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Vital and
Health Statistics

Access to Health Care
Part 3: Older Adults

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Access to Health Care
Part 3: Older Adults

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Objectives

This report examines access to health care for older adults, 65 years of age and over, in the United States for 1993. Access indicators include having a regular source of care, place of care, main reason for no regular source of care, unmet health care needs, and use of clinical and preventive services. Sociodemographic characteristics include sex, age, race, income, health status, and health insurance coverage.

Methods

Data are from the 1993 Access to Care, Health Insurance, and Year 2000 Surveys of the National Health Interview Survey (NHIS), a continuing household survey of the civilian noninstitutionalized population of the United States. The sample for the Access to Care and Health Insurance surveys contained 61,287 persons in 24,071 households. The sample for the Year 2000 survey was 21,028 persons.

Results

Persons with Medicare and private or Medicare and public coverage were more likely to have a regular source of medical care than elderly persons with Medicare only. Over 3.3 million elderly persons had at least one unmet need in 1993. Older adults on Medicare and public or Medicare only coverage were twice as likely to have unmet medical needs than those with Medicare and private coverage. Persons with Medicare and private coverage were more likely to receive immunizations than elderly persons with Medicare and public coverage or Medicare only.

Conclusions

Although the majority of older adults have Medicare, this only provides a basic level of access to the health care system. Older adults who do not supplement Medicare with private coverage are at the greatest risk of having unmet health care needs.

Keywords: *access to care • regular source of care • reason for no regular source of care • unmet need • clinical and preventive services • health insurance*

Access to Health Care Part 3: Older Adults

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Introduction

The age composition of the population in the United States has changed dramatically during the 20th century. Most impressive has been the increase in the size of the population 65 years of age and over. At the turn of the century, elderly persons accounted for approximately 4 percent of the population (1). In 1993, elderly persons accounted for over 12 percent of the population, or almost 32 million persons. This "graying" of America has important economic and social policy implications, and puts demands on local, State, and Federal social welfare systems and on health care systems in general.

This report presents national estimates on elderly adults, 65 years of age and over, of some basic measures of access to medical care including having a regular source of care, place of regular source of care, and unmet medical needs. In addition, routine preventive services are examined in relation to insurance coverage. Descriptive data are presented by health insurance status and other sociodemographic characteristics with a particular emphasis on socioeconomic status and race.

Measuring and monitoring access to health care has been a central concern of public health and health services researchers and has been of increased interest since the creation of Medicare and Medicaid in 1966 (2,3). Traditional measures of access have included health insurance coverage, presence of a regular or usual source of care and its characteristics, and use of medical services. Both theoretical and empirical studies of access have emphasized the importance of having health insurance and a regular source of care in assuring that persons in need of medical care have easy access to it (4–7). These recent studies have also encouraged more in-depth evaluation of access to care, particularly in relation to need, outcomes, and quality of care (4–6).

According to the behavioral model of health service use originally developed by Anderson (8) and refined over the years (8–11), having health insurance and a regular source of care constitute "enabling factors" that facilitate the use of health services. Both give timely entry into the medical care system when acute care is needed—the former by providing financial access and the latter through familiarity at least, and convenience, confidence, and satisfaction at best. It is well established in the literature that the presence of both does enhance use of services, and indeed, they are among the strongest predictors of health service use (6,7).

Site of the regular source of care and type of insurance are also important determinants of access. Not all sources of care are alike. Doctors' offices (or a health maintenance organization (HMO)) have traditionally been likely to provide continuity of care and a full complement of preventive health care services. Both are essential components of good quality primary care (12). Public clinics, community health centers, and hospital outpatient departments may also provide good primary care to regular users, especially if there is a well-established relationship between the patient and a particular provider (6). Emergency rooms, however well-equipped to provide emergency care, are not organized to

provide either continuity of care or preventive services to those who claim to use the emergency room as a regular source of care (7).

Although most people would benefit from the preventive services often available through a regular source of care, studies have shown that most people without a usual source of care report not wanting or needing one (13). There are many reasons for not having a regular source of care. Lack of health insurance or other means to pay for care is a major concern (7).

Although 96 percent of the elderly population have Medicare (14), coverage for medical services is not comprehensive. Therefore, the majority of elderly persons have either private or public insurance to cover medical expenses not covered by Medicare (15,16). However, 20 percent of those 65 years of age and over rely solely on Medicare to assist in their medical bills (14). Persons without the supplemental insurance are more likely to be minority, female, or have poor or low income. Previous research indicates that the poor and members of racial and ethnic minority groups are most likely to experience poor access to medical care (7,17,18).

Frequently used measures of access to care are based on contact with the health care system. The assessment of unmet medical need represents a measure of perceived need for care that does not result in use of services. This concept was first developed by Aday and Anderson in the 1970's (9,19). There may not be negative consequences for health resulting from lack of care, but it is important to estimate the volume of need that is not being addressed by the health care system. Both delays in getting and the inability to get needed medical care are considered, as is the inability to get other needed health services, including dental care, eyeglasses, prescription drugs, and mental health care.

Beginning in 1993, access to care data has been collected routinely through the National Health Interview Survey (NHIS). Traditional measures of care include regular source of care, site of that care, type of provider, and reason for no regular source of care. Also for the first time in a national survey, questions are asked about unmet need for medical and other types of health care services.

This report on access to care among the elderly is the third part of a three-part series of reports on access to health care in the United States for 1993 using data from the NHIS. The first report covers children and youth through age 17 years (20), and the second report is on working-age adults 18–64 years old (21). These three populations were examined separately because they have different health care needs and characteristics. The elderly are more likely than working-age adults to have physical limitations, chronic conditions, and greater health care needs. Children are dependent on adult caretakers for access to health services and need scheduled preventive care for developmental assessment.

Methods

This report on elderly adults 65 years of age and over uses data from the 1993 Access to Care, the 1993 Health Insurance, and the Year 2000 surveys of the NHIS, a continuing household survey of the civilian noninstitutionalized population of the United States.

The 1993 Access to Care, the Health Insurance, and the Year 2000 surveys were administered in the third and fourth quarters of 1993. The Access to Care Survey included questions about regular source of care, place of care, reasons for no regular source of care, and difficulties in getting medical care. The Health Insurance Survey included questions about type of insurance, insurance costs, services covered, and reasons for no insurance coverage. The Year 2000 survey included questions concerning environmental health, tobacco use, nutrition, occupational safety and health, heart disease and stroke, other chronic and disabling conditions, clinical and preventive services, mental health, and oral health. This questionnaire tracked the Year 2000 objectives. *Current Estimates From the National Health Interview Survey, 1993* (22) includes a copy of all questionnaires and a discussion of NHIS sample design, data collection, and data processing. The Access to Care and Health Insurance questionnaires were administered to 7,661 adults 65 years of age and over. The Year 2000 questionnaire included only one sample person per household for a sample size of 4,255 adults age 65 years and over.

Some of the variables analyzed in this report (regular source of care and unmet needs) have higher levels of item nonresponse than are usually found in the NHIS. For these variables, missing values have been excluded from the analysis. This is equivalent to assuming that missing values are distributed the same way as the known cases in the population. The percent of unknown cases in the total population for the health insurance, the regular source of care, and the unmet need variables are shown in table I of appendix I. Data in table I show that uninsured and minority persons were overrepresented among the unknown cases. This suggests that those with missing values are probably more likely to have access problems than known cases. Excluding the missing values probably underestimates the problems older adults have in obtaining health care services.

Because the estimates shown in this report are based on a sample, they are subject to sampling error, which is measured by the standard error. Percents and standard errors were calculated using SUDAAN, a statistical program for survey data analysis that incorporates the NHIS sample weights and information on its complex survey design (23). SUDAAN uses first-order Taylor series approximations to obtain estimates of variances. Standard errors are shown in parentheses for each estimate.

A t-test, with a critical value of 1.96 (0.05 level), was used to test all comparisons that are discussed. Statistical tests performed were two-tailed tests with no adjustments for multiple comparisons. Terms in the text relating to differences, such as ''greater'' and ''less,'' indicate that the differences are statistically significant, and terms such as ''similar'' or ''no difference'' mean that there was no difference

between the two estimates. Lack of comment regarding the difference between any two estimates does not mean that the difference was tested and was found not to be statistically significant.

Race

In this report, a person's race was based on the respondent's description of each household member's racial background. Persons were divided into the following race categories.

White includes both Hispanic and non-Hispanic white adults;

Black includes both Hispanic and non-Hispanic black adults.

Hispanic persons were included in the *white* and *black* categories because there were not enough elderly Hispanic persons in the sample for reliable estimates.

Health Insurance

Persons were classified into health insurance categories based on six questions about type of coverage (private, Medicaid, Medicare, military, Indian Health Service, and other public assistance). Because some individuals have more than one source of insurance, mutually exclusive categories were developed to eliminate analytical problems associated with double counting. Categories include Medicare and private, Medicare and public, Medicare only, other coverage, and uninsured. More information about this insurance hierarchy is in appendix II.

Regular Source and Place of Care

Persons were classified as having a regular or usual source of care if they responded that they had at least one particular person or place they usually went to when sick or needed advice about health. Persons with a regular source of care sought medical care in a variety of settings. These places were grouped into the following four categories.

Doctor's office—includes private doctors' offices, private doctors' clinics, HMO's, and prepaid groups;

Clinic—includes company or school health clinic and/or center; community, migrant, or rural clinic and/or center; county, city, or public county hospital outpatient clinic; and private and/or other hospital outpatient clinic;

Emergency room—includes hospital emergency rooms or departments.

Other—includes all remaining places of care (about 4 percent)—psychiatric, military, other, and unknown facilities, which were included in the total but not shown separately.

Reason for no Regular Source of Care

Respondents who reported no regular source of care were asked to select the reason from a list of reasons. In this report, the responses were grouped into the following categories.

Doesn't need doctor.

No insurance or cannot afford it.

Unavailable or inconvenient—includes previous doctor who is not available and/or has moved; does not know where to go; no care available and/or care is too far away and/or not convenient.

Do not trust doctors—includes does not like, trust, or believe in doctors.

Other—includes speaking a different language and other reasons.

Unmet Need

Respondents were asked if anyone in the family was unable to obtain needed medical services at least once in the last 12 months. Those who answered "yes" to any of the following questions were classified as having an unmet need: needed medical care or surgery, but did not get it; delayed medical care because of the cost; needed dental care, prescription medicine, eyeglasses, or mental health care, but could not get it.

Results

Tables 1–3 present access to care indicators by sociodemographic characteristics (including health

insurance categories) for the total population. Table 1 shows the percent distribution of persons 65 years of age and over with a regular source of care by selected sociodemographic characteristics according to age. Table 2 shows the same sociodemographic information by place of care. Table 3 shows the information for those with unmet medical needs. Table 4 shows the data on clinical and preventive services by type of health insurance.

Regular Source of Medical Care

In 1993, 94 percent of persons 65 years of age and over had a regular source of medical care and 6 percent reported that they did not have a regular source of care (table 1). Older persons with Medicare and private health insurance or Medicare and public insurance coverage were more likely to have a regular source of care than those who had Medicare only or who were uninsured. Only 63 percent of persons with no medical insurance had a regular source of care.

Place of Regular Source of Medical Care

Among elderly persons with a regular source of medical care, 91 percent visited a private doctor's office for their health care needs. Only 1 percent of the elderly people used an emergency room as their regular place of care (table 2). Females were more likely than males to have a private doctor as their regular place of care. Only 78 percent of black persons reported a private doctor as their regular place of care compared with 93 percent of white persons. Black persons were 4 times more likely than white persons to use a clinic or emergency room as their regular place of care. Persons at or above poverty or in excellent, very good, or good health were more likely to indicate a private doctor as their regular place of care.

For older people with Medicare and private insurance and a regular source of care, 94 percent went to a private doctor as their regular place of care. Fewer than 1 percent went to the emergency

room as their regular place of care. Three percent used a clinic.

For persons with Medicare and public health coverage or Medicare only coverage, 88 percent used a private doctor. Eighty-three percent of uninsured elderly people used a private doctor as their regular place of care. Only 44 percent of elderly people with other coverage had a private doctor as a regular source of care. For 41 percent of the elderly population with other health coverage, other places of care (such as a Veterans' Administration hospital or clinic or other military health facility) were used (data not shown).

Reason for No Regular Source of Medical Care

Survey respondents were asked to select from a list of reasons for not having a regular source of medical care. The most common reason was "Do not need doctor." This reason was given by 47 percent of the elderly respondents. Twenty-three percent of this age group indicated lack of availability, knowledge, or inconvenience of care (figure 1). Other reasons given for lack of a regular source of medical care were "Does not trust doctor" (7 percent), "No insurance/cannot afford" (7 percent), and "Other reason" (10 percent).

Unmet Medical Needs

Overall, 3.3 million persons (almost 11 percent) of the elderly population reported an inability to obtain needed health care. Despite the availability of Medicare and Medicaid, over 1.4 million elderly people in the United States delayed getting medical care because of worry about the cost. This included not getting dental care that they needed at least once in the last 12 months (table 3). In addition, one million elderly persons were unable to get glasses, approximately 600,000 were unable to get prescription medicine, and 500,000 were unable to get medical care.

Health insurance status played a key role in an individual's ability to obtain health care services. Elderly people with Medicare only were twice as likely to
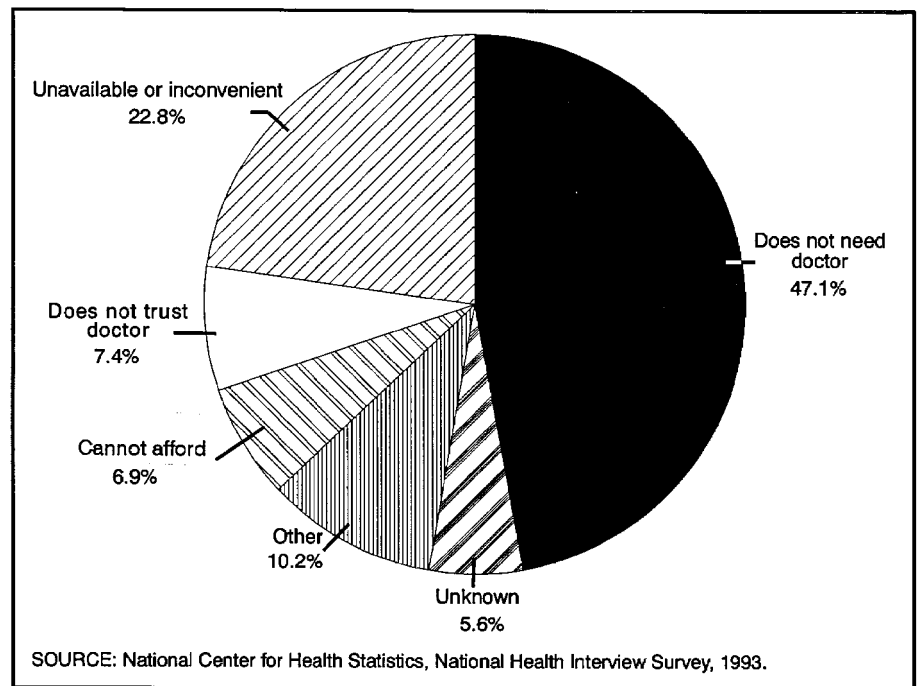

Figure 1. Reason for no regular source of care for persons 65 years of age and over: United States, 1993

delay care or go without medical or dental care compared with those having Medicare and private insurance. Furthermore, elderly persons with Medicare only were 3 times as likely to go without prescription medicine or glasses as those with Medicare and private coverage.

The ability of elderly individuals to obtain health care services also varied by poverty level, race, and sex. When compared with those having an income above the poverty level, elderly people below poverty were at greater risk of going without or delaying the following: prescription medicine (6 times as likely); glasses (5 times as likely); medical care (3 times as likely); and delaying receiving care (3 times as likely). In terms of race, older white people were less likely to report an unmet need than their black counterparts. When compared with white older persons, black older persons were 3 times as likely to go without prescription medicines or glasses. Differences by sex revealed that overall, females delayed care more often and had more problems acquiring services than did men for dental care, prescription medicine, and glasses.

Region of the country and place of residence were also related to the ability

of the elderly to obtain health care. Elderly people living in the South went without prescription medicine and glasses more often than did their peers in the rest of the country, and they were also more likely to go without needed medical care than were those in the Northeast or West.

The percent of elderly persons unable to obtain at least one health care need are shown in table 3 and figures 2 and 3. Over 3.3 million elderly persons had at least one unmet need in 1993. Elderly persons with Medicare and public coverage or Medicare only coverage were over twice as likely to have an unmet need as were those elderly persons with Medicare and private insurance (figure 2). Elderly persons with family incomes less than $20,000 a year were at least 3 times as likely to have an unmet need as were those with higher family incomes (figure 3).

Clinical and Preventive Services

Among older people, type of health insurance coverage was related to receiving certain clinical and preventive services, including routine physical examinations (table 4). Older people with Medicare and private or Medicare
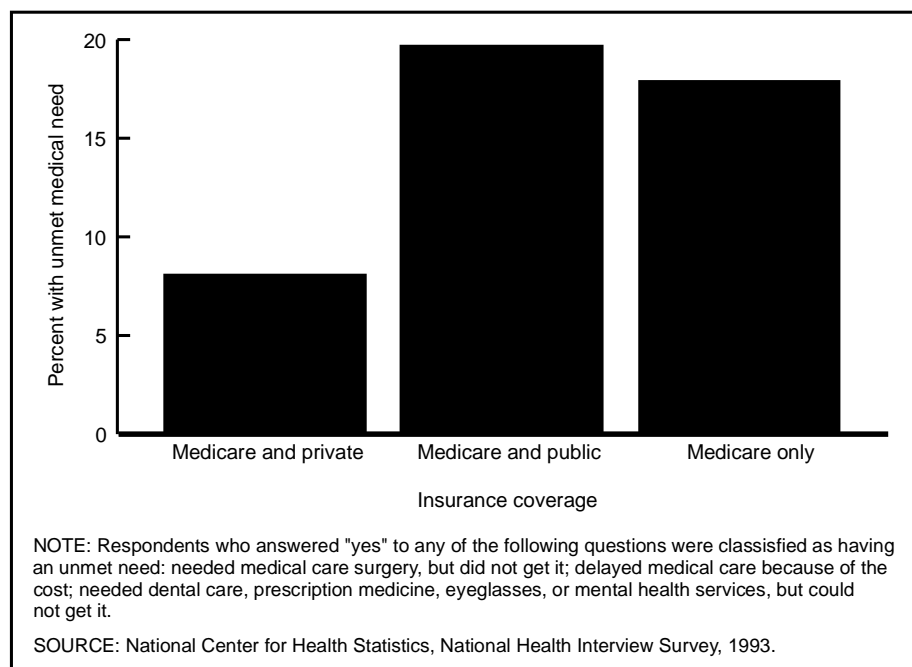
NOTE: Respondents who answered "yes" to any of the following questions were classified as having an unmet need: needed medical care surgery, but did not get it; delayed medical care because of the cost; needed dental care, prescription medicine, eyeglasses, or mental health services, but could not get it.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 1993.

Figure 2. Percent of persons 65 years of age and over with unmet need by insurance coverage: United States, 1993

NOTE: Respondents who answered "yes" to any of the following questions were classified as having an unmet need: needed medical care surgery, but did not get it; delayed medical care because of the cost; needed dental care, prescription medicine, eyeglasses, or mental health services, but could not get it.

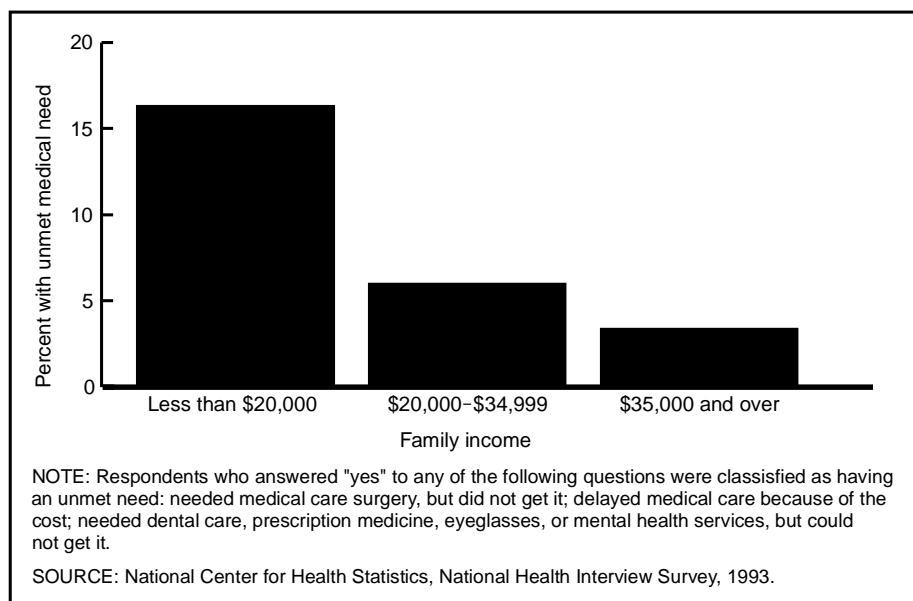SOURCE: National Center for Health Statistics, National Health Interview Survey, 1993.

Figure 3. Percent of persons 65 years of age and over with unmet need by family income: United States, 1993

and public coverage were more likely to have had their blood pressure checked in the 3 months prior to interview and more likely to have had a routine checkup within the year prior to interview than those persons with Medicare only coverage. Seventy-three percent of elderly people with Medicare and private insurance or Medicare and

public coverage had a routine checkup less than a year prior to the interview compared with 62 percent for persons with Medicare only.

Persons with Medicare and private insurance were more likely to have had a blood pressure check, cholesterol check, urine test, blood test, and stool test and less likely to have their vision

and hearing checked than persons with Medicare only. Persons with Medicare and public coverage were less likely than elderly persons with Medicare and private coverage to receive a blood or urine test. Older persons with Medicare and public coverage were less likely than their counterparts with Medicare only coverage to have their vision checked and more likely to have their cholesterol checked.

Fifty-five percent of elderly persons with Medicare and private coverage received a flu shot in the previous 12 months compared with only 33 and 39 percent for their counterparts with Medicare and public coverage and Medicare only, respectively (figure 4). Similarly, elderly persons with Medicare and private insurance were more likely to have had a pneumonia vaccination or a tetanus shot within the past 10 years than those with Medicare and public coverage or Medicare only coverage.

Older women with Medicare and private insurance were more likely to have had a Pap smear and/or mammogram within the year prior to the interview than were older women with Medicare and public or Medicare only coverage.

Discussion

In the recent U.S. Institute of Medicine's report on health care, access to health care was defined as "the timely use of personal health services to achieve the best possible health outcomes" (5). In 1993, over 3.3 million (11 percent) of elderly persons in the United States had an unmet health need, and over 1.4 million delayed medical care because of cost. Those with unmet needs included almost 1.4 million elderly people who were unable to get needed dental care, 1 million who were unable to get glasses, 500,000 elderly people who were unable to get medical care, and 600,000 older persons who were unable to get prescription medicine. Although the majority of elderly people had a regular source of health care, many did not get routine preventive services such as immunizations or Pap smears.
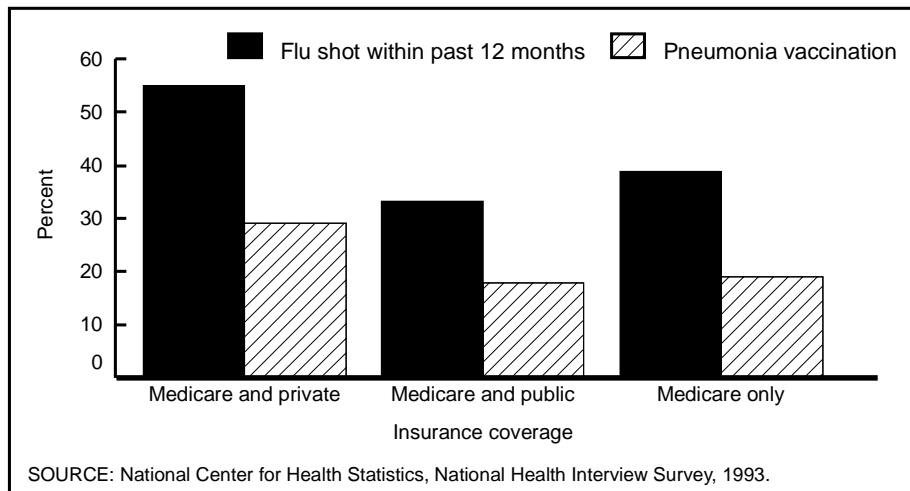
Figure 4. Percent of persons 65 years of age and over who received a flu shot within the past 12 months and percent of older persons who ever had pneumonia vaccination by insurance coverage: United States, 1993

There were large differences in rates of access among the types of coverage. As shown with NHIS data, having supplemental health insurance is related to an array of indicators including having an unmet need, delaying care, having a regular source of care, receiving preventive services, and immunizations.

Delaying care has been associated with significantly longer hospital stays and poorer health outcomes for those conditions requiring hospitalization (24). In 1993, over 3.3 million elderly persons had difficulty or delayed obtaining health care. In a study of patients at an urban public hospital emergency department, older persons were found to be more likely to delay care than younger persons (25). Acute conditions such as congestive heart failure and pneumonia are more easily treated and may not become life-threatening if detected at an early stage (24). The 1987 National Medical Expenditure Survey (NMES) indicated that individuals with a history of serious medical illness were more likely to report an inability to obtain care (26).

Over 80 percent of the elderly have at least 1 of 9 common chronic conditions (27). Chronic diseases have been shown to increase health service utilization (28). For persons with chronic conditions, having a regular source of care is particularly important for proper management of their condition. According to the Institute of Medicine report, "on-going medical management can effectively control the severity and progression of a number of chronic diseases" (5). Persons without a regular source of care are less likely to see a physician when they have a serious medical symptom (13) and are more likely to use the emergency department for their basic medical care (29). Shea et al (30,31) found that persons who relied on emergency departments for their management of hypertension were not as likely to be compliant and more likely to have severe, uncontrolled hypertension.

Vaccination rates for the elderly varied by the type of insurance coverage and type of vaccine. Immunization with the pneumococcal and influenza vaccines is recommended for all persons 65 years of age and over (32–34). The influenza vaccine is given annually and the pneumococcal vaccine is given once during a person's lifetime. Vaccination for tetanus is recommended every 10 years following initial vaccination, throughout a lifetime (35).

Significant levels of older adult mortality and morbidity have been associated with influenza and pneumococcal disease (36). In 1993, pneumonia and influenza combined was the fifth leading cause of death for persons 65 years of age and over (37). Overall, almost 83,000 persons succumbed as a consequence of pneumonia and influenza and elderly persons accounted for 89 percent of these deaths.

In the United States, tetanus is primarily a disease of the elderly who have a lower prevalence of tetanus immunity compared with younger age groups (38). In 1989–90, 117 cases of tetanus were reported from 34 States. However, it has been suggested that only 40 percent of tetanus deaths are actually reported to the Centers for Disease Control and Prevention (39) and that tetanus may be less rare in the United States than previously believed (38). In 1989–90, tetanus had a case-fatality rate of 50 percent among persons 80 years of age and over (40).

In 1993, persons with Medicare and private insurance were more likely to receive flu, pneumonia, and tetanus immunizations. Although Medicare has reimbursed charges for pneumococcal vaccination since 1981 (41,42) and influenza vaccination since May 1993 (43), vaccination rates remain below the Year 2000 objectives of 60 percent for these two vaccines (44). In 1993, only 28 percent of persons 65 years of age and over had received the pneumococcal vaccination and only 52 percent had received the recommended annual influenza vaccination.

Although the cost of pneumococcal and influenza vaccines are reimbursed under Medicare, other factors may contribute to the differences observed among insurance coverages. Although persons with Medicare and private, Medicare and public, and Medicare only were about equally likely to have a regular source of medical care, persons with Medicare and public coverage and Medicare only were more than twice as likely to have an unmet need than persons with Medicare and private coverage. In addition, elderly persons who do not have Medicare and private coverage may not have as good a rapport with their source of primary medical care and therefore are less likely to receive immunizations. Several studies of adult populations have shown that there is less communication overall provided to low-income patients than to those with higher incomes (45–47). Persons without supplemental insurance to Medicare are more likely to be

minority, female, or of low income (14).

Ives et al (48) found that participation in health promotion programs offering immunization increased vaccination rates. They also found that physician-based immunization was the best location for provision of this preventive service. Vaccination rates were found to be higher among persons who had multiple visits to their physician and among persons vaccinated during the preceding year (49).

Tetanus vaccination was not reimbursed under Medicare in 1993 (50,51). Therefore, cost may be also be an issue for the differences seen among different types of insurance. Physicians may also play a role in the elderly not receiving the tetanus immunization. Harward (52) felt that tetanus immunization rates may be low because many physicians have not seen a case of tetanus and think it may not require prevention.

These national estimates of access to health care serve as valuable benchmarks; however, they may be underestimates. Some older persons may be reluctant to admit their inability to obtain health services. Nevertheless, these findings present major concerns that need to be addressed and highlight the need for further research. Although the majority of elderly persons have Medicare, which provides a basic level of access to the health care system, there are still gradients in service utilization.

Many other factors, which may enable or impede service utilization, are not measured in this report, but need to be considered. These factors include health beliefs, cultural practices, language barriers, social networks and contacts, and availability of care in the community (4,10). Additional research and continued monitoring in these areas will be needed for policy makers to adequately address the issues in the future.

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Table 1. Percent and standard error of persons 65 years of age and over with a regular source of medical care by age and selected demographic characteristics: United States, 1993

Selected demographic characteristics	All persons 65 years of age and over	65–74 years of age	75 years of age and over
	Percent and standard error		
Total[1]	93.9(0.3)	93.6(0.5)	94.2(0.6)
Sex			
Male	93.3(0.5)	92.7(0.6)	94.4(0.7)
Female	94.3(0.4)	94.3(0.5)	94.2(0.7)
Race[2]			
White	93.9(0.4)	93.8(0.5)	94.1(0.6)
Black	93.4(1.0)	92.2(1.3)	95.3(1.3)
Region			
Northeast	94.3(0.6)	94.2(1.1)	94.4(1.3)
Midwest	93.9(0.6)	93.9(0.8)	94.0(1.0)
South	93.9(0.6)	93.4(0.7)	94.7(0.9)
West	93.3(1.0)	93.0(1.1)	93.7(1.5)
Place of residence			
MSA[3]	93.7(0.4)	93.7(0.5)	93.8(0.7)
Central city	93.0(0.8)	92.9(0.9)	93.1(0.9)
Noncentral city	94.2(0.5)	94.2(0.6)	94.2(0.9)
Not MSA[3]	94.2(0.6)	93.3(0.9)	95.6(0.8)
Family income			
Less than $10,000	92.1(0.9)	88.4(1.5)	95.2(0.9)
$10,000–$19,999	93.0(0.7)	92.6(1.0)	93.6(0.9)
$20,000–$34,999	95.4(0.6)	95.5(0.8)	95.3(1.0)
$35,000–$49,999	94.2(1.3)	95.1(1.1)	91.7(3.0)
$50,000 or more	95.7(0.9)	95.3(1.3)	96.8(1.3)
Race and family income			
White:			
Less than $20,000	92.7(0.5)	91.7(0.8)	93.7(0.7)
$20,000–$34,999	95.3(0.6)	95.4(0.8)	95.1(1.0)
$35,000 or more	95.2(0.8)	95.4(0.8)	94.6(1.9)
Black:			
Less than $20,000	92.5(1.1)	90.7(1.7)	95.4(1.3)
$20,000–$34,999	97.1(2.0)	97.2(2.6)	97.1(2.9)
$35,000 or more	93.6(3.5)	94.0(4.0)	*92.4(7.7)
Poverty index			
At or above poverty threshold	94.4(0.4)	94.1(0.5)	94.8(0.6)
Below poverty threshold	91.8(1.0)	89.8(1.7)	93.8(1.4)
Insurance coverage			
Medicare and private	95.4(0.4)	95.3(0.4)	95.5(0.5)
Medicare and public	94.1(1.1)	94.4(1.7)	93.7(1.7)
Medicare only	88.0(1.0)	86.1(1.5)	90.3(1.4)
Other	91.5(2.3)	91.0(2.7)	92.5(4.1)
No insurance	63.1(6.2)	59.2(7.4)	70.8(10.1)
Health status			
Excellent, very good, good	93.2(0.5)	93.1(0.6)	93.4(0.7)
Fair or poor	95.6(0.5)	95.3(0.6)	95.9(0.8)

*Figure does not meet standard of reliability or precision.

[1]Persons of races other than white or black, persons with unknown income, unknown poverty status, unknown health insurance coverage, and unknown health status are included in the total but not shown separately.

[2]Other races are not shown separately. Persons of Hispanic origin are not separated from the white and black race categories.

[3]MSA is metropolitan statistical area.

NOTE: Persons with unknown regular source of care were excluded from the analysis.

Table 2. Percent of persons 65 years of age and over with a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993

Selected demographic characteristics	Place of regular source of care		
	Private doctor[1]	Clinic	Emergency room
	Percent and standard error		
Total[2]	91.3(0.5)	4.3(0.4)	0.6(0.1)
Sex			
Male	89.1(0.8)	4.4(0.5)	0.6(0.1)
Female	93.0(0.5)	4.3(0.4)	0.5(0.1)
Age			
65–74 years	90.9(0.6)	4.2(0.4)	0.5(0.1)
75 years and over	92.0(0.7)	4.5(0.6)	0.6(0.1)
Race[3]			
White	92.8(0.5)	3.3(0.4)	0.4(0.1)
Black	77.9(1.9)	14.4(1.8)	1.7(0.5)
Region			
Northeast	91.4(1.0)	4.9(0.7)	*0.6(0.2)
Midwest	92.2(1.1)	5.1(1.0)	*0.2(0.1)
South	92.3(0.8)	3.2(0.6)	0.8(0.2)
West	88.5(1.2)	4.7(0.8)	*0.6(0.2)
Place of residence			
MSA[4]	90.6(0.6)	4.8(0.4)	0.6(0.1)
Central city	86.7(1.1)	7.2(0.8)	0.9(0.2)
Noncentral city	93.2(0.6)	3.2(0.4)	0.3(0.1)
Not MSA[4]	93.5(1.1)	2.9(0.8)	*0.6(0.2)
Income			
Less than $10,000	87.9(1.3)	6.7(0.9)	1.4(0.4)
$10,000–$19,999	90.7(0.9)	4.7(0.7)	*0.6(0.2)
$20,000–$34,999	93.0(0.8)	3.6(0.6)	*0.3(0.2)
$35,000–$49,999	92.2(1.4)	3.5(0.8)	*0.2(0.2)
$50,000 or more	92.1(1.4)	3.4(1.0)	*0.3(0.2)
Poverty index			
At or above poverty threshold	92.2(0.5)	3.7(0.4)	0.4(0.1)
Below poverty threshold	84.5(1.8)	9.2(1.4)	*1.4(0.6)
Health insurance coverage			
Medicare and private	93.7(0.5)	3.3(0.4)	0.4(0.1)
Medicare and public	87.7(1.8)	8.8(1.7)	*1.3(0.7)
Medicare only	87.8(1.3)	7.3(0.9)	*0.9(0.3)
Other	43.6(4.8)	9.7(2.7)	*0.9(0.7)
No insurance	82.9(5.7)	*8.3(3.8)	*3.9(2.0)
Health status			
Excellent, very good, good	92.5(0.5)	3.6(0.4)	0.5(0.1)
Fair or poor	88.5(0.9)	6.1(0.7)	0.8(0.2)

*Figure does not meet standard of reliability or precision.

[1]Includes health maintenance organizations (HMO's).

[2]Persons of races other than white or black, persons with unknown income, poverty status, health insurance coverage, and health status are included in the total but not shown separately.

[3]Other races are not shown separately. Persons of Hispanic origin are not separated from the white and black race categories.

[4]MSA is metropolitan statistical area.

NOTE: Percent distribution includes other and unknown places of regular source of care but are not shown separately.

Table 3. Percent of persons 65 years of age and over by selected unmet medical needs and selected demographic characteristics: United States, 1993

Selected demographic characteristics	Any unmet need[1]	Needed, but not able to get care	Delayed medical care due to cost	Needed dental care	Needed prescription	Needed glasses	Needed mental health care
			Percent and standard error				
Total[2]	10.6(0.5)	1.6(0.2)	4.7(0.3)	4.4(0.3)	2.0(0.2)	3.2(0.3)	*0.2(0.1)
Sex							
Male	8.7(0.6)	1.4(0.2)	3.3(0.4)	3.7(0.4)	1.6(0.3)	2.5(0.3)	*0.2(0.1)
Female	12.0(0.6)	1.8(0.3)	5.6(0.4)	4.9(0.3)	2.3(0.2)	3.7(0.3)	*0.2(0.1)
Age							
65–74 years	11.4(0.6)	1.6(0.2)	5.3(0.4)	5.0(0.4)	2.1(0.3)	3.5(0.3)	*0.2(0.1)
75 years and over	9.3(0.7)	1.7(0.2)	3.8(0.4)	3.6(0.4)	1.9(0.3)	2.6(0.4)	*0.2(0.1)
Race[3]							
White	9.9(0.5)	1.6(0.2)	4.6(0.3)	4.2(0.3)	1.7(0.2)	2.6(0.3)	*0.2(0.1)
Black	18.4(1.9)	*1.7(0.6)	4.8(1.0)	7.5(1.1)	4.8(0.8)	9.0(1.2)	*–
Region							
Northeast	7.5(0.7)	0.9(0.3)	3.3(0.5)	2.9(0.5)	1.2(0.3)	2.0(0.4)	*0.1(0.1)
Midwest	9.4(1.0)	1.7(0.4)	4.8(0.6)	3.6(0.5)	1.4(0.3)	2.4(0.4)	*0.1(0.1)
South	14.1(1.0)	2.3(0.4)	5.8(0.6)	5.8(0.6)	3.3(0.5)	4.9(0.6)	*0.4(0.2)
West	9.5(1.0)	1.2(0.3)	4.1(0.7)	4.9(0.7)	*1.4(0.4)	2.4(0.4)	*0.2(0.2)
Place of residence							
MSA[4]	10.3(0.6)	1.5(0.2)	4.4(0.4)	4.4(0.3)	1.8(0.2)	2.9(0.3)	*0.2(0.1)
Central city	11.0(0.9)	1.4(0.3)	4.6(0.5)	5.1(0.6)	2.1(0.3)	3.2(0.5)	*0.3(0.1)
Noncentral city	9.8(0.7)	1.6(0.3)	4.2(0.4)	4.0(0.4)	1.5(0.3)	2.7(0.4)	*0.1(0.1)
Not MSA[4]	11.5(0.8)	2.0(0.4)	5.5(0.6)	4.4(0.5)	2.7(0.5)	3.9(0.6)	*0.4(0.2)
Family income							
Less than $10,000	24.9(1.7)	3.7(0.7)	10.9(1.2)	10.6(1.0)	7.9(1.1)	9.4(1.1)	*0.7(0.3)
$10,000–$19,999	13.3(1.0)	2.1(0.4)	5.9(0.7)	5.3(0.6)	2.1(0.3)	3.6(0.5)	*0.1(0.1)
$20,000–$34,999	6.0(0.7)	*0.8(0.2)	2.7(0.4)	2.6(0.4)	*0.4(0.2)	1.5(0.4)	*0.1(0.1)
$35,000–$49,999	3.0(0.7)	*0.8(0.4)	*1.0(0.4)	*1.0(0.4)	*0.2(0.2)	*0.9(0.4)	*–
$50,000 or more	3.8(0.8)	*1.1(0.5)	*1.2(0.4)	*1.4(0.5)	*0.1(0.1)	*0.5(0.3)	*0.2(0.2)
Poverty index							
At or above poverty threshold	8.8(0.5)	1.3(0.2)	3.9(0.3)	3.7(0.3)	1.4(0.2)	2.3(0.2)	*0.2(0.1)
Below poverty threshold	27.2(2.3)	4.3(0.9)	10.8(1.6)	10.9(1.4)	8.6(1.4)	11.5(1.6)	*0.7(0.3)
Health insurance coverage							
Medicare and private	8.1(0.5)	1.2(0.2)	3.6(0.3)	3.3(0.3)	1.3(0.2)	2.0(0.3)	*0.2(0.1)
Medicare and public	19.7(2.6)	*2.2(0.9)	6.1(1.3)	8.3(1.6)	5.3(1.4)	7.0(1.3)	*0.8(0.5)
Medicare only	17.9(1.4)	3.1(0.6)	8.7(0.9)	7.5(1.0)	4.4(0.7)	7.6(0.9)	*0.3(0.2)
Other	21.0(3.0)	*3.8(1.5)	*7.2(2.2)	12.1(2.7)	*3.5(1.6)	6.9(2.0)	*0.7(0.6)
No insurance	31.5(6.0)	*3.1(2.1)	18.0(4.0)	*14.1(4.6)	*2.9(1.9)	*3.3(2.3)	*–
Health status							
Excellent, very good, good	7.7(0.5)	1.0(0.2)	3.4(0.3)	3.2(0.3)	1.2(0.2)	2.1(0.2)	*0.1(0.0)
Fair or poor	18.0(1.1)	3.2(0.5)	7.9(0.7)	7.6(0.7)	4.3(0.5)	6.0(0.6)	*0.6(0.2)

*Figure does not meet standard of reliability or precision.

*– Figure does not meet standard of reliability or precision and quantity zero.

[1]Respondents who answered "yes" to any of the following questions were classified as having an unmet need: needed medical care or surgery, but did not get it; delayed medical care because of the cost; needed dental care, prescription medicine, eyeglasses, or mental health services, but could not get it.

[2]Persons of races other than white or black, persons with unknown income, poverty status, health insurance coverage, and health status are included in the total but not shown separately.

[3]Other races are not shown separately. Persons of Hispanic origin are not separated from the white and black race categories.

[4]MSA is metropolitan statistical area.

Table 4. Percent of persons 65 years of age and over by selected clinical and preventive services received and type of insurance: United States, 1993

Clinical and preventive services	Medicare and private insurance	Medicare and public insurance	Medicare only
Number of months since blood pressure check	Percent and standard error		
3 months or less	66.9(1.1)	73.3(4.7)	60.8(2.2)
4–6 months	14.1(0.8)	*8.2(2.5)	10.0(1.5)
7–12 months	4.4(0.4)	*2.7(1.6)	2.1(0.6)
1–2 years	7.1(0.5)	*2.7(1.3)	9.1(1.5)
2–5 years	3.3(0.3)	*3.3(1.3)	7.7(1.2)
Over 5 years	1.4(0.2)	*2.6(1.0)	3.4(0.8)
Never	*0.1(0.1)	*–	*0.3(0.3)
Last time cholesterol was checked			
Less than a year ago	61.5(1.1)	54.1(6.5)	40.4(2.2)
1 year to less than 2 years	14.2(0.7)	*5.2(1.9)	11.8(1.5)
2 years to less than 5 years	7.0(0.6)	*3.2(1.1)	7.5(1.2)
5 or more years	1.9(0.3)	*1.7(0.7)	2.9(0.9)
Never	9.6(0.6)	17.2(3.5)	26.6(2.1)
Last time had a routine checkup			
Less than a year ago	73.2(1.1)	72.6(2.8)	61.5(2.4)
1 year to less than 2 years	12.6(0.7)	7.2(1.6)	11.5(1.4)
2 years to less than 3 years	4.0(0.4)	*4.0(1.4)	3.6(0.9)
3 years to less than 4 years	1.4(0.3)	*0.9(0.5)	3.8(0.9)
4 or more years	5.2(0.5)	6.6(1.9)	11.7(1.6)
Never	1.4(0.3)	*3.1(1.9)	3.2(0.8)
At last routine physical had the following procedures performed			
Blood pressure checked	96.6(0.4)	92.8(2.2)	93.3(1.0)
Cholesterol checked	64.1(1.1)	57.2(4.3)	44.1(2.4)
Vision checked	23.1(1.1)	21.0(2.6)	33.1(2.2)
Hearing checked	18.4(0.9)	22.0(3.7)	26.1(2.0)
Urine test	63.4(1.2)	55.7(3.7)	55.0(2.4)
Blood test	48.0(1.3)	36.6(3.6)	40.1(2.6)
Stool test	35.8(1.1)	30.2(4.0)	25.8(2.1)
Immunizations			
Flu shot in past 12 months	54.9(0.9)	33.2(3.2)	38.9(2.1)
Ever had pneumonia vaccination	29.1(0.9)	17.8(3.1)	19.0(1.7)
Tetanus shot in past 10 years	33.4(0.9)	19.9(3.7)	26.3(2.2)
Length of time since last Pap smear			
Never	5.5(0.5)	*12.1(2.9)	14.8(2.2)
Within past year	33.0(1.3)	21.7(2.9)	20.6(2.3)
1–3 years	25.7(1.2)	*25.2(4.8)	16.8(2.2)
Over 3 years	32.7(1.2)	31.2(5.4)	37.7(3.3)
Length of time since last mammogram			
Never	24.2(1.1)	*42.9(8.4)	41.5(3.0)
Within past year	41.4(1.4)	25.7(4.2)	22.4(2.5)
1–3 years	16.4(0.9)	*6.6(2.1)	10.3(1.7)
Over 3 years	16.1(0.9)	14.6(3.7)	20.2(2.6)
Length of time since last breast physical			
Never	8.3(0.7)	8.9(2.6)	18.1(2.3)
Within past year	50.7(1.4)	*53.0(8.5)	33.2(3.0)
1–3 years	16.6(0.9)	*7.7(2.8)	11.4(1.8)
Over 3 years	20.8(1.0)	18.7(4.4)	28.6(2.6)

*Figure does not meet standard of reliability or precision.

*– Figure does not meet standard of reliability and quantity zero.

NOTE: Persons with nonresponse to a clinical and preventive services question are not shown on this table.

Appendix I

Sources and Limitations of Data

Description of Survey

The estimates presented in this report are based on data from the 1993 Access to Care and the 1993 Health Insurance surveys, and the 1993 Year 2000 objectives questionnaires of the National Health Interview Survey (NHIS). The NHIS, an ongoing survey of households in the United States, is conducted by the National Center for Health Statistics. Each week a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Interviewers obtain information about the health and other characteristics of each member of the households included in the NHIS sample.

Response Rates

The interviewed sample for the 1993 NHIS basic health questionnaire during the third and fourth quarters of the year (July–December) consisted of 24,071 households containing 61,287 persons. The household response rate for the third and fourth quarters was 94.7 percent.

The data for this report were produced from two sets of merged files. The first merged file consisted of the access to care and health insurance topics. The response rate for this merged file was 93.3 percent, the proportion of persons who completed both the access to care and health insurance sections. When the household response rate was multiplied by the merged file response rate, it resulted in an overall response rate of 88.4 percent.

The second merged file consisted of the Year 2000 objectives and the health insurance topics. The response rate for the Year 2000 objectives section was 85.7 percent, the response rate for the health insurance section was 93.3 percent, and the response rate for the merged health insurance and Year 2000 file was 80.0 percent. When the household response rate (94.7) was

Table I. Percent of persons 65 years of age and over with unknown insurance coverage, unknown regular source of medical care, and unknown unmet medical need by selected demographic characteristics: United States, 1993

Selected demographic characteristics	Unknown insurance coverage	Unknown regular source of medical care	Unknown unmet medical need
Total	5.9	6.0	6.9
Sex			
Male	6.1	6.1	6.9
Female	5.8	6.0	6.8
Age			
65–74 years	5.5	5.5	6.3
75 years and over	6.4	6.7	7.7
Race			
White	5.8	5.9	6.7
Black	6.7	6.5	9.0
All others	7.8	7.8	8.0
Region			
Northeast	7.3	7.6	7.9
Midwest	3.9	4.2	4.8
South	6.8	6.7	8.3
West	5.2	5.3	6.0
Place of residence			
MSA[1]	6.4	6.5	7.1
Central city	7.3	7.3	8.1
Noncentral city	5.8	5.9	6.3
Not MSA[1]	4.4	4.7	6.3
Family income			
Less than $10,000	2.7	3.3	4.0
$10,000–$19,999	2.6	2.8	3.7
$20,000–$34,999	2.6	2.6	3.0
$35,000–$49,999	2.5	2.5	2.5
$50,000 or more	3.8	4.3	4.6
Unknown income	15.9	15.7	17.6
Race and family income			
White:			
Less than $20,000	4.5	4.9	5.9
$20,000–$34,999	2.7	2.7	3.1
$35,000 or more	3.0	3.3	3.4
Unknown income	18.9	18.5	19.4
Black:			
Less than $20,000	6.5	6.4	9.6
$20,000–$34,999	–	–	–
$35,000 or more	8.4	8.4	8.4
Unknown income	18.5	17.4	19.8
Insurance coverage			
Medicare and private	. . .	0.4	1.0
Medicare and public	. . .	0.0	1.0
Medicare only	. . .	0.7	2.8
Other	. . .	0.5	0.6
Uninsured	. . .	3.1	3.1
Unknown	. . .	95.2	96.6
Regular source of medical care			
Has regular source	0.3	. . .	1.2
Does not have regular source	0.5	. . .	2.3
Unknown regular source	93.3	. . .	93.9
Unmet medical need			
Has unmet need	0.3	0.1	. . .
Does not have unmet need	0.2	0.4	. . .
Unknown unmet need	82.8	82.1	. . .

Table I. Percent of persons 65 years of age and over with unknown insurance coverage, unknown regular source of medical care, and unknown medical unmet need by selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Unknown insurance coverage	Unknown regular source of medical care	Unknown unmet medical need
Poverty index			
At or above poverty threshold	3.3	3.4	4.0
Below poverty threshold	4.1	4.9	5.6
Unknown	19.4	19.3	21.8
Health status			
Excellent, very good, good	5.3	5.5	6.1
Fair or poor	7.0	7.1	8.5
Unknown health status	25.5	26.2	25.5

. . . Category not applicable.

– Quantity zero.

[1]MSA is metropolitan statistical area.

multiplied by the merged file rate (80.0 percent), it resulted in an overall response rate of 75.8 percent.

Sampling Design and Reliability of Estimates

The NHIS sample is selected so that a national probability sample of households is interviewed each week throughout the year. A detailed discussion of the sample design is available in *Current Estimates from the National Health Interview Survey, 1993* (22).

The population estimates for 1993 are inflated to national population controls by age, race, and sex. The population controls are based on the 1980 census and are carried forward to 1993. Therefore, the estimates in this report may differ from 1990 census results brought forward to the survey date. Population controls incorporating census results will be used for survey estimation in later survey years.

Appendix II

Definition of Terms

Health Insurance Terms

A health insurance hierarchy of six mutually exclusive categories was developed for this report. (In previous NHIS reports health insurance was not classified in this way, which may have caused some double counting of individuals.) Persons were classified into health insurance categories based on six questions about type of coverage (private, Medicaid, Medicare, military, Indian Health Service, and other public assistance). A person with more than one type of health insurance, such as private and military coverage, was assigned to the first appropriate category in the hierarchy listed below:

Medicare and private coverage—Includes persons who have both Medicare and any comprehensive private insurance plan (includes health maintenance organizations and preferred provider organizations) or persons who have a hospitalization plan only. This category also includes persons with private insurance only.

Medicare and public coverage—Includes persons who do not have any private coverage, but have both Medicare and public coverage (Medicaid and/or other public assistance programs including various State plans).

Medicare only —Includes persons who do not have Medicare and private or Medicare and public coverage, but only have Medicare coverage.

Other coverage—Includes persons who do not have Medicare and private, Medicare and public, or Medicare only coverage, but have both Medicare and any type of military coverage (includes CHAMPUS, CHAMP-VA or other military medical insurance), or

Indian Health Service. This category also includes persons who are on public coverage only, military coverage only, or Indian Health Service coverage only.

Uninsured—Includes persons who responded ''no'' to all six of the insurance questions. Those who responded ''no'' to four or five questions and responded ''don't know'' to the remaining questions were also classified as uninsured. Persons with a single service plan only (for example, a dental plan) other than a hospitalization plan, were also classified as uninsured.

Unknown—Includes any remaining respondents. The elderly whose insurance status is unknown (5.9 percent) are included in the totals, but are not shown in detail in this report.

Demographic and Health Status Terms

Metropolitan statistical area (MSA)—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. The metropolitan population in this report is based on MSA's as defined in the 1980 census and does not include any subsequent additions or changes.

Family income—Each family member is classified according to the total family income. The income recorded is the sum of all income received by household members related to each other by blood, adoption, or marriage in the 12-month period preceding the week of interview. Income from all sources (for example, wages, salaries, rents from property, pensions, government payments, and help from relatives) is included. Unrelated individuals are classified according to their own incomes.

Health status—The categories related to this concept result from asking the respondent, ''Would you say _____'s health is excellent, very good, good, fair, or poor?'' It is based on a respondent's opinion and not directly on any clinical evidence.

Appendix III

Questionnaire Items and Flash Cards

	RT 70

Section AC – ACCESS TO CARE		PERSON 1	3-4
{The next questions are about medical care.}			5
1a. Is there a particular person or place that – – USUALLY goes to when – – is sick or needs advice about – – health?	**1a.**	1 ☐ Yes *(5 on page 10)* 2 ☐ No *(2)* 3 ☐ There is more than one *(1b)* 9 ☐ DK *(4 on page 8)*	
b. Is there ONE of those places that – – goes to MOST OFTEN when – – is sick or needs advice about – – health?	**b.**	1 ☐ Yes *(5 on page 10)* 2 ☐ No ⎫ 9 ☐ DK ⎭ *(2)*	6

			7-8
HAND CARD FR1. Read categories if telephone interview.			
2. Which of these is the MAIN reason – – does not have a usual source of medical care? *Mark (X) only one.*	**2.**	01 ☐ Two or more usual doctors/places *(AC1)* 02 ☐ Doesn't need a doctor 03 ☐ Doesn't like/trust/ believe in doctors 04 ☐ Doesn't know where to go 05 ☐ Previous doctor is not available/ moved 06 ☐ No insurance/ Can't afford it 07 ☐ Speak a different language 08 ☐ No care available/ Care too far away, not convenient 98 ☐ Other – *Specify* ⤢ _____ 99 ☐ DK	*(4)*

ITEM AC1	*Refer to question 1a above.*	**AC 1**	1 ☐ "No" in 1a *(3)* 2 ☐ "There is more than one" in 1a *(AC2)*	9

3. Is there ONE of those places that – – goes to MOST OFTEN when – – is sick or needs advice about – – health?	**3.**	1 ☐ Yes *(5 on page 10)* 2 ☐ No ⎫ 9 ☐ DK ⎭ *(AC2)*	10

ITEM AC2	*Refer to age.*	**AC 2**	1 ☐ Under age 18 *(12 on page 14)* 2 ☐ 18 or older *(13 on page 14)*	11

Notes

Section AC – ACCESS TO CARE – Continued		PERSON 1

4a. At ANY time in the past 12 months DID – – have a place that – – went to for medical care?

4a.

`12`

1 ☐ Yes *(4b)*
2 ☐ No ⎱ *(1a for NP, or*
9 ☐ DK ⎰ *14 on page 14)*

b. What kind of place was it — a clinic, a health center, a hospital, a doctor's office, or some other place?

b.

`13-14`

01 ☐ Doctor's office or private clinic
02 ☐ Company or school health clinic/center
03 ☐ Community/migrant/ rural clinic/center
04 ☐ County/city/public hospital outpatient clinic
05 ☐ Private/other hospital outpatient clinic
06 ☐ Hospital emergency room
07 ☐ HMO (Health Main- tenance Organization)/ Prepaid group
08 ☐ Psychiatric hospital or clinic
09 ☐ VA hospital or clinic
10 ☐ Military health care facility
98 ☐ Some other place – *Specify* ⤵

_____

99 ☐ DK

c. If – – needed medical care NOW, would – – go to that *(place in 4b)*?

c.

`15`

1 ☐ Yes *(13 on page 14)*
2 ☐ No *(4d)*
9 ☐ DK *(13 on page 14)*

HAND CARD FR2. Read categories if telephone interview.

d. What is the MAIN reason – – would not use that place for medical care NOW?

d.

`16-17`

01 ☐ Changed residence/moved
02 ☐ Changed jobs
03 ☐ Employer changed insurance coverage
04 ☐ Former usual source left area
05 ☐ Owed money to former usual source
06 ☐ Dissatisfied with former source/ liked new source better
07 ☐ Medical care needs changed
08 ☐ Former usual source stopped taking insurance/ coverage
98 ☐ Other – *Specify* ⤵

(13 on page 14)

_____

99 ☐ DK

Notes

Section AC – ACCESS TO CARE – Continued		PERSON 1

5a. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?

5a. [18-19]

01 □ Doctor's office or private clinic
02 □ Company or school health clinic/center
03 □ Community/migrant/ rural clinic/center
04 □ County/city/public/ county hospital outpatient clinic
05 □ Private/other hospital outpatient clinic
06 □ Hospital emergency room
07 □ HMO (Health Main- tenance Organization)/ Prepaid group
08 □ Psychiatric hospital or clinic
09 □ VA hospital or clinic
10 □ Military health care facility
98 □ Some other place – Specify ↙

_____

99 □ DK

b. Is there a particular person – – usually sees when – – goes there?

b. [20]

1 □ Yes (6)
2 □ No ⎫ (AC3)
9 □ DK ⎭

ITEM AC3   Refer to age.

AC 3 [21]

1 □ Under age 18 (8 on page 12)
2 □ 18 or older (13 on page 14)

6a. Is that person a doctor or nurse or some other health professional? *Probe for type of health professional.*

6a. [22]

1 □ Doctor (6b)
2 □ Nurse
3 □ Nurse practitioner
4 □ Physician's assistant
5 □ Chiropractor ⎫ (AC4)
6 □ Other – Specify ↙

_____

9 □ DK

b. Is this doctor a general practitioner or family doctor who treats a variety of illnesses and gives preventive care or is he or she a specialist who mainly treats just one type of health problem?

b. [23]

1 □ Family doctor/general practitioner/internist/ pediatrician
2 □ Obstetrician/ gynecologist
3 □ Other specialist
9 □ DK

ITEM AC4   Refer to age.

AC 4 [24]

1 □ Under age 18 (7)
2 □ 18 or older (13 on page 14)

7. When was the last time – – went to the _(place in 5a)_ for ANY kind of medical care? (This is the _(place in 5a)_ that – – usually goes to for medical care.)

7. [25]

1 □ Less than 3 months ago (8 on page 12)
2 □ At least 3 months, but less than 6 months ago
3 □ At least 6 months, but less than 1 year ago ⎫ (AC5)
4 □ At least 1 year, but less than 2 years ago
5 □ Two or more years ago
9 □ DK (9 on page 12)

Section AC – ACCESS TO CARE – Continued		PERSON 1
8. Thinking about the last time – – visited the *(place in 5a)*, were you satisfied with –	**8.**	26
a. The waiting time to get an appointment?	**a.**	1 □ Yes 2 □ No 9 □ DK
b. The waiting time to see the doctor?	**b.**	27 1 □ Yes 2 □ No 3 □ Doesn't apply 9 □ DK
c. The way your questions were answered?	**c.**	28 1 □ Yes 2 □ No 9 □ DK
d. Your ability to get all the care you thought – – needed?	**d.**	29 1 □ Yes 2 □ No 9 □ DK
e. The overall care – – received?	**e.**	30 1 □ Yes 2 □ No 9 □ DK
ITEM AC5 *Refer to 5b.*	**AC 5**	31 1 □ "Yes" in 5b *(9a)* 2 □ All other *(9b)*
9a. Is the *(person in 6a)* the person – – usually sees when – – needs routine or preventive medical care? (This is the *(person in 6a)* that – – usually goes to for medical care.)	**9a.**	32 1 □ Yes *(10)* 2 □ No ⎤ 9 □ DK ⎦ *(9b)*
b. Is the *(place in 5a)* the place – – usually goes to when – – needs routine or preventive medical care? (This is the *(place in 5a)* that – – usually goes to for medical care.)	**b.**	33 1 □ Yes *(11)* 2 □ No *(12 on page 14)* 9 □ DK *(13 on page 14)*
10. Is that *(person in 6a)* –	**10.**	34
a. Able to provide for most of – – needs when – – is sick?	**a.**	1 □ Yes 2 □ No 9 □ DK
b. Able to make referrals to other health professionals when needed by – –?	**b.**	35 1 □ Yes 2 □ No 9 □ DK
c. Able to provide care or arrange care for – – on evenings or weekends when – – is sick?	**c.**	36 1 □ Yes 2 □ No 9 □ DK
d. Able to provide advice about family concerns, such as stress?	**d.**	37 1 □ Yes ⎤ 2 □ No ⎬ *(13 on page 14)* 9 □ DK ⎦
11. Is the *(place in 5a)* –	**11.**	38
a. Able to provide for most of – – needs when – – is sick?	**a.**	1 □ Yes 2 □ No 9 □ DK
b. Able to make referrals to other health professionals when needed by – –?	**b.**	39 1 □ Yes 2 □ No 9 □ DK
c. Able to provide care or arrange care for – – on evenings or weekends when – – is sick?	**c.**	40 1 □ Yes 2 □ No 9 □ DK
d. Able to provide advice about family concerns, such as stress?	**d.**	41 1 □ Yes ⎤ 2 □ No ⎬ *(13 on page 14)* 9 □ DK ⎦

     FORM HIS-3 (5-1-93)

Section AC – ACCESS TO CARE – Continued		PERSON 1

12. Is there a particular person or place that – – USUALLY goes to when – – has a minor health problem or needs routine or preventive medical care?

12.

42
1 ☐ Yes
2 ☐ No
9 ☐ DK

13. During the past 3 months, how many times did – – see ANY doctor or other health professional?

13.

43
0 ☐ None
1 ☐ Once or twice
2 ☐ 3-9 times   *(1a for NP or 14)*
3 ☐ 10 times or more
9 ☐ DK

14a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for routine medical care?

14a.

44
1 ☐ Yes *(14b)*
2 ☐ No
9 ☐ DK *(15 on page 16)*

b. Who is this?

Mark (X) "Changed usual source" box in person's column.

b.

45
1 ☐ Changed usual source

c. Anyone else?

☐ Yes *(Reask 14b and c)*   ☐ No

HAND CARD FR2. Read categories if telephone interview.

Ask for each person marked in 14b.

d. The LAST time this happened, what was the MAIN reason – – changed – – USUAL source of care?

Mark (X) only one.

d.

46-47
01 ☐ Changed residence/moved
02 ☐ Changed jobs
03 ☐ Employer changed insurance coverage
04 ☐ Former usual source left area
05 ☐ Owed money to former usual source
06 ☐ Dissatisfied with former source or liked new source better
07 ☐ Medical care needs changed
08 ☐ Former usual source stopped taking insurance/coverage
98 ☐ Other – *Specify* ⤶

_____

99 ☐ DK

Notes

Section AC – ACCESS TO CARE – Continued		PERSON 1

15a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?

15a.
48
1 □ Yes *(15b)*
2 □ No ⎱
9 □ DK ⎰ *(16)*

b. Who didn't get needed care?

Mark (X) "Didn't get care" box in person's column.

b.
49
1 □ Didn't get care

c. Anyone else?
□ Yes *(Reask 15b and c)*   □ No

Ask 15d and e for each person marked in 15b.

d. The LAST time – – did not get the care – – needed, what was the MAIN reason – – didn't get care?

Mark (X) only one.

d.
50-51
01 □ Could not afford it
02 □ No insurance
03 □ Doctor did not accept Medicaid/ insurance plan
(15d for NP with 15b marked)

04 □ Not serious enough
05 □ Wait too long in clinic/office
06 □ Difficulty getting an appointment
07 □ Doesn't like/trust/ believe in doctors
08 □ No doctor available
09 □ Didn't know where to go
10 □ No way to get there *(15e)*
11 □ Hours not convenient
12 □ Speak a different language
13 □ Health of another family member interfered
98 □ Other – *Specify* ↗
_____
99 □ DK

e. At ANY TIME during the past 12 months was lack of insurance or money A reason why – – did not get the medical care – – needed?

e.
52
1 □ Yes
2 □ No
9 □ DK

16a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?

16a.
53
1 □ Yes *(16b)*
2 □ No ⎱
9 □ DK ⎰ *(17)*

b. Who delayed getting needed care?

Mark (X) "Delayed getting care" box in person's column.

b.
54
1 □ Delayed getting care

c. Anyone else?
□ Yes *(Reask 16b and c)*   □ No

17a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?

17a.
55
1 □ Yes *(17b)*
2 □ No ⎱
9 □ DK ⎰ *(18 on page 18)*

b. Who is this?

Mark (X) "Didn't get dental care" box in person's column.

b.
56
1 □ Didn't get dental care

c. Anyone else?
□ Yes *(Reask 17b and c)*   □ No

Notes

Section AC – ACCESS TO CARE – Continued		PERSON 1

18a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?

18a. | 57 |
1 □ Yes *(18b)*
2 □ No ⎫
9 □ DK ⎭ *(19)*

b. Who is this?

Mark (X) "Didn't get prescription" box in person's column.

b. | 58 |
1 □ Didn't get prescription

c. Anyone else?
□ Yes *(Reask 18b and c)*   □ No

19a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?

19a. | 59 |
1 □ Yes *(19b)*
2 □ No ⎫
9 □ DK ⎭ *(20)*

b. Who is this?

Mark (X) "Didn't get eyeglasses" box in person's column.

b. | 60 |
1 □ Didn't get eyeglasses

c. Anyone else?
□ Yes *(Reask 19b and c)*   □ No

20a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?

20a. | 61 |
1 □ Yes *(20b)*
2 □ No ⎫
9 □ DK ⎭ *(Item AC6)*

b. Who is this?

Mark (X) "Didn't get mental health care" box in person's column.

b. | 62 |
1 □ Didn't get mental health care

c. Anyone else?
□ Yes *(Reask 20b and c)*   □ No *(Item AC6)*

ITEM AC6

About how often did the respondent appear to answer the questions in Access to Care accurately?

AC 6 | 63 |
1 □ All the time
2 □ Most of the time
3 □ Some of the time
4 □ Rarely or never
9 □ DK

ITEM AC7

About how often did the respondent appear to answer the questions in Access to Care honestly?

AC 7 | 64 |
1 □ All the time
2 □ Most of the time
3 □ Some of the time
4 □ Rarely or never
9 □ DK

ITEM AC8

Enter the person number of the respondent.
If more than one, enter the person number
of the one who answered the most questions.

AC 8 | 65-66 |
_____ Person number

CONTINUE WITH SECTION FA

Notes

	RT 71

Section FA – HEALTH CARE COVERAGE | | **PERSON 1** | 3-4

				5

ITEM FA1 | *Refer to Household composition. Mark (X) for each person including those deleted in the HIS-1.* | **FA 1** | 1 □ Civilian
2 □ AF living at home
3 □ Deleted

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes *(read names, including Armed Forces members living at home)*.

The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this. *SHOW MEDICARE CARD.*

1a. In *(month)*, was anyone in the family, that is *(read names)*, covered by Medicare? | **1a.** | | 6
| | | 1 □ Yes *(1b)*
2 □ No ⎫
9 □ DK ⎭ *(2 on page 22)*

b. Who was covered?

Mark (X) "Medicare" box in person's column. | **b.** | | 7
| | | 1 □ Medicare
| | | *(Enter "Cov" on HIS-1.)*

c. Anyone else? □ Yes *(Reask 1b and c)*   □ No

Ask 1d–g as appropriate for each person with "Medicare" in 1b.

d. May I please see the Medicare card(s) for – – (and – –) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.

Read if necessary: **The Public Health Service Act is Title 42, United States Code, Section 242k.**

Transcribe the number, then mark (X) the appropriate box. | **d.** | | 8-18
| | | H.I.C. Number
| | | ___ – __ – _____ ( ) ( )
| | | | 19
| | | 1 □ Part A – Hospital only
2 □ Part B – Medical only
3 □ Both Part A & Part B
4 □ Card N.A.

Ask 1e–g for each person with "Card N.A." in 1d.

e. Was – – covered by Part A, that part of Medicare that pays for hospital bills? | **e.** | | 20
| | | 1 □ Yes
2 □ No
9 □ DK

f. Was – – covered by Part B, that part of Medicare that pays for doctor's bills?
Read if necessary: **This is the Part B Medicare plan for which – – or some agency or program must pay a certain amount each month.** | **f.** | | 21
| | | 1 □ Yes
2 □ No
9 □ DK

ITEM FA2 | *Refer to age.* | **FA 2** | | 22
| | | 1 □ Under age 67 *(1g)*
2 □ Age 67 or older *(NP)*

g. How long has – – been covered by Medicare? | **g.** | | 23
| | | 1 □ Less than 6 months
2 □ 6 months, but less than 1 year
3 □ 1 year, but less than 2 years
4 □ 2 years or more
9 □ DK

Notes

FORM HIS-3 (5-1-93)

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called *(State name)*.

2a. Does anyone in the family NOW have a Medicaid or *(state name)* card?

2a.
1 ☐ Yes *(2b)*
2 ☐ No }
9 ☐ DK } *(3)* — 24

b. Who is this?

Mark (X) "Has card" box in person's column.

b. 1 ☐ Has card — 25

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No

Ask 2d for each person with "Has card" box marked in 2b.

d. May I please see – – (and – –) card(s)?

Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.

d. 1 ☐ Medicaid card seen — 26
Expiration date ↗
_____ (Month) — 27-28
_____ (Day) — 29-30
2 ☐ No card seen
8 ☐ Other card seen – *Specify* ↗
_____

3a. In *(month)*, was anyone in the family covered by Medicaid?

3a.
1 ☐ Yes *(3b)*
2 ☐ No }
9 ☐ DK } *(4)* — 31

b. Who was covered?

Mark (X) "Medicaid" box in person's column.

b. 1 ☐ Medicaid — 32
(Enter "Cov" on HIS-1.)

c. Anyone else? ☐ Yes *(Reask 3b and c)* ☐ No

Ask 3d for each person with "Medicaid" box marked in 3b.

d. How long has – – had Medicaid coverage?

d. — 33
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

ITEM FA3 *Refer to household composition and question 3a.*

FA 3 — 34
1 ☐ Single person family and "Yes" in 3a *(5)*
2 ☐ Other *(4)*

4a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or *(state name)*?

4a.
1 ☐ Yes *(4b)*
2 ☐ No }
9 ☐ DK } *(5)* — 35

b. Who received this care in the past 12 months?

Mark (X) "Received Medicaid care" box in person's column.

b. 1 ☐ Received Medicaid care — 36

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No

5a. In *(month)*, was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care.

5a.
1 ☐ Yes *(5b)*
2 ☐ No }
9 ☐ DK } *(6)* — 37

b. Who was covered?

Mark (X) "Public assistance" box in person's column.

b. 1 ☐ Public assistance — 38
(Enter "Cov" on HIS-1.)

c. Anyone else? ☐ Yes *(Reask 5b and c)* ☐ No

FORM HIS-3 (5-1-93)

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1
6a. In _(month)_, was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?	**6a.**	39 1 □ Yes _(6b)_ 2 □ No ⎫ _(7)_ 9 □ DK ⎭
b. Was this CHAMPUS or CHAMP-VA? _Read if necessary:_ **CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**	**b.**	40 1 □ Yes _(6c)_ 2 □ No _(6f)_ 9 □ DK _(6e)_
c. Who was covered by CHAMPUS or CHAMP-VA? _Mark (X) "CHAMPUS/CHAMP-VA" box in person's column._	**c.**	41 1 □ CHAMPUS/CHAMP-VA _(Enter "Cov" on HIS-1.)_
d. Anyone else? □ Yes _(Reask 6c and d)_ □ No		
e. In _(month)_, was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?	**e.**	42 1 □ Yes _(6f)_ 2 □ No ⎫ _(7)_ 9 □ DK ⎭
f. Who was covered by other military health care? _Mark (X) "Military" box in person's column._	**f.**	43 1 □ Military _(Enter "Cov" on HIS-1.)_
g. Anyone else? □ Yes _(Reask 6f and g)_ □ No		
7a. In _(month)_, was anyone in the family covered by the Indian Health Service?	**7a.**	44 1 □ Yes _(7b)_ 2 □ No ⎫ _(8)_ 9 □ DK ⎭
b. Who was covered? _Mark (X) "IHS" box in person's column._	**b.**	45 1 □ IHS _(Enter "Cov" on HIS-1.)_
c. Anyone else? □ Yes _(Reask 7b and c)_ □ No		
8a. (Not counting the government health programs we just mentioned,) In _(month)_ was anyone in the family covered by a private health insurance plan? _Read if necessary:_ **Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).**	**8a.**	46 1 □ Yes _(8b)_ 2 □ No ⎫ _(8 on page 34)_ 9 □ DK ⎭
b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? _If "DK", probe:_ **Do you have something with the plan name on it?** _Record up to 4 plan names in Sec. FB, Table H.I. Then ask 8c._		
c. In _(month)_, was anyone in the family covered by any OTHER private health insurance plan?	**c.**	47 1 □ Yes _(Reask 8b and c)_ 2 □ No _(Section FB)_

Notes

RT 72

| | PERSON 1 | 3-4 |

Section FB – PRIVATE PLAN AND COVERAGE DETAIL

TABLE H.I. – PLAN 1

PLAN 1 NAME

5-6

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with _(plan name)_.**)**

7

1a. Who was covered under this plan?

Mark (X) "Private insurance" box in person's column.

1a. 1 ☐ Private insurance
(Enter "Cov" on HIS-1)

b. Anyone else?

☐ Yes _(Reask 1a and b)_   ☐ No

2. In whose name is this plan?

Mark (X) "In name" box in person's column.

2. 8

1 ☐ In name
2 ☐ Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

9

1 ☐ Employer . . . .⎤
2 ☐ Union . . . .⎬ _(3b)_
3 ☐ Through workplace, but DK whether employer or union . ⎦
4 ☐ No ⎫ _(4)_
9 ☐ DK ⎭

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

10

1 ☐ All _(5)_
2 ☐ Some ⎤
3 ☐ None ⎬ _(4)_
9 ☐ DK ⎦

HAND CARD FR3. Read each category if telephone interview.

4. In _(month)_**, how much did [you/your family] spend for health insurance premiums for** _(plan name)_**? Please include payroll deductions for premiums.**

11

1 ☐ Zero
2 ☐ $1 – $9
3 ☐ $10 – $19
4 ☐ $20 – $49
5 ☐ $50 – $99
6 ☐ $100 – $199
7 ☐ $200 – $499
8 ☐ $500 or more
9 ☐ DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

12

1 ☐ Variety of services _(6)_
2 ☐ Only one type of service/care _(5b)_
9 ☐ DK _(6)_

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

13-14

01 ☐ Accidents
02 ☐ AIDS care
03 ☐ Cancer treatment
04 ☐ Catastrophic care
05 ☐ Dental care
06 ☐ Disability insurance (cash payments when unable to work for health reasons)
07 ☐ Hospice care
08 ☐ Hospitalization-only
09 ☐ Long term care (nursing home care)
10 ☐ Prescriptions
11 ☐ Vision care
98 ☐ Other – _Specify_ _____
99 ☐ DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a

Notes

	RT 72 3-4		RT 72 3-4		RT 72 3-4		RT 72 3-4
PERSON 2		**PERSON 3**		**PERSON 4**		**PERSON 5**	

	7		7		7		7
1a. ₁ □ Private insurance *(Enter "Cov" on HIS-1)*		**1a.** ₁ □ Private insurance *(Enter "Cov" on HIS-1)*		**1a.** ₁ □ Private insurance *(Enter "Cov" on HIS-1)*		**1a.** ₁ □ Private insurance *(Enter "Cov" on HIS-1)*	

	8		8		8		8
2. ₁ □ In name		**2.** ₁ □ In name		**2.** ₁ □ In name		**2.** ₁ □ In name	

6a. Is *(plan name)* an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

    Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

        ₁ □ HMO/ IPA   15
        ₂ □ Other
        ₉ □ DK

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

        ₁ □ Any doctor *(6c)*   16
        ₂ □ Select from group/list *(6d)*
        ₉ □ DK *(7)*

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

        ₁ □ Yes ⎫   17
        ₂ □ No ⎬ *(7)*
        ₉ □ DK ⎭

d. If you select a doctor who is not in the plan, will *(plan name)* pay for any part of the cost?

        ₁ □ Yes   18
        ₂ □ No
        ₉ □ DK

    Ask if family has at least one person under the age of 18.

7a. Does *(plan name)* pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?

        ₁ □ Yes   19
        ₂ □ No
        ₉ □ DK

    Ask if family has at least one female over the age of 39.

b. Does this plan pay for any part of the cost for mammograms?

    Read if necessary: **A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.**

        ₁ □ Yes   20
        ₂ □ No
        ₉ □ DK

        GO TO 1a FOR NEXT PLAN; IF NO OTHER PLAN GO TO 8a

Notes

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1
8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?	**8a.**	69 1 □ Yes *(8b)* 2 □ No ⎫ 9 □ DK ⎰ *(9)*
b. Who is this? *Mark (X) "Pre-existing condition" box in person's column.*	**b.**	70 1 □ Pre-existing condition
c. Anyone else? □ Yes *(Reask 8b and c)* □ No □ DK		
9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?	**9a.**	71 1 □ Yes *(9b)* 2 □ No ⎫ 9 □ DK ⎰ *(10)*
b. Who is this? *Mark (X) "Turned down" box in person's column.*	**b.**	72 1 □ Turned down
c. Anyone else? □ Yes *(Reask 9b and c)* □ No □ DK *Ask for each person with "Turned down" box marked in 9b.*		
d. Why was – – unable to get that health insurance? Anything else? *Mark (X) all that apply.*	**d.**	1 □ Because of pre- existing condition, as cancer or diabetes 73 2 □ Because of health risk(s), such as smoking or overweight 74 3 □ Because of work, such as construction worker, beautician, farm worker 75 4 □ Because premiums were too high 76 8 □ Other – *Specify* ⟍ 77 _____ 9 □ DK 78
10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?	**10a.**	79 1 □ Yes *(10b)* 2 □ No ⎫ 9 □ DK ⎰ *(FB1)*
b. Who is this? *Mark (X) "Stayed in job" box in person's column.*	**b.**	80 1 □ Stayed in job
c. Anyone else? □ Yes *(Reask 10b and c)* □ No □ DK		
ITEM FB1	*Refer to age and Wa/Wb in HIS-1.* *Mark (X) first appropriate box.*	**FB 1** 81 1 □ 70+ *(NP)* 2 □ Wa/Wb marked *(Check Item FB2)* 8 □ Other *(NP)*
ITEM FB2	*Refer to 2 for ALL plans in HI.*	**FB 2** 82 1 □ Any "In name" *(NP)* 8 □ Other *(11)*
11. Was health insurance offered by – – employer?	**11.**	83 1 □ Yes ⎫ 2 □ No ⎬ *(NP)* 9 □ DK ⎭
ITEM FB3	*Refer to Age and "Cov." on HIS-1.* *Mark (X) first appropriate box.*	**FB 3** 84 1 □ Covered *(13)* 2 □ Not covered, under 65 ⎫ *(12)* 3 □ Not covered, 65+ ⎭

If no other persons in the family, Skip to 14 on page 40

	RT 85
	3-4

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued

PERSON 1

HAND CARD FR4. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".

12a. Many people do not have health insurance for various reasons. Which of these statements describes why – – is not covered by any health insurance (or Medicare)?

Anything else?

Mark (X) all that apply.

12a.

01 □	Job layoff/loss/ unemployment	5-6
02 □	Wasn't offered by employer	7-8
03 □	Not eligible because part time worker	9-10
04 □	Family coverage not offered by employer	11-12
05 □	Benefits from former employer ran out	13-14
06 □	Can't obtain because of poor health, illness, or age	15-16
07 □	Too expensive/ Can't afford	17-18
08 □	Dissatisfied with previous insurance	19-20
09 □	Don't believe in insurance	21-22
10 □	Have usually been healthy, haven't needed insurance	23-24
11 □	Covered by some other plan	25-26
12 □	Too old for coverage under family plans	27-28
13 □	Free/inexpensive source of care readily available	29-30
98 □	Other reason – Specify ↙	31-32
99 □	DK *(12c)*	33-34

Ask if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason – – was not covered in _(month)_ by any health insurance (or Medicare)?

Record number from Card FR4.

b.

35-36

Main reason _____

c. When was the LAST time – – had health insurance?

c.

37
1 □ Less than 6 months ago ⎫
2 □ 6 months ago, but less than 1 year ago ⎬ *(12d)*
3 □ 1 year ago, but less than 3 years ago ⎭
4 □ 3 or more years ago ⎫ *(FB3*
5 □ Never had health insurance ⎬ *for NP)*
9 □ DK *(12e)*

HAND CARD FR5. Read categories if telephone interview.

d. What was the MAIN reason – – stopped being covered by health insurance?

Mark (X) only one.

d.

38-39
01 □ Lost job or changed employers
02 □ Spouse/parent lost job or changed employers
03 □ Death of spouse or parent
04 □ Became divorced or separated
05 □ Became ineligible because of age
06 □ Employer stopped offering coverage
07 □ Cut back to part time
08 □ Benefits from employer/ former employer ran out
98 □ Other – Specify ↙
99 □ DK

e. At the time that – – stopped being covered by health insurance, did – – try to find some other type of health insurance?

e.

40
1 □ Yes *(12f)*
2 □ No ⎫
9 □ DK ⎬ *(FB3 for NP)*

f. What was the MAIN reason – – was unable to find some other type of health insurance?

f.

41
1 □ Could not afford ⎫
2 □ Was rejected ⎬ *(FB3*
8 □ Other reason – Specify ↙ ⎬ *for NP)*
9 □ DK ⎭

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1

13a. In the past 12 months, was there any time that – – did NOT have <u>ANY</u> health insurance or coverage?

13a. | 42
1 ☐ Yes *(13b)*
2 ☐ No ⎱
9 ☐ DK ⎰ (FB3 for NP)

b. In how many of the past 12 months was – – without coverage?

b. | 43
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

HAND CARD FR5. Read each category if telephone interview.

c. What was the MAIN reason – – was without coverage?

c. | 44-45
01 ☐ Lost job or changed employers
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ⟍

(FB 3 for NP)

99 ☐ DK

HAND CARD FR6. Read each category if telephone interview.

14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.

14. | 46
1 ☐ Zero
2 ☐ Less than $500
3 ☐ $500 – $1999
4 ☐ $2,000 – $2,999
5 ☐ $3,000 – $4,999
6 ☐ $5,000 or more
9 ☐ DK

ITEM FB4

About how often did the Respondent appear to answer the questions in Sections FA and FB accurately?

FB 4 | 47
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM FB5

About how often did the Respondent appear to answer the questions in Sections FA and FB honestly?

FB 5 | 48
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM FB6

Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Sections FA and FB.

FB 6 | 49-50
Person number _____

Notes

RT 80
3-4

YG – CLINICAL AND PREVENTIVE SERVICES

5

The next questions are about prevention of injury and illness.

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

- 1 □ All or most of the time
- 2 □ Some of the time
- 3 □ Once in awhile
- 4 □ Never
- 5 □ Don't ride in front seat
- 6 □ Don't ride in a car *(2)*
- 9 □ DK *(1b)*

} *(1b)*

b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

6

- 1 □ All or most of the time
- 2 □ Some of the time
- 3 □ Once in awhile
- 4 □ Never
- 5 □ Don't ride in back seat
- 6 □ Don't ride in a car
- 9 □ DK

2. About how long has it been since your last routine check-up by a medical doctor or other health professional?

7

- 1 □ Less than 1 year
- 2 □ 1 year, less than 2 years
- 3 □ 2 years, less than 3 years
- 4 □ 3 years, less than 4 years
- 5 □ 4+ years
- 6 □ Never *(6)*
- 9 □ DK *(3)*

} *(3)*

3. During this last check-up, were you asked about –

	Yes	No	DK	
a. Your diet and eating habits?	1 □	2 □	9 □	8
b. The amount of physical activity or exercise you get?	1 □	2 □	9 □	9
c. Whether you smoke cigarettes or use other forms of tobacco?	1 □	2 □	9 □	10
d. How much and how often you drink alcohol?	1 □	2 □	9 □	11
e. Whether you use marijuana, cocaine, or other drugs?	1 □	2 □	9 □	12
f. Sexually transmitted diseases?	1 □	2 □	9 □	13

Ask ONLY IF SP is less than 50 otherwise, skip to 4.

	Yes	No	DK	
g. The use of contraceptives?	1 □	2 □	9 □	14

4. During this last check-up, did you have –

	Yes	No	DK	
a. Your blood pressure checked?	1 □	2 □	9 □	15
b. Your cholesterol level checked?	1 □	2 □	9 □	16
c. Your height checked?	1 □	2 □	9 □	17
d. Your weight checked?	1 □	2 □	9 □	18

ITEM YG1

19

Refer to age.

- 1 □ SP is 65+ *(5)*
- 8 □ Other *(6)*

5. During this last check-up, did you have –

	Yes	No	DK	
a. A vision test to see how well you see?	1 □	2 □	9 □	20
b. A hearing test?	1 □	2 □	9 □	21
c. A urine test?	1 □	2 □	9 □	22
d. A blood test to check your thyroid function?	1 □	2 □	9 □	23
e. A stool test to check for blood in the stool?	1 □	2 □	9 □	24

Notes

YG – CLINICAL AND PREVENTIVE SERVICES – Continued

6. **During the past 12 months, have you had a flu shot?**

Read if necessary: **This vaccination is usually given in the fall and protects against influenza for the flu season.**

1 □ Yes
2 □ No
9 □ DK

`25`

7. **Have you EVER had a pneumonia vaccination? This shot is given only once in a person's lifetime.**

1 □ Yes
2 □ No
9 □ DK

`26`

8. **During the past TEN years, have you had a tetanus shot?**

1 □ Yes
2 □ No
9 □ DK

`27`

ITEM YG2 — *Refer to sex.*

1 □ Male *(Part YH)*
2 □ Female *(9)*

`28`

9. **About how long has it been since you had a Pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?**

Read if necessary: **A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.**

0 □ Never had a Pap smear test
1 □ Within the past year
2 □ 1 to 3 years ago
3 □ Over 3 years ago
9 □ DK

`29`

10. **Have you had a hysterectomy?**

1 □ Yes
2 □ No

`30`

ITEM YG3 — *Refer to age.*

1 □ Under 30 *(Part YH)*
2 □ 30 and over *(11)*

`31`

11. **A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.**

About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?

0 □ Never had a mammogram
1 □ Within the past year
2 □ 1 to 2 years ago
3 □ Over 2 years ago
9 □ DK

`32`

A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.

12. **About how long has it been since you had a breast physical exam done by a doctor or other health care professional? Was it within the past year, 1 to 2 years ago, or over 2 years ago?**

0 □ Never had a breast physical exam
1 □ Within the past year
2 □ 1 to 2 years ago
3 □ Over 2 years ago
9 □ DK

`33`

Notes

CARD FR1

01. **Two or more usual doctors/places**

02. **Doesn't need a doctor**

03. **Doesn't like/trust/believe in doctors**

04. **Doesn't know where to go**

05. **Previous doctor is not available/moved**

06. **No insurance/Can't afford it**

07. **Speak a different language**

08. **No care available/Care too far away, not convenient**

98. **Other** *(Specify)*

Explicacion (SP)

FR1

(Cut along broken lines)

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CARD FR2

01. **Changed residence/moved**

02. **Changed jobs**

03. **Employer changed insurance coverage**

04. **Former usual source left area**

05. **Owed money to former usual source**

06. **Dissatisfied with former source/liked new source better**

07. **Medical care needs changed**

08. **Former usual source stopped taking insurance/coverage**

98. **Other** *(Specify)*

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MEDICARE

Health ✿ **Insurance**

SOCIAL SECURITY ACT
NAME OF BENEFICIARY
JOHN Q. PUBLIC
CLAIM NUMBER   SEX
000-00-0000-A   MALE
IS ENTITLED TO   EFFECTIVE DATE
HOSPITAL INSURANCE   7-1-66
MEDICAL INSURANCE   7-1-66
SIGN
HERE ➡ *John Q. Public*

FR2

Medicare

(Cut along broken lines)

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STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI — KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States

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Vital and Health Statistics
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