IPPSR
Institute for Public Policy & Social Research
STATE *of the* STATE *Survey*

State *Of the* State Survey

Consumer Choice of Health Plan in the Millenium: Will It Continue as a Safety Valve for Dissatisfied Paients?

by Andrew J. Hogan
Maureen A. Mickus

Briefing Paper No. 2000-45

MICHIGAN STATE
UNIVERSITY

Contributors to the State of the State Survey 1995-99

We gratefully acknowledge the contributions of the following units and organizations, whose financial support underwrites the quarterly State of the State Surveys.

Organizations

Area Agencies on Aging Association of Michigan

Aspen Institute

Community Foundation for Southeastern Michigan

Nonprofit Michigan Project

United Way of Michigan

Michigan State University

Office of the Provost

Office of the Vice President for Research and Graduate Studies

Office of the Vice Provost for University Outreach

College of Communication Arts & Sciences

College of Human Ecology

College of Human Medicine

College of Osteopathic Medicine

College of Social Science

Department of Economics

Department of Political Science

Department of Psychology

Department of Radiology

Department of Sociology

Institute for Children, Youth, and Families

Institute for Public Policy and Social Research

International Studies and Programs

Legislative Leadership Program

Michigan Agricultural Experiment Station

MSU Extension

School of Criminal Justice

School of Labor and Industrial Relations

School of Social Work

Urban Affairs Program

Consumer Choice of Health Plan in the Millennium: Will It Continue as a Safety Valve for Dissatisfied Patients?

Prepared by

Andrew J. Hogan
Associate Professor
Department of Medicine
College of Human Medicine

Maureen A. Mickus
Assistant Professor
Department of Psychiatry
Colleges of Human and Osteopathic Medicine

MSU State of the State Survey
Briefing Paper No. 2000-45

March 2000

Please contact the following for further information:

About this report: Andrew Hogan, Associate Professor of Medicine, Michigan State University (Phone: 517 / 353-4361; Internet: hogana@pilot.msu.edu). **About SOSS**: Brian D. Silver, Director of SOSS (Phone: 517-355-2237; Internet: bsilver@pilot.msu.edu) or visit the SOSS web site at **http://www.ippsr.msu.edu/soss/. About the Institute for Public Policy and Social Research:** Philip R. Smith, Director, IPPSR (Phone: 517 / 353-9019; Internet: philip.smith@ssc.msu.edu). General contact for media and press: AnnMarie Schneider, Public Relations, IPPSR (Phone: 517 / 355-6672 x 143; Internet: wolf@pilot.msu.edu).

SUMMARY

More than one-third of privately insured Michigan adults are now enrolled in managed care health plans. This is an increase from more than one-quarter in 1995, but the same as in 1997. Motivated by cost, managed care enrollees select health plans with restricted provider choices. Concern over provider choice rose markedly among managed care enrollees between 1995 and 1997, but it has abated somewhat in the last two years.

While the generalized backlash against managed care—evidenced by the spate of legislative proposals in Michigan and across the country—is not reflected in measures of health care satisfaction, there appears to be a growing dissatisfaction with the bureaucracy of managed care. In 1995, managed care enrollees were only about one-third more likely than their counterparts with traditional coverage to want to switch health plans. By 1999, they were nearly three times more likely to want to do so. In 1995, the desire to switch health plans was motivated primarily by problems with access to needed care; in 1999 it was related to dissatisfaction with health plan paperwork and handling of inquiries.

Managed care enrollees are much more concerned with the overall cost of their health plan than are those with traditional coverage who focus more on provider choice. In Michigan, most managed care enrollees currently have a choice in health plans, and most are enrolled in managed care voluntarily. Consequently, satisfaction with the ability to get care when needed, with plan response to inquiries, with paperwork, and with provider technical skills and manner have remained roughly equivalent to those with more traditional health insurance coverage. However, there has been a steady erosion of health plan choice for managed care enrollees. Whereas only about one in six lacked a choice of plan in 1995, this number rose to nearly one in three by 1999. If plan choice continues to erode, it may not be possible to maintain equivalent satisfaction levels between managed care and traditional health plan enrollees.

INTRODUCTION

Under traditional health insurance, insured Americans have been free to choose their doctors and hospitals, and clinical decisions have been largely left to the individual doctor and patient. While this system responded to a strongly held preference for choice, it placed little restraint on the growth of health care costs, which, after adjustment for inflation, increased about 670% on a per capita basis between 1960 and 1997, after adjustment for inflation (Goddeeris 2000: John Goddeeris, "The Health Care Industry," in *The Structure of American Industry*, James Brock (ed.), 2000).

In recent years, a managed care revolution has swept through the portion of the U.S. health care system financed by private health insurance. Managed care is distinguished from traditional insurance by greater insurer involvement in decisions about delivery of care, including provider selection. Managed care organizations typically require patient care to be coordinated by a primary care physician and place limits on access to specialty care.

Michigan's experience with managed care, while not as advanced as in some states and metropolitan areas (e.g., California, Minneapolis), is similar to the nation's. Traditional health insurance coverage still holds most of the market, while managed care has a growing market share. Recently, managed care has made major inroads into public health insurance programs both in Michigan and nationwide. Michigan's Medicaid program now requires almost all non-elderly Medicaid recipients to enroll in managed care—even children with special health care needs. Although Medicare enrollment in managed care in Michigan has been well below the national average since the mid-1980s, it is expanding under some recent congressional initiatives.

Cost savings from managed care are achieved principally through: 1) reductions in the price of specialty and hospital services, and 2) reductions in the number of clinical services used. This approach to cost savings requires coordination of patient care by a primary care physician and limits patient choice of provider.

The rapid growth of managed care and the substantial profits earned by some for-profit managed care plans caused some health policy makers and consumer advocates to worry that cost-saving incentives were going too far, leading to lesser quality, failure to make timely diagnoses, and under-treatment of managed care patients. More recently, however, many managed care organizations have experienced significant financial losses, leading to business failures, mergers, and concern about under-treatment. The result has been a flurry of legislative proposals in Michigan, in other states, and at the federal level to protect patients against real or imagined managed care abuses. The steady growth of managed care in Michigan—coupled with the financial problems of managed care organizations and public concerns for patient protection—provides an opportunity to revisit Michiganians' experience and satisfaction with both traditional and managed care systems.

THE SURVEY

Survey and Sample Design

Telephone surveys of 1013, 971, and 1408 adults in the state of Michigan were conducted by Michigan State University's Institute for Public Policy and Social Research between October and November 1995, between November 1997 and February 1998, and between July and October 1999, respectively. These were the fifth, 13th and 18th MSU State of the State Surveys (SOSS). All three surveys focused primarily on health policy issues. The overall sampling error is 3.2%. All of the statistical relationships in this report fall beyond the range of sampling error.

The sample was designed to provide representative information for residents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region.) The data reported here are weighted to be representative of Michigan's adult population who have telephones.

The analyses presented here are based on the subset of 735 privately insured individuals from the 1,013 total respondents in 1995, 682 of 971 total respondents in 1997, and 967 of 1408 respondents in 1999. Respondents were classified as "privately insured" if a private health plan provided their primary coverage. (Q1 Question wording given below.) This paper is an update of two earlier briefing papers: Andrew J. Hogan, John H. Goddeeris, and David A. Gift, *Managed Care in Michigan: Consumer Satisfaction and Concerns in a Changing Health Care Environment* (MSU State of the State Survey Briefing Paper No. 96-15, March 5, 1996) and Andrew J. Hogan and Maureen A. Mickus, *Consumer Satisfaction and Concerns with Managed Care in Michigan's Changing Health Care Environment* (MSU State of the State Survey Briefing Paper No. 98-37, May 1998).

Defining "Managed Care"

It can be difficult to tell if an individual is enrolled in a managed care plan. Recent managed care organization consolidation has seen a proliferation of organizational structures and alternatives, such as:

- HMOs - The original health maintenance organization (HMO) model contracts with or employs a single group of physicians to provide comprehensive care to its enrollees in exchange for fixed premiums
- Other HMOs contract with multiple groups or networks of individual physicians
- POSs - Point-of-service (POS) plans, a recent innovation, allow enrollees to see out-of-network doctors in return for higher copayments
- PPOs - Preferred provider organizations (PPOs) offer enrollees financial incentives to use a limited panel of preferred providers

Each of these broad insurance plan classifications includes considerable individual variation. Today, most large insurers offer a full range of managed care products along with traditional insurance coverage.

Because the health care marketplace is rapidly evolving and types of plans are not always clearly distinguishable from one another, we expected that many consumers would not know how to respond when asked if they participate in managed care, or how to classify the type of health insurance they carry. Looking for a simple, relatively clear way to distinguish between managed care and traditional insurance, we asked survey respondents:

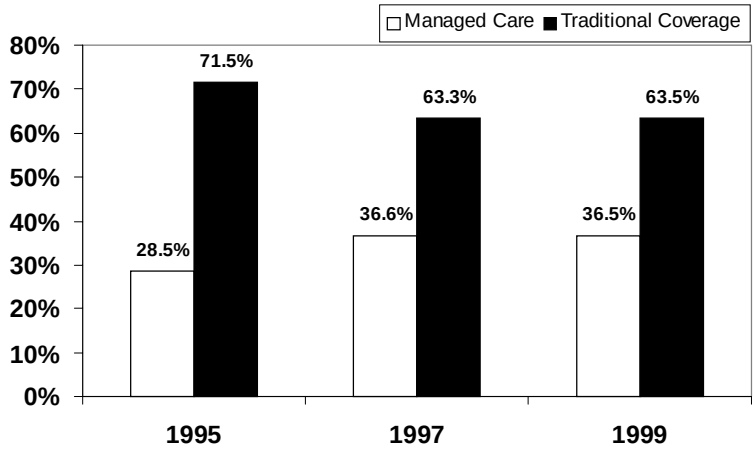
1) If their private insurance plan required them to select a primary care physician; and
2) If their primary care physician (gatekeeper) controlled their access to specialist physicians.

These criteria could be met in a variety of different managed care organizations, including most HMOs and some PPOs. All subsequent references to managed care imply that both criteria have been met.

KEY FINDINGS

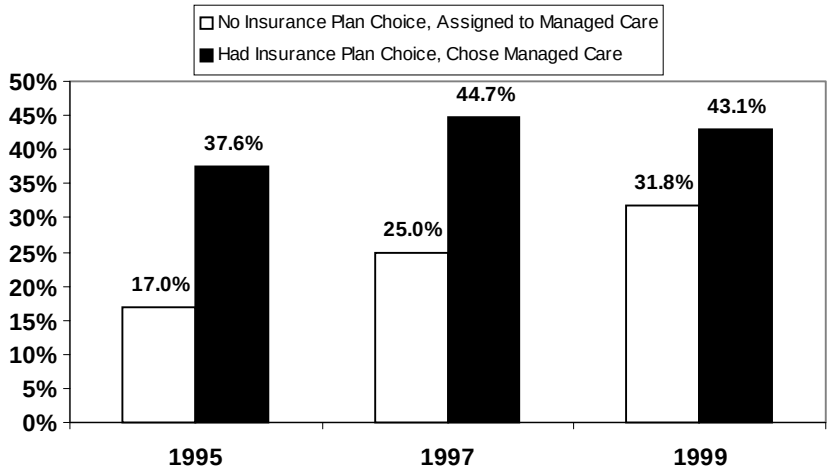
- **Over one-third of privately insured Michigan adults are enrolled in managed care plans, up from more than one-quarter since 1995 but steady since 1997.** Nearly 29% met both criteria for managed care (required primary care physician and gatekeeper control of access to specialists) in 1995, with an increase of 8% by 1997 but no further increase by 1999 (Figure 1). Further mention of managed care refers to those people meeting both criteria. (Q. 2 – Q. 3)

Figure 1.
Type of Health Plan Coverage 1995 - 1999



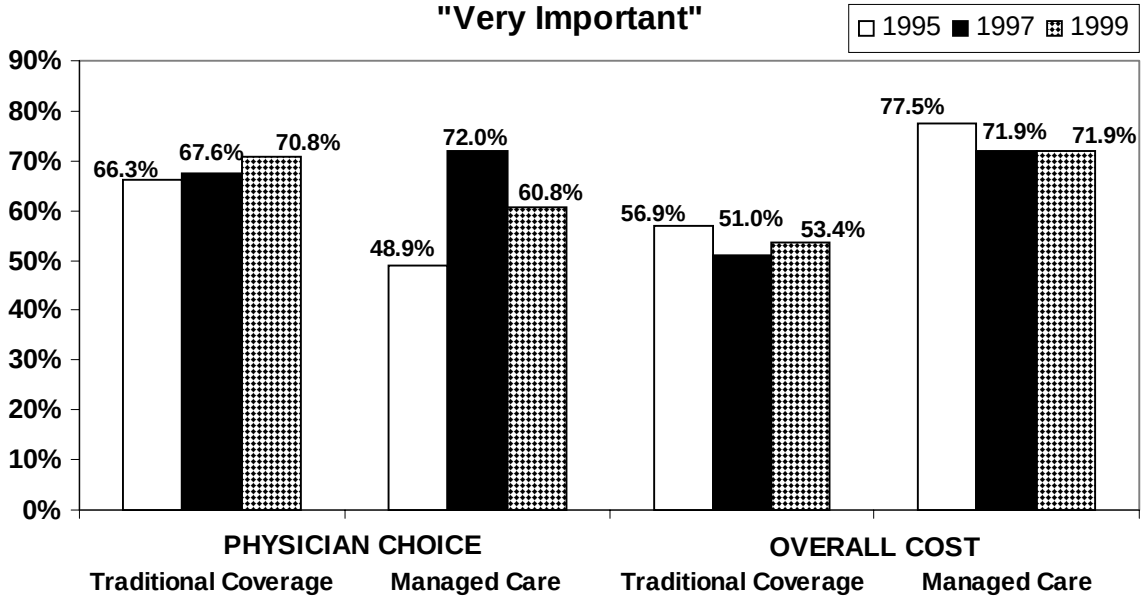
- **A steadily growing minority of privately insured consumers is being forced into managed care.** Between 1995 and 1999, the number of privately insured residents with no choice of health plan remained roughly constant at about 40%. Of those without choice, only about one-sixth were assigned to managed care plans in 1995, a number that rose to one-quarter by 1997 and to nearly one-third in 1999. In contrast, among the 60% who did have choice, nearly 38% chose the managed care option in 1995, rising to 45% in 1997, but holding steady at 43% in 1999. The majority of those with a choice of health plan selected traditional coverage (Figure 2; Q. 4).

Figure 2.
Choice in Managed Care Enrollment



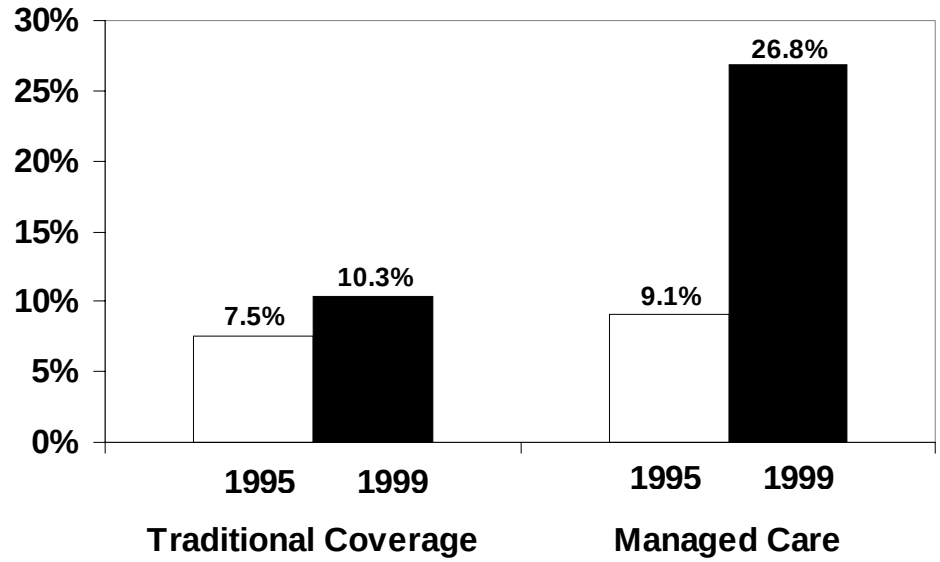
- **Compared to Michigan residents with traditional health insurance coverage, those in managed care plans are more concerned with the overall cost of their health plan, but less concerned with the choice of provider.** These differences in preferences have remained relatively constant over time, except for a jump in concern over provider choice among managed care enrollees in 1997. Concern about the quality reputation of the health plan has been slightly lower among managed care enrollees over the entire period, but differences between traditional and managed care plan enrollees were not significant over the time period. (Figure 3; Q. 5 – Q. 7).

Figure 3.
Consumer Ratings of Health Plan Benefits as "Very Important"



- **In 1999, Michiganians enrolled in managed care plans were significantly more likely to consider changing their health plans than were those with traditional coverage.** (Figure 4; Q. 14). When asked a similar question in 1995, only 9.1% of managed care enrollees and 7.5% of traditional plan enrollees indicated an intention to switch plans at their next opportunity. The intention to switch plans increased significantly from 1995 to 1999 for the managed care population, but only marginally for the population with traditional coverage.

Figure 4.
Health Care Consumers Considering Switching Health Plans



- **Managed care enrollees have been as satisfied with their ability to obtain care as have those in traditional plans.** Ninety percent of those in either type of plan were at least somewhat satisfied with their access to health care in 1995. This increased slightly in 1997 and again in 1999 (Q. 11). There were no significant overall differences between managed care and traditional care enrollees in the other two facets of health plan satisfaction: insurance inquiries and paperwork (Q. 9 - Q. 10). Levels of both types of satisfaction remained at about 80% for both managed care and traditional plan enrollees over the three time periods.

  The percentage of Michiganians rating the technical competence of their providers as "excellent" or "very good" remained steady, at between 75% and 80% from 1995 to 1999 for both traditional and managed care plan enrollees (Q. 11). Combined "excellent"/ "very good" ratings for the personal manner of their providers by Michiganians with traditional insurance coverage remained relatively steady, between 85% to 92%, over the three time periods, being only slightly higher among managed care enrollees (Q. 12).

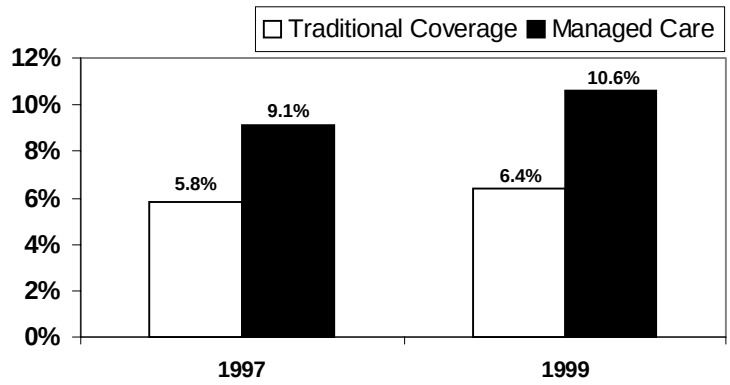
- **Health status as a determinant of health plan satisfaction.** Because managed care in Michigan has been growing and adding new enrollees, many enrollees may have little or no experience dealing with this form of insurance. Restrictions on the use of care may not come to a patient's attention until care is needed. For this reason, a subset of respondents was identified who were likely to have sought care in the recent past. A subset of high users of care was identified, based on any of the characteristics below—those with one of the following:
    - Fair or poor current health status
    - A functional limitation
    - A disability
    - A chronic disease
    - A hospital or emergency room admission in the last three to six months

  High users represent approximately 25% of the samples in each of the years.

  Managed care enrollees who are high users of care are somewhat less satisfied with their ability to get care when needed compared to their counterparts with traditional coverage. In 1995, high user managed care enrollees were less satisfied with their access to needed care than were their traditionally insured counterparts, although the difference was only significant when comparing the "very satisfied" categories. From 1995 to 1997, the overall satisfaction with ability to get needed care improved for both managed care and traditional plan members needing care. From 1997 to 1999, a modest difference reemerged between high users with traditional coverage and those in managed care plans. High users in managed care plans and with traditional coverage did not differ in their satisfaction with paperwork, health plan response to inquiries, or the technical skill or personal manner of their primary providers.

  In 1997 and 1999, approximately 10% of Michiganians enrolled in managed care plans were unable to see the physician of their choice at some time during the past six months. Those enrolled in traditional plans experienced problems with access to their chosen physician less frequently. A similar question without the six-month time limit showed a similar difference between managed care and traditional coverage in 1995 (Q. 13; Figure 5).

Figure 5.
Health Care Consumers Unable to See Chosen Physician in Last Six Months



SURVEY QUESTIONS

The questions for the health insurance issues discussed in this briefing paper are listed below in the order in which they were discussed. The bracketed numbers at the end of the questions correspond to the actual question numbers in the survey instruments. The first bracketed number is from the SOSS 13 survey in 1997; the second number is from the SOSS 5 survey in 1995. Overall, the 1997 interviews lasted an average of 19 minutes; the 1995 interviews averaged 17 minutes. These questions consumed about four minutes of that time.

Q. 1. Does your primary health insurance coverage come from Medicare, Medicaid, another government health insurance program, from a plan provided through an employer or union, or from an individually purchased private insurance plan? [I2; I2]

Q. 2. Does your insurance coverage require you to choose a primary care physician? [I5; I14]

Q. 3. Does your primary care physician or insurer have to approve any contacts with specialty physicians before the insurance will cover care from a specialist? (Does your primary care physician have to approve any referrals to specialty physicians or hospitals?) [I6; I15]

Q. 4. When you or another family member chose this insurance plan, did you have a choice from among more than one different plan, or was this the only insurance plan offered? [I12; I9]

Q. 5. When you chose your health insurance plan how important were the following factors in your decision? (How important was) the number and diversity of physicians available under the plan? Was this very important, somewhat important, not very important, or not important at all (in your decision)? [I13; I10]

Q. 6. (How important was) the insurance plan's reputation for quality? (Was this very important, somewhat important, not very important, or not important at all in your decision)? [I14; I11]

Q. 7. How important was the overall cost of the plan for you, including premiums, copayments, deductibles, and the need to pay for uncovered services? (Was this very important, somewhat important, not very important, or not important at all?) [I15; I13]

***Q. 8.** Next, I would like to ask you some questions about your overall satisfaction or dissatisfaction with the health care you are currently receiving. Overall, how satisfied or dissatisfied are you with your current ability to get health care when you need it? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied? [I16; dissatisfied are you with how your inquiry is handled? (Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied)? [I19; S4]

***Q.9.** The next two questions are about your insurance coverage. In general, how satisfied or dissatisfied are you with the amount of paper work required by your primary health

insurance? (Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied)? [I18; S3]

***Q. 10.** In general, when you have questions for your primary health insurer, how satisfied or dissatisfied are you with how your inquiry is handled? (Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied)? [I19; S4]

***Q. 11.** The next few questions are about the health care provider you usually go to for care. In general, when you receive health care, how would you rate the technical skills of your health care providers, that is, the thoroughness, carefulness, and competence? Would you say it is excellent, very good, good, fair, or poor? [P1; S5]

***Q. 12.** In general, how would you rate the personal manner of your health care providers, that is, the courtesy, respectfulness, sensitivity, and friendliness of your health care providers? Would you say it is excellent, very good, good, fair, or poor? [P2; S6] *The wording of these items was changed slightly from 1995 to 1997. The wording shown above is from 1995.

***Q. 13.** SOSS 18: In the past six months, have you ever been unable to see a doctor you wanted to see because of your insurance coverage? Yes, no [h5]; SOSS 5: Have you ever had to change doctors or been unable to see a doctor you wanted to see because of your insurance coverage? Yes, no [H7]

***Q. 14.** SOSS 18: Do you intend to switch to a different health plan when you next have an opportunity? Yes-definitely, yes-probably, no-probably not, no-definitely not. [I17]; SOSS5: Are you currently thinking about changing to a different insurance plan? yes, no [I22]

*SOSS 18 responses were converted to yes/no responses as follows: yes-definitely and yes-probably = 1, no-probably not = 33% and no- definitely not = 0.

REGIONAL CATEGORIES

NOTE: This survey was conducted using regions established by the Michigan State University Extension Service, with one exception: Detroit City is treated as a separate region.

Detroit:	City of Detroit
East Central:	Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola
Northern L.P.:	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford
Southeast:	Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)
Southwest:	Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren
U.P.:	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
West Central:	Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

BACKGROUND INFORMATION

Michigan State University
State of the State Survey
[MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or "wave" of SOSS has a different main theme: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment.

Who Conducts SOSS?

The State of the State Survey is administered by the Office for Survey Research (OSR) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The Director of SOSS is Dr. Brian D. Silver, Professor of Political Science. The questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The Working Group for the Summer 1999 survey was comprised of:

S. Tamer Cavusgil, Center for International Business Education & Research: (517) 353-4336
Charles Gliozzo, International Studies and Programs: (517) 355-2350
Jeffrey Riedinger, Political Science and International Studies & Programs: (517) 355-2351
Jay Rodman, International Studies & Programs: (517) 355-2350
Brian D. Silver, Professor, Department of Political Science; Survey Director, IPPSR: (517) 355-6672
Scott Whiteford, Anthropology and Latin American Studies Center: (517) 353-1690
David Wiley, Sociology and African Studies Center: (517) 353-1700

SOSS Briefing Papers

2000-46 Michigan's Sore Thumb: Regional Variations in Public Perceptions of Nursing Home Reform
by Maureen A Mickus and Andrew J. Hogan

2000-45 Consumer Health Plan Choice in the Millennium: Will It Continue as a Safety Valve for Dissatisfied patients?
by Maureen A Mickus and Andrew J. Hogan

99-44 The International Orientation of the Michigan Public
by Jeffrey M. Riedinger, Brian Silver, and Kristy Wallmo

99-43 Michigan 1998: Problems and Priorities
by Larry Hembroff and Karen Clark

99-42 Serving the Citizens of Michigan: A Report Card on the State's Performance
by Larry Hembroff and Karen Clark

99-41 Government in the Medicine Cabinet: Are Michiganians Ready?
by Maureen A. Mickus and Andrew J. Hogan

99-40 Guideline Clarity and Citizen Knowledge: Maybe We Just Don't Get It
by Larry Hembroff and Arlene Sierra

98-39 Michigan Nursing Homes: Are We Paying the Price for Not Paying the Price?
by Maureen Mickus and Andrew J. Hogan

98-38 Health Insurance and Access to Care in Michigan's Changing Health Care System
by Andrew J. Hogan and Maureen Mickus

98-37 Consumer Satisfaction and Concerns with Managed Care in Michigan's Changing Health Care Environment: 1995 and 1997
by Andrew J. Hogan and Maureen Mickus

96-36 Public Opinion on K-12 Education in Michigan
by Sandra Vergari and Michael Mintrom

98-35 Sources and Perceived Reliability of Health Information
by Larry Hembroff and Arlene Sierra

98-34 Health Care Utilization and Satisfaction
by Larry Hembroff and Arlene Sierra

98-33 Confidence in Michigan's Health Care Professionals
by Larry Hembroff and Arlene Sierra

98-32 Health Status and Health Risk Behaviors of Michigan Residents
by Larry Hembroff and Arlene Sierra

98-31 Perceptions of Welfare Reform & Child Care in MI
by R. Griffore, R. Walker, A. Whiren, and J. Herrick

97-30 Public Confidence in MI Nonprofit Organizations
by Mark I. Wilson and Neal R. Hegarty

97-29 Public Support of the Nonprofit Community in MI
by Mark I. Wilson and Neal R. Hegarty

97-28 Public Perceptions of Nonprofit Organizations in Michigan
by Mark I. Wilson and Neal R. Hegarty

97-27 Michiganians' Attitudes toward Drunk Driving Enforcement and Punishment
by Karin E. Stoetzer and Jay A. Siegel

97-26 Children, Youth and Families in Michigan
by Murari Suvedi, Carol Wruble, and June Youatt

97-25 Michigan Families: Perceptions of the Causes of Divorce and Single Parenthood
by Katherine O'Sullivan See and Kathleen Dowley

97-24 Juvenile Crime in Michigan: Evidence and Public Perceptions
by Karin E. Stoetzer and Merry Morash

97-23 Family Ties in Michigan

97-22 Helping Others: A Profile of MI Volunteers
by Marc E. Tomlinson and Mark I. Wilson

97-21 Curbing the Growth of Medicare: Opinions of Michiganians
by Maureen A. Mickus and Andrew J. Hogan

97-20 Attitudes toward Crime and Criminal Justice: What You Find Depends on What You Ask
by Darren W. Davis

97-19 Crime, Jobs, and Medical Care Ranked Top Problems for Michigan Residents
by Diane I. Levande, Margaret Nielsen, Sally Rypkema, and Victor Whiteman

96-18 Michigan Citizens and Non-Violent Offenders: What to Do When Offenders Are Mentally Ill, Mentally Handicapped, or Addicted to Drugs
by Merry Morash

96-17 Environmental Awareness in Michigan
by Eileen O. Van Ravenswaay and Jeffrey R. Blend

96-16 The 1996 Presidential Election in Michigan: An Early Look
by David W. Rohde

96-15 Managed Care in Michigan: Consumer Satisfaction and Concerns in a Changing Health Environment
by Andrew Hogan, John Goddeeris, and David Gift

95-14 Medicare, Medicaid, and the Federal Budget: Public Opinion in Michigan
by John Goddeeris, Andrew Hogan, and David Gift

95-13 Michigan Families and the Work-Family Interface
by Janet Bokemeier, J. M. Lorentzen and Lori Wibert

95-12 The State of MI Families: The Status of Children
by Janet Bokemeier, J. M. Lorentzen and Lori Wibert

95-11 Michigan Residents Support Programs for Mothers in Prison and Their Children
by Merry Morash and Gwen Bramlet

95-10 MI Residents Speak Out About Domestic Violence
by Christina Polsenberg and Cris Sullivan

95-09 Criminal Victimization and Fear of Crime in MI
by Christina Polsenberg

95-08 Crime, Victimization, and Family Violence: Views of Michigan's Older Adults
by Diane I. Levande, Margaret Nielsen, Sally Rypkema, and Victor Whiteman

95-07 Michigan's Families Provide Care for Elderly Relatives
by Diane I. Levande, Margaret Nielsen, Sally Rypkema, and Victor Whiteman

95-06 Older Adults in Michigan: Social Relationship Satisfaction, Financial Outlook, and Services
by Diane I. Levande, Margaret Nielsen, Sally Rypkema, and Victor Whiteman

95-05 Governmental Income Supplements for MI Adults
by Victor Whiteman, Diane I. Levande, Margaret Nielsen, and Sally Rypkema

95-04 The Role of Government and Voluntary Associations in Social Services
by Margaret Nielsen, Diane I. Levande, Sally Rypkema, and Victor Whiteman

95-03 Michigan Residents Express Satisfaction with State Legislature and Legislators
by Carol S. Weissert

95-02 The People of MI and the Contract with America
by David W. Rohde

95-01 Public Colleges and Universities Get High Marks from Michigan Residents
by Brian D. Silver

See Outside Back Cover for Ordering Information

SOSS BULLETINS

No. 1, 1997 Many offer helping hands

No. 5, 1996 Jail for mentally ill offenders?
No. 4, 1996 Clinton posts early lead
No. 3, 1996 Managed care takes hold
No. 2, 1996 Outlook mixed for seniors
No. 1, 1996 Adults live with fear of crime

No. 3, 1995 Wide support for Medicare
No. 2, 1995 Legislature tops Congress
No. 1, 1995 High marks for higher ed

See Briefing Papers listing on inside back cover.

Copies of **STATE *of the* STATE *Survey*** briefing papers are $2 each, including shipping and handling. (Make check payable to Michigan State University.) Bulletins (shorter versions) are free while supplies last, with a $1 total shipping and handling charge. To order, indicate desired paper(s) by number and send with a check and self-addressed mailing label to: Michigan State University, IPPSR, 321 Berkey Hall, Attn: Publications, East Lansing, MI 48824-1111. Questions? Ph: (517) 355-6672