

AIR Consumer Recruitment Screener: Early Care Experiences Under the Affordable Care Act

INTRO WHEN PERSON ANSWERS THE PHONE:

Hello, may I please speak with **[FIRST AND LAST NAME]**? My name is **[RECRUITER FIRST AND LAST NAME]**, and I'm calling on behalf of the American Institutes for Research (AIR), a nonprofit research institute.

IF RESPONDENT NOT AVAILABLE EITHER:

- **DETERMINE A GOOD TIME TO CALL BACK OR**
- **LEAVE MESSAGE ON ANSWERING MACHINE**

ANSWERING MACHINE SCRIPT:

Hello, my name is **[RECRUITER FIRST AND LAST NAME]**. I'm calling on behalf of the American Institutes for Research, a nonprofit research institute. We would like for you to participate in a focus group about your experience using health insurance purchased through Covered California, sometimes referred to as "ObamaCare."

Please call **[INSERT PHONE NUMBER]** at your convenience.

IF RESPONDENT IS AVAILABLE, IDENTIFY REASON FOR CALLING.

I'm calling today about a research project that we are doing about people's experiences using health insurance purchased through Covered California, sometimes referred to as "ObamaCare."

IF NEEDED, EXPLAIN FURTHER: Covered California is our state health insurance marketplaces that helps people identify their health insurance options, choose a plan

that is right for them and determine whether financial assistance is available to help pay for the plan.

If you are interested in helping with this project, and you meet the requirements for participation, we will invite you to come to our facility in [San Francisco / East Los Angeles area / Fresno / Redding], CA for a focus group discussion. It would take two hours of your time, and we would give you a \$100 gift card to thank you for participating.

May I ask you a few questions to see if you are eligible to participate?

IF NEEDED, EXPLAIN FURTHER: We need to include people with specific experiences and with a mix of different backgrounds. So I have to ask you some questions to see if you fit the profile of participants that AIR is looking for in the focus groups.

IF YES, CONTINUE TO QUESTION 1. IF NO, THANK & END (END SCRIPT A).

Before we start, I'd like to let you know that all the information you give me will be held in confidence. Your help is voluntary, and you may ask me to skip any questions that you do not wish to answer. You can stop at any time. None of the information that you provide to us will be used for any purpose outside of this study.

If in Spanish start with this question:

Q1. What language do you speak most often at home?

- Spanish → **Do you also read in Spanish?**
 - Yes → *Continue*
 - No → *Thank & End*
- English → *Thank & End*
- Other → *Thank & End*

Thank you very much for answering my questions. Unfortunately, we are only interviewing people who primarily speak Spanish and can read it also. I appreciate your taking the time to speak with me and I hope you have a good day.

For all:

1. What is your age?

years old

IF YOUNGER THAN 18, END SCRIPT B

2. Do you currently have health insurance you purchased through Covered California?

IF NEEDED, EXPLAIN FURTHER: Did you enroll in California's state health insurance marketplace called Covered California?

- ¹ Yes
² No

IF NO, USE END SCRIPT B

3. Are you covered under California's Medicaid program, also known as Medi-Cal?

- ¹ Yes
² No

IF YES, USE END SCRIPT B

4. Are you covered under Medicare program?

- ¹ Yes
² No

IF YES, USE END SCRIPT B

5. Have you used your new health insurance since enrolling? This could be a visit to your doctor or a specialist, a visit to the hospital or emergency room, surgery, scheduling an appointment for care, or filling a prescription.

IF NO, USE END SCRIPT B

5a. {IF YES} Which of the following best describes what you have used your health insurance for?

<input type="checkbox"/>	Doctor or specialist visit
<input type="checkbox"/>	Hospital or emergency room visit
<input type="checkbox"/>	Visit to urgent care or other clinic
<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Prescription fill/costs
<input type="checkbox"/>	Medical equipment costs
<input type="checkbox"/>	Customer service questions
<input type="checkbox"/>	Appointment scheduling
<input type="checkbox"/>	Other (specify: _____)

6. Are you receiving any reduction in the amount you pay for health insurance?

- ¹ Yes
² No
³ Don't know

7. In general, how would you rate your overall health? (CM/HP5-AM-27)

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

8. In the past 6 months, did you get health care 3 or more times for the same condition or problem? (RC/HP5-AM-29)

- ¹ Yes
² No → **If No, go to #10**

9. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. (RC/HP5-AM-30)

- ¹ Yes
² No

10. Did you have health insurance in the United States at any time between January 1st and December 31st, 2013? (RC/T,C)

¹ Yes → **If Yes, go to #14**

² No

11. How confident are you that you understand health insurance terms? (RC/OMB30)

¹ Not at all confident

² Slightly confident

³ Moderately confident

³ Very confident

12. How confident are you that you know most of the things you need to know about using health insurance? (RC/OMB30)

¹ Not at all confident

² Slightly confident

³ Moderately confident

³ Very confident

13. What language do you speak most often at home?

- English
- Spanish
- Other
- Specify Other: _____

14. What is your gender?

- Male
- Female

15. What is the highest grade or level of school you have completed?

- Less than high school graduate
- High school diploma
- GED

- Technical or vocational school or certificate program
- Associate's Degree (2 year college graduate)
- Some college (1 – 3 years of college, no degree)
- Bachelor's Degree
- Graduate degree (Master's or Doctorate)

16. Are you of Spanish, Hispanic, or Latino background?

- ¹ Yes
- ² No

17. How would you describe your race? (check all that apply)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- White
- Another race (Specify other race: _____)

18. If you decide to participate, we would like to audio record and video record the focus group. Only the researchers have access to the tapes. Would you be willing to be audio and video recorded?

- ¹ Yes
- ² No

IF NO, END SCRIPT C

INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:

Thank you for answering all of my questions. It looks like you're eligible to participate in the focus group.

We are having the focus group on **XXX at XXX p.m.** The focus group will take two hours and you will be given a \$100 gift card as a thank you for participating.

Would you be able to come participate in the focus group at that date and time?

IF YES, CONFIRM APPOINTMENT

So, let me confirm, that you are agreeing to participate in a focus group about your experiences with the health care system and health insurance on **XXX at XXX p.m.**

IF NO:

Okay, is it okay if I call you if other days and times become available?

IF NO: GO TO END SCRIPT A

CONFIRM APPOINTMENT

So, let me confirm, that you are agreeing to participate in a focus group about your experiences with the health care system and health insurance on **{Date and time}**

CONFIRM RESPONDENT’S INFORMATION

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: _____ Other Phone: _____

If you have any questions or find that you can’t attend, please call us right away at *{insert phone number}* so that we can find a replacement. Thank you for your time and for agreeing to help.

RECRUITING ADDITIONAL PARTICIPANTS

19. We are still looking for people to participate in the focus groups. Do you know any one who has purchased health insurance through Covered California and used it since enrolling?

20. {IF YES} Would you be willing to provide names that individual(s) so that we can contact them and ask them to participate in the focus group? They will have the opportunity to say whether they would like to participate when we contact them. If they do decide to participate, they will receive an incentive as well.

24a. {IF YES} What are the names, phone number, and email addresses for those individuals?

Referral 1	Referral 2	Referral 3
Name:	Name:	Name:
Email address:	Email address:	Email address:
Phone number:	Phone number:	Phone number:

24b. {IF NO} Would you be willing to pass along information about our study to those individuals so that they may contact us to participate if they choose?

24b.i. {IF YES} What is the best method for giving you this information to pass along? Email? Fax? Mail?

END SCRIPT A (GENERIC THANK AND END):

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with specific characteristics and a mix of backgrounds. Unfortunately *{you do not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours}*.

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT C (FOR PEOPLE WHO MEET ALL SCREENER CRITERIA EXCEPT):

- NOT WILLING TO BE AUDIO OR VIDEOTAPED FROM QUESTION 18

Thank you very much for answering my questions. I need to check with my supervisor to verify whether you are eligible for this research study. If you are, I will call you back to schedule.