THE ADULT WORKING-AGE POPULATION

IN THE JPS HEALTH NETWORK IN

TARRANT COUNTY, TEXAS:

A REPORT SUBMITTED TO THE JPS HEALTH NETWORK ADMINISTRATION

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Introduction

This report summarizes the results of a survey of adult, working-aged patients in a large, urban, tax-supported county healthcare system, consisting of an inpatient hospital facility and eight community health centers. The major objectives of this research project were to assess the patients' access to healthcare, factors affecting their access, and their health status. The system was the John Peter Smith (JPS) Health Network in Tarrant County, Texas.

In this introductory section, we will first briefly describe the healthcare delivery system for the uninsured and/or indigent population in Texas in general, and in Tarrant County specifically. Next we will outline the methodology used in a telephone survey of the adult patients in the JPS system. In sections that follow in the appended material, we will summarize the highlights of the descriptive analysis of the data from this phase of this project in a narrative, followed by presentation of complete descriptive tables and graphs.

Background

The State of Texas ranks high among states in the percent of the population that is uninsured. In the annual AARP (2002) comparison of states on major indicators of health and access to healthcare in 2001, Texas ranked second in the nation on the percent of the population under 65 years of age that is uninsured, at nearly 27 percent of the population. Among whites, 14.6 percent of the population is uninsured -- the tenth highest percent in the nation -- compared to 34.8 percent of the minority population, the fourth highest percent nationally. Texas ranks third in the nation in the percent of full-time workers who are uninsured, at 20 percent, and is 46th in the percent of the under 65 population with employer-provided health insurance -- 58.2 percent. Among workers in small firms employing fewer than 25 workers, 37.9 percent of the employees are uninsured. The Texas Health Policy Institute's Landscape Project (2002) summarizes the major health indicators in all Texas counties. The THPI reports that 23 percent of the population aged 19 to 64 in Tarrant County was uninsured in 1999, representing nearly a quarter of a million people. Lack of insurance limits access to physicians (AARP, 2002). In 2000, 15.5 percent of Texans reported that they had not visited a physician in the past year due to cost -- a figure 50 percent higher for Texas than for the U.S. as a whole (9.9%). Texas ranks 46th in the nation in the percent of women who get prenatal care in the first trimester (only 79.3 percent), and 47th in the percent of women over the age of 50 who get mammograms (74.1). Lack of healthcare access results in poor health outcomes for Texas in general. In 2000, 20.2 percent of adults in Texas reported that their health was only fair or poor, the third highest in the nation.

The provision of health care for the poor and uninsured has historically been primarily the responsibility of counties in Texas. Only 32.4% of residents with incomes below the federally defined poverty level are covered by the state Medicaid program. The counties have their own systems for providing medical assistance the poor and/or uninsured county residents (Fenz, 2000). There are three basic ways counties provide this protection: (1) by creating a hospital district (HD) that can levy taxes to provide

hospitals and programs for indigents; (2) by operating a public hospital (PH); and (3) by creating a county indigent health care program (CIHCP). The CIHCP plans are generally the weakest of the three alternatives for indigent care, while the Hospital District and Public Hospital plans are stronger because they fund providers (hospitals), and are more likely to have sliding scale fees for people with low incomes, as well as a legislated mission to serve the poor. Tarrant County has established a hospital district that provides tax support to JPS Hospital, as well as to a system of eight community health centers that are geographically dispersed throughout the urban areas of the county.

Under current Texas law, a person who is "indigent," and, therefore, eligible for free care from the county may have income no higher than 25% of the federally defined poverty level and no more than $1500 in assets, such as a car (Fenz, 2000). For a single person, that is about $2088 a year, or $174 a month income -- a figure that is about 17 percent of the federal poverty guidelines. Tarrant County provides more than this minimum coverage for uninsured people who are legal residents of the United States and of Tarrant County. The Tarrant County Board of Managers uses family size, income, and federal poverty guidelines to determine the amount of money patients must pay for care they receive in the JPS system. Patients with incomes below 133 percent of poverty have the lowest co-payment requirements, followed by patients with incomes between 134 and 200 percent of poverty. Patients with incomes greater than 200 percent of poverty must pay full price for the services they receive. For patients who receive county-subsidized care, co-payments for office visits range from $5-$10; for urgent care visits, $10-$20; for emergency care $15-$30 a visit; and $50-$100 per hospital stay for room, meals, and general nursing care.

Methodology

This project involved three phases of data collection: (1) a telephone survey of a random sample of 2000+ patients in the JPS Health Network in Fall 2000; (2) focus groups with patients in clinic and hospital settings in Spring 2001; and (3) in-depth interviews with a sample of patients in Summer 2002. This report includes descriptive data from the telephone survey. The researchers included an interdisciplinary team of faculty from three educational institutions in the north Texas area: University of North Texas in Denton; School of Public Health, University of North Texas Health Science Center in Fort Worth; and University of Texas Southwestern Medical Center in Dallas and JPS Health Network in Fort Worth. All research in all three phases of data collection was approved by the institutional review boards at all institutions. The research was funded by a grant from the Texas Higher Education Coordinating Board under the Advanced Research Program.

The telephone interviews were conducted in Fall 2000 with a random sample of 2034 patients in the JPS system who were among 10,000 seen in the JPS Health Network in July and August of 2000. Patients were between the ages of 18 and 60 at the time of the interview. Patients drawn in the sample were notified in early Fall 2000 that they had been selected to participate in a telephone interview with JPS patients to learn more about healthcare needs and experiences of adult patients in Tarrant County. Interviews took

approximately 20 minutes to complete. Interviews were conducted in English, Spanish, and Vietnamese. The Survey Research Center at the University of North Texas conducted the interviews using the Computer Assisted Telephone Interviewing program (CATI) in the telephone lab located on the UNT-Denton campus. Persons selected for the sample were telephoned five times on different days of the week and at different times of day. After five unsuccessful attempts, names were dropped from the sample. Because there were so few Asians in the sample, all people in the sampling list whose names were determined to be Asian were called to try to increase the representativeness of this very small subpopulation of patients. When patients were called they were again informed of the nature of the study and of their rights to confidentiality and voluntary participation in the interview. The interview proceeded if the patient gave verbal agreement to continue.

The questionnaire was constructed by the researchers using a combination of items taken from national surveys of access to healthcare services, and of factors related to access. Use of standard items makes comparisons of the Tarrant County with national data easier. Where necessary, the researchers developed unique questions to capture the experiences of patients in the JPS system. A copy of the questionnaire is included in the appended materials for the reader's information.

Data Analysis

Data analysis was conducted using the Statistical Package in the Social Sciences. In this report, only descriptive statistics are reported for the full sample. Controls are introduced for race and ethnic identification and for gender in most cases. In some cases, controls are also introduced for age. The race and ethnic identification categories that were included were (1) non-Hispanic whites, or Anglos; (2) African Americans; (3) Hispanic Americans; (4) Hispanic immigrants; (5) Asian and Pacific Islanders; and (6) American Indians. In this analysis, we focus on the first four groups because we have the largest number of cases for these four groups. In the case of the Asian/Pacific Islanders, and the American Indians, there are few cases. Descriptive information is provided for these groups for the reader's information. However, because of the small numbers in these two groups, we do not always discuss them, to avoid making misleading generalizations.

The only descriptive statistics provided are the frequencies and the percent distributions of the cases. Although the sample was randomly selected from the population of patients in the JPS Health Network, the necessity of using a telephone survey inevitably means that some people were missed. The patient population at JPS is characteristic of low-income urban populations seen in safety-net healthcare providers. Safety-net providers report difficulties contacting patients by phone. Many do not have telephones of their own and use telephones of friends, relatives, landlords, employers, or others. Even if the patient has a legitimate telephone when they are seen by a provider, phone numbers change often among some in the population because of high residential mobility and/or difficulty paying phone bills. Thus, in order not to be misleading in this descriptive report, no statistics are provided regarding the generalizability of the findings to the population as a whole. Having said that, let us emphasize that (1) our list of patients

from which the sample was selected was large and included all patients seen in the system for two months prior to the telephone interview; (2) the sample was selected within one month of the time the telephone interviews were begun; and (3) the Survey Research Center made conscientious attempts to contact patients selected. We believe that is as good and representative a sample as it is possible to collect within the financial constraints of the project.

Summaries Descriptions of Findings

In the appendices which follow, the descriptive data for this project are summarized by major topic area. These areas include (1) the demographic, social, and economic characteristics of the sample; (2) the reported health status of patients; (3) reported insurance coverage; (4) the patient's reports of having a usual source of care and their evaluation of the adequacy of that source of care; (5) the patients' reported use of physicians, emergency departments, and hospitals in the past year; (6) the patients' experiences with unmet healthcare needs in the past year; (7) the unmet need for prescription medicines in the past year; (8) patients' reports of access to dental care in the past; (9) difficulties patients have encountered with use of language interpreters, special medical equipment, special therapies, and bureaucratic red-tape; (10) barriers patients have experienced in getting health care, including transportation and financial problems; (11) the effect of employment of the patients and their families on their access to healthcare; and (12) access of the women in the sample to women's health services.

References

AARP. (2001). ***Reforming the Health Care System: State Profiles 2001.*** Washington, D.C.: AARP Public Policy Institute.

Texas Health Policy Institute. (2002). ***Landscape Project 2002.*** Austin, TX: www.thehealthpolicyinstitute.org.

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1. DEMOGRAPHIC, SOCIAL, AND ECONOMIC CHARACTERISTICS

Age: Tables 1-3. Of the 2017 JPS Health Network patients who were interviewed in Fall 2000, one-third were 29 years of age or less, 27.8 percent were 30-39 years, 20.0 percent were 40-49 years, and 17.0 percent were 50-60 years. Female patients were somewhat younger than the male patients.

Sex: Table 4. Two-thirds of the patients interviewed were female and one-third were male.

Race/Ethnicity: Table 5; Figure 2. Forty percent of the patients were Anglo. Nearly one-fourth (24.1 percent) were African American. Nearly one-third of the patients were Hispanic: 18.8 percent were Hispanic immigrants, and 13.3 percent were Hispanic Americans. Of the remainder, 2.8 percent were Asian or Pacific Islander and 1.3 percent were American Indian. There were more females than males in all race/ethnic groups.

Language: Tables 6a-6d; Figures 3-8. The majority, 85.4 percent, report that English is spoken in their homes, while only 14.6 percent report that English is not spoken in their homes. Spanish is the most common non-English language spoken in the home. Nearly one-third (32.0 percent) of patients report that Spanish is spoken in their home, 2.3 percent report that Vietnamese is spoken and 5.3 percent report that some other language is spoken. Nearly 60 percent of Hispanic immigrants and nearly 40 percent of Asian and Pacific Islanders report that no English is spoken in their homes.

Marital Status: Tables 7-8; Figure 9. Forty-five percent of the patients report that they are currently married and living with a spouse. Percents are very similar for women and men. Hispanic immigrants are most likely to report that they are married and living with a spouse (approximately 70 percent), followed by Hispanic Americans (approximately 50 percent of women and forty percent of men), Anglos (about 40 percent), and African Americans (about 25 percent of women and 30 percent of men). Among the small number of Asian and Pacific Islanders and American Indians, marriage rates are also quite high, nearly as high for Hispanic immigrants.

Employment: Tables 9-12; Figures 11-13. The majority of the women and the men have at least one job where they work for pay -- 52 percent of the women and 69 percent of the men. Employment is similar among the four major race and ethnic groups for the men. Among the men, Hispanic immigrants are most likely to report having a job currently, followed by Anglos and Hispanic Americans, with African American men least likely to have a job. About 55 percent of Asian and Pacific Islander men and only about 35 percent of American Indian men report currently having a job. Among the women, close to sixty percent of the Anglos, African Americans, and Hispanic Americans have paying jobs, but only about one-third of Hispanic immigrants report having a job. Nearly 70 percent of Asian and Pacific Islander women report having a job and only one-third of American Indian women. Most women (85 percent) and men (76 percent) work for someone else. Men are more likely than women to be self-employed.

Citizenship: Tables 13-15; Figures 14-19. Three-fourths of the patients interviewed were born in the United States. Of those patients not born in the U.S., 23 percent have been in the U.S. three years or less, while 21 percent have been here 20 years or longer. Twenty-one percent of those not born in the U.S. are currently U.S. citizens and 19 percent are in the process of applying for citizenship. Less than five percent report that they prefer to remain citizens of their own country. The remaining 55 percent report that they are not yet qualified to apply for citizenship or need to establish permanent residency first. Hispanic immigrants, and Asian and Pacific Islanders were most likely to have not been born in the U.S.

Hours of Work a Week: Tables 16-17; Figures 20-23. The majority of the patients who currently report having a paying job report that they work more than 20 hours a week. Nearly 28 percent work 20-37 hours a week, 41 percent work 38-44 hours a week, while nearly one-fourth -- report that they work 46-96 hours a week. The men report working more hours than the women, with 38 percent of the men reporting that they work 45-96 hours a week compared to 16 percent of the women.

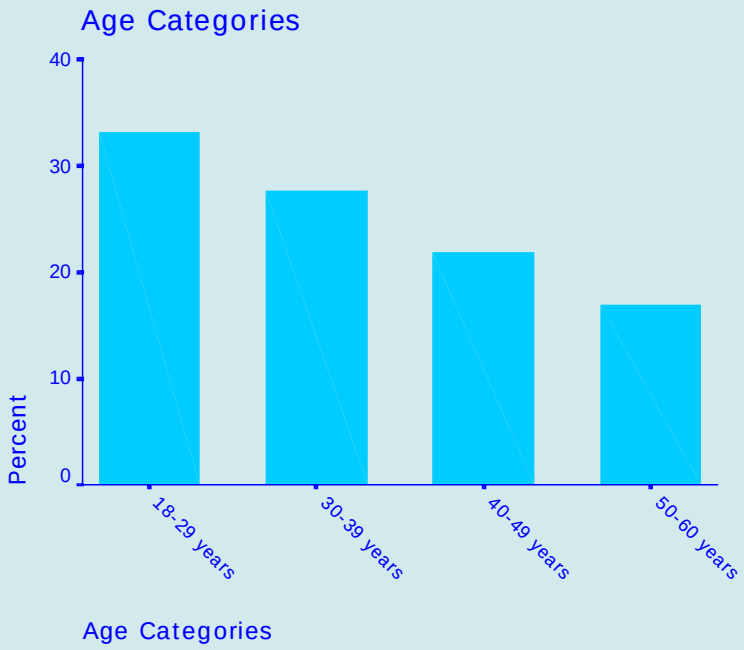
DEMOGRAPHIC, SOCIAL AND ECONOMIC CHARACTERISTICS

JPS

Health Network Sample

2000

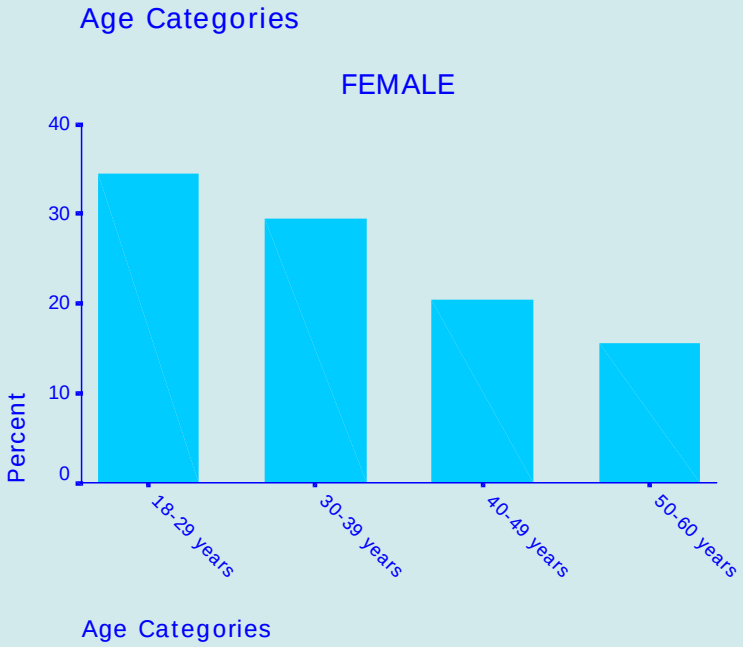
Table 1. Age Frequencies and Barchart for Total Sample



Age Categories

Age	Percent	Frequency
18-29 years	33.3	671
30-39 years	27.8	560
40-49 years	22.0	443
50-60 years	17.0	343
Total	100.0	2017

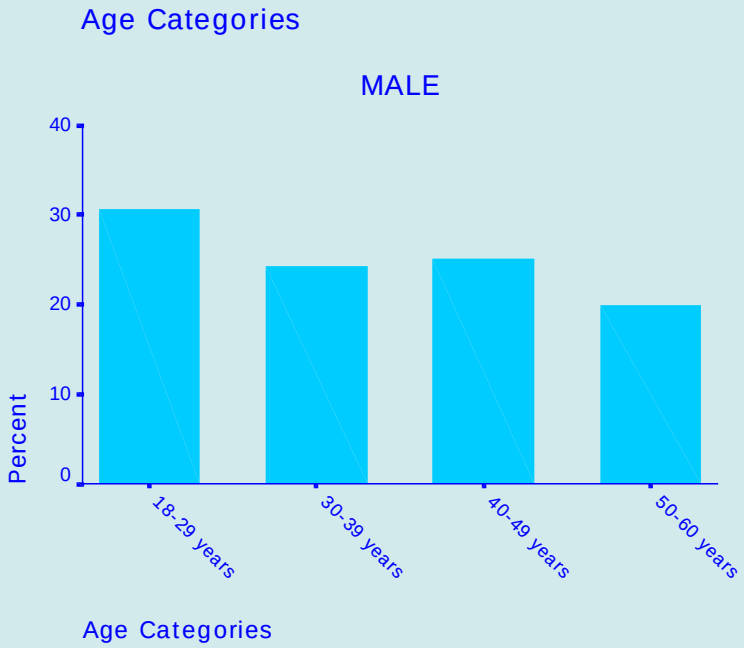
Table 2. Age Frequencies and Barchart for Women



Age Categories

Age	Percent	Frequency
18-29 years	34.5	473
30-39 years	29.4	404
40-49 years	20.5	281
50-60 years	15.6	214
Total	100.0	1372

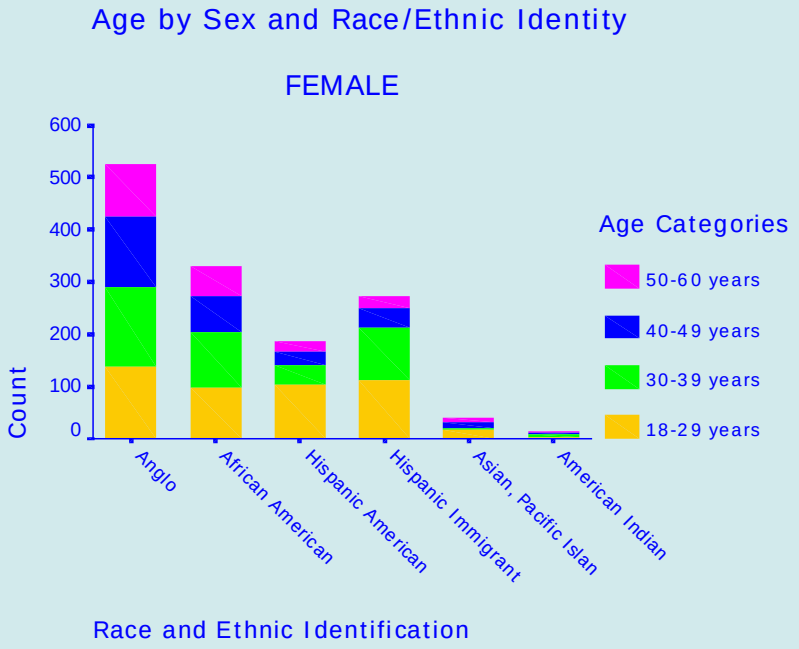
Table 3. Age Frequencies and Barchart for Men



Age Categories

Age	Percent	Frequency
18-29 years	30.7	198
30-39 years	24.2	156
40-49 years	25.1	162
50-60 years	20.0	129
Total	100.0	645

Figure 1. Barchart of Age Frequencies By Sex and Race/Ethnicity



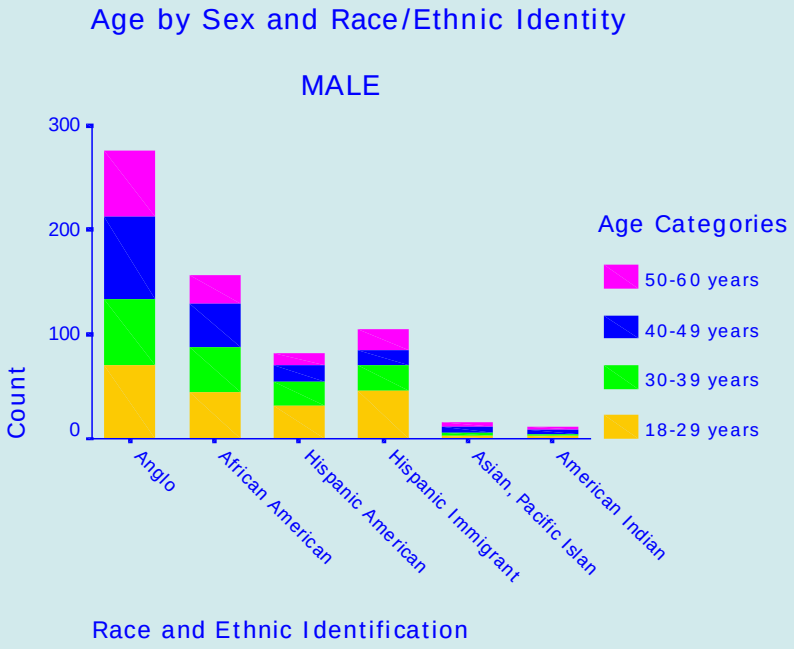
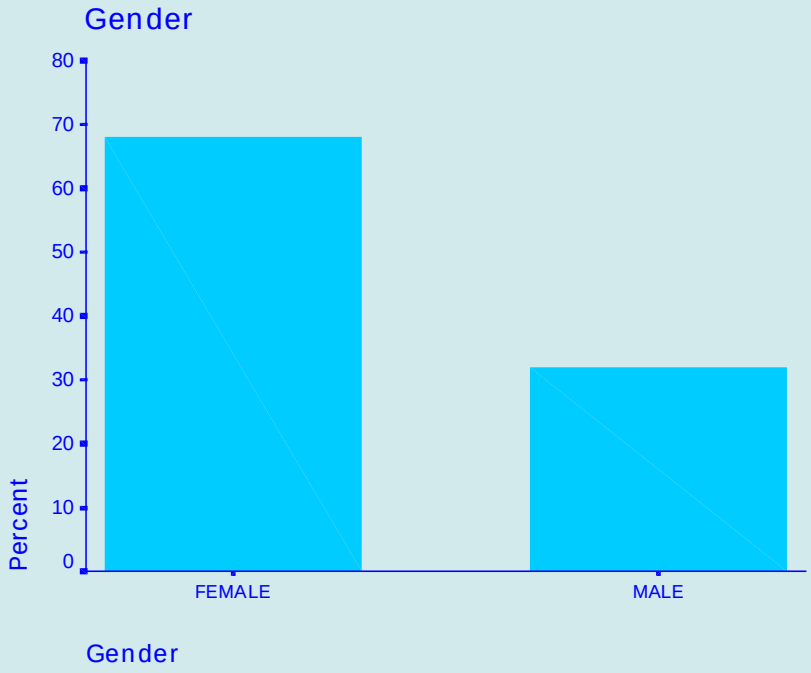


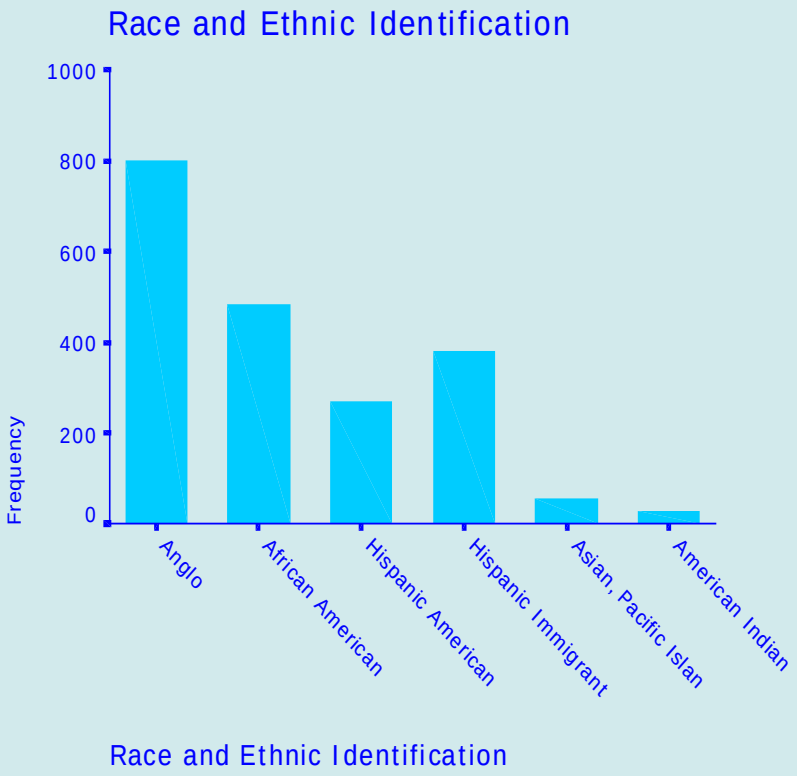
Table 4. Frequencies and Barchart for Sex for Total Sample



Gender

	Percent	Frequency
Female	67.9	1382
Male	32.1	652
Total	100.0	2034
System Missing	0.0	1
Total		2035

Table 5. Frequencies and Barchart for Race and Ethnic Identification for Total Sample



Race and Ethnic Identification		
	Percent	Frequency
Anglo	39.7	801
African American	24.1	486
Hispanic American	13.3	268
Hispanic Immigrant	18.8	379
Asian, Pacific Islander	2.8	57
American Indian	1.3	26
Total	100.0	2017
System Missing	0.9	18
Total		2035

Figure 2. Barchart of Sex by Race/Ethnicity

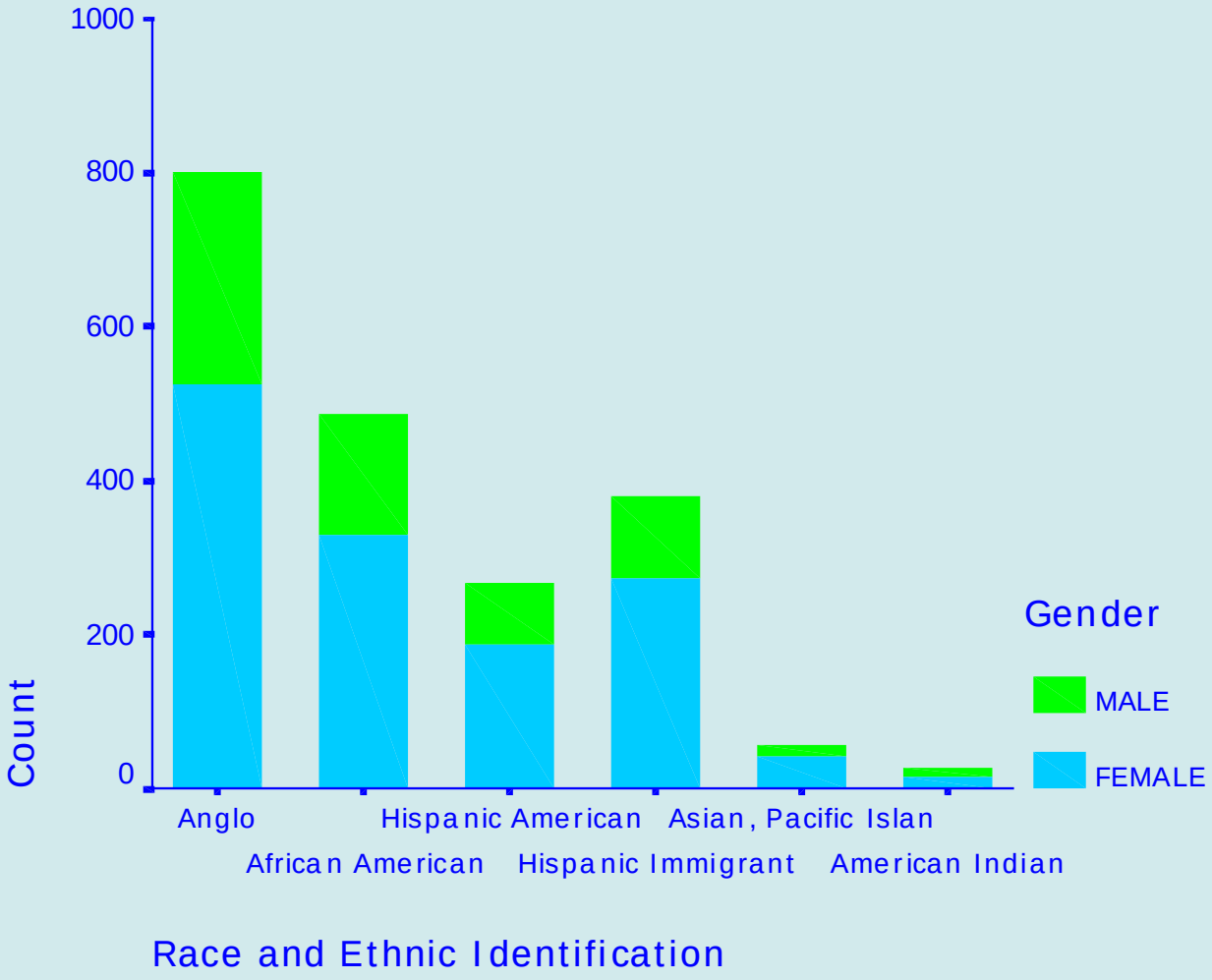


Table 6a. Frequencies for Respondents Who Speak English in their Homes

English Spoken in Home

	Percent	Frequency
English Spoken in Home	85.4	1723
English Not Spoken in Home	14.6	294
Total	100.0	2017

Table 6b. Frequencies for Respondents Who Speak Spanish in their Homes

Spanish Spoken in Home

	Percent	Frequency
Spanish Spoken in Home	32.0	645
Spanish Not Spoken in Home	68.0	1369
Total	100.0	2014

Table 6c. Frequencies for Respondents Who Speak Vietnamese in their Homes

Vietnamese Spoken in Home

	Percent	Frequency
Vietnamese Spoken in Home	2.3	46
Vietnamese Not Spoken in Home	97.7	1971
Total	100.0	2017

Table 6d. Frequencies for Respondents Who Speak Other Language in their Homes

Other Language Spoken in Home

	Percent	Frequency
Other Language Spoken in Home	5.3	107
Other Language Not Spoken in Home	94.7	1910
Total	100.0	2017

Figure 3a. Barchart for Respondents Who Speak English in their Homes

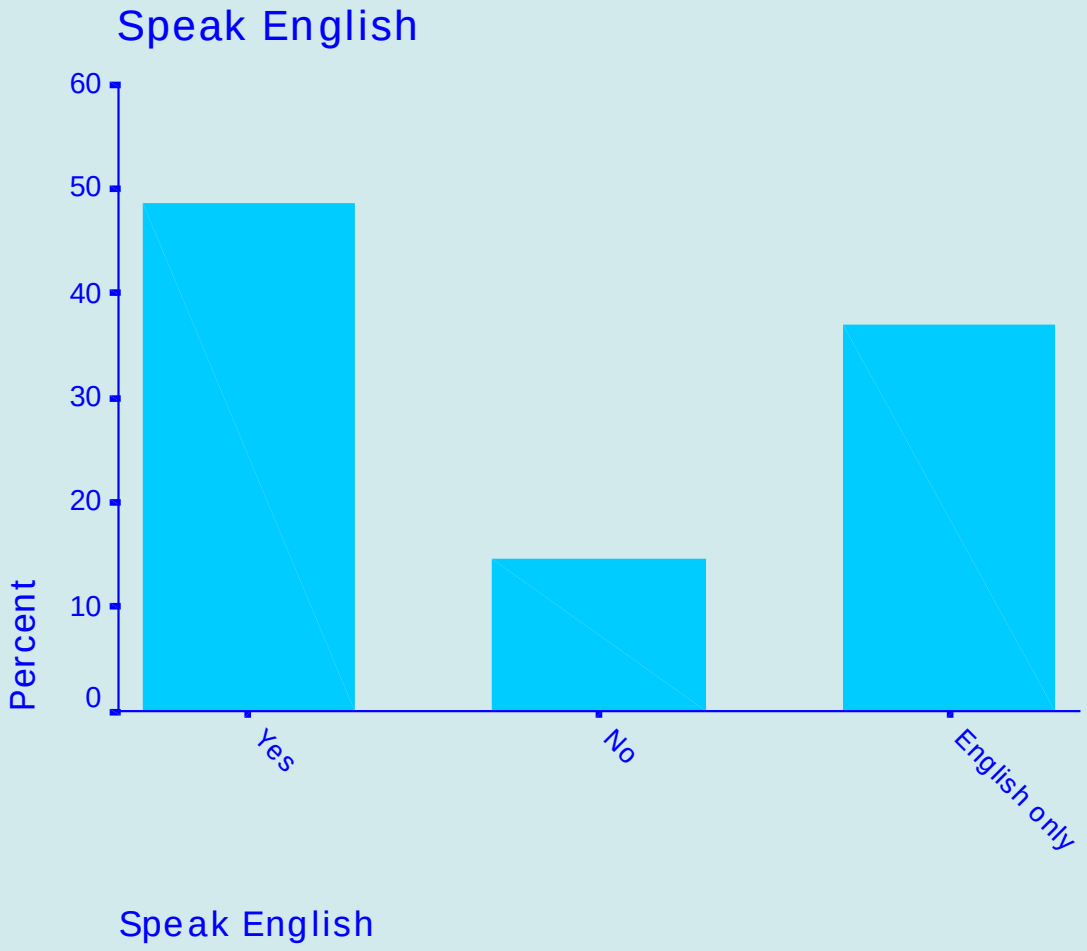


Figure 3b. Barchart for Respondents Who Speak Spanish in their Homes

Figure 3c. Barchart for Respondents Who Speak Vietnamese in their Homes

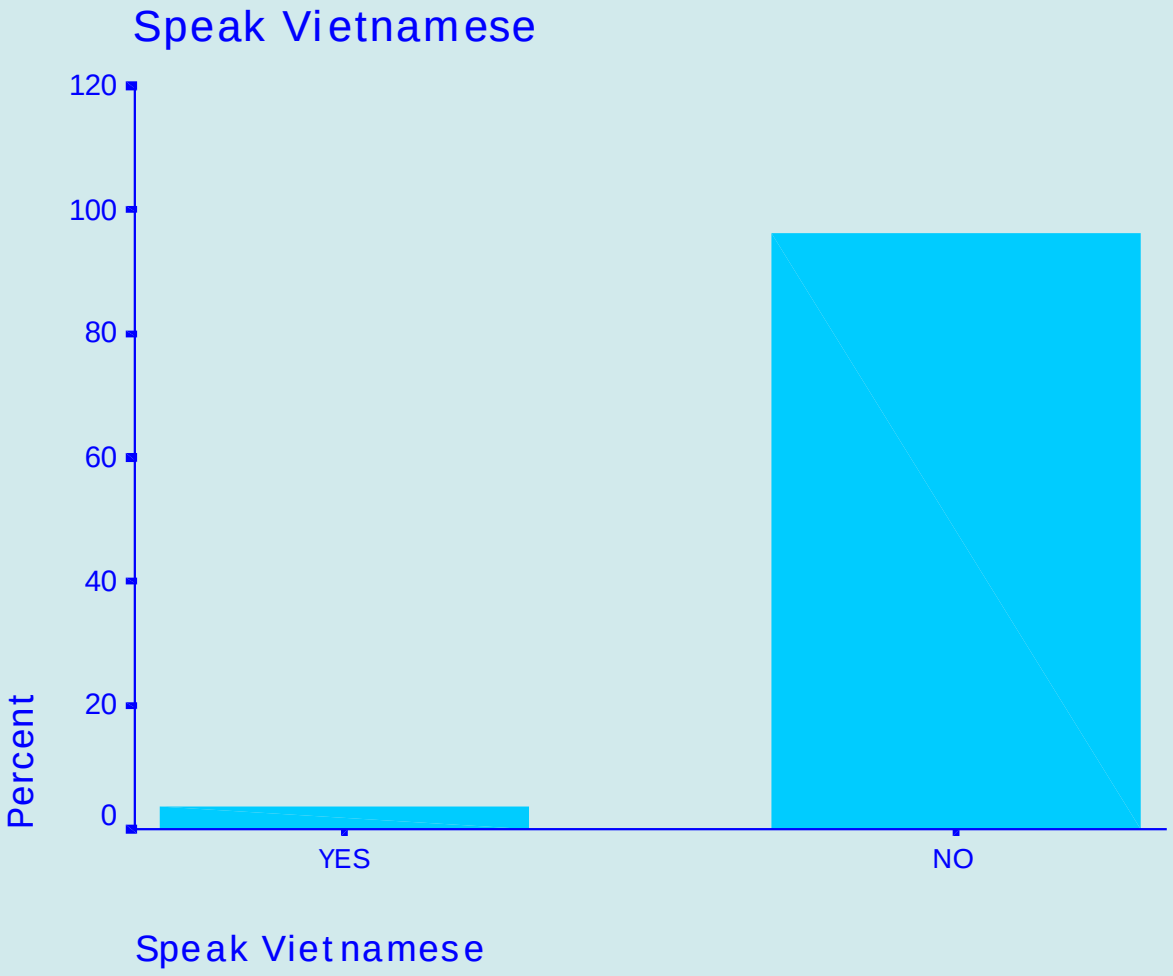


Figure 3d. Barchart for Respondents Who Speak Another Language in their Homes

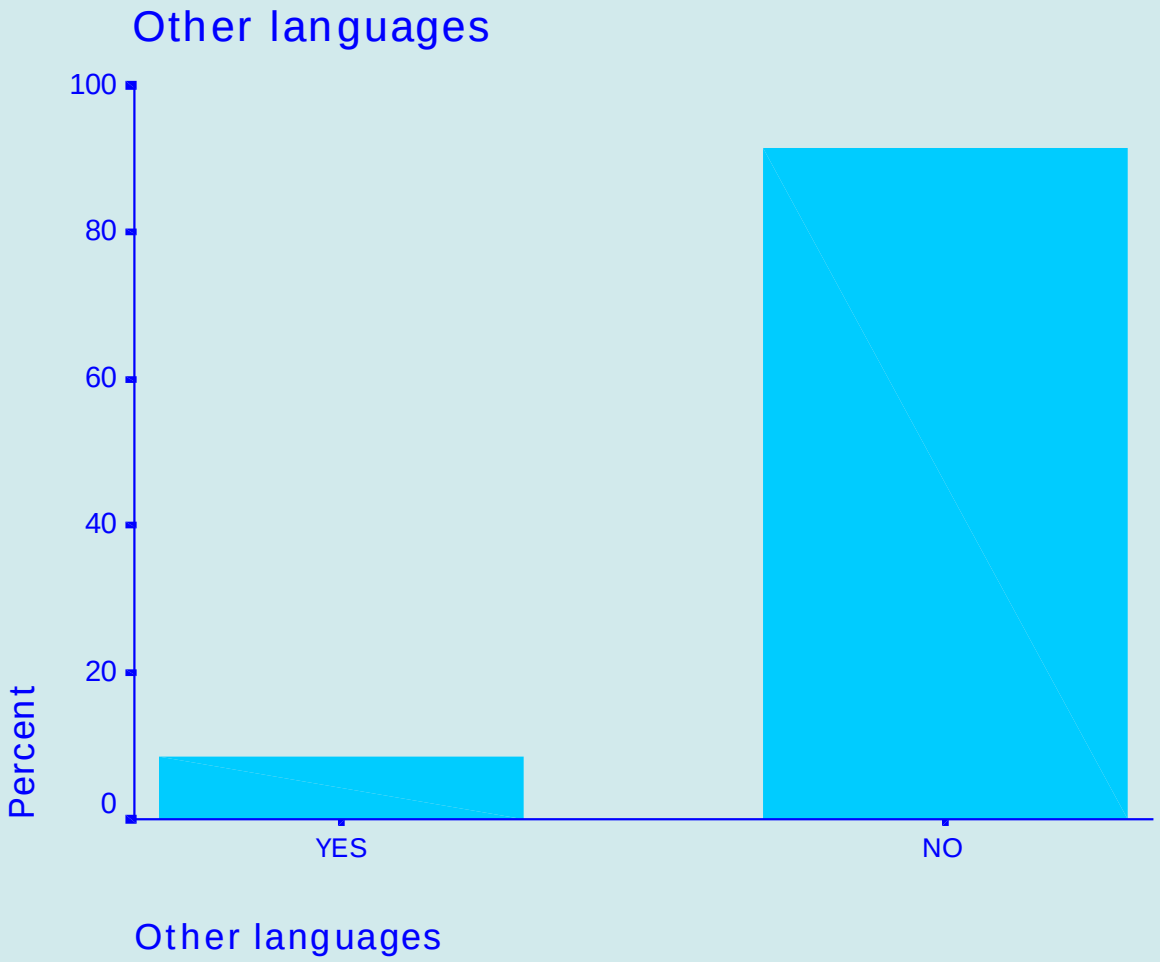


Figure 4. Barchart of Percent of Respondents Who Speak Only English in Home by Race and Ethnic Identification

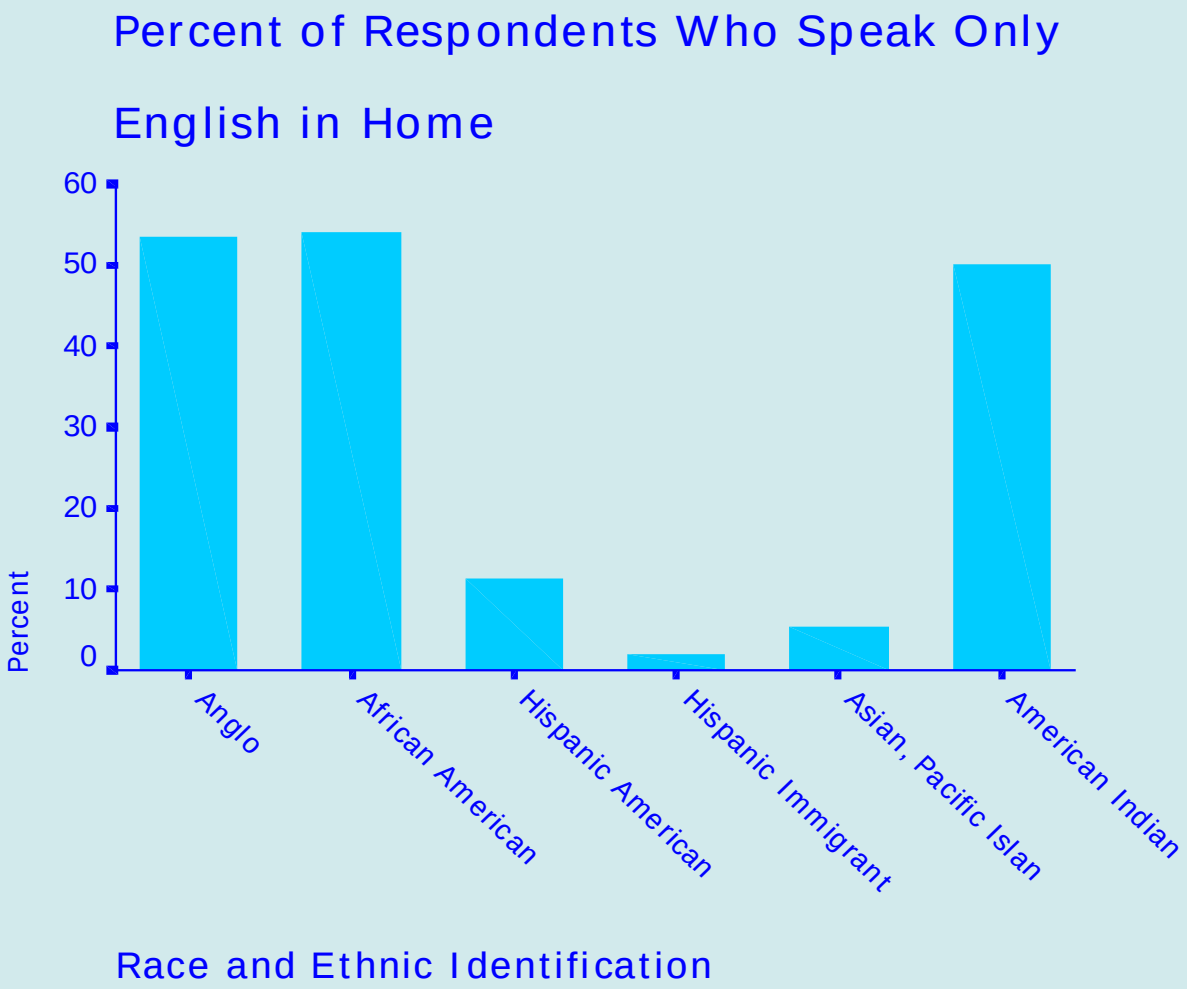


Figure 5. Barchart of Percent of Respondents Who Speak Any English in Home by Race and Ethnic Identification

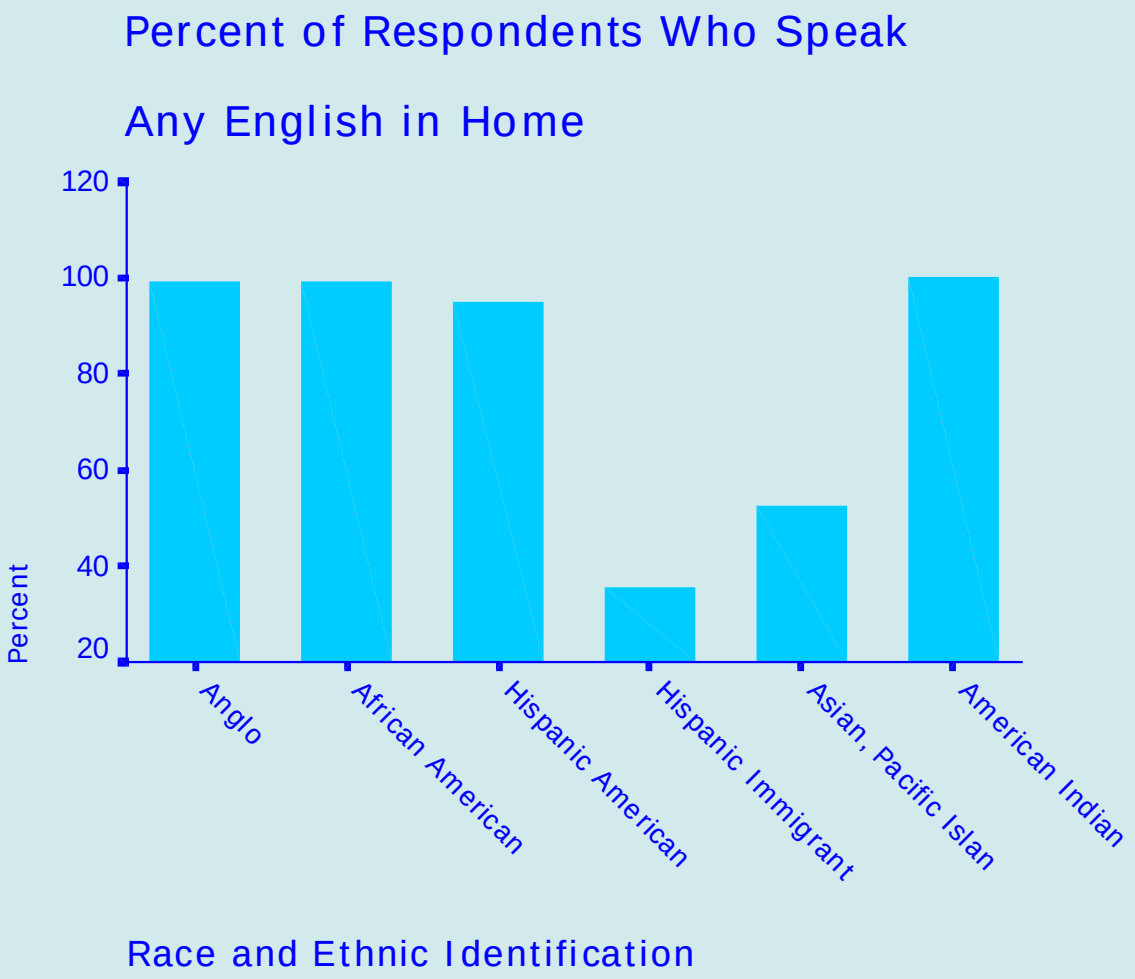


Figure 6. Barchart of Percent of Respondents Who Speak Spanish in Home by Race and Ethnic Identification

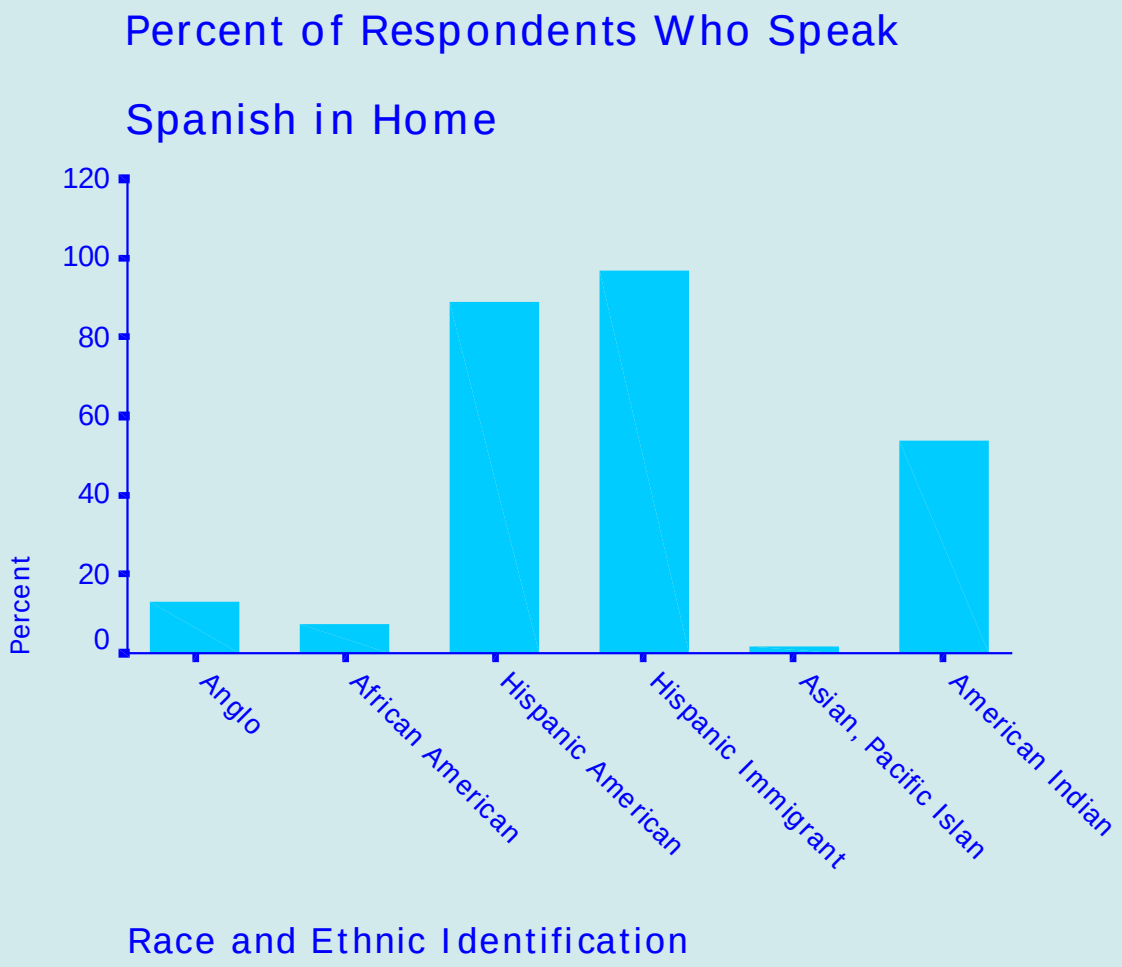


Figure 7. Barchart of Percent of Respondents Who Speak Vietnamese in Home by Race and Ethnic Identification

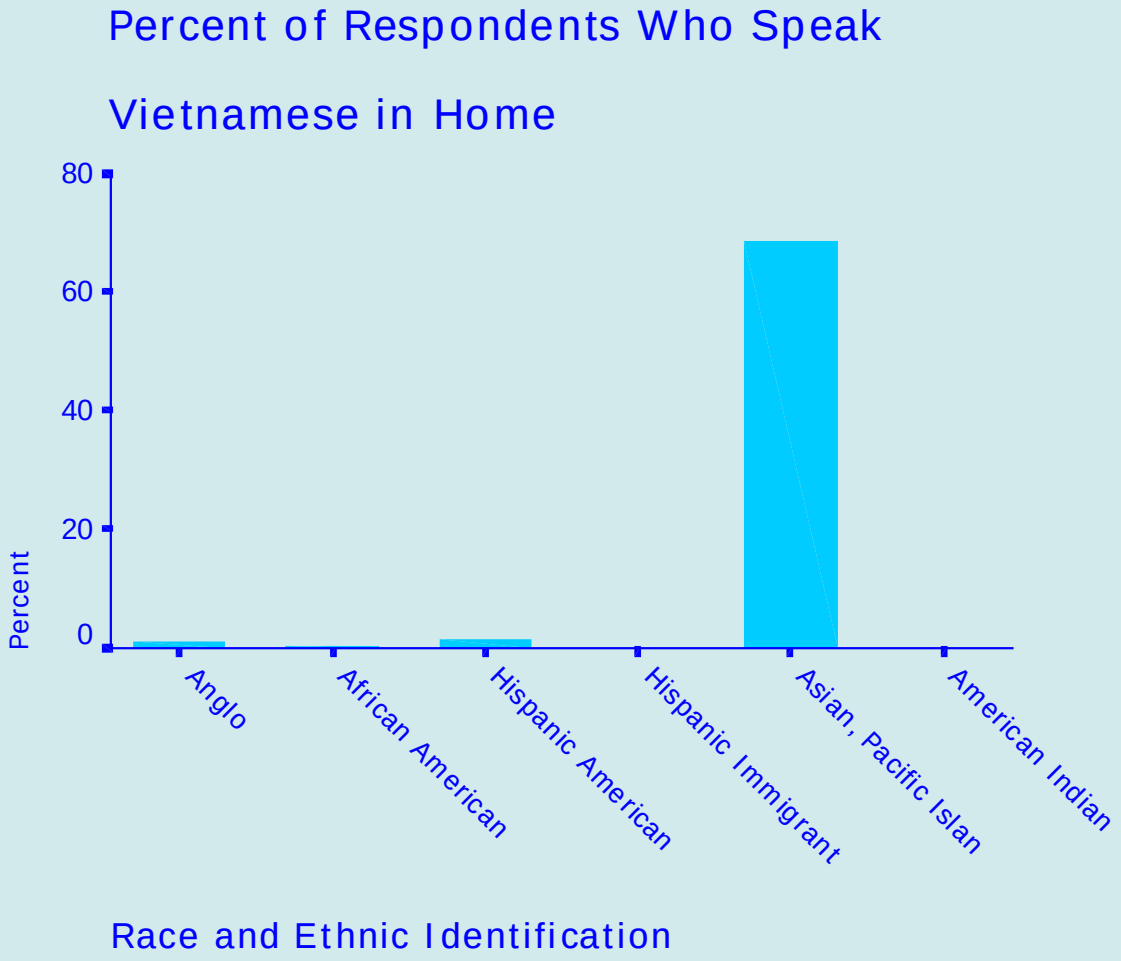


Figure 8. Barchart of Percent of Respondents Who Speak Other Languages in Home by Race and Ethnic Identification

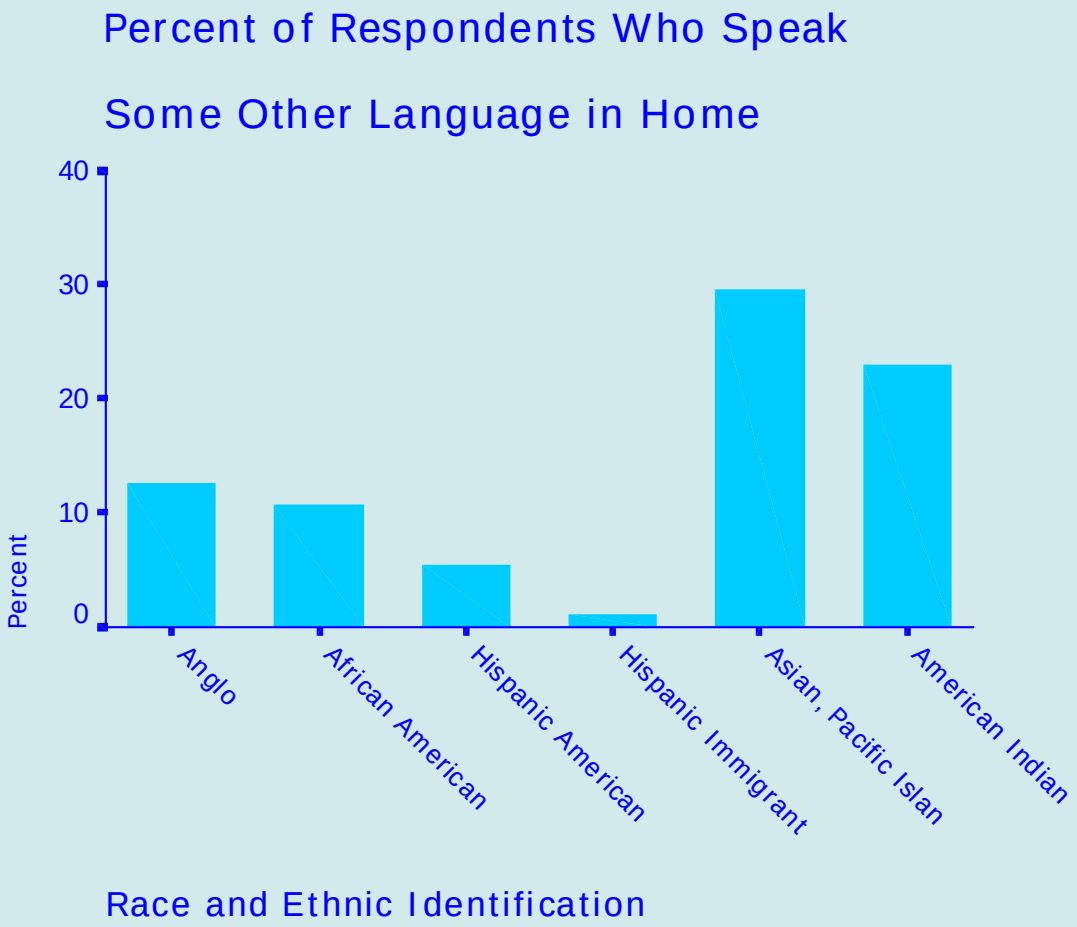


Table 7. Frequencies and Barchart for Currently Married and Living with a Spouse

Currently Married and Living with a Spouse

	Percent	Frequency
Yes	45.1	907
No	54.9	1106
Total	100.0	2013
NR/DK	0.2	4
Total		2017

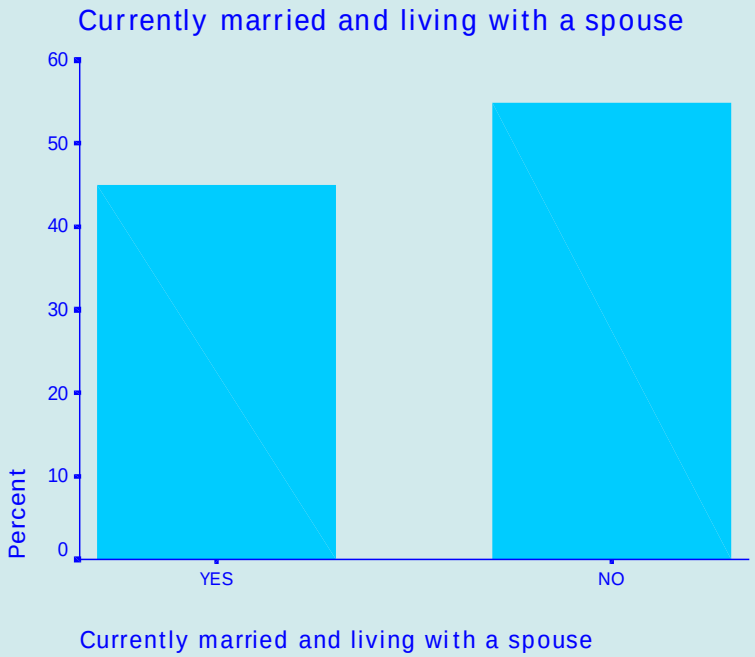


Table 8a. Frequencies and Barchart for Currently Married and Living with a Spouse for Women

Currently Married and Living with a Spouse

	Percent	Frequency
Yes	45.6	625
No	54.4	745
Total	100.0	1370
NR/DK	0.1	2
System Missing	0	0
Total		1372

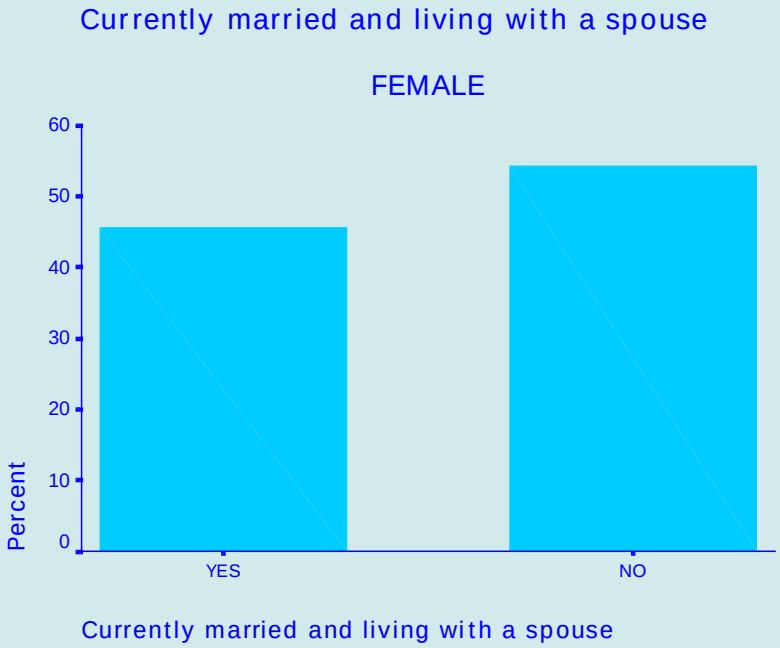


Table 8b. Frequencies and Barchart for Currently Married and Living with a Spouse for Men

Currently Married and Living with a Spouse

	Percent	Frequency
Yes	43.9	282
No	56.1	361
Total	100.0	643
NR/DK	0.3	2
System Missing	0	0
Total		645

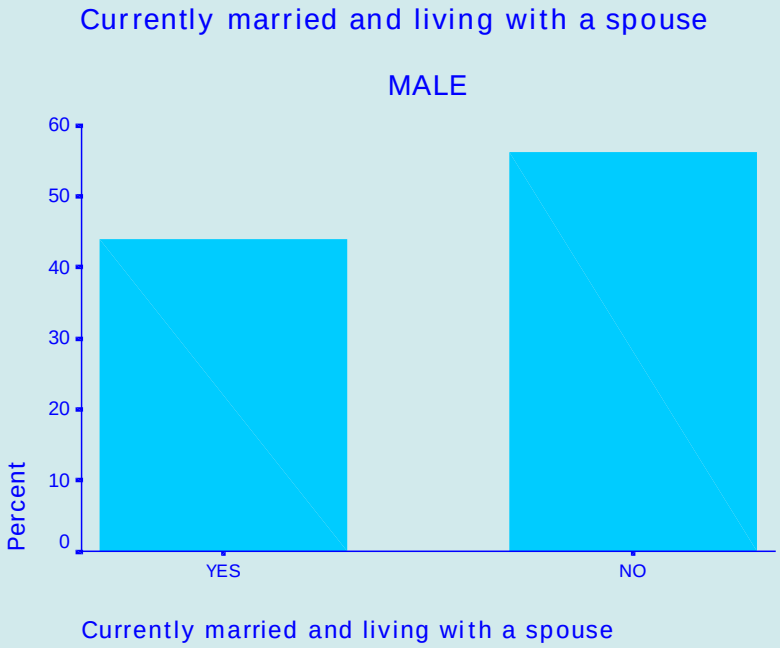


Figure 9. Barchart for Currently Married and Living with a Spouse by Sex and Race/Ethnicity

Figure 9a. Percent of Women Who Are Married and Living With a Spouse

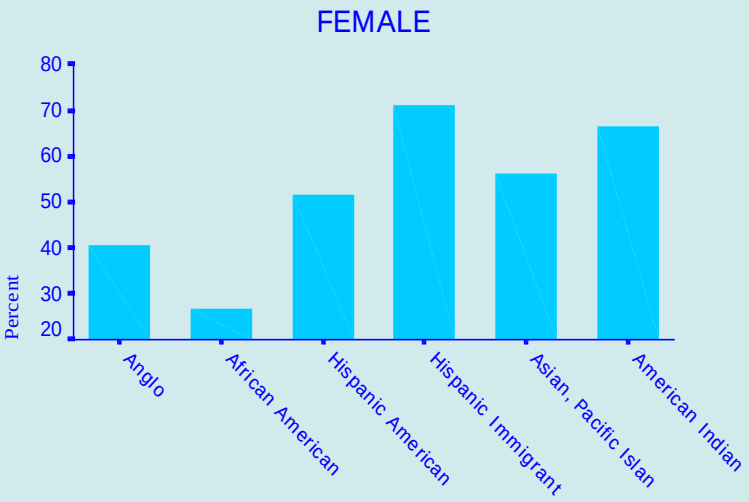


Figure 9b. Percent of Men Who Are Married and Living With a Spouse

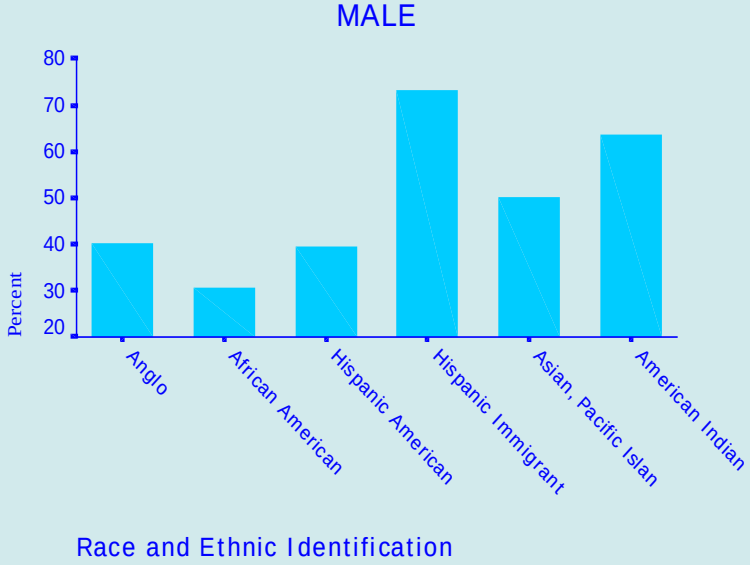


Table 9. Frequencies and Barchart for Respondents Who Currently Have at Least One Paying Job

Currently have at least one paying job

	Percent	Frequency
Yes	57.5	1155
No	42.5	852
Total	100.0	2007
NR/DK	0.5	10
System Missing	0	0
Total		2017

Table 10a. Frequencies and Barchart for Women Who Currently Have at Least One Paying Job

Currently have at least one paying job

	Percent	Frequency
Yes	52.4	716
No	47.6	651
Total	100.0	1367
NR/DK	0.4	5
System Missing	0	0
Total		1372

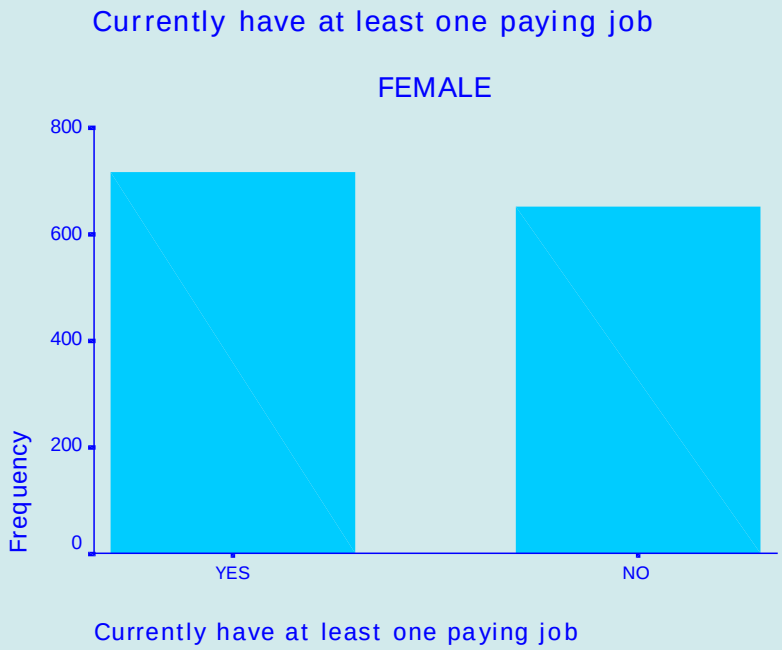


Table 10b. Frequencies and Barchart for Men Who Currently Have at Least One Paying Job

Currently have at least one paying job

	Percent	Frequency
Yes	68.6	439
No	31.4	201
Total	100.0	640
NR/DK	0.8	5
System Missing	0	0
Total		645

Figure 10a-b. Barchart for Respondents Who Currently Have at Least One Job Where They Work for Pay by Sex and Race/Ethnicity

Figure 10a. Percent of Women Who Have At Least One Job They Work for Pay

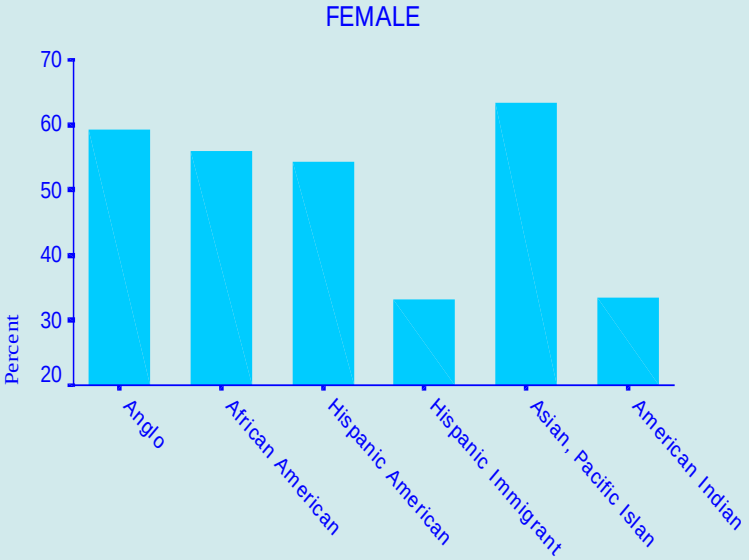


Figure 10b. Percent of Men Who Have At Least One Job They Work for Pay

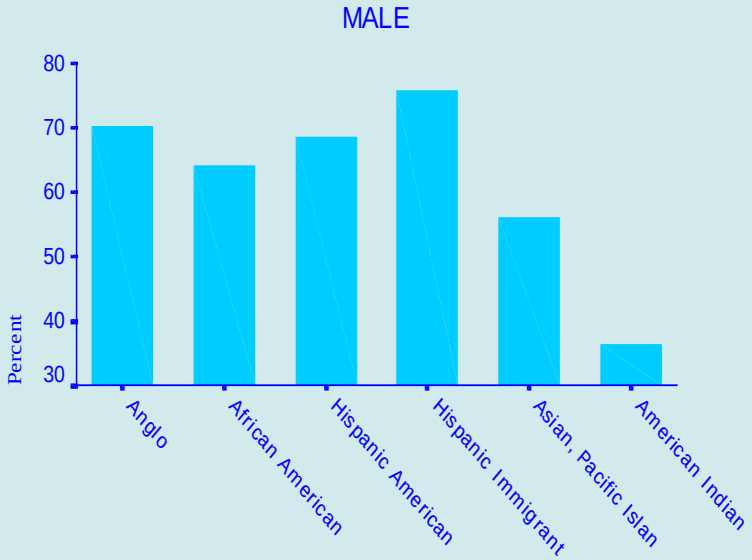


Table 11. Frequencies and Barchart for Respondents Who Are Self-Employed, Work for Someone Else or Both

Self-employed or work for someone else or both

	Percent	Frequency
Self-employed	13.4	154
Work for someone else	81.5	939
Work for someone else and self-employed	5.1	59
Total	100.0	1152
NR/DK	0.1	3
System Missing	42.7	862
Total		2017

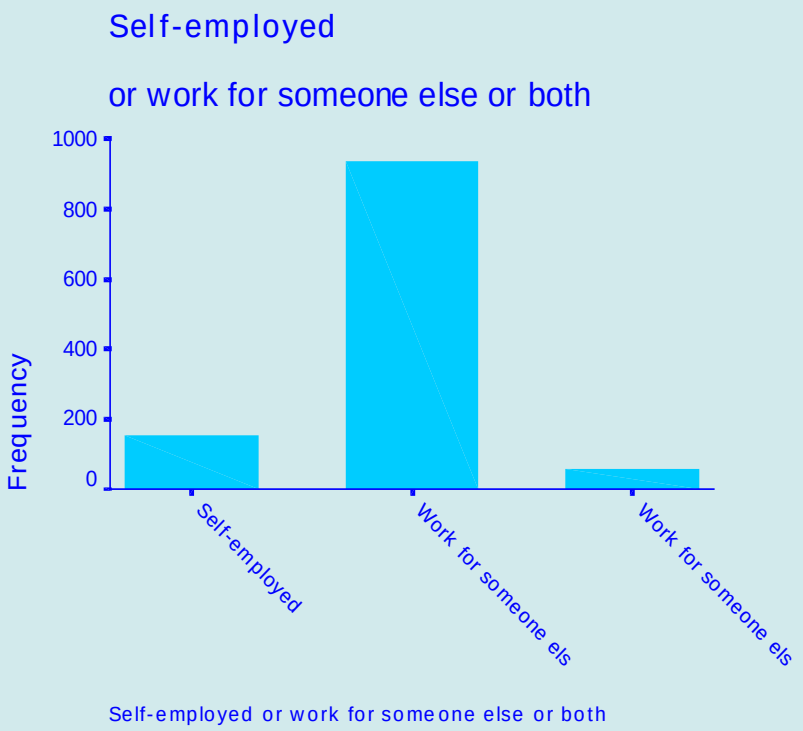


Table 12a. Frequencies and Barchart for Women Who Are Self-employed, Work for Someone Else or Both

Self-employed or work for someone else or both

	Percent	Frequency
Self-employed	10.9	78
Work for someone else	85.2	608
Work for someone else and self-employed	3.9	28
Total	100.0	714
NR/DK	0.1	2
System Missing	47.8	656
Total		1372

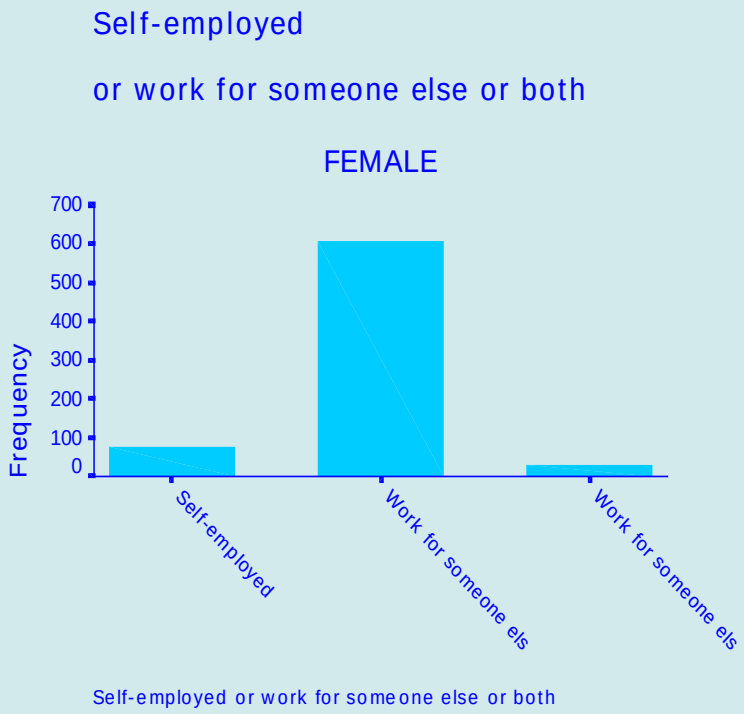


Table 12b. Frequencies and Barchart for Men Who Are Self-employed, Work for Someone Else or Both

Self-employed or work for someone else or both

	Percent	Frequency
Self-employed	17.4	76
Work for someone else	75.6	331
Work for someone else and self-employed	7.1	31
Total	100.0	438
NR/DK	0.2	1
System Missing	31.9	206
Total		645

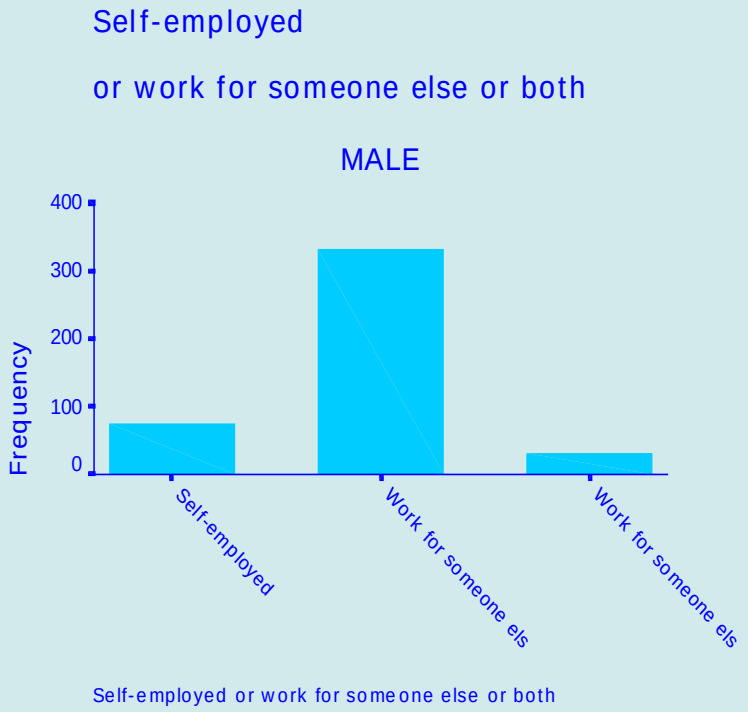


Figure 11a-b. Barchart for Respondents Who Are Self Employed Only by Sex and Race/Ethnicity

Figure 11a. Percent of Women Who Are Self-Employed Only

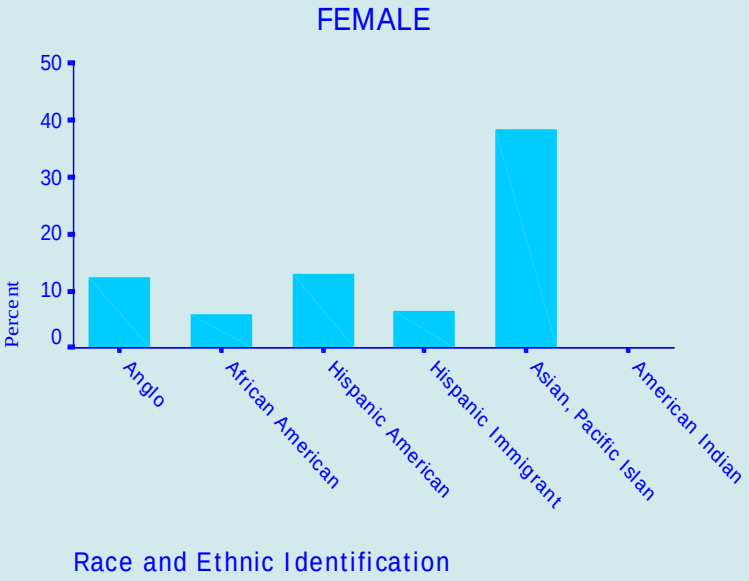


Figure 11b. Percent of Men Who Are Self-Employed Only

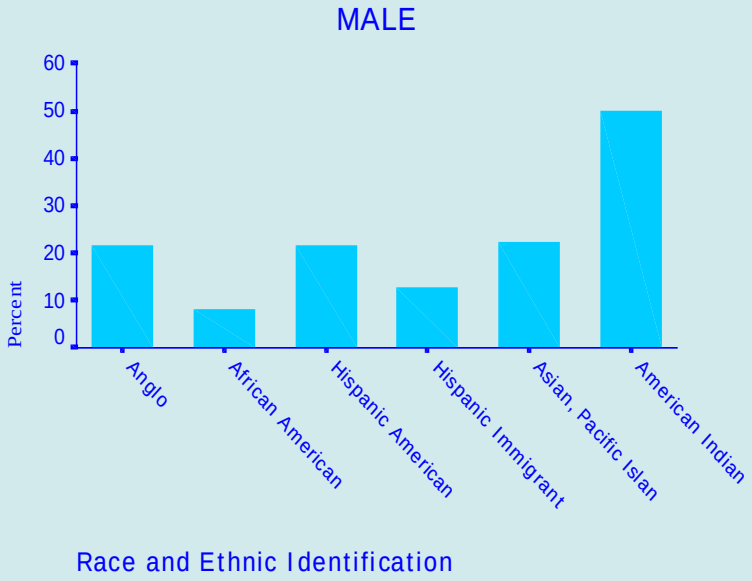


Figure 12a-b. Barchart for Respondents Who Work for Someone Else Only by Sex and Race/Ethnicity

Figure 12a. Percent of Women Who Work for Someone Else Only

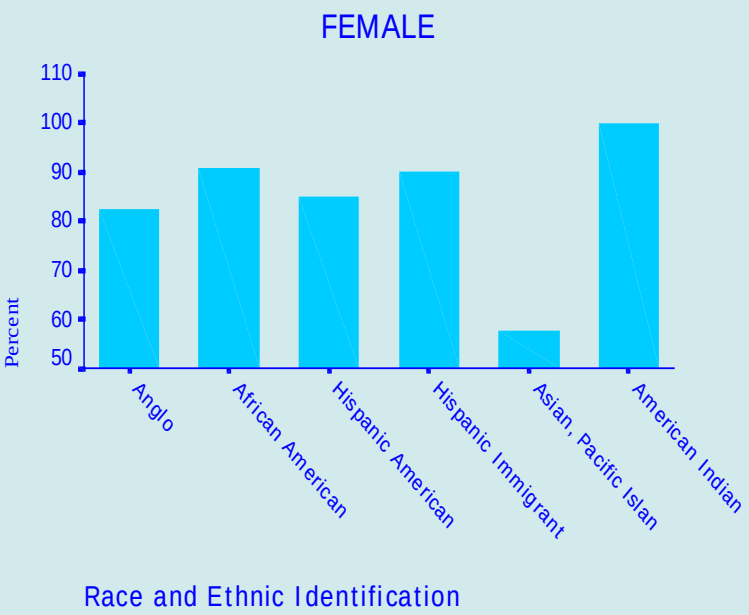


Figure 12b. Percent of Men Who Work for Someone Else Only

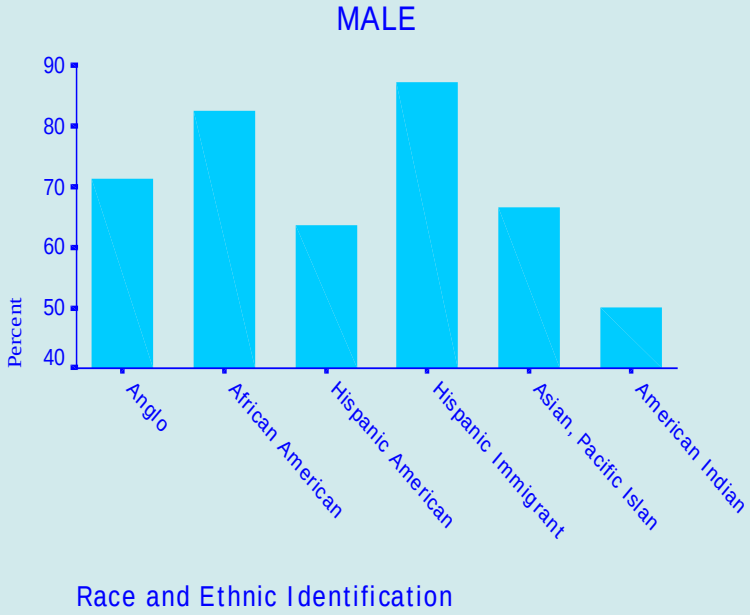


Figure 13a-b. Barchart for Respondents Who Are Self-Employed and Work for Someone Else by Sex and Race/Ethnicity

Figure 13a. Percent of Women Who Are Self-Employed and Work for Someone Else

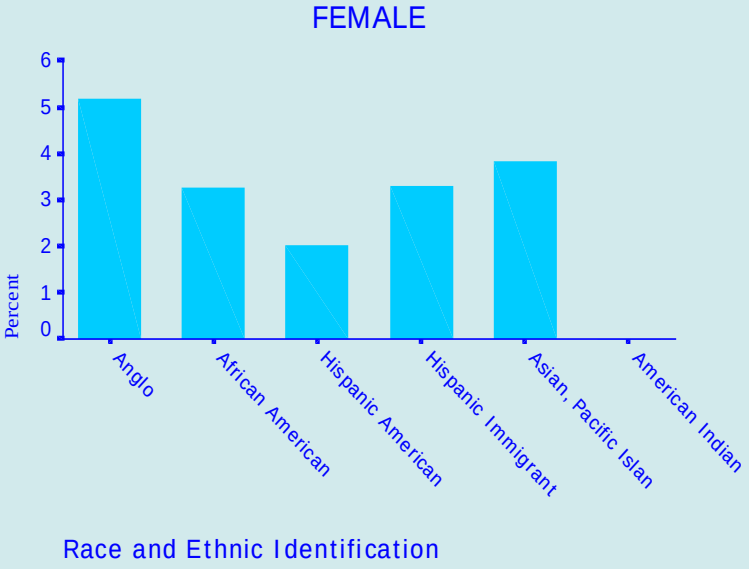


Figure 13b. Percent of Men Who Are Self-Employed and Work for Someone Else

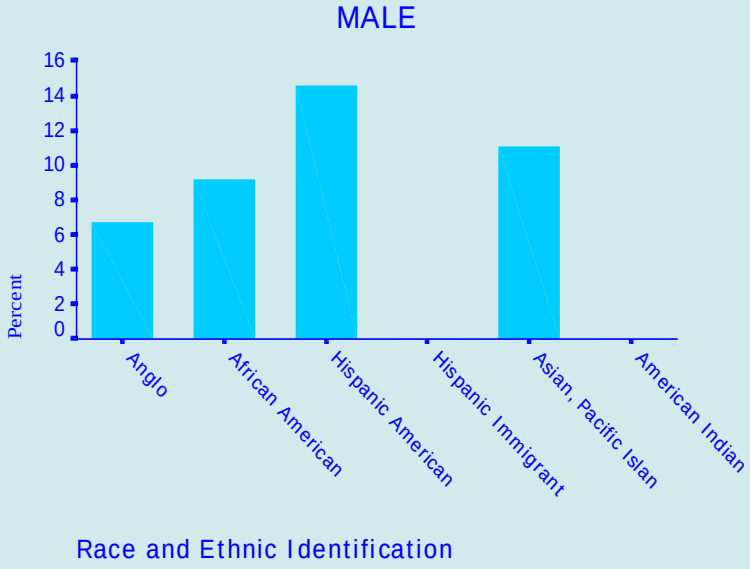


Table 13. Frequencies and Barchart for Whether or Not Respondents Were Born in the United States

Born in United States

	Percent	Frequency
Yes, born in US	75.5	1534
No, not born in US	24.5	499
Total	100.0	2033
NR/DK	0	0
System Missing	0	1
Total		2034

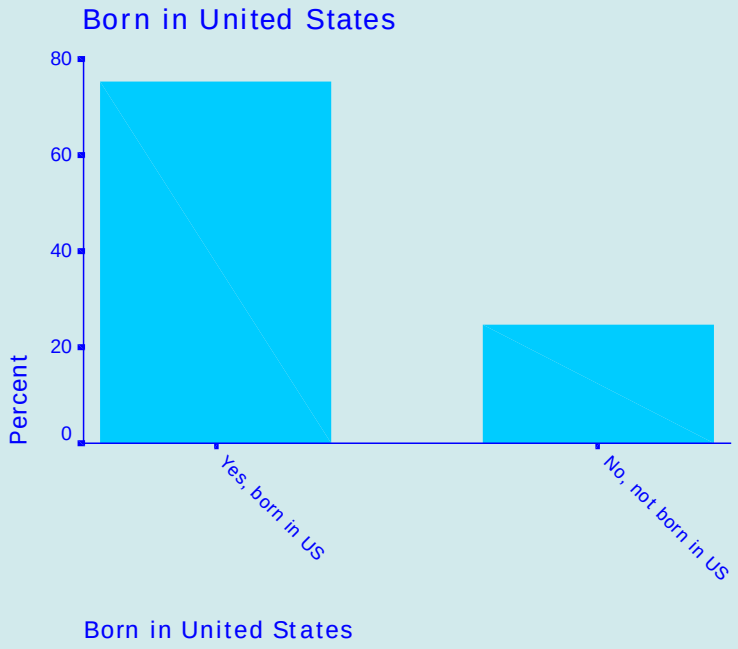


Table 14. Frequencies and Brachart for Number of Years Non-U.S. Born Respondent Has Lived in U.S.

Years in United States

	Percent	Frequency
0-3 years	23.0	115
4-9 years	25.3	126
10-19 years	30.9	154
20-80 years	20.8	104
Total	100.0	499
NR/DK	0	0
System Missing	75.5	1535
Total		2034

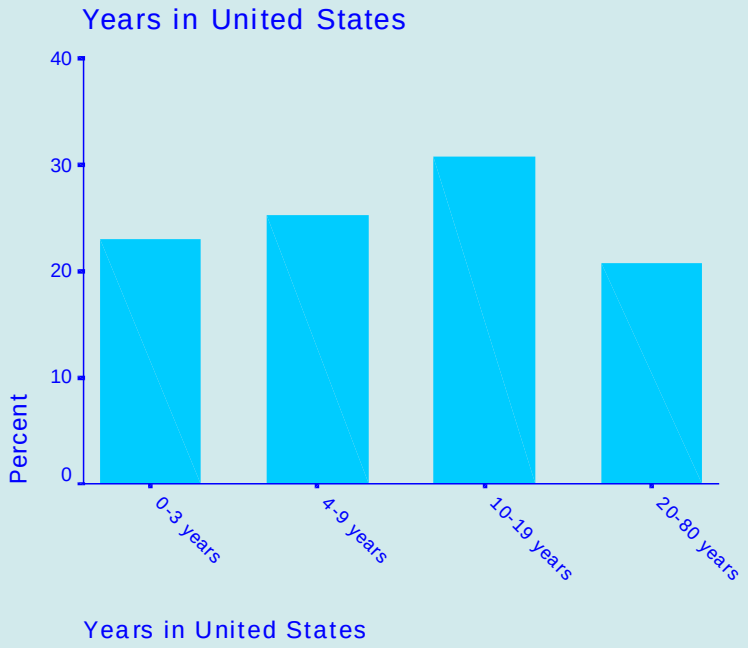


Table 15. Frequencies and Barchart for Respondents' Citizenship Status

Citizenship Status

	Percent	Frequency
US citizen	21.4	97
Applying for Citizenship	18.9	86
Not yet qualified	24.2	110
Need permanent residency	30.8	140
Prefer home country	4.6	21
Total	100.0	454
NR/DK	0	0
System Missing	77.7	1580
Total		2034

Figure 14a-b. Barchart for Whether or Not Respondents Were Born in United States by Sex and Race/Ethnicity

Figure 14a. Percent of Women Born in United States by Race/Ethnicity

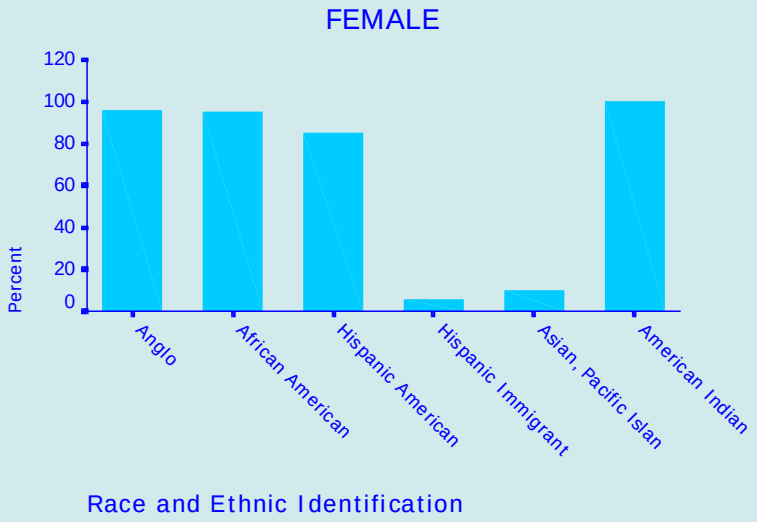


Figure 14b. Percent of Men Born in United States by Race/Ethnicity

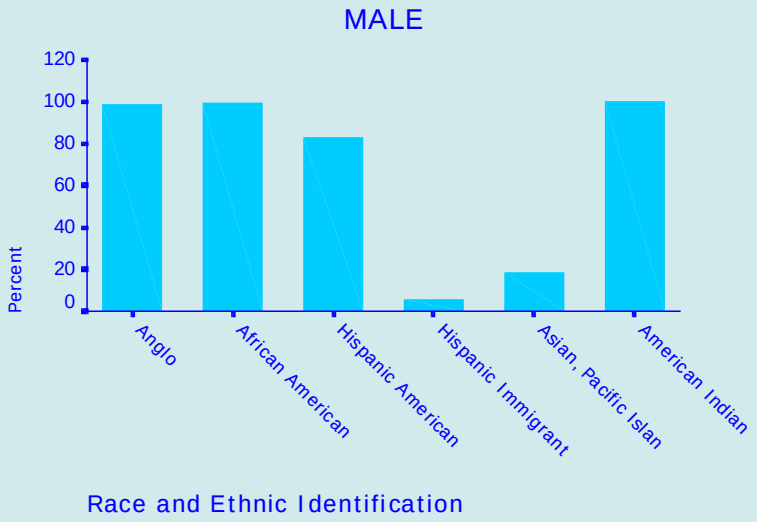


Figure 15. Barchart for Respondents Who Have Been in the U.S. for Three Years or Less by Race/Ethnicity

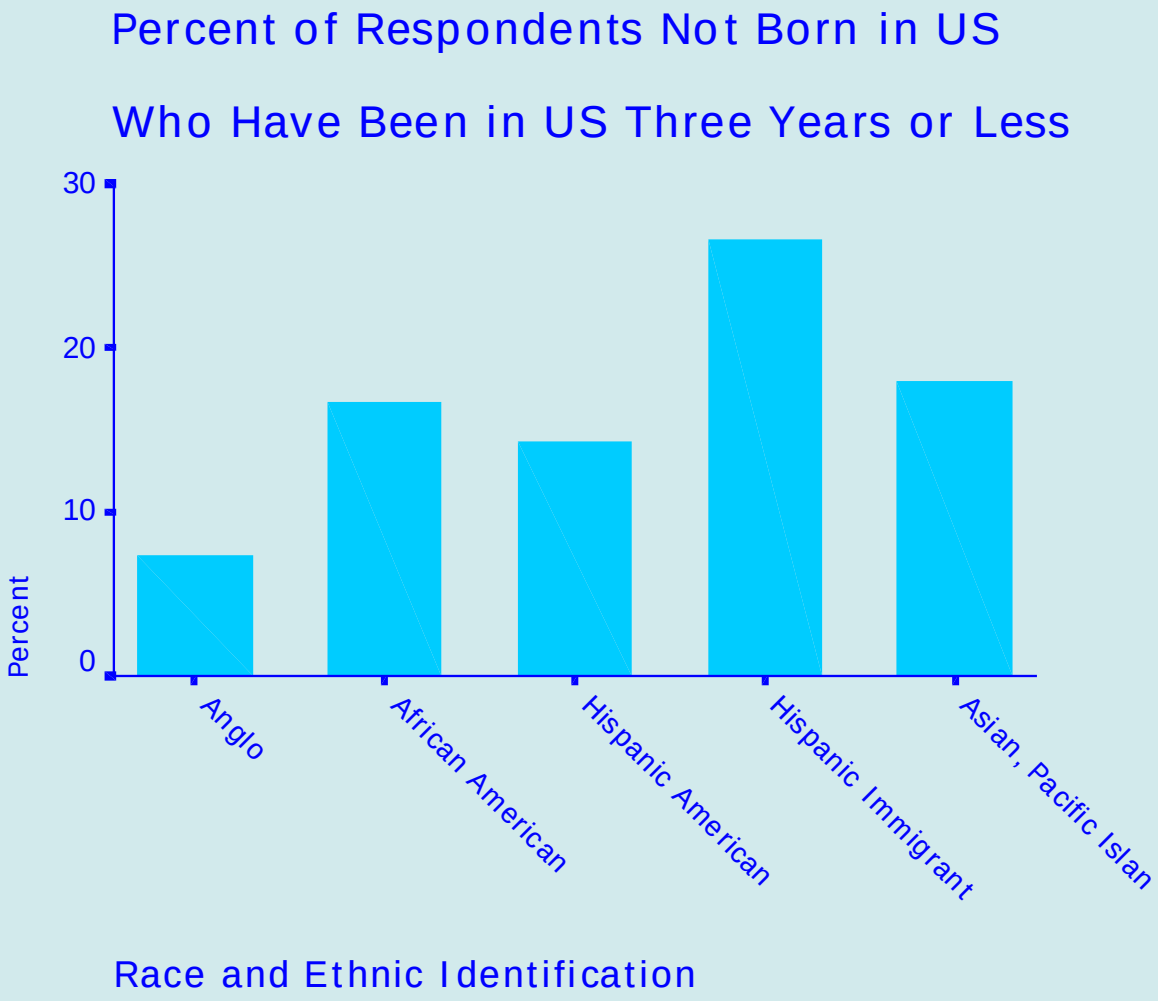


Figure 16. Barchart for Years of Residence in U.S. for Respondents Not Born in U.S. by Race/Ethnicity

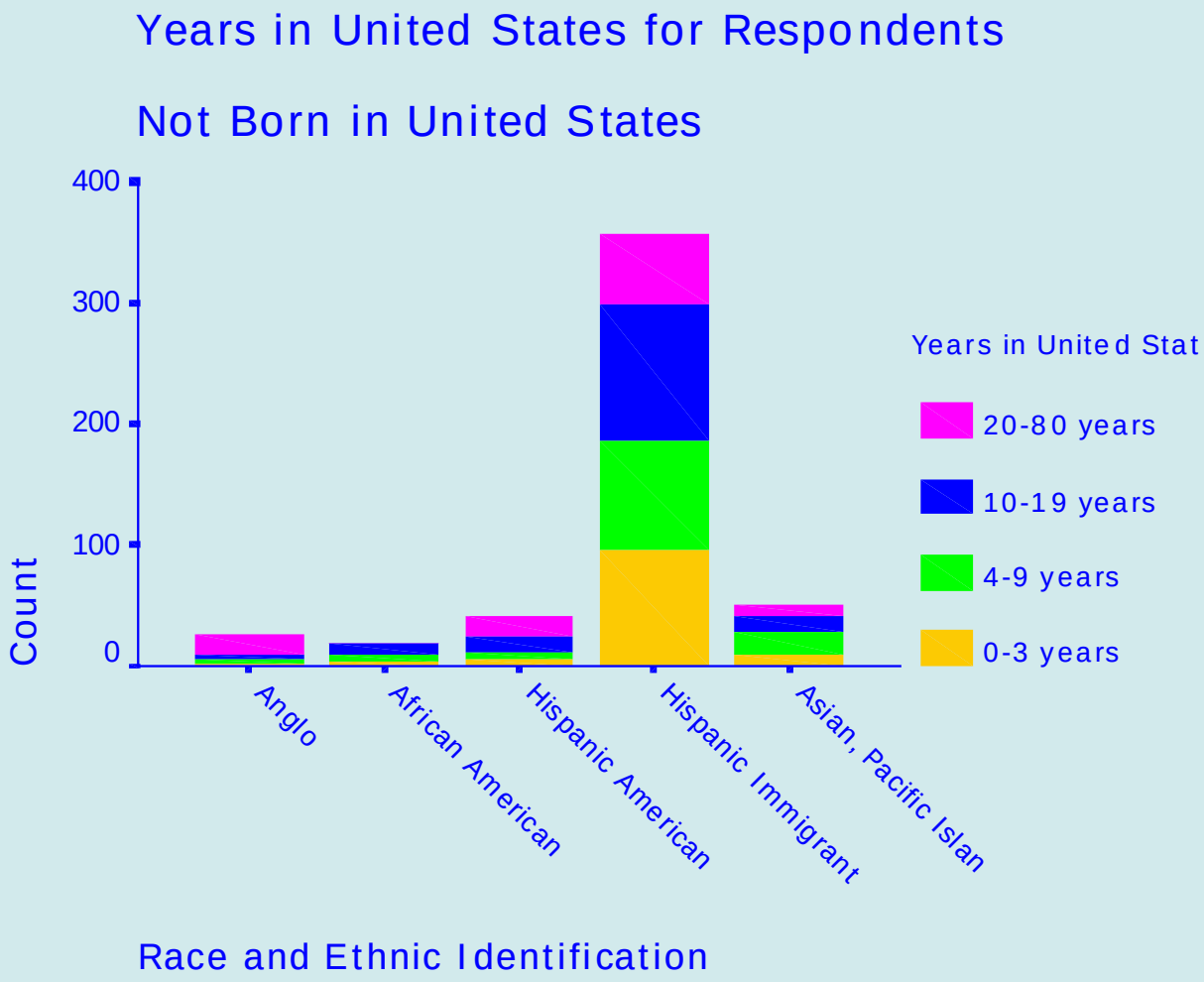
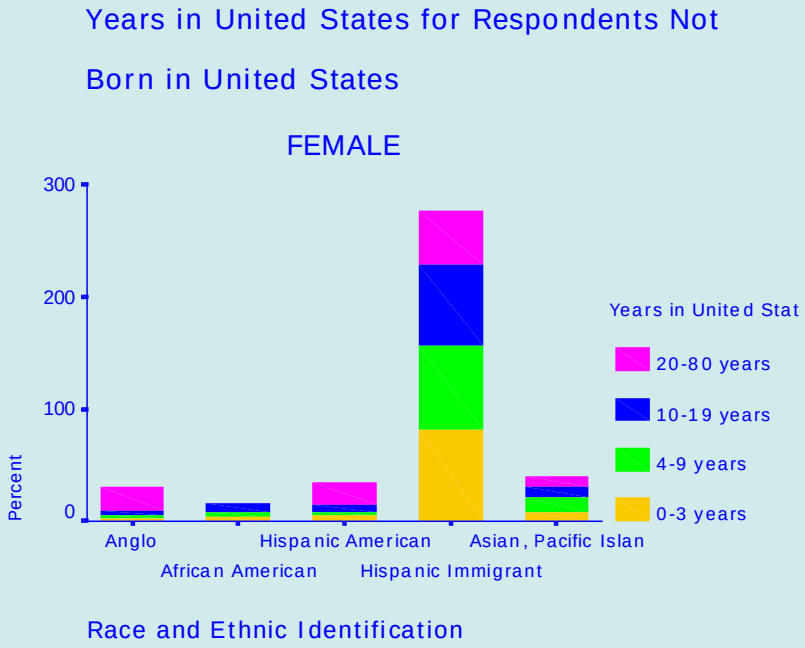


Figure 17. Barchart for Years of Residence in U.S. for Respondents Not Born in U.S. by Sex and Race/Ethnicity



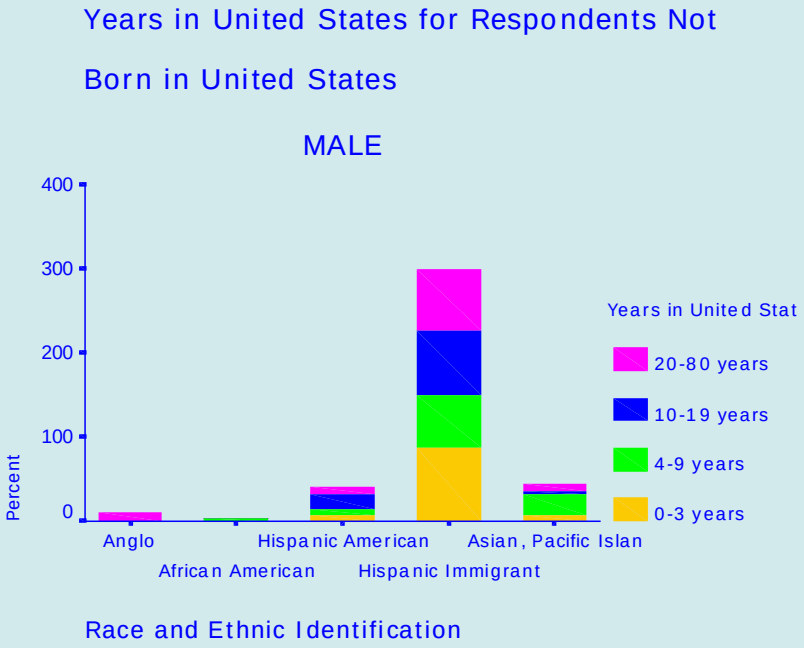


Figure 18. Barchart for Citizenship Status for Respondents Not Born in U.S. by Race/Ethnicity

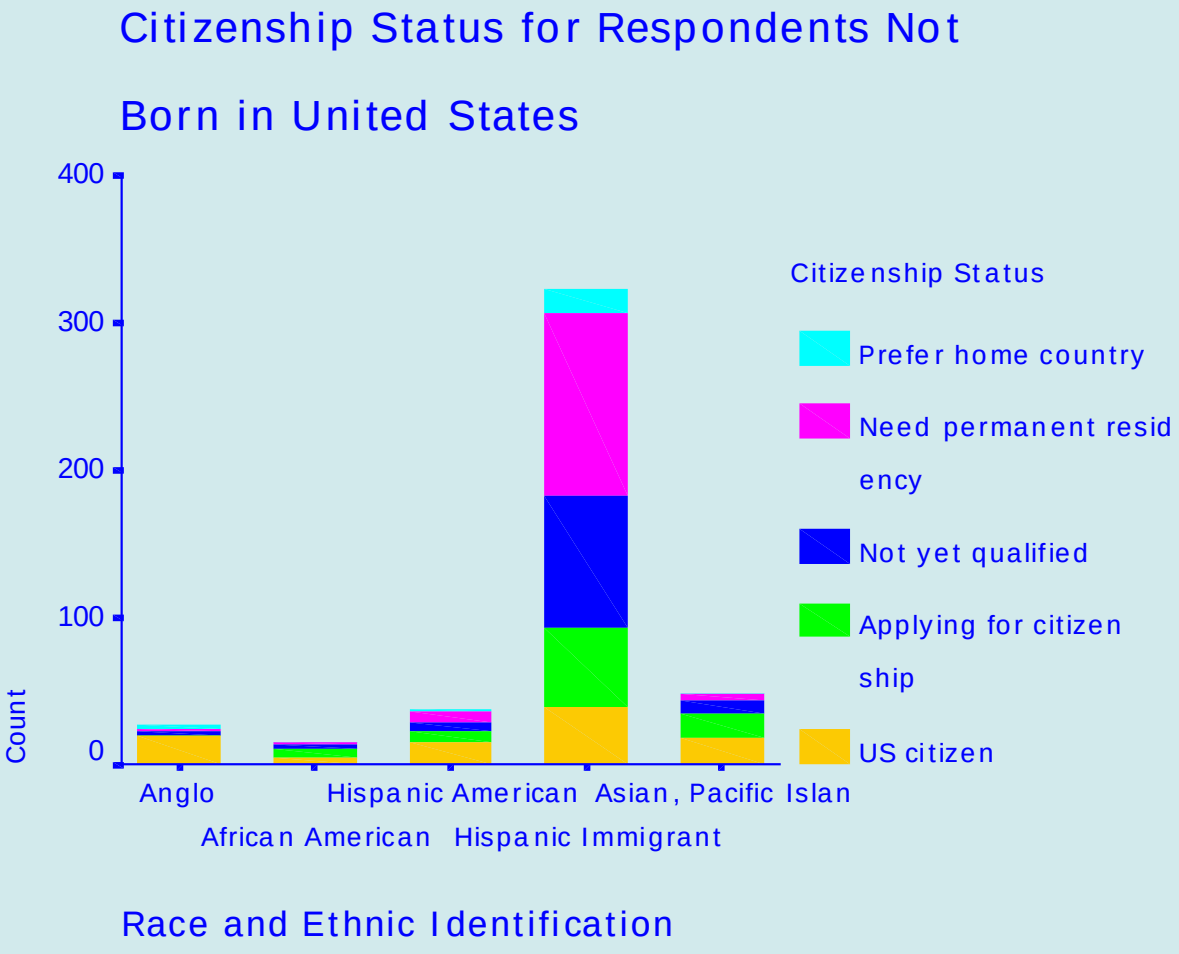


Table 16. Frequencies and Barchart for Respondents' Hours of Work a Week

Categorized hours a week at work

	Percent	Frequency
0-19 hours/week	7.3	83
20-37 hours/week	27.6	313
38-44 hours/week	40.9	464
45-96 hours/week	24.2	275
Total	100.0	1135
NR/DK	0	0
System Missing	43.7	882
Total		2017

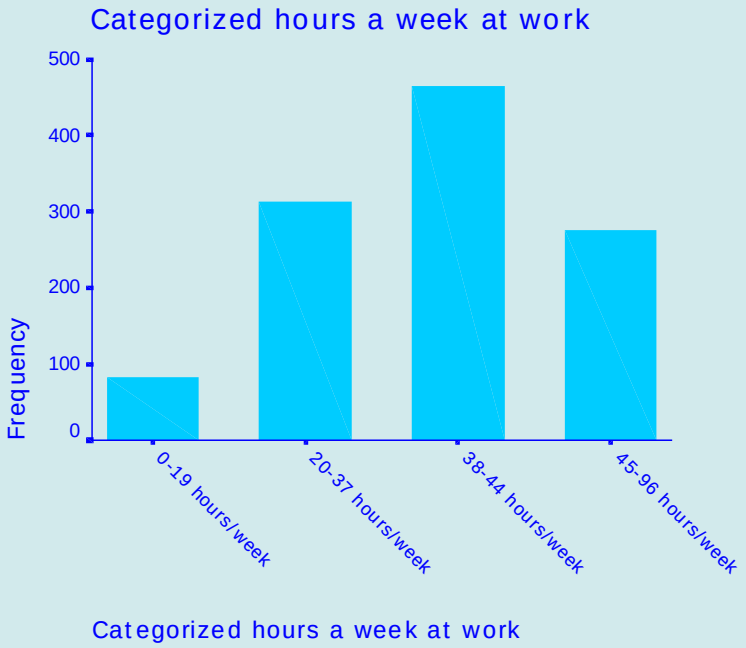


Table 17a. Frequency Table for Women's Hours of Work a Week

Categorized hours a week at work

	Percent	Frequency
0-19 hours/week	8.4	59
20-37 hours/week	33.8	237
38-44 hours/week	41.9	294
45-96 hours/week	15.8	111
Total	100.0	701
NR/DK	0	0
System Missing	49.9	671
Total		1372

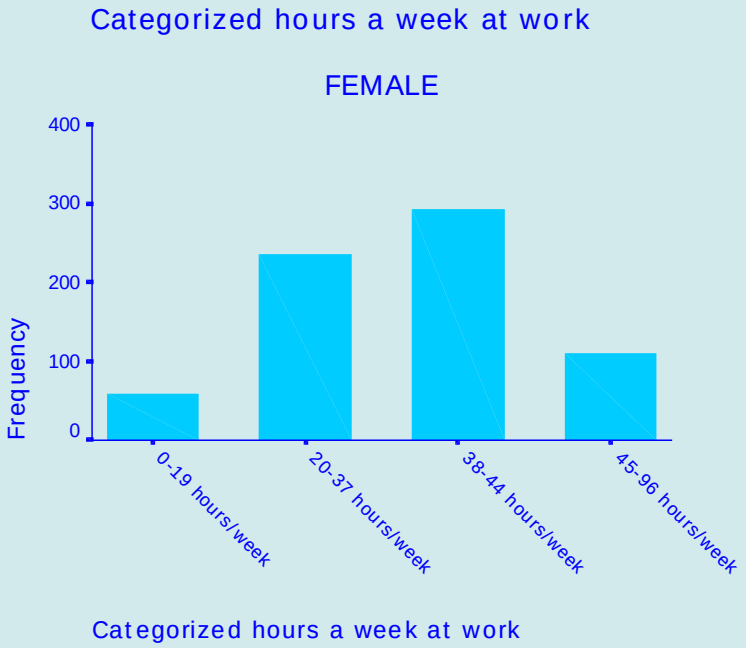


Table 17b. Frequency Table for Men's Hours of Work a Week

Categorized hours a week at work

	Percent	Frequency
0-19 hours/week	5.5	24
20-37 hours/week	17.5	76
38-44 hours/week	39.2	170
45-96 hours/week	37.8	164
Total	100.0	434
NR/DK	0	0
System Missing	32.7	211
Total		645

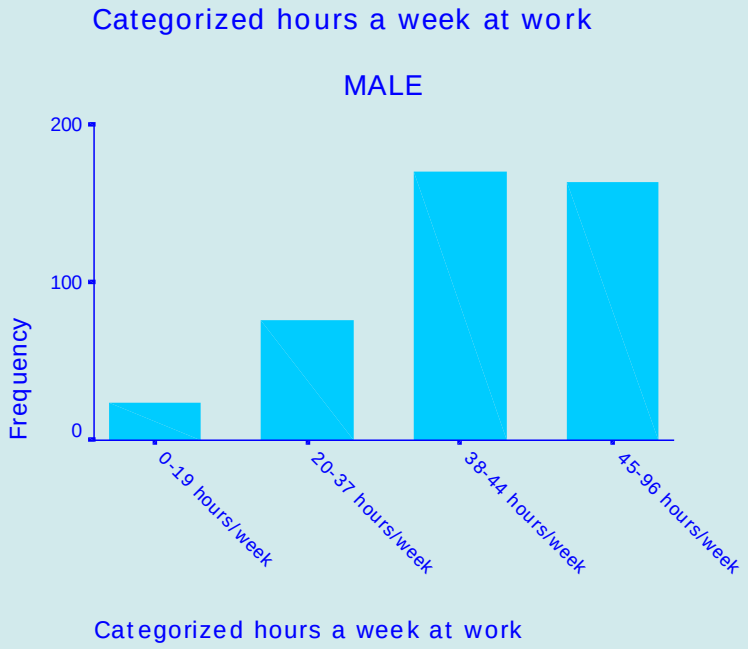


Figure 19a-b. Barcharts for Citizenship Status for Respondents Not Born in U.S. by Sex and Race/Ethnicity

Figure 19a. Citizenship Status for Women Not Born in United States

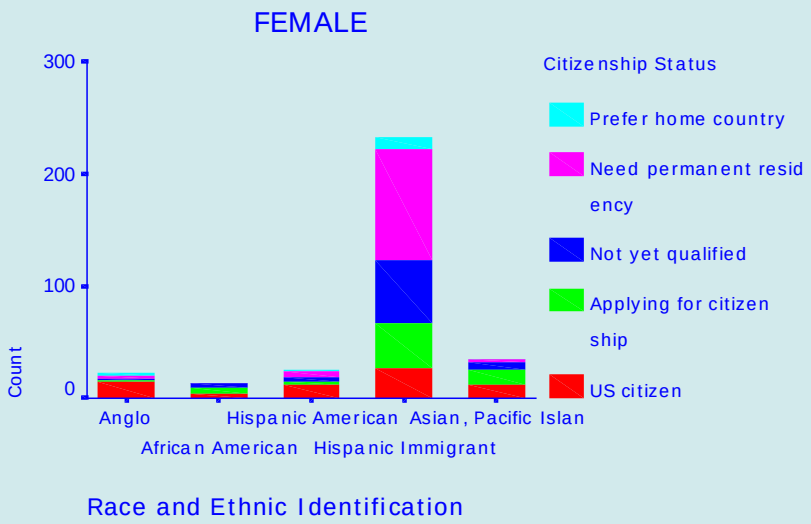


Figure 19b. Citizenship Status for Men Not Born in United States

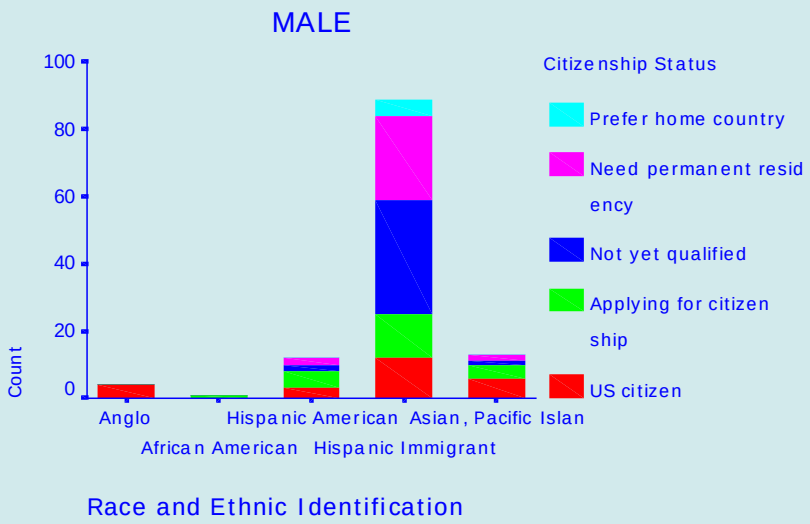


Figure 20a-b. Barchart of Respondents Women Who Work 19 Hours a Week or Less by Sex and Race/Ethnicity

Figure 20a. Percent of Women Who Work 19 Hours a Week or Less

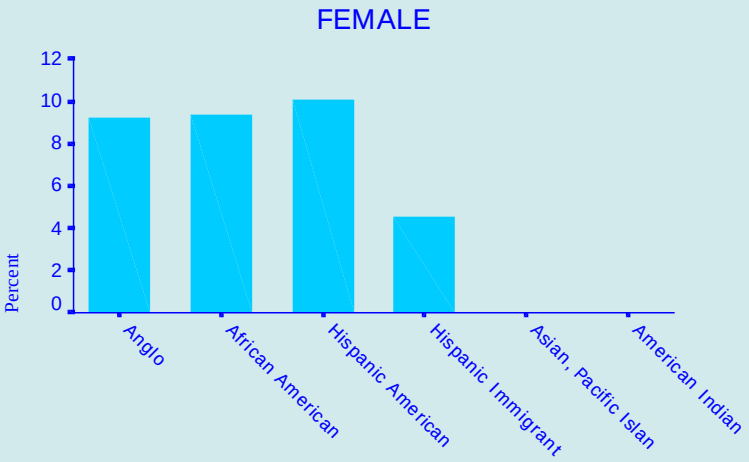


Figure 20b. Percent of Men Who Work 19 Hours a Week or Less

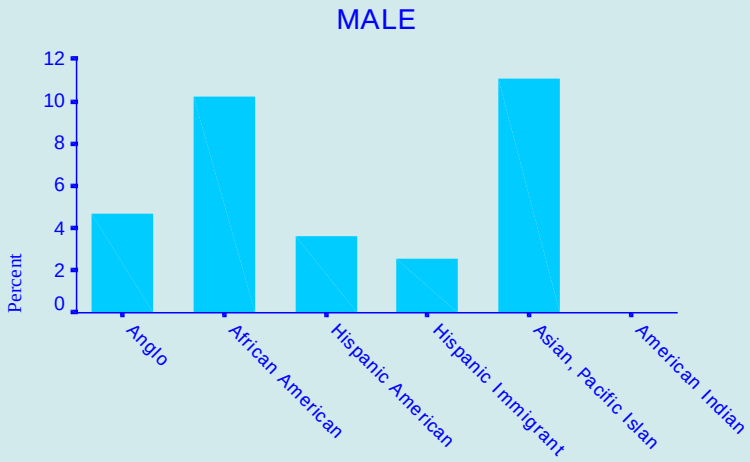


Figure 21a-b. Barchart of Respondents Who Work 37 Hours a Week or Less by Sex and Race/Ethnicity

Figure 21a. Percent of Women Who Work 37 Hours a Week or Less

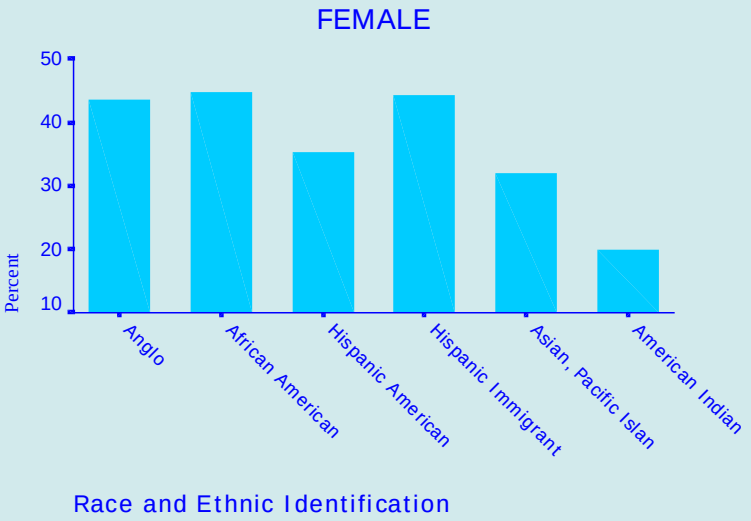


Figure 21b. Percent of Men Who Work 37 Hours a Week or Less

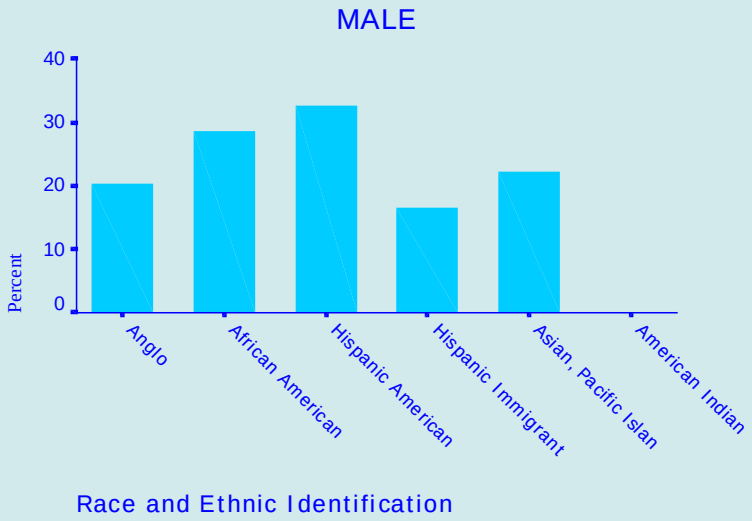


Figure 22a-b. Barchart of Respondents Who Work 38-44 Hours a Week by Sex and Race/Ethnicity

Figure 22a. Percent of Women Who Work 38-44 Hours a Week

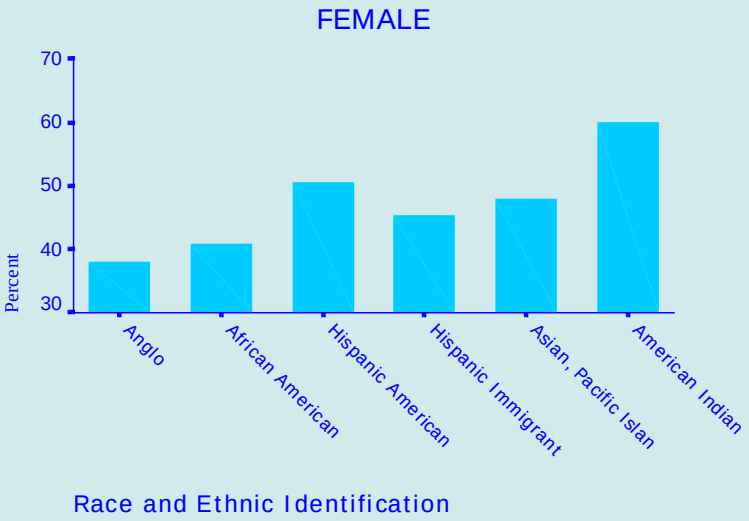


Figure 22b. Percent of Men Who Work 38-44 Hours a Week

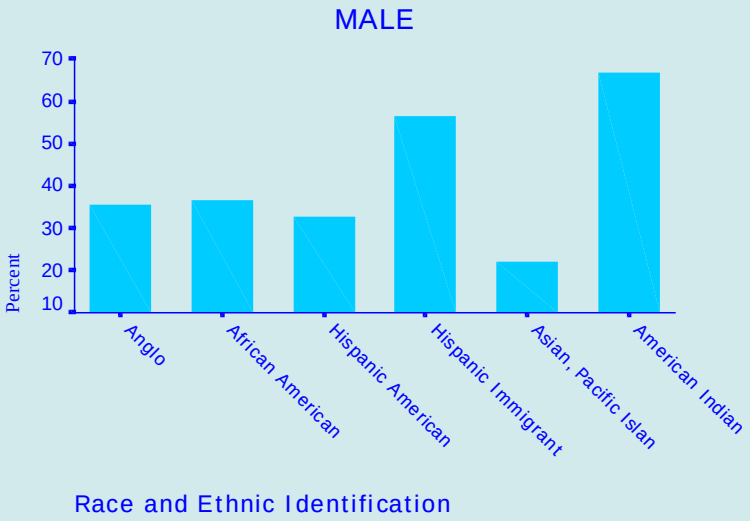


Figure 23a-b. Barchart of Respondents Who Work 45-96 Hours a Week by Sex and Race/Ethnicity

Figure 23a. Percent of Women Who Work 45-96 Hours a Week

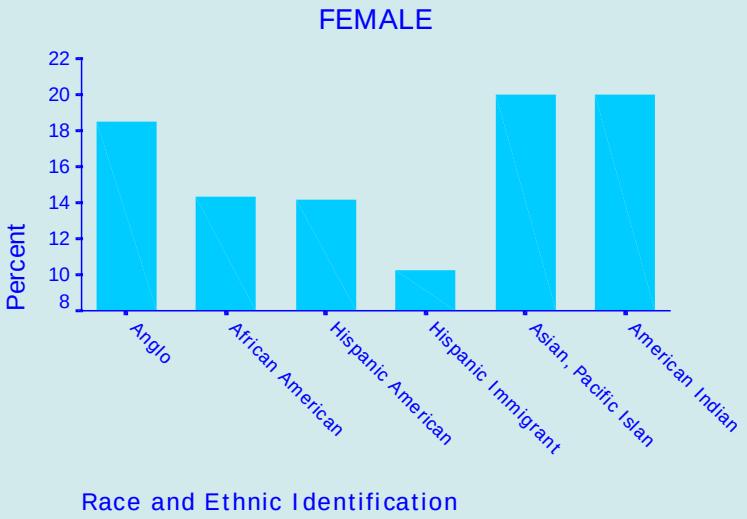
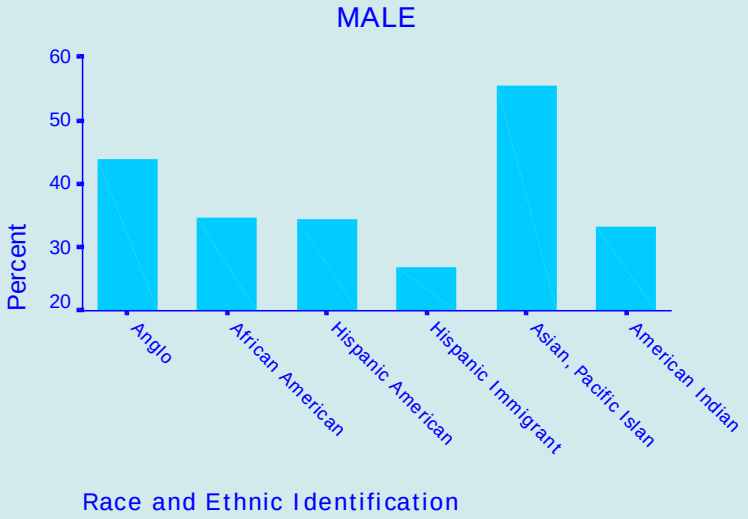


Figure 23b. Percent of Men Who Work 45-96 Hours a Week



2. HEALTH STATUS

Overall Health Rating: Tables 18; Figures 24-25. The patients were somewhat more likely to rate their health negatively than positively. Nearly 35 percent rated their health as good, 26 percent as fair and 10 percent as poor. About 45 percent of Hispanic immigrants and American Indians rate their health as fair or poor, compared to about 38 percent of African Americans and Asians/Pacific Islanders, 35 percent of Anglos, and 28 percent of Hispanic Americans.

Personal Care Needs: Table 19; Figure 26. About six percent of patients report needing help with personal care. Among the four major race/ethnicity groups, African Americans were more likely to report the need for help with personal care than the other three groups. Twenty percent of American Indians reported that they need this kind of help.

Routine Care Needs: Table 20; Figure 27. Twelve percent of the patients report that they need help with routine care. While the four major race/ethnic groups did not differ greatly in the need for routine care, 40 percent of American Indians report the need for assistance with routine care.

Limited in Amount of Work: Table 21-22; Figure 28-29. 28.5 percent of the patients report that they are limited in the amount of work they can do because of physical, mental, or emotional problems. Among the four major race/ethnic groups, Anglos are the most likely to report work limitations, followed by African Americans, Hispanic Americans and Hispanic immigrants. Almost half of American Indians report work limitations -- the greatest of any of the race/ethnic groups.

Rest or Sleep: Table 23; Figure 30. When asked about the amount of rest or sleep they have gotten in the past month, about 20 percent of the patients report that they did not get enough rest or sleep everyday, and another 23 percent reported that they did not get enough on most days. About 45-50 percent of Anglos, Hispanic Americans, and African Americans report not getting enough sleep or rest most days, while only slightly more than 20 percent of Hispanic immigrants report not getting enough sleep or rest on most days.

Feeling Healthy and Full of Energy: Table 24; Figure 31. Forty-four percent of the patients report that they felt very healthy and full of energy every day or most days in the past month. More than half of Hispanic immigrants and Hispanic Americans reported feeling healthy and energetic most days, followed by about 43 percent of African Americans, and about 38 percent of Anglos and American Indians.

Sad, Blue, or Depressed: Table 25; Figure 32. Thirty percent of the patients report never feeling sad, blue, or depressed while almost 50 percent report such feelings some days but not most days. Twenty-one percent report such feelings most days or every day.

Worried and Anxious: Table 26; Figure 33. Twenty-one percent of the patients report that they never feel worried, tense or anxious, while 48 percent report such feelings some days but not most days. However, almost one-third of the patients (31 percent) report such feelings most days or every day.

HEALTH STATUS

JPS

Health Network Sample

2000

Table 18. Frequencies and Barchart of Respondents' Overall Rating of Their Health Now

Rate your overall health now

	Percent	Frequency
Excellent	11.6	232
Very Good	17.2	346
Good	34.7	696
Fair	26.4	530
Poor	10.2	204
Total	100.0	2008
NR/DK	0.4	9
System Missing	0	0
Total		2017

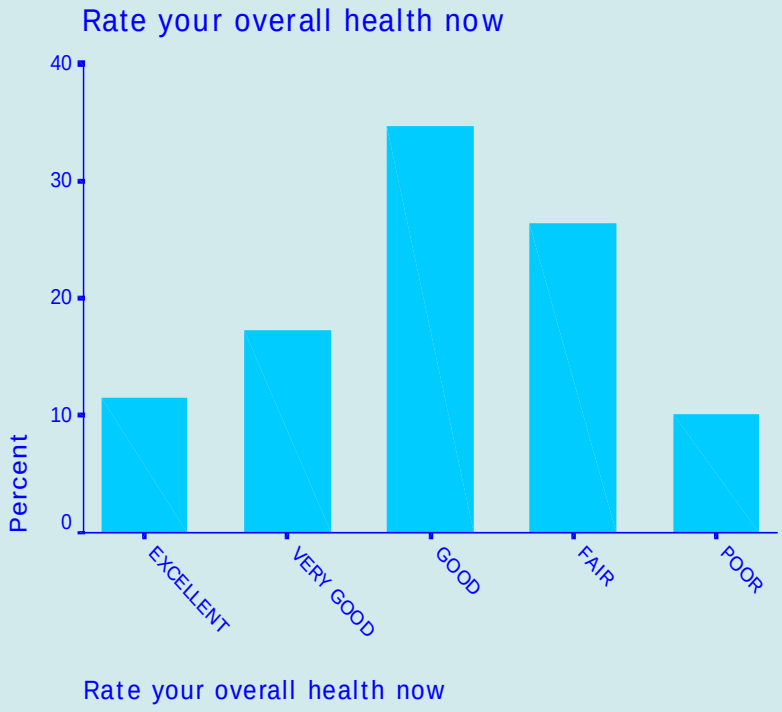


Table 19. Frequency Table and Barchart for Respondents Who Need Help with Personal Care

Need help of others with personal care

	Percent	Frequency
Yes	5.7	114
No	94.3	1902
Total	100.0	2016
NR/DK	0	1
System Missing	0	0
Total		2017

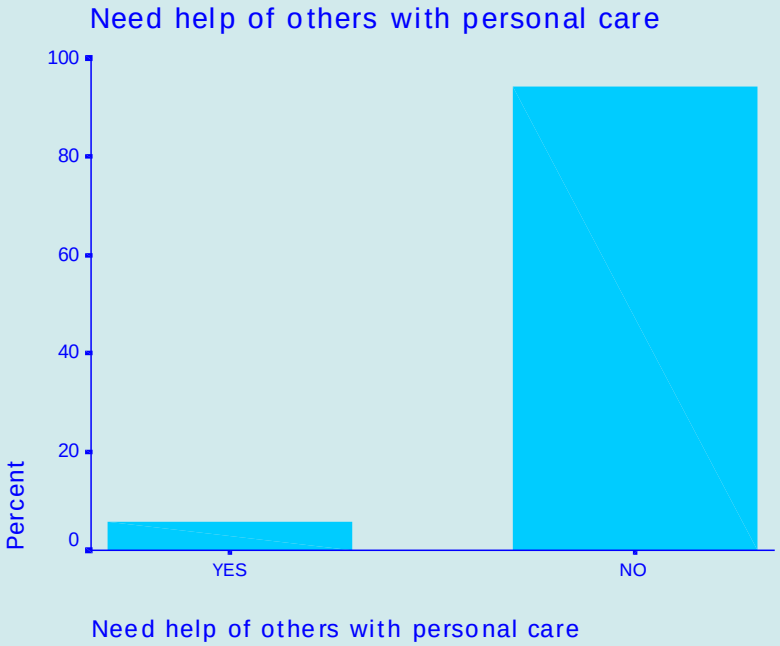


Table 20. Frequencies and Barchart for Respondents Who Need Help with Routine Care

Need help of others with routine needs

	Percent	Frequency
Yes	12.4	250
No	87.6	1765
Total	100.0	2015
NR/DK	0.1	2
System Missing	0	0
Total		2017

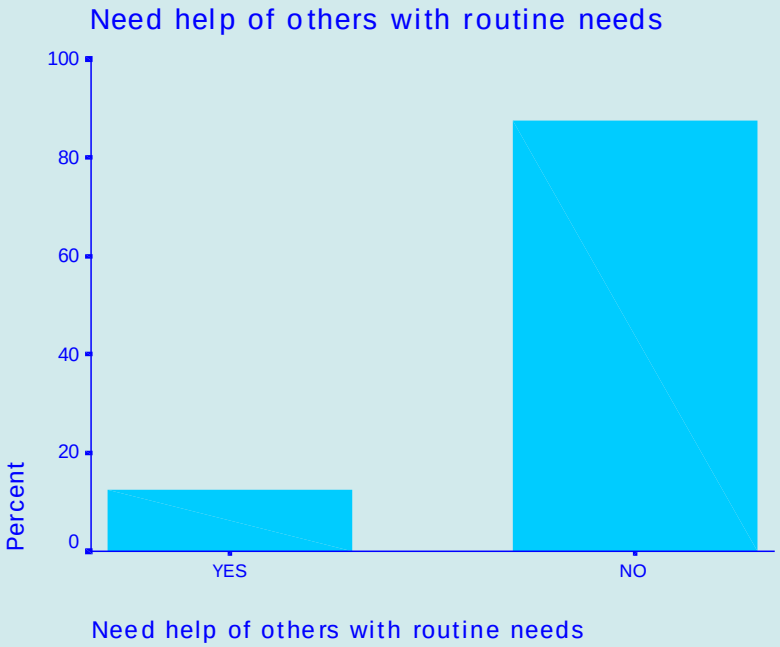


Table 21. Frequencies and Barchart of Respondents Who Are Limited in Work Because of Physical, Mental, or Emotional Problem

Limited work because of physical, mental or emotional problem

	Percent	Frequency
Yes	28.5	572
No	71.5	1435
Total	100.0	2007
NR/DK	0.5	10
System Missing	0	0
Total		2017

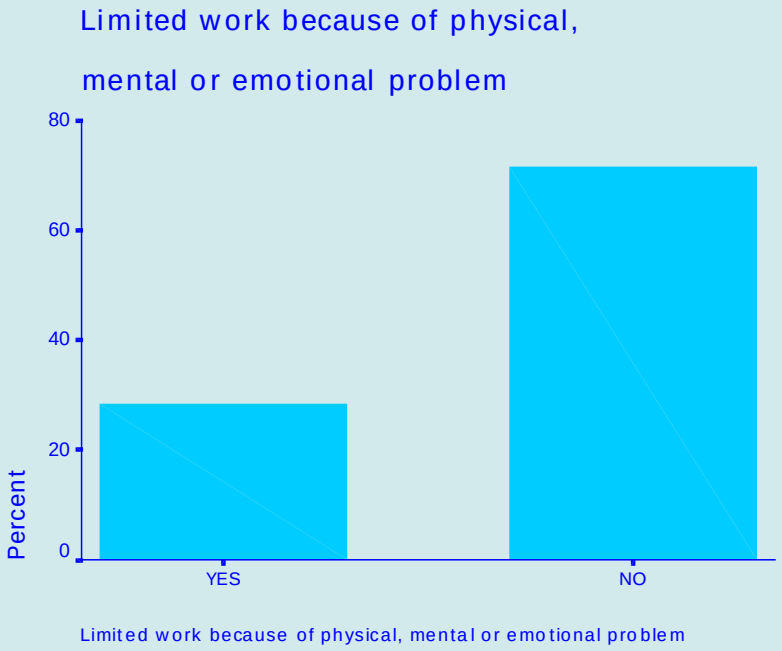


Table 22. Frequencies and Barchart for Respondents Who Are Limited in Any Way Because of Physical, Mental or Emotional Problems

Limited in any way in activities because of physical, mental or emotional problem

	Percent	Frequency
Yes	28.4	571
No	71.6	1437
Total	100.0	2008
NR/DK	0.4	9
System Missing	0	0
Total		2017

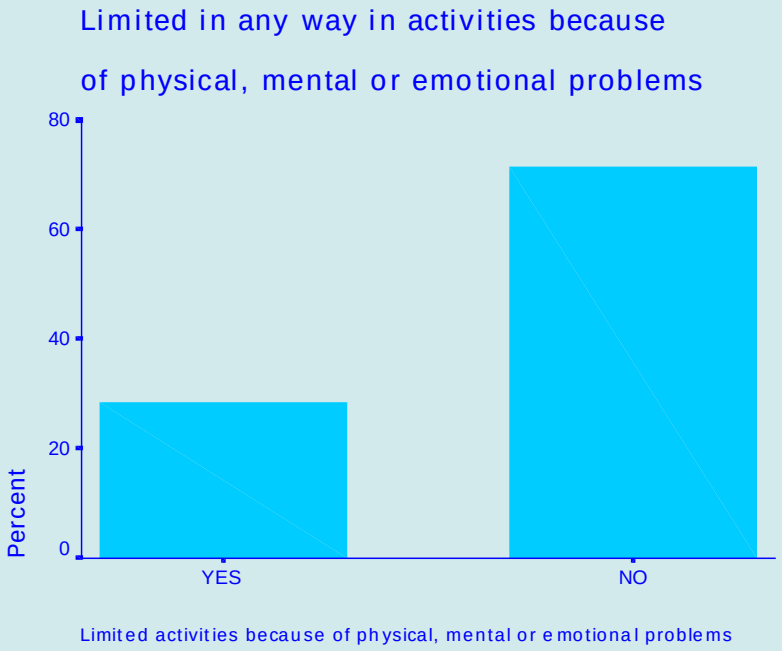


Table 23. Frequencies and Barchart for Respondents Who Did Not Get Enough Rest or Sleep in Past Month

Did not get enough rest past 30 days

	Percent	Frequency
Everyday	19.5	391
Most days	22.7	455
Some days but not most days	41.1	824
Never	16.7	335
Total	100.0	2005
NR/DK	0.6	12
System Missing	0	0
Total		2017

Table 24. Frequencies and Barchart for How Often Respondents Report They Felt Very Healthy and Full of Energy in Past 30 Days

Often felt very healthy and full of energy past 30 days		
	Percent	Frequency
Everyday	13.7	274
Most days	30.1	604
Some days but not most days	42.9	860
Never	13.3	267
Total	100.0	2005
NR/DK	0.6	12
System Missing	0	0
Total		2017

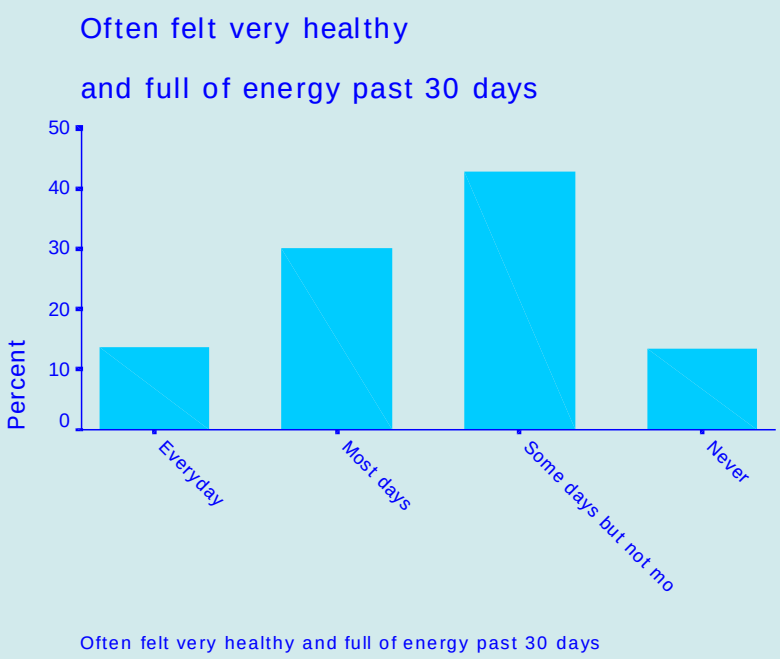


Table 25. Frequencies and Barchart of How Often Respondents Felt Sad, Blue, or Depressed in Past Month

Often felt sad, blue or depressed past 30 days		
	Percent	Frequency
Everyday	8.7	175
Most days	12.8	256
Some days but not most days	48.9	978
Never	29.6	592
Total	100.0	2001
NR/DK	0.8	16
System Missing	0	0
Total		2017

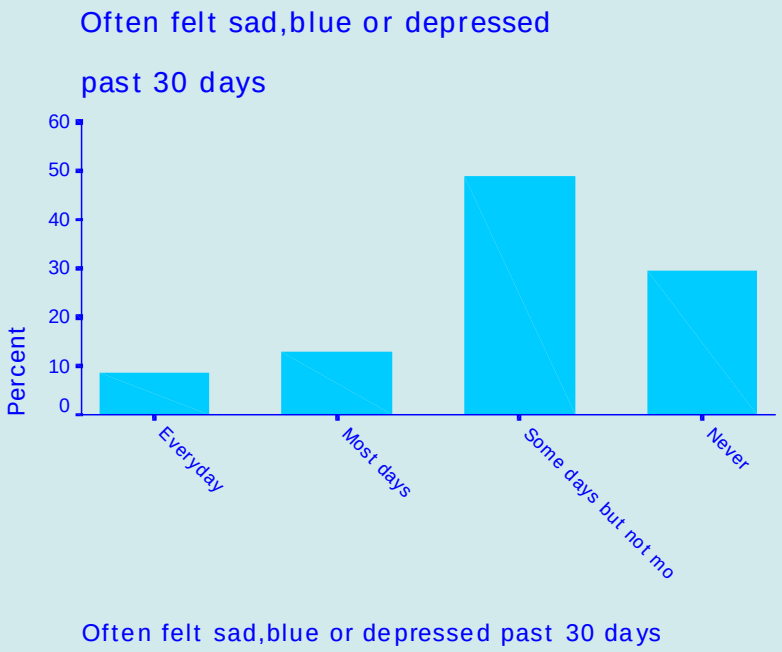


Table 26. Frequencies and Barchart of How Often Respondents Felt Worried, Tense, and Anxious

Number of days felt worried, tense or anxious past 30 days		
	Percent	Frequency
Everyday	15.6	312
Most days	15.8	317
Some days but not most days	47.6	952
Never	21.0	420
Total	100.0	2001
NR/DK	0.8	16
System Missing	0	0
Total		2017

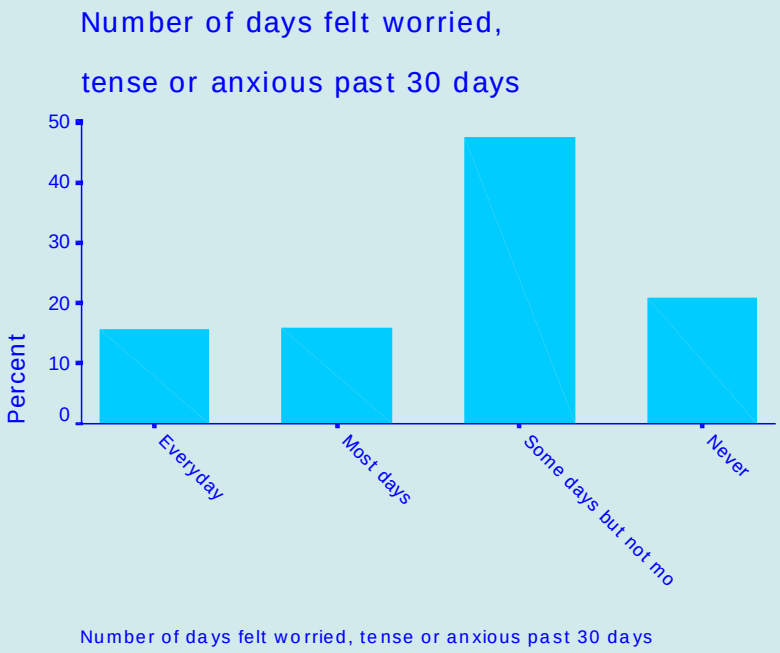


Figure 24. Barchart of Respondents Whose Health Is Very Good or Excellent by Race/Ethnicity

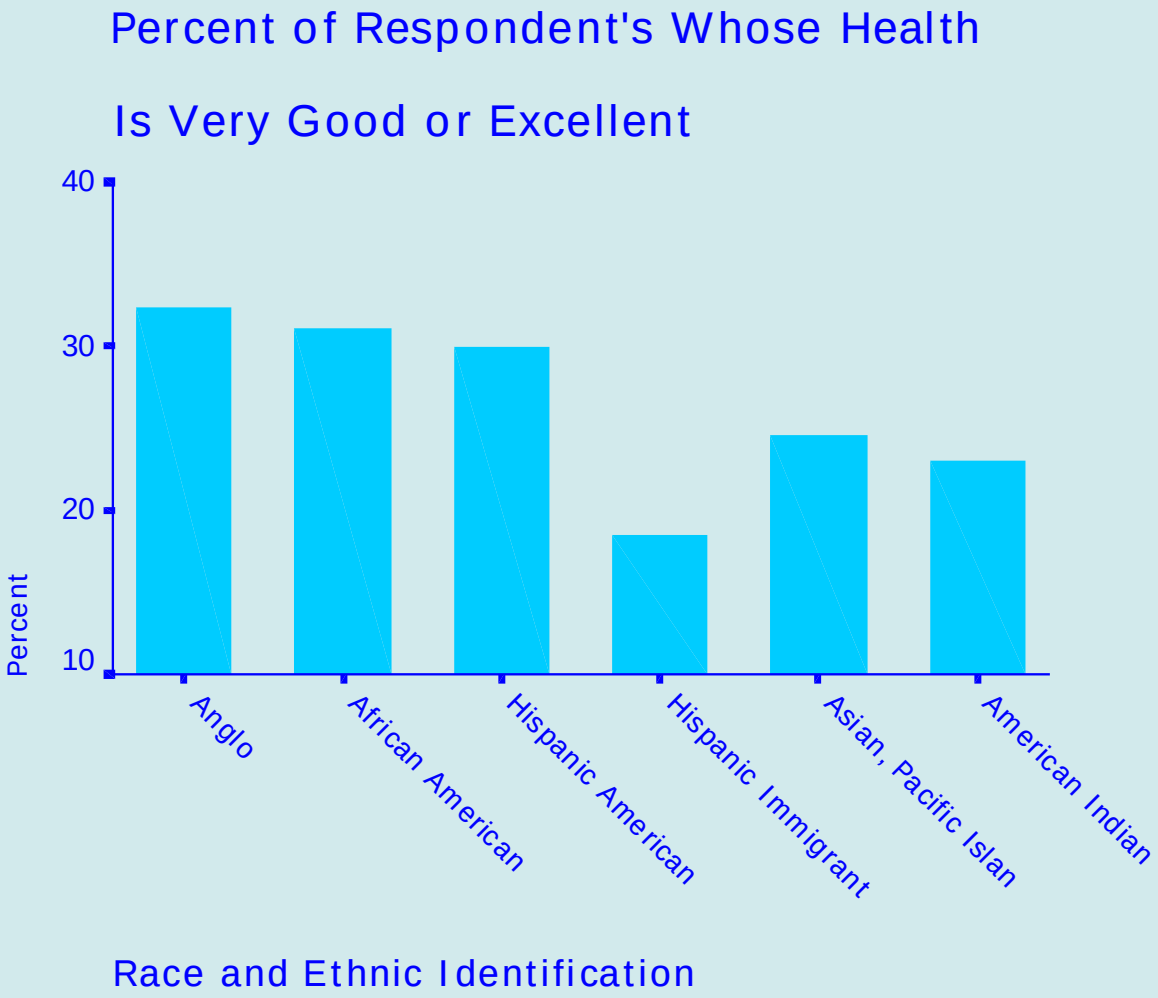


Figure 25. Barchart of Respondents Whose Health Is Fair or Poor by Race/Ethnicity

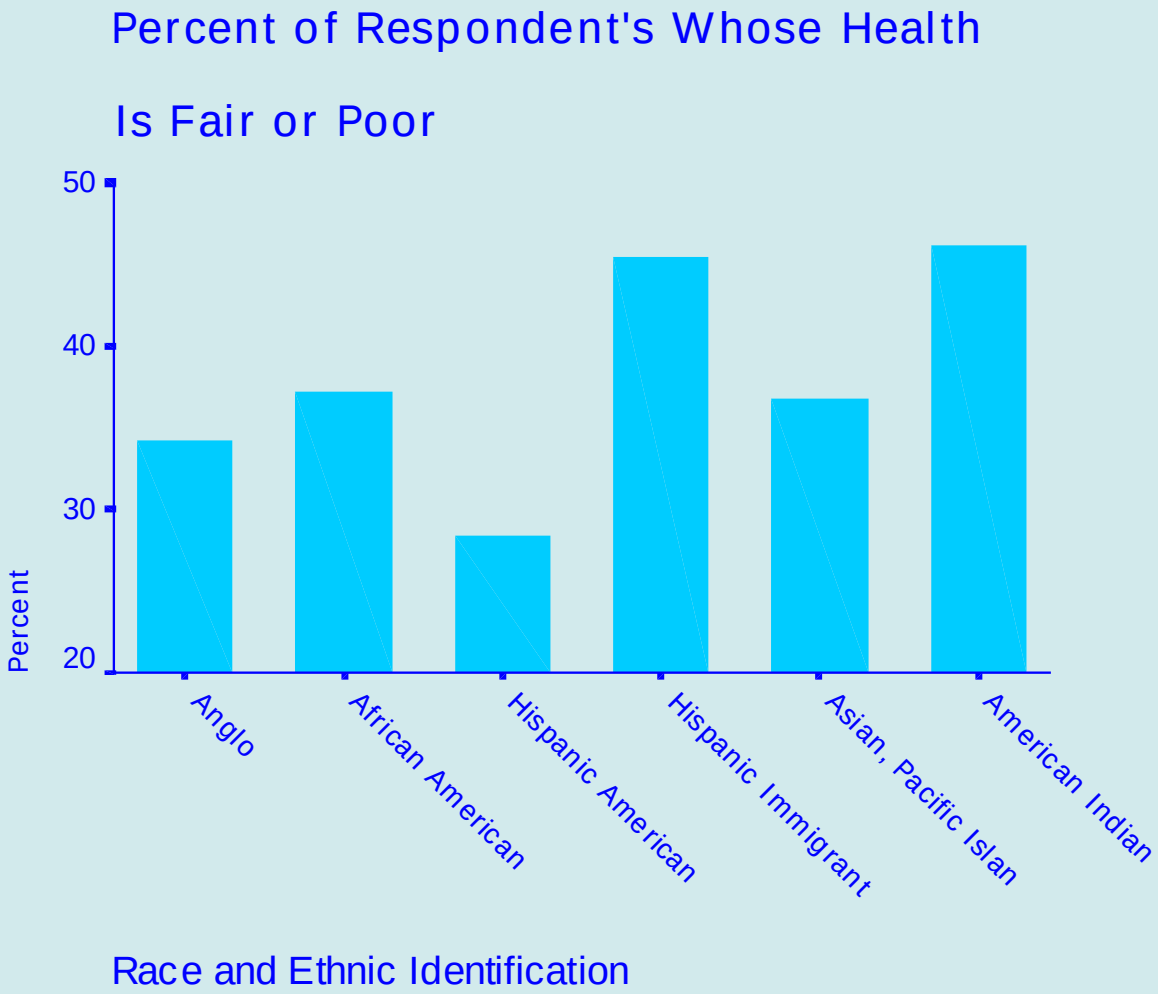


Figure 26. Barchart of Respondents Who Need Help of Others with Personal Care by Race/Ethnicity

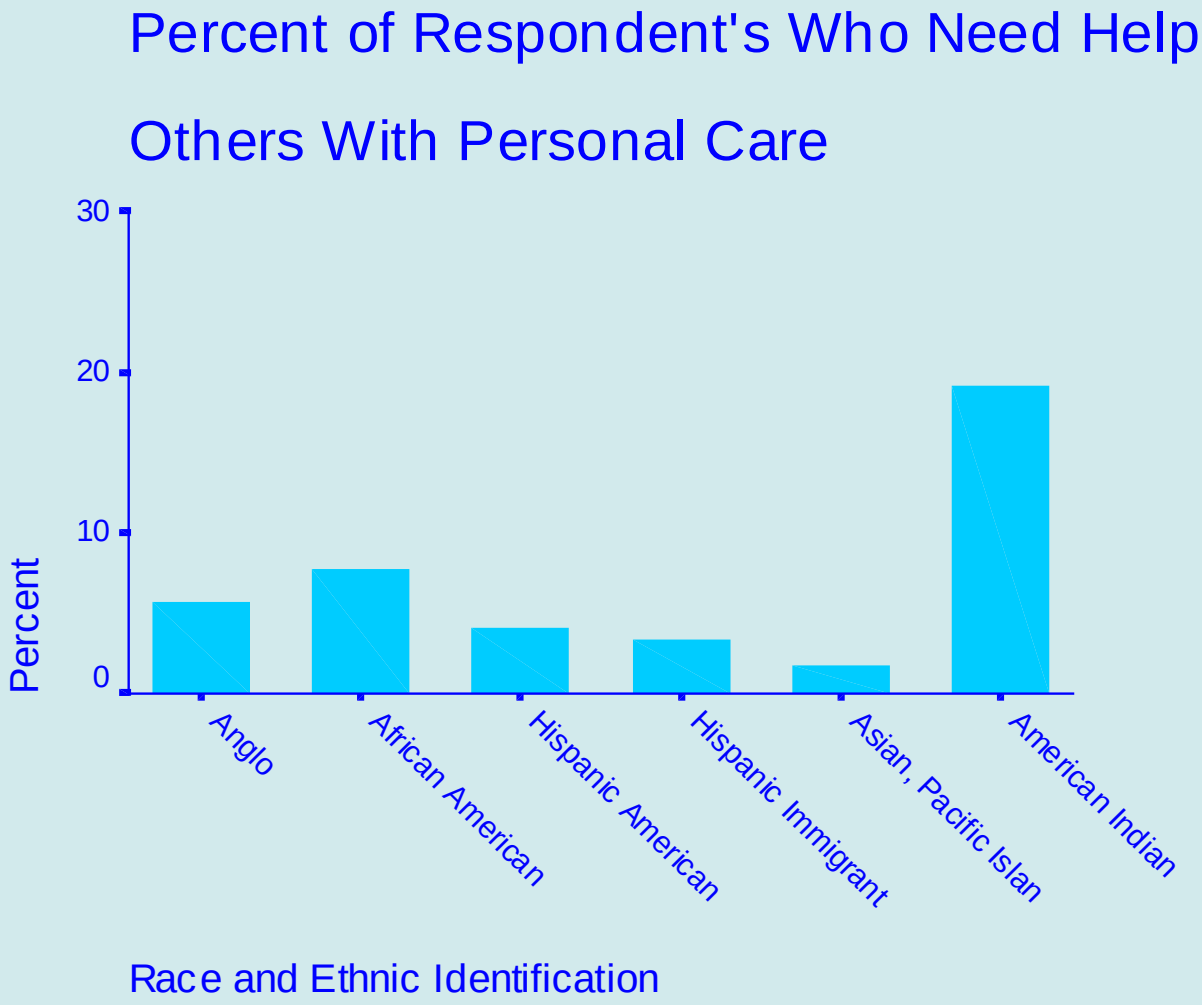


Figure 27. Barchart of Respondents Who Need Help of Others with Routine Care by Race/Ethnicity

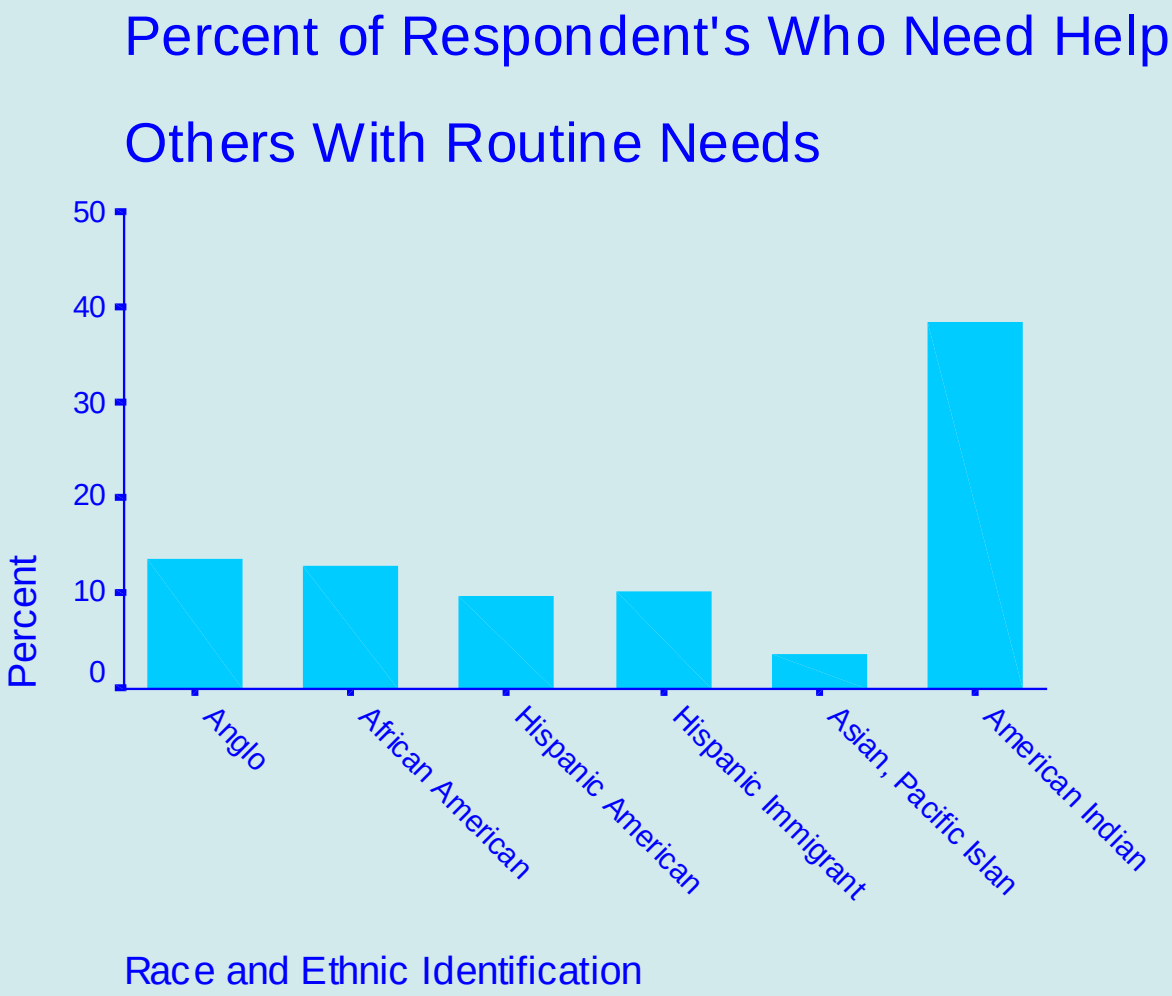


Figure 28. Barchart of Respondents Who Are Limited in Amount of Work They Can Do Because of Health by Race/Ethnicity

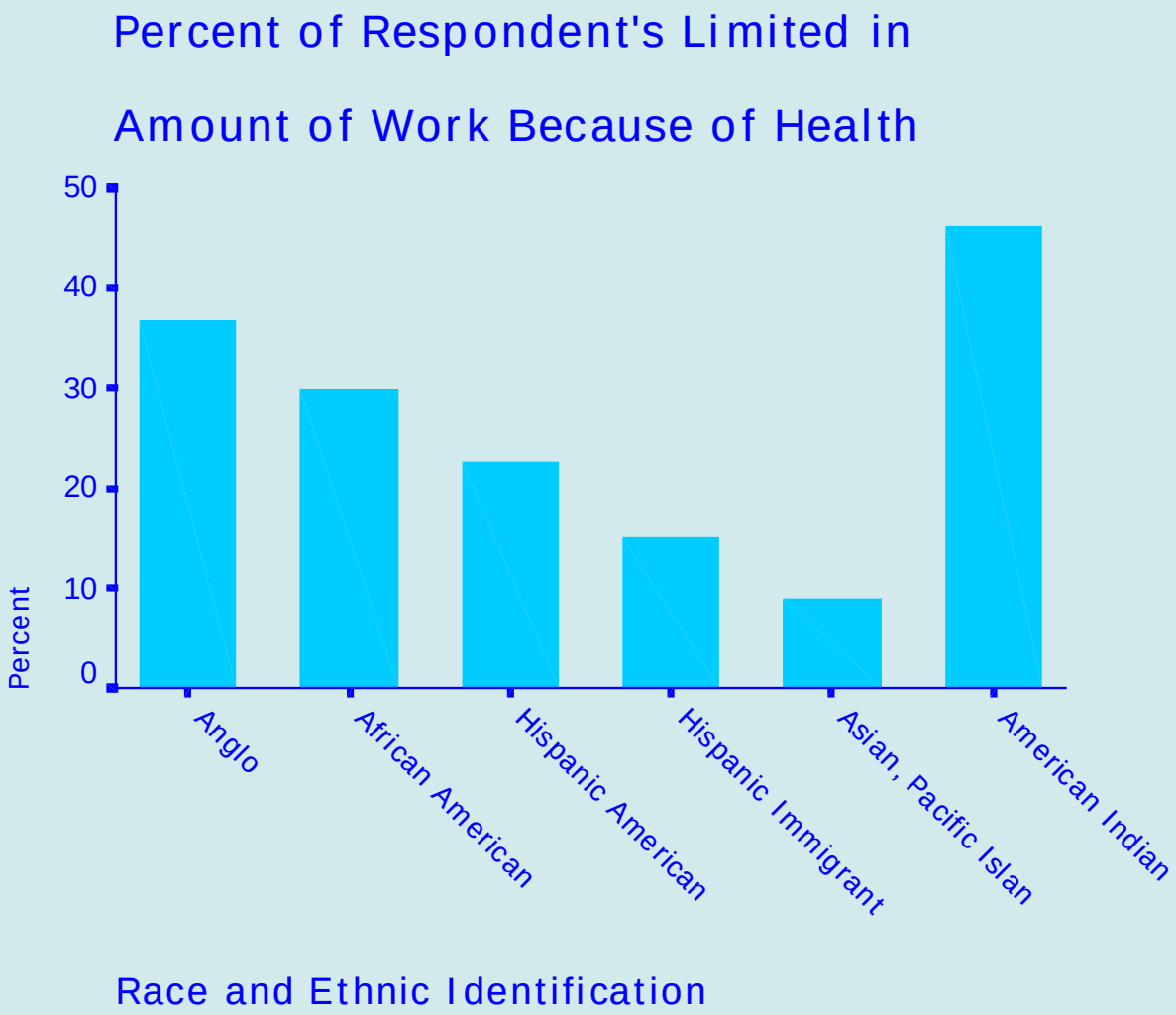


Figure 29. Barchart of Respondents Who Are Limited in Any Way Because of Health by Race/Ethnicity

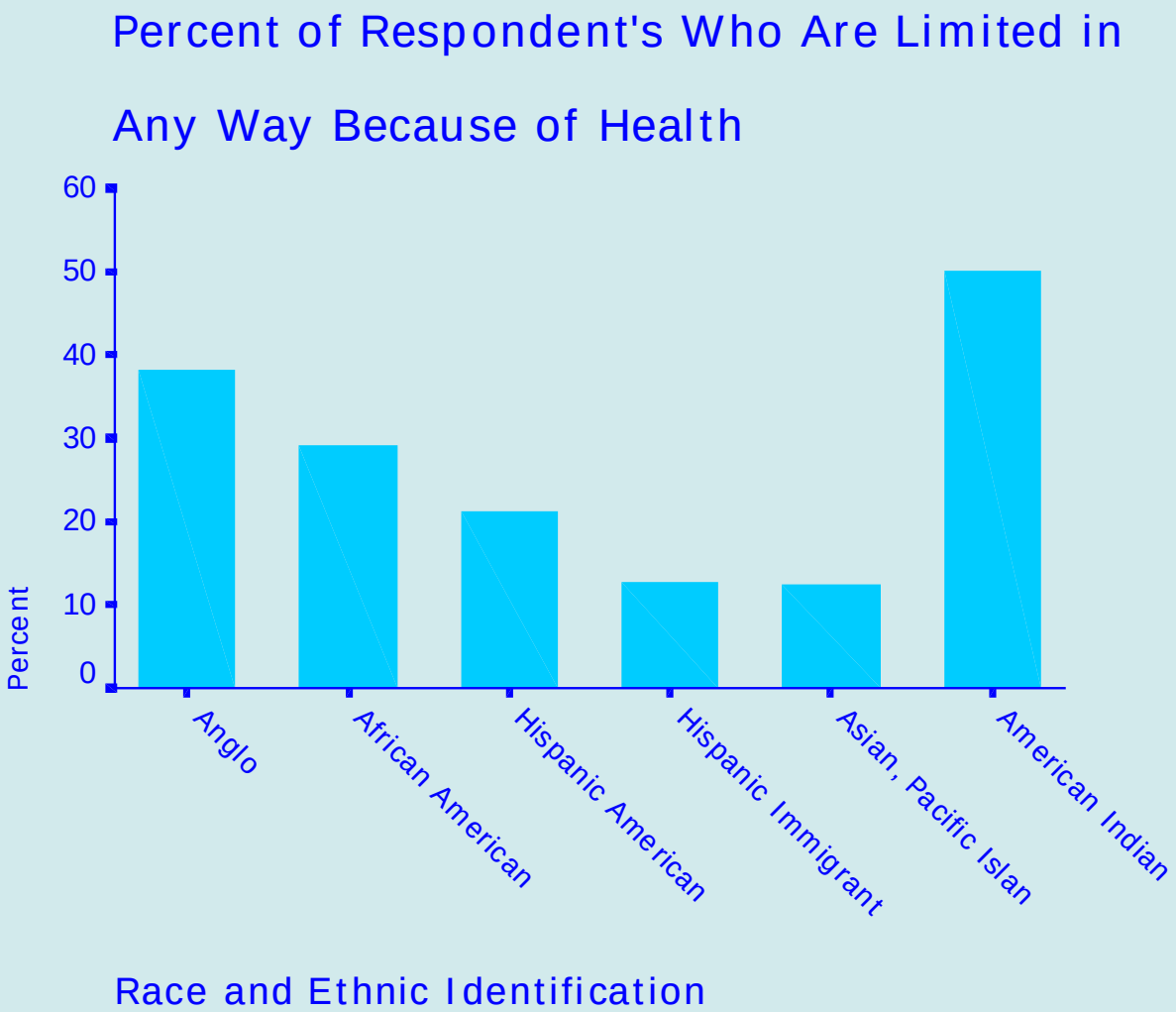


Figure 30. Barchart of Respondents Who Did Not Get Enough Rest or Sleep in Past Month by Race/Ethnicity

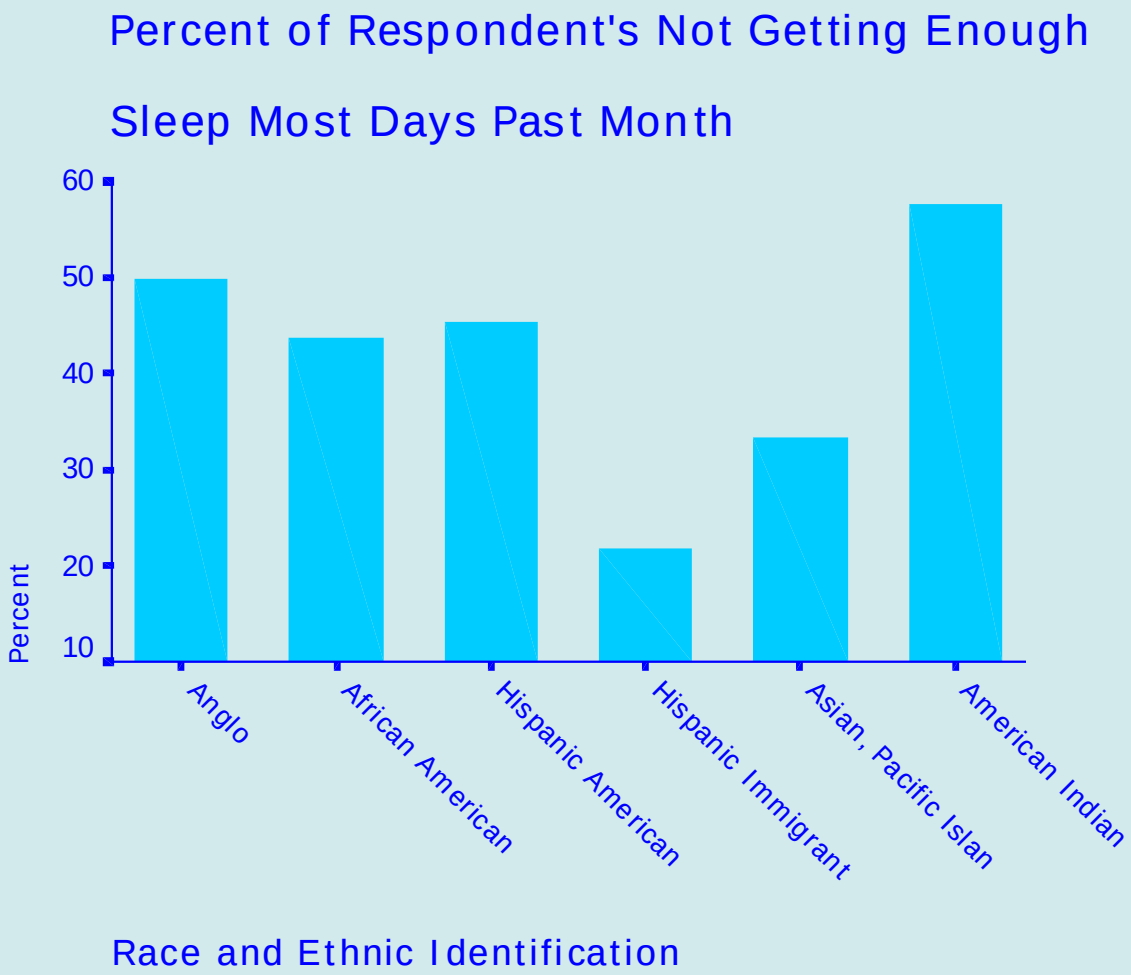


Figure 31. Barchart of Respondents Who Felt Healthy and Full of Energy Most Days in Past Month by Race/Ethnicity

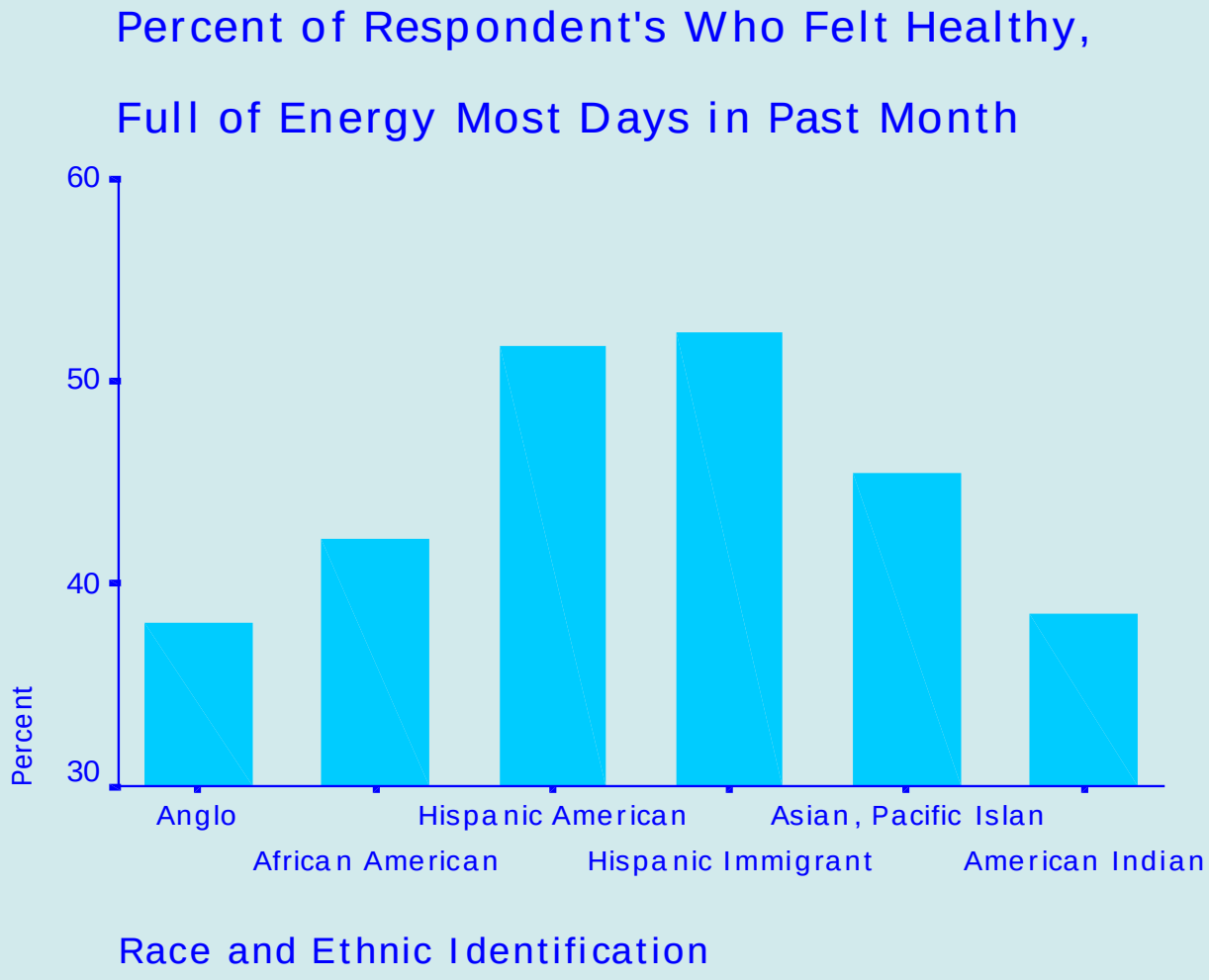


Figure 32. Barchart of Respondents Who Felt Sad, Blue, or Depressed Most Days in Past Month by Race/Ethnicity

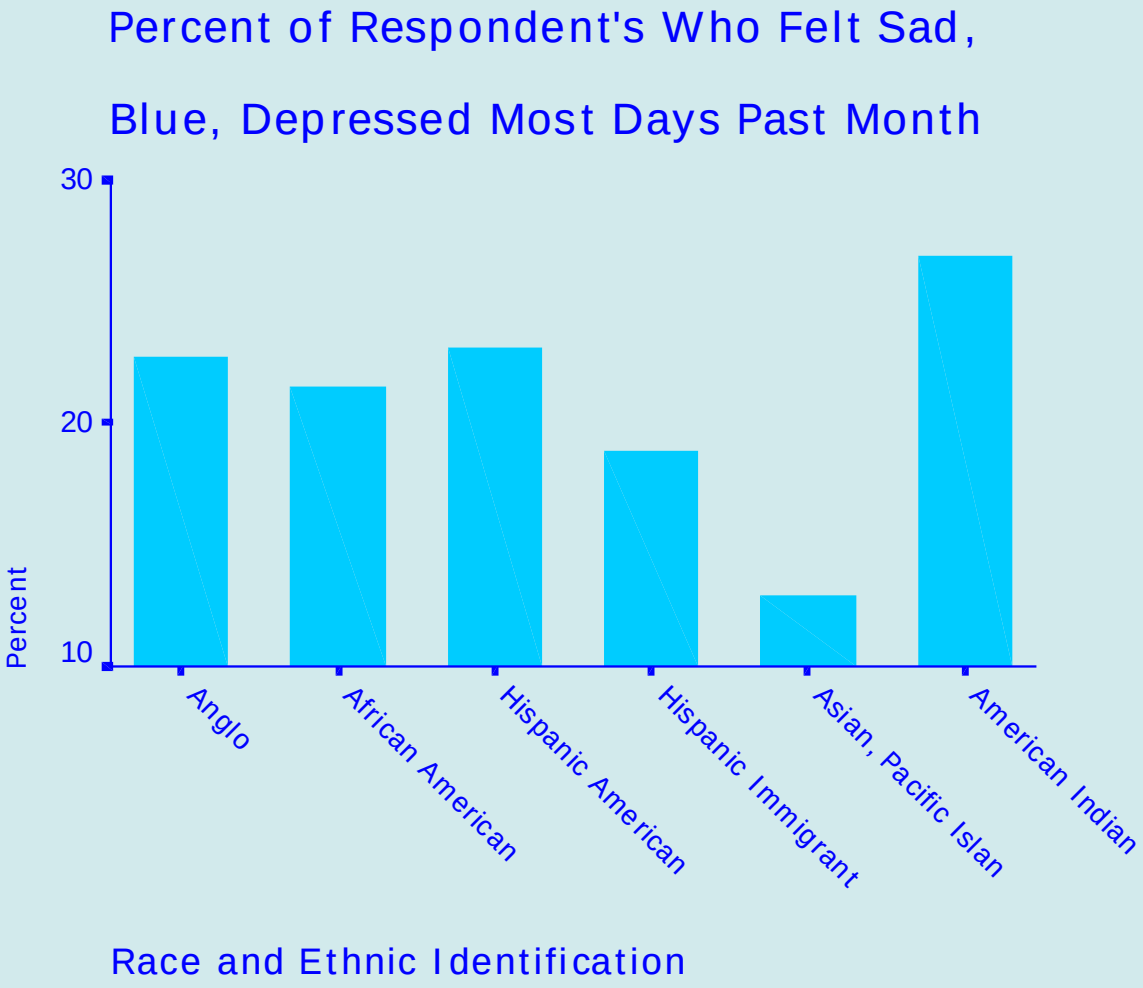
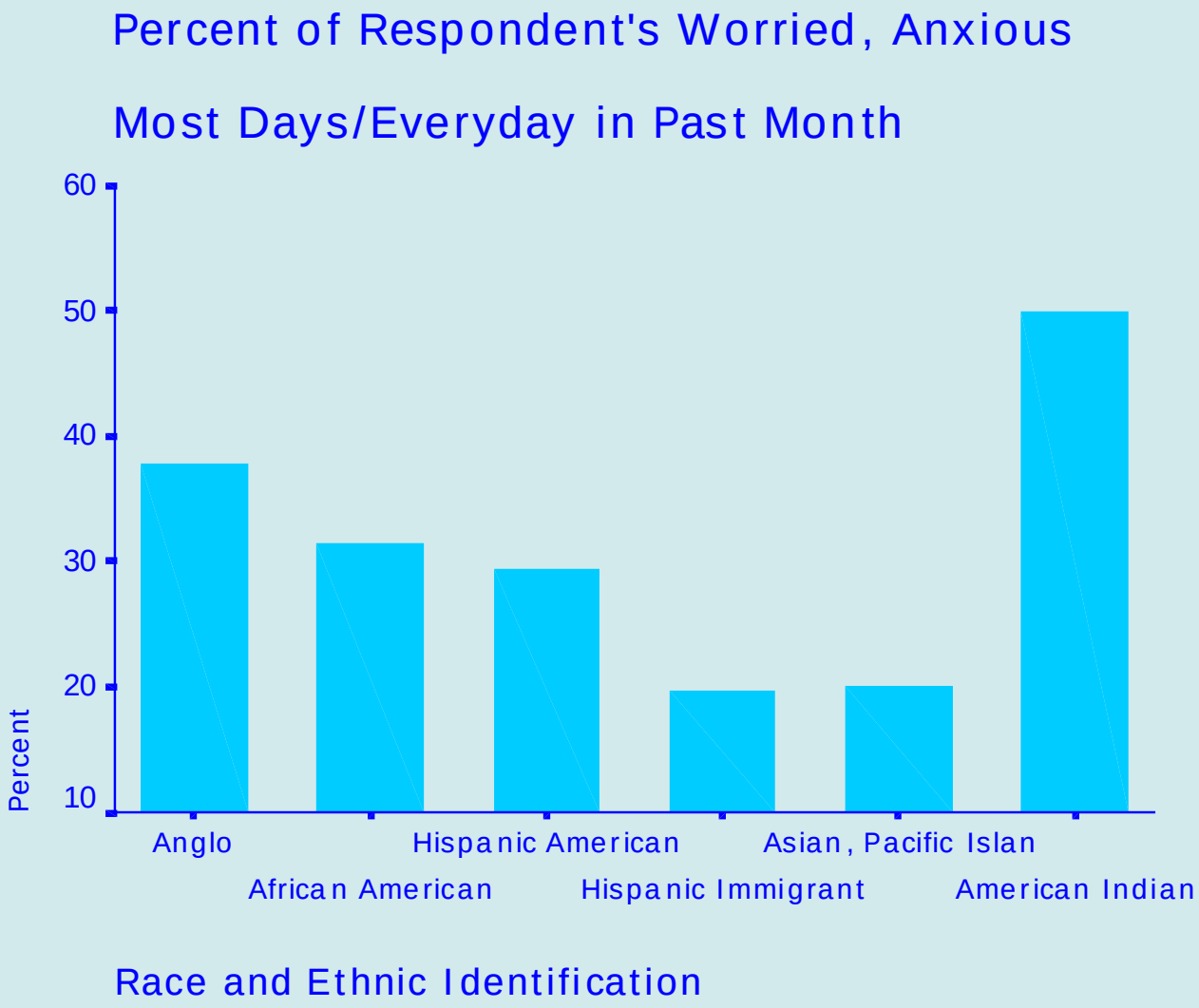


Figure 33. Barchart of Respondents Who Felt Worried or Anxious Most Days in Past Month by Race/Ethnicity



3. INSURANCE COVERAGE

JPS Connections: Table 27. More than half -- 54.8 percent -- of the patients interviewed report being enrolled in JPS Connections.

Other Private and Public Insurance Coverage: Tables 27-34; Figures 34-39. Percent of patients reporting insurance coverage through private and public plans other than JPS Connections, are as follows:

Private insurance coverage through work -- 29.2 percent;
Private insurance coverage through spouse's work -- 10.3 percent;
Medicare coverage -- 7.1 percent;
Medicaid coverage -- 11.4 percent;
CHAMPUS or TRI-CARE -- 1.3 percent;
Military or Veteran's Administration -- 3.4 percent; and
Other sources -- 8.4 percent.

For the four major race/ethnic groups, private insurance through the patient's work is the single most important source of health insurance coverage after JPS Connections, with African Americans being most likely to report such coverage (about 38 percent), followed by Anglos (about 30 percent), and the two Hispanic groups (about 20 percent). Medicaid is the most important source of public coverage; coverage is highest for African Americans and Hispanic Americans. Private insurance coverage through spouse's employment is important for Anglos, African Americans and Hispanic Americans, but least important for Hispanic immigrants. Medicare coverage is highest among African Americans and lowest among the two Hispanic groups. Among American Indians, Medicare and Medicaid coverage is about twice as high as among the four major race/ethnic groups, as is military coverage.

Lapses in Insurance Coverage among the Currently Insured: Table 35; Figure 40. Among the patients who currently have some form of public or private health insurance other than through JPS Connections, almost half -- 48 percent -- report having been uninsured at some time during the past 12 months. Among the four major race/ethnic groups, more than half of the currently insured Anglos, Hispanic Americans, and Hispanic immigrants report being uninsured in the past year, but only 40 percent of the African Americans report being uninsured.

Uninsured Patients: Tables 36-38; Figures 41-49. Among those patients who report that they have no public or private health insurance other than JPS Connections, more than one-fourth, 28 percent, report that they have never had any public or private insurance; another 29 percent report that they have not had any insurance in more than three years; and another 21 percent report they have not had coverage in 1-3 years. Among the currently uninsured, there are large race/ethnic differences in length of time since they last head health insurance. Among Hispanic immigrants, 64 percent report that they have never had health insurance coverage, followed by 27 percent of Hispanic Americans, 19.5 percent of African Americans, and 15 percent of Anglos.

Reasons for lack of insurance in order of occurrence among the uninsured patients are as follows:

Patient cannot afford insurance -- 61.3 percent;
Patient lost job or changed employers -- 38.9 percent;
Patient has usually been healthy and not needed insurance -- 35.6 percent;
Patient's current employer does not offer health insurance -- 30.9 percent;
Patient works part-time -- 19.6 percent;
Patient lost Medicaid coverage -- 19.7 percent;
Free or inexpensive coverage is easily available so patient does not need coverage -- 18.4 percent;
Patient is a temporary employee -- 14.6 percent;
Patient's husband or wife lost job or changed employers -- 12.4 percent; and
Insurance company refuses to cover patient because of poor health or illness -- 9.4 percent.

Not being able to afford insurance coverage was the major reason for lack of coverage was the major reason given for not having health insurance by all four of the major race/ethnic groups.

Affordable health insurance: Table 39; Figure 50. Fifty percent of uninsured patients said that they could afford to pay $0 a month for health insurance. More than half of Hispanic immigrants, Hispanic Americans and African Americans said they could afford $40 a month for health insurance. Les than half of Anglos said they could afford to pay $40 a month for insurance.

ISURANCE COVERAGE

JPS

Health Network Sample

2000

Table 27. Frequencies and Barchart for Health Care Through JPS Connections

Through JPS connections

	Percent	Frequency
Yes	54.8	1106
No	45.2	911
Total	100.0	2017
NR/DK	0.8	17
System Missing	0	0
Total		2034

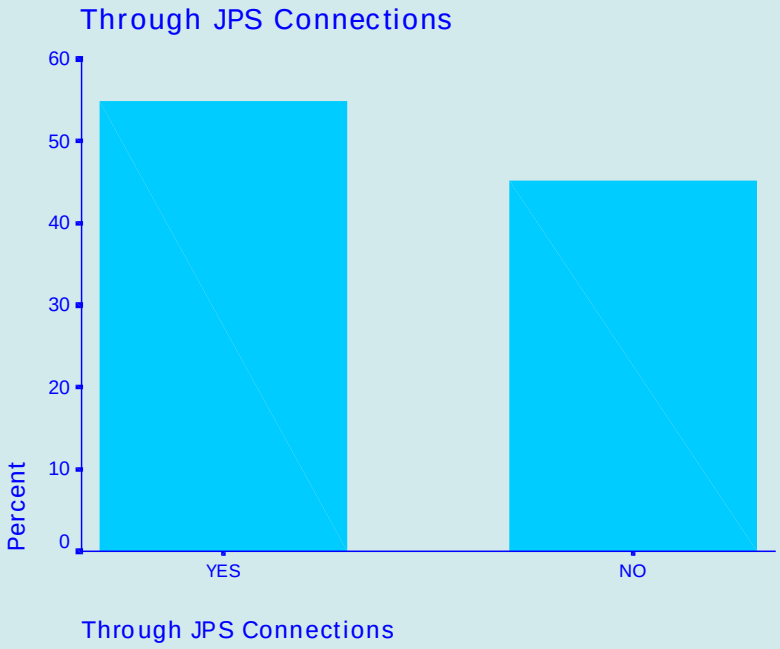


Table 28. Frequencies and Barchart for Private Insurance Coverage Through Work

Private Insurance through work

	Percent	Frequency
Yes	29.2	265
No	70.8	642
Total	100.0	907
NR/DK	0.2	4
System Missing	55.2	1123
Total		2034

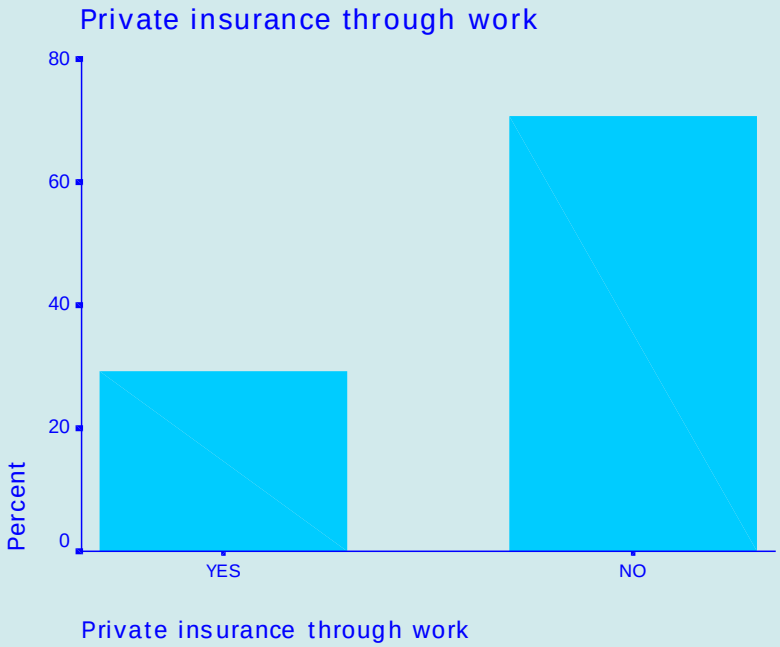


Table 29. Frequencies and Barchart for Private Insurance Coverage Through Spouse's Work

Private Insurance through spouses work

	Percent	Frequency
Yes	10.3	93
No	89.7	812
Total	100.0	905
NR/DK	0.3	6
System Missing	55.2	1123
Total		2034

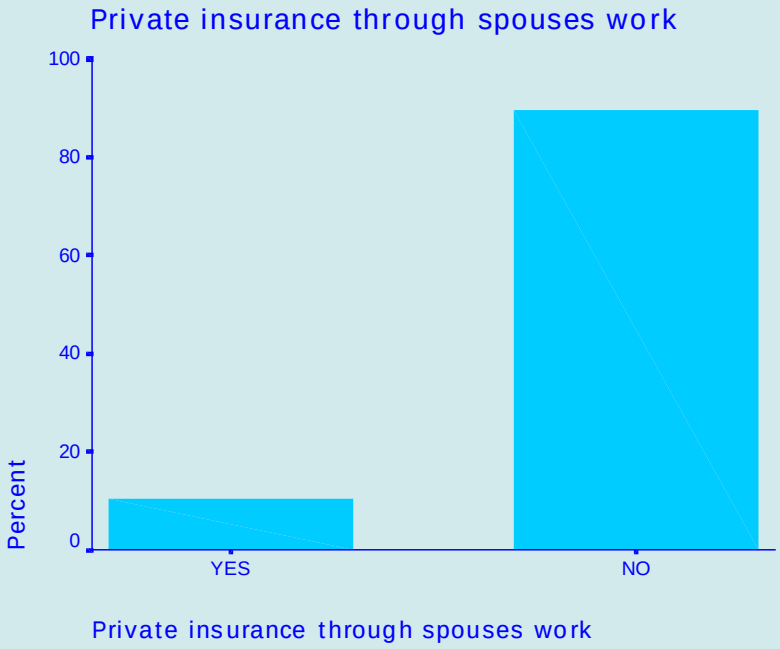


Table 30. Frequencies and Barchart for Medicare Coverage

Medicare

	Percent	Frequency
Yes	7.1	64
No	92.9	839
Total	100.0	903
NR/DK	0.4	8
System Missing	55.2	1123
Total		2034

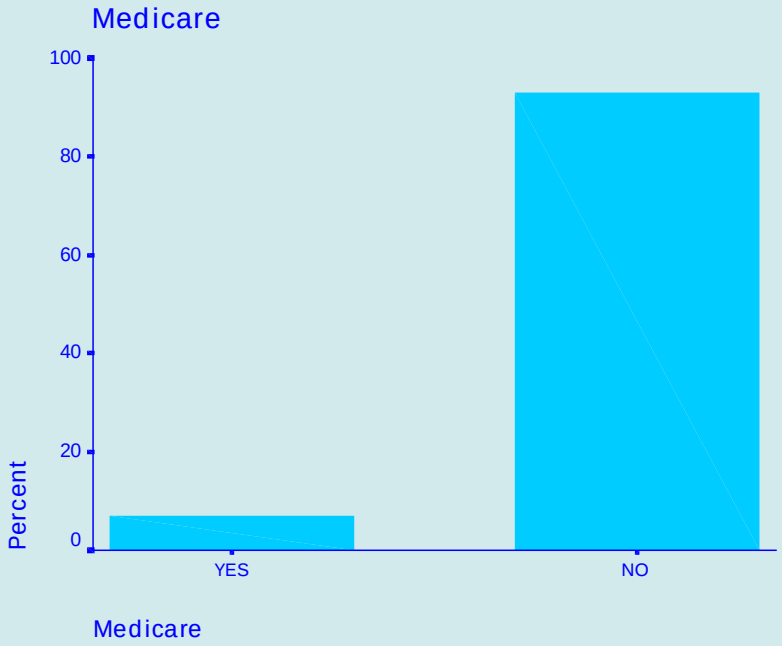


Table 31. Frequencies and Barchart for Medicaid Coverage

Medicaid

	Percent	Frequency
Yes	11.4	103
No	88.6	798
Total	100.0	901
NR/DK	0.5	10
System Missing	55.2	1123
Total		2034

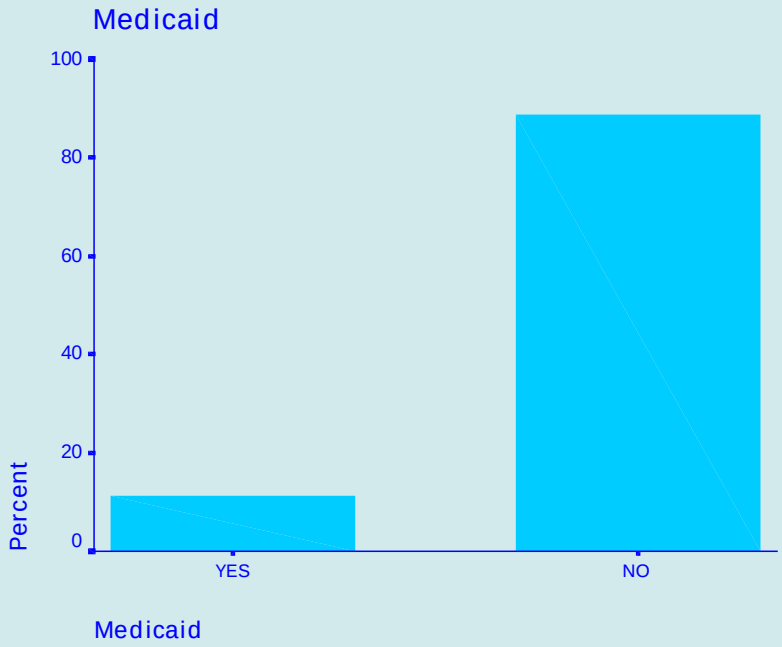


Table 32. Frequencies and Barchart for Health Care Coverage Through CHAMPUS or TRI-CARE

CHAMPUS or TRI-CARE

	Percent	Frequency
Yes	1.3	12
No	98.7	885
Total	100.0	897
NR/DK	0.7	14
System Missing	55.2	1123
Total		2034

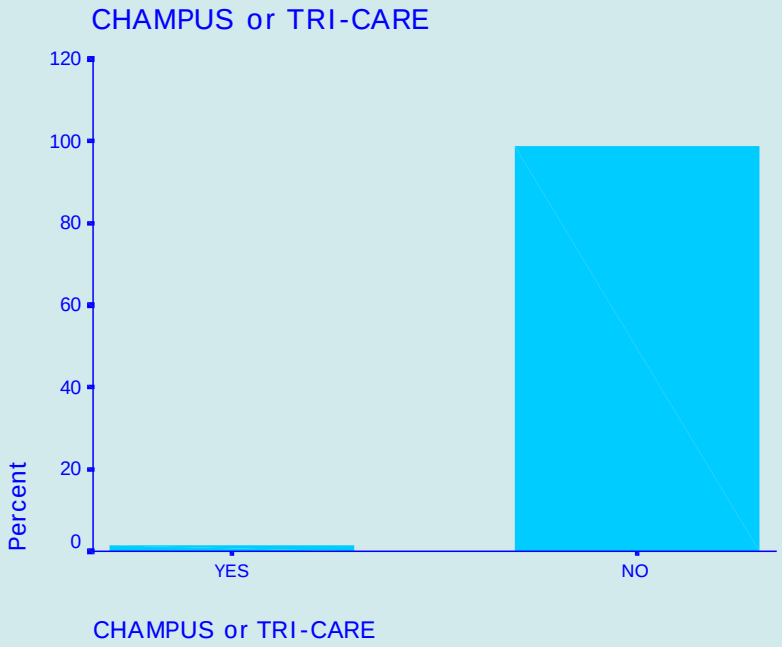


Table 33. Frequencies and Barchart for Health Care Coverage Through Military or Veteran's Administration

Military health care or VA

	Percent	Frequency
Yes	3.4	31
No	96.6	875
Total	100.0	906
NR/DK	0.2	5
System Missing	55.2	1123
Total		2034

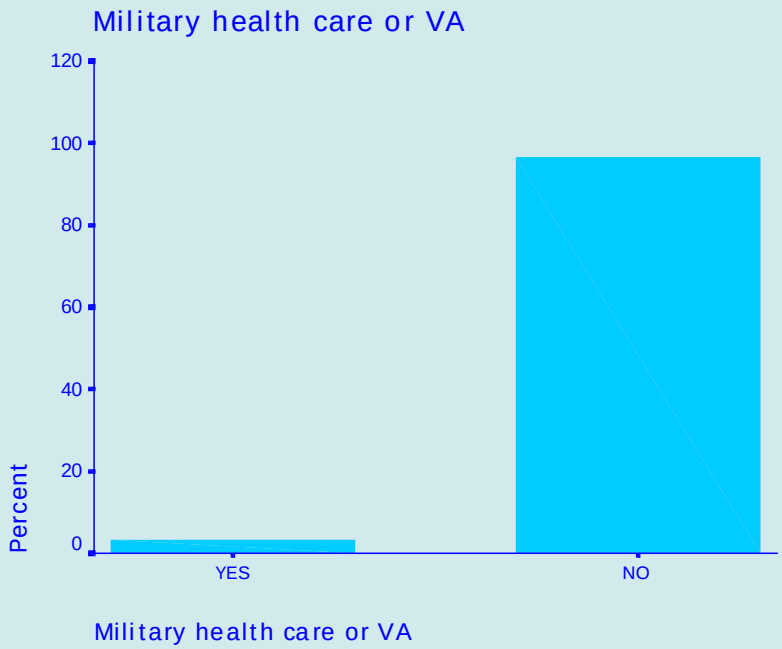


Table 34. Frequencies and Barchart for Health Care Coverage Through Sources Other than Those Listed Above

Other source

	Percent	Frequency
Yes	8.4	76
No	91.6	831
Total	100.0	907
NR/DK	0.2	4
System Missing	55.2	1123
Total		2034

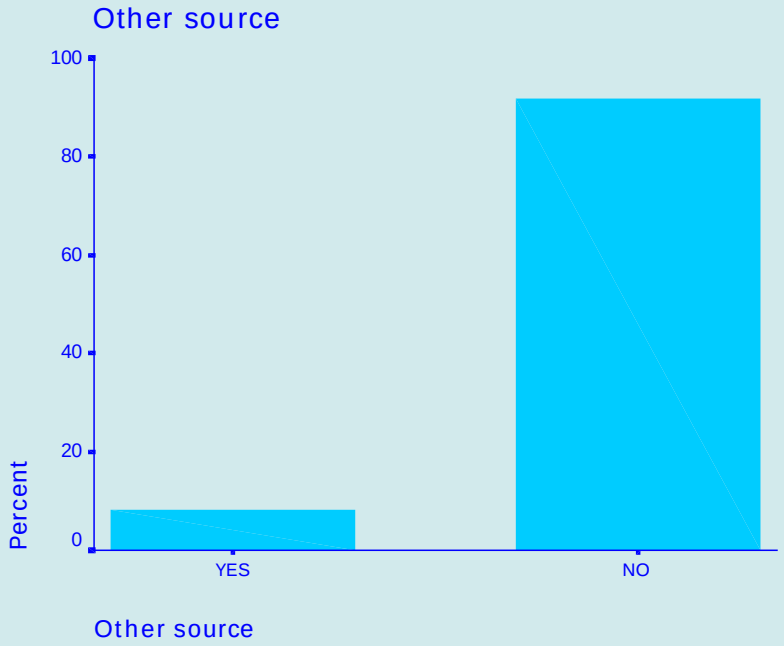


Figure 34. Barchart for Insurance Coverage other than JPS Connection among Anglos

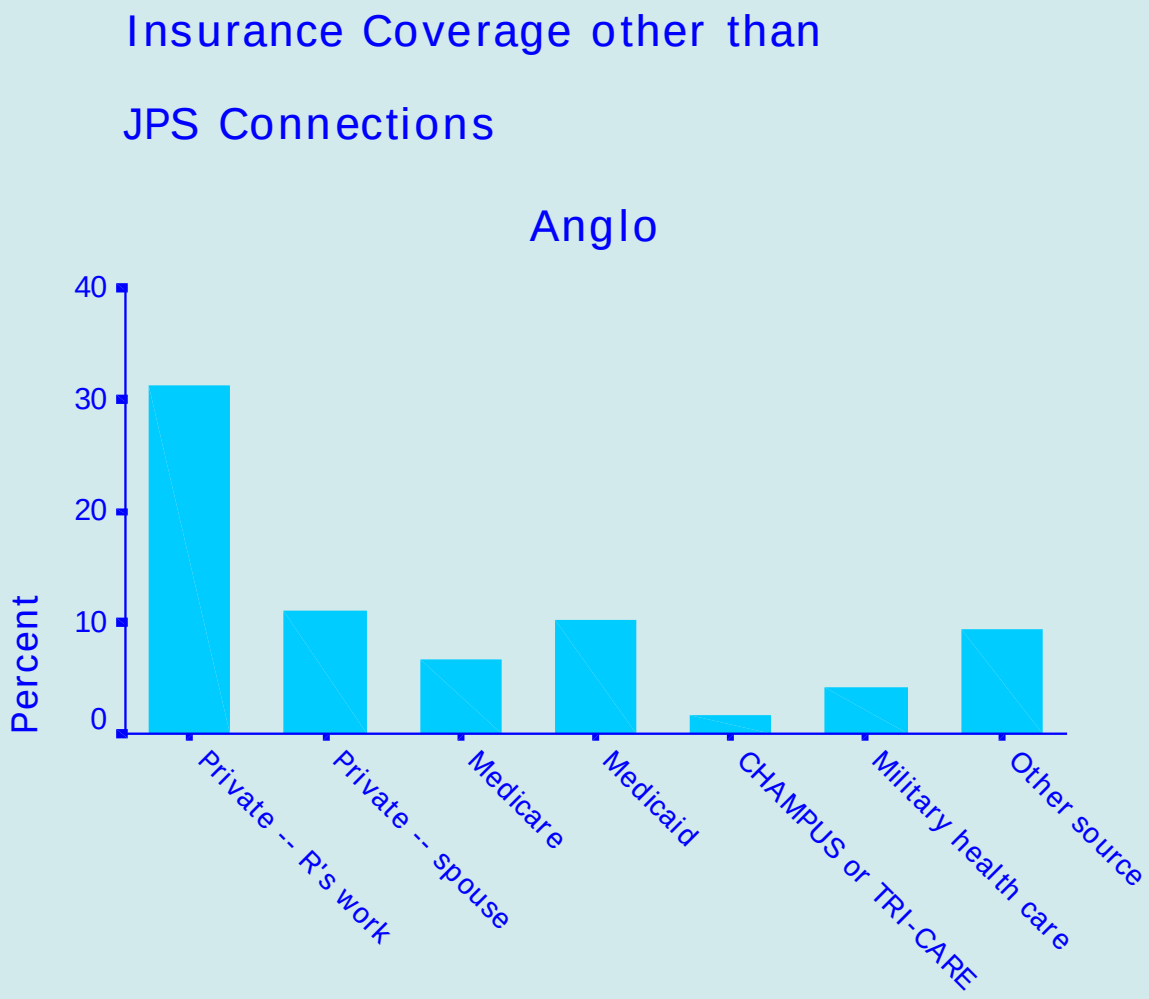


Figure 35. Barchart for Insurance Coverage other than JPS Connection among African Americans

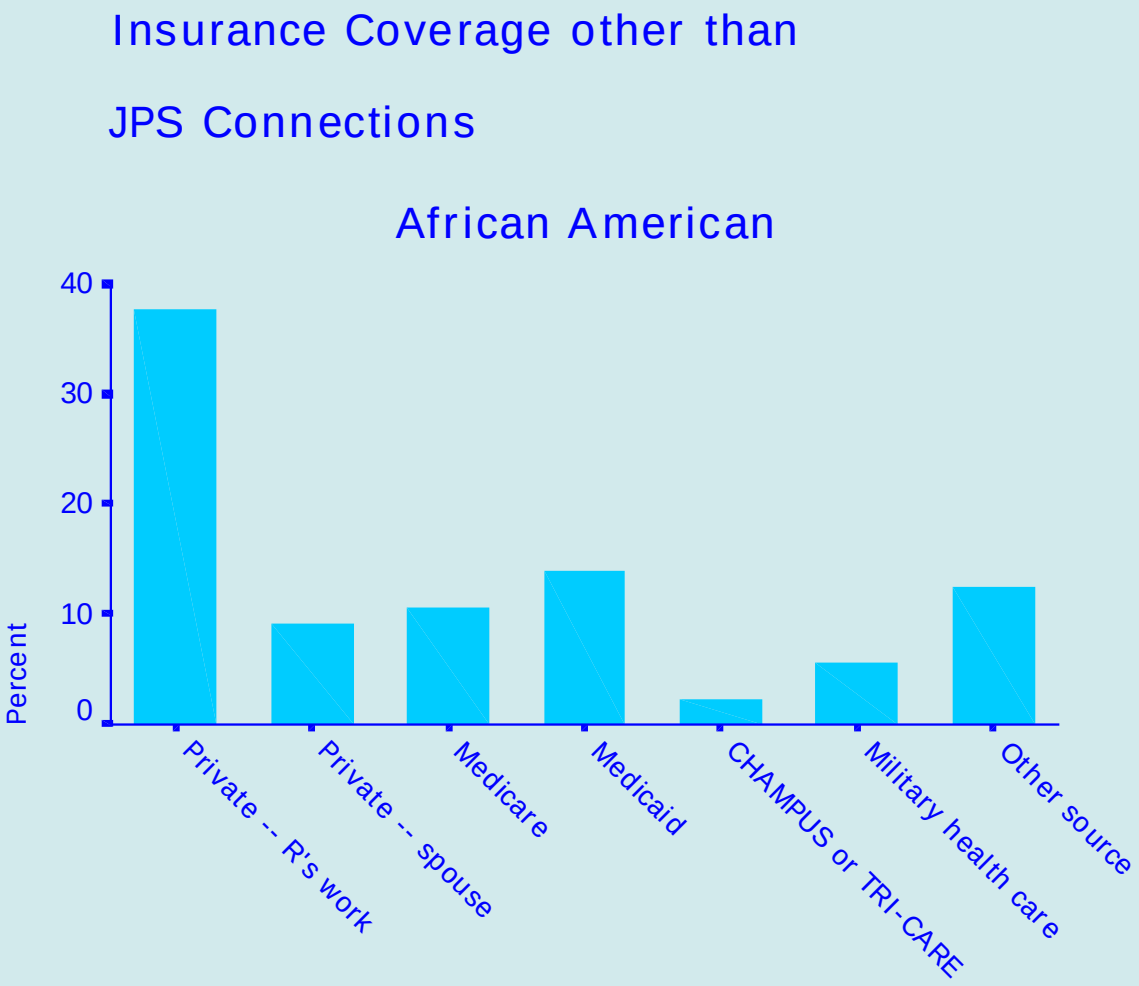


Figure 36. Barchart for Insurance Coverage other than JPS Connection among Hispanic Americans

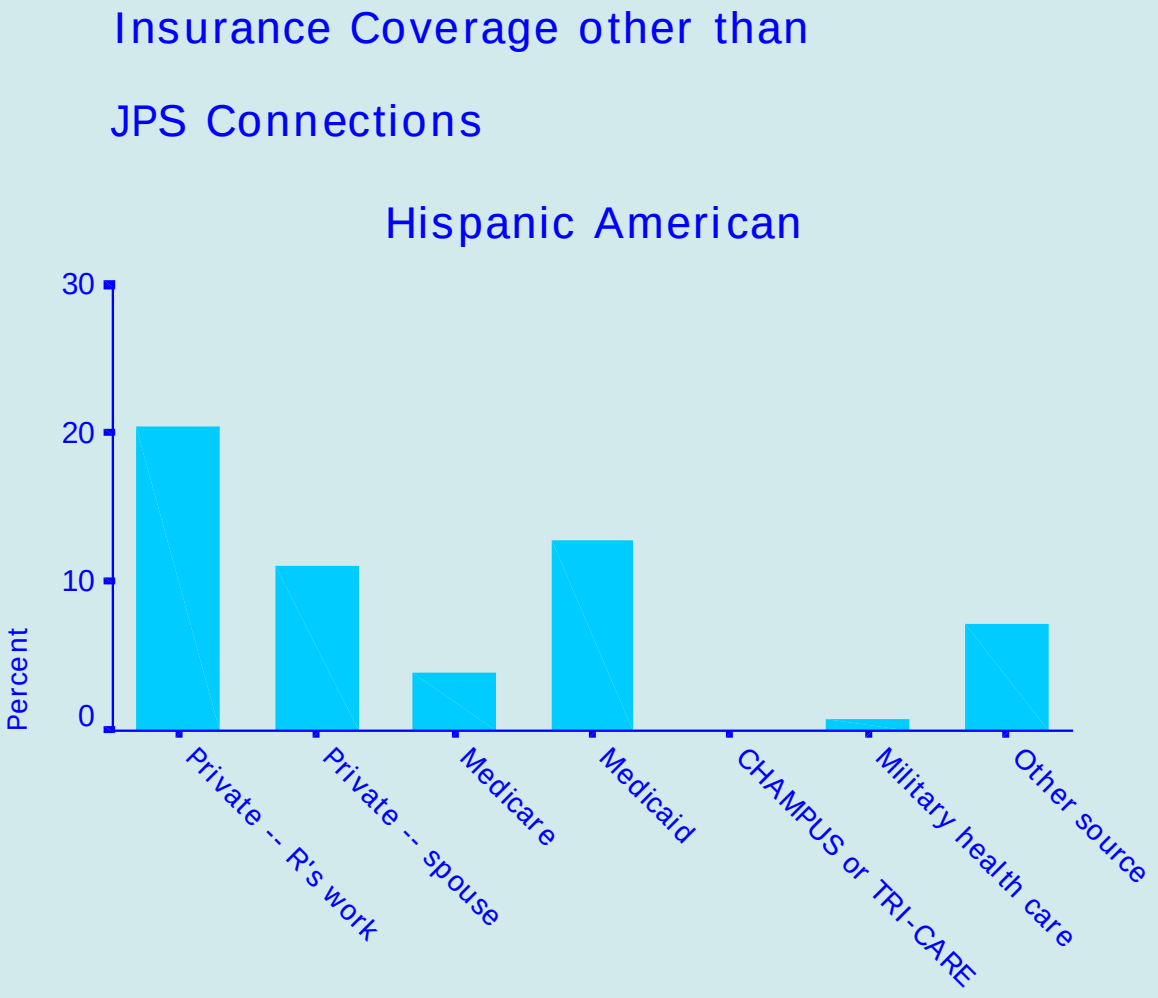


Figure 37. Barchart for Insurance Coverage other than JPS Connection among Hispanic Immigrants

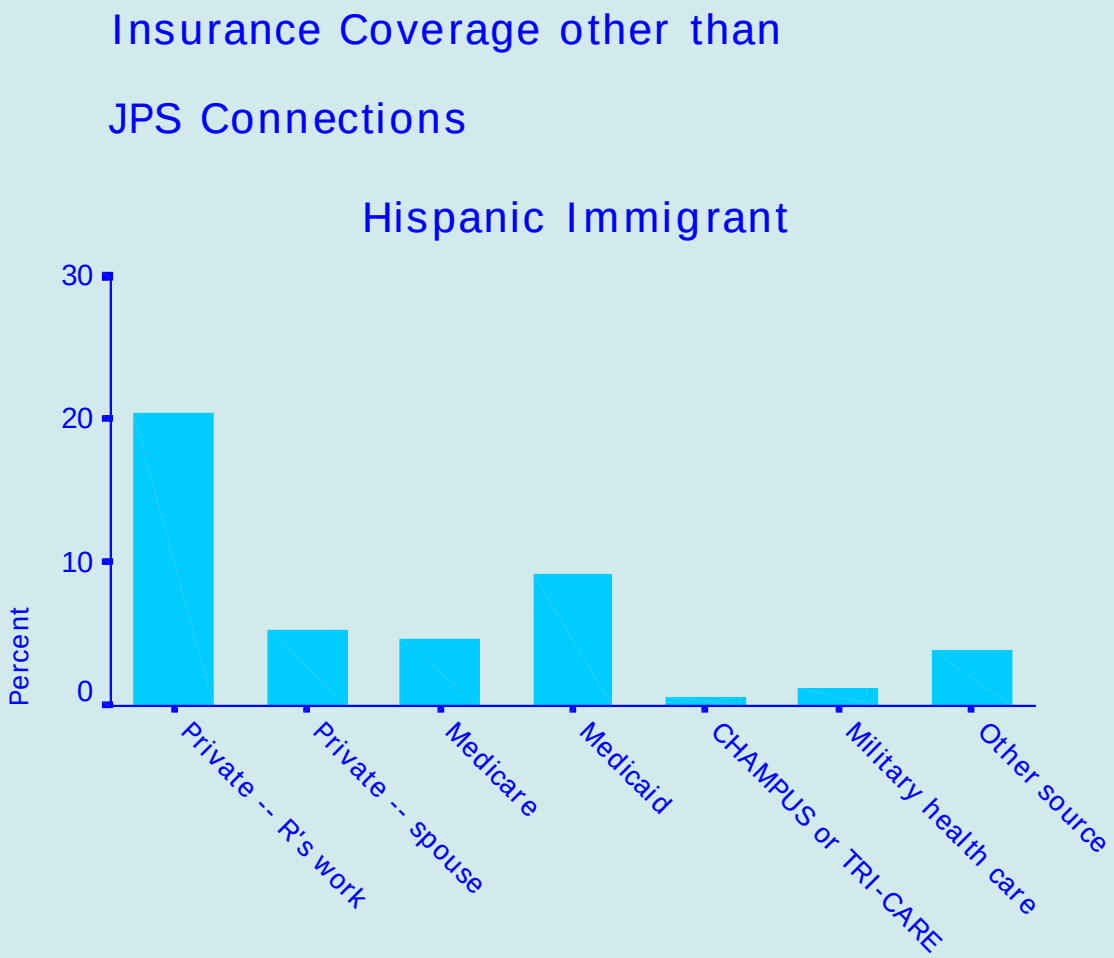


Figure 38. Barchart for Insurance Coverage other than JPS Connection among Asian, Pacific Islanders

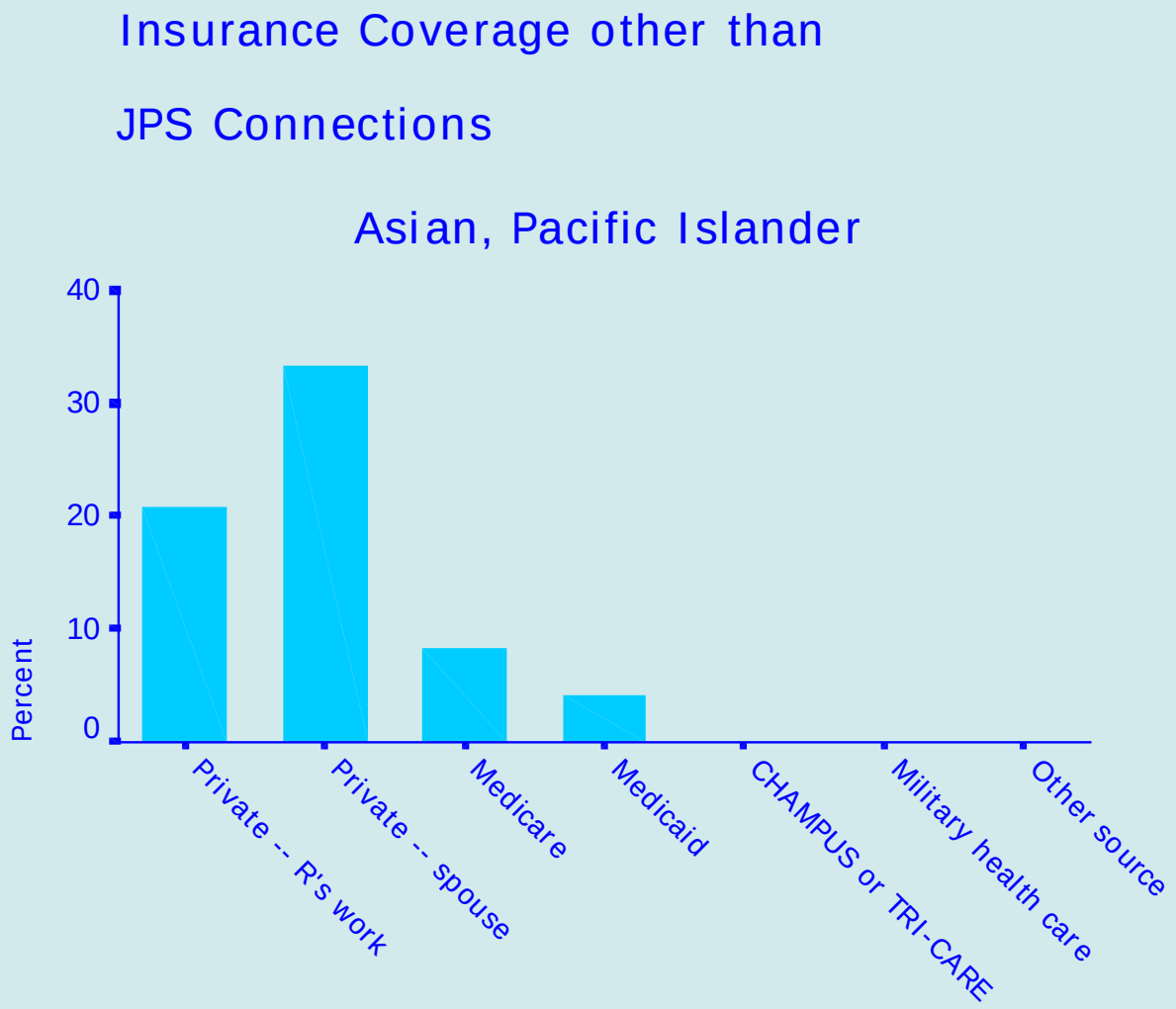


Figure 39. Barchart for Insurance Coverage other than JPS Connection among American Indians

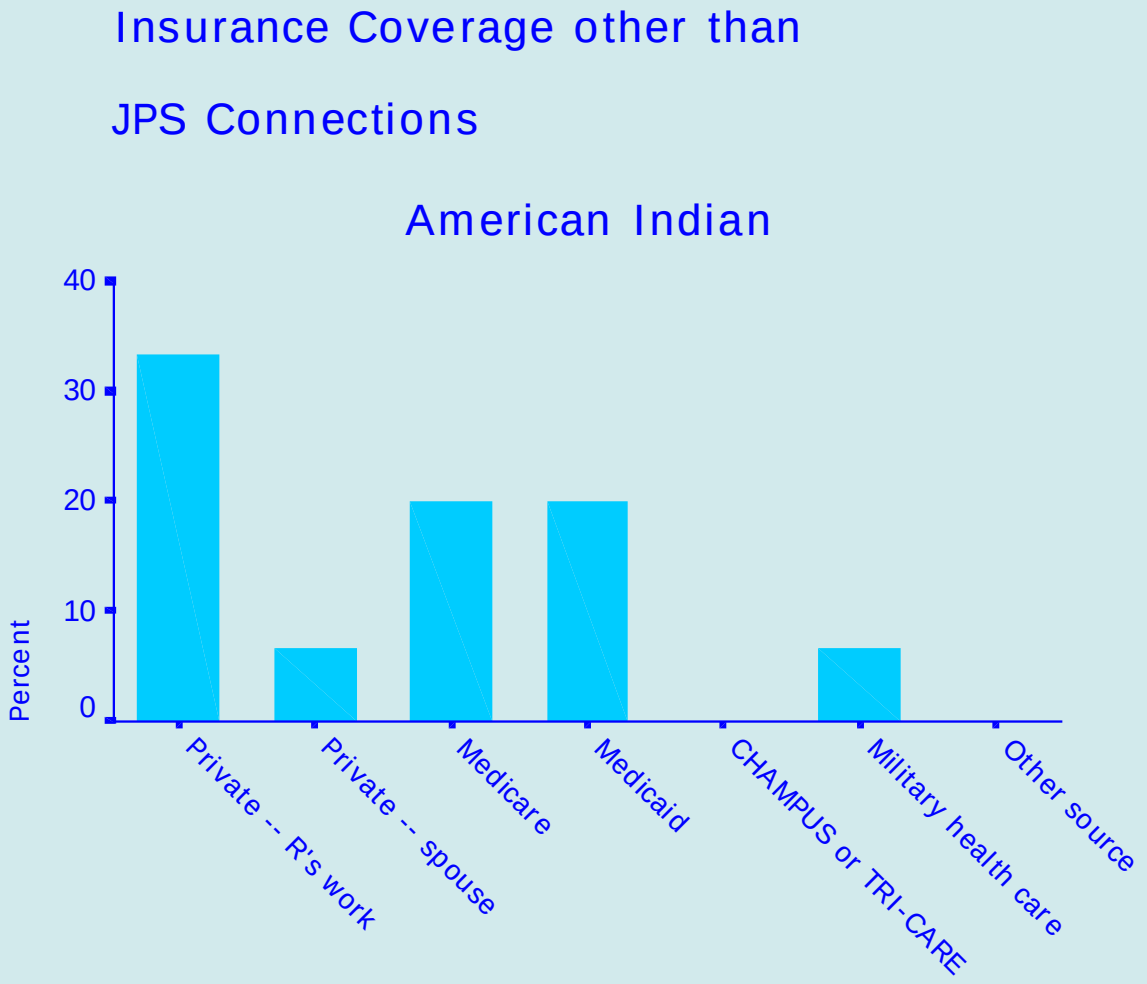


Table 35. Frequencies and Barchart for Lack of Insurance Coverage in Past Year Among Respondents Who Are Currently Insured Other Than Through JPS Connections

Did not have coverage past 12 months

	Percent	Frequency
Yes	47.9	235
No	52.1	256
Total	100.0	491
NR/DK	0.2	4
System Missing	75.5	1522
Total		2017

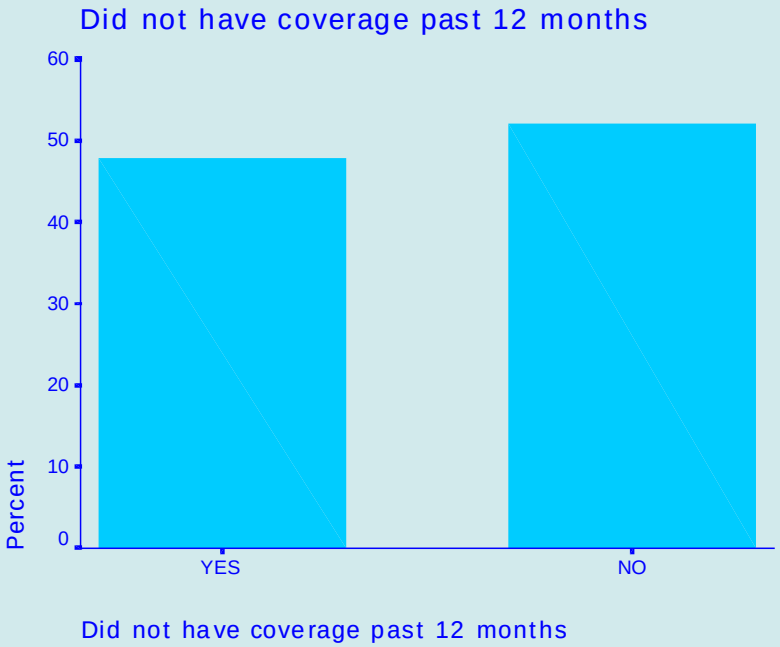


Figure 40. Barchart of Respondents With Non-JPS Connections Coverage Without Insurance Coverage in Past Year by Race/Ethnicity

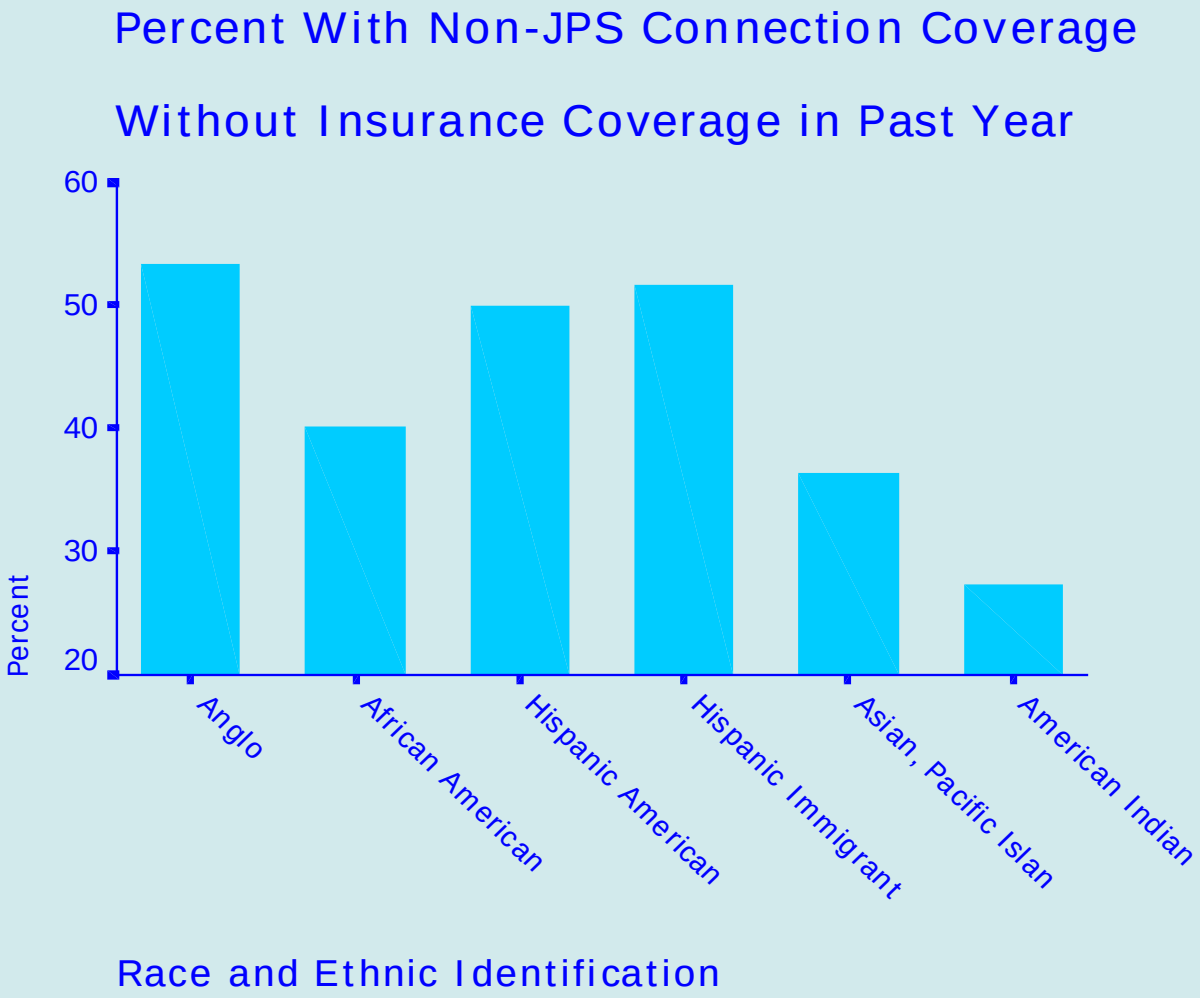


Table 36. Frequencies and Barchart for Length of Time Since Uninsured Patients Had Health Insurance Coverage

Had Health Insurance Coverage other than JPS Connections

	Percent	Frequency
6 months or less	10.7	160
6-12 months	11.1	165
1-3 years	21.1	314
More than 3 years	29.1	433
Never	28.1	418
Sub-Total	100.0	1490
NR/DK	1.6	32
System Missing	24.5	495
Total		2017

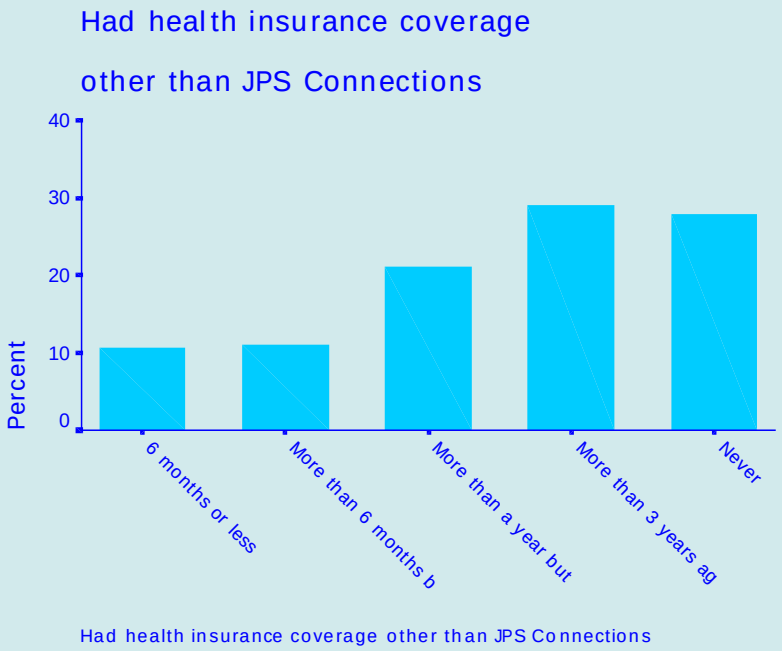


Table 37. Frequencies for Length of Time Since Uninsured Respondents Had Health Insurance other than JPS Connections

Had health insurance coverage other than JPS Connections	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
6 months or less	8.6	50	13.9	46	15.7	32	6.3	20	23.3	10	13.3	2
6-12 months	10.5	61	13.0	43	9.3	19	11.1	35	11.6	5	13.3	2
1-3 years	27.5	160	20.3	67	22.1	45	10.1	32	18.6	8	13.3	2
More than 3 years	38.8	226	34.2	113	26.0	53	8.9	28	9.3	4	60.0	9
Never	14.6	85	18.5	61	27.0	55	63.6	201	37.2	16	0	0
Sub-Total	100.0	582	100.0	330	100.0	204	100.0	316	100.0	43	100.0	15
NR/DK	1.4	11	1.9	9	2.6	7	0.8	3	3.5	2	0	0
System Missing	26	208	30.2	147	21.3	57	15.8	60	21.1	12	42.3	11
Total		801		486		268		379		57		26

Figure 41. Barchart for Length of Time Since Uninsured Anglo Respondents Had Health Insurance Coverage

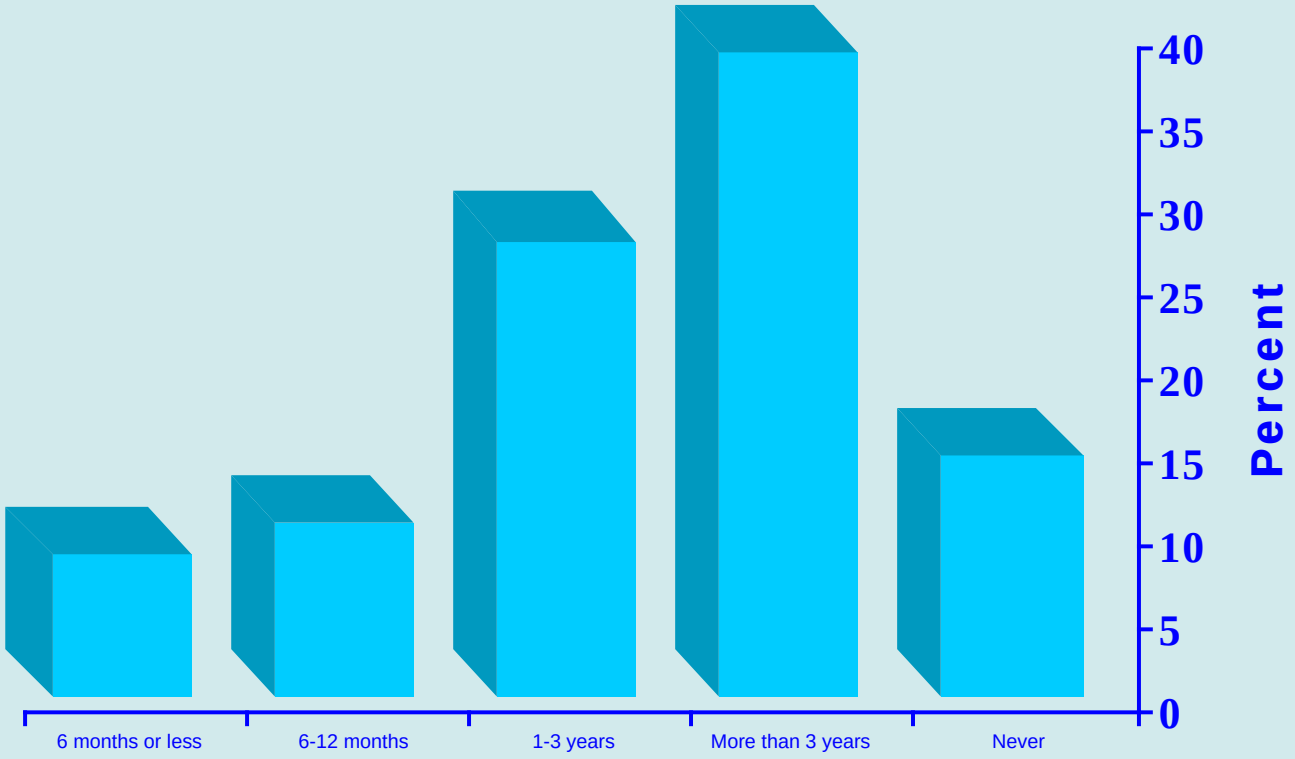


Figure 42. Barchart for Length of Time Since Uninsured African American Respondents Had Health Insurance Coverage

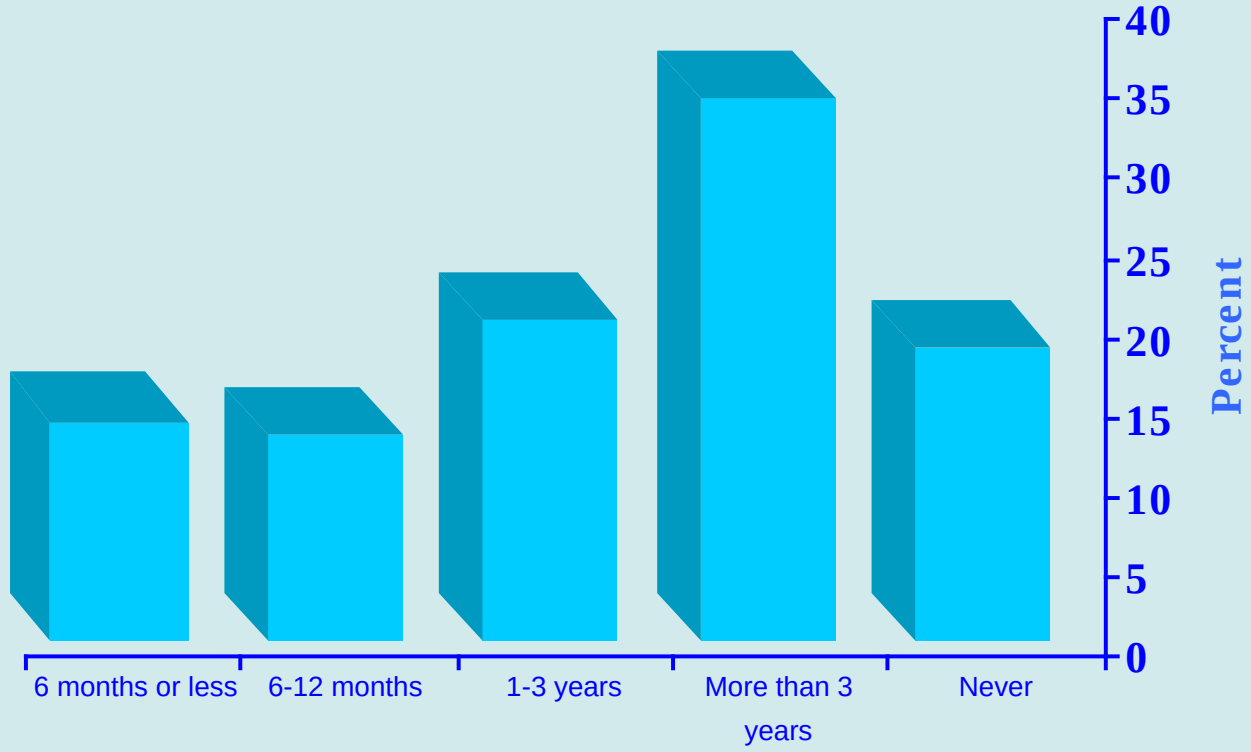


Figure 43. Barchart for Length of Time Since Uninsured Hispanic American Respondents Had Health Insurance Coverage

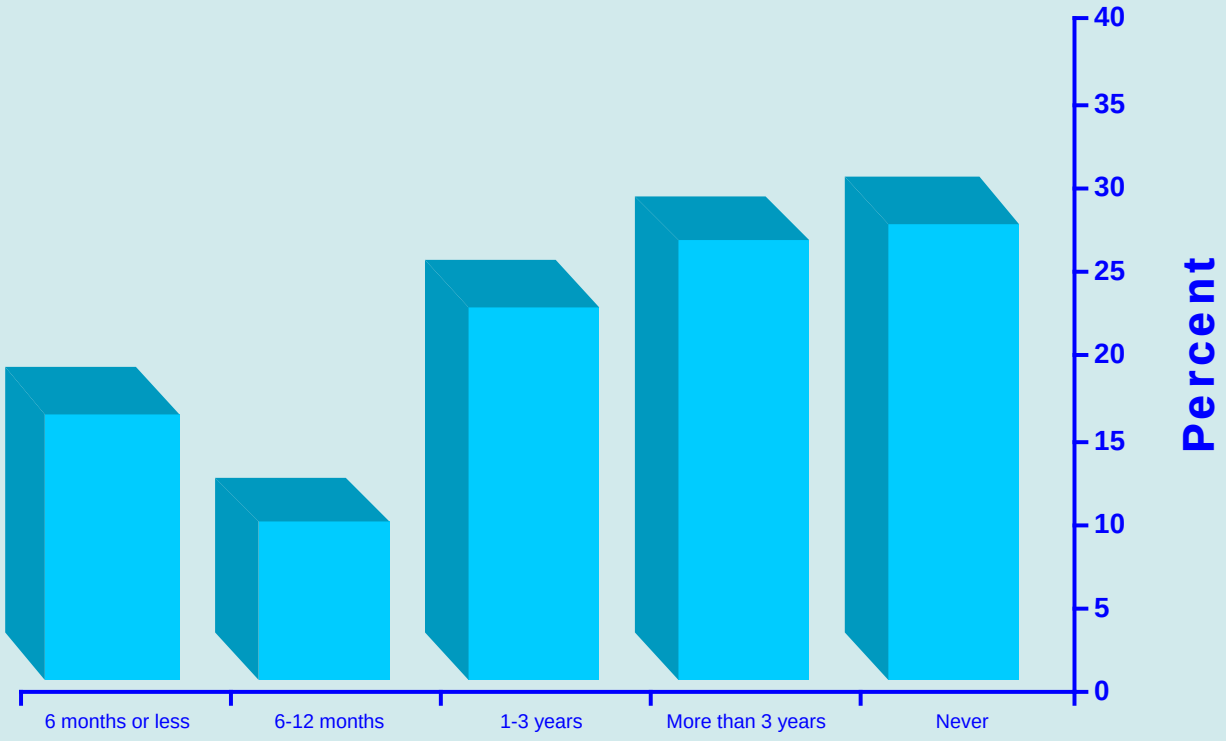


Figure 44. Barchart for Length of Time Since Uninsured Hispanic Immigrant Had Health Insurance Coverage

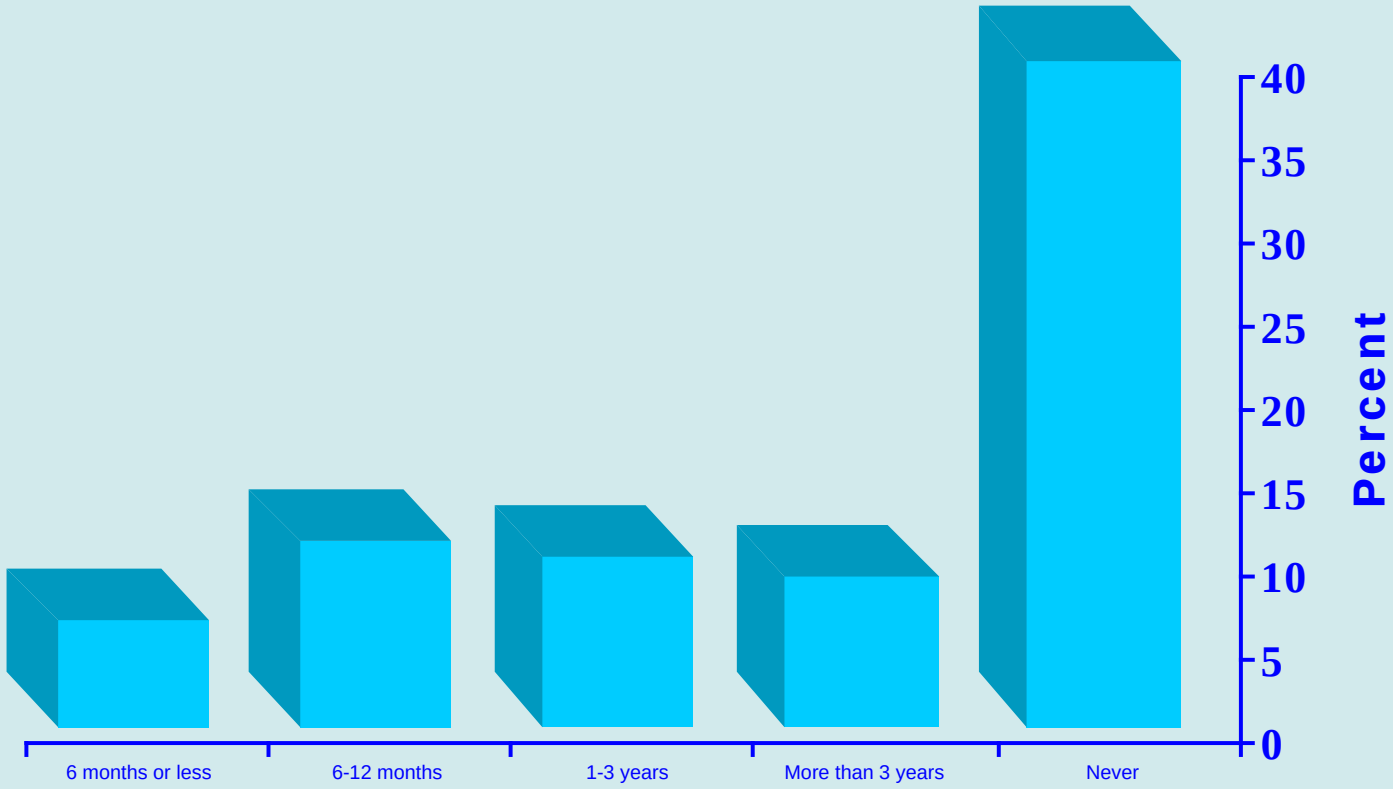


Figure 45. Barchart for Length of Time Since Uninsured Asian, Pacific Islander Had Health Insurance Coverage

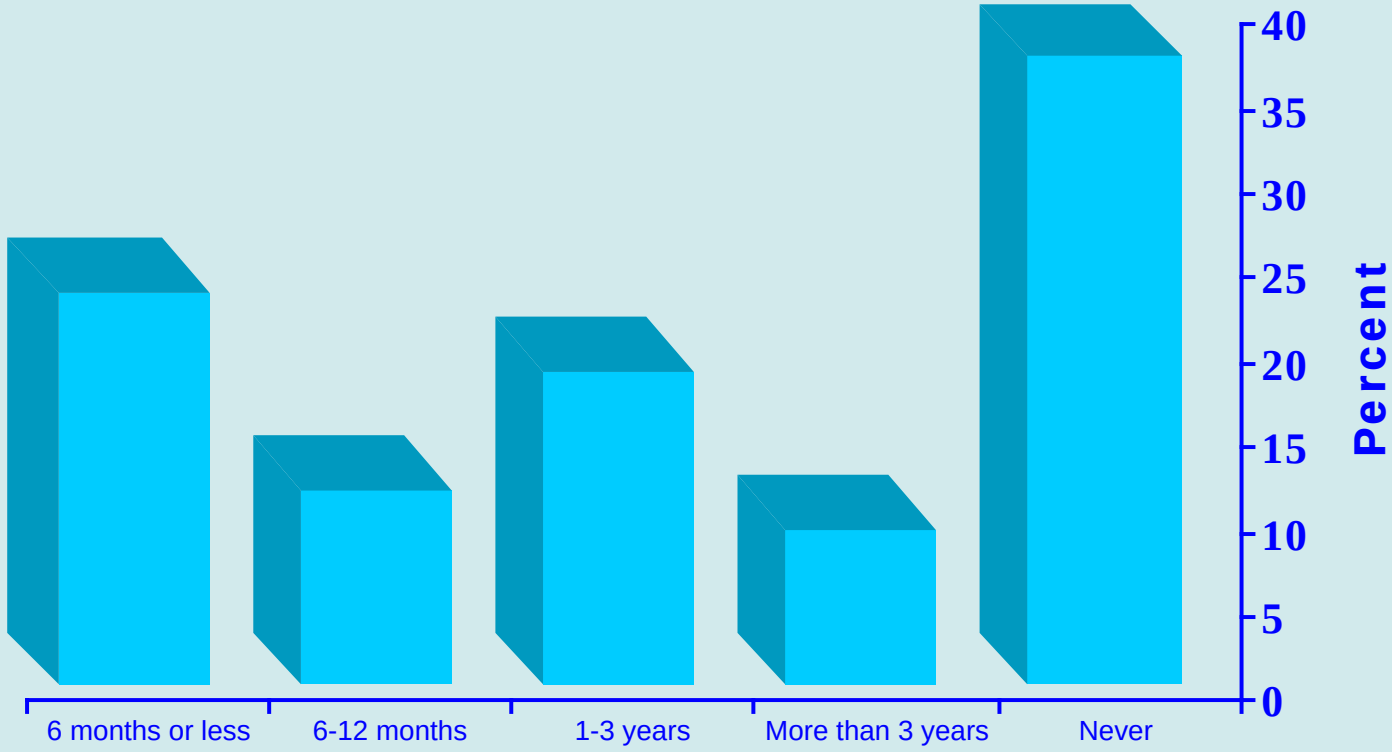


Figure 46. Barchart for Length of Time Since Uninsured American Indian Had Health Insurance Coverage

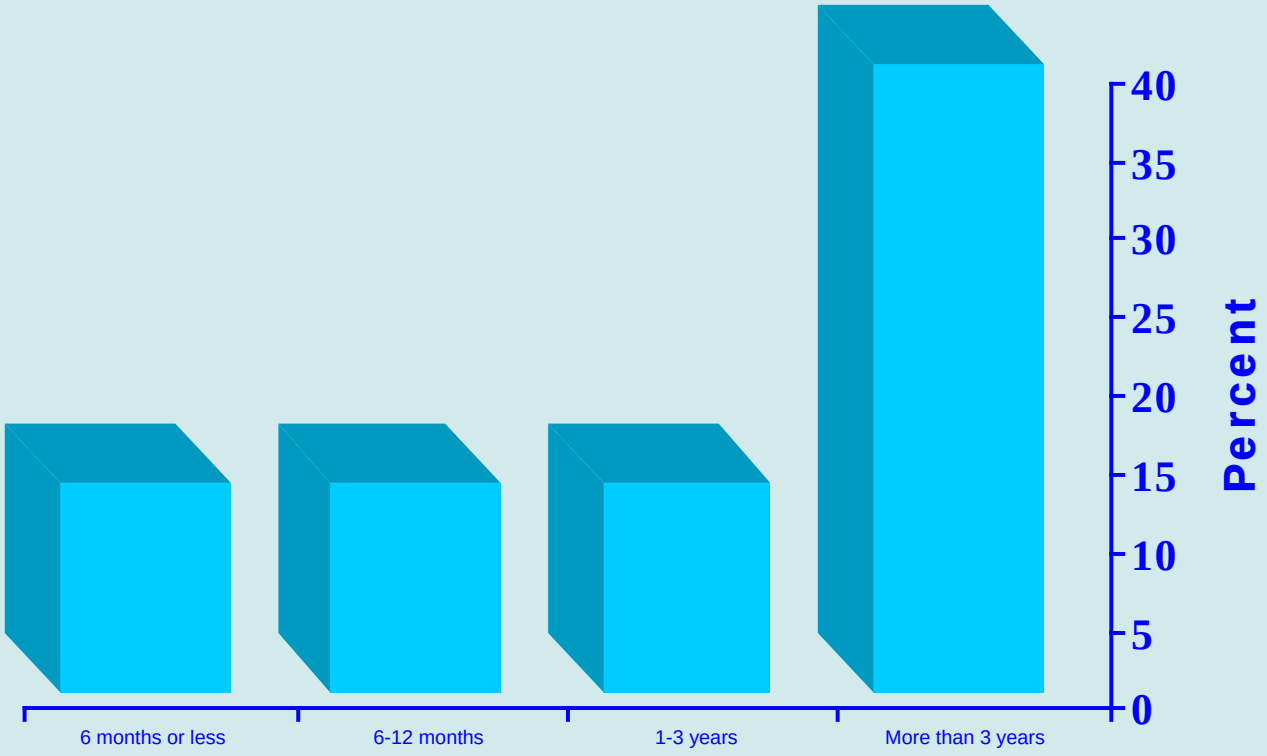


Figure 47. Barchart Showing Uninsured Respondents Who Have Never Had Public or Private Insurance Coverage by Race/Ethnicity

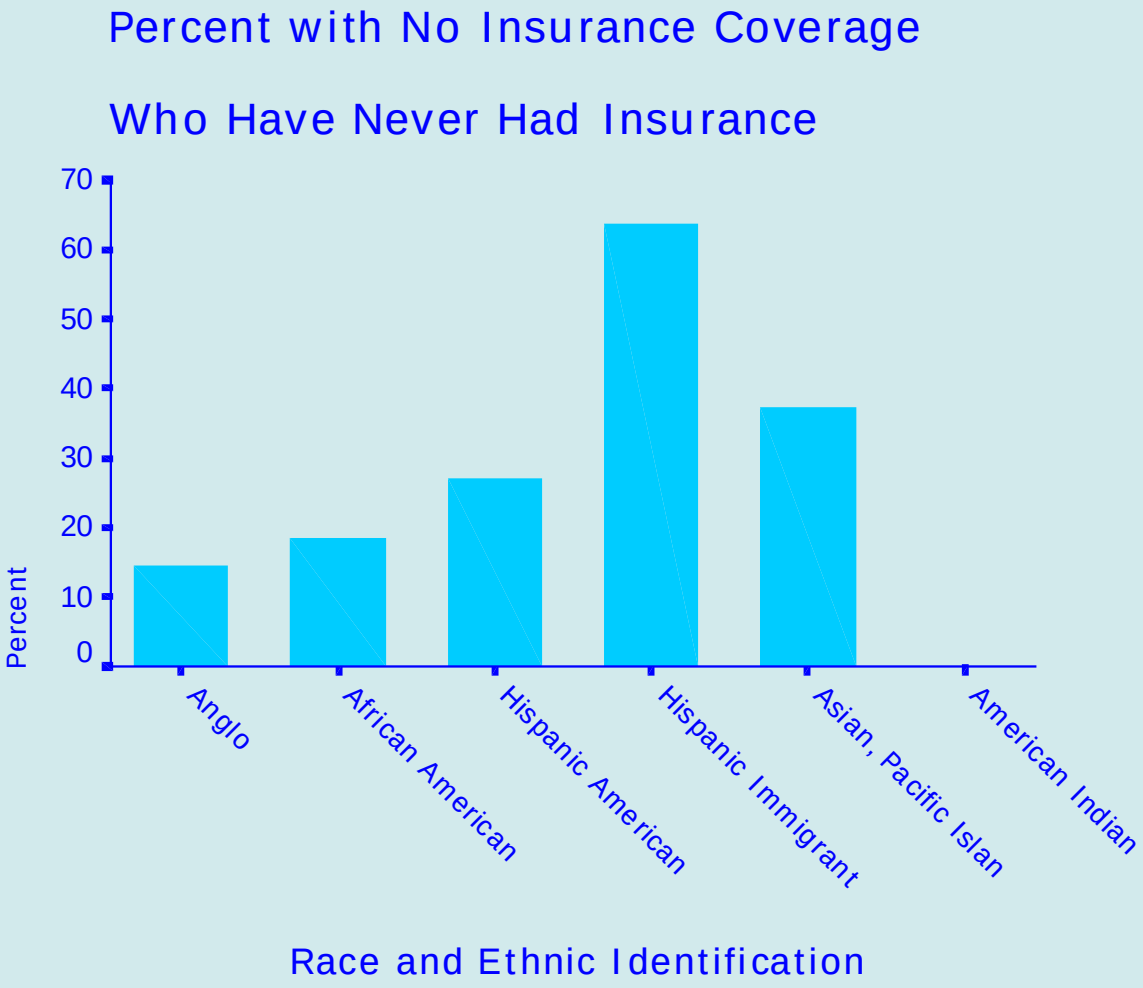


Table 38a. Respondent Has Usually Been Healthy and Not Needed Insurance

Usually been healthy		
	Percent	Frequency
Yes	35.6	534
No	64.4	968
Sub-Total	100	1502
NR/DK	1.0	20
System Missing	24.5	495
Total		2017

Table 38b. Respondents Lost Job or Changed Employers

Lost or Changed Jobs		
	Percent	Frequency
Yes	38.9	584
No	61.1	916
Sub-Total	100.0	1500
NR/DK	1.1	22
System Missing	24.5	495
Total		2017

Table 38c. Husband or Wife Lost Job or Changed Employers

Spouse Changed Job		
	Percent	Frequency
Yes	12.4	186
No	87.6	1313
Sub-Total	100.0	1499
NR/DK	1.1	23
System Missing	24.5	495
Total		2017

Table 38d. Employer Does Not Offer Insurance

Employer Not Offer		
	Percent	Frequency
Yes	30.9	460
No	69.1	1029
Sub-Total	100.0	1489
NR/DK	1.6	33
System Missing	24.5	495
Total		2017

Table 38e. Respondent Works Part-time

Work Part-Time		
	Percent	Frequency
Yes	19.6	295
No	80.4	1213
Sub-Total	100.0	1508
NR/DK	0.7	14
System Missing	24.5	495
Total		2017

Table 38f. Respondent Is a Temporary Employee

Temporary Employee		
	Percent	Frequency
Yes	14.6	220
No	85.4	1286
Sub-Total	100.0	1506
NR/DK	0.8	16
System Missing	24.5	495
Total		2017

Table 38g. Respondent Cannot Afford Insurance

Cannot Afford to Pay		
	Percent	Frequency
Yes	61.3	908
No	38.7	574
Sub-Total	100.0	1482
NR/DK	2.0	40
System Missing	24.5	495
Total		2017

Table 38h. Insurance Company Refused Coverage because of Poor Health or Illness

Insurance Refused		
	Percent	Frequency
Yes	9.4	140
No	90.6	1350
Sub-Total	100.0	1490
NR/DK	1.6	32
System Missing	24.5	495
Total		2017

Table 38i. Respondent Lost Medicaid Coverage

Lost Medicaid		
	Percent	Frequency
Yes	19.7	287
No	80.3	1168
Sub-Total	100.0	1455
NR/DK	3.3	67
System Missing	24.5	495
Total		2017

Table 38j. Free or Inexpensive Coverage Is Easily Available so Respondent Does Not Need Coverage

Free or Cheep Care		
	Percent	Frequency
Yes	18.4	270
No	81.6	1196
Sub-Total	100.0	1466
NR/DK	2.8	56
System Missing	24.5	495
Total		2017

Figure 48. Barchart Showing Percent of Respondents Giving Specific Reason for Not Having Insurance

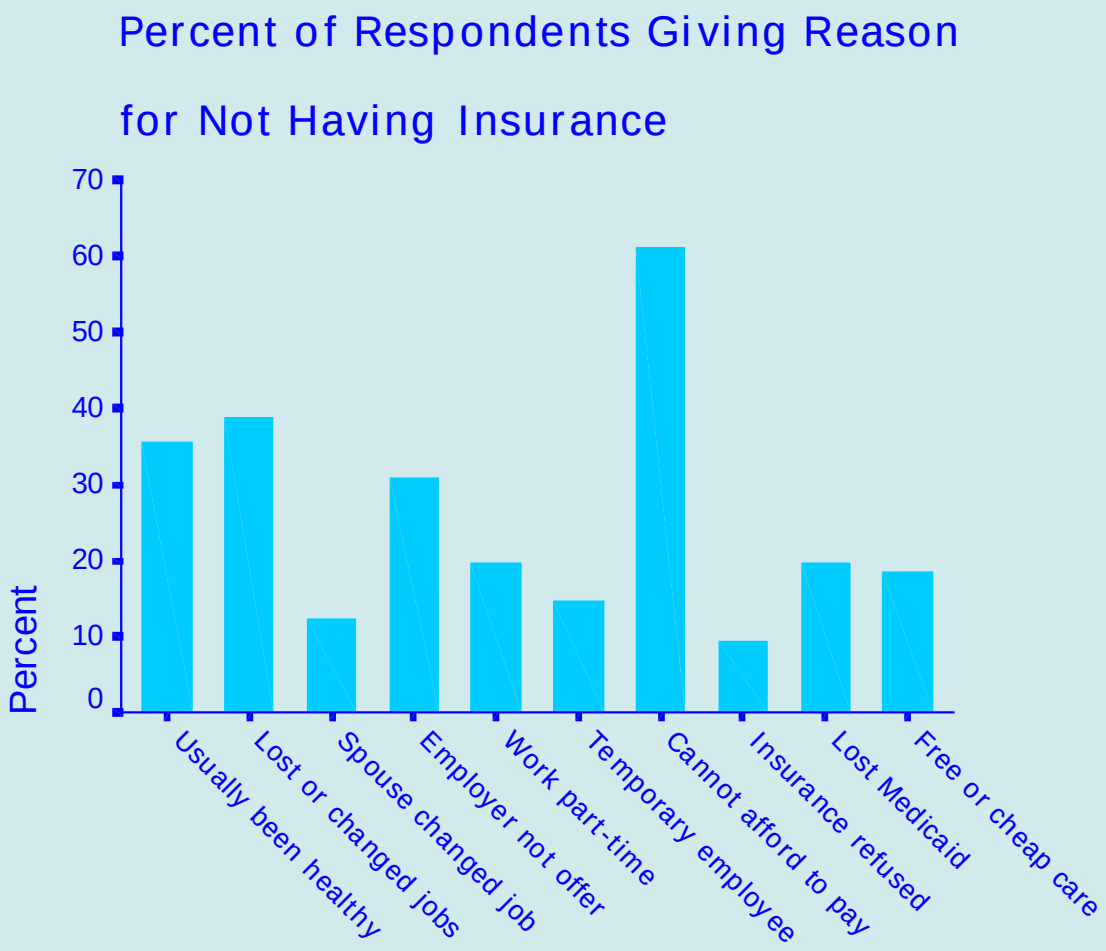


Figure 49a-f. Barchart Showing Percent of Respondents Giving Specific Reason for Not Having Insurance by Race/Ethnicity

Figure 49a. Percent of Anglos

Giving Reason for Not Having Insurance

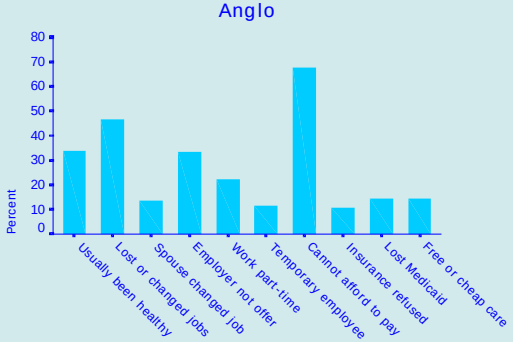


Figure 49b. Percent of African Americans

Giving Reason for Not Having Insurance

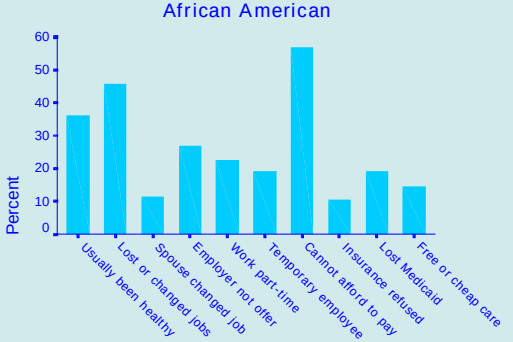


Figure 49c. Percent of Hispanic Americans

Giving Reason for Not Having Insurance

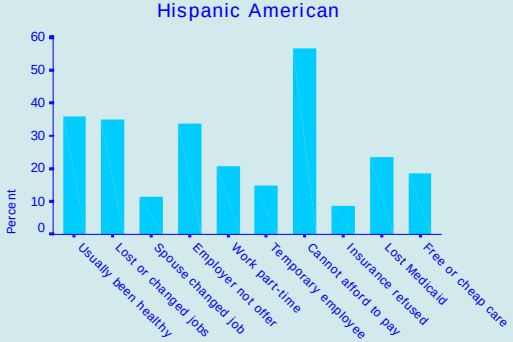


Figure 49d. Percent of Hispanic Immigrants

Giving Reason for Not Having Insurance

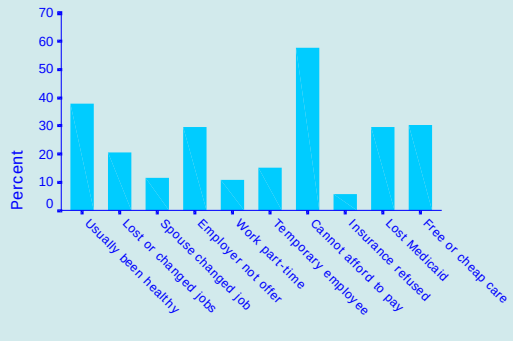


Figure 49e. Percent of Asian, Pacific Islanders

Giving Reason for Not Having Insurance

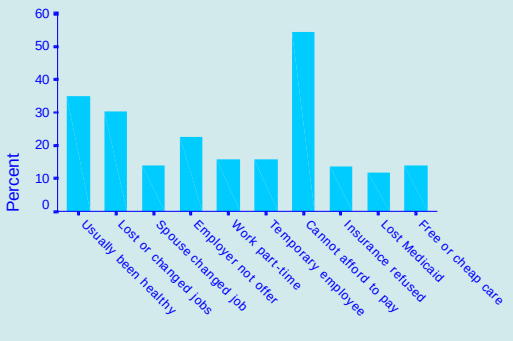


Figure 49f. Percent of Native Americans

Giving Reasons for Not Having Insurance

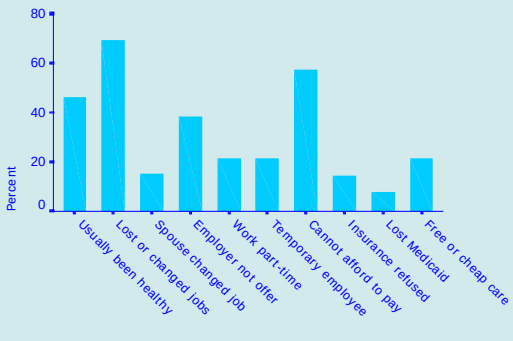


Table 39. Frequencies and Barchart Showing Percent of Uninsured Respondents Who Could Afford to Spend $40 a Month for Health Insurance

Could Afford to Spend $40 Per Month for Health Insurance

	Percent	Frequency
Yes	50.0	728
No	50.0	729
Sub-Total	100.0	1457
NR/DK	3.2	65
System Missing	24.5	495
Total		2017

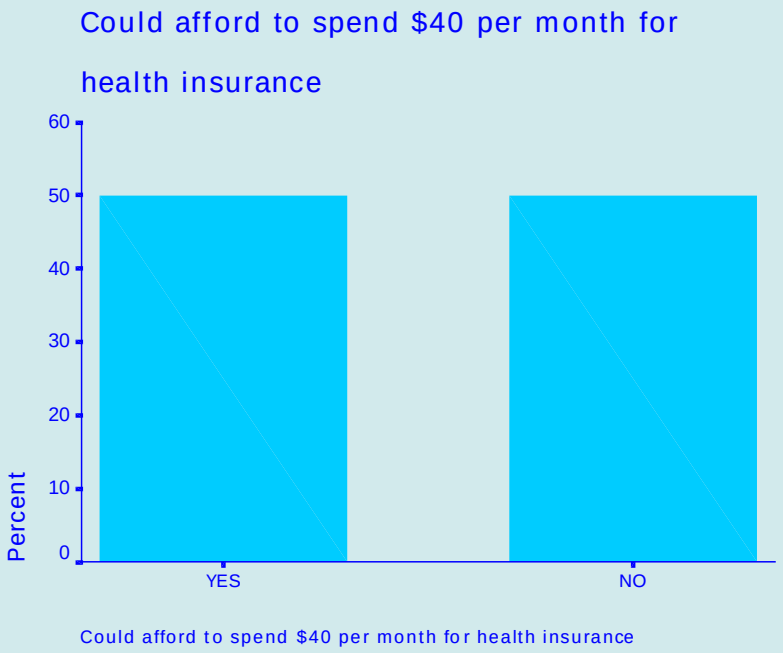
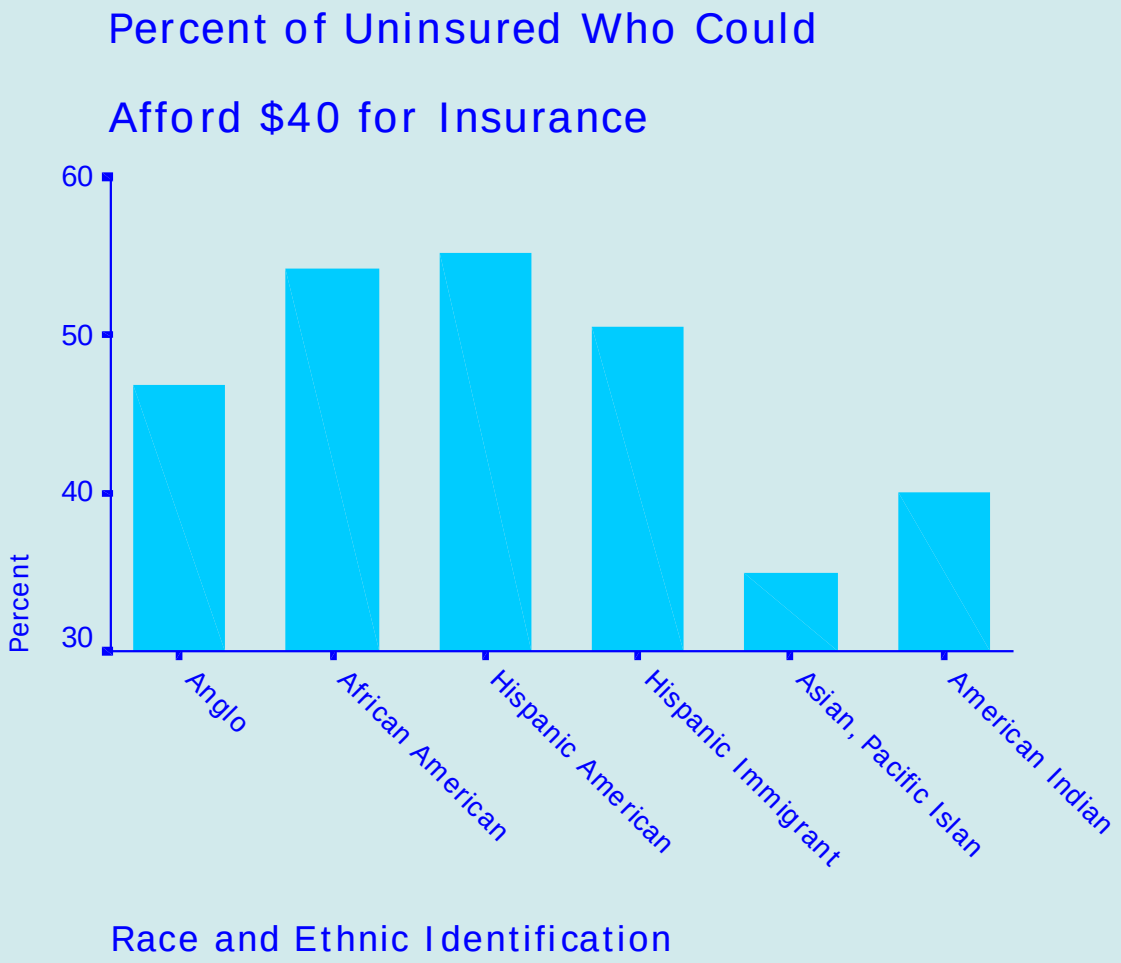


Figure 50. Barchart Showing Percent of Uninsured Respondents Who Could Afford $40 a Month for Insurance by Race/Ethnicity



USE OF PHYSICIANS, EMERGENCY DEPARTMENTS, AND HOSPITALS

JPS

Health Network Sample

2000

Table 80. Frequencies for Number of Doctor Visits in Past Twelve Months

Number doctor visits for yourself past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	395	19.4	20.0	20.0
	1	270	13.3	13.6	33.6
	2	240	11.8	12.1	45.7
	3	223	11.0	11.3	57.0
	4	150	7.4	7.6	64.6
	5	103	5.1	5.2	69.8
	6	122	6.0	6.2	75.9
	7	29	1.4	1.5	77.4
	8	54	2.7	2.7	80.1
	9	17	.8	.9	81.0
	10	76	3.7	3.8	84.8
	11	5	.2	.3	85.1
	12	79	3.9	4.0	89.1
	13	4	.2	.2	89.3
	14	4	.2	.2	89.5
	15	38	1.9	1.9	91.4
	16	4	.2	.2	91.6
	17	2	.1	.1	91.7
	18	9	.4	.5	92.2
	20	63	3.1	3.2	95.4
	22	1	.0	.1	95.4
	24	10	.5	.5	95.9
	25	23	1.1	1.2	97.1
	27	1	.0	.1	97.1
	30	12	.6	.6	97.7
	35	5	.2	.3	98.0
	36	3	.1	.2	98.1
	40	5	.2	.3	98.4
	45	1	.0	.1	98.4
	48	4	.2	.2	98.6
	50	7	.3	.4	99.0
	52	4	.2	.2	99.2
	60	1	.0	.1	99.2
	65	3	.1	.2	99.4
	70	1	.0	.1	99.4
	80	2	.1	.1	99.5
	90	2	.1	.1	99.6
	100	3	.1	.2	99.8
	135	1	.0	.1	99.8
	250	1	.0	.1	99.9
	300	1	.0	.1	99.9
	365	1	.0	.1	100.0
	Total	1979	97.2	100.0	
Missing	999	55	2.7		
	System	1	.0		
	Total	56	2.8		
Total		2035	100.0		

Figure 73. Barchart of Number of Doctor Visits in Past Twelve Months

Table 81. Frequencies for Number of Times Seen by Doctor in Emergency Room in Past 12 Months

Times seen by doctor in emergency room past 12 months	Percent	Frequency
0	42.6	857
1	29.7	598
2	12.9	260
3	6.3	127
4	3.1	63
5	1.3	27
6	0.7	14
7	0.5	10
8	0.6	12
9	0.1	2
10	0.6	12
11	0.0	9
12	0.4	1
13+	1.0	21
Total	100.0	2012
NR/DK	1.1	22
Total		2035

Figure 74. Frequencies for Number of Times Seen by Doctor in Emergency Room in Past 12 Months

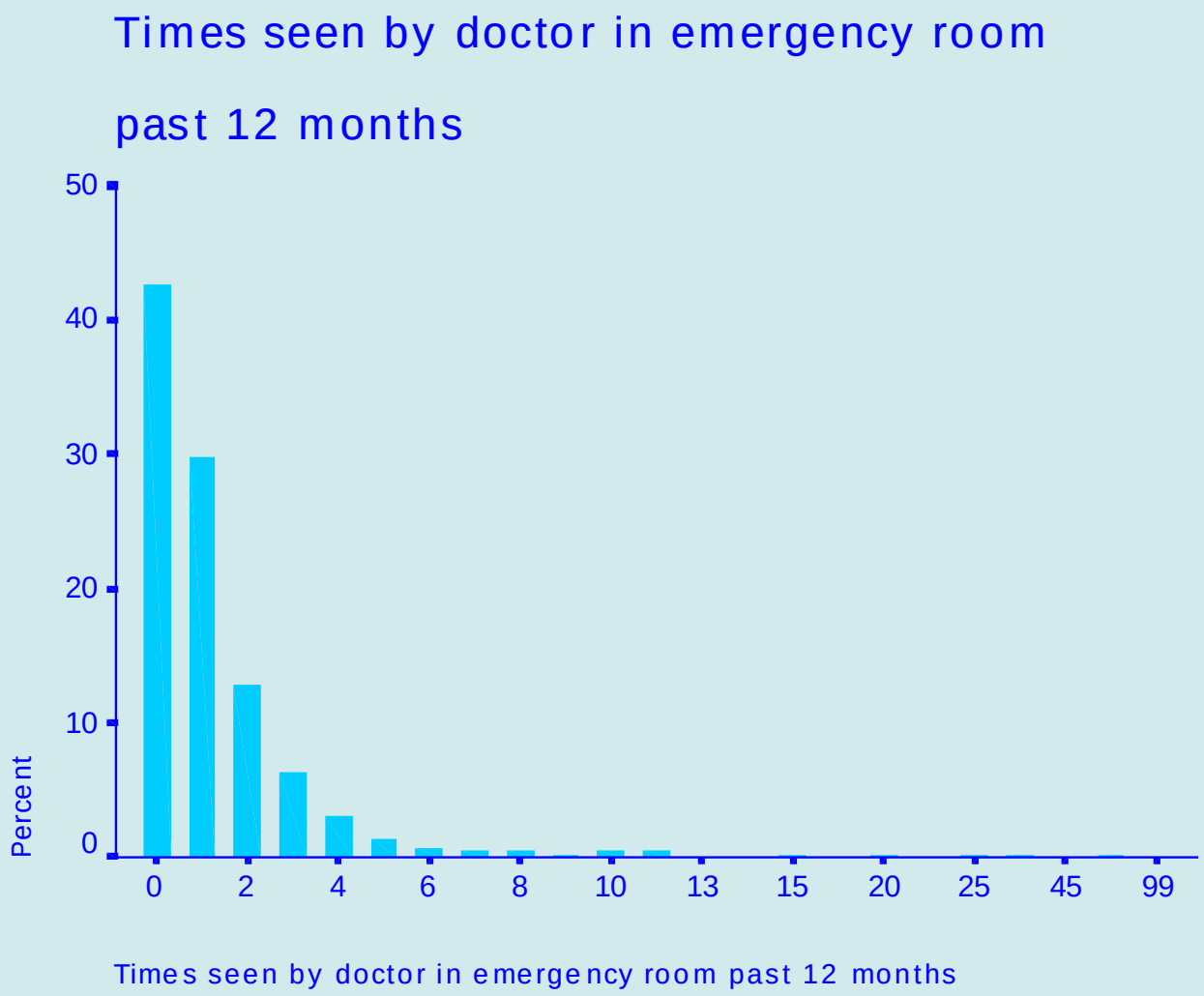


Table 82. Frequencies for Whether or Not a Patient in Hospital Overnight or Longer in Past Six Months

Been a patient in hospital overnight or longer past 6 months

	Percent	Frequency
Yes	20.4	414
No	79.6	1616
Total	100.0	2030
NR/DK	0.2	4
System Missing	0.0	1
Total		2035

Figure 75. Barchart for Whether or Not a Patient Overnight or Longer in Hospital in Past Six Months

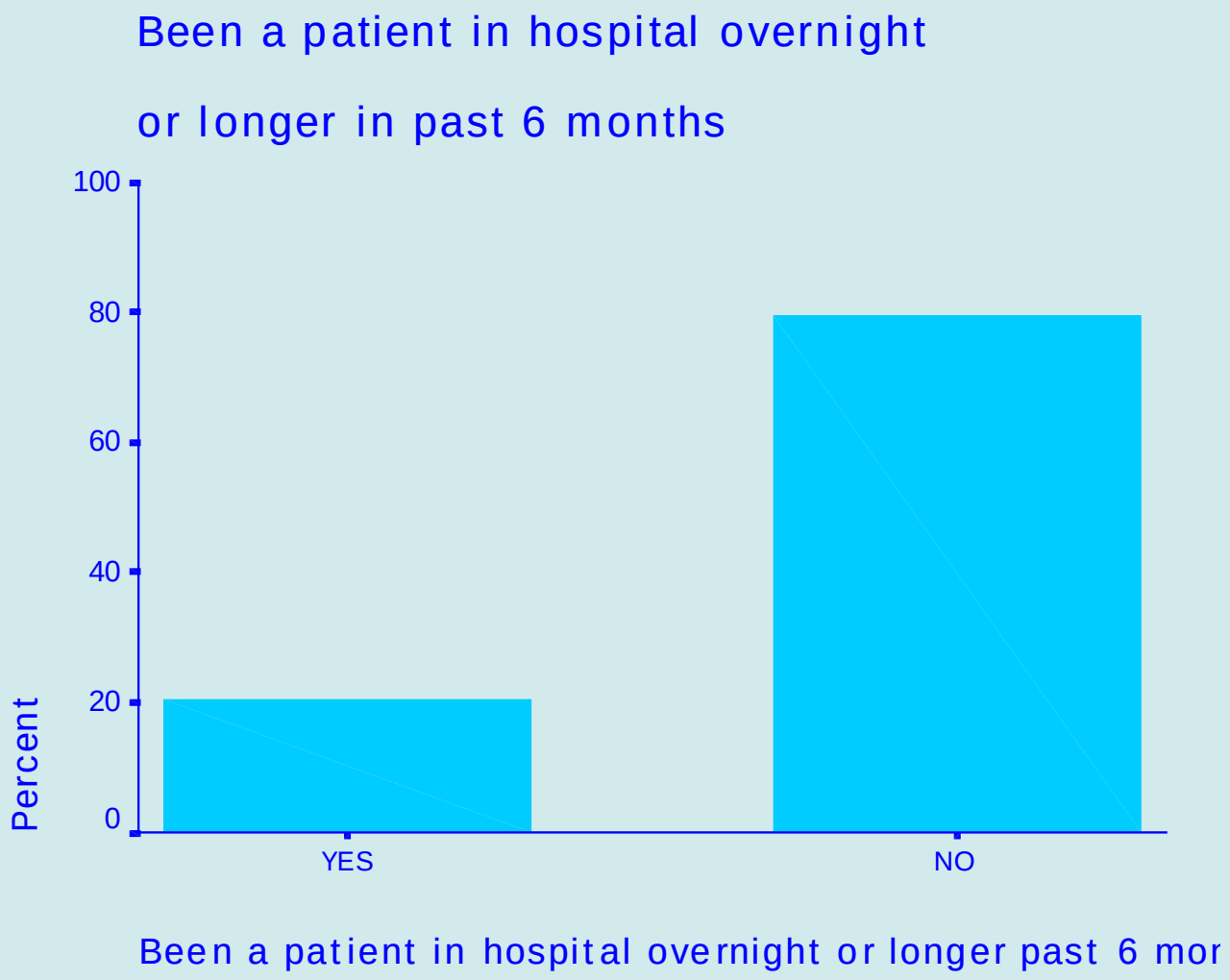


Table 83. Frequencies for Recoded Number of Doctor Visits in Past Twelve Months

Number of doctor visits	Percent	Frequency
No visits	19.9	391
1-3 visits	37.0	727
4-6 visits	19.0	373
7 or more visits	24.1	4741061
Total	100.0	1965
NR/DK	0	0
System Missing	2.9	52
Total		2017

Figure 76. Barchart for Recoded Number of Doctor Visits in Past Twelve Months

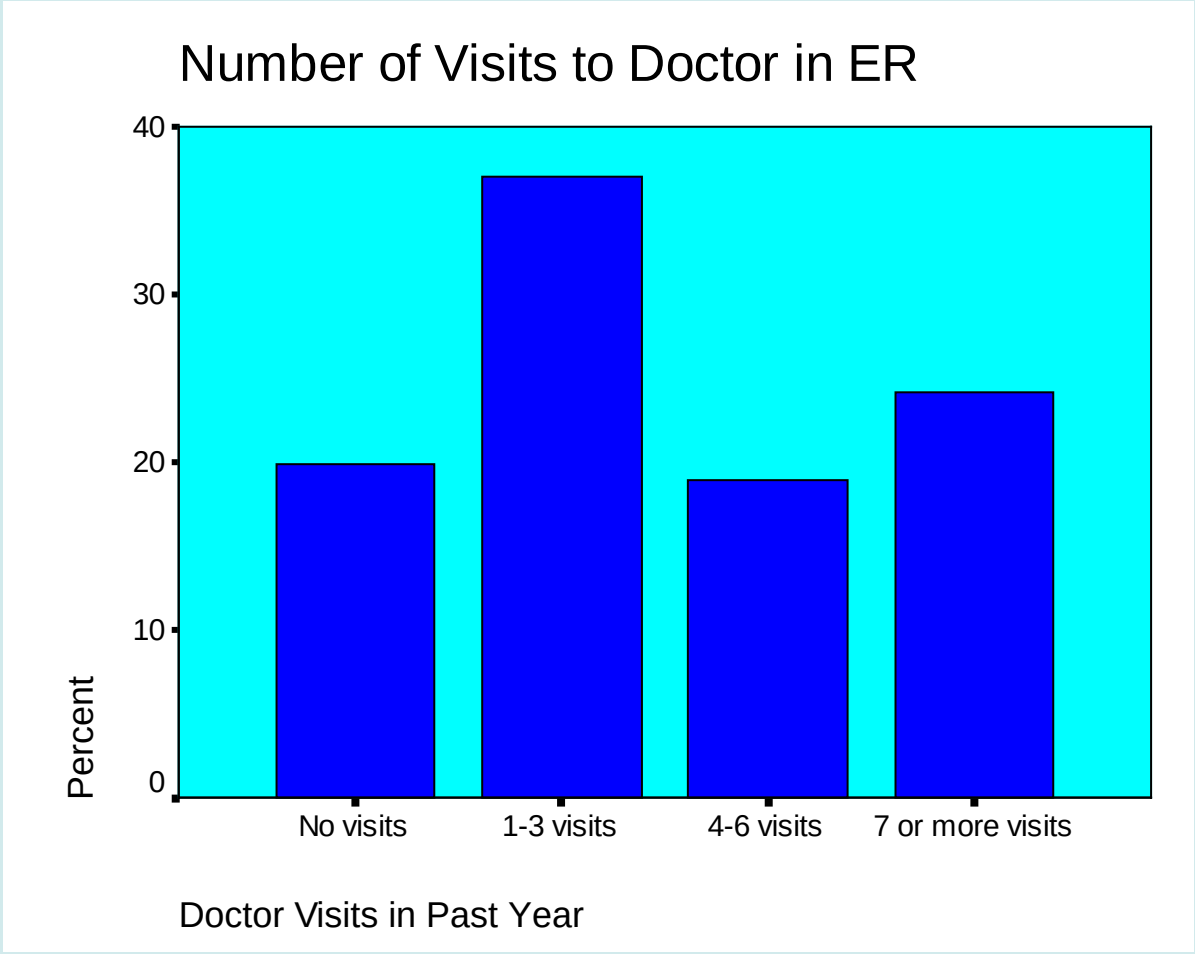


Table 84. Frequencies for Recoded Number of Emergency Visits in Past Twelve Months

Number of doctor visits in emergency department

	Percent	Frequency
None	42.6	849
1 visits	29.4	594
2 visits	12.9	258
3 or more visits	14.7	294
Total	100.0	1995
NR/DK	0	0
System Missing	1.1	22
Total	100.0	2017

Figure 77. Barchart for Recoded Number of Doctor Visits in Emergency Department in Past Twelve Months

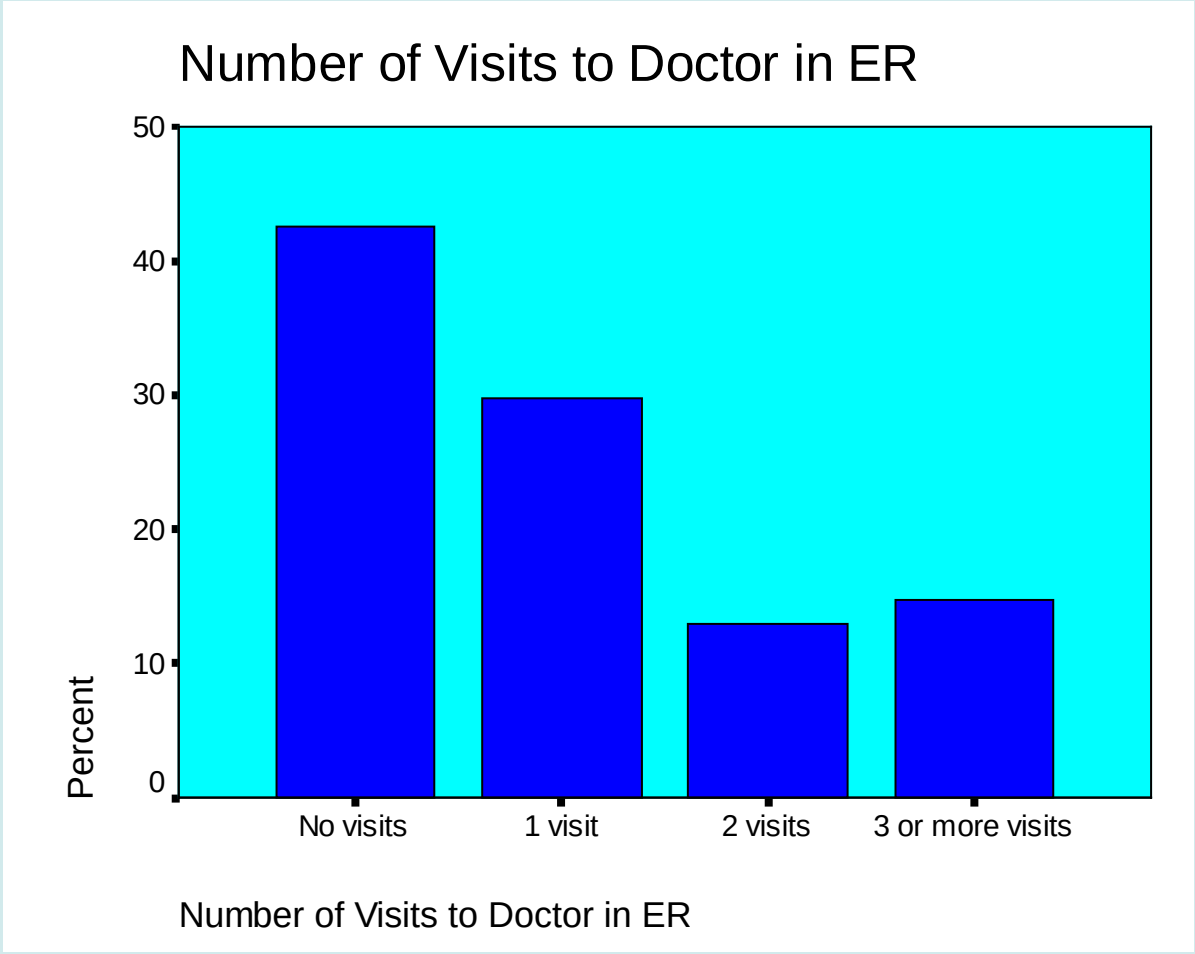


Figure 78. Barchart for Recoded Number of Doctor Visits in Past Twelve Months for Women

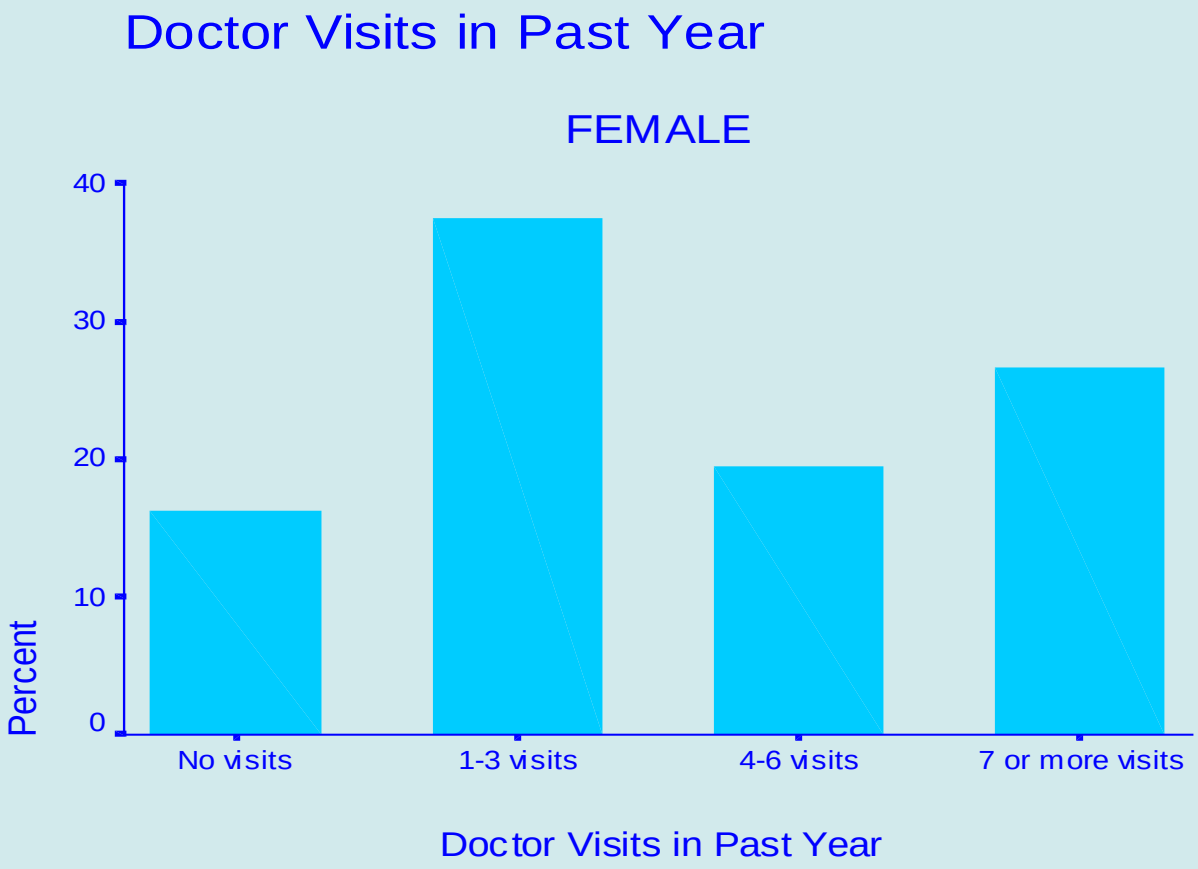


Figure 79. Barchart for Recoded Number of Emergency Department Visits in Past Twelve Months for Women

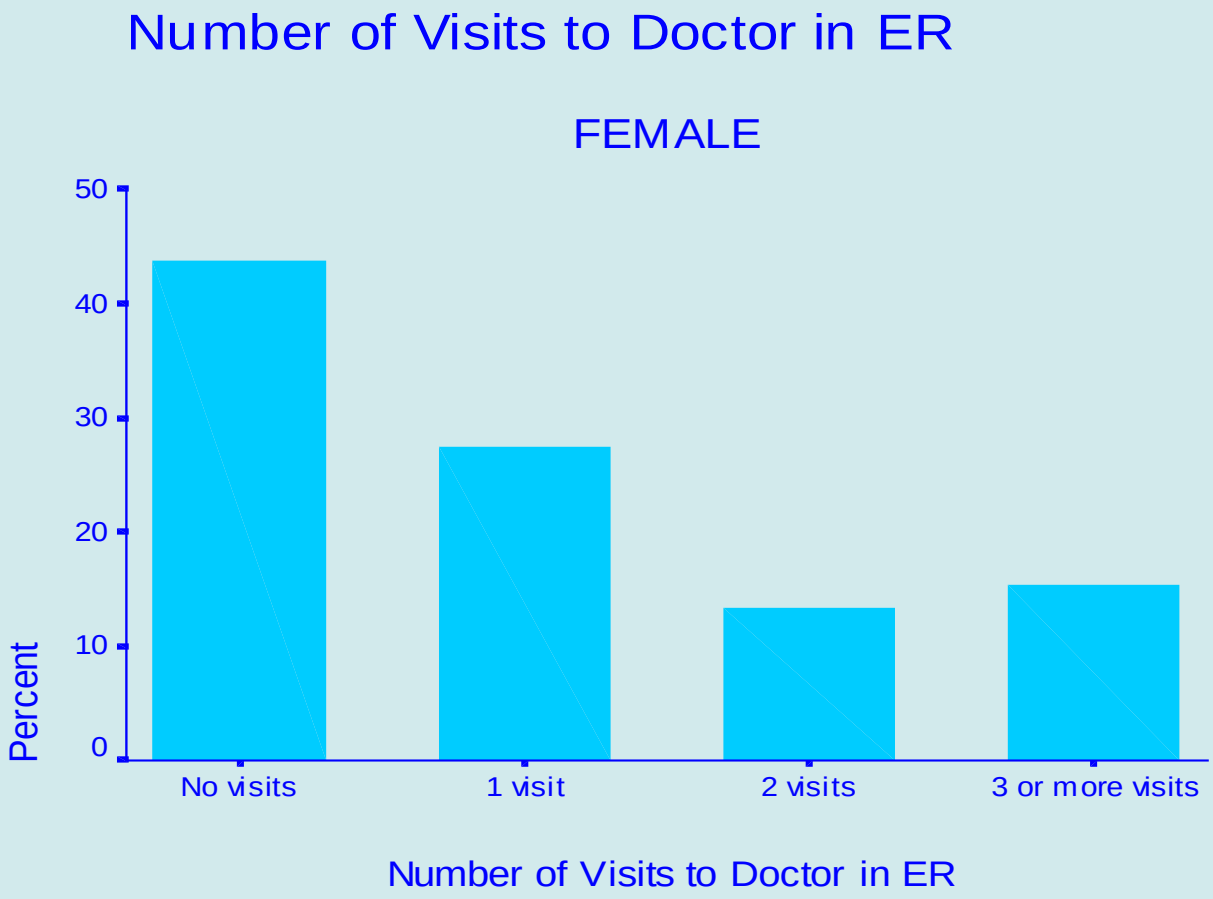


Figure 80. Barchart for Recoded Number of Emergency Room Visits in Past Twelve Months for Men

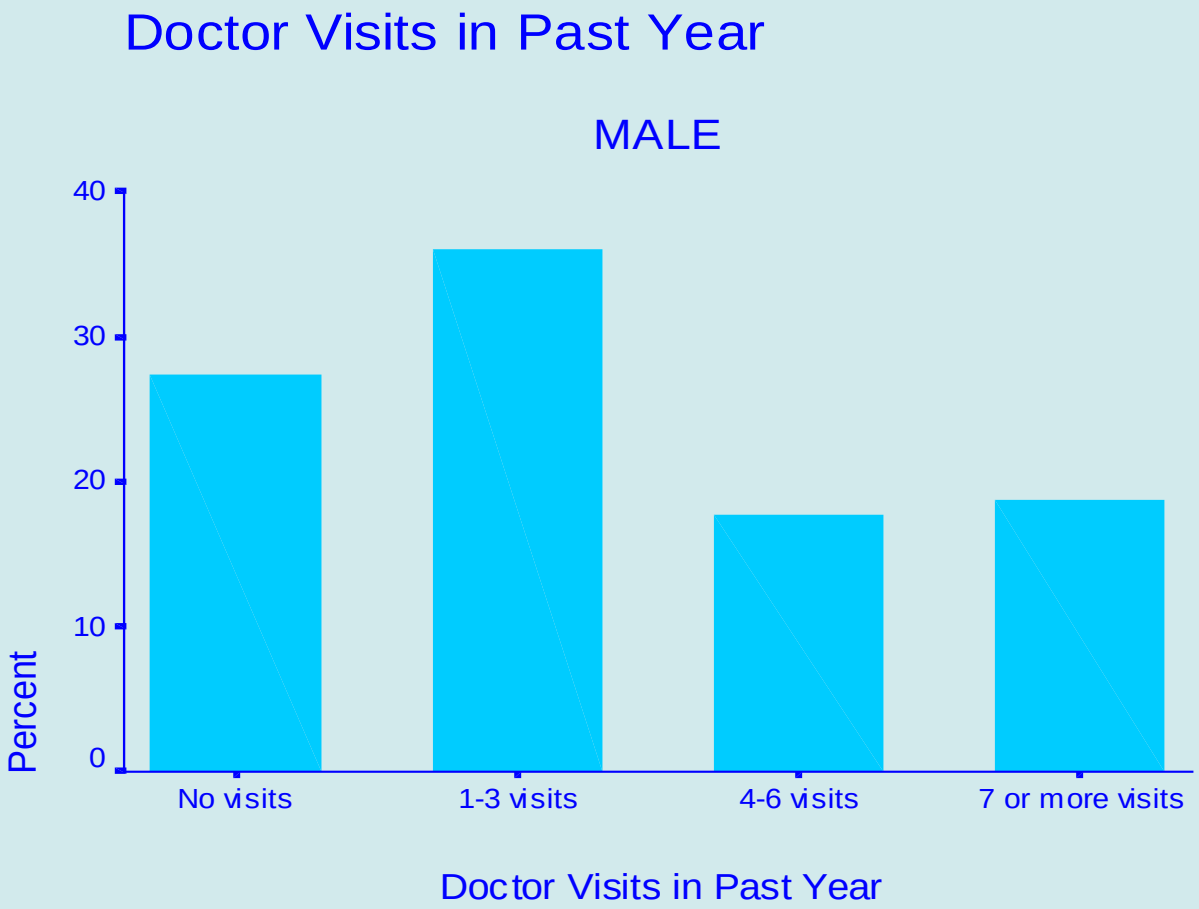


Figure 81. Barchart for Recoded Number of Emergency Department Visits in Past Twelve Months for Men

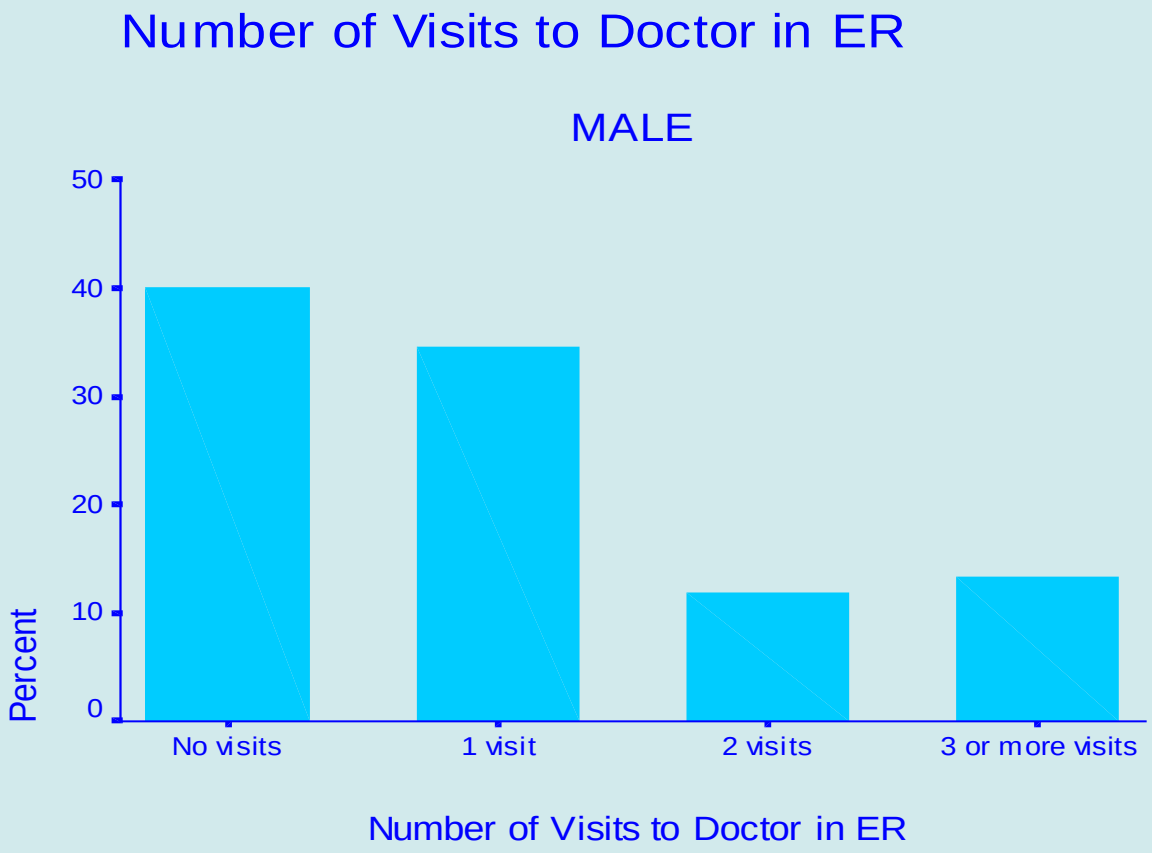


Table 85. Frequencies for Recoded Number of Doctor Visits in Past Twelve Months for Women

Number of doctor visits		
	Percent	Frequency
No visits	16.3	217
1-3 visits	37.4	498
4-6 visits	19.5	260
7 or more visits	26.7	355
Total	100.0	1330
NR/DK	0	0
System Missing	3.4	42
Total		1372

Figure 78. Barchart for Recoded Number of Doctor Visits in Past Twelve Months for Women

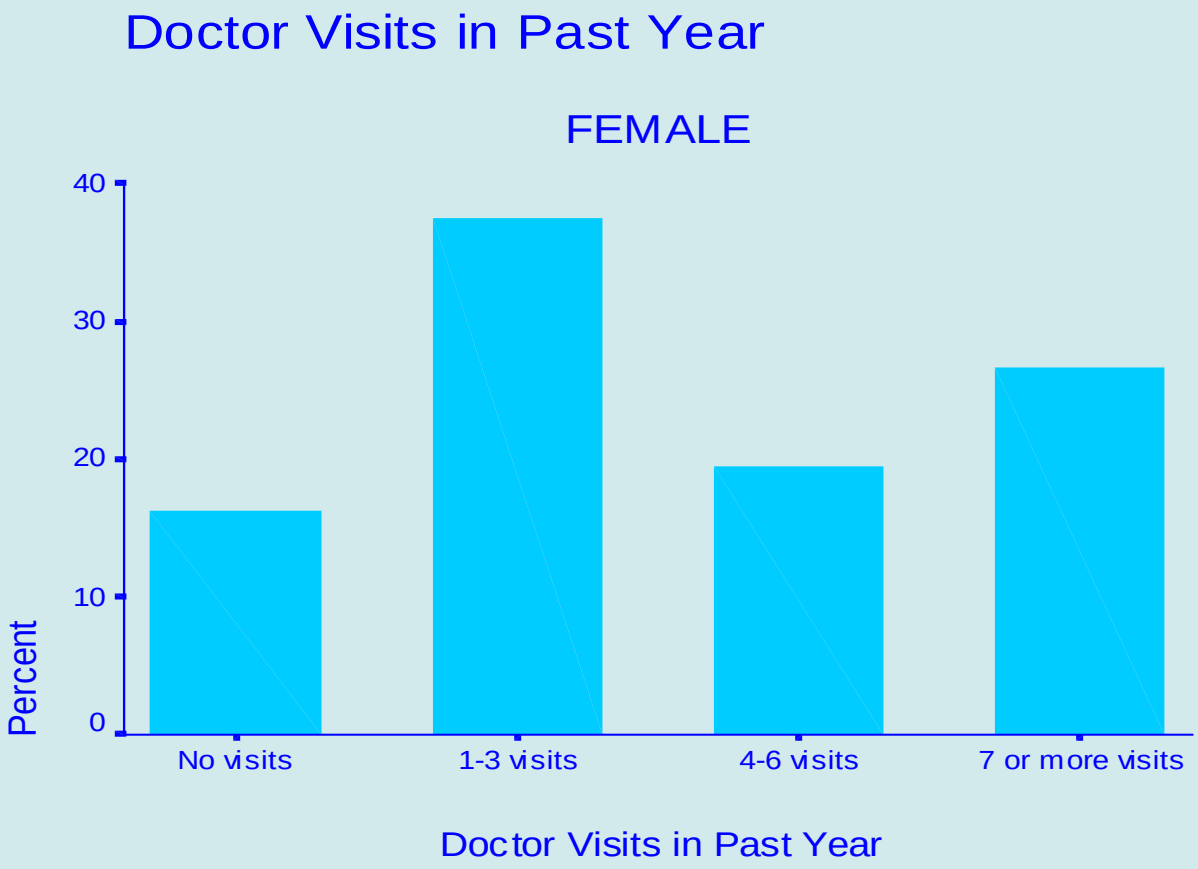


Figure 79. Barchart for Recoded Number of Emergency Department Visits in Past Twelve Months for Women

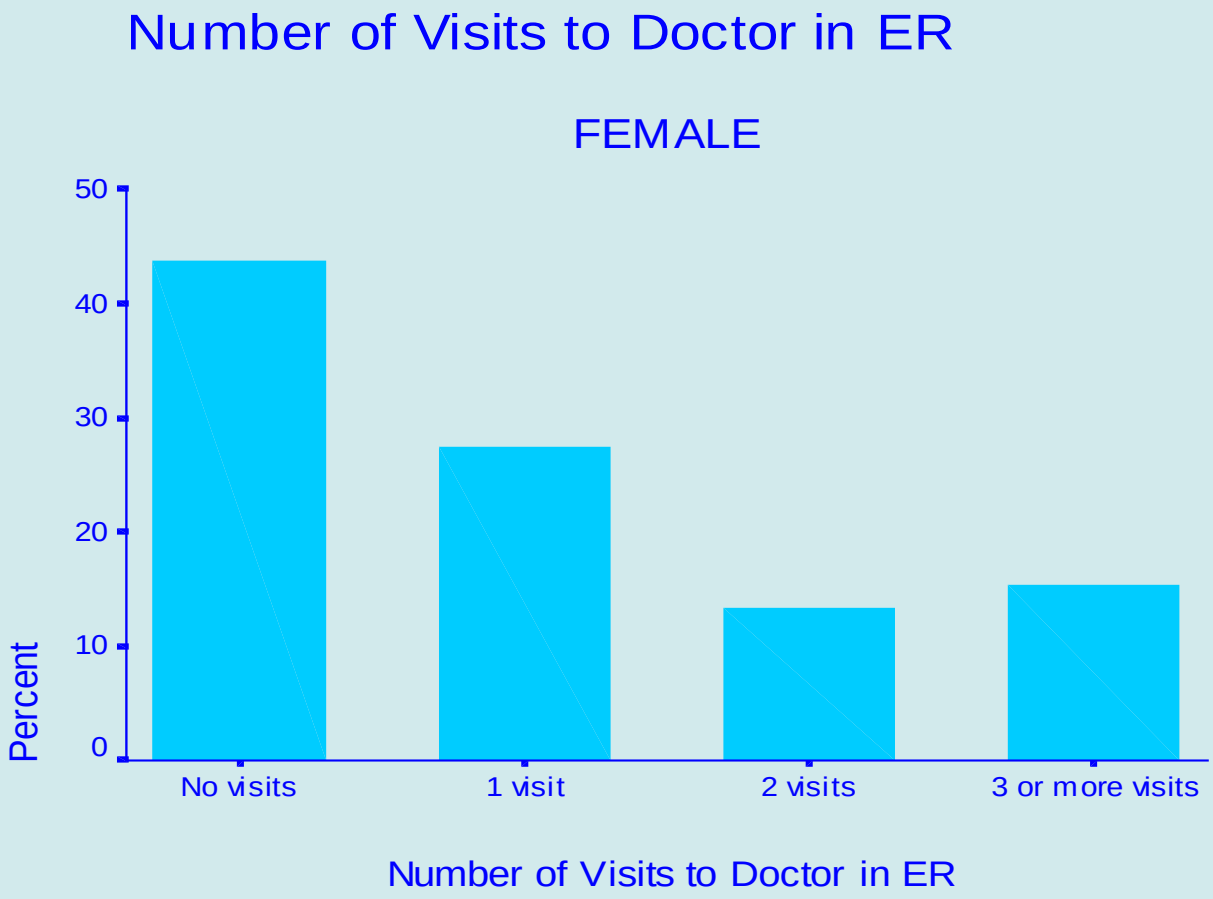


Table 86. Frequencies for Recoded Number of Emergency Department Visits in Past Twelve Months For Women

Number of emergency visits	Percent	Frequency
None	43.7	593
1 visit	27.5	373
2 visits	13.4	182
3 or more visits	15.4	209
Total	100.0	1357
NR/DK	0	0
System Missing	1.1	15
Total		1372

Figure 79. Barchart for Recoded Number of Emergency Department Visits in Past Twelve Months for Women

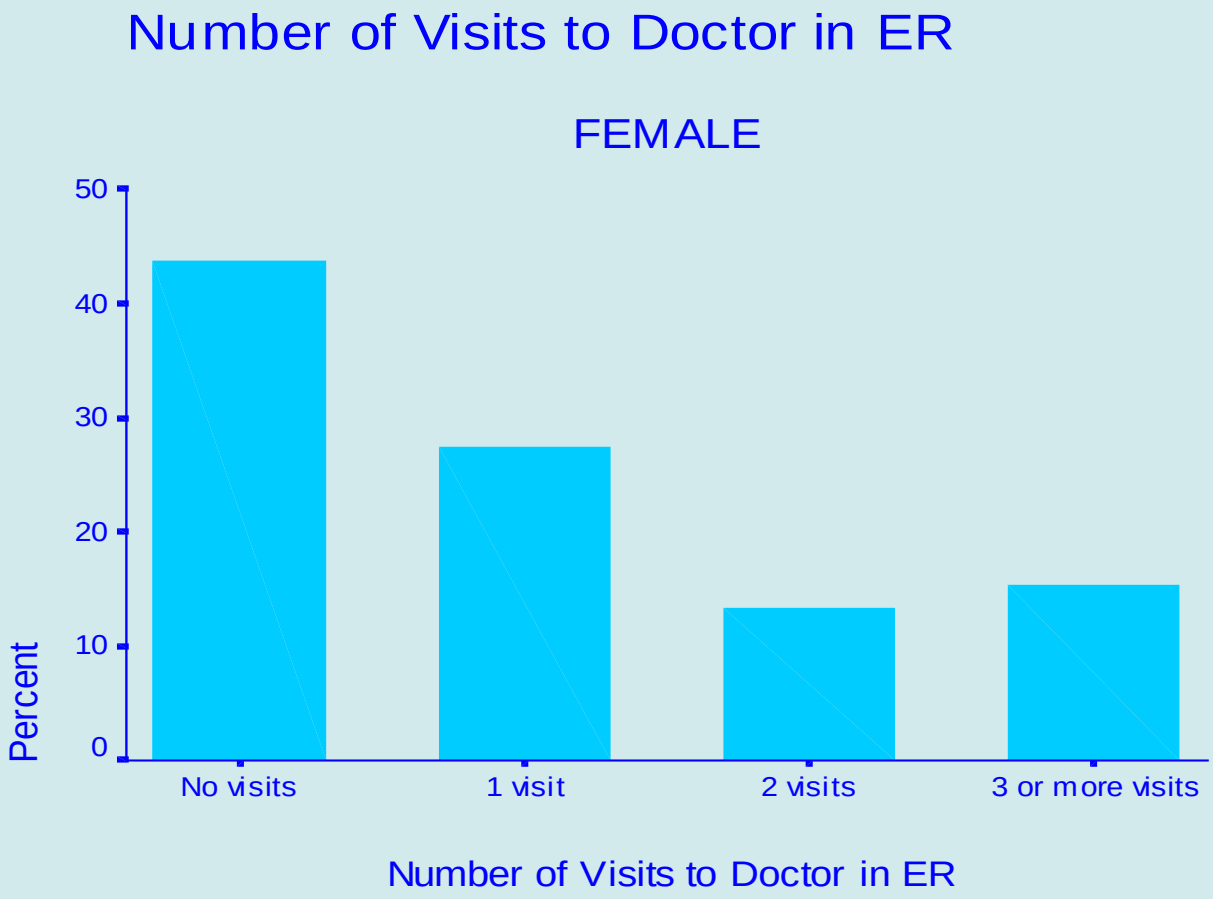


Table 87. Frequencies for Recoded Number of Doctor Visits in Past Twelve Months for Men

Number of doctor visits	Percent	Frequency
No visits	27.4	174
1-3 visits	36.1	229
4-6 visits	17.8	113
7 or more visits	18.7	119
Total	100.0	645
NR/DK	0	0
System Missing	1.6	10
Total		645

Figure 80. Barchart for Recoded Number of Emergency Room Visits in Past Twelve Months for Men

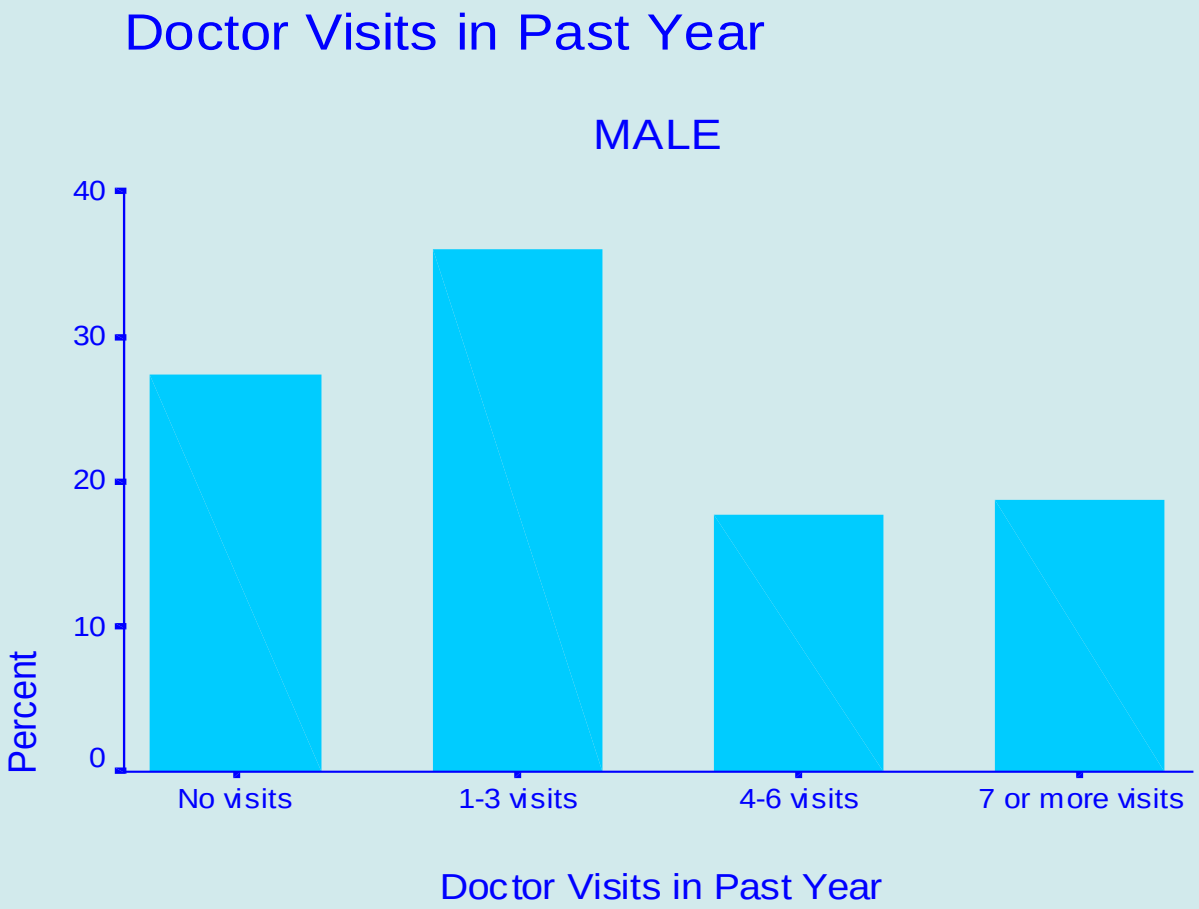


Table 88. Frequencies for Recoded Number of Emergency Visits in Past Twelve Months for Men

Number of emergency visits		
	Percent	Frequency
None	40.1	256
1 visit	34.6	221
2 visits	11.8	76
3 or more visits	13.3	85
Total	100.0	638
NR/DK	0	0
System Missing	1.1	7
Total		645

Figure 81. Barchart for Recoded Number of Emergency Department Visits in Past Twelve Months for Men

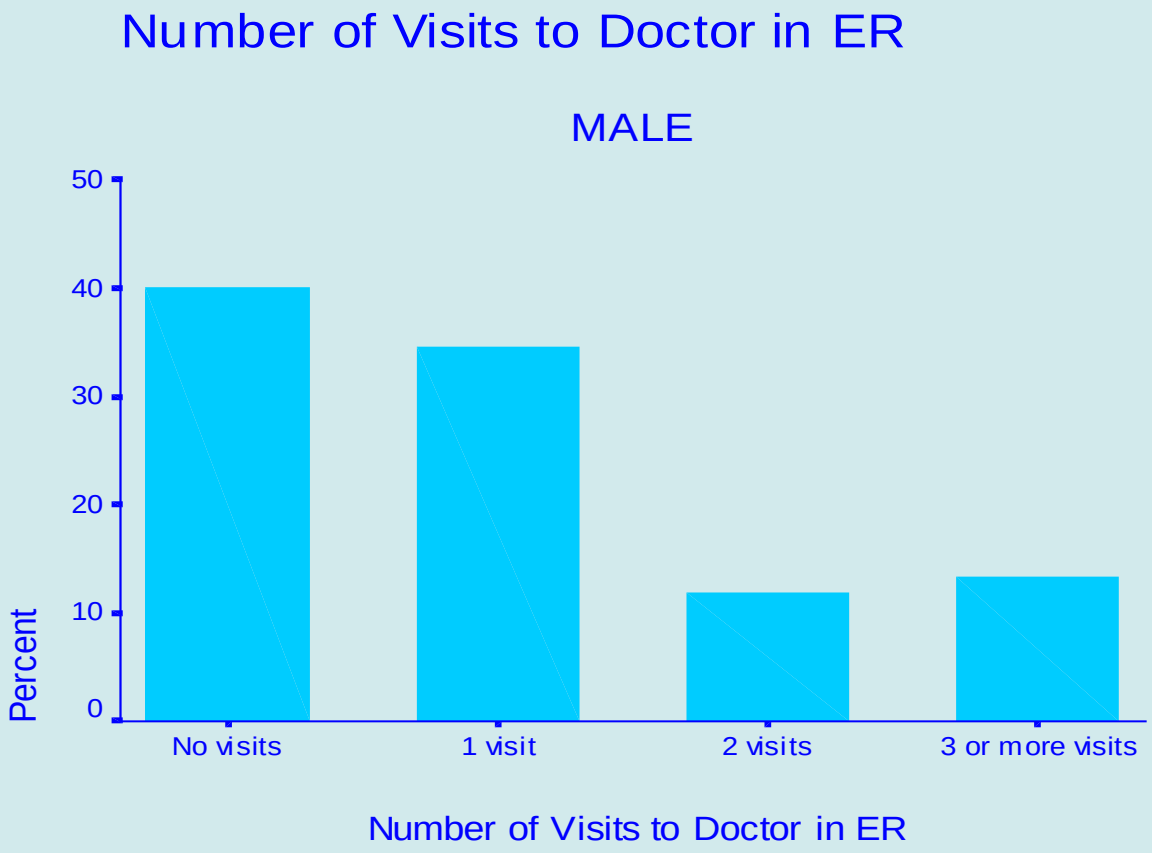


Table 89a. Frequencies for Recoded Number of Doctor Visits in Past Twelve Months Controlled for Sex and Race/Ethnicity

Doctor visits in past year		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	None	10.7	55	16.6	52	18.2	33	24.9	67	18.4	7	20.0	3
	1-3 visits	31.4	161	37.3	117	41.4	75	44.2	119	57.9	22	26.7	4
	4-6 visits	22.6	116	23.9	75	14.4	26	13.8	37	10.5	4	13.3	2
	7 or more visits	35.3	181	22.3	70	26.0	47	17.1	46	13.2	5	40.0	6
	Total	100.0	513	100.0	314	100.0	181	100.0	269	100.0	38	100.0	15
	NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
	System Missing	2.5	13	4.8	16	2.7	5	1.8	5	7.3	3	0	0
	Total		526		330		186		274		41		15

Figure 82. Barchart for At Least One Doctor Visit in Past Twelve Months by Race/Ethnicity for Women

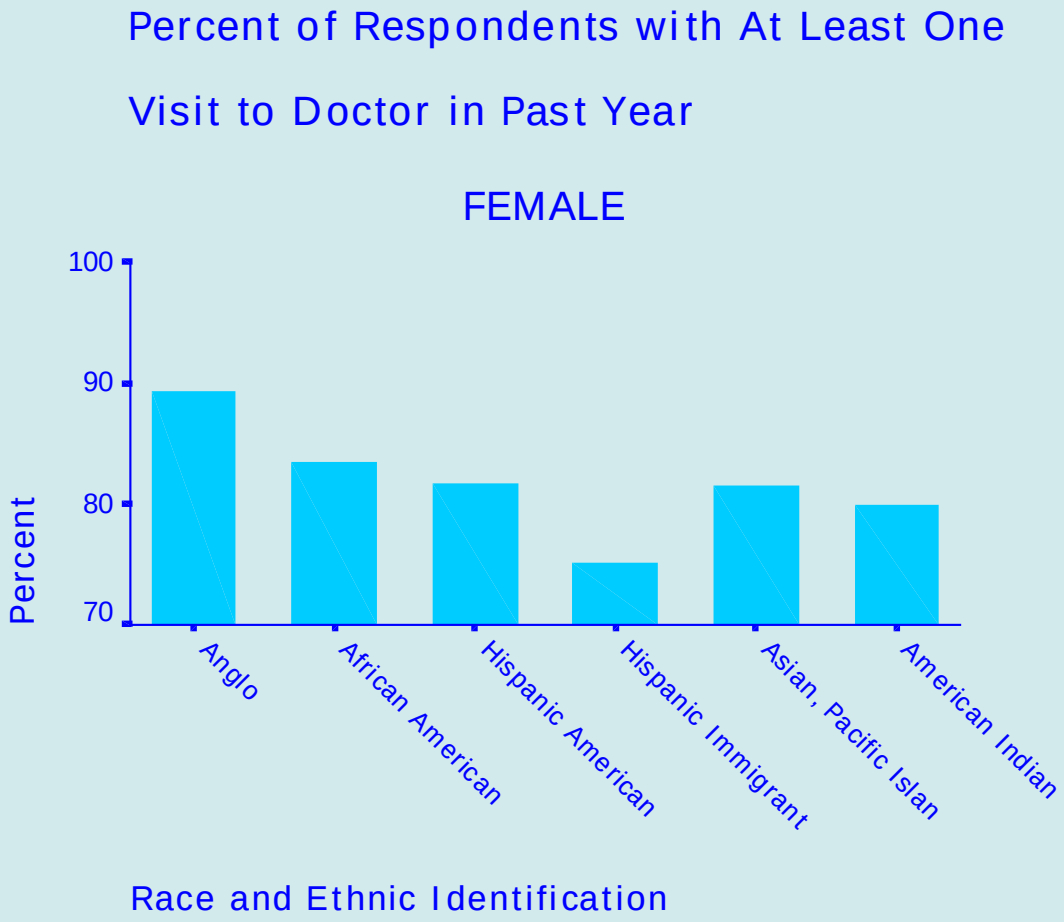


Table 89b. Frequencies for Recoded Number of Doctor Visits in Past Twelve Months Controlled for Sex and Race/Ethnicity

Doctor visits in past year		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	None	18.7	51	31.1	47	34.6	28	38.5	40	37.5	6	20.0	2
	1-3 visits	39.6	108	31.1	47	37.0	30	30.8	32	50.0	8	40.0	4
	4-6 visits	20.5	56	15.9	24	12.3	10	19.2	20	6.3	1	20.0	2
	7 or more visits	21.2	58	21.9	33	16.0	13	11.5	12	6.3	1	20.0	2
	Total	100.0	273	100.0	151	100.0	81	100.0	104	100.0	16	100.0	10
	NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
	System Missing	0.7	2	3.2	5	1.2	1	1.0	1	0	0	9.1	1
	Total		275		156		82		105		16		11

Figure 83. Barchart for At Least One Doctor Visit in Past Twelve Months by Race/Ethnicity for Men

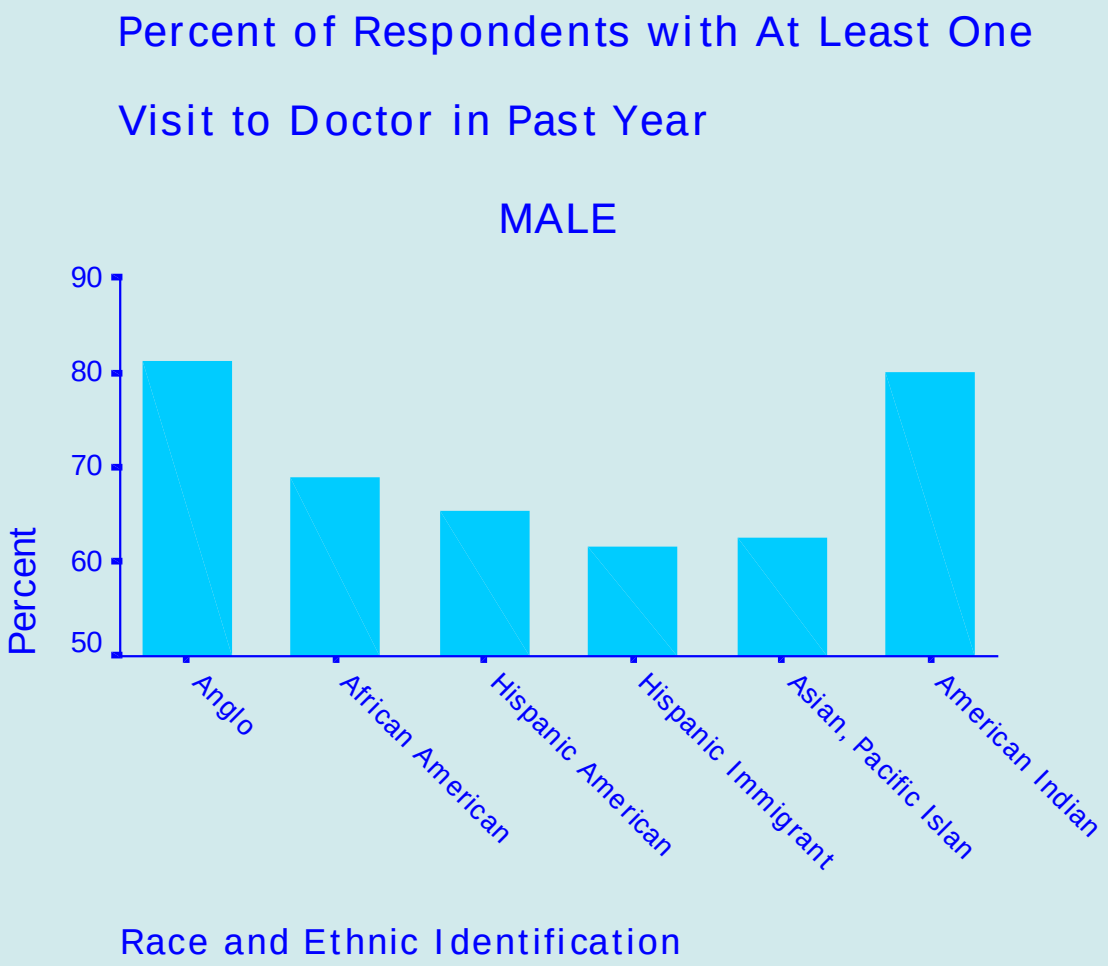


Table 90a. Frequencies for Recoded Number of Emergency Room Visits in Past Twelve Months Controlled for Sex and Race/Ethnicity

Number of visits to doctor in ER		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	No visits	41.1	215	36.4	117	46.4	85	55.1	151	53.7	22	20.0	3
	1 visits	29.3	153	22.7	73	29.0	53	27.7	76	31.7	13	33.3	5
	2 visits	11.5	60	22.1	71	12.0	22	8.8	24	7.3	3	13.3	2
	3 or more visits	18.2	95	18.7	60	12.6	23	8.4	23	7.3	3	33.3	5
	Total	100.0	523	100.0	321	100.0	183	100.0	274	100.0	41	100.0	15
	NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
	System Missing	0.6	3	2.7	9	1.6	3	0	0	0	0	0	0
	Total		526		330		186		274		41		15

Figure 84. Barchart for At Least One Visit to the Emergency Room in the Past Year by Race/Ethnicity For Women

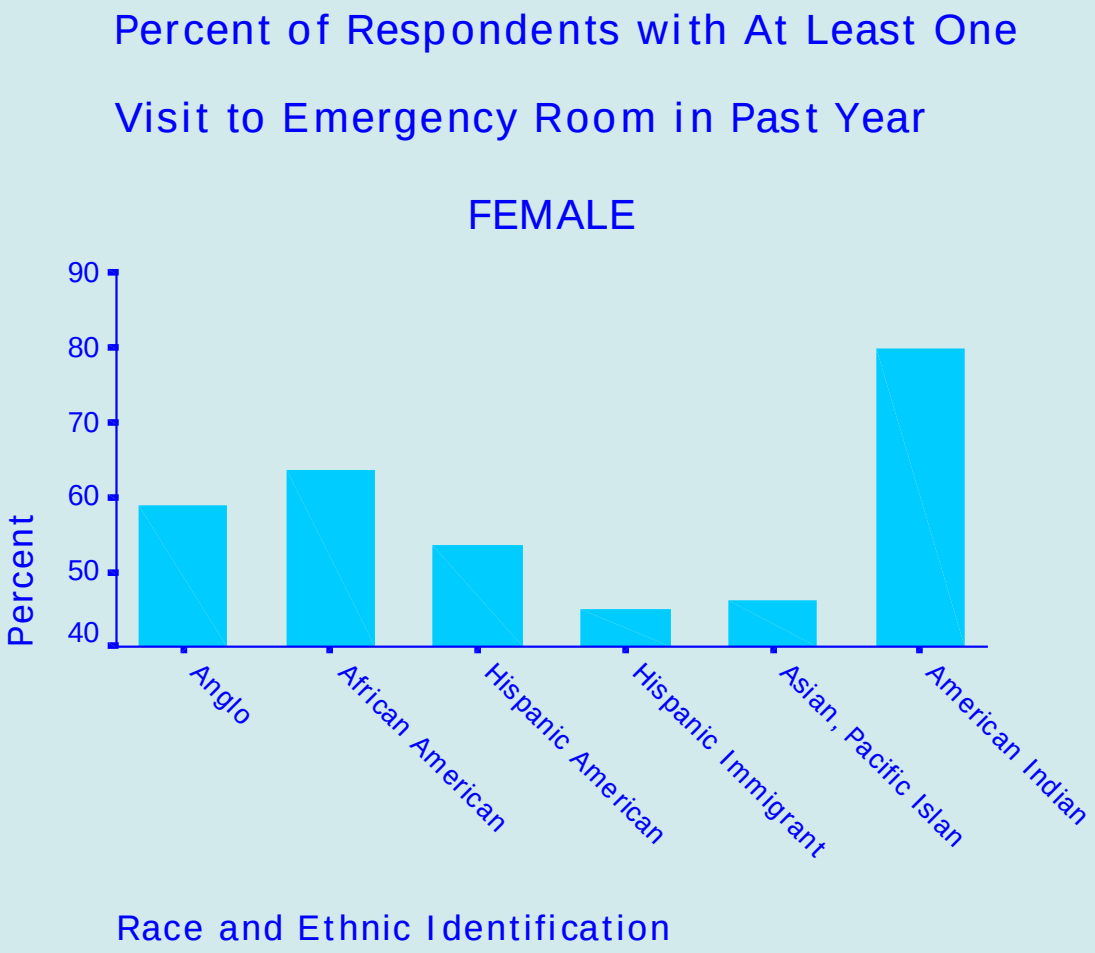
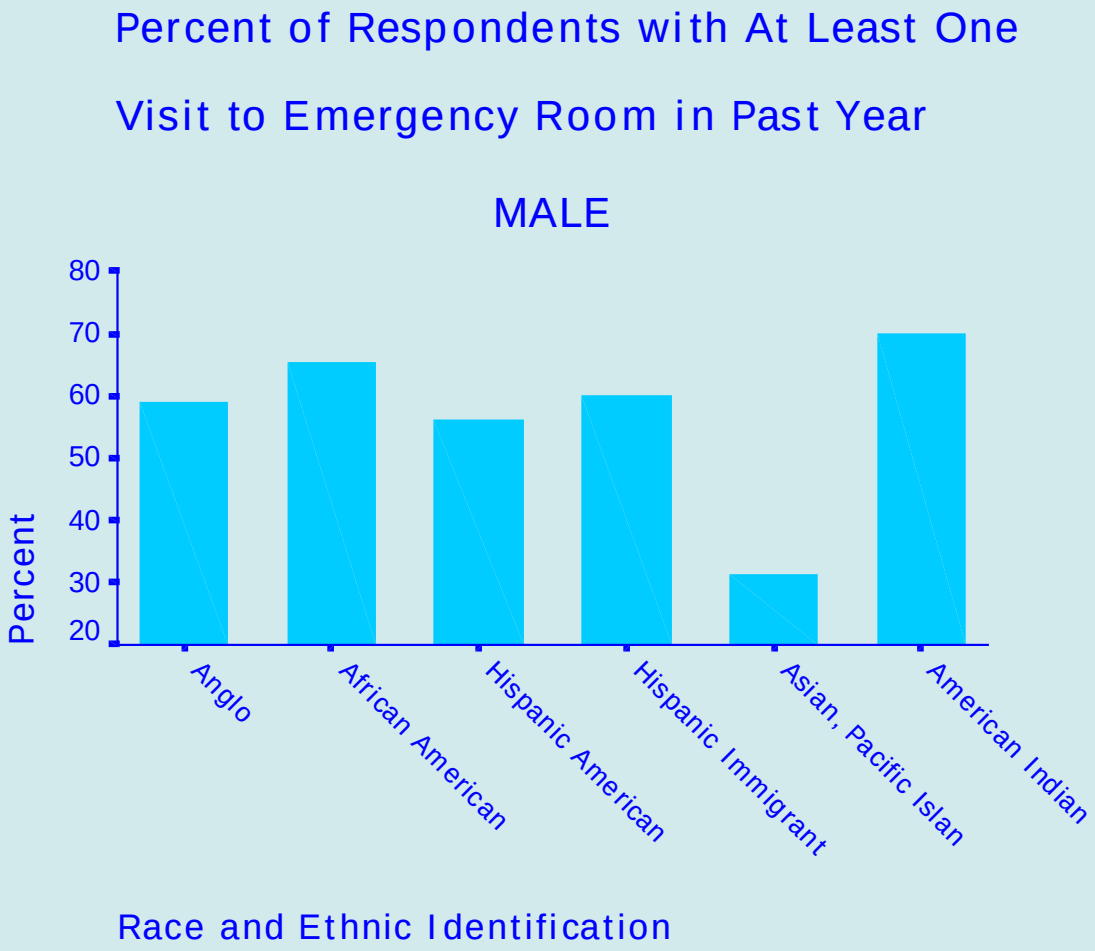


Table 90b. Frequencies for Recoded Number of Emergency Room Visits in Past Twelve Months Controlled for Sex and Race/Ethnicity

Number of visits to doctor in ER		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	No visits	40.9	112	34.6	53	43.8	35	40.0	42	68.8	11	30.0	3
	1 visits	32.5	89	38.6	59	30.0	24	41.0	43	12.5	2	40.0	4
	2 visits	10.9	30	10.5	16	15.0	12	14.3	15	18.8	3	0.0	0
	3 or more visits	15.7	43	16.3	25	11.3	9	4.8	5	0.0	0	43.0	3
	Total	100.0	274	100.0	153	100.0	80	100.0	105	100.0	16	100.0	10
	NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
	System Missing	0.4	1	1.9	3	2.4	2	0	0	0	0	9.1	1
	Total		275		156		82		105		16		11

Figure 85. Barchart for At Least One Visit to the Emergency Room in the Past Year by Race/Ethnicity For Men



4. USUAL SOURCE OF CARE

Usual Source of Care: Tables 40-45. The majority, 83.5 percent, of the patients report having a usual source of health care. About two-thirds of those with a usual source of care (64.6 percent) have only one source of care, while about one-third report more than one source of usual care. The most common type of health care provider reported as the usual source of care is a community or neighborhood health clinic or center (50 percent), and the second most common is a hospital outpatient clinic (24 percent). Only 6.7 percent report that an emergency room is their usual source of health care. Fifteen percent of the patients report that a private doctor's office or clinic is their most usual source of care. Most of the patients (54.2 percent) report that they have been seeing their usual source of care for a year or longer, while about 20 percent report seeing the usual source less than six months.

Adequacy of Usual Source of Care: Table 46-47. Ninety percent of the patients report that their usual source of care is able to provide most of the health care they need. Most (57.5 percent) report that their usual source of care is able to provide evening or weekend care for patients when needed.

Race/Ethnic Differences in Sources of Usual Care: Tables 48-49; Figures 51-57. Among the four major race/ethnic groups, Hispanic immigrants (88 percent) are the most likely to report that they have a usual source of care and Hispanic Americans (78 percent) are least likely to report a usual source. Hispanic Americans (53 percent), Anglos (52 percent), and Hispanic immigrants (52 percent) are most likely to report that a community or neighborhood health center is their usual source of care while African Americans (46 percent) are the least likely to report this type of provider as the usual source of care. Hispanic immigrants (30 percent) are much more likely than the other three major race/ethnic groups to report having a hospital outpatient clinic as a usual source of care. African Americans (11 percent) and Hispanic Americans (8 percent) are more likely than the other Anglos (6 percent) and Hispanic immigrants (2 percent) to report that the emergency room is their usual source of health care. Anglos (17 percent) are most likely to report that a private doctor's office is their usual source of health care, and Hispanic immigrants are least likely to report a private provider as the usual source of care (10 percent). African Americans were most likely to report having the same usual source of care for a year or more, while Hispanic immigrants were least likely.

Race/Ethnic Differences in Adequacy of Usual Source of Care: Tables 50-51. The four major race/ethnic groups were very similar in their reporting that their usual source of could usually provide all the health care they need when they are sick. More of the African Americans (67 percent) and Hispanic Americans (65 percent) report that their usual source of care is able to arrange for care during evenings or weekends, than among Anglos (54 percent) and Hispanic immigrants (52 percent).

Use of Physicians: Tables 52-55. Among those patients who report that they have a usual source of care, the majority -- 58 percent-- report that they have a personal doctor. Forty percent of the patients reported that they needed to see a specialist in the past year.

Of those who needed to see a specialist, most (62 percent) did not have a problem seeing a specialist, 14percent had a small problem and one-fourth of the patients had a big problem seeing a specialist. Of those who had needed to see a specialist in the past year, nearly three-fourths were able to see the specialist, while one-fourth were not.

Race/Ethnic Differences in Use of Physicians: Tables 56-59; Figures 60-65. Among those patients with a usual source of care, Anglos were most likely to report that they had a personal doctor (66 percent), followed African Americans (61 percent), Hispanic Americans (52 percent), and Hispanic immigrants (41 percent). Three-fourths of Hispanic immigrants report that they needed to see a specialist in the past year, followed by 63-64 percent of Hispanic Americans and African Americans, and just over half of Anglos. One-third of Hispanic immigrants and Hispanic Americans report that they had a big problem getting to see a specialist when they needed one, compared to just over 20 percent of African Americans and Anglos. Of those patients who reported that they needed to see a specialist in the past year, Anglos were the most likely to have seen a specialist (80 percent, followed by African Americans (71 percent), Hispanic Americans (64 percent), and Hispanic immigrants (58 percent).

Reasons for Not Having a Usual Source of Care: Tables 60-69; Figure 66. Among the 335 patients who report that they do not have a usual source of care, the most common reasons given by 62 percent of these patients for not having a usual source of care is that they do not have insurance and they cannot afford to pay for care. About 30 percent of these patients report that they do not need care or they do not know where to go. Twenty-four percent say care is not convenient for them, while almost 20 percent report they do not have a usual source of care because they moved, they do not think any care is available for them, or there is no way to get to the source of care. Twelve percent that there is a language barrier that prevents them from getting care from a usual source and 10 percent report that they do not like doctors.

Race/Ethnic Differences for Not Having a Usual Source of Care: Tables 70-79; Figures 67-72. Not having health insurance and not being able to pay for care is the major reason for not having a usual source of care among all the four major race/ethnic groups. The major race/ethnic differences for not having a usual source of health care occurs between groups that are predominantly English speakers and those that are not. While language is the least often given reason for not have a usual source of care among Anglos and African Americans, more than half of Hispanic immigrants and 80 percent of Asians and Pacific Islanders report that language is a barrier for them.

USUAL SOURCE OF CARE

JPS

Health Network Sample

2000

Table 40. Frequencies and Barchart for Having a Usual Source of Care

Has Source of Care

	Percent	Frequency
Yes	83.5	1694
No	16.5	335
Total	100.0	2029
NR/DK	0.2	5
Total		2034

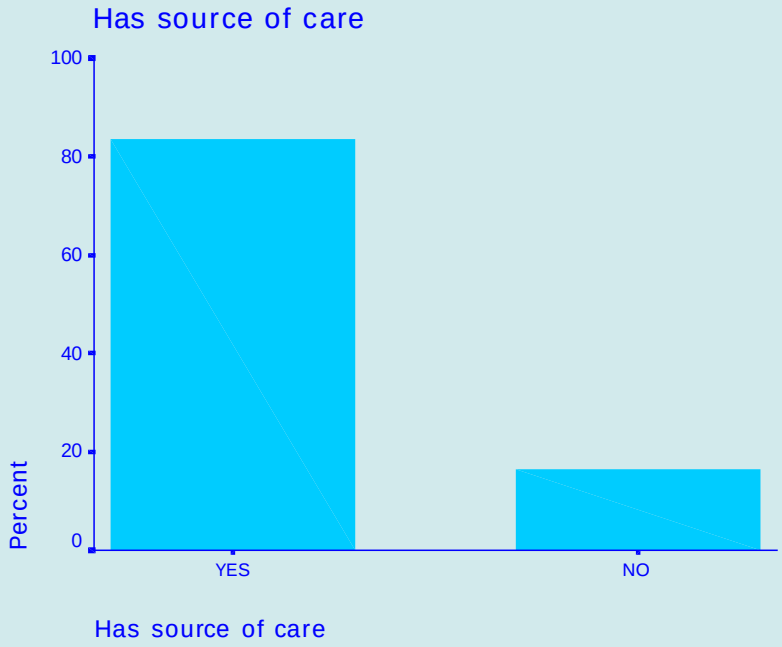


Table 41. Frequencies and Barchart for More than One Source of Usual Care

More than One Source of Care

	Percent	Frequency
Yes	35.4	599
No	64.6	1092
Total	100.0	1691
NR/DK	0.1	3
System Missing	16.7	340
Total		2034

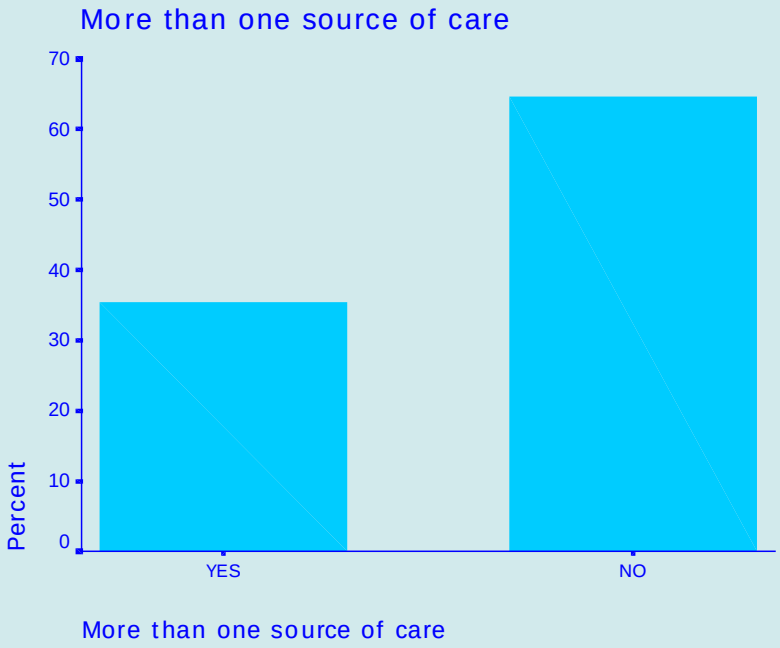


Table 43. Frequencies and Barchart for Number of Usual Sources of Care

Number of Places

	Percent	Frequency
One	77.1	1297
Two	19.8	333
Three	2.3	38
Four	0.8	14
Total	100.0	1682
NR/DK	0.6	12
System Missing	16.7	340
Total		2034

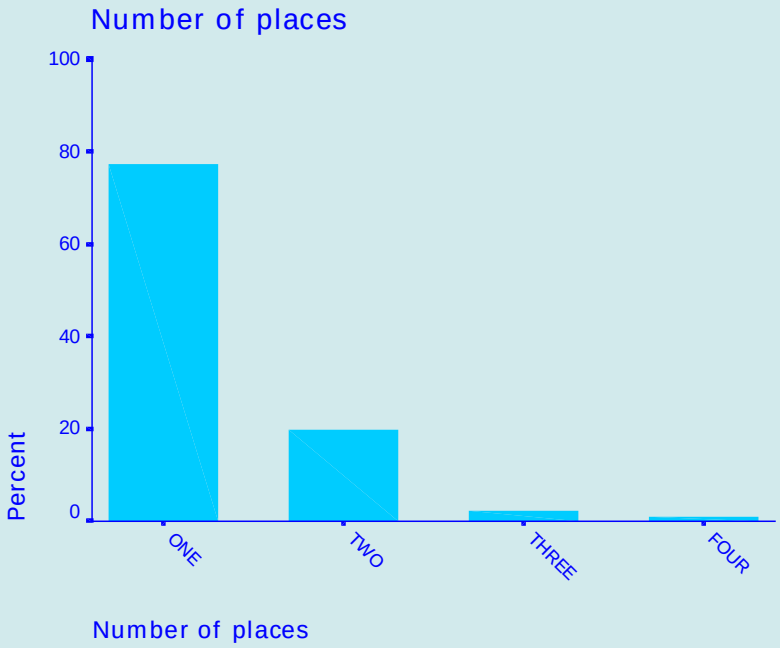


Table 44. Frequencies and Barchart for Kind of Place for Usual Source of Care

Kind of Place	Percent	Frequency
Community or neighborhood health clinic or center	50.1	822
Hospital outpatient clinic	24.1	395
Hospital emergency room	6.7	110
VA or military hospital or clinic	1.1	18
Psychiatric hospital or clinic	0.6	10
Private doctors office or clinic	14.7	241
Some other place	2.8	46
Total	100.0	1642
Don't Know	2.6	52
System Missing	16.8	341
Total		2035

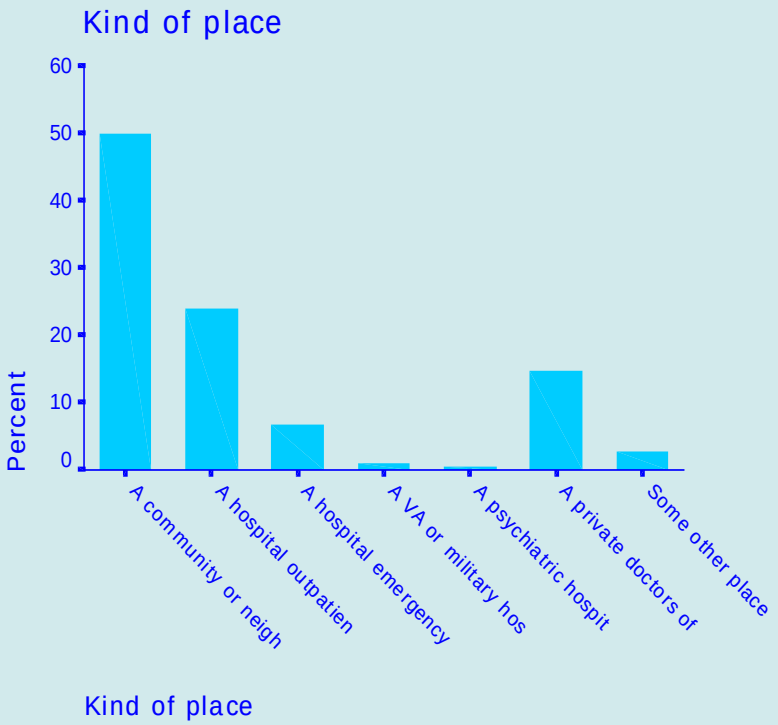


Table 45. Frequencies and Barchart for Length of Time Using Usual Source of Care

Length of Time Using Place

	Percent	Frequency
Less than three months	7.3	123
3 up to 6 months	13.3	224
6 months up to a year	25.1	421
A year or longer	54.2	910
Total	100.0	1678
Don't Know	0.8	16
System Missing	16.8	341
Total		2035

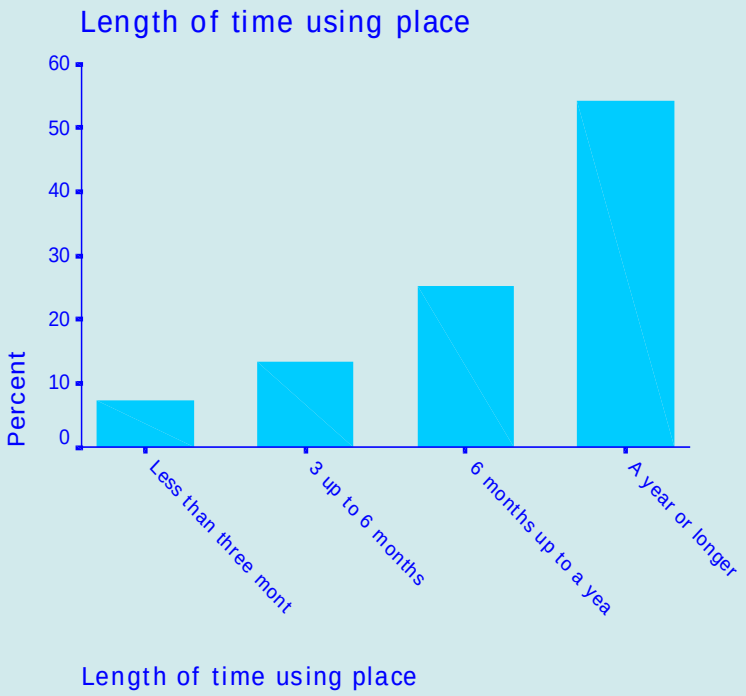


Table 46. Frequencies and Barchart for Usual Source Able to Provide Most Care

Able to Provide Most Care		
	Percent	**Frequency**
Yes	90.5	1508
No	9.5	159
Total	100.0	1667
NR/DK	1.3	27
System Missing	16.7	340
Total		2034

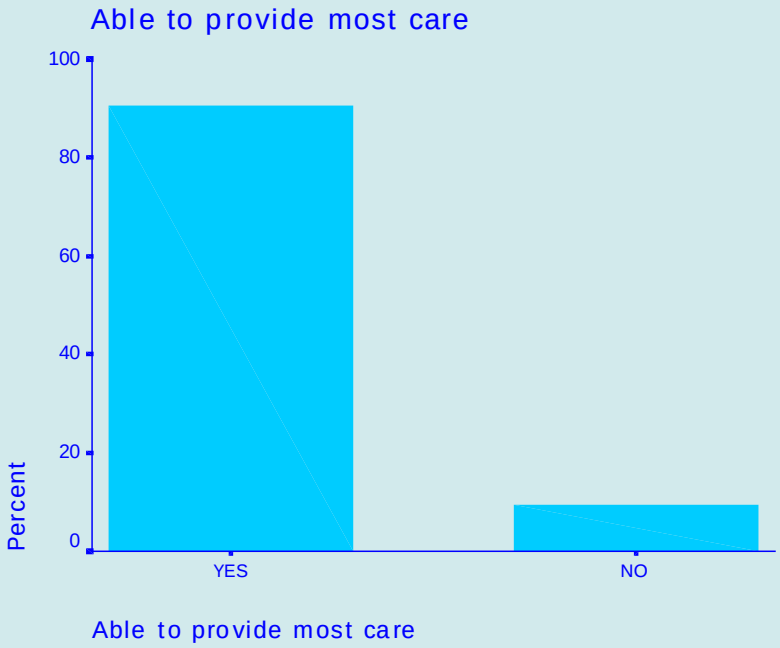


Table 47. Frequencies and Barchart for Usual Source of Care Able to Provide Evening and Weekend Care

Provide or arrange for evening and weekend care

	Percent	Frequency
Yes	57.5	874
No	42.5	646
Total	100.0	1520
NR/DK	8.6	174
System Missing	16.7	340
Total		2034

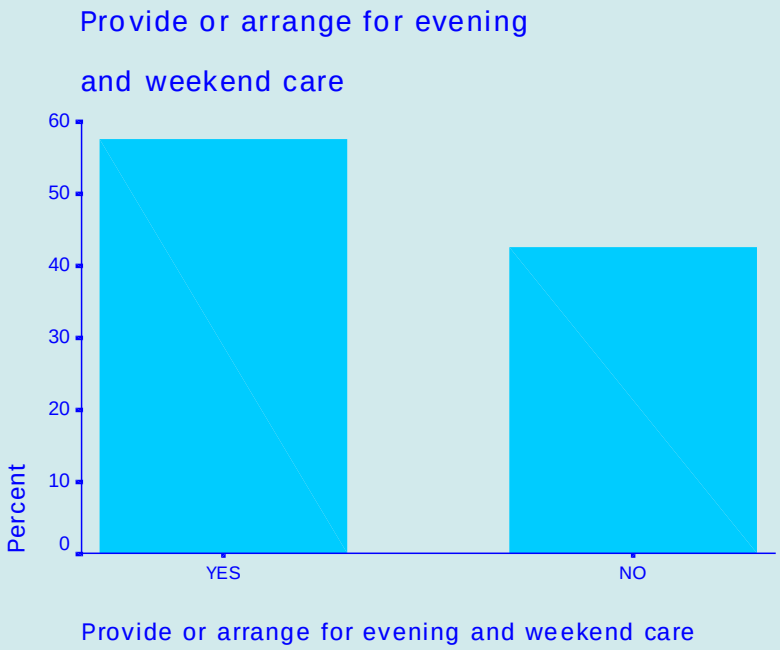


Table 48. Frequencies for Usual Source of Care by Race/Ethnicity

Race and Ethnic Identification	Has Source of Care	Percent	Frequency
Anglo	Yes	82.3	655
	No	17.7	141
	Total	100.0	796
	NR/DK	0.6	5
African American	Yes	83.7	407
	No	16.3	79
	Total	100.0	486
Hispanic American	Yes	78.0	209
	No	22.0	59
	Total	100.0	268
Hispanic Immigrant	Yes	87.9	333
	No	12.1	46
	Total	100.0	379
Asian, Pacific Islander	Yes	91.2	52
	No	8.8	5
	Total	100.0	57
American Indian	Yes	92.3	24
	No	7.7	2
	Total	100.0	26

Figure 51. Barchart of Usual Source of Care by Race/Ethnicity

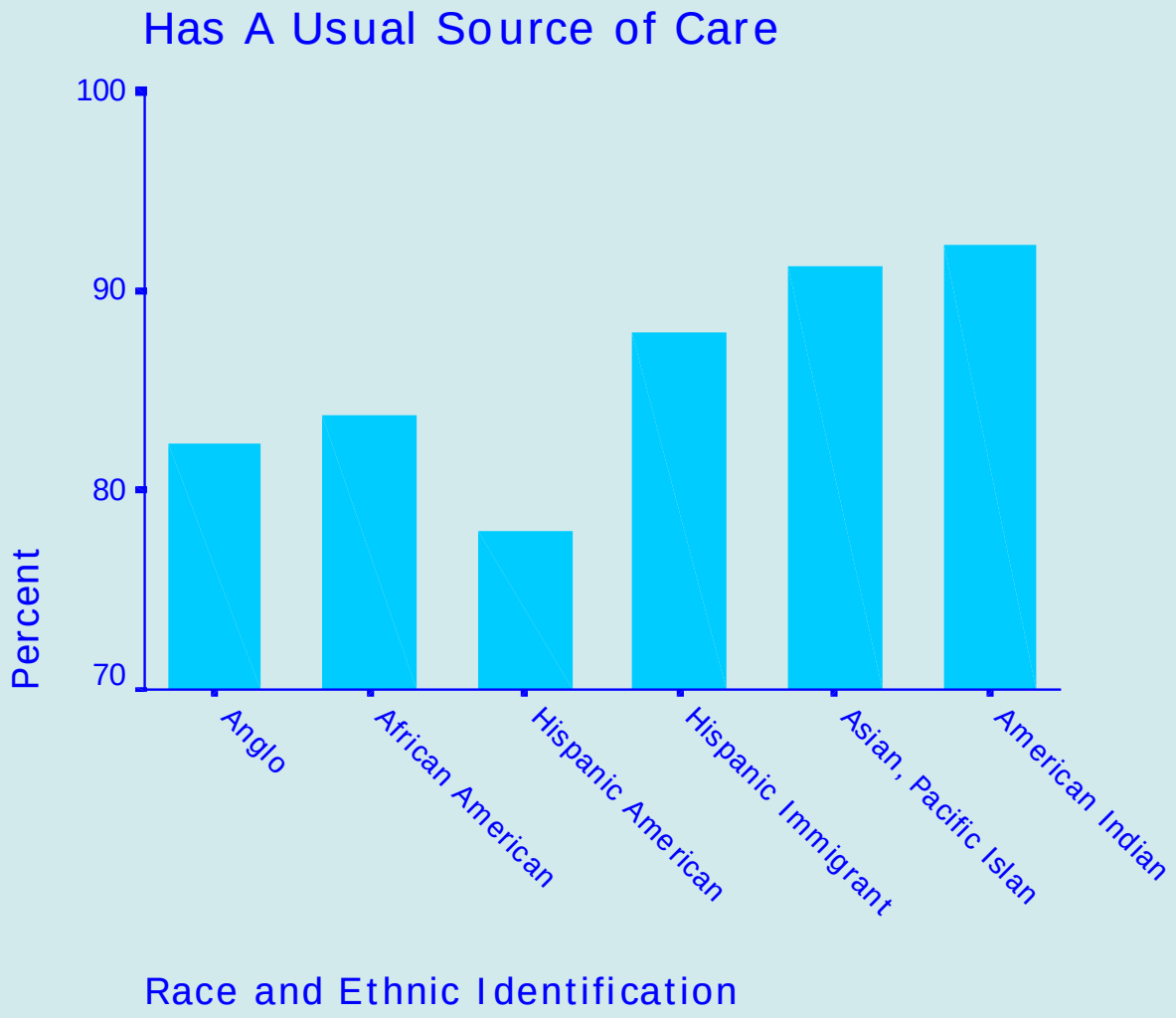


Table 49. Frequencies for Kind of Place for Usual Source of Care by Race/Ethnicity

Kind of Place	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Community or neighborhood health clinic or center	51.8	328	46.1	185	52.8	105	51.5	168	45.8	22	39.1	9
Hospital outpatient clinic	19.6	124	26.2	105	22.6	45	30.4	99	20.8	10	30.4	7
Hospital emergency room	6.0	38	10.5	42	8.0	16	2.1	7	2.1	1	17.4	4
VA or military hospital or clinic	1.7	11	1.5	6	0.0	0	0	0	0	0	4.3	1
Psychiatric hospital or clinic	1.1	7	0.5	2	0.5	1	0	0	0	0	0	0
Private doctors office or clinic	17.4	110	13.7	55	14.6	29	9.8	32	27.1	13	8.7	2
Some other place	2.4	15	1.5	6	1.5	3	6.1	20	4.2	2	0	0
Total	100.0	633	100.0	401	100.0	199	100.0	326	100	48	100.0	23
NR/DK	2.7	22	1.2	6	3.7	10	1.8	7	7.0	4	3.8	1
System Missing	18.2	146	16.3	79	22.0	59	12.1	46	8.8	5	7.7	2
Total		801		486		268		379		57		26

Figure 52. Barchart Showing Community or Neighborhood Health Center or Clinic as Usual Source of Care by Race/Ethnicity

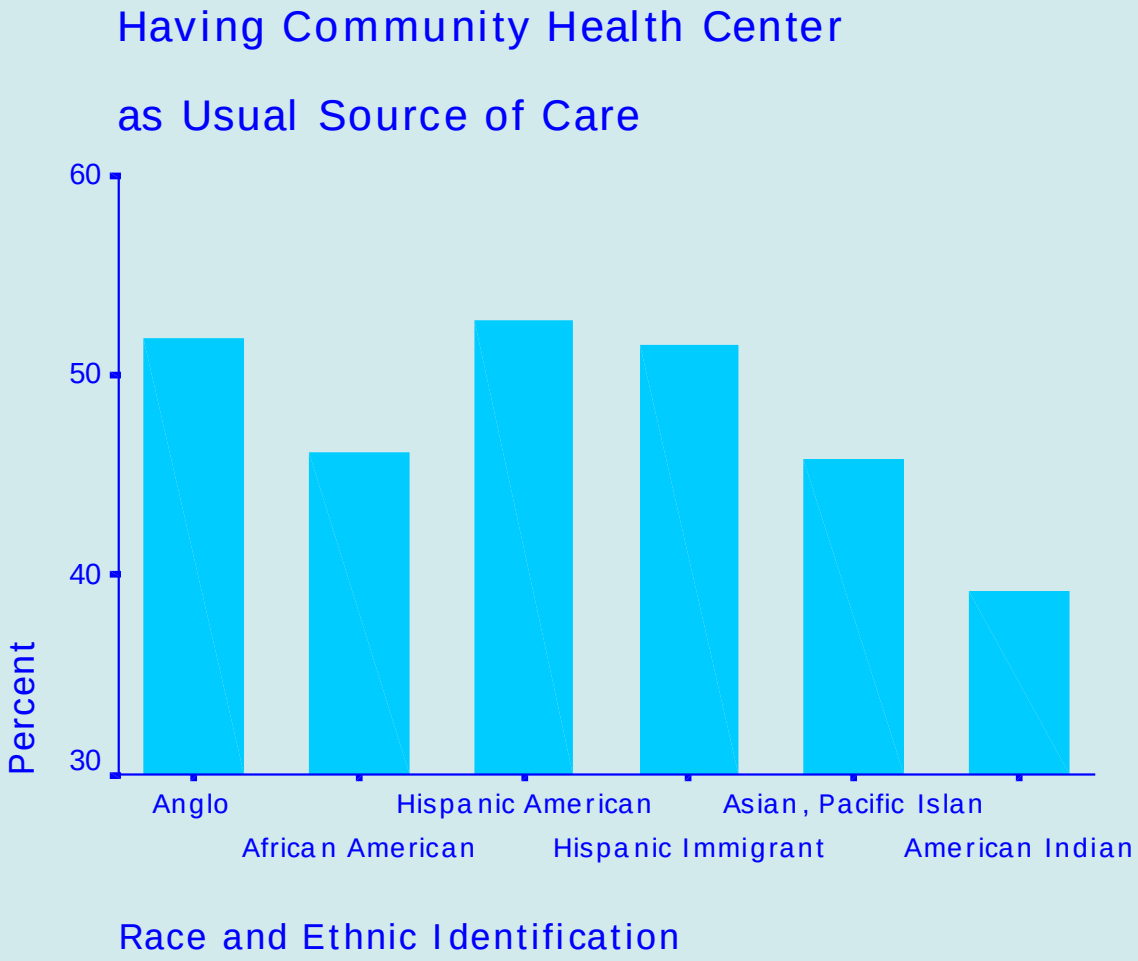


Figure 53. Barchart Showing Having Hospital Outpatient Clinic as Usual Source of Care by Race/Ethnicity

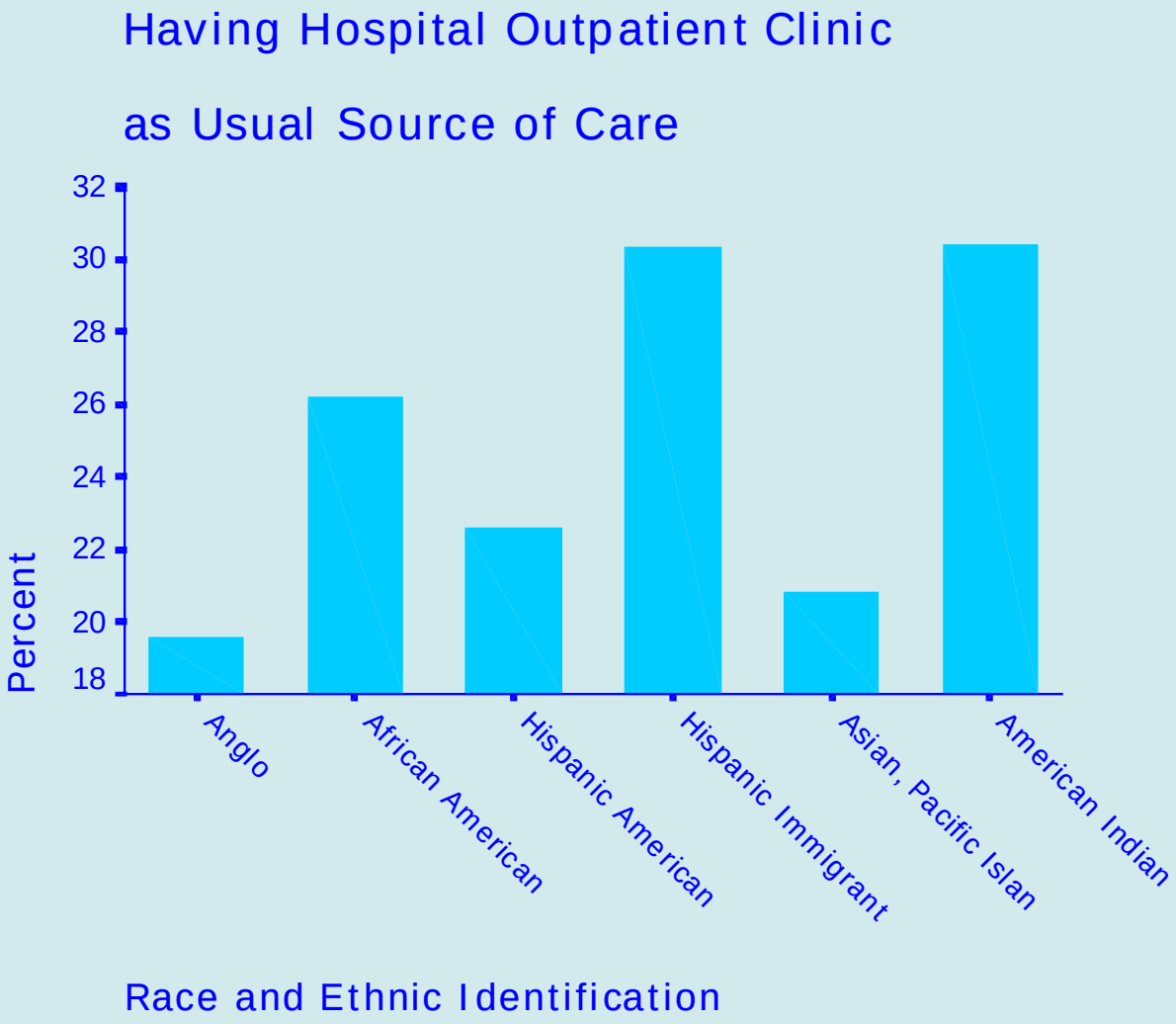


Figure 54. Barchart Showing Having Hospital Emergency Room as Usual Source of Care by Race/Ethnicity

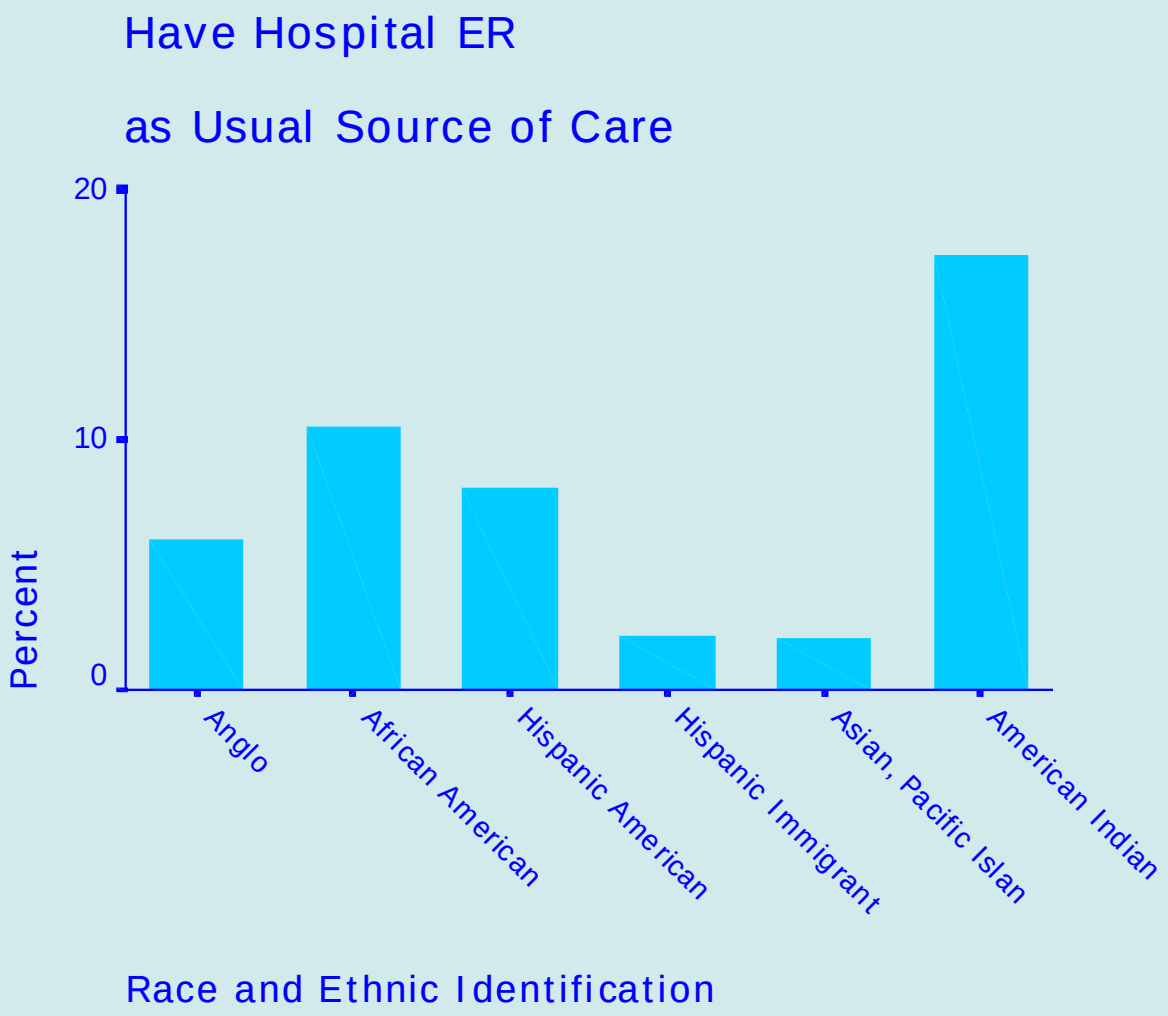


Figure 55. Barcharts Showing Having Private Doctor's Office or Clinic as Usual Source of Care by Race/Ethnicity

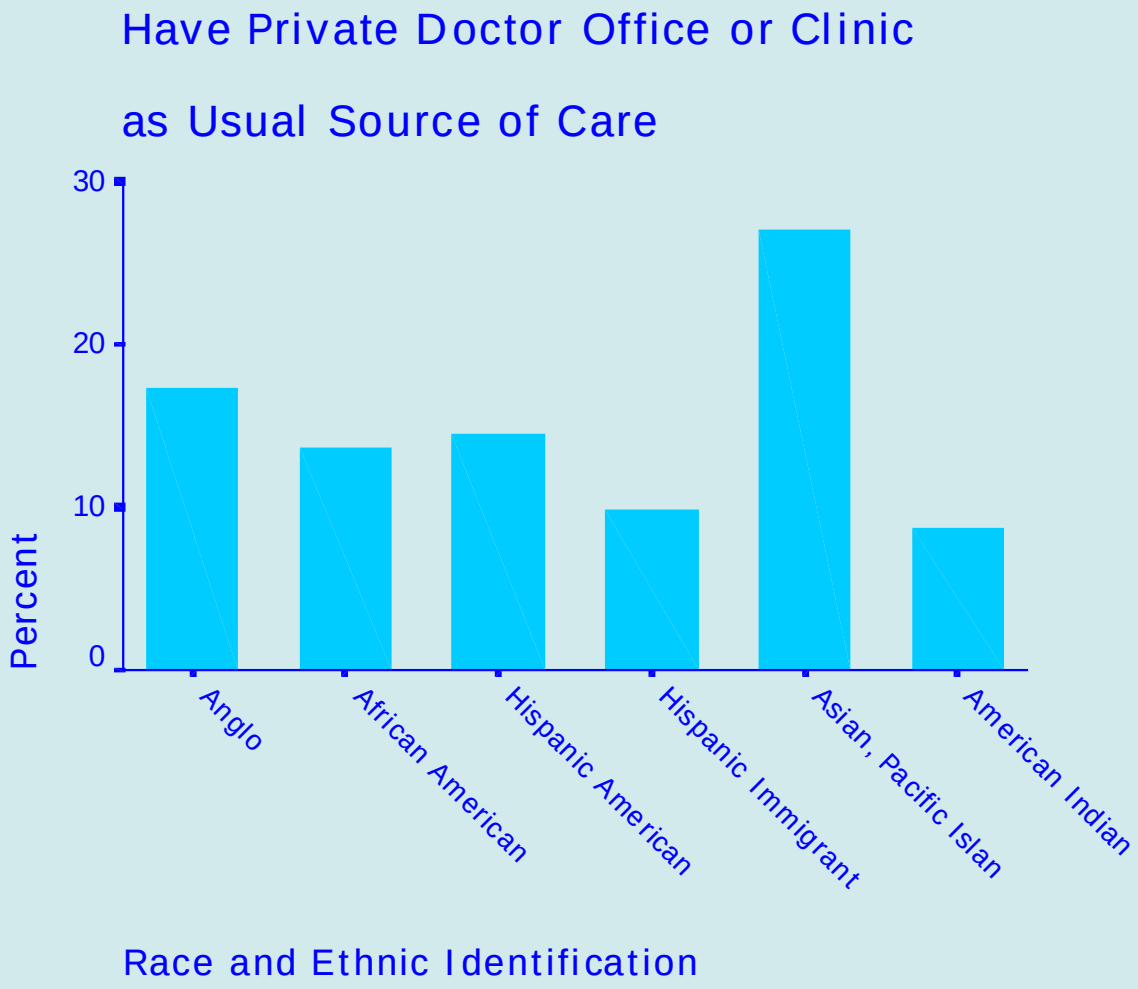


Figure 56. Barchart Showing Having Usual Source of Care for Three Months or Less by Race/Ethnicity

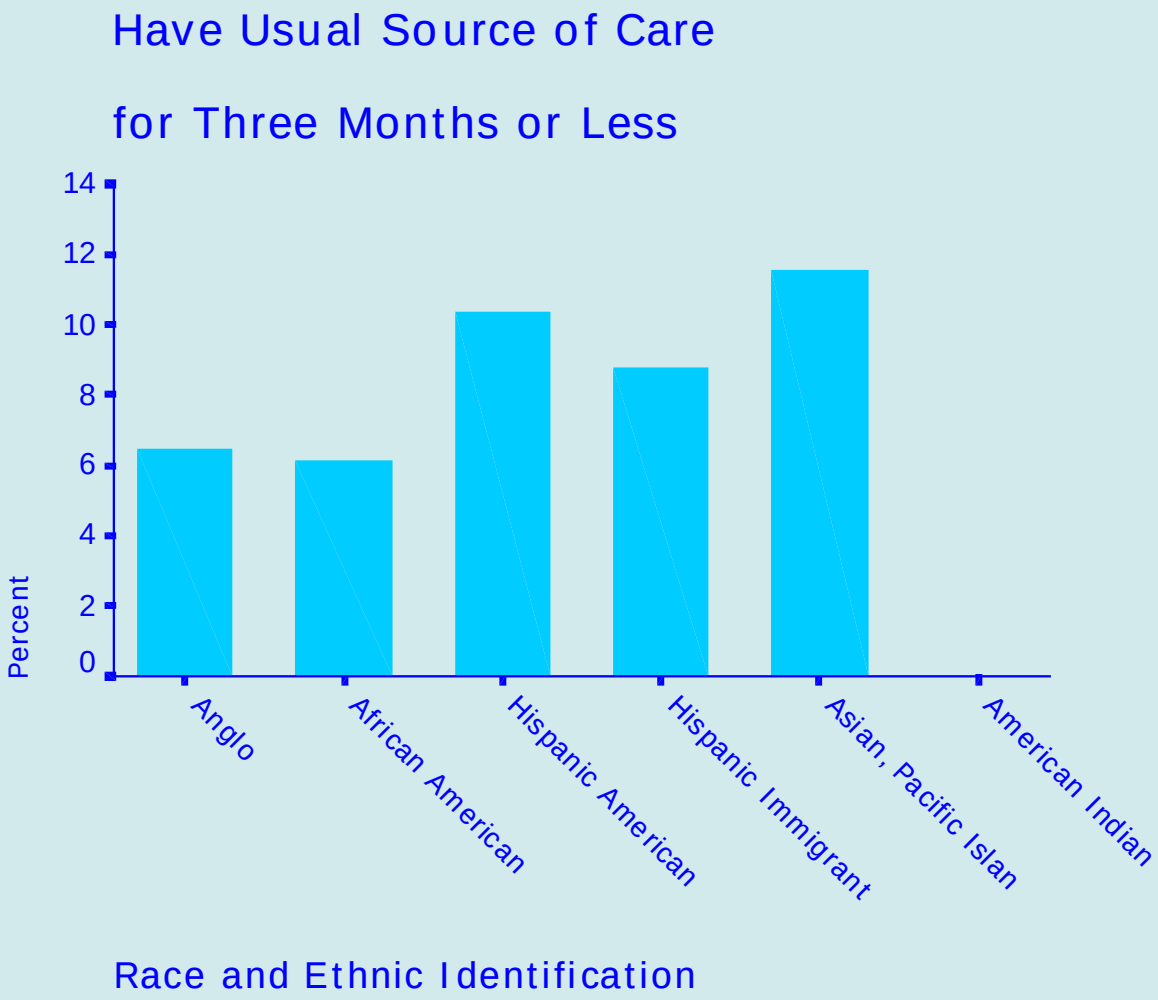


Figure 57. Barchart Showing Having Usual Source of Care for a Year or More by Race/Ethnicity

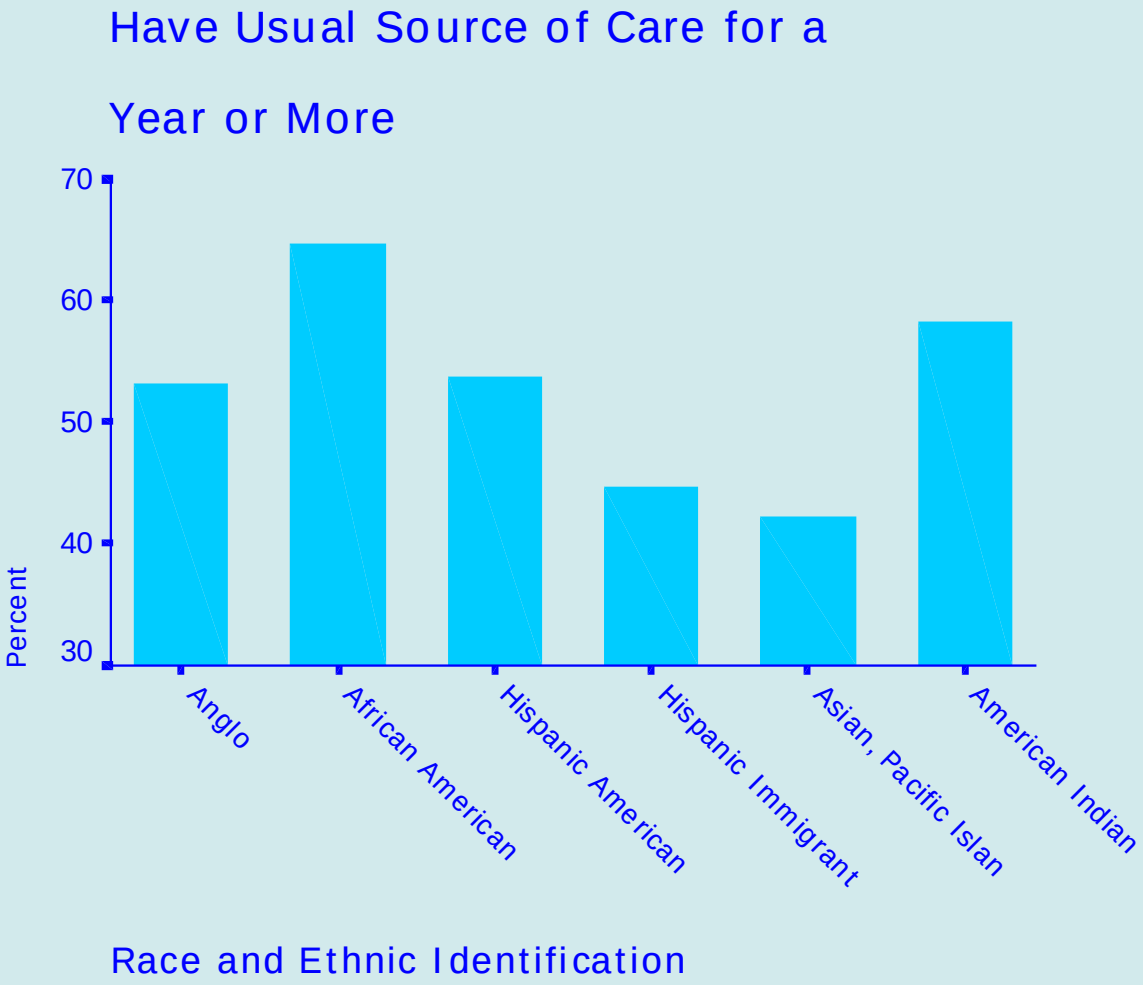


Table 50. Frequencies for Usual Source of Care Able to Provide Most Care Needed When Sick

Able to provide most care	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	91.0	584	93.1	376	89.8	184	88.0	293	77.8	35	91.7	22
No	9.0	58	6.9	28	10.2	21	12.0	40	22.2	10	8.3	2
Total	100.0	642	100.0	404	100.0	205	100.0	333	100.0	45	100.0	24
NR/DK	1.6	13	0.6	3	1.5	4	0	0	12.3	7	0	0
System Missing	18.2	146	16.3	79	22.0	59	12.1	46	8.8	5	7.7	2
Total		801		486		268		379		57		26

Figure 58. Barchart Showing Usual Source of Care Is Able to Provide Most of Care Needed When Sick By Race/Ethnicity

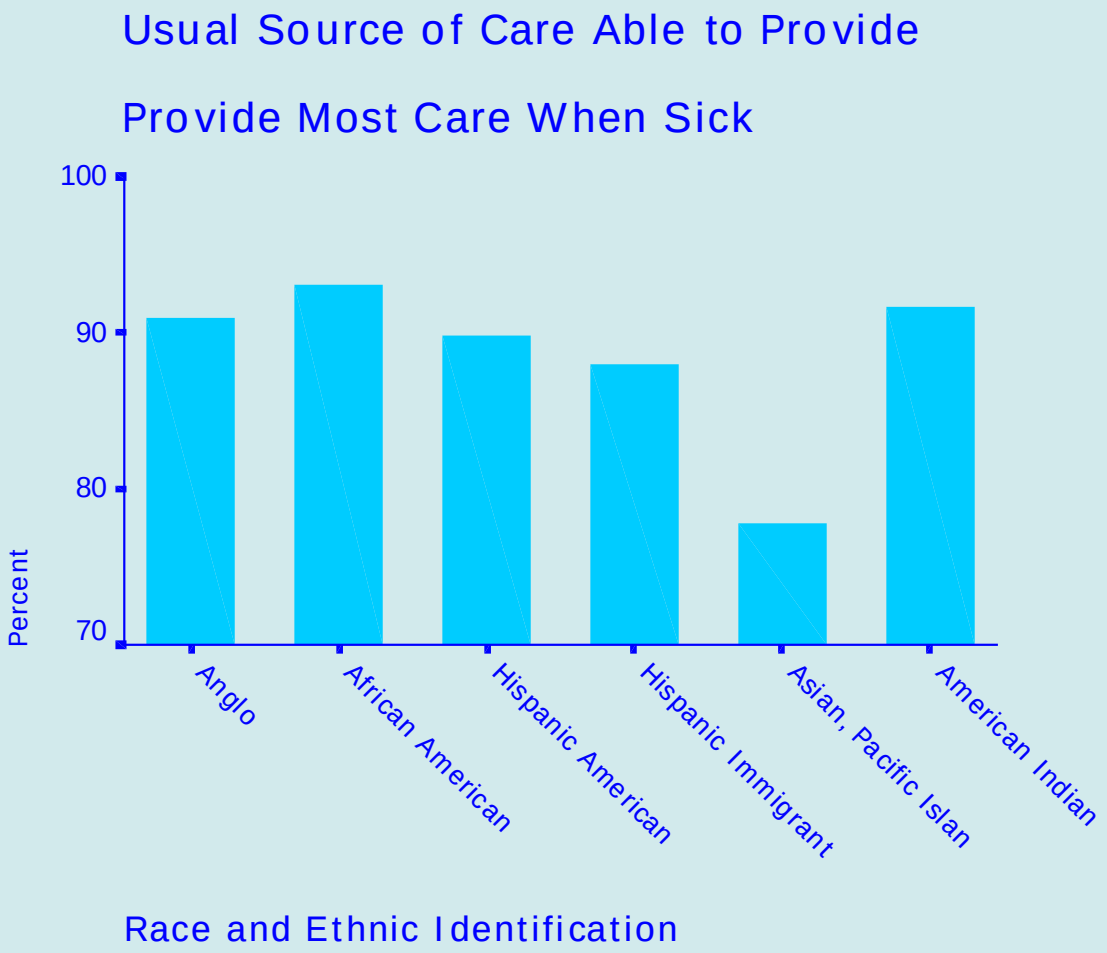


Table 51. Frequencies for Usual Source of Care Able to Provide or Arrange Evening and Weekend Care by Race/Ethnicity

Provide or Arrange for Evening and Weekend Care	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	53.9	302	66.7	254	65.2	122	47.6	148	51.1	23	60.9	14
No	46.1	258	33.3	127	34.8	65	52.4	163	48.9	22	39.1	9
Total	100.0	560	100.0	381	100.0	187	100.0	311	100.0	45	100.0	23
NR/DK	11.9	95	5.3	26	8.2	22	5.8	22	12.3	7	3.8	1
System Missing	18.2	146	16.3	79	22.0	59	12.1	46	8.8	5	7.7	2
Total		801		486		268		379		57		26

Figure 59. Barchart Showing Usual Source of Care Able to Provide or Arrange Weekend/Evening Care When Sick by Race/Ethnicity

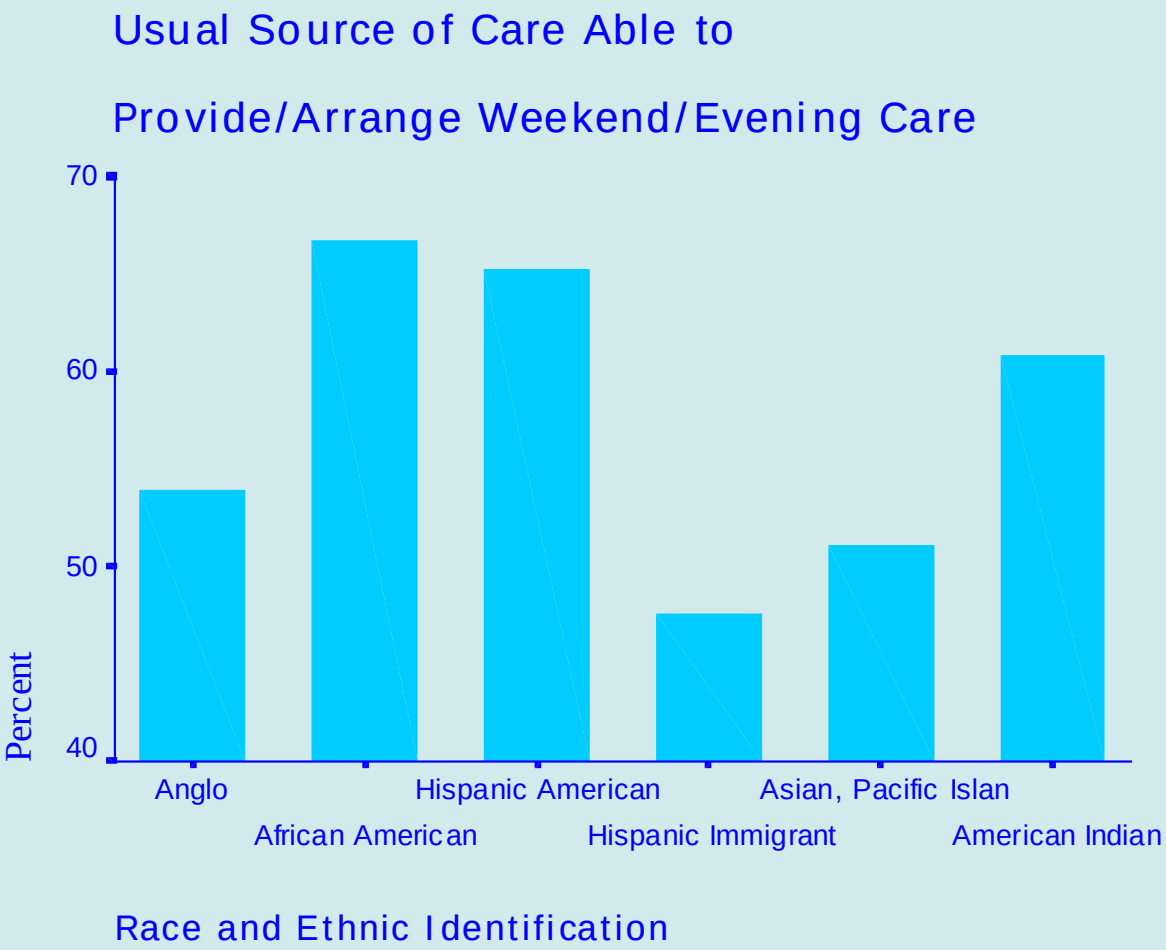


Table 91. Frequencies for Been a Patient in Hospital Overnight or Longer in Past Six Months for Women

Been a patient in hospital overnight or longer in past 6 months

	Percent	Frequency
Yes	20.9	287
No	79.1	1084
Total	100.0	1371
NR/DK	0.1	1
System Missing	0	0
Total		1372

Figure 86. Barchart for Been a Patient in Hospital Overnight or Longer in Past Six Months for Women

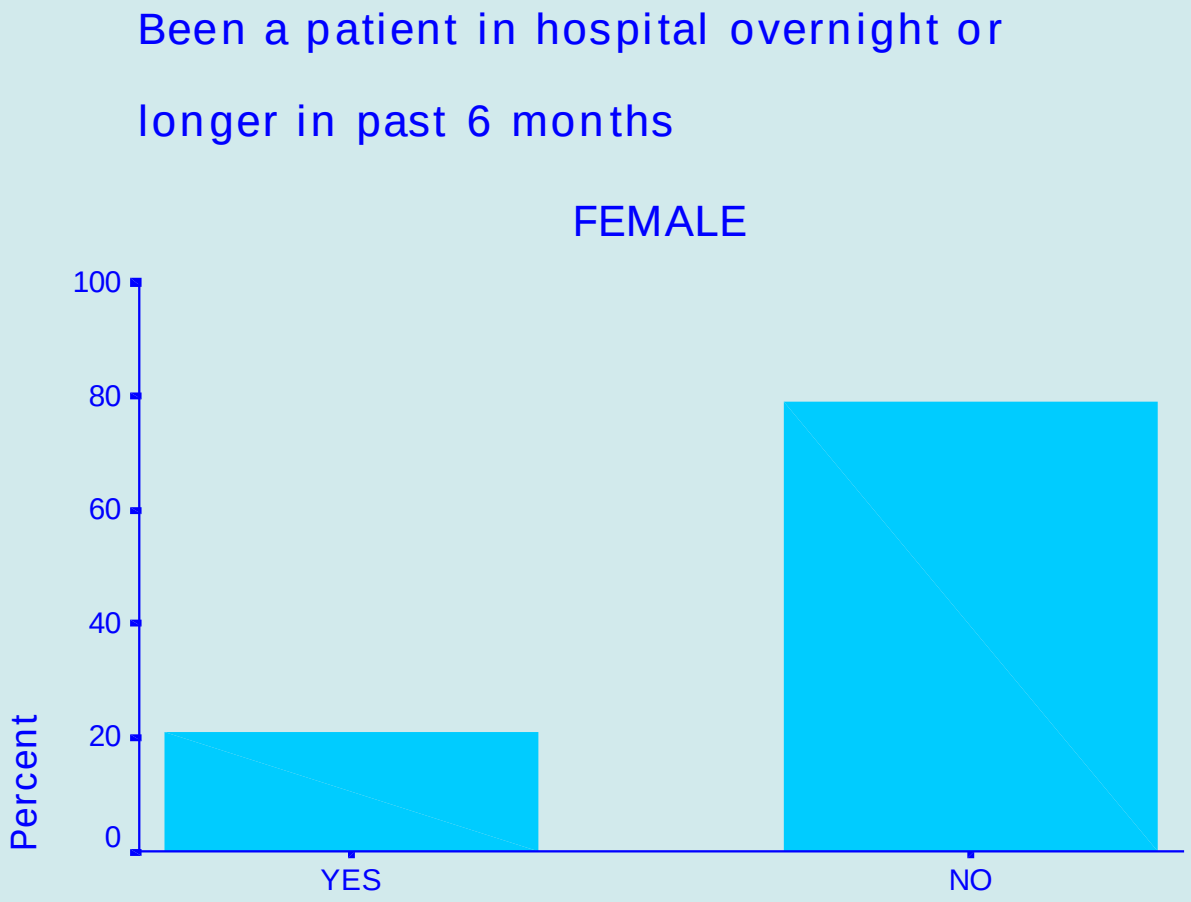


Table 92. Frequencies for Been a Patient in Hospital Overnight or Longer for Past Six Months for Men

Been a patient in hospital overnight or longer in past 6 months

	Percent	Frequency
Yes	19.3	124
No	80.7	519
Total	100.0	643
NR/DK	0.3	2
System Missing	0	0
Total		645

Figure 87. Barchart for Been a Patient in Hospital Overnight or Longer in Past Six Months for Men

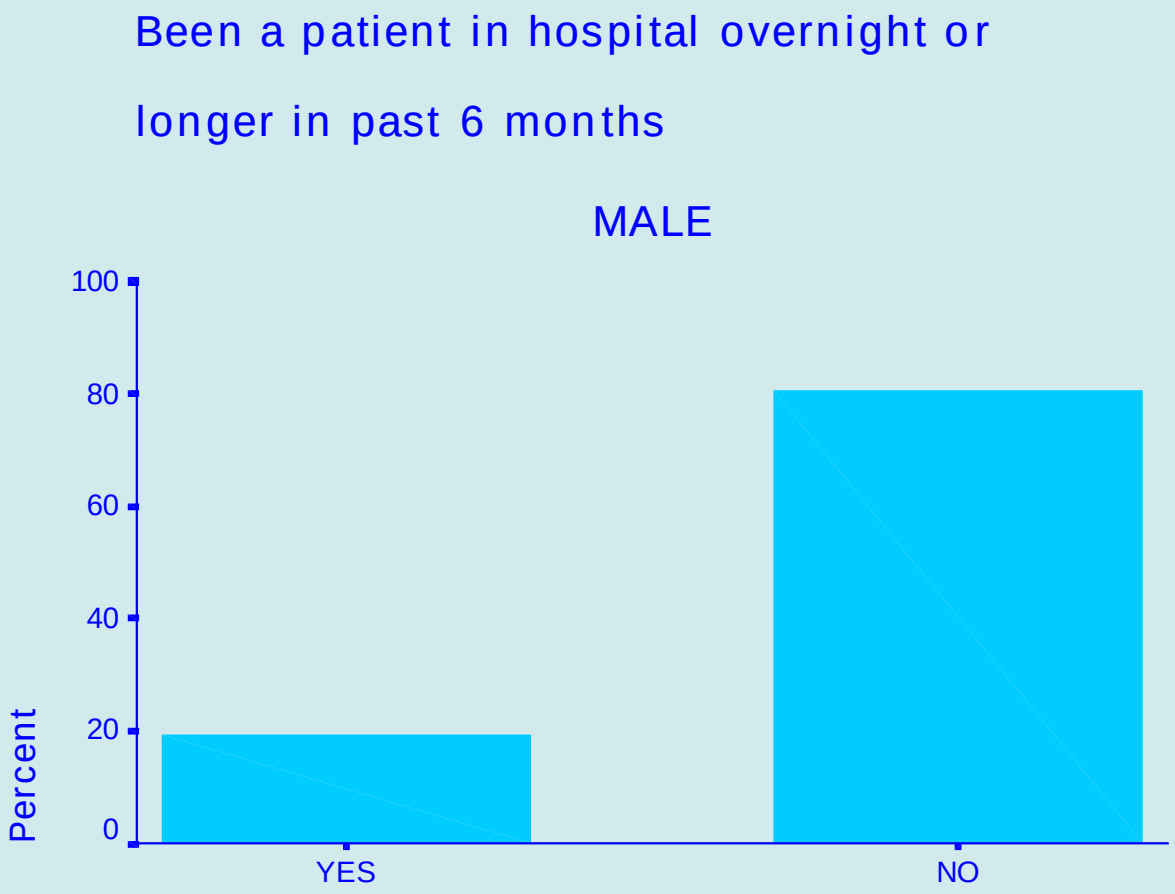


Table 93a. Frequencies for Been a Patient in Hospital Overnight or Longer in Past Six Months Controlled for Sex and Race/Ethnicity

Been a patient in hospital overnight or longer in past 6 months		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	21.9	115	19.5	64	21.5	40	20.8	57	12.2	5	40.0	6
	No	78.1	411	80.5	265	78.5	146	79.2	217	87.8	36	60.0	9
	Total	100.0	526	100.0	329	100.0	186	100.0	274	100.0	41	100.0	15
	NR/DK	0	0	0.3	1	0	0	0	0	0	0	0	0
	System Missing	0	0	0	0	0	0	0	0	0	0	0	0
	Total		526		330		186		274		41		15

Figure 88. Hospitalized in Past Six Months by Race/Ethnicity for Women

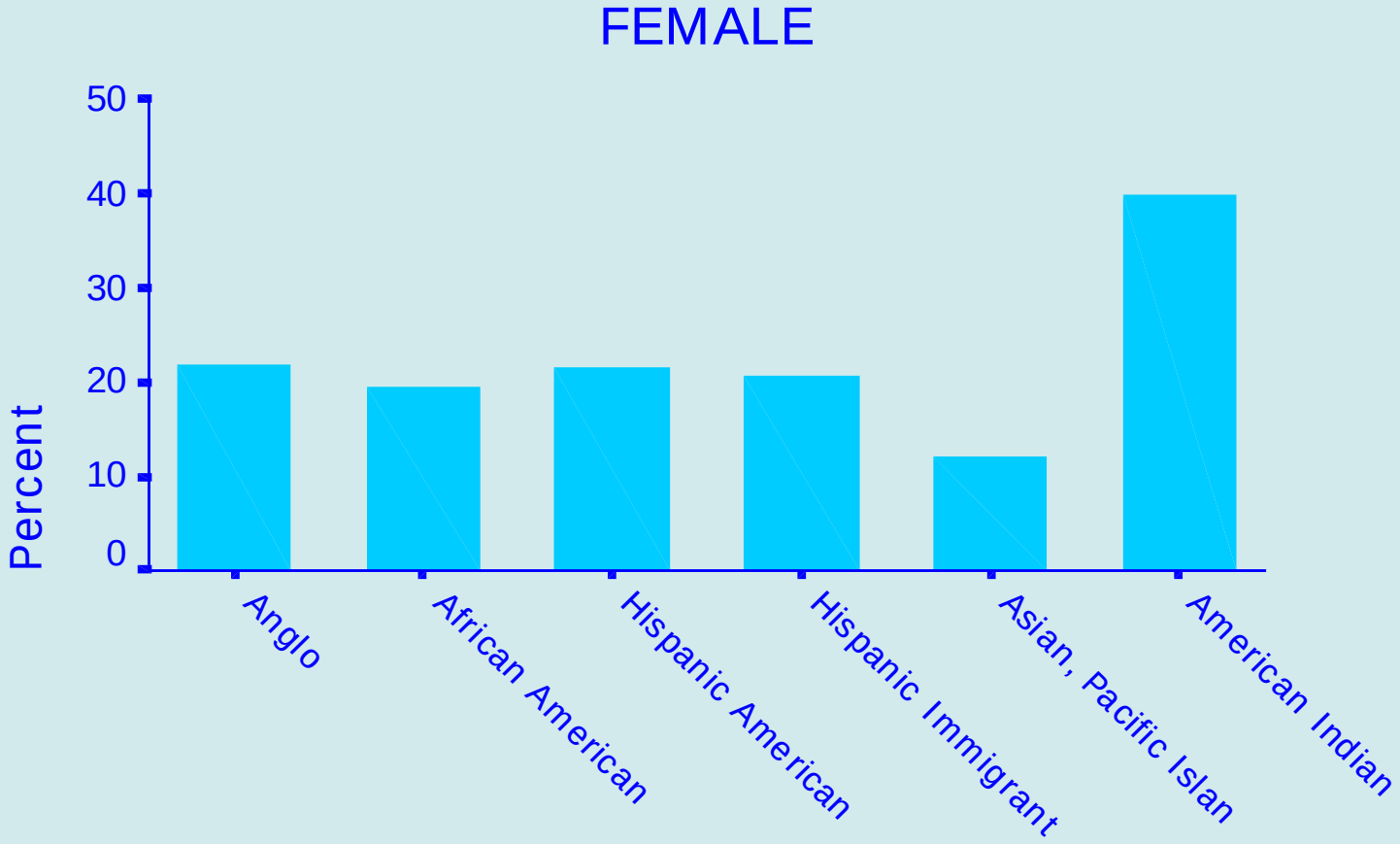


Table 93b. Frequencies for Been a Patient in Hospital Overnight or Longer in Past Six Months Controlled for Sex and Race/Ethnicity

Been a patient in hospital overnight or longer in past 6 months		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	21.2	58	19.2	30	19.5	16	14.4	15	6.3	1	36.4	4
	No	78.8	216	80.8	126	80.5	66	85.6	89	93.8	15	63.6	7
	Total	100.0	274	100.0	156	100.0	82	100.0	104	100.0	16	100.0	11
	NR/DK	0.4	1	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0
	System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
	Total		275		156		82		105		16		11

Figure 89. Hospitalized in Past Six Months by Race/Ethnicity for Men

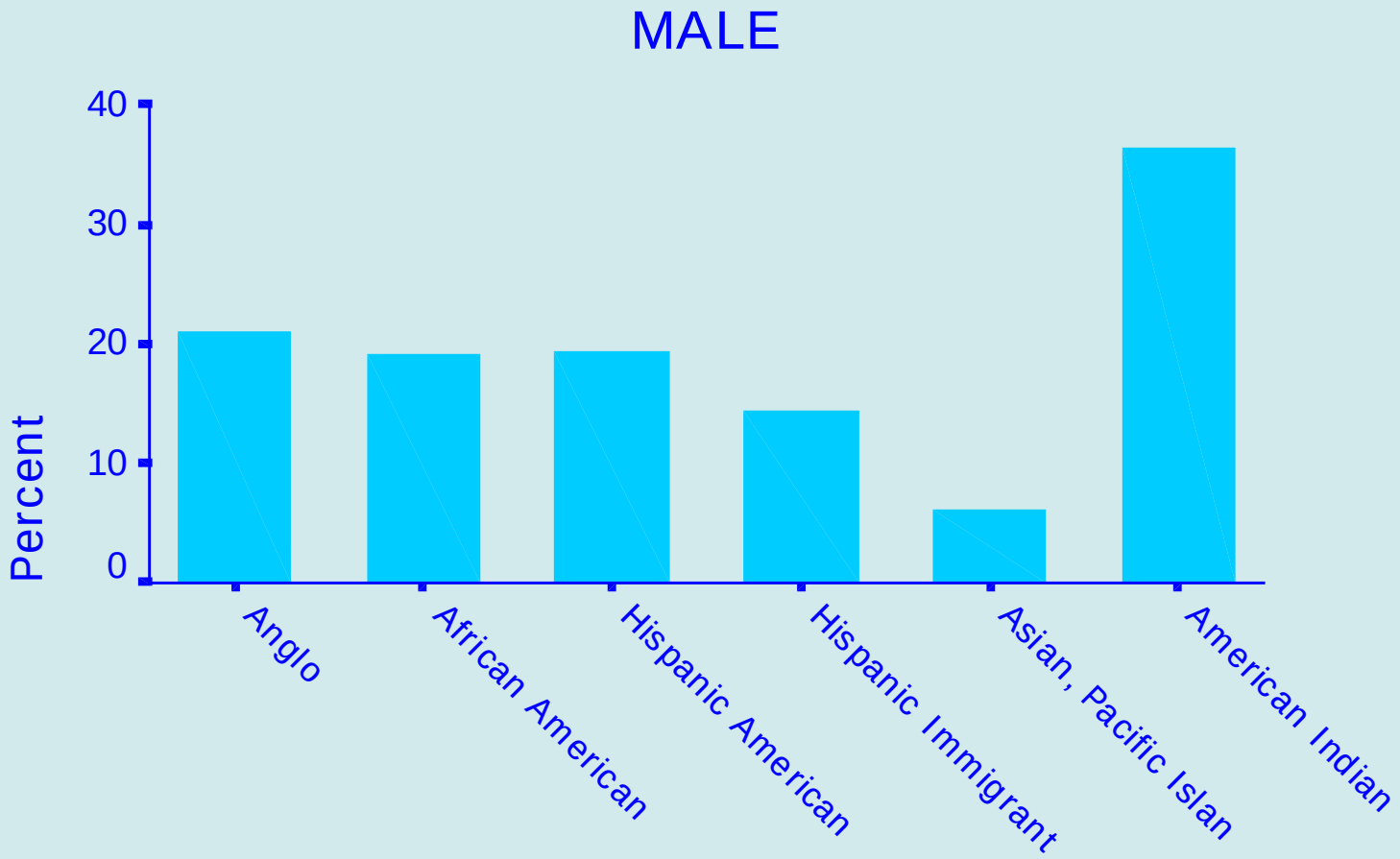


Table 52. Frequencies and Barchart for Personal Doctor

Has personal doctor

	Percent	Frequency
Yes	58.1	972
No	41.9	700
Total	100.0	1672
NR/DK	0.4	8
System Missing	16.7	337
Total		2017

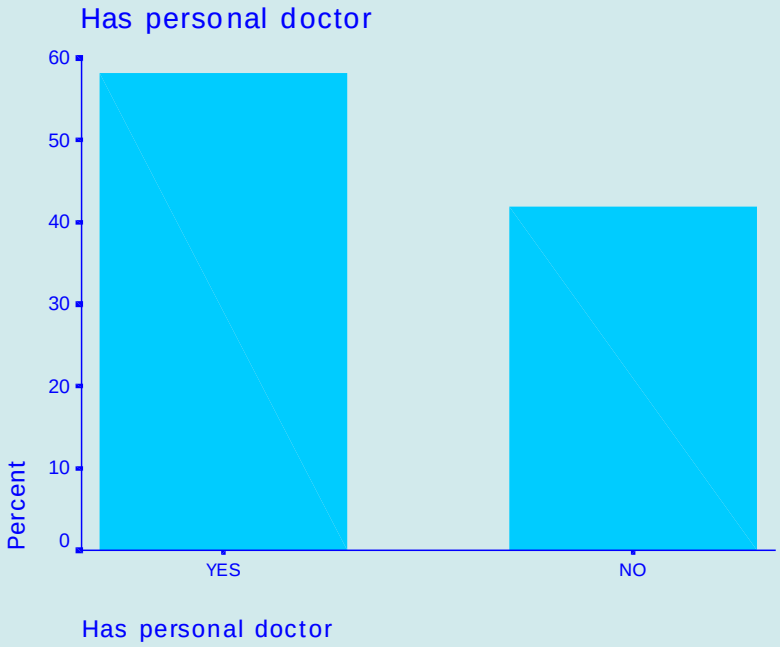


Table 53. Frequencies and Barchart for Needed to See Specialist in Past Year

Needed to see a specialist past 12 months

	Percent	Frequency
Yes	40.2	668
No	59.8	993
Total	100.0	1661
NR/DK	0.9	19
System Missing	16.7	337
Total		2017

Table 54. Frequency and Barchart for Problem Seeing Specialist in Past Year

Problem to see specialist past 12 months

	Percent	Frequency
A big problem	24.7	160
A small problem	13.6	88
Not a problem	61.8	401
Total	100.0	649
NR/DK	0.9	19
System Missing	66.9	1349
Total		2017

Table 55. Frequencies and Barchart for Seeing Specialist in Past Year

Saw specialist past 12 months

	Percent	Frequency
Yes	73.2	487
No	26.8	178
Total	100.0	665
NR/DK	0.1	3
System Missing	66.9	1349
Total		2017

Table 56. Frequencies for Having a Personal Doctor by Race/Ethnicity

Has personal doctor	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	66.4	432	60.9	248	51.7	107	41.3	137	65.4	34	60.9	14
No	33.6	219	39.1	159	48.3	100	58.7	195	34.6	18	39.1	9
Total	100.0	651	100.0	407	100.0	207	100.0	332	100.0	52	100.0	23
NR/DK	0.5	4	0	0	0.7	2	0.3	1	0	0	3.8	1
System Missing	18.2	146	16.3	79	22.0	59	12.1	46	8.8	5	7.7	2
Total		801		486	22.8	268		379		57		26

Figure 60. Barchart for Having a Personal Doctor by Race/Ethnicity

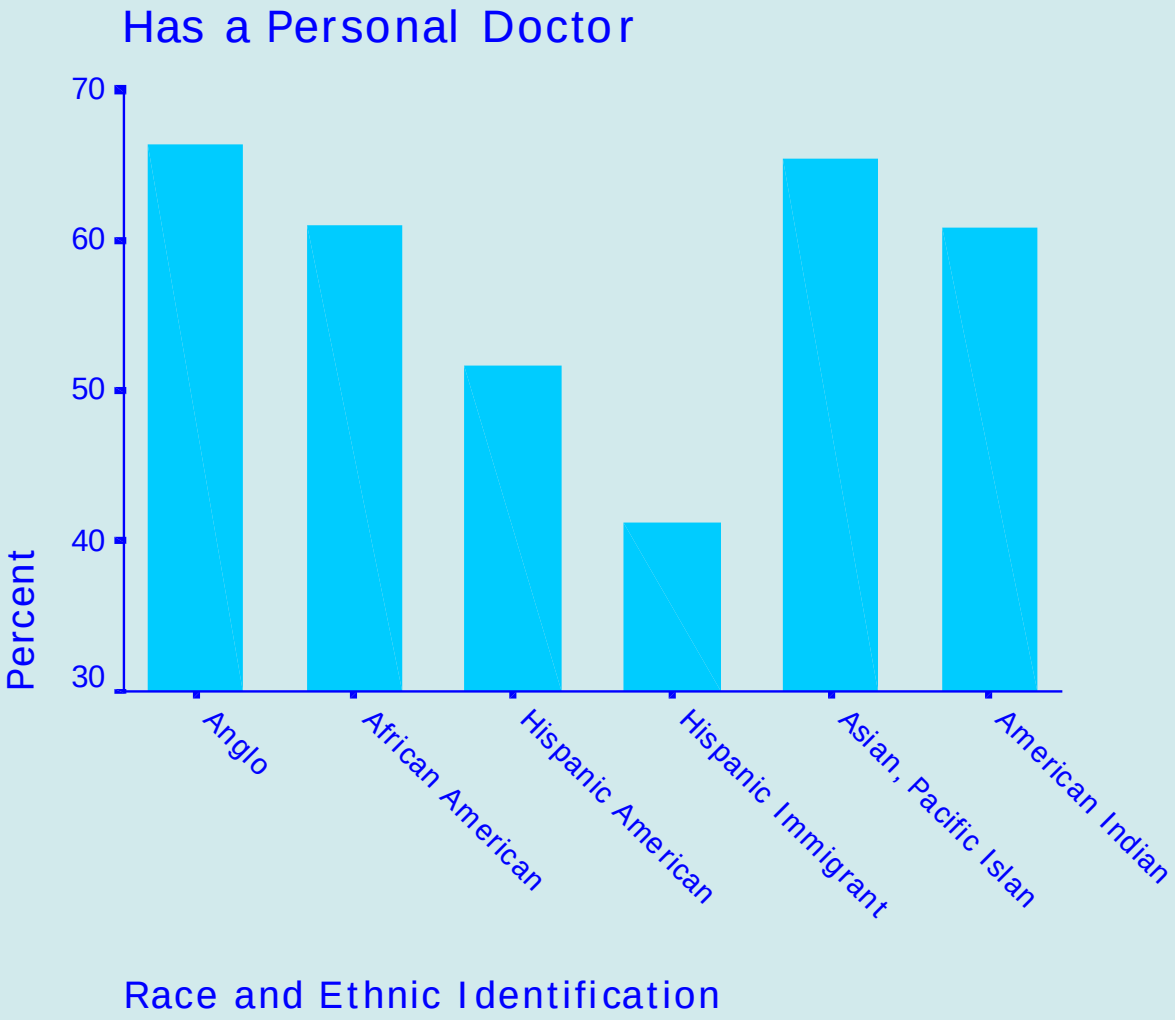


Table 57. Frequencies for Needing to See a Specialist in Past Year by Race/Ethnicity

Needed to see a specialist past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	51.2	332	37.1	149	36.1	75	24.9	82	34.0	17	54.2	13
No	48.8	316	62.9	253	63.9	133	75.1	247	66.0	33	45.8	11
Total	100.0	648	100.0	402	100.0	208	100.0	329	100.0	50	100.0	24
NR/DK	0.9	7	1.0	5	0.4	1	1.1	4	3.5	2	0	0
System Missing	18.2	146	16.3	79	22.0	59	12.1	46	8.8	5	7.7	2
Total		801		486		268		379		57		26

Figure 61. Barchart Showing Percent of Respondents Needing Specialist in Past Year By Race/Ethnicity

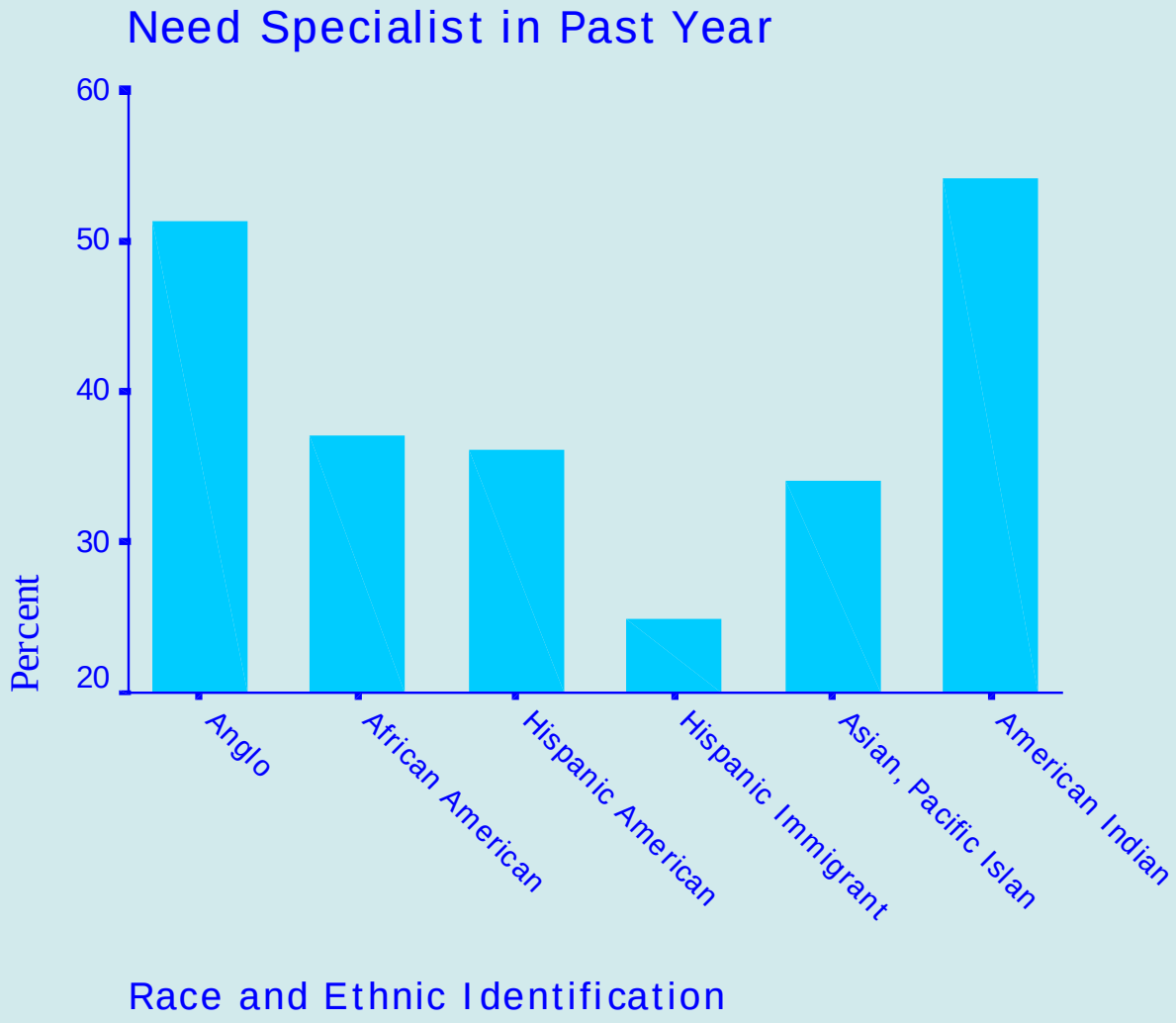


Table 58. Frequencies for Degree of Problem Seeing a Specialist in Past Year

Problem to see specialist past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
A big problem	20.6	66	22.9	33	33.8	25	34.6	28	17.6	3	38.5	5
A small problem	13.1	42	17.4	25	9.5	7	12.3	10	17.6	3	7.7	1
Not a problem	66.3	212	59.7	86	56.8	42	53.1	43	64.7	11	53.8	7
Total	100.0	320	100.0	144	100.0	74	100.0	81	100.0	17	100.0	13
NR/DK	1.5	12	1.0	5	0.4	1	0.3	1	0	0	0	0
System Missing	58.6	469	69.3	337	72.0	193	78.4	297	70.2	40	50.0	13
Total		801		486		268		379		57		26

Figure 62. Barchart Showing Percent of Respondents Who Had a Big Problem Seeing a Specialist in the Past Year by Race/Ethnicity

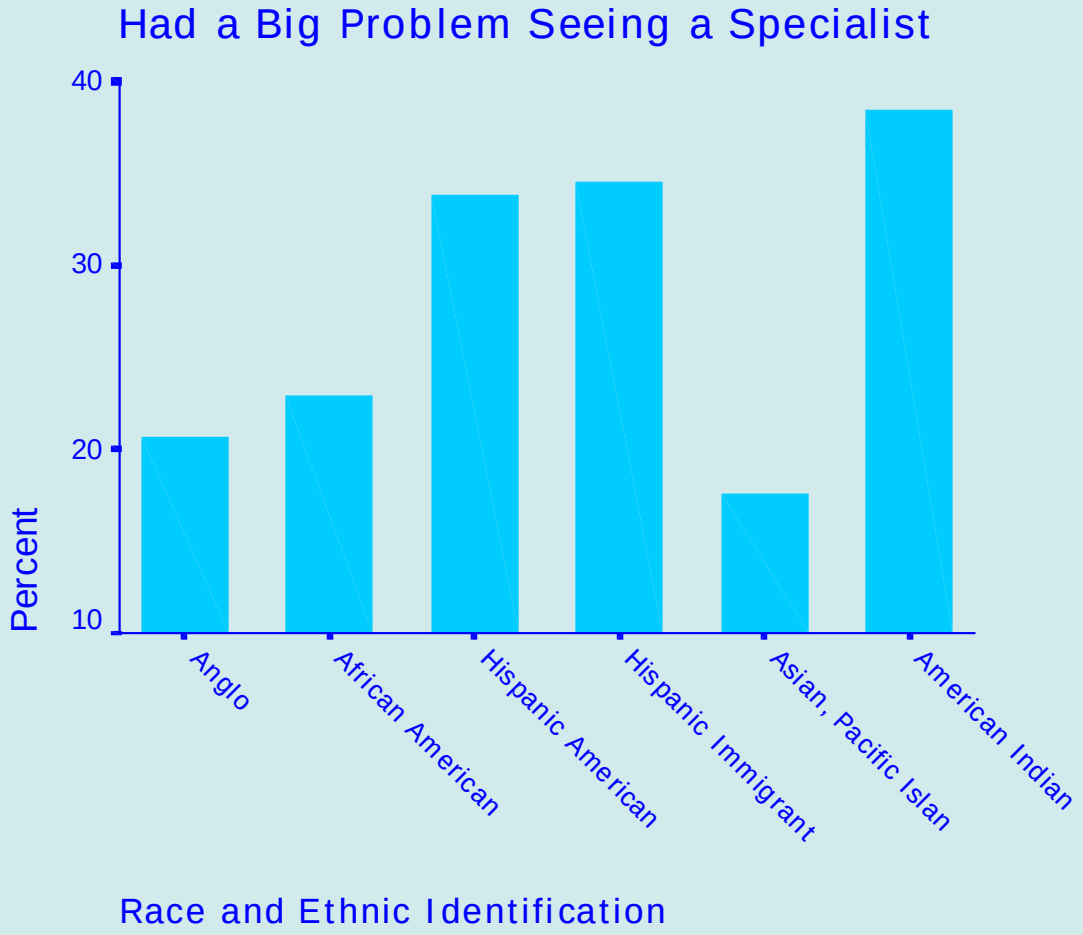


Figure 63. Barchart Showing Any Problem Seeing a Specialist in Past Year by Race/Ethnicity

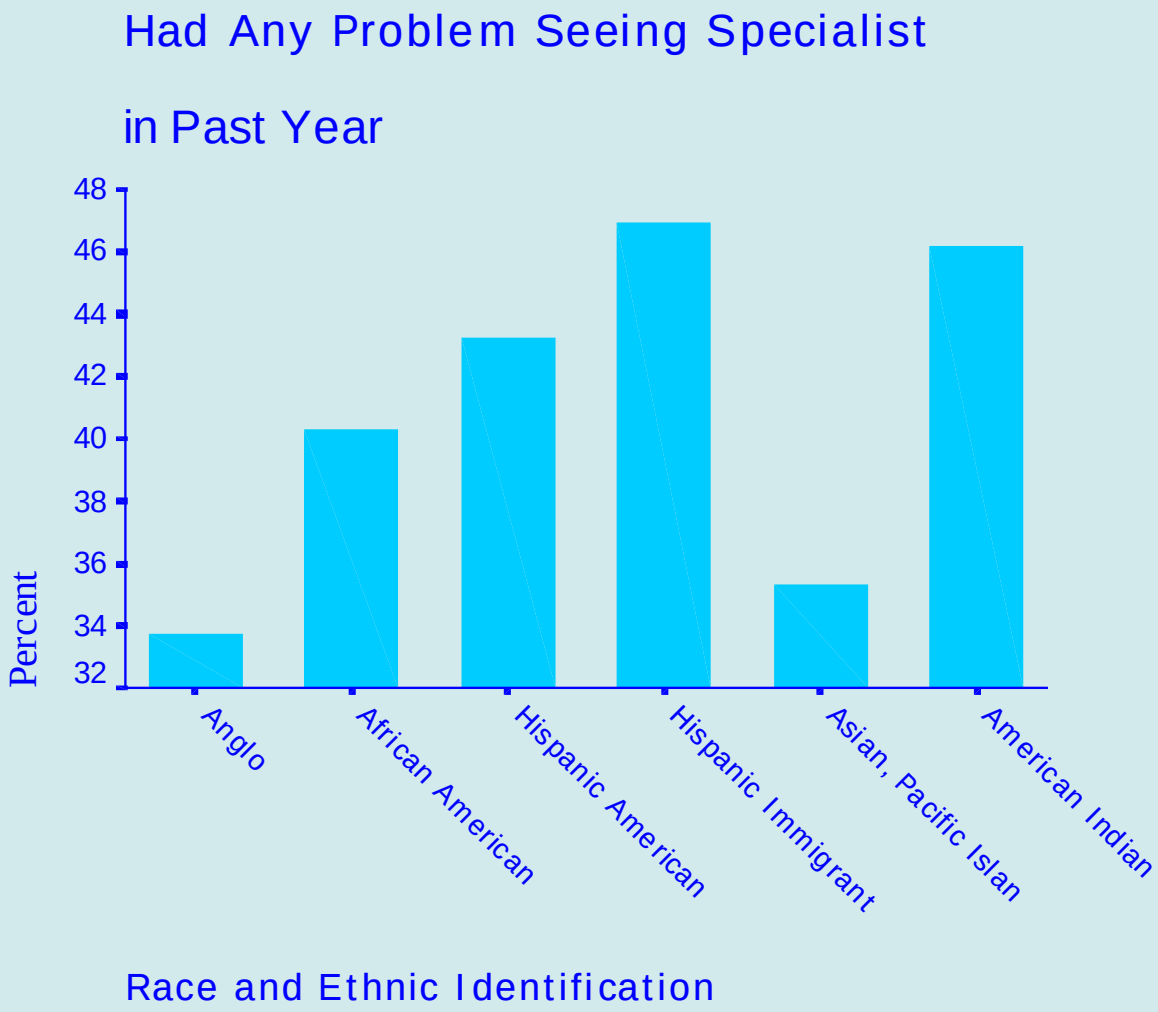


Figure 64. Barchart Showing Percent of Respondents Who Had No Problem Seeing a Specialist in Past Year

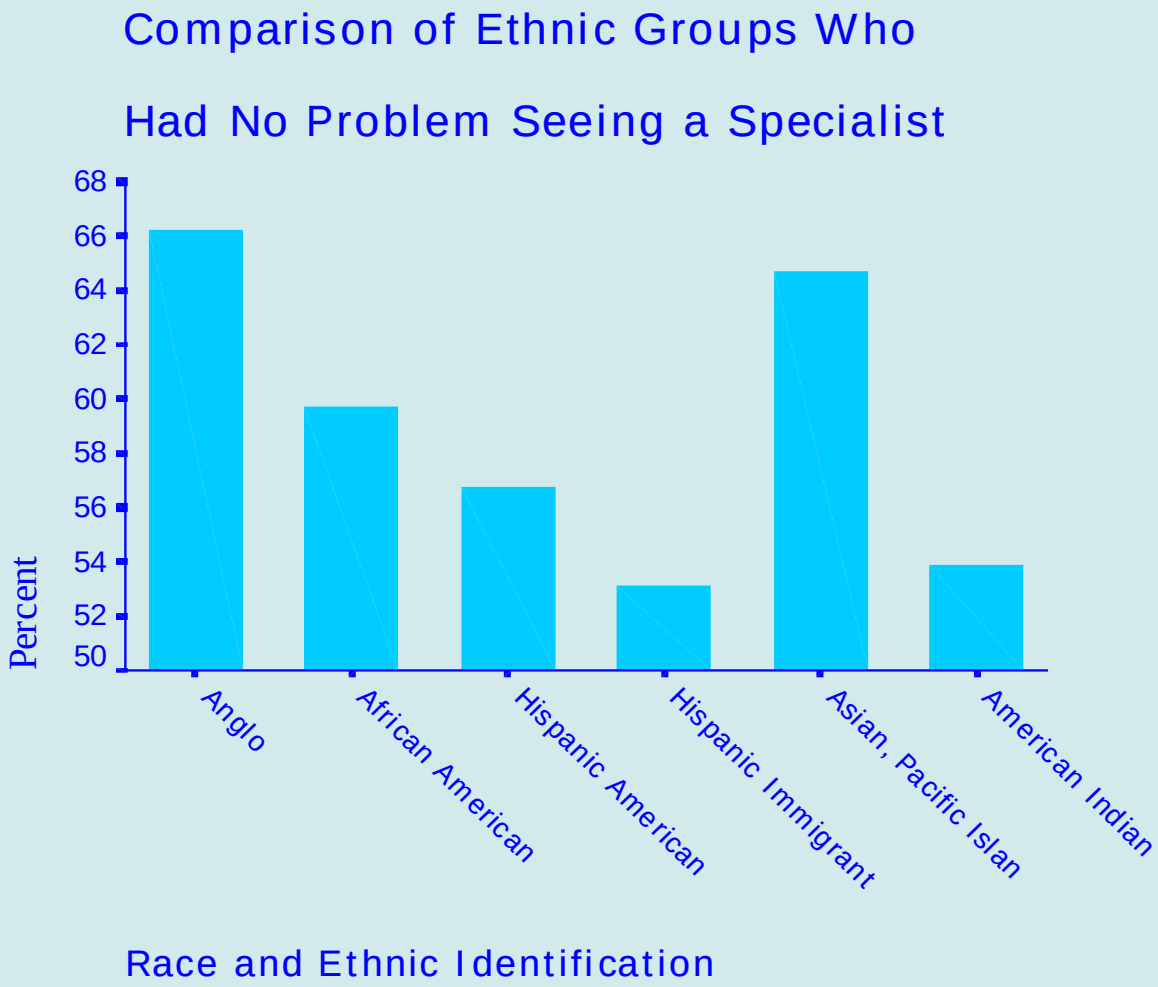


Table 59. Frequencies for Seeing a Specialist in Past Year

Saw specialist past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	80.4	266	70.5	105	64.0	48	58.0	47	76.5	13	66.7	8
No	19.6	65	29.5	44	36.0	27	42.0	34	23.5	4	33.3	4
Total	100.0	331	100.0	149	100.0	75	100.0	81	100.0	17	100.0	12
NR/DK	0.1	1	0	0	0	0	0.3	1	0	0	3.8	1
System Missing	58.6	469	69.3	337	72.0	193	78.4	297	70.2	40	50.0	13
Total		801		486		268		379		57		26

Figure 65. Barchart Showing Percent of Respondents Who Saw a Specialist in Past Year by Race/Ethnicity

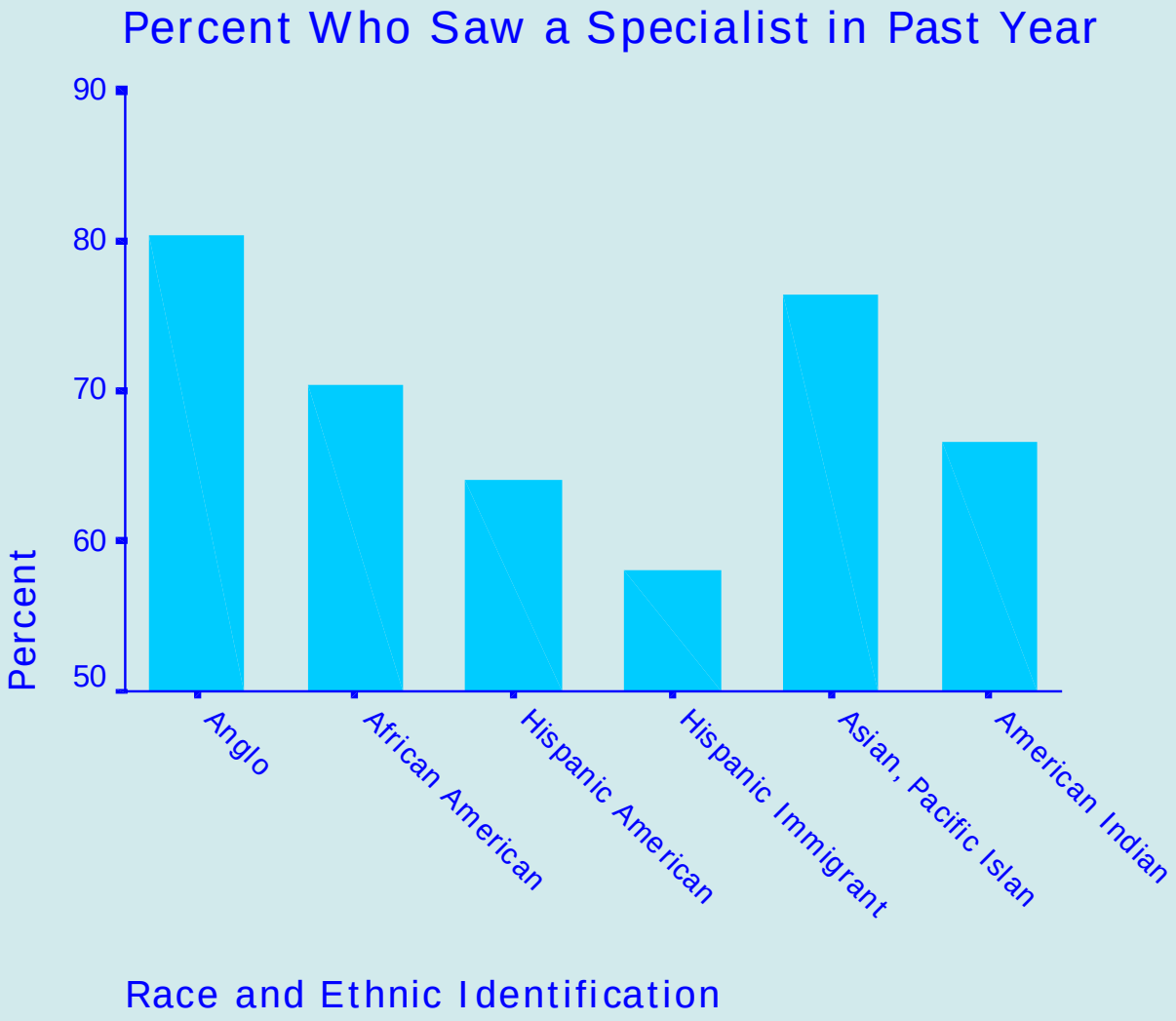


Table 60. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Does Not Need a Doctor

Do not need a doctor

	Percent	Frequency
Yes	29.9	100
No	70.1	235
Total	100.0	335
NR/DK	0.1	2
System Missing	83.3	1680
Total		2017

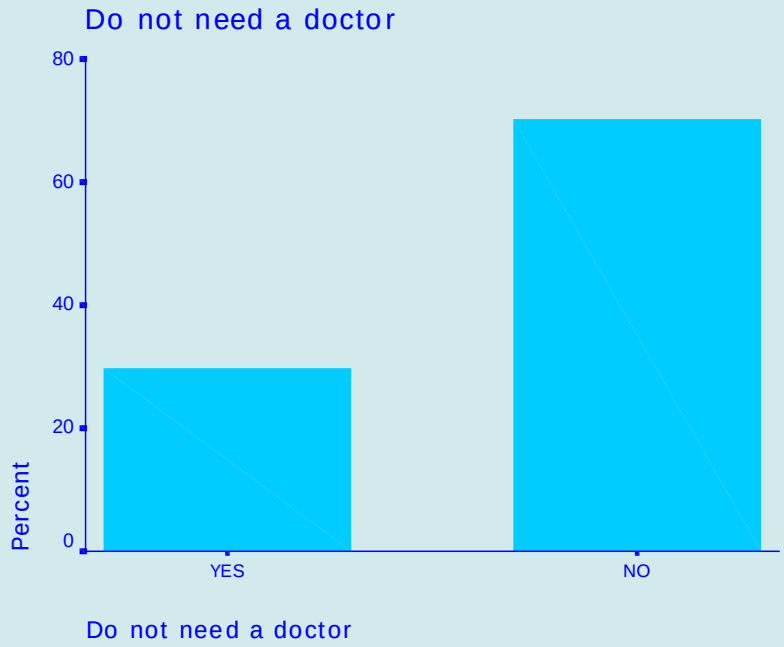


Table 61. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Does Not Like or Trust Doctors

Do not like or trust doctors

	Percent	Frequency
Yes	10.8	36
No	89.2	298
Total	100.0	334
NR/DK	0.1	3
System Missing	83.3	1680
Total		2017

Table 62. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Does Not Know Where to Go

Do not know where to go

	Percent	Frequency
Yes	30.9	104
No	69.1	233
Total	100.0	337
NR/DK	0	0
System Missing	83.3	1680
Total		2017

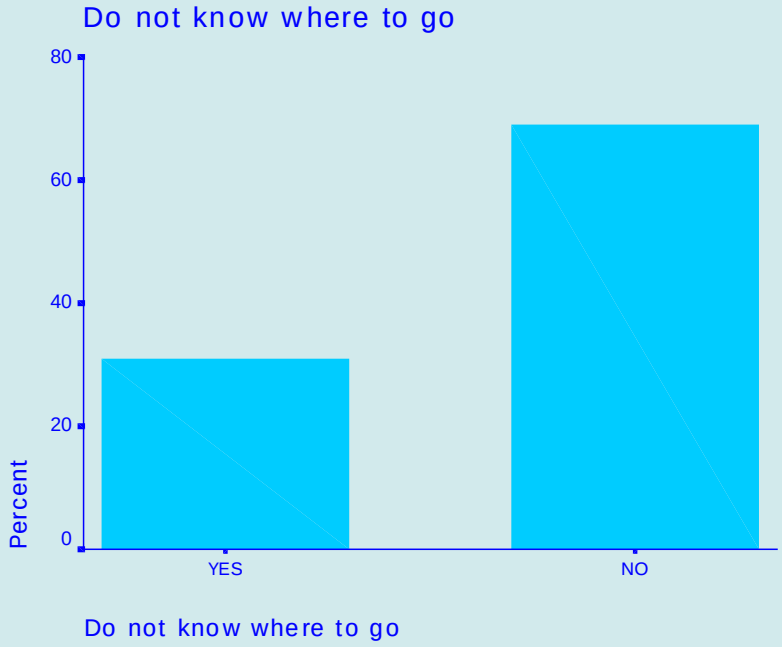


Table 63. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Moved Away from Previous Doctor

Moved away from my previous doctor

	Percent	Frequency
Yes	18.5	62
No	81.5	274
Total	100.0	336
NR/DK	0	1
System Missing	83.3	1680
Total		2017

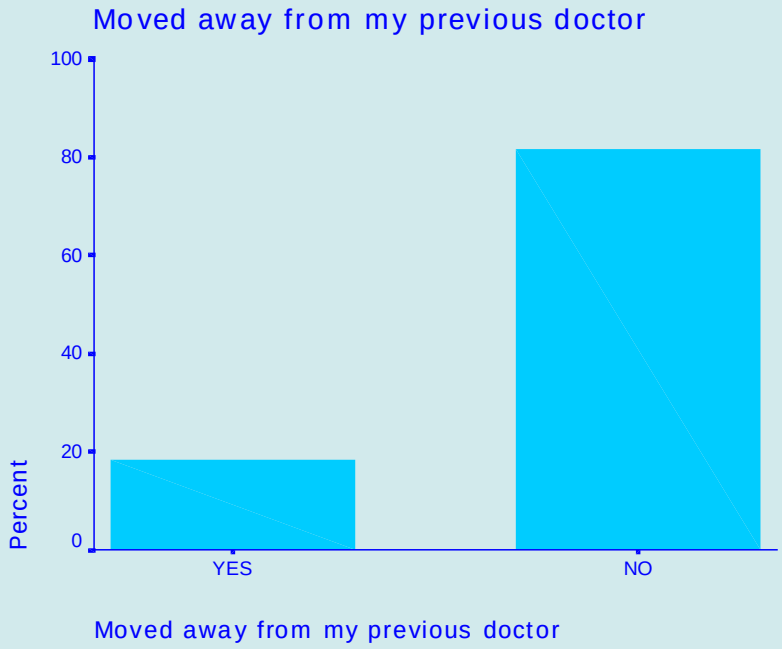


Table 64. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Does Not Have Insurance

Do not have insurance

	Percent	Frequency
Yes	62.2	209
No	37.8	127
Total	100.0	336
NR/DK	0	1
System Missing	83.3	1680
Total		2017

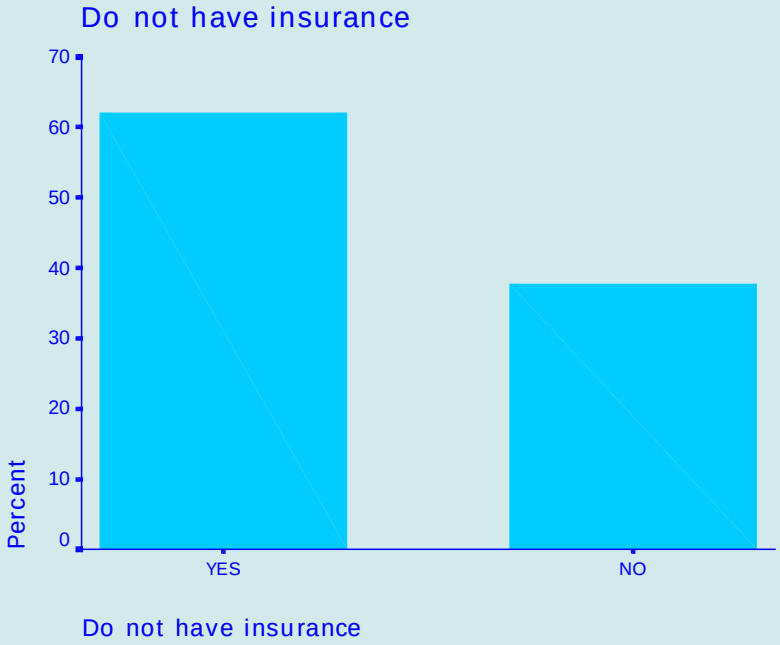


Table 65. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Cannot Afford to Pay for Care

Cannot afford to pay for care

	Percent	Frequency
Yes	61.6	207
No	38.4	129
Total	100.0	336
NR/DK	0.0	1
System Missing	83.3	1680
Total		2017

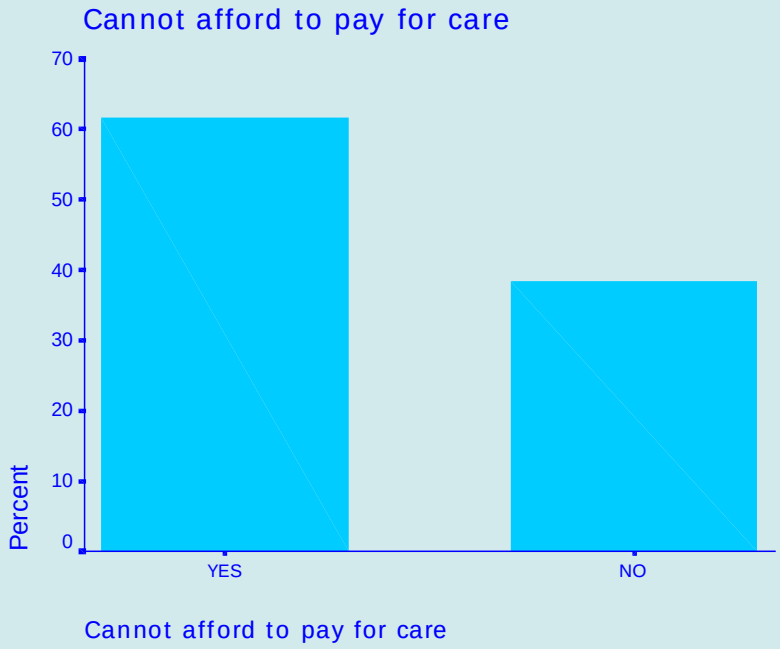


Table 66. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Speaks a Different Language than Most Doctors

Speak a different language than most doctors

	Percent	Frequency
Yes	12.6	42
No	87.4	292
Total	100.0	334
NR/DK	0.1	3
System Missing	83.3	1680
Total		2017

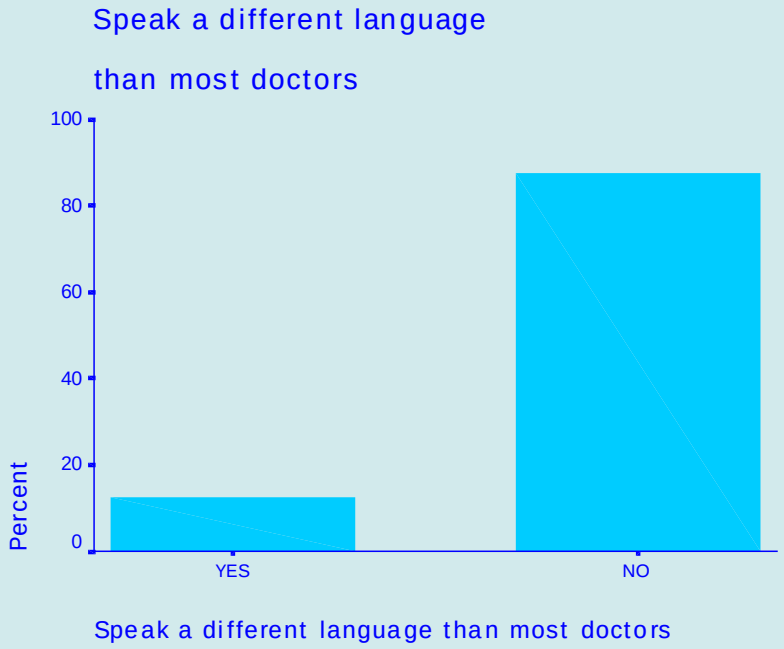


Table 67. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Believes There Is No Care Available for Him/Her

No Care is available for me

	Percent	Frequency
Yes	17.2	56
No	82.8	269
Total	100.0	325
NR/DK	0.6	12
System Missing	83.3	1680
Total		2017

Table 68. Frequencies and Barchart for Not Having a Usual Source of Care because Care Is Not Convenient for Respondent

Care that is available is not convenient for me

	Percent	Frequency
Yes	23.9	78
No	76.1	249
Total	100.0	327
NR/DK	0.5	10
System Missing	83.3	1680
Total		2017

Table 69. Frequencies and Barchart for Not Having a Usual Source of Care because Respondent Has No Way to Get to the Doctor

Have no way to get to the doctor

	Percent	Frequency
Yes	18.7	63
No	81.3	274
Total	100.0	337
NR/DK	0	0
System Missing	83.3	1680
Total		2017

Table 70. Frequencies for Do Not Need a Doctor by Race/Ethnicity

Do not need a doctor	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	33.3	48	26.6	21	23.7	14	30.4	14	40.0	2	50.0	1
No	66.7	96	73.4	58	76.3	45	69.6	32	60.0	3	50.0	1
Total	100.0	144	100.0	79	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	0.2	2	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 71. Frequencies for Do Not Like/Trust Doctors by Race/Ethnicity

Do not like or trust doctors	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	9.7	14	6.4	5	13.6	8	19.6	9	0	0	0	0
No	90.3	130	93.6	73	86.4	51	80.4	37	100.0	5	100.0	2
Total	100.0	144	100.0	78	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	0.2	2	0.2	1	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 72. Frequencies for Do Not Know Where to Go by Race/Ethnicity

Do not know where to go	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	22.6	33	35.4	28	37.3	22	43.5	20	20.0	1	0	0
No	77.4	113	64.6	51	62.7	37	56.5	26	80.0	4	100.0	2
Total	100.0	146	100.0	79	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 73. Frequencies for Moved Away from Previous Doctor by Race/Ethnicity

Moved away from my previous doctor	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	22.1	32	24.1	19	11.9	7	8.7	4	0	0	0	0
No	77.9	113	75.9	60	88.1	52	91.3	42	8.8	5	7.7	2
Total	100.0	145	100.0	79	100.0	59	100.0	46	8.8	5	7.7	2
NR/DK	0.1	1	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 74. Frequencies for Do Not Have Insurance by Race/Ethnicity

Do not have insurance	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	64.8	94	60.8	48	66.1	39	52.2	24	60.0	3	50.0	1
No	35.2	51	39.2	31	33.9	20	47.8	22	40.0	2	50.0	1
Total	100.0	145	100.0	79	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	0.1	1	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 75. Frequencies for Cannot Afford to Pay for Care by Race/Ethnicity

Can not afford to pay for care	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	60.0	87	57.0	45	71.2	42	56.5	26	100.0	5	100.0	2
No	40.0	58	43.0	34	28.8	17	43.5	20	0	0	0	0
Total	100.0	145	100.0	79	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	1	1	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 76. Frequencies for Speak a Different Language than Most Doctors by Race/Ethnicity

Speak a different language than most doctors	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	2.8	4	3.8	3	13.6	8	51.1	23	80.0	4	0	0
No	97.2	140	96.2	76	86.4	51	48.9	22	20.0	1	100.0	2
Total	100.0	144	100.0	79	100.0	59	100.0	45	100.0	5	100.0	2
NR/DK	0.2	2	0	0	0	0	0.3	1	0	0	0	0
System Missing	81.8	655	83.7	407	78	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 77. Frequencies for No Care Is Available by Race/Ethnicity

No care is available for me	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	13.4	19	14.3	11	14.5	8	31.8	14	80.0	4	0	0
No	86.6	123	85.7	66	85.5	47	68.2	30	20.0	1	100.0	2
Total	100.0	142	100.0	77	100.0	55	100.0	44	100.0	5	100.0	2
NR/DK	0.5	4	0.4	2	1.5	4	0.5	2	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 78. Frequencies for Care that Is Available Is Not Convenient by Race/Ethnicity

Care that is available is not convenient for me	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	22.5	32	22.4	17	20.3	12	34.9	15	40.0	2	0	0
No	77.5	110	77.6	59	79.7	47	65.1	28	60.0	3	100.0	2
Total	100.0	142	100.0	76	100.0	59	100.0	43	100.0	5	100.0	2
NR/DK	0.5	4	0.6	3	0	0	0.8	3	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Table 79. Frequencies for Have No Way to Get to Doctor by Race/Ethnicity

Have no way to get to doctor	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	13.0	19	20.3	16	13.6	8	41.3	19	20.0	1	0	0
No	87.0	127	79.7	63	86.4	51	58.7	27	80.0	4	100.0	2
Total	100.0	146	100.0	79	100.0	59	100.0	46	100.0	5	100.0	2
NR/DK	0	0	0	0	0	0	0	0	0	0	0	0
System Missing	81.8	655	83.7	407	78.0	209	87.9	333	91.2	52	92.3	24
Total		801		486		268		379		57		26

Figure 66. Barchart of Specific Reasons Respondents Do Not Have a Usual Source of Care by Race Ethnicity

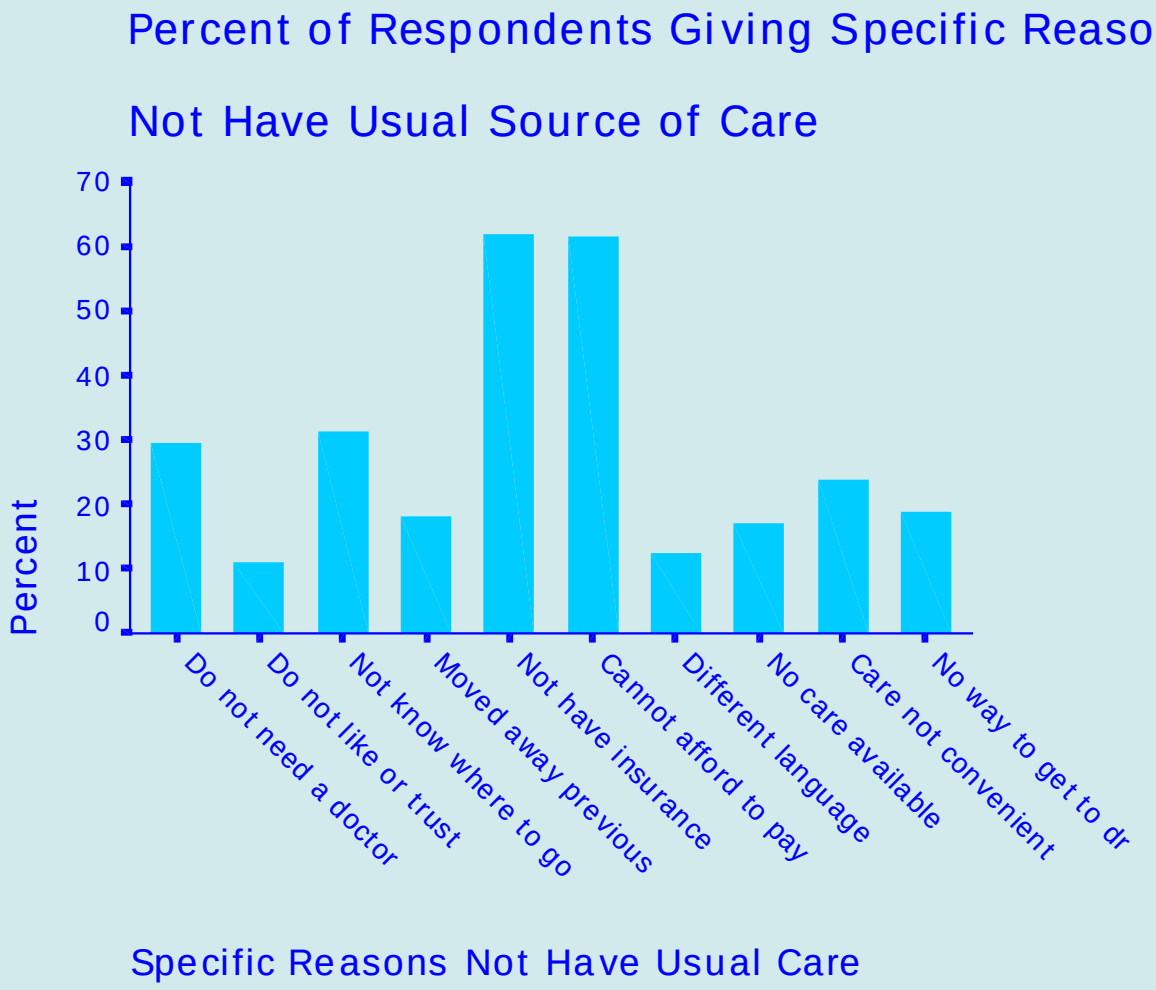


Figure 67. Barchart of Percent of Anglos Giving Specific Reasons for Not Having a Usual Source of Care

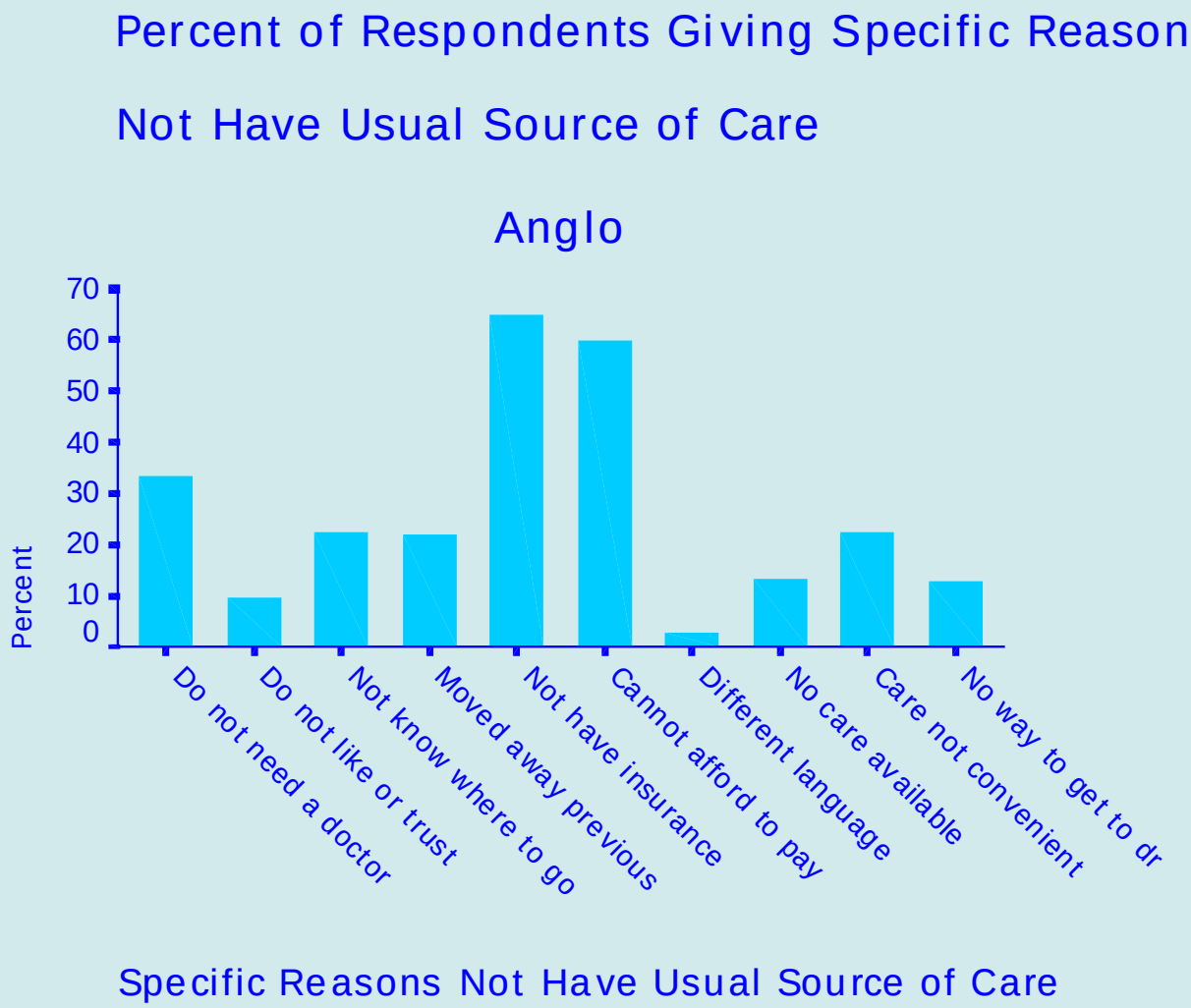


Figure 68. Barchart of Percent of African Americans Giving Specific Reasons for Not Having a Usual Source of Care

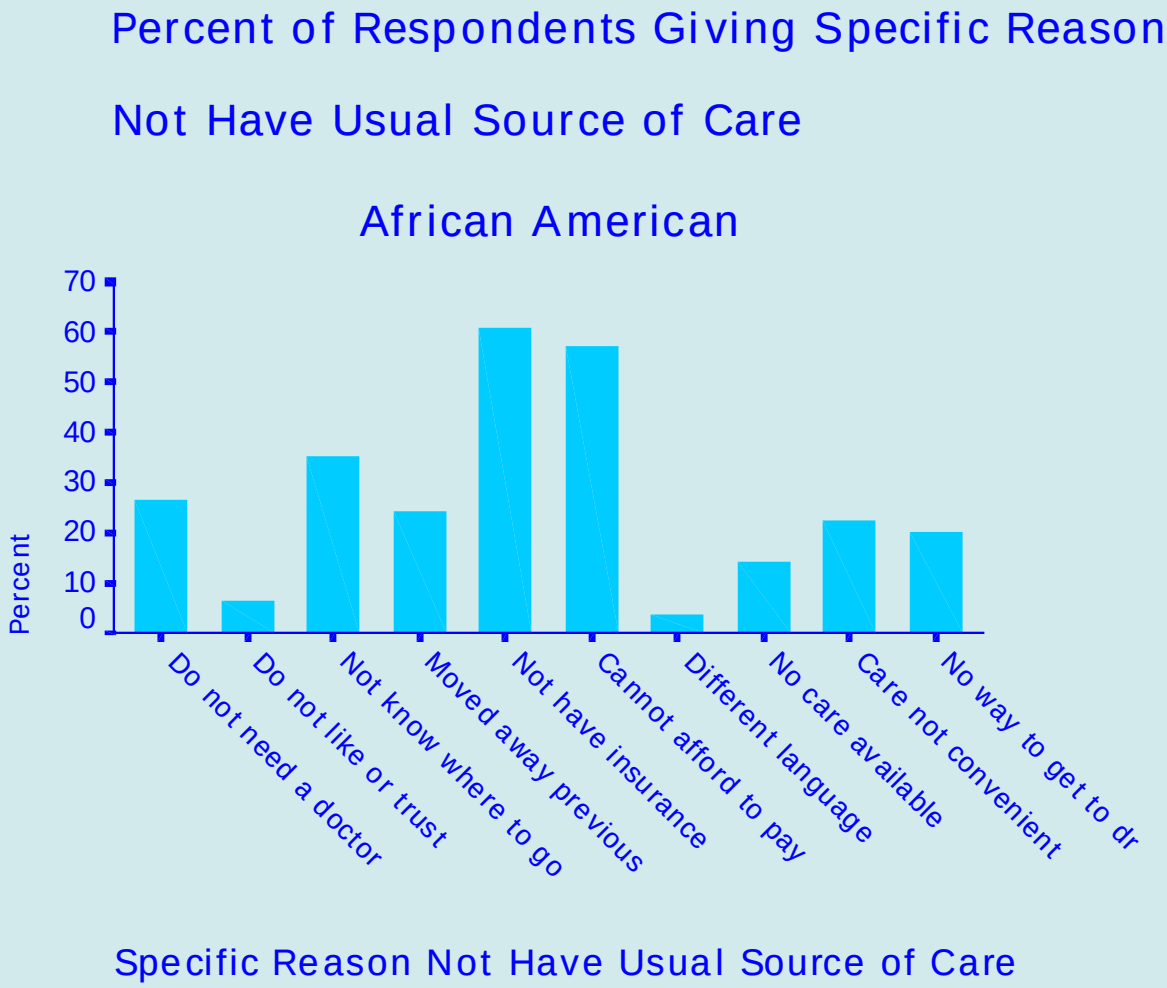


Figure 69. Barchart of Percent of Hispanic Americans Giving Specific Reasons for Not Having a Usual Source of Care

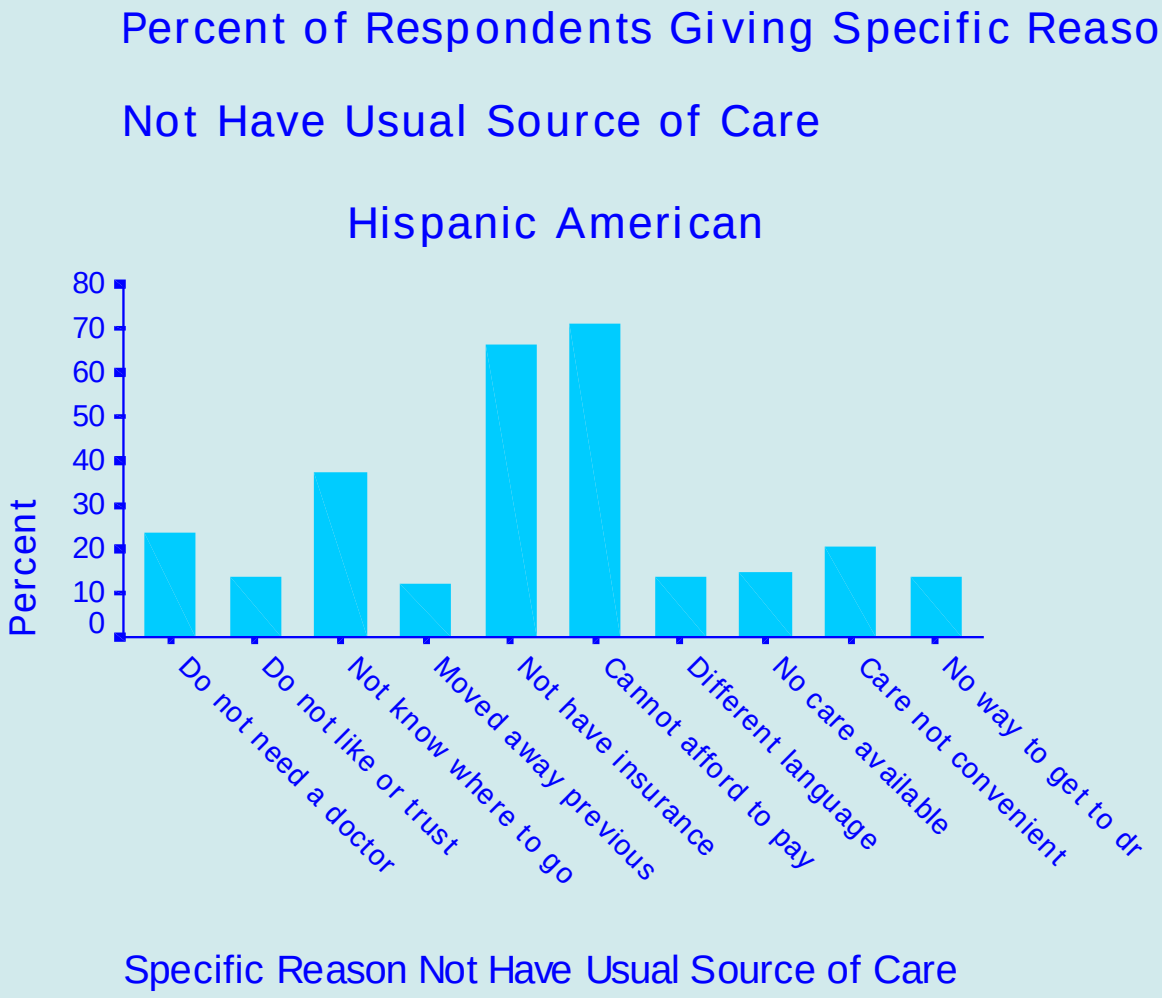


Figure 70. Barchart of Percent of Hispanic Immigrants Giving Specific Reasons for Not Having a Usual Source of Care

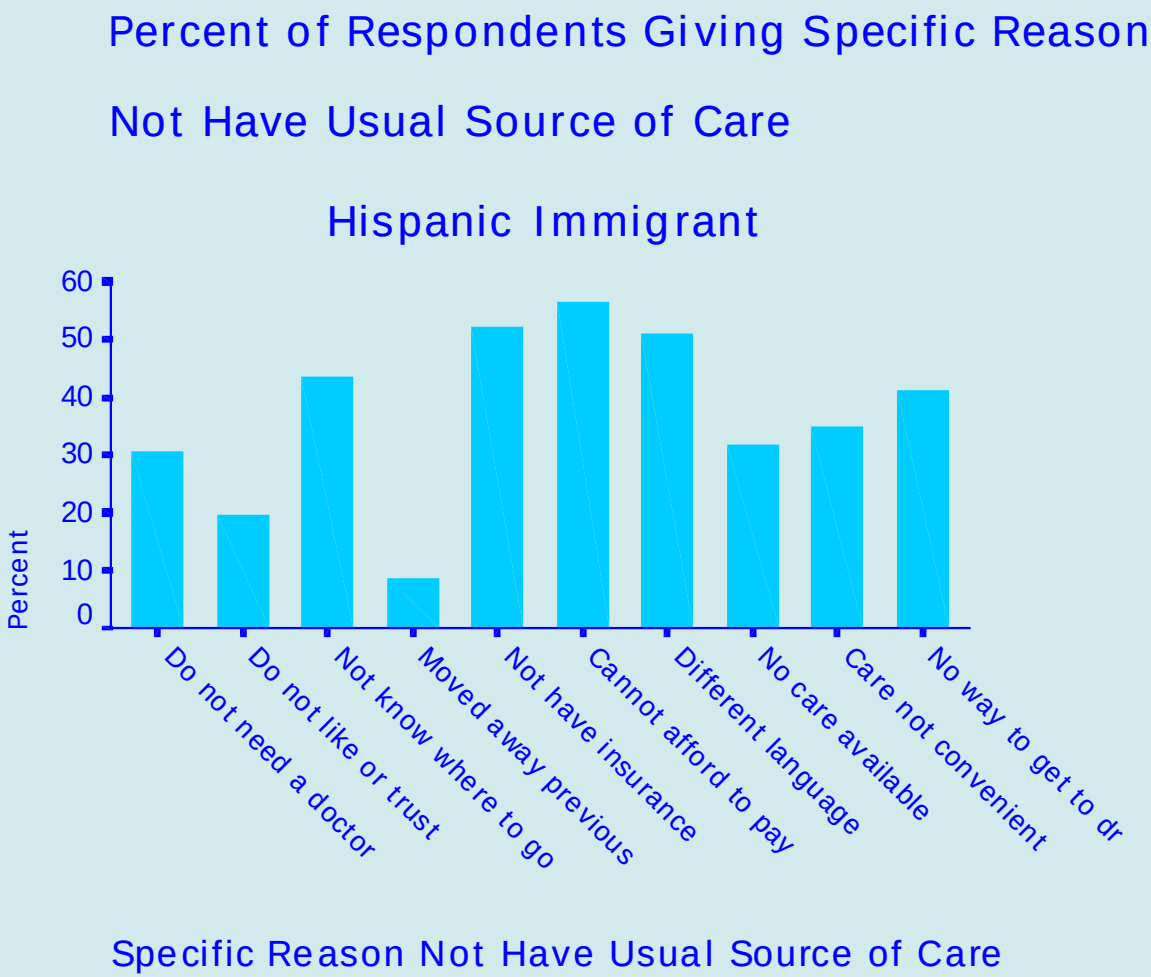


Figure 71. Barchart of Percent of Asian, Pacific Islanders Giving Specific Reasons for Not Having a Usual Source of Care

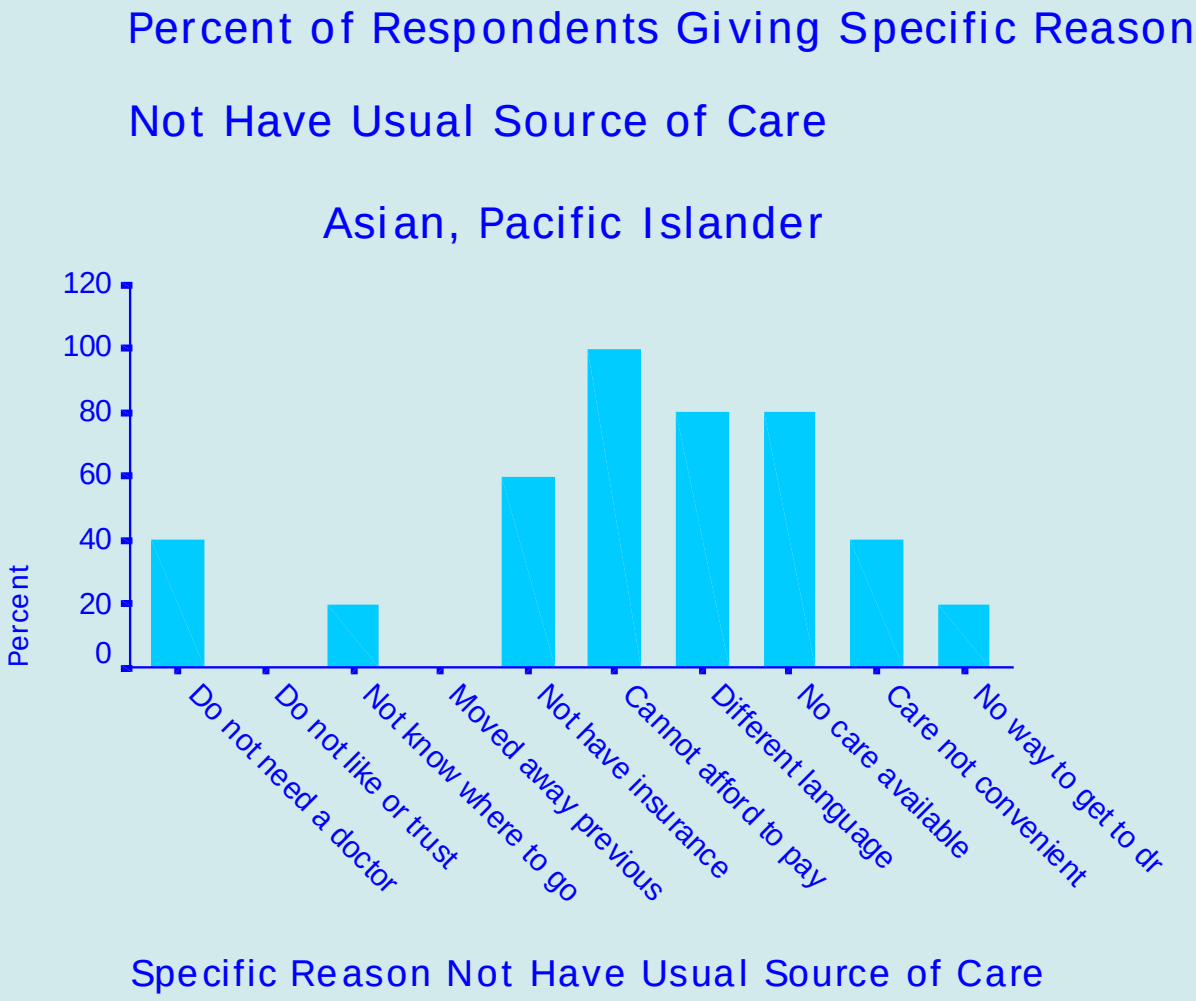
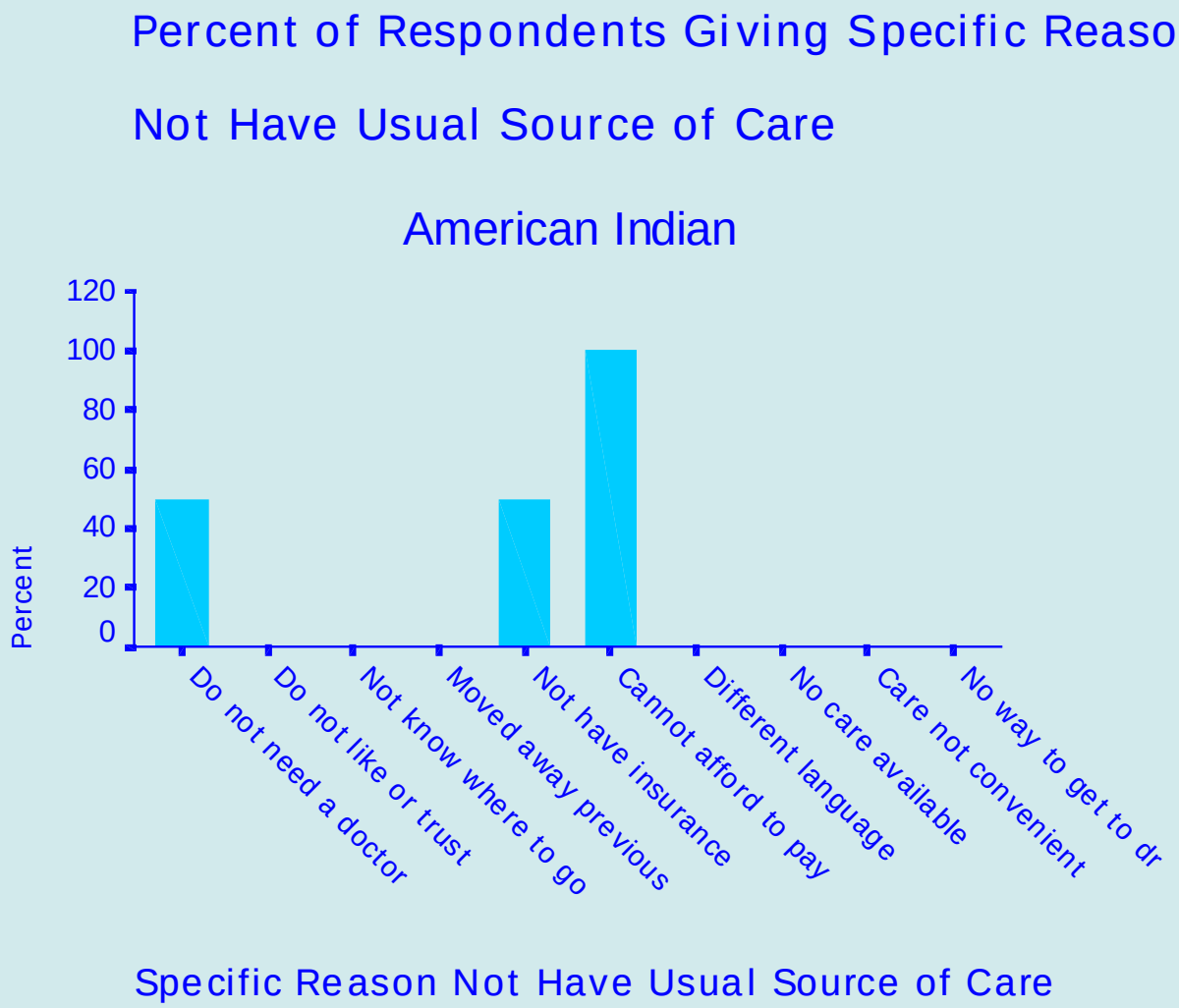


Figure 72. Barchart of Percent of American Indians Giving Specific Reasons for Not Having a Usual Source of Care



6. UNMET HEALTH CARE NEEDS

Unmet Need: Tables 94-97; Figures 90-93. Twenty-nine percent of the patients reported that wanted medical care or surgery in the past year that they could not get. Anglos, African Americans and Hispanic Americans were about twice as likely as Hispanic immigrants to report unmet need for health care. Twelve percent reported that they were actually refused treatment by a doctor or health clinic. Anglos, African Americans and Hispanic Americans were somewhat more likely to report being refused care than were Hispanic immigrants.

Reasons for Unmet Need: Tables 98-110; Figure 94. Among those patients who reported unmet health care needs in the past year, the most common reasons were lack of health insurance (76%) and could not afford it (69%). The second most common reasons given were the that patient had had difficulty getting an appointment (37%) or had to wait too long in the office or clinic (35%).

Race/Ethnic Differences in Reasons for Unmet Need: Tables 111-123; Figures 95-100. The major race/ethnic difference observed among the four major race/ethnic groups was that more than half of the Hispanic immigrants reported that language was a barrier to getting needed care.

Seriousness of Unmet Need: Tables 124-125; Figures 101-102. More than 40 percent of patients who could not get health care in the past year had been told by a physician that they needed care. Forty percent or more of all four major race/ethnic groups reported that their health problem had been very serious and another 40 percent reported that the problem was somewhat serious.

Health Problem Treated Later: Tables 126-128; Figure 103-105. Almost 60 percent of the patients who had unmet need were eventually able to get care for their health problem. Hispanic immigrants were somewhat less likely to eventually get treatment than were the other three major race/ethnic groups. Eighty-five percent of the patients who never got care reported that they would have been better off if they had gotten care for their condition. Hispanic immigrants were especially likely to report that they would have been better off with earlier treatment. Of those patients who were eventually treated, more than 80 percent reported they would have been better off if they had been treated earlier.

5. USE OF PHYSICIANS, EMERGENCY DEPARTMENTS, AND HOSPITALS

Use of Physicians: Table 80-83; Figures 73, 76. Only 20 percent of patients report that they have not had a doctor visit in the past 12 months. Half of the patients have had three or fewer physician visits in the past year, but five percent have had 20 or more visits. The mean number of visits to the doctor in the past year was 6.3.

Use of Emergency Departments: Table 81-84; Figure 74. More than half of the patients report at least one visit to the emergency room in the past year. Thirty percent report one visit, 13 percent report two visits, and 6 percent report three visits. Only 8 percent report more than three visits.

Use of Hospitals: Table 82; Figure 75. Twenty percent of the patients report that they have been in the hospital overnight or longer in the past six months.

Use of Doctors and Emergency Departments by Women: Tables 85-86; Figures 78, 79. Only 16 percent of the women report that they have not had a visit to the doctor in the past year, while more than one-fourth report seven or more visits. A majority of the women (56 percent) have had at least one visit to the emergency department in the past year and 15 percent have had three or more visits.

Use of Doctors and Emergency Department by Men: Tables 87-88; Figures 80-81. More than one-fourth of the men report they have not had a doctor visit in the past year; 19 percent report they have had seven or more visits. The majority of the men (60 percent) report that they have had at least one visit to the emergency department in the past year, while 13 percent have had three or more visits.

Use of Doctors by Race/Ethnicity and Sex: Table 89; Figures 82-83. Among women in the four major race/ethnic groups, Hispanic immigrants were least likely to report a visit to the doctor the past year (25 percent had no visits), followed by Hispanic Americans (18 percent) and African Americans (17 percent). Only 10 percent of Anglo women had not had at least one visit to the doctor in the past year.

Among the four major race/ethnic groups, Hispanic immigrants were least likely to have had a visit to the doctor in the past year (39 percent had no visits); followed by Hispanic Americans (35 percent), African Americans (31 percent), and Anglos (19 percent). In all four groups, men were less likely than women to have had at least one doctor visit in the past year.

Use of Emergency Departments by Race/Ethnicity and Sex: Table 90; Figures 84-85. The majority of women who were Hispanic immigrants (55 percent) reported that they had not had a visit to the emergency department in the past year. They were followed by Hispanic American women (46 percent), Anglos (41 percent), and African Americans (36 percent).

Among the men, Hispanic Americans, Hispanic immigrants, and Anglos were about equally likely to have had no emergency room visits in the past year -- about 40 percent o each group. African American men were most likely to have had an emergency room visit; only 34 percent reported no visits.

Use of Hospitals by Race/Ethnicity and Sex: Table 91-93; Figures 86-89. About one in five women and men had been in the hospital overnight in the past year. Among the women, about 20 percent of the women in each of the four major race/ethnic groups had been hospitalized at least once in the past year. American Indians were about twice as likely as the four major groups to have been hospitalized (40 percent), and Asian women were about half as likely (12 percent).

Among the men, about 20 percent of the Anglos, African Americans, and Hispanic Americans had been hospitalized in the past year, while only 14 percent of the Hispanic immigrant men had been hospitalized. As among the women, American Indians were almost twice as likely to have been hospitalized as the other groups while Asians were much less likely to be hospitalized.

UNMET HEALTH CARE NEEDS

JPS

Health Network Sample

2000

Table 94. Frequencies for Wanted Medical Care or Surgery but Could Not Get It in Past 12 Months

Wanted medical care or surgery but could not get it past 12 months

	Percent	Frequency
Yes	29.1	584
No	70.9	1423
Total	100.0	2007
NR/DK	0.5	10
System Missing	0.0	0
Total		2017

Figure 90. Barchart for Wanted Medical Care or Surgery but Could Not Get It in Past 12 Months

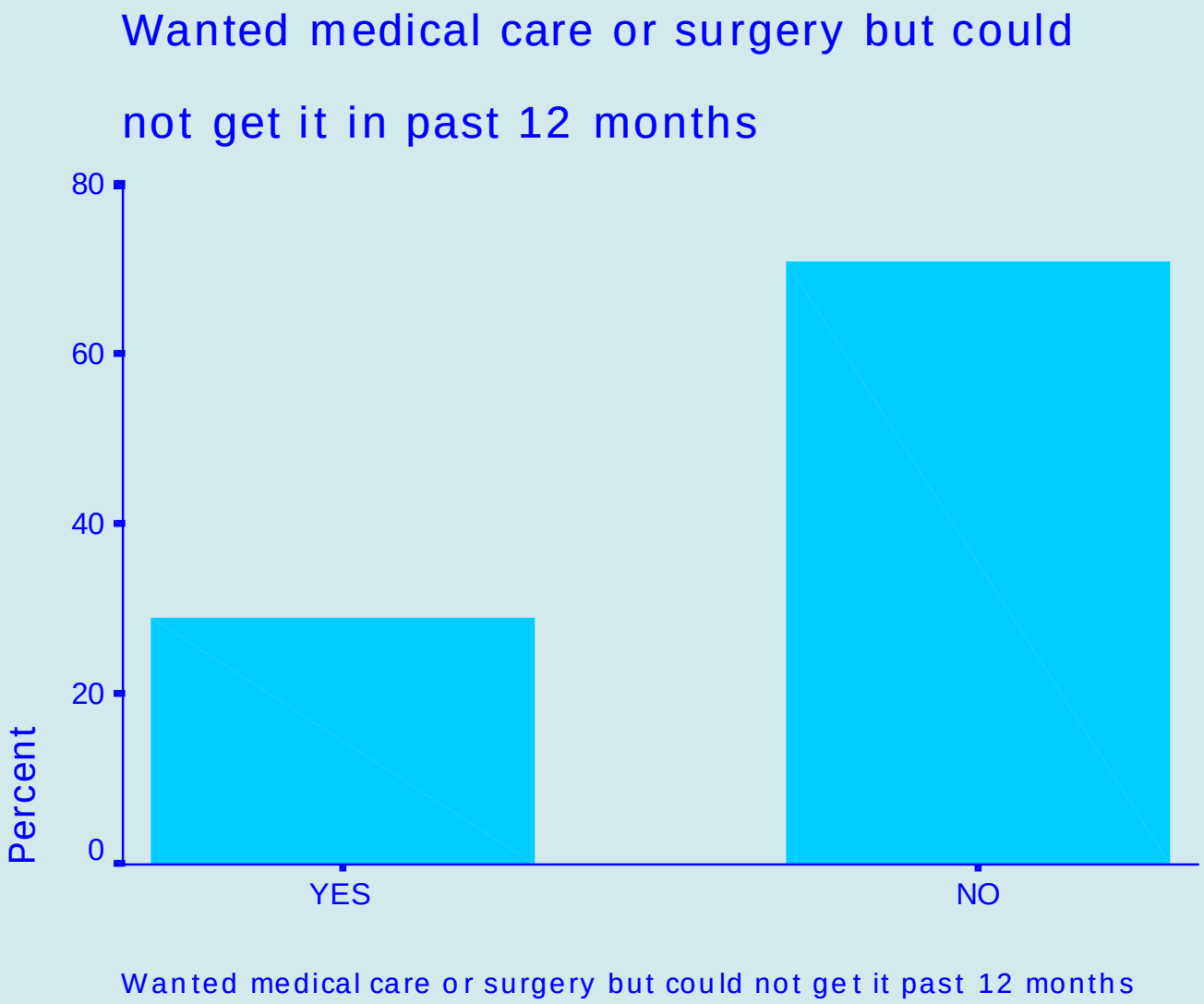


Table 95. Frequencies for Clinic or Doctor Refused Medical Care or Surgery in Past Twelve Months

Clinic or doctor refused medical care or surgery past 12 months

	Percent	Frequency
Yes	12.5	252
No	87.5	1762
Total	100.0	2014
NR/DK	0.1	3
System Missing	0.0	0
Total		2017

Figure 91. Bar Chart for Clinic or Doctor Refused Medical Care or Surgery in Past Twelve Months

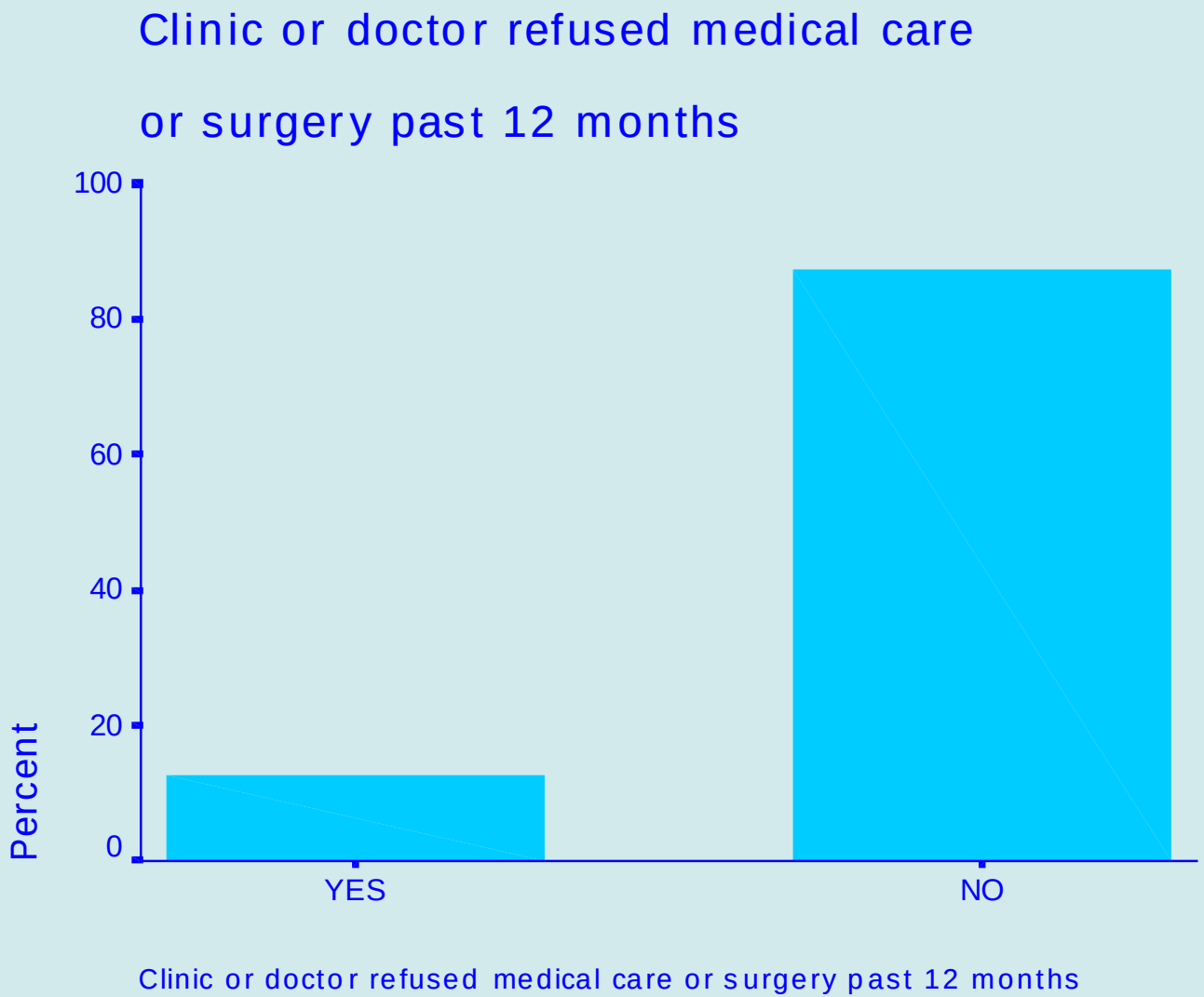


Table 96. Frequencies for Wanted Medical Care or Surgery but Could Not Get It in Past Twelve Months by Race/Ethnicity

Wanted medical care or surgery but could not get it past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	32.7	261	33.1	160	30.6	81	16.4	62	20.0	11	34.6	9
No	67.3	538	66.9	323	69.4	184	83.6	317	80.0	44	65.4	17
Total	100.0	799	100.0	483	100.0	265	100.0	379	100.0	55	100.0	26
NR/DK	0.2	2	0.6	3	1.1	3	0.0	0	3.5	2	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Table 97. Frequencies for Clinic or Doctor Refused Medical Care or Surgery in Past Twelve Months by Race/Ethnicity

Clinic or doctor refused medical care or surgery past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	12.7	102	14.0	68	13.1	35	10.0	38	8.8	5	15.4	4
No	87.3	699	86.0	416	86.9	232	90.0	341	91.2	52	84.6	22
Total	100.0	801	100.0	484	100.0	267	100.0	379	100.0	57	100.0	26
NR/DK	0.0	0	0.4	2	0.4	1	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 92. Barchart for Percent Who Wanted Medical Care or Surgery in Past Year Who Could Not Get It by Race/Ethnicity

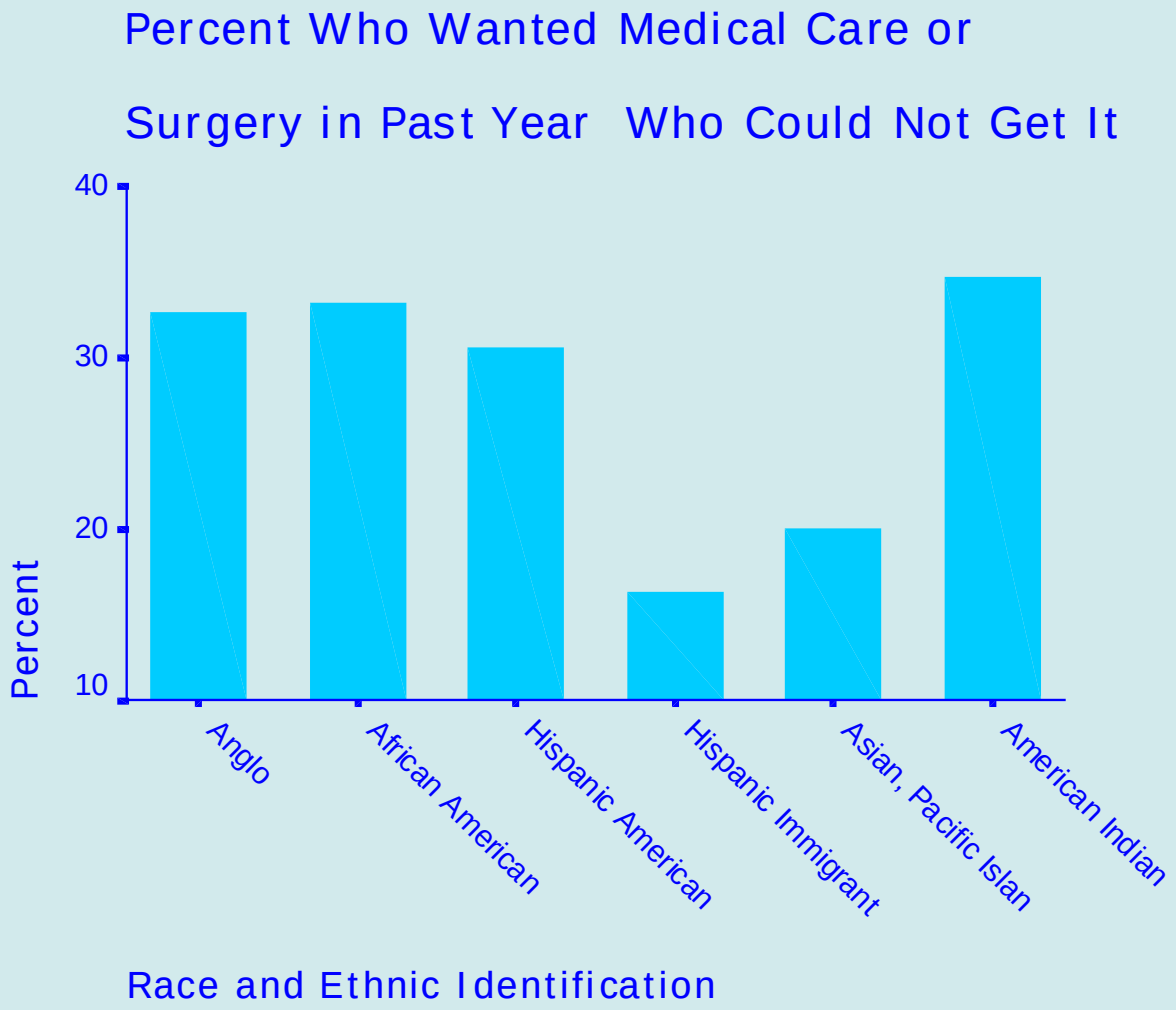


Figure 93. Barchart for Percent Who Were Refused Medical Care or Surgery in Past Year by Doctor or Clinic by Race/Ethnicity

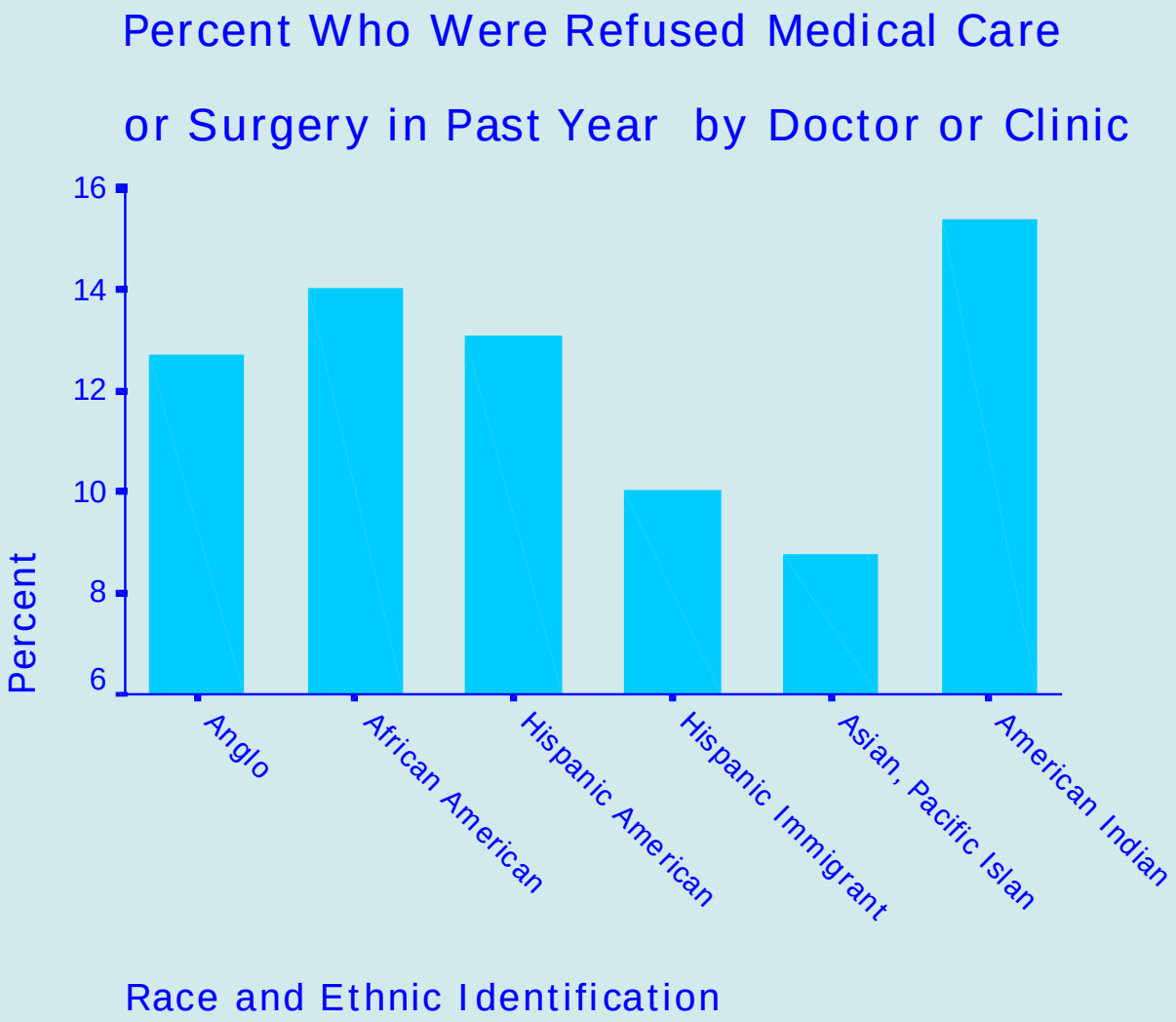


Table 98. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Could Not Afford It

Could not afford it		
	Percent	Frequency
Yes	69.0	457
No	31.0	205
Total	100.0	662
NR/DK	0.4	9
System Missing	66.7	1346
Total		2017

Table 99. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Had No Insurance

Had no insurance		
	Percent	Frequency
Yes	76.3	502
No	23.7	156
Total	100.0	658
NR/DK	0.6	13
System Missing	66.7	1346
Total		2017

Table 100. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Doctor Did Not Accept Medicaid or Insurance

Doctor did not accept Medicaid or my insurance

	Percent	Frequency
Yes	21.1	137
No	78.9	513
Total	100.0	650
NR/DK	1.0	21
System Missing	66.7	1346
Total		2017

Table 101. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Health Problem Was Not Serious Enough

Health problem was not serious enough

	Percent	Frequency
Yes	22.3	146
No	77.7	508
Total	100.0	654
NR/DK	0.8	17
System Missing	66.7	1346
Total		2017

Table 102. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Had to Wait Too Long in Clinic or Office

Had to wait too long in the clinic or office

	Percent	Frequency
Yes	35.4	234
No	64.6	427
Total	100.0	661
NR/DK	0.5	10
System Missing	66.7	1346
Total		2017

Table 103. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Had Difficulty Getting an Appointment

Had difficulty in getting an appointment

	Percent	Frequency
Yes	36.6	242
No	63.4	420
Total	100.0	662
NR/DK	0.4	9
System Missing	66.7	1346
Total		2017

Table 104. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: No Doctor Was Available

No doctor was available		
	Percent	Frequency
Yes	21.8	141
No	78.2	506
Total	100.0	647
NR/DK	1.2	24
System Missing	66.7	1346
Total		2017

Table 105. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Did Not Know Where to Go

Did not know where to go

	Percent	Frequency
Yes	22.5	149
No	77.5	513
Total	100.0	662
NR/DK	0.4	9
System Missing	66.7	1346
Total		2017

Table 106. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Had No Way to Get There

Had no way to get there

	Percent	Frequency
Yes	19.6	130
No	80.4	532
Total	100.0	662
NR/DK	0.4	9
System Missing	66.7	1346
Total		2017

Table 107. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Hours Were Not Convenient

Hours were not convenient

	Percent	Frequency
Yes	22.3	147
No	77.7	511
Total	100.0	658
NR/DK	0.6	13
System Missing	66.7	1346
Total		2017

Table 108. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Speak a Different Language than Most Doctors

Speak a different language than most doctors

	Percent	Frequency
Yes	10.0	66
No	90.0	597
Total	100.0	663
NR/DK	0.4	8
System Missing	66.7	1346
Total		2017

Table 109. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Health of Another Family Member Prevented Getting Care

Health of another family member prevented me from getting care

	Percent	Frequency
Yes	7.0	46
No	93.0	615
Total	100.0	661
NR/DK	0.5	10
System Missing	66.7	1346
Total		2017

Table 110. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months: Doctor Said I Did Not Need the Care I Wanted

Doctor said I did not need the care I wanted

	Percent	Frequency
Yes	13.1	86
No	86.9	569
Total	100.0	655
NR/DK	0.8	16
System Missing	66.7	1346
Total		2017

Figure 94. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months

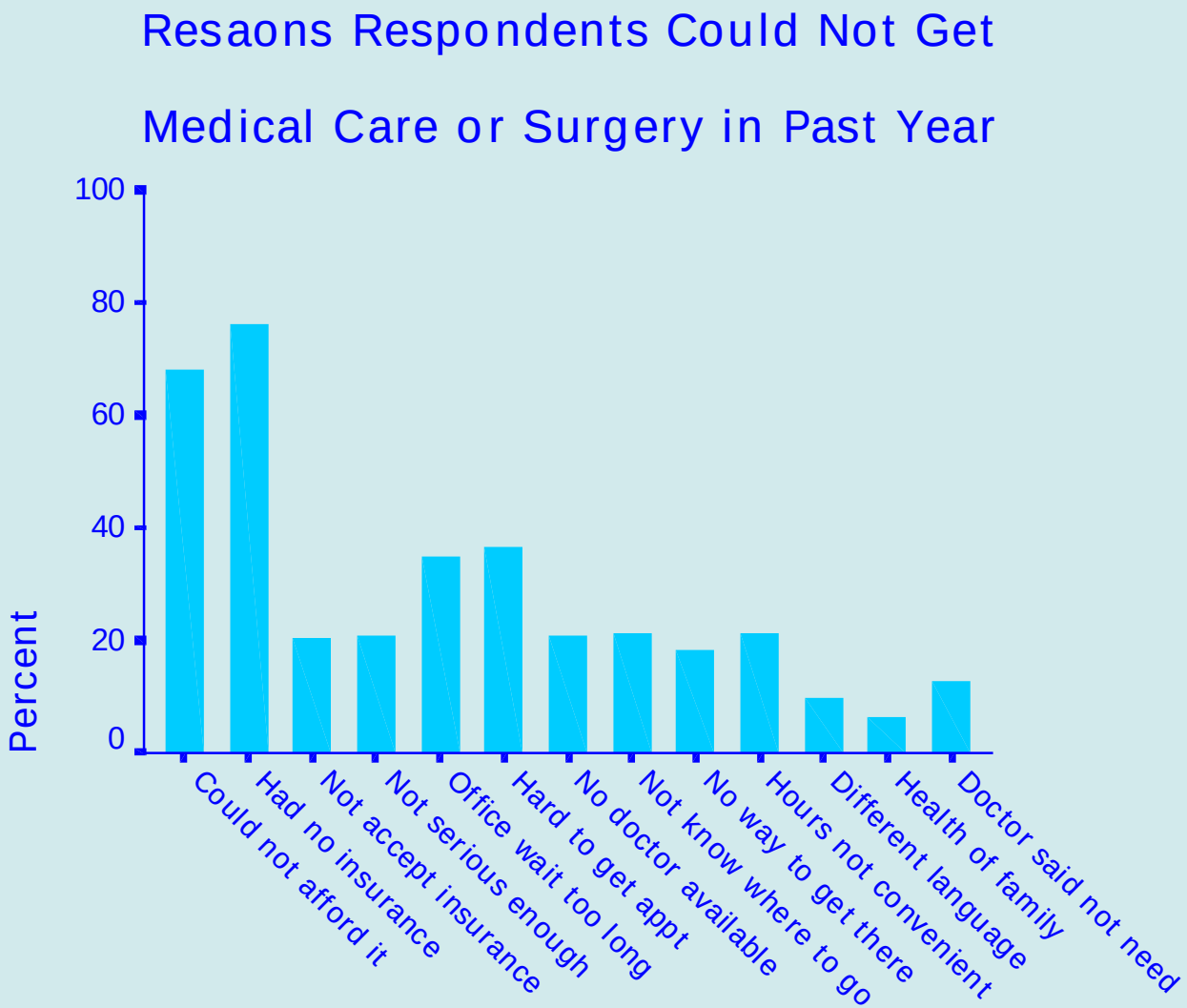


Table 111. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race Ethnicity: Could Not Afford It

Could not afford it	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	70.4	202	66.9	121	75.6	68	62.5	50	71.4	10	60.0	6
No	29.6	85	33.1	60	24.4	22	37.5	30	28.6	4	40.0	4
Total	100.0	287	100.0	181	100.0	90	100.0	80	100.0	14	100.0	10
NR/DK	0.6	5	0.0	0	0.4	1	0.8	3	0.0	0	0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 112. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Had No Insurance

Had no insurance	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	74.0	211	78.2	140	85.6	77	67.9	55	78.6	11	88.9	8
No	26.0	74	21.8	39	14.4	13	32.1	26	21.4	3	11.1	1
Total	100.0	285	100.0	179	100.0	90	100.0	81	100.0	14	100.0	9
NR/DK	0.9	7	0.4	2	0.4	1	0.5	2	0.0	0	3.8	1
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 113. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Clinic or Doctor Not Accept Insurance

Not accept insurance	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	20.0	56	22.0	39	16.9	15	25.9	21	15.4	2	40.0	4
No	80.0	224	78.0	138	83.1	74	74.1	60	84.6	11	60.0	6
Total	100.0	280	100.0	177	100.0	89	100.0	81	100.0	13	100.0	10
NR/DK	1.5	12	0.8	4	0.7	2	0.5	2	1.8	1	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 114. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Condition Not Serious Enough

Not serious enough	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	23.9	68	16.3	29	28.4	25	25.0	20	14.3	2	20.0	2
No	76.1	216	83.7	146	71.6	63	75.0	60	85.7	12	80.0	8
Total	100.0	284	100.0	178	100.0	88	100.0	80	100.0	14	100.0	10
NR/DK	1.0	8	0.6	3	1.1	3	0.8	3	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 115. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Office Wait Too Long

Office wait too long	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	34.1	98	35.2	63	38.9	35	32.1	26	50.0	7	50.0	5
No	65.9	189	64.8	116	61.1	55	67.9	55	50.0	7	50.0	5
Total	100.0	287	100.0	179	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.6	5	0.4	2	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 116. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Hard to Get an Appointment

Hard to get an appointment	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	34.1	98	40.0	72	40.0	36	32.1	26	28.6	4	60.0	6
No	65.9	189	60.0	108	60.0	54	67.9	55	71.4	10	40.0	4
Total	100.0	287	100.0	180	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.6	5	0.2	1	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 117. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: No Doctor Was Available

No doctor was available	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	21.1	59	22.6	40	22.5	20	24.1	19	15.4	2	10.0	1
No	78.9	220	77.4	137	77.5	69	75.9	60	84.6	11	90.0	9
Total	100.0	279	100.0	177	100.0	89	100.0	79	100.0	13	100.0	10
NR/DK	1.6	13	0.8	4	0.7	2	1.1	4	1.8	1	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 118. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Did Not Know Where to Go

Not know where to go	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	22.3	64	19.4	35	30.0	27	25.9	21	7.1	1	10.0	1
No	77.7	223	80.6	145	70.0	63	74.1	60	92.9	13	90.0	9
Total	100.0	287	100.0	180	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.6	5	0.2	1	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 119. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Had No Way to Get to There

No way to get there	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	17.4	50	14.5	26	20.0	18	37.0	30	21.4	3	30.0	3
No	82.6	238	85.5	153	80.0	72	63.0	51	78.6	11	70.0	7
Total	100.0	288	100.0	179	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.5	4	0.4	2	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 120. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Hours Were Not Convenient

Hours not convenient	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	20.1	57	22.3	40	22.2	20	28.4	23	28.6	4	30.0	3
No	79.9	227	77.7	139	77.8	70	71.6	58	71.4	10	70.0	7
Total	100.0	284	100.0	179	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	1.0	8	0.4	2	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 121. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Speak a Different Language than Most Doctors

Different language	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	2.1	6	1.7	3	13.3	12	54.3	44	7.1	1	0.0	0
No	97.9	282	98.3	177	86.7	78	45.7	37	92.9	13	100.0	10
Total	100.0	288	100.0	180	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.5	4	0.2	1	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 122. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Health of Another Family Member Prevented Getting Health Care

Health of another family member prevented getting health care	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	5.6	16	6.2	11	6.7	6	12.3	10	7.1	1	20.0	2
No	94.4	272	93.8	167	93.3	84	87.7	71	92.9	13	80.0	8
Total	100.0	288	100.0	178	100.0	90	100.0	81	100.0	14	100.0	10
NR/DK	0.5	4	0.6	3	0.4	1	0.5	2	0.0	0	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Table 123. Frequencies for Reasons Could Not Get Medical Care or Surgery in Past Twelve Months by Race/Ethnicity: Doctor Said Medical Care or Surgery Was Not Necessary

Doctor said medical care was not needed	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	15.4	44	6.7	12	17.0	15	12.7	10	7.7	1	40.0	4
No	84.6	241	93.3	168	83.0	73	87.3	69	92.3	12	60.0	6
Total	100.0	285	100.0	180	100.0	88	100.0	79	100.0	13	100.0	10
NR/DK	0.9	7	0.2	1	1.1	3	1.1	4	1.8	1	0.0	0
System Missing	63.5	509	62.8	305	66.0	177	78.1	296	75.4	43	61.5	16
Total		801		486		268		379		57		26

Figure 95. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for Anglos

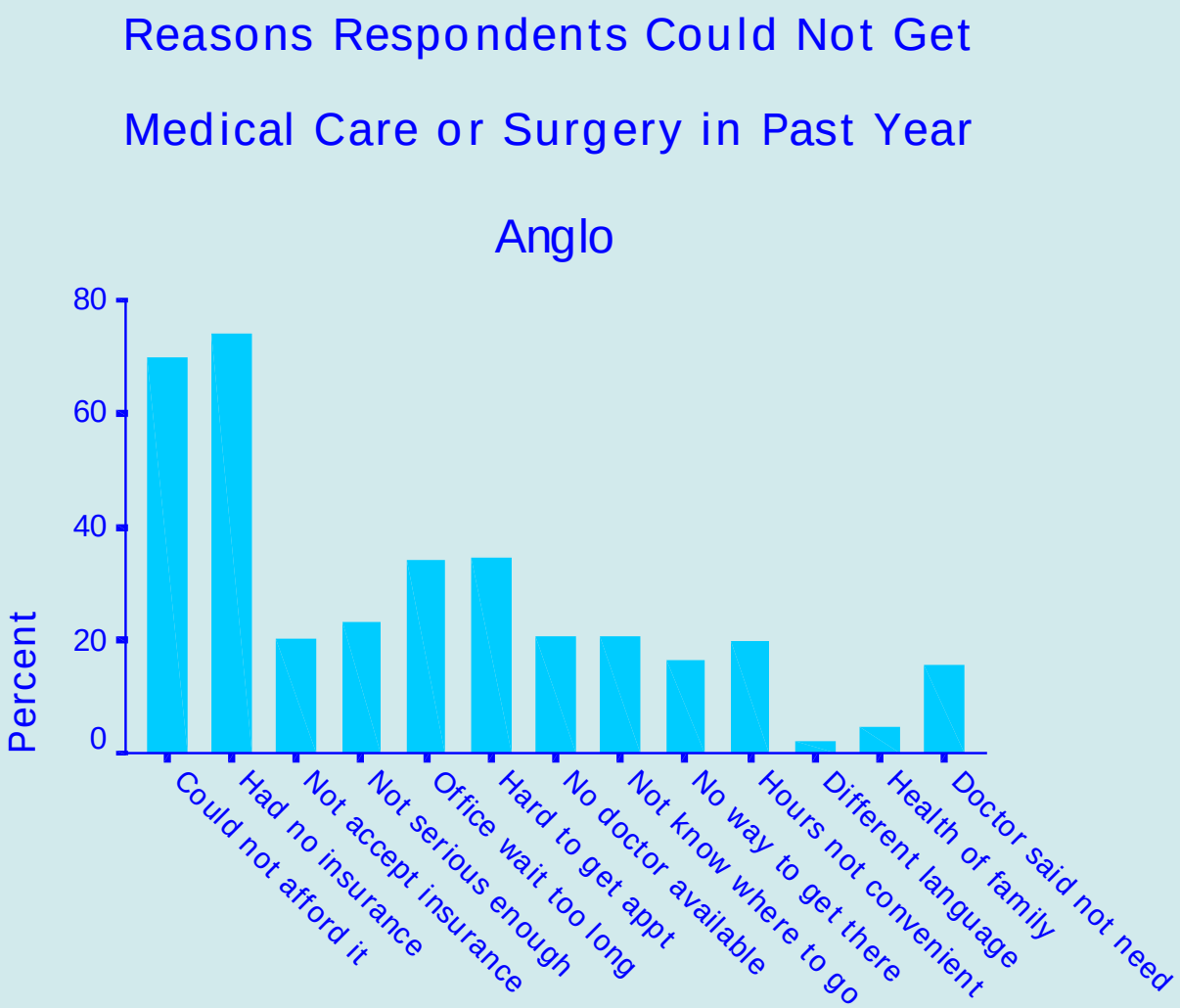


Figure 96. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for African Americans

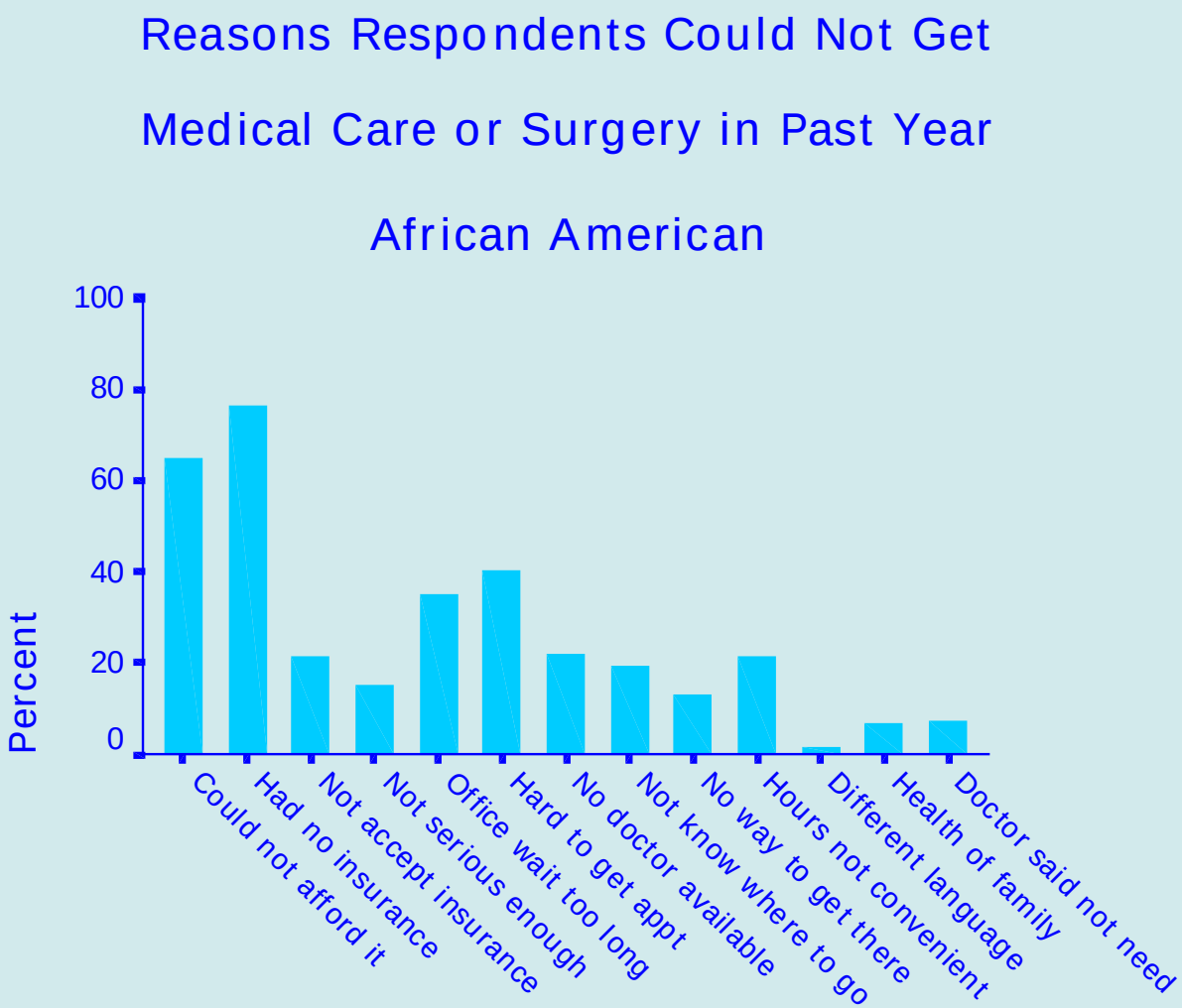


Figure 97. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for Hispanic Americans

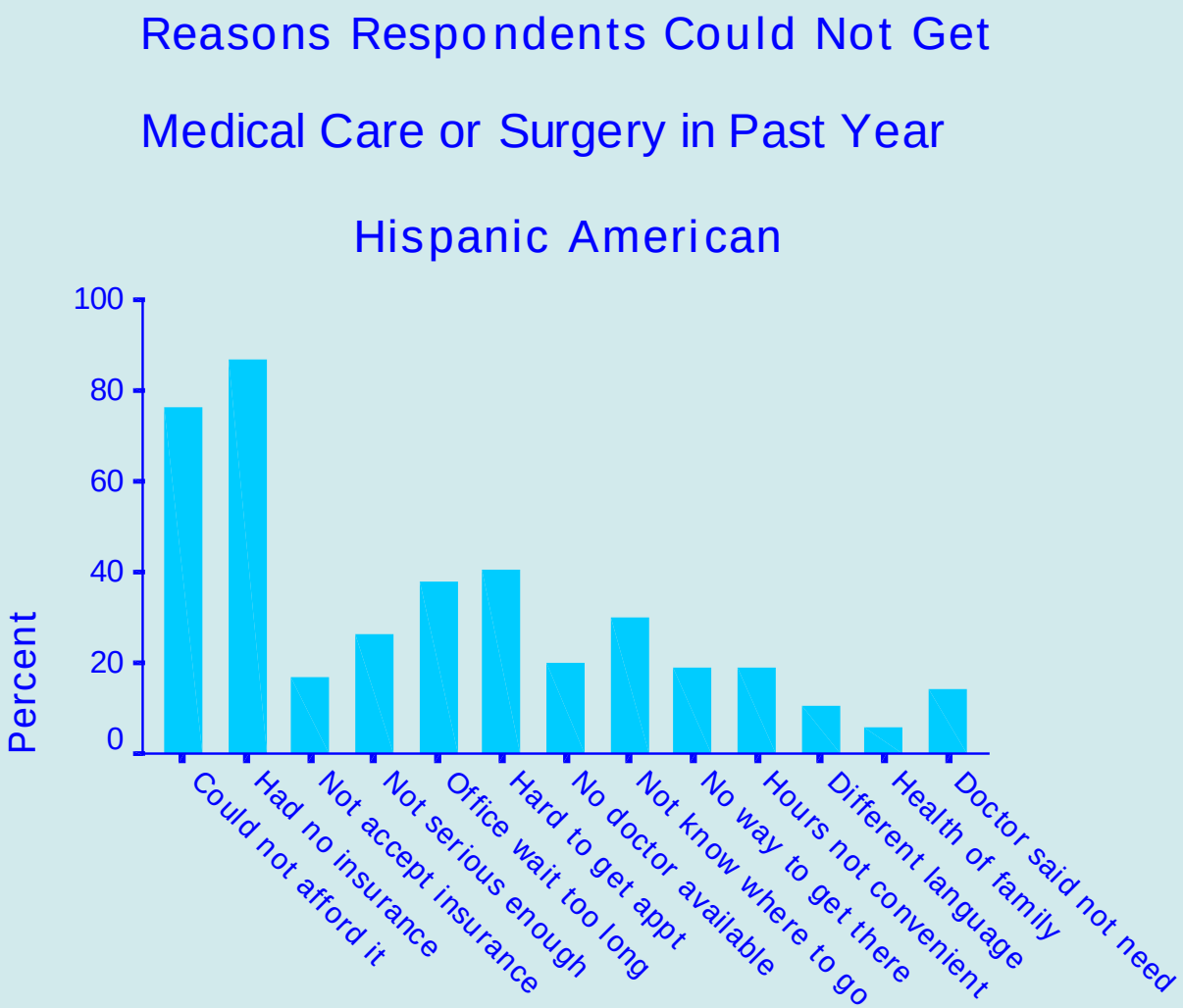


Figure 98. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for Hispanic Immigrants

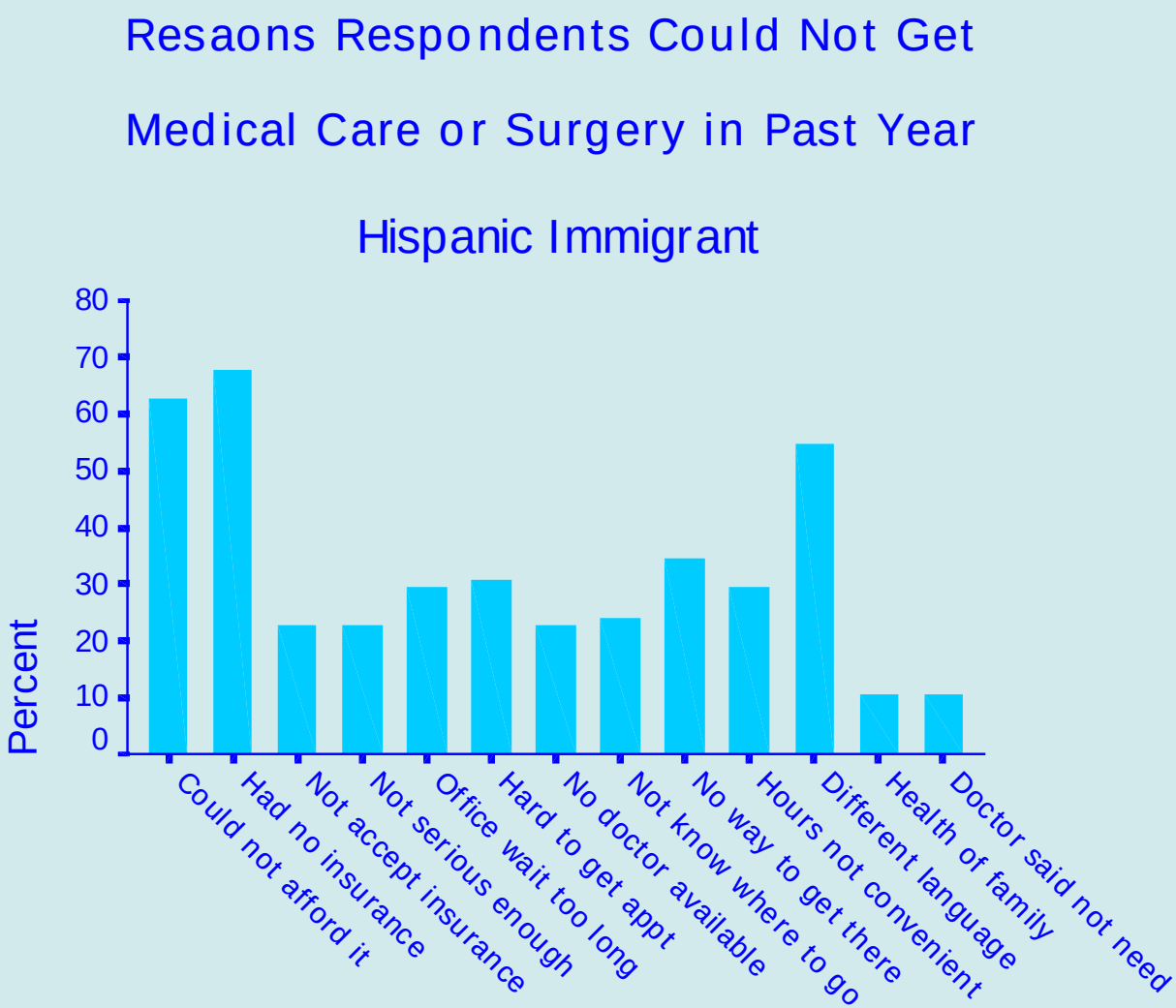


Figure 99. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for Asians and Pacific Islanders

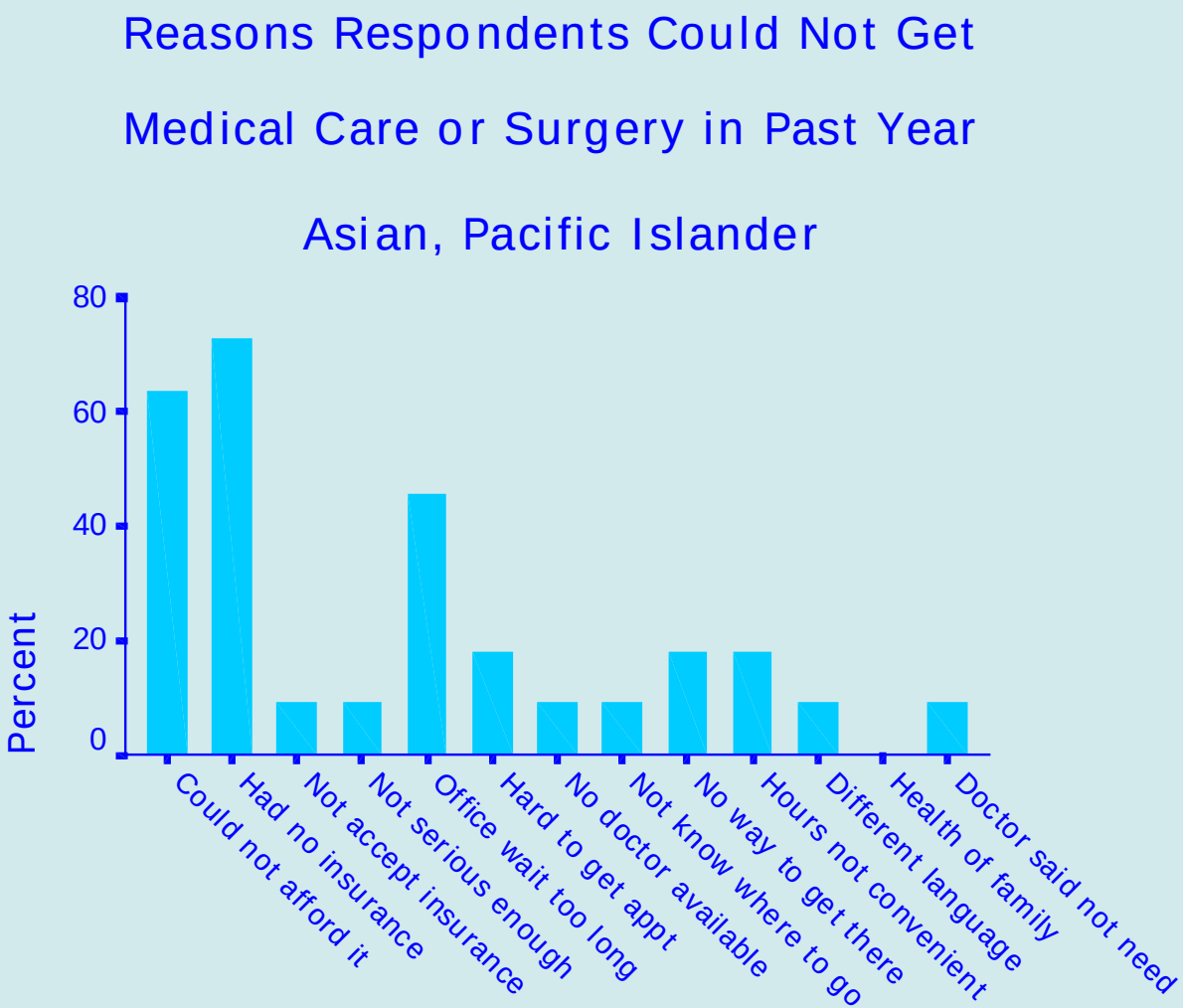


Figure 100. Barchart for All Reasons Could Not Get Medical Care or Surgery in Past Twelve Months for American Indians

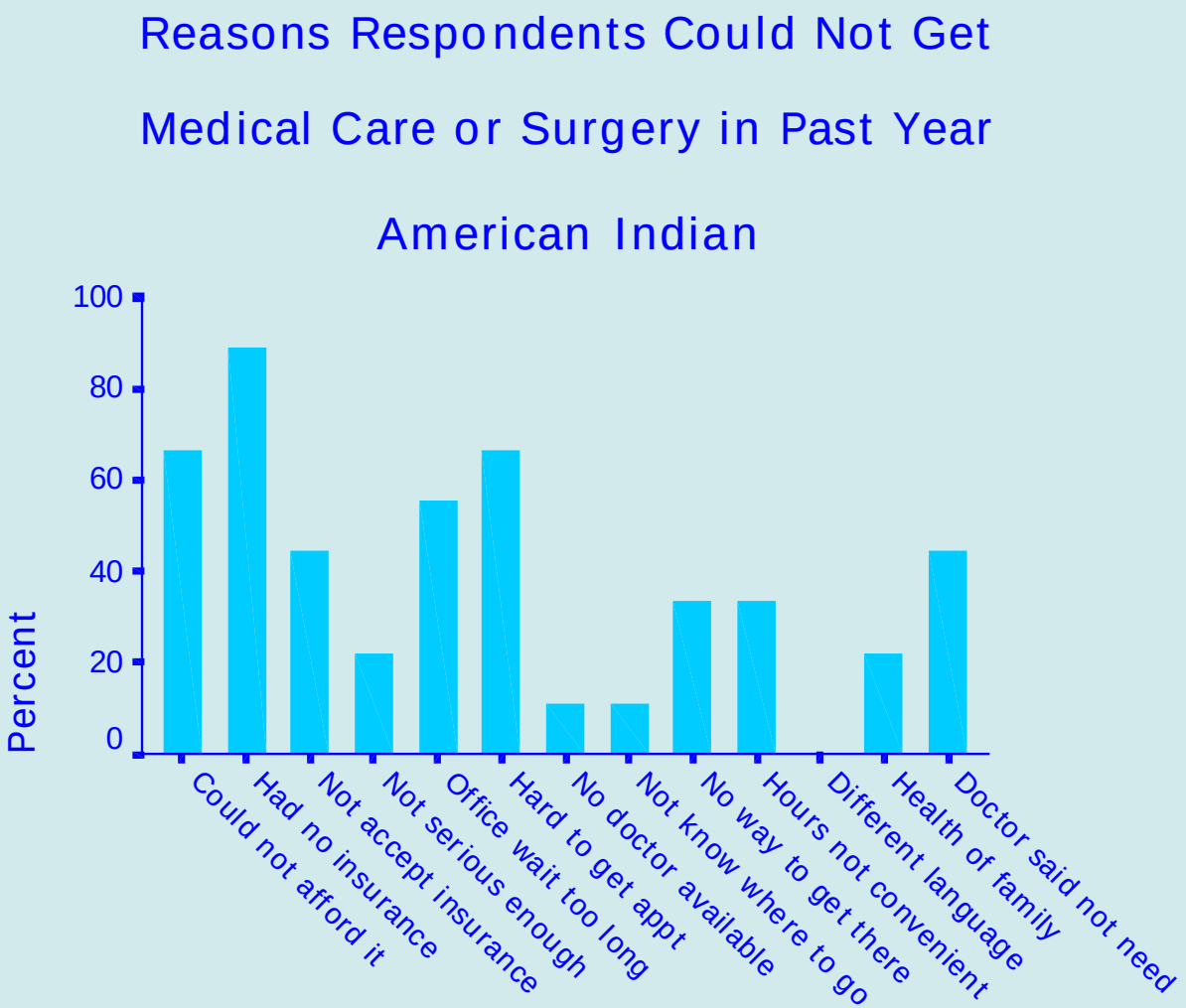


Table 124. Frequencies for Patients Who Could Not Get Medical or Surgical Care in Past Year Who Were Told by a Doctor They Needed Care

Doctor previously told you that you needed medical care or surgery		
	Percent	Frequency
Yes	42.4	277
No	57.6	377
Total	100.0	654
NR/DK	0.8	17
System Missing	66.7	1346
Total		2017

Figure 101. Barchart for Patients Who Could Not Get Medical or Surgical Care in Past Twelve Months Whose Condition Was Serious by Race/Ethnicity

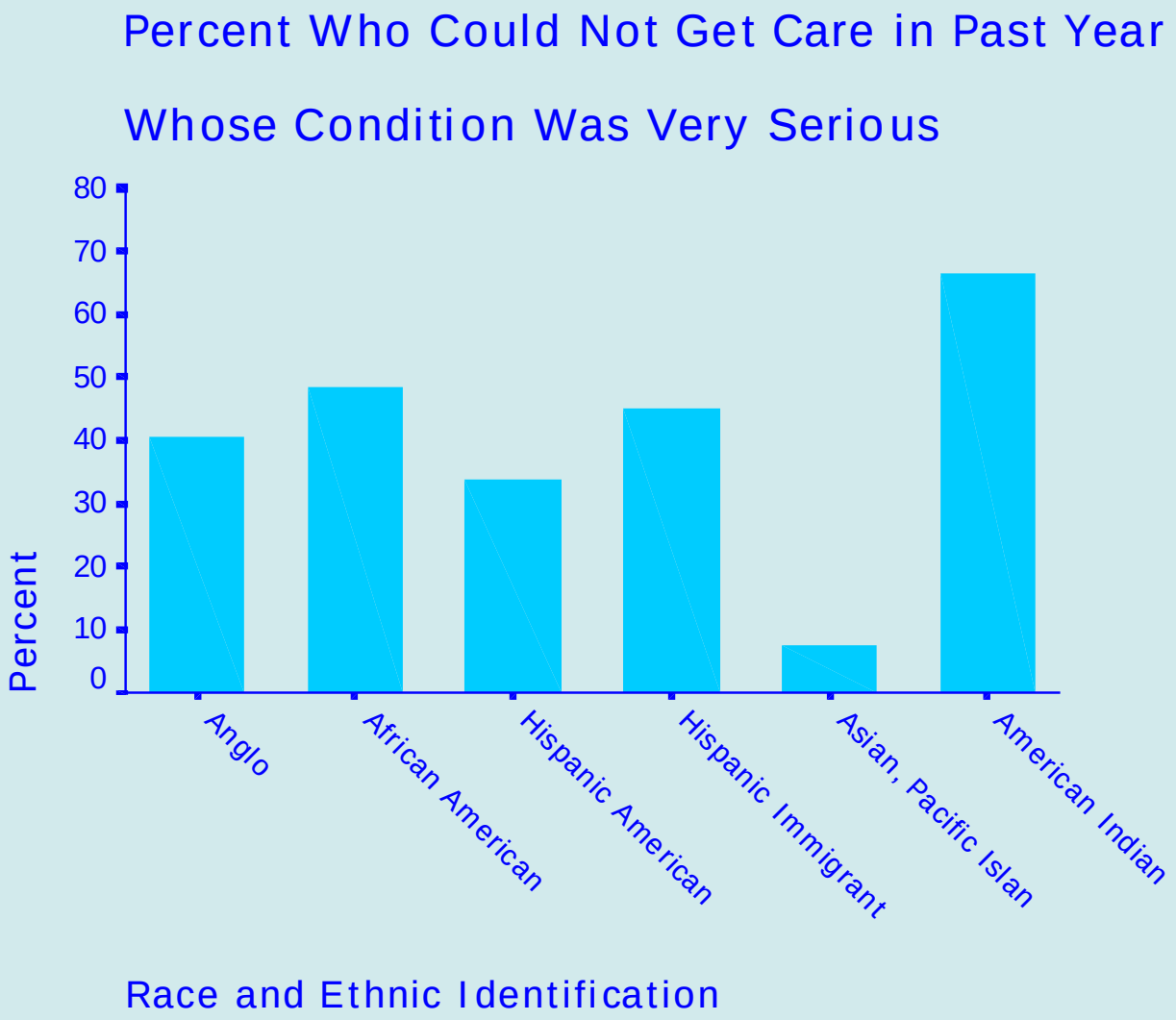


Table 125. Frequencies for Seriousness of Health Problem for Patients Who Could Not Get Medical or Surgical Care in Past Twelve Months

Seriousness of health condition or problem

	Percent	Frequency
Very serious	42.1	263
Somewhat serious	42.0	262
Not serious at all	15.9	99
Total	100.0	624
NR/DK	2.3	47
System Missing	66.7	1346
Total		2017

Figure 102. Barchart for Patients Who Could Not Get Medical or Surgical Care in Past Twelve Months Whose Problem was Somewhat or Very Serious by Race/Ethnicity

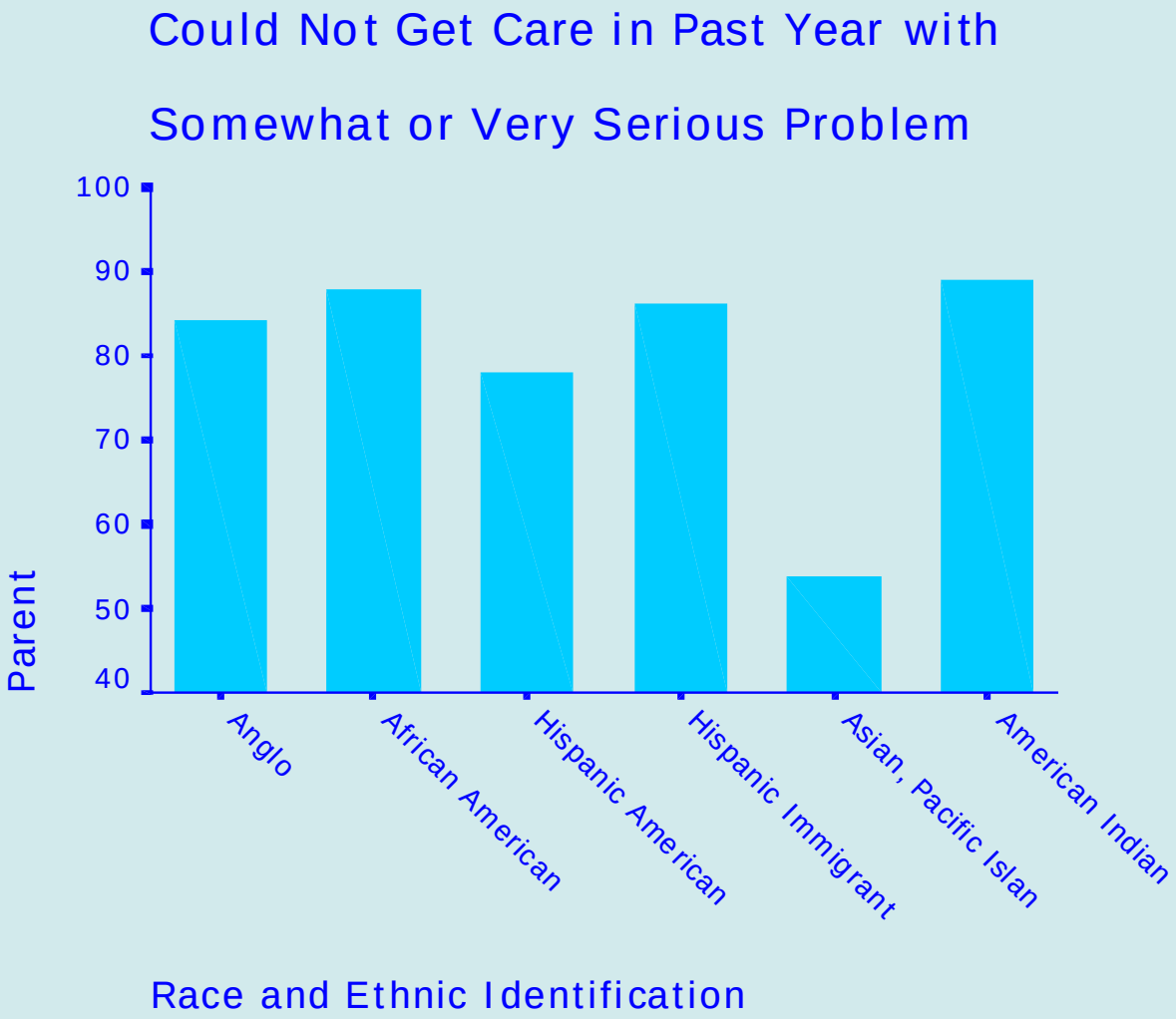


Table 126. Frequencies for Health Problem that Was Treated Later for Patients Who Could Not Get Medical or Surgical Care in Past Twelve Months

Treated for problem later

	Percent	Frequency
Yes	59.0	375
No	41.0	261
Total	100.0	636
NR/DK	1.7	35
System Missing	66.7	1346
Total		2017

Figure 103. Barchart for Health Problem that Was Treated Later for Patients Who Could Not Get Medical or Surgical Care in Past Twelve Months by Race/Ethnicity

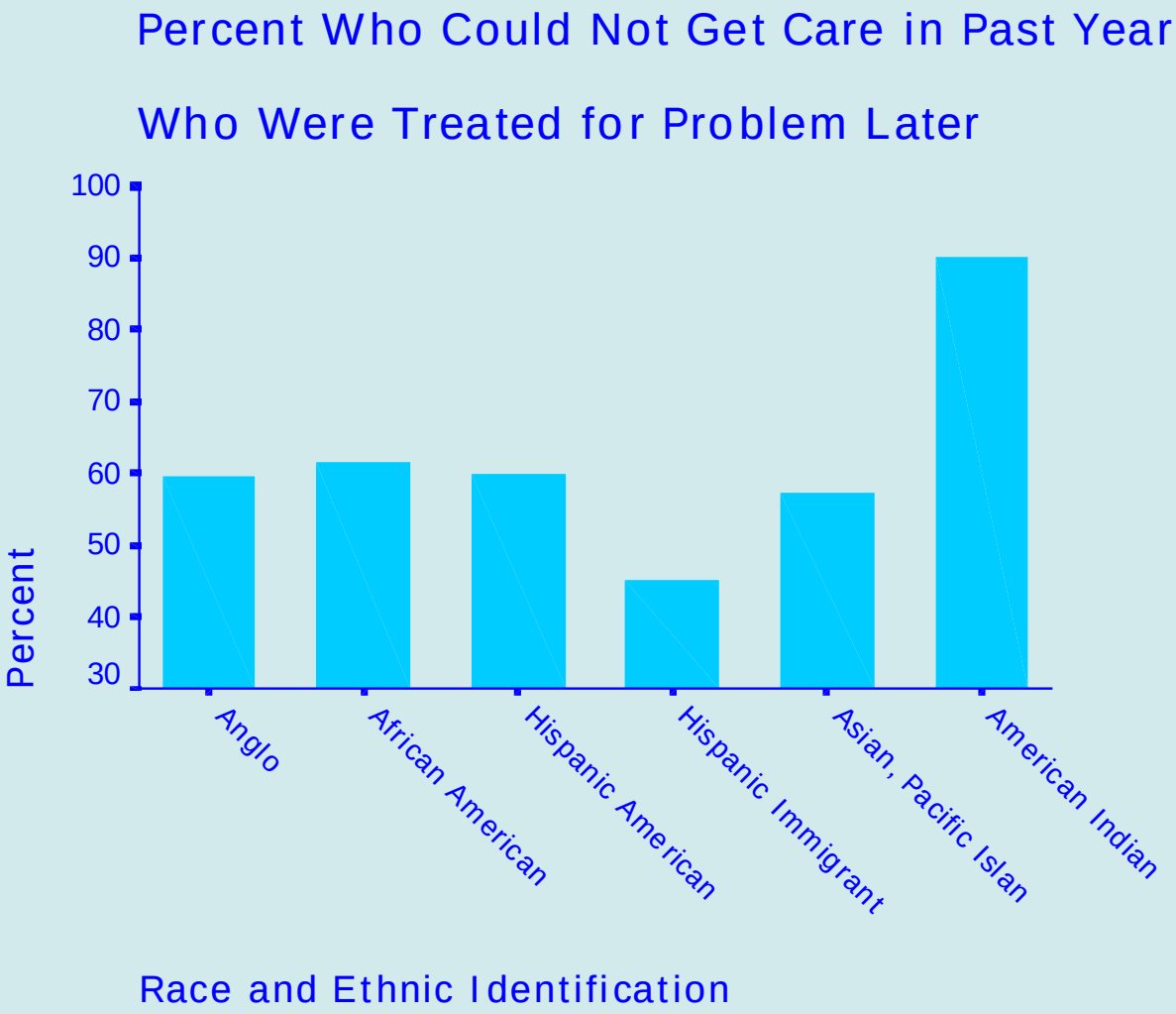


Table 127. Frequencies for Patients with Health Problem that Was Never Treated Who Would Have Been Better Off If They Had Received Care

Would have been better off if had received care for this problem		
	Percent	Frequency
Yes	85.0	215
No	15.0	38
Total	100.0	253
NR/DK	2.1	43
System Missing	85.3	1721
Total		2017

Figure 104. Barchart for Patients Who Never Got Care for Problem Who Would Have Been Better Off If Treated by Race Ethnicity

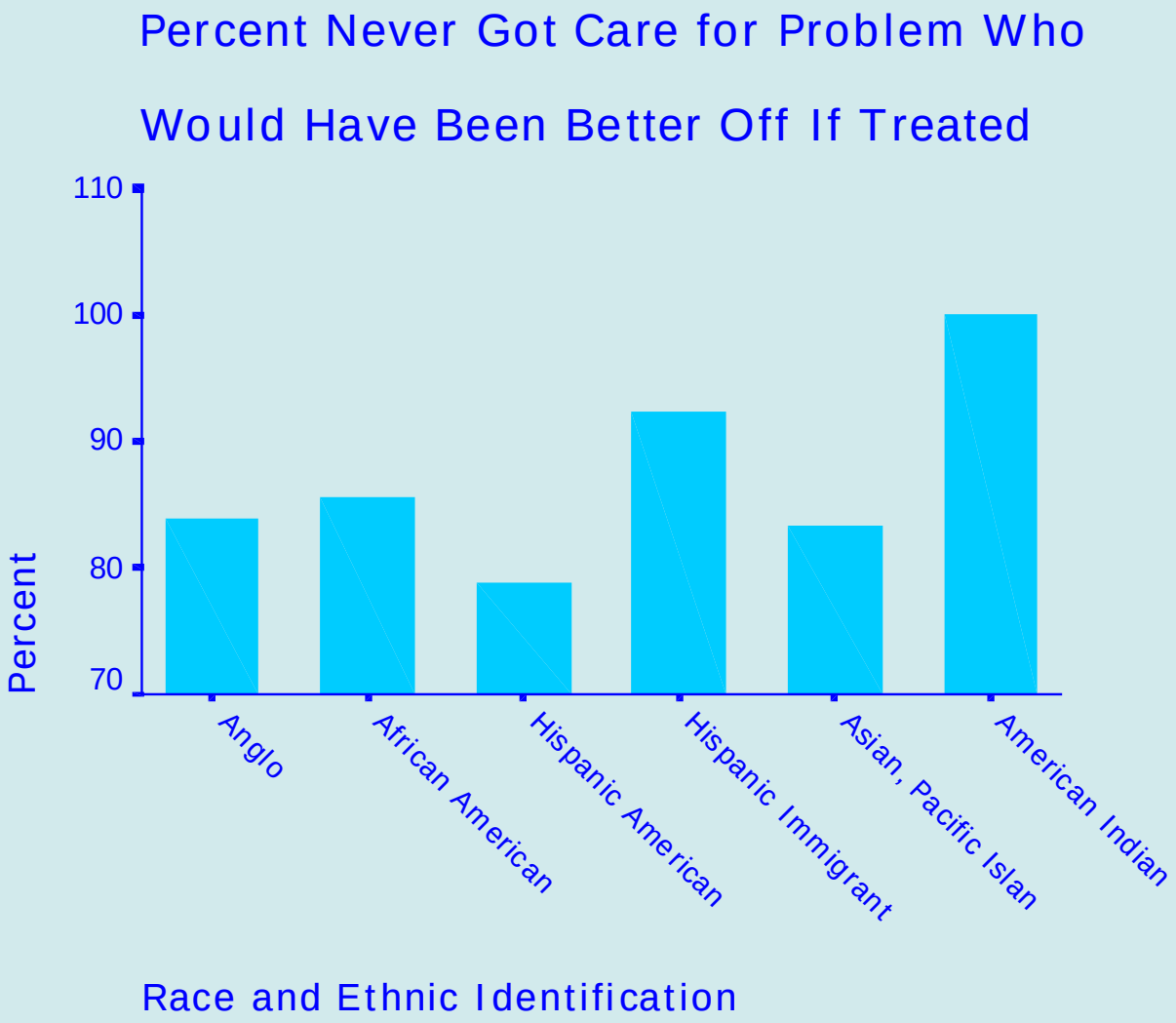
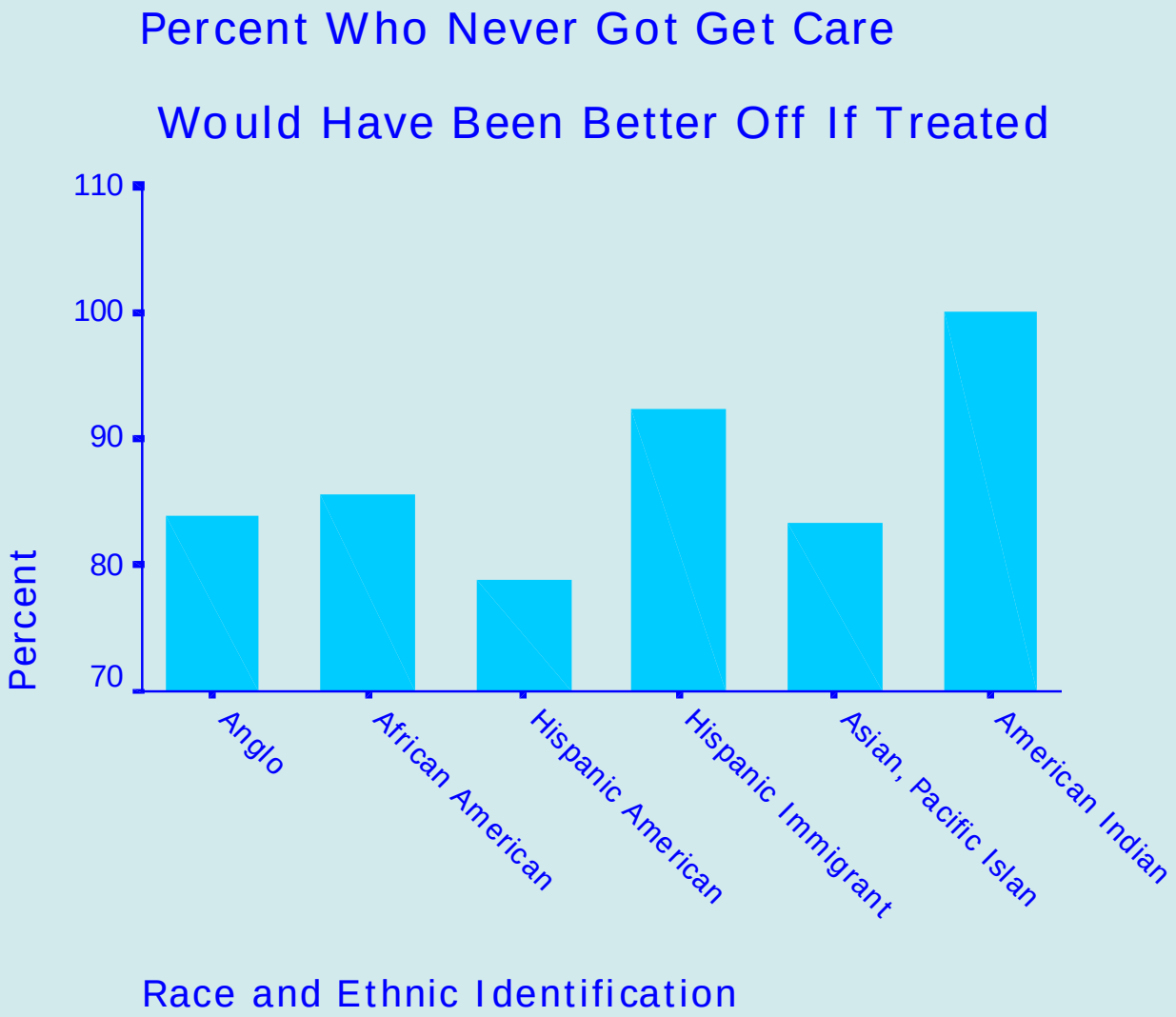


Table 128. Frequencies for Patients Whose Health Problem Was Treated Who Would Have Been Better Off If They Had Received Care Earlier

Would have been better off if had received care earlier		
	Percent	Frequency
Yes	79.6	285
No	20.4	73
Total	100.0	358
NR/DK	0.8	17
System Missing	81.4	1642
Total		2017

Figure 105. Frequencies for Health Problem that Was Never Treated Who Would Have Been Better Off If Treated by Race/Ethnicity



7. UNMET NEED FOR PRESCRIPTION MEDICINES

Unmet Need for Prescription Medicine: Table 129-130; Figures 106-107. Thirty percent of the patients reported they had wanted a prescription medicine in the past year that they could not get. Anglos (36%) and African Americans (33%) were most likely to report this difficulty, followed by Hispanic Americans (27%), and Hispanic immigrants (16%).

Reasons for Unmet Prescription Medicine Needs: Tables 131-141; Figure 108. The most common reasons for unmet prescription medicine needs were that the patient could not afford the medicine (70%) and the patient had no insurance (69%), followed by having to wait too long in the pharmacy (30%). Hispanic immigrants were also likely to have difficulty because of language barriers (30%).

Seriousness of Unmet Need for Prescription Medicines: Tables 142-143, 147; Figures 115-116, 120. Three-fourths of patients reported that they had a prescription from a doctor for the medicine they could not get. Half of all patients reported that the problem for which the medicine was prescribed was very serious and 40 percent reported that the problem was somewhat serious. Hispanic immigrants (65%) and African Americans (64%) were most likely to report that that problem was very serious, followed by Hispanic Americans (48%), and Anglos (36%).

Got Medicine Later: Tables144-146, 149-151; Figures 117-119, 123-125. Two-thirds of the patients who had not been able to get a prescription medicine were eventually able to get the needed medicine. Hispanic immigrants were least likely to report that they were eventually able to get their medicines. Of those who did not get their medicine, about 90 percent of patients in the four major race/ethnic groups said that would have been better off if they had been able to get their medicine, and 90 percent of those who eventually got their medicines said they would have been better off if they had gotten their medicines sooner.

UNMET NEED FOR PRESCRIPTION MEDICINES

JPS

Health Network Sample 2000

Table 129. Frequencies for Wanted a Prescription Medicine in Past Twelve Months but Could Not Get It

Wanted a prescription medicine but you couldn't get it

	Percent	Frequency
Yes	29.9	601
No	70.1	1409
Total	100.0	2010
NR/DK	0.3	7
System Missing	0.0	0
Total		2017

Figure 106. Barchart for Wanted a Prescription Medicine but Could Not Get It

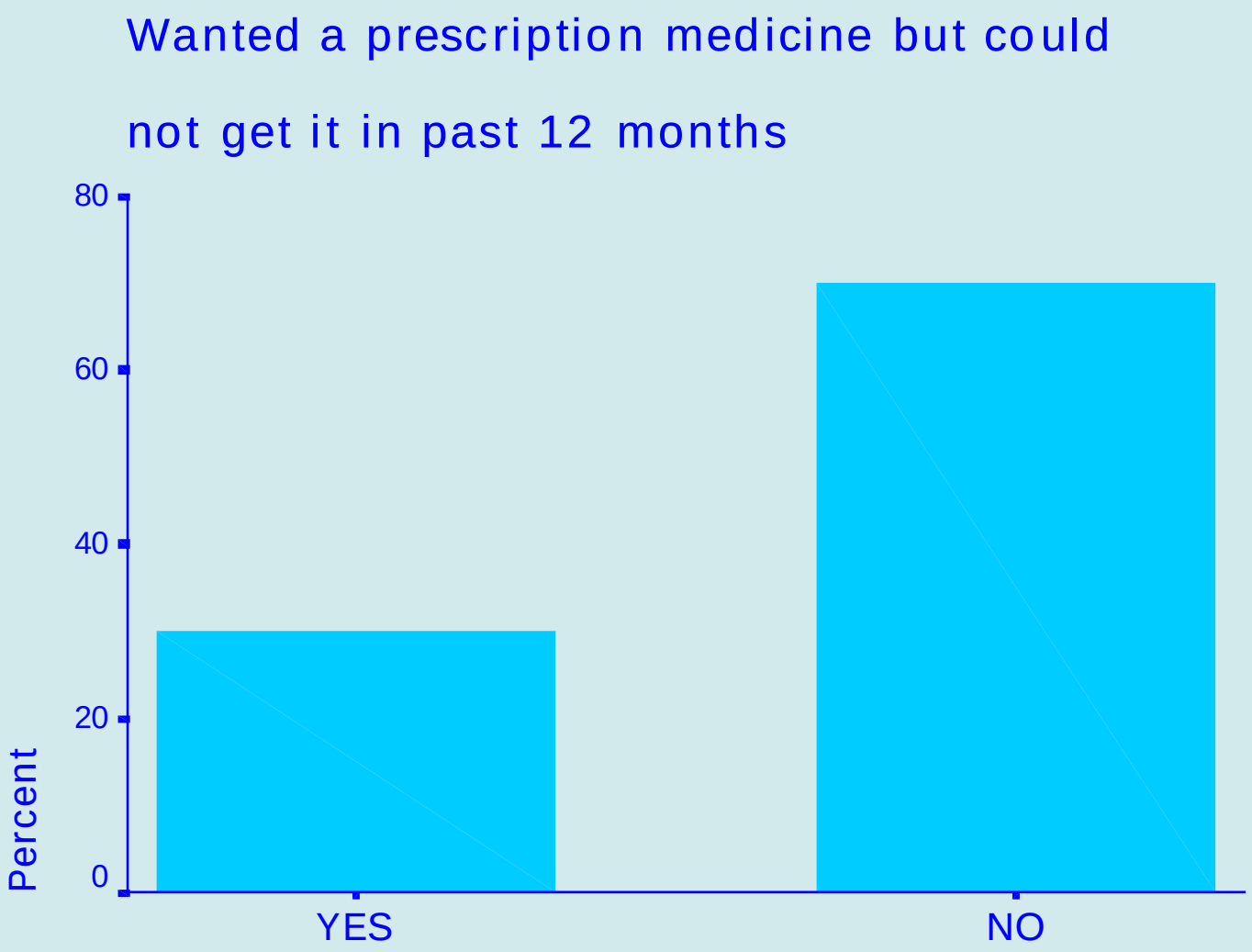


Table 130. Frequencies for Wanted a Prescription Medicine but Could Not Get It in Past Twelve Months by Race/Ethnicity

Wanted a prescription medicine but you couldn't get it	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	35.5	283	33.3	161	26.6	71	16.4	62	19.3	11	50.0	13
No	64.5	515	66.7	322	73.4	196	83.6	317	80.7	46	50.0	13
Total	100.0	798	100.0	483	100.0	267	100.0	379	100.0	57	100.0	26
NR/DK	0.4	3	0.6	3	0.4	1	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 107. Barchart for Wanted a Prescription Medicine but Could Not Get It in Past Twelve Months by Race/Ethnicity

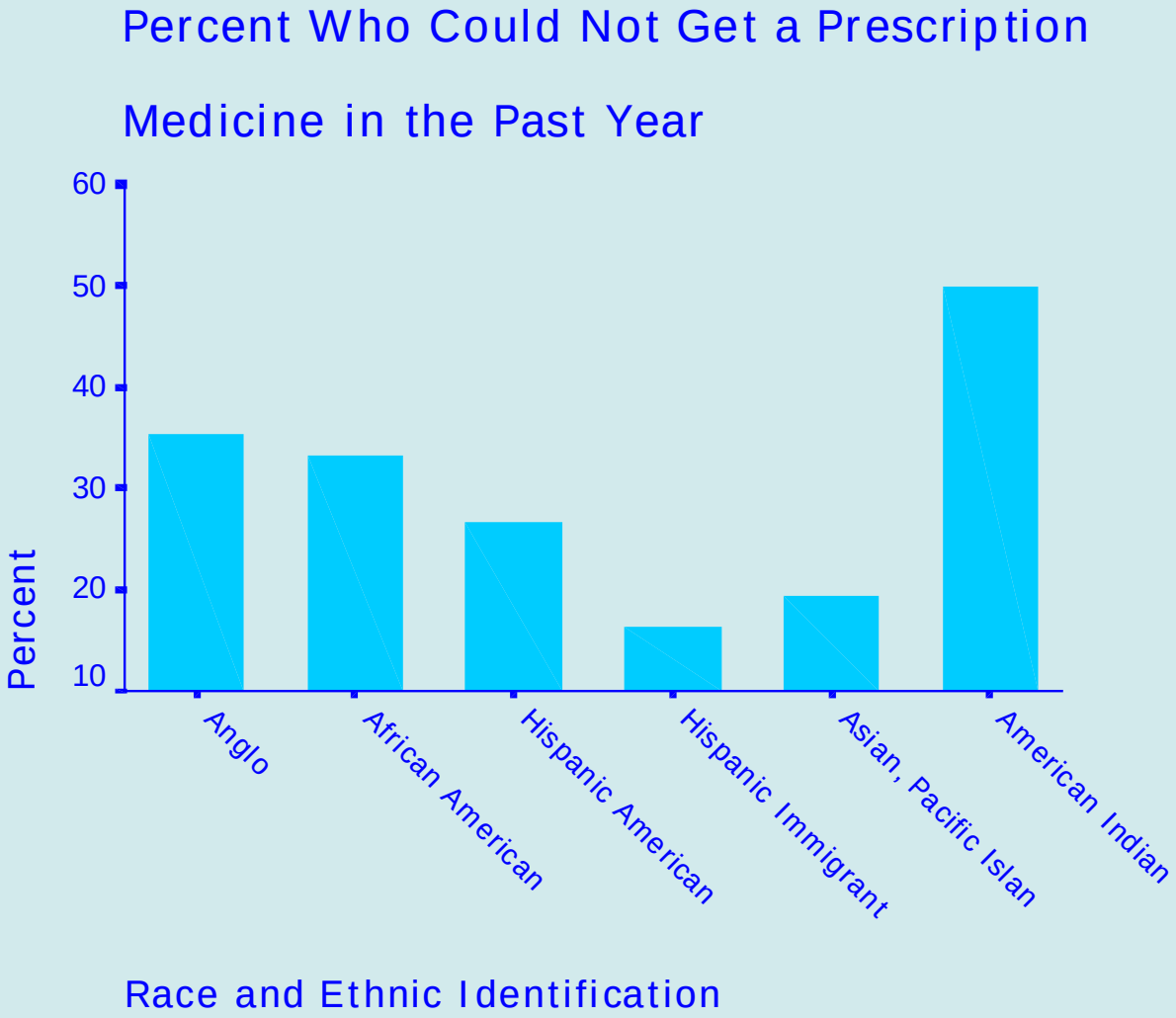


Table 131. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Could Not Afford It

Could not afford it

	Percent	Frequency
Yes	69.7	419
No	30.3	182
Total	100.0	601
NR/DK	0.0	0
System Missing	70.2	1416
Total		2017

Table 132. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Had No Insurance

Had no insurance

	Percent	Frequency
Yes	68.7	412
No	31.3	188
Total	100.0	600
NR/DK	0.0	1
System Missing	70.2	1416
Total		2017

Table 133. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Pharmacy Did Not Accept Medicaid or Patient's Insurance

Pharmacy did not accept Medicaid or my insurance

	Percent	Frequency
Yes	16.7	99
No	83.3	494
Total	100.0	593
NR/DK	0.4	8
System Missing	70.2	1416
Total		2017

Table 134. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Health Problem Was Not Serious Enough

Health problem was not serious enough

	Percent	Frequency
Yes	16.4	97
No	83.6	493
Total	100.0	590
NR/DK	0.5	11
System Missing	70.2	1416
Total		2017

Table 135. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Had to Wait Too Long in Pharmacy

Had to wait too long in pharmacy

	Percent	Frequency
Yes	29.7	178
No	70.3	422
Total	100.0	600
NR/DK	0.0	1
System Missing	70.2	1416
Total		2017

Table 136. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: No Pharmacy Was Available

No pharmacy was available

	Percent	Frequency
Yes	11.8	71
No	88.2	529
Total	100.0	600
NR/DK	0.0	1
System Missing	70.2	1416
Total		2017

Table 137. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Did Not Know Where to Go

Didn't know where to go

	Percent	Frequency
Yes	12.1	73
No	87.9	528
Total	100.0	601
NR/DK	0.0	0
System Missing	70.2	1416
Total		2017

Table 138. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: No Way to Get to Pharmacy

No way to get to pharmacy

	Percent	Frequency
Yes	16.3	98
No	83.7	503
Total	100.0	601
NR/DK	0.0	0
System Missing	70.2	1416
Total		2017

Table 139. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Pharmacy Hours Were Not Convenient

Hours of the pharmacy were not convenient

	Percent	Frequency
Yes	20.3	122
No	79.7	478
Total	100.0	600
NR/DK	0.0	1
System Missing	70.2	1416
Total		2017

Table 140. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Patient Speaks a Different Language than the Pharmacist

Speak a different language than the pharmacist

	Percent	Frequency
Yes	4.7	28
No	95.3	573
Total	100.0	601
NR/DK	0.0	0
System Missing	70.2	1416
Total		2017

Table 141. Frequencies for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Doctor Did Not Think Patient Needed Medicine

Doctor did not think I needed this medicine

	Percent	Frequency
Yes	14.1	84
No	85.9	510
Total	100.0	594
NR/DK	0.3	7
System Missing	70.2	1416
Total		2017

Figure 108. Barchart for All Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months

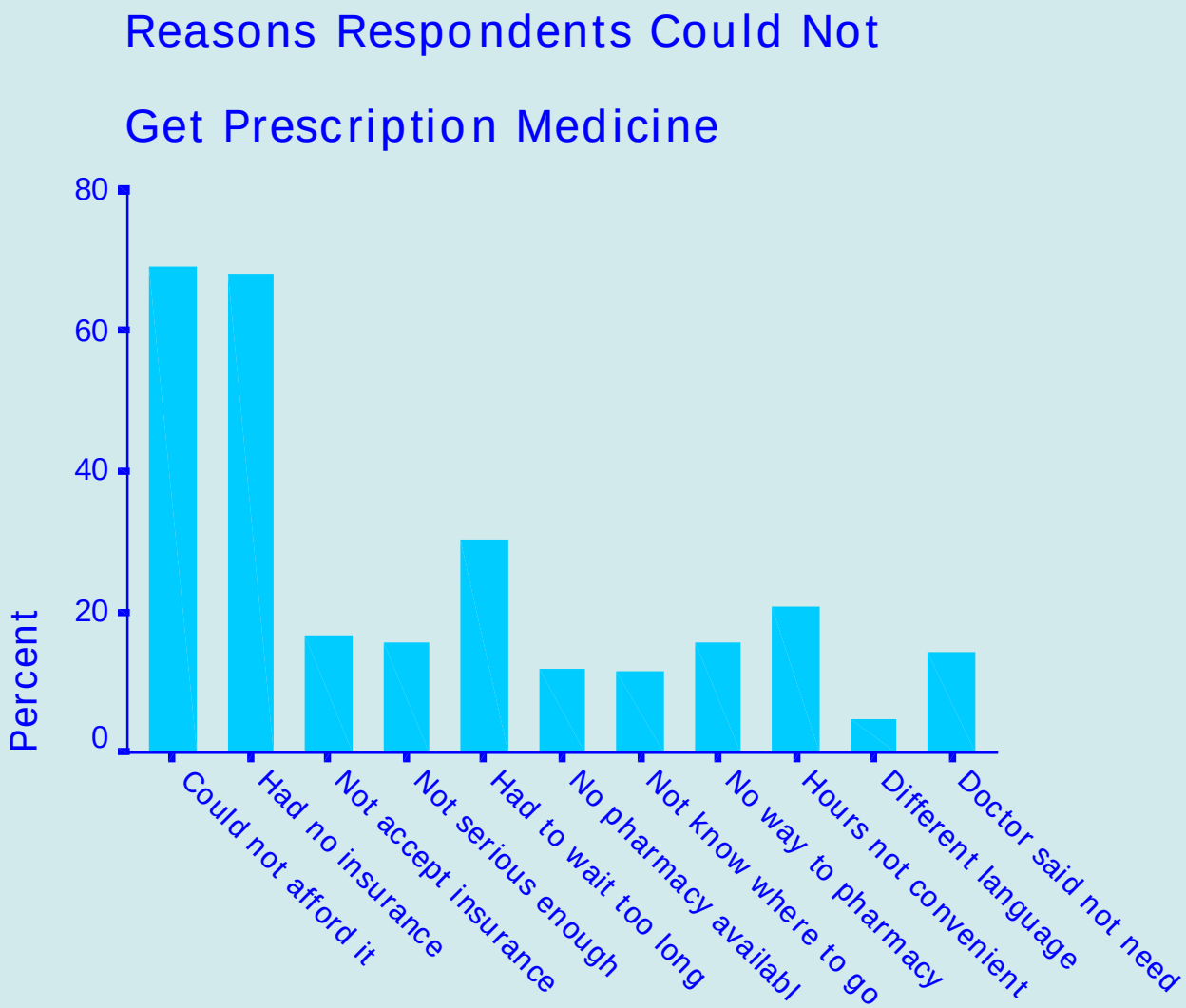


Figure 109. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Anglos

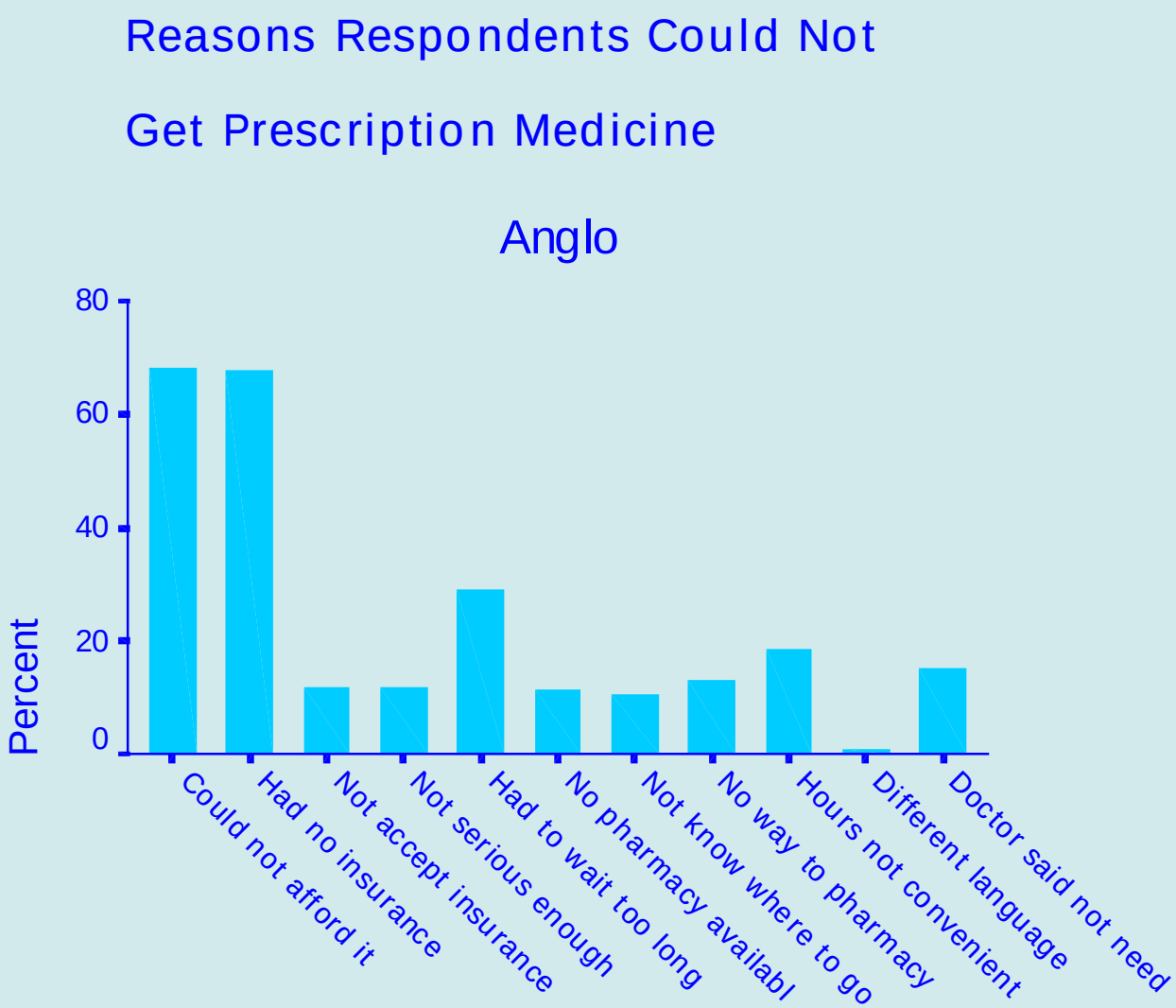


Figure 110. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: African Americans

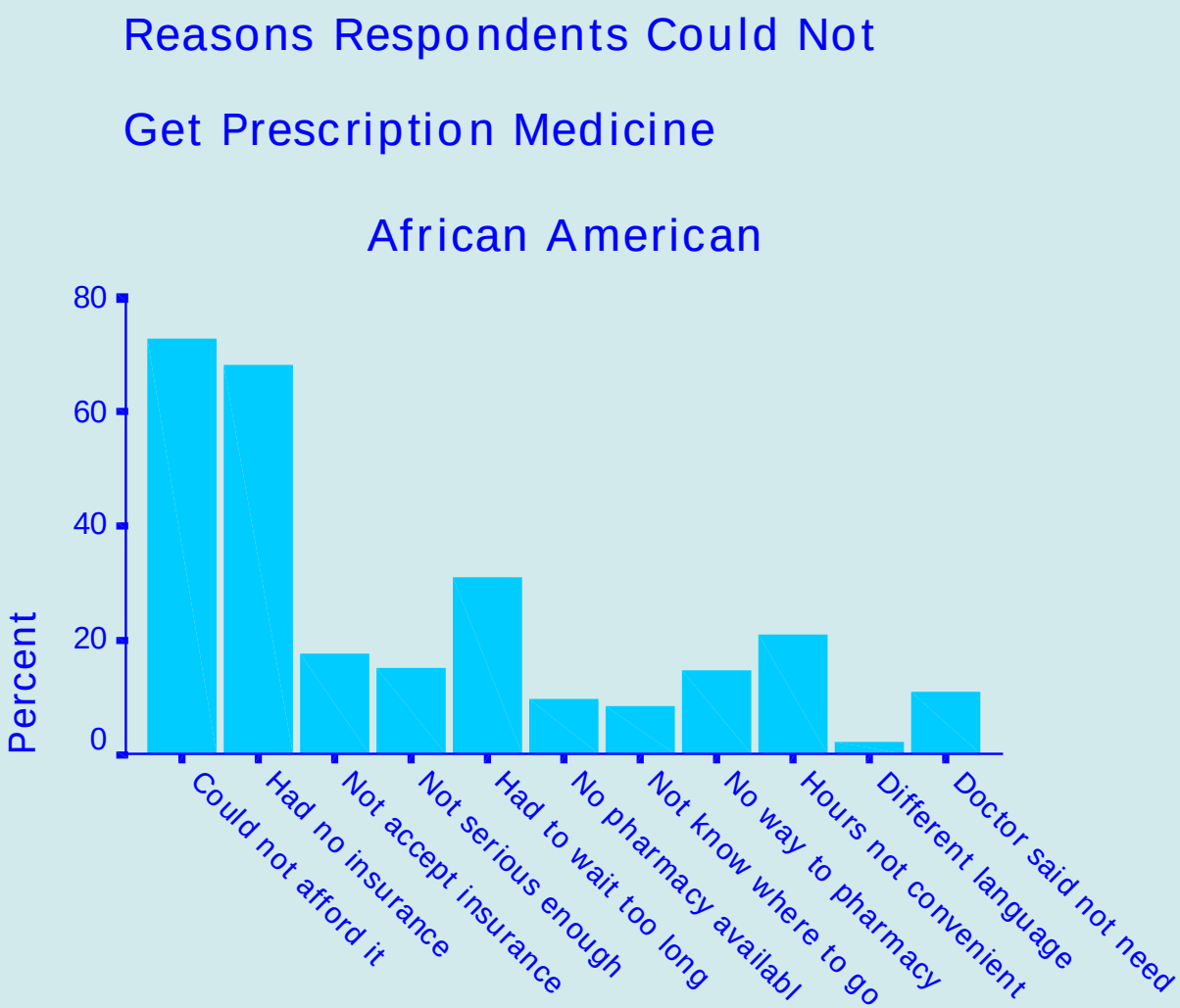


Figure 111. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Hispanic Americans

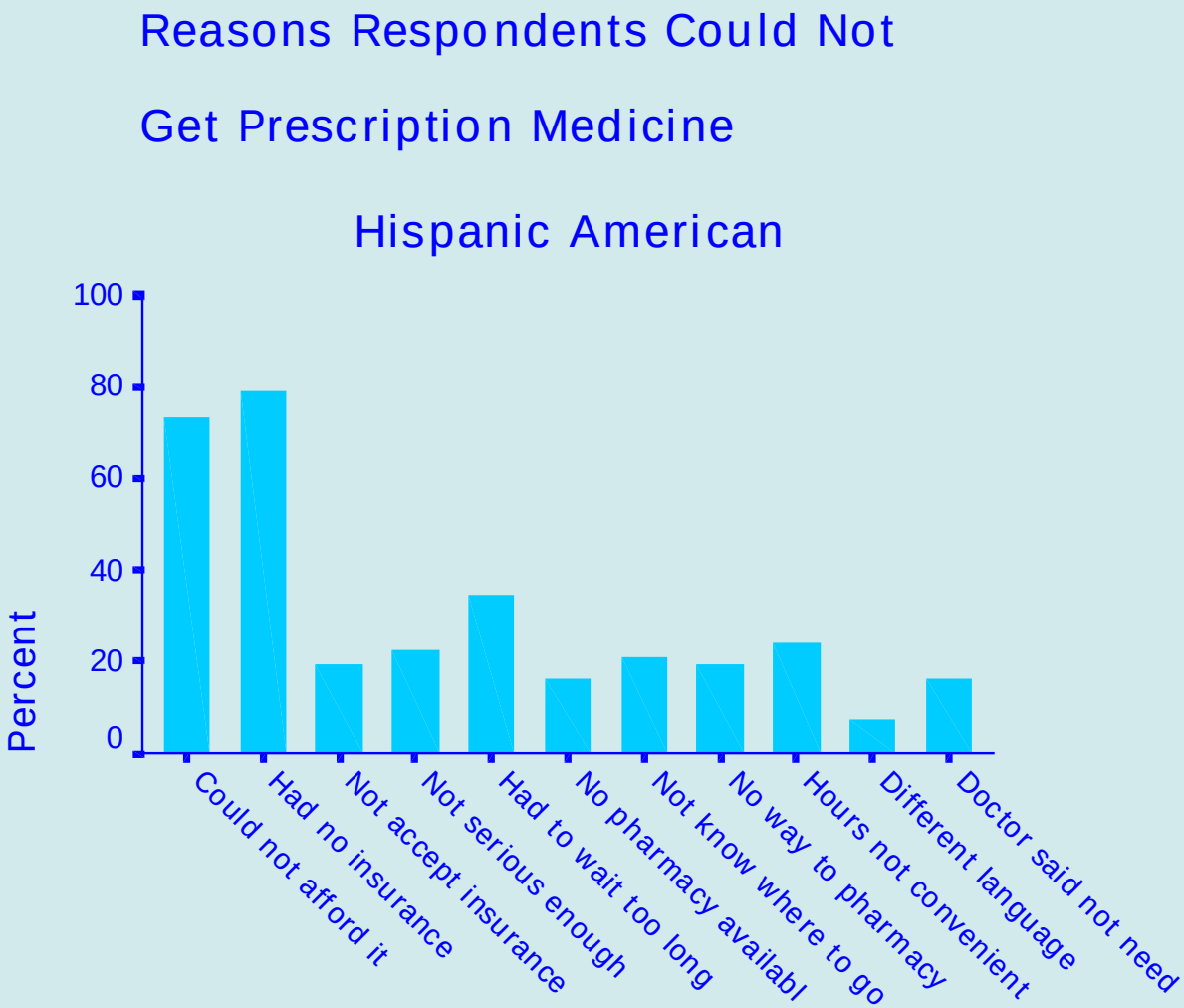


Figure 112. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Hispanic Immigrants

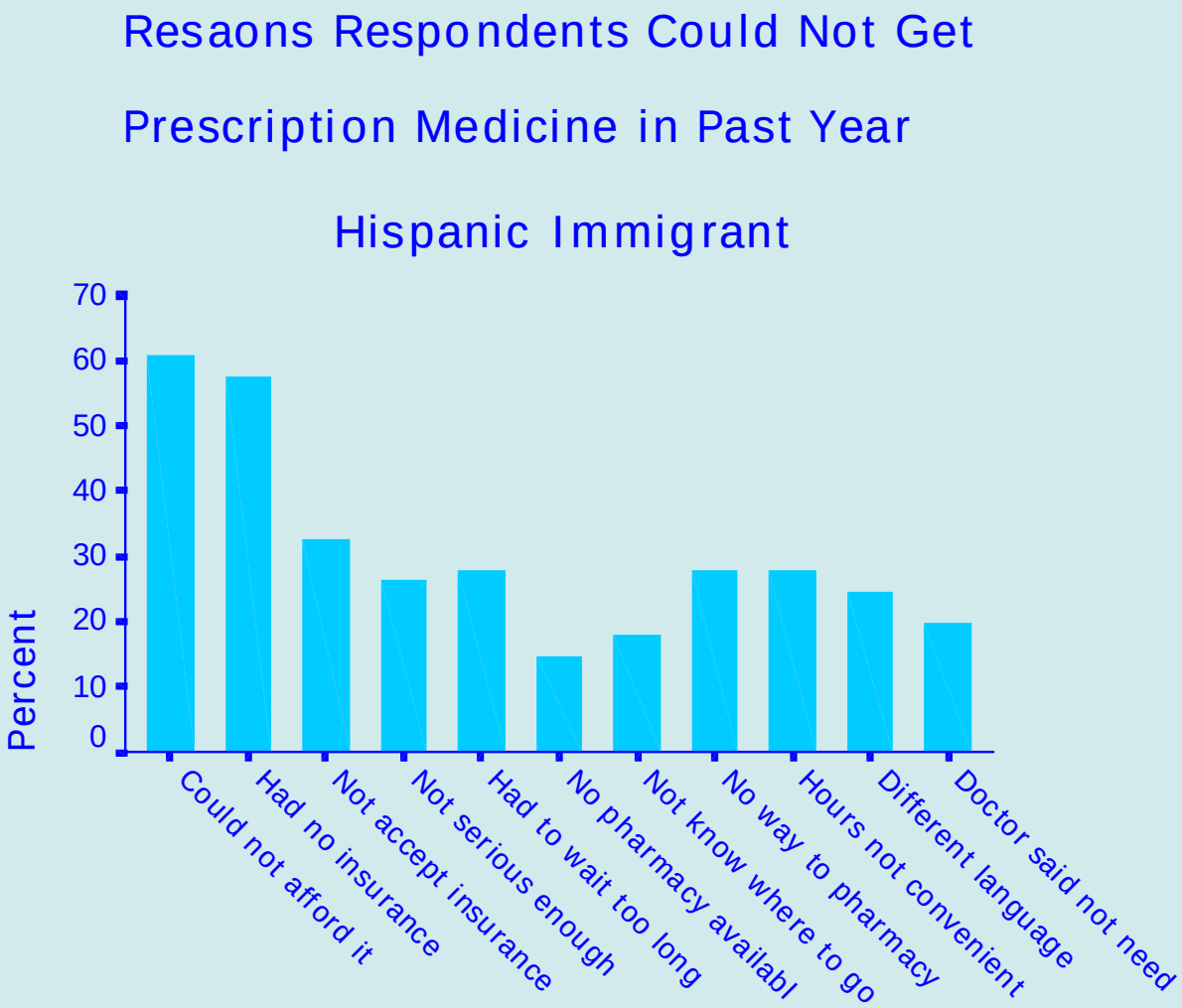


Figure 113. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: Asians and Pacific Islanders

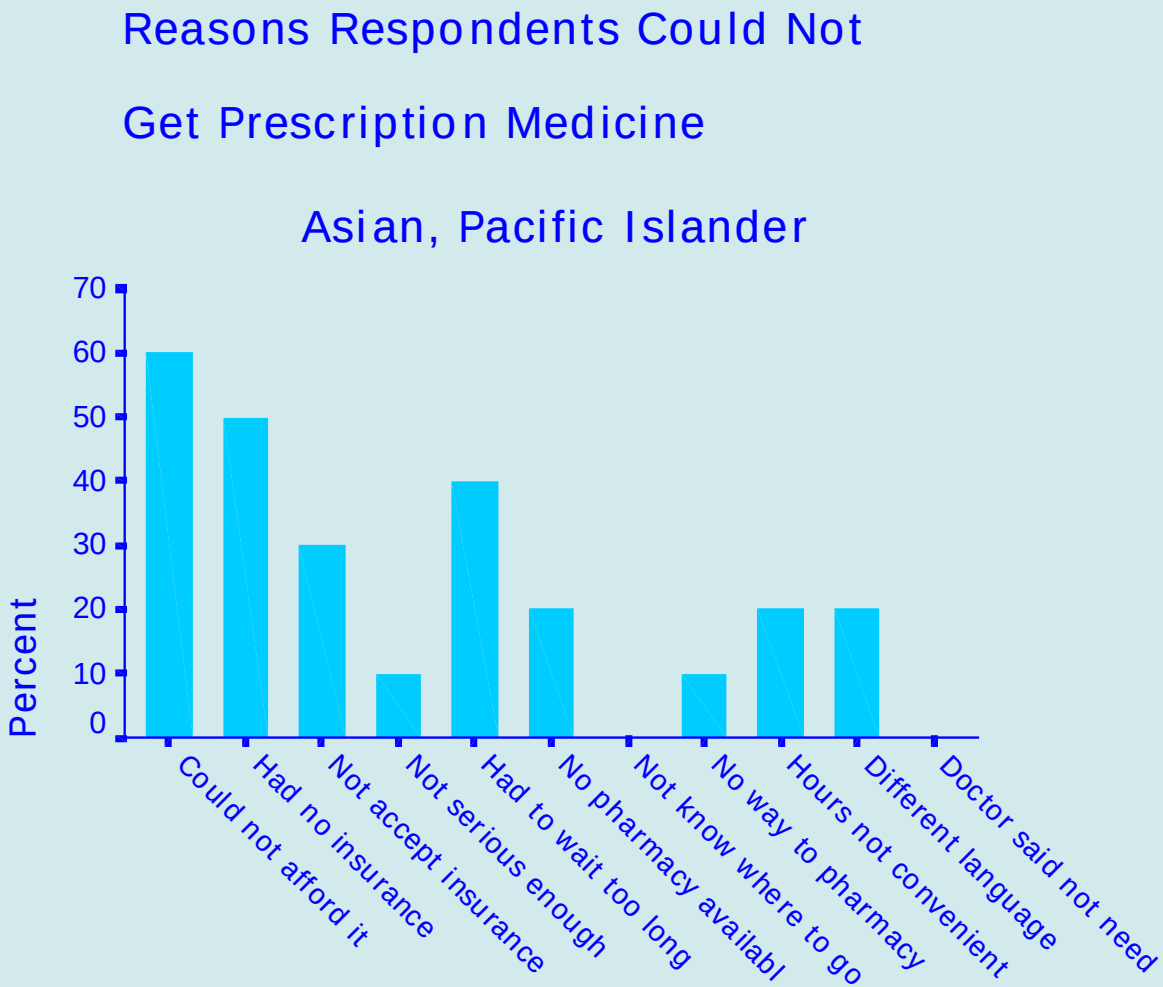


Figure 114. Barchart for Reasons Patients Could Not Get Prescription Medicine in Past Twelve Months: American Indians

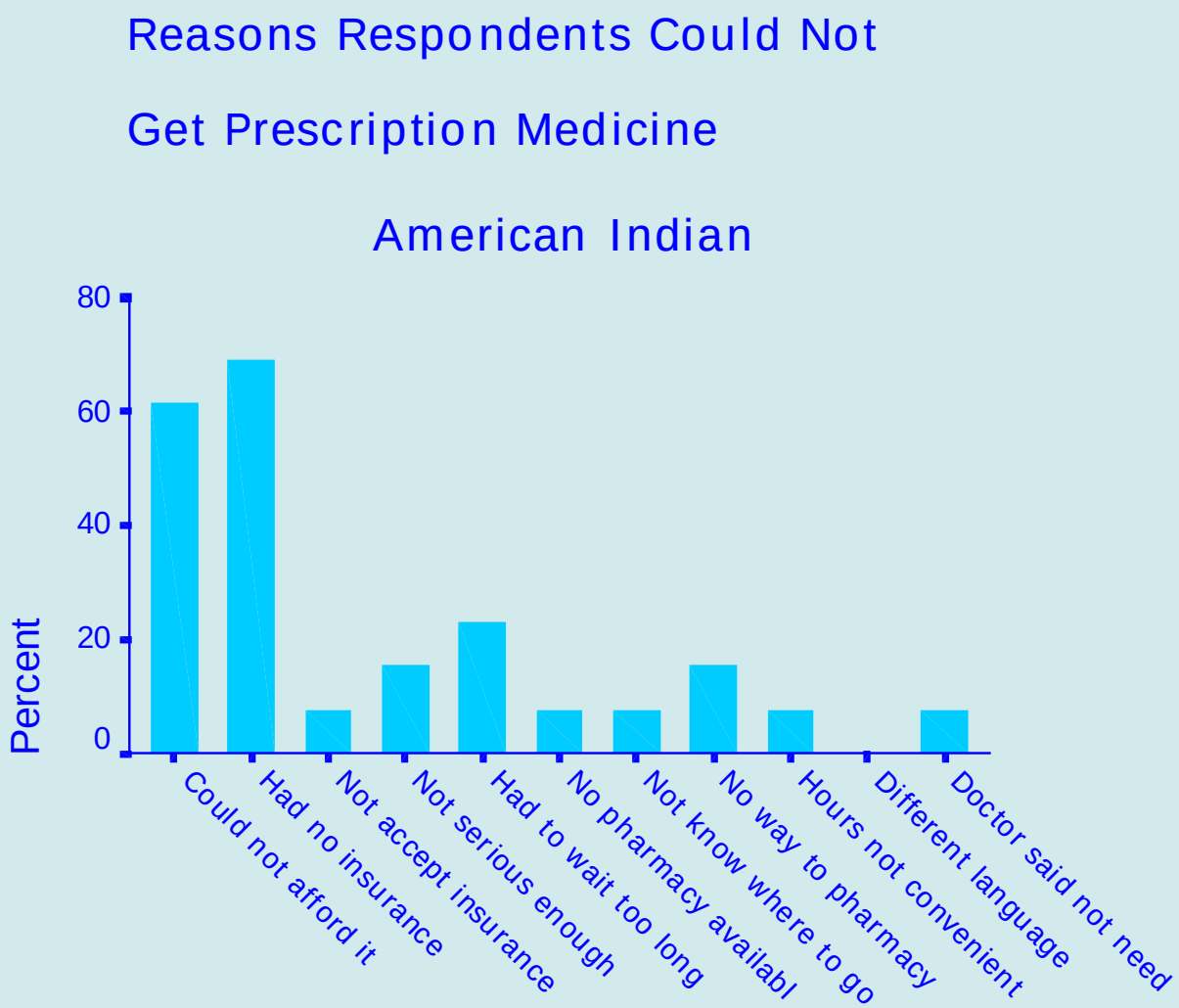


Table 142. Frequencies for Whether or Not Patient Had a Prescription from a Doctor for the Medicine S/He Could Not Get

Had a prescription from a doctor for the medicine you could not get

	Percent	Frequency
Yes	75.8	451
No	24.2	144
Total	100.0	595
NR/DK	0.3	6
System Missing	70.2	1416
Total		2017

Figure 115. Barchart for Whether or Not Patient Had a Prescription from a Doctor for the Medicine S/He Could Not Get

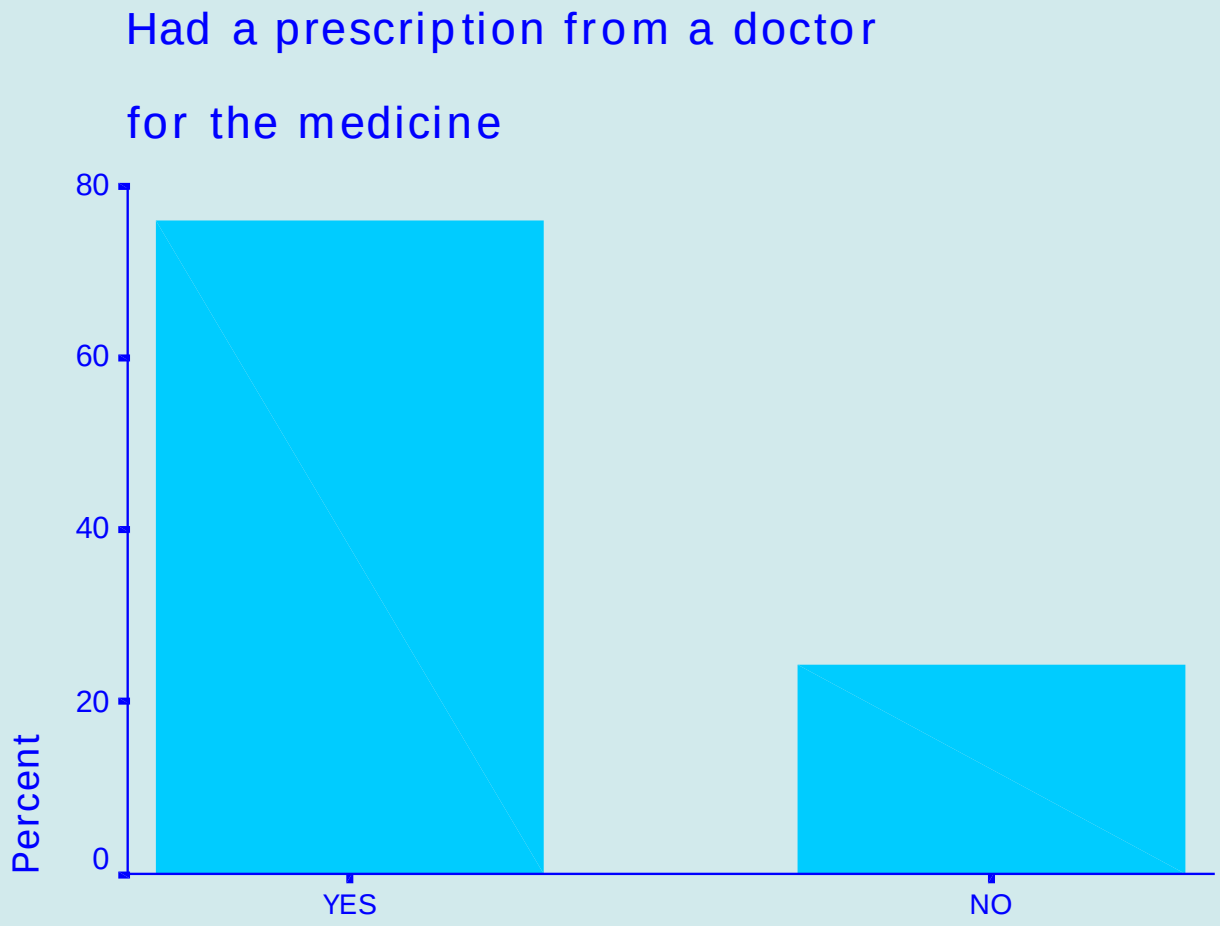


Table 143. Frequencies for Seriousness of Health Problem When S/He Could Not Get Prescription Medicine

Seriousness of health condition or problem		
	Percent	Frequency
Very serious	47.4	212
Somewhat serious	43.2	193
Not serious at all	9.4	42
Total	100.0	447
NR/DK	0.2	4
System Missing	77.6	1566
Total		2017

Figure 116. Barchart for Seriousness of Health Problem When Patient Could Not Get Prescription Medicine

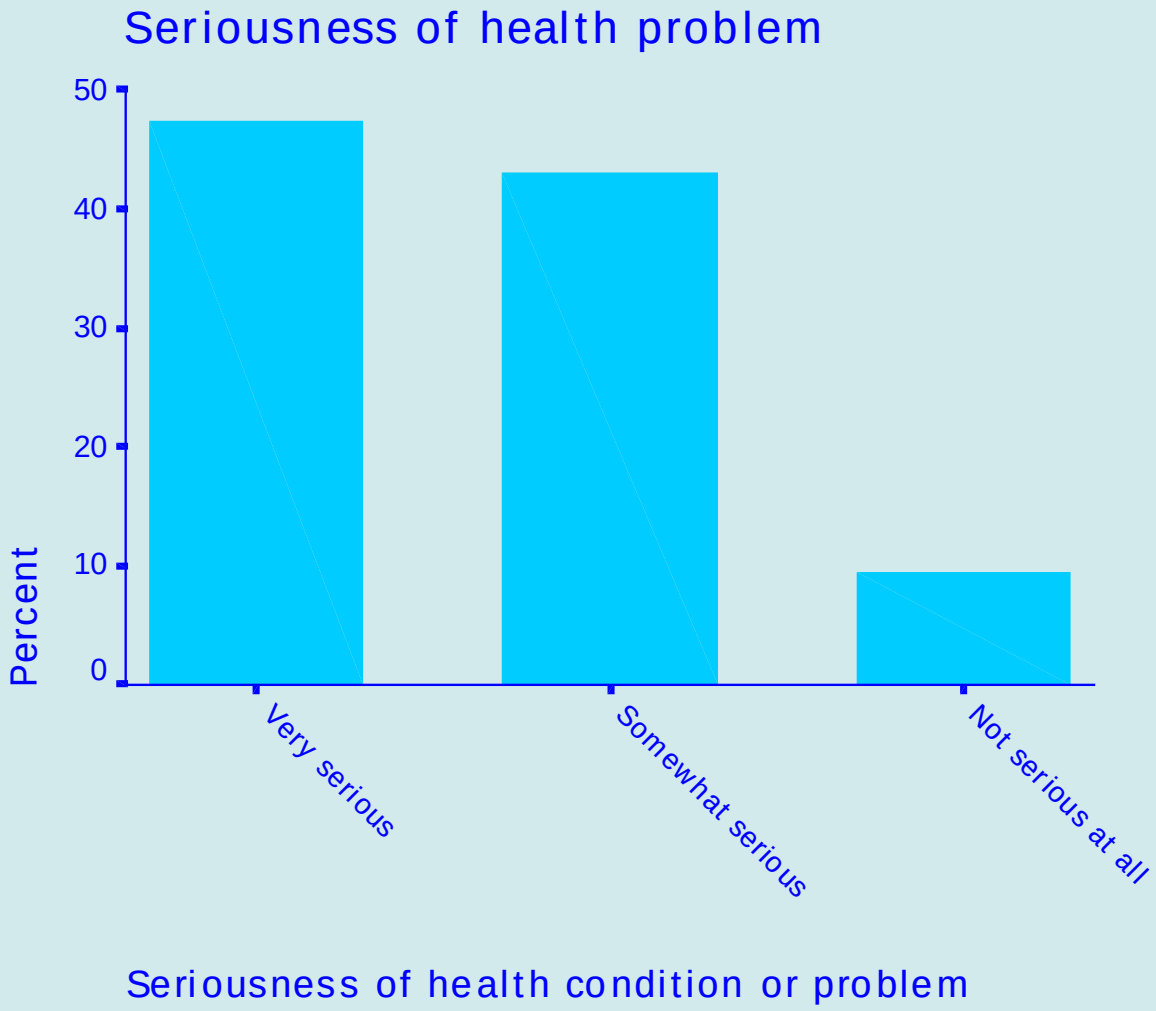


Table 144. Frequencies for Patients Who Had Not Been Able to Get Needed Medicine Who Were Able to Get Medicine Later

Got the medicine later

	Percent	Frequency
Yes	69.2	312
No	30.8	139
Total	100.0	451
NR/DK	0.0	0
System Missing	77.6	1566
Total		2017

Figure 117. Barchart for Patients Who Had Not Been Able to Get Needed Medicine Who Were Able to Get Medicine Later

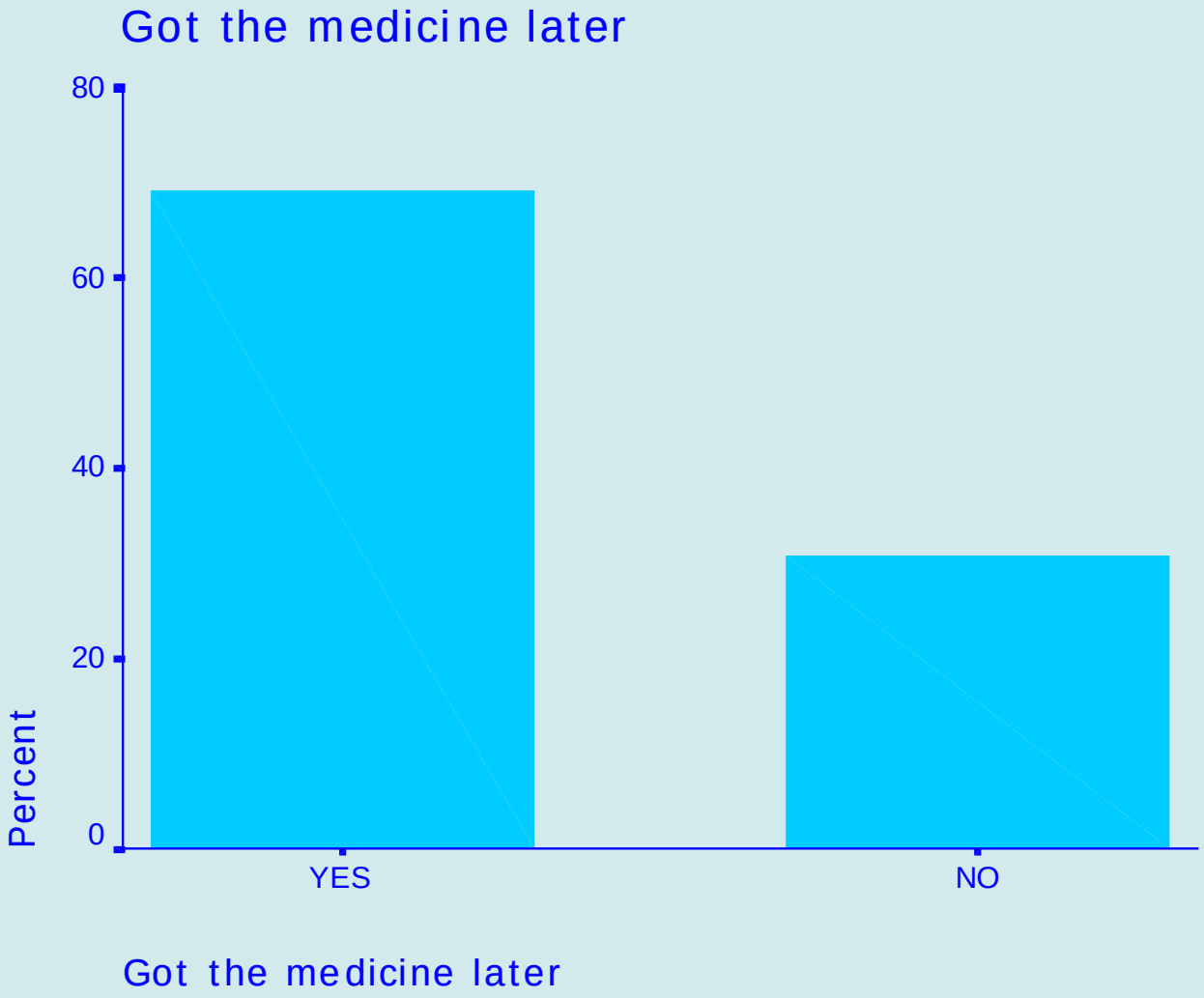


Table 145. Frequencies for Patients Who Would Have Been Better Off If They Had Gotten Needed Medicine

Would have been better off if had been able to get this medicine

	Percent	Frequency
Yes	90.4	123
No	9.6	13
Total	100.0	136
NR/DK	0.1	3
System Missing	93.1	1878
Total		2017

Figure 118. Barchart for Patients Who Would Have Been Better Off If They Had Gotten Needed Medicine

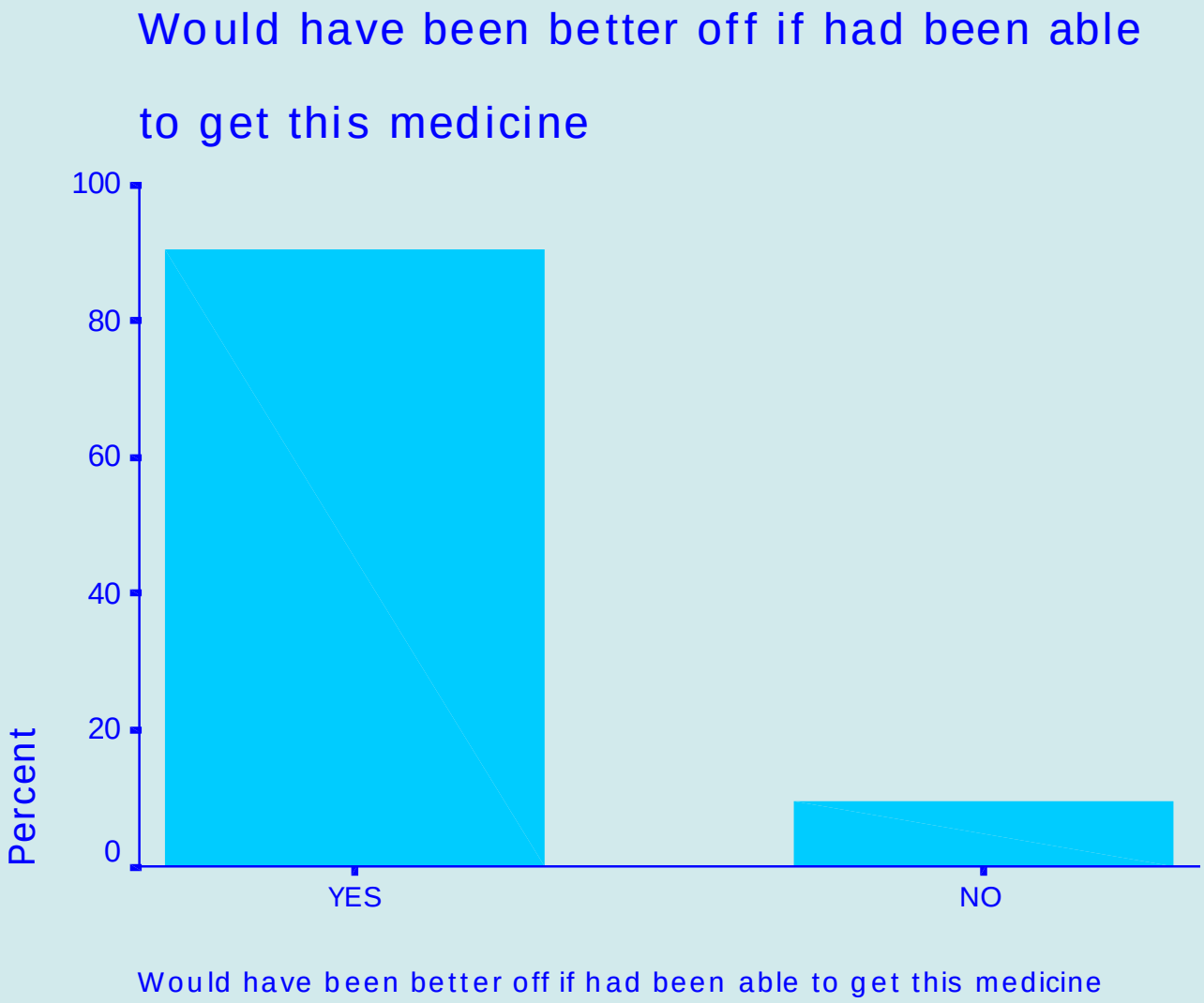


Table 146. Frequencies for Patients Who Would Have Been Better Off If They Had Gotten Needed Medicine Earlier

Would have been better off if had gotten medicine earlier

	Percent	Frequency
Yes	89.7	270
No	10.3	31
Total	100.0	301
NR/DK	0.5	11
System Missing	84.5	1705
Total		2017

Figure 119. Barchart for Patients Who Would Have Been Better Off If They Had Gotten Needed Medicine Earlier

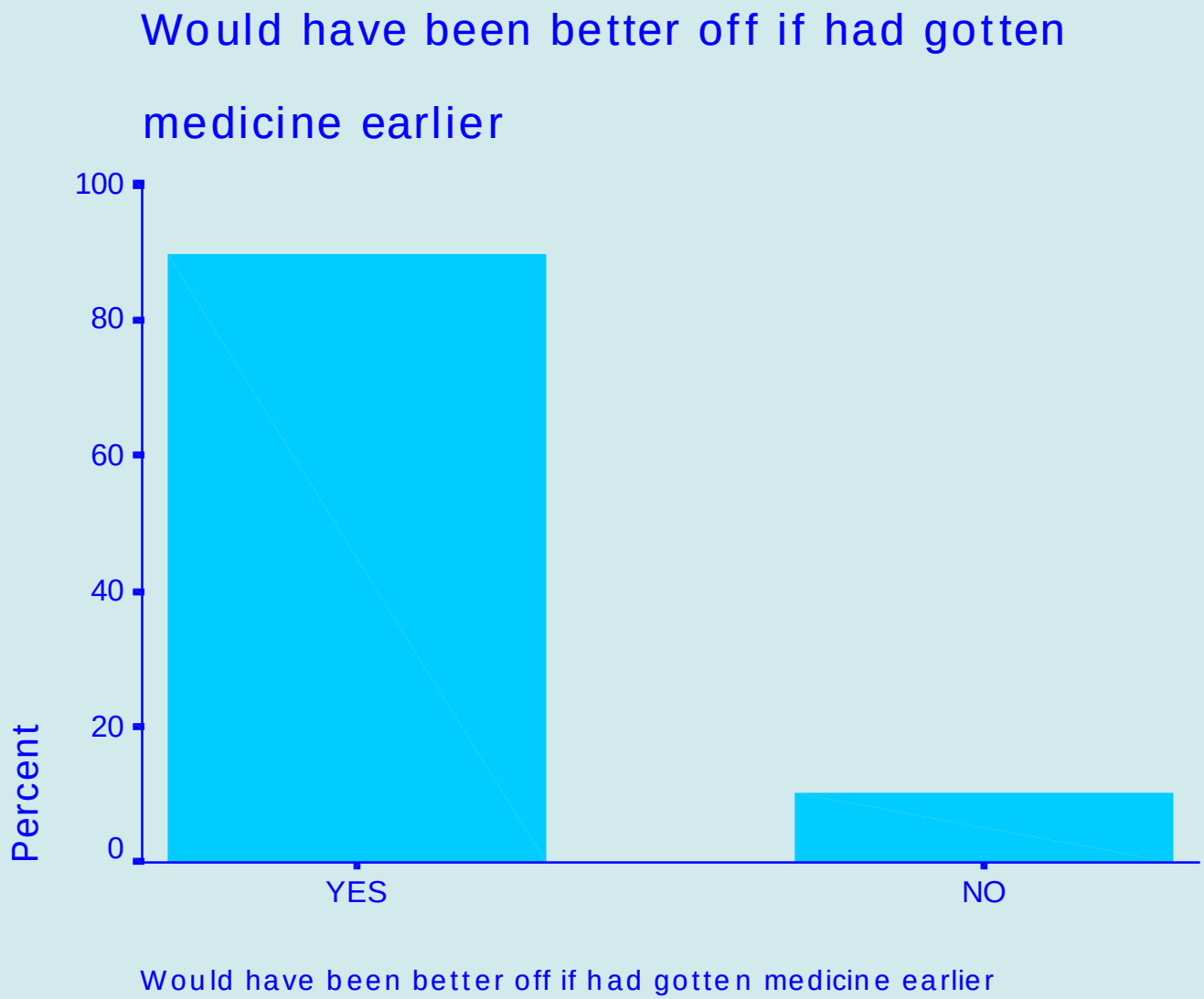


Table 147. Frequencies for Whether or Not Patient Had Prescription from Doctor for the Medicine S/He Could Not Get by Race/Ethnicity

Had a prescription from a doctor for the medicine you could not get	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	77.1	216	74.8	119	65.7	46	79.0	49	72.7	8	0.0	13
No	22.9	64	25.2	40	34.3	24	21.0	13	27.3	3	0.0	0
Total	100.0	280	100.0	159	100.0	70	100.0	62	100.0	11	100.0	13
NR/DK	0.4	3	0.4	2	0.4	1	0.0	0	0.0	0	0.0	0
System Missing	64.7	518	66.9	325	73.5	197	83.6	317	80.7	46	50.0	13
Total		801		486		268		379		57		26

Figure 120. Barchart for Whether or Not Patient Had a Prescription from a Doctor for the Medicine S/He Could Not Get by Race/Ethnicity

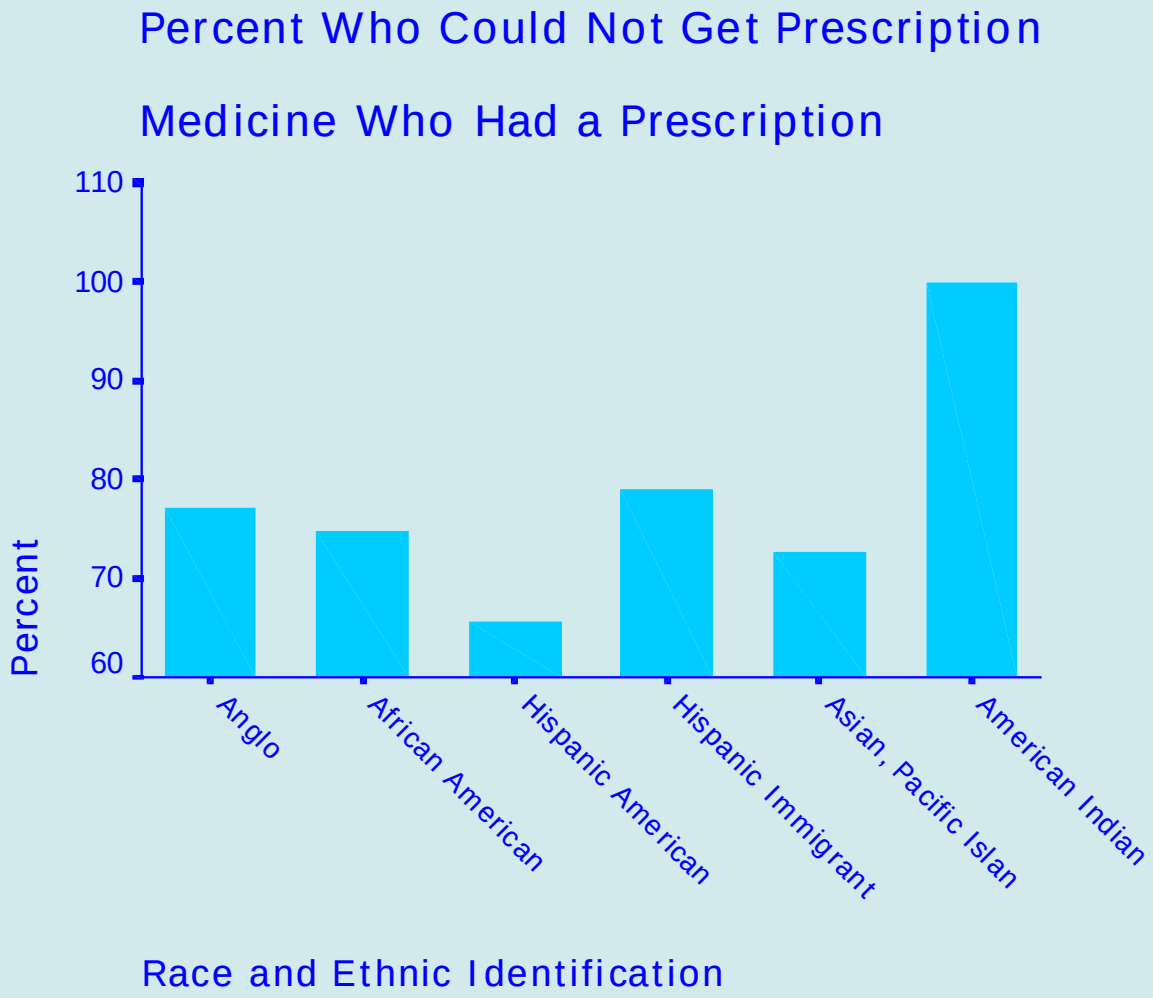


Table 148. Frequencies for Seriousness of Health Problem When S/He Could Not Get Prescription Medicine by Race/Ethnicity

Seriousness of health condition or problem	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Very serious	35.7	76	64.4	76	47.8	22	65.3	32	12.5	1	38.5	5
Somewhat serious	51.2	109	31.4	37	45.7	21	28.6	14	50.0	4	61.5	8
Not serious at all	13.1	28	4.2	5	6.5	3	6.1	3	37.5	3	0.0	0
Total	100.0	213	100.0	118	100.0	46	100.0	49	100.0	8	100.0	13
NR/DK	0.4	3	0.2	1	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	73.0	585	75.5	367	82.8	222	87.1	330	86.0	49	50.0	13
Total		801		486		268		379		57		26

Figure 121. Barchart for Patients with a Very Serious Health Problem Who Could Not Get Prescription Medicine by Race/Ethnicity

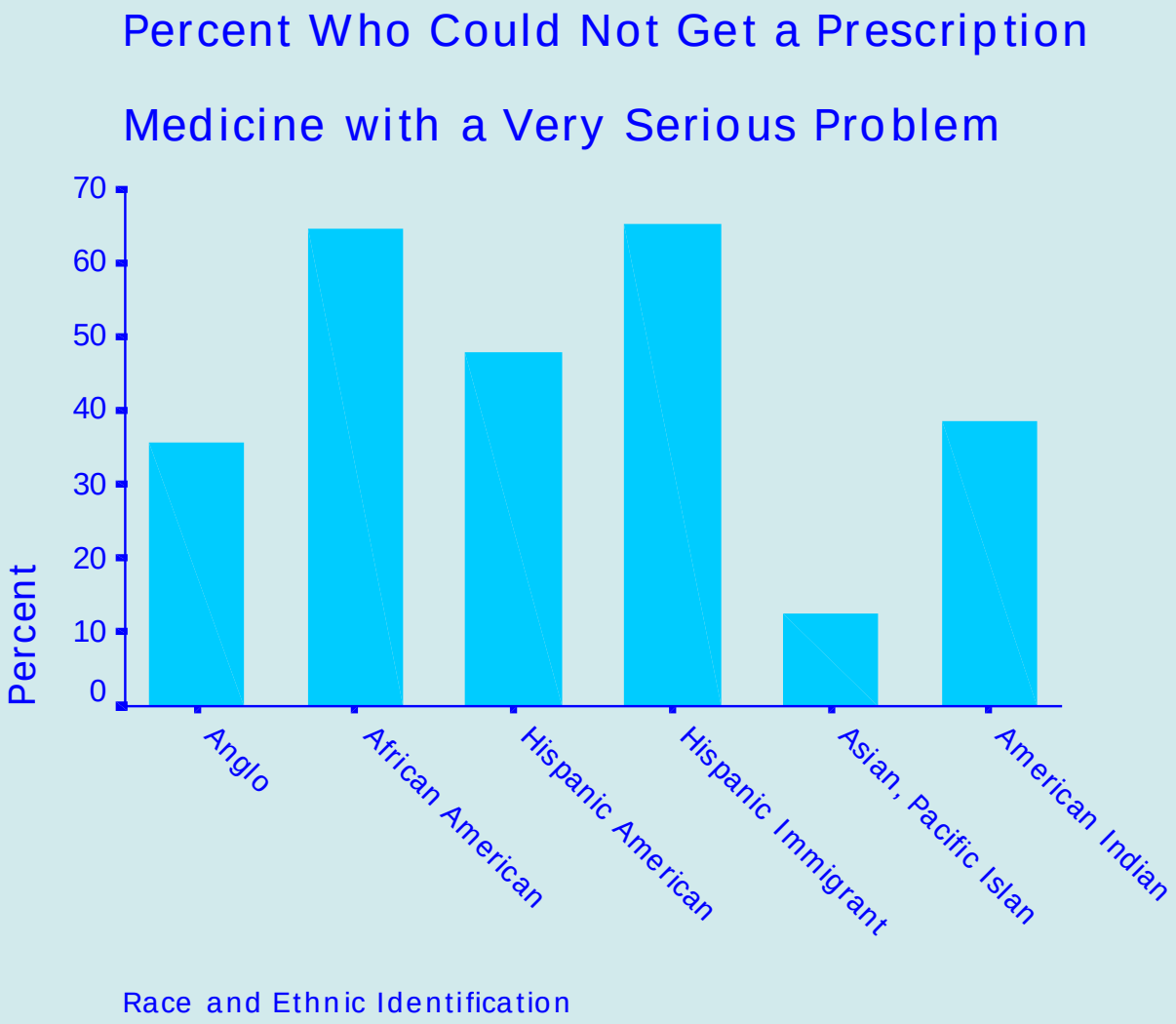


Figure 122. Barchart for Patients with a Somewhat or Very Serious Health Problem Who Could Not Get Prescription Medicine by Race/Ethnicity

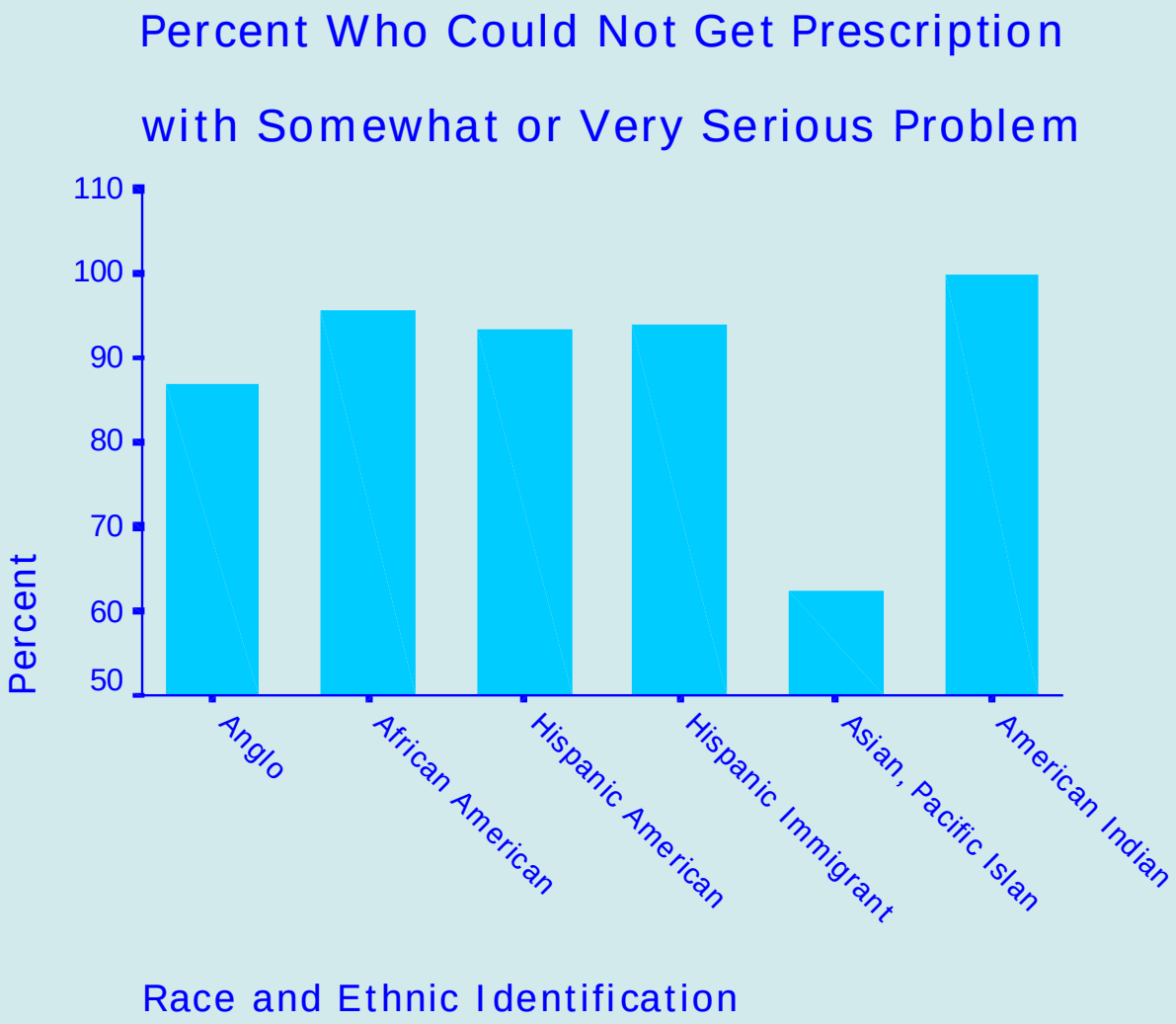


Table 149. Frequencies for Patients Who Had Not Been Able to Get Needed Medicine Who Were Able to Get Medicine Later by Race/Ethnicity

Got the medicine later	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	65.3	141	73.9	88	82.6	38	59.2	29	62.5	5	84.6	11
No	34.7	75	26.1	31	17.4	8	40.8	20	37.5	3	15.4	2
Total	100.0	216	100.0	119	100.0	46	100.0	49	100.0	8	100.0	13
NR/DK	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	73.0	585	75.5	367	82.8	222	87.1	330	86.0	49	50.0	13
Total		801		486		268		379		57		26

Figure 123. Barchart for Patient Who Could Not Get Prescription Medicine Who Were Able to Get Medicine Later by Race/Ethnicity

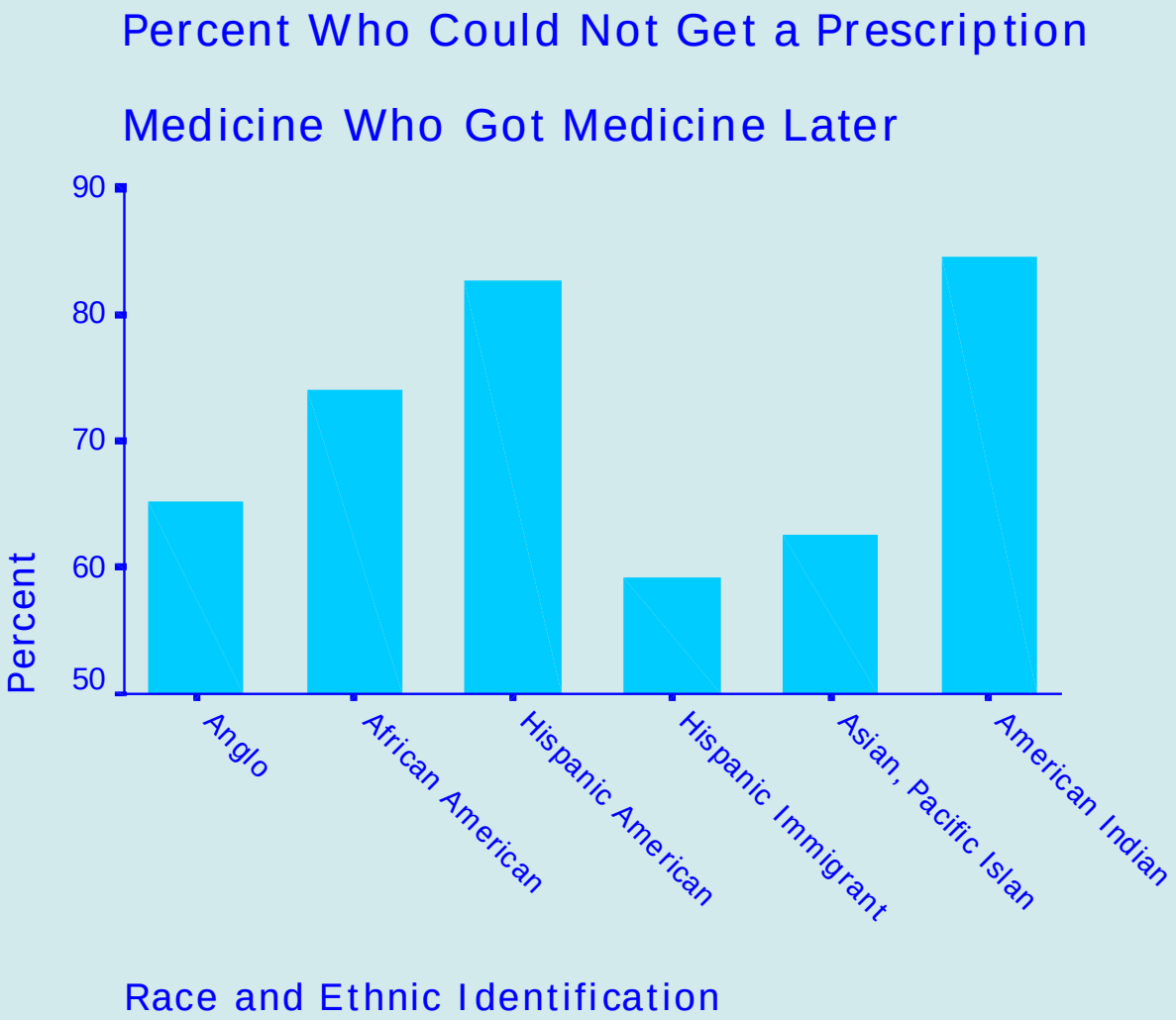


Table 150. Frequencies for Patients Who Could Not Get Prescription Medicine Who Would Have Been Better Off If They Had Been Able to Get Medicine by Race/Ethnicity

Would have been better off if had been able to get this medicine	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	90.4	66	93.3	28	87.5	7	90.0	18	66.7	2	100.0	2
No	9.6	7	6.7	2	12.5	1	10.0	2	33.3	1	0.0	0
Total	100.0	73	100.0	30	100.0	8	100.0	20	100.0	3	100.0	2
NR/DK	0.2	2	0.2	1	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	90.6	726	93.6	455	97.0	260	94.7	359	94.7	54	92.3	24
Total		801		486		268		379		57		26

Figure 124. Barchart for Patients Who Could Not Get Prescription Medicine Who Would Have Been Better Off If They Had Been Able to Get Medicine by Race/Ethnicity

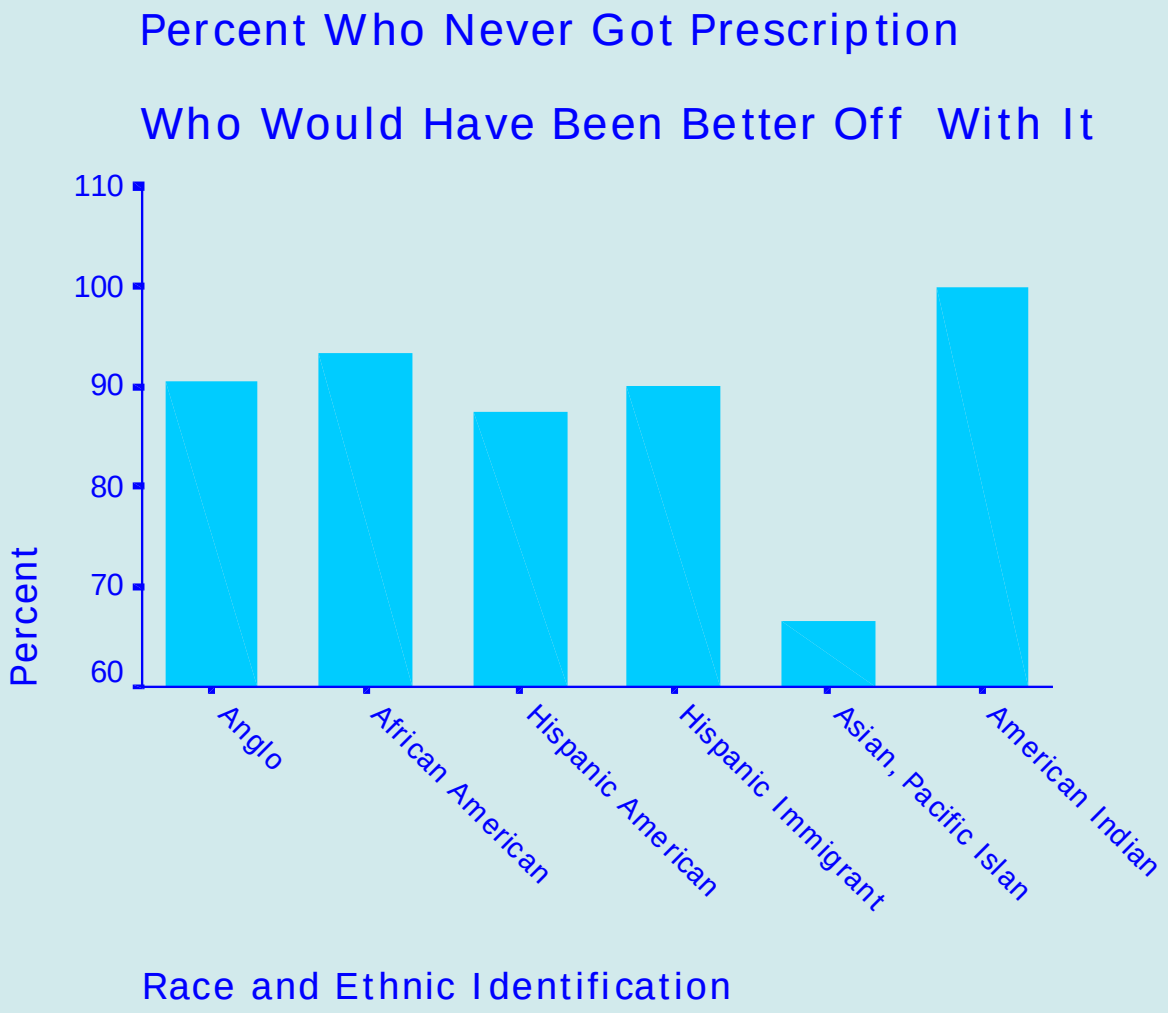
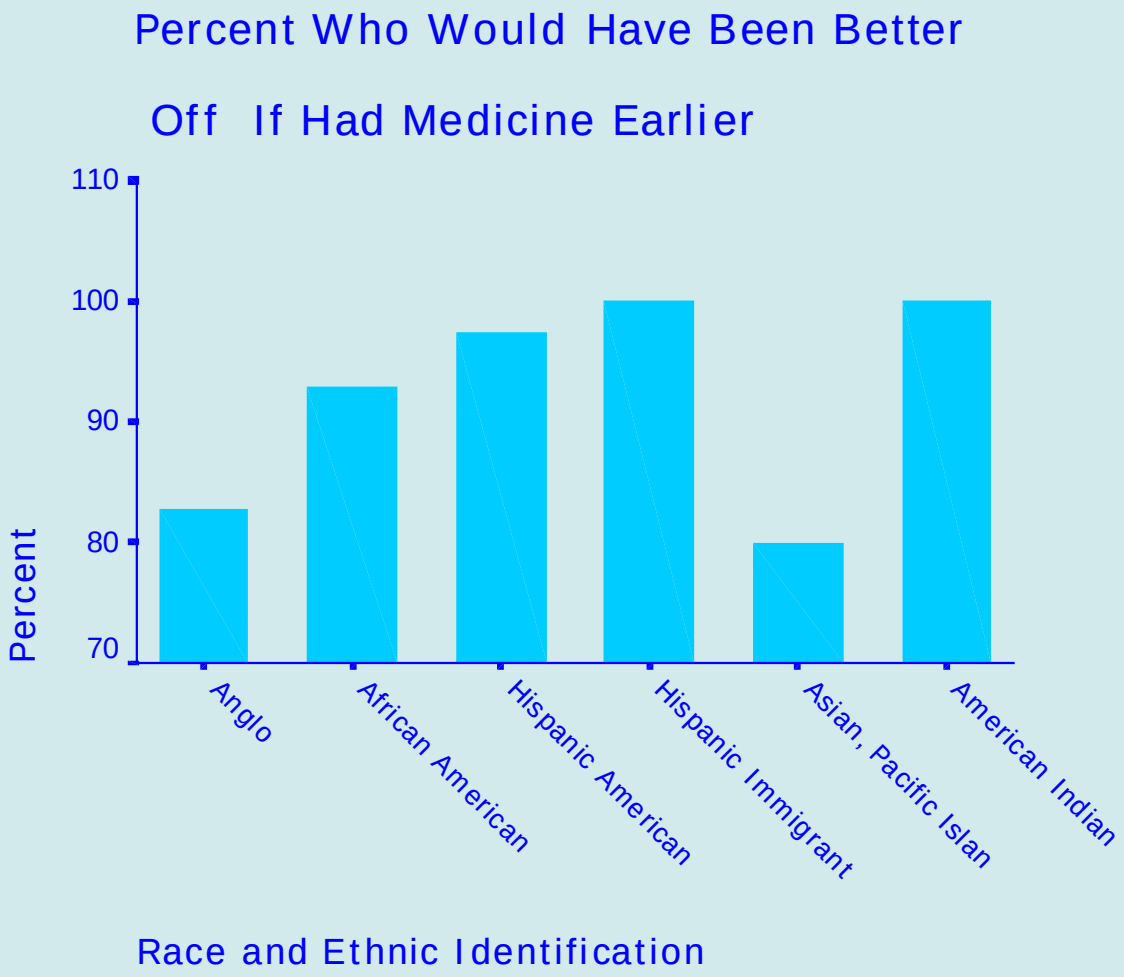


Table 151. Frequencies for Patients Who Could Not Get Prescription Medicine Who Would Have Been Better Off If They Had Been Able to Get Medicine Earlier by Race/Ethnicity

Would have been better off if had gotten medicine earlier	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	82.8	111	92.9	79	97.4	37	100.0	28	80.0	4	100.0	11
No	17.2	23	7.1	6	2.6	1	0.0	0	20.0	1	0.0	0
Total	100.0	134	100.0	85	100.0	38	100.0	28	100.0	5	100.0	11
NR/DK	0.9	7	0.6	3	0.0	0	0.3	1	0.0	0	0.0	0
System Missing	82.4	660	81.9	398	85.8	230	92.3	350	91.2	52	57.7	15
Total		801		486		268		379		57		26

Figure 125. Barchart for Patients Who Could Not Get Prescription Medicine Who Would Have Been Better Off If They Had Been Able to Get Medicine Earlier by Race/Ethnicity



8. USE OF DENTISTS

Use of Dentists: Table 152, 154; Figure 126, 128-130. One-third of the adult patients in the sample had seen a dentist in the past year, while one-third had not seen a dentist in over three years. Seven percent of patients over all reported that they had never seen a dentist at all. One in five Hispanic immigrants and one in four Asians reported never having seen a dentist.

Unmet Need for Dental Care: Table 153, 155; Figure 127, 131. Slightly more than 40 percent of the patients reported that they wanted dental care that they could not get in the past year. Hispanic immigrants (27%) were least likely to report wanting dental care they could not get in the past year, followed by Asian and Pacific Islanders (33%).

USE OF DENTISTS

JPS

Health Network Sample

2000

Table 152. Frequencies for Last Time Patient Saw or Talked to a Dentist

Last saw or talk to a dentist

	Percent	Frequency
6 months or less	23.5	471
More than 6 months but not more than a year	12.4	248
More than a year but not more than 3 years	24.5	492
More than 3 years ago	32.6	653
Never	7.0	141
Total	100.0	2005
NR/DK	0.6	12
System Missing	0.0	0
Total		2017

Figure 126. Barchart for Last Time Patient Saw or Talked to a Dentist

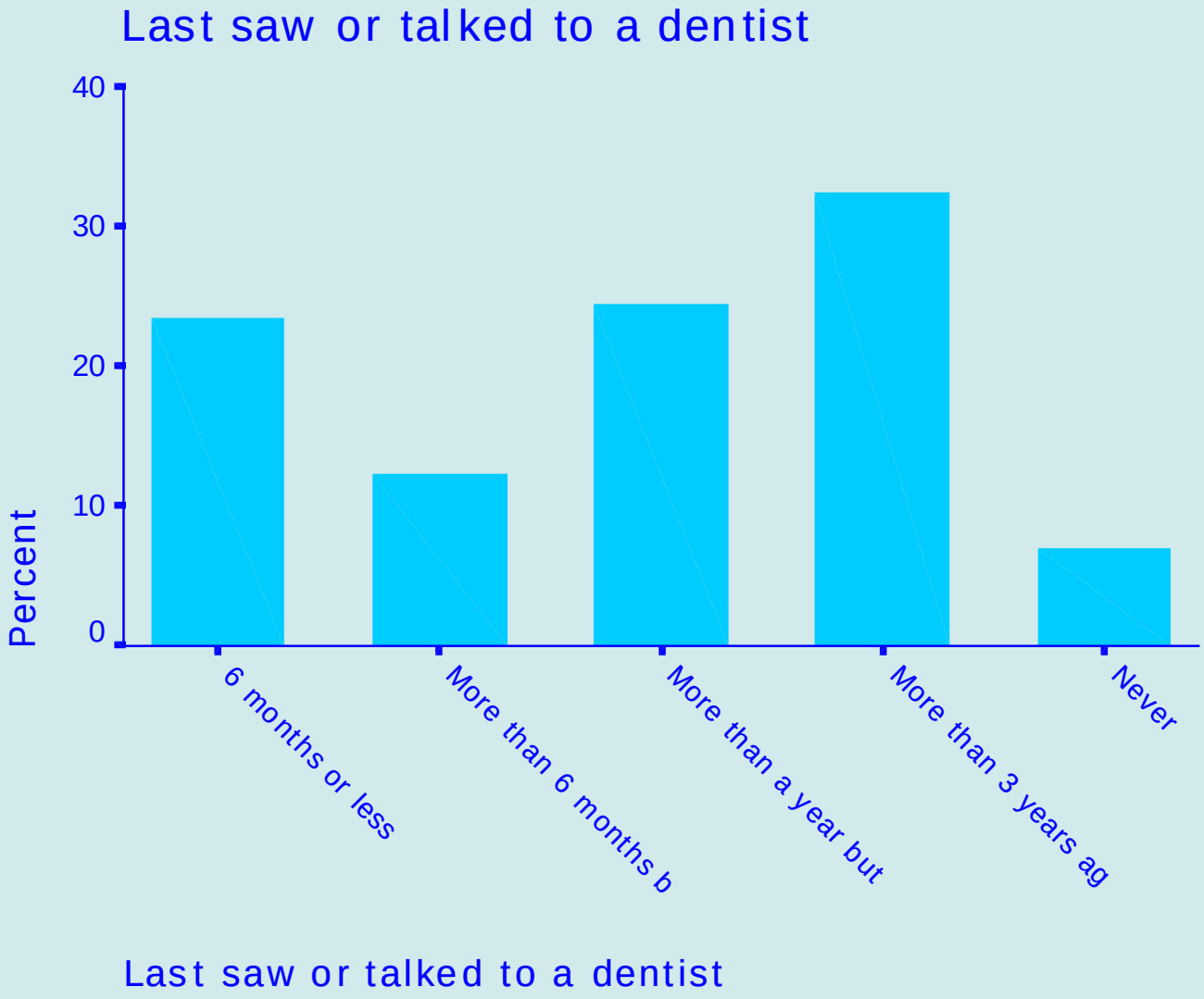


Table 153. Frequencies for Patients Who Wanted Dental Care but Could Not Get It in Past Twelve Months

Wanted but could not get dental care past 12 months

	Percent	Frequency
Yes	41.7	839
No	58.3	1175
Total	100.0	2014
NR/DK	0.1	3
System Missing	0.0	0
Total		2017

Figure 127. Barchart for Patients Who Wanted Dental Care but Could Not Get It in Past Twelve Months

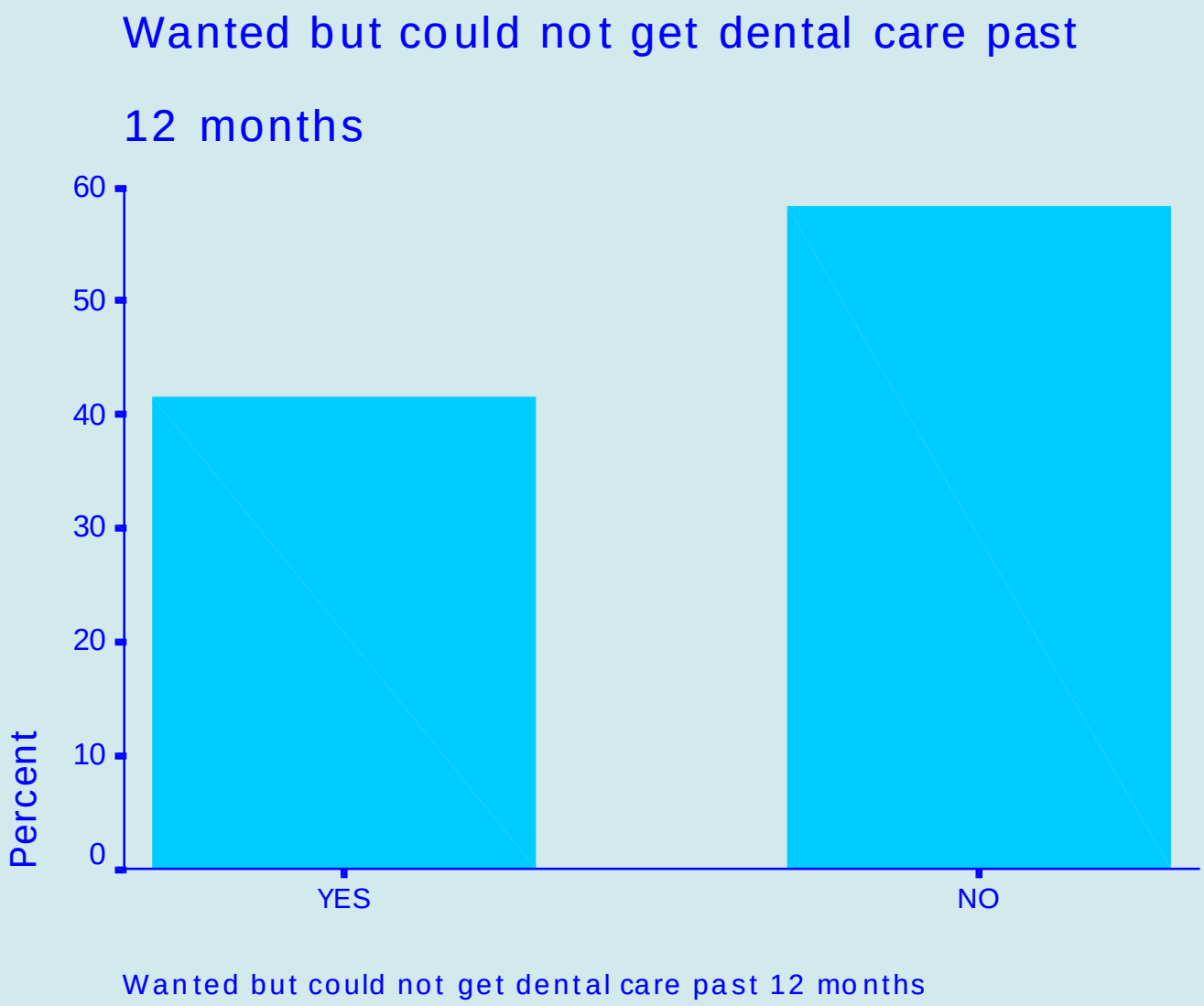


Table 154. Frequencies for Last Time Saw or Talked to Dentist by Race/Ethnicity

Last saw or talk to a dentist	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
6 months or less	27.0	215	24.8	120	23.7	63	12.9	49	21.8	12	46.2	12
More than 6 months but not more than a year	10.7	85	13.4	65	9.0	24	16.1	61	20.0	11	7.7	2
More than a year but not more than 3 years	24.5	195	25.4	123	28.6	76	22.7	86	16.4	9	11.5	3
More than 3 years ago	35.8	285	31.0	150	33.8	90	29.3	111	16.4	9	30.8	8
Never	1.9	15	5.4	26	4.9	13	19.0	72	25.5	14	3.8	1
Total	100.0	795	100.0	484	100.0	266	100.0	379	100.0	55	100.0	26
NR/DK	0.7	6	0.4	2	0.7	2	0.0	0	3.5	2	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 128. Barchart for Percent of Patients Who Saw or Talked to a Dentist in Past Twelve Months by Race/Ethnicity

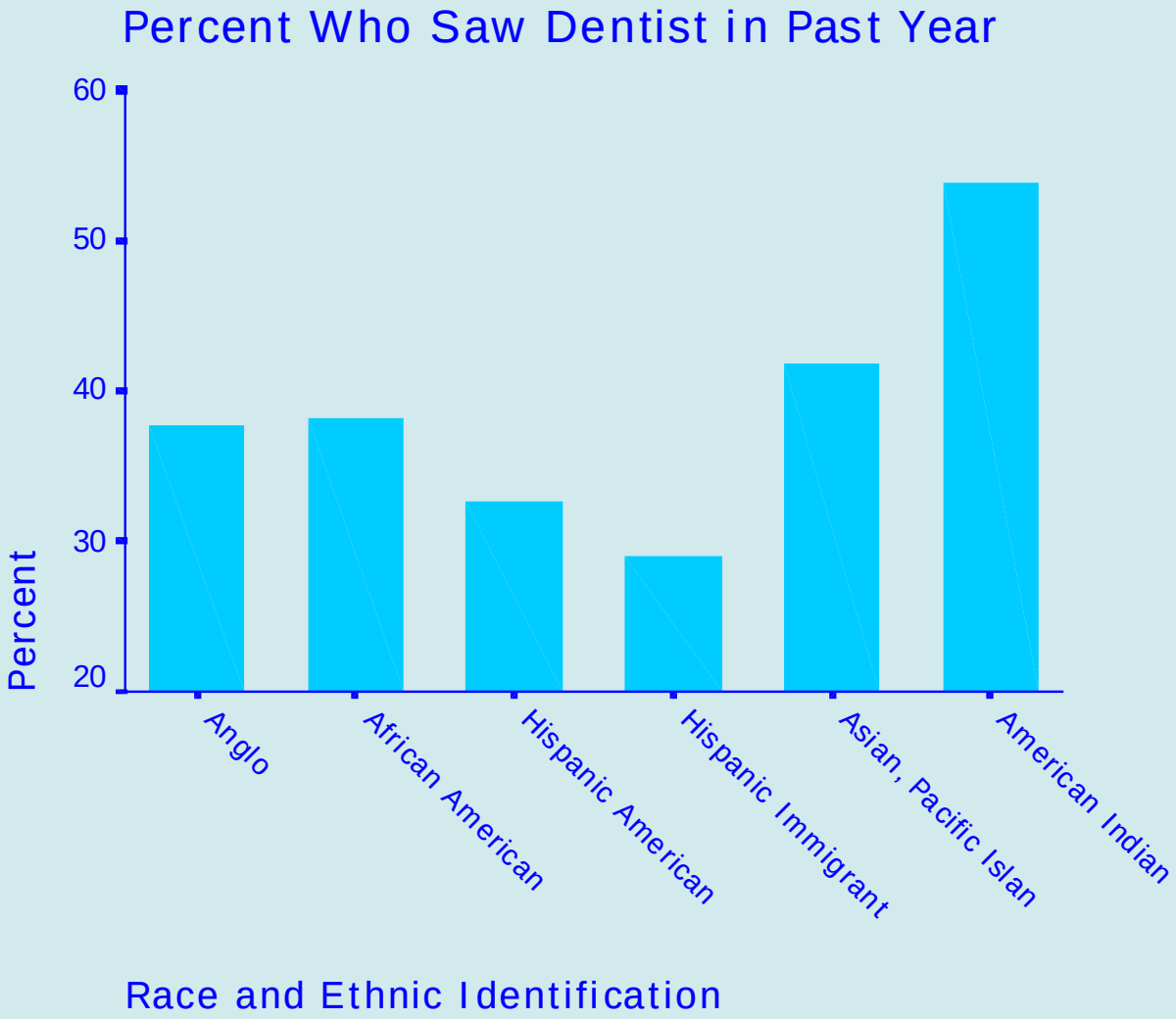


Figure129. Barchart for Percent of Patients Who Had Not Seen or Talked to a Dentist in Past Three Years by Race/Ethnicity

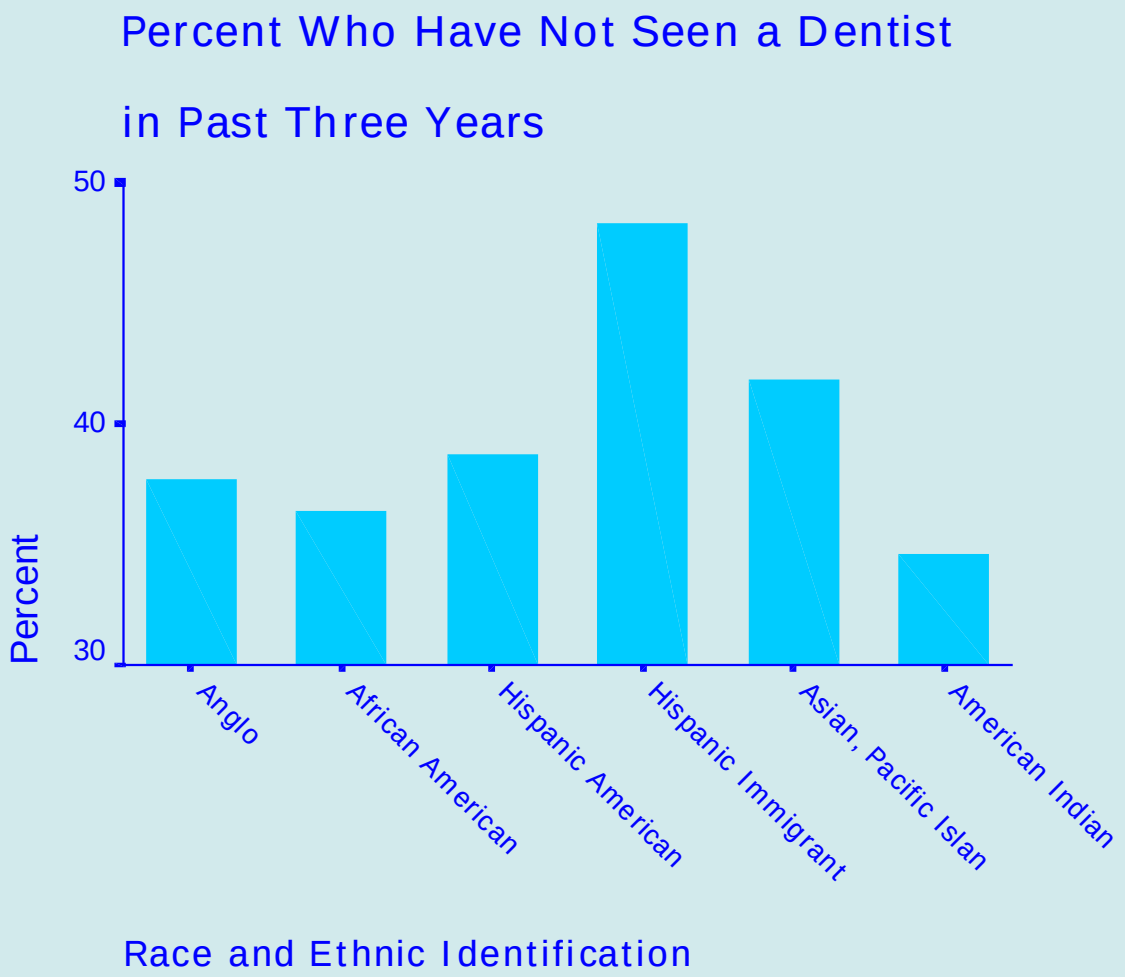


Figure 130. Barchart for Percent of Patients Who Have Never Seen or Talked to a Dentist by Race/Ethnicity

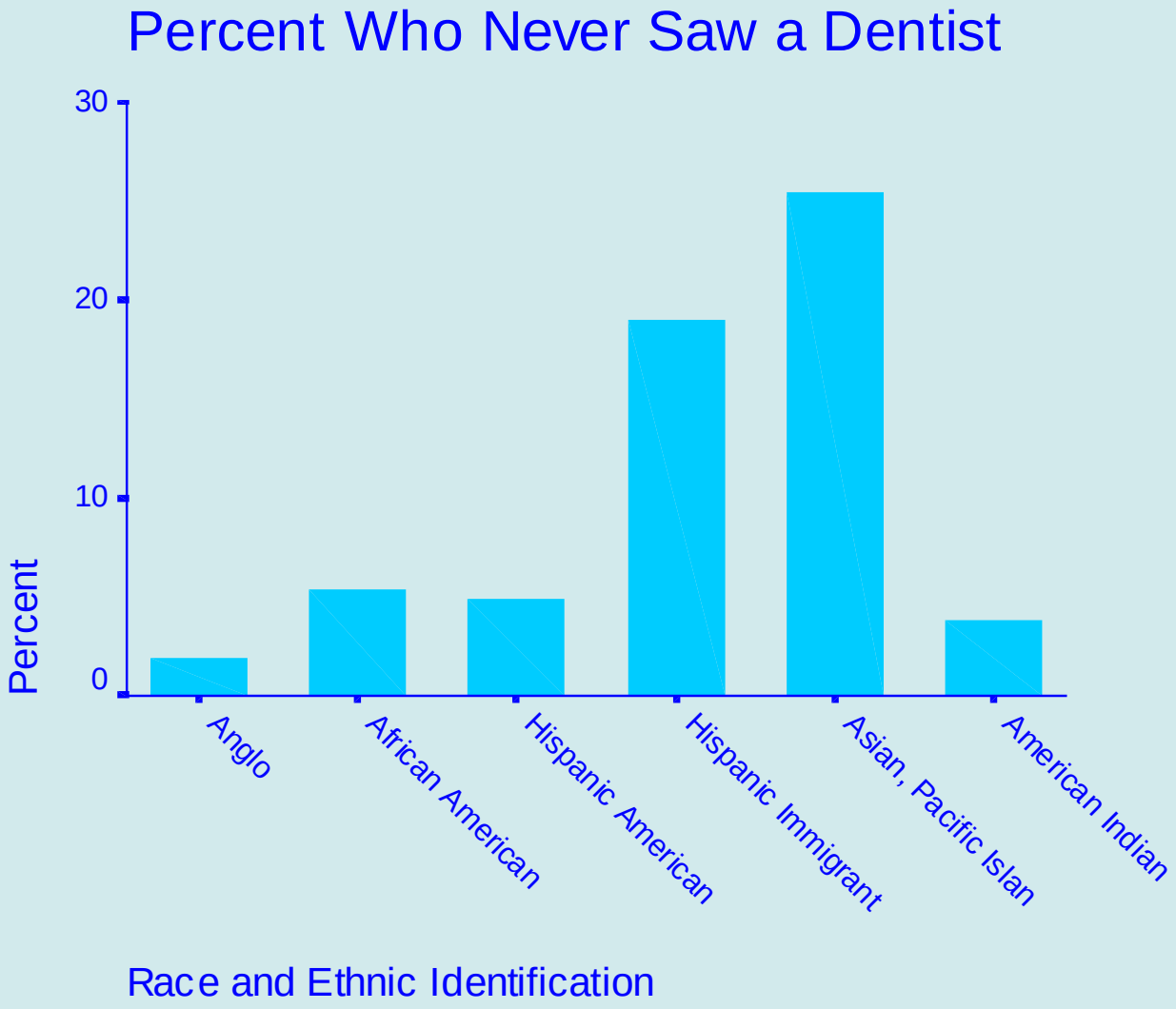
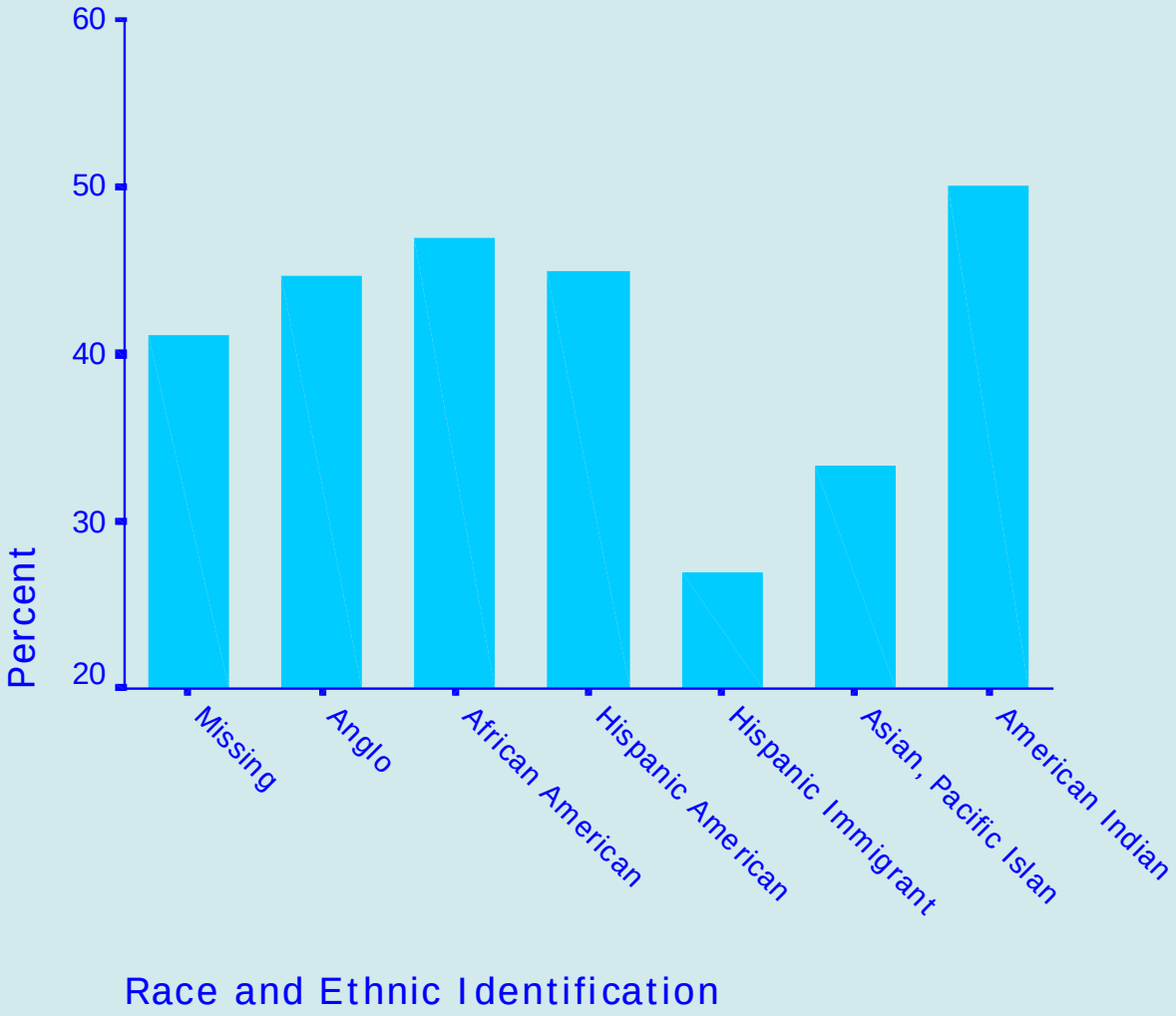


Table 155. Frequencies of Patients Who Wanted Dental Care but Could Not Get It in Past Twelve Months by Race/Ethnicity

Wanted but could not get dental care past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	44.7	357	46.9	228	44.9	120	26.9	102	33.3	19	50.0	13
No	55.3	442	53.1	258	55.1	147	73.1	277	66.7	38	50.0	13
Total	100.0	799	100.0	486	100.0	267	100.0	379	100.0	57	100.0	26
NR/DK	0.2	2	0	0	0.4	1	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 131. Barchart for Percent of Patients Who Wanted Dental Care but Could Not Get It in Past Twelve Months by Race/Ethnicity



9. DIFFICULTIES WITH INTERPRETERS, MEDICAL EQUIPMENT, SPECIAL THERAPY, AND BUREAUCRACY

Use of Interpreters: Tables 156-164; Figures 132-140. One in seven patients reported needing an interpreter when speaking to a doctor or other health care provider in the past year. More than half of the patients who needed an interpreter reported that they were usually or always able to get an interpreter. One in ten, however, were reported they were never able to get an interpreter and one-third said they were only able to get these services some of the time. Of the patients who needed an interpreter, one in seven said that getting an interpreter was a big problem. Hispanic immigrants were most likely to need an interpreter, with almost two-thirds reporting that they needed these services in the past year. One-third of Hispanic immigrants had difficulties getting an interpreter when needed, with 15 percent of those who needed an interpreter having a big problem getting one. Almost 30 percent of Asian and Pacific Islanders reported needing an interpreter, with 20 percent of those needing the service reporting big problems getting the service, with only 40 percent reporting no problems getting these services.

Use of Medical Equipment: Tables 165-168; Figures 141-142. One in ten patients reported needing special medical equipment in the past year. Of the four major race/ethnic groups, Hispanic immigrants were the least likely to report needing such equipment, with only 4 percent reporting such needs, compared to 13 percent of Anglos and African Americans. Of those patients who needed medical equipment, one-fourth had a big problem getting it and more than one-third had at least some problems getting it.

Need for Special Therapy: Tables 169-172; Figures 143-144. One in seven patients needed special therapies in the past year, including physical, occupational, and speech therapy. Getting this therapy was a problem for half of the patients who needed it, and it was a big problem for one-third of the patients. Anglos and African Americans were the most likely to report that they needed special therapies and Hispanic immigrants were the least likely.

Problems with Paperwork: Tables 173-176; Figures 145-146. More than half of the patients who had handled any paperwork related to their health care in the past year had had a problem with that paperwork. About half of those who had a problem had a big problem and about half had a small problem. Anglos (60%) were most likely to report having problems and Hispanic immigrants were least likely (40%).

DIFICULTIES WITH INTERPRETERS, MEDICAL EQUIPMENT, SPECIAL THERAPY, AND BUREAUCRACY

JPS

Health Network Sample

2000

Table 156. Frequencies for Needed an Interpreter in Past Twelve Months

Needed an interpreter past 12 months

	Percent	Frequency
Yes	14.3	289
No	85.7	1727
Total	100.0	2016
NR/DK	0.0	1
System Missing	0.0	0
Total		2017

Figure 132. Barchart for Needed an Interpreter in Past Twelve Months

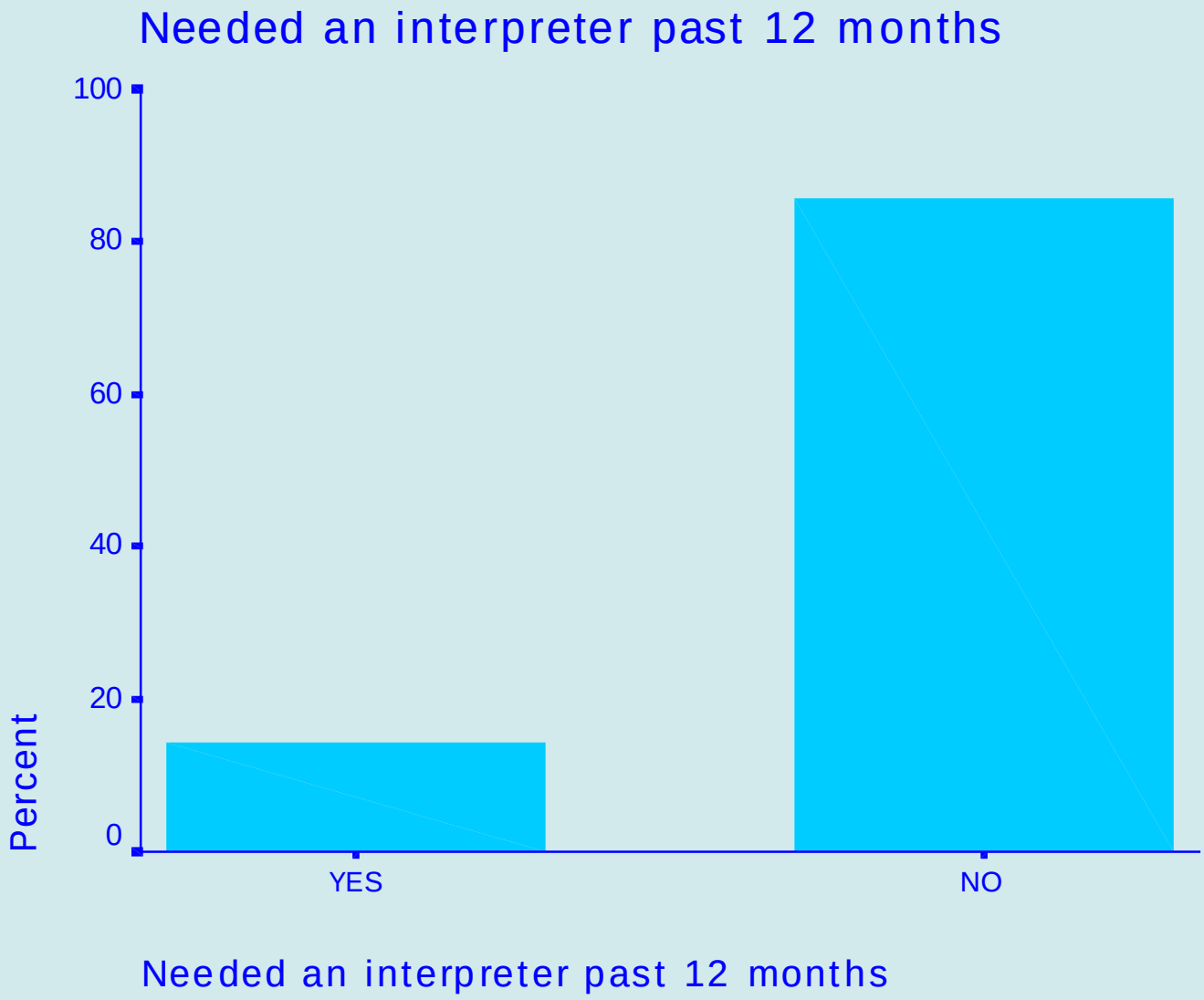


Table 157. Frequencies for How Often Patient Was Able to Get an Interpreter in Past Twelve Months

How often able to get interpreter past 12 months	Percent	Frequency
Never	9.1	26
Sometimes	33.8	97
Usually	12.2	35
Always	44.9	129
Total	100.0	287
NR/DK	0.1	2
System Missing	85.7	1728
Total		2017

Figure 133. Barchart for How Often Patients Was Able to Get an Interpreter When Needed in Past Twelve Months

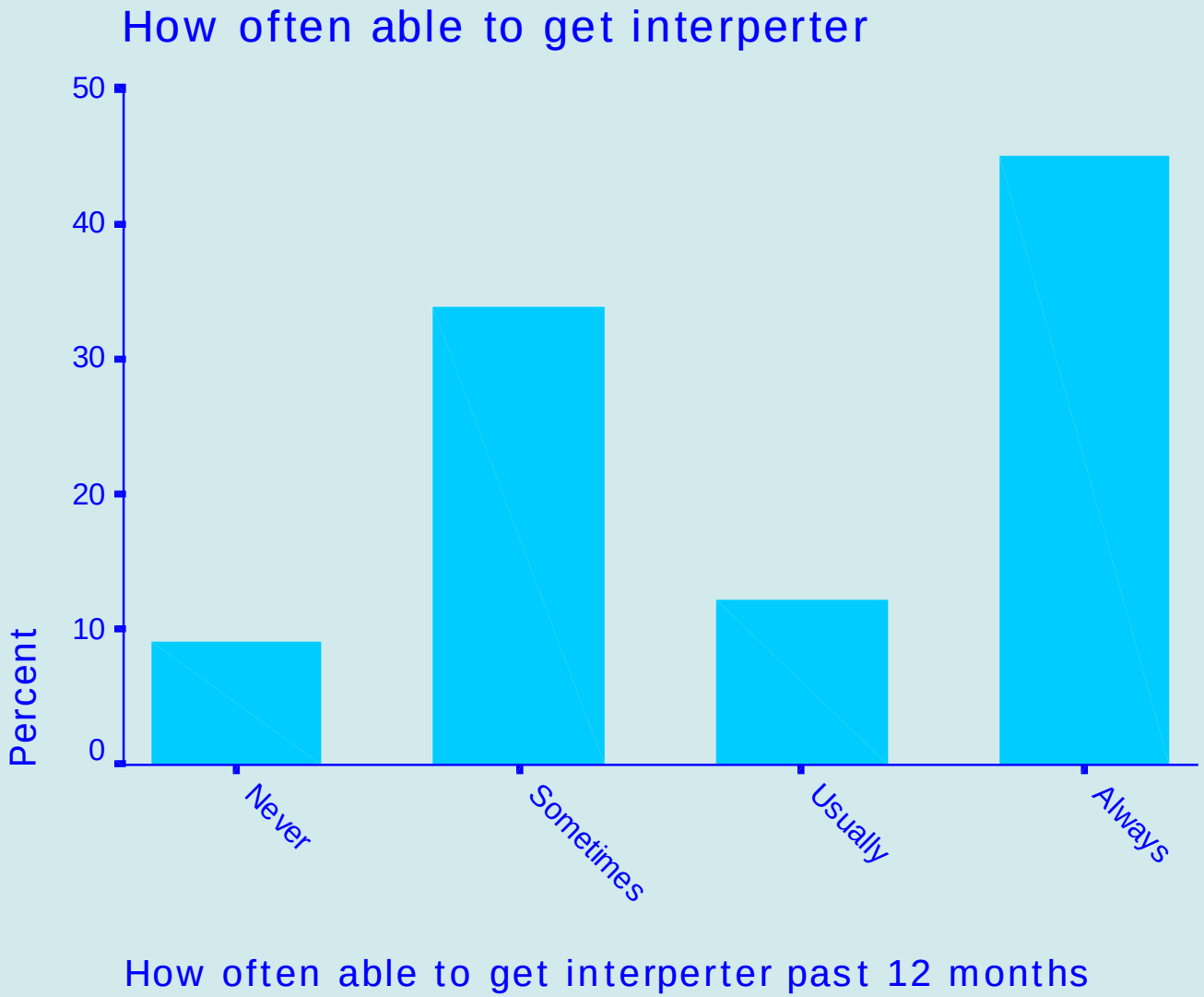


Table 158. Frequencies for Amount of Difficulty Patients Had Getting an Interpreter when Needed in Past Twelve Months

Problem getting interpreter past 12 months

	Percent	Frequency
A big problem	16.1	46
A small problem	22.7	65
Not a problem	61.2	175
Total	100.0	286
NR/DK	0.1	3
System Missing	85.7	1728
Total		2017

Figure 134. Barchart for Amount of Difficulty Patients Had Getting an Interpreter When Needed in Past Twelve Months

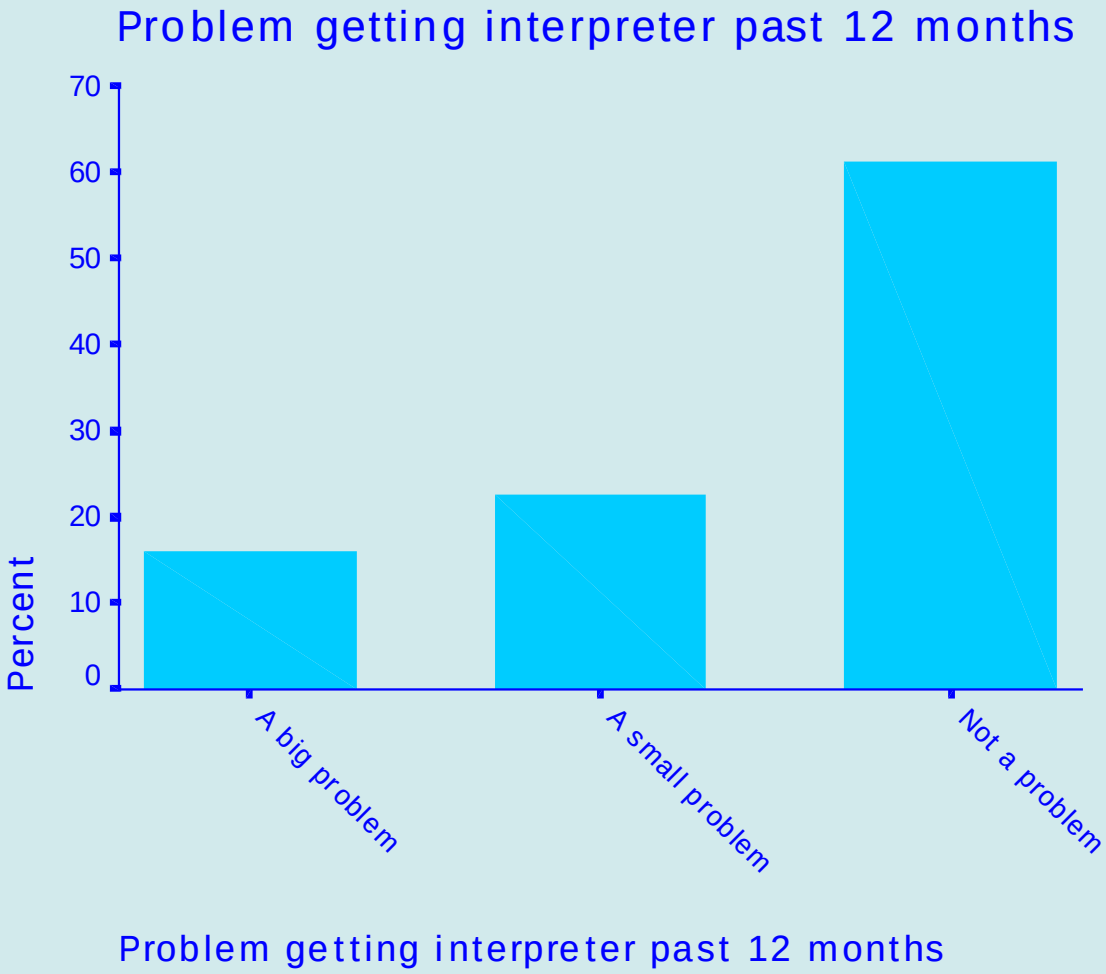


Table 159. Frequencies for Needed an Interpreter in Past Twelve Months for Hispanic Immigrants

Needed an interpreter past 12 months

	Percent	Frequency
Yes	61.7	234
No	38.3	145
Total	100.0	379
NR/DK	0.0	0
System Missing	0.0	0
Total		379

Figure 135. Barchart for Needed an Interpreter in Past Twelve Months for Hispanic Immigrants

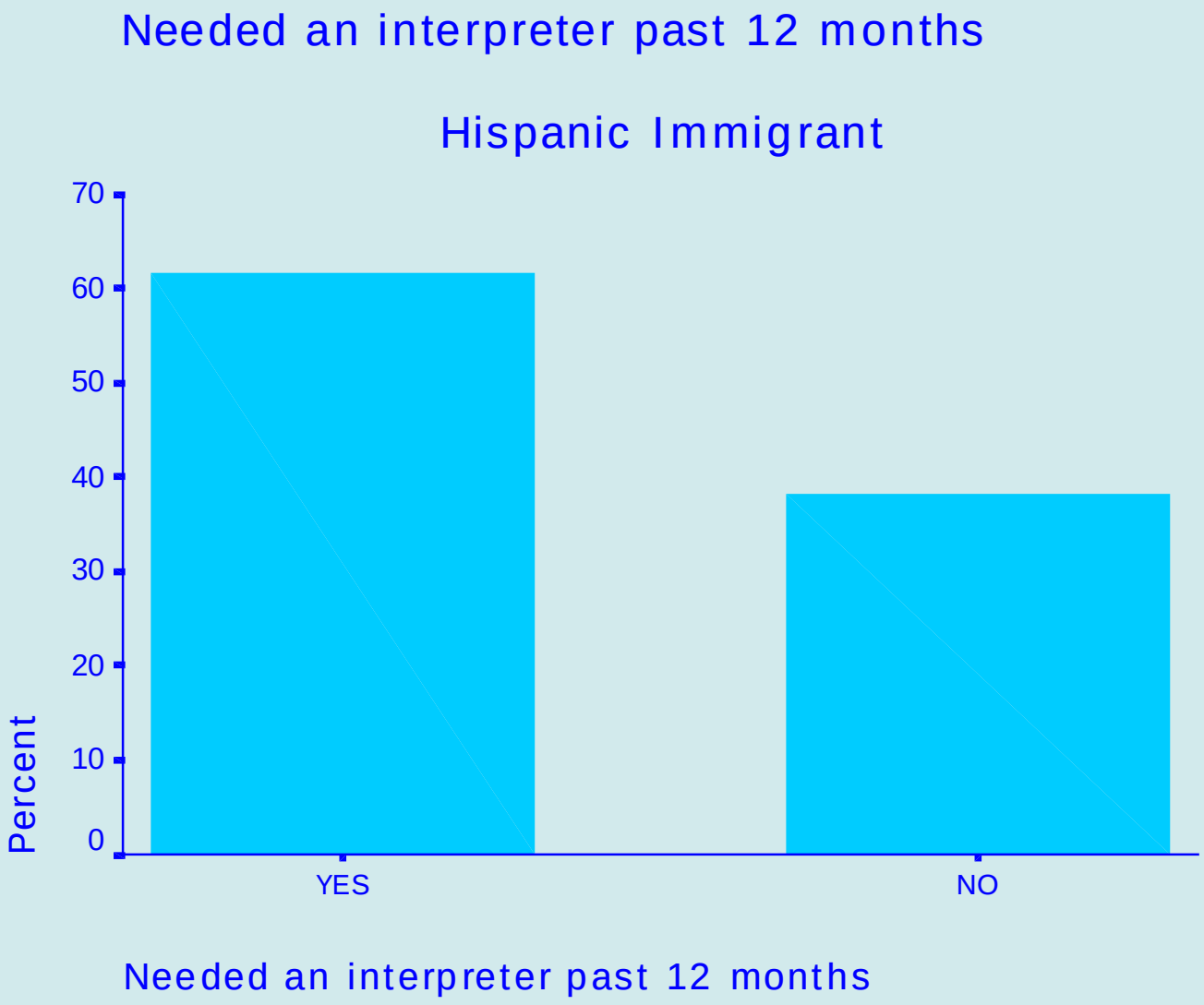


Table 160. Frequencies for How Often Patient Was Able to Get an Interpreter in Past Twelve Months for Hispanic Immigrants

How often able to get interpreter past 12 months		
	Percent	Frequency
Never	6.5	15
Sometimes	34.1	79
Usually	12.9	30
Always	46.6	108
Total	100.0	232
NR/DK	0.5	2
System Missing	38.3	145
Total		379

Figure 136. Barchart for How Often Patient Was Able to Get an Interpreter in Past Twelve Months for Hispanic Immigrants

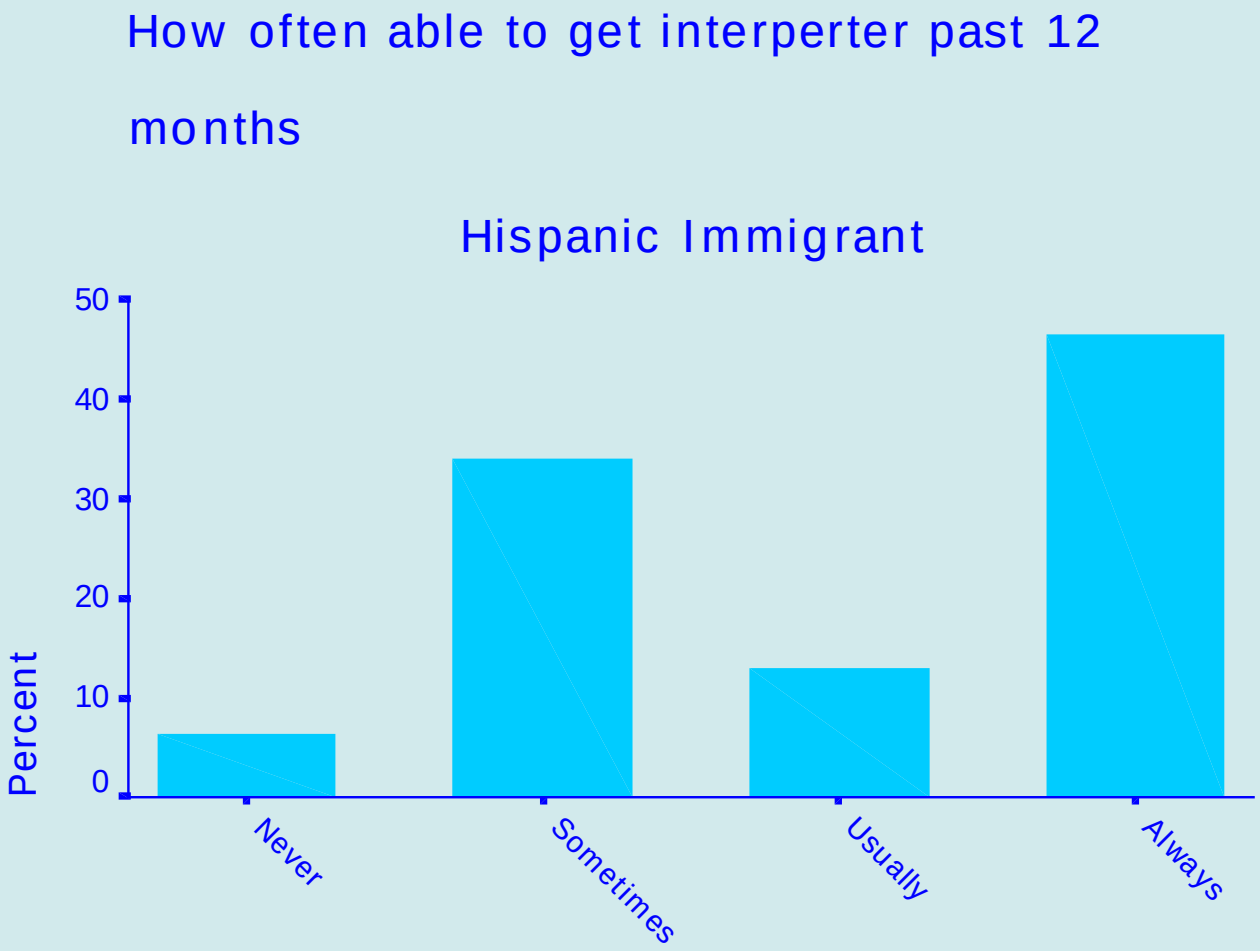


Table 161. Frequencies for Amount of Difficulty Patients Had Getting an Interpreter when Needed in Past Twelve Months for Hispanic Immigrants

Problem getting interpreter past 12 months

	Percent	Frequency
A big problem	15.0	35
A small problem	20.5	48
Not a problem	64.5	151
Total	100.0	234
NR/DK	38.3	0
System Missing	0.0	145
Total		379

Figure 137. Bar Chart for Amount of Difficulty Patients Had Getting an Interpreter when Needed in Past Twelve Months for Hispanic Immigrants

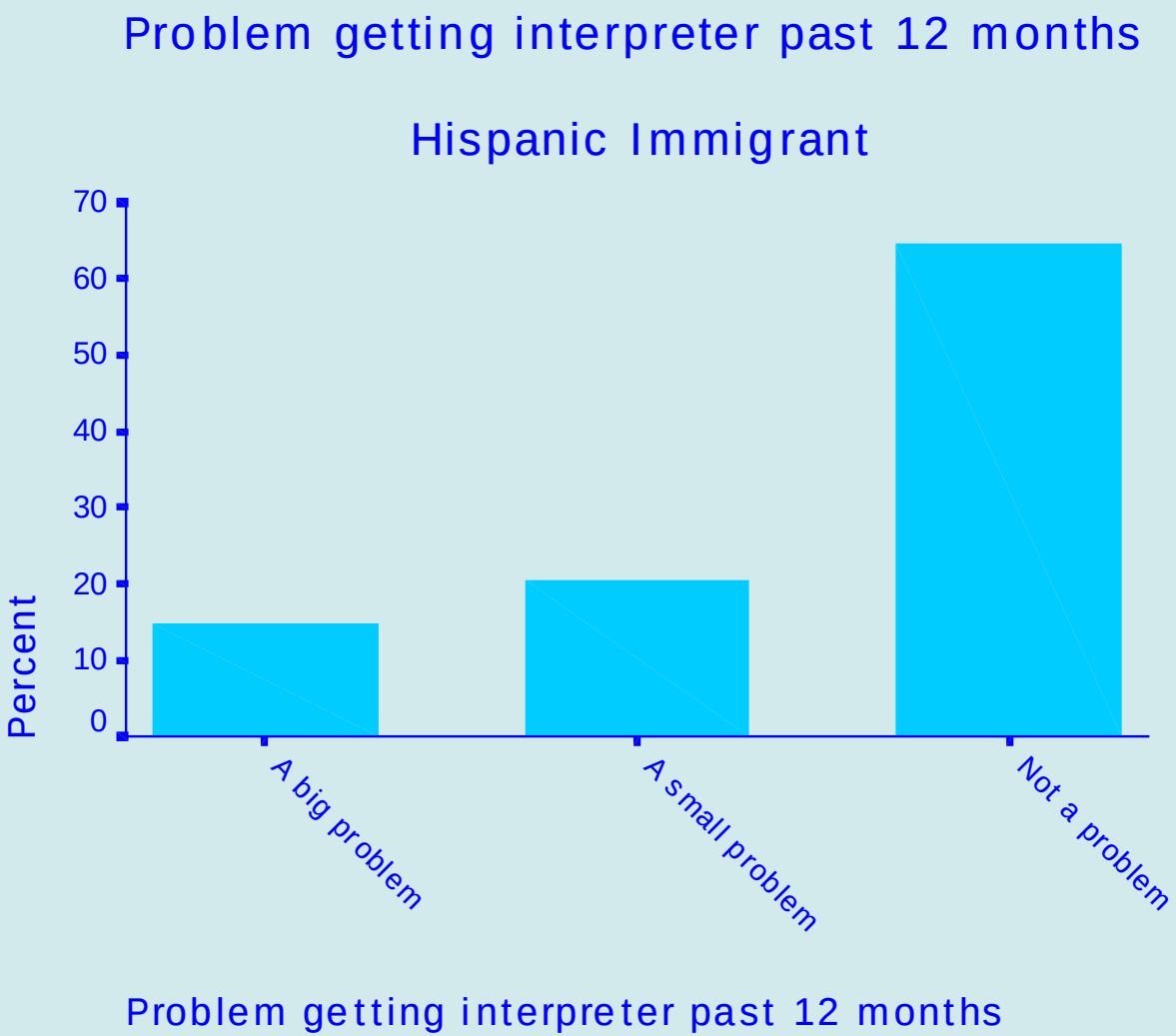


Table 162. Frequencies for Needed an Interpreter in Past Twelve Months for Asians and Pacific Islanders

Needed an interpreter past 12 months

	Percent	Frequency
Yes	28.1	16
No	71.9	41
Total	100.0	57
NR/DK	0.0	0
System Missing	0.0	0
Total		57

Figure 138. Barchart for Needed an Interpreter in Past Twelve Months for Asians and Pacific Islanders

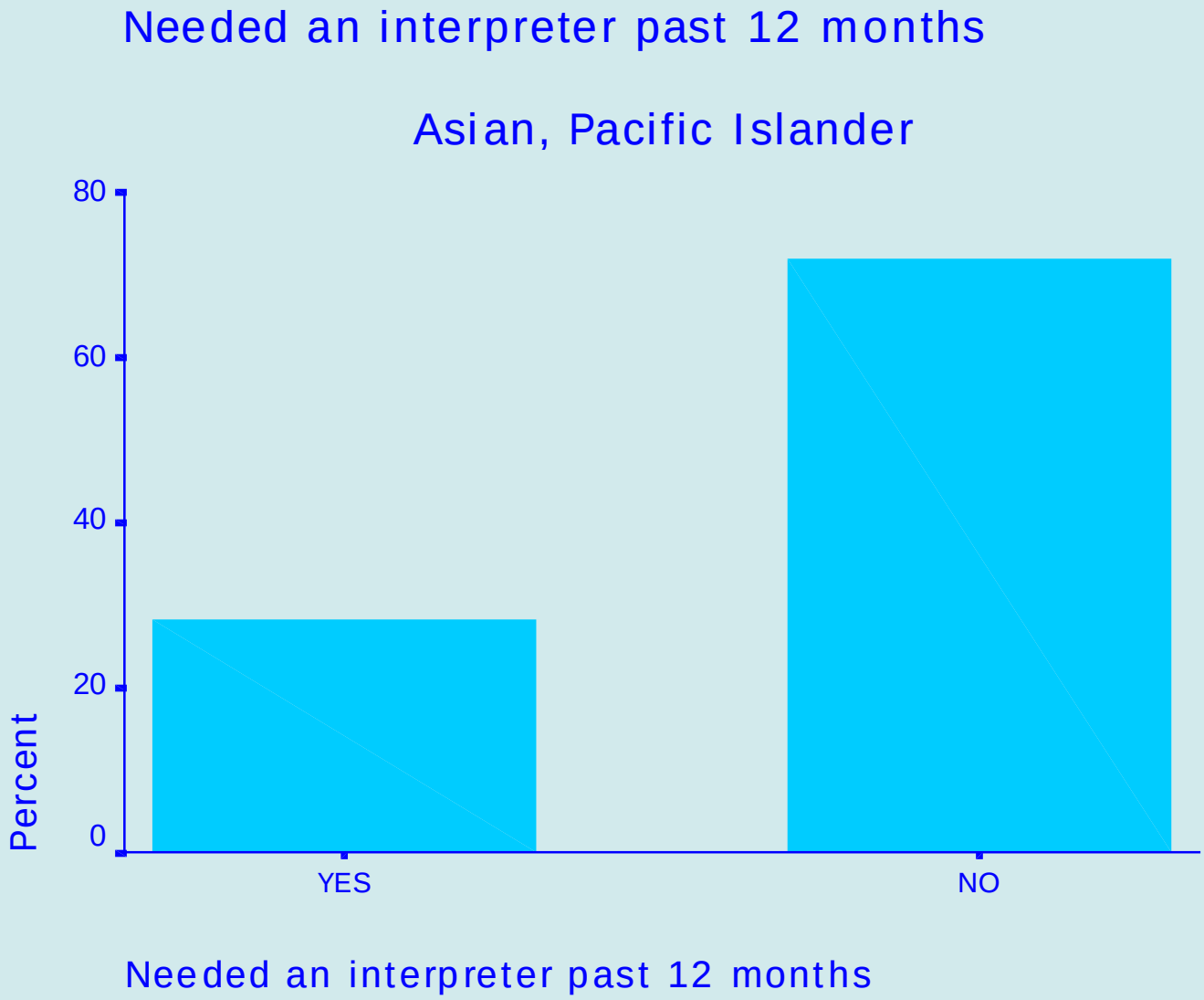


Table 163. Frequencies for How Often Patient Needed an Interpreter in Past Twelve Months for Asians and Pacific Islanders

How often able to get interpreter past 12 months

	Percent	Frequency
Never	12.5	2
Sometimes	31.3	5
Usually	12.5	2
Always	43.8	7
Total	100.0	16
NR/DK	0.0	0
System Missing	71.9	41
Total		57

Figure 139. Barchart for Needed an Interpreter in Past Twelve Months for Asians and Pacific Islanders

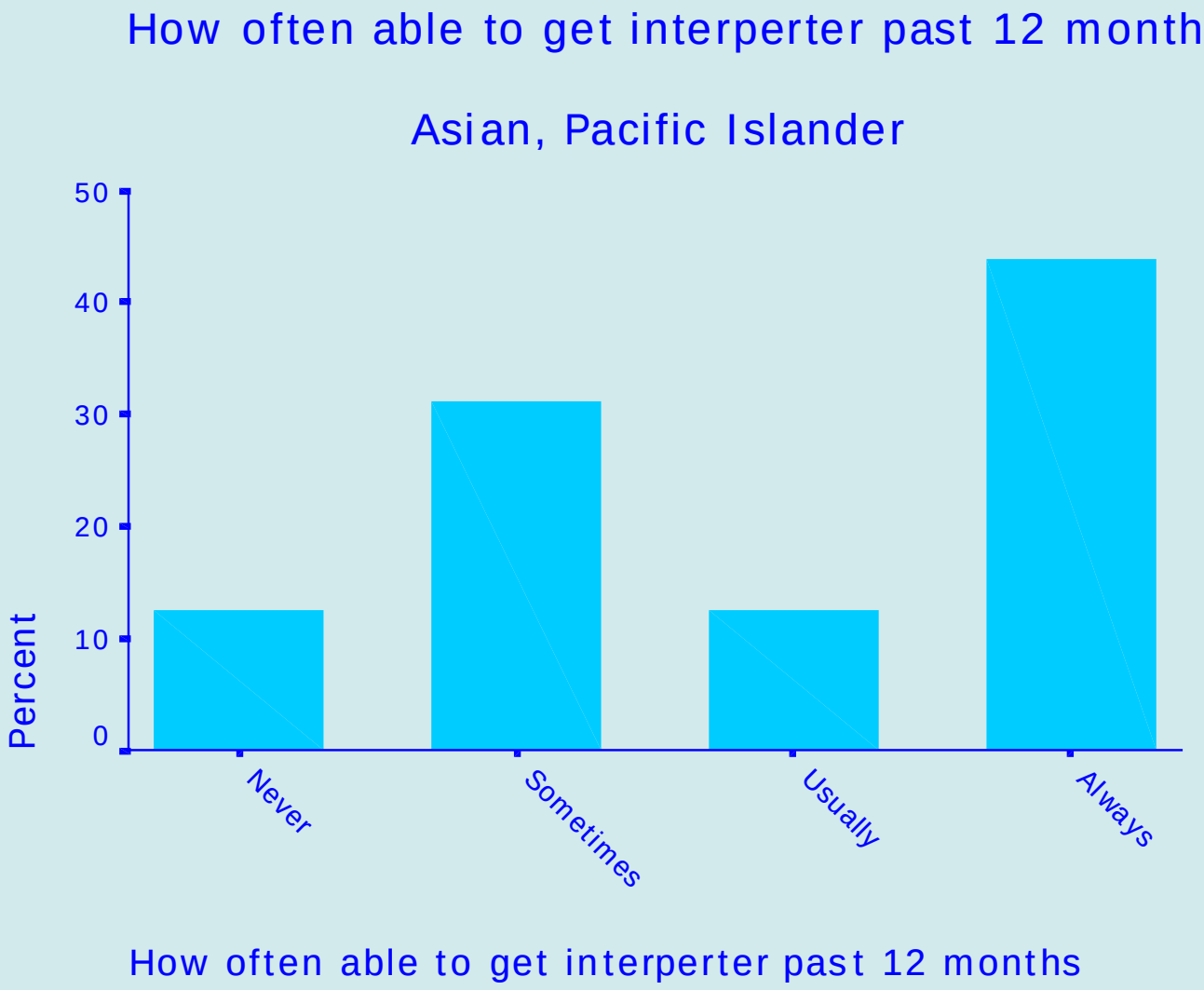


Table 164. Frequencies for Amount of Difficulty Patient Had Getting an Interpreter in Past Twelve Months for Asians and Pacific Islanders

Problem getting interpreter past 12 months		
	Percent	Frequency
A big problem	20.0	3
A small problem	40.0	6
Not a problem	40.0	6
Total	100.0	15
NR/DK	1.8	1
System Missing	71.9	41
Total		57

Figure 140. Barchart for Amount of Difficulty Patients Had Getting an Interpreter when Needed in Past Twelve Months for Asians and Pacific Islanders

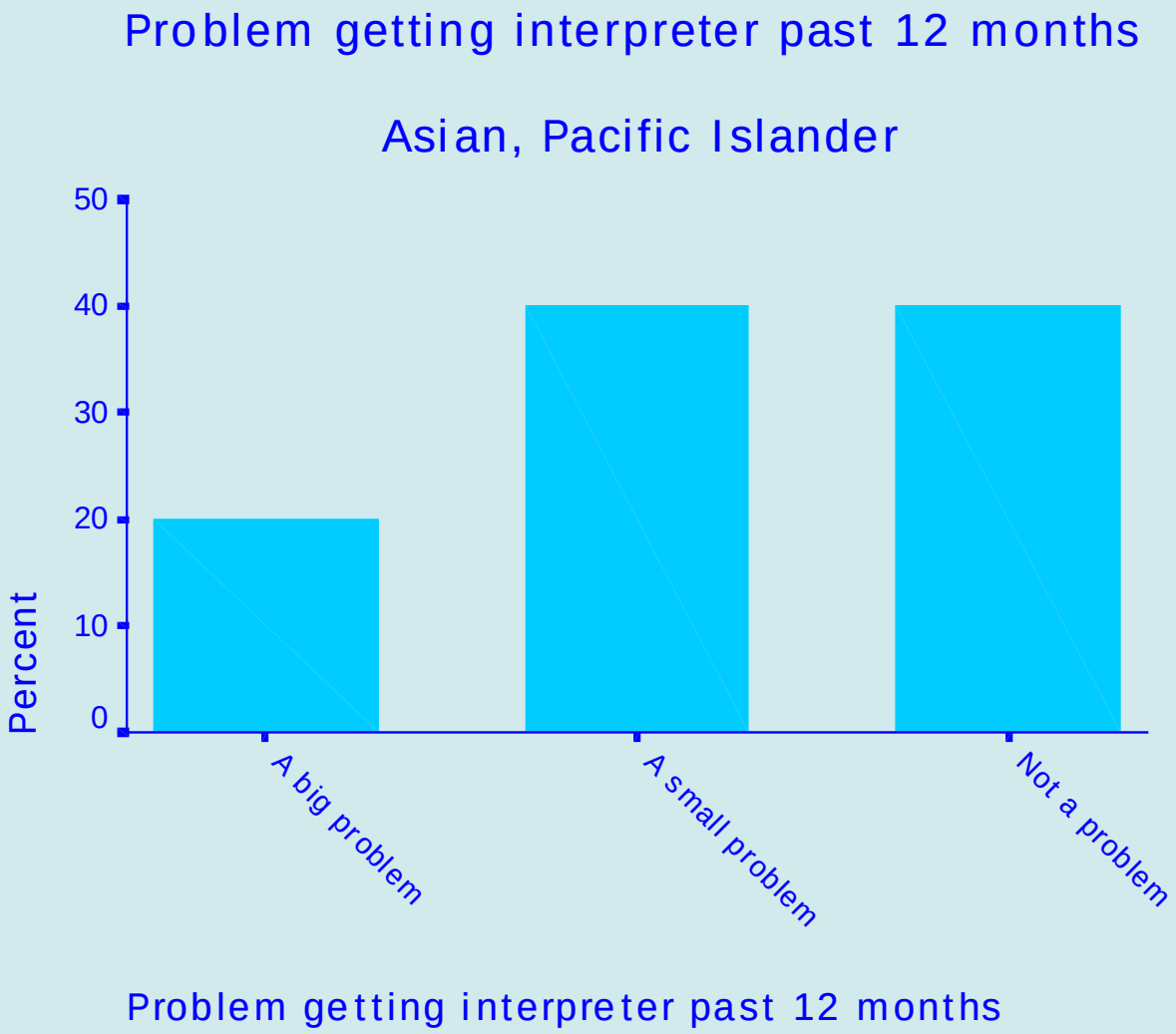


Table 165. Frequencies for Needed Special Medical Equipment in Past Twelve Months

Needed special medical equipment past 12 months

	Percent	Frequency
Yes	11.1	225
No	88.9	1807
Total	100.0	2032
NR/DK	0.1	2
System Missing	0.0	0
Total		2034

Figure 141. Frequencies for Needed Medical Equipment in Past Twelve Months

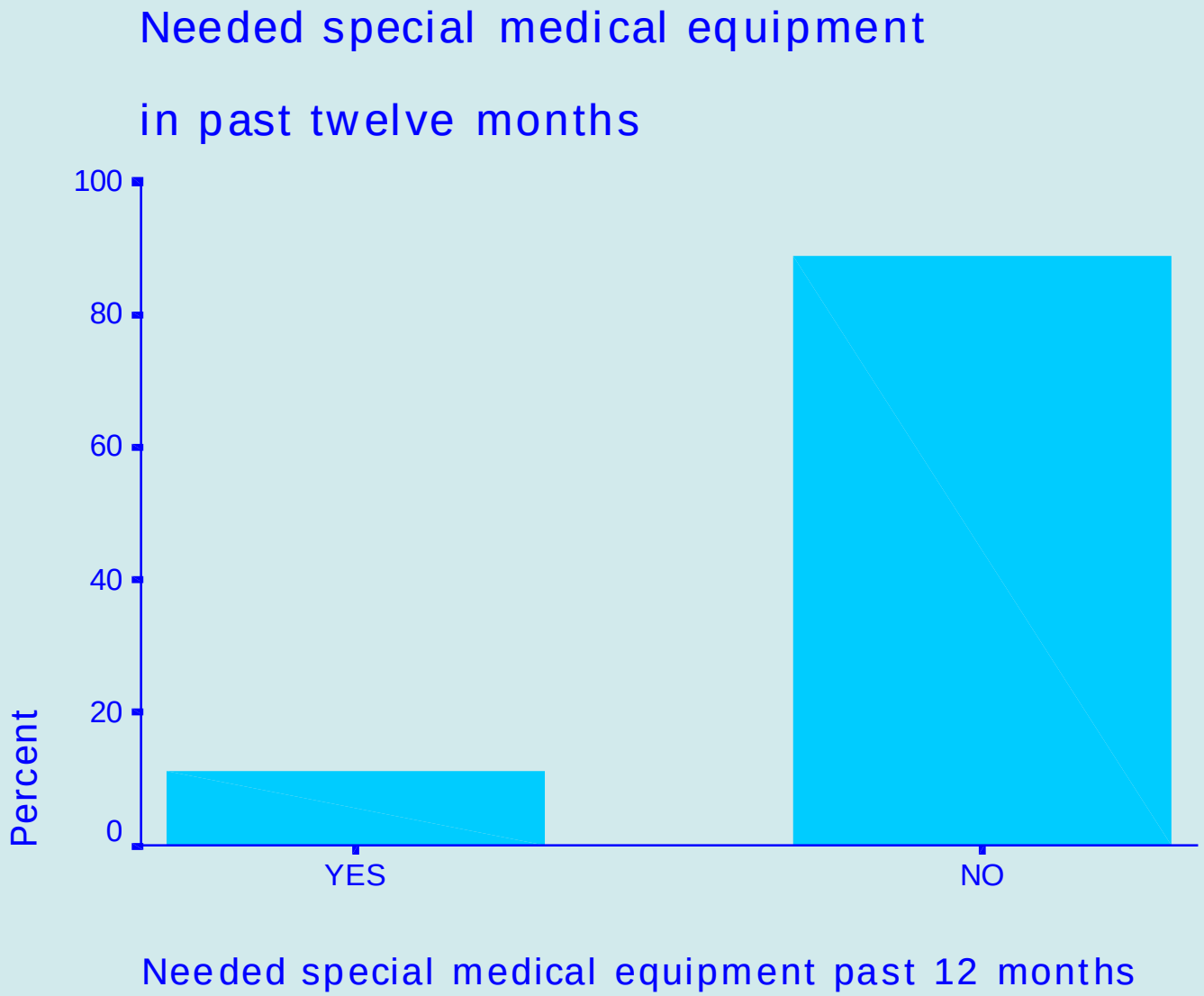


Table 166. Frequencies for Amount of Difficulty Patient Had Getting Needed Medical Equipment in Past Twelve Months

Problem getting needed medical equipment past 12 months

	Percent	Frequency
A big problem	23.8	53
A small problem	16.1	36
Not a problem	60.1	134
Total	100.0	223
NR/DK	0.1	2
System Missing	88.9	1809
Total		2034

Figure 142. Barchart for Amount of Difficulty Patient Had Getting Needed Medical Equipment in Past Twelve Months

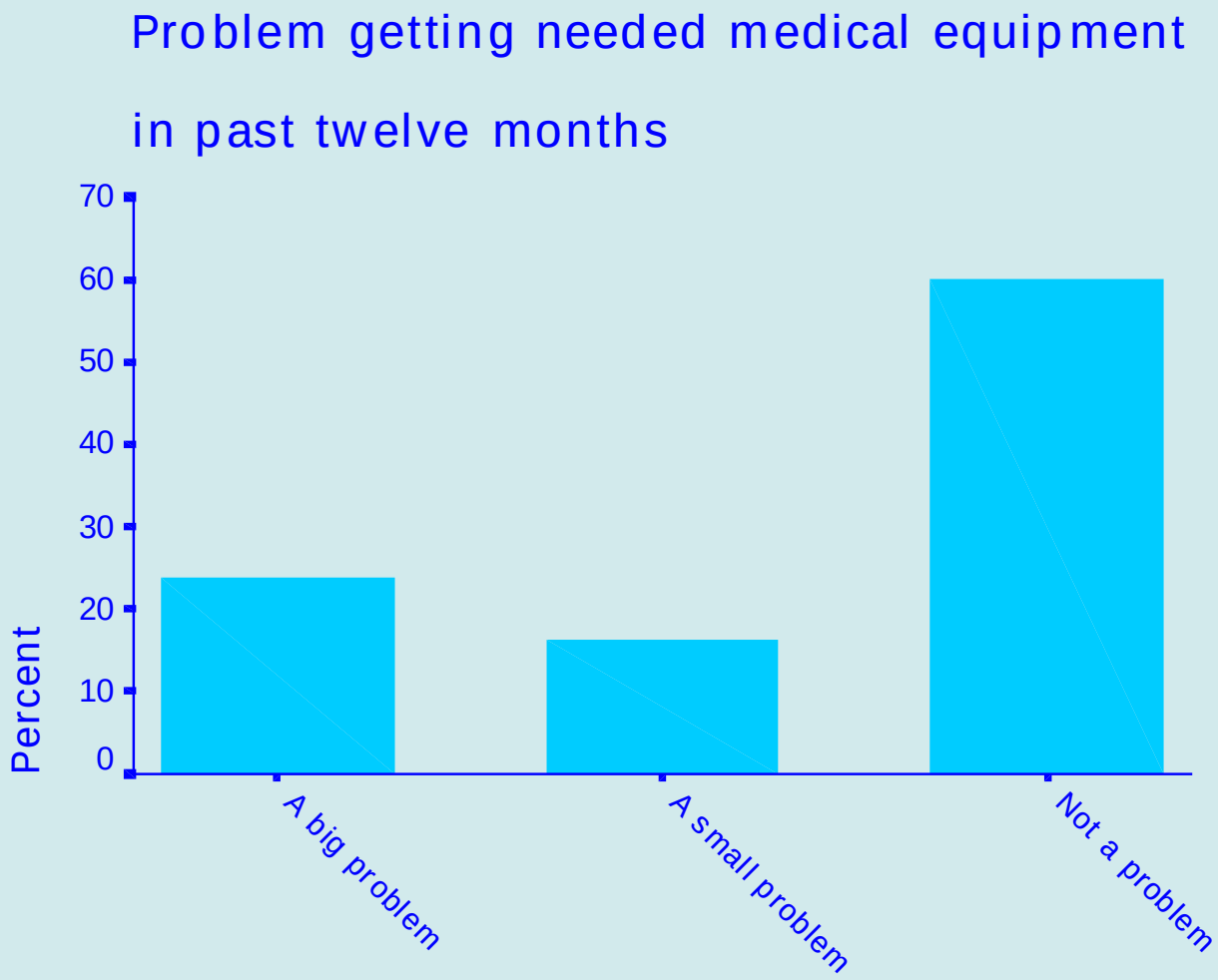


Table 167. Frequencies for Needed Special Medical Equipment in Past Twelve Months by Race/Ethnicity

Needed special medical equipment past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	13.1	105	13.4	65	10.4	28	4.0	15	1.8	1	30.8	8
No	86.9	695	86.6	420	89.6	240	96.0	364	98.2	56	69.2	18
Total	100.0	800	100.0	485	100.0	268	100.0	379	100.0	57	100.0	26
NR/DK	0.1	1	0.2	1	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Table 168. Frequencies for Amount of Difficulty Patient Had Getting Needed Medical Equipment in Past Twelve Months by Race/Ethnicity

Problem getting needed medical equipment past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
A big problem	20.2	21	23.1	15	25.0	7	26.7	4	100.0	1	50.0	4
A small problem	15.4	16	21.5	14	14.3	4	13.3	2	0.0	0	0.0	0
Not a problem	64.4	67	55.4	36	60.7	17	60.0	9	0.0	0	50.0	4
Total	100.0	104	100.0	65	100.0	28	100.0	15	100.0	1	100.0	8
NR/DK	0.1	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	86.9	696	86.6	421	89.6	240	96.0	364	98.2	56	69.2	18
Total		801		486		268		379		57		26

Table 169. Frequencies for Needed Special Therapy in Past Twelve Months

Needed special therapy past 12 months

	Percent	Frequency
Yes	13.5	272
No	86.5	1740
Total	100.0	2012
NR/DK	0.2	5
System Missing	0.0	0
Total		2017

Figure 143. Barchart for Needed Special Therapy in Past Twelve Months

Table 170. Frequencies for Amount of Difficulty Patient Had Getting Need Special Therapy in Past Twelve Months

Problem getting needed therapy past 12 months

	Percent	Frequency
A big problem	33.6	89
A small problem	16.6	44
Not a problem	49.8	132
Total	100.0	265
NR/DK	0.3	7
System Missing	86.5	1745
Total		2017

Figure 144. Barchart for Amount of Difficulty Patient Had Getting Needed Special Therapy in Past Twelve Months

Table 171. Frequencies for Needed Special Therapy in Past Twelve Months by Race/Ethnicity

Needed special therapy past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	15.5	123	16.0	78	11.9	32	7.4	28	3.5	2	34.6	9
No	84.5	673	84.0	408	88.1	236	92.6	351	96.5	55	65.4	17
Total	100.0	796	100.0	486	100.0	268	100.0	379	100.0	57	100.0	26
NR/DK	0.6	5	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Table 172. Frequencies for Amount of Difficulty Patient Had Getting Needed Special Therapy in Past Twelve Months by Race/Ethnicity

Problem getting needed therapy past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
A big problem	31.1	37	34.2	26	34.4	11	33.3	9	50.0	1	66.7	6
A small problem	16.0	19	15.8	12	15.6	5	22.2	6	0	0	11.1	1
Not a problem	52.9	63	50.0	38	50.0	16	44.4	12	50.0	1	22.2	2
Total	100.0	119	100.0	76	100.0	32	100.0	27	100.0	2	100.0	9
NR/DK	0.5	4	0.4	2	0	0	0.3	1	0.0	0	0.0	0
System Missing	84.6	678	84.0	408	88.1	236	92.6	351	96.5	55	65.4	17
Total		801		486		268		379		57		26

Table 173. Frequencies for Experiences Handling Paperwork in Past Twelve Months

Experiences handling paperwork past 12 months

	Percent	Frequency
Yes	24.3	490
No	75.7	1526
Total	100.0	2016
NR/DK	0.0	0
System Missing	0.0	1
Total		2017

Figure 145. Barchart for Experiences Handling Paperwork in Past Twelve Months

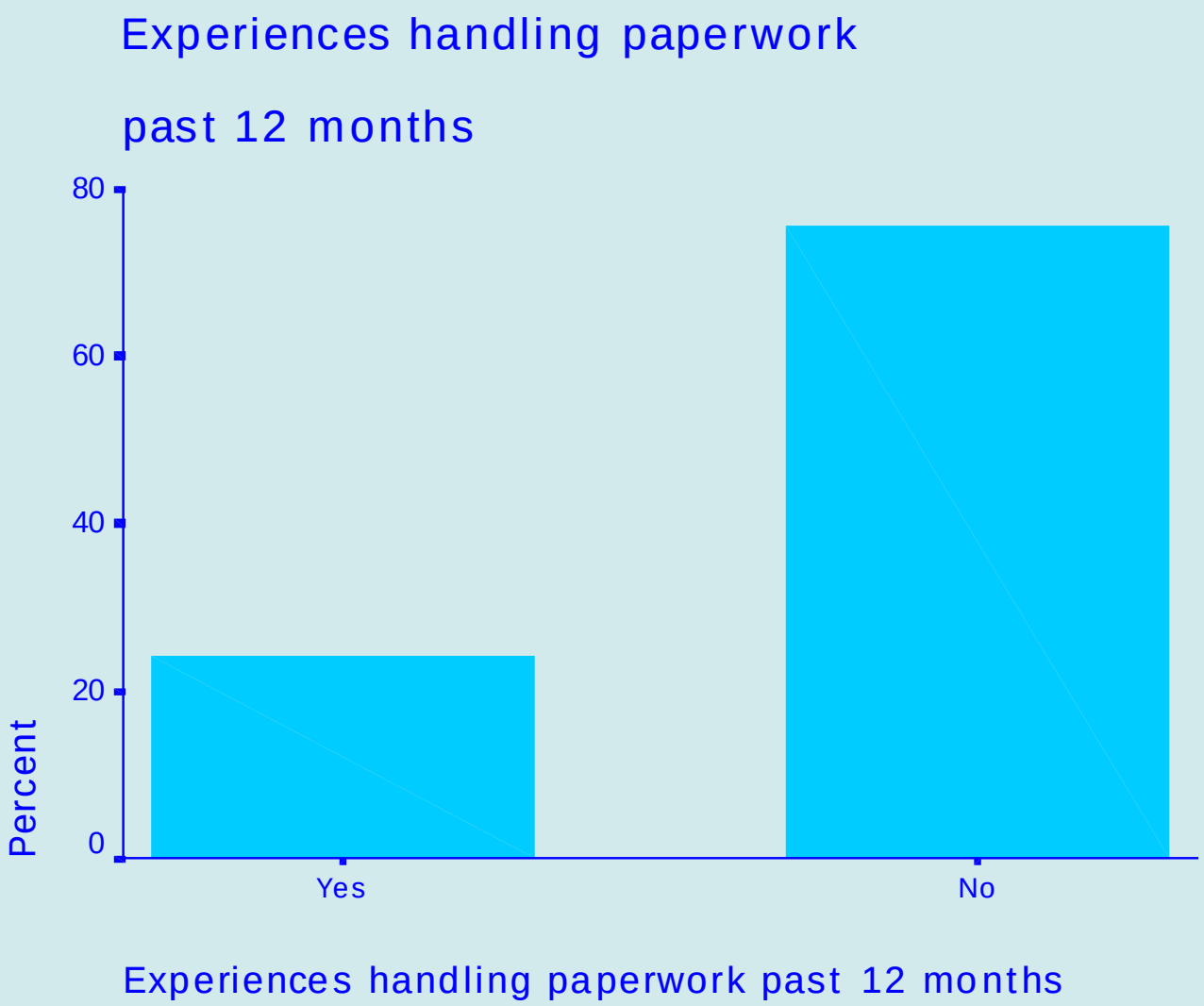


Table 174. Frequencies for Amount of Difficulty Patient Had with Paperwork in Past Twelve Months

Problem with paperwork past 12 months

	Percent	Frequency
A big problem	26.3	128
A small problem	28.2	137
Not a problem	45.5	221
Total	100.0	486
NR/DK	0.2	4
System Missing	75.7	1527
Total		2017

Figure 146. Barchart for Amount of Difficulty Patient Had with Paperwork in Past Twelve Months

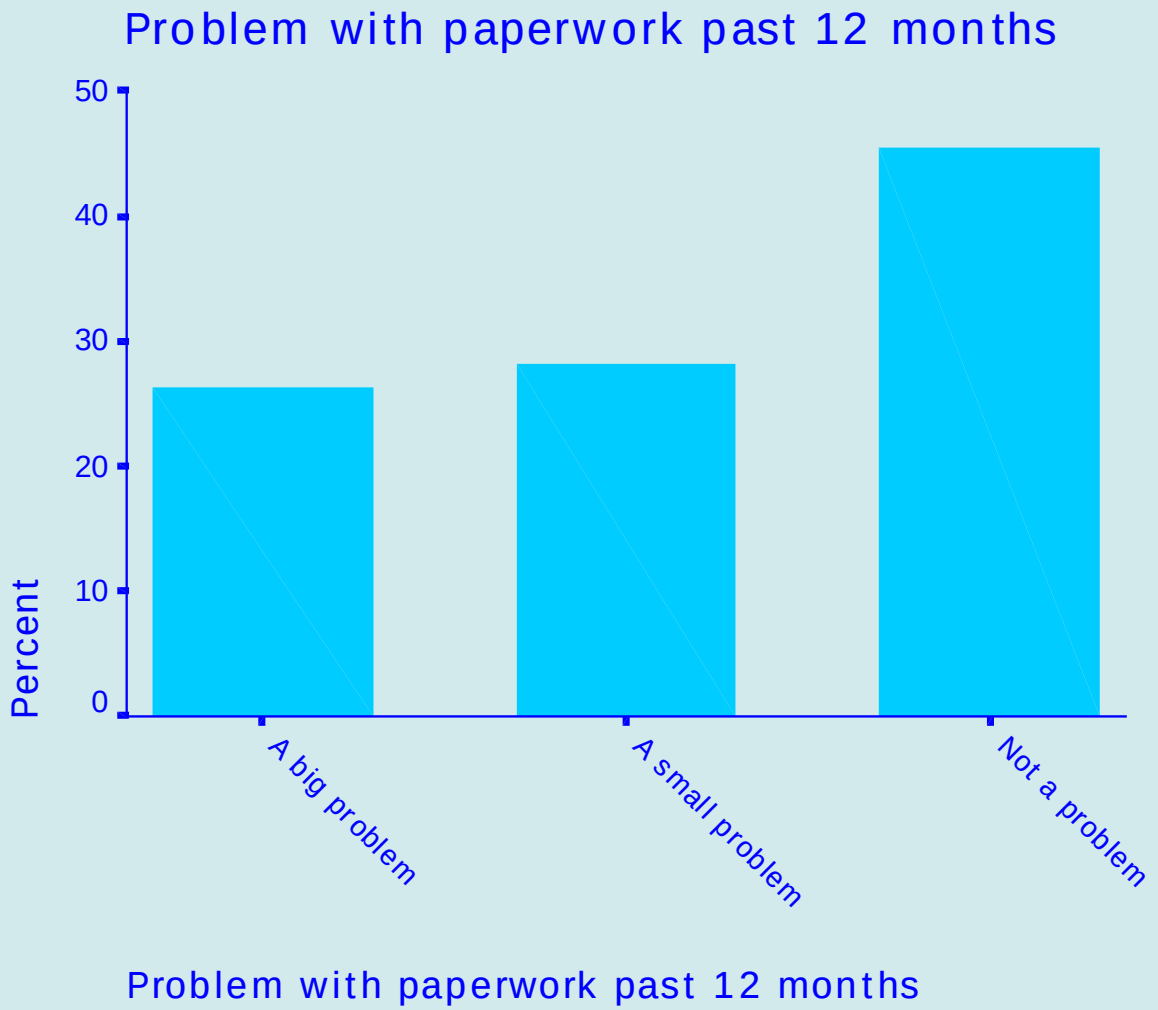


Table 175. Frequencies for Experiences Handling Paperwork in Past Twelve Months by Race/Ethnicity

Experiences handling paperwork past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	32.6	261	18.3	89	22.1	59	17.4	66	10.5	6	34.6	9
No	67.4	540	81.7	397	77.9	208	82.6	313	89.5	51	65.4	17
Total	100.0	801	100.0	486	100.0	267	100.0	379	100.0	57	100.0	26
NR/DK	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.4	1	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Table 176. Frequencies for Amount of Difficulty Patient Had with Paperwork in Past Twelve Months by Race/Ethnicity

Problem with paperwork past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
A big problem	27.5	71	22.7	20	23.7	14	22.7	15	33.3	2	66.7	6
A small problem	32.2	83	28.4	25	28.8	17	15.2	10	16.7	1	11.1	1
Not a problem	40.3	104	48.9	43	47.5	28	62.1	41	50.0	3	22.2	2
Total	100.0	258	100.0	88	100.0	59	100.0	66	100.0	6	100.0	9
NR/DK	0.4	3	0.2	1	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	67.4	540	81.7	397	78.0	209	82.6	313	89.5	51	65.4	17
Total		801		486		268		379		57		26

10. BARRIERS TO GETTING NEEDED HEALTH CARE

Transportation: Tables 177-180; Figures 147-149. One in eight of the patient reported they had had problems getting the health care they needed because of problems with transportation. The patients who had difficulty were about equally divided between those for whom this was a big problem and those for whom it was a small problem. Only five percent who had had difficulty with transportation reported that it was not a problem. Hispanic immigrants were almost twice as likely to report problems with transportation as the other three major race/ethnic groups, with one in five reporting difficulty.

Food, Clothing, or Housing: Tables 181-182; Figures 150-151. Almost one-third of the patients reported having foregone health care or medicine in the past year because they needed the money to pay for food, clothing, or housing. Anglos (35%) were most likely to report having foregone care for this reason , followed by Hispanic immigrants (32%), African Americans (28%), and Hispanic Americans (22%). Half of Native Americans but only one-fourth or Asian and Pacific Islanders report forgoing care for this reason.

Serious Problems Paying Doctor or Hospital Bills: Table 183-184; Figure 152-153. Almost half the patients reported difficulties paying doctor or hospital bills in the past year. African Americans and Anglos were most likely to report these difficulties, followed by Hispanic Americans and Hispanic immigrants. More than half of Native Americans had difficulties while only one in five Asian and Pacific Islanders had this problem.

Serious Problems Paying for Prescription Medicines: Table 185-186; Figure 154-155. One-third of the patients reported difficulties paying for prescription medicines in the past year. Anglos and African Americans were a little more likely to report difficulties than were the Hispanic Americans and Hispanic immigrants. Asians and Pacific Islanders were the least likely to report having this difficulty (18%).

Serious Problems Getting Health Care in the Past Year: Table 187-188; Figure 156-157. One-fourth of the patients reported that they had serious difficulties getting the health care that they needed in the past year. Anglos were most likely to report difficulties (30%), followed by African Americans and Hispanic Americans (27-28%), and Hispanic immigrants (25%). Only 20 percent of Asians and Pacific Islanders reported such difficulties.

BARRIERS TO GETTING NEEDED HEALTH CARE

JPS

Health Network Sample

2000

Table 177. Frequencies for Problems with Transportation for Health Care in Past Twelve Months

Problem with getting transportation past 12 months

	Percent	Frequency
Yes	12.3	247
No	87.7	1769
Total	100.0	2016
NR/DK	0.0	1
System Missing	0.0	0
Total		2017

Figure 147. Barchart for Problems with Transportation for Health Care in Past Twelve Months

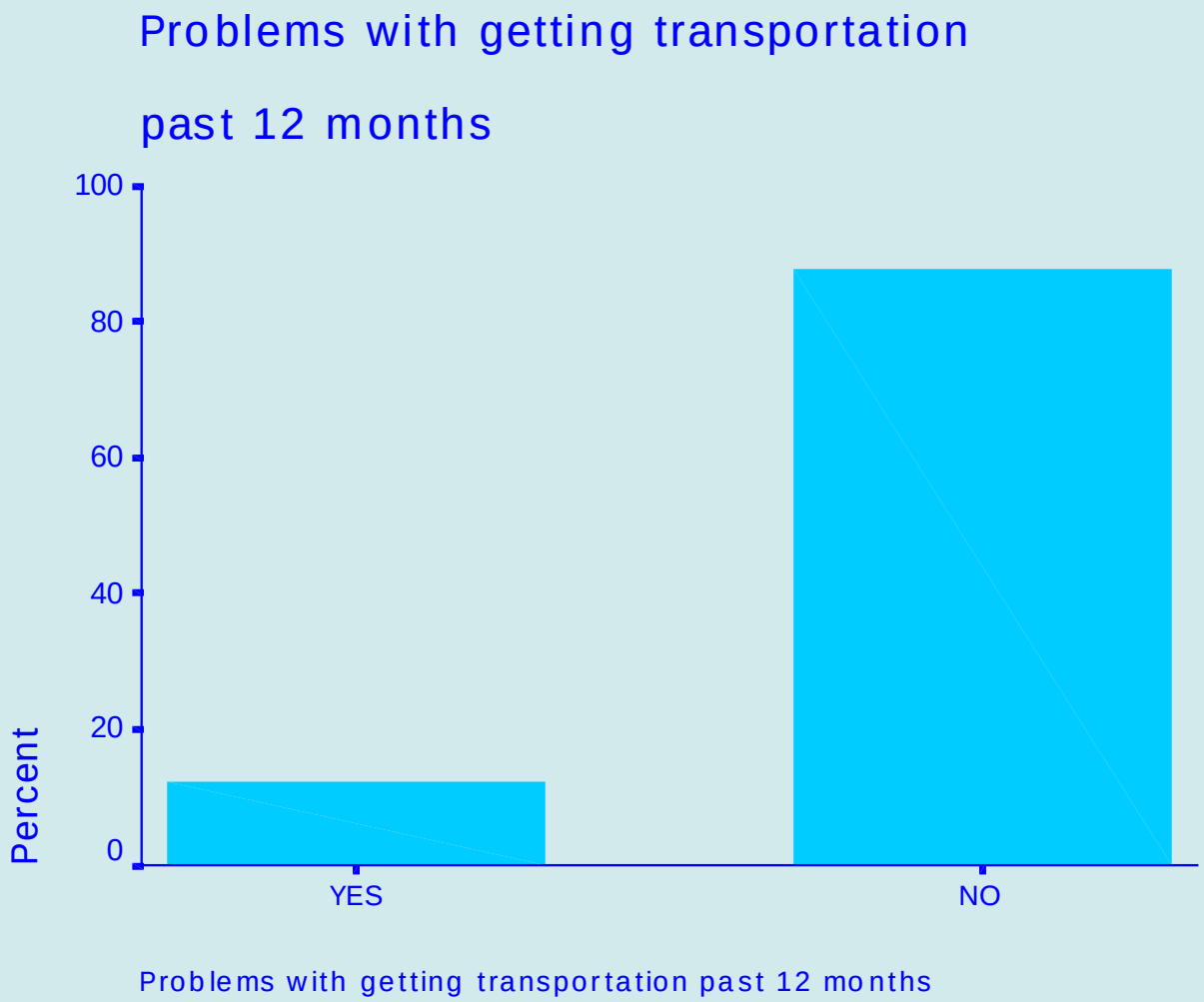


Table 178. Frequencies for Amount of Difficulty Patient Had with Transportation for Health Care in Past Twelve Months

How much a problem to get transportation past 12 months

	Percent	Frequency
A big problem	48.6	118
A small problem	46.5	113
Not a problem	4.9	12
Total	100.0	243
NR/DK	0.2	4
System Missing	87.8	1770
Total		2017

Figure 148. Barchart for Amount of Difficulty Patient Had with Transportation for Health Care in Past Twelve Months

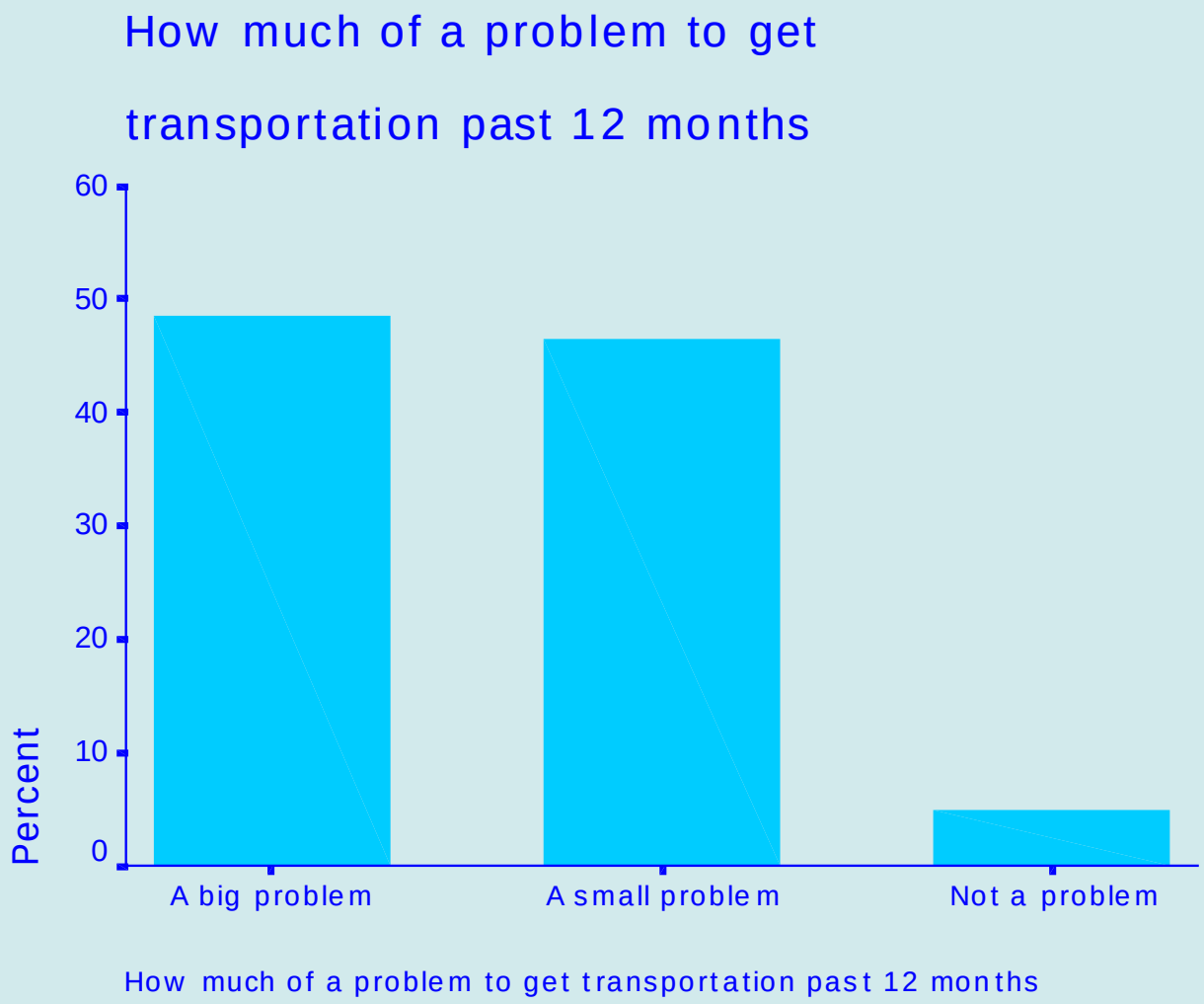


Table 179. Frequencies for Problems with Transportation for Health Care in Past Twelve Months by Race/Ethnicity

Problem with getting transportation past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	10.6	85	11.7	57	9.7	26	18.2	69	7.0	4	23.1	6
No	89.4	715	88.3	429	90.3	242	81.8	310	93.0	53	76.9	20
Total	100.0	800	100.0	486	100.0	268	100.0	379	100.0	57	100.0	26
NR/DK	0.1	1	0.0	0	0.0	0	0.0	0.0	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Table 180. Frequencies for Amount of Difficulty Patient Had with Transportation for Health Care in Past Twelve Months by Race/Ethnicity

How much a problem to get transportation past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
A big problem	49.4	41	54.5	30	50.0	13	40.6	28	50.0	2	66.7	4
A small problem	47.0	39	43.6	24	42.3	11	52.2	36	25.0	1	33.3	2
Not a problem	3.6	3	1.8	1	7.7	2	7.2	5	25.0	1	0.0	0
Total	100.0	83	100.0	55	100.0	26	100.0	69	100.0	4	100.0	6
NR/DK	0.2	2	0.4	2	0.0	0.0	0.0	0	0.0	0	0.0	0
System Missing	89.4	716	88.3	429	90.3	242	81.8	310	93.0	53	76.9	20
Total		801		486		268		379		57		26

Figure 149. Barchart for Percent of Patients Who Had Problems with Transportation for Health Care in Past Twelve Months by Race/Ethnicity

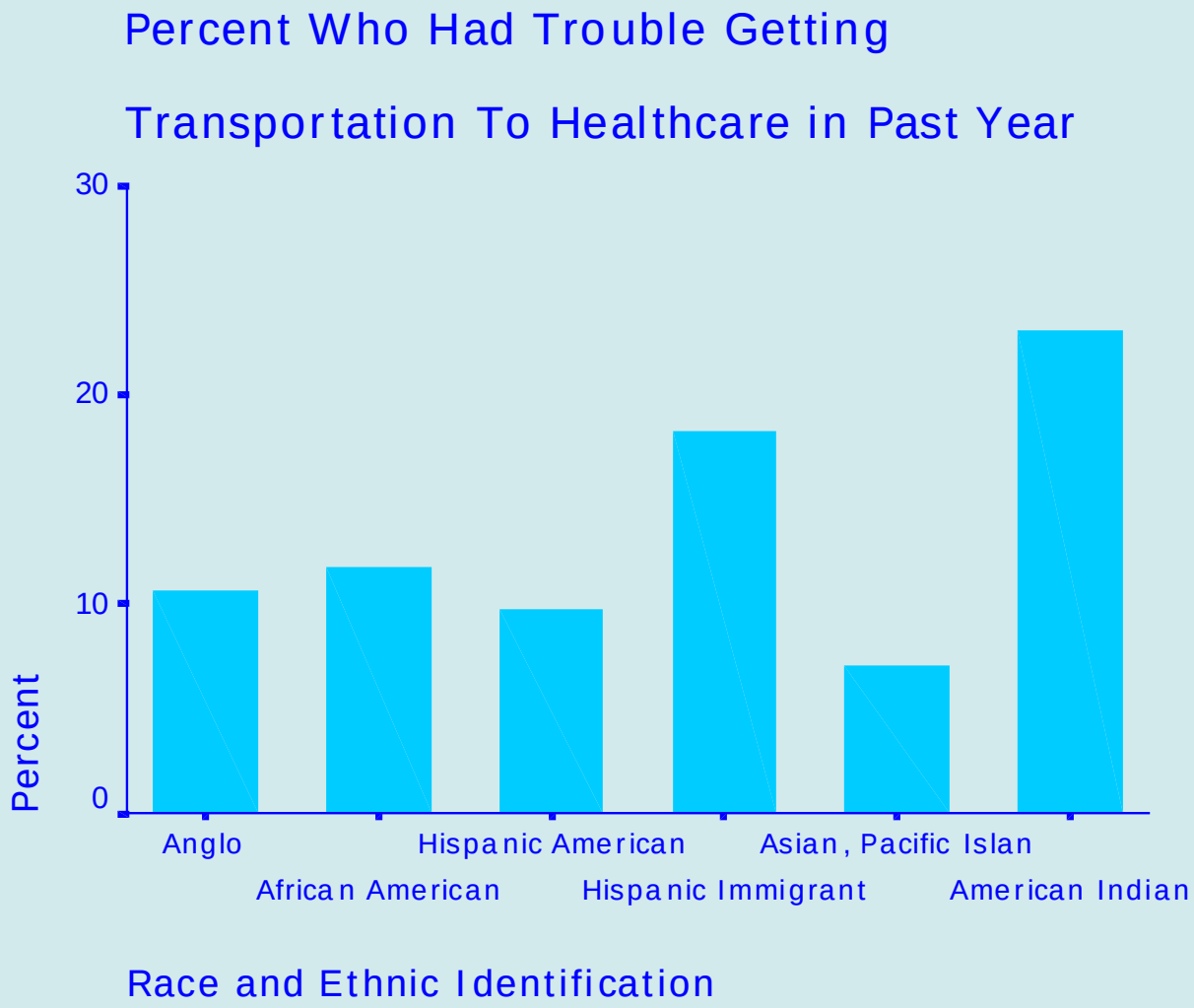


Table 181. Frequencies for Patients Who Failed to Receive Doctor's Care or Prescription Medicines in Past Twelve Months Because They Needed Money to Pay for Food, Clothing or Housing

Forwent care or medicine for food clothing or housing past 12 months

	Percent	Frequency
Yes	30.5	614
No	69.5	1396
Total	100.0	2010
NR/DK	0.3	7
System Missing	0.0	0
Total		2017

Figure 150. Barchart for Patients Who Failed to Receive Doctor's Care or Prescription Medicines in Past Twelve Months Because They Needed Money to Pay for Food, Clothing or Housing

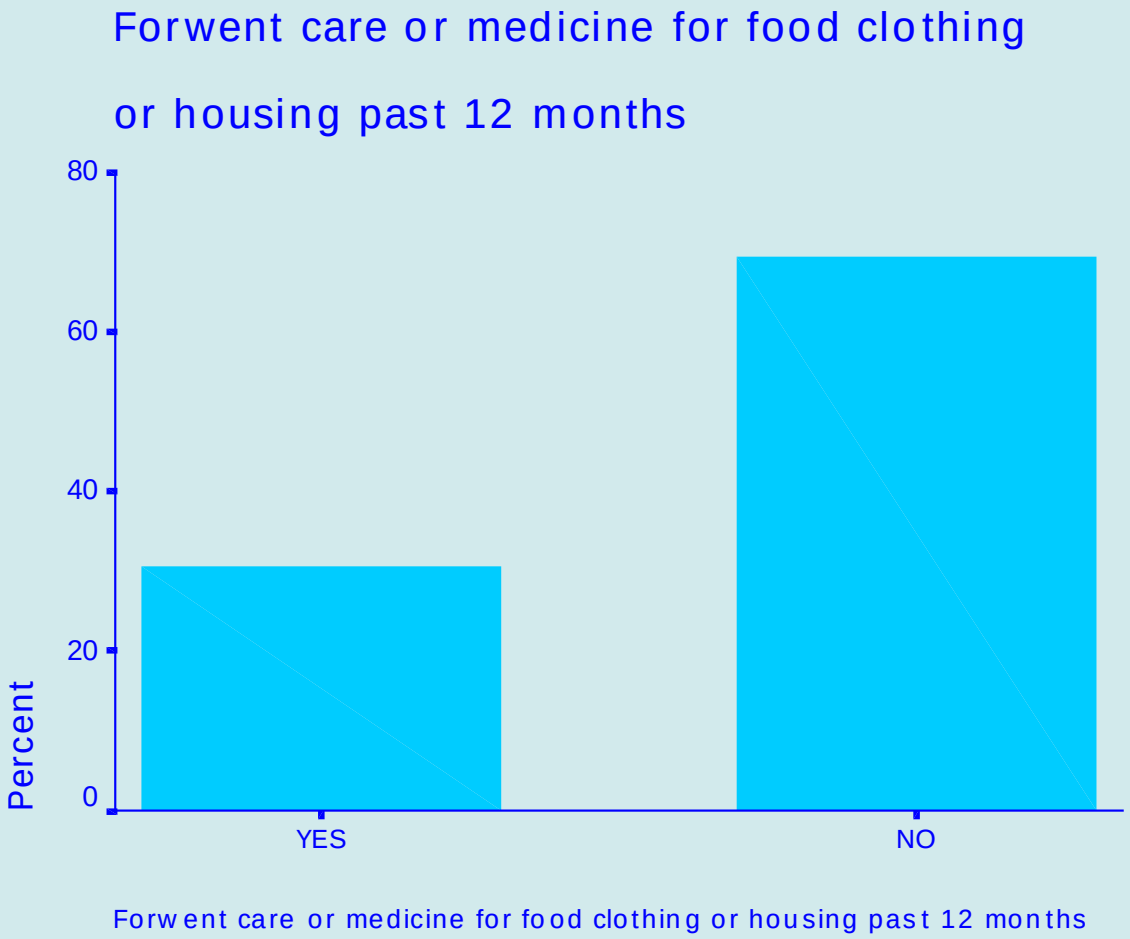


Table 182. Frequencies for Patients Who Failed to Receive Doctor's Care or Prescription Medicines in Past Twelve Months Because They Needed Money to Pay for Food, Clothing or Housing by Race/Ethnicity

Forwent care or medicine for food clothing or housing past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	34.5	275	27.9	135	22.1	59	31.7	120	23.2	13	46.2	12
No	65.5	523	72.1	349	77.9	208	68.3	259	76.8	43	53.8	14
Total	100.0	798	100.0	484	100.0	267	100.0	379	100.0	56	100.0	26
NR/DK	0.4	3	0.4	2	0.4	1	0.0	0	1.8	1	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 151. Barchart for Patients Who Failed to Receive Doctor's Care or Prescription Medicines in Past Twelve Months Because They Needed Money to Pay for Food, Clothing or Housing by Race/Ethnicity

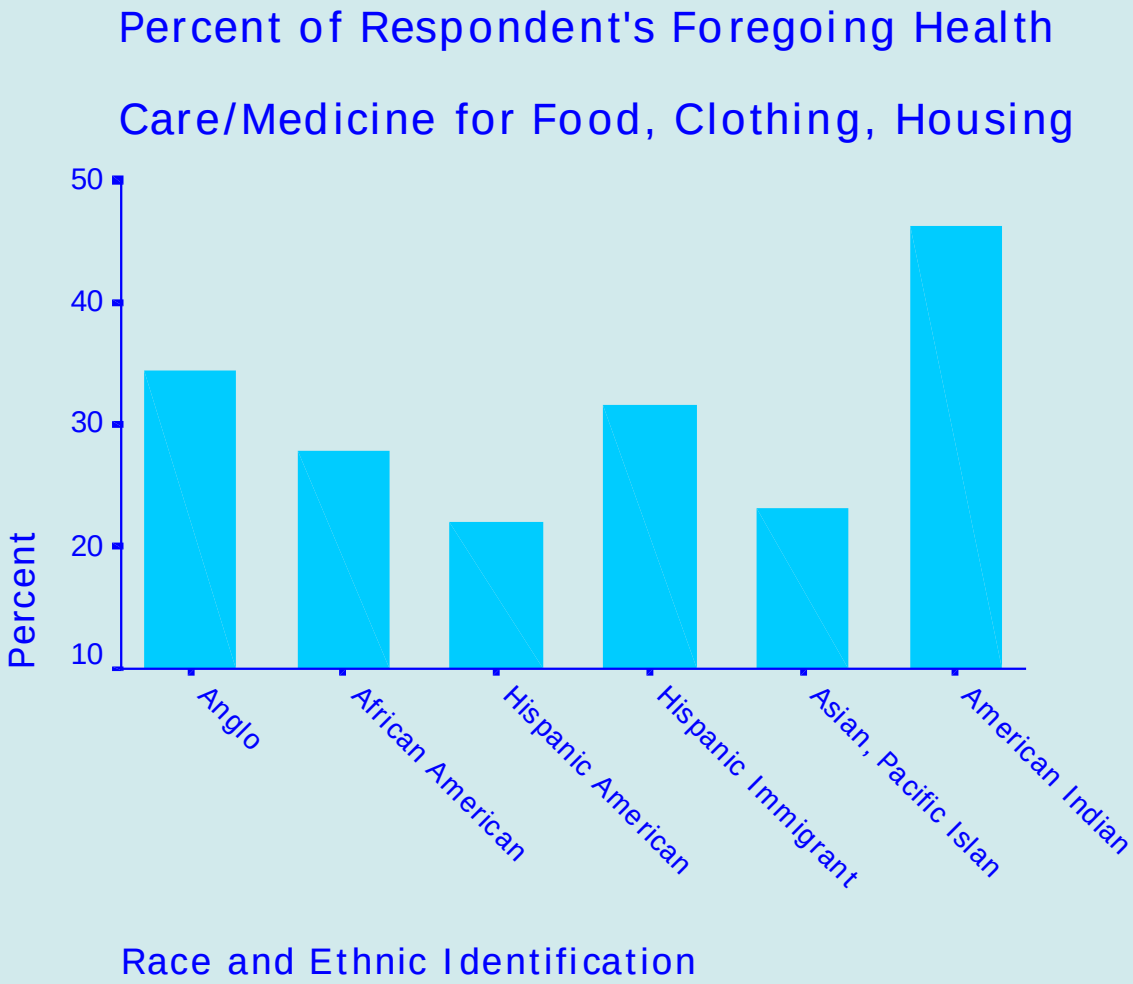


Table 183. Frequencies for Patients with Serious Problems Paying Doctor or Hospital Bills in Past Twelve Months

Problem paying doctor and hospital bills past 12 months

	Percent	Frequency
Yes	46.3	929
No	53.7	1079
Total	100.0	2008
NR/DK	0.4	9
System Missing	0.0	0
Total		2017

Figure 152. Barchart for Patients with Serious Problems Paying Doctor or Hospital Bills in Past Twelve Months

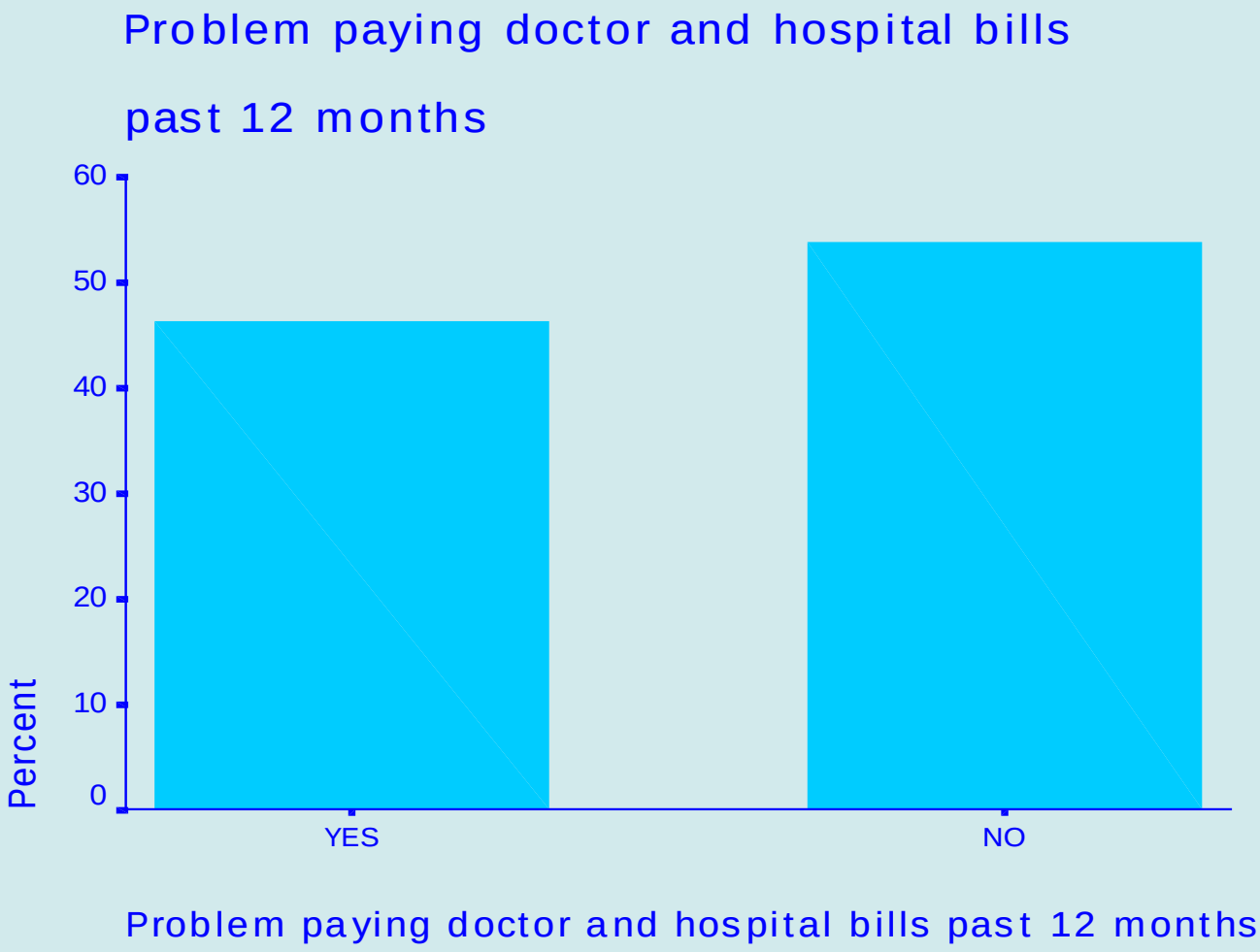


Table 184. Frequencies for Patients with Serious Problems Paying Doctor or Hospital Bills in Past Twelve Months by Race/Ethnicity

Problem paying doctor and hospital bills past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	50.3	402	48.9	236	41.6	111	40.8	154	20.0	11	57.7	15
No	49.8	398	51.1	247	58.4	156	59.2	223	80.0	44	42.3	11
Total	100.0	800	100.0	483	100.0	267	100.0	377	100.0	55	100.0	26
NR/DK	0.1	1	0.6	3	0.4	1	0.5	2	3.5	2	0.0	0
System Missing	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 153. Barchart for Patients with Serious Problems Paying Doctor or Hospital Bills in Past Twelve Months by Race/Ethnicity

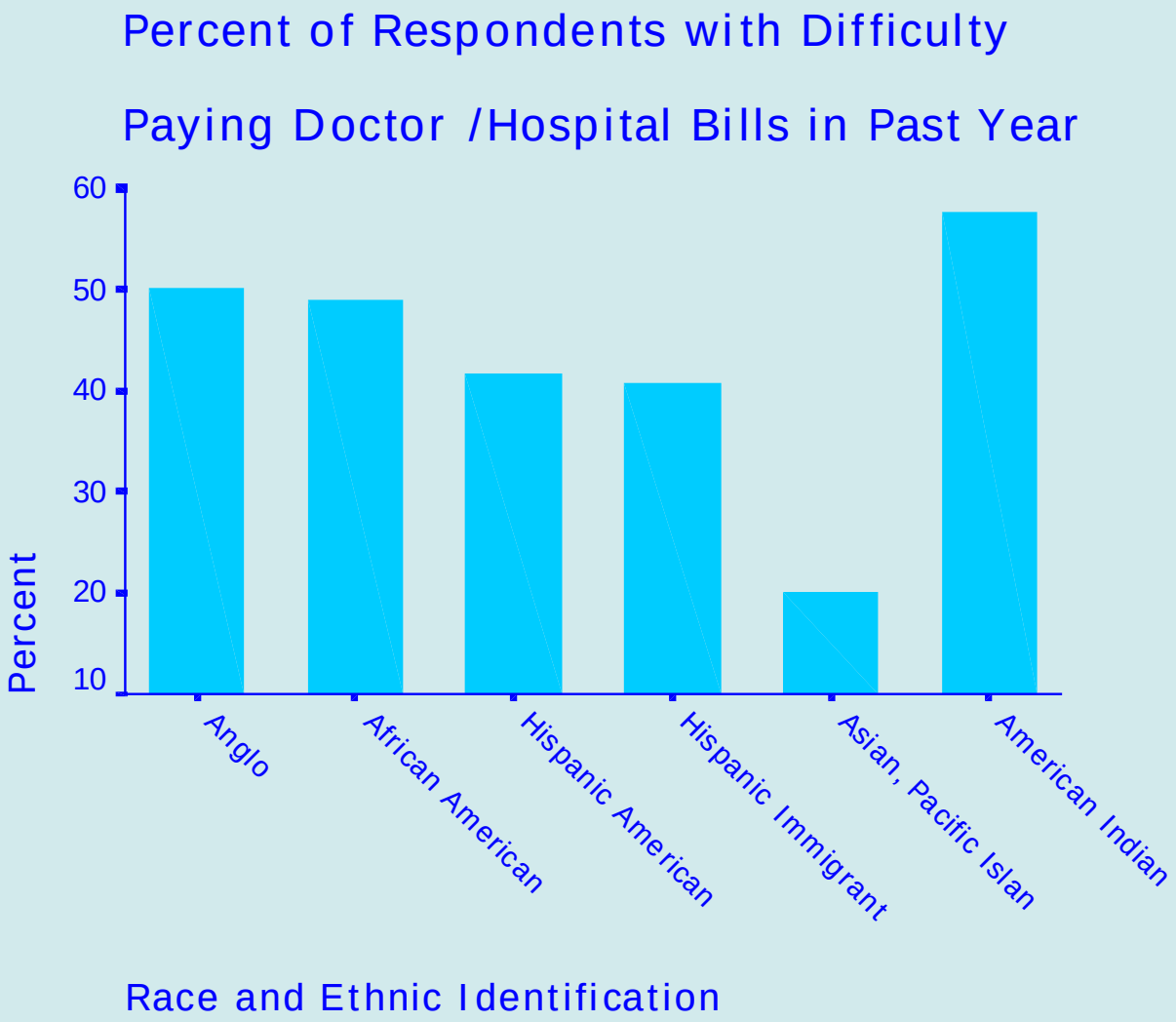


Table 185. Frequencies for Patients With Serious Problems Paying for Prescription Medicines in Past Twelve Months

Problem paying for prescription medicines past 12 months		
	Percent	Frequency
Yes	32.2	648
No	67.8	1363
Total	100.0	2011
NR/DK	0.3	6
System Missing	0.0	0
Total		2017

Figure 154. Barchart for Patients With Serious Problems Paying for Prescription Medicines in Past Twelve Months

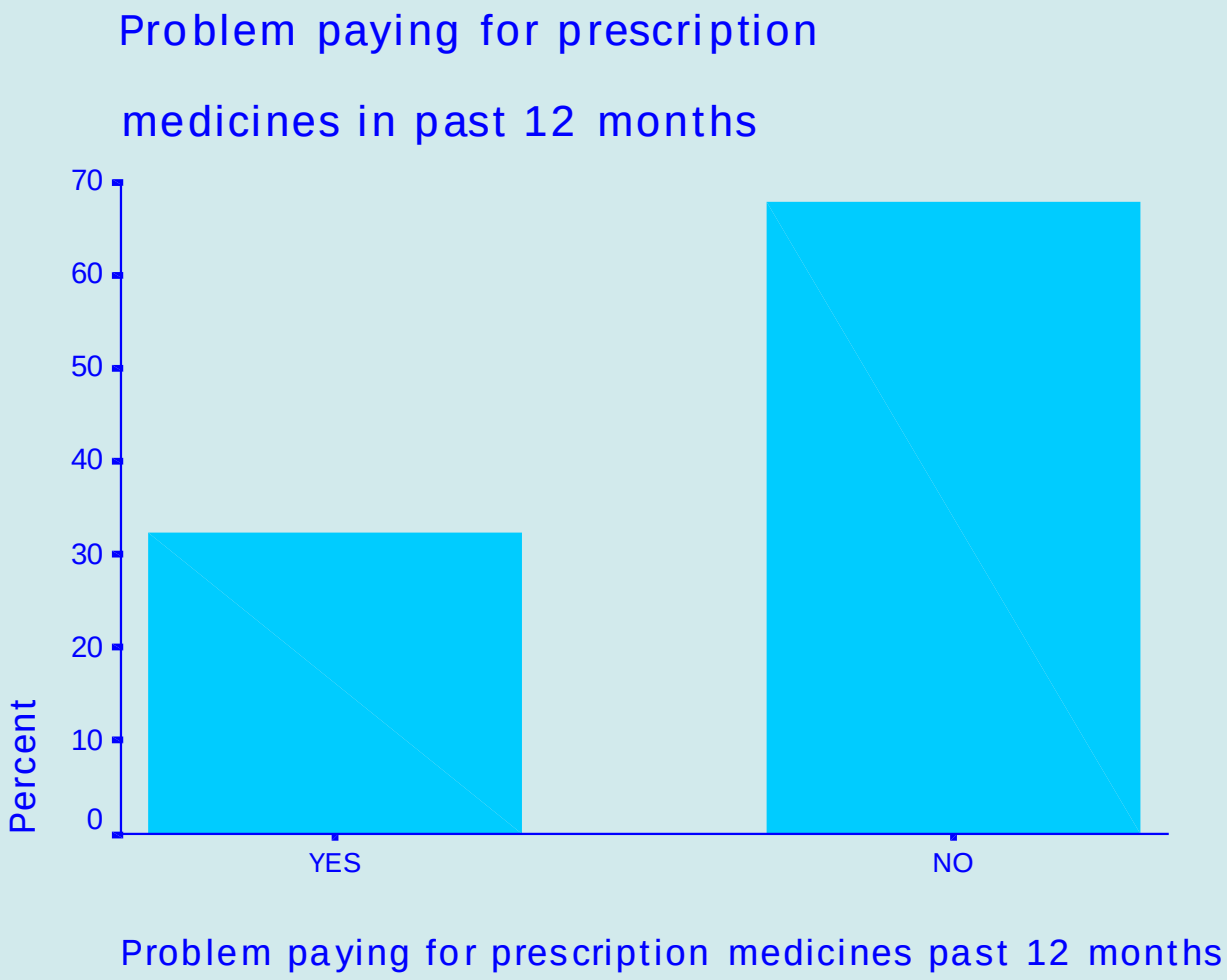


Table 186. Frequencies for Patients With Serious Problems Paying for Prescription Medicines in Past Twelve Months by Race/Ethnicity

Problem paying for prescription medicines past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	35.2	281	34.2	166	27.3	73	28.6	108	17.9	10	38.5	10
No	64.8	518	65.8	319	72.7	194	71.4	270	82.1	46	61.5	16
Total	100.0	799	100.0	485	100.0	267	100.0	378	100.0	56	100.0	26
NR/DK	0.2	2	0.2	1	0.4	1	0.3	1	1.8	1	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 155. Barchart for Patients With Serious Problems Paying for Prescription Medicines in Past Twelve Months by Race/Ethnicity

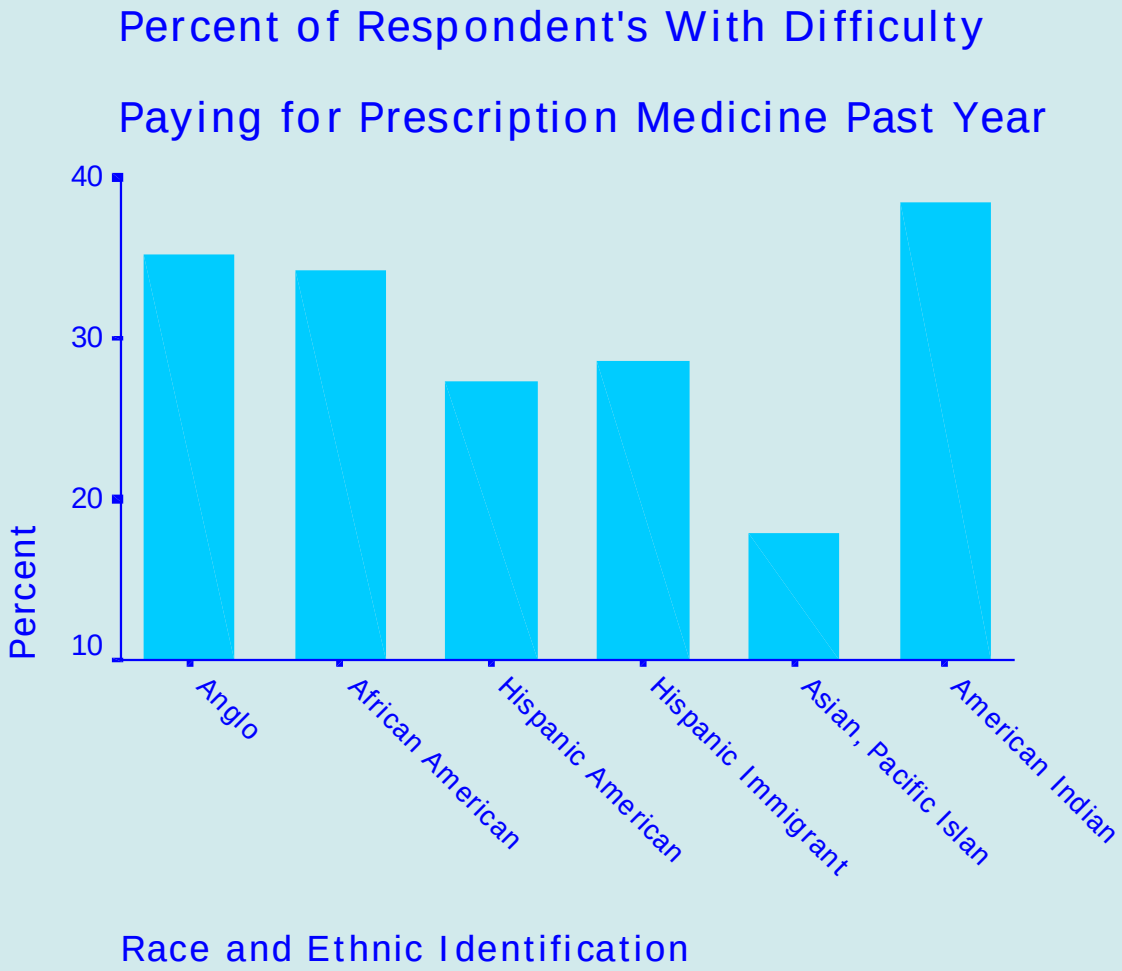


Table 187. Frequencies for Patients with Serious Problem Getting Needed Health Care in Past Twelve Months

Problem getting needed health care past 12 months

	Percent	Frequency
Yes	27.7	554
No	72.3	1449
Total	100.0	2003
NR/DK	0.7	14
System Missing	0.0	0
Total		2017

Figure 156. Barchart for Patients with Serious Problem Paying for Needed Health Care in Past Twelve Months

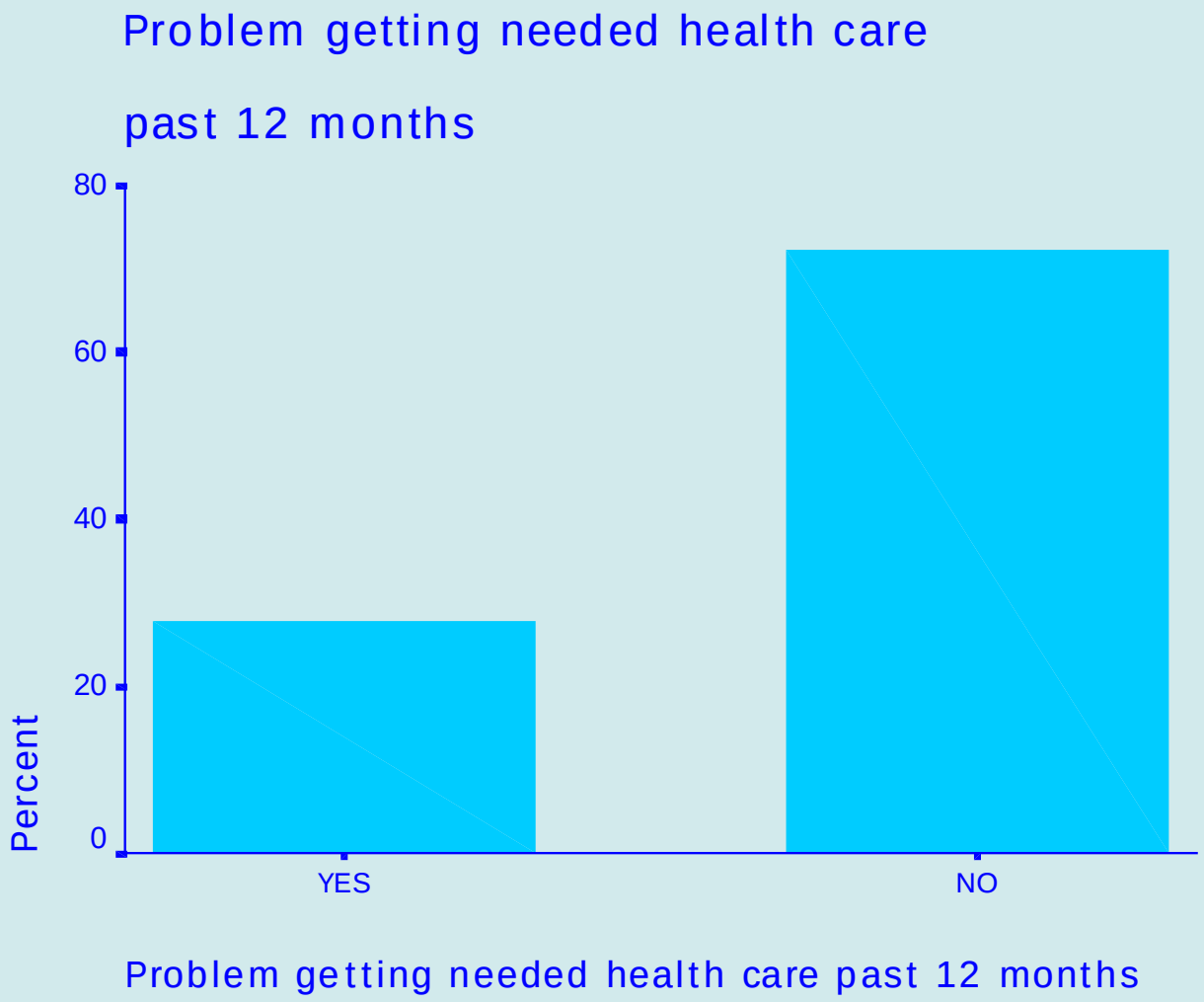
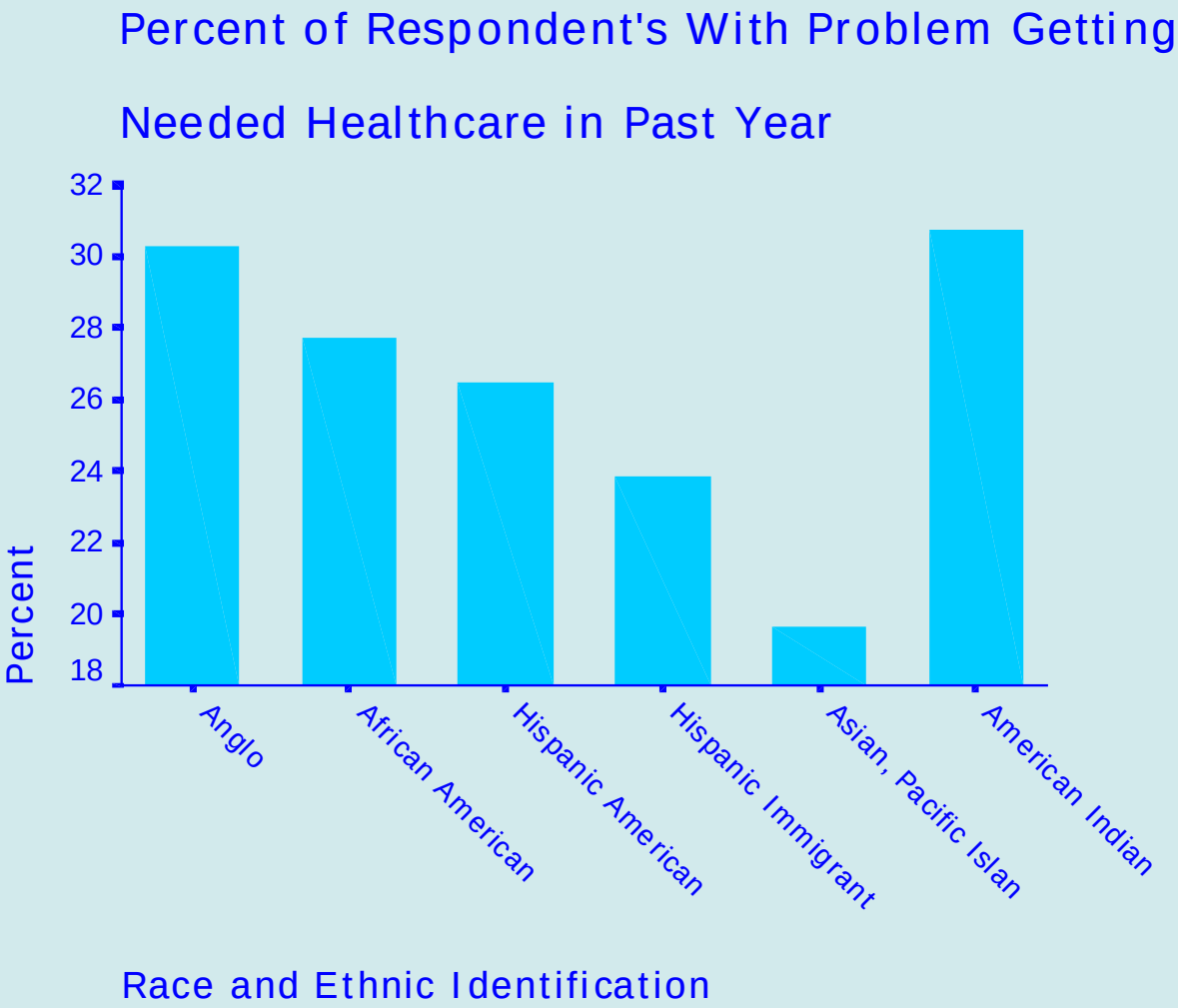


Table 188. Frequencies for Patients with Serious Problems Getting Needed Health Care in Past Twelve Months by Race/Ethnicity

Problem getting needed health care past 12 months	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	30.3	240	27.7	134	26.5	71	23.9	90	19.6	11	30.8	8
No	69.7	553	72.3	349	73.5	197	76.1	287	80.4	45	69.2	18
Total	100.0	793	100.0	483	100.0	268	100.0	377	100.0	56	100.0	26
NR/DK	1.0	8	0.6	3	0.0	0	0.5	2	1.8	1	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		801		486		268		379		57		26

Figure 157. Barchart for Patients with Serious Problem Getting Needed Health Care in Past Twelve Months by Race/Ethnicity



11. EFFECT OF EMPLOYMENT ON USE OF HEALTH CARE

Sick Leave: Tables 189-191, 195-197, 201-203; Figures 158-160, 164-166, 170-172. More than half of the patients are employed. Of the patients who are employed, less than one-third get paid time off when they are sick and less than one-fourth get time off to go to the doctor. Forty percent of those who are employed report that it is at least some trouble for the employee to take time off from work to go to the doctor and ten percent report that it causes a lot of trouble. These figures show little variation by gender.

Person Who Goes with the Patient to the Doctor: Tables 192-194, 198-200, 204-206; Figures 161-163, 167-169, 173-175. More than one-third of the patients have someone who usually goes with them to the doctor. Forty-four percent of the accompanying persons have to take time off work to go with the patient. Of the patients with an accompanying person, one in five has had to put off going to the doctor because the companion could not get time off work. Companions accompanying the women patients are somewhat more likely to need to take time off from work to accompany the female patients to the doctor. Women are twice as likely to report putting off going to the doctor because the accompanying person could not get off work. One in four women reported such delays.

Race/Ethnic Differences in Sick Leave for Women and Men: Tables 207-209; Figures 176-183. Among the women, African Americans were most likely and Hispanic immigrants were least likely to have paid time off when sick or going to the doctor. Among the men the same pattern holds as for the women generally, except that Hispanic American men are as likely as African American men to have paid time off to go to the doctor when necessary.

Race/Ethnic Differences in Effects of Employment of the Accompanying Person: Tables 210-212; Figure 184-187. Among both women and men, Hispanic immigrants are most likely to have someone accompany them to the doctor, perhaps to aid in translation. Asian and Pacific Islander women are much more likely than the men to have an accompanying person, perhaps also for the purpose of translation. Hispanic American women are more likely Hispanic American men and more likely than other American women to have an accompanying person.

Women are generally more likely than men to have an accompanying person who must take time off work to take them to the doctor among the four major race/ethnic groups. Perhaps because of this difference, women are two to three times more likely in all four major race/ethnic groups to report having to delay medical care because the accompanying person could not get off work.

EFFECT OF EMPLOYMENT ON USE OF HEALTH CARE

JPS

Health Network Sample

2000

Table 189. Frequencies of Employed Patients Who Get Paid Time Off when Sick

Paid time off when sick

	Percent	Frequency
Yes	29.6	336
No	70.4	799
Total	100.0	1135
NR/DK	1.5	31
System Missing	42.7	868
Total		2034

Figure 158. Barchart of Employed Patients Who Get Paid Time Off when Sick

Table 190. Frequencies of Employed Patients Who Get Paid Time Off when Have to Go to Doctor

Paid time off have to go to doctor

	Percent	Frequency
Yes	23.3	265
No	76.7	871
Total	100.0	1136
NR/DK	1.5	30
System Missing	42.7	868
Total		2034

Figure 159. Barchart for Employed Patients Who Get Paid Time Off when Have to Go to Doctor

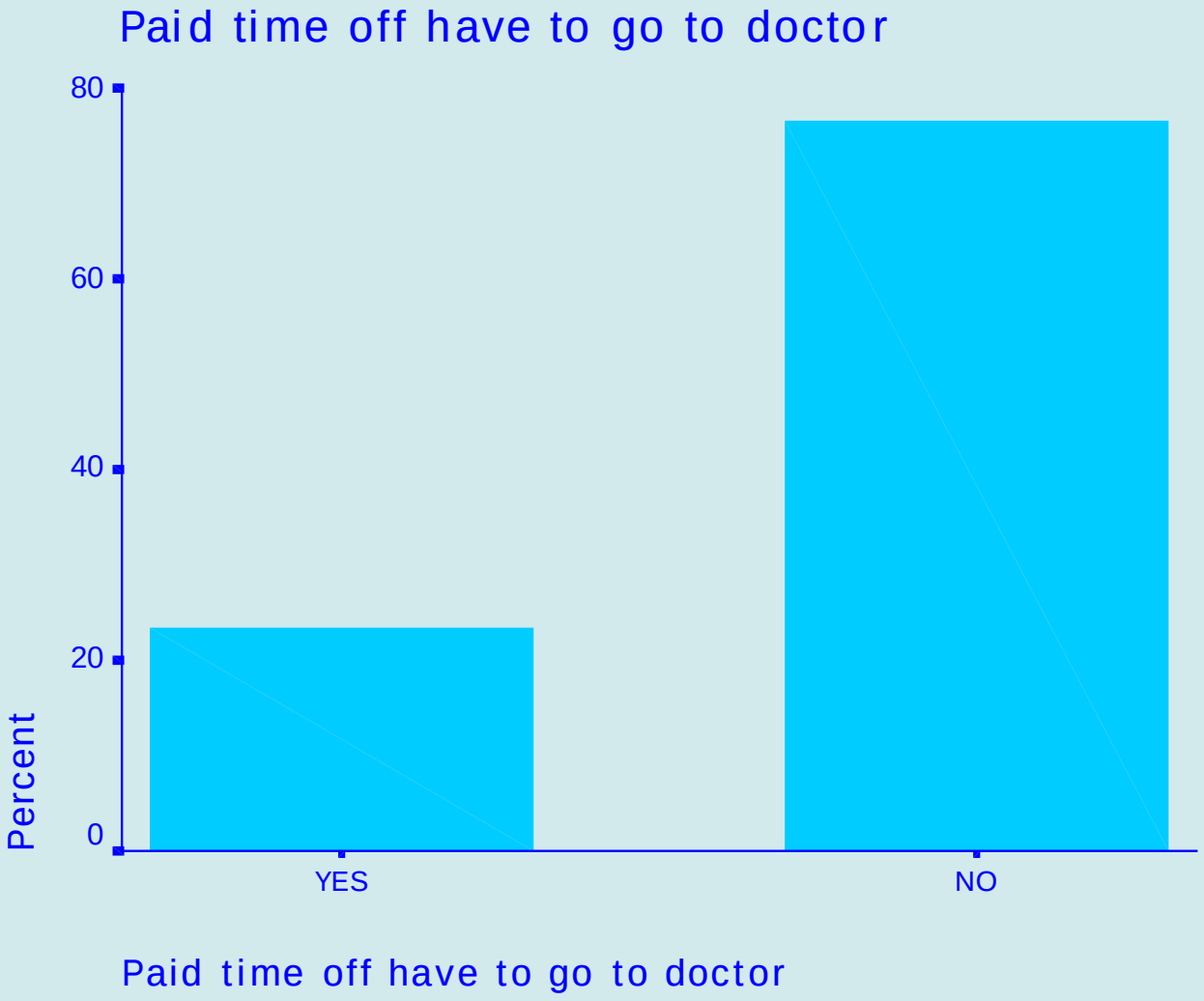


Table 191. Frequencies for the Amount of Trouble Caused to Employer when Employee Takes Time Off from Work to Go to Doctor

	Employer	
	Percent	Frequency
Lot of trouble or problems	9.1	100
Some trouble or problems	10.7	117
A little trouble or problems	18.1	198
No trouble or problems	62.1	680
Total	100.0	1095
NR/DK	3.5	71
System Missing	42.7	868
Total		2034

Figure 160. Barchart for the Amount of Trouble Caused to Employer when Employee Takes Time Off from Work to Go to Doctor

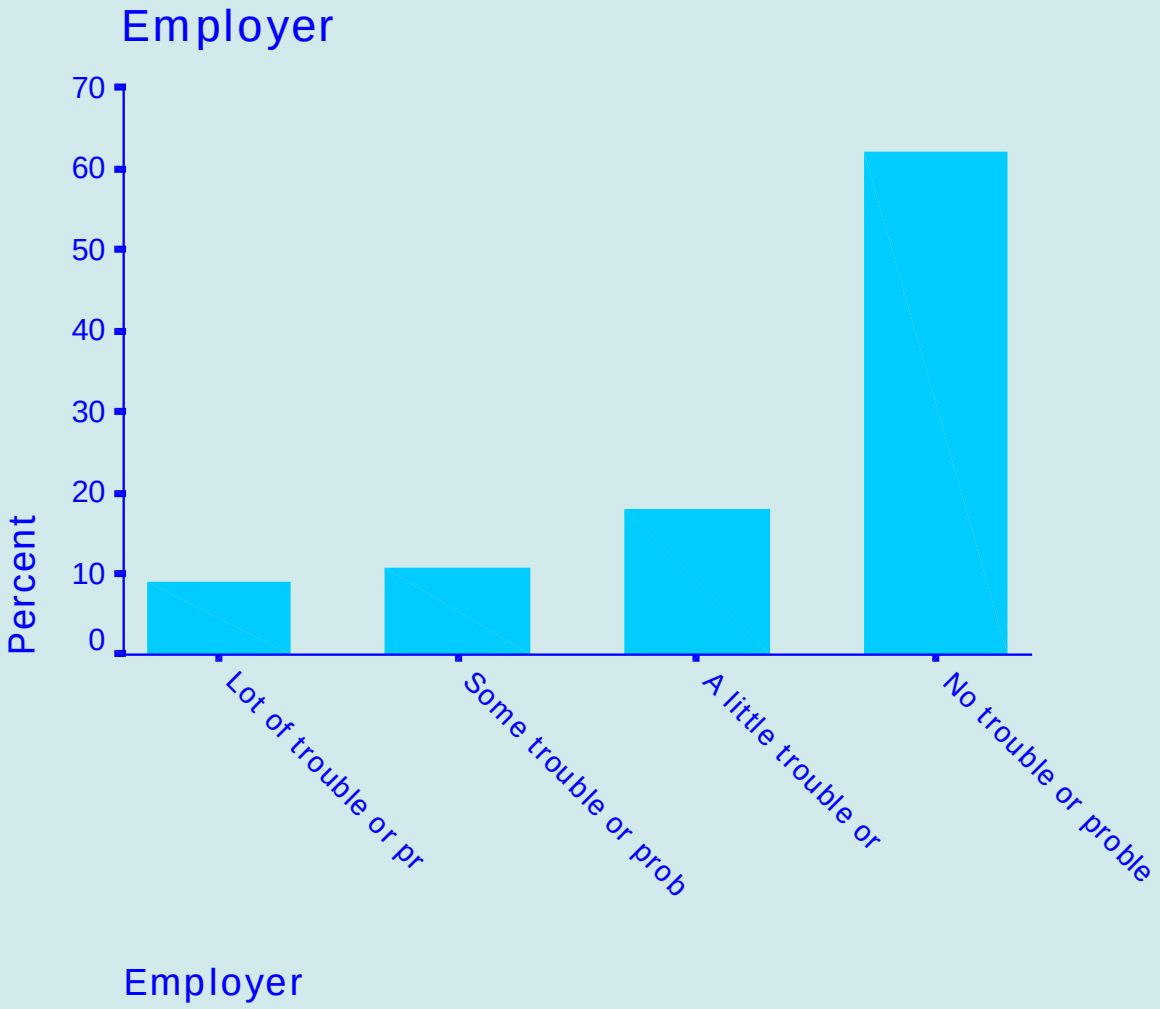


Table 192. Frequencies for Patients Who Usually Have Someone Go with Them to Doctor

Someone go with you to doctor		
	Percent	Frequency
Yes	38.0	770
No	62.0	1256
Total	100.0	2026
NR/DK	0.4	8
System Missing	0.0	0
Total		2034

Figure 161. Barchart for Patients Who Usually Have Someone Go with Them to Doctor

Table 193. Frequencies for Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off from Work

Person have to take time off to take you to doctor

	Percent	Frequency
Yes	43.8	337
No	46.6	358
Person Does not work	9.6	74
Total	100.0	769
NR/DK	0.0	1
System Missing	62.1	1264
Total		2034

Figure 162. Barchart for Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off from Work

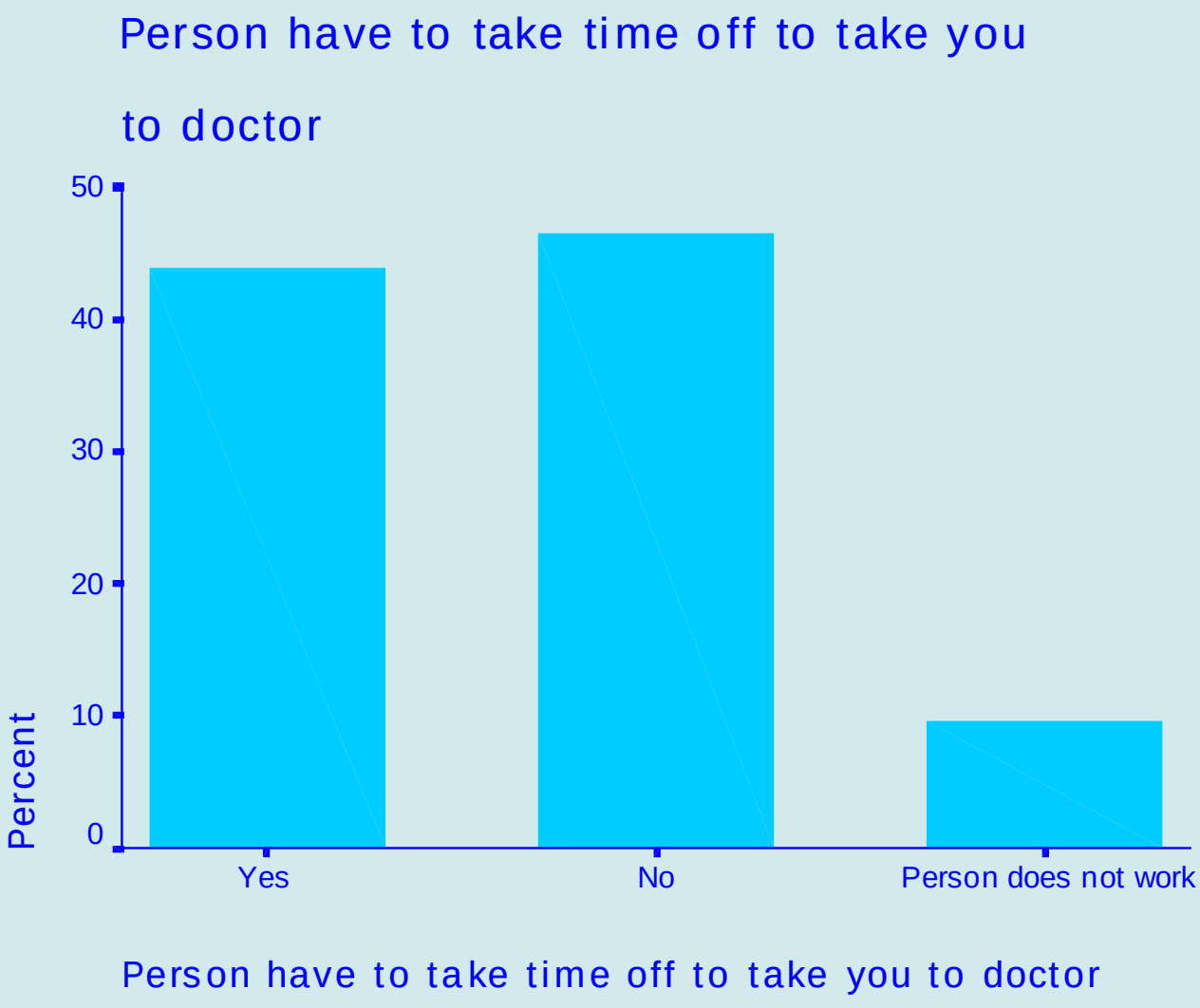


Table 194. Frequencies for Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off Work

Put off going to doctor because could not get time off

	Percent	Frequency
Yes	22.0	171
No	78.0	605
Total	100.0	776
NR/DK	0.5	10
System Missing	61.4	1248
Total		2034

Figure 163. Barchart for Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off Work

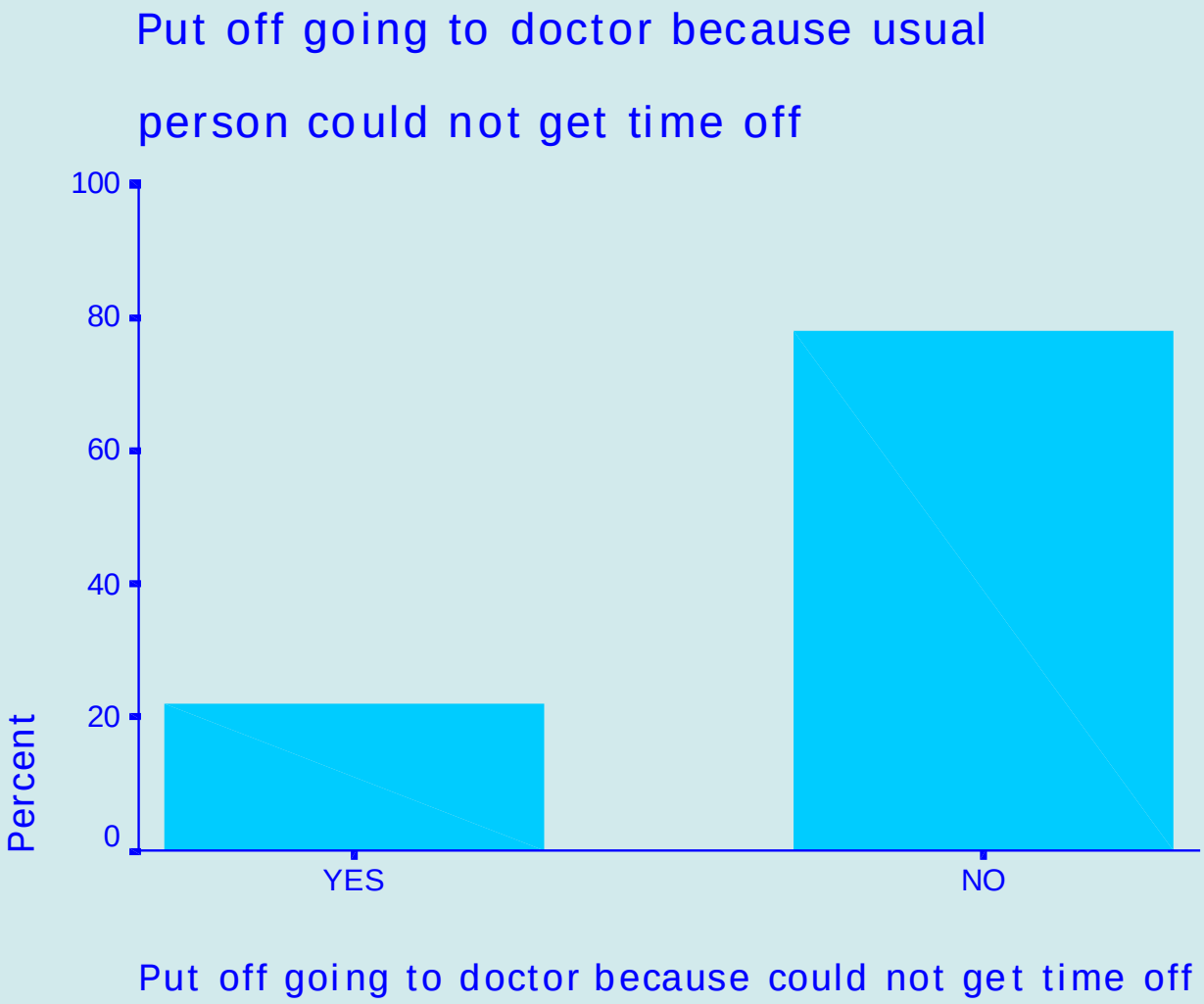


Table 195. Frequencies for Employed Women Patients Who Get Paid Time Off when Sick

Paid time off when sick

	Percent	Frequency
Yes	30.2	214
No	69.8	495
Total	100.0	709
NR/DK	1.1	15
System Missing	47.6	658
Total		1382

Figure 164. Barchart of Employed Women Patients Who Get Paid Time Off when Sick

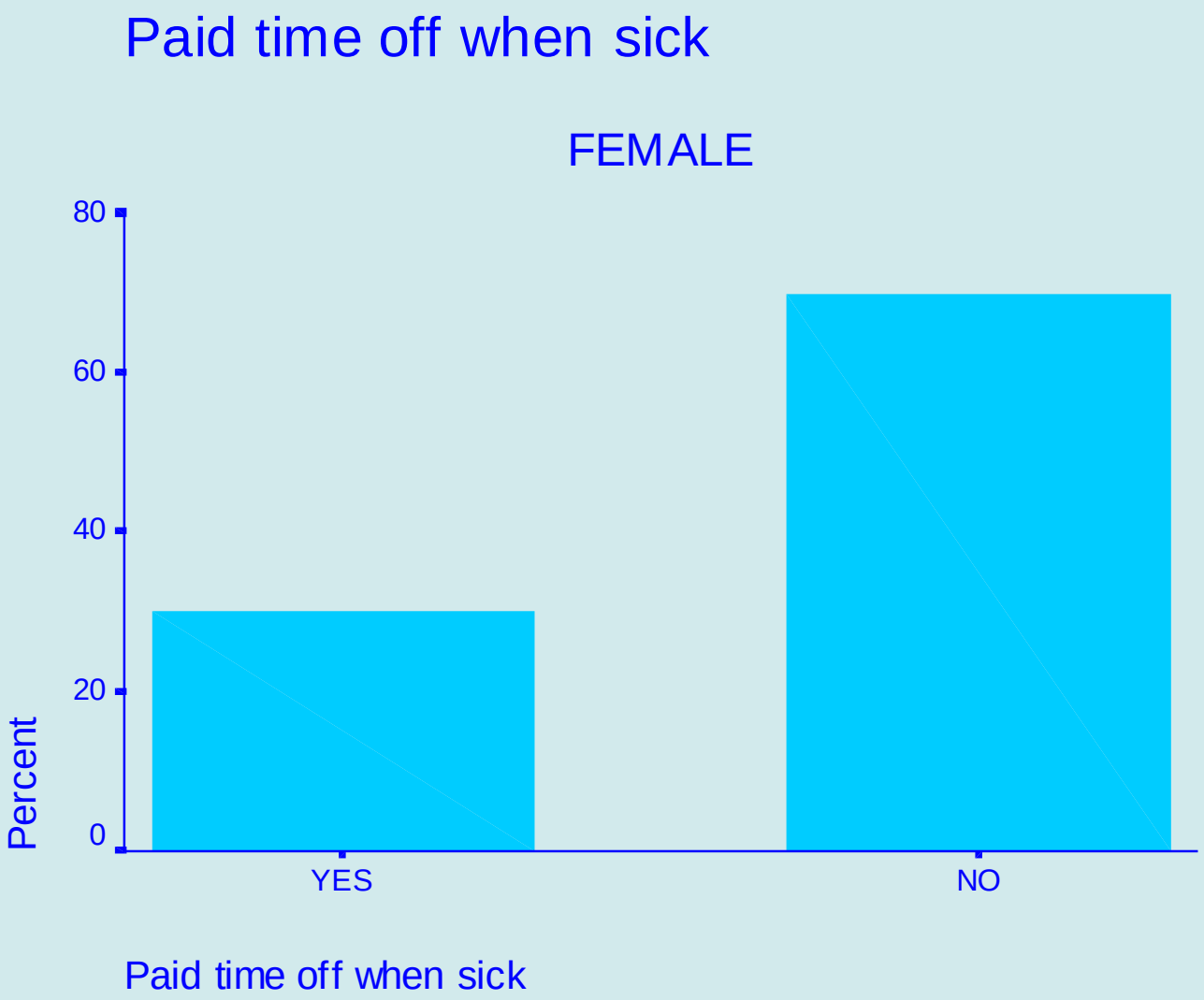


Table 196. Frequencies for Employed Women Patients Who Get Paid Time Off when Have to Go to Doctor

Paid time off have to go to doctor

	Percent	Frequency
Yes	22.3	158
No	77.7	551
Total	100.0	709
NR/DK	1.1	15
System Missing	47.6	658
Total		1382

Figure 165. Barchart for Employed Women Who Get Paid Time Off when Have to Go to Doctor

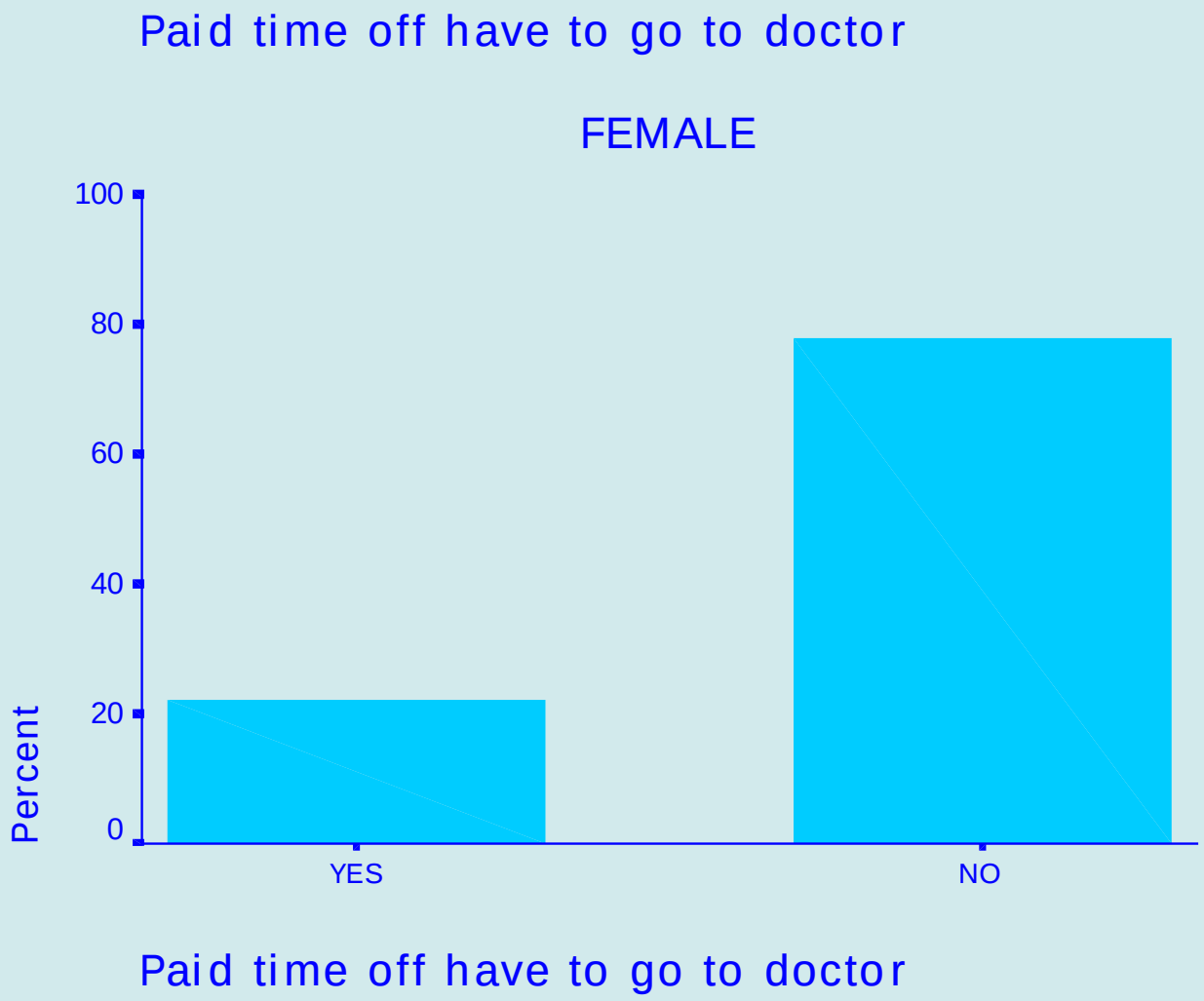


Table 197. Frequencies of Amount of Trouble Caused to Employer when Female Employee Takes Time Off from Work to Go to Doctor

	Employer	
	Percent	Frequency
Lot of trouble or problems	10.0	68
Some trouble or problems	11.7	80
A little trouble or problems	16.8	115
No trouble or problems	61.5	420
Total	100.0	683
NR/DK	3.0	41
System Missing	47.6	658
Total		1382

Figure 166. Barchart for Amount of Trouble Caused to Employer when Female Employee Takes Time Off from Work to Go to Doctor

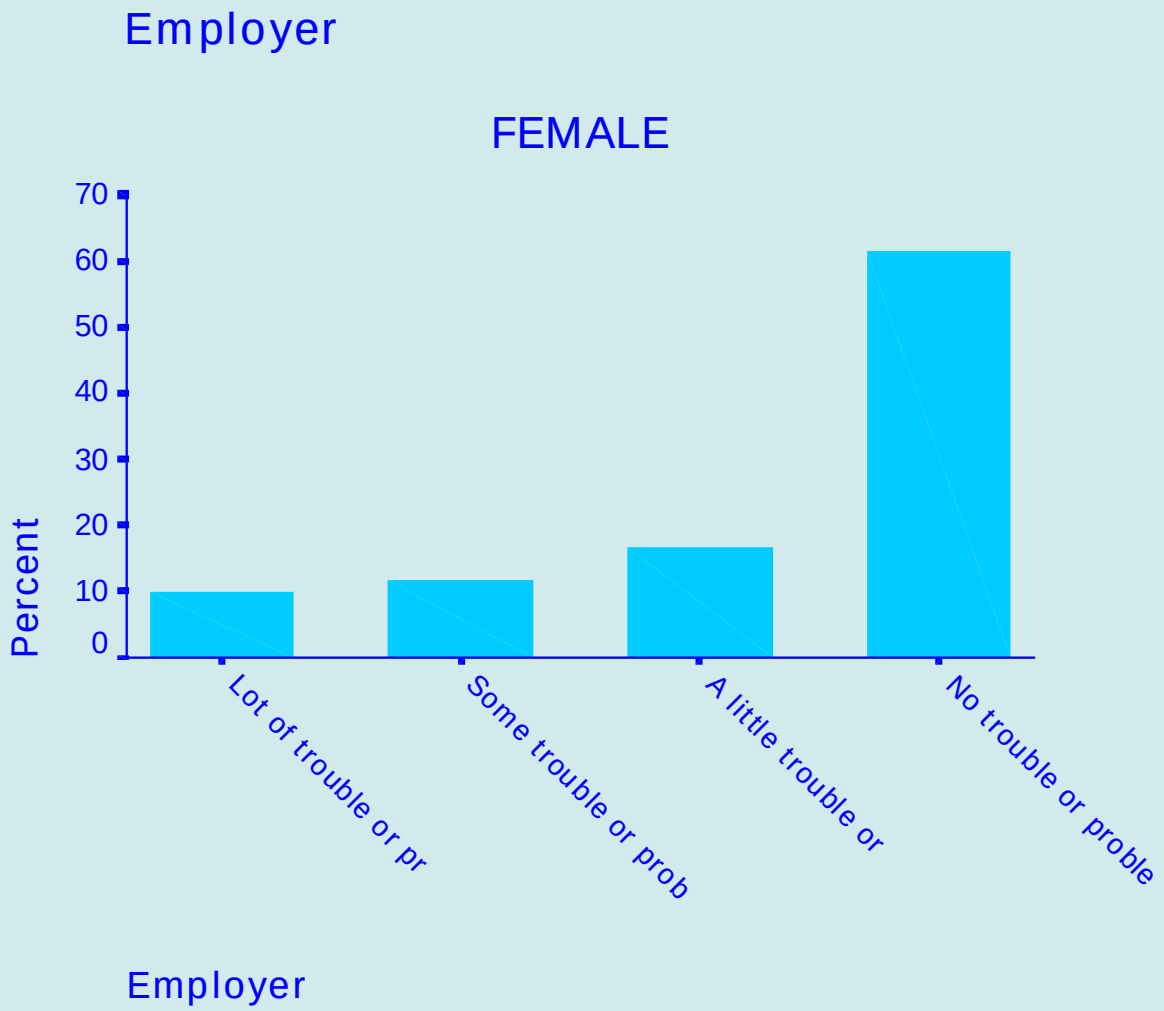


Table 198. Frequencies for Women Patients Who Usually Have Someone Go with Them to Doctor

Someone go with you to doctor

	Percent	Frequency
Yes	38.3	527
No	61.7	850
Total	100.0	1377
NR/DK	0.4	5
System Missing	0.0	0
Total		1382

Figure 167. Barchart for Women Patients Who Usually Have Someone Go with Them to Doctor

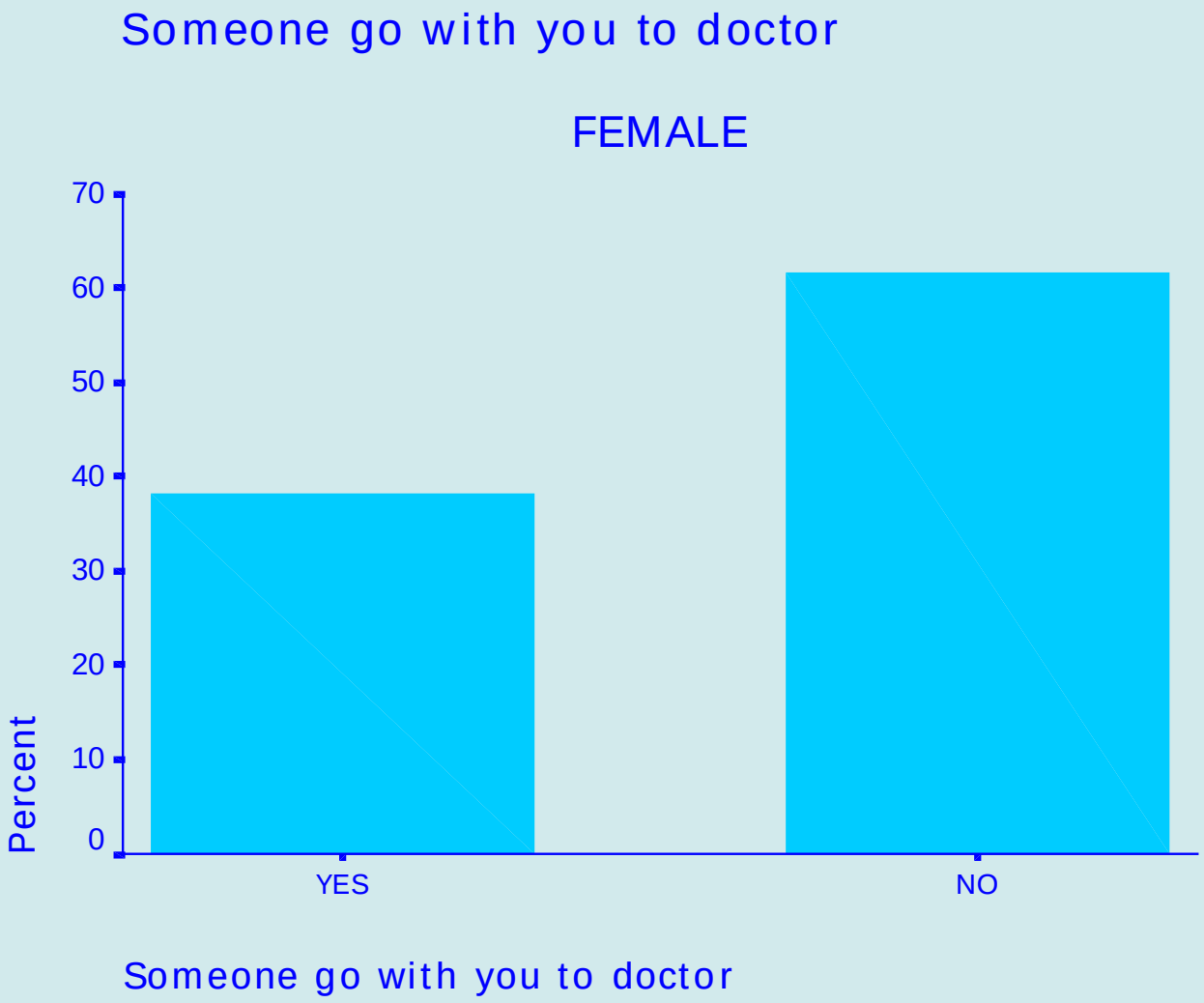


Table 199. Frequencies for Women Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off from Work

Person have to take time off to take you to doctor

	Percent	Frequency
Yes	47.0	247
No	43.7	230
Person Does not work	9.3	49
Total	100.0	526
NR/DK	0.1	1
System Missing	61.9	855
Total		1382

Figure 168. Barchart for Women Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off from Work

Table 200. Frequencies for Women Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off Work

Put off going to doctor because could not get time off

	Percent	Frequency
Yes	26.1	138
No	73.9	391
Total	100.0	529
NR/DK	0.5	7
System Missing	61.2	846
Total		1382

Figure 169. Barchart for Women Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off Work

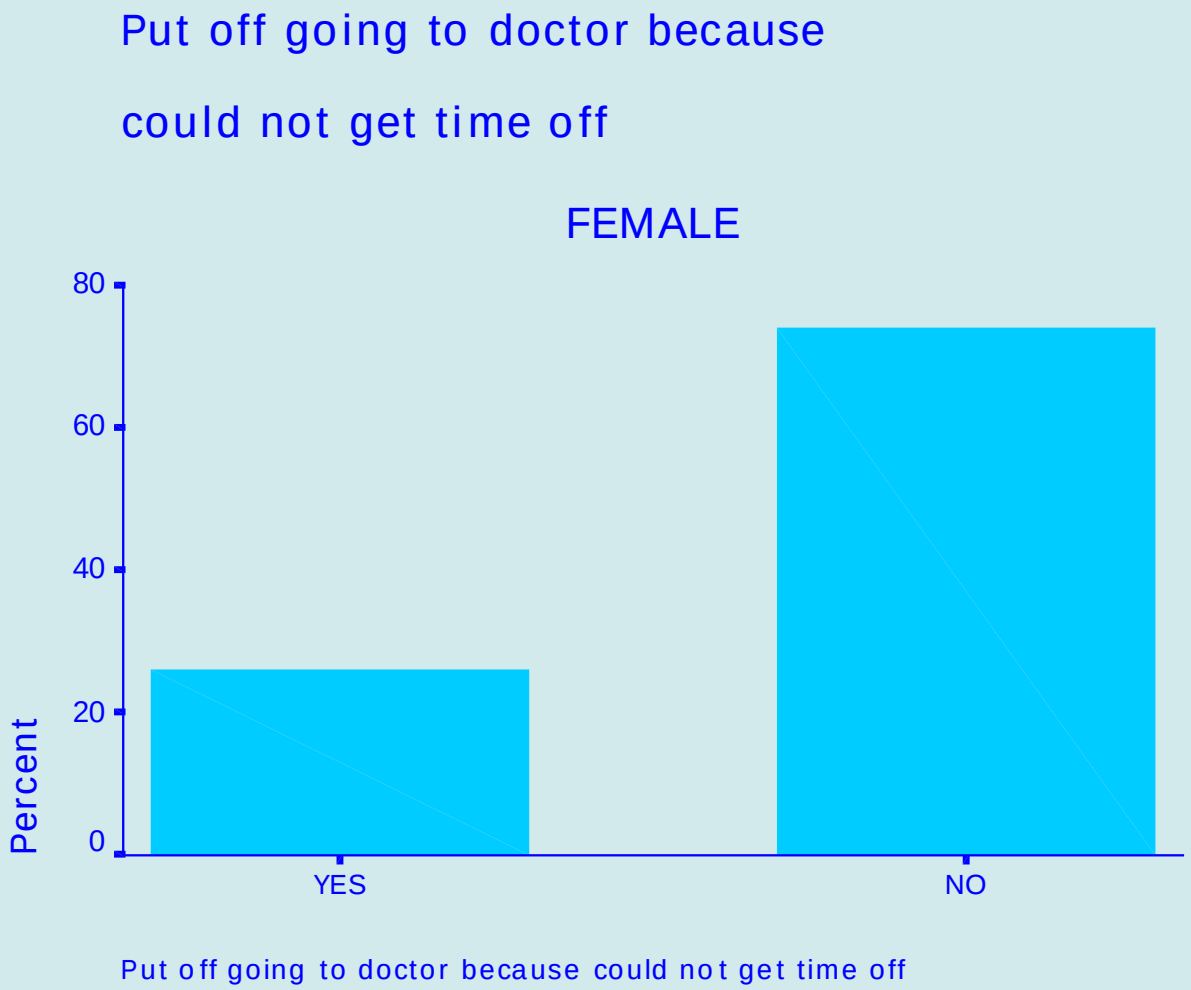


Table 201. Frequencies for Employed Men Patients Who Get Paid Time Off when Sick

Paid time off when sick

	Percent	Frequency
Yes	28.6	122
No	71.4	304
Total	100.0	426
NR/DK	2.5	16
System Missing	32.2	210
Total		652

Figure 170. Barchart of Employed Men Patients Who Get Paid Time Off when Sick

Table 202. Frequencies for Employed Men Patients Who Get Paid Time Off when Have to Go to Doctor

Paid time off have to go to doctor

	Percent	Frequency
Yes	25.1	107
No	74.9	320
Total	100.0	427
NR/DK	2.3	15
System Missing	32.2	210
Total		652

Figure 171. Barchart for Employed Men Patients Who Get Paid Time Off when Have to Go to Doctor

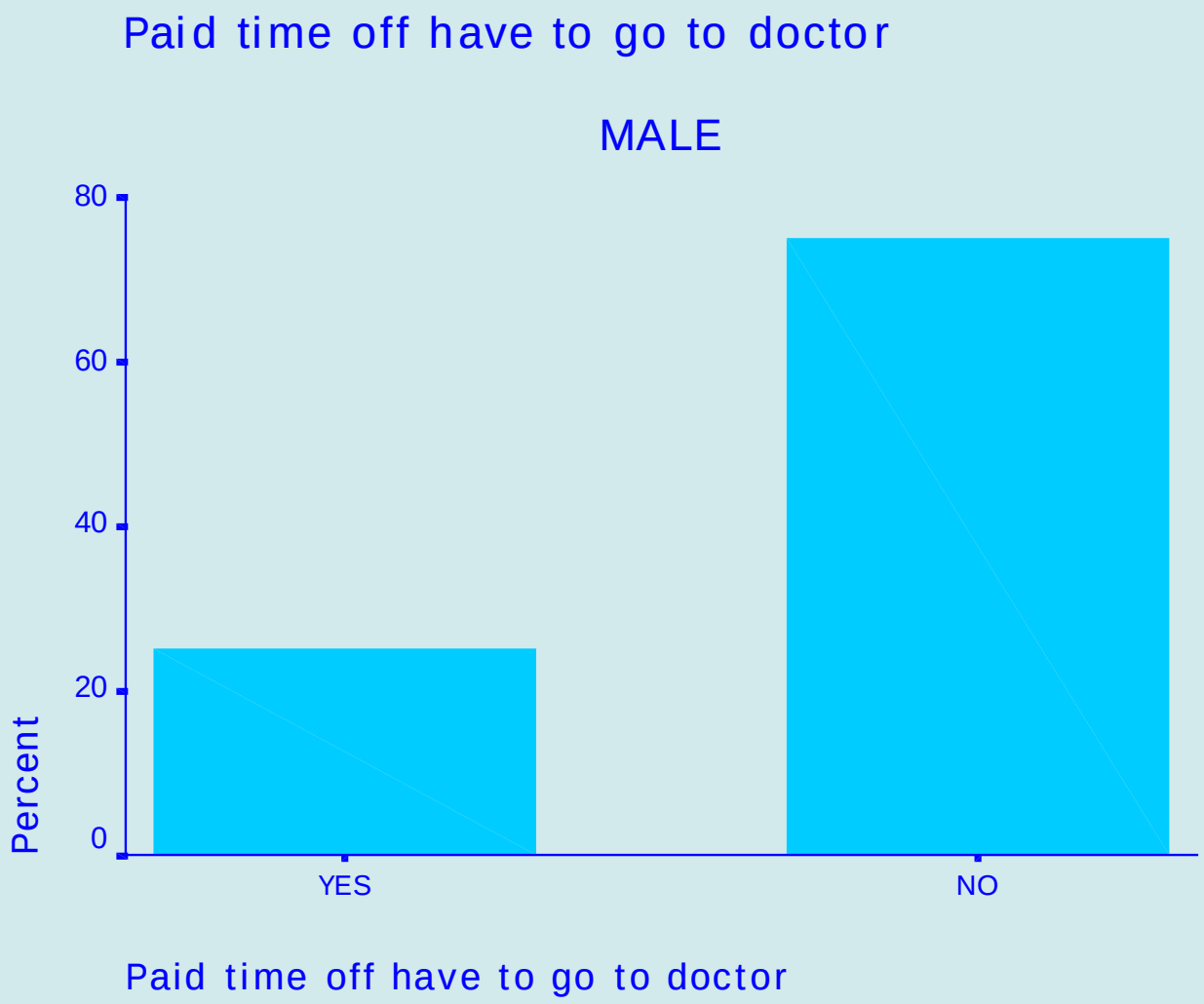


Table 203. Frequencies for Amount of Trouble Caused to Employer when Male Employee Takes Time Off to Go to Doctor

Employer		
	Percent	Frequency
Lot of trouble or problems	7.8	32
Some trouble or problems	9.0	37
A little trouble or problems	20.1	83
No trouble or problems	63.1	260
Total	100.0	412
NR/DK	4.6	30
System Missing	32.2	210
Total		652

Figure 172. Barchart for Amount of Trouble Caused to Employer when Male Employee Takes Time Off from Work to Go to Doctor

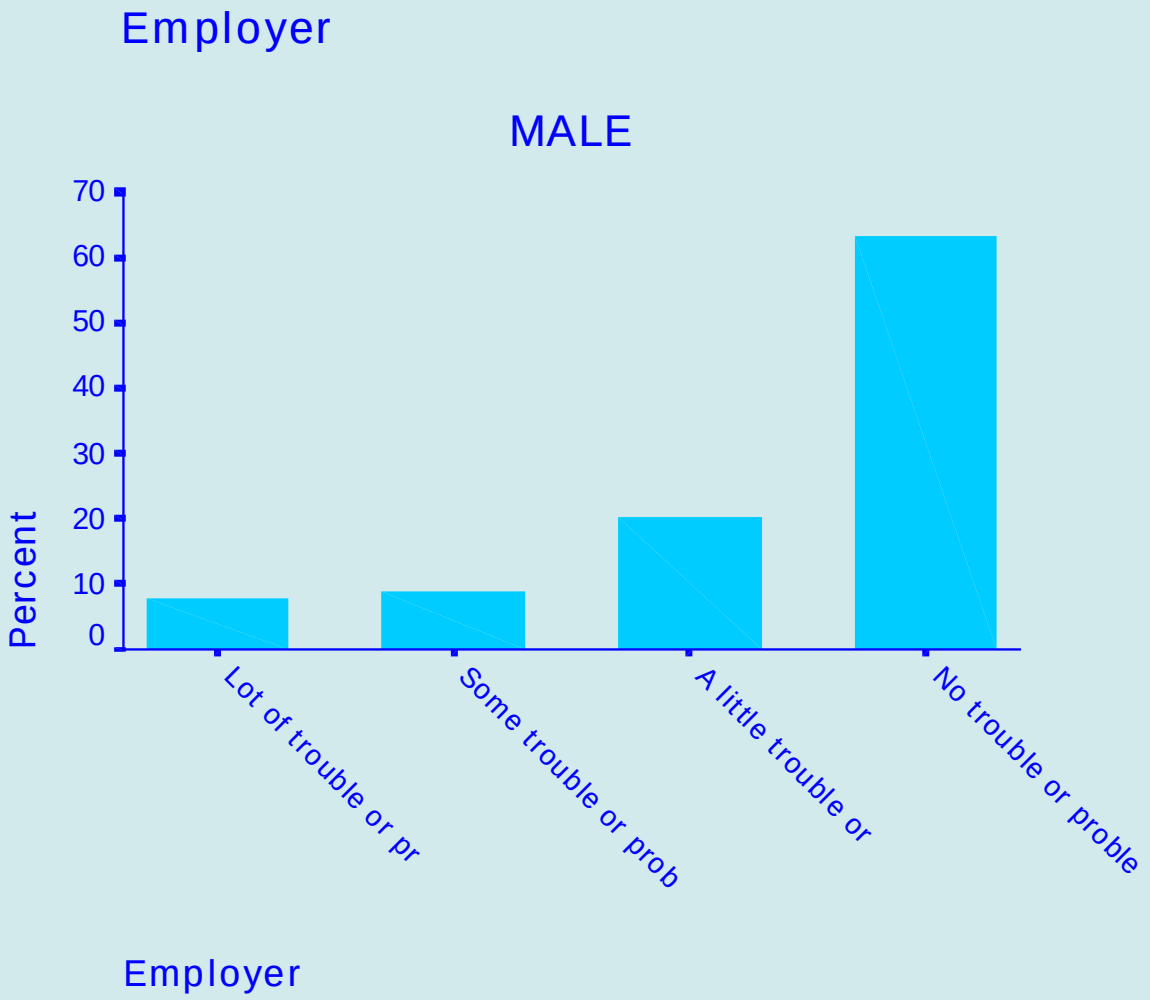


Table 204. Frequencies for Men Patients Who Usually Have Someone Go with Them to Doctor

Someone go with you to doctor

	Percent	Frequency
Yes	37.4	243
No	62.6	406
Total	100.0	649
NR/DK	0.5	3
System Missing	0.0	0
Total		652

Figure 173. Barchart for Men Patients Who Usually Have Someone Go with Them to Doctor

Table 205. Frequencies for Men Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off Work

Person have to take time off to take you to doctor

	Percent	Frequency
Yes	37.0	90
No	52.7	128
Person Does not work	10.3	25
Total	100.0	243
NR/DK	62.7	409
System Missing	0.0	0
Total		652

Figure 174. Barchart for Men Patients Who Usual Person to Take Them to Doctor Has to Take Time Off from Work

Table 206. Frequencies for Men Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off

Put off going to doctor because could not get time off

	Percent	Frequency
Yes	13.4	33
No	86.6	214
Total	100.0	247
NR/DK	0.5	3
System Missing	61.7	402
Total		652

Figure 175. Barchart for Men Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off Work

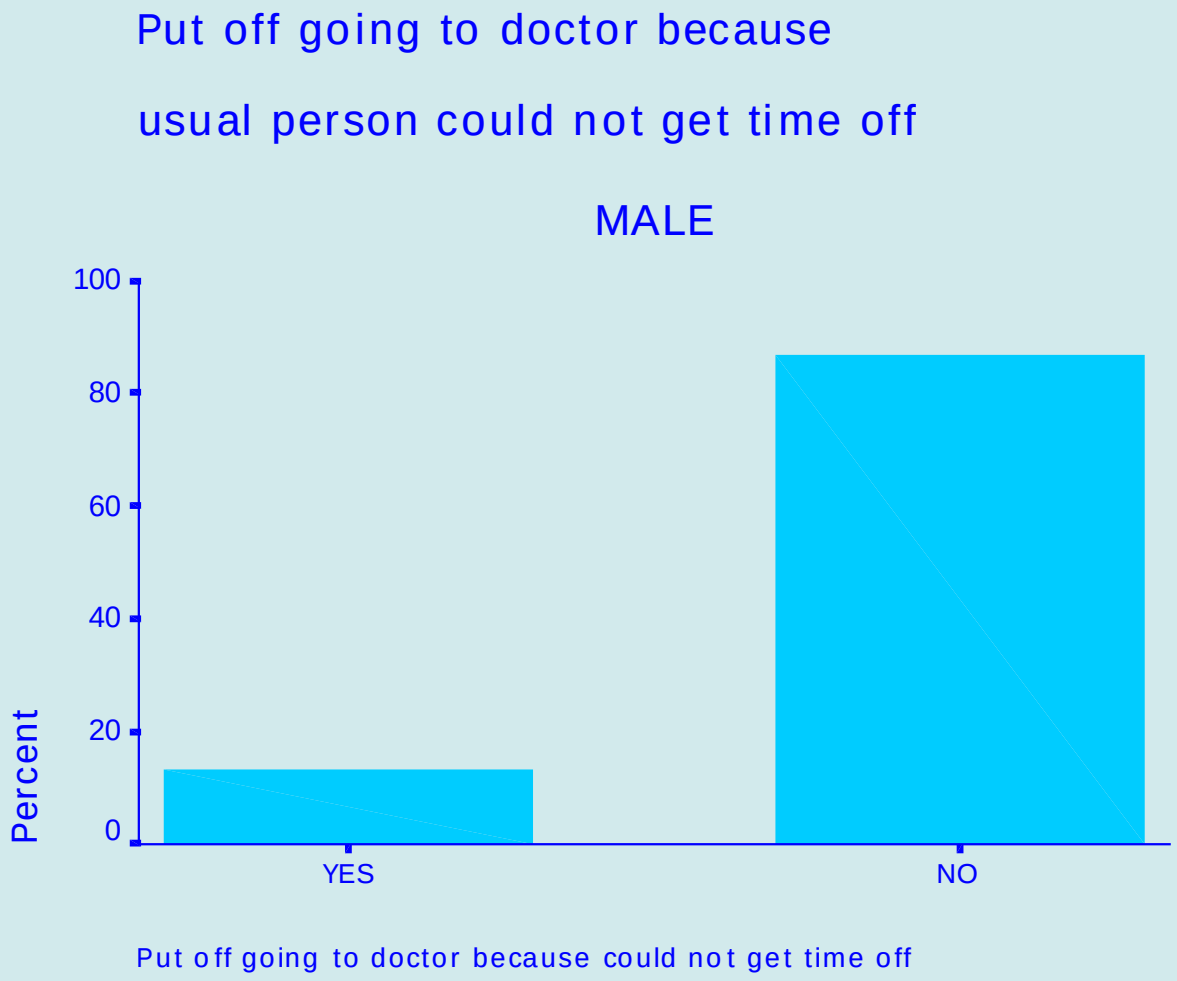


Table 207a. Frequencies for Paid Time Off when Sick by Gender and Race/Ethnicity

Paid time off when sick		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	28.9	88	38.0	68	32.3	32	18.9	17	25.0	6	40.0	2
	No	71.1	216	62.0	111	67.7	67	81.1	73	75.0	18	60.0	3
	Total	100.0	304	100.0	179	100.0	99	100.0	90	100.0	24	100.0	5
	NR/DK	1.0	5	1.5	5	1.1	2	0.4	1	4.9	2	0.0	0
	System Missing	41.3	217	44.2	146	45.7	85	66.8	183	36.6	15	66.7	10
	Total		526		330		186		274		41		15

Figure 176. Barchart for Paid Time Off when Sick for Women by Race/Ethnicity

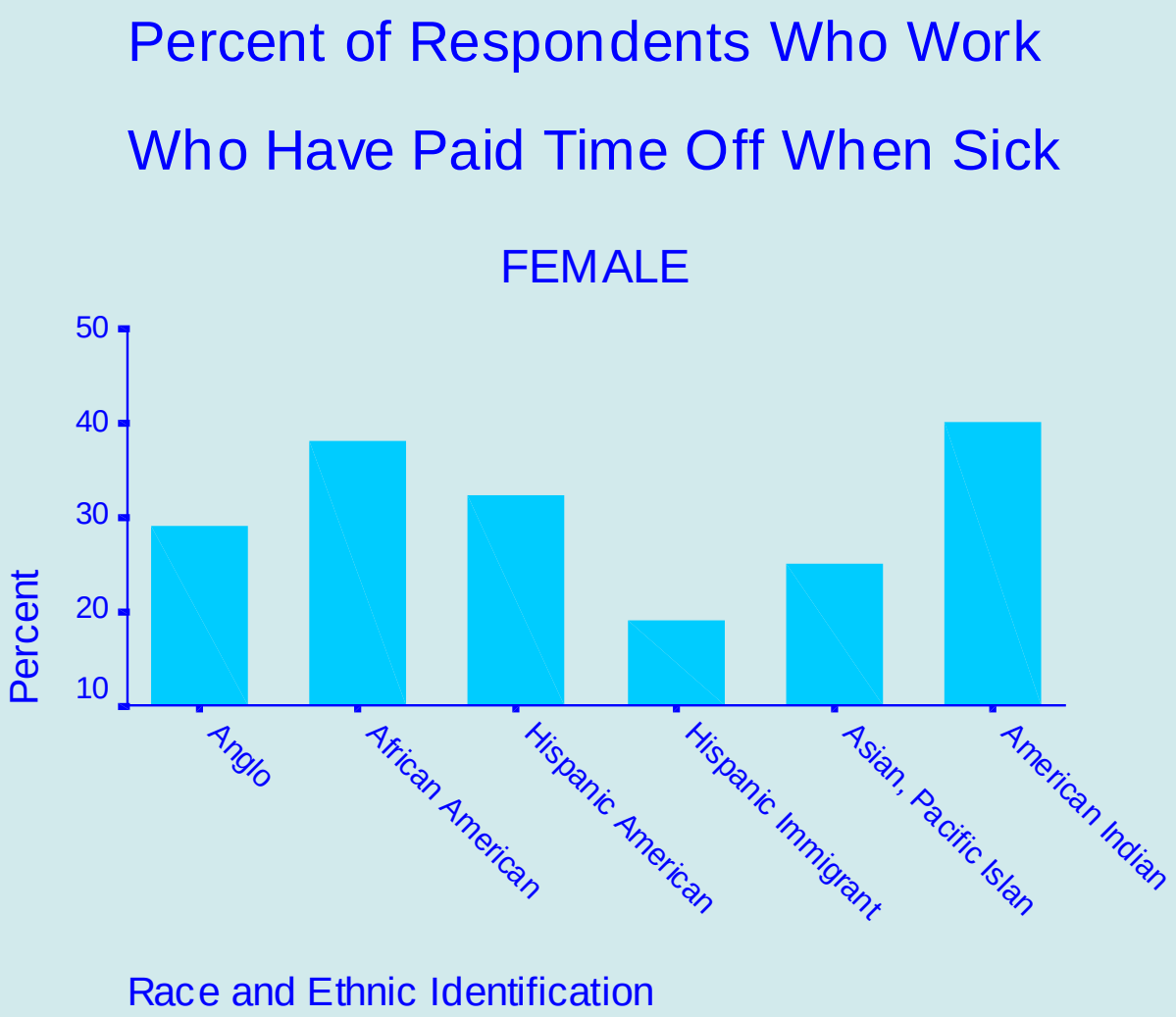


Table 207b. Frequencies for Paid Time Off when Sick by Gender and Race/Ethnicity

Paid time off when sick		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	29.8	57	33.0	31	28.3	15	25.0	18	0.0	0	25.0	1
	No	70.2	134	67.0	63	71.7	38	75	54	100.0	9	75.0	3
	Total	100.0	191	100.0	94	100.0	53	100.0	72	100.0	9	100.0	4
	NR/DK	0.7	2	3.2	5	2.4	2	6.7	7	0	0	0	0
	System Missing	29.8	82	36.5	57	32.9	27	24.8	26	43.8	7	63.6	7
	Total		275		156		82		105		16		11

Figure 177. Barchart for Paid Time Off when Sick for Men by Race/Ethnicity

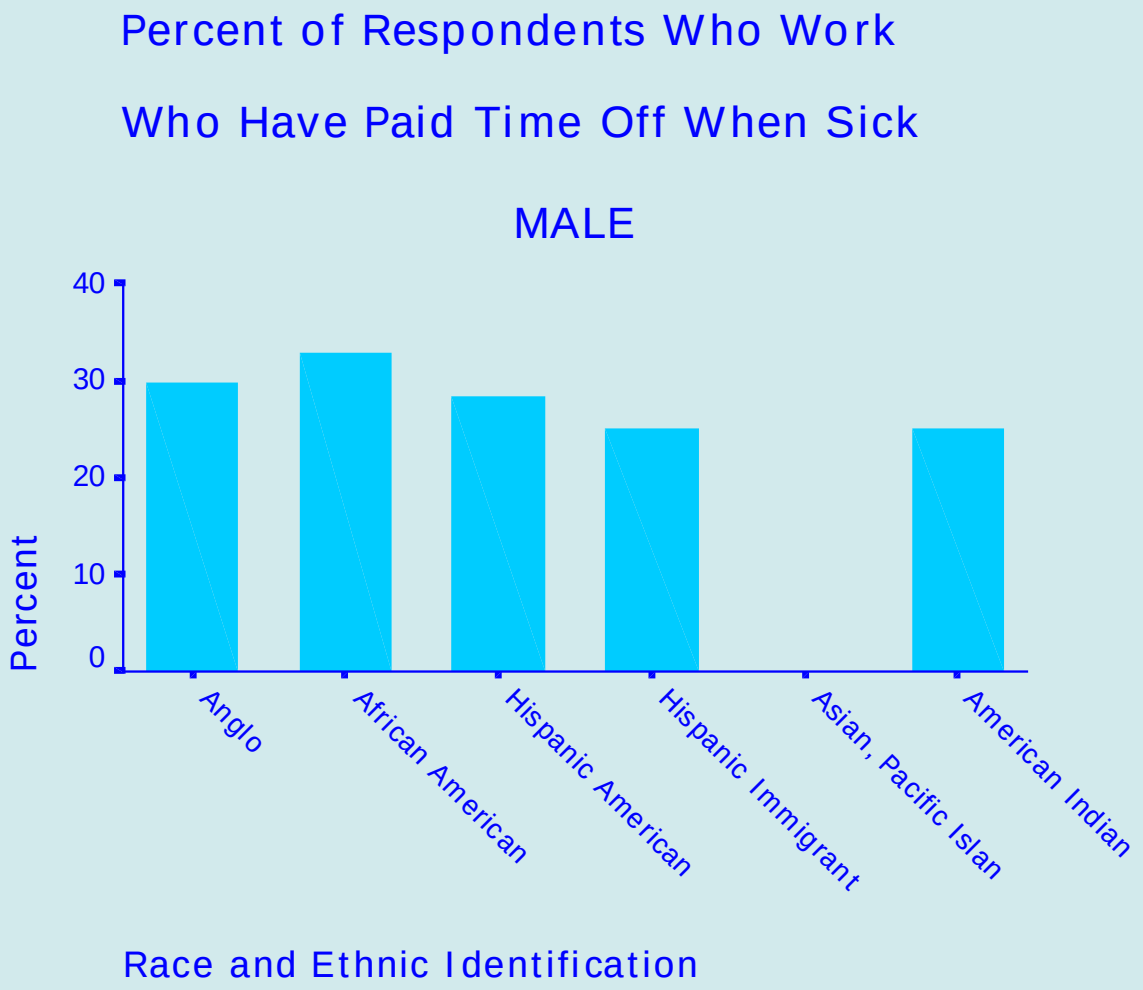


Table 208a. Frequencies for Paid Time Off when Have to Go to Doctor by Gender and Race/Ethnicity

Paid time off have to go to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	21.6	66	27.4	49	26.3	26	11.2	10	25.0	6	20.0	1
	No	78.4	239	72.6	130	73.7	73	88.8	79	75.0	18	80.0	4
	Total	100.0	305	100.0	179	100.0	99	100.0	89	100.0	24	100.0	5
	NR/DK	0.8	4	1.5	5	1.1	2	0.7	2	4.9	2	0.0	0
	System Missing	41.3	217	44.2	146	45.7	85	66.8	183	36.6	15	66.7	10
	Total		526		330		186		274		41		15

Figure 178. Barchart for Paid Time Off when Have to Go to Doctor for Women by Race/Ethnicity

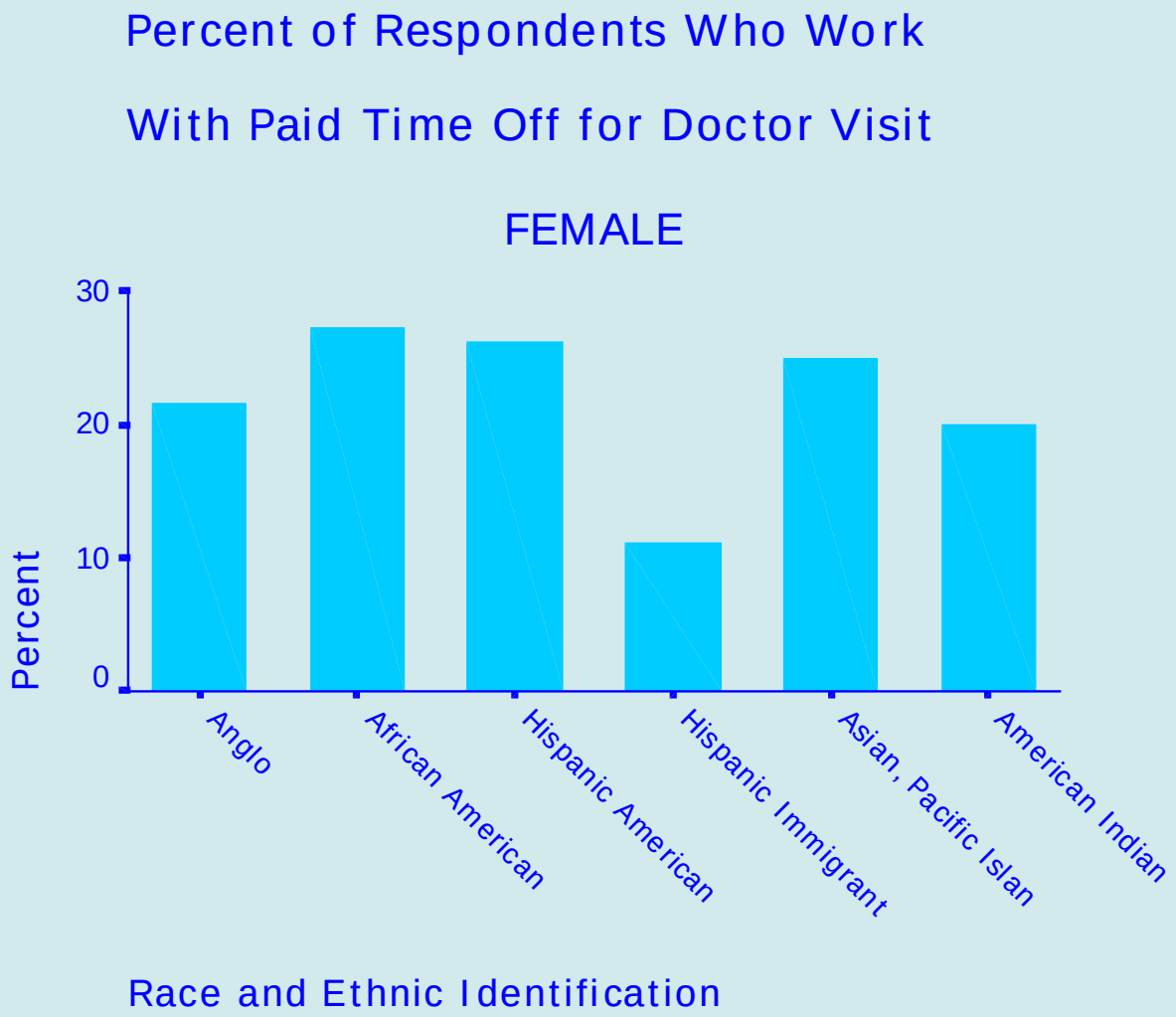


Table 208b. Frequencies for Paid Time Off when Have to Go to Doctor by Gender and Race/Ethnicity

Paid time off have to go to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	25.1	48	29.8	28	29.6	16	18.1	13	11.1	1	25.0	1
	No	74.9	143	70.2	66	70.4	38	81.9	59	88.9	8	75.0	3
	Total	100.0	191	100.0	94	100.0	54	100.0	72	100.0	9	100.0	4
	NR/DK	0.7	2	3.2	5	1.2	1	6.7	7	0.0	0	0.0	0
	System Missing	29.8	82	36.5	57	32.9	27	24.8	26	43.8	7	63.6	7
	Total		275		156		82		105		16		11

Figure 179. Barchart for Paid Time Off when Have to Go to Doctor for Men by Race/Ethnicity

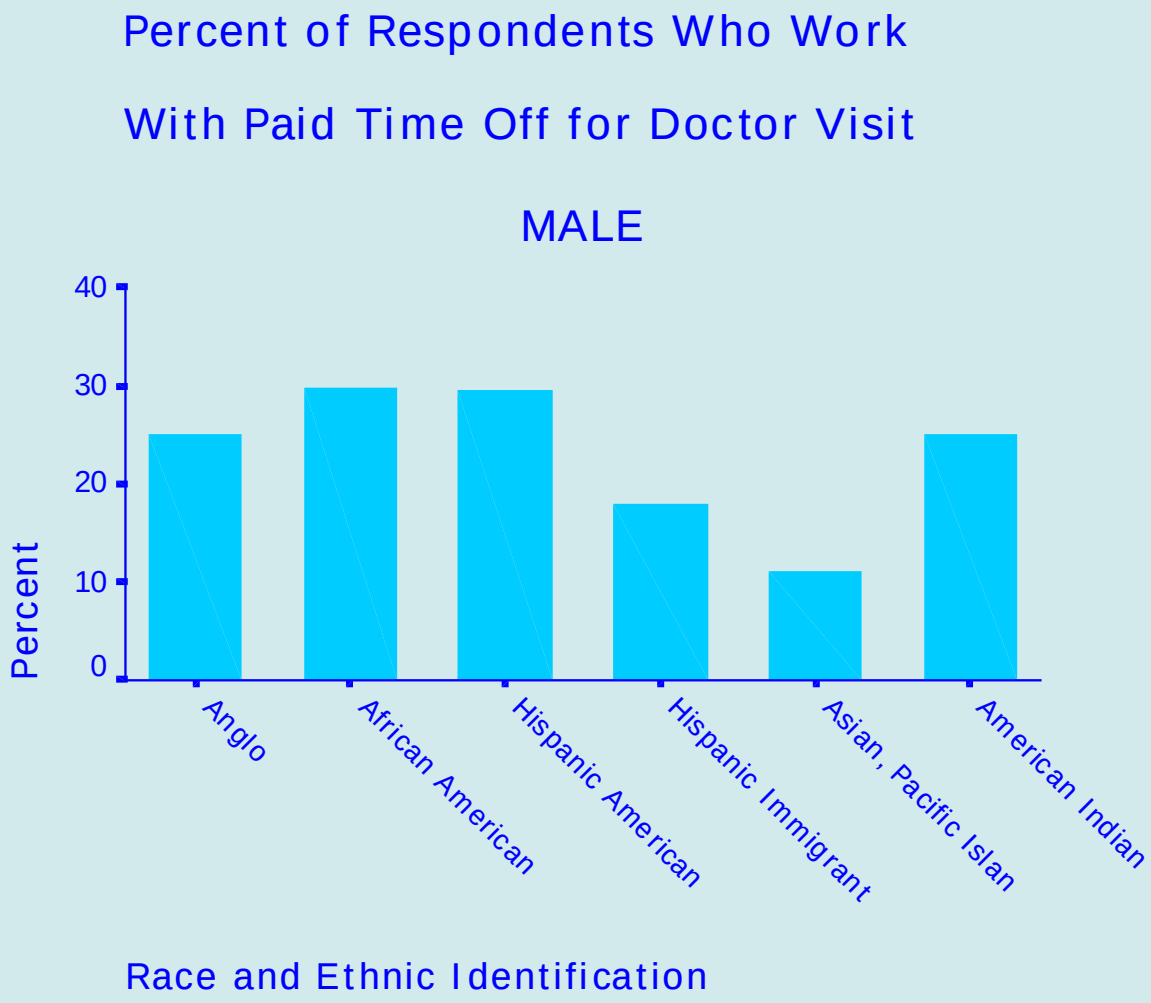


Table 209a. Frequencies for Amount of Trouble to Employer when Employee Takes Time Off to Go to Doctor by Gender and Race/Ethnicity

Employer		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Lot of trouble or problems	10.6	31	9.1	16	10.1	10	11.0	9	4.8	1	0.0	0
	Some trouble or problems	13.3	39	12.6	22	8.1	8	12.2	10	4.8	1	0.0	0
	A little trouble or problems	18.8	55	15.4	27	17.2	17	12.2	10	14.3	3	40.0	2
	No trouble or problems	57.3	168	62.9	110	64.6	64	64.6	53	76.2	16	60.0	3
	Total	100.0	293	100.0	175	100.0	99	100.0	82	100.0	21	100.0	5
	NR/DK	3.0	16	2.7	9	1.1	2	3.3	9	12.2	5	0.0	0
	System Missing	41.3	217	44.2	146	45.7	85	66.8	183	36.6	15	66.7	10
	Total		526		330		186		274		41		15

Figure 180. Barchart for Female Patients Who Have at Least Some Trouble with Employer when Taking Time Off to Go to Doctor by Race/Ethnicity

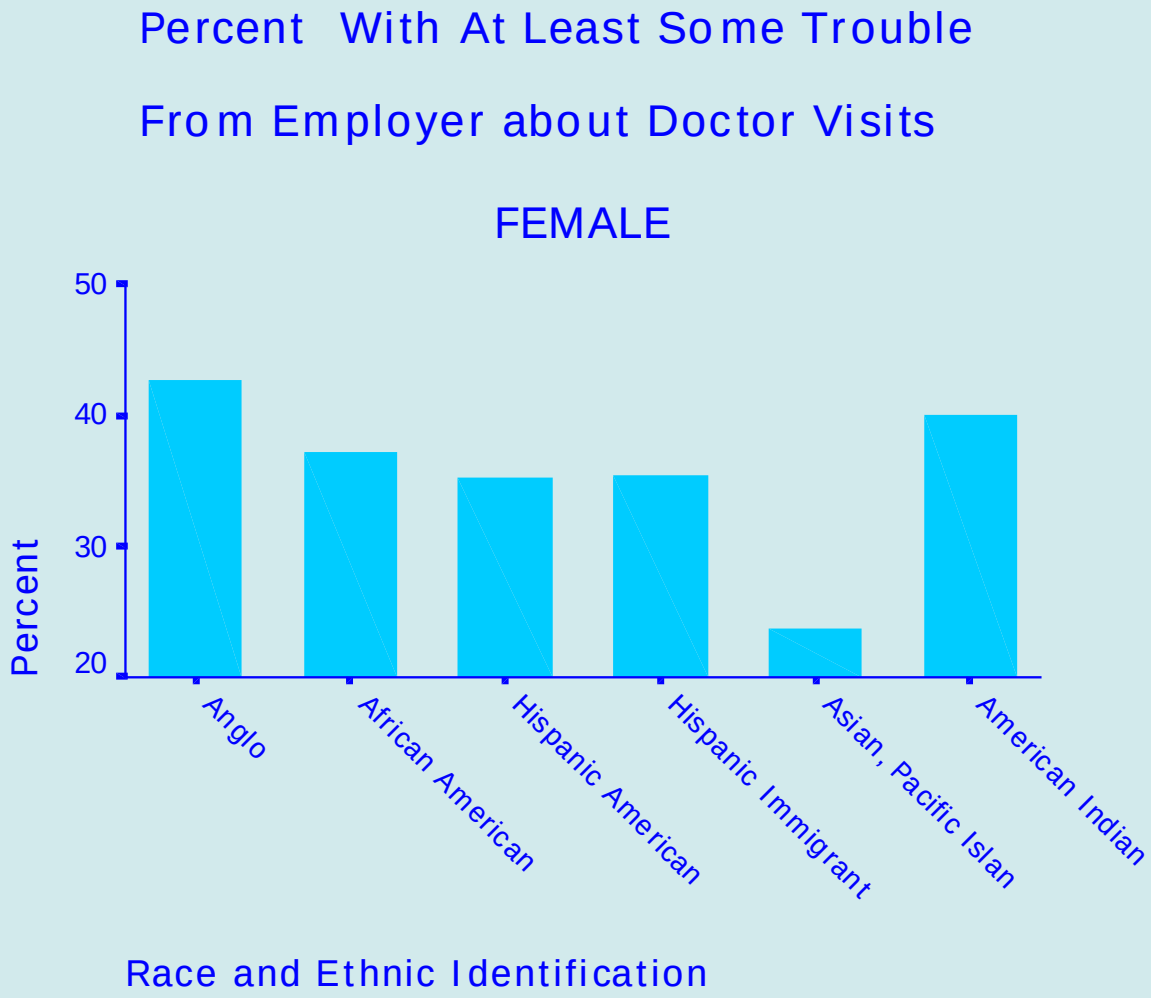


Figure 182. Barchart for Female Patients Who Have a Lot of Trouble with Employer when Taking Time Off to Go to Doctor by Race/Ethnicity

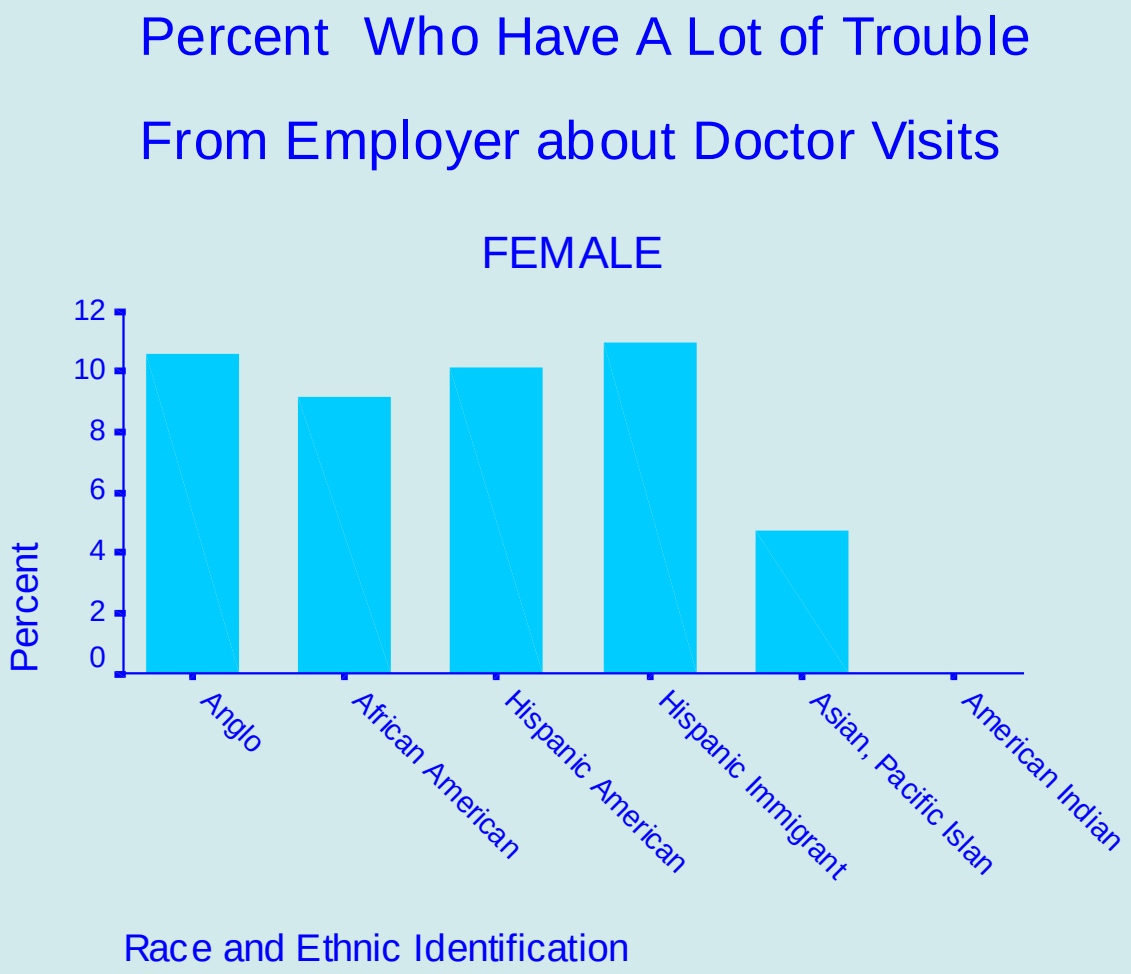


Table 209b. Frequencies for Amount of Trouble to Employer when Employee Takes Time Off to Go to Doctor by Gender and Race/Ethnicity

Employer		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Lot of trouble or problems	6.2	11	9.8	9	11.5	6	8.0	6	0.0	0	0.0	0
	Some trouble or problems	9.0	16	9.8	9	9.6	5	5.3	4	11.1	1	25.0	1
	A little trouble or problems	22.0	39	27.2	25	15.4	8	12.0	9	0.0	0	0.0	0
	No trouble or problems	62.7	111	53.3	49	63.5	33	74.7	56	88.9	8	75.0	3
	Total	100.0	177	100.0	92	100.0	52	100.0	75	100.0	9	100.0	4
	NR/DK	5.8	16	4.5	7	3.7	3	3.8	4	0.0	0	0.0	0
	System Missing	29.8	82	36.5	57	32.9	27	24.8	26	43.8	7	63.6	7
	Total		275		156		82		105		16		11

Figure 181. Barchart for Male Patients Who Have at Least Some Trouble with Employer when Taking Time Off to Go to Doctor by Race/Ethnicity

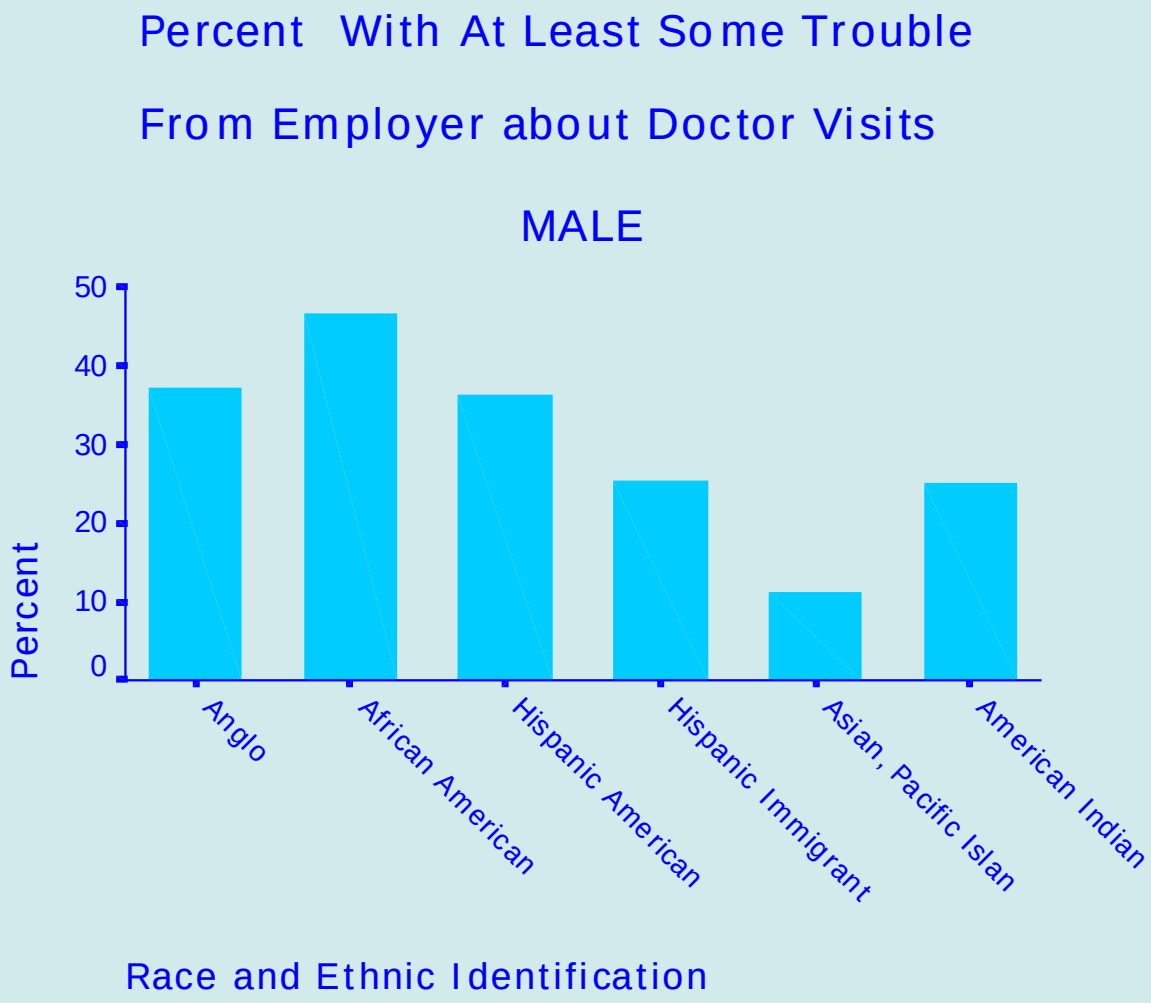


Figure 183. Barchart for Male Patients Who a Lot of Trouble with Employer when Taking Time Off to Go to Doctor by Race/Ethnicity

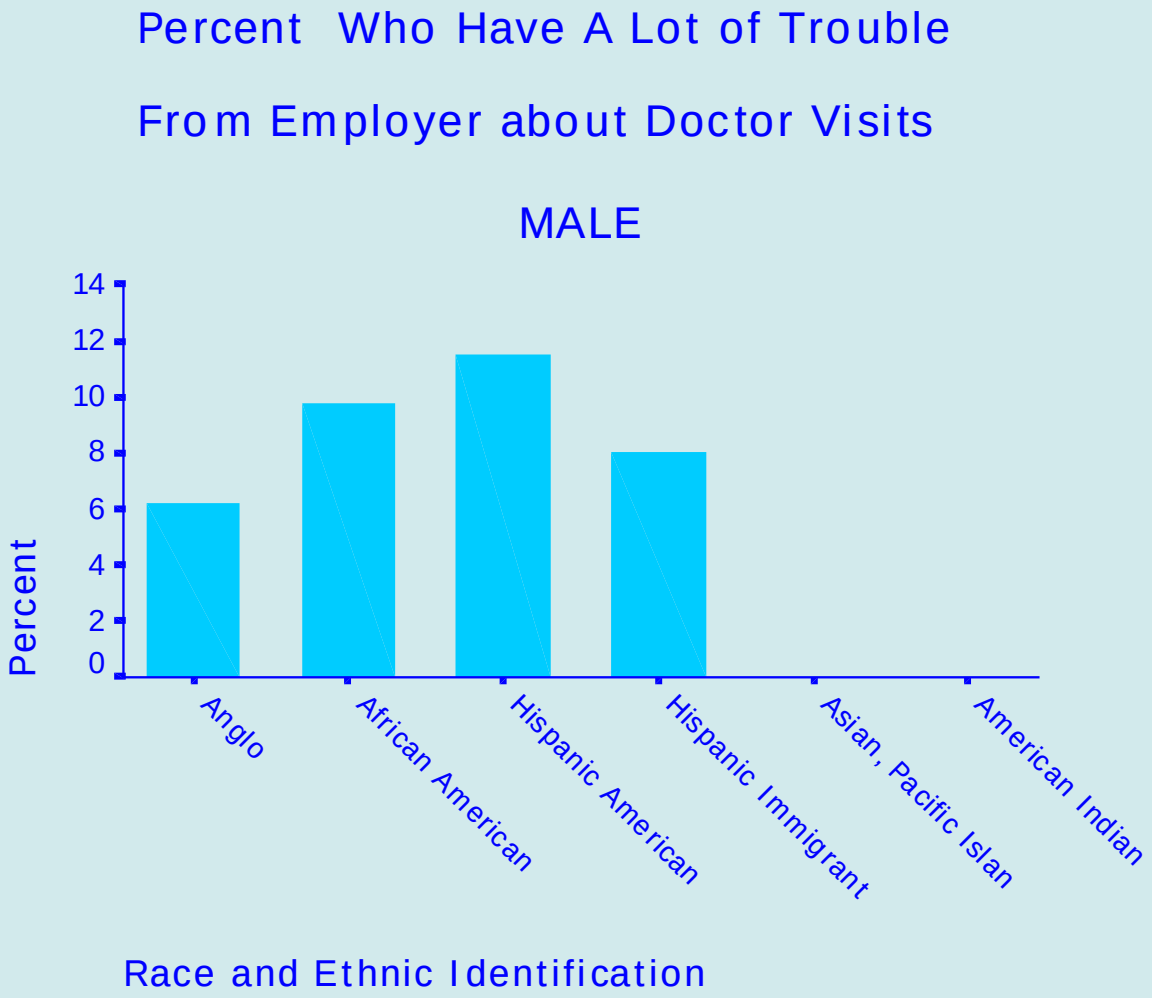


Table 210a. Frequencies for Patients Who Usually Have Someone Go with Them to Doctor by Gender and Race/Ethnicity

Someone go with you to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	31.7	166	31.4	103	44.1	82	53.6	147	48.8	20	40.0	6
	No	68.3	357	68.6	225	55.9	104	46.4	127	51.2	21	60.0	9
	Total	100.0	523	100.0	328	100.0	186	100.0	274	100.0	41	100.0	15
	NR/DK	0.6	3	0.6	2	0.0	0	0.0	0	0.0	0	0.0	0
	System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
	Total		526		330		186		274		41		15

Table 210b. Frequencies for Patients Who Usually Have Someone Go with Them to Doctor by Gender and Race/Ethnicity

Someone go with you to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	32.0	88	37.4	58	36.6	30	53.8	56	25.0	4	45.5	5
	No	68.0	187	62.6	97	63.4	52	46.2	48	75.0	12	54.5	6
	Total	100.0	275	100.0	155	100.0	82	100.0	104	100.0	16	100.0	11
	NR/DK	0.0	0	0.6	1	0.0	0	1.0	1	0.0	0	0.0	0
	System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
	Total		275		156		82		105		16		11

Table 211a. Frequencies for Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off Work

Person have to take time off to take you to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	48.2	80	37.9	39	50.6	41	50.3	74	35.0	7	66.7	4
	No	45.8	76	55.3	57	44.4	36	31.3	46	60.0	12	33.3	2
	Person does not work	6.0	10	6.8	7	4.9	4	18.4	27	5.0	1	0.0	0
	Total	100.0	166	100.0	103	100.0	81	100.0	147	100.0	20	100.0	6
	NR/DK	0.0	0	0.0	0	0.5	1	0.0	0	0.0	0	0.0	0
	System Missing	68.4	360	68.8	227	55.9	104	46.4	127	51.2	21	60.0	9
	Total		526		330		186		274		41		15

Figure 184. Barchart for Female Patients Who Usually Have Someone Go with Them to Doctor by Race/Ethnicity

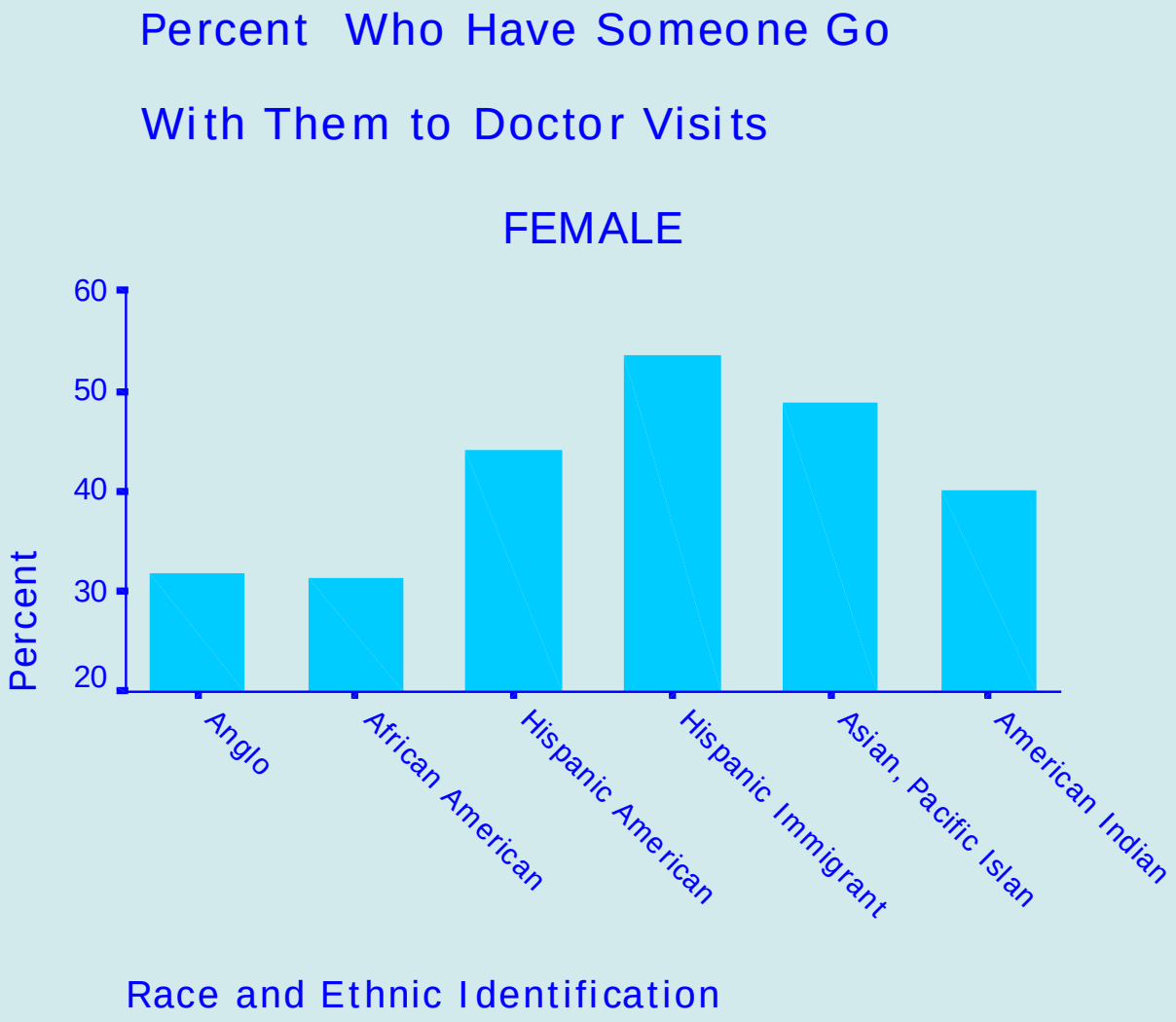


Table 211b. Frequencies for Patients Whose Usual Person to Take Them to Doctor Has to Take Time Off Work

Person have to take time off to take you to doctor		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	31.8	28	41.4	24	43.3	13	33.9	19	50.0	2	60.0	3
	No	58.0	51	55.2	32	50.0	15	46.4	26	50.0	2	40.0	2
	Person does not work	10.2	9	3.4	2	6.7	2	19.6	11	0.0	0	0.0	0
	Total	100.0	88	100.0	58	100.0	30	100.0	56	100.0	4	100.0	5
	NR/DK	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
	System Missing	68.0	187	62.8	98	63.4	52	46.7	49	75.0	12	54.5	6
	Total		275		156		82		105		16		11

Figure 185. Barchart for Male Patients Who Usually Have Someone Go with Them to Doctor by Race/Ethnicity

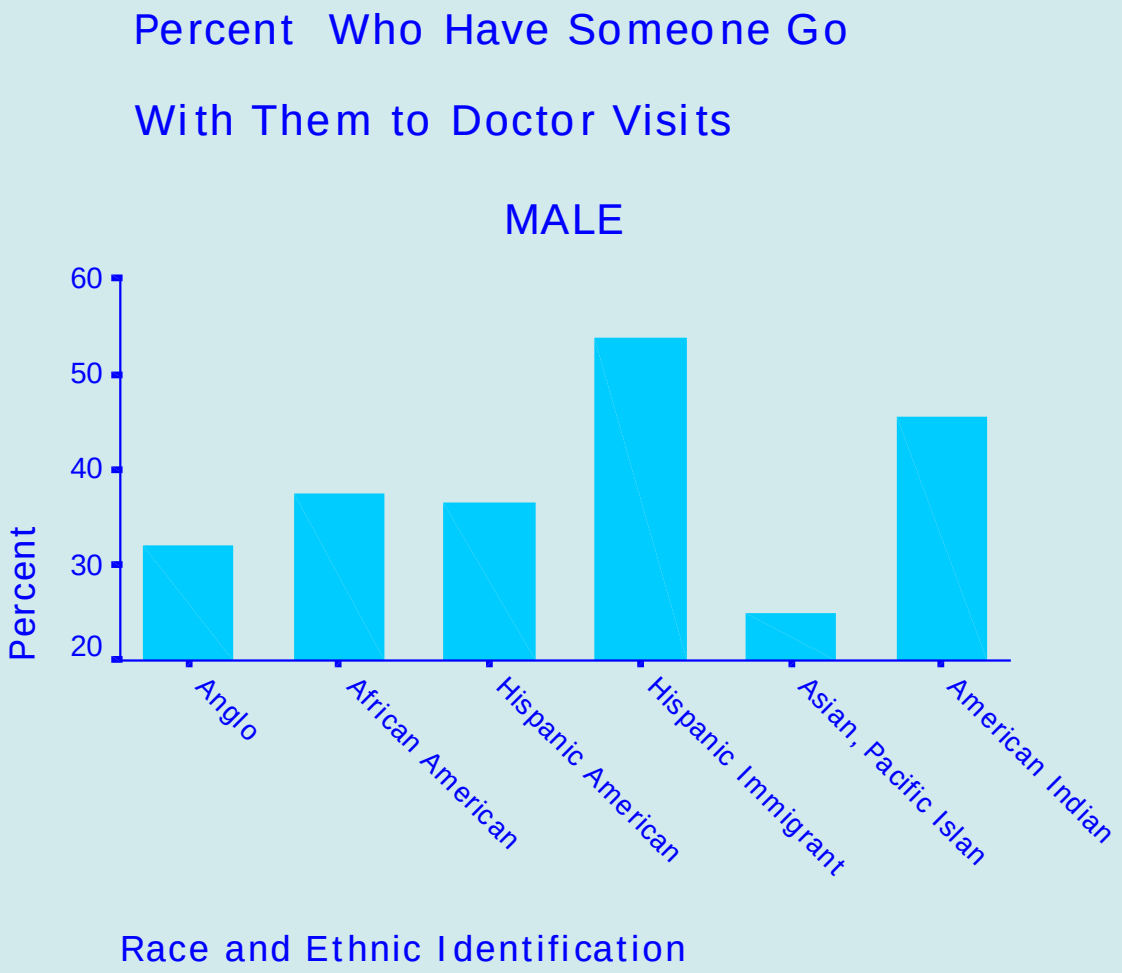


Table 212a. Frequencies for Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off

Put off going to doctor because could not get time off		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
FEMALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	21.9	37	24.5	26	27.2	22	30.3	44	21.1	4	66.7	4
	No	78.1	132	75.5	80	72.8	59	69.7	101	78.9	15	33.3	2
	Total	100.0	169	100.0	106	100.0	81	100.0	145	100.0	19	100.0	6
	NR/DK	0.4	2	0.3	1	0.5	1	0.7	2	2.4	1	0.0	0
	System Missing	67.5	355	67.6	223	55.9	104	46.4	127	51.2	21	60.0	9
	Total		526		330		186		274		41		15

Figure 186. Barchart for Female Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off

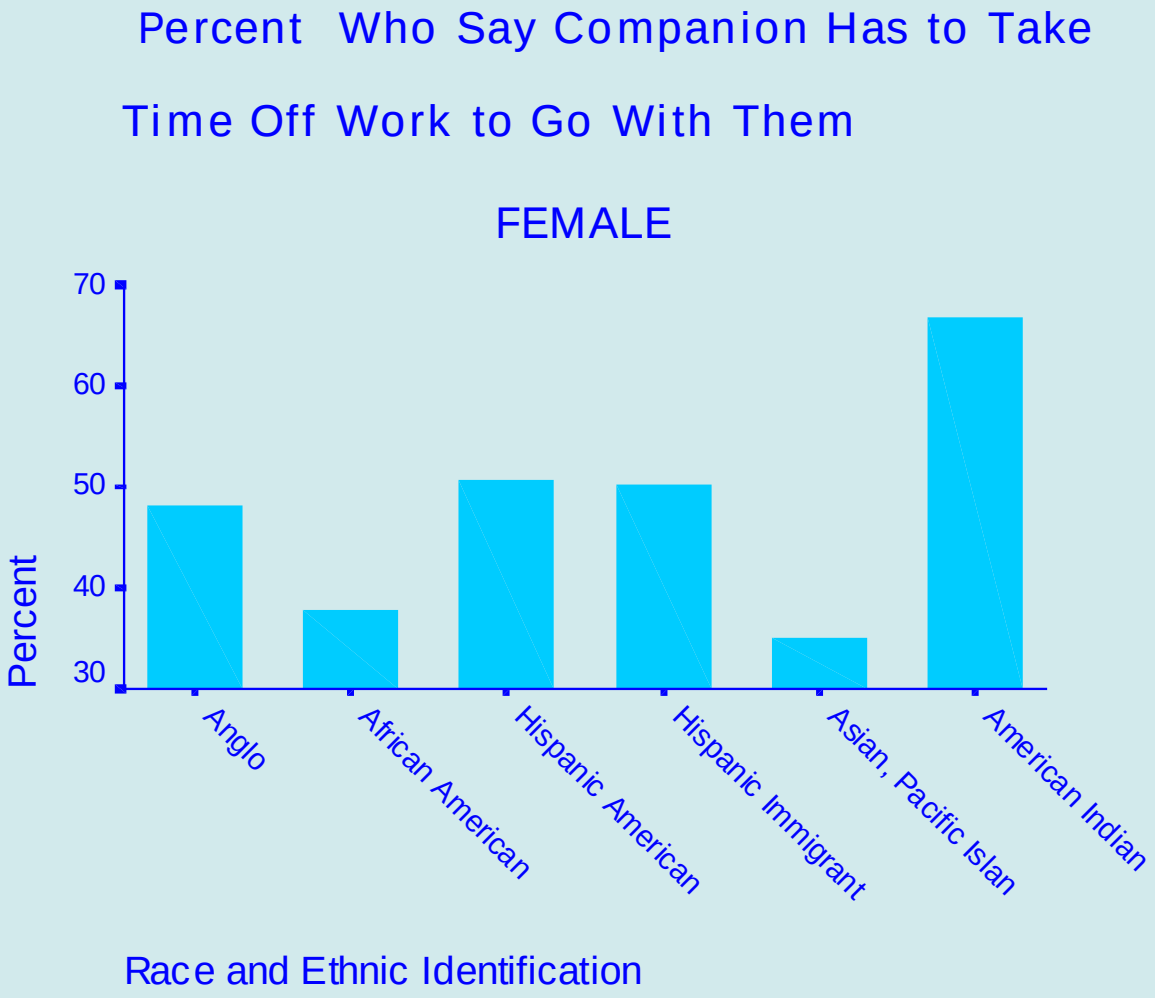
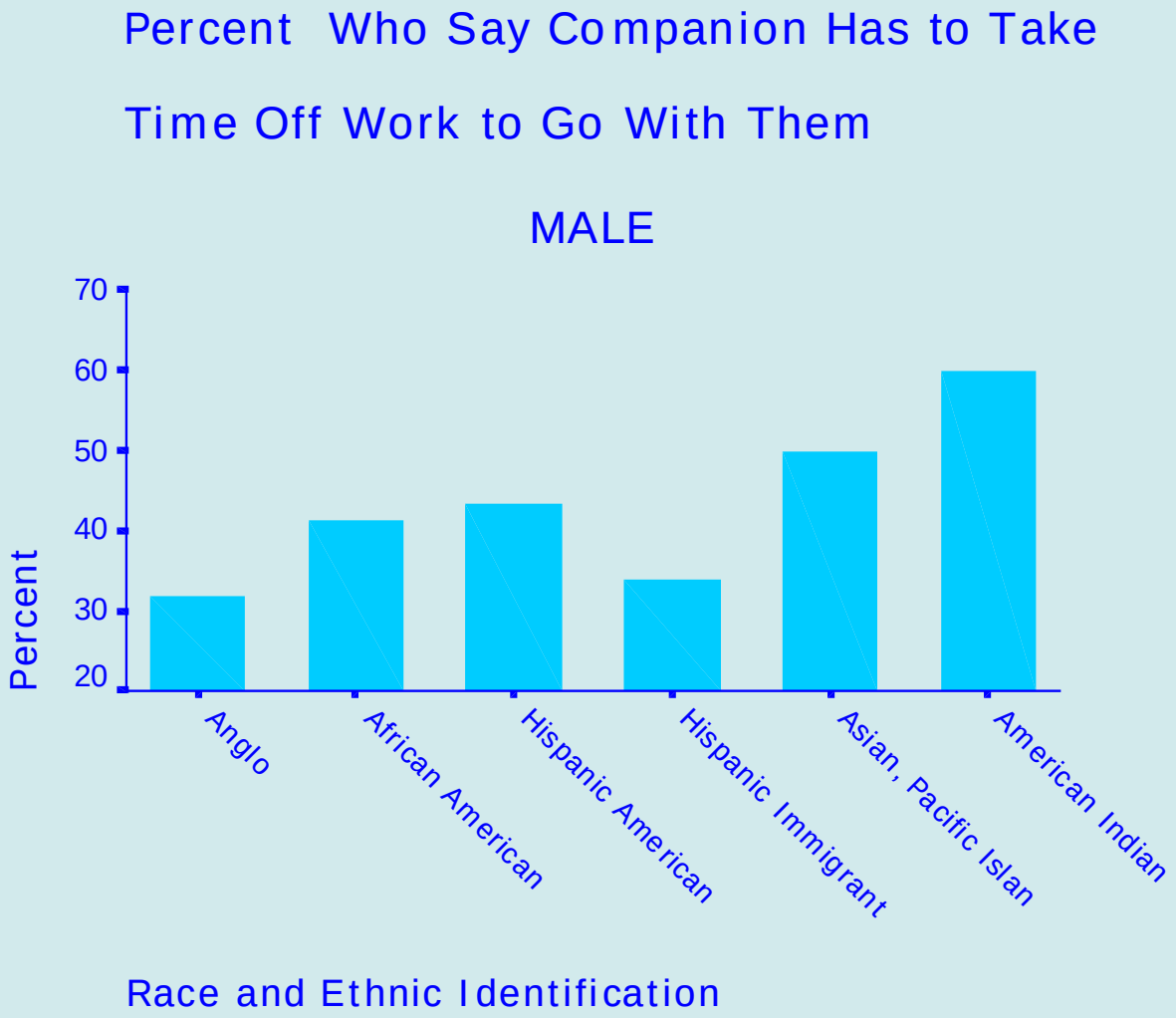


Table 212b. Frequencies for Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off

Put off going to doctor because could not get time off		Race and Ethnic Identification											
		Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
MALE		%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
	Yes	7.5	7	13.6	8	10.0	3	18.5	10	75.0	3	40.0	2
	No	92.5	86	86.4	51	90.0	27	81.5	44	25.0	1	60.0	3
	Total	100.0	93	100.0	59	100.0	30	100.0	54	100.0	4	100.0	5
	NR/DK	0.0	0	0.6	1	0.0	0	1.9	2	0.0	0	0.0	0
	System Missing	66.2	182	61.5	96	63.4	52	46.7	49	75.0	12	54.5	6
	Total		275		156		82		105		16		11

Figure 187. Barchart for Patients Who Have Had to Put Off Going to Doctor because Usual Person Could Not Get Time Off



12. WOMEN'S HEALTH

Pregnancies and Medical Care: Tables 214-215, 217-218, 221-222; Figures 188-189, 191-193. Five percent of the women in the survey reported being pregnant at the time of the interview. Of the 74 women who were pregnant, 70 percent reported having had a check-up for this pregnancy, but 30 percent had not yet seen a doctor.

Hispanic Americans and Hispanic immigrants were twice as likely to be pregnant as Anglos and African Americans. The percent of Asian and American Indian women who were pregnant was also relatively high. Anglos Americans were most likely to report having a check-up for current pregnancies (78 percent), followed y African Americans (71 percent), Hispanic Americans (69 percent), and Hispanic immigrants (57 percent).

Not surprisingly, the highest rates of pregnancy were found among women who were less than 30 years of age, and declined steadily with each decade of age.

Pap Smears: Tables 215-216, 219-220, 223-224; Figures 190-191, 193-194, 196-198. Eighty-three percent of the women reported that they had ever a Pap smear, while 17 percent had not. Of those patients who have had a Pap smear, 69 percent had had this procedure in the past year, 20 percent had the procedure 1-3 years ago, and eleven percent reported that it had been more than three years since their last Pap smear.

Anglo American women were most likely to report ever having a Pap smear. Almost 9 out of 10 Anglo women reported ever having a Pap smear, followed by African American women (85 percent), Hispanic immigrants (81 percent), and Hispanic Americans (74 percent). As has been found in national data, Asian and Pacific Islanders were much less likely to have ever had a Pap smear with less than half reporting they had every had the procedure. American Indians were less likely to have ever had a Pap smear than all groups except Asians. Among women who have ever had a Pap smear, Anglo women were most likely to have had the procedure more than three years ago.

The percent women who had every had a Pap smear tended to increase with age. However, the percent of women who had had a Pap smear in the past year tended to decrease with age. Eighty percent of the women aged 18-29 years, reported having a Pap smear in the past year. Percents reporting having the procedure in the past year declined with each decade of age, to 67 percent for women aged 30-39, 63 percent for women aged 40-49, and 57 percent for women aged 50-60 years.

WOMEN'S HEALTH

JPS

Health Network Sample

2000

Table 213. Frequencies for Female Patients Who Are Pregnant

Pregnant		
	Percent	Frequency
Yes	5.4	74
No	94.6	1290
Total	100.0	1364
NR/DK	0.6	8
System Missing	0.0	0
Total		1372

Figure 188. Barchart for Female Patients Who Are Pregnant

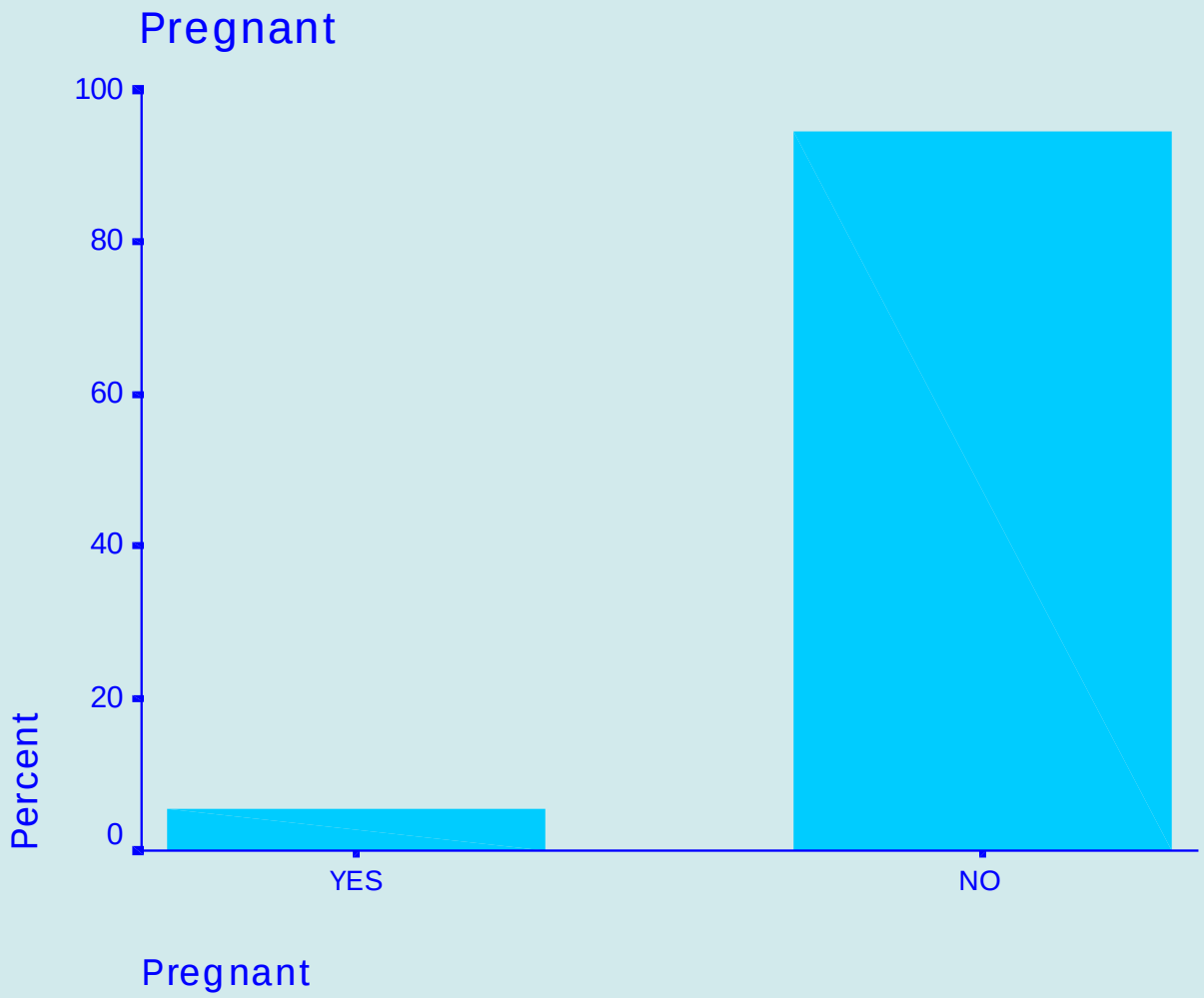


Table 214. Frequencies for Pregnant Women Who Have Had a Check-Up for This Pregnancy

Have had check-up for THIS pregnancy

	Percent	Frequency
Yes	70.3	52
No	29.7	22
Total	100.0	74
NR/DK	0.0	0
System Missing	94.6	1298
Total		1372

Figure 189. Barchart for Pregnant Women Who Have Had a Check-Up for This Pregnancy

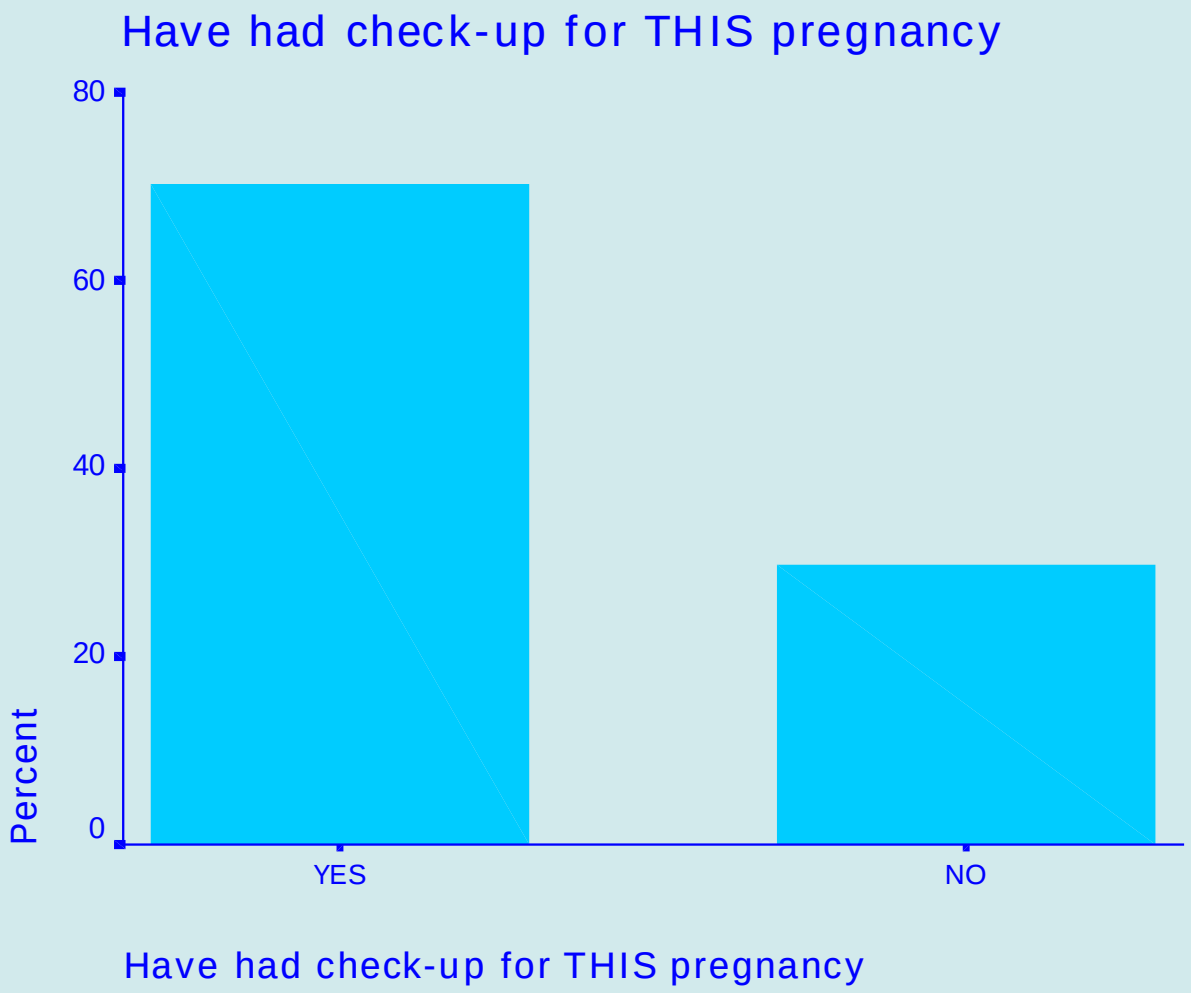


Table 215. Frequencies for Female Patients Who Have Ever Had a Pap Smear

Pap smear		
	Percent	Frequency
Yes	83.1	1135
No	16.9	231
Total	100.0	1366
NR/DK	0.4	6
System Missing	0.0	0
Total		1372

Figure 190. Barchart for Female Patients Who Have Ever Had a Pap Smear

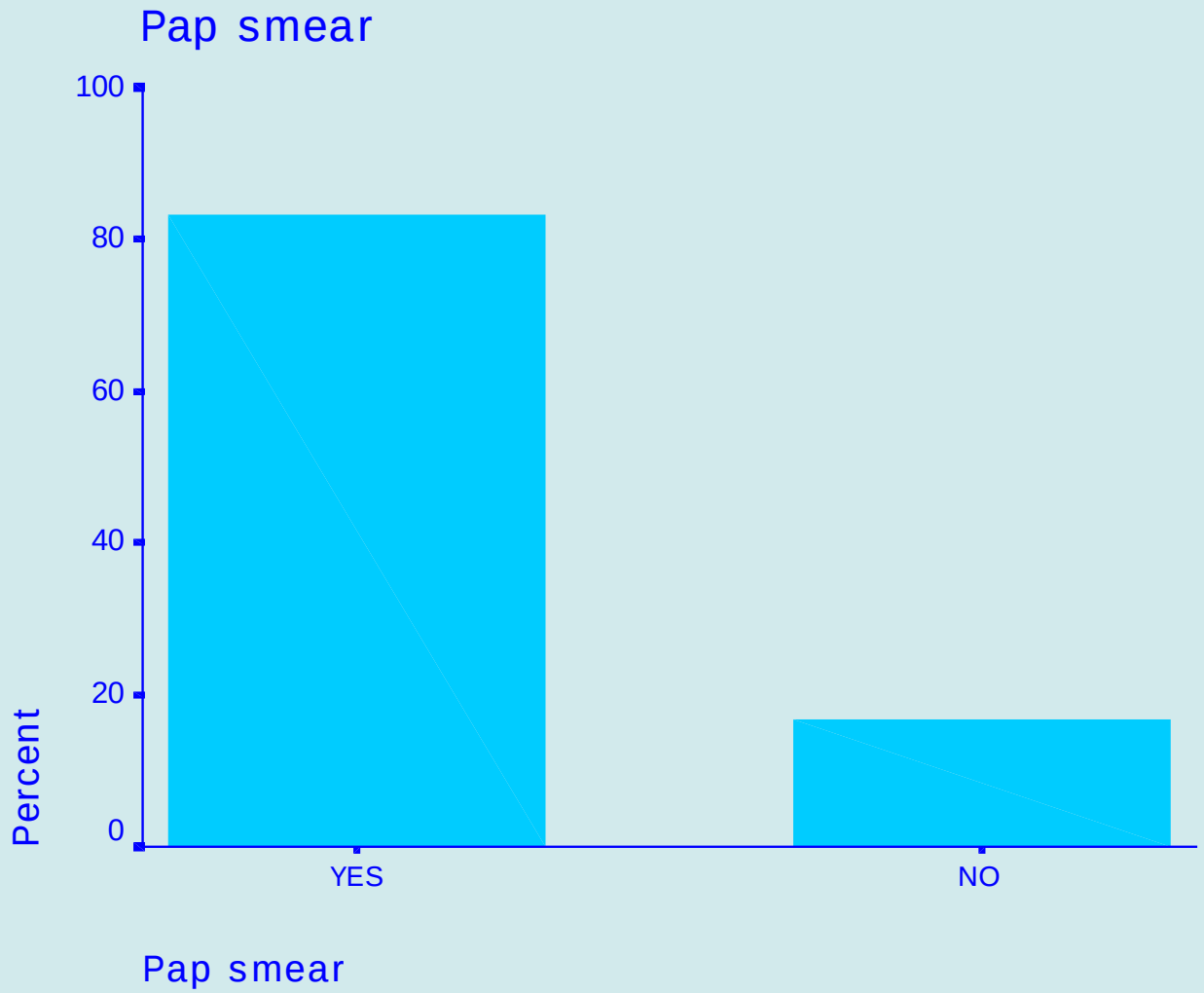


Table 216. Frequencies for Length of Time Since Last Pap Smear for Female Patients

How long since last pap smear

	Percent	Frequency
Within the past year	68.5	830
Between 1 and 3 years ago	20.1	244
Over three years ago	11.3	137
Total	100.0	1211
NR/DK	2.6	35
System Missing	9.2	126
Total		1372

Figure 191. Barchart for Length of Time Since Last Pap Smear for Female Patients

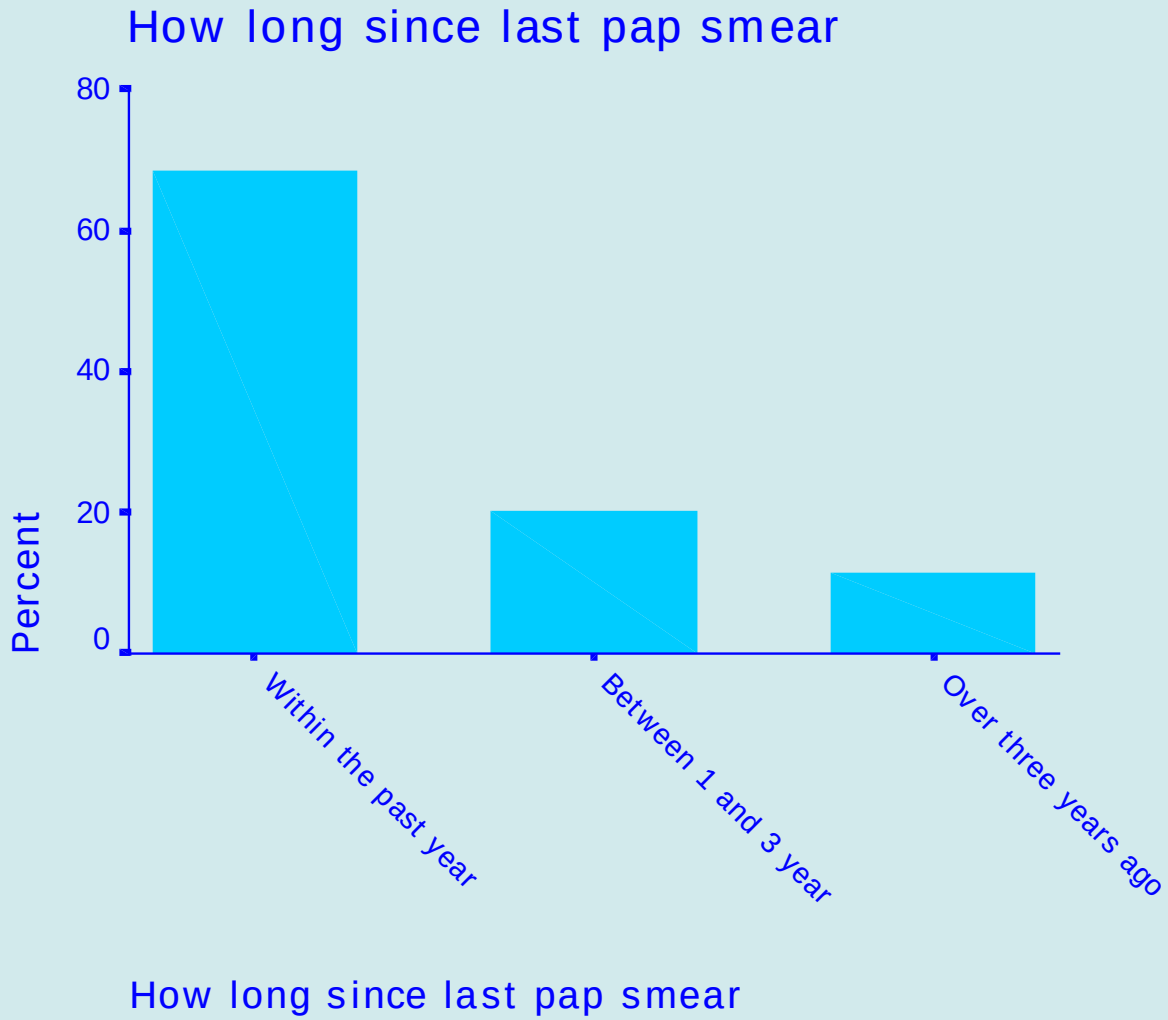


Table 217. Frequencies for Female Patients Who Are Pregnant by Race/Ethnicity

Pregnant	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	3.4	18	4.3	14	8.6	16	7.7	21	9.8	4	6.7	1
No	96.6	506	95.7	313	91.4	170	92.3	250	90.2	37	93.3	14
Total	100.0	524	100.0	327	100.0	186	100.0	271	100.0	41	100.0	15
NR/DK	0.4	2	0.9	3	0.0	0	1.1	3	0.0	0	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		526		330		186		274		41		15

Figure 191. Barchart for Female Patients Who Are Pregnant by Race/Ethnicity

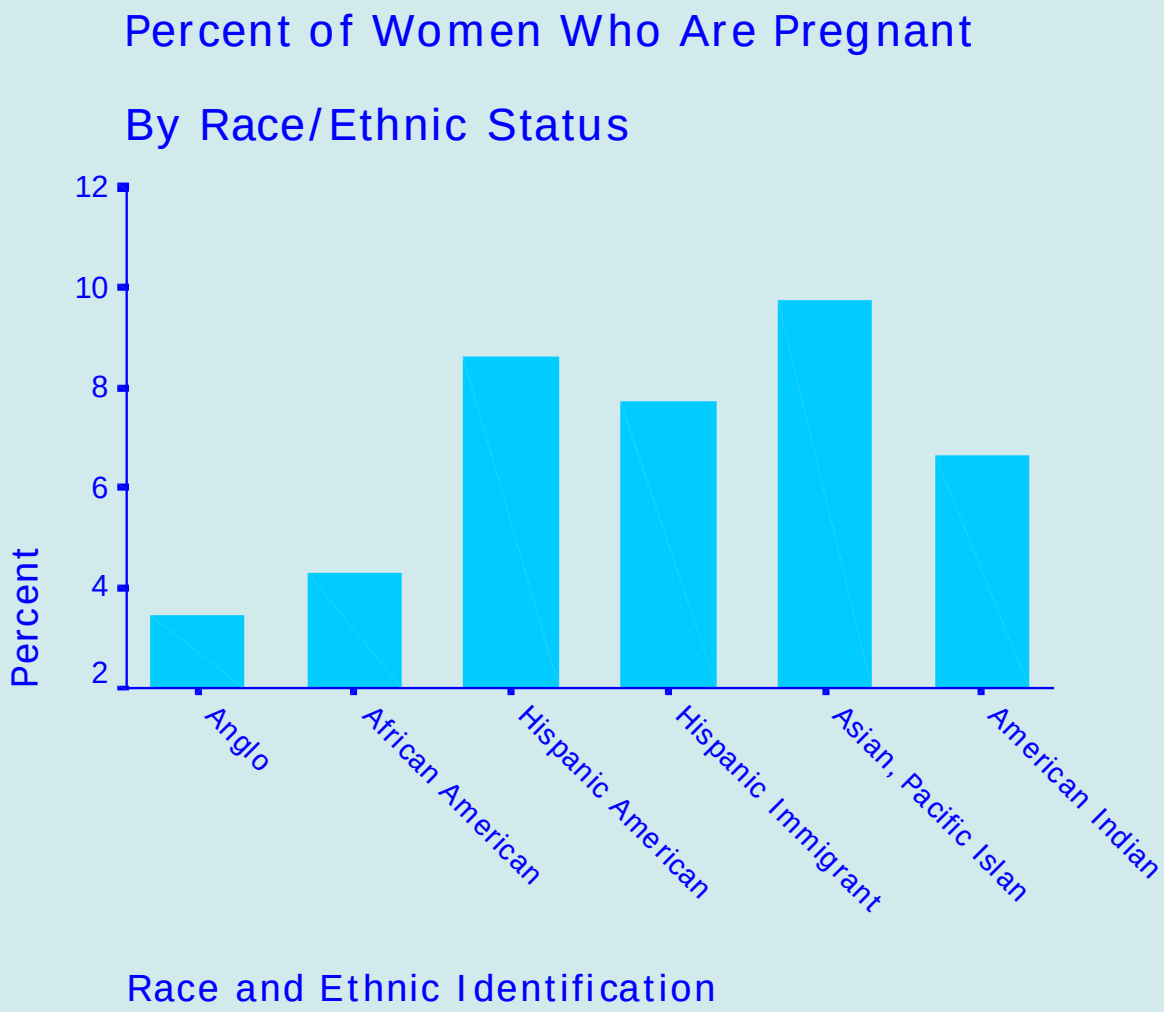


Table 218. Frequencies for Female Patients Who Have Had a Check-Up for this Pregnancy by Race/Ethnicity

Have had check-up for THIS pregnancy	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	77.8	14	71.4	10	68.8	11	57.1	12	100.0	4	100.0	1
No	22.2	4	28.6	4	31.3	5	42.9	9	0.0	0	0.0	0
Total	100.0	18	100.0	14	100.0	16	100.0	21	100.0	4	100.0	1
NR/DK	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
System Missing	96.6	508	95.8	316	91.4	170	92.3	253	90.2	37	93.3	14
Total		526		330		186		274		41		15

Figure 192. Barchart for Pregnant Women Who Have Had a Check-Up for this Pregnancy by Race/Ethnicity

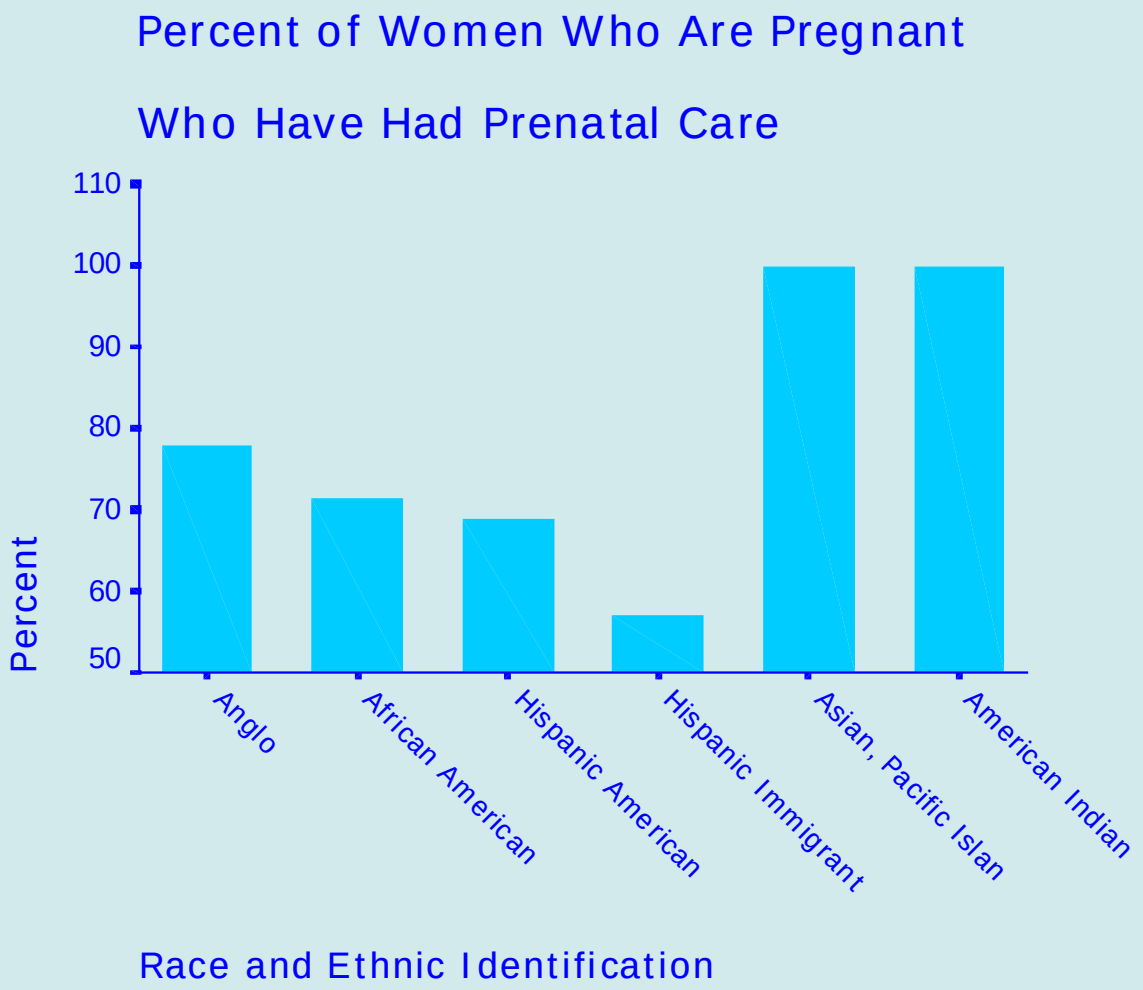


Table 219. Frequencies for Female Patients Who Have Ever Had a Pap Smear by Race/Ethnicity

Pap smear	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Yes	89.3	469	85.3	279	73.7	137	81.3	222	43.9	18	71.4	10
No	10.7	56	14.7	48	26.3	49	18.7	51	56.1	23	28.6	4
Total	100.0	525	100.0	327	100.0	186	100.0	273	100.0	41	100.0	14
NR/DK	0.2	1	0.9	3	0.0	0	0.4	1	0.0	0	0.0	1
System Missing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Total		526		330		186		274		41		15

Figure 193. Barchart for Female Patients Who Have Ever Had a Pap Smear by Race/Ethnicity

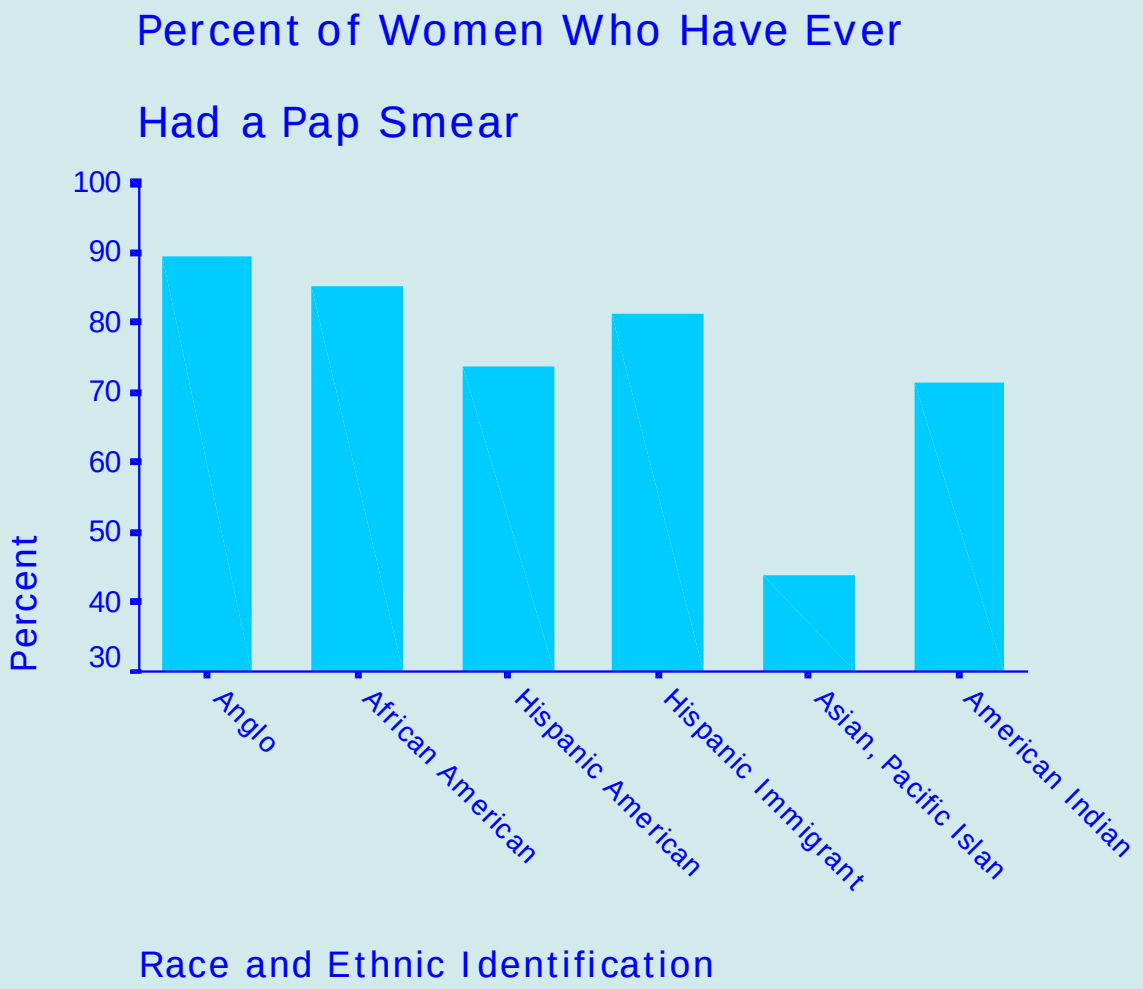


Table 220. Frequencies for Length of Time Since Last Pap Smear by Race/Ethnicity

How long since last pap smear	Race and Ethnic Identification											
	Anglo American		African American		Hispanic American		Hispanic Immigrant		Asian, Pacific Islander		American Indian	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Within the past year	62.9	315	68.1	205	72.4	110	78.9	179	73.7	14	63.6	7
Between 1 and 3 years ago	22.4	112	20.3	61	17.1	26	17.2	39	15.8	3	27.3	3
Over three years ago	14.8	74	11.6	35	10.5	16	4.0	9	10.5	2	9.1	1
Total	100.0	501	100.0	301	100.0	152	100.0	227	100.0	19	100.0	11
NR/DK	2.1	11	3.0	10	3.8	7	1.5	4	2.4	1	13.3	2
System Missing	2.7	14	5.8	19	14.5	27	15.7	43	51.2	21	13.3	2
Total		526		330		186		274		41		15

Figure 194. Barchart for Women Who Have Had a Pap Smear in the Past Year by Race/Ethnicity

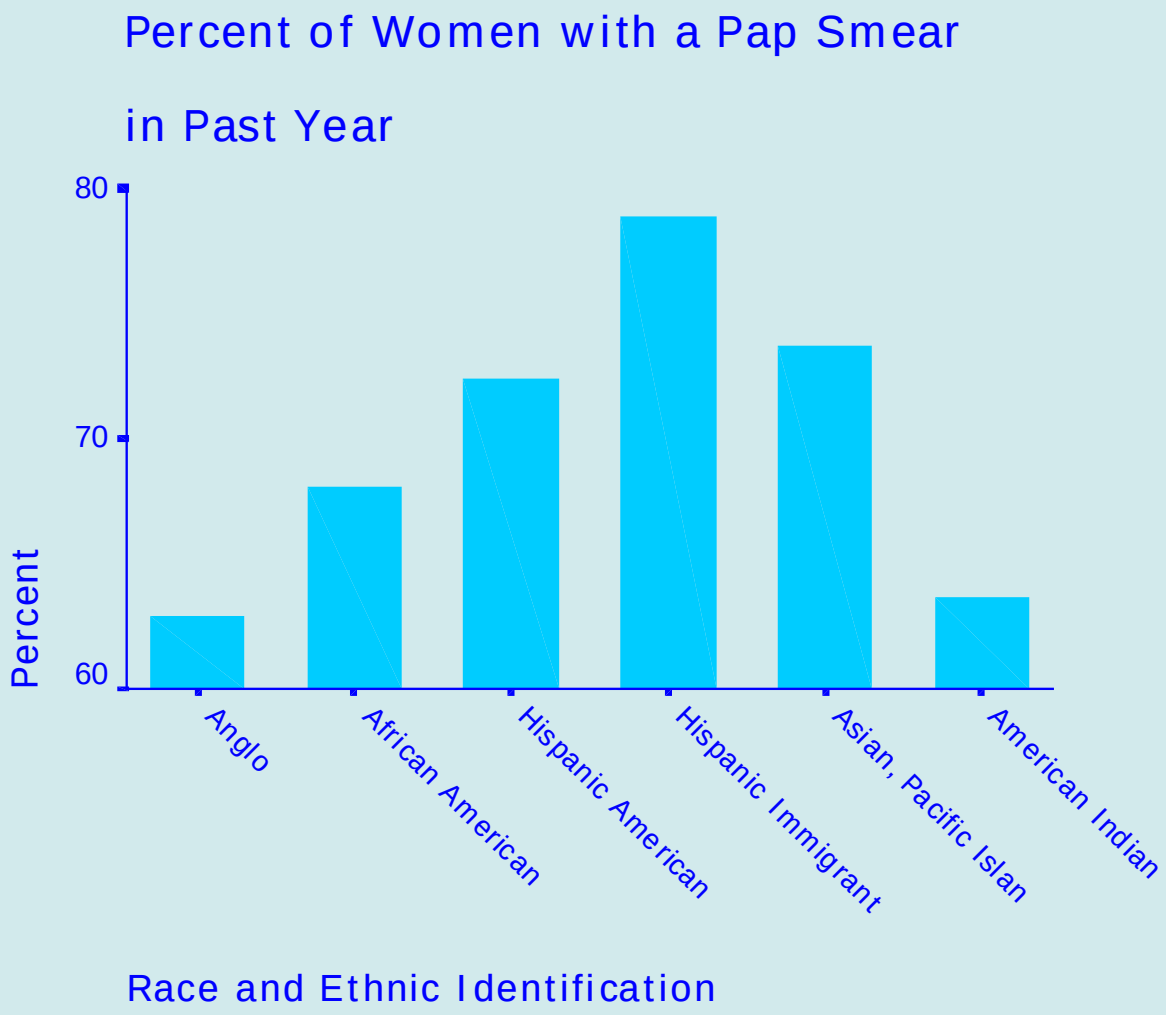


Figure 195. Barchart for Women Who Have Not Had a Pap Smear in Past Three Years by Race/Ethnicity

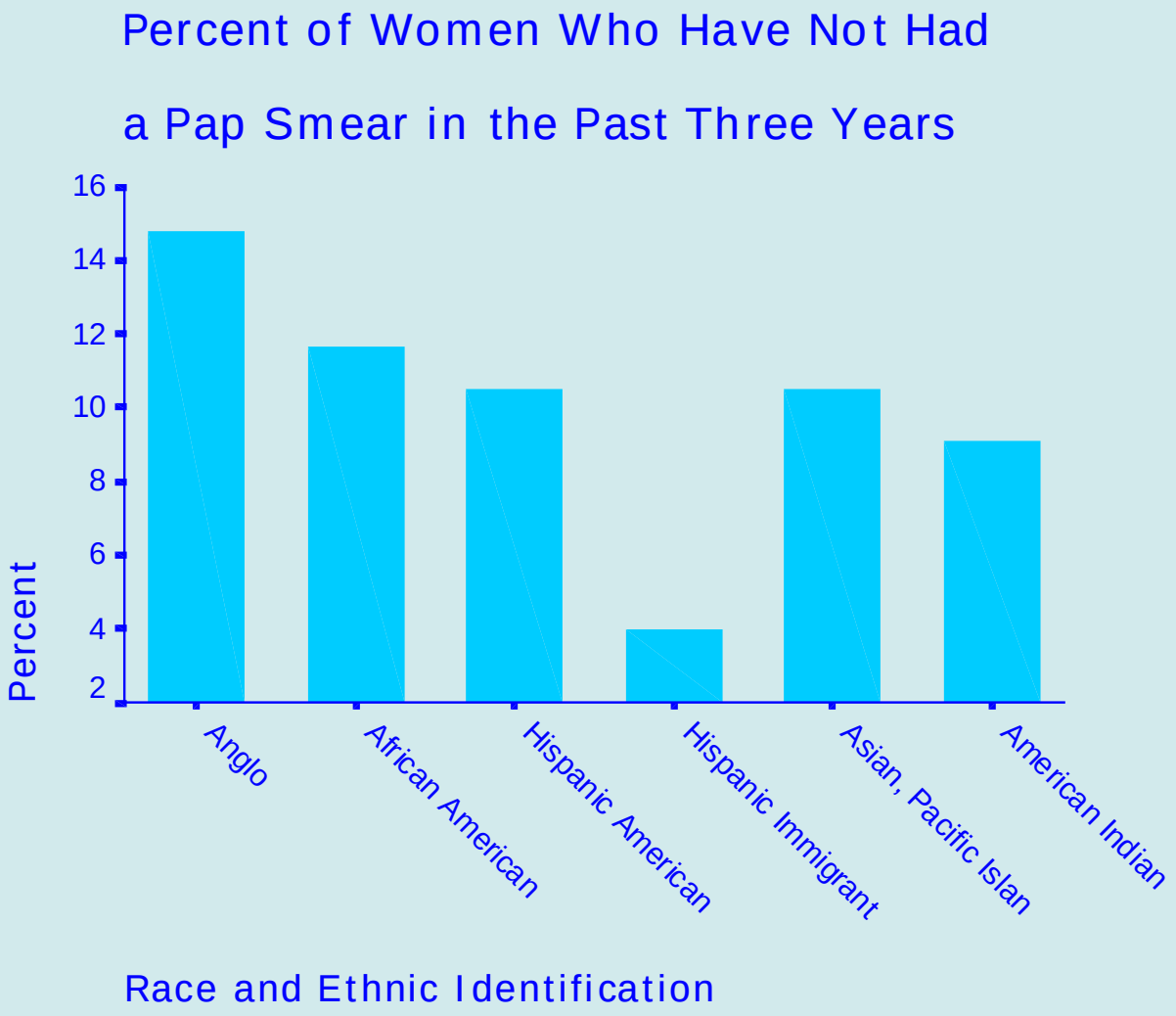


Table 221. Frequencies for Female Patients Who Are Pregnant by Age Groups

Pregnant	Age Categories							
	18-29 years		30-39 years		40-49 years		50-60 years	
	%	Count	%	Count	%	Count	%	Count
Yes	11.5	54	4.7	19	0.4	1	0.0	0
No	88.5	415	95.3	383	99.6	278	100.0	214
Total	100.0	469	100.0	402	100.0	279	100.0	214
NR/DK	0.8	4	0.5	2	0.7	2	0.0	0
System Missing	0.0	0	0.0	0	0.0	0	0.0	0
Total		473		404		281		214

Table 222. Frequencies for Pregnant Women Who Have Had a Check-Up for this Pregnancy by Age Groups

Have had check-up for THIS pregnancy	Age Categories							
	18-29 years		30-39 years		40-49 years		50-60 years	
	%	Count	%	Count	%	Count	%	Count
Yes	72.2	39	63.2	12	100.0	1	0.0	0
No	27.8	15	36.8	7	0.0	0	0.0	0
Total	100.0	54	100.0	19	100.0	1	0.0	0
NR/DK	0.0	0	0.0	0	0.0	0	0.0	0
System Missing	88.6	419	95.3	385	99.6	280	100.0	214
Total		473		404		281		214

Table 223. Frequencies for Female Patients Who Have Ever Had a Pap Smear by Age Groups

Pap smear	Age Categories							
	18-29 years		30-39 years		40-49 years		50-60 years	
	%	Count	%	Count	%	Count	%	Count
Yes	77.9	367	84.3	339	87.5	246	86.3	183
No	22.1	104	15.7	63	12.5	35	13.7	29
Total	100.0	471	100.0	402	100.0	281	100.0	212
NR/DK	0.4	2	0.5	2	0.0	0	0.9	2
System Missing	0.0	0	0.0	0	0.0	0	0.0	0
Total		473		404		281		214

Figure 196. Barchart for Female Patients Who Have Ever Had a Pap Smear by Age Groups

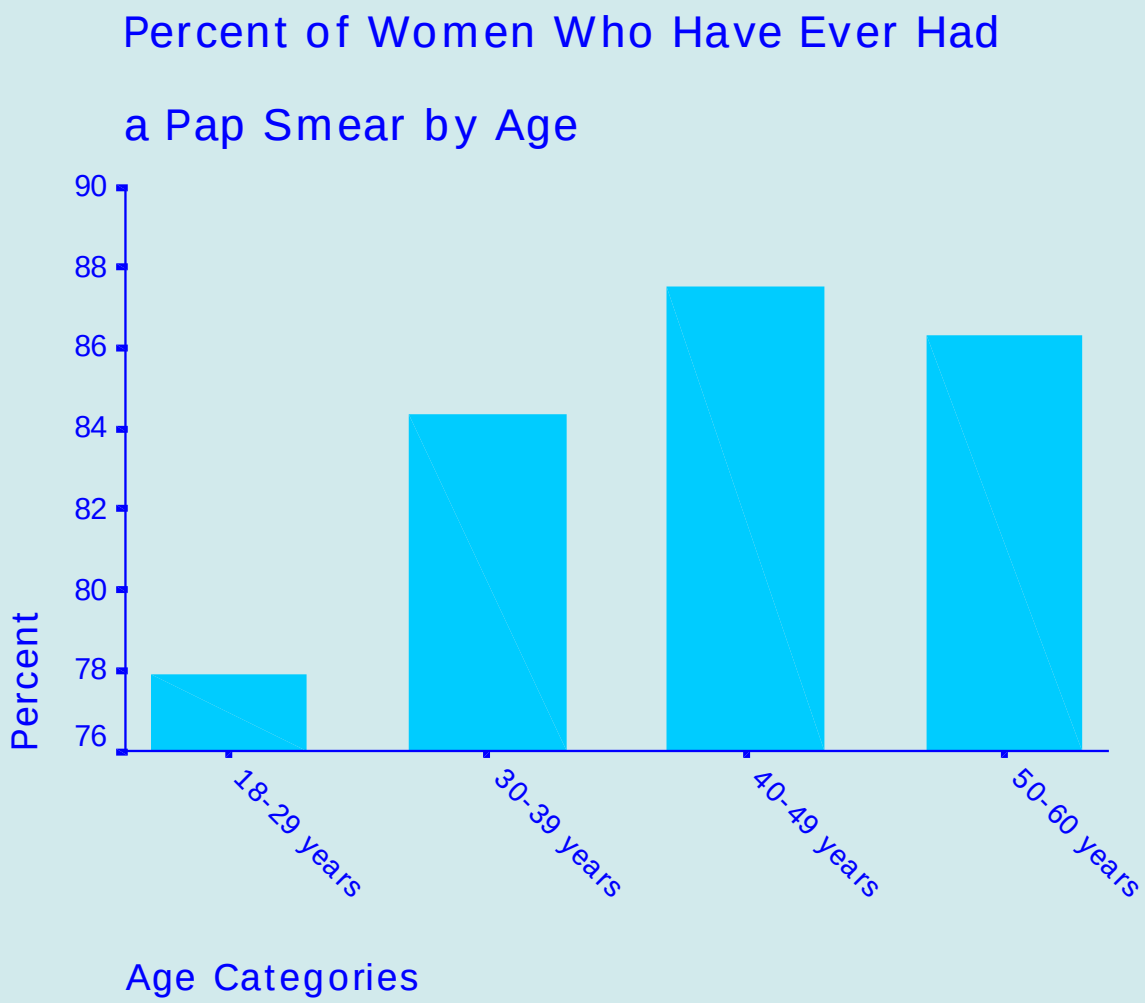


Table 224. Frequencies for Length of Time Since Last Pap Smear for Female Patients by Age Groups

How long since last pap smear	Age Categories							
	18-29 years		30-39 years		40-49 years		50-60 years	
	%	Count	%	Count	%	Count	%	Count
Within the past year	79.7	310	66.9	245	63.2	163	56.6	112
Between 1 and 3 years ago	15.9	62	21.0	77	19.8	51	27.3	54
Over three years ago	4.4	17	12.0	44	17.1	44	16.2	32
Total	100.0	389	100.0	366	100.0	258	100.0	198
NR/DK	4.0	19	2.0	8	1.4	4	1.9	4
System Missing	13.7	65	7.4	30	6.8	19	5.6	12
Total		473		404		281		214

Figure 197. Barchart for Female Patients Who Have Had a Pap Smear in the Past Year by Age Group

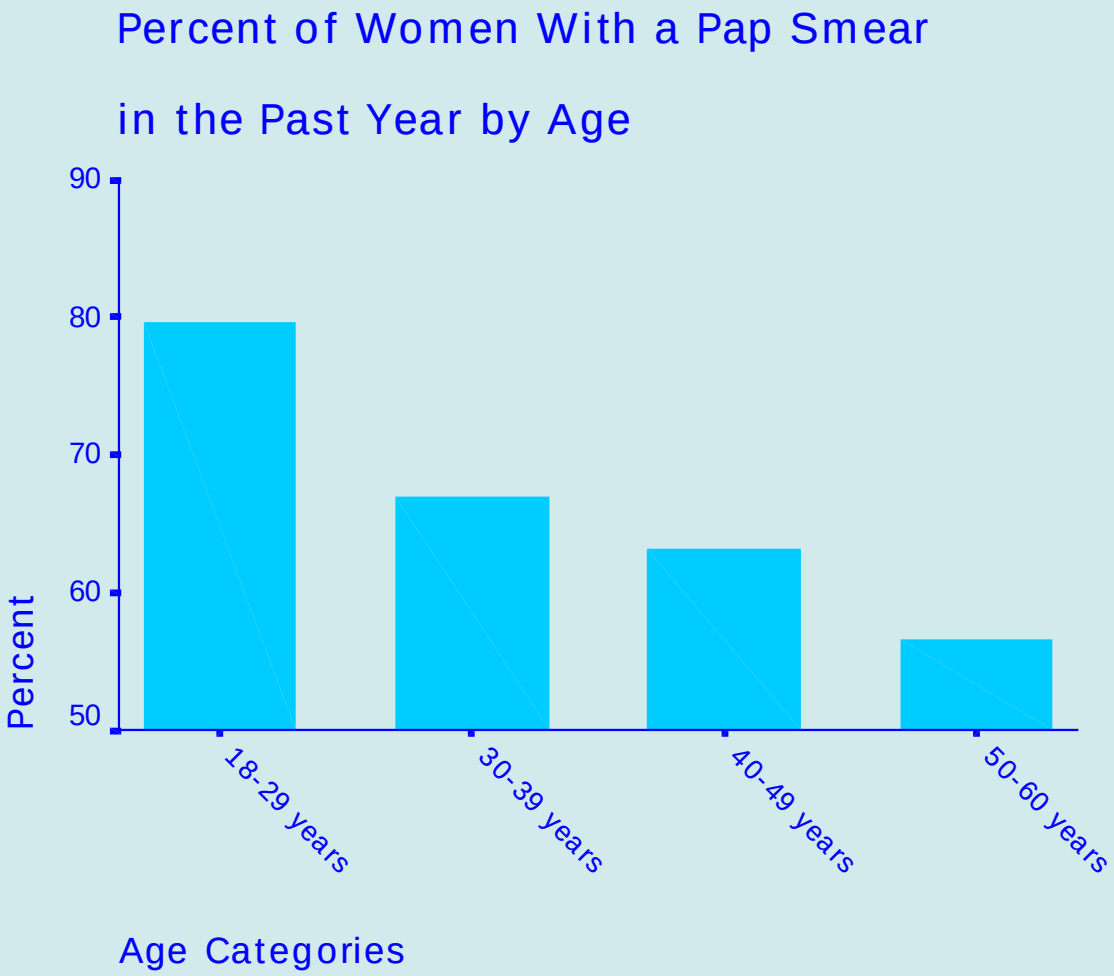
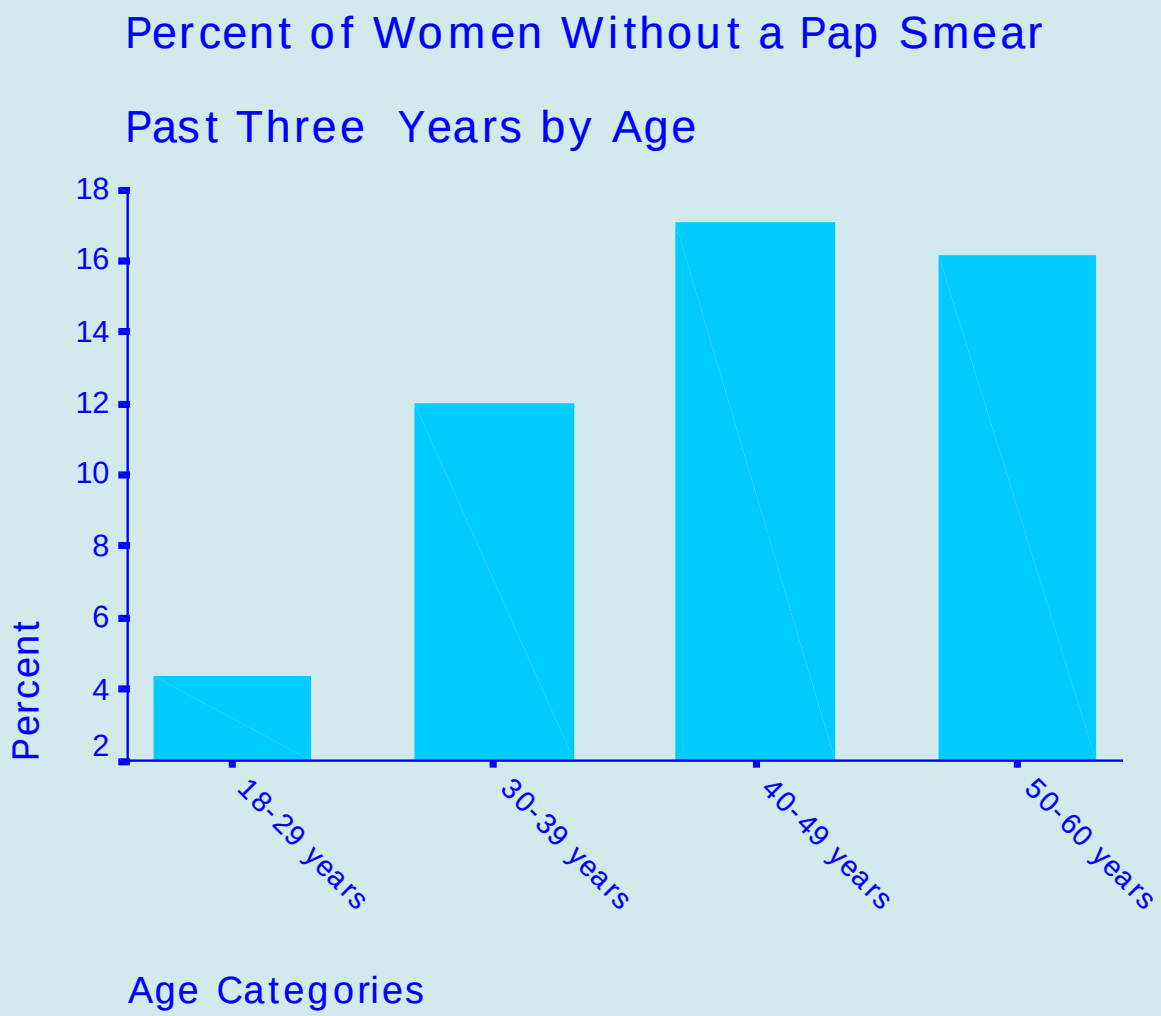


Figure 198. Barchart for Female Patients Who Have Not Had a Pap Smear in the Past Three Years



JPS HEALTH NETWORK PATIENT STUDY
TELEPHONE INTERVIEW QUESTIONNAIRE
FALL2000

Hello, my name is . And I'm calling from the Survey Research Center at the University of North Texas. May I please speak to Mr/Mrs/Miss

(TO RESPONDENT) Recently we sent you a letter inviting you to be in a study of health care in Tarrant County. We are interested in the experiences people have when they use health care in Tarrant County so that we can improve these services. This study is being conducted by doctors and public health workers at the University of North Texas, the North Texas School of Public Health and John Peter Smith Network. The questions that I want to ask you will take only a few minutes and all of your answers will be kept confidential.

All information collected in the interviews will be summarized in a report. No one will be identified individually in the report and no health care provider such as doctors or hospitals will know who does or does not participate. Your decision to participate or not will not affect your ability to get health care from any doctor or health clinic in Tarrant County. Your participation is voluntary and appreciated, you can skip any question or stop at any time. Do you have any questions? Can I continue?

SECTION 1: ACCESS TO CARE

We would like to start by asking you a series of questions about where you get your health care.

Q1. Is there a person or place, like a health clinic or doctor's office, that you usually go to when you are sick or need advice about your health?

1. Yes: IF YES, (GO TO Q2)
2. No: IF NO, (GO TO Q10)
9. NRIDK

lA. HAS USUAL SOURCE OF CARE:

Q2. Is there more than one place that you usually go to when you are sick or need advice about your health?

1. Yes
2. No (GO TO Q3)
9. NRIDK

Q2a. How many places do you usually go to when you are usually sick or need advice about your health?

1. one
2. two
3. three
4. four
9. nr/dk

Q3. What is the name of the place (or places) you usually go to? (RECORD VERBATIM.)

Q3a 1. NAME OF FIRST PLACE (Go to Q4)
Q3b 2. NAME OF SECOND PLACE
Q3c 3. NAME OF THIRD PLACE
Q4a 4. NAME OF FOURTH PLACE

(Q3b-Q3d go to Q3aa)

FOR PEOPLE WHO HAVE MORE THAN ONE PLACE, ASK:
Q3aa. You have listed XX places that you usually go to when you are sick or need advice about your health. Which of these places have you been to most often in the past year, (PLACE 1, PLACE 2, PLACE 3, OR PLACE 4)?

1. Place 1
2. Place 2
3. Place 3
4. Place 4

Please answer the following questions about this place that you have used most often in the past year.

Q4. What kind of a place is this? It is a .....

1. A community or neighborhood health clinic or center
2. A hospital outpatient clinic
3. A hospital emergency room
4. AVA or military hospital or clinic
5. A psychiatric hospital or clinic
6. A private doctor's office or clinic
7. Some other place
99. Don't know

Q5. How long have you been using that place as your usual source of health care?

1. Less than three months
2. 3 up to 6 months
3. 6 months up to a year
4. A year or longer (GO TO Q5A)
5.
99. NRJDK

Q5a. How many years? _____Years

Q6. Is this place able to provide most of the care you need when you are sick?

1. Yes
2. No
3. Don't know
9. No answer, refused

Q7. Is this place able to provide care or arrange for care on evenings and weekends when you are sick?

1. Yes
2.No
3. Don't know
9. No answer, refused

Q8. A personal doctor is the health provider who knows you best. This can be general doctor, or a specialist doctor. Do you have one person that you think of as your personal doctor at the place you usually go to when you are sick or need advice about health?

1. Yes
2. No
9. NRJDK

tB. GETTING HELP FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

Q9. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 12 months, did you or a doctor think you needed to see a specialist?

1. Yes
2. No (GO TO Q11)
9. Don't know

IF YES: Q9a. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

1. A big problem
2. A small problem
3. Not a problem
4. No answer, refused

Q9b. In the last 12 months, did you see a specialist?

1. Yes
2. No
9. NRIDK

(GO TO Q11)

SECTION 2: NO USUAL SOURCE OF CARE FOR SICK CARE

QIO. You said you do not have a person or place that you usually go to when you are sick or need advice about health care. There are many reasons why people do not have a person or place to go to when they are sick. Please tell me if any of the following are reasons you do not have a usual source of care.

a. I do not need a doctor. Is this a reason you do not have a place you usually go to when you are sick or need advice about health care?
b. I do not like or trust doctors. Is this a reason you do not have a place you usually go to?
c. I don't know where to go. Is this a reason?
d. I have moved away from my previous doctor.
e. I do not have insurance.
f. I cannot afford to pay for care.
g. I speak a different language than most doctors.
h. No care is available for me.
1. The health care that is available is not convenient for me.
J. I have no way to get to the doctor.

SECTION 3. INSURANCE SECTION

3A. SCREENING SECTION:

The next questions are about health insurance coverage. Please answer these questions for yourself only, not for your husband or wife, children, or any other family members.

Q11. Do you currently receive your health care for yourself through JPS Connections?

1. Yes (GO TO Q14)
2. No (GO TO Q12)
9. NR/DK

Q12. Do you currently have health insurance for yourself from any of the following sources? Remember, this is coverage only for your health care needs, not those of your family. Are you currently covered by:

a. Private insurance through your work?
b. private insurance through your husband or wife's work?
c. Medicare?
d. Medicaid?
e. CHAMPUS or TRI-CARE?
f. Military health care or VA?
g. Do you have health insurance through some other source?
IF YES: Please tell me the name of this insurance? RECORD VERBATIM.

(IF PERSON ANSWERED YES TO ANY INSURANCE IN QUESTION q12 a-g, ASK QUESTION q13)

3B. FOR PEOPLE WHO ARE INSURED:

Q13. During the last 12 months, was there any time when you did not have any health insurance or coverage?

1. Yes (GO TO Q17)
2. No (GO TO Q17)
9. NR/DK

3C. FOR PEOPLE WHO HAVE NO INSURANCE:

Q14. About how long has it been since you had health insurance coverage, other than JPS Connections? (INTERVIEWER: PATIENT MAY THINK JPS CONNECTIONS IS HEALTH INSURANCE. IF SO, DO NOT CORRECT HIM/HER.)

1. 6 months or less
2. More than 6 months but not more than 3 years
3. More than a year but not more than 3 years
4. More than 3 years ago
5. Never
9. NRIDK

Q15. I am going to read you a list of reason people do not have health insurance coverage other than JPS Connections. Please tell me if these are reasons you do not have health insurance coverage.

a. I have usually been healthy, haven't needed insurance? Is this a reason you do not have health insurance coverage?
b. I lost my job or changed employers?
c. My husband/wife lost his/her job or changed employers?
d. My employer does not offer or stopped offering insurance coverage?
e. I work part time work?
f. I am a temporary employee?
g. I couldn't afford to pay the insurance premiums?
h. The insurance compan,y refused coverage because of poor health or illness?
i. I lost my Medical eligibility?
j. Free or inexpensive care is easily available so I don't need insurance?

Q16. If buying health insurance for yourself was important to you, could you afford to spend $40 per month for health insurance just for yourself and not including any other members of your family?

1. Yes
2. No
9. No answer, refused

SECTION 4: UNMET NEEDS SECTION

4A. DIFFICULTIES GETTING MEDICAL CARE

Q17. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there a time when you wanted medical care or surgery but could not get it?

1. Yes
2. No
9. NR/DK

Q18. During the past 12 months, was there a time when a clinic or doctor refused to see you when you tried to get medical care or surgery?

1. Yes
2. No
9. NR/DK

(IF Q17 OR Q18 ARE YES, THEN ASK THE FOLLOWING): OR (SKIP TO Q23)

Q19. I am going to read you a list of reasons people sometimes have difficulty getting the medical care they need when they want it. The last time you did not get medical care you wanted, were any of these reasons you didn't get care?

a. I could not afford it? Was that a reason you could not get medical care?
b. I had no insurance? Was that a reason you could not get care?
c. The doctor did not accept Medicaid or my insurance?
d. My health Problem was not serious enough?
e. I had to wait too long in the clinic or office?
f. I had difficulty in getting an appointment?
g. No doctor was available?
h. I didn't know where to go?
i. I had no way to get there?
j. The hours were not convenient?
k. I speak different language than most doctors?
l. The health of another family member prevented me from getting there?
m. The doctor said I did not need the care I wanted.

Q20. The last time you tried to obtain medical care or surgery but could not get it at that time, did a doctor tell you that you needed medical care or surgery?

1. Yes
2. No
9. No answer, refused

Q21. At that time, how serious did you think your health condition or problem was? Was it:

1. Very serious
2. Somewhat serious
3. Not serious at all
9. No answer, refused

Q22. Were you treated for this problem later?

1. Yes (GO TO Q22b)
2. No
9. No answer, refused

IF NO: Q22a. Do you think you would have been better off if you had received care for this problem?

1. Yes
2. No
9. NRJDK

GO TO Q23

Q22b. Do you think you would have been better off if you had received care earlier?

1. Yes
2. No
9. No answer, refused

4B. PRESCRIPTION MEDICINES

Q23. During the past 12 months, was there a time when you wanted a prescription medicine but you could not get it at that time?

1. Yes
2. No (GO TO Q27)
9. No answer, refused

IF YES, ASK: Q23a. I am going to read you a list of reasons people sometimes have difficulty getting prescription medicines when they want it. The last time you did not get the prescription medicines you wanted, were any of these reasons you didn't get the medicine?

a. I could not afford it? Was this a reason you could not get the medicine you wanted?
b. I had no insurance? Was this a reason for you?
c. The pharmacy did not accept Medicaid or my insurance?
d. My health problem was not serious enough?
e. I had to wait too long in pharmacy?
f. No pharmacy was available?

g. I didn't know where to go?
h. There was no way to get to pharmacy
i. The hours of pharmacy not convenient?
j. I speak a different language than the pharmacist?
k. My doctor did not think I needed this medicine.

In the next few questions, I will be asking you about your prescribed medicine.

Q24. The last time you wanted a prescribed medicine but could not get it at that time, did you actually have a prescription
from a doctor for the medicine you could not get?
1. Yes
2. No (GO TO Q27)
9. No answer, refused

Q25. At that time, how serious did you think your health condition or problem was? Was it
1. Very serious
2. Somewhat serious
3. Not serious at all
9. No answer, refused

Q26. Did you get the medicine later?

1. Yes (GO TO Q26b)
2. No (GO TO Q26a)
9. No answer, refused

IF NO: Q26a. Do you think you would have been better off if you had been able to get this medicine?
1. Yes
2.No
9. NR/DK
(Go to Q27)

Q26b. Do you think you would have been better off if you have gotten the medicine earlier?
1. Yes
2.No
9. NR/DK
(Go to Q27)

4D. DENTAL CARE

Q27. About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and other dental specialists, as well as dental hygienists.

1. 6 months or less
2. More than 6 months but not more than 1 year ago
3. More than 1 year but not more than 3 years ago
4. More than 3 years ago
5. Never
6. Don't know
9. No answer, refused

Q28. During the past 12 months, was there a time when you wanted dental care but you could not get care?

1. Yes
2. No
9. No answer, refused

SECTION 5: YOUR HEALTH CARE IN THE LAST 12 MONTHS

Q29. An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 12 months, did you need an interpreter to help you speak with doctors or other health providers?

1. Yes
2. No (GO TO Q31)
9. NR/DK

Q30. In the last 12 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

1. Never
2. Sometimes
3. Usually
4. Always
9. No answer, refused

Q30a. In the last 12 months, when you needed an interpreter how much of a problem was it to get one?

1. a big problem
2. a small problem
3. not a problem
9. NR/DK

Q31. In the last 12 months, did you have a health problem which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

1. Yes
2. No (GO TO Q33)
9. No answer, refused

Q32. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed?

1. A big problem
2. A small problem
3. Not a problem
4. No answer, refused

Q33. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

1. Yes
2. No (GO TO Q35)
9. No answer, refused

Q34. In the last 12 months, how much of a problem, if any, was it to get the therapy you needed?

1. A big problem
2. A small problem
3. Not a problem
9. No answer, refused

Q35. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care. In the past 12 months, did you have any experiences with paperwork related to getting care. In the last 12 months, did you have any experiences with paperwork for your health care?

1. Yes
2. No (GO TO Q37)
9. No answer, refused

Q36. In the last 12 months, how much of a problem, if any, did you have with paperwork for getting your health care?

1. A big problem
2. A small problem
3. Not a problem
9. No answer, refused

Q37. During the past 12 months, did you experience any problems with getting transportation to get health care?

1. Yes
2. No (GO TO Q39)
9. No answer, refused

Q38. In the past 12 months, how much of a problem was it for you to get transportation to get the health care you needed?

1. A big problem
2. A small problem
3. Not a problem
9. No answer, refused

Q39. During the last 12 months, did you NOT receive doctor's care or prescription medicines because you needed thE money to buy food, clothing or pay for housing?

1. Yes
2. No
9. No answer, refused

Q40. In the past 12 months, have you had a serious problem having enough money to pay doctor and hospital bills for yourself?

1. Yes
2. No

9. No answer, refused

Q41. In the past 12 months, have you had a serious problem paying for prescription medicines that you needed for yourself?

1. Yes
2.No
9. No answer, refused

Q42. In the past 12 months, have you had a serious problem getting health care that you needed for yourself?

1. Yes
2.No
9. No answer, refused

SECTION 6: ABOUT YOU

Now I would like to ask you some questions about you. Please answer the following questions for yourself.

6A.HEALTH

Q43. In general, how would you rate your overall health now?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
9. NRIDK

Q44. Because of any physical, mental or emotional problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around inside the house?

1. Yes
2.No
8. Don't know
9. No answer, refused

Q45. Because of any physical, mental or emotional problems, do you need help of other persons with your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for any other purpose?

1. Yes
2.No
8. Don't know
9. No answer, refused

Q46. Are you limited in the kind or amount of work that you can do because of physical, mental or emotional problem?

1. Yes
2.No
8. Don't know
9. No answer, refused

Q47. Are you limited in any way in any activities because of any physical, mental or emotional problems?

1. Yes
2.No
8. Don't know
9. No answer, refused

Q48. During the past 30 days, about how often have you felt you did not get enough rest or sleep? Would you say:

1. Everyday
2. Most days
3. Some days but not most days
4. Never
9. DK/NR

Q49. During the past 30 days, about how often have you felt very healthy and full of energy? Would you say:

1. Everyday
2. Most days
3. Some days but not most days
4. Never
9. DK/NR

QSO. During the past 30 days, about how often have you felt sad, blue, or depressed?

1. Everyday
2. Most days
3. Some days but not most days
4. Never
9. DK/NR

Q51. During the past 30 days, for about how many days have you felt worried, tense or anxious?

I. Everyday
2. Most days
3. Some days but not most days
4. Never
9. DK/NR

Q52. In the last 6 months, have you been a patient in a hospital overnight or longer?

1. Yes
2.No
9.NR/DK

Q53. In the past 12 months, about how many times have you been seen by a doctor **in** an emergency room?

000 to 366 times
999 No answer, refused

Q54. In the past 12 months, about how many doctors visits have you had for yourself? Do not include emergency room visits.

000 to 366 times
999 No answer, refused

Q55. Are you of Mexican origin or descent?

1. Yes
2.No
9. NR/DK

Q55a. Are you of Mexican American or descent?
3. Yes
4.No
9. *NRIDK*

Q56. Which of the following racial groups do you belong to?
1. White/Caucasian
2. Black/African-American
3. Asian
4. Native Hawaiian/other Pacific Islander
5. American Indian/ Alaska Native
6. Other
9.NR/DK

Q57a. Which of the following languages do you speak at home?
Do you speak English?
1. Yes
2.No
9. NR/DK

Q57b. Which of the following languages do you speak at home?
Do you speak Spanish?
1. Yes
2.No
9. *NRIDK*

Q57c. Which of the following languages do you speak at home?
Do you speak Vietnamese?
1. Yes
2.No
9. NRIDK

Q57d. Which of the following languages do you speak at home?
Do you speak some other language?
1. Yes
2.No
9. NR/DK

Q58. Are you currently married and living with a spouse?
1. Yes
2.No
9. NRIDK

6B: EMPLOYMENT, SICK LEAVE, GETTING TO THE DOCTOR

In the next few questions, I will be asking you about your work and sick leave when you need to go the doctor.

Q59. Do you currently have at least one job where you work for pay?

1. Yes
2. No (GO TO Q67)
9. No answer, refused

Q60. How many jobs do you have where you work for pay?

List number:

Q61. Are you self-employed or do you work for someone else or both?

1. Self-employed
2. Work for someone else
3. Work for someone else and self-employed
4. No answer, refused

Q62. About how many hours a week do you work at all your jobs where you work for pay?

000-989 or more hours a week
999 No answer, refused

Q63. In the past year, about how many days did you miss work at a job or business because of illness or injury? Do not include maternity leave.

0. None
1-366 days
998. Don't know
999 No answer, refused

Q64. Do you get paid time off from work when you are sick?

1. Yes
2.No
9. No answer, refused

Q65. Do you get paid time off from work when you have to go to see a doctor?

1. Yes
2. No
9. No answer, refused

Q66. How would you describe your employer's reaction to your taking time off from work to go to the doctor-does it cause a lot of trouble or problems, some trouble or problems, a little trouble or problems, or no trouble or problems?

1. Lot of trouble or problems
2. Some trouble or problems

3. A little trouble or problems
4. No trouble or problems
9. NRIDK

Q67. Does someone usually go with you when you go to the doctor?
1. Yes
2.No
9. No answer, refused

Q68. Does that person ever have to take time off from work to take you to the doctor/
1. Yes
2.No
3. Person doesn't work
9. No answer, refused

Q69. Have you ever had to put off going to the doctor because that person could not get time off from work?
1. Yes
2.No
9. No answer, refused

SECTION 7. IMMIGRATION

Finally, we would like to ask you about your residence in the United States.

Q70. Were you born in the United States?

1. Yes, I was born in the United States (Go to gender)
2. No, I was not born in the United States
9. NR/DK

Q70a. (If no to q70) About how many years have you been in the United States?

0. Less than one year
#years
9. NR/DK

Q70b. Which of these statements is most true for you?

1. I am a U.S. citizen
2. I am applying for U.S. citizenship
3. I do_not qualify yet to apply for citizenship
4. I_need to become a permanent resident first
5. I prefer to remain a citizen of my home country
9. NR/DK

Q70c. If Q70b answer# 2-5 ask: What is the name of the country where you are a citizen? (RECORD VERBATIM)

Qgender. (Interviewer: Do not read)

1. Female (go to Q71)
2. Male (go to Thank)

SECTION 8: WOMEN'S HEALTH: ASK OF FEMALE RESPONDENTS ONLY

Q71. Are you pregnant right now?

1. Yes
2. No (GO TO Q73)
9. NRIDK

Q72. IF YES: Have you been to a doctor or other health provider for a pregnancy care checkup for this pregnancy?

1. Yes
2. No
9. NRIDK

Q73. Have you ever had a test for cancer of the cervix or uterus, like a Pap smear?

1. Yes
2. No
9. NRIDK

Q74. About how long has it been since you had a Pap smear? Was that within the past year, between 1 and 3 years ago, or over three years ago?

1. Within past year
2. 1 to 3 years ago
3. Over three years ago
9. NRIDK

THANKS:

That is the end of our survey. Thank you very much for sharing your experiences with us.

The Use of Focus Groups in the Study of Tarrant County Adult Health Care

Submitted by the Capstone Class in Public Health
University of North Texas Health Science Center, Fort Worth
School of Public Health
Spring 2001

Introduction

With the decrease in income from Medicaid as a financial base, many counties in Texas, Tarrant County included, are concerned that they may not be able to continue to afford to provide health care to the medically indigent. In an effort to cope with a reduction of support from Medicaid, the Tarrant County Hospital District has developed a managed-care like plan, called JPS Connections, for the uninsured who receive care in the county-supported hospital, John Peter Smith, and its associated community health centers and clinics, referred to as JPS Health Network (Young, 1998.) The University of North Texas, The University of North Texas Health Science Center and the JPS Health Network have completed two phases of a research project that examines the health care services utilized by the uninsured adult, working-age patients who are being treated in the JPS Health Network. In the initial phase of the research, focus groups were conducted with physicians from the JPS Health Network to gain insight into the physicians' perspective on care for the uninsured. In the second phase of the project, a random sample of 1900 patients who had used the JPS Health Network were interviewed in a telephone survey. In the third phase of the project, individuals that participated in the telephone survey were asked to participate in a focus group conducted by public health students from the University of North Texas Health Science Center that allowed the individuals to "tell their stories in their own words". The data collected from these focus groups were analyzed to determine the participants' satisfaction with the health care services being provided by JPS Health Network.

Statement of Problem:

The overall goal of this series of focus groups is to gain a further understanding of the various issues related to health care access, cost, and quality, and their relationships to the affected populations. This study will provide the researchers with a personal understanding of various traits of the health care system, based on the participants' own experiences. This added dimension of qualitative data will serve to complement ongoing research in the field. The information obtained will be useful in many aspects such as suggestions for areas of future policy considerations by the hospital district and a heightened understanding of the health care environment of Tarrant county, particularly that of the John Peter Smith (JPS) network.

Methodology:

Focus groups are a focused research method where concentrated conversations are used to gather data on specific topics for a well-defined purpose in a relatively short period of time. Planning a focus group consist of conceptualizing the study, developing questions for the group, and developing logistical arrangements. Focus groups tell people’s attitudes about specific topics

through directed group discussion. Much general information can be obtained about people's opinions to specific topics during active comparison of their opinions and experiences. In this phase of the project, focus groups were used to obtain detailed information on specific topics from patients that utilize the JPS Health Network.

The original plan for the focus groups were to have to have 6-8 people per focus group and have 4 focus groups where one is conducted in Spanish. After a short recruitment period due to time restraints, 2 to 3 participants were recruited per group and three focus groups were conducted. There were no monolingual Spanish-speaking patients that responded to the focus groups.

Participants in the focus groups were sent a letter detailing the focus group in which they were invited to participate. In this study 250 letters were sent for recruitment. Patients indicated their willingness to participate by signing and returning the voluntary consent forms included with the information letter. Patients were called by public health students to arrange a convenient time and location for their participation in one of four focus groups. The focus groups were conducted in the JPS clinics in Ft. Worth. The three sites that were used for interviews were the Stop Six Community Health Center in southeast Fort Worth, the JPS outpatient clinics on the main campus south of downtown, and the Diamond Hill Community Health Center in north Fort Worth. Follow up contact with participants was important to have participation. Private conference rooms were used for the focus groups.

When patients arrived for their focus group, the study was again explained to them and they signed an on-site consent form that included their name and Social Security number so that they would receive compensation for their time and transportation for participating in the research.

Students served as moderators and note-takers for the focus group. A moderator must be familiar with how to lead group dynamics to have a well flowing discussion in order to obtain good data. In this study, Sarah Brown served as moderator for all three focus groups.

The student moderators and note-takers prepared research summaries of the responses of the patients in the focus groups. Faculty members, Dr. Rojas and Dr. Eve, who taught the capstone course, supervised the students. Both faculty members attended the focus groups to observe and supervise the students.

Patients who participated in the project spent approximately 2 hours answering the research questions, but did not incur any costs. Patients were given $25 to compensate them for their time for participating in this phase of the research. Patients were provided with baby-sitters, but none were needed. They were also provided free parking.

Participation in the focus groups was voluntary and responses were confidential. Precautions were taken to protect the identity of those who participated in the research. JPS Health Network administrators and physicians will not know the names of patients who are participating. There will be no link between the participants' telephone surveys and the qualitative data. The data from the telephone survey does not contain the names, addresses, or telephone numbers of the volunteers who participated in that study. The reports on the qualitative data will not contain names or information that could identify the participants. Their confidentiality will be protected

in the study so that no one will know the names of the people who are selected for the focus groups and in-depth interviews. The names of the participants will not appear in the study report. Subjects will only be identified with numbers or fictitious names in the research reports. Focus group participants were asked if tape recordings could be made to aid the memories of the researchers in preparing the research summaries of the focus groups. All the participants agreed, therefore, tape recordings were made. Once the transcripts were completed, only the researchers will have access to tapes that were made, and these tapes will be destroyed after student transcripts are checked by faculty for accuracy.

Then analysis of the data was done to find common themes. This was a subjective process of listening to and interpreting what has been said in the groups. The tape recordings were used to supplement the detailed notes during the sessions. These detailed notes and tape recordings were used to help put together a detailed transcript of the entire session.

A) IRB Approvals

When doing any type of research, the institutional review board (IRB) must review documentation and decide if the project is designed in such a manner that it will protect the rights of the human subjects involved. The initial application to IRB was sent February 1, 2001 for approval. Final approval was obtained on March 19, 2001. IRB proposals were submitted concurrently to JPS Health Network and the University of North Texas, as Dr. Baumer and Dr. Eve held appointments at these institutions respectively. Approval was received from both of these institutions as well.

B) Focus Group Questions

The students formulated these questions in two class sessions. There were a total of 6 questions with multiple parts to each question. Question 1 was about general health. Question 2 was about experiences with the use of doctors and health clinics. Question 3 was about prescription medicines. Question 4 was about dental care. Question 5 was about insurance. Question 6 was about other issues that are of concern to the participants. After the participants answered these questions, it was decided that the scribe would go through and summarize the participants' main points and asked for participants to make corrections or addendums. A copy of the focus group questions are included at the end of this document.

C) Selection of Participants

The participants in this focus group project were patients in the John Peter Smith System in the year preceding August 2000. These patients participated in the initial phase of the study through a telephone survey conducted by the Survey Research Center at the University of North Texas. All participants were working age adults between the ages of 18 and 60. The participants included both males and females and were representative of the race and ethnic groups seen in the John Peter Smith clinics. The participants for this study were recruited from the pool of individuals who participated in the phone interview Fall 2000 and who expressed interest to a query letter regarding participating in the Focus Groups. There were 250 letters sent by the Survey Research Center at the University of North Texas, only 10 patients responded. There

were 11 letters that we sent to incorrect addresses. The public health students were able to arrange interviews with 7 of the 10 invitees.

D) Personnel

The students of the spring 2001 capstone class conducted the focus groups for the project. Four students participated in each of the focus groups. The roles to be filled for each focus group originally included: one moderator, two assistant moderators, and one babysitter. Since a babysitter was not needed for any of the focus groups, the role was converted to an observer.

The dates, locations, and students involved are the following:
April 9th -- Diamond Hill 1-4 p.m.: Sarah Brown (moderator), Samira Meymand (observer), Chris Morgan (assistant moderator), and Sylvester Flores (assistant moderator).

April 16th -- JPS 9-11:45 a.m.: Sarah Brown (moderator), Suresh Mahabhashyam (assistant moderator), Chris Morgan (assistant moderator), and Sharon Reese (observer).

April 16th -- Stop Six 1-4 p.m.: Sarah Brown (moderator), Cassandra Hoke (assistant moderator), Tricia Blevins (assistant moderator), and Suresh Mahabhashyam (observer).

E) Institutional Commitment and Sources of Additional Support

The Tarrant County Hospital District (TCHD) and the JPS Health Network are the sponsors of this project. The participants in the focus group consist of people who use the services of the JPS Health network and the focus groups will be held at JPS outpatient clinics that are convenient to them. To ensure confidentiality, the transcripts and reports from the focus groups will not contain participant information. The JPS Health Network administrators and physicians will not know the names of the participants. The questions for the focus group discussion will be designed to identify problems the uninsured adults face in getting access to health care, and some of the concerns of the JPS Health Network administrators (e.g. if the people feel safe using the district health care services). The letters of invitation, the consent forms, and the focus group discussion guide were presented to the Clinical Research Committee at JPS hospital for approval.

The Texas Higher Education Coordinating Board is also a sponsor because they had to approve the study design, evaluate the project, as well as provide funding for it.

In addition, Dr. Baumer is the co-principal investigator of the project, lead investigator from JPS, and has adjunct clinical appointment from UT Southwestern Medical Center.

F) Process

In February, there were several working sessions where questions were developed for focus groups. Two mock focus groups were held to decide who would have the role of moderator.

From these mock groups, it was decided that Sarah Brown would be the moderator for all three focus groups.

In early March, final decisions about recruitment letters were made. Tentative dates and times for focus groups were set. A script for phone calls was put together by the class. Final decisions about each student's role in the focus groups were made. Locations were discussed and finalized. In late March, final IRB approval was obtained. Then the three clinics were contacted to reserve locations for the focus groups. A food list was created for the focus groups and the dietary needs of the participants were taken into consideration (e.g. diabetics). Reminder calls to the clinics were made for the upcoming focus groups.

The recruitment letters were sent out immediately and then phone calls were made on April 2nd, 2001. The script was reviewed and practiced a few times. On April 9th and 16th the focus groups were held. Each assistant moderator typed up their transcriptions for April 23rd so the data could be analyzed. Data was analyzed on April 23rd. Presentation of results and final written report will be turned in on May 7th, 2001.

Findings:

Participants:

There were a total of 7 participants in the 3 focus groups that were held. There were 2 Hispanics females (mid-20's, mid 50's), 3 Caucasian males (mid-40's, late 40's, 55 years old), 1 Caucasian female (late 30s), and 1 Black female (late 40's). All participants indicated that they were in lower socioeconomic status groups. Most indicated that they were either not employed or had no regular source of income. The three Caucasian male subjects indicated that they had been receiving services from JPS for several years. The two Hispanic females were relatively new to the system. The Caucasian female participant had only begun using the JPS system in the past two years. The Black female, who is a nurse at JPS, had only begun using the JPS system in the past year. One participant utilized Medicaid at one time or another for either herself, her child, or both. All participants were utilizing services at either Diamond Hill, Stop Six, or JPS.

Question 1: General Health:

Five out of the seven participants reported they were in fairly good health. They did however note some health concerns. One Hispanic female participant experienced problems with delivering a child within the JPS system. The other older Hispanic female had undergone heart surgery this past fall, and was dealing with continued maintenance, testing, and other problems mostly associated with her heart condition. One Caucasian male had most recently accessed the JPS network for a recent back injury. Other problems mentioned include the following: diabetes, high blood pressure, hepatitis B, hepatitis C, back pain, uncontrolled nosebleeds, infections, gynecological concerns, dysplasia, fever, allergies, and nerve damage. All the participants were interested in alternative methods of health care such as the use of herbs and chiropractors. Some of the participants were interested in preventative health care, such as cancer screening and education.

Question 2: Experiences Use of Doctors and Health Clinics:

Two of the three participants indicated that they try to practice self-care through the use of over-the-counter medication or home remedy, rather than access JPS benefits. The person with the heart condition maintained that she requires constant blood tests and other screens to maintain her health. All try to use the clinics for their care, but all have had to go to the ER at some point or another. One problem with accessing services is the amount of time it takes to wait for an appointment, be referred, or even wait in the ER. One participant stated, "Anytime you go to JPS there is a genuine time commitment for the entire day." "It takes several days or weeks to get anything done"[referring to the appointment/referral process]. Problems were highlighted with respect to the ER at JPS, mainly due to the extreme waiting periods experienced by all participants. "They waited and waited and finally went back home, called an ambulance and got treated before people who had been waiting for much longer." "I was taken in right away, but held there all day without a room until 1 AM. They said the reason was that there was no room available--there was some empty but not clean."[heart patient] The other female discussed an episode with her daughter, who had a serious cut on her jaw, including serious bleeding. While in the JPS ER she was told to go to Cooks Children's. After many words and waiting, the staff did offer to control the bleeding, and insisted that they go to the aforementioned hospital for service.

All agreed that when they did see a physician, they did receive adequate care. "Most are friendly and have good bedside manner and are knowledgeable." All also agreed that the wait to obtain service was extremely long.

Two participants said that it was hard to get to a doctor in Tarrant County. Both were concerned about the difficulty in making appointments, especially with follow up visits. They are also concerned about the attitude of the personnel who schedule appointments. “The attitude of the people who make the appointments, their attitude is not pleasing enough, I don’t know what it is.” One participant indicated that he prefers to try over-the-counter medication or herbal remedy to ease symptoms and that: “Unless I feel like I am dying, I will not make an appointment to see the doctor.” The other participant says that being a nurse she takes care of herself. “Most of the minor ailments I take care of them. I know what to do to get myself together.” One participant indicated that he is happy to have JPS connections, he has to pay a lot less for the stuff he needs to monitor his blood glucose and his medication.

While one participant indicated feeling thankful for being able to afford health care at JPS, the other said that it was necessary to save for the $5 co-pay. As this participant said, "Even $5 per visit might as well be $50 if you have no income." When health issues arise, they could do one of several things to alleviate discomfort if the issue was judged to be a significant concern: try an over-the-counter medication or herbal remedy to ease symptoms, see a doctor at a JPS clinic, or arrive at the emergency room in an ambulance. Both participants concurred: "When I've seen a doctor, I feel like I have gotten good care." However, both also agreed that the wait to see a doctor is excessively long, even if one has an appointment. They were concerned about contagious disease in the waiting room, as well.

Question 2: Experiences Barriers to Health Care:

All participants mentioned problems with communication and the quality of care received as a result. "If you don't speak English, they will set you aside and help someone else." Another barrier discussed was the system of making appointments and getting referrals. All agreed that there are significant problems with the methods used to schedule appointments and referrals.

One participant said that she had problems when she tried to get health care with JPS, she was working part time with JPS at that time. Talking about her problems with getting classified for JPS Connection, etc. she said: “What I am trying to say is my persistence is because I am a nurse and I know what I want, if it is a lady or a minority who doesn’t know exactly what is what, she will give up.” After getting classified, she also had a problem with choosing the doctor she wanted. “The last question I asked him is; Do I have a right to choose a doctor that I want to see?” Transportation was a significant barrier to one participant. Another participant said that he felt that the doctors do not listen to him. He feels that he has been diagnosed as a diabetic just because of one high blood sugar test. He says that the doctors need to have a more open mind and need to explore alternative methods of treatment and offer them to their patients. The female group participant reported that she hasn’t had any bad experience with doctors and that the doctors listen to her.

Transportation was a significant barrier to one participant. The bus system is not always reliable or quick, so one has to plan far in advance to arrive on time. This same participant arrived an hour early for the focus group. Another participant said that she felt "passed around" to different "assistant" doctors, so that her initial concerns were not adequately met. She believed that the doctors communicated with each other via chart notes, which caused confusion about her immediate health concerns. The process of receiving care is time consuming at JPS, according to the participants. Work and other daily obligations sometimes interfere with one's ability to receive health care; it is not always feasible to ignore other obligations for extended periods of time. One participant said that the referral system for seeing specialists can be confusing and time-consuming.

Question 3: Prescription Medications:

General consensus here was that the wait for a medication fill/refill is extremely long, often requiring several days. Two of the subjects also believe that JPS pharmacy employees spend too much time socializing and “messing around”, rather than focusing on filling prescriptions. Also there is a consensus on poor customer service at the pharmacy. Some of these patients would call to verify that their prescriptions were ready, were told it was ready and it was not when they arrived the next day to pick it up. One participant said that the clinics do not have simple things, like saline solutions, on hand. There is always a waiting period in which prescriptions must be processed. Issues with pharmacy delays are compounded for those who do not have transportation.

One participant thought mistakes were made at the pharmacy. One participant said that not enough pills were given for one prescription and another participant mentioned that the wrong

prescription was getting refilled. Two participants agreed that nothing bad had happened due to prescription mix-ups or delays.

One female group participant said that she hasn't had any problems with prescriptions. She finds it easier getting her medications by mail.

One participant reported that there really was only one place where he can get his medication (the pharmacy on Rosedale) and that there is an extended waiting time every time one needs to pick up a prescription from the pharmacy.

One female group participant reported that she is required to go to the pharmacy every month to pick up a month's supply of birth control pills. She said that the doctor told her that she could get a 3-month at-a-time supply, but the pharmacy technicians only allow her to have one month's supply. She mentioned that Planned Parenthood programs give you a year's supply at a time, which is much more convenient, but she would be satisfied with a 3-month interval.

"My mother was denied several times because she didn't have the money to pay for it.....this happened when she was having an asthma attack, and they still wouldn't give it to her." "Even on refills you have to plan ahead, and often get told to call back because the computer says it has not run out yet and that you should still have medication." "The initial prescription you are written, you cannot get on the same day."

Question 4: Dental Care:

All participants expressed concern and a need for dental services. They believe that there are no dental services offered by JPS. One participant was told that dental care was only available for children at JPS. The participants that were new to the system did not have enough information. Dental care was not a high priority for these participants in part due to the high cost and transportation are considered significant barriers to dental care.

Other resources, such as Parkland Hospital and Baylor dental schools were mentioned as other possible resources. Mostly all participants are putting off needed dental care due to the high cost, and little or no income source. "If you do not have insurance it's a whole lot to pay." One participant reported that with JPS connections he would have to pay full price for dental care. Two participants said that if it were easier to go to a dentist, they would go.

One participant reported that she needs to see a dentist, but she will wait until she has dental coverage. One participant reported feeling fearful about receiving dental care from JPS, saying "I don't want to be a guinea pig for student doctors. Once your teeth are ruined, that's it!" If dental care is not available at JPS, both participants would like more information about other resources and contact information for low-cost dentistry. Simple procedures, such as oral cleanings and cavity fillings, would be greatly appreciated.

Question 5: Problems with insurance or paying for care:

One subject has Medicaid for her child, but still has to show proof of income to access JPS services. The verification process is said to be too inefficient. "Why can't you just call in and have them mail you an updated card?" Face to face interviews seem intimidating, often with screeners 'hassling' or not trying to communicate in an easy manner.

One participant stated, "I go without health care every chance I get. I would rather spend the 5 dollars on food. Our family tries to take care of itself, because it is a lot of times like nonsense trying to deal with these people." "At the same time because of my high risk, [I] feel some anxiety. What can happen if somewhere along the line someone doesn't act on an emergency? It keeps me on pins and needles."

One participant said that, the health care at JPS is reasonably priced. Two participants concurred that they have had to make choices between health care and other things like rent or car. One participant reported that if possible he tries using herbs, which cost less than what he would have to pay, if he sees a doctor.

One participant reported being able to afford the co-payments. This participant had not been required to make any other payments for health care. One participant said that, although the health care at JPS is reasonably priced, she wonders if the providers are experienced or well-trained. She gave an example of receiving her immunizations multiple times, because she believed the doctor did not adequately review her chart. Another participant said that he made taking care of his pets a priority over his health care if money became an issue. He also eats inexpensive food and has to be careful with his money.

Question 6: Other Concerns:

Comments:

The male participant has poor understanding about his health problems (diabetes). Apart from not believing that he has diabetes, he tries using herbal remedies without consulting the doctor. At the end of the focus group he took a coke along with him. This shows that he does not understand that he has a chronic disease that not only requires the proper medication, but also dietary changes and exercise. He has either had poor health education or no health education from his health care providers.

Summary-Across Groups & Recommendations:

There was some data generated here and some feedback, both positive and negative obtained. There are definite improvements that need to be made. 1) The pharmacy needs to be addressed in terms of better efficiency for turning prescriptions over to the patients. The staff may need to be evaluated to determine if there is much time wasted on the telephone and socializing. 2) Dental care is a big concern for most patients and they are unaware of the services that JPS provides. There needs to be more patient education to allow patients to use the dental services if they do

exist. 3) Barriers that were mentioned were extended wait times for seeing a doctor, cost, transportation, and communication with the front staff personnel. There needs to be a better communication between patients and staff at the hospitals. Customer relations training could teach JPS personnel how to better interact with their clients. A transportation service could be implemented for those that have transportation barriers. Whether or not the cost of services can be lowered is an issue that needs to be addressed.

Summary and Conclusions:

Participants for the focus groups were recruited from the individuals that participated in the telephone survey conducted in the previous phase of the research project. Letters were sent to 250 individuals and only 11 responded to the focus groups. This resulted in only 2-3 participants in each focus group. No non-English speaking participants were recruited and the demographic distribution of those who did participate is most likely not representative of the actual demographic distribution of Tarrant County. Since a social security number was needed for compensation, non-documented individuals that utilize JPS services were excluded. Therefore, the results obtained may not generalize for the entire population group. More individuals would have been beneficial to the study, however, due to unforeseen delays, the recruitment process was shortened. The IRB approval process proved to be longer than expected, however, it provided a valuable dialogue between the students and the IRB. Even though the groups were not the optimal focus groups with numerous individuals providing various experiences, the study did provide an excellent pretest of the process of obtaining qualitative data. The public health students analyzed the transcripts of the focus groups and summaries of the main topics were highlighted. The summaries of each focus group were compared to determine common concerns among all the groups. Transportation, the efficiency of the pharmacy, and prolonged waiting times were some the common issues expressed in all the focus groups.

Recommendations To Improve Study:

Due to time constraints there was a small sample size. There were also a large number of patients who rejected the study. Therefore, the small number of participants limited the ability to conduct an in-depth focus group discussion. In addition, there may be a topic that was not addressed in the groups since there was such a small sample size. To increase the number of participants more letters of invitation could be sent to ensure higher numbers in each focus group. Not enough time was allotted for IRB approval, which rushed the process of recruitment and subsequently pushed the remainder of the study behind schedule. This phase of the study was completed by the public health students in a 15-week Capstone course, which proved to be an insufficient amount of time to receive IRB approval and complete the needed focus groups.

References:

Young, R. Health care funding for the uninsured of Tarrant County. Paper presented at the Ethics Consortium of the Tarrant County Academy of Medicine Conference, Health Care for the Uninsured of Tarrant County, January 13, 1998, Fort Worth, Texas.

FOCUS GROUP GUIDE

INTRODUCTION

Thank you for coming here today to be in this focus group. In this group discussion, we will be discussing your experiences with your health and your visits to doctors and to health clinics in the past year. We are interested in the good experiences you have had, as well as the problems you have had. There are no right or wrong answers to these questions. We would like you to answer the questions just based on your own experiences, not the experiences of other people in your family or of your friends -- just your experiences. We have given each of you a pad of paper and a pencil that you can use to jot down ideas that you have so you will not forget them, if you need to do that.

Now that we are ready to get started, we would like to begin by having each of you introduce yourselves to the group and tell us something about yourself. In this group we will just use our first names. If you would like to use a name that is not your real name so that other people will not know who you are, that is okay. I will begin by introducing myself. My name is XXXXX. I am a student in master's program in public health at the University of North Texas Health Science Center School of Public Health. I will be the moderator for this group. (GO AROUND TABLE LETTING PARTICIPANTS INTRODUCE THEMSELVES. THEN ASK ASSOCIATE MODERATOR AND OBSERVERS TO INTRODUCE THEMSELVES.)

Now that we are acquainted, I would like to ask you if we can tape record this discussion so that we do not miss nay of the points that you make. We will destroy the tape once we have written our summary of our discussion today and no one other than the moderator and assistant moderator will ever hear the tape. (WITH PERMISSION, START TAPE.)

Now, let's start with a discussion of your health

1. HEALTH

First, we would like to start with a discussion of your health. How would you describe your health? Would you say your health is excellent, pretty good, fair or poor?

What problems do you have with your health?

In the past year, what would you say has been your major health problem?

2. USE OF DOCTORS AND HEALTH CLINICS

a. Usual experience

In the past year, when you were sick or had a problem with your health, what did you usually do? Did you go to see a doctor for this problem or what?

When you saw a doctor for your health problems in the past year, did you usually have a good experience? Could you tell us more about that good experience?

When you saw a doctor in the past year, did you ever have a bad experience? Can you tell us more about that bad experience?

What would you have done if you had not been able to see this doctor or health clinic when you had this health problem?

b. Not able to see a doctor when needed

In the past year, did you ever feel like you needed to see a doctor for a health problem but were not able to see a doctor for this problem? Can you tell us about that experience?

What was the problem? Why couldn't you see a doctor? Were you ever able to see a doctor for this problem?

What happened as a result of that experience? Did your health problem get better or did it get worse?

3. PRESCRIPTION MEDICINES

In the past year, did you ever feel like you needed to a prescription medicine for a health problem but were not able to get this medicine? Can you tell us about that experience?

What was the problem? Why couldn't you get the medicine? Were you ever able to get medicine for this problem?

What happened as a result of that experience? Did your health problem get better or did it get worse?

4. DENTAL CARE

In the past year, did you ever feel like you needed to see a dentist for a dental problem but were not able to see one? Can you tell us about that experience?

What was the problem? Why couldn't you see a dentist? Were you ever able to get medicine for this problem?

What happened as a result of that experience? Did your problem get better or did it get worse?

5. INSURANCE

Now we would like to ask you how you usually pay for your health care, like visits to the doctor or prescription medicines. Do you pay for this yourself or do you have insurance that pays for your doctor visits and prescriptions? What kind of insurance is this? (For those with some kind of public or private insurance:) What would you do if you did not have this kind of insurance?

For those of you that have some kind of insurance (public or private) do you ever have any problems with getting this insurance to pay for the care that you need? Can you tell us more about that experience?

Do you ever have to choose between paying for health care for yourself and paying for other things for yourself or your family, like your rent, groceries, car payments, clothes, or things like that? Can you tell us about those choices you have to make? How do these choices affect you or your family?

6. OTHER ISSUES

We are just about out of time for our discussion. At this point, we would like to ask you if you have any other issues related to your ability to get health care that you would like to bring up?

7. SUMMARY

Now I would like to ask the assistant moderator if he/she would summarize the major points he/she has heard you make in our discussion today. Please listen to the summary and tell us if it is correct or if there are changes that we need to make.

ASSISTANT MODERATOR PRESENTS SUMMARY
Is that an accurate summary of what you have said today? Are there any corrections that we need to make? Is there anything you would like to add?

Thank you for your participation in this project.