

APPENDIX

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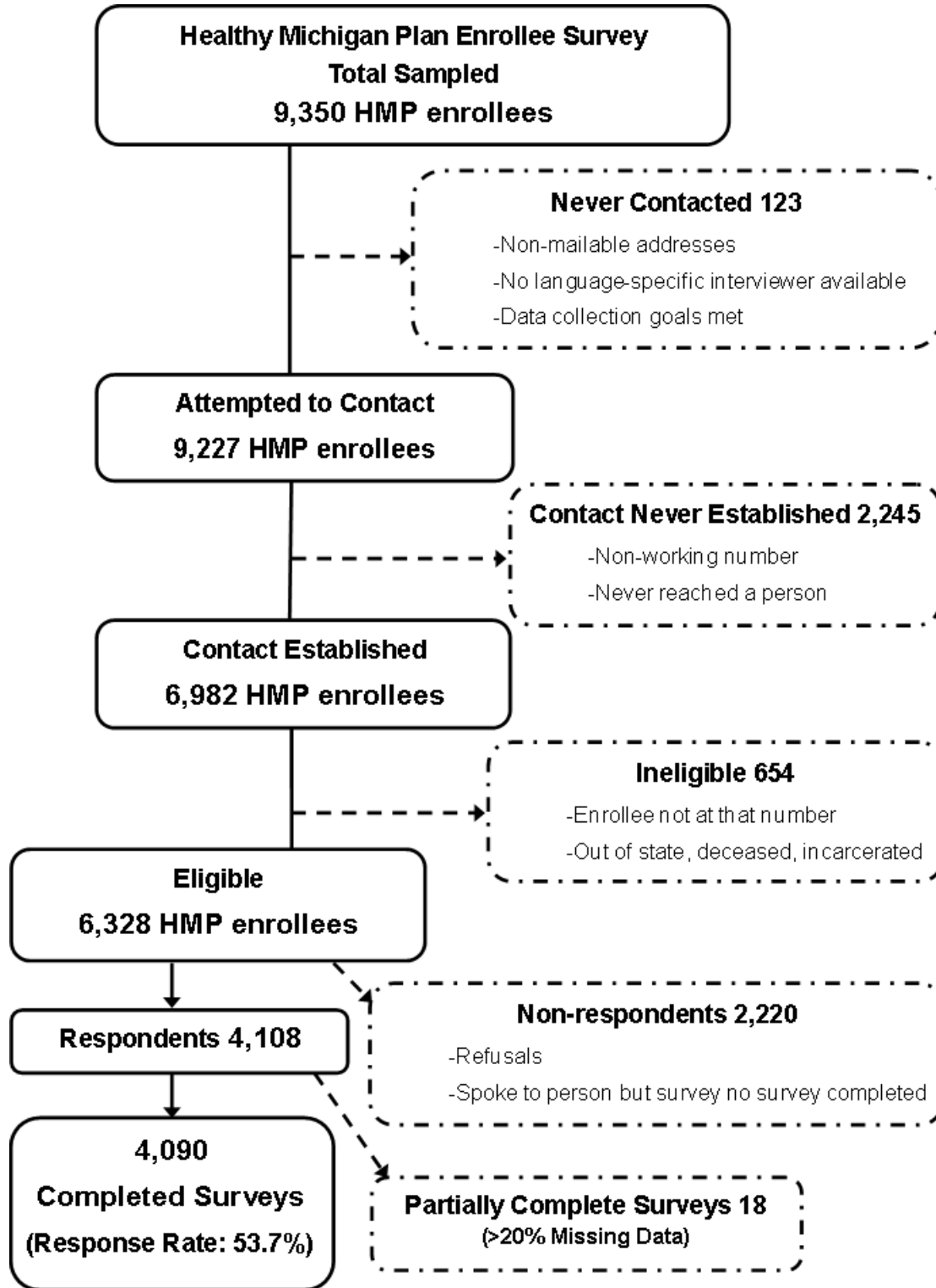
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Appendix Table 1. Healthy Michigan Plan Enrollee Interviewee Characteristics

Interviewee Characteristics*	N=67 n (%)
Age group	
19-34	17 (25)
35-50	15 (22)
51-64	33 (49)
65	2 (3)
Gender	
Male	23 (34)
Female	44 (66)
Race/Ethnicity	
White	34 (51)
African American	24 (36)
Hispanic/Latino	4 (6)
Native American	5 (8)
Income (% of Federal Poverty Level)	
0-35% FPL	25 (37)
36-99% FPL	16 (24)
100-133% FPL	22 (33)
Unknown %FPL	4 (6)
Urban/Rural	
Urban	53 (79)
Rural	14 (21)

*All attributes are based on self-report at the time of the interview; the MDHHS Data Warehouse was used after interviews to confirm income and HMP enrollment.

Appendix Figure 1. Healthy Michigan Plan Enrollee Survey Responses Flowchart



Appendix Table 2. Characteristics of Enrollee Survey Respondents and Nonrespondents

Interviewee Characteristics	Respondents N=4,090 n (%)	Nonrespondents N=2,220 n (%)	p value
Age group			
19-34	31.8	39.7	<0.0001
35-50	31.8	31.4	
51-64	36.4	28.9	
Gender			
Male	41.1	48.3	<0.0001
Female	58.9	51.7	
Income (% of Federal Poverty Level)			
0-35% FPL	39.1	38.5	0.80
36-99% FPL	35.5	36.3	
100-133% FPL	25.4	25.2	
Geographic Region			
Northern Michigan	18.2	17.3	0.0001
Central Michigan	30.9	27.7	
Southern Michigan	20.5	19.1	
Detroit Metro	30.4	35.9	

Appendix Table 3. Employment Status among Healthy Michigan Plan Enrollees, by Health Status and Presence of Chronic Health Condition

Employment Status	Weighted %						
	TOTAL	Health Status			Chronic Health Condition Present		
		Excellent, Very Good, or Good	Fair or Poor	<i>p</i> value	No	Yes	<i>p</i> value
Employed/Self-employed	48.9%	56.1%	32.3%	<0.001	59.8%	44.1%	<0.001
Out of Work	27.6%	26.0%	31.3%		23.3%	29.5%	
Unable to Work	11.2%	4.2%	27.8%		2.2%	15.3%	
Retired	2.5%	2.7%	2.0%		1.8%	2.8%	
Student	5.2%	6.0%	3.3%		8.0%	3.9%	
Homemaker	4.5%	5.0%	3.4%		5.0%	4.3%	

Appendix Methods: Interview Participant Recruitment

Interview participants were recruited through community outreach efforts guided by a statewide community advisory board. We used advertisements in newspaper and online venues such as Craigslist, as well as flyers posted at federally qualified health centers (FQHCs) and other safety net clinics, public libraries, and community-based organizations. We also distributed recruitment materials with community health workers, navigators, certified application counselors and community leaders in our five target geographic regions. A secure toll-free phone number and email address were provided on recruitment materials for interested individuals to voluntarily call and leave a voicemail or e-mail with their contact information. Study team members contacted those who indicated interest to screen them for eligibility.