



Joint Standing Committee on Electoral Matters
Submission No. 172
Date Received 4/11/02
Secretary [Signature]

Our reference: 89-73-10

Committee Secretary
Joint Standing Committee on Electoral Matters
Department of House of Representatives
Parliament House
Canberra ACT 2601



Dear Committee Secretary

MATTERS TAKEN ON NOTICE: JSCEM INQUIRY INTO THE 2001 ELECTION

I refer to matters taken on notice from my appearance of 2 October 2002 before the Committee's Inquiry into the conduct of the 2001 election.

I wish to provide the following responses and clarifications in relation to the prohibition on the use of the electoral roll for commercial purposes by political parties. I also refer to the concerns raised in our submission regarding the use of the electoral roll for commercial purposes by persons and organisations, as distinct from issues involving political parties.

Clarification of Recommendation 8: Restrictions on use of the electoral roll by political parties

I undertook to provide the Committee with clarification of Recommendation 8 provided in my Office's supplementary submission and 'whether there is a prohibition on political parties using the information (from the electoral roll) for commercial purposes' (Hansard Proof Transcript, EM150, 2 October 2002). Our recommendation states:

Use or disclosure of data derived from the electoral roll by political parties for commercial purposes should be prohibited and that greater clarity be afforded to the permitted purposes of the Electoral Act. Proposals by the AEC to this current Inquiry to limit the types of personal information available to political parties are supported.

After further review, I acknowledge that our recommendation should have been more carefully drafted. Restrictions do exist regarding how political parties may use personal information sourced from the electoral roll. I apologise for the miscasting of the operation of the *Commonwealth Electoral Act 1918* ('Electoral Act') in this regard.

To clarify what these restrictions are: section 91A(1A) of the Electoral Act prescribes the permitted purposes for which a Senator or Member of the House of Representatives may use the electoral roll. Section 91A(2) then mirrors these permitted purposes in regard to political parties. Section 91B also places restrictions on disclosure and the commercial use of data from the electoral roll.

The restrictions in s.91A and s.91B relate to electoral roll information when provided by the Electoral Commission on 'tape or disk'.

Our supplementary submission, at paragraph 51, acknowledges the permitted purposes involving the use of electoral roll data in 'tape or disk' format for:

- Any purpose in connection with an election or referendum; and
- Research regarding electoral matters; and
- The performance of a Senator or Member of the House of Representatives of his or her functions in that role (which includes in relation to a particular person on the roll).

The limitation of these protections to particular media may leave open to query the breadth of the permitted uses when the information is derived from other formats, including the printed roll, which must be provided to each registered political party, Senator and Member of the House of Representatives following each election, pursuant to s.91(2). The information from the roll that is provided to political parties, Senators and Members in printed format, however, is limited to each voter's name and address, which is the same as the information available on the version of the roll available to the general public.

Our submission was prompted by:

- The seeming generality of the wording to describe the prescribed uses for political parties, Senators and Members under s.91A(1A) and s.91A(2); and
- The apparent lack of specified limitations on use of the data when it is made available via media other than 'tape or disk', and particularly when it is in printed form.

I would like to re-emphasise, however, that my Office has no evidence that political parties, Senators or Members have used electoral roll information contrary to the current restrictions. I apologise for any confusion caused by the casting of our submission, and ask that consideration be given, instead, to the two issues raised above.

Nevertheless, there is clear evidence that electoral roll information is available and being used for commercial purposes. In the remainder of this letter, I would like to canvass the evidence and to consider what may be done about it.

Commercial use of the electoral roll by persons and organisations

The use of the electoral roll for a range of commercial purposes by private sector organisations is an issue that continues to raise significant privacy issues. There is anecdotal evidence, including information that has come to my Office via post, email and phone, that electoral roll data is being used for commercial purposes by some persons and organisations in the business/commercial sector. One likely source of this data may be the legitimate purchase of electoral roll data in printed form, which is then converted into electronic form, processed and used for commercial purposes.

As noted in our submission (paragraphs 28-30), my Office is conducting a consultation to assist in the preparation of an information sheet on the application of the Privacy Act to publicly available personal information, including where it is contained on public registers, such as the electoral roll.

To date, we have received over seventy submissions from a range of organisations. A number of these refer to the use of personal information that is held on public registers. A number of pertinent

points (listed below) are drawn from those submissions. They give an idea of the range of commercial uses that are made of public registers, including the electoral roll:

- Many home shopping companies use the white pages and the electoral roll to ‘cleanse’ their files;
- Public registers, such as the electoral roll, are often used by organisations for such purposes as helping locate people who previously made donations, after they have changed their addresses;
- Broadly speaking, some organisations rely on publicly accessible databases to:
 - Confirm the identity of people;
 - Locate people;
 - Assess credit worthiness;
 - Assess solvency;
 - Verify assets, liabilities and interests in property and other information; or
 - Reduce the potential for fraud.

In addition to the electoral roll, the types of databases commonly accessed for such purposes include: land titles registers; corporate, personal property registers; license registers; and court files (including bankruptcy and probate registers);

- Many organisations produce a profile that defines and describes their support base and then use publicly available information (including public registers and newspapers) to locate like-profiled people, so they can make contact with them to seek donations. I should point out that the submission from which this comment is drawn did not name the public registers used, but in conversations we have been told that the sources used in such circumstances include the electoral roll, share registers, ABS data, land titles data and the white pages.

In my view, there is a strong need for a full public debate on the re-use of personal information on the electoral roll for purposes other than for which it has been established. It seems clear that the roll is widely used and there may be a mismatch between business and consumer expectations in respect of these uses. One clear reason for this is the changed technological environment, making it much more feasible to re-use the roll for a range of purposes

I believe there is merit in further clarifying the current prescribed uses of the data taken from the electoral roll. The effectiveness of the law would be further improved by setting out the limitations on the uses of that data, or data derived from the habitation index, in a way that is consistent across the range of mechanisms or media available for the storage or transmission of the data. This would help to take into account emerging or future technologies that may be used for data storage or data transfer. In effect, the prescribed uses of the data should be applied in a technology neutral manner.

My initial position, subject to the outcome of full public debate on the issues, is that unless there are strong public interests to the contrary, collection from, and use of, personal information on the electoral roll should be limited to the primary purpose for which the roll is established (and for which the information is therefore made public).

If data from the electoral roll were to be considered for permitted disclosure to, and use by, private sector organisations for purposes beyond those of the primary purpose of the collection into the roll, an approach similar to that which prescribes the specified uses of electoral roll data by Commonwealth agencies under s.91(11)(a) of the Electoral Act, could be considered – this approach sets out the permitted uses of the data by each agency in ‘Schedule 3: Purposes for use of

information' of the *Electoral and Referendum Regulations 1940*. A stronger option, which would allow full parliamentary debate, would be to prescribe such disclosures and uses in the Act itself.

As I noted in a previous submission, similar issues about the use of electoral roll data are raised in the recent report by the Federal Auditor General – *Australian National Audit Office: Report 42 Integrity of the Electoral Roll*.

California HealthCare Foundation Research on attitudes to privacy and healthcare

Members of the Committee expressed interest in research, which I cited during my appearance, from the California HealthCare Foundation. I referred to this research in response to a question regarding the proposed use of Medicare data for the Continuous Roll Update (CRU) initiative. I am pleased to supply this material, as attached. The original material is available on the Internet at www.chcf.org/press/view.cfm?itemID=12267.

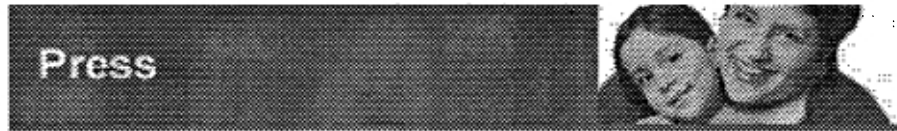
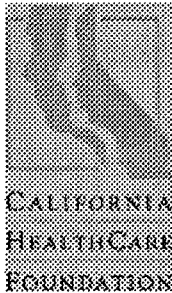
I hope that I have clarified the matters placed on notice. Should you require further information, the contact officer in this regard is Barbra Luby (02 9284 9874, BarbraLuby@privacy.gov.au).

Yours Sincerely



Malcolm Crompton
Federal Privacy Commissioner

24 October 2002



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Americans Worry about the Privacy of Their Computerized Medical Records

January 28, 1999

Americans trust their doctors and hospitals with confidential medical information, but fear disclosure when it is handled and stored by private health insurance plans or others. These findings are among the highlights of a recent survey of 1,000 Americans and another 1,100 California residents conducted for the California Health Foundation by Princeton Survey Research Associates. The survey findings were released today at a statewide conference on the protection of personal health information, sponsored by the Foundation and Consumers U

"Given the complexity of the health care delivery system and the increasing use of new information technology in the industry, collectively, needs to ensure that adequate safeguards are in place to protect the confidentiality of personal health information," said Mark D. Smith, M.D., M.B.A., president and CEO of the California Health Foundation.

Computerization Seen as Threat

Computerization of medical records is seen as the most serious threat to medical privacy, according to the survey results. Over half of all U.S. adults (54%) and California residents (52%) say the shift from paper record-keeping systems to computer-based systems makes it more difficult to keep personal medical information private and confidential. Most people consider electronic piracy—not disclosure of personal information by medical personnel, health plan officials, or other authorized users—as the bigger threat to privacy. Nationally, 55% say they worry more about computer hackers breaking into the system, while only 30% worry more about authorized users leaking information. In California, computer hackers are viewed as the number one threat by a margin of 58% to 28%

Reluctance to Grant Access to Medical Records

While most people acknowledge that persons other than their immediate providers have access to their personal medical records, they display a strong preference to restrict access. When asked if they would grant access various groups seeking permission, majorities say "no," except in cases of medical research studies conducted by government or academia. Roughly six in ten would not be inclined to grant access to a hospital offering preventive care programs (60% of national, 56% of California adults) or to an employer who was considering them for a job (61% and 60%). A clear majority (56%) of all U.S. adults and roughly half (52%) of California adults also would not grant access to a new health insurance company that might offer them better benefits at a lower cost. Americans are least willing to allow drug companies to have access to their medical records for the purposes of marketing new drugs and other health care products (70% and 68%, respectively).

Americans Express Trust in Health Care Providers; Little Confidence in Health Insurers

Health care providers get a strong vote of confidence from the public. Solid majorities of adults nationally (60%) and in California (62%) say they trust doctors, hospitals, and other health professionals to keep personal information confidential all or most of the time. There is, however, a pervasive distrust of private and government health insurers to keep personal information confidential. About a third of U.S. adults say they trust health plans (35%) and government programs like Medicare (33%) to maintain confidentiality all or most of the time.

Few Believe Improper Disclosures

Most people don't believe their own medical privacy has ever been violated. When asked if they believe a health care provider, insurance plan, government agency, or employer has ever improperly disclosed personal medical information, only one in five U.S. adults (18%) and California adults (20%) say "yes."

A comparison of the new survey results with those of a comparable 1993 Louis Harris survey for Equifax shows evidence that violations of medical privacy have become more common over the past five years. In fact, reports of improper disclosure by health insurance companies (15% vs. 8%), public health agencies (10% vs. 4%), and hospitals (11% vs. 6%) are down significantly, compared to 1993 survey results.

Close to half the people affected by improper disclosure say it resulted in personal embarrassment or harm. In total, 7% of all U.S. adults and 9% of California adults say they have been personally embarrassed or harmed by a violation of their medical privacy. The segment of the population most likely to have been hurt are those who have ever used mental health services (13% of those in the U.S. as a whole and 14% in California).

Some Take Steps to Protect Medical Privacy

For the most part, Americans have not altered the way they interact with the health care system because of concerns about medical privacy. In total, 15% of national adults and 18% of California adults say they have done something out of the ordinary to keep personal medical information confidential. The steps people have taken to protect medical privacy include behaviors that may put their own health at risk or create financial hardships. These behaviors include: going to another doctor, or paying out-of-pocket (when insured) to avoid disclosure; not seeking care to avoid disclosure to an employer; giving inaccurate or incomplete information on medical history; asking a doctor to not write down the health problem, or to record a less serious or embarrassing condition.

In both the nation as a whole and in California, those who have experienced a breach of medical privacy are four times as likely as others to say they have taken one or more steps to protect themselves. Among all U.S. adults, 38% of those reporting a breach of medical privacy have taken steps, compared with only 10% of those who have never had a bad experience. In California, the margin for these same two subgroups is 44% vs. 11%.

Most Unaware of Health Identifiers

In 1996, Congress passed legislation requiring the development of unique health identifiers—like a Social Security number—for all Americans. When told about the potential benefits as well as the risks in adopting a system of unique identifiers, 39% of the national survey respondents say they favor health identifiers while 52% are opposed. California respondents have a similar initial reaction—38% in favor, 50% opposed.

The survey results confirm that medical privacy concerns currently play an important role in limiting public support for unique health identifiers. Majorities of all U.S. adults (56%) and California adults (61%) say they are very concerned "there will be no effective way to prevent unauthorized access to sensitive personal information." Americans and Californians overwhelmingly back new federal legislation to protect medical privacy (85% and 83% respectively).

Adequate Safeguards Critical to Support Identifiers

To win public acceptance of a system of unique health identifiers, it is critical to have security provisions and information management policies in place to protect medical privacy. Many people initially opposed to unique health identifiers say they change their mind if proven safeguards for privacy were included in the system. When combined with initial supporters, these conditional supporters create a strong majority in favor of unique health identifiers both nationally (63%) and in California (64%).

Three specific policies to safeguard medical privacy are rated highest in effectiveness by Americans and Californians—establishing fines and punishments for violations of medical privacy (47% and 47%, respectively "very effective"), requiring someone's permission to release personal information (44% and 49%), and requiring providers to set up security systems like passwords and encryption (43% and 43%).

"The public understands that the world is changing. Yet this health information survey shows that people are cautious about changes in important areas of their lives such as health care. While people are willing to accept change, they need good, reliable information to make them comfortable in these key areas," Princeton Survey Research Associates Senior Project Director Larry Hugick said.

About the Survey

For this survey, Princeton Survey Research Associates interviewed a national sample of 1,000 adults, 18 years and older, in the continental United States and a separate sample of 1,100 adults in California. All interviews were conducted by telephone between November 12 and December 22, 1998. For both the U.S. and California surveys, the overall margin of sampling error is plus or minus three percentage points for results based on the total sample. Results based on smaller subgroups are subject to a larger margin of error. In addition to sampling error, the practical difficulties of conducting surveys can also introduce error or bias to poll results.

Contact Information

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CALIFORNIA HEALTHCARE FOUNDATION

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MEDICAL PRIVACY AND CONFIDENTIALITY SURVEY

SUMMARY AND OVERVIEW

January 28, 1999

Americans are worried about the computerization of their medical records, and have reasons to be concerned about their medical privacy. However, these concerns are having only a limited effect on the way they interact with the health care system.

According to a new survey conducted by Princeton Survey Research Associates for the California HealthCare Foundation, most Americans trust private health insurance plans and government health programs less to keep personal medical information private and confidential than they trust private physicians and hospitals. Generally, most are concerned about their personal privacy and think it is more difficult to keep personal information private than in the past.

Computerization Seen as Greatest Threat to Privacy

Computerization of medical records is seen as the most serious threat to medical privacy. More than half of all U.S. adults (54%) and California residents (52%) say the shift from paper record keeping systems to electronic or computer-based systems makes it more difficult to keep personal medical information private and confidential. Most people consider electronic piracy—not disclosure of personal information by medical personnel, health plan officials, or other authorized users—as the bigger threat to privacy. Nationally, 55% say they worry more about computer hackers breaking into a system, while only 30% worry more about authorized users leaking information. In California, computer hackers are viewed as the number one threat by a margin of 58% to 28%.

Reluctance to Grant Access to Medical Records

While most people concede that persons other than their immediate providers should have access to their personal medical records, they display a strong preference to restrict access. When asked if they would grant access to various groups seeking permission, majorities say “no,” except in the cases of medical research studies conducted by government or academia.

Roughly six in 10 would not be inclined to grant access to a hospital offering preventive care programs (60% of national, 56% of California adults) or to an employer who was considering them for a new job (61% and 60%). Americans are least willing to allow drug companies to have access to their medical records for the purposes of marketing new drugs and other health care products (70% and 68%, respectively).

Good Feelings About Health Care Providers

Health care providers get a strong vote of confidence from the public. Solid majorities of adults nationally (60%) and in California (62%) say they trust doctors, hospitals, and other health professionals to keep personal information confidential all or most of the time. The confidence ratings earned by health care providers are superior to those received by banks (nationally 49% say they always or usually trust banks).

Little Confidence in Health Insurers

Public distrust of private and government health insurers to keep personal information confidential is pervasive. No more than about a third of U.S. adults say they trust health plans (35%) and government programs like Medicare (33%) to maintain confidentiality all or most of the time.

Few Believe Improper Disclosures

Most people don't believe their own medical privacy has ever been violated. When asked if they believe a health care provider, insurance plan, government agency, or employer has ever improperly disclosed personal medical information, one in five U.S. adults (18%) and California adults (20%) say "yes."

A comparison of the new survey results with those of a 1993 Louis Harris survey for Equifax shows no evidence that violations of medical privacy have become more common over the past five years. In fact, reports of improper disclosure by health insurance companies (15% vs. 8%), public health agencies (10% vs. 4%), and hospitals (11% vs. 6%) are down significantly, compared to the 1993 results.

Close to half the people affected by improper disclosure say it resulted in personal embarrassment or harm. In total, 7% of all U.S. adults and 9% of California adults say they have been personally embarrassed or harmed by a violation of their medical privacy. The segment of the population most likely to have been hurt are those who have used mental health services (13% of those in the U.S. as a whole and 14% in California).

Some Take Steps to Protect Medical Privacy

For the most part, Americans have not altered the way they interact with the health care system because of concerns about medical privacy. In total, 15% of national adults and 18% of California adults say they have done something out of the ordinary to keep personal medical information confidential. The steps people have taken to protect medical privacy include behaviors that may put their own health at risk or create financial hardships. These behaviors include: going to another doctor; paying out-of-pocket when insured to avoid disclosure; not seeking care to avoid disclosure to an employer; giving inaccurate or incomplete information on medical history; and, asking a doctor to not write down the health problem or record a less serious or embarrassing condition.

In both the nation as a whole and in California, those who have experienced a breach of medical privacy are about four times as likely as others to say they have taken one or more steps to protect themselves.

Conditional Support for Health Identifiers

In 1996, Congress passed legislation requiring the development of unique health identifiers (like a social security number) for all Americans. When told about the potential benefits as well as the risks in adopting a system of unique identifiers, 39% of the national survey respondents say they favor health identifiers while 52% are opposed. California respondents have a similar initial reaction—38% in favor, 50% opposed.

The survey results confirm that medical privacy concerns currently play an important role in limiting public support for unique health identifiers. Majorities of all U.S. adults (56%) and California adults (61%) say they are very concerned that “there will be no effective way to prevent unauthorized access to sensitive personal information.”

Survey Methodology

For this survey, Princeton Survey Research Associates interviewed a national sample of 1,000 adults, 18 years and older, in the continental United States and a separate sample of 1,100 adults in California. Interviewing was conducted by telephone between November 12 and December 22, 1998. For both the U.S. and California surveys, the overall margin of sampling error is plus or minus three percentage points for results based on the total sample. Results based on smaller subgroups are subject to a larger margin of error. In addition to sampling error, the practical difficulties of conducting surveys can also introduce error or bias to poll results. The survey topline is available on the California HealthCare Foundation’s Web site.

About the California HealthCare Foundation

The California HealthCare Foundation is a private independent philanthropy established in May 1996, as a result of the conversion of Blue Cross of California from a nonprofit health plan to WellPoint Health Networks, a for-profit corporation.

The Foundation focuses on critical issues confronting a changing health care marketplace: managed care, the uninsured, California health policy and regulation, health care quality, and public health. Grants focus on areas where the Foundation's resources can initiate meaningful policy recommendations, innovative research, and the development of model programs.

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MEDICAL PRIVACY AND CONFIDENTIALITY SURVEY

**PRINCETON SURVEY RESEARCH ASSOCIATES for
THE CALIFORNIA HEALTHCARE FOUNDATION**

**FINAL TOPLINE
(1/10/99)**

Job #98081

Total: n=1,000 adults age 18 years or older, nationwide
Margin of error: plus or minus 3 percentage points
n=1100 adults age 18 years or older in California
Margin of error: plus or minus 3 percentage points
Form 1: n=513 adults age 18 years or older, nationwide
Margin of error: plus or minus 5 percentage points
n=551 adults age 18 years or older in California
Margin of error: plus or minus 5 percentage points
Form 2: n=487 adults age 18 years or older, nationwide
Margin of error: plus or minus 5 percentage points
n=549 adults age 18 years or older in California
Margin of error: plus or minus 5 percentage points

Dates of Interviewing: November 12 - December 22, 1998

INTRODUCTION: Hello, my name is _____ and I'm calling for Princeton Survey Research. I'd like to ask a few questions of the **YOUNGEST MALE** age 18 or older, who is now at home. **(IF NO MALE AT HOME NOW:** Then, may I speak with the **OLDEST FEMALE** age 18 or older who is now at home). **CONTINUE WHEN RESPONDENT IS ON THE LINE:** Princeton Survey Research is conducting a public opinion survey about some things in the news that affect people's everyday lives. This is a confidential survey – your responses will only be used in research reports that combine your answers with those of many other people...

1. Here's my first question... How concerned are you about the invasion of your personal privacy in the United States today? Are you...(READ)

Based on form 1:

<u>Nat'l</u> ¹	<u>CA</u> ¹		<u>1/89</u> **	<u>1/88</u> **
48	47	Very concerned	44	38
26	29	Somewhat concerned	32	37
15	13	Only a little concerned	17	18
10	10	Not concerned at all	6	7
<u>1</u>	<u>1</u>	Don't know/Refused	<u>1</u>	<u>1</u>
100	100		100	101

**Trends are from surveys conducted by Cambridge Associates. Results from 1/88 do not add to 100% because of rounding.

2. Here's my first question...In recent years, do you think it has become more difficult or less difficult for people in this country to keep personal information private and confidential -- or is it about as difficult as it was in the past?

Based on form 2:

<u>Nat'l</u>	<u>CA</u>	
79	77	More difficult
6	9	Less difficult
12	10	About as difficult
<u>3</u>	<u>4</u>	Don't know/Refused
100	100	

¹ Nat'l indicates responses from the national sample of adults. CA indicates responses from the California sample of adults.

3. Many businesses and other organizations have information about you and your family on file, such as your household income, the purchases you've made, and what medical conditions you've had. Please tell me how often you trust each of the following to keep this information as private and confidential as you would like. (First) how often do you trust... **(INSERT-READ AND ROTATE)** to keep this information private and confidential?

Based on form 1:

	<u>Always</u>	<u>Most of the Time</u>	<u>Only Sometimes</u>	<u>Never</u>	<u>Doesn't Apply</u>	<u>DK</u>	
a. The I.R.S. -- that is, the Internal Revenue Service							
Nat'l	10	22	28	34	3	3	=100
CA	14	23	23	35	3	2	=100
b. Medicare and other government health care benefit programs							
Nat'l	10	23	31	23	9	4	=100
CA	16	27	23	21	10	3	=100
c. Banks							
Nat'l	16	33	29	20	1	1	=100
CA	16	32	28	22	2	*	=100
d. Employers							
Nat'l	16	29	30	17	8	*	=100
CA	20	33	25	15	5	2	=100
e. Health insurance companies and health plans							
Nat'l	10	25	34	27	3	1	=100
CA	16	27	29	24	3	1	=100
f. Doctors, hospitals, and other health care professionals							
Nat'l	20	40	25	13	1	1	=100
CA	21	42	25	10	1	1	=100

4. Have you ever REFUSED to give information to a business or a company because you thought it was not really needed or was too personal?

<u>Nat'l</u>	<u>CA</u>	
67	65	Yes
33	34	No
*	<u>1</u>	Don't know/Refused
100	100	

5. Now I have a few questions about you and your household... Are you married, LIVING AS married, divorced, separated, widowed, or have you NEVER been married?

<u>Nat'l</u>	<u>CA</u>	
52	46	Married
2	4	Living as married
10	12	Divorced
3	3	Separated
8	6	Widowed
23	28	Never married/Single
<u>2</u>	<u>1</u>	Refused
100	100	

6. Are you NOW self-employed, employed by someone else, retired, or are you not employed for pay?

<u>Nat'l</u>	<u>CA</u>	
13	15	Self-employed
50	51	Employed by someone else
19	15	Retired
13	14	Not employed
2	1	(VOL.) Disabled
2	3	(VOL.) Other (full-time student, homemakers, etc.)
<u>1</u>	<u>1</u>	Refused
100	100	

7. Are you, yourself, now covered by any form of health insurance or health plan, including any private insurance plan as well as government programs like Medicare or (Medicaid)
VARIANT WORDING FOR CA. RESPONDENTS: (Medi-Cal?)?

<u>Nat'l</u>	<u>CA</u>	
81	78	Yes
18	21	No
<u>1</u>	<u>1</u>	Don't know/Refused
100	100	

8. Does your household have a computer?

<u>Nat'l</u>	<u>CA</u>		<u>4/98**</u>
51	59	Yes	48
48	41	No	52
<u>1</u>	<u>*</u>	Don't know/Refused	<u>0</u>
100	100		100

**Trends are from a survey conducted by Princeton Survey Research Associates for the Institute for the Future.

9. I'd like you to rate your own ability to use and deal with computers and other new technology. Compared with other people you know, would you rate your ability in this area as... **(READ)**

<u>Nat'l</u>	<u>CA</u>	
26	28	Above average
36	35	Average
37	33	Below average
<u>1</u>	<u>4</u>	Don't know/Refused
100	100	

INTRODUCTION: Now I have some questions about medical records. A person's medical records would include doctors' notes, lab test results, drug prescriptions, family medical history, and so forth. Medical records would also include information provided by other health care professionals, such as gynecologists, medical specialists, and psychologists.

10. Please tell me how much access you think each of the following now has to your own personal medical records -- access to **EVERYTHING** in your medical records, only **LIMITED** access, or **NO** access at all. (First,) how much access do/does... **(INSERT--READ ITEMS IN ORDER)** have?

Based on form 2:

	<u>Access to Everything</u>	<u>Limited Access</u>	<u>No Access</u>	<u>DK</u>	
a. You, yourself					
Nat'l	55	33	7	5	=100
CA	48	35	11	6	=100

Based on married/living as married:

b. Your husband/wife/partner					
Nat'l (n=273)	47	39	9	5	=100
CA (n=269)	36	39	20	5	=100
c. Close relatives like your parents or children					
Nat'l	20	40	33	7	=100
CA	16	38	37	9	=100

Based on employed by someone else:

d. Your employer					
Nat'l (n=247)	16	45	34	5	=100
CA (n=270)	20	43	30	7	=100

Based on insured:

e. Your health insurance company or health plan					
Nat'l (n=407)	62	25	6	7	=100
CA (n=422)	65	20	6	9	=100
f. The doctor you use most often					
Nat'l	78	16	2	4	=100
CA	69	21	5	5	=100

Question 10 continued...

	<u>Access to Everything</u>	<u>Limited Access</u>	<u>No Access</u>	<u>DK</u>	
g. Other doctors and health care professionals involved in your own health care					
Nat'l	47	36	9	8	=100
CA	41	38	14	7	=100
h. Doctors and other health care professionals NOT involved in your own health care					
Nat'l	16	33	38	13	=100
CA	16	33	41	10	=100
i. Pharmacies					
Nat'l	17	53	23	7	=100
CA	17	45	29	9	=100
j. Drug companies					
Nat'l	12	33	43	12	=100
CA	12	33	43	12	=100

11. As far as you know, do individuals have the right to see their personal medical records?

<u>Nat'l</u>	<u>CA</u>	
88	88	Yes
9	10	No
3	2	Don't know/Refused
100	100	

12. Have you ever tried to see or get a copy of YOUR OWN medical records?

<u>Nat'l</u>	<u>CA</u>	
45	41	Yes
54	59	No
1	*	Don't know/Refused
100	100	

13. What was the MAIN reason you wanted access to your medical records? (OPEN-END; RECORD VERBATIM RESPONSE)

Based on those who have tried to see their own medical records:

<u>Nat'l</u>	<u>CA</u>	
36	31	Moved/Transferred doctors
27	29	Personal interest/concern
17	22	Need to submit medical records to school, government agency, or another organization
8	3	Personal record/copy
8	7	Verification of test results/Monitor care
3	6	Some other reason
*	0	No specific reason
<u>1</u>	<u>2</u>	Don't know/Refused
100	100	
(n=476)	(n=463)	

14. Were you successful in getting access to your medical records?

Based on those who have tried to see their own medical records:

<u>Nat'l</u>	<u>CA</u>	
83	86	Yes
12	11	No
5	3	(VOL.) Partial success
*	*	Don't know/Refused
<u>100</u>	<u>100</u>	
(n=476)	(n=463)	

15. What was the MAIN reason you weren't able to get access? (OPEN-END; RECORD VERBATIM RESPONSE)

Based on those who were denied access to their own medical records:

<u>Nat'l</u>	<u>CA</u>	
17	30	Were told they did not have to give/Records only transferred between doctors
10	0	Records lost or destroyed
4	5	Never received
45	38	Not available/Some other reason
<u>24</u>	<u>27</u>	Don't know/Refused
100	100	
(n=48)	(n=54)	

16. Have you, yourself, ever tried to see or get a copy of another family member's medical records?

<u>Nat'l</u>	<u>CA</u>	
18	15	Yes
82	85	No
*	*	Don't know/Refused
100	100	

17. What was the MAIN reason you wanted access to another family member's medical records? (OPEN-END; RECORD VERBATIM RESPONSE)

Based on those who have tried to see family member's medical records:

<u>Nat'l</u>	<u>CA</u>	
39	27	Moved/Transferred doctors
18	16	Personal interest/concern
15	28	Need to submit medical records to school, government agency, or another organization
8	10	Verification/Monitor care
3	3	Personal record/copy
13	15	Some other reason
0	0	No specific reason
<u>1</u>	<u>1</u>	Don't know/Refused
100	100	
(n=182)	(n=167)	

18/19. Have you ever heard or read anything about something called the Medical Information Bureau? (IF YES, ASK) Have you personally ever had any dealings or transactions with the Medical Information Bureau?

<u>Nat'l</u>	<u>CA</u>	
17	14	Yes, have heard of Medical Information Bureau
1	1	Have had dealings with MIB
16	13	Have not had dealings with MIB
*	*	Don't know/Refused
82	86	No, have not heard of Medical Information Bureau
<u>1</u>	<u>*</u>	Don't know/Refused
100	100	

20. Would you please tell me what kind of dealings you've had with them? (OPEN-END; RECORD VERBATIM RESPONSE)

Because the numbers of respondents having had personal dealings with the Medical Information Bureau is so small (comprising just one percent of the total sample), results for this question are not statistically significant and are not presented below.

<u>Nat'l</u>	<u>CA</u>
(n=13)	(n=10)

21. Now I'm going to describe some different situations where someone might ask permission to use your medical records. Please tell me whether or not you'd be inclined to give them permission in each situation. (First,) what if you were asked for permission by... **(INSERT - READ AND ROTATE)?** (Would you be inclined to give them permission, or not?)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
<i>Based on form 1:</i>				
a. Researchers at a university conducting a study about a medical condition that had affected some of your family members				
Nat'l	64	31	5	=100
CA	68	29	3	=100
<i>Based on form 2:</i>				
b. Government researchers conducting a study about a medical condition that had affected some of your family members				
Nat'l	58	40	2	=100
CA	57	38	5	=100
c. A drug company interested in providing people with information and offers about new drugs and other health care products				
Nat'l	27	70	3	=100
CA	28	68	4	=100
d. A new health insurance plan that is offering better benefits at a lower cost than other plans in your local area				
Nat'l	40	56	4	=100
CA	44	52	4	=100
e. A local hospital interested in providing people with information about how they might benefit from its preventive health programs				
Nat'l	37	60	3	=100
CA	41	56	3	=100
f. An employer who was considering you for a new job				
Nat'l	36	61	3	=100
CA	36	60	4	=100

22. Are you NOW enrolled in any health insurance plan through your current employer?

Based on employed by someone else:

<u>Nat'l</u>	<u>CA</u>	
62	64	Yes
37	34	No
<u>1</u>	<u>2</u>	Don't know/Refused
100	100	
(n=513)	(n=571)	

23. How concerned are you that medical claims information you provide under a health insurance plan at work might be seen by your employer and used to limit your job opportunities or affect your job status? Are you... (READ)

Based on those who are enrolled in a health plan at work:

<u>Nat'l</u>	<u>CA</u>		<u>8/93**</u>
15	20	Very concerned	22
21	17	Somewhat concerned	19
24	27	Not very concerned	19
40	36	Not at all concerned	38
*	*	Don't know/Refused	<u>1</u>
100	100		99
(n=320)	(n=365)		

**Trend from Louis Harris and Associates for Equifax, Inc. Results do not add to 100% because of rounding.

24. Have you ever been concerned about filing a claim under your health plan at work because you did not want a supervisor or someone else at your workplace to know about the treatment you received?

Based on those who are enrolled in a health plan at work:

<u>Nat'l</u>	<u>CA</u>		<u>8/93**</u>
10	14	Yes	8
90	86	No	92
*	<u>0</u>	Don't know/Refused	*
100	100		100
(n=320)	(n=365)		

**Trend from Louis Harris and Associates for Equifax, Inc.

25. Please tell me whether you or a member of your immediate family has ever done each of the following. (First, have you or has a member of your family EVER) ... **(INSERT - READ IN ORDER)? IF "YES," PROBE: Would that be you or another family member? (IF R SAYS BOTH SELF AND FAMILY MEMBER, CODE 1 - SELF**

	<u>Yes, self</u>	<u>Yes, other</u>	<u>No</u>	<u>DK</u>	
a. Wanted to seek services for a physical condition or mental health problem but didn't do so, BECAUSE you didn't want to harm your job prospects or other life opportunities					
Nat'l	5	4	90	1	=100
CA	6	6	86	2	=100
Trend (8/93)**		7	92	1	=100
b. Given a doctor or other health care professional inaccurate or incomplete information about a physical condition or mental health problem BECAUSE you didn't want to harm your job prospects or other life opportunities					
Nat'l	4	2	93	1	=100
CA	6	3	90	1	=100
c. Personally paid for a medical test, medical procedure, or counseling rather than submit a bill or claim under a health insurance plan BECAUSE you didn't want your employer or someone else to have access to your personal medical information					
Nat'l	5	2	92	1	=100
CA	8	3	88	1	=100

**Trend from Louis Harris and Associates for Equifax, Inc. Trend question did not distinguish between self and other immediate family member.

26. Over the past year, about how much, IN TOTAL, have you and your family paid out of your own pocket for health care in order to keep personal medical information confidential?
Would you say... (READ)

Based on those who had ever personally paid for treatment to avoid disclosure:

<u>Nat'l</u>	<u>CA</u>	
35	35	\$0 (nothing)
28	16	Less than \$100
13	19	Between \$100 and \$500 (\$100-\$500)
8	6	Between \$500 and \$1,000 (\$501-\$1,000)
2	6	Between \$1,000 and \$5,000 (\$1,001-\$5,000)
4	0	More than \$5,000
7	15	Don't know
<u>3</u>	<u>3</u>	Refused
100	100	
(n=78)	(n=109)	

27. Have you EVER asked a doctor NOT to write down your health problem in your medical records, or asked the doctor to put a less serious or less embarrassing diagnosis into the record than was actually the condition?

<u>Nat'l</u>	<u>CA</u>		<u>8/93**</u>
3	2	Yes	1
97	98	No	99
<u>*</u>	<u>*</u>	Don't know/Refused	<u>*</u>
100	100		100

**Trend from Louis Harris and Associates for Equifax, Inc.

28. Have you ever gone to another doctor for care in order to avoid telling your regular doctor about a particular health condition or health need?

<u>Nat'l</u>	<u>CA</u>	
3	4	Yes
96	95	No
<u>1</u>	<u>1</u>	Don't know/Refused
100	100	

29. Have you ever decided not to be tested for a medical condition because you were concerned that others might find out about the results?

<u>Nat'l</u>	<u>CA</u>	
2	3	Yes
98	97	No
*	*	Don't know/Refused
100	100	

EVER TAKEN ANY ACTION TO PROTECT ONE'S PERSONAL PRIVACY (based on responses to questions 25, 27, 28, and 29):

Nat'l	15
CA	18

30. Do you believe that (INSERT--READ AND ROTATE) has ever disclosed your personal medical information in a way that you felt was improper, or not?

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
a. A doctor who has treated you or another family member				
Nat'l	5	91	4	=100
CA	6	90	4	=100
Trend (8/93)**	7	92	1	=100
b. A clinic or hospital that treated you or another family member				
Nat'l	6	90	4	=100
CA	7	88	5	=100
Trend (8/93)**	11	87	2	=100
c. Your employer or a family member's employer				
Nat'l	6	90	4	=100
CA	4	92	4	=100
Trend (8/93)**	9	89	2	=100
d. A pharmacy or druggist who filled a prescription for you or a family member				
Nat'l	3	93	4	=100
CA	4	92	4	=100
Trend (8/93)**	3	95	2	=100

Question 30 continued...

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
e. A health insurance company				
Nat'l	8	85	7	=100
CA	8	86	6	=100
Trend (8/93)**	15	82	3	=100
f. A public health agency				
Nat'l	4	90	6	=100
CA	4	90	6	=100
Trend (8/93)**	10	86	4	=100

Ever experienced a breach of privacy by any party:

Nat'l	17
CA	20

**Trend from Louis Harris and Associates for Equifax, Inc.

31. Did you feel that you or another family member were embarrassed or harmed by that disclosure, or not? **

<u>Nat'l</u>	<u>CA</u>	
7	9	Total embarrassed or harmed by any party
3	3	Embarrassed/harmed by a doctor who has treated you or another family member
3	3	Embarrassed/harmed by a clinic or hospital that treated you or another family member
4	3	Embarrassed/harmed by your employer or a family member's employer
1	2	Embarrassed/harmed by a pharmacy or druggist who filled a prescription for you or a family member
2	2	Embarrassed/harmed by a health insurance company
1	2	Embarrassed/harmed by a public health agency

**Details for follow-up question ("In what way were you or your family hurt MOST? Did it damage your reputation, cause embarrassment, friction in your family, loss of a job or a promotion, loss of health insurance, denial of benefits, discrimination by people in your local community or something else?") are not shown in topline results as numbers of respondents experiencing such harm are too small to be significant.

32. I'm going to describe some recent changes in the health care system. As I read each one, tell me if you think this change makes it more difficult or less difficult for people to keep personal medical information private and confidential – or doesn't make much difference either way. (First,) what about this... **(INSERT—READ IN ORDER)**

	<u>More</u>	<u>Less</u>	<u>No difference</u>	<u>DK</u>	
a. More Americans have health coverage through HMOs and other managed care plans that combine delivery of care and payment for care					
Nat'l	42	12	40	6	=100
CA	46	12	36	6	=100
b. More medical records are being kept on electronic or computer-based files instead of on paper					
Nat'l	54	25	19	2	=100
CA	52	26	20	2	=100

33. We'd like your views on some potential benefits of health care providers shifting to computer-based systems for keeping medical records and payment information. (First,) what about this possible benefit of computerization... **(INSERT—READ AND ROTATE)**
Do you think this improves the health care system a lot, somewhat, only a little, or not at all?

	<u>A lot</u>	<u>Somewhat</u>	<u>Only a little</u>	<u>Not at all</u>	<u>DK</u>	
a. Giving doctors and nurses quicker, easier access to information about patients' past medical experiences, test results, and health conditions						
Nat'l	49	30	12	7	2	=100
CA	54	27	10	7	2	=100
b. Reducing the time and cost required to process medical records and claims						
Nat'l	37	32	14	14	3	=100
CA	42	30	16	9	3	=100

34. Which do you think is the BIGGEST threat to the privacy and confidentiality of personal medical records kept on computer-based systems? (READ)

<u>Nat'l</u>	<u>CA</u>	
30	28	Disclosure by people with authorized access, such as those who work in hospitals, doctor's offices or for a health plan
55	58	Disclosure by people WITHOUT authorized access who break into computer systems or pay someone else who does
9	9	(VOL.) Both equally
2	2	(VOL.) Neither
4	3	Don't know/Refused
100	100	

35. As far as you know, are there now any federal laws that protect the privacy and confidentiality of personal medical records?

<u>Nat'l</u>	<u>CA</u>	
38	42	Yes
44	40	No
18	18	Don't know/Refused
100	100	

36. **IF RESPONDENT SAYS YES, READ:** In fact, there are no such federal laws. **ASK ALL:** In general, do you favor or oppose new federal laws to protect the privacy and confidentiality of personal medical records?

<u>Nat'l</u>	<u>CA</u>	
85	78	Favor
10	15	Oppose
5	7	Don't know/Refused
100	100	

37. Congress has passed legislation that would give all Americans medical identification numbers or "unique health identifiers." Everyone will be assigned a personal ID number, like a Social Security number, which can be used to link medical records on computer networks used by health care providers. Before this interview, did you see, hear or read anything about unique health identifiers?

<u>Nat'l</u>	<u>CA</u>	
18	20	Yes, aware
81	79	No, not aware
1	1	Don't know/Refused
100	100	

38. I'm going to read you a list of some potential benefits of unique health identifiers. As I read each one, tell me how much you think this would improve the health care system -- a lot, somewhat, only a little, or not at all. (First,) what about this possible benefit... (INSERT—READ AND ROTATE)?

	<u>A lot</u>	<u>Somewhat</u>	<u>Only a little</u>	<u>Not at all</u>	<u>DK</u>	
a. Improving the quality of care by making it easier for doctors to call up key medical information, such as allergies to medications, to prevent mistaken diagnoses or dangerous treatments						
Nat'l	57	25	9	7	2	=100
CA	55	26	9	8	2	=100
b. Making it easier to detect medical and insurance fraud						
Nat'l	47	26	14	10	3	=100
CA	49	26	11	11	3	=100
c. Providing better data for medical research into new cures and treatments for major diseases and medical conditions						
Nat'l	48	31	10	9	2	=100
CA	53	28	9	8	2	=100
d. Tracking the risks and benefits of certain drugs and therapies						
Nat'l	45	33	11	9	2	=100
CA	47	29	13	9	2	=100
e. Monitoring the quality of care given by hospitals and clinics to individuals						
Nat'l	35	35	13	15	2	=100
CA	42	29	13	15	1	=100
f. Allowing public health officials access to a national network of information to monitor diseases in the population						
Nat'l	42	30	14	12	2	=100
CA	48	27	11	12	2	=100

Question 38 continued...

	<u>A lot</u>	<u>Somewhat</u>	<u>Only a little</u>	<u>Not at all</u>	<u>DK</u>	
g. Making it easier for insurance companies, employers, and doctors to share medical records						
Nat'l	37	28	14	19	2	=100
CA	33	30	14	21	2	=100
h. Making it easier for individuals to transfer medical records when changing doctors or insurance plans						
Nat'l	48	29	11	11	1	=100
CA	52	26	9	11	2	=100

39. Next, I'm going to read you a list of potential risks of unique health identifiers. As I read each one, tell how concerned you are that this will happen -- very concerned, somewhat concerned, not too concerned, or not at all concerned. (First,) how concerned are you that... **(INSERT—READ AND ROTATE)?**

	<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>DK</u>	
a. It will give businesses greater access to personal medical records that they will use for promotional and marketing purposes						
Nat'l	49	30	11	9	1	=100
CA	49	30	10	10	1	=100
b. There will be no effective way to prevent unauthorized access to sensitive personal information						
Nat'l	56	30	7	6	1	=100
CA	61	24	8	6	1	=100
c. It will lead to sick individuals being denied health coverage or benefits because insurance companies have greater access to their medical records						
Nat'l	56	28	8	7	1	=100
CA	57	29	7	6	1	=100

Question 39 continued...

	<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>DK</u>	
d. It will lead to people being fired from their jobs or denied promotions because employers have greater access to their medical records						
Nat'l	51	28	12	8	1	=100
CA	53	28	10	8	1	=100
e. It will lead people with mental illnesses, AIDS, or drug or alcohol problems to avoid seeking care for fear of being exposed						
Nat'l	52	29	10	8	1	=100
CA	51	28	12	8	1	=100
40. Considering both their potential benefits and risks, do you personally favor or oppose a system of medical identification numbers or "unique health identifiers" for all Americans?						

<u>Nat'l</u>	<u>CA</u>	
39	38	Favor
52	50	Oppose
<u>9</u>	<u>12</u>	Don't know/Refused
100	100	

41. Next, I'm going to read a list of some proposed policies to protect the privacy and confidentiality of personal medical records. As I read each one, tell me how effective you think it would be in protecting medical privacy -- very effective, somewhat effective, not too effective, or not at all effective. (First,) how effective would this be... (INSERT—**READ AND ROTATE**)?

	<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>DK</u>	
a. Establishing rules spelling out who can see and use medical records and what information can be obtained						
Nat'l	40	38	11	10	1	=100
CA	40	37	12	8	2	=100
b. Requiring doctors, hospitals, and health plans to set up security systems on their computers, such as passwords and the scrambling of data						
Nat'l	43	37	10	8	2	=100
CA	43	39	9	7	2	=100
c. Establishing fines and punishments for people and organizations that violate medical privacy						
Nat'l	47	32	11	9	1	=100
CA	47	34	10	7	2	=100
d. Requiring individuals' permission prior to using or distributing ANY medical information						
Nat'l	44	37	9	8	2	=100
CA	49	34	9	6	2	=100
e. Giving people the right to see and make corrections to their own medical records						
Nat'l	35	33	12	17	3	=100
CA	36	33	14	14	3	=100
f. Requiring doctors, hospitals, and health plans to use information that doesn't personally identify people, whenever possible						
Nat'l	35	41	11	11	2	=100
CA	37	42	11	8	2	=100

42. Earlier, you said you (opposed/were not sure whether you favored) a system of unique health identifiers. Would you change your mind and favor this system if there were policies in place to protect medical privacy like the ones I just mentioned?

<u>Nat'l</u>	<u>CA</u>	
63	64	Total favor health identifiers
39	38	Favor initially
24	26	Switched to favor
35	32	Total oppose
<u>2</u>	<u>4</u>	Don't know/Refused
100	100	

43. Thinking now about your own health ...In general, would you say your health is excellent, very good, good, only fair, or poor?

<u>Nat'l</u>	<u>CA</u>	
28	28	Excellent
36	37	Very good
23	20	Good
10	11	Only fair
2	3	Poor
<u>1</u>	<u>1</u>	Don't know/Refused
100	100	

44. Do you have a long-term medical condition, such as diabetes or epilepsy?

<u>Nat'l</u>	<u>CA</u>	
9	10	Yes
89	88	No
<u>2</u>	<u>2</u>	Don't know/Refused
100	100	

45. Do you have any major physical or mental disabilities?

<u>Nat'l</u>	<u>CA</u>	
8	9	Yes
90	90	No
<u>2</u>	<u>1</u>	Don't know/Refused
100	100	

46. Have you ever used the services of a psychologist, psychiatrist, or other mental health professional?

<u>Nat'l</u>	<u>CA</u>	
19	23	Yes
79	75	No
<u>2</u>	<u>2</u>	Don't know/Refused
100	100	

47. Do you have a regular doctor, group of doctors, or clinic you use most often for routine health care?

<u>Nat'l</u>	<u>CA</u>	
81	73	Yes
17	26	No
<u>2</u>	<u>1</u>	Don't know/Refused
100	100	

48. Now, I have a few questions about your health insurance plan and how it works... Some plans charge less if you choose your doctor from a list, but make you pay more if you go to a doctor not on the list. Does your plan work this way, or not?

Based on those who are insured and under age 65:

<u>Nat'l</u>	<u>CA</u>	
66	57	Yes
28	37	No
<u>6</u>	<u>6</u>	Don't know/Refused
100	100	
(n=655)	(n=701)	

49. Some plans require you to sign up with a specific primary care doctor or group of doctors who provide all your routine health care. Does your plan work this way, or not?

Based on those who are insured and under age 65:

<u>Nat'l</u>	<u>CA</u>	
53	59	Yes
43	36	No
4	<u>5</u>	Don't know/Refused
100	100	
(n=655)	(n=701)	

50. Some plans require you to have a referral by a primary care doctor before you can see a medical specialist. Does your plan work this way, or not?

Based on those who are insured and under age 65:

<u>Nat'l</u>	<u>CA</u>	
61	62	Yes
33	33	No
<u>6</u>	<u>5</u>	Don't know/Refused
100	100	
(n=655)	(n=701)	

51. Some plans require you to have approval or a referral before they will pay for any of your costs for visiting a doctor who is not in the plan. Does your plan work this way, or not?

Based on those who are insured and under age 65:

<u>Nat'l</u>	<u>CA</u>	
50	51	Yes
40	40	No
<u>10</u>	<u>9</u>	Don't know/Refused
100	100	
(n=655)	(n=701)	

Type of Insurance Coverage:

Based on those who are insured and under age 65:

<u>Nat'l</u>	<u>CA</u>	
85	87	Total in managed care
28	26	Strict managed care
57	61	Loose managed care
12	9	Traditional Plan
3	<u>4</u>	Undesignated
100	100	
(n=655)	(n=701)	

DEMOGRAPHICS:

D1. Sex

<u>Nat'l</u>	<u>CA</u>	
48	50	Male
<u>52</u>	<u>50</u>	Female
100	100	

D2. What is the LAST grade or class that you COMPLETED in school? **(DO NOT READ)**

<u>Nat'l</u>	<u>CA</u>	
4	5	None, or grade 1-8
13	11	High school incomplete (grades 9-11)
31	24	High school graduate (grade 12 or GED certificate)
5	5	Business, technical, or vocational school AFTER high school
22	27	Some college, no 4-year degree
15	17	College graduate (B.S., B.A., or other 4-year degree)
7	8	Post-graduate training or professional schooling after college (e.g., toward a master's degree or Ph.D.; law or medical school)
*	1	Don't know
3	2	Refused
100	100	

D3. What is your age? **(RECORD ACTUAL AGE)**

<u>Nat'l</u>	<u>CA</u>	
21	22	18-29
41	46	30-49
18	16	50-64
16	13	65+
4	3	Refused
100	100	

D4. Last year, that is in 1997, what was your total family income from all sources, before taxes?
Just stop me when I get to the right category. **(READ)**

<u>Nat'l</u>	<u>CA</u>	
9	10	Less than \$10,000
13	11	\$10,000 to under \$20,000
16	15	\$20,000 to under \$30,000
18	18	\$30,000 to under \$50,000
14	15	\$50,000 to under \$75,000
7	7	\$75,000 to under \$100,000
6	7	\$100,000 or more
6	7	Don't know
11	10	Refused
100	100	

D5. Are you, yourself, of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

<u>Nat'l</u>	<u>CA</u>	
7	20	Yes
90	78	No
*	1	Don't know
<u>3</u>	<u>1</u>	Refused
100	100	

D6. What is your race? Are you white, black, Asian, or some other race? **IF R SAYS "HISPANIC" OR "LATINO" ASK: Do you consider yourself a WHITE Hispanic/Latino or a BLACK Hispanic/Latino? THEN CODE AS WHITE (1) OR BLACK (2). IF R REFUSES TO CHOOSE BETWEEN WHITE OR BLACK HISPANIC, CODE AS OTHER (4)**

<u>Nat'l</u>	<u>CA</u>	
81	76	White
10	7	Black/African-American
1	3	Asian
3	9	Other or mixed race (SPECIFY)
1	3	Don't know
<u>4</u>	<u>2</u>	Refused
100	100	

Community Type

<u>Nat'l</u>	<u>CA</u>	
29	41	Urban
47	56	Suburban
<u>24</u>	<u>3</u>	Rural
100	100	

Region

<u>Nat'l</u>		<u>CA (based on area codes)</u>	
20	Northeast	23	Northern Urban (408, 415, 510, 650, 831, 916, 925)
24	Midwest	53	Southern Urban (213, 310, 323, 424, 562, 619, 626, 714, 805, 818, 909, 949)
35	South	15	Rural (530, 707, 760)
<u>21</u>	West	<u>9</u>	Central (209, 559, 661)
100		100	