

RACE, ETHNICITY & HEALTH CARE

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ISSUE BRIEF

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Uninsured and Underserved:

**The Health Care Experiences of
Latinos in the Nation's Capital**

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Uninsured and Underserved:

The Health Care Experiences of Latinos in the Nation's Capital

INTRODUCTION

The Latino population has grown rapidly in the District of Columbia (D.C.) and in the United States (U.S.) as a whole. As such, the problems they experience when seeking health care are indicators of current as well as future health care challenges facing policymakers.

In 2003, Latinos accounted for 9.4% of the population in D.C., up from 7.9% in 2000 and just 5.4% in 1990.^{1,2} This rapid growth reflects an unprecedented wave of immigration during the 1990's, when Latino immigration to the U.S. averaged over one million people per year.³ Nationally, Latinos now represent just over 13% of the U.S. population.⁴

This issue brief explores how the health care experiences of Latino adults in D.C. differ from those of other D.C. residents, based on analysis of data from the Kaiser Family Foundation's D.C. Health Care Access Survey, 2003. It examines how Latinos ages 18–64 fare relative to African Americans and whites in the same age group. When comparable data are available, this brief also contrasts the health care experiences of District Latinos with those of Latinos nationally.

Conducted in 2003, the D.C. Health Care Access Survey is based on telephone interviews with a randomly selected representative sample of adults living in D.C. households. The survey included an oversample of Latino households, with interviews conducted in Spanish and English.

KEY FINDINGS

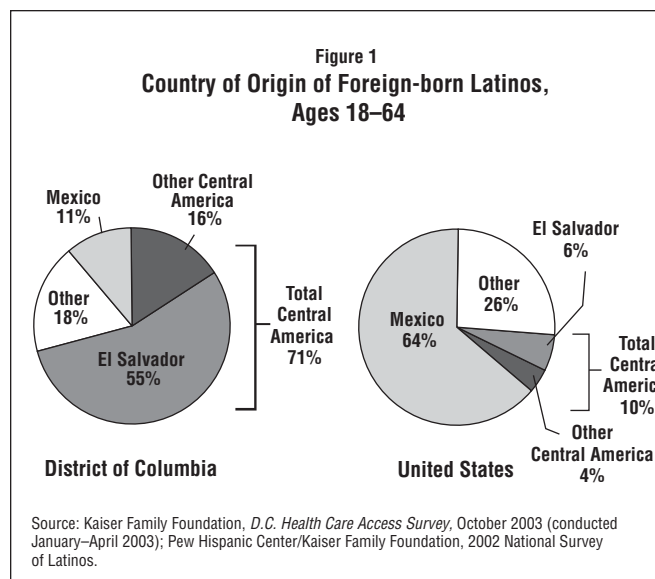
- Though primarily an immigrant community, Latinos have relatively long-standing ties to D.C. Over half of Latino adults have lived in D.C. for 6 or more years. Latinos, however, have lower incomes than whites or African Americans even though they are equally likely as both racial/ethnic groups to be employed. (*Appendix 1*)
- D.C. Latinos ages 18–64 are over three times as likely to be uninsured as other adult residents. The greater likelihood of uninsurance among Latinos is in part a function of their demographic

characteristics, particularly their immigrant status and employment profile. (*Appendix 2*)

- Though Latino adults in D.C. have similar or greater need for care as other adults, they fare worse than whites and African Americans on most health care access indicators. (*Appendix 3*)
- Despite the barriers Latinos face in obtaining access to health care, they are no more critical of local health institutions than other adults nor do they express greater concern about health issues. (*Appendices 4 & 5*)
- Compared with Latinos nationally, Latinos in D.C. are more likely to be foreign-born and to speak Spanish as their primary language; however, they are just as likely to be employed and uninsured.

SOCIO-DEMOGRAPHIC PROFILE

Most (94%) D.C. Latino adults ages 18–64 are foreign-born. Of those who are foreign-born, seven in ten (71%) immigrated to the U.S. from Central America. In contrast, a smaller share (63%) of Latino nonelderly adults in the U.S. are foreign-born, and the majority (64%) of these immigrants are from México.^{5,6} (Figure 1)

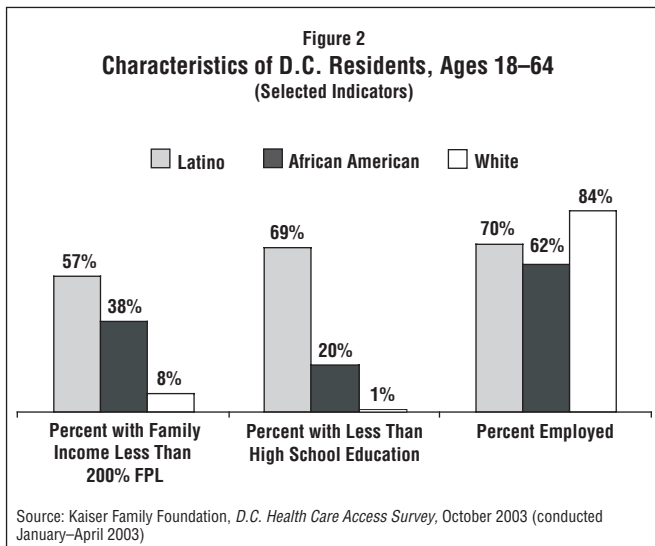


Although largely an immigrant population, Latino nonelderly adults have long-standing ties to the District. Over half (55%) of Latino adults have

lived in D.C. for six years or more, with one-third (34%) residing in the District for 11 years or more.

Given the large proportion of immigrants in D.C.'s Latino community, it is not surprising that Spanish is the primary language used by the majority of Latino adults. Three-quarters (75%) of Latinos reported Spanish as their primary language, with another 18% reporting they are bilingual. Nationally, almost half (46%) of Latino adults are Spanish-dominant and more than one-quarter (28%) are bilingual.⁷

Latinos in D.C. are just as likely as other adults to be employed even though a larger percentage lack a high school degree than African Americans or whites (Figure 2). However, despite strong labor force participation, Latinos are concentrated in low-wage jobs and thus have lower incomes. Over half (57%) of Latinos report incomes less than 200% of the Federal poverty level, compared with 38% of African Americans and 8% of whites.⁸ Latinos in D.C. report incomes similar to those of Latinos nationally. Just over half (52%) of Latinos nationally report incomes below 200% of poverty.

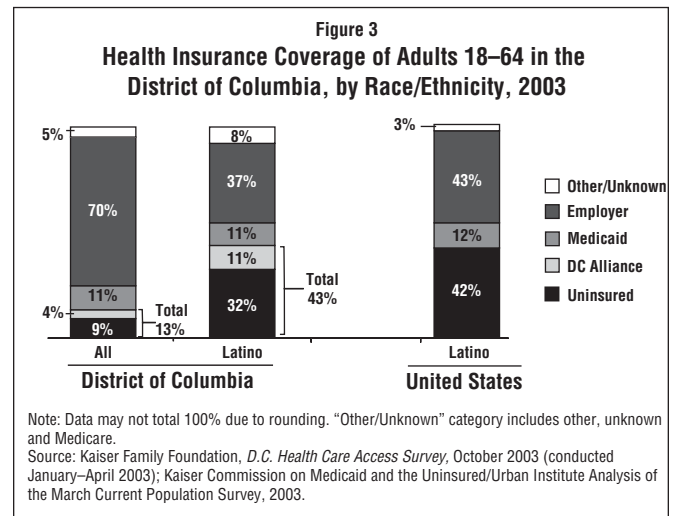


HEALTH INSURANCE COVERAGE

An estimated 43% of D.C. Latino adults ages 18–64 lacked health insurance in 2003, including 32% who reported no health coverage at all and an additional 11% enrolled in the D.C. Healthcare Alliance, a locally funded public/private partnership designed to improve access to care for the uninsured.⁹

Individuals enrolled in the Alliance are counted among the uninsured because they have access to sources of medical care, but not to a defined set of outpatient or inpatient benefits.

Three times as many Latinos were uninsured as the average for all adults in D.C. (43% vs. 13%). Were it not for the Medicaid program, which covered another 11% of Latino adults, at least half of nonelderly Latinos would have been uninsured. (Figure 3)



Latinos' higher rate of uninsurance is not unique to D.C. Nationally, four in ten (42%) Latino adults ages 18–64 are uninsured.¹⁰ Both in D.C. and nationally, Latinos' rate of uninsurance is the highest among all racial/ ethnic groups.¹¹

Although the vast majority of Latino adults are working, many are employed in low-wage jobs in which employer-sponsored health insurance is either not offered or is unaffordable.¹² Fewer than four in ten (37%) Latinos in D.C. have health insurance through an employer, compared with 61% of African Americans and 91% of whites. This pattern is also not unique to D.C., as nationally only 43% of Latinos ages 18–64 have employer-sponsored health insurance.¹³

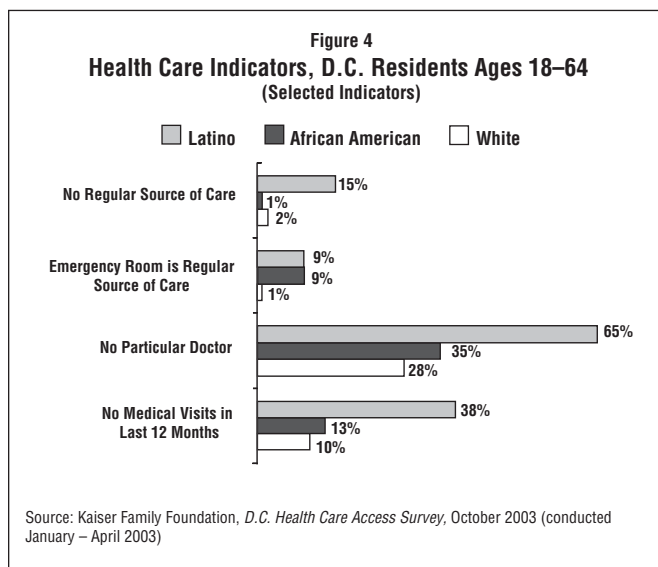
The high rate of uninsurance also is tied, in part, to Latinos being a largely immigrant population. In 1996, the federal government enacted a law that restricted immigrants' access to a range of means-tested benefit programs, including Medicaid.¹⁴ These restrictions are severe for undocumented immigrants, but even newly arrived legal immigrants are ineligible for most programs for a five-year period. Though many states adopted legislation to minimize effects of the law using state-only funds, the 1996 federal law continues to limit and discourage immigrants from applying for public benefits.

Despite a higher rate of uninsurance, Latinos in D.C. did not differ statistically from the percent of

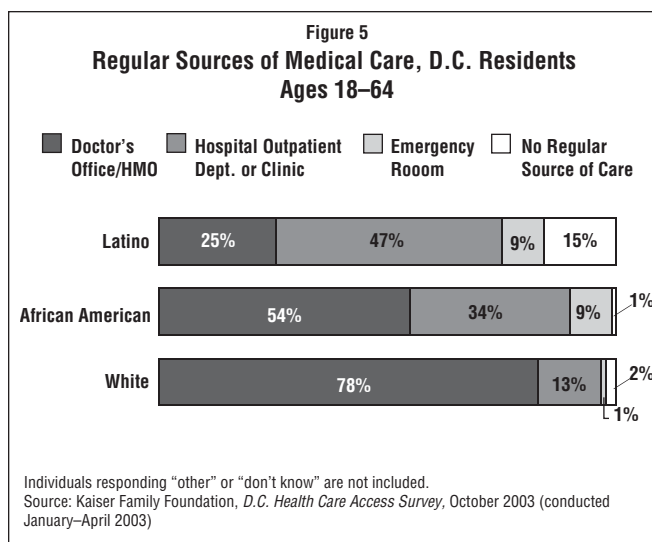
African Americans or whites reporting problems paying medical bills (13%, 18%, 9% respectively). This finding may reflect differences in the sources of care or the amount of care obtained by Latinos compared to other adults.

ACCESS TO CARE AND USE OF HEALTH CARE SERVICES

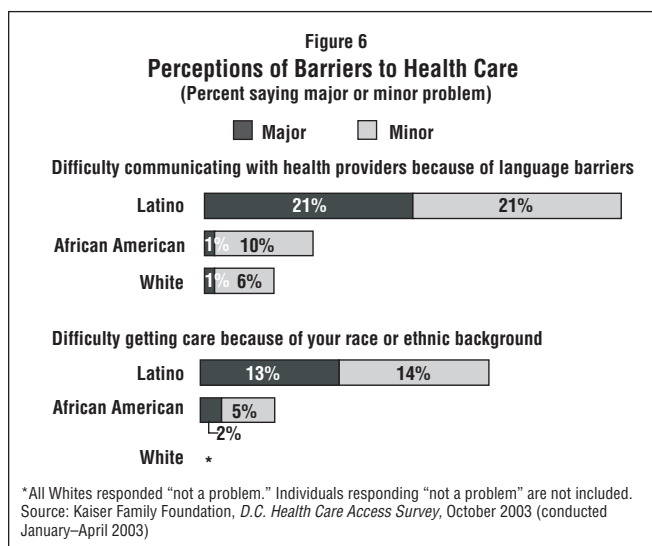
Although a similar proportion of Latinos and African Americans say they are in fair or poor health, Latinos fare worse than African Americans (as well as whites) on several commonly used indicators of access to health care. (Figure 4) About 1 in 4 Latino adults either have no regular source of medical care (15%) or rely on a hospital emergency room (9%) for their care. They are also more likely than African Americans or whites to have no particular doctor they see when they need care and to report not getting any medical care in the past year. Latinos in D.C., however, are no more likely than Latinos nationally to report going without medical care within the past 12 months (38% vs. 40%).



When they do seek medical care, Latino adults in D.C. are much less likely than African American or white adults to report receiving care in a doctor's office or HMO (Figure 5). The most common source of care for Latinos (47%) is a clinic or hospital outpatient department, and they are more likely to report using such locations than African Americans (34%) and whites (13%). This difference may reflect the geographic and language accessibility of many community-based clinics and health centers or that such entities are specifically designed to serve individuals without regards to their ability to pay.

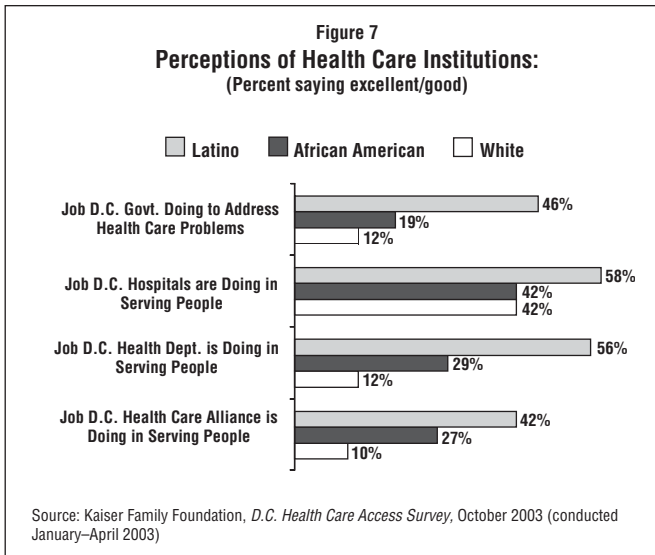


Latino adults in D.C. are far more likely than African American or white adults to report problems communicating with health care providers due to language (42%; 11%; 7%) and to say they have had difficulty getting care due to their race or ethnicity (27%; 7%; 0%). (Figure 6) Nationally, Latinos also experience such obstacles. Three in ten (30%) Latinos nationally reported major or minor difficulty communicating with providers due to language and 19% reported difficulty getting care due to race or ethnicity.



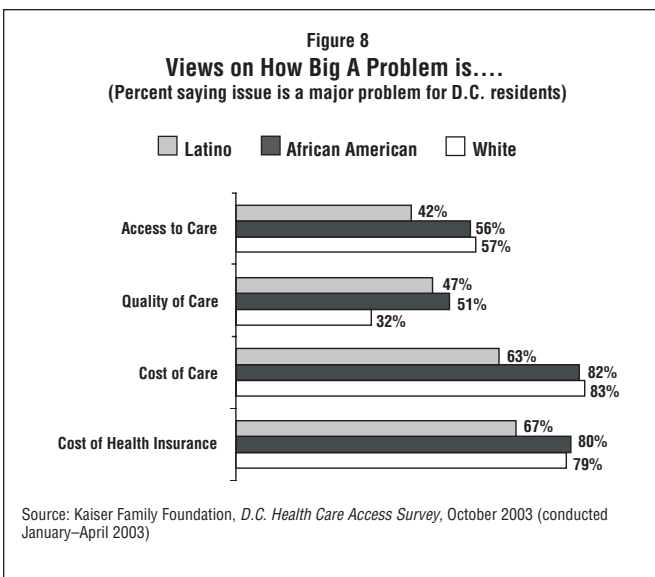
PERCEPTIONS OF HEALTH CARE INSTITUTIONS & PROBLEMS IN D.C.

Despite Latinos' greater likelihood of being uninsured and reporting problems in obtaining care, they were not more critical of local institutions than other adults. In fact, compared with other racial/ethnic groups, Latinos tended to give more favorable ratings to such institutions. (Figure 7)



More than four in ten (46%) Latinos said the D.C. government is doing an excellent or good job addressing health care problems in D.C., compared with 19% of African Americans and 12% of whites. Latinos were also far more likely than African Americans or whites to say the D.C. Health Department and the D.C. Healthcare Alliance are doing an excellent or good job in serving D.C. residents.

Respondents were also asked about the challenges D.C. residents face in obtaining care. Substantial proportions of Latinos said that health care access and costs were “major problems” for D.C. residents, but fewer Latinos did so than African Americans or whites. (Figure 8)

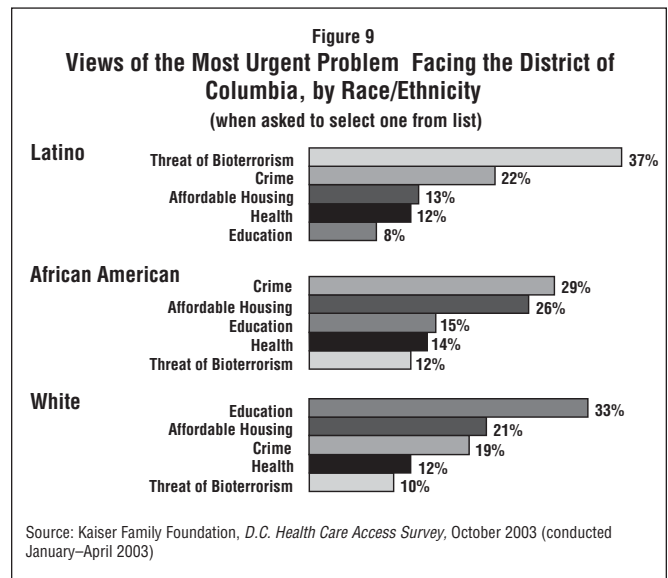


For example, more than four in ten (42%) Latinos in D.C. said that access to health care is a major problem for D.C. residents, compared with 56% of African Americans and 57% of whites. About two-

thirds of Latinos said that the cost of health insurance (67%) and the cost of health care (63%) are major problems, but larger proportions of African Americans and whites reported the costs of health coverage and care as major problems. The more favorable ratings may be due to the experiences some Latinos have had in their country of origin where medical resources are more limited than in the U.S.

Only on the question of quality of care were Latinos more critical than whites. A larger share of Latinos (47%) and African Americans (51%) than whites (32%) identified quality of health care as a “major problem” for D.C. residents.

When given a list of five issues and asked which is the most urgent problem facing the District, nonelderly Latino adults ranked health issues behind the threat of bioterrorism, crime, and affordable housing. (Figure 9)



Latinos were the only racial/ethnic group to say that the threat of bioterrorism is the most urgent problem (37%) and they were more likely to do so than African Americans (12%) or whites (10%).

In an open-ended question, respondents also were asked to identify the most urgent health problem facing the District. HIV/AIDS and other STDs was ranked as the top issue by each racial/ethnic group, although a smaller share of Latinos (13%) and whites (17%) than African Americans (35%) identified it as the most urgent health problem.

CONCLUSION

The Latino community in D.C. is significantly defined by its immigrant experience. Yet, this fast growing

population is developing lasting roots in the nation's capital. Their experiences in the health care system underscore the considerable challenges facing local policymakers and community leaders alike.

Though Latino adults in D.C. have similar or greater need for care as other D.C. adults, substantial numbers lack health insurance or a regular source of medical care, and report difficulties accessing services due to barriers related to language or their racial/ ethnic background. Moreover, Latinos in the District

appear to fare no better or worse than Latinos nationally on key access indicators such as the percent without insurance or not getting medical care within a year.

While the health care challenges facing Latinos in D.C. are considerable, they are not without hopeful signs. The creation of the D.C. Healthcare Alliance, as well as Latinos' reliance on community-based clinics and health centers, provide two opportunities to address the needs of this underserved community.

Methods

This issue brief is based primarily on analysis of data on adults, ages 18–64, from the Kaiser Family Foundation *D.C. Health Care Access Survey*, 2003. When comparable data are available, the brief also contrasts the health care experiences of Latinos in the District with those of Latinos nationally. We use the term “Latino” to include those of Latino or Hispanic origin. The terms white and African-American refer to non-Hispanic whites and non-Hispanic African-Americans, respectively. Though they are U.S. citizens, for purpose of this analysis, individuals born in Puerto Rico are categorized as foreign-born.

Unless otherwise noted, all D.C. data are from the *D.C. Health Care Access Survey, 2003* a telephone survey conducted between January and April 2003. The survey interviewed a representative sample of 1,581 adults, ages 18 and older, living in Washington, D.C. Foundation staff, in consultation with Princeton Survey Research Associates International (PSRAI), developed the survey questionnaire. PSRAI also developed the sample design, conducted the fieldwork, and weighted the data. The survey included an oversample of Latino households, with interviews held in either English or Spanish based on the respondent's preference. This analysis is based on the non-elderly (N=1,081) survey respondents, of which 9% (unweighted N=134) were Latinos. The margin of sampling error for nonelderly adults by racial/ethnic group is +/- 10.6 percentage points for Latinos, +/- 4.9 percentage points for African Americans, and +/- 5.6 percentage points for whites. Please note that sampling error is only one of many potential sources of error.

All references to adults refer to non-elderly adults, ages 18–64. The appendices present detailed information on a number of survey questions. Superscript notations indicate whether an estimate is statistically different at the 95% confidence level from the other estimate. The notations are first made comparing Latinos with African Americans and whites. If a notation says that Latinos differ from whites, the reverse can be inferred even if there is no notation.

For additional information on the *D.C. Health Care Access Survey*, please refer to the survey *Highlights and Chartpack*, which are available online at <http://www.kff.org/minorityhealth/minorityhealth103003pkg.cfm>.

Other Data Sources

The Pew Hispanic Center/Kaiser Family Foundation 2002 *National Survey of Latinos* was conducted by telephone between April 4 and June 11, 2002 among a nationally representative sample of 4,213 adults, 18 years and older, including 2,929 respondents who identified themselves as being of Hispanic or Latin origin or descent. Representatives of the Pew Hispanic Center and the Kaiser Family Foundation worked together to develop the survey questionnaire and analyze the results. International Communications Research conducted the fieldwork in either English or Spanish, based on the respondent's preference. The sample was weighted to reflect the actual distribution among Latino adults by country of origin, age, sex and region. The margin of sampling error is +/- 2.41 percentage points for Latinos overall. The full survey is available online at <http://www.kff.org/kaiserpolls/20021217a-index.cfm>.

The *Community Tracking Survey* (2000–2001) is a nationally representative telephone survey of families and individuals in the U.S. conducted by the Center for Studying Health System Change. Information on approximately 60,000 people was collected for the survey. The survey is conducted by telephone by Mathematica Policy Research, Inc. Additional information on the Community Tracking Survey is available online at www.hschange.com.

The Kaiser Family Foundation *Survey of Americans on HIV/AIDS* was conducted by telephone between March 15 and May 11, 2004, among a nationally representative random sample of 2,902 respondents 18 years of age and older. The survey included an oversample of African American and Latino respondents (a total of 800 African American and 439 Latino respondents were interviewed).

Other national data findings are drawn from the *Kaiser Commission on Medicaid and the Uninsured* (KCMU) analysis of the Federal government's 2003 and 2004 *Current Population Survey* data for adults 18–64. For information on insurance coverage of the total nonelderly population (i.e., children and adults), see KCMU, *Health Insurance Coverage in America: 2003 Data Update* available at www.kff.org.

ENDNOTES/REFERENCES

- ¹ Population Division, U.S. Census Bureau. Table 3: Annual Estimates of the Population by Sex, Race and Hispanic Origin for District of Columbia: April 1, 2000 to July 1, 2003 (SC-EST2003-03-11). Released September 30, 2004.; Betsy Guzman, U.S. Census Bureau, *The Hispanic Population: Census 2000 Brief*, Issued May 2001.
- ² Though the CPS is considered one of the most reliable sources of U.S. population estimates, some argue that it, along with the decennial census, undercounts the U.S. Latino population because many undocumented Latino immigrants are reluctant to participate in the surveys.
- ³ Capps, Randy, Passel, Jeffrey S., Perez-Lopez, Daniel and Fix, Michael. The Urban Institute, *The New Neighbors: A User's Guide to Data on Immigrants in U.S. Communities*, 2003.
- ⁴ Ramirez, Roberto R., and G. Patricia de la Cruz, 2002, *The Hispanic Population in the United States: March 2002*, Current Population Reports, P20-545, U.S. Census Bureau, Washington, D.C. The Current Population Survey (CPS), conducted each March, does not include residents of Puerto Rico.
- ⁵ These estimates of the percentage of Latinos in D.C. and the U.S. who are foreign-born are based on findings from the 2003 D.C. Health Care Access Survey (Kaiser Family Foundation) and the 2002 National Survey of Latinos (Pew Hispanic Center/Kaiser Family Foundation). The foreign-born percentages used in this section apply to non-elderly adult Latinos only, and do not include children under age 18, many of whom are U.S.-born. Foreign-born estimates for all Latinos, including children, are therefore lower.
- ⁶ The majority of immigrants during this period, and the majority of foreign-born residents in the U.S. today are from Latin American. (Larsen, Luke J., 2004. *The Foreign-Born Population in the United States: 2003*. Current Population Reports, P20-551, U.S. Census Bureau, Washington, D.C.)
- ⁷ The 2003 D.C. Health Access Survey and 2002 National Survey of Latinos (NSL) use somewhat different methodologies to determine Spanish-language dominance among respondents. Whereas D.C. respondents were asked a single question in the language the respondent chose for the interview ("Do you primarily speak English, are you bilingual or do you primarily speak Spanish?"), the NSL asked a series of questions regarding language use, which were then used to compute language dominance.
- ⁸ In 2003, the federal poverty level (FPL) was \$15,260 for a family of three.
- ⁹ Enrollment in the D.C. Healthcare Alliance is available to uninsured D.C. residents with incomes up to 200% of poverty. Individuals enrolled in the Alliance have access to sources of medical care but not a defined set of outpatient or inpatient benefits.
- ¹⁰ Kaiser Commission on Medicaid and Uninsured analysis of pooled March 2003 and 2004 Current Population Survey data for adults ages 18–64.
- ¹¹ Kaiser Commission on Medicaid and the Uninsured. 2004. *Health Insurance Coverage in America: 2003 Data Update*. Table 1. This report includes estimates for all nonelderly persons under age 65.
- ¹² Kaiser Family Foundation and Health Research and Educational Trust. 2004. "Employer Health Benefits Annual Survey.
- ¹³ Kaiser Commission on Medicaid and Uninsured analysis of pooled March 2003 and 2004 Current Population Survey data for adults ages 18-64.
- ¹⁴ The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).

Appendices

APPENDIX 1: CHARACTERISTICS OF D.C. & U.S. RESIDENTS, AGES 18-64

	District of Columbia [¶]				U.S. [¶]
	All (1081)	Latino (134)	African American (511)	White (341)	Latino
<i>(Unweighted N)</i>	100%	100%	100%	100%	100%
Gender					
Male	48	56 ^a	42 ^{b,c}	52	50
Female	52	44 ^a	58 ^{b,c}	48	50
Income 2002					
Under 25,000	25	36 ^b	35 ^b	7	
25,000+	63	44 ^b	51 ^b	85	
DK/Refused	12	19	14	8	
Poverty Status*					
Less than 200% of FPL	29	57 ^b	38 ^b	8	52
200% FPL or Above	54	19 ^{a,b}	44 ^{b,c}	79	35
Not Designated	18	24	18	13	13
Years Living in DC					
<5 years	28	41	12	48	
6-10 years	9	21 ^a	4 ^{b,c}	15	
11-20 years	16	29 ^a	11 ^{b,c}	20	
20+ or entire life	45	5 ^{a,b}	72 ^{b,c}	17	
DK/Refused	2	3	1	-	
Education					
<High School	17	69 ^{a,b}	20 ^{b,c}	1	42
HS graduate or equivalent	23	12 ^a	37 ^{b,c}	6	32
Some college	19	5 ^a	26 ^{b,c}	10	17
College graduate+	41	12 ^b	16 ^b	84	9
DK/Refused	1	2	1	-	0
Employment					
Employed	71	70	62	84	69
Not employed [†]	28	28 ^b	38 ^b	15	31
DK/Refused	-	2	-	-	-
Household Size[‡]					
One	29	12 ^{a,b}	26 ^{b,c}	37	6
Two	26	16 ^b	24 ^b	32	17
Three or more	43	71	49	29	77
DK/Refused	1	1	-	1	-
Primary Language					
English	86	7 ^{a,b}	96 ^{b,c}	92	26
Bilingual	7	18 ^{a,b}	4 ^c	7	28
Spanish	7	75 ^b	-	1	46
Immigrant Status[§]					
Foreign-born	16	94 ^{a,b}	4 ^{b,c}	11	63
US-born	83	6 ^{a,b}	95 ^{b,c}	89	37
DK/Refused	1	-	1	-	-
Health Status					
Excellent or Very Good	60	32 ^{a,b}	52 ^{b,c}	81	45
Good	26	44 ^{a,b}	31 ^{b,c}	15	31
Fair or Poor	13	23 ^b	16 ^b	4	24
DK/Refused	1	2	1	-	

Note: Statistically different from: (a) African American; (b) white; (c) Latino. Totals may not add to 100% due to rounding.

* The federal poverty level (FPL) was \$15,260 for a family of three in 2003. Findings are from the 80% of residents reporting family and household size.

† The category "not employed" is broader than unemployed, and includes individuals who are homemakers, students, retired and unemployed.

‡ Data refers to all household members, including children.

§ Though they are U.S. citizens, for the purpose of this analysis, individuals born in Puerto Rico are considered foreign-born.

|| Center for Studying Health System Change, *Community Tracking Study Household Survey, 2000-2001*.

¶ D.C. data are from the Kaiser Family Foundation, *D.C. Health Care Access Survey, October 2003* (conducted January-April 2003) and unless otherwise noted, U.S. data are from the Pew Hispanic Center/Kaiser Family Foundation, *2002 National Survey of Latinos*.

APPENDIX 2: HEALTH INSURANCE COVERAGE OF D.C. & U.S. RESIDENTS, AGES 18-64

	District of Columbia**				U.S.††
	All (1081)	Latino (134)	African American (511)	White (341)	Latino
(Unweighted N)	100%	100%	100%	100%	100%
Insurance Coverage					
Uninsured	13	43	16	4	42
No Coverage	9	32 ^{a,b}	10 ^{b,c}	4	42
DC Alliance	4	11 ^b	6 ^b	-	n/a [#]
Employer	70	37 ^{a,b}	61 ^{b,c}	91	43
Medicaid	11	11 ^{a,b}	19 ^{b,c}	1	12
Other/Unknown	5	8	5	5	3

Bold = Summary estimate for respondents with no coverage and those enrolled in the Alliance. Individuals enrolled in the Alliance were counted as uninsured because they have access to sources of medical care but not a defined set of benefits.

Note: Statistically different from: (a) African American; (b) white; (c) Latino.

Not applicable.

** Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January-April 2003).

†† Kaiser Commission on Medicaid and the Uninsured analysis of pooled March 2003 and 2004 *Current Population Survey data for adults 18-64*.

APPENDIX 3: ACCESS TO CARE & USE OF HEALTH SERVICES, D.C. & U.S. RESIDENTS, AGES 18-64

	District of Columbia [¶]				U.S. [¶]
	All (1081)	Latino (134)	African American (511)	White (341)	Latino
(Unweighted N)	100%	100%	100%	100%	100%
Regular Source of Medical Care					
Doctor's Office/HMO	60	25 ^{a,b}	54 ^{b,c}	78	
Hospital OPD or Clinic	27	47 ^{a,b}	34 ^{b,c}	13	
Emergency Room	7	9 ^b	9 ^b	1	
None	2	15 ^{a,b}	1 ^c	2	
DK/Refused/Other	-	-	-	-	
No Particular Doctor	36	65 ^{a,b}	35 ^c	28	
No Medical Visits in Last 12 Months	14	38 ^{a,b}	13 ^c	10	40 ^{‡‡}
Difficulty Communicating with Provider Due to Language					
Major Problem	3	21 ^{a,b}	1 ^c	1	12
Minor Problem	9	21 ^{a,b}	10 ^c	6	18
Not a Problem	88	58 ^{a,b}	89 ^c	93	69
DK/Refused	-	-	-	-	1
Difficulty Getting Care Due to Race/Ethnicity					
Major Problem	2	13 ^{a,b}	2 ^c	-	7
Minor Problem	4	14 ^{a,b}	5 ^{b,c}	-	12
Not a Problem	93	73 ^{a,b}	93 ^{b,c}	100	80
DK/Refused	1	1	1	-	1
Problems Paying Medical Bills in Past Year					
Yes	14	13	18 ^b	9	22

Note: Statistically different from: (a) African American; (b) white; (c) Latino.

‡‡ Center for Studying Health System Change, *Community Tracking Study Household Survey*, 2000-2001.

¶ D.C. data are from the Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January-April 2003) and unless otherwise noted, U.S. data are from the Pew Hispanic Center/Kaiser Family Foundation, *2002 National Survey of Latinos*.

APPENDIX 4: PERCEPTIONS OF HEALTH CARE INSTITUTIONS & PROBLEMS, D.C. RESIDENTS, AGES 18-64

<i>(Unweighted N)</i>	District of Columbia ^{**}			
	All	Latino	African American	White
	(1081)	(134)	(511)	(341)
	100%	100%	100%	100%
Job DC govt doing to address Health Care problems				
Excellent	2	12	2	1
Good	16	34	17	12
Excellent/Good NET	19	46^{a,b}	19^{b,c}	12
Average	42	29 ^{a,b}	43 ^c	46
Poor	22	8	25	21
Failing	7	4	9	4
Poor/Failing NET	29	12^{a,b}	34^{b,c}	25
Don't Know	10	13	4	17
Job DC hospitals are doing in serving people				
Excellent	7	14	8	5
Good	36	44	34	37
Excellent/Good NET	43	58^{a,b}	42^c	42
Fair	32	16	35	32
Poor	15	13	18	10
Fair/Poor NET	47	30^{a,b}	53^{b,c}	42
Don't Know	10	12	5	16
Job DC Health Dept is doing in serving people				
Excellent	3	16	4	0
Good	22	40	26	12
Excellent/Good NET	25	56^{a,b}	29^{b,c}	12
Fair	40	19	43	39
Poor	15	11	16	13
Fair/Poor NET	55	30^{a,b}	60^c	53
Don't Know	20	14	11	35
Job DC Healthcare Alliance is doing in serving people				
Excellent	4	13	6	-
Good	18	29	21	10
Excellent/Good NET	22	42^{a,b}	27^{b,c}	10
Fair	26	16	33	17
Poor	9	3	13	5
Fair/Poor NET	35	19^a	46^{b,c}	23
Don't Know	42	39	27	67

Note: Statistically different from: (a) African American; (b) white; (c) Latino. Superscripts for statistically different estimates are noted only for the "NET" & "average" responses.

** Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January-April 2003).

APPENDIX 5: HEALTH CARE ATTITUDES & EXPERIENCES, D.C. RESIDENTS, AGES 18-64

<i>(Unweighted N)</i>	District of Columbia [¶]				U.S.
	All (1081)	Latino (134)	African American (511)	White (341)	Latino
	100%	100%	100%	100%	100%
Most Urgent Health Problem Facing Nation					
HIV/AIDS and other STDs	20	13 ^a	30 ^{b,c}	6	31% ^{§§}
Uninsured	17	3 ^{a,b}	10 ^{b,c}	32	
Access to Care	9	5 ^b	6 ^b	15	
War/Chemical/Bioterrorism/Terrorist Activity	4	8 ^b	5 ^b	2	
Most Urgent Health Problem Facing DC					
HIV/AIDS and other STDs	26	13 ^a	35 ^{b,c}	17	
Uninsured	11	6 ^b	8 ^b	16	
Access to Care	8	3 ^b	6 ^b	13	
Most Urgent Problem Facing DC					
Crime	24	22	29 ^b	19	
Health Issues	13	12	14	12	
Affordable Housing	23	13 ^a	26 ^c	21	
Education	21	8 ^b	15 ^b	33	
Threat of Bioterrorism	13	37 ^{a,b}	12 ^c	10	
How big a problem is ... for D.C. residents?					
Access to Health Care					
Major Problem	55	42 ^{a,b}	56 ^c	57	
Quality of Health Care					
Major Problem	44	47 ^b	51 ^b	32	
Cost of Health Care					
Major Problem	81	63 ^{a,b}	82 ^c	83	
Cost of Health Insurance					
Major Problem	79	67 ^{a,b}	80 ^c	79	

Note: Statistically different from: (a) African American ; (b) white; (c) Latino.

§§ Kaiser Family Foundation *Survey of Americans on HIV/AIDS*, 2004.

¶ D.C. data are from the Kaiser Family Foundation, *D.C. Health Care Access Survey*, October 2003 (conducted January-April 2003).



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