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# Medicaid Telephone Survey

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## Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Beneficiary Perspectives on Well Child Care

A report by the Institute for Health Care Studies (IHCS) at Michigan State University in collaboration with the Michigan Department of Community Health (MDCH).

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## **Executive Summary**

In order to work toward improving utilization of EPSDT and well child services, Michigan Department of Community Health (MDCH) partnered with Michigan State University's Institute for Health Care Studies (IHCS) to assess the knowledge, values, beliefs, and behaviors of parents and/or guardians related to obtaining well child services for their children. The primary purpose of the project was to gain insight and knowledge to drive the design of quality improvement initiatives directed at increasing EPSDT/well child check-up rates for Michigan Medicaid beneficiaries.

The Institute for Public Policy and Social Research (IPPSR) at Michigan State University was contracted to conduct 150 telephone surveys with parents and/or guardians of Michigan Medicaid beneficiaries ages 1 to 5 years.

Survey questions were designed to:

- Identify the values, attitudes, and beliefs of parents/guardians about well child care that will encourage them to seek preventive care for their children with increasing frequency and regularity;
- Obtain information about the respondents' use of the health care system;
- Identify the components of well child check-ups that are valued by respondents;
- Identify values, attitudes, and beliefs of parent/guardians regarding which factors are important for maintaining and promoting health in their children;
- Identify parents'/guardians' preferred mode and method of communication.

The final desired project outcome was to use the findings to improve the effectiveness of messages and outreach to increase EPSDT services. Additionally, the telephone surveys were conducted to assess possible differences between rural and urban responses and translate the findings into meaningful quality improvement projects.

Telephone survey respondents reported regular use of the health care system, including well child check-ups. Traditional barriers to care (access and transportation) did not appear to be a problem.

Overall, findings were similar for urban and rural telephone respondents, suggesting comparable communication strategies could be used regardless of geographical location. Urban respondents more frequently reported that a blood lead test, eye chart exam, and hearing test were part of their child's last exam, indicating that rural clinicians and health plan members may benefit from an educational intervention pertaining to availability and importance of blood lead tests.

The telephone survey also provided validation of a number of Medicaid Beneficiary Focus Group findings related to EPSDT regarding respondents' beliefs, attitudes, and health practices. For example, both the focus group and telephone survey respondents overwhelmingly stated that they value well child check-ups. Diet, nutrition, and exercise were reported as being important for keeping their child healthy along with getting check-ups that include physical exams and immunizations.

## **Medicaid EPSDT/Well Child Check-ups Findings from Telephone Surveys**

### **Introduction**

Michigan State University's Institute for Health Care Studies (IHCS), in conjunction with the Michigan Department of Community Health (MDCH), has an initiative aimed toward increasing the number of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services being provided to Medicaid-eligible beneficiaries. The American Academy of Pediatrics, American Medical Association, and federal government all recommend comprehensive, periodic well child check-ups for children 0 to 21 years of age. Preventive care allows for early intervention, treatment, and appropriate referral to specialists. In addition, EPSDT/well child check-ups allow doctors to assess parenting practices and provide parents with information regarding basic child development, parenting skills, and safety practices. Early identification and treatment of child health problems is a primary goal of EPSDT services. Medicaid children are especially at increased risk for health problems that these preventive screens are designed to detect (e.g., lead poisoning, developmental disorders, behavioral and emotional problems).

Michigan Medicaid managed care plans have many quality improvement programs in place to increase utilization of well child services. These programs include written outreach (e.g., birthday card reminders), telephone outreach, incentives to receive care, after-hours access, and free transportation. Despite considerable effort, there is still opportunity to improve.

In order to work toward improving utilization of EPSDT and well child services, MDCH partnered with IHCS to assess the knowledge, values, beliefs, and behaviors of parents and/or guardians related to obtaining well child services for their children. Toward this end, focus groups and telephone surveys were conducted during the second and third quarter 2002.

The focus groups, which were completed in May 2002, allowed for an in-depth exploration of values, beliefs, attitudes, and practices of urban Medicaid beneficiaries. The results of the focus groups are summarized below and a full report is available at IHCS's web site (<http://www.ihcs.msu.edu>). Telephone surveys were conducted in July 2002 in an effort to validate the focus group findings and reach a broader sample of Medicaid beneficiaries (urban and rural). This report summarizes the telephone survey findings.

## **Project Purpose**

The primary purpose of the project was to gain insight and knowledge to drive the design of quality improvement initiatives directed at increasing EPSDT/well child check-up rates for Michigan Medicaid beneficiaries.

Survey questions were designed to:

- Identify the values, attitudes, and beliefs of parents/guardians about well child care that will encourage them to seek preventive care for their children with increasing frequency and regularity;
- Obtain information about the respondents' use of the health care system;
- Identify the components of well child check-ups that are valued by respondents;
- Identify values, attitudes, and beliefs of parent/guardians regarding which factors are important for maintaining and promoting health in their children;
- Identify parents'/guardians' preferred mode and method of communication.

The final desired project outcome was to use the findings to improve the effectiveness of messages and outreach to increase EPSDT services. Additionally, the telephone surveys were conducted in order to assess possible differences between rural and urban responses and translate the findings into meaningful quality improvement projects.

## **Project Design**

IHCS project managers (Lynette Biery and Debra Darling), in collaboration with MDCH (Susan Moran), developed the project goals to ensure the findings would be applicable in the Michigan Medicaid managed care environment. A primary goal was to obtain information to develop useable quality improvement tools for the Medicaid managed care plans.

The Institute for Public Policy and Social Research (IPPSR) at Michigan State University was contracted to conduct 150 telephone surveys with parents and/or guardians of Michigan Medicaid beneficiaries ages 1 to 5 years. IPPSR assisted IHCS staff with the development of the telephone interview script, designed the survey instrument, tested the programming, and trained the interviewing staff.

MDCH provided IHCS with an electronic file of 940 randomly selected beneficiary names. For a child to be included in the sample, he/she had to be a current member of a Medicaid managed care plan as defined by continuous enrollment in the health plan from June 1, 2001 through December 31, 2001. Additionally, the sample was limited to children between 1 and 5 years of age as of December 31, 2002 who were eligible to receive EPSDT/well child services. The children were required to reside in one of the selected geographic locations (determined by zip code) and have a telephone number listed in the MDCH enrollment database.

Attempts were made to obtain an equal number of “urban” and “rural” beneficiaries in the survey sample. Rural areas were defined as having only one metropolitan service area. The rural subjects were recruited from Alpena, Branch, Chippewa, Hillsdale, Lake, Manistee, Marquette, and Mason Counties. Urban sites had three or more service areas. The urban subjects were selected based on having zip codes in Detroit, Wayne County, Grand Rapids, or Flint.

IPPSR obtained verbal consent prior to initiating the telephone interview (See Appendix A for IPPSR telephone script) that was designed to last approximately 15 minutes. Participants (parents/guardians of beneficiaries) were informed that they would receive a \$10 gift card upon completion of the survey.

MDCH provided a total of 940 names in the beneficiary sample. The sample was released in established increments to the interview staff until the required number of interviews was completed (150). A total of 700 names were made available to the interview staff during this process.

Of the 700 beneficiary names that were released for interviews, there were 48 refusals to participate (7%). Thirty-six percent of the phone numbers were found to be “non-working” numbers and an additional 14% were either wrong numbers, businesses, or out of service. The interview staff also experienced difficulties with answering machines, pager numbers, and message phone numbers. Ten interviews were not completed due to language barriers, six individuals were no longer residing at the telephone number provided and two were no longer eligible for Medicaid.

The project design, goals, telephone survey and protocol, including selection procedure and consent to participate, received approval from the Institutional Review Boards of both Michigan State University and MDCH.

## **Participant Demographics**

A total of 150 individuals of various ages completed telephone surveys. The mean age of the respondents was 30 with the youngest being 19 years of age and the oldest 66 years of age. When calling the household, IPPSR asked to speak with the person most responsible for medical decisions and taking the child for medical care. The majority of the time this was the parent/guardian of the child, however, as with the focus groups, it appeared that some of the respondents were grandparents of the Medicaid beneficiary. For the sake of simplicity, the remainder of the report refers to the respondent as parent/guardian.

Most of the participants were white (54%); however, the sample included persons of African American (31%), Asian (1%) and American Indian (4%) descent. Thirty-eight percent of the participants were married; 9% were part of an unmarried couple; 15% were divorced, widowed, or separated; and 36% were single and never married.

Thirty-nine percent of the respondents had completed high school, 9% were college graduates, and an additional 36% had some college or technical training. Only 15% had less than a high school equivalency. Consistent with social programs in Michigan, a large number of respondents were employed (45%). Only 18% reported being unemployed (12%) or unable to work (6%), with others noting student (7%) or homemaker status (20%).

## Survey Findings

### Reported Use of Health Care System

The majority of respondents reported regular use of the health care system. Ninety-six percent of respondents reported taking their child for a medical visit during the past year. The reported number of visits ranged from 0 to 30, with a mean of 4.4 visits. Eight percent reported having taken their child to the doctor only once in last year; 17% reported two visits; and 57% reported three to six visits in the last year. When asked how many of these visits were for well child check-ups, answers ranged from 0 to 12, with the mean number of 1.7 visits. Eleven percent of respondents indicated that they had not taken their child to a well child visit during the past year.

Data was also analyzed by age (of the child/beneficiary on the date of the interview) using the following categories:

- less than or equal to 24 months,
- greater than or equal to 24 months but less than or equal to 36 months, and
- greater than or equal to 36 months.

As reported in Table 1, the mean number of visits decreased as children became older.

**Table 1: Use of Health Care system by age of child**

<b>Age of child</b>	<b>Mean number of visits in the last year</b>	<b>Mean number of well child check-ups in the last year</b>
≤ 24 months	5.9	2.5
24-36 months	5.2	1.6
≥36 months	3.5	1.4

## Respondents’ beliefs, attitudes, and values regarding health, and health care practices, and health care system

### Factors related to keeping their child healthy

In order to understand parent/guardians’ beliefs about health and to learn more about what factors they view as important for maintaining a child’s health, respondents were asked to rate a number of items on a 3-point Likert scale. For each item, the respondent was asked to rate how important the item was/is in terms of “keeping [their child] healthy.”

**Table 2: Ratings of items for importance**

	<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not at all Important</b>
Immunization or shots	87%	7%	3%
Physical exam	86%	12%	1%
Child’s developmental behaviors (talking, moving around)	85%	15%	0%
Blood test to check for lead	77%	15%	0%
Written information pertaining to child’s health	64%	32%	2%

*Note: some respondents did not answer all items; therefore, table numbers do not add up to 100%.*

As can be seen in Table 2, respondents generally rated all components of a well child check-up as important for keeping their child healthy. However, when asked in an open-ended format, “What is the most important thing in terms of keeping your child healthy,” these same components were not the primary response. Rather, diet, nutrition, and exercise were commonly cited as important in terms of maintaining their child’s health. Forty-three percent of respondents cited these factors in the open-ended format. Getting check-ups and physical exams was the second most commonly cited behavior (25%), followed by immunizations (15%). Diet, nutrition, and exercise were also cited as important by respondents when asked about “the most important thing that [they] do to keep [their] child healthy.” Respondents also reported “parental involvement” or “loving [their children]” as important for keeping them healthy.

Respondents also were surveyed about why they take their child to get immunizations and what might alert them to the need to take their child for an acute care visit. The majority of respondents (86%) indicated that immunizations are sought in order to “keep [their children] healthy.” A few participants mentioned a more extrinsic factor, such as needing the immunization for school (2%), doctor’s instruction (1%), or because it is the “right thing to do” (1%).

To determine why parents/guardians take their children to the doctor, respondents were asked in an open-ended format to describe what is “usually wrong with your child . . . that makes you think your child needs to go to the doctor.” As shown in Table 3, respondents overwhelmingly mentioned changes in the child’s health from what is usual. For example, fevers, earaches, and colds were common problems for which parents sought medical attention.

**Table 3: Reasons for taking child to doctor**

Concern	Percent
Fever/temperature	44
Earache/Infection	41
Cold	25
Asthma	8
Sore throat	11
Cuts/Bruises/Falls/Injury	9
Allergies	5

*Percent of total respondents.*

**Reported value of well child check-ups**

When rating the importance of check-ups on a 3-point scale, most respondents indicated that they believed check-ups were very important (91%). Only a few respondents indicated that check-ups were “somewhat important” (8%), and only one respondent indicated that check-ups were “not important at all.” Eighty-seven percent denied thinking that there was an age at which check-ups were no longer important. Of the respondents that did feel there was an age at which check-ups were no longer important (n=19), 76% reported that a well child check-up was not important after the age of five (n=17).

When asked in a forced-choice format to choose between a well child check-up and an alternative activity, almost all parents chose the well child check-up. During this sequence of questions, respondents were asked to indicate whether well child check-ups were more important, just as important, or less important than the other activity (i.e., an acute care, WIC, or FIA visit; visiting a relative; or working overtime). Overall, respondents chose the well child visit over the alternative activity. An acute care visit was rated “just as” important by 63% of respondents. Ninety-four percent of respondents rated a well child check-up “just as” or “more important” than a WIC visit, and 84% rated a well child check-up “just as” or “more important” than a visit to FIA.

Respondents were also asked a series of open-ended questions in order to learn what they believed were important components of well child check-ups. When asked what they thought was the most important component of a well child check-up, most respondents cited a basic physical component such as the physical check-up (38%); checking heart, eyes, ears, or height/weight (14%); checking breathing, lungs and chest (5%); or checking general health (8%) [See Table 4.] That is, 65% of respondents gave an answer that coincided with an annual physical exam. A small portion also stated the health care provider should listen to the parents and ask the parents questions (8%). Only 5% cited the screening blood lead test as an important component.

**Table 4: Respondents self-report of most important components of check-up**

<b>Open-ended response</b>	<b>Percent of those that responded</b>
Physical/check-up	38%
Check heart, eyes, ears, weight/height	14%
Make sure child is healthy/check health	8%
Listen to parents; ask parent questions	8%
Listen to lungs/chest; check breathing	5%
Blood work, lead test, TB, or other test	5%
Immunization/shots	4%
Other	14%
Don't know	5%

When asked about why these components were important, respondents indicated that they wanted to obtain reassurance about their child's health. Twenty-six percent of respondents indicated they wanted the health care provider to check to make sure their child was healthy and 18 % wanted them to check to see if something was wrong. Eleven percent of the respondents wanted the health care provider to check or monitor a pre-existing or chronic health problem, and 10% cited a desire to have communication between the doctor and the parent/guardian.

In order to further ascertain the importance of immunizations as a motivator for well child check-ups, respondents were asked whether they would take their child to a well child visit if immunizations were not a part of that visit. Ninety-five percent of respondents answered in the affirmative. When asked why immunizations were important, 86% reported that immunizations were important for "keeping children healthy." Only 5% reported obtaining immunizations because they were required (either for school or another agency).

### **Satisfaction with current well child services**

For the most part parents reported being satisfied with the well care their children receive. They did not report receiving unnecessary care during recent well child check-ups nor did they believe that important care was being neglected. Only a few respondents indicated there were expected elements that were not provided (10/150). Four respondents desired specific additional tests or examinations, such as further tests to “find out exactly what virus it was,” “checking for pin worm,” and “x-ray for bad lungs.” Notably, most of these services would be provided during an acute care visit rather than a well child check-up. Three respondents mentioned components that are currently part of the well child examination: checking vision, hearing, and heart rate.

When asked whether particular components of the well child exam had been included in their child’s last check-up, most respondents indicated that a physical exam, immunizations, and developmental questions had been included. The screening blood lead test was reported to have been included in the exam by 32% of respondents. The eye and hearing exams were reported to have been included in the exam by a slightly greater number of respondents (see Table 5).

**Table 5: Percentage of respondents indicating component was part of last well child exam**

	<b>Included in last exam</b>	<b>Not included in last exam</b>
Physical exam	97%	3%
Child’s developmental behaviors (talking, moving around)	82%	17%
Immunization or shots	61%	38%
Written information pertaining to child’s health	51%	48%
Hearing test	44%	55%
Eye exam on eye chart	39%	60%
Blood test to check for lead	32%	67%

*Note: Percents that do not add up to 100 indicate some respondents answered “don’t know.”*

### **Communications and sources for obtaining information**

Respondents were also asked about the helpfulness of particular health communications. Fifty-eight percent of respondents indicated they had received a postcard reminding them their child was due for “shots” or a check-up. Of those that had received a reminder postcard (n=87), 95% reported the postcard was helpful in reminding them to make an appointment. Eighty-five percent of respondents indicated they had made an appointment after receiving the postcard while 14% reported not making an appointment.

Consistent with the reported helpfulness of receiving a postcard, most participants noted they liked to receive health information in written form. Specifically, 94% of respondents reported that they liked written health information. Ninety-five percent also reported they liked to receive information from a person. Ratings of television and radio information were mixed, with 42% favoring information from television and 35% favoring information from the radio. These media did not appear to be a preferred method of communication. Most respondents noted there was not a special person from whom they would like to receive information via television.

Data indicate that respondents overwhelmingly turn toward either a doctor or relative when seeking health information. Sixty percent of the respondents stated they call their doctor at least some of the time and 52% of respondents reported seeking health advice from a relative. Nurselines were used by 39% of respondents, while pharmacists were used by 8% of respondents.

### **Differences between rural and urban respondents**

Overall, data indicate very few differences between rural and urban survey responses. The most significant difference was noted when respondents were read the checklist of components included in a well child check-up. Urban respondents more frequently reported that a blood lead test, eye chart exam, and hearing test were part of their child's last exam. Urban and rural respondents also differed in the extent to which they reported calling their doctor for health advice. Specifically, urban respondents were more likely than rural respondents to report calling their doctor for health advice. Urban respondents also endorsed television as means for receiving health information to a greater extent than did rural respondents.

### **Spanish Survey Respondents**

Initially, eight respondents could not complete the survey due to language barriers. Although the survey was not formally translated into Spanish and backtranslated to English, a Spanish-speaking interviewer administered the interview to parents/guardians whose primary language was Spanish. In order to control for varying interpretations, one Spanish-speaking interviewer conducted all of the Spanish interviews. The data collected from these Spanish-speaking parents/guardians were similar to results collected from the English-speaking respondents. For example, the mean number of visits to a doctor in last year was three, with an average of one well child check-up. As with the English-speaking respondents, diet, exercise, and nutrition were considered important for maintaining their child's health. Valued components of check-ups were also similar. A reminder postcard had been received by five of the eight respondents and was viewed to be helpful. Most Spanish-speaking respondents did not know that a transportation program was available to them. Five of the eight respondents preferred to receive information from a person rather than from television or radio.

## **Discussion: Telephone Survey Findings**

Ninety-six percent of respondents reported having used the health care system in the past year for both acute and well-child visits. Access to the health care system does not appear to be a barrier to obtaining EPSDT services.

A contradiction was noted regarding what respondents valued for maintaining their child's health. Respondents rated check-ups as important when asked to do so using a 3-point scale. When asked a similar question in an open-ended format, however, check-ups were not reported to be as important for health maintenance. In the open-ended format, respondents reported that they valued diet, nutrition, and exercise for keeping their children healthy. In contrast (in the open-ended format), check-ups were only reported by 25% of respondents as "most important" for keeping their child healthy. Check-ups appeared to be valued but not seen as being the most important component for maintaining their child's health.

When rating the importance of check-ups using the 3-point scale, most respondents indicated that they believed check-ups were very important (91%). Only a few respondents indicated that check-ups were "somewhat important" (8%), and only one respondent indicated that check-ups were "not important at all." Surprisingly, when asked in a forced-choice format, 94% of respondents rated well child check-ups as more important than a WIC visit. Given that 11% stated they did not take their child to a single well-child visit, there appears to be a possible exaggeration of valuing well child visits for at least a portion of the respondents.

Similar contradictions were found in respondents' ratings of the components of a well child check-up. The most striking example involved blood lead screens. The blood lead screen was rated as being "very important" by all respondents answering the question. However, when asked to provide an opinion about what they felt were the most important components of a well child check-up (in an open-ended format), less than 5% of respondents mentioned blood lead testing. This inconsistency in stated value was also reflected in their report of services included in the last well child visit. A blood test for lead was only reported as being a part of last well child check-up by 32% of respondents. Failure to obtain a lead screen could be related to failure of respondents to request one, failure to go to hospital laboratory for the blood draw, or failure of primary care practitioner to order the screen.

When asked about preferred means of communication, most respondents reported that they like to receive health information from a person and in a written format. Data further indicated that the respondents like to receive information from a doctor or relative. Postcards were reported to be generally effective. Eighty-six percent of respondents reported making a well child appointment after receiving a reminder postcard. The reminder postcard remains an effective means for facilitating use of EPSDT services.

Although a few differences were found between rural and urban respondents, results generally did not differ based on respondents' geographical location. There were differences in terms of current well child practices with urban respondents more frequently reporting that a blood lead test, eye chart exam, and hearing test were part of their child's last exam. Statistical analyses were not conducted comparing non-Spanish speaking and Spanish-speaking respondents (due to low n). Spanish-speaking respondents' answers were similar to non-Spanish speaking respondents.

### **Discussion: Comparison Between Telephone Survey Findings and Focus Group Findings**

Although direct statistical comparisons cannot be made, similarities are noted between focus group and telephone survey data. Both groups reported frequent use of the health care system. Traditional barriers to EPSDT services did not appear to be a problem for either group. As noted below, unlike telephone survey respondents, focus group participants initially confused well child check-ups with acute care visits. Both groups also stated that they take their children to the doctor when there is a change in the child's behavior or physical functioning from what is normal (i.e., change in physical activity, behavior, or diet). In general, both the focus group participants and the telephone survey respondents endorsed the importance of a well child check-up in maintaining their child's health. When asked why particular components were important, the majority of parents/guardians in both groups indicated they wanted reassurance about their child's health.

Several striking differences were found between telephone survey and focus group findings. Most survey respondents, when asked in a forced-choice format, indicated they would choose a well child check-up over an alternative activity. This even included choosing a well child check-up over a visit to FIA or WIC. This finding is in direct contrast with focus group data where participants indicated they would choose an alternative activity over taking their child for a check-up. Focus group participants placed other activities (such as WIC and FIA visits) above well child check-ups when asked to choose in a similar forced-choice format. Focus group participants further stated that they would rather take their child to the movies or to visit a relative than attend a well child visit. Although the visits were seen as important, quality time with their children was rated as more important.

Survey respondents and focus group participants also differed in their perception of the services provided during acute and chronic care visits. In general, survey respondents appeared to differentiate between acute and well child visits. That is, except for a few respondents, most reported more acute care visits than well child check-ups, and the number of well child check-ups generally fell within EPSDT requirements. In contrast, focus group respondents confused acute care and well child visits. During the focus

group discussions, most participants initially stated they took their child for well child check-ups. Upon further probing, however, it was discovered that this was not the case. The participants had assumed that well child services were being provided during acute and chronic care visits.

Regarding the preferred means for communication of health information, telephone survey respondents and focus group participants generally had similar preferences. Both groups indicated that they appreciated and found the reminder postcard to be helpful in scheduling appointments for immunizations (“shots”) and well child check-ups. We also asked telephone survey respondents whether they made an appointment after receiving the reminder postcard. This was not asked of focus group participants. As noted in prior section, the reminder postcard was reported to be effective.

## **Project Limitations**

Due to time constraints associated with brief telephone surveys, an inherent limitation is that data collected are not comprehensive.

One purpose of the project was to validate focus group findings. While this was partially possible, telephone survey and focus group formats differ significantly preventing conclusive comparisons. Focus groups allow for an evolution of discussion and clarification of questions with regard to their meaning and purpose. In contrast, the structured interview process does not incorporate discussions or clarifications into the telephone survey responses. Additionally the telephone survey did not permit probing as to what respondents believed a question to be addressing. For example, explanation of well child check-ups during the focus group sessions led to participants modifying their answers in terms of use of well child services. These types of explanations were not a part of the telephone survey although components of a well child check-up were provided to respondents during the survey. This list of well child check-up components were given to the respondents prior to asking them questions about the importance of those services.

At the start of each focus group, participants were instructed to clearly and honestly share their viewpoints and perspectives on well child check-ups. The focus group facilitator was explicit about the fact that the group was being conducted to learn about their opinions and beliefs, and that assumptions were not being made about their knowledge, values, or practices. The session was intended to learn what was important to them. Again, such an invitation was not a part of the telephone survey.

Due to a programming oversight, question number 20 of the survey instrument was omitted from the interview.

## Summary

Telephone survey respondents reported regular use of the health care system, including well child check-ups. Traditional barriers to care (access and transportation) did not appear to be a problem. This was the case for both focus group participants and the telephone survey respondents. The telephone survey also provided validation of a number of focus group findings regarding respondents' beliefs, attitudes, and health practices. For example, both groups overwhelmingly stated that they value well child check-ups. Diet, nutrition, and exercise were reported as being important for keeping their child healthy along with getting check-ups that include physical exams and immunizations.

One purpose of the current study was the comparison of rural versus urban beneficiaries. Few statistical differences were found based on geographic location of survey participants. However, two of the three noted differences have communication implications. First, rural respondents were less likely to call their doctors. They did not endorse a different person who they might be more likely to call. Second, fewer rural respondents endorsed television as a means for receiving health information. Further information is needed in order to understand these differences and their implications. Overall, findings were similar for urban and rural telephone respondents, suggesting similar communication strategies could be used regardless of geographical location. Urban respondents more frequently reported that a blood lead test, eye chart exam, and hearing test were part of their child's last exam, indicating that rural clinicians and health plan members may benefit from an educational intervention pertaining to availability and importance of blood lead tests.

Where there were opportunities for comparisons between focus group participants and telephone survey respondents, it would appear that the two groups were more similar than dissimilar in their rating of well child check-ups. Based on these findings, the recommendations outlined in the focus group report continue to be valid and are seen as a primary driver for future work.

Recommendations drawn from the focus findings included:

- 1) Segmenting or stratifying beneficiaries based on current well child service utilization data and tailoring interventions to meet the needs of each stratum.
- 2) Describing the well child check-up visit to parents/guardian of eligible beneficiaries so they are aware of the services, focusing on the comprehensive nature of the check-ups (e.g., review of family history, lead and developmental screens) and early detection of "serious, life-threatening" problems.
- 3) Using brief communications, postcards, and pamphlets, ideally sent by the PCP.
- 4) Promoting communication between primary care practitioners and parents/guardians regarding the importance of well child care.
- 5) Promoting office systems that prompt scheduling future well child check-ups during all office visits.

- 6) Encouraging parents/guardians to seek information from pharmacists or other health care professionals when possible (e.g., nurse triage lines, nurse practitioners, physician assistants, WIC).
- 7) Targeting the child's grandmother (as well as mother) as an involved and trusted source of information.

## **Appendix A: Recommended Readings/Resources**

Gellin, B.G., Maibach, E.W., & Marcuse, E.K. (2000). Do parents understand immunizations? A national telephone survey. Pediatrics, 106(5), 1097-1102.

Lia-Hoagberg, B., Rode, P., Skovholt, C.J., Oberg, C.N., Berg, C., Mullett, S., & Choi, T. (1990). Barriers and motivators to prenatal care among low-income women. Social science and medicine, 30(4), 487-495.

Lieber, M.T. (1994). The experiences of a sample of rural women during pregnancy. Journal of Community Health Nursing, 11(2), 79-87.

Omar, M.A., Schiffman, R.F., Bauer, P. (1998). Recipient and provider perspectives of barriers to rural prenatal care. Journal of Community Health Nursing, 15, 237-249.

Riportella-Muller, R. (2001). Consumer perspectives on Medicaid managed care: a comparison between rural and urban enrollees in one selected health plan. Journal of Rural Health: official journal of the American Rural Health Association and the National Rural Health Care Association, 17(3), 197-209.

Teagle, S.E., & Brindis, C.D. (1998). Perceptions of motivators and barriers to public prenatal care among first-time and follow-up adolescent patients and their providers. Maternal Child Health Journal, 2 (1), 15-24.

## Appendix B: Telephone Survey

### MEDICAID BENEFICIARY STUDY

#### CONSENT

Before we begin let me tell you that this interview is completely voluntary. Let me also tell you that this interview is completely confidential. Your privacy will be protected to the maximum extent allowable by law. Should we come to any question that makes you feel too uncomfortable or you don't want to answer, just let me know and we can go on to the next question.

For quality control purposes, this interview may be monitored by my Supervisor.

(If you have any questions about your rights or role in research, you may contact Dr. Ashir Kumar, Chair of the University Committee for Research Involving Human Subjects at 517.355.2180. Should you have any questions about this study or your participation in it, you are welcome to contact Debra Rusz at 1.877.403.2076.) [n]

>Q1<

In the past 12 months, that is since last [fill MONTH], how many times has your child been to the doctor for any reason?

@ NUMBER OF VISITS

>Q2<

The next questions are about well child visits. By well child visits, we mean anytime your child went to the doctors other than when he or she was sick or hurt. Some people call these check-ups.

How many of the [fill Q1] doctor visits in the past year were for check-ups?

[yellow]IWER: THIS DOES NOT INCLUDE FOLLOW-UPS FOR ILLNESS OR INJURIES[n]

@ NUMBER OF CHECK UPS

DON'T KNOW ..... 77

REFUSED ..... 99

[@][allow int 2] <0-12> <77> DON'T KNOW <99> REFUSED [default goto Q3]

>bQ2< [equiv Q2]

The next questions are about well child visit. By well child visits, we mean anytime your child went to the doctors other than when he or she was sick or hurt. Some people call these check-ups.

Was that one visit for a check-up?

YES ..... 1

NO ..... [bold]0[n]

DON'T KNOW ..... 7

REFUSED ..... 9 @

[@][allow int 2] <1> YES <0> NO <7> DON'T KNOW <9> REFUSED  
[default goto Q3]

>Q2a<

Is there a reason why you didn't take your child for a check-up in the past 12 months?

SPECIFY ..... 0

DON'T KNOW ..... 77

REFUSED ..... 99 @

[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q3<

Now, I would like you to think about the last check-up that your child had. Did the doctor or nurse do anything at this visit that you thought should not have been done?

[yellow]IWER: DOES NOT HAVE TO BE WITHIN THE PAST 12 MONTHS[n]

YES ..... 1

NO ..... 5

CHILD HAS NEVER BEEN TO A CHECK UP .... 8

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1>[goto Q3a] YES <5> NO <7> DON'T KNOW <9> REFUSED  
<8>[goto Q7] CHID NEVER HAD CHECK UP [default goto Q4]

>Q3a<

(What was done that you felt should not have been done?)

SPECIFY ..... 0

DON'T KNOW ..... 77  
REFUSED ..... 99 @  
[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q4<

Was there anything that was not done at this visit that you thought should have been done?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1>[goto Q4a] YES <5> NO <7> DON'T KNOW <9> REFUSED  
[default goto Q5]

>Q4a<

(What do you think should have been done that wasn't?)

SPECIFY ..... 0

DON'T KNOW ..... 77  
REFUSED ..... 99 @  
[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q5<

I am going to read you a list of things that sometimes happen at a check-up.  
Please tell me if any of these happened at your child's last well check-up.

YES ..... 1      DON'T KNOW ..... 7  
NO ..... 5      REFUSED ..... 9

@a Physical exam where the doctor or nurse listened to your child's heart, lungs, and checked [fill sexfil2] ears.

@b Immunization or shots

@c Blood test to check for lead

@d Your child's eyes were checked by looking at an eye chart

@e Your child's hearing was checked

@f Questions about things your child may be doing such as talking, moving around, and doing things for himself or herself.

@g You were given written information from your doctor or nurse about your child's health?

YES ..... 1      DON'T KNOW ..... 7  
NO ..... 5      REFUSED ..... 9

>Q6<

What do you think is the [bold]most[n] important thing that should be done at a check-up?

SPECIFY ..... 0

DON'T KNOW ..... 77

REFUSED ..... 99      @

[@][allow int 2] <0>[specify] SPECIFY <77>[goto Q7] DON'T KNOW <99>[goto Q7] REFUSED

>Q6a<

Why do you feel this way?

SPECIFY ..... 0

DON'T KNOW ..... 77

REFUSED ..... 99      @

[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q7<

How important do you think it is for your child to have check-ups?

Would you say very important, somewhat important, or not important at all?

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q8<

Is there an age at which you think that check-ups are no longer important?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1>[goto Q8a] YES <5> NO <7> DON'T KNOW <9> REFUSED  
[default goto Q9]

>Q8a<

At what age, do you think check-ups are not important any more?

@ AGE

DON'T KNOW ..... 77  
REFUSED ..... 99

[@][allow int 2] <1-17> <77> DON'T KNOW <99> REFUSED

>Q9<

If your child didn't have to have immunizations or shots, would you still take [fill sexfil1] in for a check up?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1> YES <5> NO <7> DON'T KNOW <9> REFUSED

>Q10a<

For the next questions, I would like you to tell me how important the following items are in keeping your child healthy.

How important do you think a physical exam is in helping keep your child healthy? Would you say very important, somewhat important, or not important at all?

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q10b<

How important do you think immunizations or shots are in helping keep your child healthy? (Would you say very important, somewhat important, or not important at all?)

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q10c<

How important do you think testing your child's blood for lead is (in helping keep your child healthy? Would you say very important, somewhat important, or not important at all?)

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q10d<

How important do you think it is to have your doctor ask about your child's talking, moving, and other similar things (in helping keep your child healthy? Would you say very important, somewhat important, or not important at all?)

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q10e<

How important is the written information that you get from your doctor (in helping keep you child healthy? Would you say very important, somewhat important, or not important at all?)

VERY IMPORTANT ..... 1  
SOMEWHAT IMPORTANT ..... 2  
NOT IMPORTANT AT ALL ..... 3

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> Very important <2> Somewhat important  
<3> Not important at all <7> DON'T KNOW <9> REFUSED

>Q11<

I want you to think of all of the things that keep your child healthy. Some of them we may have mentioned. Others we may not have. What do you think is the [bold]most[n] important thing in terms of keeping your child healthy?

SPECIFY ..... 0

DON'T KNOW ..... 77  
REFUSED ..... 99 @  
[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q12<

What do you think is the [bold]most[n] important thing that [bold]you[n] do to keep your child healthy? If you already told me it, please tell me again.

SPECIFY ..... 0

DON'T KNOW ..... 77  
REFUSED ..... 99 @  
[@][allow int 2] <0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q13<

There are many reasons why people get immunizations or shots for their children. What is your [bold]most[n] important reason for getting shots for your child?

[yellow]IWER: DO NOT READ CATEGORIES[n]  
RIGHT THING TO DO ..... 1  
KEEP THEM HEALTHY ..... 2  
HAVE TO FOR SCHOOL..... 3  
DOCTOR TELLS ME ITS IMPORTANT . . . 4

OTHER (SPECIFY) ..... 0

DON'T KNOW ..... 77  
REFUSED ..... 99 @  
[@][allow int 2] <1> Right thing to do <2> Keep them healthy  
<3> Have to for school <4> Doctor tells me its important <0>[specify] SPECIFY  
<77> DON'T KNOW <99> REFUSED

>Q14<

The next questions are more general questions about doctor visits. Has anyone from your child's doctor's office ever sent you a postcard reminding you that your child is due for shots or for a check-up?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1>[goto Q14a] YES <5> NO <7> DON'T KNOW <9> REFUSED  
[default goto Q15]

>Q14a<

Did you find the postcard helpful in remembering to make an appointment?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> YES <5> NO <7> DON'T KNOW <9> REFUSED

>Q14b<

Did you make an appointment the last time you received a postcard reminding you to make an appointment?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> YES <5> NO <7> DON'T KNOW <9> REFUSED

>Q15<

Did you know that you can get a ride to and from your child's doctor's office paid for by Medicaid?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @  
[@][allow int 1] <1> YES <5> NO <7> DON'T KNOW <9> REFUSED

>Q16<

There are many reasons that might make you think that your child needs to go to the doctor. Please tell me what is usually wrong with your child or what your child complains about that makes you think that your child needs to go to the doctor. (Allow up to 3 answers)

[yellow]IWER: DO NOT READ CATEOGIES[n]

FEVER/TEMPERATURE ..... 1      SORE THROAT ..... 2  
 EAR ACHE/EAR INFECTION .... 3      COLD ..... 4  
 CUTS/BRUISES/FALLS/INJURY.. 5      FLU ..... 6  
 ASTHMA ..... 7      ALLERGIES ..... 8

SPECIFY ..... 0      DON'T KNOW ..... 77  
 NO OTHER RESPONSES ..... 55      REFUSED ..... 99

MENTION 1 @1      MENTION 2 @2      MENTION 3 @3

[@1][allow int 2] <1> Fever/temperature <2> Sore throat <3> Ear Ache/Infection  
 <4> Cold <5> Cuts/Bruises/Falls/Injury <6> Flu <7> Asthma <8> Allergies  
 <0>[specify] SPECIFY <77>[goto Q17] DON'T KNOW  
 <99>[goto Q17] REFUSED

[@2][allow int 2] <1> Fever/temperature <2> Sore throat <3> Ear Ache/Infection  
 <4> Cold <5> Cuts/Bruises/Falls/Injury <6> Flu <7> Asthma <8> Allergies  
 <55>[goto Q17] NO OTHER MENTIONS <77>[goto Q17] DON'T KNOW  
 <0>[specify]  
 <99>[goto Q17] REFUSED

[@3][allow int 2] <1> Fever/temperature <2> Sore throat <3> Ear Ache/Infection  
 <4> Cold <5> Cuts/Bruises/Falls/Injury <6> Flu <7> Asthma <8> Allergies  
 <55> NO OTHER MENTIONS <77> DON'T KNOW <99> REFUSED <0>[specify]

>Q17<

When your child is not feeling well, how often do you call the doctor on call with questions?

Would you say always, most of the time, some of the time, hardly ever, or never?

ALWAYS ..... 1  
 MOST OF THE TIME ..... 2  
 SOME OF THE TIME ..... 3  
 HARDLY EVER ..... 4  
 NEVER ..... 5

DON'T KNOW ..... 7  
 REFUSED ..... 9      @

[@][allow int 1] <1> Always <2> Most of the time <3> Some of the time  
<4> Hardly ever <5> Never <7> DON'T KNOW <9> REFUSED

>Q18<

When your child is not feeling well, how often do you call nurseline or some other medical help line with questions?

[yellow]IWER: NURSELIN IS A TELEPHONE SERVICE THAT PATIENTS CAN CALL FOR ADVISE AND TO ASK QUESTIONS. MOST HEALTH PLANS OR DOCTOR OFFICE HAVE A NURSELIN AVAILABLE. SOME PARENTS MAY TALK ABOUT A NURSE TRIAGE LINE ...E.G., THEY CALL THEIR DOCTOR'S OFFICE AND SPEAK WITH A NURSE WHO DECIDES IF THEY NEED TO BE SEEN OR GIVE THEM ADVICE OR WHAT TO DO[n]

(Would you say always, most of the time, some of the time, hardly ever, or never?)

ALWAYS ..... 1  
MOST OF THE TIME ..... 2  
SOME OF THE TIME ..... 3  
HARDLY EVER ..... 4  
NEVER ..... 5  
DON'T KNOW ..... 7 REFUSED ..... 9 @

[@][allow int 1] <1> Always <2> Most of the time <3> Some of the time  
<4> Hardly ever <5> Never <7> DON'T KNOW <9> REFUSED

>Q19<

Is there someone else or someplace else you often ask for medical or health advice other than the doctor on call or nurseline?

YES ..... 1  
NO ..... 5  
  
DON'T KNOW ..... 7  
REFUSED ..... 9 @

[@][allow int 1] <1> YES <5>[goto Q20] NO <7>[goto Q20] DON'T KNOW  
<9>[goto Q20] REFUSED

>Q19a<

To whom or where do you [bold]usually[n] go for advice?

[yellow]IWER: DO NOT READ CATEGORIES[n]

MOTHER ..... 1      OTHER RELATIVE ..... 2  
GRANDMOTHER ..... 3      PHARMACIST ..... 4  
FRIEND ..... 5      SOCIAL WORKER/CASE WORKER .... 6  
INTERNET/WEB ..... 7

SPECIFY ..... 0

DON'T KNOW ..... 77      REFUSED ..... 99      @

[@][allow int 2] <1> Mother <2> Other relative <3> Grandmother <4> Pharmacist  
<5> Friend <6> Social Worker/Case Worker <7> Internet/ Web  
<0>[specify] SPECIFY <77> DON'T KNOW <99> REFUSED

>Q20<

I would like you to think about all of the people you get health care information from. Which one of these people do you like getting the information from the best.

>Q21a<

I am going to read you a list of different ways that you can get health care information. Please tell me if this is a way that you really like to get the information, sort of like to get information, or really do not like to get the information from.

How much do you like to get your health care information in writing?  
Would you say you really like to get it that way, somewhat that way, or not at all that way?

1 ... REALLY LIKE TO GET IT THAT WAY  
2 ... SOMEWHAT LIKE TO GET IT THAT WAY  
3 ... NOT AT ALL THAT WAY

7 ... DON'T KNOW

9 ... REFUSED      @

[@][allow int 1] <1> Really like to get it that way  
<2> Somewhat like to get it that way <3> Not at all that way  
<7> DON'T KNOW <9> REFUSED

>Q21b<

How much do you like to get your health care information from a person talking with you in person. Would you say you really like to get your information that way, somewhat like to get your information that way, or not at all that way?

- 1 ... REALLY LIKE TO GET IT THAT WAY
- 2 ... SOMEWHAT LIKE TO GET IT THAT WAY
- 3 ... NOT AT ALL THAT WAY

7 ... DON'T KNOW

9 ... REFUSED @

[@][allow int 1] <1> Really like to get it that way  
<2> Somewhat like to get it that way <3> Not at all that way  
>Q21c<

How much do you like to get your health care information from the radio like on a talk show or in a commercial?

- 1 ... REALLY LIKE TO GET IT THAT WAY
- 2 ... SOMEWHAT LIKE TO GET IT THAT WAY
- 3 ... NOT AT ALL THAT WAY

7 ... DON'T KNOW

9 ... REFUSED @

[@][allow int 1] <1> Really like to get it that way  
<2> Somewhat like to get it that way <3> Not at all that way  
<7> DON'T KNOW <9> REFUSED

>Q21d<

How much do you like to get your health care information from the TV like on a talk show or in a commercial? (Would you say you really like to get your information that way, somewhat like to get your information that way, or not at all that way?)

- 1 ... REALLY LIKE TO GET IT THAT WAY
- 2 ... SOMEWHAT LIKE TO GET IT THAT WAY
- 3 ... NOT AT ALL THAT WAY

7 ... DON'T KNOW

9 ... REFUSED @

[@][allow int 1] <1> Really like to get it that way  
<2> Somewhat like to get it that way <3> Not at all that way  
<7> DON'T KNOW <9> REFUSED

>Q21e<

Is there a special person on TV that you would like to get your health care information from?

YES ..... 1  
NO ..... 5

DON'T KNOW ..... 7  
REFUSED ..... 9 @a

[if @a eq <1>]  
(Who is that person?) @b

>Q22a<

For the next questions, I would like you to tell me if you think that check-ups are more important, just as important, or less important than something else.

Do you think that check-ups are more important, just as important, or less important as visits to the doctor when your child is sick

MORE IMPORTANT ..... 1  
JUST AS IMPORTANT..... 2  
LESS IMPORTANT ..... 3

DON'T KNOW ..... 7  
REFUSED..... 9 @

[@][allow int 1] <1> More important <2> Just as important <3> Less important  
<7> DON'T KNOW <9> REFUSED

>Q22b<

Do you think that check-ups are more important, just as important, or less important than visits to the WIC office?

MORE IMPORTANT ..... 1  
JUST AS IMPORTANT..... 2  
LESS IMPORTANT ..... 3

DON'T KNOW ..... 7  
REFUSED..... 9 @

[@][allow int 1] <1> More important <2> Just as important <3> Less important  
<7> DON'T KNOW <9> REFUSED

>Q22c<

(Do you think that check-ups are more important, just as important, or less important than) visits to the Family Independence Agency or FIA?

MORE IMPORTANT ..... 1  
JUST AS IMPORTANT..... 2  
LESS IMPORTANT ..... 3

DON'T KNOW ..... 7  
REFUSED..... 9 @

[@][allow int 1] <1> More important <2> Just as important <3> Less important  
<7> DON'T KNOW <9> REFUSED

>Q22d<

(Do you think that check-ups are more important, just as important, or less important than) taking your child to see their grandmother or grand aunt?

MORE IMPORTANT ..... 1  
JUST AS IMPORTANT..... 2  
LESS IMPORTANT ..... 3

DON'T KNOW ..... 7  
REFUSED..... 9 @

[@][allow int 1] <1> More important <2> Just as important <3> Less important  
<7> DON'T KNOW <9> REFUSED

>Q22e<

(Do you think that check-ups are more important, just as important, or less important than) putting in over time to make extra money?

MORE IMPORTANT ..... 1  
JUST AS IMPORTANT..... 2  
LESS IMPORTANT ..... 3

DON'T KNOW ..... 7  
REFUSED..... 9 @

[@][allow int 1] <1> More important <2> Just as important <3> Less important  
<7> DON'T KNOW <9> REFUSED

>Q23<

I only have a few questions left. What is your age?

@ AGE IN YEARS

REFUSED ..... 9

[@][allow int 2] <9> REFUSED <18-99>

>Q24<

Are you Hispanic or Latino?

YES ..... 1

NO ..... 5

DON'T KNOW ..... 7

REFUSED ..... 9 @

>Q25<

Which of the following would you say is your race: White, Black or African-American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or something else?

1 ... WHITE

2 ... BLACK OR AFRICAN-AMERICAN

3 ... ASIAN

4 ... NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

5 ... AMERICAN INDIAN OR ALASKA NATIVE

6 ... OTHER

7 ... DON'T KNOW

9 ... REFUSED @

[@][allow int 1] <1> White <2> Black or African-American <3> Asian

<4> Native Hawaiian or other Pacific Islander

<5> American Indian or Alaska Native <6>[specify] Other <7> DON'T KNOW

<9> REFUSED

>Q26<

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1 ... MARRIED

2 ... DIVORCED

3 ... WIDOWED

4 ... SEPARATED

5 ... NEVER MARRIED

6 ... MEMBER OF AN UNMARRIED COUPLE

REFUSED ..... 9 @

[@][allow int 1] <1> Married <2> Divorced <3> Widowed <4> Separated  
<5> Never married <6> Member of an unmarried couple <9> REFUSED

>Q27<

What is the highest grade or year of school you have completed?

[green]IWER: READ ONLY IF NECESSARY[n]  
Never attended school or only attended kindergarten. . . . . 1  
Grades 1 through 8 (Elementary). . . . . 2  
Grades 9 through 11 (Some high school) . . . . . 3  
Grade 12 or GED (High school graduate) . . . . . 4  
College 1 year to 3 years (Some college or technical school) . 5  
College 4 years or more (College graduate) . . . . . 6

REFUSED . . . . . 9 @

[@]<1> Never attended school or only attended kindergarten <2> Elementary  
<3> Some high school <4> High school graduate  
<5> Some college or technical school <6> College graduate  
<9>[missing] REFUSED

Q28 Are you currently employed, a student, unemployed, a homemaker, retired, unable to work, or something else?

Q29 How many hours per week are you working or going to school?

What parts of the day or night are you gone working or at school?

Mornings would be from 7 am to noon. Afternoons would be from noon to 6. Evenings would be from 6 to 9 and nights would be from 9 to 7 am. Are you gone mornings, afternoons, evenings, and/or nights?

Thank you very much for answering our questions today. We would like to send you a \$10 gift certificate as a 'Thank-you gift'. I just need to get some information from you so that we can mail the certificate to you.

Would you prefer a gift certificate from Target, Wal-Mart, or Meijer?