

advancedata

FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ■ Public Health Service

Number 17 ■ February 23, 1978

Access To Ambulatory Health Care: United States, 1974¹

Due to increasing concern over many problems surrounding the accessibility of health care, particularly ambulatory care, there is a need for information to answer the following kinds of questions: How many Americans have a regular source of care? What reasons do people give for not having a regular source of care? To what specific types of health care places do people with a regular source of care usually go? Whether or not people have a regular source of care, to what extent do they contact office-based sources of care as contrasted to hospital-based sources or clinics that are not associated with hospitals? What proportion of the population uses a telephone to get help or advice about a health problem? How many Americans have a doctor visit them at home? How many Americans have problems getting medical care? Do people feel that they are getting all the care they need?

This report presents data that bear directly on these questions. Information was obtained from a one-third subsample of respondents to the 1974 Health Interview Survey who reported for themselves or for a child under 17 years of age. (For further details on the survey design and procedures, see the Technical Notes.)

REGULAR SOURCE OF CARE

The vast majority of Americans have a regular source of medical care. In 1974 an estimated 166.8 million people, 80.5 percent of the civilian population not confined in institutions, had

a particular doctor or place where they could go when they were sick or needed advice about their health (table 1). Having a regular source of care was relatively more common among females and white persons than among males and all other color groups, respectively. Children and youths under the age of 17 were the most likely of all the age groups shown in table 1 to have a regular source of care; adults between the ages of 17 and 44, the least likely. Among adults 45 years and over, however, the likelihood of having a regular source of care increased in each progressively older age group. Higher family income was also positively associated with a greater likelihood of having a regular source of care. Proportionately more people in the North Central Region had a regular source of care than in any other geographic region. Among place of residence groups, central city residents were the least likely to have a regular source of health care.

Reasons for Not Having a Regular Source of Care

While most Americans have a regular source of medical care, a substantial number do not. In 1974 approximately 30.9 million people had no particular doctor or place to which they could go when they were sick or needed advice about their health (table 2). More than half (54.2 percent) of these people indicated that the main reason for not having a regular source of medical care was that, as far as they could determine, they did not need one.

Not having a regular source of medical care may reflect a person's orientation toward seeking medical care. A substantial number of people were classified as being without a regular source of care because they saw different doctors

¹Prepared by Thomas F. Drury, M.A., Division of Health Interview Statistics.

Table 1. Number and percent distribution of persons by whether or not they have a regular source of medical care, according to selected characteristics: United States, 1974

Characteristic	Total	Persons —			Total	Persons —		
		With a regular source of care	Without a regular source of care	For whom information on source of care is unavailable		With a regular source of care	Without a regular source of care	For whom information on source of care is unavailable
		Number in thousands				Percent distribution		
All persons ¹ -----	207,334	166,817	30,859	9,657	100.0	80.5	14.9	4.7
<u>Sex</u>								
Male-----	100,024	75,634	17,723	6,666	100.0	75.6	17.7	6.7
Female-----	107,309	91,183	13,135	2,991	100.0	85.0	12.2	2.8
<u>Age</u>								
Under 17 years-----	62,953	56,179	5,814	961	100.0	89.2	9.2	1.5
17-44 years-----	80,778	58,866	16,401	5,511	100.0	72.9	20.3	6.8
45-64 years-----	42,862	34,145	6,159	2,558	100.0	79.7	14.4	6.0
65 years and over-----	20,740	17,628	2,485	627	100.0	85.0	12.0	3.0
<u>Color</u>								
White-----	180,725	146,804	25,859	8,062	100.0	81.2	14.3	4.5
All other-----	26,608	20,014	4,999	1,595	100.0	75.2	18.8	6.0
<u>Family income</u>								
Less than \$5,000-----	32,316	25,187	6,187	942	100.0	77.9	19.1	2.9
\$5,000-\$9,999-----	47,398	37,834	7,848	1,716	100.0	79.8	16.6	3.6
\$10,000-\$14,999-----	51,666	42,193	7,289	2,184	100.0	81.7	14.1	4.2
\$15,000 or more-----	63,265	52,627	7,356	3,282	100.0	83.2	11.6	5.2
<u>Geographic region</u>								
Northeast-----	49,196	39,310	7,446	2,439	100.0	79.9	15.1	5.0
North Central-----	55,543	46,353	6,469	2,720	100.0	83.5	11.6	4.9
South-----	65,232	51,868	10,417	2,947	100.0	79.5	16.0	4.5
West-----	37,363	29,286	6,526	1,551	100.0	78.4	17.5	4.2
<u>Place of residence</u>								
SMSA-----	142,954	114,168	21,711	7,076	100.0	79.9	15.2	4.9
Central city-----	62,520	48,474	10,895	3,151	100.0	77.5	17.4	5.0
Outside central city-----	80,435	65,694	10,816	3,925	100.0	81.7	13.4	4.9
Outside SMSA-----	64,379	52,650	9,148	2,581	100.0	81.8	14.2	4.0
Nonfarm-----	56,856	46,379	8,134	2,343	100.0	81.6	14.3	4.1
Farm-----	7,523	6,270	1,015	238	100.0	83.3	13.5	3.2

¹Includes persons with unknown income.

according to their various health needs. Interpretation of "seeing different doctors for different problems" as a reason for being without a regular source of care is not without some ambiguity, however. At least two different types of persons who ought to be distinguished from one another may have been grouped together here. The question that treated the subject of a regular source of care in the 1974 survey was worded, "Is there ONE particular doctor or place you usually go to when you are sick or when you need advice about your health?"

People affiliated with two doctors or more from whom they usually obtained care might

properly consider themselves as having a regular, although multichannel, source of care. However, a "no" response to the question would classify them as being without a regular source of care. People receiving care from the same set of doctors are in a somewhat different situation than those who go to different doctors for different problems but lack a regular set of doctors from whom care is received. This latter group might well be described as being without either a regular or central source of care. The former group may or may not lack a central source of care, but could aptly be described as having regular source of care.

Table 2. Number and percent distribution of persons without a regular source of medical care by main reason, according to selected characteristics: United States, 1974

Characteristic	Number of persons without a regular source of care in thousands	Main reason for not having a regular source of medical care									
		All reasons	No doctor needed	See different doctors depending on what is wrong	Unable to find right doctor	Previous doctor no longer available	Too expensive	Health care facility available if needed	Do not use doctors unless seriously ill	Other	Unknown
All persons ¹ -----	30,859	100.0	54.2	17.8	7.6	7.5	1.4	1.1	0.2	8.2	1.9
Sex											
Male-----	17,723	100.0	59.8	15.5	6.3	6.9	1.2	0.9	0.2	7.8	1.4
Female-----	13,135	100.0	46.6	21.0	9.4	8.4	1.6	1.3	*0.2	8.8	2.6
Age											
Under 17 years-----	5,814	100.0	51.6	16.9	9.2	7.7	1.7	2.0	*0.1	7.6	3.2
17-44 years-----	16,401	100.0	55.8	19.1	7.0	7.3	1.2	0.9	*0.3	7.0	1.4
45-64 years-----	6,159	100.0	51.1	17.9	8.0	7.5	1.5	*0.8	*0.2	10.6	2.3
65 years and over-----	2,485	100.0	57.2	11.3	7.4	8.6	*1.4	*0.8	*-	12.1	*1.2
Color											
White-----	25,859	100.0	54.0	17.0	8.0	8.3	1.4	0.9	*0.2	8.3	1.8
All other-----	4,999	100.0	55.0	22.0	5.7	3.5	1.5	1.9	*0.3	8.0	2.1
Family income											
Less than \$5,000-----	6,187	100.0	52.9	14.8	8.0	6.6	3.6	2.1	*0.2	10.1	1.6
\$5,000-\$9,999-----	7,848	100.0	56.8	15.5	8.1	7.6	1.1	*0.8	*0.2	7.6	2.4
\$10,000-\$14,999-----	7,289	100.0	54.0	19.8	8.6	7.9	*0.8	*0.7	*0.3	6.7	1.1
\$15,000 or more-----	7,356	100.0	51.6	22.4	6.7	7.6	*0.5	*0.8	*0.1	8.5	1.7
Geographic region											
Northeast-----	7,446	100.0	55.2	18.4	9.8	6.0	*0.9	*0.7	*0.1	7.8	1.2
North Central-----	6,469	100.0	54.1	17.3	7.4	9.7	1.3	*0.7	*0.1	7.0	2.4
South-----	10,417	100.0	53.3	18.7	5.3	6.7	1.9	1.5	*0.3	10.2	2.1
West-----	6,526	100.0	54.6	16.4	9.1	8.5	1.3	1.3	*0.2	6.8	1.8
Place of residence											
SMSA-----	21,711	100.0	54.0	18.1	8.3	6.9	1.4	1.3	*0.2	7.8	2.0
Central city-----	10,895	100.0	53.5	18.9	7.6	6.3	1.7	1.3	*0.2	8.3	2.2
Outside central city---	10,816	100.0	54.5	17.3	9.0	7.5	1.1	1.2	*0.2	7.3	1.9
Outside SMSA-----	9,148	100.0	54.7	17.3	6.0	9.1	1.3	*0.7	*0.2	9.3	1.6
Nonfarm-----	8,134	100.0	54.6	17.8	6.0	9.1	1.3	*0.7	*0.1	9.0	1.3
Farm-----	1,015	100.0	55.3	13.1	*5.3	8.7	*1.3	*0.4	*0.6	11.4	*3.8

¹Includes persons with unknown income.

For a sizable number of people, some barrier to health care precluded them from having a regular health care source. Among those without a regular source of care, 7.6 percent were unable to find the right doctor. Loss of access to a doctor who was previously being seen was the main reason given by an additional 7.5 percent of the people who were without a regular health care source. For 1.4 percent of those without a regular source of care, the high cost of health care was given as the main barrier.

About 1 percent of the people without a regular health care source indicated that their reason for not having a particular doctor or place of care was that they would have access to

a health care facility should they need one (e.g., civilians working on military bases). Even fewer people were without a regular source of care primarily because they did not use doctors unless their ailment was very serious.

Place of Usual Medical Care

Among the majority of the population with a regular source of medical care, the largest number (62.8 percent) obtained their health care from a private doctor's office or clinic (table 3). Older persons, white persons, people in families with a \$5,000 income or more, and those residing outside of standard metropolitan statistical

Nonfarm-----	56,856	58.0	16.3	13.5	7.1	13.0	1.8	2.8	0.7	1.3	2.2
Farm-----	7,523	53.9	19.8	9.7	5.4	9.6	*0.8	2.1	*0.6	*0.5	*0.9

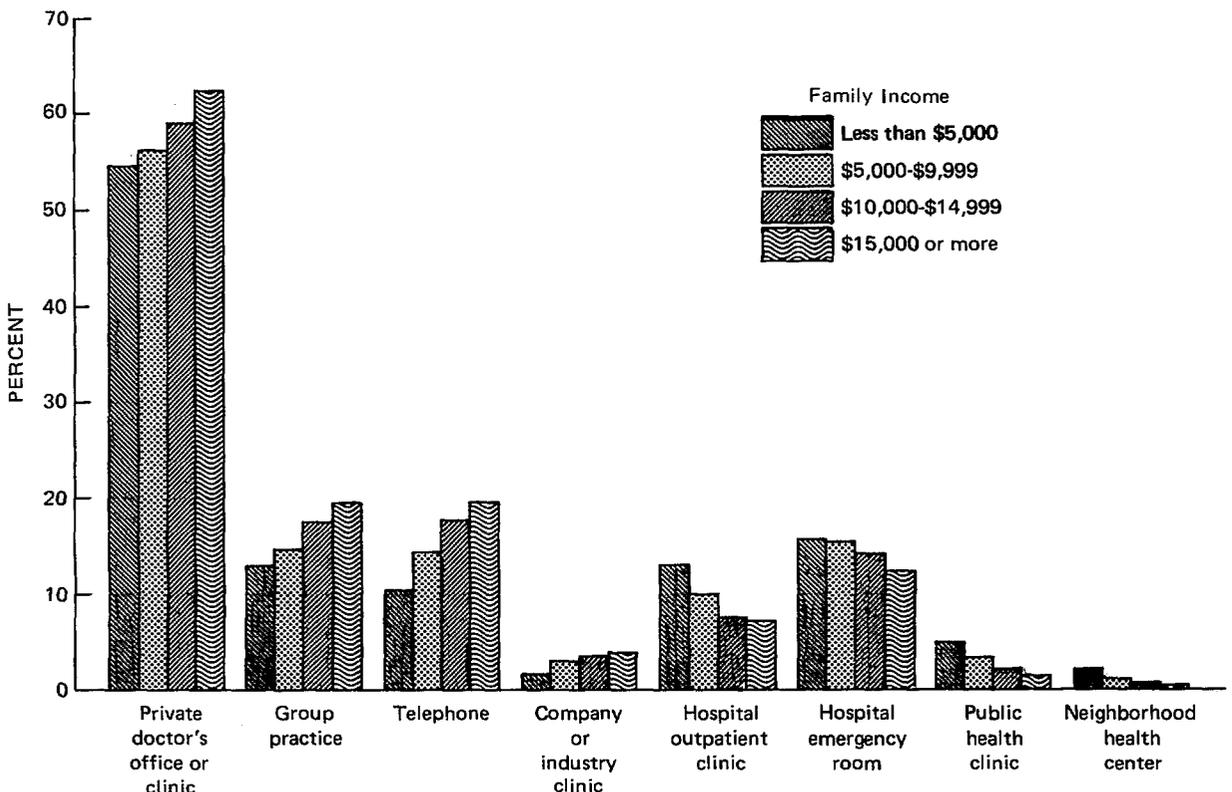
¹Includes persons with unknown income.

shows the percent of the population that used major sources or places of care at least once during a 12-month period, irrespective of whether or not they had a regular source of care. Almost 6 out of 10 people (58.2 percent) contacted a private doctor's office or clinic. The next two most contacted sources were group practices (17 percent) and hospital emergency rooms (14 percent). About 9 percent of the population contacted a hospital outpatient clinic. Company or industry clinics and public health clinics were each utilized at least once by about 3 percent of the population; neighborhood health centers, by 1 percent. Sixteen percent used the telephone to obtain help or advice about their health, and 1.5 percent were visited by a doctor at home.

There were numerous differences among

population subgroups in respect to the percentage of people contacting each source or place of care shown in table 4. The most consistent differences occurred among the family income groups (figure 1). People in families with higher incomes were more likely than those with lower incomes to have received care at private doctor's offices and group practices as well as over the telephone. However, the reverse was true for most other sources of care. Contact with hospital outpatient departments, emergency rooms, public health clinics, and neighborhood health centers was relatively more common among persons in families with lower incomes. Contact with a company or industry clinic during the year was slightly more likely among higher income groups.

Figure 1. PERCENT OF PERSONS IN EACH FAMILY INCOME GROUP UTILIZING SPECIFIC SOURCES OR PLACES OF MEDICAL CARE DURING YEAR PRIOR TO INTERVIEW: UNITED STATES, 1974



A smaller but substantial number (4.8 percent) of the group that had a regular source of care identified hospital-based outpatient clinics as their usual place of care. Although adults 17 to 44 years old were similar to those 45 to 64 years old in their selection of outpatient clinics, younger people were generally more likely to be affiliated with hospital outpatient clinics as a regular source than were older people. People in families with less income were also more likely to note outpatient clinics as their regular health care source, as were color groups other than white. Persons living in the South and West were similar in the extent to which they affiliated themselves with outpatient clinics as a regular source of care. Both of these groups were more likely than the other regional groups to have

outpatient clinics as a regular source of care. Central city residents were the most likely among place of residence groups to identify hospital outpatient clinics as regular sources of care.

Other sources of regular care were much less common. Less than 1 percent of those with a regular source identified emergency rooms as the usual place of care. Under 0.5 percent received regular medical care at a company or industry clinic or at home.

CONTACTS WITH SOURCES AND PLACES OF MEDICAL CARE

Personal health care is obtainable, whether or not a person has a regular source of care, from a wide variety of sources or places. Table 4

Table 4. Number and percent of persons utilizing specific sources or places of outpatient medical care during year prior to interview, by selected characteristics: United States, 1974

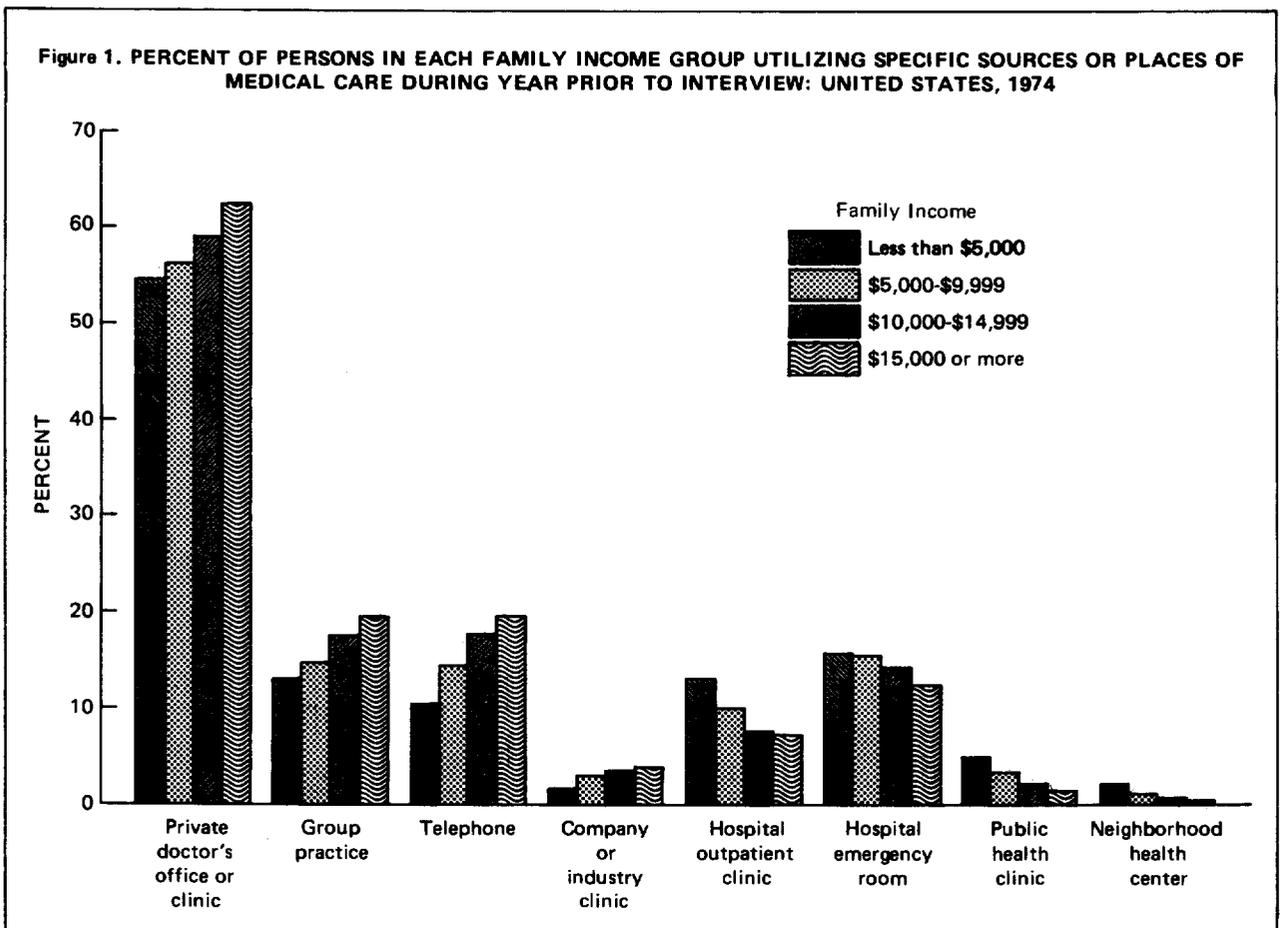
Characteristic	Number of persons in thousands	Source or place of care										
		Private doctor's office or clinic	Group practice	Telephone	Hospital outpatient clinic	Hospital emergency room	Company or industry clinic	Public health clinic	Neighborhood health center	Home	Other	
All persons ¹ -----		207,334	58.2	16.6	16.1	8.9	14.1	3.1	2.6	1.0	1.5	2.5
Percent of persons utilizing any services												
<u>Sex</u>												
Male-----	100,024	51.9	14.6	12.2	8.4	15.1	4.7	2.2	0.8	1.2	1.8	2.8
Female-----	107,309	64.1	18.4	19.7	9.4	13.2	1.6	2.9	1.1	1.8	1.1	2.2
<u>Age</u>												
Under 17 years-----	62,953	55.6	19.8	23.0	8.3	16.2	0.2	3.7	1.4	1.3	1.3	2.1
17-44 years-----	80,778	58.9	15.1	14.5	9.6	15.4	5.5	2.8	1.0	1.0	1.0	3.4
45-64 years-----	42,862	58.0	15.3	11.0	9.1	10.7	4.0	1.3	0.4	1.4	1.4	1.9
65 years and over-----	20,740	63.9	15.3	11.6	7.5	9.5	0.4	1.0	0.5	4.6	4.6	1.1
<u>Color</u>												
White-----	180,725	60.1	17.3	17.4	7.8	13.8	3.1	2.2	0.7	1.6	1.6	2.4
All other-----	26,608	45.3	12.2	6.7	16.4	16.4	3.2	5.4	2.8	1.2	1.2	2.7
<u>Family income</u>												
Less than \$5,000-----	32,316	54.6	13.0	10.4	13.1	15.9	1.7	5.0	2.2	2.0	2.0	2.7
\$5,000-\$9,999-----	47,398	56.2	14.8	14.4	10.0	15.6	3.0	3.3	1.1	1.4	1.4	2.2
\$10,000-\$14,999-----	51,666	59.1	17.7	17.9	7.7	14.3	3.4	2.1	0.8	1.1	1.1	2.2
\$15,000 or more-----	63,265	62.5	19.7	19.6	7.2	12.5	3.9	1.4	0.4	1.7	1.7	2.9
<u>Geographic region</u>												
Northeast-----	49,196	61.4	10.8	16.1	9.4	15.9	3.6	1.7	0.9	2.7	2.7	3.2
North Central-----	55,543	57.7	18.7	17.8	8.5	13.8	3.6	2.1	0.9	1.2	1.2	2.4
South-----	65,232	60.8	16.9	14.6	8.5	13.8	2.6	3.4	1.1	1.1	1.1	1.9
West-----	37,363	55.2	22.1	16.0	9.6	12.7	2.5	2.9	0.9	1.2	1.2	2.4
<u>Place of residence</u>												
SMSA-----	142,954	58.6	16.6	17.4	9.8	14.8	3.7	2.5	1.1	1.7	1.7	2.7
Central city-----	62,520	54.9	15.4	15.3	12.5	15.3	3.9	3.4	1.7	1.9	1.9	2.7
Outside central city-----	80,435	61.4	17.5	19.1	7.7	14.4	3.5	1.8	0.6	1.5	1.5	2.6
Outside SMSA-----	64,379	57.5	16.7	13.0	6.9	12.6	1.7	2.8	0.7	1.2	1.2	2.0
Nonfarm-----	56,856	58.0	16.3	13.5	7.1	13.0	1.8	2.8	0.7	1.3	1.3	2.2
Farm-----	7,523	53.9	19.8	9.7	5.4	9.6	*0.8	2.1	*0.6	*0.5	*0.5	*0.9

¹ Includes persons with unknown income.

shows the percent of the population that used major sources or places of care at least once during a 12-month period, irrespective of whether or not they had a regular source of care. Almost 6 out of 10 people (58.2 percent) contacted a private doctor's office or clinic. The next two most contacted sources were group practices (17 percent) and hospital emergency rooms (14 percent). About 9 percent of the population contacted a hospital outpatient clinic. Company or industry clinics and public health clinics were each utilized at least once by about 3 percent of the population; neighborhood health centers, by 1 percent. Sixteen percent used the telephone to obtain help or advice about their health, and 1.5 percent were visited by a doctor at home.

There were numerous differences among

population subgroups in respect to the percentage of people contacting each source or place of care shown in table 4. The most consistent differences occurred among the family income groups (figure 1). People in families with higher incomes were more likely than those with lower incomes to have received care at private doctor's offices and group practices as well as over the telephone. However, the reverse was true for most other sources of care. Contact with hospital outpatient departments, emergency rooms, public health clinics, and neighborhood health centers was relatively more common among persons in families with lower incomes. Contact with a company or industry clinic during the year was slightly more likely among higher income groups.



PROBLEMS IN GETTING MEDICAL CARE

An estimated 10 percent of the population experienced some problem in getting medical care during the 12 months prior to the interview (table 5). A delay in getting an appointment was the most common problem, with 5 percent of the population reporting that difficulty. The unavailability of a doctor when one was needed and the cost of care were problems for nearly 3 percent of the population in each case. Just under 2 percent had a problem getting care because office hours were inconvenient for them.

About 1 percent had a problem because they lacked transportation or did not know where to go.

Overall, the likelihood of having had some problem in getting medical care varied among sex, age, and income groups. In 1974 females and lower family income groups experienced some difficulty in getting care proportionately more often than other comparable groups. Among age groups, children and youths under 17 years old were the least likely, and adults between the ages of 17 and 44 were the most likely, to have experienced some problem in getting medical care. However, there were no differences

Table 5. Number of persons, percent of persons reporting 1 problem or more in getting medical care during year prior to interview, and percent of persons reporting specific types of problems, by selected characteristics: United States, 1974

Characteristic	Number of persons in thousands	Persons with 1 problem or more	Type of problem						
			Could not get appointment as soon as needed	No doctor available when needed	Cost	Office hours inconvenient	Lack of transportation	Did not know where to go	Other
Percent of population									
All persons ¹ -----	207,334	10.4	5.0	2.7	2.5	1.7	1.2	1.0	0.5
<u>Sex</u>									
Male-----	100,024	8.5	3.8	2.3	2.1	1.6	0.8	0.7	0.4
Female-----	107,309	12.1	6.0	3.1	3.0	1.7	1.6	1.2	0.5
<u>Age</u>									
Under 17 years-----	62,953	7.6	3.2	2.1	1.8	1.4	1.1	0.6	0.3
17-44 years-----	80,778	13.1	7.2	3.3	3.1	2.4	1.0	1.4	0.4
45-64 years-----	42,862	10.0	4.4	2.7	3.0	1.2	0.9	0.7	0.6
65 years and over-----	20,740	9.0	2.7	2.2	2.0	0.8	2.8	1.0	0.6
<u>Color</u>									
White-----	180,725	10.3	5.1	2.8	2.4	1.7	1.1	1.0	0.5
All other-----	26,608	10.5	3.9	2.1	3.3	1.7	2.1	1.1	0.3
<u>Family income</u>									
Less than \$5,000-----	32,316	14.2	5.1	3.2	5.1	1.7	3.6	1.3	0.7
\$5,000-\$9,999-----	47,398	11.6	5.2	2.9	3.8	1.9	1.4	1.3	0.4
\$10,000-\$14,999-----	51,666	9.1	4.9	2.6	1.8	1.7	0.6	0.9	0.4
\$15,000 or more-----	63,265	8.7	5.2	2.6	0.8	1.6	0.3	0.6	0.4
<u>Geographic region</u>									
Northeast-----	49,196	9.1	4.0	2.9	2.3	1.7	0.9	1.1	0.4
North Central-----	55,543	10.1	5.6	2.6	1.7	1.9	1.1	0.9	0.5
South-----	65,232	10.1	4.4	2.6	2.7	1.5	1.3	0.8	0.4
West-----	37,363	12.9	6.2	2.8	3.9	1.7	1.5	1.1	0.5
<u>Place of residence</u>									
SMSA-----	142,954	10.5	5.0	2.6	2.6	1.8	1.2	1.1	0.5
Central city-----	62,520	10.7	4.6	2.5	3.2	1.8	1.5	1.3	0.5
Outside central city-----	80,435	10.3	5.3	2.7	2.1	1.7	1.0	1.0	0.5
Nonfarm-----	64,379	10.1	4.9	3.0	2.5	1.5	1.2	0.6	0.4
Nonfarm-----	56,856	10.6	5.1	3.2	2.6	1.6	1.3	0.7	0.4
Farm-----	7,523	6.6	3.5	1.9	1.3	*0.7	*0.6	*0.2	0.2

¹Includes persons with unknown income.

between people 45 to 64 years old and those 65 years of age and older.

These overall differences were not invariant, however. For example, while there was almost complete uniformity among the family groups regarding such problems as doctor unavailability, the scheduling of appointments, and office hours, people in lower family income groups confronted cost, transportation, and knowledge barriers to care proportionately more often than people in higher family income groups.

SELF-PERCEIVED UNMET HEALTH CARE NEEDS

Self-perceptions may be imperfect indicators of unmet health care needs. People may be unaware that they have a condition requiring medical attention. They may perceive themselves as needing certain kinds of health care which, from a medical point of view, they do not need. They may perceive themselves as not needing care for a known medical condition when a physician would deem care necessary. In the absence of more refined and specific measurements, however, global assessments of unmet health care needs provide a useful, if tentative, indication of the number and kinds of people who feel that our health care delivery systems are not fully responsive to their needs.

In 1974, 6 percent of the population felt that they were not getting as much medical care as they needed. Among the various demographic and social groups shown in table 6, this feeling was more prevalent in some groups than in others. Perceptions of unmet health needs were relatively more common among females, adults between the ages of 17 and 64, color groups other than white, lower family income groups, residents of the West and South Regions, and central city dwellers.

There were numerous reasons why people felt that they were not getting all the medical care they needed. The most frequently identified reason was the high cost of care. Almost half (48.6 percent) of the people who reported some unmet health care need indicated that costs were a factor. A smaller but still substantial number of people identified the brevity of

time spent with the doctor (14 percent) and the inability to get an appointment (13.8 percent) as sources of their perceived unmet needs. Difficulty getting to the doctor (6 percent) and inconvenient hours (8 percent) figured prominently in the perceptions of some people who felt their needs were unmet. The large "other" category reflected the vast array of additional reasons that led to perceptions of unmet health care needs.

As shown in table 6, each of these reasons played a more prominent role in the perceptions of some groups than they did in others. These subgroup differences highlight the diverse reasons for perceptions of unmet health care needs among different social groups. Costs, transportation, and a host of "other" specific reasons were more frequently cited sources of perceived unmet needs among lower income groups. However, inconvenient office hours, difficulties in getting appointments, and the feeling that the doctor gave them an inadequate amount of time, were relatively more common reasons given by higher income groups for self-perceived unmet needs.

A CONCLUDING NOTE

There are many other descriptive questions that can be asked about sources of medical care. How many people have a particular doctor or other medical person that they usually see at their regular source of care? What kinds of doctors do they usually see? How disposed are people to using their regular source of care? How many people contact their regular source of care during the course of a year and how often? How many people receive services both from their regular source of care and from other sources? How many people bypass their regular source to obtain medical attention from another source of care? Are people who receive services from sources of care other than their regular source referred by their regular source or do they refer themselves? What sources of payment do people use to cover the expenses of the outpatient care they receive? A more detailed report that will deal with these questions is in preparation.

Table 6. Number and percent of persons reporting self-perceived unmet health care needs, and percent of these persons giving specific reasons, by selected characteristics: United States, 1974

Characteristic	Self-perceived unmet health care need							
	Persons reporting		Reason for					
	Number in thousands	Percent of total population	Cost	Doctor spends inadequate time	Cannot get appointment	Difficulty getting to doctor	Office hours inconvenient	Other
All persons ¹ -----	12,384	6.0	48.6	14.0	13.8	8.3	6.5	26.5
Percent of persons								
<u>Sex</u>								
Male-----	5,695	5.7	47.6	12.7	13.2	6.8	6.8	27.9
Female-----	6,689	6.2	49.5	15.1	14.3	9.6	6.3	25.4
<u>Age</u>								
Under 17 years-----	2,591	4.1	47.7	7.4	10.0	10.3	5.6	21.0
17-44 years-----	5,572	6.9	49.0	15.6	16.3	4.3	7.3	29.6
45-64 years-----	2,994	7.0	50.3	15.9	13.0	8.3	8.0	25.1
65 years and over-----	1,228	5.9	44.7	15.9	12.0	22.5	*1.4	27.9
<u>Color</u>								
White-----	9,388	5.2	47.3	15.3	14.9	7.3	6.9	27.3
All other-----	2,996	11.3	52.6	9.9	10.1	11.4	5.4	24.1
<u>Family income</u>								
Less than \$5,000-----	3,308	10.2	55.2	12.1	12.4	14.1	3.2	21.2
\$5,000-\$9,999-----	3,472	7.3	57.9	13.3	12.2	6.7	5.9	25.1
\$10,000-\$14,999-----	2,649	5.1	43.1	16.2	15.3	6.1	9.9	28.3
\$15,000 or more-----	2,273	3.6	29.3	17.6	17.7	4.0	8.9	36.8
<u>Geographic region</u>								
Northeast-----	2,816	5.7	43.0	12.1	14.9	8.5	9.7	27.7
North Central-----	2,362	4.3	38.2	18.8	18.4	9.8	6.4	25.9
South-----	4,566	7.0	51.8	12.1	11.5	7.9	4.6	26.4
West-----	2,641	7.1	58.3	15.0	12.2	7.5	6.5	26.2
<u>Place of residence</u>								
SMSA-----	8,883	6.2	47.9	14.3	13.1	8.2	7.2	27.0
Central city-----	4,629	7.4	50.0	14.6	12.6	9.4	8.2	25.2
Outside central city-----	4,254	5.3	45.6	14.0	13.7	6.9	6.1	28.9
Outside SMSA-----	3,501	5.4	50.5	13.3	15.4	8.6	4.9	25.4
Nonfarm-----	3,125	5.5	50.3	12.7	16.0	9.0	5.4	25.9
Farm-----	376	5.0	51.9	*18.1	*10.4	*5.6	*-	21.8

¹Includes persons with unknown income.

TECHNICAL NOTES

SOURCE OF DATA. The data presented in this report were obtained from household interviews in the Health Interview Survey. These interviews were conducted throughout 1974 in a probability sample of the civilian noninstitutionalized population of the United States. During that year approximately 116,000 persons living in about 40,000 households were included in the sample. The questions about sources of medical care and problems in getting care were asked of each household member who was identified as a "sample person." This subsample included 37,062 persons.

SAMPLING. The sampling pattern for sample person selection was based on the total number of related and unrelated household members. Sample persons (a one-third subsample of the Health Interview Survey sample) were selected by the interviewer at the time of interview. To determine which household member(s) to designate as a sample person, the interviewer referred to a preselected flashcard after listing all related and unrelated persons in the household on the questionnaire. The flashcard contained, for each household size, one person number or more that were to be identified as the sample person(s).

Since the estimates shown are based on a sample of the population rather than on the entire population, they are subject to sampling error. Standard errors appropriate for the estimates of the number of persons are shown in table I; standard errors appropriate for percentages are shown in table II.

LIMITATIONS AND QUALIFICATIONS OF DATA. While the procedures used in the Health Interview Survey are designed to minimize non-sampling errors, including various forms of response errors, the data presented in this report are, to some extent, still subject to this type of error. Estimates derived from the 1974 Health Interview Survey on sources of medical care and problems encountered in getting care may also differ somewhat from those derived from other surveys dealing with the same subject matter due to differences in definitions, sample design, question wording, and other procedural aspects of the data collection process.

Table I. Standard errors of estimates of aggregates

Size of estimate in thousands	Standard error in thousands
70-----	21
100-----	25
300-----	43
500-----	55
700-----	65
1,000-----	78
5,000-----	173
10,000-----	243
20,000-----	337
30,000-----	405
50,000-----	501
100,000-----	626

Table II. Standard errors, expressed in percentage points, of estimated percentages

Base of percent- age in thousands	Estimated percentage				
	.02 or 98	.05 or 95	10 or 90	20 or 80	50
70-----	4.1	6.4	8.9	11.8	14.8
100-----	3.5	5.4	7.4	9.9	12.4
300-----	2.0	3.1	4.3	5.7	7.1
500-----	1.5	2.4	3.3	4.4	5.5
700-----	1.3	2.0	2.8	3.7	4.7
1,000-----	1.1	1.7	2.3	3.1	3.9
5,000-----	0.5	0.8	1.0	1.4	1.7
10,000-----	0.3	0.5	0.7	1.0	1.2
20,000-----	0.2	0.4	0.5	0.7	0.9
30,000-----	0.2	0.3	0.4	0.6	0.7
50,000-----	0.2	0.2	0.3	0.4	0.6
100,000---	0.1	0.2	0.2	0.3	0.4

For a more detailed discussion of the limitations and qualifications of data collected in the Health Interview Survey, see an earlier report entitled "Current Estimates from the Health Interview Survey, United States, 1974, *Vital and Health Statistics*, Series 10, No. 100, DHEW Publication No. (HRA) 76-1527.

In this report, terms such as "similar" and "the same" mean that no statistical significance exists between the statistics being compared. Terms relating to differences (i.e., "greater," "less," etc.) indicate that differences are statistically significant. The *t* test with a critical value

of 1.96 (0.05 level of significance) was used to test all comparisons which are discussed. Lack of comment regarding the difference between any two statistics does *not* mean the difference was tested and found to be not significant.

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05---	0.0
Figure does not meet standards of reliability or precision-----	*

Recent Issues of *Advance Data From Vital and Health Statistics*

No. 16. Office Visits to Internists: National Ambulatory Medical Care Survey, United States, 1975 (Issued: February 7, 1978)

No. 15. National Ambulatory Medical Care Survey of Visits to General and Family Practitioners, January-December 1975 (Issued: December 14, 1977)

No. 14. Weight by Height and Age of Adults 18-74 Years: United States, 1971-74 (Issued: November 30, 1977)

No. 13. Ambulatory Medical Care Rendered in Pediatricians' Offices During 1975 (Issued: October 13, 1977)

No. 12. Ambulatory Medical Care Rendered in Physicians' Offices: United States, 1975 (Issued: October 12, 1977)

A complete list of *Advance Data From the Vital and Health Statistics* is available from the Scientific and Technical Information Branch.