Hispanics and Health Care in the United States:
Access, Information and Knowledge

A Joint Pew Hispanic Center and Robert Wood Johnson Foundation Research Report

Written by:
Gretchen Livingston,
Senior Researcher

Susan Minushkin,
Deputy Director
Pew Hispanic Center

D'Vera Cohn,
Senior Writer

Robert Wood Johnson
Foundation

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About the Pew Hispanic Center

Founded in 2001, the Pew Hispanic Center is a nonpartisan research organization that seeks to improve understanding of the U.S. Hispanic population and to chronicle Latinos' growing impact on the nation. The Center does not take positions on policy issues. It is a project of the Pew Research Center, a nonpartisan "fact tank" in Washington, D.C., that provides information on the issues, attitudes and trends shaping America and the world. It is funded by the Pew Charitable Trusts, a public charity based in Philadelphia.

The Pew Hispanic Center conducts and commissions studies on a wide range of topics with the aim of presenting research that at once meets the most rigorous scientific standards and is accessible to the interested public. The Center also regularly conducts public opinion surveys that aim to illuminate Latino views on a range of social matters and public policy issues. For more information, visit *www.pewhispanic.org*.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime. For more information, visit *www.rwjf.org.*

This project would not have been possible without the intellectual leadership of Roberto Suro, previously director of the Pew Hispanic Center and the project's principal investigator, and the insightful comments and input of an exceptional group of senior scholars who make up the project's Scientific Advisory Group and are experts in the field of health and health care research among Latinos. The Pew Hispanic Center and the Robert Wood Johnson Foundation are particularly indebted to William Vega of the University of California, Los Angeles, project director of the Scientific Advisory Group, for his leadership and wisdom in identifying the important challenges and helping us overcome them. We are also grateful for the contribution of other members of the Scientific Advisory Group: Margarita Alegria, Harvard University; Glorisa Canino, University of Puerto Rico; Jose Escarce, University of California, Los Angeles; Michael Rodriguez, University of California, Los Angeles; Ruben Rumbaut, University of California, Irvine; William Sribney, independent consultant; and Marta Tienda, Princeton University; and Amelie G. Ramirez, Dr.P.H., M.P.H., University of Texas Health Science Center at San Antonio. We are also very appreciative of the work of Michael Rodriguez for his ability to help us move the project forward. In addition, RWJF would like to thank Anne Weiss and the Quality/Equality Team for advising on this project and understanding how these data can inform our work on reducing disparities; and Adam Coyne, Gina Ivey and Hope Woodhead for their contributions to the development, production and dissemination of the findings.

The Hispanic population in the United States has more than doubled in size in the past 15 years and is now estimated to have reached 45 million. This rapid expansion, combined with the increasing heterogeneity of the nationalities composing the Hispanic population, underlines the need for up-to-date, accurate information on Hispanics that takes into account their growing diversity.

Health care is one realm where such information is especially critical. When it comes to Latinos, what may appear to be the well-known effects of socio-economic inequality on health care may also be conditioned by unique social, cultural and economic circumstances confronting both Hispanic immigrants and Hispanics born in the United States.

With the heterogeneity of the Latino population in mind, the Robert Wood Johnson Foundation and the Pew Hispanic Center designed this survey to provide up-to-date, accurate information on Hispanics and health care in the United States. This report focuses on how the diverse characteristics of the Latino population influence their health information needs, their help-seeking behaviors, their access to health services, their perceptions of the quality of health care, and their level of understanding of chronic disease.

The vast growth and the increasing diversity of the Hispanic population create a challenge for improving public health interventions and reducing medical care disparities. This report seeks to address that challenge by providing information that we hope will be of use to policy-makers, the medical and public health communities, and the media.

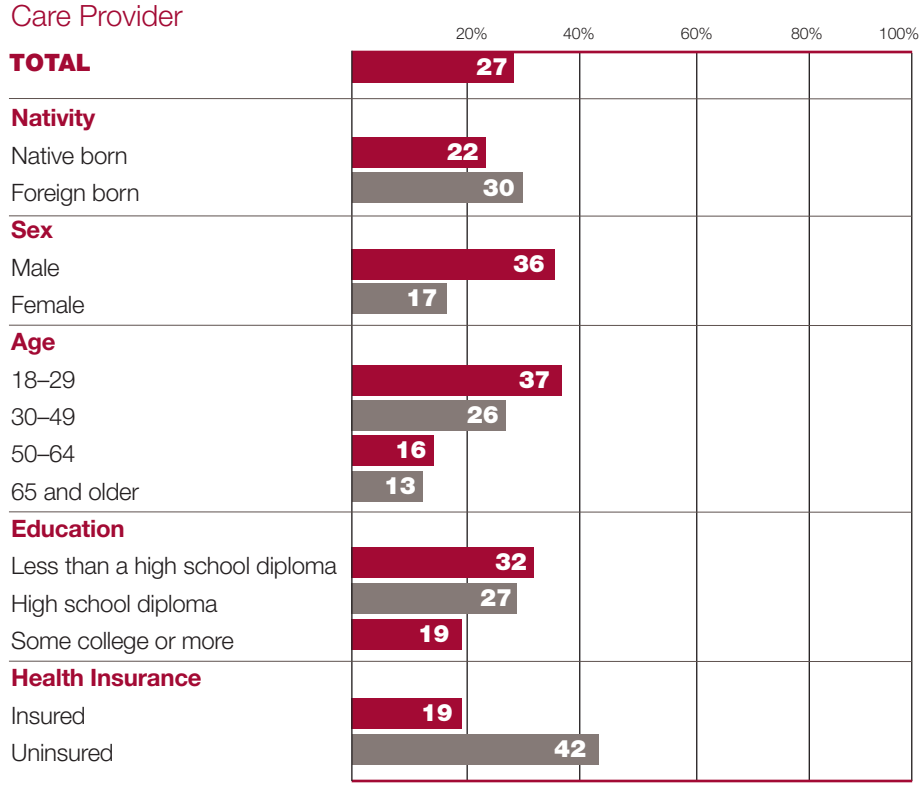
Susan Minushkin, Ph.D.
Deputy Director
Pew Hispanic Center

Debra Perez, Ph.D., M.P.A., M.A.
Senior Program Officer
Robert Wood Johnson Foundation

Overview

More than one-fourth of Hispanic adults in the United States lack a usual health care provider, and a similar proportion report obtaining no health care information from medical personnel in the past year. At the same time, more than eight in 10 report receiving health information from alternative sources, such as television and radio, according to a Pew Hispanic Center (PHC) survey of Latino adults, conducted in conjunction with the Robert Wood Johnson Foundation (RWJF).

Figure 1: Hispanic Adults' Likelihood of Lacking a Usual Health Care Provider



Question wording: Is there a place that you usually go to when you are sick or need advice about your health?

Source: Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health Survey.

Hispanics are the nation's largest and fastest growing minority group. They currently make up about 15 percent of the U.S. population, and this figure is projected to nearly double to 29 percent by 2050, if current demographic trends continue.[1] Even after adjusting for their relative youth, Hispanic adults have a lower prevalence of many chronic health conditions than the U.S. adult population as a whole. However, they have a higher prevalence of diabetes than do non-Hispanic white adults, and they are also more likely to be overweight. This greater propensity to be overweight puts them at an increased risk to develop diabetes and other serious health conditions.[2]

Previous research by the U.S. Centers for Disease Control and Prevention has shown that Hispanics are twice as likely as non-Hispanic blacks and three times as likely as non-Hispanic whites to lack a regular health care provider.[3] Hispanics are a diverse community, and the Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health survey of 4,013 Hispanic adults explores not only their access to health care, but also their sources of health information and their knowledge about a key disease (diabetes) at greater depth and breadth than any national survey done to date by other research organizations or the federal government.

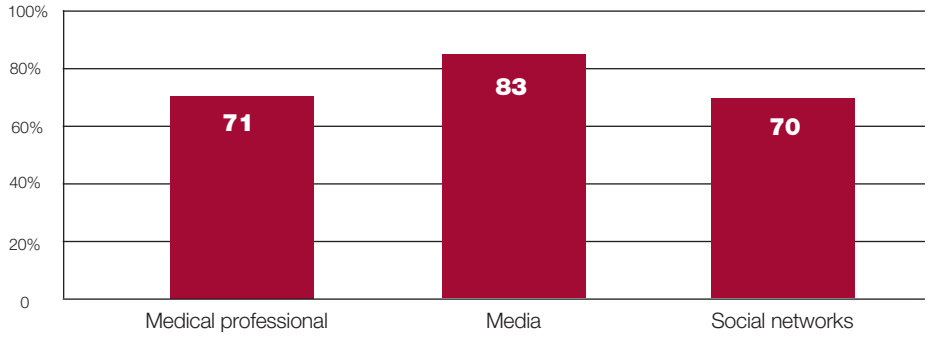
It finds that among Hispanic adults, the groups least likely to have a usual health care provider are men, the young, the less educated, and those with no health insurance. A similar demographic pattern applies to the non-Hispanic adult population. The new survey also finds that foreign-born and less-assimilated Latinos–those who mainly speak Spanish, who lack U.S. citizenship, or who have been in the United States for a short time–are less likely than other Latinos to report that they have a usual place to go for medical treatment or advice.

Nevertheless, a significant share of Hispanics with no usual place to go for medical care are high school graduates (50 percent), were born in the United States (30 percent) and have health insurance (45 percent). Indeed, the primary reason that survey respondents give for lacking a regular health care provider is not related to the cost of health care or assimilation. Rather, when asked about why they lack a usual provider, a plurality of respondents (41 percent) say the principal reason is that they are seldom sick.

As for sources of health information, about seven in 10 Latinos (71 percent) report that they received information from a doctor in the past year. An equal proportion report obtaining health information through their social networks, including family, friends, churches, and community groups. An even larger share (83 percent) report that they obtained health information from some branch of the media, with television being the dominant source.

Not only are most Latinos obtaining information from media sources, but a sizeable proportion (79 percent) say they are acting on this information. It is beyond the scope of this report to assess the accuracy and usefulness of health information obtained from non-medical sources, but the survey findings clearly demonstrate the power and potential of these alternative outlets to disseminate health information to the disparate segments of the Latino population.

Figure 2: Hispanic Adults Receiving Information About Health and Health Care in the Past Year, by Source of Information



Source: Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health Survey.

Regarding the quality of the health care they receive, Latinos are generally pleased, according to the survey. Among Latinos who have received health care in the past year, 78 percent rate that care as good or excellent. However, almost one in four who received health care in the past five years reported having received poor quality medical treatment. Those who believed that the quality of their medical care was poor attribute it to their financial limitations (31 percent), their race or ethnicity (29 percent), or the way they speak English or their accent (23 percent).

The PHC/RWJF survey also asked respondents a battery of eight knowledge questions about diabetes, a condition that afflicts an estimated 9.5 percent of Latino adults, compared with 8.7 percent of non-Latino whites.[4]* Nearly six in 10 respondents (58 percent) answered at least six of the eight diabetes questions correctly. Better educated and more assimilated Latinos scored better, as did those with a usual health care provider.

These findings are from a bilingual telephone survey of a nationally representative sample of 4,013 Hispanic adults conducted from July 16, 2007 through September 23, 2007. The survey's margin of error is +/- 1.83 (see Appendix A for a full description of the survey methodology). Among the key findings:

The Likelihood of Having a Usual Health Care Provider

- Some 73 percent of Latino adults report having a usual place where they seek medical help or advice, while 27 percent have no usual health care provider.
- As in the general population, males, the young, and the less educated are less likely to have a usual health care provider.
  - 36 percent of men lack a usual provider, compared with 17 percent of women.

* These figures represent the overall prevalence of diabetes. For age-adjusted statistics on the prevalence of diabetes, see Table 1.

- 37 percent of persons ages 18–29 lack a regular place to obtain health care, compared with 13 percent of persons ages 65 or older.
- 32 percent of adults with less than a high school diploma lack access to a regular place for health care, compared with 19 percent of people with at least some college education.

- Foreign-born and less assimilated Latinos are less likely than other Hispanics to have a usual health care provider.
  - 30 percent of Latinos born outside of the 50 states lack a usual place for health care, compared with 22 percent of U.S.-born Latinos.
  - 32 percent of Latinos who mainly speak Spanish lack a regular health care provider, compared with 22 percent of Latinos who mainly speak English.
  - 49 percent of Latinos who have lived in the United States for less than five years lack a usual health care provider, compared with 21 percent of those who have lived in the United States for 15 years or more.

- Some 42 percent of the Latinos who have no health insurance lack a usual health care provider, compared with 19 percent of the insured.

Profile of Persons Who Lack a Usual Health Care Provider

- The primary reason that respondents give for not having a regular health care provider is their belief that they do not need one.
  - 41 percent of those lacking a regular provider say that they are seldom sick, and 13 percent say they prefer to treat themselves.
  - 17 percent report a lack of health insurance as the primary reason that they don't have a regular provider, and 11 percent report that the cost of health care is prohibitive.
  - 3 percent report that they have trouble navigating the U.S. health care system.

- A significant share of Hispanic adults who lack a regular health care provider are native born, have a high school diploma, speak English and have health insurance.
  - 50 percent of those with no usual health care provider are at least high school graduates.
  - 30 percent of those with no usual health care provider were born in the United States.
  - 52 percent of those with no usual health care provider speak predominantly English or are bilingual.
  - 45 percent of those with no usual health care provider have health insurance.

Quality of Health Care

- 77 percent of Latinos who have received health care in the past year rate that care as good or excellent.

- Of those Latinos who have received health care in the past year, assessments of the quality of care are higher rated among those who have health insurance and a usual health care provider.
  - 80 percent of people with a usual health care provider state that their health care was good or excellent, compared with 64 percent of people with no usual health care provider.
  - 80 percent of the insured rate their health care as good or excellent, compared with 70 percent of the uninsured.

- Of those respondents who have received health care in the past five years, 23 percent report having received poor-quality medical treatment
  - A plurality (31 percent) attribute this poor treatment to their financial limitations.
  - 29 percent attribute the poor treatment to their race or ethnicity.
  - 23 percent report that their accent or the manner in which they speak English contributed to their poor treatment.

Health Information Sources

- Some 71 percent of Latinos report getting information from a medical professional in the past year, while 28 percent report having obtained no information at all from a health care professional in that time.

- Most Latinos receive information about health care either from the media, or from their families, friends, churches and community groups.
  - 83 percent report obtaining at least some information about health and health care from television, radio, newspapers, magazines or the Internet in the past year.
  - 70 percent report obtaining information from family and friends, or churches and community groups in the past year.
- Television is an especially powerful conduit of information; 68 percent of Latinos report obtaining health information from television in the past year.

- Not only are Latinos obtaining a substantial amount of health information from the media, but they are making behavioral changes based on what they learn.*
  - 64 percent report that the health information that they obtained from the media led them to change their diet or exercise regimes.
  - 57 percent report that the health information they obtained from the media led them to visit a health care professional.
  - 41 percent say that the information they obtained from the media affected their decision about how to treat an illness or medical condition.

Diabetes Knowledge

- In a battery of eight questions assessing diabetes knowledge, 58 percent of respondents scored "high," meaning they correctly answered six or more of the questions.

- Better-educated, more assimilated Latinos are more knowledgeable about diabetes.
  - 50 percent of adults lacking a high school diploma score high on the knowledge battery, compared with 70 percent of adults with at least some college education.
  - 60 percent of naturalized citizens score high on the knowledge battery, compared with 48 percent of immigrant respondents who are neither citizens nor legal permanent residents.
  - 50 percent of immigrants who have lived in the United States for less than five years score high on the knowledge battery, compared with 61 percent of immigrants who have lived in the United States for 15 years or more.

- 61 percent of adults with a usual place for health care scored high on the diabetes knowledge index, compared with 50 percent of adults with no usual place for health care.

- Among adults diagnosed with diabetes, 73 percent scored high on the knowledge test, while 27 percent answered five or fewer questions correctly.

* The survey does not allow us to evaluate the validity of the health information obtained, or the appropriateness of subsequent behavioral changes that respondents make.

Chronic conditions have large impacts on U.S. health and medical spending. According to the Centers for Disease Control and Prevention, 133 million U.S. residents have at least one chronic condition. Treating those diseases costs $1.5 trillion a year, which accounts for 75 percent of the nation's spending on direct medical costs.[5] Given the aging of the U.S. population, the prevalence of chronic disease and the rising costs of treatment, medical expenditures are expected to continue to go up.[6]

The size and rapid growth of the Latino population offers considerable reason to focus on its chronic disease management. Latinos will account for most of the U.S. population growth through 2050. While in 2007, Latinos comprised 15 percent of the U.S. population, or about 45.5 million people,[7] projections based on current demographic trends suggest that by 2050, they will comprise upwards of 29 percent of the population, or 128 million people.[8]

Though they are now relatively youthful compared with the general population, Latinos will account for a growing proportion of middle-aged and elderly Americans in the future. By 2050, for example, the Hispanic share of the elderly population will almost triple to 17 percent from 6 percent in 2005. Furthermore, growth in the Hispanic population increasingly will be driven by births in the United States, rather than immigration from abroad.[9] Since U.S.-born Hispanics tend to be less healthy than Hispanic immigrants, this compositional change may further predispose the population to chronic illness.

At present, Hispanics have a lower prevalence of many conditions than the population as a whole, but they have a higher prevalence of diabetes than non-Hispanic whites (see Table 1). Furthermore, their rates of overweight and obese adults are relatively higher than those of non-Hispanic whites, which puts Hispanics at greater risk for the development of diabetes and other health conditions.[10]

Table 1: Age-Adjusted Percentages of Disease Prevalence and Risk Factors for Persons Ages 18+, 2006

	Hispanics %	Non-Hispanic White %	Non-Hispanic Black %
Heart disease *(includes coronary heart disease, angina pectoris, or any other heart condition or disease)*	7.6	11.7	10.0
Hypertension	20.4	22.4	31.6
Asthma *(ever had)*	8.2	11.5	12.0
Chronic bronchitis	2.7	4.5	4.3
Cancer *(ever had)*	3.6	8.2	4.0
Diabetes *(excludes gestational and borderline diabetes)*	10.5	6.7	12.0
Overweight	39.6	34.5	33.7
Obese	27.4	24.7	35.3

Source: National Health Interview Survey data from Pleis and Lethbridge–Cejku (2007).

When people don't get the information or treatment that would allow them to manage illnesses at an early stage or avoid a disease altogether, the costs of health care escalate and the burden of expensive late-stage medicine often falls to publicly funded health services. An important strategy to reduce chronic illness, and the costs associated with it, is through prevention via regular monitoring and educational initiatives.[6]

According to the CDC,[3] the proportion of Hispanics who report that they have no usual place to receive health care is more than double that of non-Hispanic whites and non-Hispanic blacks.* Though it is more difficult to measure general knowledge and education about health issues among the population, the sheer diversity of the Hispanic population creates a challenge to information dissemination within medical environments as well as through public health campaigns.

In addition to divisions by gender, income and education, a number of other key characteristics distinguish Hispanics from each other. The language divide between Hispanics who are English speakers and those who are primarily Spanish speakers creates obstacles to public health campaigns and medical care. Differences between U.S.-born Hispanics and Hispanic immigrants, between Hispanic immigrants from different countries of origin, as well as differing rates of assimilation by Latino immigrants add to the complexity of understanding this rapidly growing population and determining how best to convey health information to it.

* This cross-group pattern persists even controlling for age differences among the populations.

Table 2: Profile of Hispanic Adults

Sex	
Male	52
Female	48
Age	
18–29	30
30–49	44
50–64	15
65 and older	8
Education	
Less than a high school diploma	39
High school diploma	32
Some college or more	26
Language	
English-dominant	24
Bilingual	35
Spanish-dominant	41
Origin	
Mexico	63
Puerto Rico	8
Cuba	4
Dominican Republic	3
Central America	10
South America	6
Nativity	
Native born	36
Foreign born	63
Citizenship	
Native-born citizen	41
Naturalized	22
Legal permanent resident (LPR)	21
Foreign born, not LPR	16
Years in U.S. (Foreign born only)	
Less than 5 years	13
5–9 years	18
10–14 years	14
15 years or more	54

Results based upon the PHC/RWJF 2007 Latino Health Survey.

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

According to the survey results, more than one in four Latinos (27 percent) lack a regular health care provider.* Latinos are a diverse population, and a variety of factors need to be considered to understand why some have regular providers and some don't. Immigration and assimilation are factors, as large shares of Latinos born outside of the United States and those who speak little English lack regular health care. Socioeconomic factors, such as education, immigration and language, weigh heavily in creating these disparities. However, there is also a substantial share of U.S.-born, fully assimilated Latinos in the ranks of those with no usual health care provider.

Hispanics who are most likely to lack a usual place for health care include men (36 percent), the young (37 percent of those ages 18–29), and the less educated (32 percent of those lacking a high school diploma). Generally, Latinos who are less assimilated into U.S. life are also at a disadvantage: 30 percent of those born outside of the 50 states, 32 percent of Spanish speakers and 43 percent of immigrants who are neither citizens nor legal permanent residents lack a regular health care provider.

The uninsured are more than twice as likely (42 percent) as the insured (19 percent) to lack a usual provider. Although *lacking* health insurance raises the likelihood of not having a usual health care provider, *having* health insurance in no way guarantees it. Of those without a usual source of health care, 45 percent have health insurance.

Finally, even though the poorly educated and less assimilated are less likely to have a regular health care provider, they comprise only a portion of the population that falls into this category. A sizeable proportion of those with no usual place for health care have at least a high school diploma (50 percent), are native born (30 percent), are proficient in English (52 percent) or are U.S. citizens (50 percent).

* These results differ slightly from the statistic (32 percent) cited from the CDC, which is based on the National Health Interview Survey. For more information on NHIS methodology and variable definitions, see *www.cdc.gov/nchs/nhis.htm*.

IMPORTANCE OF HAVING A USUAL HEALTH CARE PROVIDER

Access to health care can be defined in any number of ways, but one widely used approach is to consider whether a person reports having a usual place to seek health care and advice. As is common practice,[13] we consider any respondents who report having a place, other than an emergency room, "where they usually go when they are sick or need advice about their health," other than an emergency room, as having a regular health care provider. We consider those who report having no usual place to obtain health care, or whose only usual place for health care is an emergency room, to be lacking a health care provider.

USUAL HEALTH CARE PROVIDER

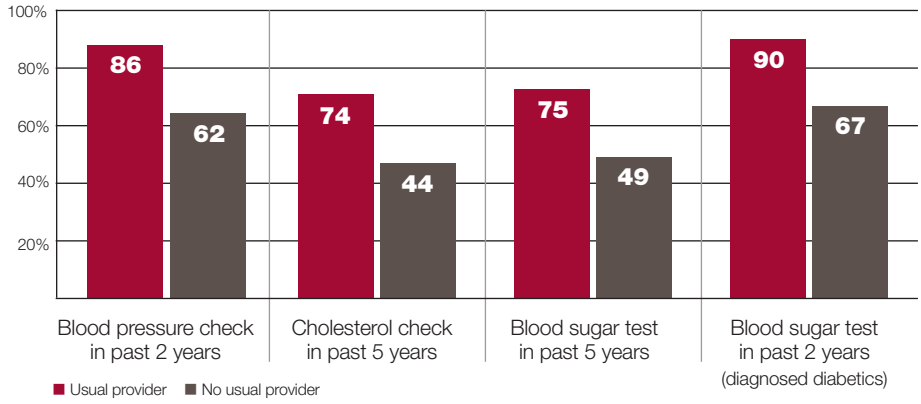
Respondents are considered to have a "usual" or "regular" health care provider or place to receive health care if they:

1. Report that they have a place where they usually go to when they are sick or need advice about their health, and
2. This usual place is not a hospital emergency room

Defined this way, having a usual provider correlates with preventive care and monitoring. And preventive care and monitoring are both associated with better long-term health outcomes, including better control of chronic conditions. Among Hispanics with a regular health care provider, 86 percent report a blood pressure check in the past two years, while only 62 percent of those lacking a provider report this. While almost three-fourths of those with a usual place to get health care report having their cholesterol checked in the past five years, fewer than half (44 percent) of those with no usual place have done so. Latinos generally are at heightened risk of diabetes, and three-fourths of those with a regular health care provider report having had a blood test to check this in the past five years, compared with only 49 percent of those lacking a regular health care provider. Among already-diagnosed diabetics, it is especially noteworthy that, while 10 percent of those with a regular place for health care have not had a test to check their blood sugar in the past two years, this share jumps to 33 percent among those with no regular provider.*

* These differences between Latinos with and without a usual provider persist, even controlling for age.

Figure 3: Differences in Preventive Care Monitoring Between Latinos With and Without a Usual Health Care Provider



THE LIKELIHOOD OF HAVING A USUAL HEALTH CARE PROVIDER

Our survey results find that 73 percent of respondents have a usual health care provider and that 27 percent of respondents lack a provider.

The lack of a regular health care provider varies markedly within the Latino population. For gender, age and education, the patterns mimic those in the general population.[14] Latino men (36 percent) are more likely to lack a regular health care provider than women (17 percent). Younger Hispanics are especially likely to lack a regular health care provider: 37 percent of those ages 18–29 do not have one. This statistic declines with age; among respondents ages 65 and older, only 13 percent lack a regular health care provider. Higher levels of education are clearly associated with a higher likelihood of having a usual place to obtain health care. Only 19 percent of Hispanics with at least some college education lack usual health care access. That rises to 27 percent for high school graduates, and to nearly one-third (32 percent) for those with less than a high school diploma.

Nativity and assimilation are both linked to the likelihood of having a regular health care provider.

Place of birth and assimilation also play a role in the likelihood of having a regular health care provider. While 22 percent of U.S.-born Latinos do not have a place where they usually go for medical care, this share increases to 30 percent among those born outside the 50 states. In general, less assimilated Hispanics are those most at risk of lacking a usual place for health care. Among naturalized and native-born Hispanic citizens, 21 to 22 percent lack a usual health care provider. That compares with 31 percent of legal permanent residents and 43 percent of

immigrants who are neither citizens nor legal permanent residents. Among all Latino immigrants, about half of recent arrivals–those in the country for less than five years–lack a usual place for health care, compared with 21 percent of those who have lived in the United States for at least 15 years. Hispanics who are predominantly Spanish speakers are much more likely to lack regular health care than their predominantly English-speaking counterparts (32 percent versus 22 percent).

Having health insurance is an important factor associated with having a usual place to obtain health care. While 42 percent of the uninsured lack a health care provider, only 19 percent of the insured do not have one.

Figure 4: Hispanic Adults' Likelihood of Lacking a Usual Health Care Provider

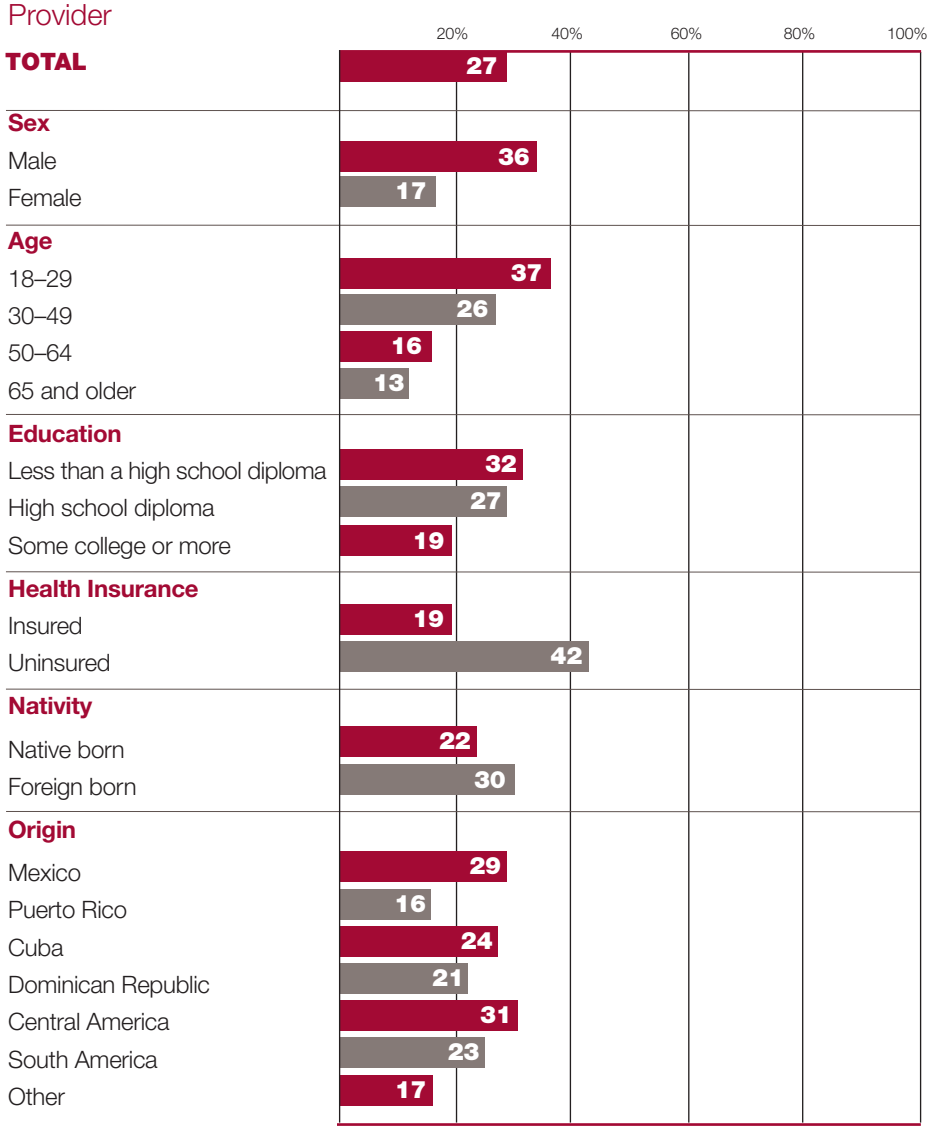


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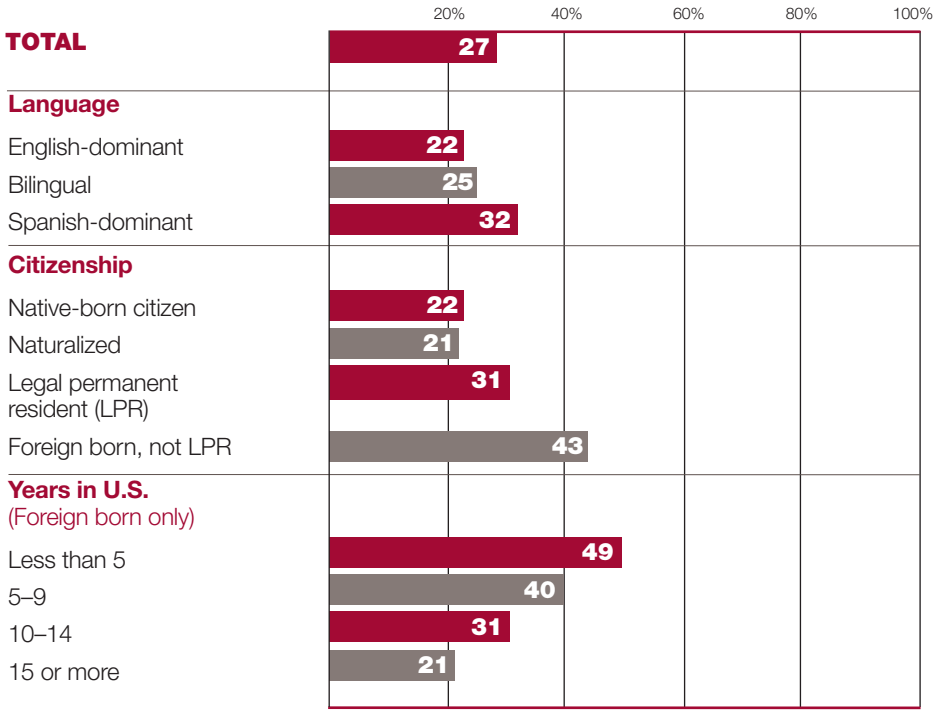
Figure 4: Hispanic Adults' Likelihood of Lacking a Usual Health Care Provider, continued



GETTING CARE OUTSIDE OF THE U.S.

About one in 12 Hispanics (8 percent) in the U.S. have obtained medical care, treatment or drugs in Latin America during the previous year, and one in six (17 percent) knows a family member or friend who has done so.

Latinos who describe their recent medical care in the United States as only fair to poor are somewhat more likely to get medical services outside the country–11 percent have, compared with 6 percent of those who describe their care in this country as excellent. Hispanics without health insurance also are more likely to have received care in another country. Of those without insurance, 11 percent did; of those with insurance, 7 percent did. Of Latinos with a regular provider in the U.S. medical system, 8 percent say they have gotten care abroad, compared with 10 percent of those with no regular provider.

Hispanics ages 65 and older are the least likely to seek care outside the United States (4 percent) and those ages 50–64 are the most likely (9 percent). Foreign-born Latinos are somewhat more likely (9 percent) than the native born (6 percent) to get medical care in Latin America, and those from Mexico (10 percent) are more likely than non-Mexicans overall. A higher share of bilingual (10 percent) and Spanish-dominant (9 percent) Hispanics seek medical care in Latin America than do English speakers (4 percent).

One in 10 people with at least some college education report getting recent treatment or drugs in Latin America, compared with single-digit percentages for those with less education.

PROFILE OF LATINOS LACKING A USUAL HEALTH CARE PROVIDER

Who are the Hispanics who are not being reached by the health care system? This section looks at the characteristics of people who lack a usual health care provider.

Most Hispanics who lack a provider are male (69 percent). The population also tends to be young: 41 percent are 18–29 years of age, and 43 percent are 30–49. As is expected, Hispanics with low educational attainment comprise a large proportion of those lacking a provider; 47 percent report having less than a high school diploma. The vast majority of those with no usual place for health care are of Mexican origin (69 percent), and an additional 11 percent are of Central American origin.

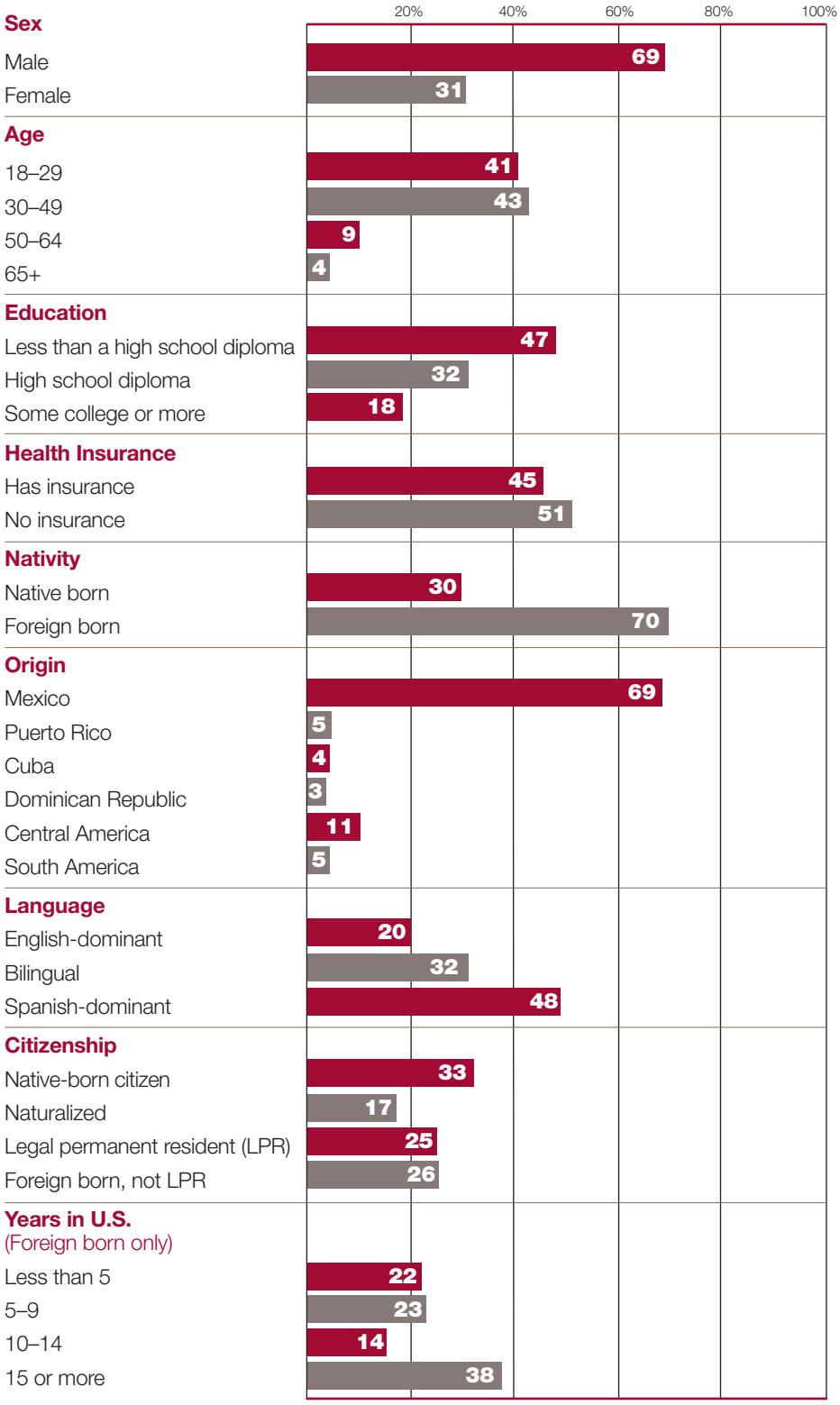
Yet, what is also notable about those lacking a usual health care provider is the prevalence of Latinos whose characteristics suggest assimilation. While most Latinos who lack a provider are foreign born (70 percent), a full 30 percent were born in the 50 states. Half of those lacking a usual place for health care are citizens. A sizeable minority of immigrants who lack regular health care (45 percent) have lived in the United States for fewer than 10 years, but the majority (52 percent) have lived in the United States for 10 years or more.

On a similar note, a slight majority of those with no usual health care provider is English-dominant or bilingual (52 percent).

Finally, 45 percent of Hispanics who have no usual place for health care say they have health insurance. So though health insurance is correlated with usual care, it does not guarantee it.

Of those Hispanics who have no usual place for health care, 45 percent have health insurance.

Figure 5: Profile of Those Lacking a Usual Health Care Provider



Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

WHY DON'T PEOPLE HAVE A USUAL PLACE FOR HEALTH CARE?

The survey asked respondents who lacked a usual place to get medical care or advice why they did not have one.* By far the most commonly cited reason was that they felt they did not need one because they are seldom sick (41 percent). An additional 13 percent report that they prefer to treat themselves than to seek help from medical doctors.

The next most prevalent set of responses relates to finances: 17 percent report that they lack health insurance, and 11 percent report that the cost of health care prevents them from having a regular health care provider.

About 3 percent of Hispanics respond that difficulties navigating the health care system are to blame for their lack of a regular provider: 2 percent report that they do not know where to get regular health care, and about 1 percent reports that they were unable to find a provider who spoke their language.

Finally, 3 percent say they prefer to go to a number of different health care providers, not just to one place, and 4 percent say they have just moved to the area, so presumably have yet to establish a relationship with a provider.

Table 3: What is the One Main Reason You Do Not Have a Place That You Usually Go To When You Are Sick or Need Advice About Your Health?

No Need	Percentage
Seldom/never sick	41
Don't use doctors/treat myself	13
Financial Reasons	
No health insurance	17
Cost of medical care	11
Trouble Negotiating Health Care System	
Don't know where to go for care	2
Can't find provider who speaks my language	1
Other	
Like different places for different health care needs	3
Recently moved to area	4

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

* Respondents who reported that their usual health care provider was an emergency room were not asked this question.

FOLK HEALING

An overwhelming majority of Latinos believe that sick people should obtain treatment only from medical professionals, but a small minority say they seek health care from folk healers. Those who receive care from folk healers are slightly more likely to be U.S.-born than foreign born and to speak mainly English, not Spanish.

Asked whether they obtain care from a curandero, shaman or someone else with special powers to heal the sick, 6 percent of Hispanics say they do and 10 percent report that someone in their household receives such care.

About one in 12 Hispanics born in the 50 states use folk medicine, compared with one in 20 of those born in other countries or Puerto Rico. Similarly, one in 12 English-dominant Hispanics use folk medicine, as do one in 20 Spanish-dominant Latinos. Hispanics of Cuban ancestry (11 percent) are more likely to obtain such care than other Latino groups. Hispanics without health insurance or a usual place for care are no more likely to seek folk care than those with health insurance or a usual place for care.

Most Hispanics (87 percent) say that sick people should seek care only from medical professionals; only 8 percent say there is a role for folk medicine. Opinions about this echo usage patterns to some extent. Hispanics who speak English (14 percent), as well as those born in the United States (12 percent), are the most likely to say there is a role for potions and folk healing. So are younger Hispanics, as well as those with at least some college education.

QUALITY OF HEALTH CARE

While visiting a health care provider is important, the perceived quality of care received during health care visits is equally important. To assess the perceived quality of care, respondents who received any medical care in the past year were asked to rate that care as “excellent”, “good”, “fair”, or “poor.”

More than three-quarters of Hispanics who have had medical care within the past year rate it as good to excellent: 32 percent say it was excellent, and 46 percent say it was good. At the other extreme, 17 percent say their care was only fair, and 4 percent report poor care.

Figure 6: Overall How Would You Rate the Quality of Medical Care That You Received in the Past 12 Months?

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

In general, more educated Latinos, and those who have access to the medical system, give better evaluations of the quality of their medical care than do Latinos with lower education levels, no insurance or no regular source of care.

Women are more likely than men to say their recent medical care was good or excellent, 80 percent to 74 percent. Eighty-one percent of the college-educated report being satisfied with their care, as compared with 75 percent of people lacking a high school diploma.

Having health insurance or a usual health care provider is associated with better perceived quality of care.

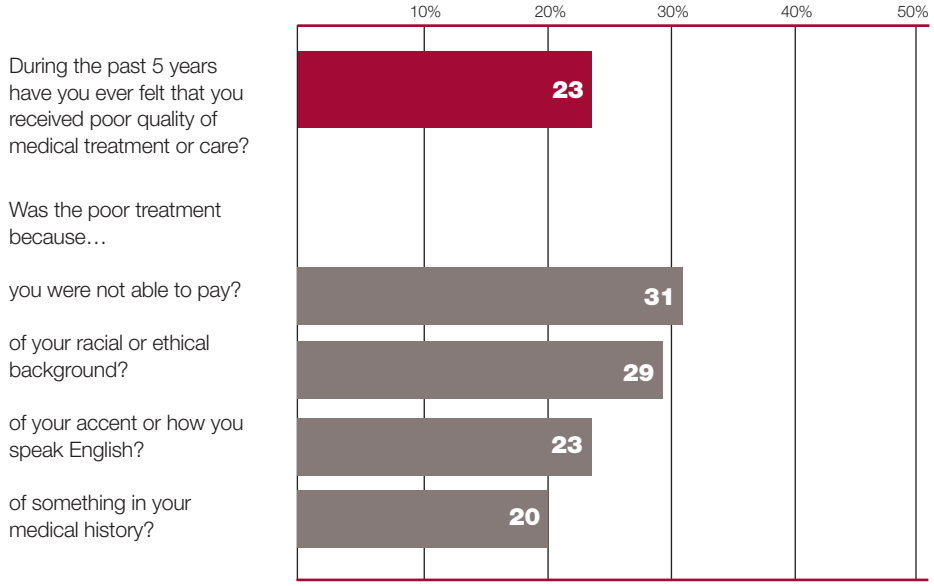
Among Hispanics with health insurance, 80 percent rate their care as good to excellent; among the uninsured, 70 percent do. Similarly, 80 percent of Latinos who have a usual health care provider rate their care as good to excellent, compared with 64 percent who have no usual provider. Among those with a usual provider, Hispanics who usually get care in doctors' offices give higher ratings than those who go to medical clinics. Fully four in 10 who go to a doctor's office rate their care as excellent, compared with 27 percent of those who get care from a clinic.

Generally, nativity and assimilation are not strongly associated with perceived quality of care. However, a mismatch between a Hispanic's primary language and the language spoken at his or her appointment lowered the satisfaction ratings somewhat. For example, 30 percent of Spanish speakers whose appointments usually are conducted in English rate their care fair to poor, compared with 19 percent of those whose appointments are in Spanish.

Reasons for Poor Treatment

Respondents were also queried as to whether they had received poor service at the hands of a health care professional in the past *five* years. Those 23 percent who said they had received poor treatment were asked about four potential reasons. The largest share of Hispanics (31 percent) cited their inability to pay as the reason for poor treatment, followed by their race or ethnicity (29 percent), their accent or how they speak English (23 percent) and their medical history (20 percent).

Figure 7: Prevalence and Perceived Reasons for Poor Treatment



Respondents who lacked health insurance, or a usual health care provider, were especially likely to claim that their inability to pay, their race, or their language skills contributed to their poor treatment. Forty-one percent of Hispanics with no usual place for health care, and 53 percent of Hispanics with no health insurance, reported that their inability to pay contributed to poor treatment. In comparison, 27 percent of Latinos with a usual provider reported as much, as did 20 percent of Latinos with health insurance. Thirty-eight percent of Latinos with no usual provider and 34 percent of those with no health insurance reported that their race contributed to poor treatment by medical professionals, as compared to 25 percent of those with a usual provider and 26 percent of those with health insurance. Thirty-two percent of Latinos who lacked either health insurance or a usual provider reported that their accent or poor English skills led to poor treatment, while 20 percent of the insured and those with a usual provider reported as much.

Other groups more likely than Hispanics overall to cite a lack of money as a reason for poor treatment include immigrants who aren't citizens or legal permanent residents (45 percent), Spanish speakers (38 percent) and Latinos who did not graduate from high school (41 percent).

Among the groups that are more likely than Hispanics overall to cite race as a reason they were treated poorly are Spanish speakers (36 percent), and non-citizens (38 percent of legal permanent residents and 35 percent of immigrants who are not citizens or legal permanent residents).

Among the groups most likely to cite language as the reason they received poor care are Hispanics with less than a high school education (37 percent), immigrants (33 percent) and those who mainly speak Spanish (43 percent).

Medical history is given as a reason for poor care by a somewhat higher share of older Hispanics (25 percent) and those whose primary language is Spanish (25 percent).

While preventive care and regular health monitoring are essential in maintaining good long-term health and limiting the severity of chronic diseases, more than one in four Hispanics say they received no information regarding health or health care from doctors or health care professionals in the past year. This group includes a wide cross-section of the Hispanic population.

However, medical professionals are not the only ones providing health and medical information. Specific information regarding the importance of preventative care and regular health monitoring as well as the symptoms and treatment of chronic diseases can be delivered through alternate sources. Print and broadcast media, churches, community groups, family and friends, and the Internet are all sources of health and medical information for many Hispanics. Though the survey results do not address the validity or quality of the health information obtained through sources other than medical personnel, results do suggest that the information from these alternative sources has an impact on respondents' behaviors.

Different sub-groups of Hispanics rely on different types of media. In general, U.S.-born Hispanics and those who have higher levels of education are more likely to get information in English from sources such as television, newspapers, magazines and the Internet. Immigrant Hispanics and those who have lower levels of education rely more on Spanish-language media, including television and print media, for information.

WHERE DO HISPANICS GET HEALTH CARE INFORMATION?

Respondents were queried as to how much information about health and health care they got from several different sources in the past year. For each potential information source, they could report getting "a lot" of information, "a little" information, or no information at all. Results show that doctors and other medical professionals are the most common source of health and medical information for Hispanics, as they are likely to be for most groups. Nearly a third of Hispanics say they received a lot of health and health care information from doctors or other medical professionals over the past year, and 39 percent say they received a little information.

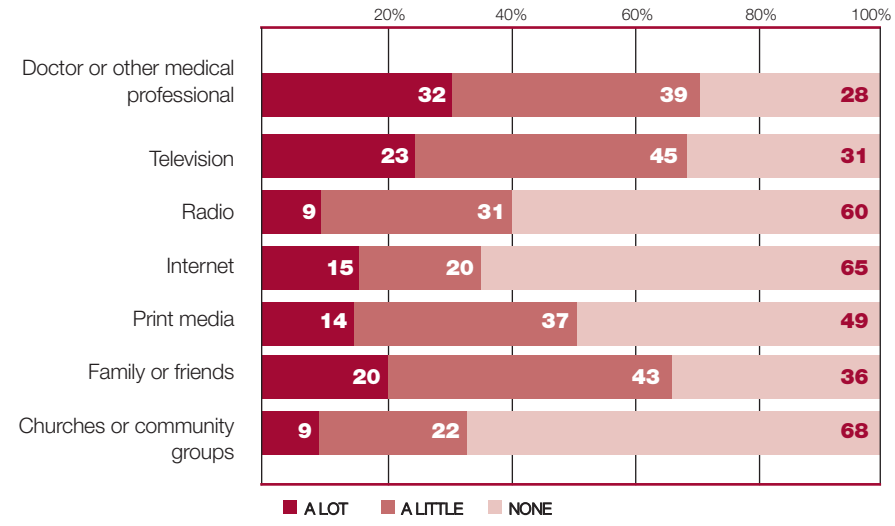
The second most important source of health information is television; 23 percent of Hispanics received a lot of information from TV and 45 percent received a little. Family and friends are next in rank: they supplied a lot of information to 20 percent of Hispanics and a little information to an additional 43 percent.

Seventy-one percent of Latinos received health information from a medical professional in the past year, but 83 percent got health or health care information from the media.

Radio, newspapers and magazines, and the Internet are also important sources of health care information. Among Hispanics, 40 percent get health care information from the radio, 51 percent get some information from newspapers and magazines, and 35 percent get information from the Internet.

Churches and community organizations are another source of health information for many Hispanics. About one in three Latinos (31 percent) say that they rely on the information they get from their churches and local community groups.

Figure 8: Latinos' Sources of Health Information



Question wording: How much information about health and health care did you get over the past year from a doctor or other medical professional, family or friends, the radio, the Internet, television, a church or community organization, newspaper or magazine?

WHO GETS INFORMATION FROM THE MEDICAL COMMUNITY?

Hispanic women are more likely than are men to report getting health information from doctors and the medical community in the past year–77 percent report as much, compared with 66 percent of men. Overall, the age differences in receiving any information from medical professionals are not huge, but respondents ages 65 and older are more likely to have gotten a lot of health information from a professional (41 percent) than respondents under age 30 (28 percent).

As is the case with usual health care providers, those who are more educated and more assimilated are more likely to report exposure to the medical system. People with at least some college education are almost 33 percent more likely to have gotten a medical professional's advice than people lacking a high school diploma. Seventy-nine percent of Latinos who speak primarily English and three-fourths of those who are bilingual report obtaining information from medical providers in the past year, while 62 percent of Spanish-dominant Latinos have done so. Legal status is also correlated with the likelihood of obtaining health advice from a medical professional. Citizens born in the United States or Puerto Rico are most likely to have received medical advice (80 percent) from a professional, followed by naturalized citizens (70 percent), and legal permanent residents (64 percent). Fifty-nine percent of immigrants who are neither naturalized nor legal permanent residents reported obtaining health information from a medical professional.

Respondents of Puerto Rican (80 percent) and Cuban (78 percent) origin are especially likely to have received help from a medical professional in the past year. Conversely, Mexican-origin persons (69 percent) and Central Americans (69 percent) were less likely to report as much.

Table 4: Sources of Health Information

	Medical	TV	Radio	Internet	Print media	Family or friends	Churches or comm. groups
Total	**71%**	**68%**	**40%**	**35%**	**51%**	**63%**	**31%**
Sex							
Male	66	67	43	33	50	62	32
Female	77	69	36	37	52	64	31
Age							
18–29	71	69	41	43	51	71	35
30–49	71	69	43	35	52	63	30
50–65	69	69	34	30	51	57	28
65 and older	77	61	29	14	46	46	32
Education							
Less than a high school diploma	62	66	39	16	40	55	34
High school diploma	74	73	43	36	55	67	33
Some college or more	82	67	39	63	63	71	26
Language							
English-dominant	79	63	35	53	56	73	25
Bilingual	75	69	40	43	56	64	32
Spanish-dominant	62	70	42	17	42	56	35
Origin							
Mexico	69	69	41	31	49	63	32
Puerto Rico	80	65	34	49	55	68	31
Cuba	78	61	40	37	51	62	28
Dominican Republic	72	67	42	42	55	65	34
Central American	69	70	38	29	48	58	33
South American	71	72	39	51	58	61	29
Nativity							
Native born	80	64	35	53	57	71	28
Foreign born	66	70	43	25	47	58	33
Citizenship							
Native-born citizen	80	65	36	51	56	69	29
Naturalized	70	68	38	30	50	56	29
Legal permanent resident	64	71	45	23	48	60	35
Foreign born, not LPR	59	71	45	18	42	60	35
Years in U.S. (Foreign born only)							
Less than 5 years	58	72	42	27	45	63	36
5–9	62	73	46	25	47	61	37
10–14	66	72	46	22	45	58	3
15 or more	69	69	41	25	49	57	32
Health insurance							
Insured	78	69	40	41	53	64	31
Not insured	59	68	40	24	47	61	32
Usual health care provider							
Has	78	70	39	38	53	65	32
Does not have	53	64	42	27	44	58	30

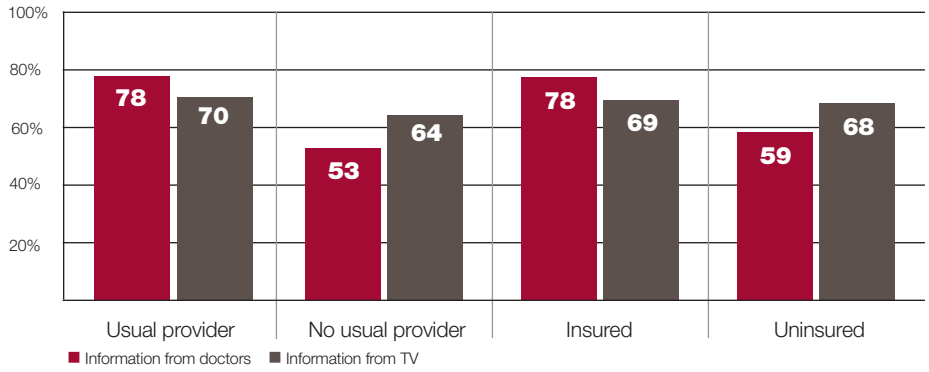
Question wording: How much information about health and health care did you get over the past year from a doctor or other medical professional, family or friends, the radio, the Internet, television, a church or community group, newspaper or magazine?

WHO GETS HEALTH INFORMATION FROM THE MEDIA?

While most Hispanics look to the medical community for answers to their health care questions, the media, and particularly television, also play a large role in providing health information. This role is especially important for Hispanics who do not typically utilize the health care system. Somewhat more than half (53 percent) of all Hispanics who lack a regular health care provider say they receive at least some information from doctors, but 64 percent of them say they get information from television. In contrast, among Hispanics who do have access to a usual place for their medical care, the relationship reverses: 78 percent say they get health information from the medical community, compared with 70 percent who say they get information from television.

This pattern is similar for Hispanics with and without health insurance. While 78 percent of Hispanics who have medical insurance get some information from doctors and other health care professionals, 69 percent say they get information from television. Conversely, while 59 percent of the uninsured say they get information from doctors, 68 percent obtain health information from television.

Figure 9: Sources of Health information, by Usual Provider and Insurance Status



Question wording: How much information about health and health care did you get over the past year from a doctor or other medical professional? On television?

Television is the most pervasive media outlet, in terms of disseminating health information; 68 percent of respondents received information from television in the past year.

The use of television for health information is somewhat more prevalent among the foreign born and the less assimilated. Twenty-six percent of the foreign born report obtaining a lot of health information from this source in the past year, as did 19 percent of the native born. Twenty-seven percent of Spanish-dominant respondents reported obtaining a lot of information from television, compared with 18 percent of English-dominant respondents.

Radio also is an important source of health care information for Hispanics. Radio's role as an information source is roughly similar for Hispanics with a health care provider (39 percent) and those without one (42 percent). Likewise for Hispanics who have health insurance and those who do not–40 percent in both cases obtain health information from the radio.

Like television, radio as an information source is somewhat skewed toward immigrants and those whose primary language is Spanish. Thirty-five percent of English-dominant respondents get health information from the radio, compared with 42 percent of Spanish-dominant respondents. The results are similar when considering nativity. Thirty-five percent of the native born use the radio as a source for health information, compared with 42 percent of the foreign born.

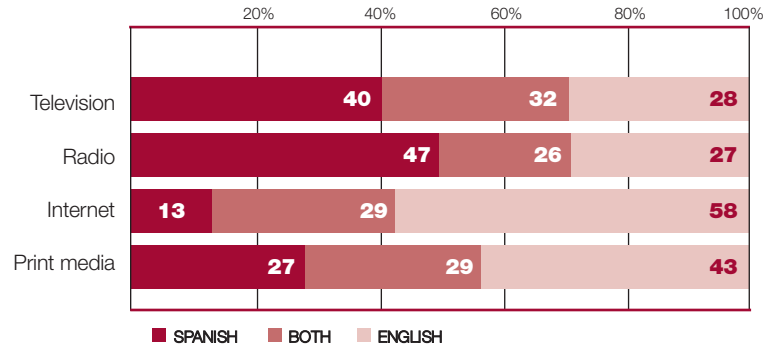
More than half of all Hispanics say they received a lot of information (14 percent) or a little information (37 percent) from print sources. Higher education levels, being native born and assimilation are all associated with higher likelihoods of retrieving health information from these print media. Forty-one percent of Latinos with less than a high school diploma report getting information from newspapers or magazines, compared with 63 percent of people with at least some college education. Fifty-seven percent of the native born use print media, as do 47 percent of the foreign born. While 56 percent of English-dominant and bilingual Latinos obtained at least some health information from these sources, the share drops to 42 percent among Spanish-dominant Latinos.

Youth, education, nativity and assimilation are all strongly linked to Internet usage for Latinos in general,[15] and to the likelihood of using the Internet for health information in particular. Younger Hispanics use the Internet more than older Hispanics–42 percent of those ages 18 to 29 say they get information from the Internet, compared with 14 percent of those ages 65 and older. The educational differences in the likelihood of getting health care information from the Internet are stark. While only 16 percent of Hispanics with less than a high school diploma and 36 percent of those with a high school diploma get information on health issues from the Internet, 63 percent of Hispanics who have at least some college education say that they get a lot or a little information from the Internet. Hispanics born in the United States are twice as likely as are immigrants to get health care information from the Internet–52 percent versus 25 percent. English dominance, too, is strongly associated with using the Internet for health information; 53 percent of the English-dominant do so, compared with 17 percent of the Spanish-dominant.

WHO GETS HEALTH CARE INFORMATION FROM THE MEDIA IN SPANISH, AND WHO GETS IT IN ENGLISH?

Among Hispanics who receive any health-related information from television, 40 percent get that information from only Spanish-language television stations, 32 percent from a mix of Spanish and English-language stations and 28 percent from only English-language stations. Similarly, among the Hispanics who use radio to obtain any of their health care information, 47 percent rely on Spanish-language radio stations, 26 percent listen to Spanish and English-language stations and 27 percent rely on only English stations.

Figure 10: Language of Health Information Obtained in Past Year



Question wording: Was the information mainly in Spanish or in English or in both languages?

More than half of respondents who get information from television or radio report getting that information in Spanish, or in a mix of Spanish and English.

Women are more likely than men to get their health information in Spanish (44 percent versus 36 percent for television viewers, and 53 percent versus 43 percent for radio listeners). Age is also correlated with obtaining health information from Spanish-language broadcasts. Thirty-eight percent of respondents younger than 30, and 48 percent of respondents ages 65 and older who got health information from television got it in Spanish. Similarly for radio listeners, 44 percent of those ages 18 to 29 and 54 percent of those ages 65 or older received their health information in Spanish.

Among those who watch television and those who listen to the radio, there is a strong association between educational levels and language use. In both cases, people with less than a high school diploma were more likely to get their information in Spanish (56 percent for television, 64 percent for radio) compared to those with at least some college education (17 percent for television, 20 percent for radio).

Of course, being native born and assimilated are associated with lower likelihoods of obtaining broadcast media health information in Spanish.

Most frequently, the information obtained from the Internet was solely in English (58 percent). However, 13 percent of respondents reported obtaining only Spanish-language Internet health care information. Twenty-nine percent of respondents got Internet health information in both English and Spanish. The pattern is similar for newspapers and magazines. Hispanics who get some information from print media are most likely to read English-language newspapers and magazines (43 percent), though 27 percent read Spanish-only publications and 29 percent got health information from both Spanish and English publications.

Health Care Information from Social Networks

More than 60 percent of Hispanics report that they received health information from their family and friends in the past year: 19 percent got a lot of information that way, and 43 percent got a little. Immigrants are less likely to get information from family and friends (59 percent) than are native-born Hispanics (71 percent), plausibly because they have smaller networks of family and friends in the United States. Younger Latinos are more likely to get information from family and friends than are older Latinos–those ages 18 to 29 are 25 percentage points more likely to get information from family and friends than are Hispanics ages 65 and older.

Churches and community groups also play a role in providing health and health care information to Hispanics. Roughly 9 percent of Hispanics say they receive a lot of information from churches and community groups, and 22 percent say they receive a little information from these sources. There are few notable differences among demographic groups here. Around one-third of Hispanics with a high school education or less get information from churches and community groups, compared with 26 percent of people without at least some college education. Another group that relies more heavily on churches and community groups are Spanish-dominant respondents; 34 percent report obtaining health information from these sources, compared with 25 percent of English-dominant Latinos.

Seventy-nine percent of respondents who received health or health care information from the media acted upon that information.

As such, it's no surprise that the information that Hispanics received from churches or community groups was more likely to be in Spanish only (49 percent) or in both Spanish and English (31 percent) than only in English (19 percent). This is similar to the language of information obtained from the radio and quite distinct from that of information obtained from the Internet, newspapers and magazines.

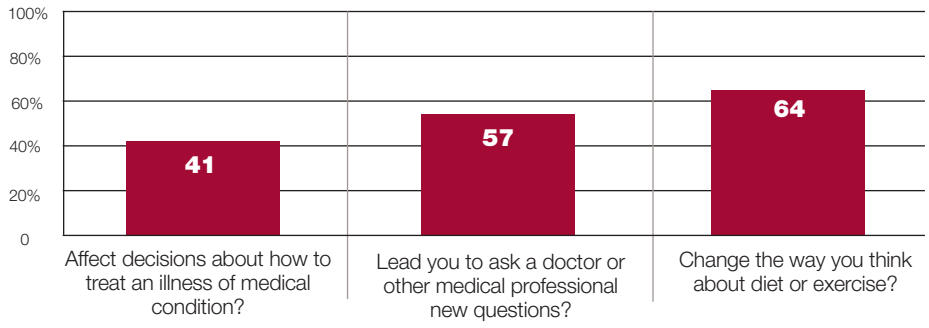
The Impact of the Media

Though the survey data do not allow for an evaluation of the appropriateness of the behavioral changes that result from media exposure to health information, results clearly indicate that alternative channels of health information have an effect on Latinos' behavior.

The media's impact is strongest in producing reported changes in how Hispanics think about diet and exercise. Almost two-thirds of all Hispanics who received health and health care information last year from broadcast or print media, or from the Internet, say that what they learned changed the way they think about diet or exercise.

Younger Latinos and women are more receptive to these types of changes than are older Hispanics or men. And while immigrants (69 percent) are more likely to say that health information from the television, radio, newspapers or the Internet led them to change how they think about diet and exercise, a majority of native-born Hispanics (56 percent) also report making changes in how they think about nutrition and physical activity because of what they learned from the media.

Figure 11: Thinking About the Past Year, Did Any Information You Found from the Media…



Note: This question was asked only of those who reported obtaining information from the media in the past year.

Health information provided by the media led 57 percent of Hispanics to ask a doctor or medical professional new questions. Six in 10 Hispanics who have a usual provider say this. So do nearly half of all Hispanics who do not have a usual provider. Latinos whose primary language is Spanish are more likely to ask new questions to health care professionals as a result of media coverage than are English speakers, pointing again to the important role played by the Spanish-language media.

The media even influence how some 41 percent of Hispanics make decisions on how to treat an illness or medical condition. Here, demographic differences among Latinos are not great. Both those who have a usual provider (42 percent) and those who do not (38 percent) are nearly as likely to say that what they learned from the media affected how they think about treatment.

According to the American Diabetes Association, millions of Americans are unaware that they have diabetes. Although there is no cure for diabetes, people who know they have the disease often can keep it under control, and reduce the risk of serious side effects or death, through treatment that includes diet and medication.

Three-quarters (76 percent) of Hispanics know that there are effective treatments for diabetes that reduce the chances of death or serious side effects; the same share correctly say there is no medicine or treatment "that can permanently fix it." A slightly lower share (72 percent) of Hispanics is aware that maintaining a healthy weight is more helpful in preventing diabetes than avoiding all sugar. Seven in 10 Latinos (71 percent) say correctly that even people without a family history of diabetes have a risk of developing it.

These findings emerge from a battery of eight questions testing basic knowledge about the causes, symptoms and treatment of diabetes. Although most Latinos do reasonably well (58 percent answered at least six questions correctly), a sizeable minority faltered on the test with nearly a third (32 percent) giving three to five correct answers and 10 percent scoring even lower.

Diabetes Knowledge Battery
As far as you know, are any of the following a symptom of diabetes? • Frequent urination • Increased fatigue • Excessive thirst • Blurry vision
As far as you know, is there a cure for diabetes, meaning that there is a medicine or a treatment that can permanently fix it?
Once someone has been diagnosed with diabetes, do you happen to know whether there are effective treatments that will significantly reduce the chances of blindness, death or other serious complications?
What's more helpful in preventing diabetes? (1) Avoiding all sugar (2) Maintaining a healthy weight.
If none of your relatives has a history of diabetes, do you have a risk of getting it yourself?

DIABETES KNOWLEDGE BATTERY SCORING

- High: Respondents answered at least six out of eight questions correctly.
- Medium: Respondents answered three to five questions correctly.
- Low: Respondents answered two or fewer questions correctly.

Among the less knowledgeable Hispanics are men, Spanish speakers and Latinos who are foreign born. The best-informed Hispanics about diabetes are those with at least some college education, or with high levels of assimilation–U.S. citizens and long-term immigrants. Hispanics who have been diagnosed with diabetes score higher on the knowledge test than other Latinos, but a

notable share (27 percent) answered at least three of the eight questions wrong. Having health insurance and a regular health care provider are both associated with more diabetes knowledge but they do not guarantee being well-informed. Similarly, obtaining health information from medical personnel is associated with higher levels of knowledge but certainly does not guarantee them. Obtaining health information from some other sources is also associated with higher levels of diabetes knowledge. Respondents who report obtaining health information from family and friends and from print media, in particular, score better on the battery of diabetes knowledge questions.

Knowledge Differences by Demographic Group

There are notable differences by demographic characteristic in which Hispanics score high (six to eight correct answers), medium (three to five correct answers) or low (two or fewer correct answers) on a battery of eight questions testing basic diabetes knowledge.

About two-thirds of women (65 percent) correctly answer six or more questions, compared with half (51 percent) of men. Men also are more likely to get a low score, 13 percent compared with 7 percent of women.

The youngest and oldest Latinos know less than those in the middle: 48 percent of those ages 18–29 and 65 and older score well, compared with substantial majorities of those ages 30 to 49 (63 percent) and 50 to 64 (68 percent). Among the oldest Hispanics, 15 percent score low, a larger share than for other age groups.

There are differences across several demographic measures that point to greater knowledge by more assimilated, established Hispanics.

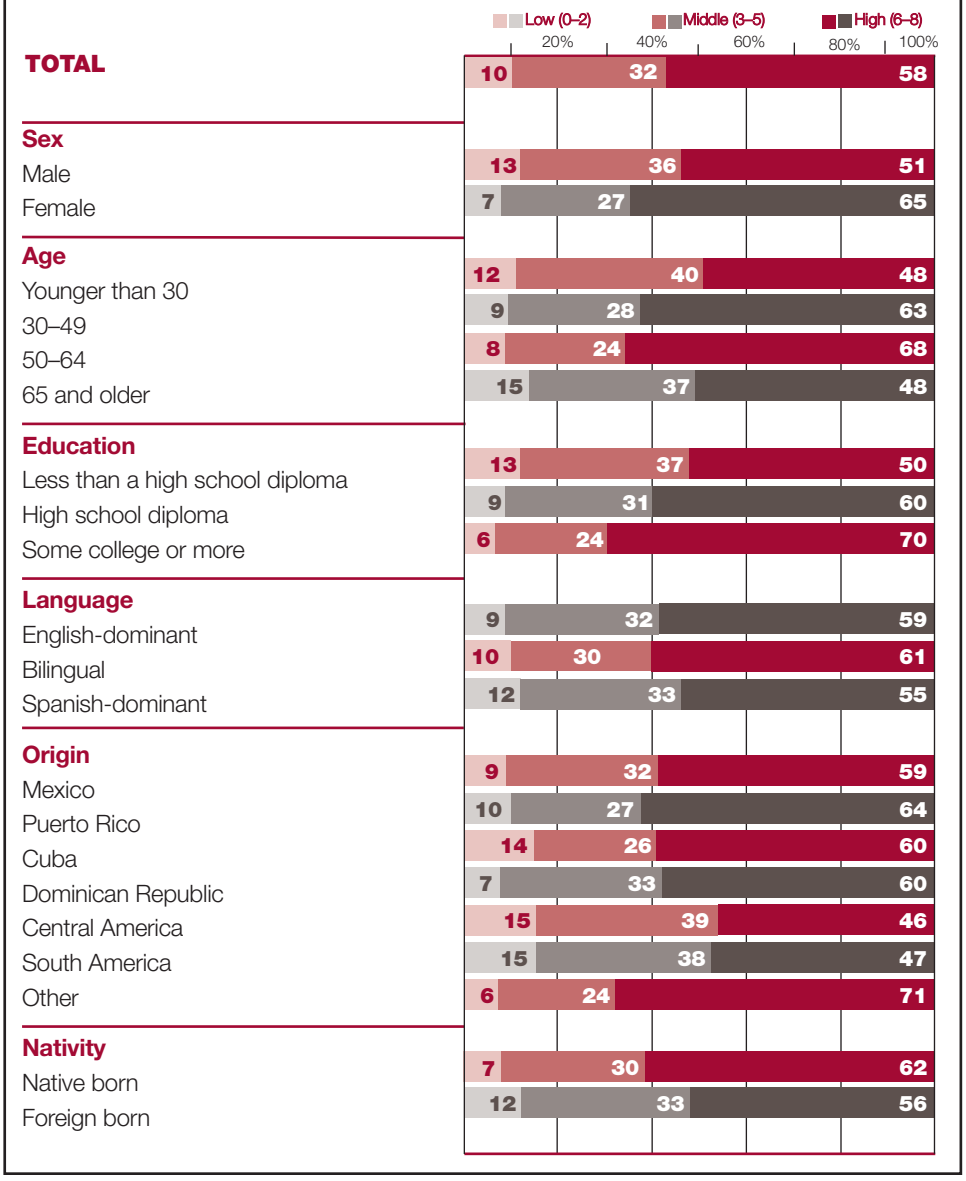
Looking at differences by education level, 13 percent of Latinos who did not complete high school score low on diabetes knowledge, compared with 6 percent of those with at least some college education. Although half of Latinos without a high school diploma score high, that compares with 70 percent of those with at least some college education.

Nativity and assimilation are associated with higher levels of diabetes knowledge.

Similarly, U.S.-born Hispanics are more likely to score high on diabetes knowledge (62 percent) than those who are foreign born or Puerto Rican (56 percent). When responses are analyzed by citizenship status, naturalized citizens are more likely to score high (60 percent) than are legal permanent residents (55 percent) or immigrants who are neither citizens nor legal permanent residents (48 percent). Among long-term immigrants, those who have been in the country for 15 years or more, 61 percent score high, compared with about half of shorter-term immigrants.

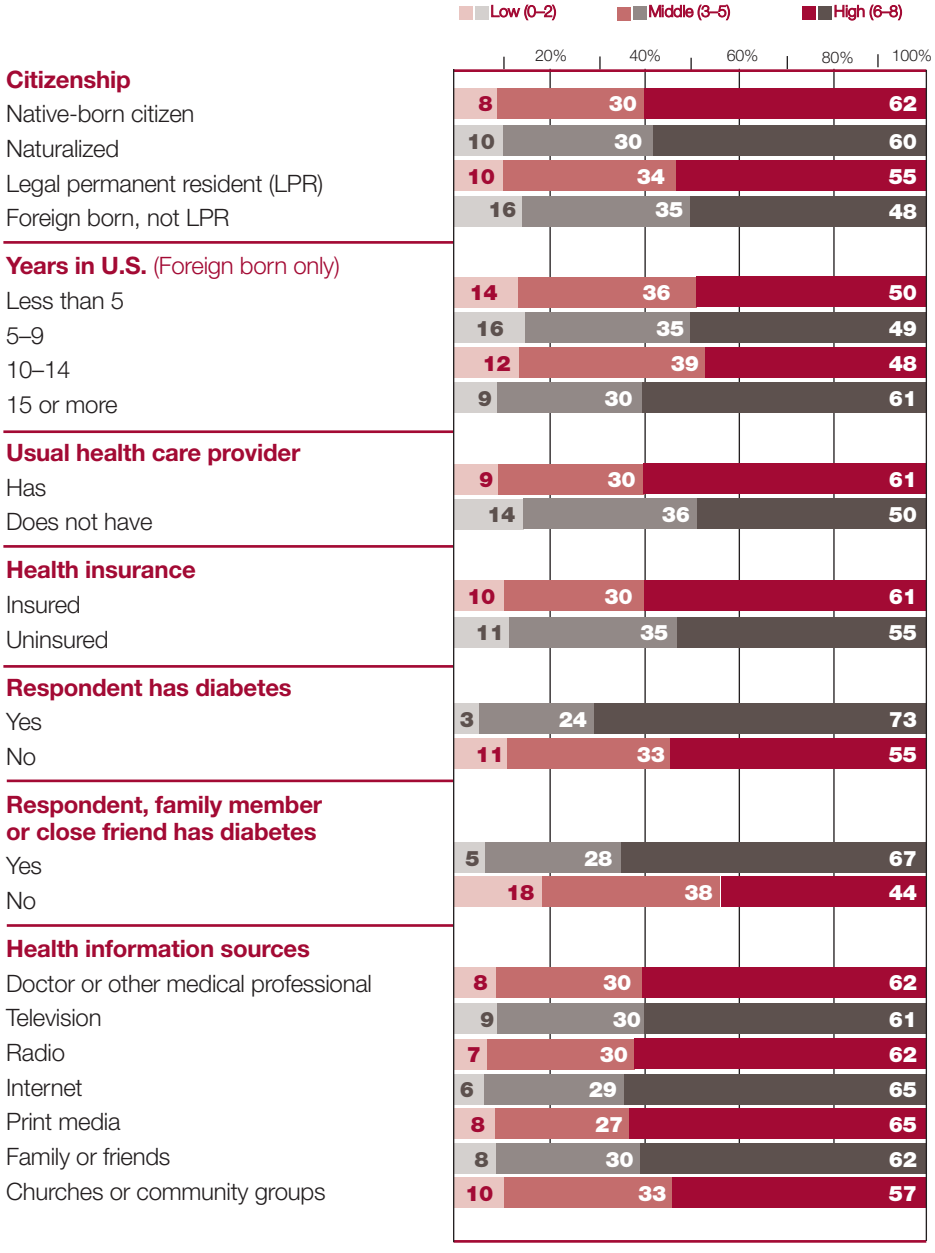
Examining differences by national origin, at least 14 percent of persons of Cuban, South American and Central American origin score low on diabetes knowledge, which is a larger share than for other groups. Central Americans (46 percent) and South Americans (47 percent) also have smaller shares of the highest-scoring respondents.

Figure 12: Diabetes Knowledge Index



continued

Figure 12: Diabetes Knowledge Index, continued



Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Knowledge Differences by Insurance Status and Health Care Access

Hispanics with health insurance are somewhat more likely to score high than those without insurance (61 percent versus 55 percent), but they are no less likely to get a low diabetes knowledge score than respondents with no insurance. There are, however, differences between Hispanics with and without a usual source of care: 61 percent of those with a usual source score high, compared with 50 percent of those who have no usual provider. A higher share of Latinos (14 percent) with no usual source of care scores low, as compared with Hispanics who do have a usual source of care (9 percent). Among those with a usual provider, the type of place where care is obtained also factors into diabetes knowledge. Respondents who visit a doctor regularly score better on diabetes knowledge questions than respondents who primarily visit clinics for their care; 65 percent score high, as compared with 57 percent of respondents who frequent clinics.

Knowledge Differences by Sources of Information

Latinos who get a lot of health information from doctors are more likely to score high (65 percent) on diabetes knowledge than those who get little (59 percent) or no information (49 percent) from doctors. Those who get a lot of information from newspapers and magazines also are more likely to score high (69 percent) than those who get no information from those sources (50 percent). Those who get a lot of information from family and friends or the Internet also are more likely to score higher (62 percent and 71 percent, respectively) than those who do not (51 percent and 54 percent).

However, the gap in persons scoring high on diabetes knowledge is smaller when comparing respondents who report getting a lot of health information from television (59 percent) with those who report getting no health information from television (52 percent). The same is true for radio: 60 percent of those who get a lot of health information from radio score high, compared with 55 percent who get no health information from radio. Among those who get a lot of information from churches or community groups, a larger share scores low (58 percent) than high (52 percent).*

* Even when controlling for educational differences, the association between diabetes knowledge and use of certain information sources persisted. Latinos who get a lot of information from doctors, family and friends, radio and print still scored better than those who do not.

When these responses are analyzed another way–comparing people who get at least some health information from *any* source with those obtaining *no* health information from any source–getting information is associated with better knowledge scores. One in four Hispanics who get no health information score low on diabetes knowledge, compared with one in 11 who get at least some information. Four in 10 of those who get no health information score high on diabetes knowledge, compared with six in 10 of those who get at least some information from any source.

Composition of the Low-Scoring Group

This section will look at the survey data on diabetes knowledge from another perspective: The makeup of the low-scoring group. Although less educated and less assimilated Hispanics generally score lower on a test of diabetes knowledge, the least knowledgeable group also includes a notable share of higher-status Latinos.

Nearly two-thirds of the low-scoring group (65 percent) are men. A third of the low scorers are ages 18–29, a slightly higher share (38 percent) are ages 30–49, 12 percent are ages 50–64, and the remaining 12 percent are 65 years and older.

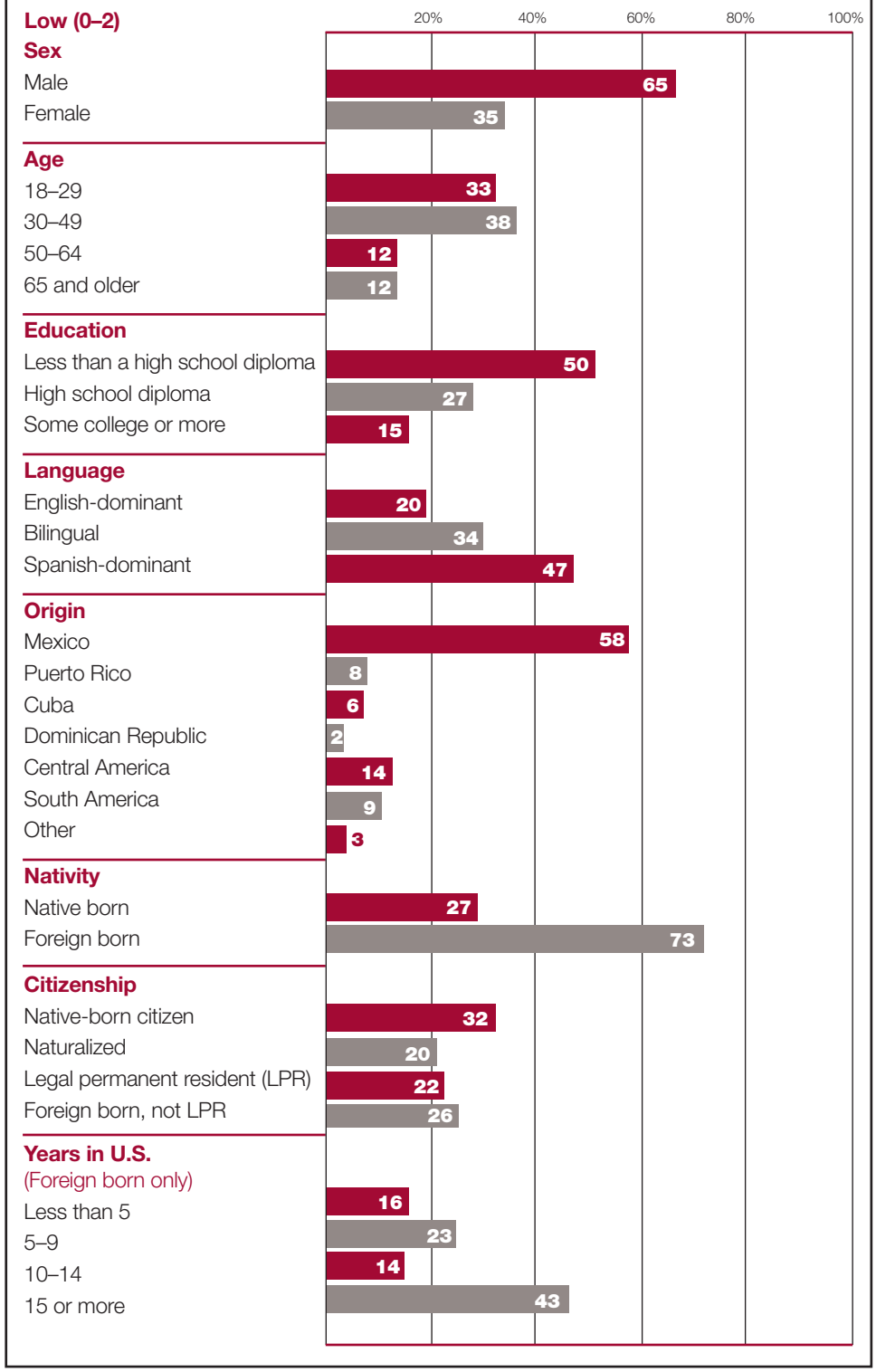
Half of the group that knows little about diabetes consists of Hispanics who did not complete high school. High school graduates account for 27 percent and Latinos with at least some college education make up 15 percent.

Foreign-born Hispanics account for more than seven in 10 of the low-scoring group. The foreign-born low-scoring group is split nearly evenly into citizens (20 percent of all low scorers), legal permanent residents (22 percent) and persons lacking citizenship or legal permanent residency (26 percent). Although Spanish speakers account for nearly half of low scorers (47 percent), one in five are English-dominant and one in three are bilingual.

The majority of Hispanics scoring low on the diabetes knowledge index have health insurance or a usual health care provider.

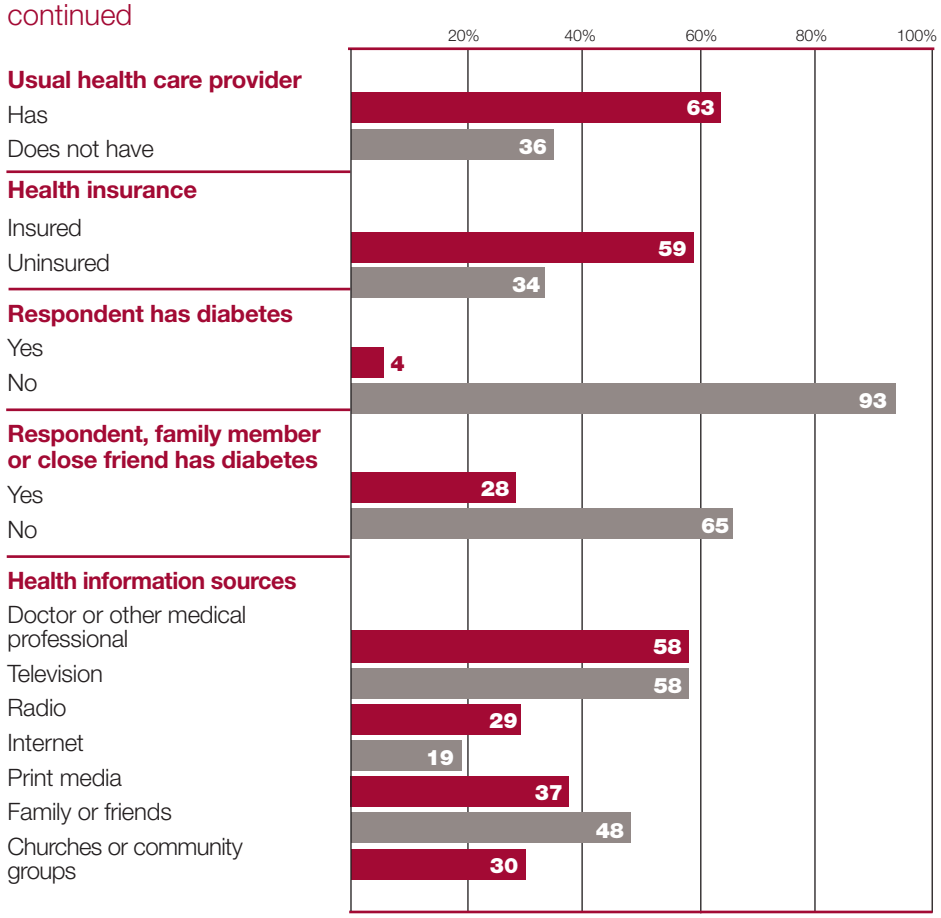
Most Hispanics who score low on the knowledge test about diabetes have health insurance (59 percent), and a usual place to go for medical care (63 percent). About six in 10 of the low-scoring group (58 percent) say they get health information from medical professionals.

Figure 13: Profile of Persons Scoring Low on Diabetes Knowledge Index



continued

Figure 13: Profile of Persons Scoring Low on Diabetes Knowledge Index, continued



Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Diabetics' Knowledge of Diabetes

Diabetics are more likely to know the basic facts about their condition than the general population does, but not all diabetics are well-informed: 73 percent score high on the knowledge test, 24 percent get a medium score and 3 percent get a low score.

Twenty-seven percent of diabetics correctly answered fewer than six out of eight questions on the diabetes knowledge battery.

Generally, diabetics have the same pattern of answers as the general population, but at higher levels of knowledge. For example, they are more likely to know that blurry vision is a symptom (82 percent) than increased fatigue (69 percent). However, diabetics are no more likely than all Hispanics (76 percent) to know that effective treatments are available to reduce the chances of blindness, death or other serious complications. Nor are they more likely to know that maintaining a healthy weight is a better way to prevent diabetes than avoiding sugar intake (71 percent of diabetics are aware of this, as compared with 72 percent of non-diabetics).

With diabetics, as in the general population, the most educated and established Hispanics score the highest on a test of knowledge about diabetes. Eighty-six percent of diabetic Hispanics with at least some college education score high on the knowledge battery, compared with 71 percent of people lacking a high school diploma, and diabetics with regular care providers are more likely to score high (75 percent) than those without a usual place for care (66 percent).

1 Passel J, and Cohn D'Vera. "U.S. Population Projections: 2005–2050." *Pew Research Center*, 2008.

2 www.diabetes.org. *American Diabetes Association.* Accessed 6/18/2008.

3 Pleis JR, and Lethbridge-Cejku M. "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006." *National Center for Health Statistics Vital and Health Statistics* Series 10:235, 2007.

4 *National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2005*. Centers for Disease Control and Prevention, 2005.

5 www.cdc.gov/nccdphp/overview.htm. *Chronic Disease Overview*. Accessed 4/8/2008.

6 *The Power of Prevention: Reducing the Health and Economic Burden of Chronic Disease.* Centers for Disease Control and Prevention, 2003.

7 www.census.gov/Press-Release/www/releases/archives/population/011910.html. "U.S. Hispanic Population Surpasses 45 Million–Now 15 Percent of Total." *U.S. Census Bureau Press Release*. Accessed 6/2/2008.

8 Passel et al.

9 Passel et al.

10 www.diabetes.org et al.

11 *The Power of Prevention* et al.

12 Pleis et al.

13 Zuvekas S, and Taliaferro G. "Pathways to Access: Health Insurance, The Health Care Delivery System, and Racial/Ethnic Disparities, 1996–1999." *Health Affairs* 22: 139–153, 2003.

14 Pleis et al.

15 Fox S, and Livingston, G. "Latinos Online." *Pew Hispanic Center and Pew Internet and American Life Project*, 2007.

The Pew Hispanic Center conducted a public opinion survey among people of Latino background or descent that was designed to elicit opinions on issues related to health care. To fully represent the opinions of Latino people living in the United States, ICR conducted interviews with a statistically representative sample of Latinos so they could be examined nationally.

The study was conducted for the Pew Hispanic Center via telephone by ICR, an independent research company. Interviews were conducted from July 16 to September 23, 2007, among a nationally representative sample of 4,013 Latino respondents ages 18 and older. Of those respondents, 1,625 were native born (including Puerto Rico) and 2,378 were foreign born (excluding Puerto Rico). The margin of error for total respondents is +/-1.83 at the 95 percent confidence level. The margin of error for native-born respondents is +/-3.42 at the 95 percent confidence level. The margin of error for foreign-born respondents is +/- 2.11 at the 95 percent confidence level.

For this survey, ICR maintained a staff of Spanish-speaking interviewers whom, when contacting a household, were able to offer respondents the option of completing the survey in Spanish or in English. A total of 1,320 respondents were surveyed in English and 2,639 in Spanish (and 54 were interviewed equally in both languages).

Eligible Respondent

The survey was administered to any male or female age 18 and older who is of Latino origin or descent.

Field Period

The field period for this study was July 16 to September 23, 2007. The interviewing was conducted by ICR/International Communications Research in Media, Pennsylvania. All interviews were conducted using the Computer Assisted Telephone Interviewing (CATI) system. The CATI system ensured that questions followed logical skip patterns and that the listed attributes automatically rotated, eliminating "question position" bias.

Sampling Methodology

A stratified sample via the Optimal Sample Allocation sampling technique was used for the survey. By utilizing a stratified sample, *one* sample source was used to complete all interviews. This technique provides a highly accurate sampling frame, thereby reducing the cost per *effective* interview. In this case, we examined a list of all telephone exchanges within a target area (national, by state, etc.) and listed them based on concentration of Latino households. We then divided these exchanges into various groups, or strata.

Consequently, we used a disproportionate stratified RDD sample of Latino households. The primary stratification variables are the estimates of Latino household incidence and heritage in each NPA-NXX (area code and exchange) as provided by the GENESYS System–these estimates are derived from Claritas and are updated at the NXX level with each quarterly GENESYS database update. The basic procedure was to rank all NPA-NXXs in the U.S. by the incidence of Latino households. This produced strata that were called Very High, High, Medium, and Low Latino. These strata were then run against InfoUSA and other listed databases, and then scrubbed against known Latino surnames. Any "hits" were subdivided into a "surname" strata, with all other sample remaining in their originally designated strata. Overall, then, the study employed five strata. It is important to note that the existence of surname strata does not mean this was a surname sample design. The sample is RDD; telephone numbers were then divided by whether they were found to be associated with or without a Latino surname. This was done simply to increase the number of strata (thereby increasing the control we have to meet ethnic targets) and to ease administration (allowing for more effective assignment of interviewers and labor hours).

For purposes of estimation, we employed an optimal allocation scheme. This "textbook" approach allocates interviews to a stratum proportionate to the number of Latino HH, but inversely proportionate to the square root of the relative cost, the relative cost in this situation being a simple function of the incidence. As such, the number of completed interviews increases as you move from a lower incidence strata to higher incidence strata. Again, this is a known, formulaic approach to allocation that provides a starting point for discussions of sample allocation and associated costs. We have also provided estimates of the "effective sample size" associated with the resultant disproportionate allocation.

Weighting and Estimation

A two-stage weighting design was executed to ensure an accurate representation of the national Hispanic population.

The first stage takes the disproportionality of the stratified design and rebalances cases back to nationally representative counts of Hispanics. Thus, cases in strata that were under-sampled (for example, Low), attained weights in excess of 1, while cases in strata that were over-sampled (for example, Surname and Very High) were given weights under 1.

The second stage comprised of post-stratification weighting to nationally representative counts of Latinos by region, age, education, heritage, born in U.S./years in U.S., and gender. An industry standard ranking program was utilized to produce final post-stratification weights.

Response Rate

The overall response rate for this study was calculated to be 46.3 percent using AAPOR's RR3 formula. Following is a full disposition of the sample selected for this survey:

	TOTAL
TOTAL NUMBERS DIALED	196,828
INTERVIEW (Category 1)	
Completes	4,013
Short completes (non-Hispanics)	20,926
ELIGIBLE, NON-INTERVIEW (Category 2)	
Refusals	17,996
UNKNOWN ELIGIBILITY, NON-INTERVIEW (Category 3)	
No answer	31, 121
Busy	1,528
No screener completed	7,277
NOT ELIGIBLE (Category 4)	
Data/modem/fax line	12,770
Non-working, disconnected, business or government	78,858
Non-residence	10,903
No eligible respondent	1,550
Quota filled	9,714
Other	172

Access to Health Care

(row %)

	Connected	Disconnected
TOTAL	73	27
Sex		
Male	63	36
Female	83	17
Age		
18–29	63	37
30–49	73	26
50–64	83	16
65 and older	86	13
Education		
Less than a high school diploma	68	32
High school diploma	72	27
Some college or more	80	19
Employment		
Employed	70	30
Unemployed	72	28
Not in labor force	80	20
Household income		
Less than $30,000	69	31
$30,000–$49,999	73	26
$50,000 or more	84	16
Income missing	70	29
Marital status		
Married/Has a partner	75	25
Widowed/Divorced/Separated	77	23
Single	62	37
Region		
Northeast	77	22
North Central	74	25
South	69	30
West	74	26
Area		
Urban	72	28
Suburban	75	25
Rural	73	26
Language		
English-dominant	77	22
Bilingual	75	25
Spanish-dominant	68	32

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Access to Health Care, continued

(row %)

Origin		
Mexico	70	29
Puerto Rico	84	16
Cuba	76	24
Dominican Republic	79	21
Central America	68	31
South America	76	23
Other	83	17
Nativity		
Native born	77	22
Foreign born	70	30
Generation		
First	70	30
Second	77	23
Third or higher	78	21
Citizenship		
Native-born citizen	78	22
Naturalized	79	21
Legal permanent resident (LPR)	69	31
Foreign born, not LPR	57	43
Years in U.S. (Foreign born only)		
Less than 5	51	49
5–9	60	40
10–14	68	31
15 or more	79	21
Health insurance		
Insured	81	19
Uninsured	58	42

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Access to Health Care

(column %)

	Connected	Disconnected
TOTAL	100	100
Sex		
Male	45	69
Female	55	31
Age		
18–29	26	41
30–49	44	43
50–64	18	9
65 and older	10	4
Education		
Less than a high school diploma	37	47
High school diploma	32	32
Some college or more	29	18
Employment		
Employed	60	69
Unemployed	7	7
Not in labor force	31	21
Household income		
Less than $30,000	44	53
$30,000–$49,999	19	18
$50,000 or more	21	11
Income missing	16	18
Marital status		
Married/Has a partner	63	56
Widowed/Divorced/Separated	19	15
Single	17	28
Region		
Northeast	16	12
North Central	8	7
South	35	41
West	42	40
Area		
Urban	70	72
Suburban	20	18
Rural	11	10
Language		
English-dominant	25	20
Bilingual	36	32
Spanish-dominant	38	48

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Access to Health Care, continued

(column %)

Origin		
Mexico	61	69
Puerto Rico	10	5
Cuba	4	4
Dominican Republic	3	3
Central America	9	11
South America	6	5
Other	6	3
Nativity		
Native born	39	30
Foreign born	61	70
Generation		
First	61	70
Second	22	18
Third or higher	16	12
Citizenship		
Native-born citizen	43	33
Naturalized	24	17
Legal permanent resident (LPR)	20	25
Foreign born, not LPR	13	26
Years in U.S. (Foreign born only)		
Less than 5	10	22
5–9	15	23
10–14	13	14
15 or more	61	38
Health insurance		
Insured	70	45
Uninsured	26	51

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Reasons for Disconnection

(for those with no access only)

	Seldom/ Never sick	Recently moved to area	Don't know where to go for care	Can't find provider who speaks my language	Like different places for different health care need	No health insurance/Lost insurance	Don't use doctors/ Treat myself	Cost of medical care	Other
TOTAL	41	4	2	1	3	17	13	11	4
Sex									
Male	45	4	2	1	3	13	14	10	4
Female	31	6	2		5	27	10	13	3
Age									
18–29	38	6	1	1	4	17	14	7	6
30–49	45	3	4	1	3	18	10	13	2
50–64	——	——	——	——	——	——	——	——	——
65 and older	——	——	——	——	——	——	——	——	——
Education									
Less than a high school diploma	40	4	4	1	0	17	13	13	4
High school diploma	45	4	1	1	6	19	13	8	1
Some college or more	34	6	1	1	7	17	13	10	7
Employment									
Employed	45	4	2	1	3	16	13	10	3
Unemployed	——	——	——	——	——	——	——	——	——
Not in labor force	29	6	2	1	0	24	13	13	7
Household income									
Less than $30,000	38	3	1	1	5	22	11	13	4
$30,000–$49,999	48	5	1	1	2	20	5	11	2
$50,000 or more	——	——	——	——	——	——	——	——	——
Income missing	43	7	4	0	1	9	20	8	5
Marital status									
Married/Has a partner	41	3	3	1	3	20	10	12	4
Widowed/Divorced/Separated	35	7	2	2	4	15	21	7	4
Single	——	——	——	——	——	——	——	——	——
Region									
Northeast	——	——	——	——	——	——	——	——	——
North Central	——	——	——	——	——	——	——	——	——
South	41	6	3	1	3	17	14	8	3
West	40	2	2	0	4	20	11	14	5
Area									
Urban	40	4	3	1	3	17	13	12	4
Suburban	43	2	2	2	3	22	10	9	3
Rural	——	——	——	——	——	——	——	——	——

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

Reasons for Disconnection, continued

(for those with no access only)

	Seldom/ Never sick	Recently moved to area	Don't know where to go for care	Can't find provider who speaks my language	Like different places for different health care need	No health insurance/Lost insurance	Don't use doctors/ Treat myself	Cost of medical care	Other
Language									
English-dominant	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Bilingual	39	3	3	2	4	20	11	11	3
Spanish-dominant	45	4	3	1	1	16	13	12	4
Origin									
Mexico	42	3	2	1	2	17	15	10	4
Puerto Rico	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Cuba	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Dominican Republic	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Central America	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
South America	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Other	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Nativity									
Native born	34	5	1	1	6	17	18	7	5
Foreign born	44	4	3	1	2	18	11	12	3
Generation									
First	44	4	3	1	2	18	11	12	3
Second	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Third or higher	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-	— —-
Citizenship									
Native-born citizen	34	5	1	1	7	16	18	7	5
Naturalized	43	2	2	1	2	16	10	14	4
Legal permanent resident (LPR)	42	6	1	1	2	20	13	10	3
Foreign-born, not LPR	46	3	5	1	2	17	10	13	3
Years in U.S. (Foreign born only)									
Less than 5	46	8	5	1	2	13	10	11	4
5–9	41	2	2	2	1	20	13	15	2
10–14	45	2	1	1		23	6	12	6
15 or more	43	3	3	1	4	17	13	12	2
Health insurance									
Insured	48	5	2	1	4	7	17	8	6
Uninsured	35	4	2	1	3	25	11	13	3

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Usual Place of Care for Those with Access

(connected only)

	Community Clinic or Health Center	Doctor's Office	Hospital Outpatient Department	HMO	Other
TOTAL	43	49	4	1	2
Sex					
Male	41	50	6	1	2
Female	45	49	3	1	2
Age					
18–29	49	43	5	0	3
30–49	42	52	3	1	2
50–64	42	52	4	1	1
65 and older	36	53	8	1	1
Education					
Less than a high school diploma	58	36	4	0	2
High school diploma	44	48	5	1	2
Some college or more	24	68	4	1	3
Employment					
Employed	40	52	4	1	2
Unemployed	42	48	5	1	5
Not in labor force	49	44	5	0	1
Household income					
Less than $30,000	56	37	4	0	3
$30,000–$49,999	40	54	3	2	2
$50,000 or more	19	75	4	2	1
Income missing	45	45	7	0	2
Marital status					
Married/Has a partner	43	50	4	1	2
Widowed/Divorced/Separated	44	49	4	2	1
Single	42	48	7	0	3
Region					
Northeast	36	58	5	0	1
North Central	50	45	4	0	1
South	36	56	4	0	3
West	51	42	4	2	2
Area					
Urban	43	49	6	1	2
Suburban	41	54	3	2	1
Rural	49	44	4	0	3
Language					
English-dominant	29	61	5	2	3
Bilingual	36	56	5	1	2
Spanish-dominant	60	35	3	0	1

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Usual Place of Care for Those with Access, continued

(connected only)

	Community Clinic or Health Center	Doctor's Office	Hospital Outpatient Department	HMO	Other
Origin					
Mexico	49	44	4	1	2
Puerto Rico	27	64	5	2	2
Cuba	33	58	7	1	0
Dominican Republic	39	52	10	0	0
Central America	50	44	4	1	2
South America	29	64	5	0	1
Other	29	65	1	1	3
Nativity					
Native born	28	63	5	2	2
Foreign born	53	41	4	0	2
Generation					
First	53	41	4	0	2
Second	30	62	6	1	1
Third or higher	26	64	4	3	3
Citizenship					
Native-born citizen	29	62	5	2	2
Naturalized	42	51	4	0	3
Legal permanent resident (LPR)	59	37	3	0	1
Foreign born, not LPR	71	24	2	1	2
Years in U.S. (Foreign born only)					
Less than 5	64	31	3	1	2
5–9	65	29	3	1	2
10–14	63	32	3	0	2
15 or more	46	48	4	0	2
Health insurance					
Insured	38	55	4	1	2
Uninsured	57	35	5	0	3

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Quality of Care

(For those getting medical care in the past 12 months only)

	Excellent	Good	Fair	Poor
TOTAL	32	46	17	4
Sex				
Male	29	45	19	5
Female	34	46	15	4
Age				
18–29	26	47	20	5
30–49	32	46	17	4
50–64	36	44	14	4
65 and older	38	46	14	2
Education				
Less than high school diploma	25	50	19	5
High school diploma	33	43	19	3
Some college or more	38	43	13	4
Employment				
Employed	31	45	17	5
Unemployed	30	43	21	5
Not in labor force	32	47	15	4
Household income				
Less than $30,000	28	46	20	5
$30,000–$49,999	26	51	17	5
$50,000 or more	45	39	12	2
Income missing	31	48	14	4
Marital status				
Married/Has a partner	32	47	15	4
Widowed/Divorced/ Separated	34	43	17	5
Single	27	46	21	4
Region				
Northeast	31	48	17	3
North Central	28	52	15	3
South	35	43	15	4
West	30	46	18	5
Area				
Urban	33	45	16	4
Suburban	31	46	16	4
Rural	26	49	21	3
Language				
English-dominant	37	42	15	5
Bilingual	37	41	17	4
Spanish-dominant	23	52	18	4

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Quality of Care, continued

(For those getting medical care in the past 12 months only)

	Excellent	Good	Fair	Poor
Origin				
Mexico	31	47	16	4
Puerto Rico	37	44	15	2
Cuba	30	46	17	6
Dominican Republic	27	52	19	2
Central America	26	43	22	5
South America	32	52	11	3
Other	41	37	17	4
Nativity				
Native born	39	40	15	5
Foreign born	27	50	18	4
Generation				
First	27	50	18	4
Second	38	40	17	5
Third or higher	40	40	13	5
Citizenship				
Native-born citizen	39	40	16	5
Naturalized	32	45	17	4
Legal permanent resident (LPR)	23	53	17	5
Foreign born, not LPR	22	55	18	3
Years in U.S. (Foreign born only)				
Less than 5	24	49	22	1
5–9	18	54	21	3
10–14	25	52	17	4
15 or more	30	48	16	5
Usual health care provider				
Has	34	46	16	4
Does not have	19	45	22	7
Health insurance				
Insured	35	45	15	4
Uninsured	23	47	22	5

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Reasons for Bad Care

(% responding yes to each reason)

	Experienced bad care in the past five years	Not able to pay (money)	Race/ Ethnicity	Medical history	Language (accent or poor English)
TOTAL	23	31	29	20	23
Sex					
Male	22	33	29	20	25
Female	25	28	29	19	22
Age					
18–29	28	36	30	21	23
30–49	25	28	28	17	24
50–64	19	26	32	25	27
65 and older	12	——	——	——	——
Education					
Less than a high school diploma	19	41	33	23	37
High school diploma	23	34	28	22	23
Some college or more	32	19	26	15	12
Employment					
Employed	24	28	26	18	22
Unemployed	27	——	——	——	——
Not in labor force	22	32	27	23	25
Household income					
Less than $30,000	22	40	35	24	30
$30,000–$49,999	26	28	22	17	25
$50,000 or more	30	12	19	12	11
Income missing	18	——	——	——	——
Marital status					
Married/Has a partner	22	30	28	19	25
Widowed/Divorced/ Separated	24	28	33	25	21
Single	26	32	26	18	21
Region					
Northeast	23	24	28	16	25
North Central	21	——	——	——	——
South	24	35	31	18	24
West	23	32	29	23	24
Area					
Urban	23	29	27	19	23
Suburban	25	37	30	22	31
Rural	24	——	——	——	——
Language					
English-dominant	30	27	20	20	8
Bilingual	25	27	30	16	20
Spanish-dominant	18	38	36	25	43

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Reasons for Bad Care, continued

(% responding yes to each reason)

	Experienced bad care in the past five years	Not able to pay (money)	Race/ Ethnicity	Medical history	Language (accent or poor English)
Origin					
Mexico	21	34	32	22	27
Puerto Rico	29	18	21	22	13
Cuban	33	——	——	——	——
Dominican Republic	24	——	——	——	——
Central America	24	——	——	——	——
South America	20	——	——	——	——
Other	36	——	——	——	——
Nativity					
Native born	30	31	26	18	12
Foreign born	20	31	32	21	33
Generation					
First	20	31	32	21	33
Second	29	36	29	23	17
Third or higher	31	24	22	13	6
Citizenship					
Native-born citizen	29	29	25	18	14
Naturalized	21	22	28	23	26
Legal permanent resident (LPR)	18	37	38	19	37
Foreign born, not LPR	17	45	35	22	43
Years in U.S. (Foreign born only)					
Less than 5	16	——	——	——	——
5–9	18	——	——	——	——
10–14	14	——	——	——	——
15 or more	22	26	30	20	28
Usual health care provider					
Has	23	27	25	19	20
Does not have	24	41	38	23	32
Health insurance					
Insured	24	20	26	19	20
Uninsured	22	53	34	22	32

Sources of Health Information

	Doctor/Other			Television			Radio			Internet			Print Media			Family/Friends			Churches or Community Groups		
	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None
TOTAL	32	39	28	23	45	31	9	31	60	15	20	65	14	37	49	20	43	36	9	22	68
Sex																					
Male	28	38	33	23	44	32	10	34	56	14	20	66	11	38	50	19	43	37	10	22	68
Female	35	41	22	24	45	31	8	28	64	17	20	63	17	35	48	21	43	35	9	22	69
Age																					
18–29	28	43	29	22	47	31	8	33	59	18	24	57	12	39	48	24	47	29	9	25	65
30–49	31	40	28	24	46	30	10	33	56	17	19	64	14	38	48	20	43	36	10	21	70
50–64	36	33	29	27	42	31	9	25	65	12	18	69	17	34	48	18	40	42	8	20	72
65 and older	41	36	22	23	38	38	9	21	70	6	8	85	19	27	52	16	30	53	12	21	67
Education																					
Less than a high school diploma	25	37	37	26	40	34	10	28	61	6	10	83	11	30	59	18	37	44	11	23	66
High school diploma	32	41	26	26	48	26	10	33	57	15	21	63	14	41	45	21	46	33	10	23	67
Some college or more	41	41	17	17	49	33	6	33	61	31	32	37	20	43	37	23	48	28	7	19	74
Employment																					
Employed	29	41	29	23	46	31	10	33	57	18	21	61	14	38	47	20	44	35	9	21	69
Unemployed	34	34	30	21	43	36	6	27	67	12	19	69	15	38	45	19	45	34	7	25	68
Not in labor force	36	38	25	26	43	31	9	27	64	12	15	72	14	34	51	21	39	40	11	22	67
Household income																					
Less than $30,000	27	40	33	25	45	29	10	31	58	10	13	76	13	35	52	19	43	37	11	23	66
$30,000–$49,999	34	40	25	26	43	31	8	36	56	20	25	54	14	39	46	20	47	33	9	22	69
$50,000 or more	42	42	15	18	49	33	7	32	61	30	33	37	20	46	34	21	48	31	5	18	76
Income missing	31	33	34	23	40	36	9	24	67	10	16	74	11	30	57	22	33	44	9	23	67
Marital status																					
Married/Has a partner	32	39	28	23	45	31	9	31	59	15	20	65	13	37	49	19	44	36	9	22	69
Widowed/Divorced/ Separated	36	35	28	24	42	34	10	27	63	13	17	69	17	32	51	20	39	40	11	21	68
Single	28	45	27	23	46	31	9	31	59	20	22	58	13	39	47	24	42	33	11	22	67
Region																					
Northeast	37	39	23	27	41	31	10	27	62	19	21	59	18	36	45	22	45	32	11	23	65
North Central	28	41	30	21	49	29	8	28	64	18	20	62	12	36	51	22	43	35	10	24	66
South	31	39	29	25	44	32	8	33	59	16	19	64	16	37	46	20	42	37	10	21	69
West	31	40	28	22	46	32	9	31	60	13	19	67	11	37	52	19	43	37	8	22	70
Area																					
Urban	32	39	28	23	45	31	9	32	59	16	20	64	15	37	48	21	43	36	9	22	69
Suburban	29	43	26	25	42	32	10	31	59	17	22	61	12	35	52	18	45	37	8	24	68
Rural	32	36	31	22	45	32	7	25	67	12	15	73	13	38	48	22	40	38	11	18	70
Language																					
English-dominant	36	44	21	18	44	37	4	31	65	21	32	46	12	45	43	24	49	27	6	19	75
Bilingual	38	38	23	23	46	30	9	31	59	21	22	57	18	38	43	21	44	35	9	23	68
Spanish-dominant	24	38	36	27	44	29	12	30	58	7	10	82	11	31	57	18	38	43	11	23	65

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Sources of Health Information, continued

	Doctor/Other			Television			Radio			Internet			Print Media			Family/Friends			Churches or Community Groups		
	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None	A Lot	Little	None
Origin																					
Mexico	30	39	30	24	45	31	9	33	58	13	19	68	12	37	51	19	44	36	9	23	68
Puerto Rico	39	41	19	28	38	34	9	25	66	23	26	50	20	35	45	25	43	31	11	20	68
Cuba	33	45	22	18	43	39	12	28	60	20	17	63	17	35	47	25	37	38	10	18	73
Dominican Republic	36	36	25	26	41	32	16	27	57	18	24	57	16	40	42	23	42	34	12	22	66
Central America	28	42	30	24	46	29	11	27	62	14	15	70	12	36	52	20	38	41	10	23	67
South America	33	38	29	22	50	27	7	33	60	25	26	49	16	42	41	17	45	38	10	19	71
Other	44	39	16	18	48	34	4	30	66	22	23	56	23	39	38	27	41	32	6	15	79
Nativity																					
Native born	39	41	20	19	46	35	5	30	65	23	29	47	15	42	43	25	46	29	7	21	72
Foreign born	28	38	33	26	44	29	11	31	57	11	14	75	13	34	52	18	41	41	11	23	66
Generation																					
First	28	38	33	26	44	29	11	31	57	11	14	75	13	34	52	18	41	41	11	23	66
Second	38	40	22	20	45	35	6	28	66	24	28	47	14	42	43	24	44	31	7	24	69
Third or higher	39	43	18	17	46	37	3	33	65	22	31	46	16	42	42	25	49	26	6	17	77
Citizenship																					
Native-born citizen	39	41	20	20	45	35	5	30	64	23	28	48	16	41	43	24	45	30	8	21	71
Naturalized	34	36	28	24	45	31	10	28	61	13	17	70	17	33	49	17	39	43	9	20	71
Legal permanent resident (LPR)	25	39	35	28	44	28	12	32	55	10	12	77	12	36	52	21	39	39	12	23	65
Foreign-born, not LPR	19	40	40	25	46	28	12	33	55	7	12	81	9	33	58	14	45	39	11	24	64
Years in U.S. (Foreign born only)																					
Less than 5	19	39	42	26	46	28	11	32	57	11	16	73	13	32	55	21	42	37	10	26	64
5–9	19	43	37	31	42	27	13	33	53	9	16	74	10	37	53	15	46	38	11	25	63
10–14	27	38	33	27	45	28	12	34	54	9	13	77	13	32	55	18	40	41	13	21	66
15 or more	32	37	29	25	44	30	11	30	59	12	13	74	15	34	50	18	39	42	10	22	68
Usual health care provider																					
Has	37	41	21	24	46	30	9	30	61	17	21	62	15	38	46	21	44	35	9	22	68
Does not have	17	36	46	22	42	35	10	32	58	11	16	73	10	33	56	18	40	41	9	21	69
Health insurance																					
Insured	38	40	22	24	44	31	9	31	59	18	23	59	16	38	46	21	43	35	10	21	69
Uninsured	19	39	40	22	46	32	10	30	60	11	13	76	11	36	53	19	42	39	9	23	68

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Language of Health Information Received

(for those getting any info from each source)

	Television			Radio			Internet			Print Media			Churches or Community Groups		
	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both
TOTAL	40	28	32	47	27	26	13	58	29	27	43	29	49	19	31
Sex															
Male	36	30	33	43	28	29	11	56	32	26	43	32	48	17	34
Female	44	26	30	53	25	21	14	60	26	29	44	27	51	20	29
Age															
18–29	38	27	35	44	27	28	12	55	33	24	43	33	44	16	40
30–49	40	29	31	48	27	24	13	60	27	30	42	28	51	19	31
50–64	38	32	30	46	27	27	10	65	24	26	45	29	53	25	21
65 and older	48	26	25	54	21	23	——	——	——	31	46	24	57	22	21
Education															
Less than a high school diploma	56	14	30	64	11	24	30	29	40	48	23	28	65	10	24
High school diploma	38	31	31	48	25	26	11	58	31	25	45	31	46	21	33
Some college or more	17	48	34	20	51	29	6	70	23	10	61	29	22	33	45
Employment															
Employed	38	28	34	46	27	27	11	61	28	25	44	31	47	18	35
Unemployed	31	33	35	——	——	——	——	——	——	34	47	19	——	——	——
Labor force status	46	27	26	52	25	22	20	49	31	31	41	27	52	19	28
Household income															
Less than $30,000	51	19	30	58	16	26	20	44	35	40	30	29	57	14	29
$30,000–$49,999	33	32	35	42	30	27	8	62	29	21	44	35	42	22	36
$50,000 or more	12	55	33	18	54	27	6	73	21	7	69	24	21	34	44
Income missing	46	23	30	55	21	22	21	45	33	31	39	29	57	19	24
Marital status															
Married/Has a partner	41	27	32	51	24	25	13	57	30	29	42	28	52	18	29
Widowed/Divorced/Separated	41	30	29	46	29	23	15	58	28	29	42	29	48	25	27
Single	33	33	34	37	33	30	10	62	27	20	48	32	42	16	42
Region															
Northeast	35	36	28	39	31	30	12	60	27	26	42	31	47	19	34
North Central	35	36	29	41	39	19	——	——	——	27	46	27	42	23	35
South	40	27	34	47	29	24	13	54	33	26	43	31	49	18	32
West	42	26	32	51	21	27	13	61	26	29	43	28	52	19	30
Area															
Urban	40	28	32	47	27	26	13	59	28	27	42	30	50	17	32
Suburban	43	26	32	50	24	25	12	55	32	31	40	29	48	21	31
Rural	36	37	27	43	33	23	——	——	——	23	54	23	48	24	27
Language															
English-dominant	6	70	24	11	73	17	4	82	14	4	76	20	13	49	37
Bilingual	27	32	41	36	26	37	7	59	34	17	50	33	41	20	39
Spanish-dominant	68	4	28	74	5	21	40	14	45	58	10	32	71	6	23

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Language of Health Information Received, continued

(for those getting any info from each source)

	Television			Radio			Internet			Print Media			Churches or Community Groups		
	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both	Spanish	English	Both
Origin															
Mexico	43	25	32	52	23	25	13	59	28	31	40	29	51	17	31
Puerto Rico	22	49	28	28	49	23	9	64	27	15	58	27	38	21	41
Cuba	——	——	——	——	——	——	——	——	——	——	——	——	——	——	——
Dominican Republic	39	24	37	——	——	——	——	——	——	——	——	——	——	——	——
Central America	49	18	32	56	13	31	18	44	37	32	28	39	61	9	30
South America	36	28	35	——	——	——	12	48	39	24	41	34	——	——	——
Other	10	61	29	——	——	——	——	——	——	——	——	——	——	——	——
Nativity															
Native born	11	60	28	15	59	25	5	76	18	6	71	23	22	37	39
Foreign born	54	12	33	62	11	26	21	36	42	42	24	34	62	10	28
Generation															
First	54	12	33	62	11	26	21	36	42	42	24	34	62	10	28
Second	16	50	35	21	47	30	6	70	23	8	66	26	26	29	43
Third or higher	5	75	19	7	76	17	4	85	11	3	78	18	15	54	31
Citizenship															
Native-born citizen	15	57	29	19	56	25	6	74	19	7	69	24	26	34	38
Naturalized	44	19	38	49	18	33	11	53	37	30	35	35	54	17	29
Legal permanent resident (LPR)	59	7	34	68	7	25	25	26	47	48	17	35	69	5	26
Foreign born, not LPR	67	5	28	74	5	21	38	11	51	60	9	31	64	7	28
Years in U.S. (Foreign born only)															
Less than 5	67	6	26	73	4	23	——	——	——	57	13	30	65	8	26
5–9	65	5	31	69	5	25	31	14	55	51	12	38	64	3	33
10–14	58	6	36	69	5	26	——	——	——	50	18	32	62	7	31
15 or more	47	17	35	56	17	27	12	52	36	34	32	34	60	14	26
Usual health care provider															
Has	37	31	31	46	28	26	11	61	27	25	46	29	48	21	31
Does not have	48	19	33	52	21	26	17	46	36	34	34	32	54	12	32
Health insurance															
Insured	34	34	32	42	32	25	11	63	26	23	50	27	45	23	32
Uninsured	51	17	32	57	16	26	18	45	37	36	29	35	57	11	31

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Impact of Media on Behavior

(For anyone who received any health information by television, radio, Internet, print media)

	Affect decision about how to treat an illness or medical condition	Ask a doctor or other medical professional new questions	Change thinking about diet or exercise
TOTAL	41	57	64
Sex			
Male	40	51	60
Female	42	62	68
Age			
18–29	42	57	65
30–49	41	58	67
50–64	40	55	61
65 and older	39	50	49
Education			
Less than a high school diploma	38	56	66
High school diploma	41	56	66
Some college or more	45	59	60
Employment			
Employed	40	56	65
Unemployed	47	55	54
Not in labor force	41	60	64
Household income			
Less than $30,000	40	59	67
$30,000–$49,999	39	57	64
$50,000 or more	44	52	61
Income missing	41	53	61
Marital status			
Married/Has a partner	40	59	66
Widowed/Divorced/Separated	43	53	61
Single	42	51	61
Region			
Northeast	43	61	62
North Central	37	54	63
South	45	57	63
West	37	55	67
Area			
Urban	42	57	65
Suburban	40	59	64
Rural	36	50	59
Language			
English-dominant	37	47	54
Bilingual	46	57	64
Spanish-dominant	39	62	71

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Impact of Media on Behavior, continued

(For anyone who received any health information by television, radio, Internet, print media)

	Affect decision about how to treat an illness or medical condition	Ask a doctor or other medical professional new questions	Change thinking about diet or exercise
Origin			
Mexico	40	57	67
Puerto Rico	45	55	55
Cuban	44	57	45
Dominican Republic	44	67	68
Central America	43	63	73
South America	34	53	60
Other	36	42	48
Nativity			
Native born	41	51	56
Foreign born	41	60	69
Generation			
First	41	60	69
Second	41	55	56
Third or higher	39	46	56
Citizenship			
Native-born citizen	41	52	57
Naturalized	42	58	66
Legal permanent resident (LPR)	40	61	71
Foreign born, not LPR	40	62	72
Years in U.S. (Foreign born only)			
Less than 5	44	62	68
5–9	43	60	72
10–14	37	60	72
15 or more	41	60	67
Usual health care provider			
Has	42	60	65
Does not have	38	48	61
Health insurance			
Insured	41	57	64
Uninsured	41	56	65

Knowledge of Diabetes

(% answering correctly)

	Frequent urination	Increased fatigue	Excessive thirst	Blurry vision	No permanent cure	Effective treatments exist	Maintaining a healthy weight as a prevention tactic	Risk even if no family members have diabetes
TOTAL	63	59	63	70	76	76	72	71
Sex								
Male	58	55	56	65	72	77	70	69
Female	69	64	71	75	80	75	75	72
Age								
18–29	52	53	52	62	74	76	75	71
30–49	67	64	67	73	78	77	72	73
50–64	72	64	75	78	79	79	71	72
65 and older	67	53	62	66	70	69	63	58
Education								
Less than a high school diploma	61	54	58	66	71	74	66	67
High school diploma	63	60	64	70	77	76	74	73
Some college or more	66	69	73	77	82	82	80	75
Employment								
Employed	62	61	63	70	76	79	73	72
Unemployed	63	54	58	68	75	74	77	69
Not in labor force	67	59	66	70	77	73	69	70
Household income								
Less than $30,000	64	57	63	70	75	75	68	69
$30,000–$49,999	65	61	61	70	77	80	76	72
$50,000 or more	66	73	74	78	84	83	83	81
Income missing	55	50	54	61	69	69	65	61
Marital status								
Married/Has a partner	65	62	65	72	77	77	73	72
Widowed/Divorced/Separated	68	59	70	72	76	76	71	69
Single	52	52	53	61	73	76	70	69
Region								
Northeast	67	53	65	74	75	79	69	69
North Central	56	60	59	65	77	76	71	72
South	63	60	64	69	76	75	71	68
West	63	61	63	70	76	77	74	73
Area								
Urban	62	60	64	71	77	76	72	70
Suburban	65	59	63	69	76	78	70	73
Rural	62	57	62	67	72	76	72	72
Language								
English-dominant	57	61	65	67	80	76	79	76
Bilingual	65	63	64	72	76	77	74	71
Spanish-dominant	65	55	62	69	73	76	66	67

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Knowledge of Diabetes, continued

(% answering correctly)

	Frequent urination	Increased fatigue	Excessive thirst	Blurry vision	No permanent cure	Effective treatments exist	Maintaining a healthy weight as a prevention tactic	Risk even if no family members have diabetes
Origin								
Mexico	64	61	64	70	76	75	73	73
Puerto Rico	69	54	66	76	77	81	72	76
Cuba	67	59	65	64	75	78	76	64
Dominican Republic	71	60	68	69	77	79	76	62
Central America	57	54	54	64	74	75	60	64
South America	44	54	57	66	73	77	65	61
Other	68	71	73	76	84	83	81	73
Nativity								
Native born	60	64	67	70	80	77	80	75
Foreign born	64	57	61	70	74	76	67	68
Generation								
First	64	57	61	70	74	76	67	68
Second	60	62	62	68	80	78	82	74
Third or higher	61	67	73	73	80	75	79	77
Citizenship								
Native-born citizen	62	63	67	71	79	77	79	75
Naturalized	70	60	65	72	77	77	69	67
Legal permanent resident (LPR)	64	58	63	70	75	77	65	68
Foreign born, not LPR	55	54	53	65	68	73	67	67
Years in U.S. (FB only)								
Less than 5	58	52	56	61	67	76	65	67
5–9	58	51	52	68	69	73	65	67
10–14	57	57	58	66	74	78	67	66
15 or more	70	60	66	74	77	76	68	69
Usual health care provider								
Has	65	61	66	73	79	77	73	72
Does not have	57	54	56	63	69	74	68	68
Health insurance								
Insured	65	61	66	72	77	77	74	72
Uninsured	61	57	60	67	74	75	69	70
Respondent has diabetes								
Yes	80	69	78	82	81	76	71	86
No	60	58	61	68	75	77	72	68

continued

Knowledge of Diabetes, continued

(% answering correctly)

	Frequent urination	Increased fatigue	Excessive thirst	Blurry vision	No permanent cure	Effective treatments exist	Maintaining a healthy weight as a prevention tactic	Risk even if no family members have diabetes
Respondent, family member, or close friend has diabetes								
Yes	69	66	71	77	80	80	75	79
No	53	49	51	60	71	71	68	57
Health information sources								
Doctor or other medical professional	65	63	66	73	78	78	73	72
Television	65	62	65	72	78	78	72	73
Radio	66	63	64	74	77	79	73	73
Internet	63	67	68	74	80	81	79	76
Print media	67	65	68	74	79	80	74	73
Family or friends	64	63	66	72	78	78	74	73
Churches or community groups	63	59	62	68	74	78	70	69

Diabetes Knowledge Index

(row % of correct answers)

	Low (0–2)	Middle (3–5)	High (6–8)
TOTAL	10	32	58
Sex			
Male	13	36	51
Female	7	27	65
Age			
18–29	12	40	48
30–49	9	28	63
50–64	8	24	68
65 and older	15	37	48
Education			
Less than a high school diploma	13	37	50
High school diploma	9	31	60
Some college or more	6	24	70
Employment			
Employed	10	32	59
Unemployed	11	35	53
Not in labor force	10	31	59
Household income			
Less than $30,000	11	32	57
$30,000–$49,999	7	35	58
$50,000 or more	4	23	72
Income missing	17	38	45
Marital status			
Married/Has a partner	10	30	61
Widowed/Divorced/Separated	9	32	60
Single	14	38	48
Region			
Northeast	10	31	59
North Central	12	34	54
South	11	32	57
West	10	32	59
Area			
Urban	10	32	58
Suburban	9	32	59
Rural	12	33	55
Language			
English-dominant	8	32	59
Bilingual	10	30	61
Spanish-dominant	12	33	55

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

continued

Diabetes Knowledge Index, continued

(row % or correct answers)

	Low (0–2)	Middle (3–5)	High (6–8)
Origin			
Mexico	9	32	59
Puerto Rico	10	27	64
Cuba	14	26	60
Dominican Republic	7	33	60
Central America	15	39	46
South America	15	38	47
Other	6	24	71
Nativity			
Native born	8	30	62
Foreign born	12	33	56
Generation			
First	12	33	56
Second	9	31	60
Third or higher	6	29	65
Citizenship			
Native-born citizen	8	30	62
Naturalized	10	30	60
Legal permanent resident (LPR)	10	34	55
Foreign born, not LPR	16	35	48
Years in U.S. (Foreign born only)			
Less than 5	14	36	50
5–9	16	35	49
10–14	12	39	48
15 or more	9	30	61
Usual health care provider			
Has	9	30	61
Does not have	14	36	50
Health insurance			
Insured	10	30	61
Uninsured	11	35	55
Respondent has diabetes			
Yes	3	24	73
No	11	33	55
Respondent, family member, or close friend has diabetes			
Yes	5	28	67
No	18	38	44
Health information sources			
Doctor/other medical professional	8	30	62
Television	9	30	61
Radio	7	30	62
Internet	6	29	65
Print media	8	27	65
Family or friends	8	30	62
Churches or community groups	10	33	57

Profile of Persons by Diabetes Knowledge Index

(column % of correct answers)

	Low (0–2)	Middle (3–5)	High (6–8)
TOTAL	100	100	100
Sex			
Male	65	59	45
Female	35	41	55
Age			
18–29	33	38	25
30–49	38	38	48
50–64	12	12	18
65 and older	12	9	7
Education			
Less than a high school diploma	50	46	34
High school diploma	27	31	33
Some college or more	15	20	31
Employment			
Employed	59	62	64
Unemployed	7	7	6
Not in labor force	27	27	28
Household income			
Less than $30,000	51	46	45
$30,000–$49,999	13	20	19
$50,000 or more	8	13	23
Income missing	28	21	13
Marital status			
Married/Has a partner	56	57	64
Widowed/Divorced/Separated	15	18	18
Single	27	24	17
Region			
Northeast	14	14	15
North Central	9	8	7
South	38	37	36
West	39	41	42
Area			
Urban	71	70	70
Suburban	17	19	20
Rural	12	11	10
Language			
English-dominant	20	24	24
Bilingual	34	33	37
Spanish-dominant	47	43	39

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

continued

Profile of Persons by Diabetes Knowledge Index, continued

(column % of correct answers)

	Low (0–2)	Middle (3–5)	High (6–8)
Origin			
Mexico	58	63	64
Puerto Rico	8	7	9
Cuba	6	3	4
Dominican Republic	2	3	3
Central America	14	12	8
South America	9	7	5
Other	3	4	6
Nativity			
Native born	27	35	39
Foreign born	73	65	61
Generation			
First	73	65	61
Second	19	21	22
Third or higher	9	14	17
Citizenship			
Native-born citizen	32	38	43
Naturalized	20	21	22
Legal permanent resident (LPR)	22	23	20
Foreign born, not LPR	26	18	14
Years in U.S. (Foreign born only)			
Less than 5	16	14	12
5–9	23	19	15
10–14	14	16	12
15 or more	43	49	60
Usual health care provider			
Has	63	68	77
Does not have	36	31	23
Health insurance			
Insured	59	59	67
Uninsured	34	36	31
Respondent has diabetes			
Yes	4	11	18
No	93	89	81
Respondent, family member, or close friend has diabetes			
Yes	29	55	71
No	65	44	29
Health information source			
Doctor/other medical professional	58	67	76
Television	58	65	72
Radio	29	38	43
Internet	19	32	39
Print media	37	43	57
Family or friends	48	60	67
Churches or community groups	30	32	31

Sought Medical Care or Medicines in Another Country

(% responding yes)

TOTAL	8
Sex	
Male	8
Female	9
Age	
18–29	8
30–49	9
50–64	9
65 and older	4
Education	
Less than a high school diploma	7
High school diploma	8
Some college or more	10
Employment	
Employed	9
Unemployed	9
Not in labor force	7
Household income	
Less than $30,000	9
$30,000–$49,999	8
$50,000 or more	7
Income missing	9
Marital status	
Married/Has a partner	9
Widowed/Divorced/Separated	7
Single	7
Region	
Northeast	4
North Central	5
South	11
West	8
Area	
Urban	8
Suburban	7
Rural	10
Language	
English-dominant	4
Bilingual	10
Spanish-dominant	9

Note: “Not in labor force” includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Sought Medical Care or Medicines in Another Country, continued

(% responding yes)

Origin	
Mexico	10
Puerto Rico	2
Cuba	1
Dominican Republic	12
Central America	5
South America	7
Other	10
Nativity	
Native born	6
Foreign born	9
Generation	
First	9
Second	7
Third or higher	4
Citizenship	
Native-born citizen	6
Naturalized	13
Legal permanent resident (LPR)	11
Foreign born, not LPR	5
Years in U.S. (Foreign born only)	
Less than 5	11
5–9	7
10–14	5
15 or more	11
Usual health care provider	
Has	8
Does not have	10
Health insurance	
Insured	7
Uninsured	11

Sought Medical Care from a Curandero

(% responding yes)

TOTAL	6
Sex	
Male	7
Female	5
Age	
18–29	7
30–49	6
50–64	6
65 and older	5
Education	
Less than a high school diploma	6
High school diploma	6
Some college or more	8
Employment	
Employed	7
Unemployed	10
Not in labor force	5
Household income	
Less than $30,000	6
$30,000-$49,999	7
$50,000 or more	6
Income missing	6
Marital status	
Married/Has a partner	6
Widowed/Divorced/Separated	7
Single	7
Region	
Northeast	7
North Central	7
South	7
West	5
Area	
Urban	6
Suburban	6
Rural	8
Language	
English-dominant	8
Bilingual	7
Spanish-dominant	5

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Sought Medical Care from a Curandero, continued

(% responding yes)

Origin	
Mexico	6
Puerto Rico	5
Cuba	11
Dominican Republic	8
Central America	5
South America	7
Other	8
Nativity	
Native born	8
Foreign born	5
Generation	
First	5
Second	7
Third or higher	8
Citizenship	
Native-born citizen	7
Naturalized	5
Legal permanent resident (LPR)	6
Foreign born, not LPR	5
Years in U.S. (Foreign born only)	
Less than 5	8
5-9	4
10-14	6
15 or more	5
Usual health care provider	
Has	6
Does not have	7
Health insurance	
Insured	6
Uninsured	7

Opinions of Different Treatments

	Sick persons should rely ONLY on treatments recommended by doctors or other medical professionals	Treatments in the form of potions, powders, spells or healing rituals can ALSO be useful
TOTAL	87	8
Sex		
Male	87	9
Female	88	7
Age		
18–29	85	10
30–49	88	8
50–64	88	5
65 and older	90	3
Education		
Less than a high school diploma	88	6
High school diploma	89	7
Some college or more	84	11
Employment		
Employed	87	9
Unemployed	83	8
Not in labor force	90	5
Household income		
Less than $30,000	89	6
$30,000–$49,999	86	10
$50,000 or more	84	13
Income missing	86	5
Marital status		
Married/Has a partner	89	7
Widowed/Divorced/Separated	88	7
Single	82	12
Region		
Northeast	91	4
North Central	86	10
South	86	8
West	87	9
Area		
Urban	88	7
Suburban	88	8
Rural	83	11
Language		
English–dominant	79	14
Bilingual	89	7
Spanish-dominant	90	5

Note: "Not in labor force" includes those who reported that they were a homemaker or stay-at-home parent, retired or a student.

continued

Opinions of Different Treatments, continued

	Sick persons should rely ONLY on treatments recommended by doctors or other medical professionals	Treatments in the form of potions, powders, spells or healing rituals can ALSO be useful
Origin		
Mexico	88	8
Puerto Rico	88	7
Cuba	86	6
Dominican Republic	81	11
Central America	88	6
South America	85	8
Other	82	13
Nativity		
Native born	83	12
Foreign born	90	5
Generation		
First	90	5
Second	86	10
Third or higher	79	14
Citizenship		
Native-born citizen	83	11
Naturalized	90	5
Legal permanent resident (LPR)	90	6
Foreign born, not LPR	90	6
Years in U.S. (Foreign born only)		
Less than 5	89	7
5–9	91	6
10–14	92	5
15 or more	90	5
Usual health care provider		
Has	87	8
Does not have	87	8
Health insurance		
Insured	87	8
Uninsured	88	8

Note: Percentage may not total 100 due to rounding and the exclusion of "don't know" and "refused" responses.

Robert Wood Johnson Foundation

Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316
www.rwjf.org

Pew Hispanic Center

a PewResearchCenter project

1615 L Street, NW
Suite 700
Washington, DC 20036-5610
www.pewhispanic.org

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