AZ HEALTH SURVEY

2010 SURVEY DATA

PREPARED BY SOUTHWEST INTERDISCIPLINARY RESEARCH CENTER, ARIZONA STATE UNIVERSITY

Arizona Adults' Access to Health Care

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July 2011

FUNDED BY ST. LUKE'S HEALTH INITIATIVES
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Overview

Access to the healthcare system is a necessary precursor to delivering quality, effective health services. Access to health care affects a person's overall health status, quality of life and life expectancy. It can also prevent disease and disability, result in the detection and treatment of health conditions, diminish the number of preventable deaths, and serve society by containing healthcare costs (U.S. Department of Health and Human Services, Healthy People, 2010; Agency for Healthcare Research and Quality [AHRQ], 2009b; Fries, Koop, Beadle, Cooper, England, Greaves, et al., 1993).

This report explores access to health care among Arizona adults. Using data from the 2010 Arizona Health Survey – a statewide survey that asked more than 8,200 Arizonans about their health and well-being – this information delves into many of the issues affecting access to health care, identifying characteristics of those facing barriers to care and reasons behind those barriers.

Health coverage is one factor influencing whether or not people are able to get the health care they need. Nationally, private insurance coverage has declined (Tulumello, 2011). In Arizona, the percentage of uninsured adults has increased considerably from 2008 to 2010. According to the Arizona Health Survey, 16 percent of Arizonans lacked health insurance in 2010, compared to 14 percent in 2008 when a previous survey was administered (St. Luke's Health Initiatives [SLHI], 2008).

According to the Arizona Health Survey, the lack of affordable insurance is the main reason why adults in Arizona do not have insurance. Indeed, 37 percent of 2010 survey respondents who were uninsured cited unaffordable insurance as the main reason they lacked coverage. Rising premium costs have been a long-discussed concern for the uninsured (Fries et al.,1993). In Arizona, the average annual employee contribution is $3,617 for an employer-sponsored family policy which has an annual premium of $12,813 (AHRQ, 2009c; AHRQ, 2009d). Nationally, the average annual employee contribution is $3,474 for a family policy which has an annual premium of $13,027 (Branscome, 2010). Although Arizona's average annual premium cost for a family policy is lower than the average family policy nationwide, Arizonians pay more for a family policy than their counterparts nationwide.

The increase in the nation's and Arizona's unemployment rates over the last two years has also contributed to a rise in the number of uninsured. Nationally, unemployment increased from 7.2 percent in December 2008 to 9.4 percent in December 2010. In Arizona, it rose from 6.9 percent to 9.4 percent (U.S. Department of Labor, Bureau of Labor Statistics [USDL BLS], 2009; USDL BLS, 2011). The 2010 Arizona Health Survey found that the second highest reason why adults do not have insurance is due to shifts in their working status, such as a change in employer or a lost job.

Changes to public health coverage programs are also contributing to the number of uninsured. While many of the most significant cuts or changes to public coverage programs occurring in recent years arose after the 2010 survey was completed, nearly 3 percent of respondents indicated they were uninsured due to changes to public coverage or delays in processing applications. For example, a policy change that occurred prior to administration of the survey was the elimination of the KidsCare Parents health coverage program.

When examining issues around access to care, it is critical to understand that access to health care is not simply a matter of whether or not a person has health insurance. Other factors, including the adequacy of coverage, economic and geographic barriers, cultural influences and system fragmentation can affect access to quality care (Stiehm, 2001). In Arizona, 18 percent of the 2010 survey respondents reported that the primary reasons they delayed or did not get medical care were due to the cost of the service or the lack of medical coverage.

Even those who have health insurance may have limited access to health care due to exposure to out-of-pocket costs (Fiscella, 2011). Data from the 2010 Arizona Health Survey support this. The cost of a service or visit (co-pay) or other out-of-pocket costs is a primary reason why insured Arizona adults delay obtaining treatment, medical care or prescribed medication. Even for the insured with higher incomes, the cost of deductibles, co-pays and medications can limit access to medical care (Centers for Disease Control and Prevention [CDC], 2010). The 2010 Arizona Health Survey found that adults with incomes of $50,000-$74,999 and $11,999-$19,999 were more likely to delay or not get medical care due to out-of-pocket costs.

System fragmentation and the lack of health providers in some areas can also hinder access. Many Arizonans lack a personal doctor. In addition, dental, mental health, substance abuse, primary care and other healthcare services are rarely delivered in an integrated

setting (Stiehm, 2001). Moreover, provider shortages and the physical distance between residents and healthcare providers also serve as a barrier. As of 2010, there were 96 areas in the state of Arizona that the federal government designated as Health Professional Shortage Areas (HPSAs). Criteria for designating a HPSA include shortages in primary care, dental and mental health providers (Arizona Department of Health Services, 2010).

Finding adequate transportation, arranging child care for children, taking time off from work, and subsequent wage losses from time off work are additional indirect economic barriers affecting access to health care (Stiehm, 2001). The 2010 Arizona Health Survey found that 36 percent of respondents faced other unspecified reasons for delaying medical care, of which almost half were Native Americans or American Indians. Additionally, transportation was more of a concern for Native American or American Indian adults than for adults from other racial/ethnic groups.

Language difficulties, fears of deportation, lack of familiarity with the U.S. healthcare system and distrust of Western medicine are cultural barriers that can affect the utilization of healthcare services (Stiehm, 2001). Patients who face language barriers are less likely to have a usual source of care, less likely to receive preventative services and less likely to return for follow-up appointments after emergency room visits (Flores, 2006). However, the 2010 Arizona Health Survey did not support that language was a barrier in obtaining treatment or medication as there were no respondents who indicated that they delayed medical care or delayed obtaining medication due to no provider speaking their language. Communication barriers regardless of language impact the patient's understanding of diagnoses, treatment recommendations and eventual follow-through (AHRQ, 2009). Communication and cultural differences account for limited use of healthcare services by immigrants.

Access to dental care is a particular challenge. The poor, inner-city residents and the unemployed have limited access to dental services due to a lack of adequate financial resources (Guay, 2004). Lack of insurance is a major factor in accessing dental care (U.S. Department of Health and Human Services, 2000). In fact, the 2010 Arizona Health Survey found that uninsured adults were twice as likely as insured adults not to have seen a dentist within the past year. The rate of visiting a dentist also increased as income increased. Rural area residents oftentimes have to travel long distances to the nearest dental facility, which limits their access (Guay, 2004). In addition, people with special needs and those who are mobility restricted may have trouble accessing dental care if they require specialized treatment (Guay, 2004).

Lack of access to health care has consequences. Those who lack health insurance under use preventative services and medical treatment (CDC, 2011). Doctors and dentists alike are seeing a decline in people obtaining preventative services (Tulumello, 2011). Patients who are chronically ill and lack health insurance are less likely to visit a healthcare professional than those who have insurance (CDC, 2011). The *2008 National Healthcare Disparities Report* states that "the cumulative consequences of being uninsured compound, resulting in a population at particular risk for suboptimal health care and health status" (AHRQ, 2009a, p. 145). With unemployment in Arizona increasing and more Arizona adults being uninsured, there is a pressing need to address access to health care.

This report explores in depth many of the facets of access to care using data from the 2010 Arizona Health Survey. The information is instrumental to understanding how Arizonans access health care and determining what barriers they face in obtaining quality care. The health and well-being of Arizonans is critical to ensuring a productive community.

Summary of Access to Care Findings from the 2010 Arizona Health Survey

- In 2010, the major reasons Arizona adults did not have health insurance were a) health insurance was too expensive or unaffordable or b) they had a change in working status or employer or they lost a job.
- Regardless of insurance status, out-of-pocket costs such as the cost of a service or visit is a primary reason why Arizona adults are having problems obtaining treatment, delaying medical care, or delaying getting prescribed medication.
- There is a 46 percent difference between insured (19 percent) and uninsured (65 percent) persons who do not have a personal doctor.
- Adults with incomes in two categories – $75,000-$99,999 and $11,000-$19,999 – were almost equally likely to report not having health insurance due to insurance no longer being offered by their employer (6 percent compared to 5 percent). The same applies for not having insurance due to ineligibility because of health or other problems (4 percent compared to 3 percent).
- Eighteen percent of Arizona adults delayed or did not get medical care compared to a 2007 finding of 4.7 percent of adults nationwide who delayed or did not get medical care.
- Higher percentages of Native American or American Indian adults reported delaying or not getting medical care. They also reported delaying or not getting prescribed medication due to lack of transportation more often than any other race or ethnic group. Native American or American Indian adults were also the ethnic group more likely to believe they had poor health. Nationally in 2007, non-Hispanic Whites (5.1 percent) were more likely not to receive needed medical care than African-Americans (3.7 percent) and Asians (2.8 percent).
- Black or African-American adults and adults with an income of $11,000-$19,999 were more likely to delay or not get medical care due to out-of-pocket costs and due to lack of medical insurance than other groups.
- Twelve percent of Arizona adults delayed or did not get prescribed medication compared to a 2007 finding of 3.1 percent of adults nationwide who delayed or did not get needed prescribed medication.
- Almost twice as many Black or African-American adults (24 percent) delayed getting needed prescribed medication than non-Hispanic White adults (12 percent) or Hispanic/Latino adults (11 percent). Nationally in 2007, non-Hispanic Whites (3.6 percent) were more likely than Hispanics (1.7 percent) to delay or not get needed prescription medicines.
- Women were twice as likely as men to report lack of insurance as a reason they delayed or did not obtain a prescription (14 percent as compared to 6 percent).
- In the 40-49 year age category, nearly one in every five adults delayed getting prescription medication because they lacked insurance coverage.
- Nearly twice as many adults in Yuma and La Paz counties cited lack of insurance as the reason for delaying getting a prescription as compared to other geographic areas examined.
- Lack of transportation (6 percent) was more of a barrier in obtaining medication for adults in Pinal and Gila counties than adults in other geographic areas examined.
- Almost half (48 percent) of Hispanic/Latino adults and Black or African-American adults visited a dentist within the past year. Nationwide, utilization of dental care is much lower for African-American (45 percent) and Hispanic (46 percent) adults compared to 59 percent of non-Hispanic Whites.

Methodology

The 2010 Arizona Health Survey data are the result of telephone interviews of 8,215 adult heads of household living in Arizona. The sample was weighted[1] to be representative of the statewide population in Arizona allowing for generalizing[1] based upon the demographic characteristics of the population.

Survey questions and design were developed by St. Luke's Health Initiatives with assistance from Westat (the firm contracted to conduct the survey), consultants and community partners who use the data to inform their research, policy and planning decisions. Survey questions were pretested[1] to ensure their objectivity and validity.

Westat, a professional research service firm based in Rockville, Maryland, drew the samples[1], and administered the telephone survey. (Westat was also responsible for conducting the *2008 Arizona Health Survey* and the *2008* and *2010 California Health Interview Surveys*.) Respondents were selected using Random Digit Dialing (RDD), a procedure that excludes businesses and includes unlisted residential telephone numbers. Interviewers were trained and supervised by Westat. The 2010 survey interviews were conducted between May 4 and July 22, 2010.

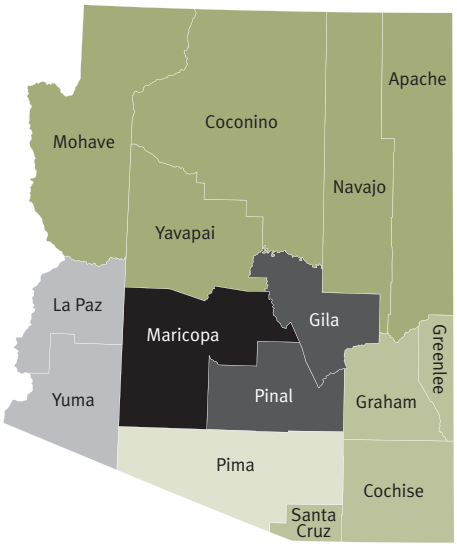
Samples were weighted to adjust for the increased number of people using cell phones as their only means of telecommunication. Comparison of the statistics generated in the statewide and geographic service area (GSA) samples with known population parameters[1] indicated that the samples were representative microcosms of the populations they were designed to represent, to mirror Arizona's demographic composition. Separate weighting variables[1] were calculated for each GSA. The sampling error for the statewide sample was .011 percent, calculated when the proportion answering a question is 50 percent and assuming the 95 percent level of significance.[1]

Questions about the survey instrument and methodology for the *2010 Arizona Health Survey* should be directed to Kim VanPelt at St. Luke's Health Initiatives at kim.vanpelt@slhi.org.

Data analyses by the Southwest Interdisciplinary Research Center (SIRC) began with additional data cleaning and recoding of variables into categories for reporting purposes. The PASW (formerly SPSS) statistical program was used to produce frequency and crosstab tables with chi-square values. To further elucidate statistically significant results, statistical tests were performed. All data reported have been rounded. Numbers in tables may not sum to the total due to missing data. Percentages are calculated on valid responses.

The 2010 Arizona Health Survey examines health data in six regions often referred to as Geographic Service Areas (GSAs). These GSAs are the service delivery areas for Arizona's publicly funded behavioral health and substance abuse services. They represent a compilation of one or more Arizona counties for each service area.

Geographic Service Areas (GSAs) in Arizona



1 Mohave, Coconino, Navajo, Apache, Yavapai
2 Yuma, La Paz
3 Graham, Greenlee, Cochise, Santa Cruz
4 Pinal, Gila
5 Pima
6 Maricopa

[1] Definitions for terms are provided in Appendix B.

The sample was weighted to be representative of the statewide population and the population in six GSAs in Arizona. The GSAs and the number of interviews conducted in each are shown in Table 1. All random samples have sampling errors when estimating population parameters. The sampling errors for the statewide sample and each GSA, calculated when the proportion answering a question is 50 percent and assuming the 95 percent level of significance, are shown in Table 1.

TABLE 1. Geographic Service Areas: Sampling

	Sample Size	Sample Error (+/-)
1. Mohave, Coconino, Navajo, Apache, Yavapai	1,053	.030
2. Yuma, La Paz	743	.036
3. Graham, Greenlee, Cochise, Santa Cruz	755	.035
4. Pinal, Gila	798	.035
5. Pima	2,143	.021
6. Maricopa	2,723	.019
Total	8,215	.011

All data reported have been rounded. The survey data reflect a statewide weighted sample similar to the following population data for Arizona.

Insurance Status and Indian Health Service

For the purpose of this report, Indian Health Service (federal health services to American Indians and Alaska Natives) was not considered as an insurance source.

Insurance & AHCCCS Demographics

Insurance Status

There has been a considerable increase in the percentage of Arizona adults who do not have insurance. In 2008, 14.3 percent of adults were uninsured (SLHI, 2008) whereas in 2010, 16 percent were uninsured (see Table 2).

TABLE 2. Health Insurance Status of Arizona Adults

	Number	%
No insurance	1,337	16%
Has insurance	6,878	84%
Total	8,215	100%

* Indian Health Service was not considered as a source of insurance.

In Arizona, females were slightly more likely to have insurance than males (86 percent compared to 82 percent). Younger adults, ages 18-28 were the least likely to have insurance (28 percent have no insurance) whereas adults ages 50 and older were more likely to have insurance. Additionally, one in every three Hispanic/Latino adults did not have insurance in comparison to one in every ten non-Hispanic White adults. As income decreased, the less likely a person was to have insurance. The geographical region (GSA) where an adult resides did not appear to be a contributing factor as to whether a person had insurance or not (see Figure 1) (see Table A-2).

In 2008, Arizona adults reported the main reason they did not have health insurance was due to insurance being too expensive, unaffordable or they were not eligible for health insurance due to a change in their employment. These two factors were again the main reasons why Arizona adults did not have health insurance in 2010 (see Table A-3).

Those who reported the cost of health insurance and lack of affordable insurance as the main reason why they do not have insurance were (see Tables A-4 and A-5):

- Adults who were 60-69 and 40-49 years old
- Adults who identified as being non-Hispanic White, Hispanic/Latino, or Asian, Pacific Islander or Native Hawaiian (see Figure 2)
- Adults with an income of $50,000-$74,999 and $11,000-$19,999 (see Figure 3)
- Adults residing in Mohave, Coconino, Navajo, Apache and Yavapai counties (GSA 1) or Graham, Greenlee, Cochise and Santa Cruz counties (GSA 3)

Those who reported a change in employment such as a change in employer or lost job as the main reason why they do not have insurance were (see Table A-4 and A-5):

- Adults between 40-59 years of age
- Adults who identified as being Asian, Pacific Islander or Native Hawaiian or non-Hispanic White (see Figure 2)
- Adults with an income of $75,000-$99,999 (see Figure 3)
- Adults residing in Pima County (GSA 5)

FIGURE 1. Insurance Status by Gender, Age, Ethnicity, Income and Region

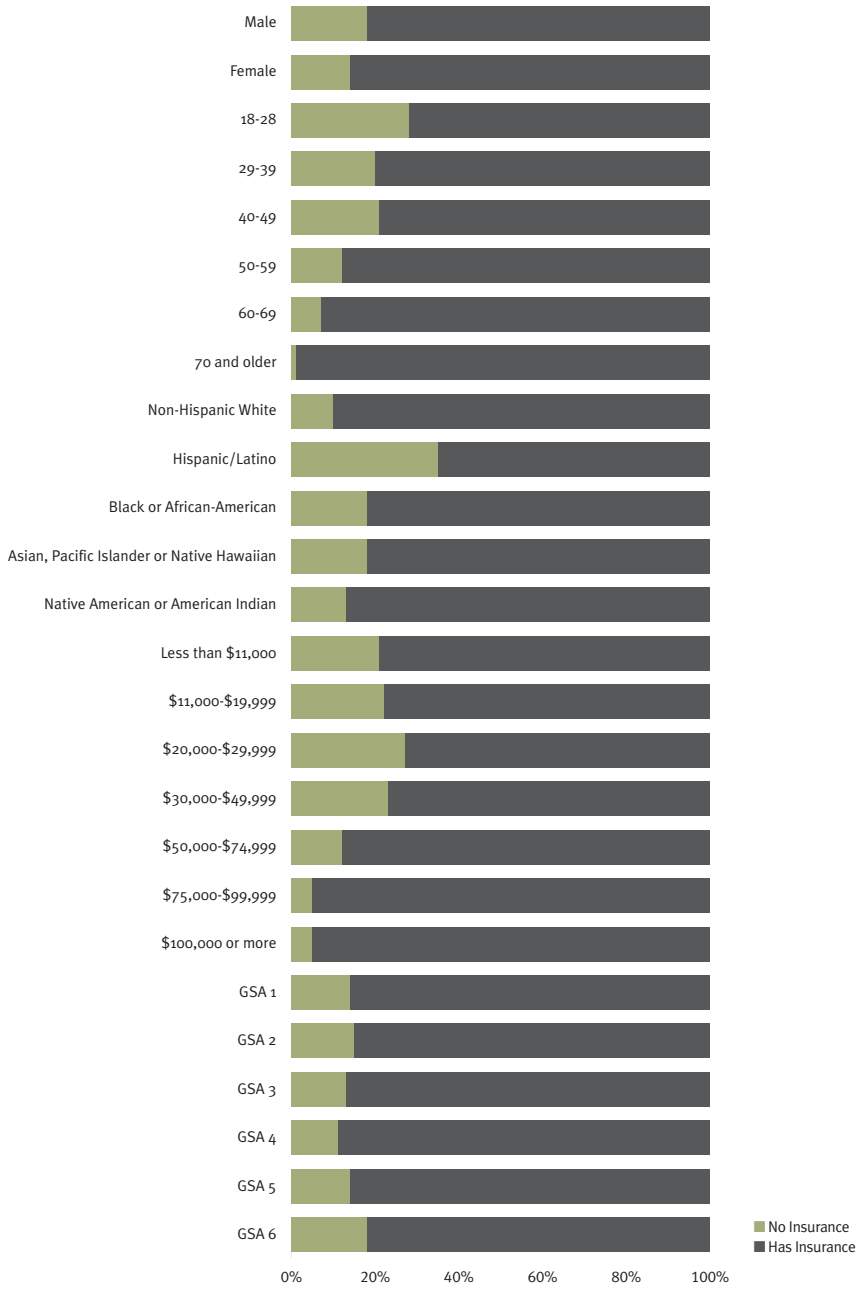


FIGURE 2. Main Reasons Do Not Have Insurance by Ethnicity

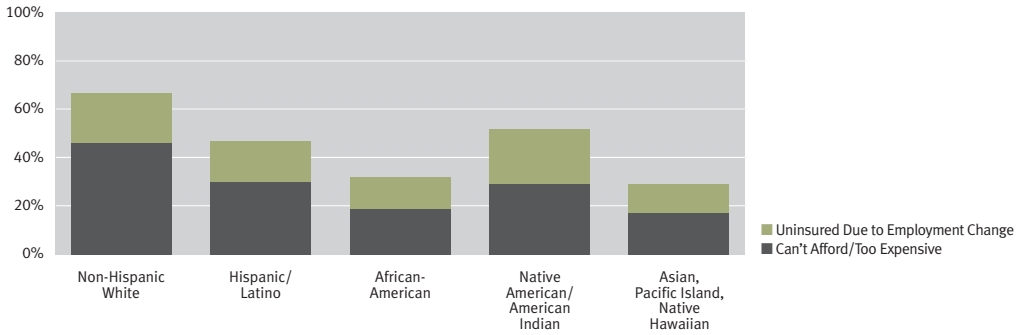
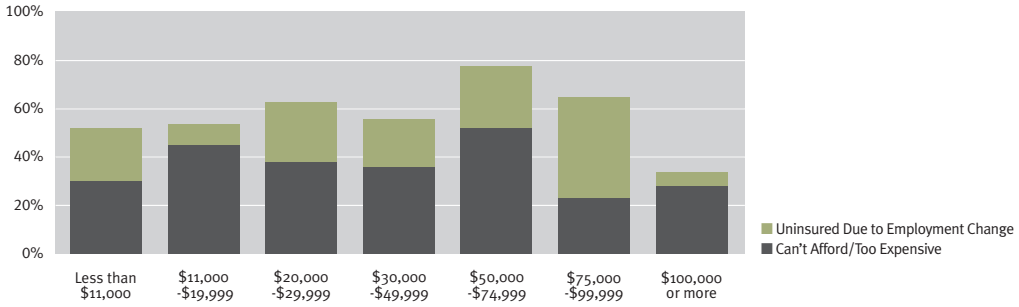


FIGURE 3. Main Reasons Do Not Have Insurance by Income



There are a variety of other reasons why a person may not have health insurance, aside from the top two main reasons listed above. In fact, 22 percent of adults who did not have insurance state this is because of *unspecified other reasons*. Males (26 percent) were more likely to report *unspecified other reasons* than females (18 percent) and 44 percent of Native American or American Indian adults reported *unspecified other reasons* as the main reason for not having health insurance (see Table A-6).

Other specified reasons reported by adults as to the main reason they do not have health insurance were:

- Change in family situation (see Table A-7)
  - Four percent of males compared to 1 percent of females
  - Five percent of 18-28 year olds
- Citizenship and immigration status (see Table A-8)
  - Five percent of females compared to 2 percent of males
  - Seven percent of adults 50-59 years of age compared to 4 percent of adults in both age categories 29-39 and 40-49 years of age
  - Seven percent of Hispanic/Latino adults
  - Six percent of adults in Yuma and La Paz counties (GSA2)
- Beliefs about health insurance (see Table A-9)
  - Five percent of males compared to 1 percent of females
  - Twenty-one percent of respondents in the age category of 70 and older
  - Seven percent of adults with an income of $30,000-$49,999

- Not eligible due to health or other problems (see Table A-10)
  - Four percent of adults 40-49, 50-59 and 60-69 years of age
  - Four percent of non-Hispanic White adults
  - Adults with an income of $75,000-$99,999 (4 percent) were almost equally as likely to report this reason as adults with incomes of $11,000-$19,999 or $50,000-$74,999 (3 percent)
- Government no longer offering health insurance (see Table A-11)
  - Six percent of adults 18-28 years old
  - Ten percent of Black or African-American adults
- Delay between switching insurance companies (see Table A-12)
  - Non-Hispanic White adults were the only ethnic group to report this reason (2 percent)
- Coverage no longer offered by employer (see Table A-13)
  - Adults with an income of $75,000-$99,999 and $11,000-$19,999 were almost equally likely to report this reason (6 percent compared to 5 percent)
  - Adults in Yuma and La Paz counties (GSA2) and Pinal and Gila counties (GSA4) were almost equally likely to report this reason (7 percent compared to 6 percent)

AHCCCS Insurance

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program that offers health insurance to serve Arizona residents who meet specific income and other requirements. AHCCCS serves low-income children and their families, pregnant women, and disabled or elderly people.

The number of persons who reported being covered by AHCCCS increased by 4 percent since 2008 (SLHI, 2008). In 2010, 18 percent of Arizona adults indicated they were currently covered by AHCCCS insurance (see Table A-14) of which a slightly higher percentage were females (20 percent) than males (16 percent). Younger adults, ages 18-28, were almost four times as likely than adults ages 60 and older, to have AHCCCS insurance. Additionally, the percentage of adults covered by AHCCCS decreased with age (see Table A-15).

Almost half of Native American or American Indian adults (46 percent), a third of Black or African-American adults (32 percent), a quarter of Hispanic/Latino adults (25 percent) and more than a tenth of non-Hispanic White adults (14 percent) reported having AHCCCS coverage. Residents in the Pima and Maricopa counties were slightly less likely to have AHCCCS coverage compared to other regions. Almost one in every three people (28 percent) in Pinal and Gila counties (GSA 4) had AHCCCS coverage (see Table A-15).

A third of persons with a mental health condition (33 percent) or with psychological distress (36 percent) (as assessed by the Kessler 6 Psychological Distress scale included as part of the survey) had AHCCCS coverage (see Table A-15).

Of the 2010 survey respondents, 9 percent were uninsured and yet eligible for AHCCCS coverage (below 100 percent of the Federal Poverty Level [FPL]). The three main reasons reported by adults for not having AHCCCS insurance were: they were not eligible due to income (30 percent), they never heard of AHCCCS (13 percent), or were ineligible due to citizenship and immigration status (11 percent).

General Health

General Health Rating

Among Arizona adults, 16 percent believed their health was *excellent*, 32 percent believed their health was *very good*, 31 percent believed their health was *good*, 15 percent believed their health was *fair* and 6 percent believed their health was *poor* (see Table 3).

TABLE 3. General Health Rating of Arizona Adults

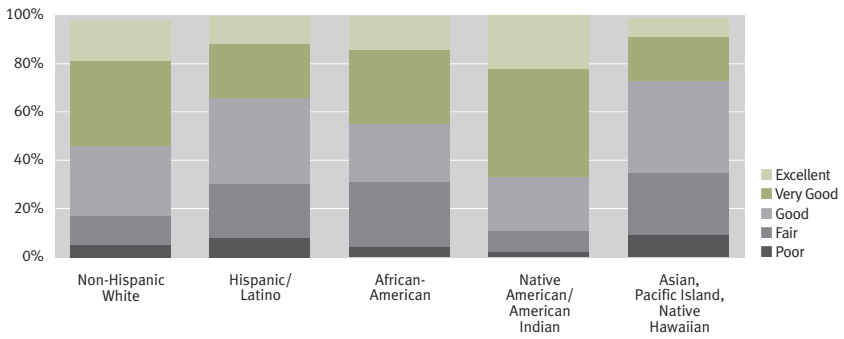
	Number	%
Excellent	1,306	16%
Very good	2,589	32%
Good	2,538	31%
Fair	1,269	15%
Poor	489	6%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

A higher percentage of individuals ages 18-28 believed they had *excellent* (18 percent) or *very good* (35 percent) health compared to persons who were 70 years of age and older (12 percent excellent health compared to 27 percent *very good* health). In general, approximately one-third of respondents in each of the age groups believed their health was *good*. Less than a third of adults ages 50-59 (28 percent), 60-69 (26 percent) and those 70 and older (27 percent) believed their health was *fair* or *poor* (see Table A-17).

Asian, Pacific Islander or Native Hawaiian adults (22 percent) were more likely to believe they have *excellent* health in comparison to other ethnic groups and Native American or American Indian adults (8 percent) were the least likely to believe they had *excellent* health. Native American or American Indian adults (26 percent) and Black or African-American adults (27 percent) were twice as likely to believe their health was *fair* in comparison to non-Hispanic White adults (12 percent). Native American or American Indian adults (9 percent) were the ethnic group most likely to believe they had *poor* health in comparison to other groups (see Figure 4) (see Table A-17).

FIGURE 4. General Health Rating by Ethnicity



Barriers to Medical Care

Personal Doctor

Access to health care is related to having a personal doctor. People who have a primary care physician are more likely to trust their provider, have communication with their provider, and ultimately are more likely to receive care (U.S. Department of Health and Human Services, 2010). In Arizona, 27 percent of adults do not have a personal doctor in comparison to 73 percent who have at least one personal doctor (see Table 4).

TABLE 4. Personal Doctor Status of Arizona Adults

	Number	%
There is one person who I think of as my personal doctor	4,630	56%
There is more than one person who I think of as my personal doctor	1,367	17%
There is no one who I think of as my personal doctor	2,179	27%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

A major indicator of who has and does not have a personal doctor is insurance status. There is a 46 percent gap between insured and uninsured adults who do not have a personal doctor (19 percent compared to 65 percent) (see Table 5). Additionally, there is a 30 percent gap between insured and uninsured adults who have at least one personal doctor (61 percent compared to 31 percent) (see Table A-20).

TABLE 5. Personal Doctor Status by Insurance Status

	Yes		No		Total	
	Number	%	Number	%	Number	%
No insurance	474	35%	863	65%	1,337	100%
Has insurance	5,523	81%	1,316	19%	6,839	100%

The chi-square statistic is significant at the 0.05 level.

A higher percentage of females (79 percent) than males (68 percent) had one or more persons they thought of as their personal doctor. There was also an 11 percent difference between males and females who reported there was *no one* whom they thought of as their personal doctor (32 percent of males compared to 21 percent of females). As age increased, there was a decrease in adults who reported there was no one whom they thought of as their personal doctor (42 percent adults ages 18-28 compared to 6 percent adults 70 and older). Additionally, adults of Hispanic/Latino origin (45 percent) and Native American or American Indian origin (41 percent) were more likely than non-Hispanic White (19 percent) adults to report there was no one whom they thought of as their doctor (see Table A-20).

Of adults who had a mental health condition, 17 percent reported not having a personal doctor (compared to 29 percent of those with no mental health condition). Additionally, among adults who reported psychological distress, 32 percent did not have a personal doctor (compared to 25 percent of those with no psychological distress) (see Table A-21).

Routine Checkups

In Arizona, 3 percent of adults have never received a routine checkup. Only 64 percent of adults have received a checkup within the past 12 months (see Table 6). Women were 10 percent more likely than their male counterparts to have received a routine checkup within the last 12 months (69 percent of women compared to 59 percent of men). Having a routine checkup in the last 12 months was positively related to the age of the adult. The older the adult, the more likely he/she had a routine checkup in the last year. Only 50 percent of young adults 18-28 years old compared to 84 percent of adults 70 years and older had a routine checkup in the last

year. Hispanic/Latino adults were the most likely to report they had never had a routine checkup (6 percent Hispanic/Latino adults compared to 2 percent non-Hispanic White adults) (see Table A-23).

TABLE 6. Routine Checkup Status of Arizona Adults

	Number	%
Within past year (anytime less than 12 months ago)	5,241	64%
Within past two years (one year but less than two years ago)	1,273	16%
Within past five years (two years but less than five years ago)	689	8%
Five or more years ago	660	8%
Never	225	3%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

Arizonans with incomes less than $11,000 were less likely to have had a routine checkup in the last year than those with incomes over $50,000 (54 percent compared to 66 to 72 percent). Only one in three adults who did not have health insurance had received a routine checkup within the past year compared to two out of three who had insurance. Adults who were experiencing psychological distress were less likely than those who were not experiencing psychological distress to have had a routine checkup within the past year (56 percent compared to 66 percent) (see Table A-24).

Doctor Visits

In Arizona, 23 percent of adults have not visited the doctor for any reason in the last 12 months (see Table A-25). Additionally, a third of young adults ages 18-29 have not been to a doctor once in the last 12 months. Of adults who do not have insurance, 55 percent have not seen a doctor once in the past 12 months, which is three times more than those who do have insurance (16 percent) (see Table A-26).

More than a third of Hispanic/Latino adults (39 percent), a third of Black or African-American adults (33 percent) and a quarter of Native American or American Indian adults (26 percent) have not seen a doctor once in the last 12 months, compared to non-Hispanic White adults (16 percent) (see Table A-26).

Received Tests and Treatment

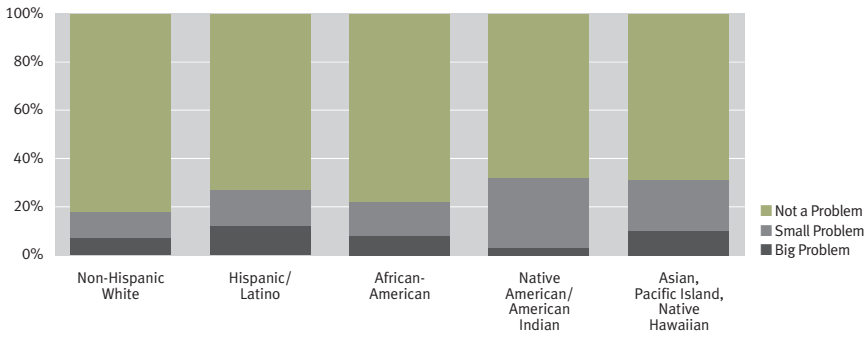
In Arizona, of those who have visited a doctor in the last 12 months, 64 percent reported their doctors believed they needed to have tests or treatment. Of this group, 20 percent stated they had a problem (big or small) getting the tests or treatment recommended by their doctors (see Table A-27).

More Asian, Pacific Islander or Native Hawaiian adults (32 percent) and Native American or American Indian adults (31 percent) reported having a problem obtaining tests or treatments compared to Black or African-American adults (22 percent), Hispanic/Latino adults (27 percent) and non-Hispanic White adults (18 percent) (see Figure 5) (see Table A-28).

Adults who lacked insurance faced far greater problems getting tests or treatment when compared to adults who had insurance (40 percent of those with no insurance compared to 19 percent of those with insurance). Location also mattered to whether people were able to get recommended treatment or tests. Twenty-five percent of those residing outside of Maricopa County had problems getting tests or treatment, compared to only 18 percent of adults in Maricopa County (see Table A-28).

As to why people faced a problem in getting tests or treatment, 37 percent reported *unspecified other reasons*. The four other main reasons were the cost of the service or visit (22 percent), lack of medical insurance (10 percent), could not get an appointment or the provider was not taking new patients (9 percent) or the service or visit was not covered by insurance (9 percent) (see Table A-29).

FIGURE 5. How Much of a Problem to Get Recommended Tests/Treatment



Some groups stood out as having one particular reason more than other groups. The cost of the service or visit was more a concern for (see Tables A-30 and A-31):

- A quarter of adults in all age groups except for adults 70 years of age and older (7 percent)
- Hispanic/Latino adults (28 percent) and non-Hispanic White adults (23 percent)
- Adults with an income in the $20,000-$29,999 range (42 percent)
- Adults residing in Pinal and Gila counties (GSA 4, 28 percent) and Pima County (GSA 5, 27 percent)
- Adults with no insurance (33 percent) compared to those with insurance (21 percent)

A lack of medical insurance was more of a concern for (see Tables A-30 and A-31):

- Females (13 percent) compared to males (7 percent)
- Adults 40-49 years of age (16 percent)
- Black or African-American adults (19 percent)
- Adults with an income in the $30,000-$49,999 (17 percent) and $75,000-$99,999 (16 percent) ranges
- Adults residing in Mohave, Coconino, Navajo, Apache and Yavapai counties (GSA 1, 14 percent) and Yuma and La Paz counties (GSA 2, 16 percent)

The reason of not being able to get an appointment or the provider was not taking new patients was a concern for (see Tables A-30 and A-31):

- Adults 60-69 years of age (15 percent) and 18-28 years of age (13 percent)
- Asian, Pacific Islander or Native Hawaiian adults (49 percent)
- Adults with an income in the $75,000-$99,999 (16 percent) or $100,000 or more (35 percent) range
- Adults residing in Yuma and La Paz counties

A service or visit not covered by insurance was a concern for (see Tables A-30 and A-31):

- Adults 29-39 (10 percent) and 40-49 (11 percent) years of age
- Black or African-American adults (12 percent)
- Adults with an income $100,000 or more (11 percent)
- Adults in Graham, Greenlee, Cochise and Santa Cruz counties (GSA 3, 11 percent) or Pinal and Gila counties (GSA 4, 11 percent)

Received Care from a Specialist

Less than half of Arizona adults who had visited a doctor in the past 12 months were referred by their primary doctor to see a specialist (see Table A-32). Twelve percent of those receiving such a referral reported they did not visit a specialist (see Table A-33).

More women (90 percent) than men (85 percent) who were referred to a specialist reported they had received care. Further, only 79 percent of 18-28 year olds reported receiving needed care from a specialist compared to 85 percent or more for all other age groups (see Table A-34).

Receipt of specialist care varied according to ethnicity. Only 79 percent of Hispanic/ Latino adults and only 81 percent of Native American or American Indian adults received needed care from a specialist as compared to Black or African-American adults (84 percent), non-Hispanic White adults (90 percent), or Asian, Pacific Islanders or Native Hawaiian adults (96 percent) (see Table A-34).

Income was also related to whether patients received care from a specialist. Over 90 percent of adults who reported an income of $50,000 or more received care from a specialist. Those who reported incomes of $20,000-$29,999 were less likely (79 percent) to receive care from a specialist than any other income category (see Table A-35).

Those who had insurance were far more likely to receive specialist care than those who did not have insurance. One out of three patients who did not have insurance did not receive specialist care compared to only one in ten who had insurance (see Table A-35).

Specialist care also varied according to geographic region. Nearly one in five patients in Yuma and La Paz counties (GSA 2) did not receive the specialist care they needed. In Maricopa County (GSA 6,) and Pinal and Gila counties (GSA 4), only 11 percent of patients who needed care from a specialist did not receive such care (see Table A-35).

Reasons Why Delayed or Did Not Receive Medical Care

Arizona adults appear to be delaying or not receiving recommended medical care more than their national counterparts. Eighteen percent delayed or did not get medical care (see Table 7) compared to a 2007 nationwide finding of 4.7 percent of the U.S. civilian non-institutionalized population (Chevarley, 2010).

Adults under the age of 50 were more likely to delay getting medical care than those 50 and older (see Table A-37). Nationally, of those who reported being unable to get or delayed in getting needed medical care, persons ages 18-24 (4.9 percent) were significantly more likely than those ages 65 and older (3 percent) to not receive needed care (Chevarley, 2010). By comparison many younger adults in Arizona ages 18-28 (21 percent) were more likely to delay getting medical care, as were more adults ages 70 and older (7 percent).

TABLE 7. Delayed or Did Not Get Medical Care in Last 12 Months, Frequency

	Number	%
Yes	1,503	18%
No	6,673	81%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

Arizona adults who were more at risk of not getting or delaying medical care (see Table A-37) include:

- Females
- Adults 50-59 years old
- Black or African-American adults
- Adults with an income of $11,000-$19,999
- Adults in, Mohave, Coconino, Navajo, Apache and Yavapai counties (GSA 1)

The rates among adults who reported not receiving needed medical care in the last 12 months were higher than rates observed nationally. In the U.S. civilian non-institutionalized population, non-Hispanic Whites (5.1 percent) were more likely to not receive needed medical care in the last 12 months than African-Americans (3.7 percent) and Asians (2.8 percent) (Chevarley, 2010). In Arizona, 27 percent of Black or African-American adults, 19 percent of non-Hispanic White adults and 16 percent of Asian, Pacific Islander or Native Hawaiian adults did not receive needed medical care in the last 12 months (see Table A-37). Additionally in Arizona, 16 percent of Hispanic/Latino adults and 13 percent of Native American or American Indian adults did not receive needed medical care in the last 12 months. Approximately a quarter of Arizona adults with an income of $11,000-$49,999 delayed or did not obtain medical care in the last 12 months (see Table A-37).

In Arizona, the top two reasons adults delayed medical care were due to the (see Table A-38):

- Cost of service or visit such as co-pay or out-of-pocket cost (32.7 percent)
- Lack of health insurance (17.3 percent)

Almost a quarter of those in the age groups of 18-28 and 40-49 who have delayed medical care reported this was due to a lack of health insurance. Additionally, approximately a third of adults regardless of age (except adults ages 70 and older) reported delaying medical care due to the cost of service or visit. Black or African-American adults were more likely to delay or not get medical care because of cost of a service or visit and due to lack of medical insurance (see Table A-39).

Those who reported that the cost of a service or visit was the main reason why they delayed or did not get medical care are (see Table A-39):

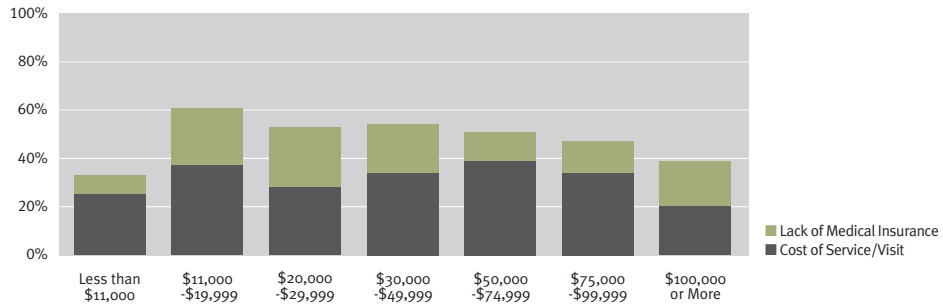
- Forty percent of Black or African-American adults, 33 percent of Hispanic/Latino adults, and 33 percent of non-Hispanic White adults
- Forty-two percent of adults with no insurance
- Thirty percent of adults with insurance

Those with an income between $11,000-$19,999 a year and $50,000-$74,999 a year were more likely to cite the cost of co-pays or out-of-pocket costs as the reason they delayed getting medical care. However, for all income levels, these costs were cited as the primary reason for delays in care (see Figure 6).

Those who reported lack of health insurance as the main reason why they delayed getting medical care are (see Table A-39):

- Twenty-three percent of adults 18-28 and 40-49 years old
- One in four adults with an income of $11,000-$29,999 a year
- One in five adults making between $30,000-$49,999 annually
- Twenty percent of those making $100,000 a year or more (see Figure 6)
- Twenty-two percent of those experiencing psychological distress

FIGURE 6. Main Reasons Delayed or Did Not Get Medical Care By Income



Other Reasons Why Adults Delay Medical Care

Regardless of race and ethnicity, large percentages of adults reported *unspecified other reasons* for delaying medical care. Almost half (48 percent) of Native American or American Indian adults reported this reason (see Table A-40).

Transportation was more of a concern for Native American or American Indian adults than other ethnic groups. Seven percent reported delaying or not getting medical care for this reason compared to 1 percent of both non-Hispanic White adults and Hispanic/Latino adults. Geographic area made very little difference among adults reporting delays getting medical care due to the lack of transportation (see Table A-41).

Among Asian, Pacific Islander or Native Hawaiian adults, 42 percent reported delaying or not getting medical care because they could not get an appointment and/or the provider was not taking new patients. Additionally, 8 percent of adults living in Mohave, Coconino, Navajo, Apache and Yavapai counties (GSA 1) reported delaying or not getting their medical care due to not being able to get an appointment with a provider and/or provider is not taking new patients (see Table A-41).

Among adults in the income brackets of $50,000-$74,999 and $100,000 or more, 5 percent from each category reported delays seeking medical care due to the hours of operation of the provider, compared to 1 percent of adults in the income brackets of $20,000-$29,999 and $30,000-$49,999 (see Table A-42).

Barriers to Medications

Reasons Why Delayed or Did Not Get Prescribed Medication

Among Arizona adults, 12 percent were unable to get or delayed getting prescribed medication (see Table 8 and Table A-43). Nationally, 3.1 percent of the U.S. non-institutionalized population were unable to get or delayed getting needed prescription medicines (Chevarley, 2010).

TABLE 8. Delayed or Did Not Get Prescription in Last 12 Months, Frequency

	Number	%
Yes	1,021	12%
No	7,175	87%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

In Arizona, the top three reasons adults did not get or delayed getting prescribed medication were due to (see Table A-44):

- Cost of a prescription such as co-pay or out-of-pocket cost (44 percent)
- Lack of medical insurance (11 percent)
- Prescribed medication was not covered by insurance (9 percent)

Nationally, non-Hispanic Whites (3.6 percent) were more likely than Hispanics (1.7 percent) to be unable to get or delay getting needed prescription medicines (Chevarley, 2010). In Arizona, almost twice as many Black or African-American adults (24 percent) delayed getting needed prescribed medication than non-Hispanic White adults (12 percent) or Hispanic/Latino adults (11 percent) (see Table A-45).

In Arizona, the major reason given by all ethnic groups for delaying getting medication was the cost of the prescription such as the out-of-pocket costs. While 15 percent of Native American or American Indian adults were unable to get or delayed getting prescribed medication (see Table A-46), half of them did not give a specific reason (see Table A-49) and only 20 percent cited the cost of the prescription such as the out-of-pocket expenses as the reason (see Table A-46).

The cost of the prescription was the primary reason cited for delaying getting a prescription medication (see Table A-47):

- Both men and women cited the out-of-pocket costs of the prescription and co-pays as the primary reason they delayed in getting prescription medication (see Figure 7)
- In all age groups, approximately one-third to one-half of respondents cited the cost of the prescription as the primary reason that obtaining medication was delayed (see Figure 8)
- Only one in three people in the highest income categories cited cost of the prescription as the reason for delaying obtaining medication, compared to about half of those with incomes in the $11,000-$75,000 categories
- Nearly half of adults in Gila and Pinal counties (GSA 4, 54 percent) and Pima County (GSA 5, 50 percent) cited the cost of the prescription as the reason for delaying obtaining medication

Among those who reported lack of insurance as the main reason they delayed getting medication (see Table A-47 and A-48):

- Women were twice as likely as men to report lack of insurance as a reason they delayed obtaining a prescription (14 percent as compared to 6 percent) (see Figure 7)
- In the 40-49 year age category, nearly one in five delayed getting a medication because they lacked insurance coverage (17 percent) (see Figure 8)
- Nearly twice as many adults in Yuma and La Paz counties (GSA 2) cited lack of insurance as the reason for delaying getting a prescription as compared to other GSAs
- Those who have a diagnosed mental health condition or have psychological distress were twice as likely to cite lack of insurance as a reason they delayed obtaining medication

Additionally, among those who reported their medication was not covered by insurance as the reason for delaying or obtaining medication (see Table A-47):

- Women were twice as likely as men to delay obtaining necessary prescription medication when the medication was not covered by insurance (11 percent as compared to 6 percent) (see Figure 7)
- Nearly one in ten persons ages 29 and older reported they delayed getting a prescription because it was not covered by insurance (see Figure 8)
- One in three adults with an income of $11,000 or less cited the prescription was not covered by insurance as the reason for delaying getting a medication
- Those residing in Mohave, Coconino, Navajo, Apache and Yavapai counties (GSA 1), Yuma and La Paz counties (GSA 2), and Pima County (GSA 5) were twice as likely to attribute delaying obtaining a prescription to the prescription not being covered by insurance as other GSAs

FIGURE 7. Main Reasons Delayed or Did Not Get Prescription by Gender

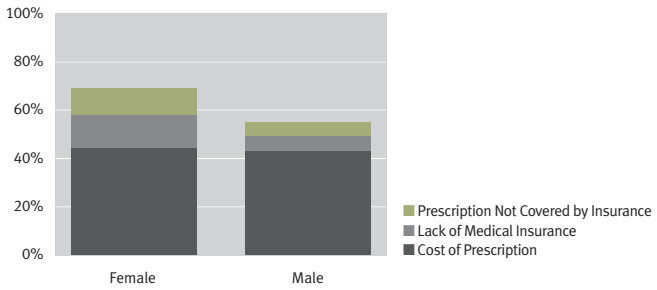
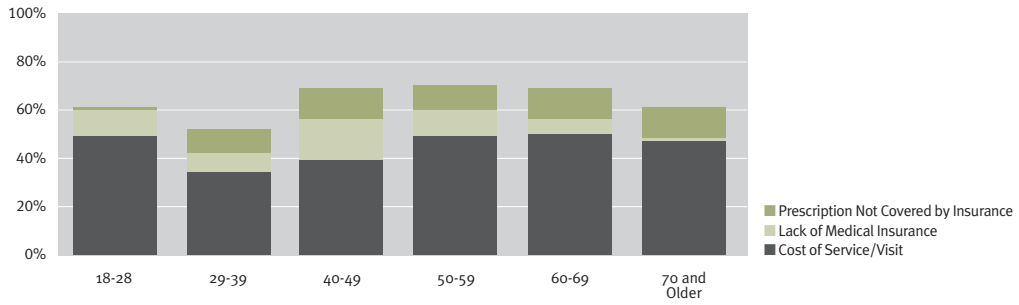


FIGURE 8. Main Reasons Delayed or Did Not Get Prescription by Age



For those who did not have insurance, the cost of the prescription (54 percent) and lack of insurance (32 percent) were the primary reasons for delaying or obtaining medication. Those who had insurance cited the cost of the prescription (41 percent) and the fact that the prescription was not covered by insurance (11 percent) as the primary reasons for delaying getting medication (see Table A-48).

Other Reasons Why Delayed or Did Not Get Prescribed Medicine

Unspecified other reasons are a major concern in obtaining prescribed medication among 36 percent of non-Hispanic White adults and 53 percent of Native American or American Indian adults. Across all age groups, 28 to 40 percent reported other non-specified reasons for why they delayed in getting medicine (see Table A-49).

Lack of transportation in obtaining prescribed medication was more of a barrier for Native American or American Indian adults (11 percent) compared to Hispanic/Latino adults (5 percent) and non-Hispanic White adults (1 percent). Higher percentages of males (4 percent) compared to females (1 percent) and adults 29-39 years of age (6 percent) compared to adults 50-59 years old (1 percent) also reported having a lack of transportation to obtain medication. Of adults residing in Pinal and Gila counties (GSA 4), 6 percent reported the main reason they delayed getting their medicine was because of lack of transportation. Lack of transportation was also a barrier for those who had a diagnosed mental health condition or reported psychological distress (see Table A-50).

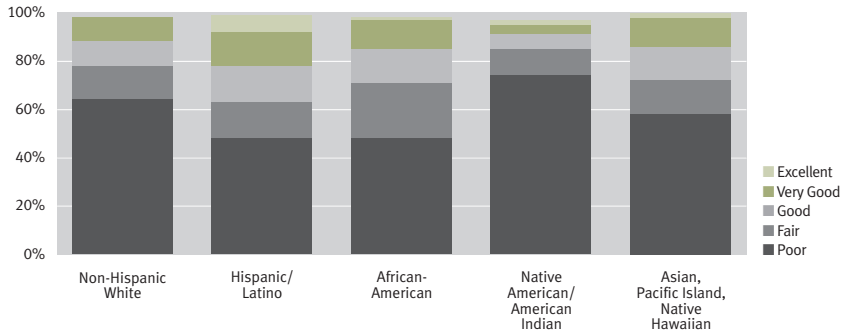
Barriers to Dental Care

Visits to the Dentist

In Arizona, 75 percent of adults had seen a dentist within the past two years. Another 11 percent had seen a dentist in the past two to five years (see Table A-50). Women (62 percent) were more likely to have seen a dentist than men (57 percent) in the past year. There was little variation in the likelihood of visiting a dentist in the past year according to age (see Table A-52).

Nationwide, utilization of dental care is much lower for African-American and Hispanic populations. Only 45 percent of African-American adults and 46 percent of Hispanic adults reported visiting a dentist during the last year as compared with 59 percent of non-Hispanic Whites (Manski & Magder, 1998). In Arizona, 48 percent of Hispanic/Latino adults or Black or African-American adults visited a dentist within the past year; 7 percent of Hispanic/Latino adults had never seen a dentist. In Arizona, only 58 percent of Native American or American Indian adults had visited a dentist within the past year (see Figure 9) (see Table A-52). The American Dental Association (2003) suggests Native Americans encounter reduced access to dental care for many reasons, which may include economic, cultural and geographical barriers.

FIGURE 9. How Long Since Last Visiting Dentist



Americans with the lowest incomes are less likely to utilize dental services. Nationwide, only 41 percent of people with a family income of less than $10,000 a year reported visiting a dentist during the past year as compared with 73 percent of people with a family income of more than $35,000 a year (Manski & Magder, 1998). In Arizona, the rate of adults visiting a dentist increased as income increases. Arizonans with incomes under $50,000 were far less likely to have seen a dentist within the past year as compared to those who have incomes of $50,000 or more. Of adults with incomes $11,000 or less, 7 percent had never seen a dentist (see Table A-53).

Among Americans who have seen a dentist within the past year, 48 percent are below the Federal Poverty Level (FPL) compared to 67 percent who are at or above the FPL (Guay, 2004). While one in every two adults who are below the FPL at the national level have seen a dentist in the past year, only one in every three Arizona adults who are below the FPL visited the dentist in the past year (37 percent) (see Table A-53).

Approximately one-half of Americans do not have dental benefits and pay for dental care out-of-pocket (American Dental Association, 2003). In Arizona, one in every three adults who did not have health insurance (38 percent) had seen a dentist within the past year compared to two in every three adults who had insurance (64 percent) (see Table A-53).

Those who did not have a diagnosed mental health condition (62 percent) were more likely than those who had a diagnosed mental health condition (51 percent) to have visited a dentist within the past year. Those who were experiencing psychological distress (42 percent) were less likely than those who were not experiencing psychological distress (64 percent) to have had a dental visit within the past year (see Table A-53).

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Appendix A: Data Tables

TABLE A-1. Insurance Status, Frequency

	Number	%
No insurance	1,337	16%
Has insurance	6,878	84%
Total	8,215	100%

TABLE A-2. Insurance Status

	No Insurance		Has Insurance	
	N	%	N	%
Male	746	18%	3,336	82%
Female	591	14%	3,542	86%
18-28	457	28%	1,205	72%
29-39	338	20%	1,365	80%
40-49	301	21%	1,155	79%
50-59	159	12%	1,174	88%
60-69	73	7%	933	93%
70 and older	9	1%	1,046	99%
Non-Hispanic White	548	10%	4,940	90%
Hispanic/Latino	656	35%	1,237	65%
Black or African-American	55	18%	246	82%
Asian, Pacific Islander or Native Hawaiian	27	18%	118	82%
Native American or American Indian	40	13%	279	87%
Less than $11,000	73	21%	280	79%
$11,000-$19,999	98	22%	349	78%
$20,000-$29,999	164	27%	454	73%
$30,000-$49,999	259	23%	872	77%
$50,000-$74,999	103	12%	792	88%
$75,000-$99,999	35	5%	698	95%
$100,000 or more	51	5%	995	95%
1. Mohave, Coconino, Navajo, Apache, Yavapai	128	14%	822	86%
2. Yuma, La Paz	40	15%	227	85%
3. Graham, Greenlee, Cochise, Santa Cruz	35	13%	232	87%
4. Pinal, Gila	51	11%	410	89%
5. Pima	188	14%	1,145	86%
6. Maricopa	895	18%	4,041	82%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-3. Main Reason Did Not Have Health Insurance, Frequency

	N	%
Can't afford/too expensive	639	37%
Not eligible due to employment/employer change or lost job	328	19%
Don't believe in insurance	58	3%
Not eligible due to citizenship/immigration status	55	3%
Family situation changed	44	3%
Health insurance no longer offered by government	42	2%
Not eligible due to health or other problems	38	2%
Health insurance no longer offered by employer	24	1%
Delay between switch of insurance companies	18	1%
Delay in government processing insurance application	10	.6%
Can get health care for free/pay for own care	10	.6%
Other unspecified reasons	388	22%
Total	1,751	100%
Inapplicable question	6,464	
Total	8,215	

TABLE A-4. Main Reason Did Not Have Health Insurance – Can't Afford/Too Expensive or Not Eligible Due to Employment/Employer Change or Lost Job

	Can't Afford/Too Expensive		Not Eligible Due to Employment/ Employer Change or Lost Job	
Age/Ethnicity	N	%	N	%
18-28	175	28%	91	14%
29-39	148	35%	82	19%
40-49	168	44%	91	24%
50-59	86	41%	54	26%
60-69	59	60%	9	9%
70 and older	2	21%	1	11%
Non-Hispanic White	367	46%	165	21%
Hispanic/Latino	232	30%	132	17%
Black or African-American	17	19%	12	13%
Asian, Pacific Islander or Native Hawaiian	12	29%	9	23%
Native American or American Indian	8	17%	5	12%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-5. Main Reason Did Not Have Health Insurance – Can't Afford/Too Expensive or Not Eligible Due to Employment/Employer Change or Lost Job

	Can't Afford/Too Expensive		Not Eligible Due to Employment/ Employer Change or Lost Job	
Income/County	**N**	**%**	**N**	**%**
Less than $11,000	32	30%	24	22%
$11,000-$19,999	57	45%	12	9%
$20,000-$29,999	89	38%	58	25%
$30,000-$49,999	120	36%	68	20%
$50,000-$74,999	76	52%	38	26%
$75,000-$99,999	15	23%	27	42%
$100,000 or more	19	28%	4	6%
1. Mohave, Coconino, Navajo, Apache, Yavapai	97	53%	22	12%
2. Yuma, La Paz	10	19%	11	21%
3. Graham, Greenlee, Cochise, Santa Cruz	22	48%	10	21%
4. Pinal, Gila	26	37%	13	18%
5. Pima	100	39%	81	32%
6. Maricopa	383	34%	190	17%

TABLE A-6. Main Reason Did Not Have Health Insurance – Other Unspecified Reasons

	Other Unspecified Reasons	
	N	**%**
No insurance	276	21%
Has insurance	113	25%
Male	244	26%
Female	145	18%
Non-Hispanic White	126	16%
Hispanic/Latino	211	27%
Black or African-American	18	20%
Asian, Pacific Islander or Native Hawaiian	12	29%
Native American or American Indian	20	44%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-7. Main Reason Did Not Have Health Insurance – Family Situation Changed

	Family Situation Changed	
	N	%
Male	34	4%
Female	10	1%
18-28	32	5%
29-39	5	1%
40-49	6	2%
50-59	2	1%
60-69	0	0%
70 and older	0	0%

TABLE A-8. Main Reason Did Not Have Health Insurance – Not Eligible Due to Citizenship/Immigration Status

	Not Eligible Due to Citizenship/Immigration Status	
	N	%
Male	15	2%
Female	39	5%
18-28	11	2%
29-39	15	4%
40-49	15	4%
50-59	14	7%
60-69	0	0%
70 and older	0	0%
Non-Hispanic White	2	0%
Hispanic/Latino	53	7%
Black or African-American	0	0%
Asian, Pacific Islander or Native Hawaiian	0	0%
Native American or American Indian	0	0%
1. Mohave, Coconino, Navajo, Apache, Yavapai	1	1%
2. Yuma, La Paz	3	6%
3. Graham, Greenlee, Cochise, Santa Cruz	0	0%
4. Pinal, Gila	0	0%
5. Pima	7	3%
6. Maricopa	43	4%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-9. Main Reason Did Not Have Health Insurance – Don't Believe in Insurance

	Don't Believe in Insurance	
	N	%
Male	51	5%
Female	7	1%
18-28	22	3%
29-39	17	4%
40-49	12	3%
50-59	2	1%
60-69	2	3%
70 and older	2	21%
Less than $11,000	1	1%
$11,000-$19,999	7	5%
$20,000-$29,999	7	3%
$30,000-$49,999	24	7%
$50,000-$74,999	1	1%
$75,000-$99,999	0	0%
$100,000 or more	0	0%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-10. Main Reason Did Not Have Health Insurance – Not Eligible Due to Health or Other Problems

	Not Eligible Due to Health or Other Problems	
	N	%
18-28	9	1%
29-39	2	0%
40-49	14	4%
50-59	9	4%
60-69	4	4%
70 and older	0	2%
Non-Hispanic White	28	4%
Hispanic/Latino	10	1%
Black or African-American	0	0%
Asian, Pacific Islander or Native Hawaiian	0	0%
Native American or American Indian	0	0%
Less than $11,000	1	1%
$11,000-$19,999	4	3%
$20,000-$29,999	5	2%
$30,000-$49,999	3	1%
$50,000-$74,999	5	3%
$75,000-$99,999	3	4%
$100,000 or more	1	2%

TABLE A-11. Main Reason Did Not Have Health Insurance – Health Insurance No Longer Offered by Government

	Health Insurance No Longer Offered by Government	
	N	%
18-28	37	6%
29-39	0	0%
40-49	2	0%
50-59	3	2%
60-69	0	0%
70 and older	0	0%
Non-Hispanic White	10	1%
Hispanic/Latino	23	3%
Black or African-American	9	10%
Asian, Pacific Islander or Native Hawaiian	0	0%
Native American or American Indian	0	0%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-12. Main Reason Did Not Have Health Insurance – Delay Between Switch of Insurance Companies

	Delay Between Switch of Insurance Companies	
	N	%
Non-Hispanic White	15	2%
Hispanic/Latino	3	0%
Black or African-American	0	0%
Asian, Pacific Islander or Native Hawaiian	0	0%
Native American or American Indian	0	0%

TABLE A-13. Main Reason Did Not Have Health Insurance – Health Insurance No Longer Offered by Employer

	Health Insurance No Longer Offered by Employer	
	N	%
Less than $11,000	0	0%
$11,000-$19,999	6	5%
$20,000-$29,999	0	0%
$30,000-$49,999	5	2%
$50,000-$74,999	0	0%
$75,000-$99,999	4	6%
$100,000 or more	2	3%
1. Mohave, Coconino, Navajo, Apache, Yavapai	0	0%
2. Yuma, La Paz	4	7%
3. Graham, Greenlee, Cochise, Santa Cruz	0	0%
4. Pinal, Gila	5	6%
5. Pima	0	0%
6. Maricopa	16	1%

TABLE A-14. Insurance Type: AHCCCS, Frequency

	Number	%
Yes	1,475	18%
No	6,699	82%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-15. Insurance Type: AHCCCS

	Yes		No	
	N	%	N	%
Male	667	16%	3,393	83%
Female	808	20%	3,306	80%
18-28	516	31%	1,133	68%
29-39	378	22%	1,324	78%
40-49	239	16%	1,212	83%
50-59	175	13%	1,151	86%
60-69	78	8%	924	92%
70 and older	89	8%	955	91%
Non-Hispanic White	749	14%	4,713	86%
Hispanic/Latino	465	25%	1,421	75%
Black or African-American	98	32%	200	66%
Asian, Pacific Islander or Native Hawaiian	12	8%	131	91%
Native American or American Indian	146	46%	172	54%
1. Mohave, Coconino, Navajo, Apache, Yavapai	210	22%	736	77%
2. Yuma, La Paz	63	24%	202	75%
3. Graham, Greenlee, Cochise, Santa Cruz	59	22%	203	76%
4. Pinal, Gila	129	28%	330	72%
5. Pima	216	16%	1,109	83%
6. Maricopa	798	16%	4,120	83%
No mental health condition	1,024	15%	5,779	85%
Has mental health condition	451	33%	920	67%
No psychological distress	968	14%	5,799	85%
Has psychological distress	503	36%	893	63%

TABLE A-16. General Health Rating, Frequency

	N	%
Excellent	1,306	16%
Very good	2,589	32%
Good	2,538	31%
Fair	1,269	15%
Poor	489	6%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-17. Insurance Type: AHCCCS

	Excellent		Very Good		Good		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
18-28	307	18%	589	35%	575	35%	147	9%	44	3%
29-39	327	19%	555	33%	492	29%	257	15%	73	4%
40-49	224	15%	418	29%	481	33%	241	17%	88	6%
50-59	177	13%	442	33%	339	25%	257	19%	115	9%
60-69	145	14%	301	30%	298	30%	179	18%	76	8%
70 and older	126	12%	284	27%	354	34%	188	18%	94	9%
Non-Hispanic White	955	17%	1,942	35%	1,604	29%	679	12%	289	5%
Hispanic/Latino	240	13%	412	22%	684	36%	407	22%	149	8%
Black or African-American	41	14%	94	31%	72	24%	82	27%	11	4%
Asian, Pacific Islander or Native Hawaiian	32	22%	65	45%	32	22%	13	9%	3	2%
Native American or American Indian	26	8%	56	18%	122	38%	84	26%	29	9%

TABLE A-18. Has Personal Doctor, Frequency

	N	%
There is one person who I think of as my personal doctor	4,630	56%
There is more than one person who I think of as my personal	1,367	17%
There is no one who I think of as my personal doctor	2,179	27%
Total	8,215	100%

TABLE A-19. Has Personal Doctor by Insurance Status

	Personal Doctor Status					
	Yes		No		Total	
	N	%	N	%	N	%
No insurance	474	35%	863	65%	1,337	100%
Has insurance	5,523	81%	1,316	19%	6,839	100%

The chi-square statistic is significant at the 0.05 level.

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-20. Has Personal Doctor

	There is One Person Who I Think of as My Personal Doctor		There is More Than One Person Who I Think of as My Personal Doctor		There is No One Who I Think of as My Personal Doctor	
	N	%	N	%	N	%
No insurance	411	31%	62	5%	863	65%
Has insurance	4,219	61%	1,305	19%	1,316	19%
Male	2,169	53%	588	15%	1,300	32%
Female	2,461	60%	779	19%	879	21%
18-28	764	46%	192	12%	693	42%
29-39	808	47%	242	14%	654	38%
40-49	799	55%	225	15%	424	29%
50-59	849	64%	245	18%	237	18%
60-69	686	68%	207	21%	109	11%
70 and older	724	69%	256	24%	62	6%
Non-Hispanic White	3,367	61%	1,048	19%	1,054	19%
Hispanic/Latino	858	45%	172	9%	860	45%
Black or African-American	167	55%	50	17%	83	28%
Asian, Pacific Islander or Native Hawaiian	77	54%	26	18%	37	26%
Native American or American Indian	120	38%	56	18%	132	41%

TABLE A-21. Has Personal Doctor

	There is One Person Who I Think of as My Personal Doctor		There is More Than One Person Who I Think of as My Personal Doctor		There is No One Who I Think of as My Personal Doctor	
	N	%	N	%	N	%
No mental health condition	3,817	56%	1,040	15%	1,949	29%
Has mental health condition	813	59%	327	24%	229	17%
No psychological distress	3,896	57%	1,139	17%	1,729	25%
Has psychological distress	726	52%	226	16%	449	32%

TABLE A-22. How Long Since Last Routine Checkup, Frequency

	N	%
Within past year (anytime less than 12 months ago)	5,241	64%
Within past two years (one year but less than two years ago)	1,273	16%
Within past five years (two years but less than five years ago)	689	8%
Five or more years ago	660	8%
Never	225	3%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-23. How Long Since Last Routine Checkup

	Within Past Year (Anytime Less Than 12 Months Ago)		Within Past Two Years (One Year But Less Than Two Years Ago)		Within Past Five Years (Two Years But Less Than Five Years Ago)		Five or More Years Ago		Never	
	N	%	N	%	N	%	N	%	N	%
Male	2,409	59%	699	17%	386	9%	386	9%	143	4%
Female	2,833	69%	574	14%	303	7%	273	7%	82	2%
18-28	836	50%	307	18%	236	14%	175	11%	63	4%
29-39	870	51%	386	23%	193	11%	160	9%	63	4%
40-49	918	63%	194	13%	134	9%	149	10%	50	3%
50-59	944	71%	208	16%	70	5%	72	5%	25	2%
60-69	787	78%	107	11%	32	3%	59	6%	15	1%
70 and older	885	84%	72	7%	23	2%	45	4%	10	1%
Non-Hispanic White	3,617	66%	780	14%	433	8%	481	9%	102	2%
Hispanic/Latino	1,072	57%	347	18%	193	10%	131	7%	118	6%
Black or African-American	194	65%	53	18%	33	11%	15	5%	1	0%
Asian, Pacific Islander or Native Hawaiian	101	70%	22	15%	12	8%	3	2%	1	1%
Native American or American Indian	211	66%	64	20%	16	5%	18	6%	3	1%

TABLE A-24. How Long Since Last Routine Checkup

	Within Past Year (Anytime Less Than 12 Months Ago)		Within Past Two Years (One Year But Less Than Two Years Ago)		Within Past Five Years (Two Years But Less Than Five Years Ago)		Five or More Years Ago		Never	
	N	%	N	%	N	%	N	%	N	%
Less than $11,000	191	54%	72	20%	8	2%	57	16%	22	6%
$11,000-$19,999	271	61%	46	10%	55	12%	45	10%	25	6%
$20,000-$29,999	353	57%	98	16%	70	11%	66	11%	24	4%
$30,000-$49,999	676	60%	173	15%	96	8%	139	12%	34	3%
$50,000-$74,999	607	68%	140	16%	82	9%	53	6%	6	1%
$75,000-$99,999	487	66%	111	15%	71	10%	41	6%	16	2%
$100,000 or more	757	72%	162	16%	72	7%	44	4%	6	1%
No insurance	440	33%	321	24%	224	17%	222	17%	106	8%
Has insurance	4,801	70%	953	14%	465	7%	438	6%	120	2%
No psychological distress	4,451	66%	1,046	15%	528	8%	514	8%	159	2%
Has psychological distress	786	56%	225	16%	160	11%	144	10%	66	5%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-25. Number of Times in Last 12 Months Visited Doctor for Any Reason

	N	%
.00	1,854	23%
1.00	1,493	18%
Total	8,213	100%

TABLE A-26. Number of Times in Last 12 Months Visited Doctor for Any Reason

	.00		1.00	
	N	%	N	%
18-28	576	35%	377	23%
29-39	497	29%	331	19%
40-49	346	24%	311	21%
50-59	213	16%	207	16%
60-69	118	12%	137	14%
70 and older	103	10%	131	12%
No insurance	740	55%	284	21%
Has insurance	1,114	16%	1,209	18%
Non-Hispanic White	887	16%	1,025	19%
Hispanic/Latino	746	39%	332	18%
Black or African-American	100	33%	38	13%
Asian, Pacific Islander or Native Hawaiian	29	20%	32	22%
Native American or American Indian	82	26%	51	16%

TABLE A-27. Doctor Believed Needed Tests/Treatment by How Much of a Problem to Get Tests/Treatment

				How Much of a Problem to Get Tests/Treatment					
				Very Good		Good		Fair	
		N	%	N	%	N	%	N	%
Doctor believed needed tests/treatment in last 12 months	Yes	4,074	64%	324	8%	494	12%	3,240	80%
	No	2,257	36%						
	Total	6,361	100%						

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-28. How Much of a Problem to Get Tests/Treatment

	A Big Problem		A Small Problem		Not a Problem	
	N	%	N	%	N	%
Non-Hispanic White	230	7%	332	11%	2,544	82%
Hispanic/Latino	68	12%	86	15%	427	73%
Black or African-American	10	8%	17	14%	100	79%
Asian, Pacific Islander or Native Hawaiian	1	3%	15	29%	35	68%
Native American or American Indian	15	10%	31	21%	101	69%
No insurance	77	24%	52	16%	192	59%
Has insurance	248	7%	442	12%	3,048	81%
1. Mohave, Coconino, Navajo, Apache, Yavapai	44	9%	70	14%	372	76%
2. Yuma, La Paz	9	8%	20	17%	88	75%
3. Graham, Greenlee, Cochise, Santa Cruz	9	8%	18	15%	92	77%
4. Pinal, Gila	24	12%	28	13%	159	75%
5. Pima	62	9%	114	16%	528	74%
6. Maricopa	176	7%	245	10%	2,001	82%

TABLE A-29. Main Reason for Problem Getting Tests/Treatment

	N	%
Lack of medical insurance	85	10%
Service or visit not covered by insurance	71	9%
Cost of the service or co-pay (co-pay or out-of-pocket cost)	184	22%
Lack of transportation	42	5%
No qualified specialist in my area	17	2%
Could not get an appointment/provider not taking new patients	72	9%
Hours of operation of the provider	17	2%
Other	306	37%
Total	819	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-30. Main Reason for Problem Getting Tests/Treatment

	Lack of Medical Insurance		Service or Visit Not Covered by Insurance		Cost of the Service or Co-Pay (Co-Pay or Out-of-Pocket Cost)		Could Not Get an Appointment/ Provider Not Taking New Patient	
	N	%	N	%	N	%	N	%
Male	22	7%	19	6%	68	21%	39	12%
Female	63	13%	51	10%	115	23%	33	7%
18-28	10	7%	9	6%	31	20%	19	13%
29-39	16	10%	16	10%	40	26%	6	4%
40-49	27	16%	19	11%	42	25%	8	5%
50-59	21	12%	16	9%	40	23%	17	10%
60-69	10	10%	8	8%	25	25%	15	15%
70 and older	1	1%	4	5%	5	7%	7	10%
Non-Hispanic White	51	9%	49	9%	130	23%	47	8%
Hispanic/Latino	19	13%	14	9%	43	28%	12	8%
Black or African-American	5	19%	3	12%	3	11%	4	16%
Asian, Pacific Islander or Native Hawaiian	2	13%	0	0%	0	2%	8	49%
Native American or American Indian	5	10%	4	8%	6	12%	1	3%

TABLE A-31. Main Reason for Problem Getting Tests/Treatment

	Lack of Medical Insurance		Service or Visit Not Covered by Insurance		Cost of the Service or Co-Pay (Co-Pay or Out-of-Pocket Cost)		Could Not Get an Appointment/ Provider Not Taking New Patient	
	N	%	N	%	N	%	N	%
Less than $11,000	3	6%	3	5%	12	22%	5	9%
$11,000-$19,999	10	12%	3	4%	24	28%	1	1%
$20,000-$29,999	4	6%	5	8%	26	42%	5	8%
$30,000-$49,999	23	17%	11	8%	27	21%	5	4%
$50,000-$74,999	13	11%	7	6%	23	21%	5	5%
$75,000-$99,999	7	16%	3	7%	4	8%	8	16%
$100,000 or more	2	3%	8	11%	10	14%	26	35%
1. Mohave, Coconino, Navajo, Apache, Yavapai	16	14%	8	7%	18	16%	13	11%
2. Yuma, La Paz	5	16%	2	8%	6	21%	5	18%
3. Graham, Greenlee, Cochise, Santa Cruz	1	4%	3	11%	4	13%	2	6%
4. Pinal, Gila	5	10%	6	11%	14	28%	2	3%
5. Pima	16	9%	16	9%	47	27%	20	11%
6. Maricopa	41	10%	35	8%	95	23%	30	7%
No insurance	48	37%	4	3%	42	33%	9	7%
Has insurance	36	5%	66	10%	141	21%	64	9%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-32. Doctor Believed Needed to See Specialist in 12 Months

	N	%
Yes	3,031	48%
No	3,296	52%
Total	6,361	100%
Inapplicable question	1,854	
Total	8,215	

TABLE A-33. Received Care From Specialist in Last 12 Months

	N	%
Yes	2,659	88%
No	366	12%
Total	3,031	100%
Inapplicable question	5,184	
Total	8,215	

TABLE A-34. Received Care From Specialist in Last 12 Months

	Yes		No	
	N	%	N	%
Male	1,122	85%	192	15%
Female	1,537	90%	174	10%
18-28	248	79%	66	21%
29-39	376	88%	50	12%
40-49	433	85%	74	15%
50-59	561	87%	79	12%
60-69	502	91%	46	8%
70 and older	538	91%	51	9%
Non-Hispanic White	2,067	90%	233	10%
Hispanic/Latino	350	79%	92	21%
Black or African-American	86	84%	17	16%
Asian, Pacific Islander or Native Hawaiian	35	96%	2	4%
Native American or American Indian	91	81%	21	19%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-35. Received Care from Specialist in Last 12 Months

	Yes		No	
	N	%	N	%
Less than $11,000	104	83%	20	16%
$11,000-$19,999	154	83%	30	16%
$20,000-$29,999	153	79%	39	21%
$30,000-$49,999	363	86%	61	14%
$50,000-$74,999	339	91%	33	9%
$75,000-$99,999	261	95%	14	5%
$100,000 or more	390	95%	20	5%
No insurance	118	67%	58	33%
Has insurance	2,542	89%	309	11%
1. Mohave, Coconino, Navajo, Apache, Yavapai	323	86%	54	14%
2. Yuma, La Paz	81	81%	19	19%
3. Graham, Greenlee, Cochise, Santa Cruz	76	86%	11	13%
4. Pinal, Gila	145	89%	17	11%
5. Pima	488	86%	77	14%
6. Maricopa	1,546	89%	188	11%

TABLE A-36. Delayed Getting Medical Care in Last 12 Months

	N	%
Yes	1,503	18%
No	6,673	81%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-37. Delayed Getting Medical Care in Last 12 Months

	Yes		No	
	N	%	N	%
Male	591	14%	3,478	85%
Female	913	22%	3,195	77%
18-28	346	21%	1,306	79%
29-39	303	18%	1,392	82%
40-49	298	20%	1,151	79%
50-59	321	24%	1,008	76%
60-69	160	16%	843	84%
70 and older	76	7%	973	92%
Non-Hispanic White	1,044	19%	4,422	81%
Hispanic/Latino	297	16%	1,589	84%
Black or African-American	83	27%	217	72%
Asian, Pacific Islander or Native Hawaiian	23	16%	119	83%
Native American or American Indian	41	13%	277	87%
Less than $11,000	61	17%	287	81%
$11,000-$19,999	123	27%	321	72%
$20,000-$29,999	131	21%	484	78%
$30,000-$49,999	266	24%	863	76%
$50,000-$74,999	161	18%	727	81%
$75,000-$99,999	134	18%	599	82%
$100,000 or more	136	13%	911	87%
1. Mohave, Coconino, Navajo, Apache, Yavapai	195	21%	747	79%
2. Yuma, La Paz	36	14%	230	86%
3. Graham, Greenlee, Cochise, Santa Cruz	45	17%	219	82%
4. Pinal, Gila	64	14%	396	86%
5. Pima	253	19%	1,076	81%
6. Maricopa	910	18%	4,004	81%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-38. Main Reason Delayed Getting Medical Care

	N	%
Lack of medical insurance	260	17.3%
Service or visit not covered by insurance	62	4.1%
Cost of service/visit (co-pay or out-of-pocket cost)	491	32.7%
Lack of transportation	18	1.2%
No qualified provider or service in my area	22	1.5%
Could not get an appointment/provider not taking new patients	51	3.4%
No one spoke my language	0	.0%
Hours of operation of the provider	34	2.3%
Other unspecified reasons	538	35.8%
Total	1,503	100%
Inapplicable question	6,712	
Total	8,215	

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-39. Main Reason Delayed Getting Medical Care – Lack of Medical Insurance, Cost of Service/Visit

	Lack of Medical Insurance		Cost of Service/Visit (Co-Pay or Out-of-Pocket Cost)	
	N	%	N	%
18-28	79	23%	103	30%
29-39	39	13%	100	33%
40-49	68	23%	99	33%
50-59	48	15%	116	36%
60-69	23	14%	53	33%
70 and older	2	3%	21	28%
Non-Hispanic White	162	16%	344	33%
Hispanic/Latino	68	23%	98	33%
Black or African-American	22	26%	33	40%
Asian, Pacific Islander or Native Hawaiian	3	13%	2	8%
Native American or American Indian	2	5%	10	24%
Less than $11,000	5	8%	15	25%
$11,000-$19,999	30	24%	45	37%
$20,000-$29,999	32	25%	37	28%
$30,000-$49,999	53	20%	91	34%
$50,000-$74,999	20	12%	62	39%
$75,000-$99,999	17	13%	46	34%
$100,000 or more	26	19%	27	20%
No insurance	165	43%	159	42%
Has insurance	95	8%	332	30%
No psychological distress	154	15%	336	33%
Has psychological distress	105	22%	155	32%

TABLE A-40. Main Reason Delayed Getting Medical Care – Other Unspecified Reasons

	Other Unspecified Reasons	
	N	%
Non-Hispanic White	386	37%
Hispanic/Latino	97	33%
Black or African-American	22	26%
Asian, Pacific Islander or Native Hawaiian	8	35%
Native American or American Indian	20	48%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-41. Main Reason Delayed Getting Medical Care – Lack of Transportation or Could Not Get an Appointment/Provider Not Taking New Patient

	Lack of Transportation		Could Not Get an Appointment/ Provider Not Taking New Patient	
	N	%	N	%
Non-Hispanic White	11	1%	37	4%
Hispanic/Latino	4	1%	3	1%
Black or African-American	0	0%	0	0%
Asian, Pacific Islander or Native Hawaiian	0	0%	9	42%
Native American or American Indian	3	7%	2	5%
1. Mohave, Coconino, Navajo, Apache, Yavapai	2	1%	16	8%
2. Yuma, La Paz	1	1%	1	3%
3. Graham, Greenlee, Cochise, Santa Cruz	1	2%	2	4%
4. Pinal, Gila	1	2%	1	2%
5. Pima	3	1%	8	3%
6. Maricopa	11	1%	23	3%

TABLE A-42. Main Reason Delayed Getting Medical Care – Other Unspecified Reasons

	Hours of Operation of the Provider	
	N	%
Less than $11,000	0	0%
$11,000-$19,999	1	0%
$20,000-$29,999	1	1%
$30,000-$49,999	3	1%
$50,000-$74,999	9	5%
$75,000-$99,999	3	2%
$100,000 or more	7	5%

TABLE A-43. Delayed Getting Medicine in Last 12 Months

	N	%
Yes	1,021	12%
No	7,175	87%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-44. Main Reason Delayed Getting Medicine

	N	%
Lack of medical insurance	109	11%
Prescription not covered by insurance	94	9%
Cost of prescription (co-pay or out-of-pocket cost)	449	44%
Lack of transportation	22	2%
No pharmacy in my area	4	.4%
No one spoke my language	0	0%
Other unspecified reasons	339	33%
Total	1,021	100%
Inapplicable question	7,194	
Total	8,215	

TABLE A-45. Delayed Getting Medicine in Last 12 Months

	N	%	N	%
Non-Hispanic White	685	12%	4,795	87%
Hispanic/Latino	208	11%	1,682	89%
Black or African-American	71	24%	230	76%
Asian, Pacific Islander or Native Hawaiian	2	2%	142	98%
Native American or American Indian	48	15%	266	83%

TABLE A-46. Main Reason Delayed Getting Medicine – Cost of Prescription, Lack of Medical Insurance or Prescription Not Covered by Insurance

	Cost of Prescription (Co-Pay or Out-of-Pocket Cost)		Lack of Medical Insurance		Prescription Not Covered by Insurance	
	N	%	N	%	N	%
Non-Hispanic White	293	43%	68	10%	65	10%
Hispanic/Latino	110	53%	26	12%	19	9%
Black or African-American	34	47%	13	18%	2	3%
Asian, Pacific Islander or Native Hawaiian	1	32%	1	32%	1	25%
Native American or American Indian	10	20%	1	2%	7	13%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-47. Main Reason Delayed Getting Medicine – Cost of Prescription, Lack of Medical Insurance or Prescription Not Covered by Insurance

	Cost of Prescription (Co-Pay or Out-of-Pocket Cost)		Lack of Medical Insurance		Prescription Not Covered by Insurance	
	N	%	N	%	N	%
Male	186	43%	25	6%	27	6%
Female	263	44%	85	14%	67	11%
18-28	109	49%	24	11%	2	1%
29-39	75	34%	19	8%	23	10%
40-49	82	39%	36	17%	28	13%
50-59	105	49%	24	11%	20	10%
60-69	48	50%	6	6%	13	13%
70 and older	30	47%	1	1%	8	13%
Less than $11,000	9	23%	3	8%	11	29%
$11,000-$19,999	42	50%	11	13%	11	13%
$20,000-$29,999	34	42%	14	17%	9	11%
$30,000-$49,999	113	59%	20	10%	11	6%
$50,000-$74,999	52	44%	9	7%	11	9%
$75,000-$99,999	26	37%	5	7%	9	12%
$100,000 or more	23	27%	5	6%	6	7%
1. Mohave, Coconino, Navajo, Apache, Yavapai	46	33%	16	11%	22	16%
2. Yuma, La Paz	9	34%	5	19%	3	12%
3. Graham, Greenlee, Cochise, Santa Cruz	11	40%	2	8%	2	6%
4. Pinal, Gila	34	54%	6	10%	4	7%
5. Pima	82	50%	12	7%	20	12%
6. Maricopa	267	44%	68	11%	42	7%

TABLE A-48. Main Reason Delayed Getting Medicine – Cost of Prescription, Lack of Medical Insurance or Prescription Not Covered by Insurance

	Cost of Prescription (Co-Pay or Out-of-Pocket Cost)		Lack of Medical Insurance		Prescription Not Covered by Insurance	
	N	%	N	%	N	%
No mental health condition	274	44%	42	7%	66	11%
Has mental health condition	176	43%	67	17%	27	7%
No psychological distress	271	44%	44	7%	55	9%
Has psychological distress	178	44%	65	16%	39	10%
No insurance	114	54%	68	32%	8	4%
Has insurance	335	41%	41	5%	85	11%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-49. Main Reason Delayed Getting Medicine – Other Unspecified Reasons

	Other Unspecified Reasons	
	N	%
Non-Hispanic White	249	36%
Hispanic/Latino	39	19%
Black or African-American	21	30%
Asian, Pacific Islander or Native Hawaiian	0	10%
Native American or American Indian	26	53%
18-28	77	35%
29-39	89	40%
40-49	62	30%
50-59	59	28%
60-69	29	30%
70 and older	22	35%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-50. Main Reason Delayed Getting Medicine – Lack of Transportation

	Lack of Transportation	
	N	%
Non-Hispanic White	6	1%
Hispanic/Latino	10	5%
Black or African-American	0	0%
Asian, Pacific Islander or Native Hawaiian	0	0%
Native American or American Indian	5	11%
18-28	4	2%
29-39	13	6%
40-49	0	0%
50-59	2	1%
60-69	0	0%
70 and older	2	3%
Male	16	4%
Female	6	1%
1. Mohave, Coconino, Navajo, Apache, Yavapai	4	3%
2. Yuma, La Paz	1	2%
3. Graham, Greenlee, Cochise, Santa Cruz	0	0%
4. Pinal, Gila	4	6%
5. Pima	2	1%
6. Maricopa	12	2%
No mental health condition	5	1%
Has mental health condition	17	4%
No psychological distress	2	0%
Has psychological distress	20	5%

TABLE A-51. How Long Since Visiting Dentist/Dental Clinic

	N	%
Within the past year (anytime less than 12 months ago)	4,919	60%
Within the past two years (one year but less than two years ago)	1,212	15%
Within the past five years (two years but less than five years ago)	927	11%
Five or more years ago	927	11%
Never	165	2%
Total	8,215	100%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-52. How Long Since Visiting Dentist/Dental Clinic

	Within Past Year (Anytime Less Than 12 Months Ago)		Within Past Two Years (One Year But Less Than Two Years Ago)		Within Past Five Years (Two Years But Less Than Five Years Ago)		Five or More Years Ago		Never	
	N	%	N	%	N	%	N	%	N	%
Male	2,344	57%	606	15%	520	13%	491	12%	98	2%
Female	2,575	62%	606	15%	408	10%	436	11%	67	2%
18-28	933	56%	302	18%	202	12%	162	10%	42	2%
29-39	987	58%	256	15%	220	13%	186	11%	49	3%
40-49	886	61%	198	14%	165	11%	165	11%	33	2%
50-59	830	62%	223	17%	131	10%	126	9%	14	1%
60-69	633	63%	125	12%	99	10%	128	13%	12	1%
70 and older	650	62%	108	10%	109	10%	160	15%	15	1%
Non-Hispanic White	3,527	64%	783	14%	549	10%	572	10%	27	0%
Hispanic/Latino	910	48%	291	15%	280	15%	258	14%	127	7%
Black or African-American	146	48%	70	23%	43	14%	36	12%	2	1%
Asian, Pacific Islander or Native Hawaiian	107	74%	16	11%	9	6%	6	4%	3	2%
Native American or American Indian	185	58%	46	14%	45	14%	38	12%	6	2%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

TABLE A-53. How Long Since Visiting Dentist/Dental Clinic

	Within Past Year (Anytime Less Than 12 Months Ago)		Within Past Two Years (One Year But Less Than Two Years Ago)		Within Past Five Years (Two Years But Less Than Five Years Ago)		Five or More Years Ago		Never	
	N	%	N	%	N	%	N	%	N	%
Less than $11,000	143	41%	39	11%	47	13%	96	27%	25	7%
$11,000-$19,999	164	37%	83	19%	74	17%	104	23%	16	3%
$20,000-$29,999	274	44%	114	18%	93	15%	102	17%	28	5%
$30,000-$49,999	554	49%	199	18%	193	17%	161	14%	20	2%
$50,000-$74,999	643	72%	113	13%	81	9%	56	6%	0	0%
$75,000-$99,999	567	77%	88	12%	51	7%	27	4%	0	0%
$100,000 or more	860	82%	109	10%	63	6%	14	1%	0	0%
Below < = 100% FPL	424	37%	199	18%	194	17%	231	20%	62	6%
Between 100% and < = 200% FPL	555	43%	274	21%	193	15%	216	17%	49	4%
Between 200% and < = 300% FPL	680	63%	141	13%	132	12%	118	11%	1	0%
More than 300% FPL	2,369	78%	341	11%	216	7%	117	4%	0	0%
No insurance	503	38%	281	21%	214	16%	231	17%	83	6%
Has insurance	4,416	64%	931	14%	714	10%	696	10%	82	1%
No mental health condition	4,223	62%	982	14%	719	11%	713	10%	142	2%
Has mental health condition	696	51%	229	17%	209	15%	214	16%	23	2%
No psychological distress	4,330	64%	973	14%	697	10%	608	9%	138	2%
Has psychological distress	587	42%	236	17%	230	16%	317	22%	26	2%

Numbers do not sum to the total due to missing data. Percentages are calculated on valid responses and are rounded.

Appendix B: Definition of Terms

Drawing a sample: Using simple random sampling to select participants by some random, defined method (Gay, Mills, & Airasian, 2006, p. 102).

Federal Poverty Level (for all states except Alaska and Hawaii): 100% of FPL-$10,830; 150% of FPL-$16,245; 200% of FPL-$21,660 (FY 2009/2010 Federal Poverty Guidelines, LIHEAP Clearinghouse).

Generalizability: The applicability of research findings to settings and contexts different from the one in which they were obtained (Gay, Mills, & Airasian, 2006, p. 598).

Population parameters: Characteristics that define a specific population (Healey, 2007, p. 124).

Pretest: Questions were asked to a small group (piloted) to determine the validity (tested questions to assure they reflect the real and intended meaning) of the questions (Babbie, 2001, p. 143).

Sampling error: The expected chance variation in variables, out of the researchers control (Gay, Mills, & Airasian, 2006, p. 111).

Weighted: Giving more weight to some cases than others. Disproportionate sampling and weighting come into play in two basic ways. First, you may sample subpopulations disproportionately to ensure sufficient numbers of cases from each for analysis. Also, it allows you to take a representative subpopulation and 'weight' the data to ensure its representativeness to a larger population (Babbie, 2001, p. 209).

Level of significance: Level of confidence that a result is in fact significant and not just a chance difference (i.e. $p<0.05$-95% confidence that result is in fact significant and not just random chance, 5 percent chance that result is not significant and just random chance) (Gay, Mills, & Airasian, 2006, p. 196).

Weighting variables: Equation created to weight data (Babbie, 2001, p. 209).