**Appendix A: DATA TRUNCATION STEPS**

|  |
| --- |
| 3,199 adult caregivers of enrolled children completed the survey. |
| Remove missing values associated with race of the enrolled child (removes 140 observations, resultant n = 3,059) |
| Include only NHW, NHB, and H (removes 222 observations; resultant n = 2,837) |
| Remove missing values associated with respondent’s age (removes 47 observations; resultant n = 2,790) |
| Remove missing values associated with relationship status to enrollee (removes 12 observations; resultant n = 2,778) |
| Remove missing values associated with respondent’s education (removes 7 observations; resultant n = 2,771) |
| Remove missing values associated with representative access variable (removes 1,010 observations; resultant n = 1,761) |
| Remove missing values associated with Primary Healthcare Provider (PHP) utilization variable (removes 272 observations; resultant n = 1,489) |
| Remove missing values associated with ER utilization variable (removes 16 observations; resultant n = 1,473) |
| Remove missing values associated with trust scale (removes 59 observations; resultant n = 1,414) |
| Remove missing values associated with satisfaction scale (removes 121 observations; resultant n = 1,293) |
| Remove missing values associated with health status scale (removes 36 observations; resultant n = 1,257) |

**Appendix B: Formation of the Scale Variables**

The determination of the cut points was driven primarily by the frequency distributions of the uncollapsed composite scales. For example, the values of the uncollapsed **trust scale** (which was formed by combining the responses to q76, q78, and q79) had a range of 0 through 12, with 0 representing the lowest trust and 12 the highest trust. The frequency distribution of this uncollapsed trust scale showed that 55.69% of respondents scored trust as a “12” with 44.31% of respondents scoring trust within the range of a “0” to “11.” Thus, the trust scale was collapsed to a binary variable of “highest trust” and “lower trust” to account for the relatively small number of observations in many of the cells in the “0” to “11” range.

Similarly, the values of the uncollapsed **satisfaction scale** (which was formed by combining responses to q40, q42, q43, and q47) also had a range of 0 through 12, with 0 representing the lowest satisfaction and 12 the highest satisfaction. The frequency distribution of the uncollapsed satisfaction scale showed that 64.44% of respondents scored satisfaction as a “12” with 35.56% of respondents scoring satisfaction within the range of “0” to “11.” Thus, the satisfaction scale was also collapsed to a binary variable of “highest satisfaction” and “lower satisfaction” to account for the relatively small number of observations in many of the cells in the “0” to “11” range.

Finally, the values of the uncollapsed **health status scale** (which was formed by combining responses to q82, q85, q88, q91, and q94) had a range of 0 through 5, with 0 representing the “least healthy” score and 5 representing the “most healthy” score. Unlike the uncollapsed trust scale and the uncollapsed satisfaction scale, the frequency distribution of the uncollapsed health status scale demonstrated a more even distribution with 33.25% of respondents scoring health status within the range of “0” to “3,” another 27.76% of respondents scoring health status as “4,” and 38.98% of respondents scoring health status as “5.” Thus, the decision was made to collapse the original health status scale to one consisting of three values – least healthy, moderately healthy, and most healthy – to reflect the greater diversity of responses observed within the frequency distribution of the uncollapsed health status scale.

**Appendix C: SUMMARY OF BIVARIATE FINDINGS OF INDEPENDENT VARIABLES AND THE TRUST SCALE FOR THREE ETHNICITY/RACIAL SUBGROUPS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **represented a \_\_\_\_\_\_ share** | **of \_\_\_\_ trust scores** | **in**  **the \_\_\_\_ subgroup** | **compared to the \_\_\_\_subgroups** | |
| \*\*Younger respondents | larger | lower | H | NHW, NHB | |
| \*Younger child enrollees | larger | lower | H | NHW, NHB | |
| Female respondents | \*smaller  \*\*smaller | lower  highest | NHW  NHW | NHB, H  NHB, H | |
| Less educated respondents | \*\*\*larger  \*\*\*larger | lower  highest | H  H | NHW, NHB  NHW, NHB | |
| Children in urban counties | \*\*\*smaller  \*\*\*smaller | lower  highest | NHW  NHW | NHB, H  NHB, H | |
| \*\*\*Children in Mountains | larger | highest | NHW | NHB, H | |
| \*\*\*Children in Piedmont | larger | lower | H | NHW, NHB | |
| Less satisfied respondents | \*\*\*larger  \*\*larger | lower  highest | H  H | NHW, NHB  NHW, NHB | |
| \*\*\*Most healthy children | larger | lower | H | NHW, NHB | |
| Always got an appointment | \*\*smaller  \*smaller | lower  highest | H  H | NHW, NHB  NHW, NHB | |
| \*>1 PHP visit | larger | highest | H | NHW, NHB | |
| \* p < 0.05; \*\* p < 0.01; \*\*\* p < 0.001; H = Hispanic; NHW = non-Hispanic White; NHB = non-Hispanic Black | | | | | |
|  | | | | |
| Helpful example for interpreting Appendix C (from row 1 above): “*Younger respondents* represented a *larger share* of the *lower* trust scores in the *Hispanic* subgroup compared to the *non-Hispanic White and non-Hispanic Black* subgroups. This relationship was statistically significant at the p < 0.01 level.” | | | | |

**Appendix D: Classification Statistics for Logistic Regression**

|  |  |  |  |
| --- | --- | --- | --- |
|  | True | |  |
| Classified | D | ~D | Total |
| + | 576 | 247 | 823 |
| - | 124 | 310 | 434 |
|  | 700 | 557 | 1257 |
|  |  |  |  |
| Classified + if predicted Pr(D) >= 0.5 | | | |
| True D defined as trust\_index\_3 binary ! = 0 | | | |
| Sensitivity: Pr (+/D) = 576/700 = 82.29% | | | |
| Specificity: Pr (-/~D) = 310/557 = 55.66% | | | |
| Positive predictive value: Pr (D/+) = 576/823 = 69.99% | | | |
| Negative predictive value: Pr (~D/-) = 310/434 = 71.43% | | | |
|  | | | |
| False + rate for true ~D: Pr (+/~D) = 247/557 = 44.34% | | | |
| False – rate for true D: Pr (-/D) = 124/700 = 17.71% | | | |
| False + rate for classified +: Pr (~D/+) = 247/823 = 30.01% | | | |
| False – rate for classified -: Pr (D/-) = 124/434 = 28.57% | | | |
|  | | | |
| Correctly classified = (576+310)/1257 = 70.49% | | | |

**Appendix E: Summary of Model Fit Statistics Generated by Stata**

|  |  |
| --- | --- |
| Statistic | Value |
| Log-Like Intercept Only | -863.134 |
| D(1225) | 1444.940 |
| McFadden’s R2 | 0.163 |
| Maximum Likelihood R2 | 0.201 |
| McKelvey and Zavoina’s R2 | 0.276 |
| Variance of y\* | 4.542 |
| Count R2 | 0.705 |
| AIC | 1.200 |
| BIC | -7297.252 |
| Log-Like Full Model | -722.470 |
| LR(31) | 281.329 |
| Prob > LR | 0.000 |
| McFadden’s Adjusted R2 | 0.126 |
| Cragg and Uhler’s R2 | 0.269 |
| Efron’s R2 | 0.207 |
| Variance of error | 3.290 |
| Adjusted Count R2 | 0.334 |
| AIC \* n | 1508.940 |
| BIC’ | -60.098 |
|  |  |
| N | 1257 |
| ll(null) | -863.134 |
| Ll(model) | -722.470 |
| Df | 32 |
| AIC | 1508.94 |
| BIC | 1673.307 |

**Appendix F: MULTIVARIATE SUMMARY: STATISTICALLY SIGNIFICANT INDEPENDENT VARIABLES WITH TRUST SCALE.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Compared to \_\_\_\_\_\_\_\_\_\_\_** | **those reporting \_\_\_\_\_\_\_\_\_\_\_\_** | **had a \_\_\_\_%** | **\_\_\_ probability** | **of reporting the \_\_\_ trust score** | |
| **Always** got a PHP appt | **Never** got a PHP appt | 37.1 | lower | highest | |
| **Always** got a PHP appt | **Sometimes** got a PHP appt | 13.9 | lower | highest | |
| Less satisfied with PHP | highest satisfaction | 25.1 | greater | highest | |
| Female respondents | male respondents | 19.4 | lower | highest | |
| HS graduates | < HS graduate | 19.4 | lower | highest | |
| H | NHB | 16.5 | greater | highest | |
| H | NHW | 23.3 | greater | highest | |
| PHP = primary health care provider; HS = high school; H = Hispanics; NHB = non-Hispanic Blacks; NHW = non-Hispanic Whites | | | | | |
|  | | | | |
| Helpful example for interpreting Appendix F (from row 1 above): “Compared to respondents who reported that their child *always got an appointment with their primary health care provider*, those reporting that they *never got an appointment with their primary health care provider* had a *37.1% lower* probability of reporting the *highest* trust score.” | | | | |