



Use of a Reimbursement to Increase Cooperation Rates on a Cell Phone Sample Frame

IFD&TC

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Study Background

- The 2015 *Ohio Medicaid Assessment Survey* (OMAS) is a continuation of one of the largest ongoing state-level public health surveys.
- Data will be collected from approximately 34,000 adults (19 years of age and older) living in Ohio.
- The survey includes sections that focus on insurance status for both adults and children, health status and care giving, usage and access to care, unmet healthcare needs, financial stress and medical bills, food situations, and demographic information.

Key Design Change

- In 2012 OMAS allocated 25% of the sample to the cellphone frame without any incentives.
- In 2012, the study screened out approximately 15% of cases where the respondent indicated no child in the household.
- The 2015 study increased the cellphone allocation to 50% to better target key populations and removed screen-outs.
- The 2015 study added questions to identify “pre-pay” cellphone plans.

Identifying Cell Type and Cost

- TRACFONE1: Did we reach you on a cell phone that is prepaid or pay as you go?
- TRACFONE2: Do you expect to pay a higher bill this month as a result of doing this survey?

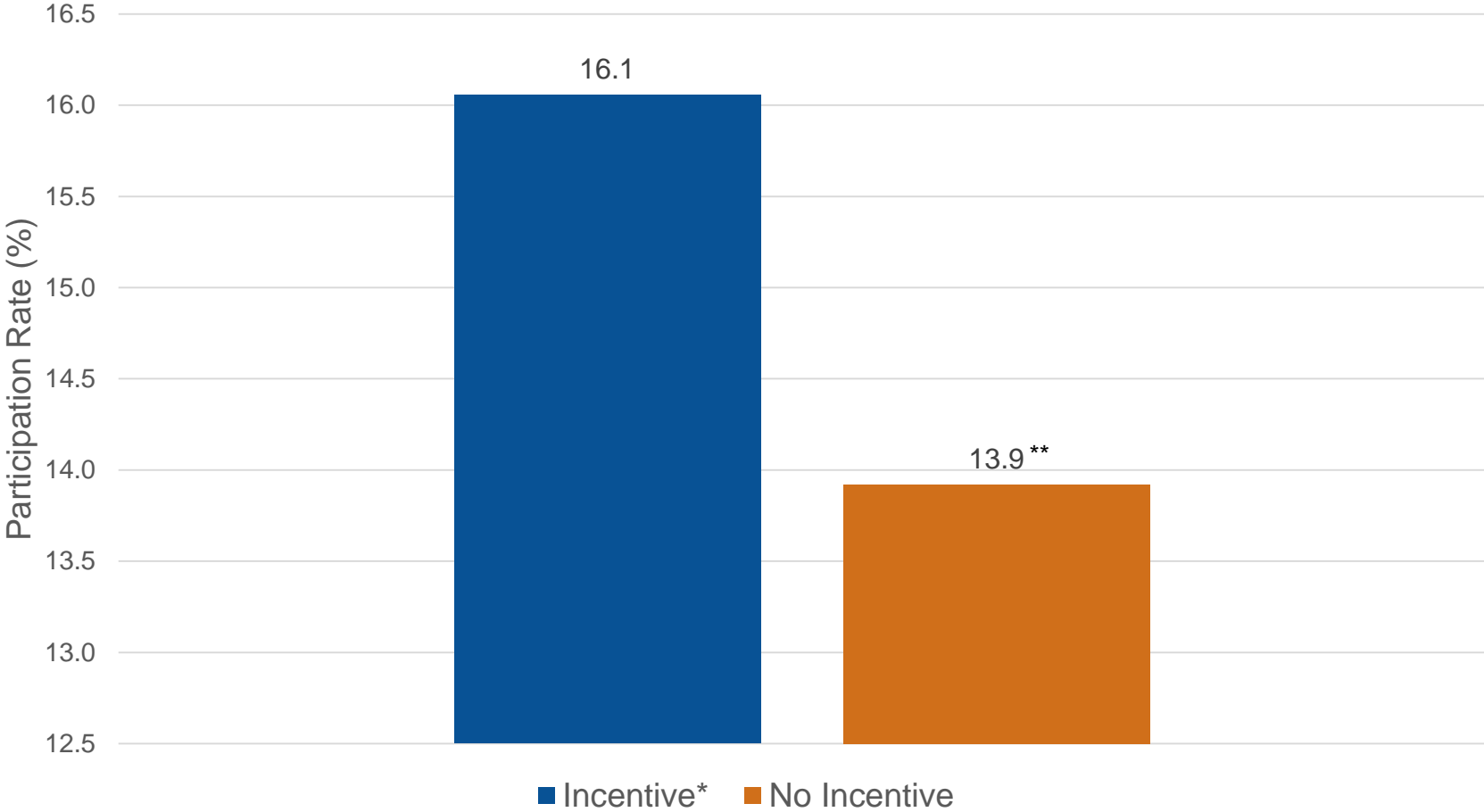
- The pilot study for the 2015 OMAS was conducted in December, 2014.
- Overall target was 500 completes: 200 landline and 300 cellphone numbers.
- Included was a split-sample experiment built into the pilot to test a \$10 reimbursement to cellphone respondents.

- Including an incentive would reduce overall costs of cellphone data collection and increase participation among key populations.

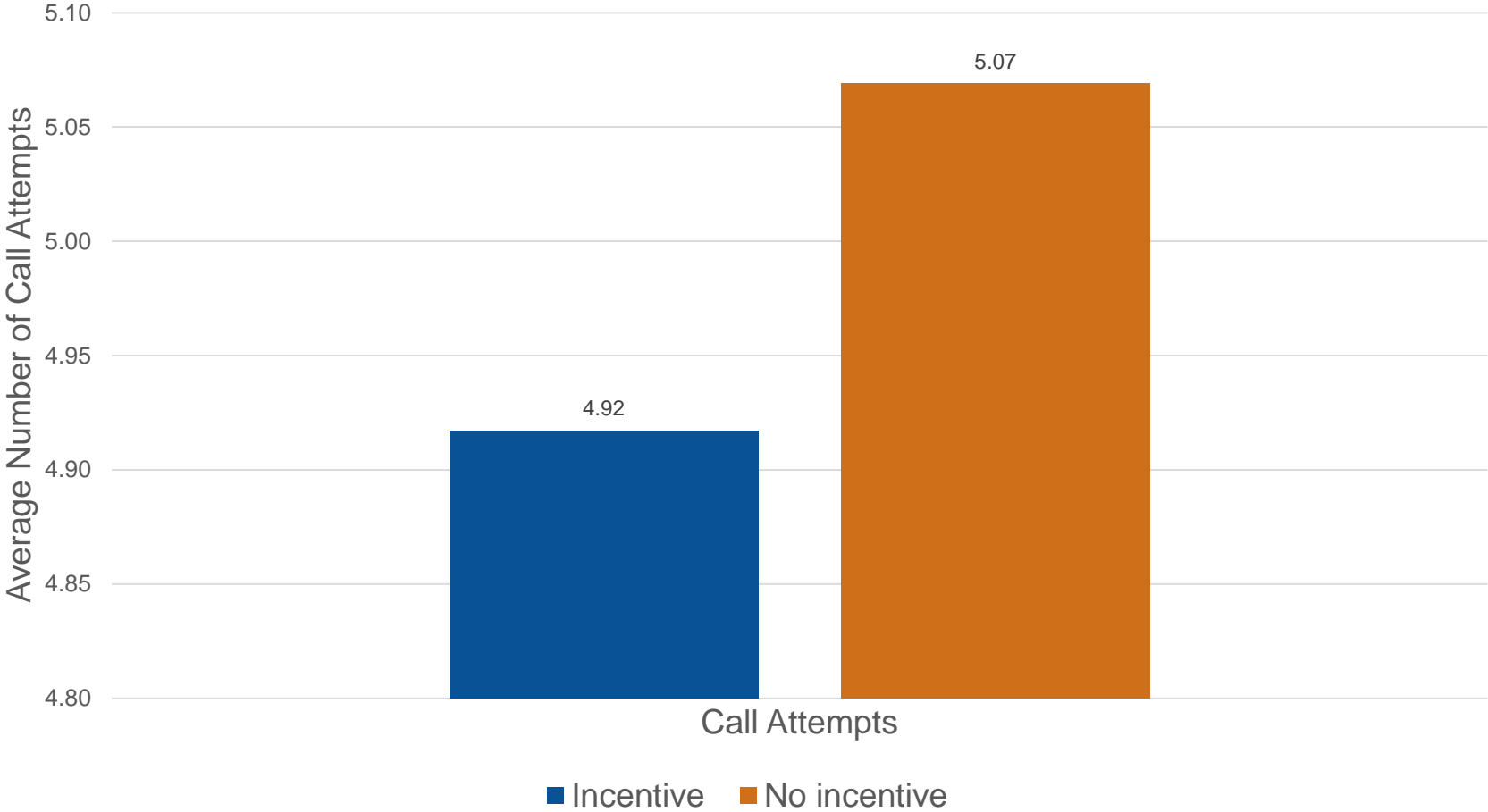
Research Objectives

- Would the incentive:
 - Increase cell phone participation by compensating for increased minutes an interview caused respondents?
 - Reduce the average number of attempts per completed interview to negate the cost of the incentive?
 - Increase the proportion of respondents who are on alternative cell phone plans?
 - Increase the rate of response from impoverished families with a child in the household?

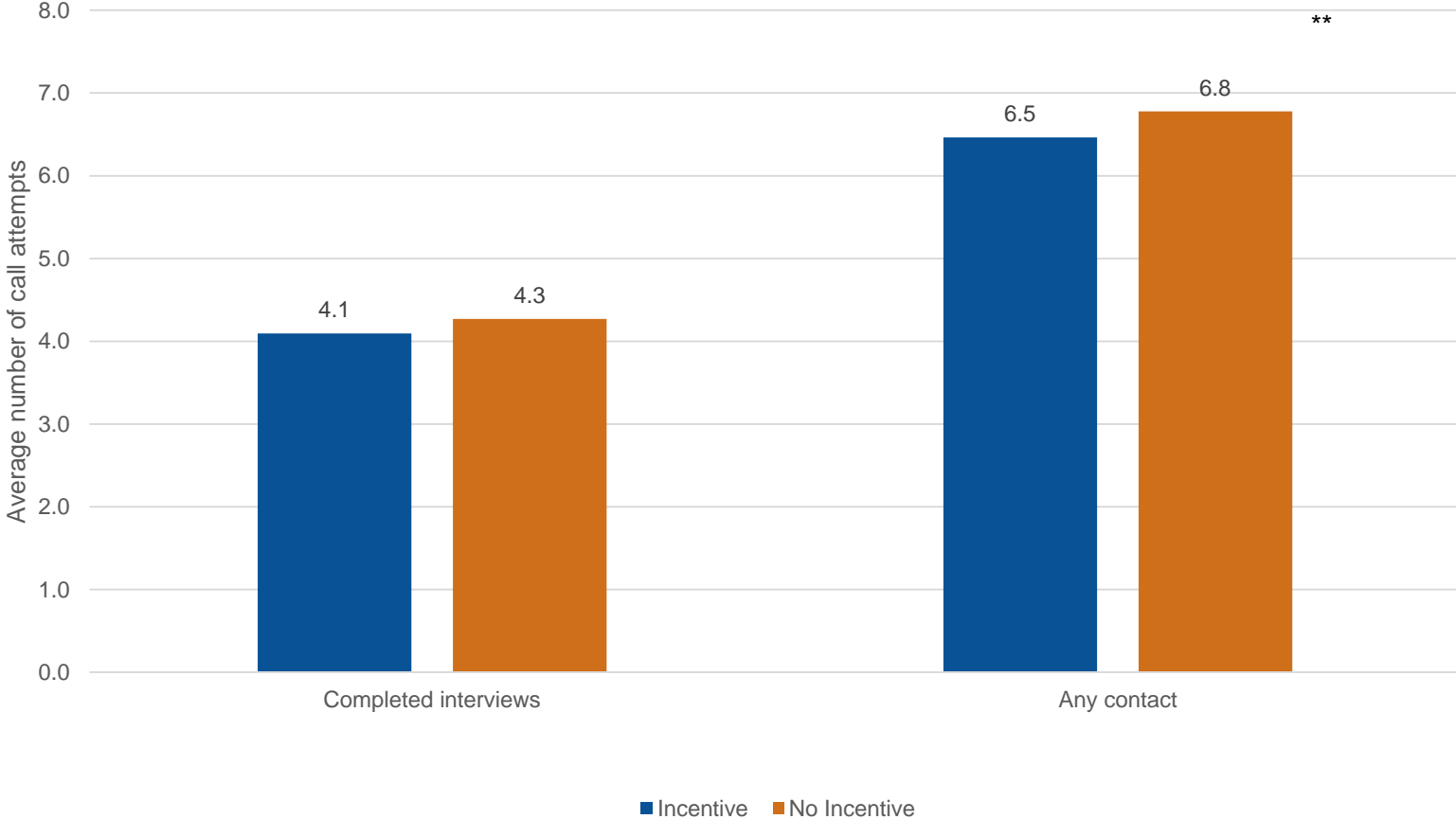
Overall Participation Rates



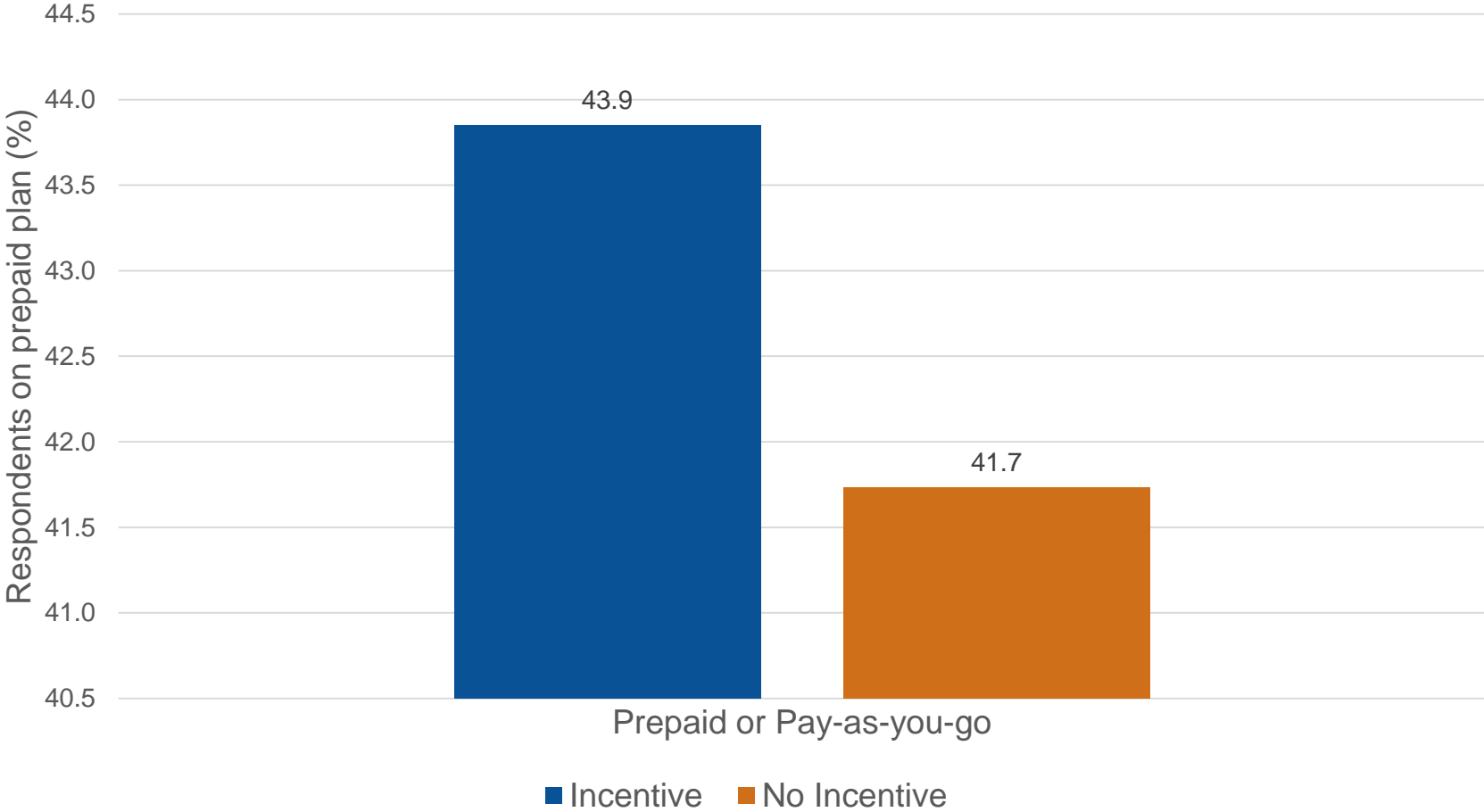
Call Attempts Per Completed Interview



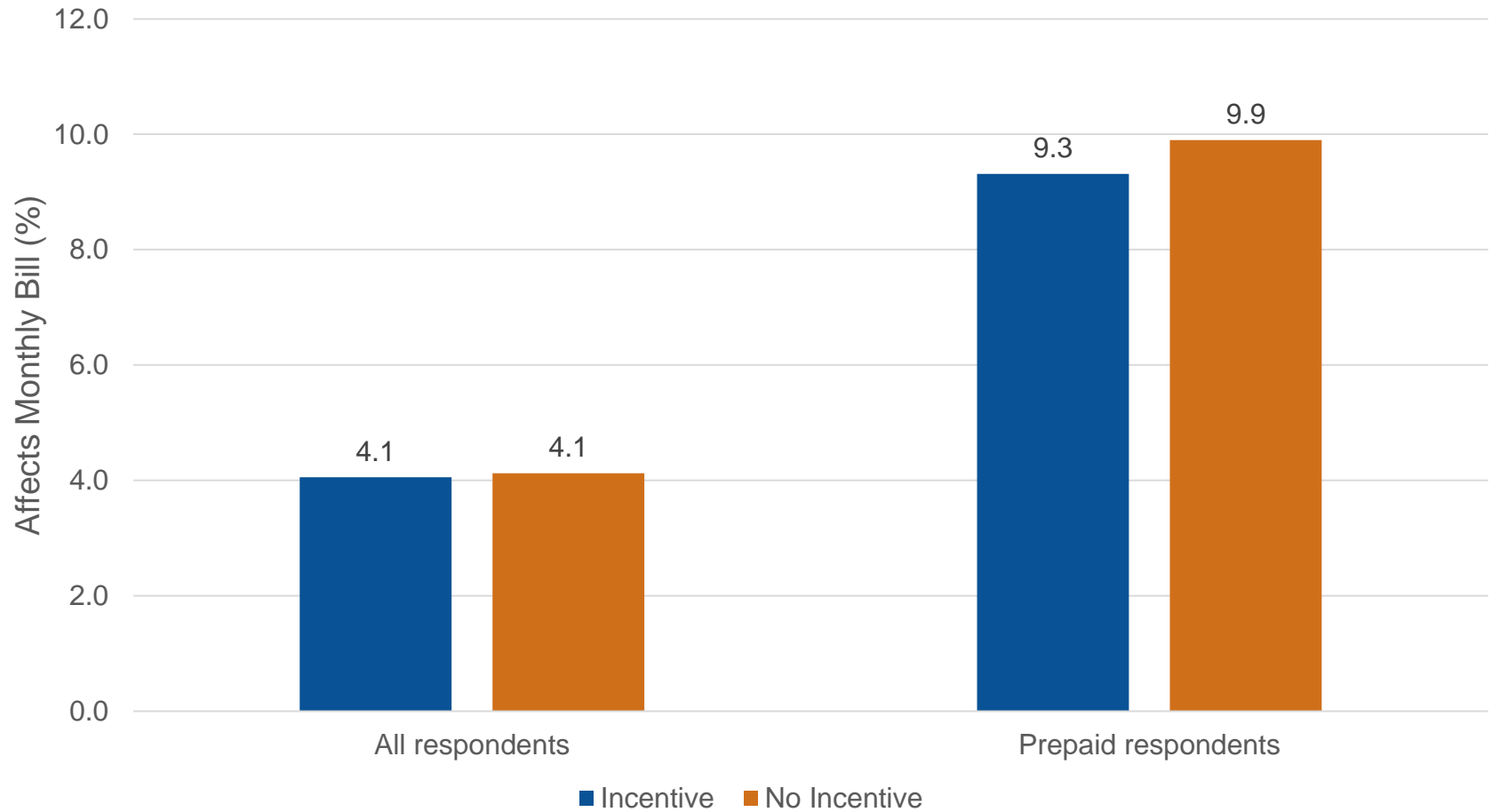
Call Attempts Among Completed Interviews and All Contact



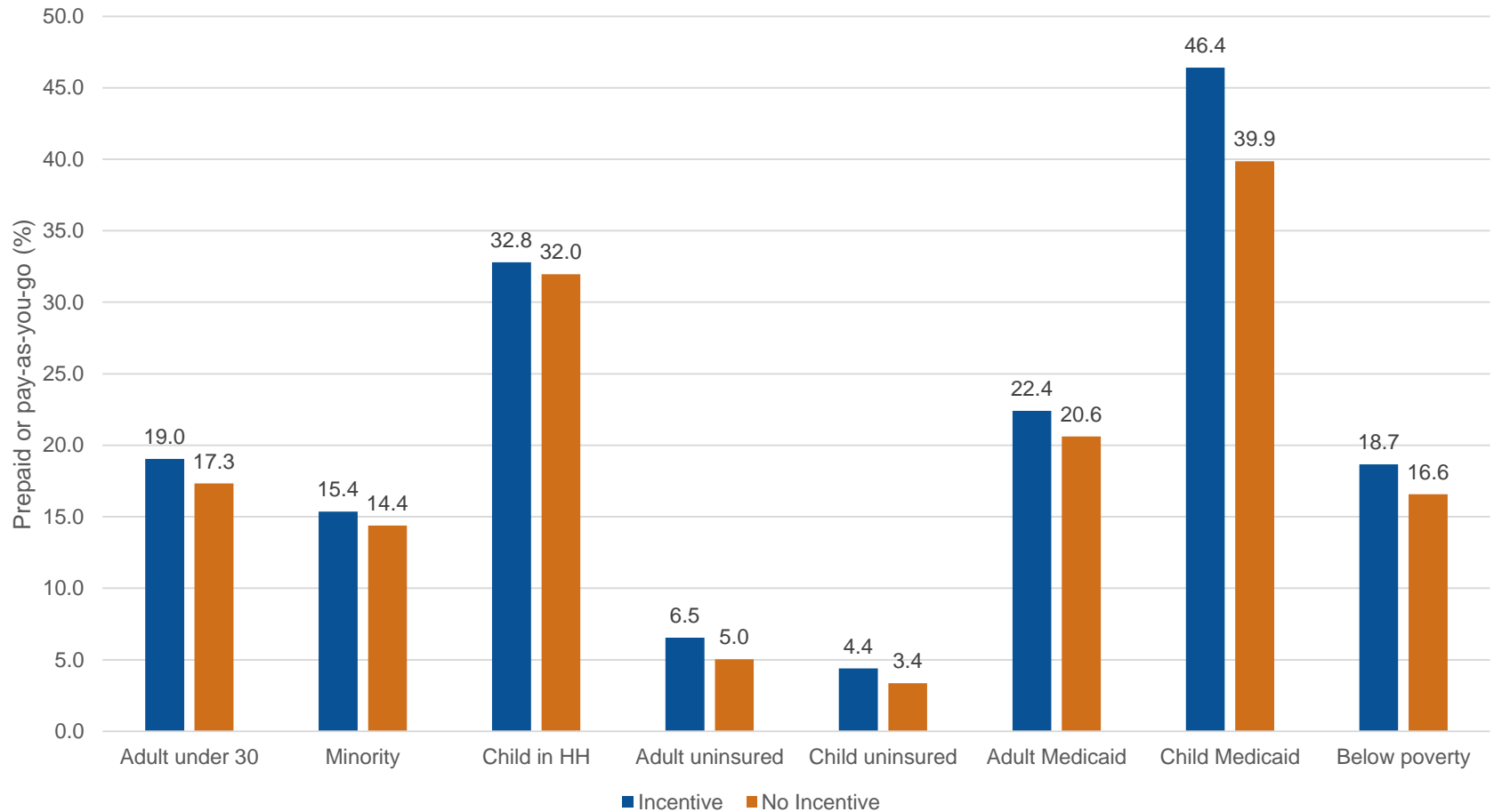
Alternative Phone Plans



Respondent Cost of Participation



Respondents Child in Impoverished Household



Summary of findings

- **Response Rates:** Participation rates were significantly larger when an incentive was offered
- **Cost to Complete:** The average number of call attempts per completed interview were lower in the incentive group and offset the cost of the incentive by approximately 25%
- **Respondent Characteristics:** The incentive group resulted in a larger number of prepaid respondents and respondents in the key subpopulations of interest for the survey though differences were not significant
- **Final decision:** based on these findings, we decided to continue the incentive during the main study of data collection.

Next Steps

- The reimbursement experiment was geographically specific to Ohio.
 - Would impact be similar in other areas?
- We did not test varying incentive amounts?
 - What would be found at different increments of lesser and greater denominations?
- The questions used for phone type and cost were based on limited available input of similar research.
 - Would phrasing them differently yield different results?
- Results reported were of limited field period and sample.
 - Would results be similar over a longer period of time and greater scale?

References

- Blumerg, S.J., Ganesh, N., Luke, J.V., Gonzales, G. (2013). Wireless Substitution: State-level Estimates from the National Health Interview Survey, 2012. National Health Statistics Report, Number 70. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr070.pdf> on May 1, 2015.
- Guterbock, T.M., Bebel, R.A., Holms, J.P., and Furia, P.A. (2012). Why We No Longer Need Cell Phone Incentives: Results from Two Telephone Surveys. Presented at the 2012 American Association for Public Opinion Research Conference. Orlando, FL.

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