

Ohio Medicaid Assessment Study (2015 OMAS)

Telephone Interviewer Manual

RTI Project No.0214474

Prepared by:

RTI International
www.rti.org

2015

The contents of this manual are considered proprietary and should only be used for the purposes of this contract.

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1. Introduction

1.1 Background and Purpose

The State of Ohio is sponsoring the 2015 *Ohio Medicaid Assessment Survey* (2015 OMAS). The 2015 OMAS has been designed to provide accurate, reliable, and representative data on health insurance coverage, use of medical services, satisfaction with and access to health care. These data will inform healthcare policy decisions and ultimately, have the potential to make a significant impact on the lives of people living in Ohio.

The 2015 OMAS is a continuation of one of the largest ongoing state-level public health surveys. The survey includes sections that focus on insurance status for both adults and children, health status and care giving, usage and access to care, unmet healthcare needs, financial stress and medical bills, food situations, and demographic information.

RTI International, a not-for-profit survey research organization in Research Triangle Park, North Carolina, has been hired to manage the data collection effort.

1.2 Study Design

The design of the 2015 OMAS is similar to surveys conducted in 2004, 2008, 2010, and 2012. The survey was referred to as the Ohio Family Health Survey (OFHS) from 2004 through 2010 and was renamed as OMAS beginning in 2012. The 2015 OMAS study is designed as a random-digit-dial (RDD) and cell phone telephone survey using a computer-assisted telephone interview system, or CATI. Data will be collected from approximately 34,000 adults (19 years of age and older) living in Ohio. Approximately 8,000 of these interviews will include a child's proxy interview. The target population for the 2015 OMAS is non-institutionalized adult and child populations residing in the state of Ohio. The adult interview, including all screening questions, will take approximately 20 minutes to administer. The child interview will take approximately 9 minutes to complete.

1.3 Sample Design

The 2015 OMAS sampling plan consists of a list-assisted RDD landline sample, a RDD sample of cell phone numbers, a supplemental African-American landline sample in the seven primary metro counties, and an Asian and Hispanic surname-based sample. The landline sample frame will be stratified by Ohio's 88 counties with additional within county strata to account for the supplemental African-American sample and surname-based samples. In total, there will be 123 landline sample strata. The sample will be allocated proportionally to each county. The largest 7 metro counties (Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, Stark, and Summit) will have an additional 300 interviews allocated to them as a part of the supplemental African-American sample. If the expected number of respondents for a county based on the proportional allocation is less than 45 the allocation will be set to 45. The target for the remaining counties will be reduced in order to maintain the total desired interviews. The cellphone frame will be stratified based on the cell phone numbers rate center assigned county. A cell phone number's rate center is a geographic area around the location for which the cellphone number was activated. Two counties (Cuyahoga and Franklin) will be sub-stratified based on the African-American concentration in the rate centers that comprise these two counties. In total, there will be 90 cellphone sample strata. The sample will be proportionally allocated to each county. The largest 7 metro counties will have an additional 300 interviews allocated to them as a part of the supplemental African-American sample. If the expected number of respondents for a county based on the proportional allocation is less than 45 the allocation will be set to 45. The target for the remaining counties will be reduced in order to maintain the total desired interviews.

The sample file will be randomly divided into replicates for release to you, the telephone interviewers, to achieve approximately 34,000 completed interviews: 16,000 from landline telephone numbers and 18,000 from cellphone telephone numbers. Since the initial sampling unit is a telephone number, we will not know who to interview until we dial the telephone number and screen for eligibility. Interviewers will screen each telephone number in the sample and determine eligibility. The following types of telephone numbers will be ineligible for the 2015 OMAS:

- Business telephone numbers.
- Telephone numbers belonging to minors.
- Telephone numbers associated with a household residing outside the state of Ohio.
- Mobile telephone numbers associated with a minor (18 years or younger).

1.4 Respondent Selection

1.4.1 Landline

The landline sample will use a simplified procedure for selecting a household member. We will first ask for the number of adults in the household aged 19 or older. If it is only one person, we will select that person. For households with more than one adult we will select the individual with the most recent birthday. Using the most recent birthday method guarantees we randomly select a person from the household as opposed to just interviewing the person answering the phone. The selected respondent will then be informed of their rights and read the informed consent.

1.4.2 Cell Phone

For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone. If the respondent cannot complete the interview at that time, attempt to set an appointment for a more convenient time. If at any point we are told the selected respondent is not the cell phone owner the case will be reset and rescreened. Only the owner of the cell phone can be the selected as the respondent.

1.4.3 Adult Proxy for Children

The 2015 OMAS includes a separate section that asks questions about a selected child in the household. We do not administer these questions with the selected child. Instead, a proxy adult will be identified to complete the survey. The proxy adult for Landline cases will be the most knowledgeable person in the household to answer questions about the child. It is possible that the selected proxy may not be the same person selected to answer the adult survey. Cell phone cases assume the owner of the phone is the most knowledgeable adult and will not ask this question. If a cell phone respondent for the child proxy answers “Don’t know” 3 times in a row, the survey will skip to the end.

1.4.4 Adult Proxy for Impaired Adults

The 2015 OMAS does allow proxy interviews for adults **only** when the selected adult has a long-term or permanent mental or physical impairment. Interviewers do not ask if a selected adult has a mental or physical impairment rather we have this option if a household member offers this information. If this option is selected, the CATI, and not the interviewer, will make adjustments to the questions to be asked of the proxy for the selected respondent.

1.5 Data Collection Schedule

A small pilot study is scheduled in December of 2014. Full study data collection will take place for 6 months from January to June 2015.

1.6 Project Staff

The administrative Principal Investigator for the 2015 OMAS is Timothy Sahr from the Ohio Colleges of Medicine Government Resource Center. The academic Principal Investigator is Amy Ferketich from The Ohio State University. The RTI Project Director is Tom Duffy. He is responsible for the overall administration of all aspects of the project. Lisa Carley-Baxter is the Senior Survey Methodologist. She is responsible for overseeing the review and design of the 2015 OMAS questionnaire. Marcus Berzofsky is the Statistician who is responsible for sampling, weighting, and data analysis and reporting. Barbara Bibb and Dave Schultz are the project's Programmers who maintain the CATI instrument. Timothy Nesius is the Production Manager who is responsible for managing the overall data collection process. Marion Schultz is the Quality Assurance Manager who is responsible for overall training and quality assurance efforts. Dakisha Locklear is the Production Lead and Sabrina Bethea is the project's Assistant Production Lead and both will oversee most production floor activities.

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2. Telephone Interviewer Responsibilities and Expectations

2.1 Telephone Interviewer Responsibilities

As a member of the 2015 OMAS staff, you, the interviewer, play an extremely important role in the overall success of this study. You are the link to the thousands of respondents who will provide valuable information on their health insurance coverage, use of medical services, satisfaction with health care, and access to health care. You are the person who develops rapport with the respondents, assures them that their participation is vital, makes them feel important, obtains their full cooperation, and provides information so they can make an informed decision about participating in the study (by administering informed consent).

It is extremely important that you help make each respondent feel at ease and comfortable with the interview. One key to accomplishing this goal is to be fully informed about the study and the data collection instruments and procedures. Helping you to become well informed about the Ohio Medicaid Assessment Survey (2015 OMAS) will be a major objective of our interviewer training for the project.

In fulfilling your role during each contact with a respondent you should:

- Communicate a positive attitude;
- Demonstrate familiarity with the questionnaire contents so that the interview proceeds in a professional manner;
- Maintain control of the interview; and
- Assume a nonjudgmental, neutral yet empathetic approach to the respondent, and the subject matter so that the sample member will feel comfortable answering the questions truthfully and completely.

As far as the respondents are concerned, they are sharing their information with a representative of the State of Ohio who cares and who will put that information to good use. Therefore, your understanding of the task and your commitment to it are crucial to the success of the survey. You are entrusted with treating all aspects of the project with the seriousness and attention deserved.

The chapters in this manual are designed to guide you through the interviewing process. Each section of the manual is devoted to a specific task. It is important for you to read it and keep it handy for reference. In addition to maintaining a pleasant, compassionate, and professional attitude toward all respondents, other interviewer responsibilities include:

- Successful completion of interviewer training for this study;
- Proper administration of the screening procedures to select individuals within households;
- Obtaining verbal informed consent to participate in the study;
- Securing cooperation from the eligible respondent to participate in the survey;
- Proper administration of the CATI interview to selected individuals in compliance with the directions in this manual;
- Observing all quality control procedures and meeting established performance standards;
- Maintaining the confidentiality of respondents and survey materials at all times;
- Filing daily time reports and other administrative records as required; and
- Committing your time and effort for the duration of the project and reporting for work as scheduled.

2.2 Telephone Interviewer Expectations

As an interviewer for the 2015 OMAS, you play a critical role in the success of the project. The following are our expectations for you regarding your performance and productivity while working on the 2015 OMAS.

Performance Expectations

All interviewers will be monitored for quality and quantity of their work. Project staff, Research Operations Center (ROC) Quality Experts (QE's), and OMAS Executive Committee members will be conducting monitoring sessions throughout the data collection period. Interviewers will be reviewed in terms of how consistently they read all survey questions *verbatim*, as well as to ensure that standardized interviewing techniques (probing, neutrality, etc.) are being followed at all times. You should expect to receive feedback after a monitoring session regarding your performance.

Productivity Expectations

It is extremely important that we monitor interviewer productivity very closely to ensure that we meet all data collection goals. Your productivity will be measured through various means throughout the data collection period. You will receive feedback from a supervisor on a weekly basis about your productivity.

When working on the cell-phone sample, we expect that you will make an average of 30 outbound calls per hour. Since this is an RDD study, it is likely that you will reach a high number of answering machines, disconnected numbers, etc., so you will be dialing a lot of numbers in order to reach a person. If you are not completing interviews, you should be dialing more numbers, so higher than 30 calls per hour is better.

A dialer is used to make outbound calls when working on the landline sample. Therefore, if you are working on landline numbers, your productivity will be calculated by examining the number of completed interviews, refusals as well as efficiency in wrapping up cases in a timely manner.

In addition, we will require that you become “certified” before beginning to work on this project. Certification involves 4 steps:

1. Practice interviews
2. Paired mock interviews
3. Written and oral quizzes
4. Successfully completing training

No interviewer will be permitted to begin work on this study until he/she has been certified by a supervisor or project staff.

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3. Respondent's Rights and Confidentiality

3.1 Respondent Rights

The rights of survey respondents must be recognized and protected by all RTI representatives. Verbal or written assurances to respondents have no meaning if they are violated or contradicted by the actions of any member of the research team. The 2015 OMAS is collecting sensitive information from respondents, therefore we must communicate to respondents that we are doing everything to keep their information safe and secure.

RTI survey procedures are designed to protect individual rights and to comply with all applicable laws. Among the rights that must be protected are:

- The right to accurate representation;
- The right of informed consent;
- The right to refuse; and
- The right of privacy.

The **right to accurate representation** is simply an extension of honesty in interpersonal relationships. Respondents have the right to receive completely accurate information about the study, its sponsor, their requested involvement and the reasons for the study.

- *You cannot tell* respondents that the interview will take “just a minute” when you know that it will take more.
- *You cannot tell* respondents that they **must** participate in the interview for any reason.
- *You can tell* respondents that the interview will take approximately 20 minutes to complete and that you can schedule an appointment at another time if they are unable to be interviewed just then.
- *You can also tell* respondents that their participation is voluntary, but their opinions and experiences are important because they represent the health experiences of a large number of people who will not be interviewed.

The **right of informed consent** requires that respondents be provided with adequate information to make an informed decision about participation. They must be expressly informed of the purposes of the study, the procedures that will be followed, any discomforts, risks, or benefits that might be associated with participation, and sources from which additional information about the study can be obtained. The individual must also be informed that consent may be withdrawn and participation discontinued at any time.

The **right to refuse** refers to a respondent's right to refuse to participate without fear of intimidation. While it is helpful to know why individuals do not want to participate in a study, those who refuse have no obligation to state a reason for their decision. You must distinguish between pressuring respondents to participate and providing them with sufficient information upon which to base a rational decision about participation.

The **right of privacy** is an issue that is currently receiving a great deal of attention from legislators, civil rights advocates, concerned citizens, and organizations that sponsor and conduct surveys. In addition to constitutional guarantees against invasion of privacy, specific federal legislation (The Privacy Act of 1974) assures that certain elements of an individual's personal privacy are protected against undue inquiry and subsequent use and dissemination of information collected.

At first it may seem as though recognizing respondents' rights will hinder your efforts to gain the cooperation of potential respondents. However, by adhering to the guidelines explained above, you will actually be more likely to obtain their participation. Being informative and truthful will demonstrate your integrity as an interviewer and assure the sample member of the legitimacy of the study.

3.2 Confidentiality

In addition to respondents' rights issues, we are concerned with *confidentiality*. We guarantee to all persons providing survey information that their responses will not be disclosed in a manner that will show identifying information. Interviewers and all other project staff members must uphold these promises of confidentiality of data collected from respondents.

The names or initials of respondents and the information obtained are not to be discussed with anyone other than authorized project personnel. All survey documents and records also must be safeguarded at all times. To be certain that the confidentiality requirements for this study are understood and that all who work on the study agree to uphold the requirements, a Confidentiality Agreement (*Exhibit 3-1*) must be read, understood and signed by each staff member before he/she begins work on the project. All project staff members are required to sign a confidentiality pledge stating that a breach of confidentiality will result in termination of their employment.

While working on the 2015 OMAS, if any notes are taken about an interview, these must remain secure in the call center and cannot be taken out of the building. Any project notes must also be destroyed properly by shredding. It is NEVER acceptable to take notes that contain any personally identifying information. Notes can, and should, reference a specific case id. For the most part, you will not need to take notes and any questions about a case should be entered in a problem sheet. Again, no identifying information should be recorded in problem sheets.

Several measures will be implemented to ensure the security of the information gathered during each interview. These include the following:

- All project team members that might have contact with participants will sign a Pledge of Confidentiality.
- Personally identifying information is maintained separately from the actual questionnaire responses in RTI's CATI system.
- All data are maintained in project-specific, ID/password-protected shared network folders. Only those people that have been given authorization to access those folders by the project director can access that data. The ID/password that the user logs into the secured network determines what directories and data they can access.
- All identifying information, such as first name as gathered for callback purposes only and telephone number, will be removed from the CATI system to make certain that the information cannot be traced back to the respondent.

Exhibit 3-1 Ohio Medicaid Assessment Survey
CONFIDENTIALITY AGREEMENT

I, _____ (*print employee's name*), an employee of _____ HR Directions, agree to work on the 2015 Ohio Medicaid Assessment Survey (2015 OMAS) in accordance with the guidelines and restrictions specified below. I understand that compliance with the terms of this agreement is a condition of my assignment with the 2015 Ohio Medicaid Assessment Survey (2015 OMAS) and that these terms are supplementary to those listed in my contract of employment with HR Directions.

- a. I agree to treat as confidential all case-specific information obtained in the 2015 Ohio Medicaid Assessment Survey (2015 OMAS) and related matters. I further agree that this covenant of confidentiality shall survive the termination of this agreement.

- b. I further understand that failure to follow the guidelines below may result in a potential violation of the provisions of the Privacy Act of 1974 (violation of the Privacy Act is a misdemeanor and may subject the violator to a fine of up to \$5,000), and potential Institute disciplinary action, including termination. To fulfill confidentiality obligations, I will:
 - 1. Discuss confidential project information only with authorized employees of the 2015 Ohio Medicaid Assessment Survey (2015 OMAS).
 - 2. Store confidential project information as specified by project protocols.
 - 3. Safeguard combinations, keys, and rooms that secure confidential project information.
 - 4. Safeguard confidential project information when in actual use.
 - 5. Immediately report any alleged potential violations of the security procedures to my immediate supervisor.
 - 6. Not photocopy or record by any other means any confidential project information unless authorized by project leaders or my supervisor.
 - 7. Not in any way compromise the confidentiality of project participants.
 - 8. Not allow access to any confidential project information to any unauthorized person.
 - 9. Report any lost or misplaced confidential project information to my supervisor immediately.

Employee's Signature _____ Date _____
Employee's Organization: HR Directions (Greene Resources)

4. General Contacting Procedures

4.1 Obtaining Cooperation from Sample Members

It is important to the success of the survey that you become skilled at obtaining cooperation from sample members. Interviewers are expected to use their ingenuity as required during the introductory steps when requesting participation in the interview. You must be prepared, however, to deal with problem situations that may arise at any time during a contact with a respondent. Of particular importance is the fact that we are asking questions about health insurance coverage and experiences with health care, which some people may feel uncomfortable discussing. It is your job to address any concerns of the respondent and help put them at ease during the interview.

Guidelines for working with sample members to enlist their cooperation are presented below. Appropriate approaches that prove successful with various sample members should be shared during quality circle meetings and/or in discussions with your supervisor so that other interviewers can be informed and benefit from your experience.

4.2 Initial Contact

First, always read the call notes before you call a case. Interviewers who contacted the case before you will have made important entries in the call notes to help you handle the next call. This could provide you with some very important information such as if a call was broken off because the respondent had concerns regarding confidentiality or to let you know that a respondent refused to participate on the previous call. It is important to note that some cases where distress occurs are coded out and not ever called back, but for other cases, where the respondent wants to continue, callbacks are made. As such, it is important that you familiarize yourself with the case notes before you call the case. If you ever have a question about whether or not you should call a case where distress is noted in the interviewer notes, ask a supervisor.

Also, be sure to check the history of the case before you dial. You can determine what the last outcomes were for the case, and know if you are keeping an appointment, following up on a broken appointment, if the appointment was broken by the respondent, or if you are following up a “no contact” outcome like “ring no answer,” “answering machine,” or “regular busy.”

Your initial contact with the respondent (or other adult) is critical in securing cooperation in the study. The first 10-20 seconds of the call are when most people make up their mind whether to hear you out, or to refuse to participate. Within the first moments of your call it is important that you convey four points:

1. You are a **professional, competent** interviewer,
2. Calling from a **legitimate and reputable** organization,
3. Engaged in **important and worthwhile** research, and
4. The respondent’s **participation is vital** to the success of the research.

Your voice and words must convey credibility; it is not just *what you say* but *how you say it!* You should be serious, pleasant, and self-confident. What you say and how you sound to the person on the other end of the line impacts how well you are able to control your relationship with respondents. For example, if you sound uncertain or uncomfortable asking the questions, this feeling will be communicated to the respondent who may be reluctant to share such information experiences.

Approach all respondents as if they are friendly and interested. Assume that if they are not cordial, it is because they are not yet informed about why you are calling. An important component of this approach is to *talk with* the respondents, *not at* them. This requires that you respond interactively, and listen to what the respondents say. If they believe you are really interested in their responses, they are more likely to participate.

Keep in mind that not all respondents are the same; some will agree to a screening or interview with only a brief explanation of the purpose while others will need more detail. Begin with a brief explanation and give more detail as necessary.

4.3 Elements of an Interviewing Call

The key to successful interviewing is being prepared for every contact that you make. Have a complete set of the appropriate materials at your work station, organized in such a manner that you do not have to stop and search for the required documents. These materials include the Telephone Interviewer Manual and “cheat sheets” provided to you during training that gives quick answers to the top 5 most frequently asked questions and guidance on respondent distress.

The exact context of an interviewing call will vary depending on:

- What took place on previous calls to the household;
- What questions or objections the respondent has about participating; and
- The respondent’s mood and current situation.

Because of these variables, every call is different and it is impossible to provide you with one picture of what happens during a call. Below are some general rules you should follow every time you place a call:

- Be prepared before you place a call. Be prepared to talk to the respondents. Do not rely on your memory to answer questions. Make sure you review and understand the Frequently Asked Questions (FAQs).
- Act professionally. Convey to respondents that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.
- Make the most of your contact. Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future attempts. For example, if you are trying to contact the respondent and he/she is not available, gain as much information as you can to help us reach the respondent the next time we call. Important questions to ask include:
 - ✓ When is the respondent usually home?
 - ✓ What is the best time to reach the respondent?

4.4 Strategies for Gaining Cooperation to Conduct the Interview

With each call that you make, your goal is to identify an eligible respondent and complete the interview. You will need to obtain cooperation from potentially two different individuals as follows:

- From an adult household member (19 years of age or older) in order to screen the household for eligibility, and
- From the eligible respondent (19 years of age or older) him/herself to participate in the survey.

In each of these situations you are asking an adult to spend time with you on the telephone right now to complete the screener, obtain consent, and complete the interview. You must be prepared to explain why the study is important, why it is important for the individual to participate, and address any other concerns of any of these individuals. Although this section outlines important strategies for gaining cooperation and interviewing, your success in using these strategies starts with your ability to listen carefully at all times and bring your own creative style and thinking to these strategies.

4.4.1 The First Twenty Seconds

The first twenty seconds of your telephone call with a person will determine your success in gaining cooperation. Our experience shows that if you are able to get your foot in the door in the first twenty seconds of the call, you will be able to complete your task - whether it's administering the screener, obtaining consent, and/or securing cooperation to conduct the interview - on that call. If you are unsuccessful in the first twenty seconds of the call, you will be unlikely to complete your task on that call, and chances are the individual will not give you much more than twenty seconds to convey your message anyway.

If you are going to be successful in gaining cooperation, you need to develop skills and strategies to gain cooperation within the first twenty seconds of the call. Although the telephone call may sometimes last longer than twenty seconds, you will need to use the following five strategies to get your foot in the door in this portion of the call. While written in terms of the respondent, these strategies apply to other adult household members as well.

- **Listen carefully.** By listening carefully, you will know what you need to say to them next. This is a three pronged task: hear, acknowledge, approach. First, you must hear what the respondent is saying. When you hear a respondent offering resistance, your next step is to acknowledge their concerns or feelings. You must acknowledge the objection immediately realizing that the respondent simply needs further information before they commit to the survey. Try to probe and understand the specifics of the objection so that it can be answered accurately and quickly. You must have a good working knowledge of the survey in order to realize the difference between a true objection and what may only be a concern. Then you must approach the objection with your professional and expert information. *Using the same standard spiel for each respondent is a set up for failure.* Always read the call notes, listen to the respondent and tailor your strategy for gaining cooperation accordingly.
- **Offer information.** When a respondent gives excuses as to why he/she is unable to participate in the study, many times the respondent simply does not fully understand why we are conducting the study and why it is important for them to be interviewed. Hence, a first step in gaining cooperation can be to offer the respondent more information. Of course, not just any information will do. *You need to listen carefully to identify what in particular the respondent does not seem to understand and tailor the information you provide accordingly.*
- **Establish an emotional connection with the respondent.** We know from experience that respondents agree to participate in interviews when interviewers establish an emotional connection about why the study is important for this particular respondent, rather than just explaining why the study is important. *When you offer the respondent more information about the study, you need to make it personal to them.*
- **Offer options.** You will often identify that what keeps the respondent from participating is not a lack of information, but that the respondent just does not have time to do the interview currently. Respondents who might otherwise participate might be busy or leaving for school or work. *You can offer options for when and how the interview is completed.* We can complete the interview in parts, any time of the day or night, on weekends, while the respondent is at work, and on any day of the week. Sometimes when you offer options, the respondents will balk at every option you provide. You might ascertain that the real issue regarding their resistance is that you have not made the purpose of the study personal to them, and you will need to provide additional information.
- **Know when you have established rapport.** You need to be able to identify the moment when you have convinced the respondent to participate and it is safe to jump into the interview. If you attempt to begin the interview before you have established rapport, you might lose the respondent completely on your current call. If you wait too long to start the interview after you have the respondent on your side, you might also lose the respondent as you provide extraneous information to the individual.

4.4.2 During and After the Call

The first twenty seconds of your contact with the respondent are crucial to gaining cooperation with the respondent. However, there are a number of additional approaches and strategies which you will need to employ during and after the call with the respondent.

- **Empathize.** Let the respondent know that you understand where they are coming from. For example, if the respondent's major concern about participating is the amount of time required, emphasize that you do understand and then explain that you will go through the interview as quickly as possible or call back at a time that is more convenient.
- **Do not argue.** Maintain a pleasant, friendly attitude and emphasize the positive: how important the study is, how important it is for this particular individual to participate, and how far we are willing to go to accommodate the respondents' needs no matter how abrasive or rude he/she is. It is helpful to get the respondent to respond positively to some statement, because this will usually lead to an interview.
- **Let the respondent know how important he/she is.** If the respondent appears to be "weakening," express a strong willingness to answer any questions and address any concerns. Do not hesitate to say outright how important it is to our study that he/she participates. Emphasize that this person is not replaceable. No one else but the respondent can supply the study with this crucial information.
- **Let the respondent know how important the study is to the sponsor and society.** Let the respondent know that their answers will directly affect policies the State of Ohio will create regarding health insurance and health care.
- **Leaving an opening for future conversion attempts.** If a respondent appears hesitant, attempt to keep a reluctant person talking by making brief, neutral statements in response to their comments. Make an effort to get a reluctant person started with the interview by asking the first question at the earliest possible moment. Once started, most respondents complete the interview.

If a respondent refuses to participate when you call, you should ask how he/she reached this decision and attempt to address the respondent's concerns. If, despite your best efforts, the respondent still refuses to participate, tell the respondent that we regret not having his/her input, and that we understand his/her reasons. Thank the respondent for his/her time and suggest that if the respondent changes his/her mind that they may contact you again and that we will be happy to conduct an interview at that time.

- **Record what happened in the call notes.** You need to write concise information about the individuals to whom you spoke and what they said to you, as well as the outcome of the call in the call notes. Remember that interviewers form a team. You might not be the next interviewer to telephone the respondent, so include in the call notes all of the information which you think the next interviewer will need to be successful.

It is helpful to view gaining cooperation as an exercise in listening to and addressing the respondent's concerns. If you are able to do so quickly, confidently, and correctly, you will have good success in gaining cooperation

4.4.3 Answers to Common Questions

You must be prepared to deal with problem situations that may arise at any time during a contact with a respondent. While we do anticipate that some people may be uncomfortable answering the questions in this survey, remember that you can always reassure respondents that they do not have to answer any questions they don't want to.

In addition, there are several questions that are frequently asked by both respondents and household members. We have identified a number of these questions, and responses to them are presented in *Exhibit 4-1*. It is important that you learn the responses to these questions and that you work to adapt them to the specific concerns of a respondent. Please keep your Telephone Interviewer Manual with the full list of FAQ's at your workstation. You should become familiar with the answers so that, when a question is asked, you can quickly find the appropriate answer from the list. Not every situation that you will encounter is covered; we will supplement the questions and answers as necessary throughout the data collection period.

4.5 2015 OMAS Toll Free Number

If you are in a situation where the person who answers the phone seems to be cooperative, but the sample member is simply impossible to catch at home, you can leave a phone number that the sample member can call. The number you should leave is 1-866-245-8078. This will ensure that their call gets routed to an interviewer working on the 2015 OMAS who can deal with them promptly and effectively. If a respondent calls after hours they will be forwarded to a project voicemail. There will be two separate voicemail boxes where respondents can leave a message. One box will be for Spanish-speaking respondents and one for English-speaking respondents.

Exhibit 4.1 2015 OMAS Frequently Asked Questions (FAQs)

What is this survey about? / What is the purpose of this survey?

The purpose of the study is to help the State of Ohio gather information on health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care. These data will inform healthcare policy decisions and ultimately, have the potential to make a significant impact on the lives of people living in Ohio.

Why do you want to interview me?

We would like to gather information from residents about health insurance and health care in order to help inform the State of Ohio regarding healthcare policy decisions.

Who is sponsoring this study? / Who is conducting this study?

This study is sponsored by the State of Ohio.

[IF NEEDED: health agencies in Ohio including the Ohio Department of Health, Ohio Medicaid, Ohio Department of Mental Health and Addiction Services, Ohio Department of Aging, and Ohio Department of Developmental Disabilities.].

How long will this take?

This survey will take approximately 20 minutes to complete.

How do I know this remains confidential?

I can assure you that all information that we obtain from you will be kept confidential. Your answers will never be connected with your telephone number. The answers provided will be combined with those from other participants and only reported as a group, not individually. All project staff members have signed confidentiality agreements and are prohibited by law from using the information for anything other than this research study. Any other use is a violation of Federal Law and is subject to heavy fines and imprisonment.

I already have insurance. You don't want to interview me.

The study seeks information from residents of Ohio regardless of insurance coverage. These data will inform healthcare policy decisions and have the potential to make a significant impact on the lives of people living in Ohio.

I don't have insurance. You don't want to interview me.

The study seeks information from residents of Ohio regardless of insurance coverage. These data will inform healthcare policy decisions and have the potential to make a significant impact on the lives of people living in Ohio

What kinds of questions are you going to ask?

I will ask you some questions about yourself and your household, as well as about your health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care. The results of this study will help shape policies and programs regarding these issues.

Exhibit 4.1 2015 OMAS Frequently Asked Questions (FAQs) (Continued)

What is the difference between household and family?

For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in the home where we reach the respondent. By family, I mean two or more persons residing together who are related by birth, marriage, adoption or legal guardian.

How can I complete the interview?

You can complete this interview with me over the phone right now or we could schedule a more convenient time for you to complete it. It only takes approximately 20 minutes to finish.

Who else is participating in this survey?

Adults age 19 or older residing in the state of Ohio.

I am not typical/representative, pick someone else/your questions don't apply to me?

In order for the State of Ohio to get an accurate view on issues related to health insurance and health care, they need information from all kinds of people. Everyone can share their experiences with these topics. You are not replaceable.

What will the data be used for?

The purpose of the study is to help the State of Ohio gather information on health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care. The results of this study will help shape policies and programs regarding these issues.

What benefit do I get out of my participation?

Some people find that being in this survey is helpful. The results of this study will help shape future programs regarding these issues.

What is RTI International?

RTI International is a not-for-profit survey research organization in Research Triangle Park, North Carolina, who has been hired to manage the data collection effort.

How do I know this study is legitimate?

If you would like to verify the legitimacy of the study or to obtain additional information, please call Timothy Nesius at RTI International. His number is 1-800-334-8571, extension 66559. If you have any questions about your rights as a research participant, please contact RTI International's Office of Research Protection toll-free at 1-866-214-2043. You may also call a representative from the State of Ohio at 1-888-643-7787.

How do I know you are really an interviewer for this study?

You may call my supervisor, Timothy Nesius, at RTI's Research Operations Center at 1-800-334-8571, extension 66559 to verify my employment.

Exhibit 4.1 2015 OMAS Frequently Asked Questions (FAQs) (Continued)

How did you get my phone number?

We randomly selected phone numbers of people residing in the state of Ohio. We do not know who you are and we have no other identifying information.

I'm too busy now!/ I just don't have time for your survey!

This survey takes approximately 20 minutes to complete. We could get started now and I'll move through the questions as quickly as possible to save you time.

Call me back next week.

[SUCH STATEMENTS ARE USUALLY PUT-OFF TACTICS AND USUALLY WILL BE CONTINUED WHEN YOU CALL BACK. TRY TO RETAIN CONTROL OF THE SITUATION BY ESTABLISHING AN APPOINTMENT.]

O.K., I've made an appointment for you at _____[TIME] next _____ [DAY]. If that's all right, someone will call you then. If you decide you want to complete the interview before then, you can call 1-866-245-8078 to speak with an interviewer. You'll need to give them this number for reference: Case ID _____.

Do I have to do this/answer your questions?

Your participation in this study is voluntary. We could begin the interview and if you do not want to answer a particular question we can skip them at any time. [IMMEDIATELY BEGIN INTERVIEW]

Can I refuse to answer that question?

Yes, you can refuse to answer any questions, but please remember that your answers will be kept private and no identifying information will be given to the State of Ohio or anyone else.

I'm not going to give you all this personal information!

The information we collect will be kept completely private. No information that could personally identify you will be given to the State of Ohio or anyone else. No one will know who participated in the study.

I'm not going to answer a lot of questions over the phone! / I don't do anything by phone...send it to me in the mail.

I'm sorry. We are not able to send the survey by mail. Let me start and you can see what the questions are like. [IMMEDIATELY ASK THE FIRST QUESTION.]

I don't want to buy anything!

Let me assure you that we are not selling anything. We are conducting a very important research study for the State of Ohio regarding your experiences with health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care.

Exhibit 4.1 2015 OMAS Frequently Asked Questions (FAQs) (Continued)

I think this whole business is stupid. The government has better things to do with dollars, etc., etc.

This is a very important research study. The purpose is to help the State of Ohio gather information regarding health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care. The results of this study will help shape future policies and programs regarding this issue.

Why do you need to know the number of telephones/cell phones in my household?

We are collecting this information for statistical purposes only. We will not ask for any additional telephone numbers.

I don't want to confirm my telephone number.

We are only asking to make sure that we dialed the number we intended to dial. [IF STILL WON'T CONFIRM NUMBER, MARK CASE AS A REFUSAL]

I am on the National Do Not Call list.

The Do Not Call list covers telemarketing and soliciting. We are gathering data for a research study and are not trying to sell you anything. The do not call list does not apply.

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5. Sensitivity Training

5.1 Sensitive Issues in 2015 OMAS

Due to the nature of the information we are seeking, there may be some items in the survey that some men or women feel uncomfortable answering. For example, some people may be hesitant to answer questions about their health experiences. During your training, you will learn skills to help reassure respondents that their answers are important and kept confidential, and their participation is appreciated. Some tactics that you will learn include:

- Reminding respondents that their answers are confidential and being familiar with the procedures we're using to protect respondent's information;
- Providing positive, neutral feedback, such as "Thank you; I understand; We appreciate your participation in this important study; It's important your opinion is included in the results, if you need to take a minute or if you would like us to call you back we can. ," etc.
- Acknowledging a respondent's hesitancy in answering a question, such as, "It's important to find out what people think about this, so please take your time." and
- (Only if necessary) Reminding respondents that it is okay to skip any question he/she does not feel comfortable answering.

5.2 Dealing with Distressed Respondents

If the respondent displays distress during the interview, you will administer the following distress protocol and then immediately contact a supervisor to report the situation. Keep in mind that respondent distress during the interview is different from respondent anger or frustration during the introduction and consent process. By "distress" we are referring to respondents who are most likely upset by the content of the survey as it relates to their own personal experiences, not an angry household member who is refusing to complete the screening process. The respondent distress protocol includes steps to follow for different levels of distress: mild, moderate, or severe distress.

For the 2015 OMAS, we have what we describe as a "Respondent Driven" protocol for dealing with possible distress and crisis situations. This means that we react to respondents' signs and needs by offering them choices.

Step 1: Recognize that a respondent is possibly distressed.

The following are signs that may indicate a respondent is possibly distressed:

- Hesitancy to answer a question or questions;
- Refusal to answer questions or to continue the interviewing process;
- Lowering of the volume or tone of voice;
- Responding in an agitated manner by raising his/her voice or using inappropriate language;
- Crying;
- Indications of tremors, a quivering in the respondent's voice;
- Hearing the respondent tap his/her fingers, or an instrument on the telephone or surface; or
- Disorganization, dissociation, or non-responsiveness to questions asked.

Step 2: Observe the level of distress that a respondent is apparently experiencing.

Below is a table that provides some guidance to an interviewer as to what indicators you might come across on the telephone indicating that a person may be in distress.

NOTE: The indicators listed below are examples - not an exhaustive list.

| LEVEL OF DISTRESS | SIGNS OR INDICATORS OF POSSIBLE DISTRESS |
|-------------------|---|
| MILD | <ul style="list-style-type: none">• Change in voice tone or volume.• Hesitancy to answer questions.• Use of inappropriate language/cursing.• Provides non-relevant answers to questions asked.• Displays an unwillingness or hesitancy to continue |
| MODERATE | <p>MILD signs plus any of the following:</p> <ul style="list-style-type: none">• Displays signs of distress that may include long pauses, or sighing• Sobbing, weeping, and/or crying on the telephone.• Displays flat voice tones.• Being non-responsive• Provides nonsensical/bizarre answers. |
| SEVERE | <ul style="list-style-type: none">• Talks about passive or active suicidal thoughts with or without a plan• Talks about wishing another person was dead with or without a plan to kill the person• Respondent asks for immediate help from emergency services or 911• Respondent poses an immediate threat to themselves or someone else |

Step 3: Respond appropriately to the situation.

Based on your observation of the level of distress it is imperative that you react appropriately and with sensitivity. When a respondent displays emotional distress, either verbally or non-verbally (i.e., crying) you should acknowledge their distress and if appropriate offer to finish the interview at another time. Some acknowledgement phrases you may use include:

Acknowledgement Phrases

- “It sounds like these questions may be upsetting to you. Would you like to take a short break and get a drink of water?”
- “Would you like me to skip this question and go to the next section?”
- “Are you ok? Do you want to keep going with the interview? If not, I can call you back another time to finish.”
- “Thank you for sharing that.”
- “We appreciate you taking time to talk to us today, would it help to take a short break? .”
- “These questions seem to be frustrating you, would you like me to call back at a better time to complete the interview?”
- “Sir/Ma’am, would you like to take a break and continue this at a later time?”
- “We really appreciate you telling us this.”

If the respondent continues to exhibit distressed behavior you should provide the hotline number to the Ohio Department of Mental Health and Addiction Services (1-877-275-6364). In the event the respondent chooses to terminate the interview because of distress, you should record detailed comments about the case as well as complete a problem sheet describing the distress, and then put the case in the supervisor review queue so that it can be reviewed by project staff who will determine if the case should be returned to production. All such cases will be reviewed.

Similarly, in the unlikely event that a respondent exhibits severe distress by expressing thoughts/intentions of suicide, the interviewer will stop the interview and will encourage the respondent to call the National Suicide Hotline (1-800-273-8255 (TALK)). You may also offer to transfer the respondent to that hotline. Detailed comments about any case involving suicide

should be recorded in a problem sheet and immediately reported to a supervisor. Break-off interviews with potentially suicidal respondents will not be placed back into production.

Step 4: Document the case by preparing a problem sheet

Once a distress situation is encountered it is necessary to document the case immediately. Notify a supervisor to assist you when completing a problem sheet. Please remember, more detail and more information is better than less. The problem sheet needs to include details of the event so someone else can understand the type of distress and what actions the interviewer used when responding to the distress. The respondent's name should not be mentioned in this documentation.

5.3 Telephone Interviewer Distress

You may encounter a situation in which a respondent shares an experience or says something that is beyond the scope of this project which makes you feel uncomfortable. The following are procedures for you to follow in that situation.

- Encourage the respondent to stay on track by saying, "I don't want to take any more of your time than necessary, so why don't I ask the next question" and quickly move on with the interview.
- If a respondent continues to share information that is making you uncomfortable, thank the respondent for their time and disconnect the call. You should make careful case notes about the nature of the conversation so that project staff can review to determine whether or not the case should be called back. Please put these cases in the supervisor review queue, and if necessary, speak to your supervisor immediately.

6. Refusal Avoidance and Refusal Conversion

6.1 Dealing with Reluctant Respondents

Initial refusals from sample members often come before you have had a chance to explain what the study is about. Successful interviewers learn to vary their approach according to the attitude and comments of the respondents. While most respondents will be satisfied with the basic introduction, you must be prepared to answer more detailed questions if necessary. At times such questions may not be verbalized or may be hidden in another question or statement made by a potential respondent. You must become sensitive to such feelings and be prepared to deal with them. Even though not expressed, the person you wish to interview may hesitate because of various suspicions or a lack of understanding. Among the barriers you may encounter and have to overcome are:

- **Lack of understanding of this research.** The sample members may not understand what you, RTI, or the State of Ohio are doing and why. Quickly, prior to going into the more formal initial interview procedures, you need to be ready to briefly explain why this study is important and how it's being conducted. This explanation should be clear and concise.
- **Concern that personal or sensitive questions will be asked.** Explain to sample members who express or appear to have this concern that the personal or sensitive questions you will ask are necessary to make this study useful. Explain that names will never be associated with any reported information. The answers they give will be held in the strictest confidence. You may also tell them that while we hope they will answer all questions, they do not have to answer any question they do not want to answer. However, you should also emphasize that it is very critical that we get as many people as possible to answer all questions.
- **Fear that wrong answers will be given or the interview will make the respondent seem unintelligent.** If you sense that this fear is causing reluctance, explain that we are not testing anyone, there are no right or wrong answers, and that everyone's ideas and attitudes are important to the study. Most questions simply involve recalling facts and personal experiences.
- **Belief that you are really selling something.** Unfortunately, unethical use of survey research approaches by salespeople has made people, in some areas, suspicious of interviewers. Your introduction, in which you immediately explain who you are and why you are calling, will help deal with such suspicions.

In general, when answering questions or overcoming objections, respond positively to concerns voiced and do not argue with or alienate the sample member. Listen to any questions carefully and attempt to answer them briefly. Do not respond with more details than are required to meet a concern because additional details may suggest more questions or raise new concerns. Also, when you cannot answer a question, don't hesitate to tell a respondent that you will get an answer to his/her important question and then arrange a callback appointment to provide the information.

6.2 Refusal Avoidance Techniques

Maintaining a positive, professional attitude:

- remain in control of the interview;
- be accommodating;
- treat respondents the way you would like to be treated;
- always use good manners; and
- remember that you are a professional representative of the State of Ohio, as well as RTI International.

Knowing what to say and when to say it:

- explain the importance of the study;
- explain our procedures;
- offer the project toll free number, 1-866-245-8078, so the respondent can check the validity of the study; and
- apologize for bothering them, but explain that what we are doing is important and that their participation is necessary for the success of the study.

6.3 Refusals

Since the refusal rate is a large component of interview non-response, one of the most effective methods of maximizing the interview response rate is to minimize the refusal rate. The first (and most critical) step is the effort by the initial interviewer to deal effectively with reluctant sample members, therefore minimizing the incidence of initial refusals.

Interviewers need to be aware that participation by sample members is extremely important to the success of a study and that refusals cannot be accepted without reasonable efforts to convince the sample member to cooperate. Some general suggestions for dealing with potential non-respondent sample members are:

- Never take a comment or action of a sample member personally because he/she does not know you and, if your approach has been professional, he is reacting negatively for reasons beyond your control.
- Recognize that many factors may result in refusal at the time of your initial call that may not be a problem at another time (e.g., you called while the person was in the shower, napping, just leaving the house, not feeling well); a call at another time may find the person in different circumstances and more receptive.
- Attempt to keep a reluctant respondent talking by making **brief** and **neutral** statements in response to their comments.
- Never refer to a previous refusal directly. Review the event level comments and be ready to address specific concerns.

In spite of the best efforts of interviewers, refusals do occasionally occur. If you do encounter a refusal, analyze what happened to see if you could have handled the situation better. If necessary, discuss the situation with your supervisor or a team leader to see if he/she can suggest a way you could have handled the situation better. Generally, such cases will be followed up by someone else in an effort to obtain cooperation, so it's important that you provide adequate documentation of the refusal.

When you code a case as a refusal, be sure to provide thorough information about the nature of and reasons for the refusal. This is the only information that our refusal conversion interviewers will have at their disposal as they subsequently try to convert these cases. Their success in converting these cases into completed interviews depends, in large part, on how fully and accurately you document the reasons given for the refusal and other relevant details via your comments so they can prepare an appropriate approach. Always try to be the interviewer that other interviewers want to follow, not the interviewer that makes people wonder if all the information was recorded accurately.

And remember, a professional interviewer never harasses or unduly pressures a respondent. On the other hand, interviewers need to be aware that participation by respondents is extremely important to the success of a study and that refusals cannot be accepted without reasonable efforts to convince the respondent to cooperate

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7. Administering the Survey

7.1 The Questionnaire

When administering the questionnaire, CATI will route you to the correct questions based on the responses of the sample member. The questionnaire is divided into five sections containing different modules described below. Depending on the respondent's answers, the interview is expected to take approximately 20 minutes to complete.

Opening Section

| | |
|-------|-------------------------------|
| Intro | Introduction |
| | Screener and Cell Phone Usage |

Health Insurance

| | |
|-----------|---------------------------|
| SECTION A | Current Insurance Status |
| SECTION B | Currently Insured Adult |
| SECTION C | Currently Uninsured Adult |

Access and Utilization of Healthcare

| | |
|-----------|---|
| SECTION D | Adult Health Status & Care Giving |
| SECTION E | Utilization and Quality of Adult Health Care Services |
| SECTION F | Access to Care & Unmet Needs of Adult |
| F.1 | Needs of Access to Care |
| F.2 | Unmet Needs of Adult |
| F.3 | Financial Stress & Medical Bills |
| F.4 | Food |

Demographics

| | |
|-----------|------------------------------------|
| SECTION G | Employment |
| SECTION H | Adult Demographics & Family Income |

Closing Section

| | |
|-----------|---|
| SECTION Q | Household Questions |
| • CHILD | IF APPLICABLE, Child Questionnaire |
| CLOSING | Closing Statements |
| SECTION T | Interviewer Assessment of Interview Quality |

7.1.1 Key Sections in the Questionnaire

The 2015 OMAS has some very specific definitions and detailed protocols. While the entire survey requires your keen attention to detail, some items may present more of a challenge than others. Below is a brief list of items unique to the 2015 OMAS.

- **Screening**–Please note, that for the purpose of the 2015 OMAS, an adult is considered someone 19 years of age and older. At CF1, when you ask, “May I speak with an adult?” it is important to remember that the person needs to be age 19 or older.
- **Adult**–Defined as a person **19** and older.
- **Child**–Defined as a person **18** and younger
- **Landline vs. Cell Phone**–If we anticipate calling a cell phone and instead reach someone on a landline, we will continue the interview after checking the respondent is not driving.
- **Proxy Adult Interviews**–If the selected respondent has a long term or permanent physical or mental impairment and is not capable of answering the questions over the phone, you may conduct the interview with a “proxy adult.” The proxy adult is someone who is knowledgeable about the selected person’s insurance status.
- **Proxy Child Interviews**–You will conduct the interview with the adult who is most knowledgeable regarding the child’s insurance coverage and health status. It is possible that this adult is not the same one who completed the adult questionnaire.
- **Household definition**–Household refers to all of the people who are living in the house, apartment, or mobile home where we reached the respondent.
- **Family definition**–Defined as two or more persons residing together who are related by birth, marriage, adoption or legal guardian.
- **Insurance questions**–There may be times when a respondent is not clear on a definition or a type of insurance. There are interviewer notes throughout the survey that you may read if necessary. However, you may only provide the statements and definitions listed in the survey. You may not offer your own definition or explanation to a respondent.

- **Breastfeeding** – There are a few questions that ask pregnant women about how they plan to feed the new baby. Some women may find the questions sensitive. Do not apologize for the questions. Do remind a respondent that she can skip any question she would like. In the rare event that a respondent offers that she is not keeping or delivering the baby you will not ask this set of questions. If a respondent wants to refuse any of the questions you should not attempt refusal conversions.
- **Income questions**–If the respondent refuses to answer with an exact dollar amount then we will provide ranges as answer options for the respondent to select. The ranges are set based on the number of people reported in the respondent’s family (S11 and S13).

7.2 General Interviewing Techniques

7.2.1 Asking Questions

The following are guidelines for asking questions:

- Ask the questions exactly as they are presented. Do not abbreviate or condense any question.
- Emphasize all words or phrases that are in **bold**.
- Ask every question specified, even when a respondent has seemingly provided the answer as part of the response to another question. The answer received in the context of one question may not be the same answer that will be received when the other question is asked. If it becomes cumbersome to the respondent, remind him/her gently that you must ask all questions of all respondents.
- If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question.
- Read the questions slowly, at a pace that allows them to be readily understood. It is important to remember that the respondent has not heard these questions before (at least not recently), and will not have had the exposure you have had to the questionnaire.
- Read transition statements just as they are presented. Transition statements are designed to inform the respondent of the nature of a question or a series of questions, to define a word, or to describe what is being asked for in the question. Don't create "transition statements" of your own; if you do, you risk introducing bias into the interview.

- Give the respondent plenty of time to recall past events.
- Do not suggest answers to the respondent. Your job as an interviewer is to read the questions, make sure the respondent understands what you have read, and then enter the responses. Do not assist the respondent in selecting responses.
- Ask the questions in the exact order in which they are presented.
- Words that are in ALL CAPITAL LETTERS are never to be read out loud. This includes both questions and response categories.
- Read all questions including those which may appear to be sensitive to the respondent in the same manner with no hesitation or change in inflection.

7.2.2 Probing

At times, it will be necessary for you to probe to obtain a more complete or more specific answer from a respondent. To elicit an acceptable response, you will often need to use an appropriate neutral or non-directive probe. The important thing to remember is **not** to suggest answers or lead the respondent. Some general rules for probing follow.

- Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question the second time, the respondent will probably understand what information is expected.
- Use the silent probe, which is pausing or hesitating to indicate to the respondent that you need additional or better information. This is a good probe to use after you have determined the respondent's response pattern.
- Use neutral questions or statements to encourage a respondent to elaborate on an inadequate response. Examples of neutral probes are "What do you mean?", "How do you mean?", "Tell me what you have in mind.", "Tell me more about...".
- Use clarification probes when the response is unclear, ambiguous, or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. Examples of clarification probes are "Can you give me an example?" or "Could you be more specific?"
- Encourage the respondent to give his or her best guess if a respondent gives a "don't know" response. Let the respondent know that this is not a test, where there are right and wrong answers; the respondent's answers are the right answers.

- If the respondent asks you to fill in the answer or guess for him or her, let the respondent know that you can't do that, and ask the respondent if she or he requires clarification on question content or meaning.

7.2.3 Entering Responses

The majority of the questions you will ask have pre-coded responses. To enter a response for these types of questions, you will simply select the appropriate response option and enter the number corresponding to that response. There are some questions, however, that are open-ended— that is, you must enter a verbatim response to the question.

The conventions presented below must be followed at all times to ensure that the responses you enter accurately reflect the respondents' answers and to guarantee that questionnaire data are all collected in the same systematic manner.

- You must listen to what the respondent says and enter the appropriate answer if the response satisfies the objective of the question. If it does not appear to satisfy the objective, repeat the question.
- In entering answers to open-ended questions or "Other (SPECIFY)" categories, enter the response verbatim, exactly as it was given by the respondent.
- Enter the response immediately after it is given.
- If a respondent gives a range in response to a question, probe as appropriate for a more specific answer.

7.3 Screening the Household

Because we are getting our numbers from an RDD sample, we will not know who to interview until we dial the telephone number and screen for eligibility. The CATI system will provide the screening questions for you. In order to start a screening, you must verify if the individual you are speaking with is an adult, age 19 or older. The phone number must be a private residence or a non-business cell phone. Businesses will be coded out as ineligible.

Once an eligible household is confirmed, the screening process for picking the sample member may begin. If there is only one person in the household we would select that person. For households with more than one adult we will select the individual with the most recent birthday. For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone.

In order to ensure that the selection process is completely random, each household must be screened in the same way. Once an individual is selected as the respondent, they become the person that must be interviewed. Even if this person is hard to reach or another household member is willing to complete the interview, only the selected respondent may continue. Likewise, if a proxy adult is selected to answer questions for another adult or regarding a child, you must continue with the person selected as the proxy.

You will ask the respondent for the first name of the selected individual. If the respondent does not want to give their first name, you may ask for their initials. The purpose of asking for the first name or initials is to ensure that if a break-off occurs during the interview, the correct person can be identified when the call back is made. For the cell phone sample, we will attempt to conduct an interview with the person (aged 19 or older) who answers the phone, asking for the first name of the selected individual.

7.4 Monitoring and Feedback

To ensure that performance standards set for this project are met, supervisors, project staff, and the client will monitor interviewer performance. They will be listening for application of proper interviewing techniques, and will pay attention to production rates, and the number of refusals and break-offs experienced. The CATI system will provide summary performance data for each interviewer for review by his or her supervisor and for discussion between the supervisor and interviewer.

Quality circle meetings will be held throughout the project. The project team will meet with interviewing staff to discuss operating issues, such as progress with production, the wording and structure of interview questions, special screens, quality control monitoring, gaining cooperation during the interview, refusal conversion, and the overall interviewing environment. These meetings have been well-received by all interviewers in past studies as an opportunity for interviewer teams to provide feedback on daily operations.

Appendix A

Pronunciation Guide

| | | | |
|-----------------------|--|----------------------|--------------------------------|
| Alcoholic | al-kuh- haw -lik | Islander | ahy -luh n-der |
| Angina | an- jy -na | Latino | luh- tee -noh |
| Artery | art uree | Latina | luh- tee -nuh |
| Ask | ahsk | Mexican | mek -si-kuh-n |
| Breast | brest | Molina | moh- lee -nuh |
| Buckeye | buhk -ahy | Myocardial | mahy-uh- kahr -dee-uh-l |
| Cardiologists | car-dee- all -a-jists | Ohioan | oh- hahy -oh-en |
| Champ-VA | ch-amp-vee- Ay | Obstetrician | ob-sta- trish -ens |
| Congestive | kun- jes - tiv | Orthodontists | awr thuh don tist |
| Coronary | kawr -e-neree - | Orthopedists | ortho- peed -ists |
| Dermatologists | derm-a- tol -a-jists | Pacific | puh- sif -ik |
| Diabetes | dahy-uh- bee -teez | Pediatrician | pee-dee-uh- trish -uh n |
| Excellent | ek -suh-luh nt | Respite | res-pit |
| Feeling | fee -ling | Specific | spi- sif -ik |
| Fidgety | fij -i-tee | Syndrome | sin -drohm |
| Gynecologists | guy-na- col -a-jists | Unison | yoo-nuh-suh n |
| Hygienists | hy- jen -ist hahy- jee -nist | Voluntary | vol -uh n-ter-ee |
| Infarction | in- fahrk -shuh n | | |

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Appendix B

Reluctance

VS.

Refusal

1. I don't think I qualify for this study.
2. Can you pick someone else?
3. I am not really into surveys.
4. I am too old for this study.
5. I am hard to catch so maybe I should just skip this.
6. No one here has any insurance.
7. I do not have any health problems.
8. I do not think this is legit.
9. Twenty seems like a long time.
10. I'm on the other line now and this is not a good time.
11. Yeah, Yeah (hung up after 1 point)
12. I doubt {sample member's name} will help you.
13. I am in and out. You probably won't catch me.
14. I'm on my way out, sorry I can't help you right now.
15. Could you stop calling during the day?

1. Respondent uses profanity directed to the interviewer. This is not the same as casual profanity during the interview.
2. Respondent uses hate speech or racial, cultural slurs.
3. Respondent makes threatening statements to TI.
4. Call me again, and I am calling the police.
5. I am filing a complaint with the Better Business Bureau.
6. If you call again, I am contacting my lawyer.
7. (After 3 points stated) Respondent hangs up.
8. (After 3 points stated) Respondent says, "This is a waste of time, do not call me again."
9. Yeah, I know this is a survey for the State of Ohio about health insurance and I do not want to participate.
10. I have told you 20 times to stop calling!! Do not call this evening, do not call this weekend, there is no time you can call!

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