

# **HEALTH CARE COVERAGE AND ACCESS IN NEW MEXICO**

**AN ANALYSIS OF THE 1999 HEALTH POLICY COMMISSION STATEWIDE  
HOUSEHOLD SURVEY OF HEALTH CARE COVERAGE**

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## EXECUTIVE SUMMARY

This study reports and analyzes the results of a statewide household survey on health care coverage and access.

### **1999 New Mexico Health Policy Commission Household Survey**

The New Mexico Health Care Coverage Survey employed a statewide random household telephone survey to gather information regarding health care coverage, health care access and use of health care services as well as opinions regarding health care policy. The sample was clustered by Public Use Micro Areas (PUMA's) as designated by the 1990 Census. These areas each had a population of approximately 100,000 people in 1990. The sample design envisioned 300 completed interviews per PUMA. The statewide telephone survey was conducted between April 15, 1999 and August 17, 1999. A total of 4,216 interviews were conducted and 3,889 were completed. The overall response rate was 56.8%, which is relatively high given the length of the questionnaire and the complexity of the issues explored. The sampling plan ensured a geographic distribution patterned on the distribution of the New Mexico population in the 1990 Census.

Within each household contacted an adult was selected to be interviewed on the basis of most recent birthday. If children were present a similar method was used to select randomly a child for the subset of questions dealing with their health care coverage and access.

Because a telephone survey was used, sample bias is a concern. However, comparisons between the survey sample and sample from the Census Bureau's March 1999 *Current Population Survey* (CPS) imply that the household survey sample is generally representative of the underlying New Mexico population and should provide a reliable basis for analyzing health care coverage and access in New Mexico.

### **Health Care Coverage of New Mexican Adults**

Fully 86 percent of all respondents and 84 percent of those aged 18-64 reported having some type of health care coverage<sup>1</sup> in 1998. Almost 80 percent of the adults and 76 percent of those of working age were covered all year round. Most (79%) of those New Mexicans who had coverage throughout 1998 had the same coverage for more than two years. Almost 14 percent of all adult respondents and over 16 percent of the working age had no coverage at all in 1998, while 7 percent of the total sample and 8 percent of the working age adults were covered

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<sup>1</sup> Health care coverage includes conventional forms of health insurance and provision of health care services by other organizations such as the Indian Health Service and the Veteran's Administration.

for only part of the year. When surveyed in the second quarter of 1999, about 19 percent of the adult respondents and over 21 percent of those under 65 were without health care coverage.

Those without health care coverage in 1998 were disproportionately young, had education only through high school or less, were Hispanic, were divorced, separated or never married, and had household incomes less than \$30,000. Those with large families (5 or more children) were more likely to be without coverage. Geographically, the highest rate of uninsurance throughout 1998 was found in PUMA region 500, which encompasses the northern New Mexico counties of Rio Arriba, Taos, Colfax, Mora and San Miguel.

When asked why they were without health care coverage during part or all of 1998, 37 percent of the adults reported that they could not afford the coverage. About one-third of those who claimed not to be able to afford health insurance were in households below the federal poverty level, while about 30 percent had household incomes that put them between 100 percent and 185 percent of poverty. Other common reasons were that their employer did not offer coverage (19.5%) or that they had lost or changed jobs (8.2%).

The employment situation of New Mexican adults had major bearing on whether or not they had coverage in 1998. Over 80 percent of those with a steady full-time job were covered all year, while closer to 50 percent of those working more than one job or working different jobs at different times were covered all year. Only 37 percent of those who were looking for but unable to find work were covered. The primary industry in which respondents were employed also made a difference, with over 90 percent of those in the mining industry enjoying coverage all year versus only about 55 percent of those in construction.

Those who worked in mining (100%) and for government (89%) had the highest probability of being offered health insurance by their employer. By contrast only 42 percent of those in agriculture, and only 51 percent in the non-professional services, such as lodging and recreational services, reported being offered coverage. Take-up rates for employment based insurance ranged from 70 percent in retail trade to 97 percent in mining and 98 percent in agriculture, both industries where the number of respondents is quite small (56 and 41 percent respectively). Most of those turning down coverage were either covered by another program or through a family member's policy.

In terms of coverage, 48 percent of those with health care coverage had employment based insurance from their own employer, while 29 percent reported being covered through another family member's employment insurance. Sixteen percent received coverage from Medicare, while only 7 percent of the adults reported coverage during the year from Medicaid. When asked about what coverage they relied upon the most, 76 percent mentioned some type of private insurance, with 59 percent of these getting coverage through their employer and

another 26 percent obtaining coverage through a family member's employment. Medicare accounted for 45 percent of the responses involving public coverage. Forty six percent of the respondents with coverage said their health plan was a Health Maintenance Organization, while only 21 percent claimed to have an indemnity, or fee for service, plan.

The median annual premium for single coverage was \$706, while that for family or spousal coverage was \$1,440. The median out-of-pocket health care expense for the adult respondents in 1998 was \$300.

### **Health Care Access for New Mexico Adults**

The measures of health care access that were examined include the usual source of care and respondent access to particular health care services they needed. A composite measure of access to health care services was also developed and analyzed. The survey probed why the adults surveyed did not have a usual source of care and/or were unable to access any of the needed services. The chapter analyzes these responses and presents results from cross-tabulations between the various access variables and (1) individual characteristics, like education, income, race and ethnicity; and, (2) health care coverage.

Seventeen percent of the weighted sample of adults surveyed were without a usual source of care or reported use of the emergency room for this purpose. Adults are more likely to be without a usual source of care if they are male, Hispanic, and lacking a high school diploma or GED. Almost 40 percent of those who were without health care coverage for all of 1998 lacked a usual source of care versus 12 percent of those who were continuously covered during the year. Of those who reported a primary type of health care coverage, those who relied on the Indian Health Service were most likely to have a usual source of care (94%), while over 16 percent of those reliant on Medicaid were without a usual source of care. When asked why they didn't have a person they typically saw or a place they typically went for care, 55 percent responded that they didn't need a doctor.

Respondents were asked whether, during 1998, they needed certain services: primary care, preventative care, specialized tests and procedures, medical specialist, dental care, eye care, hospital emergency room care, hospital in-patient care, alcohol and drug treatment, counseling/mental health services, alternative health care or prescription drugs. The percentages needing the services varied tremendously and the perceived need for basic services like primary care, specialty care, and dental care were positively correlated with income and education and greater for non-Hispanic whites than other groups.

The percentages of the population with unmet needs for prescription drugs, hospitalization, and emergency room care were in the 5 to 10 percent range. For

primary care, routine preventative care, medical specialist care, and eye care, those with unmet needs were in the range of 10 – 15 percent. Those having unmet needs for dental care and care from an alternative health provider, like a chiropractor, were in the 15 – 20 percent range. Finally, 25 – 30 percent of those acknowledging a need for either alcohol and drug treatment or mental health services had unmet needs.

Young adults, those with less education, less income, and minorities had greater problems accessing needed services. Financial reasons were cited by over 50 percent of those with unmet needs for tests and procedures, for dental care, eye care, emergency room care, counseling, alternative health care and prescription drugs, and they were cited by 40 percent of those lacking needed routine preventative care and specialist care. In over 70 percent of the cases where an inability to pay kept people from getting needed services, the person had no insurance.

Those who were without health care coverage throughout 1998 had the greatest difficulty accessing needed care. Over 40 percent of the uninsured who needed the services reported an inability to access primary care, preventative care, tests and procedures, dental care, mental health services, and alternative health services. Among those with health care coverage at least part of the year, the type of coverage made considerable difference in whether the individual obtained the care they needed. Those who reported the Indian Health Service as their primary type of coverage had high rates of unmet needs almost across the board. Those with private insurance generally fared much better, although 42 percent of those indicating that they needed the service reported unmet needs for alcohol and drug care and 22 percent had unmet needs for counseling or mental health care.

Over 22 percent of the weighted sample of adults could not access at least once a medical service they needed in 1998, and 9 percent had no access at all to at least one needed service. This inability to access services was greatest for younger adults, women, those with less than a high school education, for Hispanics and racial minorities, especially Afro-Americans, and for those with less than \$20,000 in income. Over 30 percent of those without coverage throughout 1998 were unable to access at all at least one of the medical services they needed.

### **Health Care Coverage and Access for New Mexico Children**

The sub-set of questions on children generally paralleled the questions asked the adult respondents regarding health care coverage and access, but concern about the length of the survey limited the number of questions that could be asked in this section.

In terms of coverage, only 10.1 percent of the weighted sample of children were without health care coverage throughout 1998, while another 7 percent were without coverage during part of the year. Those without coverage for the entire year were more likely to be living with an adult respondent who was Native American or Hispanic, with an adult respondent who was also without coverage all year, or in a household with income between \$10,000 and \$40,000. Twenty-five percent of those without coverage all year lived in San Juan, McKinley and Cibola Counties in the northwest quadrant of the state. In 25 percent of the cases, the primary reason given for why the children were without coverage during part or all of the entire year was that the “family couldn’t afford it.”

About 56 percent of the children had employment-based coverage sometime during the year, while 22 percent were reported to have been covered by Medicaid during part or all of the year.

Using household income and family size it was possible to put the children sampled into four groups: those below the federal poverty level; those between the federal poverty level and the 185 percent level which was first used in extending Medicaid coverage to low income children; those between 185 percent and the 235 percent level which currently applies; and those in households with income above 235 percent of the federal poverty level. About 46 percent of the total weighted sample of children would have been eligible for Medicaid with eligibility based on household income at or below 185 percent of the federal poverty level, while about 61 percent would be eligible with a 235 percent standard. While there may be under-reporting due to the stigma associated with being on Medicaid, about 32 percent of those eligible at or below the 185 percent level and about 25 percent of those eligible at or below the 235 percent level were reported to have actually been enrolled during 1998. Most of the eligible children had coverage during the year from other programs, and many (32% at or below 185%, 40% at or below 235%) had insurance from their parent’s employment for at least part of the year. On the other hand, 28 percent of those eligible at or below the 185 percent level and 25 percent of those eligible at or below the 235 percent level were without coverage at least part of the year.

In terms of access, only 10.5 percent of the sampled children were without a usual source of care, but 37 percent of children with no healthcare coverage in 1998 were without a usual source of care. Only 7.4 percent of the children were not seen for anything during the year. (This does not include cases -- 1.3 percent of the total -- where the adult respondent did not know whether the child had been seen.) About 30 percent of the children received a physical required for sports or other activities, about 49 percent had some other type of medical exam or check-up, and about 54 percent had their teeth cleaned and checked for cavities.

Striking differences are evident between children covered continuously and those without coverage all year. About 32 percent of those without any coverage were not seen for any reason in 1998 versus 4 percent of those with coverage all year.

## CHAPTER 1

### INTRODUCTION

This report presents and analyzes the results of a telephone survey of adults and children in a random sample of almost 3,900 households. The survey updates and considerably expands on an earlier survey of health insurance and access that was conducted in 1993 as part of a 10-state study funded by the Robert Wood Johnson Foundation.

#### **1999 HEALTH POLICY COMMISSION STATEWIDE HOUSEHOLD SURVEY**

In late 1998, the Bureau of Business and Economic Research (BBER) was asked by the New Mexico Health Policy Commission to participate in a survey of New Mexico households administered by the Institute of Public Policy (IPP), also at the University of New Mexico. IPP was requested to conduct a telephone survey. BBER assisted in the design of the survey instrument, particularly those questions dealing with health care coverage and access, and in the development of a sampling strategy that would ensure the selection of a representative sample. BBER had the responsibility of analyzing that portion of the survey dealing with health care coverage and access.

Survey design was a collaborative effort between the Health Policy Commission, IPP and BBER. Great effort was made to design a survey that would yield useful information and meet a variety of objectives within an interview time that would not discourage respondents from completing the survey. Objectives included the following: to generate information regarding health care coverage and access for both children and adults in New Mexico that would be useful in policy-making; to provide data that is comparable with other studies; to provide information on respondent opinions on health care policy issues; and to provide, through a contingent valuation analysis, information bearing on what New Mexicans are willing to pay for greater health care coverage and access. The instrument received informal pre-testing on staff before being programmed by IPP into a computer-assisted telephone interviewing (CATI) system. A pre-test was then conducted by IPP and the instrument was subject to minor revision. The portion of the final survey questionnaire dealing with health care coverage and access is reproduced in Appendix A.

The actual survey was conducted by IPP using a CATI system with a random-digit dialing (RDD) sampling frame for the purpose of giving equal probability of inclusion of all residences with a single working phone line. This random sampling process was coupled with a survey protocol that included more than 10 call attempts per RDD number and persuasion of reluctant respondents.<sup>1</sup>

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<sup>1</sup> In a technical report, *New Mexico Health Care Coverage Study: Technical Data Evaluation Report*, IPP describes how the survey was conducted and discusses the technical characteristics of the survey data, including response rates. As is discussed in IPP's report, the possibility that

The sampling plan divided the state into nine PUMA regions based on the Census geography of the 5 percent sample. (See Map 1.1.) Census PUMA boundaries generally follow county borders. The exception in New Mexico is Bernalillo County which, for Census purposes, was divided into four different PUMA regions. In the present analysis, Bernalillo County is treated as one PUMA, PUMA 200. In the 1990 Census, the population in each of the PUMA's was roughly 100,000. The sampling plan envisioned obtaining approximately 300 interviews from each of the PUMAs except PUMA 200. As originally proposed, 600 interviews would be collected from Bernalillo County. An expansion of the target sample size by 600 to meet objectives of the contingency evaluation portion of the survey provided a goal of 1,200 completed interviews for Bernalillo County , 300 for each PUMA.

Although various questions were asked about the households – e.g., number of adults and children, their insurance coverage, household income – , the basic unit of analysis is the adult respondent. The adult respondent was selected from among the adults 19 and over in each household surveyed on the basis of the most recent birthday. The questionnaire includes a block of questions on health care coverage and access of a randomly selected child in each household where children are present and the adult respondent is a parent or guardian. As with the adults, the selection of a particular child in each household where children are present is made on the basis of their birthday. In all the analysis included in this report, responses were weighted to equalize the probability of selection (see Appendix C).

The statewide telephone survey was conducted between April 15, 1999 and August 17, 1999. A total of 4,216 interviews were conducted and 3,889 were completed. The overall response rate was 56.8%, which is relatively high given the length of the questionnaire and the complexity of the issues explored. The sampling plan ensured a geographic distribution patterned on the distribution of the New Mexico population in the 1990 Census.

## **THE SURVEY SAMPLE**

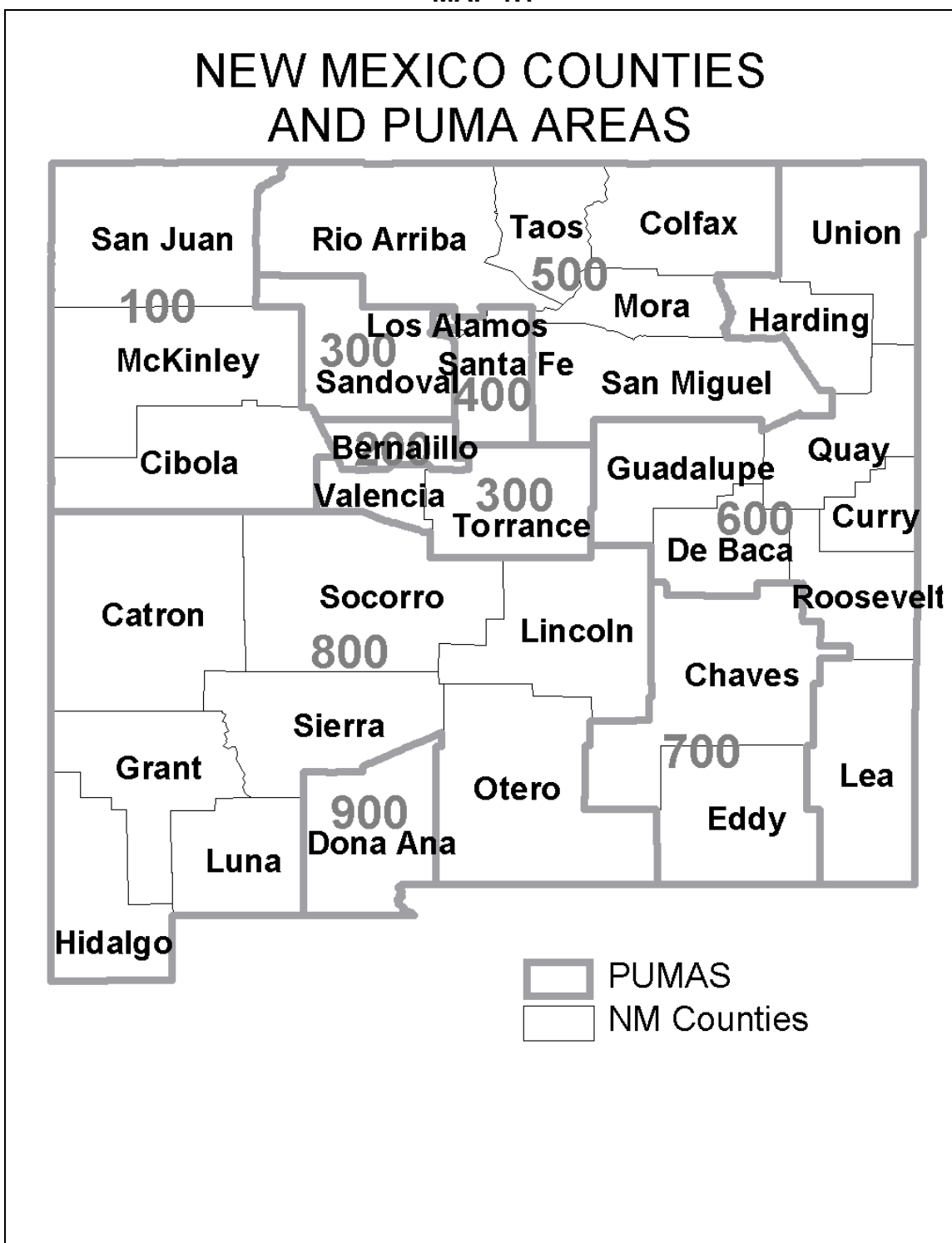
There are three sources of error that affect the quality of the data from a survey: sampling variability, sample bias, and response effects. In the current survey, the care given to sampling and instrument design, pre-testing, sample size, and the high response rate achieved minimized sampling variability as a source of error. Another source of error, response effects, is a result of respondents not reporting

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some households will have more than one working residential phone line necessitates a weighting scheme if each household sampled is to be given an equal probability of selection for purposes of analysis. The weights used in the analysis are discussed in Appendix C.

MAP 1.1

# NEW MEXICO COUNTIES AND PUMA AREAS



their “true” behavior, characteristics or attitudes.<sup>2</sup> There is no real test of response effects built into the survey, but the assumption that the respondents answered truthfully to the best of their ability is not unreasonable.

The third source of error, sample bias can be generated if the sample interviewed is not representative of the underlying population. Most of the concerns about sample bias in the current study, however, arise because a telephone survey was used. The potential for sample bias is inherent in a telephone survey when not all households have telephones and those without phones cannot be contacted.

To test for sample bias, the characteristics of the sampled population are compared with those of the underlying population from which the sample was chosen. Tables B 1 through B 8 in Appendix B explore the potential sample bias introduced by a telephone survey in New Mexico. The data used in the analysis are from the 1990 Census Public Use Microdata Sample, which is a 5% sample. Tables B 7 and B 8 present the relevant comparison between the survey sample characteristics and those of the sample surveyed in March 1999 for the Census Bureau’s *Current Population Survey* (CPS). As is explained in the note to the Appendix B tables, while the CPS is largely conducted using telephone interviews the CPS sample is drawn from all households, those with telephones and those without. Local field representatives conduct face-to-face interviews in the first and fifth months that a household is in the CPS panel. They also conduct such interviews when the house is without a telephone, when a telephone interview is refused and when there are language difficulties. The comparison with the CPS indicates some under-representation of those with less than a high school education. There is also some modest indication of over-representation of non-Hispanic Whites and some under-representation of Hispanics, but the problem is relatively minor. On a statewide basis the characteristics of the sample match well those of the underlying population, at least so far as reflected in the CPS sample.

IPP [11] summarizes their conclusions regarding how well the survey data represents the general New Mexico thus:

The results of the survey diagnostics indicate that the data can provide a reasonable basis for making inferences about the health care needs, uses, coverage and preferences of New Mexicans. While no telephone survey can purport to describe the characteristics of people who live in households chronically without telephones, the diagnostics provided here provide a basis for confidence that the weighted survey results can be used to infer such characteristics in households with telephones....

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<sup>2</sup> Respondents must know or recall health expenditures and other health related behavior. The use of a mail survey would have given respondents the opportunity to look-up information, but response rates are a major concern in mail-out surveys.

Despite the omission of those who live in households without telephones, the geographical distribution of respondents matches that of the state quite well....[O]nce the data are properly weighted, the demographic profile of the survey respondents provides a reasonable approximation of that of the residents of New Mexico.

In sum, the survey data diagnostics indicate that the results of the survey provide a valid and reliable measure of the health care needs, coverage, uses and preferences of New Mexicans.

The analysis presented in Appendix B lends further support to IPP's conclusions.

## **ANALYSIS OF THE SURVEY**

The remainder of this report presents BBER's analysis of the survey questions dealing with health care coverage and access.

Chapter 2 presents the analysis of adult responses to health care coverage questions. This chapter explores who among New Mexico adults 19 and over has health care coverage and who does not, what kinds of health care coverage they have, and how much they spend on meeting their health care needs. The chapter also explores the links between employment status and health care coverage.

Chapter 3 continues the analysis of the adult sample but focuses on health care access. Access measures include usual source of care and whether the adult respondent was able to access particular needed health care services in 1998. The chapter examines who is successful in getting needed health care services and who is not and how access varies depending upon the health care need. In addition to reporting answers to questions about why the respondent may have been unsuccessful in obtaining needed services, the chapter explores relationships between access and health care coverage and how access may vary depending upon demographic and economic characteristics.

Chapter 4 presents the results for the children's portion of the survey. Like the adult portion of the survey, the questions on children deal broadly with health care coverage and access. Data presented in the chapter describe who among the children are covered and who are not, what types of coverage they have and whether or not they received certain types of health care during 1998. Where appropriate the chapter makes comparisons between the children surveyed and the adults.

## CHAPTER 2

### HEALTH CARE COVERAGE FOR NEW MEXICO ADULTS

The survey defined health care coverage to not only include conventional forms of health insurance but provision of health care services by other organizations such as the Indian Health Service and the Veteran's Administration as well. This chapter will profile health care coverage of adults in New Mexico. The following questions will be answered:

- Who had health care coverage in 1998 and 1999 and who were uninsured?
- How long were people without coverage?
- What factors were associated with health care coverage in 1998?
- Why were some New Mexicans without health insurance for part or all of 1998?
- What kinds of health care coverage did New Mexican adults have during 1998?
- How is health care coverage affected by employment status?
- What was the cost of health insurance in 1998?

Unless otherwise noted, all the figures presented are weighted to reflect the adult respondent's probability of being selected. See discussion in Appendix C.

#### INDIVIDUAL HEALTH CARE COVERAGE STATUS

Fully 86 percent of all adult respondents reported having health care coverage for part or all of 1998. As shown in Table 2.1, almost 80 percent had year round coverage, while 14 percent had no coverage at all. By the second quarter of 1999, when the survey was taken, slightly more than 80 percent (81.1%) had health insurance.

Table 2.1 demonstrates the changing status of health care coverage among a significant portion of the adult population in New Mexico. Of the 4,431 adults who reported year-round health care coverage in 1998, 244, or 6 percent, had dropped or lost their coverage at the time of the survey. Of those respondents who had coverage for part of 1998, fully 45 percent were no longer insured at the time of their interview. On the other hand, of those without any health insurance at all in 1998, 17 percent had acquired coverage by the time of the survey interview in the second quarter in 1999.

The bottom of Table 2.1 shows that adult New Mexicans with year-round coverage in 1998 tended to keep the same coverage for a long period of time. Close to 80 percent of these adults had had the same source of coverage for two years or more. Approximately 57 percent had maintained the same coverage for

five years or more. A small proportion (4.8%) had had the same coverage for less than one year.

TABLE 2.1  
**HEALTH CARE COVERAGE STATUS IN 1998 AND SECOND QUARTER 1999**  
**Weighted Adult Sample**

<b>Health Care Coverage in 1998</b>	<b>Insurance Status in 1999</b>		<b>Total</b>
	<b>No</b>	<b>Yes</b>	
No coverage in 1998	637	132	769
Covered for part of year	177	219	396
Covered year round	243	4,187	4,430
<b>Total</b>	<b>1,057</b>	<b>4,538</b>	<b>5,595</b>
No coverage in 1998	11.4%	2.4%	13.7%
Covered for part of year	3.2%	3.9%	7.1%
Covered year round	4.3%	74.8%	79.2%
<b>Total</b>	<b>18.9%</b>	<b>81.1%</b>	<b>100.0%</b>

**DURATION OF SAME HEALTH CARE COVERAGE**

<b>ALL ADULTS</b>	<b>Frequency</b>	<b>Percent</b>
<b>Duration of Health Care Coverage</b>		
Less than one year	213	4.8%
One to two years	703	15.9%
Between two and five years	982	22.2%
Longer than five years	2,519	57.0%
<b>Total</b>	<b>4,417</b>	<b>100.0%</b>

As indicated in Table 2.2, adult New Mexicans who were of working age were slightly more likely to be uninsured during 1998 compared to the general adult population. Fully 16 percent of New Mexicans between the ages of 18 and 64 years had no health care coverage in 1998, and another 8 percent were without coverage during part of 1998. Some 24 percent of the working age population was thus without health insurance during part or all of 1998. At the time of the survey, 21 percent of working age adult New Mexicans claimed that they had no health care coverage. As might be expected, the latter point estimate for the percent uninsured lies between the estimate for those without coverage at all in 1998 and those without coverage at least part of the year.

The working population was also slightly less likely than the general adult New Mexican population to retain their health insurance for more than two years. About 77 percent of this working adult population reported having the same coverage for two years or more compared to 79 percent among the general adult population. Fifty-three percent compared to 57 percent maintained the same coverage for five years or more. In the general population, the presence of the

elderly with Medicare and other public-based health care coverage skews the insured rate upwards.

TABLE 2.2  
**HEALTH CARE COVERAGE OF NEW MEXICAN WORKING AGE  
 ADULTS (18 - 64 Years Old)**

Weighted Adult Sample		
WORKING AGE ADULTS	Frequency	Percent
<b>Health Care Coverage for 1998</b>		
No coverage in 1998	788	16.1%
Covered for part of year	392	8.0%
Year-round coverage	3,727	76.0%
<b>Total</b>	4,907	100.0%
<b>Duration of 1998 Health Care Coverage</b>		
Less than one year	202	5.5%
One to two years	654	17.7%
Between two and five years	870	23.5%
Longer than five years	1,969	53.3%
<b>Total</b>	3,696	100.0%
<b>Health Insurance Status in 1999</b>		
Insured	3,841	78.8%
Not insured	1,034	21.2%
<b>Total</b>	4,875	100.0%

**Discussion.** The 1993 household survey of New Mexicans conducted with funding from the Robert Wood Johnson Foundation (RWJF) found that about a quarter of the adults (25.3%) were uninsured at some point during the previous year, while 74.7% percent were insured continuously. Almost 25 percent of New Mexican adults were without health care coverage at the time of the survey. As is noted by Qualls [p.22], this overstates the actual rate of health care coverage in that Native Americans with access to coverage through the Indian Health Service were counted as uninsured. Qualls estimates that the percentage of adults without insurance was more correctly 21 percent. All these numbers are lower than the 26 percent rate reported for 1990-92 [Winterbottom, p. 23] and the 28 percent-uninsured rate reported [Liska, p. 21] by The Urban Institute for 1994-1995 for New Mexico adults 19-64. The figures reported by the Urban Institute are based on the Census Bureau's *Current Population Survey (CPS)*. As with the RWJF study, the CPS treats those with only Indian Health Service Coverage as uninsured.

Qualls does not present data on how long New Mexicans had been without health care coverage; nor does he discuss how their insurance status may have changed over time. He does, however, report the survey results that 34 percent of the adults were worried about losing their insurance.

## WHO ARE UNINSURED IN NEW MEXICO?

Table 2.3 provides a portrait of the population who had no health care coverage throughout 1998. The table displays the weighted adult sample distributions both of those who were without health care coverage all year and of the general adult population according to their demographic and economic characteristics. The differences (**percentage-point-differences**) between the two distributions indicate in which category the uninsured population was over- or under-represented. The total of the absolute values of these percentage-point-differences divided by two (**coefficient of dissimilarity**) indicates the total number of people that need to be reassigned to different categories in order for the uninsured population to achieve parity with the general adult population distribution.

Adult New Mexicans with a high school education or less were over-represented among those who were uninsured. Table 2.3 shows that the share of this population among the uninsured was 21 percentage-points higher than their corresponding ratio in the general adult population. In other words, their share in the uninsured population is approximately 65 percent more than their share in the general population. As expected, those with more education were less likely to be uninsured.

Women were slightly over-represented among the uninsured, with a difference of about three percentage-points. Those who were married at the time of the survey were less likely to be uninsured than their unattached counterparts, particularly in comparison with those who had never been married.

Non-Hispanic Whites were under-represented among those who were uninsured. Hispanics had a higher representation (43.3%) among the uninsured than their share in the general population (30.4%). Native Americans fared better than their Hispanic counterparts. The proportion (9.1%) of uninsured Native Americans was only about 2.3 percentage-points higher than their share (6.8%) in the general adult population. Respondents of Other Races had about the same proportion (4.6%) of uninsured as their share (4.7%) in the general adult population.

The elderly had the best chance of having health care coverage in 1998. While 12 percent of the respondents were elderly only one percent of the uninsured were elderly. On the other hand, respondents between the ages of 19 and 34 years were disproportionately over-represented among the uninsured.

As expected the uninsured had an over-representation of adults from low-income households while those with household incomes greater than \$30,000

TABLE 2.3

**PERCENTAGE DISTRIBUTION OF ADULT PERSONS WHO HAD NO  
HEALTH CARE COVERAGE IN 1998**

**Percentage-Point-Differences and Coefficient of Dissimilarity (COD)**

Individual Characteristics	Distribution of...		Percentage Point Difference
	Adults Not Covered	Adult Population	
<b>Education</b>			
Less than HS	14.6%	6.2%	8.4%
High School/GED	39.5%	26.5%	13.0%
Some College/AA	32.6%	35.1%	-2.5%
College Graduate	13.3%	32.2%	-18.9%
Total / COD	100.0%	100.0%	21.4%
<b>Gender</b>			
Female	59.8%	57.2%	2.6%
Male	40.2%	42.8%	-2.6%
Total / COD	100.0%	100.0%	2.6%
<b>Marital Status</b>			
Currently married	41.0%	61.1%	-20.1%
Widowed	2.8%	4.6%	-1.8%
Divorced	16.6%	12.3%	4.3%
Separated	2.2%	1.5%	0.7%
Never Married	37.5%	20.5%	16.9%
Total / COD	100.0%	100.0%	21.9%
<b>Race &amp; Ethnicity</b>			
White Nonhispanic	43.0%	58.1%	-15.1%
Hispanic	43.3%	30.4%	12.9%
Native American	9.1%	6.8%	2.3%
Other	4.6%	4.7%	-0.1%
Total / COD	100.0%	100.0%	15.2%
<b>Age</b>			
19-24	20.5%	12.2%	8.3%
25-34	28.9%	19.4%	9.5%
35-49	33.1%	33.2%	-0.1%
50-64	16.5%	22.8%	-6.3%
65+	1.0%	12.4%	-11.4%
Total / COD	100.0%	100.0%	17.8%

TABLE 2.3 (continued)  
**PERCENTAGE DISTRIBUTION OF ADULT PERSONS WHO HAD NO  
HEALTH CARE COVERAGE IN 1998**  
**Percentage-Point-Differences and Coefficient of Dissimilarity (COD)**

Individual Characteristics	Distribution of...		Percentage Point Difference
	Adults Not Covered	Adult Population	
<b>Income</b>			
\$10,000 or less	21.3%	8.1%	13.2%
\$10,000-\$20,000	29.6%	14.6%	15.0%
\$20,000-\$30,000	21.3%	16.1%	5.2%
\$30,000-\$40,000	13.3%	15.8%	-2.5%
\$40,000-\$50,000	6.3%	14.2%	-7.9%
\$50,000-\$60,000	3.1%	9.5%	-6.4%
\$60,000-\$70,000	3.1%	6.6%	-3.5%
\$70,000-\$80,000	0.5%	5.9%	-5.4%
\$80,000 & over	1.6%	9.2%	-7.6%
Total / (COD)	100.0%	100.0%	33.4%
<b>Number of People in Household</b>			
1 - 2	39.0%	47.3%	-8.3%
3 - 4	39.5%	37.2%	2.3%
5 & over	21.5%	15.5%	6.0%
Total / COD	100.0%	100.0%	8.3%
<b>Number of Children in Household</b>			
No children	47.6%	54.2%	-6.6%
1- 2	36.7%	35.1%	1.6%
3 - 4	11.9%	9.2%	2.7%
5 & over	3.8%	1.5%	2.3%
Total / COD	100.0%	100.0%	6.6%
<b>Puma Regions</b>			
PUMA 100	12.6%	11.9%	0.7%
PUMA 200	27.8%	31.3%	-3.5%
PUMA 300	5.0%	8.4%	-3.4%
PUMA 400	7.5%	7.7%	-0.2%
PUMA 500	11.5%	7.5%	4.0%
PUMA 600	6.9%	8.7%	-1.8%
PUMA 700	7.3%	7.0%	0.3%
PUMA 800	9.4%	9.1%	0.3%
PUMA 900	12.0%	8.4%	3.6%
Total / COD	100.0%	100.0%	8.9%

were under-represented among the uninsured. The coefficient of discrimination associated with household income distribution is approximately 33.4 percent, i.e., 33 uninsured individuals (out of 100) have to be redistributed to achieve parity with the adult population distribution.

Table 2.3 also indicates that respondents in large households (5 or more members) were slightly more likely to be uninsured than their counterparts who lived in smaller households. Similarly, respondents from households with children were slightly more likely to be uninsured than their counterparts who lived in all adult households. However, in both instances, the coefficients of dissimilarity are relatively small (less than 10 percentage points).

The geographic distribution of the uninsured appears to follow closely the geographic distribution of the general population. Where measurable deviations occurred, the difference between the uninsured and the general adult population distributions was no greater than four percentage points.

Both PUMA Region 200 (Bernalillo County) and PUMA Region 300 (Sandoval, Torrance, and Valencia counties) had slightly smaller share of the uninsured than their share in the general adult population. These PUMA Regions' share in the uninsured population was about three percentage-points lower than their share in the general adult population. PUMA Regions 500 (Northern New Mexico) and 900 (Dona Ana County) were slightly over-represented among the uninsured. The share of PUMA Region 500 and that of PUMA Region 900 among the uninsured were approximately four percentage-points higher than their shares in the general population.

The detailed cross tabulation between demographic, social and geographic factors and adult health care coverage factors is presented in Table 2.4. Table 2.5 presents a cross tabulation between certain economic characteristics and adult health care coverage. The more significant relationships are graphed and discussed below. The sample is not large enough to estimate the independent effects of the variables (See Appendix D).

Education is a strong predictor of health care coverage status. As is evident in Figure 2.1, health care coverage is inversely associated with educational attainment. The proportion of uninsured adults decreases dramatically as educational attainment increases.

Gender appears to have no significant effect on health care coverage. The difference in the proportions of uninsured women (14.7% and men 13.3%) is miniscule. On the other hand, marital status appears to be significantly associated with health care coverage. Those who have never been married had the highest likelihood of being uninsured in 1998. One in four respondents who have never been married had no coverage at all in 1998, compared to one in ten

TABLE 2.4  
**HEALTH CARE COVERAGE IN 1998 BY DEMOGRAPHIC, SOCIAL,  
 AND GEOGRAPHIC CHARACTERISTICS**  
**WEIGHTED ADULT SAMPLE**

Demographic, Social, and Geographic Characteristics	Health Care Coverage in 1998 (Percent)			Number of Cases
	No Coverage	Covered Part of the Year	Covered Year Round	
<b>Educational Attainment</b>				
Less than HS	33.5%	8.7%	57.8%	346
High School/GED	21.2%	7.3%	71.6%	1,489
Some College/AA	13.1%	8.3%	78.6%	1,989
College Graduate	5.8%	5.4%	88.8%	1,826
<b>Total</b>	<b>14.1%</b>	<b>7.1%</b>	<b>78.8%</b>	<b>5,650</b>
<b>Gender</b>				
Female	14.7%	7.3%	78.0%	3,236
Male	13.3%	6.9%	79.8%	2,412
<b>Total</b>	<b>14.1%</b>	<b>7.1%</b>	<b>78.8%</b>	<b>5,648</b>
<b>Marital Status</b>				
Currently Married	9.5%	4.9%	85.6%	3,417
Widowed	8.5%	2.3%	89.1%	258
Divorced	18.9%	9.9%	71.2%	697
Separated	19.8%	7.0%	73.3%	86
Never Married	25.2%	13.2%	61.6%	1,174
<b>Total</b>	<b>14.0%</b>	<b>7.2%</b>	<b>78.8%</b>	<b>5,632</b>
<b>Race/Ethnicity</b>				
White Nonhispanic	10.4%	5.4%	84.2%	3,219
Hispanic	20.2%	8.9%	70.9%	1,676
Native American	18.7%	10.0%	71.3%	380
Other	13.7%	12.6%	73.7%	262
<b>Total</b>	<b>16.0%</b>	<b>8.0%</b>	<b>89.4%</b>	<b>4,882</b>
<b>Age</b>				
19-24	24.3%	15.2%	60.5%	676
25-34	21.1%	13.8%	65.1%	1,089
35-49	14.1%	5.7%	80.1%	1,869
50-64	10.3%	2.7%	87.1%	1,276
65+	1.2%	0.9%	98.0%	694
<b>Total</b>	<b>14.2%</b>	<b>7.1%</b>	<b>78.6%</b>	<b>5,604</b>
<b>Number of Persons in Household</b>				
1 - 2	11.6%	5.4%	83.0%	2,677
3 - 4	15.0%	9.1%	75.9%	2,099
5 & over	19.6%	8.0%	72.4%	878
<b>Total</b>	<b>14.1%</b>	<b>7.1%</b>	<b>78.7%</b>	<b>5,654</b>
<b>Number of Children in Household</b>				
No children	12.4%	5.5%	82.1%	3,065
1- 2	14.8%	9.3%	75.9%	1,978
3 - 4	18.2%	8.0%	73.8%	523
5 & over	34.5%	10.3%	55.2%	87

TABLE 2.5  
**HEALTH CARE COVERAGE IN 1998 BY ECONOMIC CHARACTERISTICS**  
 WEIGHTED ADULT SAMPLE

Economic Characteristics	Health Care Coverage in 1998			Number of Cases
	No Coverage	Covered Part of the Year	Covered Year Round	
<b>Household Income</b>				
\$10,000 or less	38.5%	14.2%	47.3%	408
\$10,000-\$20,000	29.5%	12.6%	58.0%	740
\$20,000-\$30,000	19.3%	10.1%	70.6%	813
\$30,000-\$40,000	12.3%	6.1%	81.6%	799
\$40,000-\$50,000	6.4%	6.4%	87.2%	721
\$50,000-\$60,000	4.8%	3.5%	91.7%	482
\$60,000-\$70,000	6.8%	3.0%	90.2%	336
\$70,000-\$80,000	1.0%	2.0%	97.0%	299
\$80,000 & Over	2.5%	3.6%	93.9%	472
Total	14.5%	7.5%	78.0%	5,070
<b>Poverty level</b>				
Up to 100% of poverty	39.7%	15.5%	44.7%	657
101% - 185% of poverty	24.4%	10.8%	64.9%	865
186% - 235% of poverty	14.8%	5.5%	79.7%	582
Over 235% of poverty	6.1%	5.0%	88.9%	2,956
Total	14.6%	7.4%	78.0%	5,060

who were married at the time of the survey. As shown in Figure 2.2, those who were divorced or separated had a one in four chance of not having any coverage in 1998.

The findings on race and ethnicity follow the pattern observed in national surveys. However, the uninsured rate by ethnicity is lower than the national levels as measured in the 1999 CPS. In the current survey, 10 percent of non-Hispanic Whites had no health care coverage in 1998, while one in five (20.2%) adult Hispanics and two out of eleven (18.7%) adult Native Americans were without health care coverage. Comparable 1998 national figures indicate that 11.9 percent of non-Hispanic Whites were without coverage, while 35.3 percent of those with Hispanic origin were not covered [Campbell, Jennifer].

As Figure 2.3 shows, age was a major determinant of health care coverage in 1998. Only a very small proportion (1.2%) of elderly respondents reported no coverage for 1998. The youngest respondents (19-24 years old) had the highest likelihood of being uninsured for the whole year. Twenty-five percent of the 19-24 year old respondents lacked coverage in 1998. Slightly over 20 percent of those aged 25 to 34 years were similarly without coverage throughout 1998.

This number decreased to 14 percent among adults aged 35-49 years, dropping further to 10 percent among those in the ages between 50 and 64 years.

FIGURE 2.2  
MARITAL STATUS OF ADULTS WITHOUT HEALTH CARE COVERAGE FOR ALL OF 1998  
WEIGHTED ADULT SAMPLE

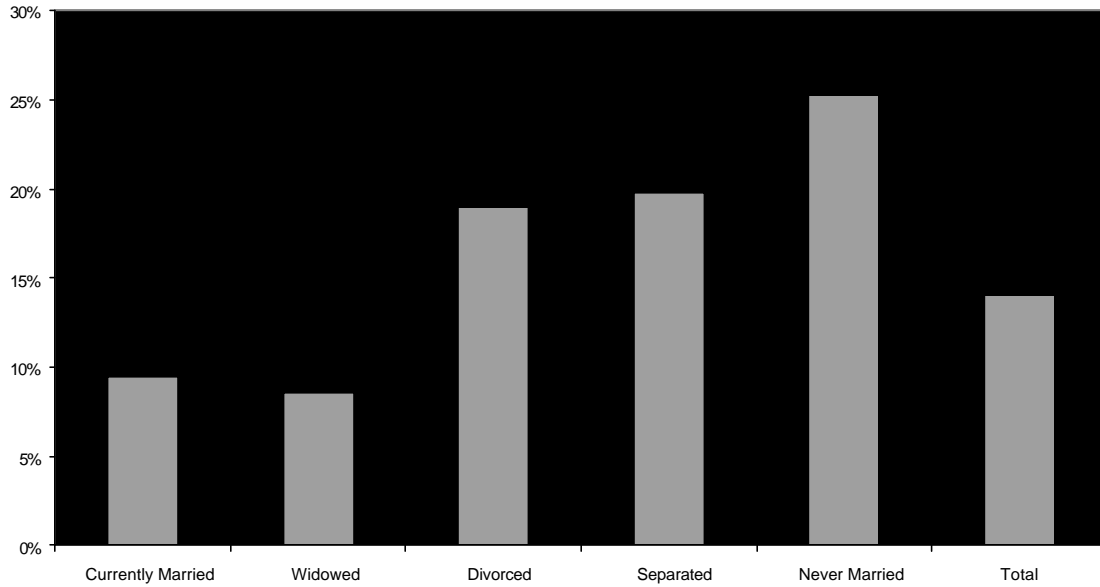
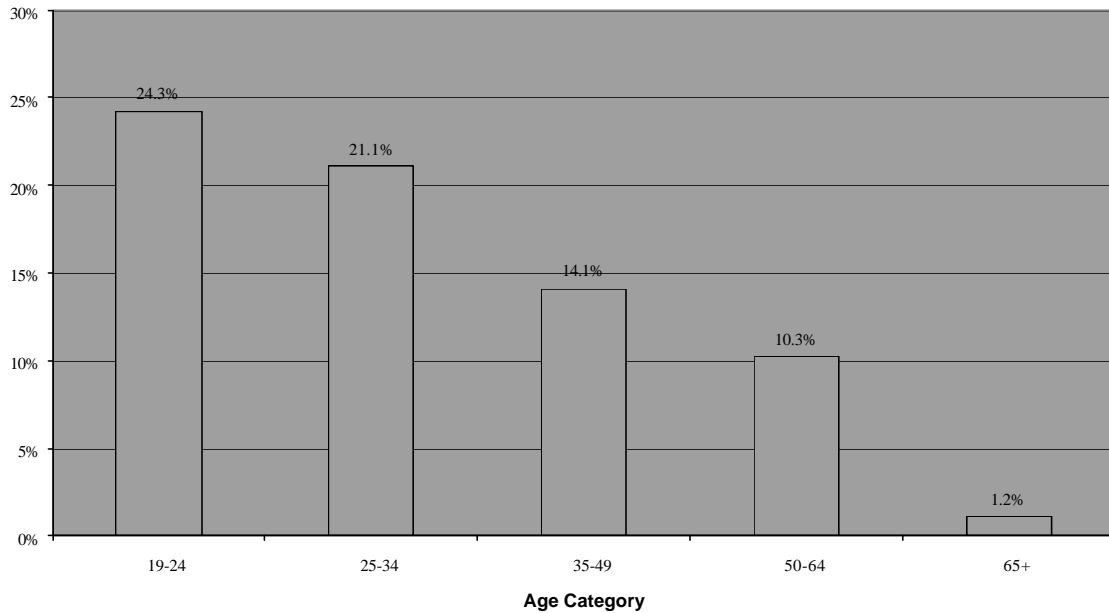
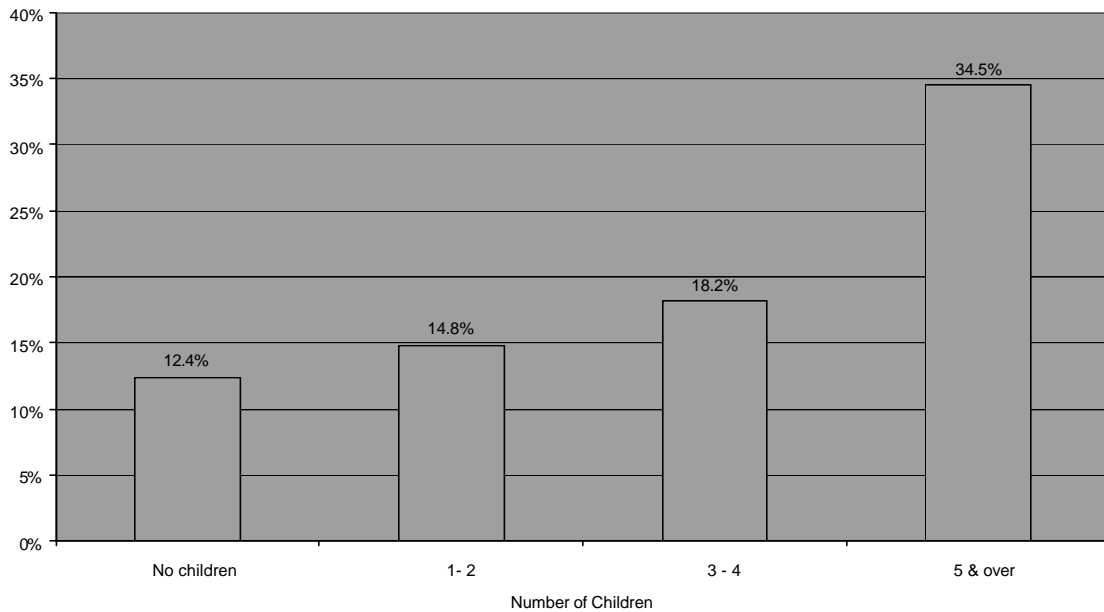


FIGURE 2.3  
AGE OF ADULTS WITHOUT HEALTH CARE COVERAGE FOR ALL OF 1998  
WEIGHTED ADULT SAMPLE



As indicated in Figure 2.4, the likelihood that adults will be without health care coverage is positively associated with both household size and number of children. One in nine adults who were in households with two or less people had no health care coverage in 1998 while one in five adults who lived in households with more than five members was uninsured during 1998. The uninsured rate among adult New Mexicans whose households had more than five children (34.5%) is almost twice as high as those who lived in households with three to four children (18.2%) and three times higher than those who had no children in the household (12.4%). These findings probably reflect an interaction with age, given that seniors with Medicare coverage are more likely to be in smaller households.

FIGURE 2.4  
 NUMBER OF CHILDREN OF ADULTS WITHOUT HEALTH CARE COVERAGE FOR ALL OF 1998  
 WEIGHTED ADULT SAMPLE



Map 2.1 illustrates that place of residence is associated with lack of health care coverage. PUMA Region 300, which is comprised of the Albuquerque Metropolitan Area counties of Sandoval, Torrance and Valencia, had the lowest proportion of uninsured adults, 8.3 percent, while PUMA Region 500 (21.5%) showed the highest proportion of adults without health care coverage in 1998. PUMA Region 900, Dona Ana County, (20.4%) had the second highest uninsured rate in 1998. The rest of the PUMA regions had uninsured rates between 11 percent and 15 percent.

MAP 2.1

# PERCENT OF ADULTS WITHOUT HEALTH COVERAGE

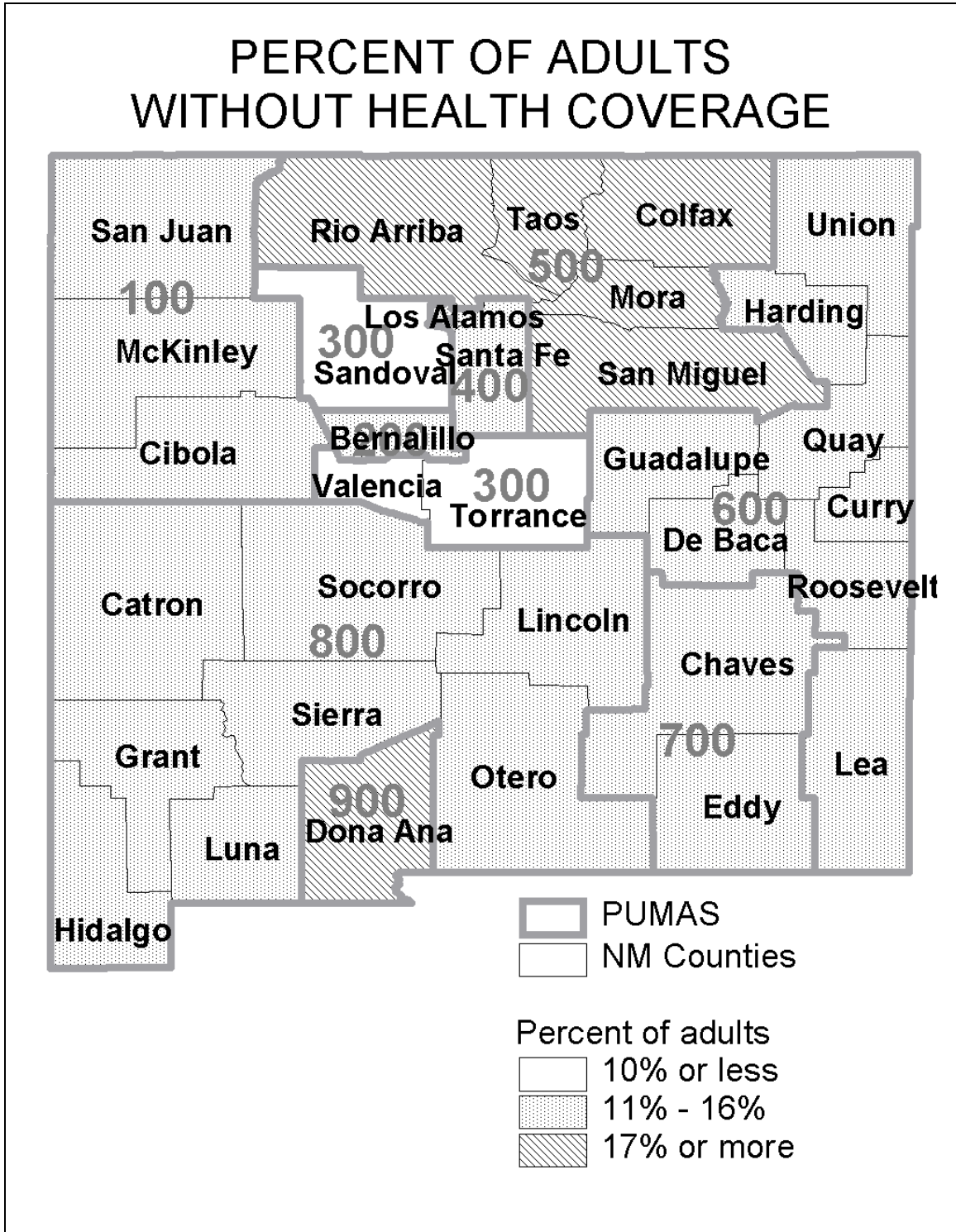
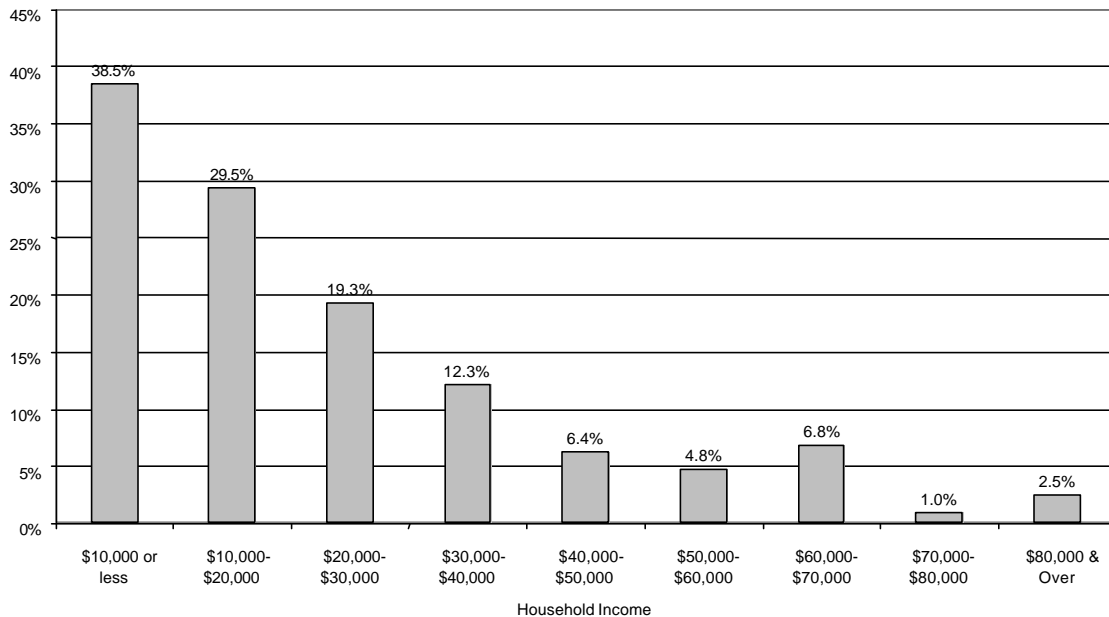


Figure 2.5 shows the relationship between household income and adult health care coverage in 1998. Close to 40 percent of adults with household incomes less than \$10,000 in 1998 had no health care coverage at all that year. This uninsured rate declines to 30 percent among those who lived in households with incomes between \$10,000 and \$20,000 and below 20% for those with incomes from \$20,000 to \$30,000. With household incomes greater than \$40,000, the uninsured rate falls below 10%. Adults in households with annual incomes greater than \$70,000 had the lowest rate of uninsurance (2.5%). The March 1999 CPS found that about eight percent of people in households with incomes above \$75,000 were uninsured in 1998. [Campbell, 1999, p. 4]

As the above figures on income suggest, the labor force status of adults has a major impact on their health care coverage. These relationships are explored in a later section of this chapter.

FIGURE 2.5  
**HOUSEHOLD INCOME OF ADULTS WITHOUT HEALTH CARE COVERAGE IN 1998**  
 WEIGHTED ADULT SAMPLE



## MONTHS WITHOUT HEALTH CARE COVERAGE

On average, the weighted adult sample of New Mexicans had no health coverage for 5.6 months, with a standard deviation of 2.7 months. (See Appendix E, Table E 2.1). The median number of months for which individuals lacked health care coverage was 6.0. There was very little variation across the different population groups. The mean number of months during which individual respondents lacked coverage ranged from a low of 4.0 median months among

those who graduated from college to a high of 8.0 median months among individuals who lived in household with large number of children.

### WHY NEW MEXICANS ARE UNINSURED

Cost was a major factor in why many adult New Mexicans were without health insurance for part or all of 1998. As indicated in Table 2.6, fully 37 percent of all adults with no health care coverage reported that they “could not afford” to have health insurance in 1998. Twenty percent of those who had no coverage reported that their employer did not offer coverage. About 8 percent did not have coverage because they were in-between jobs while an equal number indicated that they did not need health insurance because they were healthy. The rest did not have coverage for reasons ranging from having a pre-existing condition (1.4%) to “didn’t get around to it” (4.5%).

TABLE 2.6  
**PRIMARY REASON WHY ADULTS WERE WITHOUT HEALTH  
 CARE COVERAGE FOR PART OR ALL OF 1998**  
 WEIGHTED ADULT SAMPLE

REASON	Frequency	Percent
Couldn't afford it	437	37.2%
Employer did not offer coverage	230	19.5%
Lost or changed Jobs	97	8.2%
Healthy and does not need insurance	94	8.0%
Didn't get around to it	53	4.5%
Became Ineligible	44	3.7%
Could not obtain coverage	41	3.5%
Could pay directly	31	2.6%
Family member lost coverage	19	1.6%
Pre-existing condition	17	1.4%
Could always go to ER	12	1.0%
Some other reason	102	8.7%
Total	1,175	100.0%

Note: Figures reflect recoding of some who answered “some other reason.”

Among those adults respondents who were uninsured at the time they were interviewed (1,063, or 19% of all respondents) 56 percent indicated that they would get insurance if they could afford it. Table 2.7 shows that close to 20 percent would obtain health insurance if they needed it or a dependent needed to have health insurance. Some 13 percent of those without current coverage would get health insurance if their employer offers it.

TABLE 2.7

**REASONS WOULD DECIDE TO GET HEALTH CARE INSURANCE  
AMONG CURRENTLY UNINSURED RESPONDENTS**

WEIGHTED ADULT SAMPLE

Would get health insurance if...	Frequency	Percent
Could afford it	595	56.0%
Health changed and needed it	100	9.4%
Had dependents who needed it	94	8.8%
It were available	140	13.2%
Some other reason	134	12.6%
	1063	100.0%

**WHO COULD NOT AFFORD TO HAVE HEALTH INSURANCE IN 1998?**

Table 2.8 presents the population of adults without health care coverage who indicated that they could not afford to have health insurance in 1998. Those between the ages of 25 and 34 years were disproportionately represented among those who could not afford to have coverage. Those respondents who were divorced, separated, or who had never been married were also disproportionately represented among those indicating they could not afford insurance in 1998. The share of Hispanics (41.5%) among those who could not afford coverage is about 36 percent higher than their representation in the general adult population (30.4%). As expected, respondents with less than a high school diploma were slightly over-represented while those with college degrees were significantly under-represented among those who could not afford health care coverage in 1998.

Those working in non-professional services, such as hospitality or recreation, had a significantly higher representation (by 14.1 percentage points) among those who responded they could not afford health insurance than among the surveyed population. Construction workers were also over-represented in this group, while those working for government or in the mining industry were under-represented. (All respondents who worked in this industry had health care coverage in 1998.)

Self-employed adults and those with incomes of less than \$30,000 were significantly over-represented (by 10 percentage points or more) among the uninsured who said they could not afford insurance.

TABLE 2.8  
**ADULTS WHO SAID THEY COULD NOT AFFORD TO HAVE  
 HEALTH CARE COVERAGE IN 1998**

**Percentage-Point-Differences and Coefficient of Dissimilarity (COD)**

Characteristics	Distribution of ...		Percentage Point Difference
	Adults Not Afford	Adult Population	
<b>Age</b>			
19-24	12.2%	12.2%	0.0
25-34	31.5%	19.4%	12.2
35-49	34.8%	33.2%	1.6
50-64	20.2%	22.8%	-2.5
65+	1.3%	12.4%	-11.2
<b>Total / COD</b>	<b>100.0%</b>	<b>100.0%</b>	<b>13.8</b>
<b>Gender</b>			
Female	60.4%	57.2%	3.2
Male	39.6%	42.8%	-3.2
<b>Total / OCD</b>	<b>100.0%</b>	<b>100.0%</b>	<b>3.2</b>
<b>Marital Status</b>			
Married	48.5%	60.6%	-12.2
Widowed	3.7%	4.6%	-0.9
Divorced	19.1%	12.3%	6.8
Separated	3.2%	1.5%	1.7
Never Married	25.5%	20.9%	4.6
<b>Total / COD</b>	<b>100.0%</b>	<b>100.0%</b>	<b>13.1</b>
<b>Race/Ethnicity</b>			
White Nonhispanic	46.3%	58.0%	-11.7
Hispanic	41.6%	30.4%	11.2
Native American	7.7%	6.8%	0.9
Other	4.4%	4.7%	-0.3
<b>Total / COD</b>	<b>100.0%</b>	<b>100.0%</b>	<b>12.0</b>
<b>Educational Attainment</b>			
Less than High School	13.1%	6.2%	6.8
High School/GED	30.7%	26.5%	4.3
Some College/Two-year degree	41.0%	35.1%	5.9
College Graduate	15.2%	32.2%	-17.0
<b>Total / COD</b>	<b>100.0%</b>	<b>100.0%</b>	<b>17.0</b>

TABLE 2.8 (continued)  
**ADULTS WHO SAID THEY COULD NOT AFFORD TO HAVE  
HEALTH CARE COVERAGE IN 1998**

**Percentage-Point-Differences and Coefficient of Dissimilarity (COD)**

Characteristics	Distribution of ...		Percentage Point Difference
	Adults Not Afford	Adult Population	
<b>Type of Industry</b>			
Government	7.5%	21.1%	-13.6
Professional Services (Medical, Legal etc.)	20.3%	23.4%	-3.2
Agriculture (including forestry and fishing)	1.2%	2.5%	-1.3
Manufacturing	3.5%	1.4%	2.1
Mining	0.0%	4.5%	-4.5
Construction	14.6%	5.5%	9.1
Transportation, Communication & Utilities	5.1%	5.9%	-0.8
Wholesale Trade	2.0%	2.3%	-0.3
Retail Trade	10.4%	9.4%	1.0
Finance, Insurance and Real Estate	0.6%	3.3%	-2.7
Other Services (Hospitality, Recreation, etc.)	34.9%	20.8%	14.1
<b>Total / COD</b>	100.0%	100.0%	43.2
<b>Labor Force Attachment</b>			
Full Time	55.3%	77.4%	-22.1
Part Time	21.3%	12.5%	8.8
Multiple Jobs	11.6%	4.2%	7.4
Serial Jobs	11.8%	5.9%	5.9
<b>Total / OCD</b>	100.0%	100.0%	22.1
<b>Employment Type</b>			
Worked for someone else	69.1%	86.7%	-17.6
Self-employed	30.9%	13.3%	17.6
<b>Total / COD</b>	100.0%	100.0%	17.6
<b>Months employed</b>			
Did not work in 1998	18.9%	24.0%	-5.0
1 - 3 months	5.3%	3.3%	2.0
4 - 6 months	10.8%	5.6%	5.3
7 - 9 months	6.9%	5.8%	1.0
10 - 12 months	58.1%	61.4%	-3.3
<b>Total / COD</b>	100.0%	100.0%	8.3
<b>Household Income</b>			
Less than \$10,000	24.3%	8.1%	16.2
\$10,000 - \$20,000	25.6%	14.6%	11.0
\$20,000 - \$30,000	26.1%	16.1%	10.0
\$30,000 - \$40,000	13.9%	15.7%	-1.8
\$40,000 - \$50,000	4.3%	14.2%	-9.9
\$50,000 & over	5.7%	31.3%	-25.6
<b>Total / COD</b>	100.0%	100.0%	37.2

Table 2.9 examines the poverty status of those who said they could not afford health care coverage. Note that 33 percent of those who said they could not afford health insurance were below the Federal Poverty level, while another 29 percent had household incomes that put them between 100 percent and 185 percent of the poverty level. Only about 21 percent were above 235 percent of the poverty level.

TABLE 2.9  
**THOSE WHO CANNOT AFFORD COVERAGE, BY HOUSEHOLD SIZE**  
**% Below Federal Poverty Guidelines**

Household Size	100% of Federal Poverty Level	100 to 185% of Federal Poverty Level	Total # of Households	% of total for 100% or less	% of total for 100 - 185%
1	23	12	56	41.1%	21.4%
2	17	28	106	16.0%	26.4%
3	41	34	95	43.2%	35.8%
4	28	23	77	36.4%	29.9%
5	23	16	49	46.9%	32.7%
6	6	7	13	46.2%	53.8%
7	6	0	6	100.0%	0.0%
8	4	0	4	100.0%	0.0%
9 & over	4	0	4	100.0%	0.0%
<b>Total</b>	<b>152</b>	<b>120</b>	<b>410</b>	<b>32.9%</b>	<b>29.3%</b>

## EMPLOYMENT AND HEALTH CARE COVERAGE

In a country where employment-based insurance is the cornerstone of health care coverage, one's attachment to the labor force and the industry in which one is employed can be critical. Table 2.10 provides the results of cross-tabulations between health care coverage and key measures of employment status.

Figure 2.6 looks at the role of labor force attachment in whether or not adults in the household survey had health care coverage. Over 80 percent of those who had a steady job and worked more than 30 hours per week reported having health care coverage throughout 1998. The figure for part time workers was closer to 70 percent, while closer to 50 percent of those with multiple jobs or a sequence of jobs were covered throughout the year.

Figure 2.7 looks at adults who didn't work during some or all of 1998. The figure examines how one's health care coverage varied depending upon the reason one was not working. Some 37 percent of those who spent time "unemployed" – i.e., looking but unable to find employment in 1998 – had no coverage at all during 1998, while some 26 percent were covered only part of the year. This

TABLE 2.10  
**EMPLOYMENT CORRELATES FOR HEALTH CARE COVERAGE OF ADULTS**  
**WEIGHTED ADULT SAMPLE**

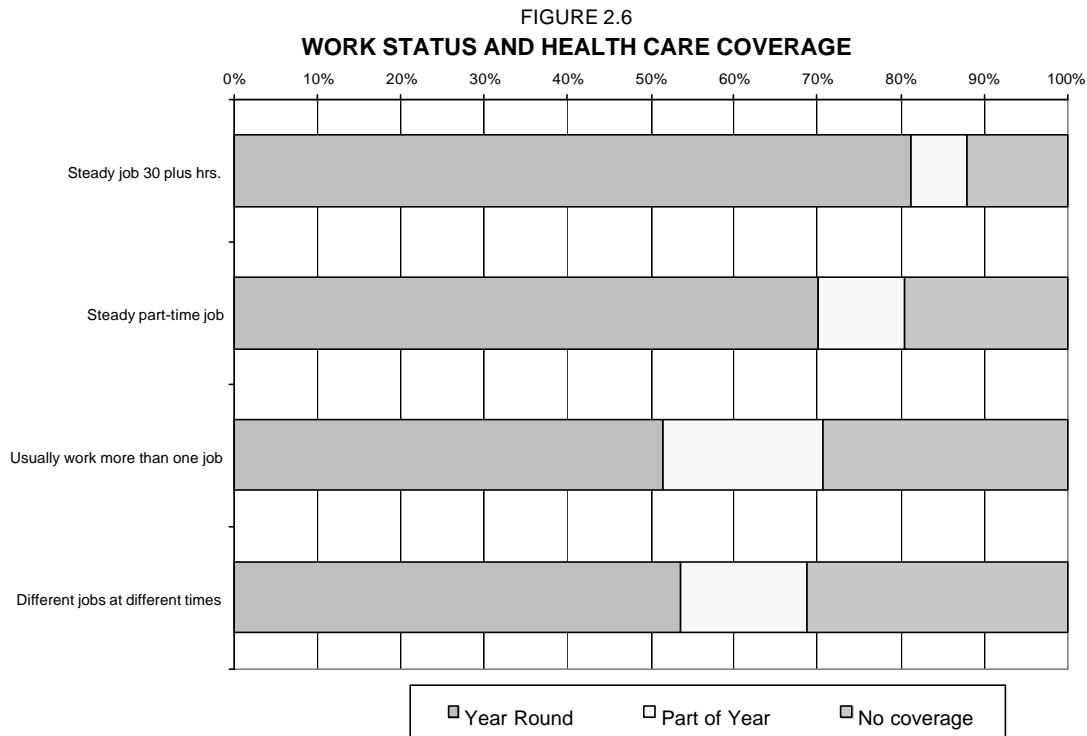
Individual Characteristics	Insurance Status			Total
	No Coverage	Covered Part of Year	Covered Year Round	
	Percentage Distribution			
<b>I. Months Worked in 1998</b>				
0	11.6%	3.5%	84.9%	1,344
1-3	31.1%	9.4%	59.4%	180
4-6	25.2%	20.0%	54.8%	310
7-9	19.0%	11.2%	69.8%	331
10-12	12.6%	6.8%	80.6%	3,467
Total	14.0%	7.1%	78.9%	5,632
<b>II. Labor Market Attachment</b>				
Full-Time	12.0%	6.8%	81.2%	3,299
Part-Time	19.5%	10.4%	70.1%	529
Multiple Jobs	29.3%	19.3%	51.4%	181
Serial Jobs	31.3%	15.1%	53.6%	252
Total	14.8%	8.2%	77.0%	4,261
<b>III. Employed/Self-Employed</b>				
Worked for someone else	12.8%	8.1%	79.1%	3,693
Self-employed	27.6%	8.5%	63.9%	568
Total	14.8%	8.1%	77.1%	4,261
<b>IV. Industry</b>				
Government	4.1%	5.7%	90.2%	881
Professional Services	10.3%	8.3%	81.4%	981
Agriculture	18.1%	7.6%	74.3%	105
Mining	0.0%	8.6%	91.4%	58
Manufacturing	13.3%	4.3%	82.4%	188
Construction	34.3%	10.4%	55.2%	230
TCU*	17.4%	9.3%	73.3%	247
Wholesale Trade	15.6%	12.5%	71.9%	96
Retail Trade	18.6%	5.6%	75.8%	393
FIRE**	10.1%	7.2%	82.6%	138
Other Services	23.7%	12.1%	64.2%	868
Total	14.6%	8.3%	77.1%	4,183
<b>V. Situation While Not Working</b>				
Looking but not finding work	36.9%	25.8%	37.3%	271
Retired	2.2%	1.6%	96.3%	830
Full-time student	18.3%	9.9%	71.9%	345
Other	22.6%	10.2%	67.2%	900
Total	16.4%	8.9%	74.7%	2,346

\*Transportation, Communiation, and Utilities

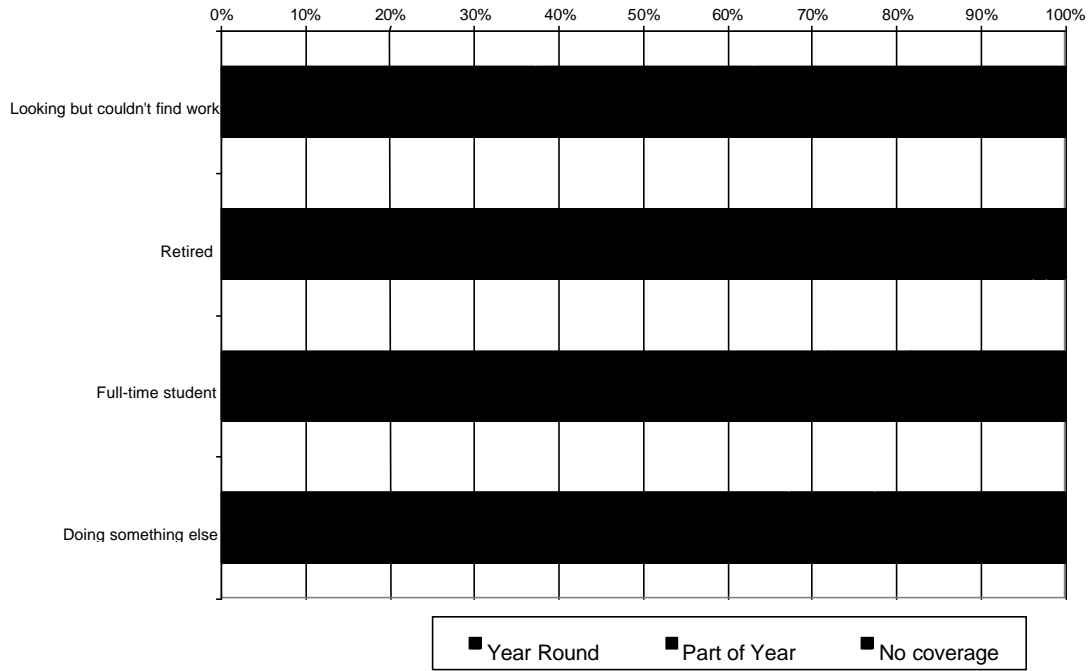
\*\*Financial, Insurance, and Real Estate

means that less than 40 percent of those unemployed sometime during 1998 were covered all year. Full-time students fared better with about 72 percent covered all year. About 67 percent of those who said they were doing something else while out of the labor force were covered throughout 1998, while the comparable figure for retired people was 96 percent.

Figure 2.8 examines the possible impact of the industry in which one is employed on health care coverage. Government and mining employment offer the highest probability of coverage. More than 90 percent of the weighted sample of adults employed in each of these sectors had coverage throughout 1998. This contrasts with the 74 percent and 55 percent figures respectively for workers in the agricultural and construction sectors.



**FIGURE 2.7  
SITUATION WHILE NOT WORKING AND HEALTH CARE COVERAGE**



**FIGURE 2.8  
YEAR ROUND COVERAGE AND INDUSTRY OF EMPLOYMENT**

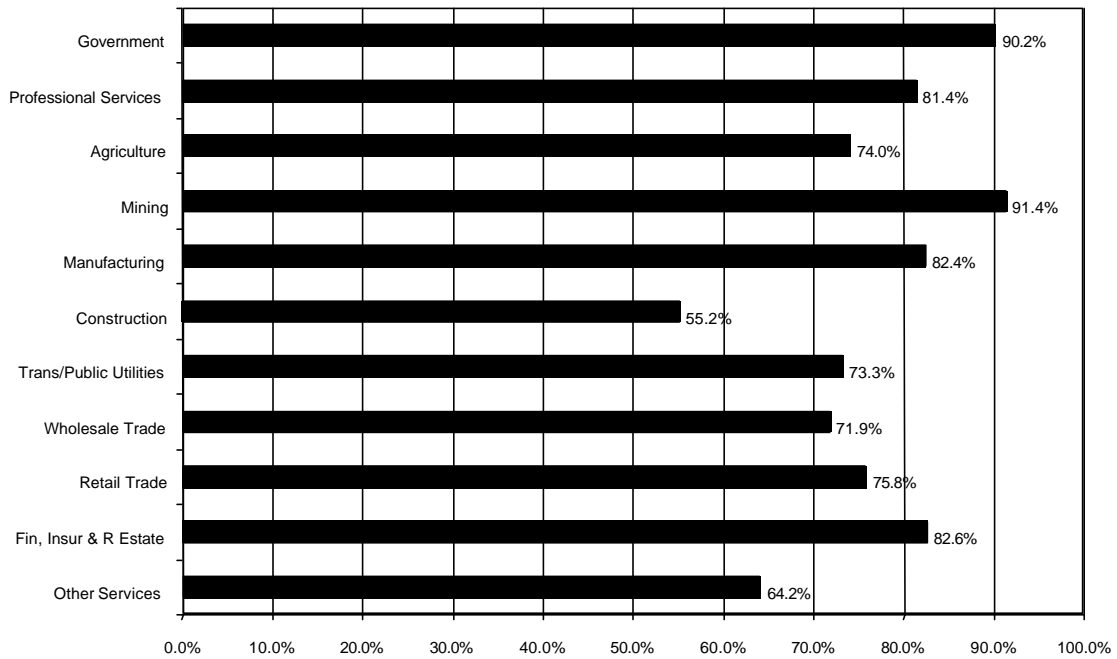


Table 2.11 summarizes the survey results regarding the industries that offered workers health insurance in 1998. Adult respondents with work experience in 1998 were asked to indicate the primary industry in which they worked. Subsequent question explored whether or not they were offered health insurance by their employer in this industry and whether or not family coverage was also available. As the table indicates, mining and government had the largest percentages of respondent workers who had been offered health insurance, while much lower percentages of respondent workers in agriculture and non-professional services had been offered insurance. Family coverage was less frequent in every industry than single coverage, but the availability of this coverage correlates closely with that of single coverage.

Table 2.12, examines whether workers accepted the health insurance coverage offered by their industries and presents the calculated “take-up” rates. Mining and agriculture had the highest rates of enrollment, followed by transportation, communication and public utilities and by manufacturing. Retail trade had the lowest rate of take-up, although other services, finance, insurance and real estate, and construction were also very low. About three-quarters of those in professional positions had enrolled in insurance offered through their employment.

TABLE 2.11  
HEALTH INSURANCE OFFERED BY INDUSTRY

<b>Prime Industry</b>	<b>Health Insurance Offered</b>		<b>Family Coverage Offered</b>	
	<b>Yes</b>	<b>%</b>	<b>Yes</b>	<b>%</b>
<b>Government</b>	782	89.3%	715	81.6%
<b>Professional services (medical, legal, etc.)</b>	694	71.3%	629	64.6%
<b>Agriculture (including forestry and fishing)</b>	42	41.6%	36	35.6%
<b>Mining</b>	58	100.0%	56	96.6%
<b>Manufacturing</b>	138	73.4%	137	72.9%
<b>Construction</b>	128	55.2%	110	47.4%
<b>Transportation, Communications and Utilities</b>	181	73.6%	180	73.2%
<b>Wholesale Trade</b>	71	72.4%	68	69.4%
<b>Retail Trade</b>	219	57.0%	202	52.6%
<b>Finance, Insurance, and Real Estate</b>	92	67.2%	84	61.3%
<b>Other Services (hospitality, recreation, etc.)</b>	443	51.2%	374	43.2%
<b>Total</b>	2848	68.5%	2591	62.3%

TABLE 2.12  
HEALTH INSURANCE TAKE-UP RATES BY INDUSTRY

Prime Industry	Total Offered	Number Enrolled	Take-Up Rate
Government	782	656	83.9%
Professional services (medical, legal, etc.)	694	523	75.4%
Agriculture (including forestry and fishing)	42	41	97.6%
Mining	58	56	96.6%
Manufacturing	138	120	87.0%
Construction	128	94	73.4%
Transportation, Communications and Utilities	181	161	89.0%
Wholesale Trade	71	59	83.1%
Retail Trade	219	153	69.9%
Finance, Insurance, and Real Estate	92	68	73.9%
Other Services (hospitality, recreation, etc.)	443	317	71.6%
<b>Total</b>	<b>2848</b>	<b>2248</b>	<b>78.9%</b>

Table 2.13 looks at the reasons why workers did not choose to enroll in health care benefits offered by their employers. The most frequent response was that they were covered by another program. This response accounted for 36 percent of the reasons respondents gave for not enrolling in their employer's plan, but the percentage citing this reason significantly depending upon the industry in which the respondent was employed. About 30 percent of those not taking their employer's plan said that they were covered through another family member's policy. Nearly a fifth (18.5%) said they could not afford the coverage.

**Discussion.** Qualls [p. 22] addressed the relationship between employment status and health care coverage. "The uninsurance rate was highest in those seeking work (67%) and high in part time workers (39%) and in those not in the work force (32%)." These figures are higher than those reported in the current study, in part because the questions reflected insurance and employment status at a particular point in time versus a full calendar year, in part because questions in the 1993 survey of New Mexicans used the more limited concept of health insurance rather than of health care coverage (which includes health care services provided by such organizations as the Indian Health Service and the Veterans' Administration) used in the 1998 HPC Household Survey of Health Care Coverage. Qualls found an uninsurance rate of 20.6% among those with full time jobs. Only 12 percent of those working full time in the present study lacked coverage throughout 1998, but another 7 percent were without coverage sometime during the year. Qualls does not discuss variation in insurance by the industry in which one is employed.

TABLE 2.13  
**REASONS FOR NOT ENROLLING IN INSURANCE OFFERED BY EMPLOYER**  
**WEIGHTED ADULT SAMPLE**

<b>Prime Industry</b>	<b>Covered through another program</b>	<b>Waiting period at my job</b>	<b>Covered through family member's policy</b>	<b>Couldn't afford it</b>	<b>Healthy and didn't need insurance</b>	<b>Other</b>	<b>Total</b>
<b>Government</b>	48		39	13	3	16	119
<b>Professional Services (medical, legal, etc.)</b>	57	4	67	26		15	169
<b>Agriculture (incl forestry and fishing)</b>	1						1
<b>Mining</b>			2				2
<b>Manufacturing</b>	9		2	6		1	18
<b>Construction</b>	10		6	12	2	5	35
<b>Trans, Commun, Utilities</b>	5		7	3	1	4	20
<b>Wholesale Trade</b>	1		4	2	2	1	10
<b>Retail Trade</b>	21		7	15	4	14	61
<b>Finance, Insurance, and Real Estate</b>	17		4			1	22
<b>Other Services (hospitality, recreation, etc.)</b>	39	2	35	31		20	127
<b>Total</b>	208	6	173	108	12	77	584
<b>Percentage Distribution</b>							
<b>Government</b>	40.3%	0.0%	32.8%	10.9%	2.5%	13.4%	100.0%
<b>Professional Services (medical, legal, etc.)</b>	33.7%	2.4%	39.6%	15.4%	0.0%	8.9%	100.0%
<b>Agriculture (incl forestry and fishing)</b>	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
<b>Mining</b>	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
<b>Manufacturing</b>	50.0%	0.0%	11.1%	33.3%	0.0%	5.6%	100.0%
<b>Construction</b>	28.6%	0.0%	17.1%	34.3%	5.7%	14.3%	100.0%
<b>Trans, Commun, Utilities</b>	25.0%	0.0%	35.0%	15.0%	5.0%	20.0%	100.0%
<b>Wholesale Trade</b>	10.0%	0.0%	40.0%	20.0%	20.0%	10.0%	100.0%
<b>Retail Trade</b>	34.4%	0.0%	11.5%	24.6%	6.6%	23.0%	100.0%
<b>Finance, Insurance, and Real Estate</b>	77.3%	0.0%	18.2%	0.0%	0.0%	4.5%	100.0%
<b>Other Services (hospitality, recreation, etc.)</b>	30.7%	1.6%	27.6%	24.4%	0.0%	15.7%	100.0%
<b>Total</b>	35.6%	1.0%	29.6%	18.5%	2.1%	13.2%	100.0%

## SOURCES OF HEALTH CARE COVERAGE

Adult respondents were asked the following question regarding their health care coverage:

“Were you covered by any of the following programs at any time during 1998?”

1. Private health insurance other than through employment;
2. Medicaid;
3. Medicare;
4. “Medigap” insurance;
5. The Indian Health Service;
6. U.S. military/veterans’ insurance;
7. Private health insurance through my employment;
8. Private health insurance through my spouse’s employment;
9. Private health insurance through a family member’s employment;
10. Another program;
0. No coverage from any other source in 1998.

Table 2.14 presents the data on the types of health care coverage respondents had during 1998. The number of responses in Table 2.14 exceeds the number of cases because some respondents were covered by more than one kind of insurance. The percentage distribution for the top portion of the table is based on the total number of respondents with coverage. Thus, 48 percent of the households with coverage had coverage through their own employer for some part of 1998; 29 percent had employment-based coverage through a family member; 15 percent had private insurance other than through employment; 1 percent indicated they had Medigap coverage, which is a Medicare supplemental coverage offered by private insurers; and 11 percent generally had private insurance but the source of the coverage could not be easily classified.

As indicated at the bottom of the table, private health insurance constitutes almost three-quarters (74.1%) of all responses given, regardless of the source. A little more than one in four of the responses indicated a public source such as Medicaid, Medicare, the Indian Health Service, and Military or veterans’ insurance. Of the total adults with coverage during the year, 7 percent had Medicaid coverage sometime during the year, while 16 percent were covered by Medicare, 5 percent had coverage from the Indian Health Service, and 8 percent had coverage as a result of military service.

TABLE 2.14  
**TYPES OF COVERAGE FOR ADULTS AT ANY TIME IN 1998**

Type of Coverage	Frequency	Percent
<b>PRIVATE</b>		
Private health insurance (my employer)	2,342	48.3%
Private health insurance (family member's employer)	1,409	29.0%
Private health insurance other than thru employment	729	15.0%
Medigap	60	1.2%
Another program	536	11.0%
<b>PUBLIC</b>		
Medicaid	341	7.0%
Medicare	794	16.4%
Indian Health Service	228	4.7%
U.S. military/veteran's insurance*	410	8.4%
<b>TOTAL ADULTS WITH COVERAGE DURING 1998</b>	<b>4,852</b>	<b>100.0%</b>
<b>PRIVATE</b>	<b>5,076</b>	<b>74.1%</b>
<b>PUBLIC</b>	<b>1,773</b>	<b>25.9%</b>
<b>TOTAL TYPES OF COVERAGE **</b>	<b>6,849</b>	<b>100.0%</b>

\*(CHAMPUS/TRICARE/VA)

\*\*All responses: some respondents have multiple health care coverage.

Table 2.15 shows the primary source of health care coverage among adults in 1998. This table contains unduplicated responses to question, "What coverage did you rely on most in 1998?" Health care coverage from private insurance was given by 76 percent of respondents. (This figure includes responses indicating coverage by "another program," as most of the respondents who specified a program gave some type of private insurance, like Presbyterian or Lovelace.) Of those covered by private insurance, 59 percent had coverage through their own employment, while 26 percent were covered through the employment-based coverage of a family member.

Health care coverage from a public source was given by 24 percent of respondents. Among those who depended on a government source, 45 percent reported Medicare as their primary source of health care coverage in 1998, 16 percent reported Medicaid, and 16 percent received coverage under the Indian Health Service. Approximately 25 percent of public health care coverage was provided by a military or veterans' insurance.

TABLE 2.15  
**PRIMARY TYPE OF COVERAGE FOR ADULTS IN 1998**

Type of Coverage	Frequency	Percent
<b>PRIVATE</b>	<b>3,441</b>	<b>75.9%</b>
Private health insurance (my employer)	2,015	58.6%
Private health insurance (family member's employer)	877	25.5%
Private health insurance other than thru employment	245	7.1%
Another program	305	8.9%
<b>PUBLIC</b>	<b>1,095</b>	<b>24.1%</b>
Medicaid	172	15.7%
Medicare	494	45.1%
Indian Health Service	170	15.5%
U.S. military/veteran's insurance*	258	23.6%
<b>Total Number of Respondents</b>	<b>4,536</b>	<b>100.0%</b>

\*(CHAMPUS/TRICARE/VA)

Table 2.16 shows that, in New Mexico, the source of health insurance varied by geographic region. Respectively, the Northwest and Southwest PUMA Regions 800 (37.3%) and 100 (38.4%) had the greatest proportion of respondents who reported that their health coverage in 1998 was from a government-based insurance. The Northern and Eastern PUMA Regions 500, 600 and 700 followed with 28 percent, 25 percent, and 23 percent of respondents, respectively, reporting a government source as their primary coverage in 1998. PUMA Region 400, which covers Santa Fe County and Los Alamos County, had the least number of respondents who depended on government-based health insurance. Approximately 90 percent of respondents in this PUMA region had private health insurance. An equal number of respondents (80 percent) from PUMA Region 200 (Bernalillo County), PUMA Region 300 (Sandoval, Valencia and Torrance Counties), and PUMA Region 900 (Dona Ana County) had coverage from a private source.

TABLE 2.16  
**PRIMARY SOURCE OF HEALTH CARE COVERAGE, BY PUMA**  
**WEIGHTED ADULT SAMPLE**

<b>PUMA of Residence</b>	<b>Source of Health Care Coverage</b>		<b>Total</b>
	<b>Public</b>	<b>Private</b>	
<b>PUMA 100</b>	206	347	553
<b>PUMA 200</b>	288	1,166	1,454
<b>PUMA 300</b>	79	331	410
<b>PUMA 400</b>	37	299	336
<b>PUMA 500</b>	85	220	305
<b>PUMA 600</b>	102	300	402
<b>PUMA 700</b>	71	234	305
<b>PUMA 800</b>	158	253	411
<b>PUMA 900</b>	71	291	362
<b>New Mexico</b>	1,097	3,441	4,538
<b>PUMA 100</b>	37.3%	62.7%	100.0%
<b>PUMA 200</b>	19.8%	80.2%	100.0%
<b>PUMA 300</b>	19.3%	80.7%	100.0%
<b>PUMA 400</b>	11.0%	89.0%	100.0%
<b>PUMA 500</b>	27.9%	72.1%	100.0%
<b>PUMA 600</b>	25.4%	74.6%	100.0%
<b>PUMA 700</b>	23.3%	76.7%	100.0%
<b>PUMA 800</b>	38.4%	61.6%	100.0%
<b>PUMA 900</b>	19.6%	80.4%	100.0%
<b>New Mexico</b>	24.2%	75.8%	100.0%

Appendix E, Table E2.2 presents the correlates with individual demographic and economic characteristics and type of health care coverage. There is no significant difference in the number of men and women who reported private insurance as their primary source of health care coverage in 1998. However, race and ethnicity do matter. Native Americans were least likely to use private insurance, with one-third of this population reporting private insurance as their primary source of health care coverage in 1998. By comparison, 82 percent of Hispanics were dependent on private insurance for their health care coverage. A large number of Non-Hispanic Whites (77.8%) and those of Other Races (74.4%) also counted on private health insurance in 1998.

The primary source of health care coverage was also influenced by age. The elderly (74%) heavily depended on government-based insurance (Medicare) for

their health care coverage in 1998. The use of government-based insurance diminished with age among adults in the working ages. Those using government-based health coverage account for 30 percent of young adults between the ages of 19 and 24, but are 19 percent of those 25 to 34 years of age and only 14 percent among those in the ages between 50 and 64 years.

Marital status affects the primary source of health care coverage. Widowed respondents (60.8%) showed the greatest propensity to use government-based insurance as their primary source of coverage in 1998. Those who were divorced (74.5%), separated (74.2%), or who have never been married (75.7%) were about equally as likely to report a private-type insurance for their primary source. A slightly higher number of married respondents (78.9%) also stated that their primary source of health care coverage was some form of private insurance.

The higher the education of the respondent the less dependent s/he is on government programs. More than 50 percent (54.6%) of respondents with less than a high school education relied on government-based insurance in 1998. This number dropped abruptly to 30 percent among high school graduates, after which the decline was more gradual. Approximately 25 percent of respondents with some college and 17 percent of college graduates used a government program as their primary source of health care coverage in 1998.

The health status of respondents is also a good indicator for the primary source of health care coverage in 1998. Those who assessed their health as poor or fair (45.1%), were most likely to depend on government-based health insurance while those in excellent health (15.3%) were least likely to count on this type of insurance.

Appendix E, Table E 2.2, also points out the strong association between household income and primary source of health care coverage. Respondents with the lowest household income (65.2%), less than \$10,000, depended mostly on coverage provided by the government followed by those with household incomes between \$10,000 and \$20,000 (46%). Some crossover effects were noted at higher incomes but the general pattern was a greater dependency on private insurance as the primary source of health coverage among respondents with annual household incomes greater than \$20,000. At annual household incomes higher than \$50,000, the proportion of adults who primarily used a government-based insurance in 1998 ranged from seven percent, among those with annual household incomes between \$90,000 and \$100,000, to 13 percent, among respondents with annual household income from \$60,000 to \$70,000.

## MANAGED CARE

In addition to asking what type of coverage respondents relied upon most in 1998, the respondents were asked whether that coverage was:

1. A health maintenance organization (HMO);
2. A preferred provider plan (PPO)
3. A point-of-service plan (POS) or
4. Military coverage/insurance
5. Something else.

Table 2.17 provides a frequency distribution of the responses. Forty-six percent of the weighted sample of adults who replied classified their primary health plan as a Health Maintenance Organization (HMO), while 23 percent indicated they had a Preferred Provider Organization (PPO). Only a very small percentage (3.3%) identified their health plan as “a fee for service or indemnity plan”, but 20 percent answered “something else.”

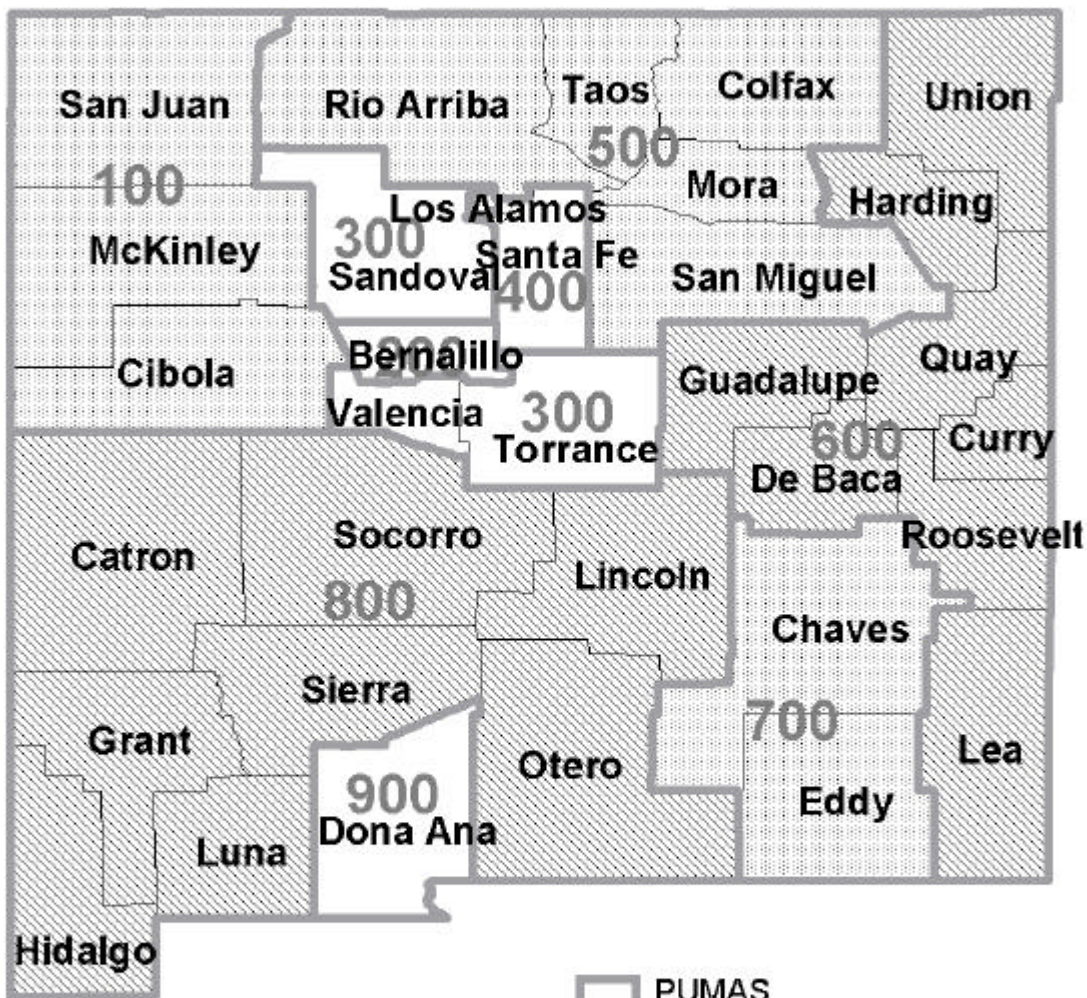
TABLE 2.17  
TYPE OF HEALTH CARE PLAN

	Frequency	Percent
<b>HMO</b>	1,908	45.9%
<b>PPO</b>	938	22.6%
<b>POS</b>	196	4.7%
<b>Fee for service</b>	139	3.3%
<b>Military Coverage / Insurance</b>	107	2.6%
<b>Something Else</b>	866	20.9%
<b>Total</b>	4,153	100.0%

Appendix E, Table E 2.3, presents the cross-tabulations for the type of health care plan and the demographic and economic characteristics of the adult respondents. Map 2.2 looks at how use of HMO’s varies across the state. Note that over 50 percent of the weighted adult sample with health care coverage relied upon an HMO in PUMAs 200, 300 and 400 and 900 – the Albuquerque MSA, the Santa Fe MSA and the Las Cruces MSA. By contrast, only 24 percent of the adults with coverage in PUMA 600 and only 26 percent of the adults in PUMA 800 relied on an HMO.

MAP 2.2

# PERCENT ADULT HMO COVERAGE IN 1998



□ PUMAS  
□ NM Counties

Percent HMO coverage

□ 50% or more  
▨ 30% - 49%  
▩ 29% or less

## HEALTH CARE COST

Tables 2.18 and 2.19 and Figure 2.9 present the findings on health care premiums paid by adult respondents. While the questionnaire asked for monthly premiums, the figures in the table have been annualized. Two types of premiums are distinguished in the table. First are the cases where the respondent indicated that the premium was just for his/her insurance. Second are the cases where the premium provided spousal or family coverage. The tables include only those respondents who reported non-zero premiums. The frequency distributions on monthly premium amounts included a number of very high dollar amounts. In consultation with the Health Policy Commission staff, it was decided to exclude all responses indicating premium payments of over \$1,000 per month out of concern that the answers may have reflected an assumption that an annual as opposed to a monthly premium amount had been requested.

Mean and median premiums and the standard deviation from the mean are reported separately for single and family/spousal coverage. As was expected, premiums where more than one person was covered are significantly higher than those for single coverage. Overall for the total weighted adult sample, individual premiums averaged \$1,220, while family coverage cost \$1,907 on average. The median annual premium for individuals was \$706, while the median cost of family coverage was \$1,440.

Table 2.18 explores how the premium amounts varied depending upon individual circumstances and industry affiliation. Premium costs increase as health status declines. Individuals in poor health paid almost 200 dollars more than those who were in excellent health. Table 2.19 examines how the premium amounts varied depending upon the type of insurance. The median premium costs were significantly higher for those with indemnity plans (\$1,320 and \$2,736 respectively for single and family/spousal coverage) than for those with coverage from HMO's or PPO's (\$600 and \$1,440, respectively for single and family/spousal coverage for both types of plans). The median annual payment for single coverage from the military was only \$300.

Figure 2.9 is based on the numbers presented in appendix Table E 2.4 and illustrates how the fraction of income going to pay health insurance premiums varies depending upon household income. Affordability is put into much sharper focus among households with very low annual income. With household income less than \$10,000, the median premium cost for a single individual is almost 15 percent of annual income at the mid-point on the range. Coverage for the entire family is 36 percent of their annual income. The median premium-to-income ratio in households with higher incomes plunges to below five percent. At income levels of \$80,000 and over, the median premium payments are between one and two percent of annual income.

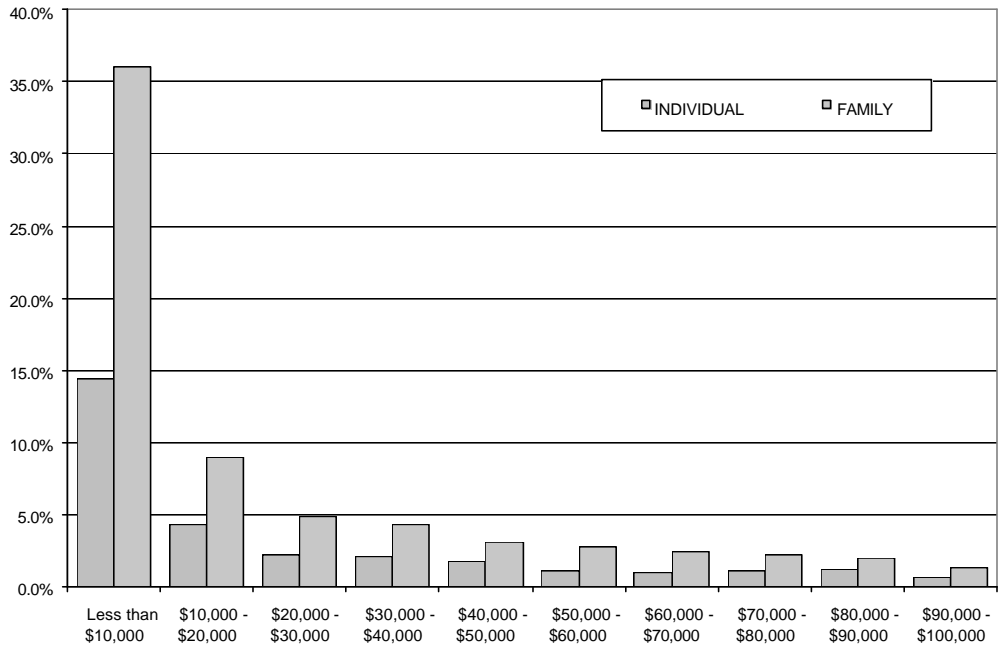
TABLE 2.18  
**MEAN, STANDARD DEVIATION, AND MEDIAN YEARLY PREMIUM PAID IN 1998 BY  
 SELECTED INDIVIDUAL CHARACTERISTICS**

Characteristics	Weighted Adult Sample											
	Premium paid for...								Total Responses			
	Respondent				Respondent and Others				Mean	SD	Median	N
	Mean	SD	Median	N	Mean	SD	Median	N	Mean	SD	Median	N
<b>New Mexico</b>	<b>1,220</b>	<b>1,628</b>	<b>706</b>	<b>936</b>	<b>1,907</b>	<b>1,577</b>	<b>1,440</b>	<b>2,062</b>	<b>1,710</b>	<b>1,657</b>	<b>1,200</b>	<b>3,047</b>
<b>Gender</b>												
Female	1,171	1,673	604	569	1,970	1,579	1,560	1,088	1,696	1,655	1,200	1,657
Male	1,271	1,550	840	375	1,832	1,575	1,440	976	1,676	1,587	1,200	1,351
<b>Marital Status</b>												
Married	1,225	1,597	600	274	1,980	1,592	1,560	1,765	1,879	1,613	1,440	2,038
Widowed	2,091	2,673	1,278	124	1,665	1,548	840	21	2,029	2,541	1,245	145
Divorced	1,066	1,177	720	225	1,380	1,138	1,200	144	1,189	1,170	960	368
Separated	2,535	3,585	1,068	17	1,804	1,458	1,710	27	2,089	2,499	1,200	44
Never Married	869	875	600	303	1,368	1,740	624	100	993	1,170	600	403
<b>Age of Respondent</b>												
19-24	1,061	1,042	642	96	1,240	1,404	690	90	1,148	1,230	648	185
25-34	768	1,081	504	154	1,712	1,591	1,380	394	1,447	1,525	1,080	548
35-49	1,146	1,734	600	230	1,817	1,474	1,440	868	1,676	1,556	1,200	1,098
50-64	1,371	1,701	840	241	2,204	1,797	1,680	497	1,932	1,807	1,404	738
65+	1,493	1,898	900	213	2,199	1,290	2,016	204	1,839	1,665	1,410	417
<b>Race/Ethnicity</b>												
White Nonhispanic	1,194	1,418	736	587	1,985	1,513	1,560	1,266	1,734	1,528	1,200	1,852
Hispanic	994	1,341	600	221	1,744	1,669	1,200	602	1,542	1,621	1,087	823
Native American	2,046	3,421	480	68	1,465	1,144	1,200	70	1,753	2,548	900	138
Other	1,279	1,173	768	48	2,071	1,736	1,800	90	1,796	1,605	1,440	138
<b>Educational Attainment</b>												
Less than HS	1,349	1,843	672	37	1,834	1,267	1,896	71	1,669	1,497	1,304	108
High School/GED	1,124	1,386	612	209	1,772	1,508	1,320	445	1,565	1,500	1,200	654
Some College/AA	1,202	1,756	600	317	1,777	1,508	1,332	733	1,603	1,608	1,200	1,050
College Graduate	1,252	1,614	720	382	2,095	1,680	1,680	817	1,827	1,704	1,300	1,199
<b>Self Health Assessment</b>												
Poor or Fair	1,605	2,245	840	131	2,053	1,707	1,506	152	1,846	1,983	1,200	283
Good	1,122	1,099	762	280	1,881	1,574	1,440	435	1,584	1,455	1,200	715
Excellent	1,097	1,380	642	276	1,965	1,697	1,500	628	1,700	1,655	1,200	904
<b>Type of Industry</b>												
Government	1,172	2,109	600	159	1,408	1,068	1,200	444	1,345	1,421	960	603
Professional	1,351	1,960	720	206	2,190	1,802	1,800	377	1,894	1,901	1,380	583
Minina.MFG.TCLU.WhT	1,123	1,097	650	85	1,641	1,786	1,200	271	1,517	1,661	1,014	356
Agriculture/Construction	1,359	1,083	1,095	46	2,089	1,570	1,680	114	1,881	1,482	1,380	160
Other	1,012	1,316	648	181	1,961	1,569	1,680	466	1,695	1,561	1,200	647

Tables 2.20 and 2.21 present the findings on out-of-pocket expenses for adult health care services. Table 2.20 presents the frequency distribution of ranges of out-of-pocket expenses. Note that for almost one quarter (23.8%) of the adult sample, 1998 out-of-pocket expenses were estimated to be under \$50. Just under 55 percent of the sample had estimated expenditures under \$300. At the other end of the spectrum, 15 percent had expenditures of more than \$1,000.

As Table 2.21 indicates, for the weighted sample of adults, out-of-pocket expenses averaged about \$708. Median expenses were \$300. Table 2.21 also presents the results of a cross tabulation with income. Median out-of-pocket expenditures were lower for lower income groups. On the other hand, as is illustrated by Figure 2.10 the percentage of income going to out-of-pocket expenses for health care falls as income rises.

**FIGURE 2.9  
MEDIAN PREMIUM PAYMENTS AS A PERCENT OF MIDPOINT INCOME**



**TABLE 2.20  
OUT-OF-POCKET PAYMENTS FOR ADULT CARE**

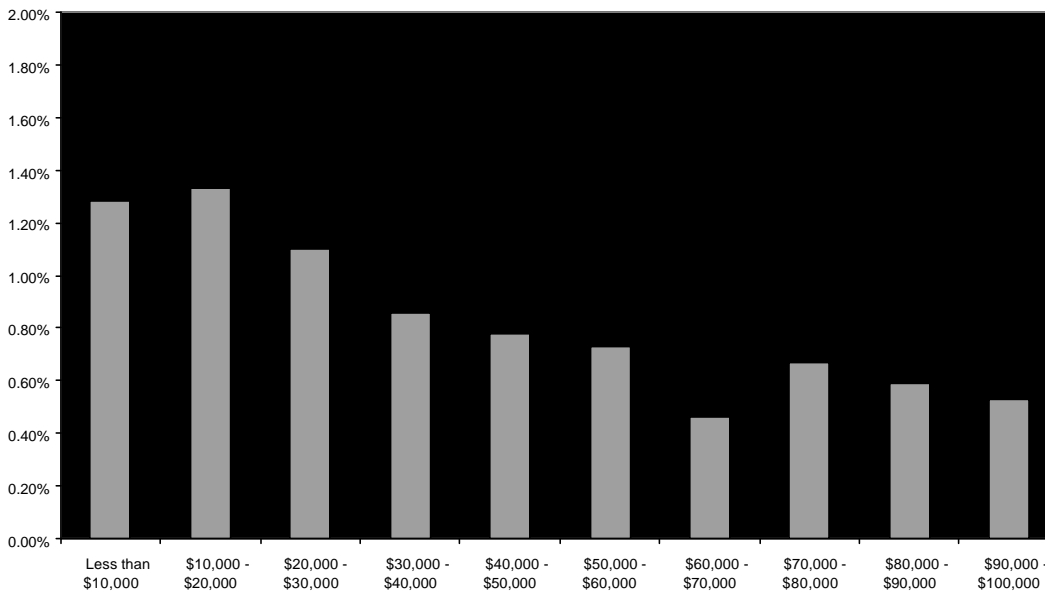
	<b>Frequency</b>	<b>Percent</b>
<b>0-\$50</b>	1197	23.8%
<b>51-\$150</b>	607	12.1%
<b>151-\$300</b>	936	18.6%
<b>301-\$600</b>	988	19.7%
<b>601-\$1000</b>	541	10.8%
<b>1001-\$2000</b>	409	8.1%
<b>2001-\$4000</b>	228	4.5%
<b>Over \$4000</b>	119	2.4%
<b>Total</b>	5024	100.0%

TABLE 2.21  
**MEAN AND MEDIAN "OUT OF POCKET" EXPENSES BY  
HOUSEHOLD TYPE AND ANNUAL INCOME**

Weighted Adult Sample

Household Type/Income	Mean (\$)	Median (\$)	N
<b>Adult Household</b>			
Less than \$10,000	403	64	374
\$10,000 - \$20,000	541	200	641
\$20,000 - \$30,000	657	275	722
\$30,000 - \$40,000	626	300	727
\$40,000 - \$50,000	794	350	664
\$50,000 - \$60,000	824	400	446
\$60,000 - \$70,000	720	300	306
\$70,000 - \$80,000	834	500	286
\$80,000 - \$90,000	1283	500	142
\$90,000 - \$100,000	676	500	77
Over \$100,000	1120	500	218
<b>Total</b>	<b>708</b>	<b>300</b>	<b>4604</b>

FIGURE 2.10  
**MEDIAN "OUT OF POCKET" AS PERCENT OF MIDPOINT OF INCOME**



## RESEARCH FINDINGS

Fully 86 percent of all the respondents and 84 percent of those 18-64 years reported having some type of health care coverage in 1998. Almost 80 percent of the adults and 76 percent of those 18-64 were covered all year round. Almost 14 percent of all adult respondents and over 16 percent of the working age had no coverage at all in 1998, while 7 percent of the total sample and 8% of the working age adults were covered for only part of the year. When surveyed in the second quarter of 1999, about 19 percent of the adult respondents and over 21% of those under 65 were without health care coverage.

Most (79%) of those New Mexicans who had coverage throughout 1998 had the same coverage for more than two years.

Those without health care coverage in 1998 were disproportionately young, had education only through high school or less, were Hispanic, were divorced, separated or never married, and had a household income of less than \$30,000. Those with large families (5 or more children) were more likely to be without coverage. Geographically, the highest rate of uninsurance throughout 1998 was found in PUMA region 500, which encompasses the northern New Mexico counties of Rio Arriba, Taos, Colfax, Mora and San Miguel.

When asked why they were without health care coverage during part or all of 1998, 37 percent of the adults reported that they could not afford the coverage. Other common reasons were that their employer did not offer coverage (19.5%) or that they had lost or changed jobs (8.2%). About one-third of those who claimed not to be able to afford health insurance were in households below the federal poverty level, while about 30 percent had household income that put them between 100 percent and 185 percent of poverty.

New Mexican adults' employment situation had major bearing on whether or not they had coverage in 1998. Over 80 percent of those with a steady full-time job were covered all year, while closer to 50 percent of those working more than one job or working different jobs at different times were covered all year. Only 37 percent of those who were looking for but unable to find work were covered. The primary industry in which respondents were employed also made a difference, with over 90 percent of those in the mining industry enjoying coverage all year versus only about 55 percent of those in construction.

Those who worked in mining (100%) and for government (89%) had the highest probability of being offered health insurance by their employer. By contrast only 42 percent of those in agriculture, and only 51 percent in the non-professional services, such as lodging and recreational services, reported being offered coverage. Take-up rates for employment based insurance ranged from 70 percent in retail trade to 97 percent in mining and 98 percent in agriculture, both of which are industries where the number of respondents is quite small (56 and

41 respectively). Most of those turning down coverage were either covered by another program or through a family member's policy.

In terms of coverage, 48 percent of those with health care coverage had employment based insurance from their own employer, while 29 percent reported being covered through another family member's employment insurance. Sixteen percent received coverage from Medicare, while only 7 percent of the adults reported coverage during the year from Medicaid. When asked about what coverage they relied upon the most, 76 percent mentioned some type of private insurance, with 59 percent of these getting coverage through their employer and another 26 percent obtaining coverage through a family member's employment. Medicare accounted for 45 percent of the responses involving public coverage.

Forty six percent of the respondents with coverage said their health plan was a Health Maintenance Organization, while only 21 percent claimed to have an indemnity, or fee for service, plan.

In terms of what they paid for their health care, the median annual premium for single coverage was \$706, while that for family or spousal coverage was \$1,440. The median out-of-pocket health care expense for the adult respondents in 1998 was \$300.

## CHAPTER 3

### ACCESS TO HEALTH CARE SERVICES FOR NEW MEXICO ADULTS

This chapter reports and analyzes the results of the household survey regarding adult access to health care. As in other studies, the measures of access used include whether or not the respondent had a usual source of care and whether they were able to access needed health care services.

#### USUAL SOURCE OF CARE

Adult respondents were asked, “Is there a particular person or place you usually go to for health care.” Having a usual source of care<sup>3</sup> should make it easier to access an array of health care services when needed and it could increase the likelihood that the care provided will be appropriate to the individual’s overall medical condition. There are potentially many efficiencies associated with having a usual source of care, and these efficiencies should benefit patients as well as helping to keep down the costs of medical services.

Table 3.1 examines the usual source of care for the weighted sample of adults. Responses are grouped. The first group includes all those who had no usual source of care or who used the emergency room as their usual source of care. This group accounted for 17.3 percent of the weighted sample. The second group includes all those who had a usual source of care that was a doctor’s office or a clinic or community health center. Included in this group are those who use Indian Health Service and Military or Veterans Administration facilities. By this measure, 81.7 percent of the adults had a usual source of care. The other category includes adults who had a usual source of care that was an alternative health practitioner and those who typically go to Mexico for their care. Arguably many alternative health practitioners can and do function as a usual source of care by, among other things, providing access to the array of health care

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<sup>3</sup> The adult usual source of care variable was re-coded to capture the most common reasons for having chosen “some other place” as the answer to question #36 (“Is there a particular person or place you usually go to for healthcare?”). Omission of the choice “veterans or military hospital” as a possible response to question 36 was almost certainly a drafting oversight. In the recoded variable all responses that specified military, veteran’s, or base hospitals as the “some other place” from which care was usually received were classified as military hospitals. Respondents who stated that their usual source of care was a specialist such as a gynecologist or a cardiologist were classified as receiving care from a “specialist.” Those who said they went to a shaman, herbalist, or chiropractor were classified as receiving care from an “alternative health practitioner.” Lastly, those who responded that they left the country to receive care were classified as receiving care in “another country.” Virtually all respondents who left the country for healthcare went to Mexico. “Some other place” was retained as an answer for those respondents who didn’t specify another place and those who specified “other place” did not fall into one of the existing or four newly established categories.

services a patient might need. This miscellaneous group accounted for only 1.2 percent of the sample.

TABLE 3.1

	Frequency	Percent
No Usual Source of Care	896	15.9%
Emergency Room	67	1.4%
<b>NO USUAL SOURCE OR EMERGENCY ROOM</b>	<b>963</b>	<b>17.3%</b>
Doctor's Office	2,428	43.1%
Primary Care Clinic/Community Health Center	909	16.1%
HMO Clinic	505	9.0%
Urgent Care Center	105	1.9%
Hospital Outpatient Clinic	268	4.7%
Indian Health Service	174	3.1%
School Clinic	77	1.4%
Specialist	9	0.2%
Military or Veterans Administration	131	2.3%
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>4,606</b>	<b>81.7%</b>
Alternative Health Practitioner	19	0.3%
Another Country	4	0.1%
Other	44	0.8%
<b>OTHER USUAL SOURCE</b>	<b>66</b>	<b>1.2%</b>
<b>TOTAL WEIGHTED RESPONSES</b>	<b>5,635</b>	<b>100.0%</b>
Missing	45	
Total	5,679	

Table 3.2 looks at the characteristics of those who reported either no usual source of care or use of the emergency room. While 17.6 percent of the adults 19-64 had no usual source of care, the figure for the population 65 and older is 12.7. Almost 20 percent of Hispanic adults were without a usual source of care versus 18 percent of Native Americans and 15.2 percent of Non-Hispanic Whites. Men were twice as likely to lack a usual source of care as women were. Those without a high school degree were two to three times more likely to be without a usual source of care than those who had at least some college education.

TABLE 3.2  
**ADULT POPULATION HAVING NO USUAL SOURCE OF CARE  
 OTHER THAN EMERGENCY ROOM**

	% of Group	
	Frequency	Total
All Adults, 19 and over	956	17.0%
Adults, 64 and under	867	17.6%
Adults, 65 and older	89	12.7%
White, Non-Hispanic Adults	492	15.2%
Hispanic	330	19.5%
Native American	68	18.0%
Other	50	18.9%
Female	417	12.8%
Male	546	22.5%
Less than HS	100	28.3%
HS/GED	345	22.9%
Some college/AA	305	15.3%
College graduate	212	11.6%

Table 3.3 presents a tabulation of the primary reasons given for not having a usual source of care. By far the most common reason – 54.5 percent of the weighted sample of those responding – was “Don’t need a doctor.” Almost 5 percent responded that they “Don’t like, trust or believe in doctors,” and 4.2 percent that they “Don’t know where to go.”

TABLE 3.3  
**PRIMARY REASON GIVEN FOR NOT HAVING A USUAL SOURCE OF  
 HEALTH CARE**

	Frequency	Valid Percent
Don't need a doctor	455	54.5%
Don't like, trust or believe in doctors	38	4.6%
Don't know where to go	35	4.2%
Previous doctor is not available or has moved	31	3.7%
No insurance	27	3.2%
Can't afford it	70	8.4%
Care is too far away or not available	15	1.8%
Other	165	19.8%
<b>Total</b>	<b>834</b>	<b>100.0%</b>

Table 3.4 presents the results of a cross-tabulation of the usual source of care by insurance status. (The more detailed table is presented in Appendix E, Table E 3.1). Of those with no coverage at all during 1998, 39.4 percent had no usual source of care while 58.5 percent had a usual source as defined above. These figures contrast markedly with those who were continuously covered; only 12.3 percent of this group were without a usual source of care while 86.7 percent had a usual source of care as defined.

TABLE 3.4  
**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF ADULTS BY INSURANCE STATUS**

	Insurance Status During 1998			Total
	No Coverage	Covered Part of the Year	Covered Continuously	
<b>Frequency Distribution</b>				
NO USUAL SOURCE OR ER	312	101	543	956
DOCTOR'S OFFICE OR CLINIC	463	299	3,831	4,593
OTHER USUAL SOURCE	17	2	46	65
<b>TOTAL</b>	<b>792</b>	<b>402</b>	<b>4,420</b>	<b>5,614</b>
<b>Percentage Distribution by Insurance Status</b>				
NO USUAL SOURCE OR ER	39.4%	25.1%	12.3%	17.0%
DOCTOR'S OFFICE OR CLINIC	58.5%	74.4%	86.7%	81.8%
OTHER USUAL SOURCE	2.1%	0.5%	1.0%	1.2%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 3.5 looks at usual source of care as a function of the type of coverage. (The more detailed table is presented in Appendix E, Table E 3.2.) Eighty-eight percent of those who relied on the Military/VA for their primary coverage and 94.2 percent of those who relied on the Indian Health Service had a usual source of care. Among those whose primary coverage was private insurance, 87.3 percent had a primary source of care, while 85.5 percent of those covered by Medicare and 81.3 percent of those covered by Medicaid had a usual source of care.

**TABLE 3.5**  
**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF ADULTS BY TYPE OF HEALTH CARE COVERAGE**

	Private Health Insurance	Medicare & Medigap	Medicaid	Military/VA	Indian Health	Other Program	Total
<b>Frequency Distribution</b>							
<b>NO USUAL SOURCE OR ER DOCTOR'S OFFICE OR CLINIC</b>	372	66	28	30	10	54	560
<b>DOCTOR'S OFFICE OR CLINIC</b>	2,722	419	139	223	161	250	3,914
<b>OTHER USUAL SOURCE</b>	32	5	4	2	-	2	45
<b>TOTAL</b>	3,126	490	171	255	171	306	4,519
<b>Percentage Distribution by Type of Health Insurance</b>							
<b>NO USUAL SOURCE OR ER</b>	11.6%	13.5%	16.4%	11.8%	5.8%	17.6%	12.4%
<b>DOCTOR'S OFFICE OR CLINIC</b>	87.3%	85.5%	81.3%	87.5%	94.2%	81.7%	86.6%
<b>OTHER USUAL SOURCE</b>	1.1%	1.0%	2.3%	0.8%	0.0%	0.7%	1.0%
<b>TOTAL</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The probability that adults will not have a usual source of care or will use the emergency room for this purpose varies considerably across the state. The eight eastern counties that make up PUMA 600 (Union, Harding, Quay, Guadalupe, De Baca, Curry, Roosevelt and Lea) have the highest percent without a usual source of care – 27.5 percent. By contrast, only 9.6 percent of the weighted sample of adults in PUMA 300, which is made up of the Greater Albuquerque metropolitan area counties of Sandoval, Valencia, and Torrance Counties were without a usual source of care. (These results are presented Appendix Table E 3.3.)

**Discussion:** The finding that 17.6 percent of the weighted sample of adults under 65 were without a usual source of care other than the emergency room contrasts with the 25.1 percent for New Mexico in the 1993 Robert Wood Johnson Foundation Family Health Insurance Survey [Cantor, Long & Marquis, 1998, Exhibit 2, p. 195]. Among the 10 states surveyed in 1993, New Mexico was second only to Florida (29.8%) in the proportion of the non-elderly adult population lacking a usual source of care. The lower figures reported in the current study partially reflect the inclusion of Indian Health Service hospitals and clinics.

Other studies have looked at usual source of care for the total U.S. population and for various sub-groups and have documented the relationship between health insurance and having a usual source of care. See Zyvejas and Weinick [1999] and Schoen and Puleo [1998].

## **ACCESS TO NEEDED HEALTH CARE SERVICES**

Table 3.6, provides frequencies and percentage distributions of positive responses for the weighted sample of adults who were asked, “Did you need the services of...in 1998?” for the list of health care services briefly described in the table. About 55 percent of the adults indicated that they needed the services of a primary care provider. By contrast, less than 1 percent indicated need for alcohol or drug treatment and only about 6 percent indicated the need for counseling or mental health services. Both figures probably under-report the actual need. The percentages that needed the listed services are graphed in Figure 3.1.

Figures 3.2 to 3.4 explore how the perceived need for certain services – primary care, preventative care, tests and procedures, care from a medical specialist and dental care -- correlates with individual characteristics such as household income, education, and race/ethnicity. Higher percentages of need for the five services were found for those having higher incomes, more education, and for Non-Hispanic Whites. The relationship is most pronounced for dental services.

TABLE 3.6  
**ADULTS WHO NEEDED ACCESS TO HEALTH CARE  
 SERVICES DURING 1998**

	Frequency	Percent
Primary Care Provider	3,130	55.1%
Routine Preventative Care	2,899	51.5%
Tests & Procedures	2,039	36.2%
Medical Specialist	1,590	28.1%
Dental Care	3,442	60.7%
Eye Care	2,667	47.2%
Emergency Room	920	16.2%
Hospitalization	486	8.6%
Alcohol and Drug Care	29	0.5%
Counseling	359	6.3%
Alternative Health	800	14.1%
Prescription Drugs	3,772	67.1%

FIGURE 3.1  
**PERCENTAGE OF ADULTS WHO NEEDED HEALTH CARE SERVICES**

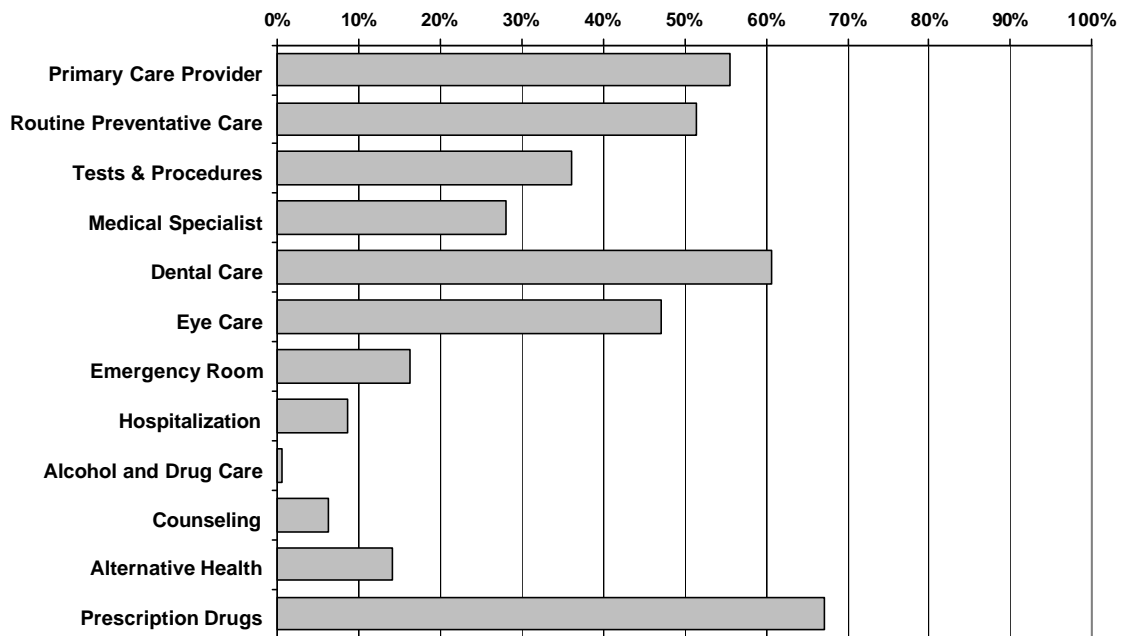


FIGURE 3.2  
**PERCENTAGE OF ADULTS IN EACH INCOME GROUP WHO "NEEDED" SERVICE**

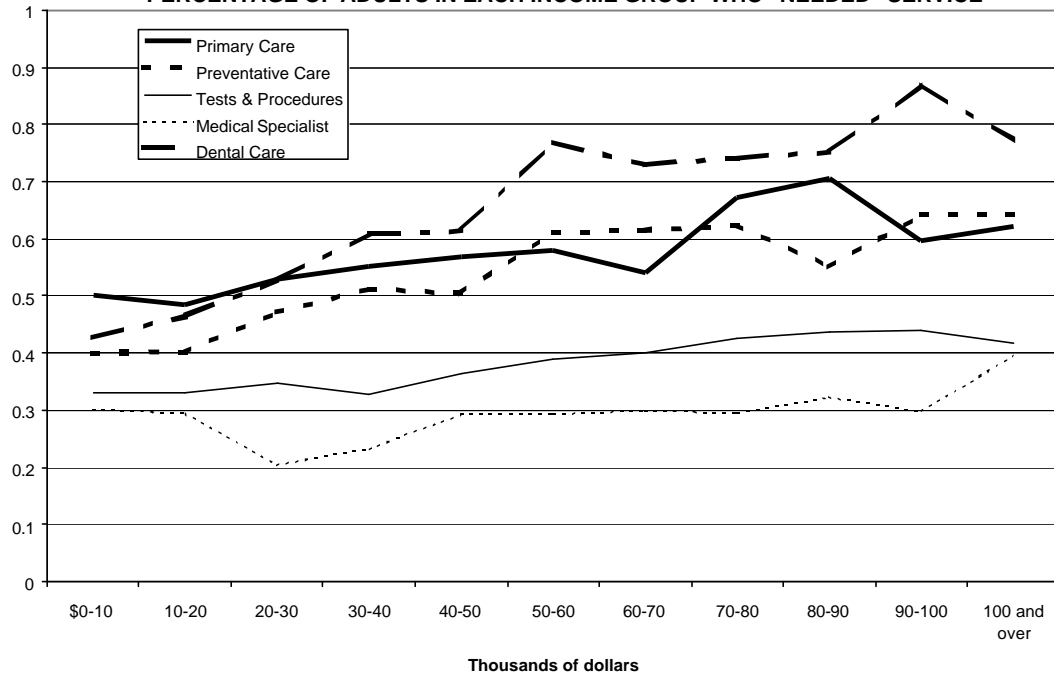


FIGURE 3.3  
**PERCENTAGE OF ADULTS WHO "NEEDED" SERVICE BY EDUCATION LEVEL**

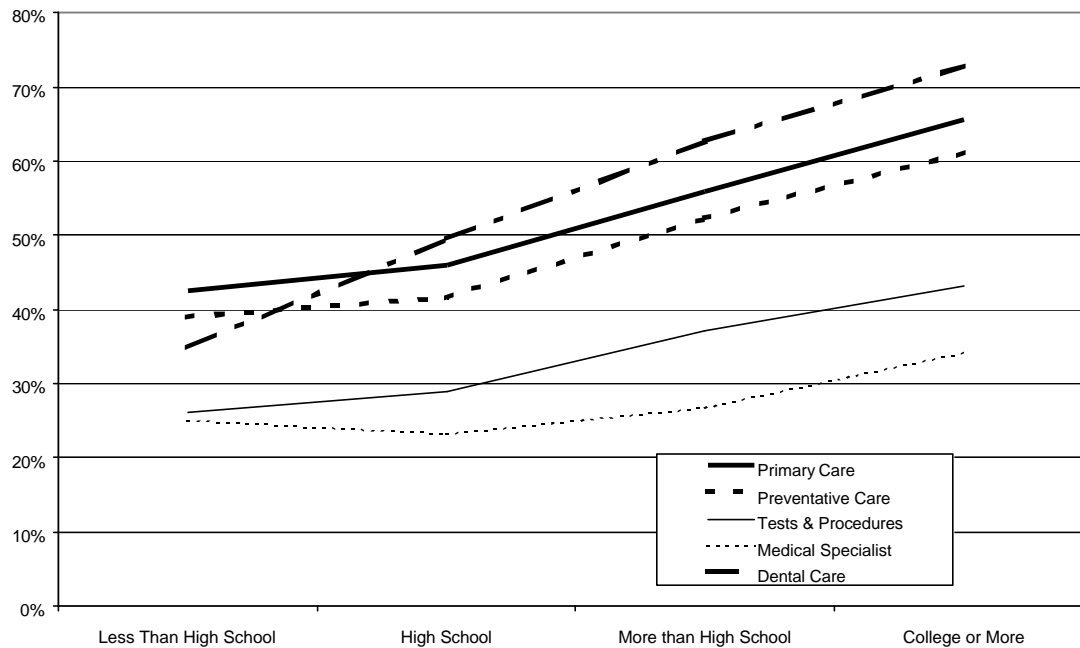


FIGURE 3.4  
**PERCENTAGE OF ADULTS WHO "NEEDED" SERVICE BY RACE AND ETHNICITY**

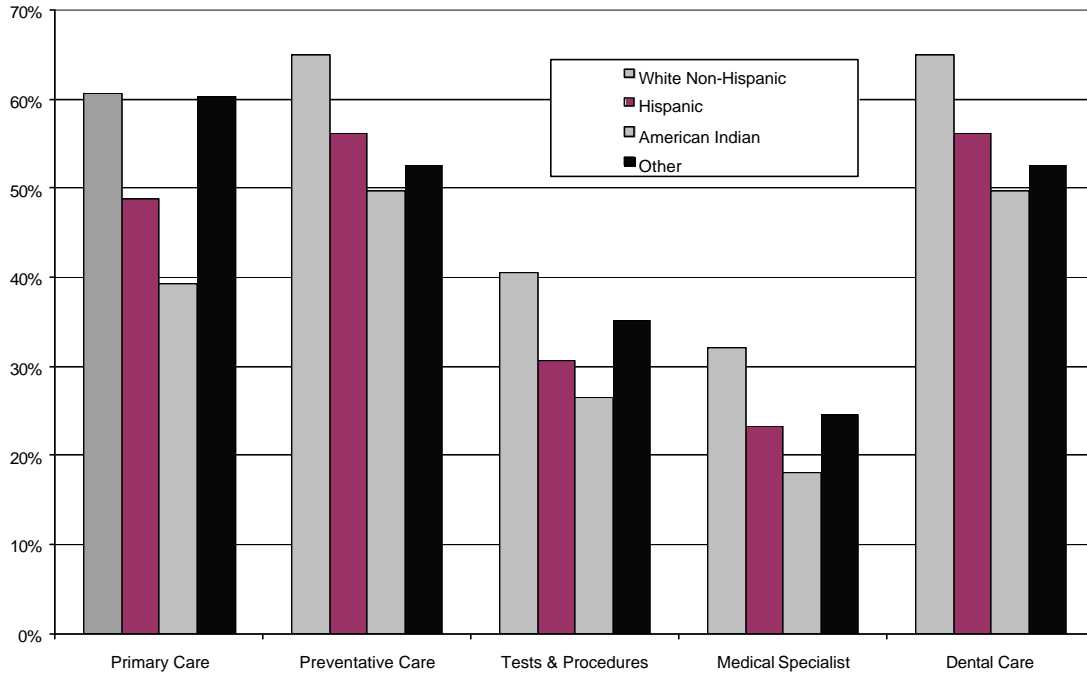


Table 3.7 presents the success of the weighted sample of adults in obtaining needed services. As indicated 86 percent of those who needed a primary care provider were always able to get the service, while less than 3 percent were not able to get this care at all. The highest rate of success in obtaining needed care was found for prescription drugs, with 94 percent reporting that they received the medications they needed whenever they needed them. The lowest rate of such success (68%) is reported for alcohol and drug treatment, but the response rates involved are very small as was noted in the discussion regarding Table 3.6 above.

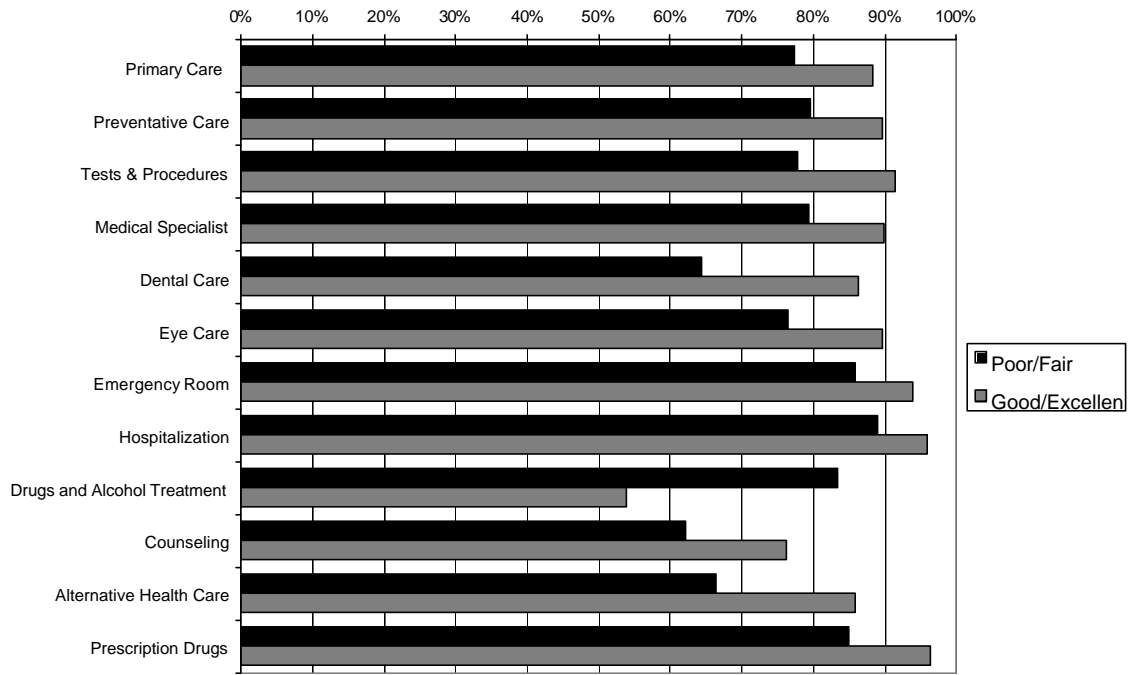
Figure 3.5 examines how an individual's overall health status affected their access to needed services. Health status is measured by responses to the question "Concerning your overall health in 1998, would you say that it was excellent, good, fair, or poor?" Large percentages of those reporting poor or fair health were never able to access needed dental care, eye care, alcohol and drug treatment, counseling, and alternative health care. High percentages of those in poor health were able to get needed services only some of the time. This is true for virtually all the services except emergency room care, hospitalization, and prescription drugs.

TABLE 3.7  
**ADULT ACCESS TO NEEDED HEALTH CARE SERVICES**

Frequencies and Percentages	Always	Sometimes	Not At All	Total Responses
<b>Primary Care Provider</b>	<b>2,683</b>	<b>352</b>	<b>88</b>	<b>3,122</b>
% of Valid Responses	85.9%	11.3%	2.8%	100.0%
<b>PCP For Preventative Care</b>	<b>2,537</b>	<b>268</b>	<b>84</b>	<b>2,888</b>
% of Valid Responses	87.8%	9.3%	2.9%	100.0%
<b>Specialized Tests &amp; Procedures</b>	<b>1,792</b>	<b>164</b>	<b>80</b>	<b>2,035</b>
% of Valid Responses	88.1%	8.1%	3.9%	100.0%
<b>Services of a Medical Specialist</b>	<b>1,371</b>	<b>139</b>	<b>73</b>	<b>1,582</b>
% of Valid Responses	86.7%	8.8%	4.6%	100.0%
<b>Dental Care</b>	<b>2,844</b>	<b>306</b>	<b>276</b>	<b>3,426</b>
% of Valid Responses	83.0%	8.9%	8.1%	100.0%
<b>Eye Examinations or Care</b>	<b>2,319</b>	<b>162</b>	<b>177</b>	<b>2,658</b>
% of Valid Responses	87.2%	6.1%	6.7%	100.0%
<b>Hospital Emergency Room</b>	<b>833</b>	<b>62</b>	<b>22</b>	<b>917</b>
% of Valid Responses	90.8%	6.8%	2.4%	100.0%
<b>Hospital In-Patient Care</b>	<b>449</b>	<b>23</b>	<b>12</b>	<b>483</b>
% of Valid Responses	93.0%	4.8%	2.5%	100.0%
<b>Alcohol and Drug Treatment</b>	<b>17</b>	<b>6</b>	<b>2</b>	<b>25</b>
% of Valid Responses	68.0%	24.0%	8.0%	100.0%
<b>Counseling</b>	<b>251</b>	<b>67</b>	<b>39</b>	<b>357</b>
% of Valid Responses	70.3%	18.8%	10.9%	100.0%
<b>Alternative Health Care</b>	<b>650</b>	<b>85</b>	<b>62</b>	<b>796</b>
% of Valid Responses	81.7%	10.7%	7.8%	100.0%
<b>Prescription Drugs</b>	<b>3,541</b>	<b>187</b>	<b>43</b>	<b>3,771</b>
% of Valid Responses	93.9%	5.0%	1.1%	100.0%

Figures 3.6 through 3.8 portray respectively how getting needed services whenever they were needed correlates respectively with income, race/ethnicity, and age. In each case, there is a greater chance of successful access where the individual had a higher household income, more education, and was a Non-Hispanic White. Figure 3.7 indicates that successful access to needed key preventative health services increases with age.

**FIGURE 3.5  
PERCENTAGE HAVING ACCESS WHENEVER NEEDED BY HEALTH STATUS**



**FIGURE 3.6  
ADULTS GETTING CARE WHENEVER NEEDED BY INCOME**

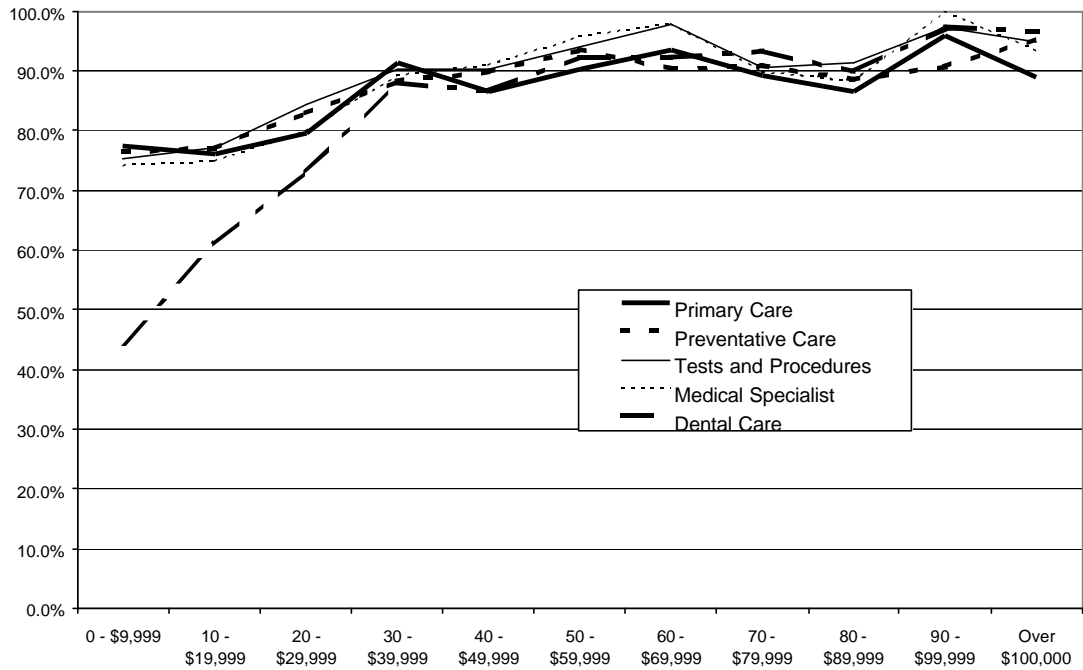


FIGURE 3.7  
**ADULTS GETTING CARE WHENEVER NEEDED IT BY RACE AND ETHNICITY**

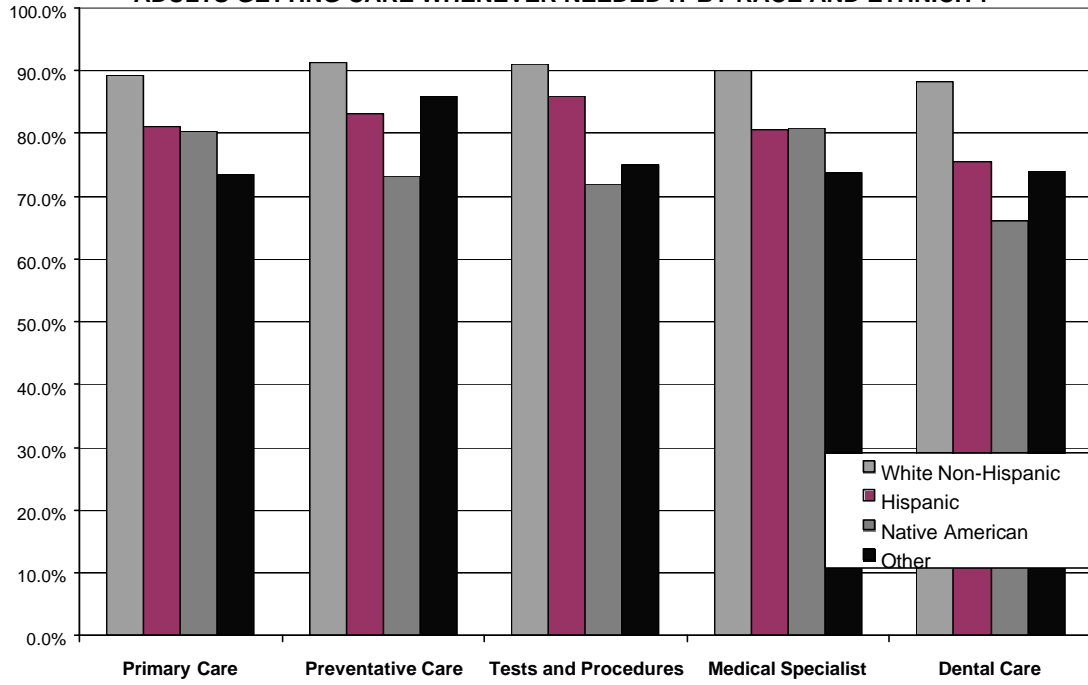
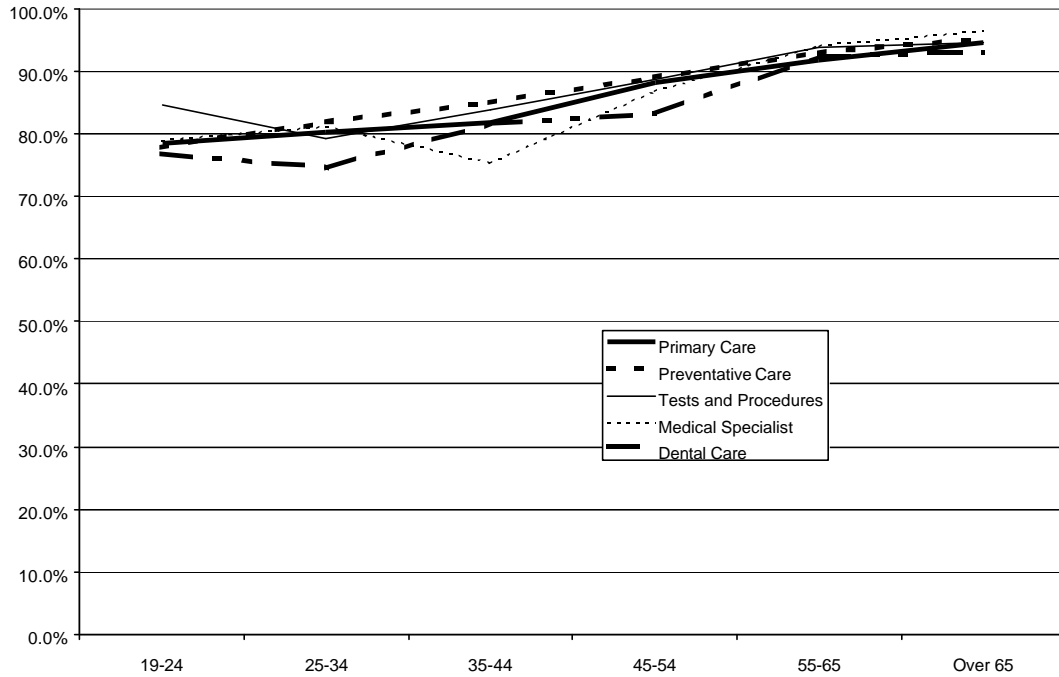


FIGURE 3.8  
**ADULTS GETTING CARE WHENEVER NEEDED BY AGE**



## UNMET NEEDS

Figure 3.9 charts the percentage of unmet needs as a percent of those who indicated they needed the service. The figure indicates both the percent that never received needed services and the percent that were only sometimes successful.

Table 3.7 examines how unmet needs for health care services vary across the PUMA regions. Unmet needs for primary care providers are found to be highest in PUMA's 500 (19%), which covers Rio Arriba, Taos, Colfax, Mora and San Miguel Counties, and 200 (15.4%), which covers Bernalillo County. PUMA 500 generally has among the highest rates of unmet needs across the range of medical services. Unmet needs for counseling and other mental health services are greatest in PUMA's 800, the southwestern New Mexico counties of Catron, Grant, Hidalgo, Luna, Sierra, Socorro, Lincoln and Otero (38.7%), and 900, Dona Ana County (40.0%). The number of people reporting a need for alcohol and drug treatment is so small statewide as to render unreliable percentages of unmet need by PUMA region.

Figure 3.10 graphs the relationship between income and unmet needs for the same set of basic medical services analyzed in the previous section. In all five cases, unmet needs are well above 10 percent below income levels of \$30,000 or more, but the relationship is most significant for dental services. Figure 11 examines how race and ethnicity impact access. Only about 10 percent of Non-White Hispanics lacked access to the list of needed health care services. For Hispanics, unmet needs vary from about 15 percent (preventative care and tests and procedures) to about 20 percent for medical specialists, to 24 percent for dental care. Native Americans generally have worse access than do Hispanics. Over 25 percent of those in the "other" category, which includes Afro-Americans and Asians, reported difficulty in obtaining needed services from primary care providers and from medical specialists.

**FIGURE 3.9**  
**UNMET NEEDS FOR HEALTH CARE SERVICES**  
 WEIGHTED SAMPLE OF ADULTS: "NOT AT ALL" AND "SOMETIMES" ABLE TO GET CARE AS A PERCENT OF ALL WHO "NEEDED" THE SERVICE

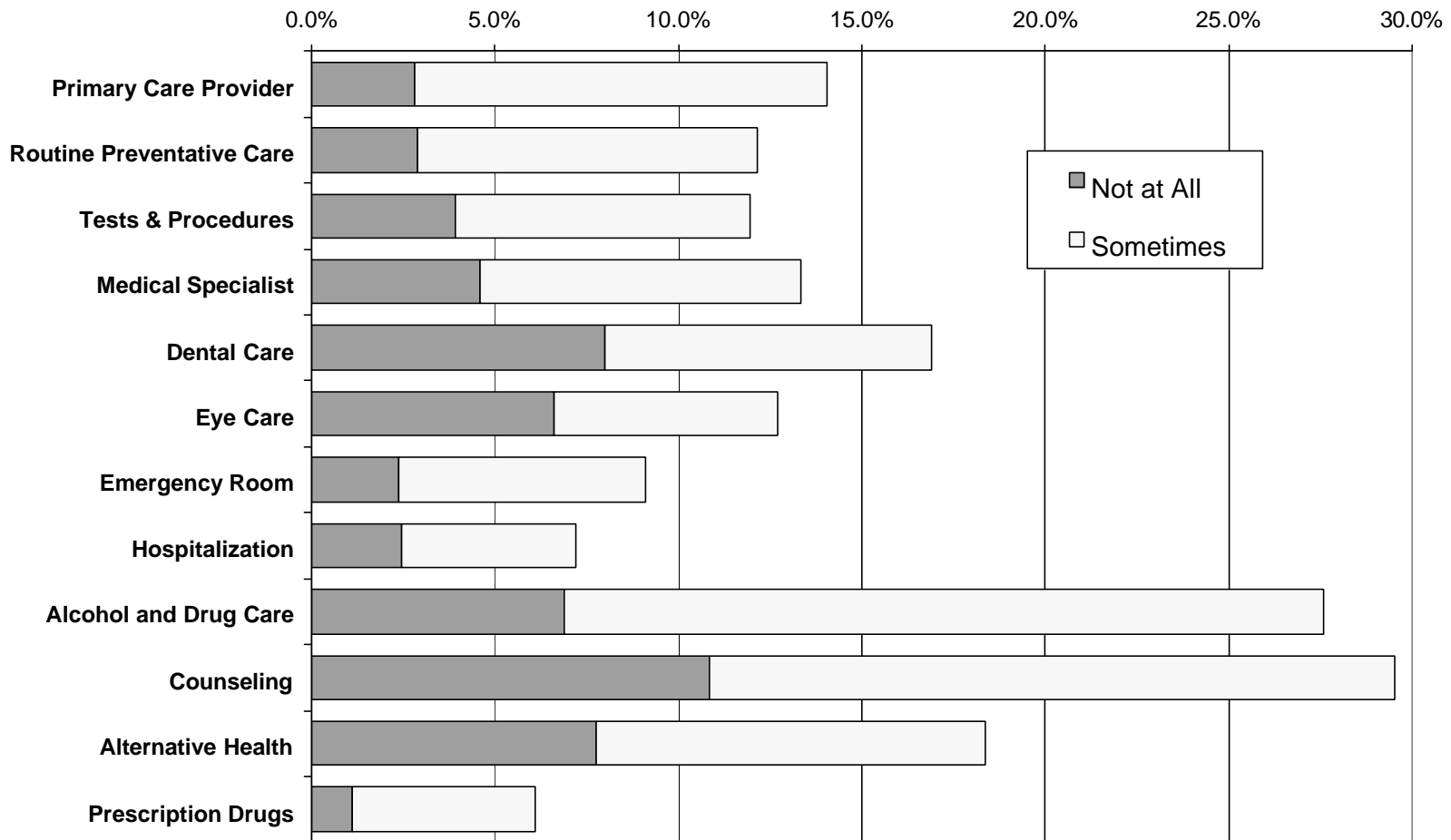


TABLE 3.8  
**ADULTS LACKING ACCESS TO NEEDED CARE BY PUMA REGION**

Frequencies	PUMA Region									NM
	100	200	300	400	500	600	700	800	900	
<b>Primary Care Provider</b>	37	172	30	29	42	36	26	32	37	441
<b>Preventative Care</b>	43	128	27	22	39	22	13	35	24	353
<b>Tests &amp; Procedures</b>	36	73	13	25	26	22	12	18	21	246
<b>Medical Specialist</b>	18	70	16	31	20	13	8	27	10	213
<b>Dental Care</b>	83	179	28	40	85	39	32	55	41	582
<b>Eye Care</b>	53	87	29	30	41	21	17	25	36	339
<b>Emergency Room</b>	15	21	2	7	9	8	4	15	3	84
<b>Hospitalization</b>	7	9	3	5	0	1	0	8	2	35
<b>Alcohol and Drug Care</b>	0	3	2	0	0	0	0	1	2	8
<b>Counseling</b>	12	38	10	11	3	4	12	10	6	106
<b>Alternative Health</b>	19	47	12	14	22	9	1	16	7	147
<b>Prescription Drugs</b>	30	66	15	15	24	18	15	22	27	232
<b>Percentage of Weighted Sample of Adults Needing Care</b>										
<b>Primary Care Provider</b>	11.1%	15.9%	10.8%	12.0%	19.0%	14.9%	13.0%	11.7%	14.6%	14.1%
<b>Preventative Care</b>	15.0%	13.1%	11.3%	8.9%	16.7%	9.6%	7.5%	12.9%	10.5%	12.2%
<b>Tests &amp; Procedures</b>	17.1%	11.1%	6.3%	14.4%	18.1%	12.9%	10.0%	9.6%	12.5%	12.1%
<b>Medical Specialist</b>	12.7%	13.1%	10.9%	22.0%	18.3%	10.7%	9.4%	16.7%	7.0%	13.4%
<b>Dental Care</b>	23.6%	15.0%	9.6%	14.2%	32.0%	14.2%	15.2%	18.6%	15.4%	17.0%
<b>Eye Care</b>	15.5%	10.7%	12.1%	13.2%	21.1%	9.3%	10.1%	10.3%	17.4%	12.7%
<b>Emergency Room</b>	12.5%	7.8%	2.8%	8.8%	11.7%	12.3%	6.2%	14.7%	4.2%	9.1%
<b>Hospitalization</b>	12.5%	6.3%	7.5%	23.8%	0.0%	1.7%	0.0%	14.8%	4.0%	7.2%
<b>Alcohol and Drug Care</b>	0.0%	37.5%	66.7%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%
<b>Counseling</b>	29.3%	29.0%	31.3%	28.2%	15.8%	20.0%	38.7%	40.0%	27.3%	29.4%
<b>Alternative Health</b>	20.4%	21.5%	20.3%	18.4%	28.2%	10.3%	2.3%	16.3%	15.6%	18.4%
<b>Prescription Drugs</b>	7.4%	5.4%	4.3%	5.8%	8.9%	5.5%	5.9%	6.0%	8.3%	6.1%

FIGURE 3.10  
**ADULTS LACKING ACCESS TO MEDICAL CARE BY INCOME GROUP**

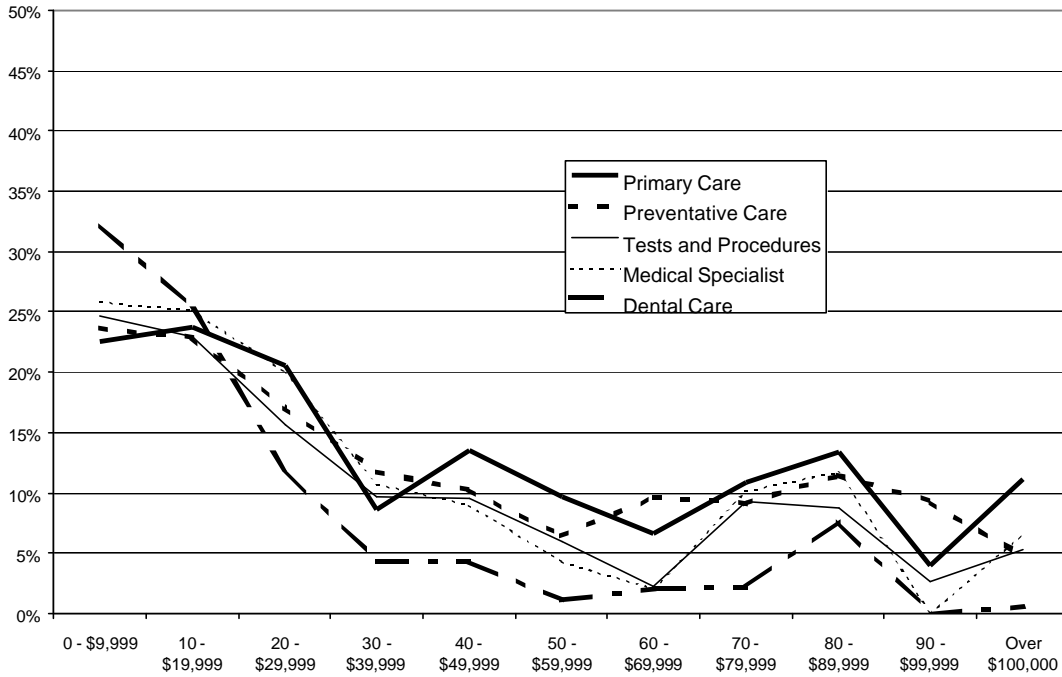
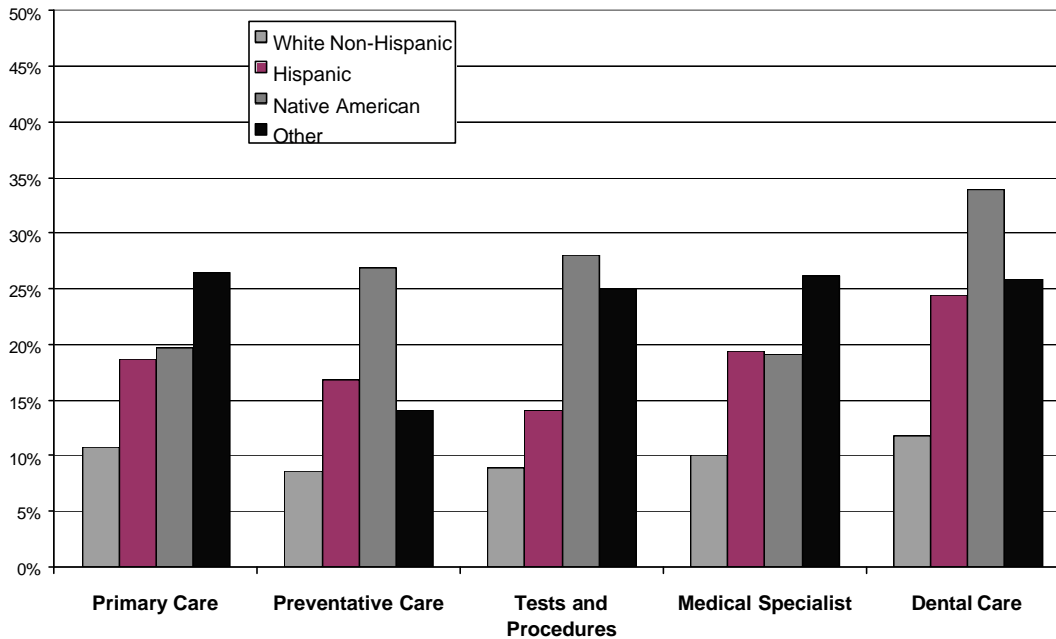


FIGURE 3.11  
**ADULTS LACKING ACCESS TO NEEDED MEDICAL SERVICES BY RACE AND ETHNICITY**



**Discussion.** Berk, Schur, and Cantor [1995] report the results for one measure of access explored in the 1994 National Access to Care Survey sponsored by the Robert Wood Johnson Foundation (1994 RWJF). That measure of access is “Americans’ perceptions about whether or not they have received all the care they need.” Earlier access studies sponsored by RWJF had focused on access to medical and surgical care. The 1994 RWJF study also included supplementary health care services, such as prescription drugs, eyeglasses, dental care, and mental health care and counseling. The access questions explored in the 1994 study are thus very similar to the current study.

Using the 1994 RWJF survey results for the 10 states, Berk, Schur and Cantor find that “the proportion of the population unable to obtain medical care or surgery, prescription drugs, and eyeglasses was similar – about 6 percent for the former service and about 5 percent for each of the latter.” Regarding mental health services, they note that “Although only 1.4 percent of persons reported unmet needs for mental health services, there is empirical evidence that survey respondents are often unwilling to report stigmatizing conditions.” These figures are generally much lower than the ones reported for the current survey. Roughly 6 percent of those New Mexicans needing prescription drugs had problems obtaining what they needed at least some of the time. For inpatient hospital care, the figure is over 7 percent; for emergency room care, it is over 8 percent. For all other services, the percentages of New Mexican adults unable to access needed services are in the double digits. It should be noted that Berk, Schur and Cantor examine access for the entire population. The inclusion of children in the figures may account for the smaller proportion of the population experiencing problems accessing health care services due to the higher rate of insurance coverage for children.

## **BARRIERS TO ACCESS**

Table 3.9 explores the reasons given for not getting needed health care services. The reasons are shown both as a percent of those unable to access care and as a percent of the total indicating they needed the services. Figures 3.12 through 3.14 chart the importance of certain types of reasons as a percent of the total of all those needing the service. In order to facilitate comparison, the scale on each of the graphs is the same and is identical to the scale used in Figure 3.9.

Figure 3.12 examines the importance of financial barriers by plotting the percent of those needing care who indicated they did not get care because they had “no way to pay” for the care needed. Those needing but unable to get care due to financial barriers are generally 6 percent or less of those needing the services. Significantly, the exceptions are dental and eye care and mental health care, where about 17 percent of those needing care reported not getting care due to an inability to pay.

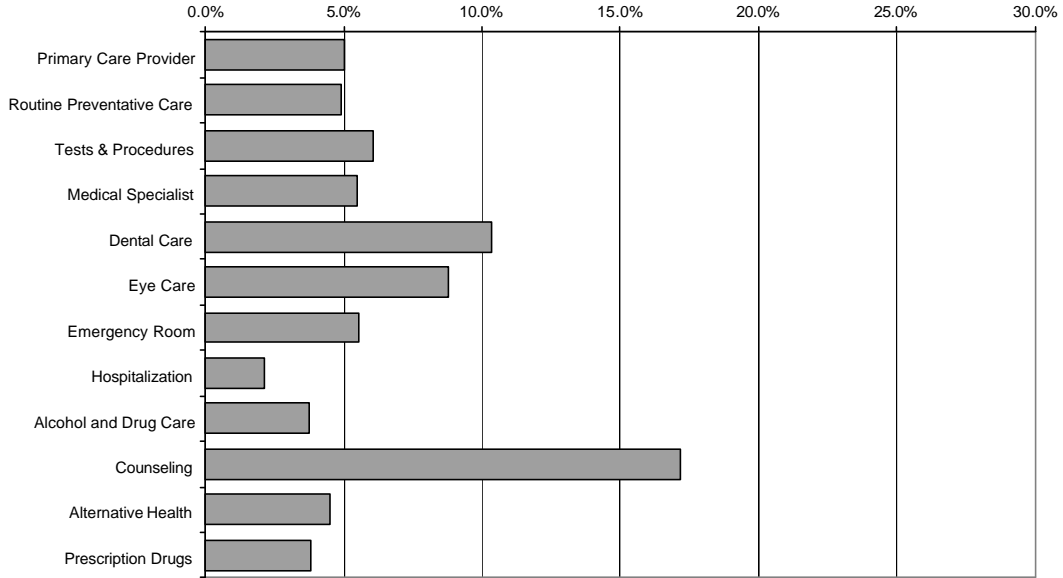
TABLE 3.9  
REASONS FOR NOT GETTING NEEDED CARE

Weighted Adult Responses Frequency and Percentage Distributions	No Way to Pay	Can't Get There	Can't Take Time	Other Reasons						Total
				Refused Referral	No Appointment	Office Wait Long	Other Country	Refuse Medicaid	Other	
<b>Primary Care Provider</b>	<b>129</b>	<b>6</b>	<b>72</b>	<b>15</b>	<b>155</b>	<b>22</b>			<b>16</b>	<b>414</b>
% of Valid Responses	31.1%	1.4%	17.4%	3.5%	37.4%	5.3%			3.9%	100.0%
% of Those Needing Care	4.1%	0.2%	2.3%	0.5%	5.0%	0.7%			0.5%	13.4%
<b>PCP For Preventative Care</b>	<b>142</b>	<b>13</b>	<b>47</b>	<b>2</b>	<b>91</b>	<b>8</b>	<b>2</b>		<b>37</b>	<b>341</b>
% of Valid Responses	41.6%	3.8%	13.8%	0.4%	26.6%	2.3%	0.6%		10.9%	100.0%
% of Those Needing Care	4.9%	0.4%	1.6%	0.1%	3.1%	0.3%	0.1%		1.3%	11.8%
<b>Specialized Tests &amp; Procedures</b>	<b>122</b>	<b>8</b>	<b>36</b>	<b>19</b>	<b>27</b>	<b>2</b>	<b>5</b>		<b>22</b>	<b>239</b>
% of Valid Responses	51.1%	3.1%	15.0%	7.7%	11.3%	0.6%	2.1%		9.0%	100.0%
% of Those Needing Care	6.0%	0.4%	1.8%	0.9%	1.3%	0.1%	0.2%		1.1%	11.7%
<b>Services of a Medical Specialist</b>	<b>86</b>	<b>2</b>	<b>27</b>	<b>28</b>	<b>27</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>26</b>	<b>207</b>
% of Valid Responses	41.6%	0.7%	12.8%	13.5%	13.0%	3.9%	1.4%	0.5%	12.5%	100.0%
% of Those Needing Care	5.4%	0.1%	1.7%	1.8%	1.7%	0.5%	0.2%	0.1%	1.6%	13.0%
<b>Dental Care</b>	<b>354</b>	<b>21</b>	<b>63</b>	<b>1</b>	<b>69</b>	<b>3</b>	<b>8</b>		<b>14</b>	<b>571</b>
% of Valid Responses	62.0%	3.7%	11.0%	0.1%	12.1%	0.5%	1.4%		2.5%	100.0%
% of Those Needing Care	10.3%	0.6%	1.8%	0.0%	2.0%	0.1%	0.2%		0.4%	16.6%
<b>Eye Care</b>	<b>235</b>	<b>9</b>	<b>47</b>		<b>19</b>	<b>5</b>	<b>3</b>		<b>21</b>	<b>339</b>
% of Valid Responses	69.3%	2.7%	13.9%		5.6%	1.5%	0.9%		6.2%	100.0%
% of Those Needing Care	8.8%	0.3%	1.8%		0.7%	0.2%	0.1%		0.8%	12.7%
<b>Emergency Room</b>	<b>51</b>	<b>5</b>	<b>1</b>			<b>8</b>		<b>1</b>	<b>17</b>	<b>83</b>
% of Valid Responses	61.2%	6.1%	1.2%			9.7%	0.0%		20.6%	100.0%
% of Those Needing Care	5.5%	0.5%	0.1%			0.9%	0.0%		1.8%	9.0%
<b>Hospital In-Patient Services</b>	<b>11</b>	<b>1</b>	<b>11</b>	<b>3</b>				<b>1</b>	<b>6</b>	<b>32</b>
% of Valid Responses	32.8%	3.1%	32.8%	9.4%				3.1%	18.8%	100.0%
% of Those Needing Care	2.2%	0.2%	2.2%	0.6%				0.2%	1.2%	6.6%
<b>Alcohol &amp; Drug Abuse Treatment</b>	<b>1</b>		<b>2</b>						<b>5</b>	<b>8</b>
% of Valid Responses	12.5%		25.0%						62.5%	100.0%
% of Those Needing Care	3.4%		6.9%						17.2%	27.6%
<b>Counseling</b>	<b>62</b>	<b>3</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>1</b>			<b>15</b>	<b>97</b>
% of Valid Responses	64%	3%	12%	2%	2%	1%			15%	100%
% of Those Needing Care	17.3%	0.8%	3.3%	0.6%	0.6%	0.3%			4.2%	27.0%
<b>Alternative Care</b>	<b>37</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>		<b>1</b>		<b>2</b>	<b>45</b>
% of Valid Responses	82.2%	2.2%	3.0%	2.2%	3.7%		2.2%		4.4%	100.0%
% of Those Needing Care	4.6%	0.1%	0.2%	0.1%	0.2%		0.1%		0.3%	5.6%
<b>Prescription Drugs</b>	<b>145</b>	<b>9</b>	<b>17</b>						<b>58</b>	<b>228</b>
% of Valid Responses	63.3%	3.9%	7.2%						25.5%	100.0%
% of Those Needing Care	3.8%	0.2%	0.4%						1.5%	6.0%

Figure 3.13 looks at the importance of time barriers in explaining why people who needed the care were unable to get the care they needed. The questionnaire gave as a possible response, “You couldn’t take time from work or other responsibilities,” but also provided an opportunity for respondents to give reasons other than those listed. A number of respondents indicated that the most important reason they didn’t get the health care services they needed was because of an anticipated long wait in the doctor’s office or other place they would have gone to get services. Both responses are graphed in Figure 3.13.

Time barriers generally deterred only 2-3 percent of those needing health care services, but were apparently more of a discouragement for alcohol and drug care. Time barriers were less than 1 percent for emergency room care, for alternative health care and for prescription drugs.

**FIGURE 3.12**  
**FINANCIAL BARRIERS**  
**THOSE HAVING NO WAY TO PAY FOR SERVICES AS A % OF**  
**WEIGHTED SAMPLE OF ADULTS NEEDING CARE**



**FIGURE 3.13**  
**TIME BARRIERS**  
**THOSE WHO CAN'T OR WON'T TAKE THE TIME TO GET SERVICES AS A PERCENT OF WEIGHTED SAMPLE OF**  
**ADULTS NEEDING CARE**

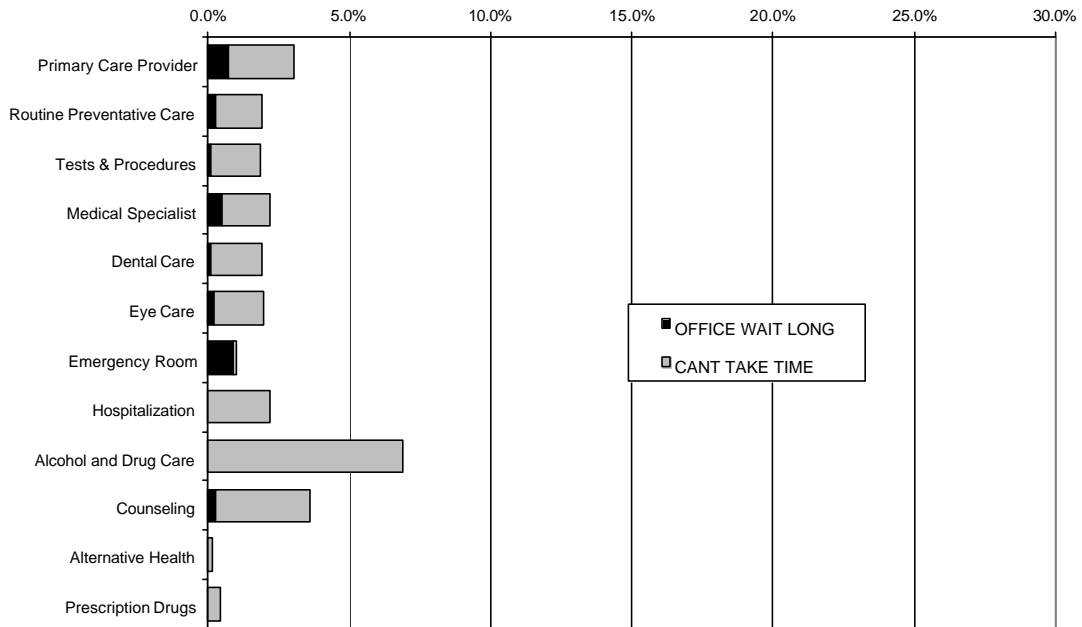


Figure 3.14 examines the importance of institutional barriers in keeping adults from getting needed health care services. Institutional barriers include volunteered responses that the care was not received because the person (1) could not get the needed referral or (2) was unable to get an appointment. The inability to get an appointment kept about 5 percent of adults from getting access to the needed services of a primary care provider. This also kept a large group of people from getting routine preventative care. As might be expected, lack of referrals was a problem in getting to see a medical specialist, but an inability to get an appointment was also cited. These two reasons, however, were cited by only about 3 percent of those needing the care.

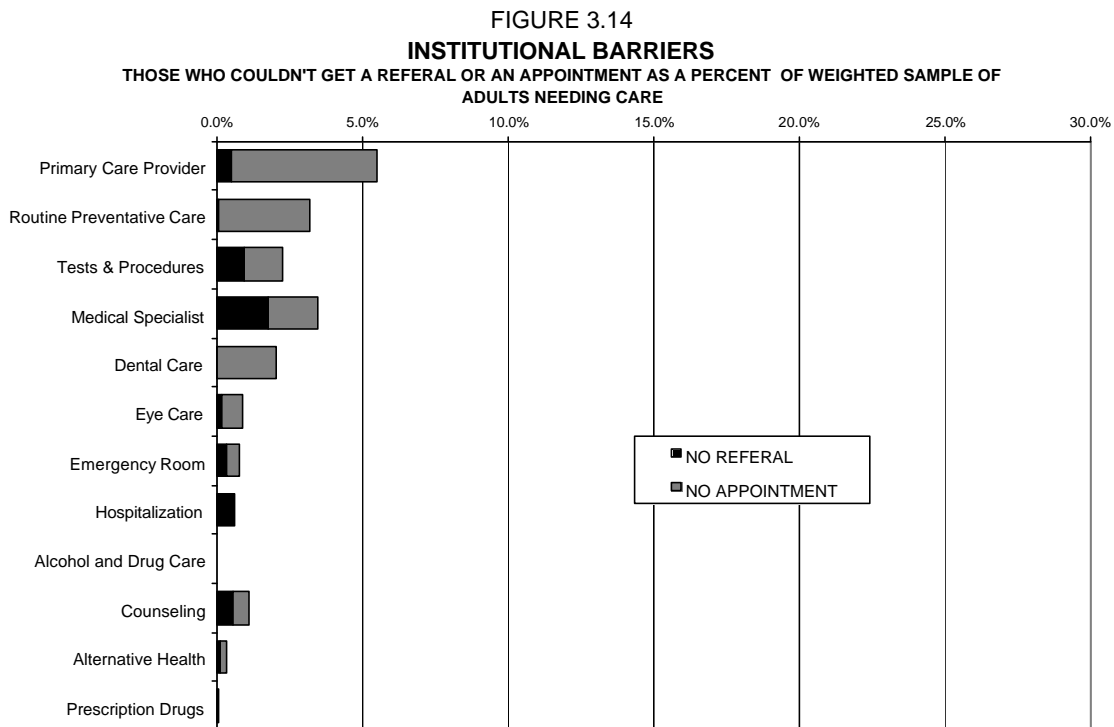
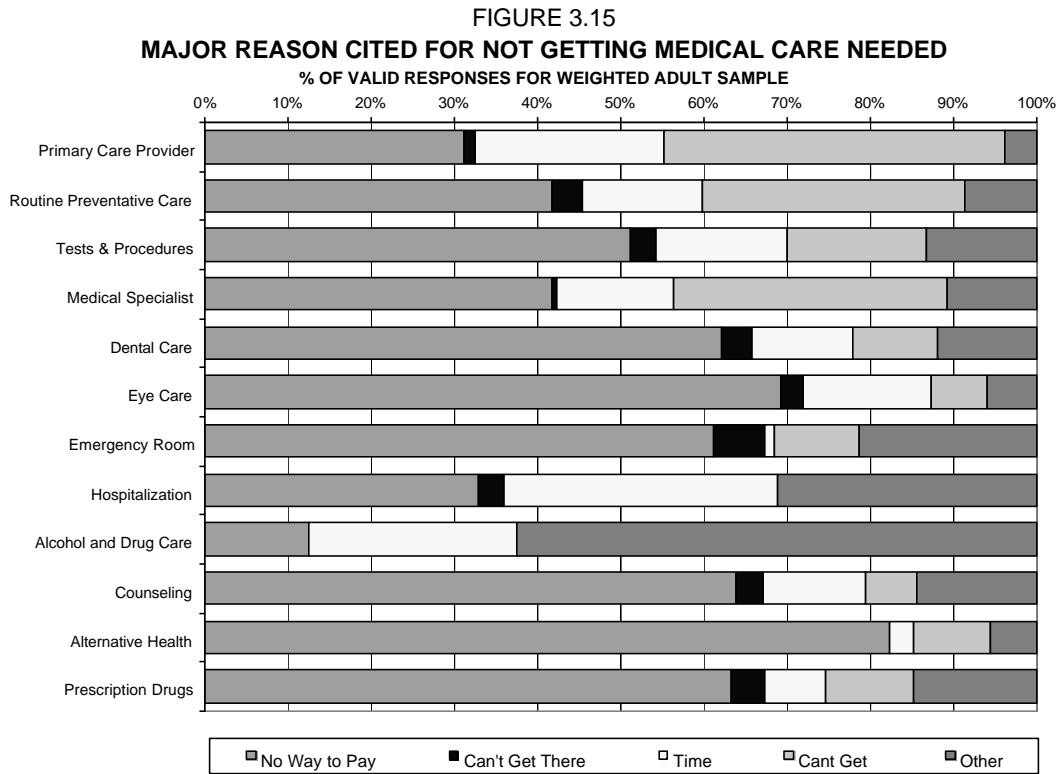


Figure 3.15 assesses the relative importance of different barriers across the spectrum of medical services. An inability to pay was very important in accounting for unmet needs for alternative health care services (almost 90%), prescription drugs (almost 70%), counseling, emergency room, eye care, and dental care (all 60-70%). One of the given responses, “You couldn’t find a way to get there”, was relatively unimportant, with the possible exception of emergency room access, where it accounted for roughly 5 percent of the responses. Time barriers were significant for almost all of the services, the notable exception being alternative health care. Concerns about the time involved were most important in deterring needed hospitalization and alcohol and drug treatment. Institutional considerations, including the lack of referral, the inability to get an appointment or to purchase needed prescription drugs locally, were a major deterrent to getting needed certain services -- primary care, routine preventative

care, care from medical specialists, and tests and procedures. Other reasons, which include fear, were particularly important in keeping people from getting needed hospitalization and alcohol and drug treatment.



## FINANCIAL BARRIERS

Table 3.10 on the next page examines further the responses of those who indicated they had no way to pay for needed services. Respondents who answered “there was no way to pay for the service” were asked, “Was this because: (1) you had no insurance coverage at the time; (2) your insurance did not cover the service; (3) the provider wouldn't accept your insurance; or (4) some other reason.” The relative importance of these responses is depicted by Figure 3.16. “No insurance” was the most frequent response, accounting for at least 58 percent of the answers from the weighted sample of adults across the board. Over 80 percent of the respondents indicated a lack of insurance kept them from accessing needed routine preventative care, a medical specialist, alcohol and drug care and prescription drugs. This reason accounted for 100 percent of the responses for alcohol and drug care, but the number of responses is very small.

**FIGURE 3.16**  
**REASONS CAN'T PAY FOR CARE**

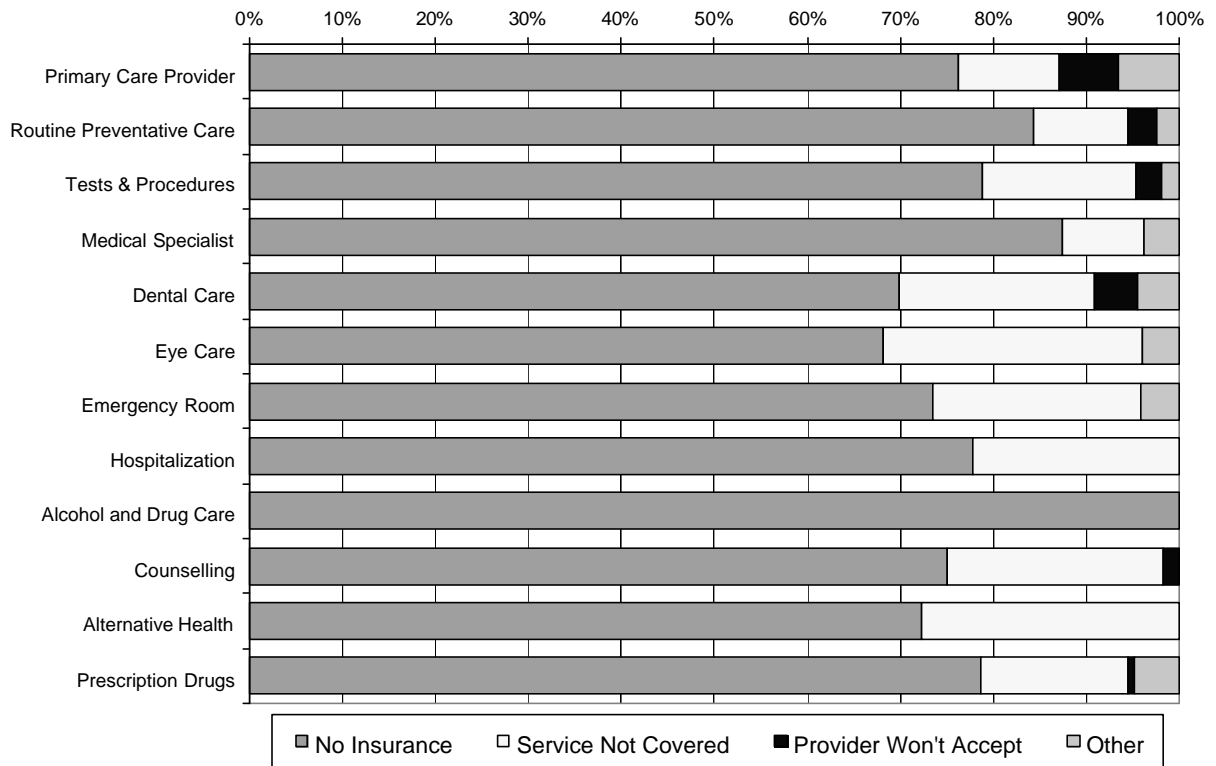


TABLE 3.10  
ADULTS HAVING NO WAY TO PAY FOR NEEDED CARE

Weighted Frequencies and Percents	No Insurance	Service Not Covered	Provider Won't Accept	Other	Total
<b>Primary Care Provider</b>	<b>106</b>	<b>15</b>	<b>9</b>	<b>9</b>	<b>139</b>
% of Valid Responses	76.3%	10.8%	6.5%	6.5%	100.0%
<b>% of Those Needing Care</b>	<b>3.4%</b>	<b>0.5%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>4.5%</b>
<b>PCP For Preventative Care</b>	<b>108</b>	<b>13</b>	<b>4</b>	<b>3</b>	<b>128</b>
% of Valid Responses	84.4%	10.2%	3.1%	2.3%	100.0%
<b>% of Those Needing Care</b>	<b>3.8%</b>	<b>0.5%</b>	<b>0.1%</b>	<b>0.1%</b>	<b>4.5%</b>
<b>Specialized Tests &amp; Procedures</b>	<b>86</b>	<b>18</b>	<b>3</b>	<b>2</b>	<b>109</b>
% of Valid Responses	78.9%	16.5%	2.8%	1.8%	100.0%
<b>% of Those Needing Care</b>	<b>4.2%</b>	<b>0.6%</b>	<b>0.1%</b>	<b>0.1%</b>	<b>3.8%</b>
<b>Services of a Medical Specialist</b>	<b>70</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>81</b>
% of Valid Responses	86.4%	8.6%		3.7%	100.0%
<b>% of Those Needing Care</b>	<b>4.4%</b>	<b>0.4%</b>		<b>0.2%</b>	<b>5.1%</b>
<b>Dental Care</b>	<b>221</b>	<b>66</b>	<b>15</b>	<b>14</b>	<b>316</b>
% of Valid Responses	69.9%	20.9%	4.7%	4.4%	100.0%
<b>% of Those Needing Care</b>	<b>6.5%</b>	<b>1.9%</b>	<b>0.4%</b>	<b>0.4%</b>	<b>9.3%</b>
<b>Eye Care</b>	<b>137</b>	<b>56</b>	<b>8</b>	<b>201</b>	<b>199</b>
% of Valid Responses	68.9%	28.2%		101.1%	100.0%
<b>% of Those Needing Care</b>	<b>5.1%</b>	<b>2.1%</b>		<b>7.5%</b>	<b>7.4%</b>
<b>Emergency Room</b>	<b>36</b>	<b>11</b>	<b>1</b>	<b>2</b>	<b>50</b>
% of Valid Responses	72.0%	22.0%		4.0%	100.0%
<b>% of Those Needing Care</b>	<b>4.0%</b>	<b>1.2%</b>		<b>0.2%</b>	<b>5.5%</b>
<b>Hospital In-Patient Services</b>	<b>7</b>	<b>2</b>			<b>9</b>
% of Valid Responses	77.8%	22.2%			100.0%
<b>% of Those Needing Care</b>	<b>1.4%</b>	<b>0.4%</b>			<b>1.8%</b>
<b>Alcohol &amp; Drug Abuse Treatment</b>	<b>1</b>				<b>1</b>
% of Valid Responses	100.0%				100.0%
<b>% of Those Needing Care</b>	<b>3.8%</b>				<b>3.8%</b>
<b>Counseling</b>	<b>45</b>	<b>14</b>	<b>1</b>		<b>60</b>
% of Valid Responses	93.8%	29.2%	2.1%		100.0%
<b>% of Those Needing Care</b>	<b>12.5%</b>	<b>3.9%</b>	<b>0.3%</b>		<b>16.6%</b>
<b>Alternative Care</b>	<b>26</b>	<b>10</b>			<b>36</b>
% of Valid Responses	72.2%	27.8%			100.0%
<b>% of Those Needing Care</b>	<b>3.1%</b>	<b>1.2%</b>			<b>4.4%</b>
<b>Prescription Drugs</b>	<b>114</b>	<b>23</b>	<b>1</b>	<b>7</b>	<b>145</b>
% of Valid Responses	78.6%	15.9%	0.7%	4.8%	100.0%
<b>% of Those Needing Care</b>	<b>3.0%</b>	<b>0.6%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>3.8%</b>

## HEALTH CARE COVERAGE AND HEALTH CARE ACCESS

Figure 3.17 and Tables 3.11 and 3.12 explore the importance of health care coverage in explaining why many adults in the sample were unable to access needed health care services.

Figure 3.17 examines the relationship between health care coverage and unmet needs. The cross-tabulation of access to needed services and health care coverage can be found in Appendix Table E 5.16. Not surprisingly, those unable to access needed health services were frequently without any form of health care coverage throughout 1998. Forty-four percent of those who were not covered at all during the year were unable to see a primary care provider when they needed the service. This group without coverage had somewhat greater success in getting needed prescription drugs (only 25% had unmet needs in this area), emergency room care (28% unmet), and hospitalization (24% unmet), but 63 percent were unable to needed counseling and mental health services.

Table 3.11 examines how the type of coverage may explain a lack of access to needed health care services. The highest percentages unable to access needed health care services are found for those whose primary health care coverage comes from the Indian Health Service. Those reliant on CHAMPUS or the Veteran's Administration also report problems getting the health care services they need. Just under 50 percent of Medicaid recipients report problems getting access to dental care, 17 percent had unmet needs for eye care, and 27 percent could not get needed mental health services. Twenty-four percent of adults with employment based insurance could not get needed counseling services.

Table 3.12 looks at how access varies depending upon type of health care plan, i.e., HMO, PPO, Point-of-Service, Indemnity, or Military. Almost across the board, those in HMO's report greater difficulty in accessing needed services than those in other plans, except the military, where unmet need are generally much higher. A higher percentage of those in PPO's than in HMO's had unmet needs to see a medical specialist and a very high percent (22%) were unable to get needed hospitalization. However, a fairly large number of respondents (20.1%) were unable to classify their health care plan in the categories given, answering that their health care plan was "something else."

**FIGURE 3.17  
UNMET NEEDS OF ADULTS WITHOUT COVERAGE ALL YEAR  
ABLE TO GET NEEDED HEALTH CARE SERVICES**

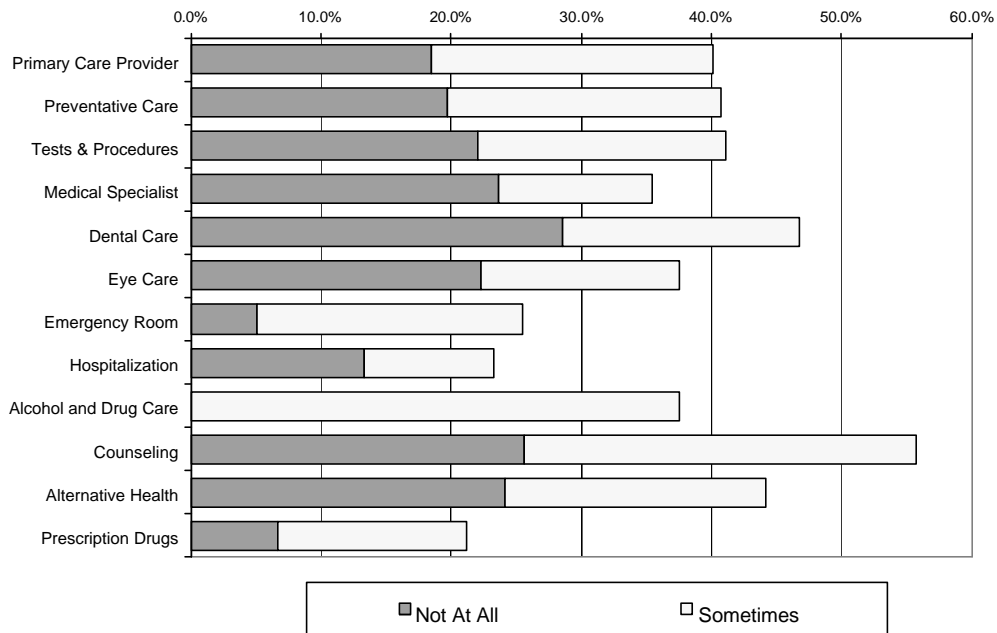


TABLE 3.11

**ADULTS LACKING NEEDED HEALTH CARE SERVICES BY PRIMARY HEALTH CARE COVERAGE**

Frequency Distribution	Employ Based	Oth Priv Insur	Medicaid	Medicare	Indian Health	CHAMPUS/Vet	Other Program	Total
Primary Care Provider	202	19	12	21	15	17	25	311
Preventative Care	140	2	11	13	22	24	26	238
Tests & Procedures	97	4	5	16	19	17	15	173
Medical Specialist	90	4	6	22	5	18	12	157
Dental Care	191	27	40	40	43	33	20	394
Eye Care	130	9	20	25	35	13	11	243
Emergency Room	16	0	5	7	7	8	2	11
Hospitalization	18	0	1	2	3	0	2	9
Alcohol and Drug Care	2							
Counseling	39	0	6	9	2	13	3	29
Alternative Health	66	5	1	8	2	11	15	108
Prescription Drugs	79	9	10	18	7	12	6	141
<b>Percentage of Weighted Sample of Adults Needing Care</b>								
Primary Care Provider	11.3%	14.4%	14.0%	7.5%	24.2%	11.2%	15.2%	11.7%
Preventative Care	8.5%	1.7%	14.9%	4.7%	37.9%	16.4%	15.5%	9.5%
Tests & Procedures	8.8%	8.6%	22.2%	15.0%	80.9%	25.8%	21.6%	19.5%
Medical Specialist	11.0%	6.8%	14.3%	10.0%	16.1%	17.8%	10.3%	11.3%
Dental Care	9.8%	17.1%	54.8%	15.3%	41.3%	19.5%	11.5%	13.6%
Eye Care	9.1%	8.0%	22.0%	8.7%	38.9%	10.6%	8.4%	10.7%
Emergency Room	4.0%	0.0%	2.6%	2.4%	20.0%	0.0%	4.9%	6.8%
Hospitalization	8.7%	0.0%	2.6%	2.4%	20.0%	0.0%	4.9%	6.8%
Alcohol and Drug Care	15.4%							
Counseling	22.3%	0.0%	31.6%	28.1%	18.2%	44.8%	10.7%	25.0%
Alternative Health	14.3%	10.4%	7.7%	12.5%	66.7%	40.7%	23.8%	15.9%
Prescription Drugs	3.7%	5.7%	8.9%	4.5%	9.1%	5.8%	2.9%	4.3%

TABLE 3.12

**ADULTS LACKING ACCESS BY THE TYPE OF HEALTH CARE PLAN**

Frequency Distribution	Point-of-						Total
	HMO	PPO	Service	Indemnity	Military	Other	
Primary Care Provider	178	47	12	4	8	57	306
Preventative Care	104	35	6	0	14	57	216
Tests & Procedures	61	32	4	2	9	37	145
Medical Specialist	74	27	4	2	11	34	152
Dental Care	163	56	18	7	21	99	364
Eye Care	108	35	5	4	2	74	228
Emergency Room	15	9	0	0	6	7	37
Hospitalization	5	15	0	0	0	4	24
Alcohol and Drug Care	2	0	0	0	0	0	2
Counseling	29	10	0	2	12	15	68
Alternative Health	50	16	5	1	4	25	101
Prescription Drugs	59	27	4	2	11	23	126
Those lacking care as a % of the weighted sample of adults reporting this type of insurance							
Primary Care Provider	14.1%	9.6%	7.8%	5.2%	11.0%	12.2%	12.1%
Preventative Care	9.4%	6.5%	4.5%	0.0%	20.0%	13.4%	9.2%
Tests & Procedures	8.0%	9.5%	3.7%	3.6%	16.1%	10.6%	8.7%
Medical Specialist	12.5%	13.1%	4.2%	3.7%	20.8%	11.8%	11.8%
Dental Care	12.8%	8.9%	11.3%	7.1%	24.4%	20.1%	13.3%
Eye Care	11.5%	7.4%	4.1%	5.1%	3.6%	17.4%	10.9%
Emergency Room	4.7%	6.5%	0.0%	0.0%	18.8%	4.1%	5.3%
Hospitalization	3.1%	22.7%	0.0%	0.0%	0.0%	3.5%	6.1%
Alcohol and Drug Care	40.0%	0.0%				0.0%	16.7%
Counseling	25.9%	16.1%	0.0%	12.5%	85.7%	20.8%	23.6%
Alternative Health	20.2%	9.5%	12.8%	6.7%	20.0%	18.9%	16.2%
Prescription Drugs	4.2%	4.3%	2.5%	2.0%	11.3%	3.5%	4.1%

**INCIDENCE OF UNMET NEEDS**

The above analysis deals with access to individual health services. In order to examine how widespread the problem of being unable to access health services is, a new set of composite access variables were created. The first variable took on a value of 1 if the adult respondent was completely unable to access at least one of the health services they needed. A variation dropped the "alternative health services". As can be seen in Table 3.13, 9.0 percent of the weighted sample of adults were completely unable to access at least one health service they needed when the list of services included all those studied except alternative health services. Adding alternative health raised the percentage to 9.2 percent.

TABLE 3.13  
**ADULTS UNABLE TO ACCESS ONE OR MORE NEEDED MEDICAL SERVICES**

<u>Adults Reporting</u>	<u>Frequency</u>	<u>Percent of Weighted Adult Sample</u>
<b>No Access to at All to At Least One Needed Service</b>	509	9.0%
<b>including alternative health services</b>	525	9.2%
<b>No Access to at Least Some Needed Services</b>	1,268	22.3%
<b>including alternative health services</b>	1,289	22.7%

The second variable has a value of 1 if the adult respondent was unable to access some of the health care services they needed. The group coded as “1” thus includes all those who were completely unable to access at least one health service. Many of those with unmet needs, however, were partially successful in accessing particular types of providers/health services. They may not have been “shut-out” of any services, but they received the service(s) they needed only part of the time. Altogether and without double counting, the percentage unable to access needed services at least once was 22.3 percent without alternative health services and 22.7 percent if these services are included.

Table 3.14 presents a frequency distribution of the number of needed services the adult respondents were completely unable to access. Thus, 62.2 percent of the adults completely unable to access at all at least one service either didn’t need other services or were able to access them at least some of the time. About 20 percent were completely unable to access two of the services they needed, and 17.8 percent were “shut-out” of three or more needed services. Table E 3.5, Appendix E, examines the individual characteristics associated with being unable to access at all one, two and three or more services. Greater problems in accessing services by this measure are found among younger adults, women versus men, among those with less than a high school education, for Hispanics and racial minorities, particularly Afro-Americans, and for those with less than \$20,000 in household income. Table E 3.6, Appendix E, examines the insurance correlates. Over 30 percent of those who were without coverage throughout 1998 reported an inability to access at all at least one of the medical services and 10.6 percent of this group were unable to access three or more of the services they needed.

TABLE 3.14  
**NUMBER OF NEEDED SERVICES ADULT RESPONDENTS  
 COULD NOT ACCESS AT ALL**

Number of Needed Services Completely Unable to Access	Cases	% of Total
1	316	62.2%
2	104	20.4%
3	28	5.4%
4	32	6.3%
5	19	3.7%
6	7	1.4%
7	2	0.4%
9	1	0.2%
<b>Total</b>	<b>509</b>	<b>100.0%</b>

**Discussion:** Berk, Schur, and Cantor also develop a composite measure of problems accessing services. By their measure 16.1 percent were unable to obtain at least some of the health care services needed. This figure is much lower than the 22 percent plus figure found for New Mexican adults in 1998. The lower figure found for the 1994 RWJS in part reflects the inclusion of children whose rate of 9.6 percent is much lower than the 15.3 percent figure for adult males and the 21.4 percent figure for adult females. The finding of a gender gap is consistent with the 1998 New Mexico results reported here as are the higher rates of difficulty in accessing services among Hispanics (17.5%) and Blacks (24.3%) versus 14.5% for Non-Hispanic Whites. Like the current study, the study by Berk and associates found greater access problems among the uninsured (33.7%) versus the insured (13.6%), and among those at the bottom of the income distribution (24.4 percent for less than \$20,000 versus 7.9 percent for those with incomes above \$50,000).

Schoen and Puelo [Op.Cit., pp. 37-41] examine how the lack of insurance undermines access to care for low-income adults. They asked the adults in their survey whether there had been a time in the past year “when you didn’t get needed care.” They report that “one in five currently uninsured adults said ‘yes’, which is three times the rate reported by continuously insured adults.” Their 22 percent figure for the uninsured is lower than the 30 percent figure reported above. However, this measure of access was one of six employed in the Kaiser/Commonwealth survey and reported by Schoen and Puelo [p.33]. They also asked whether the adults “had a time when they were refused care, or whether they had encountered problems with getting prescription drugs, specialty care, diagnostic tests or mental health and therapy services.” In addition to reporting responses to the six questions, they used a composite variable “that indicates at least one of the six access problems.” Five percent of those currently insured reported [p.38] that they were “refused health care, while 9

percent reported problems in getting medication, 4 percent in getting needed mental health or physical therapy, 6 percent in getting specialty care and 5 percent in getting needed diagnostic tests. Interestingly, 31 percent had one or more of the six access problems.

Schoen and Puelo were also able to explore how the problems of access discussed above may have been compounded by health problems. Those currently uninsured who were in fair or poor health or with a serious illness in the past year had a 46 percent probability of having one or more the six access problems.

## **WHO PAYS FOR CARE?**

The access section of the questionnaire also explores how respondents paid for the care that they received. Figures 3.18 through 3.21 summarize the results.

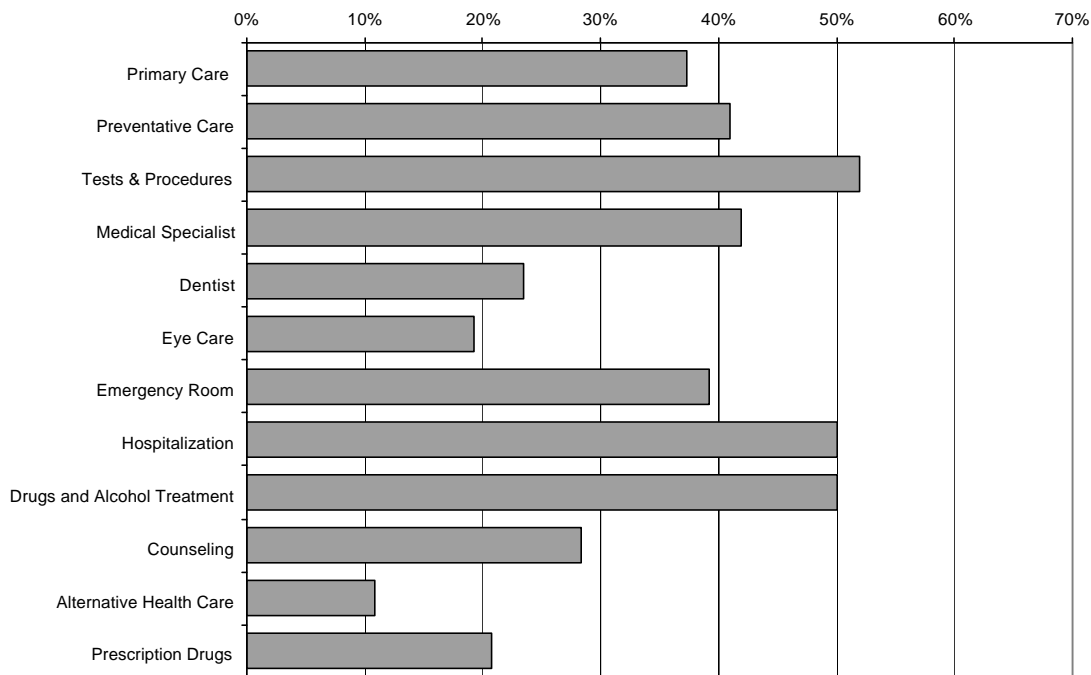
Figure 3.18 shows the percentage of adults receiving care who had the service fully paid by insurance or by a program in which the respondents were enrolled. The responses vary from roughly 10 percent in the case of alternative health care, 23 percent in the case of dentistry and 19 percent for eye care to 39 percent for emergency room care, 50 percent for hospitalization, and 50 percent for drug and alcohol treatment.

Many more people had their medical services partially paid by a third party. Figure 3.19 indicates that third party payments covered about 60 percent of those who used prescription drugs, more than 50 percent of those accessing primary care, and almost 50 percent for those accessing preventative care, specialty care, and dental care. Third party payments paid part of the cost of alcohol and drug treatment in only about 19 percent of the cases.

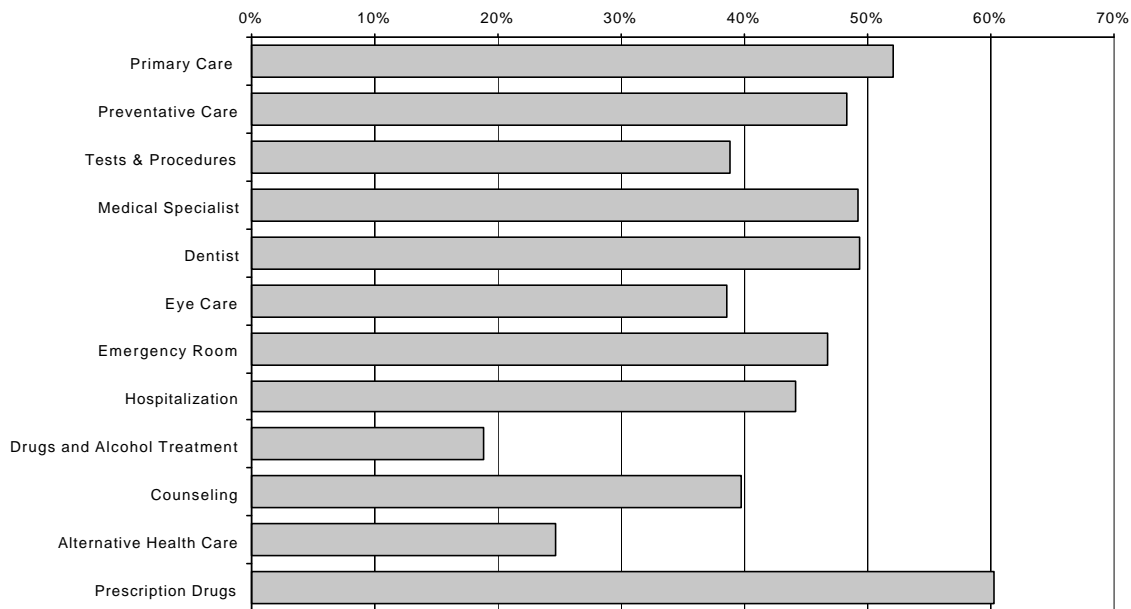
As shown in Figure 3.20, over 40 percent of those getting needed eye care and almost 60 percent of those accessing alternative health care services paid for these services completely out-of-pocket. By contrast, less than 5 percent of those hospitalized paid for that care out-of-pocket, and 10 percent or less of those getting primary care, preventative care, tests and procedures, and specialist services paid out-of-pocket.

Finally, Figure 3.22 looks at the percentage of people whose care was “not paid for by anyone.” Drug and alcohol care and alternative care had the highest percentages “not paid for” (about 6% in each case), followed by counseling/mental health (about 5%).

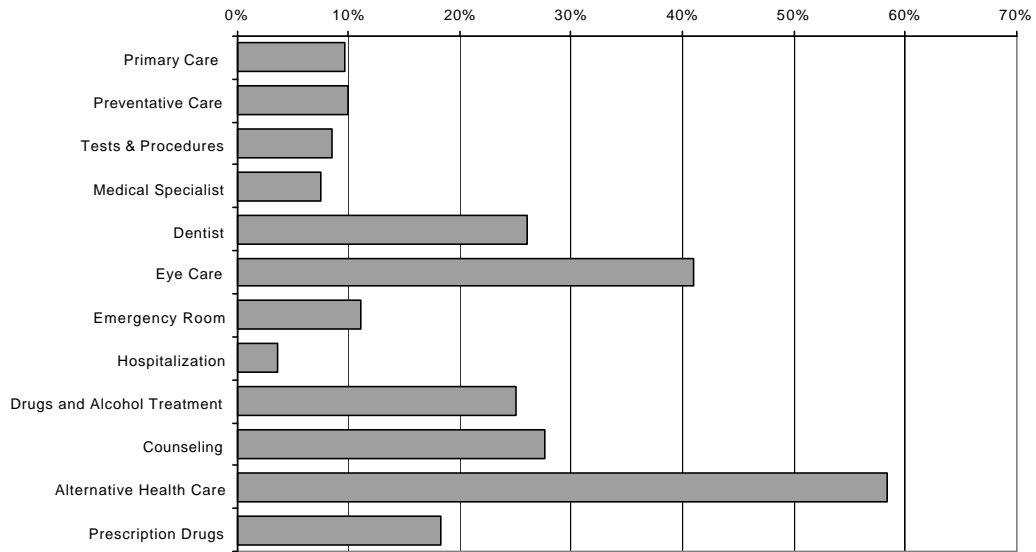
**FIGURE 3.18  
MEDICAL SERVICES FULLY PAID FOR BY THIRD PARTY**



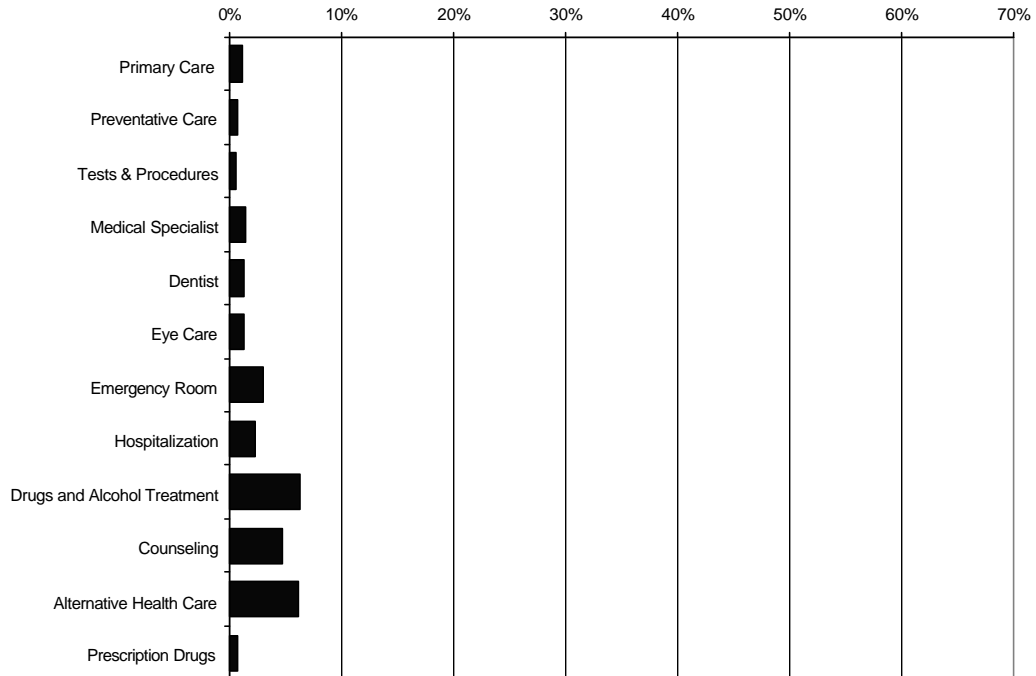
**FIGURE 3.19  
MEDICAL SERVICES PARTIALLY PAID BY THIRD PARTY**



**FIGURE 3.20  
MEDICAL SERVICES PAID FOR COMPLETELY OUT-OF-POCKET**



**FIGURE 3.21  
MEDICAL SERVICES "NOT PAID FOR BY ANYONE"**



## RESEARCH FINDINGS

This chapter has examined the findings of the household survey regarding health care access for New Mexico adults. The measures of health care access that were examined include the usual source of care and respondent access to particular health care services they needed. A composite measure of access to health care services was also developed and analyzed. The survey probed why the adults surveyed did not have a usual source of care and/or were unable to access any of the needed services and these responses were analyzed. The chapter also presented results from cross-tabulations between the various access variable and (1) individual characteristics, like education, income, race and ethnicity; and, (2) health care coverage.

Seventeen percent of the weighted sample of adults surveyed were without a usual source of care or reported use of the emergency room for this purpose. Adults are more likely to be without a usual source of care if they are male, Hispanic, and lacking a high school diploma or GED. Almost 40 percent of those who were without health care coverage for all of 1998 lacked a usual source of care versus 12 percent of those who were continuously covered during the year. Of those who reported a primary type of health care coverage, those who relied on the Indian Health Service were most likely to have a usual source of care (94%), while over 16 percent of those reliant on Medicaid were without a usual source of care. When asked why they didn't have a person they typically saw or a place they typically went for care, 55 percent responded that they didn't need a doctor.

Respondents were asked whether, during 1998, they needed certain services: primary care, preventative care, specialized tests and procedures, medical specialist, dental care, eye care, hospital emergency room care, hospital in-patient care, alcohol and drug treatment, counseling/mental health services, alternative health care or prescription drugs. The percentages needing the services varied tremendously and the perceived need for basic services like primary care, specialty care, and dental care were positively correlated with income and education and greater for Non-Hispanic whites than other groups.

The percentages of the population with unmet needs for prescription drugs, hospitalization, and emergency room care were in the 5 to 10 percent range. For primary care, routine preventative care, medical specialist care, and eye care, those with unmet needs were in the range of 10 to 15 percent. Those having unmet needs for dental care and care from an alternative health provider, like a chiropractor, were in the 15 – 20 percent range. Finally, 25 – 30 percent of those acknowledging a need for either alcohol and drug treatment or mental health services had unmet needs.

Young adults, those with less education, less income, minorities – these groups all had greater problems accessing needed services. Financial reasons were cited by over 50 percent of those with unmet needs for tests and procedures, for dental care, eye care, emergency room care, counseling, alternative health care and prescription drugs, and they were cited by 40 percent of those lacking needed routine preventative care and specialist care. In over 70 percent of the cases where an inability to pay kept people from getting needed services, the person had no insurance.

Those who were without health care coverage throughout 1998 had the greatest difficulty accessing needed care. Over 40 percent of the uninsured who needed the services reported an inability to access primary care, preventative care, tests and procedures, dental care mental health services, and alternative health services. Among those with health care coverage at least part of the year, the type of coverage made a considerable difference as to whether the individual obtained the care they needed. Those who reported the Indian Health Service as their primary type of coverage had high rates of unmet needs almost across the board. Those with private insurance generally fared much better, although 42 percent of those indicating that they needed the service reported unmet needs for alcohol and drug care and 22 percent had unmet needs for counseling or mental health care.

Over 22 percent of the weighted sample of adults could not access at least once a medical service they needed, and 9 percent had no access at all to at least one needed service. This inability to access services was greatest for younger adults, women, among those with less than a high school education, for Hispanics and racial minorities, especially Afro-Americans, and for those with less than \$20,000 in income. Over 30 percent of those without coverage throughout 1998 were unable to access at all at least one of the medical services they needed.

## CHAPTER 4

### HEALTH CARE COVERAGE AND ACCESS FOR NEW MEXICO CHILDREN

The household survey included questions about one child age 18 years or less from each household where children were present. If more than one child lived in the household, the child with the most recent birthday was selected. The set of questions on children was asked only if the respondent adult was the parent or legal guardian of the child in question. As is explained in Appendix C, the children included in the sample were each weighted by the number of children in the household divided by the number of household phone lines. While fewer questions were asked, the subset of questions for the children generally paralleled the questions asked adult respondents regarding their health care coverage and access. The age of the child is established but no questions were asked about their sex, race or ethnicity, or health status.

#### HEALTH CARE COVERAGE

Table 4.1 provides a frequency distribution of the health care coverage of the weighted sample of children. As indicated, 82.8 percent of the sample were covered continuously throughout 1998, while 10.1 percent went the entire year without coverage. A total of 17.2 percent were without health care coverage at least part of 1998.

TABLE 4.1

#### **HEALTH CARE COVERAGE FOR WEIGHTED SAMPLE OF CHILDREN**

	Frequency	Valid Percent
Not covered at all during 1998	232	10.1%
Covered for part of the year	161	7.0%
Covered continuously for entire year	<u>1,896</u>	82.8%
Total	2,289	100.0%

Table 4.2 presents the data describing the children who were without health care coverage throughout 1998. Twenty-five percent of the children lived in PUMA 100, the northwest counties of San Juan, McKinley and Cibola, while another 23 percent lived in populous Bernalillo County. In terms of age, 43.3 percent were in the 11-15 age group. This age group comprised about 35 percent of all sampled children and had a higher percentage uninsured all year (12.5%). Over 40 percent of the children were living with sampled adults who identified themselves as Hispanic, while about 36 percent lived with sampled adults who were non-Hispanic White. Over 10 percent of the children living with parents or guardians who identified themselves as Hispanic were without coverage all year,

TABLE 4.2

**WHO ARE THE CHILDREN WITH NO HEALTH CARE COVERAGE IN 1998?**

	Frequencies	Percentage of Children in Group	Percentage of Total Children Without Coverage
<b>PUMA REGIONS</b>			
100	58	16.6%	25.0%
200	53	8.5%	22.8%
300	9	4.2%	3.9%
400	12	7.9%	5.2%
500	24	14.0%	10.3%
600	25	11.5%	10.8%
700	10	4.8%	4.3%
800	28	13.7%	12.1%
900	<u>13</u>	8.7%	5.6%
Total	232	10.1%	100.0%
<b>AGE</b>			
0	5	55.6%	2.1%
1-5	57	9.5%	24.5%
6-10	40	7.7%	17.2%
11-15	101	12.5%	43.3%
16 and over	<u>30</u>	8.5%	12.9%
Total	233	10.2%	100.0%
<b>RACE/ETHNICITY</b>			
White, Non-Hispanic	80	7.5%	36.4%
Hispanic	89	10.4%	40.5%
Native American	43	19.8%	19.5%
Other	<u>8</u>	8.2%	3.6%
Total	220	9.8%	100.0%
<b>HOUSEHOLD INCOME</b>			
0 - \$9,999	12	6.6%	5.7%
10 - \$19,999	64	18.4%	30.6%
20 - \$29,999	56	15.1%	26.8%
30 - \$39,999	47	13.2%	22.5%
40 - \$49,999	13	4.2%	6.2%
50 - \$59,999	10	5.0%	4.8%
60 - \$69,999	1	0.8%	0.5%
70 - \$79,999	2	1.7%	1.0%
80 - \$89,999		0.0%	0.0%
90 - \$99,999	1	4.3%	0.5%
Over \$100,000	<u>3</u>	4.2%	1.4%
Total	209	9.7%	100.0%
<b>ADULT COVERAGE</b>			
Not covered at all	166	44.4%	71.6%
Covered for part of year	22	10.3%	9.5%
Covered continuously	<u>44</u>	2.6%	19.0%
Total	232	10.2%	100.0%

while only 7.5 percent of non-Hispanic White children were continuously without coverage in 1998.<sup>4</sup> Almost 20 percent of the children without coverage were with adults who were Native American, and these children without coverage all year accounted for about 20 percent of all the children living with a sampled adult who was Native American.<sup>5</sup>

Almost two thirds (63.2 percent) of the children without coverage all year lived in households with income under \$30,000, while another 22.5 percent had incomes between \$30,000 and \$40,000. The impact of government programs like Medicaid can be seen at the bottom of the income distribution: only 6.6 percent of the children in households with income less than \$10,000 were without health care coverage all year; by contrast, 18.5 percent of those with household income between \$10,000 and \$19,999 were similarly without coverage. Almost 72 percent of children without coverage lived in the household of a sampled adult who similarly was without coverage all year in 1998. More detail on the correlates of children's health care coverage is provided in Appendix E, Table E 6.1.

As Table 4.3 indicates, the percentage of children without coverage for the entire year (10.1%) contrasts favorably with the 14.1 percent figure for adults. Table 4.3 also indicates that the children who were generally without health insurance for a shorter time period. With the possible exception of PUMA 600, made up of the eight eastern counties, in each PUMA region a smaller percentage of children than of adults lacked health care coverage throughout 1998. The difference is most pronounced for Puma 700 (Eddy and Chaves Counties) where only 4.8 percent of children but 14.8 percent of the adults were without coverage. (see Map 4.1)

The reasons given why children were without health care coverage during all or part of 1998 are given in Table 4.4. In over one third of the cases, the primary reason given was "family couldn't afford it." In 11.5 percent of the cases, the family "couldn't obtain the coverage." In almost 10 percent of the cases, the lack of coverage during some or all of 1998 was because the child was recently born.

Table 4.5 examines the types of health care coverage the sampled children had during all or part of 1998. More than half (56%) of the weighted sample of children had employment-based coverage during some part of 1998, while almost 22 percent had Medicaid. The figures in Table 4.5 contrast with the comparable figures for adults reported in Chapter 2. Almost 66 percent of the

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<sup>4</sup> Weinick, Weigers and Cohen [1998, p. 130] found that during the first half of 1996 Hispanic children nationwide were more than twice as likely as White children to be uninsured -- 27.7% versus 12.2%. The race and ethnicity of the children in the present study is uncertain. All that is known is the reported race/ethnicity of a parent or a guardian.

<sup>5</sup> Some children indicated to be without coverage during 1998 apparently received services from the Indian Health Service. See Table 6.4.

adults had employment-based coverage, 14 percent had Medicare, and only 6 percent had Medicaid coverage during the year.

MAP 4.1

## PERCENT OF CHILDREN WITHOUT HEALTH COVERAGE

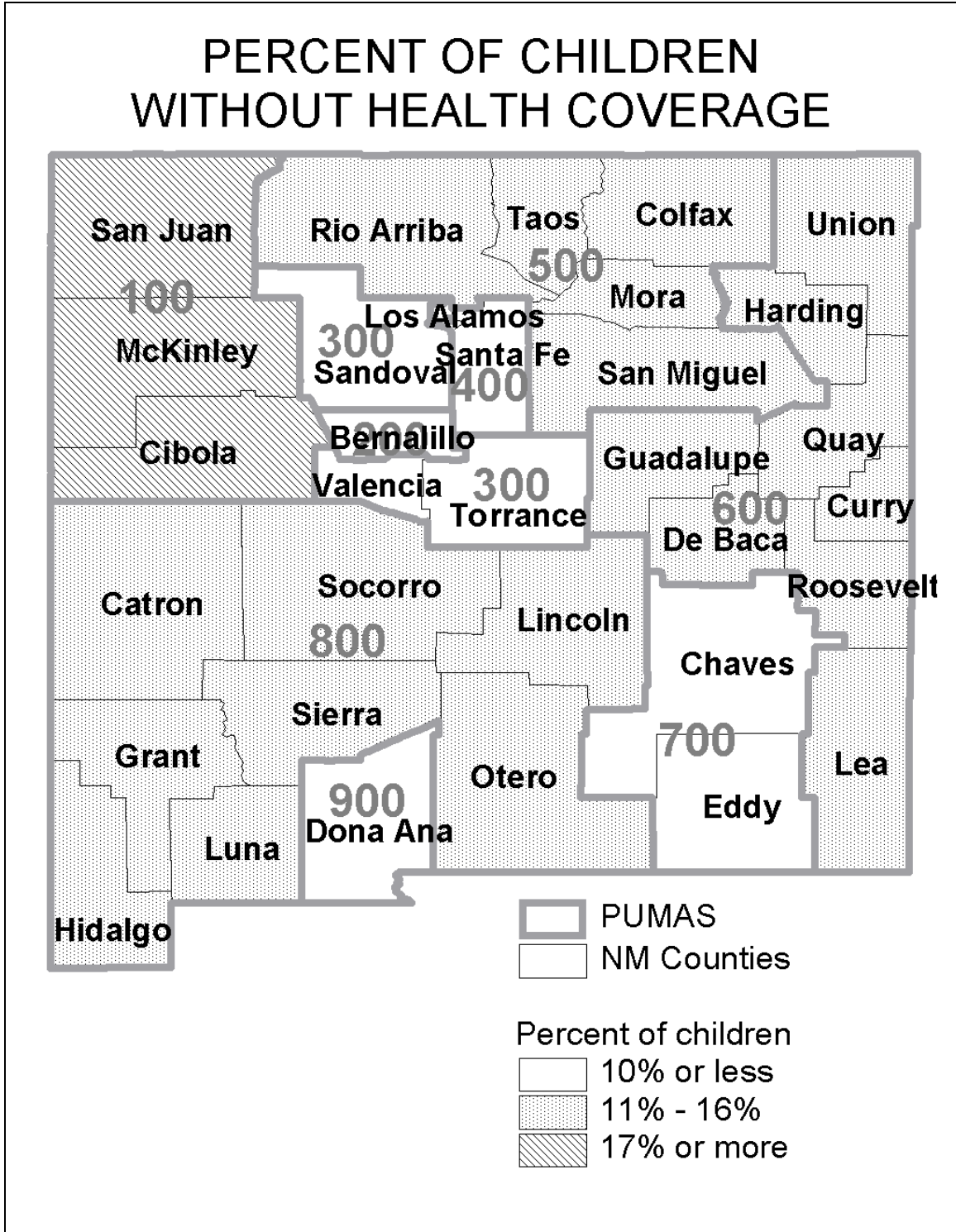


TABLE 4.3  
**COMPARATIVE HEALTH CARE COVERAGE FOR CHILDREN AND ADULTS**  
 Weighted Samples

	<b>CHILDREN</b>	<b>ADULTS</b>
<b>HEALTH CARE COVERAGE</b>	<b>2,289</b>	<b>5,649</b>
No Coverage	10.1%	14.1%
Covered Part of Year	7.0%	7.1%
Covered Year Round	82.8%	78.8%
<b>MONTHS WITHOUT COVERAGE</b>	<b>159</b>	<b>394</b>
Zero months	21.0%	1.8%
1 - 3 months	21.7%	22.6%
4 - 6 months	32.9%	46.4%
7 - 9 months	18.4%	20.3%
10 - 12 months	6.0%	9.6%
<b>NO HEALTH CARE COVERAGE</b>	<b>232</b>	<b>798</b>
PUMA 100	16.6%	14.9%
PUMA 200	8.5%	12.5%
PUMA 300	4.2%	8.3%
PUMA 400	7.9%	13.8%
PUMA 500	14.0%	21.5%
PUMA 600	11.5%	11.3%
PUMA 700	4.8%	14.8%
PUMA 800	13.7%	14.6%
PUMA 900	8.7%	20.3%

TABLE 4.4  
**PRIMARY REASON CHILD HAS NO HEALTH CARE COVERAGE IN 1998**  
 Weighted Child Sample

Reason	Frequency	Valid Percent
Family couldn't afford it	127	34.0%
Could not obtain coverage	43	11.5%
Healthy and not need insurance	30	8.0%
Family member lost job	29	7.8%
Employer not offer family coverage	29	7.8%
Child not born/not adopted	25	6.8%
Could pay directly if necessary	19	5.1%
Did not get around to it	16	4.3%
Child born in middle of 1998	10	2.7%
Utilized Indian Health Service	6	1.6%
Could always go to ER	2	0.5%
Became ineligible because left school	1	0.3%
Pre-existing conditions	1	0.3%
Other Reason	37	9.8%
<b>Total</b>	<b>374</b>	<b>100.0%</b>

TABLE 4.5  
**TYPES OF HEALTH CARE COVERAGE IN 1998 FOR CHILDREN**  
 Weighted Child Sample

	Frequency	Percent
<b>PRIVATE</b>		
Employment-Based Insurance	1,309	56.3%
Other Private Insurance	187	8.0%
<b>PUBLIC</b>		
Medicaid	507	21.8%
Medicare	59	2.5%
Indian Health Service	118	5.1%
Military	103	4.4%
No Coverage at All	237	10.2%
<b>Total Valid Cases</b>	<b>2,323</b>	<b>100.0%</b>
<b>Total Types of Coverage</b>	<b>2,520</b>	

**Discussion.** This study provides three different estimates of the percentage of children who are uninsured. The first estimate is based on questions about the insurance coverage of household members and is for the particular point in time when the household was surveyed. By that estimate, the percentage of children

who were uninsured is 10.5 percent. Second, as discussed above, there are estimates for the sampled children of the total without coverage throughout 1998 and of those who were without coverage during part or all of 1998. These figures are respectively 10.1 percent and 17.2 percent. For a discussion of the differences between and among the various estimates of the percentage of children who are uninsured see Lewis, Ellwood, and Czajka [1997, Ch. 2].

The 10.1 percent figure for children without any coverage at all in 1998 is lower than that found in other studies. Using data from the Current Population Survey (CPS) for 1994 and 1995, Liska, Brennan and Bruen of the Urban Institute [1998] calculated an uninsurance rate for New Mexico children up to age 18 at 20.8 percent. This figure is very close to the 20.0 percent calculation made for children under 18 in an earlier Urban Institute publication [Winterbottom, Liska, and Opermeier, 1995] that used CPS data for 1990-92. The CPS figure for the uninsured is a residual calculation. That is, respondents are asked whether they had various types of coverage in the previous year. Those who indicated to be without any type of health care coverage during the year are counted as uninsured.

Native Americans undoubtedly account for some of the difference in uninsurance rates: the Census Bureau considers those who are covered only by the Indian Health Service as uninsured.<sup>6</sup> In the present survey, 5.1 percent of the weighted sample of children for whom there is coverage information received some or all their coverage in 1998 from the Indian Health Service. (About 15% of these children were also covered by Medicaid during 1998, while 1% had private insurance.) Many have questioned whether the CPS captures those uninsured for the entire year or the (presumably much higher) figure of those uninsured at a particular point in time. See Kimball, Ellwood, et.al. [1997]. The Urban Institute data from the CPS also reflect an earlier period of time and those figures predate some New Mexico policy initiatives. Nevertheless, it is difficult to reconcile the CPS data with those from the current survey.

The 17.1 percent figure for children without coverage sometime in 1998 also compares very favorably with the 25.1 percent figure for New Mexico children uninsured at any time in the previous year that was reported by Cantor, Long and Marquis [1998, p. 195] from the 1993 Robert Wood Johnson Foundation Family Health Insurance Survey. As Qualls [1996] notes, however, the rates of uninsurance in that survey are over-stated by the failure to consider the Indian Health Service as providing health care coverage. As previously indicated, the treatment of the Indian Health Service may affect comparability with a number of studies.

The Urban Institute data from the 1994-95 CPS [Liska, Brennan and Bruen, 1998, p 15] show 43.7 percent of New Mexico children under age 18 with

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<sup>6</sup> See notes to Current Population Reports: Health Insurance Statistics: Low Income Uninsured Children by State.

employer-based coverage during part or all of the year. That figure is quite a bit lower than the 56.6 percent figure found in the present study. The Urban Institute also found that 31.0 percent of the children were covered by Medicaid – versus the 21.8 percent reported here. The raw CPS data on Medicaid have been widely criticized for the under-reporting of Medicaid coverage as compared with administrative data on Medicaid recipients from Health Care Finance Administration (HCFA).<sup>7</sup> The Urban Institute numbers correct for this under-counting, which could be a problem in the current study as well.

Eliminating the overlap between children who had employment-based coverage and those who had other private insurance, the total percent with private insurance in 1998 is 65 percent. This figure compares favorably with the 57.9 percent figure reported by Canter, Long and Marquis for the three states (New Mexico, Florida, and Oklahoma) of the 10 surveyed that had the highest rates of uninsured in 1993. Eliminating the overlaps between children who had private coverage as well as coverage under a public program like Medicaid, the total in New Mexico who were covered only by public programs in 1998 is 30 percent. This figure is much larger than the 17.8 percent figure reported by Carter, Long and Marquis for children with only public insurance in the three high-uninsured states. This data is consistent with an interpretation that since 1993 New Mexico has made progress in covering children both because more children are covered by private insurance and because public programs, most notably Medicaid, have been expanded as part of a strategy to provide health care coverage for children.

Weinick, Weigers and Cohen [1998, p. 130] use data from the 1996 Medical Expenditure Panel Survey (MEPS) to examine health care coverage and access for children under 18. They find that 64 percent of American children had private insurance some time during the first half of 1996, while 21 percent had public insurance only, and 15.4 percent were uninsured. The lower figure for public insurance and the higher figure for the percent uninsured may relate to how children with coverage only from the Indian Health Service were treated, but there is no mention of this in the article. The 15.4 percent figure is also not strictly comparable with the 10.1 percent figures as it applies to children who were not covered in the first two panels of the MEPS, basically during the first six months of 1996. This MEPS figure would be expected to be somewhat higher than the percent without coverage all year. The national estimate of uninsured based on the 1996 MEPS is consistent with the estimates based on the Current Population Survey (14.0% of all children 0-18 in 1997) if the latter represents those uninsured all year.<sup>8</sup>

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<sup>7</sup> See Lewis, Ellwood, and Czajka [1997, Ch. 2].

<sup>8</sup> The uninsured in the CPS is a residual calculation and there are issues regarding how respondents interpret the questions. For a discussion of these and other issues relating to different estimates on children who are uninsured, see Kimball, Ellwood, et. al. [1997]

## MEDICAID ELIGIBILITY OF CHILDREN

Table 4.6 presents an analysis of the Medicaid eligibility of the total weighted sample of children at 185 percent or less of the federal poverty level and at 235 percent or less. (The latter standard has been in effect in New Mexico officially since March, 1999, but, according to Kelly O'Donnell of the New Mexico Taxation and Revenue Department, there were children counted by the New Mexico Human Services Department as enrolled in 1998.) The analysis assumes that eligibility is totally based on the self-reported household income numbers and household size. The household income variables yield information on the number of households with income within a range, e.g., \$20,000 to \$29,999. To make comparisons with federal poverty guidelines, it is necessary to attribute one income value to all households falling within each range. To determine Medicaid eligibility, the income value assigned each household and each of the sampled children is the midpoint of the range in which the household's income falls, e.g., \$25,000 for those reporting income in the range \$20,000 to \$29,999. Taking into account both this assigned income value and the number of individuals in the household it is a simple matter to determine whether or not the child would be "eligible" based on multiples of the federal poverty guidelines. The estimates are at best approximations. The figures reported in Table 4.6 indicate that were Medicaid eligibility based solely on reported household income and household size, some 46.3 percent of the total weighted sample of children would have been eligible at 185 percent of poverty, with 60.8 percent eligible at the 235 percent level. The latter figure is reasonably close to the percentage of children estimated to be Medicaid eligible at 235 percent from tax records by Kelly O'Donnell of the New Mexico Taxation and Revenue Department. See discussion in Appendix F.

TABLE 4.6  
**MEDICAID ELIGIBILITY OF CHILDREN IN SAMPLE  
 BASED ON STATED HOUSEHOLD INCOME AND FAMILY SIZE**  
 Weighted Child Sample

Frequencies	Eligibility Standard	
	185% Poverty	235% Poverty
<b>Children Eligible</b>	1,101	1,446
<b>Children Ineligible</b>	1,278	933
<b>Total Valid Responses</b>	2,380	2,380
<b>Percentages</b>		
<b>Children Eligible</b>	46.3%	60.8%
<b>Children Ineligible</b>	53.7%	39.2%
<b>Total Valid Responses</b>	100.0%	100.0%

Table 4.7 presents data on the medical coverage of children determined to be Medicaid eligible on the basis of self-reported income and household size. At 185 percent of federal poverty level or less, 32 percent of the eligible children were already enrolled in Medicaid, meaning that 68.0 percent of Medicaid eligible children were not enrolled.<sup>9</sup> Most of these children were covered by other programs. With the standard at 185 percent of the federal poverty level or less, 16 percent of Medicaid eligible children were without health care coverage at all in 1998 and 27 percent were without coverage at least part of the year. With the standard of 235 percent of poverty, 14 percent of the eligible children were without coverage all year long and 25 percent were without coverage at least part of the year. In terms of children lacking coverage, the total weighted number of such children in the sample is 208. At 185 percent of poverty, 156, or 75.0 percent, would be Medicaid eligible. At 235 percent of poverty, 182, or 87.5 percent of those without any health care coverage would be eligible. At 235 percent of poverty another 139, or 86.5 percent, of those covered only part of the year would be eligible. In terms of the total population, those without coverage all year and eligible for Medicaid at 235% of the federal poverty level would number roughly 45,000; those eligible and without coverage during part or all of 1998 would be closer to 80,000 children.

These figures may be over-estimates due to the problem of under-reporting Medicaid coverage. As discussed in Appendix (Chapter 2), there is also concern about potential under-representation of low-income people and Medicaid recipients in a telephone survey. For a discussion of other efforts to estimate Medicaid eligibility and the percent of the uninsured who are eligible, see Lewis, Ellwood and Czajka [1997, Ch. 4].

## **USUAL SOURCE OF CARE**

Table 4.8 presents data on usual source of care for children. Eighty-nine percent of the children had a usual source of care that was a doctor's office or a clinic. This figure compares favorably with the 82 percent figure cited for adults. Only 10.5 percent of children lacked a usual source of care or used the emergency room, versus 17.3 percent of the adults over 18.

As indicated in Table 4.9, 37 percent of those children who lacked healthcare coverage throughout 1998 were reported either to have no usual source of care or to use the emergency room for this purpose. By contrast, only 7 percent of children covered continuously lacked a usual source of care or used the emergency room. (See Chapter 3 for a more general discussion of this finding.)

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<sup>9</sup> As mentioned in the previous section, the figures for Medicaid may well be understated.

TABLE 4.7

**HEALTH CARE COVERAGE OF CHILDREN "ELIGIBLE" FOR MEDICAID**

Frequencies	Eligibility Standard	
	185% Poverty	235% Poverty
<b>Coverage</b>		
Not covered at all during 1998	156	182
Covered for part of the year	113	137
Covered continuously for entire year	707	966
<b>Total Responses for Eligible Children</b>	<b>976</b>	<b>1,285</b>
<b>Types of Coverage, if Covered part or all of 1998</b>		
Parent's Employment	308	515
Other Private	58	84
Medicaid	312	325
Medicare	33	36
I.H.S.	57	75
Veterans/Military	43	60
Do Not Know	28	32
<b>Total for Eligible Children with Coverage</b>	<b>839</b>	<b>1,127</b>
<b>Percentages of Total Eligible Children</b>		
<b>Coverage</b>		
Not covered at all during 1998	16.0%	14.2%
Covered for part of the year	11.6%	10.7%
Covered continuously for entire year	72.4%	75.2%
<b>Total Responses for Eligible Children</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Types of Coverage, if Covered part or all of 1998</b>		
Parent's Employment	31.6%	40.1%
Other Private	5.9%	6.5%
Medicaid	32.0%	25.3%
Medicare	3.4%	2.8%
I.H.S.	5.8%	5.8%
Veterans/Military	4.4%	4.7%
Do Not Know	2.9%	2.5%
<b>Total Responses for Eligible Children</b>	<b>86.0%</b>	<b>87.7%</b>

TABLE 4.8

**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF CHILDREN**

	<u>Frequency</u>	<u>Percent</u>
No Usual Source of Care	230	10.1%
Emergency Room	9	0.4%
<b>NO USUAL SOURCE OR ER</b>	<b>239</b>	<b>10.5%</b>
Doctor's Office	1,130	49.8%
Primary Care Clinic/Community Health Center	389	17.2%
HMO Clinic	190	8.4%
Urgent Care Center	46	2.0%
Hospital Outpatient Clinic	109	4.8%
Indian Health Service	100	4.4%
School Clinic	6	0.3%
Specialist	3	0.1%
Military or Veterans Administration	36	1.6%
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>2,009</b>	<b>88.6%</b>
Alternative Health Practitioner	3	0.1%
Another Country	4	0.2%
Other	13	0.6%
<b>SOME OTHER PLACE</b>	<b>20</b>	<b>0.9%</b>
<b>TOTAL WEIGHTED RESPONSES</b>	<b>2,267</b>	<b>100.0%</b>
Missing	295	
Total	2,562	

TABLE 4.9

**USUAL SOURCE OF CARE FOR CHILDREN BY INSURANCE STATUS**

Weighted Child Sample

Frequency Distribution	Insurance Status During 1998			Total
	No Coverage	Covered Part of the Year	Covered Continuously	
NO USUAL SOURCE OR ER	84	17	138	239
DOCTOR'S OFFICE OR CLINIC	143	136	1,729	2,008
OTHER USUAL SOURCE	-	-	20	20
<b>TOTAL</b>	<b>227</b>	<b>153</b>	<b>1,887</b>	<b>2,267</b>
Percentage Distribution by Insurance Status				
NO USUAL SOURCE OR ER	37.0%	11.1%	7.3%	10.5%
DOCTOR'S OFFICE OR CLINIC	63.0%	88.9%	91.6%	88.6%
OTHER USUAL SOURCE	0.0%	0.0%	1.1%	0.9%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 4.10 examines the relationship between the type of coverage children had during the year and their usual source of care. The table indicates that 92 percent of those children who were covered by their parents' employment insurance had as a usual source of care a doctor's office or clinic. As with the adults, children who relied on the Indian Health Service or the military were more likely to have a usual source of care.

The final table in this section, 4.11, looks at usual source of care for children by PUMA region. Over 14 percent of those in PUMA 800 (southwest and south-central New Mexico, excluding Dona Ana County) had no usual source of care, while roughly 8 percent in PUMA's 300 and 400 (the greater Albuquerque metropolitan area) were in this situation.

**Discussion.** The finding that 10.5 percent of New Mexico children lacked a usual source of care or using the emergency room compares favorably with the 1993 Robert Wood Johnson Foundation Family Health Insurance Survey. As presented by Canter, Long and Marquis [1998, p.25], that survey found that 12.5 percent of New Mexico children under age 18 were without a usual source of care or used the emergency room. To put the New Mexico results into context, the percentage of children without a usual source of care in 1993 was higher only in Florida (13.0%) among the 10 states. In the eight remaining states, the percentages of children without a usual source of care varied from a low of 2.6 percent in Vermont, to 8.1 percent in Colorado and 10.4 percent in Oklahoma.

Nationally and based on the 1996 Medical Expenditure Panel Survey (MEPS), more than 90 percent of all children have a usual source of care [Weinick, Weigers, and Cohen, 1998, p. 131].

The finding that 37 percent of those without coverage all year lacked a usual source of care is striking. Other studies have documented a relationship between insurance coverage and whether or not people have a usual source of care. Nationally and during the first half of 1996, Weinick, Weigers, and Cohen [1998, p. 131] found 20.2 percent of the uninsured children lacked a usual source of care. They also found that this figure is twice that for those who rely exclusively on public programs (10.0%) and 3-4 times that for those who had any private insurance during 1998(5.6%). The finding for public programs obscures key differences documented in this study between children covered under Medicaid and those who have coverage from the military or through the Indian Health Service.

TABLE 4.10  
USUAL SOURCE OF CARE FOR CHILDREN BY TYPE OF HEALTH CARE COVERAGE

Frequency Distribution	Weighted Child Sample							Total
	Parent's Employer	Other Private	Medicaid	Medicare	I.H.S.	Military or Vet	No Insurance	
NO USUAL SOURCE OR ER	95	12	31	5	1	4	87	235
DOCTOR'S OFFICE OR CLINIC	1147	174	285	33	80	81	151	1951
SOME OTHER PLACE	7		2		6	1		16
<b>TOTAL WEIGHTED RESPONSES</b>	<b>1249</b>	<b>186</b>	<b>318</b>	<b>38</b>	<b>87</b>	<b>86</b>	<b>238</b>	<b>2202</b>
Percentage Distribution								
NO USUAL SOURCE OR ER	7.6%	6.5%	9.7%	13.2%	1.1%	4.7%	36.6%	10.7%
DOCTOR'S OFFICE OR CLINIC	91.8%	93.5%	89.6%	86.8%	92.0%	94.2%	63.4%	88.6%
SOME OTHER PLACE	0.6%	0.0%	0.6%	0.0%	6.9%	1.2%	0.0%	0.7%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

TABLE 4.11  
USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF CHILDREN BY PUMA REGION

Frequency Distribution by PUMA	PUMA REGIONS									NM
	100	200	300	400	500	600	700	800	900	
NO USUAL SOURCE OR ER	39	63	16	12	16	26	23	30	17	242
DOCTOR'S OFFICE OR CLINIC	304	558	189	137	154	192	181	171	130	2016
SOME OTHER PLACE	9	2	1	0	0	1	3	2	2	20
<b>TOTAL WEIGHTED RESPONSES</b>	<b>352</b>	<b>623</b>	<b>206</b>	<b>149</b>	<b>170</b>	<b>219</b>	<b>207</b>	<b>203</b>	<b>149</b>	<b>2278</b>
Percentage Distribution by PUMA										
NO USUAL SOURCE OR ER	11.5%	11.0%	7.7%	8.1%	9.4%	11.4%	11.4%	14.4%	11.6%	10.9%
DOCTOR'S OFFICE OR CLINIC	88.5%	86.5%	90.9%	91.9%	90.6%	84.2%	87.6%	82.2%	88.4%	87.5%
SOME OTHER PLACE	0.0%	2.5%	1.4%	0.0%	0.0%	4.4%	1.0%	3.4%	0.0%	1.6%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## ACCESS TO HEALTH CARE SERVICES

The survey questions dealing with children's access to health care services were fairly limited. The adult was asked "Was this child seen for any of the following in 1998?" and was read the following list:

an eye exam; a check-up required for sports or other activities; some other medical exam or check-up; because of an injury; because he/she was ill; to get his/her teeth cleaned & checked for cavities; not seen for anything in 1998; for some other reason.

Table 4.12 reports the results for the weighted sample of children. As shown, only about 7 percent of the children were not seen for anything. About 30 percent were seen for a physical required for sports or other activities, and 49 percent received some other medical exam or check-up. Fifteen percent were seen for an injury and 53 percent because of illness. About 54 percent had their teeth cleaned and their teeth checked for cavities.

TABLE 4.12

### HEALTH CARE SERVICES USED BY CHILDREN

	Frequency	Valid Percent
Physical Exam for Sports or Other	707	30.4%
Other Medical Exam / Check-up	1,146	49.4%
For an Injury	340	14.6%
For an Illness	1,238	53.3%
Dental Care -- check-up, cavities	1,256	54.1%
Eye Care	620	26.7%
Some Other Reason *	409	17.6%
Not Seen for Anything	172	7.4%
<b>Weighted Total of Children for Whom Valid Responses</b>	<b>2,322</b>	<b>100.0%</b>

\* In about 40% of the cases the child was seen because he/she had an acute illness, e.g., a bad cold, or for a chronic condition such as asthma.

Table 4.13 examines how the children's access to these services correlated with their health care coverage. The contrast between those who were without coverage for all of 1998 and those covered continuously is striking. About one third of the children without health care coverage at all were seen for an illness during 1998. The comparable figure for children covered continuously is 57%. Those without any coverage were about 58% as likely to be seen for an illness as those covered continuously. This is the only case in which the child without any coverage is more than 50 percent as likely to be seen as the child covered all year. Children covered all year are more than six times as likely to

be seen for an injury as those totally lacking coverage. Only 23 percent of those without coverage all year had their teeth cleaned and checked versus just under 60 percent of those covered continuously.

TABLE 4.13  
**CHILDREN RECEIVING HEALTH CARE SERVICES BY INSURANCE COVERAGE**

Frequency Distribution	Not Covered	Covered Part	Covered	Total
	At All	of Year	Continuously	
Physical Exam for Sports or Other	36	21	649	706
Other Medical Exam / Check-up	40	84	1021	1145
For an Injury	6	13	319	338
For an Illness	78	70	1087	1235
Dental Care -- check-up, cavities	54	68	1131	1253
Eye Care	30	25	564	619
Some Other Reason	10	42	357	409
<b>Total Weighted Sample</b>	<b>232</b>	<b>161</b>	<b>1896</b>	<b>2289</b>
<b>Percentage of Coverage Group</b>				
Physical Exam for Sports or Other	15.5%	13.0%	34.2%	30.8%
Other Medical Exam / Check-up	17.2%	52.2%	53.9%	50.0%
For an Injury	2.6%	8.1%	16.8%	14.8%
For an Illness	33.6%	43.5%	57.3%	54.0%
Dental Care -- check-up, cavities	23.3%	42.2%	59.7%	54.7%
Eye Care	12.9%	15.5%	29.7%	27.0%
Some Other Reason	4.3%	26.1%	18.8%	17.9%
<b>Percentage of Coverage Group</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 4.14 indicates that almost one third (31.9%) of the children without health care coverage all year were not seen for any reason in 1998. This figure contrasts markedly both with the 4.4 percent figure for children continuously covered and with the 8.1 percent not seen for any reason among those covered only part of the year.

TABLE 4.14  
**CHILDREN NOT SEEN FOR ANYTHING IN 1998 BY INSURANCE**

Frequency Distribution	Not Covered	Covered Part	Covered	Total
	At All	Of Year	Continuously	
Frequency Distribution	74	13	83	170
Percentage of Coverage Group	31.9%	8.1%	4.4%	7.4%
Percentage Distribution	43.5%	7.6%	48.8%	100.0%

## HOW SERVICES WERE PAID FOR

If the child was seen by a health professional for any reason, the respondent adults were asked whether the services were “covered in full by your insurance or any other program; covered in part, paid for out-of-pocket by you or someone else you know; or not paid for by anyone.” Table 4.15 provides the frequency distribution of responses. In almost 42 percent of the cases, the care was fully paid by insurance or by another program, while in 46 percent of the cases care was partly paid by insurance or another program. The care was provided totally out of pocket in only about 9 percent of the cases.

TABLE 4.15  
HOW CHILD'S CARE WAS PAID FOR

	Frequency	Valid Percent
Not paid for by anyone	61	3.1%
Paid for out-of-pocket by you or someone else you know	183	9.2%
Covered in part	919	46.3%
Covered in full by your insurance or any other program	823	41.5%
<b>Total</b>	<b>1986</b>	<b>100.0%</b>

Table 4.16 presents the findings on out-of-pocket expenses for the sampled child's care in 1998. In 41 percent of the cases, total out-of-pocket expenses for the child (not including insurance premium payments) were \$50 or less. At the other end of the spectrum, in almost 12 percent of the cases, care cost between \$401 and \$1,000, and in almost 5 percent, care required outlays in excess of \$1,000.

TABLE 4.16  
OUT-OF-POCKET EXPENSES FOR CHILDREN'S HEALTH CARE

AMOUNT PAID IN 1998	Frequency	Valid Percent
0 - \$50	895	41.0%
51 - \$100	321	14.7%
101 - \$200	303	13.9%
201 - \$300	201	9.2%
301 - \$400	108	4.9%
401 - \$1,000	252	11.5%
Over \$1,000	105	4.8%
<b>Total</b>	<b>2,184</b>	<b>100.0%</b>

## RESEARCH FINDINGS

The sub-set of questions on children generally paralleled the questions asked the adult respondents regarding health care coverage and access, but concern about the length of the survey limited the number of questions that could be asked in this section.

In terms of coverage, only 10.1 percent of the weighted sample of children were without health care coverage throughout 1998, while another 7.0 percent were without coverage during part of the year. Those without coverage for the entire year were more likely to be living with an adult respondent who was Native American or Hispanic, with an adult respondent who was also without coverage all year, or in a household with income between \$10,000 and \$40,000. Twenty-five percent of those without coverage all year lived in San Juan, McKinley and Cibola Counties in the northwest quadrant of the state. In 25 percent of the cases, the primary reason given for why the children were without coverage during part or all of the entire year was that the “family couldn’t afford it.”

A comparatively high 56 percent of the children had employment-based coverage sometime during the year, while 22 percent were reported to have been covered by Medicaid during part or all of the year.

Using household income and family size it was possible to put the children sampled into four groups: those below the federal poverty level; those between the federal poverty level and the 185 percent level (which was first used in extending Medicaid coverage to low income children); those between 185 percent and the 235 percent level, the standard which currently applies; and those in households with income above 235 percent of the federal poverty level. About 46 percent of the total weighted sample of children would have been eligible for Medicaid with eligibility based on household income at or below 185 of the federal poverty level while about 61 percent would be eligible with a 235 percent standard. While there may be under-reporting due to the stigma associated with being on Medicaid, about 32 percent of those eligible at the 185 percent level and about 25 percent of those eligible at the 235 percent level were reported to have actually been enrolled during 1998. Most of the eligible children had coverage during the year from other programs, and many (32% at 185%, 40% at 235%) had insurance from their parent’s employment for at least part of the year. On the other hand, 28 percent of those eligible at the 185 percent level and 25 percent of those eligible at the 235 percent level were without coverage at least part of the year.

In terms of access, only 10.5 percent of the sampled children were without a usual source of care, but 37 percent of children with no health care coverage in 1998 were without a usual source of care. Only 7.4 percent of the children were not seen for anything during the year. (This does not include cases -- 1.3 percent of the total -- where adult respondent did not know whether the child had been seen.) About 30 percent of the children received a physical required for sports or other activities, about 49 percent had some other type of medical exam or check-up, and about 54 percent had their teeth cleaned and checked for cavities.

In terms of actual use of services, there are striking differences between children covered continuously and those without coverage all year. About 32 percent of those without any coverage were not seen for any reason in 1998 versus 4 percent of those with coverage all year.

## **WORKS CONSULTED**

## WORKS CONSULTED

1. "Age- and State-Specific Prevalence Estimates of Insured and Uninsured Persons – United States, 1995-1996." Morbidity and Mortality Weekly Report. July 3, 1998: 529+.
2. Akutsu, Phillip D., Kurt C. Organista, and Lonnie R. Snowden. "Referral Patterns in Ethnic-Specific and Mainstream Programs for Ethnic Minorities and Whites." Journal of Counseling Psychology. Vol. 43, No. 1: 56+.
3. Albers, Leigh Ann, Marc L. Berk, and Claudia L. Schur. "Health Care Use by Hispanic Adults: Financial vs. Non-Financial Determinants." Health Care Financing Review. Vol. 17, No. 2: 71+.
4. Alcantara, Adelamar, "Progress Closed Cases in the Third Quarter of 1997," Bureau of Business and Economic Research, University of New Mexico, 1999.
5. Allen, Kathryn G. Health Insurance for Children: Private Individual Coverage Available, but Choices Can Be Limited and Costs Vary. U.S. General Accounting Office, Washington, D.C.: Aug. 1998.
6. Ambrogne, Janet, et. al. "Traveling for Care: Factors Influencing Health Care Access for Rural Dwellers." Public Health Nursing. Vol. 11, No. 3: 145+.
7. American Healthline, Access/Quality/Cost – Access Barriers: Middle Class Is Not Immune, <http://www.cloakroom.com/pubs/healthline/db2/1996/05/m960507.2.html>. May 7, 1996.
8. Askenazi, Ahuva, et. al. "Health Status and Access to Care Among Rural Minorities." Journal of Health Care for the Poor and Underserved. Vol. 10, No. 2: 230+.
9. Badawi, Adam et. al. Variations In the Uninsured: State and County Level Analyses. The Urban Institute, <http://www.urbaninstitute.org/health/variatafr.html>. June 1998.
10. Barnett, J. Ross, and Phillip Coyle. "Social Inequality and General Practitioner Utilisation: Assessing the Effects of Financial Barriers on the Use of Care by Low Income Groups." New Zealand Medical Journal. March 13, 1998: 66+.
11. Berk, Marc L., Claudia L. Schur, and Joel C. Cantor. "Ability to Obtain Health Care: Recent Estimates from the Robert Wood Johnson Foundation National Access to Care Survey." Health Affairs. Vol. 14, No. 3: 140+.
12. \_\_\_\_\_. "Measuring Access to Care: Improving Information for Policymakers." Health Affairs. Vol. 17, No. 1: 180+.
13. Bloom, Barbara, et. al. "Access to Health Care Part 1: Working Age Adults." Series 10, No. 196.
14. \_\_\_\_\_. "Access to Health Care Part 2: Working Age Adults." Series 10, No. 197.
15. Brennan, Niall J., Brian K. Bruen, and David W. Liska. State-Level Databook on Health Care Access and Financing Third Edition. The Urban Institute, Washington, D.C.: 1998.

16. Brown, E. Richard, Victoria D. Ojeda, and Roberta Wyn. Access to Health Insurance and Health Care for Children in Immigrant Families. UCLA Center for Health Policy Research, Los Angeles, CA: June 1999.
17. Brown, E. Richard, Rebecka Levan, and Roberta Wyn. Nearly One-Fifth of Urban Americans Lack Health Insurance. UCLA Center for Health Policy Research, Los Angeles, CA: Dec. 1998.
18. Brown, E. Richard et. al. Trends in Job-Based Health Insurance Coverage. UCLA Center for Health Policy Research, Los Angeles, CA: June 1998.
19. Bureau of National Affairs. "Strong Majorities Support Protections for Children in Managed Care, Survey Finds." Studies and Surveys. The Bureau of National Affairs., Washington D.C. Vol. 6, No. 13: 558+.
20. \_\_\_\_\_. "Study Says Lack of Employer Coverage Leading Cause of Uninsured Children." Studies and Surveys. The Bureau of National Affairs., Washington D.C. Vol. 6, No. 33: 1351+.
21. \_\_\_\_\_. "Study Shows Health Status May be Linked to Race, Ethnicity, Education, Employment." Studies and Surveys. The Bureau of National Affairs., Washington D.C. Vol. 6, Burdine, James N. et. al. Measures of Access to Primary Health Care. Felix, Burdine and Associates, Allentown, PA: 1999.
22. Burstin, H.R., et. al. "Change of Health Insurance." Inquiry. Winter 1998/1999: 389+.
23. Campbell, Jennifer, Current Population Reports: Health Insurance Coverage, 1998, Washington D.C. US Census Bureau, October, 1999:2.
24. Campbell, Richard T., et. al. "Minority Use of Community Long-Term Care Services: A Comparative Analysis." Journal of Gerontology. Vol. 51B, No. 2: S70+.
25. Cantor, Joel C., Stephen H. Long, and M. Susan Marquis. "Challenges of State Health Reform: Variations in Ten States." Health Affairs. Vol. 17, No. 1: 191+.
26. Center for the New West. Health Care on the Prairie: Practice & Policy. Points West Special Report. The Evangelical Lutheran Good Samaritan Foundation, Denver, CO. October 1998.
27. Chey, V., and B. Phillips. "Rural Health Care and Health Care Reform." Public Health Nursing. Vol. 11, No. 3: 143+.
28. Cohen, Joel W., Margaret E. Weigers, and Robin M. Weinick. "Children's Health Insurance, Access to Care, and Health Status: New Findings." Health Affairs. Vol. 17, No. 2: 127+.
29. Collins, Karen Scott, Sherry Glied, and Allyson G. Hall. Employer-Sponsored Health Insurance: Implications for Minority Workers. The Commonwealth Fund, [http://www.cmwf.org/programs/minority/hall\\_minorityinsur\\_314.asp](http://www.cmwf.org/programs/minority/hall_minorityinsur_314.asp). Feb. 1999.
30. Conover, Christopher J. and Frank A. Sloan. "Effects of State Reforms on Health Insurance Coverage of Adults." Inquiry. Fall 1998: 280+.

31. Cooper, Philip F. and Barbara Steinberg Schone. "More Offers, Fewer Takers For Employment-based Health Insurance: 1987 and 1996." Health Affairs. Vol. 16, No. 6: 11+.
32. Coyle, Michael McC. Letter to David Stryker, MD. July 22, 1998.
33. Cunningham, Peter, et. al. Health Care: Bridging the Gap Between Policy and Research. Issue Brief Number 8. Center for Health System Change, Washington, D.C.: April 1997.
34. Cunningham, Peter J. and Cara Lesser. Access to Care: Is It Improving or Declining? Data Bulletin No. 1. Center for Studying Health System Change, Washington, D.C.: Sept. 1997.
35. Cunningham, Peter J. and James D. Reschovsky. CHIPing Away at the Problem of Uninsured Children. Issues Brief No. 14. Center for Studying Health System Change, Washington, D.C.: Aug. 1998.
36. Cunningham, Peter J. and Peter Kemper. The Uninsured Getting Care: Where You Live Matters. Issues Brief, No. 15. Center for Studying Health Systems Change, Washington, D.C.: Sept. 1998.
37. Davis, Karen et. al. "Insurance Matters for Low-Income Adults: Results From a Five-State Survey." Health Affairs. Vol. 15, No. 5.
38. Dietz, Elizabeth M, and Geoffrey D. Paulin. "Health Insurance Coverage for Families With Children." Monthly Labor Review. Aug. 1995: 13+.
39. Edelman, Mark A. and Brian L. Menz. "Selected Comparisons and Implications of a National Rural and Urban Survey on Health Care Access, Demographics, and Policy Issues." The Journal of Rural Health. Vol. 12, No. 3: 197+.
40. Farley, Pamela J. Who Are the Underinsured? U.S. Dept. of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, National Center for Health Services Research. Nov. 6, 1984.
41. Fichtenbaum, Rudy, and Kwabena Gyimah-Brempong. "The Effects of race on the Use of Physicians' Services." International Journal of Health Services. Vol. 27, No. 1: 139+.
42. Florence, Curtis S. and Kenneth E. Thorpe. "Health Insurance Among Children: The Role of Expanded Medicaid Coverage." Inquiry. Winter 1998: 369+.
43. Friis, Robert. "The Health Insurance Status of U.S. Latino Women: A Profile from the 1982-1984 HHANES." American Journal of Public Health. Vol. 86, No. 4: 533+.
44. Fronstin, Paul. "Employment-Based Health Insurance for Children: Why Did Coverage Increase in the Mid-1990s?" Health Affairs. Vol. 18, No. 5: 131+.
45. Fronstin, Paul. Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1997 Current Population Survey. Draft. Employee Benefit Research Institute, Washington, D.C.: Revised October 1997.
46. Fronstin, Paul, Lawrence G. Goldbert, and Philip K. Robins. "Differences in Private Health Insurance Coverage for Working Male Hispanics." Inquiry. Summer 1997: 171+.

47. Gabel, Jon, Kelly Hunt, and Jean Kim. The Financial Burden of Self-Paid Health Insurance on the Poor and Near-Poor. KPMG Peat Markwick, LLP. April 1999.
48. Gottesfeld, Harry. "Community Context and the Underutilization of Mental Health Services by Minority Patients." Psychological Reports. 1995: 207+.
49. Guyer, Jocelyn, and Cindy Mann. Employed But Not Insured: A State-by-State Analysis of the Number of Low-Income Working Parents Who Lack Health Insurance. Center on Budget and Policy Priorities: Feb. 9, 1999.
50. Hakim, Rosemarie B. "Overview." Health Care Financing Review. Vol. 19, No. 4: 1+.
51. Haley, Diane, and Brian R. Taylor. "The Use of Household Surveys in Community-oriented Primary Care Health Needs Assessments." Family Medicine. Vol. 28, No. 6: 415+.
52. Hanson, Karla L. "Is Insurance for Children Enough? The Link Between Parents' and Children's Health Care Use Revisited." Inquiry. Fall 1998: 294+.
53. "Health Risk Factor Surveys of Commercial Plan- and Medicaid-enrolled Members of Health-Maintenance Organizations – Michigan, 1995." Mortality and Morbidity Weekly Report. Vol. 46, No. 39: 923+.
54. Holahan, John, Colin Winterbottom and Sheila Zedlewski. "The Distributional Effects of Employer and Individual Health Insurance Mandates." Inquiry. Winter 1994/1995: 269+.
55. Hyman, David J. and Catarina I. Kiefe. "Do Public Clinic Systems Provide Health Care Access For the Urban Poor? A Cross-Sectional Survey." Journal of Community Health. Vol. 21, No. 1: 61+.
56. Kaiser Family Foundation. How Well Does the Employment-Based Health Insurance System Work for Low-Income Families? Policy Brief. [http://www.kff.org/archive/health\\_policy/kcfm/lowincome/lowincome.html](http://www.kff.org/archive/health_policy/kcfm/lowincome/lowincome.html). Sept. 1998.
57. Kaiser/Commonwealth Low-Income Coverage and Access Project: Case Studies, Surveys, and Focus Groups (Overview). The Commonwealth Fund, and The Kaiser Family Foundation.
58. Kass, Barbara L., Alan C. Monheit, and Robin M. Weinick. Medical Expenditure Panel Survey. U.S. Dept. of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Rockville, MD: 1996.
59. Klerman, J.A. "Health Insurance Among Children of Unemployed Parents." Rand Abstracts, 1997.
60. Lair, Tamra J. and Pamela Farley Short. "Health Insurance and Health Status: Implications for Financing Health Care Reform." Inquiry. Winter 1994/1995: 425+.
61. Lave, Judith R., et. al. "Impact of a Children's Health Insurance Program on Newly Enrolled Children." Journal of the American Medical Association. June 10, 1998: 1820+.

62. Levine, Phyllis, et. al. "Access to Primary Health Care Among Persons with Disabilities in Rural Areas: A Summary of the Literature." The Journal of Rural Health. Vol. 12, No. 1: 45+.
63. Lewis, Kimball, Marilyn Ellwood, and John L. Czajka. Children's Health Insurance Patterns: A Review of the Literature. U.S. Dept. of Health, Office of the Assistant Secretary for Planning and Evaluation, Office of Health Policy: Dec. 19, 1997. Licht, Harvey. Facsimile transmission. Feb. 3, 1999.
64. Lieu, Tracy A., Margaret A. McManus, and Paul W. Newacheck. "Race, Ethnicity, and Access to Ambulatory Care Among U.S. Adolescents." American Journal of Public Health. Vol. 83, No. 7: 960+.
65. Liska, David W., Niall J. Brennan and Brian K. Bruen, State-Level Databook on Health Care Access and Financing, Third Edition. The Urban Institute, Washington, D.C.: 1998.
66. Long, Stephen H., and M. Susan Marquis. "Geographic Variation in Physician Visits for Uninsured Children." Journal of the American Medical Association. Vol. 281, No. 21: 2035+.
67. Managed Care Cost Pressures Threaten Access for the Uninsured. Issues Brief No. 19. Center for Studying Health System Change, Washington, D.C.: March 1999.
68. Mark, Tami, and Curt Mueller. "Access to Care in HMOs and Traditional Insurance Plans." Health Affairs. Vol. 15, No. 4: 81+.
69. McBride, Timothy D. "Uninsured Spells of the Poor: Prevalence and Duration." Health Care Financing Review. Vol. 19, No. 1: 145+.
70. Medical Expenditure Panel Survey. Job-Based Health Insurance – 1987 and 1996. U.S. Dept. of Health and Human Services, Public Health Service, Agency for Health Care Policy, Rockville, MD: May, 1998.
71. Medical Expenditure Panel Survey. The Uninsured in America - 1996. U.S. Dept. of Health and Human Services, Public Health Service, Agency for Health Care Policy, Rockville, MD: May, 1997.
72. Medina, Rolando, et. al. "Health Care Access Among Mexican Americans With Different Health Insurance Coverage." Journal of Health Care for the Poor and Underserved. Vol. 7, No. 2: 112+.
73. Murray, Eleanor K. et. al. A Profile of California's Non-Poor Uninsured. California HealthCare Foundation, Oakland, CA: July 1999.
74. Potthoff, Richard E. et. al. "Correcting for Nonavailability Bias in Surveys by Weighting Based on Number of Callbacks," Journal of the American Statistical Association, 88, 1197-1207.
75. Puleo, Elaine, and Cathy Schoen. "Low-Income Working Families at Risk: Uninsured and Underserved." Journal of Urban Health. Vol. 75, No. 1: 30+.
76. Qualls, Clifford. Robert Wood Johnson Foundation Family and Employer Survey: Design and Analysis. University of New Mexico, Albuquerque, NM: June 10, 1996, included in New

Mexico Health Policy Commission, New Mexico Health Care: A Blueprint for Change, Vol. Two, Health Policy Commission, Santa Fe, New Mexico, November 1996.

77. Reinhardt, Uwe E. "Coverage and Access in Health Care Reform." The New England Journal of Medicine. May 19, 1994: 1452+.
78. Richter, Debra. Covering the Uninsured. New Mexico Health Insurance Alliance.
79. Santiago-Irizarry, Vilma. "Culture as Cure." Cultural Anthropology. 1996: 3+.
80. "State-Specific Prevalence of Lapses in Health-Care-Insurance Coverage – United States, 1995." Mortality and Morbidity Weekly Report. Vol. 47, No. 4: 73+.
81. Southern Institute on Children. Covering Kids. <http://www.coveringkids.org/default.html>.
82. Sudman, Seymore. Applied Sampling. Academic Press, New York, NY: 1976.
83. "The Supply of Medical Doctors Available to New Mexicans in 1995." New Mexico Business. Vol. 17, No. 2: 1+.
84. Terwilliger, Susan H. "Early Acces to Health Care Services Through a Rural School-Based Health Center." Journal of School Health. Vol. 64, No. 7: 284+.
85. Kaiser Family Foundation. The Uninsured and Their Access to Health Care. Fact Sheet. [http://www.kff.org/archive/health\\_policy/kcfm/access/access.html](http://www.kff.org/archive/health_policy/kcfm/access/access.html).
86. University of New Mexico, Institute for Policy Studies, New Mexico Health Care Coverage Study: Technical Data Evaluation Report, Albuquerque, NM, July 1999.
87. Vermont Dept. of Banking, Insurance, Securities and Health Care Administration, 1997 Vermont Family Health Insurance Survey: Summary of Findings., Montpelier, VT: April 1998.
88. Vistnes, Jessica P, and Alan C. Monheit. Health Insurance Status of Civilian Noninstitutionalized Population: 1996, Research Findings #1. U.S. Dept. of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Rockville, MD, Pub. No. 97-0030: Aug. 1997.
89. Weinick, Robin M. and Samuel H. Zuvekas. "Changes in Access to Care, 1977-1996: The Role of Health Insurance." Health Services Research. Vol. 34, No. 1: 271+.
90. Winterbottom, Colin, David W. Liska and Karen W. Obermaier. State-Level Databook on Health Care Access and Financing Second Edition. The Urban Institute, Washington, D.C.: 1995.
91. Wombold, Lynn et. al. Health Coverage and the Medically Indigent in New Mexico, Bureau of Business and Economic Research, University of NM, 1984.
92. "Working Poor More Likely to be Uninsured Than Unemployed Poor Parents, Report Finds." Studies and Surveys. The Bureau of National Affairs, Inc., Washington D.C. Vol. 7, No. 7: 313.

**APPENDIX A**  
**HEALTH POLICY COMMISSION HOUSEHOLD SURVEY**  
**QUESTIONNAIRE**

## APPENDIX A

### Health Policy Commission - Coverage Study: Final (April 22, 1999)

Question # 2      Page # 2  
I would like to ask you a couple of background questions. First, what is the highest level of education you have completed?

[DO NOT READ]

-Check List-      (Number of items: 8      Min: 1  
Max: 1)  
1      Elementary or some high school  
2      High school graduate/GED  
3      Trade or vocational certification  
4      Some college/Associates degree  
5      College graduate, or  
6      Post-grad degree  
-99    DK/NA  
-97    Dropout

Question # 3      Page # 3  
How old are you?

-Dbase- (Number of items: 2)  
Age [-99 = DKNA, -97 = Dropout]  
«Integer: -99 = i = 999 »

Question # 4      Page # 4  
As part of the survey, I am required to ask: are you male or female?

-Check List-      (Number of items: 4      Min: 1  
Max: 1)  
1      Male  
0      Female  
-99    DK/NA  
-97    Dropout

Question # 6      Page # 6  
What county do you live in?      [DO NOT READ]

[IF YOU KNOW THE COUNTY CLICK IT AND CONTINUE; IF NOT, ASK]:

-Check List Open-      (Number of items: 36  
Min: 1    Max: 1)  
1      Bernalillo  
2      Catron  
3      Chavez  
4      Cibola  
5      Colfax  
6      Curry  
7      De Baca  
8      Dona Ana  
9      Eddy  
10     Grant  
11     Guadalupe  
12     Harding  
13     Hidalgo  
14     Lea  
15     Lincoln  
16     Los Alamos  
17     Luna  
18     McKinley  
19     Mora  
20     Otero  
21     Quay  
22     Rio Arriba  
23     Roosevelt  
24     Sandoval  
25     San Juan  
26     San Miguel  
27     Santa Fe  
28     Sierra  
29     Socorro  
30     Taos  
31     Torrance  
32     Union  
33     Valencia  
-99    DK/NA  
-97    Dropout  
0      OTHER «»

[Interviewers: If DK/NA ask]: "What city or town do you live in?" [Use the "OTHER" Category]

Question # 7      Page # 7  
Now, I'd like to ask you a few questions about the members of your household.

Including yourself, how many adults age 19 and older live in your household?

-Dbase- (Number of items: 2)  
Number of Adults  
«Integer: -99 = i = 99999 »

Question # 8 Page # 8

How many of the adults in your household are covered by any kind of insurance plan or policy that pays for health care, including both government programs (like Medicare or the Indian Health Service) and private insurance programs?

-Dbase- (Number of items: 2)  
Number of Adults Covered  
«Integer: -99 = i = 99999 »

Question # 9 Page # 9

How many children 18 years of age or younger live in your household?

-Dbase- (Number of items: 2)  
Number of Children  
«Integer: -99 = i = 999 »

SKIPS from Q9  
IF q9:2<1 SKIP TO: 11  
IF q9:2=-97 SKIP TO: 153

Question # 10 Page # 10

How many of the children in your household are covered by any kind of insurance plan or policy that pays for health care, including both government programs (like Medicare or the Indian Health Service) and private insurance programs?

-Dbase- (Number of items: 2)  
Number of Children Covered  
«Integer: -99 = i = 99999 »

Question # 11 Page # 11

Are you currently married, widowed, divorced, separated, or have you never been married?

-Check List- (Number of items: 7 Min: 1  
Max: 1)

- 1 Married, common-law, or co-habiting
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 97 Dropout
- 99 DK/NA

Question # 12 Page # 12

Now, considering only employment for pay, how many months were you employed during 1998?

-Dbase- (Number of items: 2)  
Number of Months Employed  
«Integer: -99 = i = 99999 »

SKIPS from Q12  
IF q12:2<1 SKIP TO: 16  
IF q12:2=-97 SKIP TO: 153

Question # 13 Page # 13

Which of the following best described your work situation during the months that you worked for pay?

Did you:

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 1 Have a steady job working 30 OR MORE hours per week
  - 2 Have a steady job working LESS THAN 30 hours per week
  - 3 Usually work MORE THAN one job
  - 4 Have a number of different jobs at different times
  - 97 Dropout
  - 99 DK/NA

Question # 14 Page # 14

During the months that you were employed, did you mostly work for someone else, or were you self-employed?

- Check List- (Number of items: 4 Min: 1  
Max: 1)
- 1 Worked for someone else
  - 2 Self-employed
  - 99 DK/NA
  - 97 Dropout

Question # 15 Page # 15

Which of the following best described the primary industry you were employed in during 1998?

[These categories are industrial sectors not "occupations." If respondent is unsure, ask]:

What kind of service or product do you or your employer produce?

[SELECT BEST OPTION; USE "OTHER" IF NEEDED AND NOTE INFO IN COMMENTS BOX]

[INSERT "OR" BEFORE LAST OPTION] [DO NOT READ DK/NA or DROPOUT]

- Check List- (Number of items: 13 Min: 1 Max: 1)
- 1 Government
- 2 Professional Services (Medical, Legal, etc.)
- 3 Agriculture (including forestry and fishing)
- 4 Mining
- 5 Manufacturing
- 6 Construction
- 7 Transportation, Communications and Utilities
- 8 Wholesale Trade
- 9 Retail Trade
- 10 Finance, Insurance and Real Estate
- 11 Other Services (Hospitality, Recreation, etc.)
- 99 DK/NA
- 97 Dropout

SKIPS from Q15  
IF q12:2<12 SKIP TO: 16  
IF else SKIP TO: 17

Question # 16 Page # 16

Which of the following best described your situation during the months when you were not working for pay?

Were you:

- Check List Open- (Number of items: 6 Min: 1 Max: 1)
- 1 Looking for work but couldn't find a job,
- 2 Retired,
- 3 A full-time student, or
- 99 DK/NA
- 97 Dropout
- 4 Doing something else <<>

Question # 17 Page # 17

Concerning your overall health in 1998, would you say that it was:

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Excellent
- 3 Good
- 2 Fair, or
- 1 Poor
- 99 DK/NA
- 97 Dropout

Question # 18 Page # 18

Were you unable to work during any part of 1998 because you were sick or injured?

[IF YES]: Approximately how many days were you unable to work because you were sick or injured?

- Check List Open- (Number of items: 4 Min: 1 Max: 1)
- 0 No
- 97 Dropout
- 99 DK/NA
- 1 Number of days unable to work <<>

Question # 19 Page # 19

Now I would like to ask you about your health care coverage. "Coverage" can mean health care insurance, which your employer or you might pay for, as well as insurance or other programs that governments help pay for, like Medicaid, Medicare, the Indian Health Service, and Veterans' benefits.

In 1998 were you:

- Check List- (Number of items: 5 Min: 1 Max: 1)
- 3 Covered continuously for the entire year;
- 2 Covered for part of the year; or
- 1 Not covered at all during 1998
- 97 Dropout
- 99 DK/NA

SKIPS from Q19  
IF (q19=3) | (q19=-99) SKIP TO: 20  
IF q19=2 SKIP TO: 21  
IF q19=1 SKIP TO: 22  
IF q19=-97 SKIP TO: 153

Question # 20 Page # 20

Thinking about the coverage that you had at the end of 1998, did you have that coverage:

[DO NOT READ DK/NA, DROPOUT, or "NO COVERAGE" OPTIONS]

-Check List- (Number of items: 7 Min: 1 Max: 1)

- 1 Less than one year;
- 2 One to two years;
- 3 Between two and five years; or
- 4 Longer than five years
- 99 DK/NA
- 97 Dropout
- 0 No coverage

SKIPS from Q20

IF (q20=0) & (q12:2>0) SKIP TO: 21

IF (q20?0) & (q12:2>0) SKIP TO: 23

IF else SKIP TO: 28

Question # 21 Page # 21

How many months were you without health care coverage during 1998?

-Dbase- (Number of items: 2)  
Number of Months  
«Integer: -99 = i = 12 »

Question # 22 Page # 22

From the following list please give me the primary reason why you didn't have health care coverage for any part of 1998. Was it because:

[STOP WHEN THE RESPONDENT SELECTS AN OPTION]

-Check List Open- (Number of items: 14 Min: 1 Max: 1)

- 1 You lost or changed jobs
- 2 Your employer didn't offer coverage
- 3 The person in your family providing coverage lost their job
- 4 You became ineligible because of age or leaving school
- 5 You were ineligible because of a health condition
- 6 You couldn't obtain coverage
- 7 You couldn't afford it
- 8 You could pay directly for care if it was needed
- 9 You're healthy and didn't need insurance

- 10 You could always go to the ER if you needed to
- 11 You didn't get around to it; or
- 99 DK/NA
- 97 Dropout
- 12 Some other reason «»

SKIPS from Q22

IF (q19=2) | (Q19=1) & (Q12:2>0) SKIP TO:

23

IF else SKIP TO: 28

Question # 23 Page # 23

Thinking about your job in «label(q15)», was health care coverage offered to you through your employment in 1998?

-Check List- (Number of items: 4 Min: 1 Max: 1)

- 1 Yes
- 0 No
- 99 DK/NA
- 97 Dropout

SKIPS from Q23

IF q23<1 SKIP TO: 26

Question # 24 Page # 24

Was this employment-based coverage available to both you and your family?

-Check List- (Number of items: 4 Min: 1 Max: 1)

- 1 Yes
- 0 No
- 99 DK/NA
- 97 Dropout

Question # 25 Page # 25

Did you enroll in the program offered through your employment?

[IF NO, ASK]: Why didn't you participate in the health coverage offered through your employment?

[DON'T READ]

-Check List- (Number of items: 10 Min: 1 Max: 1)

- 2 Was covered through another program
- 3 Could always go to the ER if needed to
- 4 There was a waiting period at my job

- 5 Was covered through spouse's/family members policy
- 6 Couldn't afford it
- 7 Healthy and didn't need insurance
- 8 Other
- 99 DK/NA
- 97 Dropout
- 1 Yes

SKIPS from Q25  
IF q25=-97 SKIP TO: 153

Question # 26 Page # 26

Did you have health care coverage offered through your spouse's or another family member's employment for all or part of 1998?

[IF YES]: How many months were you covered by this plan?

- Check List Open- (Number of items: 4  
Min: 1 Max: 1)
- 0 No
  - 97 Dropout
  - 99 DK/NA
  - 1 Number of months covered by plan <>

SKIPS from Q26  
IF q26<1 SKIP TO: 28

Question # 27 Page # 27

Which of the following members of your household were covered by this employment-based program during 1998?

[CHECK ALL THAT APPLY; PAUSE AFTER EACH OPTION IS READ]

[DO NOT READ DK/NA OR DROPOUT]

- Check List- (Number of items: 6 Min: 1  
Max: 4)
- 1 Your spouse,
  - 2 All of your children,
  - 3 Some of your children,
  - 4 Someone else
  - 99 DK/NA
  - 97 Dropout

Question # 28 Page # 28

Were you covered by any of the following programs at any time during 1998?

[CHECK ALL THAT APPLY; PAUSE AFTER EACH OPTION IS READ]

[DO NOT READ DK/NA, DROPOUT or LOWER "PRIVATE HEALTH THRU EMP, INCLUDING SPOUSE'S OR FAMILIES"]

-Check List Open- (Number of items: 13  
Min: 1 Max: 10)

- 1 Private health insurance other than through employment;
- 2 Medicaid;
- 3 Medicare;
- 4 "Medigap" insurance;
- 5 The Indian Health Service;
- 6 U.S. military/veteran's insurance (CHAMPUS/TRICARE/VA); or
- 99 DK/NA
- 97 Dropout
- 0 No coverage from any other source in 1998
- 8 Private health insurance through my employment
- 9 Private health insurance thru my spouse's employment
- 10 Private health insurance thru a family member's employm
- 7 Another program <>

SKIPS from Q28  
IF (q19=1) & (Button9(q28)=1) SKIP TO:

34

Question # 29 Page # 29

What coverage did you rely on most in 1998?

[DO NOT READ OPTIONS]

[IF UNCLEAR, SAY]: What was your primary source of coverage in 1998?

[CHECK ONLY ONE OPTION]

- Check List- (Number of items: 12 Min: 1  
Max: 1)
- 1 Private health insurance other than thru employment
  - 2 Medicaid
  - 3 Medicare
  - 4 "Medigap" insurance
  - 5 The Indian Health Service

- 6 U.S. military/veteran's insurance (CHAMPUS/TRICARE/VA)
- 99 DK/NA
- 97 Dropout
- 7 Another program
- 8 Private health insurance through my employment
- 9 Private health insurance thru my spouse's employment
- 10 Private health insurance thru a family member's employment

SKIPS from Q29  
IF (q25=1) | (q26=1) SKIP TO: 31

Question # 30 Page # 30

Was this coverage in place at the same time as your other coverage offered through your employment, your spouse's employment, or through another family member's employment at any time in 1998?

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 Yes
  - 0 No
  - 99 DK/NA
  - 97 Dropout

Question # 31 Page # 31

Thinking about the health care coverage you relied on most in 1998, was it:

[DO NOT READ DK/NA, DROPOUT, or "MILITARY COVERAGE/INSURANCE" OPTIONS]

- Check List Open- (Number of items: 8 Min: 1 Max: 1)
- 1 A health maintenance organization (or HMO);
  - 2 A Preferred provider plan (or PPO);
  - 3 A point-of-service plan (or POS);
  - 4 An indemnity (or "fee-for-service") plan; or
  - 99 DK/NA
  - 97 Dropout
  - 5 Military Coverage/Insurance
  - 7 Something else <>

Question # 32 Page # 32

Approximately how much did you or your household pay per month for health care premiums in 1998?

-Dbase- (Number of items: 2)  
Paid per month  
«Integer: -99 = i = 99999 »

SKIPS from Q32  
IF q32:2=0 SKIP TO: 34

Question # 33 Page # 33

Was the amount paid for premiums for you personally or for everyone in your household that was covered by the plan?

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 For me
  - 2 For everyone covered by the plan
  - 99 DK/NA
  - 97 Dropout

Question # 34 Page # 34

Now I'd like to know approximately how much you or others in your household paid for your health care in 1998. In considering your answer, only include "out-of-pocket" expenses paid to providers such as doctors, hospitals, or home health aides, and for prescription drugs, eyeglasses, and other medical equipment. Do not include what was paid for health insurance premiums or anything paid for by your insurance plan or the government.

[GET A "WHOLE DOLLAR" DOLLAR AMOUNT FOR ACTUAL "Out-of-pocket expenses" ONLY]

[IF SAY "10.50," ROUND UP TO 11]

-Dbase- (Number of items: 2)  
Enter Amount of Out-of-Pocket Expenses  
«Integer: -99 = i = 99999 »

Question # 35 Page # 35

Are you currently uninsured?

[IF YES]: Which, if any of the following reasons, might make you decide to get health insurance?

[DO NOT READ "No Insurance," DK/NA OR DROPOUT OPTIONS]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 8  
Min: 1 Max: 1)
- 1 If you could afford it;
  - 2 If your health changed and you needed it;
  - 3 If you had dependents, including children,  
who might need it
  - 4 If it were available to you; or
  - 99 DK/NA
  - 97 Dropout
  - 0 No
  - 5 Is there some other reason? «»

Question # 36 Page # 36

Is there a particular person or place you usually go to for health care?

[IF YES]: Is this a: [SELECT ONLY ONE OPTION]

[DO NOT READ DK/NA, DROPOUT OR "No primary place or person" OPTIONS]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 12  
Min: 1 Max: 1)
- 1 Doctor's office;
  - 2 Primary care clinic or community health center;
  - 3 HMO-run clinic;
  - 4 Urgent care center;
  - 5 Hospital outpatient clinic;
  - 6 IHS hospital or clinic;
  - 7 School clinic;
  - 8 Emergency room; or
  - 99 DK/NA
  - 97 Dropout
  - 0 No primary place or person
  - 9 Some other place «»

SKIPS from Q36  
IF (q36=0)|(q36=-99) SKIP TO: 40

Question # 37 Page # 37

About how many minutes does it take to get there?

- Dbase- (Number of items: 2)  
Enter Minutes  
«Integer: -99 = i = 99999 »

Question # 38 Page # 38  
About how far away is it in miles?

- Dbase- (Number of items: 2)  
Enter Miles  
«Integer: -99 = i = 99999 »

SKIPS from Q38  
IF q38:2=-97 SKIP TO: 153

Question # 39 Page # 39  
How do you usually get there?

[DO NOT READ OPTIONS]

[IF GIVE A ROUTE, PROMPT FOR MODE OF TRANSPORTATION]

- Check List- (Number of items: 7 Min: 1  
Max: 1)
- 1 Own vehicle (car or truck)
  - 2 Someone else drives
  - 3 Bus or other public transportation
  - 4 Taxi
  - 99 DK/NA
  - 97 Dropout
  - 5 Walk or ride bicycle

SKIPS from Q39  
IF q36?0 SKIP TO: 41

Question # 40 Page # 40

What is the primary reason why you do not have a particular person or place you usually go to for medical care?

[DO NOT READ OPTIONS; SELECT BEST CATEGORY]

- Check List Open- (Number of items: 11  
Min: 1 Max: 1)
- 1 Don't need a doctor
  - 2 Don't like, trust, or believe in doctors
  - 3 Don't know where to go
  - 4 Previous doctor is not available or has moved
  - 5 No insurance
  - 6 Can't afford it
  - 7 Language barrier
  - 99 DK/NA
  - 97 Dropout
  - 8 Care is too far away or not available

Question # 41 Page # 41

The next set of questions are about different kinds of health care services you personally might have needed at some time during 1998.

First, did you need the services of a primary care provider when you had health problems at any time during 1998?

[IF DON'T KNOW WHAT A "primary care provider" IS, SAY]: A "primary care provider" may be a family practice or general practice doctor, internist, or nurse practitioner that provides health care.

[IF YES]: About how many times did you need these services?

- Check List Open- (Number of items: 4  
Min: 1 Max: 1)
- 97 Dropout
  - 0 No
  - 99 DK/NA
  - 1 Yes «»

SKIPS from Q41  
IF q41<1 SKIP TO: 46  
IF q41=-97 SKIP TO: 153

Question # 42 Page # 42

Were you able to get these services:

[IF "Only some of the time"]: About how many times did you get these services?

- Check List Open- (Number of items: 5  
Min: 1 Max: 1)
- 3 Whenever you needed them;
  - 99 DK/NA
  - 1 Not at all
  - 97 Dropout
  - 2 Only some of the time; or «»

SKIPS from Q42  
IF (q42=3) SKIP TO: 43  
IF (q42=2)|(q42=1) SKIP TO: 44  
IF (q42=-99) SKIP TO: 46

Question # 43 Page # 43  
Were these services

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or
  - 1 Not paid for by anyone
  - 99 DK/NA
  - 97 Dropout

SKIPS from Q43  
IF q43=1 SKIP TO: 46  
IF else SKIP TO: 46

Question # 44 Page # 44

From the following list please tell me which reason best explains why you were unable to see a primary care provider when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6  
Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
  - 97 Dropout
  - 99 DK/NA
  - 4 Some other reason «»

SKIPS from Q44  
IF q44=1 SKIP TO: 45  
IF else SKIP TO: 46

Question # 45 Page # 45

Was that because:

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 1 You had no insurance coverage at the time;

- 2 Your insurance did not cover the service; or
- 3 The provider wouldn't accept your insurance
- 97 Dropout
- 99 DK/NA
- 4 Some other reason

- 1 Not paid for by anyone
- 99 DK/NA
- 97 Dropout

SKIPS from Q48  
 IF q48=1 SKIP TO: 51  
 IF else SKIP TO: 51

Question # 46 Page # 46

Did you need the services of a primary care provider for routine preventive care in 1998?

[IF UNCLEAR ABOUT "preventive care," SAY]:  
 Preventive care means getting regular check-ups, routine tests, immunizations, etc.

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 Yes
  - 0 No
  - 99 DK/NA
  - 97 Dropout

SKIPS from Q46  
 IF (q46=0)|(q46=-99) SKIP TO: 51  
 IF q46=-97 SKIP TO: 153

Question # 47 Page # 47

Were you able to get these services

- Check List- (Number of items: 5 Min: 1 Max: 1)
- 3 Whenever you needed them;
  - 2 Only some of the time; or
  - 1 Not at all
  - 97 Dropout
  - 99 DK/NA

SKIPS from Q47  
 IF (q47=3) SKIP TO: 48  
 IF (q47=-99) SKIP TO: 51  
 IF (q47=2)|(q47=1) SKIP TO: 49  
 IF q47=-97 SKIP TO: 153

Question # 48 Page # 48

Were these services

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or

Question # 49 Page # 49

From the following list please tell me which reason best explains why you were unable to get preventive care when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6 Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
  - 97 Dropout
  - 99 DK/NA
  - 4 Some other reason «»

SKIPS from Q49  
 IF q49=1 SKIP TO: 50  
 IF else SKIP TO: 51

Question # 50 Page # 50

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 1 You had no insurance coverage at the time;
  - 2 Your insurance did not cover the service; or
  - 3 The provider wouldn't accept your insurance
  - 97 Dropout
  - 99 DK/NA
  - 4 Some other reason

Question # 51 Page # 51

Did you need any special tests or procedures that had been recommended by a health care provider in 1998?

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 Yes
  - 0 No
  - 99 DK/NA
  - 97 Dropout

SKIPS from Q51  
IF (q51=0)|(q51=-99) SKIP TO: 56

Question # 52 Page # 52  
Were you able to get these services

- Check List- (Number of items: 5 Min: 1 Max: 1)
- 3 Whenever you needed them;
  - 2 Only some of the time; or
  - 1 Not at all
  - 97 Dropout
  - 99 DK/NA

SKIPS from Q52  
IF (q52=3) SKIP TO: 53  
IF (q52=-99) SKIP TO: 56  
IF (q52=2)|(q52=1) SKIP TO: 54  
IF q52=-97 SKIP TO: 153

Question # 53 Page # 53  
Were these services

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or
  - 1 Not paid for by anyone
  - 99 DK/NA
  - 97 Dropout

SKIPS from Q53  
IF q53=1 SKIP TO: 56  
IF else SKIP TO: 56

Question # 54 Page # 54  
From the following list please tell me which reason best explains why you were unable to get the special tests or procedures when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6 Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
  - 97 Dropout
  - 99 DK/NA
  - 4 Some other reason «»

SKIPS from Q54  
IF q54=1 SKIP TO: 55  
IF else SKIP TO: 56

Question # 55 Page # 55  
Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 1 You had no insurance coverage at the time;
  - 2 Your insurance did not cover the service; or
  - 3 The provider wouldn't accept your insurance
  - 97 Dropout
  - 99 DK/NA
  - 4 Some other reason

Question # 56 Page # 56  
Did you need services of a medical specialist (such as a surgeon, heart doctor, cancer doctor, dermatologist, or ear doctor) in 1998?

[IF YES]: About how many times did you need these services?

- Check List Open- (Number of items: 4 Min: 1 Max: 1)
- 97 Dropout
  - 0 No
  - 99 DK/NA
  - 1 Yes «»

SKIPS from Q56  
IF (q56=0)|(q56=-99) SKIP TO: 61  
IF q56=-97 SKIP TO: 153

Question # 57 Page # 57

Were you able to get these services:

[IF "Only some of the time"]: About how many times did you get these services?

-Check List- (Number of items: 5 Min: 1 Max: 1)

- 3 Whenever you needed them;
- 99 DK/NA
- 1 Not at all
- 97 Dropout
- 2 Only some of the time; or

SKIPS from Q57

IF (q57=3) SKIP TO: 58  
 IF (q57=-99) SKIP TO: 61  
 IF (q57=2)|(q57=1) SKIP TO: 59  
 IF q57=-97 SKIP TO: 153

Question # 58 Page # 58

Were these services

-Check List- (Number of items: 6 Min: 1 Max: 1)

- 4 Covered in full by your insurance or any other program
- 3 Covered in part;
- 2 Paid for out-of-pocket by you or someone else you know; or
- 1 Not paid for by anyone
- 99 DK/NA
- 97 Dropout

SKIPS from Q58

IF q58=1 SKIP TO: 61  
 IF else SKIP TO: 61

Question # 59 Page # 59

From the following list please tell me which reason best explains why you were unable to receive care from a medical specialist. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

-Check List Open- (Number of items: 6 Min: 1 Max: 1)

- 1 There was no way to pay for the services;

- 2 You couldn't find a way to get there;
- 3 You couldn't take time from work or other responsibilities;

- 97 Dropout
- 99 DK/NA
- 4 Some other reason «»

SKIPS from Q59

IF q59=1 SKIP TO: 60  
 IF else SKIP TO: 61

Question # 60 Page # 60

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

-Check List- (Number of items: 6 Min: 1 Max: 1)

- 1 You had no insurance coverage at the time;
- 2 Your insurance did not cover the service; or
- 3 The provider wouldn't accept your insurance
- 97 Dropout
- 99 DK/NA
- 4 Some other reason

Question # 61 Page # 61

Did you need dental care, including checkups, fillings, and care for toothaches in 1998?

-Check List- (Number of items: 4 Min: 1 Max: 1)

- 1 Yes
- 0 No
- 99 DK/NA
- 97 Dropout

SKIPS from Q61

IF (q61=0)|(q61=-99) SKIP TO: 66  
 IF q61=-97 SKIP TO: 153

Question # 62 Page # 62

Were you able to get these services

-Check List- (Number of items: 5 Min: 1 Max: 1)

- 3 Whenever you needed them;
- 2 Only some of the time; or
- 1 Not at all
- 97 Dropout
- 99 DK/NA

SKIPS from Q62  
IF (q62=3) SKIP TO: 63  
IF (q62=-99) SKIP TO: 66  
IF (q62=2)|(q62=1) SKIP TO: 64  
IF q62=-97 SKIP TO: 153

Question # 63 Page # 63  
Were these services

-Check List- (Number of items: 6 Min: 1  
Max: 1)  
4 Covered in full by your insurance or any other  
program  
3 Covered in part;  
2 Paid for out-of-pocket by you or someone else  
you know; or  
1 Not paid for by anyone  
-99 DK/NA  
-97 Dropout

SKIPS from Q63  
IF q63=1 SKIP TO: 66  
IF else SKIP TO: 66

Question # 64 Page # 64  
From the following list please tell me which reason  
best explains why you were unable to receive dental  
care. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

-Check List Open- (Number of items: 6  
Min: 1 Max: 1)  
1 There was no way to pay for the services;  
2 You couldn't find a way to get there;  
3 You couldn't take time from work or other  
responsibilities;  
-97 Dropout  
-99 DK/NA  
4 Some other reason «»

SKIPS from Q64  
IF q64=1 SKIP TO: 65  
IF else SKIP TO: 66

Question # 65 Page # 65  
Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME  
OTHER REASON"]

-Check List- (Number of items: 6 Min: 1  
Max: 1)  
1 You had no insurance coverage at the time;  
2 Your insurance did not cover the service; or  
3 The provider wouldn't accept your insurance  
-97 Dropout  
-99 DK/NA  
4 Some other reason

Question # 66 Page # 66  
Did you need any eye examinations or care from an  
eye doctor or optician (for example, to get contacts  
lenses or new lenses for eyeglasses) in 1998?

-Check List- (Number of items: 4 Min: 1  
Max: 1)  
1 Yes  
0 No  
-99 DK/NA  
-97 Dropout

SKIPS from Q66  
IF (q66=0)|(q66=-99) SKIP TO: 71  
IF q66=-97 SKIP TO: 153

Question # 67 Page # 67  
Were you able to get these services

-Check List- (Number of items: 5 Min: 1  
Max: 1)  
3 Whenever you needed them;  
2 Only some of the time; or  
1 Not at all  
-97 Dropout  
-99 DK/NA

SKIPS from Q67  
IF (q67=3) SKIP TO: 68  
IF (q67=-99) SKIP TO: 71  
IF (q67=2)|(q67=1) SKIP TO: 69  
IF q67=-97 SKIP TO: 153

Question # 68 Page # 68  
Were these services

-Check List- (Number of items: 6 Min: 1  
Max: 1)  
4 Covered in full by your insurance or any other  
program  
3 Covered in part;

- 2 Paid for out-of-pocket by you or someone else you know; or  
 1 Not paid for by anyone  
 -99 DK/NA  
 -97 Dropout

SKIPS from Q68  
 IF q68=1 SKIP TO: 71  
 IF else SKIP TO: 71

Question # 69 Page # 69

From the following list please tell me which reason best explains why you were unable to receive eye examinations or care from an eye doctor or optician. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6  
 Min: 1 Max: 1)  
 1 There was no way to pay for the services;  
 2 You couldn't find a way to get there;  
 3 You couldn't take time from work or other responsibilities;  
 -97 Dropout  
 -99 DK/NA  
 4 Some other reason «»

SKIPS from Q69  
 IF q69=1 SKIP TO: 70  
 IF else SKIP TO: 71

Question # 70 Page # 70

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1  
 Max: 1)  
 1 You had no insurance coverage at the time;  
 2 Your insurance did not cover the service; or  
 3 The provider wouldn't accept your insurance  
 -97 Dropout  
 -99 DK/NA  
 4 Some other reason

Question # 71 Page # 71

Did you need hospital emergency room services in 1998?

- Check List- (Number of items: 4 Min: 1  
 Max: 1)  
 1 Yes  
 0 No  
 -99 DK/NA  
 -97 Dropout

SKIPS from Q71  
 IF (q71=0)|(q71=-99) SKIP TO: 76  
 IF q71=-97 SKIP TO: 153

Question # 72 Page # 72

Were you able to get these services

- Check List- (Number of items: 5 Min: 1  
 Max: 1)  
 3 Whenever you needed them;  
 2 Only some of the time; or  
 1 Not at all  
 -97 Dropout  
 -99 DK/NA

SKIPS from Q72  
 IF (q72=3) SKIP TO: 73  
 IF (q72=-99) SKIP TO: 76  
 IF (q72=2)|(q72=1) SKIP TO: 74  
 IF q72=-97 SKIP TO: 153

Question # 73 Page # 73

Were these services

- Check List- (Number of items: 6 Min: 1  
 Max: 1)  
 4 Covered in full by your insurance or any other program  
 3 Covered in part;  
 2 Paid for out-of-pocket by you or someone else you know; or  
 1 Not paid for by anyone  
 -99 DK/NA  
 -97 Dropout

SKIPS from Q73  
 IF q73=1 SKIP TO: 76  
 IF else SKIP TO: 76

Question # 74 Page # 74

From the following list please tell me which reason best explains why you were unable to receive hospital

emergency room services when you needed to. Was it because:

SKIPS from Q76  
IF (q76=0)|(q76=-99) SKIP TO: 81  
IF q76=-97 SKIP TO: 153

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

Question # 77 Page # 77  
Were you able to get these services:

- Check List Open- (Number of items: 6  
Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
- 97 Dropout  
-99 DK/NA  
4 Some other reason «»

[IF "Only some of the time"]: About how many times did you get these services?

- Check List- (Number of items: 5 Min: 1  
Max: 1)
- 3 Whenever you needed them;
- 99 DK/NA  
1 Not at all  
-97 Dropout  
2 Only some of the time; or

SKIPS from Q74  
IF (q74=1) SKIP TO: 75  
IF else SKIP TO: 76

SKIPS from Q77  
IF (q77=3) SKIP TO: 78  
IF (q77=-99) SKIP TO: 81  
IF (q77=2)|(q77=1) SKIP TO: 79  
IF q77=-97 SKIP TO: 153

Question # 75 Page # 75  
Was that because

Question # 78 Page # 78  
Were these services

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 1 You had no insurance coverage at the time;
  - 2 Your insurance did not cover the service; or
  - 3 The provider wouldn't accept your insurance
- 97 Dropout  
-99 DK/NA  
4 Some other reason

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or
- 1 Not paid for by anyone
- 99 DK/NA  
-97 Dropout

Question # 76 Page # 76  
Did you need to be admitted to a hospital for at least one overnight stay in 1998?

SKIPS from Q78  
IF q78=1 SKIP TO: 81  
IF else SKIP TO: 81

[IF YES]: About how many times did you need these services?

Question # 79 Page # 79  
From the following list please tell me which reason best explains why you were unable to go to a hospital when you needed to. Was it because:

- Check List Open- (Number of items: 4  
Min: 1 Max: 1)
- 97 Dropout  
0 No  
-99 DK/NA  
1 Yes «»

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6  
Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
- 97 Dropout  
-99 DK/NA
- 4 Some other reason «»

SKIPS from Q79  
IF q79=1 SKIP TO: 80  
IF else SKIP TO: 81

Question # 80 Page # 80  
Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 1 You had no insurance coverage at the time;
  - 2 Your insurance did not cover the service; or
  - 3 The provider wouldn't accept your insurance
- 97 Dropout  
-99 DK/NA
- 4 Some other reason

Question # 81 Page # 81  
Did you need alcohol or drug abuse treatment in 1998?

- Check List- (Number of items: 4 Min: 1  
Max: 1)
- 1 Yes
  - 0 No
- 99 DK/NA  
-97 Dropout
- SKIPS from Q81  
IF (q81=0)|(q81=-99) SKIP TO: 86  
IF q81=-97 SKIP TO: 153

Question # 82 Page # 82  
Were you able to get these services

- Check List- (Number of items: 5 Min: 1  
Max: 1)
- 3 Whenever you needed them;
  - 2 Only some of the time; or
  - 1 Not at all

- 97 Dropout  
-99 DK/NA

SKIPS from Q82  
IF (q82=3) SKIP TO: 83  
IF (q82=-99) SKIP TO: 86  
IF (q82=2)|(q82=1) SKIP TO: 84  
IF q82=-97 SKIP TO: 153

Question # 83 Page # 83  
Were these services

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or
  - 1 Not paid for by anyone
- 99 DK/NA  
-97 Dropout

SKIPS from Q83  
IF q83=1 SKIP TO: 86  
IF else SKIP TO: 86

Question # 84 Page # 84  
From the following list please tell me which reason best explains why you were unable to receive alcohol or drug abuse treatment when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6  
Min: 1 Max: 1)
- 1 There was no way to pay for the services;
  - 2 You couldn't find a way to get there;
  - 3 You couldn't take time from work or other responsibilities;
- 97 Dropout  
-99 DK/NA
- 4 Some other reason «»

SKIPS from Q84  
IF q84=1 SKIP TO: 85  
IF else SKIP TO: 86

Question # 85 Page # 85

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 1 You had no insurance coverage at the time;
- 2 Your insurance did not cover the service; or
- 3 The provider wouldn't accept your insurance
- 97 Dropout
- 99 DK/NA
- 4 Some other reason

Question # 86 Page # 86

Did you need counseling services, such as care by a psychiatrist, psychologist, social worker or other mental health care professionals in 1998?

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 Yes
- 0 No
- 99 DK/NA
- 97 Dropout

SKIPS from Q86  
IF (q86=0)|(q86=-99) SKIP TO: 91  
IF q86=-97 SKIP TO: 153

Question # 87 Page # 87

Were you able to get these services

- Check List- (Number of items: 5 Min: 1 Max: 1)
- 3 Whenever you needed them;
- 2 Only some of the time; or
- 1 Not at all
- 97 Dropout
- 99 DK/NA

SKIPS from Q87  
IF (q87=3) SKIP TO: 88  
IF (q87=-99) SKIP TO: 91  
IF (q87=3)|(q87=-99) SKIP TO: 89  
IF q87=-97 SKIP TO: 153

Question # 88 Page # 88

Were these services

- Check List- (Number of items: 6 Min: 1 Max: 1)

- 4 Covered in full by your insurance or any other program
- 3 Covered in part;
- 2 Paid for out-of-pocket by you or someone else you know; or
- 1 Not paid for by anyone
- 99 DK/NA
- 97 Dropout

SKIPS from Q88  
IF q88=1 SKIP TO: 91  
IF else SKIP TO: 91

Question # 89 Page # 89

From the following list please tell me which reason best explains why you were unable to receive counseling services when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6 Min: 1 Max: 1)
- 1 There was no way to pay for the services;
- 2 You couldn't find a way to get there;
- 3 You couldn't take time from work or other responsibilities;
- 97 Dropout
- 99 DK/NA
- 4 Some other reason «»

SKIPS from Q89  
IF q89=1 SKIP TO: 90  
IF else SKIP TO: 91

Question # 90 Page # 90

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 1 You had no insurance coverage at the time;
- 2 Your insurance did not cover the service; or
- 3 The provider wouldn't accept your insurance
- 97 Dropout
- 99 DK/NA
- 4 Some other reason

Question # 91 Page # 91

Did you need services of an alternative health care practitioner, such as a doctor of oriental medicine, homeopath, herbalist, acupuncturist or chiropractor in 1998?

- Check List- (Number of items: 4 Min: 1 Max: 1)
- 1 Yes
- 0 No
- 99 DK/NA
- 97 Dropout

SKIPS from Q91  
 IF (q91=0)|(q91=-99) SKIP TO: 96  
 IF q91=-97 SKIP TO: 153

Question # 92 Page # 92

Were you able to get these services

- Check List- (Number of items: 5 Min: 1 Max: 1)
- 3 Whenever you needed them;
- 2 Only some of the time; or
- 1 Not at all
- 97 Dropout
- 99 DK/NA

SKIPS from Q92  
 IF (q92=3) SKIP TO: 93  
 IF (q92=-99) SKIP TO: 96  
 IF (q92=3)|(q92=-99) SKIP TO: 94  
 IF q92=-97 SKIP TO: 153

Question # 93 Page # 93

Were these services

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Covered in full by your insurance or any other program
- 3 Covered in part;
- 2 Paid for out-of-pocket by you or someone else you know; or
- 1 Not paid for by anyone
- 99 DK/NA
- 97 Dropout

SKIPS from Q93  
 IF q93=1 SKIP TO: 96  
 IF else SKIP TO: 96

Question # 94 Page # 94

From the following list please tell me which reason best explains why you were unable to see an alternative health care practitioner when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 6 Min: 1 Max: 1)
- 1 There was no way to pay for the services;
- 2 You couldn't find a way to get there;
- 3 You couldn't take time from work or other responsibilities;
- 97 Dropout
- 99 DK/NA
- 4 Some other reason «»

SKIPS from Q94  
 IF q94=1 SKIP TO: 95  
 IF else SKIP TO: 96

Question # 95 Page # 95

Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME OTHER REASON"]

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 1 You had no insurance coverage at the time;
- 2 Your insurance did not cover the service; or
- 3 The provider wouldn't accept your insurance
- 97 Dropout
- 99 DK/NA
- 4 Some other reason

Question # 96 Page # 96

Did you need prescription drugs in 1998?

[IF YES]: About how many times did you need these services?

- Check List Open- (Number of items: 4 Min: 1 Max: 1)
- 97 Dropout
- 0 No
- 99 DK/NA

1 Yes «»  
 SKIPS from Q96  
 IF (q9:2<1)&(q96=0)|(q96=-99) SKIP TO:  
 112 IF (q9:2>0)&(q96=0)|(q96=-99) SKIP TO:  
 101 IF q96=-97 SKIP TO: 153

Question # 97 Page # 97  
 Were you able to get these services:  
 [IF "Only some of the time"]: About how many times  
 did you get these services?

-Check List Open- (Number of items: 5  
 Min: 1 Max: 1)  
 3 Whenever you needed them;  
 -99 DK/NA  
 1 Not at all  
 -97 Dropout  
 2 Only some of the time; or «»  
 SKIPS from Q97  
 IF (q9:2<1)&(q97=-99) SKIP TO: 112  
 IF (q9:2<1)&(q97=3) SKIP TO: 98  
 IF (q9:2<1)&(q97=2)|(q97=1) SKIP TO:  
 99 IF (q9:2>0)&(q97=-99) SKIP TO: 101  
 IF (q9:2>0)&(q97=3) SKIP TO: 98  
 IF (q9:2>0)&(q97=2)|(q97=1) SKIP TO:  
 99 IF q97=-97 SKIP TO: 153

Question # 98 Page # 98  
 Were these services  
 -Check List- (Number of items: 6 Min: 1  
 Max: 1)  
 4 Covered in full by your insurance or any other  
 program  
 3 Covered in part;  
 2 Paid for out-of-pocket by you or someone else  
 you know; or  
 1 Not paid for by anyone  
 -99 DK/NA  
 -97 Dropout  
 SKIPS from Q98  
 IF (q9:2<1)&(q96=1) SKIP TO: 112  
 IF (q9:2>0)&(q96<2) SKIP TO: 101

Question # 99 Page # 99  
 From the following list please tell me which reason  
 best explains why you were unable to get prescription  
 drugs when you needed to. Was it because:

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

-Check List Open- (Number of items: 6  
 Min: 1 Max: 1)  
 1 There was no way to pay for the services;  
 2 You couldn't find a way to get there;  
 3 You couldn't take time from work or other  
 responsibilities;  
 -97 Dropout  
 -99 DK/NA  
 4 Some other reason «»  
 SKIPS from Q99  
 IF (q9:2<1)&(q99=1) SKIP TO: 100  
 IF (q9:2<1)&(q99?1) SKIP TO: 112  
 IF (q9:2>0)&(q99?1) SKIP TO: 101  
 IF (q9:2>0)&(q99=1) SKIP TO: 100

Question # 100 Page # 100  
 Was that because

[DO NOT READ DK/NA, DROPOUT, or "SOME  
 OTHER REASON"]

-Check List- (Number of items: 6 Min: 1  
 Max: 1)  
 1 You had no insurance coverage at the time;  
 2 Your insurance did not cover the service; or  
 3 The provider wouldn't accept your insurance  
 -97 Dropout  
 -99 DK/NA  
 4 Some other reason  
 SKIPS from Q100  
 IF (q9:2>0) SKIP TO: 101  
 IF (q9:2<1) SKIP TO: 112

Question # 101 Page # 101  
 For the next set of questions I would like to ask you  
 about the child 18 years of age or younger living in  
 your household who has had the most recent birthday.  
 The questions are similar in nature to those already  
 asked and everything you say will be kept strictly  
 confidential.

[THE CHILD MUST RESIDE IN THE HOUSEHOLD MORE THAN 50% OF THE TIME]

-Check List- (Number of items: 1 Min: 1  
Max: 1)  
1 CONTINUE

Question # 102 Page # 102

First, are you the parent or legal guardian of the child 18 years of age or younger that we will be talking about?

[REMEMBER, WE ARE LOOKING FOR THE CHILD "who has had the most recent birthday?"]

-Check List- (Number of items: 4 Min: 1  
Max: 1)  
1 Yes  
0 No  
-99 DK/NA  
-97 Dropout

SKIPS from Q102

IF q102<1 SKIP TO: 112

IF q102=-97 SKIP TO: 153

IF q102=1 SKIP TO: 103

Question # 103 Page # 103

How old is this child?

-Dbase- (Number of items: 2)  
Enter Age  
«Integer: -99 = i = 99999 »

Question # 104 Page # 104

Now I would like to ask you about this child's health care coverage in 1998. Was this child covered continuously for the entire year, covered for part of the year, or not covered at all during 1998?

[DO NOT READ OPTIONS]

-Check List- (Number of items: 5 Min: 1  
Max: 1)  
3 Covered continuously for the entire year  
2 Covered for part of the year  
1 Not covered at all during 1998  
-97 Dropout  
-99 DK/NA

SKIPS from Q104

IF Q104=1 SKIP TO: 107

Question # 105 Page # 105

Please tell me which types of coverage this child had in 1998. Was it:

[CHECK ALL THAT APPLY]

[DO NOT READ DK/NA, DROPOUT, or NO COVERAGE OPTIONS]

-Check List- (Number of items: 9 Min: 1  
Max: 6)  
2 Medicaid or New Mexikids (this is the State's CHIP program);  
3 Medicare;  
4 Coverage through the Indian Health Service;  
5 U.S. military/veteran's insurance (CHAMPUS/TRICARE/VA);  
6 Health insurance through parent's employment; or  
-97 Dropout  
-99 DK/NA  
1 Some other type of private insurance  
0 No coverage

SKIPS from Q105

IF q104=3 SKIP TO: 108

IF Q104=-99 SKIP TO: 108

Question # 106 Page # 106

For how many months was this child without any type of health care coverage during 1998?

-Dbase- (Number of items: 2)  
Number of Months  
«Integer: -99 = i = 12 »

Question # 107 Page # 107

From the following list please give me the primary reason why this child didn't have health care coverage for any part of 1998. Was it because:

- 0 No primary person or place
- 9 Some other place «»

[STOP WHEN AN OPTION IS SELECTED BY RESPONDENT]

Question # 109 Page # 109  
Was this child seen for any of the following in 1998:

- Check List Open- (Number of items: 13  
Min: 1 Max: 1)
- 1 A family member providing insurance lost or changed jobs
  - 2 You or your spouse's employer didn't offer family coverage
  - 3 This child became ineligible because of age/leaving school
  - 4 This child was ineligible because of a health condition
  - 5 Your family couldn't afford it
  - 6 You couldn't obtain coverage
  - 7 This child is healthy and didn't need insurance
  - 8 You could pay directly for care if it was needed
  - 9 This child could always go to the ER if needed
  - 10 You didn't get around to getting coverage, or
  - 99 DK/NA
  - 97 Dropout
  - 11 Is there some other reason? «»

[CHECK ALL THAT APPLY]

[DO NOT READ DK/NA, DROPOUT, or "NO" OPTIONS]

- Check List Open- (Number of items: 10  
Min: 1 Max: 7)
- 1 An eye exam;
  - 2 A check-up required for sports or other activities;
  - 3 Some other medical exam or check-up;
  - 4 Because of an injury;
  - 5 Because he/she was ill;
  - 6 To get his/her teeth cleaned & checked for cavities; or
  - 99 DK/NA
  - 97 Dropout
  - 0 Not seen for anything in 1998
  - 7 For some other reason «»

Question # 108 Page # 108  
Is there a particular person or place that this child usually went to for health care in 1998?

SKIPS from Q109  
IF (q108>0)|(q108<0) SKIP TO: 110  
IF q108=0 SKIP TO: 111  
IF q108=-97 SKIP TO: 153

[IF YES]: Is this a: [SELECT ONLY ONE OPTION]

Question # 110 Page # 110  
Were these services

[DO NOT READ DK/NA OR DROPOUT]

[IF "SOME OTHER REASON"]: What would that be?

- Check List Open- (Number of items: 12  
Min: 1 Max: 1)
- 1 Doctor's office;
  - 2 Primary care clinic or community health center;
  - 3 HMO-run clinic;
  - 4 Urgent care center;
  - 5 Hospital outpatient clinic;
  - 6 IHS hospital or clinic;
  - 7 School clinic;
  - 8 Emergency room; or
  - 99 DK/NA
  - 97 Dropout

- Check List- (Number of items: 6 Min: 1  
Max: 1)
- 4 Covered in full by your insurance or any other program
  - 3 Covered in part;
  - 2 Paid for out-of-pocket by you or someone else you know; or
  - 1 Not paid for by anyone
  - 99 DK/NA
  - 97 Dropout

Question # 111 Page # 111  
Now I'd like to know approximately how much you or others in your household paid for this child's health care in 1998. In considering your answer, only include "out-of-pocket" expenses paid to providers such as doctors, hospitals, or home health aides, and for

prescription drugs, eyeglasses, and other medical equipment. Do not include what was paid for health insurance premiums or anything paid for by your insurance plan or the government.

[GET A "WHOLE DOLLAR" DOLLAR AMOUNT FOR ACTUAL "Out-of-pocket expenses" ONLY]

-Dbase- (Number of items: 2)  
 Enter Amount of Out-of-Pocket Expenses  
 «Integer: -99 = i = 99999 »

Question # 112 Page # 112

Now I'd like to ask you about several health care coverage issues that people have concerns about.

Please rate your level of concern for each issue using a scale from zero to ten where zero is not at all concerned and ten is extremely concerned.

First, how concerned are you about

[THE FOLLOWING 7 SCREENS ARE RANDOMIZED]

-Check List- (Number of items: 1 Min: 1  
 Max: 1)  
 1 CONTINUE

Question # 113 Page # 113

The cost of health care coverage?

-Check List- (Number of items: 12 Min: 1  
 Max: 1)  
 0 0 Not at all concerned  
 1 1  
 2 2  
 3 3  
 4 4  
 5 5  
 6 6  
 7 7  
 8 8  
 9 9  
 10 10 Extremely concerned  
 -99 DK/NA

Question # 114 Page # 114

The difficulty of getting and keeping coverage for pre-existing conditions?

-Check List- (Number of items: 12 Min: 1  
 Max: 1)  
 0 0 Not at all concerned  
 1 1  
 2 2  
 3 3  
 4 4  
 5 5  
 6 6  
 7 7  
 8 8  
 9 9  
 10 10 Extremely concerned  
 -99 DK/NA

Question # 115 Page # 115

Whether you can choose your own doctor or other health care provider?

-Check List- (Number of items: 12 Min: 1  
 Max: 1)  
 0 0 Not at all concerned  
 1 1  
 2 2  
 3 3  
 4 4  
 5 5  
 6 6  
 7 7  
 8 8  
 9 9  
 10 10 Extremely concerned  
 -99 DK/NA

Question # 116 Page # 116

Whether you can get approval to see a specialist?

-Check List- (Number of items: 12 Min: 1  
 Max: 1)  
 0 0 Not at all concerned  
 1 1  
 2 2  
 3 3  
 4 4  
 5 5  
 6 6  
 7 7  
 8 8  
 9 9  
 10 10 Extremely concerned  
 -99 DK/NA

Question # 117 Page # 117

Whether services or treatments you need are included in your coverage?

-99 DK/NA

- Check List- (Number of items: 12 Min: 1 Max: 1)
- 0 0 Not at all concerned
  - 1 1
  - 2 2
  - 3 3
  - 4 4
  - 5 5
  - 6 6
  - 7 7
  - 8 8
  - 9 9
  - 10 10 Extremely concerned
  - 99 DK/NA

Question # 118 Page # 118

Whether your medical provider will put your medical needs before all else?

- Check List- (Number of items: 12 Min: 1 Max: 1)
- 0 0 Not at all concerned
  - 1 1
  - 2 2
  - 3 3
  - 4 4
  - 5 5
  - 6 6
  - 7 7
  - 8 8
  - 9 9
  - 10 10 Extremely concerned
  - 99 DK/NA

Question # 119 Page # 119

Whether your HMO or insurance company is more concerned with profits than your medical needs?

- Check List- (Number of items: 12 Min: 1 Max: 1)
- 0 0 Not at all concerned
  - 1 1
  - 2 2
  - 3 3
  - 4 4
  - 5 5
  - 6 6
  - 7 7
  - 8 8
  - 9 9
  - 10 10 Extremely concerned

Question # 120 Page # 120

Moving on to another issue, some people argue that basic health care is a right. Others say that obtaining health care is a matter of individual choice and responsibility. As you may know, New Mexico has debated over many proposals on these issues for several years. I'm going to read you a list of some of these proposals and I'd like you to tell me whether you strongly agree, agree, disagree, or strongly disagree with each of them.

[FOLLOWING 4 QUESTIONS ARE RANDOMIZED]

- Check List- (Number of items: 1 Min: 1 Max: 1)
- 1 CONTINUE

Question # 121 Page # 121

All employers, regardless of size, should be required to offer basic health care coverage at a reasonable cost.

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Strongly agree
  - 3 Agree
  - 2 Disagree, or
  - 1 Strongly disagree
  - 99 DK/NA
  - 97 Dropout

Question # 122 Page # 122

All New Mexicans should be able to purchase a package of basic benefits on a sliding fee scale tied to their income.

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Strongly agree
  - 3 Agree
  - 2 Disagree, or
  - 1 Strongly disagree
  - 99 DK/NA
  - 97 Dropout

Question # 123 Page # 123

The government should fund health care insurance for every New Mexican through taxes.

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Strongly agree
  - 3 Agree
  - 2 Disagree, or
  - 1 Strongly disagree
  - 99 DK/NA
  - 97 Dropout

Question # 124 Page # 124

The State should have no role in providing health care coverage.

- Check List- (Number of items: 6 Min: 1 Max: 1)
- 4 Strongly agree
  - 3 Agree
  - 2 Disagree, or
  - 1 Strongly disagree
  - 99 DK/NA
  - 97 Dropout

Question # 125 Page # 125

Up to this point we have been asking questions about how your family gets and pays for health care. However, now I would like to talk about some general health care issues. One out of every four New Mexicans has no health care insurance. Many cannot afford it, some are ineligible, and others choose not to purchase it. New Mexico has been identified as having one of the highest uninsured rates in the nation. Generally, people who do not have health insurance are in worse health than those who do because some go without care, some rely on hospital emergency rooms for minor problems, and others wait until they are very ill before getting help.

Those who do have some sort of health care coverage get it through a variety of means. Overall, about half of New Mexicans have health care coverage through their jobs, and others are eligible for publicly funded insurance, such as Medicaid or Medicare. Medicare is mostly for the elderly, while Medicaid mainly covers low-income children, pregnant women, and some disabled individuals. However, most working low-income adults are not eligible for Medicaid and do not get coverage through their employment. While they can get some services through community clinics and public health offices, as well as some charity care from hospitals or through county indigent funds, such services are limited and vary from county to county.

For these reasons there has been a lot of public debate over whether the state should find ways to cover unmet needs for basic health care in New Mexico.

- Check List- (Number of items: 1 Min: 1 Max: 1)
- 1 CONTINUE

Question # 126 Page # 126

On a scale of zero to ten where zero means not at all important and ten means extremely important, how important do you think it is to assure that affordable programs be provided to cover unmet needs for basic health care in New Mexico?

- Check List- (Number of items: 13 Min: 1 Max: 1)
- 0 0 Not At All Important
  - 1 1
  - 2 2
  - 3 3
  - 4 4
  - 5 5
  - 6 6
  - 7 7
  - 8 8
  - 9 9
  - 10 10 Extremely Important
  - 99 DK/NA
  - 97 Dropout

SKIPS from Q126

IF q126=-97 SKIP TO: 153

Question # 127 Page # 127

Now I would like to know how much money your family would be willing to pay to provide programs to cover some of the unmet needs for basic health care in New Mexico. Remember, I am not asking you for money and am not trying to sell you anything. I am only trying to find out whether different households place different values on a variety of health care services. There are no right or wrong answers to these questions. Your opinions are important and can help set state priorities. Please keep this in mind as you answer the following questions.

Also, as you answer the questions, please keep in mind that any dollars your household might spend to support expanded public programs for basic health care could not be spent on other things that you or your family might choose instead, such as charities, environmental programs, groceries or car payments.

-Check List- (Number of items: 1 Min: 1 Max: 1)  
1 CONTINUE

IF q130=-97 SKIP TO: 153

[SELECT TOP OPTION; DO NOT DEVIATE]

Question # 128 Page # 128  
-Check List- (Random) (Number of items: 2 Min: 1 Max: 1)  
50 \$50  
100 \$100

Choose me!

[SELECT TOP OPTION; DO NOT DEVIATE]

Question # 129 Page # 129  
-Check List- (Random) (Number of items: 9 Min: 1 Max: 1)  
1 eye exams  
2 dental services  
3 prescription drug services  
4 services of a primary care provider  
5 services of medical specialists  
6 hospitalization, including emergency room services  
7 behavioral health (e.g. mental health & substance abuse care)  
8 services of an alternative practitioner  
9 home health care services

Choose me!

Question # 130 Page # 130  
If it would cost your household «label(q128)» dollars per year in increased state and local taxes, would you vote Yes or No on a state referendum for a program that guaranteed «label(q129)» for all New Mexicans without health insurance coverage?

-Check List- (Number of items: 4 Min: 1 Max: 1)  
1 Yes  
0 No  
-99 DK/NA  
-97 Dropout

SKIPS from Q130  
IF q130=-99 SKIP TO: 132

Question # 131 Page # 131  
Suppose that next week a state referendum actually would take place on implementing a program that guaranteed «label(q129)» for all New Mexicans without health insurance coverage at an increased cost of «label(q128)» in your state and local taxes. On a scale from zero to 100 where zero means that you are certain that you would not vote «label(q130)» and 100 means you are certain that you would vote «label(q130)», how certain are you that you would actually vote «label(q130)»?

-Dbase- (Number of items: 2)  
Enter Value from 0 to 100  
«Integer: -99 = i = 100 »

Question # 132 Page # 132  
Do you feel that asking questions about people's willingness to pay is a good way for policy makers to make choices about health care coverage policy in New Mexico?

-Check List- (Number of items: 4 Min: 1 Max: 1)  
1 Yes  
0 No  
-99 DK/NA  
-97 Dropout

SKIPS from Q132  
IF q132<0 SKIP TO: 134

Question # 133 Page # 133  
Briefly, why do you feel this way?

-Dbase- (Number of items: 2)  
Enter Verbatim (250 Characters)  
«Text Variable»

Finally, I need some basic background information about you.

What is the zip code at your residence?

[DK/NA = -99]  
[Dropout = -97]

Question # 134 Page # 134  
-Dbase- (Number of items: 2)  
Enter all five digits

«Integer: -99 = i = 99999 »

SKIPS from Q134  
IF q134:2=-97 SKIP TO: 153

[Interviewers:  
Please CONFIRM zip code.]

Question # 141 Page # 141  
From the following options, do you consider yourself  
to be:

[READ OPTIONS]

- Check List Open- (Number of items: 9  
Min: 1 Max: 1)
- 5 American Indian
- 2 Asian
- 3 Black
- 4 Hispanic
- 1 White non-Hispanic, or
- 99 DK/NA
- 98 Refused
- 97 Dropout
- 6 Something else «»

SKIPS from Q141  
IF q141=4 SKIP TO: 142  
IF q141=5 SKIP TO: 143  
IF q141=-97 SKIP TO: 153  
IF else SKIP TO: 145

[IF JUST "White," ASK]: Is that "White, Non-  
Hispanic," or just "White?"

[IF SOMETHING ELSE, ASK]: How would you  
describe your racial or ethnic background?

Question # 142 Page # 142  
Do you consider yourself to be:

[READ OPTIONS]

- Check List Open- (Number of items: 6  
Min: 1 Max: 1)
- 1 Mexican-American

- 2 Spanish-American, or
- 98 Refused
- 99 DK/NA
- 97 Dropout
- 3 Something else «»

SKIPS from Q142  
IF q142=1 SKIP TO: 144  
IF else SKIP TO: 144

Question # 143 Page # 143  
Do you have a tribal or pueblo affiliation?

- Check List- (Number of items: 4 Min: 1  
Max: 1)
- 99 DK/NA
- 0 No
- 1 Yes
- 97 Dropout

SKIPS from Q143  
IF q143=1 SKIP TO: 144  
IF else SKIP TO: 144

Question # 144 Page # 144  
With what Tribe or Pueblo are you affiliated?

[DK/NA = -99]  
[Dropout = -97]

-Dbase- (Number of items: 2)  
Enter Verbatim (75 characters)  
«Text Variable»

Question # 145 Page # 145  
Was the estimated annual income for your household  
for 1998 less than \$30,000, between 30 and \$60,000,  
or more than \$60,000?

- Check List- (Number of items: 5 Min: 1  
Max: 1)
- 0 Less than \$30,000
- 1 Between 30 and \$60,000
- 99 DK/NA
- 97 Dropout
- 2 More than \$60,000

SKIPS from Q145  
IF Q145=0 SKIP TO: 146  
IF Q145=1 SKIP TO: 147  
IF Q145=2 SKIP TO: 148  
IF Q145=-99 SKIP TO: 149  
IF Q145=-97 SKIP TO: 153

Question # 146 Page # 146

I'm going to read you some broad income categories. Please STOP me when I get to the one which includes the estimated annual income for your household for 1998.

Was it:

- Check List- (Number of items: 8 Min: 1 Max: 1)
- 1 Less than \$5,000,
- 2 5 to 10,
- 3 10 to 15,
- 4 15 to 20,
- 99 DK/NA
- 97 Dropout
- 5 20 to 25, or
- 6 25 to \$30,000

SKIPS from Q146

IF Q146=1 SKIP TO: 149  
IF ELSE SKIP TO: 149

Question # 147 Page # 147

I'm going to read you some broad income categories. Please STOP me when I get to the one which includes the estimated annual income for your household for 1998.

Was it:

- Check List- (Number of items: 8 Min: 1 Max: 1)

- 7 30 to 35,
- 8 35 to 40,
- 9 40 to 45,
- 10 45 to 50,
- 99 DK/NA
- 97 Dropout
- 12 55 to \$60,000
- 11 50 to 55, or

SKIPS from Q147

IF Q147=1 SKIP TO: 149  
IF ELSE SKIP TO: 149

Question # 148 Page # 148

I'm going to read you some broad income categories. Please STOP me when I get to the one which includes the estimated annual income for your household for 1998.

Was it:

- Check List- (Number of items: 11 Min: 1 Max: 1)
- 13 60 to 65,
- 14 65 to 70,
- 15 70 to 75,
- 16 75 to 80,
- 99 DK/NA
- 97 Dropout
- 21 More than to \$100,000
- 17 80 to 85,
- 18 85 to 90,
- 19 90 to 95,
- 20 95 to 100, or

**APPENDIX B**

**TABLES AND CHARTS OFFERING  
COMPARISONS BETWEEN HOUSEHOLD SURVEY SAMPLE  
AND PUBLIC USE MICRODATA SAMPLE FROM THE 1990 CENSUS AND THE  
1998 CURRENT POPULATION SURVEY SAMPLE**

## COMPARISONS BETWEEN HOUSEHOLD SURVEY SAMPLE AND PUBLIC USE MICRODATA SAMPLE FROM THE 1990 CENSUS AND THE 1998 CURRENT POPULATION SURVEY SAMPLE

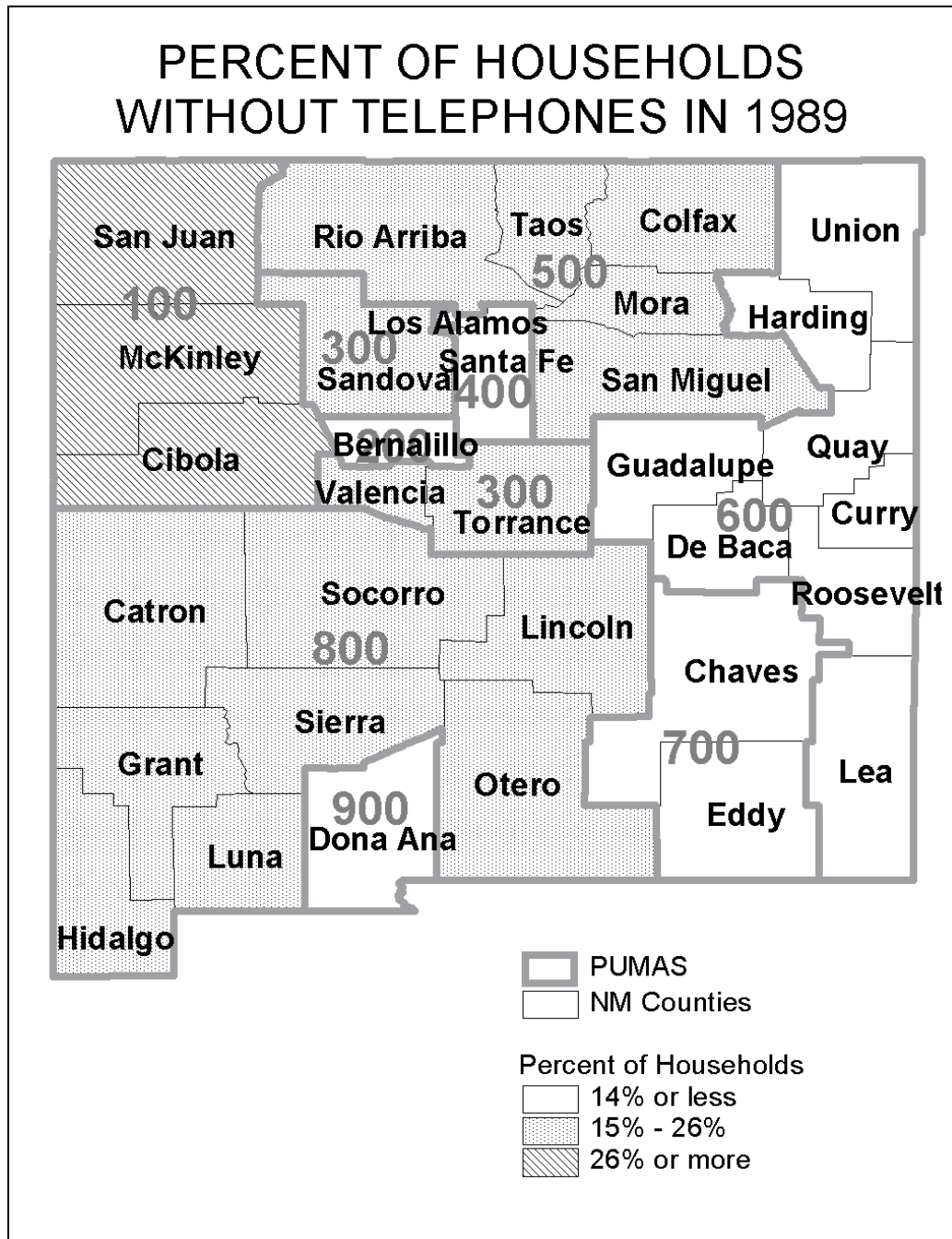
Map B 1 and Tables B 1 through B 4 explore the potential sampling bias introduced by conducting a telephone survey in New Mexico. Using data from the 1990 Census, the comparison is between New Mexicans populations with and without a telephone in their households. Thus in Table B.1, Non-Hispanic Whites comprise 60% of the households with phones and only 21% of the households without, while Hispanics account for 33% of the households with phones and 45% of those without and Native Americans are 4% of the households with phones and 32% of those without. A further quantification of how some groups are disproportionately represented among those without telephones is given in the final column of the table which reports the percentage point difference between this group's percentage of the total population with phones and their percentage of those without: 39 percentage points in the case of Non-Hispanic whites (60%-21%), -11% in the case of Hispanics (33%-44%) and -28% in the case of Native Americans (4%-32%). Finally, for each characteristic studied a **coefficient of dissimilarity** is calculated. The possible values of this coefficient range from 0, where the groups are identically represented among those owning telephones and those without, to 1, where telephone ownership is completely segregated. Another way of thinking about this coefficient is that it calculates the percentage of people who would have to change their telephone status in order to have the groups be identically represented among those with telephones and those without. The coefficient of dissimilarity for racial/ethnic groups in terms of telephone ownership is 39%, which is quite high. The rule of thumb is that a coefficient of dissimilarity of less than 10% is not cause for concern.

As Map B.1 and Table B.2 illustrate, the percentage of adults in households with telephones varied greatly across the New Mexico PUMA regions, with almost 38% of the adults in PUMA 100 (San Juan, McKinley, and Cibola Counties) living in households without phones. The coefficient of dissimilarity across the PUMAS is 26.5 percent. The sampling strategy for the household survey, by targeting 300 in each 1990 Census PUMA, over-sampled households with telephones in the very PUMA regions that have historically had low residential telephone service. As some of these PUMA's have large populations of groups like Hispanics or Native Americans that state-wide have lower telephone ownership, the sampling strategy should have helped to produce a sample population that more closely resembles the underlying population.

Tables B 5 and B 6 provide the relevant comparison. These tables compare the characteristics of the household survey sample with that of the Current Population Survey (CPS) which was conducted in March 1999. While the CPS is largely conducted by phone, households are selected without regard to telephone ownership and serious efforts are made to complete interviews for all households. Face-to-face interviews are used in the first and fifth months and as necessary in subsequent rounds. The CPS web site contains a description of the data collection for the Basic Monthly Survey ([www.bls.census.gov/cps/bdacodes.htm](http://www.bls.census.gov/cps/bdacodes.htm)). According to the description, "More than 90 percent of the month-in-sample 2 through 4 and 6 through 8 interviews are conducted

by telephone. Interviewers continue to visit households without telephones, with poor English-language skills, or which decline a telephone interview.” However, while the CPS thus includes households without telephones, not all New Mexico counties are represented in the survey and the population surveyed is likely to under-represent people in the more remote areas of the state.

MAP B 1



SOURCE: 1990 Census Public-Use Microdata Sample

TABLE B 1  
STATE TOTALS PERSONS 19 YEARS AND OVER WITH/WITHOUT TELEPHONES, NM  
PUMAS: 1990 CENSUS

SELECTED CHARACTERISTICS	FREQUENCIES		PERCENTAGES		
	With Phone	Without Phone	With Phone	Without Phone	Percentage Point Difference (Y-N)
<b>AGE GROUPS</b>					
19 to 24	89,547	24,591	10.0%	20.1%	-10.1%
25-34	210,924	42,882	23.6%	35.0%	-11.4%
35-44	204,237	22,095	22.9%	18.0%	4.8%
45-54	133,230	13,332	14.9%	10.9%	4.0%
55-64	110,388	9,330	12.4%	7.6%	4.7%
65 +	145,098	10,257	16.2%	8.4%	7.9%
<b>Total</b>	893,424	122,487	100.0%	100.0%	
<b>Coefficient of dissimilarity</b>					21.5%
<b>RACE/ETHNICITY</b>					
White, Non Hispanic	539,280	26,103	60.4%	21.3%	39.1%
Hispanic	296,103	54,612	33.1%	44.6%	-11.4%
Native American	34,638	38,937	3.9%	31.8%	-27.9%
Other	23,403	2,835	2.6%	2.3%	0.3%
<b>Total</b>	893,424	122,487	100.0%	100.0%	
<b>Coefficient of dissimilarity</b>					39.4%
<b>EDUCATIONAL ATTAINMENT</b>					
Less than H.S.	188,754	59,049	21.1%	48.2%	-27.1%
H.S. Graduate (G.E.D.)	262,560	37,494	29.4%	30.6%	-1.2%
Some College or Technical School	207,804	18,306	23.3%	14.9%	8.3%
College Graduate	234,306	7,638	26.2%	6.2%	20.0%
<b>Total</b>	893,424	122,487	100.0%	100.0%	
<b>Coefficient of dissimilarity</b>					28.3%
<b>HOUSEHOLD INCOME</b>					
Less than \$5,000	40,053	23,577	4.5%	19.1%	-14.6%
\$5,000 to \$9,999	68,205	26,409	7.7%	21.4%	-13.7%
\$10,000 to \$14,999	83,181	22,623	9.4%	18.3%	-8.9%
\$15,000 to \$19,999	87,612	16,077	9.9%	13.0%	-3.1%
\$20,000 to \$24,999	90,786	10,920	10.2%	8.8%	1.4%
\$25,000 to \$29,999	80,874	8,343	9.1%	6.7%	2.4%
\$30,000 to \$39,999	142,089	9,021	16.0%	7.3%	8.7%
\$40,000 to 49,999	103,488	3,432	11.7%	2.8%	8.9%
\$50,000 to \$74,999	130,926	2,298	14.7%	1.9%	12.9%
\$75,000 and over	60,891	969	6.9%	0.8%	6.1%
<b>Total</b>	888,105	123,669	100.0%	100.0%	
<b>Coefficient of dissimilarity</b>					40.3%

Source of Data: 1990 Census Public-Use Microdata Sample

TABLE B 2  
**PERSONS 19 YEARS AND OVER WITH/WITHOUT TELEPHONES**  
**NM PUMAS: 1990 CENSUS**

PUMA	Frequency Distribution			Percent Distribution		
	Telephone	No Telephone	Total	Telephone	No Telephone	Total
100	70,650	35,922	106,572	66.3%	33.7%	100.0%
200	322,434	19,395	341,829	94.3%	5.7%	100.0%
300	67,599	10,035	77,634	87.1%	12.9%	100.0%
400	77,592	5,160	82,752	93.8%	6.2%	100.0%
500	54,012	12,255	66,267	81.5%	18.5%	100.0%
600	78,999	10,527	89,526	88.2%	11.8%	100.0%
700	63,069	6,954	70,023	90.1%	9.9%	100.0%
800	82,314	11,892	94,206	87.4%	12.6%	100.0%
900	76,755	10,347	87,102	88.1%	11.9%	100.0%
<b>TOTAL</b>	893,424	122,487	1,015,911	87.9%	12.1%	100.0%
100				7.9%	29.3%	-21.4%
200				36.1%	15.8%	20.3%
300				7.6%	8.2%	-0.6%
400				8.7%	4.2%	4.5%
500				6.0%	10.0%	-4.0%
600				8.8%	8.6%	0.2%
700				7.1%	5.7%	1.4%
800				9.2%	9.7%	-0.5%
900				8.6%	8.4%	0.1%
<b>TOTAL</b>				100.0%	100.0%	
<b>Coefficient of dissimilarity</b>						26.5%

Source of Data: 1990 Census Public-Use Microdata Sample

TABLE B 3  
 PERSONS 19 YEARS AND OVER WITH/WITHOUT TELEPHONES  
 BY RACE AND ETHNICITY.  
 NM PUMAS- 1990 CENSUS

PUMA	RACE/ETHNICITY	FREQUENCIES		PERCENTAGES		PPD (Y-N)
		YES	NO	YES	NO	
100	White, Non Hispanic	39,885	2,496	56.5%	6.9%	49.5%
	Hispanic	12,843	2,721	18.2%	7.6%	10.6%
	Native American	17,223	30,432	24.4%	84.7%	-60.3%
	Other	699	273	1.0%	0.8%	0.2%
	Total	70,650	35,922	100.0%	100.0%	
	Coefficient of dissimilarity					<b>60.3%</b>
200	White, Non Hispanic	201,324	4,986	62.4%	25.7%	36.7%
	Hispanic	102,078	11,217	31.7%	57.8%	-26.2%
	Native American	7,518	2,331	2.3%	12.0%	-9.7%
	Other	11,514	861	3.6%	4.4%	-0.9%
	Total	322,434	19,395	100.0%	100.0%	
	Coefficient of dissimilarity					<b>36.7%</b>
300	White, Non Hispanic	40,344	2,700	59.7%	26.9%	32.8%
	Hispanic	22,698	3,798	33.6%	37.8%	-4.3%
	Native American	3,639	3,477	5.4%	34.6%	-29.3%
	Other	918	60	1.4%	0.6%	0.8%
	Total	67,599	10,035	100.0%	100.0%	
	Coefficient of dissimilarity					<b>33.5%</b>
400	White, Non Hispanic	45,912	1,119	59.2%	21.7%	37.5%
	Hispanic	29,718	3,774	38.3%	73.1%	-34.8%
	Native American	1,092	186	1.4%	3.6%	-2.2%
	Other	870	81	1.1%	1.6%	-0.4%
	Total	77,592	5,160	100.0%	100.0%	
	Coefficient of dissimilarity					<b>37.5%</b>
500	White, Non Hispanic	16,377	1,503	30.3%	12.3%	18.1%
	Hispanic	34,488	9,588	63.9%	78.2%	-14.4%
	Native American	2,646	1,131	4.9%	9.2%	-4.3%
	Other	501	33	0.9%	0.3%	0.7%
	Total	54,012	12,255	100.0%	100.0%	
	Coefficient of dissimilarity					<b>18.7%</b>
600	White, Non Hispanic	58,302	4,203	73.8%	39.9%	33.9%
	Hispanic	17,034	5,439	21.6%	51.7%	-30.1%
	Native American	465	114	0.6%	1.1%	-0.5%
	Other	3,198	771	4.0%	7.3%	-3.3%
	Total	78,999	10,527	100.0%	100.0%	
	Coefficient of dissimilarity					<b>33.9%</b>
700	White, Non Hispanic	45,000	2,637	71.4%	37.9%	33.4%
	Hispanic	16,248	4,116	25.8%	59.2%	-33.4%
	Native American	258	6	0.4%	0.1%	0.3%
	Other	1,563	195	2.5%	2.8%	-0.3%
	Total	63,069	6,954	100.0%	100.0%	
	Coefficient of dissimilarity					<b>33.8%</b>
800	White, Non Hispanic	54,204	4,629	65.9%	38.9%	26.9%
	Hispanic	24,630	5,799	29.9%	48.8%	-18.8%
	Native American	1,329	1,200	1.6%	10.1%	-8.5%
	Other	2,151	264	2.6%	2.2%	0.4%
	Total	82,314	11,892	100.0%	100.0%	
	Coefficient of dissimilarity					<b>27.3%</b>
900	White, Non Hispanic	37,932	1,830	49.4%	17.7%	31.7%
	Hispanic	36,366	8,160	47.4%	78.9%	-31.5%
	Native American	468	60	0.6%	0.6%	0.0%
	Other	1,989	297	2.6%	2.9%	-0.3%
	Total	76,755	10,347	100.0%	100.0%	
	Coefficient of dissimilarity					<b>31.8%</b>

**TABLE B 4**  
**PERSONS 19 YEARS AND OVER WITH/WITHOUT TELEPHONES**  
**BY EDUCATIONAL ATTAINMENT**  
**NM PUMAS- 1990 CENSUS**

PUMA	EDUCATIONAL ATTAINMENT	FREQUENCIES		PERCENTAGES		PPD (Y-N)
		YES	NO	YES	NO	
100	Less than H.S.	17,574	19,491	24.9%	54.3%	-29.4%
	H.S. Graduate (G.E.D.)	23,712	9,894	33.6%	27.5%	6.0%
	Some College or Technical School	14,811	4,869	21.0%	13.6%	7.4%
	College Graduate	14,553	1,668	20.6%	4.6%	16.0%
	Total	70,650	35,922	100.0%	100.0%	
	Coefficient of dissimilarity					<b>29.4%</b>
200	Less than H.S.	52,623	7,773	16.3%	40.1%	-23.8%
	H.S. Graduate (G.E.D.)	90,684	6,549	28.1%	33.8%	-5.6%
	Some College or Technical School	77,247	3,561	24.0%	18.4%	5.6%
	College Graduate	101,880	1,512	31.6%	7.8%	23.8%
	Total	322,434	19,395	100.0%	100.0%	
	Coefficient of dissimilarity					<b>29.4%</b>
300	Less than H.S.	13,608	4,578	20.1%	45.6%	-25.5%
	H.S. Graduate (G.E.D.)	22,815	3,210	33.8%	32.0%	1.8%
	Some College or Technical School	16,755	1,749	24.8%	17.4%	7.4%
	College Graduate	14,421	498	21.3%	5.0%	16.4%
	Total	67,599	10,035	100.0%	100.0%	
	Coefficient of dissimilarity					<b>25.5%</b>
400	Less than H.S.	10,737	1,749	13.8%	33.9%	-20.1%
	H.S. Graduate (G.E.D.)	17,337	1,782	22.3%	34.5%	-12.2%
	Some College or Technical School	18,171	960	23.4%	18.6%	4.8%
	College Graduate	31,347	669	40.4%	13.0%	27.4%
	Total	77,592	5,160	100.0%	100.0%	
	Coefficient of dissimilarity					<b>32.2%</b>
500	Less than H.S.	15,558	5,010	28.8%	40.9%	-12.1%
	H.S. Graduate (G.E.D.)	17,346	4,452	32.1%	36.3%	-4.2%
	Some College or Technical School	10,719	1,731	19.8%	14.1%	5.7%
	College Graduate	10,389	1,062	19.2%	8.7%	10.6%
	Total	54,012	12,255	100.0%	100.0%	
	Coefficient of dissimilarity					<b>16.3%</b>
600	Less than H.S.	22,254	6,138	28.2%	58.3%	-30.1%
	H.S. Graduate (G.E.D.)	24,432	2,643	30.9%	25.1%	5.8%
	Some College or Technical School	18,168	1,218	23.0%	11.6%	11.4%
	College Graduate	14,145	528	17.9%	5.0%	12.9%
	Total	78,999	10,527	100.0%	100.0%	
	Coefficient of dissimilarity					<b>30.1%</b>
700	Less than H.S.	17,706	3,621	28.1%	52.1%	-24.0%
	H.S. Graduate (G.E.D.)	20,619	2,115	32.7%	30.4%	2.3%
	Some College or Technical School	13,650	870	21.6%	12.5%	9.1%
	College Graduate	11,094	348	17.6%	5.0%	12.6%
	Total	63,069	6,954	100.0%	100.0%	
	Coefficient of dissimilarity					<b>24.0%</b>
800	Less than H.S.	19,959	5,016	24.2%	42.2%	-17.9%
	H.S. Graduate (G.E.D.)	26,337	4,197	32.0%	35.3%	-3.3%
	Some College or Technical School	19,590	1,890	23.8%	15.9%	7.9%
	College Graduate	16,428	789	20.0%	6.6%	13.3%
	Total	82,314	11,892	100.0%	100.0%	
	Coefficient of dissimilarity					<b>21.2%</b>
900	Less than H.S.	18,735	5,673	24.4%	54.8%	-30.4%
	H.S. Graduate (G.E.D.)	19,278	2,652	25.1%	25.6%	-0.5%
	Some College or Technical School	18,693	1,458	24.4%	14.1%	10.3%
	College Graduate	20,049	564	26.1%	5.5%	20.7%
	Total	76,755	10,347	100.0%	100.0%	
	Coefficient of dissimilarity					<b>30.9%</b>

TABLE B 5  
**PERSONS 19 YEARS AND OVER WITH TELEPHONES  
 BY SELECTED CHARACTERISTICS  
 NEW MEXICO HOUSEHOLD SURVEY 1999 AND MARCH 1999 CPS**

<b>SELECTED CHARACTERISTICS</b>	<b>Household Survey</b>		<b>March 1999 CPS</b>		<b>PPD</b>
	<b>Frequency</b>	<b>Percent</b>	<b>Frequency</b>	<b>Percent</b>	
<b>Age</b>					
19-24	689	12.2%	115,772	10.8%	1.4%
25-34	1,090	19.4%	187,437	17.5%	1.8%
35-44	1,234	21.9%	240,817	22.5%	-0.6%
45-54	1,176	20.9%	206,788	19.3%	1.5%
55-65	741	13.2%	119,481	11.2%	2.0%
Over 65	700	12.4%	198,761	18.6%	-6.2%
<b>Total</b>	<b>5,630</b>	<b>100.0%</b>	<b>1,069,056</b>	<b>100.0%</b>	
<b>Coefficient of Dissimilarity</b>					6.8%
<b>Race/Ethnicity</b>					
White, Non-Hispanic	3,229	58.0%	799,549	50.9%	7.1%
Hispanic	1,694	30.4%	609,328	38.8%	-8.3%
Native American	380	6.8%	135,245	8.6%	-1.8%
Other	264	4.7%	27,622	1.8%	3.0%
<b>Total</b>	<b>5,567</b>	<b>100.0%</b>	<b>1,571,744</b>	<b>100.0%</b>	
<b>Coefficient of Dissimilarity</b>					10.1%
<b>Educational Attainment</b>					
Less than High School	354	6.2%	252,763	21.7%	-15.5%
High School Grad (GED)	1,504	26.5%	304,102	26.1%	0.3%
Some College or Tech. School	1,994	35.1%	340,450	29.3%	5.8%
College Graduate	1,828	32.2%	266,114	22.9%	9.3%
<b>Total</b>	<b>5,680</b>	<b>100.0%</b>	<b>1,163,429</b>	<b>100.0%</b>	
<b>Coefficient of Dissimilarity</b>					15.5%
<b>Gender</b>					
Female	3,248	57.2%	795,276	50.6%	6.6%
Male	2,430	42.8%	776,468	49.4%	-6.6%
<b>Total</b>	<b>5,678</b>	<b>100.0%</b>	<b>1,571,744</b>	<b>100.0%</b>	
<b>Coefficient of Dissimilarity</b>					6.6%

TABLE B 6  
**HOUSEHOLDS WITH TELEPHONES BY HOUSEHOLD INCOME IN 1998**  
**HOUSEHOLD SURVEY 1999 AND MARCH 1999 CPS**

<b>HOUSEHOLD INCOME</b>	<b>Household Survey</b>		<b>March 1999 CPS</b>		<b>PPD</b>
	<b>Frequency</b>	<b>Percent</b>	<b>Frequency</b>	<b>Percent</b>	
<b>Less than \$5,000</b>	86	3.0%	32,262	5.7%	-2.6%
<b>\$5,000 to \$9,999</b>	174	6.2%	33,334	5.9%	0.3%
<b>\$10,000 to \$14,999</b>	227	8.0%	63,054	11.1%	-3.0%
<b>\$15,000 to \$19,999</b>	237	8.4%	42,978	7.6%	0.8%
<b>\$20,000 to \$24,999</b>	246	8.7%	42,293	7.4%	1.3%
<b>\$25,000 to \$29,999</b>	232	8.2%	40,099	7.1%	1.2%
<b>\$30,000-\$39,999</b>	456	16.2%	68,066	12.0%	4.2%
<b>\$40,000-\$49,999</b>	373	13.2%	55,018	9.7%	3.5%
<b>\$50,000-\$74,999</b>	493	17.5%	104,227	18.3%	-0.9%
<b>\$75,000 and over</b>	298	10.6%	87,251	15.3%	-4.8%
<b>Total</b>	2,822	100.0%	568,582	100.0%	
<b>Coefficient of Dissimilarity</b>					11.3%

**APPENDIX C**  
**WEIGHTS USED IN THE ANALYSIS**

## APPENDIX C

### WEIGHTS USED IN THE ANALYSIS

Three different weights were used in the analysis: household weights, adult weights and children weights.

**Household Weights.** The household weights are the common starting point for calculating both the adult and the children weights. The need for a household weight arises because the probability of a particular household being selected depends upon the number of phone lines into the household. (For details See IPP's technical report on the survey.) Houses with more phone lines have a higher probability of being selected. To adjust for this the **household weight** for household  $m$  is simply:

$$1$$

---

**Number of phone lines into household  $m$**

**Adult Weights.** Adults within each household are chosen at random by asking which adult 19 and over had the most recent birthday. Take adult  $a$  in household  $m$ . His/her probability of selection depends upon the probability of their household being selected. Within the household, however, the greater the number of adults, the lower will be the probability that individual  $a$  will be selected. To adjust for this, the **adult weight** is the household weight times the number of adults in the household, or:

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**Number of adults 19 and over in household  $m$**

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**Number of phone lines into household  $m$**

**Children Weights.** Children within each household are also selected randomly by asking which child had the most recent birthday. Like adult  $a$ , child  $b$  in household  $m$  has as probability of selection that depends inversely on the number of children in the household. To adjust for this, the **child weight** is

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**Number of children 18 and younger in household  $m$**

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**Number of phone lines into household  $m$**

As discussed in Chapter 2, there is a problem with the child weight in that children in some sampled households were eliminated from the child sample because the respondent adult was not their parent or guardian. Unfortunately, there was not an easy alternative to using the child weight as calculated above.

**APPENDIX D**

**DIFFICULTIES IN ESTIMATING DETERMINANTS OF INSURANCE  
COVERAGE AND HEALTH CARE ACCESS**

## APPENDIX D

### DIFFICULTIES IN ESTIMATING DETERMINANTS OF INSURANCE COVERAGE AND HEALTH CARE ACCESS

Survey results generally support the contention that demographic factors such as ethnicity, income, and location play a role in determining insurance coverage and healthcare access. Econometric examination of the determinants of healthcare access and insurance coverage involves alternative dummy variable specifications, with separate regressions for different demographic groups<sup>10</sup>. Such an investigation, though procedurally straightforward, requires a larger sample and more data than is provided by the current survey.

Income, ethnicity, geographic location, and insurance coverage all help to determine an individual's access to healthcare. For policy purposes it would be helpful to know the absolute and relative magnitudes of the roles that each of these factors play individually. If we had a sufficiently large sample of Hispanics with the same income from all regions of the state, we could establish the role of location in determining access. Of course, this approach would ignore the interaction between ethnicity and location; it could be the case that the restrictions to access attributable to being Hispanic are more severe in some regions of the state than they are in others. If this were the case, coefficients derived for each of the variables individually would yield an underestimate of their joint effect. Categorical or "dummy" variable techniques can be used to estimate such interactions between variables, but only if the variables being "interacted" are not dependent on other shared attributes.

Omitted variables present a third impediment to accurate disaggregation of the determinants of access. Income disparity, rather than absolute poverty, is emerging in the epidemiological literature as the leading cause of poor health outcomes. One possible explanation for this relationship is that larger differences in income lead to fewer shared resources and thus diminished opportunities for the relatively wealthy to subsidize services utilized by the relatively poor. Therefore, access to affordable healthcare services may be determined more by *differences* in income than by absolute levels of income. The current survey contained no questions on perceived income inequality. The methods currently available for determining income disparity by geographic region are also limited. The omission of a variable representing income disparity could bias the econometric estimates of variables such as insurance coverage and income.

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<sup>10</sup> Ernst R. Bernd, The Practice of Econometrics: Classic and Contemporary. pp 188-189 Addison-Wesley 1991.

**APPENDIX E**

**APPENDIX TABLES FOR CHAPTERS 2 - 4**

TABLE E 2.1  
**Mean Number of Months Without Health Care Coverage in 1998**  
**WEIGHTED ADULT SAMPLE**

Individual Characteristics	Mean	Std. Deviation	Median	Number of Cases
<b>Gender</b>				
Female	5.4	2.8	6.0	234
Male	5.8	2.5	6.0	160
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>394</b>
<b>Age</b>				
19 - 24	5.6	2.3	6.0	97
25 - 34	5.9	2.5	6.0	148
35 - 49	5.3	3.2	6.0	107
50 - 64	5.3	2.4	6.0	34
65+	5.6	4.1	5.0	6
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>390</b>
<b>Educational Attainment</b>				
Less than HS	6.4	2.5	7.0	25
HS/GED	5.6	2.4	6.0	105
Some college	6.1	2.6	6.0	166
College graduate	4.4	2.8	4.0	98
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>394</b>
<b>Persons in Household</b>				
1 - 2	5.3	2.9	5.8	140
3 - 4	5.5	2.4	6.0	186
5 & over	6.2	2.8	6.0	69
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>394</b>
<b>Number of Children in Household</b>				
No children	5.3	2.8	5.5	162
1 - 2	5.4	2.5	6.0	182
3 - 4	7.3	2.7	8.0	42
5 & over	6.8	2.5	8.0	9
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>394</b>
<b>Race and Ethnicity</b>				
Non-hispanic White	5.4	2.9	6.0	173
Hispanic	5.8	2.5	6.0	144
Native american	5.6	2.4	6.0	38
Other	4.9	3.0	4.0	30
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>384</b>
<b>Marital status</b>				
Married	5.7	2.6	6.0	166
Widowed	5.4	2.8	5.0	6
Divorced	5.5	3.4	6.0	68
Separated	5.3	2.9	5.0	6
Never married	5.4	2.4	6.0	150
<b>Total</b>	<b>5.6</b>	<b>2.7</b>	<b>6.0</b>	<b>394</b>
<b>Poverty level</b>				
100% of FPL or Less	5.8	2.9	6.0	102
101-185% of FPL	5.8	2.6	6.0	90
186-235% of FPL	5.6	2.2	6.0	32
Over 235% of FPL	5.2	2.6	5.0	143
<b>Total</b>	<b>5.5</b>	<b>2.7</b>	<b>6.0</b>	<b>367</b>
<b>PUMA</b>				
100	5.5	3.0	5.0	52
200	5.5	2.8	6.0	124
300	4.9	2.6	4.0	36
400	4.6	2.2	5.0	25
500	6.2	3.1	6.0	24
600	5.5	1.9	6.0	28
700	6.0	2.5	6.0	34
800	6.1	2.9	6.0	30

TABLE E 2.2  
**PRIMARY HEALTH CARE PROGRAM SOURCE AMONG ADULTS, BY SELECTED  
INDIVIDUAL CHARACTERISTICS**  
**WEIGHTED ADULT SAMPLE**

Individual Characteristics	Type of Insurance Coverage					
	Frequency Distribution			Percentage Distribution		
	Public	Private	Total	Public	Private	Total
<b>Gender</b>						
Female	649	1969	2,618	24.8	75.2	100.0
Male	444	1472	1,916	23.2	76.8	100.0
<b>Total</b>	<b>1,093</b>	<b>3,441</b>	<b>4,534</b>	<b>24.1</b>	<b>75.9</b>	<b>100.0</b>
<b>Race/Ethnicity</b>						
White Nonhispanic	603	2112	2,715	22.2	77.8	100.0
Hispanic	220	1000	1,220	18.0	82.0	100.0
Native American	204	104	308	66.2	33.8	100.0
Other	52	151	203	25.6	74.4	100.0
<b>Total</b>	<b>1,079</b>	<b>3,367</b>	<b>4,446</b>	<b>24.3</b>	<b>75.7</b>	<b>100.0</b>
<b>Age</b>						
19-24	140	332	472	29.7	70.3	100.0
25-34	154	656	810	19.0	81.0	100.0
35-49	189	1334	1,523	12.4	87.6	100.0
50-64	144	918	1,062	13.6	86.4	100.0
65+	460	161	621	74.1	25.9	100.0
<b>Total</b>	<b>1,087</b>	<b>3,401</b>	<b>4,488</b>	<b>24.2</b>	<b>75.8</b>	<b>100.0</b>
<b>Marital Status</b>						
Married	614	2292	2,906	21.1	78.9	100.0
Widowed	129	83	212	60.8	39.2	100.0
Divorced	134	393	527	25.4	74.6	100.0
Separated	17	49	66	25.8	74.2	100.0
Never Married	198	617	815	24.3	75.7	100.0
<b>Total</b>	<b>1,092</b>	<b>3,434</b>	<b>4,526</b>	<b>24.1</b>	<b>75.9</b>	<b>100.0</b>

TABLE E 2.2 (continued)  
**PRIMARY HEALTH CARE PROGRAM SOURCE AMONG ADULTS,  
 BY INDIVIDUAL CHARACTERISTICS**  
**WEIGHTED ADULT SAMPLE**

Individual Characteristics	Type of Insurance Coverage					
	Frequency Distribution			Percentage Distribution		
	Public	Private	Total	Public	Private	Total
<b>Educational Attainment</b>						
Less than HS	112	93	205	54.6	45.4	100.0
High School/GED	321	751	1,072	29.9	70.1	100.0
Some College/AA	388	1227	1,615	24.0	76.0	100.0
College Graduate	272	1371	1,643	16.6	83.4	100.0
<b>Total</b>	<b>1,093</b>	<b>3,442</b>	<b>4,535</b>	<b>24.1</b>	<b>75.9</b>	<b>100.0</b>
<b>Assessment of health</b>						
Poor or Fair	328	400	728	45.1	54.9	100.0
Good	444	1265	1,709	26.0	74.0	100.0
Excellent	321	1,771	2,092	15.3	84.7	100.0
<b>Total</b>	<b>1,093</b>	<b>3,436</b>	<b>4,529</b>	<b>24.1</b>	<b>75.9</b>	<b>100.0</b>
<b>Household Income</b>						
Less than \$10,000	161	86	247	65.2	34.8	100.0
\$10,000 - \$20,000	219	257	476	46.0	54.0	100.0
\$20,000 - \$30,000	165	445	610	27.0	73.0	100.0
\$30,000 - \$40,000	153	520	673	22.7	77.3	100.0
\$40,000 - \$50,000	111	511	622	17.8	82.2	100.0
\$50,000 - \$60,000	34	399	433	7.9	92.1	100.0
\$60,000 - \$70,000	37	247	284	13.0	87.0	100.0
\$70,000 - \$80,000	25	258	283	8.8	91.2	100.0
\$80,000 - \$90,000	17	127	144	11.8	88.2	100.0
\$90,000 - \$100,000	6	76	82	7.3	92.7	100.0
Over \$100,000	16	185	201	8.0	92.0	100.0
<b>Total</b>	<b>944</b>	<b>3,111</b>	<b>4,055</b>	<b>23.3</b>	<b>76.7</b>	<b>100.0</b>

TABLE E 2.2 (continued)  
**PRIMARY HEALTH CARE PROGRAM SOURCE AMONG ADULTS,  
 BY EMPLOYMENT CHARACTERISTICS**  
**WEIGHTED ADULT SAMPLE**

Employment Characteristics	Type of Insurance Coverage					
	Frequency Distribution			Percentage Distribution		
	Public	Private	Total	Public	Private	Total
<b>Labor Force Attachment</b>						
Full-Time	325	2402	2,727	11.9%	88.1%	100.0%
Part-Time	106	297	403	26.3%	73.7%	100.0%
Multiple Jobs	15	103	118	12.7%	87.3%	100.0%
Serial Jobs	47	106	153	30.7%	69.3%	100.0%
<b>Total</b>	493	2,908	3,401	14.5%	85.5%	100.0%
<b>Type of employment</b>						
Worked for someone else	431	2584	3,015	14.3%	85.7%	100.0%
Self-employed	62	324	386	16.1%	83.9%	100.0%
<b>Total</b>	493	2,908	3,401	14.5%	85.5%	100.0%
<b>Type Industry</b>						
Government	136	654	790	17.2%	82.8%	100.0%
Professional Services	94	728	822	11.4%	88.6%	100.0%
Agriculture	11	59	70	15.7%	84.3%	100.0%
Mining	1	58	59	1.7%	98.3%	100.0%
Manufacturing	8	149	157	5.1%	94.9%	100.0%
Construction	15	122	137	10.9%	89.1%	100.0%
TCU*	14	173	187	7.5%	92.5%	100.0%
Wholesale Trade	15	64	79	19.0%	81.0%	100.0%
Retail Trade	42	259	301	14.0%	86.0%	100.0%
FIRE**	10	107	117	8.5%	91.5%	100.0%
Other Services	136	501	637	21.4%	78.6%	100.0%
<b>Total</b>	482	2,874	3,356	14.4%	85.6%	100.0%

\* Transportation, Communication, and Utilities

\*\*Financial, Insurance, and Real Estate

Table E 2.3  
**Type of Health Insurance Coverage in 1998 by Individual Characteristics**  
**WEIGHTED ADULT SAMPLE**

Characteristics	Type of Insurance Coverage						Number of Cases
	HMO	PPO	POS	Indemnity	Military	Other	
<b>Gender</b>							
Female	46.2%	23.5%	4.3%	3.3%	1.1%	21.5%	2,345
Male	45.5%	21.4%	5.2%	3.4%	4.5%	20.0%	1,807
<b>Total</b>	45.9%	22.5%	4.7%	3.3%	2.6%	20.9%	4,152
<b>Marital Status</b>							
Married	45.6%	23.9%	5.4%	3.8%	2.8%	18.6%	2,705
Widowed	37.1%	10.9%	2.9%	4.6%	3.4%	41.1%	175
Divorced	50.8%	20.6%	2.6%	1.8%	3.2%	21.1%	506
Separated	50.8%	15.3%	6.8%	3.4%	0.0%	23.7%	59
Never Married	45.6%	22.0%	4.0%	2.6%	1.3%	24.6%	704
<b>Total</b>	45.9%	22.5%	4.7%	3.4%	2.6%	20.9%	4,149
<b>Educational Attainment</b>							
Less than HS	40.8%	9.5%	1.2%	0.0%	3.6%	45.0%	169
High School/GED	42.6%	22.1%	4.4%	2.5%	2.2%	26.3%	925
Some College/AA	48.7%	21.5%	3.9%	2.6%	2.7%	20.6%	1,470
College Graduate	45.9%	25.2%	6.0%	4.9%	2.6%	15.4%	1,591
<b>Total</b>	45.9%	22.6%	4.7%	3.3%	2.6%	20.9%	4,155
<b>Race/Ethnicity</b>							
White Nonhispanic	43.6%	25.4%	5.6%	4.0%	2.6%	18.8%	2,503
Hispanic	56.5%	17.7%	3.8%	1.8%	2.3%	17.9%	1,143
Native American	25.2%	14.3%	1.3%	2.5%	1.3%	55.5%	238
Other	39.0%	25.1%	4.8%	3.2%	5.3%	22.5%	187
<b>Total</b>	45.9%	22.5%	4.8%	3.3%	2.6%	20.9%	4,071
<b>Age</b>							
19-24	43.2%	22.0%	3.4%	2.3%	2.3%	26.9%	387
25-34	46.6%	25.8%	3.2%	1.9%	3.2%	19.3%	751
35-49	50.2%	27.7%	4.2%	3.0%	1.0%	13.8%	1,437
50-64	47.7%	20.4%	6.5%	4.6%	3.5%	17.3%	1,023
65+	30.5%	8.9%	6.2%	4.8%	4.4%	45.2%	518
<b>Total</b>	45.8%	22.6%	4.8%	3.4%	2.6%	20.9%	4,116
<b>Household Income</b>							
\$10,000 or less	47.3%	8.0%	5.0%	0.5%	3.0%	36.3%	201
\$10,000-\$20,000	41.5%	13.7%	2.2%	2.0%	3.7%	36.8%	402
\$20,000-\$30,000	44.4%	18.5%	3.3%	2.3%	3.5%	28.0%	568
\$30,000-\$40,000	46.5%	20.9%	6.1%	4.1%	2.8%	19.6%	611
\$40,000-\$50,000	45.9%	27.1%	4.7%	2.9%	2.1%	17.2%	612
\$50,000-\$60,000	52.3%	27.3%	4.8%	2.0%	1.5%	12.3%	400
\$60,000-\$70,000	44.9%	31.2%	8.3%	2.2%	1.4%	12.0%	276
\$70,000-\$80,000	52.7%	26.2%	4.7%	5.5%	1.5%	9.5%	275
\$80,000-\$90,000	48.9%	26.6%	4.3%	8.6%	4.3%	7.2%	139
\$90,000-\$100,000	35.0%	42.5%	6.3%	5.0%	0.0%	11.3%	80
\$100,000 and over	51.7%	20.7%	5.4%	6.9%	3.0%	12.3%	203
<b>Total</b>	46.7%	22.6%	4.8%	3.3%	2.6%	20.1%	3,767
<b>PUMA of Residence</b>							
PUMA 100	32.1%	28.8%	3.7%	3.3%	1.3%	30.8%	458
PUMA 200	58.9%	19.0%	2.7%	2.9%	3.0%	13.6%	1,391
PUMA 300	57.8%	16.8%	5.5%	3.8%	2.0%	14.1%	398
PUMA 400	50.3%	26.0%	8.9%	4.1%	0.0%	10.7%	338
PUMA 500	40.3%	15.9%	4.2%	2.1%	2.1%	35.3%	283
PUMA 600	24.2%	34.8%	7.5%	2.5%	1.9%	29.2%	322
PUMA 700	30.8%	24.5%	4.9%	5.9%	4.2%	29.7%	286
PUMA 800	26.3%	27.2%	7.8%	4.0%	6.5%	28.2%	372
PUMA 900	52.5%	19.2%	3.8%	3.1%	1.6%	19.8%	318
<b>Total</b>	45.9%	22.6%	4.7%	3.4%	2.6%	20.9%	4,166

Table E 2.3 (continued)  
**Type of Health Insurance Coverage in 1998 by Individual Characteristics**  
**WEIGHTED ADULT SAMPLE**

Characteristics	Type of Insurance Coverage						Number of Cases
	HMO	PPO	POS	Indemnity	Military	Other	
<b>Health Status</b>							
Poor	31.1%	14.6%	1.3%	3.3%	7.9%	41.7%	151
Fair	42.3%	16.5%	3.8%	3.8%	3.8%	30.0%	480
Good	44.0%	20.6%	6.0%	3.2%	2.1%	24.1%	1,547
Excellent	49.5%	26.3%	4.1%	3.4%	2.3%	14.5%	1,973
<b>Total</b>	45.9%	22.6%	4.6%	3.3%	2.6%	20.9%	4,151
<b>Poverty Status</b>							
Up to 100 % of poverty	44.3%	13.0%	3.2%	1.6%	1.9%	36.1%	316
101-185%	45.8%	14.2%	3.1%	3.1%	3.8%	30.0%	520
186-235%	48.3%	20.8%	2.2%	1.2%	1.7%	25.8%	418
Over 235%	47.1%	25.7%	5.8%	3.9%	2.6%	15.0%	2,500
<b>Total</b>	46.8%	22.5%	4.8%	3.3%	2.6%	20.1%	3,754

TABLE E 2.4  
**MEAN, STANDARD DEVIATION, AND MEDIAN YEARLY PREMIUM PAID BY ANNUAL INCOME**  
**Weighted Adult Sample**

Household Income	Premium For...								All Responses			
	Respondent				Respondent and Others				Mean	SD	Median	N
	Mean	SD	Median	N	Mean	SD	Median	N				
<b>Less than \$10,000</b>	1,807	2,968	720	49	2,267	2,009	1,800	25	1,964	2,675	1,200	74
<b>\$10,000 - \$20,000</b>	1,098	1,449	648	152	1,625	1,356	1,344	130	1,332	1,418	804	287
<b>\$20,000 - \$30,000</b>	927	1,387	540	182	1,608	1,249	1,200	242	1,302	1,343	900	432
<b>\$30,000 - \$40,000</b>	1,254	1,621	720	147	1,994	1,709	1,500	340	1,762	1,710	1,200	491
<b>\$40,000 - \$50,000</b>	927	697	792	111	1,752	1,390	1,380	352	1,618	1,412	1,200	472
<b>\$50,000 - \$60,000</b>	998	1,315	600	69	1,991	1,673	1,480	232	1,752	1,647	1,200	304
<b>\$60,000 - \$70,000</b>	1,009	923	600	48	1,859	1,543	1,536	159	1,801	1,813	1,440	212
<b>\$70,000 - \$80,000</b>	1,989	2,630	780	28	1,932	1,561	1,680	191	1,996	1,706	1,680	229
<b>\$80,000 - \$90,000</b>	1,466	1,131	980	30	2,048	1,517	1,680	79	1,883	1,435	1,512	110
<b>\$90,000 - \$100,000</b>	1,138	836	600	16	1,604	1,179	1,200	44	1,483	1,112	1,200	60
<b>Over \$100,000</b>	2,507	3,220	1,200	25	2,555	2,023	1,800	121	2,547	2,257	1,800	146
<b>New Mexico Total</b>	1,220	1,628	706	936	1,907	1,577	1,440	2062	1,710	1,657	1,200	3047

TABLE E 3.1

**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF ADULTS BY INSURANCE STATUS**

Frequency Distribution	Insurance Status During 1998			Total
	No Coverage	Covered Part of the Year	Covered Continuously	
<b>USUAL SOURCE OF CARE</b>				
No Usual Source of Care	90%	89%	96%	93%
Emergency Room	10%	11%	4%	7%
<b>NO USUAL SOURCE OR ER</b>	<b>312</b>	<b>101</b>	<b>543</b>	<b>956</b>
Doctor's Office	36%	42%	55%	53%
Primary Care Clinic/Community Health Cen	33%	23%	18%	20%
HMO Clinic	5%	10%	12%	11%
Urgent Care Center	5%	4%	2%	2%
Hospital Outpatient Clinic	9%	8%	5%	6%
Indian Health Service	6%	7%	3%	4%
School Clinic	5%	3%	1%	2%
Specialist	0%	0%	0%	0%
Military or Veterans Administration	0%	3%	3%	3%
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>463</b>	<b>299</b>	<b>3,831</b>	<b>4,593</b>
Alternative Health Practitioner	35%	50%	26%	29%
Mexico	12%	0%	4%	6%
Other	53%	50%	70%	65%
<b>OTHER USUAL SOURCE</b>	<b>17</b>	<b>2</b>	<b>46</b>	<b>65</b>
<b>TOTAL</b>	<b>792</b>	<b>402</b>	<b>4,420</b>	<b>5,614</b>
<b>Percentage Distribution by Insurance Status</b>				
<b>NO USUAL SOURCE OR ER</b>	<b>39.4%</b>	<b>25.1%</b>	<b>12.3%</b>	<b>17.0%</b>
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>58.5%</b>	<b>74.4%</b>	<b>86.7%</b>	<b>81.8%</b>
<b>OTHER USUAL SOURCE</b>	<b>2.1%</b>	<b>0.5%</b>	<b>1.0%</b>	<b>1.2%</b>
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

TABLE E 3.2  
**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF ADULTS BY TYPE OF HEALTH CARE COVERAGE**

	Private Health Insur -- Employ	Private Health Insur -- Other	Medicare & Medigan	Medicaid	Military/VA	Indian Health	Other Program	Total
<b>Frequency Distribution</b>								
<b>USUAL SOURCE OF CARE</b>								
No Usual Source of Care	325	38	58	26	19	10	47	523
Emergency Room	9		8	2	11		7	37
<b>NO USUAL SOURCE OR ER</b>	<b>334</b>	<b>38</b>	<b>66</b>	<b>28</b>	<b>30</b>	<b>10</b>	<b>54</b>	<b>560</b>
Doctor's Office	1,469	122	286	57	31	13	128	2,106
Primary Care Clinic/Community Health Center	495	18	76	36	53	22	38	738
HMO Clinic	334	24	25	19	7		42	451
Urgent Care Center	58	7	1	7			1	74
Hospital Outpatient Clinic	111	21	16	12	32	5	16	213
Indian Health Service	14		6	5		117	7	149
School Clinic	18	6	2	3	4	1	16	50
Specialist	-	2	3				2	7
Military or Veterans Administration	18	5	4		96	3		126
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>2,517</b>	<b>205</b>	<b>419</b>	<b>139</b>	<b>223</b>	<b>161</b>	<b>250</b>	<b>3,914</b>
Alternative Health Practitioner	10	1	-					11
Other Country	1		1					2
Other	20		4	4	2		2	32
<b>OTHER USUAL SOURCE</b>	<b>31</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>45</b>
<b>TOTAL</b>	<b>2,882</b>	<b>244</b>	<b>490</b>	<b>171</b>	<b>255</b>	<b>171</b>	<b>306</b>	<b>4,519</b>
<b>Percentage Distribution by Type of Health Insurance</b>								
NO USUAL SOURCE OR ER	11.6%	15.6%	13.5%	16.4%	11.8%	5.8%	17.6%	12.4%
DOCTOR'S OFFICE OR CLINIC	87.3%	84.0%	85.5%	81.3%	87.5%	94.2%	81.7%	86.6%
OTHER USUAL SOURCE	1.1%	0.4%	1.0%	2.3%	0.8%	0.0%	0.7%	1.0%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

TABLE E 3.3

**USUAL SOURCE OF CARE FOR WEIGHTED SAMPLE OF ADULTS BY CENSUS PUMA REGION**

Frequency Distribution by PUMA	PUMA REGIONS									NM
	100	200	300	400	500	600	700	800	900	
No Usual Source of Care	119	234	44	51	69	96	103	103	78	897
Emergency Room	9	14	2	11	9	3	6	9	4	67
<b>NO USUAL SOURCE OR ER</b>	<b>128</b>	<b>248</b>	<b>46</b>	<b>62</b>	<b>78</b>	<b>99</b>	<b>109</b>	<b>112</b>	<b>82</b>	<b>964</b>
Doctor's Office	285	585	190	242	199	278	224	254	172	2429
Primary Care Clinic/Community Health Center	83	333	79	62	84	64	46	70	91	912
HMO Clinic	11	269	75	35	18	10	3	15	70	506
Urgent Care Center	10	47	29	2	3	1			14	106
Hospital Outpatient Clinic	26	128	27	18	4	19	7	24	15	268
Indian Health Service	109	25	14		21			2	3	174
School Clinic	1	50	4	4	2			1	16	78
Specialist		3	2					2	2	9
Military or Veterans Administration	7	62	11	1	5	13	6	24	3	132
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>532</b>	<b>1502</b>	<b>431</b>	<b>364</b>	<b>336</b>	<b>385</b>	<b>286</b>	<b>392</b>	<b>386</b>	<b>4614</b>
Alternative Health Practitioner		6		7	3			3		19
Another Country						1		1	2	4
Other	8	2	2		7	8	2	9	6	44
<b>OTHER USUAL SOURCE</b>	<b>8</b>	<b>8</b>	<b>2</b>	<b>7</b>	<b>10</b>	<b>9</b>	<b>2</b>	<b>13</b>	<b>8</b>	<b>67</b>
<b>TOTAL</b>	<b>668</b>	<b>1758</b>	<b>479</b>	<b>433</b>	<b>424</b>	<b>493</b>	<b>397</b>	<b>517</b>	<b>476</b>	<b>5645</b>
<b>Percentage Distribution by PUMA</b>										
<b>NO USUAL SOURCE OR ER</b>	<b>19.2%</b>	<b>14.1%</b>	<b>9.6%</b>	<b>14.3%</b>	<b>18.4%</b>	<b>20.1%</b>	<b>27.5%</b>	<b>21.7%</b>	<b>17.2%</b>	<b>17.1%</b>
<b>DOCTOR'S OFFICE OR CLINIC</b>	<b>79.6%</b>	<b>85.4%</b>	<b>90.0%</b>	<b>84.1%</b>	<b>79.2%</b>	<b>78.1%</b>	<b>72.0%</b>	<b>75.8%</b>	<b>81.1%</b>	<b>81.7%</b>
<b>OTHER USUAL SOURCE</b>	<b>1.2%</b>	<b>0.5%</b>	<b>0.4%</b>	<b>1.6%</b>	<b>2.4%</b>	<b>1.8%</b>	<b>0.5%</b>	<b>2.5%</b>	<b>1.7%</b>	<b>1.2%</b>
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

TABLE E 3.4  
**ADULTS WHO LACKED ACCESS TO HEALTH CARE SERVICES  
 BY INSURANCE COVERAGE**

Frequency Distribution	Not Covered All	At Year	Covered Part of Year	Covered Continuously	Total
Primary Care Provider	129	41	270	440	440
Preventative Care	109	48	191	348	348
Tests & Procedures	76	35	133	244	244
Medical Specialist	58	28	126	212	212
Dental Care	171	80	331	582	582
Eye Care	106	48	185	339	339
Emergency Room	31	18	35	84	84
Hospitalization	10	2	23	35	35
Alcohol and Drug Care	3	0	5	8	8
Counseling	36	19	51	106	106
Alternative Health	54	16	76	146	146
Prescription Drugs	78	42	110	230	230

**Percentage in Each Coverage Group Unable to Access Needed Services**

Primary Care Provider	44.0%	20.9%	10.3%	14.1%
Preventative Care	43.2%	32.2%	7.7%	12.0%
Tests & Procedures	43.7%	27.7%	7.7%	12.0%
Medical Specialist	41.7%	30.2%	9.4%	13.4%
Dental Care	48.4%	43.0%	11.5%	17.0%
Eye Care	30.6%	34.0%	8.2%	12.7%
Emergency Room	27.6%	17.9%	5.0%	9.1%
Hospitalization	24.4%	4.8%	5.8%	7.2%
Alcohol and Drug Care	37.5%	0.0%	35.7%	32.0%
Counseling	63.1%	54.3%	19.3%	29.6%
Alternative Health	43.6%	24.6%	12.6%	18.3%
Prescription Drugs	24.8%	18.8%	3.4%	6.1%

**Those Who Did Not Get Care At All as a Percentage of Adults Needing Care**

Primary Care Provider	18.5%	2.6%	0.7%	2.5%
Preventative Care	19.7%	9.3%	0.6%	2.7%
Tests & Procedures	22.0%	9.9%	1.5%	3.7%
Medical Specialist	23.6%	8.5%	2.0%	4.2%
Dental Care	28.6%	20.0%	4.3%	7.5%
Eye Care	22.3%	19.2%	3.9%	6.6%
Emergency Room	5.1%	4.6%	1.4%	2.2%
Hospitalization	13.3%	3.9%	1.0%	2.0%
Alcohol and Drug Care	0.0%	0.0%	18.2%	8.7%
Counseling	25.6%	32.4%	5.4%	10.6%
Alternative Health	24.2%	10.6%	4.7%	8.0%
Prescription Drugs	6.6%	1.3%	0.4%	1.0%

TABLE E 3.5

<b>NO ACCESS TO ONE OR MORE MEDICAL SERVICES: INDIVIDUAL CHARACTERISTICS</b>								
<b>No Access At All to</b>	<b>Frequencies</b>				<b>Percentages of Weighted Adult Sample</b>			
	<b>One Service</b>	<b>Two Service</b>	<b>Three or More</b>	<b>Total Without</b>	<b>One Service</b>	<b>Two Service</b>	<b>Three or More</b>	<b>Total Without</b>
<b>AGE</b>								
19-34	135	32	34	201	8.8%	2.1%	2.2%	13.0%
35-49	126	55	36	217	6.9%	3.0%	2.0%	11.9%
50-64	35	14	16	65	3.2%	1.3%	1.5%	6.0%
Over 65	16	3	3	22	2.4%	0.5%	0.5%	3.3%
<b>Total</b>	<b>312</b>	<b>104</b>	<b>89</b>	<b>505</b>	<b>6.1%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>9.9%</b>
<b>GENDER</b>								
Female	203	69	52	324	6.7%	2.3%	1.7%	10.7%
Male	113	35	37	185	5.3%	1.6%	1.7%	8.7%
<b>Total</b>	<b>316</b>	<b>104</b>	<b>89</b>	<b>509</b>	<b>6.1%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>9.9%</b>
<b>EDUCATION</b>								
Elem / Some HS	38	7	16	61	13.5%	2.5%	5.7%	21.7%
HS Grad / GED	83	34	14	131	6.3%	2.6%	1.1%	10.0%
Trade or Voc Certif	10	6	3	19	6.4%	3.8%	1.9%	12.2%
Some College/AA	110	30	38	178	6.6%	1.8%	2.3%	10.7%
College Graduate	46	11	15	72	4.0%	1.0%	1.3%	6.2%
Post-Grad Degree	30	16	3	49	5.0%	2.7%	0.5%	8.2%
<b>Total</b>	<b>317</b>	<b>104</b>	<b>89</b>	<b>510</b>	<b>6.1%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>9.9%</b>
<b>RACE/ETHNICITY</b>								
White, Non-Hispanic	146	31	39	216	4.9%	1.0%	1.3%	7.2%
Black	11	7	11	29	10.3%	6.5%	10.3%	27.1%
Hispanic	121	44	34	199	8.0%	2.9%	2.3%	13.2%
American Indian	21	15	2	38	6.4%	4.6%	0.6%	11.7%
Other	13	6	1	20	11.2%	5.2%	0.9%	17.2%
<b>Total</b>	<b>312</b>	<b>103</b>	<b>87</b>	<b>502</b>	<b>6.2%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>9.9%</b>
<b>HOUSEHOLD INCOME</b>								
0 - \$10,000	49	23	21	93	14.2%	6.6%	6.1%	26.9%
10 - \$20,000	84	30	29	143	13.4%	4.8%	4.6%	22.8%
20 - \$30,000	58	14	18	90	7.8%	1.9%	2.4%	12.2%
30 - \$40,000	37	10	5	52	5.1%	1.4%	0.7%	7.1%
40 - \$50,000	26	7		33	4.0%	1.1%	0.0%	5.0%
50 - \$60,000	9	2	3	14	1.9%	0.4%	0.6%	3.0%
60 - \$70,000	8			8	2.5%	0.0%	0.0%	2.5%
70 - \$80,000	15	6		21	5.2%	2.1%	0.0%	7.3%
80 - \$90,000	3	3	5	11	2.0%	2.0%	3.3%	7.3%
90 - \$100,000	1			1	1.3%	0.0%	0.0%	1.3%
Over \$100,000	6			6	2.8%	0.0%	0.0%	2.8%
<b>Total</b>	<b>296</b>	<b>95</b>	<b>81</b>	<b>472</b>	<b>6.4%</b>	<b>2.1%</b>	<b>1.8%</b>	<b>10.2%</b>

TABLE E 3.6  
**ADULTS UNABLE TO ACCESS AT ALL ONE OR MORE SERVICES:  
 INSURANCE CORRELATES**

No Access All to...	At	Frequencies				Percentages of Weighted Adult Sample			
		One Service	Two Service	Three or More	Total Without	Two Service	Three or More	Total Without	Total
<b>COVERAGE 1998</b>									
Not covered at all		76	44	64	184	12.6%	7.3%	10.6%	30.5%
Covered for part		51	14	10	75	14.8%	4.1%	2.9%	21.8%
Covered all year		190	46	15	251	4.5%	1.1%	0.4%	6.0%
<b>Total</b>		<b>317</b>	<b>104</b>	<b>89</b>	<b>510</b>	<b>6.2%</b>	<b>2.0%</b>	<b>1.7%</b>	<b>9.9%</b>
<b>TYPE OF INSURANCE</b>									
HMO		109	23	7	139	6.0%	1.3%	0.4%	7.7%
PPO		43	7	3	53	4.9%	0.8%	0.3%	6.0%
POS		4			4	2.1%	0.0%	0.0%	2.1%
Fee for service		8			8	6.1%	0.0%	0.0%	6.1%
Military		4	3	8	15	4.0%	3.0%	7.9%	14.9%
Something Else		45	18	2	65	5.6%	2.2%	0.2%	8.0%
<b>Total</b>		<b>213</b>	<b>51</b>	<b>20</b>	<b>284</b>	<b>5.4%</b>	<b>1.3%</b>	<b>0.5%</b>	<b>7.2%</b>
<b>INDUSTRY</b>									
Government		32	8	11	51	3.8%	1.0%	1.3%	6.1%
Prof. Services		52	18	23	93	5.7%	2.0%	2.5%	10.2%
Agriculture		7		1	8	8.0%	0.0%	1.1%	9.1%
Mining		1			1	2.0%	0.0%	0.0%	2.0%
Manufacturing		6	2	6	14	3.6%	1.2%	3.6%	8.4%
Construction		19	8	5	32	10.5%	4.4%	2.8%	17.7%
T.C.U		16	3	2	21	7.3%	1.4%	0.9%	9.6%
Wholesale Trade		5			5	5.9%	0.0%	0.0%	5.9%
Retail Trade		29	17	5	51	8.1%	4.7%	1.4%	14.2%
F.I.R.E		2	1	4	7	1.6%	0.8%	3.3%	5.7%
Other Services		62	16	13	91	7.9%	2.1%	1.7%	11.7%
		231	73	70	374	6.1%	1.9%	1.8%	9.8%

TABLE E 4.1

## CORRELATES WITH HEALTH CARE COVERAGE FOR WEIGHTED SAMPLE OF CHILDREN

	Frequencies				Percentages			
	Health Care Coverage for 1998				Health Care Coverage for 1998			
	Not Covered at All	Covered Part of Year	Covered Continuously	Total	Not Covered at All	Covered Part of Year	Covered Continuously	Total
<b>PUMA REGIONS</b>								
100	58	44	248	350	16.6%	12.6%	70.9%	100.0%
200	53	38	534	625	8.5%	6.1%	85.4%	100.0%
300	9	14	191	214	4.2%	6.5%	89.3%	100.0%
400	12	13	126	151	7.9%	8.6%	83.4%	100.0%
500	24	14	133	171	14.0%	8.2%	77.8%	100.0%
600	25	12	181	218	11.5%	5.5%	83.0%	100.0%
700	10	11	187	208	4.8%	5.3%	89.9%	100.0%
800	28	9	167	204	13.7%	4.4%	81.9%	100.0%
900	13	8	129	150	8.7%	5.3%	86.0%	100.0%
<b>Total</b>	<b>232</b>	<b>163</b>	<b>1896</b>	<b>2291</b>	<b>10.1%</b>	<b>7.1%</b>	<b>82.8%</b>	<b>100.0%</b>
<b>AGE</b>								
0	5	2	2	9	55.6%	22.2%	22.2%	100.0%
1-5	57	61	479	597	9.5%	10.2%	80.2%	100.0%
6-10	40	52	426	518	7.7%	10.0%	82.2%	100.0%
11-15	101	32	673	806	12.5%	4.0%	83.5%	100.0%
16 and over	30	15	306	351	8.5%	4.3%	87.2%	100.0%
<b>Total</b>	<b>233</b>	<b>162</b>	<b>1886</b>	<b>2281</b>	<b>10.2%</b>	<b>7.1%</b>	<b>82.7%</b>	<b>100.0%</b>
<b>RACE/ETHNICITY</b>								
White, Non-Hispanic	80	68	921	1069	7.5%	6.4%	86.2%	100.0%
Hispanic	89	59	711	859	10.4%	6.9%	82.8%	100.0%
Native American	43	19	155	217	19.8%	8.8%	71.4%	100.0%
Other	8	12	77	97	8.2%	12.4%	79.4%	100.0%
<b>Total</b>	<b>220</b>	<b>158</b>	<b>1864</b>	<b>2242</b>	<b>9.8%</b>	<b>7.0%</b>	<b>83.1%</b>	<b>100.0%</b>
<b>HOUSEHOLD INCOME</b>								
0 - \$10,000	12	32	137	181	6.6%	17.7%	75.7%	100.0%
10 - \$20,000	64	26	258	348	18.4%	7.5%	74.1%	100.0%
20 - \$30,000	56	52	264	372	15.1%	14.0%	71.0%	100.0%
30 - \$40,000	47	23	285	355	13.2%	6.5%	80.3%	100.0%
40 - \$50,000	13	13	281	307	4.2%	4.2%	91.5%	100.0%
50 - \$60,000	10	2	188	200	5.0%	1.0%	94.0%	100.0%
60 - \$70,000	1	2	129	132	0.8%	1.5%	97.7%	100.0%
70 - \$80,000	2	4	111	117	1.7%	3.4%	94.9%	100.0%
80 - \$90,000		2	40	42	0.0%	4.8%	95.2%	100.0%
90 - \$100,000	1	2	20	23	4.3%	8.7%	87.0%	100.0%
Over \$100,000	3	1	68	72	4.2%	1.4%	94.4%	100.0%
<b>Total</b>	<b>209</b>	<b>159</b>	<b>1781</b>	<b>2149</b>	<b>9.7%</b>	<b>7.4%</b>	<b>82.9%</b>	<b>100.0%</b>
<b>ADULT COVERAGE</b>								
Not covered at	166	33	175	374	44.4%	8.8%	46.8%	100.0%
Covered for part	22	77	114	213	10.3%	36.2%	53.5%	100.0%
Covered continuously	44	52	1599	1695	2.6%	3.1%	94.3%	100.0%
<b>Total</b>	<b>232</b>	<b>162</b>	<b>1888</b>	<b>2282</b>	<b>10.2%</b>	<b>7.1%</b>	<b>82.7%</b>	<b>100.0%</b>

**APPENDIX F**

**NEW MEXICO DEPARTMENT OF TAXATION AND REVENUE ESTIMATES  
OF MEDICAID ELIBILITY FOR CHILDREN AT  
235% FEDERAL POVERTY LEVEL**

## APPENDIX F

### **New Mexico Department of Taxation and Revenue estimates of medicaid eligibility for children at 235% federal poverty level**

A calculator developed by the State of New Mexico Department of Taxation and Revenue Office of Tax Research was used to estimate the number of New Mexico children eligible for Medicaid using data supplied on their parents' 1998 state tax returns. The TRD model assumes that children with net household income up to 235% of poverty are eligible. Net household income includes all sources of income except welfare and includes an earned income disregard of \$90 per earner per month, a child support disregard of up to \$50 per month, and a 100% educational loan/grant disregard. The model identifies 173,690 New Mexico households, representing 242,708 children as potentially Medicaid eligible. Medical Assistance Division records indicate that in December 1998 187,669 New Mexico children were covered under Medicaid (this number includes some retroactive SCHIP coverage)<sup>11</sup>. Therefore, in December of 1998 roughly 23% of Medicaid eligible children were not covered by Medicaid. In April of 1999 the number of children covered had climbed to 196,741, yielding an uncovered rate of 19%.

The TRD model, simplified to better correspond to the method used here in determining eligibility, identified 170,073 New Mexico households, representing 238,341 children, as potentially Medicaid eligible. This yields a 21.2% uncovered rate for 1998 and a 17% uncovered rate for 1999.

These rates, which are close to being point-in-time estimates rather than full year, are bounded by the survey estimates for those not covered all year versus those not covered at least part of the year. The survey estimates are thus not unreasonable.

The TRD results, which are preliminary, may underestimate eligibility. Because low-income individuals are eligible for a refundable credit, filings by low income tax payers are very high in New Mexico -- 95%, according to Laird Graeser, Head of Tax Research. Nevertheless, there may be many low-income households who still do not know about the program or who for one reason or another have chosen not to file. It is highly unlikely, however, that these non-filers can explain more than a fraction of the difference in results.

It should be noted that estimating Medicaid eligibility is not a straightforward exercise. What has been done here simplifies eligibility to a matter of federal poverty guidelines. There are, however, 33 different categories representing 21 general types of Medicaid eligibility for children.

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<sup>11</sup> The figures on Medicaid enrollment reflect prospective eligibility and thus may overstate the actual number of children on the Medicaid rolls.

The categories have different income standards, some based on federal poverty guidelines others on New Mexico Works standards of need. Income disregards differ across eligibility types and income types. There are work incentive income disregards applied to earned income and disregards applied to work-related expenses and child-care costs. Fifty dollars of child support monthly is not considered "countable income" by the Medical Assistance Division.

Some Medicaid categories employ wealth tests in addition to income tests, others do not. Medicaid 002 (eligibility associated with New Mexico Works), under which roughly 50,000 children are insured, is contingent on the applicant having no more than \$2000 in non-liquid assets and \$1500 in liquid assets, not inclusive of home and at least one, and more typically, two vehicles. The wealth test is not employed in determining eligibility under category 032, under which roughly 54,000 New Mexico children are insured.

Broad Medicaid eligibility guidelines appear to have changed in March of 1998. Furthermore, the expanded eligibility under SCHIP, though technically in effect beginning March of 1999 was retroactive to July of 1998.

Lastly, Medicaid eligibility for adults is determined monthly with lump sum additions to income counted as income in the month in which they were received. Children, once eligibility is determined, currently (implemented in 1998) have one year of continuous coverage.