

# ACCESSIBILITY OF HEALTH CARE SERVICES IN COCHISE COUNTY

## Definition of Health Care:

- A.) For the purposes of this survey, "health care" means any 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	Mental Health	Substance Use	
			<b>1. AVAILABILITY - Do you have difficulty finding or getting to health care services in Cochise County?</b> <i>(Choose all that apply)</i>
			Do not know how to locate a health care provider.
			Health care services in Cochise County are not close enough to my home.
			The type of services I/we need are not offered or available locally.
			<i>Please specify what service(s) are unavailable:</i>
			<i>Other difficulty (please specify)</i>

This question does not apply to me

Physical Health	Mental Health	Substance Use	
			<b>2. AFFORDABILITY - How do you pay for health care?</b> <i>(Choose all that apply)</i>
			No way to pay for health care services
			Pay cash for my health care – Do not have health insurance
			Health insurance through my employer
			Pay for health insurance (e.g., private or Affordable Care Act Marketplace)
			Medicaid (ACCCHS)
			Medicare
			Tri-Care
			Veterans' Administration
			Health insurance doesn't cover all the costs (co-pays, deductible, premiums, meds).
			Health insurance doesn't cover some of the services needed.
			<i>Other (please specify)</i>

Physical Health	Mental Health	Substance Use	
			<b>3. ACCESSIBILITY - What kinds of delays do you experience when you need health care services?</b> <i>(Choose all that apply)</i>
			<b><i>Experienced a delay in getting an appointment:</i></b>
			with a primary health care provider.
			with a specialty health care provider.
			with a nurse for any kind of health care.
			for a diagnostic test, surgery or procedure.
			<b><i>Experienced a delay in getting:</i></b>
			admitted for any kind of treatment.
			any kind of medical device or medical equipment.
			my medicine.
			<b><i>Other:</i></b>
			Can't take off work to go to an appointment during regular clinic hours.
			Health care providers do not always accept my insurance

This question does not apply to me

Physical Health	Mental Health	Substance Use	
			<b>4. ACCESSIBILITY - How far do you travel to get your health care?</b>
			0-10 miles
			11-30 miles
			31-60 miles
			61-99 miles
			More than 100 miles

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Physical Health	Mental Health	Substance Use	
			Personal vehicle
			Bus or shuttle
			Taxi/Uber/Lyft
			ViCap or Medicaid Taxi
			A friend or family member drives me
			Walk or bicycle
			Don't have any transportation to get to appointments.
<i>Other (please specify)</i>			

Physical Health	Mental Health	Substance Use	
			<b>6. ACCEPTABILITY - What kinds of difficulties do you experience when receiving health care services?</b> <i>(Choose all that apply)</i>
			Health care staff don't speak my language.
			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.
			I don't think health care services will really help me.
<i>Other (please specify)</i>			

This question does not apply to me

Physical Health	Mental Health	Substance Use	
			<b>7. When receiving health care services, have you ever been treated unfairly, disrespectfully or been denied health care because of your:</b> <i>(Choose all that apply)</i>
			Age
			Gender
			Race/ethnicity
			Level of education
			Physical disability
			Intellectual disability
			Mental health status
			Chronic/long-term condition
			Income/social status
			Lack of health insurance
			Religious beliefs
			Sexual orientation
			I have not tried to access health care services
<i>Other (please specify)</i>			

This question does not apply to me

**8. From the selections you chose in Questions 1 through 7 above, what is the one greatest difficulty you have in accessing health care?**

*Please specify*



**PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY:**

**13. Zip Code** where you live:

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**14. Gender:**

	Male
	Female
	Other

**15. Age:**

	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
<i>Other (please specify)</i>	

**17. Education:**

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

**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
<i>Other (please specify)</i>	

**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?**

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