members of the household have not enrolled in the Oregon Health Plan?

Next I would like to ask you about possible reasons why the uninsured residents in the household have not enrolled the Oregon Health Plan. Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

12. I don't think we would be eligible for it because our employer offers health insurance.

13. I don't think we would be eligible because my household makes too much money.

14. We would be concerned about being able to see the doctors or health care providers I want to.

15. Our household wouldn't want to be receiving government assistance.

16. Our household would worry that the costs would be too high.

17. I would be concerned about the quality of care

18. I would be concerned that health care professionals would treat me or my family differently

19. There are certain requirements based on age and income for eligibility to enroll The Oregon Health Plan. If the uninsured members of your household were eligible to enroll in Oregon Health Plan, how interested would they be?

XI. Interruptions in Coverage

1. Next, I'd like to ask you about any gaps in insurance coverage. Has everyone in the household had insurance FOR ALL of the past 12 months? IF NO, ASK: Who did not have insurance within the past 12 months?

2. **Ask of all household members indicated as having a gap in insurance coverage...** For how long was PERSON without health insurance coverage, even if that gap in coverage was longer than 12 months?

3. **Ask if the individual was without coverage at any time during the last 12 months...** Can you please tell me the main reason that PERSON did not have health insurance at that time?

4. **Ask if the individual was without coverage at any time during the last 12 months...** What type of health insurance coverage did PERSON have PRIOR to their current coverage?

5. **Ask if individual had insurance coverage for the last 12 months...** Has anyone had a major change in their health insurance in the past 12 months?

6. **Ask of individuals covered by insurance and changed insurance coverage in the last 12 months...** Why did PERSON change health insurance coverage?

7. **Ask of individuals covered by insurance and changed insurance coverage in the last 12 months...** What type of health insurance coverage did PERSON have PRIOR to changing coverage?

8. **Ask of those indicating a change in coverage...** Was there any time PERSON was without coverage when changing?

XII. Health Literacy Questions

The next questions are about experience using a health insurance plan, for example, going to the doctor to receive care covered by the health plan. When using your health insurance plan, did you...

1. Look into what your health plan would and would not cover before you got health care services?
2. Find out if a doctor or health care provider is in-network before you saw him or her?

XIII. Doctor Visits, Source of Care, and ER Use

1. Next, I would like to ask about visits to doctors' offices and medical care. This includes visits to doctor's and other health care providers such as physician's assistants, nurse practitioners, or anyone else you might go to for medical care. This does not include things such as getting a flu shot through work or checking your blood pressure at a pharmacy.

2. How many times did PERSON see a doctor or health care provider during the past 12 months?

3. **Ask of those with at least one Healthcare Provider visit...** How many of those visits were for strictly routine check-ups or preventive care, that is, when PERSON was not sick?

4. **Ask of those with at least one Healthcare Provider visit...** How many visits were with a specialist?

5. **Ask of those without a routine care visit in the last 12 months...** About how long has it been since PERSON last visited a doctor or other health care provider for a routine checkup or preventative care?

6. **Ask of those indicating they have not visited a specialist in the last 12 months...** About how long has it been since PERSON last visited a specialist?

7. Is there ONE KIND of place that EVERYONE living in the household usually goes when they are sick or need medical attention?

8. **Ask if everyone in the household goes to the same TYPE of place for healthcare...** What kind of place is this...?

9. **Ask of households who indicate "a community health center or other public clinic" as usual source of care...** What kind of health center or clinic is it?

10. **Ask of households that do not have a usual source of care...** What is the main reason your household does not have a regular place for health care?

11. **Ask of households with a usual source of care...** How long does it usually take to travel to the household's usual place for routine medical care?

12. **Ask of households without a usual source of care...** If someone in the household needed urgent care, how long would it take to travel to see a doctor or other health care provider?

13. **Ask of each individual if everyone in the household does NOT go to the same type of place for care...** Is there a place that PERSON usually goes when they are sick or need medical attention?

14. **Ask if individual goes to one place for medical attention...** What kind of place is this...

15. **Ask if individual indicated "community health center or other public clinic" ...** What kind of health center or clinic is it? Is it...

16. **Ask if individual has a usual source of care...** How long does it usually take PERSON to travel to their usual place for routine medical care?

17. **Ask if individual does not have a usual source of care...** What is the main reason PERSON does not have a regular place for health care?

18. **Ask of individuals with a usual source of care...** If PERSON needed urgent care, how long would it take PERSON to travel to see a doctor or other health care provider?

Next, I'm going to read you a list of problems some people experience when they try to get health care. During the past 12 months did anyone in the household...

19. Have to change health care providers because their health insurance changed or ended?

20. Unable to get an appointment at the doctor's office or clinic as soon as one was needed?

21. Told by a doctor's office or clinic that they weren't accepting patients with their type of health insurance?

22. Told by a doctor's office or clinic that they weren't accepting new patients?

23. During the past 12 months, did you or anyone in the household seek medical care in a hospital emergency room for any reason?

24. **Ask of each individual who sought ER care...** In the past 12 months, how many times did PERSON receive care in a hospital emergency room?

25. **Ask of each individual who sought ER care...** Please tell me if any of these were important reasons for PERSON's last visit to a hospital emergency room.

26. During the past 12 months, did anyone visit a walk-in, urgent care, or ZOOM care facility when they were sick or injured?

27. In the past 12 months, was anyone in the household admitted to a hospital or a patient in a hospital for more than 24 hours, other than to have a baby?

28. During the past 12 months did anyone in the household receive mental health care or counseling?

29. **Ask of individuals with more than one routine visit...** These next questions are about the coordination of medical care, that is, they are about how well your providers communicate between each other.

30. How often did PERSON's provider seem informed and up-to-date about the care received from specialists?

31. How often did PERSON's provider seem informed and up-to-date about their mental health counseling or treatment?

32. In the past 12 months have you or anyone else in your family used telehealth services?

XIV. Prescription Medications

1. These next questions are about prescription medications. Does anyone take prescription drugs on a regular basis? IF YES: Who is that?

2. ***Ask of anyone indicated as taking prescription medications on a regular basis...*** How many prescription medicines does PERSON take on a regular basis?

XV. Dental and Vision Insurance and Care

1. These next questions ask about dental insurance and care. Does anyone in the household have any kind of insurance coverage that pays for dental care? This includes dental insurance, prepaid plans or government plans.

2. About how long has it been since PERSON last received any type of preventive dental care?

3. About how long has it been since PERSON last received care to treat a specific dental problem or concern?

4. ***Ask of individuals who have not been to the dentist in the last 12 months...*** What is the primary reason PERSON has not visited the dentist within the past 12 months?

XVI. Healthcare Expenses and Barriers

Over the last 12 months, about how much has your FAMILY had to pay OUT OF POCKET for:

1. Your FAMILY's prescription medications.
2. Dental and vision care.
3. Mental health care.
4. All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

5. Medical care from a doctor or surgery?
6. Routine medical care that that was needed?
7. Mental health care or counseling?
8. Any type of dental care?
9. A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended?
10. Specialist care?
11. Prescription Medicines?
12. During the past 12 months, was there any time that anyone skipped doses or took smaller amounts of prescription drugs to make them last longer?
13. During the last 12 months, were there times that there were problems paying for medical bills for anyone in your household?
14. ***Ask if there were problems paying for medical bills...***What type of medical services led to the medical bills for PERSON?
15. Does anyone in the household currently have any medical bills which the household is paying off over time? IF YES: Who was that?

Questions of Individuals With Medical Bill HH is Paying Off Over Time

16. How much is the total amount of the medical bills for PERSON the household is paying off over time?

17. During the past 12 months, have any of the following happened to your family because of medical bills? Was your household...

Barriers to Care

1. During the past 12 months, has anyone ever delayed or not gotten PHYSICAL, MENTAL, or DENTAL health care because they could not find a doctor or other health care provider? IF YES: Who was that?

2. ***If care was delayed....*** What type of care did PERSON delay or not get?

3. During the past 12 months, has anyone delayed or not gotten PHYSICAL, MENTAL, or DENTAL health care because they could not find or did not know a doctor or other health care provider who accepts their insurance? IF YES: Who was that?

4. ***If care was delayed...*** What type of care did PERSON delay or not get?

XVII. Health Status

Now, I'd like to ask some questions about the health of each member of your family.

1. Would you say PERSON's health, in general, is excellent, very good, good, fair, or poor?
2. Does a physical, mental, or emotional condition limit the activities of anyone in your household in ANY WAY? IF YES ASK: Who is this?
3. ***Ask of individuals indicated as being limited by a physical, mental, or emotional condition...***What is the disability, handicap, or chronic disease that limits PERSON?

XVIII. Employment

We are almost done with the survey. This next series of questions is about jobs and employment.

1. ***Ask of those 18 and older...*** Is PERSON currently self-employed, employed by the military, employed by someone else, an unpaid worker for a family business or firm, unemployed and looking for work, not employed and not looking for work, retired, or unable to work due to a disability, or something else?
2. ***Ask of those who are employed...*** Does PERSON have more than one job, including part-time, evening or weekend work? IF YES: Altogether, how many jobs does PERSON have?
3. ***Ask of those who are 18+, employed, temporarily not at work, or doing something for pay...*** How many hours per week does PERSON usually work at their job?
4. ***Ask of those who are 18+ and have more than one job...*** How many hours per week does PERSON usually work at their other job(s)?
5. On this job, is PERSON employed by a private company or business or a government agency
6. Thinking about the employer PERSON works for, which industry most closely describes the employer's main business?
7. ***If employed by the government...*** Does PERSON work for the federal government, state government, local government such as a county or city, or a public school or college?
8. About how many people are employed by this employer, at all locations?

XIX. Employer Sponsored Insurance

Next, I am going to ask a few questions about health insurance that may be offered by employers.

1. ***Ask of working individuals who are not policy holders of private insurance through their employer...*** Does the place where PERSON works at offer health insurance as a benefit to any of its employees?

2. Can dependents be covered under that health insurance?

3. ***If ESI not taken...*** Why was health insurance coverage not taken?

Are any of the following reasons why PERSON did not enroll?

4. PERSON has not worked for their employer long enough to qualify for health insurance.

5. PERSON works too few hours to qualify for health insurance.

6. The health insurance offered through PERSON's employer costs too much.

XX. Income Questions

This series of questions will be asked of each identified family unit.

The next questions are about income that your FAMILY received during 2016

1. During the entire year of 2016, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on?

2. **Ask if indicated “Don’t Know” or refused to answer income question...** It is important to understand incomes so we can better understand insurance coverage and concerns about insurance. Which of the following income ranges is closest to the family's 2016 total income from all sources?

XXI. Closing the Survey

1. That is all the questions I have for you. Thank you for your time. Is there anything else about your experience with health insurance or health care you would like to add?

2. In the future, the State of Oregon may be interested in gathering more information on health insurance issues. May we contact you again in the future on some of these issues?