HABLAMOS ESPAÑOL: COLLECTING INFORMATION BY MAIL FROM SPANISH-SPEAKING MEDICAID ENROLLEES[1]

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Background

Developing methods to maximize response rates is a primary concern for survey researchers. The higher the percentage of returns from among those sampled, the more confidence in the generalizability of the findings. Certain segments of the population, for example, people with low household income, have demonstrated low rates of questionnaire return relative to the general population (Krysan, Schuman, Scott, & Beatty, 1994). Researchers collecting information about the patient experiences of health plan enrollees with Medicaid coverage will have to address the problem of how to achieve adequate response rates in this population.

The Consumer Assessment of Health Plans (CAHPS®) survey is designed to collect member experiences with getting medical care. The federal Agency for Health Care Policy and Research (AHCPR) is funding a consortium of researchers, consisting of teams from Harvard Medical School, RAND, and the Research Triangle Institute (RTI) to develop a set of instruments to gather information for enrollees to use in making informed decisions about health plan choices. The Center for Survey Research is part of the Harvard CAHPS team. The idea is to have a core set of items that can be customized using optional supplemental questions tailored to fit the needs of various segments of the population, for example, children with special health care needs or Medicaid enrollees. The current surveys and protocols (CAHPS 2.0) reflect four years of research and evaluation and have been adopted by the National Committee for Quality Assurance (NCQA) to collect and report a wide variety of consumer experiences with health plans (for an overview of this project, see the CAHPS supplement to *Medical Care* (Weinberger 1999)). Many states are using CAHPS instruments to conduct surveys of their Medicaid enrollees and need to consider methods that will attain satisfactory response rates.

In the Commonwealth of Massachusetts, the Division of Medical Assistance (DMA) is responsible for the MassHealth managed care program through which enrolled people obtain medical and behavioral health care. MassHealth provides health coverage to residents who meet certain income requirements, as well as to individuals who have a set of health conditions or problems.

Objectives

This paper presents the results of a study in the Medicaid population in Massachusetts where instrument language, a factor that has been shown to affect response rates (Marin & Marin, 1991), has been varied. We have conducted a methodological experiment to evaluate how response rates are affected by variations in how people are presented with the opportunity to respond in Spanish. Specifically, sample members were mailed either a dual-language questionnaire, or an English-only version with a postcard in Spanish for respondents to return to request Spanish-language questionnaires.

Research Design and Subjects

In a study fielded in 1998, samples of Medicaid enrollees (n=1,600 adults and 1,600 parents of enrolled children) were mailed either the CAHPS 1.0 Adult or Child core instrument with selected CAHPS Supplemental questions. Within each sampled group, a random half received an English-only questionnaire. A postage-paid postcard, in Spanish, was attached by paperclip to the cover of each English instrument. Respondents were invited to return the postcard if they preferred to receive a Spanish-language instrument. The other half was mailed a single questionnaire printed in English on one side and Spanish on the other. This design allows for exploration of two methodological questions. First, do people whose primary language is Spanish respond at the same rate when required to complete the extra step of mailing in a postcard to receive a Spanish instrument as those receiving a Spanish survey in the initial mailing? Second, for people who do not speak Spanish, do those who receive a dual language questionnaire respond at a different rate than those who receive an English-only instrument? We hypothesized that the additional size and weight of the dual language

This paper relies on data collected from Medicaid enrollees in the state of Massachusetts. The authors thank the respondents for their time and cooperation. They also thank Marlene Kane, Anthony Asciutto, and their colleagues at the Department of Medical Assistance for their efforts in developing and coordinating this project.

instrument might be a deterrent for some people. Additionally, we thought it possible that some people may be less likely to complete the questionnaire if they are uncomfortable about receiving material printed in a foreign language.

It should be noted that this experiment was embedded within a larger study design. One of the research goals of this statewide survey of Medicaid enrollees was to describe nonresponse bias by intensive follow-up of nonrespondents to three consecutive modes of data collection. Sample members were first exposed to the standard mail survey protocol outlined below. Then, attempts were made to interview nonrespondents by telephone and ultimately by sending field interviewers to nonrespondents' homes to offer face-to-face interviews. Results from the mail protocol only are reported here.

Mail Data Collection Protocol

Contact with sampled enrollees followed a standard survey research protocol. First, a questionnaire packet was mailed that included the survey instrument and a postage-paid envelope in which to return the completed questionnaire. One week later, a thank-you/reminder postcard, printed in Spanish and English, was sent to all sample members. About a week to ten days after the postcard mailing, a replacement questionnaire packet was sent to all nonrespondents to the first two mailings.

Results

Using the primary language identifier supplied by the Department of Medical Assistance, analyses of questionnaire language preference were performed. Those who were coded by DMA as speakers of any language other than Spanish were considered "non-Spanish speakers" for these analyses. Spanish and non-Spanish speakers return questionnaires at about the same rate when presented with an English-language instrument packaged with a postcard in Spanish to request a Spanish version. However, the two-language instrument substantially increases returns (from 37% to 53%) from those for whom Spanish is the primary language. At the same time, there was no adverse effect on the response rate of primarily English-speaking respondents. See Table 1 for a comparison of response rates by primary language as identified by DMA.

As can be seen in Table 2, below, the specific effect of the dual-language instrument is to increase the number of people responding in Spanish. Just 44 of the original sample of 1600 returned a postcard requesting a Spanish-language instrument. However, 66% (n=29) of these respondents returned a completed questionnaire during the mail protocol field period. (Following contact by telephone and, in one case, contact with a field interviewer, ultimately 82% of those who sent a postcard request returned a questionnaire.) Sending a Spanish-English questionnaire at the initial mailing increased Spanish language responses from 5% to 17% of all returns.

Employing either a dual-language questionnaire or a postcard request protocol eliminates reliance on Medicaid records for targeting Hispanic households to receive a Spanish-language instrument. Table 3 presents data that imply that DMA identification of Spanish speakers is imperfect; some respondents identified as non-Spanish speakers elected to respond in Spanish, while some Spanish speakers returned an English questionnaire. In addition, 68% of the 44 respondents who returned the request postcard were not identified as Spanish speaking in the original sample. Overall, more than half (57%) of those who responded in Spanish were not identified as Spanish speakers in Medicaid records.

Discussion

Of course, factors other than language can affect response rates, including instrument length, item content, quality of respondent contact information, number of respondent contacts, and mode of survey administration. A complete discussion of these factors is beyond the scope of this paper. Moreover, none of the response rates achieved by mail alone in this study meet desirable standards for survey returns. As noted, the data reported here reflect only the mail phase of a 3-mode study involving intensive follow-up of nonrespondents. Using a combination of mail, telephone, and face-to-face approaches, response rates of near 70% were achieved in this population of Medicaid enrollees.

It is worth noting that half of each sample consists of people with known disabilities: Their eligibility for Medicaid is predicated on their enrollment in the Supplemental Security Income (SSI) program. The other half is eligible for Medicaid for reasons other than SSI enrollment, most often for reasons relating to income. There were, however, too few Spanish speakers with known disabilities in these samples to allow comparisons of response rates between those with and without known chronic conditions.

Conclusions

The additional printing and mailing expenses associated with a dual-language Canadian-style questionnaire are justified by an increase of about 12 percentage points in responses from Spanish speakers compared with Spanish-language returns to an English-only questionnaire with an accompanying postcard to request a Spanish version. At the same time, there was no adverse effect on the response rate of English

speakers associated with use of the two-language questionnaire. If fielding a dual-language instrument is not feasible, inviting respondents to use a postcard request will help in getting responses from Spanish speakers. However, because the record-based method of primary language identification was not perfect, targeting dual-language instruments to those identified as Spanish speakers, in this case, would have missed more than half of the people who responded in Spanish. The results of this experiment indicate that a self-administered questionnaire printed in both English and Spanish maximizes response rates in this Medicaid population. Spanish speakers, when given the opportunity to complete a questionnaire in their primary language at their first contact with survey materials, proved to be especially willing respondents.

References

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Table 1.
Response Rates by Primary Language of Respondent in Records and Instrument Type

		Protocol					
		English & Postcard			Dual Language		
		Returns n	Eligible n	Response Rate	Returns n	Eligible n	Response Rate
Respondent Primary Language (from records)	Spanish	44	118	37%	50	95	53%
	Not Spanish	523	1482	35%	533	1504	35%
	Total	567	1600	35%	583	1599	36%

Table 2. Language Respondent Used by Protocol

		Protocol		
		English Instrument with Postcard	Dual-Language Instrument	Total
Language of Completed Questionnaire	English	95%	83%	89%
	Spanish	5%	17%	11%
Total		100%	100%	100%
n		567	583	1150

Table 3. Interview Language by Primary Language of Respondent (from records)

		Language of Completed Questionnaire		
		English %	Spanish %	Total %
Primary Language in Records	English	65%	20%	61%
	Spanish	4	43	8
	Other*	31	37	31
Total		100%	100%	100%
n		1020	130	1150

* Other languages include Cambodian, Chinese, Haitian-Creole, Laotian, Portugese, Russian, Vietnamese, Somali, and those for whom primary language was not identified.