Preliminary Report

TEACH Pilot Survey

The pilot instrument is a self-administered, paper questionnaire that was mailed out to a stratified, listed sample of Virginia resident. It is meant to produce pilot data that can be analyzed for the purpose of refining the measures and reducing instrument length. The modified instrument is to be fielded as a telephone survey of a Random Digit Dial sample of Virginia households.

This report is based on returns received from the pilot through October 25th, 2005. Additional returns are expected as a result of a final reminder mailing to those respondents in the targeted subsamples.

I) Sample
- A) CSR purchased a directory-listed sample of names and addresses from SSI, Inc.
- B) Virginia was divided into eight geographic regions, using the geography developed recently by the Commission on Virginia's Future.
- C) The sample includes 150 households from each region.
- D) Two additional targeted samples were purchased:
  1) 400 households from census tracts having 35% or more African-American residents.
  2) 400 households from census tracts with low median household incomes.
- E) Total N for mail-out: 2,000

II) Mode and procedures
- A) An advance letter was sent to each sampled household
- B) A survey packet was sent including the cover letter, questionnaire, BRM return envelope, and a $2.00 cash incentive.
- C) All households received a reminder/thank you postcard.
- D) Responses are tracked as received.
- E) Non-responding households in the two targeted sample groups (African-American and lower income) were sent a second packet with a more strongly worded cover letter.

III) Response rate was higher than expected
- A) 650 returned to date.
- B) About 200 were undeliverable.
- C) 650/1800 = 36% return rate
- D) Probable reasons for high return
  1) Topic salience
  2) Well designed, well formatted questionnaire
  3) Use of cash incentive

IV) Sample characteristics (unweighted data as of 10/26/05, N= 607*). Note that wealthier areas of the state are strongly under-represented in this sample due to geographic, race and income targeting of the sample design.*

A) 17.1% black, 1.7% Asian, 2.3% Hispanic.
   1) Extra reminder mailing to A-A sample may bring up that proportion in final sample.
B) 54% male, 46% female, 3% not specified.
   1) Males well represented because households are often listed under male householder's name in the phone directory; survey was addressed to the listed householder.
C) 13.5% of respondents are age 30 or less. Median age: 48. 26% age 60 or older.
D) 28% have children under 18 in household. 11% have kids age 2 or less.
E) 47% work full-time, 9% part-time, 31% are retired.
F) 17% employed in health care, 17% have specialized training in health.
G) 57% are married, 11% widowed.
H) 34% have no education beyond high school. 19% have 4 years of college or more education.
I) 39% have household income below $35,000. 14% have incomes above $75,000.
J) 61% have insurance through school or employer. About 10% are uninsured.

V) Health info sought in last 12 months
A) 56% of respondents say they have looked for health info.
B) Key results from B-series:

Group $QB3MR Which health areas tried find info
(Value tabulated = 1)

Dichotomy label	Name	Count	Pct of Responses	Pct of Cases
Find specific disease or med problem	QB31	255	16.3	64.9
Find certain med treatment or procedure	QB32	171	10.9	43.5
Find prescriptn or overcounter drugs	QB33	190	12.1	48.3
Find experimental treatment or drug	QB34	28	1.8	7.1
Find alternative treatment or medicine	QB35	65	4.2	16.5
Find diet, nutritn, vitamin supplements	QB36	192	12.3	48.9
Find exercise or fitness	QB37	159	10.2	40.5
Find immunizatns or vaccinatns	QB38	41	2.6	10.4
Find how to quit smoking	QB39	26	1.7	6.6
Find problems w drugs or alcohol	QB310	14	.9	3.6
Find depressn anxiety stress mental issu	QB311	86	5.5	21.9
Find particular dr dentist or hospital	QB312	70	4.5	17.8
Find health insurance	QB313	106	6.8	27.0
Find Aging	QB314	49	3.1	12.5
Find Medicare or Medicaid	QB315	80	5.1	20.4
Find oth health related area	QB316	32	2.0	8.1
Total responses		1564	100.0	398.0

228 missing cases; 393 valid cases

Group $QB4MR Looking for info for
(Value tabulated = 1)

Dichotomy label	Name	Count	Pct of Responses	Pct of Cases
Find inf for yourself	QB41	321	53.3	81.9
Find inf for immediate family member	QB42	197	32.7	50.3
Find inf for close friend	QB43	49	8.1	12.5
Find inf for someone else	QB44	35	5.8	8.9
Total responses		602	100.0	153.6

229 missing cases; 392 valid cases

Group $QB5MR Where look for info to health questions
(Value tabulated = 1)

Dichotomy label	Name	Count	Pct of Responses	Pct of Cases
Convers w dr or health prof for health i	QB51	268	18.9	68.0
Pamph broch in dr office find health inf	QB52	191	13.5	48.5
Family & or friends to find health inf	QB53	145	10.2	36.8
Patient support group to find health inf	QB54	20	1.4	5.1
Television to find health inf	QB55	67	4.7	17.0
Radio to find health inf	QB56	17	1.2	4.3
Newspapers magazines to find health inf	QB57	92	6.5	23.4
Books to find health inf	QB58	120	8.5	30.5
med journals to find health inf	QB59	73	5.1	18.5
Intnet website to find health inf	QB510	258	18.2	65.5
Intnet books journal or oth 4 health inf	QB511	110	7.8	27.9
Intnet chat rooms listserv for health in	QB512	16	1.1	4.1
Pastor or spiritual advisor for health i	QB513	30	2.1	7.6
oth place to find health inf	QB514	12	.8	3.0
Total responses		1419	100.0	360.2

227 missing cases; 394 valid cases

We computed a usage index by combining the counts of how many types of info were sought, how many people the info was sought for, how many sources R consulted, and how many sources R is likely to consult in the future (logged counts of B2, B4, B8, and count of B3).

VI) Computer use
- A) 70% use a computer
  - 1) 86% of these use the internet
    - (a) 80% of those spend less than 10 hours per week on internet
- B) Percent of all who use internet: 65.5%

VII) Literacy and numeracy
- A) 46% scored 5 out of 5 on literacy; 29% 4 out of 5.
- B) Health literacy scores: 15% scored 6 out of 6; 26% scored 5, 37% scored 4.
  1) Percents correct: hypertension 81%; antibiotics 92%; febrile 41%; randomized trial 80%; copay 92%; epidemiology 41%.
- C) Numeracy: 21% score 3 out of 3; 24% score 2 of 3; 18% score 0 of 3.
  1) Percents correct: coin toss: 72%; 1% of 1000: 6%; 1 out of 1000: 24%.
- D) The three scales (literacy, health literacy, numeracy):
  1) Correlate well with one another (r = .3)
  2) Correlate strongly with years of education.

VIII) Information seeking preferences
- A) In analysis, the items related to information seeking preference (D3 items) do not correlate very strongly with usage (actual reported searching for information, B-series items).
  1) Usage (actual searching) should be treated separately from the seeking preference concept.
- B) Item B1 ("imagine you were sick, get info from doctor?") is related to the D3 items.
- C) The info-seeking items seem to reduce into two different scales:
  1) Preference for lots of info: items D3a, D3b, D3d, D3g, D3h
  2) Prefer to get info from doctor by asking: D3e and B1.
- D) Because info-seeking preference is not strongly correlated with usage, these two could be cross-classified to produce a four-fold typology.

IX) Need and utilization items (Section A)
- A) Many items in this section are predictive of usage (searching for info).
  1) Significant predictors of usage include:
     (a) A3—visits to doctor
     (b) A5—getting Rx
     (c) A6—satisfaction with health care (dissatisfied people have higher usage of info)
     (d) A8—have a personal doctor
     (e) A8a—satisfaction with personal doctor (dissatisfied people have higher usage)
     (f) A9—have current chronic condition
     (g) A9a—recent illness or injury
     (h) A12—family member with condition
     (i) A13—family member recent illness, injury
     (j) A14—family member has disability
  2) Items that do not correlate significantly with usage: A1—health status; A2—ER visits; A4—hospital visits; A7—future utilization; A11—respondent has disability; most of the specific health conditions listed in A15.
  3) Estimate of risk
     (a) Those who cannot estimate their risk are less likely to use (seek info).
     (b) Among those who can estimate their risk, there is not much correlation between the level of risk perceived and the level of usage.
     (c) The 'risk' variables are not included in the indexes calculated below
  4) We calculated indexes to indicate:

(a) Utilization—doctor's visits, Rx's, having a personal doctor
(b) Need—R has injury, illness, condition; family has injury, illness, condition.

X) A multivariate model of usage

A) Dependent variable: INFOUSE3, usage based on (logged) combination of B3, B4, B5 and B8 counts.

B) Predictors:

1) LOGNEED: count of illnesses, conditions of R and R's family (logged).
2) UTILIZE: count of ways R has used health system
3) INFPREF1: 5-item index of health seeking preference (D3 items)
4) INFPREF2: 2-time index of preference to get info from doctor by asking

C) Results:

Coefficients(a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.542	.894		-1.725	.085
	utilize utilization of health care	.188	.067	.114	2.814	.005
	logneed log of index of need for info	1.075	.138	.317	7.804	.000
	infpref1 5-item index of pref for more info	.051	.034	.060	1.503	.133
	infpref2 2-item index of pref for info from doctor	.131	.027	.198	4.911	.000

a Dependent Variable: infuse3 index of health info usage--no b1, b4 one-third