

Applying a Mixed Method Approach as a Research Tool

**SSRS Combines Qualitative
and Quantitative Research
to Tell a Story and Inform Action**

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Introduction

Mixed method study designs that combine qualitative and quantitative approaches can be a powerful tool in research. Surveys are designed to provide robust estimates of population-level findings but can miss the nuance of personal experience. Qualitative methods like focus groups and in-depth interviews uncover stories, depth, and context, but are typically not designed to produce population estimates. When qualitative and quantitative methods are combined, however, we benefit from both the breadth and depth of measurement that helps us to more fully understand a topic or a population.

These two approaches can work in tandem in a variety of ways. In cases where researchers have well-defined research questions and hypotheses that easily lend themselves to traditional surveys, follow-up qualitative interviews with survey respondents can help us to gather a deeper understanding of the experiences underlying their responses. In other cases, qualitative research helps us learn how to ask about topics and areas of study that are not yet well-defined by previous research, or to help us better understand the cultural nuances of a population before surveying them.

In this whitepaper, we present a case study demonstrating the power of mixed-methods research to tell a story and inform action.

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The Need

[Missouri Foundation for Health \(MFH\)](#), an independent philanthropic foundation, was interested in understanding the effects of medical debt on individuals and families in order to explore potential policy interventions to help Missourians avoid and deal with medical debt. MFH sought to both paint a vivid picture of the profound effects of medical debt on Missourians' lives and to gather statistics that could help them to produce accurate estimates of the prevalence and impact of medical debt.

To meet MFH's goals, SSRS carried out a mixed-mode study: the study began with a series of focus groups that shed light on individual experiences and supported the development of a questionnaire that was fielded in a statewide, representative survey. Together, these two methods produced comprehensive and wide-reaching insights.

Qualitative Phase (Focus Groups)

SSRS began by conducting eight focus groups with Missouri residents. The focus groups were designed to explore the varying impacts of medical debt among different segments of the population. This included low-income Missourians (living below 250% of the federal poverty line) who may struggle to pay regular medical bills, those living in rural areas who may have more difficulty accessing high quality care, individuals with disabilities who may have larger medical needs, and Spanish-speaking communities who may face challenges in advocating for their health needs.

Whether totaling hundreds, thousands, or tens of thousands of dollars, participants across the focus groups conveyed that their medical debt has imposed significant financial burdens on them and their families. Many shared stories of taking on multiple jobs, downsizing living arrangements, postponing retirement, depleting savings, and struggling to meet routine expenses. Furthermore, the detrimental impact on credit scores emerged as a prominent concern, affecting people's ability to secure housing, transportation, and employment opportunities. The repercussions extend beyond financial hardships, with deeply troubling consequences for health and well-being. Participants described the relentless stress of grappling with debt, compounded by aggressive debt collection practices and the shame associated with seeking assistance from friends and family. Several shared that they were forced to forgo or delay necessary medical care to avoid accruing additional debt, while others recounted instances of being coerced into settling debts before receiving essential treatment.

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In exploring potential solutions, participants called for policy interventions aimed at streamlining health care costs, enhancing transparency in pricing, expanding financial assistance programs, and improving insurance coverage while reducing out-of-pocket expenses. Of particular importance were suggestions to provide targeted support for individuals hovering just above the federal poverty line and those grappling with income loss due to disability or unemployment.

Quantitative Phase (Survey)

Informed by the focus groups, seven areas of interest emerged as main topics to be covered in a quantitative survey:



Seven Areas of Interest Emerged as Main Topics

- Prevalence of medical debt and its circumstances
- Impacts of medical debt on personal finances and employment
- Impacts of medical debt on accessing healthcare
- Emotional impact of medical debt
- Impact of medical debt on relationships with family and friends
- Strategies for dealing with medical debt
- Policy solutions to the burdens of medical debt

A Multi-Mode Hybrid Survey:

The survey was fielded online and by phone with a representative sample of more than 2,000 Missourians, including more than 300 Black adults, 130 Hispanic adults, and 650 adults living in rural parts of the state. More than half of the respondents reported having medical debt.¹ Respondents were reached through two probability-based panels, the SSRS Opinion Panel² and the Ipsos Knowledge Panel³, along with a random digit dial sample of prepaid cell phone numbers, and an online opt-in panel.

Final survey data were weighted using SSRS's Hybrid Encipher™ calibration solution⁴ to address issues of selection bias in opt-in samples and were matched to US Census benchmarks to reflect the Missouri adult population on key demographics.

What We Found

Results from the survey echoed the deeply personal experiences that emerged in the focus groups, adding robust results that quantify the challenges of medical debt on a statewide scale. Below, we provide examples from each topical area, showcasing how the focus group and survey data effectively complement each other.

¹ "Recent medical debt" was defined as anyone who currently has or in the past five years has had any medical or dental bills that are past due or that they have been unable to pay; medical or dental bills they are paying off over time directly to a provider; debt they owe to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills; medical or dental bills they have put on a credit card, and they are paying off over time; or debt they owe to a family member or friend for money borrowed to pay medical or dental bills

² <https://ssrs.com/ssrs-solutions/ssrs-opinion-panel/>

³ <https://www.ipsos.com/en-us/solutions/public-affairs/knowledgepanel>

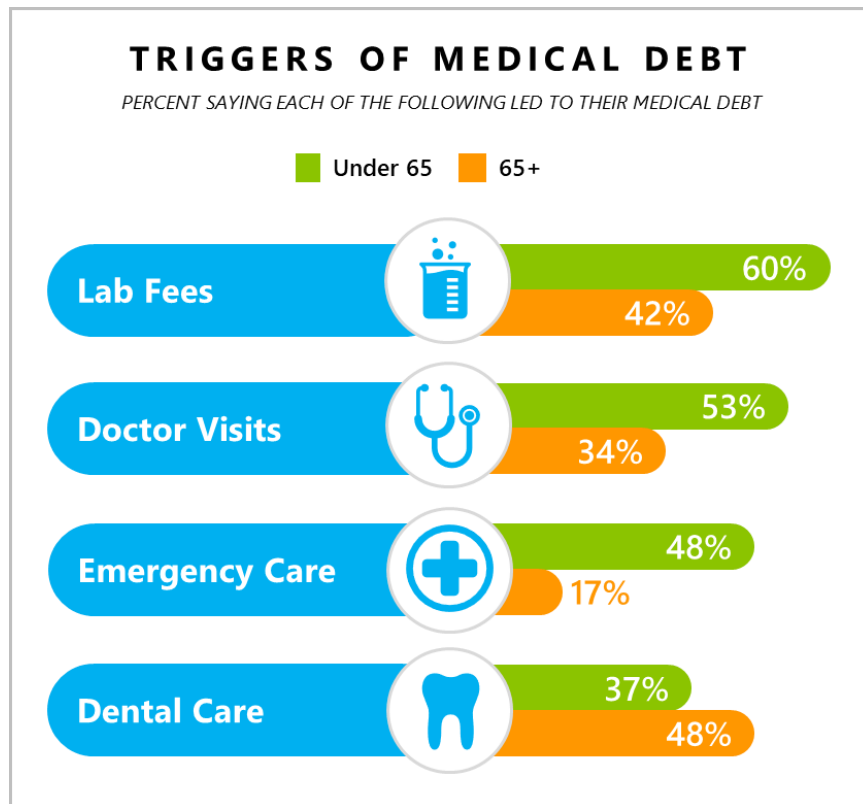
⁴ <https://ssrs.com/ssrs-solutions/encipher/>

Medical Debt Circumstances



It officially started 24 years ago. My medical issues are always emergency problems, that I end up getting hurt, and you go to the ER and you've got ambulance rides and all this stuff. **And it just goes around - you start, and then three years later you're paid off. And then another episode, something happens. It's all unexpected.**

(Rural Male)



I can say that **being a single mother led up to my debt**, helping take care of my child. The debt came for me, though. I was **hospitalized unexpectedly**. **You lose your job, some of the jobs don't want to work with you because you're hospitalized. So that kind of like your financial stability right there** and then if you don't get dropped, the ambulance charge is ridiculous. Honestly, **if you're a middle class or low class, how can you afford \$2,000 a ride in ambulance?"**

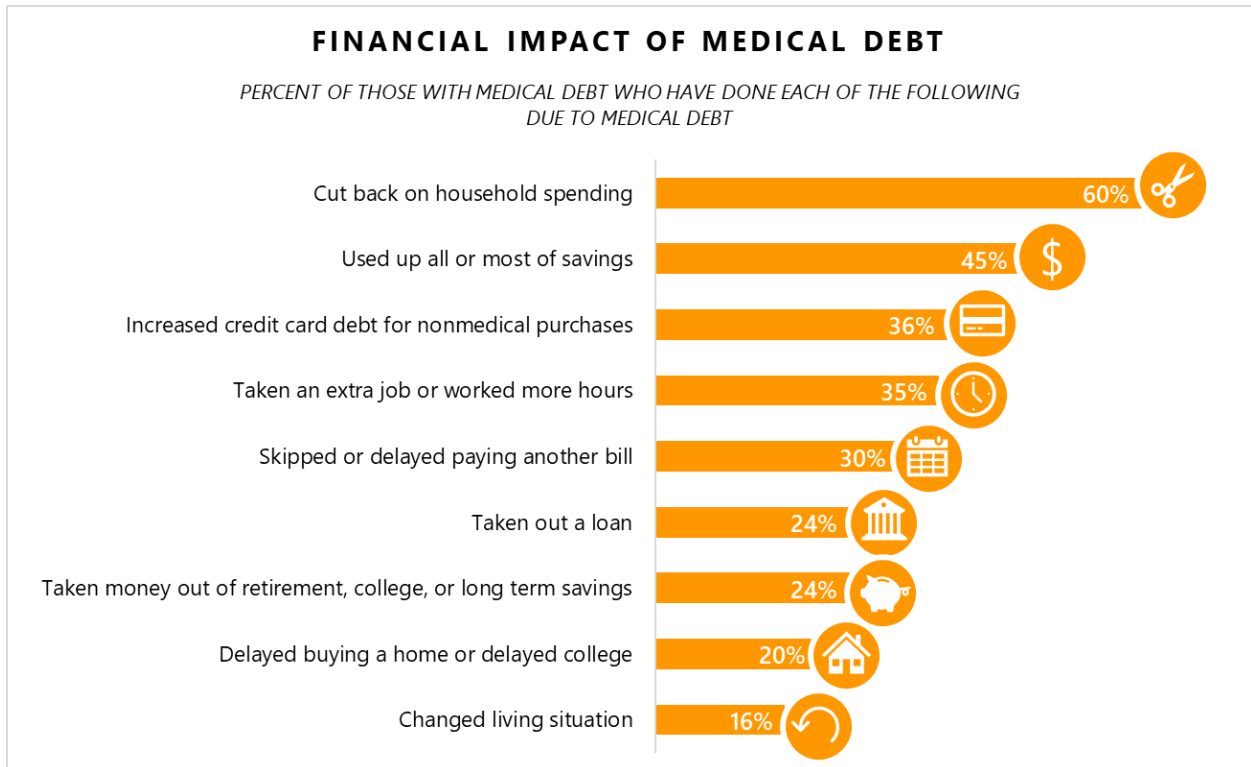
(Low Income Female)

Impact on Personal Finances



Money that you should be putting back for savings, in that rainy day fund, is basically going to those hospital bills. So, when the car breaks down and you don't have that extra money to get it fixed, you've got to pay those bills, and you've still got to pay your actual medical bills."

(Rural Female)



We have many bills to pay aside from rent. I have children, I need to buy food, clothes, I need money if I want to be able to go out to places. So, whenever you have to go to the hospital, those bills pile up on everything else. You need to stop paying for other things to be able to cover those doctor's expenses.

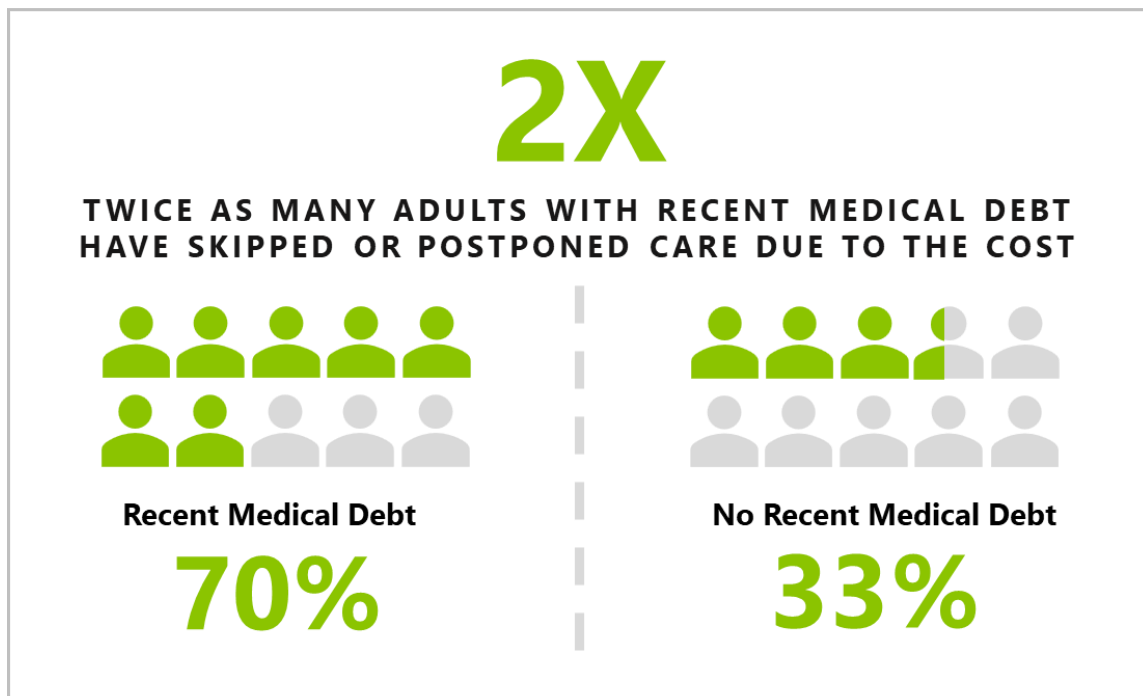
(Spanish-speaking Female)

Impact on Accessing Healthcare



I've delayed the care because of trying to stay out of debt, and then it got to the point where you had no choice, and then it comes full force. Then it's still the same thing...if I go for this or that, then it's just going to add way more debt, and then that's even harder to get out of.

(Rural Male)



Sometimes, I have to go without my diabetic medicine, because it's \$250 every four weeks. So that affects my health, plus I sit and worry about what I'm going to do.

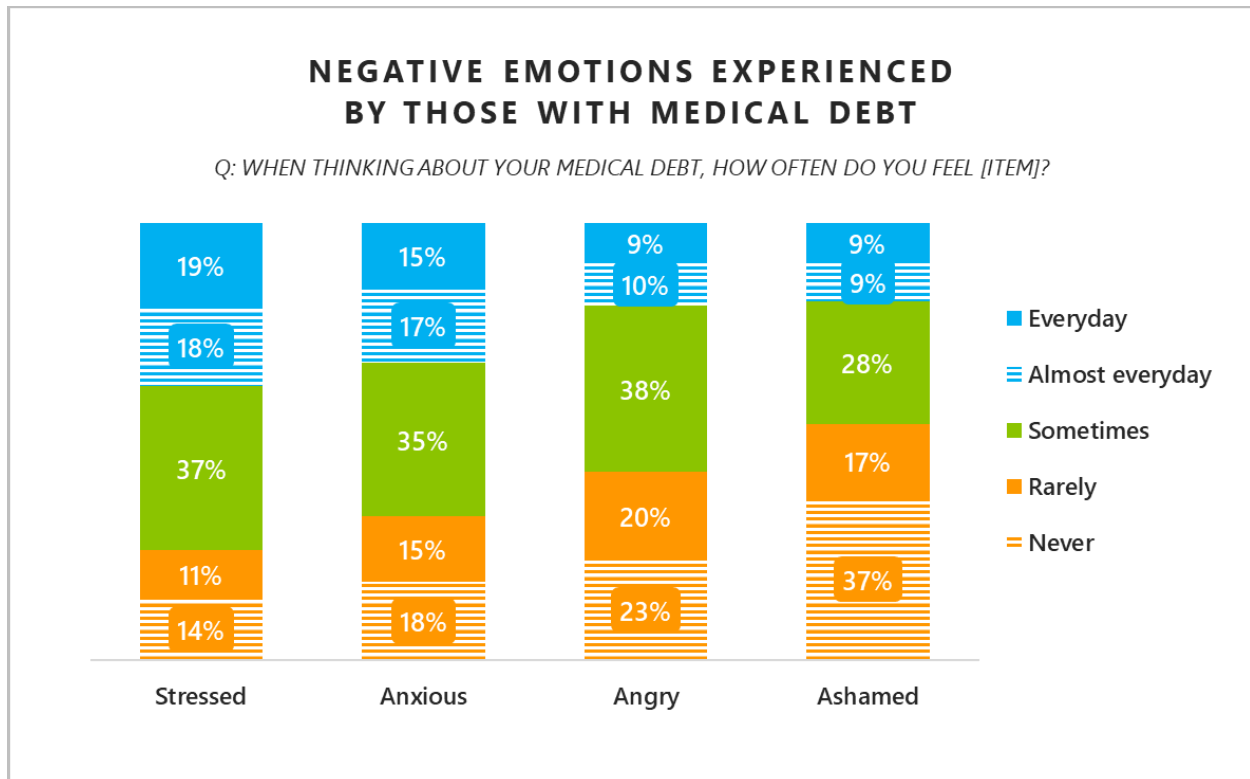
(Female with a Disability)

Emotional Impact of Medical Debt



It's affected me a lot. **It stresses me out a lot. I feel like I'm worthless...I go to therapy now. I feel like I can't take care of myself. I feel terrible.**

(Male with a Disability)



It's still weighing on me emotionally because I know I have this debt and I cannot move further in life. Whether you're going to take care of this or it really weighs a part on you as a person because you really don't know which way to go. You only making a certain amount of money, you have to live a certain way. So mentally, it actually bothers me. **After so many years, I still have this weight on me. Like, how can I get this debt off of me?** How can I get this from affecting my life so much?"

(Low Income Female)

Impact on Relationships with Family and Friends



It does cause marital issues **because we have to have open and honest discussions, and you can become easily frustrated with one another, and it's all about the bills.**

(Rural Male)



FOUR IN TEN ADULTS WITH MEDICAL DEBT SAY IT HAS IMPACTED RELATIONSHIPS WITH FAMILY, FRIENDS, OR SPOUSE/PARTNER

Q: Has medical debt had a major impact, minor impact, or no impact on your relationship with (a) your spouse or partner (b) other family member

37%

Major/Minor impact on relationship with family, friends or spouse/partner



I've had bill collectors call my mother, and try to get money from her, so that just puts stress on her, and she's 87 years old. So then she worries about me. "Do you need money? Do you need food? Do you need this?" It's terrible.

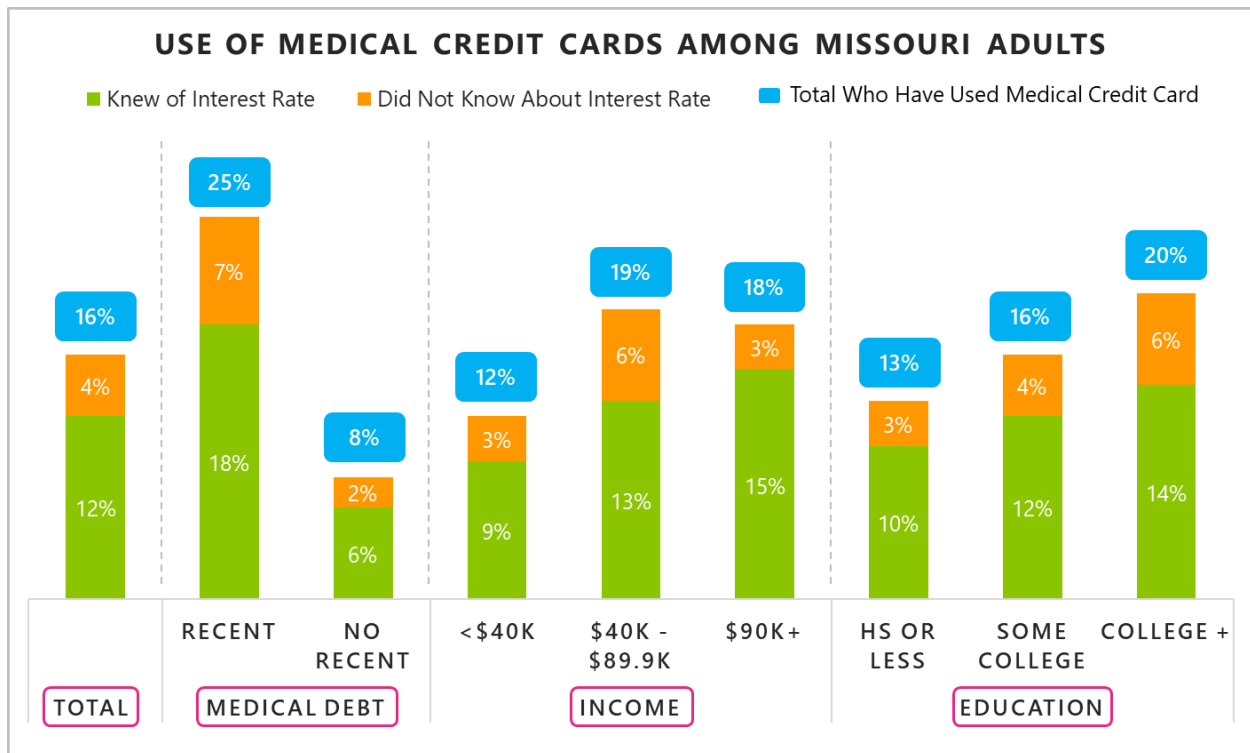
(Female with a Disability)

Strategies for Dealing with Medical Debt



Currently, I'm running a balance on a CareCredit card. I've been affected with the CareCredit payment, which obviously adds a ton of interest on there.

(Rural Male)



[In comparing Care Credit functionality to a credit card] each company can negotiate the terms, so you have to check because not everybody negotiates good terms."

(Female with a Disability)

Policies for Addressing Medical Debt



For me to go into the emergency room and come out owing [thousands], that's just ridiculous. **I think there needs to be some guidelines.** And bad as I would hate for the government to get involved, there needs to be a watchdog on some of this stuff.

(Rural Male)

STRONG SUPPORT FOR VARIOUS POLICIES THAT WOULD PREVENT OR ADDRESS MEDICAL DEBT

PERCENT WHO WOULD SUPPORT EACH POLICY PROPOSAL

 **94%**

Prohibiting or limiting when medical providers can sell medical debt to third parties or collection agencies

 **94%**

Prohibiting medical providers from denying medical care due to outstanding medical bills

 **88%**

Prohibiting medical providers or collection agencies from placing a lien or foreclosing on a home due to outstanding medical bills

 **85%**

Requiring all medical providers to use the same form and criteria for their financial assistance programs

 **83%**

Limiting the amount hospitals can charge for certain services, treatments, and procedures

 **82%**

Requiring medical providers and hospitals to provide information about available discounts and charity care with all medical bills

 **75%**

Requiring hospitals to make pricing for services, treatments, and procedures publicly available



I think they should establish fixed prices - regardless of your insurance status- for each test and study. If they had fixed prices, then people would know how much they need to pay, regardless of their insurance.

(Spanish-speaking Female)

Conclusion

Through this mixed method approach, SSRS helped MFH to gather a full understanding of the profound impact of medical debt on people's lives. The survey provided statistical evidence on the scope and impact of medical debt, both statewide and among specific segments of Missourians. The focus groups elicited actual stories and narratives of how medical debt has affected people's lives, especially among population segments that tend to be more deeply affected by medical debt and whose voices are often not fully represented in surveys. Put together, this study demonstrates the power of mixed methods research in holistically understanding social phenomena and the findings illustrate how individual stories bring statistical data to life.



**Forward thinking
research.**

About SSRS

SSRS is breaking the mold on what research companies can do. A full-service market and survey research firm, we use the latest data collection best practices and apply cutting-edge survey methodologies backed by insight from our industry-leading team. We have genuine enthusiasm for our work and a shared goal to connect people through research.

Our solutions include groundbreaking approaches fit for purpose: the [SSRS Opinion Panel](#), [Encipher®](#), [SSRS Virtual Insights](#), the [SSRS Text Message panel](#), and more. Our research areas focus on Health Care and Health Policy, Public Opinion and Policy, Political and Election Polling, Consumer and Lifestyle, and Sports and Entertainment.

Visit www.ssrs.com to learn more about how we can work together.