

Grand Rapids African American Health Institute

Grand Rapids African American Health Institute

COMMUNITY SURVEY

**Executive Summary
And
Demographic Analysis**

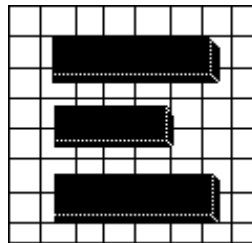
May 23, 2006

Survey funded by:



HCAP COMMITTEE

Survey conducted by:



EPIC ▪ MRA

4710 W. Saginaw Highway
Suite 5
Lansing, MI 48917
517/886-0860
800/545-8249
Fax 517/886-9176
e-mail: epicmra@acd.net

CONTENTS

Methodology	2
Executive Summary	4
Similar views on health related issues; differences on race/cultural concerns	4
Different views of the health condition of Kent County residents	6
General agreement in comparing health of Grand Rapids with rest of Kent County	7
– differences in reasons for calling GR health “worse”	7
Rating health care system:	8
Rating health care system:	9
– African Americans/Hispanics more negative <i>re</i> race and transportation	9
Rating condition of personal health:	10
Rating condition of personal health:	11
– African Americans more negative; Hispanics in middle	11
Reporting of health problems:	11
– diabetes/high blood pressure: twice as frequent among African Americans	11
Differences in source of recent treatment	13
Reporting of recent health exams/Reasons for non-frequency	14
Differences in insurance coverage	15
Medical care/choice:	17
– all groups report having regular doctors; most satisfied	17
– most say they have choice in doctor/medical care	17
Delay of medical care:	18
– similar numbers report delay (somewhat higher for Hispanics)	18
– delay most likely blamed on cost, lack of insurance	18
Delay of prescriptions:	18
– African Americans twice as likely	18
Perceptions of unfair medical treatment based on patient characteristics	20
– African Americans, Hispanics much more likely cite unfairness	20
Awareness of, opinion of GRAAHI	22
– African Americans somewhat more aware; all hold similar view	22
Survey Overview and Demographic Analysis	23
Key demographic differences	23
Ranking local health care/insurance issues:	25
Rating health of:	25
– Kent County residents	25
– GR residents compared to county	26
– reasons for “worse”	27
Rating local health care system	27
Rating personal health	30
– reasons for “negative”	30
– self-reported health problems	30
– diagnosed health problems/family history	31
Recent medical treatment	35
– source of treatment	36
– recent overnight hospital stay, reasons for admission	36
– recent health exam/check-up	37
– reasons for non-frequency	37
Health insurance	38
– current coverage/source	38
– prescription coverage	38
– dental coverage	38
– recent lapses in coverage	38
– household coverage	39
Regular doctor services	40
– satisfaction with doctor	40
– reasons for dissatisfaction	41
– change of doctor	41
– choice in choosing doctor	41
Recent delays in treatment	42
– reasons for delay	42
Recent delays in prescriptions	43
– reasons for delay	43
Ranking prevalence of patient characteristics affecting health care treatment	44
Awareness/opinion of Grand Rapids African American Health Institute	52

METHODOLOGY

EPIC ■ MRA administered interviews with 524 adult residents of the city of Grand Rapids and the city of Kentwood, in Kent County, Michigan, along with over samples of 222 respondents who identified themselves as African American and 190 who identified themselves as of Hispanic background from the same two communities. The interviews were conducted between January 24 and April 21, 2006.

Respondents were included in the sample/over samples if they said they were age 18 years or over and said neither they nor anyone in their household is employed by a newspaper, television station or other media outlet; a survey research firm; or a doctor, hospital or other health care provider. Respondents for the interviews were selected utilizing an interval method of randomly selecting records of people who live in Grand Rapids or Kentwood. The sample was stratified so that every area of the district is represented in the sample according to its contribution to the population.

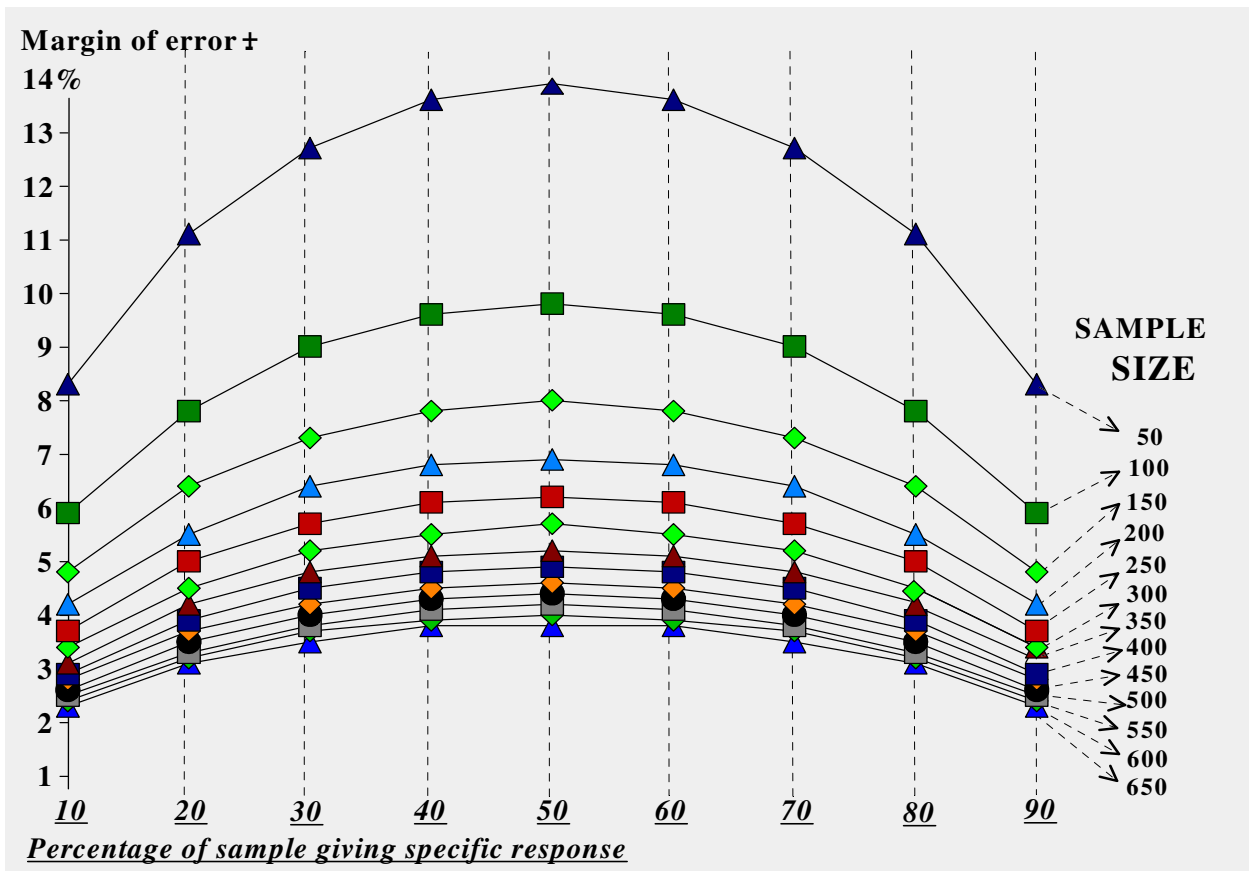
In interpreting survey results, all surveys are subject to error; that is, the results of the survey may differ from those which would have been obtained if the entire population were interviewed. The size of the sampling error depends on the total number of respondents to a particular question. The table on the next page represents the estimated sampling error for different percentage distributions of responses based on sample size.

For example, 54 percent of all 524 respondents in the general sample said the current condition of their general health can be described as “pretty good” (Question #15). As indicated in the chart below, this percentage would have a sampling error of plus or minus 4.4 percent. That means that with repeated sampling, it is very likely (95 times out of every 100), that the percentage for the entire base sample population would fall between 49.6 percent and 58.4 percent, hence 54 percent \pm 4.4 percent. The margin of error for the over samples is \pm 6.9 percent

EPIC ▪ MRA SAMPLING ERROR BY PERCENTAGE (AT 95 IN 100 CONFIDENCE LEVEL)

Percentage of sample giving specific response

	<u>10</u>	<u>20</u>	<u>30</u>	<u>40</u>	<u>50</u>	<u>60</u>	<u>70</u>	<u>80</u>	<u>90</u>
SAMPLE SIZE	% margin of error ±								
650	2.3	3.1	3.5	3.8	3.8	3.8	3.5	3.1	2.3
600	2.4	3.2	3.7	3.9	4	3.9	3.7	3.2	2.4
550	2.5	3.3	3.8	4.1	4.2	4.1	3.8	3.3	2.5
500	2.6	3.5	4	4.3	4.4	4.3	4	3.5	2.6
450	2.8	3.7	4.2	4.5	4.6	4.5	4.2	3.7	2.8
400	2.9	3.9	4.5	4.8	4.9	4.8	4.5	3.9	2.9
350	3.1	4.2	4.8	5.1	5.2	5.1	4.8	4.2	3.1
300	3.4	4.5	5.2	5.5	5.7	5.5	5.2	4.5	3.4
250	3.7	5	5.7	6.1	6.2	6.1	5.7	5	3.7
200	4.2	5.5	6.4	6.8	6.9	6.8	6.4	5.5	4.2
150	4.8	6.4	7.3	7.8	8	7.8	7.3	6.4	4.8
100	5.9	7.8	9	9.6	9.8	9.6	9	7.8	5.9
50	8.3	11.1	12.7	13.6	13.9	13.6	12.7	11.1	8.3

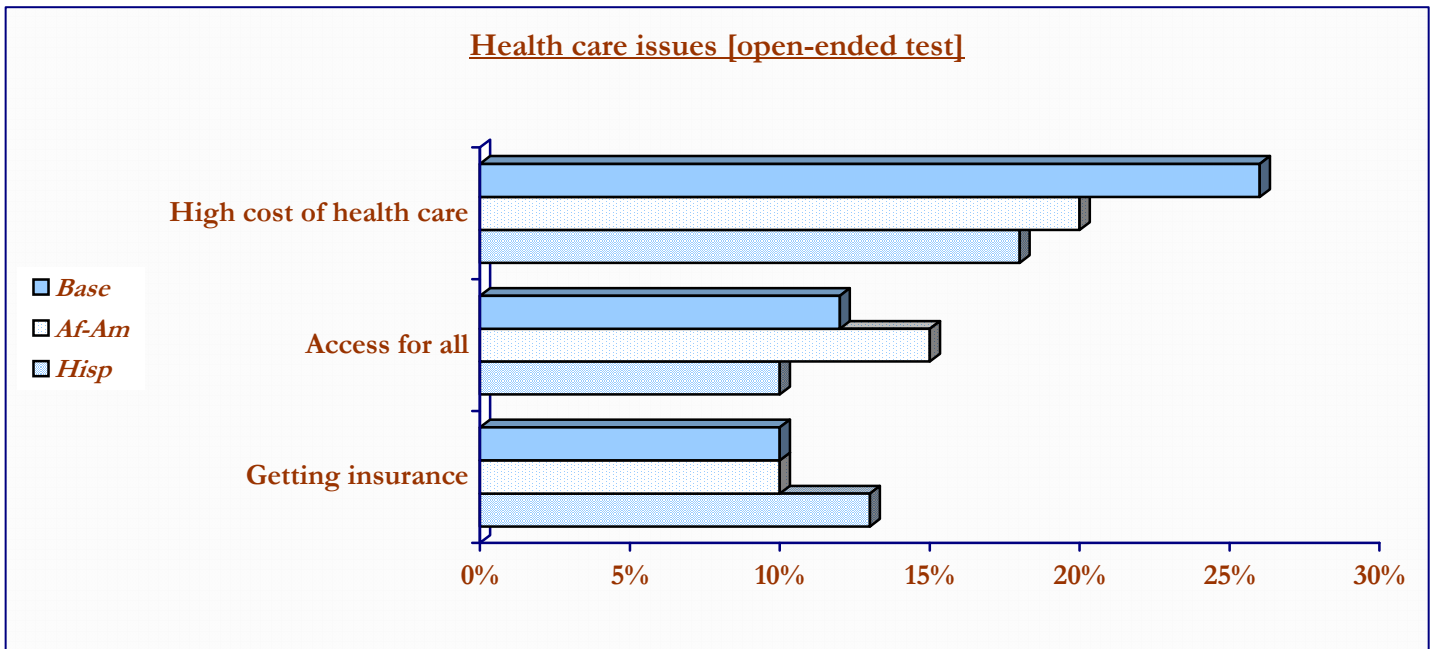


EXECUTIVE SUMMARY

Comparison of the responses offered by the base sample respondents with those offered by respondents in the African American and Hispanic over samples reveals remarkable similarities in many areas, as well as significant, and sometimes striking differences.

Similar views on health related issues; differences on race/cultural concerns

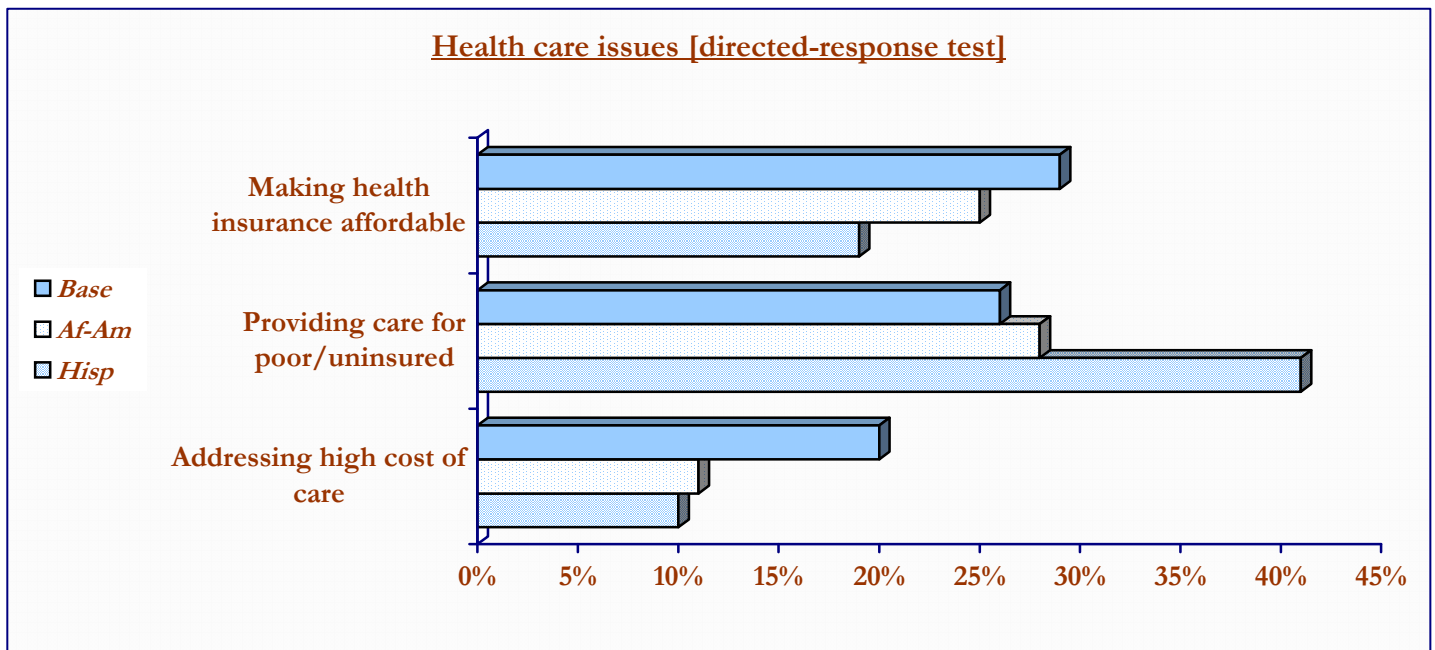
All three groups surveyed had similar views as to the top health care and insurance issues that must be addressed in Grand Rapids and Kentwood. In an open-ended question, respondents were asked to identify up to three important problems in access to quality health care and health insurance that must be addressed in the Grand Rapids area. In each group, the “high cost of health care” was the top problem identified (cited by 26 percent of the base, 20 percent of African Americans and 18 percent of Hispanics). Other leading responses were “access to all” (cited by 12 percent of the base, 15 percent of African Americans and 10 percent of Hispanics); “getting insurance” (10 percent of both the base and African Americans, 13 percent of Hispanics) and “getting good care” (nine percent of the base and African Americans and 10 percent of Hispanics).



After hearing a list of specific problems facing the health care system in the area, respondents were asked which problem they personally are concerned about the most. “Making health insurance affordable” topped the list among the base respondents (cited by 29 percent), followed by “providing health care for the poor, underinsured and uninsured” (26 percent) and “addressing the high cost of health care” (20 percent).

Among African Americans in this test, “providing health care for the poor, underinsured and uninsured” was the leading response (offered by 28 percent), followed by “making health insurance affordable” (25 percent), “addressing the high cost of health care” (11 percent) and “a lack of community based health care for the elderly” (10 percent).

Among Hispanics, the leading responses were “providing health care for the poor, underinsured and uninsured” (offered by 41 percent), “making health insurance affordable” (19 percent) and “addressing the high cost of health care” (10 percent).



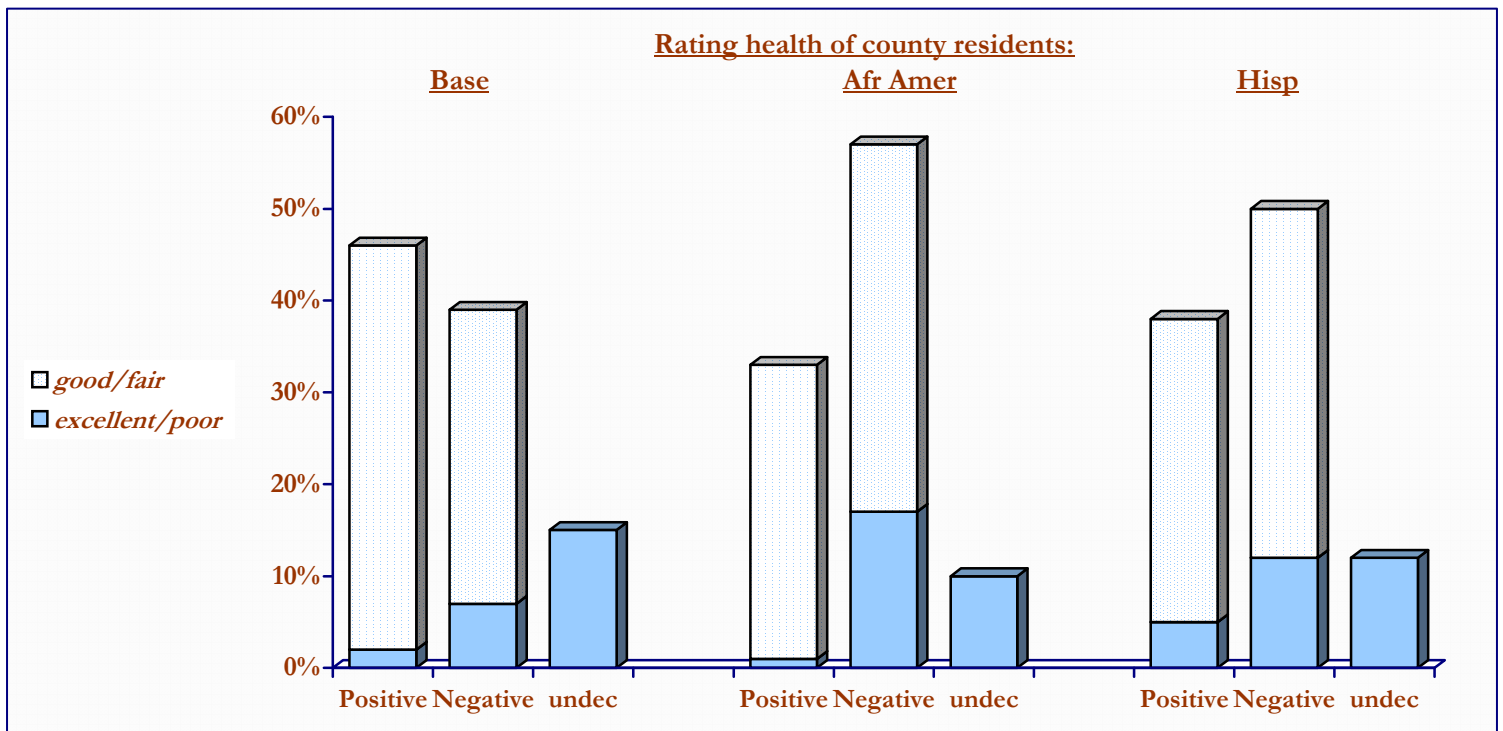
Comparing these responses reveals the biggest differences in the level of concern about “addressing the high cost of health care”; this concern was expressed by 20 percent of the base respondents, compared to 11 percent of African Americans and 10 percent of Hispanics. Also, more Hispanics expressed concern about “providing health care for the poor, underinsured and uninsured” (41 percent) than did African Americans (28 percent) and the base respondents (26 percent).

The “directed response” results reveal other key differences in concerns among the three groups that are worth mentioning. For instance, while only one percent of the base respondents cited “addressing the problems of racism in the health care system” as a personal concern, six percent of African Americans did so, as did just two percent of Hispanics. Likewise, while only one percent of the base expressed concern about “overcoming cultural barriers in addressing

minority health care needs,” seven percent of Hispanics and four percent of African Americans identified this as an area of personal concern.

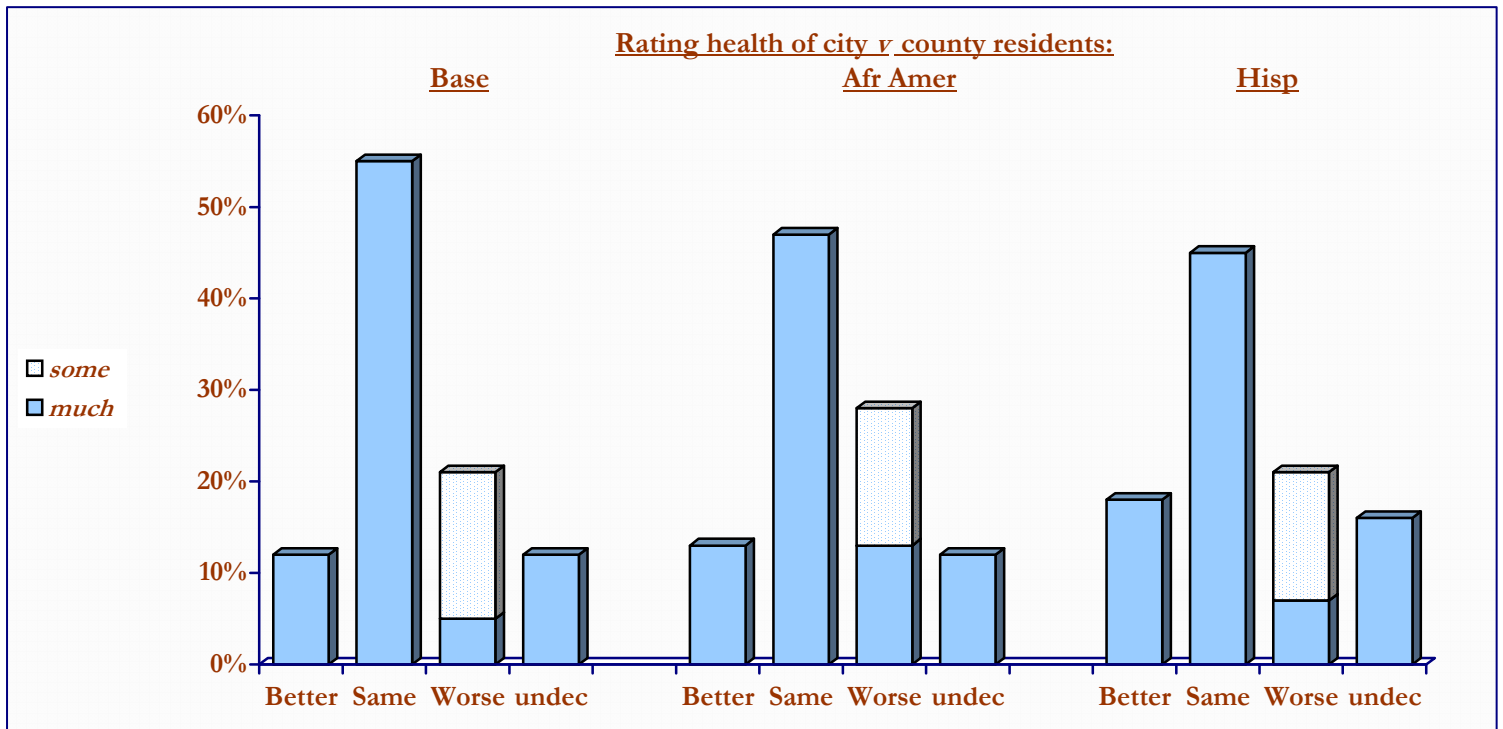
Different views of the health condition of Kent County residents

There is a much different perception between the base and African Americans about the health condition of all Kent County residents. While the 46 percent of the base offered an overall “positive” rating, including two percent “excellent” and 44 percent “pretty good,” only 33 percent of the African American oversample offered positive rating (one percent “excellent” and 32 percent “pretty good”). Responses from the Hispanic oversample fell roughly in the middle, with 38 percent offering a positive rating (five percent “excellent”). And while 39 percent of the base gave a “negative” rating (32 percent “only fair” and seven percent “poor”), a 57 percent majority of African Americans offered the same rating (40 percent “only fair” and 17 percent “poor”) as did 50 percent of Hispanics (38 percent “only fair” and 12 percent “poor”).



General agreement in comparing health of Grand Rapids with rest of Kent County

In comparing the health of the residents of the city of Grand Rapids with that of residents of other parts of Kent County, there was general agreement between all three groups, with the African American oversample expressing a somewhat more negative view. While a 55 percent majority of the base said city and county residents share “the same” state of health, just a 47 percent plurality of African Americans and a 45 percent plurality of Hispanics offered this response. Among the base, 12 percent said the health of Grand Rapids residents was “better”, compared to 13 percent of African Americans and 18 percent of Hispanics offering this response, while 28 percent of African Americans and 21 percent of both the base and Hispanics said the health of city residents is “worse” than that of other county residents.

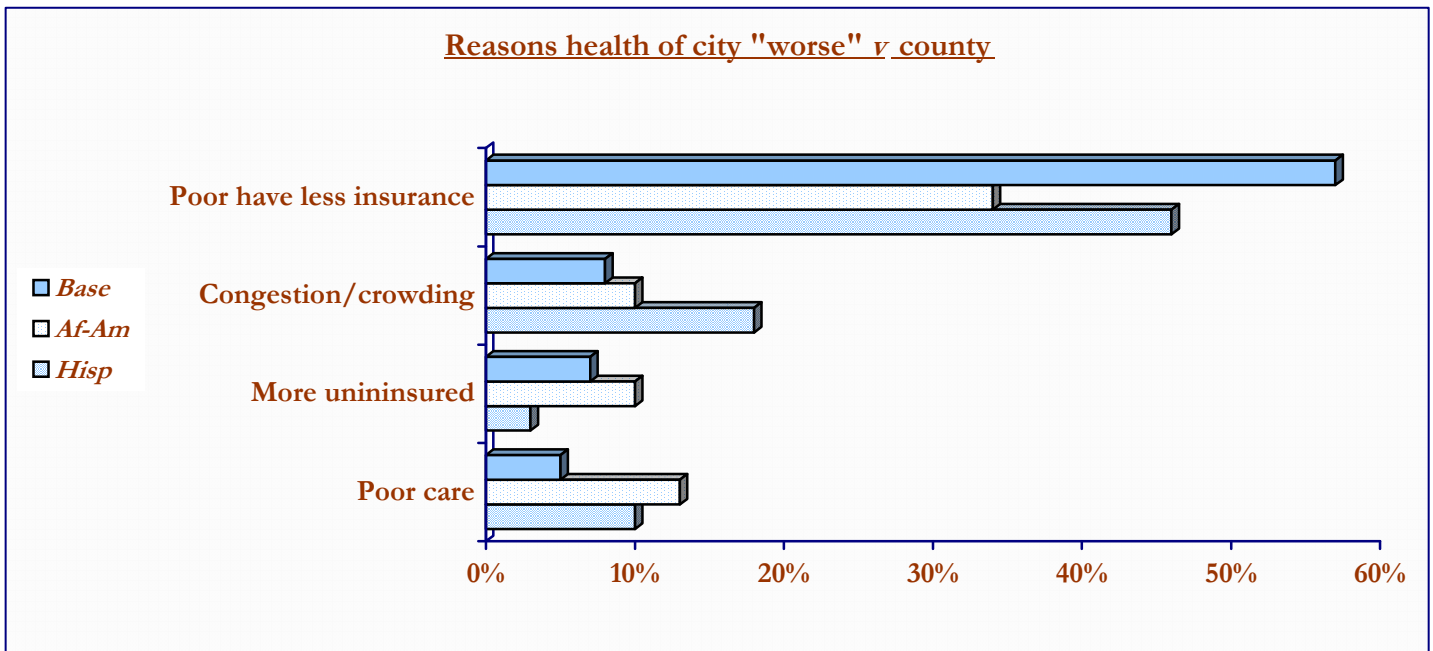


– differences in reasons for calling GR health “worse”

Those who said the health of Grand Rapids residents is “worse” — which encompassed 21 percent each of the base respondents and Hispanics and 28 percent of African Americans — were asked to state their main reason for saying so. Among the base respondents offering this view, the top reasons offered were “poor have less insurance” (cited by 57 percent), “city congestion and crowding” (eight percent), “more uninsured” (seven percent) and “obesity and smoking” and “poor care” (each five percent).

Among corresponding African Americans, the top reason cited was the “poor have less insurance” (offered by 34 percent, 23 percentage-points less than the base), followed by “poor care” (13 percent), “more uninsured” (10 percent), “city congestion and crowding” (10 percent), and “many minorities” (eight percent; not cited among the base).

Among corresponding Hispanic respondents, the leading reason offered was “poor have less insurance” (offered by 46 percent, 11 percentage-points less than the base), followed by “city congestion/crowding” (18 percent) and “poor care” (10 percent).



Rating health care system:

— African Americans/Hispanics more negative *re* race and transportation

Respondents were asked to rate the job the Grand Rapids health care system does in meeting a list of eight health care goals, offering either “positive” rating of “excellent” or “pretty good,” or a “negative” rating of “only fair” or “poor.”

In two areas tested, majorities in all three groups offered “positive” ratings:

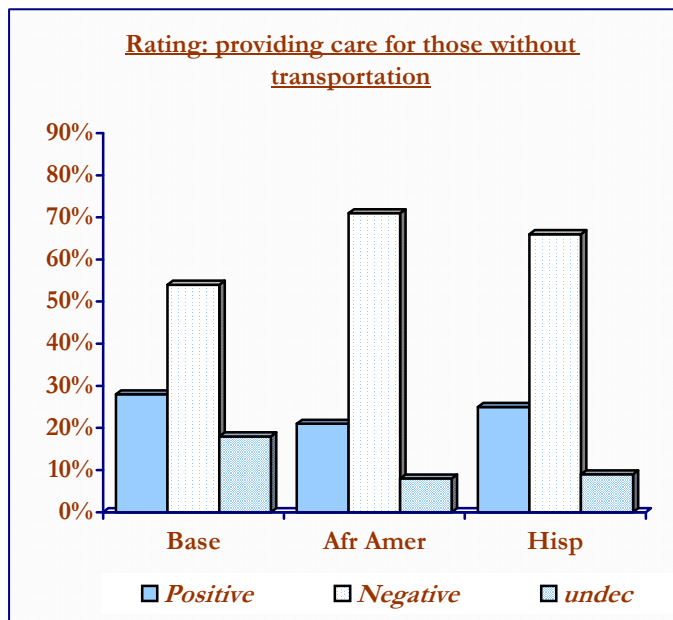
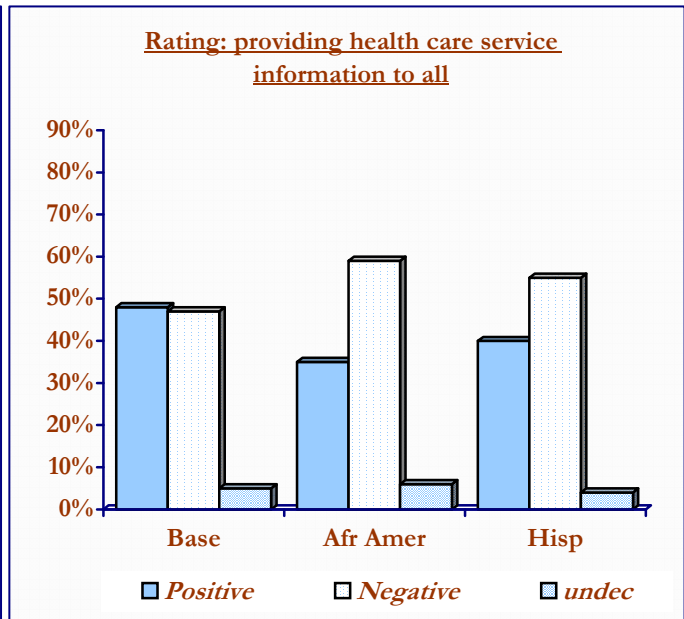
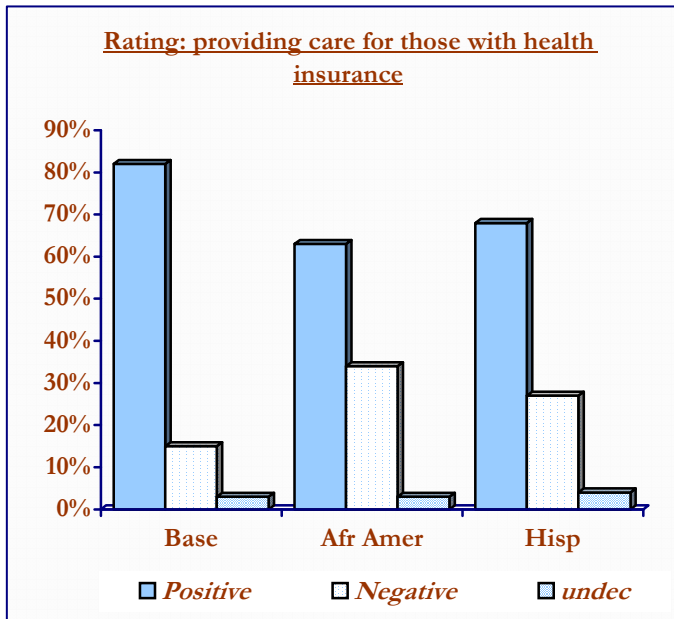
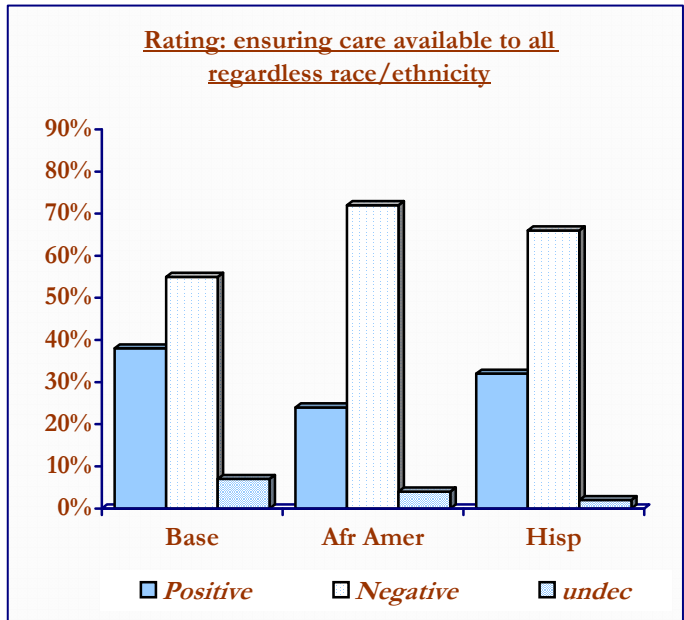
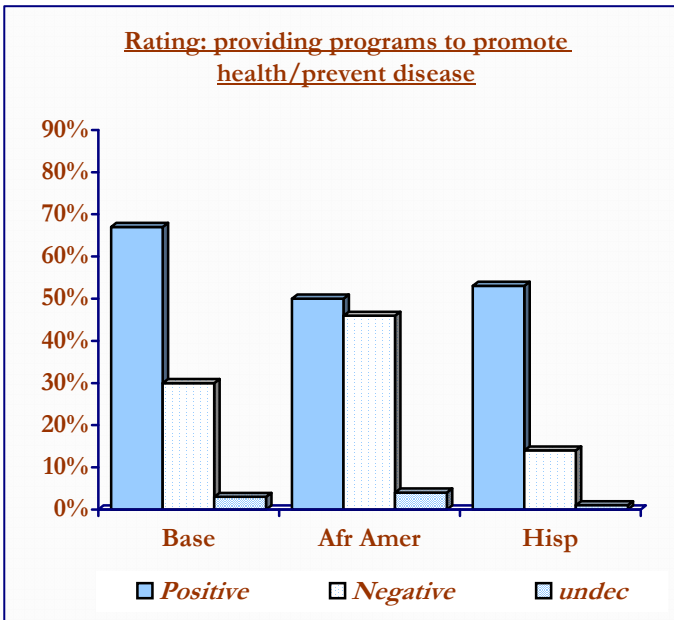
Total Percentages Offering “Positive” Ratings

	Base	Af- Am	HISP
Providing high quality health care for residents who have health insurance coverage	82%	63%	68%
		<i>significant difference between base and over samples</i>	
Providing programs that promote health and prevent disease	67%	50%	53%
		<i>lower majorities in over samples</i>	

All of the other six goals of the health care system earn a “negative” rating from all groups, but for most of them African Americans were significantly more negative in their views than the base. Hispanics were only slightly less negative than African Americans.

Total Percentages Offering “Negative” Ratings

	Base	Af- Am	HISP
Offering adequate health care services to the working poor	66%	73%	71%
Providing health care for poor and uninsured residents of Grand Rapids	64%	76%	76%
		<i>12 point difference between base and over samples</i>	
Meeting the health care needs of the all Grand Rapids area residents, regardless of economic status	62%	73%	70%
		<i>significant difference between base and over samples</i>	
Ensuring that high quality health care is offered to everyone, regardless of race or ethnic background	55%	72%	66%
		<i>double-digit difference between base and over samples</i>	
		<i>– a clear indication of a much greater perception among African Americans and Hispanics that race or ethnic background is a factor in the quality of health care services provided..</i>	
Providing adequate health care services to people without transportation	54%	71%	66%
		<i>significant difference between base and over samples</i>	
		<i>African Americans and Hispanics clearly have greater understanding of the problems a lack of transportation has on the delivery of health care services..</i>	
Providing information on the availability of health care services to all residents	47%	59%	55%

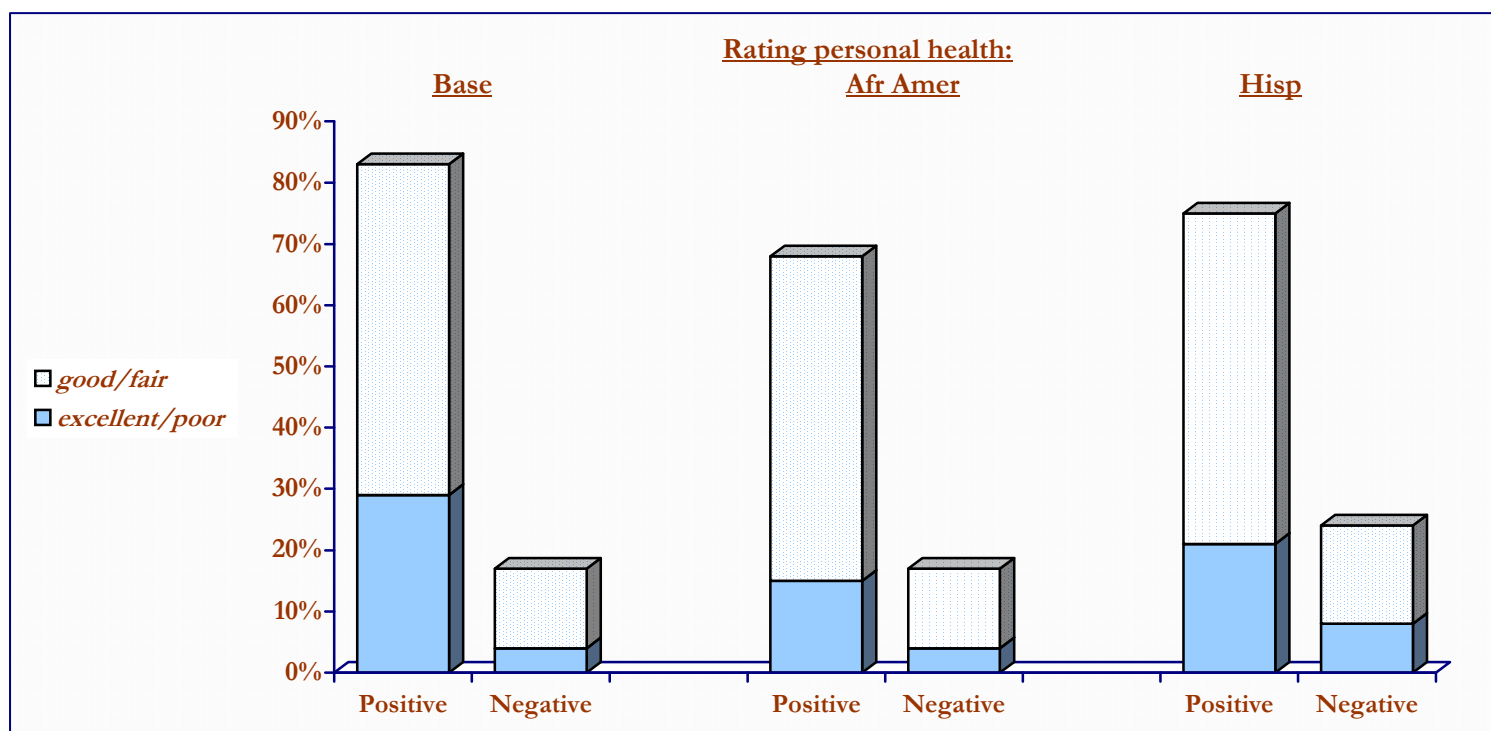


Rating condition of personal health:

— African Americans more negative; Hispanics in middle

Responses to the question, “...how would you rate the condition of your personal health these days?” show a significantly higher number of base respondents offering a positive rating than is the case among the African American oversample. An 83 percent majority of the base offered a “positive” rating for their personal health, including 29 percent who described their health as “excellent.” Among African Americans, the overall rating was “positive” but at a much lower 68 percent (15 percent “excellent”), 15 percentage points lower than among the base.

Respondents in the Hispanic oversample were almost exactly in the middle of these two results, with 75 percent offering a “positive” rating (21 percent “excellent”). “Negative” ratings for personal health were offered by 17 percent of the base, 31 percent of African Americans and 24 percent of Hispanics.

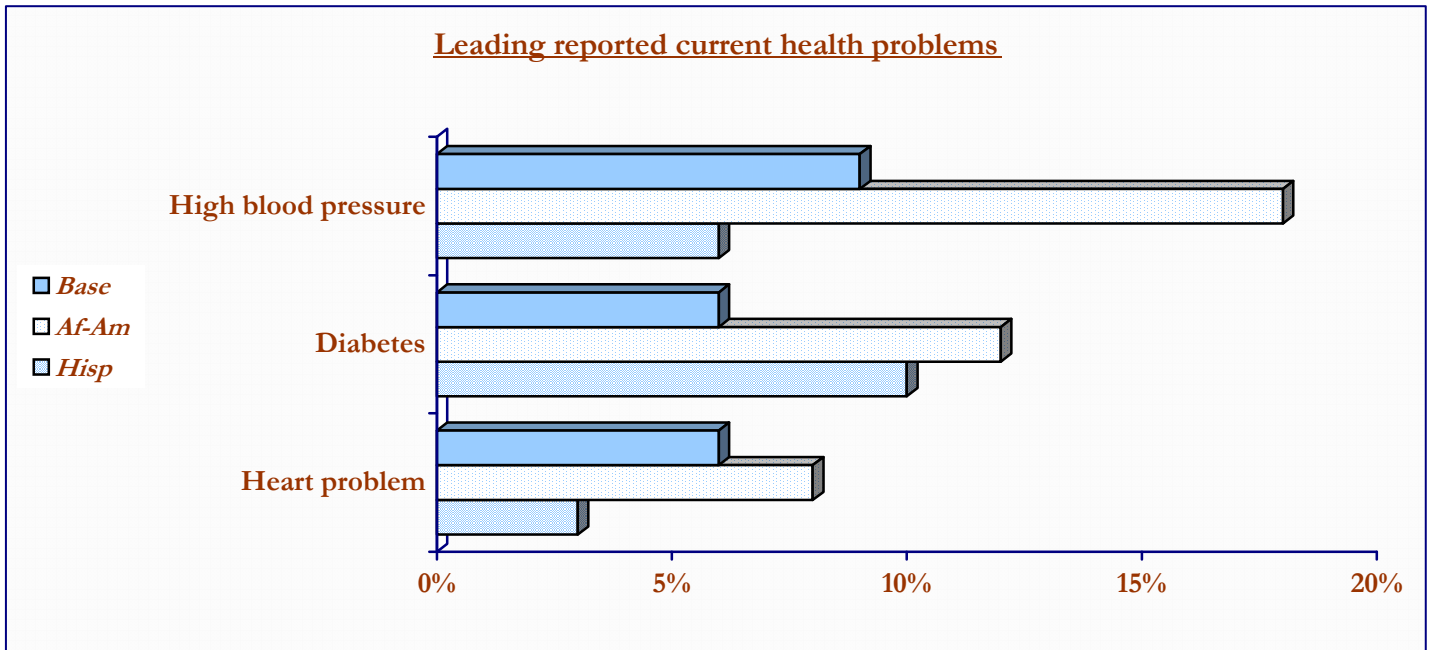


Reporting of health problems:

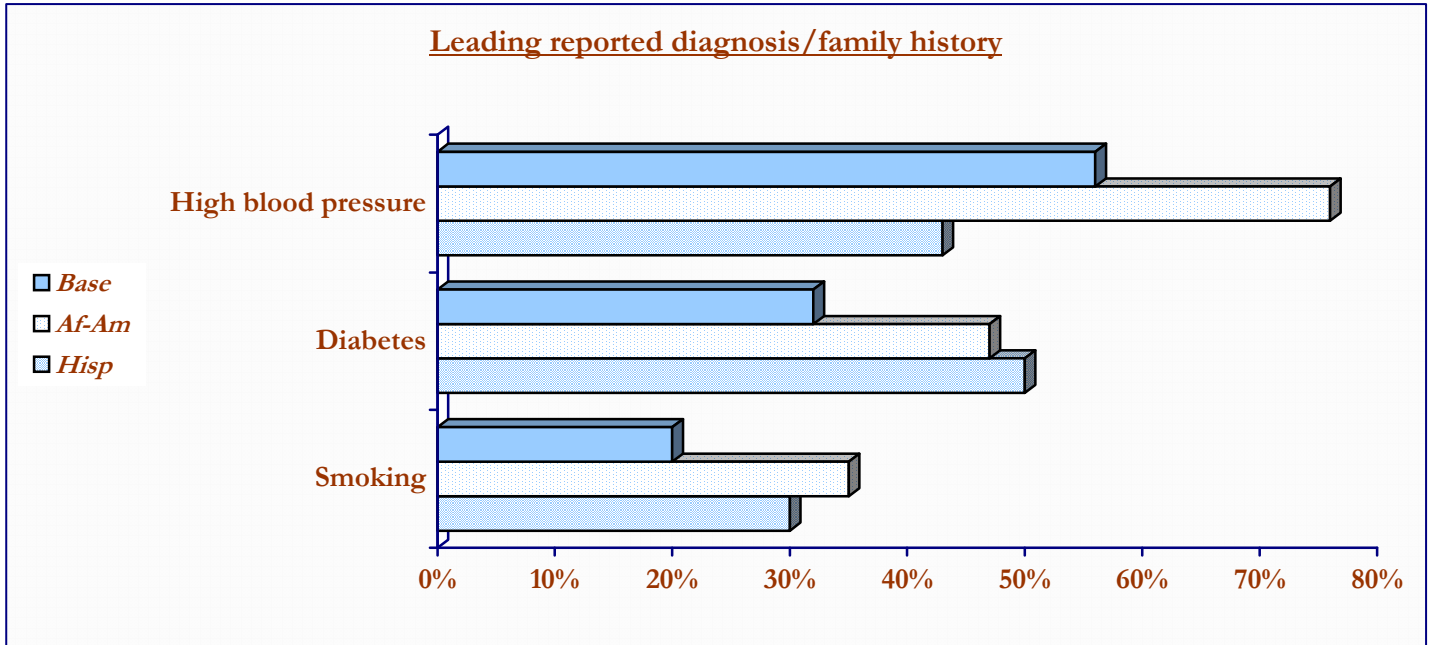
— diabetes/high blood pressure: twice as frequent among African Americans

In an open-ended question, respondents were asked to identify up to three of the most serious health problems they are currently experiencing. There was general consistency in responses among the three groups, with the exception of significant differences in the self-reported incidences of diabetes and high blood pressure, with African Americans reporting both problems by double the percentage of the base.

While nine percent of the base and just six percent of Hispanics reported having high blood pressure, 18 percent of African Americans did so. Likewise, while six percent of the base reported having diabetes, 12 percent of African Americans said they experienced the same problem, as did six percent of Hispanics.



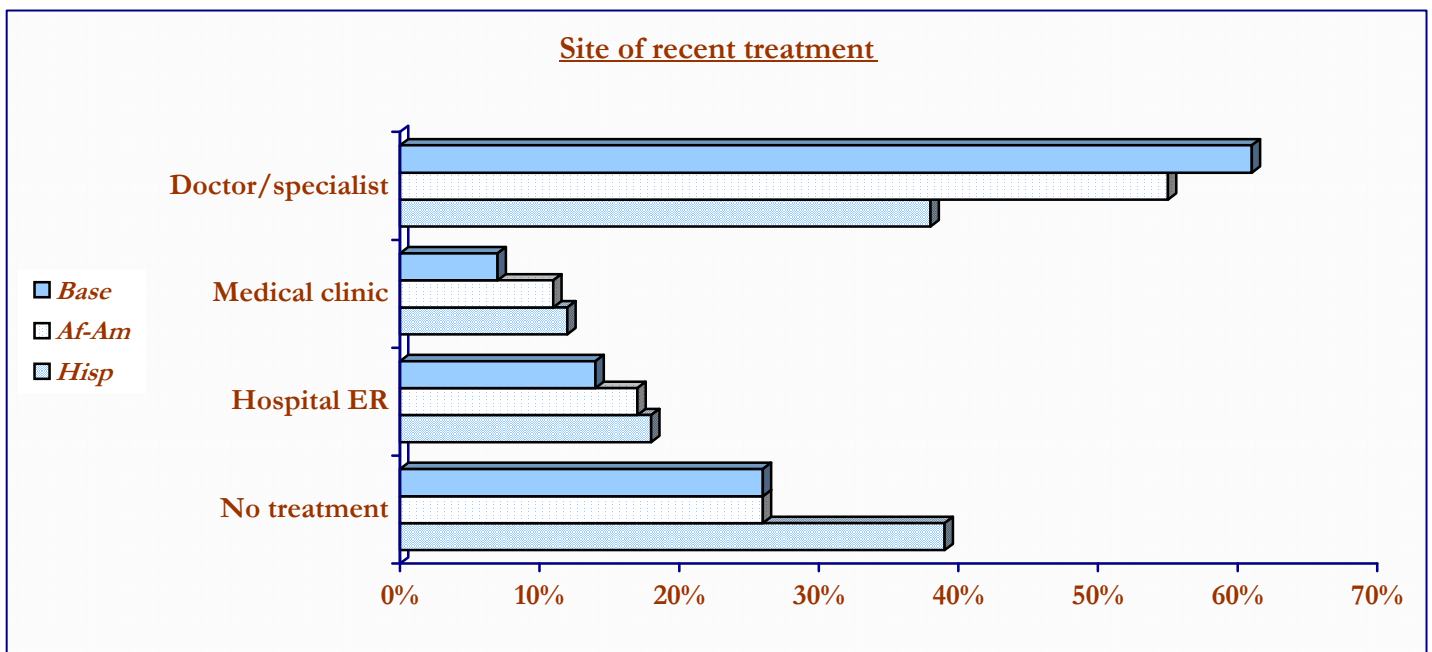
In a subsequent directed-response test, all respondents were read a list of health related problems, and asked if they had been diagnosed with or had a family history of each. In this test, higher percentages of African Americans reported a diagnosis/history of high blood pressure, smoking, diabetes, being overweight and having high cholesterol. Among the base, higher percentages reported a diagnosis/history of heart attacks or heart disease, as well as cancer, than did African Americans. Hispanics reported a higher incidence of diabetes, being overweight and smoking than did the base. The two groups reported the same incidence of high cholesterol.



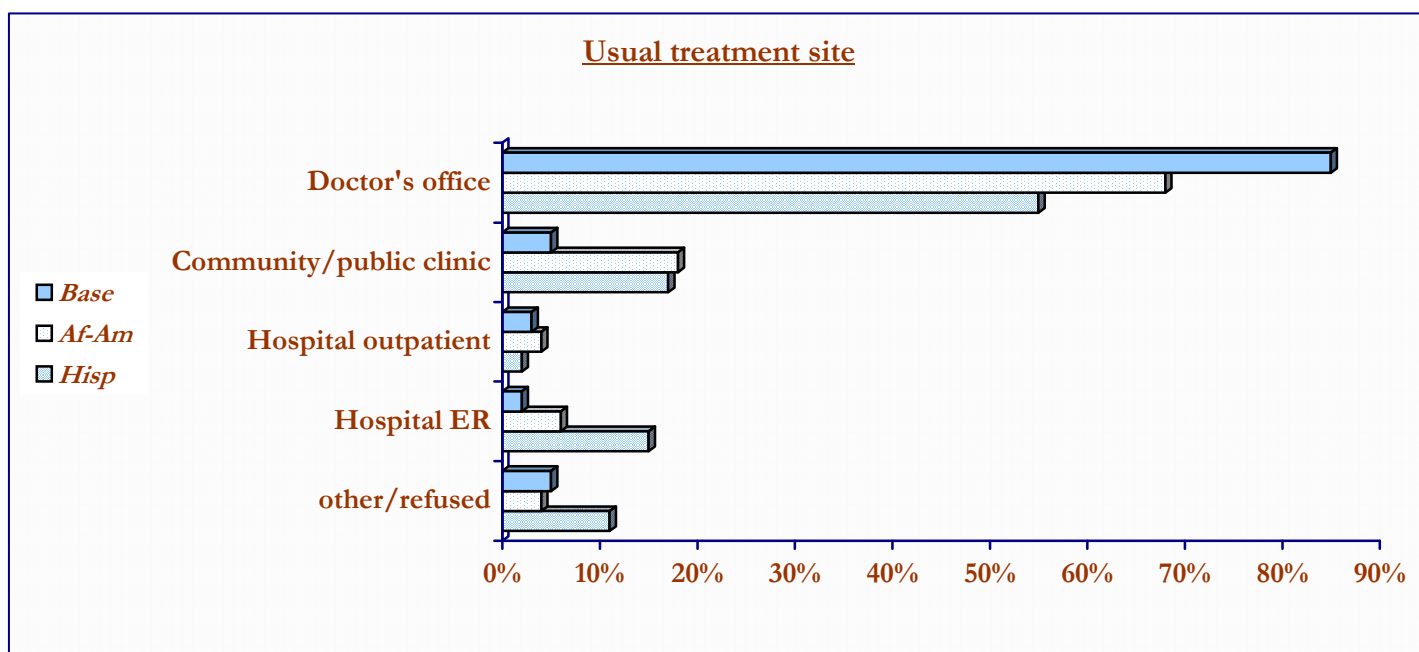
Differences in source of recent treatment

All respondents were asked where they sought treatment in the past 12 months for a health related problem. Majorities of the base respondents and the African American oversample (61 percent and 55 percent, respectively) said they went to “a doctor or specialist,” as did a much lower 38 percent of Hispanics. Other responses were:

	BASE	Af-Am	HISP
A medical clinic	7%	11%	12%
A hospital emergency room	14%	17%	18%
Have not sought treatment	26%	26%	39%



However, significant differences emerged when respondents were asked, “Where do you usually go when you have a health related problem?” An 85 percent majority of the base said they go to “a doctors office”, compared to 68 percent of African Americans and only 55 percent of Hispanics. Only five percent of the base said they usually go to “a community health center or other public clinic,” while this response was offered by 18 percent of African Americans and 17 percent of Hispanics. Just two percent of the base and six percent of African Americans said they go to “a hospital emergency room,” with a significantly higher 15 percent of Hispanics offering this response.



Reporting of recent health exams/Reasons for non-frequency

All respondents were asked, “When was the last time you had a complete or thorough health care exam and check-up to determine the condition of your health?” Among the base respondents, 22 percent said their last health care exam/check-up was more than two years ago, as did 18 percent of the African American and 29 percent of the Hispanic over samples.

These respondents were then asked to state the main reason they have not had more frequent health care check-ups:

Base	Af-Am	HISP
32% healthy	23% healthy	33% healthy
17% no health insurance	23% no health insurance	27% no health insurance
12% too busy	12% the cost	13% the cost
12% the cost	7% no transportation	11% too busy
7% nothing serious	35% other/undecided/refused	16% other/undecided/refused
5% see the doctor often		
4% don't like doctors		
11% Other/undecided/refused		

Differences in insurance coverage

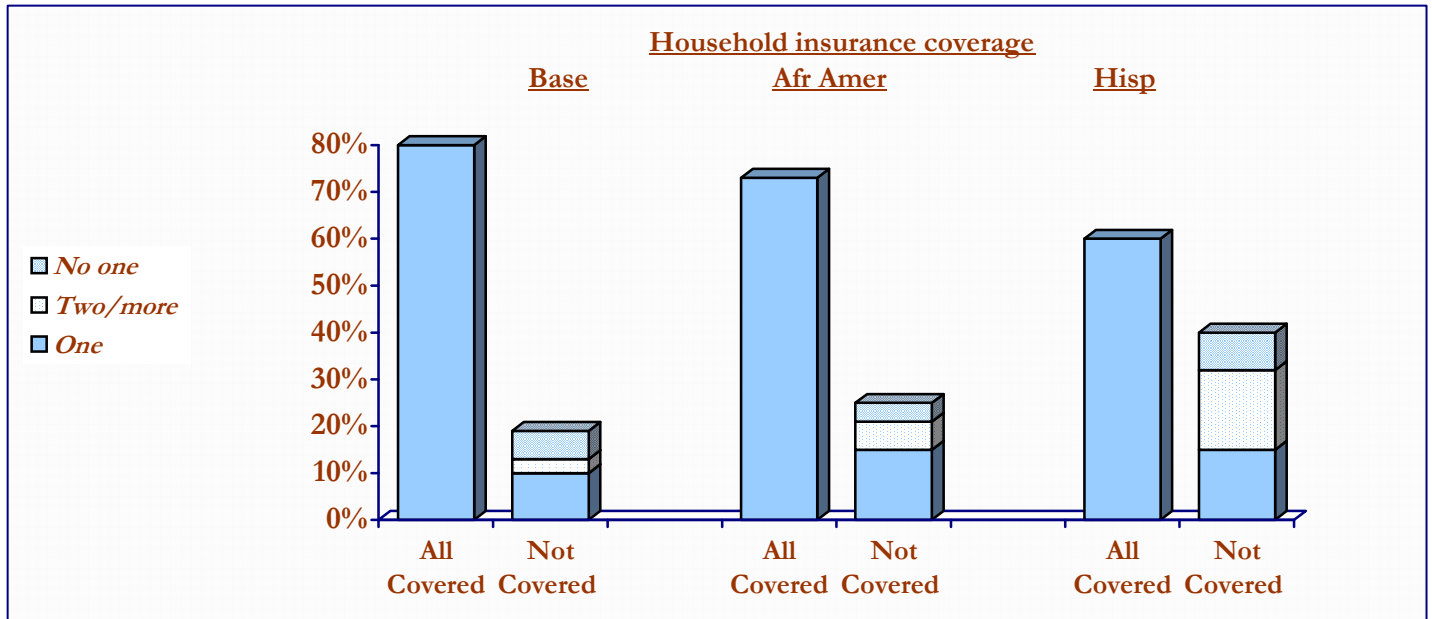
All respondents were asked if they have health insurance coverage provided by an employer or under a government program such as Medicaid or Medicare, if they are covered by someone else's health insurance, if they purchase their own health insurance, or if they are not covered any health insurance at all:

	Base	Af-Am	HISP
provided by employer	37%	37%	42%
provided under government program like Medicaid or Medicare	32%	41%	32%
covered by someone else's health insurance policy	17%	9%	9%
purchases own health insurance policy	9%	5%	2%
not covered at all	4%	6%	15%
undecided/don't know	1%	2%	—%

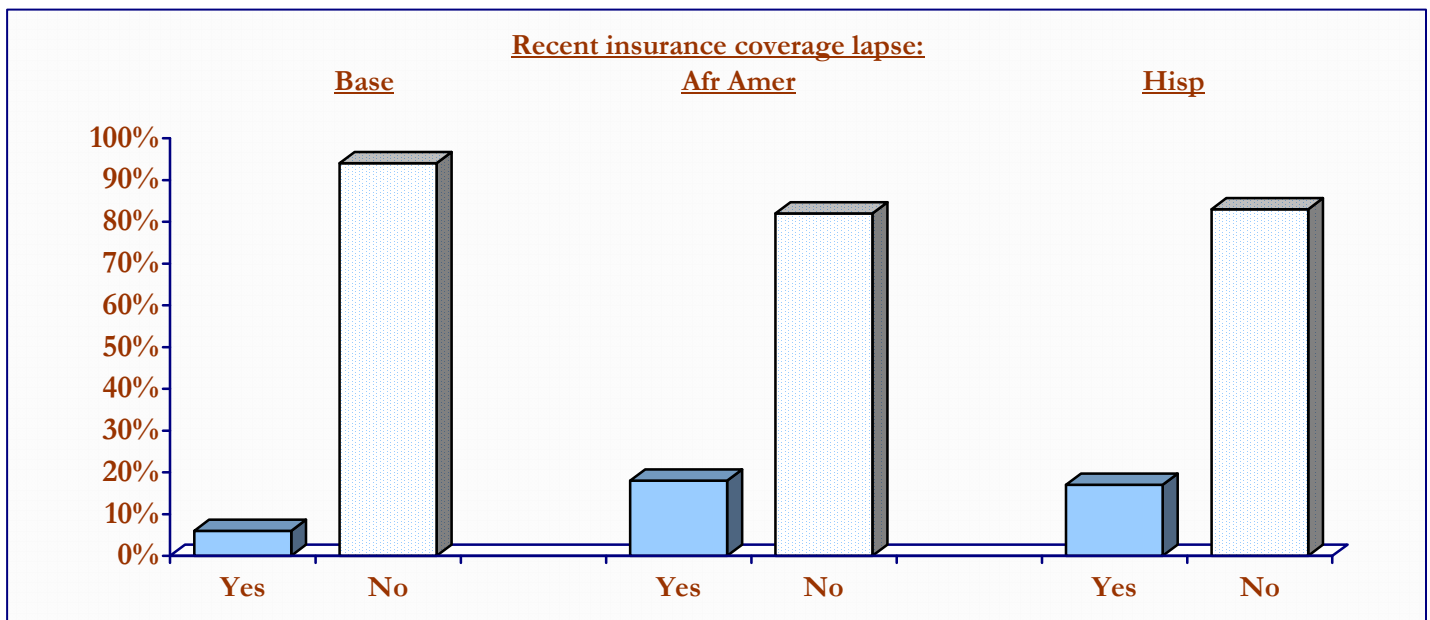
In a subsequent question, respondents were asked, "How many members of your household have no health insurance coverage at all?" Across all three groups, majorities said everyone in their household was covered by some form of health insurance (80 percent of the base, 73 percent of African Americans and 60 percent of Hispanics). This means up to 20 percent of the base, 27 percent of African Americans, and 40 percent of Hispanics could have one or more household members who are not covered by insurance:

	Base	Af-Am	HISP
no one in household covered	6%	4%	8%
one not covered	10%	15%	15%
two not covered	3%	4%	11%
three not covered	—%	2%	3%
four or more not covered	—%	—%	3%
undecided/don't know	1%	2%	—%

A more realistic measurement of non-coverage is to consider how many respondents reported two or more household members were not covered by insurance: 10 percent of the base, 12 percent of African Americans and 25 percent of Hispanics.



In addition, among respondents who previously said they currently have health insurance, 18 percent of African Americans, 17 percent of Hispanics and six percent of the base also said there had been a period in the past 12 months when they were without health insurance coverage.



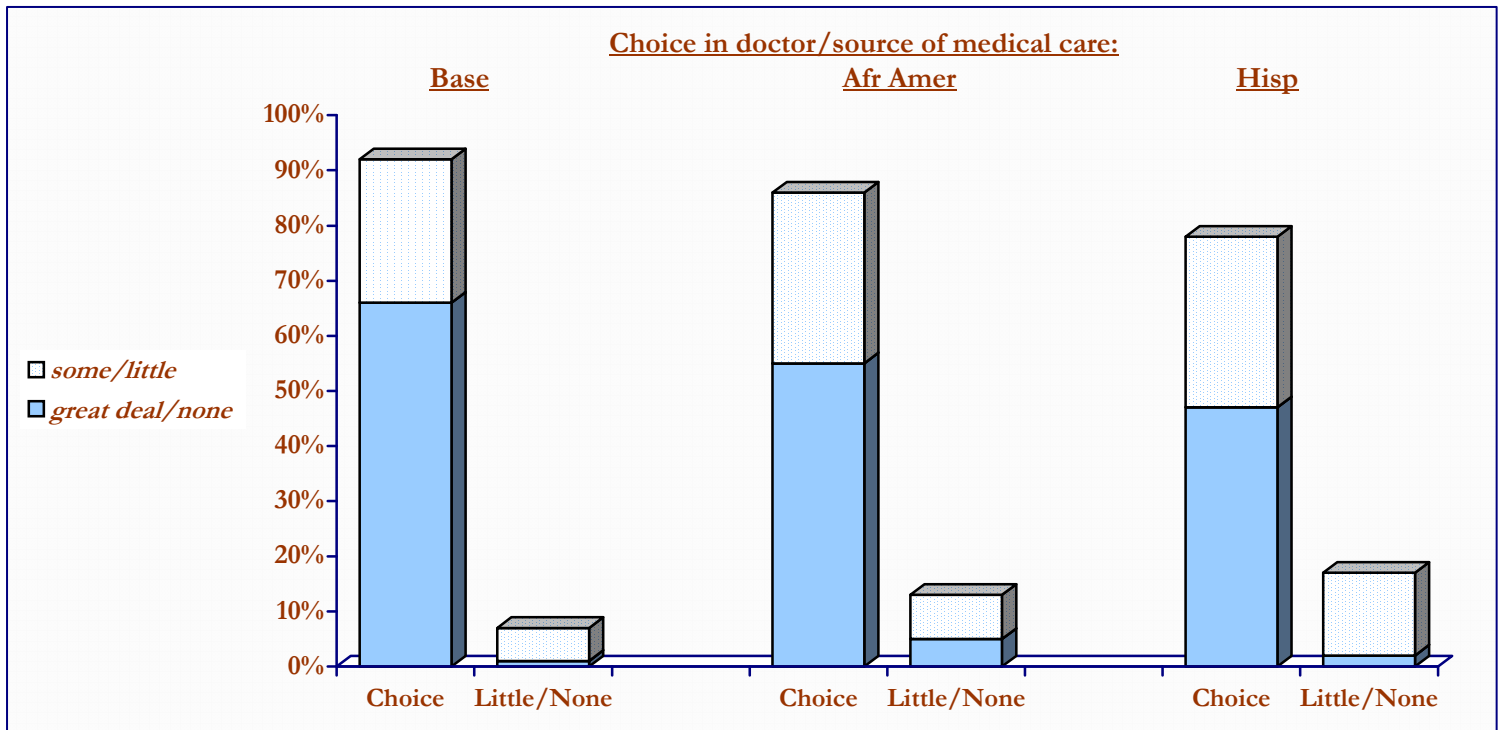
Medical care/choice:

— all groups report having regular doctors; most satisfied

When all respondents were asked if they have a regular doctor they see when they need health care services, 94 percent of the base, 88 percent of African Americans and a lower of 78 percent of Hispanics said “yes.” When these respondents were asked if they were satisfied with the health care services provided by their doctor, almost all said “yes” (97 percent of the base, 94 percent of African Americans and 91 percent of Hispanics).

— most say they have choice in doctor/medical care

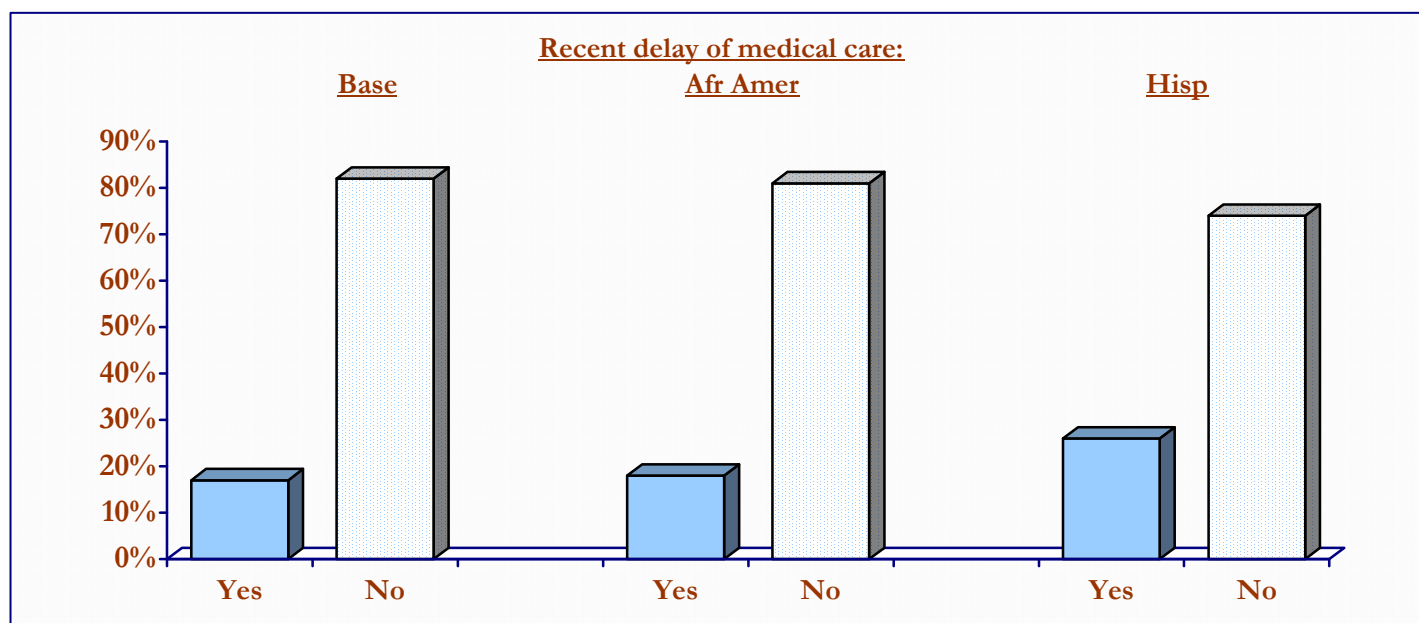
These respondents who said they have a regular doctor were asked how much personal choice they have in choosing a doctor or deciding where they will go for medical care. Across all three groups, majorities said they have “a lot” or “some” choice (92 percent of the base, 86 percent of African Americans and 78 percent of Hispanics). The specific “a lot” response totals encompass 66 percent of the base, 55 percent of African Americans and just 47 percent of Hispanics.



Delay of medical care:

— **similar numbers report delay (somewhat higher for Hispanics)**

All respondents were asked if at any time in the past 12 months they had put off, postponed or did not seek medical care when they had a medical problem. Among the base respondents, 17 percent said “yes,” as did 18 percent of the African American oversample and a somewhat higher 26 percent of the Hispanic oversample.



— **delay most likely blamed on cost, lack of insurance**

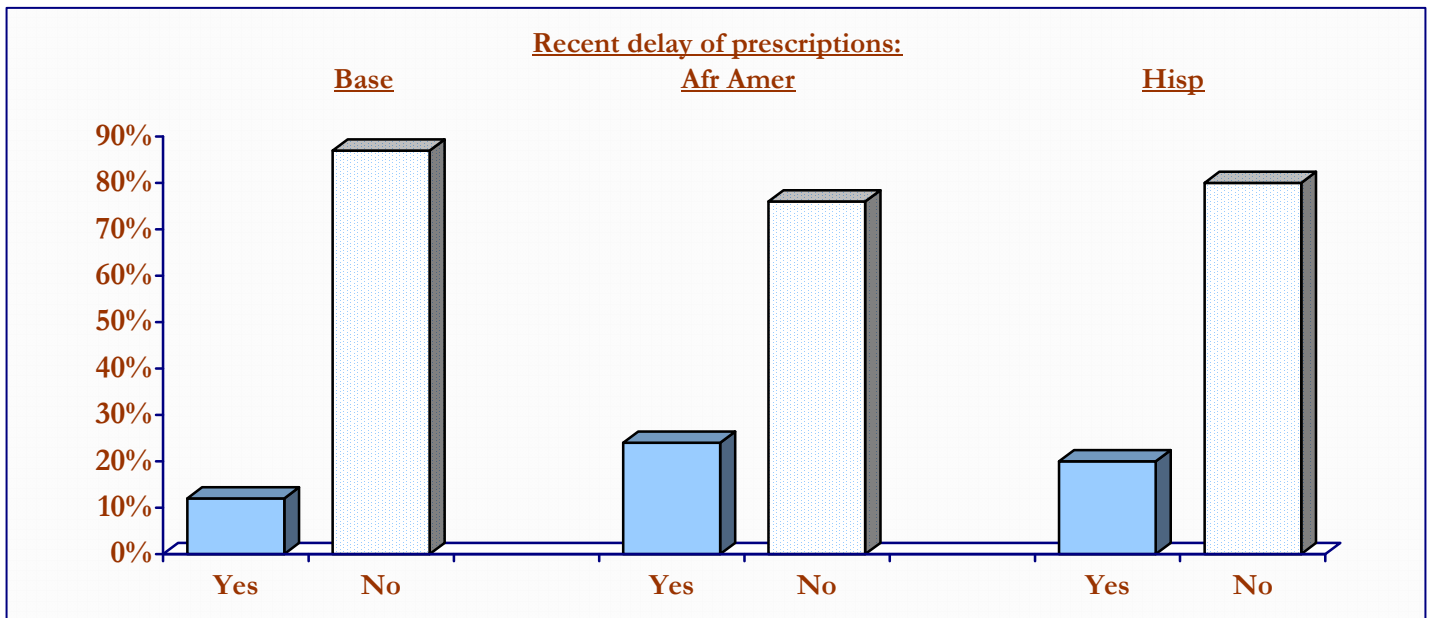
When those who said they had not sought needed medical care were asked to state the reasons why they did so, “cost, even with health insurance” was cited by 30 percent of African Americans, 27 percent of Hispanics and 24 percent of the base. “Lack of health insurance coverage” was the reason offered by 24 percent in the base and by 23 percent of African Americans – very similar results for both groups. However, almost twice as many Hispanics, 45 percent, offered “lack of coverage” as their reason for not seeking needed medical care.

Delay of prescriptions:

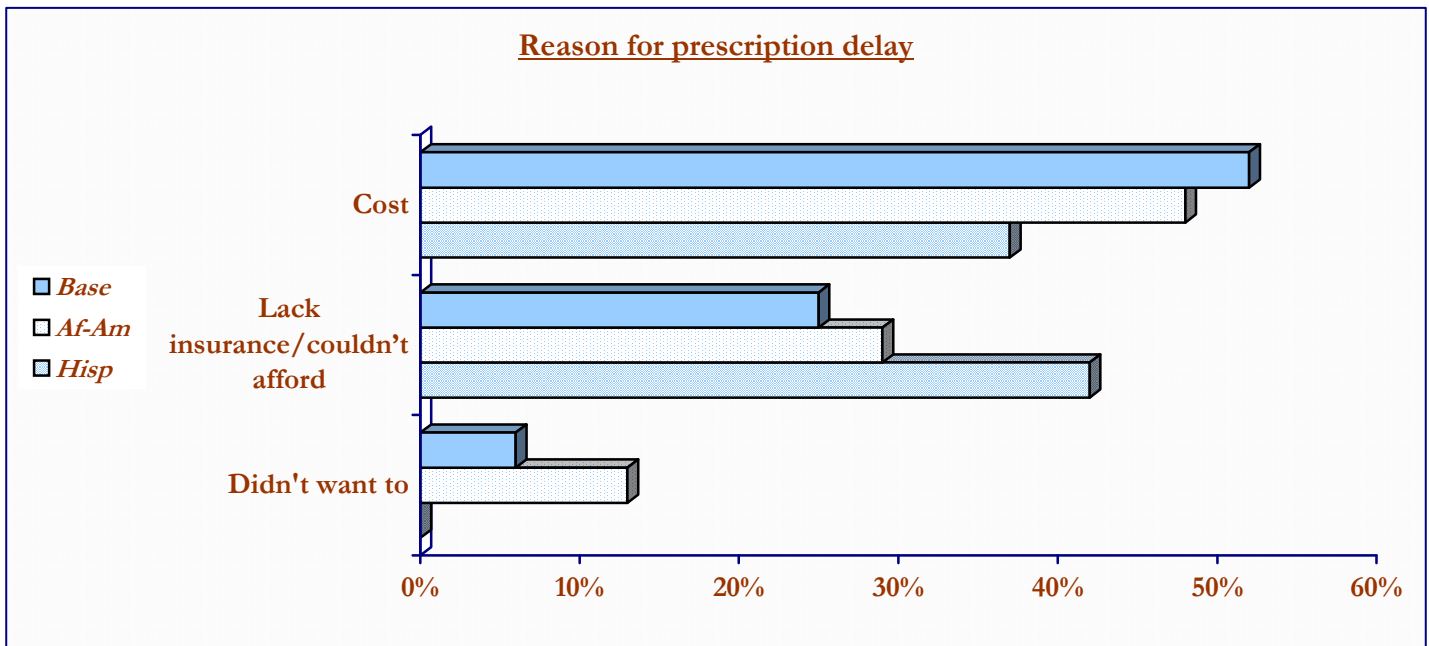
— **African Americans twice as likely**

Majorities of respondents in all three groups said “no” when they were asked if at any time in the past 12 months they had not filled a prescription for medicine when they needed to do so (87 percent of the base respondents, 76 percent of the African American oversample and 80 percent of the Hispanic oversample). The percentage of African American respondents saying they had delayed in filling prescriptions (24 percent) was twice that of corresponding

respondents in the base the sample (12 percent) and slightly more than the percentage in the Hispanic oversample (20 percent).



While the reasons for not filling prescriptions were offered by similar percentages across the base and the African American oversample, Hispanics were much more likely to cite a “lack of insurance” (42 percent) than were African Americans (29 percent) and respondents in the base sample (25 percent).



Perceptions of unfair medical treatment based on patient characteristics

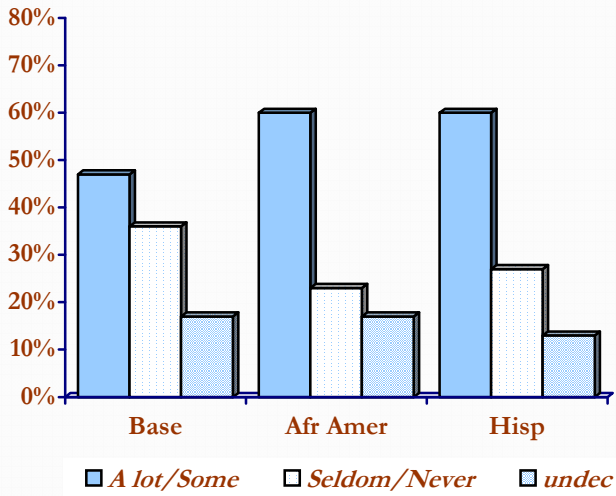
— African Americans, Hispanics much more likely cite unfairness

All respondents heard a number of brief descriptions of factors “that may affect how people may be treated by the health care system,” and asked if people described are treated unfairly by the health care system in the Grand Rapids area.

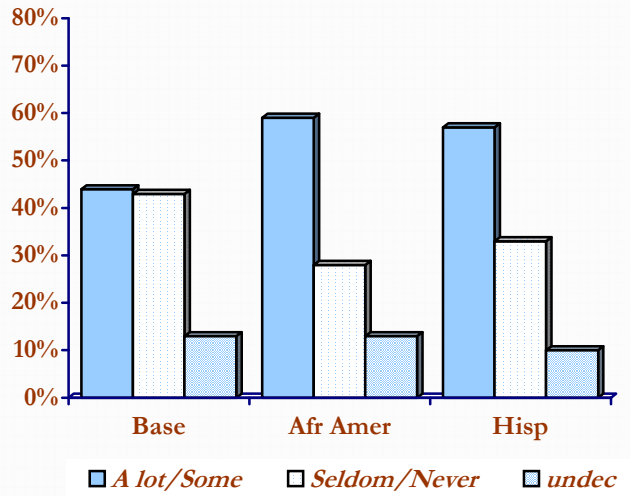
By significantly higher percentages than the base, respondents in the African American and Hispanic over samples generally said the people described were treated unfairly by the local health care system. However, in several areas, the “unfair” response was offered by African Americans in much higher percentages than in the base; these areas dealt with race or ethnic background, physical disability, education, gender, how people are dressed or groomed, how much money they have and their sexual orientation.

Perceived Prevalence of Unfair Treatment Based on:	Total “A Lot”/“Some”		
	Base	Af-Am	HISP
whether or not they have health insurance	60%	68%	69%
how well they speak English	52%	60%	75%
how much money they have	49%	61%	59%
how people are dressed or groomed	47%	60%	60%
how well educated they are	44%	59%	57%
whether or not they are overweight	42%	50%	46%
what their race or ethnic background is	39%	60%	61%
their sexual orientation, either gay or lesbian	32%	43%	40%
whether or not they are physically disabled	29%	47%	42%
whether they are a man or woman	20%	33%	31%

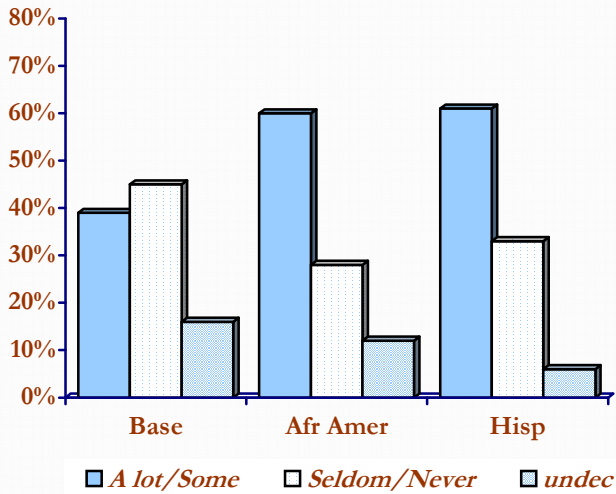
**Prevalence of unfair treatment based on:
Dress/Grooming**



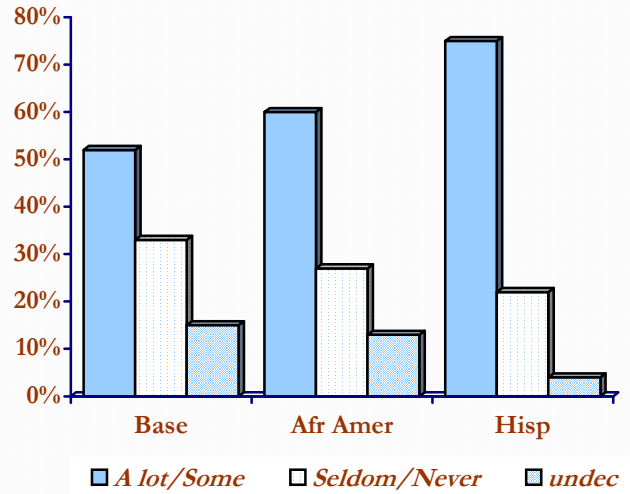
**Prevalence of unfair treatment based on:
Education**



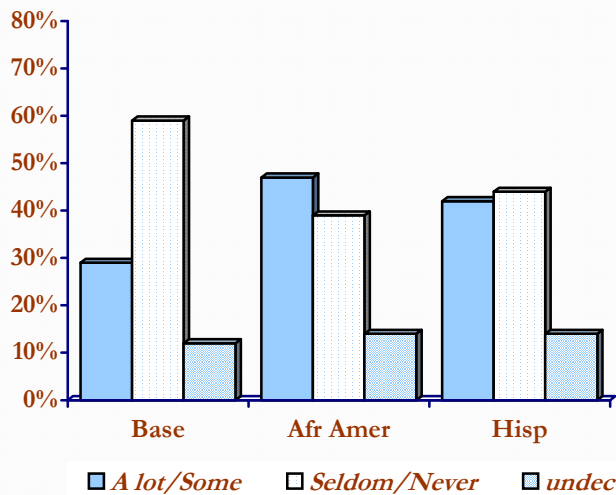
**Prevalence of unfair treatment based on:
Race/Ethnicity**



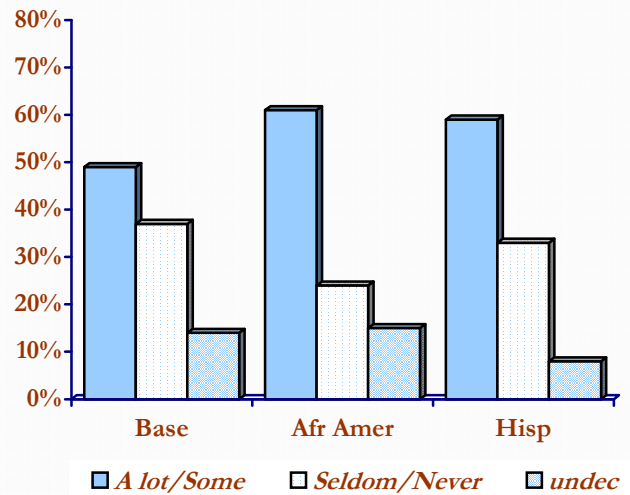
**Prevalence of unfair treatment based on:
English Fluency**



**Prevalence of unfair treatment based on:
Physical Disability**



**Prevalence of unfair treatment based on:
Economic Status**



Total “A Lot”/“Some”

Perceived Occurrence of Unfair Treatment Based on:

what their race or ethnic background is	Base	39%
whether or not they are physically disabled	Base	29%
how well educated they are	Base	44%
how people are dressed or groomed	Base	47%
whether they are a man or woman	Base	20%
how much money they have	Base	49%
their sexual orientation, either gay or lesbian	Base	32%
whether or not they are overweight	Base	42%
whether or not they have health insurance	Base	60%
how well they speak English	Base	52%

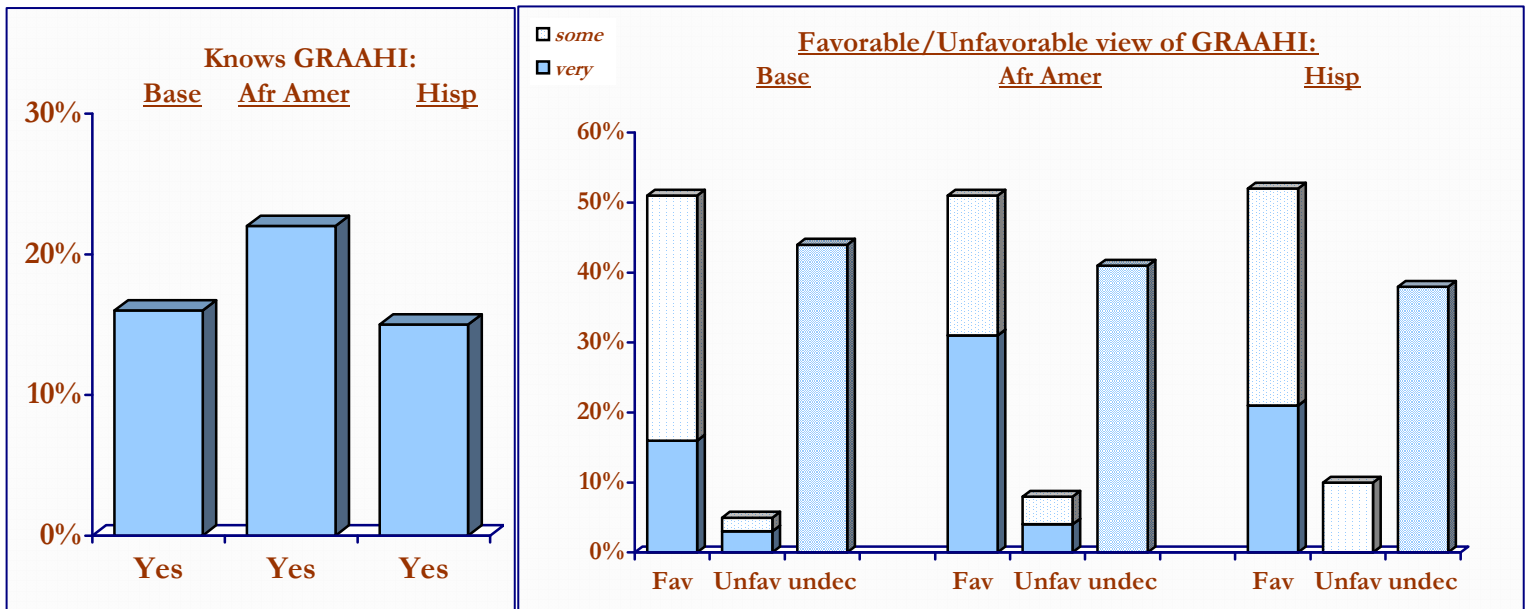
<u>Difference from Base</u>	
Af-Am	HISP
60% +21 pts	61% +22 PTS
47% +18 pts	42% +13 PTS
59% +15 pts	57% +13 PTS
60% +13 pts	60% +13 PTS
33% +13 pts	31% +11 PTS
61% +12 pts	59% +10 PTS
43% +11 pts	40% +8 PTS
50% + 8 pts	46% + 4 PTS
68% + 8 pts	69% + 9 PTS
60% + 8 pts	75% +23 PTS

Awareness of, opinion of GRAAHI

– African Americans somewhat more aware; all hold similar view

All respondents were asked if they had heard or read about an organization called the Grand Rapids African American Health Institute, and, if “yes,” whether they had a favorable or unfavorable opinion of the organization. Across the three groups, there was higher recognition of GRAAHI among the African American oversample (22 percent) than among the base respondents (16 percent) or in the Hispanic oversample (15 percent).

Among those who recognized GRAAHI, there was no difference in the overall opinion of the organization. A 52 percent majority of Hispanics and majorities of 51 percent in both the base and the African American oversample said they had a “favorable” opinion of GRAAHI; the percentages saying they had a “very” favorable opinion were higher among the African Americans (31 percent) than in the base (16 percent) or among the Hispanics (21 percent).

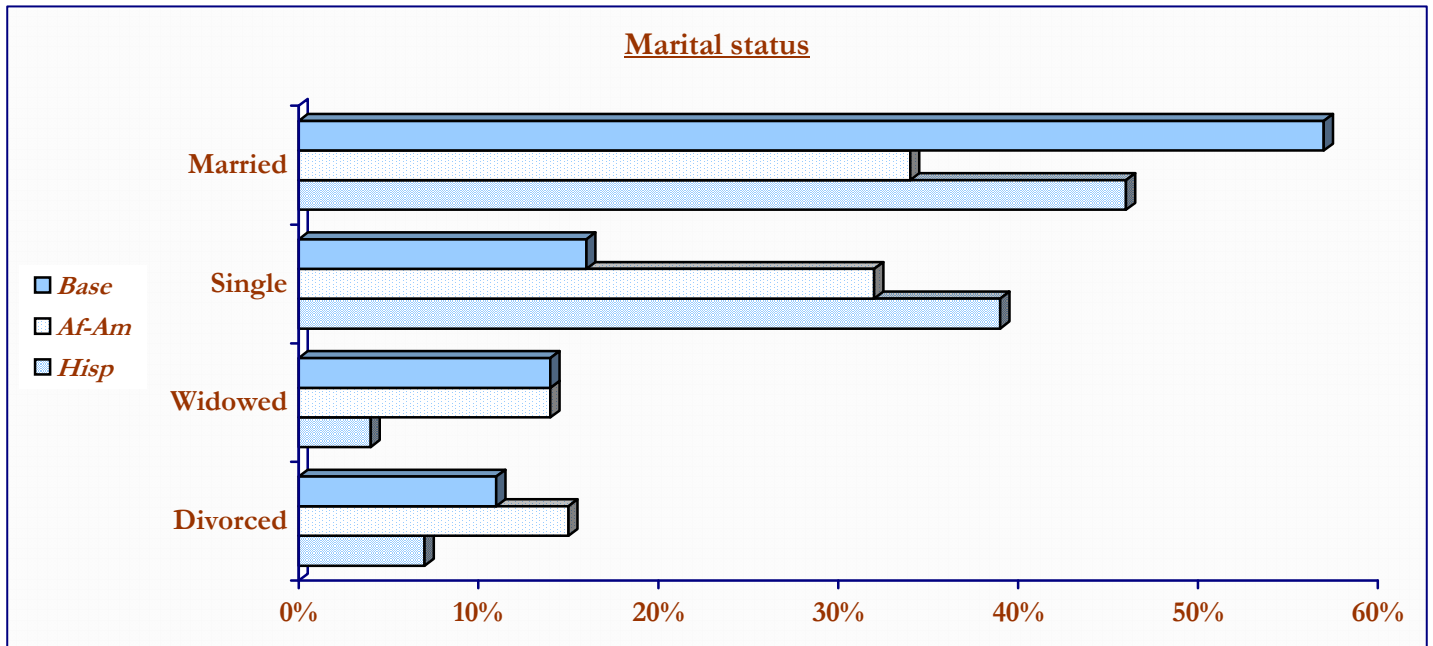


SURVEY OVERVIEW AND DEMOGRAPHIC ANALYSIS

Key demographic differences

- Martial status:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
married	57%	34%	46%
single	16%	32%	39%
widowed	14%	14%	4%
divorced	11%	15%	7%

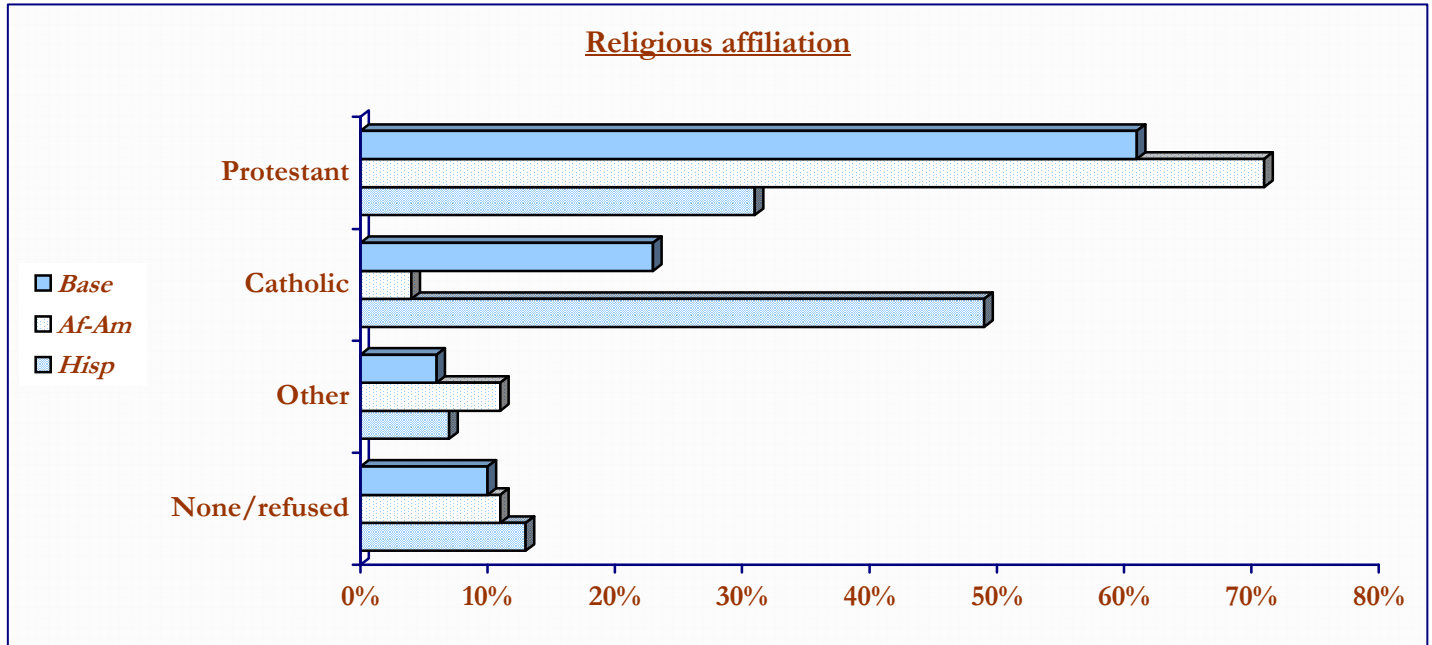


- Educational attainment:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
high school/less	29%	56%	54%
college/post-graduate	44%	20%	18%

▪ Religious affiliation

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
Protestant	61%	71%	31%
Catholic	23%	4%	49%



▪ Method of personal transport

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
own a car	88%	71%	79%
ride with other car owner	5%	14%	10%
take the bus	3%	7%	4%
use cabs and buses	1%	3%	3%
no means of transportation	1%	3%	2%

▪ Partisanship

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
strong Democrat	24%	54%	35%
Total DEMOCRAT	42%	72%	46%
strong Republican	17%	3%	8%
Total REPUBLICAN	32%	6%	19%
Independent	15%	5%	11%

▪ Household income:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
under \$15,000	9%	27%	21%
\$15,000 to \$30,000	17%	21%	20%
Total UNDER \$30,000	26%	48%	41%
\$30,000 to \$50,000	21%	17%	23%
\$50,000 to \$75,000	17%	12%	13%
Total \$30,000 – \$75,000	38%	29%	36%
Total OVER \$75,000	15%	5%	10%

Ranking local health care/insurance issues:

Respondents were asked to name up to three most important problems relating to access to quality health care and health insurance that must be addressed in the Grand Rapids area:

Base	Af-Am	HISP
26%	20%	18%
12%	15%	13%
10%	10%	10%
9%	38%	10%
5%	17%	30%
24%		
14%		

Respondents were then asked to identify one of a list of specific problems facing the health care system in the Grand Rapids area they are personally concerned about the most:

	Base	Af-Am	HISP
making health insurance affordable	29%	25%	19%
providing health care for the poor, underinsured and uninsured	26%	28%	41%
addressing the high cost of health care	20%	11%	10%
a lack of community based health care for the elderly	7%	10%	4%
the lack of primary care and preventative health care services	5%	5%	4%
combating drug and alcohol abuse	3%	2%	7%
addressing teen pregnancy	2%	4%	5%
reducing pollution and environmental risks	2%	—%	1%
addressing problems of racism in the health care system	1%	6%	2%
overcoming cultural barriers in addressing minority health care needs	1%	4%	7%
more than one	—%	1%	—%
undecided/don't know	4%	4%	1%

Rating health of:

— Kent County residents

When respondents were to rate the health condition of all Kent County residents, the responses were:

	Base	Af-Am	HISP
excellent	2%	1%	5%
pretty good	44%	32%	33%
Total POSITIVE	46%	33%	38%
only fair	32%	40%	38%
poor	7%	17%	12%
Total NEGATIVE	39%	57%	50%
Undecided/don't know	15%	10%	12%

In the base sample, the following groups offered a “positive” rating by the highest percentages:

- 68 percent: Republican men
- 57 percent: “GI” generation [b. 1924 - prior]

- 55 percent: men with college
- 54 percent: with health coverage/government
with health coverage/self-provided
self-employed
- 53 percent: older men
age - 65 years more
men over age 40
- 52 percent: no one in household covered by health insurance
- 51 percent: Catholics
all men
Republican women
“Silent” generation [b. 1925-43]

In the base sample, the following groups offered a “negative” rating by the highest percentages:

- 68 percent: women under age 40
- 62 percent: age 30 to 35 years
- 60 percent: age under 40 years
- 59 percent: union member - respondent
- 58 percent: younger women
- 57 percent: no health coverage/household member(s)
younger without college
- 56 percent: age 18 - 29 years
- 55 percent: “X” generation [b. 1960-81]
- 53 percent: marital status - single
- 52 percent: Democratic women
with no regular doctor
- 50 percent: men under age 40
- 48 percent: age 36 - 40 years
Democrats
employed full-time
has heard of GRAAHI
- 47 percent: primary transport: other than a car
younger with college
- 46 percent: not employed
high school education or less
adults in household - three/more
with children in household
union member – other in household
religious affiliation - “other”

— GR residents compared to county

Respondents were then asked if the base health of people living in the city of Grand Rapids is better, worse, or about the same as the health of people living in other parts of Kent County.

In the base sample, a 55 percent majority said “about the same,” 21 percent said “worse” (five percent “much” worse) and 12 percent said “better.” Among the African American oversample, a 47 percent plurality said “about the same,” 28 percent said “worse” (13 percent “much” worse) and 13 percent said “better.” In the Hispanic oversample, a 45 percent plurality said “about the same,” 21 percent said “worse” (seven percent “much” worse) and 18 percent said “better.”

- reasons for “worse”

Respondents who offered a response of “worse” were asked to state the main reason they said so:

Base	Af-Am	HISP
57% poor have less insurance	34% poor have less insurance	46% poor have less insurance
8% city congestion/crowding	13% poor care	18% city congestion/crowding
7% more uninsured	10% city congestion/crowding	10% poor care
5% obesity and smoking	10% more uninsured	8% unemployment
5% poor care	8% many minorities	15% other
4% lack government help	21% other	3% undecided/don't know
4% lack of education	4% undecided/don't know	
8% Other		
2% undecided/don't know		

Rating local health care system

Respondents were asked to rate the job done by the Grand Rapids area health care system in meeting eight health care goals for Grand Rapids area residents:

	Base		Af-Am		HISP	
	<u>POS</u>	<u>NEG</u>	<u>POS</u>	<u>NEG</u>	<u>POS</u>	<u>NEG</u>
providing high quality health care for residents who have health insurance coverage	82%	15%	63%	34%	68%	27%
providing programs that promote health and prevent disease	67%	30%	50%	46%	53%	46%
providing information on the availability of health care services to all residents	48%	47%	35%	59%	40%	55%
ensuring that high quality health care is offered to everyone, regardless of race or ethnic background	38%	55%	24%	72%	32%	66%
meeting the health care needs of the all Grand Rapids area residents, regardless of economic status	33%	62%	24%	73%	27%	70%
providing adequate health care services to people without transportation	28%	54%	21%	71%	25%	66%
offering adequate health care services to the working poor	25%	66%	19%	73%	23%	71%
providing health care for poor and uninsured residents of Grand Rapids	24%	64%	19%	76%	20%	76%

In the base sample, the following groups offered a “positive” rating for “providing information on the availability of health care services to all residents” by the highest percentages:

- 68 percent: “GI” generation [b. 1924 - prior]
- 66 percent: Republican men
- 60 percent: income \$75,000 - \$100,000
- 58 percent: Republican women
- 56 percent: with health coverage/self-provided
- 55 percent: income \$50,000 - \$75,000
- 54 percent: union member – other in household employed part-time
- 53 percent: older women
 - Catholics
 - men under age 40
 - older with college
 - age 50 to 55 years
 - age - 65 years more
 - older women

The following groups in the base sample offered a “negative” rating for “providing information on the availability of health care services to all residents” by the highest percentages:

- 67 percent: with no regular doctor
- 64 percent: women under age 40
 - age 36 - 40 years
- 63 percent: no health coverage/household member(s)
 - religious affiliation - “other”
- 60 percent: marital status - single
 - income between \$15,000 - \$30,000
- 59 percent: younger without college
 - age 30 - 35 years
 - age 41 - 49 years
 - younger women
- 58 percent: “X” generation [b. 1960-81]
- 57 percent: younger women
 - younger with college
- 56 percent: income over \$100,000
 - age under 40 years
- 55 percent: Democrats
- 53 percent: “Boom” generation [b. 1944-60]
- 52 percent: religious affiliation - “none”
 - income under \$15,000
 - employed part-time

In the African American oversample, the following groups offered a “positive” rating for “providing programs that promote health and prevent disease” by the highest percentages:

- 63 percent: with health coverage/provided by other
- 60 percent: adults in household – three/more
- 58 percent: union member - respondent

The following groups in the African American oversample offered a “negative” rating for “providing programs that promote health and prevent disease” by the highest percentages

- 63 percent: younger with college
- 62 percent: no health coverage/household member(s)
- 59 percent: recently admitted to a hospital
income \$30,000 - \$50,000
- 58 percent: men with college
- 57 percent: post-high school education
disabled
- 55 percent: income under \$15,000
- 53 percent: age 36 - 40 years
with college education
not employed

In the Hispanic oversample, the following groups offered a “positive” rating for “providing programs that promote health and prevent disease” by the highest percentages:

- 82 percent: Republican men
- 70 percent: Republicans
- 67 percent: younger with college
- 66 percent: recent ER visit
marital status - separated/widowed/divorced
- 63 percent: health coverage/no household members
with health coverage/provided by other
- 61 percent: men under age 40
men with college
- 60 percent: Republican women

The following groups in the Hispanic oversample offered a “negative” rating for “providing programs that promote health and prevent disease” by the highest percentages

- 63 percent: men over age 40
“Silent” generation [b. 1925-43]
- 62 percent: Democratic men
has heard of GRAAHI
- 60 percent: retired
- 57 percent: older men
- 54 percent: religious affiliation - “none”
- 53 percent: not employed
older with college

Rating personal health

Respondents were asked a series of questions about their personal health and health care choices.

When asked to rate the condition of their current personal health, respondents in the base offered a “positive” rating by a margin of almost five-to-one over the negative responses:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
excellent	29%	15%	21%
pretty good	54%	53%	24%
Total POSITIVE	83%	68%	75%
only fair	13%	21%	16%
poor	4%	10%	8%
Total NEGATIVE	17%	31%	24%

– reasons for “negative”

Those who gave their health a negative rating were asked why they did so:

Base	Af-Am	HISP
37% health problems	39% health problems	33% health problems
6% diabetes	8% diabetes	22% high cost of health care
5% cancer	8% high cost of health care	7% back trouble
49% other	45% other	7% poor care
3% undecided/don't know		29% other
		2% undecided/don't know

— self-reported health problems

All respondents were asked to name up to three serious health related problems they are currently experiencing:

Base	Af-Am	HISP
9% high blood pressure	18% high blood pressure	10% diabetes
6% diabetes	12% diabetes	6% high blood pressure
6% heart problems	8% heart problems	4% asthma
5% arthritis	41% other	4% joint pain
4% overweight	20% undecided/don't know	45% other
34% other		30% undecided/don't know
30% undecided/don't know		

— **diagnosed health problems/family history**

All respondents were then asked if had ever been diagnosed with, or had a family history of, any of a list of specific health-related problems:

	BASE	Af-Am	Hisp
high blood pressure, also called hypertension	56%	76%	43%
being at least 20 pounds over your ideal weight	50%	56%	56%
cancer	48%	45%	40%
A family history of heart attacks or heart disease	47%	41%	43%
high cholesterol	42%	47%	42%
diabetes	32%	47%	50%
smoking	20%	35%	30%

In the base sample, the following groups said “at least 20 pounds overweight” by the highest percentages:

- 77 percent: disabled
- 72 percent: younger women
- 68 percent: women under age 40
age 41 - 49 years
- 64 percent: with health coverage/provided by other
- 64 percent: younger without college
age 56 - 64 years
- 61 percent: “Boom” generation [b. 1944-60]
- 60 percent: Democratic women
- 59 percent: post high school education
- 58 percent: age 36 - 40 years
income between \$50,000 - \$75,000
- 57 percent: income \$30,000 - \$50,000
Independent women
women with no college
adults in household – three/more
with children in household
- 56 percent: younger with college
income over \$100,000
retired
all women
age 30 to 35 years
union member – other in household
employed part-time
- 55 percent: no health coverage – household member(s)
no health coverage in household

The following groups in the base sample did NOT say “at least 20 pounds overweight” by the highest percentages:

- 70 percent: “GI” generation [b. 1924 - prior]
- 62 percent: men under age 40
- 61 percent: age - 65 years more
primary transport – other than car
- 58 percent: income under \$15,000
with health coverage/provided by government
- 56 percent: Democratic men
retired
- 55 percent: with high school education or less
with no regular doctor
marital status - single
African Americans
older men
- 54 percent: income \$15,000 - \$30,000
men without college

In the base sample, the following groups said “cancer” by the highest percentages:

- 65 percent: self-employed
- 59 percent: recently admitted to hospital
- 58 percent: “GI” generation [b. 1924 - prior]
- 57 percent: Independent women
- 56 percent: women with college
income over \$100,000
younger women
- 55 percent: religious affiliation - “none”
disabled
women under age 40
- 54 percent: income \$30,000 - \$50,000
younger without college
union member - other in household
- 53 percent: with health coverage/provided by other
marital status - separated/widowed/divorced

In the base sample, the following groups did NOT say “cancer” by the highest percentages:

- 63 percent: primary transport - other than car
- 61 percent: with no regular doctor
Independent men
- 59 percent: religious affiliation - “other”
men under age 40
men with college
- 58 percent: income under \$15,000
- 57 percent: not employed
recent visit to public clinic

In the African American oversample, the following groups said “high cholesterol” by the highest percentages:

- 64 percent: older women
age - 65 years more
- 63 percent: adults in household/three - more
- 62 percent: retired
- 61 percent: “Silent” generation [b. 1925-43]
- 59 percent: women over age 40
- 58 percent: not employed
older with college
- 57 percent: disabled
- 56 percent: older with no college
- 55 percent: Age 56 to 64
- 54 percent: Independent women

In the African American oversample, the following groups did NOT say “high cholesterol” by the highest percentages:

- 81 percent: younger with college
- 78 percent: age 18 - 29 years
- 73 percent: with no regular doctor
women under age 40
- 72 percent: employed full-time
“X” generation [b. 1960-81]
- 71 percent: age 36 - 40 years
- 69 percent: younger women
- 68 percent: men with college
- 65 percent: younger women
men under age 40
employed part-time
- 63 percent: younger without college
- 61 percent: Independent men
with children at home
- 59 percent: adults in household/two
religious affiliation - “other”
- 58 percent: college educated
recent visit to public clinic

In the African American oversample, the following groups said “diabetes” by the highest percentages:

- 65 percent: age 36 - 40 years
age - 65 years more
- 61 percent: disabled
- 58 percent: no health coverage/household member(s)
recent visit to public clinic
Independent women
adults in household/three - more
- 57 percent: marital status - separated/widowed/divorced

- 55 percent: primary transport - other than car
women with no college
- 54 percent: younger women
women over age 40
younger women
union member - respondent
with health coverage/provided by government
religious affiliation - “none”

In the African American oversample, the following groups did NOT say “diabetes” by the highest percentages:

- 83 percent: Independent men
- 75 percent: younger with college
- 72 percent: age 18 - 29 years
- 67 percent: women with college
- 65 percent: men under age 40
- 63 percent: recently admitted to hospital
college educated
- 62 percent: age under 40 years
- 61 percent: younger women
has heard of GRAAHI
Independents
- 60 percent: all men
men without college
post-high school education

In the Hispanic oversample, the following groups said “diabetes” by the highest percentages:

- 81 percent: primary transport – other than car
- 76 percent: recently admitted to hospital
- 74 percent: age 41 - 49 years
- 70 percent: women over age 40
- 69 percent: recent ER visit
- 68 percent: “Silent” generation [b. 1925-43]
- 67 percent: income \$50,000 - \$75,000
- 65 percent: older women
- 64 percent: recent visit to public clinic
over age 40
- 63 percent: income under \$15,000
“Boom” generation [b. 1944-60]
with no children in household
- 62 percent: with adults in household - one
older no college
- 61 percent: men with college
- 60 percent: older with college
- 58 percent: age 56 - 64 years
- 57 percent: Democratic women

In the Hispanic oversample, the following groups did NOT say “diabetes” by the highest percentages:

- 67 percent: women with college
- 63 percent: with health coverage/provided by other younger with college
- 60 percent: income \$30,000 to \$50,000
- 59 percent: Republican men women under age 40
- 58 percent: employed full-time
- 57 percent: age 18 - 29 years with health coverage/provided by employer
- 56 percent: with health coverage/no one in household age under 40 years age 30 to 35 years
- 55 percent: age 18 - 29 years “X” generation [b. 1960-81] with children in the household primary transport – own car

Recent medical treatment

Respondents were asked if in the past 12 months they had “gone to a doctor or specialist, medical clinic or hospital emergency room to seek treatment for any reason involving your personal health?”

Among respondents in the base sample, 82 percent said “yes,” as did an almost identical 83 percent in the African American oversample. However, only a 68 percent majority in the Hispanic oversample said they had sought treatment.

	BASE	Af-Am	HISP
yes, a doctor or specialist	61%	55%	38%
yes, a medical clinic	7%	11%	12%
yes, a hospital emergency room	14%	17%	18%
no, have not gone for	26%	26%	39%
undecided/don’t know	—%	—%	2%

Note: Percentages may total more than 100 because respondents sought treatment in more than one category.

— **source of treatment**

Respondents were read a list of health care options and asked, “Where do you usually go when you have a health related problem?”:

	Base	Af-Am	HISP
a doctor’s office	85%	68%	55%
a private clinic	3%	3%	7%
A community health center or other public clinic	5%	18%	17%
a hospital outpatient department	3%	4%	2%
a hospital emergency room	2%	6%	15%
or some other place	1%	1%	---%
don’t know/refused	1%	—%	3%

— **recent overnight hospital stay, reasons for admission**

They were then asked if in the past 12 months they had been admitted for one or more overnight hospital stays. In the base sample, 84 percent said “no” and 16 percent said “yes.” The results were almost identical within the over samples, with 15 percent of Hispanics and 14 percent of African Americans saying they had recently been admitted to a hospital.

Respondents who said they had been admitted were asked if the primary reason they were admitted was it for surgery, observation, testing or some other kind of treatment:

	BASE	Af-Am	HISP
surgery	60%	53%	66%
observation	23%	28%	17%
testing	11%	9%	14%
other kind of treatment	1%	—%	3%
undecided/don’t know	5%	9%	—%

— recent health exam/check-up

Respondents were asked, “When was the last time you had a complete or thorough health care exam and check-up to determine the condition of your health ... ?” A 77 percent majority in the base sample reported such an exam within the past year, as did 78 percent of the African American oversample and 65 percent of the Hispanic oversample.

	BASE	Af-Am	HISP
in the last few months	34%	36%	29%
in the last year	43%	42%	36%
two years ago	11%	12%	13%
three years ago	3%	1%	6%
four to five years ago	2%	2%	3%
six to ten years ago	3%	3%	3%
more than ten years ago	2%	0%	4%
never had a check-up	1%	2%	3%
undecided/don't know	1%	2%	2%

– reasons for non-frequency

Those who said they have not had a complete health exam for at least two years were asked to state the main reason they have not had more frequent health care check-ups:”

Among the base sample, “healthy” was the top reason (offered by 32 percent of these respondents) followed by “because of NO health insurance” (17 percent). In the African American oversample, “healthy” and “no health insurance” topped the list, each cited by 23 percent.

Base	Af-Am	HISP
32% healthy	23% healthy	27% no health insurance
17% no health insurance	23% no health insurance	33% healthy
12% the cost	12% the cost	13% the cost
12% too busy	9% some other reason	11% too busy
7% nothing serious	7% no transportation	10% other
5% see the doctor often	19% other	6% undecided/refused
11% Other	7% undecided/refused	
4% undecided/refused		

Health insurance

Respondents were next asked a series of questions about their health insurance and about how it affects their health care decisions.

— current coverage/source

Respondents were asked if they have health insurance coverage, and, if so, its source:

	BASE	Af-Am	HISP
provided by employer	37%	37%	42%
provided under government program like Medicaid or Medicare	32%	41%	32%
covered by someone else's health insurance policy	17%	9%	9%
purchases own health insurance policy	9%	5%	2%
not covered at all	4%	6%	15%
undecided/don't know	1%	2%	--%

— prescription coverage

When respondents who said they had insurance coverage were asked if prescription drugs are covered by their health insurance plan, 82 percent of respondents in the base sample said “yes.” Corresponding respondents in the over samples were more likely to have prescription coverage – 93 percent in the Hispanic and 87 percent in the African American over samples.

— dental coverage

Respondents with health coverage were then asked if they have dental health insurance. In the base sample, a 58 to 41 percent majority said “yes,” as did a similar 59 to 39 percent majority in the African American oversample and a larger 77 to 15 percent majority in the Hispanic oversample.

— recent lapses in coverage

When respondents with health coverage were asked if there had been a time in the past 12 months when they did not have coverage, just six percent of the base sample said “yes,” while 18 percent in the African American and 17 percent in the Hispanic over samples said “yes.”

— **household coverage**

All respondents were asked how many members of their household have no health insurance coverage at all:

	BASE	Af-Am	HISP
everyone covered	80%	73%	60%
one not covered	10%	15%	15%
two not covered	3%	4%	11%
three not covered	—%	2%	3%
four or more not covered	—%	—%	3%
no one in household covered	6%	4%	8%
undecided/don't know	1%	2%	--%

Within the base sample, the following groups reported “everyone covered” in percentages significantly less than the survey average

- 75 percent: religious affiliation – “none”
 - recent visit private clinic
 - Republican women
 - income under \$15,000
- 74 percent: younger women
 - age 30 - 35 years
 - age 50 - 55 years
- 73 percent: union member – other in household
 - with children in home
 - high school/less education
 - employed part-time
 - women with college
- 71 percent: not employed
- 70 percent: age 36 - 40 years
- 69 percent: has heard of GRAAHI
 - primary transport - other than own car
- 68 percent: younger men
- 67 percent: recent visit hospital ER
- 65 percent: recent visit hospital outpatient
 - adults in household/three-more
 - self employed
 - “X” generation [b. 1960-81]
- 61 percent: marital status - single
- 58 percent: younger without college
- 56 percent: men under age 40
- 48 percent: age 18 - 29 years
- 46 percent: recent visit public clinic

Within the African American oversample, the following groups reported “everyone” covered” in percentages significantly less than the survey average

- 65 percent: “Boom” generation [b. 1944-60]
younger men
- 67 percent: recent visit private clinic
recent visit hospital outpatient
- 64 percent: recent visit hospital ER
marital status - single
- 63 percent: adults in household/three-more
younger with college
- 68 percent: age 50 - 55 years
- 60 percent: recent visit public clinic
- 58 percent: religious affiliation – “none”
not employed

Within Hispanic oversample, the following groups reported “everyone” covered” in percentages significantly less than the survey average

- 51 percent: marital status - single
high school/less education
- 43 percent: primary transport - other than own car
- 42 percent: student
- 37 percent: not employed
- 45 percent: recent visit public clinic

Regular doctor services

All respondents were asked if they have a regular doctor they see when they need health care services. A 94 to six percent majority of the base sample said “yes,” as did an 88 to 10 percent majority in the African American and a smaller 78 to 22 percent majority in the Hispanic oversample.

— satisfaction with doctor

Those who said they had a regular doctor were asked how satisfied they have been with the health care services provided by the doctor:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
completely satisfied	64%	61%	60%
mostly satisfied	26%	27%	24%
somewhat satisfied	7%	6%	7%
Total SATISFIED	97%	94%	91%
somewhat dissatisfied	2%	4%	3%
mostly dissatisfied	1%	1%	3%
completely dissatisfied	—%	1%	2%
Total DISSATISFIED	3%	6%	8%
Undecided/don’t know	—%	—%	1%

- reasons for dissatisfaction

Respondents who said they were “mostly” or “somewhat” satisfied were asked to offer up to two reasons they are not completely satisfied with the health care services provided by their doctor:

Base	Af-Am	HISP
18% difficult to schedule	14% some bad experiences	20% limited time with doctor
17% lack confidence in doctor	12% lack confidence in doctor	14% slow service
13% they don't listen	12% they don't listen	12% lack confidence in doctor
13% limited time with doctor	10% limited time with doctor	10% misdiagnosis
7% slow service	7% difficult to schedule	8% room for improvement
6% some bad experiences	33% other	26% other
5% too many prescriptions	12% undecided/don't know	4% undecided/don't know
4% high cost		
12% other		
7% undecided/don't know		

- change of doctor

These respondents who said they were dissatisfied were asked if they had attempted to change doctors in the past couple of years. In the base sample, a 60 to 33 percent majority said “no”; in the African American oversample, a much higher 82 to nine percent majority said “no” while in the Hispanic oversample, a 67 to 33 percent majority gave that response.

Respondents who said they had attempted to change doctors were asked if they were able to do so. A 60 to 40 percent majority of the 15 respondents in the base sample said they were able to change doctors, but among the very small number of such respondents in the African American and Hispanic over samples, no respondents said they were able to change.

— choice in choosing doctor

All respondents were asked how much personal choice they have in choosing a doctor or deciding where they will go for medical care. An overwhelming 29 percent of respondents in the base sample said they have a choice, as did 86 percent of respondents in the African American and 78 percent of respondents in the Hispanic over samples.

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
a great deal of choice	66%	55%	47%
some choice	26%	31%	31%
Total CHOICE	92%	86%	78%
very little choice	6%	8%	15%
no choice at all	1%	5%	2%
Total LITTLE/NO CHOICE	7%	13%	17%
Undecided/don't know/refused	1%	1%	5%

Recent delays in treatment

All respondents were asked if during the last 12 months, they had put off, postponed or did not seek medical care for a medical problem when they needed it.

By an 82 to 17 percent majority, respondents in the base sample said “no,” as did an almost identical 81 to 18 percent majority in the African American oversample. Most respondents in the Hispanic oversample also said “no,” but by a somewhat smaller 74 to 26 percent majority.

— reasons for delay

When respondents who said they had put off medical care were asked to identify a specific reason they did so, the results were:

Base	Af-Am	HISP
24% cost, even with insurance	30% cost, even with insurance	45% lack insurance/more than could afford
24% lack insurance/more than could afford	23% lack insurance/more than could afford	27% cost, even with insurance
18% too busy	13% too busy	10% didn't want to
8% unresponsive doctor	10% didn't want to	16% for some other reason
6% didn't want to	24% for some other reason	2% undecided/refused
6% fear		
8% for some other reason		
6% undecided/refused		

Recent delays in prescriptions

All respondents were asked if during the last 12 months, they did not fill a needed prescription for medicine.

By an 82 to 12 percent majority, respondents in the base sample said “no,” as did an 76 to 22 percent majority in the African American oversample and a 74 to 26 percent majority of respondents in the Hispanic oversample.

— reasons for delay

Respondents who said they had failed to fill a prescription were asked to identify a specific reason they did so:

Base	Af-Am	HISP
52%	48%	37%
because of cost, even with health insurance	because of cost, even with health insurance	because of cost, even with health insurance
25%	29%	42%
because of lack of health insurance/would have cost more than could afford	because of lack of health insurance/would have cost more than could afford	because of lack of health insurance/would have cost more than could afford
6%	13%	---
didn't want to	didn't want to	didn't want to
5%	2%	5%
too busy	too busy	too busy
5%	2%	3%
didn't need it	didn't need it	didn't need it
—%	2%	---
no insurance	no insurance	no insurance
—%	—%	5%
lack treatment options	lack treatment options	lack treatment options
—%	—%	3%
lack transportation	lack transportation	lack transportation
7%	—%	---
for some other reason	for some other reason	for some other reason
—%	2%	5%
undecided/don't know/refused	undecided/don't know/refused	undecided/don't know/refused

Ranking prevalence of patient characteristics affecting health care treatment

All respondents were read several brief descriptions of factors affecting how people may be treated by the health care system, and asked if the health care system in the Grand Rapids area treats people unfairly based on each factor, and, if, so, with what frequency.

Within the base sample:

majorities said people in two groups are treated unfairly “a lot/some” of the time based on:

- “whether or not they have health insurance”(60 to 27 percent treated unfairly “a lot/some”)
- “how well they speak English” ”(52 to 33 percent treated unfairly “a lot/some”)

pluralities said people in three groups are treated unfairly “a lot/some” of the time based on:

- “how much money they have” (49 to 37 percent treated unfairly “a lot/some”)
- “how people are dressed or groomed” (47 to 36 percent treated unfairly “a lot/some”)
- “how well educated they are” (44 to 43 percent treated unfairly “a lot/some” – within the margin-of-error)

Respondents in the African American and Hispanic over samples were much more likely to say the factors tested affect the way people are treated: among African Americans, a majority said people are treated unfairly “a lot/some” based on eight of the 10 factors, and a plurality said this was the case for a ninth factor; among Hispanics, a majority said people are treated unfairly “a lot/some” based on six of the 10 factors, and a plurality said this is the case for two additional factors.

		A LOT/SOME			SELDOM/NEVER			undec
		a lot	some	Total	seldom	never	Total	
How people are dressed or groomed		9%	38%	47%	22%	14%	36%	17%
	Af-Am	20%	40%	60%	10%	13%	23%	17%
	HISP	14%	46%	60%	14%	13%	27%	13%
How well educated they are		7%	37%	44%	23%	20%	43%	13%
	Af-Am	22%	37%	59%	10%	18%	28%	13%
	HISP	16%	41%	57%	17%	16%	33%	10%
Whether or not they have health insurance		27%	33%	60%	15%	12%	27%	13%
	Af-Am	39%	29%	68%	8%	9%	17%	15%
	HISP	28%	41%	69%	13%	9%	24%	9%
Whether they are a man or woman		2%	18%	20%	23%	44%	67%	13%
	Af-Am	5%	28%	33%	12%	40%	52%	15%
	HISP	12%	19%	31%	16%	45%	61%	8%
What their race or ethnic background is		8%	31%	39%	18%	27%	45%	16%
	Af-Am	27%	33%	60%	10%	18%	28%	12%
	HISP	24%	37%	61%	15%	18%	33%	6%
How well they speak English		13%	39%	52%	16%	17%	33%	15%
	Af-Am	27%	33%	60%	9%	18%	27%	13%
	HISP	37%	38%	75%	10%	12%	22%	4%
Whether or not they are overweight		9%	33%	42%	20%	24%	44%	14%
	Af-Am	19%	31%	50%	10%	26%	36%	14%
	HISP	15%	31%	46%	21%	21%	42%	12%
Whether or not they are physically disabled		5%	24%	29%	24%	35%	59%	12%
	Af-Am	15%	32%	47%	14%	25%	39%	14%
	HISP	11%	31%	42%	14%	30%	44%	14%
How much money they have		17%	32%	49%	14%	23%	37%	14%
	Af-Am	33%	28%	61%	5%	19%	24%	15%
	HISP	25%	34%	59%	16%	17%	33%	8%
Their sexual orientation, either gay or lesbian		6%	26%	32%	18%	24%	42%	26%
	Af-Am	16%	27%	43%	7%	17%	24%	33%
	HISP	12%	28%	40%	15%	22%	37%	24%

In the base sample, the following groups said, by the highest percentages, “how well educated they are” causes people to be treated unfairly “a lot/some: of the time:

- 62 percent: age 50 to 55 years
- 61 percent: marital status - single women under age 40
- 59 percent: union member – other in household disabled

- 57 percent: self-employed
younger women
- 56 percent: union member - respondent
age 18 - 29 years
- 54 percent: age 36 - 40 years
- 53 percent: age under 40 years
- 52 percent: women with college
age 56 - 64 years
Democrats
“Boom” generation [b. 1944-60]
religious affiliation - “other”
- 51 percent: age 18 - 29 years
income between \$50,000 - \$75,000
adults in household – three/more
- 50 percent: has heard of GRAAHI
income between \$50,000 - \$75,000
younger with college
- 49 percent: younger without college
with health coverage/provided by employer
not employed
primary transport – other than car
Catholics

In the base sample, the following groups said, by the highest percentages, “how well educated they are” causes people to be treated unfairly “seldom/never”:

- 68 percent: Republican men
- 62 percent: “GI” generation [b. 1924 - prior]
- 54 percent: Republicans
- 51 percent: recently admitted to a hospital
- 51 percent: with no regular doctor
- 50 percent: men under age 40
men with college
income over \$100,000
- 49 percent: younger women
age 65 years more
age 30 to 35 years

In the base sample, the following groups said, by the highest percentages, “what their race or ethnic background is” causes people to be treated unfairly “a lot/some: of the time:

- 62 percent: women under 40
- 61 percent: union member - other in household
- 60 percent: with no regular doctor
- 58 percent: marital status - single
- 56 percent: age 18 - 29 years
- 53 percent: usually go to a public clinic
- 52 percent: younger women
- 50 percent: disabled

- 49 percent: Democrats
self-employed
- 48 percent: women with college
income \$50,000 - \$75,000
age 50 - 55 years
age 18 - 29 years
“X” generation [b. 1960-81]
with no health coverage/household member(s)
- 46 percent: with health coverage/provided by employer
younger without college
heard of GRAAHI
adults in household/three-more
- 45 percent: age 56 - 64 years
income \$15,000 - \$30,000
income \$30,000 - \$50,000
younger with college
age 36 - 40 years
- 44 percent: age 30 to 35 years
employed full-time
union member - respondent

In the base sample, the following groups said, by the highest percentages, “what their race or ethnic background is” causes people to be treated unfairly “seldom/never”:

- 66 percent: “GI” generation [b. 1924 - prior]
- 61 percent: Republican men
- 57 percent: recently admitted to a hospital
- 56 percent: Republicans
- 52 percent: men with college
younger women
- 52 percent: with health coverage/provided by other
- 50 percent: marital status - separated/widowed/divorced

In the base sample, the following groups said, by the highest percentages, “whether or not they are overweight” causes people to be treated unfairly “a lot/some: of the time”:

- 64 percent: women under age 40
- 59 percent: Democratic women
disabled
younger women
- 56 percent: union member - other in household
marital status - single
- 54 percent: income \$30,000 - \$50,000
- 53 percent: Democrats
age under 40 years
- 52 percent: religious affiliation - “other”
women with college
age 18 - 29 years

- 51 percent: age 18 - 29 years
“X” generation [b. 1960-81]
age 36 – 40 years
- 50 percent: all women
age 50 - 55 years
age 30 - 35 years
with health coverage/provided by employer
younger without college
employed part-time
- 49 percent: age 56 - 64 years
with no health coverage/household member(s)
- 48 percent: income \$50,000 - \$75,000
“Boom” generation [b. 1944-60]
Independent women
women with no college
with no regular doctor
- 47 percent: employed full-time
women over age 40
younger with college

In the base sample, the following groups said, by the highest percentages, “whether or not they are overweight” causes people to be treated unfairly “seldom/never” of the time:

- 59 percent: Republicans
- 55 percent: income \$75,000 - \$100,000
- 53 percent: “GI” generation [b. 1924 - prior]
- 52 percent: income over \$100,000
self-employed
younger women
- 51 percent: primary transport – other than car
- 50 percent: men with college
- 49 percent: with no health coverage/household
heard of GRAAHI
not employed
- 48 percent: retired
all men
recently admitted to the hospital
with health coverage/provided by self

In the African American oversample, the following groups said, by the highest percentages, “whether or not they are physically disabled” causes people to be treated unfairly “a lot/some” of the time:

- 60 percent: older men
- 59 percent: “Silent” generation [b. 1925-43]
employed part-time
income \$15,000 - \$30,000
- 58 percent: not employed
men over age 40

- 57 percent: post-high school education
older no college
- 55 percent: religious affiliation - “other”
age 55 – 64 years
men without college
- 54 percent: marital status - separated/widowed/divorced
with no children in household

In the African American oversample, the following groups said, by the highest percentages, “whether or not they are physically disabled” causes people to be treated unfairly “seldom/never”:

- 77 percent: men under age 40
- 65 percent: age 36 - 40 years
- 64 percent: with no regular doctor
younger women
younger women
- 63 percent: men with college
younger with college
- 61 percent: age 18 - 29 years
- 60 percent: age 18 - 29 years
“X” generation [b. 1960-81]
- 58 percent: with children in household
- 57 percent: Independent women
- 55 percent: recent visit to public clinic
college educated
- 54 percent: religious affiliation - “none”
- 52 percent: disabled
income \$50,000 - \$75,000
younger without college
- 50 percent: older with college
- 47 percent: age under 40 years
women with college
employed full-time
with no health coverage/household member(s)
Independents
recently admitted to a hospital
- 46 percent: younger women

In the Hispanic oversample, the following groups said, by the highest percentages, “whether or not they are overweight” causes people to be treated unfairly “a lot/some” of the time:

- 80 percent: older with college
- 76 percent: union member - respondent
- 67 percent: women with college
- 65 percent: employed part time
age 50 - 55 years
- 64 percent: college educated
- 63 percent: with health coverage/provided by other

- 62 percent: has heard of GRAAHI
- 61 percent: men with college
age 30 - 35 years
- 60 percent: retired
- 57 percent: older men
- 56 percent: Protestants
- 55 percent: younger with college
- 54 percent: recent doctor's office visit
income \$30,000 - \$50,000
income \$50,000 - \$75,000
- 53 percent: age 56 - 64 years
primary transport - own car

In the Hispanic oversample, the following groups said, by the highest percentages, "whether or not they are overweight" causes people to be treated unfairly "seldom/never":

- 61 percent: not employed
- 58 percent: Republican men
- 57 percent: post-high school education
- 54 percent: primary transport - other than own car
- 53 percent: age 18 - 29 years
age 41 - 49 years
- 51 percent: income under \$15,000
- 50 percent: with no health coverage/household
with no regular doctor
younger without college
age 36 - 40 years
- 49 percent: men without college
recently admitted to a hospital
adults in household/two
with health coverage/provided by government

In the Hispanic oversample, the following groups said, by the highest percentages, "whether or not they are physically disabled" causes people to be treated unfairly "a lot/some" of the time:

- 65 percent: employed part-time
- 62 percent: younger with college
has heard of GRAAHI
- 60 percent: recent visit to public clinic
Republican women
age 50 - 55 years
- 58 percent: not employed
- 57 percent: women with college
- 55 percent: with health coverage/provided by government
income under \$15,000
- 54 percent: college educated
with no health coverage
- 50 percent: men with college
marital status - single

with health coverage/provided by other
with no health coverage/household
religious affiliation - "none"

- 49 percent: younger women
all women

In the Hispanic oversample, the following groups said, by the highest percentages, "whether or not they are physically disabled" causes people to be treated unfairly "seldom/never":

- 65 percent: Republican men
- 61 percent: post-high school education
men under age 40
- 59 percent: men without college
younger women
income \$50,000 - \$75,000
- 57 percent: employed full time
Independent men
- 55 percent: primary transport - other than own car
- 54 percent: all men
income \$30,000 - \$50,000
- 53 percent: age 18 - 29 years
with health coverage/provided by employer
- 52 percent: recent ER visit

In the Hispanic oversample, the following groups said, by the highest percentages, "their sexual orientation, either gay or lesbian" causes people to be treated unfairly "a lot/some" of the time:

- 62 percent: younger with college
- 58 percent: with no health coverage
has heard of GRAAHI
- 57 percent: women with college
age 36 - 40 years
- 56 percent: not employed
- 55 percent: income under \$15,000
- 54 percent: college educated
- 52 percent: age 56 - 64 years
- 51 percent: recent visit to public clinic
age 30 to 35 years
- 50 percent: retired
men with college
Republican women
- 49 percent: recent ER visit
- 48 percent: union member - respondent
- 47 percent: marital status - single
with no health coverage/household member(s)

In the Hispanic oversample, the following groups said, by the highest percentages, "their sexual orientation, either gay or lesbian" causes people to be treated unfairly "seldom/never":

- 53 percent: Republican men
age 18 - 29 years
- 50 percent: with no health coverage/household
employed full-time
younger women
- 49 percent: men under age 40
- 46 percent: with health coverage/provided by employer
men without college
- 45 percent: marital status - separated/widowed/divorced
Democratic men
- 44 percent: younger without college

Awareness/opinion of Grand Rapids African American Health Institute

All respondents were asked if they had “heard or read about an organization called the Grand Rapids African American Health Institute.” Across all three groups surveyed, the level of recognition was fairly consistent: 16 percent of both the base sample and the African American oversample said they recognized, as did 15 percent of the Hispanic oversample. Concomitantly, 82 percent of the base sample, 84 percent of the Hispanic and 75 percent of the African American over samples said they had not heard of it.

Respondents who said they had heard or read about GRAAHI were asked if they had a favorable or unfavorable opinion of the organization:

	<u>Base</u>	<u>Af-Am</u>	<u>HISP</u>
very favorable	16%	31%	21%
somewhat favorable	35%	20%	31%
Total FAVORABLE	51%	51%	52%
somewhat unfavorable	2%	4%	10%
very unfavorable	3%	4%	—%
Total UNFAVORABLE	5%	8%	10%
undecided/don’t know	44%	41%	38%

#####