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Evaluation Report Covering Health Insurance

FINAL REPORT

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TABLE OF CONTENTS

EXECUTIVE SUMMARY iii

1. BACKGROUND 1

    1.1 Motivation for the 2006 ACS Content Test 1
    1.2 Previous Testing Done of Health Insurance Question 1

2. RESEARCH QUESTIONS AND SELECTION CRITERIA 3

    2.1 Research Question 1 3
    2.2 Research Question 2 3
    2.3 Research Question 3 3
    2.4 Inclusion Criteria 3

3. METHODOLOGY 4

    3.1 Data Collection Methods 4
    3.2 Sample Design 6
    3.3 Health Insurance Evaluation Methodology 6

4. LIMITATIONS 8

    4.1 General Content Test and Content Follow Up Limitations 8
    4.2 Limitations Related to the Analysis of Health Insurance Questions on the Content Test 9

5. RESULTS 9

    5.1 Response to the Content Test and Content Follow Up 9
    5.2 Research Question 1 10
    5.3 Research Question 2 13
    5.4 Research Question 3 14
    5.5 Inclusion Criteria 15

6. SUMMARY OF EMPIRICAL RESULTS 15

7. REFERENCES 17

Appendix A: Content Test Information Page for Health Insurance A-1

Appendix B: Westat Cognitive Testing Report B-1

LIST OF TABLES

Table 1. Content Test Response Rates.....9
Table 2. Health Insurance Status Content Followup Comparison Statistics 11
Table 3. Health Insurance Type Content Followup Comparison Statistics.....11
Table 4. Reported Health Insurance Coverage by Selected Content Test Characteristics 12
Table 5. Type of Coverage Results for the Content Test and Reinterview 13
Table 6. Distribution of Health Insurance Types, Version I vs. Version II.....14
Table 7. Health Insurance Item Nonresponse Rates, Version I vs. Version II 15

EXECUTIVE SUMMARY

Test Objective

- In January through March of 2006, the American Community Survey (ACS) conducted the first test of new and modified content since the ACS reached full implementation levels of data collection. The results of that testing will determine the content for the 2008 ACS.

- For health insurance coverage (which is not currently asked in the ACS), the objective was to evaluate which of two questions works best in an ACS questionnaire environment. The two formats were: 1) Version I that asked respondents about each of the various types of coverage, and 2) Version II that asked respondents a screener question to find out if they are covered and a second question that asked about the type(s) of coverage.

Methodology

- In order to evaluate which set of questions was superior, the Content Follow-up (CFU) used a set of questions that was different than either of the two Content Test (CT) versions. The CFU utilized a more detailed and comprehensive set of questions than the CT that resulted in a higher coverage rate. Thus, the two sets of CT questions could then be evaluated in terms of which came closer to this more comprehensive set of questions.

Research Questions and Results

- **Question 1: Which of the two approaches results in more accurate estimates of insurance coverage?**

  Results: Version I (that asks about each type of insurance) was superior to Version II in terms of the net difference rate between the CT and the CFU (this was the most critical of the three evaluations that comprise this research question). In terms of which method results in a smaller percentage of people for whom insurance type cannot be determined, after recoding those who reported "other" types of health insurance, both versions end up with negligible percentages of persons with unclassifiable sources of health coverage. There was no statistically significant difference in the overall health insurance coverage rate between the two versions.

- **Question 2: Which of the two methods for asking the question results in greater reporting (i.e., less under-reporting) of public health care?**

  Results: Version I results in less under-reporting of public health coverage (and private coverage as well). The net difference rate for public coverage in Version I was superior to that of the Version II.

- **Question 3: Which of the two methods results in the least amount of item non-response?**

  Results: For the question of whether or not respondents were covered by any type of insurance, Version II had a lower nonresponse rate. In terms of the percentage of respondents that did not report a type of coverage, the nonresponse rate of Version I was not statistically different from that of Version II.

1. BACKGROUND

1.1 Motivation for the 2006 ACS Content Test

In January through March of 2006, the American Community Survey (ACS) conducted the first test of new and modified content since the ACS reached full implementation levels of data collection. The results of that testing will determine the content for the 2008 ACS. The year 2008 marks the first year of a three-year aggregated data product that includes data from the same year as the 2010 decennial census (2008 - 2010). Similarly, 2008 is the midpoint year for the first five-year data product that includes data from 2010 (2006-2010). Given the significance of the year 2008, the ACS committed to a research program during 2006 that will result in final content determination in time for the 2008 ACS. This research is the 2006 ACS Content Test.

Through the Office of Management and Budget (OMB) Interagency Committee on the ACS, the Census Bureau included subject matter experts and key data users from other federal agencies in identifying questions for inclusion in the Content Test. In general the Content Test evaluated alternatives for questions which showed some indication of a problem, for example, high missing data rates, estimates which differed systematically from other sources of the same information, or high simple response variance as measured in the Census 2000 Content Reinterview survey. In addition, the Content Test also included testing of three new topics proposed by other federal agencies for inclusion in the ACS.

To meet the primary objective of the 2006 ACS Content Test, analysts evaluated changes to question wording, response categories, instructions, or examples relative to the current version of the questions. Additionally, the Content Test design reflected two secondary objectives. One of the secondary objectives addressed form design alternatives for the basic demographic section of the form. The second addressed the content of the questionnaire mailing package. Results indicated no interaction between either of the two secondary objectives and the first objective addressing changes made to questions. Thus, this report will only address testing specific to the first objective - testing of alternative questions, response categories, etc. Specifically, this report discusses the subject of health insurance coverage and evaluates two approaches based on the research questions and selection criteria described below.

1.2 Previous Testing or Analysis for Health Insurance

In 2004/2005, with funding support from the Department of Health and Human Services, a series of cognitive interviews was conducted in order to design a health insurance question that would be appropriate for an ACS-style questionnaire. It is important to note that, to our knowledge, no major national federal survey had ever attempted to ask about health insurance coverage in a mailout/mailback survey. So it was important to do some testing prior to the implementation of a major field test. Funding from the Department of Veterans' Affairs was also used for another set of cognitive interviews that examines how those currently or formerly in the military answered the questions on veteran status and health insurance coverage (see Pascale 2006 and Westat 2005). The questions tested in these two sets of cognitive interviews were similar to the Version II format that was ultimately used in the Content Test.

Based on the results of the interviews, several changes were incorporated. The most significant change was the elimination of an answer category on supplemental health plans. This category would have been used to exclude people who reported coverage, but only reported supplemental plan coverage, from the "covered" universe. In addition, the question about any coverage was expanded from Version II in cognitive testing. The question was changed from "Is this person CURRENTLY covered by any type of health insurance?" to "Is this person CURRENTLY covered by any type of health insurance or health coverage plan?" The reason for this change was that many types of public coverage are not technically health insurance plans, and there was hope that the expanded wording would better capture public health plan coverage. Other notable changes resulting from the cognitive interviews included the simplification of the military and VA health plan answer categories (CHAMPUS was excluded from the military care category and CHAMPVA was excluded from the VA health plan category).

2. RESEARCH QUESTIONS AND SELECTION CRITERIA

2.1 Research Question 1: Which of the following two approaches for asking about health insurance/coverage results in more accurate estimates of insurance?

--Version I: Single question that asks to indicate if covered by specific types of insurance or coverage plans.
--Version II: Two questions with the first being a global screener asking for any type of health insurance or coverage

Selection Criteria: The method that has the smallest net difference rate for insured/uninsured, the highest (or equal) estimate of insured, and the lowest (or no greater) proportion of cases for which health insurance type cannot be determined. However, in the case where not all three of the conditions are met, the evaluation will focus on the net difference rate as the most critical of these three measures.

2.2 Research Question 2: Which of the two methods for asking the questions results in greater reporting (i.e., less under-reporting) of public health care coverage?

Selection Criteria: The method with the largest estimate of public health care coverage AND the smallest (or no greater) net difference rate for public health care coverage. As with the previous set of measures, if both of the conditions are not met, the net difference rate will serve as the most critical evaluation measure.

2.3 Research Question 3: Which of the two methods results in the least amount of item nonresponse?

Selection Criterion: The method with the lowest (or no greater) item-nonresponse rate, assuming the method also meets the above two criteria.

2.4 Inclusion Criteria:

As noted in the Information Page (Appendix A), as new proposed content for the ACS, there are also inclusion criteria that are separate from the selection criteria. These criteria determine whether either version of the question is of sufficient quality to be included on the ACS. These criteria are:

- OMB approval
- Estimates of insured/uninsured that approximate other national surveys
- A net difference rate for overall coverage that is statistically lower than the other version
- A net difference rate for public health care coverage that is statistically lower than the other version
- A nonresponse rate of lower than 10 percent for health insurance status

3. METHODOLOGY

3.1 Data Collection Methods

3.1.1 The 2006 ACS Content Test data collection

The 2006 ACS Content Test consisted of a national sample of approximately 62,900 residential addresses in the contiguous United States. (The sample universe did not include Puerto Rico, Alaska and Hawaii). To meet the primary test objective of evaluating question wording changes, approximately half of the sample addresses were assigned to a test group (31,450) and the other half to a control group (31,450). For the topics already covered in the ACS, the test group included the proposed alternative versions of the questions, and the control group included the current version of the questions as asked on the ACS. Both the test and control questionnaires included three new topics not currently on the ACS. Both test and control included the three new topics to keep context and questionnaire length consistent between the two versions.

The ACS Content Test used a similar data collection methodology as the current ACS, though cost and time constraints resulted in some deviations. Initially, the ACS collects data by mail from sampled households, following a mailing strategy geared at maximizing mail response (i.e., a pre-notice letter, an initial questionnaire packet, a reminder postcard, and a replacement questionnaire packet). The Content Test implemented the same methodology, mailing each piece on the same dates as the corresponding panel in the ACS. However, the Content Test did not provide a toll-free number on the printed questionnaires for respondents to call if they had questions, as the ACS does. The decision to exclude this service in the Content Test primarily reflects resource issues in developing the materials needed to train and implement the operation for a one-time test. However, excluding this telephone assistance allows us to collect data that reflects the respondent's interpretation and response without the aid of a trained Census Bureau interviewer.

The ACS follows-up with mail nonrespondents first by Computer Assisted Telephone Interviewing (CATI) if a phone number is available, or by Computer Assisted Personal-visit Interviewing (CAPI) if the unit cannot be reached by mail or phone. For cost purposes, the ACS subsamples the mail and telephone nonrespondents for CAPI interviewing. In comparison, the Content Test went directly to CAPI data collection for mail nonrespondents, dropping the CATI data collection phase in an effort to address competing time and resource constraints for the field data collection staff. While skipping the CATI phase changes the data collection methods as compared to the ACS, eliminating CATI allowed us to meet the field data collection constraints while also maintaining the entire mail nonrespondent universe for possible CAPI follow-up. Using CATI alone for follow-up would have excluded households for whom we do not have a phone number.

The ACS also implements an edit procedure on returned mail questionnaires, identifying units for follow-up who provided incomplete information on the form, or who reported more than five people living at the address. (The ACS questionnaire only has space to collect data for five people.) This is called the Failed Edit Follow Up operation (FEFU). The ACS calls all households identified as part of the FEFU edit to collect the remaining information via a CATI

operation. The Content Test excluded this follow-up operation in favor of a content reinterview, called the Content Follow-Up (CFU). The CFU also contacts households via CATI but the CFU serves as a method to measure response error, providing critical evaluative information. The CFU operation included all households who responded by mail or CAPI and for whom we had a phone number. More information about the CFU operation follows below.

The Content Test mailed questionnaires to sampled households around December 28, 2005, coinciding with the mailing for the ACS January 2006 panel. The Content Test used an English-only mail form but the automated instruments (both CAPI and CFU) included both English and Spanish translations. Beginning February 2006, a sample of households that did not respond by mail was visited by Census Bureau field representatives in attempt to collect the data. The CAPI operations ended March 2, 2006.

3.1.2 Content Follow-Up data collection

The CFU reinterview, conducted by the Census Bureau's three telephone centers, provided a method for measuring response error. About two weeks after receiving the returned questionnaire or completed CAPI interview, the responding unit entered the CFU operation. Telephone staff completed the CFU interviews between January 17 and March 17, 2006. At the first contact with a household, interviewers asked to speak with the original respondent. If that person was not available, interviewers scheduled a callback at a time when the household member was expected to be home. If at the second contact we could not reach the original respondent, interviewers completed the interview with another adult household member.

The CFU reinterview did not replicate the full ACS interview. Rather, the CFU used the roster and basic demographic information from the original interview and only asked questions specific to the analytical needs of the Content Test. Reinterview questions were of two general formats: the same question as asked in the original interview (in some cases, modified slightly for a CATI interview), or a different set of questions providing more detail than the question(s) asked in the original interview for the same topic. For topics in which the CFU asked the same question as the original interview, the CFU asked the test or control version of the question based on the original treatment. For these cases, the goal was to measure the reliability of the answers – how often we obtained the same answer in the CFU as we did in the original mail or CAPI data collection. For topics using a different question or set of questions than the original interview, we asked the same detailed series of questions regardless of the original treatment condition. Generally, these questions were more numerous than what we could ask in the ACS. In some cases the questions came from another existing survey, for example, for labor force, we asked the labor force questions from the Current Population Survey questions. In other cases the CFU asked additional probing questions based on prior testing results, such as for health insurance. For these topics, the goal was to measure how close the original answers were to the more detailed CFU answers.

3.2 Sample Design

The sample design for the ACS Content Test consisted of a multi-stage design, with the first stage following the Census 2000 Supplementary Survey (C2SS) design for the selection of Primary Selection Units (PSUs) defined as counties or groups of counties. The first stage selection of PSUs resulted in 413 PSUs or approximately 900 counties being selected.

Within sampled PSUs, households were stratified into high and low response strata based on tract-level mail response rates to the Census 2000 long form and a stratified systematic sample of households was selected. The strata were defined such that the high response stratum contained 75 percent of the housing units that reside in tracts with the highest mail response rate. The balance of the tracts was assigned to the low response stratum. To achieve similar expected number of mail returns for the high and low response strata, 55 percent of the sample was allocated to the low response strata and 45 percent to the high response strata.

A two-stage sampling technique was used to help contain field costs for CAPI data collection. The initial sample of PSUs was sorted by percentage of foreign-born population since the majority of that target population responds via CAPI. At least one item undergoing testing in the content test required an adequate sample of this population. The 20 PSUs with the highest percentage of foreign-born population were included with certainty and the remaining PSUs were sampled at a rate of 1 in 3. For the second stage, mail nonresponding households were sampled at a rate of 1 in 2 within the top 20 PSUs and at a sampling rate of 2 in 3 within the remaining PSUs. The final design designated 151 PSUs be included in the CAPI workload.

In the majority of PSUs, we assigned cases to both the control and test groups. To maintain field data collection costs and efficiencies, PSUs with an expected CAPI workload of less than 10 sampled addresses had all of their work assigned to only one treatment (either control or test). The PSUs were allocated to the two groups such that the aggregated PSU characteristics between the two groups are similar for employment, foreign born, high school graduates, disabled, poverty status, tenure, and Hispanic origin. For more information on the 2006 ACS Content Test sample design, see Asiala (2006).

There was no sampling for CFU. A CFU interview was attempted for all responding households to the Content Test for which we had a phone number.

3.3 Health Insurance Evaluation Methodology

The evaluation of health insurance questions on the Content Test differs from many of the other items being tested in that there was no true “control” version of the questions. That is because this is new proposed content to the ACS. So the focus of the evaluation is to examine which of the two questionnaire styles that were tested results in superior health insurance coverage estimates. As noted above, Version II of the questions tested uses a screener question that asks whether a respondent is covered by any type of health insurance/coverage plan. Respondents answering “yes” to this question are then asked to specify the type(s) of insurance/coverage.

Version I asks respondents to respond “yes” or “no” to a series of questions on specific types of insurance/coverage, without an initial screening question.

Since no one really knows the “truth” about whether people are covered by insurance, it was important to carefully design the CFU questions on heath insurance so that the CFU could, to the extent possible, serve as a vehicle for examining how well these two very different questionnaire patterns worked. The CFU questions for health insurance were more detailed and comprehensive than the questions that were used in either version of the Content Test. A critical evaluation component was to examine which set of Content Test questions yielded results that were most comparable to the more comprehensive set of CFU questions. Since underreporting of public coverage (notably Medicaid) is a problem shared by all surveys that ask about insurance coverage, it is particularly important to examine which set of questions results in more accurate estimates of public coverage. But it should also be recognized that since private coverage (notably coverage through employers, either as a policyholder or as a dependent) is the predominant type of health insurance coverage in the U.S., no set of heath insurance questions could be successful unless it captures private coverage well.

4. LIMITATIONS

4.1 General Content Test and Content Follow Up Limitations

As noted in section 3.1, Data Collection Methods, the Content Test maintained the same general mail data collection methodology as the ACS, but differed in the mail nonresponse follow-up operations. In general the deviations did not impact the validity of the results, and in many cases increased the effectiveness of the testing. However, some aspects of the Content Test implementation should be considered in evaluating the data.

- As noted, the Content Test did not include CATI data collection in order to meet field data collection constraints. While the design of the Content Test allowed all sampled housing units an opportunity to participate even without CATI, questions administered differently over the phone did not get the benefit of a full CATI operation (though some of the CAPI interviews actually do occur by phone). However, since only ten percent of ACS data is collected by CATI and CATI interviewers are trained to help respondents understand question intent and response categories, overall ACS data quality should not suffer when questions are implemented using CATI.

- Though the test design required that field interviewers work only control or only test cases, interviewers in both conditions worked regular ACS production interviews at the same time they completed the Content Test cases. By design the control instrument very closely replicated the ACS production instrument, only differing in the addition of the three newly proposed topics. As a result, interviewers in the test condition had to learn and use two very different instruments, while control interviewers used basically the same instrument between their Content Test cases and ACS production. Thus, test interviewers experienced more challenges in completing their overall caseload. Interviewer debriefing suggested that test interviewers had some difficulty dealing with the two very different instruments simultaneously which may have some impact on the administration of the test version.

- On the first day of CFU interviewing, we discovered a usability problem with the CFU instrument. Left unaddressed, the usability problem could have potentially impacted comparisons between the Content Test and CFU responses when looking specifically at gross difference rate or simple response variance calculations. However, we immediately implemented two steps to mitigate any data problems -- a special instruction sheet to remind interviewers about how to avoid the potential problem and a procedure to report any problems to headquarters for repair. Interviewers followed the instructions and reported 90 cases to us. Post-collection processing corrected all reported errors, though it is possible that some cases went unreported.

- The CFU universe did not include non-telephone households and vacant housing units. This only affects those question topics included in the CFU study that are related to the non-telephone household or vacant universes.

4.2 Limitations Related to the Analysis of Health Insurance Questions on the Content Test

To our knowledge, health insurance questions have never been asked on a major federal mailout/mailback survey. Thus, there was no standard set of questions to use as a starting point. As a result, while most other subject areas were able to build their test questions from existing questions that had already been asked in a mailout/mailback survey, the health insurance area did not have that luxury. Thus, the questions that this report recommends are likely to have less of a history under a production environment than the other recommendations from other subject areas.

Also, the analysis in this report is based on a few key assumptions. One is that since the CFU used a more detailed and comprehensive set of questions, a lower net difference rate between the CT and the CFU necessarily indicates superiority of a question set. Another is the implicit assumption that since the health insurance questions in the Content Test are less detailed than the questions used by most national surveys, underreporting of health insurance coverage is a great concern. Thus, the set of questions generating higher estimates of coverage is assumed to be superior. However, as we really don't know the true health insurance coverage status of the survey respondents, we don't know with certainly whether these two assumptions are completely correct.

5. RESULTS

5.1 Response to the Content Test and Content Follow-Up

Control and test treatment groups obtained equivalent response rates overall, and for each mode of collection. Similarly, response to the Content Test is comparable to response for the production ACS.

The table below gives the weighted response rates for each data collection operation and a test of differences between the control and test groups. The overall response rate reflects the final response to the initial data collection (mail and CAPI only). There were no significant differences between response rates for the control and test groups. Note that the denominator for each calculation included only eligible cases for each mode.

Table 1. Content Test Response Rates, Control vs. Test

Response Rate	Total (%)	Control (%)	Test (%)	Difference (%)	Margin of Error (%)	Significant
Overall response rate	95.7	95.8	95.5	-0.3	± 0.9	No
Mail response rate	51.3	51.5	51.2	-0.3	± 2.2	No
CAPI response rate	92.4	92.6	92.1	-0.4	± 1.7	No
CFU response rate	76.2	75.9	76.4	0.5	± 1.6	No

5.2 Which of the following two approaches for asking about health insurance/coverage results in more accurate estimates of insurance?

This question addresses the quality of the data generated by the two sets of questions by comparing the Content Test and CFU results in terms of net difference rates, direct estimates of the insured/uninsured, and the percentage of cases for which health insurance type cannot be determined. The net difference rate (NDR) is used when we assume the Content Follow Up interview, which asks more questions and collects more detailed data about a topic, provides a better measure than the control or test versions of a question. The NDR reflects the net change between the original response and the response given for the more detailed CFU questions. In other words, since we assume the CFU provides better data, the NDR indicates to what extent the test or control version of a question over- or underestimates the topic (or category) of interest. Relative to the CFU estimate, an NDR with a negative value indicates an underestimate and a positive value indicates an overestimate. An NDR that does not statistically differ from "0" indicates that the question asked in the original test or control interview produces results similar to the more detailed question set asked in CFU. In other words, the question should not result in a systematic over- or underestimate of the topic (or category) of interest.

For the purpose of this evaluation, analysts compared the NDR calculated for Version II to that of Version I to assess which version of the question resulted in more systematic error, regardless of whether the error reflected an over- or underestimate. Thus, the analysis also provides the "Absolute Net Difference" rate by taking the absolute value of the NDR for Version I and Version II.

Clearly, Version I of the questionnaire was superior in terms of the net difference rate between the Content Test and the CFU (see Table 2). Overall, the net difference rate for Version I was –1.0 percent, compared with -2.1 percent for Version II. By age, there were two groups with statistically significant differences between the net difference rates of Version I and Version II (those between the ages of 45 and 64 and those aged 65 or older). For both of these groups, Version I was superior to Version II. By employment status, the only group for which there was a significant difference between Version I and Version II was employed persons, where once more the Version I net difference rate of -0.5 percent was superior to the Version II rate of -1.6 percent.

Table 2. Health Insurance Status Content Followup Comparison Statistics, Version I vs. Version II

Item	Net Difference Rate					Gross Difference Rate				
	Version I vs. CFU (%)	Version II vs. CFU (%)	Diff* |T|-|C| (%)	Marg Err (%)	Signif	Version I vs. CFU (%)	Version II vs. CFU (%)	Diff (%)	Marg Err (%)	Signif
All persons	-1.0	-2.1	1.1	± 0.8	Yes	2.9	4.3	1.4	± 0.7	Yes
Age										
Under 18	-2.2	-3.7	1.6	± 2.1	No	3.6	6.5	3.0	± 2.0	Yes
18-24	-1.9	-2.7	0.8	± 2.5	No	5.3	8.1	2.8	± 2.2	Yes
25-44	-1.1	-1.6	0.5	± 1.2	No	3.5	4.6	1.1	± 1.2	No
45-64	0.0	-1.7	1.7	± 0.7	Yes	2.2	2.8	0.6	± 0.8	No
65+	-0.1	-0.5	0.4	± 0.4	Yes	0.4	0.9	0.4	± 0.4	No
Employment Status										
Employed	-0.5	-1.6	1.1	± 0.7	Yes	2.6	3.5	0.9	± 0.7	Yes
Unemployed	-2.5	-2.3	-0.3	± 4.0	No	8.2	9.3	1.1	± 4.0	No
Not in Labor Force	-0.8	-1.7	0.9	± 1.1	No	2.3	3.5	1.2	± 0.9	Yes

*Difference of the absolute values of the test and control net difference rates

The net difference rates by type of coverage show virtually universal superiority for Version I (see Table 3). For private coverage, Version I had a net difference rate of –1.3 percent, while the comparable rate for Version II was –5.0 percent. For both of the components of private coverage (employment-based coverage and privately-purchased plans) Version I had superior net difference rates. This was also true for public coverage, as the net difference rate for Version I was –2.0 percent, compared with the Version II figure of -5.3 percent.

Table 3. Health Insurance Type Content Followup Comparison Statistics, Version I vs. Version II

Item	Net Difference Rate					Gross Difference Rate				
	Version I vs. CFU (%)	Version II vs. CFU (%)	Diff* |T|-|C| (%)	Marg Err (%)	Signif	Version I vs. CFU (%)	Version II vs. CFU (%)	Diff (%)	Marg Err (%)	Signif
Private Coverage	-1.3	-5.0	3.7	± 1.2	Yes	7.1	9.8	2.6	± 1.1	Yes
Employer Coverage	-2.2	-5.3	3.1	± 1.1	Yes	8.1	9.4	1.3	± 1.2	Yes
Purchased Coverage	-0.1	-6.9	6.8	± 1.2	Yes	15.7	13.4	-2.3	± 1.3	Yes
Government Coverage	-2.0	-5.3	3.3	± 0.9	Yes	5.1	7.3	2.2	± 0.9	Yes
Medicare	-1.4	-4.2	2.8	± 0.6	Yes	2.8	5.2	2.4	± 0.6	Yes
Medicaid	-0.4	-2.0	1.6	± 0.9	Yes	4.4	5.3	0.9	± 0.8	Yes
TRICARE	-0.4	-0.7	0.3	± 0.4	No	0.8	1.0	0.2	± 0.4	No
VA	-1.0	-1.4	0.4	± 0.4	Yes	1.9	1.9	0.0	± 0.4	No
Indian Health Service	0.0	-0.3	0.2	± 0.1	Yes	0.2	0.3	0.1	± 0.1	No
Other Coverage	-0.4	-3.9	3.5	± 1.1	Yes	9.2	6.4	-2.8	± 1.0	Yes

*Difference of the absolute values of the test and control net difference rates

A direct comparison of the percentage of persons insured between the two questionnaires shows that the overall health insurance coverage rate for Version I (86.1 percent) was not statistically different from the Version II coverage rate (see Table 4). By age, only those who were 65 years of age or older had a significantly different coverage rate between versions (99.3 percent for Version I and 98.1 percent for Version II). By employment status, none of the health coverage rates were statistically different between versions.

Table 4. Reported Health Insurance Coverage by Selected Content Test Characteristics

	Version I (%)	Version II (%)	Difference (%)	Margin of Error (%)	Significant
All persons	86.1	85.5	-0.6	± 1.2	No
Age					
Under 18	89.5	88.6	-1.0	± 2.2	No
18-24	68.7	70.0	1.3	± 4.6	No
25-44	78.8	78.3	-0.5	± 2.3	No
45-64	89.6	88.6	-1.0	± 1.4	No
65+	99.3	98.1	-1.2	± 0.8	Yes
Employment Status					
Employed	85.5	85.1	-0.5	± 1.4	No
Unemployed	55.2	55.6	0.4	± 7.7	No
Not in Labor Force	86.2	86.4	0.2	± 1.9	No

Table 4 also provides information on a key inclusion criteria element, which is whether the coverage estimates from the Content Test approximate those from national surveys. The key statistic for health coverage is the percent of people with some kind of insurance. While the results of the Content Test are not strictly comparable to those of national surveys, it is important to note that the percentage of people with some kind of coverage at the time of the Content Test survey (both versions were around 86 percent) is reasonable. For example, in the 2005 National Health Interview Survey (NHIS), 86 percent of persons reported some kind of coverage at the time of the survey (see http://www.cdc.gov/nchs/data/nhis/earlyrelease/200606_01.pdf).

The other part of this research question addresses the issue of data quality by examining which version results in a lower percentage of cases for which coverage type could not be determined. Both versions of the questions utilize an “other coverage” category, for respondents to indicate that they were covered by a type of insurance other then the seven listed types (though sometimes respondents also use this item to provide more information about a type of insurance that was reported elsewhere). If either of these versions resulted in a large number of cases in which type of insurance could not be classified (because respondents reported “other “ insurance and the Bureau was unable to classify that coverage into one of the seven types of insurance), the resulting dataset would be less useful to analysts. After coding write-in responses to “other” insurance both versions produced a negligible number of cases for which type of coverage is unclassifiable (see Table 6). However, prior to coding, the number of responses to “other”

insurance in Version I (5.2 percent) was significantly higher than in Version II (1.6 percent). This indicates that respondents tend to use the "other" insurance category more in Version I than in Version II, but responses to Version I can be coded as easily as responses to Version II. This may be a function of the check-all-that-apply format in Version I. In addition, increased interviewer training on this topic could limit the number of CAPI responses to "other" insurance. More than half of the responses to "other" insurance in Version I came from CAPI.

5.3 Which of the two methods for asking the question results in greater reporting (i.e., less under-reporting) of public health care?

This question addresses the issue of data quality by examining which approach yields estimates of public health coverage that are closer to the more detailed CFU questions (as measured by the net difference rate). It also addresses this issue by directly comparing the numbers of persons covered by public health plans between the two approaches.

As noted above, in terms of net difference rate for public coverage between the CT and CFU, Version I was superior (see Table 3). The types of government coverage with superior net difference rates in Version I were Medicare, Medicaid, VA coverage, and Indian Health Service coverage.

Table 5 shows more details on the differences in public health coverage reporting between the two approaches between the CT and the CFU. The table shows that 3.5 percent of Version I respondents answered "no" to public health coverage on the CT and "yes" on the more comprehensive CFU questions. This was lower than the comparable percentage on Version II (6.3 percent), providing another indication that Version I respondents were more likely to consistently report public health coverage. This difference also implies that there was less under-reporting of public health care in Version I, compared with Version II.

Table 5. Type of Coverage Results for the Content Test and Reinterview

Coverage Type	Version I: Yes Followup: Yes	Version I: No Followup: Yes	Version II: Yes Followup: Yes	Version II: No Followup: Yes
Private Coverage	70.3%	4.2%	67.6%	7.4%
Employer Coverage	59.5%	5.2%	57.3%	7.4%
Purchased Coverage	9.0%	7.9%	8.0%	10.1%
Government Coverage	24.8%	3.5%	22.5%	6.3%
Medicare	13.7%	2.1%	12.0%	4.7%
Medicaid	8.2%	2.4%	8.2%	3.6%
TRICARE	2.9%	0.6%	1.8%	0.8%
VA	1.9%	1.4%	1.0%	1.6%
Indian Health Service	0.3%	0.1%	0.1%	0.3%
Other Coverage	0.8%	4.8%	0.2%	5.2%

Indeed, Table 6 shows that there are higher levels of reported coverage for almost all of the types of public health insurance plans in Version I. These differences result in a larger proportion of

people reporting any public coverage in Version I (26.2 percent, compared to 23.2 percent for Version II). Version I had a higher percentage of persons covered by Medicare, TRICARE, and VA coverage, while there was no statistical difference in the percentages covered by Medicaid and Indian Health Service between the two versions.

Table 6. Distribution of Health Insurance Types, Version I vs. Version II

	Version I (%)	Version II (%)	Difference (%)	Margin of Error (%)	Significant
Private Coverage	70.7	67.2	-3.5	± 1.7	Yes
Employer Coverage	59.8	57.6	-2.2	± 1.8	Yes
Purchased Coverage	17.3	10.2	-7.1	± 1.2	Yes
Government Coverage	26.2	23.2	-3.1	± 1.4	Yes
Medicare	13.9	11.3	-2.5	± 0.8	Yes
Medicaid	11.3	10.7	-0.6	± 1.2	No
TRICARE	2.8	1.8	-1.0	± 0.6	Yes
VA	2.2	1.1	-1.1	± 0.4	Yes
Indian Health Service	0.4	0.3	-0.1	± 0.2	No
Other Coverage	0.2	0.1	-0.2	± 0.1	Yes

While it was not explicitly part of this research question, it is also worth noting that the advantages of Version I as an instrument for measuring public coverage on the ACS also held true for private coverage. The net difference rates for private coverage were superior in Version I (see Table 3). The overall private coverage net difference rate on Version I was superior, as well as the net difference rates for both of the components of private coverage (employer coverage and privately-purchased plans). Also, the reported rates of private coverage were higher, both in terms of overall coverage and in terms of the components of private coverage (see Table 6).

Clearly, in terms of net difference rates and direct comparisons between the results of the two sets of questions, Version I performed better for most types of coverage, both public and private.

5.4 Which of the two methods results in the least amount of item nonresponse?

This question addresses the issue of data quality by comparing item nonresponse rates of the two approaches. As indicated in Table 7, the item nonresponse rate for coverage (whether a respondent was covered by any type of insurance) on Version II (3.5 percent) was significantly lower than the comparable rate for Version I (4.7 percent). As the table also shows, this difference may be a reflection of differences in nonresponse rates in high response areas, as Version II had a lower nonresponse rate than Version I in these areas, while the two rates were not different in low response areas.

Table 7. Health Insurance Item Nonresponse Rates, Version I vs. Version II

Strata	Version I (%)	Version II (%)	Difference (%)	Margin of Error (%)	Significant
Health Insurance Coverage					
National	4.7	3.5	-1.2	± 0.6	Yes
HRA	4.5	2.9	-1.6	± 0.7	Yes
LRA	5.3	5.3	0.0	± 0.9	No
Health Insurance Type					
National	18.0	18.9	0.9	± 1.2	No
HRA	15.4	15.4	0.0	± 1.5	No
LRA	27.0	30.4	3.4	± 1.8	Yes

The lower nonresponse rate for Version II is not surprising. In Version I, all respondents (whether they are covered or not) have to respond to eight answers ("yes" or "no" for each coverage type) in order to be assured that they will be counted as a respondent. In Version II, those who are not covered must only respond to one item and those who are covered must only respond to one item plus at least one other item (insurance type) to be assured they will be counted as a respondent. Thus, it is not surprising that Version I, with its higher level of respondent burden, has a higher nonresponse rate. The critical issue is whether this increased burden translates into improved estimates of coverage.

Table 7 also looks at the type of coverage nonresponse rate (this represents all people who did not indicate a coverage type). The type of coverage nonresponse rate on Version I (18.0 percent) was not statistically different from Version II.

5.5 Inclusion Criteria:

The inclusion criteria clearly favor Version I. While both versions result in coverage estimates that approximate national surveys, and both versions have coverage nonresponse rates of less than 10 percent, Version I has lower net difference rates for both overall coverage and public health coverage.

6. SUMMARY OF EMPIRICAL RESULTS

Based on selection criteria for research question 1 (lower net difference rate, higher estimate of those with insurance, and lower percentage of cases for which coverage type cannot be determined), the results favor Version I, as that version clearly has lower net difference rates, both for overall health coverage and for coverage by most types of insurance.

Based on the selection criteria for research question 2 (larger estimates of public health insurance coverage and lower net difference rates for public coverage), the results strongly favor Version I. On both criteria, Version I was superior to Version II

Based on selection criterion for research question 3 (lower nonresponse rates) the results were mixed, as 1) Version II had a lower nonresponse rate for coverage/noncoverage, and 2) nonresponse rates for type of coverage were not statistically different.

Based on the selection criteria of each research question, the results that are associated with the estimates of health insurance coverage themselves clearly favor Version I. The one selection criterion that favors Version II (the coverage nonresponse rate) is important, though as noted above, this finding is not surprising given the respondent burden differences between the two versions.

Version I is also the only version of the question that fits all of the inclusion criteria (except OMB approval). While both versions produce estimates of coverage that approximate national surveys and both have coverage nonresponse rates of less than 10 percent, Version I has lower net difference rates than Version II for both overall coverage and public coverage.

Thus, if it is determined that the content of the 2008 ACS should include the health insurance topic, Version I of the questions is the recommended version, as these questions result in health insurance estimates that appear to be superior to those resulting from Version II.

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Appendix A: Information Page

CONTENT TEST INFORMATION PAGE
For
HEALTH INSURANCE

Question Wording:

Version 1 (Not on Current ACS)	Version 2
a. *Is this person CURRENTLY covered by any type of health insurance or health coverage plan?* *Include insurance obtained through a job or purchased directly from an insurance company, and government health coverage such as Medicare, Medicaid, VA and military programs.* ☐ Yes ☐ No – *SKIP to question 16* b. **What type of health insurance or health coverage does this person have?** *Mark (X) all that apply.* ☐ Insurance through a current or former employer or union (of this person or another family member) ☐ Insurance purchased directly from an insurance company (by this person or another family member) ☐ Medicare, for people age 65 and older, or people with certain disabilities ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability ☐ TRICARE or other military health care ☐ VA (including those who have ever enrolled for or used VA health care) ☐ Indian Health Service ☐ Other – *Specify*	*Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?* **Mark "Yes" or "No" for EACH type of coverage in items a-h.** ***Yes No*** ***a. Insurance through a current or former employer or union (of this person or another family member)*** ☐ ☐ ***b. Insurance purchased directly from an insurance company (of this person or another family member)*** ☐ ☐ ***c. Medicare, for people age 65 and over, or people with certain disabilities*** ☐ ☐ ***d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability*** ☐ ☐ ***e. TRICARE or other military health care*** ☐ ☐ ***f. VA (including those who have ever enrolled for or used VA health care)*** ☐ ☐ ***g. Indian Health Service*** ☐ ☐ ***h. Any other type of health insurance or health coverage plan - please specify*** ☐ ☐

Research Questions & Evaluation Measures:

No.	Research Questions	Evaluation Measures
1.	Which of the following two approaches for asking about health insurance/coverage results in more accurate estimates of insured? o two questions with the first being a global screener asking for any type of health insurance or coverage o single question that asks to indicate if covered by specific types of insurance or coverage plans.	o Compare direct estimates of 'insured/uninsured' o Net difference rate between two different versions (based on answers to more detailed content follow-up questions); o Comparison of percentage of responses for which health insurance coverage type cannot be determined between the two methods
2.	Which of the two methods for asking the question result in greater reporting (i.e., less under-reporting) of public health care coverage?	Compare direct estimate of public health coverage between the two methods; and Net difference rate for public health care coverage between the two methods
3.	Which of the two methods results in the least amount of item non-response?	Compare item nonresponse rates between the two methods

Selection Criteria:

Research Q	Criteria
1.	The method that has the smallest net difference rate for insured/uninsured, the highest (or equal) estimate of insured and the lowest (or no greater) proportion of cases for which health insurance type cannot be determined. However, in the case where not all three of the conditions are met, the evaluation will focus on the net difference rate as the most critical of these three measures.
2.	The method with the largest estimate of public health care coverage AND the smallest (or no greater) net difference rate for public health care coverage. As with the previous set of measures, if both of these conditions are not met, the net difference rate will serve as the most critical evaluation measure.
3.	The method with the lowest (or no greater) item-nonresponse rate, assuming the method also meets the above two criteria.

To include the topic: Approval granted and the estimate of insured/uninsured approximates estimates from other national surveys

The selected version of the question will meet the following minimum criteria:

- a net difference rate for overall insured statistically lower than the other version, and
- a net difference rate for public health care coverage statistically lower than the other version, and
- the proportion of undetermined health insurance status (missing data) does not exceed 10% (the highest item allocation rate reported for demographic items in the 2004 ACS, excluding income

Appendix B: Westat Cognitive Testing Report

Cognitive Testing of Proposed Items on Veteran Status and Health Insurance Coverage for the American Community Survey

Final Report

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TABLE OF CONTENTS

Page

1. BACKGROUND 1

2. METHODS 2
   2.1 Confidentiality 2
   2.2 Recruitment 2
   2.3 Participants 3
   2.4 Protocol Development 4
   2.5 Interview Procedures 5

3. RESULTS AND RECOMMENDATIONS 6
   3.1 Key Findings 6
   3.2 Question by Question Findings and Recommendations 7
   3.3 Reporting Current Coverage 7
   3.4 Reporting Health Insurance Type 9
   3.5 Reporting Active Duty Status 13
   3.6 Reporting Active Duty: Period of Service 16
   3.7 Reporting Disability Rating 19
   3.8 Reporting Disability Compensation 22

APPENDICES

A: Health Insurance Coverage and Veteran Status Items Tested 24
B: Recruiting Screener 29
C: Cognitive Interview Guide (Mail and Telephone Versions) 31

1. BACKGROUND

In January 2005, the U.S. Census Bureau began working toward full implementation of the American Community Survey (ACS). At full implementation, the ACS will be the largest household survey in the United States. It will provide annual estimates of important demographic, socio-demographic and housing characteristics for the nation, states, and counties. The ACS will use a multimode data collection with the initial mode administered by mail to about 250,000 addresses, the follow-up mode by a Computer-Assisted Telephone Instrument CATI, and a subsample of the remaining nonresponse by personal interviews (CAPI). During March 2005, Westat conducted cognitive interviews to test questions that will appear on future rounds of the ACS.

Two health insurance items are new to the ACS questionnaire. Responses to these health insurance questions will provide estimates of the number of insured vs. uninsured in the population and, for those who are insured, the general categories of health coverage they have.

This cognitive interviewing task focused on how respondents with past and/or current military service would interpret items about veteran status and health insurance coverage. The Census Bureau provides these item responses to the Department of Veteran Affairs (VA). The VA needs precise and accurate estimates of veteran status and related characteristics in order to make budgeting and planning decisions. Other changes, both in the legislative arena and in the composition of the military, will affect VA programs, e.g., provision of health care and disability compensation.

The purpose of this test was to investigate potential sources of measurement error. The Census Bureau and VA wanted to learn whether respondents understand the questions and response categories as the Bureau intends. Specifically, we investigated whether respondents had difficulty with the question phrasing, terminology, and/or the reference periods used in the questions. We tested the focal survey items across three different versions of the ACS questionnaire: paper version 1, paper version 2, and the CATI version.

Appendix A presents the questions on health insurance coverage and veteran status tested in this study, for both the mail and telephone modes.

2. METHODS

2.1 Confidentiality

Information generated during the interviews was confidential and handled in accordance with the guidelines and regulations of Title 13, United States Code. All cognitive interviews were conducted in a designated room with restricted access; all materials generated by the interviews were kept in a locked cabinet in a locked room. Designated computers were available for the interviewers to write up their notes. All Westat staff members working on the project, including those who conducted the recruiting, were required to pass a Census Bureau security clearance and obtain a certificate for completing an on-line tutorial ("Safeguarding Census Bureau Confidential Data") about handling Title 13 data before they could begin work on the project. All recruiting also followed Title 13 regulations (confidentiality of the list protected, etc.). All staff assigned to this project worked in accordance with Title 13 regulations.

2.2 Recruitment

The VA specified seven distinct types of respondents to recruit for the testing, with target numbers for each type. See Table 2-1 below for these type definitions. The VA generated two lists of potential respondents for the Census Bureau and Westat. One list consisted of active service persons (Types 1-3) and the other list consisted of those receiving benefits (Types 4-7). The list of active service persons contained approximately 400 names with contact information. The list of those receiving benefits contained approximately 500 names with contact information. All of the persons on the list were located within a 40-60 mile radius of the Washington, DC metropolitan area. The list was relatively clean and had a high percentage of correct information.

Table 2-1
Participant Types

Type	Definition of type by VA classification
Type 1	Active duty with a prior discharge
Type 2	National Guard or Reserves, training only
Type 3	National Guard or Reserves, federally activated
Type 4	One Service-Connected disability
Type 5	Multiple Service-Connected disabilities
Type 6	Rated unemployable
Type 7	Rating greater than 0%, opt for no compensation

The Westat recruiter first called the area codes and exchanges that were geographically closest to Westat, then proceeded to canvass the outlying areas. We found that only those directly inside the DC metropolitan area were willing to travel to Westat's campus in Rockville, MD. Those in the outlying areas (e.g., Howard County,

MD; Frederick County, MD; and Prince William County, VA) declined participation because of the travel time involved. For the most part, our participants came from the Washington, DC, Montgomery County, MD, and Fairfax County, VA regions.

The Westat recruiter called individuals on the list, administered the screener (included in Appendix B), and set the appointments for people who agreed to participate. There were recruitment targets for each service category (i.e., the types) and version of the instrument. Table 2-2 shows the actual number recruited for each service category and survey version, with the recruitment targets in parentheses.

Over half of all scheduled appointments failed to report for their scheduled interview, resulting in a no show rate of 52%. In addition, there were numerous cancellations which were not included in the no-show rate.

Table 2-2
Respondent Groups by Mode of Cognitive Interview

Version	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7
1	3(3)	3(3)	2(3)	2(2)	2(2)	1(1)	1(2)
2	4(3)	2(3)	3(3)	1(2)	3(2)	0(1)	1(0)
CATI	1(2)	2(2)	3(2)	2(2)	1(0)	0(0)	2(2)
total	8	7	8	5	6	1	4

Thirty-nine respondents (of the target total 40) were recruited and interviewed. Thirty-six were from the list provided by the VA; the remaining three were recruited by flyers, Internet advertisements, and networking on the part of Westat staff. Interviewees received a $40 incentive for their participation.

2.3 Participants

Table 2-3 presents the demographic and educational characteristics of the respondents.

Table 2-3
Demographic Summary of Cognitive Interview Participants

Demographic Characteristic	Number of Respondents
Gender	
Male	31
Female	8
Age	
30-39	10
40-49	9
50-59	11
60-69	5
70 and older	3
unknown	1
Education Completed	
12th Grade-No Diploma/High School Graduate/GED	6
Some college credit, no degree	8
Associate's degree	3
Bachelor's degree	9
Master's degree or higher	12
Unknown	1
Race/Ethnicity	
White	22
Black/African-American	12
Black/African-American, American Indian	1
White or other Spanish/Hispanic/Latino	1
Korean	1
Unknown	2

A few respondents identified themselves during the interviews as a different type classification than listed by the VA. These discrepancies were:

- Two respondents who were classified as Type 7s self-reported as a 4 or 5.
- Two respondents who were classified as Type 2s self-reported as a Type 3.
- One Type 4 responded as a Type 1.

2.4 Protocol Development

The VA and Census provided an outline of research questions and an explanation of potential issues that military and veteran respondents were expected to have with each

of the ACS items identified for testing. We discussed these issues in detail at the kick-off meeting held at the Census Bureau.

Westat staff used the provided materials and notes from the kick-off meeting to draft a protocol for each version of the questionnaire. Each protocol listed two types of probes. Concurrent probes were provided for cognitive interviewers to use only under circumstances where a respondent was very confused by an item, changed an answer, paused for a very long time, responded "I don't know" to an item, or asked a question. These probes were very general, to get the respondent to articulate the problem as it occurred in real time. Retrospective probes were written such that an interviewer could cover the research questions and select the probes that were applicable to the particular respondent.

The insurance items were the same across the two paper versions and CATI version, so the probes were the same. Probes for the military service items were tailored for the variations across the two paper and CATI versions. These drafts were sent to both the Census and VA for review and comment. A conference call between Westat, VA, and Census was held to discuss the probes. Westat finalized these protocols; copies of the protocol are provided in Appendix C. The cognitive interviewers were trained to use the protocols, stressing the use of probes to address research questions. Staff then took turns playing the roles of interviewer and respondents, based on the seven respondent types identified by the VA.

2.5 Interview Procedures

Six cognitive interviewers from Westat participated in this study. All interviewers were survey methodologists with extensive experience in cognitive methods testing. They used a think-aloud protocol with retrospective probing. Interviewers were instructed to avoid concurrent probing to the extent possible so as not to contaminate the respondent's thought processes.

All in-person interviews were conducted on Westat's campus in Rockville, MD. Most of the CATI interviewers were conducted over the telephone with the respondent coming to Westat and then being called on the telephone by the methodologist who was in a separate room. For three of the CATI interviews, the respondent remained in his/her home and the methodologist called his/her home number.

To start the session, the interviewer used a script to explain the purpose of the study, its sponsors, the voluntary nature, and the role of the respondent. The respondent was also asked to read and sign a consent form. All interviews were audio-taped; the respondent's permission was captured at the beginning of each tape. At the conclusion of the interview, the interviewer asked the respondent whether he/she had any questions, then asked him/her to sign the incentive receipt.

For the two paper versions, the respondent read the questions aloud while working through the instrument. The respondent was also asked to verbalize his/her thoughts and reactions while working through the instrument, specifically any problems, confusions, ambiguities, and so forth that a question presented. The respondent worked through the entire instrument, providing information for him/herself and one other family member. As described above, the interviewer only probed concurrently if there was a marked problem, to reduce cognitive contamination that can result from frequent interruption of a respondent's train of thought. After the respondent worked through the survey, the interviewer asked the respondent to look back at the items of interest for the test and administered the retrospective probes for those items.

For the CATI version sessions, the respondents were also instructed to think aloud and provide answers to all items for him/herself and one other family member. However, to simulate the CATI experience, the interviewer went to a nearby room after providing the introductory information. The interviewer called the respondent on the telephone and read the survey items and responses aloud, recording the respondent's response choices. (For the three sessions where the respondent was at home rather than at Westat, the interviewer conducted all parts of the session by phone.)

For all sessions, once the respondent had completed the entire instrument, the retrospective probing started. For the CATI sessions, the interviewer returned to the room to conduct this part of the session face-to-face. In addition to covering the research issues and probing to understand each respondent's unique context, the interviewer addressed items where nonverbal expressions had been noted.

Two interviews were observed by Census and VA staff. Written summaries of all interviews and the tape recordings were delivered to the Census Bureau.

3. RESULTS AND RECOMMENDATIONS

3.1 Key Findings

Cognitive testing produced two sets of findings – general and item-specific. This section begins by presenting general findings that applied across multiple items that we tested. Then, we present detailed findings that were specific to individual items.

- The items generally function as intended. However, participants identified some terminology which either elicited a negative response or caused some confusion. Some Veterans reacted negatively when they found their health benefit program grouped with poverty-related entitlement programs.

- Several respondents either misread or skipped parts of questions and directions. For example, several respondents missed the instruction to *"Mark All that Apply,"* and stopped selecting responses after finding the first satisfactory answer choice that applied. This resulted in an under-count of events (e.g., health insurance coverage).

- While most Veterans excluded DD214s when considering their discharge status, others did not. Previous experience filling out surveys cued Veterans to reference either an Honorable Discharge in some cases, or a break in service in others.

- Qualifying clauses, especially at the end of a question, were often skipped by respondents. Participants expressed concern about the amount of reading required for the tested items.

- Veterans were able to report their service-connected disability rating to both an open-ended and closed-ended question.

3.2 Question by Question Findings and Recommendations

This section documents item-specific results for each section of the questionnaire. We have placed the test versions of the questionnaire text with each set of item-specific results to make the results easier to follow.

3.3 Reporting Current Coverage

15a. Are you CURRENTLY covered by any type of health insurance? *Include insurance obtained through a job or purchased directly from an insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.*

Yes
No-*Skip to F*

This item is identical across all three versions, 15a in Versions 1 and 2, and 17a in CATI.

Purpose of Item and Initial Response Issues:

This health insurance question and its follow-up were included to collect information on health insurance coverage. These items are not specific to veterans. They will be used to collect health insurance information for all ACS respondents. This is

important to note because consideration of changes has to be made within the context of collecting insurance information for both those with and without military coverage.

The initial issues identified by the VA and Census were to ascertain:

1) How respondents interpret the question generally;

2) What the phrases "currently covered," "any type of health insurance," and "government health insurance" mean to Veterans;

3) What terminology respondents use to refer to their military/Veteran health care coverage; and

4) Whether the italicized instruction in the question stem is read and correctly interpreted, that is, whether respondents use it in selecting their responses to the question.

Findings:

- Respondents generally understood the question, and were not confused by the phrase "currently covered."

- Some respondents had problems with some of the terminology and the italicized instruction.

- "Government health insurance" was not perceived as preferred terminology by Veterans.

  - This phrasing conjures up images of welfare or poverty-related entitlement programs -- in marked contrast to Veteran benefits. Veteran respondents feel entitled to their benefits in recognition of service and sacrifice.

  - Other interpretations of "government benefits" included FEHBP, the health insurance program for federal government workers and retirees.

  - One respondent considered *life* insurance to be "any type of health insurance."

  - Some Veterans were confused by the listing of the VA alongside health insurance options, e.g., "VA is not health insurance, why is it lumped with the others?"

- Some respondents omitted reading or glossed over the italicized instruction, because they felt they understood the question intent and did not require any further clarification, because they turned their focus toward responding to the item, or because the sentence was too long.

- One respondent suggested re-wording the italicized portion and using the conjunction "or" in a parallel fashion to alert respondents that another response category is present: "*or* government health insurance programs …..."

- One respondent who did not read the second sentence when answering the questionnaire felt the italicized sentence was "not harmful, but [he didn't] think it was necessary."

- Currently, only a comma serves to separate "VA and military programs" from "Medicare, Medicaid."

- The terminology some military personnel prefer is "benefit," "program," or "system" instead of insurance.

Recommendations:

- It would be helpful if the instruction in the question stands out visually, either on a separate line or in different font (other than Italics).

- The findings suggest that a revision of this item should employ parallel construction and separate the insurance alternatives. Using a semi-colon instead of a comma might serve to distinguish the grouping of VA and military programs from Medicare and Medicaid. Even though the funding source is the same for these programs, respondents regard them differently, and 'skimmed past' the relevant answer option as currently grouped. This alternate wording would make the categories more meaningful for Veteran and military respondents:

  "Include insurance obtained through a job or purchased directly from an insurance company; Medicare, Medicaid; or other government health program such as TRICARE or the VA."

3.4 Reporting Health Insurance Type

15b. What type of health insurance do you have? *Mark [X] all that apply.*

- Insurance through a current or former employer or union (of this person or another family member)
- Insurance purchased directly from an insurance company (by this person or another family member)
- Medicare, for people age 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE, CHAMPUS or other military care
- VA or CHAMPVA (including those who have ever enrolled for or used VA health care)
- Indian Health Service
- Insurance that covers just one type of care (for example: dental, accident, nursing home care plans)
- Other-Specify

This item is identical across all three versions as 15b in Versions 1 and 2, and 17b in CATI.

Purpose of Item and Initial Response Issues:

Military and Veterans obtain health coverage through a health provider (at military or Veteran health care facilities) rather than obtaining coverage through a contract with a health insurance organization. This may affect how Veterans think about the type of coverage they have. This item was tested to determine how Veteran and military respondents interpret the various response options and select one or more insurance types for their response. It was of interest to find out whether Veterans who had either used or officially enrolled in VA (or CHAMPVA) -- but have not used it recently or ever -- report that they do have health coverage. A concern was also whether military who use currently use private insurance and who have previously received treatment at a VA hospital indicate coverage by the VA.

Findings:

- The response categories proved problematic in that respondents tended to report the health insurance coverage that they use or access <u>currently</u>. Because the categories are complex and included much verbiage, there is a tendency to underreport military-related insurance coverage. Thirty-seven of 39 respondents said they had insurance. Though two reported no insurance, they actually had military coverage. And although 37 respondents reported

having coverage, most did not list *all* of their coverage. Sources of under-reporting included the following:

- Respondents with single-type health care did not select more than one type of care.

- Former military tended to report only their current coverage. They were still using the highlighted "currently" frame of reference established at15a. Four respondents who previously used VA benefits only reported the insurance they obtain through their current employer. They did not report insurance coverage through the VA even though they had used VA in the past. One veteran did not check VA but then actually showed the interviewer his VA enrollment card during the debriefing.

- Respondents did not follow the instruction to *Mark All That Apply*. Some respondents did not "see" this instruction. Others stopped scanning the list of response options once they felt they had responded to the question in a satisfactory manner and did not read the response items that were presented further down the response option list (satisficing).

- Dental plans were undercounted for two reasons. First, dental and other supplemental plans are presented near the end of the list of response options. Respondents who used a satisficing strategy did not encounter this option. Second, dental plans were often considered to be part of the primary health insurance plan, even when an additional premium payment is required. This was found to be the case with Delta Dental (considered to be part of TRICARE) as well as with commercial insurance programs.

- The supplemental response option was also the source of an over-reporting error. One participant considered his Life insurance plan to be a supplement to his private healthcare insurance since the policy was issued by the same insurer.

- Respondents reported that they were unfamiliar with some of the terminology in this item. In several cases they did not recognize CHAMPUS, and in other cases, they had heard of CHAMPUS, but knew it was defunct and felt it did not belong in this list.

- No respondent recognized CHAMVPA, not even the one participant who is a VA Benefits Counselor. The unfamiliarity served to deter at least one participant who had VA; he did not select it because it appeared with CHAMPVA. He did not check <u>any</u> options in this item, despite having said "Yes" to the previous gate question. It should be noted that no widows or dependents of Veterans, to whom this acronym would be relevant, were included in this round of cognitive testing.

- There were different interpretations of the terms “health insurance” versus “health care” versus “health coverage.” Most respondents considered the terms “health insurance” and “health care” when responding to these items. “Health coverage” was seen as a tertiary concept: “If you have health insurance, then you have coverage.” Another respondent said that coverage is what “The government or some other entity that I am not aware of would provide for me.”

  Two respondents reported having no insurance, but upon interviewer probing, indicated they have comprehensive coverage through the VA. They had coverage that they just did not consider to be ‘health insurance.

- Most military personnel preferred terminology such as “benefit,” “program,” or “system” to refer to both TRICARE and VA.

- Another respondent listed “military healthcare” under the “Other” category.

- Some respondents found “Of this person” to be a stilted or awkward phrase: “Why not just say, ‘you’?” (The CATI version employed the more familiar ‘you.’) “Or another family member” was an accepted and well-understood term.

- There were instances where a single plan prompted multiple responses. One military respondent, for example, reported TRICARE coverage both at the first response option, ‘insurance through a current employer’ and at the ‘TRICARE’ option [listed fifth] since “The military *is* my current employer.”

- In another instance, a respondent who had a disability keyed on that word and marked the ‘Medical Assistance’ option [listed fourth] after reading the accompanying description: “*any* kind of government-assistance plan for those with low incomes or a <u>disability</u>.”

- One issue that the VA wanted to address through testing was whether respondents who had insurance through a job also reported that insurance as ‘purchased directly.’ We found no instances of this across the 39 sessions.

Recommendations:

It would be desirable to revise the item to encourage respondents to read all of the options. This might involve simplifying and shortening the language of the options that are provided. It also might involve turning the item into a series of yes/no response alternatives, trying to force respondent to read each one. However, neither of these solutions can be done without considering their impact on the primary purpose of this item, which is to collect health insurance coverage information for the entire population –

not just veterans. With this in mind, our recommendations for this item are the following:

- Move item 15a so that it is positioned together with 15b on the same page. The instruction to include VA and military programs at 15a would then be visually available to respondents at 15b.

- Omit CHAMPVA, as none of these respondents had ever heard of it. (Note, however, that we did not interview widows or dependents of Veterans.)

- Omit CHAMPUS, as it no longer exists. Older Veterans should be able to select "TRICARE or other military care."

3.5 Reporting Active Duty Status

Question 21 Version 1

Have you ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard. Mark [X] one box.*

- Now on active duty, WITH a prior discharge
- On active duty during the last 12 months, but not now
- On active duty in the past, but not during the last 12 months
- Training for Reserves or National Guard only-*Skip to question 23*
- Never served in the military-*Skip to questions for next person*

Question 21 Version 2

a. Has this person ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard.*

- Yes
- No, Reserves or National Guard training only-*Skip to question 23*
- No, never served in the military-*Skip to next person*

b. This person's active duty status is:

- Currently active WITH a prior discharge
- Currently active WITHOUT a prior discharge
- On active duty in the last 12 months, but not now
- On active duty in the past, but not in the last 12 months

Question 23 CATI

A. Have you ever served on active duty in the U.S. Armed Forces?
Active duty does not include training in the Reserves or National Guard.

- Yes
- No-*Skip to next person*

A1. Did you ever train for the Reserves or National Guard?

- Yes
- No

B. Are you currently on active duty?

- Yes
- No

C. Did you have a prior discharge?

- Yes
- No

D. Have you been on active duty in the last 12 months?

- Yes
- No

Purpose of Item and Initial Response Issues:

The purpose of this item is to count the number of people currently and who had previously served in the Armed Forces. As part of this task, it is important to distinguish between current active duty military who have no prior discharge and those who do have a prior discharge. Those with a prior discharge comprise a special category of veterans called "military veterans" who must be accurately counted as they are eligible for specific VA benefits.

The language used in Version 2 is intended to minimize the chance that respondents read only part of the response option list or just skim the list and as a result miss the subtle distinction between categories.

Across all versions, it was important to make sure that people who only had training in the National Guard or Reserves but never served on active duty select the appropriate response category.

Findings:

- All respondents stated that they have served in the military, and there were no problems interpreting "active duty." The term "prior discharge," however, is confusing and means different things to different respondents. Although the VA is interested in capturing data on prior discharge, including re-enlistments, transfers, etc., many of our respondents did not interpret prior discharge in the same way.

- Several respondents included their DD214s when responding to this item, while others discounted their DD214s since there was no *break in service*. These participants explained that "A discharge and re-enlist is not considered a *break in service*." "Discharges don't count [if just for moving around in military]." (While not included in the survey, the term DD214 itself was confusing to one respondent who thought this was a death benefit disbursement.)

- Respondents were eager to correct the wording of this item and several urged us to use the phrase "break in service" instead of "prior discharge."

  - One respondent chose "Currently active WITHOUT a prior discharge" and then clarified "That's [the answer] I'm picking, but every time you actually re-enlist, as an enlisted person, you are discharged." The respondent stated "What you probably want to ask is 'Do you have broken service?' Broken service to a military person means you were in, you got out, became a civilian, and then came back in the military."

  - One respondent found the categories confusing, and stated that "Discharge could mean several things."

  - One respondent stated "Discharge to me means you're out of the military altogether." This respondent had trouble answering the question and second-guessed her answer, stating "Maybe it's not a discharge, because I don't have any breaks in service."

- There were no strong interpretive differences between versions of the items; however, some differences were noted.

  - In Version One, a participant reported expecting to see a yes/no format since the question asks, "Have you ever served on active duty in the U.S. Armed Forces?".[1] Additionally, several participants commented that the choices were burdensome to read: "It took a long time to read through." One respondent felt that "Never served in the military" should be listed first, so that each person would not be required to read through all of the possible answer categories before opting out.

  - In Version Two, which employed two questions with a skip pattern, there were no problems with the yes/no format. However a difficulty was noted with the Version Two response options. Two respondents noticed only the first part of the response options (Currently Active/Currently Active/On Active Duty/On Active Duty) and did not know which option applied as they were each attempting to report *prior* service. The vertical alignment

[1] It was our understanding that a "yes" or "no" preceded each of the response options in a previous version. This was changed for the version that was tested.

and repetition of the word "Active" interfered with the respondents' ability to grasp the temporal distinctions between these categories. One respondent skipped the item altogether because the latter portion of the phrase was not read.

- With CATI administration, it was apparent that respondents did not retain the definition of active duty as given at point A ("*Active duty does not include training in the Reserves or National Guard*") when responding to the query about active duty ("*Have you been on active duty in the last 12 months?*") at point D. Four questions intervene.

Recommendations:

We recommend one of the following two options. One, use the two-question format of Version Two with the following wording changes to incorporate "break in service," to break up a repetitious pattern, and to cue the respondent where to report a past event. The two-question format functioned as an efficient screener and reduced the wordiness of the response options, which participants preferred.

21b. This person's active duty status is:
- Currently active WITH a break in service
- Currently active WITHOUT a break in service
- Not currently active, but active in the last 12 months
- Not active in the last 12 months

A second option, if the VA wants respondents to include all DD214s, is to explicitly state and then explain that in the question.

A second recommendation is to remind CATI respondents of the definition of active duty at question 23d.

3.6 Reporting Active Duty: Period of Service

Question 22 Version 1
Question 22 Version 2

When did you serve on active duty in the U.S. Armed Forces? *Mark [X] a box for EACH period in which you served, even if just for part of that period.*

- September 2001 or later
- August 1990 to August 2001
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

Question 24a CATI

Did you serve on <u>active</u> duty during: *Read each category. Enter all that apply even if the person served part of the period.*

- September 2001 or later
- August 1990 to August 2001
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

Purpose of Item and Initial Response Issues:

The purpose of this item is to collect the "era" in which respondents served. Relative to other previous items that have been used to collect this information, this combines several different peacetime categories. The biggest initial concern with this item was that respondents only include periods of service for active duty and not include periods representing training only.

Findings:

- Some participants under-reported their periods of service, due to two different problems with the instructions. A few didn't immediately see the *Mark All That Apply* instruction and indicated only their 'primary' period of service. "Even for just part of period" was in Italics and missed by other respondents.

- A few participants who experienced difficulties with the response options pointed out to interviewers the differences in how periods are labeled – some are wars and some are time periods. The inconsistency in the phrasing increased the cognitive complexity of processing the options: "It was work to get the answer."

- "Era" was a problem for one non-native English speaker. This respondent, who did not go to Vietnam, was reluctant to mark this option even though he had served during that time. For another respondent, the word era seemed to evoke the entirety of the period, drawing his focus away from the response task to such an extent that he failed to report two other periods.

- None of the 39 participants were in Training Only for Reserves or National Guard for any of the periods listed. The Reserves and National Guard participants had been on active duty in the military prior to joining the Reserves or National Guard.

- For the CATI version, Respondents only included their "primary" period of service and did not include "*all that apply even if the person served part of the period"* since interviewers are not instructed to read the "part of the period" direction aloud. As written, that particular instruction is never communicated to respondents.

Recommendations:

- To avoid confusion, consider using response option choices with consistent and similar language. Use time periods of equal length to start the phrase, and follow these with descriptive text. If time periods are not tied to specific benefit-levels, consider using decades as a 'natural' divider and present time periods uniformly.

- Emphasize the instruction to the respondents. Retain bold text for all the question text *or* start the instruction on a different line.

- Consider replacing "September 2001 or later" with "September 2001 to present" to help orient the respondent.

- For the CATI, make "part of the period" a part of the question text so that interviewers must read it aloud.

3.7 Reporting Disability Rating

Question 23 Version 1

23a. Does this person have a VA service-connected disability rating?
If you have more than one service-connected disability, report the combined rating.

- Yes
- No-*Skip to questions for next person*

23b. What is this person's combined service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

Question 23a Version 2

Does this person have a VA service-connected disability rating? *If this person has more than one service-connected disability, report the combined rating.*

- Yes_____%
  RATING
- No-*Skip to next person*

Question 25 CATI

25a. Do you have a VA service-connected disability rating?

- Yes
- No-*Skip to next person*

25b. What is your service-connected disability rating? Report the combined rating if you have more than one service-connected disability.
Percent disability:_____
Prompt with categories if necessary

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

Purpose of Item and Initial Response Issues:

There purpose of this item is to obtain information on the disability ratings for service connected disabilities. These data will help VA measure demand for health care by health care enrollment priority. These data are needed at low levels of geography in order to measure demand and thus assign Veterans on a hierarchical basis to priority groups. These items will also account for a group of Veterans who may otherwise be missed. Anyone who receives services or is eligible to receive VA service-connected disability compensation is considered a Veteran. This includes individuals who were injured in training but never activated. The preceding question [“When did you serve on active duty?”] would not pick up these individuals as Veterans, since they would indicate that they never served on active duty, only training. However, they should be counted in this question. Lastly, it should provide a measure of those who are eligible to receive service-connected disability compensation versus those who actually elect to receive such payments.

The issues that were of initial of concern were:

(1) Do people know their rating, or do they have to look at records to report this percentage?

(2) Do respondents use the cues provided by the response categories (in 23b) in order to understand what the question is asking, or use it to help them remember/estimate their rating?

(3) Understand how people with a single disability rating (as opposed to those with a combined disability rating) understand these questions. Do those with a combined disability rating have to compute the combined rating, or is it a figure they know? How

do people with a single disability rating interpret and respond to the term "combined disability rating"?

Findings:

- According to the sample frame received from VA, it was expected that fifteen respondents would have a disability rating. Fourteen of these fifteen indicated they have a disability. One was misclassified, and said that he had no disability.

- No respondent reported a service-connected disability that VA did not list.

- There were no interviews with 0% disability respondents.

- While most participants had little difficulty with this item, two of the fourteen respondents who said they had a rating did not know their specific service-connected disability rating.

- Most reported familiarity with the process undertaken to obtain a rating and felt that everyone would know it, since it is directly tied to compensation levels. One participant said: "You are sent a document that lists the rating and the disabilities considered. The average conscientious person will be waiting for this document and would put it with other important papers, such as a passport."

- The use of category ranges does not allow researchers to investigate whether Veterans report their actual rating or the rating level at which they are compensated.

- Respondents do not have a uniform level of knowledge about actual vs. compensated levels of disability.

- <u>Differences between Versions</u> :

  - All of the open-ended responses (6) given in Version Two would have fit into the ranges provided in Version One.

  - One unemployable in the sample (Version One) was rated at 100% and chose "70% or higher." For Version One, this is the correct response.

  - All of the participants who responded to Version One were able to report a rating within the categories provided.

  - In Version Two, five of the six people said "Yes," and reported their rating. One person said "Yes" but did not know what his rating was and

left the item blank. It is possible that this participant would have felt more comfortable reporting a range rather than a specific number.

  - In CATI, two people said "Yes" and reported a rating. One did not know exactly what his rating was, but guessed "5 – 10%." If the category ranges had been read aloud, similar to the Version One presentation, the participant might have selected the response option, "10 or 20 percent," eliminating the uncertainty of his response.

  - The range provision would also have eliminated a potential source of error for another respondent who reported a current rating of 20 percent, but said he was trying to get it reviewed and 'upped' to 25%. Since all range options end in zero, this potential source of error would be circumvented.

- Single versus Combined Disability Rating:

  - Participants knew whether their rating was based on a single vs. multiple condition. Most reported the highest level of disability rating obtained, regardless of whether it was based on a single disability or multiple conditions. Although the distinction between these terms seemed apparent to participants, they could not definitively state how their ratings were calculated.

Recommendation:

- Retain the Version Two format. Although the Version One ranges would cue respondents who were unsure about their rating, most respondents were well aware of their rating, as this was a very salient number to them, and were able to report it accurately.

3.8 Reporting Disability Compensation

Question 23c Version 1
Question 23b Version 2

Does this person currently receive monthly service-connected disability compensation payments from VA?

- Yes
- No

Question 25c CATI

Do you currently receive monthly service-connected disability compensation payments from VA?

- Yes
- No

Purpose of Item and Initial Response Issues:

This item is the final part of the series of questions that intend to account for Veterans who might otherwise not be counted. It should provide a measure of those who actually elect to receive service-connected disability compensation payments from those who are eligible to receive those payments.

Findings:

- There is evidence of significant confusion between pension and disability compensation which could lead to overestimation. While some respondents were quite knowledgeable in this area, others were unable to reliably distinguish between the two. Three of four Type 7 respondents (who ostensibly do not receive a payment) reported to interviewers that they *do* receive a payment. One respondent reported that disability payments were a part of pension payments, but enjoyed special status for tax and other purposes.

- Recipients just know they receive monies on a monthly basis and report this money without knowing the difference between pension and disability because of how it's paid. They cannot report with any certainty which agency issued the check, especially when direct deposit is used. Since they received the monies, they would not question the source.

Recommendation:

- We recommend that this item be revised or deleted, as it is not fulfilling the Census Bureau's intent. Based on our interviews, there is reason to be concerned about the validity of responses to this item. It is not likely to discriminate between those who are eligible to receive service-connected disability compensation and those who actually elect to receive such payments. Further testing is needed to determine how well this item 'captures' Veterans who are missed by previous items.

APPENDIX A

ACS Health Insurance Coverage and Veteran Status Items Tested

Paper 1 and Paper 2: Item 15a
CATI: Item 17a

Are you CURRENTLY covered by any type of health insurance? *Include insurance obtained through a job or purchased directly from an insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.*

Yes
No-*Skip to F*

Paper 1 and Paper 2: Item 15b
CATI: Item 17b

What type of health insurance do you have? *Mark [X] all that apply.*

- Insurance through a current or former employer or union (of this person or another family member)
- Insurance purchased directly from an insurance company (by this person or another family member)
- Medicare, for people age 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE, CHAMPUS or other military care
- VA or CHAMPVA (including those who have ever enrolled for or used VA health care)
- Indian Health Service
- Insurance that covers just one type of care (for example: dental, accident, nursing home care plans)
- Other-Specify

Paper 1: Item 21

Have you ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard. Mark [X] one box.*

- Now on active duty, WITH a prior discharge
- On active duty during the last 12 months, but not now
- On active duty in the past, but not during the last 12 months
- Training for Reserves or National Guard only-*Skip to question 23*
- Never served in the military-*Skip to questions for next person*

Paper 2: Item 21

a. Has this person ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard.*

- Yes
- No, Reserves or National Guard training only-*Skip to question 23*
- No, never served in the military-*Skip to next person*

b. This person's active duty status is:

- Currently active WITH a prior discharge
- Currently active WITHOUT a prior discharge
- On active duty in the last 12 months, but not now
- On active duty in the past, but not in the last 12 months

CATI: Item 23

A. Have you ever served on active duty in the U.S. Armed Forces?
Active duty does not include training in the Reserves or National Guard.

- Yes
- No-*Skip to next person*

A1. Did you ever train for the Reserves or National Guard?

- Yes
- No

B. Are you currently on active duty?

- Yes
- No

C. Did you have a prior discharge?

- Yes
- No

D. Have you been on active duty in the last 12 months?

- Yes
- No

Paper 1 and Paper 2: Item 22

When did you serve on active duty in the U.S. Armed Forces? *Mark [X] a box for EACH period in which you served, even if just for part of that period.*

- September 2001 or later
- August 1990 to August 2001
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

CATI: Item 24a

Did you serve on <u>active</u> duty during: *Read each category. Enter all that apply even if the person served part of the period.*

- September 2001 or later
- August 1990 to August 2001
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

Paper 1: Item 23a

Does this person have a VA service-connected disability rating?
If you have more than one service-connected disability, report the combined rating.

- Yes
- No-*Skip to questions for next person*

Paper 1: Item 23b

What is this person's combined service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

Paper 2: Item 23a

Does this person have a VA service-connected disability rating? *If this person has more than one service-connected disability, report the combined rating.*

- Yes_____%
  RATING
- No-*Skip to next person*

CATI: Item 25a

Do you have a VA service-connected disability rating?

- Yes
- No-*Skip to next person*

CATI: Item 25b

What is your service-connected disability rating? Report the combined rating if you have more than one service-connected disability.
Percent disability:_____
Prompt with categories if necessary

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

Paper 1: Item 23c
Paper 2: Item 23b

Does this person currently receive monthly service-connected disability compensation payments from VA?

- Yes
- No

CATI: Item 25c

Do you currently receive monthly service-connected disability compensation payments from VA?

- Yes
- No

APPENDIX B

Recruiting Screener

Veterans and Health Insurance Cognitive Interviews
- Participant Screener -

Name: _____ Phone: _____ ID#: _____

Hi my name is _____. I work for a company in Rockville, MD called Westat. We were hired by the U.S. Census Bureau to conduct some research. The Census Bureau is working with the Department of Veterans Affairs to develop a series of questions for veterans and military personnel to include on a very important Census Bureau survey, the American Community Survey. I'm calling to ask you to participate in this research project. We will pay you $40 to complete a one hour interview at our Rockville office. Your participation is voluntary and cannot affect any VA benefits you may receive now or in the future.

[IF ASKED HOW WESTAT GOT THEIR NAME]: The Census Bureau, the Department of Veterans Affairs, and the Department of Defense have signed agreements that provide the Census Bureau with names and phone numbers of veterans and military personnel in the DC metro area. The information provided by VA and the Department of Defense can ONLY be used for the purpose of conducting research on the American Community Survey.

We are scheduling interviews from February 1st through Feb. 28th.

In order to find out if you are eligible to participate in this study, I need to ask you a few questions.

1. How old are you?

   :_____: [IF UNDER 18, TERMINATE]

2. RECORD GENDER. IF NOT OBVIOUS, ASK: Are you male or female?

   MALE :____:
   FEMALE :____:

3. What is the highest level of education you have completed?

   LESS THAN HIGH SCHOOL :____:
   HIGH SCHOOL/GED :____:
   SOME COLLECE/VOC. ED :____:
   COLLEGE DEGREE :____:
   GRADUATE SCHOOL :____:

4. What is your race or ethnic background?

   WHITE :____:
   BLACK/AFRICAN AMER. :____:
   HISPANIC/LATINO :____:
   ASIAN :____:
   SOMETHING ELSE :____:

NOTE TO RECRUITER: WE DO NOT HAVE SPECIFIC TARGETS FOR ANY DEMOGRAPHIC VARIABLE, BUT WE ARE TRYING FOR A MIX OF DEMOGRAPHIC CHARACTERISTICS. KEEP TRACK OF WHAT YOU ARE GETTING FOR THE FOLLOWING, AND CHECK IF YOU

ARE GETTING HIGH NUMBERS FOR ONE/SOME SUBGROUPS AND ALMOST NONE FOR THE OTHER(S) SUBGROUP(S).

- Age
- Gender
- Education level
- Race/ethnicity

Those are all the questions I have.

[IF WE ALREADY HAVE "ENOUGH" PEOPLE WITH THIS DEMOGRAPHIC PROFILE]:
Thank you for your information. We have fulfilled the requirements for [veterans/military] of your demographic group. If someone who is already scheduled had to cancel his or her interview, we may call you back to see if you are still available. Is that okay?

_____Yes
_____ No

[IF WE ARE ACCEPTING THIS PERSON FOR INTERVIEW]:

I'd like to schedule a time for your interview.

DATE: _____ TIME: _____

Let me verify your name and address so I can send you directions. It will include instructions on where to park. If you have to cancel your interview, please call back so that we can schedule someone in your place, OK. Thanks very much.

Name: _____

Address: _____

Phone number: _____

APPENDIX C

Cognitive Interview Guides
(Two Paper Versions, one CATI version)

Cognitive Testing
Version 1 Paper

Assumptions:

- A 'think aloud' approach will be used.
- Probe for obvious 'issues' (if there is a noticeable problem or response is 'don't know') while completing the form/interview.
- Probes labeled "concurrent" should be asked while completing the form/interview.
- Majority of probing will be retrospective and asked after completion of the interview. Probes should be tailored to the respondent, and perhaps tailored to apply to more than one of the household members.

<u>Probing Strategy:</u>

- A 'think aloud' approach will be used including a practice think aloud exercise after the respondent signs the consent form

- Read questions as worded and follow appropriate skips. Fill in their answers and note any observations.

- Majority of probing will be retrospective - done AFTER all ACS items have been asked. Repeat the question ("One of the questions I asked you was…..") along with the respondent's answer. Then probe. As necessary, tailor probes to the respondent, and the person or situation for which the respondent is reporting.

- While completing the form/interview, probe IMMEDIATELY on obvious 'issues' – a noticeable problem such as respondent confusion, changing of answers, a very long pause, response is 'don't know,' the respondent asks a question, or the cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response. Example generic probes are:

    - *I noticed you hesitated before answering – can you tell me what you were thinking about?*
    - *Something seems to be confusing here – can you tell me about that?*

- Follow-up with more specific probes (e.g., those regarding specific phrases), as appropriate.

- Before dismissing respondent, ask if they have any additional comments on the questions asked in the interview.

Interview Flow:

Question text: **Bold**

Instructions: *Italics*
Skip instructions are color coded.

RETROSPECTIVE PROBES are in BLUE Arial font.

CONCURRENT PROBES FOR USE AS NEEDED ON ANY ITEM:
(If needed, use a specific retroactive probe listed with the item)

Respondent is obviously confused

- Something seems to be confusing here – what is it?
    - [If needed]: Is it the question, or the response options? Why?
        - [If question]: What do you think this question is trying to get at?
        - [If options]: Why are these options not right for you?
        - [If R does not like the options] What needs to be listed here so that you can easily give an answer?

Respondent changes answer

- What caused you to change your mind about that?
- What just occurred to you – that didn't come to you when you first read the question?

Respondent pauses for a long time

- You hesitated before answering – what are you thinking about?

Respondent says "I don't know"

- What do you think this question is asking?

Respondent asks a question

- What do you think?
- If you were filling this out at home alone, what would you do at this point?

Cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response

- Tell me more about that…

ITEMS

15a. Are you CURRENTLY covered by any type of health insurance? *Include insurance obtained through a job or purchased directly from an insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.*

o Yes
o No-*Skip toF*

Probes:

[Pay attention to and note what words the R uses to describe health care coverage of veterans and people in the military! Do they call it health insurance or health care or health coverage?]

In your own words, what is this question asking?

What does the phrase "CURRENTLY covered" mean to you?

What does the phrase "any type of health insurance" mean to you?

- What types of health plans would you include?
- [What types of health plans would you exclude?]

What do you think of the phrase "and government health insurance such as Medicare, Medicaid, VA, and military programs?"

- In your own words, what does "government health insurance" mean to you?

- Do you think what the VA provides is "government health insurance?" Why or why not?
    - [If needed]: Do you pay a premium for this?

- Does the VA provide "health insurance," "health care," or "health coverage?"

Here is the second sentence of the item -- [Read the 'include' statement]. Does this sentence help clarify what the question is asking, or make it more confusing?

- Why?

- Which <u>specific</u> words or examples help to clarify what the question is getting at?

- Which <u>specific</u> words or examples make the question more confusing?

IF R's RESPONSE TO ITEM 15a WAS "NO":

*a) What do you do when you're sick or need to see a doctor? [If needed]: Do you pay for that?

[Find out if R has access to any type of health care.]

*b) Are you covered by Medicaid, sometimes called Medical Assistance, or any other type of government-assistance program?

*c) Have you ever used a VA hospital or clinic, or used or enrolled for VA health care of any kind?

***If R says "Yes" to probes a, b, or c**: I'm going to ask you to tell me what about the question led you to say "No." [Reread the question.] What is it about this question that made you say "No" the first time you went through it?

15b. What type of health insurance do you have? *Mark [X] all that apply.*

- o Insurance through a current or former employer or union (of this person or another family member)
- o Insurance purchased directly from an insurance company (by this person or another family member)
- o Medicare, for people age 65 and older, or people with certain disabilities
- o Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- o TRICARE, CHAMPUS or other military care
- o VA or CHAMPVA (including those who have ever enrolled for or used VA health care)
- o Indian Health Service
- o Insurance that covers just one type of care (for example: dental, accident, nursing home care plans)
- o Other-*Specify*

NOTE TO MODERATOR: Look at the value for R's TYPE variable in file – and monitor whether the R answers the probes in a manner consistent with that TYPE.

- Type 2 should NOT say they are TRICARE or VA (check!)
- Type 4 – 7: should say they are VA users

What came to mind when you were looking over this list of health insurance plans?

Why did you choose [answer R picked]?

- Tell me how you came to be covered by that type of insurance.
    - Did you sign up through your work, a family member's work, through a government agency, or something else?
    - Do you remember roughly when your coverage began, or how long you have had it?

Let's look at the listed types of insurance. Are you familiar with each of them? [Reread each option and probe about each as needed.]

- In your own words, what does this mean?
- For Options 1 and 2:
    - What does the phrase "by this person or another family member" mean to you?

IF R PICKS "INSURANCE THROUGH A CURRENT OR FORMER EMPLOYER OR UNION" (Option 1):

- Before having that insurance, did you ever receive treatment at a VA hospital?
    - [If "Yes" and R did not mark the VA option]: Do you consider that to be coverage by the VA? Why or why not?

IF R PICKS "INSURANCE PURCHASED DIRECTLY" (Option 2):

- Tell me more about why you chose this option.
    - Do you pay the full cost of the premium or is the cost shared with some other organization (e.g., your employer)?

IF R PICKS "MEDICARE" or "MEDICAID" (Option 3):

- In your own words, what is [the one R picked]?
- How is that different from [the one not picked]?

IF R PICKS VA or CHAMPVA [Option 6]:

- Are you covered by CHAMPVA --Yes or No?

- Are you enrolled in VA health care -- Yes or No?
- Have you used VA health care -- Yes or No?

[INDICATE WITH √ WHICH GROUP R FALLS INTO – What accounts for a Yes response]:

	CHAMPVA	Enrolled in VA	Used VA
____	Yes	Yes	Yes
____	Yes	Yes	No
____	Yes	No	Yes
____	Yes	No	No
____	No	Yes	Yes
____	No	Yes	No
____	No	No	Yes

IF R PICKS MORE THAN ONE RESPONSE OPTION:

- How many different plans do you have?

- [If only one plan – but still more than one response option]: Tell me why you chose multiple options here to capture your one plan.

FINAL QUESTIONS:

Do you have any kind of health insurance that isn't listed here?
- Do you have any kind of coverage you haven't mentioned so far?

In your mind, is there a difference between "coverage" and "insurance"? If so, what is it?

21. Have you ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard. Mark [X] one box.*

o Now on active duty, WITH a prior discharge
o Now on active duty, WITHOUT a prior discharge
o On active duty during the last 12 months, but not now
o On active duty in the past, but not during the last 12 months
o Training for Reserves or National Guard only-*Skip to question 23*
o Never served in the military-*Skip to questions for next person*

CHECK: IF R is TYPE = 2, s/he should say option 5 and skip to Item 23

If R is TYPE 1, should say option 1 or 2.

General probes:

How did you come up with your answer?

In your own words, what is the difference between active duty and the Reserves or National Guard?

Does active duty include basic training or not?

How easy or difficult was it to answer this question? Why?

Specific option probes:

What does the phrase "prior discharge" mean to you?

- Do you have a DD214?
- [If R is unsure of whether s/he has a prior discharge]: Tell me about the circumstances that make you not sure about that…

Options 3 and 4:

[If troubled about the 12 month period or had to decide between these two options]:

- How did you decide what your status was during the last 12 months?
- During what period were you on active duty – what month and year to what month and year? [Look at what s/he answered for Q 22 – the next item.]

IF R IS TYPE 3 (IN THE RESERVES OR NATIONAL GUARD):

- Were you federally activated? [Verify this.]

22. When did you serve on active duty in the U.S. Armed Forces? *Mark [X] a box for EACH period in which you served, even if just for part of that period.*

o September 2001 or later
o August 1990 to August 2001
o May 1975 to July 1990
o Vietnam Era (August 1964 to April 1975)
o February 1955 to July 1964
o Korean War (July 1950 to January 1955)
o January 1947 to June 1950

o World War II (December 1941 to December 1946)
o November 1941 or earlier

CHECK: Could get R's age from recruiting screener, to check on maximum age for checking a period.

Probes:

What do you think this question is asking?

Tell me how you came up with your answer of [_____].

- Did you serve for any other periods?

[If only one period is chosen, ask]: Were there any other periods in which you served on active duty, even if only for a short time?

How did you decide which period (or periods) of time to pick from this list?

During [each reported] period of time, were you in training only?

23a. Do you have a VA service-connected disability rating?

o Yes
o No-*Skip to questions for next person*

CHECK: if R's TYPE = 4, 5, 6, or 7, R should answer "Yes."

Probes:

What does the phrase "service-connected disability rating" mean to you?

How do you know whether or not you have a service-connected disability rating?

How did you come up with your answer to this question?

- Did you have any injuries that resulted in a disability?

- [If R has a rating]: Do you have a single service-connected disability or more than one service connected disability? CHECK: if R's TYPE = 4, R should say ONE CONDITION. If R's TYPE = 5, 6, or 7, R should say MORE THAN ONE CONDITION.

IF R HAS MORE THAN ONE SERVICE-CONNECTED CONDITION:

- What is the difference between a condition rating and a combined rating?

23b. What is your combined service-connected disability rating?

- o 0 percent
- o 10 or 20 percent
- o 30 or 40 percent
- o 50 or 60 percent
- o 70 percent or higher

Probes:

What does the phrase "combined service-connected disability rating" mean to you?

- How was it calculated?

If these ranges of numbers were not given to you here, how would you answer the question?

- Did you need these percentages in order to understand what the question was getting at? Why or why not?

IF R HAS A SINGLE DISABILITY RATING:

- You answered [_____]. How did you come up with that answer? [Did R give the single rating?]
- If you don't think you have a combined rating, do you assume that you have a single rating – as a default?
- Is this something that you just know, or would you have to look it up somewhere?

IF R HAS A COMBINED DISABILITY RATING:

- How did you decide that your combined SC disability rating is [_____]?
- Is this something that you just know, or would you have to look it up somewhere?

23c. Do you currently receive monthly service-connected disability compensation payments from VA?

o **Yes**
o **No**

CHECK: If R's TYPE = 7a, b, or c, should say "No."

Probes:

How did you know to respond [Yes/No]?

IF R SAYS NO TO THIS ITEM:

- In question 23a, you said you have a disability rating. Do you receive any type of compensation for that disability?
    - [If no]: Do you receive any compensation from VA? What for?
    - Did you opt not to receive a compensation payment for a disability? [NOTE: vets may take pension rather than the disability payments.]

IF R SAYS "YES" TO THIS ITEM BUT HAS AN SC RATING OF 0%:

- Tell me more about these payments from the VA.

IF R SAYS "YES" TO THIS ITEM AND REPORTED A DISABILITY RATING ABOVE 0%:

- Did you report your actual rating or the rating you're compensated at -- or are they the same?
- Are you rated as "unemployable" and compensated at the 100% rating level? CHECK: IF R says "Yes" to this probe, R should be a TYPE = 6
    - [If "Yes"]: What is your actual disability rating? [Find out if it is really 100 or less than that.]
    - What does the term "individually un-employable" mean to you?

Cognitive Testing
Version 2 Paper

Assumptions:

- A 'think aloud' approach will be used.
- Probe for obvious 'issues' (if there is a noticeable problem or response is 'don't know') while completing the form/interview.
- Probes labeled "concurrent" should be asked while completing the form/interview.
- Majority of probing will be retrospective and asked after completion of the interview. Probes should be tailored to the respondent, and perhaps tailored to apply to more than one of the household members.

Probing Strategy:

- A 'think aloud' approach will be used including a practice think aloud exercise after the respondent signs the consent form

- Read questions as worded and follow appropriate skips. Fill in their answers and note any observations.

- Majority of probing will be retrospective - done AFTER all ACS items have been asked. Repeat the question ("One of the questions I asked you was…..") along with the respondent's answer. Then probe. As necessary, tailor probes to the respondent, and the person or situation for which the respondent is reporting.

- While completing the form/interview, probe IMMEDIATELY on obvious 'issues' – a noticeable problem such as respondent confusion, changing of answers, a very long pause, response is 'don't know,' the respondent asks a question, or the cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response. Example generic probes are:

    - *I noticed you hesitated before answering – can you tell me what you were thinking about?*
    - *Something seems to be confusing here – can you tell me about that?*

- Follow-up with more specific probes (e.g., those regarding specific phrases), as appropriate.

- Before dismissing respondent, ask if they have any additional comments on the questions asked in the interview.

Interview Flow:

Question text: **Bold**

Instructions: *Italics*
Skip instructions are color coded.

RETROSPECTIVE PROBES are in BLUE Arial font.

CONCURRENT PROBES FOR USE AS NEEDED ON ANY ITEM:
(If needed, use a specific retroactive probe listed with the item)

Respondent is obviously confused

- Something seems to be confusing here – what is it?
    - [If needed]: Is it the question, or the response options? Why?
        - [If question]: What do you think this question is trying to get at?
        - [If options]: Why are these options not right for you?
        - [If R does not like the options] What needs to be listed here so that you can easily give an answer?

Respondent changes answer

- What caused you to change your mind about that?
- What just occurred to you – that didn't come to you when you first read the question?

Respondent pauses for a long time

- You hesitated before answering – what are you thinking about?

Respondent says "I don't know"

- What do you think this question is asking?

Respondent asks a question

- What do you think?
- If you were filling this out at home alone, what would you do at this point?

Cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response

- Tell me more about that…

ITEMS

15a. Are you CURRENTLY covered by any type of health insurance? *Include insurance obtained through a job or purchased directly from an insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.*

o Yes
o No-*Skip to F*

Probes:

[Pay attention to and note what words the R uses to describe health care coverage of veterans and people in the military! Do they call it health insurance, health care, or health coverage?]

In your own words, what is this question asking?

What does the phrase "CURRENTLY covered" mean to you?

What does the phrase "any type of health insurance" mean to you?

- What types of health plans would you include?
- [What types of health plans would you exclude?]

What do you think of the phrase "and government health insurance such as Medicare, Medicaid, VA, and military programs?"

- In your own words, what does "government health insurance" mean?

- Do you think what the VA provides is "government health insurance?" Why or why not?
    - [If needed]: Do you pay a premium for this?

- Do you think the VA provides “health insurance,” “health care,” or “health coverage?”

Here is the second sentence of the item -- [Read italicized statement]. Does this sentence help clarify what the question is asking, or make it more confusing?

- Why?

- Which specific words or examples help to clarify what the question is getting at?

- Which specific words or examples make the question more confusing?

IF R’s RESPONSE TO ITEM 15a WAS “NO”:

*a) What do you do when you’re sick or need to see a doctor? [If needed]: Do you pay for that?

[Find out if R has access to any type of health care.]

*b) Are you covered by Medicaid, sometimes called Medical Assistance, or any other type of government-assistance program?

*c) Have you ever used a VA hospital or clinic, or used or enrolled for VA health care of any kind?

If R says “Yes” to probes a, b, or c: I’m going to ask you to tell me what about the question led you to say “No.” [Reread the question.] What is it about this question that made you say “No” the first time you went through it?

15b. What type of health insurance do you have? *Mark [X] all that apply.*

- o Insurance through a current or former employer or union (of this person or another family member)
- o Insurance purchased directly from an insurance company (by this person or another family member)
- o Medicare, for people age 65 and older, or people with certain disabilities
- o Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- o TRICARE, CHAMPUS or other military care
- o VA or CHAMPVA (including those who have ever enrolled for or used VA health care)
- o Indian Health Service
- o Insurance that covers just one type of care (for example: dental, accident, nursing home care plans)
- o Other-*Specify*

NOTE TO MODERATOR: Look at the value for R's TYPE variable in file – and monitor whether the R answers the probes in a manner consistent with that TYPE.

- Type 2 should NOT say they are TRICARE or VA (check!)
- Type 4 – 7: should say they are VA users

What came to mind when you were looking over this list of health insurance plans?

Why did you choose [answer R picked]?

- Tell me how you came to be covered by that type of insurance.
  - o Did you sign up through your work, a family member's work, through a government agency, or something else?
  - o Do you remember roughly when your coverage began, or how long you have had it?

Let's look at the listed types of insurance. Are you familiar with each of them?
[Reread each option and probe about each as needed.]

- In your own words, what does this mean?

- For Options 1 and 2:
    - What does the phrase "by this person or another family member" mean to you?

IF R PICKS "INSURANCE THROUGH A CURRENT OR FORMER EMPLOYER OR UNION" (Option 1):

- Before having that insurance, did you ever receive treatment at a VA hospital?

    - [If "Yes" and R did not mark the VA option]: Do you consider that to be coverage by the VA? Why or why not?

IF R PICKS "INSURANCE PURCHASED DIRECTLY" (Option 2):

- Tell me more about why you chose this option.
    - Do you pay the full cost of the premium or is the cost shared with some other organization (e.g., your employer)?

IF R PICKS "MEDICARE" or "MEDICAID" (Options 3 or 4):

- In your own words, what is [the one R picked]?
- How is that different from [the one not picked]?

IF R PICKS VA or CHAMPVA [Option 6]:

- Are you covered by CHAMPVA -- Yes or No?
- Are you enrolled in VA health care -- Yes or No?
- Have you used VA health care -- Yes or No?

[INDICATE WITH √ WHICH GROUP R FALLS INTO – What accounts for a Yes response]:

	CHAMPVA	Enrolled in VA	Used VA
____	Yes	Yes	Yes
____	Yes	Yes	No
____	Yes	No	Yes
____	Yes	No	No
____	No	Yes	Yes
____	No	Yes	No
____	No	No	Yes

IF R PICKS MORE THAN ONE RESPONSE OPTION:

- How many different plans do you have?

- [If only one plan – but still more than one response option]: Tell me why you chose multiple options here to capture your one plan.

FINAL QUESTIONS:

Do you have any kind of health insurance that isn't listed here?

- Do you have any kind of coverage you haven't mentioned so far?

In your mind, is there a difference between "coverage" and "insurance"? If so, what is it?

21a. Has this person ever served on active duty in the U.S. Armed Forces? *Active duty does not include training for the Reserves or National Guard.*

o Yes
o No, Reserves or National Guard training only-*Skip to question 23*
o No, never served in the military-*Skip to next person*

CHECK: TYPE = 2 should answer "No" -- not a veteran and skip to Item 23

Probes:

How did you come up with your answer?

In your own words, what is the difference between active duty and the Reserves or National Guard?

Does active duty include basic training or not?

How easy or difficult was it to answer this question? Why?

IF R IS TYPE 3 (IN THE RESERVES OR NATIONAL GUARD):

- Were you federally activated? [Verify this.]

21b. This person's active duty status is:

o Currently active WITH a prior discharge
o Currently active WITHOUT a prior discharge
o On active duty in the last 12 months, but not now
o On active duty in the past, but not in the last 12 months

What does the phrase "prior discharge" mean to you?

- Do you have a DD214?

- [If R is unsure of whether s/he has a prior discharge]: Tell me about the circumstances that make you not sure about that…

Options 3 and 4:

[If troubled about the 12 month period or had to decide between these two options]:

- How did you decide what your status was during the last 12 months?

- During what period were you on active duty – what month and year to what month and year? [Look ahead to see how they answered Item 22—the next item.]

22. When did you serve on active duty in the U.S. Armed Forces? *Mark [X] a box for EACH period in which you served, even if just for part of that period.*

o September 2001 or later
o August 1990 to August 2001
o May 1975 to July 1990
o Vietnam Era (August 1964 to April 1975)
o February 1955 to July 1964
o Korean War (July 1950 to January 1955)
o January 1947 to June 1950
o World War II (December 1941 to December 1946)
o November 1941 or earlier

Probes:

What do you think this question is asking?

Tell me how you came up with your answer of [_____].

- Did you serve for any other periods?

How did you decide which period (or periods) of time to pick from this list?

During [read each reported] period of time, were you in training only?

23a. Do you have a VA service-connected disability rating? ***If you have more than one service-connected disability, report the combined rating.***

o **Yes→ _____%**
RATING

o **No-*Skip to next person***

CHECK: if R's TYPE = 4, 5, 6, or 7, R should answer "Yes" and write in a percentage.

Probes:

What does the phrase "service-connected disability rating" mean to you?

What does the phrase "more than one service-connected disability" mean to you?

What does the phrase "combined service-connected disability rating" mean to you?

- How was it calculated?

How do you know whether or not you have a service-connected disability rating?

How did you come up with your answer to this question?

- Do you have a single disability rating or more than one service-connected disability? CHECK: if R's TYPE = 4, R should say ONE CONDITION. If R's TYPE = 5, 6, or 7, R should say MORE THAN ONE CONDITION.

IF R HAS A SINGLE DISABILITY RATING:

- You answered [_____]. How did you come up with that answer? [Did R give the single rating?]

- If you don't think you have a combined rating, do you assume that you have a single rating – as a default?
- Is this something that you just know, or would you have to look it up somewhere?

IF R HAS A COMBINED DISABILITY RATING:

- How did you know that your combined SC disability rating is [_____]?
- Is this something that you just know, or would you have to look it up somewhere?

23b. Do you currently receive monthly service-connected disability compensation payments from VA?

o **Yes**
o **No**

CHECK: If R's TYPE = 7a, b, or c, should say "No."

Probes:

How did you come up with your answer?

IF R SAYS "YES" TO ITEM 23b:

- Is this a pension, or a compensation for a disability?
- Which agency does the check come from? [Find out if it is VA or DOD]

IF R HAS AN SC RATING OF 0% FOR 23a):

- o Tell me more about these payments from the VA.

IF R HAS AN SC RATING ABOVE 0% for 23a:

- o Did you report your actual rating or the rating you're compensated at, or are they the same?

- Are you rated as “unemployable” and compensated at the 100% rating level? CHECK: IF R says “Yes” to this probe, R should be a TYPE = 6
    - [If “Yes”]: What is your actual disability rating? [Find out if it is really 100 or less than that.]

- What does the term “individually un-employable” mean to you?

IF R SAYS “NO” TO ITEM 23b, BUT REPORTED A PERCENTAGE FOR 23a:

- In question 23a, you said you have a disability rating. Do you receive any type of compensation for that disability?

    - [If no]: Do you receive any compensation from VA? What for?

- Did you opt not to receive a compensation payment for a disability? [NOTE: vets may take pension rather than the disability payments.]

CATI VERSION

Assumptions:

- A 'think aloud' approach will be used
- Probe for obvious 'issues' (if there is a noticeable problem or response is 'don't know') while completing the form/interview
- Probes labeled "concurrent" should be asked while completing the form/interview
- Majority of probing will be retrospective and asked after completion of the interview. Probes should be tailored to the respondent, and perhaps tailored to apply to more than one of the household members.

<u>Probing Strategy:</u>

- A 'think aloud' approach will be used including a practice think aloud exercise after the respondent signs the consent form

- Administer the ACS survey. Read questions as worded and follow appropriate skips. Fill in their answers and note any observations.

- Majority of probing will be retrospective - done AFTER all ACS items have been asked. Repeat the question ("One of the questions I asked you was…..") along with the respondent's answer. Then probe. As necessary, tailor probes to the respondent, and the person or situation for which the respondent is reporting.

- While completing the form/interview, probe IMMEDIATELY on obvious 'issues' – a noticeable problem such as respondent confusion, changing of answers, a very long pause, response is 'don't know,' the respondent asks a question, or the cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response. Example generic probes are:

    - *I noticed you hesitated before answering – can you tell me what you were thinking about?*
    - *Something seems to be confusing here – can you tell me about that?*

- Follow-up with more specific probes (e.g., those regarding specific phrases), as appropriate.

- Before dismissing respondent, ask if they have any additional comments on the questions asked in the interview.

Interview Flow:
Question text: **Bold**

Instructions: *Italics*

Skip instructions are color coded.
RETROSPECTIVE PROBES are in BLUE Arial font.

CONCURRENT PROBES FOR USE AS NEEDED ON ANY ITEM:
(If needed, use a specific retroactive probe listed with the item)

Respondent is obviously confused

- Something seems to be confusing here – what is it?
    - [If needed]: Is it the question, or the response options? Why?
        - [If question]: What do you think this question is trying to get at?
        - [If options]: Why are these options not right for you?
        - [If R does not like the options] What needs to be listed here so that you can easily give an answer?

Respondent changes answer

- What caused you to change your mind about that?
- What just occurred to you – that didn't come to you when you first read the question?

Respondent pauses for a long time

- You hesitated before answering – what are you thinking about?

Respondent says "I don't know"

- What do you think this question is asking?

Respondent asks a question

- What do you think?
- If you were filling this out at home alone, what would you do at this point?

Cognitive interviewer needs some clarification on something the respondent said as part of the think aloud response

- Tell me more about that…

17a. Is this person/Are you CURRENTLY covered by any type of health insurance? Include insurance obtained through a job or purchased directly from an insurance company, and government health insurance such as Medicare, Medicaid, VA and military programs.

Yes
No-*Skip to question 18a*

Probes:

[Pay attention to and note what words the R uses to describe health care coverage of veterans and people in the military! Do they call it health insurance or health care or health coverage?]

In your own words, what is this question asking?

What does the phrase "CURRENTLY covered" mean to you?

What does the phrase "any type of health insurance" mean to you?

- What types of health plans would you include?
- [What types of health plans would you exclude?]

What do you think of the phrase "and government health insurance such as Medicare, Medicaid, VA, and military programs?"

- In your own words, what does "government health insurance" mean?
- Do you think what the VA provides is "government health insurance?" Why or why not?
  - [If needed]: Do you pay a premium for this?
- Does the VA provide "health insurance," "health care," or "health coverage?"

Here is the second sentence of the item -- [Read the 'include' statement]. Does this sentence help clarify what the question is asking, or make it more confusing?

- Why?
- Which specific words or examples help to clarify what the question is getting at?
- Which specific words or examples make the question more confusing?

IF R's RESPONSE TO ITEM 15a WAS "NO":

*a) What do you do when you're sick or need to see a doctor? [If needed]: Do you pay for that?

[Find out if R has access to any type of health care.]

*b) Are you covered by Medicaid, sometimes called Medical Assistance, or any other type of government-assistance program?

*c) Have you ever used a VA hospital or clinic, or used or enrolled for VA health care of any kind?

If R says "Yes" to probes a, b, or c: I'm going to ask you to tell me what about the question led you to say "No." [Reread the question.] What is it about this question that made you say "No" the first time you went through it?

17b. Do you have:

Read response options. Enter all that apply.

1 Insurance through a current or former employer or union (of this person or another family member)

2 Insurance purchased directly from an insurance company (by this person or another family member)

3 Medicare, for people 65 and older, or people with certain disabilities

4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

5 TRICARE, CHAMPUS or other military care

6 VA or CHAMPVA (including those who have ever enrolled for or used VA health care)

7 Indian Health Service

8 Insurance that covers just one type of care (for example: dental, accident, nursing home care plans)

9 Some other type of insurance-*Specify*

NOTE TO MODERATOR: Look at the value for R's TYPE variable in file – and monitor whether the R answers the probes in a manner consistent with that TYPE.

- Type 2 should NOT say they are TRICARE or VA (check!)
- Type 4 – 7: should say they are VA users

[NOTE WHETHER THIS CATI MODE (Y/N PER PART) YIELDS MORE MULTIPLE RESPONSES VS. PAPER ITEMS]

What came to mind when I read this list of health plans to you?

Tell me how you came to be covered by that type of insurance.

- [Did you sign up through your work, a family member's work, through a government agency, or something else?]
- Do you remember roughly when your coverage began, or how long you have had it?

I'm going to go over each type of insurance. Are you familiar with ….? [Reread each option and probe about each as needed.]

- In your own words, what does this mean?
- For Options 1 and 2:
  - What does the phrase "by this person or another family member" mean to you?

IF R PICKS "INSURANCE THROUGH A CURRENT OR FORMER EMPLOYER OR UNION" (Option 1):

- Before having that insurance, did you ever receive treatment at a VA hospital?
  - [If "Yes" and R did not mark the VA option]: Do you consider that to be coverage by the VA? Why or why not?

IF R PICKS "INSURANCE PURCHASED DIRECTLY" (Option 2) :

- Tell me more about why you chose this option.
  - Do you pay the full cost of the premium or is the cost shared with some other organization (e.g., your employer)?

IF R PICKS "MEDICARE" or "MEDICAID" (Options 3 & 4):

- In your own words, what is [the one R picked]?
- How is that different from [the one not picked]?

IF R PICKS SOME TYPE OF PUBLIC COVERAGE [Options 3 - 7]:

- Tell me more about how you became familiar with that particular name of the plan.
    - Was it through an application process, a friend, a family member, or something else?
    - What would be the best term(s) to use here – to make sure that you'd pick the right answer(s) from this list?

IF R PICKS VA or CHAMPVA [Option 6]:

- Are you covered by CHAMPVA-- Yes or No?
- Are you enrolled in VA health care -- Yes or No?
- Have you used VA health care -- Yes or No?

[INDICATE WITH √ WHICH GROUP R FALLS INTO – What accounts for a Yes response]:

	CHAMPVA	Enrolled in VA	Used VA
____	Yes	Yes	Yes
____	Yes	Yes	No
____	Yes	No	Yes
____	Yes	No	No
____	No	Yes	Yes
____	No	Yes	No
____	No	No	Yes

IF R PICKS MORE THAN ONE RESPONSE OPTION:

- How many different plans do you have?
- [If only one plan – but still more than one response option]: Tell me why you chose multiple options here to capture your one plan.

FINAL QUESTIONS:

Do you have any kind of coverage you haven't mentioned so far? Tell me about that….

In your mind, is there a difference between "coverage" and "insurance"? If so, what is it?

23a. Have you ever served on active duty in the U.S. Armed Forces?

Active duty does not include training in the Reserves or National Guard.

Yes-*Skip to 23b*
No

CHECK: Type 2 should answer "No."

CHECK: Everyone else should answer "Yes."

Probes:
[If needed]: How did you come up with your answer?

Does this statement: "Active duty does not include training in the Reserves or National Guard." Help you to answer the questions? Why or why not?

[If needed]: In your own words, what is the difference between active duty and the Reserves or National Guard?

Does active duty include basic training or not?

23a1. Did you ever train for the Reserves or National Guard?

Yes-*Skip to 25a*
No-*Skip to next person*

CHECK: TYPE 2s should be the only ones to get this question. The 2s should only respond "Yes" for training only.

CHECK: We should only have "Yes" responses here. We should not have gotten names for any people who would say "No" to this.

Probes:
How did you come up with your answer?

NOTE that Basic Training is not active duty.

23b. Are you currently on active duty?

Yes
No-*Skip to 23d*

CHECK: Type 1 should answer "Yes," all others "No."

Probes:

IF R ANSWERS "YES" TO 23b:

Why are you currently on active duty? Is it because…

- You are a member of the Reserve or National Guard, and only served on active duty for training purposes? Y / N (Note this is straight from a George email)
- You are a member of the Reserve or National Guard, serving as part of a Federal activation? Y / N
- You are a member of the regular armed forces? Y / N

23c. Did you have a prior discharge?

Yes-*Skip to 24a*
No-*Skip to 24a*

CHECK: Type = 1 (military veterans) should answer "Yes."

Probes:

How did you come up with your answer?

What does the phrase "prior discharge" mean to you?

- Do you have a DD214?

- [If R is unsure of whether s/he has a prior discharge]: Tell me about the circumstances that make you not sure about that…

IF R ANSWERS "YES" TO 23c:

Why did you have a prior discharge? Is it because…

- As part of a re-enlistment process, you were discharged and immediately re-enlisted? Y/N
    - [If No]: Please explain that.

23d. Have you been on active duty in the last 12 months?

Yes

No

Probes:
How did you come up with your answer?

How did you decide what your status was during the last 12 months?

During what period were you on active duty – what month and year to what month and year?

24a. Did you serve on active duty during:

Read each category. Enter all that apply even if the person served part of the period.

1. September 2001 or later
2. August 1990 to August 2001
3. May 1975 to July 1990
4. Vietnam Era (August 1964 to April 1975)
5. February 1955 to July 1964
6. Korean War (July 1950 to January 1955)
7. January 1947 to June 1950
8. World War II (December 1941 to December 1946)
9. November 1941 or earlier

CHECK: Could get R's age from recruiting screener, to check on maximum age for checking a period.

Probes:

What do you think this question is asking?

Tell me how you came up with your answer of [_____].

How did you decide which period of time to pick from the list I gave you?

25a. Do you have a VA service-connected disability rating?

Yes
No-*Skip to next person*

CHECK: if R's TYPE = 4, 5, 6, or 7, R should answer "Yes."

Probes:

What does the phrase "service-connected disability rating" mean to you?

How do you know whether or not you have a service-connected disability rating?

How did you come up with your answer to this question?

- Did you have any injuries that resulted in a disability?

IF R HAS A RATING:

Do you have a single service-connected disability or more than one service-connected disability? CHECK: if R's TYPE = 4, R should say ONE CONDITION. If R's TYPE = 5, 6, or 7, R should say MORE THAN ONE CONDITION.

IF R HAS MORE THAN ONE SERVICE-CONNECTED CONDITION:

- What is the difference between a condition rating and a combined rating?

25b. What is your service-connected disability rating? Report the combined rating if you have more than one service-connected disability.

Percent disability:

Prompt with categories if necessary

- o 0 percent
- o 10 or 20 percent
- o 30 or 40 percent
- o 50 or 60 percent
- o 70 percent or higher

What does the phrase "combined rating" mean to you?

How did you come up with your answer to this question?

- How did you know the rating you reported here?
- Is this rating something that you just know, or would you have to look it up somewhere?

IF R NEEDED TO BE PRMPTED WITH PERCENTAGE CATEGOREIS:

- Would this question be easier or more difficult if you were given ranges of percentages to pick from, instead of having to give a number?
  - o Would percentages help you to understand what the question was getting at? Why or why not?

25c. Do you currently receive monthly service-connected disability compensation payments from VA?

Yes

No

CHECK: If R's TYPE = 7a, b, or c, should say "No."

Probes:

How did you come up with your answer?

IF R HAS AN SC DISABILITY RATING (Yes for 25a), BUT SAYS "NO" HERE:

- In a previous question, you said you have a disability rating. Do you receive any type of compensation for that disability?
  - [If no]: Do you receive any compensation from VA? What for?

- Did you opt not to receive a compensation payment for a disability? [NOTE: vets may take pension rather than the disability payments.]

IF R HAS AN SC RATING ("Yes" for 25a) AND REPORTED 0%:

- Tell me more about these payments from the VA. What is your payment for?

IF R SAID "YES" to 25c AND REPORTED ABOVE 0%:

- Did you report your actual rating or the rating you're compensated at?

- Are you rated as "unemployable" and compensated at the 100% rating level?
  CHECK: IF R says "Yes" to this probe, R should be a TYPE 6

  - [If "Yes"]: What is your actual disability rating? [Find out if it is really 100 or less than that.]
  - What does the term "individually un-employable" mean to you?