Oxnard, California
Latino Community
Health Needs Assessment

Dignity Health
St. John's Hospitals

April 2014

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Acknowledgements

Executive Summary

Oxnard, California was ranked 9th by the 2010 U.S. Census for having one of the highest percentages of Latino or Hispanic residents for U.S. cities with a total population over 100,000. Given the new Affordable Care Act and their requirements for not-for-profit hospitals to conduct Community Health Needs Assessments (CHNA), Dignity Health St. John's Hospitals in Oxnard decided to conduct a follow-on Latino CHNA in their primary service area. Their primary service area includes the cities of Camarillo, Port Hueneme, Oxnard, El Rio, and Channel Islands Beach – all located within the Oxnard Plain, CA. The Oxnard Plain, Ventura County, CA, is a historically agricultural area with an expanding population and is still home to a two billion dollar agricultural industry annually. The Latino CHNA was completed by collecting 486 bilingual health surveys completed by Latino residents of Dignity Health St. John's Hospitals primary service area. Numerous statistically significant findings associated with educational attainment and health disparities, including poor health status, disease risk factors, limited access to health care, and lack of education, were well documented to be affecting the Latino population residing in Oxnard, CA. Poverty rates and lack of education were not only documented by this survey, but have also been substantiated through data from the U.S. Census. The majority of survey participants had low levels of education with almost 40% having not completed elementary school. Survey participants with less than a high school degree were less likely to have health insurance, and 38% of survey participants reported they needed health care in the last year but did not access care due to cost. Data has shown that chronic disease inequities exist, and access to health care and health insurance status affected survey participants' awareness of personal health. Based upon numerous statistically significant findings, a collaborative effort must be pursued by community organizations, health care providers, corporations, and policy makers to focus on the areas of greatest health disparity identified within Oxnard, CA to improve their basic human right of access to health care and ultimately their overall quality of life.

Introduction

Dignity Health St. John's Hospitals (St. John's) has been serving Oxnard, CA and the surrounding community for over 100 years, since being founded by the Sisters of Mercy in 1912. Oxnard, CA is located within the Oxnard Plain in Ventura County and is considered the southern boundary for California's Central Coast.

According to the 2010 U.S. Census, 73.5% or 145,456 residents living in Oxnard, CA identified themselves as Latino or Hispanic, a 29% increase since 2000. The 2010 U.S. Census ranked Oxnard as having the 9th highest percentage of Latino or Hispanic population for cities with a total population over 100,000.[1]

In addition to the Latino population reported by the U.S. Census, Oxnard, CA attracts a transient farm-worker population drawn to work in the fields. Agriculture in Ventura County is almost a $2 billion industry annually, according to the Ventura County Crop and Livestock Report 2012, with strawberries, lemons, raspberries, and celery leading in crop value. In order to maintain the quality of these high value crops and large agricultural business, Ventura County used 7.5 million pounds of pesticide active ingredients in 2011, ranking them 7th in the state for pesticide use.[2] The California Institute of Rural Studies estimated that Oxnard was home to a transient farm-worker population totaling 25,000 individuals with 25,000 accompanying family members.[3] Ventura County is also home to an estimated 20,000 indigenous-language population of Mexicans from the State of Oaxaca and neighboring Guerrero.[4]

Health inequities (unfair and avoidable differences in health status between populations), including poor health status, disease risk factors, limited access to health care, and lack of education, are interrelated and reported among individuals with social, economic, and environmental disadvantages.[5] Given the growing Latino population present in Oxnard, CA, and the potentially undocumented immigration status of some residents, undocumented immigrants that utilize emergency departments with health conditions that have progressed unchecked, may require costly treatments that could have possibly been avoided if they were encouraged to use less invasive forms of health care without restrictions.[6] In FY 2013, St. John's Hospitals provided a combined total of $33,520,518 in uncompensated community benefit to individuals who were un/underinsured.[7] St. John's has witnessed these health inequities within the Latino community, underscoring the importance to further survey the health of the Latino population

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[1] U.S. Census Bureau. (2011). The Hispanic Population: 2010. *2010 Census Briefs*, 11.

[2] California Department of Pesticide Regulation. (2013). *Summary of Pesticide Use Report Data – 2011.* Retrieved from http://www.cdpr.ca.gov/docs/pur/pur11rep/11_pur.htm

[3] Schroeder, K., Samaniego, M., Nygaard, K., Mullenax, N., & Mines, R. (2003). *The Agricultural Worker Health Study, Case Study No. 3: Oxnard and Santa Clarita Valley.* Los Angeles. California Institute for Rural Studies.

[4] Ibid

[5] Centers for Disease Control and Prevention. (2013). *CDC Health Disparities and Inequalities Report – United States, 2013.* MMWR 2013; 62 (Supplement 3).

[6] Vargas Bustamante, A., Fang, H., Garza, J., Carter-Pokras, O., Wallace, S., Rizzo, J., et al. (2012). Variations in Healthcare Access and Utilization Among Mexican Immigrants: The Role of Documentation Status. *Journal Immigrant Minority Health*, 146-155.

[7] St. John's Pleasant Valley Hospital Community Benefit Report 2013, Community Benefit Plan 2014 and St. John's Regional Medical Center Community Benefit Report 2013, Community Benefit Plan 2014.

they most frequently serve. While prior studies exist, it is believed that no one has actually surveyed a representative sample of Latinos specifically from Oxnard, CA, related to their health conditions.

Lastly, due to the new requirements of the Patient Protection and Affordable Care Act (ACA) (2010), and the Internal Revenue Service (IRS) regarding Community Health Needs Assessments (CHNA), local, non-profit hospitals are held accountable, even more so than before, to identify and understand the needs of the community being served. Therefore, due to the continued growth of the Latino community and the lack of secondary data addressing the population, a Latino Community Health Needs Assessment focusing on Oxnard, CA, was conducted by St. John's.

Process

The initial step in conducting the Latino CHNA completed by St. John's was the development of a health needs assessment survey based upon select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS). The survey was also developed in collaboration with an academic advisor from East Stroudsburg University, East Stroudsburg, Pennsylvania, and following discussions with current community health educators already serving the population. The final survey contained a total of 36 questions, including 31 related to the participants health and five demographic questions.

The Latino CHNA Survey was translated by St. John's into Spanish and was reviewed by a certified translator. The survey was then pilot-tested on Latino employees of the Community Health Education Department at St. John's. An English copy of the final survey is provided as Appendix A.

Based upon the total population of 178,459 Latino/a or Hispanic individuals residing within St. John's primary service area, at least 400 completed surveys were necessary to constitute a representative sample. Using a convenience sampling (non-probability sampling) approach, locations were selected based on the perception of being able to sample larger groups of Hispanic/Latino adult (age 18 and older) residents. Also, Santa Paula, CA, while outside of St. John's primary service area, was included in the survey since the hospital has begun holding a limited amount of community education activities in the community.

If the survey site was not a public location, such as a farmer's market, an individual of decision making authority was initially contacted and permission was requested to distribute the survey. Between May 11, 2013, and June 30, 2013, 528 surveys were collected from the following locations:

1. Our Lady of Guadalupe Catholic Church, Oxnard, CA
2. St. John's Food Pantry, Oxnard, CA
3. Our Lady of Guadalupe Catholic Church, Santa Paula, CA
4. Hueneme High School Family Health and Wellness Fair, Pt. Hueneme, CA
5. Plaza Park Farmer's Market, Oxnard, CA
6. Plaza Park Multicultural Fair, Oxnard, CA
7. St. John's Walking Program, Oxnard, CA
8. Migrant Education Program, Larsen Ansger Elementary School, Oxnard, CA
9. Teatro de las Amerícas, Oxnard, CA
10. Padre Serra Parish, Camarillo, CA

Survey participants were informed that the survey was available in Spanish and English; was completely anonymous; did not ask their name, address, or telephone number; would take about five minutes of their time; and that results of the survey would help St. John's understand their needs and increase services in the community. Surveys were either self-completed or, if the participant did not possess the necessary literacy skills, a St. John's employee or volunteer privately conducted a one-on-one interview with the participant in either English or Spanish. Upon completion of the survey, participants placed their completed survey into a "ballot box"

and at times a small token of appreciation was offered (such as a piece of fruit, a pen, a pencil, or a chip clip). Materials with the educational and basic needs programs currently offered by St. John's were available at all survey locations, as well as a listing of the human services agencies. If a participant had a question about their particular situation, their question was answered and they were provided the necessary information.

The survey data collected was interpreted by coding the survey responses and compiling into an Excel spreadsheet. The compiled data was then reviewed for accuracy and input into the statistical database SPSS (Version 21.0). Surveys were excluded from the Latino CHNA if the survey participant did not reside in St. John's primary service area or Santa Paula, CA, or if they did not ethnically consider themselves as Latino/a or Hispanic origin. Survey responses were analyzed through both descriptive statistics (frequencies, percentages, means, modes, and standard deviations), and inferential statistics, including Chi-Square, Univariate Generalized Linear Model (GLM), and ANOVA. Results were considered significant when alpha values were $p<0.05$.

Survey Participants

The Latino CHNA Survey was completed by 528 participants, between the ages of 18 and 86. The final sample size used for data analysis (meeting geographic and ethnic requirements) was 486 participants (N=486), of which 35.1% were men (n=169) and 65.9% were women (n=312) (gender n=481, did not answer=5). The average age of the survey participants was 48 years (SD=15.2) and 81.3% completed the survey in Spanish.

Overall, 72.3% of survey participants reported residing either in Oxnard ZIP code 93030 (n=202) or 93033 (n=143), which together represent SES Group 1 during data analysis (n=345). To a lesser extent, 15.3% of the survey participants reported residing in either Oxnard ZIP code 93036 (n=57) or Port Hueneme ZIP code 93041 (n=16), which combined created SES Group 2 (n=73). SES Group 3 (n=27, 5.7%) is the combination of survey responses from Camarillo [ZIP codes 93010 (n=4) and 93012 (n=2)], and Oxnard ZIP code 93035 (n=21). Lastly, SES Group 4 or Santa Paula ZIP code 93060 represented 6.7% (n=32) of the sample, as displayed on the following Figure 1.

Figure 1. *Survey Participants' ZIP Code of Residence*
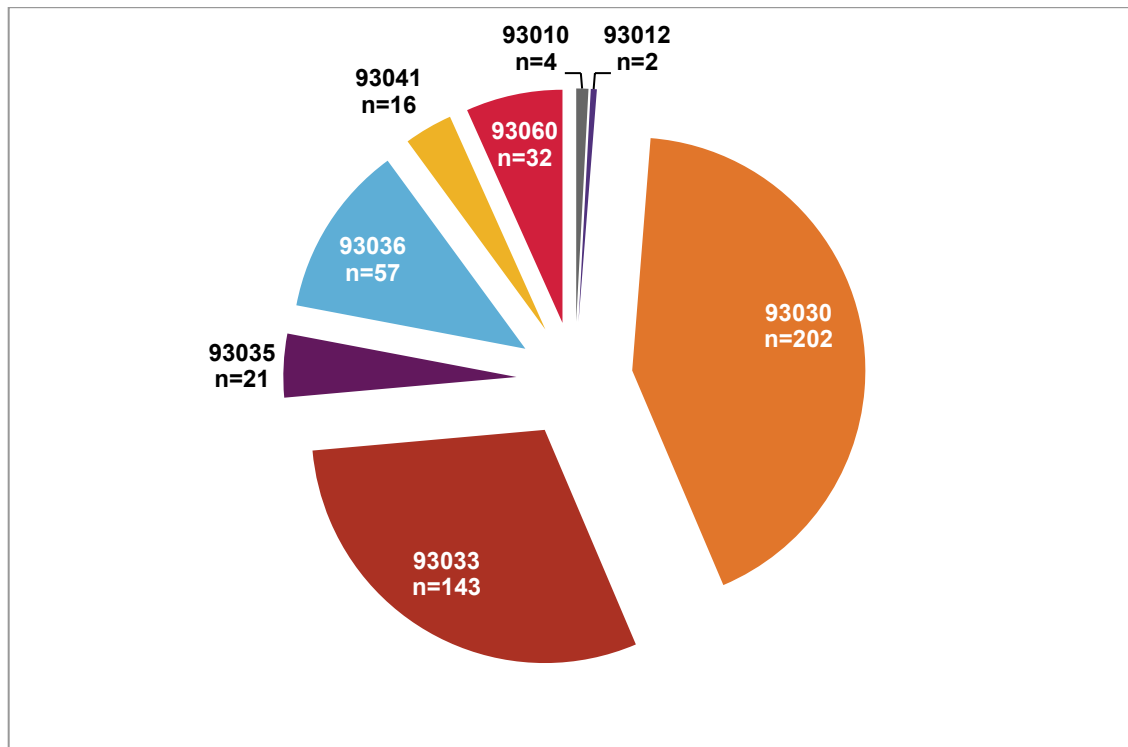
Lastly, the majority of the survey participants or 64.2% (n=309) have not received a high school diploma and 38.7% (n=186) have a sixth grade education or less. The highest level of educational attainment can be best described by the following Table 1.

Table 1. *Survey Participants' Educational Attainment*

Educational Attainment	Number of Participants (n)	Valid Percent	Average Age
No formal education	36	7.5%	60.3
Elementary school (6th grade or less)	150	31.2%	53.1
Junior high or middle school	56	11.6%	44.6
Some high school	67	13.9%	44.3
High school diploma	58	12.1%	43.2
Some college	53	11.0%	44.4
AS/AA or trade school	28	5.8%	45.3
BS/BA or graduate school	33	6.9%	41.8
Total	481	100.0%	48.0
Did not answer	5		
Total	486		

Findings

The survey results for each question have been categorized and are presented based upon similar indicators of health. While the responses have been similarly grouped, many of the concerns are inter-related. For example, health care access and health insurance status were found to impact the survey participants' knowledge of their health status. These relationships and conclusions will be further explained in the next section (Conclusions and Recommendations). As previously mentioned, a copy of the English survey is provided as Appendix A and additional question specific statistical details have been provided as Appendix B.

Health Status and Health Related Quality of Life *(Survey Question 1 (Q1), Q2, and Q5)*

Survey participants were initially asked three questions relating to their health status, physical health, and wellness routines. Over two-thirds of survey participants (n=341; 71.2%) rated their health to be good or fair, but yet only 14.2% (n=68) of survey participants consider their health status to be excellent or very good (n=479, did not answer=7). Similarly only 14.8% (n=72) of the survey participants reported being enrolled in a health education program, wellness center, or physical fitness program (N=486). In addition, when survey participants were asked to reflect upon the number of days over the past 30 days their physical health was not good, the average response was 5.5 days (SD=9.4). However, it should be noted that 44.8% (n=150) of the survey participants responding to this question reported no days of ill health during the previous 30 day period (n=335, did not answer=151).

Health Care Access *(Q6, Q7, Q8, and Q10)*

While the majority of survey participants (n=341; 71.2%) consider their health to be good or fair and are not enrolled in any wellness or health education programs, many are lacking health insurance, and have difficulty affording health care or accessing health care. When survey participants were asked their health insurance status, 40.3% (n=196) reported not having any form of health insurance, and only 48.1% (n=234) reported having some form of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/Gold Coast) (N=486). As depicted in the following Figure 2, a survey participants' educational attainment and average age impacts their health insurance status (the group elementary education are most likely eligible for Medicare based on their reported age).

Figure 2. *Survey Participants' with Health Insurance by Educational Attainment*
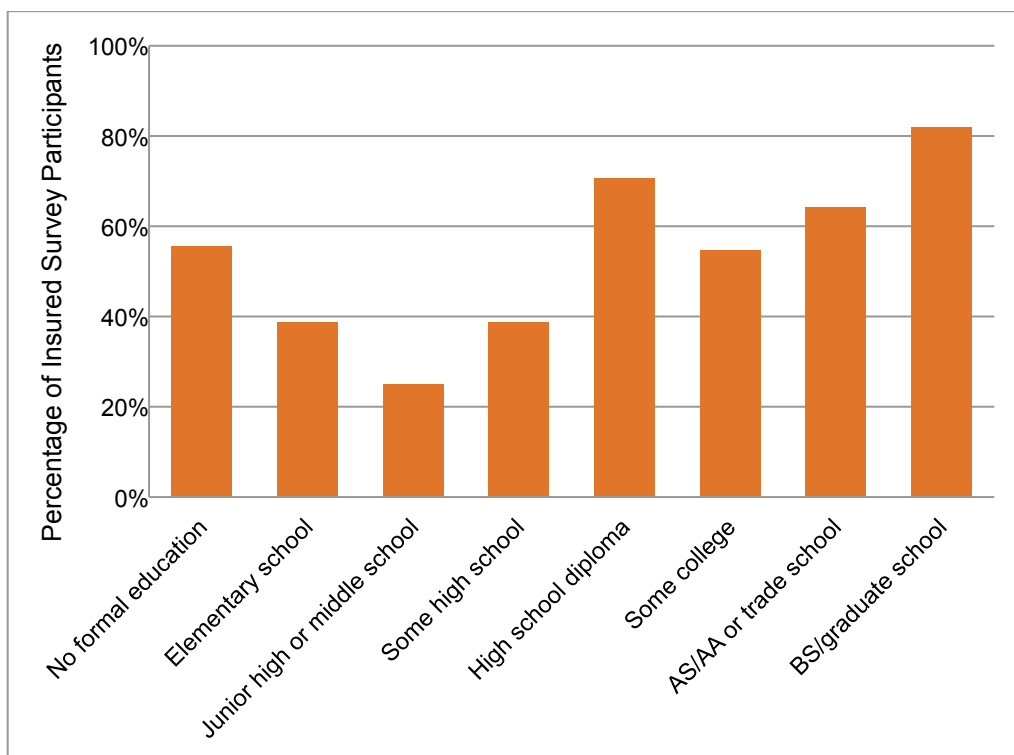
Furthermore, over half of the uninsured survey participants (n=105, 57.5%) and overall 37.7% (n=183), indicated they needed to see a doctor in the past year, but could not because of the cost (N=486) as provided in the following Figure 3.

Figure 3. *Survey Participants' Response to Physician Need Compared to Health Insurance Status*
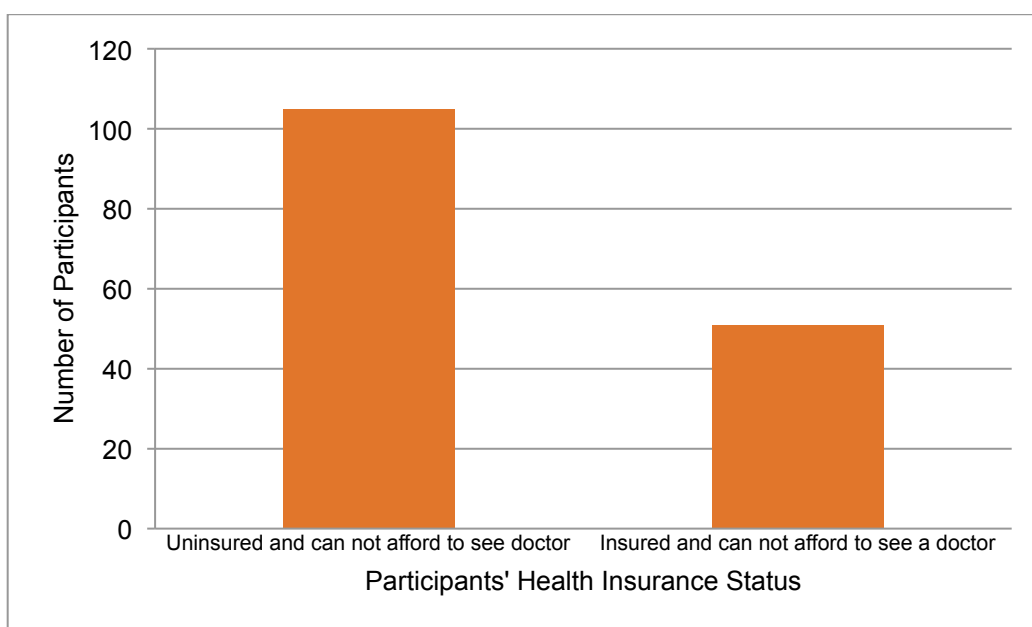
However, while 40.3% of the survey participants reported not having health insurance and 37.7% reported not being able to afford to go to a doctor in the past year, almost 75% (n=305)

of survey participants responded they did not seek treatment at an emergency room during the past year. Overall, 16.2% (n=67) of survey participants indicated visiting the emergency room once, and 7.2% (n=30) said they went two times. Lastly, approximately half of the survey participants (n=244; 50.2%) reported visiting a dental clinic during the past year and the remainder of the responses ranged from having gone to a dentist in the past two years to never visiting a dental clinic as shown on the below Figure 4.

Figure 4. *Survey Participants' Length of Time Since Their Last Dental Visit*
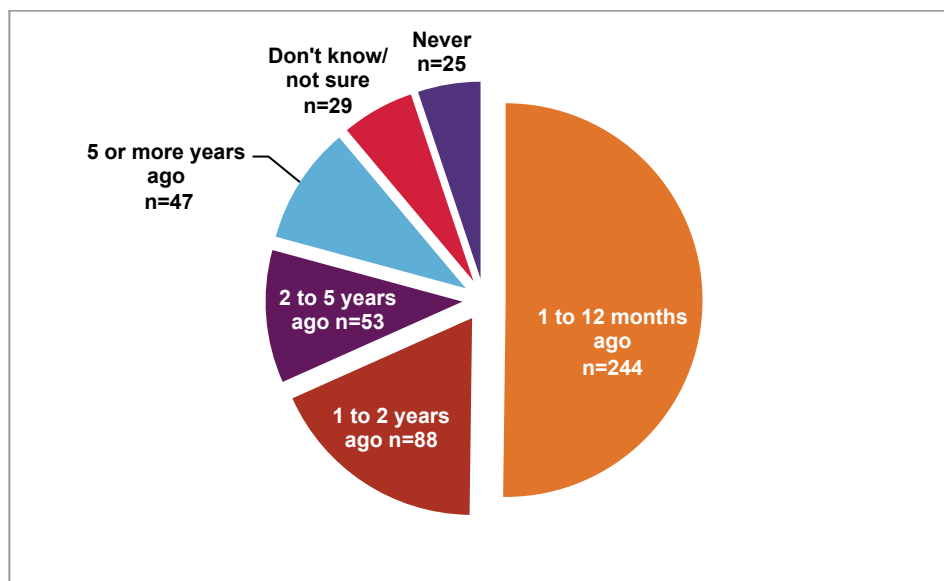
Body Mass Index *(Q25)*

Each survey participants' body mass index (BMI) was calculated through their self-reported height and weight measurements. Over two-thirds (n=283; 77.2%) of the survey participants responding to this question had BMIs exceeding the normal range (overweight or obese). Overall, the average BMI was 28.8 (SD=5.1) with a range from 17.58 to 49.38. BMI measurements that fall within the range of 18.5 to 24.9 are considered to be normal weight. BMI measurements between 25.0 and 29.9 are considered to be overweight and those greater than 30.0 are considered obese, all of which are further depicted on the following Figure 5.

Figure 5: *Survey Participants' Self-Reported BMI*
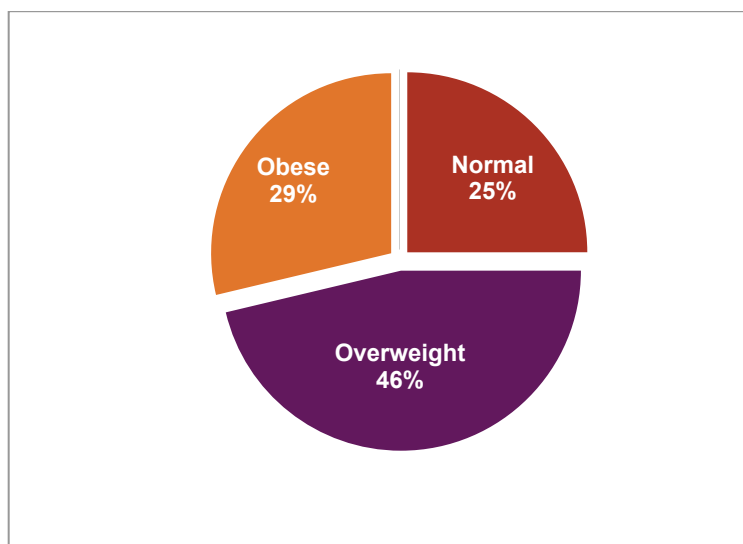
Hypertension Awareness *(Q12 and Q12a)*

Almost one-third (n=159; 32.7%) of survey participants reported being told they had high blood pressure (N=486) and if they have health insurance, they are almost two times more likely to be aware of their high blood pressure condition (n=47 versus n=96), which are further displayed below on Figure 6. In addition, of those survey participants who said they have been told they have high blood pressure, 73.8% (n=117) responded they are currently taking medicine to control their high blood pressure.

Figure 6. *Survey Participants' Hypertension Status Compared to Health Insurance Status*
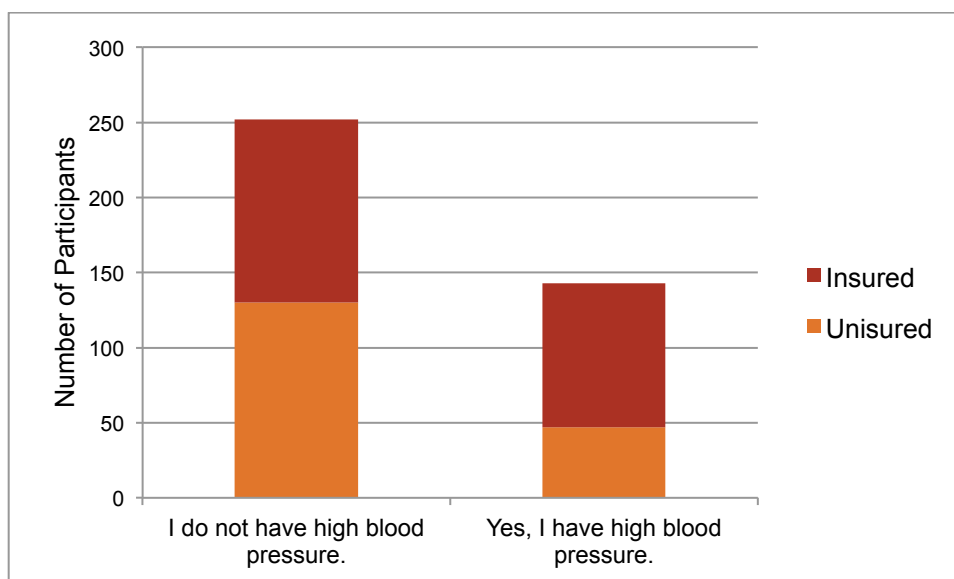
Cholesterol Awareness *(Q14, Q15, and Q15a)*

The majority (n=304; 62.6%) of survey participants responded that they have had a lifetime blood cholesterol test, but these individuals are more likely to have health insurance (n=163; 53.6%) than those without health insurance (n=105; 34.5%), and is further displayed on the following Figure 7. In addition, over half (n=162; 53.3%) of the survey participants who received a blood cholesterol test indicated their cholesterol was high, while 90 individuals reported currently taking medicine to control their high cholesterol.

Figure 7. *Survey Participants' Blood Cholesterol Status Compared to Health Insurance Status*
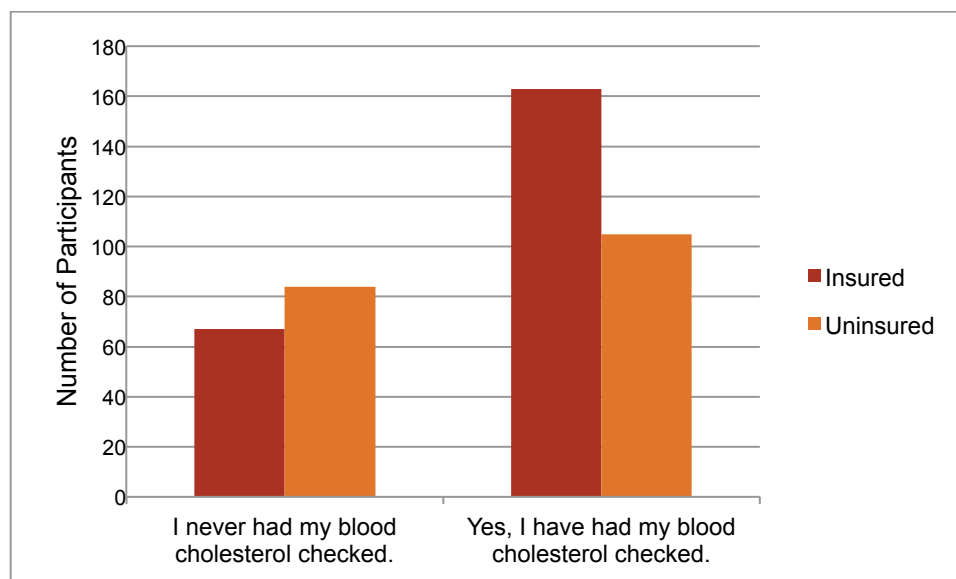
Chronic Health Conditions *(Q3, Q17, Q17a, Q17b, Q18, Q19, Q20, and Q22)*

When survey participants were asked questions related to various chronic health conditions, access to health care and insurance status affected their awareness of personal health. Once again, survey participants with health insurance identify themselves as having diabetes almost two times more often (23.1%; n=54) than survey participants without any health insurance (12.2%; n=24). Overall, 18.5% (n=90) of survey participants responded "yes" indicating they have diabetes and is displayed on the following Figure 8. In addition, almost half (n=39; 49.4%) of the survey participants with diabetes reported checking their blood sugar at least once a day, and 79.8% (n=67) responded they take medicine to control their diabetes.

Figure 8. *Survey Participants' Diabetes Status Compared to Health Insurance Status*
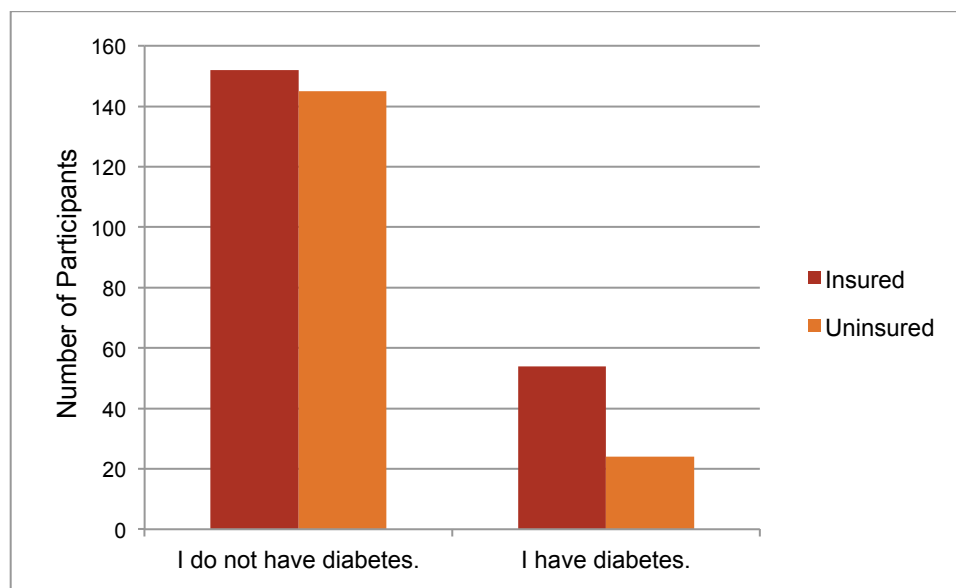
Many of the jobs in and around Oxnard require manual labor, such as working in a machine shop, picking produce, or packaging produce in a packing house. Over half of the survey participants (n=261; 53.7%) reported suffering from muscle aches, sore joints or pains, or carpal tunnel syndrome.

Another chronic health condition reported upon by the survey participants was respiratory/allergic conditions, such as asthma, scratchy throat, or eczema. Only 7% (n=34) of survey participants reported ever being diagnosed with asthma, but 38.6% (n=187) report suffering from watery eyes or a scratchy throat, and 16.3% (n=79) responded they suffer from eczema (defined as scaly, itchy skin).

The last chronic health condition question asked participants to report upon was their status related to autoimmune diseases. Overall, 18.8% (n=91) of survey participants reported suffering from some form of rheumatoid arthritis, lupus, fibromyalgia or other autoimmune disease.

Alcohol Consumption *(Q23 and Q24)*

When survey participants were asked about their alcohol consumption habits, the majority of survey participants reported zero alcohol consumption days in the past thirty days (n=259; 65.4%). Overall the average number of days participants drank alcohol was 2.0 days (SD=5.0) (n=396; did not answer=90). A follow-up question to the general alcohol consumption question was if the survey participant consumed more than 5 drinks for a man or more than 4 drinks for a woman at one time. Overall, 14.6% (n=52) of the survey participants responding reported drinking more than 5 drinks for a man or 4 drinks for a woman at one time (n=356; did not answer=130).

Cancer Screenings and Cancer Diagnoses *(Q21, Q27, Q28, Q29, and Q29a)*

Survey participants were asked age and gender specific questions related to their cancer screening habits. Specifically, 46.0% (n=86) of survey participants age 50 and over reported that they previously have had a colonoscopy (n=187; did not answer=27). When female survey participants age 40 and over were asked if they have ever had a mammogram (n=209; did not answer=4), an encouraging 90.4% (n=189) reported having a mammogram at some time and the average length of time since their last mammogram was 17 months (SD=42.5). Lastly, more than half of male survey participants age 50 and over reported having a prostate-specific antigen (PSA) test (n=39; 54.2%).

Survey participants were also asked if they were ever diagnosed with cancer and if so, what type. Overall, 5.6% (n=27) of survey participants reported having cancer, with breast, uterine, and skin cancer being the most commonly reported types.

Women's Health *(Q30 and Q31)*

Questions relating to women's reproductive health patterns were asked to female survey participants specifically relating to ability to conceive and the occurrence of miscarriage. Approximately 5% of the female survey participants (n=17; 5.9%) reported wanting to become pregnant for more than a year and were not able to conceive (n=286; did not answer=26). However, 1 in 4 female survey participants reported suffering a miscarriage (n=74; 25.8%) (n=287; did not answer=25) and depending on their location of residence, the rate of miscarriage varied from a high of 35.1% to a low of 15.9%.

Conclusions and Recommendations

After reviewing the significant findings provided in the preceding section and Appendix B, the health disparities and the lack of health care access affecting the Latino population residing in Oxnard, CA, and the surrounding communities has been well documented. Poverty rates and lack of education have not only been documented by this survey, but have also been substantiated through data from the U.S. Census. Survey participants with less than a high school degree and more education than only elementary school are the least insured, and the most likely to not possess the means to access health care. Data has shown that while chronic diseases are present, many uninsured individuals may not be aware of their health status.

Specific health indicators have been compared to Healthy People 2020 (HP2020) objectives and are quantified on the following Table 2. The bolded, italicized text identifies objectives where data from the Latino CHNA do not meet the HP2020 baseline or target.

Table 2. *Healthy People 2020 Objectives, Baselines and Targets Compared to Survey Results*

HP 2020 Objective[8]	Oxnard, CA Latino CHNA Survey Result	HP2020 Baseline	HP2020 Target
AHS-1.1. Increase the proportion of people with medical insurance.	***48.1%***	***83.2%***	***100.0%***
AHS-6.2. Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care.	***37.7%***	***4.7%***	***4.2%***
OH-7. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.	50.2%	44.5%	49.0%
HDS-5.1. Reduce the proportion of adults with hypertension.	***32.7%***	***29.9%***	***26.9%***
HDS-11. Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.	68.6%	63.2%	69.5%
HDS-6. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.	***62.6%***	***74.6%***	***82.1%***
D-13. Increase the proportion of adults of with diabetes who perform self-blood glucose-monitoring at least once daily.	***43.3%***	***64.0%***	***70.4%***
SA-14.3. Reduce the proportion of persons engaging in binge drinking during the past 30 days.	10.7%	27.1%	24.4%
NWS-8. Increase the proportion of adults who are at a healthy weight.	***22.5%***	***30.8%***	***33.9%***
NWS-9. Reduce the proportion of adults who are obese.	***36.5%***	***33.9%***	***30.5%***

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[8] U.S. Department of Health and Human Services (2013). *Healthy People 2020.* Washington, D.C. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

Based upon the results of the survey and the HP2020 objectives identified above, the top five health concerns facing the Oxnard, CA Latino community can be summarized as health insurance status; access to health care; chronic disease awareness - diabetes; chronic disease awareness - hypertension; and obesity.

However, once again, a study has documented the struggles of the Latino population to access health care. This data has similar conclusions to other area studies and national studies. Access to health care is the primary concern, and yet it will most likely remain the primary concern, since only U.S. citizens or documented immigrants who have lived in the U.S. for at least five years may participate in the ACA health insurance exchange and be eligible for the federal government subsidy. Documented immigrants who have lived in the U.S. for less than five years may participate in the health insurance exchanges, but will not be eligible for the federal subsidy. In addition, the lifestyle habits of Latinos many times are limited by what they are able to afford and is further compounded by a lack of transportation and/or education.

The Oxnard, CA Latino population is facing many health issues and health disparities that are the basic social determinants of health identified in the following Figure 9.

Figure 9. *Social Determinants of Health*[9]
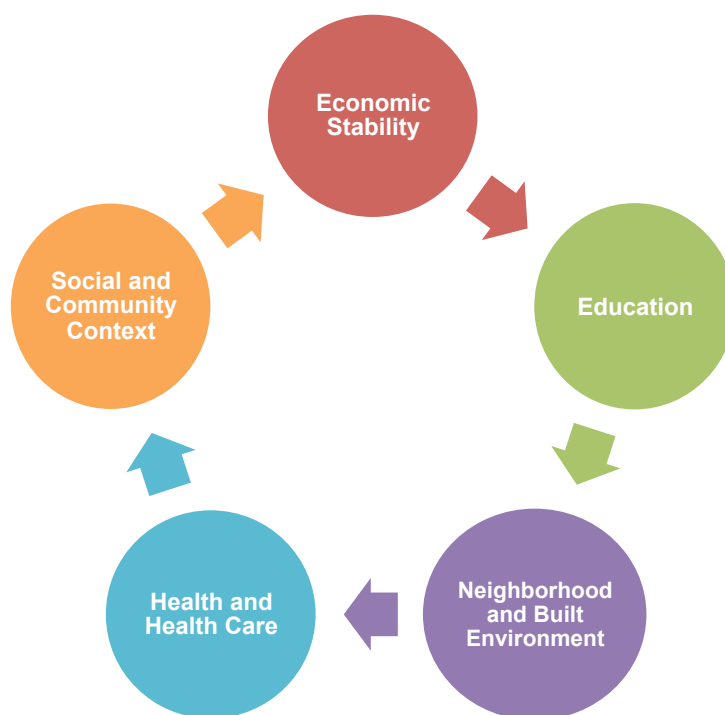
By looking at the relationship between the social determinants of health, the problems facing the Oxnard, CA Latino community go well beyond just health and health care. The documented lack of educational attainment and poverty is aggravated by a 6.6-square mile gang injunction that was instituted in Oxnard, CA in 2004 in an effort to neutralize Ventura County's most violent street gang.[10]

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[9] Ibid
[10] Saillant, C. & Alvarez, F. (2005). Judge Favors Permanent Gang Ban. *Los Angeles Times*, April 26, 2005

Additionally, the transient nature of some of the agro-dependent population and the insecurity around residency for undocumented members of the population will force the continued use of the non-traditional methods Latinos have been utilizing to access health care, such as free health clinics and "promotores." These will continue to be a health care system staple in the culture unless health care organizations collaborate with county public health to take action to reduce the disparities around health care access. Otherwise the cycle of access disparity will likely continue.

If a recommendation is to be sought from this study, it is the organization of a multi-disciplinary collaborative effort between Latino community leaders, organizations, corporations, and policy makers to identify and implement useful programs for the Oxnard, CA Latino community to access needed and preventative health care. If access to health care can be improved in Oxnard, all members of the collaborative effort and the community itself will reap financial and quality of life benefits. The Latino population in Oxnard is very large and in much need, yet all too often for various reasons they tend to be overlooked, which has negative impact on their lives, with a likely far reaching and long term negative impact on the health care system in Ventura County, and ultimately the State of California.

Appendix A – Latino CHNA Survey

Please circle, place a "√", or fill in the line with your correct answer for each question.

1. Do you consider yourself of Latino/a or Hispanic origin?

    Yes   No

2. My age is _____ years.

3. What is your zip code where you live?

    (Oxnard)   93030   93033   93035   93036   Other _____

    (Camarillo)   93010   93012   (Port Hueneme)   93041

4. I am: Male   Female

5. What is the highest grade or year of school completed?
   (Please mark with a "√".)

    ____ No formal education
    ____ Elementary school (6th grade or less)
    ____ Junior High or Middle School (7th to 8th grade)
    ____ Some High School
    ____ High School Diploma
    ____ Some College
    ____ Associate of Arts Degree (AA, AS)
    ____ Trade School (electrician, mechanic)
    ____ Bachelors Degree (BA, BS)
    ____ Graduate School

Health Status

1. In general how would you rate your health?

    Very Poor   Poor   Fair   Good   Very Good   Excellent

2. Thinking about your physical health, there were _____ number of days when my health was **not good** in the last 30 days.

    _____ Check "√" here if you don't know or are not sure.

3. Do you ever suffer from muscle aches, sore joints or pains, or carpal tunnel syndrome?

    Yes   No   Don't know/Not sure

4. Please mark with a "√" any chronic diseases listed below that you currently suffer from.

    ____ Arthritis   ____ Diabetes
    ____ Asthma   ____ High Blood Pressure
    ____ Cancer   ____ HIV
    ____ Chronic Pain   ____ Parkinson's Disease
    ____ Heart Disease, Congestive Heart Failure

5. Are you currently enrolled in any health education, wellness center, or physical fitness programs?

        Yes   No   Don't know/Not sure

Health Care Access

6. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/Gold Coast)? (Please mark with a "√".)

    ____ Yes
    ____ Yes, but only medical restricted, emergency, or pregnancy restricted Medi-Cal.
    ____ No
    ____ Don't know/Not sure

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

        Yes   No   Don't know/Not sure

8. In the last 12 months, how many times did you go to an emergency room to get care for yourself? _____

9. Was there a time in the past 12 months when you went to the doctor, but could not understand what was wrong because the doctor did not speak your language?

        Yes   No   Don't know/Not sure

    a. *If yes, how many times?* _____

10. Please mark with a "√", how long has it been since you last visited a dentist or dental clinic for any reason. Include visits to a dental specialist, such as an orthodontist.

    ____ Within the past year (1 to 12 months ago)
    ____ Within the past 2 years (1 to 2 years ago)
    ____ Within the past 5 years (2 to 5 years ago)
    ____ 5 or more years ago
    ____ Don't know/Not sure
    ____ Never

Health Conditions

11. Has a doctor, nurse or other health professional ever said that you have a problem with your vision that cannot be corrected by wearing glasses or contact lenses?

        Yes   No   Don't know/Not sure

12. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? Please √ the correct answer.

      ____ Yes
      ____ Yes, but female told only during pregnancy
      ____ Told borderline high or pre-hypertensive
      ____ No
      ____ Don't know / Not sure

    a. If yes, do you currently take medicine to control your high blood pressure?

    Yes   No   Don't know/Not sure

13. Have you ever been told by a doctor that you suffered from a stroke?

    Yes   No   Don't know/Not sure

14. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

    Yes   No   Don't know/Not sure

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

    Yes   No   Don't know/Not sure

    a. If yes, do you currently take medicine to control your high cholesterol?

    Yes   No   Don't know/Not sure

16. Have you ever had a heart attack?

    Yes   No   Don't know/Not sure

17. Have you ever been told by a doctor that you have diabetes? Please √ the correct answer.

      ____ Yes
      ____ Yes, but only during my pregnancy (female only)
      ____ No, pre-diabetes or borderline diabetes
      ____ No
      ____ Don't know / Not sure

    *a. If yes, about how often do you check your blood for glucose or sugar? Include times when checked by a family or friend, but do not include times when checked by a health professional. **Please answer only one.***

    Daily, I check my blood for glucose or sugar _____time per day.
    Weekly, I check my blood for glucose or sugar _____times per week.
    Monthly, I check my blood for glucose or sugar _____times per month.
    Yearly, I check my blood for glucose or sugar _____times per year.
    Never.

    b. *If yes, do you take medicine to control your diabetes?*

        Yes   No   Don't know/Not sure

18. Do you or have you ever been diagnosed with asthma?

        Yes   No   Don't know/Not sure

19. Do you ever suffer from watery eyes or a scratchy throat?

        Yes   No   Don't know/Not sure

20. Do you suffer from eczema (scaly, itchy skin)?

        Yes   No   Don't know/Not sure

21. Have you ever had a cancer diagnosis?

        Yes   No   Don't know/Not sure

    a. *If yes, what type (breast, skin, lung, etc.)?* _____

22. Have you ever been told by a doctor, nurse, or other health care professional that you have some form of rheumatoid arthritis, lupus, fibromyalgia or other autoimmune disease?

        Yes   No   Don't know/Not sure

23. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer (12 oz.), wine (4 oz.), a malt beverage or liquor (1 oz.)?

    _____ Days per week   OR   _____ Days in the past 30 days

    No drinks in the past 30 days

    Don't know / Not sure

24. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time?

        Yes   No   Don't know/Not sure

25. I am _____ feet _____ inches tall and weigh _____ lbs.

26. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions?

        Yes   No   Don't know/Not sure

Colorectal Screening (50 years or older)

27. A colonoscopy or sigmoidoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

        Yes   No   Don't know/Not sure

Men's Health

28. For men, a Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

          Yes   No   Don't know/Not sure

Women's Health

29. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

          Yes   No   Don't know/Not sure

    a. *If yes, when did you have your last mammogram?*

    _____

    b. *If yes, did your mammogram ever detect breast cancer?*

          Yes   No   Don't know/Not sure

30. As a woman, have you ever wanted to become pregnant for more than a year and were not able to conceive?

          Yes   No   Don't know/Not sure

    a. *If yes, were you eventually able to conceive*?

          Yes   No   Don't know/Not sure

31. As a woman, have you ever suffered from a miscarriage?

          Yes   No   Don't know/Not sure

For St. John's Employee or Volunteer

Interviewer _____

Location _____

Date _____   Sub ID _____

Data Input: Y N   By _____

THANK YOU FOR COMPLETING THE SURVEY!

Source:

Most survey questions adapted from Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.*

Appendix B – Additional Data

The following provides additional details and the results of inferential statistical analyses conducted on select questions.

Q1. In general how would you rate your health? (n=479; did not answer=7)

(n=22; 4.6%)	Excellent
(n= 46; 9.6%)	Very Good
(n=186; 38.8%)	Good
(n=155; 32.4%)	Fair
(n=60; 12.5%)	Poor
(n=10; 2.1%)	Very Poor

A univariate GLM with post hoc analysis was conducted to determine if there was a significant difference between health rating based upon educational attainment, SES group, or health insurance status. Significance exists between the participants' educational attainment and the participants' health rating. Specifically, the health ratings for survey participants with an educational attainment of an associates or bachelors degree are significantly higher than the health rating selected by participants with less than a high school education ($F=10.9$; $p<.001$). There were no significant differences in health rating based on SES group or health insurance status.

Q2. Thinking about your physical health, there were _____ number of days when my health was <u>not good</u> in the last 30 days. (n=335; did not answer 151)

Overall 335 participants responded to this question and 184 participants reported at least one day when their physical health was not good. For the participants who reported at least one day of poor physical health, the average number of days reported was 9.8 days (SD=10.2). Inferential statistics were conducted to determine if there was a significant difference between the number of poor physical health days based upon educational attainment, SES group, or health insurance status. There were no significant differences in the number of days of poor physical health based upon educational attainment, SES group, or health insurance status.

Q3. Do you ever suffer from muscle aches, sore joints or pains, or carpal tunnel syndrome? (N=486)

A Chi-square test was conducted to determine if significance exists between the health education responses and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' responding no to this question and their health insurance status ($\chi^2=16.9$; $p=.010$). There was no significance found between the SES group or educational attainment and the responses for this question.

Q5. Are you currently enrolled in any health education, wellness center, or physical fitness programs? (N=486)

A Chi-square test was conducted to determine if significance exists between the health education responses and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' with an educational level of 6 or above and those with a high school diploma or less responding "yes" to the question (χ^2=37.3; p=.001). Significance was also found between those participants who have health insurance and those who responded "yes" to the question (χ^2=74.9; p<.001). There was no significance found between the SES group and the responses for this question.

Q6. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/Gold Coast)? (N=486)

Inferential statistics were conducted to determine if significance exists between the participants' health insurance coverage and their educational attainment or SES group. A Chi-square identified a statistical significance between the participants' educational attainment and their health insurance status (χ^2=62.3; p<.001). Interestingly, the participants with no formal education have a higher rate of health insurance, than those that did not graduate high school (elementary school, junior high or middle school, and some high school). No significant differences were found for SES group.

Q7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (N=486)

Inferential statistics were conducted to determine if significance exists between the need to see a doctor and the participants' educational attainment, SES group, or health insurance status. A Chi-square identified a statistical significance between the participants' health insurance status and if they were not able to afford to see a doctor during the past year (χ^2=114.8; p<.001). Interestingly, over half of the survey participants that do not have health insurance indicated they needed to see a doctor in the past year but could not because of the cost (n=105; 57.5%). No significant differences were found for SES or education groups.

Q8. In the last 12 months, how many times did you go to an emergency room to get care for yourself? (answer reported in quantity, n=414; did not answer=72)

Almost 75% (n=305) of survey participants responding to this question indicated they did not seek treatment at an emergency room during the past year. In addition, 16.2% (n=67) of survey participants indicated visiting the emergency room once, and 7.2% (n=30) said they went two times. The remainder of the responses ranged from three to six times; these responses all had low cell sizes so they were collapsed for statistical analysis. A univariate GLM with post hoc analysis was conducted to determine if significance exists between the number of visits to the ER during the past year, and the survey participants' educational attainment, SES group, or health insurance status. A slight significance (F=4.2; p=.006) was identified regarding the participants health insurance status and emergency room visits; however, it existed between those that responded they didn't know if they had health insurance and those with health insurance. There was no significance found between participants' SES group or educational attainment and the responses for this question.

Q10. Please mark with a check, how long has it been since you last visited a dentist or dental clinic for any reason. Include visits to a dental specialist, such as an orthodontist. (N=486)

Approximately half of the survey participants (n=244; 50.2%) reported visiting a dental clinic during the past year. The remainder of the responses ranged from having gone to a dentist in the past two years to never visiting a dental clinic. Inferential statistics were completed using a univariate GLM with post hoc analysis to determine if a significant difference exists between the time since a dental visit and the survey participants' educational attainment, SES group, or health insurance status. The univariate GLM with post hoc analysis identified a statistical significance (F=2.9; p=.006) between the participants' educational attainment and their frequency of dental visits. A stronger significance (F=9.5; p<.001) was detected between survey participants' health insurance status and the frequency of dental visits. There was no significant difference between for SES groupings and dental visits.

Q12. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (N=486)

Inferential statistics were conducted to determine if significance exists between participants' high blood pressure status and their health insurance status, educational attainment, or SES group. Chi-square tests identified that significance existed in all tests. The strongest significance (χ^2=63.4; p<.001) was between the educational attainment and the response to high blood pressure. Approximately 42% of the individuals with the two lowest levels of educational attainment (no formal education and elementary school) said they had high blood pressure. In contrast, only 18% of survey participants who completed an associate's degree reported having high blood pressure. Significance was also found between the SES group and the response to high blood pressure (χ^2=31.1; p=.002), and between the health insurance status and their response to high blood pressure (χ^2=31.3; p=.002). As expected, if an individual has health insurance they are two times more likely to be aware of their high blood pressure condition (n=47 versus n=96).

Q12a. If yes, do you currently take medicine to control your high blood pressure? (n=159)

Overall, 68.6% (n=109) of the survey participants that said yes to having high blood pressure, also said yes to taking medicine. Chi-square tests were completed to determine if significance exists between taking high blood pressure medicine and the participants' educational attainment, SES group, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.

Q14. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (N=486)

Overall, 62.6% (n=304) of the survey participants answered "yes" to this question indicating they have had their blood cholesterol checked in the past. Inferential statistics were completed to determine if significance exists between having blood cholesterol checked and the participants' educational attainment, SES group, or health insurance status. A Chi-square test identified a

significant difference between the participants' health insurance status and having a lifetime blood cholesterol check (χ^2=19.7; p=.003). As expected, those survey participants with health insurance were more likely to have their blood cholesterol checked (n=163; 53.6%) than those without health insurance (n=105; 34.5%). There was no significance found between participants SES group or educational attainment and survey responses for this question.

Q15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (N=486)

Overall, 35.6% (n=173) of the survey participants answered "yes" to this question indicating they have had high blood cholesterol. When selecting only participants that indicated they have had a blood cholesterol test, over half (n=162; 53.3%) of the survey participants who received a blood cholesterol test indicated their cholesterol was high. Chi-square tests were conducted to determine if significance exists between high blood cholesterol and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' heath insurance status and having high blood cholesterol (χ^2=15.4; p=.018). There was no significance found between participants SES group or educational attainment and the survey responses for this question.

Q15a. If yes, do you currently take medicine to control your high cholesterol? (n=173)

Of those individuals that responded "yes" to having high cholesterol, 48.0% (n=83) of participants responded they are currently taking medicine to control their high cholesterol condition. Chi-square tests were conducted to determine if significance exists between participants taking medicine to control their high blood cholesterol and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' educational attainment and using medicine to control their high blood cholesterol (χ^2=29.2; p=.010). A significant difference was also found between the participants health insurance status and using medicine to control their high blood cholesterol (χ^2=16.7; p=.010). There was no significance found between participants SES group and the survey responses for this question.

Q17. Have you ever been told by a doctor that you have diabetes? Please check the correct answer. (N=486)

Overall, 18.5% (n=90) of the survey participants answered "yes" to this question indicating they have diabetes. Inferential statistics were completed to determine if significance exists between knowledge of a diabetes diagnosis and the participants' educational attainment, SES group, or health insurance status. Figure B1 below provides additional detail regarding participants with diabetes, their health insurance status, and educational attainment.

Figure B1: *Survey Participants' with Diabetes Compared to*
Health Insurance Status & Educational Attainment

The Chi-square test found strong significance between the participants' educational attainment and having diabetes (χ^2=64.5; p<.001), whereas the highest levels of diabetes diagnosis resides within the two lowest educational groups of no formal education (27.8%; n=10) and elementary school (27.3%; n=41) attainment. However, after further review of the two lowest levels of educational attainment (no formal education and elementary school), the mean age was 54.5 (n=184), but the mean age for the entire sample was 48 (N=486). Additional significance was found between participants' health insurance status and having diabetes (χ^2=31.1; p=.002). Once again, survey participants with health insurance identify themselves as having diabetes (23.1%; n=54), almost two times more often than survey participants without any health insurance (12.2%; n=24). There was no significance found between participants SES group and survey responses for this question.
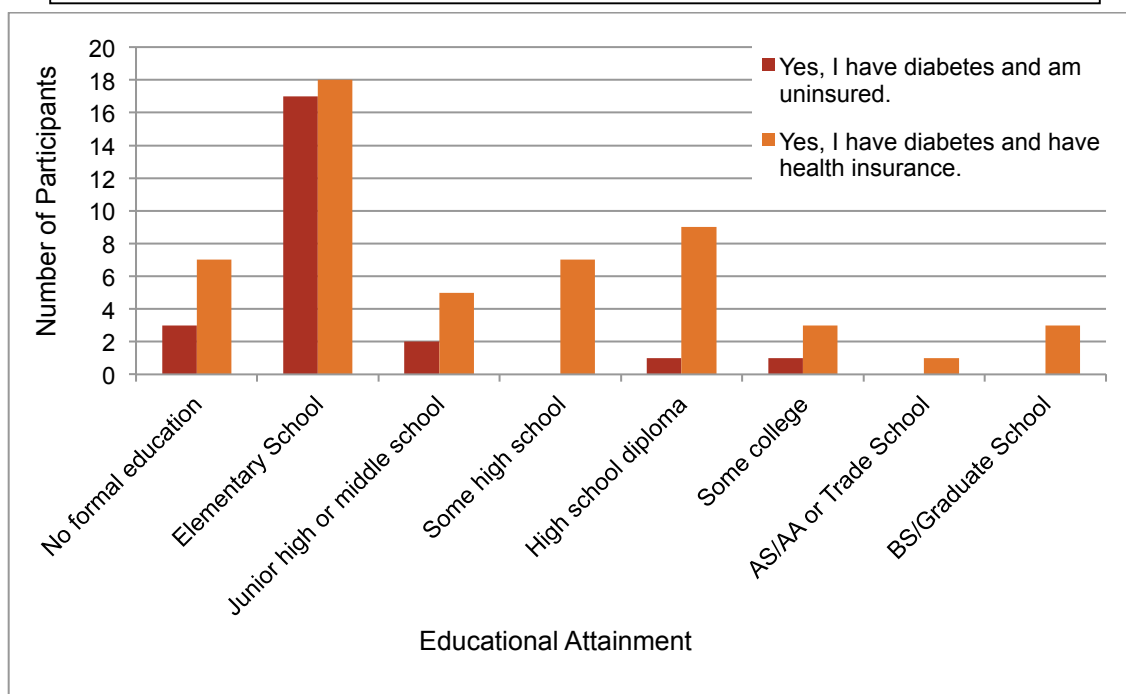
Q17a. *If yes, about how often do you check your blood for glucose or sugar? Include times when checked by a family or friend, but do not include times when checked by a health professional. Please answer only one. (n=79, did not answer=11)*

> *Daily, I check my blood for glucose or sugar _____time per day.*
> *Weekly, I check my blood for glucose or sugar _____times per week.*
> *Monthly, I check my blood for glucose or sugar _____times per month.*
> *Yearly, I check my blood for glucose or sugar _____times per year.*
> *Never.*

The responses for this question were converted to times per year. The average response for participants with diabetes was 325.0 blood sugar checks per year (SD=349.0). Inferential statistics were completed to determine if significance exists between participants blood sugar check and the participants' educational attainment, SES group, or health insurance status.

There was no significance found between participants SES group, health insurance status, or educational attainment and the survey responses for this question.

Q17b. If yes do you take medicine to control your diabetes? (n=84; did not answer=6)

Of the survey participants that responded yes to having diabetes, 79.8% (n=67) reported taking medicine to control their diabetes. Inferential statistics were completed to determine if significance exists between participants using medicine to control their diabetes and the participants' educational attainment, SES group, or health insurance status. There was no significance found between participants SES group, health insurance status, or educational attainment and the survey responses for this question.

Q18. Do you or have you ever been diagnosed with asthma? (n=485; did not answer=1)

Overall, 7.0% (n=34) of survey participants answered "yes" to this question indicating they have been diagnosed with asthma. Chi-square tests were completed to determine if significance exists between participants' knowledge of an asthma diagnosis and their educational attainment, SES group, or health insurance status. A significant difference was found between the participants' health insurance status and an asthma diagnosis (χ^2=22.0; p=.001). There was no significance found between participants SES group or educational attainment and the survey responses for this question.

Q19. Do you ever suffer from watery eyes or a scratchy throat? (n=485; did not answer=1)

Overall, 38.6% (n=187) of survey participants answered "yes" to this question indicating they suffer from watery eyes or a scratchy throat. Inferential statistics were completed to determine if significance exists between participants with watery eyes or a scratchy throat and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' SES group and participants reporting watery eyes or a scratchy throat (χ^2=16.0; p=.014). Participants residing in the lower SES groups (SES Groups 1, 2, and 4) had higher rates of watery eyes and scratchy throat compared to those residing in the more affluent SES Group 3. A significant difference was also found between participants health insurance status and those who reported suffering from watery eyes or a scratchy throat (χ^2=18.4; p=.005). There was no significance found between participants' educational attainment and the survey responses for this question.

Q20. Do you ever suffer from eczema (scaly, itchy skin)? (n=485; did not answer=1)

Overall, 16.3% (n=79) of survey participants answered "yes" to this question indicating they suffer from eczema. Inferential statistics were completed to determine if significance exists between participants with eczema and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' SES group and participants reporting eczema (χ^2=14.8; p=.022). A significant difference was also found between participants health insurance status and those who reported suffering from watery eyes or a scratchy throat (χ^2=28.2; p<.001). There was no significance found between participants' educational attainment and the survey responses for this question.

Q21. Have you ever had a cancer diagnosis? (n=485; did not answer=1)

Overall, 5.6% (n=27) of survey participants answered "yes" to this question indicating they ever had a cancer diagnosis. Inferential statistics were completed to determine if significance exists between participants with a cancer diagnosis and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' health insurance status and participants reporting a cancer diagnosis (χ^2=27.1; p<.001). The majority (n=19; 70.4%) of survey participants that reported having a cancer diagnosis also had health insurance. There was no significance found between participants' educational attainment or SES group and the survey responses for this question.

Q22. Have you ever been told by a doctor, nurse, or other health care professional that you have some form of rheumatoid arthritis, lupus, fibromyalgia, or other autoimmune disease? (n=485; did not answer=1)

Overall, 18.8% (n=91) of survey participants answered "yes" to this question indicating they suffer from some form or rheumatoid arthritis, lupus, fibromyalgia, or other autoimmune disease. Inferential statistics were completed to determine if significance exists between participants with an autoimmune disease and the participants' educational attainment, SES group, or health insurance status. A significant difference was found between the participants' educational attainment and participants reporting an autoimmune disease (χ^2=31.4; p=.005). A significant difference was also found between participants' health insurance status and participants reporting an autoimmune disease (χ^2=23.4; p=.001). No significance found between participants' SES group and the survey responses for this question.

Q23. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer (12 oz.), wine (4 oz.) a malt beverage or liquor (1 oz.)? (n=396; did not answer=90)

For this question, all responses were converted into the number of days per month. Many individuals did not answer this question or an answer was not recorded because they do not drink alcohol. Overall, the average number of days participants drank alcohol was 2.0 days (SD=5.0). The range was 0 to 30 days, with the mode being 0 days (n=259). Inferential statistics were conducted to determine whether there was a significant difference in the number of days people drank alcohol and the survey participants' SES group, educational attainment, or health insurance status. The univariate GLM with post hoc tests identified a weak significance (F=2.1; p=.045), but without a meaningful difference. Also, no significance was found between participants' health insurance status or SES group and survey responses for this question.

Q24. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time? (n=356; did not answer=130)

Many individuals did not answer this question if they did not drink alcohol. Overall, 14.6% (n=52) of the survey participants responding to this question answered "yes" indicating they drink more than 5 drinks for a man and 4 drinks for a woman at one time. Chi-square tests were conducted to determine if significance exists between binge drinking and the participants' educational attainment or SES group. A significant difference was found between the participants' SES

group and their binge drinking responses (χ^2=20.0; p=.018) with SES group four having the highest reported rate of binge drinking (24.0%; n=6) and the SES group three as having the lowest level (8.7%; n=2). There was no significance found between participants' educational attainment and survey responses for this question.

Q25. I am _____ feet _____ inches tall and weigh _____ lbs. (n=373)

The survey participants' responses to this question were used to calculate their BMI. Overall, the average BMI was 28.8 (SD=5.1). BMI's ranged from 17.58 to 49.38, with the mode being 27.3. Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' BMI compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question. However, it should be noted that 77.2% of the survey participants responding to this question have BMIs exceeding the normal range (overweight or obese).

Q27. (50 years and older) A colonoscopy or sigmoidoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (n=187; did not answer=27; participants age 50 and over)

Overall, 46.0% (n=86) of the survey participants age 50 and over responding to this question reported having a colonoscopy at some time in the past. Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' question response compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.

Q28. For men, a Prostate, Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (n=72; did not answer=7)

Overall, 54.2% (n=39) of male survey participants age 50 and over responding to this question reported having a PSA test at some point in the past. Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' question response compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.

Q29. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (n=209; did not answer=4; women, age 40 and over)

Overall, 90.4% (n=189) of the survey participants responding to this question reported having a mammogram at some time and the mean time since their last mammogram was 17 months (SD=42.5). Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' question response compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.

Q29a. If yes, when did you have your last mammogram?

A one-way ANOVA was conducted to determine if there was a significant difference in the average number of months since the survey participants' last mammogram compared to their SES group, educational attainment, or health insurance status. A statistical significance was found between the survey participants' last mammogram and their health insurance status (F=3.8; p=.012). Women without insurance (16.5 months) or an unknown health insurance status (51.5 months) reported a higher average time since their mammogram compared to women with health insurance (12.7 months). There was no significance found between participants' educational attainment or SES group and survey responses for this question.

Q30. As a woman, have you ever wanted to become pregnant for more than a year and were not able to conceive? (n=286; did not answer=26)

Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' question response compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.

Q31. As a woman, have you ever suffered a miscarriage? (n=287; did not answer 25)

Overall, 25.8% (n=74) of the survey participants responding to this question reported suffering a miscarriage. Inferential statistics were conducted to determine whether there was a significant difference in the survey participants' question response compared to their SES group, educational attainment, or health insurance status. There was no significance found between participants' educational attainment, SES group, or health insurance status and survey responses for this question.