

**Human Services Department / NMSU
 Uninsured Household Survey
 October 5, 2004
 FINAL DRAFT
 N =**

Hello. My name is *YOUR NAME* from Research & Polling, Inc. We are calling on behalf of the State of New Mexico to conduct an important survey in order to learn more about the health insurance needs of New Mexicans. Your telephone number was randomly selected to be called. Your responses will remain confidential (and be used only in combination with those of the other survey participants). We would greatly appreciate your participation. O.K.? The survey will take between ?? and ?? minutes per person.

1. Do you live in this household? (IF NO) May I speak with an adult who resides in this household? (IF NO) Ask for a more convenient time to call back.

- 1. Yes, live in this household
- 2. Does not live in household/household member not available
Schedule call back time _____
- 3. Refusal

2. How many people live in your household?

_____ (EXACT RESPONSE)

99. Won't say **POLLER—PLEASE READ: "IN ORDER TO PARTICIPATE IN THIS SURVEY IT'S NECESSARY TO KNOW THE SIZE OF EACH HOUSEHOLD"**

NOTE TO PROGRAMMER: PLEASE CONVERT YEAR OF BIRTH TO CURRENT AGE

3. May I have *your/their* first names (or initials) and year of birth (or age if not sure of Y.O.B.)?

NAME	Respondent						
Y. O. B.							
AGE							

4. What is X's relationship to you? (REPEAT WITH EACH HOUSEHOLD MEMBER)

- | | | |
|---|-----------------------------|------------------------------|
| 01. Spouse | 05. Father/In-law | 12. Cousin |
| 02. Boyfriend/
girlfriend/
fiancé | 06. Mother/In-law | 13. Friend |
| 03. Partner | 07. Sister/brother/
step | 14. Roommate |
| 04. Son/
daughter
(incl. step/
foster) | 08. Grandchild | 15. Other |
| | 09. Grandparent | 99. Don't know/
won't say |
| | 10. Aunt/Uncle | |
| | 11. Niece/Nephew | |

NAME	Respondent						
Relationship	VACANT						

5. Are you/is X currently: (REPEAT WITH EACH PERSON 16 YEARS AND OVER) (BORN IN 1988 OR EARLIER)

NOTE TO POLLER: IF MULTIPLE MARITAL STATUSES' PER PERSON USE MOST CURRENT STATUS

- | | | |
|----------------------------|---------------------------|--------------------------------|
| 1. Single/never
married | 4. Divorced | 8. Don't know (DO
NOT READ) |
| 2. Married | 5. Separated | 9. Won't say (DO
NOT READ) |
| 3. Living w/partner | 6. Widowed | |
| | 7. Other (DO NOT
READ) | |

NAME	Respondent						
Marital Status							

NOTE TO PROGRAMMER: ASK QUESTIONS 6, 7 AND/OR 8 (FOLLOWING SKIP PATTERNS) CONSECUTIVELY FOR EACH HOUSEHOLD MEMBER.

6. Are you/is X currently covered by a health insurance policy including Medicare and Medicaid? (CLARIFY IF NECESSARY—premiums, co-pays, and deductibles usually apply—free health care is not an insurance policy—i.e., Indian Health Services/school clinic) (REPEAT WITH EACH HOUSEHOLD MEMBER)

- | | | |
|-----------------------|-------|-------------------------|
| 1. Yes (SKIP TO Q. 8) | 2. No | 3. Don't know/won't say |
|-----------------------|-------|-------------------------|

NAME	Respondent						
Yes/No							

7. *Have you/has X been covered by any health insurance policy during the past twelve months?* (REPEAT WITH EACH HOUSEHOLD MEMBER)

1. Yes (SKIP TO Q. 10) 2. No (SKIP TO Q. 10) 3. Don't know/won't say (SKIP TO Q. 10)

NAME	Respondent						
Yes/No							

8. *Have you/has X been covered by a health insurance policy for all of the past twelve months? (IF NO/DON'T KNOW) How many of the past 12 months were you/was X not covered by any health insurance policy? (IF YES, SKIP TO Q. 75) (REPEAT WITH EACH HOUSEHOLD MEMBER ANSWERING YES TO Q. 6)*

1. Yes (SKIP TO Q. 75) 2. No 3. Don't know/won't say

NAME	Respondent						
Yes/No							
# of Months							

9. Why have you or other household members only had health insurance for part of the past year? (DO NOT READ. TAKE UP TO 3 RESPONSES.)

ALL ANSWERS SKIP TO Q. 75

POSITIVE

- 01. Wanted it
- 02. Sickly/need it
- 03. Found out where to get it
- 04. Can now afford it
- 05. Cost is worth benefits (value)
- 06. Got/found/changed job(s)
- 07. Took early retirement
- 08. Became easier to obtain
- 09. Got coverage by another policy
- 10. Benefit package meets my needs
- 11. Became eligible
- 12. Health status not an issue
- 13. Employer offers health insurance
- 14. Now consider it important
- 15. Use natural/alternative medicine/doctors

NEGATIVE

- 16. Didn't want it
- 17. Healthy/rarely sick
- 18. Don't know where to get it
- 19. Can't afford it
- 20. Cost not worth benefits (value)
- 21. Lost/quit/changed jobs
- 07. Took early retirement
- 22. Too much hassle
- 23. Awaiting coverage by another policy
- 24. Benefit package doesn't meet my needs
- 25. No longer eligible
- 26. Was/might be rejected by health status
- 27. Employer doesn't offer health insurance
- 28. Don't believe in it
- 29. No longer use natural/alternative medicine/doctors
- 99. Don't know/won't say

Other (SPECIFY) _____

Other (SPECIFY) _____

Other (SPECIFY) _____

NOTE TO PROGRAMMER: ASK QUESTIONS 10, 11 AND/OR 12 (FOLLOWING SKIP PATTERNS) CONSECUTIVELY FOR EACH HOUSEHOLD MEMBER.

10. Are you/is X employed? (REPEAT WITH EACH UNINSURED HOUSEHOLD MEMBER 16 YEARS OR OLDER) (IF NO, SKIP TO Q. 13)

1. Yes 2. No (SKIP TO Q. 13) 3. Don't know/won't say (SKIP TO Q. 13)

NAME	Respondent						
Yes/No							

11. Does your/their employer offer health insurance? (REPEAT WITH EACH ADULT HOUSEHOLD MEMBER ANSWERING YES TO Q. 10) (IF NO, SKIP TO Q. 13)

1. Yes 2. No (SKIP TO Q. 13) 3. Don't know/won't say

NAME	Respondent						
Yes/No							

12. Does your/their employer offer family coverage? (REPEAT WITH EACH ADULT HOUSEHOLD MEMBER ANSWERING YES TO Q. 10)

1. Yes 2. No 3. Don't know/won't say

NAME	Respondent						
Yes/No							

13. Why aren't you or other members of your household covered by health insurance? (PROBE) Are there any other reasons? (DO NOT READ. TAKE UP TO 3 RESPONSES.)

- | | |
|---|---|
| 01. Didn't want it | 10. Benefit package doesn't meet my needs |
| 02. Healthy/rarely sick | 11. Not eligible |
| 03. Don't know where to get it | 12. Was/might be rejected due to health status |
| 04. Can't afford it | 13. Employer doesn't offer health insurance |
| 05. Cost not worth benefits (value) | 14. Don't believe in it |
| 06. Lost/quit/changed jobs | 15. Only use natural/alternative medicine/doctors |
| 07. Took early retirement | 99. Don't know/won't say |
| 08. Too much hassle/too confusing to apply/get enrolled | |
| 09. Awaiting coverage by another policy | |

Other (SPECIFY) _____

Other (SPECIFY) _____

Other (SPECIFY) _____

Now I'd like to read you some reasons why other people have said they're not covered by health insurance. Please tell me on a scale of 1 to 4 with 1 being *does not describe your household situation well at all* and 4 being *describes your household situation very well*, how well each of these factors describes your health insurance situation. (RANDOMIZE)

- | | <i>Describes My
Situation Very Well</i> | <i>Does Not Describe
My Situation Well At All</i> | <i>Don't Know/
Won't Say</i> |
|--|---|---|----------------------------------|
| 14. Can't afford it | 4..... | 3..... | 2..... |
| 15. Lost job, quit job or changed jobs | 4..... | 3..... | 2..... |
| 16. Don't need health insurance because household is healthy | 4..... | 3..... | 2..... |
| 17. Health insurance isn't important for household..... | 4..... | 3..... | 2..... |
| 18. Can't get health insurance because of health issues | 4..... | 3..... | 2..... |
| 19. Not eligible for health insurance | 4..... | 3..... | 2..... |
| 20. Have access to health care already | 4..... | 3..... | 2..... |
| 21. Were any members of your household eligible for Medicaid or Salud during the past 12 months? (IF YES) Was it an adult, a child or both that were eligible? | | | |
| 1. No, not eligible (SKIP TO INTRO TO Q. 24) | | | |
| 2. Yes, adult (SKIP TO INTRO TO Q. 23) | | | |
| 3. Yes, child (SKIP TO INTRO TO Q. 23) | | | |
| 4. Yes, both (SKIP TO INTRO TO Q. 23) | | | |
| 5. Don't know/won't say | | | |
| 22. If you knew that you or another household member was eligible for Medicaid or Salud would you enroll in the program? | | | |
| 1. Yes (SKIP TO INTRO TO Q. 24) | | | |
| 2. No | | | |
| 3. Don't know/won't say (SKIP TO INTRO TO Q. 24) | | | |

23. (IF NO IN QUESTION 22, ASK: Why would you not enroll?) (EVERYONE ELSE, ASK: Why are you/they NOT CURRENTLY ENROLLED?) (DO NOT READ. TAKE UP TO 3 RESPONSES.)

- | | |
|----------------------------|--|
| 01. Don't need it | 06. Don't have time |
| 02. Healthy/never get sick | 07. Don't know about the program |
| 03. It's like welfare | 08. Treated disrespectfully/
frowned upon |
| 04. Too proud | 99. Don't know/won't say |
| 05. Too much paperwork | |

Other (SPECIFY) _____

Other (SPECIFY) _____

Other (SPECIFY) _____

Comprehensive health insurance covers most of a person's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery.

24. Do you feel the uninsured members of your household need comprehensive health insurance?

- 1. Yes
- 2. No (SKIP TO Q. 28)
- 3. Don't know/won't say (SKIP TO Q. 28)

25. Using a 4-point scale, with 4 being *very likely* and 1 being *very unlikely* how likely would you be to buy comprehensive insurance for the uninsured members of your household if it cost \$400 per month?

<i>Very Likely</i>		<i>Very Unlikely</i>		<i>Don't Know/ Won't Say</i>
(4..... 3)	2.....	1.....	5
(SKIP TO Q. 28)				

26. On the same scale, how likely would you be to buy comprehensive insurance for the uninsured members of your household if it cost \$300 per month?

<i>Very Likely</i>		<i>Very Unlikely</i>		<i>Don't Know/ Won't Say</i>
(4..... 3)	2.....	1.....	5
(SKIP TO Q. 28)				

32. When an uninsured member of your family needs urgent or minor medical care, such as a bad sore throat or an ear infection, where would you go? (DO NOT READ. TAKE UP TO 3 RESPONSES.)

- | | |
|----------------------------------|--|
| 01. Hospital ER | 08. Doctor's office |
| 02. Community health center | 09. Chiropractor's office |
| 03. School clinic | 10. Acupuncturist's office |
| 04. Employer clinic | 11. Natural or alternative healer |
| 05. Urgent care center | 98. Never needed urgent care (SKIP TO Q. 56) |
| 06. Indian Health Service center | 99. Don't know/won't say |
| 07. VA clinic | |

Other (SPECIFY) _____

NOTE TO PROGRAMMER: FOR PRECODES 01 THROUGH 11 IN UNAIDED QUESTION 32, ASK FOLLOW-UP QUESTION OF "HOW MANY TIMES?" IN THE SEQUENCE BELOW. ASK AIDED QUESTIONS 33 THROUGH 54 FOR THOSE PRECODE ANSWERS NOT GIVEN IN QUESTION 32.

Please tell me if an uninsured household member has sought urgent or minor medical care treatment at any of the following places in the past year. (RANDOMIZE)

Has an uninsured household member sought urgent or minor care at (read below) in the past year?

(IF YES): How many times have you/they received urgent or minor treatment there in the past year?

Yes No DK

- | | | | |
|--|--------------------|--------------------------|--------------------------|
| 33. Emergency room at my local hospital | 1.....2.....3..... | 34. _____ (times) | 99. Don't know/won't say |
| 35. Community health center | 1.....2.....3..... | 36. _____ (times) | 99. Don't know/won't say |
| 37. School clinic | 1.....2.....3..... | 38. _____ (times) | 99. Don't know/won't say |
| 39. Employer clinic | 1.....2.....3..... | 40. _____ (times) | 99. Don't know/won't say |
| 41. Urgent care center | 1.....2.....3..... | 42. _____ (times) | 99. Don't know/won't say |
| 43. Indian Health Service Clinic .. | 1.....2.....3..... | 44. _____ (times) | 99. Don't know/won't say |
| 45. VA clinic | 1.....2.....3..... | 46. _____ (times) | 99. Don't know/won't say |
| 47. Doctor's office | 1.....2.....3..... | 48. _____ (times) | 99. Don't know/won't say |
| 49. Chiropractor's office | 1.....2.....3..... | 50. _____ (times) | 99. Don't know/won't say |
| 51. Acupuncturist's office | 1.....2.....3..... | 52. _____ (times) | 99. Don't know/won't say |
| 53. Natural or alternative healer .. | 1.....2.....3..... | 54. _____ (times) | 99. Don't know/won't say |

NOTE TO PROGRAMMER: IF QUESTIONS 33 THROUGH 53 ARE ALL "NO", SKIP TO QUESTION 56

55. Thinking of the uninsured members of your household, who typically pays for care when you go to *this/these* place(s)? (DO NOT READ CATEGORIES) (TAKE UP TO 3 RESPONSES)

1. Self
2. Free/no charge
3. Can't pay/insufficient funds
4. Parents
5. Child
6. Other
7. Don't know/won't say

56. When an uninsured member of your family needs medical treatment for an ongoing or continuing condition, like high blood pressure, diabetes or arthritis, where do you usually get treatment? (DO NOT READ. TAKE UP TO 3 RESPONSES.)

- | | |
|----------------------------------|--|
| 01. Hospital ER | 08. Doctors office |
| 02. Community health center | 09. Chiropractor's office |
| 03. School clinic | 10. Acupuncturist's office |
| 04. Employer clinic | 11. Natural or alternative healer |
| 05. Urgent care center | 98. No one has continuing condition
(SKIP TO Q. 70) |
| 06. Indian Health Service center | 99. Don't know/won't say |
| 07. VA clinic | |

Other (SPECIFY) _____

NOTE TO PROGRAMMER: IN THE SEQUENCE BELOW, ASK AIDED QUESTIONS 57 THROUGH 67 FOR THOSE PRECODE ANSWERS NOT GIVEN IN UNAIDED QUESTION 56.

Please tell me if an uninsured household member has sought health care treatment for an ongoing or continuing condition at any of the following places in the past year. (RANDOMIZE)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
57. Emergency room at my local hospital.....	1.....	2.....	3
58. Community health center.....	1.....	2.....	3
59. School clinic.....	1.....	2.....	3
60. Employer clinic.....	1.....	2.....	3
61. Urgent care center.....	1.....	2.....	3
62. Indian Health Service clinic.....	1.....	2.....	3
63. VA clinic.....	1.....	2.....	3
64. Doctor's office.....	1.....	2.....	3
65. Chiropractor's office.....	1.....	2.....	3
66. Acupuncturist's office.....	1.....	2.....	3
67. Natural or alternative healer.....	1.....	2.....	3

NOTE TO PROGRAMMER: IF QUESTIONS 57 THROUGH 67 ARE ALL "NO", SKIP TO QUESTION 70

68. Thinking of the uninsured members of your household, who typically pays for care when you go to *this/these* place(s) for an ongoing or continuing condition? (TAKE UP TO 3 RESPONSES)

1. Self
2. Free/no charge
3. Can't pay/insufficient funds
4. Parents
5. Child
6. Other
7. Don't know/won't say

69. Typically, when the uninsured members of your household go to *this place/these places*, do you/they usually see the same health care provider or not?

- 1. Yes
- 2. No
- 3. Don't know/won't say

70. DID RESPONDENT ANSWER 01 - HOSPITAL ER IN QUESTION 32 OR 56?

- 1. Yes
- 2. No (SKIP TO Q. 72)

71. Why do household members choose to go to the hospital emergency room for urgent care or a continuing condition as compared to other treatment places? (DO NOT READ. TAKE UP TO 3 RESPONSES)

- 01. Close to home
- 02. Only place available
- 03. Good medical care
- 04. Have always gone there
- 05. Personalized care
- 06. Self/friend/relative works there
- 07. Overall reputation
- 08. Recommendation
- 09. New equipment and technology
- 10. Most familiar with it
- 11. Range of services
- 12. Availability of specialists
- 13. Like the staff
- 14. Largest in region
- 15. Referral by employer
- 16. Good doctors
- 17. Don't have insurance
- 99. Don't know/won't say

Other (SPECIFY) _____

72. Do you/does X have a disability? (IF NO, SKIP TO INTRO TO Q. 75)

- 1. Yes
- 2. No (IF NO, SKIP TO INTRO TO Q. 75)
- 3. Don't know/won't say (IF NO, SKIP TO INTRO TO Q. 75)

NAME	Respondent						
Yes/No							

73. Does your/their disability require ongoing treatment? (IF NO, SKIP TO INTRO TO Q. 75) (REPEAT QUESTION FOR ALL WHO SAY "YES" TO QUESTION 72)

- 1. Yes
- 2. No (IF NO, SKIP TO INTRO TO Q. 75)
- 3. Don't know/won't say (IF NO, SKIP TO INTRO TO Q. 75)

NAME	Respondent						
Yes/No							

74. Where do you/does X usually seek treatment for this condition? (DO NOT READ. ONE RESPONSE ONLY.) (REPEAT QUESTION FOR ALL WHO SAY "YES" TO QUESTION 72)

- | | |
|----------------------------------|---|
| 01. Hospital ER | 09. Chiropractor's office |
| 02. Community health center | 10. Acupuncturist's office |
| 03. School clinic | 11. Natural or alternative healer |
| 04. Employer clinic | 12. RCI (Realizing Confidence and Independence) |
| 05. Urgent care center | 97. Don't seek treatment |
| 06. Indian Health Service center | 98. Don't require treatment |
| 07. VA clinic | 99. Don't know/won't say |
| 08. Doctors office | |

Other (SPECIFY) _____

NAME	Respondent						
Response							

THANK YOU FOR YOUR PATIENCE. NOW I'D LIKE TO ASK YOU SOME QUESTIONS FOR STATISTICAL PURPOSES ONLY.

75. What is X's gender? (RECORD GENDER FOR RESPONDENT WITHOUT ASKING)

1. Male 2. Female

NAME	Respondent						
Gender (M/F)							

76. What is your zip code?

77. What county do you live in?

- | | |
|----------------|--------------------------|
| 01. Bernalillo | 31. McKinley |
| 21. Catron | 03. Mora |
| 08. Chaves | 26. Otero |
| 30. Cibola | 17. Quay |
| 09. Colfax | 04. Rio Arriba |
| 10. Curry | 18. Roosevelt |
| 11. De Baca | 02. Sandoval |
| 22. Dona Ana | 32. San Juan |
| 12. Eddy | 05. San Miguel |
| 23. Grant | 06. Santa Fe |
| 13. Guadalupe | 27. Sierra |
| 14. Harding | 28. Socorro |
| 24. Hidalgo | 07. Taos |
| 15. Lea | 19. Torrance |
| 16. Lincoln | 20. Union |
| 33. Los Alamos | 29. Valencia |
| 25. Luna | 99. Don't know/won't say |

78. How long have you/has X lived in New Mexico? (ASK AMONG ADULTS 16 YEARS OR OLDER)

NAME	Respondent						
# of Years							

79. Are you/is X Spanish or Hispanic?

1. Yes 2. No 3. Don't know/won't say

NAME	Respondent						
Yes/No/ Won't Say							

80. What is your/X's race? (READ CATEGORIES)

- 01. White
- 02. Black/African American
- 03. American Indian
- 04. Asian

OR

Other (SPECIFY) _____

- 99. Won't say

NAME	Respondent						
Race							

81. What is the highest school grade or level you/X completed? (ASK AMONG ADULTS 18 YEARS OR OLDER)

- 1. Some high school
- 2. High school graduate
- 3. Some college
- 4. Associate degree/vocational certificate
- 5. College graduate (4 years)
- 6. Graduate degree
- 7. Won't say

NAME	Respondent						
Education							

82. (ASK ONLY OF PEOPLE WITH INSURANCE, RECORD ANSWERS FROM Q. 10 FOR THOSE WITHOUT INSURANCE) Are you/is X currently employed for pay? (IF NO SKIP TO Q. 86)

- 1. Yes
- 2. No (SKIP TO Q. 86)
- 3. Don't know/won't say

NAME	Respondent						
Yes/No							

83. Which of the following best describes your/X's employment?

1. Full-time, year round employment (this means permanent employment at least 35 hours per week)
2. Temporary, full-time employment (this means non-permanent employment at least 35 hours per week while working)
3. Self-employed
4. Seasonal employment (this means recurring temporary employment)
5. Part-time employment (this means employment for less than 35 hours per week)
6. Multiple part-time jobs (this means holding at least 2 part-time jobs as defined in 5 above)

NAME	Respondent						
Response							

84. How long have you/X been in this job?

99. Don't know/won't say

NAME	Respondent						
Response							

85. What kind of business is the place you work?

86. What is your household's total income from all sources? This includes salaries, pensions, wages, tips, dividends, child support and alimony payments, and government assistance. (You need not tell me the amounts from each source, only the total.)

\$_____ (EXACT AMOUNT)

(IF REFUSE, ASK IN FOLLOWING INCREMENTS ACCORDING TO HOUSEHOLD SIZE) (STOP ASKING INCOME CATEGORIES WHEN RESPONDENT SAYS "BELOW")

Size of HH	Is HH income above or below:	Is HH income above or below:	Is HH income above or below:	Is HH income above or below:
1	\$8,980	\$16,613	\$21,103	\$26,940
2	12,120	22,422	28,482	36,360
3	15,260	28,231	35,861	45,780
4	18,400	34,040	43,240	55,200
5	21,540	39,849	50,619	64,620
6	24,680	45,658	57,998	74,040
7	27,820	51,467	65,377	83,460
8	30,960	57,276	72,756	92,880
For each additional person add	\$3,140	\$5,809	\$7,379	\$9,420

87. (IF UNINSURED HOUSEHOLD ASK:) Your responses are totally confidential. However, it is possible that there will be future studies of health insurance coverage in New Mexico. Are you willing to participate in future research, such as focus groups?

1. Yes, willing to participate in future research _____
Name _____
Address _____
City/State/Zip _____
2. No, not willing

THIS CONCLUDES OUR SURVEY. THANK YOU FOR YOUR TIME. HAVE A GOOD DAY.

NOTE TO PROGRAMMER: VERBAL INSTRUCTIONS WILL BE GIVEN REGARDING HOUSEHOLD CODE.

Household Code _____

Respondent's Phone Number _____

Poller Name _____

Poller Code _____