Children’s Disenrollment from MaineCare:
A Survey of Disenrolled Families

Erika C. Ziller, M.S.
Stephanie L. Loux, M.S.
May 2003
TABLES AND FIGURES

Figure 1. Respondents’ Educational Status by Eligibility Type (N = 447) .................................. 3
Figure 2. Respondent Employment Status by Eligibility Type (N = 449) ................................. 3
Figure 3. Employer Size by Eligibility Type (N = 382) ............................................................ 4
Figure 4. Percent of Disenrollees Currently Insured by Employment Status (N = 370) ............ 5
Figure 5. Percent of Disenrollees Currently Insured by Employer Size (N = 310) .................... 6
Figure 6. Where Will You Get Health Care Services If Your Child Needs Them? (N = 260) ... 6
Figure 7. Reported Health of Disenrollees (N = 452) ............................................................... 7
Figure 8. Paying Cub Care Premiums (N = 116) ....................................................................... 8
I. PURPOSE

In 2002, Maine’s Bureau of Medical Services contracted with the Institute for Health Policy of the Muskie School of Public Service to complete a survey of Medicaid and SCHIP disenrollees in Maine. This survey was designed to measure disenrollees’ satisfaction with the program, current insurance status, and reasons for leaving the program.

This document reports on selected findings from the survey of Medicaid or SCHIP disenrollees that was conducted between August and November of 2002. A total of 580 disenrollees agreed to participate in the survey. The survey content included questions about reasons for disenrolling, current insurance status, employment status of the main wage earner, health status and satisfaction with the program.

II. METHODOLOGY

Sample Selection

This survey examines the experiences of a random sample of Medicaid and SCHIP children who disenrolled from Medicaid or SCHIP during 2002. Children enrolled in MaineCare through SCHIP were intentionally over-sampled so that they represented approximately 40 percent of the sample.

Families with at least one child that was voluntarily or administratively disenrolled from Medicaid or SCHIP between July and October of 2002 were selected at random from the State’s Medicaid and SCHIP administrative files. For households with more than one disenrolled child, one child in the household was selected at random so that no family was surveyed on behalf of multiple children. Since the disenrollees were children, when interviewers reached the household of a sampled child they asked to speak to the person over age 18 who was most knowledgeable about the child’s healthcare. For 94 percent of sampled children, this person was the child’s parent.

Survey Administration

The surveys were administered entirely by telephone. Interviewers trained on the survey instruments used a computer-assisted telephone interviewing instrument (CATI) developed by the Muskie School staff to collect data from respondents. The Muskie School’s Survey Research Center administered the survey on a bimonthly basis, between August and November of 2002. A copy of the instrument is included in Appendix A.

Interviewers attempted to call 1,197 households, however, 25 percent of the numbers were invalid or no longer in service. Of the 724 eligible households, 580 agreed to participate in the survey for a final response rate of 80 percent. Because such a large proportion of telephone numbers were invalid, it is possible that the survey findings could be biased if the experiences of families who had moved or lost telephone service differed substantively from those with eligible numbers.
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 represents primarily descriptive data, although some questions have been analyzed to determine the relationship between variables. These relationships have been reported only where they were statistically significant. Where the report includes these analyses, the probability values obtained by chi square tests are included to inform readers about the magnitude of statistical significance.

III. FINDINGS

During the survey period, 580 respondents agreed to participate in the survey. Of these, 118 respondents reported that they were enrolled in Medicaid or SCHIP at the time of the survey, suggesting that many children experience temporary lapses in coverage. Because this survey was designed to understand the experiences of disenrolled families, these respondents were deemed to be ineligible for the survey and were excluded from the analysis. Consequently, the final sample included 462 respondents.

Enrollee Characteristics

During the survey, basic demographic characteristics for disenrollees were gathered, including gender, age, eligibility type and county. Nearly equal numbers of disenrollees were male (51%) and female (49%). Disenrollees were most likely to be six to twelve years old (39%). Thirty-four percent of disenrollees were aged 13 to 20, while 27 percent were less than six years old. Sixty percent of respondents had disenrolled from Medicaid, while 40 percent disenrolled from SCHIP. Disenrollment varied by eligibility type and age. Medicaid disenrollees were more likely to be five years or younger, while SCHIP disenrollees were more likely to be six to twelve or thirteen to twenty years old (Chi Square, p <.001).

Respondent Characteristics

Since disenrollees are children, the adult with the most knowledge about each child’s health care were asked to participate in the survey. Nearly all of these adult respondents (94%) were the disenrolled child’s mother or father. Grandparents responded for two percent of disenrolled children and other relatives responded for over three percent of children. The respondent’s relationship to the disenrolled child did not vary by eligibility type.

Respondents were asked about their educational attainment. Respondents were most likely to have a high school degree or GED (45%). An additional 38 percent had some college or a two year degree. Approximately ten percent of respondents had less than a high school degree and eight percent had a four year college degree or more. As shown in Figure 1, education level varied by eligibility type (Chi Square, p <.05). Although respondents for disenrolled Medicaid and SCHIP beneficiaries were equally as likely to have high school degrees, respondents for Medicaid disenrollees were more likely to have less than a high school degree and respondents for SCHIP disenrollees had higher rates of at least some post-secondary education.
Interviewers also asked respondents about the work status of the household’s main wage earner. Nearly 64 percent of respondents reported working full-time, 13 percent reported working part-time or seasonally, and 14 percent reported being self-employed. Just ten percent of respondents stated that they were unemployed and looking for work, or else not working. As shown in Figure 2, work status of the main wage earner differed by eligibility type (Chi Square, p< .01). Respondents for SCHIP disenrollees were more likely to work full-time, while respondents for Medicaid disenrollees were more likely to work part-time or seasonally or were self-employed.
In addition to finding out about the main wage earner’s work status, interviewers asked respondents about the size of their employers. Forty-six percent worked for employers with less than 25 employees. An additional 44 percent had more than 50 fellow employees, while approximately eleven percent worked for employers with 25 to 50 employees. Employer size varied by eligibility type (Chi Square, p< .05). Respondents for Medicaid disenrollees were more likely to work for employers with fewer than 25 employees than respondents for SCHIP disenrollees (50% vs. 41%, respectively). On the other hand, SCHIP respondents were more likely to be employed in firms with 25 to 50 employees than Medicaid disenrollees (15% vs. 8%, respectively).

**Figure 3. Employer Size by Eligibility Type (N = 382)**

![Figure 3](image_url)

Note: Differences between SCHIP and Medicaid members were significant at p ≤ 0.05

**Main Reasons for Disenrolling**

Approximately 14 percent of respondents (N=64) indicated that they had submitted a renewal application for their child to continue receiving Medicaid or SCHIP. When asked what happened with their renewal application, 29 respondents (45%) stated that they had been denied coverage. An additional 17 (27%) reported that they were waiting to hear about the child’s application and three (5%) did not know the status of their child’s application. Fifteen respondents indicated that they had submitted a renewal application, but that “something else happened” with their application. The “other” issues that were reported included not receiving an application and not being in DHS’ computer system. An additional four respondents left the program voluntarily, while three sent the application in too late to renew.

Nearly 86 percent of respondents reported that they had not sent in the renewal application. Each of these respondents was asked why s/he had failed to send in the application. Over 18 percent had obtained other health insurance. Another 17 percent had not received a renewal application, while 20 percent thought their child would no longer qualify because of age or financial status. Less than seven percent did not know that they were required to reapply.
Lastly, respondents felt the application was too difficult to fill out (5%), premiums were too high (2%), or applying was too much of a hassle (2%). Twenty-nine percent of disenrollees had some “other” reason for not re-applying for Medicaid or SCHIP. Of these 114 respondents, 56 percent reported that they had forgotten to send in the renewal application or were too busy to fill it out during the renewal period. Many of these respondents expected to or had already applied for the program again. For instance, one respondent stated, “We were gone away at the time of renewal, but have now filled in a new form and are awaiting confirmation.” Another 17 percent had a change in their family or living situation, so did not renew. One respondent said her son, “Turned 18 and moved out of [the] house.” Fifteen percent had problems with the application or with DHS. One respondent stated that s/he “is illiterate and doesn’t know how to do it,” while another “has been calling DHS since last May and can’t get a response.” Others reportedly owed money for premiums.

Figure 4. Percent of Disenrollees Currently Insured by Employment Status (N = 370)

![Bar chart showing percent of disenrollees currently insured by employment status.]

Note: Differences in employment status of the currently insured were significant at $p \leq .05$

**Current Insurance Status**

Less than one third of disenrollees had health insurance at the time of the survey. The likelihood of being uninsured did not vary by the child’s eligibility category. However, insurance status was affected by the main wage earner’s employment status (Chi Square, $p < .05$). As shown in Figure 4, respondents who work full-time were more likely to have insured children than those who work seasonally or part-time, those who are self-employed or those who are unemployed. Insurance status also varied by employer size, so that employees of smaller firms were at greater risk of having their child be uninsured (Figure 5).
Of the 188 disenrollees with health insurance, 71 percent had insurance through a current or past employer. Another five percent had coverage through a former spouse, while only two percent bought their insurance directly from an insurance company. Other respondents obtained coverage through their child’s school, Maine Medical Center or had re-enrolled in MaineCare.

Although some disenrollees had obtained other health insurance, 256 disenrollees or nearly 69 percent were uninsured at the time of the survey. These respondents were asked if they knew where they would get needed health care services for their children. Nearly 75 percent reported knowing where they would take their children for needed health care. As shown in Figure 6, 60 percent of these respondents would take their son or daughter to a doctor’s office and 15 percent would go to a clinic. However, over 20 percent (or 41 respondents) reported that they would take their children to the hospital for needed care. Lastly, another four percent would get needed care from some “other” place.
Although 75 percent of respondents without health insurance knew where they would take their children to get health care, nearly all respondents (91%) without health insurance were either very or somewhat concerned about their children’s access to health care. Respondents that did not know where they would take their children for needed health care were much more likely to be very concerned about their children’s access than they were to be only somewhat concerned or not at all concerned (77% vs. 15% or 8%, respectively).

**Health Status**

All respondents were asked to rate their children’s overall health. As shown in Figure 7, half of all disenrollees were reportedly in excellent health and another 31 percent were in very good health. Less than six percent of respondents reported that their children were in fair or poor health. Health status did not vary by current health insurance status or by eligibility type.

**Figure 7. Reported Health of Disenrollees (N = 452)**

![Bar chart showing health status of disenrollees. 50% in excellent health, 31% in very good health, 12% in good health, 5% in fair health, and 1% in poor health.]

**Cub Care Disenrollees (Maine’s Separate Child Health Program)**

Since Cub Care participants pay a monthly premium, each Cub Care disenrollee was asked how difficult this monthly premium was to pay on a regular basis. Of the 116 Cub Care disenrollees, nearly two thirds found paying premiums either very or somewhat easy (See Figure 8). However, almost 30 percent found premiums somewhat or very hard to pay. Only five percent stated that premiums were neither easy nor hard to pay. Difficulty in paying premiums did not vary by respondent work status.
Program Satisfaction

Adult respondents of disenrollees were asked several questions to determine their satisfaction and experience with Medicaid and SCHIP. First, respondents were asked about their satisfaction with the health care their children received. Most disenrollees (92%) were very or somewhat satisfied with the quality of health care provided. Only three percent were dissatisfied. An additional three percent had not used any health care while on Medicaid or SCHIP. Satisfaction with the quality of care did not differ by eligibility type.

Next respondents were asked about their satisfaction with the health plan overall. Respondents again reported being satisfied. Ninety-two percent were very or somewhat satisfied with the plan and only five percent were very or somewhat dissatisfied. Again satisfaction did not vary by eligibility type.

Lastly, respondents were asked whether they would recommend the program to family or friends. Nearly all respondents (97%) stated that they would. Only 12 respondents said they would not. The most common reason (23% of responses) for recommending the program was that the program was helpful to those who did not have health insurance or those who could not afford health insurance. For example, one respondent stated “if you are a single parent and can’t afford insurance, it is excellent”. Another respondent said that “if they were self-employed or didn’t have insurance then it’s a great thing to get for your kids”. Another common reason (18.9% of responses) was that there were no hassles or problems with the program. One respondent stated that the program “was very user friendly”, while another said “it is very easy and everyone knows how to bill it. When I had regular insurance I was always getting bills that I shouldn’t have”. Other respondents felt that the program provided comprehensive coverage (14%) or as good or better access to care than other insurance (9.9%). One respondent stated that “the coverage is as good as Blue Cross/Blue Shield”. Another stated “it keeps your child up
to date on shots and makes you think of health care for your child, what they need. [It] felt good to know we can get prescriptions when we needed to.” Other common reasons for recommending the program were affordability of the program (9.4%), it was good to have health insurance (6.4%), it was a great program in general (7.8%) and the program provided a good choice of doctors (2.8%). Although most would recommend the program for its good qualities, five percent of respondents felt that others should sign up for the program only if they had no other choice.

As previously stated, only 12 respondents said they would not recommend the Medicaid or SCHIP to family or friends. Five of these respondents had trouble with the providers or finding a provider that would take Medicaid/SCHIP. For example, one respondent said, “It is very hard to find a dentist and all we could get was cleanings. We would have to drive two hours to get more dental services.” Another simply stated, “Doctors don’t accept Medicaid in the area.” Another five respondents had problems with the Department of Human Services or the program in general. One respondent said, “They don’t know what they’re [DHS] doing. My son should still be enrolled in the program, but they cancelled it at renewal time because he’s 18. He should still have coverage because he’s a student in high school.” The other respondents would not recommend the program because they did not like taking money from the state or because they did not like the rules and regulations of the program.
IV. SUMMARY

This survey was intended to provide the Bureau of Medical Services with a better understanding of why children exit from Medicaid and SCHIP, and their subsequent health insurance and health care status. Key findings of the survey include:

- **Reason for Disenrolling:** Over 18 percent of respondents had not sent in the renewal application for Medicaid or SCHIP because they had obtained other health insurance. Another 20 percent disenrolled because they thought their child was no longer qualified for the program. Very few families disenrolled because they were dissatisfied or had a problem with the program. Some of these respondents felt the application was too difficult to fill out, the premiums were too high or applying was too much of a hassle. Many respondents said their children disenrolled for some “other” reason. For example, 64 respondents simply forgot to send in the renewal application or were busy during the renewal period. The majority of these respondents stated that they planned to or had already taken steps to re-enroll in either Medicaid or SCHIP.

- **Current Insurance Status:** Less than 33% of disenrollees were insured at the time of the survey. Disenrollees that were currently insured were most likely to have insurance through a current or past employer. Current insurance status varied by the main wage earner’s work status. Individuals working full-time were more likely to currently have coverage than those working part-time/seasonally, those working for themselves and those not working. Individuals working in firms with more than 50 workers were also more likely to have insurance than those working in firms with fewer than 25 employees. Current insurance status did not vary by eligibility type.

- **Access to Care for the Currently Uninsured:** Approximately 25 percent of those currently uninsured did not know where they would take their child if s/he needed health care. Although nearly all respondents without insurance were concerned about getting needed health care, 77% of those who did not know were very concerned about getting needed health care. These findings suggest that uninsured disenrollees may have difficulty getting access to health care services in the future.

- **Health Status:** As expected, the majority of respondents rated their child’s health status as excellent, very good or good. Less than six percent said their child’s health was fair or poor. No differences in health status were found between the insured and uninsured disenrollees.

- **Cub Care Premiums:** While most respondents did not have difficulty paying the premiums for this program, nearly 30 percent of the 116 Cub Care disenrollees found paying these premiums very or somewhat difficult. Of these 34 disenrollees, none disenrolled because they could not or had not paid the premium.

- **Satisfaction with the Program:** Most respondents were satisfied with the program overall and with the quality of health care that their children received while enrolled in the program. In fact, 97 percent of respondents said they would recommend the program to family or friends. Most commonly, these respondents would recommend the program because they felt
the program was helpful to those who did not have or could not afford health insurance, the coverage provided was comprehensive or the program was user friendly.

Although most respondents were satisfied with the program, three percent of disenrollees were dissatisfied with the health care their child received, while five percent were dissatisfied with the program in general. Only twelve respondents stated that they would not recommend the program to others. These respondents most commonly had problems with the providers or finding a provider that would take Medicaid or had problems with the Department of Human Services.

In conclusion, the majority of disenrolled families were satisfied with Medicaid or SCHIP. Most had disenrolled their child because they obtained other coverage, thought they were no longer qualified or simply forgot to renew. Nearly two thirds of disenrollees were currently uninsured, but this lack of coverage was not related to the child’s health status. Most respondents (93%) rated their child’s health as excellent, very good or good. However, many of these uninsured disenrollees were concerned about where they would get health care services in the future without health insurance.
APPENDIX A: SURVEY INSTRUMENT

Q1  Option

Our records show that '10 was enrolled in '13 but that '12 coverage ended when the Department of Human Services did not receive your renewal application. Is that correct?

Q1  1  YES  (GO TO Q4)  Q4
Q1  2  NO  NEXT
Q1  8  DK  NEXT
Q1  9  NA  NEXT

Q2  Option

When you reapplied for '13, what happened with your application?

Q2  1  CURRENTLY ENROLLED  END
Q2  2  DENIED COVERAGE  Q6
Q2  3  STILL WAITING TO HEAR ABOUT APPLICATION  Q6
Q2  4  DON'T KNOW WHAT HAPPENED  Q6
Q2  5  SOMETHING ELSE HAPPENED  NEXT
Q2  9  NA  Q6

Q3  Text Entry

What happened?

Q3  0  DK=DON'T KNOW, NA=NO ANSWER  Q6

Q4  Option

What is the main reason you did not send in the renewal application? (IWER NOTE: SELECT THE FIRST REASON RETISSIONS)

Q4  1  DID NOT RECEIVE APPLICATION  Q6
Q4  2  APPLICATION TOO DIFFICULT TO FILL OUT  Q6
Q4  3  PREMIUMS TOO HIGH  Q6
Q4  4  HEALTH CARE AVAILABLE FOR FREE AT SCHOOL  Q6
Q4  5  '13 WAS TOO MUCH OF A HASSLE  Q6
Q4  6  DISSATISFIED WITH THE PROGRAM  Q6
Q4  7  DIDN'T KNOW I NEEDED TO REAPPLY  Q6
Q4  8  DIDN'T THINK '10 WOULD QUALIFY  Q6
Q4  9  GOT OTHER INSURANCE (GO TO Q10)  Q10
Q4  10  WE MAKE TOO MUCH MONEY NOW  Q6
Q4  11  SOME OTHER REASON  NEXT
Q4  12  DK/NA  Q6
Q5  
Text Entry

What is that other reason?
Q5 0  DK=DON'T KNOW, NA=NO ANSWER  NEXT

Q6  
Option

Does \0 have other health insurance now?
Q6 1  YES  Q10
Q6 2  NO  NEXT
Q6 8  DK  NEXT
Q6 9  NA  NEXT

Q7  
Option

Do you know where you will get health care services if \0 needs them?
Q7 1  Yes, hospital  Q9
Q7 2  Yes, doctor  Q9
Q7 3  Yes, clinic  Q9
Q7 4  Yes, school  Q9
Q7 5  Yes, other  NEXT
Q7 6  No  Q9
Q7 8  DK  Q9
Q7 9  NA  Q9

Q8  
Text Entry

What other place is that?
Q8 0  DK=DON'T KNOW, NA=NO ANSWER  NEXT

Q9  
Option

How concerned are you about getting health care services for \0 now that \4 does not have health insurance? Are you . . .
Q9 1  Very concerned  Q12
Q9 2  Somewhat concerned  Q12
Q9 3  Not concerned  Q12
Q9 8  DK  Q12
Q9 9  NA  Q12

Q10  
Multiple Check

What kind of health insurance does \0 have?
Q10  1  INSURANCE AVAILABLE FROM A CURRENT OR PAST EMPLOYER
Q10  2  INSURANCE AVAILABLE FROM A UNION OR TRADE ASSOCIATION
Q10  3  INSURANCE AVAILABLE FROM A FORMER SPOUSE
Q10  4  INSURANCE YOU BOUGHT RIGHT FROM THE INSURANCE COMPANY
Q10  5  CHAMPUS, CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
Q10  6  OTHER PRIVATE INSURANCE
Q10  7  OTHER2 GOVERNMENT INSURANCE
Q10  8  Other
Q10  9  Other2

Q11  Text Entry

What insurance is that?

Q11  0  DK = DON'T KNOW, NA = NO ANSWER

Q12  Option

In general, how would you rate your child's overall health? Would you say it is . . .

Q12  1  Excellent
Q12  2  Very Good
Q12  3  Good
Q12  4  Fair, or
Q12  5  Poor
Q12  8  DK
Q12  9  NA

Q13  Option

My next questions are about your experiences while 10 was enrolled in 3.

FOR CUB CARE ONLY: When your child had CubCare, you paid a premium every month. How easy or hard was it to afford to pay the premium on a regular basis? Was it . . .

Q13  1  Very easy
Q13  2  Somewhat easy
Q13  3  Neither easy nor hard
Q13  4  Somewhat hard
Q13  5  Very hard
Q13  8  DK
Q13  9  NA
Q14 Option
My next questions are about your experiences while 'o was enrolled in '3.
In general, how satisfied were you with the quality of health care that 'o received through '3? Would you say you were . . .
Q14 1 Very satisfied NEXT
Q14 2 Somewhat satisfied NEXT
Q14 3 Neither satisfied nor dissatisfied NEXT
Q14 4 Somewhat dissatisfied NEXT
Q14 5 Very dissatisfied, or NEXT
Q14 6 Your child didn't receive any health care NEXT
Q14 8 DK NEXT
Q14 9 NA NEXT

Q15 Option
In general, how satisfied were you with '3 as a health insurance plan? Were you . . .
Q15 1 Very satisfied NEXT
Q15 2 Somewhat satisfied NEXT
Q15 3 Neither satisfied nor dissatisfied NEXT
Q15 4 Somewhat dissatisfied NEXT
Q15 5 Very dissatisfied NEXT
Q15 8 DK NEXT
Q15 9 NA NEXT

Q16 Option
Would you recommend '3 to a family member or friend?
Q16 1 YES NEXT
Q16 2 NO NEXT
Q16 8 DK Q18
Q16 9 NA Q18

Q17 Text Entry
{Q16=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}
Q17 0 DK= DON'T KNOW, NA= NO ANSWER NEXT

Q18 Option
DEMOGRAPHICS: The last few questions are about YOU.
What is the highest grade or level of school that you have completed so far?
Q18 1 8th GRADE OR LESS NEXT
<table>
<thead>
<tr>
<th>Q18</th>
<th>2</th>
<th>SOME HIGH SCHOOL, BUT DID NOT GRADUATE</th>
<th>NEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q18</td>
<td>3</td>
<td>HIGH SCHOOL GRADUATE OR GED</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q18</td>
<td>4</td>
<td>SOME COLLEGE OR 2-YEAR DEGREE</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q18</td>
<td>5</td>
<td>4-YEAR COLLEGE DEGREE</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q18</td>
<td>6</td>
<td>MORE THAN 4-YEAR COLLEGE DEGREE</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q18</td>
<td>9</td>
<td>NA</td>
<td>NEXT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q19</th>
<th>Option</th>
</tr>
</thead>
</table>
| How are you related to \\\\?
| Q19 | 1 | MOTHER OR FATHER | Q21 |
| Q19 | 2 | GRANDPARENT      | Q21 |
| Q19 | 3 | LEGAL GUARDIAN   | Q21 |
| Q19 | 4 | OTHER RELATIVE   | NEXT |
| Q19 | 9 | NA                | Q21 |

<table>
<thead>
<tr>
<th>Q20</th>
<th>Text Entry</th>
</tr>
</thead>
</table>
| How are you related?
| Q20 | 0 | DK=DON’T KNOW, NA= NO ANSWER | NEXT |

<table>
<thead>
<tr>
<th>Q21</th>
<th>Option</th>
</tr>
</thead>
</table>
| Which of the following best describes the work status of the main wage earner in your household?
| Q21 | 1 | Works full time | NEXT |
| Q21 | 2 | Works part time | NEXT |
| Q21 | 3 | Works seasonally | NEXT |
| Q21 | 4 | Self-employed   | NEXT |
| Q21 | 5 | Unemployed, looking for work | END |
| Q21 | 6 | Not working      | END |
| Q21 | 8 | DK               | END |
| Q21 | 9 | NA               | END |

<table>
<thead>
<tr>
<th>Q22</th>
<th>Option</th>
</tr>
</thead>
</table>
| Approximately how many employees are in the company or organization where (she/he) is employed?
| Q22 | 1 | LESS THAN 25 | END |
| Q22 | 2 | 25 TO 50 EMPLOYEES | END |
| Q22 | 3 | MORE THAN 50 EMPLOYEES | END |
| Q22 | 8 | DK               | END |
| Q22 | 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.