

2021 OMAS: A Survey of All Ohioans



INTRODUCTION

This study is sponsored by The State of Ohio and will take approximately 20 minutes. Your participation is voluntary. You do not have to answer any question you do not want to, and your responses to questions will be kept confidential. The responses provided to this survey are used to help local and state agencies improve health services across Ohio.

If you have questions or concerns about the study or if you feel that you have been distressed as a result of this study, you may contact the Ohio State University/RTI International at 1-833-947-2577.

INSTRUCTIONS

- This survey should be completed by the **adult, 19 years or older, who lives in this household, had the most recent birthday, and has lived in Ohio for one month or more.**
- Mark your answer by completely filling in the circle or marking an "X" in the circle.
- **You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow or a note that tells you what question to answer next.**

CURRENT INSURANCE STATUS

1. **Are you completing this survey for yourself or for someone else in your household?**

- For myself → *Go to #2*
- For someone else in my household



If you are completing this survey for someone else, please provide responses for the adult (age 19 or older) in your household with the most recent birthday, who has lived in Ohio for at least one month.

2. **Are you covered by health insurance or some other type of health care plan?**

- Yes → *Go to #9 on page 4*
- No

3. **(If no) Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, Champ-VA, or Indian Health Service.**

Keeping this in mind, are you covered by health insurance or some other type of health care plan?

- Yes, insured → *Go to #9 on page 4*
- No, not insured → *Go to #4 on page 4*

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UNINSURED

4. **(If not insured)** When were you last covered by any type of health insurance plan?

- Less than 3 months ago
- 3 months to less than 1 year ago
- 1 to less than 2 years ago
- 2 to 3 years ago
- More than 3 years ago
- I never had health insurance coverage

→ Go to #31 on page 6

5. **(If less than 2 years)** Did you lose your insurance because of the COVID-19 pandemic?

- Yes
- No

6. Did you lose your insurance because of a job loss or layoff that you or a family member experienced?

- Yes
- No

7. The last time you had health insurance, were you covered by Medicaid, the State of Ohio government health care program?

- Yes → Go to #31 on page 6
- No

8. **(If no)** The last time you had health insurance, were you covered by a plan obtained through a current or former employer or labor union?

- Yes
- No



If you are currently uninsured, go to Question 31 on page 6

INSURED

9. **(If insured)** Are you covered by a health insurance plan through a current or former employer or labor union?

Answer yes if you have insurance through:

- Your own or some else's employment
- The military
- Retiree coverage and COBRA

Do not include Medicare or Medicaid coverage.

- Yes
- No → Go to #13

10. **(If yes)** Is your insurance through your work or are you receiving insurance as a dependent through someone else's work? This includes current or past work.

- Through my own work
- Through someone else's work
- Both through your own work and someone else's work

11. Is that through current work or past work?

- Current work
- Past work

12. Approximately how long have you been covered by your current health insurance plan from your or someone else's work?

- Less than 3 months
- 3 months to less than 1 year
- 1 to 2 years
- More than 2 years

13. Are you covered by or enrolled in Medicare, the Federal government-funded health insurance plan for people 65 years and older or with certain disabilities?

- Yes → Go to #14
- No → Go to #15

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14. (If covered by Medicare) How long have you been covered by Medicare?

- Less than 3 months
- 3 months to less than 1 year
- 1 to 2 years
- More than 2 years

15. Ohio Medicaid is the state program that pays for medical insurance for people with low incomes. Medicaid may use managed care plans like CareSource, Buckeye, Molina, Paramount, and United Healthcare to provide services.

Are you currently covered by or enrolled in Medicaid?

- Yes
- No → Go to #18

16. (If yes) Which Medicaid program are you covered by?

- Healthy Families or Healthy Start
- Medicaid for the Aged, Blind and Disabled, or Waiver Programs
- Medicare Premium Assistance Program, QMB, or SLMB
- Some other Medicaid program → Go to #18
- I'm not sure → Go to #18

17. How long have you been covered by Medicaid?

- Less than 3 months
- 3 months to less than 1 year
- 1 to 2 years
- More than 2 years

18. Are you covered through the Ohio Health Care Exchange, also known as Obama Care, or a healthcare.gov insurance plan?

- Yes → Go to #19
- No → Go to #20

19. (If covered by healthcare.gov) A monthly premium is a fixed amount of money people pay each month to have health care coverage. It does not include copays or other expenses such as prescription costs.

Is there a monthly premium for this Ohio Health Care Exchange or healthcare.gov insurance plan?

- Yes
- No

20. Are you covered by health insurance purchased directly, that is, a plan not related to current or past employment or not purchased through healthcare.gov?

- Yes
- No

21. Do you have any other health care coverage not otherwise mentioned so far?

- Yes
- No

22. Do you have any insurance that covers dental bills?

- Yes
- No

23. How long have you been covered by your current primary health insurance?

- Less than 3 months
- 3 months to less than 1 year
- 1 to 2 years → Go to #31 on page 6
- More than 2 years → Go to #31 on page 6

24. (If covered for less than 1 year) During the past 12 months, how long were you without health insurance coverage?

- Less than 2 months
 - 2 to 6 months
 - More than 6 months to 12 months
 - I have had health insurance for the past 12 months → Go to #28 on page 6
- } → Go to #25 on page 6

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HEALTH STATUS & CARE GIVING

25. There are a lot of reasons why people may have been without health insurance coverage during the past year. Was your gap in health insurance coverage due to the COVID-19 pandemic?

- Yes
- No

26. Was your gap in health insurance coverage due to a job loss or layoff that you or a family member experienced?

- Yes
- No

27. Before you became covered with your current health insurance plans, were you covered by another plan within the past 12 months?

- Yes
- No → Go to #29

28. (If yes) Just prior to your current health insurance coverage, were you covered by a health insurance plan obtained through an employer or labor union?

- Yes → Go to #31
- No

29. (If no) Just prior to your current health insurance coverage, were you covered by any other insurance that you or your family paid for completely?

- Yes → Go to #31
- No

30. (If no) Just prior to your current health insurance coverage, were you covered by any other health care coverage not otherwise mentioned so far?

- Yes
- No

31. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

32. Thinking about your mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, during the past 30 days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

Days

33. Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

34. Are you deaf, or do you have serious difficulty hearing?

- Yes
- No

35. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

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36. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

37. Do you have difficulty dressing or bathing?

- Yes
- No

38. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?


- Yes
- No

39. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

- Yes
- No

40. Do you have a developmental disability?

- Yes
- No

 **Women go to #41**
Men go to #43

41. (If woman) During the past 12 months were you pregnant at any time?

- Yes → Go to #42
- No → Go to #43

42. (If yes) Are you currently pregnant?

- Yes
- No

43. Has a doctor, nurse, or other health professional ever told you that you had high blood pressure or hypertension?

- Yes
- No

44. Has a doctor, nurse, or other health professional ever told you that you had diabetes or sugar diabetes?

- Yes
- Borderline
- No → Go to #46

45. (If yes or borderline) Was your diabetes only during a time associated with a pregnancy?

- Yes, only when pregnant
- No
- Does not apply (Never been pregnant)

46. About how much do you weigh without shoes?

If currently pregnant, consider your weight just before your current pregnancy

Pounds

47. About how tall are you without shoes?

Feet Inches

48. The next questions are about how you feel about different aspects of your life. You do not have to answer any questions that make you uncomfortable.

How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

49. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

50. How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often

51. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No → Go to #53

52. (If yes) Do you smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

53. Have you ever used an electronic cigarette or vaping product, even one time?

- Yes
- No → Go to #55

54. (If yes) Do you now use e-cigarettes or vaping products every day, some days, rarely, or not at all?

- Every day
- Some days
- Rarely
- Not at all

55. During the past 30 days, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage, or liquor?

Enter "0" if you have not had an alcoholic beverage during the past 30 days.

Days



If 0 days → Go to #58

If more than 0 days and woman → Go to #56

If more than 0 days and man → Go to #57

56. (Women only) During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 4 or more drinks on an occasion?

Days → Go to #58

57. (Men only) During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 5 or more drinks on an occasion?

Days

58. (Everyone) During the past 30 days, on how many days, if any, did you use marijuana or cannabis?

Enter "0" if you have not used marijuana or cannabis during the last 30 days.

Days

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UTILIZATION OF HEALTH CARE SERVICES

59. **Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since you last saw a doctor or other health care professional about your own health?

- Within the last 12 months
 - More than 12 months ago
 - I have never seen a doctor about my health
- } → Go to #61

60. About how long has it been since you last visited a doctor for a **routine check-up**? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition. If you are unsure, please make your best estimate.

- Within the last 12 months
- More than 12 months ago
- I have never seen a doctor for a routine check-up

61. **During the past 12 months**, how many times were you a patient in a hospital **emergency room**?

- 1 time
- 2 times
- 3 times
- 4 times or more

SOURCES OF CARE

62. When you are sick or need advice about your health, do you usually receive care at one place, more than one place, or no place at all?

- One place
- More than one place
- No place at all → Go to #64

63. Is the place where you usually receive care or advice about your health... (Choose one)

- A doctor's office or health center, including by phone or video call
- A hospital emergency room
- An urgent care center, including by phone or video call
- A clinic in a pharmacy or grocery store
- Some other place

64. **During the past 12 months**, was there a time when you **needed** dental care?

- Yes, I needed dental care
- No, I did not need dental care → Go to #66

65. (**Needed dental care**) Were you able to **get** the dental care that you needed?

- Yes, I got the dental care I needed
- No, I **did not get** the dental care I needed

66. **During the past 12 months**, was there a time when you **needed** vision care or eyeglasses?

- Yes, I needed vision care or eyeglasses → Go to #67 on page 10
- No, I did not need vision care or eyeglasses → Go to #68 on page 10



67. **(Needed vision care or eyeglasses)** Were you able to get the vision care or eyeglasses that you needed?

- Yes, I got the vision care or eyeglasses I needed
- No, I did not get the vision care or eyeglasses I needed

68. **During the past 12 months**, was there a time when you needed mental or emotional health care or counseling services?

- Yes, I needed mental health care or counseling
- No, I did not need mental health care or counseling → *Go to #70*

69. **(Needed mental health care)** Were you able to get the mental or emotional health care or counseling services that you needed?

- Yes, I got the mental health care or counseling I needed
- No, I did not get the mental health care or counseling I needed

70. **During the past 12 months**, was there a time when you needed alcohol or other drug treatment, not counting cigarettes?

- Yes, I needed alcohol or other drug treatment
- No, I did not need alcohol or other drug treatment → *Go to #72*

71. **(Needed treatment)** Were you able to get the alcohol or other drug treatment that you needed?

- Yes, I got the alcohol or other drug treatment I needed
- No, I did not get the alcohol or other drug treatment I needed

72. **During the past 12 months**, was there a time when you needed any other health care, such as a medical exam or medical supplies?

- Yes, I needed other health care
- No, I did not need other health care → *Go to #74*

73. **(Needed other health care)** Were you able to get the other health care that you needed?

- Yes, I got the other health care I needed
- No, I did not get the other health care I needed

74. **During the past 12 months**, did you delay or avoid getting care that you felt you needed?

- Yes
- No → *Go to #80*

75. **(If yes)** Did you delay or avoid getting care over the past 12 months because you thought it would cost too much?

- Yes
- No

76. Did you delay or avoid getting care over the past 12 months because you did not have transportation to or from appointments?

- Yes
- No

77. Did you delay or avoid getting care over the past 12 months because the provider was not available when you needed to go?

- Yes
- No



EMPLOYMENT STATUS

78. Did you delay or avoid getting care over the past 12 months because you could not find a provider?

- Yes
- No

79. Did you delay or avoid getting care over the past 12 months because you did not want to visit a provider's office because of COVID-19?

- Yes
- No

80. During the past 12 months, were there times when you had problems paying or you were unable to pay for medical bills for yourself or anyone else in the family or household?

- Yes
- No

81. In the past 12 months, has it gotten easier, harder, or stayed the same to pay rent or mortgage?

- Easier
- Harder
- Stayed the same
- I do not have rent or a mortgage

82. Since March of 2020, have you lost a job?

- Yes
- No

83. Since March of 2020, has a family member you live with lost a job?

- Yes
- No
- I do not live with a family member

84. Last week did you have a job?

- Yes
- No → Go to #94 on page 12

85. (If yes) Thinking about just last week, how many hours did you work? If you are unsure, please make your best guess.

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 Hours

86. How long have you had your current job? If you are unsure, please make your best guess.

- Less than 3 months
- 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year

87. Are you self-employed at all? This may be in addition to your main job.

- Yes
- No

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88. Does your employer or labor union offer health insurance to any of its employees?

If you are only self-employed, please answer "Does not apply."

- Yes
- No → *Go to #96*
- Does not apply → *Go to #96*
(Self-employed)

89. (If yes) To the best of your knowledge, does your employer or labor union offer coverage to the children of employees?

- Yes
- No
- Unsure

90. To the best of your knowledge, does your employer or labor union offer coverage to the spouses of employees?

- Yes
- No
- Unsure

91. Are you currently eligible to participate in your employer or union health plan?

- Yes
- No → *Go to #96*

92. (If yes) Do you participate in your employer or union health plan?

- Yes → *Go to #96*
- No → *Go to #93*

93. (If no) Please select whether each of the following was a reason you are not participating in your employer or labor union health insurance plan.

Select "Yes" or "No" for each item

| | Yes | No |
|----------------------------|-----------------------|-----------------------|
| a. It costs too much. | <input type="radio"/> | <input type="radio"/> |
| b. I have other insurance. | <input type="radio"/> | <input type="radio"/> |
| c. I do not need it. | <input type="radio"/> | <input type="radio"/> |

Go to #96

94. In the last month have you looked for work?

- Yes
- No

95. People are not working for various reasons. Are you not working because...

Select "Yes" or "No" for each item

| | Yes | No |
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| a. you are retired? | <input type="radio"/> | <input type="radio"/> |
| b. you are caring for a family member? | <input type="radio"/> | <input type="radio"/> |
| c. you have at least one physical or mental health limitation? | <input type="radio"/> | <input type="radio"/> |
| d. you are in a job training program or in school? | <input type="radio"/> | <input type="radio"/> |
| e. you could not find work? | <input type="radio"/> | <input type="radio"/> |

Go to #96

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DEMOGRAPHICS AND FAMILY INCOME

96. Are you currently...

- Married
- Not married, but living together with a partner
- Widowed
- Divorced or annulled
- Separated
- Never been married

97. What is your gender?

- Male
- Female
- Other

98. Have you ever served in the United States Armed Forces?

- Yes
- No

99. How old were you on your last birthday?

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 Years old

100. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

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

Please select all that apply.

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Other

102. What is the highest level of school you have completed or the highest degree received?

- Less than 8th grade
- Some high school, but no diploma
- High school graduate or equivalent (GED/vocational/trade school graduate)
- Some college, but no degree
- Associate degree (1-2 year occupational, technical or academic program)
- Four year college graduate/bachelor's degree
- Advanced degree (including master's, professional degree, or doctorate)

103. Does your household have any landline telephone numbers primarily for non-business use?

Do not include cell phones or numbers that are only used by a computer or fax machine.

- Yes
- No → Go to #106 on page 14

104. (If yes) How many landline telephone numbers are there in your house that are primarily for non-business use?

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 Landline numbers

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105. **Excluding cell phones**, at any time, during the past 12 months, has your household been without telephone service for 24 hours or more?

- Yes
- No

106. Does your household have any **active** cell phone numbers primarily for non-business use?

- Yes
- No → Go to #109

107. (If yes) How many **active** cell phone numbers are there in your house that are primarily for non-business use?

Active cell phones

108. **Excluding landline phones**, at any time, during the past 12 months, have you been without telephone service for 24 hours or more?

- Yes
- No

109. How many family members, including yourself, live in your household?

Family means two or more persons living together who are related by birth, marriage, partnership, adoption, or legal guardianship.

Family Members

110. Including yourself, how many family members living in your household are supported by the family's total income?

Total income includes money from jobs, business, farm, pensions, investments, social security payments, and other money income received before taxes or other deductions.

Family Members

111. Are there any other family members **who do not live in your home** who are also supported by the family's total income?

- Yes
- No → Go to #113

112. (If yes) How many **other** family members are also supported by the family's total income?

Other Family Members

113. What is your best estimate of you and your **family members' income last month** before taxes and other deductions? All of the information you provide will be kept strictly confidential.

\$, Dollars

114. What is your best estimate of you and your **family members' total 2020 annual income** before taxes and other deductions? This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.

Please do not include any economic stimulus payments in your annual income.

\$, Dollars

115. **Including yourself**, how many members of your household are 19 years of age or older?

Please include all adults in your household, including family member and non-family members.

Adults

116. **Including yourself**, how many adult members of your **family**, age 19 and over, live in this household?

Family means two or more persons residing together who are related by birth, marriage, partnership, adoption, or legal guardianship.

Adult Family Members

117. How many children **18 years of age or younger**, if any, live in your household, whether they are family members or not?

Family means two or more persons residing together who are related by birth, marriage, partnership, adoption, or legal guardianship.

Children

118. **(If one child in the household)** Is the child living in your household a family member?

Please only count individuals 18 years of age or younger. Family means two or more persons residing together who are related by birth, marriage, partnership, adoption, or legal guardianship.

- Yes }
 No } → Go to #120

119. **(If two or more children in the household)** How many of the children living in your household, if any, are family members?

Please only count individuals 18 years of age or younger. Family means two or more persons residing together who are related by birth, marriage, partnership, adoption, or legal guardianship.

Child or Children

120. Are you a parent of any child or children living in your household, including children temporarily away from the home?

Parents include stepparents, foster parents, and legal guardians.

- Yes
 No



If there are no children, go to the next page
If there is one child, go to #118
If there are two or more children, go to #119

You have reached the end of the survey.
Please complete the information on the next page to receive your \$10 token of appreciation.

In order to mail you your \$10 token of appreciation for completing this survey, we need to collect your name and mailing address:

First Name:

Last Name:

Address:

Apartment:

City:

State:

Zip Code:

Please select how you would like to receive your \$10 token of appreciation in the mail:

- Physical Visa Gift Card
- Check

Thank you for your participation!

Please return this questionnaire in the envelope provided.

If you have lost the envelope or did not receive one, please return this questionnaire to:

**RTI International
Attn: Data Capture (0217891.002.001)
5265 Capital Boulevard
Raleigh, NC 27690-1653**

You will receive your \$10 VISA gift card or \$10 check in three to four weeks by mail.

