

2023 Oregon Health Insurance Survey Methodology Report

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I. Introduction

The Oregon Health Authority contracted with SSRS to conduct the 2023 Oregon Health Insurance Survey (OHIS). The goal of this survey is to provide statewide data on the health insurance coverage, health care costs, access to care, and health status of the non-institutionalized population in Oregon. These data will inform policies impacting the health and healthcare of Oregon's citizens. This report describes the methods used to collect and prepare the 2023 OHIS data.

This report is organized as follows:

- Section II : OHIS sample design
- Section III: OHIS operational approach
- Section IV: OHIS instrument
- Section V: Data processing and preparation
- Section VI: Response Rate
- Section VII: Survey weights and variance estimation

Finally, at the end of the report, Section VII includes references, Appendix A includes the instrument specifications, and Appendix B includes the communication used during the 2023 OHIS.

II. OHIS Sample Design

The goal of the 2023 OHIS was to attain a representative sample of Oregon residents and in particular to (1) attain statistical representations for each of the state's 15 pre-specified regions and (2) ensure the proportionality of ethnic and minority sub-populations.

The 2023 OHIS utilized a hybrid methodology that combined an adaptive address-based sample (ABS) push-to-web design with a prepaid cell sample. ABS surveys are frequently designed with a great deal of uncertainty about key parameters, such as the yield¹. Adaptive sample design is a strategy for dealing with this uncertainty. Adaptive sample design makes use of data collected during early phases of production to inform decisions made about the design for later phases. An adaptive sample design was implemented for this study to maximize the total number of completes, the yields of key subgroups, and to monitor costs. To this end, the survey was conducted in two waves. The first wave followed its course and based on the results of the first wave, adjustments were made to the sample of the second to attain the requisite interviews.

¹ The yield of a survey is the number of pieces of sample required to obtain one completed survey. For example, a yield of 10:1 indicates that 10 pieces of sample need to be contacted to obtain one completed survey.

Specifically, one third of the target sample was included in the first wave and two-thirds of the target sample in the second wave. In addition to the ABS, the prepaid cell sample was also released in two waves to match the progress of the ABS sample. The prepaid cell sample was utilized to boost key demographics that tend to be underrepresented in ABS, such as Hispanics, people with lower education and lower income, and other related groups that are often underrepresented in general population samples (e.g., the uninsured).

The study aimed to obtain a total of 8,000 completed interviews, 7,000 from the ABS and 1,000 from the prepaid cell sample. More information about each of the samples is provided below.

1. ABS

The 2023 OHIS utilized a hybrid design with ABS being the predominant frame. The ABS was selected via probability sampling methods, and SSRS' sister company, Marketing Systems Group (MSG), supplied all sample. Sample was generated from the United States Postal Service (USPS) Computerized Delivery Sequence File (CDSF). The CDSF is a computerized file that contains information on all delivery addresses serviced by the USPS, except for general delivery. The CDSF is updated weekly and contains home and apartment addresses as well as Post Office boxes and other types of addresses for mail delivery. Sample was selected from all residential records apart from addresses coded as vacant, seasonal (vacation), and PO boxes other than those defined as OWGM (only way to get mail), which avoids duplication of Oregon residents in the sample selection.

1.1. Geographic Stratification

The geographic strata for the 2023 OHIS were based on 15 regions pre-specified by the state which align with the U.S. Census Bureau's Public Use Micro Areas (PUMAs)² (Table 1). The sample plan was designed to ensure a minimum of 300 completes within each of these regions. In the interest of oversampling key demographic subgroups, the sample was further stratified based on the predicted demographics as discussed in the next section.

² Public Use Microdata Areas (PUMAs) are non-overlapping, statistical geographic areas that partition each state or equivalent entity into geographic areas containing no fewer than 100,000 people each. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/pumas.html>

Table 1: Regions within the State of Oregon

Oregon Survey Region
Region 1: Baker, Umatilla, Union, Wallowa
Region 2: Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco,
Region 3: Harney, Klamath, Lake, Malheur
Region 4: Deschutes
Region 5: Clatsop Columbia, Lincoln, Tillamook
Region 6: Benton, Linn
Region 7: Lane
Region 8: Coos, Curry, Josephine
Region 9: Jackson
Region 10: Douglas
Region 11: Marion
Region 12: Polk, Yamhill
Region 13: Multnomah
Region 14: Clackamas
Region 15: Washington

1.2. Demographic Based Stratification

While providing excellent coverage in practice, ABS designs have been shown to fall short with non-white, lower income, and younger populations (Link and Burks, 2013; Rapoport, Dutwin, & Sherr, 2012). To improve sample representativeness and achieve the State’s objectives, SSRS stratified the ABS design with strategic oversamples of households predicted to have certain attributes. Demographic stratification was done using sample flags and geographic indicators in the first wave, and modeling was incorporated in the second wave. Further details about each method are explained below.

Targeting demographics through sample flags and geographic indicators

The Wave 1 sample design incorporated stratification by both demographics and geography of interest. In particular, the design used a combination of household-level demographic flags appended to the sample by our sample vendor and neighborhood-level census-block data, appended from the Census Planning Database (PDB). The Census data allowed us to target hard-to-reach groups based on neighborhood characteristics.

Table 2 lists the demographic strata along with the predictor variables that were used to stratify the sampled addresses.

Table 2: 2023 OHIS Sample Stratification Predictors by Targeted Attribute

Targeted Attribute	Predictor
Hispanic Surname	Hispanic Surname Flag
Asian Surname	Asian Surname Flag
Black/African American	Geographic Density Indicator (Households with high density of African American residents)
American Indian, or Alaskan Native	Geographic Density Indicator (Households with high density of AIAN residents)
Presence of Children (Under 19)	Flag for child indicator
Presence of adult aged 65+	Flag for resident age
Hispanic	Geographic Density Indicator (Households with high density of Hispanic residents)
Asian	Geographic Density Indicator (Households with high density of Asian residents)
Residual	Residual sample

Vendor-provided sample flags were found to be effective for identifying Hispanic and Asian households and households with children and adults aged 65+, while geographic density indicators from the PDB were found more effective for identifying households with Black/African Americans and American Indians or Alaskan natives.

The specified predictors were used to create a hierarchical set of sample strata, as listed in the table above, and each address in the selected sample was assigned to one of the strata. Preference was given to the higher ranked strata (for example, a household flagged as having a member with a Hispanic surname would have been included in the Hispanic surname strata regardless of which other categories they are predicted to be in). This is required since precise sampling fractions and total deduplication by strata is needed to properly weight the data back to full proportionality.

Table 3 shows the targeted subgroups along with the Oregon population incidence and the estimated incidence for each targeted group under the proposed ABS Wave 1 design.

Table 3: Estimated Incidence of Targeted Subgroups from the ABS in the 2023 OHIS

Targeted Subgroups	Oregon Population Incidence	Estimated Incidence
Black/African American	2.9%	2.4%
Asian	6.3%	5.1%
NHPI	0.7%	0.8%
American Indian or Native American	3.0%	5.4%
Hispanic	13.4%	13.2%
Households with children	20.8%	20.6%
Uninsured	4.6%	1.5%
Households with any 65+	18.2%	33.7%

As mentioned earlier, the ABS data collection was conducted in two waves, allowing for an adaptive design. After the first wave ran its course, SSRS analyzed the yield and composition of the Wave 1 responding sample and modified the second wave sample size and stratification to attain the requisite interviews and better target groups of interest. Information about the assessments and changes for Wave 2 are explained later in this section. In addition, predictive modeling was incorporated in Wave 2 and is described below.

Targeting demographics through predictive modeling

While targeting demographics through sample flags and geographic indicators is a tried-and-true technique, targeting through predictive modeling is a more recent and more advanced technique. However, it requires data from the study to test the models, which is why it was first used in Wave 2 of the 2023 OHIS.

For the second wave of the 2023 OHIS, SSRS built an initial predictive model using SSRS' proprietary ABS Database. The ABS Database is maintained by our advanced methods team and archives sampling data, survey responses, and paradata from previous SSRS-administered ABS collections. At that time, the database included data for over 1.8 million U.S. addresses sampled for approximately 20 previous ABS collections, which generated over 150,000 survey responses. For each address, up to 780 data points are maintained, including: demographic, behavioral, and psychographic attributes appended from voter files and commercial marketing databases; responses to survey items; disposition information; and flags related to any data collection experiments (e.g., experiments with incentive levels, envelope types, etc.) implemented for the project. Because of the large volume of data accumulated over time, the ABS Database includes a substantial number of survey responses from rare or hard-to-reach subgroups, such as young adults, persons without college degrees, non-Internet-users, the uninsured, and members of detailed racial or ethnic categories. This allows the data science team to develop nuanced

machine-learning models to identify address characteristics that are associated with a high likelihood that a person in the target subpopulation resides there.

The process starts by appending supplemental data, including address-based data from public and commercial sources (e.g., voter-registration data, consumer databases, and marketing data on surname at the address) and geography-based data from public sources (e.g., population characteristics by Census tract from the American Community Survey) to our aggregated “training” data set. If cases cannot be matched to the auxiliary data (other than Census), they are excluded from the predictive modeling process and put into their own strata. All the appended data then serve as independent variables (features) in random forest models, while the self-reported attributes (demographics, etc.) serve as the dependent variables.

Data from wave 1 of the 2023 OHIS served as the “test” data to evaluate the efficacy of the models trained on the data described above. In addition to evaluating the predictive models, the utility of individual sample flags provided by MSG database information, including the surname flags, child indicator variables, and resident age information as well as PDB (Planning Database) block-group characteristics including the density of households with African American residents and households with limited English proficiency were also evaluated.

Table 4 shows the attributes that were being targeted, whether household-level demographic flags, neighborhood-level census-block data, and/or predictive models were evaluated, and which, if any, indicator is included in the definitions of the final stratification. Finally, the modeling stratum assigned can be found in the last column.

Table 4: 2023 OHIS W2 sample stratification predictors by targeted attribute

Targeted Attribute	Predictor Evaluated	Used in W2 2023 OHIS	Modeling Stratum
Presence of adult aged 65+	Flag for resident age & Predictive Model	Flag for resident age & Predictive Model	Stratum 1
African American	Predictive Models & Geographic Density Indicator	Predictive Models & Geographic Density Indicator	Stratum 2
Spanish-language Interview	Predictive Model & Geographic Density Indicator	Predictive Model	Stratum 3
Hispanic	Hispanic Surname Flag, Predictive Model, & Geographic Density Indicator	Hispanic Surname Flag & Predictive Model	Stratum 3
Asian	Asian Surname Flag, Predictive Model, & Geographic Density Indicator	Asian Surname Flag & Predictive Model	Stratum 4
Low income	Predictive Model & Geographic Density Indicator	Predictive Model & Geographic Density Indicator	Stratum 5
Uninsured	Predictive Model & Geographic Density Indicator	Predictive Model	Stratum 5
Presence of children (under 18)	Flag for child indicator & Predictive Model	Predictive model	Stratum 6
American Indian, or Alaskan Native	Predictive Model & Geographic Density Indicator	Not specifically targeted due to ineffective model	Not Used

The selected indicators were then used to create a hierarchical set of sample strata and each address in the selected sample for Wave 2 was assigned to one of the strata with preference given to the higher ranked stratum (for example, a household predicted to be Hispanic, low income, with children in the household, was included in the Hispanic/Spanish Speaker stratum). Since sample addresses for which there is no commercial data match are not random and often include groups of interest, it is important to include these cases in their own stratum even though there is no data available to assign them to a predicted group. Therefore, two residual strata were created: one includes matched cases that are not predicted to contain members from any of our target groups, and the second is unmatched cases. Regardless of their match status, all addresses were included in the sampling process.

For the 2023 OHIS Wave 2, the following strata were created:

1. Age 65+
2. African American
3. Hispanic/Spanish Speaker
4. Asian
5. Low Income/Uninsured
6. Children in HH
7. Residual, unmatched, unflagged, and not in any high-density area
8. Residual, matched, unflagged, and not in any high-density area

This stratification scheme was designed to make use of the most effective predictive variables to target key demographic subgroups in an efficient way that minimizes the impact of the disproportionate sampling on the design effect. Those models that were not sufficiently predictive to add value were excluded.

The final step in utilizing the models was to develop sampling fractions, and thus determine the relative fractions by which modelled households were selected. Sample fraction is the ratio of the sample size in each modeled stratum to the population size in that stratum. The relative sample fraction is the ratio of the sampling fraction of each stratum to the total sampling fraction. Thus, the relative sampling fractions indicate over- or under-sampling of a stratum in relation to each other. A relative sampling fraction of 1.0 would indicate no over- or under-sampling. Higher sampling fractions would imply over-sampling, while lower would indicate under-sampling. The relative sample fractions below balance the need to increase the frequency of the lowest incidence groups, while accounting for subgroup differences in response propensity and minimizing disproportionate weighting whenever possible.

1. Age 65+ (0.78)
2. African American (0.77)
3. Hispanic/Spanish Speaker (3.16)
4. Asian (0.55)
5. Low Income/Uninsured (1.17)
6. Children in HH (1.30)
7. Residual, unmatched, unflagged, and not in any high-density area (0.27)
8. Residual, matched, unflagged, and not in any high-density area (0.85)

Since modelling is a post-generation process, we generated sample at the rate of the highest sampling fraction within each geographic stratum. Once the main sample was selected, random subsamples within modelled strata were drawn to achieve the final desired sampling fractions.

Table 5 shows the Oregon population incidence, as well as the estimated incidence for each targeted group under the proposed ABS Wave 2 design. For comparison purposes, it also shows the wave 1 estimated incidence when using demographics sample flags and geographic indicators. It can be noted that the use of predictive models help get the incidence closer to the Oregon population incidence for most targeted subgroups.

Table 5: Estimated Incidence of Targeted Subgroups from the ABS in the 2023 OHIS

Targeted Subgroups	Oregon Population Incidence	Wave 1 Estimated Incidence	Wave 2 Estimated Incidence
Black/African American	2.9%	2.4%	3.0%
Asian	6.3%	5.1%	10.7%
NHPI	0.7%	0.8%	1.2%
American Indian or Native American	3.0%	5.4%	4.9%
Hispanic	13.4%	13.2%	13.2%
Households with children	20.8%	20.6%	22.4%
Uninsured	4.6%	1.5%	4.0%
Households with any 65+	18.2%	33.7%	31.2%

Sample yield and sample release

The yield for the ABS sample was estimated to be 12.5:1. It was decided that the first wave would aim to attain one third of the ABS completes and the second wave would aim to attain the remaining two-thirds.

Sample release and achieved sample sizes

Table 6 below displays the latest household counts from the Computerized Delivery Sequence File (CDS) sample frame, the total sample utilized by geography for the ABS, and the distribution of completes by the 15 regions based geographic based strata.

Table 6 - CDSF Household Counts, Sample Size, Number of Completed Surveys, and Target by Geographic Strata

Geographic Strata	Households	Sample	Completes	Targets	Completes %
Region 1	69,233	5,353	432	300	144%
Region 2	67,326	4,822	388	300	129%
Region 3	65,544	4,615	369	300	123%
Region 4	124,432	3,394	268	321	84%
Region 5	101,704	4,045	324	300	108%
Region 6	123,265	3,591	361	318	114%
Region 7	233,313	5,937	629	601	105%
Region 8	109,362	4,055	335	300	112%
Region 9	136,250	4,671	400	351	114%
Region 10	62,505	3,885	312	300	104%
Region 11	191,881	7,583	672	494	136%
Region 12	107,302	4,231	354	300	118%
Region 13	496,534	13,103	1,432	1,279	112%
Region 14	248,449	6,569	629	640	98%
Region 15	347,917	11,456	1101	896	123%
Total	2,485,017	87,310	8,006	7,000	114%

The demographic-based strata were then applied as substrata within the geographic strata. Tables 7 and 8 below display the sampled address by geographic and demographic strata by each wave.

Table 7 – Wave 1 Total Sample Size by Geographic and Demographic Stratum

Region	Demographic Stratum									Total
	Hisp. Sur-name Flag	Asian Sur-name Flag	High AA (CBG)	High AIAN (CBG)	Children	Adult aged 65+	High Hisp. (CBG)	High Asian (CBG)	Residual	
1	644	12	15	352	25	93	111	0	99	1,351
2	716	16	0	273	22	102	118	0	102	1,349
3	526	17	8	568	19	74	95	0	75	1,382
4	157	41	27	204	48	197	82	0	315	1,071
5	281	31	7	316	38	172	64	0	245	1,154
6	159	69	24	231	57	195	91	22	268	1,116
7	295	136	177	573	93	344	130	16	515	2,279
8	127	25	17	452	35	185	67	0	223	1,131
9	245	36	40	278	52	226	169	0	259	1,305
10	269	16	0	676	26	119	12	0	161	1,279
11	657	93	103	178	74	264	483	2	216	2,070
12	223	35	27	406	44	141	174	0	149	1,199
13	796	846	2,309	729	114	403	328	135	683	6,343
14	326	328	31	349	122	384	199	70	518	2,327
15	795	735	453	73	140	406	584	252	371	3,809
Total	6,216	2,436	3,238	5,658	909	3,305	2,707	497	4,199	29,165

Table 8 – Wave 2 Total Sample Size by Geographic and Demographic Stratum

Region	Demographic Stratum								Total
	Age 65+	AA	Hisp./ Spanish Speaker	Asian	Low Income/ Uninsured	Children in HH	Residual Unmatched	Residual matched	
1	2,487	132	91	81	364	469	43	335	4,002
2	2,222	80	99	11	532	282	56	191	3,473
3	1,081	107	176	9	893	560	46	361	3,233
4	378	207	146	20	1,120	330	71	51	2,323
5	335	91	1,108	15	1,058	115	125	44	2,891
6	412	255	246	29	1,187	212	76	58	2,475
7	743	701	202	51	1,458	246	158	99	3,658
8	569	99	188	9	1,700	202	66	91	2,924
9	511	401	553	17	1,377	348	82	77	3,366
10	282	39	722	12	868	606	53	24	2,606
11	836	992	1,422	29	1,119	788	102	225	5,513
12	265	103	1,943	15	493	116	52	45	3,032
13	1,047	2,446	662	192	1,156	691	318	248	6,760
14	709	419	1,309	99	951	510	112	133	4,242
15	935	1,531	2,168	389	827	1,337	199	261	7,647
Total	12,812	7,603	11,035	978	15,103	6,812	1,559	2,243	58,145

2. Prepaid Cell Sample

Prepaid cell numbers are associated with cell phones that are “pay as you go” and do not require a contract. Data from other studies show that prepaid cell numbers are more likely to be used by Hispanic people, people with lower education and lower income, and other related groups that are often underrepresented in general population samples (e.g., the uninsured).

For the 2023 OHIS, the ABS was supplemented by a prepaid cell phone sample to enhance the representativeness of the overall sample and to bring the total completed interviews with households from underrepresented groups closer to desired targets. Table 9 below shows the incidence for of the targeted subgroups for the Oregon population, and the achieved incidence and counts from the ABS, the prepaid cell sample, and the combined sample.

Table 9: Incidence and Counts of Target Groups in the 2023 OHIS

Targeted Subgroups	Oregon Population	Achieved					
		ABS		Prepaid Cell Sample		Combined Samples	
		Counts	%	Counts	%	Counts	%
Black/African American	2.9%	196	2.4	43	4.3	239	2.7
Asian	6.3%	629	7.9	36	3.6	665	7.4
NHPI	0.7%	73	0.9	19	1.9	92	1.0
AIAN	3.0%	341	4.3	77	7.7	418	4.6
Hispanic	13.4%	950	11.9	196	19.6	1,146	12.7
Household with children	20.8%	1,843	23.0	225	22.5	2,068	23.0
Uninsured	4.6%	333	4.2	81	8.1	414	4.6
Household with any 65+	18.2%	2,913	36.4	422	42.2	3,335	37.0

2.1. Adaptive Design

A model-based adaptive design was implemented to reduce outbound dialing costs while maintaining yield and the representativeness of the responding sample.

Using data from previous prepaid cell samples, a random forest model was developed to predict the outcomes of later call attempts based on the outcomes of the first few call attempts. Specifically, for any cases that did not respond to the first 3 call attempts, this model predicted “response propensity” (RP) conditional on continued dialing—that is, the probability that a response would eventually be obtained if calls continued to be made. Model predictors included status codes, call durations, and other paradata from the first 3 call attempts.

This model was applied to assign an RP score to each case in the OHIS prepaid sample that passes the third call attempt without yet having responded. At that point, any cases with a RP score below a prespecified “cut point” were stopped, while cases above the “cut point” continued to be called up to a maximum of 6 dials. The rationale for this approach was to direct the remaining dialing effort towards those cases for which it is most likely to be successful, while reducing effort for those that are unlikely to eventually yield a completed survey.

The RP models we developed for similar state health surveys were able to predict the outcomes of later call attempts with high accuracy. The use of highly accurate RP models allows us to stop dialing early for some cases while minimizing the reduction in the completion rate (and therefore any reduction in sample representativeness), since very few of the cases that were stopped early would ever have responded.

We set the exact parameters of the adaptive design—specifically, the number of calls after which the RP score is assigned and the RP cut point that determines whether dialing continues—based on analysis of completed prepaid samples. We set these parameters to target approximately a 30% reduction in the total number of dials relative to the standard protocol of 6 dial attempts. We monitored the outcome of the process as we moved through the fielding of the study to verify that the predicted demographic profile of the sample was not being significantly compromised.

III. OHIS Operational Approach

1. ABS Operational Approach

1.1. Contact Protocol

As indicated previously, the sample was released in two waves. Each wave followed the contact protocol described below. Dates of the mailings by wave can be found in Table 10.

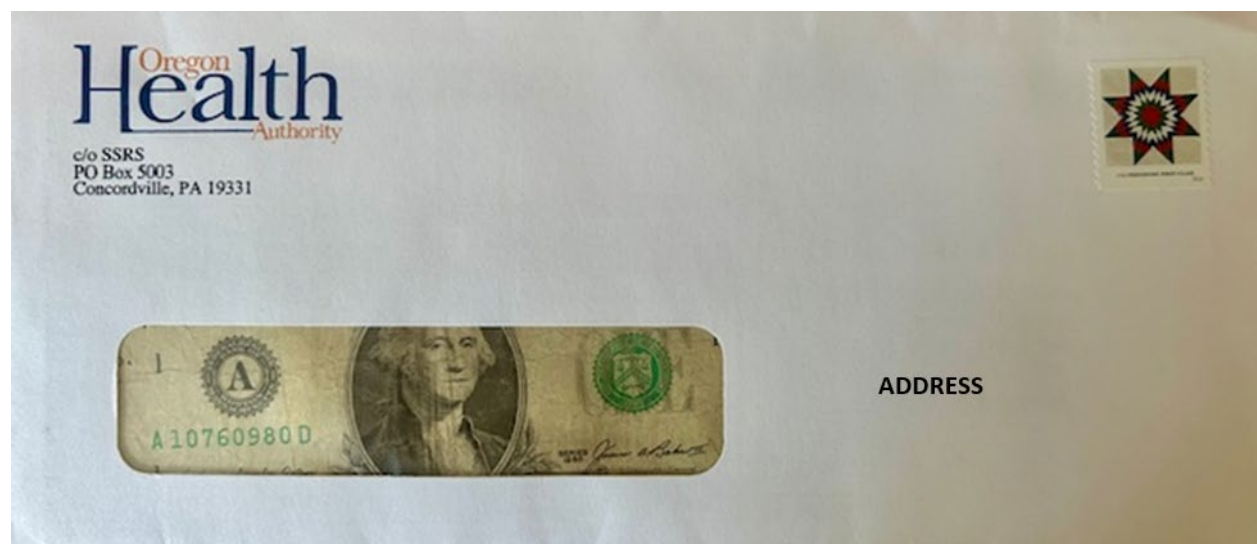
The majority of the sample members received an initial invitation letter that included a \$1 bill in a visible cash envelope. Due to typically responding at a high rate, the age 65+ stratum was not sent a \$1 bill. The letter requested that the respondent complete the survey online and included a link that directed web respondents to log on to a .org URL (oregonhealthsurvey.org). The website, pictured below, included Frequently Asked Questions (FAQs), contact information for the researchers, and a link to launch the survey. The website was available in English and Spanish.

Figure 1. Oregon Health Survey Website



Upon choosing 'Take the Survey/Responda la Encuesta' respondents were redirected to the SSRS Confirmit Survey, where they were instructed to enter the unique user ID provided in the mailing materials. The letter alerted those without Internet access to call a toll-free 1-800 number to conduct the survey by phone with a live interviewer. The letters included a sentence in Spanish with the survey URL and the 1-800 number. The back of the letter included a series of FAQs. All mailings sent to the Hispanic/Latino(a) stratum received a bilingual, English/Spanish, version of the invitation letter and FAQs. The letter was printed in two colors and mailed with a live stamp to increase the likelihood that it would be opened and read.

Figure 2. Envelope with Visible Cash



A week after the initial invitation letter was sent, all households in the ABS received a postcard reminder. The postcard reminded the respondents about the survey and the \$1 pre-incentive, except for the age 65+ stratum. It also provided the 1-800 number for call-in surveys as well as Spanish content for the Hispanic/Latino(a) stratum.

Approximately two weeks after the postcard mailing, all remaining nonrespondents were sent a reminder letter. The letter was mostly identical to the invitation letter but without the \$1 incentive. As with other mailings, the Hispanic/Latino(a) stratum was sent a bilingual version.

Finally, a week after the reminder letter, a reminder postcard was sent to all remaining nonrespondents. As with other mailings, the Hispanic/Latino(a) stratum was sent a bilingual version.

Table 10: Contact Protocol Dates by Wave

Mailing	Wave 1	Wave 2
Initial Invitation	6/23/23	9/8/23
Postcard	6/30/23	9/15/23
Letter Reminder	7/17/23	10/2/23
Postcard Reminder	7/21/23	10/10/23

As previously mentioned, the first wave of ABS data collection was intended to bring one-third of the completed interviews and the second wave was intended to bring the remaining two-thirds. The table below shows the estimated number of completed interviews expected as well as the actual number of completed interviews obtained, per wave and in total.

Table 11: Completed Interviews by Wave

	Wave 1	Wave 2	Total
Estimated # of Interviews	2,310	4,690	7,000
Completed Interviews ³	2,839	5,167	8,006
% of Goal	122.9%	110.2%	114.4%

1.2. QR Code Experiment and Results

When QR codes are included in the letters and postcards, they generally include the unique passcode so respondents can go straight into the survey without having to manually enter the passcode. While this appears to be a more convenient option for the respondents, researchers pondered whether it made the survey appear less secure since the respondent was not asked to

³ Some of these are Partial Interviews counted as complete. More information is provided on partials counted as completes later in the report.

enter their passcode. It should be noted that while the passcode is embedded in the QR code, it is practically invisible to the respondent unless they attempt to decipher the QR code path.

In order to determine whether the embedded passcode had any impact on response, it was decided to experiment with two versions of the QR code – one with the embedded passcode as done usually, and one with the passcode that had to be entered. The figures below show how the two options were displayed in the letters and postcards.

Figure 3. QR code with Embedded Passcode

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL below and enter your secure access code. You may also scan the QR code from your mobile device to be directed to the survey.

oregonhealthsurvey.org
Secure Access Code: E6C6C6H



Figure 4. QR code without Embedded Passcode

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL or scan the QR code, then enter your secure access code.

oregonhealthsurvey.org

Secure Access Code: XXXXXXX



This experiment was implemented in Wave 2, with half the sample being flagged to receive the QR code with the embedded passcode and the other half the QR code without the embedded passcode. The table below shows the results of the experiment. The QR code without the embedded passcode had slightly more returns than the one with the embedded passcode. However, the results were not statistically significant and therefore did not allow SSRS to determine whether one option was better than the other.

Table 12: QR Code Experiment Results

Status	QR Code with Embedded Passcode	QR Code without Embedded Passcode
Sent	29,072	29,073
Completed	2,487	2,581
%	8.55%	8.88%

2. Prepaid Cell Phone Operational Approach

The protocol for the prepaid cell sample for the 2023 OHIS was to call sampled numbers up to 6 times, with a pause after the 3rd call. As described previously, a model was used to predict “response propensity” (RP) to determine whether calling more than 3 times would likely result in the case becoming a completed interview or not. Cases that had a good likelihood of becoming completed interviews proceeded up to 6 calls, while those that did not, stopped at 3 calls. Calls were made at different times of day and different days of the week and up to 3 voicemails were left.

Sample members who initially refused to complete the survey were offered the opportunity to be re-contacted at a more convenient time. Bilingual interviewers were available for participants who wished to conduct the interview in Spanish.

By the end of data collection, 1,001 interviews were completed using the Prepaid Cell Phone Sample.

3. Telephone Methods for Prepaid Cell Sample and ABS

The telephone methods were the same for the Prepaid Cell sample and for respondents from the ABS who chose to call in to complete the survey by telephone. The same group of interviewers was trained and conducted telephone interviews with sample members from both groups.

3.1. Interviewer Training

Interviewers received both written materials about the survey and formal training for conducting this survey. Prior to the commencement of the study, and as necessary throughout the fielding process, SSRS project directors:

- Explained the study's overall objectives, specific procedures, and survey content to interviewers.
- Briefed and trained interviewers on the issues specific to the study.

- Provided FAQs and scripts in English and Spanish, as well as contact information for project personnel.
- Monitored interviewers for the duration of the project and provided feedback when necessary.

Call center supervisors and interviewers were given the opportunity to walk through each question in the survey. Interviewers were given instructions to help them maximize response rates and ensure accurate data collection. They were instructed to encourage participation by emphasizing the social importance of the project and to reassure respondents that the information they provided was confidential.

Interviewers were monitored during the first several nights of interviewing and provided feedback where appropriate to improve interviewer technique and clarify survey questions. The interviewer monitoring process was repeated periodically during the field period.

3.2. Survey Fielding

The following steps were taken in conducting the telephone interviews to maximize telephone response rates:

- Instituted a call rule of three to six calls, based on the adaptive design.
- Varied the times of day, and days of week when call-backs were placed (differential call rule).
- Explained the purpose of the study and stated as accurately as possible the expected length of the interview.
- Permitted respondents to set the schedule for a call-back, allowing them to return the interviewer's call on a toll-free number.
- Provided a clear and early statement that the call was not a sales call.
- Informed respondents about how they would be well-served by the survey results.
- Have bilingual interviewers available to take calls and return voicemails.

3.3. Refusal Conversion

SSRS has a core group of specially trained and highly experienced callback specialists and refusal converters who called back all initial refusals to the telephone survey on this project and attempted to persuade the respondent to complete the interview. Cases where a call attempt resulted in a respondent or household refusal, termination, or other break-off were attempted again after a period of at least seven days.

IV. 2023 OHIS Instrument

1. Survey Content

The 2023 OHIS survey was built using the 2021 survey as a base. Due to the change in methodology, a number of changes had to be made. First of all, the language had to be adapted in order for the survey to be able to be self-administered. This involves specifying and programming two versions of a question and for the mode of data collection to dictate which version a respondent would see or be read. Second, due to the ABS push-to-web methodology, the survey had to alter all questions that relied on interviewers' coding. Many of these questions ended up being split into two or more questions so they would work in a web self-administered situation. The survey included 19 sections as listed below. The specifications for the survey can be found in Appendix A.

Sections of the 2023 OHIS survey:

- Survey Lead in Statement, Introduction, Respondent Selection
- Household Level Information
- Person Level Demographics
- Family Unit Formation
- Insurance Coverage
- Private Insurance
- Follow Up Questions for Those Covered by OHP
- Private Insurance Follow Up Questions
- Follow Up Questions for the Uninsured
- Interruptions in Coverage
- Access to Care & Doctor Visits
- Prescription Medications
- Dental Insurance and Care
- Healthcare Expenses and Barriers
- Employment
- Employer Sponsored Insurance
- Income Questions

The survey starts by asking the respondents to list all the people living in their household. Then the survey proceeds asking each section of the survey to each person in the household. Certain sections are only applicable to respondents above a certain age (For example, Employment), while others are only applicable to respondents qualifying due to their insurance status (For example, Follow Up Questions for the Uninsured). In addition, respondents who were not aware of health-

related information for someone in their household were able to indicate this early in the survey and not be asked subsequent questions for this person. This is explained in the following section.

1.1. Unknown health-related information

Due to the mode change and the lack of an interviewer guiding the respondent through the survey, an addition was made that allowed respondents to indicate at the beginning of the survey that they do not know any health-related information for someone else in their household. This question was labeled UnitScrn. If a person is selected at this question, no further health related questions were asked about this person.

The question reads as follows and people selected at that question were marked as such in the data file.

The rest of the interview asks about health-related information about everyone you listed. Is there anyone in the household who you don't know health-related information about?

1.2. Family Unit Formation

Each household was composed of one or more persons and one or more families. Below are the rules used to assign persons to family units.

- The respondent and his/her spouse were classified in the same family unit (always family ID 1).
- Adults aged 19 and older who were not married to the respondent were classified as a separate family unit.
- Adults aged 18 were initially classified as a separate family unit. An assessment was later made to determine if they should be classified into the same family unit as their parents (see below).
- Married couples were classified in the same family unit. This included married couples involving someone under age 17.
- Children aged 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit. With the exceptions that Children aged 17 and younger were classified into a separate family unit from their parents in cases where they were married and/or had a child of their own, no matter their residence.
- Adults that were aged 18 were classified into a family unit based upon whether they were currently living with their parents, were married and/or had children. If they were not married and did not have any children, they were classified in the same family unit as their parents (if living in the same household). If they were married and/or had a child of their own, they were classified as a separate family unit (with their spouse and/or child).

- Finally, those who were identified as the ward of another household member were classified in the same unit as that household member, unless prior rules determined the ward should be classified separately.

2. Survey Modes, Languages, and Length

2.1. Modes

Along with the content changes to the 2023 OHIS described above, the mode changed from being computer assisted telephone interview (CATI) only to a mostly ABS push-to-web methodology with outbound CATI for the Prepaid Cell Phone Sample. As a result, a number of changes had to be made to alter the language from a phone survey administered by an interviewer to a self-administered web survey. In addition, many questions relied on interviewer probing and coding, which cannot be done on self-administered surveys. Such questions had to be broken into multiple questions.

The 2023 OHIS was programmed in a computer assisted interviewing (CAI) platform that supports CATI and computer assisted web interview (CAWI). The advantage of having only one instrument in a CAI program that supports both modes is that respondents can start the interview in one mode and continue in the other, if they choose to, preventing any duplicate records. Another important advantage, from a data management perspective, is that the data are stored in a single database and no data harmonization is required later. The survey was programmed and tested ensuring that it would display appropriately and consistently across a wide range of devices and screen sizes (PCs, tablets, smartphones) and browsers.

The majority of the respondents from the ABS took the survey on the web, with only about 5% of the respondents calling in. Almost half of those who completed on the web did so using a computer while the other half used a tablet or smartphone (see table below).

Table 13: Mode by Sample Type and Device Type

	Web		Phone	
	Count	%	Count	%
ABS	7,563	94.5%	443	5.5%
PC/Large Screen	3,502	46.3%		
iPhone/iPad	2,524	33.4%		
Android Smartphone	1,428	18.9%		
Other Smartphone	25	0.3%		
Generic Phone	84	1.1%		
Prepaid Cell Phone Sample			1,001	100%

2.2. Languages

The survey was available in English and Spanish and both versions were available in both the CATI and CAWI modes. Spanish CATI interviews were conducted by bilingual interviewers who are able to switch back and forth between languages, as necessary. For the 2023 OHIS, only 0.7% of the completed interviews from the ABS were completed in Spanish while almost 10% of the completed interviews from the Prepaid Cell Phone Sample were completed in Spanish. This is in line with the expectation of the Prepaid Cell Phone Sample bringing in more Hispanics/Latino(a)s.

Table 14: Language of Interview by Sample Type

	English		Spanish	
	Count	%	Count	%
ABS	7,946	99.3%	60	0.7%
Prepaid Cell Phone Sample	905	90.4%	96	9.6%
Total	8851	98.3%	156	1.73%

2.3. Length

The interview length was 31 minutes on average. Specifically, the average length of an interview was 43 minutes on the phone and 29 minutes on the web.

3. Survey Pretest

The pretest for the 2023 OHIS consisted of three parts – web cognitive interviews, a CATI pretest, and a web pretest. The web cognitive pretest consisted of 5 interviews conducted via zoom where the respondents took the survey on the web while sharing their screen with the moderator. For the CATI pretest, 5 respondents were called on their phone and administered the interview via telephone. Finally, for the web pretest respondents were sent letters to their home address and asked to go online to complete the survey. The released sample for the web pretest aimed to obtain 40 completed interviews.

The purpose of the pretests was to evaluate whether questions were understood as intended despite the mode change (cognitive), as well as to test the understanding of a few specific questions (CATI and cognitive). In addition, the pretests were used to evaluate the usability of the web instrument (cognitive) and check the data (web). Finally, the pretests were also used to assess the average length of interview (CATI and web).

3.1. Sample

Oregon respondents were recruited from various sources as indicated below.

- Web cognitive pretest: SSRS Opinion Panel
- CATI pretest: prepaid cell phone numbers from the SSRS Opinion Panel Omnibus, a multi-client, probability-based survey that fields twice a month.
- Web pretest: ABS

Recordings of the cognitive and CATI interviews were uploaded to a secure FTP site for OHA to review.

The following are basic demographics for pretest respondents:

Table 15: Mode by Demographics

	Web Cognitive	CATI	Web
Completed Interviews	5	5	43
Dates	5/15-6/6	5/22-5/23	5/15-6/8
Demographics			
Male	4	3	18
Female	1	2	23
Less than 18	0	0	0
18-25	0	0	1
26-64	5	3	23
65+	0	2	19
Insured (target)	5	5	42
Uninsured (target)	0	0	1

3.2. Time

The CATI interviews averaged 50 minutes (minimum length: 33 minutes; maximum length: 72 minutes). The web interviews averaged 26 minutes in length (minimum length: 11 minutes; maximum length: 62 minutes). The cognitive interviews cannot be used to gauge time as the moderator probed throughout the interview.

3.3. Findings

During the pretest, a program bug was identified in the income section of the CATI instrument as well as a few fill issues. During the first evening of the CATI pretest, a programming error around the zip code was also identified. All of these were reported immediately and have since been fixed. During the CATI pretest, the research team identified a few places that required further interviewer training, and these were incorporated in the CATI interviewer training prior to the study launch.

Overall, respondents from the cognitive interviews seemed to understand the questions as intended, and for the most part, seemed engaged in the subject-matter. Specific findings from pretest were delivered to OHA in a memo and then implemented after approval.

4. Completed and Partially Completed OHIS Interviews

4.1. Interviews

Data collection for the 2023 OHIS began on June 26, 2023, (mailing occurred on June 23, 2023) and was completed on October 23, 2023. During this period, 8,006 interviews were from the ABS, and 1,001 interviews were from the prepaid cell phone sample. In addition, 8,843 of those were fully completed interviews while 164 interviews were partially completed. Partially completed interviews are interviews where the respondent has answered through at least the insurance section but has not finished the survey.

The table below shows the completed and partially completed by sample type.

Table 16: Completed and Partially Completed Interviews by Sample Type – Household Level

	Sample Type		Total
	ABS	Prepaid	
Completed Interview	7,842	1,001	8,843
Partially Completed Interview	164		164
Total	8,006	1,001	9,007

4.2. Persons

Since the OHIS collects data about everyone in the household, the household level file is later converted to a person level file. More details about this process are provided in section V of this report.

Out of the 9,007 mentioned above, a total of 20,465 person records were received. A crosstab of the completed and partially completed interviews by sample type at the person level can be found in the table below.

Table 17: Completed and Partially Completed Interviews by Sample Type – Person Level

	Sample Type		Total
	ABS	Prepaid	
Completed Interview	17,736	2,259	19,995
Partially Completed Interview	470		470
Total	18,206	2,259	20,465

V. Data Processing and Preparation

A household level analytical data file was created from the raw unedited survey data from both CATI and web surveys from both samples (ABS and prepaid cell phone sample). The data were cleaned, which is a process that ensures that all ranges and logic checks programmed in the survey are correctly executed in the backend dataset. While discrepancies are rare, they can occur due to data updates, respondents backing up, or other unexpected behaviors. When such discrepancies are found, the data are reviewed and corrected where necessary.

Next, the household level file was converted to a person level file that included all data elements collected for a given person in a household along with data on the characteristics of the person's family and household. Additional data checks were implemented as part of the person level data file development work, checking for consistency across variables and family members, and developing composite measures of family and household characteristics.

Additional variables were constructed at the household, family, and person levels to capture information about health insurance coverage, income, and other demographic characteristics. Thorough data checks were implemented to ensure the accuracy of these constructed variables as well as the consistency with the collected survey data.

In both the household and person level files, missing values for key demographic variables of the person and person's household members, such as age, race/ethnicity, and education status were replaced through hot-deck imputation procedures (Myers, 2011). For the variables for which imputed data were created, a new variable was created including the imputed values for cases that had missing values. In general, the percentage of respondents who answered don't know or refused for any given question was quite low; however, item nonresponse for family income was somewhat higher. Roughly 12 percent of the total sample was missing all data on the income questions. The imputation process is a necessary step prior to creating weights, a procedure described in Section VII of this report.

VI. Survey Response Rates

Response rates are one method used to assess the quality of a survey, as they provide a measure of how successfully the survey obtained responses from the sample. The American Association of Public Opinion Research (AAPOR) has established standardized methods for calculating response rates (AAPOR, 2008). Overall response rates achieved for the ABS, landline, and cell phone samples

and the overall survey sample are reported below. Before presenting those estimates, our methods for calculating the response rates are described.

AAPOR Response Rate #3 was calculated for this study. Response rate #3 is generally defined as the number of households in which an interview was completed divided by the estimated number of eligible households in the sample. Note that cell phone numbers are considered to be a respondent’s personal communication device, and as such, if the respondent could not answer questions about insurance in the household, the interview was terminated rather than handed off to another household member.

In estimating the response rate for the OHIS, each sample record was classified in one of the four categories as defined by AAPOR:

1. Eligible, completed interview
2. Eligible, no interview
3. Unknown if eligible
4. Not eligible

Final response rates for the 2023 OHIS are summarized in Table 18 along with the response rates from prior years. The response rate for the ABS sample was 12.3 percent. The response rate for the prepaid cell phone was 7.8 percent. The overall response rate for the 2023 OHIS was 9.7 percent.

Table 18: Response Rates for 2011-2023 OHIS

Sample	ABS	RDD - Landline Telephone	RDD - Cell Phone	Prepaid Cell Phone	Overall Response Rate
2011	40.4%	N/A	N/A		40.4%
2013	43.9%	N/A	N/A		43.9%
2015	37.0%	N/A	N/A		37.0%
2017	N/A	21.7%	8.8%		13.4%
2019	N/A	22.6%	13.1%		16.6%
2021	N/A	19.3%	16.1%		16.7%
2023	12.3%			7.8%	9.7%

VII. Survey Weights and Variance Estimation

1. Survey Weights

The survey data were weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents (nonresponse bias), and to

address gaps in coverage in the survey frame (coverage bias). Survey weights can reduce the effect of nonresponse and coverage gaps on the reliability of the survey results (Keeter et. al., 2000, 2006; Groves 2006). Overall, the procedure executed for this study followed the two-step procedure detailed in Kalsbeek and Agans (2008), which is first to correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Oregon on metrics such as age and sex (post-stratification weighting).

In developing weights for the Oregon Health Insurance Survey (OHIS), the survey data were weighted first at the household level and then at the person level.

1.1. Household base weights

The base weighting process corrects for disproportionate probabilities of selection at the household level. The base weight was calculated differently depending on whether the respondent was contacted through the prepaid cell sample (PCS) or via address-based sample (ABS). Because the two samples were drawn from separate, but overlapping, frames, it was necessary to first calculate base weights for each sample separately, and then combine the samples.

1.2. Address-based sample weights

For the ABS portion, the household base weight began with a stratification weight that adjusted for sampling fractions across design strata. This effectively accounts for any over- or under-sampling across sample strata. The stratification weight, WS , can be expressed as $WS_i = N_i/n_i$ where N_i is the size of the sample frame in stratum i and n_i is the amount of sample drawn from stratum i . The OHIS strata are created by crossing the hierarchical demographic-based sampling strata (Predicted to be Asian, Predicted to be Hispanic, etc.) with the fifteen Oregon region-based sampling strata, yielding 135 strata for base weighting for Wave 1 and 120 strata for wave 2. Since wave 1 and wave 2 had different demographic-based sampling strata the design weights were computed separately for each wave and then stacked together. All the addresses within each of the 135 weighting strata in wave 1, and 120 weighting strata in wave 2 had the same stratification weight.

Next, the household weights were adjusted for unknown residential status and non-residential (i.e., ineligible) addresses. Weights for addresses with unknown residential status and non-residential addresses were set to zero after this calculation. The residential status adjustment applied to the weights for addresses classified as “unknown residential status” reflected the share of addresses of unknown status that were likely to be eligible for the survey. The adjustment, $ABSA1F_i$, was computed as follows:

$$ABSA1F_i = \begin{cases} \left(\sum_{i \in RES} WS_i + \sum_{i \in UNK_RES} p_{res} \times WS_i \right) / \sum_{i \in RES} WS_i, & \text{if } i \in RES \\ 0, & \text{if } i \in UNK_RES, NON_RES \end{cases}$$

where RES denotes addresses identified as residential, UNK_RES denotes addresses with unknown residential status, and NON_RES denotes non-residential addresses. WS_i is the stratification weight described above, and p_{res} is the estimated proportion of eligible residential addresses among those with unknown residential status. p_{res} was calculated separately for each of the fifteen Oregon region-based sampling strata.

The new weight, $ABSA1W_i$, was computed as:

$$ABSA1W_i = ABSA1F_i \times WS_i$$

for all known residential households.

The second adjustment in the household base weight for the ABS accounts for known residential households that did not complete the survey.

This weight, $ABSA2W_i$, was computed as:

$$ABSA2W_i = ABSA2F_i \times ABSA1W_i$$

where $ABSA2F_i$ is the household nonresponse adjustment factor computed as

$$ABSA2F_i = \begin{cases} \sum_{i \in HR, HNR} ABSA1W_i / \sum_{i \in HR} ABSA1W_i, & \text{if } i \in HR \\ 0, & \text{if } i \in HNR \end{cases}$$

where HR is the set of household respondents and HNR is the set of household nonrespondents. Household respondents are cases where household status is confirmed, and the survey is completed. Household nonrespondents are cases where household status is confirmed, but no surveys are completed. This adjustment was performed within nonresponse adjustment cells.

The third household base weight adjustment calibrates the responding sample to the low response score (LRS) from the Census Planning Database in order to address the potential for additional, unmeasured factors driving nonresponse to the OHIS that are captured by the Census-modeled LRS.⁴ A five-category variable was created that divides census block groups into quintiles based on the LRS. Then the household weights were calibrated to match the occupied household distribution from the Census Planning Database for Oregon block groups.

⁴ Chandra Erdman, Nancy Bates, The Low Response Score (LRS): A Metric to Locate, Predict, and Manage Hard-to-Survey Populations, Public Opinion Quarterly, Volume 81, Issue 1, 1 March 2017, Pages 144–156, <https://doi.org/10.1093/poq/nfw040>

This weight, $ABSA3W_i$, was computed as:

$$ABSA3W_i = ABSA3F_i \times ABSA2W_i$$

The low response score calibration adjustment, $ABSA3F_{gi}$, was computed as:

$$ABSA3F_{gi} = N_g / \sum_{i \in g} ABSA2W_i$$

Where g denotes the low response score quintile and N_g is the number of occupied housing units in quintile g . This adjustment helps reduce nonresponse bias based on potentially unmeasured characteristics that are common to address-based studies.

1.3. Prepaid Cell Sample (PCS) weights

The PCS weights followed a similar structure as the ABS weights. The PCS weights began with a design weight that was applied to all of the sample, WD , and can be expressed as $WD_i = N_i/n_i$ where N_i is the size of the PCS frame and n_i is the amount of PCS drawn.

Then an adjustment was made to that weight for unknown eligibility status and ineligible phone numbers within the PCS. Ineligible cases are those that are non-working phones, or working phones that are out of state or belong to a child. The unknown cases are working phones where we were unable to get any information to determine eligibility. Weights for those with unknown eligibility and ineligible phone numbers were set to zero. The eligibility adjustment for the known eligible sample, $PPDA1F_i$, was computed as follows:

$$PPDA1F_i = \begin{cases} \left(\sum_{i \in ELIG} WD_i + \sum_{i \in UNK_ELIG} p_{elig} \times WD_i \right) / \sum_{i \in ELIG} WD_i, & \text{if } i \in ELIG \\ 0, & \text{if } i \in UNK_ELIG, NON_ELIG \end{cases}$$

where ELIG denotes phone numbers identified as eligible, UNK_ELIG denotes phone numbers with unknown eligibility status, and NON_ELIG denotes ineligible phone numbers, and p_{elig} is the estimated proportion of eligible phone numbers among those with unknown eligibility status.

The adjusted weight, $PPDA1W_i$, was computed as:

$$PPDA1W_i = PPDA1F_i \times WD_i$$

We made the above adjustment within each region.

Next, a nonresponse adjustment was computed to account for eligible phone numbers where no survey was completed.

This weight, $PPDA2W_i$, was computed as:

$$PPDA2W_i = PPDA2F_i \times PPDA1W_i$$

Where $PPDA2F_i$ is the prepaid cell phone nonresponse adjustment factor computed as:

$$PPDA2F_i = \begin{cases} \sum_{i \in HR, HNR} PPDA1W_i / \sum_{i \in HR} PPDA1W_i, & \text{if } i \in PR \\ 0, & \text{if } i \in PNR \end{cases}$$

Where PR is the set of PCS respondents and PNR is the set of PCS nonrespondents. PCS respondents are cases where eligibility status is confirmed, and the survey is completed. PCS nonrespondents are cases where eligibility status is confirmed, but no survey is completed. This adjustment was performed on the PCS as a whole.⁵

1.4. Combined ABS and PCS weights

Since the two samples will be drawn from separate, but overlapping, frames, they needed to be combined with a composite adjustment that downweights cases in the overlap. Only ABS households who indicated having at least one or more prepaid cell phones were included in the compositing adjustment along with all cases from the Prepaid Cell Phones sample since all of these cell phone owners are presumed to have a physical address. For the remainder of the ABS, the adjustment was simply 1.

The overlapping frame adjustment, $OFAF_i$ was computed as:

$$OFAF_i = \begin{cases} 1/PPD_i, & i \in PPD \cup ABS(PPD) \\ 1, & i \in ABS(\sim PPD) \end{cases}$$

where PPD_i is the number of adults in the household who have a prepaid cell phone ($PPD_i > 0$). PPD_i was capped at 3 to contain the variance of the weights.

The final ABS weight, $ABSA4W_i$, was computed as:

$$ABSA4W_i = OFAF_i \times ABSA3W_i$$

The final PCS base weight was computed as:

$$PPDA3W_i = OFAF_i \times PPDA2W_i$$

⁵ A classification model will be run to determine if there is variability in response rate by sample frame variables available for both respondents and nonrespondents. If the model suggested there is no meaningful differences in response rates by cell, the nonresponse adjustments will be computed for the full sample.

The final composite household-level base weight, $BWHH_i$, is therefore:

$$BWHH_i = \begin{cases} WS_i \times ABSA1F_i \times ABSA2F_i \times ABSA3F_{gi} \times OFAF_i, i \in ABS \\ WD_i \times PPDA1F_i \times PPDA2F_i \times OFAF_i, i \in PPD \end{cases}$$

A final adjustment was made so that the distribution of cases in households with a prepaid cell phone was in its proper proportion relative to the ABS frame size in Oregon. This information was obtained from a question in the survey that was asked for respondents in the ABS sample (PPD2). This adjustment makes it so that the sum of the final composite household-level base weights of households with a prepaid cell phone, regardless of which frame they are sampled from, total the estimated number of households in the ABS frame containing one or more prepaid cell phones.

$$FBWHH_i = \begin{cases} BWHH_i, i \in ABS(\sim PPD) \\ (BWHH_i) \times \left(\sum_{i \in ABS(PPD)} ABSA3W_i / \sum_{i \in PPD \cup ABS(PPD)} BWHH_i \right), i \in PPD \cup ABS(PPD) \end{cases}$$

1.5. Household-level post-stratification

With the household-level base weight applied, the sample was post-stratified to known household parameters based on the 2022 U.S. Census Bureau’s American Community Survey (ACS)⁶ and area characteristics obtained from Claritas⁷. The latter included population density quintiles, based on the population per square mile in each zip code, and Oregon regions, as defined by zip code.

The benchmarks used for post-stratification raking were based on the noninstitutionalized household population of Oregon for the following parameters:

- Presence of children in the household
- Number of adults in the household
- Household composition, which would cross the adults in the household with children ages 0-17 in the household to yield 6 categories, one adult and no kids, two adults and no kids, three or more adults and no kids, one adult and one or more kids, two adults and one or more kids, three or more adults and one or more kids
- Highest level of education attained by a member of the household
- Homeownership
- Population density based on the population per square mile in each zip code (divided into quintiles)
- Oregon regions
- Household home access to the internet

⁶ Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>.

⁷ <https://claritas.com/>

1.6. Person-level base weights

The person-level base weight, BWP, was the final household-level weight, WHH, after post-stratification raking.

$$BWP = WH$$

1.7. Person-level post-stratification

The benchmarks used for post-stratification for the people in the household were based on the noninstitutionalized population of Oregon for the following parameters:

- Age by sex
- Oregon regions
- Education for people 18 and over and parental education for people under 18,
- race/ethnicity
- Employment status for people 18 and over
- Marital status for people 18 and over
- Presence of target's parents in household for people under 18
- Population density based on the population per square mile in each zip code (divided into quintiles)
- Nativity status
- Enrollment in Medicaid (the Oregon Health Plan) by age and gender

Two separate sets of person weights were computed. The first set did not calibrate for enrollment in Medicaid. The second set did calibrate for Medicaid enrollment.

The population density and Oregon HSR benchmarks were obtained from Claritas. The enrollment counts for the Oregon Health Plan were obtained from administrative counts provided by the Oregon Health Authority. Remaining benchmarks were based on 2022 ACS estimates.

1.8. Weight trimming

To minimize the potential impact of very large weights on survey estimates, the weights were trimmed at the 2nd and 98th percentiles, then adjusted so that the final target weights summed to the noninstitutionalized population of Oregon.

2. Variance Estimation

Special variance estimation procedures have been developed to account for a complex sample design. Using these procedures, factors such as stratification, sampling from different frames, and the use of differential sampling rates to oversample targeted subpopulations can be appropriately reflected in estimates of sampling error. Linear and replicate weights were

developed for variance estimation for 2023 OHIS, and replication is the preferred variance estimation technique.

2.1 Replication

The basic idea behind replication is to draw subsamples from the sample, compute the estimate of interest from each subsample, and estimate the variance of the original sample using the variability of the subsample estimates. Specifically, subsamples of the original “full” sample are selected to calculate subsample estimates of a parameter for which a “full-sample” estimate of interest has been generated. The variability of these subsample estimates about the estimate for the full sample can then be assessed. The subsamples are called replicates, and the estimates from the subsamples are called replicate estimates.

For the OHIS, replicate weights were created to produce the corresponding replicate estimate. Each replicate weight was computed using the same steps as the full sample weight but using only the subsample of cases comprising each replicate.

Replicate point estimates (e.g., mean) generated from replicate weights were used in the following general formula to calculate the associated variance for the point estimate:

$$v(\hat{\theta}) = a \sum_{r=1}^R (\hat{\theta}_{(r)} - \hat{\theta})^2$$

where $\hat{\theta}_{(r)}$ is the estimate generated from the r th replicate; $\hat{\theta}$ is the full-sample estimate generated using the main analytic weight; and a is a constant depending on the replication method chosen. R is the total number of replicates formed.

2.2 Design of Replicates

Replicate variance estimation requires a set of weights that capture components associated with the sample design and weight adjustments applied to the full-sample weight.

A paired jackknife replication method (JK2) was used for computing variances in the 2023 OHIS. We created 80 variance estimation replicates. Even though many more could be created, 80 replicates provide enough degrees of freedom while simultaneously minimizing the computational demands for estimation. For the ABS and PCS, the 80 variance strata were formed by sorting the full sample into 256 strata (the 255 ABS strata plus one stratum for the PCS) and within each stratum, the sample was arranged in the same sort order that was used in sample selection. Next, adjacent sampled units (addresses or phone numbers) were paired to establish initial variance estimation strata (the first two units were in the first initial stratum, the third and fourth sampled units will be in the second initial stratum, etc.). Each pair was sequentially assigned to one of 80 final variance estimation strata (the first pair to variance estimation stratum 1, the second to stratum 2, ..., the 80th stratum pair to stratum 80, the 81st pair to

stratum 1, etc.). As a result, each variance stratum had approximately the same number of sampled units. The same process was followed for each sampling stratum.

Once the variance strata were created, the replicate weights were created. The full replicate weights were constructed by first modifying the full sample base weights. The replicate base weight for replicate R for record i is

$$w_i^{(r)} = \begin{cases} 2w_i, & \text{if } i \text{ is in variance stratum } r \text{ and variance unit 1} \\ 0, & \text{if } i \text{ is in variance stratum } r \text{ and variance unit 2} \\ w_i, & \text{if } i \text{ is not in variance stratum } r \end{cases}$$

The same sequence of weighting adjustments used in the full sample weight is then applied to the replicate base weights to create the final replicate weights. Thus, all the different components of the weighting process are fully reflected in the replicate weights.

The final step was to calibrate the weights to the population estimates used for the full sample. Thus, the sum of the weights for each of the replicates and for the full sample will match the size of the noninstitutionalized population in Oregon (apart from rounding).

VII. References

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Appendix A: 2023 OHIS Instrument

Field Dates: 06/26/2023 – 10/23/2023

Oregon Health Insurance Survey

GLOBAL PROGRAMMING NOTES

Quotas

Total n=8,000

ABS n=7,000 completes

RDD n=1,000 (prepaid cell) completes

- MODE= Web, CATI
- SAMPTYPE= 1 (ABS), 2 (Prepaid Cell)
- Except for screening questions (through the end of LOCATION AND R IDENTIFICATION section), allow respondents to skip all other survey questions without a response.
- Message to show on the web if skipped:
If you do not know or prefer not to answer, click the “Next” button again.
- The body of the page (question area) should be white.
- Question text should be in larger font than response options.
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana.
- Do not show any Section titles (ex – Demographics, etc.)
- Languages – allow respondent to pick among the following language preferences:
 - English
 - Spanish
- Grids:
 - Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.
 - Do NOT display table lines.
 - Columns should be of equal width.
 - Rows should be shaded – starting with the first row.
 - No vertical shading – i.e. columns.
- Please locate ‘Finish Survey Later’ button to bottom of screen.
- If you have technical trouble with this survey, please contact info@OregonHealthSurvey.org
- The URL for the survey is OregonHealthSurvey.org
Logo should be displayed on every screen for PC and on the landing page for mobile.

Oregon Health Authority

OHA's main colors are

R: 0
G: 85
B: 149
HEX: 005595

R: 236
G: 137
B: 29
HEX: EC891D

R: 214
G: 233
B: 225
HEX: D6E9E1

-
- Set auto-suspend for web surveys at 15 minutes of inactivity
- All questions in CATI should allow for:
 - DON'T KNOW (8/98/998)
 - REFUSED (9/99/999)

All questions on web should allow for:

- WEB BLANK (999)

A few web questions have explicit RF and DK that are shown for the web. They are called out in the questionnaire. Most have 2 DK options – DK and DK what this question is asking. (Gender/Sexual Orientation Questions - GEND1, TRANS, SEXOR1, Race Questions - RACE, RACE0-7, RACE1a, BORN1, BORN2, D7, Functional Difficulties Questions - DS1, DS1a, DS2, DS2a, DS3, DS3a, DS4, DS4a, DS5, DS5a, DS6, DS6a, DS7, DS7a, DS8, DS8a, DS9, DS9a, Income Question - INC02, INC03)

- The survey should be 508 compliant.

I. Survey Lead In Statement, Introduction, Respondent Selection

SECTION: WEB INTRO

ASK IF WEB R, MODE=WEB

WEBINTRO. (Web)

Welcome to the 2023 Oregon Health Insurance Survey. This survey is being conducted by the Oregon Health Authority. Your household was selected to participate in this survey to represent many households like yours.

Enter your secure access code in the box below. The code is printed on the invitation you received in the mail. If you agree to participate in this survey, click next.

PROGRAM: DISPLAY SECURE ACCESS CODE AS R TYPES IT IN.

ERROR MESSAGE: IF SECURE ACCESS CODE IS NOT RECOGNIZED, DISPLAY: "This secure access code is not valid. Please reenter. If you are unable to access the survey, please email us at info@OregonHealthSurvey.org

ASK IF WEB R, MODE=WEB

WEBINTRO1. (Web)

This survey asks about health, access to health, and health insurance. If you agree to participate, it will take about 25 minutes. It may be shorter for small households.

Your interview is important as it represents many others in your community. For our results to be valid and useful, it is very important that we interview the households we select.

All of the information you provide will be kept strictly confidential.

ASK IF WEB R, MODE=WEB

HELP. (Web)

Move forward or backward in the survey using the Next and Back buttons. Do not use your browser's buttons or menus while taking the survey.

Please answer each question by selecting the item or category that best describes your response. Then click the Next button to go to the next question.

If you are unable to answer a particular question, you may click the Next button to advance to the next question.

To select responses in questions with buttons, click on the button beside your response. If a question asks for a text response, click on the box and begin typing.

If you have any questions, you may contact us at info@OregonHealthSurvey.org

PROGRAM: IN ADDITION TO THIS SCREEN, ALSO DISPLAY THE TEXT FROM "HELP" AT ANY POINT DURING THE SURVEY IF R CLICKS ON THE "NEED ASSISTANCE LINK."
GO TO WSC1.

ASK IF WEB R BREAKS OFF FROM WEB SURVEY

SUSPEND. (Web)

Your answers have been saved. When you return to continue the survey, you will need to enter the 7-digit Secure Access Code found on the materials we sent.

PROGRAM: END

ASK IF WEB R RESUMES SURVEY AND ENTERS HIS/HER ACCESS CODE

SUSPEND_RESUME. (Web)

Welcome back to the Oregon Health Insurance Survey. Click the "Next" button to return where you left off.

PROGRAM: GO TO THE NEXT UNANSWERED QUESTION.

***END* SECTION: WEB INTRO**

SECTION: CATI INTRO

CALLER ID = OR HEALTH SURVEY

Display local OR phone number.

ASK IF CATI OUTBOUND TO PPD IF VOICEMAIL, MODE=CATI AND O/B AND SAMPTYPE=CELL, LEAVE VOICEMAIL ON CALL 1ST, 3RD, AND 5TH CALL

OBVOICEMAIL. (CATI)

Hello. My name is ____ and I'm calling from SSRS on behalf of the State of Oregon. We are working on a study about health care and health insurance in Oregon.

Another interviewer will be contacting your household in the next few days.

If you would like to find out more about our study, you can visit OregonHealthSurvey.org

Thank you and goodbye.

ASK IF CATI OUTBOUND TO PPD IF PHONE IS PICKED UP, MODE=CATI AND O/B AND SAMPTYPE=CELL, OR
OTHER ADULT IN HH AVAILABLE TO TALK, IDENTIFY_ADULT2a=1, OR
OTHER ADULT KNOWS ABOUT HEALTH INSURANCE FOR HH MEMBERS, ALTR=1

CATIINTRO1. (CATI)

Hello. My name is _____. I am calling from SSRS on behalf of the State of Oregon.

INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT AND REINTRODUCE YOURSELF.

I would like to tell you about the 2023 Oregon Health Insurance Survey. This survey is being done by the State of Oregon.

For quality assurance, this call will be recorded.

PROGRAM: GO TO CELL1.

ASK IF CATI INBOUND IF PHONE IS PICKED UP, MODE=CATI AND I/B

CATIINTRO1a. (CATI)

Hello, thank you for calling SSRS regarding the 2023 Oregon Health Insurance Survey. This survey is being conducted by the State of Oregon.

For quality assurance, this call will be recorded. May I please have the secure access code printed on your letter?

PROGRAM: GO TO CELL1.

VOICEMAIL TO BE SET UP BY TELEOPS, NOT QRE

Hello and thank you for calling SSRS regarding the Oregon Health Insurance Survey. We are unable to take your call right now but if you leave us a voicemail with your name, phone number, secure access code, and best time to reach you, one of our interviewers will call you back. Thank you for your interest in this important study.

ASK IF CELL PHONE SAMPLE, SAMPTYPE=CELL

CELL1. (CATI)

Are you 18 years of age or older?

- | | |
|--------------|--------------------|
| 1 Yes | CONTINUE TO CELL2a |
| 2 No | GO TO TERM1 |
| 7 REFUSED | GO TO TERM1 |
| 8 DON'T KNOW | GO TO TERM1 |

ASK IF CELL PHONE SAMPLE, SAMPTYPE=CELL

CELL1. Just so that I can ask you the right questions, could you please tell me if you are less than 18, 18 to 25, 26 to 64, or 65 or older?

- | | |
|----------------|--------------------|
| 1 Less than 18 | GO TO TERM1 |
| 2 18 to 25 | CONTINUE TO CELL2a |
| 3 26 to 64 | CONTINUE TO CELL2a |
| 4 65 or older | CONTINUE TO CELL2a |
| 7 REFUSED | GO TO TERM1 |
| 8 DON'T KNOW | GO TO TERM1 |

ASK IF CELL PHONE SAMPLE R AND AGE IS 18+, CELL1=1

CELL2a. (CATI)

Is your primary residence located in Oregon?

- | | |
|-----------------------------|-------------|
| 1 Yes | GO TO CELL3 |
| 2 No | GO TO TERM2 |
| 98 (DO NOT READ) DON'T KNOW | GO TO TERM2 |
| 99 (DO NOT READ) REFUSED | GO TO TERM2 |

ASK IF CELL PHONE SAMPLE R AND HOME IS IN OREGON, SAMPTYPE=CELL AND CELL2A=1, OR RETURNED I/B ABS

CELL3. (CATI)

Before we continue, are you driving right now?

- | | |
|---|---------------|
| 1 Not driving | GO TO INTRO2 |
| 2 Driving | GO TO DRIVING |
| 3 (IF VOLUNTEERED) THIS IS NOT A CELL PHONE | SEE PROGRAM |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |

PROGRAM: IF CELL3=3 AND SAMPTYPE=CELL, GO TO TERM3.

ASK IF CATI

INTRO2. (CATI)

First, I'd like to tell you about the survey. It asks about health, access to health, and health insurance. You were selected to participate in this survey to represent many households like yours. The study should take about 25 minutes, depending on the size of your household.

Your interview is important as it represents many others in your community.

All of the information you provide will be kept strictly confidential.

Do you agree to start the survey?

- 1 Yes SEE PROGRAM
- 2 No END

PROGRAM: IF SAMPTYPE=CELL, GO TO S2, ELSE (SAMPTYPE=ABS) GO TO WSC1.

***END* SECTION: CATI INTRO**

SECTION: LOCATION AND R IDENTIFICATION

ASK IF ABS SAMPLE R ON THE WEB OR CATI, SAMPTYPE=ABS

WSC1. (Web, CATI)

Are you completing the survey for {Web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE/}

- 1 Yes, that is my address GO TO WSC2
- 2 No, that is not my address GO TO EXIT1
- 99 (DO NOT READ) REFUSED GO TO EXIT2
- 97 Web Blank GO TO EXIT2

ASK IF R IS COMPLETING SURVEY FOR SAMPLED ADDRESS, WSC1=1

WSC2. (Web, CATI)

Do you live or stay at {Web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE/}

{Web/CATI: Select "Yes" if you...

-usually live or stay at this address, or

-have no other permanent place to live or currently live or stay at this address, even for a short time.}/{SELECT YES IF RESPONDENT USUALLY LIVES OR STAYS AT THIS ADDRESS, OR HAVE NO OTHER PLACE TO LIVE OR STAY AND CURRENTLY LIVE OR STAY AT THIS ADDRESS, EVEN FOR A SHORT TIME.}}

1 Yes	GO TO WSC2b
2 No	GO TO WSC4
99 (CATI: REFUSED)	GO TO EXIT2
97 Web Blank	GO TO EXIT2

ASK IF R LIVES/STAYS AT THAT ADDRESS, WSC2=1
--

WSC2b. (Web, CATI)

Is this address your main residence, a second home, a vacation home, or a group quarter?

1 Main residence	GO TO WSC3
2 Second home	GO TO TERM2
3 Vacation home	GO TO TERM2
4 Group quarter	GO TO TERM4
99 (DO NOT READ) REFUSED	GO TO EXIT2
97 Web Blank	GO TO EXIT2

ASK IF SAMPLED ADDRESS IS R'S MAIN RESIDENCE, WSC2B=1

WSC3. (Web, CATI)

Are you at least 18 years old?

1 Yes	GO TO S2
2 No	GO TO IDENTIFY_ADULT#
99 (DO NOT READ) REFUSED	GO TO EXIT2
97 Web Blank	GO TO EXIT2

PROGRAM: IF MODE=WEB, GO TO IDENTIFY_ADULT1, ELSE GO TO IDENTIFY_ADULT2.

ASK IF R DOES NOT LIVE/STAY AT ADDRESS, WCS2=2

WSC4. (Web/CATI)

Does anyone live or stay at {web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE/}

{Web/CATI: Select "Yes" if anyone...

-usually lives or stays at this address, or

-have no other permanent place to live or stay and currently live or stay at this address, even for short time./ (SELECT YES IF ANYONE USUALLY LIVES OR STAYS AT THIS ADDRESS, OR HAVE NO OTHER PLACE TO LIVE OR STAY AND CURRENTLY LIVE OR STAY AT THIS ADDRESS, EVEN FOR A SHORT TIME.)}

- | | |
|--------------------------|-----------------------|
| 1 Yes | GO TO IDENTIFY_ADULT# |
| 2 No | GO TO WSC5 |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 Web Blank | GO TO EXIT2 |

PROGRAM: IF MODE=WEB, GO TO IDENTIFY_ADULT1, ELSE (CATI) GO TO IDENTIFY_ADULT2.

ASK IF NO ONE LIVES AT THE SAMPLED ADDRESS, WSC4=2

WSC5. (Web/CATI)

Is {web/CATI: this address/ADDRESS FROM SAMPLE} a residential address, a business address, or both?

{Web/CATI: ADDRESS FROM SAMPLE/}

- | | |
|---------------------------------|-------------|
| 1 Residential | GO TO TERM2 |
| 2 Business | GO TO TERM2 |
| 3 Both Residential and Business | GO TO TERM2 |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 Web Blank | GO TO EXIT2 |

ASK IF WEB R IS NOT 18+, MODE= WEB AND WSC3=2, OR
 WEB R DOES NOT LIVE AT ADDRESS BUT SOMEONE DOES, MODE=WEB AND WSC4=1,

IDENTIFY_ADULT1. (Web)

Please follow the instructions provided in the materials we mailed and give these materials to an adult who lives or stays at {ADDRESS FROM SAMPLE}. Thank you.

PROGRAM: END AND RESET RECORD.

ASK IF CATI R IS NOT 18+, MODE=CATI AND WSC3=2 OR
CATI R DOES NOT LIVE AT ADDRESS BUT SOMEONE DOES, MODE=CATI AND WSC4=1,

IDENTIFY_ADULT2. (CATI)

Is there an adult who lives or stays at this address?

- | | |
|--------------------------|------------------------|
| 1 Yes | GO TO IDENTIFY_ADULT2a |
| 2 No | GO TO EXIT6 |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |

ASK IF THERE IS AN ADULT WHO LIVES AT THIS ADDRESS, IDENTIFY_ADULT2=1

IDENTIFY_ADULT2a. (CATI)

Are they currently available to talk?

- | | |
|--------------------------|------------------|
| 1 Yes | GO TO CATIINTRO1 |
| 2 No | GO TO EXIT2b |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |

ASK IF ABS SAMPLE R WHO CONFIRMED RESIDENCE IN OR AND IS AT LEAST 18+, WSC3=1, OR
CELL PHONE SAMPLE R AND NOT DRIVING, SAMPTYPE=CELL AND CELL3=1, (SAW INTRO3)

S2. (Web, CATI)

{Web/CATI: Next are/I'd like to begin by asking} some questions about health insurance for people in your household. Can you answer questions about health insurance for people in your household?

- | | |
|-----------------------------|-------------|
| 1 Yes | |
| 2 No | SEE PRG |
| 98 (DO NOT READ) DON'T KNOW | SEE PRG |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 Web Blank | GO TO EXIT2 |

PROGRAM:

IF S2=2 , 98 AND MODE=CATI AND SAMPTYPE=CELL, GO TO EXIT5,
IF S2=2, 98 AND MODE=CATI AND SAMPTYPE=ABS, GO TO S3.

ELSE (MODE=WEB), GO TO EXITS3

ASK IF CATI R DOES NOT KNOW ABOUT HEALTH INSURANCE FOR PEOPLE IN HH, OR RF, OR DK AND SAMPLE IS ABS, MODE=CATI AND S2=2, 98 AND SAMPTYPE=ABS

S3. (Web, CATI)

Is another adult available who could answer questions about health insurance?

- | | |
|-----------------------------|-------------|
| 1 Yes | SEE PRG |
| 2 No | SEE PRG |
| 98 (DO NOT READ) DON'T KNOW | GO TO EXIT5 |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 Web Blank | GO TO EXIT2 |

PROGRAM:

- IF S3=1 AND MODE=CATI, GO TO ALTR
- IF S3=1 AND MODE=WEB, GO TO EXITS3
- IF S3=2 AND MODE=CATI, GO TO EXIT2b
- IF S3=2 AND MODE=WEB, GO TO EXIT5

ASK IF ANOTHER PERSON IS AVAILABLE TO ANSWER QUESTIONS ABOUT HEALTH INSURANCE AND MODE IS CATI, S3=1 AND MODE=CATI

ALTR. (CATI)

May I please speak with this person?

- | | |
|-----------------------------|------------------|
| 1 Yes | GO TO CATIINTRO1 |
| 2 Not available | GO TO EXIT2b |
| 98 (DO NOT READ) DON'T KNOW | GO TO EXIT5 |
| 99 (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 Web Blank | GO TO EXIT2 |

***END* SECTION: LOCATION AND R IDENTIFICATION**

SECTION: TERMINATE SCREENS

ASK IF CELL PHONE SAMPLE R AND AGE IS LESS THAN 18, DK, OR RF, CELL1 = 1, 98, 99

TERM1. (CATI)

Thank you. We are only interviewing people who are 18 years old or older.

PROGRAM: END

ASK IF HOME IS OUTSIDE OR, DK, OR RF, CELL2A = 2, 98, 99, OR
NOT R'S MAIN RESIDENCE, WSC2B=2, 3, 4, OR
UNOCCUPIED/NON RES, WSC5=1, 2, 3

TERM2. (Web, CATI)

We are only interviewing people whose main residence is in Oregon, so these are all the questions {Web/CATI: we/I} have for you today. Thank you.

PROGRAM: END

ASK IF CELL PHONE SAMPLE R BUT DID NOT REACH CELL, SAMPTYPE=CELL AND CELL3=3

TERM3. (CATI)

We are only interviewing cell phone lines at this time. Thank you.

PROGRAM: END

ASK IF RESIDENCE IS GROUP QUARTER OR MISSING, RF/DK, WSC2B=4 OR HHCMPGRP=1,97, 98,
99M4. (Web, CATI)

Thank you for taking the time to complete this survey, but individuals living in group quarters do not qualify for this study. END

ASK IF R IS DRIVING, CELL3=2

DRIVING. (CATI)

For safety reasons, I cannot continue the interview. Someone will call you back at a later time. Thank you.

PROGRAM: END

ASK IF NOT COMPLETING FOR SAMPLED ADDRESS, WSC1=2

EXIT1. (Web, CATI)

The Oregon Health Insurance Survey needs to collect information about: {ADDRESS FROM SAMPLE}. Because you have indicated that you are not completing the survey for that address, we do not need any further information at this time. Thank you.

{Web/CATI: If that is your home address, please press the Back button below to return to the previous question./}

PROGRAM: END

ASK IF
ABS SAMPLE R REFUSES OR DOES NOT ANSWER ADDRESS CONFIRMATION, WSC1=99, 97, OR
REFUSES OR DOES NOT ANSWER IF LIVES/STAYS AT ADDRESS, WSC2=99, 97, OR
REFUSES OR DOES NOT ANSWER IF MAIN RESIDENCE, WSC2B=99, 97, OR
REFUSES OR DOES NOT ANSWER IF 18+, WSC3=99, 97, OR
REFUSES OR DOES NOT ANSWER IF ANYONE LIVES/STAYS AT ADDRESS, WSC4=99, 97, OR
REFUSES OR DOES NOT ANSWER IF ADDRESS IS RESIDENTIAL OR COMMERCIAL, WSC5=99, 97,
OR
REFUSES TO INDICATE IF ADULT LIVES IN HH, IDENTIFY_ADULT2=99, OR
REFUSES TO INDICATE IF ADULT IN HH IS AVAILABLE TO TALK, IDENTIFY_ADULT2A=99, OR
ABS SAMPLE R AND REFUSES TO INDICATE IF REACHED ON CELL PHONE, ABSCELL=99, OR
CELL PHONE SAMPLE R OR ABS SAMPLE R REACHED ON CELL) AND REFUSES TO INDICATE IF
DRIVING, CELL3=99, OR
REFUSES OR DOES NOT ANSWER IF CAN ANSWER Q ABOUT HEALTH INSURANCE FOR HH,
S2=99, 97, OR
REFUSES OR DOES NOT ANSWER IF OTHER ADULT CAN ANSWER Q ABOUT HEALTH INSURANCE
FOR HH, S3=99, 97, OR
REFUSES OR DOES NOT ANSWER IF CAN SPEAK TO ALT ADULT, ALTR=99, 97, OR

REFUSES, DOESN'T KNOW, OR DOES NOT ANSWER # OF PEOPLE IN HH, S4=98, 99, 97

EXIT2. (Web, CATI)

Unfortunately, {Web/CATI: we/I} cannot continue the interview without that information. Thank you.

PROGRAM: CODE CASE AS REFUSAL AND END.

ASK IF ADULT NOT AVAILABLE AND CATI, IDENTIFY_ADULT2A=2 AND MODE=CATI

EXIT2b. (CATI)

Please give the materials we mailed to the adult who lives or stays at this address and can answer questions about health insurance. Thank you.

PROGRAM: END

ASK IF CELL PHONE SAMPLE R AND CANNOT ANSWER OR DOES NOT KNOW ABOUT HEALTH INSURANCE, SAMPTYPE=CELL AND S2=2, 98

EXIT5. (CATI)

{Web/CATI: We/I} are only interviewing people who can answer questions about health insurance for people in their household, so these are all the questions {Web/CATI: we/I} have for you today. Thank you.

PROGRAM: END

ASK IF NO ADULTS LIVE AT THIS ADDRESS, IDENTIFY_ADULT2=2

EXIT6. (Web, CATI)

These are all the questions I have for you today, thank you.

PROGRAM: END

ASK IF WEB R CANNOT ANSWER OR DOESN'T KNOW ABOUT HEALTH INSURANCE FOR ALL MEMBERS IN HH, S2=2, 98 AND MODE=WEB

EXITS3. (Web)

We'd like to talk with the adult who can answer questions about health insurance for all people in the household. Please provide them with the materials that were sent so that they may participate in the survey. Thank you.

IF S3=2, BLANK AND MODE=WEB, PLEASE LEAVE RECORD OPEN FOR RE
ACCESS

PROGRAM: END

***END* SECTION: TERMINATE SCREENS**

II. Household Level Information

ASK ALL

Q00

First, {CATI/Web: I'd like/we need} to know a little about your household.

{CATI/Web: PROMPT IF RELUCTANT: I/We} need this information to assure all Oregon residents are represented in the study.

ASK ALL

HHQ01

What county do you live in?

{CATI/Web: DO NOT READ THE LIST./}

- | | |
|---------------|--|
| 10 Baker | 29 Lane |
| 11 Benton | 30 Lincoln |
| 12 Clackamas | 31 Linn |
| 13 Clatsop | 32 Malheur |
| 14 Columbia | 33 Marion |
| 15 Coos | 34 Morrow |
| 16 Crook | 35 Multnomah |
| 17 Curry | 36 Polk |
| 18 Deschutes | 37 Sherman |
| 19 Douglas | 38 Tillamook |
| 20 Gilliam | 39 Umatilla |
| 21 Grant | 40 Union |
| 22 Harney | 41 Wallowa |
| 23 Hood River | 42 Wasco |
| 24 Jackson | 43 Washington |
| 25 Jefferson | 44 Wheeler |
| 26 Josephine | 45 Yamhill |
| 27 Klamath | 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____ |

28 Lake

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK FOR PREPAID RESPONDENTS, SAMPTYPE=CELL

HH02

What is your zip code?

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, EDIT: VALID OREGON ZIP CODES ARE 97001-97920. IF SOFT EDIT IS TRIGGERED, DISPLAY ONCE: "This is not a valid Oregon zip code, please verify and re-enter."

ASK ALL

HH03

Is your residence...

{CATI/Web: READ LIST./}

1 Owned by or being bought by you or someone in your household,

2 Rented for money,

3 Occupied without payment of rent, or

4 Occupied though some other arrangements? {CATI/Web: SPECIFY/Specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

Ask if: CATI respondents

INTRNT

Do you or any member of your household have access to the internet at home? This could be internet access by paying a cell phone company or an internet service provider.

1 Yes

2 No

98 (DO NOT READ) DON'T KNOW

99 (DO NOT READ) REFUSED

97 Web Blank

Ask if: ABS sample

CELLPHN

Do you or any adults in your household have a working cell phone?

- 1 Yes
- 2 No
- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Ask if: Adult in HH has a cell phone (CELLPHN=1)

PPD1

Do you or do any adults in your household use a prepaid plan for their cellphone?

Prepaid plans, also known as pay-as-you-go or no-contract phone, are plans where the user pays for a specific amount of data usage or minutes in advance.

- 1 Yes
- 2 No
- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Ask if: Adult in HH uses a prepaid plan (PPD1=1) or Prepaid Cell Phone sample

PPD2

Including you, how many adults in your household use a prepaid plan?

{CATI/Web: IF NEEDED:/} Prepaid plans, also known as pay-as-you-go or no-contract phone, are plans where the user pays for a specific amount of data usage or minutes in advance.

- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Identification of Household Members for Survey Questions

ASK ALL

HHCOMP

Including yourself, how many people currently live or stay at your household?

Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the armed forces, including National Guard members who are deployed but typically live in your household.

Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the armed forces stationed somewhere else.

{CATI/Web: IF NEEDED:/} We need this information to ensure all people living in Oregon are represented in the study. This study is completely confidential. Any potentially personally identifying information, like names or phone numbers, are never shared. All your information will always be combined with the responses we receive from thousands of other Oregon households.

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 9-99. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: 0, >99, <998. IF HARD RANGE IS TRIGGERED, DISPLAY: "This is an invalid response, please reenter."

ASK IF 9 OR MORE PEOPLE LIVE IN HH, HHCOMP >=9

HHCMPGRP

Is this a dorm or some other type of group quarters where people live together who are not related?

1 {CATI/Web: YES/Yes} TERM4

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH IS LESS THAN 9 PEOPLE OR IS 9 OR MORE BUT IS NOT A GROUP QUARTER, HHCOMP<9 OR HHCMPGRP=2

HHCMP

Starting with you, please {CATI/Web: give me/list} the first names of the people who are living in your household.

{CATI/Web: IF NEEDED:/} If you prefer, you can give a nickname or the person's initials. This information will only be used for the purposes of this questionnaire to help know who each question is asking about.

{To respect your time, we will only ask you about up to 10 people in your household, including you.}

PROGRAM:

IN CATI, LOOP FOR NUMBER IN HHCOMP WITH A MAXIMUM OF 10. IN WEB, DISPLAY THE NUMBER OF ROWS INDICATED IN HHCOMP WITH A MAXIMUM OF 10. IF HHCOMP>10, DISPLAY "To respect your time, {CATI/Web: I/we} will only ask you about 10 people in your household, including you."

ON THE LEFT OF EACH BOX, DISPLAY "You", "Person 2:", "Person 3:", etc.

IF NAME LEFT BLANK, DISPLAY, "Please enter the name, initial, or label for each person. This is important so you know which person we are asking about later in the survey."

III. Person Level Demographics

ASK ALL

DEM01

Next, {CATI/Web: I am/we are} going to ask a few questions about each person who lives in your household, starting with you.

*******PROGRAM: START LOOP DEMOS**

ASK ALL

AGE1

What is {your/{PERSON}'s} age?

{CATI/Web: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY. IF LESS THAN 1, ENTER 0./Enter as whole number. If less than 1, enter 0.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT WHICH IS LOOP #1, ELSE DISPLAY "{PERSON}'s".

LENGTH=3, SOFT RANGE: 100-130. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: > 130, <998. IF HARD RANGE IS TRIGGERED, DISPLAY: "This is an invalid response, please reenter."

ASK IF AGE IS MISSING, RF/DK, AGE1= 98, 999

AGE2

Can you give {CATI/Web: me/us} an approximate age? Is it...

{CATI/Web: READ LIST./}

{CATI/Web: IF NEEDED:/} Please be assured that this information is confidential. This information is needed to make sure {CATI/Web: I/we} ask the correct questions about each member of the household.

- 1 0 - 5 years old,
- 2 6 - 13 years old,
- 3 14 - 18 years old,
- 4 19 - 23 years old,
- 5 24 - 29 years old,
- 6 30 - 44 years old,
- 7 45 - 64 years old,
- 8 65 - 84 years old, or
- 9 85 years or older?

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF AGE2 RANGE IS MISSING, RF/DK, AGE2= 98, 999

AGE3

{Are you/Is this person}...

- 1 under 18 years old, or
- 2 18 or older?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: IF AGE3=98 OR 999, GO TO AGETERM AND EXCLUDE THIS PERSON FROM DATA COLLECTION.

DISPLAY "Are you" IF LOOPING ON RESPONDENT WHICH IS LOOP #1, ELSE DISPLAY "Is this person".

ASK IF CHILD OR ADULT IS MISSING, RF/DK, AGE3=98, 999

AGETERM

Knowing the age of a person is critical to know which questions to ask. As a result, we will not be asking further questions about this individual.

ASK ALL

GEND1

What is {your/{PERSON}'s} gender?

{CATI/Web: READ LIST {IF NEEDED}.}

10 {Girl, }woman

11 {Boy, }man

12 Non-binary {CATI/Web: IF NEEDED: Non-binary describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.}/(Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.)}

13 Agender, no gender {CATI/Web: IF NEEDED: Agender, no gender describes a person who identifies as having no gender, or who does not experience gender as a primary identity component./ (Describes a person who identifies as having no gender, or who does not experience gender as a primary identity component.)}

14 Questioning, exploring {CATI/Web: IF NEEDED: Questioning, exploring describes a person who is unsure about, or is exploring their sexual orientation and/or gender identity./ (Describes a person who is unsure about, or is exploring their sexual orientation and/or gender identity.)}

97 Not listed. Please describe in any way you prefer. Specify_____

16 {CATI/Web: You/I} don't know what this question is asking

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".

DISPLAY "Girl, " and "Boy, " ONLY ON LOOPS 2 AND BEYOND.

{CATI/Web: READ LIST./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED./} ON SUBSEQUENT ITERATIONS.

ASK ALL HH MEMBERS WHO ARE AT LEAST 12 YEARS OLD, AGE1>11 OR AGE2>2 OR AGE3=2

TRANS

{Are you/Is {PERSON}} transgender?

{CATI/Web: IF NEEDED: Transgender describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.}

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

3 {CATI/Web: You/I} don't know what this question is asking

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

ASK ALL HH MEMBERS WHO ARE AT LEAST 12 YEARS OLD, AGE1>11 OR AGE2>2 OR AGE3=2

SEXOR1

How do you describe {your/{PERSON}'s} sexual orientation or sexual identity?

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

16 Straight {CATI/Web: IF NEEDED: attracted mainly to or only to other gender(s) or sex(es)/(attracted mainly to or only to other gender(s) or sex(es))}

10 Same-gender loving

11 Same-sex loving

12 Lesbian

13 Gay

14 Bisexual

15 Pansexual

17 Asexual

18 Queer

19 Questioning {CATI/Web: IF NEEDED: Questioning describes a person who is unsure about, or is exploring their sexual orientation and/or gender identity./(Describes a person who is unsure about, or is exploring their sexual orientation and/or gender identity.)}

97 Not listed. Please describe in any way you prefer. Specify _____

21 {CATI/Web: You/I} don't know what this question is asking

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND

{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT ITERATIONS.

*******PROGRAM: END LOOP DEMOS**

ASK ALL

RACEINTRO

Next, {CATI/Web: I am/we are } going to ask you a few questions about race, ethnicity, and origin.

*******PROGRAM: START LOOP RACE**

ASK ALL

RACE

How {do you/does {PERSON}} identify {your/their} race, ethnicity, tribal affiliation, country of origin, or ancestry?

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: THIS IS AN OPEN ENDED ENTRY. DISPLAY "do you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}" AND "their".

ASK ALL

RACE0

Which of these categories do you think reflects {your/{PERSON}'s} race?
{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

10 Hispanic or Latino, Latina, Latinx

11 Native Hawaiian or Pacific Islander

12 White

13 American Indian and/or Alaska Native

14 Black or African American

15 Middle Eastern and/or North African

16 Asian

997 Some Other Race {CATI/Web: SPECIFY/, specify} _____

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND
{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT
ITERATIONS.

ASK IF HISPANIC/LATINO/A, RACE0=10

RACE1

Is that...

- 10 Central American,
- 11 Mexican,
- 12 South American,
- 14 Caribbean islander, or
- 13 Other Hispanic or Latino/a/x?

98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF ASIAN, RACE0=16

RACE2

Is that...

- 10 Asian Indian,
- 11 Cambodian,
- 12 Chinese,
- 13 Communities of Myanmar,
- 14 Filipino/a,
- 15 Hmong,
- 16 Japanese,
- 17 Korean,
- 18 Laotian,
- 19 South Asian,
- 20 Vietnamese, or
- 21 Other Asian?

98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF NATIVE HAWAIIAN OR PACIFIC ISLANDER, RACE0=11

RACE3

Is that...

- 10 Chamoru (Chamorro),
- 11 Marshallese,
- 12 Communities of the Micronesian Region,
- 13 Native Hawaiian,
- 14 Samoan,
- 15 Tongan, or
- 16 Other Pacific Islander?

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF AMERICAN INDIAN OR ALASKA NATIVE, RACE0=13

RACE4

Is that...

- 10 Alaska Native,
- 11 American Indian,
- 12 Canadian Inuit, Metis, or First Nation,
- 13 Central American,
- 14 Indigenous Mexican,
- 15 South American, or
- 16 Other American Indian or Alaska Native?

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF BLACK OR AFRICAN AMERICAN, RACE0=14

RACE5

Is that...

- 10 African American,
- 11 Afro-Caribbean,
- 12 Ethiopian,

- 13 Somali,
- 14 Other Black African, or
- 15 Other Black?

98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF MIDDLE EASTERN OR NORTH AFRICAN, RACE0=15

RACE6

Is that...

- 1 Middle Eastern,
- 2 Northern African, or
- 3 Other Middle Eastern or North African?

8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF WHITE, RACE0=12

RACE7

Is that...

- 1 Eastern European,
- 2 Western European,
- 3 Slavic, or
- 4 Some other White?

8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF MORE THAN ONE SUBRACE IS SELECTED, AT LEAST 2 OF RACE1-7 NOT IN 97, 98, 99

RACE1a

Which one of these groups would you say best represents {your/{PERSON}'s} race? {CATI/Web: Would you say.../}

PROGRAM: DISPLAY ONLY RESPONSES SELECTED IN RACE1-RACE7

1 {{CATI/Web:I do/You do}/{PERSON} does} not have just one primary racial or ethnic identity

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" AND "I do"/"You do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "{PERSON} does".

*******PROGRAM: END LOOP RACE**

*******PROGRAM: START LOOP MARITAL STATUS, EDUCATION, MILITARY.**

ASK IF AGE IS GREATER THAN 15, AGE1>15 OR AGE2>3 OR AGE3=2

MAR

What is {your/{PERSON}'s} current marital status?

{CATI/Web: READ LIST {IF NEEDED}.}

- 1 Married
- 6 Living with a partner, boyfriend, girlfriend
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".
{CATI/Web: READ LIST.} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED.} ON SUBSEQUENT ITERATIONS.

ASK IF AGE IS GREATER THAN 18, AGE1>17 OR AGE2>3 OR AGE3=2

EDU

What is the highest level of school {you have/{PERSON} has} completed or the highest degree {you have/{PERSON} has} received?

{CATI/Web: READ IF NECESSARY./}

- 10 Less than High School
- 11 High School/GED
- 12 Some College/Junior College/2 Year Degree
- 13 Associates Degree/Technical Degree
- 14 Bachelor's Degree (Four Year College)
- 15 Graduate Degree (Master/MA,MS)
- 16 Graduate Degree (PhD/MD/JD)

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you have" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} has".

ASK IF AGE IS GREATER THAN 17, AGE1>17 OR AGE2>3 OR AGE3=2

E14

{Are you/Is {PERSON}} a veteran of the United States military?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

*******PROGRAM: END LOOP MARITAL STATUS, EDUCATION, MILITARY**

*******PROGRAM: START LOOP BORN**

ASK ALL

BORN1

{Were you/Was {PERSON}} born in the United States?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "Were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Was {PERSON}".

ASK IF NOT BORN IN THE US, BORN1=2

BORN2

For how many years {have you/has {PERSON}} lived in the United States?

{CATI/Web: IF NEEDED;} Your best estimate is fine.

{CATI/Web: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, ROUND TO LAST FULL YEAR. IF LESS THAN 1, ENTER 0./Enter as whole number. If less than 1, enter 0.}

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: LENGTH = 3, SOFT RANGE: 80-130. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: >130, <997. IF HARD RANGE IS TRIGGERED, DISPLAY: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

PROGRAM: PLEASE ADD EDIT CHECK SO THE NUMBER OF YEARS LIVED IN THE UNITED STATES CAN'T BE > THAN AGE1

"You have given a number of years greater than (your/PERSON's) age. Please check that the number of years lived in the United States is correct."

ASK IF NOT BORN IN THE US, BORN1=2

D7

In what country {were you/was {PERSON}} born?

{CATI/Web: DO NOT READ LIST./}

- 10 Canada
- 11 China
- 12 Germany
- 13 India
- 14 Japan
- 15 South Korea
- 16 Mexico
- 17 Philippines
- 18 United Kingdom
- 19 Vietnam
- 997 {CATI/Web: OTHER, SPECIFY/Other, Specify} _____

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON IS AT LEAST 5 YEARS OF AGE, AGE1>4 OR AGE2>1 OR AGE3=2
--

D8

What language or languages {do you/does {PERSON}} use at home?

{CATI/Web: DO NOT READ LIST. SELECT ALL THAT APPLY./Select all that apply.}

- 09 {CATI/Web: ENGLISH/English}
- 10 {CATI/Web: SPANISH/Spanish}
- 11 {CATI/Web: CHINESE/Chinese}
- 12 {CATI/Web: VIETNAMESE/Vietnamese}
- 13 {CATI/Web: GERMAN/German}
- 14 {CATI/Web: RUSSIAN/Russian}
- 15 {CATI/Web: JAPANESE/Japanese}
- 16 {CATI/Web: FRENCH/French}
- 17 {CATI/Web: KOREAN/Korean}
- 18 {CATI/Web: TAGALOG/Tagalog}
- 19 {CATI/Web: SIGN LANGUAGE/Sign language}
- 997 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

ASK IF PERSON DOES NOT SPEAK ENGLISH AT HOME OR SIGN LANGUAGE , D8 NE 9 OR 19

D8c

How well {do you/does {PERSON}} speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".
DO NOT DISPLAY "Not at all" WHEN LOOPING ON RESPONDENT AND INTERVIEW IS BEING CONDUCTED IN ENGLISH.

*******PROGRAM: END LOOP BORN**

IV. Family Unit Formation

*******PROGRAM: START LOOP RELATIONSHIP. ASK EVERYONE EXCEPT RESPONDENT.**

ASK OF ALL EXCEPT RESPONDENT

FAM1

What is {PERSON}'s relationship to you?

{CATI/Web: READ LIST IF NECESSARY.}

- 11 Husband (spouse)
- 12 Wife (spouse)
- 13 Domestic partner, boyfriend, girlfriend
- 14 Child, Son or Daughter

- 15 Stepchild
- 16 Foster Child
- 17 Grandchild
- 18 Parent
- 19 Mother-in-law/Father-in-law
- 20 Grandparent
- 21 Brother/Sister
- 22 Son-in-law/Daughter-in-law
- 23 Step parent
- 24 Step brother/step sister
- 25 Other Relative
- 26 Non Relative/Cohabitee, room-mate, or renter

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

ASK OF ANYONE INDICATED AS MARRIED, BUT NOT MARRIED TO THE RESPONDENT, MAR=1, 6 AND FAM1 NE 11 OR 12 OR 13

FAM2a

Is the spouse or domestic partner of {PERSON} ...

- 1 someone who currently lives in this household, or
- 2 someone outside this household?

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

ASK IF PERSON IS MARRIED TO SOMEONE IN HH, FAM2a=1

FAM2b

Which member of the household are they married to?

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS 16 AND OVER, AGE>15 OR AGE2>3 OR AGE3=2. EXCLUDE RESPONDENT.

ASK IF ANYONE UNDER 18 AND NOT THE CHILDREN OF THE RESPONDENT, AGE1 < 18 OR AGE2 < 4 OR AGE3 = 2

FAM3

Is anyone living here the parent or guardian of {PERSON}?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH IS THE PARENT OR GUARDIAN OF CHILD, FAM3=1

FAM3aa

Who is that?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS WHO ARE AT LEAST 14, AGE1 > 13, AGE2 > 2, AGE3 = 2, AND NOT THE RESPONDENT.

ASK IF CHILD IN THE HH IS NOT WARDS OF SOMEONE IN THE HH, FAM3=2

FAM3a

Who in the household is the main person taking care of {PERSON}?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS WHO ARE AT LEAST 18, AGE1 > 17, AGE 2 > 3, AGE3 = 2

*******PROGRAM: END LOOP RELATIONSHIP.**

ASK OF THOSE WITH MORE THAN ONE PERSON IN THE HH , HHCOMP > 1

UNITSCRN

{CATI/Web: For the rest of the interview I'll ask you to give me/The rest of the interview asks about} health-related information about everyone you listed.

Is there anyone in the household who you don't know health-related information about?

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT. THIS SHOULD ALLOW MULTIPLE SELECTION.

2 {CATI/Web: RESPONDENT CAN ANSWER FOR EVERYONE./I can answer for everyone}
98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM:

RESPONSE #2 IS MUTUALLY EXCLUSIVE.

CREATE 3 VARIABLES:

- HH ID – EVERYONE IN THE HOUSEHOLD HAS THE SAME HH ID = USERID
- FAMILY ID – SEE RULES BELOW – NUMERIC 1 TO 10
- PERSON ID – EACH INDIVIDUAL IN THE HOUSEHOLD HAS A DIFFERENT PERSON ID – NUMERIC FROM 1 TO 10

The rules to assign members to family units are:

1. The respondent and his/her spouse were classified in the same family unit (always family ID 1).
2. Adults aged 19 and older who were not married to the respondent were classified as a separate family unit.
3. Adults aged 18 were initially classified as a separate family unit. An assessment was later made to determine if they should be classified into the same family unit as their parents (see below).
4. Married couples were classified in the same family unit. This included married couples involving someone under age 17.
5. Children aged 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit. With the exceptions that Children aged 17 and younger were classified into a separate family unit from their parents in cases where they were married and/or had a child of their own, no matter their residence.
6. Adults that were age 18 were classified into a family unit based upon whether they were currently living with their parents, were married and/or had children. If they were not married and did not have any children, they were classified in the same family unit as their parents (if living in the same household). If they were married and/or had a child of their own, they were classified as a separate family unit (with their spouse and/or child).
7. Finally, those who were identified as the ward of another household member were classified in the same unit as that household member, unless prior rules determined the ward should be classified separately.

RESPONDENT IS FAMILY ID 1.

IF RESPONDENT HAS SPOUSE, (PERSON SELECTED WHERE FAM=11, 12, 13), ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT.

IF RESPONDENT HAS CHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT [(AGE1 < 19 OR AGE2 < 4 OR AGE3 = 1) AND (MAR = 2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa].

ASSIGN NEXT ADULT IN ROSTER TO NEXT FAMILY ID.

IF PERSON IS MARRIED TO SOMEONE IN HH (FAM2a=1), ASSIGN PERSON SELECTED AT FAM2b TO THE SAME FAMILY ID AS THAT PERSON.

IF PERSON HAS CHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT [(AGE1 < 19 OR AGE2 < 4 OR AGE3 = 1) AND (MAR = 2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa].

LOOP UNTIL NO ADULTS ARE LEFT.

IF CHILD (AGE < 18 OR AGE2 < 4 OR AGE3 = 1) IS MARRIED OR PARENT, ASSIGN THAT PERSON TO NEXT FAMILY ID.

IF PERSON IS MARRIED TO SOMEONE IN HH (FAM2a=1), ASSIGN PERSON SELECTED AT FAM2b TO THE SAME FAMILY ID AS THAT PERSON.

IF PERSON HAS CHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT [(AGE1 < 19 OR AGE2 < 4 OR AGE3 = 1) AND (MAR = 2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa].

LOOP UNTIL NO CHILDREN WHO ARE MARRIED OR PARENT ARE LEFT.

ANY CHILDREN LEFT (AGE1 < 19 OR AGE2 < 4 OR AGE3 = 1) WITHOUT A FAMILY ID SHOULD BE ASSIGNED THE SAME FAMILY ID AS THE GUARDIAN SELECTED AT FAM3a.

V. Insurance Coverage

ASK ALL

INS01

Next, {CATI/Web: I am /we are} going to ask you about different types of health insurance coverage. It includes health insurance that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and The Oregon Health Plan that help pay medical bills.

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

*******PROGRAM: START LOOP INSURANCE. LOOP FOR EVERYONE IN THE HH THAT THE RESPONDENT IS NOT UNFAMILIAR WITH (SELECTED UNITSCRN). START WITH RESPONDENT.**

ASK ALL NOT SCREENED OUT, UNITSCRN

INS02a

{Are you/Is {PERSON}} covered by any type of health insurance?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

ASK IF HH MEMBER HAS HEALTH INSURANCE, INS02a=1

INS02b

Which of the following types of health insurance {are you/is {PERSON}} covered by?

{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY. PROBE: Any other types of health insurance?/Select all that apply.}

10 Private health insurance {CATI/Web: IF NEEDED: /} (through your or someone's employer or company)

11 Medicare {CATI/Web: IF NEEDED: /} (Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.)

12 The Oregon Health Plan {CATI/Web: IF NEEDED: /} (The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.)

16 Military, Veterans, TRICARE, or CHAMPVA

21 Indian Health Services

18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov

93 Through the state but not as state employee

94 SSI/SSDI/welfare/disability

95 Some other type of insurance {CATI/Web: SPECIFY/Specify) _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}".

98, 999 ARE MUTUALLY EXCLUSIVE.

IF INS02b=98, CODE HH MEMBER HAS UNITSCRN=1 AND DO NOT ASK FURTHER QUESTIONS ABOUT THIS PERSON.

IF INS02b=10, SET INS_PRVT=1

IF INS02b=11, SET INS_MDCR=1

IF INS02b=12, SET INS_OHP_MDCCD=1

IF INS02b=16, SET INS_MLTR=1

IF INS02b=21, SET INS_IHS=1

IF INS02b=18, SET INS_MRKT=1

IF INS02b=93, SET INS_STATE=1

IF INS02b=94, SET INS_SSI=1

IF INS02b=95, SET INS_OTH=1

ASK IF HH MEMBER DOES NOT HAVE HEALTH INSURANCE OR ONLY HAS INDIAN HEALTH SERVICES, INS02a=2 OR INS02b=21 ONLY

INS03

Just {CATI/Web: to be sure I have this right/to confirm}, {you do/{PERSON} does} not have health insurance coverage {IF INS02b=21: ,other than Indian Health Services}. Is this correct?

{IF INS02b=21, CATI/Web: IF NEEDED: /}While covering health care expenses, Indian Health Services is not considered insurance so we do not consider this as insurance for the purposes of this survey.

{CATI/Web: IF NEEDED: /}Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and the Oregon Health Plan that help pay medical bills.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does".
IF INS03=2, GO BACK TO INS02b ONE TIME AFTER DISPLAYING THE FOLLOWING ERROR MESSAGE: "Based on your answer, you may need to adjust your response to a previous question. Please review this next question carefully and adjust your response if needed."

ASK IF HH MEMBER IS CONFIRMED TO NOT HAVE INSURANCE, INS03=1

INS03a

Who pays for {your/{PERSON}'s} bills when {you/they} seek medical care?

{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY. PROBE: Anyone else?/Select all that apply.}

20 Workers compensation for specific injury/illness

21 Employer pays for bills, but not an insurance policy

22 Family member pays out of pocket for any bills

26 PROGRAM: DISPLAY IF AGE1>18 OR AGE2>3 OR AGE3=2, {You pay/{PERSON} pays} out of pocket with {your/their} own money

27 Charity or religious organizations

25 Through free clinics or free medical services

31 Indian Health Services

997 Other, specify _____

32 {You do/{PERSON} does} not have medical bills

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your", "you", "You pay", and "You do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s", "they" "{PERSON} pays", and "{PERSON} does".
CODE 32 IS MUTUALLY EXCLUSIVE.

ASK IF HH MEMBER RECEIVES INSURANCE THROUGH SSI, THROUGH THE STATE BUT NOT AS A STATE EMPLOYEE, THROUGH WELFARE, OR THROUGH DISABILITY, INS_STATE=1 OR INS_SSI=1

INS03b

How did {you/{PERSON}} apply for or receive the health insurance through the state?

{CATI/Web: NOTE: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY THE OREGON HEALTH PLAN OR BY MEDICARE./}

- 1 Through the Oregon Health Plan
- 2 Through Medicare
- 3 Through the military
- 4 Through a private insurance
- 5 As a state employee or as the spouse or child of a state employee
- 6 As a state retiree
- 7 Through some other way

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".
IF INS03b=1, SET INS_OHP_MD CD=1,
IF INS03b=2, SET INS_MDCR=1
IF INS03b=3, SET INS_MLTR=1
IF INS03b=4, 5, 6, SET INS_PRVT=1
IF INS03b=7, SET INS_OTH=1

ASK IF HH MEMBER RECEIVES INSURANCE THROUGH THE OREGON HEALTH INSURANCE MARKETPLACE, INS_MRKT=1

INS03c

Oregonhealthcare.gov is a resource that connects 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.

{CATI/Web: IF NEEDED:}The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians. It includes the Healthy Kids program that provides coverage for children in low-income families.

The health plans available through the Oregon Health Insurance Marketplace (Oregonhealthcare.gov) are organized into four "metal" categories: Bronze, Silver, and Gold. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

{Are you/Is {PERSON}} enrolled in...

- 1 The Oregon Health Plan
- 3 Private Health Insurance Plan
- 7 Some other type of insurance

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM:

INS03c=1, SET INS_OHP_MDCD=1

INS03c=3, SET INS_PRVT=1

INS03C=7, SET INS_OTH=1 ON THE SECOND DISPLAY OF INS03C

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".
IF INS03c=7, GO BACK TO INS02b ONE TIME AFTER DISPLAYING THE FOLLOWING ERROR MESSAGE: "Based on your answer, you may need to adjust your response to a previous question. Please review this next question carefully and adjust your response if needed."

Medicare Verification Questions

ASK IF HH MEMBER IS 65 AND OLDER AND DID NOT INDICATE MEDICARE COVERAGE, (AGE1 > 64 OR AGE2 > 7) AND INS_MDCR NE 1

INS04

{You are/{PERSON} is} 65 or older and you indicated {you were/this person was} not covered by Medicare. Is this correct?

{CATI/Web: IF NEEDED:} Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you are" AND "you were" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} is" AND "this person was".

IF INS04=2, SET INS_MDCR=1

ASK IF HH MEMBER IS 65 AND OLDER AND IS COVERED BY PRIVATE INSURANCE, (AGE1>64 OR AGE2>7) AND (INS_PRVT=1 OR INS_MRKT=1)

INS05

You indicated {you are/{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 {your/{PERSON}'s} Medicare?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you are" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} is" AND "{PERSON}'s".

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS05=1

INS05a

What is the name of this Medicare supplement?

{CATI/Web: READ LIST IF NEEDED. SELECT ONE./Select one}

10 AARP

11 AETNA

12 CIGNA

13 Equitable and You

14 IAC

15 Manhattan Life Insurance

16 MODA

17 Mutual of Omaha

18 Regence Blue Cross Blue Shield

19 Transamerica

20 United American Insurance

21 United Healthcare

96 Medicare Advantage Plan

97 Other Medicare Supplement {CATI/Web: SPECIFY/Specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS05=1

INS05b

Is this only a plan under Medicare Part D which is used to pay only for prescription drugs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM:

IF INS05b=2, SET INS_PRVT=1

ASK IF HH MEMBER IS COVERED BY MEDICARE AND NOT MEDICAID AND IS YOUNGER THAN 65, (AGE1<65 OR AGE2<8 OR AGE3=1) AND INS_MDCR=1 AND INS_OHP_MD CD NE 1

INS06

Just to verify, {are you/is {PERSON}} covered by national Medicare, or by the state's Oregon Health Plan, or by both?

{CATI/Web: IF NEEDED:/} Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities. The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger. The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

1 {CATI/Web: NATIONAL MEDICARE/National Medicare}

3 {CATI/Web: STATE'S OREGON HEALTH PLAN/State's Oregon Health Plan}

2 {CATI/Web: BOTH/Both}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}".

IF INS06=1, SET INS_MDCR=1

IF INS06=3 SET INS_OHP_MD CD=1

IF INS06=2 SET INS_MDCR=1 AND INS_OHP_MD CD=1

Medicaid Verification Questions

ASK IF HH MEMER IS COVERED BY MEDICAID BUT NOT MEDICARE AND IS 65 OR OLDER, (AGE1>64 OR AGE2=8, 9) AND INS_OHP_MD CD=1 AND INS_MDCR NE 1

INS08

Just to verify, {are you/is {PERSON}} covered by the Oregon Health Plan program, by the national Medicare program, or by both?

{CATI/Web: IF NEEDED: /} Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities. The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger. The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

1 {CATI/Web: NATIONAL MEDICARE/National Medicare}

3 {CATI/Web: STATE'S OREGON HEALTH PLAN/State's Oregon Health Plan}

2 {CATI/Web: BOTH/Both}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}".

IF INS08=1, SET INS_MDCR=1

IF INS08=3 SET INS_OHP_MD CD=1

IF INS08=2 SET INS_MDCR=1 AND INS_OHP_MD CD=1

Follow-up MEDICARE Question to determine if they have a supplement

ASK IF HH MEMBER IS COVERED BY MEDICARE AND IS 65 OR OLDER AND IS NOT COVERED BY PRIVATE INSURANCE, (AGE1>64 OR AGE2=8, 9) AND INS_MDCR=1 AND INS_PRVT NE 1

INS09

{Do you/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?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS09=1

INS09a

What is the name of this Medicare supplement?

10 AARP

11 AETNA

12 CIGNA

13 Equitable and You

14 IAC

15 Manhattan Life Insurance

16 MODA

17 Mutual of Omaha

18 Regence Blue Cross Blue Shield

19 Transamerica

20 United American Insurance

21 United Healthcare

96 Medicare Advantage Plan

97 Other Medicare Supplement {CATI/Web: SPECIFY/Specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS09=1

INS09b

Is this only a plan under Medicare Part D which is used to pay only for prescription drugs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM:

IF INS09b=2, SET INS_PRVT=1

*******PROGRAM: END LOOP INSURANCE.**

VI. Private Insurance

ASK IF MORE THAN ONE HH MEMBER IS COVERED BY PRIVATE INSURANCE, (INS_PRVT=1 OR INS_MRKT=1) FOR MORE THAN ONE HH MEMBER.

INSP01

Are the people you indicated as being covered by private health insurance all covered under the same health insurance plan?

{CATI/Web: IF NEEDED: /} Private health insurance plans can be provided through an employer, a group or association, a retirement plan, a school, or purchased directly.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF ALL HH MEMBERS ARE COVERED UNDER THE SAME HEALTH INSURANCE PLAN,
INSP01=1

INSP01a

Who is the policy holder for this plan?

PROGRAM: DISPLAY ALL HH MEMBER WHERE INS_PRVT=1 OR INS_MRKT=1

87 Someone outside the household is a policy holder

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF NOT ALL HH MEMBERS ARE COVERED UNDER THE SAME HEALTH INSURANCE PLAN,
INSP01=2

INSP01b

Who are policy holders for a private health insurance plan?

PROGRAM: DISPLAY ALL HH MEMBER WHERE INS_PRVT=1 OR INS_MRKT=1

87 Someone outside the household is a policy holder

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF ONLY ONE HH MEMBER IS COVERED BY PRIVATE INSURANCE, INS_PRVT=1 OR INS_MRKT=1 FOR ONE HH MEMBER

INSP01c

{Are you/Is {PERSON}} the policy holder for {your/their} private health insurance plan?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" AND "your" IF RESPONDENT SELECTED AT INSP01a OR INSP01b, ELSE DISPLAY "Is {PERSON}" AND "their" IF PERSON OTHER THAN RESPONDENT IS SELECTED AT INSP01b.

*******PROGRAM: START LOOP PRIVATE INSURANCE CLUSTER. LOOP FOR EVERY POLICYHOLDER OR FOR POLICYHOLDER NOT IN THE HH AND THERE ARE OTHER HH MEMBERS WHO HAVE PRIVATE INSURANCE, (INSP01a OR INSP01b=1 OR 87) OR ((INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b IS BLANK))**

ASK IF THERE ARE HH MEMBERS WHO HAVE PRIVATE INSURANCE BUT ARE NOT POLICYHOLDER, (INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b OR INSP01c NE 1)**INSP02**

Next, {CATI/Web: I am/we are} going to ask which members of the household are covered by each private health insurance plan.

Which members are covered under {your/{PERSON}'s} policy?

PROGRAM: DISPLAY ALL HH MEMBER THAT HAVE PRIVATE INSURANCE BUT NOT POLICYHOLDER THEMSELVES, (INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b NE 1)

95 No one in the household

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s". 95 IS MUTUALLY EXCLUSIVE.

*******PROGRAM: END LOOP PRIVATE INSURANCE CLUSTER.**

*******PROGRAM: START LOOP NO POLICYHOLDER. LOOP FOR EVERY HH MEMBER WHO HAS PRIVATE INSURANCE AND WAS NOT LINKED TO A POLICYHOLDER, INS_PRVT=1 AND INSP02 =BLANK**

ASK IF HH MEMBER IS COVERED BY PRIVATE INSURANCE AND NOT LINKED TO A SPECIFIC POLICY HOLDER, (INS_PRVT=1 OR INS_MRKT=1) AND INSP02 =BLANK AND INSP01c NE 1
--

INSP02a

{You do/{PERSON} does} not have a policy holder listed for {your/their} private insurance. Who is the policy holder for {your/{PERSON}'s} private insurance?

PROGRAM: DISPLAY ALL HOUSEHOLD MEMBERS WHERE AGE>15, AGE2>3, AGE3=2
87 Someone outside the household is a policy holder

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does" AND "their" AND "{PERSON}'s".
IF PERSON IS SELECTED AS POLICYHOLDER, UPDATE INSP01b=1.

*******PROGRAM: END LOOP NO POLICYHOLDER.**

*******PROGRAM: START LOOP POLICYHOLDER. LOOP FOR EVERY HH MEMBER WHO IS POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1**

ASK IF POLICY HOLDER, PERSON IS SELECTED AT INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP03

Please think about {your/{PERSON}'s/the outside of the household policyholder's} private health insurance. What is the name of the insurance provider?

{CATI/Web: READ LIST IF NEEDED. SELECT ALL THAT APPLY. PROBE: Any others?/Select all that apply.}

- 44 AARP
- 41 AETNA
- 20 ATRIO Health Plans
- 21 Bridgespan Health
- 42 Cigna
- 43 Humana
- 50 IAC
- 22 Kaiser Foundation Healthplan of the NW
- 46 Lifewise
- 23 MODA Health Plan
- 24 PacificSource Health Plans
- 25 Providence Health Plan
- 48 United Healthcare
- 18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov, or
- 97 Some other type of insurance {CATI/Web: SPECIFY/Specify} _____
- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Is your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}" IF LOOPING ON SOMEONE ELSE IN HH, ELSE DISPLAY "Is the outside of the household policyholder's".

Ask IF COVERAGE SOURCE IS MARKETPLACE, INSP03=18

INSP04a

Was this health insurance coverage obtained through the Oregon health insurance marketplace, also known as OregonHealthcare.gov?

{CATI/Web: IF NEEDED:/} The Marketplace oversees the health insurance products sold to Oregonians. Residents can enroll through the OregonHealthCare.gov website, by telephone, walk-in center, or with the help of an insurance agent or community partner.

The health plans available through the Marketplace are commercial health plans sold by insurance companies, like Kaiser, Providence, Moda and others. They are organized into four "metal" categories: Bronze, Silver, and Gold. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF COVERAGE SOURCE IS THE OREGON HEALTH INSURANCE MARKETPLACE, INSP04a=1
--

INSP04b

Please think about the insurance {you/{PERSON}/the policyholder} purchased through the Oregon Health Insurance Marketplace. What is the name of the plan?

{CATI/Web: READ RESPONSES AS NEEDED/}

10 ATRIO Health Plans

11 Bridgespan Health

12 Kaiser Foundation Healthplan of the NW

13 Moda Health Plan

14 Pacificsource Health Plans

15 Providence Health Plan

97 Other, specify _____

16 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder" IF POLICYHOLDER IS SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87).

ASK IF COVERAGE SOURCE IS THE OREGON HEALTH INSURANCE MARKETPLACE, INSP04a=1

INSP09a

What type of plan is this? Is it...

- 1 bronze,
- 2 silver,
- 3 gold,
- 5 catastrophic plan, or
- 97 some other type? (Specify) _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP06

Is {your/{PERSON}'s/the policyholder's} health insurance through{your/{PERSON}'s/the policyholder's} work, a union, association, or trust; someone else's work, a union, association, or trust; or some other source?

{CATI/Web: IF NEEDED:/} This includes insurance coverage from an employer, through {your/{PERSON}'s/The policy holder's}business, a family business or farm, and also through a labor union, or some other employer-based plan.

- 1 {Your/{PERSON}'s/The policyholder's} work, a union, association, or trust
- 2 Someone else's work, a union, association, or trust
- 3 Some other source

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" IF POLICYHOLDER IS SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87)..

ASK IF NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION, INSP06 =3-999

INSP09

Is {your/{PERSON}'s/the policyholder's} insurance provided through...

12 COBRA or state continuation,

13 A retirement plan,

14 A school, college, or university,

15 Was the plan purchased directly or the premium paid out of pocket, or

97 Other? Specify

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" IF POLICYHOLDER IS SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87)..

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP12

{Does your/Does {PERSON}'s/Does the policyholder's} health insurance plan cover at least some of the cost of prescription drugs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "Does the policyholder's".

ASK IF PLAN DOES NOT COVER COST OF PRESCRIPTION DRUGS, INSP12=2

INSP12a

{Do you/Does {PERSON}'s/Does the policyholder's} have other coverage that covers the cost of prescription drugs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "Does the policyholder's".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP20

What is the monthly premium paid for {your/{PERSON}'s/the policyholder's} health insurance?

{CATI/Web: IF NEEDED:/} This is the amount taken out of a paycheck or the amount paid by the policyholder to the insurance company.

{CATI/Web: ENTER WHOLE NUMBERS ONLY, WITHOUT COMMAS./Enter whole numbers only, without commas.}

{CATI/Web: IF NEEDED;} Your best guess is fine.

\$ _____ per month

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1
--

INSP25

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. This is usually based on a calendar year. The health insurance deductible will be listed in the materials provided to a person by their health insurance company.

Please do not include premium expenses.

The deductible is not the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions.

0 {CATI/Web: NO DEDUCTIBLE/No deductible}

{CATI/Web: ENTER WHOLE NUMBERS ONLY, WITHOUT COMMAS./Enter whole numbers only, without commas.}

{CATI/Web: IF NEEDED;} Your best guess is fine.

\$ _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF POLICY ONLY COVERS POLICYHOLDER, INSP02 IS BLANK

E12

Can dependents be covered under {your/{PERSON}'s/the policyholder's} health insurance?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP15

Did {you/{PERSON}/the policyholder} change health insurance carriers since last year?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder".

ASK IF THERE HAS BEEN A CHANGE IN HEALTH INSURANCE CARRIER SINCE LAST YEAR, INSP15=1

INSP15a

What carrier did {you/{PERSON}/the policyholder} previously use. Was it...

{CATI/Web: READ RESPONSES AS NEEDED. SELECT ALL THAT APPLY./Select all that apply.)

44 AARP

41 AETNA

20 ATRIO Health Plans

- 21 Bridgespan Health
- 42 Cigna
- 43 Humana
- 50 IAC
- 22 Kaiser Foundation Healthplan of the NW
- 46 Lifewise
- 23 MODA Health Plan
- 24 PacificSource Health Plans
- 25 Providence Health Plan
- 48 United Healthcare
- 18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov
- 12 The Oregon Health Plan (OHP)
- 80 Medicare, Medicare supplement
- 94 SSI, Welfare, Disability, Social Services, the State, or
- 97 Some other type of insurance? {CATI/Web: SPECIFY/Specify} _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

PSAT05

Compared to last year, have there been changes in the coverage provided by {your/{PERSON}'s/the policyholder's} health insurance that limited which health care {you/they} could access?

1 {CATI/Web: YES, SPECIFY/Yes, specify} _____

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" AND "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "they" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" AND "they".

*******PROGRAM: END LOOP POLICYHOLDER.**

*******PROGRAM: START LOOP PRIVATE INSURANCE THROUGH STATE. LOOP FOR EVERY HH MEMBER THAT HAVE PRIVATE INSURANCE THROUGH THE STATE OR OHP.**

ASK IF PRIVATE INSURANCE WAS THROUGH THE STATE OR OHP, INS_OHP_MD CD=1 or INS_STATE=1

INSP05

Earlier you stated that {your/{PERSON}'s} insurance was provided through a state sponsored health insurance program such as the Oregon Health Plan.

Just to check again, {are you/is {PERSON}} covered by...

- 12 The Oregon Health Plan (Medicaid),
- 10 Private Insurance,
- 16 Military, Veterans, or TRICARE, or
- 97 Some other type of insurance? Specify _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" AND "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "is {PERSON}".

*******PROGRAM: END LOOP PRIVATE INSURANCE THROUGH STATE.**

IX. Follow Up Questions for Those Covered by OHP

*******PROGRAM: START LOOP CCO. ASK FOR EVERYONE WHO HAS OREGON HEALTH PLAN.**

ASK IF SOMEONE IN HH HAS OHP, OHP_MD CD=1.

MCSAT01

When {you/{PERSON}} enrolled in OHP, {you/they} most likely had to choose a Coordinated Care Organization (CCO) for medical, dental and mental health care.

In which CCO {are you/is {PERSON}} enrolled?

{CATI/Web: IF NEEDED, READ LIST./}

- 11 Advanced Health
- 12 Allcare CCO
- 13 Cascade Health Alliance
- 14 Columbia Pacific
- 15 Eastern Oregon CCO
- 16 Health Share of Oregon
- 17 Intercommunity Health Network
- 18 Jackson Care Connect
- 19 Pacificsource Central
- 20 Pacificsource Gorge
- 21 Pacificsource Lane
- 22 Pacificsource Marion Polk
- 23 Trillium Comm Hlth Plan Tri-County
- 24 Trillium Community Health
- 25 Umpqua Health Alliance
- 26 Yamhill Community Care
- 97 Another CCO, Specify _____
- 96 None of these

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" AND "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}", "they", AND "is {PERSON}".
 DISPLAY CCO BASED ON COUNTY OF RESIDENCE AT HHQ01. IF COUNTY IS MISSING HHQ01=98, 999, DISPLAY ALL. ALWAYS DISPLAY, 96, 97, 98, 999.

COUNTY	CCO
Coos	Advanced Health
Curry	Advanced Health
Douglas	Allcare CCO
Curry	Allcare CCO
Jackson	Allcare CCO
Josephine	Allcare CCO
Klamath	Cascade Health Alliance
Clatsop	Columbia Pacific
Columbia	Columbia Pacific
Tillamook	Columbia Pacific
Malheur	Eastern Oregon CCO
Morrow	Eastern Oregon CCO

Sherman	Eastern Oregon CCO
Umatilla	Eastern Oregon CCO
Union	Eastern Oregon CCO
Wallowa	Eastern Oregon CCO
Wheeler	Eastern Oregon CCO
Baker	Eastern Oregon CCO
Gilliam	Eastern Oregon CCO
Grant	Eastern Oregon CCO
Harney	Eastern Oregon CCO
Lake	Eastern Oregon CCO
Clackamas	Health Share of Oregon
Multnomah	Health Share of Oregon
Washington	Health Share of Oregon
Benton	Intercommunity Health Network
Lincoln	Intercommunity Health Network
Linn	Intercommunity Health Network
Jackson	Jackson Care Connect
Jefferson	Pacificsource Central
Klamath	Pacificsource Central
Crook	Pacificsource Central
Deschutes	Pacificsource Central
Hood River	Pacificsource Gorge
Wasco	Pacificsource Gorge
Lane	Pacificsource Lane
Marion	Pacificsource Marion Polk
Polk	Pacificsource Marion Polk
Clackamas	Trillium Comm Hlth Plan Tri-County
Multnomah	Trillium Comm Hlth Plan Tri-County
Washington	Trillium Comm Hlth Plan Tri-County
Douglas	Trillium Community Health
Lane	Trillium Community Health
Linn	Trillium Community Health
Douglas	Umpqua Health Alliance
Yamhill	Yamhill Community Care
Polk	Yamhill Community Care
Washington	Yamhill Community Care

*****PROGRAM: END LOOP CCO.

VIII. Insurance Follow Up

ASK ALL

H4d

In the past 12 months, did anyone in the household look for health insurance coverage for anyone in the household using the Oregon Health Insurance Marketplace? This is also referred to as the marketplace or OregonHealthcare.gov.

{CATI/Web: IF NEEDED: /} The person may have gone online, spoke to a representative on the phone or in person. OregonHealthcare.gov was created to help Oregonians learn about and apply for health care coverage.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE LOOKED FOR HEALTH INSURANCE USING OREGON HEALTH INSURANCE MARKETPLACE, H4d=1

H4e

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER, NOT SELECTED AT UNITSCRN.

VII. Private Insurance Follow Up Questions

*******PROGRAM: START LOOP PRIVATE INSURANCE FOLLOW UP. LOOP FOR EVERY HH MEMBER WHO HAS PRIVATE INSURANCE AND IS AGE 18-26.**

ASK IF HH MEMBER HAS PRIVATE INSURANCE OR INSURANCE THROUGH THE MARKETPLACE AND IS AGED 18 TO 26, (INS_PRVT=1 OR INS_MRKT=1) AND (17<AGE1<27 OR AGE2=4)

INSP40

{Do you/Does {PERSON}} currently have private health insurance for medical bill coverage through a parent's health insurance?

{CATI/Web: IF NEEDED: /} Children up to age 26 can still be covered by their parent's private health insurance regardless of whether the child still lives with their parents.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF HH MEMBER DOES NOT HAVE PRIVATE INSURANCE THROUGH A PARENT, INSP40=2

INSP41

{Do your/Does {PERSON's}} parent(s) have private health insurance that allows coverage of children?

{CATI/Web: IF NEEDED: /} Children up to age 26 can still be covered by their parent's private health insurance regardless of whether the child still lives with their parents.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO, PARENTS' POLICY DOES NOT COVER DEPENDENTS/No, parents' policy does not cover dependents}

3 {CATI/Web: PARENTS DO NOT HAVE PRIVATE INSURANCE/Parents do not have private insurance}

98 DON'T KNOW

999 REFUSED/WEB BLANK

*****PROGRAM: END LOOP PRIVATE INSURANCE FOLLOW UP.

X. Follow Up Questions for the Uninsured

*****PROGRAM: START LOOP UNINSURED. LOOP FOR EVERY HH MEMBER WHO IS UNINSURED.

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

INSU01

These next questions ask about those without health insurance.

How long has it been since {you/{PERSON}} had any health insurance? Was it...

- 1 Less than 12 months,
- 2 1 year but less than 2 years,
- 3 2 years but less than 5 years,
- 4 5 or more years, or
- 5 {you/{PERSON}} never had health insurance?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF PERSON DID NOT HAVE HEALTH INSURANCE IN THE PAST 2 YEARS, INSU01=1, 2

INSU01b

How many months has it been since {you/{PERSON}} last had health insurance?

{CATI/Web: IF LESS THAN 1 MONTH, ENTER 0./If less than one month, enter 0.}

Month(s): _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: ALLOW 0-23

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

INSU03

Can you please tell {CATI/Web: me/us} the reason why {you do/{PERSON} does} not have health insurance coverage? Is it due to...

{CATI/Web: IF NEEDED READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Losing a job or changing employer,
- 11 Being cut back to part-time or temporary status,
- 12 The employer stopping health insurance offers,
- 13 The employer not offering health insurance,
- 14 Being in a waiting period for coverage,
- 15 A divorce from or the death of the policyholder,
- 16 No longer being covered under parent's insurance,
- 17 The cost being too high,
- 18 The insurance company refused to provide coverage,
- 19 No longer qualifying for OHP (Medicaid),
- 20 Not needing insurance, or
- 97 Some other reasons? Specify _____
- 96 None of these

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does".

ASK IF UNINSURED BUT DID NOT INDICATE NEVER HAVING INSURANCE, INSU01=1, 2, 3, OR 4

INSU05

Thinking back to the last time {you/{PERSON}} had health insurance, what type of insurance did {you/{PERSON}} have?

- 10 Insurance through {your/{PERSON}'s} work, union, association, or trust
- 11 Insurance through someone else's work, union, association, or trust

- 12 Insurance through COBRA or state continuation
- 19 Insurance through a student health insurance program
- 20 Insurance bought directly by {you/PERSON}}
- 21 Insurance bought directly by someone else
- 15 Oregon Health Plan (OHP)
- 13 Medicare
- 14 Military, veterans, TRICARE (formally known as CHAMPUS)
- 17 Indian Health Services (IHS)
- 18 Railroad retirement fund
- 22 Workers' compensation for specific injury/illness
- 97 Other insurance, specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "{PERSON}'s".

*******PROGRAM: END LOOP UNINSURED.**

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

MCDESC

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.

{CATI/Web: IF NEEDED:/} OHP provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

MCA04

What are the reasons that the uninsured member(s) of the household have not enrolled in the Oregon Health Plan? Is it because....

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Unfamiliarity with the program,
- 11 Application already submitted,

- 12 Ineligibility,
- 13 Concerns about quality, access, or equity,
- 14 No interest,
- 16 No reason in particular, or
- 97 Something else? Specify _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: NO REASON IN PARTICULAR IS MUTUALLY EXCLUSIVE.

ASK IF UNFAMILIAR WITH OHP, MCA04=10

MCA04a

You indicated that unfamiliarity was one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 you {and others in your household} are unfamiliar with the plan,
- 2 you {and others in your household} don't know where to apply, or
- 7 something else?

ASK IF APPLICATION SUBMITTED, MCA04=11

MCA04b

You indicated that an application was already submitted as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 you {and others in your household} are waiting to hear,
- 2 the application got denied, or
- 7 something else?

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF INELIGIBILITY, MCA04=12

MCA04c

You indicated that ineligibility was one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 you {and others in your household} think your household would not be eligible because the household makes too much money,
- 2 you {and others in your household} think your household would not be eligible because the uninsured people could get insurance through employers that offer health insurance, or
- 7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF CONCERNS ABOUT QUALITY, ACCESS, OR EQUITY, MCA04=13

MCA04d

You indicated that concerns about quality, access, or equity as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 you {and others in your household} would be concerned about being able to see the doctors or health care providers you want to,
- 2 you {and others in your household} would be concerned about the quality of care,
- 3 you {and others in your household} would be concerned that health care professionals would treat you and your family differently, or
- 7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF NO INTEREST, MCA04=14

MCA04e

You indicated not being interested as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 it is too much paperwork or trouble,
- 2 your household does not want to receive government assistance,
- 3 you {and others in your household} are rarely sick,
- 4 you {and others in your household} don't want or don't need health insurance,
- 5 you {and others in your household} worry that the costs would be too high, or
- 7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

XI. Interruptions in Coverage

ASK IF AT LEAST ONE PERSON IN HH HAS HEALTH INSURANCE (INS_PRVT=1 OR INS_MDCR=1 OR INS_OHP_MDCD=1 OR INS_MLTR=1 OR INS_MRKT=1 OR INS_STATE=1 OR INS_SSI=1 OR INS_OTH=1)

INSW01

Next, I'd like to ask you about any gaps in insurance coverage.

Other than those without insurance that we previously asked about, has anyone in the household had any gap in insurance in the past 12 months?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN THE HH HAS HAD A GAP IN INSURANCE WITHIN THE PAST 12 MONTHS,
INSW01=1

INSW01b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER, NOT SELECTED AT UNITSCRN.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP GAP IN INSURANCE. ASK FOR EVERY HH MEMBER WHO HAS HAD GAP IN INSURANCE IN PAST 12 MONTHS.**

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT INSW01b

INSW02

For how long {were you/was {PERSON}} without health insurance coverage, even if that gap in coverage was longer than 12 months? Was it...

- 1 Less than 12 months,
- 2 1 year but less than 2 years,
- 3 2 years but less than 5 years,
- 4 5 or more years, or
- 5 {you/{PERSON}} never had health insurance?

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON DID NOT HAVE HEALTH INSURANCE IN THE PAST 2 YEARS, INSW02=1, 2

INSW02b

How many months {were you/was {PERSON}} without health insurance coverage?

{CATI/Web: IF LESS THAN 1 MONTH, ENTER 0./If less than one month, enter 0.}

Month(s): _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: ALLOW 0-23

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT INSW01b

INSW03

Can you please tell {web/CATI: us/me} the main reason why {you/{PERSON}} did not have health insurance at that time?

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Losing a job or changing employer,
- 11 Being cut back to part-time or temporary status,
- 12 The employer stopping health insurance offers,
- 13 The employer not offering health insurance,
- 14 Being in a waiting period for coverage,
- 15 A divorce from or the death of the policyholder,
- 16 No longer being covered under parent's insurance,
- 17 The cost being too high,
- 18 The insurance company refused to provide coverage,
- 19 No longer qualifying for OHP (Medicaid),
- 20 Not needing insurance, or
- 97 Some other reasons? Specify _____
- 96 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: NONE OF THESE IS MUTUALLY EXCLUSIVE.

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT INSW01b

INSW05

What type of health insurance coverage did {you/{PERSON}} have prior to their current coverage?

10 Insurance through {you/{PERSON}'s} work, union, association, or trust

11 Insurance through someone else's work, union, association, or trust

12 Insurance through COBRA or state continuation

19 Insurance through a student health insurance program

20 Insurance bought directly by {you/PERSON}}

21 Insurance bought directly by someone else

15 Oregon Health Plan (OHP)

13 Medicare

14 Military, veterans, TRICARE (formally known as CHAMPUS)

17 Indian Health Services (IHS)

18 Railroad retirement fund

22 Workers' compensation for specific injury/illness

23 Employer paid for bills, but not an insurance policy

24 Family member pays out of pocket for any bills

96 Other non-insurance payment source, specify _____

97 Other insurance, specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP GAP IN INSURANCE**

XII. Access to Care & Doctor Visits

ASK ALL

DOCV00

Next, {CATI/Web: I/we} would like to ask about visits to doctors' offices and medical care.

This includes visits to doctors and other health care providers such as physician assistants, nurse practitioners, or anyone else you might go to for medical care.

It also includes any time that care was provided by telehealth services through your computer, laptop, tablet or cell phone. Telehealth allows health care professionals to evaluate, diagnose and treat patients using telecommunications technology between the patient and a provider at a distant site. This could be done using a telephone or a video call. Telehealth does not include emailing a doctor or nurse for advice, scheduling or changing an appointment or renewing a prescription.

This does not include things such as getting a flu shot through work or checking your blood pressure at a pharmacy.

*******PROGRAM: START LOOP ACCESS TO CARE. LOOP FOR EVERY HH MEMBER EXCLUDING THOSE SELECTED AT UNITSCRN.**

ASK ALL

DOCV01

How many times did {you/{PERSON}} see a doctor or health care provider in person or through telehealth services during the past 12 months?

{CATI/Web: IF NEEDED:/} This does not include instances such as getting a flu or COVID shot through work or checking blood pressure at the pharmacy.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF AT LEAST ONE HEALTHCARE PROVIDER VISIT, 0<DOCV01<997

DOCV02

How many of those times were for strictly routine check-ups or preventive care, that is when {you were/{PERSON} was} not sick?

{CATI/Web: IF NEEDED:/} Routine and preventive care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up visits.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you were" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} was".

ASK IF AT LEAST ONE HEALTHCARE PROVIDER VISIT, 0<DOCV01<997

DOCV02a

How many of those times were with a specialist?

{CATI/Web: IF NEEDED:/} Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

Please do not include care {you/{PERSON}} received when {you/they} were hospitalized overnight or in hospital emergency rooms.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "they".

ASK IF NO ROUTINE CARE VISIT IN THE LAST 12 MONTHS, DOCV02=0

A10a

{Have you/Has {PERSON}} ever seen a doctor or other health care provider in person or through telehealth services for a routine checkup or preventative care?

{CATI/Web: IF NEEDED:/} Routine and preventive care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up care.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 {CATI/Web: You/I} don't know

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAD ROUTINE CARE VISIT IN THE PAST, A10a=1

A10b

About how long has it been since {you/{PERSON}} last saw a doctor or other health care provider in person or through telehealth services for a routine checkup or preventative care?

{CATI/Web: READ RESPONSES AS NEEDED./}

1 Within the past 12 months

2 1 year but less than 2 years ago

3 2 years but less than 5 years ago

4 5 or more years ago

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF NO VISIT TO SPECIALIST IN THE LAST 12 MONTHS, DOCV02a=0

A11a

{Have you/Has {PERSON}} ever seen a specialist in person or through telehealth services?

{CATI/Web: IF NEEDED:./} Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 {CATI/Web: You/I} don't know
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAD VISIT WITH SPECIALIST IN THE PAST, A11a=1

A11b

About how long has it been since {you/{PERSON}} last saw a specialist in person or through telehealth services?

{CATI/Web: READ RESPONSES AS NEEDED./}

1 Within the past 12 months
2 1 year but less than 2 years ago
3 2 years but less than 5 years ago
4 5 or more years ago

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP ACCESS TO CARE.**

ASK ALL

DOCV03a

Is there one kind of place that you usually go when you are sick or need medical attention?

If care is provided by telehealth, please think of the type of place that is providing care.

{CATI/Web: IF NEEDED:/} A place is a location such as a private doctor's office, a hospital emergency room, a clinic, a health center, an urgent care, or walk-in clinic.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF RESPONDENT HAS USC, DOCV03a=1

DOCV04

What kind of place is this? {CATI/Web: Would you say.../}

{CATI/Web: IF NEEDED:/} This is the type of health care provider you would go to in these instances. This could be in person or by telehealth services.

10 A doctor's office or private clinic,

11 A community health center or other public clinic,

12 Hospital outpatient department,

13 Emergency room,

14 Walk-in or urgent care,

15 VA Clinic, or

97 Some other place? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF RESPONDENT INDICATES "A COMMUNITY HEALTH CENTER OR OTHER PUBLIC CLINIC",
DOCV04=11

A2a

What kind of health center or clinic is it? Is it...

- 10 A County public health department
- 11 A Community health center
- 12 A school-based health center
- 13 A family planning clinic
- 14 A Tribal Health Center
- 15 A Veteran's Affairs or military clinic or hospital
- 97 Something else? Specify _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

ASK IF RESPONDENT DOES NOT HAVE A USC, DOCV03a=2

A2b

What are the main reasons you do not have a regular place for health care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

{CATI/Web: PROMPT: Are there any other reasons?/}

- 10 {CATI/Web: CAN'T AFFORD IT/I can't afford it}
- 11 {CATI/Web: DO NOT HAVE HEALTH INSURANCE/I do not have health insurance}
- 12 {CATI/Web: RARELY GET SICK/I am rarely sick}
- 13 {CATI/Web: TRANSPORTATION DIFFICULTIES/Transportation difficulties}
- 14 {CATI/Web: LANGUAGE DIFFICULTIES/Language difficulties}
- 15 {CATI/Web: RECENTLY MOVED/I recently moved}
- 16 {CATI/Web: RECENTLY CHANGED INSURANCE/I recently changed insurance}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

ASK IF RESPONDENT HAS USC, DOCV03a=1

A3

Are there other people in your household who go to the same place as you?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF OTHER HH MEMBERS GO TO THE SAME USC, A3=1

A4

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT, **EXCLUDING THOSE SELECTED AT UNITSCRN**

*******PROGRAM: START LOOP USUAL SOURCE OF CARE. LOOP FOR EVERY HH MEMBER EXCLUDING THOSE SELECTED AT UNITSCRN, EXCLUDING THE RESPONDENT, WHO IS NOT YET ASSOCIATED WITH A USC.**

ASK IF HH MEMBERS ARE NOT YET ASSOCIATED WITH A USC, NOT SELECTED AT A4

DOCV07

Is there one kind of place that {PERSON} usually goes when they are sick or needs medical attention?

If care is provided by telehealth, please think of the type of place that is providing the care.

{CATI/Web: IF NEEDED:/} A place is a location such as a private doctor's office, a hospital emergency room, a clinic, a health center, an urgent care, or walk-in clinic. Think of this as one place even if those in the household go to several private doctors or different private doctors.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF INDIVIDUAL GOES TO ONE PLACE FOR MEDICAL ATTENTION, DOCV07=1

DOCV08

What kind of place is this? {CATI/Web: Would you say.../}

{CATI/Web: IF NEEDED:/}That is the type of health care provider you would go to in these instances. This could be in person or by telehealth services.

10 A doctor's office or private clinic,

11 A community health center or other public clinic

12 Hospital outpatient department

13 Emergency room

14 Walk-in or urgent care

20 VA Clinic, or

97 Some other place? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF PERSON GOES TO "COMMUNITY HEALTH CENTER OR OTHER PUBLIC CLINIC", DOCV8=11

A2aa

What kind of health center or clinic is it? Is it...

10 A County public health department

11 A Community health center

12 A school-based health center

13 A family planning clinic

14 A Tribal Health Center

15 A Veteran's Affairs or military clinic or hospital

97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF PERSON DOES NOT HAVE A USUAL SOURCE OF CARE, DOCV07=2

A2ba

What is the main reason {PERSON} does not have a regular place for health care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

{CATI/Web: PROMPT: Are there any other reasons?/}

10 {CATI/Web: CAN'T AFFORD IT/{PERSON} can't afford it}

11 {CATI/Web: DO NOT HAVE HEALTH INSURANCE/{PERSON} does not have health insurance}

12 {CATI/Web: RARELY GET SICK/{PERSON} is rarely sick}

13 {CATI/Web: TRANSPORTATION DIFFICULTIES/Transportation difficulties}

14 {CATI/Web: LANGUAGE DIFFICULTIES/Language difficulties}

15 {CATI/Web: RECENTLY MOVED/{PERSON} recently moved}

16 {CATI/Web: RECENTLY CHANGED INSURANCE/{PERSON} recently changed insurance}

97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH MEMBER HAS USC, DOCV07=1

A5

Are there other people in your household who go to the same place as {PERSON}?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF OTHER HH MEMBERS GO TO THE SAME USC, A5=1

A6

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT, THOSE ASSOCIATED WITH USC (SELECTED AT A6), AS WELL AS THOSE WHO INDICATED NOT HAVING A USC (DOCV07=2).

*******PROGRAM: END LOOP USUAL SOURCE OF CARE.**

ASK ALL

NDOCV14

{CATI/Web: Next, I'm going to read you/Next is} a list of problems some people experience when they try to get health care.

ASK ALL

A7_a

During the past 12 months did anyone in the household have to change health care providers because their health insurance changed or ended?

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH HAD TO CHANGE HEALTH CARE PROVIDERS IN LAST 12 MONTHS BECAUSE HEALTH INSURANCE CHANGED OR ENDED, A7_a=1

A7_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK ALL

A14Ba_a

During the past 12 months was anyone in the household unable to get an appointment at the doctor's office or clinic as soon as one was needed?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS UNABLE TO GET AN APPOINTMENT AT THE DOCTOR WHEN NEEDED IN THE LAST 12 MONTHS, A14Ba_a=1

A14Ba_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

A14Bb_a

During the past 12 months was anyone in the household told by a doctor's office or clinic that they weren't accepting new patients?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS TOLD BY A DOCTOR THAT THEY WEREN'T ACCEPTING NEW PATIENTS IN THE LAST 12 MONTHS, A14Bb_a=1

A14Bb_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

DOCV12_a

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

Do not include any visits to walk in treatment centers.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, DOCV12_a=1

DOCV12_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP EMERGENCY ROOM. ASK FOR EVERY HH MEMBER WHO SOUGHT CARE IN ER**

ASK IF PERSON SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, SELECTED AT DOCV12_b

A8

In the past 12 months, how many times did {you/PERSON} receive care in a hospital emergency room?

{CATI/Web: ENTER NUMBER/Enter number} _____

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

PROGRAM: LENGTH=3, SOFT RANGE: 50-99. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >100, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

ASK IF PERSON SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, SELECTED AT DOCV12_b

NDOCV13

Were any of these important reasons for {your/{PERSON}'s} last visit to a hospital emergency room.

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

10 {You/They} were so ill or injured that {you/they} needed immediate medical attention

13 {You/They} needed care after normal hours at the doctor's office or clinic

14 The household owed money to the doctor's office or clinic

15 It was more convenient to go to the hospital emergency room

16 The doctor's office or clinic told {you/them} to go to the emergency room

97 {CATI/Web: SOME OTHER REASON, SPECIFY/Some other reason, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your"/"you" IF LOOPING ON RESPONDENT, ELSE DISPLAY'S "{PERSON}"/"they"/"them".

*******PROGRAM: END LOOP EMERGENCY ROOM.**

ASK ALL

A9_a

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?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS ADMITTED TO A HOSPITAL IN THE LAST 12 MONTHS, A9_a=1

A9_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

DOCV17_a

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

{CATI/Web: IF NEEDED, READ:} Mental health and physical health are very closely connected. Mental health plays a major role in your ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect your ability to participate in healthy behaviors.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH RECEIVE MENTAL HEALTH CARE OR COUNSELING IN THE LAST 12 MONTHS, DOCV17_a=1

DOCV17_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

TELE02_a

In the past 12 months has anyone in the household used health care by phone, computer or video? Please do not include any times you or others emailed a doctor or nurse for advice, scheduled or changing an appointment or renewed a prescription. For these questions please limit your responses to real-time consultation between a patient and health care provider who are at different locations.

This may have been through an application such as Zoom, GoTo Meeting, WebEx, Google Meet, or a specific app used by your healthcare provider.

Telehealth allows health care professionals to use telecommunications technology to offer health care like check-ups, mental health care, testing, and other services to a patient who is in their own home or another location. This could be done using a telephone or a video call.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH USED TELEHEALTH IN THE LAST 12 MONTHS, TELE02_a=1

TELE02_aa

Who is that?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

*******PROGRAM: START LOOP TELEHEALTH. ASK FOR EVERY HH MEMBER WHO USED TELEHEALTH.**

ASK IF FOR EVERYONE SELECTED AT TELE02_aa

TELE02_b

Was the telehealth visit for {you/{PERSON}} a video visit, a phone visit without video, or both?

1 a video visit

2 a phone visit without video

3 both a video visit and phone visit without video

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF FOR EVERYONE SELECTED AT TELE02_a

TELE02_c

What types of care did {you/{PERSON}} receive through telehealth?

*******PROGRAM: END LOOP TELEHEALTH.**

XIII. Prescription Medications

ASK ALL

RXU01_a

These next questions are about prescription medications.

Does anyone take prescription drugs on a regular basis?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH TAKES PRESCRIPTION MEDICATIONS, RXU01_a=1

RXU01_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP PRESCRIPTION MEDICATIONS. ASK FOR EVERY HH MEMBER WHO TOOK PRESCRIPTION MEDICATIONS**

PROGRAM GEN IN A 1 IF HHCOMP=1. DO NOT SHOW QUESTION.

ASK IF PERSON TAKES PRESCRIPTION MEDICATIONS, SELECTED AT RXU01_b

RXU02

How many prescription medicines {do you/does {PERSON}} take on a regular basis?

{CATI/Web: ENTER NUMBER/Enter number}

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 30-100. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: > 100, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."
PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

*****PROGRAM: END LOOP PRESCRIPTION MEDICATIONS.

XIV. Dental Insurance and Care

ASK ALL

INSD01a

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?

{CATI/Web: IF NEEDED:;} This includes dental insurance, prepaid plans or government plans.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DENTAL CARE INSURANCE, INSD01a=1

INSD01b

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DENTAL, EXCLUDING ANYONE SELECTED AT UNITSCRN.**

ASK ALL

INSD02a

{Have you/Has {PERSON}} ever received any type of preventive dental care?

{CATI/Web: IF NEEDED:/} Examples include a dental cleaning, fluoride treatment, or sealants.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 {CATI/Web: You/I} don't know

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAS RECEIVED PREVENTIVE DENTAL CARE, INSD02a=1

INSD02b

About how long has it been since {you/{PERSON}} last received any type of preventive dental care?

1 {CATI/Web: WITHIN THE PAST 12 MONTHS/Within the past 12 months}

2 {CATI/Web: AT LEAST 1 YEAR BUT LESS THAN 2 YEARS AGO/At least 1 year but less than 2 years ago}

3 {CATI/Web: AT LEAST 2 YEARS BUT LESS THAN 5 YEARS AGO/At least 2 years but less than 5 years ago}

4 {CATI/Web: 5 OR MORE YEARS AGO/5 or more years ago}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

ASK IF PERSON HAS NOT HAD PREVENTATIVE DENTAL CARE IN THE LAST 12 MONTHS, INSD02a=2 OR INSD02b=2,3,4

INSD05

What is the primary reason {you have/{PERSON} has} not visited the dentist within the past 12 months for preventive care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

- 10 {CATI/Web: FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE/Fear, apprehension, nervousness, pain, dislike}
- 11 {CATI/Web: COST OF CARE/Cost of care}
- 12 {CATI/Web: DO NOT HAVE / KNOW A DENTIST/Do not have or know a dentist}
- 13 {CATI/Web: CANNOT GET TO THE OFFICE / NO TRANSPORTATION/Cannot get to the office, no transportation}
- 14 {CATI/Web: NO REASON TO GO/No reason to go}
- 15 {CATI/Web: OTHER PRIORITIES/Other priorities}
- 16 {CATI/Web: HAVE NOT THOUGHT OF IT/Have not thought of it}
- 17 {CATI/Web: NO TEETH/No teeth}
- 18 {CATI/Web: TOO YOUNG/Too young}
- 19 {CATI/Web: DON'T HAVE DENTAL COVERAGE/No dental coverage}
- 20 {CATI/Web: CAN'T FIND A DENTIST THAT ACCEPTS PERSON'S COVERAGE/Can't find dentist that accepts {my/{PERSON}'s} coverage}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you have" AND "my" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} HAS" AND "{PERSON}'S".

ASK ALL

INSD03a

{Have you/Has {PERSON}} ever received any care to treat a specific dental problem or concern?

{CATI/Web: IF NEEDED:/} Examples include a filling, crowns or root canal.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 {CATI/Web: You/I} don't know

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAS RECEIVED DENTAL CARE FOR PROBLEM, INSD03a=1

INSD03b

About how long has it been since {you/{PERSON}} last received care to treat a specific dental problem or concern?

- 1 {CATI/Web: WITHIN THE PAST 12 MONTHS/Within the past 12 months}
- 2 {CATI/Web: AT LEAST 1 YEAR BUT LESS THAN 2 YEARS AGO/At least 1 year but less than 2 years ago}
- 3 {CATI/Web: AT LEAST 2 YEARS BUT LESS THAN 5 YEARS AGO/At least 2 years but less than 5 years ago}
- 4 {CATI/Web: 5 OR MORE YEARS AGO/5 or more years ago}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DENTAL.**

XV. Healthcare Expenses and Barriers

ASK ALL

EXP01

Over the last 12 months, about how much has your household had to pay out of pocket for prescription medications?

Please include all out of pocket expenses, regardless of who actually pays for them, and also include any co-payments or coinsurance payments.

{CATI/Web: IF NEEDED:;} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:;} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM:

PROGRAM: LENGTH=5, RANGE 0-99999

ASK ALL

EXP02

Over the last 12 months, about how much has your household had to pay out of pocket for dental and vision care?

{CATI/Web: IF NEEDED:/} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED;} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, RANGE 0-99999

ASK ALL

EXP02a

Over the last 12 months, about how much has your household had to pay out of pocket for mental health care?

{CATI/Web: IF NEEDED:;} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:;} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: RANGE 0-99999

ASK ALL

EXP03

Over the last 12 months, about how much has your household had to pay out of pocket for 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.

{CATI/Web: IF NEEDED:;} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:;} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: RANGE 0-99999

ASK ALL

A14ca

During the past 12 months, did anyone in the household need medical care but didn't get it because they could not afford it? By medical care, we mean care for an illness or condition, preventive care, diagnostic test, or care from a specialist.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET MEDICAL CARE BECAUSE THEY COULD NOT AFFORD IT, A14ca=1

A14cb

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY MEDICAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET MEDICAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET MEDICAL CARE BECAUSE THEY COULD NOT AFFORD IT, SELECTED AT A14cb

A14cc

What type of medical care, did {you/{PERSON}} delay because of cost? Was it...

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

- 1 medical care for an illness or condition,
- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,

5 surgery, or
6 some other type of medical care? Specify _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY MEDICAL CARE DUE TO COST.**

ASK ALL

HCBO4a

During the past 12 months, did anyone in the household need dental care but didn't get it because they could not afford it? By dental care, we mean care for a dental concern or preventive care.

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT,
HCBO4a=1

HCBO4b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY DENTAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET DENTAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT,
SELECTED AT HCB04b

HCB04c

What type of dental care, did {you/{PERSON}} delay because of cost? Was it...

- 1 care for a dental concern (filling, crown, oral surgery, emergency dental),
- 2 preventive care (checkups, cleanings, fluoride, sealants)
- 3 some other type of dental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY DENTAL CARE DUE TO COST.**

ASK ALL

HCB05a

During the past 12 months, did anyone in the household need mental health care but didn't get it because they could not afford it? By mental care, we mean mental health care or counseling, or substance abuse treatment or counseling.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET MENTAL CARE BECAUSE THEY COULD NOT AFFORD IT,
HCB05a=1

HCB05b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY MENTAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET MENTAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT, SELECTED AT HCB04b

HCB05c

What type of mental health care, did {you/{PERSON}} delay because of cost? Was it...

- 1 mental care or counseling,
- 2 substance abuse treatment or counseling, or
- 3 some other type of mental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY MENTAL CARE DUE TO COST.**

ASK ALL

HCB03

During the past 12 months, did anyone in the household need prescription medicines but didn't get it because they could not afford it?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET PRESCRIPTION MEDICINE BECAUSE THEY COULD NOT AFFORD IT, HCB03a=1

HCB03a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

HCB05ca

During the past 12 months, did anyone in the household skip doses or take smaller amounts of prescription drugs to make them last longer to save on cost?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH SKIPPED OR TOOK LOWER DOSES OF PRESCRIPTION MEDICINE BECAUSE THEY COULD NOT AFFORD IT, HCB05c=1

HCB05d

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

A17

During the last 12 months, did anyone in the household have medical bills that were difficult to pay?

{CATI/Web: IF NEEDED:/} This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE HAD BILL THAT WAS DIFFICULT TO PAY, A17=1

A17a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START BILL DIFFICULTY LOOP. ASK FOR EVERY HH MEMBER WHO HAD A BILL THAT WAS DIFFICULT TO PAY.**

ASK IF SOMEONE HAD BILL THAT WAS DIFFICULT TO PAY, A17a=1

A17b

What type of medical services led to the medical bills for {you/{PERSON}}?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

10 {CATI/Web: CARE FOR A DENTAL CONCERN (FILLING, CROWN, ORAL SURGERY, EMERGENCY DENTAL)/Care for a dental concern (such as filling, crown, oral surgery, or emergency dental work)}

- 11 {CATI/Web: PREVENTATIVE DENTAL CARE (CHECKUP, CLEANING, FLUORIDE, SEALANTS)/Preventative dental care (such as checkup, cleaning, fluoride, or sealants)}
- 12 {CATI/Web: DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)/Diagnostic test (such as CAT Scan, MRI, lab work, or X-ray)}
- 13 {CATI/Web: EMERGENCY ROOM CARE/Emergency room care}
- 14 {CATI/Web: HOSPITAL CARE/HOSPITAL STAY/Hospital care or hospital stay}
- 15 {CATI/Web: MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)/Medical care for an illness or condition (such as flu or asthma)}
- 16 {CATI/Web: MEDICAL CARE FOR AN INJURY OR POISONING/Medical care for an injury or poisoning}
- 17 {CATI/Web: MENTAL HEALTH CARE OR COUNSELING/Mental health care or counseling}
- 18 {CATI/Web: OUTPATIENT SURGERY/Outpatient surgery (such as day surgery)}
- 23 {CATI/Web: INPATIENT SURGERY/Inpatient surgery (where you are admitted in the hospital)}
- 19 {CATI/Web: PRESCRIPTION MEDICINES/Prescription medicines}
- 20 {CATI/Web: REHABILITATION SERVICES/Rehabilitation services}
- 21 {CATI/Web: ROUTINE OR PEVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)/Routine or preventive medical care (such as check up or well baby visit)}
- 22 {CATI/Web: SERIOUS MEDICAL CONDITION (PNEUMONIA)/Serious medical condition (such as pneumonia)}
- 35 {CATI/Web: SUBSTANCE ABUSE TREATMENT OR COUNSELING/Substance abuse treatment or counseling}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____
- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

*****PROGRAM: END BILL DIFFICULTY LOOP.

ASK ALL

A17c

Does anyone in your household currently have any medical bills which the household is paying off over time?

{CATI/Web: IF NEEDED:/} This could include medical bills the household is paying off with credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year or bills for other household members.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE HAS BILL BEING PAID OVER TIME, A17c=1

A17d

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START BILL BEING PAID OVER TIME LOOP. ASK FOR EVERY HH MEMBER WHO HAS A BILL BEING PAID OVER TIME.**

ASK IF SOMEONE HAD BILL BEING PAID OVER TIME, SELECTED AT A17d

A17e

How much is the total amount of the medical bills for {you/{PERSON}} that is being paid off over time?

1 Less than \$2,000

2 \$2,000 to less than \$4,000

3 \$4,000 to less than \$8,000
4 \$8,000 to less than \$10,000
5 \$10,000 or more

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

*******PROGRAM: END BILL BEING PAID OVER TIME LOOP.**

ASK ALL

HCB13

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

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

- 1 Unable to pay for basic necessities like food, heat or rent
- 2 Used up all or most of savings
- 3 Had large credit card debt or had to take a loan or debt against the home
- 4 Filed for medical bankruptcy
- 5 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: NONE OF THESE IS MUTUALLY EXCLUSIVE.

Barriers to Care

ASK ALL

BA01

During the past 12 months, did anyone in the household ever delay or not get physical, mental, or dental health care because they could not find a doctor or other health care provider?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF DELAYED OR DID NOT GET CARE BECAUSE COULD NOT FIND DOCTOR, BA01=1

BA01a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY CARE BECAUSE COULD NOT FIND A DR. ASK FOR EVERY HH MEMBER WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR.**

ASK FOR EVERYONE WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR, SELECTED AT BA01a.

BA01b

What type of medical, dental, or mental health care, did {you/{PERSON}} delay or not get because {you/they} could not find a doctor or other health care provider? Was it...

Medical

- 1 medical care for an illness or condition,
- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,
- 5 surgery, or
- 6 some other type of medical care? Specify _____

Dental

- 7 care for a dental concern (filling, crown, oral surgery, emergency dental),
- 8 preventive care (checkups, cleanings, fluoride, sealants)
- 9 some other type of dental care? Specify _____

Mental

- 10 mental care or counseling,
- 11 substance abuse treatment or counseling, or
- 12 some other type of mental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: INSERT "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "they".

*******PROGRAM: END LOOP DELAY CARE BECAUSE COULD NOT FIND A DR.**

ASK ALL

BA02

During the past 12 months, did anyone in the household ever delay or not get physical, mental, or dental health care because they did not find or know a doctor or other health care provider who accepts their insurance?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF DELAYED OR DID NOT GET CARE BECAUSE COULD NOT FIND DOCTOR WHO ACCEPTED INSURANCE, BA02=1

BA02a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY CARE BECAUSE COULD NOT FIND A DR WHO ACCEPTED INSURANCE. ASK FOR EVERY HH MEMBER WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR WHO ACCEPTED INSURANCE.**

ASK FOR EVERYONE WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR WHO ACCEPTED INSURANCE, SELECTED AT BA02a.

BA02b

What type of medical, dental, or mental health care, did {you/{PERSON}} delay or not get because {you/they} could not find or did not know a doctor or other health care provider who accepts {your/their} insurance? Was it...

Medical

1 medical care for an illness or condition,

- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,
- 5 surgery, or
- 6 some other type of medical care? Specify _____

Dental

- 7 care for a dental concern (filling, crown, oral surgery, emergency dental),
- 8 preventive care (checkups, cleanings, fluoride, sealants)
- 9 some other type of dental care? Specify _____

Mental

- 10 mental care or counseling,
- 11 substance abuse treatment or counseling, or
- 12 some other type of mental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: INSERT "you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}", "they", and "their".

*******PROGRAM: END LOOP DELAY CARE BECAUSE COULD NOT FIND A DR.**

XVI. Health Status

ASK ALL

HSTAT01

Now, {CATI/Web: I'd like to ask/we have} some questions about the health and functional limitations of each member of your household.

*******PROGRAM: START LOOP HEALTH STATUS. LOOP FOR EACH HH MEMBER EXCLUDING ANYONE SELECTED AT UNITSCRN.**

ASK ALL

HSTAT02

Would you say {your/{PERSON}'s} health, in general, is...

{CATI/Web: READ LIST./}

- 1 Excellent,
- 2 Very Good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".

*******PROGRAM: END LOOP HEALTH STATUS. LOOP FOR EACH HH MEMBER.**

ASK ALL

DS0

The next series of questions is about functional difficulties that some people may experience. Your answers will help us find health and service differences among people with and without these difficulties. Your answers are confidential.

ASK ALL

DS1

Is any person in your household deaf or have serious difficulty hearing?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS DEAF OR HAS SERIOUS DIFFICULTY HEARING, DS1=1

DS1a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DEAF. ASK FOR EVERY HH MEMBER WHO IS DEAF OR HAS SERIOUS DIFFICULTY HEARING.**

ASK IF SOMEONE IN THE HH IS DEAF OR HAS SERIOUS DIFFICULTY HEARING, DS1=1

DS1b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DEAF.**

ASK ALL

DS2

Is any person in your household blind or have serious difficulty seeing, even when wearing glasses?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS BLIND OR HAS SERIOUS DIFFICULTY SEEING, DS2=1

DS2a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP BLIND. ASK FOR EVERY HH MEMBER WHO IS BLIND OR HAS SERIOUS DIFFICULTY SEEING.**

ASK IF SOMEONE IN THE HH IS BLIND OR HAS SERIOUS DIFFICULTY SEEING, DS2=1

DS2b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP BLIND.**

ASK ALL

DS3

Does any person in your household have serious difficulty walking or climbing stairs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS DIFFICULTY WITH STAIRS, DS3=1

DS3a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY WITH STAIRS. ASK FOR EVERY HH MEMBER WHO IS HAS DIFFICULTY WITH STAIRS.**

ASK IF SOMEONE IN THE HH IS DIFFICULTY WITH STAIRS, DS3=1

DS3b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY WITH STAIRS.**

ASK ALL

DS4

Because of a physical, mental, or emotional condition, does any person in your household have serious difficulty concentrating, remembering or making decisions?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY CONCENTRATING, DS4=1

DS4a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP CONCENTRATE. ASK FOR EVERY HH MEMBER HAS DIFFICULTY CONCENTRATE.**

ASK IF SOMEONE IN THE HH HAS DIFFICULTY CONCENTRATING, DS4=1

DS4b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP CONCENTRATE.**

ASK ALL

DS5

Does any person in your household have difficulty dressing or bathing?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DRESSING/BATHING, DS5=1

DS5a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY DRESSING/BATHING. ASK FOR EVERY HH MEMBER HAS DIFFICULTY DRESSING/BATHING.**

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DRESSING/BATHING, DS5=1

DS5b

At what age did this condition begin for {PERSON}?
{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY DRESSING/BATHING.**

ASK ALL

DS6

Does any person in your household have serious difficulty learning how to do things most people their age can learn?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING THINGS FOR AGE, DS6=1

DS6a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY DOING THINGS FOR AGE. ASK FOR EVERY HH MEMBER WHO HAS DIFFICULTY DOING THINGS PEOPLE THEIR AGE CAN DO.**

ASK IF SOMEONE IN THE HH IS HAS DIFFICULTY DOING THINGS FOR AGE, DS6=1

DS6b

At what age did this condition begin for {PERSON}?
{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY DOING THINGS FOR AGE.**

ASK ALL

DS7

Using their usual language, does any person in your household have serious difficulty communicating (for example understanding or being understood by others)?

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

3 {CATI/Web: You/I} don't know what this question is asking
8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY COMMUNICATING, DS7=1

DS7a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY COMMUNICATING. ASK FOR EVERY HH MEMBER WHO HAS DIFFICULTY COMMUNICATING.**

ASK IF SOMEONE IN THE HH IS HAS DIFFICULTY COMMUNICATING, DS7=1

DS7b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY COMMUNICATING.**

ASK ALL

DS8

Because of a physical, mental, or emotional condition, does any person in your household have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING ERRANDS, DS8=1

DS8a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 15, AGE1>14,
AGE2>3, AGE3=2

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP ERRANDS. ASK FOR EVERY HH MEMBER HAS DIFFICULTY DOING ERRANDS.**

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING ERRANDS, DS8=1

DS8b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP ERRANDS.**

ASK ALL

DS9

Does any person in your household have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

3 {CATI/Web: You/I} don't know what this question is asking

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS BEHAVIOR PB, DS9=1

DS9a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 15, AGE1>14, AGE2>3, AGE3=2

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP BEHAVIOR PB. ASK FOR EVERY HH MEMBER WHO HAS BEHAVIOR PROBLEM.**

ASK IF SOMEONE IN THE HH HAS BEHAVIOR PB, DS9=1

DS9b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP BEHAVIOR PB.**

XVII. Employment

ASK ALL

EMP01

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

Answers to these questions are important because they help us understand health issues and sources of health insurance.

The information you provide will be kept confidential and will be combined with many other households in Oregon and will not be used to identify you in any way.

*******PROGRAM: START LOOP EMPLOYMENT. ASK FOR EVERY HH MEMBER WHO IS 18+.**

ASK IF PERSON IS 18 and older, AGE1>17, AGE2>3, OR AGE3=2

EMP02

What best describes your current work status?

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY. PROBE: Anything else?/Select all that apply.}

- 10 Self-employed
- 11 Employed by the military
- 12 Employed by someone else
- 13 An unpaid worker for a family business or firm
- 14 Unemployed and looking for work
- 15 Not employed and not looking for work

- 21 Keeping house
- 22 Going to school
- 16 Retired
- 17 Unable to work due to a disability, or
- 97 Something else? Specify _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".
{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND
{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT
ITERATIONS.

ASK IF EMPLOYED, EMP02= 10, 11, OR 12

E2

{Do you/Does {PERSON}} have more than one job, including part-time, evening or weekend work?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF MORE THAN ONE JOB, E2=1

E2a

Altogether, how many jobs {do you/does {PERSON}} have?

- 2 2
- 3 3
- 4 {CATI/Web: 4 OR MORE/4 or more}

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

ASK IF MORE THAN ONE JOB, E2=1

E2b

Is there one job that {you consider/{PERSON} considers} to be {your/their} primary job?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you consider" AND "your" \ IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} considers" AND "their".

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOBS BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP05

How many hours per week {do you/does {PERSON} usually work at {your/their} {primary} job?

PROGRAM: {CATI/Web: /Enter whole numbers only, without a decimal.} Please round to the highest number of hours.

Hours: _____

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" and "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}" and "their".

IF E2b=1 DISPLAY "primary".

PROGRAM: LENGTH=3, SOFT RANGE: 80-168. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: > 168, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

ASK IF PERSON HAS MORE THAN ONE JOB INCLUDING A PRIMARY JOB, E2b=1

E4a

How many hours per week {do you/does {PERSON}} usually work at {your/their} other job(s)?

Hours: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" and "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}" and "their".

ASK IF PERSON HAS MORE THAN ONE JOB BUT NO PRIMARY JOB, E2b=2

E4b

How many hours per week {do you/does {PERSON}} usually work at {your/their} jobs altogether?

Hours: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" and "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}" and "their".

PROGRAM: LENGTH=3, SOFT RANGE: 80-168. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: > 168, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOBS BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP06

Which of the following best describes {your/{PERSON}'s} employer {at {your/their} primary job}?

{CATI/Web: READ LIST {IF NEEDED}.}

- 10 Private company including not-for-profit, foundation, and hospital
- 11 Government agency
- 12 Family business or farm but not self-employed
- 13 Public education institution, school, college
- 14 Private educational institution, school, college
- 15 Military duty
- 16 Self-employed
- 97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "their".

IF E2b=1 DISPLAY ", at {your/their} primary job".

{CATI/Web: READ LIST./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED./} ON SUBSEQUENT ITERATIONS.

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOB BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP07

Thinking about the employer {you work/{PERSON} works} for{ at {your/their} primary job}, which industry most closely describes the employer's main business?

{CATI/Web: READ LIST IF NEEDED./}

- 10 {CATI/Web: AGRICULTURE, FARMING, FORESTRY AND FISHING/Agriculture, farming, forestry, and fishing}
- 11 {CATI/Web: CONSTRUCTION/Construction}
- 12 {CATI/Web: EDUCATION/Education}
- 13 {CATI/Web: HEALTH CARE/Health care}
- 14 {CATI/Web: LEISURE AND HOSPITALITY/Leisure and hospitality}
- 15 {CATI/Web: MINING AND MANUFACTURING/Mining and manufacturing}
- 16 {CATI/Web: SERVICE INCLUDING PROFESSIONAL AND RELATED SERVICES/Service including professional and related services}
- 17 {CATI/Web: RETAIL AND WHOLESALE TRADES/SALES/Retail and wholesale trades, sales}
- 18 {CATI/Web: GOVERNMENT/Government}
- 19 {CATI/Web: MILITARY/Military}

97 {CATI/Web: SOMETHING ELSE, SPECIFY/Something else, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you work" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} works" AND "their".

IF E2b=1 DISPLAY "at {your/their} primary job".

ASK IF EMPLOYED BY THE GOVERNMENT, EMP06=11

EMP08

{Do you/Does {PERSON}} work for...

- 1 the federal government,
- 2 the state government,
- 3 the local government such as a county or city,
- 4 a public school or college, or
- 5 some other government entity? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOB BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP09

About how many people are employed by {your/{PERSON}'s} {primary} employer, at all locations?

{CATI/Web: READ LIST IF NEEDED./}

- 10 1 person
- 11 2-4
- 12 5-9
- 13 10-24
- 14 25-49

15 50-99
16 100-199
17 200-499
18 500-999
19 1,000 & over

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
IF E2b=1 DISPLAY "primary".

*******PROGRAM: END LOOP EMPLOYMENT.**

XVIII. Employer Sponsored Insurance

*******PROGRAM: START LOOP EMPLOYER SPONSORED INSURANCE.**

ASK IF HH MEMBER IS WORKING BUT IS NOT POLICY HOLDER OF PRIVATE INSURANCE OR MARKETPLACE THROUGH THEIR EMPLOYER, EMP02=10, 12 AND (((INS_PRVT=1 OR INS_MRKT=1) AND (1 PERSON HH (HHCOMP=1)) OR ((INS_PRVT=1 OR INS_MRKT=1) AND ((INSP01a OR INSP01b OR INSP01c) NE 1)))

EMP12

Next, {CATI/Web: I am going to ask/we have} a few questions about health insurance that may be offered by employers.

Does the {primary} place where {you work/{PERSON} works} at offer health insurance as a benefit to any of its employees?

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you work" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} works".
IF E2b=1 DISPLAY "primary".

ASK IF JOB OFFERS INSURANCE, EMP12 = 1

EMP15a1

Can dependents be covered under that health insurance?

{CATI/Web: IF NEEDED: /} This could include a spouse or any children.

{CATI/Web: IF NEEDED: /} Even if {you/they} do not have any dependents, we are still interested in whether a dependent could be covered through this insurance.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "they".

ASK IF JOB OFFERS INSURANCE, EMP12 = 1

EMP13

{Do you/Does {PERSON} not have insurance through {your/their} employer because of any of the following reasons?

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

1 Cost

2 Eligibility

3 Better option elsewhere

4 Insurance is not needed

5 Some other reason

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}" AND "their".

ASK IF INSURANCE IS NOT TAKEN BECAUSE OF COST, ELIGIBILITY, BETTER OPTION ELSEWHERE, INSURANCE NOT NEEDED, OR SOME OTHER REASON, EMP13=1,2,3,4,5

EMP13B

Which of the following are reasons why {you/they} do not have insurance through {your/their} employer?

Cost

- 1 Would have to pay too much or costs too much
- 2 Covered for less through the state, OHP

Ineligible

- 3 Hasn't worked long enough
- 4 Not enough hours worked per week
- 5 Medical problems
- 6 Waiting period for coverage
- 7 Insurance not offered to my position
- 8 Lost or quit job, or temporarily not at work

Better option elsewhere

- 9 Covered by private insurance from other source - better plan
- 10 Covered by private insurance from other source - less expensive
- 11 Covered by private insurance from other source - general
- 12 Have insurance from other source - Medicare, Military, OHP
- 13 Coverage offered is not acceptable, does not meet needs

Insurance is not needed

- 14 Does have health insurance through employer
- 15 Does not need health insurance

Some other reason

- 16 Not sure how to enroll
- 17 Self-employed

- 18 No reason in particular
- 97 Other, specify _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "they" AND "their".

NO REASON IN PARTICULAR IS MUTUALLY EXCLUSIVE.

DISPLAY OPTIONS 1 AND 2 IF EMP13=1

DISPLAY OPTIONS 3-8 IF EMP13=2

DISPLAY OPTIONS 9-13 IF EMP13=3

DISPLAY OPTIONS 14 AND 15 IF EMP13=4

DISPLAY OPTIONS 16 AND 17 IF EMP14=5

XIX. Income Questions

*******PROGRAM: START LOOP INCOME. ASK FOR EACH FAMILY UNIT.**

ASK ALL

INC01

The next questions are about income that {your/this} family received during 2022.

LOOP 1: {Your family includes you, {PERSON}, {PERSON},}

ADDITIONAL LOOP: {{PERSON}'s family includes {PERSON}, {PERSON}, ...}

This information helps explain whether people can afford the health insurance and health care they need. Your information is strictly confidential and will be kept private.

{CATI/Web: IF NEEDED./} The government considers the people included in a family unit based upon their age, marital status, and whether they have children.

PROGRAM: IF THERE ARE MULTIPLE FAMILY UNITS IN THE HOUSEHOLD, START WITH THE ONE THAT INCLUDES THE RESPONDENT. DISPLAY THE NAME OF THE FAMILY MEMBERS.

ASK ALL

INC02

During the entire year of 2022, what was the total income for {your/this} family before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on.

{CATI/Web: IF NEEDED:/} Answers to questions on earnings are important because they help explain whether people can afford the health care they need. The information you provide will be kept confidential and will only be used in summary reports and will not be combined with other information that could identify you in any way.

LOOP 1: {Your family includes you, {PERSON}, {PERSON}, ...}
ADDITIONAL LOOP: {{PERSON}'s family includes {PERSON}, {PERSON}, ...}

{CATI/Web: /Enter whole numbers only, without commas.} If you do not know exactly, your best guess is fine.

Enter dollar amount \$_____

9 999 998 {CATI/Web: You/I} don't know
9 999 999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: IF LOOPING ON RESPONDENT'S FAMILY, DISPLAY "your", ELSE DISPLAY "this".

PROGRAM: LENGTH=7.

ASK IF INCOME IS MISSING, RF, OR DK, INC02=9999997, 9999998, 9999999
--

INC03

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 {your/this} family's 2022 total income from all sources?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

- 10 Under \$10,000
- 11 \$10,000 to less than \$20,000
- 12 \$20,000 to less than \$25,000
- 13 \$25,000 to less than \$30,000
- 14 \$30,000 to less than \$35,000
- 15 \$35,000 to less than \$40,000

- 16 \$40,000 to less than \$50,000
- 17 \$50,000 to less than \$60,000
- 18 \$60,000 to less than \$80,000
- 19 \$80,000 to less than \$100,000
- 20 Over \$100,000

98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: IF LOOPING ON RESPONDENT'S FAMILY, DISPLAY "your", ELSE DISPLAY "this".
*****PROGRAM: END LOOP INCOME

XX. Closing the Survey

ASK ALL

CLOSE1

That is all the questions {CATI/Web: I/we} 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?

- 1 {CATI/Web: YES, SPECIFY/Yes, specify} _____
- 2 {CATI/Web: NO, NOTHING TO ADD/No, nothing to add}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK ALL

THNX

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?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF R IS OK FOR RECONTACT, THNX=1

X1. (PII_X1Name, PII_X1Email, PII_X1Phone)

Thank you. Please provide your name, email address and best phone number on which to reach you.

{Web/CATI: /(RECORD ALL INFORMATION ACCURATELY.)}

{Web/CATI: /(INTERVIEWER NOTE: RESPONDENTS CAN REFUSE ANY OF THESE FIELDS. THE PROGRAM WILL ALLOW YOU TO LEAVE BLANKS.)}

Name: _____
999 REFUSED/WEB BLANK]

Email address: _____
999 REFUSED/WEB BLANK

Phone number: _____
999 REFUSED/WEB BLANK

PROGRAM: ADD VALIDATION FOR EMAIL (@) AND PHONE NUMBER (10 digits).
THESE VARIABLES SHOULD START WITH PII.

ASK IF PHONE NUMBER PROVIDED, PII_X1PHONE NE 99 OR 97

X2.

Is the phone number you provided a cell phone number?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF PHONE NUMBER IS CELL PHONE, X2=1

X3. (X2ab)

Do we have permission to text you? Messaging and data rates may apply.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

END.

This is the end of the survey. Thank you again for your time.

Appendix B: 2023 OHIS Communication

All examples of communications provided in this appendix include the QR code without the embedded passcode. For an example of the alternative letters with embedded passcode, see Figure 2.

M1 – Invitation, Non-Hispanic



Oregon Resident <date>
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Dear Oregon Resident,

Your household has been randomly selected for this year's **Oregon Health Insurance Survey**.

This important survey is conducted by the Oregon Health Authority, an agency of the State of Oregon. The survey will ask questions regarding current health coverage for people in your household, the source of coverage, your use of healthcare, and difficulties your family may have had getting the care you need.

Your participation will allow the state to advance its mission of improving the health of Oregonians and addressing health inequities. Your responses will represent many other households like yours, and the results may help people in your community.

We are not selling anything or asking for money. To thank you in advance for your participation, we are enclosing a \$1 bill. This small gift is for you to keep whether or not you decide to participate.

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL or scan the QR code, then enter your secure access code.

oregonhealthsurvey.org


QR CODE HERE

Secure Access Code: XXXXXXX

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-585-7922.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,



Dave Baden
Interim Director
Oregon Health Authority

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a internet, llame al 1-888-585-7922 para hacer la encuesta por teléfono.

M1- Invitation, High-Hispanic



Oregon Resident <date>
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Dear Oregon Resident,

Your household has been randomly selected for this year's **Oregon Health Insurance Survey**.

This important survey is conducted by the Oregon Health Authority, an agency of the State of Oregon. The survey will ask questions regarding current health coverage for people in your household, the source of coverage, your use of healthcare, and difficulties your family may have had getting the care you need.

Your participation will allow the state to advance its mission of improving the health of Oregonians and addressing health inequities. Your responses will represent many other households like yours, and the results may help people in your community.

We are not selling anything or asking for money. To thank you in advance for your participation, we are enclosing a \$1 bill. This small gift is for you to keep whether or not you decide to participate.

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

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oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXX

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-585-7922.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,



Dave Baden
Interim Director
Oregon Health Authority



Residente de Oregon
<address1> <address2>
<city>, <state> <zip>-<zip+4>

<date>

Estimado residente de Oregon:

Su familia ha sido seleccionada al azar para aplicarle la **Encuesta de seguros médicos de Oregon** de este año.

Esta importante encuesta es organizada por la Oregon Health Authority, la institución a cargo de la salud del estado de Oregon. La encuesta contendrá preguntas sobre la cobertura actual de seguro médico de las personas que viven junto con usted, la fuente de cobertura, cómo lo usan y las dificultades que su familia ha tenido para recibir la atención médica que necesitan.

Su participación permitirá que el estado avance en su misión de mejorar la salud de los habitantes de Oregon y abordar las desigualdades en los servicios de salud. Sus respuestas representarán a muchas otras familias como la suya y los resultados pueden ayudar a la gente de su comunidad.

No estamos vendiendo nada ni pedimos dinero. Para agradecerle de antemano su participación, estamos enviándole un billete de 1 dólar. Este es un pequeño regalo para usted, sin importar si decide participar o no.

Responda la encuesta en línea.

Esta encuesta debe responderla un adulto de su familia, que tenga 18 años o más y pueda responder las preguntas sobre la atención médica de todos los miembros de la familia.

Para responder a la encuesta en línea, visite la URL que aparece a continuación o escanee el código QR en su dispositivo móvil, e ingrese su código de acceso seguro.

oregonhealthsurvey.org

CÓDIGO QR AQUÍ

Código de acceso seguro: XXXXXXX

Si no tiene acceso a internet o prefiere responder la encuesta por teléfono, llámenos al 1-888-585-7922. A nombre de Oregon Health Authority, agradecemos su participación.

Atentamente,



Dave Baden
Director interino
Oregon Health Authority

M1 – Invitation, Non-Hispanic, 65+



Oregon Resident <date>
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Dear Oregon Resident,

Your household has been randomly selected for this year's **Oregon Health Insurance Survey**.

This important survey is conducted by the Oregon Health Authority, an agency of the State of Oregon. The survey will ask questions regarding current health coverage for people in your household, the source of coverage, your use of healthcare, and difficulties your family may have had getting the care you need.

Your participation will allow the state to advance its mission of improving the health of Oregonians and addressing health inequities. Your responses will represent many other households like yours, and the results may help people in your community.

We are not selling anything or asking for money. We are a research organization collecting this information for the benefit of the people of the State of Oregon.

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL or scan the QR code, then enter your secure access code.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXX

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-585-7922.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,


Dave Baden
Interim Director
Oregon Health Authority

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a Internet, llame al 1-888-585-7922 para hacer la encuesta por teléfono.

M2 – Reminder Postcard, Non-Hispanic

**Please don't miss your opportunity to participate in the
Oregon Health Insurance Survey!**

About a week ago, we mailed you a letter asking you to participate in this survey. You may recall a \$1 bill as a small token of our appreciation. If you or someone in your household already responded, thank you!

If not, please have an adult aged 18 years or older in your household go to the website listed below or scan the QR code from a mobile device to complete the survey.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXXX

If you prefer to complete over the phone, call us at 1-888-585-7922.

Thank you.

*Para completar la encuesta en español, visite
oregonhealthsurvey.org, o si no tiene acceso a
Internet, llame al 1- 888-585-7922 para hacer la
encuesta por teléfono.*

M2 – Reminder Postcard, High-Hispanic



Please don't miss your opportunity to participate in the
Oregon Health Insurance Survey!

About a week ago, we mailed you a letter asking you to participate in this survey. You may recall a \$1 bill as a small token of our appreciation. If you or someone in your household already responded, thank you!

If not, please have an adult aged 18 years or older in your household go to the website listed below or scan the QR code from a mobile device to complete the survey.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXXX

If you prefer to complete over the phone, call us at 1-888-585-7922.

Thank you.

**¡No pierda la oportunidad de participar en la
Encuesta de seguros médicos de Oregon!**

Hace aproximadamente una semana, le enviamos una carta para pedir su participación en esta encuesta. Tal vez recuerde que le enviamos un billete de 1 dólar como una muestra de nuestro aprecio. Si usted o alguien de su familia ya respondió la encuesta, ¡muchas gracias!

Si no, por favor, pida a un adulto de 18 años de edad o más de su familia que visite el sitio web que se indica a continuación o que escanee el código QR con un dispositivo móvil para responder la encuesta.

oregonhealthsurvey.org

CÓDIGO QR AQUÍ

Código de acceso seguro: XXXXXXXX

Si prefiere responder la encuesta por teléfono, llámenos al 1-888-585-7922.

Gracias.

M2 - Reminder Postcard, Non-Hispanic, 65+

**Please don't miss your opportunity to participate in the
Oregon Health Insurance Survey!**

About a week ago, we mailed you a letter asking you to participate in this survey. If you or someone in your household already responded, thank you!

If not, please have an adult aged 18 years or older in your household go to the website listed below or scan the QR code from a mobile device to complete the survey.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXXX

If you prefer to complete over the phone, call us at 1-888-585-7922.

Thank you.

*Para completar la encuesta en español, visite
oregonhealthsurvey.org, o si no tiene acceso a
Internet, llame al 1- 888-585-7922 para hacer la
encuesta por teléfono.*

M3 - Reminder letter, Non-Hispanic



Oregon Resident

<date>

<address1> <address2>

<city>, <state> <zip>-<zip+4>

Dear Oregon Resident,

This is a reminder to complete the Oregon Health Insurance Survey.

Your participation is important!

This important survey collects information about the health of people in Oregon and about issues they may have in getting healthcare. Your household was randomly selected to represent many other households like yours. The results will inform health policy in Oregon and may help people in your community.

What do you need to do?

Please have an adult in your household aged 18 or older complete this survey in the next few days. This person should be able to answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL or scan the QR code, then enter your secure access code.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXX

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-585-7922.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,



Dave Baden
Interim Director
Oregon Health Authority

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a internet, llame al 1-888-585-7922 para hacer la encuesta por teléfono.

M3 – Reminder Letter, High-Hispanic



Oregon Resident <date>
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Dear Oregon Resident,

This is a reminder to complete the Oregon Health Insurance Survey.

Your participation is important!

This important survey collects information about the health of people in Oregon and about issues they may have in getting healthcare. Your household was randomly selected to represent many other households like yours. The results will inform health policy in Oregon and may help people in your community.

What do you need to do?

Please have an adult in your household aged 18 or older complete this survey in the next few days. This person should be able to answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL or scan the QR code, then enter your secure access code.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXX

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-585-7922.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,



Dave Baden
Interim Director
Oregon Health Authority



Residente de Oregon
<address1> <address2>
<city>, <state> <zip>-<zip+4>

<date>

Estimado residente de Oregon:

Este es un recordatorio para que responda la Encuesta de seguros médicos de Oregon.

¡Su participación es importante!

Esta importante encuesta recolecta información sobre la salud de la gente de Oregon y sobre problemas que estén teniendo para recibir atención médica. Su familia ha sido seleccionada al azar para representar a muchas otras familias como la suya. Los resultados darán forma a las políticas de salud de Oregon y pueden ayudar a las personas de su comunidad.

¿Qué necesita hacer?

Por favor, pida a un adulto de su familia que tenga 18 años o más que responda esta encuesta en los próximos días. Esta persona debe poder responder preguntas sobre la atención médica de todos los miembros de la familia.

Para responder a la encuesta en línea, visite la URL que aparece a continuación o escanee el código QR en su dispositivo móvil, e ingrese su código de acceso seguro.

oregonhealthsurvey.org

CÓDIGO QR AQUÍ

Código de acceso seguro: XXXXXXX

Si no tiene acceso a internet o prefiere responder la encuesta por teléfono, llámenos al 1-888-585-7922.

A nombre de Oregon Health Authority, agradecemos su participación.

Atentamente,



Dave Baden
Director interino
Oregon Health Authority

M4 – Last Reminder Postcard, Non-Hispanic



This is your **final reminder** to complete the **Oregon Health Insurance Survey**.
Complete your survey today! Your opinions matter.

Please have an adult aged 18 years or older in your household go to the website listed below to complete the survey.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: XXXXXXX

If you prefer to complete over the phone, call us at 1-888-585-7922.

If you already completed, thank you!

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a Internet, llame al 1-888-585-7922 para hacer la encuesta por teléfono.

M4 – Last Reminder Postcard, High-Hispanic



This is your **final reminder** to complete the **Oregon Health Insurance Survey**.
Complete your survey today! Your opinions matter.

Please have an adult aged 18 years or older in your household go to the website listed below to complete the survey.

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QR CODE HERE

Secure Access Code: XXXXXXXX

If you prefer to complete over the phone, call us at 1-888-585-7922.

If you already completed, thank you!

Este es el **último recordatorio** que le enviamos para que responda la **Encuesta de seguros médicos de Oregon**.
¡Responda su encuesta hoy mismo! Sus opiniones son importantes.

Por favor, pida a un adulto de su familia que tenga 18 años o más que vaya al sitio web que se indica a continuación para responder la encuesta.

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Si prefiere responder la encuesta por teléfono, llámenos al 1-888-585-7922.

Si ya la respondió, ¡muchas gracias!

About SSRS

SSRS is breaking the mold on what research companies can do. A full-service market and survey research firm, we use the latest data collection best practices and apply cutting-edge survey methodologies backed by insight from our industry-leading team. We have genuine enthusiasm for our work and a shared goal to connect people through research. Our solutions include groundbreaking approaches fit for purpose: the SSRS Opinion Panel, Encipher, SSRS Virtual Insights, the SSRS Text Message panel, and more. Our research areas focus on Health Care and Health Policy, Public Opinion and Policy, Political and Election Polling, Consumer and Lifestyle, and Sports and Entertainment. Visit www.ssrs.com to learn more about how we can work together.



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research.**

