

IOWA UNINSURED STUDY

[FINAL]
STUDY # 01305

BASELICE & ASSOCIATES, INC.
CONFIDENTIAL DOCUMENT
Respondents

GENDER:
1 Male
2 Female

Hello, I am _____ of Baselice & Associates, a national survey research firm, and we are calling on behalf of the State of Iowa to learn more about the experiences of people without health insurance coverage. We are not selling anything, but rather just calling to ask a few questions about health insurance, an important topic for many families.

ASKING

First let me ask you if you are an adult living in _____ County?
No, ask: Is there some other adult at home who lives in this County?
Yes, then ask: May I speak with him/her?)

- Yes (Continue)
- No (Thank & Terminate)

Make sure we have a representative sample of people in Iowa, what is your age, please? (Respondent must be at least 18 years of age - If not, then ask for an adult and go back to the introduction.)
Record Unsure/Refused as 9 9 9

Record age)

To better understand the types of people we interview, please tell me if you are currently single, married, living with a partner, divorced or separated, or widowed?

- Single
- Married
- Living with a partner
- Divorced or separated
- Widowed
- Unsure (vol)
- Refused (vol)

Now, tell me how many people currently live in your household? (Do not read - record only)

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight or more
- Unsure (vol)
- Refused (vol)

IF VALUE 1, 4, 5, 6, 7 in QUESTION 2 AND VALUE 2-8 in QUESTION 3, ASK:

- OR - IF VALUE 3-8 in QUESTION 3, ASK:

And how many children under the age of 18 live in your household? (Do not read - record only)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more
- 9 Zero / None
- 10 Unsure
- 11 Refused
- 12 Not asked

IF VALUE 1, 9, or 10 in QUESTION 3, ASK:

THIS QUESTION TO BE PROGRAMMED AFTER QUESTION 7A-7I SERIES: And to confirm, do you currently have ANY health insurance coverage, such as coverage you get through a job or through the government, or that you purchased on your own?

- 1 Yes
- 2 No
- 3 Unsure (vol)
- 4 Refused (vol)

Question -- space holder

ASK EVERYONE QUESTIONS 7A - 7I

Please tell me if you have any of the following types of health insurance coverage.

YES NO

- 1 2 A. Coverage through your employer
- 1 2 B. ASK 7B if Q3 is Value 2-8 -Coverage through an employer of someone else in the household
- 1 2 C. Coverage you pay for on your own
- 1 2 D. Coverage someone else pays for you
- 1 2 E. Coverage through the Iowa State Medicaid or HAWK-I (hawk-eye) program
- 1 2 F. Coverage through the military, CHAMPUS, TriCare or the Veterans Administration
- 1 2 G. Coverage through Medicare
- 1 2 H. Coverage through the Indian Health Service
- 1 2 I. Coverage from some other source (SPECIFY) _____

VALUE 2 in QUESTION 2 and VALUE 2 in QUESTION 3, ASK:

Please tell me if your spouse has any of the following types of health insurance coverage.

YES NO

- 2 2 A. Coverage through your employer
- 2 2 B. Coverage through his / her employer
- 2 2 C. Coverage he / she pays for on his / her own
- 2 2 D. Coverage someone else pays for him / her
- 2 2 E. Coverage through the Iowa State Medicaid or HAWK-I (hawk-eye) program
- 2 2 F. Coverage through the military, CHAMPUS, TriCare or the Veterans Administration
- 2 2 G. Coverage through Medicare
- 2 2 H. Coverage through the Indian Health Service
- 2 2 I. Coverage from some other source (SPECIFY) _____

VALUE 1, 3-7 in QUESTION 2 and VALUE 2 in QUESTION 3, ASK:

VALUES 3-8 in QUESTION 3, ASK:

Please tell me if (the other person / any of the other people) in the household (has / have) any of the following types of health insurance coverage.

YES NO

- 2 2 A. Coverage through your employer
- 2 2 B. Coverage through an employer of someone else in the household
- 2 2 C. Coverage you or they pay for them
- 2 2 D. Coverage someone else pays for them
- 2 2 E. Coverage through the Iowa State Medicaid or HAWK-I (hawk-eye) program
- 2 2 F. Coverage through the military, CHAMPUS, TriCare or the Veterans Administration
- 2 2 G. Coverage through Medicare
- 2 2 H. Coverage through the Indian Health Service
- 2 2 I. Coverage from some other source (SPECIFY) _____

IF ALL VALUE 2 or IF 8A-8I ARE ALL VALUE 2, THEN CONTINUE. OTHERWISE THANK & TERMINATE.

IF ALL VALUE 2 or IF 9A-9I ARE ALL VALUE 2, THEN CONTINUE. OTHERWISE THANK & TERMINATE.

NOTE: THESE QUESTIONS ALLOW US TO DETERMINE AT THE TARGET IN VERSION C

VALUE 2 IN QUESTION 3 and IF 9A-9I ARE ALL VALUE 2, ASK:

Who is the other person in the household who is without health coverage related to you?
(Record one mention)

- 1: Husband
- 2: Wife
- 3: Fiancée
- 4: Boyfriend
- 5: Girlfriend
- 6: Just a friend / roommate / my partner
- 7: Mother
- 8: Mother-in-law
- 9: Father
- 10: Father-in-law
- 11: Son
- 12: Stepson
- 13: Daughter
- 14: Stepdaughter
- 15: My child (include foster / adopted child)
- 16: My stepchild
- 17: Uncle
- 18: Aunt
- 19: Nephew
- 20: Niece
- 21: Live-in housekeeper / Maid / Sitter / Aupair
- 22: Cousin
- 23: Other person (specify) _____
- 24: Unsure / refused (Plus in Aunnamed persons)

VALUES 3-8 IN QUESTION 3 and IF 9A-9I ARE ALL VALUE 2, ASK:

Who is another person in the household who you know the most about and who is without health coverage related
(Record first mention only)

- 1: Husband
- 2: Wife
- 3: Fiancée
- 4: Boyfriend
- 5: Girlfriend
- 6: Just a friend / roommate / my partner
- 7: Mother
- 8: Mother-in-law
- 9: Father
- 10: Father-in-law
- 11: Son
- 12: Stepson
- 13: Daughter
- 14: Stepdaughter
- 15: My child (include foster / adopted child)
- 16: My stepchild
- 17: Uncle
- 18: Aunt
- 19: Nephew
- 20: Niece
- 21: Live-in housekeeper / Maid / Sitter / Aupair
- 22: Cousin

40 Other person (specify) _____
99 Unsure / refused (Plus in Anonymous persons)

space holder
space holder
space holder
space holder
space holder

VERSION A FROM HERE ON IS FOR RESPONDENTS WHO ANSWERED VALUE 2 TO ALL QUESTIONS 7A-7I
VERSION B FROM HERE ON IS FOR RESPONDENTS WHO ANSWERED VALUE 1 TO ANY OF QUESTIONS
7A-7I, BUT VALUE 2 TO ALL QUESTIONS 8A-8I
VERSION C FROM HERE ON IS FOR RESPONDENTS WHO ANSWERED VALUE 1 TO ANY OF QUESTIONS
7A-7I, BUT VALUE 2 TO ALL QUESTIONS 9A-9I

HEALTH INSURANCE

In your own words, please tell me the main reason [A: you are / B: your spouse / C: your _____ is] without health insurance coverage? (Probe: Please tell me more about that)

How long has it been since [A: you / B: your spouse / C: your _____] last had some type of health insurance coverage? (Read options)

- 1 Less than six months
- 2 At least six months but less than one year
- 3 At least one year but less than two years
- 4 At least two years but less than five years
- 5 At least five years but less than ten years
- 6 Ten years or longer
- 7 Unsure (vol)
- 8 Refused (vol)

Is it possible for [A: you / B: your spouse / C: your _____] to get health insurance coverage through some other employer?

- 1 Yes (To 14X)
- 2 No (To 15)
- 3 Unsure (vol) (To 15)
- 4 Refused (vol) (To 15)

From whose employer would [A: you / B: your spouse / C: your _____] get health insurance coverage?

Overall, would you say [A: your / B: your spouse's / C: your _____=s] overall health is excellent, good, fair, or

- Excellent
- Good
- Fair
- Poor
- Unsure (vol)
- Refused (vol)

How would you say [A: your / B: your spouse / C: your _____=s] health is better, is worse, or is about the same as it was five months ago?

- Better
- Worse
- About the same
- Unsure (vol)
- Refused (vol)

Has [A: you / B: your spouse / C: your _____] had an injury, serious illness, or chronic condition that required medical attention in the last twelve months?

- Yes (To 20X)
- No (To 21)
- Unsure (vol) (To 21)
- Refused (vol) (To 21)

IF IN QUESTION 20, ASK:

Does [A: you / B: your spouse / C: your _____] receive medical care for this?

- Yes
- No
- Unsure (vol)
- Refused (vol)

How difficult [A: you have / B: your spouse has / C: your _____ has] been uninsured, has it been very difficult, somewhat difficult, somewhat easy, or very easy for [A: you / B: your spouse / C: your _____] to get medical care when needed?

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy
- Have not needed it (vol)
- Unsure (vol)
- Refused (vol)

you / B: Has your spouse / C: Has your _____] delayed getting care because you do not have health insurance coverage?

- Yes
- No
- Unsure (vol)
- Refused (vol)

the following worries [A: you / B: your spouse / C: your _____] most about not having health insurance? (Randomize choices)

- Not getting medical care in an emergency or after having an accident
- Not getting medical care for a serious or long term illness like cancer
- Not getting the proper health care at the time it is needed
- Having to pay the hospital or doctor bill
- Being wiped out of money or financially ruined to pay for health care
- Being unable to pay for health care
- Other (vol)
- No worries (vol)
- Unsure (vol)
- Refused (vol)

WITH HEALTH INSURANCE

ever decided to take a job that did not offer health care coverage rather than a job that did offer it?

- Yes (To 24X)
- No (To 25)
- Unsure (vol) (To 25)
- Refused (vol) (To 25)

the following best describes why you did not take the job that offered health insurance? (Randomize choices)

- The job I took offered more money
- Shorter commute – easier to get to work
- Liked the job other better
- Life opportunity for growth
- Did not need or want the insurance
- Retired - did not go to work (vol)
- Unsure (vol)
- Refused (vol)

... B: Is your spouse / C: Is your (VALUES 1-10, 17-20, 22 in Q10 or Q11) currently self-employed, employed by someone else, or unemployed?

- self-employed (have own business) (To 30)
- employed by someone else (To 26)
- an unpaid worker for family business or home (To 30)
- unemployed (To 30)

IN QUESTION 25, ASK

... / B: Does your spouse's / C: Does your (VALUES 1-10, 17-20, 22 in Q10 or Q11) employer offer health insurance coverage for its employees?

- yes (To 27)
- no (To 30)
- unsure (vol) (To 30)
- refused (vol) (To 30)

IN QUESTION 26, ASK

... / B: Is your spouse / C: Is your (VALUES 1-10, 17-20, 22 in Q10 or Q11) eligible for that insurance now?

- yes, eligible (To 28)
- no, not eligible (To 30)
- unsure (vol) (To 30)
- refused (vol) (To 30)

IN QUESTION 27, ASK

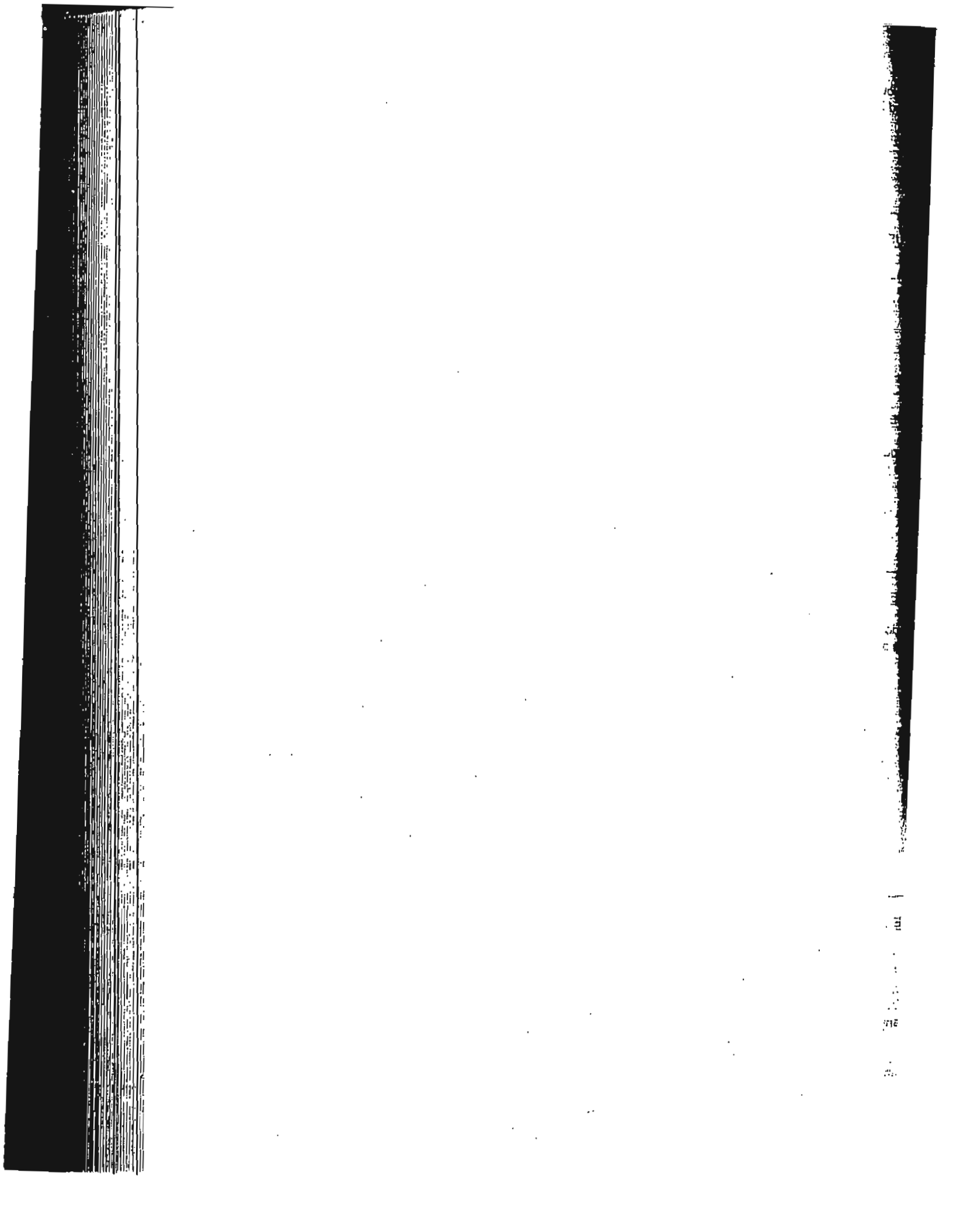
... / B: does your spouse / C: does your (VALUES 1-10, 17-20, 22 in Q10 or Q11) NOT have the health insurance offered by the employer? (Do not read -- record only)

- do not need or want any health insurance
- already sick
- too much hassle / paperwork
- could not afford / too expensive
- rejected because of health condition
- do not work enough hours in a week
- have not worked there long enough
- doubt eligible
- benefits package offered did not meet needs / not good enough
- other (specify) _____
- did not have that insurance
- unsure (vol)
- refused (vol)

IN QUESTION 26 and VALUE 1 in QUESTION 27, ASK

... how much, if anything, do you think [A: you / B: your spouse / C: your (VALUES 1-10, 17-20, 22 in Q10 or Q11)] would have to pay each month for [A: you / B: him/her / C: him/her] (IF VALUES 2-8 in QUESTION 3): as well as for other insured persons in the household), to be covered on [A: your / B: your spouse's / C: your (VALUES 1-10, 17-20, 22 in Q10 or Q11) employer's plan? Probe if unsure: Just guess what you think it would cost per month for anything. (Record unsure as 9 9 9 9)

(amount)



VALUES 1, 3 or 4 IN QUESTION 25 - OR - IF VALUE 2, 3, 4 IN QUESTION 26 - OR -
VALUES 2, 3, 4 IN QUESTION 27

You / B: Has your spouse / C: Has your (VALUES 1-10, 17-20, 22 in Q10 or Q11) ever tried to purchase
insurance coverage for yourself (IF VALUES 3-8 in QUESTION 3: and others in the household through
some organization other than an employer?

- Yes (To 31)
- No (To 33)
- Unsure (vol) (To 33)
- Refused (vol) (To 33)

VALUES IN QUESTION 30, ASK

You / B: Did your spouse / C: Did your (VALUES 1-10, 17-20, 22 in Q10 or Q11) actually purchase health

- Yes (To 32)
- No (To 33)
- Unsure (vol) (To 33)
- Refused (vol) (To 33)

VALUES IN QUESTION 31, ASK

You / B: doesn't your spouse / C: doesn't your (VALUES 1-10, 17-20, 22 in Q10 or Q11) still have
coverage? (Do not read - record only)

- Still has/have it
- Monthly premiums too high / too expensive
- Did not cover others in my family
- Insured through an employer
- Do not want / need / use it
- Life change -- moved / divorce / new job
- Other (specify) _____
- Don't know
- Refused

QUESTIONS 1, 3 or 4 IN QUESTION 25 - OR - IF VALUE 2, 3, 4 IN QUESTION 26 - OR -
VALUES 2, 3, 4 IN QUESTION 27

What is the main reason [A: you have not purchased health insurance coverage / B: your spouse has not purchased health insurance coverage / C: your (VALUES 1-10, 17-20, 22 in Q10 or Q11) has not purchased health insurance coverage]? (Do not read - record only)

- Do not need or want any health insurance
- Rarely sick
- Too much hassle / paperwork
- Could not afford / too expensive
- Rejected because of health condition
- Do not like what was offered
- Not gotten around to it - too busy
- Still looking into it / shopping around
- Waiting to be covered by employer / after getting a job
- Do not know if coverage is available
- Do not know if qualify
- Have / has a pre-existing condition
- Do not know how to go about getting it / applying
- Other (specify)
- Don't know
- Refused

QUESTIONS 1, 3 or 4 IN QUESTION 25 - OR - IF VALUE 2, 3, 4 IN QUESTION 26 - OR -
VALUES 2, 3, 4 IN QUESTION 27

How much do you think it would cost each month to purchase a basic health insurance plan for [A: yourself / B: your spouse / C: your _____]? PROBE: Just very roughly, what do you think the monthly cost would be? (Record as 9 9 9 9)

(Amount)

VALUES 1, 3 or 4 IN QUESTION 25 - OR - IF VALUE 2, 3, 4 IN QUESTION 26 - OR -
VALUE 2, 3, 4 IN QUESTION 27 - AND VERSION A or VERSION B or VERSION C with
VALUES 1-10, 17-20, 22 in Q10 or Q11

How much, if anything, would (A: you / B: your spouse / C: your (VALUES 1-10, 17-20, 22 in Q10 or Q11)) be
willing to pay each month out of [A: your / B: his / her / C: his / her] own pocket for a health insurance plan that
provides basic coverage for doctor visits, hospitalization, and prescription drugs?
(Enter amount as 9 9 9 9)

(Enter amount)

VALUES 1, 3 or 4 IN QUESTION 25 - OR - IF VALUE 2, 3, 4 IN QUESTION 26 - OR -
VALUE 2, 3, 4 IN QUESTION 27 - AND- VERSION C with VALUES 11-16, 21 in Q10 or Q11

How much, if anything, would you be willing to pay each month out of your own pocket for a health insurance
plan that provides basic coverage for doctor visits, hospitalization, and prescription drugs for your (VALUES 11-16,
21 in Q10 or Q11)?
(Enter amount as 9 9 9 9)

(Enter amount)

EVERYONE ***

VERSION A -or- VERSION B -or- VERSION C with VALUES 1-10, 17-20, 22 in Q10 or Q11

Have you / B: Has your spouse / C: Has your _____] ever tried to get health insurance and been turned
down because of a medical condition?

- Yes
- No
- Unsure (vol)
- Refused (vol)

VERSION C with VALUES 1-16, 21 in Q10 or Q11

Have you ever tried to get health insurance for your (VERSION C with VALUES 1-16, 21 in Q10 or Q11) and been
turned down because of a medical condition?

- Yes
- No
- Unsure (vol)
- Refused (vol)

Yes

No

Un-

Ref-

IF VALUE 2 on Q7E or Q8E - or- IF VALUE 2 on Q7E or Q9E, ASK:

ASK (A: you / B: your spouse / C: your _____ or others in your family) might currently be eligible for health insurance program such as Medicaid or the HAWK-I (hawk-eye) program?

Yes (To 38 or 39)

No (To 38 or 39)

Insure (vol) (To 38 or 39)

Refused (vol) (To 38 or 39)

IF VALUE 2 on Q7E or Q8E AND IF VALUE 1-8 IN QUESTION 4, ASK

IF VALUE 2 on Q7E or Q9E AND IF VALUE 1-8 IN QUESTION 4, ASK:

ASK (A: you / B: Has your spouse / C: Has your (VALUES 1-10, 17-20, 22 in Q10 or Q11) _____) applied for the HAWK-I program for [A: yourself / B: himself/herself / C: himself/herself] or any children in the

Yes

No

Insure

Refused

IF VALUE 2 on Q7E or Q9E, ASK AND IF VALUE 1-8 IN QUESTION 4, ASK:

IF VALUE 1 in Q4) / Are any of the (children IF VALUE 2-8 in Q4)) currently enrolled in Medicaid?

Yes

No

Insure

Refused

IF VALUE 2 on Q7E or Q8E AND IF VALUE 9-12 IN QUESTION 4, ASK

IF VALUE 2 on Q7E or Q9E AND IF VALUE 9-12 IN QUESTION 4, ASK:

ASK (A: you / B: Has your spouse / C: Has your (VALUES 1-10, 17-20, 22 in Q10 or Q11) _____) applied for the HAWK-I program for [A: yourself / B: himself/herself / C: himself/herself]?

Yes

No

Insure

Refused

VALUE 2 IN QUESTION 38 - OR - IF VALUE 2 IN QUESTION 39, ASK:

Do you think [A: you / B: has your spouse / C: your _____] not applied for Medicaid coverage? (Do not read - only)

- Do not need it right now
- Do not want to bother
- Do not know who to call / how to apply
- Application is too hard / too much paper work
- Can not take time from work
- Can get medical care if need to
- Do not want to be in a government program
- Other (specify) _____
- Unsure (vol)
- Refused (vol)

VALUE 2 or 3 IN QUESTION 37, ASK:

Do you think [A: you / B: your spouse / C: your _____] might NOT be eligible for Medicaid?

EVERYONE ***

Do you have any large medical bills that have been difficult to pay off?

- Yes
- No
- Unsure
- Refused

Do you want to learn more about possible health coverage options for you (and others in your household) in Q3... (Randomize questions)

DK

- 3 A. On television
- 3 B. On the radio
- 3 C. In the newspaper
- 3 D. From something in the mail
- 3 E. From a 1-800 toll free telephone number you could dial
- 3 F. From someone you could go visit at a local or state government office
- 3 G. From someone who would come to your home and talk to you about it
- 3 H. From someone in a community or church organization
- 3 I. From a medical assistant at a local hospital or health clinic

GRAPHIC

ask a few questions to make sure we have a representative sample -

VALUE 2-3 IN QUESTION 3, ASK:

How many wage earners are there in your household?

(Unsure/Refused as 9 9)

(u)

What industry or type work is the main wage earner employed? (Do not read - record only)

- 1 Retail trade
- Personal service
- Business services
- Legal services
- Medical services
- Manufacturing
- Finance - insurance - real estate
- Transportation - communications - utilities
- Construction
- Agriculture (farming - ranching) - forestry - mining
- No main wage earner
- Unsure (vol)
- Refused (vol)

Is the main wage earner Latino or of Hispanic origin, such as Mexican-American, Latin American, South American, or Puerto Rican?

- Yes
- No
- Unsure (vol)
- Refused (vol)

What is the race of the main wage earner? (White, African-American, Asian or Pacific Islander, American Indian, or some other race?)

- Anglo / White
- African-American / Black
- Asian
- Pacific Islander
- American Indian
- Hispanic (vol)
- Other (vol)
- Unsure (vol)
- Refused (vol)

For broad geographical purposes only, what is your zip code please?
(Record Unsure or Refused as 9 9 9 9 9)

(Record ZIP)

Want to classify people into broad income groups only. Was your total household income last year before
? (Read list and fit income into correct category)

- Under \$5,000
- \$5,000 but less than \$10,000
- \$10,000 but less than \$15,000
- \$15,000 but less than \$20,000
- \$20,000 but less than \$25,000
- \$25,000 but less than \$30,000
- \$30,000 but less than \$40,000
- \$40,000 but less than \$50,000
- \$50,000 or over
- Unsure (vol)
- Refused (vol)