

MAKING CONNECTIONS-DENVER
Community Learning Network
Community Research Team

ANALYSIS OF
2006 HEALTH CARE SURVEYS
METRO ORGANIZATIONS FOR PEOPLE

March 1, 2007

Background

In 2006, Metro Organizations for People (MOP) conducted a study of 35 member organizations (local organizing committees, congregations, etc) to find out the status of health insurance access and affordability of members. The surveys began as part of MOP's local and national affiliate organizing policy agenda. On November 2, 2006, MOP utilized analysis and results of the survey to conduct a public action that was attended by public officials, leaders, and others. The results of the survey were also used to help leaders carry their advocacy into Congress in early 2007.

Methodology and Data Collection

The surveys were designed and administered by MOP organizers starting in October 2006 and continued until end of January 2007. In total, 24 of MOP's 35 member organizations participated in the survey, resulting in 1,999 returned surveys that are analyzed in this report. Approximately half of the returned surveys came from MOP's Spanish-speaking constituents who completed the Spanish version of the survey.

The self-administered written survey had 8 questions and 24 separate response categories. Question 2 was not analyzed and hence not included in this report (see Appendix **B** for explanation of survey design limitations). Survey questions include:

- Basic household composition (children and adults)
- Numbers of adults and children with or without health insurance
- Employment status of adults
- Sources of health insurance or care
- Options for medical care for those without insurance
- Perception of the overall level of concern around health care access and affordability

Surveys included space for respondents to indicate "other comments" in questions 6 and 8. However, these write-in responses were not analyzed and included in this report. For question 8, write-in responses are in the attached **Appendix B**. Write-in responses for question 6 are not included in Appendix B.

Approximately 30 surveys were deemed to indicate "invalid" answers and as such were not analyzed and results are not included in this report.

Sample of Respondents

Member organization code	Name	Number of returned surveys
1	10:30 Catholic Community/Cluster (Denver)	23
3	Bruce Randolph School—6-9 Grade (Denver)**	18
4	CIS Youth (Denver)**	6
6	Cole Middle School/KIPP Charter (Denver)**	10
8	First Mennonite Church (Denver)	17
10	His Love Fellowship (Denver)	34
13	Mitchell Elementary School (Denver)**	17
14	Montview Blvd. Presbyterian Church (Denver)*	186
17	Our Savior's Lutheran Church (Denver)	15
18	People's Presbyterian Church (Denver)	27
19	Queen of Peace Catholic Church (Aurora)*	454
20	Smedley Elementary School (Denver)**	4
21	St. Anthony of Padua Catholic Church (Denver)*	221
22	St. Dominic's Catholic Church (Denver)	7
23	St. Joseph's Catholic Church (Denver)	20
24	St. Pius X Catholic Church (Aurora)*	346
25	St. Therese's Catholic Church (Aurora)	96
26	University Park Methodist Church (Denver)*	128
29	West High School (Denver)**	8
30	Whittier Elementary School (Denver)**	38
31	Wyatt-Edison Charter School (Denver)**	131
CASE 50	St. Mary of Crown (Carbondale)	23
CASE 51	St. Steven's (Glenwood Springs)	88
CASE 52	St. Mary's Catholic Church (Rifle)	81
TOTAL		1,999
AVERAGE (returned by group)		83

*Excluding Wyatt-Edison Charter School, large congregations made up two-thirds (66.7%) of total returned valid surveys (1,335).

**School organizing committees (8, including Wyatt-Edison) collected 232 (12% of returned valid surveys).

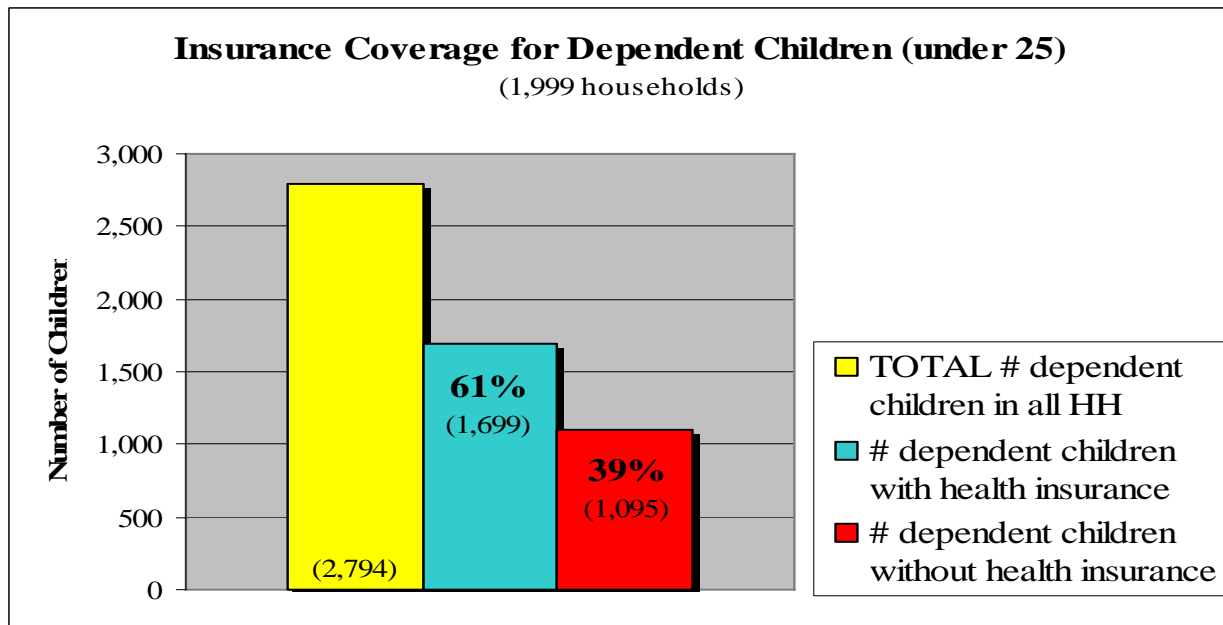
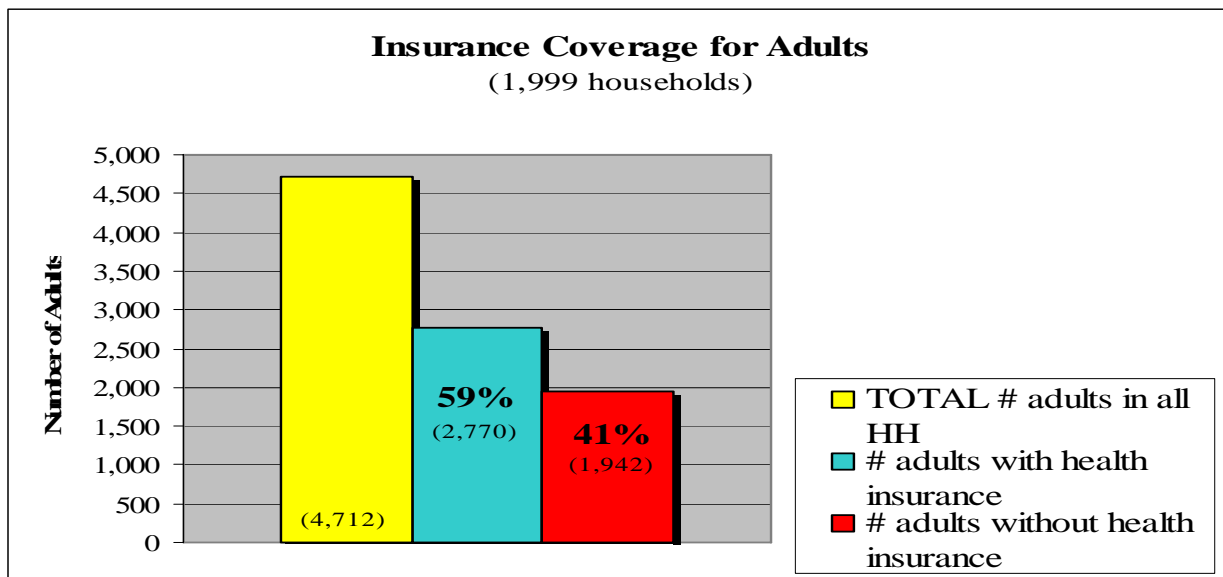
Analysis and Results

Insurance status and population

The surveys represent responses from **1,999 households** in 24 MOP member organizations. These 1,999 households represent 4,712 adults and 2,794 children for a total of **7,506 individuals**.

Total Adults	Total Children (dependent under 25)	Total
4,712 (63%)	2,794 (37%)	7,506

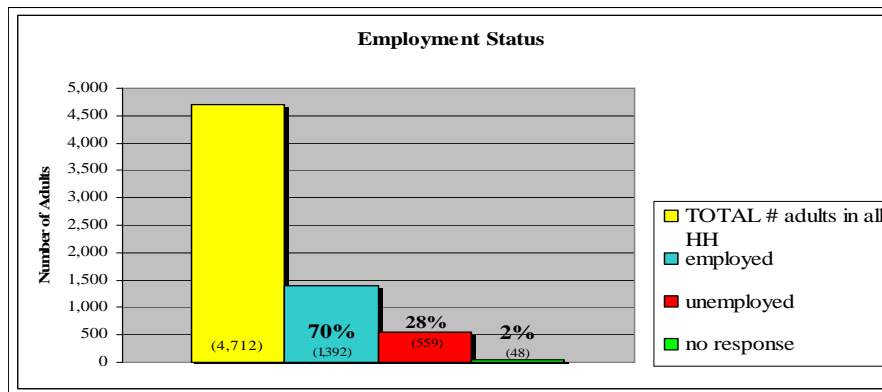
Of the adults in these households, **41 percent are uninsured** and **39 percent of children are uninsured**. Many households had a combination of insured and uninsured individuals.



Employment and sources of insurance

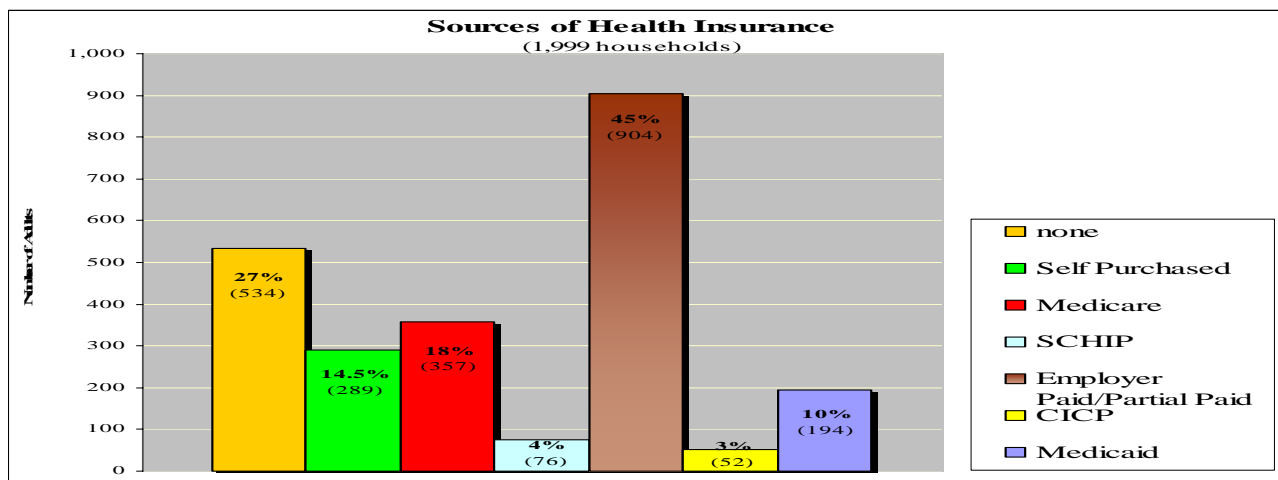
In 1,999 households, 70 percent (1,392) had at least one member that was employed. However, of those 70 percent who are employed, **only 904 individuals indicated that their employer paid for all or part of their health insurance coverage.** Because question 5 allowed for multiple answers, most respondents indicated more than one form of insurance. Currently, it is not possible to assert the real percentage of individuals whose coverage is paid by employers because many respondents used “employer-paid” or “partially paid” coverage in combination with some other source(s) of insurance.

Similarly, there is no method, based on the way questions 4 and 5 are written, for linking the actual number of individuals who receive health insurance to the various different sources that are indicated.



One notable finding was that although 70 percent of the total number of households indicated that at least one adult was employed (1,392 adults out of the 1,999 total households in the sample), there are still **1,942 adults who appear to be completely uninsured.**

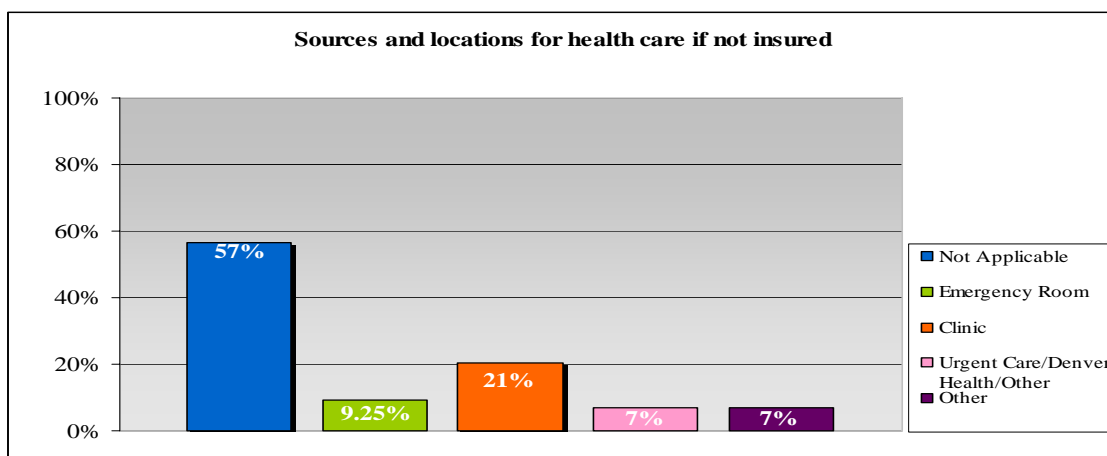
Respondents who used multiple insurance sources could not be disaggregated from those who only had one form of insurance. Further, the different units of analysis in several questions limited the ability to link individuals to coverage and coverage type. While question 4 asked information about an individual (“Are you employed?”), question 5 asked for information about the entire household which presumably includes multiple individuals (“Where does your household’s insurance coverage come from?”)



Publicly funded health insurance programs were utilized as indicated by all respondents (1,999). Once again, these numbers include duplicate responses (individuals who marked more than one answer on question 5).

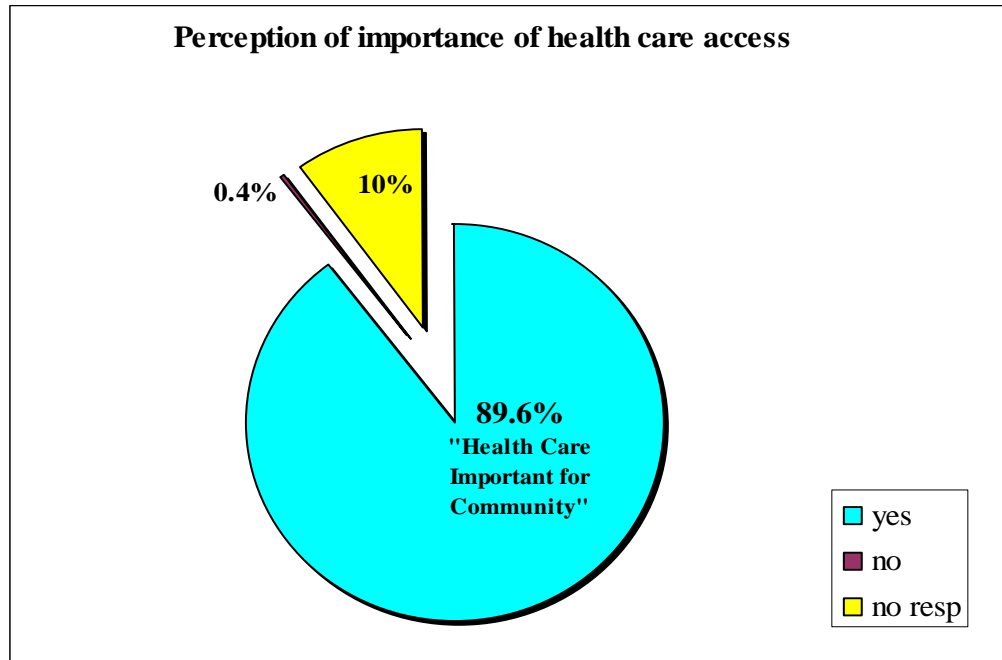
Type	#	%
Medicare	357	18%
Medicaid	194	10%
SCHIP	76	4%
CICP	52	3%
Total	679	

The following graph shows other possible sources or locations where respondents go to obtain care. These respondents indicated in the previous question that they do not have coverage in form of employer-paid benefits, CICP, SCHIP, Medicare, Medicaid, or self-purchase.



Perception of importance of health care access

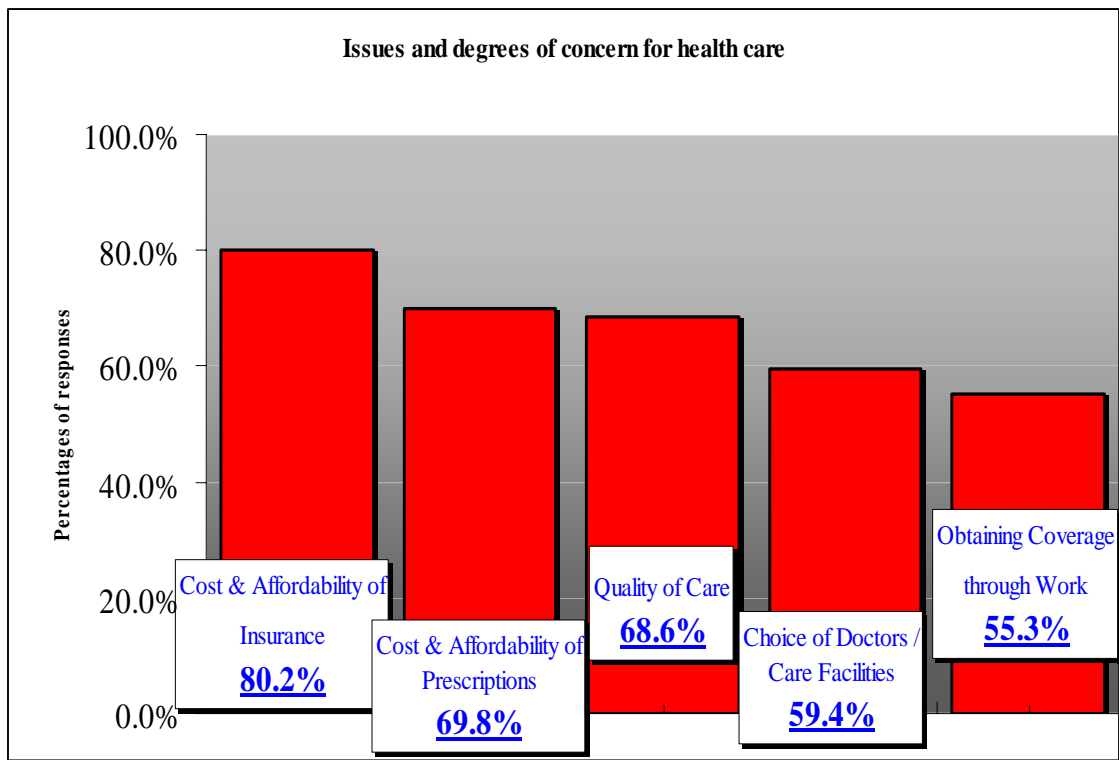
In response to the question “Is it important that the families of your community have access to health care?” there was an **89.6 percent affirmative response**. Ten percent of the total number of surveys did not respond to question 7, most likely attributed to respondent fatigue. Question 8 was also left blank by many respondents.



Degree and issues of concern for health care

The greatest concern as expressed by respondents about health care is the **cost and affordability of insurance**. Eighty percent of respondents indicated that they were either concerned or most concerned in this area. **Cost and affordability of prescriptions** also yielded high concerns with 70 percent of all responses.

One issue of analysis emerged through the Spanish translation of question 8, which incorrectly instructed respondents to answer “What is your major anxiety ...?” instead of “What are your greatest concerns ...?” Many of the Spanish-speaking respondents likely assumed that they were only asked to identify “one major concern” and hence marked a response for only one of the five sub-questions asked within question 8. On the other hand, English speakers answered for all of their concerns (“greatest concerns”) and subsequently provided responses for all five sub-questions.



Conclusion

Overall, analysis of these health care access and affordability survey revealed the following significant facts:

1. While many of the respondents reported being employed, there are still a considerable number who indicate that either he/she or others in the household as not having coverage.
2. Many adults who report receiving benefits through employers (partial or fully paid) also reported other forms of insurance in many cases, suggesting that many of them may not be eligible for full benefits because of part-time status; non-traditional employment, or inability to afford health premiums.
3. The fact that respondents marked several options and sources of care suggests that many have to use a variety of different sources in order to fulfill all health care service needs.
4. Dependent children, assumingly eligible for public health insurance, are still grossly under-covered.
5. Almost 90 percent of all respondents indicated that health care access and affordability are extremely important issues in their community.

Although write-in responses for several questions did not indicate opposing views of the general findings, a handful of cases indicate attitudes that are not in concert with the majority (question 8, **Appendix B**).

Based on these findings and future analysis of other waves of survey administration, health care access and affordability are issues around which organizing efforts could coalesce, both at the local and national policy levels.

APPENDIX A

Question 2: “Ages of all adults in household with health insurance and without health insurance”

Comment:

- This question allowed for too many responses yet it did not give respondents enough space to write in their responses. As a result, some respondents listed ages, others left the question blank, and some just put a 1, 2 or 3 without any specific reference as to what the numbers meant. Due to these inconsistent and unreliable responses, we agreed to omit this question from the overall analysis.

Recommendation:

- Provide space for each possible adult, possibly separated by commas or indentations.

Question 4: “Are you employed?”

Comment:

- Because the question was not asked of all adults in the household, unemployment counts cannot be reliable. Some respondents marked both “yes” and “no”, suggesting that they might be trying to answer on behalf of someone else in the household as well as him/herself. In other instances, respondents indicated “other”, suggesting that there are more options to their answers than “employed” or “not employed” (such as “retired”, “looking for work”, etc).

Recommendation:

- Researchers recommend using a different question such as “What is your employment status?” to be followed by a list of options, including an option to write in “other.”
- Determine if you are asking the question for the adult responding to the survey or for all adults in the household.

Question 5: “Where does your household’s health insurance coverage come from?”

Comments:

- The possible answers that were listed from which respondents could choose were not exhaustive! There was no space given for respondents to indicate “other” forms of coverage.
- Some respondents may not distinguish the differences between Medicaid and Medicare and may have marked an option that is incorrect for their coverage source. This is especially true with monolingual Spanish-speaking respondents although, others may often also be confused about these two programs.
- Spanish language surveys (from group 20) did not have space (a box or bubble) where respondents can mark “self purchase.”

Recommendation:

- Create a more exhaustive list of options including “other.” For Spanish surveys, have another Spanish-speaking person or staff proof read prior to administering. Additional verbal directions may also be helpful.

Question 6: “If you do NOT have health insurance, where do you get healthcare?”

Comments:

- This question only applies to respondents who do not have coverage. However, there are not any directions for respondents to skip it if it doesn’t apply to them. Consequently, results to this question are not valid.

Recommendation:

- Include directions for respondents to skip this question if it does not apply to them.

Question 8: “What are your greatest concerns about your healthcare?”

Comments:

- The Spanish translation of this question instructs respondents to select “Which of the selections is of most concern?” instead of “What are your greatest concerns about your healthcare?” Many of the respondents only marked one of the five possible bubbles.
- The Spanish translation of “cost/affordability of prescriptions” is worded as “cost/affordability of drugs” which is incorrect and may mislead respondents in their answers.

Recommendation:

- Have another Spanish-speaking person or staff proof read prior to administering. Additional verbal directions may also be helpful.

Overall Comments

1. Inconsistent units of analysis:
The survey questions go back and forth between asking for household and individual information. This suggests confusion for respondents and potentially caused conflicting and unreliable responses. These problems limited our ability to make correlations between questions.
2. Flow of questions:
A skip pattern to distinguish questions asked of those with and without insurance would have made respondents less confused in answering. A specific example in the survey would be an instruction to skip to question 7 from 5 if the respondent had health insurance. This would have been more helpful and yield more reliable answers to question 6.
3. Reliability of answers:
Some respondents use the page borders to make comments about various questions in the surveys, without making any references as to which question their writing addresses. This suggests several things: 1. Options for answers aren’t exhaustive and respondents feel compelled to add more detail on their own, 2. There are more complex issues that the survey questions cannot capture, and 3. The instructions to respondents are not clear.
4. Correlations in analysis:
Question 2, if more appropriately asked, would provide useful correlations in relationship to other questions on the survey.
5. Other issues:
The rushed timeline (between the dates of administration to date of MOP public action) created limitations in the ability to analyze collected data: 1) Effective administration of surveys, 2) Sufficient time to turn over raw data for entry, and 3) More comprehensive analysis for the November 2 deadline for the public action.

APPENDIX B

Please refer to spreadsheet attachment for Question 8.

This research report was completed by Shelly Travis with editing assistance by Shaleec Thomas and Phuonglan Nguyen. Graphs and charts were completed by Shaleec Thomas. Data entry analyses were completed by the Community Research Team (Susana Avelar-Recinos, Shelly Travis, Shaleec Thomas, Veronica Quezada, Rosella Palacios, Joe Cordova, Gitae Lee, and Phuonglan Nguyen).

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