

Uninsured Texans: Attitudes Toward Coverage

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Executive Summary

Extending health insurance coverage to the millions of Texans who lack it is an important policy and health objective. On the surface, the concept of increasing access to health insurance seems a simple one, but the findings of this report suggest that implementation may pose many vexing questions and complex challenges. With a large and diverse population, no single approach is likely to address the needs of the 4.8 million uninsured Texans.

To better understand the factors affecting the uninsured in Texas, the Texas Department of Insurance (TDI) submitted, and was awarded, a planning grant from the federal Health Resources and Services Administration (HRSA). The primary purpose of the grant was to enable Texas to develop a comprehensive plan to significantly reduce the number of individuals without health insurance.

The Public Policy Research Institute (PPRI) at Texas A&M University assisted TDI with two of the grant funded activities - focus groups and a telephone survey of uninsured individuals who were over 200% of the federal poverty level (fpl).

Focus groups were conducted in 15 Texas cities during September and October 2001. A series of three focus groups was held in each location. One focus group targeted unemployed individuals who did not have health insurance, the second targeted employed individuals who did not have health insurance, and the third targeted small business owners. A total of 323 persons participated in the focus groups. Of these, 113 were unemployed, 83 were employed and 127 were small employers. Focus group participants were asked for their thoughts on five topics. When needed, PPRI staff members were available to assist individuals who preferred to communicate in Spanish. The focus group topics were:

1. The reasons why so many Texans do not have health insurance;
2. The kinds of assistance or support that might help more Texans obtain health insurance;
3. The questions or concerns (other than financial) that were important when considering health insurance;
4. The best ways for people to learn about health insurance options; and
5. The kinds of experiences people had with health insurance agents and providers.

The telephone survey was conducted between September and December 2001. The survey instrument used for this study was modified from an instrument developed by the California Health Care Foundation and the Field Research Corporation in 1998 to conduct similar research. Approximately 600 non-poor uninsured individuals were interviewed about their attitudes and experiences with health insurance.

In order to better utilize the findings from the focus groups and the telephone survey to determine the reasons people did not purchase health insurance, PPRI developed a segment analysis using two factors (1) ability to pay for health insurance and (2) motivation to buy it. By correlating these two factors with each other, a distinct picture of four groups of non-poor uninsured people emerged. For ease of identification, PPRI named these groups as follows:

The Prepared: People who have the money to buy health insurance *and* are willing and motivated to purchase it, but could not get it;

The Reluctant: People who have the money to buy health insurance, but are not inclined to do so;

The Complacent: People who do *not* have the means to purchase health insurance, and would not buy it even if they had the money;

The Hindered: People who want to buy insurance, but do not have the money to do so.

Basic characteristics of each of these groups are detailed in the chart on page 3.

>>> High >>> <<< Low <<< Ability To Purchase	RELUCTANT: 16.2% • Majority Male • Disproportionately Young • Unlikely to Have Dependants • Urban • Good Health • Professionals; Few Blue-Collar Workers • Have Never had Health Insurance • Prefer Other Benefits to Health Insurance • Say They Don't Need Health Insurance	PREPARED: 28.3% • Males and Females • Oldest Group • Have Dependant Children • Urban • Poorest Health • Professional and Blue-Collar Workers • Many are "Not Employed" • Most have Previously Owned Health Insurance • Seek Health Insurance on Their Own • Cite Confusion or Other Barriers
	COMPLACENT: 19.4% • Men and Women • Youngest Group • Less Likely to Have Dependants • Sub-Urban • Second Healthiest Group • Retail Trade, Manufacturing; Few Professionals • Most Unlikely to Have Ever Owned Health Insurance • Prefer Other Benefits to Health Insurance • Cost is a Major Barrier • Acceptant of Free Clinics	HINDERED: 36.1% • Female • Over 40 Years Old • Most Likely to Have Dependants • Relatively Bad Health • Manufacturing, Contract-Labor • Small Employers • Have Previously Owned Health Insurance • Cost is a Major Barrier • Do Not Like Public Clinics
	<<< Low <<< Motivation to Buy >>> High >>>	

These groupings can be an especially useful tool for thinking about policy. The characteristics of the individuals in each group can provide insights about different types of uninsured Texans. In turn, these insights can be used to develop policy strategies that will result in the most desired effects for the least possible cost. The general characteristics of each group, as identified through the telephone survey, can be used in conjunction with appropriate issues and suggestions identified by focus group participants and some of the telephone survey responses, to develop strategies specific to each group. In addition, policy alternatives, including possible pros and cons of each, can be developed.

The following policy implications and considerations are based on an analysis of the four groups.

The Prepared - Individuals in *The Prepared* group want health insurance and can afford it, but have not been able to obtain it. Information from the focus groups identifies two reasons individuals who could afford insurance did not have it. The first is that these individuals are denied coverage, almost always because of pre-existing conditions. The second is that these individuals do not understand how to obtain coverage. In addition to information from the focus groups, these two reasons are reflected in some of the responses from the telephone survey. Therefore, it appears that the strategies that will have the greatest success in securing health insurance for *The Prepared* are those that address rules and regulations regarding pre-existing conditions and those related to creation, access and dissemination of information about health insurance.

The Reluctant - Individuals in *The Reluctant* group can also afford health insurance, but they do not want it. These individuals were probably not present at the focus groups because health insurance is not one of their priorities. Marketing research tells us that one way to convince a person to acquire something they do not value is to change that person's mind. Information from the focus groups indicates that many Texans do not understand the importance of health insurance. The telephone survey confirmed that this is especially true of individuals who are young and healthy (as are those in *The Reluctant* group). Therefore, one strategy that might influence *The Reluctant* is an intense educational campaign about the consequences of not having health insurance.

The Hindered - Individuals in *The Hindered* group would like to have health insurance but cannot afford it. These individuals probably constituted the majority of those present at the focus groups. They understand the need for insurance and have suffered the consequences of not having it. They are motivated, they are ready, but they have no means to accomplish their objective. All of the suggestions from the focus groups would be of benefit to the individuals in this group, including new programs, the expansion of existing programs, and the revision and stricter enforcement of health insurance regulations. In addition, this group would benefit from educational campaigns explaining health insurance options and how to obtain the best health insurance for the money.

The Complacent - Individuals in *The Complacent* group cannot afford health insurance. However, they do not see this as a problem because they do not want it. Not only would *The Complacent* have to be convinced that health insurance is important, but once they were convinced they would have to receive some type of assistance in order to obtain it. At first blush this seems an overwhelming task. However, by looking at the situation from a slightly different perspective, it becomes apparent that one expedient way for individuals in this group to get health insurance is for someone to give it to them. This situation occurs in the workplace all the time. Employees receive benefits from their employers (including some they would not seek out on their own) as a part of their employment package. The intense educational campaign designed to attract *The*

Reluctant, combined with the ground-level information designed for *The Prepared* would both be appropriate here. In addition, any programs designed for *The Hindered* would most likely attract some members of this group.

Before implementing any strategy for increasing the number of individuals who have health insurance, the positive and negative consequences of that strategy must be considered. For example, strategies that cost the least may also attract the fewest people or be the slowest to show an impact, or strategies that have the quickest impact may overload the insurance system with those individuals who may be the most in need of insurance and the most expensive to serve. Therefore, it is important to understand the implications associated with policy alternatives. The sections below provide an examination of four possible scenarios for decreasing the ranks of the uninsured in Texas - (1) attracting the healthiest first, (2) attracting the poorest first, (3) attracting those who want (and need) it the most first, and (4) attracting those most likely to afford it first.

Healthiest first - Health insurance pools are about sharing risk to protect families and individuals from large financial losses associated primarily with random events. Policy makers, particularly those concerned with the cost implications of providing health insurance to the previously uninsured, are typically concerned about asymmetrical or adverse selection where those who have the greatest immediate need for health insurance are the most likely to enroll. Without the benefit of a symmetrical population of many consumers participating in the risk pool and offsetting the costs of the smaller and sicker populations, insurance costs can quickly become prohibitively expensive. Because the healthiest are most often the lowest utilizers of health care, adding the healthiest people to the health insurance risk pool first can control runaway costs. The healthy, low utilizers of health care services will build the pool, making it stronger and more symmetrical.

This strategy would target the four groups in the following sequence:

The Reluctant *The Complacent* *The Hindered* *The Prepared*

Poorest first - The cost of obtaining health insurance cannot be underestimated as a barrier to access. For those with the least ability to afford health insurance, any effort or program must address these high costs. With limited incomes and opportunities to receive employer-based health insurance, the poor and near-poor uninsured have few options that do not include some form of government assistance. Health insurance is becoming increasingly more expensive and the medical inflation rate continues to outpace the core rate of inflation.¹ As costs for health care continue to rise, thus pushing up health insurance costs, the gap between the amount of money consumers have to apply towards health insurance and the price for health insurance will continue to grow. The result will put health insurance further out of reach for those who cannot

¹ Center for Economic Policy and Research (1999). <http://www.cepr.net/> Non-Energy Inflation Continues to Fall

qualify for publicly funded health insurance programs such as TexCare Medicaid and/or the Children's Health Insurance Program (CHIP). Assisting the poor first would require little if any changes in the Texas Insurance Code regarding pre-existing conditions, but most likely would require government subsidies.

A strategy that targets the poorest first would deal with the groups in the following sequence:

The Hindered The Complacent The Reluctant The Prepared

Most motivated first - Science tells us that energy travels the easiest route. A strategy for reducing the number of uninsured in Texas can work along this same principle by capitalizing on the energy levels of the four groups, specifically their motivation to obtain health insurance. Each of the groups fit along a continuum that runs from those who care a great deal about having health insurance to those who are indifferent about having it. Thus, working and assisting those who most desire health insurance may bear the most fruitful results. *The Prepared* group exhibits the greatest desire to obtain health insurance and also the greatest ability to pay for the coverage. *The Prepared* are also the most likely to be denied coverage by an insurance company because of a serious illness. Evidence from the focus groups suggests that many in this group would purchase health insurance if only given the opportunity. Assistance to improve health insurance for *The Prepared* could come in the form of reducing barriers to coverage, such as placing greater limitations on pre-existing riders and exclusions that health insurance companies can place in their policies.

This strategy would target the four groups in the following sequence:

The Prepared The Hindered The Reluctant The Complacent

Most likely to afford it first - In a free market economy, affordability, in combination with motivation to purchase, often result in completed transactions. The voluntary nature of the health insurance market parallels this theorem. If health insurance is available for those who want it and can afford to purchase it, it is very likely that they will do so. Therefore, in order for this strategy to be effective, people will have to be convinced that health insurance is something they need and they will have to be ensured that they can purchase it if they so choose. However, each of the two groups who can afford health insurance lack one of these items. *The Reluctant* do not value health insurance and *The Prepared* cannot purchase it. An intense campaign about the importance of health insurance and the possible personal and societal consequences of not having insurance would have to be undertaken so that *The Reluctant* could be convinced. In addition, restrictions and rules governing pre-existing conditions would have to be relaxed so that *The Prepared* could be accepted.

This strategy would target the four groups in the following sequence:

The Reluctant *The Prepared* *The Hindered* *The Complacent*

Introduction

According to the National Academy of Sciences, millions of Americans lack health insurance and, with the economy in recession, the number is likely to increase. Texas is not immune to this national trend. Despite attempts over the past decade to reduce the number of uninsured, an estimated 4.8 million Texans (24.5%) had no health insurance.²

To better understand the factors affecting the uninsured in Texas, the Texas Department of Insurance (TDI) submitted, and was awarded, a planning grant from the federal Health Resources and Services Administration (HRSA). The primary purpose of the grant was to enable Texas to develop a comprehensive plan to significantly reduce the number of individuals without health insurance. Project activities under this grant included the following:

- A statewide survey of approximately 50,000 small employers;
- A statewide telephone survey of uninsured Texans with incomes above 200% of federal poverty level;
- A survey of the largest insurance carriers and health maintenance organizations;
- A series of focus groups throughout the state with small employers and the uninsured;
- A review of activities from other states;
- A review of Texas demographic data; and
- The development of various insurance expansion options.

² March 1999 U.S. Census Bureau Population Survey

The Public Policy Research Institute (PPRI) at Texas A&M University³ assisted TDI with two of the grant-funded activities: the focus groups and the telephone survey of uninsured individuals who were over 200% of poverty level. This document is the final report of those two activities and includes the following sections:

- An examination of the responses given to the focus group questions and an analysis of the discussions which took place;
- A detailed description of the non-poor uninsured in Texas based on the results of the telephone survey;
- An in-depth analysis of four distinct segments of the non-poor uninsured as found in the telephone survey; and
- A discussion of segment-based strategies that may be used to increase the number of Texans without health insurance, combining knowledge gained from both the telephone survey and the focus groups.

³ PPRI was established by a special item appropriation of Texas A&M University during fiscal year 1983 to provide relevant scientific research to the Texas Legislature and the various federal, regional, state, and community agencies actively engaged in determining public policy. This mission is fulfilled through the employment of personnel with the expertise to conduct evaluative research, by operating a nationally known survey research center, and through an ambitious, experiential-based training environment for Texas A&M University graduate and undergraduate students.

Focus Groups

What Was the Focus Group Methodology?

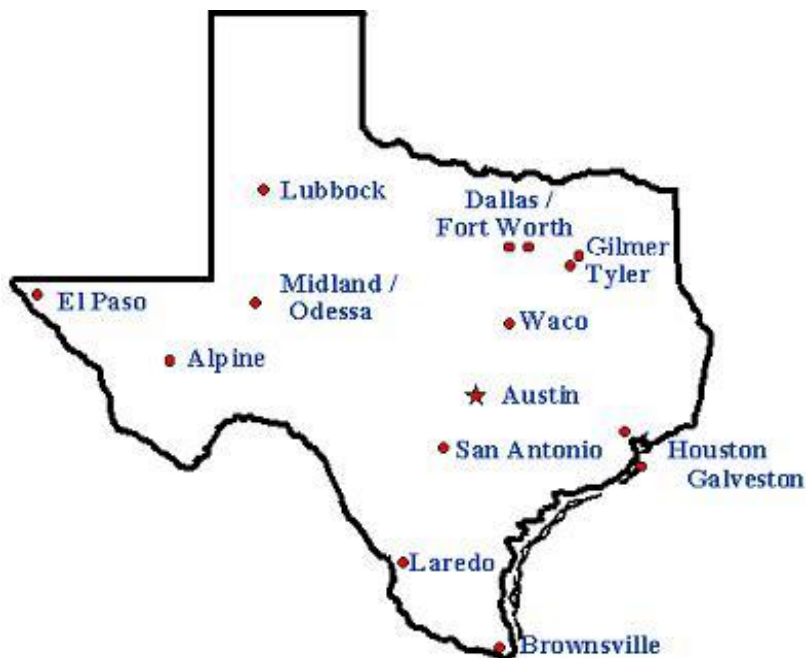
What are Focus Groups?

Focus groups are organized discussions with a selected group of individuals. They are used to gain information about views and experiences related to a specific issue and are particularly appropriate when the respondents have several perspectives about the topic under discussion. Unlike the data from a telephone survey, the information obtained through focus groups cannot be analyzed statistically, there is no way to determine significance, nor can one data set be cross-referenced with another data set to establish correlation or patterns. Instead, the data from focus groups reflect a collection of thoughts and ideas expressed extemporaneously by people in response to specific questions asked by the focus group moderator. When these questions are answered multiple times by multiple groups of people important themes about the topic or issue may emerge.

When and Where Were the Focus Groups Conducted?

Focus groups were conducted during September and October of 2001. They were held in 15 cities throughout Texas, as indicated on the map below.

Figure 1: 15 Texas Focus Group Sites



A series of three focus groups was held in each location. One focus group in each location targeted unemployed individuals who did not have health insurance. A second focus group targeted employed individuals who did not have health insurance. And a third focus group targeted small business owners.

Who Participated in the Focus Groups?

Participants from the targeted populations were recruited in several ways. Organizations such as clinics, hospitals, workforce center offices and other community groups were contacted by phone and asked if they would serve as sites where information about the focus groups could be made available. These sites were sent posters and flyers that included information about the focus groups. The posters and flyers also included a toll-free number and/or a postage-paid postcard that could be used to register for a specific focus group session. Additionally, information about the focus groups was provided to local media. Finally, information about the focus groups was included in a TDI survey of small employers that was conducted as another part of the HRSA grant.

Individuals who wished to participate in the focus groups were required to contact PPRI for details about the time and location of the group they wanted to attend. This control was imposed because it was necessary to keep an accurate count of the number of individuals planning to attend each session. By maintaining this control, PPRI was better able to ensure attendance at all the groups. People who participated in the focus group received a small stipend for their effort.

A total of 323 individuals participated in the focus groups. Of these, 113 were unemployed individuals who did not have health insurance, 83 were employed individuals who did not have health insurance, and 127 were small employers (see Appendix A).

Approximately one-third of the individuals who participated in the focus groups learned about them from the TDI survey that was sent to small employers. An additional 22% saw information about the focus groups in their local newspaper. Fifteen percent of those participating saw information about the focus groups at local workforce center offices. The remaining 31% learned about the focus groups from information posted at other community organizations or agencies (12%), through word of mouth (8%), from information posted at health care providers sites (6%), from temporary employment agencies (2%), from announcements made on the radio or television (2%), or from information posted at Texas Cooperative Extension Service offices (1%) (see Appendix A).

Even though the individuals who participated in the “unemployed” focus groups did not currently have jobs, the majority of them had been employed in the past and had experience with health insurance as an employee benefit, including experience with the Consolidated Omnibus Budget Reconciliation Act (COBRA) process and with trying to obtain health insurance on their own. The employed individuals who participated in the

focus groups seemed to have less experience with health insurance than did their unemployed counterparts. Many of these employed individuals had received insurance in the past through their employer, but the majority had not. The small employers had experience with the processes involved in securing health insurance for themselves *and* for their employees.

What did the Focus Group Participants Discuss?

Focus group participants were asked for their thoughts in relation to five questions. The questions varied slightly depending on the targeted audience, but basically addressed the same topics. These were:

- The reasons why so many Texans do not have health insurance;
- The kinds of assistance or support that might help more Texans obtain health insurance;
- The questions or concerns (other than financial) that were important when considering health insurance;
- The best ways for people to learn about health insurance options; and
- The kinds of experiences people had with health insurance agents and providers.

(See Appendix A for verbatim text of the questions.)

When needed, PPRI staff members were available to assist individuals who preferred to communicate in Spanish.

What did Focus Group Participants Say?

Responses to the focus group questions are included in the sections below. Each section also contains a brief explanation about the relative importance focus group participants gave to specific items. In some instances, the comments from small employers were very specific to their unique situation and have been listed separately. In addition to the formal focus group questions, many focus group participants volunteered personal stories about their encounters with health care and health insurance. Some of these stories are also included in this report.

Question 1

Why Do So Many Texans Not Have Health Insurance?

Virtually all focus group participants mentioned cost/affordability as the primary reason why so many Texans did not have health insurance. Additional factors related to employment and the economy were thought to exacerbate the effects of high health insurance costs. The small employers were also in agreement that the cost of health insurance was the primary reason why so many Texans were uninsured. Many of the small business owners felt trapped in a situation where they could not afford to pay the premiums for employees nor could they afford to pay employees high enough wages to afford these premiums on their own.

Focus group participants also believed that insurance companies held an exorbitant amount of power and control over the insurance market in Texas. This often made it difficult for individuals or small employers to purchase health insurance. Focus group participants also identified several other factors that could affect the number of Texans who had health insurance. These included factors that focused on political issues, knowledge issues, issues related to high costs of medical care in general, and factors unique to Texas.

Factors related to the **cost** of health insurance included:

- The basic cost of the insurance premium itself;
- The cost of the co-pay;
- The amount of the deductible; and
- The relative cost of the insurance in comparison with other necessities.

Several participants provided examples in which cost factors affected their decision to purchase or maintain health insurance. While the specific instances and examples were varied, the majority fell in four overarching categories related to:

- The exorbitant costs of health insurance for people with pre-existing conditions even if those conditions were under control;
- The limits on eligibility for subsidized health insurance that excluded the working poor, some middle-income individuals, and/or individuals who had retired early;
- The increase in the cost of health insurance that occurred after someone lost their job (and income) and which made insurance an unaffordable “luxury”; and

- The ease with which more affordable health care could be accessed in Mexico.

Small employers listed all of the cost factors indicated above as reasons why it was difficult for them to provide health insurance as a benefit to employees. In addition, they listed several **cost-related factors** that were **specific to small employers**. These additional factors appeared to be closely tied to issues about (a) the composition of the insurance group, (b) the availability and ease of purchase and service, and (c) factors related to the use of discretionary funds.

- **Composition** of groups:
 - Options for joining larger groups, thus reducing insurance costs, were not readily available for small employers;
 - The small size of their insurance groups meant that small employers were especially susceptible to high costs based on pre-existing conditions or special circumstances of some of the members of the group; and
 - Small employers felt they were especially dependent on the expertise of their workforce; however, insurance costs were often higher for these older, more experienced workers.
- **Availability** of insurance, ease of purchase, and service:
 - Small employers felt that there were very few insurance providers that were interested in doing business with them;
 - The limited number of insurance providers meant that small employers had fewer alternatives when rates were increased;
 - Small employers felt that the limited business they provided to insurance companies was not enough to motivate those companies to devote adequate time to explain policies or provide good customer service; and
 - Lack of concise explanations and expedient service were especially difficult for small business owners because the nature of a small business required them to perform multiple functions, and only allowed them to devote a limited amount of time to insurance issues.
- Use of **discretionary funds**:
 - Tight profit margins meant that the amount of discretionary funds was limited and sometimes the purchase of other business-related items had a higher priority than the purchase of health insurance;

- The high cost of health insurance for small employers meant that they were spending a larger percentage of their discretionary monies on insurance benefits than were large employers;
- Some small employers let their employees make the decision about whether they would like available funds used to increase wages or to increase their benefits, and often employees chose increased wages;
- Some small employers felt that they could afford to spend a limited amount of money on insurance and chose Workers' Compensation rather than health insurance; and
- Some small employers felt they were in jeopardy of being forced out of business because of the high cost of insurance premiums.

Focus group participants felt that the cost-related factors that precluded Texans from purchasing health insurance were closely related to **employment and economic conditions** within the state. These included:

- The high level of unemployment, especially along the Texas/Mexico border;
- The high percentage of low-paying jobs;
- The high percentage of jobs that did not offer health insurance as a benefit;
- The high percentage of high-risk jobs;
- The high percentage of temporary and part-time jobs that did not include benefits;
- The high percentage of small employers, farmers and ranchers, and types of industries that did not always provide health insurance benefits at a reasonable cost;
- The large migrant labor force that worked in jobs that did not provide health insurance; and
- The lack of unions and/or any other form of unified voice for employees, thus limiting their ability to put issues in front of the legislature, demand specific employment benefits, and be used as the basis for larger insurance pools.

The perception of many of the individuals participating in the focus groups was that **insurance providers** had an exorbitant amount of **power and control**. These perceptions were based on:

- The ability of insurance companies to drop or deny coverage and/or charge exorbitant rates;
- The strength of the insurance lobby to prevent changes that would benefit consumers;
- The ability of insurance companies to leave the state without regard to previous commitments to clients;
- The insurance industry's ability to limit the options available for health coverage;
- The ability of insurance companies to dictate doctors and other health care providers rather than allowing individual choice;
- The amount of red-tape insurance companies imposed on individuals who filed claims;
- The insurance industry's lack of clear and concise communication with people who wanted to purchase their product;
- The insurance industry's apparent disinterest in using a consistent format that would allow people to compare insurance providers and options; and
- The inability of the public to effectively defend themselves against insurance industry abuse.

In addition to the factors listed above, focus group participants thought that the following additional reasons might be instrumental in understanding why there were so many uninsured individuals in Texas. These included (a) political factors, (b) knowledge factors, (c) factors related to the cost of medical care in general, and (d) factors unique to Texas.

- Examples of **political factors** included:
 - Ineffective state laws governing health insurance and the pricing of health insurance;
 - The perception that the Texas Legislature was “business friendly” rather than “people friendly” combined with the perception that political leaders had a general disregard for the poor and the working poor;
 - The perception that Texas political priorities did not include health needs; and
 - The lack of legislated incentives for small employers to provide health insurance.
- Examples of **knowledge factors** included:
 - A lack of understanding amongst Texas residents and the importance of health insurance;
 - A lack of understanding amongst Texas residents about how insurance worked;
 - A lack of publicity about state-subsidized health insurance options;
 - The lack of a central source of information about health insurance; and
 - The lack of information about insurance that was available in Spanish.
- Examples of **factors related to the cost of medical care in general** included:
 - The knowledge that high medical costs drove up the cost of insurance;
 - The impact of the high cost of medical malpractice and malpractice insurance; and
 - The fact that cheaper healthcare was readily available in Mexico.
- Examples of **factors unique to Texas** included:

- The relatively young median age of Texans combined with the perception that young people did not always believe that health insurance was important;
- The large immigrant population in Texas combined with the fact that immigrants did not always know how to access programs that were available to them and/or often were afraid to access these programs;
- The large low-income and middle-income populations in Texas who could not afford insurance but were not eligible for state or federal subsidies; and
- The large population of transient employees in Texas who could not always take their health insurance with them as they moved from place to place and from employer to employer.

Question 2

What Kinds of Assistance or Support Might Help Increase the Number of Texans Who Have Health Insurance?

The second focus group question asked participants for suggestions and recommendations for dealing with the issues raised by the first question. The majority of suggestions for increasing the number of Texans who had health insurance focused on ways in which costs could be lowered for consumers. Typically, this involved the creation and/or expansion of programs, including programs specifically designed for small businesses. Some focus group participants even provided recommendations for how these new and expanded programs could be financed.

Other suggestions for increasing the number of Texans who had health insurance dealt with increasing or enforcing health insurance regulations in a manner that would lower the cost of insurance and/or make obtaining that insurance more “user friendly”. These suggestions, along with the suggestions related to creating and expanding programs, tended to involve some type of governmental intervention. Therefore, some participants’ recommendations included a heightened appeal to public officials regarding the need for reform in the health insurance and the health care industries. A final category of suggestions included the creation and dissemination of information regarding health insurance and health care options.

Examples of suggestions for **new programs** that might help more Texans obtain health insurance included:

- Creating a system of universal health care that included all Texans and was based on a socialized model⁴;
- Creating subsidized insurance programs that included populations who were “hard to insure” such as the elderly and people with pre-existing conditions; included populations who typically did not purchase health insurance such as unmarried individuals and students; and included rates based on a sliding scale according to income or a system of insurance premium discount cards that could be used by people in income brackets falling above current eligibility levels for subsidized insurance;
- Developing state basic and catastrophic insurance packages that were affordable and that covered major health care costs regardless of pre-existing conditions, age, marital status, type of employment, etc.;
- Providing some type of temporary insurance for individuals who were looking for employment, who had temporary employment, who were employed part-time, or who were not yet eligible for insurance that would eventually be provided by their employer;
- Creating a program whereby people could gain credits toward insurance by providing a service to the state or their community;
- Developing a system to analyze and determine “fair cost” pricing that insurance companies would be required to use as a basis for their rates;
- Creating a program that would penalize employers who purposefully engaged in practices to get around having to provide health insurance, including practices such as keeping people employed part-time or on a temporary basis; and
- Creating an insurance ombudsman/advocate to help individuals and employers with any insurance-related problems.

Examples of suggestions for the **expansion of existing programs** included:

- Extending coverage similar to the CHIP program to adults;
- Extending the eligibility criteria of Medicaid and Medicare programs;
- Expanding the scope of medical savings accounts;

⁴ Despite a recognized anathema to using the “socialized”, a significant number of participants at the focus groups chose exactly that word.

- Expanding the unemployment insurance program to include health insurance for people who were unemployed;
- Re-examining the Texas Workers' Compensation program to determine if it could be expanded to include health insurance; and
- Raising minimum wages in the state so that more people could afford insurance.

Examples of programs that were specifically suggested to **benefit small employers** included:

- Allowing employers to pay their employees a non-taxable stipend that could be used for health insurance premiums;
- Allowing small employers to become part of a large state-wide insurance pool;
- Pairing small companies with large companies in the same insurance pool as a means to control rates and expand coverage for small companies;
- Creating a special state health insurance advocate to intercede on behalf of small businesses;
- Creating incentives or tax breaks for small businesses that provided insurance to their employees;
- Allowing small businesses to pay insurance costs with pre-tax dollars;
- Requiring insurance providers to allow small businesses to pay the same rates for the same insurance that large employers paid;
- Developing a list of health insurance companies that had the best rates and coverage for small businesses;
- Replicating the Workers' Compensation program for health insurance, i.e. having the state run the program and determine the rates; and
- Creating a subsidy to help small employers afford health insurance benefits for employees.

Examples of suggestions for **financing programs** included:

- Using the money from the tobacco lawsuit settlement to subsidize health insurance;
- Using some of the money from the lottery to cover the costs of state subsidized health insurance;
- Using the tax money collected from cigarettes and alcohol to pay for a subsidized health insurance program;
- Using part of the sales tax to help subsidize health insurance;
- Applying for federal grants to assist with insurance costs;
- Finding out what other states were doing and using what worked; and
- Creating a special tax to be used to help subsidize health insurance.

Examples of suggestions that could impact the **regulation of insurance companies** dealt with several aspects of the insurance system. These included (a) monitoring insurance industry practices, (b) dealing directly with the pricing of insurance coverage, (c) changing practices related to coverage, (d) standardizing industry procedures, and (e) expanding customer service. Examples of these suggestions included:

- Examples of **monitoring**:
 - Developing stronger rules and regulations;
 - Doing a better job of enforcing existing rules and regulations; and
 - Targeting resources to reduce insurance fraud.
- Examples of **pricing**:
 - Creating a cap on how much health insurance and health care providers could charge;
 - Enacting and enforcing strict penalties for price gouging;
 - Providing incentives for insurance companies to provide coverage in which premiums were based on a sliding scale according to income;
 - Providing incentives for insurance companies to reduce premiums for people who practiced a healthy life style; and

- Requiring insurance companies to maintain the same fees for more than one year.
- Examples of **coverage**:
 - Prohibiting insurance companies from dropping coverage in the middle of treatment;
 - Requiring insurance companies to create insurance pools in a way that would minimize the cost of insurance for people with pre-existing conditions and chronic illnesses;
 - Requiring insurance companies to adhere to mental health parity laws; and
 - Requiring insurance companies to cover more preventative and alternative care options.
- Examples of **standardization**:
 - Requiring insurance companies to develop consistent ways to describe benefits and coverage;
 - Requiring insurance companies to streamline their claims procedures; and
 - Requiring insurance companies to have similar policies and prices for large and small businesses.
- Examples of **customer service**:
 - Requiring insurance companies to have more flexibility in their billing cycles;
 - Providing incentives for insurance companies that worked directly with communities to help determine viable solutions to community health insurance problems;
 - Requiring insurance providers to write policies, rules, procedures, etc. in plain language so that they were understandable to the average person; and
 - Having the insurance companies devise more flexible plans and interchangeable options.

Because so many of the suggestions dealt with changes that could only be made by a governmental body, focus group participants recognized the need for heightened **appeals to elected officials**. Examples of these included:

- Holding leadership more responsible for issues related to health care;
- Expecting state elected officials to work more closely with federal elected officials to develop a comprehensive state/federal program of subsidized insurance and health care; and
- Letting the president and other elected officials know that health care (and health insurance) was a major problem and that finding a solution should be a national priority.

In addition to suggestions that focused on developing or expanding programs and suggestions that focused on changing insurance regulations, participants also recognized the need for the **creation and dissemination of information** about health insurance. Examples of these suggestions included:

- Providing education to people so they would know what was available;
- Establishing a public information program about health insurance;
- Providing one-on-one contact with people who could help to educate others about insurance;
- Having town meetings about health insurance;
- Advertising more about available insurance options;
- Establishing a central toll-free number where people could call for information about health insurance;
- Having “insurance fairs” throughout the state to explain the health insurance options that are available;
- Expanding public awareness about the problems surrounding health insurance and how uninsured people impacts us all;
- Having a help-line with trained staff who could answer questions about insurance;
- Having more open meetings in which insurance issues could be discussed;

- Providing more education about the whole insurance system and how the process worked;
- Educating people about all the health care options available to them;
- Developing a standard format so people could compare coverage and rates of health insurance policies;
- Making information available about programs that worked in other states;
- Using corporations and foundations as a vehicle for teaching people about health insurance; and
- Having TDI publish “consumer reports” about health insurance providers.

Question 3

What Questions or Concerns (Other Than Financial) Are Important When Considering Health Insurance?

The individuals participating in the focus groups were asked to think about health insurance concerns that were not directly related to the cost of insurance or the amount of co-pays and deductibles. Items related to coverage headed the list of these concerns. These were followed by items related to policies and procedures governing claims and payments and more general policies and procedures. Finally, focus group participants expressed concerns about the satisfaction of insurance customers. In addition, concerns were identified that were specific to small employers.

The most prevalent concerns related to **coverage** included:

- What treatment and medical expenses would be covered - for example, would the policy cover well-patient care, sick-patient care, prescriptions, dental care, vision care, mental health care, diagnostic tests, preventative care and alternative medicine, treatments for terminal diseases, treatments for pre-existing conditions, expenses related to after-care, etc.;
- Who would choose the doctors and health care providers;
- Which doctors and health care providers would accept the insurance;
- How much flexibility would doctors have in determining patient care and how much would the insurance provider dictate;

- What cap or limit would the policy place on coverage – for example, how long could someone receive treatment for the same condition, how long could someone be hospitalized, and what was the maximum amount the policy would pay;
- Would the same policy cover an entire family;
- Would the policy cover any travel or transportation costs if the patient was required to see a doctor in another city;
- Would the policy include disability insurance; and
- What would the policy cover, and what were the procedures, when it was necessary to access health care in locations other than the insurance client's home town.

Examples of concerns related to **claims and payments** included:

- What were the up-front and out-of-pocket costs;
- What was the length of time it would take to process a claim;
- What were the procedures for reimbursement;
- What were the procedures when the limits were reached;
- What were the procedures if a claim was denied; and
- What were the "hidden" costs and restrictions on coverage.

Examples of concerns related to **other policies and procedures** included:

- What was the waiting period before coverage started;
- How would pre-existing conditions be handled;
- What was the length of time the policy would remain in effect; and
- Were there any changes in coverage that would occur if the person used their COBRA option or once that COBRA option expired.

Several focus group participants expressed concerns about items related to **customer satisfaction**. Examples of these included:

- Whether the insurance company provided full explanations in understandable terminology;
- Whether there was information available about how well the company followed through on claims;
- Whether there was information available about the competency of the doctors who accepted this insurance;
- Whether there was information available about the financial status of the insurance company;
- Whether someone knowledgeable about the insurance would be available to explain the policy in plain language;
- Whether there was someone local who represented this insurance company;
- Whether information from application forms and claims was kept private; and
- Whether the insurance company was considered reliable and trustworthy by doctors, hospitals and previous customers.

The **small employers** who participated in the focus groups expressed **concerns** over items that were specific to their situations. These included:

- Questions about the ability of the insurance provider to meet the needs of the employees;
- Questions about the minimum number of employees who would have to enroll in the policy before the insurance company would be interested in providing coverage;
- Questions related to cost-sharing of premiums between the employer and the employees;
- Questions about the length of time the plan would maintain the same premium;
- Questions about the maximum policy coverage per employee;

- Questions about an employee's ability to expand or customize his/her coverage and to include family members;
- Questions about how many other small employers used the insurance provider;
- Questions about how downsizing or upsizing would effect coverage;
- Questions about how the age and gender of employees would effect coverage;
- Questions about how much assistance would be available from the insurance provider if the business had a question;
- Questions about the understandability of the language in the contract between the employer and the insurance provider;
- Questions about the understandability of the information provided to employees;
- Questions about the insurance company's commitment to remain in Texas; and
- Questions about the employers' liability for choosing any particular insurance provider.

Question 4

What are the Best Ways for People to Learn More About Health Insurance Options?

Focus group participants mentioned factors related to the importance of information about health insurance in discussions related to all of the focus group questions. When asked about the types of information that should be made available and the possible ways this information could be disseminated, they had several recommendations. The primary suggestion was that there should be a central point where information could be collected, accessed and distributed. Focus group participants also provided suggestions about the types of information that would be useful and about additional means in which the public could become aware and take advantage of this information.

Suggestions related to the creation of a **central access point** included the following:

- Creating a toll-free insurance hot-line;
- Creating a centralized number or facility that provided access to many insurance companies;
- Designating a state agency resource department that could provide information;
- Establishing a clearinghouse for all information about health insurance;
- Having a designated location in each city where people could get information about health insurance;
- Setting up a website devoted to providing information about health insurance and health insurance providers; and
- Creating a consumer governing board to set standards and to develop and provide information about health insurance.

Suggestions about **information for small employers** included:

- Creating a health insurance “consumers’ guide” and sending it to all small employers on an annual basis;
- Having an advisory board of small employers develop a minimum set of standards for health insurance, including coverage, payment of claims, customer satisfaction, etc. so that data about how well each insurance provider conformed to these standards could be collected and distributed;
- Creating a special web page with information specifically for small employers;
- Conducting classes to educate small employers about health insurance;
- Conducting a series of informational seminars;
- Distributing information to small employers in conjunction with information sent by Texas Workforce Commission or with state sales tax information;

- Creating a handbook about health insurance for small employers; and
- Creating a special health insurance ombudsman/expert for small employers.

Suggestions about **published information** (including information published on websites) included:

- Conducting a comparative analysis of insurance providers;
- Publishing an annual report that compared insurance providers and coverage plans;
- Standardizing data about all insurance providers – much like a “report card”;
- Listing “approved” insurance providers, i.e. providers who abided by certain pre-determined standards and practices;
- Publishing all information in Spanish and other languages as necessary;
- Ensuring that all information was in simple language that was easy to read and understand;
- Compiling health insurance “Frequently Asked Questions” information;
- Creating a glossary of health insurance terminology;
- Creating a statewide standard format for health insurance policies and contracts; and
- Creating informational videos targeting specific audiences such as individuals, employers, Spanish speakers, etc.

Suggestions related to **personal contact** as a means for providing information included:

- Designating a person at a local state agency or social service office to serve as the “insurance expert”;
- Distributing information through independent insurance agents;
- Creating a health insurance ombudsman;
- Designating insurance provider representatives who were assigned to disseminate information and to answer questions;

- Creating a “speakers bureau” of experts who could travel to the community or the employer to provide information about health insurance;
- Identifying and utilizing people who could provide information in Spanish and other foreign languages;
- Educating elected officials about health insurance options and where information could be obtained; and
- Distributing information about COBRA to employees at exit interviews.

Suggestions involving **meetings and special events** included:

- Conducting free local seminars about insurance;
- Holding conferences that focused on health insurance options;
- Conducting health insurance information seminars at least once a year;
- Having insurance and health fairs;
- Having comprehensive education programs to teach staff at local, state, and federal agencies about health insurance so they will be better able to answer questions;
- Having special media campaigns about health insurance;
- Holding public forums about health insurance; and
- Having educational programs for independent insurance agents.

Suggestions about ways in which information could be **mass distributed** included:

- Sending information through the mail;
- Printing information in the newspaper;
- Broadcasting information via radio and television;
- Distributing information via e-mail;
- Distributing information as part of the unemployment information packet or the Workers’ Compensation information packet;
- Distributing information through schools;

- Distributing flyers door-to-door;
- Distributing information through doctors and other health care providers;
- Distributing information at job-fairs;
- Distributing information through state and federal agencies;
- Making telephone calls;
- Producing public service announcements in multiple languages;
- Putting information on billboards; and
- Placing information at public libraries, post offices and grocery stores.

Question 5

What Kinds of Experiences did People have with Health Insurance Agents and Providers?

Because the focus groups targeted individuals who had no health insurance, it was not surprising that many of these participants had little experience dealing with insurance agents or providers. It also was not surprising that the majority of individuals who were willing to share their experiences told “horror” stories about their encounters.

A few of the focus group participants had **good experiences** with health insurance. These experiences were related to:

- Good accessibility;
- Good follow-through on services and claims;
- Good assistance in dealing with problems; and
- Good experiences working with independent insurance agents.

However, the majority of focus group participants had negative experiences with health insurance. Some of these experiences were specific to small employers. Other negative experiences involved (a) communication problems, (b) problems related to claims, (c) problems related to coverage and service, and (d) problems caused by perceived unfair practices and/or perceived deception. Examples of these **negative experiences** included:

Experiences specific to **small employers** were:

- The company was too small to qualify as a group;
- The company would like to have stayed with the same insurance provider but the costs went up every year;
- The small employer had a policy that was sold to another company and the new company would not cover pre-existing conditions, even though these conditions had not existed prior to purchasing the insurance with the first company;
- The insurance company promised one price and then had a mid-year increase; and
- The small employer had difficulty finding affordable insurance because they had a number of older, more experienced employees.

Experiences related to **communication** were:

- The salespeople were pushy and other insurance company employees were rude;
- The experience of applying for insurance was degrading and invasive;
- There were too many loopholes and too much confusion over what would be covered and what would not be covered;
- The insurance company would not provide the information needed to completely understand their coverage;
- The voice-mail system at the insurance company was cumbersome and calls were rarely returned in a timely manner;
- The insurance company and the health care providers did not communicate very well with each other;
- Agents did not always know when providers made changes in the policy or in coverage;
- The insurance company never sent a coverage card so there was no proof of insurance; and
- The insurance enrollment period was too short and there was no open-enrollment option.

Experiences related to **coverage, claims and services** included:

- It took too long for the claim to be processed and paid;
- There was a long delay before treatment was approved;
- It was hard getting referred to an appropriate specialist;
- The insurance coverage would not transfer from state to state even though it was through a national provider;
- The insurance company refused to pay for a treatment that was prescribed by the doctor;
- The client was forced to leave the hospital before the doctor wanted them to because the insurance would no longer pay;
- The insurance company dictated which medications the doctors could prescribe;
- It was difficult to find a health care provider in their community who had “qualified” with the insurance company;
- The deductible was changed without notifying the customers; and
- The COBRA for their insurance was too expensive for someone who was out of work.

Experiences related to **perceived unfair practices** and/or **perceived deception** were:

- The insurance was cancelled but the provider never informed them;
- The insurance company authorized treatment and then denied payment;
- The insurance company would only send the reimbursement to the doctor but the doctor would not always pass it to the client;
- The insurance company used faulty information as the basis for denying coverage even though they knew the information was faulty;
- The insurance company kept changing the time limit on providing services for pre-existing conditions;
- The insurance company was so slow in paying claims that doctors stopped accepting them;

- The insurance company did not seem to care that people who filed claims were ill and needed extra assistance in trying to deal with the bureaucracy;
- The insurance provider decided to no longer offer insurance in Texas but did not communicate this information; they did, however, continue to bill and to accept payments for premiums; and
- The insurance provider changed the amount of the deductible in the middle of a coverage period and without notice.

Focus group participants told many **stories** about their experiences with insurance. A few examples of these stories are included below.

Story 1. A woman and her husband worked most of their adult lives and had health insurance. The couple was very frugal and saved enough money to retire early. Once they had retired and were no longer able to receive insurance through their employers, the couple discovered that they were virtually uninsurable. This was due to pre-existing conditions such as high blood pressure and arthritis. The couple then explored the possibility of getting insurance through the state risk pool. But the rates were so high that they could not afford them. It will be several years before this couple is eligible for Medicare. Until that time they will remain uninsured.

(NOTE: This story is one of many told by individuals who were “caught in a crack” because they could not afford to purchase health insurance but were not eligible for subsidized policies. Like the people in the story, the majority of the people in similar situations had been employed most of their lives. Some were still employed but found that their paycheck would not stretch far enough to cover essential expenses *and* the cost of health insurance.)

Story 2. One small employer had a child with a major illness. The health insurance the employer provided for employees was very expensive because of this child, and every year the insurance got more expensive. The employer is now faced with the dilemma of laying-off employees and keeping the insurance or dropping the insurance coverage on this child and keeping all of the employees. This latter option may have the additional consequences of placing the employer at risk of eminent bankruptcy because of enormous out-of-pocket medical expenses, thus forcing the company to be shut down and all employees to lose their jobs.

(NOTE: This story is one of many told by small employers who were faced with dilemmas related to maintaining the financial viability of their business or providing health insurance benefits to their employees. Some of these employers realized that they could get cheaper insurance if they re-structured their workforce by laying-off older, more experienced employees. However, these were the very employees they wanted to keep because they were the ones who had helped the business grow and thrive. They were also the ones who had

the maturity and expertise to be relatively self-directed and ensure that the business would continue to produce a quality product or service.)

Story 3. A highly-educated professional woman in her mid fifties had been previously diagnosed with breast cancer. The cancer had been treated and she had remained cancer-free for over ten years. However, insurance companies had continuously extended the amount of time she was required to remain cancer free before she would again be eligible for insurance. First it was two years, at which time she contacted the insurance company and was told that the time period had been extended to five years. After five years she was told the period had been extended to ten years. She is now being told that the waiting period has been extended to twelve years.

(NOTE: This story is one of many told by many people who had been excluded from insurance because of pre-existing conditions. In some instances these individuals found that they could not secure employment because of the impact of their condition on the cost of employer-paid health insurance. It is also interesting to note that the individual in this story and many of her counterparts felt that they were very capable of dealing with the bureaucracy imposed by the insurance companies. However, they were relatively powerless to change insurance company rules, guidelines, and procedures.)

Story 4. A middle-aged female was a passenger in her own car when a truck hit it. The truck was at fault in the accident. The woman sustained many severe injuries, and emergency medical personnel took the woman to what they determined was the most appropriate hospital. She was treated and moved to intensive care to await necessary treatments. In relatively rapid sequence, her insurance provider requested that she be moved to a different hospital, her employer fired her, and her insurance company then cancelled her coverage. The admitting hospital refused to move her because of her condition, the employer fired her because she was not at work, and the insurance provider cancelled her coverage because she was no longer employed. At no point was the woman contacted about any of these decisions. She was subsequently billed for her treatments, could not pay, had her bill turned over to a collection agency, and has had her credit rating destroyed. Today she has no insurance, has a difficult time working full time because of the long-term effects of her injuries, cannot buy a car because of her ruined credit rating, and lives in a homeless shelter because of her financial situation.

(NOTE: This story is just one example of someone whose life was completely disrupted because of an action taken by his or her health insurance company and insurance-related employer decisions. Unfortunately it is just one story of many – at least one per focus group session told by individuals who had similar experiences.

What was Learned from the Focus Groups?

Who did the Participants Represent?

After analysis of the comments made by focus group participants, it appeared that these individuals represented two distinctly different types of Texans who did not have health insurance. The majority of the focus group participants seemed to value and want health insurance but did not have it because they could not afford it. A smaller group of participants also seemed to value and want health insurance and could afford it, but did not have it for some other reason.

These two categories of individuals (those who want and can afford and those who want and cannot afford) are components of basic marketing theory that separates the potential market for a product into four groups:

1. Those who want the product and can afford it;
2. Those who want the product but cannot afford it;
3. Those can afford the product but do not want it; and
4. Those who cannot afford the product and do not want it.

By design, the focus groups eliminated participation from individuals who would have fallen into the first category and obtained health insurance. Therefore, those individuals participating in the focus group who could afford health insurance and who wanted health insurance but who still did not have it, must have encountered other barriers to purchase. Based on comments from the focus group participants, it appeared that these “other barriers” were most likely (a) they were not acceptable candidates for health insurance because of pre-existing conditions and were thus denied insurance by the providers and/or (b) they could not overcome difficulties related to finding information about health insurance and/or submitting an application for insurance.

The small employers who participated in the focus groups also seemed to represent businesses in categories similar to those described above. Many of the small employers indicated that cost was the primary reason they could not provide health insurance to employees (i.e., they wanted it, but could not afford it). Other small employers indicated that the composition of their business insurance group made health insurance almost unobtainable (i.e., they could afford it, but were having difficulty purchasing).

What Were the Assumptions of Focus Group Participants?

Participants at all of the focus group sessions held several general assumptions about the nature of health insurance. Some of these assumptions were universally accepted as valid and some were not.

The **universally-accepted** assumptions included:

- The assumption that health insurance was a necessity, rather than a luxury, and should be available for all Texans;
- The assumption that insurance companies were more interested in profits than in providing service;
- The assumption that the independent insurance agent played a critical role in (a) helping people understand more about health insurance and (b) helping people receive good service from insurance companies;
- The assumption that problems and issues related to the cost of health insurance could not be isolated from problems and issues related to the cost of health care in general;
- The assumption that more information and better access to information would help to mitigate some of the problems associated with health insurance;
- The assumption that there were gross inequities in the way insurance companies dealt with large employers compared with small employers; and
- The assumption that the Texas Legislature would be reluctant to deal with many of the health insurance issues that were identified during the focus groups.

Some of the assumptions related to health insurance and health insurance coverage were not universally accepted as valid. In these instances a dichotomy developed between one set of focus group participants and another set of focus group participants. These **dichotomous assumptions** included:

- An assumption about the role of the employer in providing health insurance. Most individuals not representing small employers believed that employers should be responsible for making health insurance available to their employees. However, small employers believed that they should not be placed in this role.
- An assumption about the influence of free health care on decisions about obtaining health insurance. Individuals who had never used free health care services believed that many Texans did not obtain health insurance because free services were available to them. On the other hand, individuals who had used free health care services believed that, if anything, once someone had used these services they would be more motivated to actively seek out health insurance instead of being re-subjected to the humiliation and poor quality of health care they had received.
- An assumption about the effect of health insurance on the cost of medical services. Some individuals believed that health care providers over-charged insurance companies, thus driving up the cost of health insurance. On the other hand, some individuals believed that health care providers under-charged insurance companies, thus driving up the cost of health care for the individual who did not have insurance.
- An assumption about the role government should play in health insurance. Some individuals believed that the only way health insurance could be made available to a majority of Texans was through some type of governmental action. On the other hand, some individuals believed that the governmental actions were what had created the dysfunctional health insurance system in the first place and that government should remove itself completely from the picture. These individuals believed that the way to make health insurance more obtainable was to allow the industry to operate in a free and unregulated market.

What Were the Impressions Formed by Focus Group Moderators?

Members of PPRI staff moderated all sessions of the focus groups. In doing so, they formed impressions about what was important regarding focus group topics, and they also formed general impressions about the focus group participants' perceptions about health insurance. These impressions are summarized below.

Question 1 - Why do so many Texans not have health insurance? The moderators all identified cost as the primary factor that kept people from obtaining health insurance. This was closely followed by people who could not purchase health insurance because

of their pre-existing conditions. A third factor was related to a lack of knowledge about how to find reputable insurance companies.

Question 2 - What kinds of assistance or support might help increase the number of Texans who have health insurance? According to the moderators, lowering the cost of premiums was the most common response. Suggestions for how this could be accomplished focused on reforming laws, increasing regulations and creating or expanding programs. A second type of recommendation concentrated on improving the type and availability of information.

Question 3 - What questions or concerns (other than financial) are important when considering health insurance? The moderators were in agreement that topics related to coverage and personal choice about health care providers were at the top of the list.

Question 4 - What are the best ways for people to learn more about health insurance options? The moderators felt that several factors were identified in relation to this question. These included a central access point, local “experts” in most communities, special events related to health insurance, and the widespread dissemination of information (including using the Internet).

Questions 5 - What kinds of experiences did people have with health insurance agents and providers? Moderators agreed that most of the experiences were negative and most had to do with items related to claims, to being denied coverage, or to losing insurance because of an increase in cost.

General impressions - The moderators felt that many participants in the focus groups were relatively naïve about how health insurance worked or the purpose of the insurance. The commonly held belief among participants was that health insurance should pay for “whatever ailed them”. The moderators also thought that the majority of focus group participants expected health insurance companies to provide them with the opportunity to “comparison shop” much like they experienced when shopping for car insurance. Participants were very disappointed that the health insurance providers worded policies and coverage options in ways that were not readily comparable or easily understandable.

Additionally, the moderators felt that focus group participants did not seem to understand, or to care about, the conceptual basis for insurance, i.e., that those who were the healthiest and had the fewest claims were necessary to subsidize those who were the sickest and had the most claims. Instead, the participants believed that health care was a right of all citizens and that health insurance was a means that would help them afford to exercise that right. And finally, the moderators believed that focus group participants were interested in their personal need for health insurance and how the lack of health insurance impacted them and their families. There seemed to be very little awareness about how the high percentage of uninsured Texans impacted everyone in the state.

Telephone Survey

What Was the Survey Methodology?

How Was the Instrument Developed?

The telephone survey instrument used in this study was initially based on an instrument developed by the California Health Care Foundation and the Field Research Corporation in a similar study conducted in 1998. TDI and PPRI staff also examined several other instruments and considered the various research questions to be addressed. This exercise further enabled the creation and modification of survey questions. Requirements for the length of the questionnaire demanded careful prioritization of questions and the removal of several that would have been useful had there not been such constraints. The questionnaire was pretested by conducting simulated and actual interviews. After each round of testing, results were reviewed and the interviewers were debriefed. PPRI produced translations of the instrument into Spanish, using the California translations where possible. This draft was reviewed by TDI staff and pretested using bilingual PPRI staff. The instrument was programmed into a computer-assisted interviewing system and was carefully tested before the survey began (see Appendix B).

How Was the Sample Designed?

The targeted population for the telephone survey was people living in Texas who were 19 years or older, lived in households earning more than 200% of the federal poverty level (fpl), and who were not covered by health insurance. Since Medicare covered virtually all people 65 and older, they were excluded from the study.

The survey sample was randomly selected from all households in Texas with a working telephone. A detailed methodology for the selection of this sample is included in Appendix C. The methodology allowed for a random sample from all telephone numbers in the state including unlisted ones. Numbers were screened against lists of businesses, which were eliminated.

Initial contact was made, and a series of screening questions were asked to determine whether anyone in the household was qualified for the survey. Briefly, the study was introduced to the person answering the telephone, that person was asked if he or she was between 19 and 64 years of age and if they had health insurance. If that person did, but someone else in the household who did not, PPRI attempted to interview the person without insurance instead. When a person was found without insurance, it was determined if the household met the standards of 200% or more of the fpl. To do so, the number of people in the household was determined and, based on that number, the respondent was asked if the household exceeded or did not exceed the specified income level. Efforts were made to appropriately deal with households shared by individuals who did not form a single household unit. The sample design had the

desired effect of creating a random sample of people in Texas with the characteristics of the target population.

How Was the Data Screened and Collected?

PPRI began collecting data via telephone interviewing on October 15, 2001 and concluded on December 6, 2001. Detailed discussion of the procedures used in contacting respondents and collecting the data is found in Appendix C. The interviewing was under the control of a computer-assisted telephone interviewing system that managed the sample and the interviewing process. Interviewers worked in carefully monitored workstations. At least 5% of interviews were monitored during each shift. Most interviewing was conducted during weekend and evening shifts. Scheduled callbacks were attempted during the day as well as attempts on other numbers that had not been found useful during the other shifts.

Finding the respondents involved a very large effort. The survey found that only 4.6% of all successfully-screened respondents fit the qualifications and only about 72% of those identified as eligible were willing to complete the interview. A detailed disposition of the sample is located in Appendix C. Starting with 61,702 telephone numbers, over 20,000 of those were found to be bad numbers (not working, not residential, etc.). An average of 4.8 calls was made on each of the 61,702 numbers. PPRI was able to successfully determine the age appropriateness, insurance status, and poverty status of 18,030 households. From those, 830 were identified as qualified for the survey. Completed interviews derived from this group numbered 598. A total of 155 interviewers worked 6,864 interviewing hours. This high number of hours was required to locate the relatively rare individuals meeting the criteria for the study - an effort similar to that required in the California study.

The completion rate for the screening and full survey was 44%. That is, 44% of the numbers not identified as bad resulted in a completed final interview and/or screening interview. Of those screened, 72% resulted in a completed interview.

Selected findings from the survey are detailed in the sections below. Full results can be found in Appendix D.

What are the General Statistics for Texas?

Who Are the Non-Poor Uninsured?

Because the uninsured in Texas are so great in number, little is known about the characteristics of the subgroups within the entire universe of the uninsured. Following the lead of an earlier study done in California by the California Health Care Foundation, this study sought to focus on the non-poor uninsured.⁵

Non-poor is defined as an income level above 200% of the federal poverty level (fpl). The 200% fpl was chosen as a baseline level of income because individuals or families

⁵ California HealthCare Foundation (1999). To Buy or Not To Buy: A Profile of California's Non-Poor Uninsured. Oakland, CA: Author.

at or above these income levels cannot qualify for publicly funded insurance programs in the State of Texas, such as TexCare Medicaid or CHIP. The U.S. Census Bureau estimates that those with incomes above 200% fpl account for 36.5% of the total uninsured population in Texas. Furthermore, recent research has shown that nationally, approximately 30% of uninsured adults in the nation had some access to health insurance, but for reasons that are less than clear, do not have any coverage.⁶

Table 1: 2001 Federal Poverty Level (FPL) Thresholds for Households for the Contiguous States and District of Columbia⁷

Size of Family Unit	Federal Poverty Level	200 Percent of FPL
1 Person	\$8,590	\$17,180
2 People	\$11,610	\$23,220
3 People	\$14,630	\$29,260
4 People	\$17,650	\$35,300
5 People	\$20,670	\$41,340
6 People	\$23,690	\$47,380
7 People	\$26,710	\$53,420
8 People	\$29,730	\$59,460

Knowing what characteristics (both those preceding and following) are prevalent among the non-poor uninsured can be helpful in developing effective methods to expand insurance coverage among the group.⁸

What is Their Age?

Because children under the age of 19 qualify for CHIP, the telephone survey focused only on those individuals who were over age 18. The various age groups were nearly equally represented among non-poor uninsured Texans, as shown in Figure 2. However, younger Texans (ages 19-29) constituted the plurality, representing 30% of the state's non-poor uninsured population. The high number of young people that were without health insurance could be even higher because many young people might still be covered on their parent's or guardian's health care policy. In the 77th Texas Legislative Session, HB 1440 raised the age limit for coverage of dependent children through age 24. This provision became effective on September 1, 2001. Previously, insurance companies could terminate coverage for dependent children at 19 for those not enrolled as college students and at 23 for those who were enrolled. The Texas Legislature acted to combat the high levels of the uninsured among this age group, previously estimated among all income levels to be over 40% in Texas.⁹ Those in the age groups of 30-39 and 40-49 were equally represented among the non-poor

⁶ Merlis, M. (2000, May). Subsidies for Employer-Sponsored Insurance. Washington, DC.

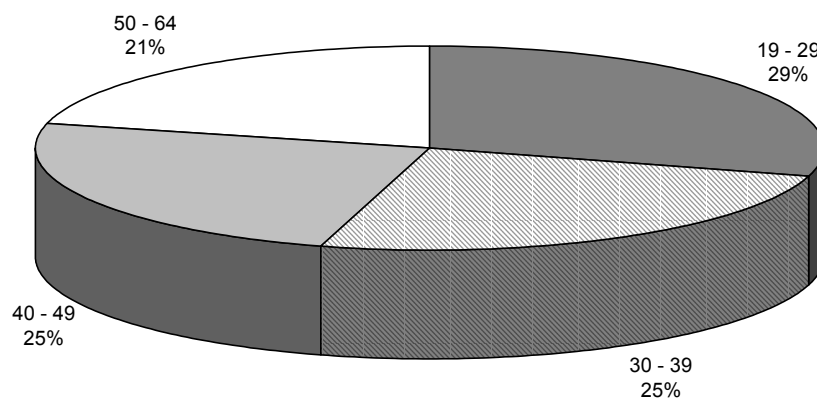
⁷ Federal Register, Vol. 66, No. 33, February 16, 2001, pp. 10695-10697

⁸ The margin of error throughout the report is a maximum of +/-4.1% when dealing with samples of the entire group of plotted respondents. When examining subgroups individually, the margin of error necessarily increases. However, this is mitigated when results are skewed toward one response.

⁹ Texas Legislature. *HB 1140 Bill Analysis*. (2001). [On-line] Available www.capitol.state.tx.us

uninsured at 25%. Older Texans aged 50 to 64 made up the smallest group at 21%. Those over the age of 64 were not sampled for this survey because nationally, 99.3% of those 65 and older have health insurance provided through Medicare.¹⁰

Figure 2: Percentage of Uninsured by Age Group



¹⁰ Health Insurance Coverage 2000. (2001). Census.

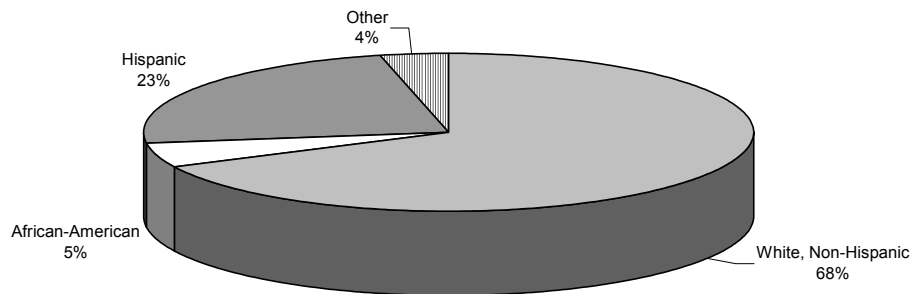
What is Their Gender?

The number of non-poor uninsured women slightly outnumbered men. As a group, 53% were women and 47% were men. However, this was an insignificant difference, and could be explained by the fact that women were more likely than men to answer their household's telephone.

What is Their Race?

When considering overall rates of the uninsured, minorities typically outnumber their white peers disproportionately. However, for the non-poor uninsured, whites comprised the overwhelming majority. Sixty-eight percent of the non-poor uninsured were white. A substantial number (23%) of the non-poor uninsured were Hispanic. African-Americans comprised 5% of the non-poor uninsured and those classified as "other" rounded out the total with 4%.

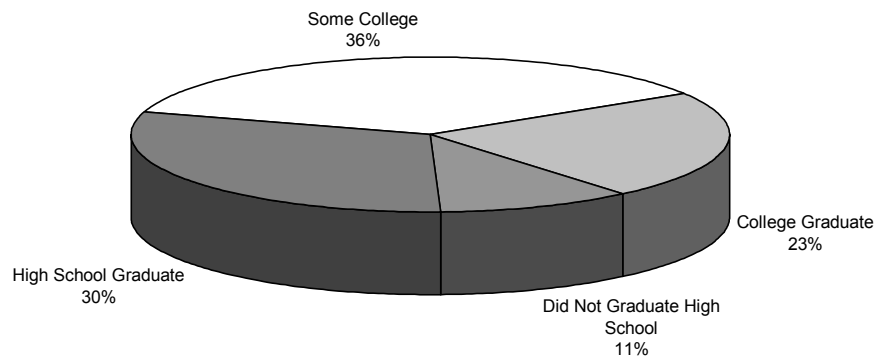
Figure 3: Percentage of Uninsured by Ethnicity



What is Their Level of Education?

Education plays a significant factor in predicting the probability of having health insurance. Among the general population, those with low educational attainment are among the most at risk for being uninsured. Because of the relatively higher income levels of the population chosen for this study, over half (59%) of the non-poor uninsured have either attended college or have a college degree. Only 11% of the respondents did not have a high school degree.

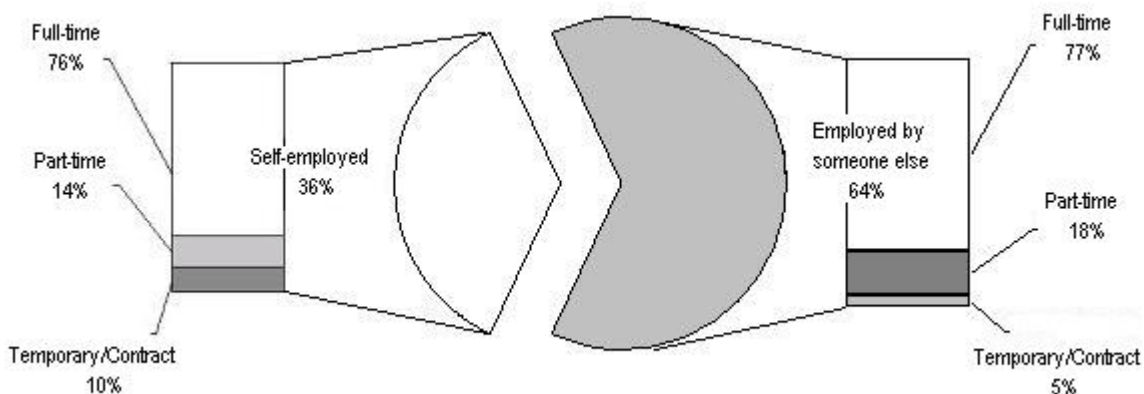
Figure 4: Educational Attainment



What is Their Work Status?

Because employer-based insurance is the most prevalent form of health insurance in the United States, there is strong connection between employment status and a person's likelihood of being uninsured. Consistent with previous research on the subject, the vast majority of the uninsured are actively employed. Only 25% of those interviewed for this study did not have jobs. Of the working non-poor uninsured, 36% were self-employed and 64% were employed by someone else. Although the proportion of the self-employed and those working for others was different, the non-poor uninsured work at similar rates with regard to their employment status. Both the self-employed (76%) and those working for someone else (77%) reported working full-time. Part-time employment status was also fairly similar where 14% of the self-employed reported working part-time and 18% of those employed by someone else reported working part-time. Temporary/Contract status was also fairly similar where 10% of the self-employed reported working temporary/contract and 5% of those employed by someone else reported working temporary/contract.

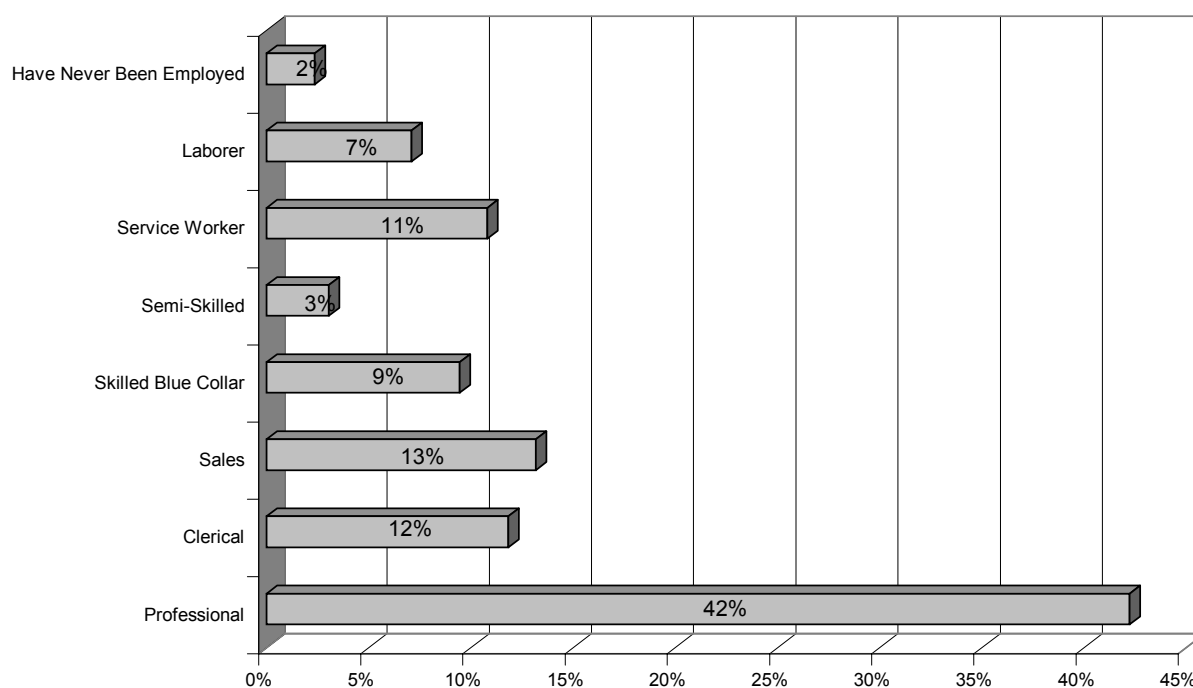
Figure 5: Employment Status by Amount of Work



In What Occupations and Industries are They Employed?

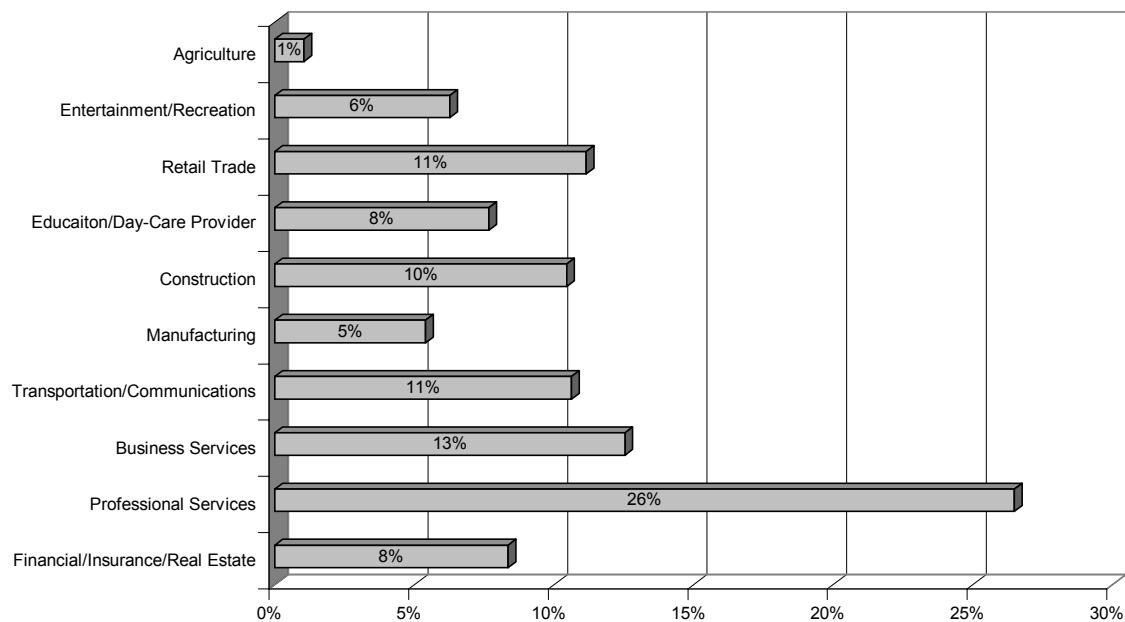
The overwhelming majority (42%) of employed individuals interviewed for this study had positions in the professional services sector. For this study, professional services were defined as positions such as managerial or executive positions and administrative or related support positions. The remainder of the employed non-poor uninsured was fairly evenly distributed among the remaining occupational categories. These included sales (13%), clerical (12%), service workers (11%), skilled blue collar workers (9%), laborers (7%), and semi-skilled workers (3%).

Figure 6: Percentage of Workers Who are Uninsured by Occupation



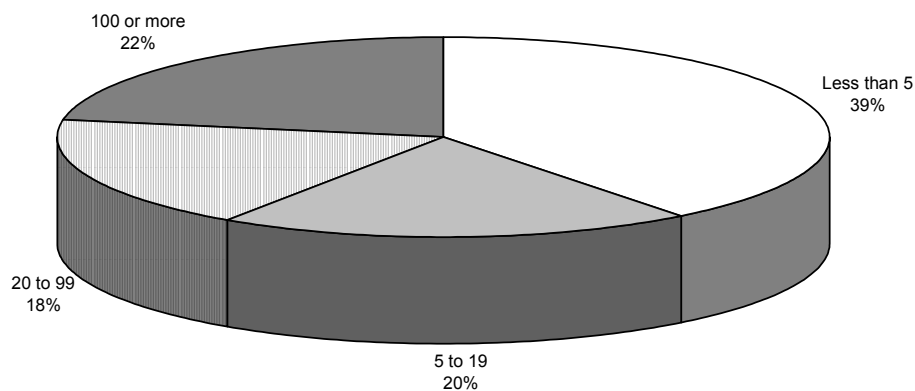
Respondents employed in industries that produce goods are less likely to be uninsured than those who work in the services sector. Those who worked in agriculture (1%) and manufacturing (5%) were represented among the non-poor uninsured at the lowest rate of all the industries. However, those in service sector positions, such as retail trade (11%), business services (13%), and professional services (26%) constituted the highest proportion of those without health insurance.

Figure 7: Percentage of Workers Who Are Uninsured by Industry



When examining the type of industry and the size of the firm in which the uninsured worked, the answers about who is uninsured became clearer. Clearly, firm size is related to a lack of health insurance in Texas. Respondents who worked for smaller firms reported higher rates of being uninsured than those who worked for larger companies. Fifty-nine percent of the non-poor uninsured work for firms with 19 or fewer employees, with the bulk of them working in firms or companies with fewer than five employees (39%).

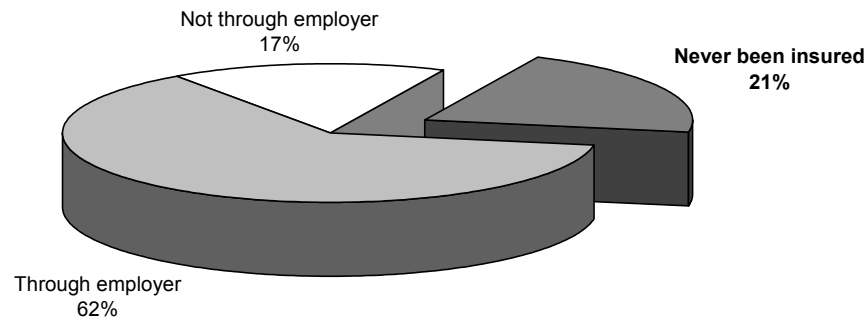
Figure 8: Percentage of Workers Who Are Uninsured
by Firm Size (Number of Employees)



What is Their History with Insurance?

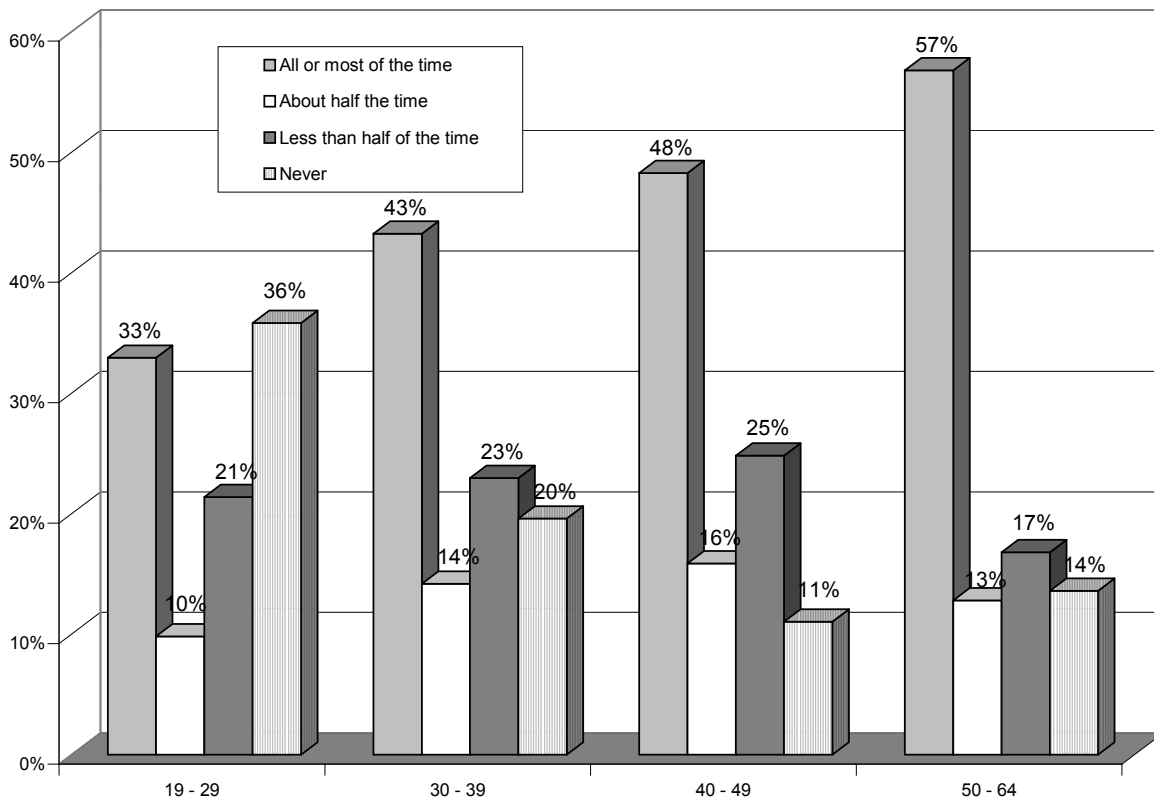
People can lose insurance coverage for a variety of reasons. There is a higher probability of being uninsured when people change jobs, become unemployed, or become sick, the result of which can mean that a person is reclassified into a higher risk group in which the premiums are unaffordable. As a result, health insurance coverage can be sporadic for many. Seventy-nine percent of survey respondents indicated that they had some type of health insurance coverage during their lifetime. However, 1 in 5 non-poor uninsured Texans had never had any sort of health insurance coverage at all.

Figure 9: Previously Insured



When examining histories with health insurance by age group, younger Texans tend to be more likely to never have obtained any sort of health insurance. Thirty-six percent of the survey respondents aged 19-29 indicated that they never had any sort of health care coverage. Older Texans were more likely to have been insured and also were also more likely to have had that insurance most of the time. Fifty seven percent of those in the oldest age group, 50-64, reported that they had health insurance coverage all or most of their lives.

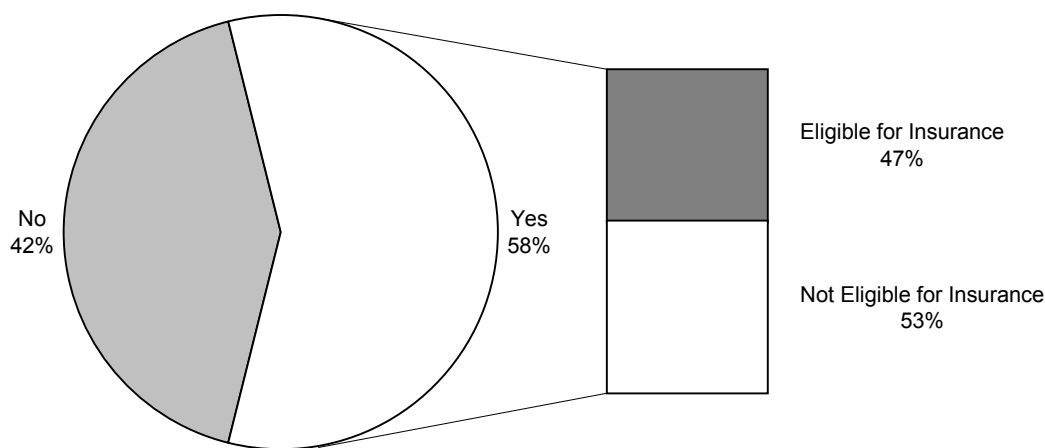
Figure 10: History with Health Insurance by Age Group



What Kind of Insurance Coverage Do They Have at Work?

Employers in the United States and Texas offer health insurance on a mostly voluntary basis. Because health insurance coverage is an expensive benefit for many companies, some do not provide health benefits to their employees. For the self-employed or owners of small businesses, not offering health benefits to employees is the norm. Only seven percent of respondents who were business owners indicated that they offered health insurance as a benefit to their employees. The 48% who worked for someone other than themselves were more likely to work for an employer that offered health insurance benefits. However, more than half of these individuals were not eligible for the health insurance offered by their employer, even though 81% were employed full-time.

Figure 11: Health Insurance Availability in the Workplace and Eligibility for Coverage



For those eligible for health insurance at their place of work, the primary reason for not having the coverage was expense. Other significant factors for not capitalizing on the insurance offered from the employer are listed in Table 2.

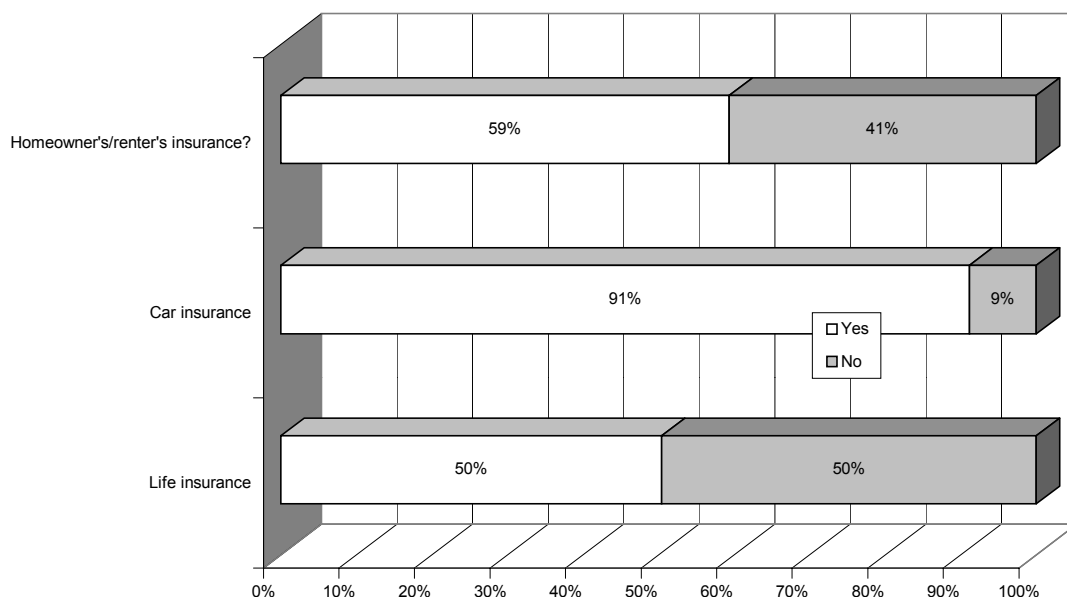
Table 2: Top Reasons for Not Taking Insurance Offered by Your Employer

Reasons	Percent
Too expensive	58%
Have not gotten around to it	13%
Did not want or need the insurance	11%
Do or did not like health plan	4%
Hope to get other insurance	4%
The plan was too difficult and time consuming	4%

What Are the Non-Poor Uninsureds' Attitudes About and Experience with Health Insurance?

The non-poor uninsured had broad experiences purchasing other types of insurance, which seemed to indicate that they had made some contact with an insurance representative or insurance agent. Ninety-one percent of respondents indicated that they had purchased car insurance. However, minimum liability insurance for an automobile is mandatory to operate a car legally in Texas. Over half of the respondents (59%) also reported having purchased homeowner's or renter's insurance, which can also be mandatory for those with a home mortgage. Among the different types of insurance, life insurance is the most discretionary purchase, and half of all respondents indicated having previously purchased life insurance. The willingness of 50% of respondents to purchase voluntary life insurance may be an indication that at least a portion of the non-poor uninsured might be more inclined to purchase health care insurance.

Figure 12: Have Personally Ever Purchased the Following Types of Insurance



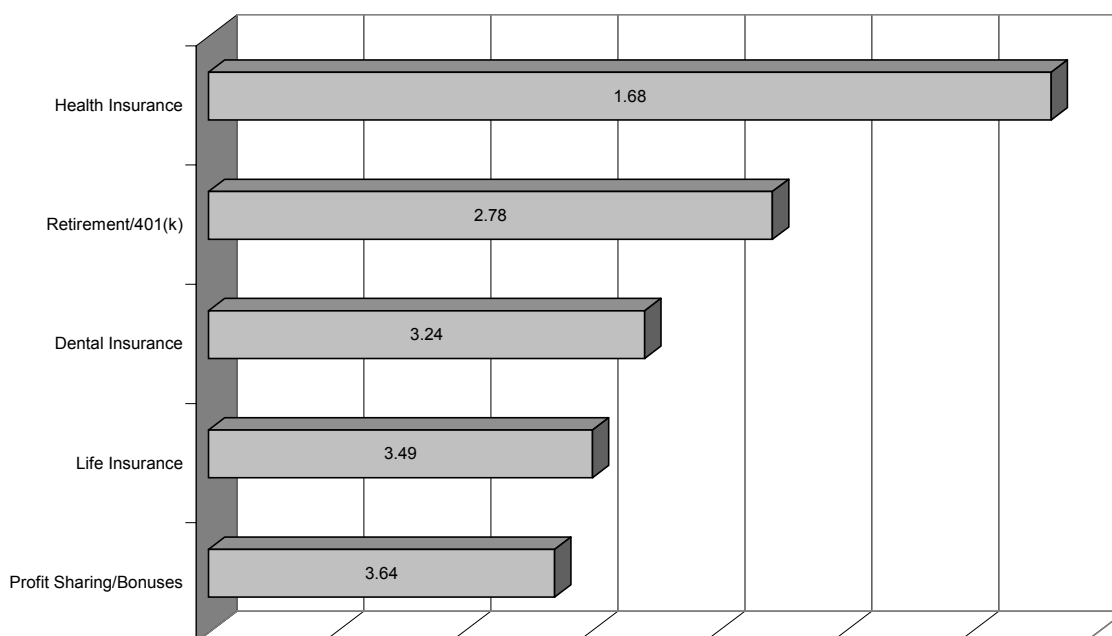
What Do They Think About Job Benefits?

Despite the fact that the non-poor interviewed for this survey did not have health insurance, as a group they believed it to be the most important job benefit they could receive. Respondents were asked to rank, in order from most important to least important, the following list of job benefits:

- Retirement/401(k) plan;
- Health insurance;
- Profit sharing and bonuses;
- Dental insurance; and
- Life insurance.

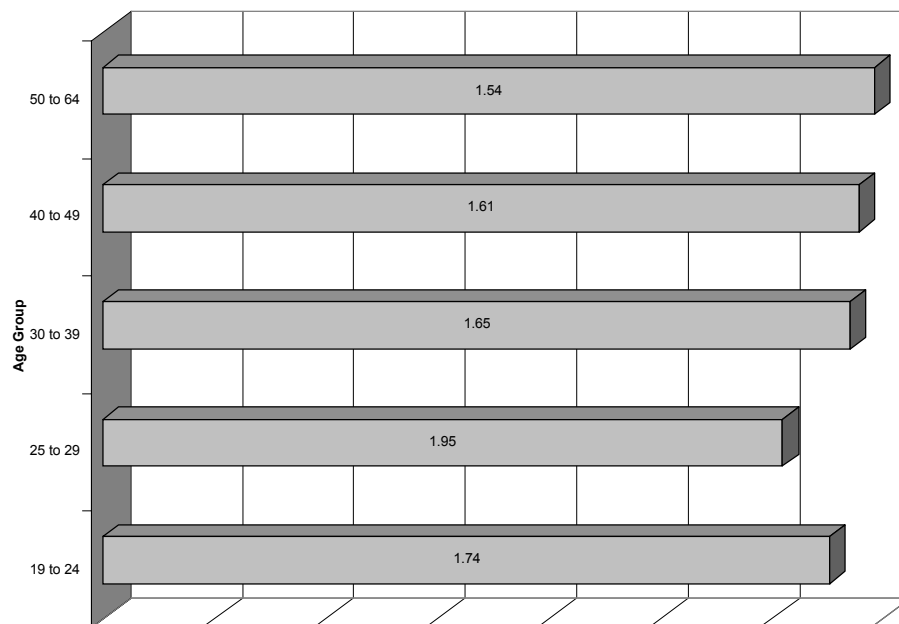
A comparison of these indicated that health insurance was clearly the most important. Retirement benefits and 401(k) plans ranked second. The importance of the remaining job benefits for the non-poor uninsured were very closely ranked. However, compensation through the form of profit sharing and bonuses was ranked last.

Figure 13: Average Rankings of Importance of Job Benefits



When the rankings of preferred job benefits were examined by age group, several interesting findings came to light. Although all age groups ranked health insurance as the most important benefit they considered when looking for or accepting a job, younger respondents tended to believe health insurance was less important than their older uninsured peers.

*Figure 14: Average Rankings of Health Insurance
as a Job Benefit by Age Group*



Preferences also changed somewhat by age among other types of benefits. When comparing differences within each job benefit by age group, younger workers tended to rank life insurance and dental insurance as more important job benefits than did older respondents. Older respondents, who are nearing retirement age, ranked retirement benefits as more important than the younger non-poor uninsured.

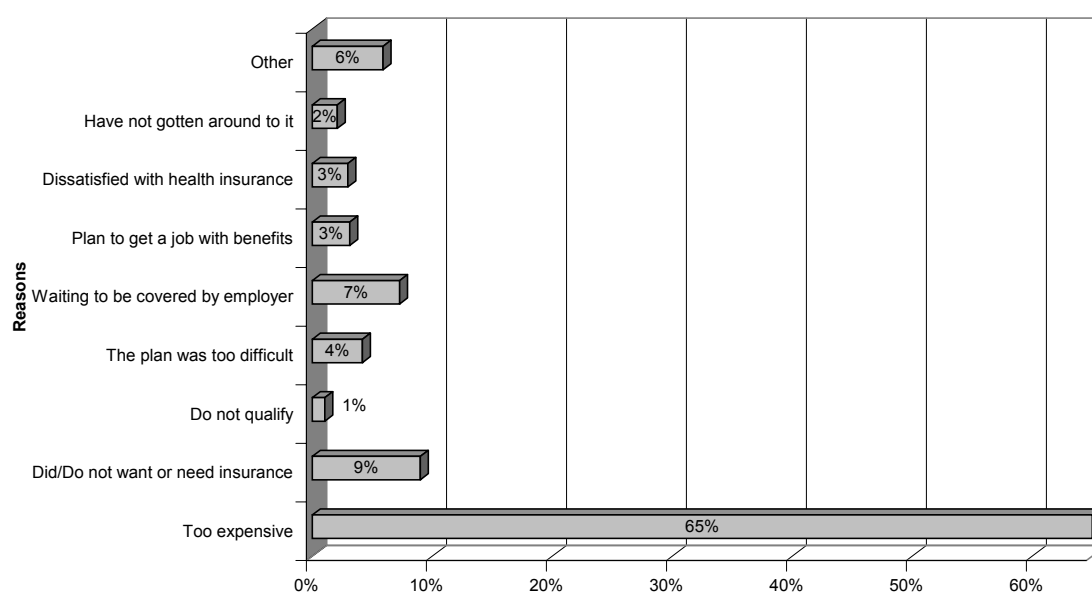
Table 3: Average Rankings of Job Benefit Importance by Age Group

Age Group	Retirement and 401(k)	Profit Sharing and Bonuses	Dental Insurance	Life Insurance
19 – 24	3.05	3.83	2.96	3.22
25 – 29	2.63	3.56	3.30	3.48
30 – 39	2.78	3.66	3.28	3.51
40 – 49	2.89	3.57	3.28	3.57
50 – 64	2.55	3.63	3.54	3.56

What Are Their Reasons for Not Purchasing Health Insurance?

Despite health insurance being the most important benefit to many of the non-poor uninsured, they also believed the costs of either purchasing insurance on their own or matching employers' contributions for insurance premiums was cost prohibitive. Sixty-five percent reported not purchasing health insurance for themselves because it was too expensive, nine percent cited that they "did not want or need the insurance", and seven percent said they "were waiting to be covered by employer".

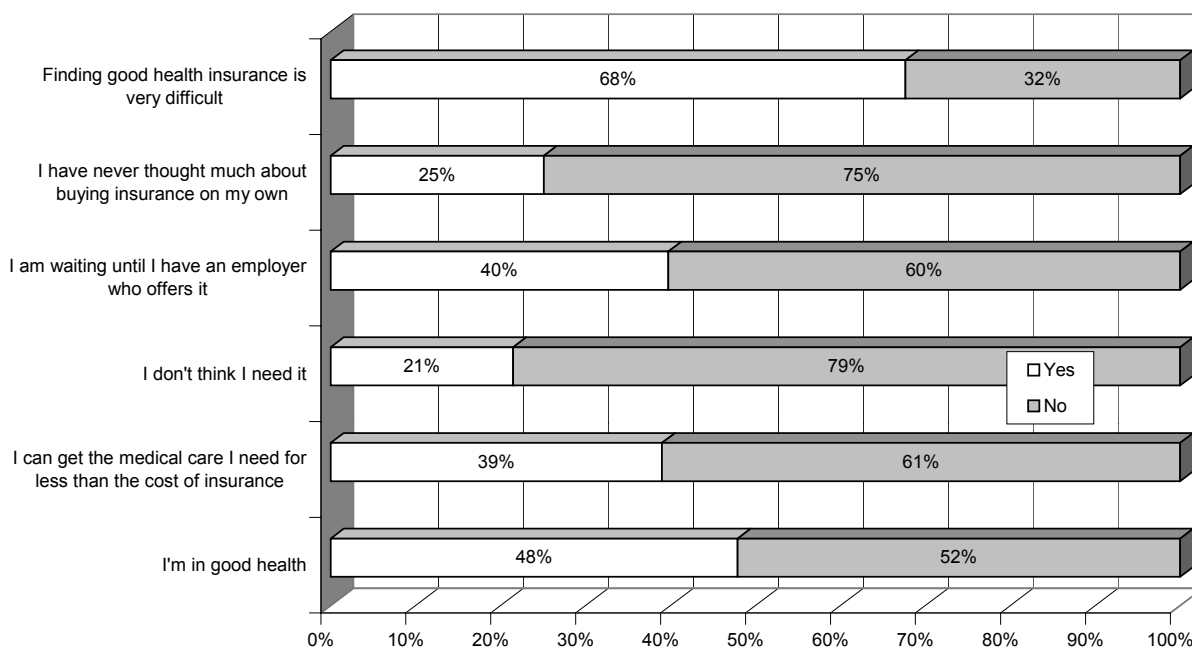
Figure 15: The Main Reason You Do Not Buy Health Insurance for Yourself



Other Than For Financial Reasons, Why Don't They Purchase Health Insurance?

Beyond the simple economics of purchasing health insurance, PPRI also asked survey respondents about other motivating factors for not purchasing health insurance. The most reason most often cited was “difficulty finding insurance (68%). Nearly half of the respondents said “I’m in good health” (48%) as their reason for not buying health insurance, while about the same percentages said they were waiting for an employer to offer health insurance (40%), or believed they could get medical care for less than the cost of insurance (39%).

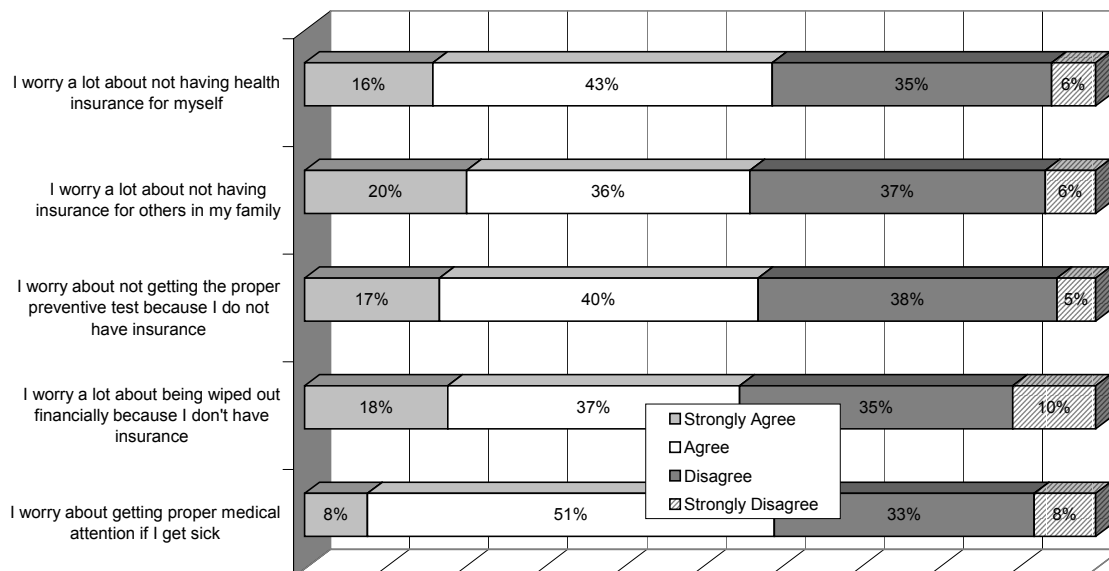
Figure 16: Other Reasons for Not Buying Health Insurance



What Concerns do They Have About Health and Health Insurance?

Despite not having health insurance, many of the non-poor uninsured indicated that they were concerned about going without it. More than half of the non-poor uninsured worried about not having health insurance for themselves (59%) or their families (56%). Lack of health insurance also seemed to inhibit access to care. Fifty-seven percent reported that they worried about not receiving proper preventive tests because of a lack of insurance. The uninsured also worried about receiving proper health care if they became ill. Well over half of the non-poor uninsured (59%) reported worrying about accessing proper medical care.

Figure 17: Non-Poor Uninsured Concerns About Health Care

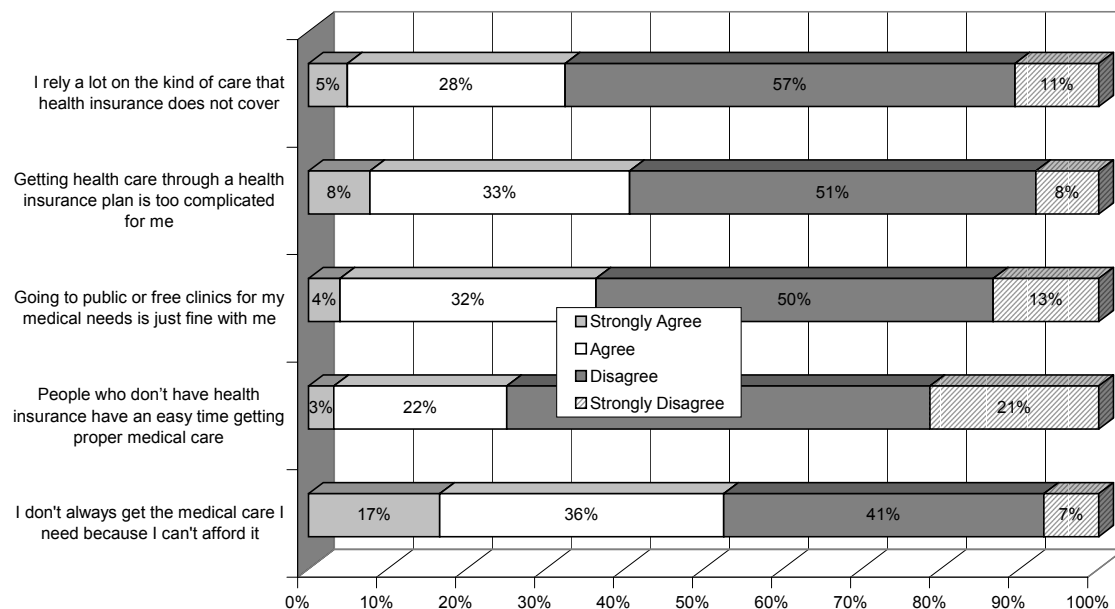


What Kind of Access to Health Care Do They Have?

Many Texans think health insurance is the key to accessing health care. However, some of the non-poor uninsured believed that health insurance was not necessarily a precursor to accessing health care. Although more of the non-poor uninsured worried a great deal about not having insurance, it was clear that approximately a quarter (25%) believed people could access proper medical care without insurance. An even greater number indicated that going to a public or free clinic was fine with them (36%).

Others expressed some frustration with health insurance plans. Forty-one percent said that health insurance plans were too complicated for them. A third of the non-poor uninsured indicated that they relied on alternative forms of care, often not covered by traditional health insurance plans. Despite the fact that the non-poor uninsured believed they could access care if they needed it, a much larger portion admitted to not always receiving the care they needed because they could not afford it (53%).

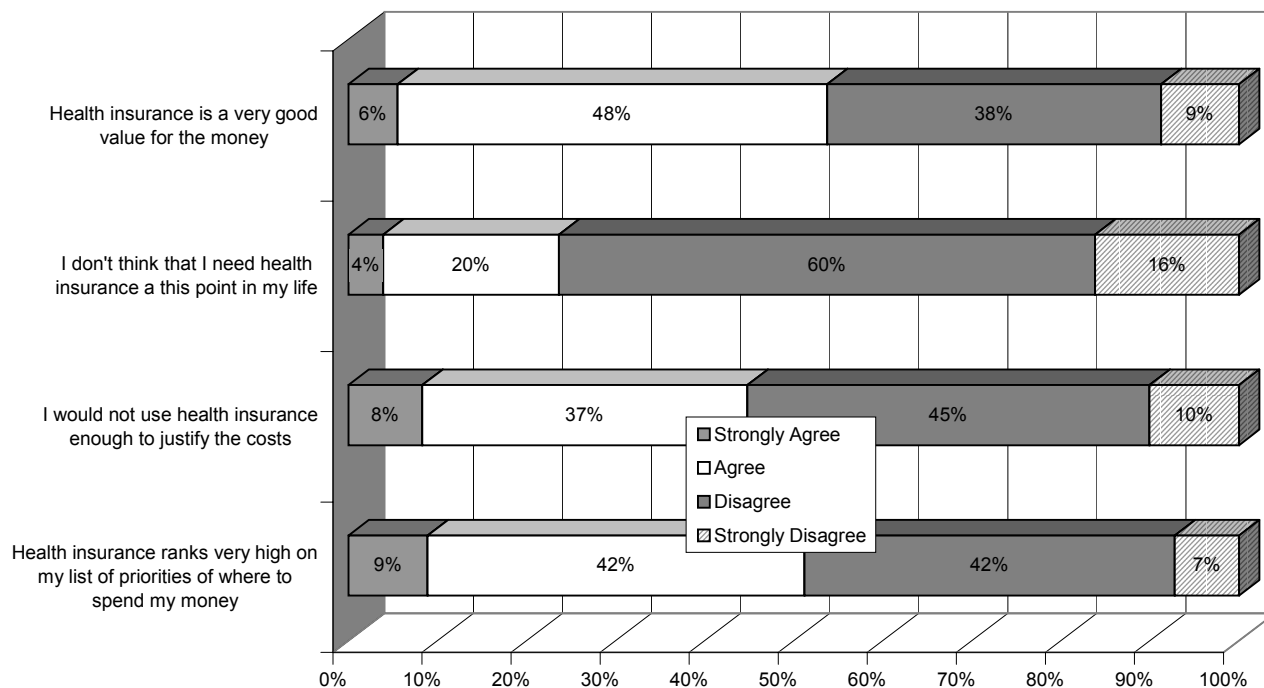
Figure 18: Non-Poor Uninsured Opinions about Access to Health Care



What Barriers Have They Encountered to Purchasing Health Insurance?

Beyond the pure economic costs of purchasing a health insurance policy, there were clearly other factors at work leading to higher uninsured rates among the non-poor. Approximately a quarter of the respondents (24%) believed that there was little likelihood of needing health insurance. Forty-five percent of respondents felt that the cost of insurance was not worth the money for benefits they could potentially receive by being covered. On the other hand, over half (54%) believed that health insurance was a good value for the money. Fifty-one percent of the respondents also reported that health insurance ranked high on their list of spending priorities.

Figure 19: Non-Poor Uninsured Barriers to Purchasing Health Insurance



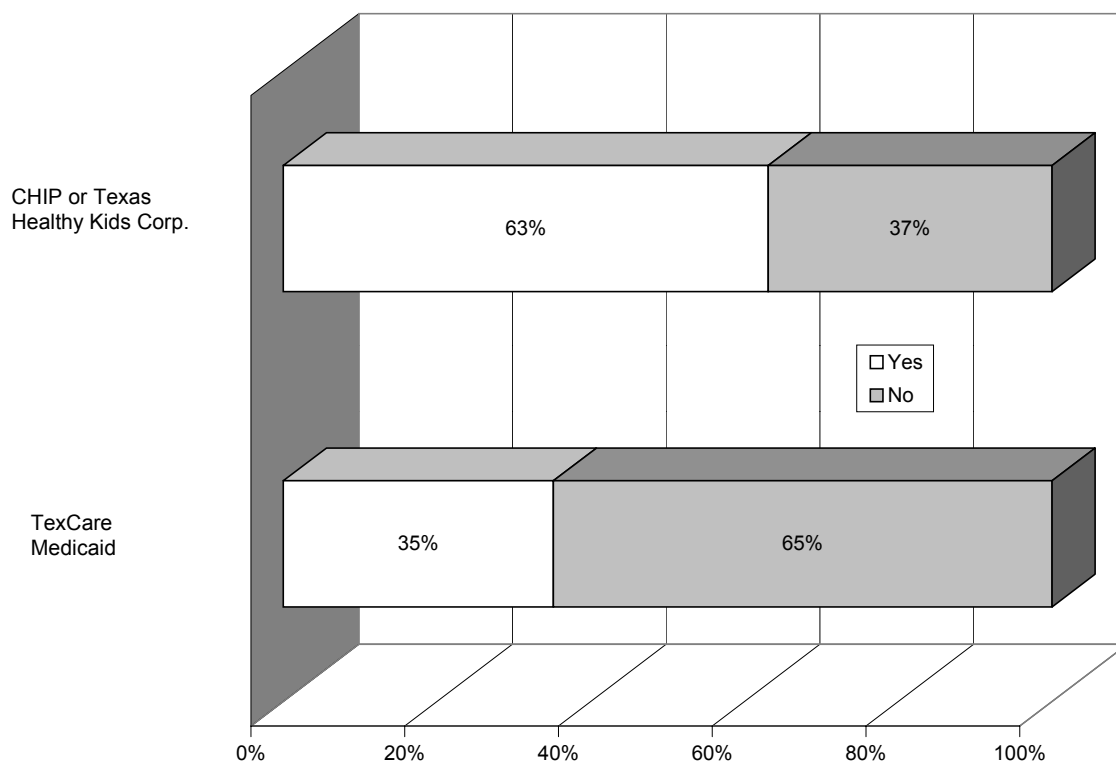
What is the Non-Poor Uninsureds' Knowledge About Public Insurance Programs

The most recent data available revealed that in 1998, 2.3 million people, or about one in eight Texans relied on Medicaid for health insurance or special long-term care services.¹¹ Medicaid is a jointly funded state-federal program administered by the Texas Health and Human Services Commission in Texas.

Today, the majority of uninsured children in Texas are eligible for either Medicaid or CHIP. In October 2000, the Texas Healthy Kids Corporation (THKC) began referring families with children that did not qualify for CHIP or Medicaid directly to the private health insurance companies and health maintenance organizations offering health products to children rather than continuing to enroll the children in the THKC group program.¹²

A much higher number of the respondents were aware of CHIP and THKC (63%) than they were with TexCare Medicaid (35%).

Figure 20: Previous Knowledge of CHIP or Texas Healthy Kids Corporation and TexCare Medicaid



¹¹ 1998 HCFA 2082. Source: Texas Health and Human Services Commission

¹² <http://www.texcarepartnership.com/CHIP-THKC-Page.htm>

To What Extent Have They Enrolled in Publicly Financed Programs?

Only a small fraction (11%) of the survey respondents indicated having ever attempted to enroll in TexCare Medicaid. Of those that applied for TexCare Medicaid, only 43% were enrolled. Thirty-three percent of respondents with dependent children reported trying to enroll in CHIP. Of those, over half reported enrolling in the program (55%). The reasons most commonly cited for disenrolling or losing eligibility for CHIP and TexCare Medicaid were:

- Did or do not need it;
- Did not like the insurance;
- Got coverage elsewhere; and
- Change in financial situation.

Figure 21: Have you Ever Tried to Enroll in TexCare Medicaid and Were You Then Eligible?

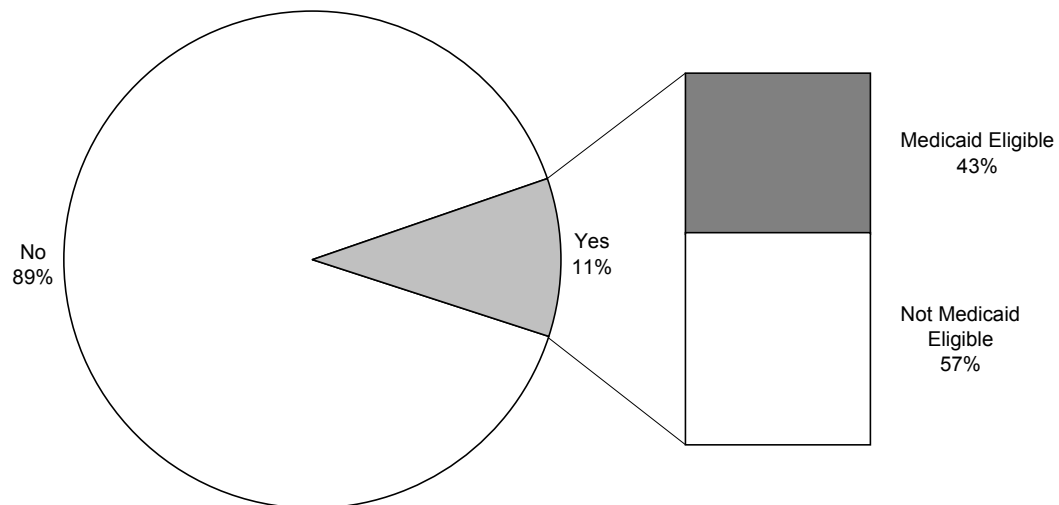
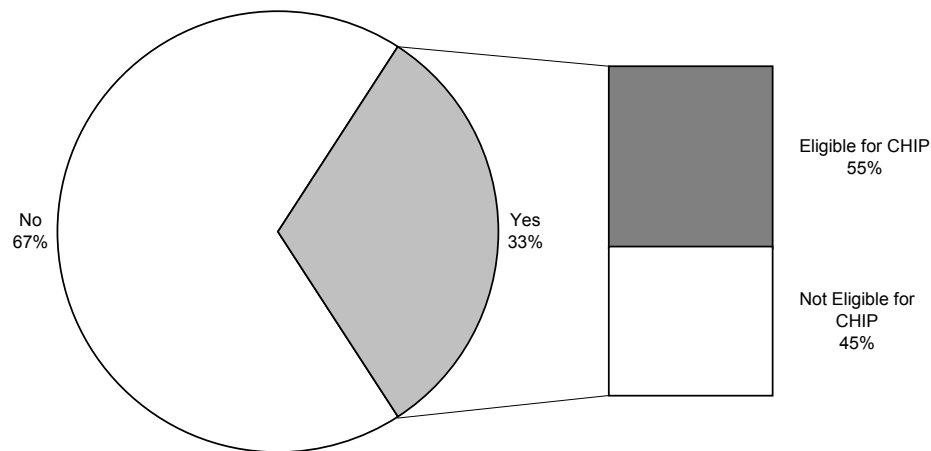


Figure 22: Have you Ever Tried to Enroll in CHIP and Were You Then Eligible?

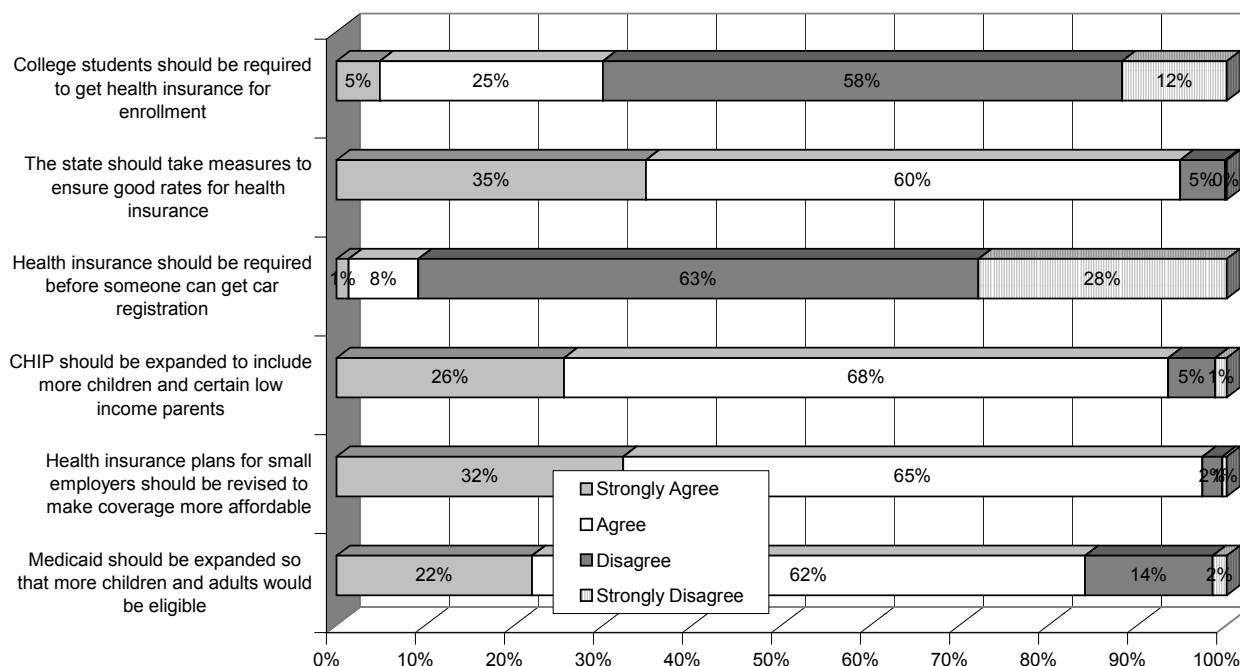


What Are Their Opinions About Public Funded Insurance Programs

When asked about potential solutions for reducing the number of uninsured Texans, the vast majority of respondents indicated wanting more government involvement. With the recent success stories of CHIP becoming more prevalent around the state, a resounding 94% of the non-poor uninsured indicated that CHIP should be expanded to include more children and certain low-income parents. Although not as strong, respondents also had similar feelings about Medicaid, where 84% of the respondents said an expansion of TexCare Medicaid to include more children and adults would improve their access to health insurance.

The survey questions regarding suggestions about ways to improve or increase insurance levels in the state were not limited to expansion of current government programs such as CHIP and TexCare Medicaid. Respondents also indicated wanting the state to take measures to ensure "good" insurance rates for health insurance (95%). They also suggested some revision to health insurance plans for small employers to make coverage more affordable (97%). The majority of respondents did not support a mandate requiring Texans to purchase health insurance; only a few (9%) thought that demonstration of health insurance should be a requirement before someone could obtain their car registration and 30% thought health insurance should be required for college enrollment.

Figure 23: Non-Poor Uninsured Opinions About Improving Access to Health Insurance



Segment Analysis of the Non-Poor Uninsured

Explaining why non-poor uninsured people did not buy health insurance was much more complicated than simply saying, “it costs too much”. Although at first glance, the responses to the telephone survey questions (questions B12, B18, D4, and D13) indicate this to be the most cited and salient reason. However, if one were to reduce insurance costs (even to zero) one would most likely find that there would *still* be those individuals who had no health insurance. Therefore, it could be misleading to draw conclusions and make policy based on raw response rates to questions asked in the survey. Recognition of this fact indicates a more refined examination of the questions is required.

In order to determine the reasons people did not purchase health insurance, PPRI looked to the related analysis of non-poor uninsured people conducted by the California Health Care Foundation and the Field Research Corporation (mentioned earlier). Based on the concept found in the California report, PPRI developed a similar analysis using two factors: (1) ability to pay for health insurance and (2) motivation to buy it. These two factors are consistent with the basic components of any purchasing decision and serve as the backbone of basic marketing research.

By correlating these two factors with each other, a distinct picture of four groups of non-poor uninsured people emerged. For ease of identification, PPRI has named these groups as follows:

- *The Prepared:* People who have the money to buy health insurance and are willing and motivated to purchase it, but could not get it;
- *The Reluctant:* People who have the money to buy health insurance, but are not inclined to do so;
- *The Complacent:* People who do not have the means to purchase health insurance, and would not buy it even if they had the money; and
- *The Hindered:* People who want to buy insurance, but do not have the money to do so.

Analysis of these four groups revealed that they were different from each other not only demographically, but also attitudinally. Such distinctions could become vitally important to recognize and understand when developing methods to increase the number of insured Texans because they appear to indicate that no one single solution will compel all people to join the ranks of the insured.

What Methodology Was Used to Develop The Scales?

Two scales were developed based on questions asked in the telephone survey: (1) ability to pay and (2) motivation to buy. Each scale had a range of -1 to 1 representing low ability to pay/low motivation to buy and high ability to pay/high motivation to buy, respectively. The two scales were developed on the basis of answers to questions listed in Appendix E. Answers were assigned a numerical value which indicated where on the scale such a response would fall (equal numerical distance was assigned between categories). To this end, answers to questions with two categories were assigned a -1 or 1; questions with four categories were assigned a -1, -0.33333, 0.33333, or 1; questions with five categories were assigned a -1, -0.5, 0, 0.5, or 1. All values applicable to each scale were then averaged to ascertain a number, which placed each respondent on the respective scale (questions to which the respondent did not provide an answer were not included in the calculations).

Naturally, this method was not perfect. Questions with fewer categories, and thus wider ranges between numerical values assigned to responses, would naturally weigh heavier when averaging all of the questions together. However, this method offered several distinct advantages. As the reader can note, a battery of questions was used to determine a respondent's place on each scale. This would tend to mitigate the problem noted above as well as enhance the internal validity of the final average. The more questions considered, the less likely any one question would unduly affect the average.

What Do the Groups Look Like?

In painting a picture of the four groups, two general categories were considered - demographics and histories and attitudes. The demographic category includes gender, age, ethnicity, health, employment status, etc.; while the history and attitudes category refers to insurance in general and health insurance in particular as well as an explanation of attitudes. The pictures that emerged from the analysis are detailed below.

The Prepared

***Those who could afford insurance, wanted insurance,
but did not purchase it for some other reason***

The Prepared constituted 28.3% of non-poor uninsured in the State of Texas. This group had an even gender split between men and women and was the oldest of the four groups. They were unlikely to be the sole person in their household and were likely to have dependant children at a higher rate than the other groups. A majority of *The Prepared* lived in large urban areas. Further, this group had the fewest Hispanics among its ranks (however, the number of Hispanics was comparable to the number in *The Hindered* group). The health among members of this group was the poorest of all

groups and these people were the most likely to have been denied insurance coverage for medical reasons.

Employment in professional service and financial/insurance/real estate industries constituted a relatively large proportion of employees among *The Prepared* but the group also had the highest percentage of blue-collar workers. It also had the lowest representation in the retail trade industry. More people in this group than the others were “not employed” and a high proportion were self-employed. This group had the highest percentage of people who worked full time. It also had the fewest who worked part-time. *The Prepared* either worked for small employers or very large employers.

Attitudes toward insurance in general were favorable as demonstrated by the fact that nearly all of *The Prepared* had bought car insurance in the past. This was the highest rate of any group. Additionally, a large majority had owned health insurance before, and most had it for most of their lives (more than any other group).

This group was the least likely to have turned down a job that offered health insurance in favor of one that did not. The group also placed the least weight on all other benefits that might be offered by employers. *The Prepared* were the most motivated about seeking insurance and had more people who sought it on their own than any other group.

Cited among the reasons as to why they did not have health insurance, this group, more often than any other, thought insurance policies were difficult, confusing, and time consuming to purchase (a rate similar to *The Reluctant* group). Having good health was cited relatively infrequently as a reason why the individuals in *The Prepared* group did not have health insurance. Finally, people among *The Prepared* were relatively disagreeable to the notion that people with no health insurance had an easy time getting care and were the least accepting of visiting public or free clinics for their medical care.

The Reluctant

Those who could afford health insurance but did not want it

The Reluctant constituted 16.2% of non-poor uninsured in the State of Texas. This group was composed of more men than any other group, had the highest percentage of young people, and the fewest people over fifty. *The Reluctant* group had a comparatively high percentage of people who were the sole person in their household and were the least likely to have minor dependants. Hispanics made up a higher percentage of *The Reluctant* than they did in any other group. This group was also the most urban of the four. The health of this group was the best of all four, with the fewest having ever been denied insurance coverage for medical reasons.

There were more professionals in this group, and fewer blue-collar workers than in other groups. Industries were more varying in this group, but it had the fewest involved in manufacturing. A significant majority worked full time and relatively few worked part time jobs. Members of this group were the second most likely to work for large employers.

Perhaps most telling about this group was their attitude toward insurance in general. A relatively high proportion of members of this group had never had health insurance and, along with *The Complacent*, purchased car insurance (mandated by state law) at the lowest rate of the four groups. This group was the least motivated in finding insurance on their own, and few had ever tried. They were among the most likely to have turned down jobs that offered health insurance in favor of one that did not. *The Reluctant* ranked benefits other than health insurance the highest of the four groups.

People in this group were the least likely to cite cost as the main reason as to why they did not have health insurance and were the most likely to believe that they did not need it. They referred to their good health more than any group as a reason for not having bought health insurance. *The Reluctant* were the second most likely to think that people with no insurance had an easy time obtaining medical care and were the most accepting of visiting public clinics to receive their care.

The Complacent

Those people who cannot afford health insurance but want it

The Complacent constituted 19.4% of non-poor uninsured in the State of Texas. They were evenly divided between men and women and were the youngest of the four groups, having relatively few people over 50 years of age. They were the most likely to be the sole person in their household and had relatively few minor dependants. Hispanics were second most likely to appear in this group compared to the other groups. *The Complacent* were the least likely to live in large urban areas and the most likely to live in suburban areas. They were the second healthiest group, having been infrequently denied coverage for medical reasons.

Professionals were represented in this group at a lesser rate than the other groups, with salespeople composing more of *The Complacent* than any other group. They were the least likely, along with *The Hindered*, to be in a professional industry and the most likely to be in retail trade. The manufacturing industry was represented more in this group and *The Hindered* than the other groups. *The Complacent* had among their ranks the fewest self-employed people and a relatively large portion of "not employed" people. They were the second most likely to work part-time and the least likely to work for very small employers (fewer than five employees).

Members of this group were the least likely to have ever had health insurance and had purchased (mandatory) car insurance at the same relatively low rate as *The Reluctant*. They were also almost as unmotivated as *The Reluctant* to get health insurance, and few had ever tried. This group was the most likely to have turned down a job that offered health insurance in favor of one that did, leaning toward other benefits.

Cost was cited at a comparatively high rate as the main reason for not purchasing health insurance, with a significant portion also citing no need for it. People among *The Complacent* believed with the most frequency of all groups that people with no health insurance had an easy time getting care and were relatively acceptant of receiving their care at public clinics.

The Hindered

Those who cannot afford insurance but want it

The Hindered constituted 36.1% of non-poor uninsured in the State of Texas. The vast majority of this group was female and over 40 years of age. Along with *The Prepared*, Hispanics were least likely to be present in this group. The fewest people of any group were the sole person in their household, and this group was the most likely to have minor dependants. The health of people in this group was the second worst of all the groups, and they were the second most likely to have been denied insurance coverage for medical reasons.

Employment among *The Hindered* was disproportionately outside of the professional occupations and professional industries. Manufacturing industries were represented at the highest rate of the four groups (comparable to the rate of *The Complacent*). The fewest people of any group were full time workers. However, contract labor was represented to the highest degree in this group. A significant majority (more than the other groups) worked for small employers.

Attitudes toward insurance were among the most accepting of any group. More people had previously owned health insurance among *The Hindered* than any other group and a significant number had owned it most of their lives. They bought car insurance at nearly the same high rate as *The Prepared* and had similarly sought health insurance on their own. They rarely accept jobs that did not have health insurance over ones that did and ranked other benefits comparatively lower than the other groups.

People in this group cited cost at the highest rate as the main reason they did not have health insurance. They were the least likely to believe that they did not need medical insurance and that people without health insurance had an easy time receiving medical care.

The chart below includes summary information about these four groups.

>>> High >>> Ability To Purchase <<< Low <<<	RELUCTANT: 16.2% • Majority Male • Disproportionately Young • Unlikely to Have Dependants • Urban • Good Health • Professionals; Few Blue-Collar Workers • Have Never had Health Insurance • Prefer Other Benefits to Health Insurance • Say They Don't Need Health Insurance	PREPARED: 28.3% • Males and Females • Oldest Group • Have Dependant Children • Urban • Poorest Health • Professional and Blue-Collar Workers • Many are "Not Employed" • Most have Previously Owned Health Insurance • Seek Health Insurance on Their Own • Cite Confusion or Other Barriers
	COMPLACENT: 19.4% • Men and Women • Youngest Group • Less Likely to Have Dependants • Sub-Urban • Second Healthiest Group • Retail Trade, Manufacturing; Few Professionals • Most Unlikely to Have Ever Owned Health Insurance • Prefer Other Benefits to Health Insurance • Cost is a Major Barrier • Acceptant of Free Clinics	HINDERED: 36.1% • Female • Over 40 Years Old • Most Likely to Have Dependants • Relatively Bad Health • Manufacturing, Contract-Labor • Small Employers • Have Previously Owned Health Insurance • Cost is a Major Barrier • Do Not Like Public Clinics
	<<< Low <<< Motivation to Buy >>> High >>>	

How Can the Categories be Used?

It is important to remember that the relative size of each group represented by those individuals involved in the telephone survey only represents the *non-poor* uninsured. When the general population of uninsured people is considered, the ranks of *The Complacent* and *The Hindered* are likely to grow substantially. However, the concept of

“groups” created by dividing the population on the “Ability to Pay” and “Motivation to Buy” scales would still apply, as would the relative general characteristics of each group.

Policy Considerations and Implications

Extending health insurance coverage to the millions of Texans who lack it is an important policy and health objective. On the surface, the concept of increasing access to health insurance seems a simple one, but the findings of this report suggest that implementation may pose many vexing questions and complex challenges. With a large and diverse population, no single approach is likely to address the needs of the 4.8 million uninsured Texans.

The “group” concept from marketing research that was introduced earlier provides a means to understand which Texans do not have health insurance and why they do not have it. This idea was first discussed in conjunction with the description of individuals represented at the focus groups. The groups were then formally reintroduced in the segment analysis associated with the telephone survey. These groupings can be an especially useful tool for thinking about policy. The characteristics of the individuals in each group can provide insights about different types of uninsured Texans. In turn, these insights can be used to develop policy strategies that will result in the most desired effects for the least possible cost.

Examples of how the groups could be used in this manner are presented below. In these examples the general characteristics of each group, as identified through the telephone survey segment analysis, have been combined with seemingly appropriate issues and suggestions identified by focus group participants and some of the telephone survey responses. Additionally, four policy alternatives, including possible pros and cons of each, have been offered for consideration.

Targeting the Quadrants

The Prepared

Individuals in *The Prepared* group want health insurance and can afford it, but have not been able to obtain it. Information from the focus groups identifies two reasons individuals who could afford insurance did not have it. The first is that these individuals are denied coverage, almost always because of pre-existing conditions. The second is that these individuals do not understand how to obtain coverage. In addition to information from the focus groups, these two reasons are born out in some of the responses from the telephone survey. Therefore, it appears that the strategies that will have the greatest success in securing health insurance for *The Prepared* are those that address rules and regulations regarding pre-existing conditions and those related to creation, access and dissemination of information about health insurance.

The Reluctant

Individuals in *The Reluctant* group can also afford health insurance, but they do not want it. These individuals were probably not present at the focus groups because health insurance was not one of their priorities. Marketing research tells us that one way to convince a person to acquire something they do not value is to change that person's mind. Information from the focus groups indicates that many Texans do not understand the importance of health insurance. The telephone survey confirmed that this is especially true of individuals who are young and healthy (as are those in *The Reluctant* group). Therefore, one strategy that might influence *The Reluctant* is an intense educational campaign about the consequences of not having health insurance and personal benefits that might derive from it.

The Complacent

Individuals in *The Complacent* group cannot afford health insurance. However, they do not see this as a problem because they do not want it. Not only would *The Complacent* have to be convinced that health insurance is important, but once they were convinced they would have to receive some type of assistance in order to obtain it. At first blush this seems an overwhelming task. However, by looking at the situation from a slightly different perspective, it becomes apparent that one expedient way for individuals in this group to get health insurance is for someone to give it to them. This situation often occurs in the workplace. Employees receive benefits from their employers (including some they would not seek out on their own) as a part of their employment package. The intense educational campaign designed to attract *The Reluctant*, combined with the ground-level information designed for *The Prepared* would both be appropriate here. In addition, any programs designed for *The Hindered* would most likely attract some members of this group.

The Hindered

Individuals in *The Hindered* group would like to have health insurance but cannot afford it. These individuals probably constituted the majority of those present at the focus groups. They understand the need for insurance and have suffered the consequences of not having it. They are motivated, they are ready, but they have no means to accomplish their objective. All of the suggestions from the focus groups would be of benefit to the individuals in this group, including new programs, the expansion of existing programs, and the revision and stricter enforcement of health insurance regulations. In addition, this group would benefit from educational campaigns explaining health insurance options and how to obtain the best health insurance for the money.

Alternative Strategies

Before implementing any strategy for increasing the number of individuals who have health insurance, the positive and negative consequences of that strategy must be considered. For example, strategies that cost the least may also attract the fewest people or be the slowest to show an impact and strategies that have the quickest impact may overload the insurance system with those individuals who may be the most in need of insurance and the most expensive to serve. Therefore, it is important to understand the implications associated with policy alternatives. The sections below provide an examination of four possible scenarios for decreasing the ranks of the uninsured in Texas - (1) attracting the healthiest first, (2) attracting the poorest first, (3) attracting those who want (and need) it the most first, and (4) attracting those most likely to afford it first.

Healthiest First

Health insurance pools are about sharing risk to protect families and individuals from large financial losses associated primarily with random events. Policy makers, particularly those concerned with the cost implications of providing health insurance to the previously uninsured, are typically concerned about asymmetrical or adverse selection where those who have the greatest immediate need for health insurance are the most likely to enroll. Without the benefit of a symmetrical population of many consumers participating in the risk pool and offsetting the costs of the smaller and sicker populations, insurance costs can quickly become prohibitively expensive.

Because the healthiest are most often the lowest utilizers of health care, adding the healthiest people to the health insurance risk pool first can control runaway costs. The healthy, low utilizers of health care services will build the pool, making it stronger and more symmetrical.

This strategy would target the four groups in the following sequence:

The Reluctant The Complacent The Hindered The Prepared

PROS

- ✓ *The Reluctant* and *The Complacent* are among the healthiest of the four groups. Because they are most likely to be young and healthy, having them enter the risk pool first could potentially keep insurance costs from spiking. Further, health benefits for this previously uninsured group could provide them and their families with protection from the financial losses that can accompany unexpected illness or injury, thus preventing increased policy problems in the future.

- ✓ *The Reluctant* are among the smallest group of the uninsured. Extending or assisting with health insurance for this group would allow policy makers to implement a program more slowly and/or to pilot test and evaluate a program before expanding to a larger scale.
- ✓ Initially this strategy requires the least amount of government intervention and regulation. Effective strategies to encourage *The Reluctant* and *The Complacent* might target educational campaigns to raise the level of awareness and the importance of having health insurance.

CONS

- ✗ The healthiest people are also the least motivated to purchase health insurance. Therefore, educating and inducing *The Reluctant* and *The Complacent* to purchase it on their own might be a formidable task. These groups prefer other job benefits to health insurance and many believe they do not need the insurance. Particularly for *The Complacent*, cost is a major barrier to purchasing health insurance so strategies to expand coverage for them may have to include heavy subsidies and/or enticements to counter both their financial and attitudinal dispositions.
- ✗ If this strategy and proposed sequence are followed, *The Prepared* and *The Hindered* (the groups with the most pressing health needs) will be the last to receive assistance. Not only do *The Prepared* and *The Hindered* appear to have more pressing health needs than either *The Reluctant* or *The Complacent*, but *The Prepared* and *The Hindered* also comprise nearly twice as many of the uninsured (64%) as do *The Reluctant* or *The Complacent* (36%). Therefore, this strategy will be one of the slowest ways to reach the greatest number of uninsured.

Poorest First

The cost of obtaining health insurance cannot be underestimated as a barrier to access. For those with the least ability to afford health insurance, any effort or program must address these high costs. With limited incomes and opportunities to receive employer-based health insurance, the poor and near-poor uninsured have few options that do not include some form of government assistance.

Health insurance is becoming increasingly more expensive and the medical inflation rate continues to outpace the core rate of inflation¹³. As costs for health care continue to rise, thus pushing up health insurance costs, the gap between the amount of money consumers have to apply toward health insurance and the price for health insurance will continue to grow. The result will put health insurance further out of reach for those who cannot qualify for publicly funded health insurance programs such as TexCare Medicaid

¹³ Center for Economic Policy and Research (1999).

and/or CHIP. Assisting the poor first would require little, if any, changes in the Texas Insurance Code regarding pre-existing conditions, but most likely would require government subsidies.

A strategy that targets the poorest first could deal with the groups in the following sequence;

The Hindered *The Complacent* *The Reluctant* *The Prepared*

PROS

- ✓ This strategy helps the majority of those without insurance quickly. *The Hindered* make up the single largest segment (36%) of the uninsured. Individuals who fall into *The Hindered* group express high levels of motivation to have health insurance, but cost is the single most important factor that prevents them from purchasing it. Individuals in this group may be likely to acquire health insurance if they have some financial assistance to do so.
- ✓ There is the likelihood that *The Hindered* would immediately secure health insurance if it became available to them. This would occur because of their pent-up demand for health services. Some of *The Hindered* report being in poor health or needing some medical attention, but their conditions are often not severe enough to lead to a denial of coverage by a health insurance company. After some initial high utilization to satisfy pent-up demand, these rates would most-likely stabilize. The high number of individuals in this group (especially when combined with *The Complacent*) could strengthen the risk pool and limit asymmetrical or adverse selection.

CONS

- ✗ The most obvious and prevalent reason for lack of health insurance among the poorest of the uninsured is cost. Even if employers and individuals were able to freeze insurance and medical costs today, the poorest of the uninsured would remain unable to purchase health insurance for themselves and/or their families. With a demonstrated inability to pay for health insurance these groups will need government subsidies.
- ✗ In the second phase of the strategy (*The Complacent*) the rate at which the numbers of uninsured would diminish could slow down. Even though this group finds insurance out of their reach because of costs, *The Complacent* are rather healthy and feel they do not need health insurance. When they do need health care, they have little qualms about accessing free clinics.

- ✗ This approach also does little at first to assist those most in need - *The Prepared*. Despite their willingness and desire to obtain health insurance, *The Prepared* have the worst health of any of the groups. The poor health conditions of *The Prepared* often cause insurers to refuse them coverage and those who could obtain coverage would be forced into the highest risk rating in the Texas Health Insurance Risk Pool (THIRP).

Most Motivated First

Science tells us that energy travels the easiest route. A strategy for reducing the number of uninsured in Texas can work along this same principle by capitalizing on the energy levels of the four groups, specifically their motivation to obtain health insurance. Each of the groups fit along a continuum that runs from those who care a great deal about having health insurance to those who are indifferent about having it. Thus, working and assisting those who most desire health insurance may bear the most fruitful results.

The Prepared group exhibits the greatest desire to obtain health insurance and also the greatest ability to pay for the coverage. *The Prepared* are also the most likely to be denied coverage by an insurance company because of a serious illness. Evidence from the focus groups suggests that many in this group would purchase health insurance if only given the opportunity. Assistance to improve health insurance for *The Prepared* could come in the form of reducing barriers to coverage, such as placing greater limitations on pre-existing riders and exclusions that health insurance companies can place in their policies.

This strategy would target the four groups in the following sequence:

The Prepared *The Hindered* *The Reluctant* *The Complacent*

PROS

- ✓ *The Prepared* and *The Hindered* are not only the most motivated, but also make up the largest two portions of uninsured. Assisting *The Prepared* and then *The Hindered* would provide health benefits to well over half of the previously uninsured, giving this policy alternative high immediate impact.
- ✓ *The Prepared* and *The Hindered* also have the greatest medical needs. As a group, *The Prepared* have the poorest health and are the oldest group. Bringing those most motivated (and with the greatest needs) into the health care system could potentially provide the greatest positive impact on the overall health care status of the uninsured because so many in these two groups need health care.

- ✓ *The Prepared* are more prone to seek out health insurance on their own. Therefore, fewer dollars could be spent on outreach and education and more on health care service, delivery and insurance.

CONS

- ✗ Policy makers will have to tackle the issue of pre-existing conditions before the majority of *The Prepared* and *The Hindered* can obtain health insurance. Current State and Federal Insurance regulations allow the health insurance companies to place riders and exclusions on health insurance policies, making them unobtainable for those most in need of health care. In some cases individuals in poor health are placed in high-risk groups, making health care insurance unaffordable. Policy makers might have a difficult task ahead of them as they try to balance the desire of the insurance companies to protect themselves from substantial losses while making insurance affordable and accessible for those most in need.
- ✗ Those most in need are also most likely to be the highest utilizers of care. Bringing the highest utilizers into the risk pool at one time without balancing the pool with those who are less likely to utilize care, will undoubtedly force health insurers to raise premiums, perhaps displacing many on the margins of affordability.
- ✗ Although *The Prepared* are more willing to pay for health insurance on their own, *The Hindered* may want health insurance, but are constrained by their financial situation. Without some type of government subsidy or an ability to drastically reduce the costs, health insurance may remain out of reach for this large segment of the motivated population.

Most Likely to Afford it First

In a free market economy, affordability, in combination with motivation to purchase, often result in completed transactions. The voluntary nature of the health insurance market parallels this theorem. If health insurance is available for those who want it and can afford to purchase it, it is very likely that they will do so. Therefore, in order for this strategy to be effective, people will have to be convinced that health insurance is something they need and they will have to be ensured that they can purchase it if they so choose. However, each of the two groups who can afford health insurance lack one of these items. *The Reluctant* do not value health insurance and *The Prepared* cannot purchase it. An intense campaign about the importance of health insurance and the possible personal and societal consequences of not having insurance would have to be undertaken so that *The Reluctant* could be convinced. In addition, restrictions and rules governing pre-existing conditions would have to be relaxed so that *The Prepared* could be accepted.

This strategy could target the four groups in the following sequence:

The Reluctant *The Prepared* *The Hindered* *The Complacent*

PROS

- ✓ This group would require no subsidies from the government because, as a group, they have the disposable income to purchase or contribute to health insurance.
- ✓ Having *The Reluctant* in the risk pool strengthens the pool by adding members that are more likely to be low-utilizers of health care services. Spreading the risk over more members, especially among those who are low-utilizers could assist in either lowering or stabilizing health insurance premiums.
- ✓ This path may garner more public support than the other strategies. The second phase of the strategy involves assistance for *The Prepared* and would most likely require changes in the state insurance regulatory system, including the removal or lowering of pre-existing riders and/or exclusions. However, public support might be greater for removing barriers so that *The Prepared* can purchase health insurance on their own, than for other strategies that require financing health insurance through government subsidies.

CONS

- ✘ Educating and persuading *The Reluctant* about the need and importance of purchasing health insurance will be an arduous challenge. As a group, *The Reluctant* say they do not need health insurance and they prefer other job related benefits, such as pay and retirement to health insurance.
- ✘ To enable *The Prepared* to access or purchase health insurance, regulatory hurdles must be lowered; namely, the ability for those with pre-existing conditions to be able to purchase health insurance at reasonable prices.
- ✘ Even with reducing regulatory barriers, increasing awareness and motivation about the need for health insurance does not complete the equation for *The Hindered* or *The Complacent*. These two groups will still lack the means to purchase health insurance, and collectively include more people than the other two groups.

Appendix A

Focus Group Questions

How Did Participants Learn of Focus Groups

Sign Up and Attendance Figures

Focus Group Questions

Unemployed individuals without health insurance

1. Texas has the highest rate in the country of people who don't have health insurance. Why do you think so many Texans don't have health insurance?
2. What kind of assistance or support do you think would help more Texans to obtain health insurance?
3. If you decided to purchase health insurance, what questions or concerns (other than financial concerns) would you have?
4. What would be the best way for you to learn more about health insurance and the options that are available to you?
5. What kind of contact have you had with health insurance providers? What has your experience been when dealing with the insurance agents and insurance companies?

Employers who do not offer health insurance

1. Texas has the highest rate in the country of people who don't have health insurance. Why do you think so many Texans don't have health insurance?
2. What kind of assistance or support do you think would help more Texans to obtain health insurance?
3. If (or when) you provide or contribute to employee health insurance, what kinds of questions or concerns (other than financial concerns) would (do) you have?
4. What would be the best way for you to learn about health insurance as an employee benefit and the options that are available to employers?
5. What kind of contact have you had with health insurance providers? What has your experience been when dealing with the insurance agents and insurance companies?

Employed individuals without health insurance

1. Texas has the highest rate in the country of people who don't have health insurance. Why do you think so many Texans don't have health insurance?
2. What kind of assistance or support do you think would help more Texans to obtain health insurance?
3. If your employer decided to provide or contribute to your health insurance, what questions or concerns (other than financial concerns) would you have?
4. What would be the best way for you to learn more about health insurance and the options that are available to you?

5. What kind of contact have you had with health insurance providers? What has your experience been when dealing with the insurance agents and insurance companies?

How Participants Learned of the Focus Groups

City	TWC	TDI Survey	Dr./ Clinic	Hosp.	Radio/ TV	Paper	Cnty. Grps.	Word of Mouth	Coop.Ext.	Net	Temp. Agcy.	Health Dept.
Austin	2	7	3			8						
Houston		6	4	1	1	3	6					3
Dallas	11	9		5				2		1	5	1
Fort Worth	5	12		3			2	2				
Gilmer		3						1				
Tyler	3	9			1							1
El Paso		2					16	4	1			
Laredo	5	2			1		1	3				
Waco	5	7				11						
Brownsville	5	6						1				
Galveston	2	4			1	7						
Alpine		2			1	2	4	4	3			
Lubbock	1	13				10		3				
Midland/Odessa	4	8				7		2				
San Antonio		10	1			17						
Totals:	43	100	8	9	5	65	29	22	4	1	5	5
	14.53%	33.78%	2.70%	3.04%	1.69%	21.96%	9.80%	7.43%	1.35%	0.34%	1.69%	1.69%

Sign Up and Attendance Counts

Total	Unemployed		Employers		Employed			
	Signed Up	Attended	Signed Up	Attended	Signed Up	Attended	Signed Up	Attended
Austin	15	6	15	7	13	7	43	20
Houston	21	7	16	9	19	8	56	24
Dallas	20	18	15	13	5	8	40	39
Fort Worth	20	11	16	12	3	1	39	24
Gilmer	1	1	6	4	0	0	7	5
Tyler	11	6	23	13	5	2	39	21
El Paso	4	7	6	3	15	15	25	25
Laredo	19	7	7	3	11	2	37	12
Waco	14	10	14	9	2	6	30	25
Brownsville	10	5	16	6	3	1	29	12
Galveston	20	9	12	10	7	2	39	21
Alpine	3	2	7	5	5	10	15	17
Lubbock	7	3	18	14	10	10	35	27
Midland/Odessa	14	6	11	8	4	7	29	21
San Antonio	18	15	17	11	6	4	41	30
Totals:	197	113	199	127	108	83	504	323

Appendix B

2.6.1.1.1.1.1.1.1 *English Instrument*

Spanish Instrument

Health Insurance Survey: UNINSUREDS

INTRODUCE WITH THE FOLLOWING:

Hello, this is _____ calling from the Public Policy Research Institute at Texas A&M University. May I please speak with an adult between the ages of 19 and 64 who lives in the household?

In cooperation with the Texas Department of Insurance, we are conducting a survey about health insurance in Texas and we are interested in your opinions. Your telephone number was randomly selected for this study. You are one of about 14,000 people who will be interviewed.

Please be assured that all responses are strictly confidential and your participation is voluntary. You can stop the interview at any time. The interview may take just a minute or two, but for some individuals it may take up to 25 minutes. I would like to ask you a few questions about your experiences with health insurance. May we proceed?

A1 Do you, yourself, have any kind of health insurance coverage? This could be health insurance through an employer, a plan you bought for yourself or TexCare Medicaid.

Yes	1
No	2 (SKIP TO A3)
Don't know	8
Refused	9

A2 What about the other adults ages 19 to 64 in your household. Do they all have some type of health insurance? [INTERVIEWER SHOULD PROBE FOR BOTH QUESTIONS AND GO BACK AND FORTH BETWEEN THEM IF NECESSARY]

Yes	1 (TERMINATE SURVEY – DISQUALIFIED SINCE ALL HAVE INSURANCE)
No	2
No Others 19 to 64 in Household	6 (TERMINATE SURVEY – DISQUALIFIED)
Don't know	8 (TERMINATE SURVEY– DISQUALIFIED)
Refused	9 (TERMINATE SURVEY – REFUSAL)

A3 For this particular survey we are looking for people who don't have health insurance and are in certain household size and income groups. Including yourself, how many persons are there in your immediate family who live at your address and depend on your family's household income?

Number of _____ MUST BE GREATER THAN OR

persons
Don't Know
Refused

EQUAL TO 1
98 (TERMINATE SURVEY– DISQUALIFIED)
99 (TERMINATE SURVEY – REFUSAL)

A4 I don't need to know exact figures, but just very roughly, is the combined annual income of your total immediate family who live in your household above or below _____? Allow only ONE RESPONSE

IF . . .	SHOW . . .	Above	Below or Equal	DK	Refused
A3=1	\$17,000	1	2 (CM, disp. 21, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=2	\$23,000	1	2 (CM, disp. 21)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=3	\$29,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=4	\$35,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=5	\$41,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=6	\$47,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=7	\$53,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=8	\$59,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)
A3=9	\$65,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. – REFUSAL)

A3=	\$68,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. - REFUSAL)
A3>	\$74,000	1	2 (CM, disp. 2121, stop)	8 (term. – DISQUALIFIED)	9 (term. - REFUSAL)

IF A1=2 THEN SKIP TO B1PRE

A5 May I speak with one of the people age 19-64 who does not have any health insurance?

Yes Reintroduce; Continue Survey at B1PRE

REINTRODUCE BY SAYING: Hello, this is _____ calling from the Public Policy Research Institute at Texas A&M University. In cooperation with the Texas Department of Insurance, we are conducting a survey about health insurance in Texas and we are interested in your opinions. Your telephone number was randomly selected for this study.

No Schedule call back with appropriate person. IF EVERYONE IN THE HOUSEHOLD AGE 19 TO 64 HAS HEALTH INSURANCE, BACK UP AND DISQUALIFY THEM APPROPRIATELY.

WORK RELATED COVERAGE

B1PRE: Because you are between the ages of 19 and 64, you are not covered by health insurance and the combined total annual income for your immediate family household is above _____(enter amount from A7), Texas Department of Insurance is interested in finding out more about your experiences with health insurance. You are one of about 1000 people who will be asked these additional questions. All of the information you provide will be confidential. May we proceed?

B1 Are you currently self-employed, employed by someone else or unemployed?

Self-employed	1
Employed by someone else	2
Unemployed	3 (SKIP TO B3)
Don't Know	8 (SKIP TO B3)
Refused	9 (SKIP TO B3)

B2 What type of employment do you hold?

Full-time	1 (SKIP TO B5)
Part-time	2 (SKIP TO B5)
Temporary	3 (SKIP TO B5)
Seasonal	4 (SKIP TO B5)
Contract	5 (SKIP TO B5)
Other	6 (SKIP TO B5)
(specify)_____	
Don't Know	8 (SKIP TO B5)
Refused	9 (SKIP TO B5)

B3 The last time you were employed, what was your occupation?

Professional, technical, managerial	11
Clerical	12
Sales	13
Skilled blue collar	14
Semi-skilled	15
Service worker	16
Laborer	17
Other (Specify)_____	97
HAVE NEVER BEEN EMPLOYED	96 (SKIP TO B17PRE)
Don't know	98
Refused	99

B4 What industry did you work in when you were last employed?

Financial/insurance/real estate	11 (SKIP TO B17PRE)
Professional services	12 (SKIP TO B17PRE)
Business services	13 (SKIP TO B17PRE)
Transportation/communications/utilities	14 (SKIP TO B17PRE)
Manufacturing	15 (SKIP TO B17PRE)
Construction	16 (SKIP TO B17PRE)
Education/day care provider	17 (SKIP TO B17PRE)
Retail trade	18 (SKIP TO B17PRE)
Entertainment/recreation	19 (SKIP TO B17PRE)
Other (specify)_____	97 (SKIP TO B17PRE)
Don't know	98 (SKIP TO B17PRE)
Refused	99 (SKIP TO B17PRE)

B5 What is your occupation?

Professional, technical, managerial	11
Clerical	12
Sales	13
Skilled blue collar	14
Semi-skilled	15
Service worker	16
Laborer	17
Other (Specify) _____	97
Don't know	98
Refused	99

B6 In what industry?

Financial/insurance/real estate	11
Professional services	12
Business services	13
Transportation/communications/utilities	14
Manufacturing	15
Construction	16
Education/day care provider	17
Retail trade	18
Entertainment/recreation	19
Other (specify) _____	97
Don't know	98
Refused	99

B7PRE: ASK B7 ONLY IF B1 = 1, ELSE SKIP TO B9

B7 About how many employees does your company have?

Less than 5	1
5 – 19	2
20 – 99	3
100 – 499	4
500 or more	5
Don't know	8
Refused	9

B8 Do you offer health insurance as a benefit to any of your employees?

Yes	1 (SKIP TO B17PRE)
No	2 (SKIP TO B17PRE)
Don't Know	8 (SKIP TO B17PRE)
Refused	9 (SKIP TO B17PRE)

B9 About how many employees does your employer have?

Less than 5	1
5 – 19	2
20 – 99	3
100 – 499	4
500 or more	5
Don't know	8
Refused	9

B10 Does your employer offer health insurance to any of its employees?

Yes	1
No	2 (SKIP TO B17PRE)
Don't Know	8 (SKIP TO B17PRE)
Refused	9 (SKIP TO B17PRE)

B11 Are you eligible for health insurance through **your** employer?

Yes	1
No	2 (SKIP TO B16)
Don't Know	8 (SKIP TO B16)
Refused	9 (SKIP TO B16)

B12 What is the main reason you have not obtained insurance through your employer?

DON'T READ LIST – Allow only ONE RESPONSE

Too expensive	1
Don't like the plan	2
Haven't gotten around to it	3
Hope to get other insurance	4
Don't want or need insurance	5
Are waiting for it now	6
Other	7
(Specify)_____	
Don't know	8
Refused	9

B13 Are there any other reasons why you have not obtained insurance through your employer?

DON'T READ LIST – Allow MULTIPLE RESPONSES (but not the answer given in B12)

Too expensive	1
Don't like the plan	2
Haven't gotten around to it	3
Hope to get other insurance	4
Don't want or need insurance	5
Are waiting for it now	6

Other	7
(Specify)_____	
No Other Reasons	97
Don't Know	98
Refused	99

B14 How much, if anything, do you think it would cost per month to get health insurance for yourself through your employer?

Nothing	0 (SKIP TO B16)
Less than \$50/month	1
\$50 - \$100/month	2
\$101 – 150/month	3
Over \$150/month	4
Don't know	8
Refused	9

B15 How easy or difficult would it be for you to come up with the necessary money per month to get this insurance for yourself?

Very difficult	1
Difficult	2
Easy	3
Very Easy	4
Not applicable	5
Don't know	8
Refused	9

B16 Do you intend to obtain health insurance from your employer when and if you become eligible or find that your are eligible?

Yes	1
No	2
Won't become eligible	3
Don't Know	8
Refused	9

B17PRE: ASK B17 ONLY IF A3>1, ELSE SKIP TO C1

B17 Are you eligible for health insurance offered through the employer of another adult who lives in your household?

Yes	1
No	2 (SKIP TO C1)
Don't Know	8 (SKIP TO C1)
Refused	9 (SKIP TO C1)

B18 What is the main reason you have not purchased the health insurance offered through the employer of another adult who lives in your household?

DON'T READ LIST – Allow only ONE RESPONSE

Too expensive	1
Don't like the plan	2
Haven't gotten around to it	3
Hope to get other insurance	4
Don't want or need insurance	5
Are waiting for it now	6
Don't qualify	7

Other	8
(Specify) _____	
Don't know	98
Refused	99

B19 Are there any other reasons why you have not obtained insurance offered through the employer of another adult who lives in your household?

DON'T READ LIST – Allow MULTIPLE RESPONSES (but not the answer given in B18)

Too expensive	1
Don't like the plan	2
Haven't gotten around to it	3
Hope to get other insurance	4
Don't want or need insurance	5
Are waiting for it now	6
Don't qualify	7
Other	8
(Specify) _____	
No Other Reasons	97
Don't Know	98
Refused	99

B20 How much, if anything, do you think it would cost per month to get health insurance for yourself through the employer of another adult who lives in your household?

Nothing	0 (SKIP TO B22)
Less than \$50/month	1
\$50 - \$100/month	2
\$101 - 150/month	3
Over \$150/month	4
Don't know	8 (SKIPTO B22)
Refused	9 (SKIPTO B22)

B21 How easy or difficult would it be for you to come up with the \$ (insert answer from B20) _____/month to get this plan for yourself

Very difficult	1
Difficult	2
Easy	3
Very Easy	4
Not applicable	5
Don't know	8
Refused	9

B22 Do you intend to obtain to health insurance through the employer of another adult who lives in your household when you become eligible or

find that your are eligible?

Yes	1
No	2
Won't become eligible	3
Don't Know	8
Refused	9

EXPERIENCES WITH HEALTH INSURANCE

C1 In the past, have you ever had health insurance for yourself?

Yes	1
No	2 (SKIP TO D1)
Don't Know	8 (SKIP TO D1)
Refused	9 (SKIP TO D1)

C2 During your adult life, have you had health insurance pretty much all or most of the time, about half the time, or less than half of the time?

All or most of the time	1
About half of the time	2
Less than half of the time	3
Don't Know	8
Refused	9

C3 When did you last have health insurance for yourself?

6 - 11 months ago	1
1- 1.9 years ago	2
2 - 2.9 years ago	3
3 - 4.9 years ago	4
5 - 9.9 years ago	5
10 - 19.9 years ago	6
20 or more years ago	7
Don't Know	8
Refused	9

C4 Was the last health insurance you had through an employer?

Yes	1
No	2 (SKIP TO C6)
Don't Know	8 (SKIP TO C6)
Refused	9 (SKIP TO C6)

C5 Was that your employer, your spouse's employer, your parent's employer, or whose?

Your employer	1
Spouse's employer	2
Parent's employer	3
Other: Specify	4

Don't Know	8
Refused	9

C6 What, if anything, did you have to pay each month for that coverage?

Nothing	0
Less than \$50/month	1
\$50 - \$100/month	2
\$101 - 150/month	3
Over \$150/month	4
Don't know	8
Refused	9

Purchasing Health Insurance

D1 Have you ever tried to purchase health insurance on your own?

Yes	1
No	2 (SKIP TO D6)
Don't know	8 (SKIP TO D6)
Refused	9 (SKIP TO D6)

D2 How long ago was that?

6 - 11 months ago	1
1 - 1.9 years ago	2
2- 2.9 years ago	3
3 - 4.9 years ago	4
5 - 9.9 years ago	5
10 - 19.9 years ago	6
20 or more years ago	7
Don't know	8
Refused	9

D3 Did you purchase the health insurance?

Yes	1 (SKIP TO D5)
No	2
Don't know	8 (SKIP TO D6)
Refused	9 (SKIP TO D6)

D4 Why didn't you purchase that plan? Check all that apply DON'T READ

Too expensive	1 (SKIP TO D6)
Didn't cover others	2 (SKIP TO D6)

Turned down because of medical reason	3 (SKIP TO D6)
Did not like the plan	4 (SKIP TO D6)
Still considering buying the insurance	5 (SKIP TO D6)
Haven't received information yet	6 (SKIP TO D6)
Got coverage elsewhere	7 (SKIP TO D6)
The plan was too confusing	8 (SKIP TO D6)
The plan was too difficult and time consuming to get	9 (SKIP TO D6)
Other (specify)_____	10 (SKIP TO D6)
Don't know	98 (SKIP TO D6)
Refused	99 (SKIP TO D6)

D5 Why don't you still have that health insurance? Check all that apply
DON'T READ

Too expensive	1
Didn't cover others	2
Got insurance through my employers	3
Did not want, need or use the insurance	4
Moved	5
Got divorced	6
Changed jobs	7
The plan was confusing	8
Other (specify)_____	9
Don't know	98
Refused	99

D6 What do you think the monthly cost would be for a basic health insurance plan you purchased for yourself?

Nothing	0
Less than \$50	1
\$50 - \$100	2
\$101 - \$150	3
Over \$150	4
Don't know	8
Refused	9

D7 How much, if anything, would you be willing to pay each month out of your own pocket for a health insurance plan that provided basic coverage for doctor visits, hospitalization, and prescription drugs for yourself?

Nothing	0 (SKIP TO D9)
Less than \$50	1
\$50 - \$100	2

\$101 - \$150	3
Over \$150	4
Don't know	8 (SKIP TO D9)
Refused	9 (SKIP TO D9)

If D6 answer is NOTHING, DON'T KNOW or REFUSED, then do not ask D8

D8 How likely do you think it is that you could find a health insurance plan for yourself for \$XX (insert from D6) a month. Would you say very likely, likely, unlikely, or very unlikely?

Very likely	1
Likely	2
Unlikely	3
Very unlikely	4
Don't know	8
Refused	9

D9 Have you personally ever purchased

	Yes	No	DK	Refused
A. Life insurance?	1	2	8	9
B. Car insurance?	1	2	8	9
C. Homeowner's or renter's insurance?	1	2	8	9
D. Any other kind of insurance? (SPECIFY)	1	2	8	9

D10 Have you ever decided to take a job that did **not** offer health care coverage over a job that **did** offer health care coverage?

Yes	1
No	2 (SKIP TO D12)
Don't know	8 (SKIP TO D12)
Refused	9 (SKIP TO D12)

D11 Why didn't you take the job that offered health insurance? (Answer "Yes" to all that apply)

RANDOMIZE

	Yes	No	DK	Refused
A. Was it because it paid less?	1	2	8	9
B. Was it because of a longer commute or because it was difficult to get to	1	2	8	9
C. Was it because you did not like the job	1	2	8	9
D. Was there less opportunity for growth pay increase	1	2	8	9
E. Was the job not available	1	2	8	9
F. Was it because it offered fewer or worse benefits?	1	2	8	9
G. Any other reasons? (Specify)	1	2	8	9

D12 Now I am going to read a list of other benefits that employers sometimes offer. Please, put these benefits in order of the importance you place on them when looking for a job or deciding to accept the job offer.

[INTERVIEWER: REREAD LIST AS NECESSARY]

- 1 Life Insurance
- 2 Dental Insurance
- 3 Profit Sharing/Bonuses
- 4 Health Insurance
- 5 Retirement/401K
- 8 Don't know
- 9 Refused

(D12_1=1st Response or DK/RF FIRST RESPONSE ONLY?, D12_2=2nd Response, etc.)

D13 What is the main reason why you don't buy health insurance for yourself?

DON'T READ – Allow only ONE RESPONSE

- | | | |
|---------------|---|------------------|
| Too expensive | 1 | |
| Don't need it | 2 | (SKIP TO D15PRE) |

Too difficult and time consuming to get	3	(SKIP TO D15PRE)
Waiting to be covered by employer	4	(SKIP TO D15PRE)
Plan to get a job with health benefits	5	(SKIP TO D15PRE)
Dissatisfied with health insurance	6	(SKIP TO D15PRE)
Other: (Specify)	7	(SKIP TO D15PRE)
Don't Know	8	(SKIP TO D15PRE)
Refused	9	(SKIP TO D15PRE)

D14 What is a secondary reason why you don't buy health insurance for yourself?

**DON'T READ LIST – Allow
MULTIPLE RESPONSES** (but not
the answer given in D13) **PAT
RESPONSE LIST REDONE, SEE
END OF SURVEY**

Don't need it	2
Too difficult and time consuming to get	3
Waiting to be covered by employer	4
Plan to get a job with health benefits	5
Dissatisfied with health insurance	6
Other: (Specify)	7
Don't Know	8
Refused	9

D15PRE: IF B1=1, THEN ASK D15; ELSE SKIP TO D16

D15 How likely are you to go out and buy health insurance for yourself – are you very likely, somewhat likely, somewhat unlikely, or very unlikely?

Very likely	1 (SKIP TO D17)
Somewhat likely	2 (SKIP TO D17)
Somewhat unlikely	3 (SKIP TO D17)
Very unlikely	4 (SKIP TO D17)
Don't know	8 (SKIP TO D17)
Refused	9 (SKIP TO D17)

D16 Assuming you do not get health insurance through an employer in the near future, how likely are you to go out and buy health insurance for yourself – are you very likely, somewhat likely, somewhat unlikely, or very unlikely?

Very likely	1
Somewhat likely	2
Somewhat unlikely	3
Very unlikely	4
Don't know	8
Refused	9

D17 I'm going to read a list of reasons people have given for **not** buying health insurance for themselves. As I read each phrase, please tell me if this is a reason that you have not bought health insurance. (READ ITEM)
Is that a reason or not?

	Reason?			
RANDOMIZE	Yes	No	DK	RF
A. I'm in good health	1	2	8	9
B. I can get the medical care I need for less than what I would have to pay for insurance	1	2	8	9
C. I don't think I need it	1	2	8	9
D. I can't afford to pay the monthly cost for health insurance	1	2	8	9
E. I am waiting until I have an employer who offers it	1	2	8	9

- | | | | | | |
|----|---|---|---|---|---|
| F. | I have never thought much about buying health insurance on my own | 1 | 2 | 8 | 9 |
| G. | Finding good health insurance is very difficult I don't know enough about it to buy health insurance for myself | 1 | 2 | 8 | 9 |

D18 Given your age, overall health and habits, do you think it would be very easy, easy, difficult or very difficult for you to get health insurance if you applied for it?

- | | |
|----------------|---|
| Very Difficult | 1 |
| Difficult | 2 |
| Easy | 3 |
| Very Easy | 4 |
| Don't know | 8 |
| Refused | 9 |

D19 Have you ever tried to get health insurance and been turned down because of a medical condition?

- | | |
|------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 8 |
| Refused | 9 |

D20 Here are some statements people sometimes make about health care. Please listen to each one carefully and then tell me if you strongly agree, agree, disagree or strongly disagree.

- | | RANDOMIZE | Strongly agree | Agree | Disagree | Strongly disagree | Don't know | Refused |
|----|--|----------------|-------|----------|-------------------|------------|---------|
| A. | I am very comfortable going to doctors and hospitals in my community. | 1 | 2 | 3 | 4 | 8 | 9 |
| B. | I don't worry about getting proper medical attention if I get sick. | 1 | 2 | 3 | 4 | 8 | 9 |
| C. | Getting health care through a health insurance plan is too complicated for me. | 1 | 2 | 3 | 4 | 8 | 9 |
| D. | I rely a lot on the kind of care that health insurance does not cover. | 1 | 2 | 3 | 4 | 8 | 9 |

D20 Here are some statements people sometimes make about health care.
Please listen to each one carefully and then tell me if you strongly agree, agree, disagree or strongly disagree.

RANDOMIZE	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
E. I worry a lot about being wiped out financially because I don't have health insurance.	1	2	3	4	8	9
F. I worry about not getting the proper preventive tests because I don't have insurance.	1	2	3	4	8	9
G. I worry a lot about not having health insurance for others in my family.	1	2	3	4	8	9
H. I do not worry about not having insurance for myself.	1	2	3	4	8	9
I. I don't always get the medical care I need because I can't afford to pay for it.	1	2	3	4	8	9
J. People who don't have health insurance have an easy time getting proper medical care and treatment.	1	2	3	4	8	9
K. Health insurance ranks very high on my list of priorities of where to spend my money.	1	2	3	4	8	9
L. Going to public or free clinics for my medical needs is just fine with me.	1	2	3	4	8	9
M. Most people I know have health insurance.	1	2	3	4	8	9
N. I am in poor health.	1	2	3	4	8	9
O. I would not use health insurance enough to justify its cost.	1	2	3	4	8	9
P. I don't think I need health insurance at this point in my life.	1	2	3	4	8	9
Q. Health insurance is a very good value for the money.	1	2	3	4	8	9

TDI QUESTIONS

E1 Have you ever tried to enroll in TexCare Medicaid?

Yes	1
No	2 (SKIP TO E3A)
Don't know	8 (SKIP TO E3A)
Refused	9 (SKIP TO E3A)

E2 Were you accepted?

Yes	1
No	2 (SKIP TO E3A)
Don't know	8 (SKIP TO E3A)
Refused	9 (SKIP TO E3A)

E3 Why don't you still have that health insurance? Check all that apply

DON'T READ

Too expensive	1
Didn't cover others	2
Got insurance through my employers	3
Did not want, need or use the insurance	4
Moved	5
Financial situation changed and no longer eligible	6
Other (specify) _____	7
Don't know	8
Refused	9

E3a Prior to this survey, had you ever heard of TexCare Medicaid?

Yes	1
No	2
Don't know	8
Refused	9

E4PRE: ASK E4 ONLY IF A3>1, ELSE SKIP TO E12

E4 Do you have any dependent children under the age of 19?

Yes	1
No	2 (SKIP TO E12)
Don't Know	8 (SKIP TO E12)

Refused 9 (SKIP TO E12)

E5 Have you ever tried to enroll your child in the TexCare Partnership Children's Health Insurance Program, also known as CHIP?

Yes	1
No	2 (SKIP TO E9)
Don't know	8 (SKIP TO E9)
Refused	9 (SKIP TO E9)

E6 Was he/she accepted?

Yes	1
No	2 (SKIP TO E9)
Don't know	8 (SKIP TO E9)
Refused	9 (SKIP TO E9)

E7 Does he/she still have health insurance through CHIP?

Yes	1 (SKIP TO E9)
No	2
Don't Know	8 (SKIP TO E9)
Refused	9 (SKIP TO E9)

E8 Why don't you still have that health insurance? Check all that apply
DON'T READ

Too expensive	1
Didn't cover others	2
Got insurance through my employers	3
Did not want, need or use the insurance	4
Financial situation changed and no longer eligible	5
Other (specify)_____	6
Don't know	8
Refused	9

E9 Have you ever tried to get your child insurance through the Texas Healthy Kids Corporation?

Yes	1
No	2 (SKIP TO E11)
Don't know	8 (SKIP TO E11)
Refused	9 (SKIP TO E11)

E10 Was he/she accepted?

Yes	1
No	2
Don't know	8
Refused	9

E11 Prior to this survey, had you ever heard of CHIP or Texas Healthy Kids Corporation?

Yes	1
No	2
Don't know	8
Refused	9

E12 Here are some suggestions about improving health insurance coverage for Texans. Please listen to each one carefully and then tell me if you strongly agree, agree, disagree or strongly disagree

RANDOMIZE	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	refused
A. Medicaid should be expanded so that more children and adults would be eligible	1	2	3	4	8	9
B. Health insurance plans for small employers should be revised to make coverage more affordable	1	2	3	4	8	9
C. College students should be required to obtain health insurance as a condition of enrollment	1	2	3	4	8	9
D. The Children's Health Insurance Plan, also known as CHIP, should be expanded to include more children and certain low income parents	1	2	3	4	8	9
E. There should be tax breaks for small employers who offer health insurance to employees	1	2	3	4	8	9
F. Health insurance should be required before someone can get car registration	1	2	3	4	8	9
G. An employer should be able to help an employee pay for health insurance when that employer decides not to provide health insurance as a benefit	1	2	3	4	8	9
H. The state should take measures to ensure good rates for health insurance	1	2	3	4	8	9

PRIMARY WAGE EARNER

F1PRE: ASK F1 ONLY IF A3>1, ELSE SKIP TO G1

F1 How many wage earners are there in your household?

One 1

Two	2
Three or more	3
Don't know	8
Refused	9

F2 Who is the chief wage earner for this household? Is it you or someone else?

Respondent	1 (SKIP TO G1)
Someone else	2
Both equal	3 (SKIP TO G1)
Don't know	8 (SKIP TO G1)
Refused	9 (SKIP TO G1)

F3 What is that person's relationship to you?

Spouse	1
Your unmarried partner	2
Your parent	3
Your child	4
Other relative DO NOT SPECIFY	5
Unrelated adult	6
Don't know	8
Refused	9

F4 Is the chief wage earner currently self-employed, employed by someone else or unemployed?

Self-employed	1 (SKIP TO F8)
Employed by someone else	2
Unemployed	3 (SKIP TO F6)
Don't Know	8
Refused	9

F5 What type of employment does the chief wage earner hold?

Full-time	1 (SKIP TO F8)
Part-time	2 (SKIP TO F8)
Temporary	3 (SKIP TO F8)
Seasonal	4 (SKIP TO F8)
Contract	5 (SKIP TO F8)
Other	6 (SKIP TO F8)
(specify)_____	
Don't Know	8 (SKIP TO F8)
Refused	9 (SKIP TO F8)

F6 The last time the chief wage earner was employed, what was his/her occupation?

Professional, technical, managerial	11
Clerical	12
Sales	13
Skilled blue collar	14
Semi-skilled	15
Service worker	16
Laborer	17
Other (Specify)_____	97
Have never been employed	96 (SKIP TO F11)
Don't know	98
Refused	99

F7 When the chief wage earner was last employed, in what industry was he/she working?

Financial/insurance/real estate	11 (SKIP TO F11)
Professional services	12 (SKIP TO F11)
Business services	13 (SKIP TO F11)
Transportation/communications/utilities	14 (SKIP TO F11)
Manufacturing	15 (SKIP TO F11)
Construction	16 (SKIP TO F11)

F7 When the chief wage earner was last employed, in what industry was he/she working?

Education/day care provider	17 (SKIP TO F11)
Retail trade	18 (SKIP TO F11)
Entertainment/recreation	19 (SKIP TO F11)
Other	97 (SKIP TO F11)
(specify) _____	
Don't know	98 (SKIP TO F11)
Refused	99 (SKIP TO F11)

F8 What is the chief wage earner's occupation?

Professional, technical, managerial	11
Clerical	12
Sales	13
Skilled blue collar	14
Semi-skilled	15
Service worker	16
Laborer	17
Other (Specify) _____	97
Don't know	98
Refused	99

F9 In what industry?

Financial/insurance/real estate	11
Professional services	12
Business services	13
Transportation/communications/utilities	14
Manufacturing	15
Construction	16
Education/day care provider	17
Retail trade	18
Entertainment/recreation	19
Other	97
(specify) _____	
Don't know	98
Refused	99

F10 About how many employees does his/her employer or company have?

Less than 5	1
-------------	---

5 – 19	2
20 – 99	3
100 – 499	4
500 or more	5
Don't know	8
Refused	9

F11 What is the highest level of education the primary wage earner has completed?

8 th grade or less	1
Some high school, but did not graduate	2
High school graduate or GED	3
Some college	4
Completed 2-year degree or Technical School	5
4 year college graduate	6
More than 4 year college degree	7
Don't know	8
Refused	9

DEMOGRAPHICS

G1 In general, how would you rate your overall health now?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Don't know	8
Refused	9

G2 What is the highest level of education you have completed?

8 th grade or less	1
Some high school, but did not graduate	2
High school graduate or GED	3
Some college	4
Completed 2-year degree or Technical School	5
4 year college graduate	6
More than 4 year college degree	7
Don't know	8
Refused	9

G3 Are you of Hispanic or Latino origin or descent?

Hispanic or Latino	1
Not Hispanic or Latino	2
Don't know	8
Refused	9

G4 What is your race? Please mark one or more READ LIST

White	1
Black or African-American	2
Asian	3
Native Hawaiian or other Pacific Islander	4
American Indian or Alaska Native	5
Other (do NOT type in Hispanic/Latino)	6
Don't know	8
Refused	9

G5	What is your age?	
	19-24	1
	25-29	2
	30-39	3
	40-49	4
	50+	5
	Don't Know	8
	Refused	9
G6	Were you born in the United States or in another country?	
	US (including Puerto Rico, Guam, Virgin Islands)	1 (SKIP TO G10)
	Another country	2
	Don't know	8 (SKIP TO G9)
	Refused	9 (SKIP TO G9)
G7	Where were you born? READ LIST	
	Canada	1
	Mexico	2
	Central America or South America	3
	Europe	4
	Asia	5
	Middle East (including Egypt)	6
	Africa	7
	Australia or Pacific Islands	8
	Don't know	98
	Refused	99
G8	Are you currently a US citizen?	
	Yes	1
	No	2
	Don't know	8
	Refused	9
G9	How many years have you lived in the US?	
	Less than 2 years	1
	2 - 4 years	2
	5 - 9 years	3
	10 or more years	4
	Don't know	8

Refused

9

G10 Do you speak any languages other than English at home?

Yes	1
No	2
Don't know	8
Refused	9

IF G10 =YES, DON'T KNOW, OR REFUSED, ASK G11, OTHERWISE SKIPTO EGENDER

G11 What languages do you speak at home? DON'T READ CHECK ALL THAT APPLY

Spanish	1
Chinese	2
Japanese	3
Korean	4
Vietnamese	5
Tagalog, (Filipino or Pacific Island)	6
Other (Specify)_____	7
Don't know	8
Refused	9

Thank you, this concludes the survey! Goodbye.

EGENDER [DO NOT READ!! PLEASE RECORD GENDER OF THE RESPONDENT.]

1 Male
2 Female

Encuesta del Seguro Medico: NO ASEGURADOS

HAGA LA PRESENTACIÓN CON LO SIGUIENTE:

Hola, me llamo _____ estoy llamando del Public Policy Research Institute en la Universidad de Texas A&M. ¿Puedo hablar con un adulto quien viva en esa casa?

En cooperación con el Departamento de Seguros de Texas, nosotros estamos llevando a cabo una encuesta acerca del seguro medico en Texas y estamos interesados en sus opiniones. Su numero telefónico fue seleccionado al azar para este estudio. Usted es uno de aproximadamente 14,000 personas que van a ser entrevistados.

Por favor tenga la seguridad de que todas sus respuestas serán estrictamente confidenciales y su participación es voluntaria. Usted puede detener la entrevista en cualquier momento. La entrevista puede tomar solamente uno o dos minutos, pero para algunos individuos puede tomar hasta 25 minutos. Me gustaría hacerle algunas preguntas acerca de sus experiencias con seguros médicos. ¿Podemos proceder?

A1 ¿Tiene usted algún tipo de cobertura de seguro medico? Este podría ser seguro medico a través de su patrón, un plan que usted mismo haya comprado o TexCare Medicaid.

Si	1
No	2(PASE A LA A3)
No Sé	8
Se Rehusó	9

A2 ¿Que tal acerca de los otros adultos de las edades de 19 a 64 años que viven en su casa. Todos ellos tienen algún tipo de seguro medico?[EL ENTREVISTADOR DEBE PROBAR LAS DOS PREGUNTAS E IR DE UNA A LA OTRA SI ES NECESARIO]

Si	1(TERMINE LA ENCUESTA)
No	2
No Sé	8(TERMINE LA ENCUESTA)
Se Rehusó	9(TERMINE LA ENCUESTA)

A3 Para esta encuesta en particular estamos buscando personas quienes no tienen seguro medico y están en un hogar de cierto tamaño y con ciertos grupos de ingresos. ¿Incluyéndose usted mismo, cuantas personas hay en su familia inmediata que viven en su dirección y dependen de los ingresos de su familia?

Numero de personas _____

No Sé
Se Rehusó

98(TERMINE LA ENCUESTA)
99(TERMINE LA ENCUESTA)

A4 Yo no necesito saber las figuras exactas, solamente una aproximación.
¿Están los ingresos anuales de sus familiares inmediatos quienes viven en su casa ya combinados, por encima de o por de bajo de _____? Solamente permita una respuesta.

SI...	MUESTR E...	POR ENCIMA DE...	POR ABAJO DE...	NO SÉ...	SE REHUSO...
A3=1	\$17,000	1	2(CM,disp.21,pare)	8(terminene)	9(terminene)
A3=2	\$23,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=3	\$29,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=4	\$35,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=5	\$41,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=6	\$47,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=7	\$53,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=8	\$59,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=9	\$65,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3=10	\$68,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)
A3>10	\$74,000	1	2(CM,disp.2121,pare)	8(terminene)	9(terminene)

SI LA A1=2, ENTONCES PASE A LA B1PRE

A5 ¿Puedo hablar con una de las personas que estén entre la edad de 19 a 64 años, quien no tenga ningún seguro medico?

Sí Vuelva a presentarse; Continúe la Encuesta en B1PRE

Vuelva a presentarse diciendo: Hola, me llamo _____ estoy llamando del Public Policy Research Institute en la Universidad de Texas A&M. En cooperación con Departamento de Seguros de Texas, estamos llevando a cabo una encuesta acerca de los seguros médicos en Texas y estamos interesados en sus opiniones. Su numero telefónico fue seleccionado al azar para este estudio.

No Fije una fecha para llamar a la persona apropiada. SI TODAS LAS PERSONAS EN LA CASA ENTRE LAS EDADES DE 19 A 64 AÑOS TIENEN SEGURO MEDICO, RETROCEDA Y DESCALIFIQUELOS ADECUADAMENTE.

COBERTURA RELACIONADA CON EL TRABAJO

B1PRE: Porque usted esta entre las edades de 19 a 64 años, usted no esta cubierto por el seguro medico y el total de los ingresos anuales ya combinados, de su familia inmediata esta por encima de _____(anote la cantidad de la A7), El Departamento de Seguros de Texas esta interesado en averiguar mas acerca de sus experiencias con los seguros médicos. Usted es uno de cerca de 1,000 personas a quienes se les harán estas preguntas adicionales. Toda la información que usted provea será confidencial. ¿Podemos proceder?

B1 ¿Actualmente es usted su propio patrón, esta empleado por otra persona o esta desempleado?

Propio Patrón	1
Empleado por otra persona	2
Desempleado	3(PASE A LA B3)
No Sé	8(PASE A LA B3)
Se Rehusó	9(PASE A LA B3)

B2 ¿Qué tipo de empleo mantiene usted?

Tiempo completo	1(PASE A LA B5)
Medio Tiempo	2(PASE A LA B5)

Temporal	3(PASE A LA B5)
De Temporada	4(PASE A LA B5)
Por Contrato	5(PASE A LA B5)
Otro(especifique)	6(PASE A LA B5)
No Sé	8(PASE A LA B5)
Se Rehusó	9(PASE A LA B5)

B3 La última vez que usted estuvo empleado, ¿Cuál era su ocupación?

Profesional, técnica, administrativa	11	
Trabajo de Oficina		12
Ventas		13
Trabajador Especializado		14
Semicalificado		15
Trabajador de Mantenimiento	16	
Obrero		17
Otro (especifique)		97
NUNCA HE ESTADO EMPLEADO	96	
No Sé		98
Se Rehusó		99

B4 ¿En qué industria trabajó usted cuando estuvo empleado la última vez?

Financiera/De Seguros/Bienes Raíces	11(PASE A LA B17PRE)
Servicios Profesionales	12(PASE A LA B17PRE)
Servicios de Negocios	13(PASE A LA B17PRE)
Transporte/comunicaciones/Utilidades	14(PASE A LA B17PRE)
De Fabricación	15(PASE A LA B17PRE)
Construcción	16(PASE A LA B17PRE)
Educación/Proveedor de cuidados de Guardería	17(PASE A LA B17PRE)
Comercio al Por Menor	18(PASE A LA B17PRE)
Entretenimiento/Recreación	19(PASE A LA B17PRE)
Otro(especifique)	97(PASE A LA B17PRE)
No Sé	
	98(PASE A LA B17PRE)

Se Rehusó
99(PASE A LA B17PRE)

B5 ¿Cual es su ocupación?

Profesional, técnica, administrativa		11
De Oficina	12	
Ventas		13
Trabajador Especializado	14	
Semicalificado		15
Trabajador de mantenimiento		16
Obrero		17
Otro (especifique)		97
No Sé		98
Se Rehusó		99

B6 ¿En qué industria?

Financiera/De Seguros/Bienes Raíces		11
Servicios Profesionales		12
Servicios de Negocios		13
Transporte/Comunicaciones/Utilidades	14	
De Fabricación		15
De Construcción	16	
Educación/ Proveedor de Cuidados de Guardería	17	
Otra(especifique)_____	97	
No Sé	98	
Se Rehusó		99

B7PRE: PREGUNTE LA B7 SOLAMENTE SI LA B1=1, DE OTRA MANERA PASE A LA B9

B7 ¿Cerca de cuantos empleados tiene su compañía?

Menos de 5	1		
5 – 19	2		
20 – 99		3	
100 – 499	4		
500 o más	5		
No Sé		8	
Se Rehusó			9

B8 ¿Usted ofrece el seguro medico como un beneficio a alguno de sus empleados?

Sí	1(PASE A LA B17PRE)
No	2(PASE A LA B17PRE)
No Sé	8(PASE A LA B17PRE)
Se Rehusó	9(PASE A LA B17PRE)

B9 ¿Cerca de cuantos empleados tiene su patrón?

Menos de 5	1
5 – 19	2
20 –99	3
100 – 499	4
500 o más	5
No Sé	8
Se Rehusó	9

B10 ¿Su patrón ofrece seguro medico a algunos de sus empleados?

Sí	1
No	2(PASE A LA B17PRE)
No Sé	8(PASE A LA B17PRE)
Se Rehusó	9(PASE A LA B17PRE)

B11 ¿Es usted elegible para obtener seguro medico por medio de su patrón?

Sí	1
No	2(PASE A LA B16)
No Sé	8(PASE A LA B16)
Se Rehusó	9(PASE A LA B16)

B12 ¿Cual es la razón principal por la cual usted no ha obtenido el seguro medico por medio de su patrón?

NO LEA LA LISTA – PERMITA SOLAMENTE UNA RESPUESTA

Muy caro	1
No Me Gusta el Plan	2
No he llegado a hacerlo	3
Espero obtener otro seguro	4
No quiero o necesito seguro	5
Lo estoy esperando ahora	6
Otro (especifique)_____	7
No Sé	8
Se Rehusó	9

B13 ¿Hay algunas otras razones por las cuales usted no ha obtenido seguro por medio de su patrón?

NO LEA LA LISTA – PERMITA RESPUESTAS MULTIPLES (pero no la respuesta dada en la B12)

Muy caro	1
No me gusta el plan	2
No he llegado a hacerlo	3
Espero obtener otro seguro	4
No quiero o necesito seguro	5
Estoy esperándolo ahora	6
Otra(especifique)	7
No hay otras razones	97
No Sé	98
Se Rehusó	99

B14 ¿Cuanto, si es que algo, piensa usted que le costaría por mes el obtener seguro medico por medio de su patrón?

Nada	0(PASE A LA B16)
Menos de \$50/mes	1
\$50 - \$100/mes	2
\$101 – 150/mes	3
Mas de \$150/mes	4
No Sé	8
Se Rehusó	9

B15 ¿Qué tan fácil o tan difícil seria para usted el conseguir el dinero necesario por mes para obtener un seguro para usted mismo?

Muy difícil	1
Difícil	2
Fácil	3
Muy fácil	4
No es aplicable	5
No Sé	8
Se Rehusó	9

B16 ¿Planea usted obtener seguro medico de su patrón cuando y si usted se hace elegible o si usted se da cuenta de es elegible?

Sí	1
No	2

No llegare a ser elegible	3
No Sé	8
Se Rehusó	9

B17PRE: PREGUNTE LA B17 SOLAMENTE SI LA A6>1, DE OTRA MANERA PASE A LA C1

B17 ¿Es usted elegible para obtener seguro medico ofrecido a través del patrón de otro adulto que viva en su casa?

Sí	1
No	2(PASE A LA C1)
No Sé	8(PASE A LA C1)
Se Rehusó	9(PASE A LA C1)

B18 ¿Cual es la razón principal por la cual usted no ha comprado el seguro medico ofrecido a través del patrón de otro adulto que vive en su casa?

Muy Caro	1	
No me gusta el plan		2
No he llegado a hacerlo	3	
Espero obtener otro seguro		4
No quiero o necesito seguro		5
Lo estoy esperando ahora		6
No califico	7	
Otro(especifique)_____	97	
No Sé	98	
Se Rehusó	99	

B19 ¿Hay algunas otras razones por las cuales usted no ha obtenido el seguro que le fue ofrecido a través del patrón de otro adulto quien vive en su casa?

NO LEA LA LISTA – PERMITA RESPUESTAS MULTIPLES (pero no la respuesta dada en la B18)

Muy caro	1
No me gusta el plan	2
No he llegado a hacerlo	3
Espero obtener otro seguro	4
No quiero o necesito seguro	5
Lo estoy esperando ahora	6
No califico	7
Otro(especifique)	8
No hay otras razones	97
No Sé	98
Se Rehusó	99

B20 ¿Cuanto, si es que algo, piensa usted que le costaría por mes el obtener seguro medico para usted mismo a través del patrón de otro adulto quien vive en su casa?

Nada	0(PASE A LA B22)
Menos de \$50/mes	1
\$50 - \$100/mes	2
\$101 - \$150/mes	3
Mas de \$150/mes	4
No Sé	8(PASE A LA B22)
Se Rehusó	9(PASE A LA B22)

B21 ¿Qué tan fácil o difícil seria para usted el conseguir los \$(ponga la respuesta de la B20)_____ por mes para obtener este seguro para usted mismo?

Muy difícil	1
Difícil	2
Fácil	3
Muy fácil	4
No aplicable	5
No Sé	8
Se Rehusó	9

B22 ¿Usted tiene la intención de obtener seguro medico a través del patrón de otro adulto quien vive en su casa cuando usted se haga elegible o se de cuenta de que es elegible?

Si	1
No	2
No seré elegible	3
No Sé	8
Sé Rehusó	9

EXPERIENCIAS CON SEGUROS MEDICOS

C1 ¿En el pasado ha tenido usted seguro medico?

Sí	1
No	2(PASE A LA D1)
No Sé	8(PASE A LA D1)
Se Rehusó	9(PASE A LA D1)

C2 ¿Durante su vida adulta, ha tenido usted seguro medico la mayor parte del tiempo, la mitad del tiempo, o menos de la mitad del tiempo?

Todo o la mayor parte del tiempo	1
Cerca de la mitad del tiempo	2
Menos de la mitad del tiempo	3
No Sé	8
Se Rehusó	9

C3 ¿Cuando fue la ultima vez que usted tuvo seguro medico para usted mismo?

Hace 6 –11 meses	1
Hace 1 – 1.9 años	2
Hace 2 – 2.9 años	3
Hace 3 – 4.9 años	4
Hace 5 – 9.9 años	5
Hace 10 – 19.9 años	6
Hace 20 o más años	7
No Sé	8
Se Rehusó	9

C4 ¿Fue su ultimo seguro medico a través de un patrón?

Sí	1
No	2(PASE A LA C6)
No Sé	8(PASE A LA C6)
Se Rehusó	9(PASE A LA C6)

C5 ¿Este era su patrón, el patrón de su esposo(a), el patrón de sus padres, o de quien?

Su Patrón	1
El Patrón de su esposo(a)	2
El patrón de sus padres	3
Otro (especifique)_____	4
No Sé	8
Se Rehusó	9

C6 ¿Cuanto, si es que algo, tenia que pagar usted cada mes por esa cobertura?

Nada	0
Menos de \$50/mes	1
\$50 - \$100/mes	2
\$101 - \$150/mes	3
Mas de \$150/mes	4
No Sé	8
Se Rehusó	9

Comprando Seguro Medico

D1 ¿Ha tratado de comprar alguna vez seguro medico por si mismo?

Sí	1
No	2(PASE A LA D6)
No Sé	8(PASE A LA D6)
Se Rehusó	9(PASE A LA D6)

D2 ¿Hace cuanto tiempo fue eso?

Hace 6 – 11 meses	1
Hace 1 – 1.9 años	2
Hace 2 – 2.9 años	3
Hace 3 – 4.9 años	4
Hace 5 – 9.9 años	5
Hace 10 – 19.9 años	6
Hace 20 o más años	7
No Sé	8
Se Rehusó	9

D3 ¿Compro usted el seguro medico?

Sí	1(PASE A LA D5)
No	2
No Sé	8(PASE A LA D6)
Se Rehusó	9(PASE A LA D6)

D4 ¿Por qué no compró usted ese plan? Cheque todas las que correspondan NO LAS LEA

Muy caro	1(PASE A LA D6)
No cubría a los otros	2(PASE A LA D6)
Me rechazaron por razones medicas	3(PASE A LA D6)
No me gustaba el plan	4(PASE A LA D6)
Todavía estoy considerando comprar el plan	5(PASE A LA D6)
No he recibido información todavía	6(PASE A LA D6)
Obtuve seguro en otro lugar	7(PASE A LA D6)
El plan era muy confuso	8(PASE A LA D6)
El plan esa muy difícil y consumía mucho tiempo el obtenerlo	9(PASE A LA D6)
Otra(especifique)_____	10(PASE A LA D6)
No Sé	98(PASE A LA D6)
Se Rehusó	99(PASE A LA D6)

D5 ¿Por qué no tiene todavía ese seguro medico? Cheque todas las que se correspondan
NO LAS LEA

Muy caro	1	
No cubría a los otros	2	
Obtuve seguro a través de mis patrones		3
No quería, necesitaba o usaba seguro	4	
Me Cambie	5	
Me divorcie	6	
Cambie de trabajo	7	
El plan era confuso	8	
Otro	9	
No Sé	98	
Se Rehusó	99	

D6 ¿Cual piensa usted que seria el costo mensual por un plan de seguro medico básico que usted comprara para usted?

Nada	0
Menos de \$50	1
\$50 - \$100	2
\$101 - \$150	3
Mas de \$150	4
No Sé	8
Se Rehusó	9

D7 ¿Cuanto si es que algo, estaría usted dispuesto a pagar cada mes de su propio bolsillo por un plan de seguro medico que le proporcionara cobertura básica para las visitas al doctor, hospitalización, y los medicamentos prescritos para usted mismo?

Nada	0(PASE A LA D9)
Menos de \$50	1
\$50 - \$100	2
\$101 - \$150	3
Mas de \$150	4
No Sé	8(PASE A LA D9)
Se Rehusó	9(PASE A LA D9)

D8 ¿Qué tan probable piensa usted que seria el que usted pudiese encontrar un seguro medico por \$XX(anote la cantidad de la D6) al mes? Diría usted que muy probable, probable, poco probable o muy poco probable.

Muy probable	1
Probable	2
Poco probable	3
Muy poco probable	4
No Sé	8
Se Rehusó	9

D9 ¿Usted alguna vez ha comprado personalmente

	SI	NO	NO SÉ	SE REHUSO
A. Seguro de vida?	1	2	8	9
B. Seguro para el carro?	1	2	8	9
C. Seguro para dueños de casa o para arrendador?	1	2	8	9
D. Algún otro tipo de seguro? ¿Que tipo?	1	2	8	9

D10 ¿Alguna vez ha decidido tomar un trabajo que NO ofrecía cobertura del cuidado de la salud por encima de un trabajo que SI ofrecía la cobertura del cuidado de la salud?

Sí	1	
No	2	
No Sé	8	
Se Rehusó		9

D11 ¿Por qué no tomo el trabajo que ofrecía seguro medico?(Conteste “Si” a todas las que correspondan) **SELECCIONE AL AZAR**

	SI	NO	NO SÉ	SE REHUSO
A. Fue por que pagaba menos?			1	2
B. Fue por que era mas lejos o porque era más difícil de llegar a el?	1	2	8	9
C. Fue por que a usted no le gustaba el trabajo?	1	2	8	9
D. Había menos probabilidades de aumento de sueldo?	1		2	8
E. No estaba disponible el trabajo?	1	2	8	9
F. Era por que ofrecían menos o peores beneficios?		1	2	8
G. Algunas otras razones?(especifique)		1	2	8

D12 Ahora voy a leer una lista de otros beneficios que los patrones ofrecen algunas veces. Por favor, póngalos en el orden de importancia que usted les da mientras esta buscando un trabajo o mientras decide aceptar una oferta de trabajo. [ENTREVISTADOR: LEA LA LISTA COMO SEA NECESARIO]

- 1 Seguro de vida
- 2 Seguro dental
- 3 Ganancias compartidas/Bonos
- 4 Seguro medico
- 5 Plan de retiro/401K
- 8 No Sé
- 9 Se Rehusó

(D12- 1=1er Respuesta o No Se/Se Rehusó ¿PRIMER RESPUESTA SOLAMENTE?,D12-2=2nda Respuesta, etc.)

D13 ¿Cual es la principal razón por la cual usted no compra seguro medico para si mismo?
NO LEA – Permita solamente UNA RESPUESTA

Muy caro	
No lo necesito	2(PASE A LA D15PRE)
Muy difícil y se pierde mucho tiempo para conseguirse	3(PASE A LA D15PRE)
Esperando tener cobertura a través del patrón	4(PASE A LA D15PRE)
Planeo conseguir un trabajo con beneficios de salud	5(PASE A LA D15PRE)
Insatisfecho con los seguros médicos	6(PASE A LA D15PRE)
Otro: (Especifique)_____	7(PASE A LA D15PRE)
No Sé	8(PASE A LA D15PRE)
Se Rehusó	9(PASE A LA D15PRE)

D14 ¿Cual es una razón secundaria por la cual usted no compra seguro medico para si mismo?
NO LEA LA LISTA – PERMITA RESPUESTAS MULTIPLES (Pero no la respuesta dada en la D13)

No lo necesito	1
Muy difícil y se pierde mucho tiempo para conseguirse	2
Esperando obtener cobertura a través del patrón	3
Planeo conseguir un trabajo con beneficios de salud	4
Insatisfecho con los seguros médicos	5
Otra: (Especifique)	6
No Sé	8
Se Rehusó	9

D15PRE: SI LA B1=1, ENTONCES PREGUNTE D15; DE OTRA MANERA PASE A LA D16

D15 ¿Qué tan probable es que usted salga y compre seguro medico para si mismo – es muy probable algo probable, algo poco probable, o muy poco probable?

Muy probable	1(PASE A LA D17)
Algo probable	2(PASE A LA D17)
Algo poco probable	3(PASE A LA D17)
Muy poco probable	4(PASE A LA D17)
No Sé	8(PASE A LA D17)
Se Rehuso	9(PASE A LA D17)

D16 Suponiendo que usted no obtenga seguro medico a través de un patrón en un futuro cercano, ¿Qué tan probable seria que usted saliera y comprara un seguro medico para si mismo- es muy probable, algo probable, algo improbable o muy improbable?

Muy probable	1
Algo probable	2
Algo improbable	3
Muy improbable	4
No Sé	8
Se Rehuso	9

D17 Voy a leer una lista de razones que personas han dado para NO comprar seguro medico para si mismos. Mientras leo cada frase, por favor dígame si esta es una razón por la cual usted no ha comprado seguro medico. (LEA CADA PUNTO) ¿Es esa una razón?

SELECCIONE AL AZAR

		¿ Razón?			
		SI	NO	NO SÉ	SE REHUSO
A.	Tengo buena Salud	1	2	8	9
B.	Puedo obtener cuidado medico por menos de lo que tendría que pagar por un seguro medico.	1	2	8	9
C.	Pienso que no lo necesito	1	2	8	9
D.	No puedo pagar el costo mensual del seguro medico	1	2	8	9
E.	Estoy esperando hasta tener un patrón quien lo ofrezca	1	2	8	9
F.	Nunca he pensado mucho en comprar seguro medico para mi mismo	1	2	8	9
G.	Encontrar un buen seguro medico es muy difícil	1	2	8	9

D18 Dado a su edad, a sus hábitos y a su salud en general, ¿Piensa usted que le seria muy fácil, fácil, difícil o muy difícil el conseguir seguro medico si usted aplicara para obtenerlo?

Muy Difícil	1
Difícil	2
Fácil	3
Muy Fácil	4
No Sé	8
Se Rehuso	9

D19 Alguna vez ha tratado usted de conseguir seguro medico y fue rechazado por alguna condición medica?

Sí	1
No	2
No Sé	8
Se Rehusó	9

D20 Aquí hay algunas declaraciones que hacen las personas algunas veces, acerca del cuidado de la salud. Por favor escuche a cada una de estas cuidadosamente y dígame si usted esta Completamente de acuerdo, de acuerdo, completamente en desacuerdo, en desacuerdo.

SELECCIONE AL AZAR

		Completam ente de acuerdo	De acuer do	Completam ente en desacuerd o	En desacue rdo	No Sé	Se Rehu so
A.	Estoy cómodo yendo a los doctores y hospitales en mi comunidad.	1	2	3	4	8	9
B.	No me preocupo por recibir atención medica apropiada si me enfermo.	1	2	3	4	8	9
C.	Recibir el cuidado de la salud a través de un seguro medico es muy complicado.	1	2	3	4	8	9
D.	Yo confío mucho en el tipo de cuidados que el seguro medico no cubre.	1	2	3	4	8	9
E.	Me preocupa quedar arruinado financieramente por que no tengo seguro medico.	1	2	3	4	8	9
F.	Me preocupa el no recibir los exámenes preventivos adecuados por que no tengo seguro medico	1	2	3	4	8	9
G.	Me preocupa mucho el no tener seguro medico para los otros miembros de mi familia.	1	2	3	4	8	9
H.	No me preocupa el no tener seguro medico para mi mismo.	1	2	3	4	8	9
I.	No siempre recibo el cuidado medico que necesito por que no puedo pagar por este.	1	2	3	4	8	9
J.	Las personas que no tienen seguro medico reciben cuidado medico y tratamiento apropiado mas fácilmente.	1	2	3	4	8	9
K.	El seguro medico tiene un alto rango en mi lista de prioridades en donde debo gastar mi dinero.	1	2	3	4	8	9
L.	Ir a las clínicas publicas o gratuitas esta lo suficientemente bien conmigo.	1	2	3	4	8	9

M.	La mayor parte de las personas que conozco tienen seguro medico.	1	2	3	4	8	9
N.	Tengo mala salud.	1	2	3	4	8	9
O.	No usaría tanto el seguro medico como para desquitar su costo.	1	2	3	4	8	9
P.	Yo pienso que no necesito seguro medico en este punto de mi vida.	1	2	3	4	8	9
Q.	El seguro medico es un buen valor por el dinero.	1	2	3	4	8	9

PREGUNTAS DEL TDI

E1 ¿Alguna vez ha intentado usted enrolarse en el TexCare Medicaid?

Sí 1
No 2(PASE AL A E4PRE)
No Sé 8(PASE A LA E4PRE)
Se Rehusó 9(PASE A LA E4PRE)

E2 ¿Fue usted aceptado?

Sí 1
No 2(PASE A LA E4PRE)
No Sé 8(PASE A LA E4PRE)
Sé Rehusó 9(PASE A LA E4PRE)

E3 ¿Por qué no tiene todavía este seguro medico? Cheque todas las que correspondan
NO LEA

Muy caro 1
No cubría a los demás 2
Obtuve seguro a través de mis patrones 3
No quería, necesitaba o usaba seguro 4
Me cambie 5
Cambio la situación financiera y ya no era elegible 6
Otra (especifique)_____ 7
No Sé 8
Se Rehusó 9

E3a ¿Antes de esta entrevista, había usted escuchado acerca del TexCare Medicaid?

Sí 1
No 2
No Sé 8
Se Rehusó 9

E4PRE: PREGUNTE LA E4 SOLAMENTE SI A6=1, DE OTRA MANERA PASE A LA E12

E4 ¿Tiene usted niños menores de los 19 años de edad que dependan de usted?

Sí 1

No	2(PASE A LA E12)
No Sé	8(PASE A LA E12)
Se Rehusó	9(PASE A LA E12)

E5 ¿Alguna vez a intentado enrolar a su niño(a) en el programa de Seguro medico para niños TexCare Partnership, también conocido como CHIP?

Sí	1
No	2(PASE A LA E9)
No Sé	8(PASE A LA E9)
Se Rehusó	9(PASE A LA E9)

E6 ¿Fue aceptado(a) el/ella?

Sí	1
No	2(PASE A LA E9)
No Sé	8(PASE A LA E9)
Se Rehusó	9(PASE A LA E9)

E7 ¿El/ella todavía tiene seguro medico a través de CHIP?

Sí	1(PASE A LA E9)
No	2
No Sé	8(PASE A LA E9)
Se Rehusó	9(PASE A LA E9)

E8 ¿Por qué ya no tiene este seguro medico? Cheque todas las que correspondan NO LEA

Muy Caro	1
No cubría a los demás	2
Obtuve seguro a través de mis patrones	3
No quería, necesitaba o usaba el seguro	4
La situación económica cambio y ya no era elegible	5
Otra (especifique)_____	6
No Sé	8
Se Rehusó	9

E9 ¿Ha tratado alguna vez de obtener seguro medico para su niño(a) a través de la Corporación Niños Saludables (Healthy Kids Corporation)?

Si	1
No	2
No Sé	8
Se Rehusó	9

E10 ¿Fue el/ella aceptado(a)?

Sí	1
No	2
No Sé	8
Se Rehusó	9

E11 ¿Antes de esta encuesta, había escuchado usted del CHIP o del Texas Healthy Kids?

Sí	1
No	2
No Sé	8
Se Rehusó	9

E12 Aquí hay algunas sugerencias acerca de como mejorar la cobertura del seguro medico para los Texanos. Por favor escuche a cada una de estas cuidadosamente y después dígame si usted esta completamente de acuerdo, de acuerdo, en desacuerdo, completamente en desacuerdo.

SELECCIONE AL AZAR

		Completam ente de acuerdo	De acuer do	En desacue rdo	Completam ente de acuerdo	No Sé	Se Rehu so
A	El Medicaid debería ser ampliado para que más niños y adultos pudieran ser elegibles.	1	2	3	4	8	9
B	Los planes de seguro medico para patrones pequeños deberían ser revisados para hacer la cobertura mas razonable.	1	2	3	4	8	9
C	Obtener seguro medico debería ser un requisito para que los estudiantes de la Universidad pudieran enrolarse.	1	2	3	4	8	9
D	El Plan de Seguro Medico para Niños debería ser ampliado para que mas niños y ciertos padres de bajos recursos pudieran ser incluidos.	1	2	3	4	8	9
E	Debería haber reducción de impuestos para los pequeños patrones quienes ofrezcan seguro a sus empleados.	1	2	3	4	8	9
F	El seguro medico debería ser requerido antes de que alguien pudiese sacar el registro de su automóvil.	1	2	3	4	8	9
G	Un patrón debería ser capaz de ayudar a su empleado a pagar seguro medico cuando ese patrón decide no proveer el seguro medico como beneficio.	1	2	3	4	8	9
H	El estado debería tomar medidas para asegurar buenas tarifas para el seguro medico.	1	2	3	4	8	9

EL PRICIPAL ASALARIADO

F1PRE: PREGUNTE LA F1 SOLAMENTE SI LA A6=1, DE OTRA MANERA PASE A LA G1

F1 ¿Cuántas personas que son asalariadas hay en su casa?

Uno	1
Dos	2
Tres o más	3
No Sé	8
Se Rehusó	9

F2 ¿Quién es el asalariado principal para esta casa? ¿Es usted o alguien más?

El replicante	1(PASE A LAG1)
Alguien más	2
Ambos por igual	3(PASE A LA G1)
No Sé	8(PASE A LA G1)
Se Rehusó	9(PASE A LA G1)

F3 ¿Cuál es la relación de esa persona con usted?

Esposo(a)	1	
Su pareja no casado(a)		2
Su Padre/Madre		3
Su Hijo(a)	4	
Otro Pariente	5	
Un adulto que no tiene relación alguna	6	
No Sé	8	
Se Rehusó	9	

F4 ¿El principal asalariado actualmente: es su propio patrón, está empleado por alguien más o está desempleado?

Es su propio patrón	1(PASE A LA F8)
Empleado por alguien más	2
Desempleado	3(PASE A LA F6)
No Sé	8
Se Rehusó	9

F5 ¿Qué tipo de empleo mantiene el asalariado principal?

Tiempo completo	1(PASE A LA F8)
Medio tiempo	2(PASE A LA F8)
Temporal	3(PASE A LA F8)
De temporada	4(PASE A LA F8)
Por contrato	5(PASE A LA F8)
Otro (especifique)_____	6(PASE A LA F8)
No Sé	8(PASE A LA F8)
Se Rehusó	9(PASE A LA F8)

F6 La última vez que el asalariado principal estuvo empleado ¿Cuál era su ocupación?

Profesional, técnica, administrativa	11	
Trabajo de oficina	12	
Ventas	13	
Trabajador especializado	14	
Semicalificado	15	
Trabajador de mantenimiento	16	
Obrero	96	
Otro (especifique)_____		97
No Sé	98	
Se Rehusó	99	

F7 Cuando el/la asalariado(a) principal estuvo empleado(a) la ultima vez, ¿En qué industria trabajaba el/ella?

Financiera/De seguros/Bienes Raíces	11(PASE A LA F11)
Servicios Profesionales	12(PASE A LA F11)
Servicios de Negocios	13(PASE A LA F11)
Transporte/comunicaciones/utilidades	14(PASE A LA F11)
Fabricación	15(PASE A LA F11)
Construcción	16(PASE A LA F11)
Educación/proveedor de servicios de guardería	17(PASE A LA F11)
Comercio al por menor	18(PASE A LA F11)
Entretenimiento/recreación	19(PASE A LA F11)
Otro(especifique)_____	97(PASE A LA F11)
No Sé	98(PASE A LA F11)
Se Rehusó	99(PASE A LA F11)

F8 ¿Cual es la ocupación del asalariado principal?

Profesional, técnica, administrativa	11
De oficina	12
Ventas	13
Trabajador especializado	14
Semicalificado	15
Trabajador de mantenimiento	16
Obrero	17
Otro (especifique)_____	97
No Sé	98
Se Rehusó	99

F9 ¿En qué industria?

Financiera/De seguros/Bienes Raíces	11
Servicios profesionales	12
Servicios de negocios	13
Transporte/comunicaciones/utilidades	14
Fabricación	15
Construcción	16
Educación/proveedor de cuidados de guardería	17
Comercio al por menor	18
Entretenimiento/recreación	19

Otro(especifique)_____	97
No Sé	98
Se Rehusó	99

F10 ¿Aproximadamente cuantos empleados tiene su patrón o compañía?

Menos de 5	1	
5 – 19		2
20 – 99	3	
100 – 499	4	
500 o más	5	
No Sé	8	
Se Rehusó	9	

F11 ¿Cual es el nivel de educación que ha completado el asalariado principal?

El 8vo grado o menos	1	
Algo de preparatoria pero no me gradúe	2	
Graduado de la preparatoria o el equivalente(GED)		3
Algo de universidad	4	
Completo un título de 2 años o la Escuela Técnica		5
Graduado de una universidad de 4 años	6	
Un título de universidad de mas de 4 años	7	
No Sé	8	
Se Rehusó	9	

DEMOGRÁFICOS

G1 En general ¿Como clasificaría su salud total ahora?

Excelente	1
Muy buena	2
Buena	3
Regular	4
Mala	5
No Sé	8
Se Rehusó	9

G2 ¿Cual es el nivel educativo mas alto que usted ha completado?

El 8vo grado o menos		1
Algo de preparatoria, pero no me gradúe	2	
Graduado de la preparatoria o el equivalente (GED)	3	
Algo de universidad	4	
Complete un título de 2 años o la Escuela Técnica	5	
Graduado de una universidad de 4 años	6	
Un título de universidad de mas de 4 años	7	
No Sé	8	

	Se Rehusó	9	
G3	¿Es usted de origen o descendencia Hispana o Latina?		
	Hispano(a) o Latino(a)	1	
	No Hispano(a) o Latino(a)	2	
	No Sé	8	
	Se Rehusó	9	
G4	¿Cual es su raza? Por favor marque una o más		
	Blanco(a)	1	
	Negro(a) o Afroamericano(a)	2	
	Asiático(a)	3	
	Nativo de Hawaii u otra Isla del Pacifico	4	
	Indio Americano o Nativo de Alaska	5	
	Otro (No escriba a maquina Hispano/Latino)	6	
	No Sé	8	
	Se Rehusó	9	
G5	¿Cual es su edad?		
	19 – 24	1	
	25 – 29	2	
	30 – 39	3	
	40 – 49	4	
	50+	5	
	No Sé	8	
	Se Rehusó	9	
G6	¿Nació usted en los Estados Unidos o en otro País?		
	US(incluyendo Puerto Rico, Guam, Islas Vírgenes)	1(PASE A LA G10)	
	Otro País	2	
	No Sé	8(PASE A LA G9)	
	Se Rehusó	9(PASE A LA G9)	
G7	¿Donde nació usted?		
	Canadá	1	
	México	2	
	Centroamérica o Sudamérica	3	
	Europa	4	
	Asia	5	
	Medio Oriente (incluyendo Egipto)	6	
	Africa	7	

Australia o Islas del Pacifico	8
No Sé	98
Se Rehusó	99

G8 ¿Actualmente es usted Ciudadano Americano?

Sí	1
No	2
No Sé	8
Se Rehusó	9

G9 ¿Cuántos años ha vivido usted en los Estados Unidos?

Menos de 2 años	1
2 – 4 años	2
5 – 6 años	3
10 o más años	4
No Sé	8
Se Rehusó	9

G10 ¿Habla usted algún otro idioma en casa aparte del Inglés?

Sí	1
No	2
No Sé	8
Se Rehusó	9

G11 ¿Que idiomas habla usted en casa? **NO LEA LA LISTA CHEQUE TODAS LAS QUE SE APLIQUEN.**

Español	1
Chino	2
Japonés	3
Coreano	4
Vietnamita	5
Tagalo, (Filipino o Isleño del Pacifico)	6
Otro (especifique)_____	7
No Sé	8
Se Rehusó	9

¡Gracias, esto concluye la encuesta! Adiós.

SEXO [¡¡NO LEA!! POR FAVOR ANOTE EL SEXO DEL REPLICANTE]

1 Masculino

2 Femenino

Appendix C

Sampling Methodology

Data Collection

Sample Distribution

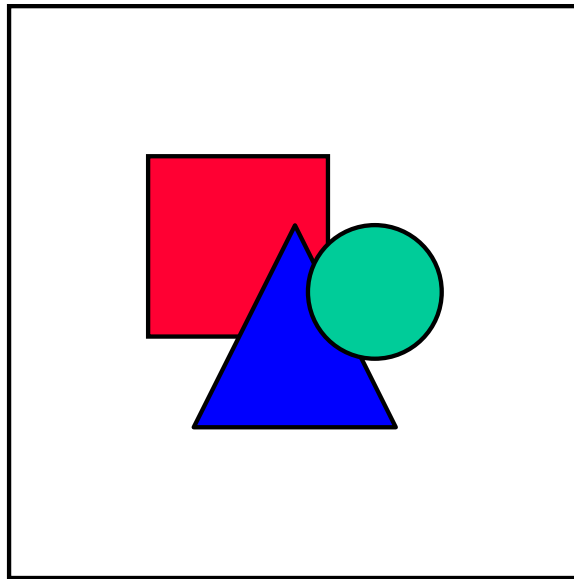
Sampling Methodology

The following material is provided by Survey Sampling, Inc. (SSI) to describe in detail the method used to select the sample. This study used a Random B sample with likely disconnects eliminated from the sample. However, all types of SSI sample are discussed below.

Creation of the Random Digit Database

SSI starts with a database of all directory-listed households in the USA. Using area code and exchange data regularly obtained from Telcordia and additional databases, this file of directory-listed telephone numbers is subjected to an extensive cleaning and validation process to ensure that all exchanges are currently valid, assigned to the correct area code, and fall within an appropriate set of zip codes.

Most SSI samples are generated using a database of "working blocks." A *block* (also known as a *100-bank* or a *bank*) is a set of 100 contiguous numbers identified by the first two digits of the last four digits of a telephone number. For example, in the telephone number 255-4200, "42" is the block. A block is termed to be *working* if one or more listed telephone numbers are found in that block.



Each exchange is assigned to a single county. Nationally, about 72% of all exchanges appear to fall totally within single county boundaries. For those overlapping county and/or state lines, the exchanges are assigned to the county of plurality, or the county with the highest number of listed residents within the exchange. This assignment ensures known probabilities of selection for all telephone numbers.

Sample Stratification

All SSI samples are generated using stratified sampling procedures. Stratified sampling divides the population of sampling units into subpopulations called strata. A separate sample is then selected from the sampling units in each stratum. SSI's database has been stratified by county.

Measure of Size (MOS) Weights

Prior to sample selection, the sample is allocated proportionally across all strata in the defined geography using one of several frame adjustment options. The sampling frame determines the way a sample is distributed across geography at the county level. SSI offers five different measure of size (MOS) stratification frames for its random digit samples:

- *Estimated Number of Telephone Households*

Estimates for telephone households are updated annually. The estimates are calculated by subtracting Census non-telephone household counts from current household estimates. Sample units will be allocated to each county in proportion to its share of telephone households. Estimated telephone households is the most commonly used sampling frame for Random B samples.

- *Number of Households*

Estimates for households are updated annually. Sample units will be allocated to each county in proportion to its share of households in the defined geography.

- *Total Population*

Estimates for population are updated annually. Sample units will be allocated to each county in proportion to its share of population in the defined geography.

- *Total Active Blocks*

Sample will be distributed by county in proportion to the total eligible blocks in the exchanges assigned to that county. Rather than being an estimate of target population, all frame units are represented with equal probability across counties. The number of eligible blocks in an exchange is multiplied by 100 (the number of possible 10-digit telephone numbers in a block) to calculate the total number of possible phone numbers. Sample will be allocated to each county in proportion to its share of these possible 10-digit telephone numbers. This is the recommended frame for apportioning Random A samples.

- *Other*

Sample allocation may also be based on special frames which may or may not result in equal probability samples. Such frames may be user-defined or based on incidence estimates and may be used singly or in combination with these or other sampling frames.

Samples are first systematically stratified to each county in the survey area in proportion to the sampling frame selected. After a geographic area has been defined as a combination of counties, the sum of the estimated telephone

households or requested frame value is calculated and divided by the desired sample size to produce a sampling interval.

The counties are ordered by alphabetically by state. A random number between zero and one is generated and multiplied by the sampling interval to calculate a random starting point between one and the sampling interval. A cumulative count of elements is calculated. At the point at which the accumulation reaches the random starting point, a specific county is selected and the next sampling point is one interval away. Accumulation continues in this fashion until the entire sample has been apportioned.

2.6.1.1.1.2 Sampling Frame Adjustments

- *Minimum Acceptable Block Size*

Approximately 2.5 million blocks are identified as working (having one or more listed numbers). By raising the minimum acceptable block size from 1 to 3 (SSI's default) or more, further gains in efficiency can be achieved with only minimal reduction in coverage. Blocks with 1-2 listed numbers represent only 5.9% of all working blocks and only 0.3% of all listed telephone households. These listed numbers are far more likely to be keypunch errors or White Page business listings than the only listed number in a given block. SSI uses a default minimum block size of 3 listed numbers, but this minimum may be adjusted up or down based on the user's specifications. Users can even sample from blocks with zero listed numbers, but efficiency may fall as low as 16%.

Sample Selection

After the sample has been allocated, three methods of systematic sample selection are available.

Random A is an SSI term denoting samples of random numbers systematically selected with equal probability across all eligible blocks. All blocks within a county are organized in ascending order by area code, exchange, and block number. Once the quota has been allocated to all the counties in the frame, a sampling interval is calculated for each county by summing all the eligible blocks in the county and dividing that sum by the number of sampling points assigned to the county. From a random start between zero and the sampling interval, blocks are systematically selected from each county. Once a block has been selected, a two-digit number is systematically selected in the range 00-99 and is appended to the exchange and block, to form a 10-digit telephone number.

Random B is an SSI term denoting samples of random numbers distributed across all eligible blocks in proportion to their density of listed telephone households. All blocks within a county are organized in ascending order by area code, exchange, and block number. Once the quota has been allocated to all counties in the frame, a sampling interval is calculated by summing the number of listed residential numbers in each eligible block within the county and dividing that sum by the number of sampling points

assigned to the county. From a random start between zero and the sampling interval, blocks are systematically selected in proportion to their density of listed households. Once a block has been selected, a two-digit number is systematically selected in the range 00-99 and is appended to the exchange and block to form a 10-digit telephone number.

Epsem Samples (*equal probability of selection method*) are single stage, equal probability samples of all possible 10-digit telephone numbers in blocks with one or more listed telephone numbers. The Working Phones Rate (WPR) for an epsem sample is on average 50%, but can range from 30%-70% depending on the size and nature of the geographic area and local telephone number assignment practices. Epsem sampling uses a *total active blocks* frame and *Random A sampling methodology*. A sample of random numbers is systematically selected with equal probability across all blocks containing one or more listed numbers, which distributes the sample across counties in proportion to their share of total active blocks. Epsem samples have the following characteristics:

- Minimum block size is 1.
- Business numbers cannot be replaced, but can be flagged.
- Number protection is unavailable.

Selection Options

SSI's database and sampling software support a variety of other epsem and non-epsem sampling options designed to accommodate different sample specifications or study objectives:

Business Number Purge

To improve efficiency, SSI maintains a database of over 11 million business telephone numbers, compiled from Yellow Page directories and special directories (Standard & Poor's and industry specific directories). Once a 10-digit telephone number has been selected for a sample, the status of the number generated may be compared to SSI's list of known business numbers. If the RDD number matches a known business listing, two options are available:

- *Replace the number with the next number that is not a known business number.* This is a non-epsem procedure but ensures that the requested sample size is met. In order to prevent introducing additional sampling bias, this procedure operates within strict limits. During either Random A or B sample selection, the search will not go beyond the boundaries of the selected block.

- *Select the number but flag it as a business number.* This option preserves epsem sampling. Business numbers selected and flagged may be included as part of the sample or removed. If these numbers are retained in the final sample file, they may be sorted to the bottom of the file or the bottom of each replicate. If these numbers are removed, the final sample file will fall short of the requested sample size.

Number Protection

Virtually every SSI Random Digit Sample is marked on the database to protect against reuse for a period of six months. The SSI *Protection System* was designed to reduce the chance of selecting the same number for multiple projects or multiple waves of a single project conducted by a single research firm or by competing research firms.

Incorporating number protection during sample selection is only an option. Once a 10-digit telephone number has been selected for a sample, the "protected" status of the number selected is checked. If the number has not been selected for a sample in the previous six months, the selected number is marked as "protected" and sampling continues. If the number is identified as having been selected for a sample in the previous six months, two sampling options are available:

- *Replace the number with the next number that is not a "protected" number.* In order to prevent introducing sampling bias in areas which have been frequently sampled, this procedure operates within strict limits. In either Random A or B sample, the search for an eligible replacement will not go beyond the boundaries of the selected block. In the event that an eligible replacement cannot be found within these limits, the originally selected "protected" number will be taken.
- *Select the number anyway, preserving epsem sampling.*

Screen for Disconnected Numbers

The SSI *Sample Screening Service* is a stand-alone, post-production process that identifies non-working or unassigned numbers, as well as modem and fax numbers in random digit telephone samples. It employs a new and proprietary technology that recognizes almost half of these numbers, thereby improving the effective working phones rate of random digit telephone samples by an average of 10-15%. Once these numbers have been identified, two options are available:

- *Remove disconnects from the sample.* If these numbers are removed, the final sample file will fall short of the requested sample size. Number removal may be exercised either before replication (sample will have equal sized replicates) or after replication (sample will have unequal sized replicates but each replicate will contain exactly the same "good" telephone numbers as it would have if the sample had not been screened).

- *Include disconnects as part of the sample.* If these numbers are retained in the final sample file, they are flagged and may be sorted to the bottom of the file or the bottom of each replicate and printed on separate sample pages.

The sample for TDI used the option of removing the disconnects from the sample.

DATA COLLECTION

Recruiting and Training Interviewers

In order to complete the survey within the allotted time, PPRI employed 155 interviewers for the project. A large percentage of the interviewers were selected from among those who had extensive experience with other PPRI interviewing projects. PPRI's established pool of interviewers was composed of both university students and local community residents who were already participating in existing studies or who had worked on earlier projects. The availability of experienced interviewers facilitated the training process and contributed to a high-quality survey product.

Recruiting New Interviewers

New interviewers were recruited and selected according to PPRI's standard operating procedures. This process began with the announcement of new interviewer positions in local and university newspaper advertisements and at student employment offices. A new outlet for recruiting employees was utilized by posting an advertisement on the new student employment section of the Texas A&M University web page. A multi-step screening process required potential interviewers to telephone a Survey Research Laboratory supervisor. Candidates were initially screened through this first telephone conversation. Those who failed to present themselves well over the phone were eliminated from further consideration. Those who passed the preliminary screening were asked to visit the Survey Research Laboratory and to complete an application form. Lab staff, including the Operations Coordinator, Assistant Coordinator and Senior Supervisors, interviewed the more promising applicants. In addition to providing standard employee information, the candidate was required to conduct a brief, mock telephone interview with a supervisor, using the actual project questionnaire. Each applicant received a rating and the top applicants were selected.

Training Interviewers

Training sessions were designed to encourage active participation on the part of the trainees, to familiarize them with the different types of respondents they might encounter and, ultimately, to maximize interviewer effectiveness. A large portion of the training session was devoted to a question-by-question review of the survey instrument. In addition, much of the training session involved didactic classroom activities and practice conducting mock interviews.

During the training session, each trainee was observed and evaluated. Trainees who did not perform satisfactorily were either given additional individualized training or were replaced. Topics covered in the training included:

- General information about TDI & PPRI;

- Organization of the interviewing staff including the responsibilities of supervisors, interviewers, and other staff;
- Standard management procedures including scheduling, logging in and out, payroll, sickness, absences, and tardiness;
- Information on sampling procedures (how it works in general, how the TDI survey was derived, what the interviewer must do, why the procedures must be followed exactly);
- General instructions on interviewing including preparing the interviewer, establishing contact, maximizing response rates, and handling problems and objections;
- Discussion about interviewing techniques such as maintaining neutrality, encouraging responses, and probing;
- Mechanics of the survey including pronunciation, skips, and allowable clarifications;
- Discussion about specific problems (such as the purpose of the survey, what will be done with the data, or substantive questions about survey content); and
- Procedures for ensuring confidentiality;

Senior project staff and the Survey Operations Coordinator presented the training material. Supervisors worked with trainees both individually and in groups. Although some of the material was presented in a lecture format, most of it was illustrated by example, or through hands-on participation in exercises designed to simulate actual interviewing experiences. Finally, interviewers conducted mock interviews with one another, using the actual Computer-Assisted Telephone Interviewing (CATI) equipment, while supervisors made observations and provided feedback.

All interviewers received at least eight hours of training. The first four-hour session covered general interviewing issues and provided a conceptual foundation for the TDI uninsured project. A second two-hour session provided specific instruction on the survey instrument itself. The final two hours were devoted to practicing the interview using the CATI system.

Finally, new interviewers were carefully monitored during a trial period to identify and remedy problems. This on-the-job-training continued until the basic skills were mastered. At least five experienced shift supervisors were assigned to the project and were trained along side the interviewers.

Conducting Interviews

PPRI began collecting data via telephone interviewing on October 15, 2001 and concluded on December 6, 2001. Detailed procedures were established for conducting interviews. Prior to each week of scheduled interviews, the supervisory staff determined the requisite number of interviewers to be assigned to each shift. Typically, for a project of this magnitude, 30 to 40 interviewers were assigned to the project during evening (6:30-9:30) and weekend shifts (10:00-2:00 and 2:30-6:30 on Saturday, and 1:00-5:00 and 5:30-9:30 on Sunday). Additionally,

four to five interviewers worked on the project during business hours to make daytime attempts and call-backs.

Survey Supervision

The Survey Research Laboratory supervisory staff oversaw daily preparations. The routine consisted of the following tasks:

- Use sample status reports (generated daily) to identify potential problems and establish priorities for interviewing during the shift;
- Use interviewer productivity reports (generated daily) to identify problems; and
- Determine the appropriate response to refusals (e.g., scheduling another attempt) and other special situations.

Prior to each shift, the shift supervisors:

- Allocated interview stations on the CATI to interviewers;
- Assigned interviewers to special tasks, such as refusal conversion; and
- Determined which interviewers to monitor (priority was given to new interviewers, interviewers with recognized problems, and the interviewers who had not been monitored during their last four shifts).

During an interviewing session, shift supervisors were responsible for:

- Answering interviewer questions;
- Resolving difficult situations posed by respondents;
- Monitoring interviews -- at least 20 percent of the interviewers in a shift were monitored and at least five percent of interviews conducted were monitored;
- Maintaining shift productivity; and
- Monitoring the CATI system to make sure that appropriate allocations of the sample were made.

Interviewers were carefully supervised. One supervisor was routinely on duty for every ten interviewers. Interviews were regularly monitored from a central phone. As noted above, supervisors monitored five percent of the interviews conducted on the CATI system by observing all screen and keyboard activity at a workstation from a central terminal.

Household Contacts

The standard PPRI procedure for attempting to contact a household is to place a call during each of five different shifts throughout the week. Numbers that had been disconnected were tried twice. Busy numbers were tried twice during the same shift, with repeated attempts during five different shifts. Once a household was reached, but the correct respondent was not available, as many as five more attempts were made to reach the correct respondent.

Attempts were made to convert virtually all refusals. When a refusal occurred, interviewers completed a special form that provided as much information as possible on the circumstances of the refusal. The respondent was then re-contacted by

interviewers specially trained to convert refusals. These procedures maximized the response rate.

Confidentiality

There are a variety of procedures that ensure confidentiality in the interviewing process. PPRI is required to maintain confidentiality of records on a variety of projects, including ones in which records are maintained on identified individuals. The approaches include maintaining security, following specified procedures, and training and supervising employees.

The CATI system enables control to be maintained over all files and records. The computer handles all sample management and data collection. The computer system is secure and all areas where confidential material is stored is password protected and accessible only to a select group of staff. Floppy disks from the workstations contain data that are not readable in a meaningful way without access to computer programs available only to supervisory staff. Additionally, the premises and physical storage areas are secured.

The most important procedural consideration in maintaining security is to make sure that the anonymity of the telephone interviews is not compromised. In the CATI system, specific information (e.g., telephone number and name of someone to be called back) are in a file separate from the collected data. These files can be linked, but they are not maintained in a linked form.

All staff at PPRI is aware of the issues involved in confidentiality. Highlighting its importance is part of all new employee training as well as the monitoring and supervision processes.

Data Coding

A few of the questionnaire variables required coding of verbatim responses entered by the interviewers. Experienced coders used a program that displayed the response alternatives for each question and allowed a code to be entered. Data was coded for each question (rather than for each respondent) at a time, thereby increasing coding consistency. Randomly selected surveys were monitored.

Quality Control Measures

To ensure the quality of the survey data, PPRI used several internal checks to guide survey processing. Many aspects of the quality control plan were embedded in automated procedures of the CATI system. The CATI was programmed so only valid codes could be entered by the interviewers and all skips occurred automatically. The CATI also checked the internal consistency of responses during

the interview, allowing corrections to be made at any point in the interview process. The design of the CATI system also prevented data loss by PPRI. Each workstation constituted a separate computer linked with others through a computer network. All files on the network were automatically backed up on tape every night.

There is, however, no replacement for human oversight. Monitoring procedures allowed supervisory staff to identify problems of inconsistency, interviewer practices that might affect response rates, and practices that affected the ability of the respondents to understand some interviewers. The CATI also allowed project data to be constantly accessible to researchers. This data provided information about cooperation rates, number of calls made, and other characteristics of interviewers that were monitored constantly. Any problems were identified and handled immediately by the supervisory staff. In addition, a random five percent of the interviews were verified.

2.6.1.1.1.3 Sample Distribution

Finding the respondents involved a very large effort. The survey found that 4.6% of all successfully screened respondents fit the qualifications. The detailed summary of the status of all calls is presented in the table below. PPRI started with 61,702 telephone numbers. Over 20,000 of those were found to be bad numbers (not working, not residential, and so on). We were able to successfully determine the age appropriateness, insurance status, and poverty status of 18,030 households. From those, we identified 830 meeting the requirements of the survey and completed interviews with 598 of them. The table shows the counts and percentage distributions for the entire 61,702 sampled numbers, for the 40,691, excluding the bad numbers and the 18,030 of those that were successfully asked the screening questions.

Distribution of Sample Disposition

	2.6.1.1.1 Count	Excluding Bad Numbers	Those Screened
Screened-Over 64	4097	10.1%	22.7%
Screened-Have health insurance	11508	28.3%	63.8%
Screened-Have low income	1595	3.9%	8.8%
Unknown income or number in HH	110	0.3%	
Not reached before screen	11365	27.9%	
Bad number*	21011		
Refused/Terminated before Screen	11186	27.5%	
Higher income/no insurance-completed survey	598	1.5%	3.3%
Not reached after screen	14	0.0%	0.1%
Refused/Terminated after screen	218	0.5%	1.2%
Total	61702	40691	18030
		100.0%	100.0%

*Not reached-No answers, continual busy, answering machines, and callbacks not resolved by the end of the survey.

The completion rate for the screening and full survey was 44%. That is, 44% of the numbers not identified as bad resulted in a completed final interview and/or screening interview. Of those screened, 72% percent resulted in a completed interview.

The amount of effort made to complete the calls is reflected in the data reported below. An average of 4.8 calls were attempted on each of the 61,702 telephone numbers. The efforts for the uncompleted categories are considerably greater. For example, eleven attempts were made on average for those not completed. These are a combination of

situations, but reflect a number that has an indication that it may be a working number. It also includes numbers that are designated as "callbacks" indicating that the interviewer has made contact with someone in the household, although they have not yet consented (or declined) to do the interview. The 11 average attempts reflects the effort made to complete these calls.

Number of Call Attempts by Disposition

	2.6.1.1.1.3 <i>N</i>	Average Number of Attempts
Screened-Over 64	4097	3.1
Screened-Have health insurance	11508	3.4
Screened-Have low income	1595	3.3
Unknown income or number in HH	110	3.4
Not reached before screen	11365	11.2
Bad number	21011	2.1
Refused/Terminated	11186	6.0
Higher income/no insurance-completed survey	598	3.6
Not reached after screen	14	3.6
Refused/Terminated after screen	218	6.5
Total	61702	4.8

The productivity of the sample was less than we estimated prior to beginning the survey. Only 4.6% of the respondents completing the screening questions were eligible for the survey. Further, 28% of them declined to participate in the longer interview.

Appendix D

Final Marginals

Final Marginals

Do you have any health insurance				
A1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	199	9.13	199	9.13
No	1981	90.87	2180	100.00

Do all other adults in household have health insurance				
A2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	199	100.00	199	100.00

Frequency Missing = 1981

Number of people in household				
A3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	384	17.61	384	17.61
2	502	23.03	886	40.64
3	420	19.27	1306	59.91
4	459	21.06	1765	80.96
5	255	11.70	2020	92.66
6	98	4.50	2118	97.16
7	26	1.19	2144	98.35
8	20	0.92	2164	99.27
9	7	0.32	2171	99.59
10	7	0.32	2178	99.91
11	1	0.05	2179	99.95
13	1	0.05	2180	100.00

Household income above/below 200% of poverty				
A4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Above	598	27.43	598	27.43
Below	1582	72.57	2180	100.00

Gender of Initial Respondent				
GENDER1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	831	38.12	831	38.12
Female	1349	61.88	2180	100.00

Current employment status					
B1	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Self-employed	162	27.09	162	27.09	
Employed by someone else	288	48.16	450	75.25	
Not Employed	147	24.58	597	99.83	
DK	1	0.17	598	100.00	

Frequency Missing = 1582

What type of employment (Final)				
B2FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Full-time	346	76.89	346	76.89
Part-time	73	16.22	419	93.11
Temporary	5	1.11	424	94.22
Seasonal	5	1.11	429	95.33
Contract	21	4.67	450	100.00

Frequency Missing = 1730

Occupation last time employed (Final)				
B3FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Professional/Technical/Managerial	53	35.81	53	35.81
Clerical	24	16.22	77	52.03
Sales	19	12.84	96	64.86
Skilled Blue Collar	13	8.78	109	73.65
Semi-Skilled	4	2.70	113	76.35
Service Worker	7	4.73	120	81.08
Laborer	12	8.11	132	89.19
Have never been employed	14	9.46	146	98.65
DK	2	1.35	148	100.00

Frequency Missing = 2032

Industry when last employed (Final)				
B4FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial/Insurance/Real Estate	15	11.19	15	11.19
Professional Services	36	26.87	51	38.06
Business Services	14	10.45	65	48.51
Transportation/Communications/Utilities	15	11.19	80	59.70
Manufacturing	7	5.22	87	64.93
Construction	6	4.48	93	69.40
Education/Day-Care Provider	9	6.72	102	76.12
Retail Trade	18	13.43	120	89.55
Entertainment/Recreation	9	6.72	129	96.27
DK	4	2.99	133	99.25
Agriculture	1	0.75	134	100.00

Frequency Missing = 2046

Occupation (Final)				
B5FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Professional/Technical/Managerial	197	43.78	197	43.78
Clerical	46	10.22	243	54.00
Sales	59	13.11	302	67.11
Skilled Blue Collar	43	9.56	345	76.67
Semi-Skilled	14	3.11	359	79.78
Service Worker	57	12.67	416	92.44
Laborer	30	6.67	446	99.11
DK	3	0.67	449	99.78
RF	1	0.22	450	100.00

Frequency Missing = 1730

Industry (Final)				
B6FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial/Insurance/Real Estate	33	7.33	33	7.33
Professional Services	116	25.78	149	33.11
Business Services	58	12.89	207	46.00
Transportation/Communications/Utilities	46	10.22	253	56.22
Manufacturing	24	5.33	277	61.56
Construction	54	12.00	331	73.56
Education/Day-Care Provider	35	7.78	366	81.33
Retail Trade	46	10.22	412	91.56
Entertainment/Recreation	27	6.00	439	97.56
DK	5	1.11	444	98.67
RF	1	0.22	445	98.89
Agriculture	5	1.11	450	100.00

Frequency Missing = 1730

How many employees does your company have				
B7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 5	123	75.93	123	75.93
5-19	18	11.11	141	87.04
20-99	11	6.79	152	93.83
100-499	2	1.23	154	95.06
500 or more	4	2.47	158	97.53
DK	4	2.47	162	100.00

Frequency Missing = 2018

Do you offer health insurance to employees				
B8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	11	6.79	11	6.79
No	146	90.12	157	96.91
DK	4	2.47	161	99.38
RF	1	0.62	162	100.00

Frequency Missing = 2018

How many employees does employer have				
B9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 5	46	15.97	46	15.97
5-19	68	23.61	114	39.58
20-99	67	23.26	181	62.85
100-499	32	11.11	213	73.96
500 or more	57	19.79	270	93.75
DK	16	5.56	286	99.31
RF	2	0.69	288	100.00

Frequency Missing = 1892

Does employer offer health insurance to employees				
B10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	164	56.94	164	56.94
No	117	40.63	281	97.57
DK	6	2.08	287	99.65
RF	1	0.35	288	100.00

Frequency Missing = 1892

Eligible for health insurance through employer				
B11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	76	46.34	76	46.34
No	85	51.83	161	98.17
DK	3	1.83	164	100.00

Frequency Missing = 2016

Main reason no health insurance through employer (Final)					
B12FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Too expensive	44	57.89	44	57.89	
Do/Did not like plan	3	3.95	47	61.84	
Have not gotten around to it	10	13.16	57	75.00	
Hope to get other insurance	3	3.95	60	78.95	
Did/Do not want/need/use the insurance	8	10.53	68	89.47	
Got coverage elsewhere	1	1.32	69	90.79	
The plan was too difficult/time-consuming to get	3	3.95	72	94.74	
Plan to get a job with health benefits	1	1.32	73	96.05	
DK	1	1.32	74	97.37	
RF	1	1.32	75	98.68	
Temporary Insurance	1	1.32	76	100.00	

Frequency Missing = 2104

Other reason no health insurance through employer (Final #1)				
B13FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	6	30.00	6	30.00
Do/Did not like plan	8	40.00	14	70.00
Have not gotten around to it	3	15.00	17	85.00
Hope to get other insurance	2	10.00	19	95.00
Did/Do not want/need/use the insurance	1	5.00	20	100.00

Frequency Missing = 2160

Other reason no health insurance through employer (Final #2)				
B13FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Do/Did not like plan	3	75.00	3	75.00
Have not gotten around to it	1	25.00	4	100.00

Frequency Missing = 2176

Other reason no health insurance through employer (Final #3)				
B13FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Hope to get other insurance	1	100.00	1	100.00

Frequency Missing = 2179

Other reason no health insurance through employer (Final #4)				
B13FIN4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Waiting for it now	1	100.00	1	100.00

Frequency Missing = 2179

How much would it cost to get health insurance through employer				
B14	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Nothing	7	7.61	7	7.61
Less than \$50/month	17	18.48	24	26.09
\$50-100/month	20	21.74	44	47.83
\$101-150/month	9	9.78	53	57.61
Over \$150/month	30	32.61	83	90.22
DK	9	9.78	92	100.00

Frequency Missing = 2088

How easy would it be to get the money for health insurance				
B15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Difficult	13	17.11	13	17.11
Difficult	23	30.26	36	47.37
Easy	27	35.53	63	82.89
Very Easy	13	17.11	76	100.00

Frequency Missing = 2104

Do you intend to get health insurance through employer when eligible				
B16	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	63	74.12	63	74.12
No	13	15.29	76	89.41
Won't become eligible	7	8.24	83	97.65
DK	2	2.35	85	100.00

Frequency Missing = 2095

Eligible for health insurance through other household member's employer				
B17	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	87	14.55	87	14.55
No	506	84.62	593	99.16
DK	5	0.84	598	100.00

Frequency Missing = 1582

Main reason no health insurance through other person's employer (Final)				
B18FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	49	56.32	49	56.32
Do/Did not like plan	4	4.60	53	60.92
Have not gotten around to it	10	11.49	63	72.41
Hope to get other insurance	2	2.30	65	74.71
Did/Do not want/need/use the insurance	6	6.90	71	81.61
Waiting for it now	8	9.20	79	90.80
Do not qualify	5	5.75	84	96.55
DK	2	2.30	86	98.85
Business reasons	1	1.15	87	100.00

Frequency Missing = 2093

Other reason no health insurance through other adult's employer (Final #1)				
B19FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	2	14.29	2	14.29
Do/Did not like plan	3	21.43	5	35.71
Have not gotten around to it	2	14.29	7	50.00
Hope to get other insurance	3	21.43	10	71.43
Did/Do not want/need/use the insurance	2	14.29	12	85.71
Do not qualify	1	7.14	13	92.86
DK	1	7.14	14	100.00

Frequency Missing = 2166

Other reason no health insurance through other adult's employer (Final #2)				
B19FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Have not gotten around to it	1	33.33	1	33.33
Hope to get other insurance	1	33.33	2	66.67
Did/Do not want/need/use the insurance	1	33.33	3	100.00

Frequency Missing = 2177

Other reason no health insurance through other adult's employer (Final #3)				
B19FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Do not qualify	1	100.00	1	100.00

Frequency Missing = 2179

How much would it cost to get health insurance through other member's employer				
B20	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Nothing	3	3.45	3	3.45
Less than \$50/month	7	8.05	10	11.49
\$50-100/month	22	25.29	32	36.78
\$101-150/month	9	10.34	41	47.13
Over \$150/month	36	41.38	77	88.51
DK	10	11.49	87	100.00

Frequency Missing = 2093

How easy to get money for plan through other member's employer				
B21	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Difficult	21	28.38	21	28.38
Difficult	20	27.03	41	55.41
Easy	25	33.78	66	89.19
Very Easy	7	9.46	73	98.65
RF	1	1.35	74	100.00

Frequency Missing = 2106

Plan to get health insurance through other member's employer when eligible				
B22	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	27	31.03	27	31.03
No	54	62.07	81	93.10
Won't become eligible	4	4.60	85	97.70
DK	2	2.30	87	100.00

Frequency Missing = 2093

Ever had health insurance				
C1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	471	78.76	471	78.76
No	124	20.74	595	99.50
DK	3	0.50	598	100.00

Frequency Missing = 1582

How much of your life have you had health insurance				
C2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
All or most of the time	264	44.15	264	44.15
About half of the time	77	12.88	341	57.02
Less than half of the time	129	21.57	470	78.60
Never	124	20.74	594	99.33
DK	4	0.67	598	100.00

Frequency Missing = 1582

When did you last have health insurance				
C3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 1 year ago	156	33.12	156	33.12
1-4.9 years ago	196	41.61	352	74.73
5 or more years ago	114	24.20	466	98.94
DK	5	1.06	471	100.00

Frequency Missing = 1709

Was your last health insurance through an employer				
C4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	371	78.77	371	78.77
No	99	21.02	470	99.79
DK	1	0.21	471	100.00

Frequency Missing = 1709

Whose Employer (Final)				
C5FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Your Employer	292	78.71	292	78.71
Spouse's Employer	68	18.33	360	97.04
Parent's Employer	11	2.96	371	100.00

Frequency Missing = 1809

What did last health insurance through employer cost				
C6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Nothing	96	20.38	96	20.38
Less than \$50/month	87	18.47	183	38.85
\$50-100/month	81	17.20	264	56.05
\$101-150/month	40	8.49	304	64.54
Over \$150/month	104	22.08	408	86.62
DK	62	13.16	470	99.79
RF	1	0.21	471	100.00

Frequency Missing = 1709

Ever tried to purchase health insurance on own				
D1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	238	39.80	238	39.80
No	360	60.20	598	100.00

Frequency Missing = 1582

How long ago tried to purchase health insurance on own				
D2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 1 year ago	117	49.16	117	49.16
1-4.9 years ago	88	36.97	205	86.13
5 or more years ago	31	13.03	236	99.16
DK	2	0.84	238	100.00

Frequency Missing = 1942

Did you purchase that health insurance				
D3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	64	26.89	64	26.89
No	174	73.11	238	100.00

Frequency Missing = 1942

Why didn't purchase that plan (Final #1)				
D4FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	127	72.99	127	72.99
Do/Did not like plan	8	4.60	135	77.59
Did/Do not want/need/use the insurance	1	0.57	136	78.16
Waiting for it now	2	1.15	138	79.31
Do not qualify	6	3.45	144	82.76
Did not cover others	3	1.72	147	84.48
Turned down for medical reason	16	9.20	163	93.68
Still considering buying insurance	3	1.72	166	95.40
Have not received info yet	2	1.15	168	96.55
The plan was too confusing	1	0.57	169	97.13
The plan was too difficult/time-consuming to get	2	1.15	171	98.28
Got Divorced	1	0.57	172	98.85
DK	1	0.57	173	99.43
Salesman was untrustworthy	1	0.57	174	100.00

Frequency Missing = 2006

Why didn't purchase that plan (Final #2)				
D4FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Do/Did not like plan	9	25.00	9	25.00
Did/Do not want/need/use the insurance	3	8.33	12	33.33
Do not qualify	2	5.56	14	38.89
Did not cover others	4	11.11	18	50.00
Turned down for medical reason	8	22.22	26	72.22
Have not received info yet	1	2.78	27	75.00
Got coverage elsewhere	2	5.56	29	80.56
The plan was too confusing	3	8.33	32	88.89
The plan was too difficult/time-consuming to get	2	5.56	34	94.44
Waiting to be covered by employer	1	2.78	35	97.22
Salesman was untrustworthy	1	2.78	36	100.00

Frequency Missing = 2144

Why didn't purchase that plan (Final #3)				
D4FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Did not cover others	2	25.00	2	25.00
Turned down for medical reason	1	12.50	3	37.50
Still considering buying insurance	1	12.50	4	50.00
The plan was too confusing	3	37.50	7	87.50
The plan was too difficult/time-consuming to get	1	12.50	8	100.00

Frequency Missing = 2172

Why didn't purchase that plan (Final #4)				
D4FIN4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Turned down for medical reason	1	33.33	1	33.33
The plan was too difficult/time-consuming to get	2	66.67	3	100.00

Frequency Missing = 2177

Why you still don't have that health insurance (Final #1)				
D5FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	40	62.50	40	62.50
Did/Do not want/need/use the insurance	3	4.69	43	67.19
Waiting for it now	1	1.56	44	68.75
Do not qualify	1	1.56	45	70.31
Did not cover others	2	3.13	47	73.44
Turned down for medical reason	2	3.13	49	76.56
Still considering buying insurance	1	1.56	50	78.13
Got coverage elsewhere	1	1.56	51	79.69
The plan was too confusing	1	1.56	52	81.25
Moved	1	1.56	53	82.81
Got Divorced	1	1.56	54	84.38
Changed Jobs	4	6.25	58	90.63
DK	1	1.56	59	92.19
Don't trust it	2	3.13	61	95.31
Got married	1	1.56	62	96.88
Lost Job	1	1.56	63	98.44
They got bought out	1	1.56	64	100.00

Frequency Missing = 2116

Why you still don't have that health insurance (Final #2)				
D5FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Do/Did not like plan	1	11.11	1	11.11
Did/Do not want/need/use the insurance	2	22.22	3	33.33
Did not cover others	1	11.11	4	44.44
The plan was too confusing	1	11.11	5	55.56
Changed Jobs	4	44.44	9	100.00

Frequency Missing = 2171

Why you still don't have that health insurance (Final #3)				
D5FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
The plan was too confusing	1	100.00	1	100.00

Frequency Missing = 2179

Cost of a basic health insurance plan if you purchased for yourself				
D6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Nothing	2	0.33	2	0.33
Less than \$50/month	60	10.03	62	10.37
\$50-100/month	117	19.57	179	29.93
\$101-150/month	75	12.54	254	42.47
Over \$150/month	224	37.46	478	79.93
DK	120	20.07	598	100.00

Frequency Missing = 1582

How much would you be willing to pay				
D7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Nothing	31	5.18	31	5.18
Less than \$50/month	140	23.41	171	28.60
\$50-100/month	207	34.62	378	63.21
\$101-150/month	85	14.21	463	77.42
Over \$150/month	72	12.04	535	89.46
DK	60	10.03	595	99.50
RF	3	0.50	598	100.00

Frequency Missing = 1582

How likely is it to find a plan for that price				
D8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Likely	53	12.62	53	12.62
(Somewhat) Likely	85	20.24	138	32.86
(Somewhat) Unlikley	100	23.81	238	56.67
Very Unlikely	169	40.24	407	96.90
DK	13	3.10	420	100.00

Frequency Missing = 1760

Ever purchased life insurance				
D9A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	301	50.33	301	50.33
No	296	49.50	597	99.83
DK	1	0.17	598	100.00

Frequency Missing = 1582

Ever purchased car insurance				
D9B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	545	91.14	545	91.14
No	53	8.86	598	100.00

Frequency Missing = 1582

Ever purchased homeowner's/renter's insurance				
D9C	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	355	59.36	355	59.36
No	243	40.64	598	100.00

Frequency Missing = 1582

Ever purchased any other kind of insurance				
D9D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	57	9.53	57	9.53
No	537	89.80	594	99.33
DK	3	0.50	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Other insurance bought (Other #1)					
D9D_1	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Many Other Kinds	1	1.75	1	1.75	
DK	3	5.26	4	7.02	
Property Insurance	8	14.04	12	21.05	
Workman's Compensation Insurance	7	12.28	19	33.33	
Theft Insurance	1	1.75	20	35.09	
Dental Insurance	6	10.53	26	45.61	
Business Insurance	8	14.04	34	59.65	
Professional Insurance	2	3.51	36	63.16	
Flight Insurance	2	3.51	38	66.67	
Traveler's Insurance	1	1.75	39	68.42	
Animal Insurance	2	3.51	41	71.93	
Crop Insurance	1	1.75	42	73.68	
Rider Liability Insurance	2	3.51	44	77.19	
Disability Insurance	6	10.53	50	87.72	
Credit Card Insurance	3	5.26	53	92.98	
Supplemental Insurance	2	3.51	55	96.49	
Bond Insurance	1	1.75	56	98.25	
Eyecare Insurance	1	1.75	57	100.00	

Frequency Missing = 2123

Ever decided to take job that did not offer health insurance over one that did				
D10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	135	22.58	135	22.58
No	454	75.92	589	98.49
DK	9	1.51	598	100.00

Frequency Missing = 1582

Did not accept because it paid less				
D11A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	81	60.00	81	60.00
No	45	33.33	126	93.33
DK	8	5.93	134	99.26
RF	1	0.74	135	100.00

Frequency Missing = 2045

Did not accept because of a longer commute				
D11B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	36	26.67	36	26.67
No	84	62.22	120	88.89
DK	12	8.89	132	97.78
RF	3	2.22	135	100.00

Frequency Missing = 2045

Did not accept because did not like the job				
D11C	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	47	34.81	47	34.81
No	81	60.00	128	94.81
DK	5	3.70	133	98.52
RF	2	1.48	135	100.00

Frequency Missing = 2045

Did not accept because less opportunity for raises				
D11D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	73	54.07	73	54.07
No	54	40.00	127	94.07
DK	5	3.70	132	97.78
RF	3	2.22	135	100.00

Frequency Missing = 2045

Did not accept because job not available (withdrawn)				
D11E	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	25	18.52	25	18.52
No	101	74.81	126	93.33
DK	6	4.44	132	97.78
RF	3	2.22	135	100.00

Frequency Missing = 2045

Did not accept because fewer/worse benefits				
D11F	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	38	28.15	38	28.15
No	86	63.70	124	91.85
DK	7	5.19	131	97.04
RF	4	2.96	135	100.00

Frequency Missing = 2045

Did not accept because of other reasons				
D11G	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	13	9.56	13	9.56
No	118	86.76	131	96.32
DK	3	2.21	134	98.53
RF	2	1.47	136	100.00

Frequency Missing = 2044

Why take job with no health insurance (Other #1)					
D11G_1	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
DK	2	15.38	2	15.38	
Bad Hours	2	15.38	4	30.77	
Not Looking	1	7.69	5	38.46	
Wanted Own Business	3	23.08	8	61.54	
Family Business	1	7.69	9	69.23	
The people/environment	1	7.69	10	76.92	
Too permanent	1	7.69	11	84.62	
No Stock Options	1	7.69	12	92.31	
Unsafe	1	7.69	13	100.00	

Frequency Missing = 2167

First priority benefit				
D12_1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Life Insurance	49	8.19	49	8.19
Dental Insurance	15	2.51	64	10.70
Profit Sharing/Bonuses	48	8.03	112	18.73
Health Insurance	359	60.03	471	78.76
Retirement/401K	104	17.39	575	96.15
DK	19	3.18	594	99.33
RF	4	0.67	598	100.00

Frequency Missing = 1582

Second priority benefit				
D12_2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Life Insurance	88	15.52	88	15.52
Dental Insurance	163	28.75	251	44.27
Profit Sharing/Bonuses	61	10.76	312	55.03
Health Insurance	92	16.23	404	71.25
Retirement/401K	163	28.75	567	100.00

Frequency Missing = 1613

Third priority benefit				
D12_3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Life Insurance	124	22.30	124	22.30
Dental Insurance	124	22.30	248	44.60
Profit Sharing/Bonuses	122	21.94	370	66.55
Health Insurance	65	11.69	435	78.24
Retirement/401K	121	21.76	556	100.00

Frequency Missing = 1624

Fourth priority benefit				
D12_4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Life Insurance	128	23.49	128	23.49
Dental Insurance	146	26.79	274	50.28
Profit Sharing/Bonuses	128	23.49	402	73.76
Health Insurance	33	6.06	435	79.82
Retirement/401K	110	20.18	545	100.00

Frequency Missing = 1635

Fifth priority benefit				
D12_5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Life Insurance	164	30.48	164	30.48
Dental Insurance	101	18.77	265	49.26
Profit Sharing/Bonuses	189	35.13	454	84.39
Health Insurance	16	2.97	470	87.36
Retirement/401K	68	12.64	538	100.00

Frequency Missing = 1642

Main reason don't buy health insurance (Final)				
D13FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	376	62.88	376	62.88
Do/Did not like plan	3	0.50	379	63.38
Have not gotten around to it	12	2.01	391	65.38
Did/Do not want/need/use the insurance	52	8.70	443	74.08
Waiting for it now	3	0.50	446	74.58
Do not qualify	6	1.00	452	75.59
Got insurance through my employers	2	0.33	454	75.92
Turned down for medical reason	7	1.17	461	77.09
Have not received info yet	4	0.67	465	77.76
Got coverage elsewhere	6	1.00	471	78.76
The plan was too confusing	1	0.17	472	78.93
The plan was too difficult/time-consuming to get	23	3.85	495	82.78
Waiting to be covered by employer	42	7.02	537	89.80
Plan to get a job with health benefits	18	3.01	555	92.81
Dissatisfied with health insurance	17	2.84	572	95.65
DK	15	2.51	587	98.16
RF	5	0.84	592	99.00
Don't trust it	2	0.33	594	99.33
Too young	1	0.17	595	99.50
Unemployed	2	0.33	597	99.83
Family Reasons	1	0.17	598	100.00

Frequency Missing = 1582

Other reason why don't but health insurance (Final #1)				
D14FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	5	4.31	5	4.31
Do/Did not like plan	2	1.72	7	6.03
Have not gotten around to it	1	0.86	8	6.90
Did/Do not want/need/use the insurance	30	25.86	38	32.76
Do not qualify	1	0.86	39	33.62
Did not cover others	1	0.86	40	34.48
Turned down for medical reason	4	3.45	44	37.93
Got coverage elsewhere	1	0.86	45	38.79
The plan was too confusing	1	0.86	46	39.66
The plan was too difficult/time-consuming to get	26	22.41	72	62.07
Waiting to be covered by employer	21	18.10	93	80.17
Plan to get a job with health benefits	5	4.31	98	84.48
Dissatisfied with health insurance	15	12.93	113	97.41
DK	3	2.59	116	100.00

Frequency Missing = 2064

Other reason why don't but health insurance (Final #2)				
D14FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
The plan was too difficult/time-consuming to get	6	35.29	6	35.29
Waiting to be covered by employer	3	17.65	9	52.94
Plan to get a job with health benefits	4	23.53	13	76.47
Dissatisfied with health insurance	4	23.53	17	100.00

Frequency Missing = 2163

Other reason why don't but health insurance (Final #3)				
D14FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Waiting to be covered by employer	2	33.33	2	33.33
Plan to get a job with health benefits	2	33.33	4	66.67
Dissatisfied with health insurance	2	33.33	6	100.00

Frequency Missing = 2174

Other reason why don't but health insurance (Final #4)				
D14FIN4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Plan to get a job with health benefits	2	66.67	2	66.67
Dissatisfied with health insurance	1	33.33	3	100.00

Frequency Missing = 2177

Other reason why don't but health insurance (Final #5)				
D14FIN5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Dissatisfied with health insurance	2	100.00	2	100.00

Frequency Missing = 2178

How likely to buy health insurance				
D15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Likely	35	21.60	35	21.60
(Somewhat) Likely	36	22.22	71	43.83
(Somewhat) Unlikley	26	16.05	97	59.88
Very Unlikely	63	38.89	160	98.77
DK	1	0.62	161	99.38
RF	1	0.62	162	100.00

Frequency Missing = 2018

How likely to buy health insurance (assuming none from employer)				
D16	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Likely	97	22.25	97	22.25
(Somewhat) Likely	117	26.83	214	49.08
(Somewhat) Unlikley	70	16.06	284	65.14
Very Unlikely	144	33.03	428	98.17
DK	6	1.38	434	99.54
RF	2	0.46	436	100.00

Frequency Missing = 1744

Reason for not buying health insurance: good health				
D17A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	286	47.83	286	47.83
No	311	52.01	597	99.83
DK	1	0.17	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: can get care for less money				
D17B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	225	37.63	225	37.63
No	352	58.86	577	96.49
DK	20	3.34	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: don't need it				
D17C	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	127	21.24	127	21.24
No	464	77.59	591	98.83
DK	7	1.17	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: can't afford it				
D17D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	431	72.07	431	72.07
No	158	26.42	589	98.49
DK	9	1.51	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: waiting for employer to offer				
D17E	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	235	39.30	235	39.30
No	356	59.53	591	98.83
DK	6	1.00	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: haven't thought about it				
D17F	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	149	24.92	149	24.92
No	445	74.41	594	99.33
DK	4	0.67	598	100.00

Frequency Missing = 1582

Reason for not buying health insurance: finding is very difficult				
D17G	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	389	65.05	389	65.05
No	186	31.10	575	96.15
DK	23	3.85	598	100.00

Frequency Missing = 1582

Given age/health, how easy to be approved for health insurance				
D18	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Very Difficult	47	7.86	47	7.86
Difficult	100	16.72	147	24.58
Easy	322	53.85	469	78.43
Very Easy	125	20.90	594	99.33
DK	4	0.67	598	100.00

Frequency Missing = 1582

Ever been turned down for medical reasons				
D19	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	55	9.20	55	9.20
No	543	90.80	598	100.00

Frequency Missing = 1582

Comfortable going to doctors/hospitals in my community				
D20A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	111	18.56	111	18.56
Agree	353	59.03	464	77.59
Disagree	95	15.89	559	93.48
Strongly Disagree	24	4.01	583	97.49
DK	15	2.51	598	100.00

Frequency Missing = 1582

Don't worry about medical care when sick				
D20B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	50	8.36	50	8.36
Agree	211	35.28	261	43.65
Disagree	241	40.30	502	83.95
Strongly Disagree	88	14.72	590	98.66
DK	7	1.17	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Getting health care through insurance is too complicated				
D20C	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	44	7.36	44	7.36
Agree	186	31.10	230	38.46
Disagree	291	48.66	521	87.12
Strongly Disagree	45	7.53	566	94.65
DK	31	5.18	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

I rely a lot on care that insurance doesn't cover				
D20D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	27	4.52	27	4.52
Agree	151	25.25	178	29.77
Disagree	312	52.17	490	81.94
Strongly Disagree	58	9.70	548	91.64
DK	49	8.19	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

I worry about being wiped out financially because of no health insurance				
D20E	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	107	17.89	107	17.89
Agree	218	36.45	325	54.35
Disagree	204	34.11	529	88.46
Strongly Disagree	62	10.37	591	98.83
DK	7	1.17	598	100.00

Frequency Missing = 1582

I worry about not getting preventive rests because of no health insurance				
D20F	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	101	16.89	101	16.89
Agree	239	39.97	340	56.86
Disagree	224	37.46	564	94.31
Strongly Disagree	29	4.85	593	99.16
DK	5	0.84	598	100.00

Frequency Missing = 1582

I worry about not having health insurance for other members of family				
D20G	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	119	19.90	119	19.90
Agree	208	34.78	327	54.68
Disagree	217	36.29	544	90.97
Strongly Disagree	37	6.19	581	97.16
DK	13	2.17	594	99.33
RF	4	0.67	598	100.00

Frequency Missing = 1582

I do not worry about having health insurance for myself				
D20H	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	33	5.52	33	5.52
Agree	209	34.95	242	40.47
Disagree	254	42.47	496	82.94
Strongly Disagree	96	16.05	592	99.00
DK	6	1.00	598	100.00

Frequency Missing = 1582

I don't always get the medical care I need because I can't afford it				
D20I	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	98	16.39	98	16.39
Agree	212	35.45	310	51.84
Disagree	239	39.97	549	91.81
Strongly Disagree	41	6.86	590	98.66
DK	8	1.34	598	100.00

Frequency Missing = 1582

People who don't have health insurance have an easy time getting care				
D20J	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	18	3.01	18	3.01
Agree	123	20.57	141	23.58
Disagree	301	50.33	442	73.91
Strongly Disagree	120	20.07	562	93.98
DK	35	5.85	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Health insurance ranks high on spending priorities				
D20K	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	52	8.70	52	8.70
Agree	247	41.30	299	50.00
Disagree	243	40.64	542	90.64
Strongly Disagree	42	7.02	584	97.66
DK	14	2.34	598	100.00

Frequency Missing = 1582

Going to public clinics is fine				
D20L	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	23	3.85	23	3.85
Agree	187	31.27	210	35.12
Disagree	290	48.49	500	83.61
Strongly Disagree	77	12.88	577	96.49
DK	21	3.51	598	100.00

Frequency Missing = 1582

Most people I know have health insurance				
D20M	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	65	10.87	65	10.87
Agree	371	62.04	436	72.91
Disagree	115	19.23	551	92.14
Strongly Disagree	16	2.68	567	94.82
DK	31	5.18	598	100.00

Frequency Missing = 1582

I am in poor health				
D20N	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	6	1.00	6	1.00
Agree	41	6.86	47	7.86
Disagree	381	63.71	428	71.57
Strongly Disagree	163	27.26	591	98.83
DK	7	1.17	598	100.00

Frequency Missing = 1582

I would not use health insurance enough to justify the cost				
D20O	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	48	8.03	48	8.03
Agree	211	35.28	259	43.31
Disagree	261	43.65	520	86.96
Strongly Disagree	58	9.70	578	96.66
DK	20	3.34	598	100.00

Frequency Missing = 1582

I don't think I need health insurance at this point in life				
D20P	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	23	3.85	23	3.85
Agree	116	19.40	139	23.24
Disagree	354	59.20	493	82.44
Strongly Disagree	95	15.89	588	98.33
DK	10	1.67	598	100.00

Frequency Missing = 1582

Health insurance is a very good value for the money				
D20Q	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	31	5.18	31	5.18
Agree	270	45.15	301	50.33
Disagree	210	35.12	511	85.45
Strongly Disagree	49	8.19	560	93.65
DK	36	6.02	596	99.67
RF	2	0.33	598	100.00

Frequency Missing = 1582

Ever tried to enroll in TexCare Medicaid				
E1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	64	10.70	64	10.70
No	525	87.79	589	98.49
DK	9	1.51	598	100.00

Frequency Missing = 1582

Were you accepted				
E2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	26	40.63	26	40.63
No	34	53.13	60	93.75
DK	4	6.25	64	100.00

Frequency Missing = 2116

Why don't you still have that insurance (Final #1)				
E3FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	1	3.85	1	3.85
Do/Did not like plan	3	11.54	4	15.38
Have not gotten around to it	1	3.85	5	19.23
Did/Do not want/need/use the insurance	4	15.38	9	34.62
Do not qualify	2	7.69	11	42.31
Did not cover others	1	3.85	12	46.15
Got insurance through my employers	2	7.69	14	53.85
Turned down for medical reason	1	3.85	15	57.69
Have not received info yet	1	3.85	16	61.54
Financial Situation Changed	8	30.77	24	92.31
DK	1	3.85	25	96.15
Got married	1	3.85	26	100.00

Frequency Missing = 2154

Why don't you still have that insurance (Final #2)				
E3FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial Situation Changed	1	100.00	1	100.00

Frequency Missing = 2179

Ever heard of TexCare Medicaid				
E3A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	209	34.95	209	34.95
No	386	64.55	595	99.50
DK	3	0.50	598	100.00

Frequency Missing = 1582

Have any dependent children under 19				
E4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	219	36.62	219	36.62
No	379	63.38	598	100.00

Frequency Missing = 1582

Ever tried to enroll them in CHIP				
E5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	72	32.88	72	32.88
No	145	66.21	217	99.09
DK	2	0.91	219	100.00

Frequency Missing = 1961

Was he/she accepted				
E6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	37	51.39	37	51.39
No	30	41.67	67	93.06
DK	5	6.94	72	100.00

Frequency Missing = 2108

Does he/she still have CHIP				
E7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	29	78.38	29	78.38
No	7	18.92	36	97.30
DK	1	2.70	37	100.00

Frequency Missing = 2143

Why don't you still have that insurance (Final #1)				
E8FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Too expensive	1	14.29	1	14.29
Do/Did not like plan	2	28.57	3	42.86
Did/Do not want/need/use the insurance	2	28.57	5	71.43
Got coverage elsewhere	1	14.29	6	85.71
Financial Situation Changed	1	14.29	7	100.00

Frequency Missing = 2173

Why don't you still have that insurance (Final #2)				
E8FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Got coverage elsewhere	1	100.00	1	100.00

Frequency Missing = 2179

Ever tried to get children's insurance through Texas Healthy Kids Corporation				
E9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	7	3.20	7	3.20
No	207	94.52	214	97.72
DK	5	2.28	219	100.00

Frequency Missing = 1961

Was he/she accepted				
E10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	3	42.86	3	42.86
No	4	57.14	7	100.00

Frequency Missing = 2173

Ever heard of CHIP or Texas Healthy Kids Corporation				
E11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	135	61.64	135	61.64
No	79	36.07	214	97.72
DK	5	2.28	219	100.00

Frequency Missing = 1961

Medicaid should be expanded to make more people eligible				
E12A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	124	20.74	124	20.74
Agree	351	58.70	475	79.43
Disagree	81	13.55	556	92.98
Strongly Disagree	9	1.51	565	94.48
DK	32	5.35	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Health insurance plans should be revised for small employers				
E12B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	189	31.61	189	31.61
Agree	382	63.88	571	95.48
Disagree	13	2.17	584	97.66
Strongly Disagree	3	0.50	587	98.16
DK	11	1.84	598	100.00

Frequency Missing = 1582

College students should be required to get health insurance				
E12C	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	28	4.68	28	4.68
Agree	145	24.25	173	28.93
Disagree	337	56.35	510	85.28
Strongly Disagree	68	11.37	578	96.66
DK	20	3.34	598	100.00

Frequency Missing = 1582

CHIP should be expanded				
E12D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	140	23.41	140	23.41
Agree	372	62.21	512	85.62
Disagree	29	4.85	541	90.47
Strongly Disagree	7	1.17	548	91.64
DK	50	8.36	598	100.00

Frequency Missing = 1582

Should be tax breaks for small employers who offer health insurance				
E12E	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	179	29.93	179	29.93
Agree	368	61.54	547	91.47
Disagree	41	6.86	588	98.33
Strongly Disagree	2	0.33	590	98.66
DK	8	1.34	598	100.00

Frequency Missing = 1582

Health insurance should be required for car registration				
E12F	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	8	1.34	8	1.34
Agree	46	7.69	54	9.03
Disagree	370	61.87	424	70.90
Strongly Disagree	164	27.42	588	98.33
DK	10	1.67	598	100.00

Frequency Missing = 1582

An employer should be able to help employees pay health insurance				
E12G	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	79	13.21	79	13.21
Agree	317	53.01	396	66.22
Disagree	157	26.25	553	92.47
Strongly Disagree	25	4.18	578	96.66
DK	20	3.34	598	100.00

Frequency Missing = 1582

The state should take measures to ensure good rates for health insurance				
E12H	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	206	34.45	206	34.45
Agree	356	59.53	562	93.98
Disagree	30	5.02	592	99.00
Strongly Disagree	1	0.17	593	99.16
DK	5	0.84	598	100.00

Frequency Missing = 1582

How many wage earners in household				
F1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
One	301	50.33	301	50.33
Two	225	37.63	526	87.96
Three or more	64	10.70	590	98.66
DK	6	1.00	596	99.67
RF	2	0.33	598	100.00

Frequency Missing = 1582

Who is chief wage earner, you or someone else				
F2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Repondent	328	54.85	328	54.85
Someone else	236	39.46	564	94.31
Both/All equal	30	5.02	594	99.33
DK	4	0.67	598	100.00

Frequency Missing = 1582

What is their relation to you				
F3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Spouse	149	63.14	149	63.14
Unmarried Partner	16	6.78	165	69.92
Parent	47	19.92	212	89.83
Child	5	2.12	217	91.95
Other Relative	12	5.08	229	97.03
Unrelated Adult	6	2.54	235	99.58
DK	1	0.42	236	100.00

Frequency Missing = 1944

Employment status of chief wage earner				
F4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Self-employed	60	25.42	60	25.42
Employed by someone else	163	69.07	223	94.49
Not Employed	12	5.08	235	99.58
DK	1	0.42	236	100.00

Frequency Missing = 1944

Chief wage-earner type of employment (Final)				
F5FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Full-time	152	92.68	152	92.68
Part-time	4	2.44	156	95.12
Temporary	1	0.61	157	95.73
Seasonal	4	2.44	161	98.17
Contract	1	0.61	162	98.78
RF	1	0.61	163	99.39
Job to Job	1	0.61	164	100.00

Frequency Missing = 2016

Chief wage-earner occupation last time employed (Final)				
F6FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Professional/Technical/Managerial	2	16.67	2	16.67
Sales	1	8.33	3	25.00
Skilled Blue Collar	5	41.67	8	66.67
Semi-Skilled	2	16.67	10	83.33
Laborer	2	16.67	12	100.00

Frequency Missing = 2168

Chief wage-earner industry last time employed (Final)				
F7FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Transportation/Communications/Utilities	4	33.33	4	33.33
Manufacturing	4	33.33	8	66.67
Construction	3	25.00	11	91.67
DK	1	8.33	12	100.00

Frequency Missing = 2168

Chief wage-earner occupation (Final)				
F8FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Professional/Technical/Managerial	92	41.07	92	41.07
Clerical	6	2.68	98	43.75
Sales	21	9.38	119	53.13
Skilled Blue Collar	46	20.54	165	73.66
Semi-Skilled	16	7.14	181	80.80
Service Worker	19	8.48	200	89.29
Laborer	22	9.82	222	99.11
DK	1	0.45	223	99.55
RF	1	0.45	224	100.00

Frequency Missing = 1956

Chief wage-earner industry (Final)				
F9FIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial/Insurance/Real Estate	16	7.14	16	7.14
Professional Services	38	16.96	54	24.11
Business Services	21	9.38	75	33.48
Transportation/Communications/Utilities	41	18.30	116	51.79
Manufacturing	37	16.52	153	68.30
Construction	37	16.52	190	84.82
Education/Day-Care Provider	11	4.91	201	89.73
Retail Trade	11	4.91	212	94.64
Entertainment/Recreation	6	2.68	218	97.32
DK	5	2.23	223	99.55
RF	1	0.45	224	100.00

Frequency Missing = 1956

How many employees in company				
F10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 5	55	24.55	55	24.55
5-19	36	16.07	91	40.63
20-99	30	13.39	121	54.02
100-499	28	12.50	149	66.52
500 or more	41	18.30	190	84.82
DK	34	15.18	224	100.00

Frequency Missing = 1956

Education level of chief wage earner				
F11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8th grade or less	9	3.81	9	3.81
Some high school, but did not graduate	20	8.47	29	12.29
High school graduate or GED	85	36.02	114	48.31
Some college/technical school	49	20.76	163	69.07
Completed 2-year degree or technical school	20	8.47	183	77.54
4 year college graduate	34	14.41	217	91.95
More than 4 year college degree	14	5.93	231	97.88
DK	5	2.12	236	100.00

Frequency Missing = 1944

Rate overall health				
G1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	130	21.74	130	21.74
Very Good	172	28.76	302	50.50
Good	211	35.28	513	85.79
Fair	71	11.87	584	97.66
Poor	14	2.34	598	100.00

Frequency Missing = 1582

Your education level				
G2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8th grade or less	14	2.34	14	2.34
Some high school, but did not graduate	49	8.19	63	10.54
High school graduate or GED	182	30.43	245	40.97
Some college/technical school	147	24.58	392	65.55
Completed 2-year degree or technical school	70	11.71	462	77.26
4 year college graduate	91	15.22	553	92.47
More than 4 year college degree	44	7.36	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Chief Wage Earner's Education Level				
CWEEDU	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8th grade or less	13	2.17	13	2.17
Some high school, but did not graduate	51	8.53	64	10.70
High school graduate or GED	187	31.27	251	41.97
Some college/technical school	134	22.41	385	64.38
Completed 2-year degree or technical school	63	10.54	448	74.92
4 year college graduate	93	15.55	541	90.47
More than 4 year college degree	51	8.53	592	99.00
DK	5	0.84	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Hispanic/Latino Descent				
G3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	146	24.41	146	24.41
No	444	74.25	590	98.66
DK	5	0.84	595	99.50
RF	3	0.50	598	100.00

Frequency Missing = 1582

Race (Final #1)					
G4FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
White	529	88.46	529	88.46	
Black or African-American	33	5.52	562	93.98	
Asian	7	1.17	569	95.15	
Native Hawaiian/Pacific Islander	1	0.17	570	95.32	
American Indian or Alaska Native	10	1.67	580	96.99	
DK	12	2.01	592	99.00	
Arab	1	0.17	593	99.16	
Indian	2	0.33	595	99.50	
Mixed Race	2	0.33	597	99.83	
Persian	1	0.17	598	100.00	

Frequency Missing = 1582

Race (Final #2)					
G4FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Black or African-American	9	36.00	9	36.00	
Asian	1	4.00	10	40.00	
American Indian or Alaska Native	12	48.00	22	88.00	
Indian	2	8.00	24	96.00	
Mixed Race	1	4.00	25	100.00	

Frequency Missing = 2155

Race (Final #3)				
G4FIN3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Asian	3	60.00	3	60.00
Native Hawaiian/Pacific Islander	2	40.00	5	100.00

Frequency Missing = 2175

Race (Final #4)				
G4FIN4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Native Hawaiian/Pacific Islander	2	100.00	2	100.00

Frequency Missing = 2178

Race (Final #5)				
G4FIN5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
American Indian or Alaska Native	2	100.00	2	100.00

Frequency Missing = 2178

Age				
G5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
19-24	89	14.88	89	14.88
25-29	86	14.38	175	29.26
30-39	149	24.92	324	54.18
40-49	146	24.41	470	78.60
50+	125	20.90	595	99.50
RF	3	0.50	598	100.00

Frequency Missing = 1582

Born in the U.S.				
G6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Born in U.S.	544	90.97	544	90.97
Born in Another Country	52	8.70	596	99.67
RF	2	0.33	598	100.00

Frequency Missing = 1582

Where were you born				
G7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Canada	2	3.85	2	3.85
Mexico	27	51.92	29	55.77
Central/South America	7	13.46	36	69.23
Europe	3	5.77	39	75.00
Asia	6	11.54	45	86.54
Middle East (including Egypt)	4	7.69	49	94.23
Australia/Pacific Islands	2	3.85	51	98.08
RF	1	1.92	52	100.00

Frequency Missing = 2128

Are you a U.S. citizen				
G8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	573	95.82	573	95.82
No	23	3.85	596	99.67
RF	2	0.33	598	100.00

Frequency Missing = 1582

How many years lived in U.S.				
G9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Less than 2 years	2	3.70	2	3.70
2-4 years	2	3.70	4	7.41
5-9 years	8	14.81	12	22.22
10 or more years	39	72.22	51	94.44
RF	3	5.56	54	100.00

Frequency Missing = 2126

Do you speak any other languages than English at home				
G10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	165	27.59	165	27.59
No	428	71.57	593	99.16
DK	4	0.67	597	99.83
RF	1	0.17	598	100.00

Frequency Missing = 1582

Language at home (Final #1)				
G11FIN1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Spanish	141	85.45	141	85.45
Chinese	4	2.42	145	87.88
Vietnamese	3	1.82	148	89.70
DK	2	1.21	150	90.91
Arabic	1	0.61	151	91.52
Swahili	1	0.61	152	92.12
German	4	2.42	156	94.55
French	3	1.82	159	96.36
Sign Language	1	0.61	160	96.97
Czech	1	0.61	161	97.58
Farsi	1	0.61	162	98.18
Greek	1	0.61	163	98.79
Swedish	2	1.21	165	100.00

Frequency Missing = 2015

Language at home (Final #2)				
G11FIN2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Korean	1	11.11	1	11.11
Vietnamese	1	11.11	2	22.22
French	2	22.22	4	44.44
Sign Language	1	11.11	5	55.56
Greek	1	11.11	6	66.67
Italian	1	11.11	7	77.78
Urdu	1	11.11	8	88.89
Navaho	1	11.11	9	100.00

Frequency Missing = 2171

Gender of Respondent				
GENDER2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	279	46.66	279	46.66
Female	319	53.34	598	100.00

Frequency Missing = 1582

Appendix E

Questions Used in Developing the Scales

Scatter Plot of Four Groups

Cross Reference of Analyzed Variables

Questions Used in Developing the Scales

Ability to Pay

- HLTHINSRANK – The rank in which the respondent placed health insurance in relation to four other benefits which might be offered by an employer. (5 categories)¹⁴
- B15 – How easy or difficult would it be for you to come up with the necessary money per month to get this (insurance from employer) insurance for yourself? (4 categories) (asked of those eligible for insurance through their employer)
- B21 – How easy or difficult would it be for you to come up with the money to get this plan (offered through another adult's employer) for yourself? (4 categories) (asked of those who were eligible for insurance through the employer of another adult in the household, and for whom it would cost at least *some* money)
- D7 – How much, if anything would you be willing to pay each month out of your own pocket for a health insurance plan that provided basic coverage for doctor visits, hospitalization, and prescription drugs for yourself? (5 categories)
- D17D – I can't afford to pay the monthly cost for health insurance. (2 categories) (Yes/No as a reason for not having bought health insurance)
- D20E – I worry about being wiped out financially because I don't have health insurance. (4 categories)
- D20I – I don't always get the medical care I need because I can't afford to pay for it. (4 categories)
- D20K – Health insurance ranks very high on my list of priorities of where to spend my money. (4 categories)¹⁵

¹⁴ This question may appear to belong in the "Motivation to Buy" scale. However, it relates to the priority the respondent places on health insurance. If it is a high priority, the fact that he / she does not have logically implies that the reason is because of ability to pay.

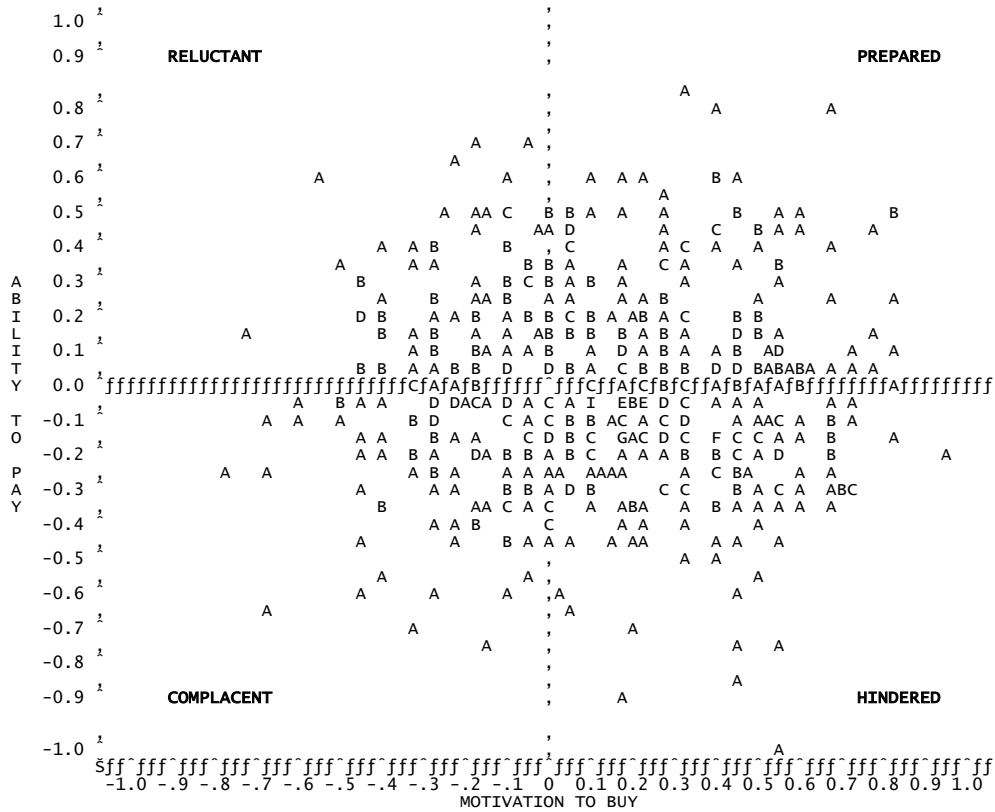
¹⁵ See previous footnote.

Motivation to Buy

- D9A – Have you personally ever purchased life insurance? (2 categories)
- D9C – Have you personally ever purchased homeowner's or renter's insurance? (2 categories)
- D17B – I can get the medical care I need for less than what I would have to pay for insurance. (2 categories) (Yes/No as a reason for not having bought health insurance)
- D17C – I don't think I need it. (2 categories) (Yes/No as a reason for not having bought health insurance)
- D15 – How likely are you to go out and buy health insurance for yourself? (4 categories) (asked of self-employed people)
- D16 – Assuming you do not get health insurance through an employer in the near future, how likely are you to go out and buy health insurance for yourself? (4 categories) (asked of all who are not self-employed)
- D20B – I don't worry about getting proper medical attention if I get sick. (4 categories)
- D20F – I worry about not getting the proper preventive tests because I don't have health insurance. (4 categories)
- D20G – I worry a lot about not having health insurance for others in my family. (4 categories)
- D20H – I do not worry about not having insurance for myself. (4 categories)
- D20O – I would not use health insurance enough to justify the cost. (4 categories)
- D20P – I don't think I need health insurance at this point in my life. (4 categories)
- D20Q – Health insurance is a very good value for the money. (4 categories)

Respondents Plotted By Group

A=1 Person, B=2 People, etc.



Distribution by Group:

Prepared: 28.35%
 Reluctant: 16.20%
 Complacent: 19.37%
 Hindered: 36.09%

Note: The margin of error is a maximum of +/-4.1% when dealing with samples of the entire group of plotted respondents. When examining subgroups individually, the margin of error necessarily increases. However, this is mitigated when results are skewed toward one response. Respondents falling on the border between two quadrants were not considered in analysis.

2.6.1.1.1.4 Groups Cross-Referenced with Questions used in Determining Group Characteristics

	Gender		Age					Hispanic		Number in Household		Dependent Children	
2.6.1.1.1.4.1.1 Quadrant	Male	Female	19-24	25-29	30-39	40-49	50+	Yes	No	1	2 or more	Yes	No
Prepared	50.31%	49.69%	6.83%	11.80%	27.95%	27.95%	25.47%	20.50%	79.50%	23.60%	76.40%	36.02%	63.98%
Reluctant	59.78%	40.22%	28.26%	17.39%	25.00%	15.22%	14.13%	34.78%	65.22%	29.35%	70.65%	29.35%	70.65%
Complacent	50.00%	50.00%	29.09%	17.27%	18.18%	19.09%	16.36%	26.36%	71.82%	30.00%	70.00%	30.00%	70.00%
Hindered	36.10%	63.90%	8.29%	13.17%	25.85%	27.80%	23.41%	21.46%	76.10%	22.44%	77.56%	42.63%	57.07%

	Urbanity			Health: Reasons for not buying		I'm in Poor Health				Rate Overall Health Now				
Quadrant	Large Urban	Metropolitan	Towns/Rural	Yes	No	Strongly Agree	Agree	Disagree	Strongly Disagree	Excellent	Very Good	Good	Fair	Poor
Prepared	52.17%	25.47%	22.36%	37.89%	62.11%	1.86%	6.83%	69.57%	21.12%	20.50%	26.71%	40.37%	9.32%	27.95%
Reluctant	53.26%	27.17%	19.57%	75.00%	25.00%	0.00%	5.43%	56.52%	36.96%	28.26%	29.35%	34.78%	7.61%	0.00%
Complacent	44.55%	34.55%	20.91%	63.64%	36.36%	0.91%	3.64%	69.09%	24.55%	26.36%	30.91%	27.27%	11.82%	3.64%
Hindered	46.34%	29.76%	23.90%	32.68%	66.83%	0.98%	9.76%	60.49%	27.32%	17.07%	29.76%	34.15%	16.59%	2.44%

	Turned Down for Medical Reasons		Occupation			Industry					Employment Status		
Quadrant	Yes	No	Profes- sional	Sales	Skilled Blue- Collar	Finance Insurance Real Estate	Profes- sional Services	Manu- facturing	Retail Trade	Enter- tainment Recrea- tion	Self Em- ployed	Employ by Some one Else	Not Employ
Prepared	14.3 %	85.7 %	44.10 %	8.70%	15.53 %	11.46%	34.39 %	3.82%	5.10%	5.73%	28.57%	42.86 %	27.95 %
Reluctant	3.3%	96.7 %	48.91 %	13.04 %	5.43%	8.79%	25.27 %	3.30%	10.99 %	10.99 %	30.43%	52.17 %	17.39 %
Complacen t	6.4%	93.6 %	36.36 %	18.18 %	8.18%	4.63%	22.22 %	7.41%	17.59 %	8.33%	20.91%	51.82 %	27.27 %
Hindered	9.8%	90.2 %	40.49 %	13.66 %	6.83%	7.58%	22.22 %	7.07%	12.63 %	3.03%	27.32%	48.29 %	24.39 %

Quadrant	Employment Type			2.6.1.1.4.1.2 Size of Employer/Company					No Health Insurance/Easy Care			
	Full Time	Part Time	Contract	Less Than 5	5-19	20-99	100-499	500+	Strongly Agree	Agree	Disagree	Strongly Disagree
Prepared	86.96%	7.83%	5.22%	40.00%	19.13%	15.65%	6.96%	18.26%	1.86%	18.01%	53.42%	21.12%
Reluctant	77.63%	13.16%	2.63%	38.16%	15.79%	13.16%	9.21%	15.79%	2.17%	29.35%	40.22%	16.30%
Complacent	73.75%	23.75%	2.50%	26.25%	23.75%	25.00%	12.50%	6.25%	4.55%	30.00%	45.45%	13.64%
Hindered	70.32%	20.00%	6.45%	43.23%	19.35%	14.19%	4.52%	12.26%	1.95%	13.66%	56.59%	23.41%

Quadrant	Going to Public Clinics is Fine				Accepted Job w/ No Health Insurance		Average Rank of Other Benefits (1 – 5)				Did Not Accept Because of Benefits	
	Strongly Agree	Agree	Disagree	Strongly Disagree	Yes	No	Life Insurance	Dental Insurance	Profit Sharing/B onuses	Retire-ment/ 401K	Yes	No
Prepared	2.48%	22.36%	57.14%	16.15%	21.9%	71.9%	3.548	3.378	3.608	2.892	21.88%	71.88%
Reluctant	2.17%	45.65%	35.87%	10.87%	34.8%	60.9%	3.517	3.282	3.540	2.659	34.78%	60.87%
Complacent	2.73%	40.00%	45.45%	8.18%	37.5%	37.5%	3.526	2.936	3.516	2.776	37.50%	37.50%
Hindered	4.39%	29.27%	48.29%	13.66%	23.9%	73.9%	3.460	3.355	3.777	2.741	23.91%	73.91%

Quadrant	Why No Health Insurance			Ever Had Insurance		How Much of Life Had Health Insurance				Ever Tried to Get Health Insurance		Ever Purchased Car Insurance	
	Too Expen-sive	No Need	Difficult to Get	Yes	No	All/Most of the Time	About Half	Less than Half	Never	Yes	No	Yes	No
Prepared	50.93%	3.73%	8.07%	83.23%	16.15%	54.66%	11.80%	16.77%	16.15%	49.69%	50.31%	96.89%	3.11%
Reluctant	31.52%	30.43%	7.61%	72.83%	27.17%	33.70%	13.04%	26.09%	27.17%	21.74%	78.26%	82.61%	17.39%
Complacent	75.45%	10.91%	0.00%	64.55%	33.64%	32.73%	9.09%	21.82%	33.64%	27.27%	72.73%	82.73%	17.27%
Hindered	80.49%	2.93%	1.46%	85.85%	14.15%	47.80%	15.14%	23.90%	14.15%	46.34%	53.66%	95.61%	4.39%

