

**THE UNIVERSITY CENTER FOR EXCELLENCE IN
DEVELOPMENTAL DISABILITIES**

**DATA REPORT:
HEALTH CARE SURVEY OF
ADULTS WITH DISABILITIES IN CONNECTICUT**

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INTRODUCTION

There is an abundance of anecdotal evidence describing the challenges people with disabilities face in accessing and receiving health care. Despite this, according to *Healthy People 2010*, there remains a paucity of data to support this evidence. One reason is that few data systems identify people with disabilities as a subpopulation. There are, however, a few disparities between people with and without disabilities noted in *Healthy People 2010*, such as “excess weight, reduced physical activity, increased stress, and less frequent mammograms for women over age 55 years with disabilities” (2000, p. 6-5). In addition, studies have begun to assess the health care needs of adults with disabilities.

In light of the insufficient data reflecting the health care experiences of adults with disabilities, the University of Connecticut Center for Excellence in Disabilities (UCEDD) conducted a telephone survey of adults with disabilities in Connecticut from November 2006 to February 2007. Participants were asked a variety of questions to provide insight regarding their experiences with the health care system. In particular, questions were designed to identify any barriers to medical homes among participants.

In the pediatric field a medical home, as defined by the American Academy of Pediatrics (n.d.), refers to primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The concept of providing quality health care based on the tenets of the medical home is now being expanded to adult populations. At the time of this writing, there was no universally accepted set of criteria to measure the presence of medical homes among adults. The authors, therefore, selected criteria to assess the presence of medical homes among participants based on a literature review of medical home components.

METHODOLOGY

Survey Sample

The target population consisted of adults with disabilities who live in Connecticut. For purposes of this survey, an adult was considered to be anyone at least 18 years old and a disability was defined as any physical or mental disability that significantly impacts one or more of the major life activities as defined by the American's with Disabilities Act.

Survey Administration

The 54-item telephone survey was developed by selecting criteria of a medical home from a variety of sources (American Academy of Pediatrics, 2007; Okafor, 2005; Strickland, McPherson, Weissman, van Dyck, Huang, & Newacheck, 2004) (see Appendix A). To recruit participants, e-mails describing the survey were sent to individuals on the UCEDD list-serve, as well as individuals on the Disability Advocacy Collaborative list-serve. Allied Community Services included a flyer describing the survey in pay-checks that were mailed to the employers with disabilities who receive services from the fiscal intermediary. In addition, libraries, provider agencies, and physicians were asked to post the flyer to assist with recruitment. Individuals interested in the survey were asked to call to schedule a time to complete the survey. No direct phone calls were made to solicit participation.

Individuals and agencies that supported recruitment for the survey were asked to report the approximate number of adults with disability that would have received the information. In total, it is estimated that 2,500 adults with disabilities received information. Of these people, 88 agreed to participate for an overall response rate of 3.5%.

The telephone survey was conducted by a trained interviewer. The survey lasted approximately 20 minutes. All procedures conducted were approved by the Institutional Review

Board. Reliability was calculated for coding interview responses and for data entry. To check reliability for coding interview responses the principal investigator listened in on 17% of the interviews and filled out the survey form independently of the interviewer. Reliability was obtained at 98.2% for coding interview responses. To assess reliability of data entry, 19% of the surveys were randomly pulled by a research assistant and re-entered. These data were then compared with the originally entered data. Reliability was obtained at 99.6% for data entry

Sample Composition

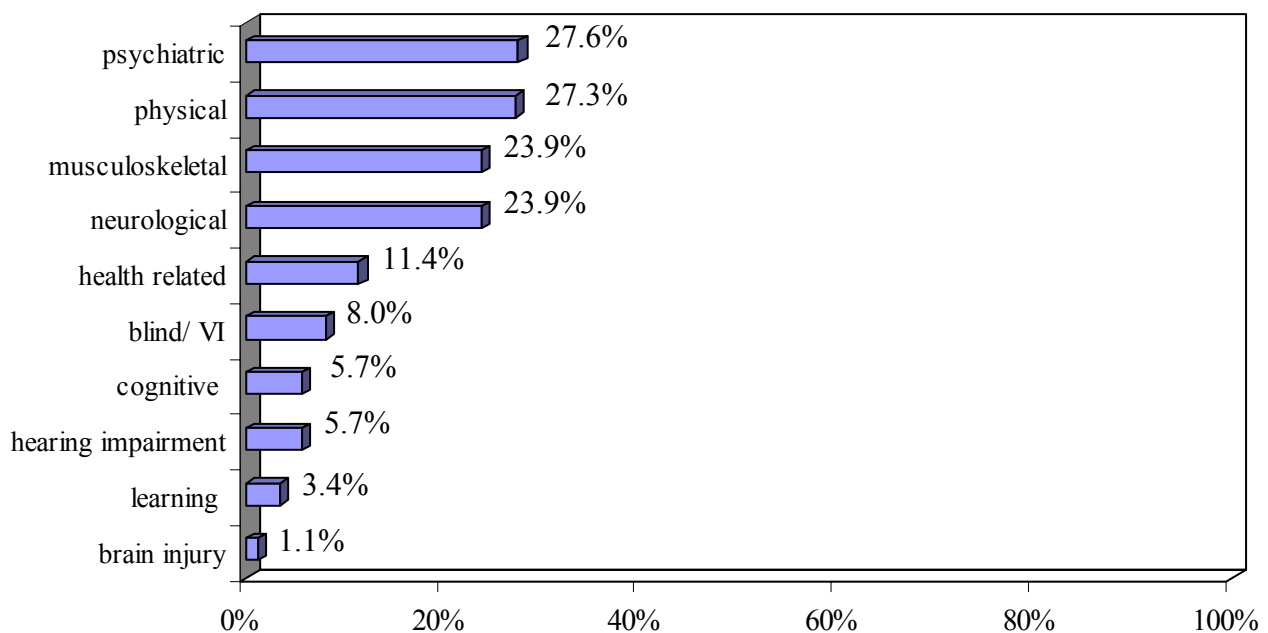
A total of 88 surveys were collected. The vast majority of participants are white/Caucasian (90.8%) and roughly two-thirds are female (65.9%). Participants tended to be middle aged, with roughly three-quarters falling into the 41 to 60 year old age range. Only 3.4% of the participants were from the 18-30 year old age range (see Table 1).

Table 1. Demographics

<i>Race/Ethnicity (n = 88)</i>	
White/Caucasian	90.8%
African American	5.7%
Hispanic/Latino	2.3%
Asian	1.1%
<i>Age (n = 87)</i>	
18-21 years old	2.3%
21-30 years old	1.1%
31-40 years old	9.1%
41-50 years old	39.8%
51-60 years old	35.2%
61-70 years old	10.2%
71-80 years old	2.3%

Participants reported having a variety of disabilities and were able to indicate more than one disability (see Figure 1). The most common types of disabilities were psychiatric (27.6%), physical (27.3%), musculoskeletal (23.9%), and neurological (23.9%). Participants were given 10 options for type of disability, one of which was an “other” category. Responses from the other category were recoded into the nine other categories with the assistance of a staff physician. A brief note regarding classifications: musculoskeletal refers to any disability that primarily affects the musculoskeletal system (e.g., muscular dystrophy) and health related refers to health ailments that can lead to disability (e.g., HIV).

Figure 1. Types of Disabilities (n=88)



* Several participants had more than one disability, which is why the percentages in Table 1 add up to more than 100.

Most participants (40.9%) were diagnosed with a disability between the ages of 18 and 39. Twenty-three percent were diagnosed with a disability at birth, twenty-two percent after the age of 40, and fifteen percent between birth and the age of 18.

Data Analysis

Descriptive statistics (i.e. frequencies, crosstabs, and percentages) were calculated for the quantitative data. The results from the data analysis of the survey are presented in the following section.

RESULTS

Components of a Medical Home

To assess the presence of a medical home among adults with disabilities in Connecticut, criteria was selected by Strickland, McPherson, Weissman, van Dyck, Huang, and Newacheck (2004) which described used to represent the characteristics of a medical home as defined by the American Academy of Pediatrics (2007). In addition criteria were added based on other pediatric medical home models (Okafor, 2005) and a proposed advanced medical home model for adults (Martin et al., 2004). In total, the authors used the following components to represent a medical home: (1) Access to health care; (2) Usual source of care; (3) Personal doctor or nurse; (4) Referrals for specialty care; (5) Coordinated care; and (6) Person-centered care.

For an adult to be considered to have a medical home, he or she must meet all the criteria for a medical home selected by the authors. The following presents the percentage of participants who meet the criterion(a) for each component of the medical home. The section also provides additional information on the health care adults with disabilities in Connecticut receive that was not included as part of the criteria for a component. This information is presented because it sheds additional light on the health care services adults with disabilities in Connecticut receive.

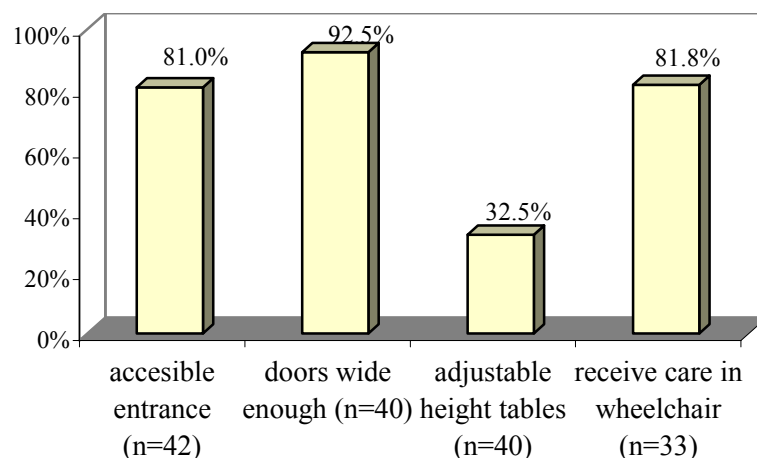
Access to Health Care

The first component to having a medical home is access to health care. Participants were considered to have access to health care if they have physical access to health care and financial access to health care. The measure of physical access to health care is a composite of receiving

health care when needed and not delaying in receiving need health care. To be considered to have physical access to health care participants had to report that they received health care when they needed it and that they have not delayed in receiving health care in the past 12 months. Seventy-five percent of participants report receiving the health care they need when they need it from their primary health care provider, including after hours and on weekends.

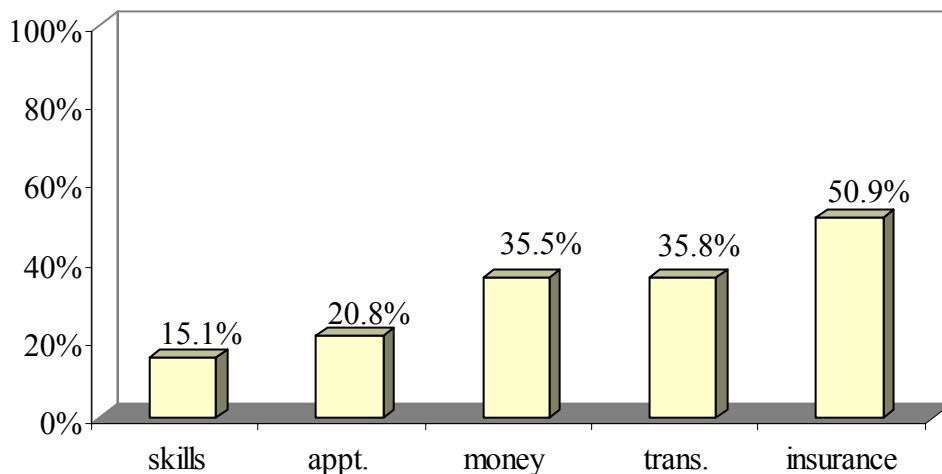
To provide more information about physical access to health care, participants were asked questions addressing transportation and accessibility. With regards to transportation, the vast majority reported traveling to appointments either by driving themselves (39.7%) or having someone else drive them (31.8%). More people used private transportation (10.2%) than public transportation (5.7%). Additional sources of transportation included ambulance (6.8%) and walking (4.5%). Accessibility to the office and examination room was reported as something that was a concern for roughly half (49.4%) of all participants (see Figure 2). For these participants, the major barrier to accessible offices is motorized, adjustable height examination tables. Fifty-two percent of participants reported their physicians do not have adjustable height tables and fifteen percent reported they do not know. Having accessible entrances was also an issue for nineteen percent of participants.

Figure 2. Percent Reporting Characteristics of Office Rooms are Accessible



Sixty percent of participants reported having delayed in receiving health care in the past year. Approximately one-third (31%) of the participants that answered both questions (n = 87) reported receiving the health care they need when they need it and not delaying in receiving health care in the past 12 months. The participants that reported delays were asked what caused them to delay and were allowed more than one response (see Figure 3). Having insurance that did not cover the type of health care needed (insurance) was the number one reason given for delays, followed by transportation issues (trans.), and not being able to pay for care (money). Additional reasons for delays included not being able to schedule an appointment soon enough (appt.), and not being able to find a provider with the skills needed (skills). In addition, 11.3% of participants reported that the type of care was not available in their area, 11.3% reported they could not get approval from their doctor, and 11.3% reported going to appointments conflicts with other responsibilities. Other reasons for delays included: difficulty reaching the health care provider on the telephone (9.4%); language, communication, or cultural problems (7.5%); waiting too long to receive care (3.8%); an accessibility issue, at home or at the office (2.3%); and the office not being open when the person could go (1.9%).

Figure 3. Reason for Delays in Health Care (n = 53)



* Participants were allowed to provide more than one reason for delays, which is why the percentages in Figure 5 add up to more than 100.

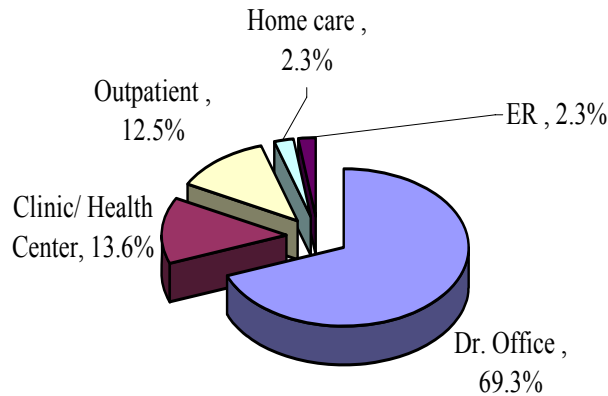
The measure of financial access to health care is a combination of having health insurance and having health insurance that pays for all needed services. For the 88 participants that responded to the question of health insurance, most had health insurance (99.9%). The most frequent form of insurance for participants was Medicaid and Medicare (30.6%), followed by just Medicare (24.7%) and just private insurance (21.2%). In addition, 5.9% of participants reported having private insurance and Medicaid, 4.7% reported having private insurance and Medicare, and 2.4% reported having private insurance, Medicaid, and Medicare. Of the participants that have health insurance, fifty-seven percent reported their health insurance does not pay for all of the needed health services and three percent reported that they did not know. Therefore, 40% of the participants are considered to have financial access to health care.

For a participant to meet the criteria for access to health care, the responses must indicate that the respondent receives care when needed and that insurance pays for all needed services. In total, 21.6% of participants are considered to have access to health care.

Usual Source of Care

The second component to having a medical home is having a usual source of care. For a participant to have usual source of care, he or she had to indicate that there is a usual place he or she goes to receive care. Ninety-two percent of respondents reported that there is a usual place they go to receive care. The doctor's office (69.3%) is the most common place participants go to receive routine care (see Figure 4).

Figure 4. Usual Place for Routine Preventative Care (n = 88)

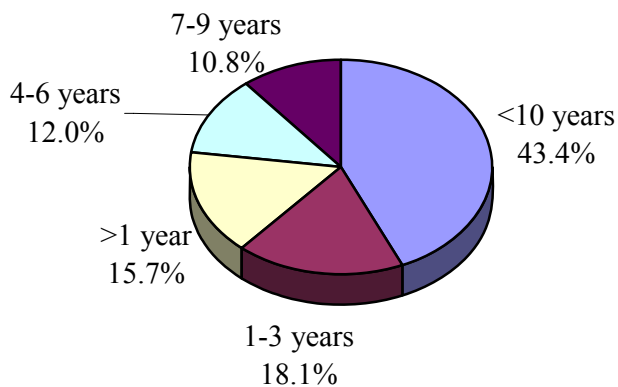


Personal Doctor or Nurse

The third component to having a medical home is having a physician that is considered to be a personal doctor or nurse who knows the most about their health care needs. Respondents had to indicate that they had one person that they thought of as a personal doctor or nurse to meet the criterion for this component. The overwhelming majority of participants (95.5%) reported that they have a personal doctor or nurse.

Additional information collected from survey participants sheds light on the general characteristics of a personal doctor or nurse. The most common types of personal doctor's or nurse's were: general doctors (44.0%); other specialists (27.4%); and internists (17.9%). Additional providers included: visiting nurses/ home health aides (3.6%); nurse practitioners (2.4%); naturopaths (2.4%); physician's assistants (1.2%); and physical therapists (1.2%). Several participants (43.4%) reported having the same primary care provider for over 10 years. Roughly a quarter of participants (22.8%) had the same primary care provider for 4 to 9 years and one-third of participants had the same primary care provider for 3 years or less (see Figure 5). More than half of the participants (57.5%) reported that they are always allowed enough time during appointments. Only 8.0% of participants reported that they never had enough time during appointments.

Figure 5. Length of Time with Primary Care Provider (n=84)



Referrals for Specialty Care

The fourth component of having a medical home is receiving referrals for specialty care when needed. To meet the criterion for this component participants had to indicate that if they needed a referral in the past 12 months they had no problems receiving it. Of the 68 participants who reported that they needed referrals in the past year, approximately three-quarters (76.5%) reported having no problems with the process.

Coordinated Care

The fifth component of having a medical home is coordinated care. The measure of coordinated care is a composite of receiving care coordination in a timely manner and having excellent or good perceived communication between doctors. For care coordination to be considered adequate, the participant first had to indicate that he or she received care coordination when needed and then that he or she believed the communication between doctors was either excellent or good.

Overall, sixty-eight percent of participants reported needing help with coordination. Of these individuals, fifty-two percent reported they received all the coordination needed. Of the fifty-two percent that received all needed coordination, seventy-one percent reported that communication

between their doctors was either excellent or good. Coordinated care, therefore, is found to be adequate for 37% of the 60 participants that report needing help with coordination.

Person-Centered

The sixth component of having a medical home is person-centered health care. To assess the presence of person-centered care participants were asked if their physician listens to concerns and questions and if he or she uses helpful ways of communicating (e.g. explains terms in a manner that is easy to understand). To be considered to have person-centered care, participants had to answer yes to both questions. Ninety-five percent of participants reported that physicians listen to their concerns and questions and ninety percent reported that helpful ways of communicating are used. In total, ninety percent of participants were identified as having person-centered care.

Summary

The authors identified the following six components to represent the medical home concept: (1) Access to health care; (2) Usual source of care; (3) Personal doctor or nurse; (4) Referrals for specialty care; (5) Coordinated care; and (6) Person-centered care. Among these components there was great variety with regards to the percentage of participants that were able to meet the respective criterion(a). Personal doctor or nurse criterion was met by 95.5% of the participants. Usual source of care criterion was met by 92% of the participants. Person-centered care criteria were met by 90% of the participants. Referrals for specialty care criteria were met by 76.5% of the participants that required referrals (n = 68). Coordinated care criteria were met by 37% of the participants that needed assistance coordinating their care (n = 60). Finally, access to health care criteria was met by 21.6% of the participants.

In total 6.8% (n=6) of the participants were able to meet all six components of a medical home. The major barrier to a medical home for adults is access to health care. When this component is removed, 37.5% (n = 33) of the participants meet the remaining components of a

medical home. The second major barrier is coordinated care. When this component is removed in addition to access to health care 48.9% (n = 43) of the participants meet the remaining components of a medical home. The final significant barrier to a medical home for adults is referrals for specialty care. When this component is removed in addition to access to health care and coordinated care 84% (n=74) of the participants meet the remaining components of a medical home.

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Appendix A: Telephone Survey

Date _____

Interviewer _____

ID #: _____

Interviewee: _____

Real Choice Systems Change: Medical Home Survey

Hello, this is _____ and I am calling from the A.J. Pappanikou Center at the University of Connecticut Health Center. You left a message on our project's voicemail stating your willingness to participate in a survey on health care. We hope to learn about the ways adults with disabilities get the health care they need. The survey should take about 20 minutes to complete. Is this a good time to answer a few questions? [IF YES, CONTINUE. IF NO, SCHEDULE A CONVENIENT TIME TO CALL BACK IN THE BOX BELOW.]

Your participation is voluntary and if you wish not to answer any of the questions, I will respect your decision. To protect your privacy only a code number will identify you and any record of your name or telephone number will be kept separately from the information you give us on this survey. The information you provide will help us to assess the health care needs of people with disabilities and help us understand what some of the issues are regarding health care. Participation in this survey is voluntary, and you will not be paid for completing this survey. If you would like to stop this interview at any time please let me know.

Questions about this study may be directed to the Principal Investigator Dr. Mary Beth Bruder at 860-679-1500. Questions regarding the rights of research subjects should be directed to an IRB Representative at 860-679-8729 or 860-679-3054.

Do you agree to participate in this survey?

_____ Yes _____ No

Fill out the information below to schedule a more convenient time for a telephone interview:

First Name:
Phone number:
Date or day of week:
Time:

Section A: Interviewee's Disability

Thanks for agreeing to answer questions for our survey. Since this is a study of adults with disabilities, I would like to have an understanding about your disability.

A1. When I refer to disability, I mean any type, including physical, cognitive, sensory, neurological, or mental health. Can you please tell me what type of disability you have?

[Check off all that apply, and read the responses below.]

- Physical
- Psychiatric/mental health
- Blind/visual impairment
- Autism
- Learning disability
- Neurological
- Traumatic brain injury
- Hearing impairment
- Cognitive
- Delayed development
- Other disability: _____
- No disability [If interviewee reports that he or she does not have a disability, thank him or her and do not continue the interview.]

A2. How long have you had this disability?

[Read the responses below.]

- Since birth
- Since a young child (under the age of 10)
- Since a school-age child (under the age of 18)
- Since a young adult (under the age of 40)
- Since an older adult (over the age of 40)

Next I'd like to ask you some questions about where you get your health care. If you're ready, I'll start with the first question.

Section B: Access to care

B1. Is there a place you usually go when you are sick or need advice about your health?

- Yes
 - There is no place [If no place, skip to question C1.]
 - There is more than one place
 - Don't know
-

B2. What kind of place is it?

[If interviewee cannot answer the open-ended question, ask the following]

Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- Doctor's office
 - Hospital emergency room
 - Hospital outpatient department
 - Clinic or health center
 - Some other place _____
 - Doesn't go to one place most often
 - Don't know
-

B3. What kind of place do you usually go when you need routine preventive care, such as a physical exam?

- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Clinic or health center
- Some other place _____
- Doesn't go to one place most often
- Don't know

[Probe]

- Is there anything else you can tell us about where you receive health care?

Section C: Primary Health Care Provider

Okay, thanks. Now I'd like to ask you a few questions about who provides your health care.

C1. A personal doctor or nurse is the primary health care provider who knows about your needs. Do you have ONE person that you think of as your personal doctor or nurse?

- Yes [Continue with question C2]
 - No [If no, skip to question D1]
 - Don't know [Continue with question C2]
-

C2. Is this person a general doctor, internist, specialist, nurse practitioner, or physician's assistant?

- General doctor
 - Internist
 - Other specialist (such as surgeon, heart doctor, gynecologist)
 - Nurse practitioner
 - Physician's assistant
 - Other _____
 - Don't know
-

C3. How long have you had the same primary health care provider?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-9 years
- 10 years and over
- Don't know

C4. Do you feel like this person listens to your concerns and questions?

- Yes
- No [If no, read the follow-up question below]
- Don't know

Can you tell me more about this?

C5. Does this person use helpful ways to communicate with you?

[After reading the question, pause before reading the responses below. If needed, prompt with the following examples: explaining terms clearly, helping you prepare for visits, or encouraging your questions]

- Yes
- No [If no, read the follow-up question below]
- Don't know

Can you tell me more about this?

C6. Do you think this person is knowledgeable about your disability?

- Yes
- No [If no, read the follow-up question below]
- Don't know

Can you tell me more about this?

C7. Can you estimate how many times did you see your primary health care provider in the past year?

- 0 times
- 1 time
- 2-5 times
- Over 5 times
- Don't know

[Probe]

- Is there anything else you can tell us about your primary health care provider?

Section D: Coordinated Care

Now I'll ask you about whether anyone helps you get the health care that you need.

D1. Do you have more than one type of health care provider such as a specialist?

[If interviewee is unsure how to answer this question, give examples such as cardiologist, orthopedist, visiting nurse.]

- Yes [if yes, continue to question D2]
 - No [If no, skip to question E1]
 - Don't know
-

D2. Does your primary health care provider help coordinate appointments and results of medical tests with these other health care providers?

- Yes
- No [If no, read the follow-up question below]
- Don't know

Would you be able to tell me more about this or give me an example?

D3. Did you receive all the coordination that was needed?

- Yes
- No [If no, read the follow-up question below]
- Don't know

Can you give me an example or tell me more about this?

D4. Overall, how satisfied would you say you are with the help you have received in coordinating your care?

[Pause after reading the question. If interviewee is unsure how to answer this question, read the responses below.]

- Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Very dissatisfied
 - Don't know
-

D5. In the past 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

[Pause before reading the next sentence.] Was it a big problem, a small problem, or not a problem?

[If interviewee is unsure how to answer this question, state that specialty doctors focus on one part of your health. These include cardiologists, surgeons, etc.]

- A big problem
- A small problem
- Not a problem
- Did not need a referral to a specialist in the past 12 months
- Don't know

D6. How well do you think your doctors and other health care providers communicate with each other? Would you say their communication is:

[If interviewee is unsure how to answer this question, give examples such as whether lab results or reports are sent to each other, and whether the doctors know who your other health care providers are.]

- Excellent
- Good
- Fair
- Poor
- Communication not needed
- Don't know

[Probe]

- Is there anything else you can you tell me about coordinating your health care?

Section E: Health Care Provider's Office & Staff

Okay, thanks. Next I'd like to ask you about the office and staff where you get your health care. A few minutes ago you told me who you usually see for your health care.

E1. Through that same practice or office, do you get the health care you need when you need it? Including after office hours, on weekends and holidays?

- Yes
- No [If no, read the follow-up question below]
- Don't know

Can you give me some examples of when you couldn't get the health care you needed?

E2. Are you allowed enough time during your appointments?

[After reading the question, pause before reading the responses below.]

- Never
- Sometimes
- Often
- Always
- Extra time not needed
- Don't know

E3. Are you able to talk with the office staff to schedule appointments or ask questions?

- Yes
- No [If no, read the follow-up question below]
- Don't know
 - Please tell me why you are not able to talk with the staff members

[Additional probe for all interviewees]

- Is there anything else you can tell us about the office staff?

Section F: Accessibility of Office Rooms

F1. Do you need the office and examining rooms to be accessible because you use a wheelchair or for any other reason?

- Yes [If yes, continue to question F2]
 - No [If no, skip to question G1]
 - Don't know [If no, skip to question G1]
-

F2. Is the office or facility's entrance accessible?

- Yes [If yes, continue to question F4]
 - No [If no, skip to question G1]
 - Don't know [If don't know, skip to question G1]
-

F3. Can you describe where the accessible entrance to the building is located?

F4. Are the office and examining room doors wide enough to accommodate a wheelchair?

- Yes
 - No
 - Don't know
-

F5. Does the examining room have motorized, adjustable-height examination tables?

- Yes
 - No
 - Don't know
-

F6. Are people in wheelchairs allowed to receive their health care seated in their chairs?

- Yes
- No
- Don't know

[Probe]

- Is there anything else you can tell us about the accessibility of the office, examining rooms and equipment used?

Section G: Transportation to Office Building

Thanks so much for answering all these questions. If you're still interested in talking with me, I'd like to ask a couple questions about transportation to medical appointments.

G1. How do you usually get to your primary health care provider's office or facility?

- I drive myself [If drives self, skip to question H1.]
- Somebody else drives me [If somebody else drives, ask the follow-up question below.]

Who drives you? _____

What is this person's relationship to you? _____ [skip to question H1.]

- Public transportation [If public transportation, continue to question G2.]
- Other: _____

G2. Is the office or facility accessible by public transportation?

- Yes
- No
- Don't know

G3. Can the office or facility be reached by Dial-A-Ride, para-transit or other transportation services?

- Yes
- No
- Don't know

[Probe]

- Is there anything else you can tell us about transportation to your health care provider's office?

Section H: Delayed Health Care

Okay, thanks. The next few questions are about whether you ever delay getting the health care you need.

H1. People often delay or do not get needed health care. In the past 12 months, have you delayed or gone without health care?

- Yes [If yes, continue to question H2]
 - No [If no, skip to question I1H2]
 - Don't know [If Don't know, continue to question H2]
-

8b. There are many reasons people delay or do not get needed health care. Did you delay or not get health care because...
[Read every response below. For any checked item above, ask for an example or say, "Can you tell me about that?"]

- You couldn't get through to the health care provider's office on the telephone?

- You couldn't get an appointment soon enough?

- The clinic or doctor's office was not open when you could get there?

- Transportation was a problem?

- You didn't have enough money to pay the health care provider?

- The type of care needed was not available in your area?

- The health care provider did not have the skills needed?

- The type of health care was not covered by your health plan?

- You could not get approval from your health plan or doctor?

- Once you get there you had to wait too long to see the health care provider?

- You have language, communication, or cultural problems with the health care provider?

- Going to appointments conflicts with other responsibilities at home or at work?

[Probe]

- Are there any other reasons you have delayed or not received needed health care?

Section I: Health Insurance

We're almost done with the questions; I really appreciate your patience. I'm going to ask you a few questions about health insurance.

I1. Do you have any kind of health care coverage, including health insurance, managed care, prepaid plans such as HMOs, or government plans such as Medicaid?

- Yes [If yes, continue to question I2]
 - No [If no, skip to question I6]
 - Don't know
-

I2. What kind of health coverage do you have?

- Medicaid
 - Medicare
 - Medigap
 - Indian Health Service
 - Private insurance
 - Other _____
 - Don't know
-

I3. Does this health insurance pay for the services you need?

- Yes [If yes, skip to question I5]
 - No [If no, continue to question I4]
 - Don't know
-

I4. What needed services are not covered by your health insurance?

15. In the past 12 months, was there any time when you were not covered by any health insurance?

- Yes [If yes, continue to question I6]
 - No [If no, skip to probe]
 - Don't know [If Don't know, skip to probe]
-

16. In the past 12 months, about how many months were you without any health insurance?

_____ months

- Don't know
-

[Probe]

- Is there anything else you can tell me about your health insurance?

Section J: Demographics

To wrap up this survey I'm going to ask you a few questions about yourself and then we'll be done.

J1. What community do you live in?

Bridgeport ____ Groton ____ New Haven ____ Other _____

J2. Can you tell me how old you are? Would you say you are:

[Read the responses below.]

- Under 21
 - 21 - 30
 - 31-40
 - 41-50
 - 51-60
 - 61-70
 - 71-80
 - Over 80
 - Don't know
-

J3. And your gender?

- Male
 - Female
 - Don't know
-

J4. Thinking about your ethnic background, how do you identify yourself or describe yourself to others?

[Check off as many categories as needed below, and read the list of categories below if needed.]

- White
- Black/African-American
- Hispanic/Latino
- American Indian
- Asian
- Pacific Islander
- Other _____
- Don't know

Section K: Closing

I really appreciate the time you've spent answering all these questions. I know I asked you a lot of things.

K. Is there anything else that you would like to add, to give us an accurate picture of your experience in getting the health care that you need?

Thank you so much for your time. We can share the results of the survey with you, if you like. If you have an email address that would be the easiest way for us to get back in touch with you. I would also like to leave you the phone number of Julia Searl Rusert, the Project Coordinator, in case you want to discuss the survey or any of the issues raised by the survey. Her phone number is 860-679-1585.

[Record interviewee's email address here: _____]