

ICPSR 35475

**Connecticut Health Care Survey,
2012-2013**

*University of Massachusetts Medical
School. Office of Survey Research*

User Guide

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Connecticut Health Care Survey

Field Report

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Office of Survey Research

Center for Health Policy and Research

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This report provides information about study background and methods used on the Connecticut Health Care Survey.

Introduction

Study Sponsorship

The Connecticut Health Care Survey (CTHCS) was sponsored by six health care foundations in the State of Connecticut: the Aetna Foundation, Connecticut Health Foundation, the Patrick and Catherine Weldon Donaghue Medical Research Foundation, the Foundation for Community Health, the Universal Health Care Foundation of Connecticut, Inc., and the Children's Fund of Connecticut. Representatives of these foundations and other organizations within the state formed a Survey Advisory Committee (SAC) that provided direction and oversight for the project.

Study Objectives

The overarching goal of this project was to gather information from Connecticut residents relating to their experiences and perspectives on their health and the health care system. The study aimed to collect state-level data that can be used to inform Connecticut funders and other organizations working to improve the health of Connecticut residents.

Survey Population

The CTHCS collected information from a sample of households across the state. Adult residents of all ages were included in the study. The survey also gathered health and health care information for children in the households. Approximately 50,900 telephone numbers were included in the survey sample.

Respondent Selection

Since the study was composed of both a random digit dialing (RDD) landline sample and an RDD cell phone sample, different screening questionnaires were used to select eligible respondents. Different screening methods were used because landlines are often associated with multiple household members (and potentially multiple eligible respondents) while cell phone numbers are normally assigned to a specific individual.

For landline numbers, the screening questions were asked by the interviewers to confirm that the correct telephone number was reached, the number was not a cell phone, and the phone number belonged to a private residence in Connecticut. The respondent selection questions were designed to identify the number of adult men and women 18 years of age or older living in the household.¹ In households with multiple adults, the computer-assisted telephone interviewing (CATI) system randomly selected a respondent according to birth order (e.g.,

¹ Additionally, confirmation that the household was not a group home or institution was asked if there were more than four adults living in the household.

second oldest) and gender.² After a designated respondent was identified, no one else in the household was allowed to complete the interview.

The cell phone screening questions were designed to immediately identify eligible individuals. The screening questions were asked by the interviewers to confirm that the correct telephone number was reached, the number belonged to a cell phone, the individual did not have a landline phone in the home, the individual was 18 years of age or older, and the individual lived in a private residence in Connecticut.

Timeline

The Aetna Foundation awarded this study to the Office of Survey Research (OSR) in the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School in October 2011. The contract began in November 2011. The first several months following the award were dedicated to instrument and sample development. Cognitive interviews of the preliminary instrument were performed in March and April 2012 and a subsequent pilot survey was conducted in May 2012. Primary data collection occurred between June 2012 and February 2013.

Study Team

Zi Zhang, MD, MPH, the OSR Director, served as Principal Investigator from November 2011 to March 2013. He led the design of the sample and was responsible for project oversight. The Principal Investigator role was transferred to Deborah Gurewich, PhD, in April 2013 following the departure of Zi Zhang from the university. Dr. Gurewich led the analytical phase of the project through its conclusion. The following staff had key roles in the study:

- Jack Gettens, PhD, was a Co-Investigator during the analytic phase and provided assistance with weighting methods and analysis.
- Patrick Lester, BS, provided technical expertise and leadership in production of key deliverables.
- Judy Savageau, MPH, provided technical expertise and leadership in production of key deliverables.
- Lee Hargraves, PhD, led instrument development and testing, and assisted in final report development.
- Carla Hillerns, MPA, MUP, coordinated all day to day project activities.
- Susan Fish, BA, oversaw all survey fielding activities.
- Pei-Pei Lei, MA, took the lead on CATI programming.
- Michael Gagnon, MS, performed key analytical tasks including dataset weighting and raking.
- Anthony Ho, BA, assisted with report production.
- Linette Vazquez conducted cognitive interviews of the Spanish instrument.

² The original screening questionnaire asked for the names of the males and females in households of four or more adult members. The study team removed this question soon after launching the survey because many individuals refused to provide names or disconnected before providing the names.

Sample Design

A dual frame, probability-based random sample of Connecticut residents living in households was designed for the survey. The project employed a random-digit-dial (RDD) telephone interview strategy targeting 3,200 landline and 800 cell phone completed interviews. The sample was purchased from Survey Sampling International (SSI) in 2012. SSI is hereafter referred to as “sample vendor” in this document.

Landline telephone numbers were stratified into mutually exclusive groups based on the county of the phone number, whether the phone number was in a set of 100 numbers including one or more listed numbers (listed vs. unlisted blocks), and whether the city or town of the phone number was classified as urban, manufacturing or other health reference group (HRG)³. The telephone numbers within strata were disproportionately sampled to obtain a probability sample of households with landline telephones. The cell phone sample was divided into eight sampling strata according to the eight Connecticut counties. The telephone numbers within strata were sampled to obtain a probability sample of individuals with cell phones.

Survey Development

Researchers at the Office of Survey Research led questionnaire development in consultation with the study’s Survey Advisory Committee (SAC). The survey drew from several validated instruments that have been widely used nationally to measure health status, health care access and coordination, insurance coverage, and patient attitudes toward the health care delivery system. These included: the National Health Interview Survey (NHIS); the Medical Expenditure Panel Survey (MEPS); the Current Population Survey (CPS); the Behavioral Risk Factor Surveillance System (BRFSS) Survey; the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician/Group Survey; and the Community Tracking Study’s Household Survey (CTS). See Appendix I for the survey instruments.

The survey underwent a two-step testing plan prior to implementation: 1) in-person cognitive interviews of the preliminary survey; and 2) a telephone pilot test of the final draft of the survey. Cognitive interviews were conducted in both English and Spanish with Connecticut residents aged 18 and over. It was determined that oral literacy was critical to the survey interview process. The in-person cognitive interviews focused on complex terms or tasks in the survey that were likely to be misunderstood. The results of the cognitive interviews were used to develop the draft survey for pilot testing. The telephone pilot test included analysis of CATI (computer-assisted telephone interviewing) procedures, such as survey length, recruitment text, question wording, and response options.

³ As defined in Community Health Data Scan for Connecticut report, health reference groups (HRGs) are based on socio-demographic similarity and are derived groups of cities and towns to assist in examining community health. The HRGs for this survey included: Urban Centers; Manufacturing Centers; Diverse Suburbs; Wealthy Suburbs; Mill Towns; and Rural Towns.

Data Collection

Data Security and Equipment

All telephone follow-up survey interviewing was conducted using a sophisticated web-based system, Conformat. This system provided significant interviewing efficiencies and quality control features that allowed thorough, multi-shift interviewing to occur. The system has several security measures to ensure the highest levels of data security and compliance with regulatory standards:

- SSL encryption (AES-256);
- Data at rest encryption (AES-256); and
- High security module for the sFTP server (FIPS Level 2 certified).

Telephone Call Attempts

We followed the American Association for Public Opinion and Research (AAPOR)⁴ and the Behavioral Risk Factor Surveillance System (BRFSS)⁵ calling standards. We called each number a maximum of twelve times with the exceptions noted below for the less active and inactive cell phone numbers. For the landline sample, we followed the AAPOR standards for assigning call dispositions and the BRFSS standards for calling protocols. For the cell phone sample, we followed the BRFSS standards for assigning call dispositions and for calling protocols. For the landline sample, the sample vendor screened the phone numbers and flagged any that they determined to be non-working numbers. Although these numbers were included in the probability-based sampling of landline numbers, they were never called.

For the cell phone sample, in order to maximize the efficiency of the sample, we modified our calling protocol based on screening of the sample that was done by the sample vendor. Each cell phone number was screened and assigned to one of three activity levels. Out of the 835 cell phone completed/partial interviews that we obtained, 753 were from “active” phone numbers, 72 were from “less active” phone numbers and 10 were from “inactive” phone numbers. The calling protocol for each of the three activity levels is described below.

- Active cell phone numbers (continuous activity over the last 1-12 months) were called a maximum of 12 times. These comprised 60% of the cell phone sample.
- Less active cell phone numbers (activity in the past but not in the last 1 – 10 months) were called a maximum of 6 times. These comprised 14% of the cell phone sample.
- Inactive cell phone numbers (never had activity or no activity for over 10 months) were called once. These comprised 26% of the cell phone sample.

Calling Times

We designed our calling occasions so that each number was called at least once during a weekday day shift, at least once during a weekday evening shift and at least once during a weekend shift. Our sample was dialed during the following calling times:

⁴ The American Association for Public Opinion Research. 2011. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 7th edition.* AAPOR

⁵ BRFSS 2010 Summary Data Quality Report (Version #1 – revised 05/02/2011)

- Mondays through Thursdays: 9am – 9pm
- Fridays: 9am – 5 pm
- Saturdays: 12pm – 5pm
- Sundays: 3pm – 8pm

Pre-notification Letter

We sent pre-notification letters to 17% of the total sample. Our sample vendor was able to provide matching address information for 30% of the landline numbers so pre-notification letters were mailed to them. The letters included a description of the survey as well as a toll-free number in case of questions. We used a third-party mail vendor (Mass Communications, Inc) for most mail notifications. See Appendix II for the pre-notification letters.

Bilingual Interviewing

Interviews were conducted in English and Spanish.

Incentives

Respondents from the cell phone sample were offered a \$5 gift card for their cooperation and to compensate for any costs incurred by using cellular minutes.

Toll-Free Telephone Line

OSR maintained a toll-free telephone line, 888-368-7157, for participants to call with questions or to participate in the survey. The number was included in the pre-notification letter as well as voicemail messages to participants.

Voicemail Messages

Interviewers left messages for participants who had voicemail or answering machines. Leaving messages was based on the timing of the last call and the interviewer's notes; a message was normally left if it had been two or more days since the last call.

Two answering machine scripts were used, one for landline (first script) and one for cell phone (second script). Samples are provided below:

Hello. This is [interviewer_name] calling from University of Massachusetts Medical School. I am calling about a study that we are conducting to try to improve health care for people in Connecticut. Please call the Office of Survey Research toll-free at 888-368-7157 to complete the survey. Again, our number is 888-368-7157. Thank you and have a good day.

Hello. This is [interviewer_name] calling from University of Massachusetts Medical School. I am calling about a study that we are conducting to try to improve health care for people in Connecticut. In appreciation for your time, if you are eligible and complete the interview, we will provide you with a five dollar gift card. Please call the Office of Survey Research toll-free at 888-368-7157 to complete the survey. Again, our number is 888-368-7157. Thank you and have a good day.

Quality Control

The following quality control measures were employed by the Office of Survey Research during data collection:

- Under the direction of the survey operations manager, a core team of survey operations staff supervised all aspects of data collection.
- All interviewing staff received at least eight hours of training specific to the survey with coaching and practice before interviews began.
- All telephone interviewers were monitored by experienced supervisors to ensure adherence to procedure, professional conduct, effectiveness, and to identify areas for improvement. Throughout the data collection period, de-briefing and re-training sessions were held as necessary to ensure that all interviewers followed consistent and uniform interviewing practices.
- Rigorous refusal avoidance and refusal conversion methods were implemented to maximize respondent cooperation.

See Appendix III for the Refusal Avoidance Guide. See Appendix IV for the Project Fact Sheet for interviewers. See Appendix V for the Interviewer Manual.

Data Processing Procedures

All interviews were conducted using the Conformat CATI software system, which substantially reduced the need for post-interview data cleaning. As they proceeded through the interview, the system notified the interviewers if ineligible or invalid responses were entered and prompted them to enter valid responses. The system also ensured that the correct skipping logic was being followed by automatically showing the next question that needed to be asked based on the previous response.

Data analysts performed several data processing activities after interviewing was completed in order to prepare the data for weighting, including:

- Eligibility and final disposition coding;
- Recoding of responses that were classified as “other” by the respondent but should have been included in a pre-coded category;
- Recoding of geographic and race/ethnicity variables; and
- Collapsing of the race and ethnicity questions.

Sample Weighting

A two-step process was used to weight the final interview data. The first determined the design weights to account for the complex survey design. The second step adjusted the design weights to balance the sample according to the Connecticut population distributions based on the 2010 U.S. Census and 2011 American Community Survey.

To determine the design weights, we calculated the probability of sample selection within a given sampling stratum and then adjusted for respondent selection (landline sample only), survey non-response among eligible respondents and cases of undetermined eligibility (e.g., busy all attempts). Design weight adjustments were also made to account for households with multiple landline phone numbers and households with multiple adults. For the cell phone

sample, the adjustments accounted for the number of cell phone numbers used by the respondent. If a child was reported as living in the respondent's household, we made a separate adjustment to the child survey weights to account for the number of children living in the household.

Raking⁶, a technique used for sample balancing, was used to adjust the design weights so that these adjusted weights would sum to the known population totals for the post-stratified classifications. Raking is commonly used to account for survey non-response.

The adult data was raked on eight variables:

1. telephone service (denotes whether a respondent lives in a wireless-only household or a household with a landline phone number)
2. education
3. employment status
4. age group by gender
5. race/ethnicity by age group
6. race/ethnicity by gender
7. HRG by age group
8. HRG by gender

The child data was raked on six variables:

1. telephone service (see definition above)
2. age group by gender
3. race/ethnicity by age group
4. race/ethnicity by gender
5. HRG by age group
6. HRG by gender

During the raking process, extreme weights were trimmed to mitigate their impact on the variance of the survey estimates. Both raking and weight trimming were performed in SAS using the IHB raking macro and its Individual and Global Cap Value (IGCV) weight trimming algorithm.⁷

Sample Disposition

About 50,900 phone numbers were dialed to complete 4608 adult interviews. Appendix VI provides the final sample disposition data for each telephone number dialed. We provided separate counts for the landline and cell phone samples.

⁶ Cohen, Michael P. "Raking." *Encyclopedia of Survey Research Methods*. Ed. Paul J. Lavrakas. Thousand Oaks, CA: Sage Publications, Inc., 2008. 672-74. *SAGE Research Methods*. Web. 7 Oct. 2013.

⁷ Izrael, David, Michael P. Battaglia, and Martin R. Frankel. "Extreme Survey Weight Adjustment as a Component of Sample Balancing (aka Raking)." *Proceedings from the Thirty-Fourth Annual SAS Users Group International Conference*. 2009.

Outcome Rates

We calculated the outcome rates based on the AAPOR-published Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys (hereafter Standard Definitions)⁸. Four outcome rates are reported for this study: Response Rate, Refusal Rate, Cooperation Rate, and Contact Rate. The AAPOR Standard Definitions are the following:

Response Rate - The number of complete interviews with reporting units divided by the number of eligible reporting units in the sample.

Cooperation Rate - The proportion of all cases interviewed of all eligible units ever contacted.

Refusal Rate - The proportion of all cases in which a housing unit or the respondent refuses to be interviewed, or breaks-off an interview, of all potentially eligible cases.

Contact Rate - The proportion of all cases in which some responsible housing unit member was reached.

The table below provides the outcome rates for the landline sample, the cell phone sample and the overall sample (weighted). The outcome rate formulae and final disposition categories are provided in Appendix VII.

Outcome Rates	Land Line	Cell Phone	Overall
Response Rate (RR4)	31.11%	26.91%	29.25%
Refusal Rate (REF2)	16.06%	6.77%	11.94%
Cooperation Rate (COOP2)	64.48%	69.07%	66.51%
Contact Rate (CON2)	48.24%	38.96%	44.13%

⁸ The American Association for Public Opinion Research. 2011. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 7th edition. AAPOR.

Appendices

Appendix I: Survey Instruments

Connecticut Health Care Survey

Adult Survey

Survey Topic Areas
A. Screening and Household Roster (please see the Respondent Selection section in the Introduction for a high level description)
B. Health Insurance
C. Demographics, Part 1
D. Unmet Need
E. Oral Health
F. Access to Care
G. Usual Source of Care
H. Continuity of Care & E-mail/Internet Access
I. Provider–Patient Communication
J. Counseling
K. Coordination of Care
L. Health Status
M. Demographics, Part 2

B. Health Insurance⁹

1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? I will read a list of insurance coverage options. Please answer 'yes' or 'no' for each.

	YES	NO	DK	Refused
a Insurance through a current or former employer or union (either for yourself or another family member)	1	2	77	99
b Insurance purchased directly from an insurance company (by either yourself or another family member)	1	2	77	99
c Medicare, for people 65 and older, or people with certain disabilities	1	2	77	99
d HUSKY, Medicaid, Charter Oak, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	1	2	77	99
e Veteran's Affairs or the VA	1	2	77	99
f TRICARE or other military health care	1	2	77	99
g Indian Health Service	1	2	77	99
h Any other type of health insurance or health coverage plan – SPECIFY	1	2	77	99
i <i>Other type of health insurance</i>				

[If any of B1a to B1h=Yes, go to C1]

2. Just to be sure I have this right, you do not have health insurance. Is that correct?

1 Yes

2 No

[DO NOT READ]

77 Don't Know

99 Refused

⁹ Adapted from ACS/CPS

C. Demographics, Part 1

1. Are you currently...?

[READ]

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

[DO NOT READ]

- 99 Refused

2. What is your current marital status?

Are you...

[READ]

- 1 Married or living as married
- 2 Separated
- 3 Widowed
- 4 Divorced

OR

- 5 Single or never married

[DO NOT READ]

- 99 Refused

3. What is your age?

Is it... *[READ LIST]*

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74

OR

- 7 75 or older?

[DO NOT READ]

- 77 Don't Know
- 99 Refused

Interviewer (#4-9 below): If R asks why we need telephone information, say “Because people have so many phone options these days, we want to make sure that the results accurately represent Connecticut residents with different kinds of telephone service.”

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

- 1 Yes
- 2 No **[Go to C6]**
- [DO NOT READ]*
- 77 Don't Know/ Not Sure **[Go to C6]**
- 99 Refused **[Go to C6]**

5. How many of these telephone numbers are residential numbers?

- _ Residential telephone numbers [6 = 6 or more]
- [DO NOT READ]*
- 77 Don't know / Not sure
- 99 Refused

6. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 Yes **[Go to C8]**
- 2 No
- [DO NOT READ]*
- 77 Don't Know/ Not Sure
- 99 Refused

7. Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1 Yes **[Go to C9]**
- 2 No **[Go to next section]**
- [DO NOT READ]*
- 77 Don't Know/ Not Sure **[Go to next section]**
- 99 Refused **[Go to next section]**

8. Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1 Yes
- 2 No
- [DO NOT READ]*
- 77 Don't Know/ Not Sure
- 99 Refused

9. Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

__ __ Enter percent (1 to 100)

8 8 8 Zero

[DO NOT READ]

7 7 7 Don't know / Not sure

9 9 9 Refused

D. Unmet Need¹⁰

1. Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

INTERVIEWER: THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE.

1 Yes

2 No

[DO NOT READ]

77 Don't Know

99 Refused

2. And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

1 Yes

2 No

[DO NOT READ]

77 Don't Know

99 Refused

[If D1 or D2 has an answer of No or Refused, go to D4]

3. Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons?

CODE ALL THAT APPLY.

1 Worry about the cost

[If B2=1(yes, uninsured), don't show responses 2 and 3]

2 The doctor or hospital wouldn't accept your health insurance

3 Your health plan wouldn't pay for the treatment

4 You couldn't get an appointment soon enough

5 You couldn't get there when the doctor's office or clinic was open

6 It takes too long to get to the doctor's office or clinic from your house or work

7 You couldn't get through on the telephone

8 You were too busy with work or other commitments to take the time

9 You didn't think the problem was serious enough

¹⁰ Sequence from the Community Tracking Survey

- 10 Or any other reason I haven't mentioned [SPECIFY] [*text box*]
- 11 NONE/NO ONE/NO OTHER RESPONSES
[DO NOT READ]
- 77 Don't Know
- 99 Refused

4. During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?¹¹

- 1 Yes
- 2 No
[DO NOT READ]
- 77 Don't Know
- 99 Refused

E. Oral Health¹²

1. Within the last 12 months, have you visited a dentist for a routine check-up, cleaning, or examination?

- 1 Yes
- 2 No
[DO NOT READ]
- 3 I do not need dental care **[Go to F1]**
- 77 Don't know/Not sure
- 99 Refused

2. Was there a time during the last 12 months when you needed dental care but did not receive it for any of the following reasons?

CODE ALL THAT APPLY.

- 1 Worry about the cost
- 2 No dentist would take your insurance, or
- 3 You could not find a dentist
[DO NOT READ]
- 77 Don't Know
- 99 Refused

¹¹ Source: NHIS, via CTS

¹² Source: Adapted from the Massachusetts BRFS

F. Access to Care¹³

1. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

1 Yes
2 No [Go to F3]
[DO NOT READ]
77 Don't Know [Go to F3]
99 Refused [Go to F3]

2. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

[READ]
1 Never
2 Sometimes
3 Usually
4 Always
[DO NOT READ]
77 Don't Know
99 Refused

3. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

1 Yes
2 No [Go to F5]
[DO NOT READ]
77 Don't Know [Go to F5]
99 Refused [Go to F5]

¹³ MEPS Adult Self-Administered Questionnaire, 2009

4. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

5. In the last 12 months, did you ever have an appointment scheduled at a doctor's office or clinic and, for any reason, not go to the doctor's office or clinic?

- 1 Yes
- 2 No **[Go to F7]**

[DO NOT READ]

- 77 Don't Know **[Go to F7]**
- 99 Refused **[Go to F7]**

6. Did you not keep the appointment for any of the following reasons?

CODE ALL THAT APPLY.

- 1 Your symptoms got better
- 2 You could not get a ride to the doctor
- 3 You could not get time off from work
- 4 You forgot
- 5 You could not afford to go
- 6 You could not get child care
- 7 Or any other reason I haven't mentioned **[SPECIFY]** *[text box]*

[DO NOT READ]

- 77 Don't Know
- 99 Refused

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more

[DO NOT READ]

- 77 Don't Know
- 99 Refused

G. Usual Source of Care

1. Is there a particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health?

- 1 Yes
- 2 No [Go to K1]
- [DO NOT READ]*
- 3 More than one place [Go to G3]
- 77 DON'T KNOW [Go to K1]
- 99 REFUSED [Go to K1]

2. What kind of place is it - a doctor's office, a clinic, health center, an emergency room, or some other place?

- 1 Doctor office
- 2 Clinic (including a hospital-based clinic)
- 3 Health center or community health center
- 4 Hospital emergency room
- 5 Other place [SPECIFY]
- [DO NOT READ]*
- 77 DON'T KNOW
- 99 REFUSED

3. What kind of place do you go to most - a doctor's office, a clinic, health center, an emergency room, or some other place?

- 1 Doctor office
- 2 Clinic (including a hospital-based clinic)
- 3 Health center or community health center
- 4 Hospital emergency room
- 5 Other place [SPECIFY]
- [DO NOT READ]*
- 77 DON'T KNOW
- 99 REFUSED

H. Continuity of Care & E-mail/Internet After Hours Access

1. When you go there, do you usually see a doctor, a nurse, or some other type of health professional?

- 1 Doctor
- 2 Nurse
- 3 Nurse practitioner
- 4 Physician assistant
- 5 Other, [SPECIFY]

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

Interviewer: If R says that they see many people, state, "Please think about the person you usually see if you are sick or need advice about your health."

2. Do you usually see the same doctor, nurse, or other health professional each time you go there?

- 1 Yes
 - 2 No [Go to K1]
- [DO NOT READ]*
- 77 DON'T KNOW [Go to K1]
 - 99 REFUSED [Go to K1]

[If ((G1=1 and G2 not equal to 4) or (G1=3 and G3 not equal to 4)) and F7>0 (1 or more visits) (respondent has a usual source, not an emergency room, and had one or more visits in the last year), go to H3, else go to K1]

[If H2=1(yes)] YES SCRIPT: The following questions ask about the doctor, nurse, or other health professional that you usually see each time you go to your usual source of medical care. These questions will refer to this doctor, nurse, or other health professional as "this provider." Please think of this provider as you answer these questions.

[if H2=2(no)] **NO SCRIPT:** The following questions ask about the doctor, nurse, or other health professional that you see each time you go to your usual source of medical care. If you see more than one person, please think about the person you usually see if you are sick or need advice about your health. These questions will refer to this doctor, nurse, or other health professional as “this provider.” Please think of this provider as you answer these questions.

3. Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

4. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?

- 1 Yes
- 2 No [Go to H6]

[DO NOT READ]

- 77 DON'T KNOW [Go to H6]
- 99 REFUSED [Go to H6]

5. In the last 12 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

6. Did this provider’s office give you information about how to use e-mail or the internet to contact this provider’s office if you had a medical question?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

7. In the last 12 months, did you e-mail this provider's office with a medical question?¹⁴

- 1 Yes
- 2 No **[Go to I1]**
[DO NOT READ]
- 3 My provider does not use e-mail
- 77 DON'T KNOW **[Go to I1]**
- 99 REFUSED **[Go to I1]**

8. In the last 12 months, when you e-mailed this provider's office, how often did you get an answer to your medical question as soon as you needed?

- [READ]*
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
[DO NOT READ]
- 77 Don't Know
- 99 Refused

9. In the last 12 months, when you e-mailed this provider's office, how often were all of the questions in your e-mail answered?

- [READ]*
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
[DO NOT READ]
- 77 Don't Know
- 99 Refused

¹⁴ CAHPS supplemental questions on Health Information Technology

I. Provider–Patient Communication

1. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

2. In the last 12 months, how often did this provider listen carefully to you?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

3. In the last 12 months, did you and this provider talk about any questions or concerns you had about your health?

- 1 Yes
- 2 No **[Go to I6]**

[DO NOT READ]

- 77 DON'T KNOW **[Go to I6]**
- 99 REFUSED **[Go to I6]**

4. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these problems or concerns?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

5. In the last 12 months, how often were the explanations this provider gave you hard to understand because of an accent or the provider speaking a different language?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

6. In the last 12 months, how often did this provider show respect for what you had to say?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

7. In the last 12 months, how often did this provider spend enough time with you?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

8. In the last 12 months, did you feel that this provider thought about your values, beliefs, and traditions when he or she recommended treatments to you?

[READ]

- 1 Yes, completely
- 2 Yes, somewhat
- 3 No, not at all

[DO NOT READ]

- 4 The provider did not recommend any treatments for me
- 77 Don't Know
- 99 Refused

J. Counseling

1. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

2. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

3. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

4. In the last 12 months, did anyone in this provider's office ask you whether there was a period of time when you felt sad, empty or depressed?

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

5. Changing your habits or lifestyle includes things like losing weight, stopping smoking, and getting enough exercise. In the last 12 months, did you and anyone in this provider's office talk about specific things you could do to change your habits or lifestyle?

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

K. Coordination of Care

1. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?**

- 1 Yes
2 No **[Go to K3]**

[DO NOT READ]

- 77 Don't Know **[Go to K3]**
99 Refused **[Go to K3]**

Interviewer: If he/she asks about chiropractors or acupuncture, "we are interested in care received from specialist practitioners of any kind."

2. **In the last 12 months, how often did your usual provider seem informed and up-to-date about the care you got from specialists?**

[READ]

- 1 Never
2 Sometimes
3 Usually
4 Always

[DO NOT READ]

- 77 Don't Know
99 Refused

Interviewer: If R asks about which provider is my usual provider, state "Your usual provider is the person you usually see if you are sick or need advice about your health."

3. **In the last 12 months, did you take any prescription medicine?**

- 1 Yes
2 No **[Go to L1]**

[DO NOT READ]

- 77 Don't Know **[Go to L1]**
99 Refused **[Go to L1]**

4. **In the last 12 months, did you and anyone in your usual provider's office talk at each visit about all the prescription medicines you were taking?**

- 1 Yes
2 No

[DO NOT READ]

- 77 Don't Know
99 Refused

L. Health Status¹⁵

1. Would you say that in general your health is...

[Please read:]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

OR

- 5 Poor

[DO NOT READ]

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

2. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health problems or conditions?¹⁶

		<i>[READ]</i>		<i>[DO NOT READ]</i>	
		YES	NO	DK	Refused
a	Diabetes or sugar diabetes	1	2	77	99
b	High blood pressure or hypertension	1	2	77	99
c	Asthma	1	2	77	99
d	Heart disease, heart failure or heart attack	1	2	77	99
e	Cancer	1	2	77	99
f	Any other health problem or condition I haven't already mentioned, yes or no?	1	2	77	99

Interviewer: If he/she names other conditions, listen and thank the respondent for their help.

[If any of L2a to L2f =1, go to L3; else go to L4]

¹⁵ Mass BRFSS, Confidence from MA PCMH survey revised by Hargraves.

¹⁶ Used in PEW, adapted to include "told by a health professional" as used in NHIS/BRFSS

3. Using any number from 0 to 10, where 0 is not at all confident and 10 is completely confident, what number would you use to rate how confident you are that you can take care of your health problems or concerns?

- 0 Not at all confident
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Completely confident
- [DO NOT READ]*
- 77 Don't Know / Not sure
 - 99 Refused

4.¹⁷ About how much do you currently weigh, without shoes?

ENTER CURRENT WEIGHT TO THE NEAREST POUND.

[Enter Pounds] ___ ___ ___

[DO NOT READ]

- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5.¹⁸ About how tall are you, without shoes?

PROBE FOR INCHES IF NOT REPORTED.

5_1. [Enter Feet] ___

[DO NOT READ]

- 7 Don't know / Not sure
- 9 Refused

5_2. [Enter Inches] ___ ___

[DO NOT READ]

- 7 7 Don't know / Not sure
- 9 9 Refused

¹⁷ Adapted from MEPS

¹⁸ Adapted from MEPS

M. Demographics, Part 2¹⁹

CHILDREN How many children less than 18 years of age currently live in your household?

-- Number of children

[DO NOT READ]

8 8 None

9 9 Refused

1. What city or town do you live in?

--- Town code

8 8 8 OTHER: [SPECIFY: _(question id: M1other)_____]

[DO NOT READ]

7 7 7 Don't Know/Not Sure

9 9 9 Refused

Interviewer: If questioned about need for city or town, say, "We just want to make sure that we interview people from all areas of Connecticut."

2. What is your ZIP Code where you live?

----- ZIP Code

[DO NOT READ]

7 7 7 7 7 Don't know / Not sure

9 9 9 9 9 Refused

Interviewer: If questioned about need for Zip Code, say, "We just want to make sure that we interview people from all areas of Connecticut."

3. What is the highest grade or level of school that you have completed?²⁰

Is it... [READ LIST]

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate

OR

- 6 More than 4-year college degree

[DO NOT READ]

77 Don't Know

99 Refused

¹⁹ CG-CAHPS Telephone Script

²⁰ CG-CAHPS Telephone Script

4. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, Not Hispanic or Latino

5. Which one or more of the following would you say is your race?

[Check all that apply]

[READ]

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- Or
- 6 Other [specify] _____

[DO NOT READ]

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

6. Which best describes your ancestry or heritage? Would you say ...

[If M4=1 (Latino), read 1-3, 6, 7, 8; else if M5=3 (Asian), please read 4, 5, 6, 9; else if M4=1 and M5=3, please read 1-9]

[Please read]

- 01 Puerto Rican
- 02 Mexican
- 03 Cuban
- 04 Asian Indian
- 05 Chinese
- 06 Filipino
- Or
- 07 Other Central American [specify: _____]
- 08 Other South American [specify: _____]
- 09 Other Asian [specify: _____]

[DO NOT READ]

- 77 Don't Know/Not Sure
- 99 Refused

END

[If CHILDREN > 0, go to CHCS Child Module If CHILDREN = 0, go to RE-CONTACT]

Gender [derived from Respondent Selection section]

- 1 Male
- 2 Female

RE-CONTACT

You've been very helpful. Sometimes we need to re-contact people to ask some follow-up questions. Would it be okay for us to re-contact you? IF YES, ASK: Could I please just have your first name?

- 1 Yes-----RECORD NAME
- 2 No

Connecticut Health Care Survey

Child Survey

Survey Topic Areas
XA. Child Selection (age, gender, ethnicity, & race)
XB. Health Insurance
XC. Unmet Need
XD. Oral Health
XE. Access to Care
XF. Usual Source of Care
XG. Continuity of Care & Expanded Access to Care
XH. Provider–Patient Communication
XI. Counseling
XJ. Coordination of Care
XK. Health Status

XA. Child Selection (age, gender, ethnicity, & race)

1. What is the birth month and year of the “Xth” child?

--/	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

Interviewer: If the respondent is reluctant to provide birth month and year, tell them that “we just need the birth month and year to ask questions that are appropriate for the age of your child.”

1a. How old is the [selected Xth] child (in years)?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
99	[Do not read] Refusal

[If XA1=Don't know (77/7777) or Refused (99/9999), or XA1a=99, go to XA2.]

2. Is the child a boy or a girl?

1	Boy
2	Girl
	[DO NOT READ]
99	Refused

3. Is the child Hispanic or Latino?

1	Yes
2	No
	[DO NOT READ]
77	Don't know / Not sure
99	Refused

4. Which one or more of the following would you say is the race of the child?

[Check all that apply]

[READ]

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

Or

- 6 Other [specify] _____

[DO NOT READ]

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

5. How are you related to the child?

[READ]

- 1 Parent (include biological, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biological, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

[DO NOT READ]

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

XB. Health Insurance²¹

1. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as HUSKY, Medicaid, or Children's Medical Security Plan?

- 1 Yes **[Go to XC1]**
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

²¹ Adapted from ACS/CPS; see also the National Survey of Children's Health.

READ IF NECESSARY: Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states. HMO is Health Maintenance Organization.

- 2. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, HUSKY, or some other source?**

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

XC. Unmet Need²²

- 1. Next, during the past 12 months, was there any time when you didn't get the medical care your child needed?**

INTERVIEWER: THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE.

1 Yes
2 No

[DO NOT READ]

77 Don't Know
99 Refused

- 2. And was there any time during the past 12 months when you put off or postponed getting medical care you thought your child needed?**

1 Yes
2 No **[Go to XC4]**

[DO NOT READ]

77 Don't Know
99 Refused **[Go to XC4]**

[If XC1=2 or XC1=99, go to XC4]

- 3. Did you not get the medical care your child needed or have delays getting medical care your child needed for any of the following reasons?**

²² Sequence from the Community Tracking Survey

CODE ALL THAT APPLY.

[If XB1=2 (no insurance) and XB2=2 (no insurance), do not show responses 2 and 3]

- 1 Worry about the cost
- 2 The doctor or hospital wouldn't accept your health insurance
- 3 Your health plan wouldn't pay for the treatment
- 4 You couldn't get an appointment soon enough
- 5 You couldn't get there when the doctor's office or clinic was open
- 6 It takes too long to get to the doctor's office or clinic from your house or work
- 7 You couldn't get through on the telephone
- 8 You were too busy with work or other commitments to take the time
- 9 You didn't think the problem was serious enough
- 10 Or any other reason I haven't mentioned [SPECIFY] _____
- 11 NONE/NO ONE/NO OTHER RESPONSES

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

4. During the past 12 months, was there any time your child needed prescription medicines but you didn't get them because you couldn't afford it?²³

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

²³ Source: NHIS, via CTS

XD. Oral Health²⁴

1. **[Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?**

1 Yes
2 No

[DO NOT READ]

77 Don't know/Not sure
99 Refused

2. **[All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it for any of the following reasons?**

CODE ALL THAT APPLY.

1 Worry about the cost
2 No dentist would take your insurance, or
3 You could not find a dentist for this child

[DO NOT READ]

77 DON'T KNOW
99 REFUSED

XE. Access to Care²⁵

1. **In the last 12 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

1 Yes
2 No **[Go to XE3]**

[DO NOT READ]

77 Don't Know **[Go to XE3]**
99 Refused **[Go to XE3]**

2. **In the last 12 months, when your child needed care right away, how often did you get care as soon as you thought your child needed it?**

[READ]

1 Never
2 Sometimes
3 Usually
4 Always

[DO NOT READ]

77 Don't Know
99 Refused

²⁴ Source: Massachusetts BRFSS

²⁵ MEPS Adult Self-Administered Questionnaire, 2009

3. In the last 12 months, **not** counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?

- 1 Yes
- 2 No [Go to XE5]
- [DO NOT READ]*
- 77 Don't Know [Go to XE5]
- 99 Refused [Go to XE5]

4. In the last 12 months, **not** counting the times your child needed care right away, how often did you get an appointment for your child's health care at a doctor's office or clinic as soon as you thought your child needed it?

- [READ]*
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- [DO NOT READ]*
- 77 Don't Know
- 99 Refused

5. In the last 12 months, not counting the times your child went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for your child?

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more
- [DO NOT READ]*
- 77 Don't Know
- 99 Refused

XF. Usual Source of Care²⁶

1. Is there a particular doctor's office, clinic, health center, or other place that you usually go if your child is sick or you need advice about your child's health?

- 1 Yes
- 2 No [Go to XJ1]
- [DO NOT READ]*
- 3 More than one place [Go to XF3]

²⁶ Source: MEPS, kind of place modified from CTS

- 77 DON'T KNOW [Go to XJ1]
- 99 REFUSED [Go to XJ1]

2. What kind of place is it - a doctor's office, a clinic, health center, an emergency room, or some other place?

- 1 Doctor office
- 2 Clinic (including a hospital-based clinic)
- 3 Health center or community health center
- 4 Hospital emergency room
- 5 Other place [SPECIFY]

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

3. What kind of place do you go to most to get medical care for your child - a doctor's office, a clinic, health center, an emergency room, or some other place?

- 1 Doctor office
- 2 Clinic (including a hospital-based clinic)
- 3 Health center or community health center
- 4 Hospital emergency room
- 5 Other place [SPECIFY]

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

XG. Continuity of Care & Expanded Access to Care

1. When you go there, does your child usually see a doctor, a nurse, or some other type of health professional?

- 1 Doctor
- 2 Nurse
- 3 Nurse practitioner
- 4 Physician assistant
- 5 Other, [SPECIFY]

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

2. Does your child usually see the same doctor, nurse, or other health professional each time you go there?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

[If (a) XF1=1 and XF2 not equal to 4 and XE5>0 (1 or more visits), or (b) XF1=3 and XF3 not equal to 4 and XE5>0 (1 or more visits) (respondent's child has a usual source, not an emergency room, and had a visit in the last year), go to XG3; else go to XJ1.]

[If XG2=1(yes)] YES SCRIPT: The following questions ask about the doctor, nurse, or other health professional that your child usually sees each time you go to your child's usual source of medical care. These questions will refer to this doctor, nurse, or other health professional as "this provider." Please think of this provider as you answer these questions.

[If XG2=2(no)] NO SCRIPT: The following questions ask about the doctor, nurse, or other health professional that your child sees each time you go to your usual source of medical care. If your child sees more than one person, please think about the person your child mostly sees if your child is sick or needs health advice. These questions will refer to this doctor, nurse, or other health professional as "this provider." Please think of this provider as you answer these questions.

3. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

4. Did this provider's office give you information about how to use e-mail or the internet to contact this provider's office if you had a medical question about your child's health? ²⁷

- 1 Yes
- 2 No

[DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

XH. Provider-Patient Communication

1. In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

- 1 Yes
- 2 No **[go to XH4]**

[DO NOT READ]

- 77 DON'T KNOW **[go to XH4]**
- 99 REFUSED **[go to XH4]**

2. In the last 12 months, how often did this provider give you easy to understand instructions about these health questions or concerns?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

3. In the last 12 months, how often were the explanations this provider gave you hard to understand because of an accent or the provider speaking a different language?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

²⁷ Adapted from CAHPS supplemental questions on Health Information Technology

4. In the last 12 months, how often did this provider show respect for what you had to say?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

5. In the last 12 months, how often did this provider spend enough time with your child?

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don't Know
- 99 Refused

XI. Counseling

1. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

2. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

3. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

4. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

5. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

6. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don't Know
- 99 Refused

XJ. Coordination of Care

1. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?

- 1 Yes
- 2 No [go to XJ3]

[DO NOT READ]

- 77 Don't Know [go to XJ3]
- 99 Refused [go to XJ3]

Interviewer: If he/she asks about chiropractors or acupuncture, “we are interested in care received from specialist practitioners of any kind.”

- 2. In the last 12 months, how often did your child’s usual provider seem informed and up-to-date about the care your child got from specialists?**

[READ]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[DO NOT READ]

- 77 Don’t Know
- 99 Refused

Interviewer: If R asks about which provider is your child’s usual provider, state “Your child’s usual provider is the person you usually see if your child is sick or you need advice about your child’s health.”

- 3. In the last 12 months, did your child take any prescription medicine?**

- 1 Yes
- 2 No **[go to XK1]**

[DO NOT READ]

- 77 Don’t Know **[go to XK1]**
- 99 Refused **[go to XK1]**

- 4. In the last 12 months, did you and anyone in your child’s usual provider’s office talk at each visit about all the prescription medicines your child was taking?**

- 1 Yes
- 2 No

[DO NOT READ]

- 77 Don’t Know
- 99 Refused

XK. Health Status

1. Would you say that in general your child’s health is...

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

[DO NOT READ]

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

2. Have you ever been told by a doctor, nurse, or other health professional that your child has any of the following health problems or conditions?

		[READ]		[DO NOT READ]	
		YES	NO	DK	Refused
a	Diabetes or sugar diabetes	1	2	77	99
b	Asthma	1	2	77	99
c	An attention disorder such as ADD or ADHD	1	2	77	99
d	Depression or other emotional problem	1	2	77	99
e	Autism, mental retardation, or other developmental problems	1	2	77	99
f	Any other health problem or condition I haven’t already mentioned, yes or no?	1	2	77	99

Interviewer: If he/she names other conditions, listen and thank the respondent for their help.

3.²⁸ About how much does your child currently weigh, without shoes?

ENTER CURRENT WEIGHT TO THE NEAREST POUND.

[Enter Pounds] ___ ___ ___

[DO NOT READ]

- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

²⁸ Adapted from MEPS

4.²⁹ About how tall is your child currently, without shoes?

PROBE FOR INCHES IF NOT REPORTED.

[Enter Feet] ____

7 Don't know / Not sure

9 Refused

[Enter Inches] ____ ____

[DO NOT READ]

7 7 Don't know / Not sure

9 9 Refused

RECONTACT **You've been very helpful. Sometimes we need to re-contact people to ask some follow-up questions. Would it be okay for us to re-contact you? IF YES, ASK: Could I please just have your first name?**

1 Yes

2 No **[END]**

CONTACTNAME **Record Contact Name**

²⁹ Adapted from MEPS

Appendix II: Pre-notification Letters



[Month] 2012

Dear Connecticut Resident,

In the next few weeks, you will receive a phone call requesting your participation in a study to understand how people throughout the state of Connecticut are getting medical care and taking care of their health.

This study is co-sponsored by the Aetna Foundation, Inc., the Connecticut Health Foundation, the Patrick and Catherine Weldon Donaghue Medical Research Foundation, the Foundation for Community Health, the Universal Health Care Foundation of Connecticut, Inc., and the Children's Fund of Connecticut. This study is being conducted by the University of Massachusetts Medical School.

As you may know, Connecticut is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. Your household has been randomly selected for this important study. We are writing to ask you to take part in the survey when you are called. Your participation will involve answering a few questions about your health, health care and other important issues in the Connecticut community where you live.

Your participation in the interview is voluntary. The interview usually takes about 15-20 minutes. All information that you give the interviewer will be kept confidential. You can end the interview at any time. Your household will never be identified in any reports. If you have any questions about this survey, please call our toll-free number 1-888-368-7157.

Sincerely,

[signature]

Zi Zhang, MD, MPH
Director, Office of Survey Research
UMass Medical School

Lee Hargraves, PhD
Senior Survey Methodologist
UMass Medical School

Español del Otro Lado



[Month] 2012

Estimado residente de Connecticut,

En las próximas semanas, usted recibirá una llamada telefónica solicitando su participación en un estudio llevado a cabo para entender cómo la gente, a lo largo del estado de Connecticut, está consiguiendo asistencia médica y el cuidando de su salud.

Este estudio esta co-patrocinado por la Fundación Aetna, Inc., la Fundación Connecticut Health, la Fundación de Investigación Médica Patrick and Catherine Weldon Donaghue, la Fundación para Salud Comunitaria, la Fundación Universal Health Care of Connecticut, Inc., y el Children's Fund of Connecticut. Este estudio será llevado a cabo por la Escuela de Medicina de la Universidad de Massachusetts.

Como ya usted sabrá, Connecticut es uno de varios estados que toman la delantera por encontrar maneras de hacer el cuidado médico más costeable y más fácil de obtener. Su casa ha sido seleccionada al azar para participar en este importante estudio. Le estamos escribiendo hoy para pedirle que tome parte de esta encuesta cuando se le llame. Su participación implicará contestar algunas preguntas sobre su salud, su cuidado médico, así como otros problemas importantes en la comunidad de Connecticut donde usted vive.

Su participación en la entrevista es voluntaria. La entrevista dura aproximadamente de 15 a 20 minutos. Toda la información que usted le dé al entrevistador será mantenida confidencial. Usted puede terminar la entrevista en cualquier momento. Su casa nunca será identificada en cualquier reporte. Si usted tiene cualquier pregunta sobre esta encuesta, por favor llame a nuestro número gratis 1-888-368-7157.

Sinceramente,

[signature]

Zi Zhang, MD, MPH
Director, Office of Survey Research
UMass Medical School

Lee Hargraves, PhD
Senior Survey Methodologist
UMass Medical School

English on Other Side

Appendix III: Refusal Avoidance Guide

Excuse/Concern	Potential Interviewer Response
<p>I'm busy. I have no time. It's not a good time. I'm just leaving.</p>	<p>"I understand you are (busy/just leaving, etc.). Perhaps I could ask just 5 or 6 quick questions and call back at a better time." <i>(Move into selection, if possible)</i></p> <p><i>If another person is selected, ask for that person. Otherwise, try to get the respondent's name and a time to call back. Even if the person is just leaving, (unless an emergency or late) they will often answer the first few questions to get through the selection so we could at least get a selected respondent, the respondent's name and a call back time.</i></p>
<p>I don't want to buy anything!</p>	<p>"This is a research call—we are not selling or marketing anything, and we are not asking, and will not ask you for money. This is important research and we are working hard to find out the current health care and health insurance status of Connecticut residents."</p>
<p>I'm not interested.</p>	<p>"Health care and health insurance are important issues in Connecticut. We want to hear from people throughout the state. If people aren't insured, or aren't happy with the care they get, we want to know that. If people are insured, or are happy with their care, we want to know that too."</p> <p>Or,</p> <p>"I understand that you must get a lot of calls about surveys. This call is different. Health care affects nearly everyone and accounts for a large portion of our spending. We need your help to learn more about it. So I am personally asking for a few minutes of your time."</p>
<p>Still not interested.</p>	<p>"I apologize for my persistence. Our study requires that we try to give each household an opportunity to participate so it will accurately represent the state of Connecticut. There is a good chance that someone other than you is the person I need to interview. We appreciate your help."</p>
<p>I'll do the survey if you mail it to me.</p>	<p>"We conduct this survey over the phone so it will be more accurate and representational of the state. We would not get as effective a response rate if we mailed it out."</p> <p><i>And/or,</i></p> <p>"The phone survey is much shorter than a mail survey would be. A paper survey would have lots of questions you would not need to answer, but you would still have to read them all to see if they apply to you. We've programmed the computer to ask only the questions each person needs to answer, so it would take you a lot less time. I'm here to help you get through the survey quickly. Let me ask..."</p>
<p>Take us off your list...</p>	<p>"We have no list. Your telephone number was scientifically selected by a computer to represent many others in your community. We need all households who are selected to respond to get results that reflect everyone's opinions. We will not put your name on any mailing list, and we won't sell it to anyone."</p> <p><i>(If time, assure confidentiality and offer phone number, web, and/or building address for verification. Move into selection, if possible.)</i></p>
<p>I'm on the National Do Not Call Registry...so don't call again.</p>	<p>"I understand. Did you know that calls for purely research purposes are not covered by the "Do Not Call" list restrictions? This is a research call—we are not selling or marketing anything, and we are not asking, and will not ask you for money. This is important research and we are working hard to find out the current health care and health insurance status of people in Connecticut."</p>

Excuse/Concern	Potential Interviewer Response
<p>We are in the process of moving out of area/state, etc.</p>	<p>“I understand that you are very busy, but your input is very valuable. Your current household would be eligible to represent your county in this survey.”</p> <p><i>(Give value statement and try for a selection; or, if unable, try to get a better callback time.)</i></p>
<p>How did you get my phone number?</p>	<p>“Your telephone number was scientifically selected by a computer to represent many others in your community—we are hoping it is a good residential number when we call it. We go through hundreds of disconnected numbers, businesses, fax numbers, etc. to obtain the required number of completed surveys to represent the state’s residents in this health survey.”</p> <p><i>(This person is usually concerned about confidentiality. Let them know we don’t want last names or addresses, and offer #s, web and/or building’s address for verification. Give value statement if possible.)</i></p>
<p>I don’t know the answers to things like this</p>	<p>“There are no right or wrong answers. We really need you to participate so you can help represent other people in the state who have similar experiences and opinions. Many people have excellent coverage and are satisfied with their doctors and hospitals. Others don’t have any health insurance or can’t get the care they need. We want to hear from all kinds of people.”</p>
<p>I’m too sick; Call someone else</p>	<p>“We still need your help. We need input from all sorts of people because health care affects all of us in different ways. Health care has changed so much in recent years and we need to know how people like you are being affected by these changes.”</p> <p><i>And/or,</i></p> <p>“If we don’t hear from people like you, your experiences and results will be under-represented. We want an accurate picture of health care and health insurance issues in Connecticut. We need all households selected to respond so we can get results that reflect everyone’s opinion.”</p>
<p>I’m too old; Call someone who is younger.</p>	<p>“We still need your help. We need input from all sorts of people (young and old) because health care affects all of us in different ways. Health care has changed so much in recent years and we need to know how people like you are being affected by these changes.”</p> <p><i>And/or,</i></p> <p>“If we don’t hear from people like you, your experiences and results will be under-represented. We want an accurate picture of health care and health insurance issues in Connecticut. We need all households selected to respond so we can get results that reflect everyone’s opinion.”</p>
<p>I’m healthy; Call someone with health problems.</p>	<p>“We still need your help. We need input from all sorts of people (young and old) because health care affects all of us in different ways. Health care has changed so much in recent years and we need to know how people like you are being affected by these changes.”</p> <p><i>And/or,</i></p> <p>“If we don’t hear from people like you, your experiences and results will be under-represented. We want an accurate picture of health care and health insurance issues in Connecticut. We need all households selected to respond so we can get results that reflect everyone’s opinion.”</p>

Excuse/Concern	Potential Interviewer Response
<p>I did the survey last month, year, etc.;</p> <p>Try someone else.</p>	<p>“It may have been another survey. This survey is the Aetna Foundation and other non-profit organizations that care about the health of people in Connecticut.”</p> <p><i>(Give value statement and try to move into selection. If person persists, and remembers some of the survey questions, you may want to say “it looks like your household was randomly selected again to be in the survey and that another person may be selected from the household.” If that person was selected, ask him politely if he/she would be willing to do this important survey again, and that it is rare that the same household & person are selected again.)</i></p>
<p>I don't want my son/daughter doing a survey.</p>	<p>We are a legitimate health survey sponsored by the Aetna Foundation and other non-profit organizations that care about health care of people in CT. This survey would not represent the state if we did not also include the input of young adults as well as older adults in our state. The survey is on general health and health practices.”</p> <p><i>(If time, assure confidentiality and offer verification (numbers, web, address). Move into selection, if possible.)</i></p>
<p>Do you realize it is 9:00 pm.?</p> <p>It is too late!</p>	<p>“I am very sorry to have disturbed you. This is one of my last calls. Perhaps, we could call at a better time. Thank you.”</p> <p><i>(If more amicable, try to move into a selection, and get a name and best time to call back.)</i></p>
<p>How long does this survey take?</p>	<p>“It honestly depends on how you answer the survey questions. If you need to leave at any time during the survey, you could let me know, and we could set a time to call you back to finish the survey, if you needed to.”</p> <p><i>(If they persist on a time or range of time, be honest in your estimation on a range of time. If you say a few minutes or 5-10 minutes, it can make some respondents angry when they find out it is longer.)</i></p>
<p>I don't want to finish this. I have to go. (You are in the survey)</p>	<p><i>Try to gauge where you are at in the survey. If you know you are somewhat close to the end, let them know and that the survey is important. You may want to mention we cannot use the data unless we try to complete it and that you appreciate their help. If you are on the last 5 minutes or so, or the last few questions, definitely let them know – they may want to go on and just finish it. If they have to leave, try to set up a callback time and get their first name.</i></p>
<p>Spouse states respondent hates surveys, or I know more about health in the household, or s/he's never home. Interview me or forget it!</p>	<p>“I wish I could conduct the survey with you, but it is very important that we have a random survey with both males and females represented to accurately reflect the state's population. We appreciate your help.”</p> <p><i>Or,</i></p> <p>“I understand he/she is busy and we may not be able to reach him/her, but perhaps we could just try. If we had all those who were available and at home more often such as retired elderly or homemakers, it wouldn't be representational of all of the state's residents. We need an accurate picture of the health of state residents. What time could we call him/her back?” <i>(If a truck driver or never home, state “Thank you for putting up with us. Perhaps, we could try now and then to reach him.” Ask if home any upcoming holidays or have a day off in the month.</i></p>

Sources: Some responses are adapted from the Community Tracking Study Household Survey Methodology Report, 2007.

Appendix IV: Project Fact Sheet

The Office of Survey Research (OSR) at the University of Massachusetts Medical School (UMMS) is conducting the CT Health Care Survey to find out the current health care and health insurance status of Connecticut residents. The fielding period for the survey is summer 2012.

Survey Facts	
Survey Description	This survey asks about health coverage and health care. We are trying to find answers to questions like: can people afford the health care they need? What do people think about the health care they receive for themselves or for their children?
Sponsors	The survey is funded by six health care foundations in the State of Connecticut: the Aetna Foundation, Connecticut Health Foundation, the Patrick and Catherine Weldon Donaghue Medical Research Foundation, the Foundation for Community Health, the Universal Health Care Foundation of Connecticut, Inc., and the Children's Fund of Connecticut.
Confidentiality	All answers will be combined with those from other people around Connecticut. We do not use confidential data for any purpose other than research.
Advance Notification	We mail pre-notification letters to households in the sample for whom we have mailing addresses. The letters are in English and Spanish and are mailed in advance of phone calls to let them know that they have been selected to participate in the study. See Appendix 1.
Voluntary	The survey is voluntary. Respondents do not have to answer the questions.
Survey Mode	We conduct this survey over the phone rather than by mail or internet so it will be more accurate and representational of the state. We would not get as effective a response rate if we mailed it out.
Telephone Selection	<p>Telephone numbers were scientifically selected by a computer to represent many others in the state. The phone numbers were screened to eliminate business and non-working numbers.</p> <p>Our study requires that we try to give each selected household an opportunity to participate so it will accurately represent the state of Connecticut. Our study also requires that we do not seek participation from households that were not scientifically selected, such as referrals to friends or neighbors, since we need to select households randomly to accurately reflect the state.</p>
Respondent	This is a Random Digit Dial (RDD) survey of households in Connecticut. The screening questions at the beginning of the survey allow us to determine if it's an eligible phone number. If so, we also ask questions to identify the survey respondents who will answer questions about themselves and one of their children (if applicable).
Survey Results	Broad dissemination of results is a key goal of this study. The survey data will be used in a series of reports, presentations, and publications, including a set of policy briefs to be reported to the state of CT within one year of survey administration.
Languages	The survey is conducted in English and Spanish.
Survey Administration	The survey is being conducted by the University of Massachusetts Medical School. The UMMS webpage for the Office of Survey Research is http://www.umassmed.edu/survey . Our telephone number is 1-888-368-7157. We are located at 333 South Street in Shrewsbury, MA.

Appendix V: Interviewer Manual

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Office of Survey Research

Interviewer Manual



CT Health Care Survey

1. Overview

This manual describes the responsibilities of Research Interviewers working in the Office of Survey Research (OSR). Research Interviewers are at the center of every project the OSR does. You are in the front line of quality data collection. The data you collect will be used by researchers, health care professionals, national, state and local health departments and organizations and the media. Everyone whose health will benefit from the data you collect is counting on you to do the best job possible. The OSR will empower you with the tools to succeed in your work!

Below is a brief summary of the different OSR staff positions and their responsibilities. The descriptions are followed by an organizational chart.

OSR Staff Responsibilities

- **OSR Director:** Provides oversight and support to all OSR projects
- **Senior Survey Methodologists:** Develop/refine survey instruments and ensure scientific integrity of all OSR survey projects.
- **Project Director:** Manages all aspects of a survey project and oversees day-to-day activities.
- **Survey Research Analysts:** Are responsible for programming questionnaires, generating data reports for quality assurance review, creating final client data sets, processing data needed for projects, as well as analysis of data in written reports.
- **Survey Operations Manager:** Manages and oversees OSR's survey operations center. The Operations Manager is primarily responsible for supervising operations staff, managing printing and other vendors, tracking productivity and budget performance, and providing facility oversight.
- **Operations Supervisors:** Responsible for supervising junior level operations staff, providing coaching and training, managing and reporting progress on various survey projects, tracking productivity and workflow efficiency, and monitoring quality.
- **Interviewers:** Conduct interviews, manage call dispositions, and maintain survey skills related to Computer Assisted Telephone Interviewing (CATI) software, and are trained in refusal avoidance and conversion.

Flow of Activities

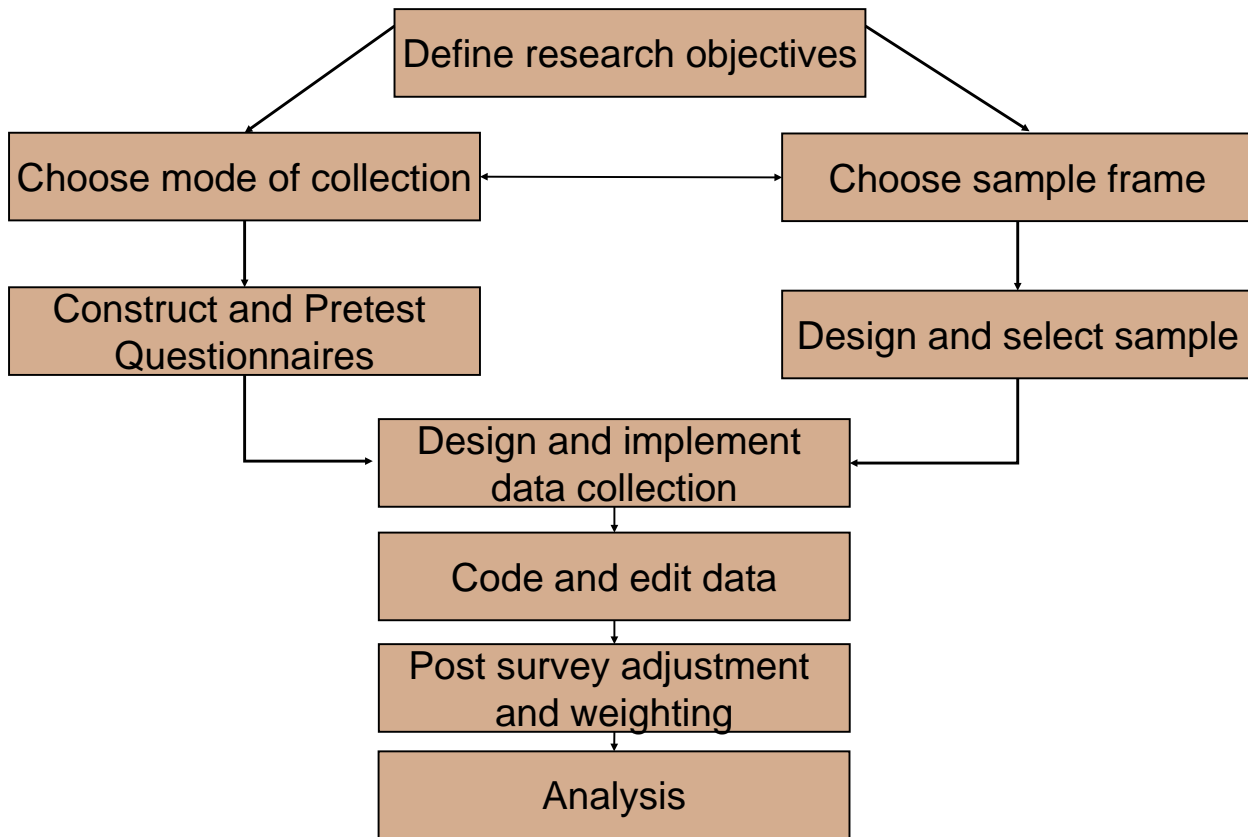
Surveys are an approach to gain knowledge and answer questions by using information collected over the phone, on the Internet or through the mail. All research surveys start out with seeking answers. For example, how satisfied are people with the service received at their health provider's office? How often and when do people with asthma have serious episodes? These questions and others like them can be answered through surveying people and combining all their responses to arrive at the answers!

Research studies are well thought out and carefully planned. Before they ever enter the OSR Operations Center for data collection, researchers are asking:

- What is it we want to know?
- To whom do we need to talk to find the answers?
- How can we reach the most people; over the phone, the Internet, or some combination of each?
- What are the objectives of our project?
- How will we use the data collected?

The people researchers want to interview are the sample population. The individuals interviewed are the respondents. Although we are not working in a microbiology laboratory, research surveys are scientific in that by interviewing enough people in the target sample population, the data collected can be extended to represent a larger group of people. This is good, because it would not be very practical to interview, let's say, everyone in Boston with asthma. Since many important decisions are made based on the data you collect, you can see how important it is to do a good job!

The chart below illustrates the phases of the survey research process. As you can see, it requires attention to detail for the process to be successful.



Customer Service

Each one of us is an emissary of the Office of Survey Research. Although most of the interaction with our clients will be between the OSR Director, Project Director, and Operations Manager, there will be times when clients will come to the Operations Center to participate in briefings or monitor their project. We appreciate these visits because it gives us a chance to “show off” our work place. We want to put our best face forward and instill in them the confidence that they are in good hands when they placed their research needs with the OSR!

2. OSR Procedures and Policies

Confidentiality

Upon being hired at the OSR, all employees will sign an Oath of Confidentiality. This oath affirms that you will respect respondent confidentiality by not discussing anything about your interviews outside of work.

Safety

The OSR seeks to provide a comfortable and safe work environment. Upon being hired at the OSR, interviewers will be given a safety tour. This tour will point out the following:

- All stairwells and emergency exits
- After exiting the building, where to gather so your supervisor can ensure that everyone got out safely
- The location of all elevators –Not to be used in the event of a fire
- Location of the first aid kit
- Location of fire extinguishers
- If you see unsafe conditions, report them to your supervisor immediately
- All on-the-job injuries must be reported to your supervisor and an accident report filled out and entered into the Safety Log
- Review of safety behavior (including no weapons brought to work, no drugs, casual yet professional attire)

Instructions for Using the Sign-up Sheet

Every two weeks a sign-up sheet will be available for you to check-off which days in the coming two-week period you will be available to work. Please make sure you fill this out as completely as possible. It is important for the timely completion of projects to know how many interviewers will be available.

Instructions for Using Timesheets

When you arrive at work, retrieve your weekly timesheet. Keep it in your workstation during the shift and record how much time you have spent on each project you have worked on.

Record the amount of time for each project in the column for the appropriate day. Each project will be recorded in a separate row. Track time spent on interviewing and non-interviewing activity.

Non-interviewing time would be things like:

- Beginning of the shift meetings
- Project briefings, debriefings, and practice
- Calibration sessions
- Counseling
- Additional training

At the end of the shift, complete your time sheet, tally up your hours for the day, and provide your timesheet to your supervisor. The total hours on your time sheet should equal the number of hours scheduled. If you are unsure or have any questions, talk to your supervisor.

Attendance

All of our projects have timelines and dates by which the data must be presented to the client. To this end, it is essential that the Operations Supervisor knows how many people will be working.

Excused Late/Absences

Interviewers should call their supervisor in advance of the shift if they are going to be late or are unable to work that day. Calling in after the shift begins, although better than not calling at all, will result in counseling if it becomes excessive.

Instructions for Starting the Shift

When you arrive at work please do the following:

- ✓ Punch or sign in.
- ✓ Obtain your weekly time sheet and keep it with you in your station to keep track of the hours you've spent on the projects you worked on that day.
- ✓ Look at the daily seating chart to find out what work station you will be in and what project/s you will be working on.
- ✓ Review any hand-outs specific to the projects you will be working on and keep them in your workstation.
- ✓ If not stored in the station, obtain a headset.
- ✓ Wipe down your workstation, headset and phone with rubbing alcohol to reduce the spread of colds and flu.
- ✓ Log onto the project you will be working on.
- ✓ Begin calling.
- ✓ Talk to your supervisor if you have any questions.

Instructions for Ending the Shift

You are to continue calling until the supervisor makes the "Last call" announcement before the end of the shift. If you are in an interview when the last call is made, you must complete the interview.

The following tasks are to be completed at the end of the shift:

- ✓ Log off your computer.
- ✓ Fill out your time sheet, making sure that the number of hours (less breaks) equals the amount of time you worked that day and that time is posted to the correct project.
- ✓ Make sure interviewing and non-interviewing time has been recorded in the correct places.
- ✓ Throw away any trash that may have accumulated during the shift.
- ✓ Provide your weekly time sheet to your supervisor.

3. Interviewer Training

New Employee Training

New employees receive extensive training in research ethics, confidentiality and data security, survey research, refusal conversion and other pertinent topics before beginning work in our operations center. As an academic research center, the Office of Survey Research takes on projects with high expectations for integrity and quality. Moreover, our research is grounded in strong ethical principles, where safeguarding survey participants and the data we collect from them is paramount.

Research Ethics (Human Subject's Protection) Training

All interviewers participate in human subject's protection training.

The University of Massachusetts Medical School has chosen the Collaborative IRB Training Initiative (CITI) as its training program for comprehensive education in bioethics and human subject's protection. The CITI online program consists of 15 modules created by Institutional Review Board (IRB) experts. The complete set of modules takes up to 4-6 hours to complete and can be completed in multiple sections. A combined score of 80% is required as the passing grade. All personnel working for the OSR must successfully complete the CITI Program. Staff members recertify their human subjects training every three years.

Confidentiality and Data Security Training

All new employees attend Health Insurance Portability and Accountability Act (HIPAA) privacy and information security training. Refresher training is provided at annual intervals so that staff members remain current on privacy and information security procedures.

Survey Research Training

Survey research training of the OSR Interviewers begins with four introductory sessions on interviewing:

- **1: The Importance of Interviewers**
- **2: The Role of Interviewers**
- **3: The Interviewing Process**
- **4: Interviewing Techniques**

These training sessions incorporate adult learning techniques to ensure that they are effective vehicles for instilling core OSR values and skills. Examples of these techniques include outlining the topics to be covered, holding interactive exercises, and reviewing the newly obtained knowledge and skills.

The Importance of Interviewers gives new employees an overview of the OSR, including the Office's vision and organizational structure. In this session, new interviewers explore the survey process, including its many stages as well as types of survey errors. They also learn about the importance of their job through real-life case examples where surveys have had influential results.

The second session, *The Role of Interviewers*, provides detailed understanding of the responsibilities of interviewers. These responsibilities include following the survey protocol, ensuring respondent confidentiality, making quality a priority in all aspects of interviewing and data collection, maintaining a courteous and friendly tone, and managing interviewing problems appropriately.

Through the third session, *The Interviewing Process*, interviewers are introduced to key operational concepts such as calling occasions, respondent selection, and call dispositions, including their purpose and associated calling rules and procedures. The session provides an introduction to the Computer Assisted Telephone Interviewing (CATI) system so that interviewers understand its capabilities, recognize the functions and commands, and can navigate through the

screens. Interviewers also learn about interviewer-introduced bias of the survey data as well as quality assurance steps to minimize bias. The session also includes a discussion on interviewer monitoring, including an overview of the audio/visual monitoring system so that interviewers understand the process, technology and purpose.

The final session, *Interviewing Techniques*, provides interviewers with basic skill sets for interacting with survey participants. In particular, interviewers are trained how to persuade participants to cooperate; administer the questionnaire to the respondent accurately and effectively; and record the respondent's responses accurately.

New interviewers receive extensive hands-on experience before interacting with survey participants. Examples include listening to live calls, participating in role-plays and conducting mock-interviews. In addition, new interviewers are trained on the ShoreTel phone system, Ops Center rules and procedures, and survey protocols. New interviewers must meet OSR standards for interviewing skill sets before they can be assigned to a survey project.

Ongoing Training

Project Briefings

Before interviewers begin working on a new project, interviewers are briefed on the study objectives, review the questionnaire, and conduct practice interviews before starting to call respondents.

Calibration Sessions

Ongoing training also takes place in Calibration sessions. These weekly sessions are a form of peer monitoring where interviewers listen to taped interviews and evaluate the interview by filling out a monitoring form. The monitoring forms everyone fills out are then compared to the original form filled out by the Supervisor. Calibration sessions are used to discuss interviewing techniques and effective strategies.

Refusal Conversion Training

Interviewers are trained on refusal conversions, starting with how to prevent a call from becoming a refusal in the first place by successfully convincing a respondent to do the survey. In the event a call becomes a refusal, interviewers who have demonstrated exemplary skill in refusal conversion will be asked to call refusals with the goal of attempting to convince them to be interviewed.

Monitoring

The OSR's goal is to monitor a minimum of 10% of all completed interviews. Because it is unobtrusive, monitoring will not disturb any interviews. Neither the interviewer nor the respondent will know they are being monitored. Monitoring is a critical form of on-going training and a way of guaranteeing our clients the highest quality data. Monitoring provides interviewers with timely feedback on their job performance, including review of things done well and identifying areas for improvement.

OSR Monitoring Guide

Research has shown that the first 15 seconds of a survey's introduction can make the difference between success and resistance. The Monitoring Form is a tool to help Supervisors and Interviewers evaluate the interviewer's performance. The Monitoring Form is included at the end of this section.

Evaluation Ratings

The following define the evaluation ratings on the monitoring form.

- **5 - Excellent** – The interviewer did something exceptionally well, which should be documented in the Monitoring Form.
- **4 - Satisfactory** – Means an interviewer did a fine job. Kudos!
- **3 - Minor Variations** – This indicates, and should be documented on the Monitoring Form, that the interviewer made a few mistakes. Bringing these deviations to the interviewer’s attention and with her/his care on future interviews she/he can go from “okay” to good or great!
- **2 - Needs Improvement** – The interviewer made a number of mistakes and needs to improve her/his performance on whatever attributes that have been identified. This is a borderline evaluation. The interviewer should be helped in whatever way will empower her/him with the tools to be successful, and monitored more frequently to ascertain if improvement is occurring.
- **1 - Needs Additional Training** – An interviewer receiving this rating should be taken off the phones immediately until she/he receives additional training. This may mean going home early until training can be scheduled. The interviewer is not reading verbatim and is deviating significantly from the interview script, or the interviewer enters information incorrectly, is skipping questions, etc. Deletion of this interviewer’s interviews should be seriously considered. Once back on the phones, the interviewer should be monitored consistently to ensure she/he is doing the job correctly.

Timely Feedback

It is important to provide timely feedback to the interviewer. If there are no issues on the monitored interview, feedback can be given anytime during the shift if it is not possible to do it immediately after the interview. However, if there are issues that need to be discussed, feedback should be given as soon after the interview as possible. In this way, the interview will still be fresh in the interviewer’s mind and changes that need to be made can be implemented immediately.

Monitoring is a form of ongoing training and positive reinforcement. Feedback is designed to be balanced and provided on things done well in addition to the areas in which improvement is needed. After the monitored interview has been discussed with the interviewer, it should be signed by both the interviewer and the Supervisor or Quality Specialist and saved in the interviewer’s employee file.

Attributes for Evaluation

Interviewers’ performance on a call is evaluated from several perspectives. The following qualities and techniques are evaluated as part of the monitoring process:

Vocal Qualities

It is the successful demonstration of these qualities that can cause a respondent to agree to the survey. Who would have thought 15 seconds could be so important! Even when we can’t see someone, our attitude comes through our voices. The respondents’ only “picture” of the interviewer is through the interviewer’s voice.

Interviewers build rapport with respondents by maintaining a pleasant voice quality, reading the questions in a natural, conversational manner, reading with expression, verifying or repeating back an answer, and sounding interested. These qualities are often enough to reassure respondents and build their confidence in the interviewers.

✓ **Is courteous and polite**

- They should be patient and polite at all times. One caveat: if a respondent becomes verbally abusive to the interviewer, the interviewer should politely say, “I’m going to hang up now. Thank you.”

- Is the interviewer listening to the respondent?
- The interviewer should not “talk over” the respondent, should the respondent interrupt the interviewer.
- ✓ **Sounds confident**
- ✓ **Sounds interested**
- ✓ **Knows pronunciations**
- ✓ **Articulates clearly**
- ✓ **Voice sounds conversational**
- ✓ **Appropriate voice intonation**

Interviewing Techniques

- ✓ **Attempts to reach appropriate respondent**
 - A designee or proxy is only permissible if the study protocol allows it.
- ✓ **If respondent not available, attempts to make appointment to reach him or her**
 - Schedules specific time to call back. If a respondent does not provide a specific callback time, inquires about the best time to attempt to reach the respondent. Avoids language that will result in a yes or no response.

Example:

Respondent: *I’m busy right now. Can you call me back Saturday afternoon?*

Interviewer: *I would be more than happy to schedule a callback on Saturday; what time would be best to reach you?*

Note: Interviewers should avoid questions that will evoke a yes or no answer. For example, if you ask, “Would you be available at 2:00pm?” this will evoke a yes or no response and may result in the respondent saying no and hanging up.

- ✓ **Verifies phone number if called for in the protocol**
- ✓ **Is able to answer respondent’s questions**
 - Interviewer responds to any objections, questions, or complaints smoothly and professionally while remaining polite, respectful, and informative.
- ✓ **Uses “helpful statements” when appropriate to persuade the respondent**
 - Informs respondent of the reason of the call.
 - Make sure the interviewer is thorough in explaining the reason for the call. It is important that all respondents receive the same information.
 - Uses the helpful statements on the project “cheat sheet” in answering respondent’s questions or objections.

- ✓ **Goes from introduction directly into first question**
- ✓ **Establishes and maintains control of the call**
 - Interviewers must establish and maintain control of the interview. Prepare them in dealing with problematic situations that can lead to a loss of control (see OSR Tip Sheet #1 for details).
 - Pulls respondent back to interview if she or he starts to “wander.”
- ✓ **Reads verbatim**
 - **Introduction:** Some studies require the interviewer to read the introduction verbatim (while responding to questions as needed). However, some studies give interviewers more latitude, allowing them to deviate from the introduction as long as they provide certain information to the respondent. If the project you are monitoring allows flexibility in the introduction, listen to ensure the interviewer provided the required information as documented in the Survey Protocol.
 - Interviewers must read each question verbatim to ensure that every survey with every respondent is conducted in the same way. Data collected in a survey are reliable and valid only if every question is read verbatim.
 - Interviewers should not paraphrase questions. If a respondent inadvertently answers a question before it is asked, the interviewer should still ask the question, but can preface it with, “You may have already answered this...” (then read the question).
 - When the respondent is unable to decide on an answer, or does not understand the question, or misinterprets the question, the entire question and the choices should be repeated.
- ✓ **Was neutral and non-leading**
 - The interviewer should maintain a neutral, non-leading demeanor. The answer should come from the respondent and not from anything the interviewer suggested or influenced
 - Did the interviewer read the script in an even, neutral tone, and avoid reacting in any way to a respondent’s answers?
 - Ensure that interviewers are not influencing the respondent’s opinions, suggesting answers, or leading the respondent to specific answers. They should be nonjudgmental, noncommittal, and objective.
 - Nothing in the interviewer’s words or manner should imply criticism, surprise, approval, or disapproval of either the questions or a respondent’s answers.
 - Interviews should not say “good!” after a respondent answers a question. The respondent unconsciously may begin answering questions in a way that will evoke similar positive affirmations from the interviewer in an attempt to receive more “good!” responses from the interviewer.
 - Interviewers should use neutral phrases and words and not “reward” respondents for their answers. Doing so adds bias to the data.
 - If interviewers feel the need to say something after the respondent answers a question, saying an occasional “okay” is acceptable. However, saying this too often can be annoying to the respondent.

- ✓ **Accurately records responses**
 - If not clear, interviewers can verify that they have recorded the correct answer by repeating the answer back to the respondent.
- ✓ **Has good command of the questionnaire**
 - Reads smoothly, not choppy or sounding unsure of what she/he is doing.
- ✓ **Has good interviewing pace**
 - Is the interviewer adjusting her/his volume, pace and expression based on the respondent?
- ✓ **Did not engage in extraneous conversation**
 - Interviewers should avoid engaging in extraneous conversations with respondents. Things that would be natural talking to a friend or family member are not appropriate in a research interview. Examples include commiserating with a respondent (“That’s so sad!”), sharing their own experience, knowledge, or opinion (“My uncle has that disease.”), apologizing for questions (“This is gross, but I have to ask…”), or helping the respondent to decide on an answer. These comments, while they may seem natural and compassionate, add additional time to the interview and can actually lead a respondent to answer questions in a way that will evoke an interviewer’s compassionate response.
 - One exception is if a respondent says: “My husband passed away last month,” or “I just got diagnosed with cancer,” it is appropriate to say, “I’m sorry to hear that,” and then proceed with the survey.
- ✓ **Smooth closing of interview, thanked respondent for their participation**

Probing/Clarifying

- ✓ **Probed for additional responses when called for**
 - Some questions allow for multiple responses. Interviewers should ask, “Anything else?” until the respondent says “No” or until the interviewer has entered the number of answers allowed.
- ✓ **Asked for clarification on ambiguous responses**
 - Clarifying is used to get clarity on a response. Clarifying provides more precise information and is one of the most challenging and important aspects of interviewing.
 - **Example:**
 - **Interviewer:** “What did you like about the clinic you went to?”
 - **Respondent:** “I thought they were real good.”
 - “Good” needs to be clarified because it can mean different things to different people. To clarify what the respondent means, you can ask:
 - **Interviewer:** When you say “good,” what specifically are you referring to?
 - **Respondent:** “Well, I didn’t have to wait long to see the doctor, they called me by name and were really friendly.”

- Clarifying can provide the client with more information than “they were good.”
- Use neutral questions or statements to clarify a response or elaborate on an inadequate response:
 - Can you explain that?
 - I can only enter one answer. Which would you like me to record?
 - What does the question mean to you?
 - Which choice would you like me to use?
 - What would be your best estimate of the average number of times?
 - So, in terms of “how many days,” what would be your best estimate?
 - Would you like me to enter “yes” or “no” for that?
 - So, on a scale of “excellent, very good, good, fair, or poor,” what would you like me to put?
 - Encouraged respondent to give best estimate/guess when respondent seemed reluctant to answer question

Additional Notes

- ✓ Interviewers should “actively listen” to their respondent for hesitation or pauses that might indicate uncertainty and ask the respondent if they would like them to reread the question.
- ✓ Interviewers should not provide any definitions or explanations about questions that are not already on the screen. Interviewers can say: “I’m sorry I don’t have any additional information on this question. Please respond based on what it means to you.”
- ✓ We would like respondents to provide answers other than “don’t know” or “refused.” Sometimes, as a respondent begins to think about the question and her/his response, she or he may start out saying: “Oh, I don’t know.” Most often the respondent needs a little time to think over the answer. If the respondent really doesn’t know the answer, record “Don’t know.” (Occasionally, “Don’t know” is a legitimate choice, as in a question of knowledge as opposed to experience). In this instance, no probe is needed.
- ✓ Even though the silence between questions can seem as large as an ocean, to go from one question to another without saying anything actually sounds just fine.

Monitoring Form

Interviewer Name:		Date:		Project:		
Interviewer ID:						
Evaluate the interviewer using the attributes below and scales to the right	Excellent 5	Satisfact- ory 4	Minor Variations 3	Needs Improve- ment 2	Needs Additional Training 1	
Vocal Qualities						Comments
Is courteous and polite						
Sounds confident						
Sounds interested						
Knows pronunciations						
Articulates clearly						
Voice sounds conversational						
Appropriate voice intonation						
Interviewing Techniques						Comments
Attempts to reach appropriate respondent						
If respondent not available, attempts to make appointment to reach her/him						
Verified phone number if called for						
Is able to answer respondent's questions						
Did a good job using helpful statements in trying to persuade the respondent to either do the survey or continue						
Goes from introduction directly into first question						
Establishes & maintains control of the call						
Reads verbatim						
Was neutral and non-leading						
Accurately records responses						
Has good command of the questionnaire						
Has good interviewing pace						
Pulled respondent back to interview if he/she started to ramble						
Did not engage in extraneous conversation						
Smooth closing of interview, thanks respondent for their participation						
Probing/Clarifying						Comments
Probes for additional responses when called for						
Asked for clarification on ambiguous responses						
Encouraged respondent to give best estimate/guess when respondent seems reluctant to answer question						
Signed:			Signed:			
Interviewer Name			Quality Specialist			

Appendix VI: Sample Disposition Data

Disposition categories	Land Line		Cell Phone	
	Counts	% of sample	Counts	% of sample
Interview				
I - Completed Interview	3,722	13.13%	817	3.62%
P - Partial Interview	51	0.18%	18	0.08%
Eligible, Non-Interview				
R - Refusal and Break-off	1,948	6.87%	210	0.93%
NC - Non-Contact	208	0.73%	16	0.07%
O - Other	130	0.46%	164	0.73%
Unknown Eligibility				
UH - Unknown if Housing Unit	12,728	44.90%	13,634	60.44%
UO - Unknown, Other	1,457	5.14%	20	0.09%
Not Eligible (NE)	8,102	28.58%	7,680	34.04%
Total	28,346		22,559	

Appendix VII: Outcome Rate Formulae

Acronyms:

RR = Response rate

COOP = Cooperation rate

REF = Refusal rate

CON = Contact rate

I = Complete interview

P = Partial interview

R = Refusal and break-off

NC = Non-contact

O = Other

UH = Unknown if household/occupied Housing Unit

UO = Unknown, other

NE = Not Eligible

e = Estimated proportion of cases of unknown eligibility that are eligible

Formulae:

$$e = \frac{I + P + R + NC + O}{I + P + R + NC + O + NE}$$

For Response Rate, we used the following formula (RR4 in *Standard Definitions*), which is the sum of completed and partial completed cases divided by the sum of all known eligible and estimated eligible cases.

$$RR4 = \frac{(I + P)}{(I + P) + (R + NC + O) + e(UH + UO)}$$

For Refusal Rate, we used the following formula (REF2 in *Standard Definitions*), which is the number of refused cases divided by the sum of all known eligible and estimated eligible cases.

$$REF2 = \frac{R}{(I + P) + (R + NC + O) + e(UH + UO)}$$

For Cooperation Rate, we used the following formula (COOP2 in *Standard Definitions*), which is the sum of completed and partial completed cases divided by the sum of completed and partial completed cases, and the non-interviews that includes the refusal, break-off, and other.

$$COOP2 = \frac{(I + P)}{(I + P) + R + O}$$

For Contact Rate, we used the following formula (CON2 in *Standard Definitions*), which is the sum of completed and partial completed cases, and the non-interviews that includes the refusal, break-off, and other, divided by the sum of all known eligible and estimated eligible cases.

$$CON2 = \frac{(I + P) + R + O}{(I + P) + (R + NC + O) + e(UH + UO)}$$