

Virginia Health Insurance and Access Survey

State Health Assistance and Data Access Center
University of Minnesota

Technical Report

Presented by:

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Introduction

The State Health Access Data Assistance Center (SHADAC) of the University of Minnesota contracted with Clearwater Research, Inc., to implement the sample development and data collection phases of the 2004 Virginia Health Insurance and Access Survey (VHIAS). At the completion of the data collection, Clearwater Research provided electronic data sets containing the survey responses. Data collection occurred from late June to early December 2004.

Researchers from SHADAC provide the direction of the VHIAS project and acted as an advisor to Clearwater Research in carrying out the data collection. Clearwater Research conducted telephone interviews with over 4,000 randomly selected households in Virginia.

Survey Instrument

SHADAC provided Clearwater Research with Ci3 programming developed for earlier state health insurance projects. Clearwater Research reviewed the programming and made minor stylistic changes to bring the survey instrument into accord with conventions familiar to the interviewers. SHADAC provided a Spanish translation for the English questionnaire, which Clearwater Research incorporated into the Ci3 programming. The survey was conducted in English or Spanish, depending on the need of the household. The average length of the survey interview was 14.3 minutes.

A programming error involving the value of the variable CODETYPE affected a skip pattern. Respondents affected by this error incorrectly skipped around items COV1, COV2, COV3, COV4, and COV5. This error was discovered only after all data had been collected for the VHIAS.

Sampling

A random-digit-dialing (RDD) sample of telephone numbers that ring in Virginia was generated with the goal of completing survey interviews with a minimum of 4,000 households. The sample was stratified by income and by health service area into 6 independent subsamples. One stratum included all exchanges serving Virginia associated with median household incomes less than \$34,400 in version 200420 of the GENESYS database developed by Marketing Systems Group (MSG). Each remaining exchange was assigned to one of 5 regional health service area strata according to the exchange's primary Zip Code according to the GENESYS database. SHADAC determined the number of completed interviews to allocate to each stratum. The RDD sample frame was list-assisted, comprising all one-plus telephone number banks known to ring in Virginia. Clearwater Research generated the RDD telephone numbers with the GENESYS Sampling System.

A total of 40,000 telephone numbers were generated for the VHIAS. The numbers were replicated into groups of 50 records to ensure that only as many sample records as

needed would be loaded into CATI over the course of the field period to yield the target number of completed interviews in each stratum. A total of 36,700 telephone numbers (734 replicates) were used for the VHIAS.

Clearwater Research contracted with MSG to process the generated RDD numbers using its Comprehensive Sample Screening (CSS) process, which identified a portion of the business, nonworking, and cell phone numbers in the RDD sample. Just over one-third (35%) of the used sample records were identified through CSS as nonworking, 10% were identified as business numbers, and 29 numbers were identified as cell phones. Thus 45% of the RDD numbers were identified in advance of fielding as ineligible. These numbers were not loaded in CATI, but they were accounted for in the calculation of final dispositions and response rates.

After the CSS coding of sample records was completed, MSG matched addresses in the InfoUSA database to the RDD telephone numbers. Addresses were matched to 33% of the RDD sample records used for the survey. Clearwater Research sent an advance notification letter to addresses matched to the RDD sample records. The letter described the survey, provided contact numbers to get additional information, and encouraged participation in the research project. See Appendix A for text of the notification letter.

A breakout of all sample replicates generated and used by Clearwater Research for the RDD sample is shown in Table 1. The table includes the counts of records that were identified as business or nonworking through the CSS process and those that remained available to be loaded into the CATI system. It also shows the counts of records that were matched or not matched with addresses in the InfoUSA database.

Table 1: RDD Sample Processing Before Fielding

CSS	Address Matched	Address Not Matched	Total
Retained	9,235	11,092	20,327
Screened out	2,980	13,393	16,373
Total	12,215	24,485	36,700

All telephone numbers loaded into the CATI system were called. Once voice contact was made with a household, the Ci3 CATI programming provided by SHADAC led the interviewers through the respondent selection process and the questionnaire.

Once the bulk of the sample records had been processed to completion, Clearwater Research began a nonrespondent follow-up effort to maximize the response rate. A procedure involving a follow-up letter and 5 additional attempts was developed. The nonrespondents involved in the follow-up effort were those that had not yielded a completed interview or a refusal at some point in the initial 15 attempts. Clearwater Research identified these sample records and sent a follow-up letter to those with matched addresses. The text of the follow-up letter is included in Appendix A.

Informing Respondents

Several steps were taken in the 2004 VHIAS project to better inform potential respondents about the research project. These measures were undertaken to improve response rates by educating sampled households about the purpose and importance of the study. The efforts included advance letters, toll-free numbers, Web pages, and answering machine messages. These channels supplemented and reinforced the work of Clearwater Research interviewers, who provided scripted information tailored to respondents' questions.

Advance letters were sent to all households in the sample for which an address match was found in the InfoUSA database. The advance letters described the VHIAS project and encouraged respondents to participate. The letters are included in Appendix A.

The advance letters provided local and toll-free telephone numbers for respondents to call at Clearwater Research and the Virginia Department of Health to get more information about the study. The advance letters were mailed out approximately one week prior to the sample being called via the CATI system.

The advance letters contained the URL of a Web site set up on an Internet server at Clearwater Research to provide VHIAS respondents more information on the study. This information was identical to the information that interviewers were given in training for the study. Interviewers referred interested respondents to the Web site if they desired additional information. The Web page contents are included in Appendix B.

Data Collection

Clearwater Research collected data using its in-house 110-station computer-aided telephone interview (CATI) system. Including the nonrespondent follow-up effort, the field period ran from June 29 through December 2, 2004.

Interviewers were thoroughly briefed prior to data collection, and they rehearsed the questionnaire before conducting actual interviews. Monitoring staff listened to a sampling of interviews throughout the fielding period to maintain data quality. Clearwater Research used computer-aided dialing, but not predictive dialing. Predictive dialing has the potential to annoy respondents by introducing a delay in connections after respondents answer the telephone. This delay leads to higher hang-up and refusal rates and a correspondingly lower response rate for the survey.

Calling protocols followed those of the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). Thus we resolved each sample record by attempting the number 15 times during the calling period or until a final disposition code (such as "completed interview" or "disconnected/non-working number") was assigned. The BRFSS calling protocols require that the 15 attempts occur in no less than 5 days and that attempts are made during weekday days, weekday evenings, and weekends. No more than 3 attempts per calling period are permitted. The calling periods for the 2004 VHIAS data collection were 8:30 A.M. to 5:00 P.M. weekdays, 5:00

P.M. to 9:00 P.M. weekdays, 10 A.M. to 7:30 P.M. Saturdays, and 1 P.M. to 9:00 P.M. Sundays (Eastern Time).

According to the BRFSS calling protocol, households that refused to participate or that terminate the interview after beginning it were contacted again in an attempt to convert them to a participating household.

Following the Behavioral Risk Factor Surveillance System (BRFSS) call management protocols, Clearwater Research resolved each sample record in all replicates either by calling the number until a final disposition code was assigned or by calling a sample record 15 times during the calling period. Five additional attempts were made to nonresponding sample records—i.e., those that had not yet resulted in a completed interview—with the exception of records that had a refusal in the call history.

During fielding, the survey data were entered and automatically consolidated by the CATI software as interviewers completed each questionnaire with a respondent. Interviewers and supervisors used project feedback and data change forms to document and communicate data collection errors or problems to the production manager. The production manager edited the CATI data as required to correct the data errors. If a data change affected a skip pattern later in the questionnaire, the respondent was called back to collect the missing data.

Call Outcomes

Each call attempt was given a disposition depending on the outcome of the call. SHADAC provided a set of disposition codes to use for the VHIAS, consistent with the codes used in the Ci3 programming. At the end of the field period, each record was assigned a final disposition for the study based on the history of call attempt dispositions for that case. The count of the AAPOR final dispositions for each stratum is shown in Table 2.

Table 2: Final Dispositions

Outcome Category	AAPOR Code	HSA 1		HSA 2		HSA 3		HSA 4		HSA 5		Lower Income		Total (unweighted)	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
1. Interview	1														
Complete	1.0/1.10	484	13.6%	840	10.7%	405	12.7%	588	10.3%	699	10.2%	994	10.4%	4,010	10.9%
Partial	1.2	1	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%	4	0.0%
2. Eligible, non-interview	2														
Household-level refusal	2.111	625	17.6%	970	12.4%	590	18.4%	935	16.4%	1,130	16.5%	1,536	16.1%	5,786	15.8%
Known-respondent refusal	2.112	15	0.4%	39	0.5%	23	0.7%	38	0.7%	50	0.7%	59	0.6%	224	0.6%
Respondent never available	2.21	7	0.2%	17	0.2%	4	0.1%	14	0.2%	19	0.3%	23	0.2%	84	0.2%
Telephone ans. device (confirming HH)	2.22	3	0.1%	4	0.1%	2	0.1%	3	0.1%	2	0.0%	2	0.0%	16	0.0%
Physically or mentally unable	2.32	10	0.3%	12	0.2%	16	0.5%	10	0.2%	15	0.2%	45	0.5%	108	0.3%
Language problem	2.33	3	0.1%	75	1.0%	4	0.1%	16	0.3%	12	0.2%	22	0.2%	132	0.4%
3. Unknown eligibility, non-interview	3														
Unknown if housing unit	3.1	53	1.5%	96	1.2%	44	1.4%	83	1.5%	78	1.1%	105	1.1%	459	1.3%
Not attempted or worked	3.11	0	0.0%	20	0.3%	0	0.0%	16	0.3%	4	0.1%	8	0.1%	48	0.1%
Always busy	3.12	30	0.8%	49	0.6%	15	0.5%	24	0.4%	41	0.6%	38	0.4%	197	0.5%
No answer	3.13	153	4.3%	461	5.9%	134	4.2%	267	4.7%	319	4.7%	367	3.8%	1,701	4.6%
Answering machine, don't know if HH	3.14	164	4.6%	458	5.8%	154	4.8%	257	4.5%	294	4.3%	299	3.1%	1,626	4.4%
4. Not eligible	4														
Out of sample	4.1	17	0.5%	22	0.3%	19	0.6%	20	0.4%	39	0.6%	65	0.7%	182	0.5%
Fax/data line	4.2	163	4.6%	413	5.3%	109	3.4%	273	4.8%	292	4.3%	236	2.5%	1,486	4.0%
Non-working/disconnect	4.3	1,316	37.1%	3,025	38.5%	1,230	38.4%	2,256	39.6%	2,775	40.5%	4,623	48.4%	15,225	41.5%
Cell phone	4.42	13	0.4%	39	0.5%	11	0.3%	24	0.4%	33	0.5%	29	0.3%	149	0.4%
Call forwarding	4.43	9	0.3%	15	0.2%	2	0.1%	6	0.1%	10	0.1%	7	0.1%	49	0.1%
Business, government office, other org.	4.51	452	12.7%	1,222	15.6%	415	13.0%	831	14.6%	999	14.6%	1,042	10.9%	4,961	13.5%
Institution	4.52	32	0.9%	72	0.9%	23	0.7%	39	0.7%	37	0.5%	49	0.5%	252	0.7%
Other	4.9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Total phone numbers used		3,550	100.0%	7,850	100.0%	3,200	100.0%	5,700	100.0%	6,850	100.0%	9,550	100.0%	36,700	100.0%

Response Rates

During the final month of the field period, Clearwater Research attempted to improve the response rate by making 5 additional call attempts on sample records that had reached 15 attempts without yielding a completed interview and that did not involve a refusal. A follow-up letter was sent to those households to which an advance letter had been sent at the start of the survey that had not be returned as undeliverable by the U.S. Postal Service. The additional call attempts commenced once sufficient time had been given for the follow-up letters to be delivered.

Table 3 shows the final dispositions for the nonrespondent follow-up sample, broken out by whether a follow-up letter was sent or not. The results of the nonrespondent follow-up effort were accounted for in the calculation of the VHIAS final dispositions and response rates.

Table 3: Final Dispositions for Nonrespondent Follow-up Attempts

AAPOR Code	Without Letter		With Letter		Total	
	Count	Percent	Count	Percent	Count	Percent
1100	32	1.1%	73	7.7%	105	2.8%
2111	166	5.8%	145	15.3%	311	8.2%
2112	8	0.3%	3	0.3%	11	0.3%
2210	1	0.0%	3	0.3%	4	0.1%
2220	1	0.0%	2	0.2%	3	0.1%
2320	0	0.0%	2	0.2%	2	0.1%
2330	1	0.0%	1	0.1%	2	0.1%
3120	192	6.8%	10	1.1%	202	5.3%
3130	1636	57.5%	173	18.3%	1809	47.7%
3140	426	15.0%	431	45.5%	857	22.6%
4100	6	0.2%	1	0.1%	7	0.2%
4200	64	2.3%	9	1.0%	73	1.9%
4300	255	9.0%	85	9.0%	340	9.0%
4420	3	0.1%	1	0.1%	4	0.1%
4430	1	0.0%	2	0.2%	3	0.1%
4510	34	1.2%	4	0.4%	38	1.0%
4520	17	0.6%	2	0.2%	19	0.5%
Total	2843	100.0%	947	100.0%	3790	100.0%

For the 2004 VHIAS project, we used the method of response rate calculation codified by the American Association for Public Opinion Research (AAPOR) as Response Rate 4 (RR4).¹ This rate reflects the percentage of completed and partially completed interviews achieved after fully processing all attempted sample records according to the prescribed sample management rules. To calculate RR4, the VHAIS final dispositions are summarized into seven categories, based on the first two digits of the AAPOR code. These categories are shown in Table 4.

¹ *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, 3rd edition.* 2004. The American Association for Public Opinion Research. Lenexa, Kansas: AAPOR.

Table 4: AAPOR Response Rate Formula Categories

Symbol	Code Value	Description
I	1.1	Complete interviews
P	1.2	Partial interviews
R	2.1	Refusal or break off
NC	2.2	Non-contact
O	2.3	Other
UH	3.1	Unknown household
UO	3.2/3.9	Unknown other

The formula for RR4 is given below. RR4 estimates the proportion of cases of unknown eligibility that are actually eligible (e).

$$RR4 = (I+P)/((I+P)+(R+NC+O)+e(UH+UO))$$

Table 5 gives the category counts for each stratum in the VHIAS sample. It shows the RR4 value along with the value of e used for the calculation.

Table 5: AAPOR Response Rates

	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	Lower Income	Unweighted Total
I	484	840	405	588	699	994	4,010
P	1	1	0	0	1	1	4
R	640	1,009	613	973	1,180	1,595	6,010
NC	10	21	6	17	21	25	100
O	13	87	20	26	27	67	240
Total	1,148	1,958	1,044	1,604	1,928	2,682	10,364
e	.25	.25	.25	.25	.25	.25	.25
RR4	.389	.377	.358	.333	.331	.345	.353

Data Preparation

Field processing of the VHIAS sample was considered completed at the point that all records had reached their maximum attempts or a final disposition had been assigned. Clearwater Research received instructions from SHADAC on preparing the data files for delivery. After exporting the data from the CATI system, Clearwater Research cleaned the data and compiled them into SAS data files. Data cleaning included editing open-ended responses to ensure correctness and consistency in spelling, capitalization, and punctuation. The delivered files included all records for which any data were collected.

Appendices

A: Advance and Nonrespondent Follow-up Letters

Advance Letter (using VDH stationery)

Dear Fellow Virginians:

I am writing to ask for your assistance in an important health survey. The main purpose of the survey is to assess the level of health insurance coverage in the Commonwealth of Virginia. The results of the survey will help the Virginia Department of Health (VDH) find ways to improve health insurance coverage among Virginia residents. Within the next few weeks, your household may be called to take part in this survey.

A randomly selected sample of about 4,000 Virginians will be called. You will be asked to give feedback on such things as health insurance coverage, use of health care services, and health status.

Only the overall results of the survey will be reported back to VDH. No one at VDH will see any names or other information that will make it possible to identify you. Participation in the survey is completely voluntary.

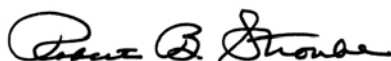
Altogether, the interview should take less than 15 minutes. If the survey research firm we've contracted to conduct this study, Clearwater Research, should call at an inconvenient time, please tell the interviewer and they would be happy to call back later.

If you would like to schedule a convenient time to participate, please call Clearwater Research toll-free at 1-800-727-5016. (Select option "1" and then "1" again to speak to a supervisor.)

You can find more information about the study at www.clearwater-research.com. Click on Current Studies at the bottom left of the page, and then click on Virginia Health Care Insurance and Access Survey.

Thank you for your assistance. If you are called, I hope you will agree to participate. If you have any questions about the study, please contact Rene Cabral-Daniels, Director of the Office of Health Policy and Planning at (804) 864-7434.

Sincerely,



Robert B. Stroube, MD, MPH
State Health Commissioner

Nonrespondent Follow-up Letter (using VDH stationery)

Dear Fellow Virginians,

I am writing to ask for your assistance in an important health survey. The main purpose of the survey is to assess the level of health insurance coverage in the Commonwealth of Virginia. The results of the survey will help the Virginia Department of Health (VDH) find ways to improve health insurance coverage among Virginia residents.

Your household has been randomly selected for the survey to represent the area in which you live. We would like to interview one adult (18 or older) from your household. The survey should take less than 15 minutes and is completely confidential. Only the overall results of the survey will be reported back to VDH. No one at VDH will see any names or other information that will make it possible to identify you. Participation in the survey is completely voluntary.

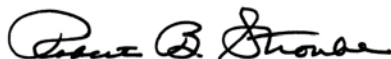
Let me assure you that your responses are very important. The survey will be more accurate and balanced if your experiences are included along with those who have already taken the survey. We will keep trying, but you could help us greatly by letting us know when would be the best time to call. You can leave that information with Clearwater Research, the professional research company that is conducting the interviews. Their number is 1-800-727-5016 (Select option "1" and then "1" again to speak to a supervisor).

Most of all, we want to obtain the best information possible from people who live in your area. The results of the survey will help the Virginia Department of Health find ways to improve health insurance coverage among Virginia residents.

You can find more information about the study at www.clearwater-research.com. Click on Current Studies at the bottom left of the page, and then click on Virginia Health Care Insurance and Access Survey.

Thank you for your assistance. I hope you will agree to participate. If you have any questions about the study, please contact Rene Cabral-Daniels, Director of the Office of Health Policy and Planning at (804) 864-7434.

Sincerely,



Robert B. Stroube, MD, MPH
State Health Commissioner

B: Informational Web Pages

Virginia Health Care Insurance and Access Survey (main page)

Welcome to the Virginia Health Care Insurance and Access survey Web site. This telephone survey is being conducted by Clearwater Research on behalf of the Virginia Department of Health.

Between the months of June 2004 and February 2005, Clearwater Research will contact randomly selected households in Virginia to ask questions regarding their medical insurance.

By answering the survey questions that our courteous telephone interviewers ask, respondents will be providing us with information that will be essential to the improvement of health care insurance in Virginia.

Please read through this site to learn more about why your participation in this study is so important.

Thank you.

- [How to participate](#)
- [Frequently asked questions](#)
- [Advance Letter](#)
- [For more information](#)

How to Participate

- Step 1: During the months of June 2004 through February 2005, we will be contacting approximately 4000 individuals to take part in this survey. If you live in the Commonwealth of Virginia, your household may be called.
- Step 2: We will send an advance letter explaining more about the study and that you have been selected to participate in it. If you have not received the advance letter and would like to read it, please click [here](#).
- Step 3: One of our courteous and professional interviewers will call your phone number to describe the survey and speak with an adult who is knowledgeable about health care coverage issues in your household.
- Step 4: We will then conduct the interview, which will take approximately 15 minutes, depending upon your answers. If the adult who is knowledgeable about health care coverage issues is not available, we will schedule a convenient time to call back to speak with him or her.
- Step 5: Once the interview is complete, we will thank you and not contact you again. We will deliver the final data set to health researchers at the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota. The survey results will be used to better understand how to improve access to affordable health care coverage. No report of the survey results will identify you individually.
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Frequently Asked Questions

Q: Who is sponsoring the study?

A: This study is sponsored by the Office of Health Policy and Planning at the Virginia Department of Health.

Q: What is this study for?

A: The goal of the study is to learn more about Virginians' access to affordable health coverage. The results of the study will be shared with the US Department of Health and Human Services as well as state agencies and policymakers.

Q: How did you get my name?

A: Actually we do not have your name, only your phone number. Your phone number was chosen at random from lists of people living in Virginia. Your phone number will be deleted after the interview.

Q: How did you get my phone number?

A: The phone numbers we call are chosen randomly and were not purchased.

Q: Who will see my answers? I don't want my name used.

A: Everything you say will be confidential. Your name will not be used. Our report will only discuss the answers given by groups of many people together.

Q: Will this affect my benefits? Will I lose my insurance if I don't answer this?

A: Your participation is voluntary. The insurance benefits that you currently have will not in any way be affected by your participation in the study. The Virginia Department of Health would like to improve access to affordable health care coverage and your participation in the study will help them to gather information to make that possible.

Q: How do I know the survey is legitimate?

A: If you would like to talk with the person at the Office of Health Policy and Planning at the Virginia Department of Health, please contact the director, Rene Cabral-Daniels, at (804) 864-7434.

Q: Can I get a copy of the results?

A: For inquiries or more information about the survey, you may contact the director of the Office of Health Policy and Planning at the Virginia Department of Health: Rene Cabral-Daniels, at (804) 864-7434

Q: Are you going to ask me personal questions?

A: Most respondents do not consider the questions to be sensitive.

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For More Information

If you would like more information on the Virginia Health Care Insurance and Access survey, please contact one of the organizations listed below.

The Office of Health Policy and Planning at the Virginia Department of Health

Rene Cabral-Daniels, Director

(804) 864-7434

Website: <http://www.vdh.state.va.us/>

Clearwater Research, Inc.

Data Collection Supervisors, 800-727-5016 (select option "1")

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Advance Letter for the Virginia Health Care Insurance and Access survey

Dear Fellow Virginians:

I am writing to ask for your assistance in an important health survey. The main purpose of the survey is to assess the level of health insurance coverage in the Commonwealth of Virginia. The results of the survey will help the Virginia Department of Health (VDH) find ways to improve health insurance coverage among Virginia residents. Within the next few weeks, your household may be called to take part in this survey.

A randomly selected sample of about 4,000 Virginians will be called. You will be asked to give feedback on such things as health insurance coverage, use of health care services, and health status.

Only the overall results of the survey will be reported back to VDH. No one at VDH will see any names or other information that will make it possible to identify you. Participation in the survey is completely voluntary.

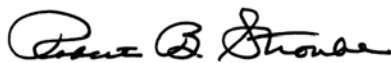
Altogether, the interview should take less than 15 minutes. If the survey research firm we've contracted to conduct this study, Clearwater Research, should call at an inconvenient time, please tell the interviewer and they would be happy to call back later.

If you would like to schedule a convenient time to participate, please call Clearwater Research toll-free at 1-800-727-5016. (Select option "1" and then "1" again to speak to a supervisor.)

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Robert B. Stroube, MD, MPH
State Health Commissioner

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