

APPENDIX I – Employer Sample Frame

Table AI-1: Geopolitical Units (Counties/City) Within Sample Regions 1 – 7

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Southeast Counties	Southwest Counties	East Central Counties	West Central Counties	Northern Lower Peninsula Counties	Upper Peninsula Counties	Detroit
Genesee Lapeer Lenawee Livingston Macomb Monroe Oakland St. Clair Washtenaw Wayne (excluding Detroit)	Berrien Branch Calhoun Cass Eaton Hillsdale Ingham Jackson Kalamazoo St. Joseph Van Buren	Arenac Bay Clare Clinton Gladwin Gratiot Huron Isabella Midland Saginaw Sanilac Shiawassee Tuscola	Allegan Barry Ionia Kent Lake Manistee Mason Mecosta Montcalm Muskegon Newaygo Oceana Osceola Ottawa	Alcona Alpena Antrim Benzie Charlevoix Cheboygan Crawford Emmet Grand Traverse Iosco Kalkaska Leelanau Missaukee Montmorency Ogemaw Oscoda Otsego Presque Isle Roscommon Wexford	Alger Baraga Chippewa Delta Dickinson Gogebic Houghton Iron Keweenaw Luce Mackinac Marquette Menominee Ontonagon Schoolcraft	City of Detroit

Table AI-2: Survey Batches and Mailing Dates

Batch #	Regions	Surveys in Batch	Date Mailed	Date for Phone Follow-up
Batch 1	Upper Peninsula, Northern Lower Peninsula, West Central	3144	8/15/2005	8/22/2005
Batch 2	Southwest, East Central, Genesee County (from SE region)	3188	8/15/2005	8/25/2005
Batch 3	Detroit, Lenawee, Livingston, Monroe, Washtenaw, Wayne	2712	8/29/2005	9/8/2005
Batch 4	Lapeer, Macomb, Oakland, St. Clair	3026	9/12/2005	9/23/2005

APPENDIX II – Other Data Sources

Overview

There are a number of data sources available that describe the characteristics of employers, the extent to which they provide health insurance to their employees, and their reasons for making the decisions related to employee health coverage. Several of these data sources are: (1) Employee Benefit Research Institute (EBRI) Employer Attitudes and Practices Affecting Health Benefits and the Uninsured; (2) Michigan Manufacturers Association: 2003 Health Care Purchasers' Survey Report (MMA); (3) U.S. Department of Health and Human Services Medical Expenditure Panel Survey (MEPS) and the Current Population Survey (CPS). These sources are described below, followed by a discussion of how and why the data from these sources vary from the MEHIS.

Employee Benefit Research Institute

The Employee Benefit Research Institute collaborated with the Consumer Health Education Council to conduct a study aimed at identifying employer attitudes and practices regarding employee health benefits (Christensen, 2002). The study was funded by the Robert Wood Johnson Foundation and included a literature review, employer focus groups, and a Web-based survey of employers. Eleven business groups and other membership-based organizations distributed the survey to their members, making the survey available to more than 53,500 individuals throughout the country. The response to this survey was not large enough to be statistically representative of all employers in the United States (Christensen, 2002).

Michigan Manufacturers Association

In 2003, a brief print survey on health care was sent to all Michigan Manufacturers Association members. Respondents were given the option of returning the completed survey by return mail, by fax, or by completing the survey online (Michigan Manufacturers Association [MMA], 2003). The purpose of the survey was to collect data from members that would shape legislative advocacy activities by the MMA.

Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) is a project of the Agency for Healthcare Research and Quality and has been in use since 1996. MEPS is made up of four large-scale surveys designed to collect data from a national sample of individuals and families, nursing homes, employers, and health care providers (Agency for Healthcare Research and Quality [AHRQ], 2006). The data collected through the Insurance Component of the MEPS allows for estimates of the amount, types, and costs of health insurance offered through employers. Results from the MEPS are used to inform policy and to better understand current health care trends.

Comparison to MEHIS Data

The data available through these sources vary from each other and from the MEHIS. Some of the differences in findings can be attributed to different study designs and different purposes for the studies. How each of these reasons affects the comparison of MEHIS to the other data sources is described below.

Different Study Designs

Although all the data sources collected information from employers, the target population for each study was unique. The sample for the MEHIS was a random sample of all Michigan employers. The MMA survey targeted only member businesses (MMA, 2003). The EBRI sample was also based on membership, but it was a national sample of employers involved in eleven different membership organizations (Christensen, 2002). Finally, the MEPS sample consists of a nationwide sample of employers based on a list maintained by the U.S. Census Bureau (AHRQ, 2006).

The methodology used in each study also varied. Some of the studies allowed for multiple ways for participants to complete the survey, including by phone, mail, fax, and online. Other studies allowed for surveys to be completed in only one way, including the EBRI (online). Some studies also included follow-up with those not completing the survey, thus resulting in higher response rates. The surveys were also of differing lengths and complexity.

The differences in target populations affect the response rates reported in three of the studies. Response rates for the MEPS are not reported by state, but are approximately 70-75% nationally each year. These response rates are summarized in Table AII-1 below.

Table AII-1: Reported Response Rates

	MEHIS (2005)	EBRI (2002)	MMA (2003)
Sample size	9,502 employers	53,500 individuals	N/A
# of completed surveys	1,261	Approximately 800	689
Response rate	13.0%	1.49%	23.5%

As illustrated in Table AII-1, the response rates for the studies varied greatly. The higher response rate for the MMA study may be due to the study targeting only MMA members. In comparison, the MEHIS was a random sample of all employers in Michigan. The impact of methodology can also be seen in that the lowest response rate corresponds to the survey that offered the fewest options for completing the survey. In contrast, the MEHIS involved multiple ways to complete the survey and extensive follow-up.

Another difference in study design between data sources is the target population. The MEPS collected data only from private sector establishments, defined as all unique firms and employers that are non-governmental in nature (AHRQ, 2006). The MEHIS, on the other hand, collected data from all employers including self-employed individuals and employers that are governmental in nature. Therefore, differences in results must be considered carefully. Table AII-2 shows the rates at which employers offer health insurance to employees by employer size according to the MEHIS and MEPS.

Table AII-2: Comparison of MEHIS and MEPS Rates for Employers that Offer Health Insurance by Employer Size

Employer Size: Number of Employees	Percent Offering Health Insurance	
	MEHIS	MEPS
Less than 10	42.5	41.6
10 to 24	75.4	75.7
25 to 99	89.0	73.9
100 to 999	99.0	88.4
1000 or more	97.0	99.9
Total	60.4	61.1

Different Purposes for the Studies

Each study had a different purpose. The purpose of the EBRI study was to determine employer attitudes towards health benefits, so the questions in the study aimed to document what employers thought was important related to health care benefits, not the extent to which they offer health benefits (Christensen, 2002). The MMA study was designed to determine the most important concerns related to health care benefits among its membership (MMA, 2003). The MEPS collected data on rates of employer-based insurance and the types of benefits that are offered, but did not examine why employers offer health benefits or what barriers exist to offering health benefits to employees.

In contrast to these three studies, the MEHIS was designed to determine rates of employer coverage, the benefits offered by employers, the perceived benefits of offering health insurance, and the barriers to employers in offering health insurance. The difference in purpose means that different questions were asked on each survey so the findings do not allow for direct comparison. Thus, although the studies were all related to employer-based health care coverage, the data collected and the interpretation of that data vary in important ways.

APPENDIX III – Type of Industry Categories

Farming/Ranching - Comprised of establishments primarily engaged in growing crops, raising animals, harvesting timber, and harvesting fish and other animals from a farm, ranch, or their natural habitats. Also includes establishments involved in the keeping, grazing, or feeding of livestock for the sale of livestock or livestock products.

Mining - Comprised of establishments that include the extraction of minerals occurring naturally: solids, such as coal and ores; liquids, such as crude petroleum; and gases such as natural gas. The term mining is also used in the broad sense to include quarrying, well operations, milling (e.g., crushing, screening, washing, flotation), and other preparation customarily done at the mine site, or as a part of mining activity.

Construction - Establishments primarily engaged in the construction of buildings or engineering projects. The term construction includes new work, additions, alterations, reconstruction, installations, and repairs. Construction activities are generally administered or managed from a relatively fixed place of business, but the actual construction work is performed at one or more different sites.

Manufacturing - Establishments engaged in the mechanical, physical, or chemical transformation of materials, substances, or components into new products. These establishments are usually described as plants, factories, or mills and characteristically use power-driven machines and materials handling equipment.

Government - Publicly owned establishments. This sector includes establishments of federal, state, and local government agencies that administer, oversee, and manage public programs and have executive, legislative, or judicial authority over other institutions within a given area. These agencies also set policy, create laws, adjudicate civil and criminal legal cases, provide for public safety and for national defense. Establishments such as public schools and public hospitals also are included in government. The information presented here refers to civilian employment only.

Finance/Insurance/Real Estate - Finance includes depository institutions, non-depository credit institutions, holding companies, other investment companies, brokers and dealers in securities and commodity contracts, and security and commodity exchanges. Insurance covers carriers of all types of insurance, as well as insurance agents and brokers. Real estate includes owners, lessors, lessees, buyers, sellers, agents, and developers of real estate.

Wholesale Trade - Establishments engaged in wholesaling merchandise, generally without transformation, and rendering services incidental to the sale of merchandise. The wholesaling process is an intermediate step in the distribution of merchandise. It includes establishments or places of business primarily engaged in selling merchandise to retailers; to industrial, commercial, institutional, farm, construction contractors, or professional business users; or to other wholesalers; or acting as agents or brokers in buying merchandise for or selling merchandise to such persons or companies.

Eating and Drinking Establishment - Retail establishments selling prepared foods and drinks for consumption on the premises, and also lunch counters and refreshment stands selling prepared foods and drinks for immediate consumption.

General Merchandise/Apparel Store - Comprised establishments engaged in retailing merchandise, generally without transformation, and rendering services incidental to the sale of merchandise. The retailing process is the final step in the distribution of merchandise; retailers are, therefore, organized to sell merchandise in small quantities to the general public.

Lodging and/or Recreation Services - A wide range of establishments that operate facilities or provide services to meet varied cultural, entertainment, and recreational interests of their patrons. This sector comprises (1) establishments that are involved in producing, promoting, or participating in live performances, events, or exhibits intended for public viewing; (2) establishments that preserve and exhibit objects and sites of historical,

cultural, or educational interest; and (3) establishments that operate facilities or provide services that enable patrons to participate in recreational activities or pursue amusement, hobby, and leisure-time interests. This includes commercial and noncommercial establishments engaged in furnishing lodging, or lodging and meals, and camping space and camping facilities.

Personal and/or Business Services - Includes establishments primarily engaged in 1) rendering services to business establishments on a contract or fee basis; 2) performing professional, scientific, and technical activities for others; 3) performing routine support activities for the day-to-day operations of other organizations; and, 4) providing general services to individuals. Activities include: legal representation; accounting, bookkeeping, and payroll services; architectural, engineering, and specialized design services; computer services; consulting; research; advertising; photographic services; veterinary services; hiring and placing of personnel; clerical services, solicitation, collection, security and surveillance services, cleaning, and waste disposal services; laundry and dry cleaning services; beauty and barber shops.

Health Services - Includes establishments that provide health care and social assistance for individuals. Also includes those primarily engaged in furnishing medical, surgical, and other health services to persons.

Food Store - Includes retail stores primarily engaged in selling food for home preparation and consumption. Does not include establishments primarily engaged in selling prepared foods and drinks for consumption on the premises.

Transportation/Communications/Utilities - Includes industries providing transportation of passengers and cargo, warehousing and storage for goods, scenic and sightseeing transportation, and support activities related to modes of transportation. Establishments in these industries use transportation equipment or transportation-related facilities as a productive asset. The type of equipment depends on the mode of transportation. The modes of transportation are air, rail, water, road, and pipeline. The utilities sector comprises establishments engaged in the provision of the following utility services: electric power, natural gas, steam supply, water supply, and sewage removal.

Other Services - Comprises establishments engaged in providing services not specifically provided for elsewhere. Establishments in this sector are primarily engaged in activities, such as equipment and machinery repair, promoting or administering religious activities, grant making, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photo-finishing services, temporary parking services, and dating services.

REFERENCES

Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends (2003). *2003 Medical Expenditure Panel Survey – Insurance Component*. Retrieved January 25, 2006 from http://www.meps.ahrq.gov/MEPSDATA/ic/2003/Tables_II/TIIA2.pdf.

Christensen, R., Fronstin, P., Polzer, K., and Wertz, R. (2002, October). *Employer Attitudes and Practices Affecting Health Benefits and the Uninsured*. Employee Benefit Research Institute, Issue Brief Number 250.

Medical Expenditure Survey (MEPS). (2003). Washington, DC: United States Department of Health and Human Services – Agency for Healthcare Research and Quality. Available at: <http://www.meps.ahrq.gov/MEPSDATA/ic/2003/Index203.htm>.

Michigan Manufacturers Association (2003). *2003 Health Care Purchasers' Survey Report*.