

Minnesota Health Care Insurance and Access Survey (2001)
SCREEN ONLY: MINNESOTA

S1. Is this (house/apartment/mobile home) a vacation or seasonal home, or only occasionally occupied by your household?

- 1 yes → Thank you. We are only interviewing people at their main residence.
2 no

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

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

- 1 yes → **GOTO S4**
2 no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

- 1 yes → **GET PERSON ON PHONE AND GOTO S4**
2 no → **CALL BACK → Who should I speak with? What is a good time to call back?**

GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE

S3A _____

S4. What county do you live in? (Enter code) ___ __ __

- 777 Don't know → **GOTO IN_MN**
999 Outside of Minnesota → **GOTO IN_MN**

S4A. Is your household located in Minnesota?

- 1 yes → **GOTO S5**
2 no → Thank you. We are only interviewing people who reside in Minnesota.
7 don't know → Thank you. We are only interviewing people who reside in Minnesota.
9 refused → Thank you. We are only interviewing people who reside in Minnesota.

S5. What is your zip code? _____

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S6. How many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include in this number 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.) _____

COUNTY CODES

FIPS COUNTY

001 AITKIN
003 ANOKA
005 BECKER
007 BELTRAMI
009 BENTON
011 BIGSTONE
013 BLUEEARTH
015 BROWN
017 CARLTON
019 CARVER
021 CASS
023 CHIPPEWA
025 CHISAGO
027 CLAY
029 CLEARWATER
031 COOK
033 COTTONWOOD
035 CROWWING
037 DAKOTA
039 DODGE
041 DOUGLAS
043 FARIBAULT
045 FILLMORE
047 FREEBORN
049 GOODHUE
051 GRANT
053 HENNEPIN
055 HOUSTON
057 HUBBARD

FIPS COUNTY

059 ISANTI
061 ITASCA
063 JACKSON
065 KANABEC
067 KANDIYOHI
069 KITTSON
071 KOOCHICHING
073 LACQUIPARLE
075 LAKE
077 LAKE OF THEWOODS
079 LESUEUR
081 LINCOLN
083 LYON
087 MAHNOMEN
089 MARSHALL
091 MARTIN
085 MCLEOD
093 MEEKER
095 MILLELACS
097 MORRISON
099 MOWER
101 MURRAY
103 NICOLLET
105 NOBLES
107 NORMAN
109 OLMSTED
111 OTTERTAIL
113 PENNINGTON
115 PINE

FIPS COUNTY

117 PIPESTONE
119 POLK
121 POPE
123 RAMSEY
125 REDLAKE
127 REDWOOD
129 RENVILLE
131 RICE
133 ROCK
135 ROSEAU
139 SCOTT
141 SHERBURNE
143 SIBLEY
145 STEARNS
147 STEELE
149 STEVENS
137 ST.LOUIS
151 SWIFT
153 TODD
155 TRAVERSE
157 WABASHA
159 WADENA
161 WASECA
165 WATONWAN
167 WILKIN
169 WINONA
171 WRIGHT
173 YELLOWMEDICINE

S7. Now I have a form here that will help select one person. Please tell me the age and gender of each person in the household. Starting with yourself, what is your age as of your last birthday? (Record gender) (THIS IS PERSON #1)
 And the next person's age?
 Is this (child/person) (a boy or a girl/male or female)?

NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 → GOTO S8

The program has randomly selected the (age) year old (sex).

NAME. What is the first name or initials of the person I selected?

FIRST NAME OF TARGET: _____

Now I need to know each person's relationship to the person selected. What is your (PERSON #1) relationship to the person selected? FILL IN RELATIONSHIP COLUMN: (READ OFF LIST ONE AT A TIME. START WITH PERSON #2.)

What is the (AGE) year old's relationship to (TARGET)?

PERSON SELECTED IS "TARGET"

Household Member	AGE	M = male F = female SEX	SELECT TARGET AT RANDOM	Relationship to TARGET	Relationship Codes (DO NOT READ)
Person #1	S7_1AGE	S7_1SEX	(S7_NUM)	S7_1REL	1 = Self/TARGET
Person #2	S7_2AGE	S7_2SEX	NUMBER _____	S7_2REL	2 = Mother/Stepmother
Person #3	S7_3AGE	S7_3SEX	(S7_AGE)	S7_3REL	3 = Father/Stepfather
Person #4	S7_4AGE	S7_4SEX	AGE _____	S7_4REL	4 = Spouse
Person #5	S7_5AGE	S7_5SEX	(S7_SEX)	S7_5REL	5 = Partner
Person #6	S7_6AGE	S7_6SEX	SEX _____	S7_6REL	6 = Son/Daughter
Person #7	S7_7AGE	S7_7SEX		S7_7REL	7 = Sibling/Sister/Brother
Person #8	S7_8AGE	S7_8SEX		S7_8REL	8 = Grandparent
Person #9	S7_9AGE	S7_9SEX		S7_9REL	9 = Other relative
Person #10	S7_10AGE	S7_10SEX		S7_10REL	10 = NON-RELATIVE
Person #11	S7_11AGE	S7_11SEX		S7_11REL	
Person #12	S7_12AGE	S7_12SEX		S7_12REL	

S8. **IS A PROXY SPEAKING FOR THE TARGET?**

- 1 yes
- 2 no → GOTO S11

S9. **REASON FOR PROXY (SELECT ONE):**

- 1 minor
- 2 college student living away from home
- 3 temporarily living outside home (NOT at college)
- 4 cognitively impaired
- 5 hearing/speech
- 6 language barrier
- 7 too sick to come to phone or answer survey
- 8 TARGET is unavailable
- 9 proxy can provide information about health insurance
- 10 other _____

I need to indicate who is answering questions for TARGET.

S10. What is your relationship to TARGET? (DO NOT READ. MAP TO RESPONSE.)

- 2 Mother/Stepmother
- 3 Father/Stepfather
- 4 Spouse
- 5 Partner
- 6 Son/Daughter
- 7 Sibling/Sister/Brother
- 8 Grandparent
- 9 Other relative
- 10 NON-RELATIVE
- 77 Other

S10B. RECORD SEX OF PROXY IF KNOWN:

- 1 male
- 2 female
- 77 cannot ascertain

READ: The following questions are about “TARGET”.

IF TARGET AGE >2 YRS → GOTO S11

IF TARGET AGE =< 2 YRS → GOTO S12

S11. How long have you (has TARGET) lived in Minnesota?

S11A. _____ # years S11B. _____ # months

- 7 don't know
- 9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

SKIP S12

S12. How long has (TARGET's) parents or guardian lived in Minnesota?

S12A. _____ years S12B. _____ months

-7 don't know

-9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

S13. In what country (were you/was TARGET) born?

DO NOT READ. MAP TO RESPONSE.

1 United States → **GOTO H1**

2 Puerto Rico

3 Other U.S. Territory *

4 Cambodia

5 Canada

6 China

7 Cuba

8 Dominican Republic

9 El Salvador

10 Ethiopia

11 Germany

12 India

13 Jamaica

14 Japan

15 Korea

16 Laos

17 Liberia

18 Mexico

19 Phillippines

20 Russia, other Eastern European **

21 Somalia

22 Sudan

23 Thailand

24 Togo

25 Tibet

26 Vietnam

27 Other Country (specify) _____

77 don't know

99 refused

* American Samoa, Guam, Marshall Islands, Northern Marianas Island, U.S. Virgin Islands

** Bosnia, Kosovo, Yugoslavia

S14. When did you (TARGET) come to live in the U.S?
(INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY)

S14A. Year _____ or

S14B. Number of years ago _____

-7 don't know

-9 refused

IF SELECTED FOR SUPPLEMENT, SKIP TO CATI SORT.

INSTRUCTIONS:

Section H.

In the following section, each type of insurance should be read:

“Do you (does TARGET) CURRENTLY have (type of insurance)?”

If NO, proceed to next item in the roster. A response of DON'T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE:

“Besides this, do you (does the TARGET) have any other type of health insurance coverage?”

If YES, proceed with roster.

If NO, proceed to H15.

CATI BUILD IN MAX OF 3 TYPES.

The PROBE should not be asked in response to YES to H12.

H6A (CHIP) should be excluded in Minnesota, but do not renumber roster in Minnesota (simply skip H6A).

H. I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:	Y	N	D K	REF
H1. Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card. IF YES → GOTO MEDIGAP IF ELSE → GOTO H2	1	2	7	9
MEDIGAP. Do you (does R) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?	1	2	7	9
MEDHMO. Are you (Is R) enrolled in an HMO?	1	2	7	9
MEDDRG. Do you (Does R) have insurance that pays for prescription drugs?	1	2	7	9
H2. A Railroad Retirement Plan?	1	2	7	9
H3. CHAMPUS, Veteran's Affairs service connected to a disability, military health care ?	1	2	7	9
H4. Indian Health Service?	1	2	7	9
H5. Medical Assistance, Medicaid, PMAP (Prepaid Medical Assistance Plan), also known as Minnesota Health Care Programs?	1	2	7	9
H6. General Assistance Medical Care, or GAMC?	1	2	7	9
H6A. Children's Health Insurance Program, or CHIP?	1	2	7	9
H7. Insurance through MinnesotaCare (A state sponsored program that offers health insurance at a subsidized rate)?	1	2	7	9
H8. Insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (known as MCHA)?	1	2	7	9
H9. Health insurance through your (TARGET's) work or union?	1	2	7	9
H10. Health insurance through someone else's work or union?	1	2	7	9
H11. Health insurance <u>bought directly</u> by you (TARGET)? IF NO TO PROBE → GOTO POLICY	1	2	7	9
H12. Health insurance bought directly by someone else? IF H11 OR H12 YES & H1~1 → GOTO POLICY IF H11 OR H12 YES & H1=1 → GOTO H15 ELSE GOTO H13	1	2	7	9
POLICY. Is this an individual or family policy? <u>1</u> individual policy <u>2</u> family (covers more than one person) <u>7</u> don't know <u>9</u> refused				

PREM. How much do you (does TARGET) pay each month for your (TARGET's) health insurance premium?
 PREM1A. \$ _____ monthly PREM1C. \$ _____ quarterly
 PREM1B. \$ _____ biweekly PREM1D. \$ _____ semi-annually
 PREM1E. \$ _____ annually

-7 don't know
-9 refused

DED1. Does your (TARGET'S) health insurance include a deductible?
 READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services.

1 yes → **GOTO DED2**
2 no → **GOTO DRUG**
7 don't know → **GOTO DRUG**
9 refused → **GOTO DRUG**

DED2. How much is that (READ: DO NOT INCLUDE PREMIUM EXPENSES)?
 \$ _____
777 don't know
999 refused

DRUG. Do you (Does TARGET) have insurance that pays for prescription drugs?
1 yes
2 no
7 don't know
9 refused

GOTO H15	Y	N	DK	REF
H13. According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? IF YES → GOTO H14 IF NO/DK/REF → GOTO H19	1	2	7	9
IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE → GOTO H13A. H13A. You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? NOTE TO INTERVIEWER: Indian Health Service is not considered comprehensive insurance for the purposes of this survey. IF YES → GOTO H14	1	2	7	9

IF NO/DK/REF → GOTO H19				
<p>H14. And who is that? (DO NOT READ, SELECT ANSWER)</p> <ol style="list-style-type: none"> 1 Medicare 2 Railroad Retirement Plan 3 CHAMPUS, Veteran’s Affairs service connected to a disability, military health care ? 4 Medical Assistance or Medicaid 5 GAMC, or General Assistance Medical Care 6 CHIP, or the Children’s Health Insurance Plan 7 Insurance through MinnesotaCare (A state sponsored health insurance program) 8 Insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (known as MCHA) 9 Health insurance through your (TARGET) work or union 10 Health insurance through someone else's work or union 11 Health insurance bought directly by you (TARGET) 12 Health insurance bought directly by someone else <p>[NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED]</p> <ol style="list-style-type: none"> 13 Workers compensation for specific injury/illness 14 Employer pays for bills, but not an insurance policy 15 Family member pays out of pocket for any bills 15A Indian Health Service <p>16 No Private or Public Insurance</p> <p>IF 1-12 → GOTO H15</p> <p>IF 13-16, say: “For purposes of this survey, we’ll assume you/TARGET (do/does) not have insurance.” THEN GOTO H19</p>				
	Y	N	DK	REF
H15. Have you (Has TARGET) had insurance coverage for all of the past 12 months? IF YES → GOTO CATISORT	1	2	7	9
H18. Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance? GOTO CATI SORT	1	2	7	9
H19. Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? GOTO CATI SORT	1	2	7	9

The next questions concern health insurance that other people in your household may have at this time.

- STAT(#). Does the (age) (sex) person currently have health insurance?
- 1 yes → **GOTO TYPE**
 - 2 no → **REPEAT FOR NEXT PERSON ON ROSTER**
 - 7 don't know → **REPEAT FOR NEXT PERSON ON ROSTER**
 - 9 refused → **REPEAT FOR NEXT PERSON ON ROSTER**

- TYPE(#). What type of insurance is this person covered by?
- 1 Medicare
 - 2 some other form of public insurance such as Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?
 - 3 insurance through their own employer or union
 - 4 insurance through someone else's employer or union
 - 5 insurance bought directly by you or by someone else, including MCHA
 - 6 Veterans Administration (VA, Champus, Anything Military Related)
 - 8 Student health insurance
 - 10 Other (Probe for type) (SPECIFY) _____
 - 77 don't know
 - 99 refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

- VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?
- 1 yes → ENTER "O" IN VERIFY COLUMN for EACH UNINSURED
 - 2 no → What type of insurance is this person covered by?

<i>Household Member</i>	AGE	SEX	Insured 1 = yes 2 = no	Insurance Type	<i>Insurance Status Codes</i>	Verify 0=yes, uninsured OR Enter type
Person #1	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured 1 = Medicare 2 = other Public (not MCHA) 3 = own Employer 4 = someone else's empl 5 = individual policy, or MCHA 6 = CHAMPUS, VA/any military 8 = student insurance 10 = other 77 = <i>Don't know</i>	VERIFY1
Person #2	S7_2AGE	S7_2SEX	STAT2	TYPE2		VERIFY2
Person #3	S7_3AGE	S7_3SEX	STAT3	TYPE3		VERIFY3
Person #4	S7_4AGE	S7_4SEX	STAT4	TYPE4		VERIFY4
Person #5	S7_5AGE	S7_5SEX	STAT5	TYPE5		VERIFY5
Person #6	S7_6AGE	S7_6SEX	STAT6	TYPE6		VERIFY6
Person #7	S7_7AGE	S7_7SEX	STAT7	TYPE7		VERIFY7
Person #8	S7_8AGE	S7_8SEX	STAT8	TYPE8		VERIFY8
Person #9	S7_9AGE	S7_9SEX	STAT9	TYPE9		VERIFY9
Person #10	S7_10AGE	S7_10SEX	STAT10	TYPE10		VERIFY10
Person #11	S7_11AGE	S7_11SEX	STAT11	TYPE11		VERIFY11

Person #12	S7_12AGE	S7_12SEX	STAT12	TYPE12	99 = <i>Refused</i>	VERIFY12
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CATEGORIZATION OF RESPONDENTS BY ANNUAL INSURANCE COVERAGE

Detailed Description of CATI SORT for Long Form Questions in MN:

1. If the TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months, then code as "GROUP." (MN only: Select 800 of these cases at random to send through the experimental group path).
2. If the TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months, then code as "ON/GROUP".
3. If the TARGET has health insurance through some kind of government sponsored program, a self-purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months, then code as "ON/ELSE".
4. If the TARGET bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months then code as "INDIVIDUAL". For purposes of this survey, MCHA is considered an INDIVIDUAL policy.
5. If the TARGET has not been covered by health insurance in the past 12 months code as "UNINSURED".
6. If the TARGET has had health insurance some time during the past 12 months, but does not have insurance now then code as "OFF."
7. If the TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months, or if the TARGET answers "don't know" or "refuses" to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance, then code as "SCREEN".
8. TARGETs currently on a public program and covered all year should be coded "SCREEN".
9. All cases not yet sorted should be coded as "SCREEN".

CATI SORT :

If [H9 or H10 = 1 and H15 = 1] or [H14 = 9,10 and H15 = 1] → Randomly select 800 for GROUP Survey → CODE AS GROUP

If [(H9 or H10 = 1) or (H14 = 9,10)] and H15 = 2,7,9 and H18 = 1 → CODE AS ON/GROUP

If [(ANY H1-H8=1 or H14 = 1-8) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE

If [(H11 = 1 or H12 = 1 or H14=11,12) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE

If [(H11 = 1 or H12 = 1) and H15 = 1] or (H14 = 11,12 and H15 = 1) → CODE AS INDIVIDUAL

If [H8 = 1 and H15 = 1] or (H14 = 8 and H15 = 1) → CODE AS INDIVIDUAL

If H19 = 2 → CODE AS UNINSURED

If H19 = 1 → CODE AS OFF

If H18 = 7,9 → CODE AS SCREEN

If H19 = 7,9 → CODE AS SCREEN

ANY ELSE → CODE AS SCREEN

Long Form Items for Uninsured All Year

IF TARGET AGE IS 18-25 (≥ 18 AND ≤ 25) → GOTO EVER

ELSE → GOTO SKIP PATTERN

EVER. Have you (Has TARGET) ever been covered by health insurance?

- 1 yes → **GOTO PRIOR**
- 2 no → **GOTO COV1**
- 7 don't know → **GOTO COV1**
- 9 refused → **GOTO COV1**

PRIOR. Prior to becoming uninsured, what type of insurance did you (TARGET) have? Was that

- 1 Medicare
- 2 some other form of public insurance (not MCHA) *
- 3 insurance through own or someone else's employer or union
- 4 student health insurance
- 5 insurance bought directly by you or by someone else, including MCHA
- 6 Veterans Affairs (VA, Champus, Anything Military Related)
- 10 COBRA
- 11 Other (Probe for type) (SPECIFY) _____
- 77 Don't know
- 99 Refused

* Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?

YOUNG. Was this insurance coverage through your (TARGET's) parents' or guardian's plan?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

SKIP PATTERN:

IF S9=1,2 (STUDENT AWAY FROM HOME OR MINOR) → GOTO PARCOV1

IF S9=BLANK AND AGE<18 → GOTO PARCOV1

ELSE → GOTO COV1

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 → **GOTO COV2**
- 2 no → **GOTO COV3**
- 3 spouse/partner does not work → **GOTO OWNCOV**
- 4 no spouse/partner in household or in area → **GOTO OWNCOV**
- 7 don't know → **GOTO COV3**
- 9 refused → **GOTO COV3**

COV2. Could this insurance policy be extended to cover you (TARGET)?

- 1 yes → **GOTO COV5**
- 2 no → **GOTO OWNCOV**
- 7 don't know → **GOTO OWNCOV**
- 9 refused → **GOTO OWNCOV**

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 → **GOTO COV4**
- 2 no → **GOTO OWNCOV**
- 7 don't know → **GOTO OWNCOV**
- 9 refused → **GOTO OWNCOV**

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

GOTO OWNCOV

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. CIRCLE ONE.

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 too much hassle/paperwork
- 4 could not afford/too expensive
- 5 own plan through work is cheaper/benefits better
- 6 expect to get own health insurance soon
- 7 after waiting period will be covered by family member's policy
- 8 benefit package didn't meet needs
- 9 doubt eligible/rejected because of health condition
- 10 other (specify) _____
- 77 don't know
- 99 refused

OWNCOV. 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 not eligible for reason other than health
- 9 doubt eligible/rejected because of a health condition
- 10 other (specify) _____
- 77 don't know
- 99 refused

EMPCOV1. Does the firm you (TARGET) work for offer health insurance as a benefit to any of its employees?

- 1 yes → **GOTO EMPCOV2**
- 2 no → **GOTO PUB1**
- 7 don't know → **GOTO PUB1**
- 8 NOT applicable, NOT employed → **GOTO PUB1**
- 9 refused → **GOTO PUB1**

EMPCOV2. Can your (TARGET's) employer coverage be extended to cover dependents?

- 1 yes
- 2 no
- 7 don't know
- 9 refused
- 8 TARGET does NOT have ACCESS to insurance through OWN employer → **GOTO PUB1**

EMPCOV3. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

EMPCOV4. Why aren't you (TARGET) included in your employer's group health insurance plan?
DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 too much hassle/paperwork
- 4 could not afford/too expensive
- 5 DO NOT work enough hours in a week
- 6 have NOT worked there long enough
- 7 doubt eligible/rejected because of health condition
- 8 benefit package didn't meet needs
- 10 other (specify) _____
- 77 don't know
- 99 refused

GOTO PUB1

Now I'd like to ask a few questions about (TARGET's) access to insurance through a parent or guardian.

PARCOV1. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees?

(PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD.)

- 1 yes → **GOTO PARCOV2**
- 2 no → **GOTO SKIP PATTERN**
- 7 don't know → **GOTO SKIP PATTERN**
- 8 Not Applicable/Parent not employed → **GOTO SKIP PATTERN**
- 9 refused → **GOTO SKIP PATTERN**

PARCOV2. Does this employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PARCOV3. Is TARGET covered under this plan?

- 1 yes → **GOTO SKIP PATTERN**
- 2 no → **GOTO PARCOV4**
- 7 don't know → **GOTO SKIP PATTERN**
- 9 refused → **GOTO SKIP PATTERN**

PARCOV4. Can this coverage be extended to cover dependents?

- 1 yes → **GOTO PARCOV5**
- 2 no → **GOTO OWNCOV2**
- 7 don't know → **GOTO OWNCOV2**
- 9 refused → **GOTO OWNCOV2**

SKIP PATTERN;

IF PARCOV4=1 AND H10=1 AND H14=10 → GOTO PARCOV5

IF PARCOV4=1 → GOTO OWNCOV2

PARCOV5. What is the main reason (TARGET) is not included in this employer's health insurance plan AS A DEPENDENT?
DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.

- 1 child doesn't need insurance
- 2 rarely sick
- 3 parent is NOT ELIGIBLE to receive coverage
- 4 child is covered through another adult's employer plan
- 5 too much hassle/paperwork
- 6 could not afford/too expensive
- 7 their benefit package didn't meet this child's needs
- 8 expect this child will be covered by a policy shortly
- 9 child is covered under a school plan
- 10 other (specify) _____
- 77 don't know
- 99 refused

OWNCOV2. What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own?
DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.

- 1 don't need or want 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 they will be covered by a health insurance policy shortly
- 7 benefit package didn't meet this child's needs
- 8 not eligible for reason other than health
- 9 doubt eligible/rejected because of a health condition
- 10 other (specify) _____
- 77 don't know
- 99 refused

GOTO PUB1

Now I'm going to ask you about public insurance programs available through the state of Minnesota for those who are uninsured.

PUB1. Have you (TARGET/TARGET's parents) ever asked for or been given information about one of the Minnesota public health programs, such as MinnesotaCare, GAMC or Medical Assistance, which is also called Medicaid or PrePaid Medical Assistance Plan (PMAP)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PUB2. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PUB3. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

- 1 yes → **GOTO DENTAL**
- 2 no → **GOTO PUB4**
- 7 don't know → **GOTO DENTAL**
- 9 refused → **GOTO DENTAL**

PUB4. Please tell me why you (TARGET) would not enroll?

INSTRUCTION: RECORD VERBATIM

USC. Is there a regular place that you (TARGET) go for medical care?

- 1 yes
- 2 no → **GOTO WHYNOUSC**
- 7 don't know → **GOTO WHYNOUSC**
- 9 refused → **GOTO WHYNOUSC**

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

- 1 emergency room or urgent care center → **GOTO USCPERS**
- 2 clinic → **GOTO CLINIC**
- 3 doctor's office → **GOTO CLINIC**
- 4 or some place else (specify) _____ → **GOTO USCPERS**
- 7 don't know → **GOTO CONFID**
- 9 refused → **GOTO CONFID**

CLINIC. Is this clinic a . . .

- 1 public health, community, or free clinic
- 2 hospital outpatient clinic
- 3 private clinic
- 4 Other (please specify) _____
- 7 don't know
- 9 refused

USCPERS. Is there a particular health care professional or traditional healer you (TARGET) usually see when you (TARGET) go there?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

GOTO CONFID

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

DO NOT READ. MAP TO RESPONSE.

- 1 can't afford it
- 2 DO NOT have health insurance
- 3 rarely get sick
- 4 clinic hours don't fit my schedule
- 5 transportation difficulties
- 6 language barrier
- 7 do not like/trust/believe in doctors
- 8 clinic I used to go to closed
- 9 just moved, DO NOT have a regular place yet
- 10 just switched insurance, DO NOT have regular place yet
- 11 two or more places depending on what's wrong
- 12 other (specify above)
- 77 don't know
- 99 refused

CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:

CONFID.

Please tell me how strongly you agree or disagree with the following statement:

P: “ I am confident that (TARGET) can get care the care she/he needs when she/he needs it.”

R: “ I am confident that I can get care the care I need when I need it.”

- Do you
- 1 Strongly agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
 - 4 Strongly disagree
 - 7 Don't know
 - 9 Refused

DOC6M.

In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

- 77 don't know
- 99 refused

IF NO VISITS GOTO INPULSE

DOC3M.

In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

- 77 don't know
- 99 refused

INPULSE.

During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?

- 1 yes → **GOTO INPULSE2**
- 2 no → **GOTO ERUSE**
- 7 don't know → **GOTO ERUSE**
- 9 refused → **GOTO ERUSE**

INPULSE2.

How many times have you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

____ times

ERUSE.

During the **past 12 months**, have you (TARGET) been to a hospital emergency room?

- 1 yes
- 2 no

7 don't know
9 refused

SCREEN ONLY DEMOGRAPHIC SECTION (Asked of all respondents)

The following questions are about (TARGET).

DENTAL. Do you (does TARGET) currently have insurance that pays for dental care?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

HSTAT. 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

RACE1. Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1 yes, Mexican, Mexican American, Chicano
- 2 yes, Puerto Rican
- 3 yes, Cuban
- 4 yes, other Spanish/Hispanic/Latino
- 9 refused

RACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

- 01 White
- 02 Black, African-American
- 03 Asian Indian
- 04 Chinese
- 05 American Indian or Alaska Native
- 06 Korean
- 07 Vietnamese
- 08 Hmong (MINNESOTA ONLY)
- 09 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____

- 77 don't know
- 99 refused

IF AGE < 18 YEARS → GOTO TO CHARGE

MARSTAT. Are you (Is TARGET) currently

- 01 single
- 02 married
- 03 living with partner
- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

EDUC. What is the highest level of education you have (TARGET has) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

EMPSTAT1. Are you (Is TARGET) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home → **GOTO PHONE**
- 04 retired → **GOTO PHONE**
- 05 unemployed, or not working → **GOTO PHONE**
- 06 full-time student (greater than three-fourths time) → **GOTO PHONE**

- 07 don't know
- 09 refused → **GOTO PHONE**

PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS

EMPSTAT2. Do you (Does TARGET) have more than one paying job?

- 1 yes → **GOTO EMPHRS**
- 2 no
- 9 refused

HOURS. What is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

GOTO EMPERM

EMPHRS. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

EMPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary
- 3 seasonal
- 7 don't know
- 9 refused

ALLSITES. Thinking about the employer you work (TARGET works) for, about how many people are employed there? If you work (TARGET works) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 1 Just one
- 2 Between 2 and 10
- 3 11 and 50
- 4 51 and 100
- 5 101 and 500
- 6 over 500

- 7 don't know
- 9 refused

IF TARGET IS \geq 18 YEARS → **GOTO PHONE**

IF MINOR TARGET CURRENTLY INSURED:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

CHARGE. Would that be you or someone else?

- 1 person on phone → **GOTO YOUAGE**
- 2 someone else → **GOTO ELSAGE**

IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON" IN ALL HH ITEMS.

YOUAGE. What is your age?

AGE _____

GOTO HHRACE1

ELSAGE. What is their age?

AGE _____

ELSEX. And is this person male or female?

- 1 male
- 2 female

HHRACE1. Is this person (Are YOU) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1 yes, Mexican, Mexican American, Chicano
- 2 yes, Puerto Rican
- 3 yes, Cuban
- 4 yes, other Spanish/Hispanic/Latino
- 9 refused

HHRACE2. Now choose one or more races for this person (YOURSELF). Which race or races do you consider this person (YOURSELF) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

- 01 White
- 02 Black, African-American
- 03 Asian Indian
- 04 Chinese
- 05 American Indian or Alaska Native
- 06 Korean
- 07 Vietnamese
- 08 Hmong (MINNESOTA ONLY)
- 09 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____

- 77 don't know
- 99 refused

HHMAR. Is this person (Are YOU) currently

- 01 single
- 02 married
- 03 living with partner
- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

HHEDUC. What is the highest level of education this person has (YOU have) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

HHVA. Has this person (Have YOU) ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard?

PROBE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 yes
- 2 no
- 7 don't know
- 9 refused

HHEMP1. Is this person (Are YOU) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home → **GOTO PHONE**
- 04 retired → **GOTO PHONE**
- 05 unemployed, or not working → **GOTO PHONE**
- 06 full-time student (greater than three-fourths time) → **GOTO PHONE**

- 07 don't know → **GOTO PHONE**
- 09 refused → **GOTO PHONE**

HHEMP2. Does this person (Do YOU) have more than one paying job?

- 1 yes → **GOTO HHEMP2B**
- 2 no
- 9 refused → **GOTO HHPERM**

HHOURS. What is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

GOTO HHPERM

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

HHPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary
- 3 seasonal
- 7 don't know
- 9 refused

HSITES. Thinking about the employer this person works (YOU work) for, about how many people are employed there? If this person works (YOU work) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 1 Just one
- 2 Between 2 and 10
- 3 11 and 50
- 4 51 and 100
- 5 101 and 500
- 6 over 500

- 7 don't know
- 9 refused

PHONE. Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

1 yes
2 no → **GOTO PHONE3**
3 Not Respondent's # → **GOTO PHONE3**

PHONE2. How many of these telephone numbers are connected to phones that can be answered by a person? Number _____

77 don't know
99 refused

PHONE3. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

1 yes
2 no → **GOTO COUNT**
7 don't know → **GOTO COUNT**
9 refused → **GOTO COUNT**

PHONE4. Over the past year, what was the total number of days, weeks, or months your household was without telephone service?

Number _____

1 Days
2 Weeks
3 Months

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.

COUNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (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

99 refused

IF COUNT = 1 → GOTO INCOME

KIDCNT. How many of these people are children under age 21?
_____ children

INCOME. What was your household's gross, pretax income from all sources for the year 2000? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.)

\$ _____ , _____

777777 don't know

999999 refused

IF ANSWERED → END OF SURVEY. THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, GOTO INCOME2

INCOME2. I am going to read you a list of income categories. Which category represents your family's income for the year 2000?

01 Less than 5,000

02 5,000 to 7,499

03 7,500 to 9,999

04 10,000 to 12,499

06 12,500 to 14,999

07 15,000 to 19,999

08 20,000 to 24,999

09 25,000 to 29,999

10 30,000 to 34,999

11 35,000 to 39,999

12 40,000 to 49,999

13 50,000 to 59,999

14 60,000 to 74,999

15 75,000 or more

77 don't know

99 refused

IF RESPONDENT IS IN KEY RANGE FOR INCOME2, AND MEETS CRITERIA BASED ON COUNT AND KIDCNT, ASK INCOME3. CODES BELOW USE COUNT AND INCOME2 TO DETERMINE AMOUNT.

INCOME3. Is your household income below \$(INSERT FPL CUTOFF—based on eligibility for MinnesotaCare)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

IF REFUSE INCOME1, INCOME2, OR INCOME3, OR DON'T KNOW INCOME2 OR INCOME3, ASK GOVPROG:

GOVPROG. Do you (Does TARGET or TARGET'S family) currently receive any of the following

(READ ENTIRE LIST. SELECT YES IF YES TO ANY):

- Earned Income Tax Credit (EITC)
- Free or Reduced School lunches
- Section 8 housing (HUD, housing assistance, housing voucher)
- Women, Infants & Children (or WIC)
- Head Start
- SSI (Supplemental Security Income), SSDI (Disabled), RSDI, MSA (MN Supplemental Assistance)
- AFDC, MFIP, TANF, GA (general assistance)
- Low income energy assistance
- Food Stamps

- 1 yes
- 2 no
- 7 don't know
- 9 refused

END OF SURVEY. THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.