ACCESSIBILITY OF HEALTH CARE SERVICES IN COCHISE COUNTY

Definition of Health Care:

- A.) For the purposes of this survey, "health care" means <u>any</u> services or providers related to **medical/physical** health or **mental/behavioral** health or **substance use or abuse**. Please specify type of service for each answer.
- B.) Answers can apply to you, or your child, or someone else whom you care for.

| Physical Health | alth | Substance Use | 1. AVAILABILITY - Do you have | | | | | 3. ACCESSIBILITY - What kinds of |
|-----------------|---------------|---------------|--|---|-----------------|---------------|---------------|--|
| E E | Mental Health | ance | difficulty finding or getting to health | | _ | | | delays do you experience when you |
| ιysic | lenta | ubsta | care services in Cochise County? | | Physical Health | Mental Health | Substance Use | need health care services? |
| | Σ | Sı | (Choose all that apply) | | Э Н | F | nce | (Choose all that apply) |
| | | | Do not know how to locate a health care | | ıysic | enta | ıbsta | Experienced a delay in getting an |
| | | | provider. | | 占 | Σ | วร | appointment: |
| | | | Health care services in Cochise County are | | | | | with a primary health care provider. |
| | | | not close enough to my home. | | | | | |
| | | | The type of services I/we need are not | | | | | with a specialty health care provider. |
| Diam | | : . | offered or available locally. | | | | | |
| Piea | se spe | есту ч | what service(s) are unavailable: | | | | | with a nurse for any kind of health care. |
| | | | | _ | | | | |
| | | | | | | | | for a diagnostic test, surgery or procedure. |
| Othe | er diffi | culty | (please specify) | L | | | | |
| | ,, | , | , , , , , , | | | | | Experienced a delay in getting: |
| | | | | Г | | | | admitted for any kind of treatment. |
| | | | ☐ This question does not apply to me | | | | | admitted for any kind of treatment. |
| | | | | - | | | | any kind of medical device or medical |
| Ę | _ | au | | | | | | equipment. |
| lealt | ealtl | Substance Use | 2. AFFORDABILITY - How do you pay | | | | | my medicine. |
| Physical Health | Mental Health | ance | for health care? | | | | | |
| hysi | /lent | ubst | (Channe all that manks) | | | | | |
| | | S | (Choose all that apply) | | | | | Other: |
| | | | No way to pay for health care services | | | | | Can't take off work to go to an appointment |
| | | | Develop for your booth care. Develop bour | | | | | during regular clinic hours. |
| | | | Pay cash for my health care – Do not have | | | | | Health care providers do not always accept |
| | | | health insurance Health insurance through my employer | | | | | my insurance |
| | | | Health insurance through my employer | | | | | This question does not apply to me |
| | | | Pay for health insurance (e.g., private or | | | | | |
| | | | Affordable Care Act Marketplace) | | | | | |
| | | | Medicaid (ACCCHS) | | | | | |
| | | | , , | | Æ | | a | |
| | | | Medicare | | Health | ealth | e Use | |
| | | | | | Physical I | Mental He | tanc | 4 ACCESSIBILITY How for do you |
| | | | Tri-Care | | hysi | /lent | Substanc | 4. ACCESSIBILITY - How far do you |
| | | | | г | <u> </u> | | S | travel to get your health care? |
| | | | Veterans' Administration | | | | | 0-10 miles |
| | | | Harith in a constant of the constant | - | | | | 11-30 miles |
| | | | Health insurance doesn't cover all the costs | | | | | 11-30 Illies |
| | | | (co-pays, deductible, premiums, meds). Health insurance doesn't cover some of the | - | | | | 31-60 miles |
| | | | services needed. | | | | | of the files |
| Othe | er (nle | ase s | pecify) | | | | | 61-99 miles |
| | . , , , | | r 3// | | | | | |
| | | | | | | | | More than 100 miles |

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☐ This question does not apply to me

| Physical Health | Mental Health | Substance Use | 5. ACCESSIBILITY - How do you get to your health care appointments? (Choose all that apply) | Physical Health | Mental Health | Substance Use | 7. When receiving health care services, have you ever been treated unfairly, disrespectfully or been denied health care because of your: (Choose all that apply) |
|-----------------|---------------|---------------|--|-----------------|---------------|---------------|--|
| | | | Personal vehicle | | | | Age |
| | | | Bus or shuttle | | | | Gender |
| | | | Taxi/Uber/Lyft | | | | Race/ethnicity |
| | | | ViCap or Medicaid Taxi | | | | Level of education |
| | | | A friend or family member drives me | | | | Physical disability |
| | | | Walk or bicycle | | | | Intellectual disability |
| | | | Don't have any transportation to get to appointments. | | | | Mental health status |
| Oth | er (ple | ease s | specify) | | | | Chronic/long-term condition |
| | | | | | | | Income/social status |
| | | | | | | | Lack of health insurance |
| | | | | | | | Religious beliefs |
| £ | ‡ | se | 6. ACCEPTABILITY - What kinds of | | | | Sexual orientation |
| Physical Health | Mental Health | Substance Use | difficulties do you experience when receiving health care services? | | | | I have not tried to access health care services |
| Phys | Men | Sabs | (Choose all that apply) | Oth | er (ple | ease s | pecify) |
| | | | Health care staff don't speak my language. | | | | ☐ This question does not apply to me |
| | | | Health care staff don't listen to me, answer my questions or include me in planning my care. | | | | |
| | | | I am afraid to go to a health care provider or I am afraid to seek health care services. | | | | the selections you chose in Questions gh 7 above, what is the one greatest |
| | | | I don't think health care services will really help me. | Dies | diff | icult | y you have in accessing health care? |
| Oth | er (ple | ease s | specify) | Plec | ase spe | ecify | |
| | | | | | | | |

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| <u></u> | _ | (I) | | 12. How can we improve access to health care |
|-----------------|---------------|---------------|--|--|
| Physical Health | Mental Health | Substance Use | 9. How many times in the past 12 | services in Cochise County? |
| Sa F | E | ance | - | Please describe in your own words: |
| hysi | lent | ubst | months have you gone to the | |
| | 2 | Š | Emergency Room: | |
| | | | None | |
| | | | Once | |
| | | | 2-5 times | |
| | | | 6 or more times | |
| | | | 6 or more times | |
| ح | | a) | 10 December asimpte the | |
| ealt | alth | Use | 10. Reasons for going to the | |
| Physical Health | Mental Health | Substance Use | Emergency Room in the past 12 | |
| ysic | enta | bsta | months: (Choose all that apply) IF YOU | · |
| A L | Σ | Su | DID NOT VISIT ER, SKIP TO QUESTION 12. | |
| | | | Life-threatening illness/injury | |
| | | | Sick or injured before 8am or after 5pm on a | |
| | | | weekday | |
| | | | Sick or injured on a weekend | |
| | | | No urgent care appointments were available | |
| | | | No digent care appointments were available | |
| | | | More convenient than waiting for an | |
| | | | appointment | |
| | | | Do not have a regular health care provider | |
| | | | Needed a prescription refilled | |
| 0.1 | () | | (6) | |
| Othe | er (ple | ease s | pecify) | |
| | | | | |
| | | | | |
| H H | 돠 | Jse | | |
| Physical Health | Mental Health | Substance Use | 11. How did you get to the | |
| sical | ntal | stan | Emergency Room? IF YOU DID NOT | |
| Phy | Mer | Sub | VISIT ER, SKIP TO QUESTION 12. | |
| | | | Ambulance | |
| | | | | |
| Othe | er tra | nspor | tation (please specify) | |
| | | | | |
| | | | | |

PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY:

| 13. Zip Code | where you live | : |
|--------------|----------------|---|
| | | |
| 14. Gender: | | |
| Male | | |
| Female | | |
| Other | | |

| 2017.801 |
|--------------|
| Under 18 |
| 18 – 24 |
| 25 – 34 |
| 35-44 |
| 45-54 |
| 55-64 |
| 65-74 |
| 75-84 |
| 85+ |

16. Race/Ethnic group you most identify with:

| | White or Caucasian (non-Hispanic/Latino) |
|-----|--|
| | Black or African American |
| | Hispanic or Latino |
| | Asian or Asian American |
| | American Indian/Alaskan Native/Native American |
| | Native Hawaiian or other Pacific Islander |
| Oth | er (please specify) |

17. Education:

| | Less than high school | |
|------------------------|---------------------------------|--|
| | High school diploma or GED | |
| | Trade certification | |
| | 2-year College degree | |
| | 4-year College degree or higher | |
| Other (please specify) | | |

18. Employment:

| | No job/Not working | | |
|------|------------------------------------|--|--|
| | Part-time employment | | |
| | Multiple part-time jobs | | |
| | Self-employed | | |
| | Full-time employment/no benefits | | |
| | Full-time employment with benefits | | |
| | Retired | | |
| Othe | Other (please specify) | | |
| | | | |
| | | | |
| | | | |

19. Household income:

| Less than \$20,000 |
|----------------------|
| \$20,000 to \$29,999 |
| \$30,000 to \$49,999 |
| \$50,000 to \$75,000 |
| Over \$75,000 |

20. Housing: where do you live right now?

| Homeless |
|---|
| Live in a shelter |
| Live in a facility – transitional housing, assisted living, treatment or rehab facility, college dorm, etc. |
| Live with friends or family members but do not pay rent |
| Live with friends or family members and pay rent |
| Rent my own place (apartment or house) |
| Receive housing subsidy (Section 8 or other HUD funding) |
| Own my own home with mortgage |
| Own my own home mortgage-free |

21. How many people live in your household?