
Who Likes Incentives?

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Background : Declining Response Rates

- **RDD surveys in particular suffer declining response rates.**
- **Challenge: Preempt declining response rate in the Community Tracking Study (CTS).**
 - **2003 response rate was 49% for the RDD sample**

Community Tracking Study (CTS)

- **Sponsored by the Robert Wood Johnson Foundation (since 1995) under the direction of the Center for Studying Health System Change**
- **Examine whether consumer access to the health care system is improving or declining over time**
 - **Areas of inquiry include access, satisfaction, use of services and insurance coverage**
- **Sample design: Rounds 2-4 of the CTS included a subsample of numbers that had been selected in the previous round.**
- **Sample design: Round 5 (2007) was an entirely new panel, RDD telephone survey**

CTS Highlights

- **10-month field period using 113 interviewers**
- **HH enumeration to divide the HH into “family insurance units” (FIU)**
- **30 minute core interview on behalf of family and randomly selected child (N=9413)**
- **15 minute self response module (SRM) with each eligible adult in family (N=4214)**
- **N=17,797 individuals in 9,407 families**
- **Household response rate 47% (2007)**
- **Prior field procedures included an advance mailing, post-pain incentives, and pre-paid refusal conversion incentives.**

Incentive Experiment

- **Literature:**
 - To increase survey cooperation, cash incentives work best;
 - Pre-paid incentives work better than promised incentives.
- **Split-ballot experiment with a \$5 cash pre-incentive**
- **Subsequent (non-random) adjustments to incentive structure included a \$40 pre-paid check to remaining non-responders.**

Hypotheses

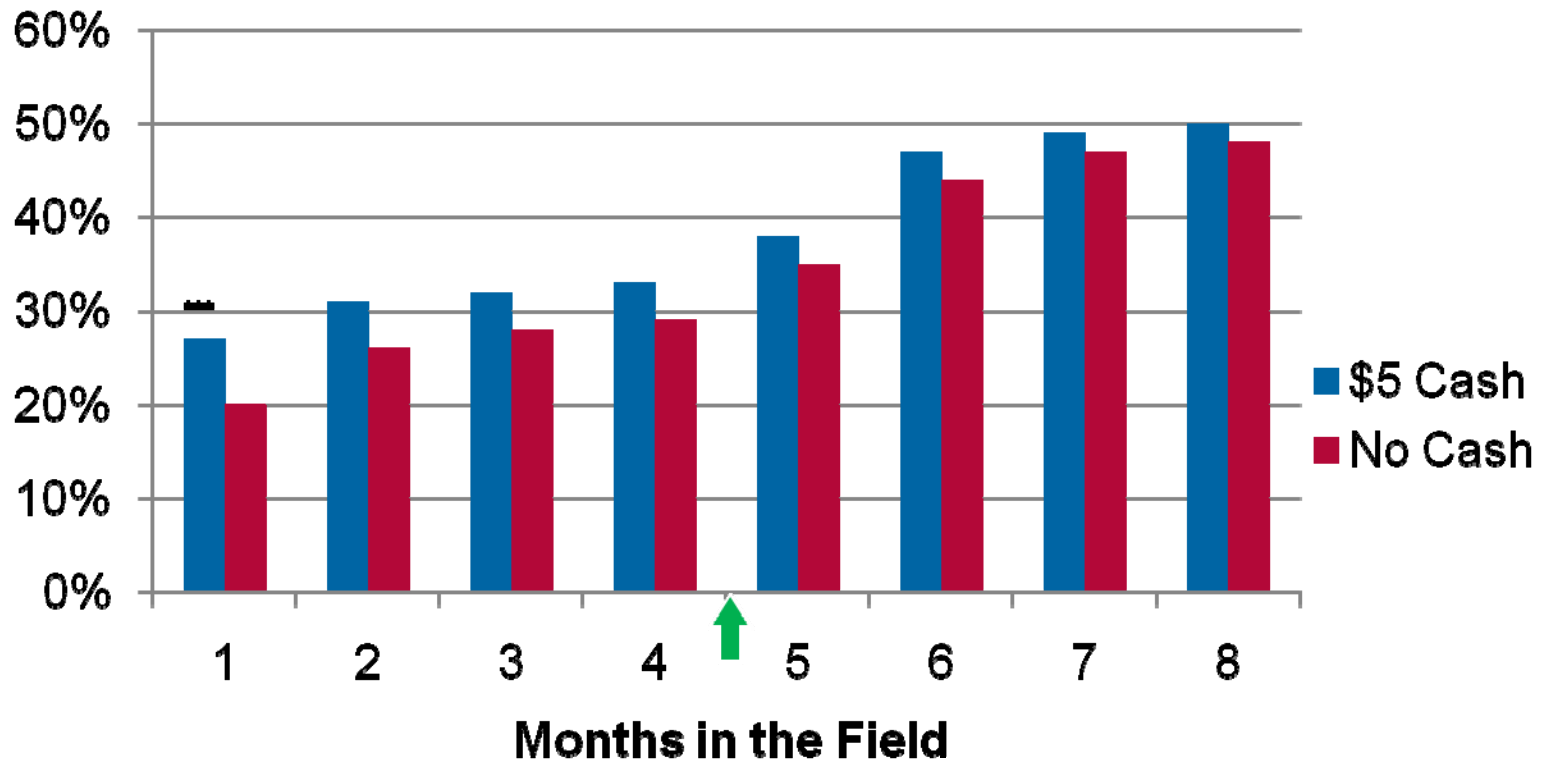
- **Among cases with a valid address, the effect of a \$5 cash prepaid incentive:**
 1. Will increase the response rate for core completes.
 2. Will increase the response rate for self response modules.
 3. Will decrease the refusal rate.
 4. Will decrease the amount of calling effort required to complete cases.

Methodology

- **N=1,048 cases with address-match were randomly assigned to a treatment or control condition (within randomly generated replicates)**
- **Treatment (n=533): \$5 bill, along with contact materials and promise of \$20 for each responding adult**
- **Control (n=515): contact materials only and promise of \$20 for each responding adult**
- **Non-random : 140 days later, \$40 check mailed to all non-responding households with a name and address.**

Early Response with Cash Prepay

Percent with at least one core complete

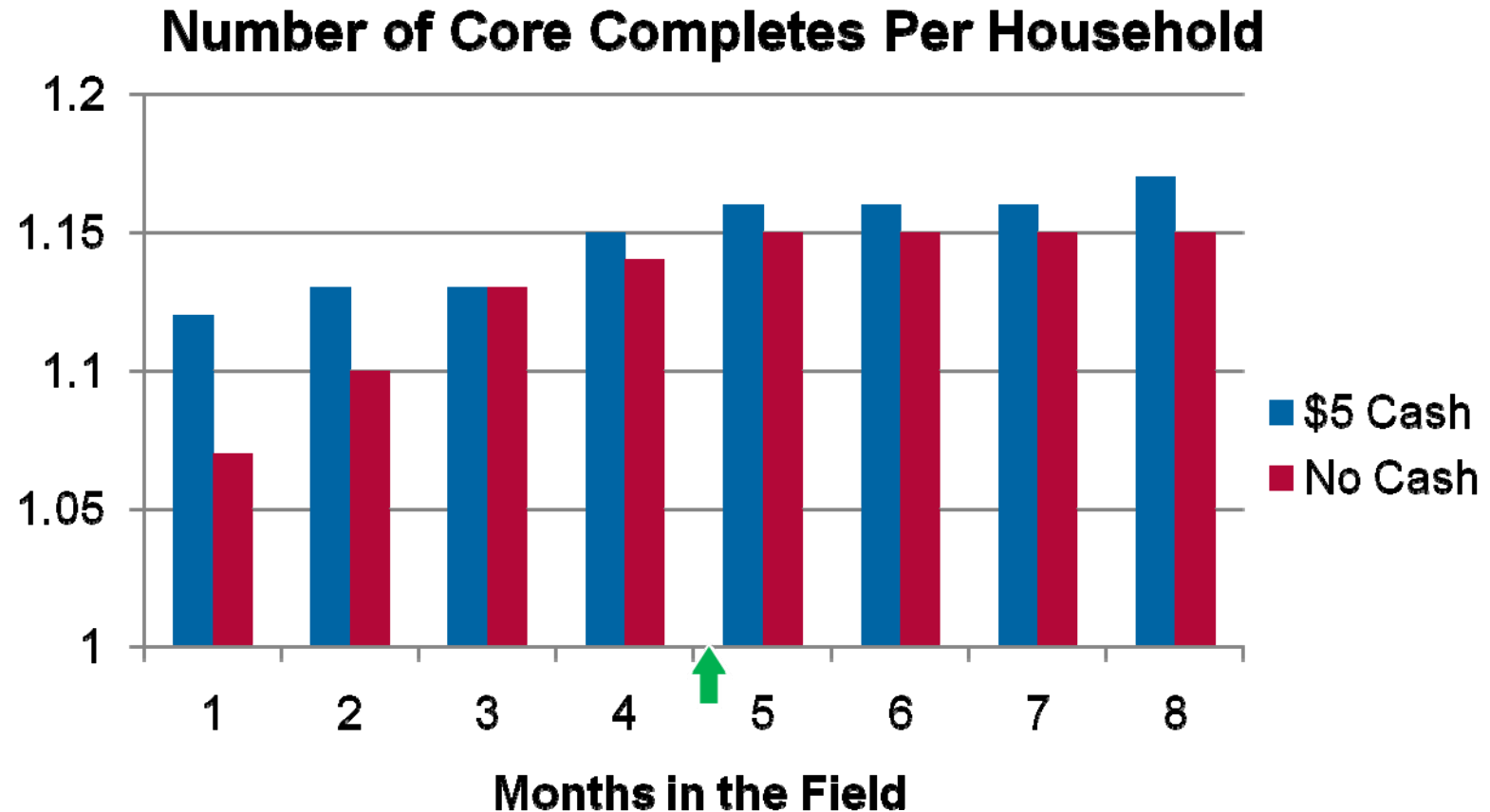


Denominator = phone numbers that are eligible or whose eligibility is not yet determined

***Significant at $p < .01$, **Significant at $p < .025$, *Significant at $p < .05$

↑ \$40 incentive paid to all non-responders.

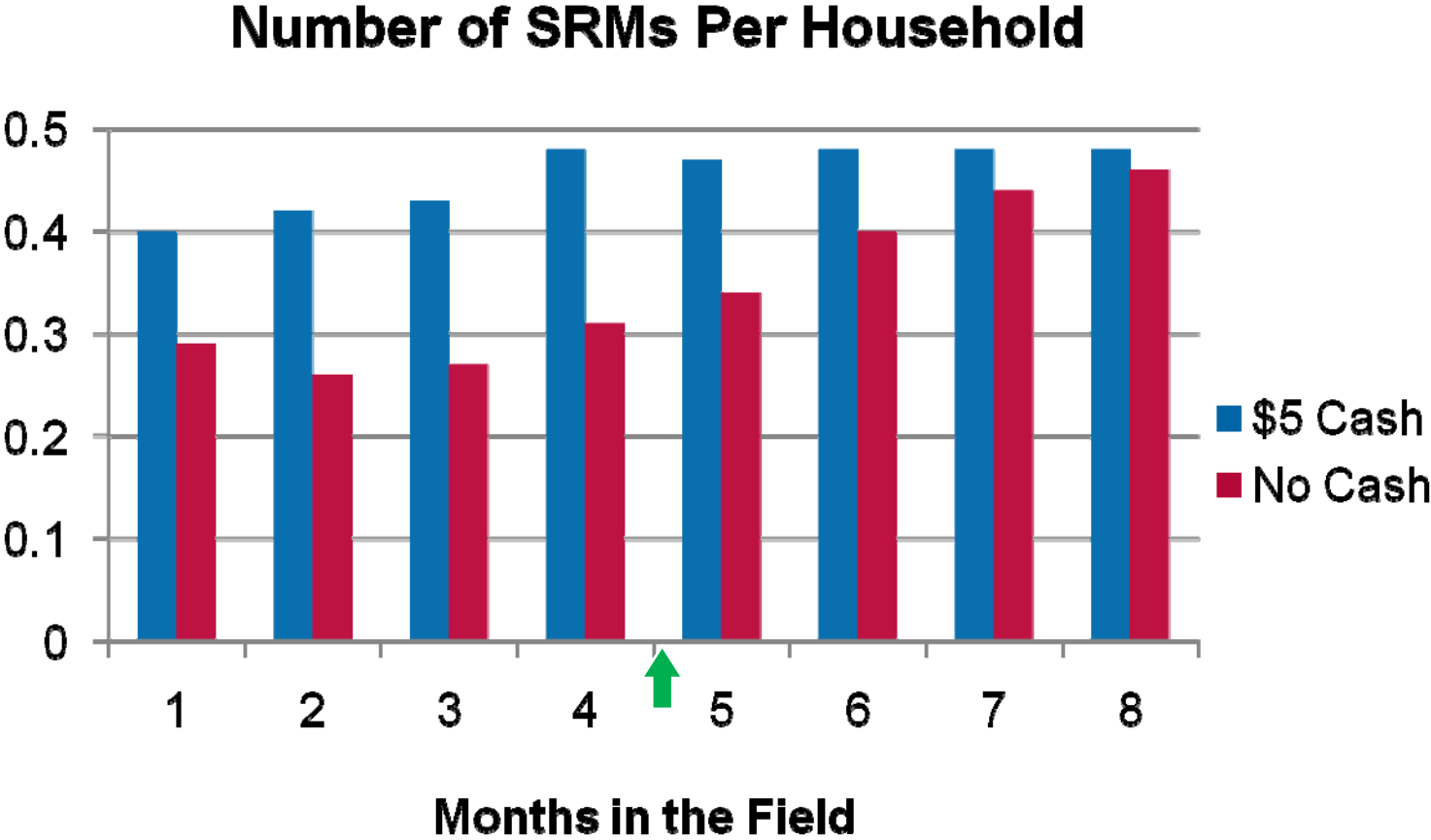
Additional Families in Household Respond Faster



Denominator = households with at least one core complete

↑ \$40 incentive paid to all non-responders.

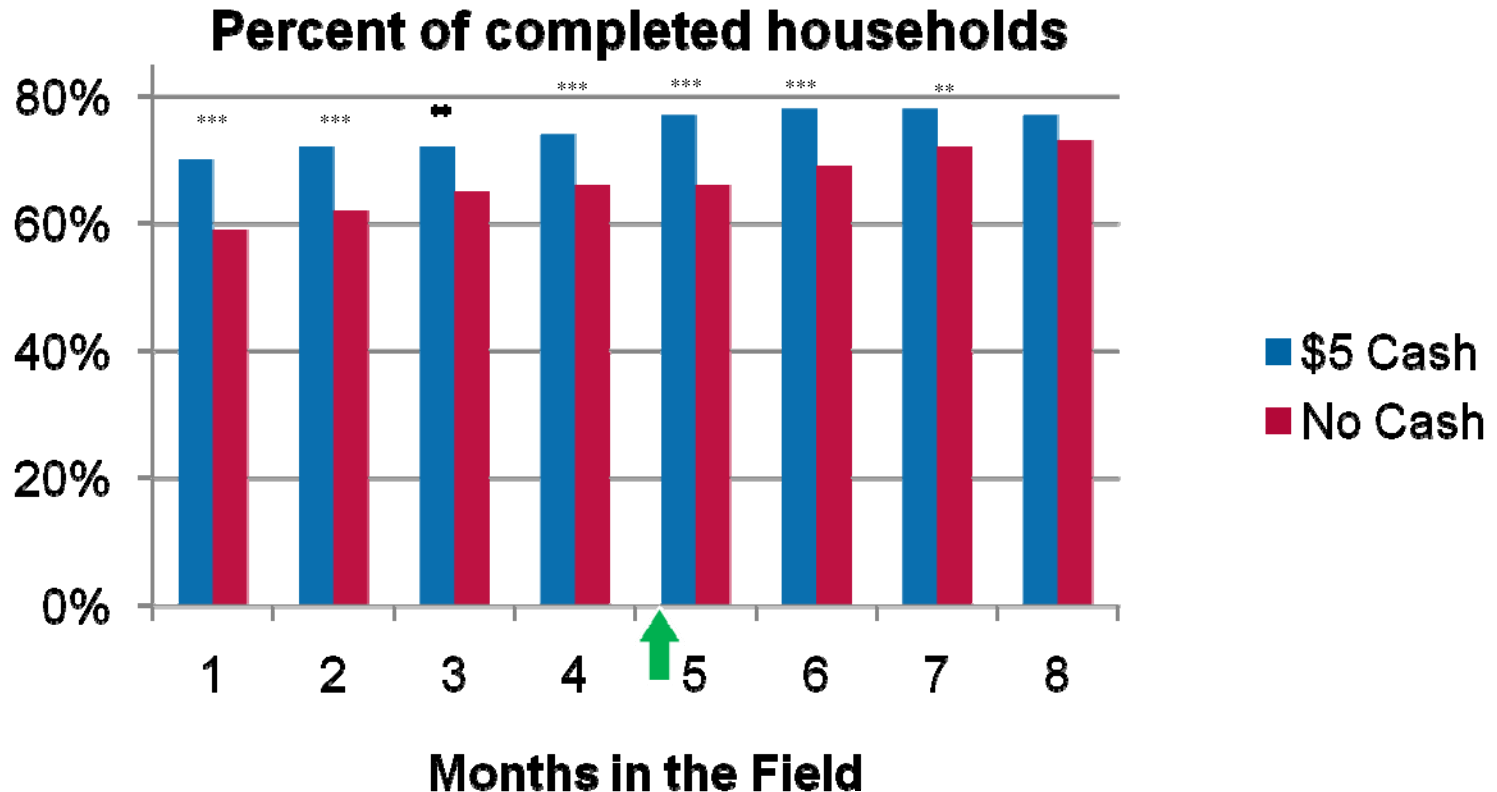
Other Adults in Family Respond Faster



Denominator = households with at least one core complete

↑ \$40 incentive paid to all non-responders.

More Households with All Interviews Completed

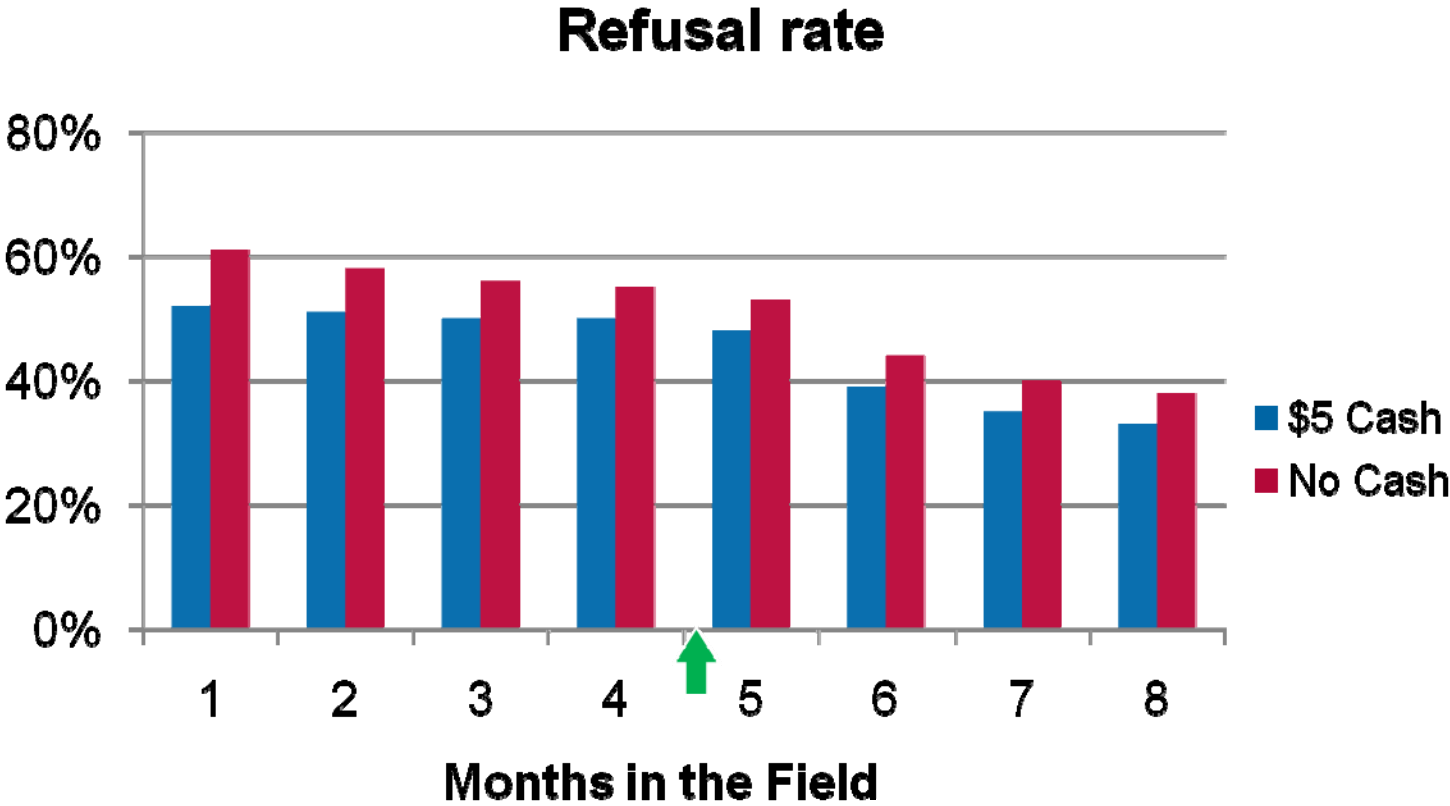


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Fewer Refusals



Denominator = phone numbers that are eligible or whose eligibility is not yet determined

***Significant at $p < 0.01$, **Significant at $p < 0.025$, *Significant at $p < 0.05$

↑ \$40 incentive paid to all non-responders.

Fewer Calls and Higher Response Rate Offsets \$5

- **After one month, 2.5 fewer calls to obtain first household core and 10 fewer calls per core complete.**
- **By the end of the survey, 1.5 fewer calls to obtain first household core and 7.5 fewer calls per core complete.**
- **Final response rate 3 points higher for the cash prepay group**

Recommend \$5 Cash Prepay

- **Higher initial completion rate**
- **Fewer calls per complete**
- **More complete families and households**
- **Continued effectiveness in combination with \$40 prepay to non-completers**
- **Higher response rate**

For More Information

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