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Bloomington

**Findings from the 2010/2011
Social and Health Assessment of Patients
Volunteers in Medicine of Monroe County**

Final Report

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The findings and conclusions in this document are those of the authors who are responsible for its contents; the findings and the conclusions do not necessarily represent the views of Volunteers in Medicine, Indiana University or the Department of Sociology at Indiana University. No statement in this report should be construed as an official position of Volunteers in Medicine or Indiana University. None of the investigators have affiliations or financial involvement that conflict with the material presented in this report.

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Over the past fifteen years Volunteers in Medicine (VIM), a national network of health care clinics, met many health-related issues, one community at a time. In 2007, in an effort to address Indiana's treatment gap, members of the local community together with the Bloomington Hospital and the Cook Group established the Volunteers in Medicine clinic of Monroe County as a nonprofit organization.

VIM identified the need to further understand exactly who was benefiting from VIM services and who they had yet to reach within the community. In collaboration with the authors, VIM also acknowledged the small volume of academic research on individuals who use free health care clinics—who are they, how often they rely on other forms of care such as the emergency room, and what challenges remain.

In order to address these issues, VIM began administering the Social and Health Assessment of Patients (SHAP) in 2009 to examine:

- Socio-demographic characteristics of VIM patients beyond the specified eligibility criteria (i.e., 200% or below federal poverty level, resident of Monroe or Owen counties, no other form of health insurance).
- Areas where VIM may improve patient experiences and the reach of VIM within the surrounding community.

Methods

The SHAP questionnaire was developed by VIM in consultation with the authors and experts on survey design. The SHAP was designed to be a self-administered questionnaire with a majority of close-ended (or forced-choice) questions. VIM collected SHAP forms for 15 months, from December 2009 to February 2011. This data collection effort resulted in a large sample of 741 active VIM patients. The analysis presented in this report was based on materials that were approved by the Indiana University Institutional Review Board (Study # 1012004471).

Key Findings

Indicators of Health and Wellness

- More than half of VIM patients (55.2%) perceive their health as “poor” or “fair,” and the rest (44.7%) perceive their health as “good” or “excellent.”
- Slightly more than half of VIM patients (52.7%) indicate that their health limits them when performing moderate activities, such as grocery shopping.
- Two-fifths (39.7%) of VIM patients indicate they have had difficulty participating fully in school, housework, or other daily activities because of a physical, mental, or emotional condition lasting three months or longer.
- Patients with low educational attainment and patients who are unemployed reported lower health status and more health-related limitations.

Patients' Engagement with Health Information and Learning about VIM

- VIM patients engage with health information: a majority of the sample (65.6%) sought information in the past year and the most frequently used sources were: Internet, medical professionals, family and friends.
- More than half of the VIM patients indicate hearing about VIM through personal networks: family members (25.4%) and friends (32.1%).
- VIM patients with low educational attainment are less likely than others to seek health information and are more likely to hear about VIM from family members and Indiana University Health, Bloomington Hospital.

Patients' Utilization of Health Care Services

- About half of VIM patients (49.1%) wait more than a month before seeking treatment for their health condition/s.
- The main three reasons for patients' waiting before seeking treatment are: not being able to afford health care (77.3%), lack of knowledge about where to go (20.1%), and the perception that their "illness wasn't serious enough" (19.4%).
- The three most used VIM services are: pharmacy (57.1%), general check-up (37.1%), and dental care (35.0%).
- Older patients tend to use services more than younger patients.

Patients' Social Networks

- Slightly less than one-third (29.2%) of VIM patients sought help from a walk-in social service agency within the past year.
- Half of VIM patients (50.4%) know at least one person who is unable to afford health care and need VIM services but is not currently VIM patient.

Patients' Opinions and Attitudes toward VIM and Health Care/Medicine

- Nearly all VIM patients (94.1%) feel comfortable talking about health problems with a medical professional. Less than one-tenth would be embarrassed if their friends know they are getting professional help for health problems.
- However, one-third of VIM patients think that other people would be embarrassed if their friends know they are getting professional help for health problems.
- VIM patients are willing to rely on their health care provider for making decision about care, but they are not as willing to rely on their doctor for information. Females are less likely to rely on their health care provider for information.
- A majority of VIM patients provide positive evaluation of their experiences at the clinic.

Conclusions and Recommendations

VIM offers invaluable services to its surrounding communities by providing comprehensive, reliable health care—and VIM patients agree. The report provides a clearer understanding of precisely who uses VIM of Monroe County in terms of socio-demographics factors along with assessing what else impacts how patients come to know and use VIM’s services. The broad array of VIM patients sampled reflects the larger body of VIM patients, which is a strength in terms of the reliability of the data (i.e., how much do we believe our data consistently captures what VIM patients really think and do). Throughout the data collection process one point became increasingly apparent: VIM patients are particularly engaged and perceptive. This is evident in their SHAP survey responses as well as open-ended comments. In order to successfully meet the ever-expanding needs of the community, it will be paramount for VIM to further capitalize on their patients’ willingness to share their experiences and opinions to inform future developments.

Beyond VIM’s initial success in reaching the needs of the community, the diversity of VIM patients points to the fact that the health crisis is so pervasive. Yet many in the United States still hold misconceptions about the availability, cost, and who uses free health care clinics like VIM. Reports such as this help underscore how inaccurate these assumptions are and bring attention to the profound nature of the treatment gap, those who are need of health care services yet do not have access.

Initial recommendations based on the findings in this report include:

- Overall, while VIM patients are very satisfied with receipt of services, three distinct areas need targeted attention: (a) the front desk management in terms of availability to field patients’ calls as well as scheduling appointments, (b) pharmacy efficiency in terms of wait time for filling prescriptions, and (c) overall practitioner-patient relationship improvement in that many VIM patients indicated a desire for more time to interact and ask questions of physicians, nurses, and pharmacists. All three service areas involve personnel and time management so redirecting volunteer hours and further anticipating peak periods may be initial steps to focus upon.
- Results suggest there is still a stigma within the community regarding using VIM and receiving free health care services. Therefore, a public campaign would be an important step in spreading awareness of the broad number and type of people that benefit from VIM services.
- VIM patients are actively seeking out health-oriented information through a variety of sources (e.g., Internet, media, personal networks, other local agencies). This presents an opportunity for VIM to capitalize upon by creating VIM-sponsored content for potential and current VIM patients to draw upon. One example may be offered through a resource page on the website where a series of short video clips could be posted that profile a VIM volunteer practitioner increasing VIM patients’ familiarity with providers. Or, a filmed Q&A between providers and patients on common topics (e.g., flu season preparation, diabetes management, skin cancer self-screening).

- Results suggest future recruitment efforts need to focus on maximizing VIM's presence on the Internet, building upon existing patient referrals, and strengthening collaborations with other community social service agencies. Recruitment efforts are crucial as many individuals who wait to seek treatment are simply not sure where to go, especially the younger population.
- Further research could be developed in two ways. First, VIM could integrate a shorter SHAP survey to the re-certification process so as to monitor changes and trends in the population it serves. A second way to develop research is by focusing on non-users – people who are eligible and in need of VIM services, but are currently not patients.

INTRODUCTION & METHODOLOGY

INTRODUCTION TO THE STUDY

Health insurance status continues to be an important factor shaping level of access and use of health care services in the United States since the country lacks a universal, public insurance coverage program available to all. One nation-wide attempt to address this situation is the Volunteers in Medicine (VIM)'s network of free health care clinics, such as the VIM clinic of Monroe County¹ located in the heart of Bloomington, Indiana. As sociologists Carol Boyer and Karen Lutfey (2010) argue, "No discussion of help-seeking [users of health care services] is complete without taking account of insurance. Its absence contributes immensely to the treatment gap, resulting in treatment being delayed, not sought, or discontinued with potentially serious consequences for morbidity and mortality" (87).² However, most research analyzing issues of individuals' access to health care services (including health insurance status) largely overlooks the utilization of free health care clinics and all the necessary work that clinics like VIM do to provide care for uninsured residents of their local communities.

In this report, we draw on data collected at VIM and analyze how patients view their own health, what sources of information related to their health they seek out, how they use VIM services, whom they turn to for help regarding health matters, as well as what other sources of existing support are they able to draw upon. We assess how they feel about VIM and their receipt of care as a patient of VIM, identifying how well VIM is meeting its goals. The study was approved by the Indiana University Institutional Review Board (Study # 1012004471). Finally, paying particular attention to these issues on the ground allows us to assess VIM's work in practice and informs future efforts. This is important for not only how VIM of Monroe County should proceed but also provides a roadmap for best practices and areas requiring further attention in the provision of free health care services more generally.

Two goals oriented this study:

- (1) Identify information regarding the current patients of the VIM clinic. For example: what is the social and health history of VIM patients? How did they hear about VIM? Where are they located? And, how many of VIM patients' contacts are eligible for VIM services, but do not utilize these services?
- (2) Develop practices and policies in collaboration with VIM for how to improve patients' experiences at VIM, strengthen existing relationship with patients, and expand the utilization of VIM services by those who are eligible.

¹ All references to VIM from this point forward refer to the specific VIM Clinic of Monroe County located in Bloomington, Indiana.

² Boyer, Carol A. and Karen E. Lutfey. 2010. "Examining Critical Health Policy Issues within and beyond the Clinical Encounter Patient-Provider Relationships and Help-seeking Behaviors" *Journal of Health and Social Behavior* 51(1): S80-S93.

METHODOLOGY

Sample Framework

The target population of the Social and Health Assessment of Patients (hereafter SHAP) is all active patients who are using services offered by the clinic. Similar to other community-based research, VIM decided to administer the survey to all patients rather than to sample the population. The motivation for this approach was twofold. First, the implementation of this approach is low-cost and does not require many resources. Second, this approach minimizes the burden on VIM patients. To standardize the process without interfering with the care service, all patients were asked to complete the SHAP form when they certified and recertified to the VIM. Therefore, the sample includes first time patients and more returning patients that have been with VIM for more than six months. Importantly, patients were given the option to opt out from completing the SHAP form.

Questionnaire Development

The SHAP questionnaire was developed by VIM in consultation with the authors and experts on survey design. The SHAP was designed to be a self-administered questionnaire with a majority of close-ended (or forced-choice) questions. Several items in the questionnaire build upon a previous study conducted by the second author and his associates (Pizmony-Levy et al. 2010) and an internal evaluation survey conducted by VIM³. Other items build upon public opinion surveys such as the General Social Survey (GSS) and the National Health Interview Survey (NHIS by National Institutes of Health). Relying on previous studies/surveys provides continuity with established measures commonly used in this area of research.

The questionnaire was pretested in September 2009 with 15 informants. Informants were asked to take the survey and to participate in a short follow-up interview about the survey format and item wording. The follow-up interviews were based on cognitive interview techniques appropriate for questionnaire development and testing. The average time needed to complete the SHAP questionnaire was 22 minutes. Following feedback and suggestions from informants, revisions were implemented in the questionnaire.

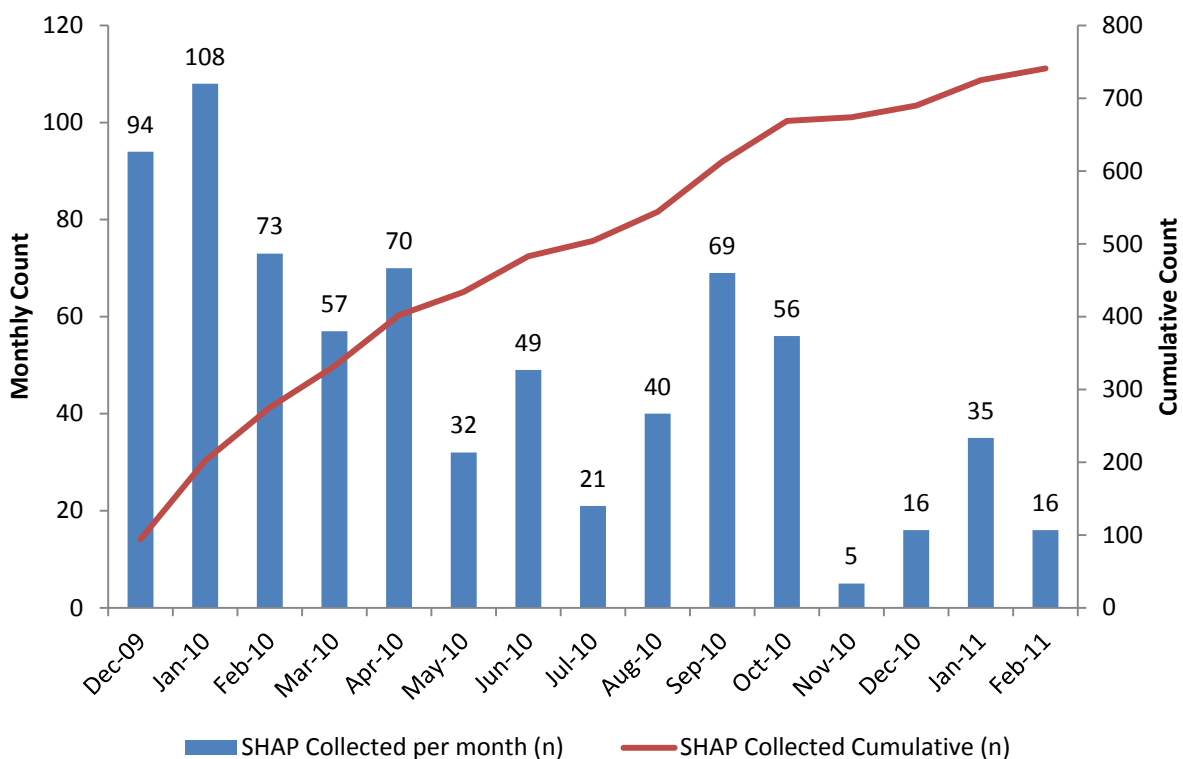
The final version of the questionnaire included four sections (See Appendix A): Background Information (23 items); Social Networks (8 items); Health and Health Care Services (13 items); and Evaluation of VIM Services (2 items).

³ Pizmony-Levy, Oren, Abigail Shaddox, Bryon Thomas, and Bryce Winger. 2010. "Health-Care Provision for Local Disadvantaged Populations Results from a Community-Based Study." *The Journal of Applied Social Science* 4(1): 3-26.

Data Collection

VIM collected SHAP forms for 15 months, from December 2009 to February 2011. Data entry and management was conducted by VIM using a Microsoft Access-based utility. Although some patients went through certification/recertification process more than once during the data collection period, each patient is represented only once in the data file. For the preparation of this report, a restricted data file with no identifying information was shared with the authors once data entry was completed. The initial data file included 1,060 records that represent 13.0% of the total number of patients VIM served in its history of operation. Figure 0.1 presents the development of data collection over time for 741 records. We omitted 319 records for two reasons: (a) missing data in zip code information (132) and (b) missing data on key socio-demographic characteristics: age, sex, education, employment, and race/ethnicity (187). In some analyses, however, the sample is smaller due to survey design and non-response.

Figure 0.1: SHAP Data File Development over Time (n=741)



A note about calculating the response rate for the SHAP survey: Based on the number of eligibility appointments (in which patients were asked to complete the SHAP) reported by VIM, we estimate the average monthly response rate to be 14.0%. Three caveats should be mentioned. First, given VIM's eligibility policy, the number of eligibility appointments sometimes includes multiple appointments per patient. That is, we do not know how many individual patients were asked to complete the SHAP. Second, given the SHAP data management system allows one record per patient, we do not know how many patients completed the SHAP multiple times. Third, we do not know how many patients refused to complete the SHAP form.

Definition of Key Explanatory Variables

In addition to reporting general patterns, throughout this report we also present comparisons based on age, sex, education, employment, race/ethnicity, and place of residence (county). The definitions of these socio-demographic characteristics and distribution in the sample are presented in Figure 0.2. Over half of the sample is female (59.8%), almost half (44.9%) is 45-64 years old, the majority of the sample is white (86.0%) and live in Monroe County (87.8%). Less than half of the sample has some post-secondary education (some college - 29.3%; college degree – 17.2%) and a similar share are employed (55.9%). Importantly, the distribution of the SHAP sample echoes the distribution of the overall VIM population.

Figure 0.2: Key Socio-Demographic Characteristics of SHAP Data (n=741)

Variable/Characteristic	SHAP Question and Transformation	Frequency (%) in SHAP Sample	Frequency (%) in VIM Population*
Sex	Question A1		
Male		40.2	48.5
Female		59.8	51.5
Age Group	Question A2: “How old are you?” For the purpose of this report we constructed three age groups that are commonly used in sociological research.		
18-29		26.2	20.0
30-44		29.0	29.0
45-64		44.9	51.0
Race/Ethnicity	Question A3: “What is your racial or ethnic identification?” For the purpose of this report we combine all non-white respondents under one category.		
White		86.0	88.0
Non-White		14.0	12.0
Education	Question A10: “What is the highest level of education you completed?” For the purpose of this report we combine bachelor’s degree, professional and graduate degree under college degree.		
Less than high school		15.1	NA
High school		38.3	NA
Some college		29.3	NA
College degree		17.2	NA
Employment Status	Question A12: “Are you currently working for pay?”		
Employed		55.9	58.9
Not-employed		44.1	41.1
Place of Residence	Based on zip-code information from VIM patients database.		
Monroe County		87.8	87.0
Owen County		12.2	13.0

Source:* 2011 Volunteers in Medicine of Monroe County

To determine whether differences between groups are likely to be meaningful, or simply due to random fluctuations, statistical tests were performed for each comparison. **Charts are presented only where a difference between groups is statistically significant at the 5% error level.** That is, a statistically significant difference is likely (with 95 percent confidence) to indicate that the differences are not due to chance alone.

INDICATORS OF HEALTH AND WELLNESS

INDICATORS OF HEALTH AND WELLNESS: INTRODUCTION

In this chapter we rely on self-reported health indicators, which are based on asking individuals to evaluate their health status by making an assessment of their own overall health. This basic line of questioning has been used as a health indicator in research since the 1950s and is now broadly used in various types of medical research within Epidemiology, Health Economics, and Sociology, among other disciplines. Subsequently, it is often viewed as a standard part of health surveys conducted nationally and internationally. Understanding how someone regards their own health is viewed as providing valuable information as most individuals draw on both the objective (e.g., physician diagnosis, fever) and the subjective (e.g., feelings of pain or discomfort) when selecting a category. When evaluating the accuracy or match between self-rated health and external health status (e.g., medical records, physician's assessment), studies have found usually individuals provide a fairly accurate or similar assessment.

VIM PATIENTS' SELF-RATED HEALTH

One of the most common self-reported health indicators is a four-point scale asking one to rate his/her health as excellent, good, fair or poor. More than half of VIM patients (55.2%) perceive their health as 'Poor' (19.5%) or 'Fair' (35.7%), and the rest (44.7%) perceive their health as 'Good' (38.0%) or 'Excellent' (6.7%). This distribution is to be expected since VIM patients may often decide to seek out care only after a problem arises, which will lower the overall population's perceived health status.

Figure 1.1: Self-Rated Health, General

In general, would you say your health is? Excellent, good, fair, poor, or don't know?



Source: SHAP Instrument, 2010-2011: Question C01 (n=741)

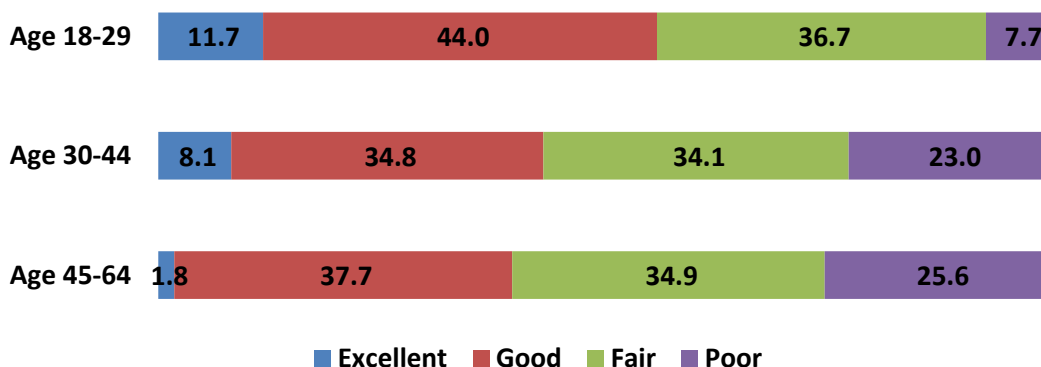
VIM PATIENTS' SELF-RATED HEALTH, COMPARISON BY SOCIO-DEMOGRAPHICS

Age

Younger patients (18-29) are more likely to perceive their health as better (55.7% - 'Excellent' and 'Good') compared to older patients (30-44 years, 42.9% combined) or the oldest group of patients (45-64 years, 39.5% combined). Older patients are more likely than others to report their health status as 'Poor,' suggesting as patients age, they increasingly perceive their health as deteriorating.

Figure 1.2: Self-Reported Health, by Age

In general, would you say your health is? Excellent, good, fair, poor, or don't know?



Source: SHAP Instrument, 2010-2011: Question C01 (n=741)

Education

Patients with low educational attainment are more likely than others to report their health status as 'Poor' (See Figure 1.3). Patients with high educational attainment (some college and college degree) are more likely to perceive their health as 'Excellent.'

Figure 1.3: Self-Reported Health, by Education

In general, would you say your health is? Excellent, good, fair, poor, or don't know?



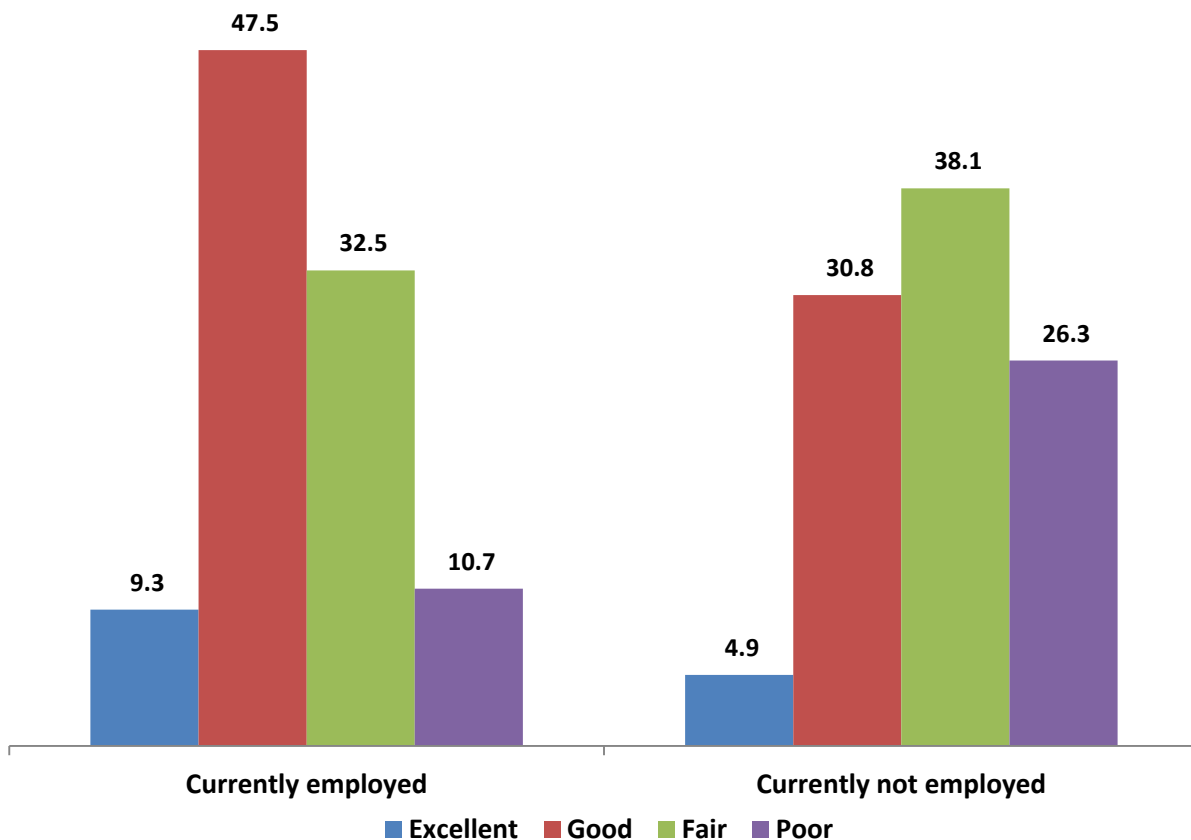
Source: SHAP Instrument, 2010-2011: Question C01 (n=741)

Employment Status

Patients who are employed are more likely than the unemployed to perceive their health as 'Excellent' or 'Good' (see Figure 1.4). More than half (56.8%) of the patients who are employed perceive their health as 'Excellent' or 'Good,' while less than two-fifths (35.6%) of the patients who are unemployed perceive their health as 'Excellent' or 'Good.' However, this significant association between employment status and self-reported health status does not suggest a simple "cause and effect" relationship. Previous research shows that employment often affects one's access to financial resources and, subsequently, one's health. Also, typically healthy people can work whereas sick people have more limitations or cannot work at all. In this study, all health-related limitations have a significant association with employment; consequently, both dynamics (employment→healthier or healthier→employed) could account for this relationship.

Figure 1.4: Self-Reported Health, by Employment Status

In general, would you say your health is? Excellent, good, fair, poor, or don't know?



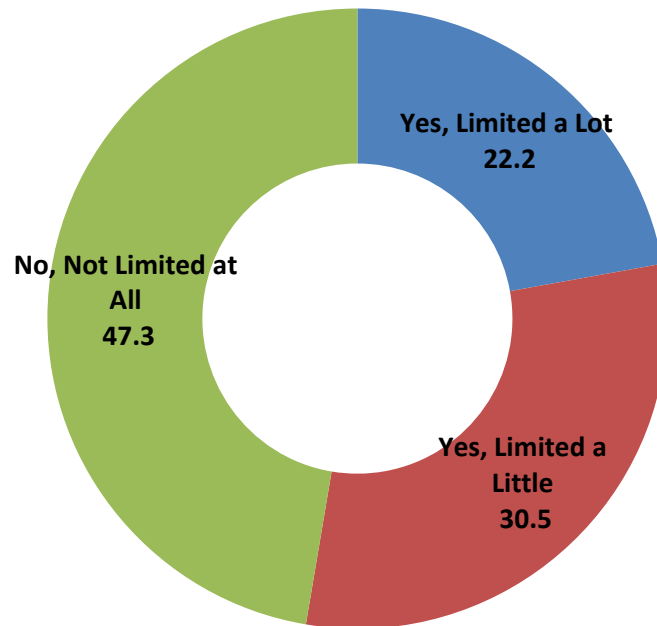
Source: SHAP Instrument, 2010-2011: Question C01 (n=741)

HEALTH LIMITATIONS

Other measures for self-reported health focus on health limitations. Slightly less than half of VIM patients (47.3%) indicate that their health does not limit them from performing moderate activities. About one-third of the sample (30.5%) indicate that health limits them a little and almost one-fourth of the sample (22.2%) indicate that health limits them a lot.

Figure 1.5: Health Limitations Impact Moderate Activities, General

Does your health now limit you in doing moderate activities, such as grocery shopping, climbing several flights of stairs, moving a table or bowling?



Source: SHAP Instrument, 2010-2011: Question C02 (n=729)

Next, VIM patients were asked about five specific health limitations, see Figure 1.6. The most commonly identified limitation by more than one third of VIM patients was difficulty in performing daily activities (39.7%). The second largest limitation was difficulty in concentrating (31.5%), and the third largest limitation was dental/oral problem (25.3%).

Figure 1.6: Health Limitations, Difficulty Performing Actions rather than Moderate Limitations

Name	Question in survey	Yes (%)
Daily activities	Do you have difficulty participating fully in school, housework, or other daily activities because of a physical, mental, or emotional condition lasting 3 months or longer?	39.7
Concentrating	Do you have difficulty learning, remembering or concentrating because of a physical, mental, or emotional condition lasting 3 months or longer?	31.5
Dental/oral problem	Do you have a dental/oral problem that prevents you from eating or otherwise using your mouth?	25.3
Vision problem	Do you have a vision problem that prevents you from reading a newspaper even when wearing glasses or contacts?	14.1
Hearing problem	Do you have a hearing problem that prevents you from hearing what is said in normal conversation even with a hearing aid?	7.5

Source: SHAP Instrument, 2010-2011: Question C03 (n=697)

Health limitations are often linked to socio-demographics and for VIM respondents, employment status and educational attainment matter.

- **Employment Status:** There is a correlation between difficulty participating in daily activities and employment where one-fourth of the employed respondents have difficulty participating in daily activities (24.1%), while two-fifths of the unemployed respondents have difficulty performing daily activities (40.1%).
- **Education:** Patients' educational attainment also impacts four out of the five health limitations presented above (see Figure 1.6). For example, VIM patients with a college degree are less likely than others to have a dental/oral problem. Among patients with a college degree, only one out of seven suffers from dental/oral problem (14.2%). The rate increases as educational attainment decreases: 19.9% of patients with some college education suffer from dental problems, 29.9% of patients with a high school diploma suffer, and 42.3% of patients with less than a high school degree suffer

ENGAGEMENT WITH HEALTH INFORMATION AND LEARNING ABOUT VIM

ENGAGEMENT WITH HEALTH INFORMATION AND LEARNING ABOUT VIM: INTRODUCTION

Seeking out information when facing a medical situation, whether it is an emergency or simply requires preventative care, provides insight into where individuals find out information and what types of sources are most heavily relied upon. Hearing about VIM as one potential health care source is an early step in the utilization process for eligible residents. The opportunity to hear about the clinic is facilitated by social networks and is linked to different individual characteristics, such as socio-economic status (SES), level of education, race and ethnicity, sex, and age.

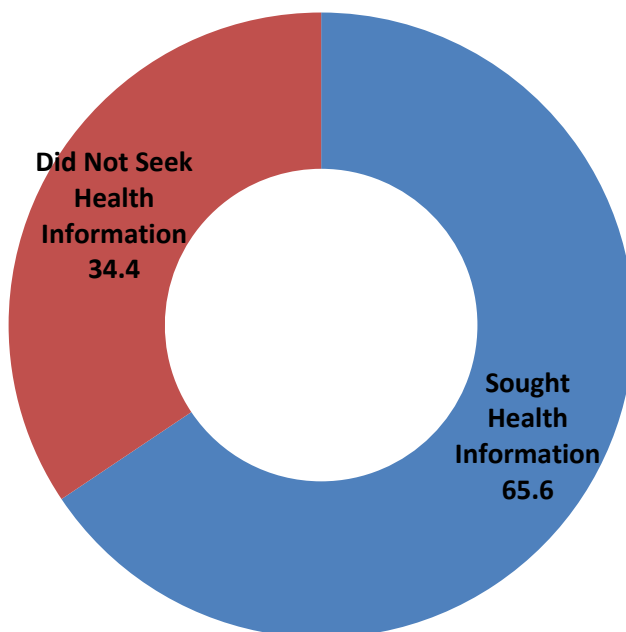
This chapter is divided into two sections: Section I addresses the process of seeking out health information by VIM patients and Section II assesses how they heard about VIM, exploring differences between various groups.

SEEKING HEALTH INFORMATION

The majority of VIM patients (65.6%) have sought out health information pertaining to a concern or a medical problem within the last year. Slightly more than one-third (34.4%), however, did not seek out health information.

Figure 2.1: Seeking Health Information, General

In the past year have you looked for information about a health concern or medical problem?



Source: SHAP Instrument, 2010-2011: Question C12 (n=700)

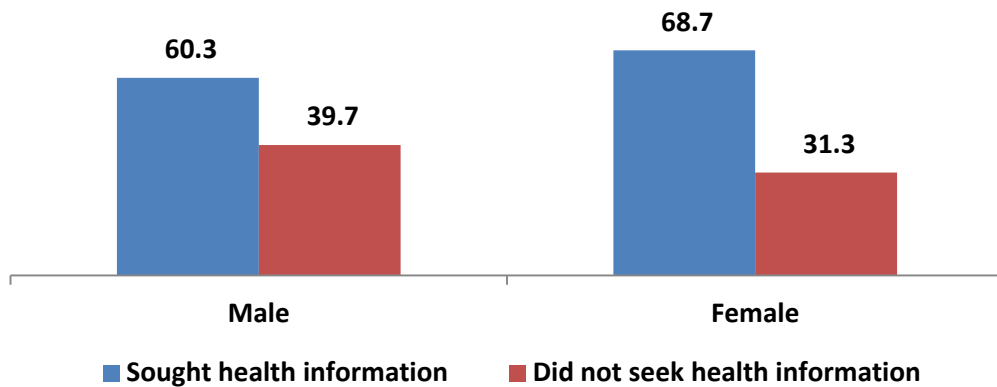
SEEKING HEALTH INFORMATION, COMPARISON BY SOCIO-DEMOGRAPHICS

Sex

Females were more likely than males to seek out health information within the past year. Slightly more than two-thirds of females (68.7%) sought out health information and three-fifths (60.3%) of males sought out health information.

Figure 2.2: Seeking Health Information, by Sex

In the past year have you looked for information about a health concern or medical problem?



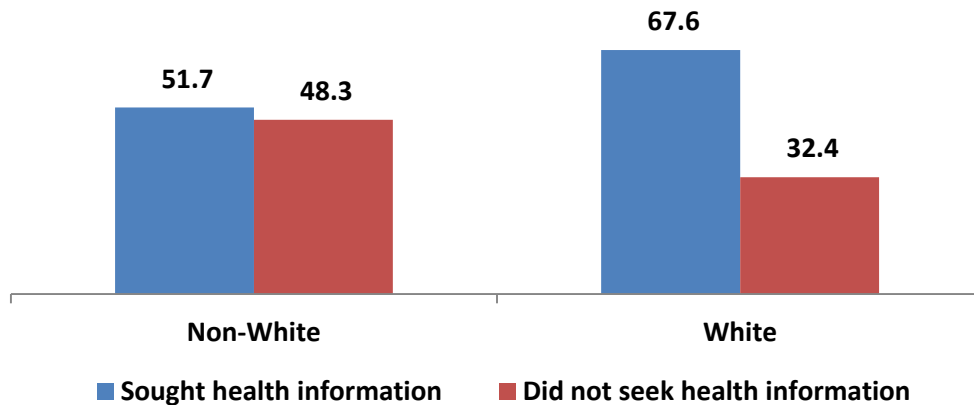
Source: SHAP Instrument, 2010-2011: Question C12 (n=700)

Race/Ethnicity

Whites were more likely than Non-Whites to seek out health information within the past year (67.6% versus 51.7%).

Figure 2.3: Seeking Health Information, by Race/Ethnicity

In the past year have you looked for information about a health concern or medical problem?



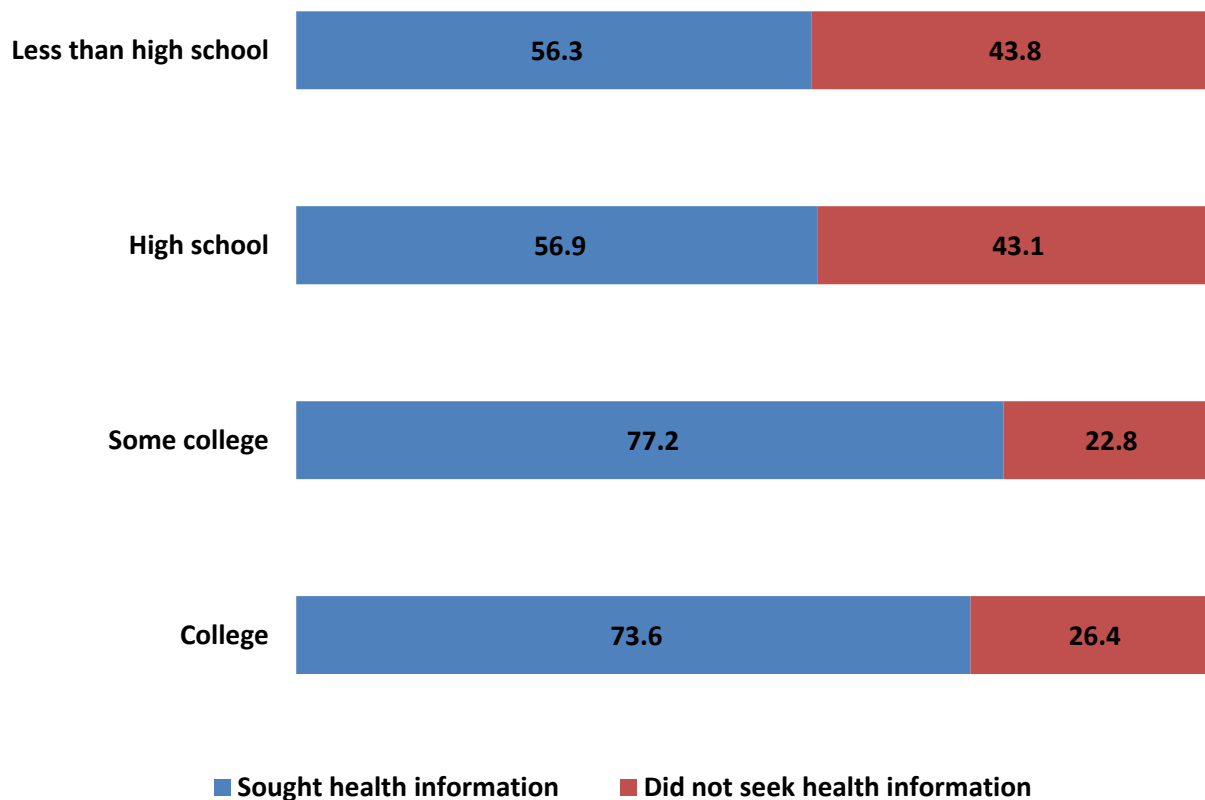
Source: SHAP Instrument, 2010-2011: Question C12 (n=700)

Education

We find a significant association between educational attainment and seeking health information (see Figure 2.4). Patients with higher levels of educational attainment are more likely than others to seek out health information in the past year. For example, 56.3% of patients with less than a high school degree sought information, while 73.6% of patients with college education sought information. Results show clear differences between patients with post-secondary education (some college and college degree) and patients with high school and less than high school education.

Figure 2.4: Seeking Health Information, by Education

In the past year have you looked for information about a health concern or medical problem?



Source: SHAP Instrument, 2010-2011: Question C12 (n=700)

SEEKING HEALTH INFORMATION USING DIFFERENT SOURCES

VIM patients were most likely to seek out health information from the Internet, a medical professional, and family or friends. More than half (52%) searched the Internet at least 3 times in the past year (3 to 5 times, 28.9%; 6 or more times, 33.1%). Other sources – such as medical professional, family, and friends – were used less frequently. Importantly, the majority of VIM patients did not seek out health information from newspapers and/or magazines (65.1%), radio or television programs (75.9%), and neighbors (84.8%).

Figure 2.5: Seeking Health Information, Different Sources

In the past year have you looked for information about a health concern or medical problem? If YES, please tell me where you tried to find such health information from:

Source of health information	Not at all (%)	1-2 times (%)	3-5 times (%)	6 or more times (%)
The Internet or World Wide Web	11.2	26.9	28.9	33.1
A doctor, nurse, or other medical professional	17.4	46.4	23.7	12.4
Family	20.3	49.5	19.9	10.3
Friends	27.6	49.1	15.9	7.4
Newspapers and/or magazines	65.1	23.0	7.8	4.0
Radio or television programs	75.9	15.1	4.5	4.5
Neighbors	84.8	12.5	1.6	1.0

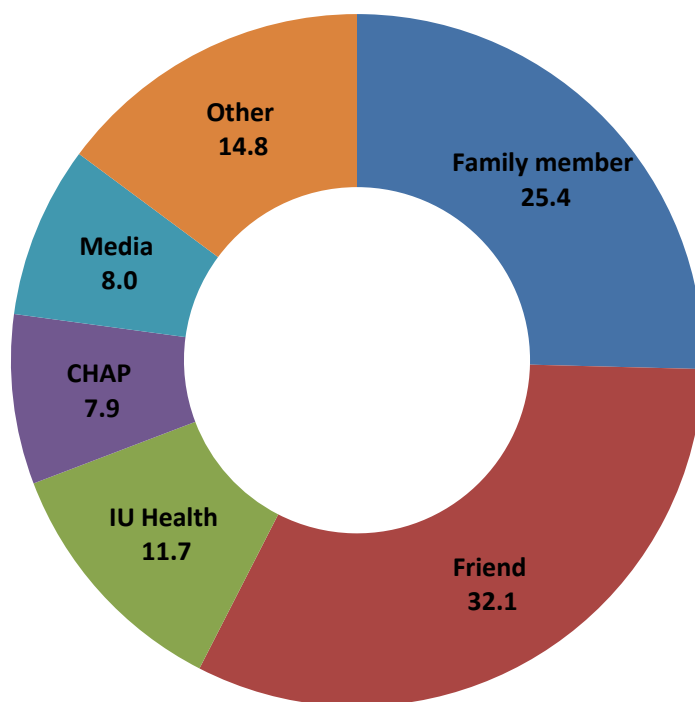
Source: SHAP Instrument, 2010-2011: Question C13a-C13g (n=448)

Note: Only respondents who answered “yes” on question C12 (“In the past year have you looked for information about a health concern or medical problem?”) were asked questions about sources.

HEARING ABOUT VIM

In addition to general questions regarding sources of information about health, patients were asked specifically about how they heard about VIM. More than half of the sample indicates hearing about VIM through personal networks: family members (25.4%) and friends (32.1%). Other sources of information are associated with organizations: IU Health, Bloomington Hospital (11.7%), Community Health Access Program (CHAP) (7.9%) and Media (8.0%). Moreover, the category “other” includes different organizational links such as clinics, community-based organizations, and hospitals including: Center Stone, Amethyst House, Backstreet Mission, IU Health Center, Martha's House, Shalom Center, and Monroe Hospital.⁴

Figure 2.6: Sources for Learning about VIM, General
How did you hear about the VIM Bloomington Clinic?



Source: SHAP Instrument, 2010-2011: Question B5 (n=723)

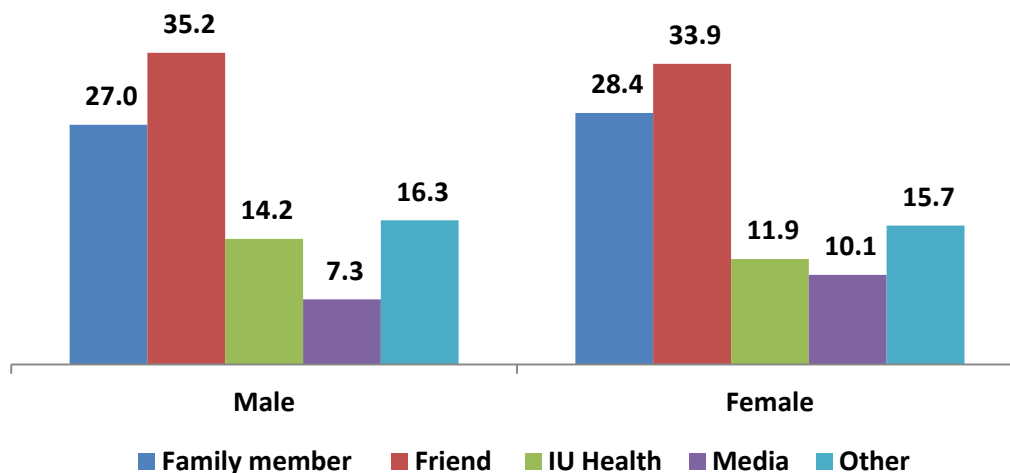
⁴ Overall, these findings are similar to earlier findings in the 2007/8 pilot study: Family member – 18%; Friend – 25%, IU Health, Bloomington Hospital [previously Bloomington Hospital] – 19%, CHAP – 13%, Media – 11% and other – 14% (Pizmony-Levy et al. 2010).

HEARING ABOUT VIM CLINIC, COMPARISON BY SOCIO-DEMOGRAPHICS

Sex

Males are more likely than females to hear about VIM through friends and IU Health (35.2% male versus 33.9% female and 14.2% male versus 11.9% female). Females are more likely than males to hear about VIM through media avenues (10.1 versus 7.3%).

Figure 2.7: Sources for Learning about VIM, by Sex
How did you hear about the VIM Bloomington Clinic?

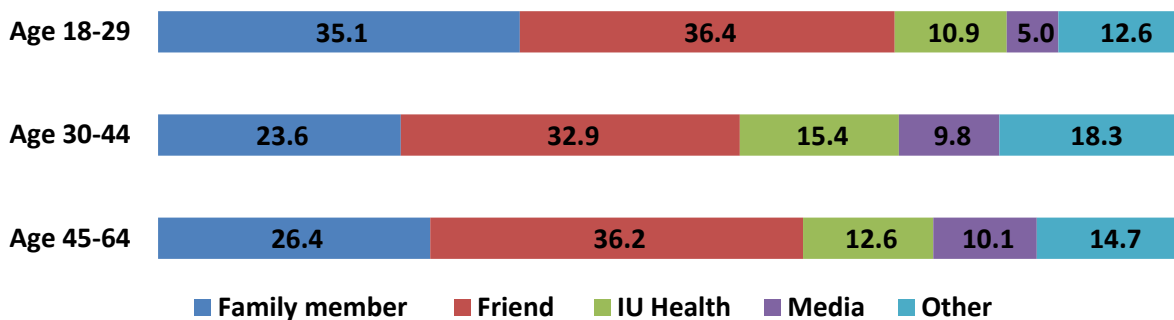


Source: SHAP Instrument, 2010-2011: Question B5 (n=723)

Age

Younger patients (18-29) are more likely than older patients (30-44 and 45-64) to hear about VIM through personal networks, especially family (See Figure 2.8). More than one-third (35.2%) of young patients heard about VIM from family members, while one-fourth (23.6% and 26.4%) of older patients heard about VIM from this source. Conversely, older respondents are more likely to hear about VIM from IU Health, media and other sources.

Figure 2.8: Sources for Learning about VIM, by Age
How did you hear about the VIM Bloomington Clinic?

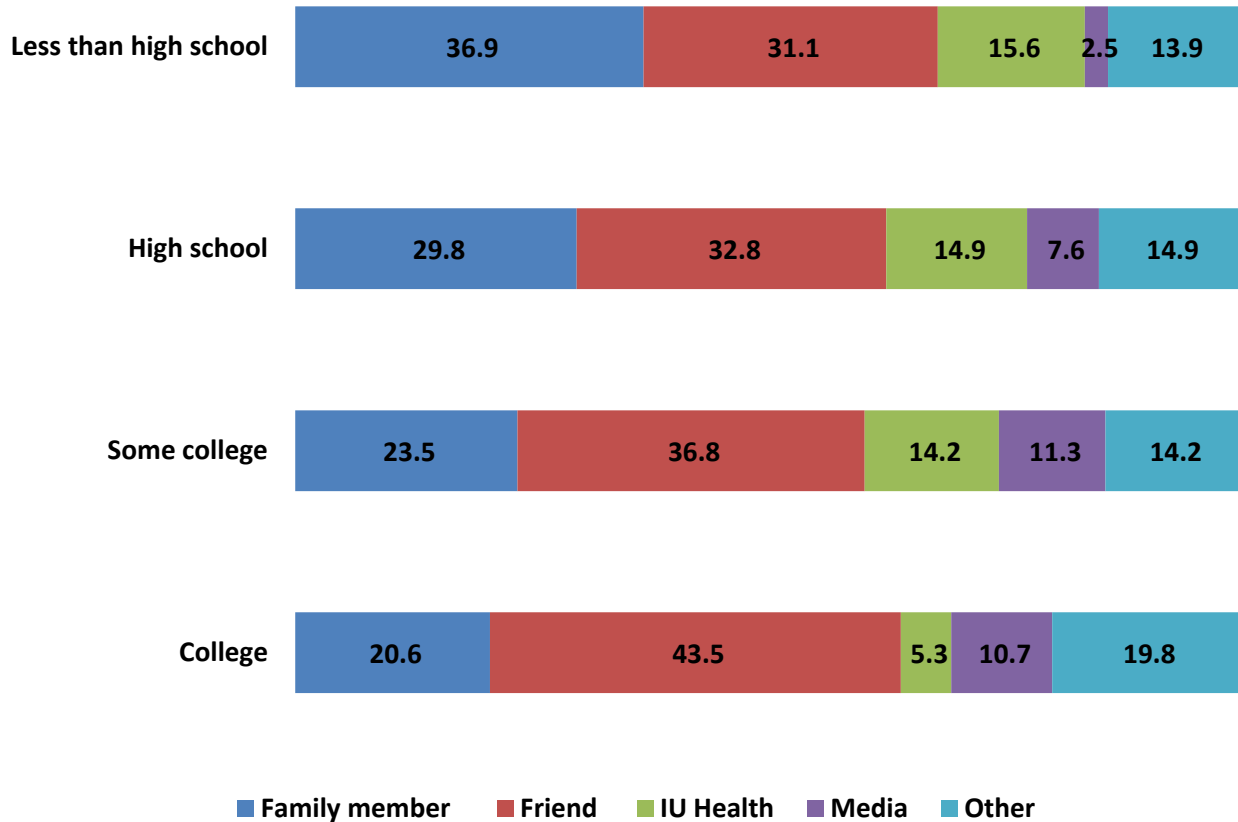


Source: SHAP Instrument, 2010-2011: Question B5 (n=723)

Education

Patients with low educational attainment are more likely than others to hear about VIM through family and IU Health, Bloomington Hospital (see Figure 2.9). Patients with post-secondary education (some college and college degree) are more likely than others to hear about VIM through friends and the media.

Figure 2.9: Sources for Learning about VIM, by Education
How did you hear about the VIM Bloomington Clinic?

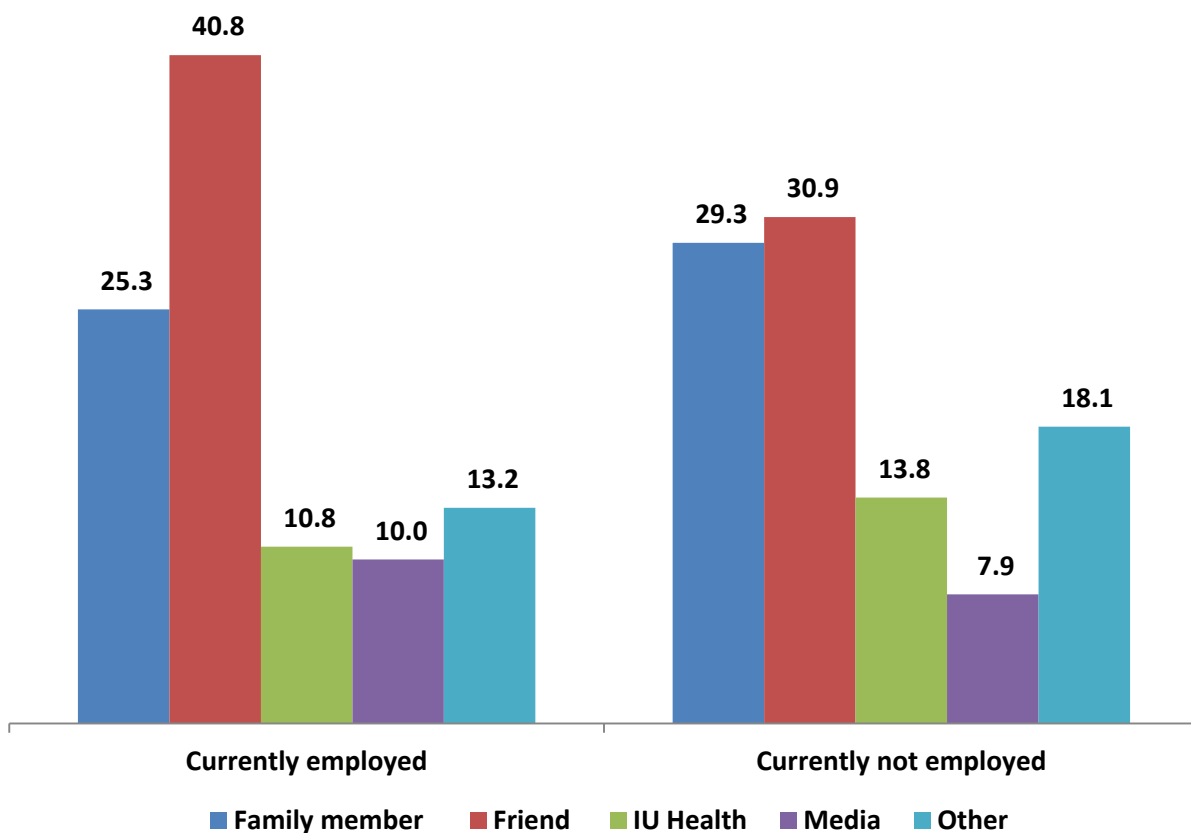


Source: SHAP Instrument, 2010-2011: Question B5 (n=723)

Employment Status

Patients who are employed are more likely than others to hear about VIM through friends and the media (see Figure 2.10). Patients who are unemployed are more likely than others to hear about VIM through family, IU Health, Bloomington Hospital, and other avenues. It is noteworthy that regardless of employment status, patients hear about VIM more commonly through organizations such as Bloomington area social service agencies than IU Health, Bloomington Hospital or even the media.

Figure 2.10: Sources for Learning about VIM, by Employment Status
How did you hear about the VIM Bloomington Clinic?



Source: SHAP Instrument, 2010-2011: Question B5 (n=723)

UTILIZATION OF HEALTH CARE SERVICES

UTILIZATION OF HEALTH CARE SERVICES: INTRODUCTION

In previous sections, we captured how individuals perceive their own health (self-rated health) and how individuals find out about information and services to address their health needs. Now, we turn to examine the vital issues of when and which health care services VIM patients ultimately use. Understanding how someone determines whether or not to seek out formal, professional care instead of relying on self-care, for instance, provides insight into what potential barriers exist as well as how individuals use health care services over time. In research studies that evaluate the reasons for seeking or waiting to seek treatment, scholars often find an individual's use of services varies by more than just their own perceived health need.

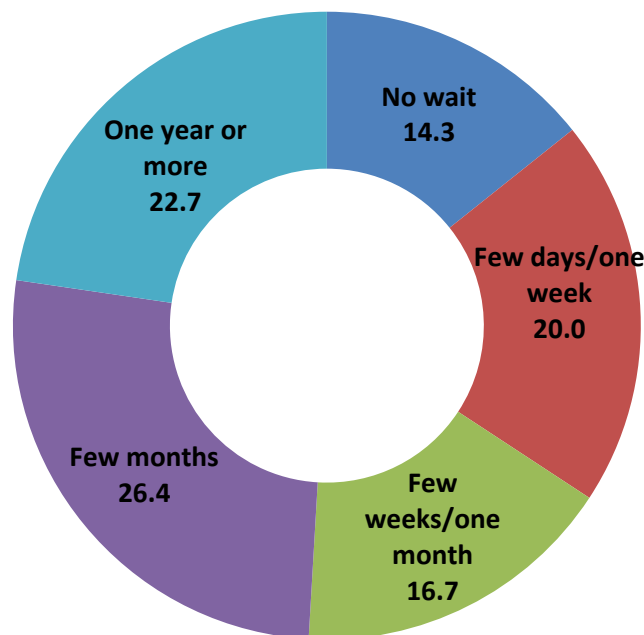
VIM patients were asked a series of questions about their use of health care services (VIM and non-VIM) throughout the past year. This chapter first explores why some VIM patients may wait to seek out care and then assesses what services VIM patients do use when they come to VIM. It concludes by exploring why there are utilization differences between various socio-demographic groups.

WAIT BEFORE SEEKING TREATMENT

Almost half of VIM patients (49.1%) wait more than a month before seeking out treatment. About one-third (34.3%) wait less than one week. Importantly, there were no significant differences between groups of patients (e.g., age, sex, employment).

Figure 3.1: Length of Time Prior to Treatment, General

About how long did you wait before seeking treatment for your current health conditions?



Source: SHAP instrument, 2010-2011: Question C08 (n=665)

REASONS FOR WAITING BEFORE SEEKING TREATMENT

Next, VIM patients were asked to indicate the reasons for waiting before seeking treatment (See Figure 3.2). A large majority of patients (77.3%) indicate they could not afford health care services as a primary reason for waiting prior to visiting VIM; this is significantly higher than the average response from Indiana households between 2008-2009 when asked if they delayed seeking medical care in the last year due to cost (14.3% indicated yes).⁵ One-fifth of VIM patients (20.1%) indicate they “did not know where to go,” and a similar share (19.4%) indicated they thought their “illness wasn't serious enough.”

Figure 3.2: Reasons for Waiting, General

What are the main reasons you may have waited to seek treatment for an acute or chronic illness?

	Respondents saying yes* (%)
I could not afford it	77.3
I didn't know where to go	20.1
I thought my illness wasn't serious enough	19.4
I had difficulty getting an appointment	7.1
I had no way to get to the clinic	5.2
The wait in clinic/office was too long	5.0
I don't like / trust / believe in doctors	3.0
Health of another family member interfered	3.0
My doctor didn't accept Medicaid/insurance plan	1.1

Source: SHAP Instrument, 2010-2011: Question C09 (n=660)

Note: *As respondents may select more than one, percentages may add to more than 100%.

⁵ Center for Disease Control/National Center for Health Statistics, National Health Interview Survey. 2010. “Reduced Access to Medical Care During the Past 12 Months Due to Cost, by State: 25 Largest States and United States, Average Annual, Selected Years 1997–1998 through 2008–2009.”

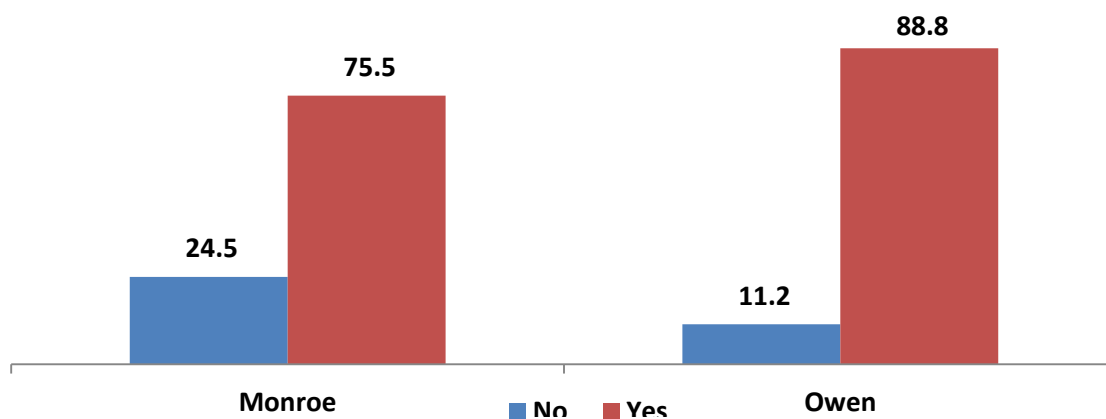
REASONS FOR WAITING BEFORE SEEKING TREATMENT, COMPARISON BY SOCIO-DEMOGRAPHICS

Geography

Patients from Owen County were more likely than Monroe County residents to indicate financial constraints as a reason for waiting before seeking treatment (88.8% versus 75.5%).

Figure 3.3: Reasons for Waiting: “I could not afford it,” by County

What are the main reasons you may have waited to seek treatment for an acute or chronic illness?



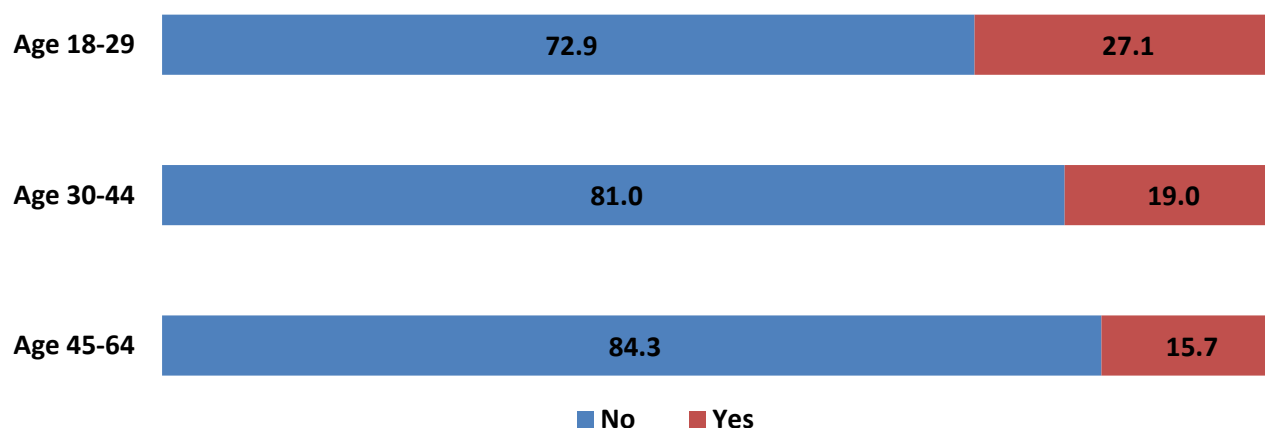
Source: SHAP Instrument, 2010-2011: Question C09 (n=660)

Age

The youngest group of VIM patients was the most likely to identify that they were unsure of where to go as a reason for waiting to seek out treatment (27.1% for 18-29 versus 19% for 30-44 and 15.7% for 45-64).

Figure 3.4: Reasons for Waiting: “I didn't know where to go,” by Age

What are the main reasons you may have waited to seek treatment for an acute or chronic illness?

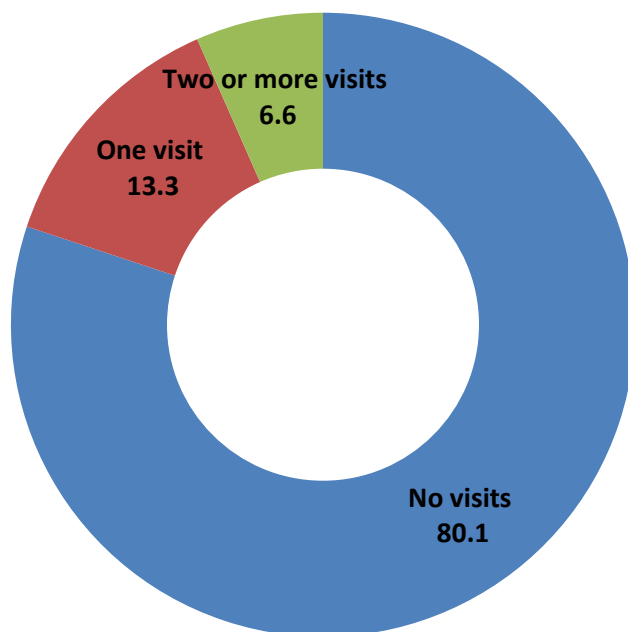


Source: SHAP Instrument, 2010-2011: Question C09 (n=660)

VISITING THE EMERGENCY ROOM

A large majority of VIM patients (80.1%) did not use the emergency room during the past month. This is a significant finding as it provides the opportunity to compare VIM patients to national statistics of ER usage. While the use of emergency care is high for patients without insurance, often due to lack of reliable health care or other non-emergency sources of care, many policy analysts argue that uninsured individuals use the emergency room more than others as their primary means of care (e.g., sentiments such as the ‘ER is a revolving door’) and drive up health care costs. Research, including this report, has consistently found this is not the case. As the Department for Health and Human Services found when analyzing data from 2006, uninsured persons accounted for nearly one-fifth (18%) of the 120 million emergency department visits compared to 42% of the emergency room visits that were billed to Medicaid and Medicare programs.⁶ And, many of the uninsured often pay for a large portion of emergency visits themselves.⁷ Subsequently, the finding that VIM patients did not use the ER within the past month at the time of the SHAP administration is consistent with national statistics.

Figure 3.5: Used the ER during past month, General
During the past month, about how many times did you visit an emergency room?



Source: SHAP Instrument, 2010-2011: Question C10 (n=685)

⁶ Agency for Healthcare Research and Quality. 2009. “New Data Say Uninsured Account for Nearly One-fifth of Emergency Room Visits: Sebelius Releases New Nationwide Emergency Department Sample Data.” Washington DC: U.S. Department of Health and Human Services (HHC) Press Office July 15. <http://www.ahrq.gov/news/press/pr2009/hhsuninserpr.htm>

⁷ Tyrance, Patrick H. Jr, David U., Himmelstein, and Steffie Woollandler. 1996. “US Emergency Department Costs: No Emergency.” *American Journal of Public Health* 86(11):1527-1531.

SERVICES USED AT VIM

VIM offers a diverse range of services to patients (see Figure 3.6). Slightly less than three-fifths (57.1%) indicate they have used the pharmacy service. Slightly less than two-fifths state they came to the clinic for general check-up (37.1%) and dental care (35.0%). About one-third came to the clinic for a female health reason (33.0%) and over one-fourth for a regular visit to monitor an ongoing condition (29.8%). Other frequent reasons are lab tests/blood work (23.7%) and treatment of a new problem (20.7%).

Figure 3.6: Services used at VIM, General

*What are the main health reasons or services that brought you here to VIM clinic?**

	Respondents saying yes (%)
Pharmacy	57.1
General checkup	37.1
Dental care	35.0
Women's health (calculated for females only, n=?)	33.0
Regular visit for monitoring an ongoing condition	29.8
Lab tests and blood work at the IU Health Bloomington Hospital	23.7
Treatment of a new problem	20.7
Behavioral/mental health & counseling	17.6
Spine clinic	9.0
Orthopedics	8.5
Health education and classes	3.8
Pediatric care	1.1

Source: SHAP Instrument, 2010-2011: Question C07 (n=679)

Note:* As respondents may select more than one service, percentages add to more than 100%.

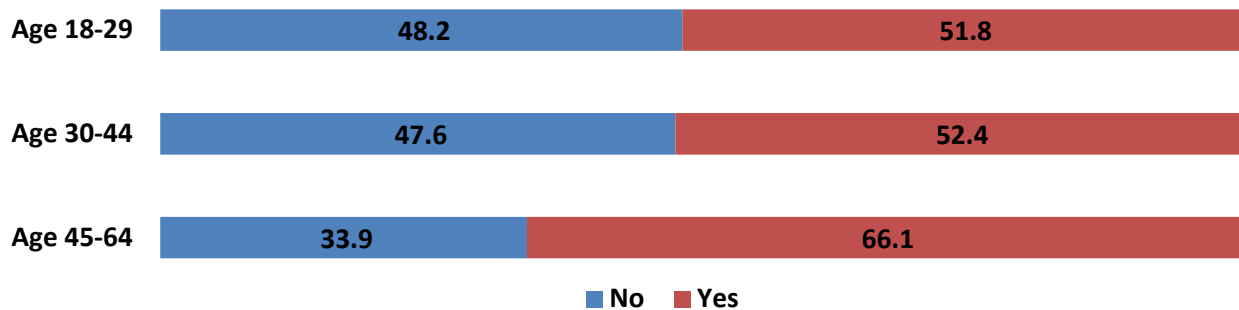
SERVICES USED AT VIM, COMPARISON BY SOCIO-DEMOGRAPHICS

VIM patients varied widely with respect to services they used at VIM. Analysis shows significant differences based on age (in 4 out of 12 services), employment status (in 3 out of 12 services), and sex (in 2 out of 12). We illustrate two of these patterns by using the utilization of pharmacy services as an example.

Age

While the use of the pharmacy to obtain medications is high across all age groups amongst VIM patients, the oldest group of patients (45-64) was more likely than others to indicate this was a service they utilized at VIM (66.1% for 45-64 versus 52.4% for 30-44 and 51.8% for 18-29).

Figure 3.7: Use Pharmacy, by Age

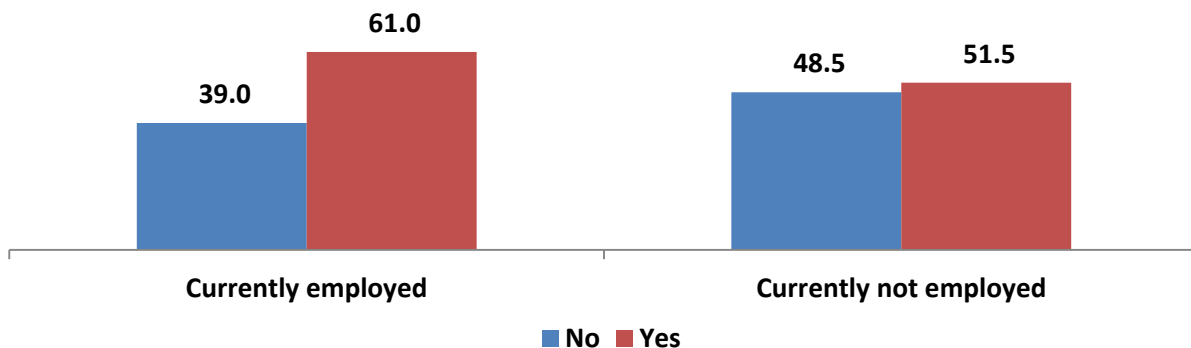


Source: SHAP Instrument, 2010-2011: Question C07 (n=679)

Employment

Compared to unemployed VIM patients, employed patients were more likely to indicate they use the pharmacy to fill prescriptions and otherwise obtain medications (61.0% versus 51.5%).

Figure 3.8: Use Pharmacy, by Employment



Source: SHAP Instrument, 2010-2011: Question C07 (n=679)

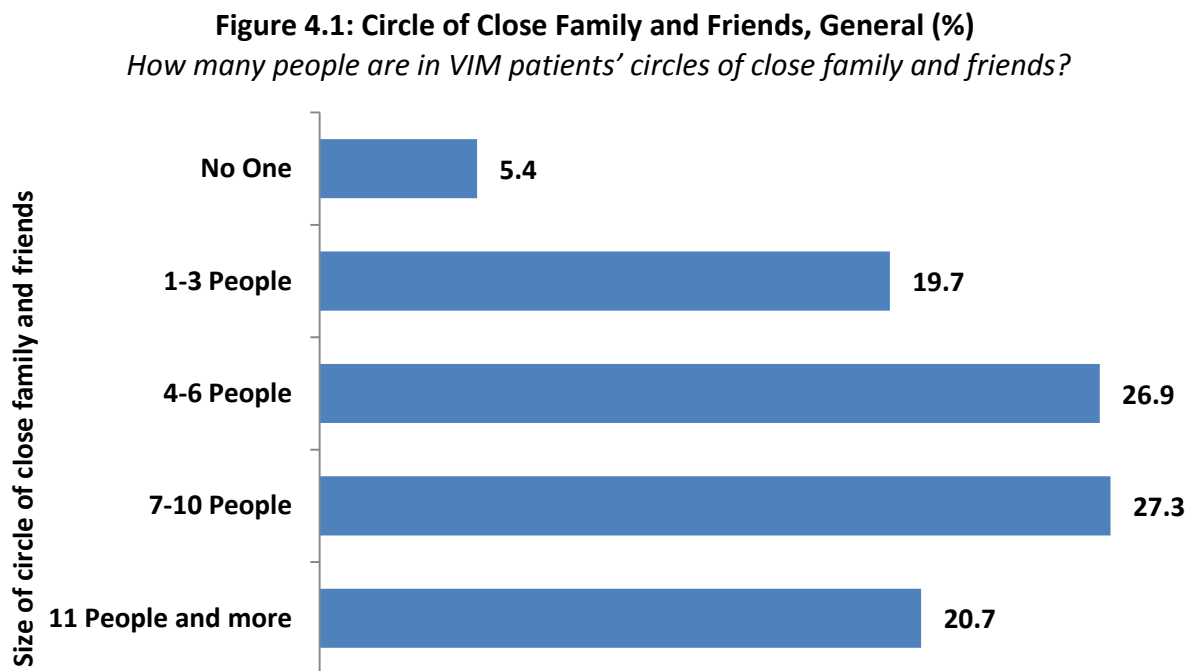
SOCIAL NETWORKS

SOCIAL NETWORKS: INTRODUCTION

Why do social networks matter in relation to the health of VIM patients? Recent research demonstrates that social networks matter for health since they provide social support, cultivate self-esteem and identity, and impact an individual's sense of control, all of which influence the utilization of health care services and health outcomes. For example, patients who are seeking help from other community-based organizations are embedded in an organizational network of care. Organizations in this network, which are usually aware of each other, often provide information about and refer patients to other organizations in the network. The referral could be the result of a patient's initiative to address his or her own needs, but it also could be the result of an organization's initiatives. More personal-based networks (kin/ family and non-kin/non-family) not only provide information about services, but also often "push" individuals into health care services.⁸ Often non-kin contacts, that are typically viewed as weaker ties compared to kin contacts, might bring more and qualitatively different information about health care services and opportunities.

CIRCLE OF CLOSE FAMILY AND FRIENDS

The size of VIM patients' circle of close family friends varies from zero (no one) to more than 25 people. The median size of circle of close family friends is six: half of the respondents have up to six people in their circle of close family friends and half of the respondents have more than six people.⁹



Source: SHAP Instrument, 2010-2011: Question B02 (n=588)

⁸ See for a similar finding regarding use of mental services: Pescosolido, Bernice A. and Carol G. Gardner. 1998. "How people get into mental health services: Stories of choice, coercion and "muddling through" from "first-timers."" 46(2):275-286.

⁹ Please note the high rate of missing information for this item (n=153, 20.6% response rate).

Next, we explore the social composition of VIM patients' circles of close family and friends (Figure 4.2). A large majority of patients (81.4%) report having a kin-based circle of close family and friends. Also, there is limited diversity within individuals' networks with respect to race/ethnicity and religiosity. For example, two-thirds (65.1%) report on having no one from a different racial/ethnic group, and half (50.6%) report on having no one from a different religion. This suggests VIM patients receive information and support from those in similar social positions as themselves.

Figure 4.2: Close Circle of Family and Friends, Composition
Out of this number of people in your circle of close family and friends:

How many people are...?	No one	1 person	2-5 people	6 or more people
Members of your family	6.9	11.7	52.9	28.5
From different racial / ethnic group than yours	65.1	15.0	16.5	3.5
From different religions than yours	50.6	10.0	32.9	6.6
From a higher income level than yours	17.6	14.2	48.5	19.8
From a lower income level than yours	46.5	20.7	28.3	4.6

Source: SHAP Instrument, 2010-2011: Question B03 (n=470)

Note: Only respondents who answered question B2 and indicated they have at least one person in their circle of close family and friends were asked questions about the composition of their circle of close family and friends.

EMBEDEDNESS IN COMMUNITY ORGANIZATION

Beyond individual networks, community assets also shape VIM patients' health. Community organizations vary in their orientation (social service, education, recreation and social) and their mode of delivery (walk-in versus client-based). Figure 4.3 show the percentage of patients who sought help from each organization.¹⁰

Figure 4.3: Community Organizations, General
Sought help from any of these organizations in the past year?

	Sought help from organization in the past year(%)
Mother Hubbard's Cupboard	19.4
Public library	11.6
Salvation Army	11.1
Shalom Community Center	10.2
South Central Community Action Program	7.5
Backstreet Mission	6.6
Monroe County United Ministries	6.4
YMCA	3.9
Hoosier Hills Food Bank	2.6
Martha's House	2.4
Amythest House	2.0
Middleway House/The Rise	1.6
My Sister's Closet	1.6
Spencer Presbyterian Food Pantry	1.6
Park and Recreation Services	1.5
Cunot Food Pantry	1.4
Head Start	1.1
Lighthouse Tabernacle (Food Pantry)	1.1

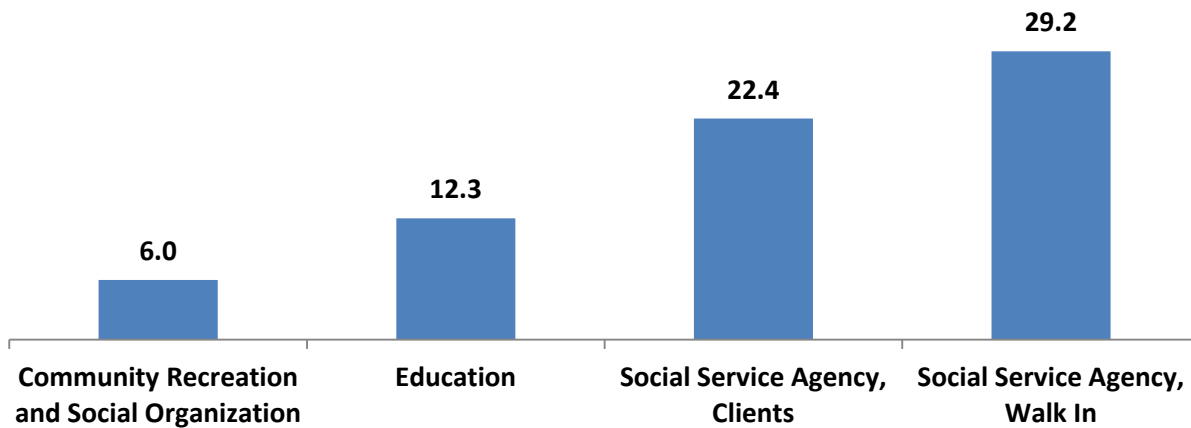
Source: SHAP Instrument, 2010-2011: Question B01 (n=741)

Note: As respondents may select more than one, percentages may add to more than 100%.

¹⁰ The following organizations were mention by less than one percent: Big Brothers, Big Sisters (0.8%), Boys and Girls Club (0.7%), American Legion (0.4%), Girls, Inc. (0.4%), New Beginnings (0.3%), Stepping Stones (0.3%) and Banneker Center (0.1%).

Figure 4.4 shows the percentage of patients who sought help from each type of organization. Slightly less than one-third (29.2%) sought help from walk-in social service agencies (e.g., Hoosier Hills Food Bank), and slightly more than one-fifth (22.4%) sought help from client-based social service agencies (e.g., Stepping Stones).

Figure 4.4: Community Organizations, Main Groups
Sought help from any of these organizations in the past year?



Source: SHAP Instrument, 2010-2011: Question B01 (n=741)

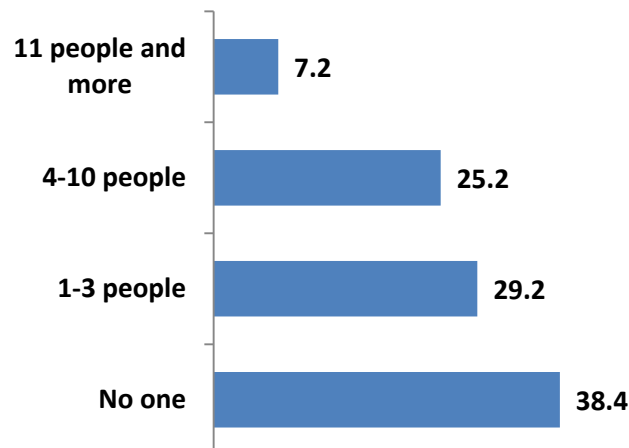
Note: As respondents may select more than one, percentages may add to more than 100%.

PATIENT'S SOCIAL NETWORK AS SOURCE FOR POTENTIAL PATIENTS

The majority of VIM patients know someone in their social network that is unable to afford health care services (61.6%). Approximately one-third (32.4%) know more than four individuals that would benefit from VIM's health care services.

Figure 4.5: Network Ties Unable to Afford Care, General

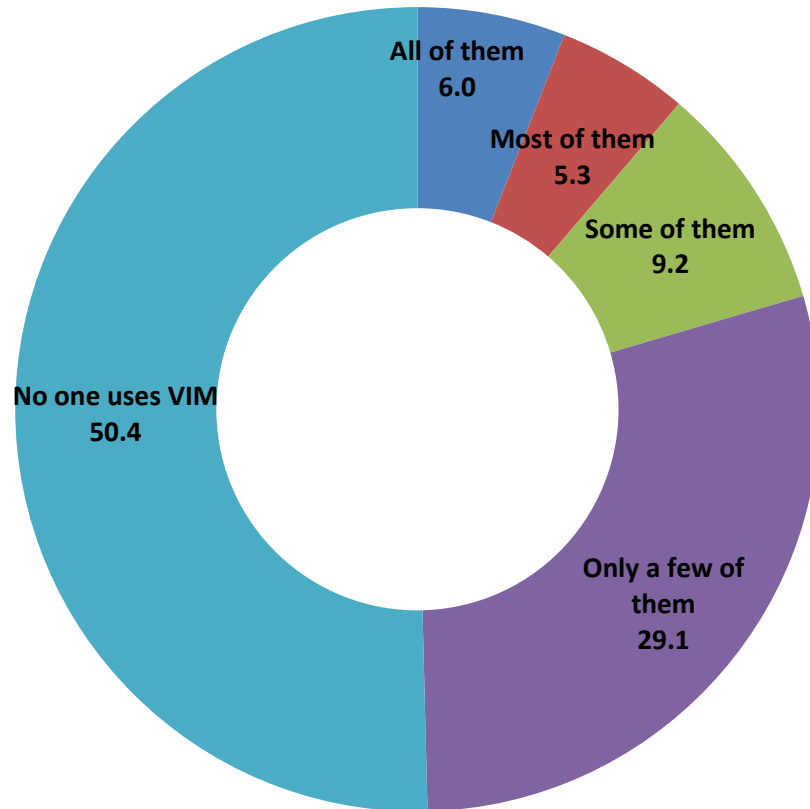
How many of the people you know are unable to afford health care due to income and/or uninsured and need VIM's clinic services?



Source: SHAP Instrument, 2010-2011: Question: B06 (n=583)

To better understand whether VIM patients' networks can be a source for recruitment of new patients, we asked a follow-up question. Half of the sample (50.4%) indicated that they know individuals who are uninsured and in need of VIM's services but do not use VIM. Slightly more than one-tenth (11.3%) indicated that most or all of the people they know (who are uninsured and need VIM's service) currently use VIM.

Figure 4.6: Network Ties Unable to Afford Care & Currently Use VIM services, General
*Out of the number of people above, how many of them are using VIM's clinic services?**



Source: SHAP Instrument, 2010-2011: Question: B07 (n=452)

Note: *Only respondents who answered question B06 ("How many of the people you know are unable to afford health care due to income and/or uninsured and need VIM's clinic services?") were asked this follow-up question.

OPINIONS AND ATTITUDES TOWARD VIM AND HEALTH CARE/MEDICINE

OPINIONS AND ATTITUDES TOWARD VIM CLINIC AND HEALTH CARE/MEDICINE: INTRODUCTION

Documenting how patients view their experiences at VIM provides a perspective from which to assess not only what VIM does well but also what areas can be improved or reformed to better address patients' needs. Beyond rating one's experience, it's important to understand how VIM patients view health care overall so as to gain a better sense of how patients approach using services like VIM. For instance, social networks impact patients' behaviors, knowledge, and attitudes toward receiving treatment and care. It is important to understand, then, what impressions VIM patients hold of their social networks' attitudes toward health care in addition to what they feel and what attitudes they hold individually about receiving health care services along. These factors will shape the ability of VIM to reach the needs of all eligible community members. VIM patients were asked a series of questions which were designed to capture their broader attitudes about health care and how they feel others in their network approach health care options like VIM. Additionally, patients were asked questions in order to assess different components of their experience with VIM.

ATTITUDES TOWARD INVOLVEMENT IN HEALTH CARE

VIM patients are willing to rely on their doctor for making the decisions about care, but they are not as willing to rely primarily on their doctor for information. Slightly more than two-thirds of the respondents (67.9%) agreed with the statement "I prefer to leave decisions about my medical care up to my doctor." This rate is higher than what was found among the general public in the United States (52.0%).¹¹ Slightly more than two-fifths of the respondents (45.4%) agreed with the statement "I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own." This rate is almost identical to what was found among the general public in the U.S. (44.0%).

Figure 5.1 Patients Attitudes toward Health Care

In this section you will find some statements about your experience at the VIM Clinic, please select the number which corresponds to the way you feel about the statement

	Strongly Agree /Agree (%)
I prefer to leave decisions about my medical care up to my doctor	67.9
I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own	45.4

Source: SHAP Instrument, 2010-2011: Question D01-10, D01-12 (n=457)

¹¹ See: Levinson et al. 2005. "Not All Patients Want to Participate in Decision Making: A National Study of Public Preferences" *Journal of General Internal Medicine* 20(6): 531–535. This study is based on data from the 2002 General Social Survey. The scale used includes categories: strongly agree, moderately agree, slightly agree, slightly disagree, moderately disagree and strongly disagree. We combined the three agree categories.

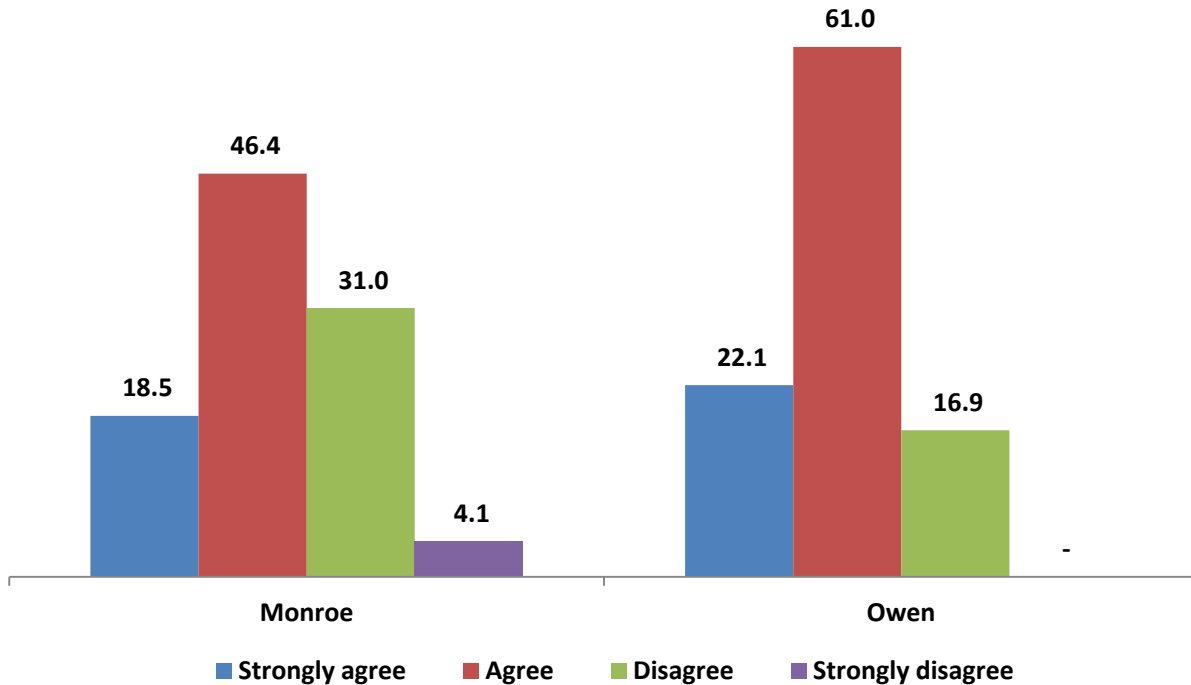
**ATTITUDES TOWARD INVOLVEMENT IN HEALTH CARE,
COMPARISON BY SOCIO-DEMOGRAPHICS**

Geography

VIM patients that are residents of Owen County are more likely to agree with the decision and knowledge statements. For example, slightly more than four-fifths of respondents from Owen County (83.1%) are willing to rely on their doctor for making the decisions about care, while less than two-thirds of respondents from Monroe County (64.9%) are willing to do so. This suggests Owen County residents express less involvement in their care.

Figure 5.2: Decisions Left to Doctor, by County

"I prefer to leave decisions about my medical care up to my doctor"



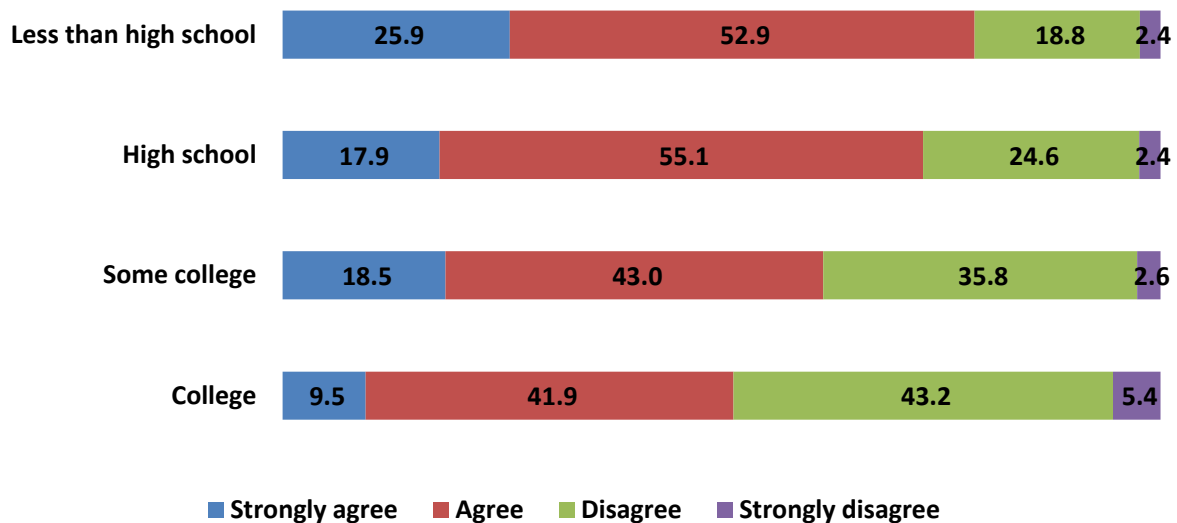
Source: SHAP Instrument, 2010-2011: Question D01-10 (n=457)

Education

VIM patients that have higher levels of education are less likely to rely on their doctor to make decisions about care. Slightly more than half (51.4%) of patients with post-secondary education express a preference for doctor-directed care (e.g., agree and strongly agree), while almost four-fifths (78.8%) of patients with high-school education express this preference.

Figure 5.3: Decisions Left to Doctor, by Education

“I prefer to leave decisions about my medical care up to my doctor”



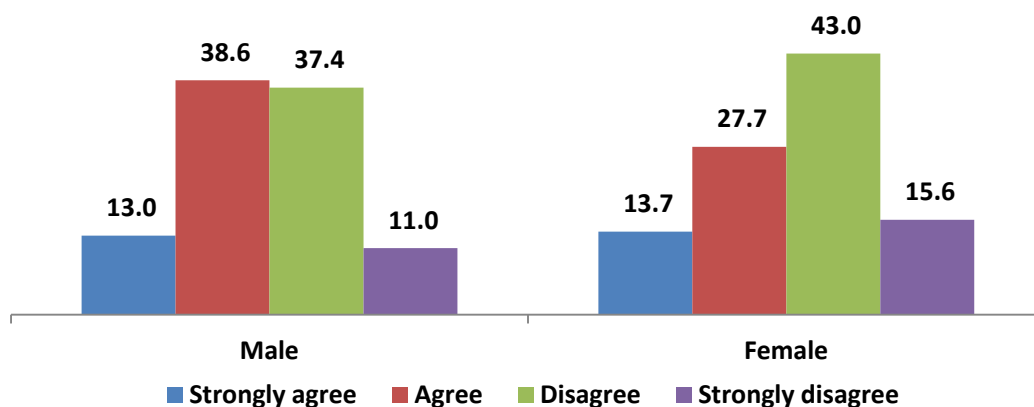
Source: SHAP Instrument, 2010-2011: Question D01-10 (n=457)

Sex

Females are less likely to rely on their doctor for information. Half of the males in the sample (51.6%) prefer to rely on their doctor's knowledge, while two-fifths of the females (41.4%) express this preference. In other words, females appear to seek out more independence and control regarding health information than males.

Figure 5.4: Rely on Doctor's Knowledge, by Sex

“I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own”



Source: SHAP Instrument, 2010-2011: Question D01-12 (n=457)

STIGMA-RELATED TO HEALTH CARE AND FREE CLINICS

Beyond capturing attitudes, this report also seeks to understand what types of potential stigma or social undesirability may be associated with the use of or reliance on free health care services. Nearly all patients in the survey (94.1%) feel comfortable talking about health problems with a professional. A small minority of the sample indicate they would be embarrassed if their friends found out they are “getting professional help for health problems” (7.7%) or that they are “using VIM services” (9.0%).

Figure 5.5: Patients Attitudes toward Stigma Related to Health Care and Free Clinics

	Respondents (I) Strongly Agree /Agree (%)	Third Person (People) Strongly Agree /Agree (%)
[...] feel comfortable talking about health problems with a professional	94.1	83.0
[...] embarrassed if my friends know I’m getting professional help for health problems	7.7	33.9
[...] embarrassed if my friends know I’m using VIM services	9.0	29.1

Source: SHAP Instrument, 2010-2011: for the column “Respondents (I)” - Question D01-13-D01-15 (n=505); for the column “Third Person (People)” - Question B08-1-B08-3 (n=632)

Because of the tendency of respondents to answer questions in a manner that will be viewed favorably by others (i.e., social desirability bias), we asked VIM patients to answer the same questions about a general third person: people they know who need VIM’s clinic services but who don’t use these services (see column “Third Person” in Figure 5.5). Similar to the results reported above, a large majority of patients (83.0%) say that people feel comfortable talking about health problems with a professional. However, we find that one-third of the respondents think that people will be embarrassed if their friends know they are “getting professional help for health problems” (33.9%) or that they are “using VIM services” (29.1%). As this represents a four-fold increase (33.9% for third person compared to 7.7% for the individual) and a three-fold increase (29.1% for third person compared to 9.0% for the individual) respectively, findings suggest VIM patients may maintain a gap between how they view themselves and others in the community. Further analysis demonstrates that patients with higher levels of education are less likely than others to think people feel comfortable talking about health problems with a professional. Also, females, non-white respondents, and older respondents are more likely to think that people are embarrassed to use VIM. This suggests that there may be a sizeable amount of stigma regarding the utilization of free health care services.

PATIENTS' EVALUATION OF CLINIC

Nearly all patients in the survey (more than 80%) provide positive evaluation of their experiences at the clinic, as shown in Figure 5.6. Possible areas to improve include: pharmacy efficiency, front desk (feeling welcome and ease of scheduling appointment), and interactions with doctor/nurse (not enough time to ask and answer questions). Importantly, there were no significant differences between groups of patients (e.g., age, sex, employment status) in evaluations of the clinic.

Figure 5.6 Evaluation of VIM Clinic, General

	Strongly Agree / Agree (%)*
I would refer family/friends to this clinic	97.0
The interviewing nurse was friendly	96.5
I had no problems finding the clinic*	93.1
My appointment was confirmed	92.2
I was happy with my over-all care at the clinic	92.5
The services provided by the pharmacy were satisfactory *	88.1
I felt welcome at the clinic*	87.3
I was able to schedule an appointment easily	85.7
The doctor/nurse practitioner take enough time to answer my questions *	85.6
My doctor offers me choices and asks my opinion	84.3

Source: SHAP Instrument, 2010-2011: Question D01-01 - D01-09 (n=379)

Note: * item is recoded from its original wording. This is based on sample that includes respondents that provided information for all evaluation items. Response to the evaluation questions ranges between 430 and 514 (records/patients).

Upon completing the SHAP form, patients were asked to provide open-ended comments. Figure 5.7 presents a word cloud of comments provided by 536 patients. The size of each word indicates the frequency it occurs in all comments. Among the words most frequently used – other than VIM, clinic, health, and care – we can see: “thank,” “appreciate,” “grateful,” “wonderful,” “great,” and “god.” Overall, patients express positive experience and appreciation of VIM. The high frequency of the word “God” is not necessarily a straightforward indication of religiosity/spirituality; rather this is due to many patients using the phrase “thank God” to express their gratitude for VIM.

Figure 5.7: Word Cloud Based on Patients’ Open-Ended Comments

“We would like to know about your thoughts and opinions regarding your health and the services provided to you by Volunteers in Medicine (VIM) Clinic.”



Some comments also echo the feedback provided in the close-ended evaluation(Figure 5.6):

- “Overall fine, greatly appreciated due to circumstances. Only complaints, long wait for prescriptions, some errors with prescriptions, no room in waiting room pick up days for prescriptions.”
- “I am very grateful to have VIM services. When I lost my job over a year ago, I didn't know what I was going to do about my health problems and medication. The wait here is long a lot of the time and that can be frustrating but I know you are busy here.”
- “Larger wait room-anxiety potential with crowded area. Parking space-add one by removing grass patches. Get rid of 2 door pass through or door knobs (3 potential knobs patient must grab to get in and out that could pass viruses.)”
- “I have found it to be true, that when you are truly sick w/a bad cold or flu - you can't get in when needed. The wait is too long/ plus you are exposed to other peoples illnesses or you can't get an appointment. I was put in a room w/2 guys suspected of having H1N1 - with high fevers - when I only had a cough from a bronchial condition this past winter. I was in the room w/ them for almost an hour.”

APPENDICES

APPENDIX A: SOCIAL AND HEALTH ASSESSMENT OF PATIENTS (SHAP)

Volunteers in Medicine Social and Health Assessment of Patients (SHAP)

Every client of the VIM is being asked to fill out this questionnaire/form as a way to get information on your general background, your health history, and your social network or individuals that are important in your life. This information is crucial as it helps the VIM better understand and meet your needs as well as those of the larger community. **Your answers to these questions will be kept confidential.**

If you have any questions or concerns please feel free to contact Jo Hargesheimer at 812.333.4039 or jhargesheimer@vimmonroecounty.org

Date: ___/___/___ (Month/day/year)

Time: ___:___

CHART ID (OFFICE USE):

SECTION A: BACKGROUND INFORMATION

The purpose of the following questions is to help researchers understand the general background and history of VIM patients.

1. Sex:

1. Male
2. Female

2. How old are you? (PLEASE WRITE IN): _____ years

3. What is your racial or ethnic identification? (Mark only one)

1. American Indian or other Native American
2. Asian, Asian American, or Pacific Islander
3. Black or African American
4. White (non-Hispanic)
5. Mexican or Mexican American or other Hispanic or Latino
6. Multiracial
7. Other

4. Were you born in the USA?

1. Yes
2. No, PLEASE SKIP TO QUESTION 7

5. Were you born in Indiana?

- 1. Yes
- 2. No

5A If "NO," what state were you born in? _____

5B If "NO," How long have you lived in Indiana? _____ years

6. Were you born in Monroe or Owen County?

- 1. Yes
- 2. No, how many years have you lived in Monroe or Owen County? _____ years

7. Are you a citizen of the United States of America?

- 1. Yes
- 2. No

8. What is your current marital status?

- 1. Married
- 2. Living with a partner
- 3. Divorced
- 4. Separated
- 5. Widowed
- 6. Never married

9. How many children do you have under 18 years-old currently living with you? (Including non-biological children)

Number of children (PLEASE WRITE IN): _____

10. What is the highest level of education that YOU completed?

- 1. Less than high school degree
- 2. High school degree
- 3. Some college (associate degree, nursing etc.)
- 4. College degree (bachelor's degree)
- 5. Professional and/or Graduate degree (LLB, MA, PhD etc.)

11. What is the highest level of education that your PARENT(S) completed?

Father	Mother
1. Less than high school degree	1. Less than high school degree
2. High school degree	2. High school degree
3. Some college (associate degree, e.g. nursing)	3. Some college (associate degree, e.g. nursing)
4. College degree (bachelor's degree)	4. College degree (bachelor's degree)
5. Professional and/or graduate degree (LLB, MA, PhD)	5. Professional and/or graduate degree (LLB, MA, PhD)

12. Are you currently working for pay?

1. Yes
2. No

13. In the last five years, were you employed:

1. Always
2. Most of the time
3. Some of the time
4. Never

14. Are you currently a student?

1. Yes, at which school?

2. No

15. In a typical week, about how many hours do you work in total?

Number of hours (PLEASE WRITE IN): _____

16. How much hard physical work is required on your main job?

1. A Great deal
2. A Moderate Amount
3. A little
4. None

17. What was your total family income from all sources last year before taxes?

(Mark only one option)

1. Under \$ 10,000
2. \$ 10,000 to 19,999
3. \$ 20,000 to 29,999
4. \$ 30,000 to 39,999
5. \$ 40,000 or over

18. Do you or anyone else in your household receive income from other sources? (For example: Child Support, Social Security, AFDC, Unemployment, Food Stamps):

1. Yes
2. No

19. Do you or your family own your home/apartment or do you pay rent?

1. Own or Buying
2. Paying Rent

20. What is your main mode of transportation?

(Mark only one option)

1. Vehicle that I own
2. Vehicle that I borrow [from a family member, friend, neighbor]
3. Bus
4. Bike
5. Walk
6. Other [such as a motorcycle]

21. What is your religious preference?

- | | |
|--------------|-----------------------|
| 1. Buddhism | 7. Native American |
| 2. Catholic | 8. Non-Denominational |
| 3. Christian | 9. Orthodox-Christian |
| 4. Hinduism | 10. Protestant |
| 5. Islam | 11. Other _____ |
| 6. Jewish | 12. None |

22. In the past month, about how many hours, if any, have you spent doing religious services activities outside your home (such as attending religious services, prayer groups, Bible studies, fellowship meetings, church leadership meetings, etc.)?

Number of hours estimate (PLEASE WRITE IN): _____

SECTION B: SOCIAL NETWORKS

The purpose of the following set of questions is for us to get a better sense of where you go for support, which you rely upon for assistance and advice when needed, and how you became aware of the VIM clinic.

1. Here are some groups / clubs and different social service agencies in Monroe and Owen Counties.

	For each one, please check the box if you have sought <i>help</i> from any of these organizations in the <u>past year</u>.	For each one, please check the box if you have <i>volunteered</i> with any of these groups / clubs in the <u>past year</u>.
American Legion	<input type="checkbox"/>	<input type="checkbox"/>
Amythest House	<input type="checkbox"/>	<input type="checkbox"/>
Backstreet Mission	<input type="checkbox"/>	<input type="checkbox"/>
Banneker Center	<input type="checkbox"/>	<input type="checkbox"/>
Big Brothers, Big Sisters	<input type="checkbox"/>	<input type="checkbox"/>
Boys and Girls Club	<input type="checkbox"/>	<input type="checkbox"/>
Cunot Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Girls, Inc.	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Hoosier Hills Food Bank	<input type="checkbox"/>	<input type="checkbox"/>
Lighthouse Tabernacle (Food Pantry)	<input type="checkbox"/>	<input type="checkbox"/>
Martha's House	<input type="checkbox"/>	<input type="checkbox"/>
Middleway House/ The Rise	<input type="checkbox"/>	<input type="checkbox"/>
Monroe County United Ministries	<input type="checkbox"/>	<input type="checkbox"/>
Mother Hubbard's Cupboard	<input type="checkbox"/>	<input type="checkbox"/>
My Sister's Closet	<input type="checkbox"/>	<input type="checkbox"/>
New Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
Park and Recreation Services	<input type="checkbox"/>	<input type="checkbox"/>
Public library	<input type="checkbox"/>	<input type="checkbox"/>
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>
Shalom Community Center	<input type="checkbox"/>	<input type="checkbox"/>
South Central Community Action Program	<input type="checkbox"/>	<input type="checkbox"/>
Spencer Presbyterian Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Stepping Stones	<input type="checkbox"/>	<input type="checkbox"/>
YMCA	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (please write name):	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (please write name):	<input type="checkbox"/>	<input type="checkbox"/>

2. How many people are in your circle of close family and friends?

Number of people (Please WRITE IN): _____

3. Out of this number of people in your circle of close family and friends:

How many people are members of your family (spouse, children, parents, siblings)?	0 (no one)	1	2-5	6-10	11 or more
How many people are from different racial / ethnic group than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from different religions than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from a higher income level than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from a lower income level than yours?	0 (no one)	1	2-5	6-10	11 or more

4. Who do you turn to first for help when sick? Suppose you had the 'flu' and had to stay in bed for a few days and needed help around the house, with shopping and so on. (Please circle up to three)

- | | |
|--|--|
| <input type="checkbox"/> Husband, Wife, Partner | <input type="checkbox"/> Close Friend |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Father | <input type="checkbox"/> Someone You Work With |
| <input type="checkbox"/> Daughter and/or Daughter-In-Law | <input type="checkbox"/> Someone at a Social Services Agency |
| <input type="checkbox"/> Son and/or Son-In-Law | <input type="checkbox"/> Someone from My Religious Community |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Someone You Pay for Help |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Blood Relative | <input type="checkbox"/> No One |
| <input type="checkbox"/> Other In-Law Relative | |

5. How did you hear about the VIM Bloomington Clinic?

1. Through a family member
2. Through a friend
3. At the Bloomington Hospital Emergency Room
4. CHAPS (Community Health Access Program)
5. Newspaper, TV, Radio or other Media
6. Other:

6. How many of the people you know are unable to afford health care due to income and/or uninsured and need the VIM's clinic services?

Number of people (Please WRITE IN): _____

7. Out of the number of people above, how many of them are using the VIM's clinic services?

1. All of them
2. Most of them
3. Some of them
4. Only a few of them
5. None

8. The following statements are about people you know who need the VIM's clinic services but don't use these services. Please read each statement and select the answer which corresponds to the way you feel about the statement.

People feel comfortable talking about health problems with a professional	Strongly Agree	Agree	Disagree	Strongly Disagree
People are embarrassed if their friends know they are getting professional help for health problems	Strongly Agree	Agree	Disagree	Strongly Disagree
People are embarrassed if their friends know they are using the VIM services	Strongly Agree	Agree	Disagree	Strongly Disagree

SECTION C: HEALTH

The purpose of the following questions is to obtain information about your health and to know more about what services VIM could provide in the future that might better meet your needs.

1. In general, would you say your health is?

1. Excellent
2. Good
3. Fair
4. Poor
5. Don't know

2. Does your health now limit you in doing moderate activities, such as grocery shopping, climbing several flights of stairs, moving a table or bowling?

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

3. Below is a series of questions about health limitations you may have, please check YES / NO:

Do you have difficulty learning, remembering or concentrating because of a physical, mental, or emotional condition lasting 3 months or longer?	Yes	No
Do you have difficulty participating fully in school, housework, or other daily activities because of a physical, mental, or emotional condition lasting 3 months or longer?	Yes	No
Do you have a hearing problem that prevents you from hearing what is said in normal conversation even with a hearing aid?	Yes	No
Do you have a vision problem that prevents you from reading a newspaper even when wearing glasses or contacts?	Yes	No
Do you have a dental/oral problem that prevents you from eating or otherwise using your mouth?	Yes	No
If you do have any of these limitations, have you sought treatment or a special program to deal with this problem?	Yes	No

4. Before your visit to the clinic today, when was the last time you saw a health care provider?

1. Few days ago
2. One week ago
3. Several weeks ago
4. One month ago
5. Several months ago
6. One year ago or more

5. For what reason was your last visit to the health care provider?

1. Emergency
2. Follow up visit
3. Other: _____

6. Where did you seek treatment prior to the Volunteers in Medicine Clinic?

PLEASE WRITE:

7. What are the main health reasons or services that brought you here to the VIM clinic?

(Please check up to 3)

<input type="checkbox"/> Medications
<input type="checkbox"/> Health education
<input type="checkbox"/> Behavioral / mental health & counseling
<input type="checkbox"/> Lab tests and blood work at the Bloomington hospital
<input type="checkbox"/> Women's health
<input type="checkbox"/> Spine clinic
<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Dental care
<input type="checkbox"/> Pediatric care
<input type="checkbox"/> General checkup
<input type="checkbox"/> Regular visit for monitoring an ongoing condition
<input type="checkbox"/> Treatment of a new problem
<input type="checkbox"/> Classes (for example: nutrition, smoking cessation; please fill in):
<input type="checkbox"/> Other (please write):

8. About how long did you wait before seeking treatment for your current health condition(s)?

1. Zero days
2. One to two days
3. Three to six days
4. One week
5. Several weeks
6. One month
7. Several months
8. One year or more

9. What are the main reasons you may have waited to seek treatment for an acute or chronic illness? (Please check up to 3)

<input type="checkbox"/> I could not afford it (I have no insurance or my insurance didn't cover it)
<input type="checkbox"/> My doctor didn't accept Medicaid/insurance plan
<input type="checkbox"/> I thought my illness wasn't serious enough
<input type="checkbox"/> The wait in clinic/office was too long
<input type="checkbox"/> I had difficulty getting an appointment (clinic was not accessible, clinic hours not convenient)
<input type="checkbox"/> I don't like / trust / believe in doctors
<input type="checkbox"/> I didn't know where to go
<input type="checkbox"/> I had no way to get to the clinic
<input type="checkbox"/> Health of another family member interfered
<input type="checkbox"/> Other (please write):

10. During the past month, about how many times did you visit an emergency room? Number of visits (PLEASE WRITE IN): _____

11. During the past year, have you been a patient in a hospital for an overnight stay?

1. Yes
2. No

12. In the past year have you looked for information about a health concern or medical problem?

1. Yes
2. No

13. If YES, please tell me where you tried to find such health information from:

Family (parents, partners, children)	Not at all	1 or 2 times	3-5 times	6 or more times
Friends	Not at all	1 or 2 times	3-5 times	6 or more times
Neighbors	Not at all	1 or 2 times	3-5 times	6 or more times
Newspapers and/or magazines	Not at all	1 or 2 times	3-5 times	6 or more times
A doctor, nurse, or other medical professional	Not at all	1 or 2 times	3-5 times	6 or more times
Radio or television programs	Not at all	1 or 2 times	3-5 times	6 or more times
The Internet or World Wide Web	Not at all	1 or 2 times	3-5 times	6 or more times

SECTION D: EVALUATION OF VIM SERVICES

Please take a few minutes to complete the following information to help us improve our services.

1. In this section you will find some statements about your experience at the VIM Clinic. Please read each statement and select the number in the column which corresponds to the way you feel about the statement.

I was able to schedule an appointment easily	Strongly Agree	Agree	Disagree	Strongly Disagree
My appointment was confirmed	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt unwelcome at the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
The interviewing nurse was friendly	Strongly Agree	Agree	Disagree	Strongly Disagree
The doctor/nurse practitioner did not take enough time to answer my questions	Strongly Agree	Agree	Disagree	Strongly Disagree
I was happy with my over-all care at the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
I had problems finding the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
I would refer family/friends to this clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
My doctor offers me choices and asks my opinion	Strongly Agree	Agree	Disagree	Strongly Disagree
I prefer to leave decisions about my medical care up to my doctor	Strongly Agree	Agree	Disagree	Strongly Disagree
The services provided by the pharmacy were not satisfactory	Strongly Agree	Agree	Disagree	Strongly Disagree
I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel comfortable talking about health problems with a professional	Strongly Agree	Agree	Disagree	Strongly Disagree
I will be embarrassed if my friends know I'm getting professional help for health problems	Strongly Agree	Agree	Disagree	Strongly Disagree
I will be embarrassed if my friends know I'm using the VIM services	Strongly Agree	Agree	Disagree	Strongly Disagree

2. Finally, we would like to know about your thoughts and opinions regarding your health and the services provided to you by Volunteers in Medicine (VIM) Clinic:

APPENDIX B: ADDITIONAL SOCIO-DEMOGRAPHIC INFORMATION

What is your racial or ethnic identification?	Frequency %
American Indian or other Native American	1.5
Asian, Asian American, or Pacific Islander	1.1
Black or African American	6.4
White (non-Hispanic)	86.0
Mexican or Mexican American or other Hispanic or Latino	2.5
Multiracial	0.1
Other	2.5

Were you born in the USA?	Frequency %
Yes	92.7
No	5.5
Missing	1.8

Are you a citizen of the United States of America?	Frequency %
Yes	94.7
No	3.5
Missing	1.8

What is your current marital status?	Frequency %
Married	23.3
Living with a partner	2.2
Divorced	23.5
Separated	18.3
Widowed	1.2
Never married	31.5

How many children do you have under 18 years-old currently living with you?	Frequency %
No children	76.4
One child	11.2
Two children	8.2
Three children and more	4.2

What is the highest level of education that your parents completed?	Father Frequency %	Mother Frequency %
Less than high school degree	26.4	23.6
High school degree	41.4	41.8
Some college (associate degree, e.g. nursing)	14.0	15.3
College degree (bachelor's degree)	8.3	11.1
Professional and/or graduate degree (LLB, MA, PhD)	9.9	8.3

In the last five years, were you employed?	Frequency %
Always	25.6
Most of the time	34.2
Some of the time	32.7
Never	7.4

Are you currently a student?	Frequency %
Yes	10.4
No	89.6

In a typical week, about how many hours do you work in total? [only for VIM patients that are currently working for pay]	Frequency %
Up to 20 hours a week	28.4
Between 21 and 30 hours	31.3
More than 30 hours a week	40.3

How much hard physical work is required on your main job? [only for VIM patients that are currently working for pay]	Frequency %
A Great deal	15.9
A Moderate Amount	41.9
A little	30.2
None	12.1

What was your total family income from all sources last year before taxes?	Frequency %
Under \$ 10,000	47.2
\$ 10,000 to 19,999	37.8
\$ 20,000 to 29,999	10.4
\$ 30,000 to 39,999	3.3
\$ 40,000 or over	1.4

Do you or anyone else in your household receive income from other sources? (For example: Child Support, Social Security, AFDC, Unemployment, Food Stamps):	Frequency %
Yes	43.2
No	56.8

Do you or your family own your home/apartment or do you pay rent?	Frequency %
Own or Buying	27.5
Paying Rent	72.5

What is your main mode of transportation?	Frequency %
Vehicle that I own	61.7
Vehicle that I borrow [from a family member, friend, neighbor]	12.4
Bus	11.2
Bike	3.4
Walk	8.3
Other [such as a motorcycle]	3.0

What is your religious preference?	Frequency %
Buddhism	0.8
Catholic	7.8
Christian	44.8
Hinduism	0.1
Islam	0.6
Jewish	0.6
Native American	0.8
Non-Denominational	7.2
Orthodox-Christian	0.7
Protestant	2.6
Other	12.2
None	21.6

In the past month, about how many hours, if any, have you spent doing religious services activities outside your home (such as attending religious services, prayer groups, Bible studies, fellowship meetings, etc.)?	Frequency %
Zero hours	65.9
Between 1 and 10 hours	21.1
11 hours and more	13.0

