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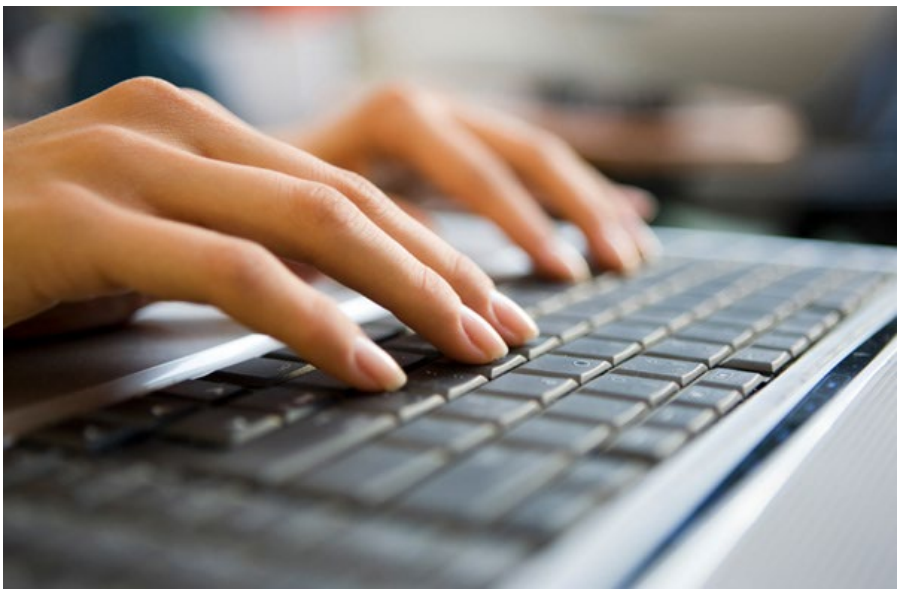

2022 Rhode Island Health Information Survey Technical Documentation

May 2022

Prepared For:
Rhode Island Executive Office of Health and Human Services, HealthSource RI, Freedman Healthcare

Contents

I. Sampling Methodology

This section outlines the sampling process used during the 2022 Rhode Island Health Information Survey. The sampling process consisted of two stages with sampling strata designed to gather representative data statewide and to specifically target lower income, African American, Asian, and Hispanic residents as well as households with young children.

Target Population

The target population for the 2022 Rhode Island Health Information Survey consisted of all persons in families living in the state of Rhode Island, excluding those persons residing in households where no adult aged 18 or over was present. Persons residing in group homes with nine or more persons, group quarters such as dormitories, military barracks and institutions, and those with no fixed household address (i.e., the homeless or residents of institutional group quarters such as jails or hospitals) were also excluded from this survey[1]. In addition, the sample excluded non-permanent residences and vacation residences (qualified households were considered those in which someone resided at least six months of the year). Since the sampling approach relied on the use of a dual frame random digit dial (RDD) cell phone sample and listed land line sample, the sample population only included those households (and residents therein) with working telephones.

Sample Definition

The stated goal of the sampling approach was to obtain statewide population information on health coverage and gathering data on a number of demographic and health care and access variables. The sampling methodology was based on a dual frame telephone sample with targeted over samples.

- A dual frame RDD design that included both a cell phone random digit dial (RDD) sample and listed land line sample. Both the landline and cell phone frames were drawn statewide.
- Oversamples were drawn including both land line and cell phones targeting households that were more likely to have one or more children under age five or age five but not yet enrolled in kindergarten.

Overall, the target was to complete surveys with 3,000 Rhode Island households.

[1] The initial screening coded as ineligible such group quarters. In this survey, group quarters' telephone numbers were considered those where a number of unrelated people living in more than one "unit" relied on the same telephone. An example of a unit in this case might be a fraternity house where all those residing in the house use the same phone.

Based on estimates of the cell phone penetration among the target population, the goal was to complete approximately 75% of the surveys via cell phone and 25% via landline.

Both the landline and cell phone samples used for this project were generated using software developed by Marketing Systems Group.

Supplemental Sample Targeting Young Children

In 2022, an additional goal was to obtain data on the use of government services and childcare among families with young children, defined as those age four or younger or age five but not yet enrolled in Kindergarten. The goal was to gather data on approximately 300 or more young children. Given the low incidence of families with young children population. In order to supplement those identified during the core survey, a separate sample targeting household with young children was drawn. This included both landline and cell phone numbers and was provided by Marketing Systems Group.

In addition, sample from an online panel (also provided by Marketing Systems Group) was obtained and recruited to complete a shorter version of the survey online (focused on the child care and child services questions). Links to the online survey were also provided by The Executive Office of Health and Human Services to agencies and organizations providing services to children. These two strategies were used to supplement surveys among households with young children completed by telephone.

Surveys with Residents Aged 65 and Older

A consistent issue with broad based telephone surveys is overrepresentation of older Americans. For a number of reasons individuals aged 65+ are more likely to answer telephone surveys, crowding out resources that could be dedicated toward completing surveys with younger respondents. This presents a problem in health insurance surveys not only because of concerns about representativeness, but also because the overwhelming majority of senior Americans receive health insurance through Medicare. Their insurance status is neither unknown nor within the influence of the State of Rhode Island.

As such, MDR took steps to limit the number of surveys done with households containing only individuals aged 65 and older. As a method of screening the sample, all sample used during the course of the survey was pre-screened, eliminating from the sample all records where the head of household was known to be age 65 or older. These households were identified using age information appended to sample records by Marketing Systems Group. All of those households were removed from the sample, and no attempt was be made to contact these sample records.

Using this strategy, MDR was able to limit the rate at which individuals over the age of 65 were represented in the final data set. Individuals over the age of 65 were 21.9% of the unweighted data elements, compared to 17.3% of the Rhode Island population as a whole.

II. Questionnaire Design

The survey questionnaire used during the 2022 Rhode Island Health Information Survey was based on the prior 2020 Rhode Island Health Information Survey. The final survey was designed in collaboration with Freedman Healthcare, the Rhode Island Executive Office of Health and Human Services, and HealthSource RI.

The initial steps in survey design focused on a review of the prior 2020 survey instruments. A specific focus was to identify questions where answers were expected to be impacted by the COVID 19 pandemic. Questions were carried over from 2020 to assess whether the steps taken to combat COVID 19 had led to a person losing their health insurance coverage or had led to a gap in coverage.

In 2020 the survey included a survey a focus on gathering data on government services and childcare among families with young children. MDR worked with Freedman Health Care and RI EOHHS to review these questions and determine if they still met the needs of EOHHS. Rather than using the 2020 questions, a new set of questions was developed for the 2022 survey.

An initial draft of the survey instrument was submitted to Freedman Healthcare on December 14, 2021. The survey instrument was reviewed by staff at Freedman Healthcare, and staff of the state of Rhode Island. After incorporating changes, a final version of the survey was completed on January 19, 2022. The basic components of the 2022 survey gathered information from Rhode Island residents in the following areas:

1. Household Characteristics
2. Enumeration of the Household
3. Demographic Characteristics of each Household Member
4. Relationships Between Household Members
5. Type of Health Insurance Coverage
6. Private Health Insurance Coverage Characteristics
7. Experiences Enrolling in State Health Insurance Programs
8. Characteristics of the Uninsured
9. Awareness and Knowledge of State Health Insurance Programs
10. Barriers to Enrolling in Health Insurance Among the Uninsured
11. Efforts at Enrolling in Health Insurance Among the Uninsured
12. Interruptions in Insurance Coverage
13. Awareness of the State Health Insurance Mandate
14. Dental Insurance
15. Health Care Expenditures
16. Barriers to Receiving Health Care
17. Visits to Health Care Providers
18. Use of ER Services

19. Use of Mental Health Services
20. General Health Status
21. Employment Characteristics
22. Access to and Enrollment in Employer Sponsored Health Insurance
23. Access and use of government services among families with young children
24. Access to and use of pre-school and childcare among families with young children
25. Income (family level)

Family Formation

One important concept that was incorporated into the Rhode Island Health Information Survey was that of family units. This concept is important because of the relationship between variables such as private or governmental insurance coverage and family level characteristics such as income. The survey logic was designed so that all members of a household were grouped into family units based upon their relationships. The survey was structured to ask the questions about each family unit separately.

Family units were identified by establishing the relationship of each member of the household to the identified head of the household. This was done by first collecting the number of people in the household and a name or other identifier for each person. The household was then rostered, and basic demographic information was gathered on each household member (age, gender, marital status, ethnicity, race, level of education, and where the resident was born). The respondents were then asked to describe the relationship of each member of the household to the head of the household. Two follow-up questions then clarified marital relationships between household members besides the head of household and their spouse and any guardian/ward relationships. Based upon this sequence of questions, household members were classified into family units. In general, the rules to assign members to family units were:

1. The head of the household and his/her spouse were classified in the same family unit (always family unit 1)
2. Adults aged 19 and older who were not married to the head of household were classified as a separate family unit
3. Adults aged 18 were initially classified as a separate family unit. An assessment was later made to determine if they should be classified into the same family unit as their parents (see below)
4. Married couples were classified in the same family unit. This included married couples involving someone under age 17
5. Children aged 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit. With the exceptions that:

    - Children aged 17 and younger were classified into a separate family unit from their parents in cases where they were married and/or had a child of their own, no matter their residence
6. Adults that were age 18 were classified into a family unit based upon whether they were currently living with their parents, were married and/or had children. If they were not married and did not have any children, they were classified in the same family unit as their parents (if living in the same household). If they were married and/or had a child of their own, they were classified as a separate family unit (with their spouse and/or child)
7. Finally, those who were identified as the ward of another household member were classified in the same unit as that household member, unless prior rules determined the ward should be classified separately

Bilingual Interviews

Once the survey was finalized, it was translated into Spanish to allow for bilingual interviewing. Translation of the survey was completed by MDR staff.

III. Data Collection

The data collection for the 2022 Rhode Island Health Information Survey began January 21, 2022 and was completed by May 12, 2022, 2020. A total of 3,012 households were interviewed during this period for the core survey.

In order to provide the highest quality data, a rigorous data collection strategy was used in conducting this survey. This included the following:

- Rotation of call attempts across all seven days at different times of the day according to industry standards for acceptability and legality in telemarketing

<u>For Landline Phones:</u>

- A minimum of 7 callback attempts per telephone number at the screener level (before number was identified as a qualified residential number)
- 2 attempts to convert refusals (the exception were those households that made it clear they were not to be contacted again)
- A minimum of 5 callback attempts for “no answer” or answering machine only telephone non-contacts and for inappropriate contacts (contact only, no most knowledgeable adult home), and scheduled callback appointments
- A brief message with a toll-free number was delivered to answering machine only attempts to encourage participation (messages were left on the first answering machine dispositions). This included providing the name and contact number for the lead investigator Dr. Brian Robertson as well as the web address of an information website.

For Cell Phones

- A minimum of 5 callback attempts per telephone number at the screener level (before number was identified as a qualified residential number)
- 1 attempt to convert refusals (the exception were those households that made it clear they were not to be contacted again).
- A brief message with a toll-free number was delivered to answering machine only attempts to encourage participation (messages were left on the first answering machine dispositions). This included providing the name and contact number for the lead investigator Dr. Brian Robertson as well as the web address of an information website.

Per industry standards, interviews were only conducted during the hours from 9 AM to 9 PM and seven days a week. The only exceptions were specific, scheduled appointments outside this range.

Responding to Rhode Island Residents Inquiries about the Survey

One strategy that was used to increase response rates was providing reluctant residents with the web address for an informational website created about the survey. This website offered information about what the survey asked and allowed residents to remove themselves from being called or volunteer to take the survey at a time that worked well for them. Respondents were informed about the website during calls, the address was left as a part of the voicemail message and the web address was also included in the pre-notification letter.

Scheduling Callback Appointments

The CATI (Computer Assisted Telephone Interviewing) system used by MDR during the course of this survey is designed to allow interviewers to set callback appointments for a specific date and time. It is also designed to allow a respondent who had begun the survey and could complete it to complete it at a later time. This is done so that the respondent can complete the survey at a time that is most convenient for him or her. The interviewer entered the date and time the respondent provided and the respondent is then contacted at that time.

Survey Length

The 2022 Rhode Island Health Information Survey required respondents to provide information about themselves and other family members. The goal was to obtain accurate information about all household members while limiting the time commitment required of the respondent.

On average, the survey required 31.3 minutes to complete. This is approximately four minutes longer than the 2020 survey.

Exclusion of Household Members

In multiple-family households, it was expected that there would be cases where the respondent would not be able to provide accurate data on every person living in the household. During the survey, the respondent was asked to identify any household member for which he/she felt accurate information could not be provided. During the interview, the respondent was not asked questions relating to these individuals. Over the course of data collection, 469 household members were excluded since the respondent did not have sufficient knowledge to answer questions about these household members. This represents 6% of the total number of members residing in the households contacted during data collection.

Pre-Notification Mailings

The 2022 survey relied on the use of pre-notification letters throughout the data collection period. This letter provided basic information about the survey and was intended to help solicit response by building legitimacy. It included a contact number for Dr. Robertson if individuals wanted to request more information. It also provided a web address where respondents could learn about the survey, verify its legitimacy, sign up to participate or have their number remove from calling.

In total, 75,456 records were sent this letter. A copy of the pre-notification letter is included as an appendix. Roughly 80 calls were generated by the letter, mostly individuals seeking to be removed from the sample. An additional 307 people visited the website and asked for their number to be removed from calling.

IV. Survey Response Rates and Final Dispositions

The response, cooperation, and refusal rates to the 2022 Rhode Island Health Information Survey are presented in Table 1 for the survey overall, as well as for the landline sample and cell phone samples.

The rates reported are based on the standard formulas developed by the American Association for Public Opinion Research (AAPOR). The reported response rate is based on AAPOR RR3 formula.

This final sample disposition report is presented in Table 2. It reports dispositions for the survey as a whole, by landline and cell phone sample.

Table 1. Summary of Response, Cooperation, and Refusal Rates by Survey Component and Strata

	Response Rate	Respondent Cooperation Rate	Respondent Refusal Rate
Landline	26.3%	74.8%	14.0%
Cell Phone	14.7%	60.3%	14.7%
Total	15.7%	62.7%	14.6%

Table 2. Final Sample Disposition Codes

Disposition	Landline	Cell	Total
Complete	473	2,539	3,012
Partial - Callback	75	766	841
Terminate partial survey	91	594	685
Cell Phone < 18	0	105	105
Scheduled Callback	359	4,732	5,091
Hard Respondent Refusal	13	98	111
Soft Respondent Refusal	17	80	97
Hard Household Refusal	361	2,076	2,437
Soft Household Refusal	738	5,542	6,280
Contact Only	746	5,815	6,561
Not Available in Time Frame	8	62	70
Language Barrier Not Spanish	137	1,069	1,206
Group Quarters or Institution	8	38	46
Not a Permanent Residence	737	1,984	2,721
Vacation Home	1	21	22
Business	794	2,015	2,809
Hang Up	2,809	21,487	24,296
Fax or Modem	146	58	204
Disconnected Phone	2,075	1,587	3,662
Other	731	1,394	2,125
Not a Working Number	33	404	437
Number Has Been Changed	6	36	42
Temporarily Out of Service	46	92	138
No Ring	26	110	136
Fast Busy	31	116	147
Answer Machine	8,240	54,261	62,501
Busy	50	280	330
No Answer	280	681	961
Total	19,031	108,042	127,073

V. Total Interviews

A total of 3,012 households were contacted and interviewed by telephone. The final data includes information on 6,990 Rhode Island residents. The final dataset also contains information from 157 uninsured Rhode Island residents.

A total of 134 interviews were completed in Spanish.

An additional 173 survey were completed online. The final childcare dataset includes information on 539 children under age 5 or age five but not yet enrolled in kindergarten.

VI. Data Cleaning

Any survey process can result in erroneous reporting or recording of data. To ensure the accuracy of the data, MDR conducted data consistency checks on the data files as part of the data file preparation and analysis. The first stage of this process involved checking all data to ensure that responses were consistent. This process involves ensuring that respondents were asked appropriate questions based upon earlier responses to variables, that skip patterns were followed based upon appropriate responses to earlier items, and that respondents provided consistent answers to questions on related concepts.

The initial steps of data consistency checks were programmed into the survey instrument themselves. These included verification items on key issues. An example includes the verification of Medicare coverage as opposed to Medicaid coverage among those under 65. The programmed data checks ensured that respondents were directed to appropriate questions and that answers to some key issues were verified.

There are three possible sources of data errors that the survey programming could not fully account for in its design. These were:

1. Respondents, who after completing questions or entire sections of the survey, changed their minds about the answer they had provided
2. Respondents, whether due to lack of information or unfamiliarity, provided inaccurate information
3. Respondents who answered a question or questions in one fashion and then provided a different answer to a related question later in the interview

In the first case, interviewers could back up in the survey instrument and enter the corrected information. The CATI software used by MDR would then correct answers based upon new branching or skip patterns.

The second case is largely related to knowledge of specific insurance plans, primarily government sponsored plans, which provide coverage to family members. The two most notable examples were respondents who confused Medicare and Medicaid coverage, and respondents that confused Medicaid coverage with coverage through private health insurance.

In the last case, the data was left coded as provided by the respondent. The decision was made not to challenge respondents by indicating they had provided conflicting answers to similar survey questions.

VII. Data Imputation

Data Imputation

Given the nature of the survey data collected, it was decided that missing values would be imputed on certain key values, particularly weighting variables. Data imputation is a procedure that determines the likely value of a given variable based upon other known characteristics of the respondent. Imputation relies on answers to other questions to derive the most likely value for the missing value. MDR used data imputation on several of the variables in this research. In the cases where a variable was imputed, the final dataset contains a copy of the variable with imputed values, a copy of the original variable with missing values retained, and a flag variable which identifies which values were imputed and the method used. The research staff used three primary methods of data imputation.

1. Logical Imputation

This step involved an assessment of answers to other questions (within the case) to determine if it was possible to deduce the answer to a question with a missing value. In some cases, this was done by evaluating a question that was very similar in nature and content. In other cases, it involved assessing a number of related questions to derive the most likely value. The initial survey design anticipated this approach, somewhat. A number of consistency checks programmed throughout the survey on certain key variables. These consistency checks were used during the course of imputation to impute missing values to certain key variables.

2. Donor Substitution Imputation – Hot Deck Imputation

Hot deck imputation relies on the fact that individuals with similarities on a number of variables are likely to be similar on those variables with missing values. The process involves identifying an individual with similar values on other variables and substituting this person's response for the missing value. In each of these cases, a number of variables were used to identify those respondents that were similar to a respondent with a missing value for a specific variable. The types of variables that were used to define characteristics that are "similar" varied depending on the nature of the variable to be imputed. These included key demographic characteristics and variables with a high correlation to the variable imputed. Once defined, the process of

imputing the missing value relied on replacement. Based upon defined characteristics, the file was sorted in "serpentine" fashion (alternating ascending and descending sorts on variables). The value from the "nearest neighbor" was then used to replace that of the missing value.

3. Regression-Based Imputation

For certain variables, such as income, the use of regression-based imputation was the most suitable method. This process relied on regression analysis to predict the value of the variable. The use of analytical software that is designed to conduct missing values analysis was involved. As with hot deck imputation, the number and type of variables used during regression analysis varied by the variable that was imputed but this also relied on key demographic variables and those correlated with the variable containing missing data.

The primary variables that were imputed were those used in weighting the survey data (gender, race, and ethnicity). In addition, income was also imputed. This was important since missing values would cause problems with the post stratification weighting of the data. Those cases with missing values would not have appropriate adjustments made and this would lead to an increase in variance since their weights would differ from those cases with complete demographic data. The data imputation process "estimated" any missing values in those variables used in post stratification weighting to minimize their impact on data quality. The method of imputation used for these variables is as follows.

Table 3. Imputed Variables and Methods

Sex	Logical Imputation
Gender Identity	Logical Imputation
Age	Logical Imputation
Ethnicity	Logical and Hot Deck Imputation
Race	Logical and Hot Deck Imputation
Income	Regression Based Imputation
Company size (# of employees)	Logical and Hot Deck Imputation
Medical Expenditures	Regression Based Imputation
Monthly Premium (those with private health insurance)	Regression Based Imputation
Annual Deductible those with (private health insurance)	Regression Based Imputation

VIII. Data Weighting

The data has been weighted to adjust for non-response and also to match the state profile based upon sex, age, race, ethnicity, area of residence, and income. Weighting adjustments were also made for households based upon their access to landlines, cell phones, or both. The weighting procedures involved two primary phases: design weights and raking weighting adjustments.

Market Decisions Research developed design weights based on the probability of selection within a frame with an adjustment for those potentially in two frames. Additionally, MDR incorporated a weighting adjustment for the cell phone only population.

An initial sample weight was assigned to each record in the sample file. This base weight was equal to the inverse of the probability of selecting a number within each of the sampling strata. An adjustment was made to this design weight if there was the possibility they were included in both the landline component and the cell phone component. The final design weight was:

1. Equal to the base weight for those that only had a landline telephone (determined during data collection)
2. Equal to the base weight for those that only had a cell phone (determined during data collection)
3. Equal to twice the base weight for those that had both a landline and a cell phone (determined during data collection)

Raking Weighting Adjustments

The purpose of raking is to standardize the weights so they sum to the actual population within Rhode Island as well as summing to the population by area, age, gender, race, ethnicity, income, and whether the household was a cell phone only household. Raking adjustments were made by these various demographic characteristics.

Demographic data on population counts was developed from American Community Survey (ACS) single year estimates, from the US Census Bureau. The data for the cell phone only population was provided by Marketing Systems Group, which provided estimates of cell phone only households for each Rhode Island county.

An initial review of survey and census data was conducted to determine the appropriate steps in the weighting process. The general guideline in post-stratification weighting is that no cell should have fewer than 20 cases. The initial post-stratification weighting was done in six steps:

1. Age by gender by county of residence
2. Race by age by gender
3. Ethnicity by age by gender

4. Income by age by region of the state (Providence County, other counties)
5. Cell phone only household, households with both landline and cell phones or just a landline phone by county
6. Enrollment in a health plan purchased through HSRI

The categories used in the weighting adjustments are provided in Table 4.

The initial raking weighting adjustment applied to the dataset was age within gender within county. This initial weight adjusted the survey data to match the population counts by age cohort and gender within each county within Rhode Island. An adjustment factor was calculated within each county by age by gender cell:

$$Adj(AS) = AS(area - census - actual)/AS(area - survey)$$

Where:

- Adj(AS) was the age cohort by gender weighting adjustment within each county
- AS (area – census – actual) was the actual population within a specific county by age cohort by gender cell
- AS (area – survey) was the weighted survey count within a specific county by age cohort by gender cell (weighted by final family weight)

Adjustments were made to this initial person level weight to adjust for the actual number of residents by race (race by age by gender), then ethnicity (ethnicity by race by gender), income (income by age by area), an adjustment to account for cell phone only households, and an adjustment for enrollment in an exchange plan.

Since the application of any weighting adjustment to the initial person level weight causes the age/gender/county survey counts to vary, raking was utilized. That is, once the race, ethnic origin, income, and other adjustments were applied, the survey counts of age by gender by county did not match the actual population counts. The raking process alternates making weighting adjustments by variables for which there are only marginal counts (for example, weighting by age/gender/county and then by race/age/gender) by making alternating adjustments. Thus, the initial person level weight was adjusted by race, ethnic origin, income, and cell phone only households all in separate adjustments. Then, this new weight was adjusted by age/gender/county, so it again matched the demographic profile of Rhode Island by these characteristics. This weight was then adjusted to match the counts based on the other five weighting adjustments so that the survey counts now accurately reflect the population based on race, ethnicity, income, exchange health plan enrollment, and whether they were a cell phone only household. The raking process was repeated until the weighting adjustments converged and the weighted counts matched the state demographic profile by age, gender, county of residence, race, ethnic origin, income, enrollment in a private health plan obtained through the exchange, and the presence of cell phone only households.

Table 4. Variables Used in Raking Weighting Adjustments

Area	
	Bristol County
	Kent County
	Newport County
	Providence County
	Washington County
Age	
	0-9
	10-17
	18-34
	35-49
	50-64
	65+
Gender	
	Female
	Male
Ethnic Origin	
	Hispanic
	Non-Hispanic
Race (based on primary race)	
	White
	African American
	Asian Other Race or More than One Race
Family Income (as a percentage of Federal Poverty Level)	
	< 100%
	100% to 199%
	200% to 299%
	300% to 399%
	400% to 499%
	500%+
Exchange Plan Enrollment	
	Person enrolled in a private health plan obtained through HSRI
	Person not enrolled in a private health plan obtained through HSRI

Post Stratification Weighting Adjustments for Enrollment in Medicaid and Other State Sponsored Programs

An issue that is common in all studies that try to measure health insurance coverage is that the population enrolled in Medicaid and other state health insurance programs is generally undercounted. There are a number of reasons that might account for this, such as a greater difficulty in reaching these populations given their lower incomes, and reluctance among some respondents to report enrollment in such programs. This is often referred to as a response driven by social desirability. Among many people, there may be a sense of embarrassment associated with enrollment in a state sponsored health program. Another aspect is confusion of state sponsored insurance programs with Medicare or private insurance. Survey design elements were incorporated to identify cases where there was potential confusion.

In order to determine the potential for an undercount of Medicaid in the survey data, an analysis was undertaken using available administrative data on program enrollees. Based on administrative data, a total of 326,608 Rhode Island residents were enrolled in RIte Care or other Medicaid programs. After post-stratification weighting, the survey estimates of the population enrolled in RIte Care or other Medicaid programs was approximately 246.000 Rhode Island Residents. This represents an undercount of 25%, which is the slightly higher than the undercount during the 2020 survey

Given this undercount, post stratification weighting adjustments were recalculated to adjust for the undercount of enrollees in RIte Care and Medicaid. These adjustments were based on the number of enrollees calculated from the administrative records. A post-stratification weighting adjustment was made by enrollment in these programs by age by gender to correct for this undercount. The adjustments were made at the state level.

This Medicaid weighting adjustment was then included in the raking process with the six other weighting adjustments so that a total of seven adjustments were made during the raking process:

1. Age by gender by county of residence
2. Race by age by gender
3. Ethnicity by age by gender
4. Income by age by region of the state (Providence County, other counties)
5. Cell phone only household, households with both landline and cell phone or just a landline phone
6. Enrollment in a health plan purchased through HSRI
7. Medicaid program enrollment by age by gender

The raking process was repeated until the weighting adjustments converged and the weighted counts matched the state demographic profile by age, gender, county of residence, race, ethnic origin, income, enrollment in a private health plan obtained through HSRI, the presence of cell phone only households, as well as enrollment in a Medicaid program.

Population Size Reflected in the Final Dataset

The weighted dataset is designed to provide data that can be generalized to the non-institutionalized population of Rhode Island (based on ACS estimates) and to allow statements to be made about the state as a whole as well as for various sub-populations with a known standard error and confidence. The population size reflected in the final dataset is 1,047,655 residents.

Appendices

Appendix 1. Defining Eligibility for Medicaid or Subsides through the Exchange

Defining Eligibility for the Uninsured and Potential Eligibility for those with Private Health Insurance

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA), uninsured as well as some privately insured residents are eligible for coverage under the expanded Medicaid program or eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through the Health Exchange. The new eligibility rules in Rhode Island extend coverage in Medicaid to most adults with incomes under 139% of FPL (including the 5% income offset). Children in families with incomes of 265% of FPL or less would also potentially be eligible for coverage through the state Medicaid program. In addition, those who are pregnant are eligible for Medicaid if their income is less than 258% of FPL.

For those residents that do not meet the income requirements for Medicaid coverage, the PPACA provides tax credits that reduce premium costs. This includes those in families with incomes up to 400% of FPL. Adults in families with incomes between 139% and 400% of FPL (including a 5% income offset) and children in families with incomes between 266% and 400% of FPL who purchase coverage through the Health Insurance Exchange will be eligible for a tax credit to reduce the cost of coverage that began in 2014.

Based on income guidelines, adults with a family income of less than 139% of Federal Poverty Level (FPL) and children in families earning less than 266% FPL are eligible for coverage through the Medicaid Program. Those not meeting the eligibility requirements for Medicaid but still residing in families earning 400% FPL or less are eligible to receive help to purchase insurance through the Health Exchange (exchange subsidies).

Eligibility for Medicaid or Exchange Subsidies

	Income Level for Eligibility Adults	Income Level for Eligibility Children
Eligible for Medicaid	< 139% FPL	< 266% FPL
Eligible for Subsidies to Purchase Exchange Plan	139% - 400% FPL	266% - 400% FPL
Not Eligible for Subsidies to Purchase Exchange Plan	> 400% FPL	> 400% FPL

Using these general income guidelines, survey data were used to model eligibility for Medicaid or purchasing health insurance through the Exchange among the uninsured. The analyses were based solely on income determinations of eligibility based on self-reported family income. They did not factor in other factors that may impact actual eligibility (such as potential access to other health insurance) or impact income which would affect either eligibility for Medicaid or the level of subsidy through purchase through the Exchange (such as additional state based income offsets that would reduce income in making determinations of eligibility).

Impact on Subsidies Due to The American Rescue Plan Act of 2021

The American Rescue Plan Act of 2021 expanded access to subsidies to include most residents whose incomes exceeded 400% of Federal Poverty Level. However, this expanded access to subsidies is set to expire after 2022.

Appendix 2. Defining the Underinsured

After the passage of the Affordable Care Act and many state innovations that work toward expanding health care coverage, the population of uninsured individuals is at an all-time low. Thus, is has become more important for states interested in the problems of medical expenses and their effects on individuals to begin to study and understand the under-insurance phenomenon. MDR has begun reporting on under-insurance as a standard part of all state health insurance surveys and has developed new methods of computing and understanding under-insurance that presents a more robust picture. MDR will calculate a series of under-insurance variables for VT DPH and include them both in the data set provided and the data compendium.

Under-insurance is a status that threatens individuals in a similar way to uninsurance. While an under-insured individual has an insurance policy, this policy is not robust enough to either cover current medical expenses sufficiently or leaves the individual and their family in danger of excess medical expenses should a serious medical condition or illness emerge. Under-insured individuals have insurance coverage, so are not taken into account in traditional measures of insurance status. However, if the root problem of uninsurance is excess exposure to unaffordable medical expenses, the under-insured are often equally at risk.

MDR calculated the under-insured population of Vermont in several ways. The first of these is known as the Commonwealth Fund model. The second of these we call the MDR model and was developed by Market Decisions Research in order to account for some perceived blind-spots in the Commonwealth Fund model.

The most commonly used model to understand the under-insured population is the Commonwealth Fund model. This model defines under-insurance in largely economic terms. An individual can be under-insured if either of two conditions are true. If an individual has current medical expenses, excluding the cost of insurance premiums, equal to or greater than 10% of household income (or equal to or greater than 5% of household income if they are below 200% of FPL) or a deductible equal to or greater than 5% of household income, that individual is considered under-insured. That is, either their current or their potential future medical expenses are more than what their income could bear.

The Commonwealth Fund Model of Underinsurance

Variables used in calculating underinsurance	
Medical expenses	Condition
<200% FPL	Out of pocket costs >= 5% of household income
>=200% FPL	Out of pocket costs >= 10% of household income
Private insurance deductible	Condition
Privately insured	Deductible >=5% of household income

The MDR model takes the Commonwealth Fund model and expands upon it in several ways. The first is by expanding the markers of under-insurance to reports of deferred care or difficulty paying medical bills. While these are the dangers that under-insurance purports to measure, the Commonwealth Fund model's purely economic perspective does not include them. A deferred doctor's appointment has a cost of $0, and thus is not factored into the Commonwealth Fund model's headline figure (the Commonwealth Fund traditionally presents these as co-variates).

In addition to this, the Commonwealth Fund model understands under-insurance as a strictly individual phenomenon. Unfortunately, that is not really how medical expenses work. Like income, expenses are pooled among all members of a family unit. If one person in a family is at risk of unacceptable medical expenses, then that will impact all members of the family. Under-insurance is better understood as something that affects entire families, rather than individuals. The Commonwealth Fund model also accounts only for expenses traditionally covered by health insurance, excluding things like dental and vision care. This distinction is largely arbitrary, due to the related nature of all types of medical care. An individual paying too much for health care may defer dental care, or vice versa. All medical expenses, whether they are traditionally covered by health insurance or not, are included in the MDR model of under-insurance.

Table 10. The MDR Model of Underinsurance

Variables used in calculating underinsurance	
Medical expenses	Condition
<200% FPL	Household out of pocket costs >= 5% household income
>=200% FPL	Household out of pocket costs >= 10% household income
Private insurance deductible	Condition
Privately insured	Deductible >= 5% household income
Financial stress	Condition
Any	Difficulty paying medical bills
Cost barriers to care	Condition
Any	Deferred care due to costs

Most measures of under-insurance are applied only to individuals under the age of 65 and exclude individuals on government-provided health care such as Medicaid. The justification for this is that individuals on benefit rich plans with low individual costs such as these essentially can't be under-insured. However, MDR has frequently run analysis of underinsurance on these populations and found that notable portions of them meet the criteria. Individuals over the age of 65 have significantly higher medical expenses than other populations. Low-income populations served by government-sponsored health care plans can easily spend a great deal on aspects of health care not covered by their plan. They also are more likely to defer care or have difficulty paying even relatively modest medical bills.

MDR calculated under-insurance using the MDR model and the more common Commonwealth Fund model. Both are included in the 2022 data set.

- Note that underinsurance has been calculated for all residents with health insurance, not just those with private coverage.
- For the Commonwealth Fund model, the variable 'underinsall' identifies the source of underinsurance (medical expenses, deductible, or both).
- For the MDR model, the variable 'underinsurance' identifies the source of underinsurance:
    - Due to deductible
    - Due to expenses
    - Due to cost barriers
    - Due to financial stress
    - Due to deductible and expenses
    - Due to deductible and cost barriers
    - Due to expenses and cost barriers
    - Due to deductible and financial stress

    - Due to expenses and financial stress
    - Due to cost barriers and financial stress
    - Due to deductible, expenses, and cost barriers
    - Due to deductible, expenses, and financial stress
    - Due to deductible, cost barriers, and financial stress
    - Due to expenses, cost barriers, and financial stress
    - Due to deductible, expenses, cost barriers, and financial stress
- For both the Commonwealth Fund model and MDR model, a variable identifies a person as underinsured or not underinsured (underinsflga, underinsuranceflg)

Appendix 3. Survey Questionnaire (Short Version)

Included in this document is the short version of the survey instrument that provides the questions but not the response categories. The long version of the survey which includes the response categories is provided as a separate document

Survey Introduction

Lead in Statement

Hello, I'm _____ calling on behalf of the state of Rhode Island. We are doing an important study to learn about health coverage and the related needs of Rhode Island residents. This is not a sales call, and your participation is voluntary. Will you help us? First, is this a residence?

INTS READ AS NEEDED: Your participation is meaningful because you represent many others in your community. Any information you share is strictly confidential. Again, this is not a sales call.

Interviewer persuader statement

We are doing this survey on behalf of the State of Rhode Island to help the state evaluate the health coverage and related needs of Rhode Island residents.

Your participation in this study is very important. We need to know more about health coverage in Rhode Island to better guide state policy and programs. Will you help us by participating in this survey?

STUDY LENGTH
The survey will take about 20 to 30 minutes, depending on the size of your household. Will you help us by participating in this survey?

HOW WAS I SELECTED
Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this survey more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can contact the study director for the Rhode Island survey, Dr. Brian Robertson of Market Decisions at brianr@marketdecisions.com.

Survey Sections

Household Level Information

1. In what Rhode Island County is your home located?

2. What is your zip code?

3. Does this household have a cell phone/landline phone?

4. Including yourself, how many people are in your household? This includes family members, roommates and anyone else who lives there most of the year.

Person Level Demographics

1. What sex was PERSON assigned at birth?

2. What is PERSON's gender identity?

3. And PERSON's age on her/his/your last birthday? (IF THEY REFUSE: ASK FOLLOW-UP WITH AGE CATEGORIES)

4. What is the Marital Status of PERSON?

5. What was the highest grade in school that PERSON have/has completed?

6. Is/Are PERSON a full-time high school or college student? (asked of those 18 to 26)

7. Is PERSON of Hispanic, Latino, or Spanish origin?

8. Which of the following would you say is PERSON(r/'s) race?

9. ASK OF THOSE ANSWERING "ASIAN TO RACE"… Is that Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian?

10. ASK OF THOSE ANSWERING "PACIFIC ISLANDER" TO RACE… Is that Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander?

11. Was PERSON born in the United States?

12. IF NOT BORN IN THE UNITED STATES: How long has PERSON lived in the United States?

13. In what country was PERSON born?

14. Does PERSON speak a language other than English at home?

15. IF PERSON SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME: What is this language?

Family Unit Formation

1. What is PERSON(r/'s) relationship to FILL HEAD OF HOUSEHOLD?

2. Is/Are PERSON married to anyone who currently lives here or to someone outside the household?

3. Is anyone living here the parent or guardian of PERSON?

4. Who in the household is the main person taking care of PERSON?

Health Insurance

The next questions will be about HEALTH INSURANCE. By this I mean any program or plan that pays any part of hospital or doctor bills. For example, Medicare, Medicaid, RIte Care, Military or Veteran benefits, or insurance companies such as Blue Cross, United Health Care or Neighborhood Health Plan.

1. Is PERSON covered by ANY type of health insurance? IF YES ASK: Which of the following types of insurance is this person covered by?

    - Private health insurance (Employer based or company like Blue Cross)
    - Medicare
    - RIte Care
    - Medicaid or Rhode Island Medical Assistance
    - Military, Veterans, or TRICARE (formally known as CHAMPUS)
    - Some other type of insurance? (SPECIFY)
    - RHODY HEALTH PARTNERS
    - RITE SHARE
    - HEALTHSOURCE RI, HEALTH EXCHANGE, OBAMACARE
    - THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
    - SSI/SSDI/WELFARE/DISABILITY
    - INDIAN HEALTH SERVICES
    - NO HEALTH INSURANCE
    - DK/REF

2. VERIFICATION FOR THOSE THAT ARE UNINSURED: You indicated PERSON is not covered by health insurance, is this correct?

3. SOURCE OF CARE FOLLOW-UP FOR THE UNINSURED: Does anyone else pay for PERSON's bills when they seek medical care?

4. SOURCE OF INSURANCE E FOLLOW-UP FOR THOSE INDICATING HEALTHSOURCE RI: Do you know if PERSON is enrolled in Medicaid or if PERSON is enrolled in a private health plan?

<u>Health Insurance Verifications:</u>

5. I noticed that PERSON is 65 or older and you indicated this person was NOT covered by Medicare. Is this correct?

6. FOR THOSE 65+ THAT INDICATE PRIVATE HEALTH INSURANCE: You indicated PERSON is covered by private insurance. Is this private insurance policy a PRIVATE Medicare supplement such as those offered by AARP, United Health Care, or Blue Cross Blue Shield, or other plans that help cover expenses not paid by Medicare, OR is this a separate private health insurance plan?
   IF THEY SAY PRIVATE INSURANCE: Is this Medicare Advantage Plan OR is this a private health insurance plan through an employer?

7. ASK OF THOSE < 65 INDICATING MEDICARE COVERAGE: Just to verify, is PERSON covered by national MEDICARE, or are they covered through the state's MEDICAID program including RIte Care, RIte Share or by both MEDICARE and MEDICAID?

8. ASK OF THOSE 65+ AND INDICATING MEDICAID COVERAGE: Just to verify, is PERSON covered by the STATE MEDICAID program including RIte Care, RIte Share, or Rhody Health Partners, or are they covered through the NATIONAL MEDICARE program for those 65 and older, or by both MEDICAID and MEDICARE?

9. ASK OF THOSE 65+ WITH MEDICARE: Does PERSON have a PRIVATE Medicare supplement such those offered by AARP, United Health Care, or Blue Cross Blue Shield, or other plans to help cover expenses not paid by Medicare or a Medicare Advantage Plan?

Private Insurance Follow-ups

1. A policy holder is the person who obtains their insurance through an employer, school, or a retirement plan. They may also purchase it directly through HealthSource RI. It may cover others in the family besides themselves. Are the people you indicated previously as covered by private health insurance ALL covered under the SAME health insurance plan?

2. IF YES: Are they all covered by your health plan or by another member of the family (which member)?

3. IF NO: Which members of your family are policy holders for a private health insurance plan?

4. Is PERSON's PRIVATE HEALTH INSURANCE provided through Blue Cross, United Healthcare, Neighborhood Health Plan or some other company?

5. ASK OF THOSE WITH NEIGHBORHOOD, UHC (UNITED), TUFTS: Does PERSON have insurance through Rhode Island's RIte Care Program?

6. ASK OF THOSE WITH BLUE CROSS, NEIGHBORHOOD: Did PERSON enroll for this health plan through HealthSource RI?

7. ASK OF THOSE INDICATING COVERAGE SOURCE IS HEALTHSOURCE RI: Is this insurance provided by Blue Cross Blue Shield or Neighborhood Health Plan?

8. Is PERSON's plan provided through YOUR OR SOMEONE ELSE'S EMPLOYER?

9. ASK OF ALL WITH EMPLOYER BASED INSURANCE: Is PERSON receiving premium assistance from the state of Rhode Island's RIte Share program to help pay the cost of PERSON's monthly premium?

10. IF NOT ESI: Is PERSON (r/'s) insurance provided by COBRA or a former employer, a retirement plan, a school, college, or university, or was the plan purchased directly or the premium paid out of pocket?

12. ASK OF THOSE WITH A PLAN THROUGH HEALTHSOURCE RI: Do you know what type of plan PERSON has? Is it a bronze, silver, gold, or platinum plan?

13. ASK OF THOSE WITH A PLAN THROUGH HEALTHSOURCE RI: Did PERSON receive financial assistance or tax credits to help pay for the health insurance plan PERSON purchased through HealthSource RI? (Financial assistance is provided to certain people to help them pay their monthly premiums. The amount is based on a number of factors, including your family size and income).

14. ASK OF THOSE WITH A PLAN THROUGH HEALTHSOURCE RI: Would you have enrolled in a plan through HealthSource RI if financial assistance was not available to PERSON?

15. Do/Does PERSON(r/'s) health insurance plan cover the costs of prescription drugs?

16. What is the monthly premium paid for PERSON's health insurance? This is the amount you must pay every month to maintain your active health plan.?

17. Has the amount paid in premiums for PERSON's health insurance plan increased during the past year?

18. How much is the deductible for everyone covered under this health plan? This is the amount you must pay every year for medical care BEFORE the health insurance begins to pay the bills. Please do not include premium expenses.

19. Does PERSON have a Health Savings Account or HSA? A Health Savings Account is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

20. IF HAVE HSA: How much did PERSON contribute to their HSA account during the past 12 months?

21. IF HAVE HSA: How much did PERSON's employer contribute to their HSA account during the past 12 months?

22. Can dependents be covered under PERSON's health insurance?

23. How would you rate the choice of doctors and other providers available?

24. How would you rate the range of services covered by PERSON's current health insurance?

25. How would you rate the quality of care available?

26. ASK IF COVERED BY PRIVATE INSURANCE AND AGED 18-26: Does person currently have private health insurance for medical bills through a parent's health insurance?

27. ASK IF NOT COVERED BY PRIVATE INSURANCE AND AGED 18-26: Does PERSON's PARENTS have private health insurance that allows coverage of dependents?

Medicaid Insurance Follow-ups

1. For these next questions, please think about the household members that are currently covered by RIte Care, RIte Share or other state sponsored health insurance programs, such as Medicaid or medical assistance programs like Rhody Health Partners.

2. If state sponsored health insurance programs were no longer available for members of your household, would they be able to get private health insurance?

3. How would you rate the choice of doctors and other providers available?

4. How would you rate the range of services covered by PERSON's current health insurance?

5. How would you rate the quality of care available?

6. Compared to LAST YEAR have there been changes in the coverage provided by RIte Care, RIte Share or Medicaid that limited which health care providers you or others could see for care?

Questions of Those Who Are Uninsured

1. How long have/has PERSON been without health insurance?

2. Was the loss of PERSON's health insurance related to the ongoing COVID-19 pandemic? This might be due to a layoff, furlough, or a business closing.

3. How does cost rate as the reason why PERSON is not currently covered by health insurance?

4. What are the main reasons that PERSON is not currently covered by any government or private health insurance plan?

5. Next, I am going to read some possible reasons why PERSON may no longer have health insurance. Is this a reason PERSON no longer has health insurance?

    - PERSON lost their job.
    - PERSON is longer eligible for health insurance through their employer because of a reduction in the number of hours they work.
    - An employer stopped offering health insurance to PERSON.
    - Our family could no longer afford the cost of the premiums for health insurance through an employer for PERSON.
    - PERSON lost or became ineligible for RIte Care or Medicaid.
    - PERSON is not interested in health insurance.

6. Thinking back to the last time PERSON had health insurance, what type of insurance did PERSON have?

Medicaid Awareness and Knowledge
(Asked of households with uninsured members)

1. What are the reasons that members of the household have not enrolled in one of the State's Health Insurance Programs?

2. Next I would like to ask you about possible reasons why the uninsured residents in the household have not enrolled in RIte Care. Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

    - I don't think we would be eligible for it because our employer offers health insurance.
    - I don't think we would be eligible because my household makes too much money.
    - We would be concerned about being able to see the doctors or health care providers I want to.
    - Our household wouldn't want to be receiving government assistance.
    - The uninsured members of our household don't really need health insurance.
    - Our household would worry that the costs would be too high.
    - I would be concerned about the quality of care.
    - I would be concerned that health care professionals would treat me or my family differently.

3. There are certain requirements based on age and income for eligibility to enroll in RIte Care. If the uninsured members of your household were eligible to enroll in the RIte Care program, how interested would they be in enrolling?

4. Have you or others in your household visited the web site for HealthSource RI?

5. IF THEY HAVE VISITED HEALTHSOURCE RI WEBSITE: What types of information did you look for on the website?

6. IF THEY HAVE VISITED HEALTHSOURCE RI WEBSITE: How easy was it to find the information you were looking for ?

7. At any time since October 2020, did any of the uninsured members of your household apply for health insurance insurance through HealthSource RI or some other way?

8. ASK IF HH APPLIED FOR HEALTH INSURANCE: Did the uninsured members of the household apply for Medicaid or RIte Care, Private Health Insurance (through HealthSource RI), or some other insurance?

9. ASK IF HH APPLIED FOR HEALTH INSURANCE: What happened with the application(s)?

10. ASK OF THOSE VISITING OR CONTACTING HEALTHSOURCE RI BUT NOT APPLYING: Next, I would like you to think about the reasons you did not CHOOSE a health plan through HealthSource RI. Why didn't you select a health plan?

11. How familiar are you with the help that is available through the Affordable Care Act to pay for health insurance?

12. As you may know there is help to pay for health insurance as a result of the Affordable Care Act and state assistance. Did you check to see if you were eligible for any help to pay for your health insurance?

Interruptions in Health Insurance

Have/has PERSON been without health insurance anytime in the last 12 months?

For how long was PERSON without health insurance, even if that gap in health insurance was longer than 12 months?

ASK IF GAP IS 2 MONTHS OR LESS: Was this gap in health insurance related ongoing COVID-19 pandemic? This might be due to a layoff, furlough, or a business closing.

1. Why were/was PERSON without health insurance?

2. How long has PERSON been covered under their CURRENT health insurance?

3. IF LESS THAN 12 MONTHS: What type of health insurance did PERSON have prior to their current health insurance during the past 12 months?

4. Why did PERSON change health insurance?

5. Was PERSON covered under the SAME health insurance plan 12 months or one year ago?

6. ASK OF THOSE INDICATING DIFFERENT COVERAGE A YEAR AGO: What type of health insurance did PERSON have one year ago?

State Health Insurance Mandate

1. Are you aware of Rhode Island's state requirement for all residents to have health insurance or pay a penalty at tax time?

2. ASK IF AWARE OF MANDATE: How important was the penalty in the decision whether to buy health insurance?

3. ASK IF NOT AWARE OF MANDATE: Now that you are aware of the state's requirement for health insurance, will this influence your decision to enroll in health insurance in the future?

Dental Insurance

1. Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

Doctor Visits and Point of Medical Care

1. How many times did PERSON see a doctor or health care provider during the past 12 months?

2. How many times did PERSON see a doctor or health care provider using telehealth services during the past 12 months?

3. How many of those visits were for strictly routine check-ups, that is, when PERSON were/was not sick?

4. Does PERSON have a type of medical facility that they go to when you/he/she is sick or needs medical attention?

5. What type of medical facility do/does PERSON go most often?

6. Is this the same facility PERSON usually go/goes when you/he/she need(s) routine or preventive care, such as a regular check-up/well baby check-up?

7. What type of medical facility does PERSON usually go to when you/he/she needs routine or preventive care, such as a check-up?

8. How long does it usually take to travel to the household's primary source of medical care for routine medical care?

9. Next, I'm going to read you a list of issues some people may experience when accessing health care. Please tell me if you or other family members faced any of the following issues during the past 12 months:

    - Unable to get an appointment at the doctor's office or clinic as soon as one was needed?
    - Unable to get an appointment with a primary care physician at a convenient time?
    - Were unable to get an appointment with a specialist as soon as you thought one was needed.
    - Were unable to get an appointment with a specialist at a convenient time

10. DURING THE PAST 12 MONTHS, did PERSON or anyone in the household seek medical care in a hospital emergency room for any reason?

11. In the past 12 months, how many times did PERSON receive care in a hospital emergency room?

12. I'm going to read you a list of reasons why some people go to the emergency room. Please tell me if any of these were reasons why PERSON last visited a hospital emergency room.

    - They were so ill or injured that they needed immediate medical attention
    - They needed care after normal hours at the doctor's office or clinic
    - The family owed money to the doctor's office or clinic
    - It was more convenient to go to the hospital emergency room
    - The doctor's office or clinic told them to go to the emergency room
    - Some other reason? (SPECIFY)

13. During the past 12 months, did anyone visit a walk-in or urgent care facility when they were sick or injured?

14. During the past 12 month did anyone in the household receive mental health care?

15. Was this mental health care received in person, through telehealth, or both in person and telehealth?

16. Did those seeking mental health care experience any problems accessing it??

Health Care Expenses and Barriers

1. Over the last 12 months, about how much has your family had to pay OUT OF POCKET for:

PROMPT: Out of pocket expenses includes any services NOT covered by a health plan or special assistance. It DOES NOT include the premium you may pay for your health insurance.

- Your family's prescription medications.
- Dental and Vision care.
- Mental health care.
- All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

2. During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

    - Routine medical care?
    - Medical care from a doctor or surgeon?
    - Mental health care or counseling?
    - Dental care including checkups?
    - A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?
    - Prescription Medicines?

3. During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

4. During the past 12 months, did anyone in the household receive any medical bill for more than $500 that had to be paid out-of-pocket?

5. During the last 12 months, did your household experience difficulty paying medical bills for anyone in your household?

6. During the past 12 months, has your household experienced any of the difficulties as a result of having to pay for medical bills?

    - Unable to pay for basic necessities like food, heat or rent
    - Used up all or most of savings to pay off the medical bill
    - Had large credit card debt or had to take a loan or debt against the home to pay off the medical bills
    - Filed for medical bankruptcy

7. Has anyone in the household ever delayed or avoided seeking health care because they could not find a health care provider or because a healthcare provider was not available at the time they needed care? (What type of care?)

8. Has anyone in your household ever delayed or avoided seeking PHYSICAL OR MENTAL health care because they could not find a health care provider who accepts RIte Care, RIte Share, or Medicaid? (What type of care?)

9. Has anyone in your household ever delayed or avoided seeking PHYSICAL OR MENTAL health care because they could not find or did not know a health care provider who accepts their insurance? (What type of care?)

General Health Status

1. How would you describe PERSON's health, in general

2. Is any household member currently pregnant?

3. Does anyone in your household have limitations due to physical, mental or emotional difficulties?

Employment

1. We are almost done with the survey. This next series of questions is about jobs and employment. I want to emphasize that the information you provide will be kept confidential and will only be used in combined form and will not be combined with other information that could identify you in any way.

2. Is PERSON currently... [EMPLOYMENT CATEGORIES]

    - Self-employed
    - Employed by the military
    - Employed by someone else
    - An unpaid worker for a family business or firm
    - Unemployed and looking for work (SPECIFY)
    - Retired
    - Unable to work due to a disability, or
    - Something else? (SPECIFY

3. Do/Does PERSON typically work for pay?

4. What is the total number of hours PERSON usually works per week?

5. On this job, are/is PERSON employed by a private company or business, a government agency, in active military duty, self-employed, working in a family business or farm, or something else?

6. Thinking about the employer PERSON works for, which industry most closely describes the employer's main business? – LONG VERSION INCLUDES CODES

7. Do/Does PERSON work for the federal government, state government, or local government such as a county or city, or a public school or college?

8. About how many people are employed by this employer, at all locations?

Employer Sponsored Insurance
(Asked of those who do not currently have health insurance through their employer)

1. Does the place where PERSON works at offer health insurance as a benefit to any of its employees?

2. Can dependents be covered under that health insurance?

3. Why was health insurance not taken?

4. Next, I am going to read some possible reasons why PERSON may not have health insurance through his/her employer or labor union. For each let me know if this is a reason why PERSON did not enroll in his/her employer's health insurance.

    - PERSON has not worked for his/her employer long enough to qualify for health insurance.
    - PERSON works too few hours to qualify for health insurance/.
    - The health insurance offered through PERSON's employer costs too much.
    - The health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered.

5. If PERSON had the option, how likely would PERSON be to enrolling his/her employer's health insurance? (IF NOT LIKELY ASK: Why is this?)

Family Income
(Questions will be asked for each identified family unit)

1. The next questions are about income that your FAMILY received during 2021. During the entire year of 2021, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on?

IF REFUSE OR DK: It is important for us to learn about household incomes so we can better understand how Rhode Island residents access health coverage and concerns that they may have. Which of the following income ranges is closest to your family's 2021 total income from all sources? (INCOME CATEGORIES WILL BE BASED ON FPL DEFINITIONS)

Childcare and Child Services

1. These next questions are about childcare and early learning programs for families and children. Have you ever participated in the following programs?

2. Does PERSON have any special developmental or medical needs?

3. Does PERSON have or ever had an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP)?

4. Is PERSON in kinship or foster care?

5. Is PERSON being cared for in any regular child care arrangement, such as a child care center, a licensed family child care home, a babysitter, or with a relative for eight hours a week or more? IF YES ASK: In which one place was PERSON cared for the most?

6. In a typical week, how many days per week is PERSON in these childcare arrangements?

7. Does this meet your needs? (Number of days per week in childcare setting)

8. In a typical week, how many hours per week is your child in these settings?

9. Does this meet your needs? (Number of hour per week in childcare setting)

10. On average, about how much does your household pay per week for childcare for PERSON?

11. Was it difficult for you to find childcare for the (child/children) in the household?

12. What aspects of finding childcare for the child/children in your household made it difficult?

13. Has finding or paying for childcare ever kept you or another family member from working or attending school?

14. Have you or a member of your household ever left the workforce because of difficulty in finding or paying for childcare?

15. Other than cost, if you could change things about this child's current childcare arrangements, what would it be?

16. If there were no barriers in terms of availability and affordability and you could choose to have you child/children in any type of care, what type of care would you be your top choice?

17. Excluding the times that your child was sick or quarantined, have you ever been asked by a childcare provider to come pick up your child or told that your child might need to "take a break" and leave care either temporarily or permanently, such as a suspension or expulsion?

18. How many times has this happened?

19. What was the primary reason given?

20. Finally, I'd like your thoughts on early childhood learning. In your mind, what does quality early learning mean to you?

Closing

IF SOMEONE IN HOUSEHOLD IS UNINSURED: If you or any other UNINSURED member of your household would like more information about health coverage that you may be eligible for, visit HealthSourceRI.com.

Six out of seven HealthSource RI customers qualify to receive financial help to lower their monthly coverage costs – some even qualify for no-cost coverage through Medicaid.

We have reached the end of our survey. Thank you for taking the time to complete our survey today. Your answers will help us learn more about how Rhode Island residents access, use, and enroll in health coverage.

Appendix 4. Pre-Notification Letter

Español al Otro Lado

[**FIRST_NAME] [LAST_NAME**],
[STREET ADDRESS]
[CITY], [ST] [ZIP]

Dear [FIRST_NAME] [LAST_NAME],

Your household has been selected to participate in the 2022 Rhode Island Health Information Survey! This important survey is conducted by phone and asks questions about health coverage for all members of your household. This survey will allow the state to advance its mission of improving access to health coverage for all Rhode Islanders. Your household's participation is greatly appreciated!

Who will be calling me?
You will receive a call from Market Decisions Research, an independent research firm located in Portland, Maine or their partner M Davis and Company. You should see "RI Health Survey," "M. Davis & Comp." or a call from a 401 area code.

What should I do right now?
You do not have to take any action at this time. You can expect a call in the next few days.

What does the survey ask?
The survey will ask questions about your household's current health coverage, the source of coverage, your use of healthcare, and any difficulties you may have had accessing the care you need. We will also ask basic questions about age, gender, income, and employment, as this helps us better understand survey participants and household members. **Parents of young children will be asked questions about childcare and child services so we can better meet their needs.**

The information provided is **completely private** and your answers are **strictly confidential**.

Who is sponsoring the survey?
This survey is being conducted on behalf of The Rhode Island Executive Office of Health and Human Services and HealthSource RI, Rhode Island's state-based health coverage marketplace.

If you need more information…
Visit ***rihealthsurvey.com*** for more information about this important survey. The website allows participants to set themselves as a priority, or to be removed from our calling list. You can also contact me directly, the Study Director, via email at brianr@marketdecisions.com.

Thank you,

Brian Robertson, Ph.D.
Study Director
Rhode Island Health Information Survey

Estimado/a:

¡Su hogar fue seleccionado para participar en la Encuesta de Información de Salud del Hogar de Rhode Island del 2022! Esta encuesta, de carácter importante, se realiza por teléfono y consiste en preguntarle sobre la cobertura de salud para los miembros de su hogar. Esta encuesta permitirá al estado avanzar en su misión de mejorar el acceso a la cobertura de salud para los habitantes de Rhode Island. ¡Apreciamos mucho la participación de su hogar!

¿Quién me llamará?
Recibirá una llamada de Market Decisions Research, una firma de investigación independiente ubicada en Portland, Maine. Para saberlo, debe aparecer "RI Health Survey, "“M. Davis & Comp.,” o una llamada desde un código de área 401.

¿Qué debo hacer ahora mismo?
No es necesario que tome medidas en este momento. Espere nuestra llamada en los próximos días.

¿En qué consiste la encuesta?
En esta encuesta se le preguntará sobre la cobertura de salud actual de su hogar, la fuente de cobertura, cómo usa la atención médica y cualquier dificultad que pueda haber tenido para acceder a la atención que requiere. También le haremos preguntas básicas sobre la edad, género, ingresos y empleo, ya que esto nos ayuda a entender mejor a los participantes de la encuesta y a los miembros del hogar. **A aquelos padres que tengan niños pequeños se les preguntará sobre el cuidado de los niños y los servicios infantiles, de modo que podamos satisfacer mejor sus necesidades.**

La información proporcionada es **completamente personal** y sus respuestas son **estrictamente confidenciales**.

¿Quién patrocina la encuesta?
Esta encuesta se lleva a cabo en nombre de la Oficina Ejecutiva de Salud y Servicios Humanos de Rhode Island y HealthSource RI, sitio web de cobertura de salud con sede en el estado de Rhode Island.

Si necesita más información...
Visite ***rihealthsurvey.com*** para obtener más información sobre esta importante encuesta. El sitio web permite a los participantes establecerse, bien como una prioridad o que se eliminen de nuestra lista de llamadas. También puede ponerse en contacto conmigo directamente como Director del estudio, por correo electrónico a brianr@marketdecisions.com.

Gracias

Brian Robertson, Ph.D.
Director del estudio
Encuesta del seguro de salud de Rhode Island