

Series 10

No. 197



Vital and Health Statistics

From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

Access to Health Care Part 2: Working-age Adults

July 1997



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Copyright Information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Suggested citation

Bloom B, Simpson G, Cohen RA, and Parsons PE. Access to health care. Part 2: Working-age adults. National Center for Health Statistics. Vital Health Stat 10(197). 1997.

Library of Congress Catalog Card Number

Access to health care. Part 2, Working-age adults.
p. cm. — (Vital and health statistics. Series 10, Data from the National Health Survey ; no. 197) (DHHS publication ; no. (PHS) 97-1525)
Includes bibliographical references.
ISBN 0-8406-0528-5
1. Medical care—United States—Statistics. 2. Health services accessibility—United States—Statistics. 3. United States—Statistics, Medical. I. National Center for Health Statistics (U.S.) II. Series. III. Series: DHHS publication ; no (PHS) 97-1525.
RA407.3.A346 no. 197
[RA407.3]
362.1'0973021 s—dc21
[362.1'0973]

97-21807
CIP

For sale by the U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
Printed on acid-free paper.

Vital and Health Statistics

Access to Health Care Part 2: Working-age Adults

Series 10:
Data From the National Health
Survey
No. 197

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
July 1997
DHHS No. (PHS) 97-1525

National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*

Jack R. Anderson, *Deputy Director*

Jack R. Anderson, *Acting Associate Director for International Statistics*

Lester R. Curtin, Ph.D., *Acting Associate Director for Research and Methodology*

Jacob J. Feldman, Ph.D., *Associate Director for Analysis, Epidemiology, and Health Promotion*

Gail F. Fisher, Ph.D., *Associate Director for Data Standards, Program Development, and Extramural Programs*

Edward L. Hunter, *Associate Director for Planning, Budget, and Legislation*

Jennifer H. Madans, Ph.D., *Acting Associate Director for Vital and Health Statistics Systems*

Stephen E. Nieberding, *Associate Director for Management*

Charles J. Rothwell, *Associate Director for Data Processing and Services*

Division of Health Interview Statistics

Ann M. Hardy, Dr.P.H., *Acting Director*

Gerry E. Hendershot, Ph.D., *Assistant to the Director for Data Analysis and Dissemination*

Kathryn Silbersiepe, M.D., *Acting Chief, Illness and Disability Statistics Branch*

Ann M. Hardy, Dr.P.H., *Acting Chief, Survey Planning and Development Branch*

Robert S. Krasowski, *Chief, Systems and Programming Branch*

Robert A. Wright, *Chief, Utilization and Expenditure Statistics Branch*

Contents

Abstract	1
Introduction	1
Methods	2
Results	3
Regular Source of Medical Care	3
Place of Regular Source of Medical Care	4
Reason for No Regular Source of Medical Care	5
Unmet Medical Needs	6
Discussion	6
References	8
Appendix I	29
Sources and Limitations of Data	29
Appendix II	30
Definition of Terms	30
Appendix III	32
Questionnaire Items and Flash Cards	32

Figures

1. Percent of working-age adults 18–64 years of age with a regular source of medical care by race and/or ethnicity and family income: United States, 1993	4
2. Percent of working-age adults 18–64 years of age with a regular source of medical care by regular place of care and insurance coverage: United States, 1993	4
3. Reason for no regular source of care for working-age adults 18–64 years of age: United States, 1993	5
4. Percent of working-age adults 18–64 years of age who reported not needing a doctor as reason for no regular source of medical care by family income: United States, 1993	5
5. Percent of working-age adults 18–64 years of age with unmet medical need by insurance coverage and family income: United States, 1993	7

Detailed Tables

1. Percent and standard error of population 18–64 years of age with a regular source of medical care by age and selected demographic characteristics: United States, 1993	9
2. Percent and standard error of population 18–64 years of age with private health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993	11
3. Percent and standard error of population 18–64 years of age with public health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993	13
4. Percent and standard error of population 18–64 years of age with no health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993	15
5. Percent of persons 18–64 years of age with a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993	17
6. Percent of persons 18–64 years of age with private health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993	19
7. Percent of persons 18–64 years of age with public health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993	21

- 8. Percent of persons 18–64 years of age with no health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993 23
- 9. Percent of persons 18–64 years of age with no regular source of medical care by main reason for no regular source of medical care and selected demographic characteristics: United States, 1993 25
- 10. Percent of persons 18–64 years of age by selected unmet medical needs and selected demographic characteristics: United States, 1993 27

Appendix Table

- I. Percent of persons 18–64 years of age with unknown health insurance coverage, unknown regular source of medical care, and unknown unmet medical need by selected demographic characteristics: United States, 1993 29

Objectives

This report presents data on access to health care for U.S. working-age adults, 18–64 years old. Access indicators are examined by selected sociodemographic characteristics including sex, age, race and/or ethnicity, place of residence, employment status, income, health status, and health insurance status.

Methods

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

Results

In 1993, approximately 3 out of 4 working-age adults had a regular source of medical care. Nine out of 10 adults with health insurance had a regular source of care compared with 6 out of 10 adults without health insurance. For adults with a regular source of care, 86 percent received care in a private doctor's office, 9 percent in a clinic, and 2 percent in a hospital emergency room. The two main reasons given for not having a regular source of care were "do not need a doctor" (49 percent), and "no insurance/can't afford it" (22 percent). Persons in the highest income group were more likely to report no need for a doctor (59 percent) than persons in the lowest income group (35 percent). About 40 percent of uninsured persons and 16 percent of insured persons reported an unmet medical need.

Conclusions

Health insurance plays a key role in the access to medical care services. Persons who are uninsured or have low incomes are at the greatest risk of having unmet medical needs.

Keywords: *access to care • health insurance • regular source of care • reason for no regular source of care • unmet need • uninsured*

Access to Health Care

Part 2: Working-age Adults

by Barbara Bloom, M.P.A.; Gloria Simpson, M.A.; Robin A. Cohen, Ph.D.; P. Ellen Parsons, Ph.D., M.P.H.

Introduction

Since the creation of Medicare and Medicaid in the mid-1960's, measuring and monitoring access to medical care has been a central concern for public health and health services researchers. According to the behavioral model of health services' use originally developed by Andersen (1) and refined over the years (2–6), 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 they are among the strongest predictors of health service use (7,8). These recent studies have also encouraged more in-depth evaluation of access to care, particularly in relation to need, outcomes, and quality of care (6,7,9).

The site of the regular source of care and the type of insurance are also important determinants of access. Not all sources of care are alike. Doctors' offices have traditionally been more likely to provide continuity of care and a full complement of preventive health care services, both essential components of good quality primary care (10). 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 (7). 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 (8).

The relationship between usual source of care and health insurance status is of particular importance for the working-age population, which is disproportionately uninsured relative to children and the elderly. Persons with private health insurance are most likely to report that doctors' offices are the regular source of care; those with public health coverage are more likely to use community clinics or health centers and hospital-based outpatient clinics or emergency rooms. The uninsured are less likely to use health services or to have a usual source of care.

Although most people would benefit from the preventive services often made 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 (11). Another frequently reported reason for not having a regular source of care has been the lack of health insurance or other means to pay for care (8).

Access to care, however measured, is not distributed evenly across various subpopulations. Low-income persons, and especially the "near poor," are more likely to be uninsured than are higher income persons. Racial and ethnic minority populations are also over-represented among the uninsured. Given the importance of insurance status in determining access, factors related to insurance will also be related to access. As a result, these vulnerable populations are most likely to experience poor

access to care, such as being disproportionately without a regular source of care (8).

Frequently used measures of access to care are based on contact with the health care system. The assessment of unmet need represents an attempt to measure 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 (2,3). Lack of care may negatively affect the population's health, and it is important to estimate the volume of need that is not being addressed by the health care system. Unmet needs are particularly important to measure in this time of rapid change in our health care delivery and payment systems. Both delays in getting and the inability to get needed medical care are considered, as is the inability to get other needed health services. This includes dental care, eyeglasses, prescription drugs, and mental health care.

Beginning in 1993, access to medical care data has been collected routinely through the National Health Interview Survey (NHIS). Measures of access in the NHIS include regular source of care, site at which care is received and type of provider, and reason for no regular source of care. Also, for the first time, questions are asked about unmet need for medical and other types of health care services in a national survey. This report presents recent national estimates of these measures of access to care for working-age adults 18–64 years of age. This is the second of a three-part series of reports on access to health care in the United States during 1993. The first report covers children ages 17 years and under (12), and the third report covers older adults ages 65 years and over (13). Descriptive data are presented by health insurance status and sociodemographic characteristics, with a particular emphasis on socioeconomic status and race and/or ethnicity.

Methods

This report on working-age adults 18–64 years of age uses data from the

1993 Access to Care and the 1993 Health Insurance surveys of the National Health Interview Survey (NHIS), a continuing household survey of the civilian noninstitutionalized population of the United States. Information was collected by personal interview of a knowledgeable household respondent about all household members.

The 1993 Access to Care and the Health Insurance surveys included 36,719 working-age adults. These interviews 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 health services. The Health Insurance survey included questions about type of insurance, insurance costs, services covered, and reasons for no insurance coverage. *Current Estimates from the National Health Interview Survey, 1993* includes a copy of all questionnaires and a discussion of NHIS sample design, data collection, and data processing (14).

Some of the variables analyzed in this report (regular source of care and unmet need) 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, poor, and minority persons were over-represented 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 working-age 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 (15). 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 they are not significant. Lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found not to be statistically significant.

Race and/or Ethnicity

In this report, a person's race and/or ethnicity was based on the respondent's description of each household member's racial and ethnic background. Persons were divided into the following race and/or ethnicity categories: *White* includes white, non-Hispanic adults; *Black* includes black, non-Hispanic adults; and *Hispanic* includes Hispanic adults of any race. The Hispanic group was subdivided into two categories: *Mexican-American* includes Mexican-Mexicano, Mexican-American, and Chicano; and *Other Hispanic* includes Puerto Rican, Cuban, other Latin American, other Spanish, and multiple Hispanic. Persons of other races who were not of Hispanic origin were included in the totals, but were not shown separately because the small number of cases would result in unreliable estimates. If a respondent did not know the ethnicity of a household member, that member was considered not to be of Hispanic origin.

Health Insurance

Persons were classified into health insurance categories based on six individual 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 in order to eliminate analytical problems associated with double counting. Categories include private coverage, public coverage, 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 doctor's offices, private doctor's 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 were 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:

Does not need doctor.

No insurance or can not afford it.

Unavailable or inconvenient—includes previous doctor who is not

available and/or has moved; does not know where to go; no care is available and/or care is too far away and/or not convenient.

Does 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 in the past 12 months. Those who answered "yes" to any of the following series of 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 1–4](#) present access to care indicators by sociodemographic characteristics for the total population and according to health insurance category. [Table 1](#) shows the percent distribution of working-age adults with a regular source of care by sociodemographic characteristics for all persons. [Table 2](#) shows the same information for those with private insurance; [table 3](#) shows the information for those with public insurance; and [table 4](#) shows the information for people with no insurance.

[Tables 5–8](#) show the percent of persons by place of care for those with a regular source of care by the same sociodemographic characteristics within the same insurance framework. Data about the reason for no usual source of care is shown in [table 9](#), and [table 10](#) describes data on unmet need.

Regular Source of Medical Care

In 1993, 83 percent of working-age adults had a regular source of medical care; 17 percent had no regular source

of medical care ([table 1](#)). Overall, older working-age adults (45–64 years of age) were more likely to have a regular source of care than younger adults (18–44 years of age), 88 versus 80 percent; and women were more likely to have a regular source of care than men, 88 versus 78 percent. Persons who lived outside a metropolitan statistical area (MSA) or in the suburbs were more likely to have a regular source of care (86 and 84 percent, respectively) than those who lived in a central city (79 percent).

Having a regular source of medical care was directly related to income. The proportion of adults with a regular source ranged from 74 percent of adults with the lowest family income (under \$10,000 per year) to 90 percent of adults with the highest family income (\$50,000 or more per year).

There was also a notable difference by race and/or ethnicity. Fewer Hispanic persons reported having a regular source of care (72 percent) than white or black persons (84 and 83 percent, respectively). However, racial and ethnic differences diminished as income increased. In families with a yearly income of less than \$20,000, only 63 percent of Hispanic adults had a regular source of care compared with 75 percent of white adults and 79 percent of black adults. In families with a yearly income of \$20,000–\$35,000, white and black adults (82 percent) were still more likely than Hispanic adults (73 percent) to have a regular source, but the gap narrowed. In families with a yearly income of \$35,000 or more, however, there were no significant differences in having a regular source by race and/or ethnicity ([figure 1](#)).

Health insurance status plays a key role for adults in having a usual source of health care. Approximately 9 out of 10 adults with private or public health insurance had a regular source of health care compared with 6 out of 10 adults without health insurance. For persons with fair or poor health status, many more insured adults (about 93 percent) than uninsured adults (69 percent) had a regular source of medical care ([tables 2–4](#)).

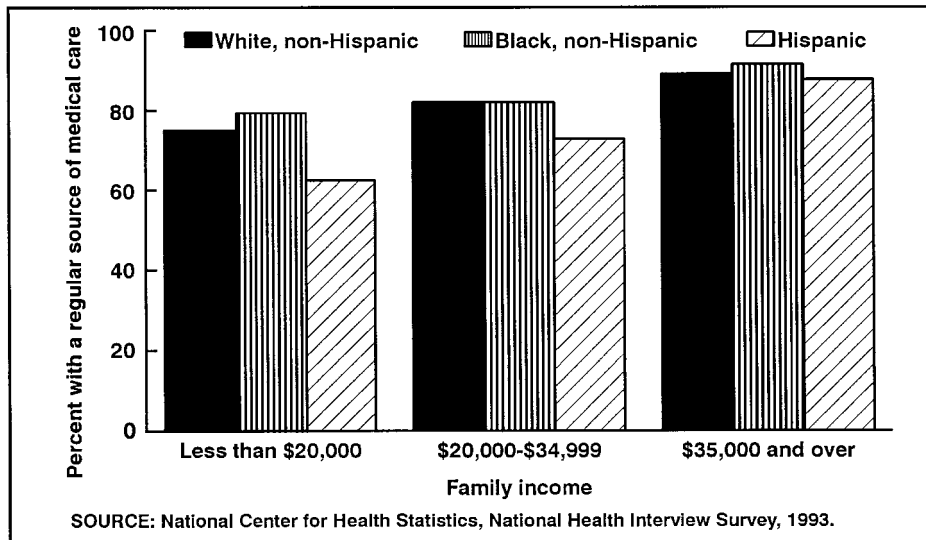


Figure 1. Percent of working-age adults 18–64 years of age with a regular source of medical care by race and/or ethnicity and family income: United States, 1993

For those who had health insurance, overall, there were few differences in the proportion of persons with a regular source of care by demographic characteristics. For those with no health insurance, there were sharp variations in having a regular source of care by race and ethnicity and by income. Among the uninsured, Hispanic adults were less likely to have a usual source of health care (46 percent) than white or black adults (64 and 68 percent, respectively). Increased income did not eliminate the effects of race and ethnicity for uninsured adults. For example, even in families with a yearly income of \$35,000 or more, fewer uninsured Hispanic adults (59 percent) than black adults (77 percent) reported having a regular source of health care (table 4).

There was also variation by region and place of residence. In terms of region, only one-half of uninsured adults living in the West had a usual source of care compared with almost two-thirds of uninsured adults in the Northeast, Midwest, and South. Regarding place of residence, fewer uninsured adults living in the central city had a usual source of health care (54 percent) than uninsured adults living in the suburbs (62 percent) or not living within an MSA (70 percent).

Place of Regular Source of Medical Care

Among adults with a regular source of care, 86 percent visited a private doctor’s office for their health care needs. Nine percent of adults used a clinic as their regular place of care. Two percent, an estimated 2 million working-age adults, visited a hospital emergency room (ER) for their regular medical care (table 5).

Income influenced where a person sought regular medical care. Increased income was positively associated with

care in a private doctor’s office and negatively associated with care in a clinic or an ER. Among the lowest income adults, 61 percent sought medical care from a private doctor, 30 percent from a clinic, and 4 percent from an ER. Among the highest income adults, 93 percent visited a private doctor, 4 percent visited a clinic, and 1 percent visited an ER.

Important differences in the regular place of care were also reported by race and/or ethnicity and income. Regardless of income level, black adults were at least twice as likely as white adults to have used a clinic or an ER as a regular place of care. Hispanic adults presented a different picture. In the lowest income group, the proportion of Hispanic clinic users resembled that of black adults at about twice the rate of white adults. However, in the highest income group, the percent of Hispanic clinic users resembled that of white adults at about one-half the rate of black adults.

Health insurance status was strongly associated with the place an individual obtained his or her usual medical care. The proportion of adults using a private doctor’s office as a regular place of care was 91 percent for adults with private insurance (table 6). This number fell to 62 percent for adults with public insurance (table 7) and 76 percent for adults with no health insurance (table 8). In comparison, the choice of a clinic as a regular place of care was reported by

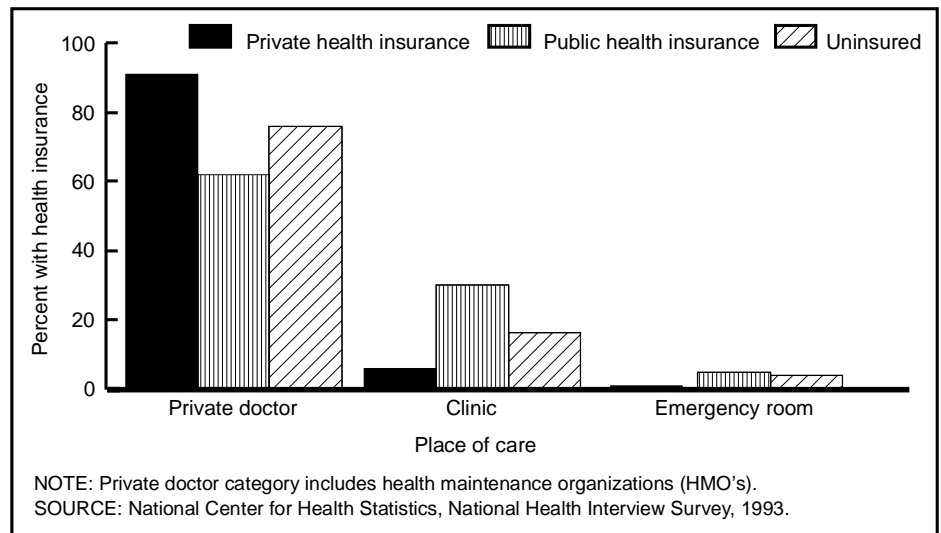


Figure 2. Percent of working-age adults 18–64 years of age with a regular source of medical care by regular place of care and insurance coverage: United States, 1993

only 6 percent of adults with private health insurance. Thirty percent of adults with public insurance and 16 percent of adults with no insurance chose a clinic (figure 2).

Use of the ER as a regular place of care also varied by health insurance status. When compared with adults who had private health insurance, uninsured adults were 4 times as likely to have used the ER as a regular place of care; adults with public health insurance were 5 times as likely to have used it as a regular place.

Clinic usage for the different race and/or ethnicity and income groups varied by health insurance status. Among persons who have public health insurance or are uninsured, black and Hispanic adults with the lowest income were 2 to 3 times as likely to have used a clinic for a regular place of care compared with white adults in the same income group. Among adults with private health insurance, however, there was no statistical difference in clinic usage between the lowest income white and black adults.

Use of the ER as a place for regular care also varied by insurance status for the different race and/or ethnicity and income groups. Among the privately insured, poor black adults were twice as likely as poor white adults to use an ER as a regular place of medical care. Among adults who had public insurance or were uninsured, there was no statistical difference in ER usage for regular care among the lowest income white, black, or Hispanic adults.

The place used for regular medical care differed widely by sociodemographic characteristics. Overall, persons who used a private doctor's office were more likely to be middle-aged, white adults; living in the suburbs or outside an MSA and with a yearly family income of \$50,000 or more. Adults who used a clinic as a regular place of health care were more likely to be young, Hispanic, or black adults; living in the central city; and poor with a yearly family income of less than \$10,000.

While the overall percent of adults who used the ER as a regular place of medical care was small, it is of special interest because of the high cost

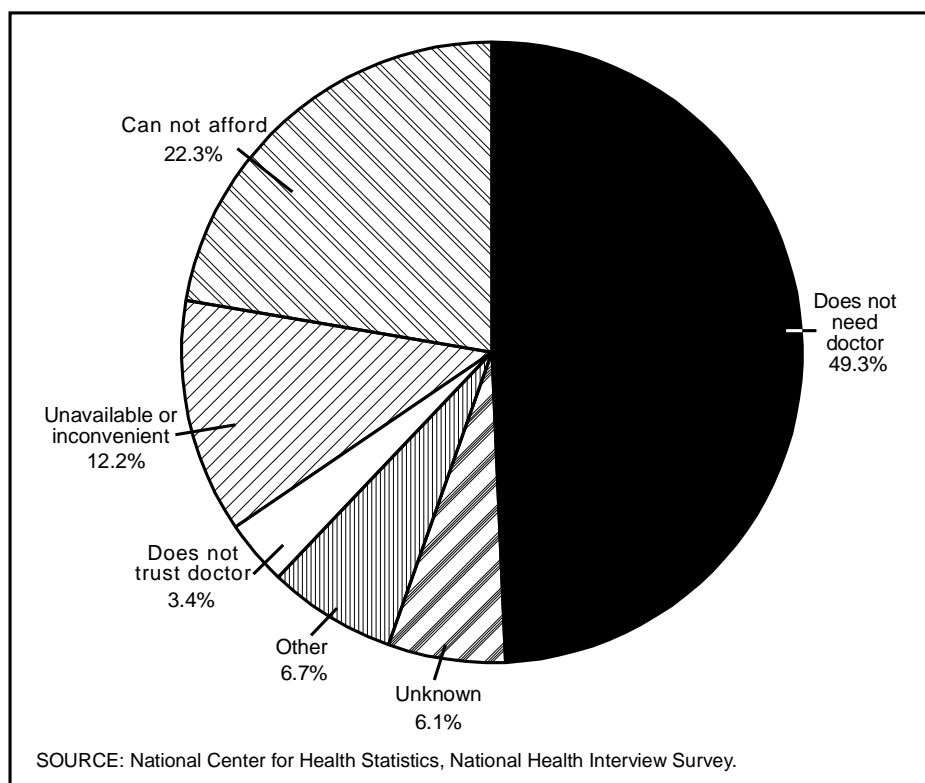


Figure 3. Reason for no regular source of care for working-age adults 18–64 years of age: United States, 1993

associated with emergency care. Adults who were more likely to use the ER as a regular place of care were young black adults living in central cities or outside an MSA with low family incomes.

Reason for No Regular Source of Medical Care

There were almost 25 million working-age adults in the United States who had no regular source of medical care in 1993. Respondents reported a variety of reasons for lacking a regular source of medical care (figure 3). About

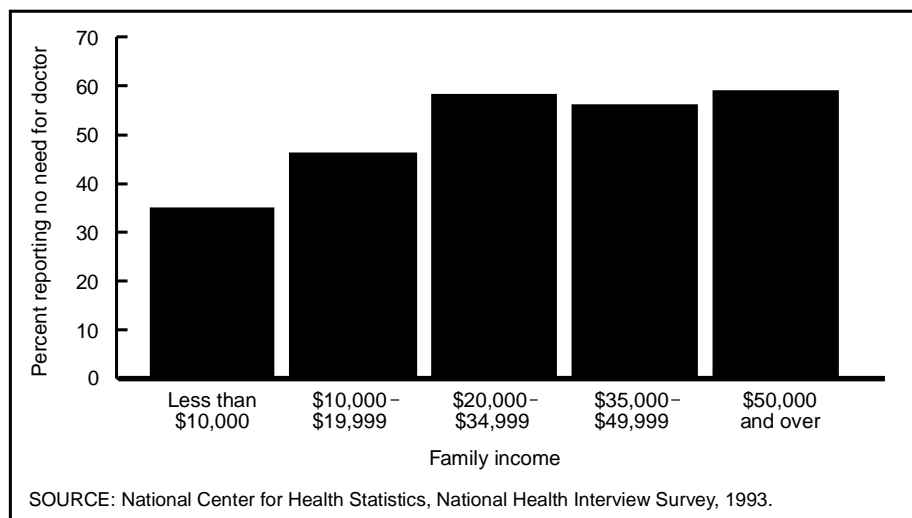


Figure 4. Percent of working-age adults 18–64 years of age who reported not needing a doctor as reason for non regular source of medical care by family income: United States, 1993

one-half, or 12.2 million persons, reported no need for a doctor (table 9). Males were more likely than females to say they had no need for regular medical care (55 versus 39 percent). Working-age adults with higher incomes were more likely to report no need for a doctor, 59 percent of those with an income of \$50,000 or more compared with 35 percent of those with an income of less than \$10,000 (figure 4). A similar pattern was found when examining the data for white and black persons. Among Hispanic persons, however, there were no statistically significant differences by income level. Persons who reported themselves to be in excellent, very good, or good health cited the lack of need for a doctor more than twice as often as persons who reported their health to be fair or poor (52 versus 19 percent).

About 5.5 million persons reported “no insurance” or “unable to afford it” as the main reason they have no regular source of medical care. Females (26 percent) were more likely than males (20 percent) to report lack of insurance or can’t afford it as their main reason. As expected, young adults gave this reason more often than middle-age adults. This reason was reported by those in fair or poor health about twice as often as persons in excellent, very good, or good health (43 versus 21 percent).

There was a notable variation by race and ethnicity. Black persons were 40 percent more likely than white persons to report “no insurance/can’t afford” as their main reason (26 versus 18 percent). Hispanic persons reported this reason far more often (42 percent).

As expected, income made a large difference in the main reason reported for no usual source of care. Persons in low income families were 5 times as likely to report “no insurance/can’t afford” when compared with families having an income of \$50,000 or more. Examination of the effects of income within race and/or ethnicity groups generally supported this. However, the relatively small number of Hispanic and black persons in the highest income category resulted in unreliable data for those groups.

About 3 million persons (12 percent) reported a variety of reasons including previous doctor is not available because of a move, do not know where to go, no care is available, or care is inconvenient. Almost 1 million persons (3 percent) reported that they did not like doctors, did not trust them, or did not believe in them.

Unmet Medical Needs

Overall, 30 million persons (almost 20 percent) of the working-age population reported an inability to obtain needed health care. About 40 percent of uninsured persons in comparison with 16 percent of insured persons reported an unmet need. Unmet need was larger among those with public insurance (32 percent) than among those with private insurance (14 percent) (table 10).

Unmet need was directly related to levels of income. One-third of persons in families with an income of under \$20,000 reported unmet need compared with about one-quarter of those in the \$20,000–\$34,999 income category and one-tenth of those with an income of \$35,000 or more. Although there were no statistically significant differences in the proportion of the population with an unmet need by race and/or ethnicity alone, there were large differences by race and/or ethnicity within income groups. Unmet need was reported by more low income white (41 percent) than black (32 percent) or Hispanic (30 percent) persons. In addition, in families with a yearly income of \$35,000 or more, unmet need was reported by more white (11 percent) and Hispanic respondents (12 percent) than black respondents (8 percent) (table 10).

As expected, income was also a major factor in the decision to delay medical care. Almost one-quarter of all adults in the lowest income families delayed needed medical care, in comparison with 4 percent of adults in the highest income families. Regardless of race or ethnicity, working-age adults with lower incomes were more likely to delay seeking medical care when compared with their counterparts who had higher incomes. However, significantly more poor white persons

(27 percent) than poor Hispanic (20 percent) or black persons (16 percent) delayed seeking medical care because of the cost (table 10).

Health insurance status played a key role in an individual’s decision to delay seeking medical care. Uninsured persons were dramatically more likely to delay care (29 percent) than persons with public health insurance (12 percent) or persons with private insurance (8 percent). While adults with health insurance are more likely to receive health care services than uninsured adults, there is wide variation in the specific services covered by individual private and public insurance plans. This may have an impact on the timing of receiving health care services.

Discussion

This report presents 1993 U.S. national estimates of access to health care for working-age adults. In 1993, an estimated 28 million working-age adults did not have health insurance. In this study, health insurance status was related to every access-to-care indicator, including having an unmet health need, having a usual source of care, and the place used as a regular source of medical care. Other research has shown that lack of health insurance is a major barrier to receiving health care services (16–18). Downsizing and the increased use of temporary employees who receive minimal or no health insurance benefits; the growth in low-paying service occupations that are less likely to provide benefits; and the more stringent Medicaid eligibility requirements have all contributed to the growing number of working-age adults who are uninsured (19). Of the working-age uninsured population, 59 percent are currently employed. (table 4). Sixty-two percent are at or above the poverty threshold; 16 percent have a yearly family income of \$35,000 or more.

In 1993, 30 million working-age adults reported that during the past 12 months they had at least one unmet health need or a delay in seeking medical care because of the cost. These

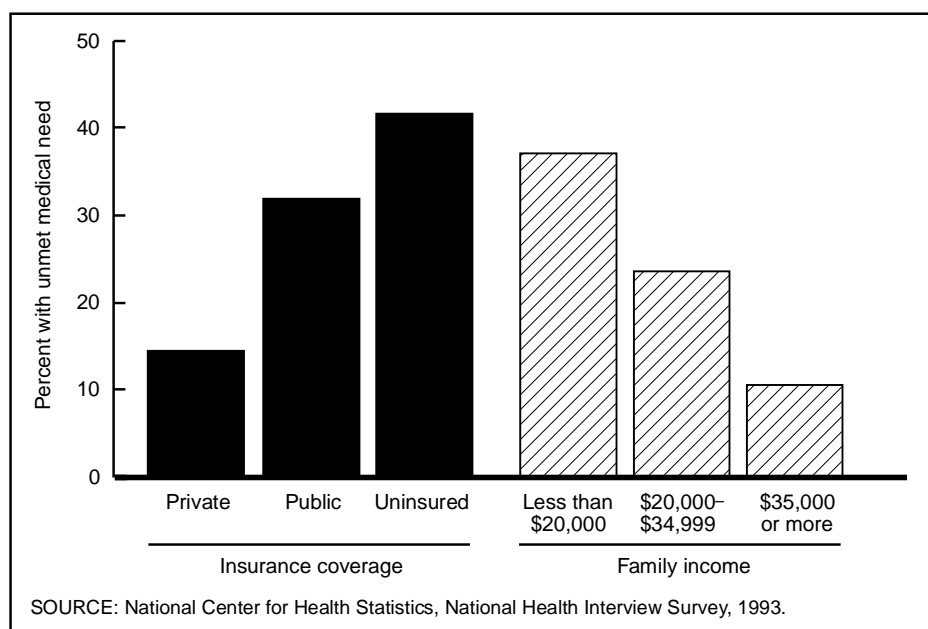


Figure 5. Percent of working-age adults 18–64 years of age with unmet medical need by insurance coverage and family income: United States, 1993

unmet health needs included the need for medical care, dental care, prescription medicine, glasses, and mental health care. The inability to obtain these services can seriously impact quality of life (20). Among uninsured working-age adults, 42 percent had an unmet health need compared with 14 percent of insured adults. Similarly, 25 million working-age adults had no usual source of medical care. Among the uninsured working-age adults, 61 percent had a usual source of care in contrast to 87 percent of insured adults. These findings agree with other studies using national data (16,19,20) as well as smaller studies (21).

Although health insurance was a key factor associated with access to medical care, other variables were also important. Annual family income was related to having an unmet health need and less chance of having a usual source of care. One-third of persons in families with incomes under \$20,000 reported an unmet health need compared with one-tenth of those in families with incomes of \$35,000 or more (figure 5).

The proportion of adults with a regular source of care rose with income from 74 percent for those with incomes under \$10,000 to 90 percent for adults with family incomes of \$50,000 or more. Among adults in families with

incomes of less than \$20,000, Hispanic persons (63 percent) were less likely than their black or white counterparts to have a usual source of care (79 and 75 percent, respectively). However, as family income increased, racial and/or ethnic differences in having a usual source of care diminished. Other studies report similar findings regarding these subpopulations (7,16,22).

These findings have implications for important issues in the health care delivery system. The Institute of Medicine's Committee on Monitoring Access to Personal Health Care Services defines access to care as "the timely use of personal health services to achieve the best possible health outcome" (9). Having health insurance and a usual source of care constitute "enabling factors" that facilitate the use of health services in the behavioral model of health service use (2,6). Other studies confirm that uninsured adults are more likely to delay seeking care than those who are insured, (21) and they are less likely to be referred by physicians for other health services (23). While the total impact of delayed care is unknown, evidence from the National Medical Expenditure Survey (NMES) indicated that 1.3 million people suffering from serious conditions, including cancer, heart disease, and diabetes, were unable to get care (24). Delayed care may

result in more serious illness for the patient, a worse prognosis, and in longer hospital stays (25). Persons without a usual source of care (another "enabling factor") are less likely to receive preventive services (26) and are more apt to have delayed medical care or have an unmet health need (16). In addition, a study of emergency room (ER) utilization revealed that patients without a usual source of care are more likely to use the ER for nonurgent care (27,28).

Inappropriate use of the ER, whose primary purpose is to treat patients with a life-threatening illness or injury, is also a concern of policy makers and health providers (27). ER care is not only more expensive than other types of care, but it does not provide preventive or follow-up services. Although the percent of adults who used the ER as their place of regular care was small (2 percent), this represents 18 million adults. One assessment of ER utilization in California found that 23 percent of ER patients used the ER as a regular source of care (27). A study of community hospitals in Michigan confirmed the higher costs of ER care with \$124 as the average charge for a nonurgent ER visit in 1993 compared with \$53 for an office visit. Nonpayment for ER visits was 50 percent. To compensate for the high rate of nonpayment, the charges for ER visits were higher than actual costs (29). One suggestion to alleviate inappropriate use of the ER is for physicians and clinics to open for extended hours (30). Another suggestion is for the ER to refer or schedule a timely visit to a primary care facility for patients who inappropriately choose to visit the ER (28).

One interesting finding of this report was that one-half of the adults with no usual source of care gave "Do not need a doctor" as the reason for no usual source of care. Adults who stated they did not need a doctor were more likely to be healthy males with higher incomes. Similarly, a 1986 national telephone survey found that 61 percent of persons without a usual source of care did not want one (18). Although many persons who report that they do not need or want a doctor may be

healthy, not having a usual source of care may have negative effects on their health care. They are at risk of not receiving important preventive services (26) and they may use the ER for nonurgent care (27).

These national estimates of access to health care are valuable benchmarks, although they may be underestimates. Some adults may be reluctant to admit their inability to obtain health care services. Also, some populations known to have high rates of problems obtaining health care, such as homeless people and migrants, may have been underrepresented (31). Nevertheless, these findings present major concerns that need to be addressed and they highlight the need for further research. Health insurance, family income, and place of residence continue to be associated with an individual's ability to obtain health care. However, many other factors not measured in this report need to be considered. Models of utilization of health care services suggest that other factors also enable or impede the use of services, such as health beliefs, cultural practices, language barriers, social networks and contacts, and the availability of care in the community (4,6). Additional research and continued monitoring in these areas will be needed for policy makers to adequately address these issues in the future.

References

- Andersen RM. Behavioral model of families' use of health services. Research Series No. 25. Chicago. Center for Health Administration Studies, University of Chicago. 1968.
- Aday LA, Andersen RM. A framework for the study of access to medical care. *Health Ser Res.* 9:208-220. 1974.
- Andersen RM, Aday LA. Access to medical care in the U.S.: realized and potential. *Medical Care* 16(7):533-546. 1978.
- Aday LA, Andersen R, Fleming GV. Health care in the U. S. Beverly Hills, CA. Sage Publications, 1980.
- Aday LA, Fleming GV, Andersen RM. Access to medical care in the U.S.: who has it, who doesn't. Chicago: University of Chicago Press. 1984.
- Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? *J Health Soc Beh* 36:1-10. 1995.
- Lambrew JM, Defrays GH, Carey TS, et al. The effects of having a regular doctor on access to primary care. *Med Care.* 34(2):138-51. 1996.
- Weissman JS, Epstein AM. Falling through the Safety Net: Insurance Status and Access to Health Care. Baltimore, MD: Johns Hopkins University Press. 1994.
- Institute of Medicine Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Michael Millman (ed.) National Academy of Sciences. National Academy Press. Washington, D.C. 1993.
- Starfield B. Primary care: Concept, evaluation, and policy. New York, NY: Oxford University Press. 1992.
- Hayward RA, Bernard AM, Freeman HE. Regular source of ambulatory care and access to health services. *AJPH.* 81(4):434-38. 1991.
- Simpson G, Bloom B, Cohen RA, Parsons PE. Access to health care. Part 1: Children. National Center for Health Statistics. *Vital Health Stat* 10(196). 1997.
- Cohen RA, Bloom B, Simpson G, Parsons PE. Access to health care. Part 3: Older adults. National Center for Health Statistics. *Vital Health Stat* 10(198). 1997.
- Benson V, Marano MA. Current estimates from the National Health Interview Survey, 1993. National Center for Health Statistics. *Vital Health Stat* 10(190). 1994.
- Shah BV, Barnwell BG, Bieler GS. SUDAAN User's Manual: Software for Analysis of Correlated Data, Release 6.40. Research Triangle Institute: Research Triangle Park, NC. 1995.
- Freeman HE, Aiken LH, Blendon RJ, et al. Uninsured working-age adults: characteristics and consequences. *Health Ser. R.* 24(6): 811-23. 1990.
- Adler NE, Boyce WT, et al. Socioeconomic inequalities in health. *JAMA.* 1993. 269(24):3140-45. June 23/30.
- Hayward RA, Shapiro MF, et al. Inequities in health services among insured Americans: Do working-age adults have less access to medical care than the elderly? *N Eng J Med* 1988. 318(23):1507-512.
- Himmelstein DU, Woolhandler S, Wolfe SM. The vanishing health care safety net: new data on uninsured Americans. *Int J Health Ser.* 22(3):381-396. 1992.
- Berk ML, Schur CL, Cantor JC. Data watch: Ability to obtain health care: recent estimates from the Robert Wood Johnson Foundation National Access to Care Survey. *Health Affairs.* 14(3):139-146. 1995.
- Ayanian JZ, Kohler BA, Abe T, et al. Health insurance and clinical outcomes in breast cancer. *New Eng J Med.* 329(5):32-31. 1993.
- Trevino RP, Trevino FM, Medina R, et al. Health care access among Mexican Americans with different health insurance coverage. *J Health Care for the Poor and Underserved.* 7(2):112-21. 1996.
- Mort EA, Edwards JN, Emmons DW, et al. Physician response to patients insurance status in ambulatory care clinical decision-making. *Med Care* 34(8): 783-97. 1996.
- Himmelstein DU, Woolhandler S. Care denied: U.S. residents who are unable to obtain needed medical services. *AJPH* 85(3) 341-4. 1995.
- Epstein AM, Stern RS, Weissman JS. Do the poor cost more? A multihospital study of patient's socioeconomic status and use of hospital resources. *N Eng J Med.* 322(16):1122-1128. 1990.
- Weissman JS, Stern R, Fielding SL, et al. Delayed access to health care: risk factors, reasons, and consequences. *An Int Med* 114:325-31. 1991.
- Young GP, Wagner MB, Kellermann AL, et al. Ambulatory Visits to Hospital Emergency Departments. *JAMA* 276(6):460-5. 1996.
- Grumbach K, Keane D, Bindman A. Primary care and public emergency department overcrowding. *AJPH* 83(3): 372-378. 1993.
- Williams RM. The costs of visits to emergency department. *N Eng J Med.* 334(10):642-6. 1996.
- Steinbrook R. The role of the emergency department. *N Eng J Med.* 334(10):657-8. 1996.
- Wood D, Valdez RB. Barriers to medical care for homeless families compared with housed poor families. *AJDC.* 145:1109-15. 1991.

Table 1. Percent and standard error of population 18–64 years of age with a regular source of medical care by age and selected demographic characteristics: United States, 1993

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
	Percent and standard error		
Total ¹	82.7(0.4)	80.1(0.5)	88.3(0.4)
Sex			
Male	77.7(0.5)	73.9(0.6)	85.7(0.6)
Female	87.6(0.4)	86.0(0.4)	90.7(0.5)
Race and/or ethnicity			
White, non-Hispanic	84.2(0.4)	81.7(0.5)	88.9(0.5)
Black, non-Hispanic	83.1(0.9)	80.5(1.1)	89.7(1.0)
Hispanic	71.9(1.0)	69.7(1.1)	79.2(2.0)
Mexican-American	69.5(1.5)	67.0(1.7)	79.5(2.3)
Other Hispanic	75.3(1.7)	74.0(1.6)	78.9(3.2)
Region			
Northeast	87.3(0.7)	86.0(0.8)	90.0(0.8)
Midwest	85.2(0.7)	82.5(0.8)	91.1(0.7)
South	79.9(0.7)	76.6(0.8)	86.5(0.8)
West	80.3(1.0)	77.7(1.1)	86.4(1.0)
Place of residence			
MSA ²	82.0(0.4)	79.2(0.5)	87.9(0.5)
Central city	78.9(0.7)	76.0(0.8)	86.1(0.8)
Noncentral city	83.9(0.6)	81.4(0.7)	88.8(0.6)
Not MSA ²	85.6(0.8)	83.4(0.9)	89.6(0.8)
Employment status			
Currently in labor force	82.1(0.4)	79.7(0.5)	87.9(0.4)
Currently employed	82.5(0.4)	80.1(0.5)	88.0(0.4)
Currently unemployed	74.8(1.5)	72.0(1.6)	84.8(2.3)
Not in labor force	84.9(0.6)	81.7(0.8)	89.4(0.7)
Family income			
Less than \$10,000	74.4(1.1)	71.9(1.4)	82.9(1.5)
\$10,000–\$19,999	74.6(0.9)	71.2(1.1)	83.3(1.4)
\$20,000–\$34,999	81.0(0.6)	78.3(0.8)	87.6(0.8)
\$35,000–\$49,000	87.5(0.6)	86.3(0.7)	90.3(0.8)
\$50,000 or more	90.2(0.5)	88.7(0.6)	92.5(0.6)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	75.1(0.8)	71.7(1.0)	83.1(1.1)
\$20,000–\$34,999	82.1(0.7)	79.3(0.8)	88.1(0.9)
\$35,000 or more	89.1(0.4)	87.8(0.5)	91.4(0.6)
Black, non-Hispanic:			
Less than \$20,000	79.4(1.4)	77.2(1.5)	85.5(1.8)
\$20,000–\$34,999	82.1(2.0)	78.9(2.5)	91.0(2.0)
\$35,000 or more	91.5(1.2)	89.4(1.5)	96.1(1.1)
Hispanic:			
Less than \$20,000	62.5(2.0)	61.0(2.0)	68.4(4.2)
\$20,000–\$34,999	72.9(1.9)	70.6(2.2)	81.2(4.3)
\$35,000 or more	87.7(1.4)	86.1(1.7)	91.9(1.8)
Mexican-American:			
Less than \$20,000	62.3(2.4)	59.5(2.6)	75.7(3.5)
\$20,000–\$34,999	66.4(2.5)	64.4(3.1)	75.1(4.7)
\$35,000 or more	87.8(2.4)	86.7(3.0)	91.2(2.7)
Other Hispanic:			
Less than \$20,000	62.7(3.5)	63.8(2.9)	59.4(7.5)
\$20,000–\$34,999	83.0(3.0)	81.3(2.8)	*87.5(5.6)
\$35,000 or more	87.6(2.1)	85.4(2.6)	92.5(2.4)

Table 1. Percent and standard error of population 18–64 years of age with a regular source of medical care by age and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
Poverty index		Percent and standard error	
At or above poverty threshold	84.5(0.4)	81.9(0.5)	89.3(0.4)
Below poverty threshold	74.7(1.0)	72.8(1.2)	83.0(1.5)
Health status			
Excellent, very good, good	82.2(0.4)	79.8(0.5)	87.7(0.4)
Fair, poor	87.8(0.7)	83.9(1.0)	91.2(0.8)

*Figure does not meet standard of reliability or precision.

¹Includes persons with all types of insurance coverage including those for which insurance coverage is unknown. Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, unknown health status are included in the total but are not shown separately.

²MSA is metropolitan statistical area.

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

Table 2. Percent and standard error of population 18–64 years of age with private health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
	Percent and standard error		
Total ¹	87.9(0.4)	86.2(0.4)	91.2(0.4)
Sex			
Male	84.0(0.5)	81.4(0.6)	88.7(0.6)
Female	91.8(0.3)	90.8(0.4)	93.6(0.4)
Race and/or ethnicity			
White, non-Hispanic	88.0(0.4)	86.2(0.5)	91.0(0.4)
Black, non-Hispanic	88.4(1.1)	85.9(1.5)	94.0(0.9)
Hispanic	88.6(0.9)	87.4(1.1)	92.0(1.6)
Mexican-American	86.0(1.4)	84.7(1.7)	90.5(2.3)
Other Hispanic	91.5(1.1)	90.8(1.3)	93.2(2.0)
Region			
Northeast	90.3(0.7)	89.5(0.8)	91.8(0.8)
Midwest	88.7(0.6)	86.4(0.7)	92.8(0.6)
South	85.3(0.7)	82.8(0.8)	89.7(0.8)
West	88.6(0.9)	87.4(1.0)	90.9(1.0)
Place of residence			
MSA ²	87.6(0.4)	85.8(0.5)	91.0(0.5)
Central city	86.4(0.6)	84.6(0.8)	90.4(0.7)
Noncentral city	88.2(0.5)	86.5(0.6)	91.3(0.6)
Not MSA ²	89.2(0.7)	87.6(0.7)	91.8(0.8)
Employment status			
Currently in labor force	87.4(0.4)	85.7(0.5)	90.9(0.4)
Currently employed	87.4(0.4)	85.7(0.5)	90.9(0.4)
Currently unemployed	87.9(1.4)	86.0(1.7)	91.7(1.9)
Not in labor force	90.9(0.6)	89.6(0.9)	92.2(0.7)
Family income			
Less than \$10,000	82.8(1.6)	81.6(2.0)	87.4(2.6)
\$10,000–\$19,999	83.1(1.1)	80.0(1.5)	89.1(1.6)
\$20,000–\$34,999	85.0(0.6)	82.9(0.8)	89.6(0.9)
\$35,000–\$49,000	89.2(0.6)	88.1(0.7)	91.5(0.8)
\$50,000 or more	91.2(0.4)	90.1(0.5)	92.8(0.6)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	83.2(1.0)	80.4(1.3)	89.0(1.4)
\$20,000–\$34,999	85.1(0.7)	82.8(0.9)	89.6(0.9)
\$35,000 or more	90.1(0.4)	89.0(0.5)	91.9(0.5)
Black, non-Hispanic:			
Less than \$20,000	84.8(2.3)	82.4(3.0)	90.1(2.2)
\$20,000–\$34,999	85.7(1.9)	83.1(2.5)	92.6(2.1)
\$35,000 or more	93.5(1.1)	91.4(1.5)	97.7(0.9)
Hispanic:			
Less than \$20,000	81.0(2.7)	80.6(3.2)	82.4(4.5)
\$20,000–\$34,999	86.5(2.0)	85.3(2.3)	90.0(4.1)
\$35,000 or more	92.5(1.1)	91.6(1.2)	94.9(1.7)
Mexican-American:			
Less than \$20,000	77.6(4.0)	75.9(4.9)	84.6(5.7)
\$20,000–\$34,999	80.1(2.9)	79.2(3.6)	83.4(6.2)
\$35,000 or more	93.0(1.6)	92.1(1.7)	95.8(2.6)
Other Hispanic:			
Less than \$20,000	85.7(3.5)	87.6(3.6)	79.9(6.8)
\$20,000–\$34,999	94.1(2.0)	93.4(2.4)	*96.1(3.2)
\$35,000 or more	92.0(1.4)	91.0(1.8)	94.2(2.1)

Table 2. Percent and standard error of population 18–64 years of age with private health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
Poverty index		Percent and standard error	
At or above poverty threshold	88.2(0.4)	86.5(0.4)	91.4(0.4)
Below poverty threshold	84.9(1.5)	84.2(1.7)	88.6(2.5)
Health status			
Excellent, very good, good	87.5(0.4)	85.9(0.4)	90.7(0.4)
Fair, poor	93.5(0.8)	91.2(1.3)	95.1(0.8)

*Figure does not meet standard of reliability or precision.

¹Non-Hispanic persons of races other than black or white, persons with unknown income, unknown poverty status, and unknown health status are included in the total, but not shown separately.

²MSA is metropolitan statistical area.

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

Table 3. Percent and standard error of population 18–64 years of age with public health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
	Percent and standard error		
Total ¹	86.9(1.1)	84.9(1.3)	94.1(1.3)
Sex			
Male	82.0(2.4)	78.6(2.8)	90.8(2.7)
Female	88.8(1.0)	87.0(1.2)	96.0(1.1)
Race and/or ethnicity			
White, non-Hispanic	84.7(1.7)	81.8(2.1)	95.1(1.5)
Black, non-Hispanic	89.8(1.7)	88.6(1.8)	93.9(2.2)
Hispanic	86.4(2.3)	85.0(2.5)	92.6(3.8)
Mexican-American	83.6(3.1)	82.1(3.4)	*94.5(4.6)
Other Hispanic	89.1(3.5)	88.2(3.7)	91.7(4.9)
Region			
Northeast	93.2(1.8)	92.1(2.0)	96.6(1.7)
Midwest	83.6(2.3)	82.6(2.5)	90.0(3.8)
South	87.7(2.0)	85.1(2.6)	94.4(2.0)
West	84.1(2.6)	81.3(2.9)	93.8(2.8)
Place of residence			
MSA ²	86.1(1.3)	84.0(1.5)	93.7(1.5)
Central city	86.9(1.7)	85.1(1.8)	93.5(1.9)
Noncentral city	84.3(2.5)	81.9(3.0)	94.0(2.6)
Not MSA ²	90.8(1.7)	89.3(2.0)	96.0(2.6)
Employment status			
Currently in labor force	79.9(2.2)	78.5(2.3)	91.3(4.8)
Currently employed	81.4(2.6)	79.8(2.8)	92.3(4.9)
Currently unemployed	75.3(3.7)	75.3(3.7)	*76.6(20.7)
Not in labor force	89.9(1.1)	88.1(1.4)	94.6(1.3)
Family income			
Less than \$10,000	86.5(1.7)	84.1(2.1)	94.3(1.7)
\$10,000–\$19,999	88.3(1.9)	87.0(2.2)	94.1(2.4)
\$20,000–\$34,999	84.3(3.4)	82.4(4.0)	95.1(5.0)
\$35,000–\$49,000	85.6(7.6)	84.1(8.2)	*100.0(. . .)
\$50,000 or more	100.0(. . .)	*100.0(. . .)	*100.0(. . .)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	85.1(1.9)	82.2(2.4)	94.4(1.7)
\$20,000–\$34,999	82.2(4.5)	79.4(5.3)	100.0(. . .)
\$35,000 or more	88.9(7.9)	86.9(9.1)	*100.0(. . .)
Black, non-Hispanic:			
Less than \$20,000	89.7(1.8)	88.5(1.9)	94.0(2.3)
\$20,000–\$34,999	93.1(4.8)	91.8(5.5)	*100.0(. . .)
\$35,000 or more	*90.8(8.2)	*89.5(9.1)	*100.0(. . .)
Hispanic:			
Less than \$20,000	86.0(2.6)	84.6(2.7)	92.7(4.3)
\$20,000–\$34,999	81.0(9.3)	*82.3(10.1)	*77.2(20.3)
\$35,000 or more	*100.0(. . .)	*100.0(. . .)	*100.0(. . .)
Mexican-American:			
Less than \$20,000	83.5(3.5)	81.3(3.9)	*100.0(. . .)
\$20,000–\$34,999	*79.2(12.0)	*86.0(11.1)	*55.0(35.0)
\$35,000 or more	*100.0(. . .)	*100.0(. . .)	*–
Other Hispanic:			
Less than \$20,000	88.4(3.8)	88.3(3.9)	88.7(6.5)
\$20,000–\$34,999	*83.8(15.4)	*75.7(21.3)	*100.0(. . .)
\$35,000 or more	*100.0(. . .)	*100.0(. . .)	*100.0(. . .)

Table 3. Percent and standard error of population 18–64 years of age with public health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
Poverty index		Percent and standard error	
At or above poverty threshold	86.9(1.7)	84.4(2.1)	94.9(1.9)
Below poverty threshold	87.1(1.6)	85.2(1.8)	94.2(1.7)
Health status			
Excellent, very good, good	83.9(1.6)	83.2(1.6)	89.2(3.3)
Fair, poor	92.7(1.2)	89.9(1.9)	96.6(1.1)

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

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

¹Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, and unknown health status are included in the total but not shown separately.

²MSA is metropolitan statistical area.

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

Table 4. Percent and standard error of population 18–64 years of age with no health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
	Percent and standard error		
Total ¹	60.5(0.9)	58.9(0.9)	66.1(1.4)
Sex			
Male	53.4(1.1)	52.2(1.1)	59.3(2.0)
Female	68.5(0.9)	67.5(1.1)	71.5(1.8)
Race and/or ethnicity			
White, non-Hispanic	63.7(1.1)	62.6(1.2)	67.7(1.9)
Black, non-Hispanic	67.5(1.8)	66.4(2.1)	71.4(3.3)
Hispanic	46.0(2.4)	44.3(2.4)	53.3(4.5)
Mexican-American	49.1(3.3)	46.6(3.2)	62.0(4.7)
Other Hispanic	39.5(4.0)	39.2(3.8)	40.6(8.0)
Region			
Northeast	69.7(2.0)	69.2(2.5)	71.6(2.6)
Midwest	65.1(2.2)	64.3(2.3)	69.0(4.1)
South	61.4(1.4)	59.4(1.5)	67.8(2.4)
West	50.1(1.2)	48.3(1.2)	57.5(2.5)
Place of residence			
MSA ²	57.7(1.0)	56.1(1.0)	63.7(1.7)
Central city	53.5(1.4)	51.5(1.5)	61.4(2.9)
Noncentral city	61.6(1.5)	60.5(1.6)	65.8(2.3)
Not MSA ²	70.4(1.8)	69.4(2.0)	73.3(2.6)
Employment status			
Currently in labor force	59.2(0.9)	58.1(1.0)	63.9(1.7)
Currently employed	59.4(1.0)	58.3(1.1)	63.8(1.8)
Currently unemployed	57.7(2.7)	56.6(2.8)	64.0(5.7)
Not in labor force	64.3(1.4)	61.7(1.6)	70.4(2.5)
Family income			
Less than \$10,000	56.3(2.1)	53.1(2.4)	67.5(3.2)
\$10,000–\$19,999	58.6(1.6)	57.0(1.7)	64.7(2.9)
\$20,000–\$34,999	62.1(1.6)	60.3(1.7)	70.6(3.6)
\$35,000–\$49,000	70.1(2.4)	70.9(2.4)	66.6(5.5)
\$50,000 or more	71.8(2.8)	69.2(3.1)	81.1(4.3)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	59.5(1.4)	57.7(1.6)	65.3(2.4)
\$20,000–\$34,999	65.7(1.9)	64.1(2.1)	73.1(3.9)
\$35,000 or more	72.9(2.1)	73.0(2.3)	72.4(4.7)
Black, non-Hispanic:			
Less than \$20,000	66.7(2.1)	65.5(2.4)	70.8(3.6)
\$20,000–\$34,999	64.1(5.7)	61.3(6.5)	76.2(8.8)
\$35,000 or more	58.8(6.4)	55.0(6.8)	72.5(10.0)
Hispanic:			
Less than \$20,000	45.8(3.2)	44.1(3.0)	53.5(6.7)
\$20,000–\$34,999	44.1(3.6)	43.3(3.8)	48.6(10.1)
\$35,000 or more	58.8(6.4)	55.0(6.8)	70.8(10.0)
Mexican-American:			
Less than \$20,000	50.3(3.5)	46.9(3.5)	68.1(6.6)
\$20,000–\$34,999	43.4(4.6)	42.8(4.5)	*48.1(14.7)
\$35,000 or more	59.9(10.7)	*58.3(12.7)	*65.3(13.0)
Other Hispanic:			
Less than \$20,000	36.1(5.5)	37.4(5.5)	*31.4(10.5)
\$20,000–\$34,999	45.8(8.9)	*44.9(9.6)	*49.4(14.3)
\$35,000 or more	57.5(7.8)	51.1(8.3)	*76.6(13.8)

Table 4. Percent and standard error of population 18–64 years of age with no health insurance who have a regular source of medical care by age and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	All adults 18–64 years	18–44 years	45–64 years
Poverty index		Percent and standard error	
At or above poverty threshold	62.2(1.1)	60.6(1.2)	67.7(1.8)
Below poverty threshold	58.0(1.7)	55.8(1.8)	68.1(3.2)
Health status			
Excellent, very good, good	59.3(0.9)	58.4(1.0)	63.5(1.8)
Fair, poor	68.7(1.8)	65.0(2.3)	73.0(2.7)

*Figure does not meet standard of reliability or precision.

¹Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, and unknown health status are included in the total but not shown separately.

²MSA is metropolitan statistical area.

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

Table 5. Percent of persons 18–64 years of age 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
Total ²	85.9(0.5)	8.8(0.4)	1.6(0.1)
	Percent and standard error		
Sex			
Male	85.6(0.5)	8.3(0.4)	1.9(0.2)
Female	86.2(0.5)	9.2(0.5)	1.3(0.1)
Age			
18–44 years	84.2(0.6)	10.2(0.5)	1.9(0.2)
45–64 years	89.3(0.5)	6.0(0.4)	1.0(0.1)
Race and/or ethnicity			
White, non-Hispanic	89.7(0.5)	5.8(0.4)	1.2(0.1)
Black, non-Hispanic	71.2(1.2)	19.9(1.3)	4.3(0.6)
Hispanic	76.5(1.8)	18.4(1.7)	*1.6(0.5)
Mexican-American	75.1(2.7)	19.0(2.8)	*1.5(0.7)
Other Hispanic	78.3(1.8)	17.6(1.5)	*1.6(0.6)
Region			
Northeast	87.0(1.1)	8.5(0.9)	1.7(0.3)
Midwest	87.0(0.9)	9.2(0.8)	1.3(0.2)
South	85.8(0.8)	7.6(0.7)	2.0(0.3)
West	83.9(1.0)	10.2(0.8)	1.2(0.2)
Place of residence			
MSA ³	85.2(0.5)	9.7(0.5)	1.4(0.1)
Central city	78.0(0.9)	15.2(0.9)	2.2(0.3)
Noncentral city	89.5(0.6)	6.4(0.4)	0.9(0.2)
Not MSA ³	88.6(1.0)	5.6(0.8)	2.2(0.3)
Employment status			
Currently in labor force	87.8(0.5)	7.6(0.4)	1.4(0.1)
Currently employed	88.3(0.4)	7.2(0.4)	1.4(0.1)
Currently unemployed	77.2(1.4)	16.2(1.2)	2.4(0.6)
Not in labor force	79.3(0.8)	13.1(0.7)	2.1(0.2)
Family income			
Less than \$10,000	61.1(1.8)	29.9(1.9)	3.7(0.6)
\$10,000–\$19,999	75.6(1.1)	15.5(1.0)	3.7(0.5)
\$20,000–\$34,999	87.7(0.7)	6.9(0.5)	1.5(0.2)
\$35,000–\$49,999	91.3(0.6)	4.8(0.4)	0.8(0.2)
\$50,000 or more	92.5(0.5)	4.3(0.4)	0.6(0.1)
Race and/or ethnicity by family income			
White, non-Hispanic:			
Less than \$20,000	78.7(1.2)	12.9(1.1)	3.1(0.4)
\$20,000–\$34,999	90.2(0.7)	5.0(0.5)	1.2(0.3)
\$35,000 or more	92.9(0.4)	4.0(0.3)	0.6(0.1)
Black, non-Hispanic:			
Less than \$20,000	60.1(1.9)	29.6(2.0)	6.4(0.9)
\$20,000–\$34,999	77.1(2.6)	13.5(1.8)	*3.7(1.3)
\$35,000 or more	83.4(1.8)	10.8(1.8)	*1.3(0.6)
Hispanic:			
Less than \$20,000	57.0(2.9)	34.3(3.0)	*3.5(1.2)
\$20,000–\$34,999	84.6(2.5)	12.0(2.2)	*1.0(0.9)
\$35,000 or more	91.3(1.3)	5.4(1.1)	*0.2(0.2)
Mexican-American:			
Less than \$20,000	58.1(3.7)	32.6(4.1)	*2.9(1.5)
\$20,000–\$34,999	83.7(3.5)	12.8(3.1)	*1.5(1.5)
\$35,000 or more	91.4(2.0)	*4.5(1.9)	*–
Other Hispanic:			
Less than \$20,000	55.1(3.7)	37.3(3.1)	*4.5(1.8)
\$20,000–\$34,999	85.8(2.8)	11.0(2.9)	*0.4(0.4)
\$35,000 or more	91.3(1.9)	6.2(1.5)	*0.4(0.4)

Table 5. Percent of persons 18–64 years of age with a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Place of regular source of care		
	Private doctor ¹	Clinic	Emergency room
Poverty index		Percent and standard error	
At or above poverty threshold	89.1(0.4)	6.3(0.3)	1.1(0.1)
Below poverty threshold	61.5(1.6)	29.1(1.6)	4.6(0.6)
Health status			
Excellent, very good, good	86.8(0.5)	8.2(0.4)	1.5(0.1)
Fair, poor	78.7(1.0)	13.8(0.9)	2.6(0.4)

*Figure does not meet standard of reliability or precision.

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

¹Includes Health Maintenance Organizations (HMO's).

²Includes only persons who reported a regular source of medical care. Includes persons with all types of health insurance coverage including unknown coverage. Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, and unknown health status are included in the total but are not shown separately.

³MSA is metropolitan statistical area.

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

Table 6. Percent of persons 18–64 years of age with private health insurance and 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	91.0(0.4)	5.8(0.4)	0.9(0.1)
Sex			
Male	90.3(0.5)	6.0(0.4)	1.1(0.1)
Female	91.7(0.5)	5.6(0.4)	0.7(0.1)
Age			
18–44 years	89.8(0.5)	6.8(0.5)	1.0(0.1)
45–64 years	93.1(0.4)	4.0(0.3)	0.7(0.1)
Race and/or ethnicity			
White, non-Hispanic	92.2(0.5)	4.8(0.4)	0.7(0.1)
Black, non-Hispanic	83.9(1.2)	10.9(1.1)	2.5(0.5)
Hispanic	90.1(1.2)	8.1(1.1)	*0.4(0.3)
Mexican-American	90.0(1.8)	7.3(1.6)	*0.8(0.6)
Other Hispanic	90.1(1.4)	8.8(1.3)	*–
Region			
Northeast	91.5(1.0)	5.2(0.8)	0.9(0.2)
Midwest	90.3(0.9)	7.1(0.8)	0.7(0.2)
South	91.8(0.6)	4.5(0.5)	1.1(0.2)
West	90.4(1.0)	6.5(0.9)	*0.6(0.2)
Place of residence			
MSA ³	90.9(0.5)	6.1(0.4)	0.7(0.1)
Central city	87.5(0.9)	8.8(0.8)	1.0(0.2)
Noncentral city	92.6(0.5)	4.7(0.4)	0.5(0.1)
Not MSA ³	91.5(1.1)	4.6(1.0)	1.7(0.3)
Employment status			
Currently in labor force	91.0(0.4)	5.8(0.4)	1.0(0.1)
Currently employed	91.1(0.4)	5.7(0.4)	1.0(0.1)
Currently unemployed	90.5(1.3)	6.6(1.1)	*0.8(0.4)
Not in labor force	90.9(0.9)	5.8(0.7)	*0.4(0.1)
Family income			
Less than \$10,000	67.1(3.8)	25.0(4.2)	*1.2(0.5)
\$10,000–\$19,999	84.4(1.2)	10.2(1.0)	2.6(0.5)
\$20,000–\$34,999	90.9(0.6)	5.9(0.5)	1.0(0.2)
\$35,000–\$49,999	92.9(0.6)	4.4(0.4)	0.6(0.2)
\$50,000 or more	93.4(0.5)	4.1(0.4)	0.6(0.2)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	82.9(1.7)	11.3(1.7)	1.8(0.4)
\$20,000–\$34,999	92.4(0.7)	4.7(0.5)	0.9(0.2)
\$35,000 or more	93.7(0.4)	3.8(0.3)	0.6(0.1)
Black, non-Hispanic:			
Less than \$20,000	76.2(2.5)	15.8(2.4)	5.4(1.3)
\$20,000–\$34,999	83.4(2.4)	11.9(2.0)	*2.2(0.9)
\$35,000 or more	87.1(1.7)	8.8(1.6)	*1.1(0.5)
Hispanic:			
Less than \$20,000	80.5(3.4)	17.2(3.0)	*0.5(0.5)
\$20,000–\$34,999	89.8(2.3)	7.9(1.7)	*1.1(1.1)
\$35,000 or more	93.5(1.3)	5.0(1.3)	*–
Mexican-American:			
Less than \$20,000	84.3(4.1)	13.1(3.5)	*0.9(0.9)
\$20,000–\$34,999	89.1(3.6)	*7.0(2.5)	*2.2(2.1)
\$35,000 or more	93.2(2.3)	*4.6(2.2)	*–
Other Hispanic:			
Less than \$20,000	75.9(4.7)	22.2(4.4)	*–
\$20,000–\$34,999	90.5(2.5)	8.9(2.4)	*–
\$35,000 or more	93.7(1.4)	5.3(1.4)	*–

Table 6. Percent of persons 18–64 years of age with private health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Place of regular source of care		
	Private doctor ¹	Clinic	Emergency room
Poverty index		Percent and standard error	
At or above poverty threshold	92.0(0.4)	5.1(0.3)	0.8(0.1)
Below poverty threshold	69.5(3.4)	23.1(3.7)	2.1(0.6)
Health status			
Excellent, very good, good	91.0(0.4)	5.8(0.4)	0.9(0.1)
Fair, poor	90.9(0.8)	5.6(0.7)	*1.2(0.4)

*Figure does not meet standard of reliability or precision.

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

¹Includes Health Maintenance Organizations (HMO's).

²Includes only persons with private health insurance who reported a regular source of medical care. Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, and unknown health status are included in the total but are not shown separately.

³MSA is metropolitan statistical area.

NOTE: Other and unknown places of regular source of care are included in the distribution but are not shown separately.

Table 7. Percent of persons 18–64 years of age with public health insurance and 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	62.1(1.8)	30.0(1.8)	4.7(0.7)
Sex			
Male	60.4(2.8)	28.5(2.7)	6.5(1.2)
Female	62.7(1.9)	30.5(1.9)	4.1(0.7)
Age			
18–44 years	59.8(2.0)	31.0(1.9)	5.6(0.8)
45–64 years	69.4(2.9)	26.7(2.9)	*1.9(0.6)
Race and/or ethnicity			
White, non-Hispanic	75.1(2.5)	16.5(2.0)	4.8(1.0)
Black, non-Hispanic	49.3(2.8)	41.2(3.0)	6.5(1.4)
Hispanic	43.7(3.5)	51.3(3.6)	*3.0(1.3)
Mexican-American	45.9(3.7)	47.4(4.5)	*3.3(2.2)
Other Hispanic	41.7(5.2)	54.7(5.1)	*2.7(1.6)
Region			
Northeast	55.8(4.7)	38.3(4.9)	3.6(0.9)
Midwest	64.9(3.1)	26.7(2.9)	*5.0(1.6)
South	69.2(2.8)	21.8(3.0)	6.3(1.7)
West	58.5(3.7)	33.3(2.8)	*3.9(1.0)
Place of residence			
MSA ³	56.9(2.1)	34.8(2.1)	5.3(0.8)
Central city	48.3(2.6)	43.3(2.6)	5.5(0.9)
Noncentral city	74.1(2.8)	17.8(2.5)	*4.9(1.4)
Not MSA ³	84.0(2.6)	9.8(2.3)	*2.2(1.0)
Employment status			
Currently in labor force	62.2(2.9)	32.4(2.8)	*2.7(0.9)
Currently employed	64.0(3.2)	29.7(3.0)	*3.4(1.1)
Currently unemployed	56.3(5.0)	40.7(4.9)	*0.4(0.4)
Not in labor force	62.1(2.0)	29.1(2.0)	5.4(0.8)
Family income			
Less than \$10,000	61.2(2.6)	33.1(2.6)	3.6(0.7)
\$10,000–\$19,999	61.4(2.4)	29.7(2.1)	5.7(1.3)
\$20,000–\$34,999	70.1(5.8)	26.4(5.6)	*2.6(1.6)
\$35,000–\$49,999	54.9(11.3)	*33.7(12.6)	*–
\$50,000 or more	73.8(10.2)	*14.7(9.7)	*5.8(5.7)
Race and/or ethnicity by family income			
White, non-Hispanic:			
Less than \$20,000	74.3(2.8)	16.9(2.2)	5.5(1.1)
\$20,000–\$34,999	79.6(8.0)	*17.3(7.9)	*1.6(1.6)
\$35,000 or more	87.4(6.2)	*4.4(4.1)	*–
Black, non-Hispanic:			
Less than \$20,000	49.4(2.8)	41.1(2.9)	6.7(1.5)
\$20,000–\$34,999	65.7(9.0)	*27.2(7.8)	*7.1(5.6)
\$35,000 or more	*26.4(12.5)	*59.3(18.4)	*–
Hispanic:			
Less than \$20,000	43.7(3.4)	51.2(3.5)	*2.8(1.4)
\$20,000–\$34,999	*25.1(12.7)	*74.9(12.7)	*–
\$35,000 or more	*53.7(21.1)	*29.4(21.1)	*16.9(15.4)
Mexican-American:			
Less than \$20,000	46.6(3.3)	46.1(4.5)	*3.6(2.4)
\$20,000–\$34,999	*16.3(15.0)	*83.7(15.0)	*–
\$35,000 or more	*80.1(26.0)	*19.9(26.0)	*–

Table 7. Percent of persons 18–64 years of age with public health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Place of regular source of care		
	Private doctor ¹	Clinic	Emergency room
Race and/or ethnicity and family income—Con.			
Other Hispanic:			
Less than \$20,000	41.0(5.6)	56.1(5.4)	*2.0(1.4)
\$20,000–\$34,999	*38.0(24.2)	*62.0(24.2)	*–
\$35,000 or more	*48.9(23.1)	*31.2(24.0)	*19.9(18.0)
Poverty index			
At or above poverty threshold	67.1(2.7)	25.4(2.4)	3.6(1.0)
Below poverty threshold	59.6(2.3)	33.9(2.2)	4.3(0.8)
Health status			
Excellent, very good, good	59.7(2.4)	32.2(2.5)	4.6(0.7)
Fair, poor	66.2(2.3)	26.3(2.2)	5.0(1.3)

*Figure does not meet standard of reliability or precision.

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

¹Includes Health Maintenance Organizations (HMO's).²Includes only persons with public health insurance who reported a regular source of medical care. Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, unknown health status are included in the total but are not shown separately.³MSA is metropolitan statistical area.

NOTE: Other and unknown places of regular source of care are included in the distribution but are not shown separately.

Table 8. Percent of persons 18–64 years of age with no health insurance and 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	75.5(1.1)	16.2(1.0)	4.4(0.5)
Sex			
Male	74.3(1.3)	16.0(1.1)	5.4(0.7)
Female	76.6(1.3)	16.3(1.2)	3.5(0.5)
Age			
18–44 years	74.3(1.2)	17.2(1.0)	4.7(0.6)
45–64 years	79.6(1.7)	13.0(1.6)	3.2(0.7)
Race and/or ethnicity			
White, non-Hispanic	83.5(1.1)	9.5(0.8)	3.4(0.5)
Black, non-Hispanic	60.6(2.6)	28.8(2.6)	7.7(1.3)
Hispanic	61.0(4.4)	29.4(4.3)	*4.1(1.6)
Mexican-American	60.9(5.6)	*31.0(5.4)	*2.5(1.7)
Other Hispanic	61.0(5.4)	25.4(4.2)	*8.0(3.0)
Region			
Northeast	77.9(2.3)	13.2(1.7)	6.1(1.1)
Midwest	77.8(2.0)	15.7(1.7)	*3.2(0.9)
South	74.8(2.1)	16.1(2.0)	4.9(0.9)
West	72.9(1.9)	19.4(1.7)	2.8(0.8)
Place of residence			
MSA ³	72.2(1.4)	19.0(1.3)	4.2(0.5)
Central city	64.5(1.8)	24.7(1.7)	5.7(0.9)
Noncentral city	78.4(2.1)	14.4(1.7)	3.1(0.7)
Not MSA ³	85.1(1.7)	8.0(1.2)	4.8(1.1)
Employment status			
Currently in labor force	77.3(1.2)	14.8(1.0)	4.3(0.5)
Currently employed	78.6(1.2)	13.9(1.0)	4.0(0.5)
Currently unemployed	65.6(3.1)	23.0(2.8)	6.6(1.7)
Not in labor force	70.6(1.8)	20.1(1.7)	4.7(0.8)
Family income			
Less than \$10,000	58.2(2.7)	30.2(2.6)	7.4(1.4)
\$10,000–\$19,999	70.9(2.2)	18.9(1.8)	5.5(1.0)
\$20,000–\$34,999	82.3(1.6)	9.6(1.4)	4.4(0.9)
\$35,000–\$49,999	86.7(2.4)	7.8(1.7)	*2.5(1.2)
\$50,000 or more	86.8(2.2)	8.6(1.7)	*0.7(0.7)
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	77.4(1.7)	13.9(1.4)	4.8(0.8)
\$20,000–\$34,999	87.6(1.7)	5.5(1.3)	*3.3(1.0)
\$35,000 or more	89.5(1.6)	6.8(1.4)	*0.9(0.5)
Black, non-Hispanic:			
Less than \$20,000	57.4(3.3)	32.2(3.4)	8.0(1.5)
\$20,000–\$34,999	62.2(6.7)	20.7(4.9)	*12.0(4.8)
\$35,000 or more	74.5(5.2)	18.8(5.0)	*3.7(2.2)
Hispanic:			
Less than \$20,000	50.7(5.2)	35.9(5.2)	*6.3(2.5)
\$20,000–\$34,999	75.0(6.6)	*21.7(7.1)	*0.9(1.0)
\$35,000 or more	88.3(4.7)	*5.8(3.5)	–
Mexican-American:			
Less than \$20,000	51.4(6.0)	37.3(6.1)	*3.9(2.6)
\$20,000–\$34,999	76.9(8.7)	*23.1(8.7)	–
\$35,000 or more	91.1(5.0)	*1.2(1.3)	–

Table 8. Percent of persons 18–64 years of age with no health insurance and a regular source of medical care by place of regular source of care and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Place of regular source of care		
	Private doctor ¹	Clinic	Emergency room
Race and/or ethnicity and family income—Con.			
Percent and standard error			
Other Hispanic:			
Less than \$20,000	48.4(8.4)	31.7(7.0)	*13.6(5.2)
\$20,000–\$34,999	*70.3(6.1)	*18.1(9.7)	*3.4(3.8)
\$35,000 or more	85.0(8.7)	*11.4(7.1)	*–
Poverty index			
At or above poverty threshold	80.9(1.0)	11.6(0.9)	3.4(0.5)
Below poverty threshold	58.7(2.8)	29.2(2.7)	7.8(1.4)
Health status			
Excellent, very good, good	77.1(1.1)	14.8(0.9)	4.2(0.5)
Fair, poor	66.4(2.5)	24.6(2.4)	5.4(1.0)

*Figure does not meet standard of reliability or precision.

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

¹Includes Health Maintenance Organizations (HMO's).²Includes only persons with no health insurance who reported a regular source of medical care. Non-Hispanic persons of races other than white or black, persons with unknown income, unknown poverty status, and unknown health status are included in the total but are not shown separately.³MSA is metropolitan statistical area.

NOTE: Other and unknown places of regular source of care are included in the distribution but are not shown separately.

Table 9. Percent of persons 18–64 years of age with no regular source of medical care by main reason for no regular source of medical care and selected demographic characteristics: United States, 1993

Selected demographic characteristics	Main reason for no usual source				
	Does not need doctor	No insurance or can not afford it	Doctor unavailable or inconvenient ¹	Does not trust doctor	Other
	Percent and standard error				
Total ²	49.3 (1.1)	22.3 (0.9)	12.2(0.6)	3.4(0.3)	6.7(0.4)
Sex					
Male	55.1 (1.2)	20.1 (1.0)	9.4(0.6)	3.8(0.3)	5.5(0.4)
Female	39.2 (1.2)	26.2 (1.2)	17.0(0.9)	2.7(0.3)	8.8(0.7)
Age					
18–44 years	49.5 (1.2)	23.3 (1.1)	11.6(0.6)	3.1(0.3)	6.6(0.5)
45–64 years	48.3 (1.3)	18.8 (1.3)	14.4(1.1)	4.7(0.6)	7.2(0.9)
Race and/or ethnicity					
White, non-Hispanic	51.3 (1.1)	17.8 (0.9)	14.2(0.8)	3.8(0.4)	7.0(0.5)
Black, non-Hispanic	46.4 (2.5)	25.8 (2.2)	10.0(1.6)	3.8(0.8)	6.4(1.2)
Hispanic	39.3 (3.0)	41.5 (2.7)	5.9(0.8)	*2.0(0.6)	5.3(0.8)
Mexican-American	43.2 (4.0)	39.0 (3.7)	5.2(1.0)	*1.6(0.5)	4.6(0.9)
Other Hispanic	32.6 (4.5)	45.9 (4.1)	7.1(1.4)	*2.6(1.0)	6.7(1.5)
Geographic region					
Northeast	53.1 (2.3)	18.4 (1.5)	12.0(1.3)	3.6(0.9)	7.7(1.1)
Midwest	50.0 (1.7)	16.7 (1.4)	15.2(1.5)	4.5(0.6)	7.3(1.1)
South	51.8 (1.8)	19.8 (1.4)	13.0(1.0)	3.0(0.4)	6.2(0.7)
West	42.9 (2.3)	32.6 (2.2)	8.9(0.9)	3.1(0.4)	6.5(0.7)
Place of residence					
MSA ³	48.9 (1.2)	23.4 (1.1)	11.4(0.7)	3.0(0.3)	7.0(0.5)
Central city	46.9 (1.6)	27.3 (1.6)	9.7(0.9)	2.7(0.4)	7.2(0.7)
Noncentral city	50.7 (1.4)	20.1 (1.4)	12.8(0.9)	3.4(0.5)	6.8(0.6)
Not MSA ³	50.8 (2.3)	17.4 (1.8)	16.0(1.4)	5.1(0.8)	5.6(1.0)
Employment status					
Currently in labor force	51.7 (1.1)	20.6 (1.0)	11.6(0.6)	3.6(0.3)	6.6(0.5)
Currently employed	52.2 (1.1)	19.7 (0.9)	11.6(0.7)	3.7(0.3)	6.8(0.5)
Currently unemployed	44.0 (3.1)	32.7 (3.4)	12.3(2.1)	*2.7(1.0)	4.3(1.1)
Not in labor force	39.0 (1.7)	29.8 (1.6)	14.9(1.2)	2.7(0.5)	7.2(1.0)
Family income					
Less than \$10,000	34.7 (2.3)	38.2 (2.0)	10.5(1.4)	3.4(0.7)	6.2(1.0)
\$10,000–\$19,999	44.5 (2.2)	31.2 (2.1)	9.5(1.2)	3.4(0.6)	5.7(0.8)
\$20,000–\$34,999	57.5 (1.9)	15.4 (1.4)	11.8(1.1)	3.0(0.5)	6.6(0.8)
\$35,000–\$49,999	55.5 (2.4)	11.6 (1.8)	16.1(1.6)	4.7(0.8)	6.8(1.1)
\$50,000 or more	58.7 (2.3)	7.4 (1.5)	16.6(1.8)	2.5(0.7)	9.5(1.3)
Race and/or ethnicity by family income					
White, non-Hispanic:					
Less than \$20,000	39.0 (1.9)	32.7 (1.8)	12.2(1.3)	4.2(0.6)	5.3(0.7)
\$20,000–\$34,999	59.7 (2.1)	13.0 (1.5)	12.9(1.4)	2.9(0.6)	6.6(1.0)
\$35,000 or more	56.5 (1.9)	7.4 (0.9)	17.7(1.3)	4.1(0.7)	8.6(1.0)
Black, non-Hispanic:					
Less than \$20,000	40.3 (3.3)	30.5 (2.7)	10.1(2.3)	4.3(1.2)	7.0(1.7)
\$20,000–\$34,999	51.9 (6.3)	16.3 (3.6)	*11.0(3.7)	*5.7(1.9)	*6.0(1.8)
\$35,000 or more	64.5 (7.1)	*23.3 (6.5)	*5.7(4.0)	–	*4.4(3.2)
Hispanic:					
Less than \$20,000	37.9 (3.9)	44.7 (3.8)	5.2(1.2)	*1.6(0.5)	4.7(1.1)
\$20,000–\$34,999	45.6 (4.9)	32.0 (5.7)	*5.7(2.3)	*2.1(1.0)	*7.9(2.5)
\$35,000 or more	51.1 (8.2)	*27.6 (8.2)	*10.2(2.8)	–	*7.5(3.3)
Mexican-American:					
Less than \$20,000	44.4 (4.5)	38.1 (4.6)	5.0(1.4)	*1.7(0.7)	*4.3(1.3)
\$20,000–\$34,999	49.4 (6.4)	31.9 (7.6)	*2.8(1.8)	*1.4(0.9)	*6.1(2.4)
\$35,000 or more	*47.3(15.3)	*35.5(14.4)	*12.6(4.2)	–	*4.6(3.2)

Table 9. Percent of persons 18–64 years of age with no regular source of medical care by main reason for no regular source of medical care and selected demographic characteristics: United States, 1993—Con.

Selected demographic characteristics	Main reason for no usual source				
	Does not need doctor	No insurance or can not afford it	Doctor unavailable or inconvenient ¹	Does not trust doctor	Other
Race and/or ethnicity and family income—Con.					
Other Hispanic:					
Less than \$20,000	26.7(5.6)	56.1 (5.3)	*5.4(2.2)	*1.4(0.8)	*5.4(1.8)
\$20,000–\$34,999	*34.3(7.6)	*32.4(11.2)	*14.4(7.3)	*4.0(2.8)	*13.5(5.5)
\$35,000 or more	54.8(8.9)	*20.0 (8.1)	*7.9(4.0)	*–	*10.3(5.3)
Poverty index					
At or above poverty threshold	53.6(1.2)	17.3 (0.9)	13.1(0.7)	3.3(0.3)	7.1(0.5)
Below poverty threshold	36.7(2.2)	38.4 (2.1)	8.7(1.1)	3.5(0.6)	6.4(1.1)
Health insurance coverage					
Private insurance	62.7(1.2)	3.3 (0.4)	15.9(0.9)	4.3(0.4)	8.7(0.7)
Public insurance	31.5(3.6)	23.8 (3.3)	18.8(3.0)	6.1(1.6)	14.2(2.6)
Other insurance	41.3(5.6)	22.6 (5.0)	*11.1(3.6)	*–	19.5(4.9)
No insurance	35.5(1.6)	44.7 (1.6)	7.3(0.7)	2.3(0.3)	3.2(0.4)
Health status					
Excellent, very good, good	51.7(1.1)	20.7 (1.0)	12.1(0.6)	3.2(0.3)	6.6(0.5)
Fair, poor	19.3(2.4)	43.2 (2.7)	13.7(1.8)	6.8(1.3)	7.2(1.4)

*Figure does not meet standard of reliability or precision.

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

¹Previous doctor is not available, does not know where to go, or doctor is unavailable or inconvenient.²Includes non-Hispanic persons of races other than white or black, persons of unknown insurance coverage, persons with unknown income, unknown poverty status, and unknown health status.³MSA is metropolitan statistical area.

NOTE: Persons for whom reason for no regular source of medical care is unknown are included in the distribution but are not shown separately.

Table 10. Percent of persons 18–64 years of age 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	20.9(0.4)	3.7(0.1)	12.5(0.3)	11.0(0.3)	3.6(0.1)	4.9(0.2)	1.0(0.1)
Sex							
Male	18.7(0.4)	3.0(0.1)	10.8(0.3)	10.3(0.3)	2.8(0.2)	3.9(0.2)	0.7(0.1)
Female	22.9(0.4)	4.3(0.2)	14.2(0.3)	11.7(0.3)	4.3(0.2)	5.9(0.2)	1.4(0.1)
Age							
18–44 years	22.5(0.4)	3.9(0.2)	13.2(0.3)	12.3(0.3)	3.7(0.2)	4.5(0.2)	1.1(0.1)
45–64 years	17.5(0.4)	3.2(0.2)	11.1(0.4)	8.2(0.3)	3.3(0.2)	5.9(0.3)	0.9(0.1)
Race and/or ethnicity							
White, non-Hispanic	20.8(0.4)	3.4(0.1)	12.8(0.3)	10.9(0.3)	3.2(0.2)	4.7(0.2)	1.1(0.1)
Black, non-Hispanic	22.4(1.0)	4.4(0.4)	11.2(0.7)	12.1(0.7)	5.2(0.4)	6.8(0.5)	1.2(0.2)
Hispanic	21.7(1.1)	5.1(0.6)	13.6(0.9)	12.0(0.8)	4.7(0.4)	4.7(0.4)	0.6(0.2)
Mexican-American	23.5(1.6)	5.6(0.8)	14.9(1.3)	13.0(1.1)	4.8(0.6)	4.5(0.5)	*0.5(0.2)
Other Hispanic	19.2(1.4)	4.5(0.7)	11.7(0.9)	10.5(1.2)	4.7(0.5)	4.9(0.7)	*0.7(0.3)
Region							
Northeast	16.8(0.7)	3.0(0.2)	9.9(0.5)	8.6(0.5)	2.9(0.3)	3.8(0.2)	0.8(0.1)
Midwest	19.8(0.8)	3.4(0.2)	12.1(0.5)	10.0(0.7)	3.5(0.4)	5.0(0.4)	0.9(0.1)
South	23.8(0.6)	3.9(0.2)	14.7(0.4)	12.5(0.5)	4.1(0.2)	6.1(0.3)	1.0(0.1)
West	21.2(0.8)	4.3(0.3)	12.0(0.7)	11.9(0.6)	3.5(0.3)	4.1(0.3)	1.4(0.1)
Place of residence							
MSA ³	19.9(0.4)	3.7(0.2)	11.9(0.3)	10.6(0.3)	3.5(0.2)	4.6(0.2)	1.1(0.1)
Central city	23.0(0.7)	4.8(0.3)	13.5(0.5)	12.4(0.5)	4.5(0.3)	5.6(0.3)	1.3(0.1)
Noncentral city	18.0(0.4)	3.1(0.2)	10.8(0.3)	9.5(0.3)	2.9(0.2)	4.0(0.2)	0.9(0.1)
Not MSA ³	24.4(0.8)	3.5(0.2)	15.0(0.7)	12.3(0.7)	3.8(0.3)	6.0(0.4)	0.9(0.1)
Employment status							
Currently in labor force	19.7(0.4)	3.2(0.1)	12.0(0.3)	10.3(0.3)	3.0(0.1)	4.5(0.2)	0.9(0.1)
Currently employed	19.1(0.4)	3.0(0.1)	11.6(0.3)	9.9(0.3)	2.8(0.1)	4.2(0.2)	0.8(0.1)
Currently unemployed	32.3(1.5)	6.9(0.8)	20.2(1.2)	19.4(1.4)	6.1(0.7)	8.8(0.9)	2.2(0.4)
Not in labor force	25.0(0.6)	5.4(0.3)	14.3(0.5)	13.4(0.5)	5.7(0.4)	6.7(0.3)	1.6(0.1)
Family income							
Less than \$10,000	39.3(1.5)	10.3(0.7)	23.1(1.1)	23.4(1.1)	10.2(0.8)	12.0(0.9)	2.8(0.4)
\$10,000–\$19,999	37.7(1.0)	7.4(0.5)	23.9(0.8)	21.4(0.8)	8.4(0.5)	10.7(0.5)	2.2(0.2)
\$20,000–\$34,999	23.6(0.7)	3.0(0.2)	13.9(0.5)	11.8(0.5)	3.0(0.2)	4.9(0.3)	0.9(0.1)
\$35,000–\$49,999	14.7(0.6)	1.9(0.2)	8.5(0.5)	6.9(0.4)	1.5(0.2)	2.7(0.3)	0.5(0.1)
\$50,000 or more	7.7(0.4)	1.1(0.1)	4.3(0.3)	3.3(0.3)	0.4(0.1)	1.1(0.2)	0.4(0.1)
Race and/or ethnicity and family income							
White, non-Hispanic:							
Less than \$20,000	41.1(1.0)	8.6(0.5)	26.5(0.8)	23.6(0.8)	9.3(0.6)	11.5(0.5)	2.7(0.3)
\$20,000–\$34,999	25.3(0.8)	3.2(0.3)	15.0(0.6)	13.0(0.6)	2.9(0.3)	5.4(0.4)	1.0(0.2)
\$35,000 or more	10.9(0.4)	1.4(0.1)	6.4(0.3)	4.9(0.3)	0.8(0.1)	1.8(0.1)	0.4(0.1)
Black, non-Hispanic:							
Less than \$20,000	32.3(1.6)	6.8(0.6)	16.2(1.1)	18.8(1.2)	8.4(0.8)	11.1(0.9)	1.9(0.3)
\$20,000–\$34,999	18.8(1.6)	3.2(0.7)	10.4(1.3)	7.7(1.0)	3.9(0.7)	3.5(0.7)	*0.8(0.3)
\$35,000 or more	7.8(1.0)	*1.2(0.6)	3.1(0.7)	3.7(0.8)	*0.5(0.3)	*1.7(0.5)	*0.4(0.2)
Hispanic:							
Less than \$20,000	30.3(1.6)	8.4(1.2)	20.3(1.5)	17.5(1.1)	7.9(0.8)	7.1(0.7)	*0.9(0.3)
\$20,000–\$34,999	18.3(1.9)	2.5(0.6)	10.4(1.4)	8.9(1.1)	3.1(0.8)	3.2(0.7)	*0.3(0.2)
\$35,000 or more	11.7(1.4)	*2.6(0.9)	6.2(1.3)	5.9(1.0)	*1.6(0.7)	*2.5(0.7)	*0.7(0.4)
Mexican-American:							
Less than \$20,000	30.9(2.2)	8.4(1.6)	21.1(2.1)	17.4(1.6)	6.8(1.0)	6.2(0.7)	*0.8(0.4)
\$20,000–\$34,999	19.2(2.4)	*1.9(0.7)	10.9(2.0)	9.7(1.4)	*3.6(1.2)	*2.5(0.8)	–
\$35,000 or more	13.1(2.2)	*3.9(1.5)	*6.8(1.8)	7.2(1.6)	*2.3(1.3)	*3.4(1.1)	*0.9(0.5)

Table 10. Percent of persons 18–64 years of age by selected unmet medical needs and selected demographic characteristics: United States, 1993—Con.

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
Race and/or ethnicity and family income—Con.		Percent and standard error					
Other Hispanic:							
Less than \$20,000	29.3(2.1)	8.3(1.3)	18.8(1.9)	17.6(1.6)	9.8(1.1)	8.5(1.3)	*1.0(0.4)
\$20,000–\$34,999	16.9(3.2)	*3.4(1.2)	9.7(2.3)	7.9(2.0)	*2.4(1.1)	*4.3(1.3)	*0.7(0.5)
\$35,000 or more	10.4(1.5)	*1.4(0.6)	5.6(1.4)	4.6(1.2)	*0.9(0.5)	*1.6(0.7)	*0.6(0.6)
Poverty index							
At or above poverty threshold	18.4(0.4)	2.8(0.1)	11.0(0.3)	9.4(0.3)	2.7(0.1)	4.1(0.1)	0.9(0.1)
Below poverty threshold	37.0(1.4)	9.1(0.6)	21.7(1.0)	21.8(1.0)	9.0(0.7)	10.8(0.7)	2.2(0.3)
Health insurance coverage							
Private insurance	14.4(0.3)	1.5(0.1)	8.1(0.2)	6.7(0.2)	1.6(0.1)	3.2(0.1)	0.6(0.1)
Public insurance	32.0(1.6)	7.6(0.7)	12.2(0.8)	19.7(1.3)	8.7(1.1)	9.1(1.0)	2.4(0.4)
Other insurance	29.7(1.9)	6.5(1.0)	16.4(1.5)	14.6(1.4)	6.6(0.9)	9.4(1.3)	1.7(0.5)
No insurance	41.7(0.8)	10.5(0.5)	29.1(0.7)	24.4(0.7)	9.3(0.4)	10.0(0.4)	2.3(0.2)
Health status							
Excellent, very good, good	18.6(0.4)	2.9(0.1)	10.9(0.3)	9.8(0.3)	2.5(0.1)	4.0(0.2)	0.7(0.1)
Fair, poor	41.0(1.0)	10.6(0.6)	26.5(0.9)	21.3(0.8)	12.3(0.6)	12.7(0.6)	3.9(0.4)

*Figure does not meet standard of reliability or precision.

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

¹Respondents who answered yes to any of the following questions were classified as having an unmet need: need 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.²Includes non-Hispanic persons of races other than white or black, persons of unknown insurance coverage, persons with unknown income, unknown poverty status, and unknown health status.³MSA is metropolitan statistical area.

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 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 was produced from a merged file 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.

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).

Table I. Percent of persons 18–64 years of age 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
		Percent	
Total	7.3	7.7	8.1
Sex			
Male	7.4	7.9	8.1
Female	7.3	7.6	8.0
Age			
18–44 years	7.5	8.0	8.2
45–64 years	7.1	7.2	7.8
Race and/or ethnicity			
White, non-Hispanic	6.2	6.5	6.7
Black, non-Hispanic	10.1	10.2	10.7
Hispanic	9.1	10.1	10.8
Mexican-American	9.0	10.1	10.9
Other Hispanic	9.2	10.2	10.7
Other, non-Hispanic	14.3	15.0	16.1
Region			
Northeast	7.2	7.4	7.9
Midwest	4.1	4.6	4.5
South	10.3	10.5	11.2
West	6.5	7.2	7.3
Place of residence			
MSA ¹	7.6	8.0	8.4
Central city	8.7	9.1	9.3
Noncentral city	7.0	7.4	7.9
Not MSA ¹	6.3	6.6	6.9
Employment status			
Currently in labor force	7.2	7.6	7.9
Currently employed	7.2	7.6	7.9
Currently unemployed	7.2	6.8	7.0
Not in labor force	8.0	8.2	8.8
Family income			
Less than \$10,000	6.2	6.1	6.4
\$10,000–\$19,999	5.2	5.8	5.8
\$20,000–\$34,999	4.0	4.4	4.9
\$35,000–\$49,000	3.6	4.0	4.4
\$50,000 or more	5.1	5.4	5.8
Unknown	21.5	22.1	22.5
Race and/or ethnicity and family income			
White, non-Hispanic:			
Less than \$20,000	5.2	5.4	5.5
\$20,000–\$34,999	3.8	4.1	4.3
\$35,000 or more	4.3	4.6	4.9
Unknown	21.0	21.7	22.1
Black, non-Hispanic:			
Less than \$20,000	10.5	10.3	11.0
\$20,000–\$34,999	5.8	6.0	6.5
\$35,000 or more	5.1	5.5	6.4
Unknown	27.4	28.2	27.1
Hispanic:			
Less than \$20,000	9.8	10.6	11.3
\$20,000–\$34,999	4.3	5.3	6.7
\$35,000 or more	4.9	5.2	5.5
Unknown	23.4	26.6	26.4

Table I. Percent of persons 18–64 years of age with unknown insurance coverage, unknown regular source of medical care, and unknown unmet medical 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
Race and/or ethnicity and family income—Con.↵			
Percent			
Mexican-American:			
Less than \$20,000	9.7 ↵	10.4↵	10.6
\$20,000–\$34,999	4.4 ↵	5.5 ↵	8.1
\$35,000 or more	5.0 ↵	5.6 ↵	6.0
Unknown	21.9↵	25.7↵	25.7
Other Hispanic:			
Less than \$20,000	9.8 ↵	11.1 ↵	12.5
\$20,000–\$34,999	4.2 ↵	5.0 ↵	4.6
\$35,000 or more	4.7 ↵	4.8 ↵	5.0
Unknown	25.4↵	27.8↵	27.4
Insurance coverage			
Private . . . . .	...	0.6 ↵	1.0
Public . . . . .	...	0.4 ↵	1.6
Other . . . . .	...	0.4 ↵	2.0
Uninsured . . . . .	...	2.1 ↵	1.3
Unknown . . . . .	...	94.7↵	96.5
Regular source of medical care			
Has regular source	0.4 ↵	...	1.2
Does not have a regular source	0.5 ↵	...	1.2
Unknown	89.9↵	...	90.5
Unmet medical need			
Has unmet need	0.3 ↵	0.7 ↵	...
Does not have unmet need	0.3 ↵	0.8 ↵	...
Unknown	87.5↵	86.5↵	...
Poverty index			
At or above poverty threshold↵	5.6 ↵	6.1 ↵	6.4
Below poverty threshold	6.0 ↵	6.4 ↵	6.5
Unknown	26.6↵	26.9↵	27.3
Health status			
Excellent, very good, good	7.3 ↵	7.8 ↵	8.1
Fair, poor	7.1 ↵	6.9 ↵	7.4
Unknown	29.7↵	32.6↵	30.9

... Category not applicable.
 ↵MSA is metropolitan statistical area.

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 1990 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 five mutually exclusive categories was developed for this report. (In previous NHIS reports health insurance was not classified 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:

Private coverage—Includes persons who have any comprehensive private insurance plan (includes health maintenance organizations and preferred provider organizations) or persons who have a hospitalization plan only.

Public coverage—Includes persons who do not have private coverage, but who have Medicaid and/or other public assistance programs including various state plans.

Other coverage—Includes persons who do not have private or public coverage, but who have any type of military coverage including CHAMPUS, CHAMP-VA, or other military, Indian Health Service, and Medicare for persons under 65 years of age. It does not include persons who have been previously classified as having private or public coverage.

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. See table I for additional information on unknown cases.

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

Section AC – ACCESS TO CARE		RT 70	
		PERSON 1	
(The next questions are about medical care.)		3-4	
<p>1a. Is there a particular person or place that -- USUALLY goes to when -- is sick or needs advice about -- health?</p> <p>-----</p> <p>b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (5 on page 10)</p> <p>2 <input type="checkbox"/> No (2)</p> <p>3 <input type="checkbox"/> There is more than one (1b)</p> <p>9 <input type="checkbox"/> DK (4 on page 8)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Yes (5 on page 10)</p> <p>2 <input type="checkbox"/> No } (2)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>5</p> <hr/> <p>6</p>	
<p><i>HAND CARD FR1. Read categories if telephone interview.</i></p> <p>2. Which of these is the MAIN reason -- does not have a usual source of medical care?</p> <p><i>Mark (X) only one.</i></p>		7-8	
		<p>2.</p> <p>01 <input type="checkbox"/> Two or more usual doctors/places (AC1)</p> <p>02 <input type="checkbox"/> Doesn't need a doctor</p> <p>03 <input type="checkbox"/> Doesn't like/trust/believe in doctors</p> <p>04 <input type="checkbox"/> Doesn't know where to go</p> <p>05 <input type="checkbox"/> Previous doctor is not available/moved</p> <p>06 <input type="checkbox"/> No insurance/Can't afford it</p> <p>07 <input type="checkbox"/> Speak a different language</p> <p>08 <input type="checkbox"/> No care available/Care too far away, not convenient</p> <p>98 <input type="checkbox"/> Other – Specify <u>z</u></p> <p>99 <input type="checkbox"/> DK</p>	<p>(4)</p>
<p>ITEM AC1</p> <p><i>Refer to question 1a above.</i></p>	<p>AC 1</p> <p>1 <input type="checkbox"/> *No* in 1a (3)</p> <p>2 <input type="checkbox"/> *There is more than one* in 1a (AC2)</p>	<p>9</p>	
<p>3. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</p>		10	
		<p>3.</p> <p>1 <input type="checkbox"/> Yes (5 on page 10)</p> <p>2 <input type="checkbox"/> No } (AC2)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>10</p>
<p>ITEM AC2</p> <p><i>Refer to age.</i></p>	<p>AC 2</p> <p>1 <input type="checkbox"/> Under age 18 (12 on page 14)</p> <p>2 <input type="checkbox"/> 18 or older (13 on page 14)</p>	<p>11</p>	
<p>Notes</p>			

Section AC - ACCESS TO CARE - Continued		PERSON 1
<p>4a. At ANY time in the past 12 months DID -- have a place that -- went to for medical care?</p>	4a.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">12</div> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (1a for NP, or 3 <input type="checkbox"/> DK } 14 on page 14)</p>
<p>b. What kind of place was it -- a clinic, a health center, a hospital, a doctor's office, or some other place?</p>	b.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">13-14</div> <p>01 <input type="checkbox"/> Doctor's office or private clinic 02 <input type="checkbox"/> Company or school health clinic/center 03 <input type="checkbox"/> Community/migrant/rural clinic/center 04 <input type="checkbox"/> County/city/public hospital outpatient clinic 05 <input type="checkbox"/> Private/other hospital outpatient clinic 06 <input type="checkbox"/> Hospital emergency room 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/Prepaid group 08 <input type="checkbox"/> Psychiatric hospital or clinic 09 <input type="checkbox"/> VA hospital or clinic 10 <input type="checkbox"/> Military health care facility 98 <input type="checkbox"/> Some other place -- Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK</p>
<p>c. If -- needed medical care NOW, would -- go to that (place in 4b)?</p>	c.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">15</div> <p>1 <input type="checkbox"/> Yes (13 on page 14) 2 <input type="checkbox"/> No (4d) 9 <input type="checkbox"/> DK (13 on page 14)</p>
<p><i>HAND CARD FR2. Read categories if telephone interview.</i></p> <p>d. What is the MAIN reason -- would not use that place for medical care NOW?</p>	d.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">16-17</div> <p>01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source left area 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source/liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK</p> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-size: 2em;">}</div> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-size: 0.8em;">(13 on page 14)</div>
<p>Notes</p>		

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	<input type="checkbox"/> 01 Doctor's office or private clinic <input type="checkbox"/> 02 Company or school health clinic/center <input type="checkbox"/> 03 Community/migrant/rural clinic/center <input type="checkbox"/> 04 County/city/public/county hospital outpatient clinic <input type="checkbox"/> 05 Private/other hospital outpatient clinic <input type="checkbox"/> 06 Hospital emergency room <input type="checkbox"/> 07 HMO (Health Maintenance Organization)/Prepaid group <input type="checkbox"/> 08 Psychiatric hospital or clinic <input type="checkbox"/> 09 VA hospital or clinic <input type="checkbox"/> 10 Military health care facility <input type="checkbox"/> 98 Some other place – Specify <u> </u> <input type="checkbox"/> 99 DK
<hr style="border-top: 1px dashed black;"/> b. Is there a particular person -- usually sees when -- goes there?		b. 20	<input type="checkbox"/> 1 Yes (6) <input type="checkbox"/> 2 No } (AC3) <input type="checkbox"/> 9 DK
ITEM AC3	<i>Refer to age.</i>	AC 3 21	<input type="checkbox"/> 1 Under age 18 (8 on page 12) <input type="checkbox"/> 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	<input type="checkbox"/> 1 Doctor (6b) <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Nurse practitioner <input type="checkbox"/> 4 Physician's assistant <input type="checkbox"/> 5 Chiropractor <input type="checkbox"/> 6 Other – Specify <u> </u> <input type="checkbox"/> 9 DK
<hr style="border-top: 1px dashed black;"/> 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	<input type="checkbox"/> 1 Family doctor/general practitioner/internist/pediatrician <input type="checkbox"/> 2 Obstetrician/gynecologist <input type="checkbox"/> 3 Other specialist <input type="checkbox"/> 9 DK
ITEM AC4	<i>Refer to age.</i>	AC 4 24	<input type="checkbox"/> 1 Under age 18 (7) <input type="checkbox"/> 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	<input type="checkbox"/> 1 Less than 3 months ago (8 on page 12) <input type="checkbox"/> 2 At least 3 months, but less than 6 months ago <input type="checkbox"/> 3 At least 6 months, but less than 1 year ago <input type="checkbox"/> 4 At least 1 year, but less than 2 years ago <input type="checkbox"/> 5 Two or more years ago <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
b. The waiting time to see the doctor?		b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't apply 9 <input type="checkbox"/> DK	27
c. The way your questions were answered?		c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28
d. Your ability to get all the care you thought -- needed?		d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29
e. The overall care -- received?		e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	30
ITEM AC5	<i>Refer to 5b.</i>	AC 5	31
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. 1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9b)	32
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. 1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No (12 on page 14) 9 <input type="checkbox"/> DK (13 on page 14)	33
10. Is that (person in 6a) --		10.	34
a. Able to provide for most of -- needs when -- is sick?		a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
b. Able to make referrals to other health professionals when needed by --?		b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?		c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	36
d. Able to provide advice about family concerns, such as stress?		d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13 on page 14)	37
11. Is the (place in 5a) --		11.	38
a. Able to provide for most of -- needs when -- is sick?		a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
b. Able to make referrals to other health professionals when needed by --?		b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39
c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?		c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40
d. Able to provide advice about family concerns, such as stress?		d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13 on page 14)	41

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	42
13. During the past 3 months, how many times did -- see ANY doctor or other health professional?	13. <input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> 3-9 times <input type="checkbox"/> 10 times or more <input type="checkbox"/> DK	43 <i>(1a for NP or 14)</i>
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. <input type="checkbox"/> Yes (14b) <input type="checkbox"/> No <input type="checkbox"/> DK	44 <i>(15 on page 16)</i>
b. Who is this? <i>Mark (X) "Changed usual source" box in person's column.</i>	b. <input type="checkbox"/> Changed usual source	45
c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No <i>HAND CARD FR2. Read categories if telephone interview.</i> <i>Ask for each person marked in 14b.</i>	d. <input type="checkbox"/> 01 Changed residence/moved <input type="checkbox"/> 02 Changed jobs <input type="checkbox"/> 03 Employer changed insurance coverage <input type="checkbox"/> 04 Former usual source left area <input type="checkbox"/> 05 Owed money to former usual source <input type="checkbox"/> 06 Dissatisfied with former source or liked new source better <input type="checkbox"/> 07 Medical care needs changed <input type="checkbox"/> 08 Former usual source stopped taking insurance/coverage <input type="checkbox"/> 98 Other - Specify _____ <input type="checkbox"/> 99 DK	46-47
Notes		

Section AC – ACCESS TO CARE – Continued	PERSON 1
<p>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?</p> <p>-----</p> <p>b. Who didn't get needed care? <i>Mark (X) "Didn't get care" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 15b and c</i>) <input type="checkbox"/> No <i>Ask 15d and e for each person marked in 15b.</i></p> <p>-----</p> <p>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care? <i>Mark (X) only one.</i></p> <p>-----</p> <p>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?</p>	<p>15a. 48 1 <input type="checkbox"/> Yes (<i>15b</i>) 2 <input type="checkbox"/> No } (<i>16</i>) 9 <input type="checkbox"/> DK }</p> <p>b. 49 1 <input type="checkbox"/> Didn't get care</p> <p>d. 50-51 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan } (<i>15d for NP with 15b marked</i>) 04 <input type="checkbox"/> Not serious enough 05 <input type="checkbox"/> Wait too long in clinic/office 06 <input type="checkbox"/> Difficulty getting an appointment 07 <input type="checkbox"/> Doesn't like/trust/believe in doctors 08 <input type="checkbox"/> No doctor available 09 <input type="checkbox"/> Didn't know where to go 10 <input type="checkbox"/> No way to get there } (<i>15e</i>) 11 <input type="checkbox"/> Hours not convenient 12 <input type="checkbox"/> Speak a different language 13 <input type="checkbox"/> Health of another family member interfered 98 <input type="checkbox"/> Other - <i>Specify</i> <u> </u> 99 <input type="checkbox"/> DK</p> <p>e. 52 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>16a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</p> <p>-----</p> <p>b. Who delayed getting needed care? <i>Mark (X) "Delayed getting care" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 16b and c</i>) <input type="checkbox"/> No</p>	<p>16a. 53 1 <input type="checkbox"/> Yes (<i>16b</i>) 2 <input type="checkbox"/> No } (<i>17</i>) 9 <input type="checkbox"/> DK }</p> <p>b. 54 1 <input type="checkbox"/> Delayed getting care</p>
<p>17a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Didn't get dental care" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 17b and c</i>) <input type="checkbox"/> No</p>	<p>17a. 55 1 <input type="checkbox"/> Yes (<i>17b</i>) 2 <input type="checkbox"/> No } (<i>18 on page 18</i>) 9 <input type="checkbox"/> DK }</p> <p>b. 56 1 <input type="checkbox"/> Didn't get dental care</p>
<p>Notes</p>	

Section AC - ACCESS TO CARE - Continued		PERSON 1
<p>18a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get prescription" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No</p>	<p>18a. 57</p> <p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No } (19) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 58</p> <p>1 <input type="checkbox"/> Didn't get prescription</p>	
<p>19a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No</p>	<p>19a. 59</p> <p>1 <input type="checkbox"/> Yes (19b) 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 60</p> <p>1 <input type="checkbox"/> Didn't get eyeglasses</p>	
<p>20a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 20b and c) <input type="checkbox"/> No (Item AC6)</p>	<p>20a. 61</p> <p>1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No } (Item AC6) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 62</p> <p>1 <input type="checkbox"/> Didn't get mental health care</p>	
<p>ITEM AC6</p> <p>About how often did the respondent appear to answer the questions in Access to Care accurately?</p>	<p>AC 6 63</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	
<p>ITEM AC7</p> <p>About how often did the respondent appear to answer the questions in Access to Care honestly?</p>	<p>AC 7 64</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	
<p>ITEM AC8</p> <p>Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.</p>	<p>AC 8 65-66</p> <p>_____ Person number</p>	

CONTINUE WITH SECTION FA

Notes

Section FA - HEALTH CARE COVERAGE		PERSON 1
ITEM FA1	<i>Refer to Household composition. Mark (X) for each person including those deleted in the HIS-1.</i>	<div style="border: 1px solid black; padding: 2px;">RT 71</div> <div style="border: 1px solid black; padding: 2px;">3-4</div> <div style="border: 1px solid black; padding: 2px;">5</div>
		FA 1 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> AF living at home 3 <input type="checkbox"/> Deleted
<p>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).</p> <p>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.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this. SHOW MEDICARE CARD.</p>		
1a. In (month), was anyone in the family, that is (read names), covered by Medicare?		1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2 on page 22)
b. Who was covered? <i>Mark (X) "Medicare" box in person's column.</i>		b. 1 <input type="checkbox"/> Medicare (Enter "Cov" on HIS-1.)
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No <i>Ask 1d-g as appropriate for each person with "Medicare" in 1b.</i>		d. H.I.C. Number _____ () () 1 <input type="checkbox"/> Part A - Hospital only 2 <input type="checkbox"/> Part B - Medical only 3 <input type="checkbox"/> Both Part A & Part B 4 <input type="checkbox"/> Card N.A.
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. <i>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.</i> <i>Ask 1e-g for each person with "Card N.A." in 1d.</i>		e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?		f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills? <i>Read if necessary: This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.</i>		g. 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK
g. How long has -- been covered by Medicare?		22 23
ITEM FA2 <i>Refer to age.</i>		FA 2 1 <input type="checkbox"/> Under age 67 (1g) 2 <input type="checkbox"/> Age 67 or older (NP)
Notes		

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1
<p>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called <i>(State name)</i>.</p> <p>2a. Does anyone in the family NOW have a Medicaid or <i>(state name)</i> card?</p> <p>b. Who is this? <i>Mark (X) "Has card" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 2b and c)</i> <input type="checkbox"/> No <i>Ask 2d for each person with "Has card" box marked in 2b.</i></p> <p>d. May I please see -- (and --) card(s)? <i>Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</i></p>		<p style="text-align: right;">24</p> <p>1 <input type="checkbox"/> Yes <i>(2b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(3)</i></p> <hr/> <p>b. <input type="checkbox"/> Has card</p> <hr/> <p>1 <input type="checkbox"/> Medicaid card seen Expiration date <input checked="" type="checkbox"/> 26</p> <p style="text-align: right;">27-28</p> <p style="text-align: center;">(Month)</p> <p style="text-align: right;">29-30</p> <p style="text-align: center;">(Day)</p> <p>2 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen – <i>Specify</i> <input checked="" type="checkbox"/></p>
<p>3a. In <i>(month)</i>, was anyone in the family covered by Medicaid?</p> <p>b. Who was covered? <i>Mark (X) "Medicaid" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 3b and c)</i> <input type="checkbox"/> No <i>Ask 3d for each person with "Medicaid" box marked in 3b.</i></p> <p>d. How long has -- had Medicaid coverage?</p>		<p style="text-align: right;">31</p> <p>1 <input type="checkbox"/> Yes <i>(3b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(4)</i></p> <hr/> <p>b. <input type="checkbox"/> Medicaid <i>(Enter "Cov" on HIS-1.)</i></p> <hr/> <p style="text-align: right;">33</p> <p>d. 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than a year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>
ITEM FA3	<i>Refer to household composition and question 3a.</i>	<p style="text-align: right;">34</p> <p>FA3 1 <input type="checkbox"/> Single person family and "Yes" in 3a <i>(5)</i> 2 <input type="checkbox"/> Other <i>(4)</i></p>
<p>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 <i>(state name)</i>?</p> <p>b. Who received this care in the past 12 months? <i>Mark (X) "Received Medicaid care" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 4b and c)</i> <input type="checkbox"/> No</p>		<p style="text-align: right;">35</p> <p>1 <input type="checkbox"/> Yes <i>(4b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(5)</i></p> <hr/> <p>b. <input type="checkbox"/> Received Medicaid care</p> <hr/> <p style="text-align: right;">36</p>
<p>5a. In <i>(month)</i>, 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.</p> <p>b. Who was covered? <i>Mark (X) "Public assistance" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 5b and c)</i> <input type="checkbox"/> No</p>		<p style="text-align: right;">37</p> <p>1 <input type="checkbox"/> Yes <i>(5b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(6)</i></p> <hr/> <p>b. <input type="checkbox"/> Public assistance <i>(Enter "Cov" on HIS-1.)</i></p> <hr/> <p style="text-align: right;">38</p>

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1
<p>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?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)</p>	<p>39</p>
<p>b. Was this CHAMPUS or CHAMP-VA? <i>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.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No (6f) 9 <input type="checkbox"/> DK (6e)</p>	<p>40</p>
<p>c. Who was covered by CHAMPUS or CHAMP-VA? <i>Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.</i></p>	<p>c.</p> <p>1 <input type="checkbox"/> CHAMPUS/CHAMP-VA <i>(Enter "Cov" on HIS-1.)</i></p>	<p>41</p>
<p>d. Anyone else? <input type="checkbox"/> Yes (Reask 6c and d) <input type="checkbox"/> No</p>		
<p>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)?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes (6f) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)</p>	<p>42</p>
<p>f. Who was covered by other military health care? <i>Mark (X) "Military" box in person's column.</i></p>	<p>f.</p> <p>1 <input type="checkbox"/> Military <i>(Enter "Cov" on HIS-1.)</i></p>	<p>43</p>
<p>g. Anyone else? <input type="checkbox"/> Yes (Reask 6f and g) <input type="checkbox"/> No</p>		
<p>7a. In (month), was anyone in the family covered by the Indian Health Service?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)</p>	<p>44</p>
<p>b. Who was covered? <i>Mark (X) "IHS" box in person's column.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> IHS <i>(Enter "Cov" on HIS-1.)</i></p>	<p>45</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>		
<p>8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? <i>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).</i></p>	<p>8a.</p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8 on page 34)</p>	<p>46</p>
<p>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? <i>Record up to 4 plan names in Sec. FB, Table H.I. Then ask 8c.</i></p>		
<p>c. In (month), was anyone in the family covered by any OTHER private health insurance plan?</p>	<p>c.</p> <p>1 <input type="checkbox"/> Yes (Reask 8b and c) 2 <input type="checkbox"/> No (Section FB)</p>	<p>47</p>

Notes

Section FB – PRIVATE PLAN AND COVERAGE DETAIL		RT 72 3-4
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. <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	8
b. Anyone else? <input type="checkbox"/> Yes (Reask 1a and b) <input type="checkbox"/> No		
2. In whose name is this plan? Mark (X) "In name" box in person's column.		8
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.	<input type="checkbox"/> Employer } <input type="checkbox"/> Union } (3b) <input type="checkbox"/> Through workplace, but DK whether employer or union } <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }	9
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.	<input type="checkbox"/> All (5) <input type="checkbox"/> Some } (4) <input type="checkbox"/> None } <input type="checkbox"/> DK }	10
HAND CARD FR3. Read each category if telephone interview.		11
4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.	<input type="checkbox"/> Zero <input type="checkbox"/> \$1 – \$9 <input type="checkbox"/> \$10 – \$19 <input type="checkbox"/> \$20 – \$49 <input type="checkbox"/> \$50 – \$99 <input type="checkbox"/> \$100 – \$199 <input type="checkbox"/> \$200 – \$499 <input type="checkbox"/> \$500 or more <input type="checkbox"/> DK	11
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
<input type="checkbox"/> Variety of services (6) <input type="checkbox"/> Only one type of service/care (5b) <input type="checkbox"/> DK (6)		
b. What type of service or care does the plan pay for? Mark (X) only one type of service.	<input type="checkbox"/> 01 Accidents <input type="checkbox"/> 02 AIDS care <input type="checkbox"/> 03 Cancer treatment <input type="checkbox"/> 04 Catastrophic care <input type="checkbox"/> 05 Dental care <input type="checkbox"/> 06 Disability insurance (cash payments when unable to work for health reasons) <input type="checkbox"/> 07 Hospice care <input type="checkbox"/> 08 Hospitalization-only <input type="checkbox"/> 09 Long term care (nursing home care) <input type="checkbox"/> 10 Prescriptions <input type="checkbox"/> 11 Vision care <input type="checkbox"/> 98 Other – Specify _____ <input type="checkbox"/> 99 DK	13-14
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			
1a. <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7		
2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8		
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.				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				15	
b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				16	
c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)				17	
d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				18	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				19	
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.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				20	
GO TO 1a FOR NEXT PLAN; IF NO OTHER PLAN GO TO 8a									
Notes									

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1
<p>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?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Pre-existing condition" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>8a. 69</p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 70</p> <p>1 <input type="checkbox"/> Pre-existing condition</p>	
<p>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Turned down" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK <i>Ask for each person with "Turned down" box marked in 9b.</i></p> <p>d. Why was -- unable to get that health insurance? Anything else? <i>Mark (X) all that apply.</i></p>	<p>9a. 71</p> <p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 72</p> <p>1 <input type="checkbox"/> Turned down</p> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes 73</p> <p>2 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight 74</p> <p>3 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker 75</p> <p>4 <input type="checkbox"/> Because premiums were too high 76</p> <p>8 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 77</p> <p>9 <input type="checkbox"/> DK 78</p>	
<p>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?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Stayed in job" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>10a. 79</p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (FB1) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 80</p> <p>1 <input type="checkbox"/> Stayed in job</p>	
<p>ITEM FB1 <i>Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.</i></p>	<p>FB 1 81</p> <p>1 <input type="checkbox"/> 70+ (NP) 2 <input type="checkbox"/> Wa/Wb marked (Check Item FB2) 8 <input type="checkbox"/> Other (NP)</p>	
<p>ITEM FB2 <i>Refer to 2 for ALL plans in HI.</i></p>	<p>FB 2 82</p> <p>1 <input type="checkbox"/> Any "In name" (NP) 8 <input type="checkbox"/> Other (11)</p>	
<p>11. Was health insurance offered by -- employer?</p>	<p>11. 83</p> <p>1 <input type="checkbox"/> Yes } (NP) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	
<p>ITEM FB3 <i>Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.</i></p>	<p>FB 3 84</p> <p>1 <input type="checkbox"/> Covered (13) 2 <input type="checkbox"/> Not covered, under 65 } (12) 3 <input type="checkbox"/> Not covered, 65+</p>	
<p>If no other persons in the family, Skip to 14 on page 40</p>		

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued	PERSON 1
<p><i>HAND CARD FR4. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".</i></p> <p>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)?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p style="text-align: right;">RT 85 3-4</p> <p>01 <input type="checkbox"/> Job layoff/loss/unemployment 5-6</p> <p>02 <input type="checkbox"/> Wasn't offered by employer 7-8</p> <p>03 <input type="checkbox"/> Not eligible because part time worker 9-10</p> <p>04 <input type="checkbox"/> Family coverage not offered by employer 11-12</p> <p>05 <input type="checkbox"/> Benefits from former employer ran out 13-14</p> <p>06 <input type="checkbox"/> Can't obtain because of poor health, illness, or age 15-16</p> <p>07 <input type="checkbox"/> Too expensive/ Can't afford 17-18</p> <p>08 <input type="checkbox"/> Dissatisfied with previous insurance 19-20</p> <p>09 <input type="checkbox"/> Don't believe in insurance 21-22</p> <p>10 <input type="checkbox"/> Have usually been healthy, haven't needed insurance 23-24</p> <p>11 <input type="checkbox"/> Covered by some other plan 25-26</p> <p>12 <input type="checkbox"/> Too old for coverage under family plans 27-28</p> <p>13 <input type="checkbox"/> Free/inexpensive source of care readily available 29-30</p> <p>98 <input type="checkbox"/> Other reason – Specify \checkmark 31-32</p> <p>99 <input type="checkbox"/> DK (12c) 33-34</p> <p style="text-align: right;">35-36</p>
<p><i>Ask if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.</i></p> <p>b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?</p> <p><i>Record number from Card FR4.</i></p> <p>c. When was the LAST time -- had health insurance?</p>	<p>b. Main reason _____</p> <p>c. 37</p> <p>1 <input type="checkbox"/> Less than 6 months ago</p> <p>2 <input type="checkbox"/> 6 months ago, but less than 1 year ago</p> <p>3 <input type="checkbox"/> 1 year ago, but less than 3 years ago</p> <p>4 <input type="checkbox"/> 3 or more years ago</p> <p>5 <input type="checkbox"/> Never had health insurance</p> <p>9 <input type="checkbox"/> DK (12e)</p> <p style="text-align: right;">38-39</p>
<p><i>HAND CARD FR5. Read categories if telephone interview.</i></p> <p>d. What was the MAIN reason -- stopped being covered by health insurance?</p> <p><i>Mark (X) only one.</i></p>	<p>d. 38-39</p> <p>01 <input type="checkbox"/> Lost job or changed employers</p> <p>02 <input type="checkbox"/> Spouse/parent lost job or changed employers</p> <p>03 <input type="checkbox"/> Death of spouse or parent</p> <p>04 <input type="checkbox"/> Became divorced or separated</p> <p>05 <input type="checkbox"/> Became ineligible because of age</p> <p>06 <input type="checkbox"/> Employer stopped offering coverage</p> <p>07 <input type="checkbox"/> Cut back to part time</p> <p>08 <input type="checkbox"/> Benefits from employer/ former employer ran out</p> <p>98 <input type="checkbox"/> Other – Specify \checkmark</p> <p>99 <input type="checkbox"/> DK</p>
<p>e. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?</p>	<p>e. 40</p> <p>1 <input type="checkbox"/> Yes (12f)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (FB3 for NP)</p>
<p>f. What was the MAIN reason -- was unable to find some other type of health insurance?</p>	<p>f. 41</p> <p>1 <input type="checkbox"/> Could not afford</p> <p>2 <input type="checkbox"/> Was rejected</p> <p>8 <input type="checkbox"/> Other reason – Specify \checkmark</p> <p>9 <input type="checkbox"/> DK</p>

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a.	42
----- b. In how many of the past 12 months was -- without coverage?		1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (FB3 for NP) 9 <input type="checkbox"/> DK	
----- <i>HAND CARD FR5. Read each category if telephone interview.</i>		b.	43
c. What was the MAIN reason -- was without coverage?		1 <input type="checkbox"/> 1 month or less 2 <input type="checkbox"/> 2-3 months 3 <input type="checkbox"/> 4-6 months 4 <input type="checkbox"/> More than 6 months 9 <input type="checkbox"/> DK	
----- <i>HAND CARD FR5. Read each category if telephone interview.</i>		c.	44-45
		01 <input type="checkbox"/> Lost job or changed employers 02 <input type="checkbox"/> Spouse/parent lost job or changed employers 03 <input type="checkbox"/> Death of spouse or parent 04 <input type="checkbox"/> Became divorced or separated 05 <input type="checkbox"/> Became ineligible because of age 06 <input type="checkbox"/> Employer stopped offering coverage 07 <input type="checkbox"/> Cut back to part time 08 <input type="checkbox"/> Benefits from employer/ former employer ran out 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK	(FB 3 for NP)
----- <i>HAND CARD FR6. Read each category if telephone interview.</i>			
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 <input type="checkbox"/> Zero 2 <input type="checkbox"/> Less than \$500 3 <input type="checkbox"/> \$500 – \$1999 4 <input type="checkbox"/> \$2,000 – \$2,999 5 <input type="checkbox"/> \$3,000 – \$4,999 6 <input type="checkbox"/> \$5,000 or more 9 <input type="checkbox"/> DK	
ITEM FB4	About how often did the Respondent appear to answer the questions in Sections FA and FB accurately?	FB 4	47
		1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	
ITEM FB5	About how often did the Respondent appear to answer the questions in Sections FA and FB honestly?	FB 5	48
		1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> 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			

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)

Explication
(SP)
FR1

(Cut along broken lines)

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)

MEDICARE

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

FR2
Medicare

(Cut along broken lines)

STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI — KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States

Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
- SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.
- SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.
- SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.
- SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.
- SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.
- SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.
- SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.
- SERIES 13. **Data From the National Health Care Survey**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.
- SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.
- SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.
- SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—Advance Data Reports provide early release of information from the National Center for Health Statistics' health and demographic surveys. They are compiled in the order in which they are published. Some of these releases may be followed by detailed reports in Series 10–13.
- SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.
- SERIES 21. **Data on Natality, Marriage, and Divorce**—These reports contain statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.
- SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.
- SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of women of childbearing age.
- SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report (MVSR)*. These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSR published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

For answers to questions about this report or for a list of reports published in these series, contact:

Data Dissemination Branch
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782
(301) 436-8500
E-mail: nchsquery@cdc.gov
Internet: <http://www.cdc.gov/nchswwww/nchshome.htm>

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

STANDARD MAIL (A)
POSTAGE & FEES PAID
PHS/NCHS
PERMIT NO. G-281