

**Satisfaction with Children's Health Care:
Families' Evaluation of Medicaid and the
State Children's Health Insurance
Program (SCHIP), FY 2003**

Erika C. Ziller, M.S.
Stephenie L. Loux, M.S.
May 2003

MUSKIE
SCHOOL

**Satisfaction with Children's Health Care:
Families' Evaluation of Medicaid and the
State Children's Health Insurance Program
(SCHIP), FY 2003**

Erika C. Ziller, M.S.
Stephenie L. Loux, M.S.



The Institute for Health Policy
Edmund S. Muskie School of Public Service
University of Southern Maine

May 2003

CONTENTS

Tables and Figures	iii
I. Purpose	1
II. Methods	1
Sample Selection.....	1
Survey Administration.....	3
File Construction and Data Analysis.....	3
III. Findings	3
Program Recognition.....	3
Parental Employment, Income and Education.....	4
Health Status.....	5
Health Care Use.....	6
Satisfaction With Care.....	8
Access to Health Care.....	11
Program Satisfaction.....	13
IV. Summary	19
Appendix A: Survey Instrument	A-1

TABLES AND FIGURES

Table 1: Sample Characteristics.....	2
Figure 1: Parental Employment Status (n = 1,727)	4
Figure 2: Children’s Health Status (n = 1,733).....	5
Figure 3: Health Status of Children, By Age (n = 1,733)	5
Figure 4: Children With Limiting Conditions, By Age (n = 1,722)	6
Figure 5: Usual Source of Health Care Location Type (n = 1,721).....	7
Figure 6: Child Sees Same Provider at Usual Source of Care (n = 1,708).....	7
Figure 7: Length of Relationship with Current Provider (n = 1,717).....	8
Figure 8: Treated Respectfully by Provider Staff (n = 1,236)	9
Figure 9: Provider Explains Things in Understandable Way (n = 1,240)	9
Figure 10: Provider Spends Enough Time with Child (n = 1,235).....	10
Figure 11: Overall Rating of Child’s Usual Health Care Provider (n = 1,711).....	10
Figure 12: Reason for Emergency Room Visit (n = 429).....	11
Figure 13: Problems Getting Care/Advice Over Telephone (n = 657).....	12
Figure 14: Reason For Problem Getting Care/Advice Over the Telephone (n = 91)	12
Figure 15: Primary Reason Child is Enrolled (n = 1,733)	14
Figure 16: Level of Satisfaction with Medicaid or SCHIP as a Health Plan (n = 1,723).....	15
Figure 17: Reason for Recommending Medicaid or SCHIP to a Friend (n = 1,701)	16

I. PURPOSE

In 2002, staff at the Muskie School of Public Service, under contract with the Bureau of Medical Services (Maine's Medicaid and SCHIP Agency), completed a survey of Medicaid and SCHIP child members. The purpose of this survey was to measure the experience and satisfaction with the Medicaid and SCHIP program among families whose children were enrolled in Medicaid and the State Children's Health Insurance Program (SCHIP). This survey complements two additional surveys that were conducted among families with children newly enrolled in and disenrolled from Medicaid and SCHIP during 2002. In some sections of the report we refer to Medicaid and SCHIP collectively as "MaineCare," because as of July 2002, MaineCare is the umbrella term the State of Maine uses to refer to all eligibility groups previously using separate names such as Medicaid, CubCare and SCHIP.

This document summarizes the findings from the survey of families with Medicaid or SCHIP-enrolled children that was conducted during the summer of 2002. Survey staff interviewed a total of 1,840 adults about the health care experiences of a specific child in their care. The survey content included questions on reasons for participating in Medicaid and SCHIP, parental employment status, health status, access to health services and satisfaction with care.

II. METHODS

Sample Selection

This survey examines the experiences of a random sample of households with Medicaid or SCHIP child members who had been continuously enrolled for at least nine months prior to the survey date. Children with at least nine months of continuous enrollment were selected so that the survey would reflect the perspective of families who had solid experience with the Medicaid or SCHIP program. If a household with more than one eligible child was selected to participate in the survey, one child from that household was randomly selected so that no family would be interviewed about the experiences of multiple children.

One of the purposes of this survey was to obtain data on the experiences of children enrolled in SCHIP through the SCHIP eligibility categories of "Medicaid Expansion" and "CubCare." Because SCHIP represents less than 15 percent of the entire enrolled population, Bureau of Medical Services staff in consultation with survey staff decided to over-sample for children enrolled through SCHIP. As a result, approximately half of the survey respondents were enrolled under an SCHIP eligibility category (see Table 1).

Table 1 depicts select characteristics of the children who were included in the survey compared to the entire population of children enrolled in Medicaid or SCHIP for at least nine continuous months. Despite the intentional over-sampling of SCHIP members, the characteristics of the sample compared to the population do not differ greatly. Although there is some slight variation in the distribution of gender and county of residence for the sample compared to the population, these differences are too small to yield significant statistical test results. However, the distribution of age for the sample compared to the population did differ significantly with the sample over representing children five or younger and under representing the two other age

categories. This is likely due to the over-sampling of SCHIP kids who, due to eligibility criteria, may be older than the Medicaid population.

Table 1: Sample Characteristics

Characteristic	Percent in Sample (N=1,840)	Percent in Population (N=30,411)
Age**		
0 – 5	25.2	20.7
6 – 12	39.2	41.1
13 – 20	35.6	38.2
Gender*		
Male	49.8	48.9
Female	50.2	51.1
County*		
Androscoggin	8.2	8.4
Aroostook	8.6	8.0
Cumberland	11.0	13.3
Franklin	4.0	3.1
Hancock	3.2	3.5
Kenebec	10.5	10.0
Knox	2.9	3.1
Lincoln	2.4	2.9
Oxford	7.3	6.1
Penobscot	12.4	12.5
Piscataquis	2.4	2.2
Sagadahoc	2.3	2.3
Somerset	7.0	6.1
Waldo	3.4	3.8
Washington	4.3	4.5
York	10.0	10.2
Program***		
Medicaid	53.6	81.2
Medicaid Expansion	23.0	12.4
CubCare	23.4	6.4
Respondent's Relationship to Child		
Parent	93.6	-
Other relative	5.3	-
Foster parent/guardian	1.0	-

Note: Proportions in this table differ slightly from the final sample because it includes 107 surveys that were ineligible for the full survey because they were no longer enrolled in Medicaid or SCHIP.

*Differences between sample and population NS by chi-square test.

**Differences between sample and population significant at $p \leq .0001$.

***Differences between sample and population significant at $p \leq .0001$ due to intentional oversampling of SCHIP enrollees.

Survey Administration

The survey was administered by telephone between March and August of 2002 by the Muskie School of Public Service. Interviewers trained on the survey instruments used a computer-assisted interviewing instrument (CATI) developed by Muskie School staff to collect data from respondents. Upon reaching a randomly selected household, the interviewers would ask to speak to the adult who was most knowledgeable about the selected child's health and health care use. As Table 1 indicates, for the most part the respondent was the child's parent (94 percent of respondents) although occasionally the respondent was another relative or the child's foster parent or guardian.

A total of 2,590 eligible households were contacted and invited to participate in the survey. Of these, 1,840 households agreed to participate, however, in 103 cases the preliminary screening questions revealed that the child was no longer covered by Medicaid or SCHIP and consequently ineligible for the survey. An additional four respondents were unsure whether the child was currently enrolled in Medicaid or SCHIP, and were also considered ineligible for the survey. A total of 1,733 eligible adult respondents participated in the survey on behalf of an identified child, for a final response rate of 87 percent.

File Construction and Data Analysis

Staff at the Muskie School reviewed the survey for response validity, coded open-ended questions, and imported the data into SAS for analysis. This report presents primarily descriptive data, although some questions have been analyzed for differences based on the characteristics or eligibility category of the respondents. For the most part, subgroup comparisons are presented only when there was a statistically significant difference between the groups. If subgroup analyses are reported, this paper will include the probability values obtained through chi-square tests in order to inform the reader about the magnitude of statistical significance for the reported differences.

III. FINDINGS

Program Recognition

The first question of the survey asked respondents to confirm whether or not they were enrolled in Medicaid or SCHIP, in order to screen whether they were eligible for the survey. Ninety-four percent of those who were contacted affirmed their enrollment based on their own recognition of the program's name. Less than one percent (3 respondents) needed additional probing information in order to recognize that their child was receiving health insurance through Medicaid or SCHIP. Another 103 potential respondents indicated that the child was no longer enrolled in the program. Four respondents were unsure or did not know if the child was enrolled in MaineCare.

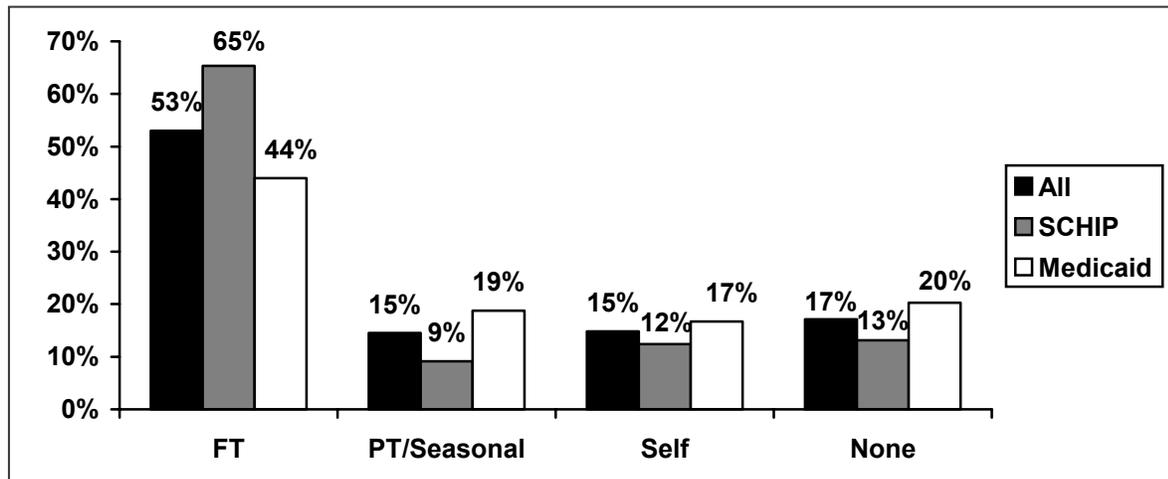
Parental Employment, Income and Education

Respondents were asked to describe the employment status of the primary wage earner in the household, if any. More than 82 percent of the respondents reported that there was a primary wage earner employed in the household (Figure 1). Approximately half of all children in the survey lived in a household where at least one adult worked full-time for an employer, while 15 percent were self-employed. Another 15 percent of children lived in a household where the primary wage earner worked part-time or seasonally. In approximately 17 percent of the households, there was no primary wage earner or s/he was not employed at the time.

As one might expect, among SCHIP children, who are eligible at higher income levels, the proportion that had an adult household member working full-time was significantly higher than among children enrolled in Medicaid (65 versus 44 percent). Similarly, the SCHIP members were less likely to live in a household with no working adult (13 percent) compared to other children enrolled in Medicaid (20 percent).

In the 1,369 households where a main wage earner was identified and the size of their employer known, approximately half the time (48 percent) he or she worked for a firm with fewer than 25 employees. Around 12 percent worked for a firm with 25-50 employees, while 40 percent worked for a firm with more than 50 employees (figure not shown).

Figure 1: Parental Employment Status (n = 1,727)



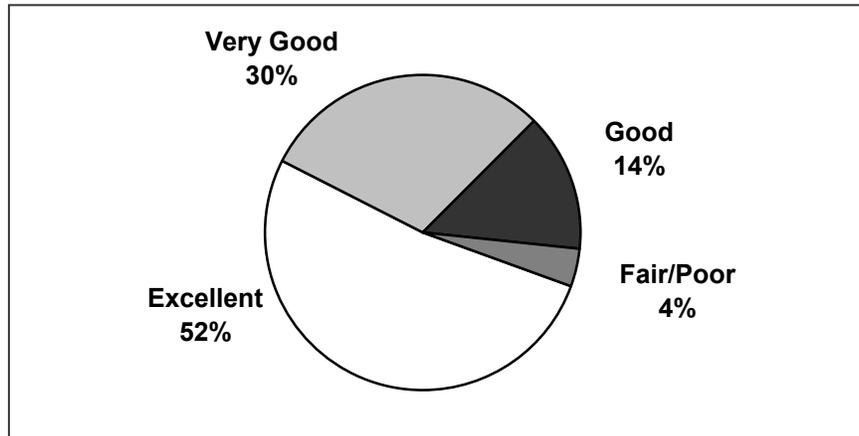
Note: Differences between SCHIP and Medicaid members significant where $p \leq .001$

More than 90 percent of respondents reported that they had at least a high school education (figure not shown). Almost one-third (32%) of the total respondents had attended some college or held a two-year college degree, while nine percent had a four-year college degree or higher. Children enrolled in SCHIP were more likely to have a parent who had at least some college education. Forty-five percent of SCHIP children had parents with some college or more compared to 38 percent of Medicaid children ($p < .01$).

Health Status

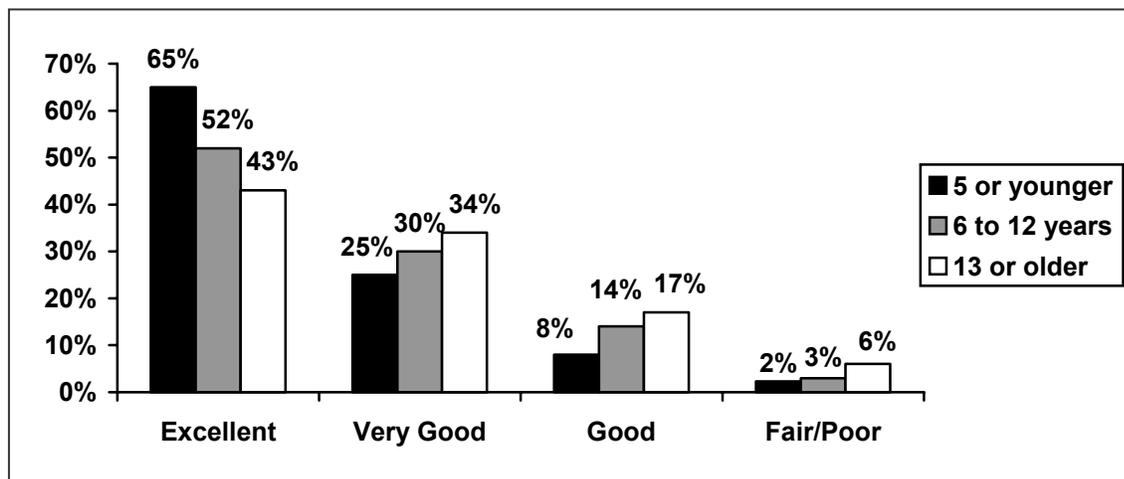
The survey asked respondents to rate the health care status of children in their care, from excellent to poor. In general, respondents reported that the children were in good or better health (Figure 2). More than half of all children (52 percent) were reported to be in excellent health, with another 44 percent in very good or good health. Only four percent of respondents stated that their child was in fair or poor health. Health care status did not vary significantly by eligibility category.

Figure 2: Children’s Health Status (n = 1,733)



The health status of children in the survey varied somewhat by the child’s age, with older children having poorer health overall. While 90 percent of children aged five and younger had a reported health status of very good or excellent, only 77 percent of teens and young adults had health status in these two categories. Similarly, among children 13 and older, six percent were reported to be in fair or poor health compared to only two percent in the age five and under group.

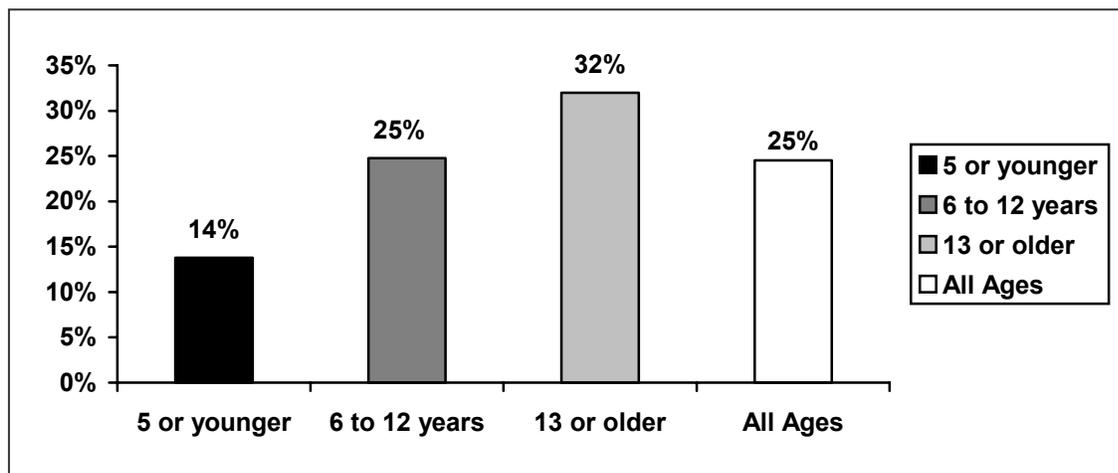
Figure 3: Health Status of Children, By Age (n = 1,733)



Note: Differences in health status by age significant where $p \leq .001$

Although nearly all the children were reported to be in good or better health, a substantial number of respondents identified their child as having a limiting condition. Survey staff asked the respondents whether or not the child in their care had an emotional, developmental, physical or behavioral condition that limits their ability to do what other children his/her age can do. A quarter of all respondents stated that their child has a condition that limits his/her daily activities. As shown in Figure 4, the proportion of children with a limiting condition varied significantly by age, with children aged 13 and older being more than two times as likely to have a limiting condition compared to children aged 5 and under (32 versus 14 percent). There were no significant differences between eligibility categories in the proportion of children identified as having a limiting condition.

Figure 4: Children With Limiting Conditions, By Age (n = 1,722)

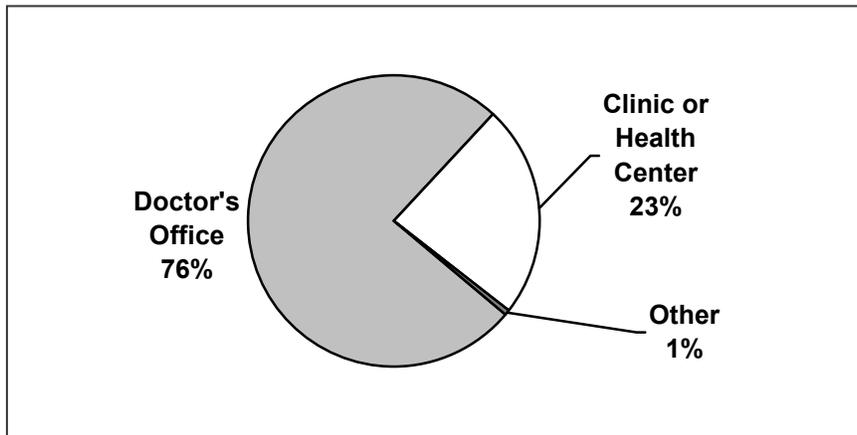


Note: Differences in limiting conditions by age significant where $p \leq .001$

Health Care Use

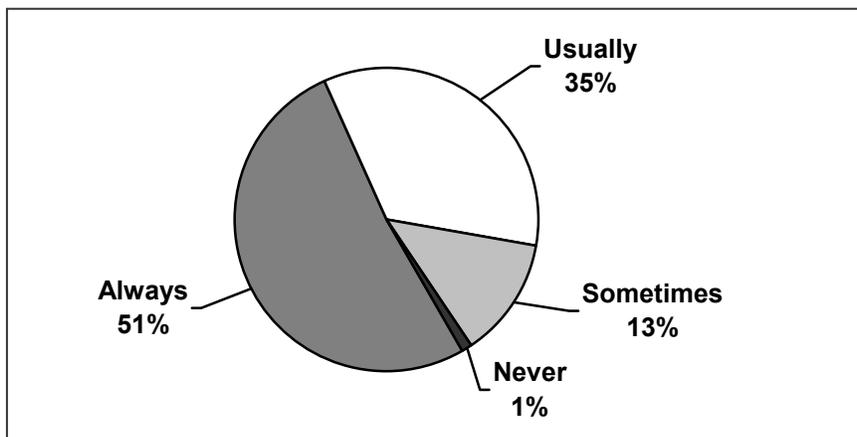
Respondents were queried about health care use and access to care for the children included in this survey. Nearly every respondent reported that the child in his/her care has one usual place s/he goes to get regular or routine health care (figure not shown). Less than one percent of respondents indicated that the child did not have a usual source of care (11 children in all). When asked why the child did not have a usual source of care, half of these 11 respondents reported that they were currently changing health care providers because they had just moved, the health care provider was no longer available, or their previous health care provider was too far away. One respondent stated that the child did not need a regular health care provider. Another reported that s/he preferred to use the emergency room.

Figure 5: Usual Source of Health Care Location Type (n = 1,721)



Over three-fourths of all children in the survey get their primary health care from a doctor's office (76 percent) while 23 percent visit a clinic or health center. Approximately one percent of respondents indicated that their children obtain primary health care from another provider location, including school-based health centers, emergency rooms and other hospital-based providers. Where children obtained primary health care varied by age, with children under the age of five being slightly more likely than adolescents and young adults to receive this care in a doctor's office ($p < .001$, figure not shown). As Figure 6 indicates, more than half of all children see the same provider every time they go to their usual source of care and one-third of all children usually do. As might be expected, children receiving their care from a health center or clinic are less likely to see the same provider every time than children with a doctor's office as their usual source of care ($p < .001$, figure not shown).

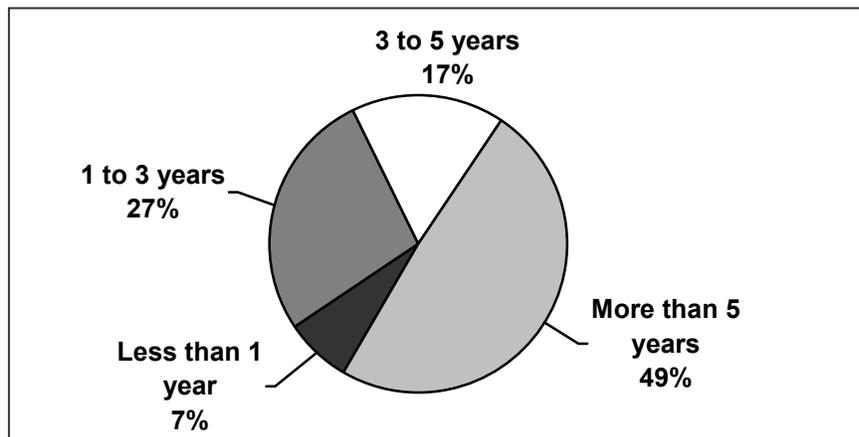
Figure 6: Child Sees Same Provider at Usual Source of Care (n = 1,708)



Because continuity of care can be an important indicator of access and quality of care for children, respondents were asked to estimate the length of time that their child had been receiving care from their current health care provider. As Figure 7 indicates, nearly half of all children (49 percent) had been under the care of the same provider for more than five years. Given the mean and median age of children included in the survey was 10, the length of time

with the same provider suggests children enrolled in Medicaid and SCHIP have good access to the same provider over time. The length of time that children had been receiving care from their current health care provider varied by program eligibility and type of provider. Children enrolled in SCHIP were more likely than those in Medicaid to have had the same provider for three years or more (72 percent versus 61 percent, respectively; $p \leq .001$). In addition, children who visited a doctor's office were more likely than those visiting a clinic or health center to have the same provider over the last three years or more (67% versus 60 percent, respectively; $p \leq .01$).

Figure 7: Length of Relationship with Current Provider (n = 1,717)

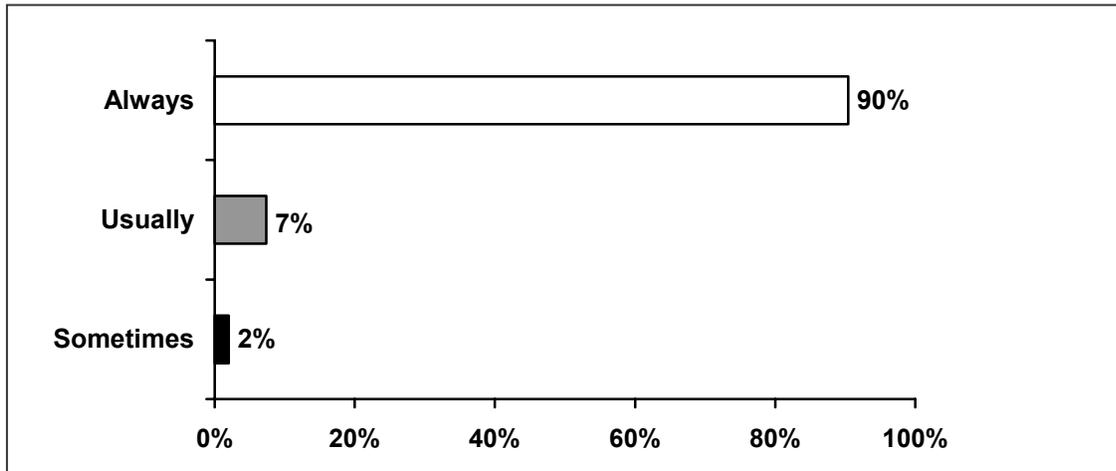


Satisfaction With Care

Approximately three-fourths of all children (73 percent) had visited their usual health care provider within the six months prior to the survey. The adults responding on behalf of these children were asked a series of questions designed to identify how satisfied families are with the quality of care their children receive from their usual source of care. Only families whose children had seen the provider in the past six months received these questions because prior research suggests that recall about quality indicators is most accurate when limited to a six-month period of time.

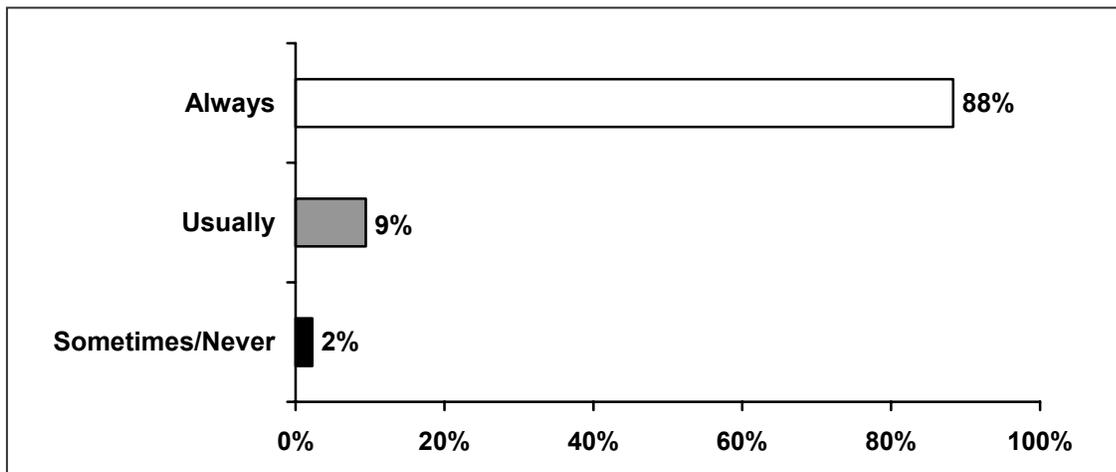
The first question about family satisfaction with care addressed respondent's perceptions of the providers' office staff. Respondents were asked to evaluate the frequency with which office staff treated the family with courtesy and respect during visits to the provider's office. As Figure 8 indicates, 90 percent stated that the office staff always treats them with courtesy and respect, while only two percent felt this happened only sometimes. Only three respondents reported that they are never treated respectfully by provider staff (not shown in graph).

Figure 8: Treated Respectfully by Provider Staff (n = 1,236)



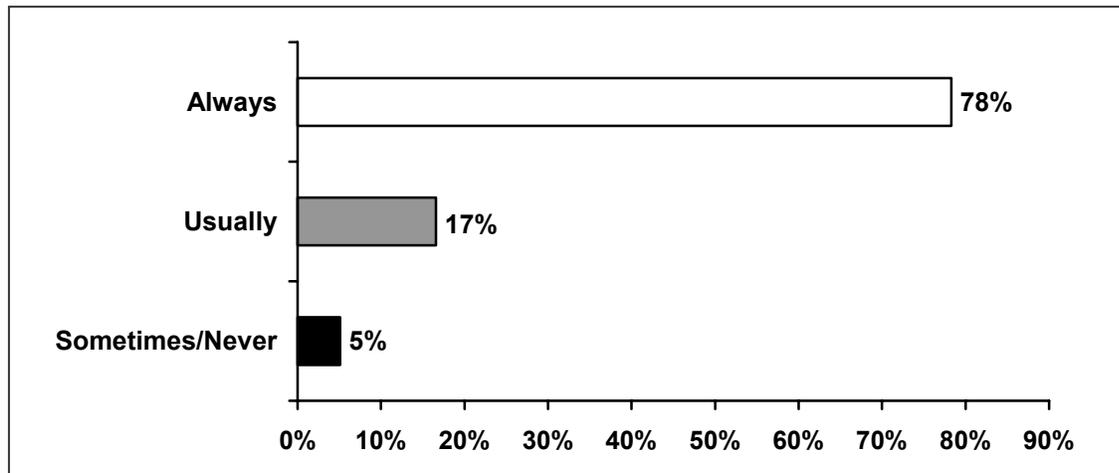
Like the high level of satisfaction with office staff, respondents tended to be pleased with the interactions they had with the child’s provider. Eighty-eight percent of respondents reported that when they visited the child’s health care provider, s/he always explained the medical needs of the child to them in a way that they could understand (Figure 9). Approximately two percent of respondents felt that the provider sometimes or never explained things in a way that they could understand. The satisfaction with providers’ ability to present information in an understandable way did not vary significantly by eligibility category.

Figure 9: Provider Explains Things in Understandable Way (n = 1,240)



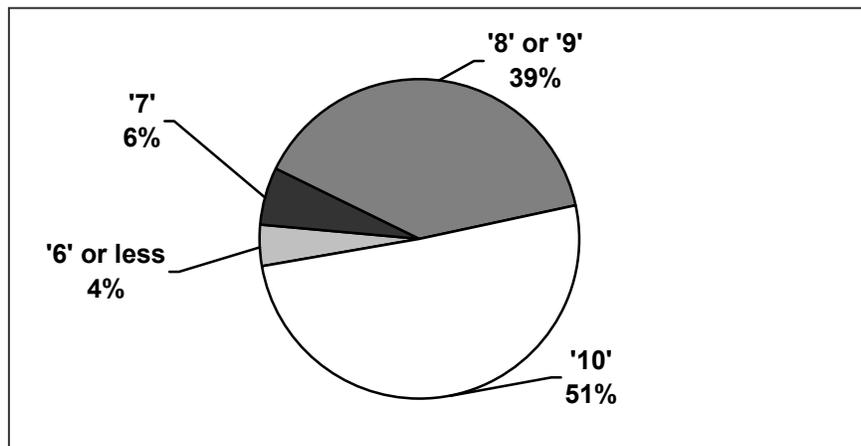
Although respondents were slightly less satisfied with the amount of time the child’s provider spent with them during office visits in the past six months, satisfaction continued to be quite high. More than three-fourths of respondents indicated that the provider always spent enough time with their child and 17 percent felt that the provider usually spent enough time. Approximately five percent felt that the provider never or only sometimes spent enough time with their child.

Figure 10: Provider Spends Enough Time with Child (n = 1,235)



The survey asked respondents to rate their child’s usual health provider on a scale from ‘0’ to ‘10,’ where ‘0’ was the worst health care provider possible and ‘10’ was the best provider possible. Given the generally high level of satisfaction that families reported for each of these individual indicators, it is not surprising that their overall rating of children’s primary health care providers was also relatively high. Half of all respondents gave their child’s provider a rating of ‘10’ (see Figure 11), while another 39 percent rated the provider an ‘8’ or ‘9.’ Only four percent rated the child’s provider as a ‘6’ or lower, with only 15 respondents rating the provider with less than a ‘5’. The provider ratings did not differ significantly between program eligibility categories.

Figure 11: Overall Rating of Child’s Usual Health Care Provider (n = 1,711)

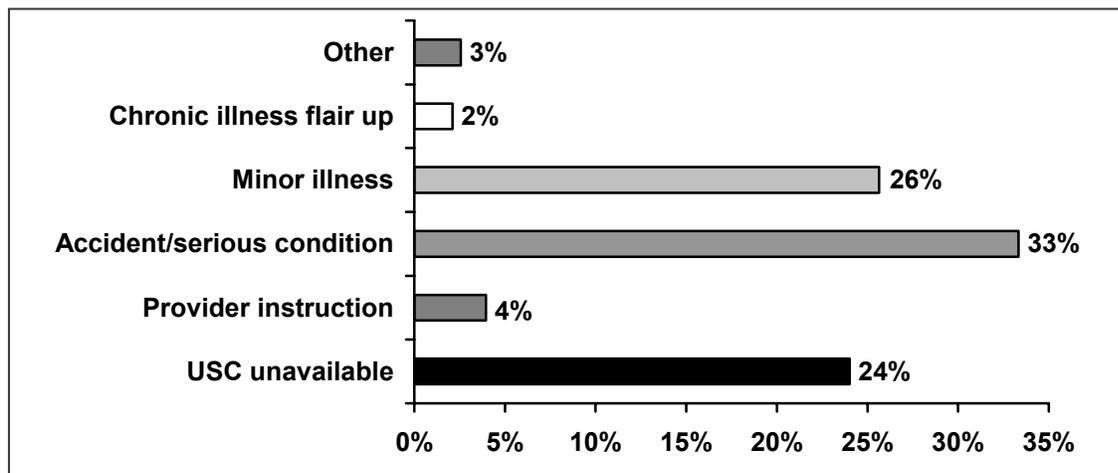


Access to Health Care

Emergency Room Use

One-fourth of respondents indicated that their child had gone to the emergency room for care in the past six months. Of these, the most common reason for the visit (33% of respondents) was that the child had suffered an injury or accident (Figure 12). Over one quarter of respondents (26 percent) indicated that they had taken the child to the emergency room due to a minor illness such as the flu, an earache or rash. These families may either need better education about when to seek emergency care, or else have had difficulty accessing the child's usual source of care. In fact, for approximately 24 percent of children with an emergency room visit, the reason given for the visit was that the child's usual source of care (USC) was closed. Another four percent reported that they brought the child to the emergency room at the instruction of the provider, however, it is unclear whether these cases constituted actual emergencies or if the provider was unavailable to treat the child.

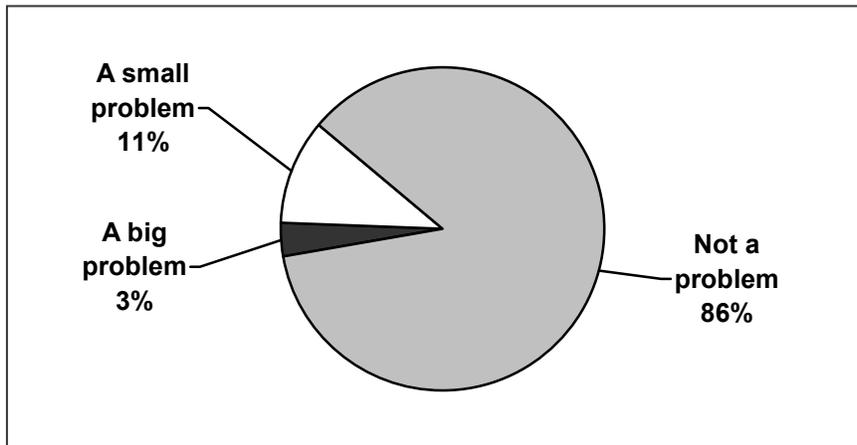
Figure 12: Reason for Emergency Room Visit (n = 429)



Telephone Access to Providers

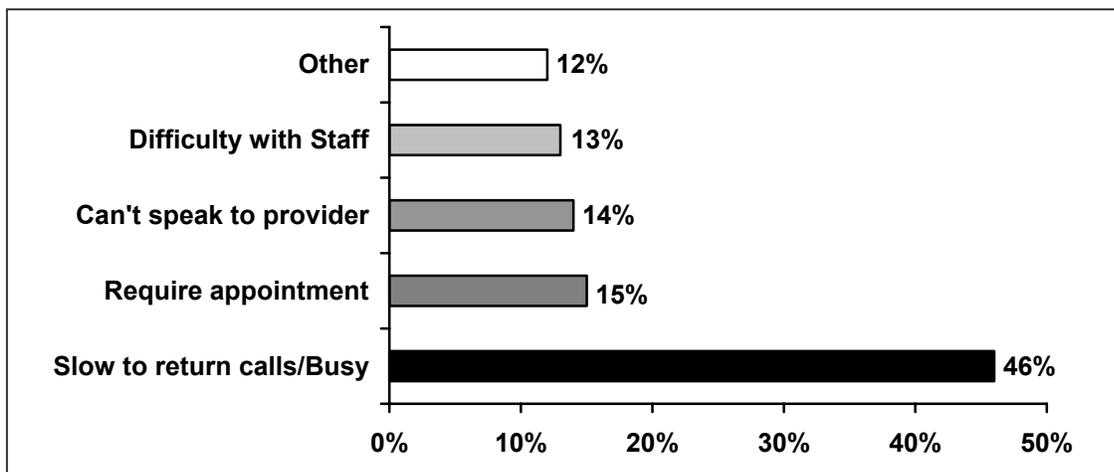
The survey asked participants if they had tried to obtain care from their child's usual health care provider over the telephone in the six months prior to the survey. Thirty-nine percent of respondents indicated that they had tried to get care for their child over the telephone. Of these 662 respondents, 86 percent stated that they had not had any problem trying to get care or advice for their child over the telephone, however 11 percent reported that it had been a small problem, and three percent a big problem, to get this care or advice (Figure 13). Of those having trouble, 82 percent had called their provider during the day, while only six percent called for advice on a weekend.

Figure 13: Problems Getting Care/Advice Over Telephone (n = 657)



Respondents who indicated that they had encountered a problem calling the child’s provider for care or advice were asked why, in their own words, there had been a problem. For the 91 respondents who had problems, nearly half (46 percent) stated that they had difficulty getting ahold of the doctor’s office, the provider’s office was slow to respond to their request for advice or the provider never called them back. In one case a respondent stated that she was “always getting voice mail and not getting a call back.” She would have to make two or three calls. Another respondent said, “They put you on hold for a long time and then they transfer you to a lot of people and no one knows what is going on.” Lastly, one respondent said, “They have an automated system. It’s hard to get ahold of a person to talk to.”

Figure 14: Reason For Problem Getting Care/Advice Over the Telephone (n = 91)



Another common complaint about telephone access to the child’s provider was that the provider would not give any advice over the telephone but required the child to come in for a visit before receiving any care. A number of respondents expressed frustration with this practice, such as the one who stated “They can never answer the question over the phone, even if it’s a simple

problem (like how much medication should she take). They always suggest that she come in to see the doctor.” Another respondent reported that “if you call for something, and know the answer but want reassurance, they always want you to come in. Even if it is really simple.”

An additional 27 percent of respondents had problems with the staff or disliked being unable to talk directly with their physician. One respondent stated, “I had a problem with the secretary. I had called to make an appointment and she was very rude. She felt that I had waited longer than was appropriate for his injury. She was very sarcastic so I said forget it.” Another respondent stated, “They never let you have even his voicemail. They always have you talk to nurses, never to him, and you wonder if he even gets the message.”

Trouble Getting Needed Health Care

The survey asked respondents if their child had needed health care in the past six months but had not gotten it. Approximately 64 percent (1,103 respondents) indicated that their child had needed care, the vast majority of whom had gotten the care they needed. Only 57 children or approximately three percent who needed care were reportedly unable to get it.

Of the children who had needed care but didn’t get it, nearly one third (21 children) had been unable to get dental care, while another was reportedly unable to get needed orthodontic care. An additional 19 percent of respondents (12 children) had difficulty obtaining routine care from their primary care physician, including for acute and chronic conditions and preventive care. Another 11 respondents had difficulty getting specialty care, including five having trouble getting mental health care services. A small number of respondents reportedly could not get vision care, home health services or medical equipment. Only two respondents could not obtain prescription drugs.

When asked why they were unable to obtain the care they needed, the most common response was that there was no provider available in the area or none that would accept MaineCare, especially for dental care. One respondent stated, “Every dentist I called would not accept it, and [I would] have to travel 80 miles to find one.” Another respondent could not get general medical care and felt it was “because they are on Medicaid.” Others were unable to get the care they needed because they had to wait for an appointment or were on a waiting list. One respondent stated, “I would call and say when I could bring her in because of my work schedule and they would never have time to see her. [She] finally saw [the] doctor after a 4 hour wait in the office on a Saturday.” Other reasons stated were the lack of coverage for the services needed, disagreements with the doctor about who should treat the patient, and being out of state at the time of treatment.

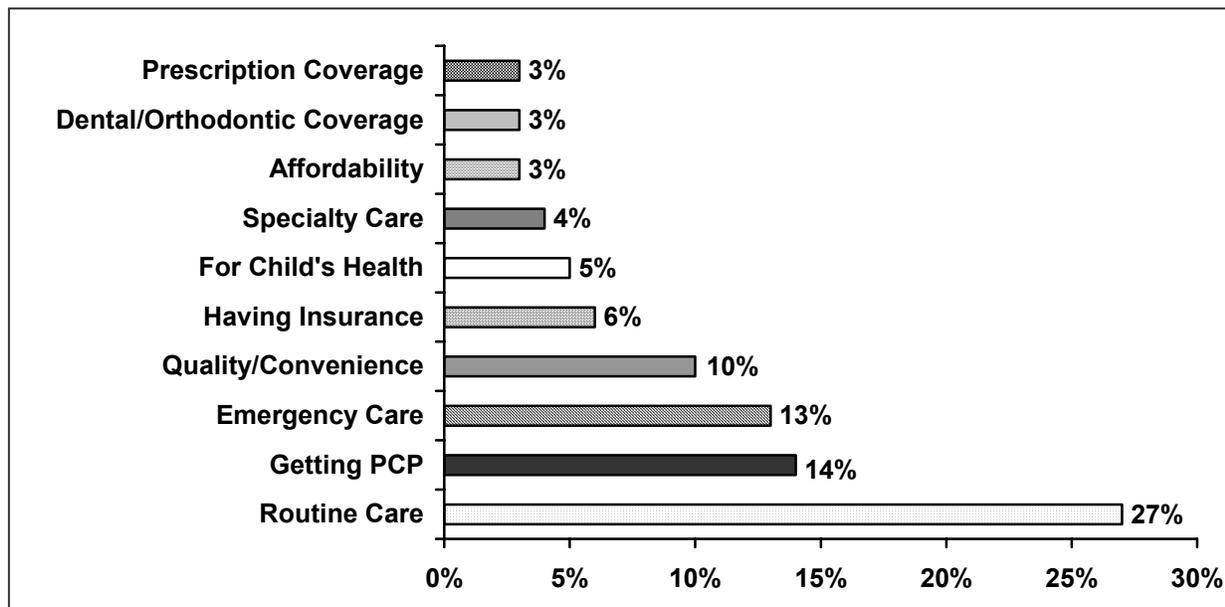
Program Satisfaction

Reason for Enrollment

Respondents were asked to identify the primary reason(s) that they had decided to enroll their child in the Medicaid or SCHIP plan. The most common reason (27 percent of respondents) given for the child’s enrollment was access to primary care services (Figure 15). These respondents felt that the increased ability to get routine care or check-ups was the most important reason for having the child enrolled in the program. This category includes a number of “other”

responses in which the respondents emphasized the importance of getting preventive or well-child care. One respondent stated s/he “wouldn’t take them for routine care if they weren’t covered.” Another respondent felt it was important to be able to take the child for vaccinations and shots. Along similar lines, another 14 percent of respondents reported that they enrolled their child in Medicaid or SCHIP in order to get a primary care provider (PCP) for the child.

Figure 15: Primary Reason Child is Enrolled (n = 1,733)



Note: Totals greater than 100% because respondents were permitted up to two answers

Approximately ten percent of respondents stated that they had enrolled the child in Medicaid or SCHIP because of the quality or convenience of the program and/or the quality of health care providers available. Multiple respondents stated that Medicaid or SCHIP was easier to deal with than private health insurance, while others expressed satisfaction with having a broader range of providers to choose from compared to private plans. Other comments that were included in this category were that the benefit package is comprehensive, that families receive reminders about preventive care, or simply that “it’s a good program.” One respondent stated, “[the plan] covers everything. [It’s] the best coverage we’ve ever had.” Another respondent felt his/her child “gets better care than through a regular insurance program.” A number of respondents were especially satisfied with the child being able to keep the same provider s/he had prior to enrollment in Medicaid or SCHIP.

More than one hundred respondents (six percent) enrolled in Medicaid or SCHIP because their children did not have any other access to health insurance or the health care services they needed. Commonly, those without access to health insurance were ineligible for insurance through their employer, could not cover their child on this policy or did not have access to employer based insurance at all. One respondent did not have access because s/he did not “work 40 hours to get benefits.” Another respondent reported that he was “her guardian and can’t put her on his own insurance.” Others were enrolled to ensure their child had access to health care when they needed it. One respondent reportedly enrolled his/her child “so she has access to

good quality medical care.” Another respondent stated that she now has “no problem getting him any medical services he needs.” Along similar lines, a much smaller number of respondents cited access to specific services, including specialty care, dental care and prescription drugs as the primary reason for enrolling their child.

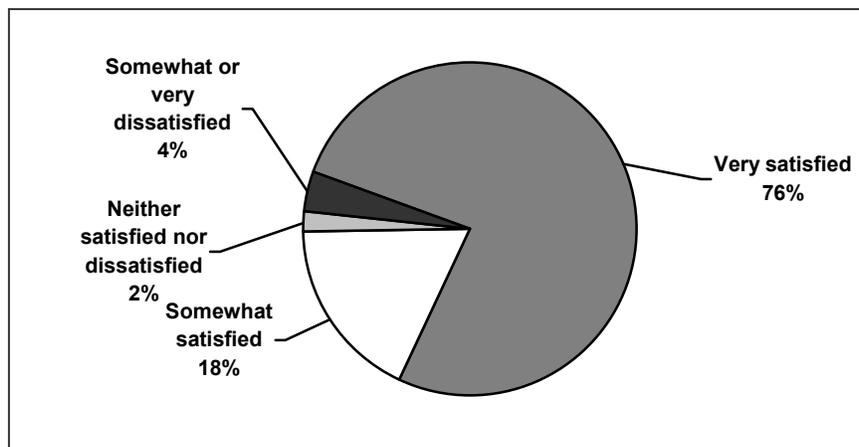
Five percent of respondents enrolled their child for the child’s health. For example, one respondent stated that having Medicaid or SCHIP “keeps her [child] healthy.” Other respondents cited a specific health condition(s) as the reason for enrolling in the program. One respondent stated that s/he enrolled her child because her son has asthma and “I have to take him to the doctor quite a bit.” Other conditions that respondents identified included heart problems, asthma, seizures, estrophy, ear infections, bad knees, lazy eye, and allergies.

Lastly, a small number of respondents cited various other reasons (not shown in graph) for enrolling in the program. Some enrolled to supplement other insurance coverage or to pay for deductibles for other insurance plans. Other respondents stated that they, the parents, were disabled or ill and were unable to provide insurance coverage for their children. Two respondents reported that they enrolled their children because they played sports and health insurance coverage was required.

Reasons for Satisfaction

The survey asked respondents to categorize their level of satisfaction with Medicaid and SCHIP as a health insurance plan. As Figure 16 demonstrates, satisfaction with Medicaid and SCHIP as a plan is quite high, with nearly 94 percent of respondents stating that they were very or somewhat satisfied. Only four percent of respondents indicated that they were somewhat or very dissatisfied with Medicaid and SCHIP as a health plan.

Figure 16: Level of Satisfaction with Medicaid or SCHIP as a Health Plan (n = 1,723)

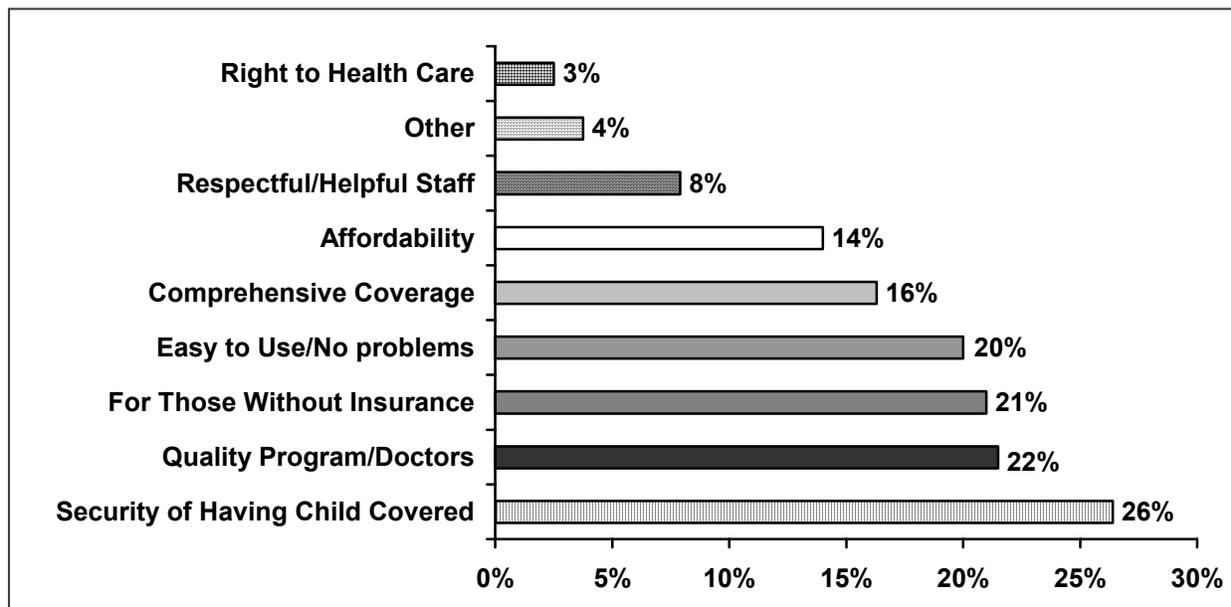


Respondents were also asked whether or not they would recommend the plans to a family member or friend, to which an overwhelming 99 percent responded that they would recommend it. As a follow-up, the survey asked participants to explain in their own words, why they would or would not recommend the program to a friend or family member. The most common response for recommending Medicaid or SCHIP, given by 26 percent of respondents, was that

they felt secure knowing their child was covered or had access to the health care they needed (Figure 17). For example, one respondent stated, “Your children get taken care of whenever they need it.” Another respondent echoed this statement by reporting, “When my child was sick two years ago the program gave her the referrals she needed and even sent her to a specialist in Boston. They were there for her when we needed them.” Another respondent felt the program improved the health of his/her child. S/He stated, “It helps the overall health of the child. When you don’t have insurance you let things slide.”

The choice of providers and quality of the program was another common reason respondents gave for recommending the program. Some of these respondents were just satisfied with the quality of the program in general. For example, one respondent stated, “It is a great program that helps people that need help.” However, other respondents in this category cited the quality of specific services, including reminders and preventive care services, as important. One respondent stated that MaineCare “helps to keep track of appointments for the kids to see they get routine care.” Another would recommend the program because they feel that MaineCare “believes in preventative medicine.” Finally, this category also included respondents who valued the quality of care that providers give. One respondent stated, “You receive good health care and the doctor is always there for you.” Another respondent reported, “The doctors are very good and they refer you to a specialist if necessary.”

Figure 17: Reason for Recommending Medicaid or SCHIP to a Friend (n = 1,701)



Note: Totals are greater than 100% because some respondents gave multiple responses.

Another 21 percent of respondents would recommend the program to those who could not afford or could not obtain health insurance elsewhere. For example, one respondent stated, “It is so expensive for health care now. It is the way for poorer families to get health care.” Similarly, another respondent would recommend the program because “it’s great for people who can’t afford medical coverage.” Although others recommended the program, they suggested that only those without any other option enroll in the program. For instance, one respondent stated, “If

you don't have anything else, something is better than nothing." Another respondent would recommend the program to others "only if they didn't have a choice."

Twenty percent of respondents reported that they would recommend Medicaid or SCHIP because they had no problems or found the program easy and convenient. One respondent reported, "It's an excellent service. Nobody questioning or calling. It's totally stress free." Some respondents compared the program to private insurance. One stated, "It's easier to deal with than an insurance company and gives more information", while another that s/he "Never had a problem with this program, while other friends tend to have problems with their respective health insurance programs." Other respondents found accessing care easy. For example, one respondent reported that his or her child "needs allergy shots every week and they pay for it." Another responded by saying, "They always help provide services you need, including specialists. They work with you well and don't give you a hassle."

Another reason that participants gave for recommending Medicaid or SCHIP was the comprehensiveness of the benefit package (16 percent of respondents). Most of these respondents just said it covered everything and/or provided a wide choice of providers, while others identified specific health care services that were covered, including prescription drugs and eye care. For example, one respondent stated, "There is no better care for kids than Medicaid." Another participant reported that "you can pick your own physicians despite what the rumor is about a limited base of doctors." Others compared Medicaid and SCHIP to other types of insurance or to other state Medicaid programs. One respondent stated that MaineCare "is probably the most complete care of all the insurances." Another reported that MaineCare has "more services available than managed care." Lastly, a respondent who previously resided in South Carolina reported that "from where we came from health care here is 100 percent better."

Other participants stated they would recommend the program because the insurance is affordable, kids have a right to health care, the staff are respectful and helpful, or some other reason. First, 14 percent of respondents would recommend the program to family or friends because they found it to be affordable. One participant stated that MaineCare "takes the financial burden off families that are struggling." Second, less than five percent of respondents felt that children have a right to health care or health insurance. One respondent even stated, "Every child in the U.S. should have health care." Third, some respondents recommended the program because they found the staff respectful or helpful. When referring to the MaineCare staff, one participant stated, "They answer your questions. They don't make you feel like nothing. Everyone is wonderful." Another stated, "I've never been treated differently because I need to have my kids on Medicaid right now." Lastly, some respondents had some other reason for recommending the program. Most of these respondents would recommend the program but were unsure why.

Reasons for Dissatisfaction

Only 19 respondents indicated that they would not recommend Medicaid or SCHIP to a friend or family member. Of these, six respondents stated that they would not recommend the program due to the problems with providers and the quality of services provided. One respondent stated, "Because when the doctors find you have Medicaid they don't want to deal with you." A second

respondent felt “her care provider has limited or obstructed say in her care,” while another felt the “doctors are reluctant to refer kids to the emergency room.”

Seven of the respondents expressed dissatisfaction with the MaineCare staff or administrative requirements. According to one respondent, “You get treated with discrimination because you’re on welfare.” Another complained, “They are not helpful when you need help; [they are] very sarcastic and not helpful.” Still others felt “you have to be dirt poor to get it,” while another felt “it’s better to have your own insurance rather than go through the state for anything.”

Although most respondents would recommend the program, these respondents still had some concerns about the program. Most of these concerned the availability of certain services, especially dental care. One respondent stated, “My biggest thing is you can’t see the doctor you want and I hate the doctor I got.” Another participant said, “[I] wish it was better for eye and dental.” Other problems had to do with referrals and billing. One respondent, “When it comes to referrals it’s a mess. It’s very confusing to deal with the whole referral process.” Another found it difficult “getting bills paid” sometimes. Lastly, some respondents felt the program was good for kids, but had problems with insurance available to adults. One respondent said, “The program for adults is okay. They should have more preventative care options for adults.”

IV. SUMMARY

In general, the results of this survey suggest that the children enrolled in Medicaid and SCHIP are healthy and have good access to health care services. Families tended to be satisfied both with the quality of the health care services their children receive and the Medicaid and SCHIP programs in general. Some of the key findings of the survey are:

- **Health Status:** The children surveyed were generally healthy, with 96 percent reportedly being in good or better health. Older children had a greater tendency to be in poorer health than children five or younger. Although most children were in good health, one in four children surveyed had an emotional, developmental, physical or behavioral condition that limited their ability to do things other children their age can do. As with health status, the likelihood of having a limiting condition increased with age.
- **Usual Source of Care:** Only eleven respondents reported lacking a usual source of care and most of these respondents had been in the process of switching providers due to a move. Among children with a usual source of care, nearly all used a doctor's office (72 percent) or a clinic or health center (23 percent). Although more than 85 percent of respondents with a usual source of care saw the same provider every time or almost every time, children receiving care in a health center or clinic were less likely than those with a doctor's office as a usual provider to see the same provider every time. The relationships with these providers tended to be relatively long, with approximately half of children having been to the same usual source of care for more than five years. Children enrolled in SCHIP and those going to a doctor's office for care were more likely to have had the same provider for three years or more.
- **Satisfaction with Care:** Families generally reported very high levels of satisfaction with their children's health care providers. Ninety percent stated that they were always treated respectfully by office staff and 88 percent said that the provider always explains things to them in a way that is easy to understand. Although a slightly smaller percentage, most respondents felt that the provider always spends enough time with their child during medical visits. When asked to rate the overall quality of the child's usual source of care on a scale from "0" to "10", 90 percent gave the provider a score of "8" or higher.
- **Emergency Room Usage:** One fourth of respondents stated that they had sought care for their child from a hospital emergency room in the six months prior to the survey. The majority of these visits were for an accident or serious condition, however nearly 26 percent were for a minor illness such as a "flu", earache or rash. Another 24 percent sought care from the emergency room because the child's usual source of care was unavailable. These findings suggest that Medicaid and SCHIP families continue to need education about appropriate emergency room use and that providers may need to improve access to medical advice outside of normal office hours.
- **Telephone Access:** When attempting to access providers over the telephone, 14 percent of respondents reported having a problem. For the most part, these problems occurred when calling the physician during normal business hours. As might be expected, the biggest

complaint was that providers' offices take too long to return phone calls, are hard to reach or never call back. In addition, a number of families expressed frustration with not being allowed to speak to the provider directly or having the provider refuse to give advice over the telephone.

- **Trouble Getting Care:** Of the nearly 1,800 respondents surveyed, only 57 children reported being unable to get needed care in last six months. Of these, approximately one third had been unable to get dental care because their families could not find dentists willing to accept Medicaid or SCHIP. An additional 12 respondents could not get routine care for acute and chronic conditions or preventive care. A small number could not get mental health care services, vision care, home health services, or medical equipment.
- **Reasons for Enrolling:** Over 40 percent of respondents stated that their child was enrolled in Medicaid or SCHIP primarily to obtain primary care services, including routine care and check-ups or a primary care provider. Another 13 percent said that they had enrolled the child to ensure access to care in case of an emergency. The next most common reason given for enrollment was because of the quality and convenience of the program. Many of these respondents were pleased with the comprehensiveness of the coverage, the ability to keep the same provider and the quality of those providers.
- **Satisfaction with Medicaid and SCHIP:** Overall, satisfaction with the Medicaid and SCHIP programs as health plans was quite high. Ninety-four percent of respondents reported that they were somewhat or very satisfied with the program, with 99 percent stating that they would recommend it to a friend or family member. The most common reason for recommending the program to others was the security of having the child covered if the need arose. The second most common reason was the quality of the program and its doctors. Convenience and ease of using the program, the comprehensiveness of the coverage and the program's affordability were also important reasons given for recommending Medicaid or SCHIP to others.
- **Reasons for Dissatisfaction:** Few respondents indicated that they would not recommend the program to others. Of these, some complained about their access to providers and the quality of services provided. The other primary reason that families gave for not being willing to recommend Medicaid or SCHIP was dissatisfaction with the MaineCare staff or administrative requirements. Some of these respondents felt that the staff treated them with disrespect because they were enrolled in the program.
- **Differences between Medicaid and SCHIP members:** For the most part, there were no significant differences in the responses from families with children enrolled in Medicaid compared to SCHIP. However, as one might expect, SCHIP member families were much more likely to have a full time worker as the primary wage earner than were Medicaid member families (63 versus 44 percent). Also, the respondents for SCHIP members tended to have slightly higher levels of education than the respondents for Medicaid members did.

APPENDIX A: SURVEY INSTRUMENT

Q1	Option	
The Department of Human Service's records indicate that \0 is enrolled in (\3). Is this correct?		
IF 'NO' OR 'UNSURE', PROBE: FOR MEDICAID: Medicaid is health insurance provided by the Department of Human Services at no cost. They send an ID card, a white piece of paper, every month to people who are eligible. FOR CUB CARE: Cub Care is health insurance provided by the Department of Human Services for a small monthly premium. They send an ID card, a white piece of paper, every month to people who are eligible.		
Q1	1 YES	Q8
Q1	2 YES, AFTER PROBE	Q8
Q1	3 NO	NEXT
Q1	8 DK/UNSURE	END
Q1	9 NA	END

Q2	Option	
If \0 was covered by \3 and is no longer participating, what happened?		
(DO NOT READ.)		
Q2	1 \0 WAS NO LONGER ELIGIBLE DUE TO AGE	END
Q2	2 \0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL	END
Q2	3 \0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN	END
Q2	4 I DID NOT SUBMIT RENEWAL APPLICATION	Q4
Q2	5 OTHER	NEXT
Q2	8 DK	END
Q2	9 NA	END

Q3	Text Entry	
What is the other reason?		
Q3	0 (DK=98 NA=99)	END

Q4	Option	
What is the main reason you did not send in the renewal application?		
(DO NOT READ; SELECT FIRST REASON R MENTIONS.)		
Q4	1 DID NOT RECEIVE APPLICATION	END
Q4	2 APPLICATION TOO DIFFICULT TO FILL OUT END (NOTES)	END
Q4	3 PREMIUMS TOO HIGH	END
Q4	4 HEALTH CARE AVAILABLE FOR FREE AT SCHOOL	END
Q4	5 \3 WAS TOO MUCH OF A HASSLE	END
Q4	6 DISSATISFIED WITH THE PROGRAM (NOTES)	END

Q4	7 DIDN'T KNOW I NEEDED TO REAPPLY	END
Q4	8 DIDN'T THINK CHILD WOULD QUALIFY	END
Q4	9 GOT OTHER INSURANCE	Q6
Q4	10 OTHER	NEXT
Q4	98 DK	END
Q4	99 NA	END

Q5 Text Entry

What is that other reason?

Q5	0 (DK=98 NA=99)	END
----	-----------------	-----

Q6 Option

What kind of health insurance does \0 have?

Q6	1 PRIVATE INSURANCE FROM AN EMPLOYER	END
----	--------------------------------------	-----

Q6	2 PRIVATE INSURANCE YOU BUY DIRECTLY FROM THE INSURANCE COMPANY	END
----	---	-----

Q6	3 OTHER PUBLIC HEALTH INSURANCE	NEXT
----	---------------------------------	------

Q6	8 DK	END
----	------	-----

Q6	9 NA	END
----	------	-----

Q7 Text Entry

What is the other type of public health insurance?

Q7	0 (DK=98 NA=99)	END
----	-----------------	-----

Q8 Option

Do you have one place you go to get regular or routine health care for \0?

PROBE: Regular or routine care means things like check-ups, shots or care when you have the flu. It's sometimes called primary or preventive care.

Q8	1 YES	NEXT
----	-------	------

Q8	2 NO	Q13
----	------	-----

Q8	8 DK	NEXT
----	------	------

Q8	9 NA	NEXT
----	------	------

Q9

Option

I'm going to read a list of types of places; please pick the one that best describes the kind of place that \0 goes to get health care.

(READ)

Q9	1 doctor's office	Q11
Q9	2 health center or clinic	Q11
Q9	3 school-based health center	Q11
Q9	4 emergency room at a hospital	Q11
Q9	5 some other place	NEXT
Q9	8 DK	Q11
Q9	9 NA	Q11

Q10

Text Entry

What is that other place?

Q10	0 (DK=98 NA=99)	NEXT
-----	-----------------	------

Q11

Option

How often does \0 see the same health care provider when \G0 goes there? Is it . . . (READ)

Q11	1 always	NEXT
Q11	2 usually	NEXT
Q11	3 sometimes, or	NEXT
Q11	4 never	NEXT
Q11	8 DK	NEXT
Q11	9 NA	NEXT

Q12

Option

How long has \0 been going there to get health care?

PROBE: Your best estimate is fine.

Q12	1 LESS THAN 6 MONTHS	Q15
Q12	2 6 MONTHS TO 1 YEAR	Q15
Q12	3 1-3 YEARS	Q15
Q12	4 3-5 YEARS	Q15
Q12	5 OVER 5 YEARS	Q15
Q12	8 DK	Q15
Q12	9 NA	Q15

Q13 Option

What is the main reason that \0 does not have a regular place to go to get health care?

(DO NOT READ.)

Q13	1 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW PATIENTS	Q15
Q13	2 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW \3 PATIENTS	Q15
Q13	3 DON'T GO TO THE HEALTH CARE PROVIDER UNLESS SICK OR HAVE AN ACCIDENT	Q15
Q13	4 PREFER TO GO TO THE EMERGENCY ROOM	Q15
Q13	5 CHILD IS BASICALLY HEALTHY/ DOESN'T NEED A REGULAR HEALTH CARE PROVIDER	Q15
Q13	6 OTHER	NEXT
Q13	8 DK	Q15
Q13	9 NA	Q15

Q14 Text Entry

What is the other reason?

Q14	0 (DK=98 NA=99)	NEXT
-----	-----------------	------

Q15 Option

{Q8=1}{In the last 6 months has \0 been to \G2 regular health care provider?}{In the last 6 months, has \0 been to a health care provider?}

Q15	1 YES	NEXT
Q15	2 NO	Q19
Q15	8 DK	Q19
Q15	9 NA	Q19

Q16 Option

In the last 6 months, how often did staff at the place where \0 usually goes to get health care treat you and your child with courtesy and respect? Was it . . . (READ)

Q16	1 never	NEXT
Q16	2 sometimes	NEXT
Q16	3 usually, or	NEXT
Q16	4 always	NEXT
Q16	8 DK	NEXT
Q16	9 NA	NEXT

Q17 Option

In the last 6 months, how often did \0's usual health care provider explain things in a way you could understand? Was it . . . (READ)

Q17	1 never	NEXT
Q17	2 sometimes	NEXT
Q17	3 usually, or	NEXT
Q17	4 always	NEXT
Q17	8 DK	NEXT
Q17	9 NA	NEXT

Q18 Option

In the last 6 months, how often did \0's usual health care provider spend enough time with \G1? Was it . . . (READ)

Q18	1 never	NEXT
Q18	2 sometimes	NEXT
Q18	3 usually, or	NEXT
Q18	4 always	NEXT
Q18	8 DK	NEXT
Q18	9 NA	NEXT

Q19 Text Entry

We want to know your rating of \0's usual health care provider. If your child has more than one provider, choose the person your child sees most often. Use any number from 0 to 10 where 0 is the worst health care provider possible, and 10 is the best provider possible. How would you rate your child's health care provider now?

Q19	0 (DK=98 NA=99)	NEXT
-----	-----------------	------

Q20 Option

GETTING HEALTH CARE

In the last 6 months, did \0 go to an emergency room to get health care?

Q20	1 YES	NEXT
Q20	2 NO	Q23
Q20	8 DK	Q23
Q20	9 NA	Q23

Q21 Option

What was the main reason \G0 went to the emergency room? (DO NOT READ)

Q21	1 NIGHT OR WEEKEND OR USUAL SOURCE OF CARE WAS CLOSED	Q23
Q21	2 HEALTH CARE PROVIDER INSTRUCTED TO GO THERE	Q23
Q21	3 ACCIDENT OR INJURY	Q23
Q21	4 LIFE-THREATENING CONDITION (HIGH FEVER, CHEST PAINS, TROUBLE BREATHING, ETC.)	Q23
Q21	5 MINOR ILLNESS (FLU, EAR ACHE, RASH, ALLERGIC REACTION, ETC.)	Q23
Q21	6 CHRONIC ILLNESS FLAIR UP (ASTHMA, DIABETES)	Q23
Q21	7 REGULAR OR ROUTINE CARE (CHECK-UP, SHOTS, ETC.)	Q23
Q21	8 OTHER	NEXT
Q21	98 DK	Q23
Q21	99 NA	Q23

Q22 Text Entry

What is the other reason?

Q22	0 (DK=98 NA=99)	NEXT
-----	-----------------	------

Q23 Option

In the last 6 months, did you try to get care or advice from \0's usual health care provider over the telephone?

Q23	1 YES	NEXT
Q23	2 NO	Q27
Q23	8 DK	Q27
Q23	9 NA	Q27

Q24 Option

When you tried to get care or advice over the telephone, how much of a problem was it to get the care or advice you needed? Was it . . .(READ)

Q24	1 a big problem	NEXT
Q24	2 a small problem, or	NEXT
Q24	3 not a problem	Q27
Q24	8 DK	Q27
Q24	9 NA	Q27

Q25 Text Entry

You said that it was a problem to get advice from \0's usual health care provider over the telephone. In your own words, please tell me why it was a problem.

Q25	0 (DK=98 NA=99)	NEXT
-----	-----------------	------

Q26 Option

Did this problem (when you had trouble getting advice on the telephone) occur . . .(READ)

Q26	1 during the day	NEXT
Q26	2 on a week night, or	NEXT
Q26	3 on a weekend	NEXT
Q26	8 DK	NEXT
Q26	9 NA	NEXT

Q27 Option

In the last 6 months, was there a time \0 needed health care but did not get it?

(IF "R" ANSWERS "NO"; ASK "Do you mean \G0 didn't need any care (CHECK #3), or \G0 needed care and got it?" (CHECK #2))

Q27	1 YES- NEEDED CARE BUT DID NOT GET IT	NEXT
Q27	2 NO- NEEDED CARE AND GOT IT	Q30
Q27	3 DID NOT NEED CARE	Q30
Q27	8 DK	Q30
Q27	9 NA	Q30

Q28 Multiple Check

What type of care did \0 need but didn't get? Please tell me all the types of care you can think of.

(DO NOT READ. CHECK ALL THAT APPLY)

Q28	1 DENTAL CARE	NEXT
Q28	6 PRESCRIPTION MEDICINE	NEXT
Q28	2 ORTHODONTIC CARE	NEXT
Q28	7 HOME HEALTH SERVICES	NEXT
Q28	3 VISION CARE	NEXT
Q28	8 MEDICAL EQUIPMENT	NEXT
Q28	4 PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY	NEXT
Q28	9 OTHER TYPE	NEXT
Q28	5 SUBSTANCE ABUSE SERVICES	NEXT
Q28	10 DK	NEXT
Q28	12 Other	NEXT
Q28	11 NA	NEXT

Q29 Text Entry

Please tell me why you could not get the care for \0 that \G0 needed?

Q29	0 (DK=98 NA-99)	NEXT
-----	-----------------	------

Q30 Multiple Check

MEDICAID/CUB CARE

Overall, what are the two most important reasons for having \0 enrolled in \3?

(DO NOT READ. ONLY RECORD FIRST 2 RESPONSES.)

Q30	1 GETTING CARE FROM SPECIALISTS	NEXT
Q30	5 KNOWING SHE/HE IS COVERED IN CASE OF AN EMERGENCY/ ACCIDENT	NEXT
Q30	2 KNOWING THAT SHE/HE CAN GET REGULAR CHECK UPS AND ROUTINE CARE	NEXT
Q30	6 NOT HAVING TO GO TO THE EMERGENCY ROOM FOR ROUTINE CARE	NEXT
Q30	3 HAVING PRESCRIPTIONS PROVIDED	NEXT
Q30	7 DENTAL COVERAGE	NEXT
Q30	4 GETTING A PRIMARY CARE PROVIDER FOR CHILD	NEXT
Q30	9 OTHER2 Reason	NEXT
Q30	11 Other	NEXT
Q30	12 Other2	NEXT
Q30	10 DK/NA	NEXT
Q30	8 KNOWING THAT HE/SHE HAS INSURANCE	NEXT

Q31 Option

In general, how satisfied are you with \3 as a health insurance plan? Are you . . . (READ)

Q31	1 very satisfied	NEXT
Q31	2 somewhat satisfied	NEXT
Q31	3 neither satisfied nor dissatisfied	NEXT
Q31	4 somewhat dissatisfied, or	NEXT
Q31	5 very dissatisfied	NEXT
Q31	8 DK	NEXT
Q31	9 NA	NEXT

Q32 Option

Would you recommend \3 to a family member or friend?

Q32	1 YES	NEXT
Q32	2 NO	NEXT
Q32	8 DK	NEXT
Q32	9 NA	NEXT

Q33

Text Entry

{Q32=1}{In your own words, please tell me why you would recommend \3?}{In your own words, please tell me why you would not recommend \3?}

Q33

0 (DK=98 NA=99)

NEXT

Q34

Option

CHILD'S HEALTH STATUS

In general, how would you rate \0's overall health now? This would be \G2 overall, general health . . . Not if \G0 currently has a cold or other short-term problem. Would you say it is . . . (READ)

Q34

1 excellent

NEXT

Q34

2 very good

NEXT

Q34

3 good

NEXT

Q34

4 fair, or

NEXT

Q34

5 poor

NEXT

Q34

8 DK

NEXT

Q34

9 NA

NEXT

Q35

Option

Does \0 have any kind of condition that limits \G2 ability to do what other kids \G2 age can do? This condition might be emotional, developmental, physical or behavioral.

Q35

1 YES

NEXT

Q35

2 NO

NEXT

Q35

8 DK

NEXT

Q35

9 NA

NEXT

Q36

Option

DEMOGRAPHICS

The last few questions are about you.

What is the highest grade or level of school that you have completed so far?

Q36

1 8TH GRADE OR LESS

NEXT

Q36

2 SOME HIGH SCHOOL, BUT DID NOT GRADUATE

NEXT

Q36

3 HIGH SCHOOL GRADUATE OR GED

NEXT

Q36

4 SOME COLLEGE OR 2-YEAR DEGREE

NEXT

Q36

5 4-YEAR COLLEGE DEGREE

NEXT

Q36

6 MORE THAN 4-YEAR COLLEGE DEGREE

NEXT

Q36

8 DK

NEXT

Q36

9 NA

NEXT

Q37

Option

How are you related to V0?

Q37	1 MOTHER OR FATHER	NEXT
Q37	2 GRANDPARENT	NEXT
Q37	3 LEGAL GUARDIAN	NEXT
Q37	4 OTHER RELATIVE	NEXT
Q37	8 DK	NEXT
Q37	9 NA	NEXT

Q38

Option

Which of the following best describes the work status of the main wage earner in your household?
(READ)

Q38	1 works full time	NEXT
Q38	2 works part time	NEXT
Q38	3 works seasonally	NEXT
Q38	4 self-employed	NEXT
Q38	5 unemployed, looking for work, or	END
Q38	6 not working	END
Q38	8 DK	END
Q38	9 NA	END

Q39

Option

Approximately how many employees are in the company or organization where he or she is employed?

Q39	1 LESS THAN 25	END
Q39	2 25 TO 50 EMPLOYEES	END
Q39	3 MORE THAN 50 EMPLOYEES	END
Q39	8 DK	END
Q39	9 NA	END



EDMUND S. MUSKIE SCHOOL OF PUBLIC SERVICE educates leaders, informs public policy, and broadens civic participation. The School links scholarship with practice to improve the lives of people of all ages, in every county in Maine, and in every state in the nation.

EDMUND S. MUSKIE SCHOOL OF PUBLIC SERVICE
96 Falmouth Street
PO Box 9300
Portland, ME 04101-9300

TELEPHONE (207) 780-4430
TTY (207) 780-5646
FAX (207) 780-4417
www.muskie.usm.maine.edu