# 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  $\rightarrow$  Go to #2
- O 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  $\rightarrow$  Go to #9 on page 4

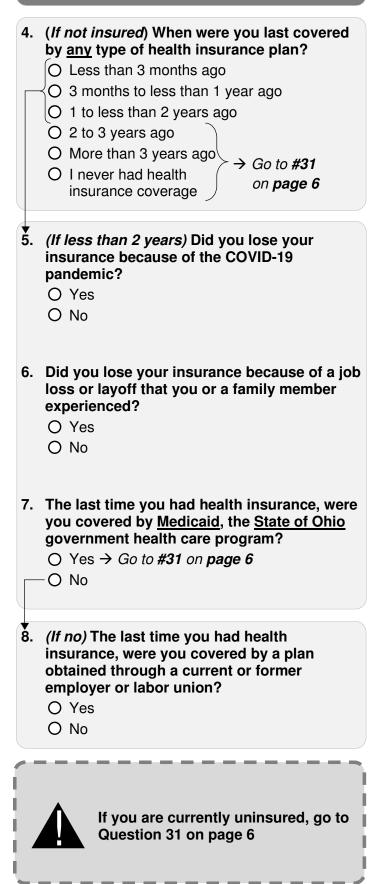
-O No

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?

- O Yes, insured → Go to #9 on page 4
- $\bigcirc$  No, not insured  $\rightarrow$  Go to #4 on page 4

## UNINSURED

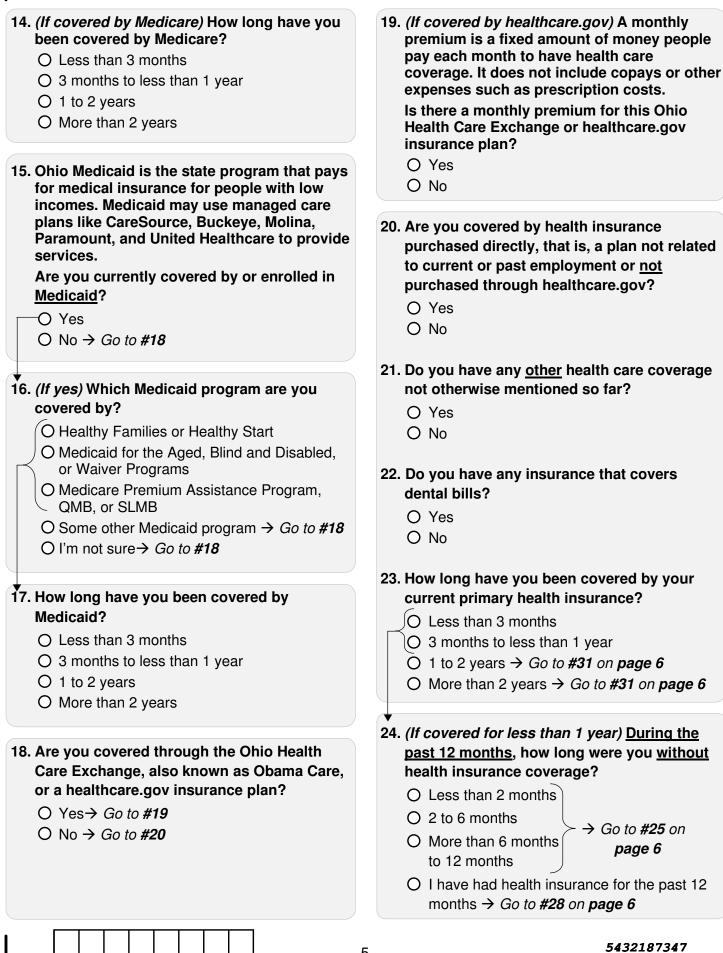


### INSURED

- 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. O Yes  $\bigcirc$  No  $\rightarrow$  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. O Through my own work O Through someone else's work O Both through your own work and someone else's work 11. Is that through current work or past work? O Current work O Past work 12. Approximately how long have you been covered by your current health insurance plan from your or someone else's work? O Less than 3 months O 3 months to less than 1 year O 1 to 2 years O 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
  - Yes  $\rightarrow$  Go to #14

or with certain disabilities?

 $\bigcirc$  No  $\rightarrow$  Go to #15



have been without health insurance coverage during the past year. Was your gap in health insurance coverage due to the **COVID-19 pandemic?** O Excellent O Yes O No O Good O Fair 26. Was your gap in health insurance coverage O Poor due to a job loss or layoff that you or a family member experienced? O Yes O No 27. Before you became covered with your current health insurance plans, were you covered by another plan within the past 12 months? -O Yes  $\bigcirc$  No  $\rightarrow$  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 O Excellent employer or labor union?  $\bigcirc$  Yes  $\rightarrow$  Go to #31 O Good -O No O Fair O Poor 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? O Yes  $\bigcirc$  Yes  $\rightarrow$  Go to #31 O No -O No 30. (If no) Just prior to your current health insurance coverage, were you covered by glasses? any other health care coverage not otherwise O Yes mentioned so far? O No O Yes O No

25. There are a lot of reasons why people may

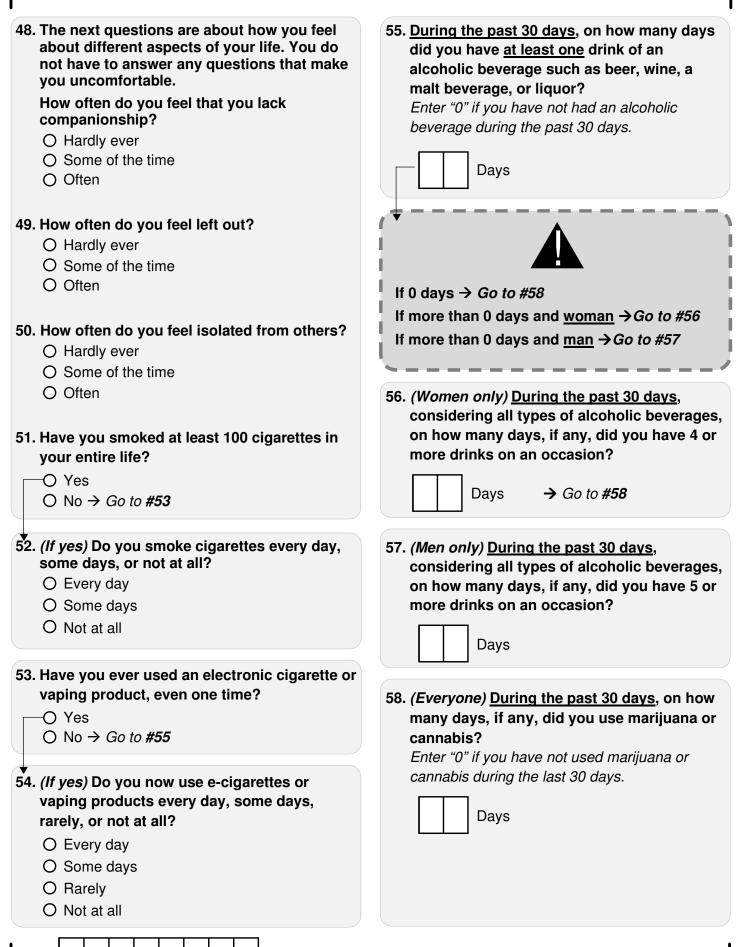
# **HEALTH STATUS & CARE GIVING**

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



- 33. Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?
  - O Very good
- 34. Are you deaf, or do you have serious difficulty hearing?
- 35. Are you blind, or do you have serious difficulty seeing, even when wearing

<ul> <li>36. Do you have serious difficulty walking or climbing stairs?</li> <li>O Yes</li> <li>O No</li> </ul>	<ul> <li>42. (If yes) Are you currently pregnant?</li> <li>O Yes</li> <li>O No</li> <li>▼</li> <li>43. Has a doctor, nurse, or other health</li> </ul>
<ul> <li>37. Do you have difficulty dressing or bathing?</li> <li>O Yes</li> <li>O No</li> </ul>	professional ever told you that you had <u>high</u> <u>blood pressure</u> or hypertension? O Yes O No
<ul> <li>38. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</li> <li>O Yes</li> <li>O No</li> </ul>	<ul> <li>44. Has a doctor, nurse, or other health professional ever told you that you had <u>diabetes</u> or sugar diabetes?</li> <li>O Yes</li> <li>O Borderline</li> <li>O No → Go to #46</li> </ul>
<ul> <li>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?</li> <li>O Yes</li> <li>O No</li> </ul>	<ul> <li>45. (If yes or borderline) Was your diabetes only during a time associated with a pregnancy?</li> <li>O Yes, only when pregnant</li> <li>O No</li> <li>O Does not apply (Never been pregnant)</li> </ul>
40. Do you have a developmental disability? O Yes O No Women go to #41 Men go to #43	<ul> <li>46. About how much do you weigh without shoes?</li> <li>If currently pregnant, consider your weight just before your current pregnancy</li> <li>Pounds</li> <li>47. About how tall are you without shoes?</li> </ul>
<ul> <li>41. (If woman) During the past 12 months were you pregnant at any time?</li> <li>○ Yes → Go to #42</li> <li>○ No → Go to #43</li> </ul>	Feet Inches
	1246187346



# UTILIZATION OF HEALTH CARE SERVICES

- 59. <u>Not</u> 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?
  - O Within the last 12 months
  - O More than 12 months ago
  - O 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 <u>routine check-up</u>? 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.
  - O Within the last 12 months
  - O More than 12 months ago
  - O I have never seen a doctor for a routine check-up
- 61. <u>During the past 12 months</u>, how many times were you a patient in a hospital <u>emergency</u> room?
  - O 1 time
  - O 2 times
  - O 3 times
  - O 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?
  - O One place
  - O More than one place
  - $\bigcirc$  No place at all  $\rightarrow$  Go to #64
- 63. Is the place where you usually receive care or advice about your health... (Choose one)
  - O A doctor's office or health center, including by phone or video call
  - O A hospital emergency room
  - O An urgent care center, including by phone or video call
  - O A clinic in a pharmacy or grocery store
  - O Some other place
- 64. <u>During the past 12 months</u>, was there a time when you <u>needed</u> dental care?
  - -O Yes, I needed dental care

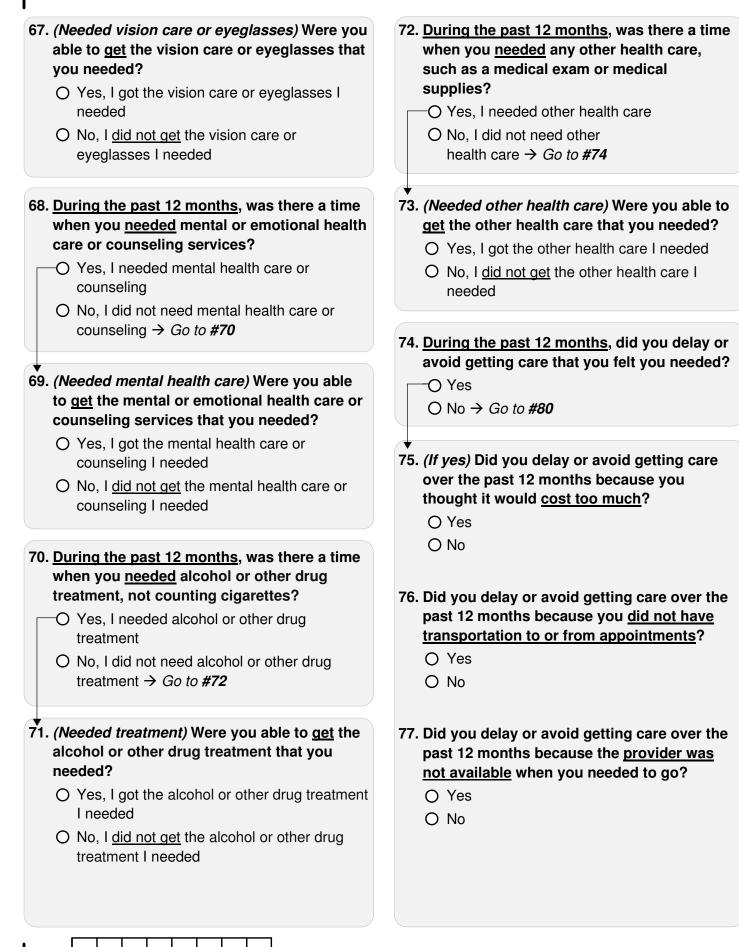
 $\bigcirc$  No, I did not need dental care  $\rightarrow$  Go to #66

# 65. *(Needed dental care)* Were you able to <u>get</u> the dental care that you needed?

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

# 66. <u>During the past 12 months</u>, was there a time when you <u>needed</u> vision care or eyeglasses?

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



- 78. Did you delay or avoid getting care over the past 12 months because you <u>could not find a</u> <u>provider</u>?
  - O Yes
  - O 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 <u>COVID-</u> <u>19</u>?
  - O Yes
  - O No
- 80. <u>During the past 12 months</u>, 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?
  - O Yes
  - O No
- 81. <u>In the past 12 months</u>, has it gotten easier, harder, or stayed the same to <u>pay rent or</u> <u>mortgage</u>?
  - O Easier
  - O Harder
  - O Stayed the same
  - O I do not have rent or a mortgage

## **EMPLOYMENT STATUS**

- 82. Since March of 2020, have you lost a job?
  - O Yes
  - O No
- 83. <u>Since March of 2020</u>, has a family member you live with lost a job?
  - O Yes
  - O No
  - O I do not live with a family member

#### 84. Last week did you have a job?

—O Yes
O 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.



- 86. How long have you had your current job? If you are unsure, please make your best guess.
  - O Less than 3 months
  - O 3 months to 6 months
  - O More than 6 months to 1 year
  - O More than 1 year

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

- O Yes
- O No

88. Do	bes your employer or labor union offer	
	alth insurance to any of its employees?	
-	you are only self-employed, please answer	
"D	oes not apply."	
	Yes	
-	No → Go to <b>#96</b>	
0	Does not apply → Go to <b>#96</b> (Self-employed)	
•	<i>yes)</i> To the best of your knowledge, does	
-	ur employer or labor union offer coverage the children of employees?	
О	Yes	
0	No	
0	Unsure	
en	the best of your knowledge, does your ployer or labor union offer coverage to e spouses of employees?	
	Yes	
-	No	
0	Unsure	
yo	e you currently eligible to participate in our employer or union health plan?	
	No → Go to <b>#96</b>	
	<i>yes)</i> Do you participate in your employer	
	union health plan?	
-	$Yes \rightarrow Go \ to \ #96$	
0	No → Go to <b>#93</b>	
_		

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.	0	0
b. I have other insurance.	0	0
c. I do not need it.	0	0

Go to #96

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

- O Yes O No
- 95. People are not working for various reasons. Are you not working because... Select "Yes" or "No" for each item

	Yes	No
a. you are retired?	0	0
b. you are caring for a family	0	0

member? c. you have at least one physical Ο Ο or mental health limitation? d. you are in a job training Ο Ο program or in school? Ο Ο e. you could not find work?

Go to **#96** 

# **DEMOGRAPHICS AND FAMILY** INCOME

#### 96. Are you currently...

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

#### 97. What is your gender?

- O Male
- O Female
- O Other

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

- O Yes
- O No

#### 99. How old were you on your last birthday?

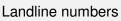


Years old

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

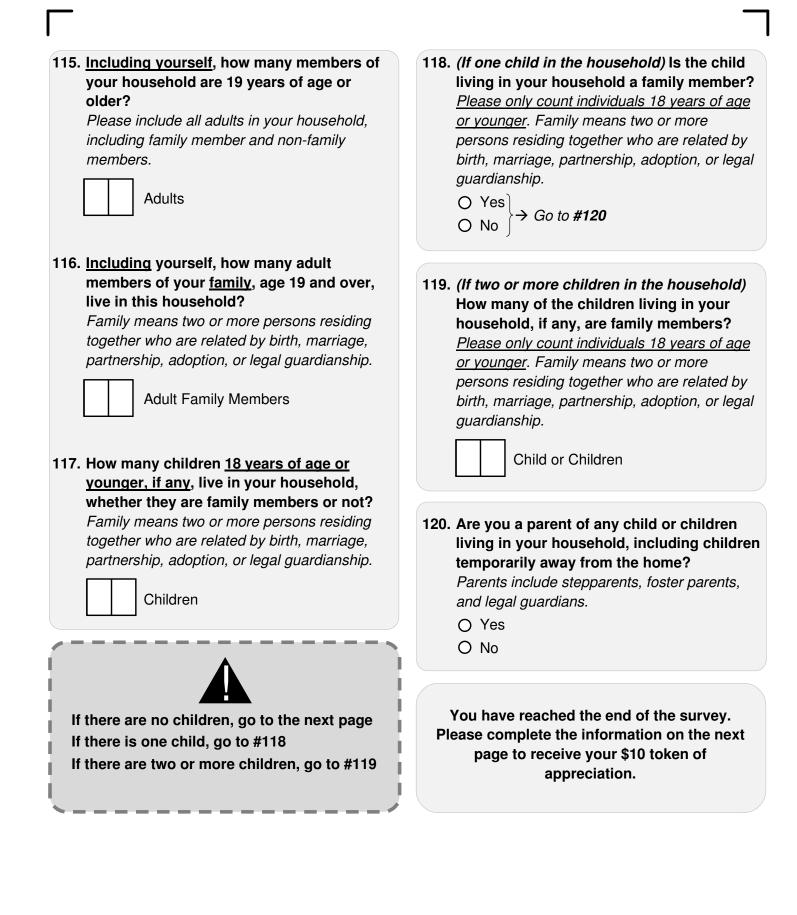
- O Yes
- O No

# 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? O Less than 8<sup>th</sup> grade O Some high school, but no diploma O High school graduate or equivalent (GED/vocational/trade school graduate) O Some college, but no degree O Associate degree (1-2 year occupational, technical or academic program) O 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 nonbusiness use? Do not include cell phones or numbers that are only used by a computer or fax machine. O Yes $\bigcirc$ No $\rightarrow$ 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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<ul> <li>105. Excluding cell phones, at any time, during the past 12 months, has your household been without telephone service for 24 hours or more?</li> <li>O Yes</li> <li>O No</li> </ul>	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.
<ul> <li>106. Does your household have any <u>active</u> cell phone numbers primarily for non-business use?</li> <li>O Yes</li> <li>O No → Go to #109</li> </ul>	Family Members 111. Are there any other family members <u>who do</u> <u>not live in your home</u> who are also supported by the family's total income?
<ul> <li>Interview of the second state of</li></ul>	O Yes O No → Go to <b>#113</b>
Active cell phones         108. Excluding landline phones, at any time,	<ul> <li>112. (If yes) How many <u>other</u> family members are also supported by the family's total income?</li> <li>Other Family Members</li> </ul>
<ul> <li>during the past 12 months, have you been without telephone service for 24 hours or more?</li> <li>O Yes</li> <li>O No</li> </ul>	113. What is your best estimate of you and your <u>family members'</u> income <u>last month</u> before taxes and other deductions? All of the information you provide will be kept strictly confidential.
<b>109. How many family members, including</b> <b>yourself, live in your household?</b> <i>Family means two or more persons living</i> <i>together who are related by birth, marriage,</i> <i>partnership, adoption, or legal guardianship.</i>	<ul> <li>Dollars</li> <li>114. What is your best estimate of you and your <u>family members' total 2020 annual income</u> before taxes and other deductions? This</li> </ul>
Family Members	<ul> <li>before taxes and other deductions i This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.</li> <li>Please do <u>not</u> include any economic stimulus payments in your annual income.</li> <li>\$ Dollars</li> </ul>
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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:

- O Physical Visa Gift Card
- O 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.