

**American Community Survey
Cognitive Testing of Health Insurance Questions**

Joanne Pascale
March 25, 2005

I. OVERVIEW

The US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, is interested in exploring the possibility of including questions on the American Community Survey that would measure health insurance coverage. Specifically, they would like to measure (1) whether respondents are insured or not and (2) the source of that coverage. After some preliminary meetings with several professionals in the field, the question wording below was identified as meeting analysts' needs. These questions were then cognitively tested to assess whether they seemed to present problems for respondents. Below are findings from that test and recommendations. Note there are general and specific recommendations. The general recommendations suggest various approaches to addressing the basic problems identified. The specific recommendation is simply a suggestion for one way to accomplish the goals of the general recommendations.

Q3a. Is this person CURRENTLY covered by any type of health insurance? Include insurance obtained through a job or purchased directly from the insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.

Q3b. What type of health insurance does this person have?

Mark (X) all that apply.

- Insurance through a current or former employer or union (of this person or another family member)
- Insurance purchased directly from the insurance company (by this person or another family member)
- Medicare, for persons 65 years old and older, or persons with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for low- income children and families
- TRICARE, CHAMPUS or other military care
- CHAMPVA or VA
- Indian Health Service
- Supplemental plans that cover one type of care (e.g.: dental, accident, nursing home care plans)
- Other/specify _____

II. METHODS

In order to mimic the ACS conditions as much as possible, cognitive interviewing was conducted in three modes: self-administered, CAPI and CATI. A total of 40 interviews were conducted B 25 self-administered, 11 CAPI and 4 CATI. The research was conducted by 4 researchers in the late fall/winter of 2004/2005. Respondents were recruited through word-of-mouth and advertisements, and covered a wide range of demographic characteristics (age, sex, race, Hispanic ethnicity and education). Interviews generally lasted an hour or slightly less, and respondents were paid \$35. Interviews were conducted either in respondents' homes, at the Census Bureau lab, or in a neutral location (e.g.: employment center).

III. RESULTS

A. Q3a: Global Question on Coverage/No Coverage

1. Issues

a. Respondents said “no” to the global question (Q3a) when in fact they had coverage

In total, three respondents (R1, R5, R34) said “no” to Q3a even though they were covered. Two had something called “Freecare,” but their reasons for their answers were slightly different. R5 (61, female) seemed to think of health insurance and medical assistance as mutually exclusive categories B and not that medical assistance is just one of several types of health insurance. She said “If I had health insurance, I wouldn’t be eligible for the Freecare. Or perhaps it’s just a matter of terms. Maybe the Census Bureau would consider it health insurance.” The other respondent (R1, 51, male, not working due to a disability) also said “no” but his rationale seemed to stem from his perception of a necessary tie between having coverage and paying for it in some way. For example, he said Freecare is not issued by a company, and he is not currently working for the state so he is not contributing toward any type of health program run by the state. “I suppose I could treat it the same way as Medicare and Social Security in that I paid my taxes and so it might be coming back to me that way, but I don’t necessarily look at it that way. I look at health insurance as something where a good hunk of your income goes into paying for your insurance, paying the premium...I’m not contributing now...” A third R (R34) initially interrupted and said “no” to Q3a but after hearing the “include” statement he changed his answer to “yes” because he has VA coverage. He said he rarely uses it (only if something is “really chronic, really nagging at me”), though he later said he gets a physical every year and prostate screenings every 6 months through the VA. He said “no” to the initial question because he thinks of health insurance as a “paid policy” like BC/BS. Finally, another R (R26) reported that she, her husband and their 4 kids are all covered by her husband’s job-based policy. However, in probing she said if she’d been on Medicare or Medicaid she may not have said “yes” to Q3a because she considers those plans a “fallback, and not necessarily health insurance.”

This is not unlike comments from other respondents (not part of this test). For example, researchers in Massachusetts (Roman, 2002) interviewed a respondent with a similar reaction to the question: “One person on MassHealth answered the initial general health insurance question

'no' but then answered the second question ('Do you currently have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?') 'yes'. When asked why he answered the initial question "no," his response was that he felt he lost his insurance when he lost his job. Only when prompted did he consider MassHealth as insurance."

b. Respondent's reaction to "Include" statement in Q3b:

Many respondents simply didn't read this statement, saying they knew what their situation was and so didn't need to read the "fine print". When probed, respondents said they thought the statement would help clarify *for other people* what to count as health insurance, but that they themselves did not need this clarification. We did encounter one case in which a respondent (R23, male 47) had Medicare due to a disability and said he saw his type of coverage in the "include" statement. He said the keywords were "include" and "obtain." In another case, (R34 discussed above), a CATI interview, the respondent first answered "no" and then changed his answer to "yes" after hearing the include statement.

On the downside, one respondent (R3) when probed said she found it confusing. She had already "included" her job-based coverage in her initial answer, so the statement saying to "include" it made her second-guess her original (correct) answer. Another respondent (R17) said he thought the statement introduces confusion because some people are covered by a spouse or family member and might not realize the listed plan types apply to them. Another respondent (R28) said it helps clarify but the wording is convoluted and suggested using for example.

2. Summary of Problems Observed

- a. Respondents failed to report their coverage. In general this seemed to be related to respondents' conception of health "insurance" being linked to payment.
- b. There is not strong evidence that the "include" statement helped or hurt respondents' understanding of the question.

3. General Recommendations

There are several ways to approach the problem in 2a. One would be to follow up "no" responses with another question explicitly asking about coverage that is not paid for out-of-pocket. Another is to modify the question itself, by adding a phrase such as "even if you do not have to pay for it." Alternatively, though there was no direct evidence from respondents on this, it could be that the term "health insurance" to them is associated with payment, while a more general term like "health coverage" would convey the intended meaning -- any kind of health care, even if provided without charge from, say, Medicaid or the VA.

Regarding 2b, though very few respondents even read or noticed the "include" statement, we found little evidence of any serious misunderstandings of the wording, and therefore little guidance on how to change the wording if at all. Perhaps following on recommendations made for 2a, wording should be modified to emphasize reporting of any kind of *coverage*, versus *insurance*, to prompt reporting of coverage that may not be paid for out-of-pocket.

4. Specific Recommendations

Below the term “health coverage” is added to the first sentence (and is positioned *prior* to the term “health insurance”) and in the “include” statement the list of government health coverage types is positioned prior to private insurance types. Note that while this may aid in reporting of government-assistance-type plans, further testing should be conducted to determine if this new wording and reordering has any negative effect on private insurance reporting. The hope is that the first sentence is still short enough, and that most respondents would read through to the end (“...any type of health coverage or health insurance?”) in order to recognize the private coverage cue. And based on what was observed, respondents with a fairly straight-forward situation do not even read the “include” statement so the hope is that the priority on government plans would not corrupt reporting of private plans.

Q3a. Is this person CURRENTLY covered by any type of health coverage or health insurance? Include government health coverage such as Medicare, Medicaid, VA and military programs and any insurance obtained through a job or purchased directly from the insurance company.

B. Q3b: Source of Coverage

1. Issues

a. Private Coverage as a Dependent

The first two categories (job-based and direct-purchase) were often overlooked by respondents who were dependents on someone else’s private plan. Again, the particular reasons varied. Some respondents either didn’t read or didn’t understand parenthetical “of this person or another family member” phrase:

- R11 has been covered by her husband’s job-based plan for about 16 years. She initially marked “other” because she just didn’t see the parenthetical “of this person or another family member.”
- R13 (age 19, male, student covered by father’s job-based plan) answered “yes” to Q3a with no trouble but then scanned the list at Q3b, chose “other” and wrote in “covered by parents.” After probing, he immediately saw that he should have chosen the first category (job-based), “if I’d been reading carefully.” He had just read too quickly the first time around and didn’t take in the part in parentheses. (Note that in a related study by Tony Roman, there is an account almost identical to this one).
- R11 didn’t read it and therefore marked “other” even though she was covered by her husband’s job-based plan. She wasn’t confused; just hadn’t read the phrase. She also said she found the long list distracting.

Other respondents had these problems compounded by other issues. For example, they were searching for plan *names*, not plan *types*, among response categories in Q3b; and/or they had trouble understanding that we were asking about coverage through their own job *or* someone else’s job:

- R14 (age 20, female, covered through stepmother) easily marked “yes” in Q3a, but at Q3b she said she had no idea and finally marked “other”. Initially she marked this category because she thought the question was asking for a particular plan name (in her case BC/BS), not plan types. When she didn’t find BC/BS on the list, she just marked “other.” She admitted she was lazy and didn’t feel like reading through the long list very carefully. During probing, first she said she gets coverage through her father, but then clarified that her father gets his coverage through his wife’s job, so the respondent actually gets her coverage through her stepmother’s job. In talking over categories during probing, the respondent read and re-read the job-based and direct-purchase choices, and finally chose direct purchase, but clearly wasn’t sure. She didn’t understand the parenthetical “of this person” and said it didn’t flow right. Still she said she wouldn’t pick the first category because she doesn’t get coverage through *her own* employer/union.
- Another respondent with completely different demographics (R15, age 53, covered through husband) expressed the same type of confusion here as R14. She first assumed Q3b was asking about particular plan names (in her case Tufts), not plan types, so she was confused. Secondly, she assumed the job-based category was asking about coverage only through *her* job. She correctly said “yes” to Q3a, but then incorrectly marked “direct purchase” in Q3b, even though she’s been covered through her husband’s job for over 20 years. She rejected the job-based option, even after the interviewer re-read the question including the parenthetical (“of this person or another family member”) because she doesn’t get it through *her* job. When probed explicitly on the parenthetical phrase the respondent caught on and answered yes.
- R8 hesitated a little with the job-based category because the coverage was through his wife’s (not his) job. The clarification in parenthesis apparently did not help him.

b. Government versus Private Coverage

In some cases respondents who seemed fairly certain of their government coverage mistakenly selected a private coverage category simply because it was higher up on the list, seemed like it might fit, and they didn’t bother reading any further:

- R35 picked “direct purchase” first but then after probing she explained she was on medical assistance. She described in some detail how she came to be covered and seemed very certain that medical assistance fit her situation. She said she initially chose “direct purchase” because it seemed to fit and she simply stopped reading the flashcard after she chose it.
- R23 has Medicare due to a disability (he’s 47). When he first read through the list in Q3b he wondered if his insurance was through his former employer, because he did work. But he continued reading and when he saw “Medicare for certain disabilities” he knew that’s where he belonged.

This is a different manifestation of a similar problem described above in A3. The list may simply be too long and some respondents choose the first option that might fit their situation without reading through the full list to see if there is a more appropriate category. So this is not necessarily a problem of respondent knowledge – at least these respondents knew that they were covered by government programs -- it’s rather an issue of motivation and respondent burden. Respondents are simply not willing to read the entire list.

c. Medicare vs. Medicaid

One respondent (R21) lived with his 2 aunts and 2 borders and seemed relatively knowledgeable about the health care situation for all members (he himself, age 37, is covered by Medicaid due to AIDS and was rather familiar with various government programs). However, when reporting for his first aunt (listed first on the roster; he appears to think of her as “head of household”) he may have mis-reported Medicare. His aunt is 67 and currently working, and has worked for over 20 years at the same job, so it’s very likely she is covered by Medicare, at least Part A. However, when probed about why he did not select “Medicare” in Q3b he said “She can’t. She makes too much money. She can’t get it not as long as she works.” He then explained at some length that he and his aunt had a conversation in which his aunt told him she had applied to some kind of retirement extension so that she could continue to work but not jeopardize her benefits. He seemed very confident that she had health insurance through her job, and also seemed confident that she didn’t have Medicare. On this point, though, he may have been mistaken since he appears to think Medicare is means-tested, which it is not, and his aunt is eligible due to her age and having worked for a number of years. For his second aunt, however, he did report Medicare. Though she is only 64, he said she has had Medicare due to a disability for 5 years (diabetes, blind in one eye, and some other conditions). Regarding the boarders, they are both in their mid-40s and came to live in the household through some type of program, due to their disabilities. For the first boarder, he said she also was covered by Medicare because she’s “borderline retarded” and often goes to therapists, etc., and all of it is covered. For the second boarder, he said “I’m pretty sure she qualifies for Medicaid or Medical Assistance. I don’t think they cut them off completely.” This is a good example of a respondent having some knowledge of the health care situation of other household members – even being fairly certain that their coverage is through the government and due to disabilities – but not having quite enough knowledge to put them firmly in one category or the other

d. Proxy reporting

Some respondents had some knowledge of the health care situation of other household members, but not quite enough to confidently select a response category in Q3b.

- R31 (age 27) said she knows her mother definitely has coverage but doesn’t know whether it’s through her employer (she’s retired), direct purchase, or the military (she was in the military) because, the respondent said, she’s “not in her business like that”.
- R21 (see above, under A5) knew a fair amount about his fellow household members but still had trouble placing them into Medicare versus Medicaid categories.

Other respondents, however, simply don’t have much knowledge to go on in regarding other household members:

- R36 (age 25) recently began living with her 18-year-old cousin. The respondent herself is uninsured, and when asked about her cousin she said “I don’t know...I don’t ask about that and don’t get into her business.” When probed to see if her cousin ever talked about going to a clinic or doctor she said she goes to a clinic. Probed for whether this was a free clinic, she said “I don’t know...her mom might pay for it.”

e. **Job-based versus Direct Purchase**

For self-employed respondents there may be some confusion between the job-based and direct-purchase category. R38 said she and her family (husband, son) all get insurance through her husband's own small company. She chose job-based in Q3b because neither she nor her husband "purchased the plan directly from the insurance company." She said her husband's company is just like any other business – the business makes arrangements with the insurer and pays the insurer part of the premium, and the employees (ie: themselves) also pay part of the premium. R4 also reported a direct-purchase plan as job-based. She is self-employed and gets her insurance through a professional organization she belongs to. She's well aware that the rate through the group is better than what she would get if she went on her own (even though the group pays no part of the premium), and this is the reason she chose job-based rather than directly-purchased. She thinks the direct-purchase option is for individual buyers, not group plans like hers.

f. **Military**

VA coverage: Several respondents had some knowledge of the VA program, and may have known or presumed they were covered by it but did not take advantage of it for various reasons (primarily, because they had other coverage and didn't see the need) and didn't report it in Q3b.

- R6 (67, female) reported both Medicare and direct-purchase coverage. She said her husband is a veteran, and may be covered by some of the options in Q3b but he "doesn't take advantage of any of these." She said he could get VA coverage but "doesn't want to bother with that."
- R8 (male, 64) is married and they both get coverage thru his wife's former employer (she's retired). The respondent is a veteran, and used the VA hospital 30+ years ago but not since then. He does not use any VA services and isn't sure he's eligible. He wasn't sure if there was an income cutoff or other requirements, such as being disabled or having a purple heart.
- Another respondent (R34) only had VA coverage and initially said "no" to Q3a. This case was reported in A1 above but is repeated here: the respondent initially interrupted and said "no" to Q3a but after hearing the "include" statement he changed his answer to "yes" because he has VA coverage. He said he rarely uses it (only if something is "really chronic, really nagging at me"), though he later said he gets a physical every year and prostate screenings every 6 months through the VA. He said "no" to the initial question because he thinks of health insurance as a "paid policy" like BC/BS.

Finally, one interviewer (on cases R1-R15) noted: "I interviewed a number of vets or their spouses and none of them used the VA or really knew about the programs available to vets." Unfortunately the interviewer did not elaborate more than this.

Other military: One respondent (R39) reported that her husband is active duty military and that they and their 3 kids are all covered by TRICARE. While she did ultimately choose "military" in Q3b, she said she was tempted to choose the job-based option, since technically the military is her husband's employer.

g. Supplemental Plans

This response category seemed to fail for a host of different reasons. Many respondents who did have supplemental coverage did not mark it in Q3b, for a variety of reasons:

- Some respondents had a vision or dental plan but didn't mark "supplemental" because it was included in their comprehensive plan.
- Some had a type of supplemental plan that they simply didn't consider to be health insurance. For example, R7 has long term care but for him it doesn't fall under the umbrella of health insurance. The distinction, he said, is that health insurance is for a current *medical* need whereas long term care insurance is for meeting your *basic daily living* needs (feeding, toilet, bath, etc.). R11 has supplemental nursing home care but didn't mark it because she doesn't consider it to be "health" insurance. Another R (R20) at the moment has an accident policy but said "no" to Q3a, and thus was never asked Q3b (see "Uninsured" for more on this case).
- Some respondents seemed to dismiss their supplemental plans because they felt Q3a was getting at just comprehensive coverage. R22 said she assumed that because "health" was used in Q3a that it did not include dental; she said if dental plans were supposed to be included, that was not clear from Q3a. Echoing that, R39 did finally report both comprehensive and dental plans but when probed about what she would have said to Q3a if she had ONLY dental, she said she would have said "no" (no coverage) because to her "health insurance" means general coverage for a wide range of situations and conditions.
- One respondent (R3) with dental coverage said she just "didn't think to include that" at Q3b.
- Finally one R (R40) has comprehensive coverage through his job, as well as 2 supplemental disability plans – one fairly recent plan he gets through his job, and one that he's bought on his own for more than 20 years. He did select both "job-based" and "supplemental" in Q3b, and said he was only thinking of the disability plan he buys on his own when answering Q3b. But he said this was confusing since he didn't know how/whether to report the other disability plan that he gets through work.

The goal of this category was to capture-and-exclude supplemental plans if they are the only type of coverage a person has. However, only one respondent in the sample (R20) had only a supplemental plan (an accident policy) and he (correctly) said "no" to Q3a and hence was not presented with Q3b. However, on later probing, he said explicitly that he does not consider his accident policy "health insurance."

This category very well may not be necessary. Though we simply did not encounter enough respondents with supplemental-only coverage to determine whether they would misreport that as comprehensive coverage, we found no evidence that respondents confuse supplemental with comprehensive coverage. The one respondent who was supplemental-only did not consider it comprehensive, and many other respondents with both comprehensive and supplemental plans explicitly said they did not consider their supplemental coverage to be "health insurance."

h. Current vs. Former Employer

One respondent (R7) looked for a separate category for “former” employer, because he knows the plan is different for current employees. He didn’t find a separate category and then chose the first one (apparently he didn’t read the “or former” phrase in the first category). Another respondent (R27) had more difficulty. When answering for his 74-yr-old mother, he said “She’s retired, so [first category] doesn’t work.” He then chose category #2 with some uncertainty (he had also marked Medicare and Medicaid). He mentioned that his mother had had an operation on her knee and had a lot of doctor visits and physical therapy follow-up visits, and that all of it was covered. When probed about why he thought she had coverage beyond Medicaid/Medicare, he said “I know her; she doesn’t take chances like that. She’s the type who would have extra coverage just in case.” However, she worked for the federal government for 25 years and most likely has coverage through her former employer (not direct purchase).

2. Summary of Problems Observed

- a. The list of response categories is too long; if respondents can’t easily find a category that matches what they think the question is getting at, they don’t carefully scrutinize the list to rethink their situation but rather abandon the list and misreport. This manifest as dependents marking “other” rather than job-based because they didn’t read the parenthetical “of this person or another family member,” or people with government plans misreporting them as private plans because private plans were higher up on the list.
- b. Some respondents think the question is asking about a plan *name*, not source of insurance.
- c. Some respondents can’t grasp that the question is asking about coverage through not just their own job, but the job of *any* family member.
- d. Respondents cannot always distinguish between Medicare and Medicaid, particularly when reporting for other household members.
- e. Self-employed respondents who get some type of group coverage report this as job-based.
- f. Respondents with VA coverage don’t report it.
- g. Respondents with military coverage may not be sure whether to report it as job-based or military, since categories are not mutually exclusive.
- h. Supplemental plans are not reported; not thought of as comprehensive plans.

3. General Recommendations

Shorten the list of response options, by both dropping some categories and cutting back on some of the wordiness of other categories. A very good candidate to drop is “supplemental plans” (see below for further recommendations on this category). It may also be advisable to group Medicare and Medicaid together since some respondents cannot distinguish between them. Another way to drop a response category is to group “military” in with employer-based since, on the face of it, these are not mutually-exclusive categories. For VA coverage, this simply may not be the right vehicle to pick this up. Even though the “include” statement lists it in Q3a, and it is its own response category in Q3b, respondents did not report it. In the interest of keeping the list short, it may be best to drop this as a response category. The most promising way of picking up VA

coverage may be to add a third question: if respondents say “no” to Q3a, ask if they are covered by any type of government coverage, such as VA (and possibly list Medicaid and other government assistance programs).

The misreporting of dependents on private plans is difficult. While there was strong evidence that the current wording is ineffective, testing did not suggest a specific improvement in wording. Perhaps a generally shorter list would help respondents narrow down their options and they would be more likely to choose job-based when it was a parent or spouse who held the policy. Another possibility would be to add a category such as “through a parent or spouse,” for respondents who are thrown off by the category “through a job” when it is not their own job through which the coverage is obtained. This introduces the problem that this category would not be mutually exclusive with other categories of private coverage and, of course, adds length to the list. However, given the evidence for misreporting, on balance it may be worth pursuing through further testing.

On the issue of directly-purchased plans being misreported as job-based plans, it may not be possible to refine wording and response categories to address this. One possible wording change might be to a phrase to the job-based category such as “...excluding self-employment plans.” However, for respondents interviewed in this test, employment seemed simply too intertwined with their insurance for them to think of it as “directly purchased.” So if the “exclude” statement was part of the job-based category they still may not have thought to choose the “direct purchase” category. Also, the wording of the job-based category is already on the long side; adding another phrase risks losing respondents. One way to explore the prevalence of the misreporting problem, though, would be to include a follow-up question to the job-based category and ask respondents if they are self-employed.

Finally, on the issue of respondents thinking the question is asking about plan *names* rather than plan *sources*, it may be advisable to change the question stem. For example, rather than asking “what type” ask “how was it obtained?”

For the “supplemental plan” category, conduct further research with NCHS and other agencies to determine prevalence of people with only a supplemental plan *who also* misreport that as a comprehensive plan. This may prove challenging because it may not be possible to distinguish a respondent’s report of a “comprehensive” versus a “supplemental” plan. The NCHS, for example, asks a global question similar to what has been tested here for the ACS, and then presumably probes respondents for “anything else.” If respondents then report a second, third or fourth plan, it’s unclear whether they really consider those to be comprehensive plans, or whether they are simply trying to satisfy the interviewer by reporting all plans that are generally associated with health and medical care. While we did not find overwhelming evidence that the category causes problems for respondents, it does create a situation where the response categories are not mutually exclusive, which could cause a dilemma for some respondents. And it adds length which, based on evidence from other areas, seems to drive a fair amount of misreporting.

4. Specific Recommendation

Q3b. How does this person obtain their health coverage or insurance? Is it through:

Mark (X) all that apply.

- a current or former employer or union
- purchasing it directly from the insurance company
- a parent or spouse
- the government (for example, Medicaid or Medicare, for elderly, low- income or disabled people, or VA)
- Other/specify _____

C. Respondents Who Had No Difficulty

1. Insured

For many respondents with either government and/or private coverage, the questionnaire as written presented no difficulties. Respondents who are covered by government programs stemming from some particular situation B medical or financial – and have become familiar with the rules of eligibility seem to have no trouble answering “yes” to the global question and then correctly selecting their type of insurance in Q3b. Below are some examples of respondents who reported government programs:

- R2 (62, lives alone) has a lot of health problems and works sporadically as an exam proctor. He is covered by both Medicaid and Medicare. When probed about his eligibility for these programs, he said he’s been covered by Medicare for about 5 years due to disability (chronic depression, diabetes, hepatitis and high blood pressure), and he mentioned that renal disease is another eligibility criteria for Medicare. Regarding Medicaid he said that if you’re on federal disability in Massachusetts and you work part-time, at least 10 hours per week, you’re eligible for Medicaid (he later mentioned that his hours are generally clumped together, not evenly spread out across the year, and fall a bit short of the 10 hours/week criteria but “they don’t really check on it”). He said his Medicaid is called CommonHealth.
- R22: a 55-yr-old woman reporting for her adult daughter (27) marked “Medical Assistance, Medicaid” and said she had a Maryland kind of health insurance for expectant mothers or mothers of infant children. The respondent knew it covered her daughter and her daughter’s 2 young children and that it did not cover her daughter’s husband.
- R24 (divorced mom with 2 teenage daughters, 19 and 15) reported TRICARE for both daughters (thru her ex-husband) and Medicaid for the younger daughter. She said since TRICARE doesn’t cover dental, the younger daughter is on Medicaid for dental. She said her older daughter is not on Medicaid because eligibility ends at age 18.
- R32 lost her job, was dropped from her insurance, then went to the hospital for a medical emergency and found out about DC Health Alliance (a form of medical assistance) when she told the hospital she didn’t have insurance.

Following are some examples of respondents who reported private coverage:

- R3 had no trouble selecting job-based coverage in 3b, and in fact went back to her current job because of the health benefits.
- R6 said she and her husband used to have coverage through her husband’s job but now (she is 67) they have to purchase it on their own.
- R16 said she and two family members all work for a family-own business, and that they buy insurance directly from the insurance company >on a one year basis. Renewal will come up in March 2005...
- R29 said that looking over list in Q3b made her think of the difficulties she and her husband have had in getting insurance. Her husband has his own small construction company and for 10 years had coverage through the company but then got dropped. Furthermore, she had skin cancer in the past so has had a hard time getting insured. Then 4 years ago they joined a union, which doesn’t pay any of the premium but they say it’s a good plan for the money.

2. Uninsured

Many respondents without insurance seemed to answer the series correctly and confidently:

- R9 appears to be uninsured by choice. His income is probably too high to qualify for assistance, and he said he’d just pay out-of-pocket if he needed care.
- R20 answered “no” to Q3a for both himself and his wife. He (age 65) is unemployed, and his wife works temporarily but has no coverage through her job. The respondent said he will qualify for Medicare in 4 months and at the moment he only has accident insurance. When probed about the term “any type of health insurance” he said “anything concerning your health. Which means if I’m healthy, if I become ill, that’s the insurance coverage question they are asking. But as far as ‘accident’ insurance, I have that, but I would have to slip and fall.” The respondent seemed to be saying (correctly) that he only considers it “health insurance” if it’s comprehensive, because if he simply became ill (without experiencing an accident) he would not be covered through his accident insurance.
- R27 (52 male, works odd jobs) said he’s uninsured and tries hard to prevent getting sick or injured; he doesn’t go to a doctor or hospital.
- R31 (age 27) had a fairly good understanding of all response categories in Q3b and said none apply to her. She said insurance is an option but she chooses not to take it because when she had coverage she never used it.

3. Current coverage:

No one seemed to have difficulty with the term “currently covered.”

D. General understanding of terms

1. “Any type of health insurance” in Q3a

Respondents were all over the map when asked what they think the phrase “any type of health insurance” meant. Some said it simply meant any kind of coverage – from the “most minimal” scale to full coverage.” Some said it would include dental, long term care, or hospital coverage;

others said it would only mean comprehensive care (not plans like dental, or accident plans). Still other respondents said it meant any type of coverage, such as an HMO, PPO, etc. And finally others linked it to payment and said it would mean any kind of coverage, whether a company was making a small or large contribution to it, or whether it was paid directly or through Medicare or Medicaid.

2. General understanding of response categories in Q3b (from paraphrasing):

Most respondents seemed to have a decent grasp of what the response categories meant. Some said they understood certain categories (government plans) based on their descriptions, and some said they weren't familiar with some plans (e.g.: military) but could surmise what they were given the context. Some respondents who weren't familiar with all the response categories didn't seem troubled by this; they seemed to just assume that the plan types apply to someone, just not them.

IV. FURTHER TESTING

There seems to be sufficient evidence that the questions originally proposed are simply too long and wordy and that this causes misreporting. A long-range testing plan would involve shortening the questions and response categories in various ways and exploring the prevalence of misreporting under these various schemes. Following are some suggestions along these lines.

A. Q3a: Global Question on Coverage/No Coverage

In a split-ballot test, explore whether there is any difference in reporting based on the sequencing of “health coverage” and “health insurance” in the main question, and the list of government plans and private plans in the “include” statement.

Panel 1:

Is this person CURRENTLY covered by any type of health insurance or health coverage? Include insurance obtained through a job or purchased directly from the insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.

Panel 2:

Is this person CURRENTLY covered by any type of health coverage or health insurance? Include government health coverage such as Medicare, Medicaid, VA and military programs and any insurance obtained through a job or purchased directly from the insurance company.

B. Q3b: Source of Coverage

In a split-ballot test, compare two versions: the original question, or something close to it, with minor wording improvements but still maintaining the basic list of categories; and the more drastically shortened question suggested above. For the shortened question, include follow-up questions that further tease out desired detail (e.g.: for respondents who reported government coverage, ask whether that coverage is Medicare, Medicaid, VA or some other government coverage). For both versions, include a question on the respondents’ self-reported confidence in their answers.

In analysis, assess:

- estimates of each type of coverage
- for the shortened version, levels of item-missing data on the follow-up questions to the main question (e.g.: when asked whether the plan was Medicaid or Medicare, how often does the respondent say “don’t know”).
- respondents’ self-reported confidence
- internal validity

Panel 1:

What type of health coverage or insurance does this person have? Is it...

Mark (X) all that apply.

- through a current or former employer or union (of this person or another family member)**
- purchased directly from the insurance company (by this person or another family member)**
- Medicare, for persons 65 years old and older, or persons with certain disabilities**
- Medicaid, Medical Assistance, or any kind of government-assistance plan for low- income children and families**
- TRICARE, CHAMPUS or other military care**
- CHAMPVA or VA**
- Indian Health Service**
- Other/specify _____**

Panel 2:

How does this person obtain their health coverage or insurance? Is it through:

Mark (X) all that apply.

- a current or former employer or union ≡ Q1**
- purchasing it directly from the insurance company**
- a parent or spouse ≡ Q2**
- the government (for example, Medicaid or Medicare, for elderly, low-income or disabled people, or VA) ≡ Q3**
- Other/specify _____**

C. Followup Questions on Detail (for shortened Q3b)

Q1: Is that through some type of self-employment or professional organization?

- Yes**
- No**

(Prevalence of respondents' answering "yes" would give some indication of the frequency with which respondents think of self-employed plans as being obtained through an employer, versus direct-purchase.)

Q2: How does that person's parent or spouse obtain the coverage? Is it through...

- a current or former employer or union**
- purchasing it directly from the insurance company**
- another family member**
- Other/specify _____**

(Prevalence of "don't know" answers might indicate the extent to which the individual categories of job-based and direct-purchased would likely fail if presented in the original Q3b since some dependents on parents/spouses plans simply may not know how that person obtains the coverage.)

Q3: Is that Medicare, Medicaid, VA or some other type of government coverage?

- Medicaid**
- Medicare**
- VA**
- Other/specify**

(The main objective of this question would be to assess levels of “don’t know” answers. This would shed some light on how often respondents can report that the coverage was through the government, but cannot differentiate from among government plans. This could be especially useful if analyzed for self- versus proxy reports.)

D. Respondent Confidence

Q4: How confident are you in that answer, on a scale of 1 to 5 – one being very confident and 5 being not at all confident?

- Very confident**
- Somewhat confident**
- Neither confident nor unconfident**
- Not very confident**
- Not at all confident**

REFERENCES

Roman, Anthony M., Alison Hauser and Amy Lischko. 2002. A Measurement of the Uninsured Population: The Massachusetts Experience. Paper presented at the annual meeting of the American Association for Public Opinion Research, May 15-19, 2002, St. Pete Beach, Fla.