

# AK Household Insurance Survey

## Survey Instrument

### 2006 Alaska Health Care Insurance and Access Survey

#### General Introduction:

Hello, my name is *insert* from the Alaska Department of Health and Social Services. We are doing a survey of people at randomly selected phone numbers to understand how to improve access to affordable health insurance. I would appreciate a few moments of your time to ask you some questions about the health insurance coverage of people in your household.

#### START OF SURVEY

#### Verify phone number

**S1.** Is this a cellular telephone?

1. Yes → end survey
2. No

**S2.** Is this a private residence?

1. Yes
2. No → end survey

**S2A.** Is this (house/apartment/mobile home) your household's usual residence, or a vacation or seasonal home, or only occasionally occupied by your household?

- 1 usual residence
- 2 vacation or seasonal home/apartment/mobile home or occupied only occasionally
- 7 DK/NS
- 9 Refused

**S3.** Are you an Alaska resident?

1. Yes → S4
2. No → S3A
7. Don't know → S3A
9. Refused → S3A

**S3A.** What is the main reason for your being in Alaska currently?

1. work → S3B
2. visiting friends or relatives → S3B
3. tourist visit and/or recreation (skiing, fishing, climbing, etc.) → S3B
4. other (specify) → S3B
  
7. Don't know → S3B
9. Refused → S3B

**S3B.** How long do you plan to stay? [screening for "more than a month"]

1. < 1 month → end survey "Thank you, we are interviewing only people in households expecting to be in Alaska at least a month."
2. 1-5 months → S4
3. 6 months or more → S4
7. Don't Know → end survey "Thank you, we are interviewing only people in households expecting to be in Alaska at least a month."
9. Refused → end survey "Thank you, we are interviewing only people in households expecting to be in Alaska at least a month."

We would like to ask some questions about HEALTH INSURANCE for people in your household.

**S4.** Can you answer questions about HEALTH INSURANCE for people in this household?

1 Yes → **SKIP TO S6 INTRODUCTION**

2 No - GO TO S5

**S5.** Is another adult available who could answer questions about HEALTH INSURANCE?

1 Yes → **GET PERSON ON PHONE AND SKIP TO S6 INTRODUCTION**

2 No → go to S5a and schedule **CALL BACK**

**S5a** "Who should I speak with? Get first name or initials.

## **S6. INTRODUCTION**

With correct person on phone:

I will not ask for your full name, address or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to get more information.

During the first part of the survey, I will be asking you some general questions about the health insurance and benefits coverage of your household members. Then I will be asking some specific questions about the access to insurance for one member of the household.

In order to do that, I need a complete list of people in the house so that our computer can randomly pick one person for the later questions.

**S6.** How many people currently live or stay in this house, apartment, or mobile home?

**(PROBE: Include in this the number of children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.)**

\_\_ people

77. Don't Know

99. Refused

Now please tell me the age and sex of each person in the household. We will then be able to record the health insurance coverage information for each individual, and the computer can select one adult for the follow-up questions

**S7. Sex, age and name:** Starting with yourself, could we list the sex and age of household members?

Person 1 --	1. Male	}	{
	2. Female	}	{ <b>AGE:</b> _____ years (If infant: ___ months)
	7. Don't Know	}	{

We need a way to refer to the different people in your household.

What is your first name or nickname?

And the next person's sex and age? (etc)

**(or Age and then SEX(#):** Is this (child/person) (a boy or a girl/male or female)?)

What is their first name or nickname? (etc)

## HEALTH INSURANCE AND BENEFITS QUESTIONS

These next questions are about health insurance and benefits coverage of members of the household during the previous 12 months. The questions apply to ALL persons of ALL ages.

**HBI 1 At any time in the past 12 months, were you or was anyone in the household covered by a health insurance plan provided through a current or former employer or union? [This does not include “continuation of benefits” insurance under COBRA]**

1. Yes
2. No →go to HBI 3
7. Don't know→go to HBI 3
9. Refused→go to HBI 3

(Next item does not appear for single person households)

**HBI1sel.** Who in this household were policyholders?

Line or Name or Relation  
(person 1)  
(person 2)  
(person 3)  
55. Everyone  
88. No one

PROBE: Anyone else?

**HBI 2 In addition to those who were policy holders, who else in this household was covered by this plan?**

(Next item does not appear for single person households)

**HBI2sel.** Who in this household were covered?

Line or Name or Relation  
(person 1)  
(person 2)  
(person 3)  
88. No one

PROBE: Anyone else?

**HBI 3 At any time in the past 12 months, were you or was anyone in the household covered by a health insurance plan that (you/they) PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment? [This includes insurance you may be paying for that continues your coverage from a period of employment, under the COBRA legislation providing for “continuation of benefits.”]<sup>1</sup>**

1. Yes
2. No →go to HBI 4
7. Don't know →go to HBI 4
9. Refused →go to HBI 4

(Next item does not appear for single person households)

**HBI3sel.** Who in this household purchased were policy holders?

Line or Name or Relation  
(person 1)  
(person 2)  
(person 3)  
55. Everyone  
88. No one

**HBI 4. In addition to those who were policy holders, who else in this household was covered by (name's/your) plan?**

(Next item does not appear for single person households)

**HBI4sel.** Who in this household were covered? (person 1) Line or Name or Relation  
(person 2)  
(person 3)  
88. No one

**HBI 5** At any time in the past 12 months, (were you/was anyone in this household ) covered by the health plan of someone who does not live in this household?

- 1. Yes
- 2. No →go to HBI 6
- 7. Don't know →go to HBI 6
- 9. Refused →go to HBI 6

**HBI5sel.** Who in this household were policyholders? Line or Name or Relation  
(person 1)  
(person 2)  
(person 3)  
55. Everyone

PROBE: Anyone else?

**HBI 6.** At any time in the past 12 months, (were you/was anyone in this household) covered by Medicaid/Alaska? **(We will ask about Denali KidCare in another question.)**

**Read if necessary:** Medicaid is the state program that provides medical assistance to the needy, such as families with dependent children, the aged, blind, and disabled who are in financial need.

**HBI6sel.** Who in this household were covered by Medicaid? Line or Name or Relation  
(person 1)  
(person 2)  
(person 3)  
55. Everyone

PROBE: Anyone else?

**HBI 7.** How many months during the past 12 months, (were/was) (name/you) covered by Medicaid/Alaska?

**HBI7mm1.** Enter number or months

(person 1) \_\_\_\_\_ (1-12) months

**HBI7all.** All others the same?

- 1 yes
- 2 no → continue for others

**HBI8pre.** Are there are children or pregnant women in your household?

- 1. Yes
- 2. No →go to HBI 9
- 7. Don't know →go to HBI 9
- 9. Refused →go to HBI 9

**HBI 8.** In Alaska, the Denali KidCare program helps low income families get health benefits for CHILDREN and pregnant women not already under Medicaid. Were any of the children or pregnant women in this household covered by that program?

- 1. Yes
- 2. No →go to HBI 9

- 7. Don't know →go to HBI 9
- 9. Refused →go to HBI 9

**HBI8sel.** Which children or women were covered? (person/child 1)  
 (child 2)  
 (child 3)  
 (child 4)  
 (child 5)  
 55. Everyone

Line or Name or Relation

**HBI 8a. How many months during the past 12 months, (were/was) (name) covered by Denali KidCare?**

**HBI8mm1.** Enter number or months

(person 1) \_\_\_\_\_ (1-12) months

**HBI8all.** All others the same?

- 1 yes
- 2 no → continue for others.

**HBI 9. At any time in the past 12 months, (were you/was anyone in this household) covered by Medicare?**

**Read if necessary:** This is the Federal program which helps pay health care costs for people 65 and older and also helps some people with long-term disabilities. The Medicare card is a red, white and blue card.

- 1. Yes
- 2. No →go to HBI 10
- 7. Don't know →go to HBI 10
- 9. Refused →go to HBI 10

**HBI9sel.** Who in this household was covered by Medicare?

Line or Name or Relation  
 (person 1)  
 (person 2)  
 (person 3)  
 55. Everyone

PROBE: Anyone else?

**HBI 10. At any time in the past 12 months, (were you/was anyone in this household) covered by Tribal Health Benefits or Services?**

- 1. Yes
- 2. No →go to HBI 11
- 7. Don't know →go to HBI 11
- 9. Refused →go to HBI 11

**HBI10sel.** Who in this household was eligible for tribal health benefits or services?

Line or Name or Relation  
 (person 1)  
 (person 2)  
 (person 3)  
 55. everyone

PROBE: Anyone else?

**HBI 11. At any time in the past 12 months, (were you/was anyone in this household) covered by TRICARE, CHAMPUS, CHAMPVA, VA, or military health care (including health services offered on-base)?**

Note: "CHAMPVA" is the civilian health and medical program of the Department of Veteran's Affairs.

1. Yes
2. No →go to HBI 12
7. Don't know →go to HBI 12
9. Refused →go to HBI 12

**HBI11sel.** Who does this include? Line or Name or Relation  
 (person 1)  
 (person 2)  
 (person 3)  
 55. everyone

PROBE: Anyone else?

**HBI 12. Was there any OTHER type of health insurance or benefits that (name/you) were covered by in the past 12 months?**

There is a “high risk pool” in Alaska, and there are limited benefit plans such as cash indemnity plans that can be purchased by individuals or schools. Some workers have access to a clinic just for employees, or they have access to services at their place of work (like a clinic in the hospital they work for) for free or with a discount.

Did any of these or any other such program or plan cover the costs of care or provide services for any members of the household in the past 12 months? (We won't count Fisherman's Fund or Worker's Compensation here because those cover only work-related injuries.)

1. Yes
2. No →go to HBI 13 (if necessary) or HBI15
7. Don't know → go to HBI 13 (if necessary) or HBI15
9. Refused → go to HBI 13 (if necessary) or HBI15

**HBI12ac.** What was the coverage?  
 Open end, D = don't know, R = refused

**HBI12Ase1.** Who in this household was covered?

Line or Name or Relation  
 (person 1)  
 (person 2)  
 (person 3)  
 55. everyone

**HBI12oc. Was there any OTHER type of health insurance or benefits that (name/you) were covered by in the past 12 months?**

1. Yes
2. No →go to HBI 13 (if necessary) or HBI15
7. Don't know → go to HBI 13 (if necessary) or HBI15
9. Refused → go to HBI 13 (if necessary) or HBI15

**HBI 13. I have recorded that (names/you) (list persons not covered – by name or relationship) (was/were) NOT covered by a health plan at any time during the past 12 months. Is that correct?**

1. Yes → skip to HBI 15
2. No → GO TO HBI 14
7. Don't know
9. Refused

**HBI 14. Who should be marked as covered? By what “other coverage?”**

Line or Name or Relation  
 (person 1)  
 (person 2)  
 (person 3)  
 55. everyone



777 Don't Know  
999 Refused

**T6** Do you/target have more than one paying job?

1. Yes
2. No → T8
7. Don't know
9. Refused

**T7** What is the total number of hours usually worked per week, at all paying jobs?

\_\_\_\_\_ hours  
777. Don't know  
999. Refused

**T8** For your/target's primary place of employment, is this a permanent, temporary or seasonal job?

1. Permanent
2. Temporary
3. Seasonal
7. Don't know
9. Refused

**T9** How long have you/target been employed in this position?

1. Less than 1 month
2. More than 1 month but less than 6 months
3. More than 6 months but less than 1 year
4. More than 1 year but less than 5 years
5. 5 years or more
7. Don't know
9. Refused

**T10** Thinking about the primary place of employment, is TARGET/are you employed by the government, a PRIVATE company, a non-profit organization, or self-employed or working in a family business?

1. Government
2. Private for profit company
3. Non-profit organization including tax exempt and charitable organizations (includes Tribal health care organizations)
4. Self employed
7. Don't Know
- 9 Refused

**T11** Counting all locations in Alaska where this employer operates, what is the total number of persons who work for that firm/employer? (Source: CPS)

1. Just one
2. Between 2 and 10
3. 11 and 24
4. 25 and 50
5. 51 and 100
6. 101 and 500
7. Over 500
- 97 Don't Know
- 99 Refused

ASK THIS SET (Cov1-Cov6) IF THE **TARGET IS NOT COVERED BY HEALTH INSURANCE**

Now I'd like to ask a few questions about your/**TARGET's** access to insurance.

**COV1.** Does your /**TARGET's** spouse or partner have insurance through their work or union?

1. Yes
2. No → **SKIP TO COV3**
7. Don't Know → **SKIP TO COV3**
8. Not Applicable/ no spouse/partner or spouse/partner doesn't work → **SKIP TO COV6**
9. Refused → **SKIP TO COV3**

**COV2.** Could this insurance policy be extended to cover you/**TARGET**?

1. Yes → **SKIP TO COV5**
2. No → **SKIP TO COV6**
7. Don't Know → **SKIP TO COV6**
9. Refused → **SKIP TO COV6**

**COV3.** Is your (**TARGET's**) spouse or partner **ELIGIBLE** for health insurance through their work or union, but chosen not to sign up for it?

1. Yes
2. No → **SKIP TO COV6**
7. Don't Know → **SKIP TO COV6**
9. Refused → **SKIP TO COV6**

**COV4.** If that family member were to sign up for that health insurance, could the policy be extended to cover you /**Target**?

1. Yes
2. No
7. Don't Know
9. Refused

**COV5.** What is the main reason you /**Target** do not get insurance through that family member?

**[PROBE: "Can you tell me the primary reason you did not get insurance through this family member?"]**

**[DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY]**

1. Do not need or want any health insurance
2. Rarely sick
3. Too much hassle/paperwork
4. Could not afford/too expensive
5. Benefit package didn't meet needs
6. Rejected because of health condition
7. NOT **ELIGIBLE** to receive coverage
8. Own plan through work is cheaper/benefits better
9. Expect to get own health insurance soon
10. After waiting period will be covered by family member's policy
- 11 Other (specify) \_\_\_\_\_
97. Don't Know
99. Refused

**COV6.** Does the firm you /**Target** work for offer health insurance as a benefit to **ANY** of its employees?

1. Yes
2. No → **SKIP TO U1**
7. Don't Know → **SKIP TO U1**
8. NOT applicable, NOT employed → **SKIP TO U1**
9. Refused → **SKIP TO U1**

**COV7.** Why aren't you /**Target** included in your employer's group health insurance plan?

**[DO NOT READ. MAP RESPONSE TO RESPONSE]**

1. Do not need or want any health insurance
2. Rarely sick

3. Too much hassle/paperwork
4. Could not afford/too expensive
5. Benefit package didn't meet needs
6. Rejected because of health condition
7. NOT ELIGIBLE to receive coverage
8. DO NOT work enough hours in a week
9. Have NOT worked there long enough
10. Other (specify) \_\_\_\_\_
97. Don't Know
99. Refused

**[ALL SKIP TO COV10]**

**For target that does get insurance thru the employer --**

**COV8. You have explained to me that you/TARGET gets insurance through your (their OWN) employer. Does your/TARGET's employer contribute to the cost of this benefit?**

1. Yes
2. No
7. Don't Know
9. Refused

**COV9. Can your/TARGET's employer coverage be extended to cover dependents?**

1. Yes
2. No
7. Don't Know
8. TARGET does NOT have ACCESS to insurance through OWN employer
9. Refused

**(Now go to U1)**

**COV10. What is the main reason you have (TARGET has) not bought health insurance on your (their) own?**

DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.

1. Do not need or want any health insurance
2. Rarely sick
3. Do not know where to begin/where to go
4. Too much hassle/paperwork
5. Could not afford/too expensive
6. Expect to be covered by a health insurance policy shortly
7. Benefit package didn't meet needs
8. Rejected because of health condition
9. NOT ELIGIBLE to receive coverage
10. Other (specify) \_\_\_\_\_
97. Don't Know
99. Refused

UTILIZATION AND DEMOGRAPHIC SECTION

**UTILIZATION QUESTIONS – Asked of all respondents.**

**U1** Is there a regular place that you /Target go for medical care?

1. Yes
2. No → U4
7. Don't Know → U4
9. Refused → U4

**U2.** Where does [TARGET usually go/you usually go] for medical care. Is that an:

1. Emergency room or urgent care center → U4
2. Clinic

- 3. Doctor's office → U4
- 4. Or some place else (specify) \_\_\_\_\_ → U4
- 7. Don't Know → U4
- 9. Refused → U4

**U3** If you usually go to a clinic, is it a . . .

- 1. Public health, community health center, village clinic, or free clinic
- 2. Hospital outpatient clinic
- 3. Private clinic
- 4. Other (please specify) \_\_\_\_\_
- 7. Don't Know
- 9. Refused

**[IF NO VISITS SKIP TO INPUSE]**

**U4** During the **past 6 months**, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- 1 Yes
- 2 No – SKIP TO D1
- 7 Don't know / Not sure
- 9 Refused – SKIP TO D1

**U5.** During the **past 6 months**, have you /Target been a patient overnight in a hospital?

- 1. Yes
- 2. No → **SKIP TO U7**
- 7. Don't Know → **SKIP TO U7**
- 9. Refused → **SKIP TO U7**

**U6** DURING THE PAST 6 MONTHS, how many times have you /Target been admitted to a hospital?

- \_\_ times
- 77. Don't Know
- 99. Refused

**U7** During the **past 6 months**, have you /Target been to a hospital emergency room or urgent care center?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

**U8** During the **past 6 months**, have you /TARGET called 911 or an ambulance for a health reason, for yourself or a member of the household?

- 1. Yes → go to U9
- 2. No → go to D1
- 7. Don't Know → go to D1
- 9. Refused → go to D1

**U9A.** How many times were for injuries?

- \_\_ Number of times
- 77 Don't Know
- 88 None
- 99 Refused

**U9B.** How many time were for medical conditions?

- \_\_ Number of times
- 77 Don't Know

88 None  
99 Refused

**U10.** Did any of these transports involve air transports?

1. Yes
2. No
7. Don't Know
9. Refused

**DEMOGRAPHIC QUESTIONS – Asked of all respondents.**

The following questions are about TARGET.

**D1.** Would you say your **TARGET's** health, in general, is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't Know
9. Refused

**D2** Are you/Target Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**D3** Which one or more of the following would you say is your/TARGET's race?

**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**If more than one response to D3 continue to D4. Otherwise, go to D5**

**D4** Which one of these groups would you say best represents your/Target race?

- 1 White
- 2 Black or African American
- 3 Asian

- 4 Native Hawaiian or Other Pacific Islander
  - 5 American Indian or Alaska Native
  - 6 Other [specify] \_\_\_\_\_
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

**[THE REMAINING QUESTIONS ARE FOR THE RESPONDENT]**

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

**D5 INCOME.** Is your annual household income from all sources—

**If respondent refuses at ANY income level, code '99' (Refused) – go to end of survey**

**Read only if necessary:**

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**D6** How many people who CURRENTLY LIVE in your household, including yourself, depend on this income?

**(PROBE: "Do not include any children for which a family member currently pays child support, or any children away attending college or boarding school.")**

\_\_\_\_\_ people

- 77. Don't Know → go to D8
- 99. Refused → go to D8

**D7** How many of these people [who depend on the household income] are children under age 18?

\_\_\_\_\_ children

- 88. None
- 77. Don't Know
- 99. Refused

**D8** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No → go to D8
- 7 Don't know / Not sure → go to D8
- 9 Refused → go to D8

**D9** How many of these telephone numbers are residential numbers?

- Residential telephone numbers [**6 = 6 or more**]
- 7 Don't know / Not sure
- 9 Refused

**D10** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**END OF SURVEY.**