

Del Norte County

Selected Findings from the Rural Health Information Survey, 2006 Access to Health Care and Food Security



By The California Center for Rural Policy at Humboldt State University

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Executive Summary

The Rural Health Information Survey was conducted by the California Center for Rural Policy (CCRP) in the fall of 2006. The purpose of the survey was to assess health disparities, access and utilization of health care, and other determinants of health among residents in Del Norte, Humboldt, Trinity and Mendocino counties. The goal of the survey is to provide useful information for planning and policy development aimed at improving health in the region.

The four page written survey contained questions about general health, mental health, preventive health, access and utilization of health care, transportation, food security, sources of health information and access to basic amenities such as a vehicle, phone, electricity, and the Internet.

This report contains selected findings for Del Norte County. Specifically, analysis of ability to get needed health care for respondents and their children, reasons respondents regularly leave the county for health services and reports of hunger (very low food security). Where applicable, topics are broken down by Federal Poverty Level* (FPL) of respondents in order to understand where the greatest need exists.

The findings presented in this report are based on responses from 421 residents of Del Norte County.

The main findings by topic are:

Ability to Get Needed Health Care

- 27.3% of Del Norte County respondents reported they were not able to get needed health care in the 12 months prior to the survey. The main barriers reported were a lack of health care providers, lack of insurance and difficulties getting scheduled for appointments.
- 47.2% of the low-income respondents (<200% FPL) reported they were not able to get needed health care in the year prior to the survey. This is significantly higher than non low-income respondents (≥200% FPL) who reported an inability to get needed health care (17.9%). The main barrier reported by both low-income and non low-income respondents was a lack of health care providers.

* The Federal Poverty Level (FPL) varies by household size. For a family of four (two adults, two children) the 2006 Federal Poverty Level (100% FPL) was \$20,444, 200% FPL was \$40,888 and 300% FPL was \$61,332

Ability to Get Needed Health Care for Children

- 12.8% of respondents with minor children indicated they were unable to get their children needed health care in the 12 months prior to the survey. The main barrier reported was a lack of health care providers.
- 24.4% of the low-income respondents (<200% FPL) reported they were unable to get their children needed health care. This is 11.1 times higher than non low-income respondents ($\geq 200\%$ FPL) who reported they were unable to get their children needed health care (2.2%).

Regularly Leaving the County for Health Services

- 44% of the respondents from Del Norte County reported regularly leaving the county for health services.
- The most commonly reported reason for regularly leaving the county for health services was needed services not available (53.5%), followed by quality is better elsewhere (43.8%).
- Of the respondents from Del Norte County who reported regularly leaving the county for health services because needed services were not available, the most commonly reported health service was health care specialists (70.7%), followed by oral health (7.1%).
- Of the respondents from Del Norte County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (23.7%), followed by cardiology (22%), dermatology (10.2%) and oncology (10.2%).

Food Security

- Of all respondents from Del Norte County, 10.1% reported episodes of hunger due to not being able to afford enough food (a measure of very low food security).
- Respondents living in poverty were 52 times as likely to experience hunger due to not being able to afford enough food as those living at or above 300% poverty.
- Households with children under the age of 18 were significantly more likely to experience hunger due to not being able to afford enough food compared to those without children in the household.
- Low-income respondents (<200% FPL) with children under the age of 18 were 15.5 times more likely to experience hunger due to not being able to afford enough food compared to non low-income respondents (\geq 200% FPL) with children under the age of 18.

Methods

Survey Design and Sampling

A four page written survey was designed by CCRP staff. The survey instrument was based on existing surveys (Behavioral Risk Factor Surveillance Survey, California Health Interview Survey, Canadian Community Health Survey and Mendocino Community Health Survey), and new questions were developed as needed to inquire about areas of rural health not previously explored.

A total of 23,606 surveys were mailed to a random sample of adults residing in the four counties of Humboldt, Del Norte, Trinity and Mendocino. The sampling strategy employed the use of a Geographic Information System (GIS) to map the population density with an overlay of the locations of post offices. All of the post offices in low population density areas (<11 people per square mile) were selected (total post offices = 24; total post office boxes = 8,165). Post offices located in higher population density areas (≥ 11 people per square mile) were randomly selected (total post offices = 19; total post office boxes = 15,441). The survey was mailed to post office box holders at the selected post offices. The rationale for the written survey and sampling method was to obtain information from people who may not have phones and who may be geographically isolated.

Measures

This report explores the responses to the following questions, limited to respondents specifically from Del Norte County in order to better understand health needs at a sub-county level:

- *“Within the past 12 months, were you able to get the healthcare (including mental healthcare) you needed? If No, please explain why.”*
- *“Within the past 12 months, were you able to get your child(ren) the healthcare (including mental healthcare) they needed? If No, please explain why.”*
- *“Do you regularly go outside your county for health services? If Yes, please explain why.”*
- *“In the last 12 months were you or people living in your household ever hungry because you couldn’t afford enough food?”*

Analysis

Quantitative data was entered and analyzed using SPSS (15.0). To compare proportions, Chi Square was used to test for statistical significance with a P value of <0.05 considered statistically significant. Differences found by Chi Square were explored using post hoc testing with Bonferroni adjustment to account for alpha inflation when multiple comparisons were made.

Qualitative data was entered and analyzed using the qualitative analysis program ATLAS/ti. Codes were developed to capture common themes from the responses.

Results

Response Rates and Demographics

The total number of surveys completed and returned for all four counties was 3,003 (12.7 percent overall response rate). A total of 2,950 surveys provided usable responses for analysis. Of these, 421 were from residents of Del Norte County. Exhibit 1 provides a breakdown of the location of respondents from Del Norte County. All respondents who indicated Del Norte as their primary county of residence were included in this analysis even though a few respondents received the survey at a different location (indicating that they receive mail through a post office box in a different county, but primarily reside in Del Norte). See Appendix A for demographics of the Del Norte respondents.

Exhibit 1: Respondents Who Reported Del Norte as Their Primary County of Residence

City/Town	Zip Code	Frequency	Percent of Del Norte Sample
Crescent City	95531	236	56.1
Klamath	95548	77	18.3
Gasquet	95543	63	15.0
Fort Dick	95538	38	9.0
Lewiston	96052*	1	0.2
Orick	95555*	1	0.2
Samoa	95564*	1	0.2
Weaverville	96093*	1	0.2
Willow Creek	95573*	1	0.2
Missing Zip Code	NA	2	0.5
Total		421	99.9

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

***Note:** These are the zip codes to which the surveys were *sent*. They were returned by individuals who indicated that Del Norte County is their primary county of residence.

Total percentage may not equal 100 due to rounding.

Access to Health Care in Del Norte County

Of the respondents from Del Norte County who needed health care, 27.3% reported were unable to get the health care they needed in the year prior to the survey.

Reasons Del Norte respondents were unable to get needed health care were explored using qualitative analysis. The main barrier reported was a lack of health care providers. Other top reasons respondents were unable to access health care were scheduling difficulties within clinics and/or medical offices, being uninsured and issues with publicly funded insurance (such as local providers and clinics not accepting the respondent's insurance, deductible and co-pay issues, etc.).

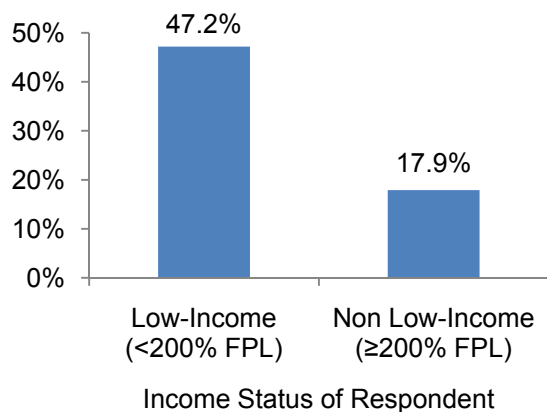
Other barriers reported less frequently were a lack of services, concerns about the quality of care available, having to leave the local area for care, the cost of health care, chronic medical conditions, difficulties finding and receiving mental health care and money and employment issues.

See Appendix B for quotes explaining why respondents were unable to obtain needed health care in the year prior to the survey.

Poverty and Access to Health Care

Of the low-income respondents (<200% FPL*), 47.2% reported they were not able to obtain needed health care in the year prior to the survey. This is significantly higher than non low-income respondents ($\geq 200\%$ FPL) who reported an inability to get needed health care (17.9%) (Exhibit 2). There is a trend with improved ability to obtain needed health care as the socioeconomic status of the respondent improves (Exhibit 3).

Exhibit 2: Unable to Get Needed Health Care by Income Status of Respondents (n = 311)



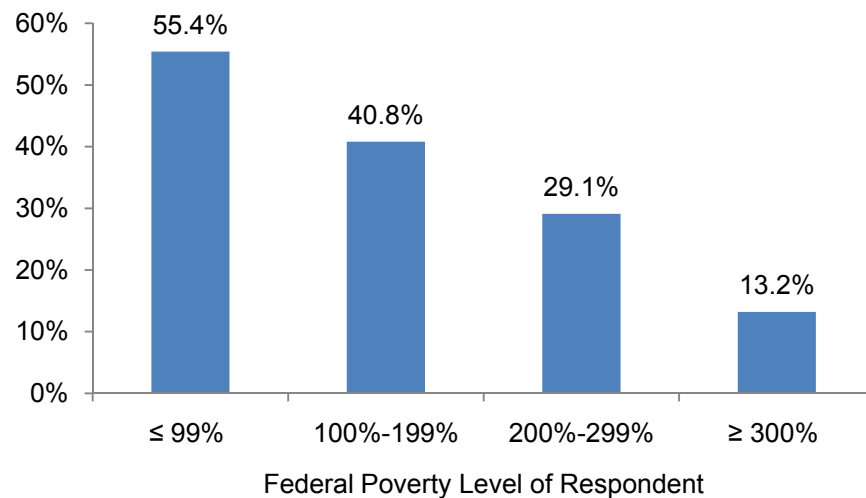
Income Status		Unable to Get Needed Health Care	
	Frequency	Frequency	%
Low-Income (<200% FPL)	127	60	47.2%
Non low-Income ($\geq 200\%$ FPL)	184	33	17.9%
Total	311	93	29.9%

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question “Within the past 12 months were you able to get the health care (including mental health care) you needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and provided information necessary for determining income status.

* The Federal Poverty Level (FPL) varies by household size. For a family of four (two adults, two children) the 2006 Federal Poverty Level (100% FPL) was \$20,444, 200% FPL was \$40,888 and 300% FPL was \$61,332

Exhibit 3: Unable to Get Needed Health Care by Federal Poverty Level* of Respondents (n = 311)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question “Within the past 12 months were you able to get the health care (including mental health care) you needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and provided information necessary for determining poverty level.

* The Federal Poverty Level (FPL) varies by household size. For a family of four (two adults, two children) the 2006 Federal Poverty Level (100% FPL) was \$20,444, 200% FPL was \$40,888 and 300% FPL was \$61,332

Reasons Respondents Were Unable to Get Needed Health Care by Poverty Level

The main reason respondents were unable to obtain needed health care in the year prior to the survey was consistent across all poverty levels. Respondents reported a lack of health care providers as their main barrier to receiving needed health care.

For respondents living in poverty (≤99% FPL), scheduling difficulties within medical clinics and offices and issues with publicly funded insurance were commonly mentioned barriers to obtaining needed health care.

For respondents living between 100-199% FPL, having no insurance coverage and the cost of health care were commonly barriers to obtaining needed health care

For respondents living between 200-299% FPL, scheduling difficulties within medical clinics and offices and having no insurance coverage were frequently mentioned barriers to obtaining needed health care.

For respondents living at or above 300% FPL, chronic medical problems and having to leave their immediate area for general or specialist care were commonly mentioned barriers to obtaining needed health care.

See Appendix B for quotes explaining why respondents were unable to obtain needed health care by Federal Poverty Level.

Access to Health Care for Children

Of the 421 respondents from Del Norte County, 116 reported having children under the age of 18 in the household. Of these, 94 reported needing health care for their children in the year prior to the survey of which 12.8% were unable to obtain the needed health care.

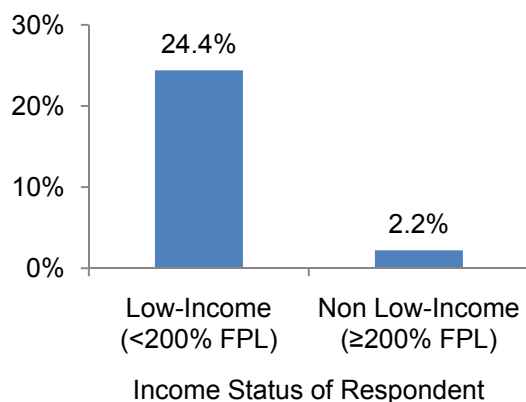
The primary reason reported for not being able to obtain needed health care for minor children was a lack of health care providers. Other reasons reported included having no insurance coverage, issues with publicly funded insurance, general insurance issues (such as cost, providers not accepting insurance, etc.), issues with finding and receiving oral health care, a lack of services in their local area (including preventive services, hospital services, etc.), and office wait time (the amount of time one has to wait to see the doctor after arriving at the clinic). Other reasons were reported less frequently.

Poverty and Access to Health Care for Children

Of the low-income respondents (<200% FPL), 24.4% reported they were unable to get their children needed health care in the year prior to the survey. This is significantly higher than non low-income respondents ($\geq 200\%$ FPL) who reported they were unable to get their children needed health care (2.2%) (Exhibit 4).

See Appendix B for quotes explaining why respondents were unable to obtain needed health care for their children.

Exhibit 4: Unable to Get Needed Health Care for Children by Income Status of Respondents
(*n* = 87)



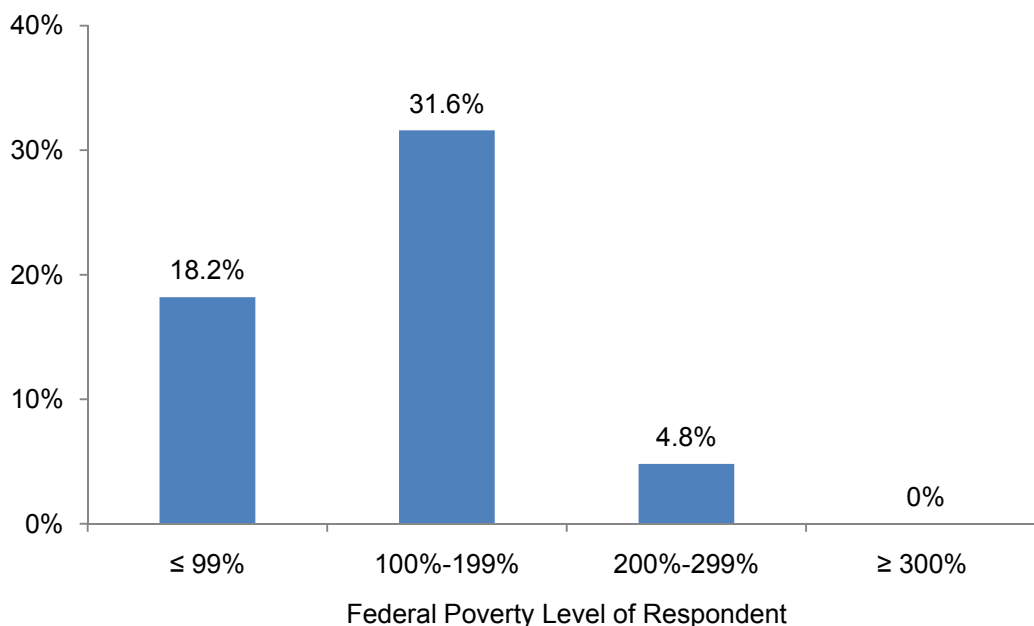
Income Status		Unable to Get Needed Health Care for Children	
	Frequency	Frequency	%
Low-Income (<200% FPL)	41	10	24.4%
Non low-Income ($\geq 200\%$ FPL)	46	1	2.2%
Total	87	11	12.6%

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question “Within the past 12 months were you able to get your child(ren) the health care (including mental health care) they needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and reported having children under the age of 18 living in the household in addition to providing information necessary for determining income status.

Respondents living at 100-199% FPL appear to be the least likely to get their children needed health care (31.6%). However, this does not differ significantly from respondents living in poverty who were unable to get their children needed health care (18.2%). No respondents living above 300% FPL reported being unable to receive needed health care for their children (Exhibit 5).

Exhibit 5: Unable to Get Needed Health Care for Children by Federal Poverty Level of Respondents (*n* = 87)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy

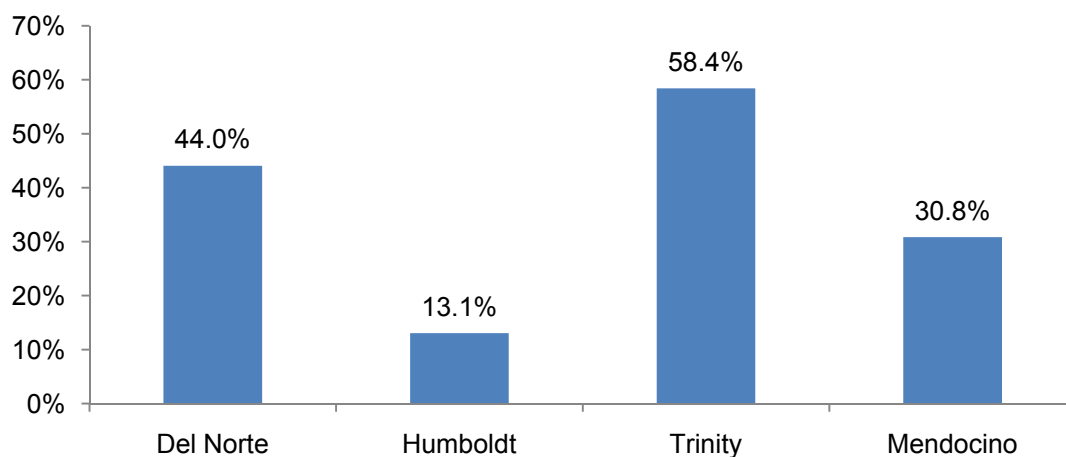
This analysis was for the question “Within the past 12 months were you able to get your child(ren) the health care (including mental health care) they needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and reported having children under the age of 18 living in the household in addition to providing information necessary for determining poverty level.

Leaving the County for Health Services

Of the respondents from Del Norte County, 44% reported regularly leaving the county for health services. By comparison, this was reported by 13.1% of the Humboldt County respondents, 58.4% of the Trinity County respondents and 30.8% of the Mendocino County respondents (Exhibit 6).

See Appendix C for a list of all of the towns where Del Norte County respondents reported obtaining health services.

Exhibit 6: Regularly Leaving County of Residence for Health Services by County (*n* = 2,918)



County		Regularly Leave County for Health Services	
	Frequency	Frequency	%
Del Norte	420	185	44.0%
Humboldt	873	114	13.1%
Trinity	928	542	58.4%
Mendocino	697	215	30.8%
Total	2918	1056	36.2%

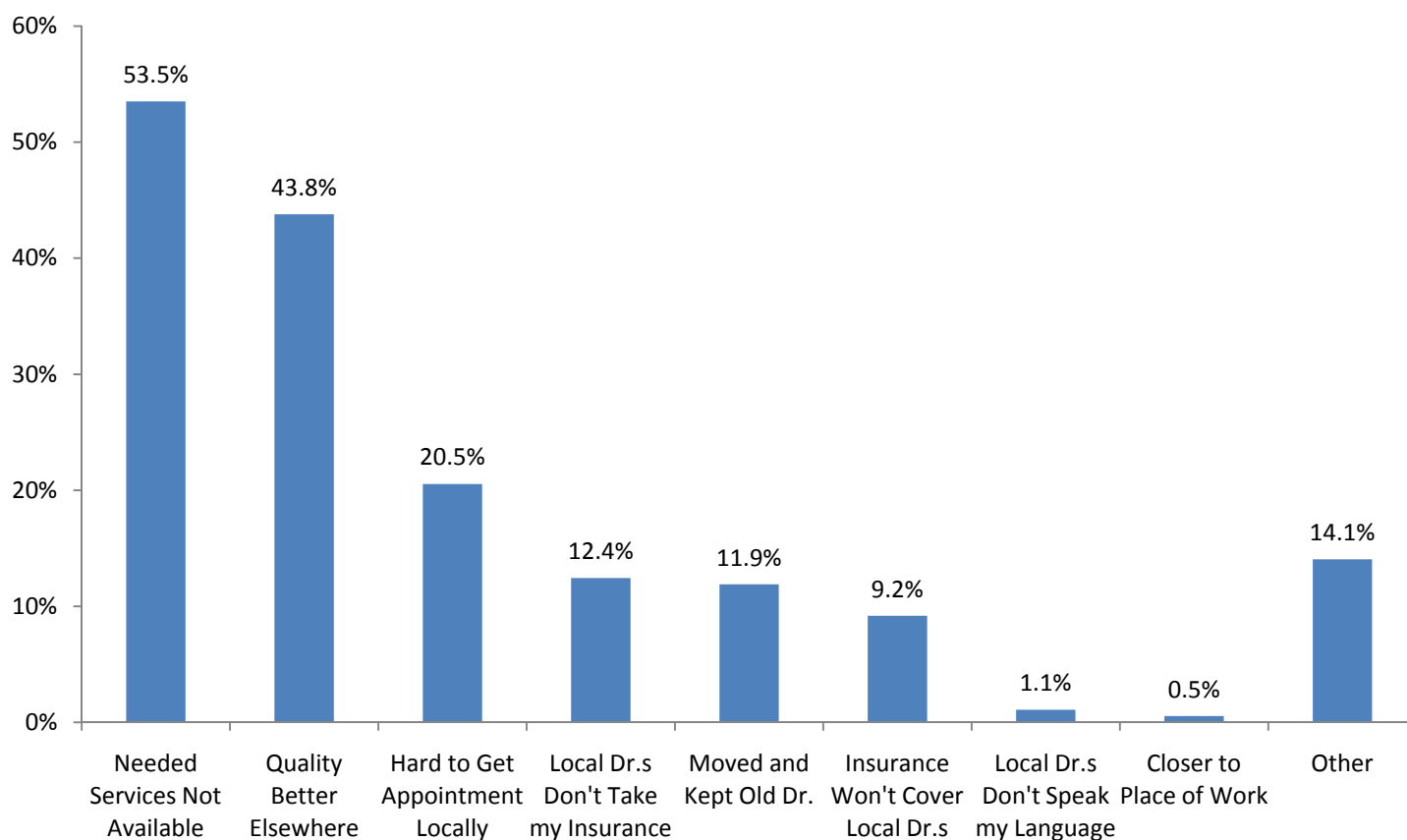
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question “Do you regularly go outside your county for health services?” The analysis was restricted to respondents who answered the question.

Reasons for Regularly Leaving Del Norte County for Health Services

Of the respondents from Del Norte County who reported regularly leaving the county for health services, the most commonly reported reason was needed services not available (53.5%), followed by quality is better elsewhere (43.8%). Additional reasons were reported less frequently (Exhibit 7).

Exhibit 7: Reasons for Regularly Leaving Del Norte County for Health Services (*n* = 185)

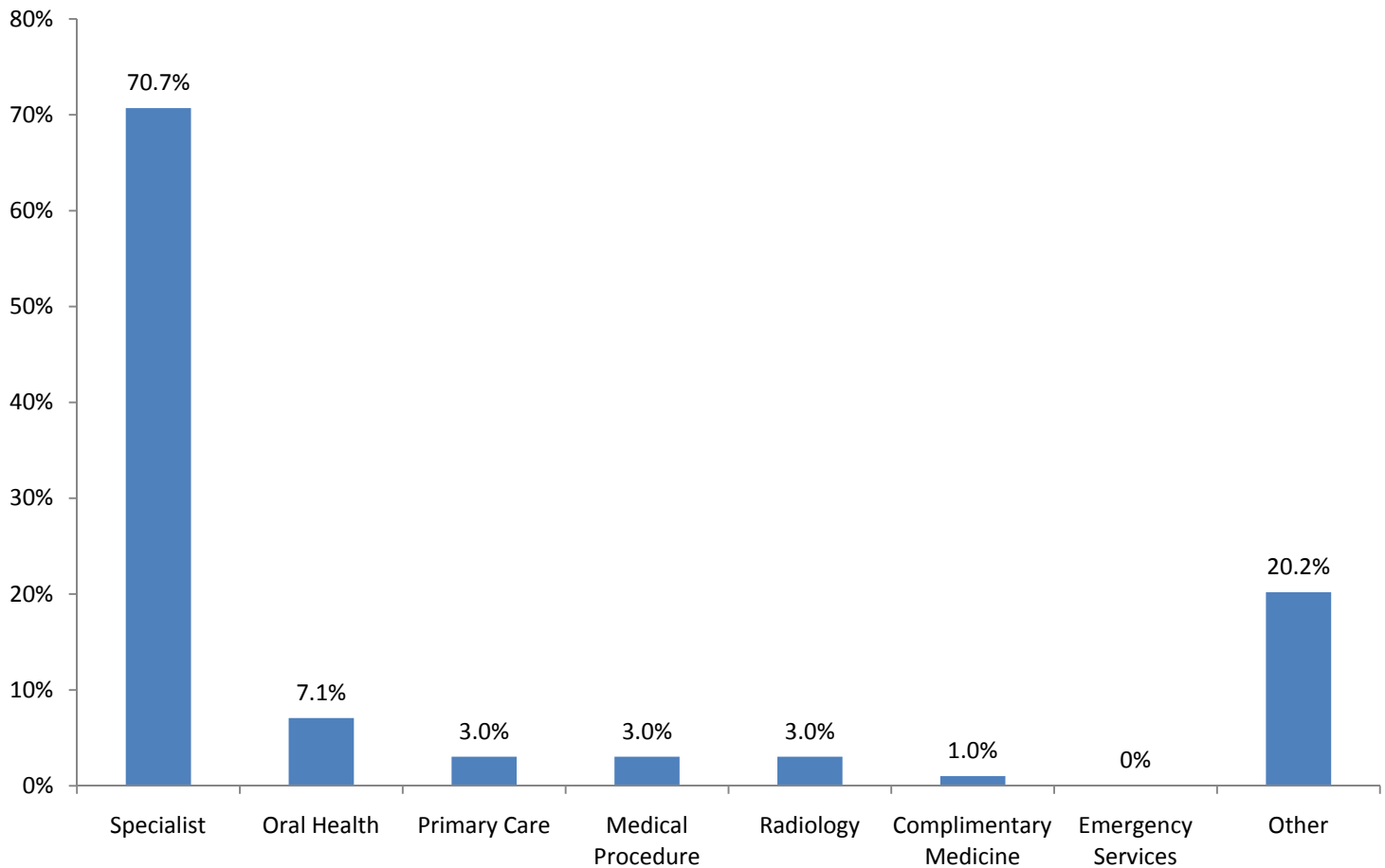


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Services Regularly Sought Outside Del Norte County

Of the respondents from Del Norte County who reported regularly leaving the county for health services because needed services were not available, the most commonly reported health service was health care specialists (70.7%), followed by oral health (7.1%). Additional services were mentioned less frequently (Exhibit 8).

Exhibit 8: Types of Services Reported by Del Norte County Respondents who Regularly Leave the County Because Needed Services are not Available (*n* = 99)

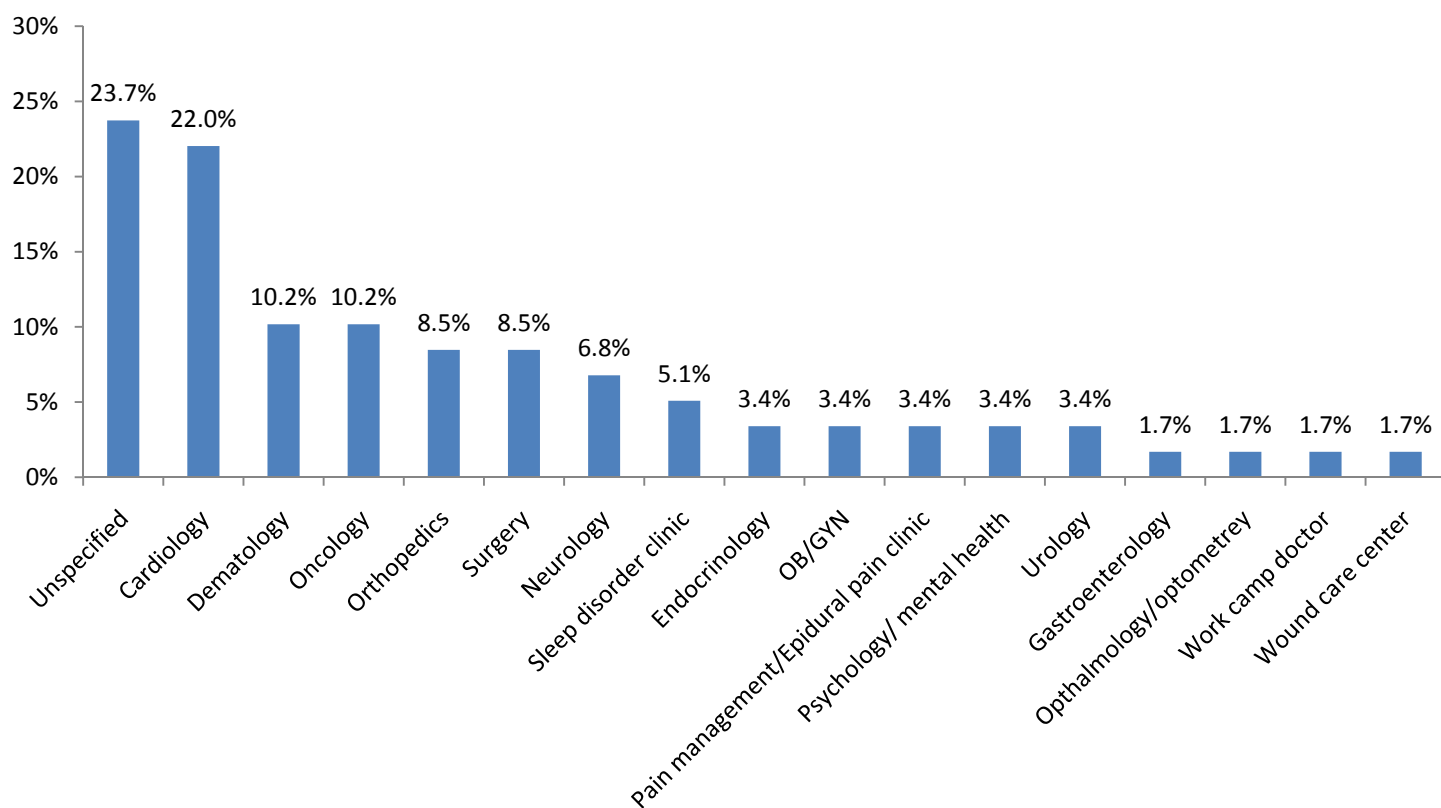


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Specialty Care Regularly Sought Outside Del Norte County

Of the respondents from Del Norte County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (23.7%), followed by cardiology (22%), dermatology (10.2%), and oncology (10.2%). Additional specialties were mentioned less frequently (Exhibit 9).

Exhibit 9: Specialty Care Needed by Del Norte County Respondents who Regularly Leave the County for Health Services (*n* = 59)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

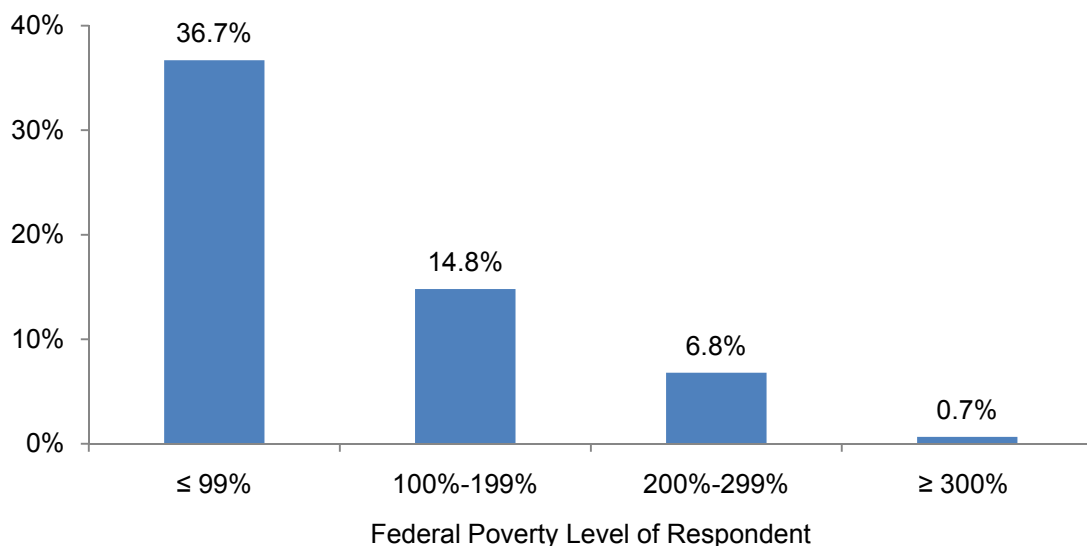
Very Low Food Security

Of all respondents from Del Norte County, 10.1% reported episodes of hunger due to not being able to afford enough food (a measure of very low food security).

Respondents living in poverty were 52 times as likely to experience hunger due to not being able to afford enough food as those living at or above 300% poverty.

As the socioeconomic status improves the prevalence of very low food security decreases (Exhibit 10).

Exhibit 10: Very Low Food Security by Federal Poverty Level of Respondents (*n* = 351)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy

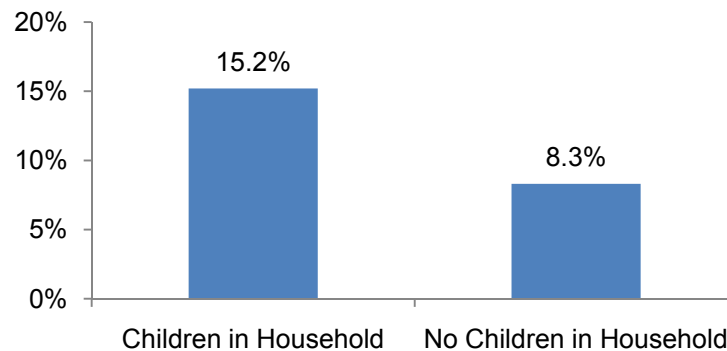
This analysis was for the question “In the last 12 months were you or people living in your household ever hungry because you couldn’t afford enough food?” The analysis was restricted to respondents who answered “yes” or “no” to the question in addition to providing information necessary for determining income/poverty status.

Very Low Food Security in Households with Children

Households with children under the age of 18 were significantly more likely to report episodes of hunger (15.2%) compared to households without children (8.3%) (Exhibit 11).

Low-income respondents (<200% FPL) with children under the age of 18 were 7.1 times more likely to experience hunger due to not being able to afford enough food compared to non low-income respondents ($\geq 200\%$ FPL) with children under the age of 18 (Exhibit 12).

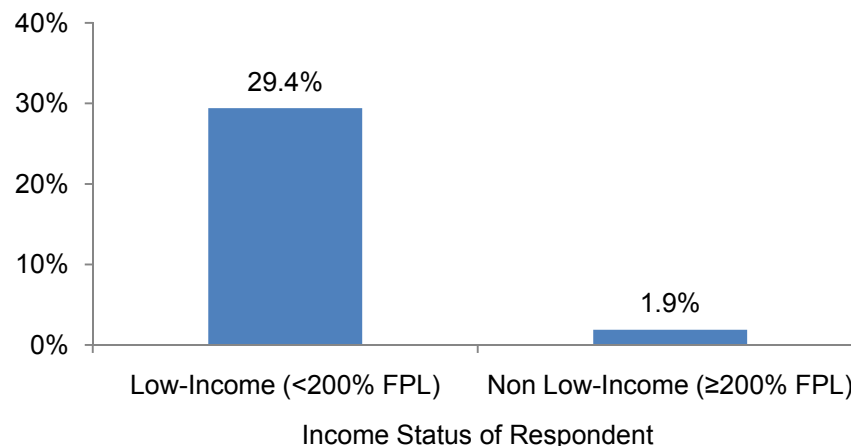
Exhibit 11: Very Low Food Security by Households with Children Under 18 ($n = 414$)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question "In the last 12 months were you or people living in your household ever hungry because you couldn't afford enough food?" The analysis was restricted to respondents who answered "yes" or "no" to the question and provided information about children in the household.

Exhibit 12: Very Low Food Security in Households with Children Under 18 by Income Status of Respondent ($n = 104$)



Source: Rural Health Information Survey, 2006, California Center for Rural Policy

This analysis was for the question "In the last 12 months were you or people living in your household ever hungry because you couldn't afford enough food?" The analysis was restricted to respondents who answered "yes" or "no" to the question and reported having children under the age of 18 living in the household in addition to providing information necessary for determining income status.

Discussion

The results of this study show that there are disparities in access to health care in Del Norte County with low-income residents having significantly more difficulty accessing needed health care than non low-income residents. This finding is consistent in all four counties included in this study.

The most concerning finding is that low-income families with children are 11.1 times more likely to report difficulties obtaining needed health care for their children than non low-income families with children. The barriers reported by low-income families were not quantified due to a small number of quotations; however, the primary barriers that are apparent from the quotations on page 29 are issues with insurance (providers not accepting children's insurance), lack of health care providers and difficulty accessing dental services.

For adults, the primary barrier to accessing health care in Del Norte County was a lack of health care providers. It is important to note that Del Norte County lost a significant number of doctors in the year prior to the survey. Del Norte County has been focusing efforts on health care provider recruitment and retention in an effort to improve access to health care.

A high percentage of respondents reported regularly leaving the county for specialty care with cardiology being the most commonly reported specialty.

Another concerning finding is that a high percentage of low-income households with children report episodes of hunger due to not being able to afford enough food. This can cause long term adverse outcomes in health and development for these children. For a more in depth analysis and discussion about very low food security please see the CCRP research brief, "Investigating Very Low Food Security in the Redwood Coast Region" (available at www.humboldt.edu/~ccrp).

Clearly, there are many factors impacting health and access to health care in Del Norte County and low-income residents are at increased risk for not being able to obtain needed health care and for experiencing hunger.

This research was intended to provide a snapshot of health and access to health care in the four counties of Del Norte, Humboldt, Trinity and Mendocino. The survey was designed to be repeated over time (if additional resources can be obtained), which will help determine if programs and policies aimed at improving conditions are making a difference. If there is interest from the community, CCRP can collaborate with community partners to seek funding for more in-depth research on these topics.

The California Center for Rural Policy will continue to share research results with the community through briefs, reports and meetings. We plan to engage the community in dialogue about potential solutions and policy recommendations to address identified problem areas. We hope you will join us as we work together to improve health in our region.

Limitations

This study provides information about the respondents of the survey and does not necessarily describe the population in general. However, this is the largest study ever conducted in this rural region of California.

Appendix A

Demographic Tables for Del Norte County Sample

Ethnicity, Gender, Age and Language for Del Norte County Respondents

Characteristics	Frequency	Percent
<i>Ethnicity</i>		
White	359	85.9
African American	3	0.7
Latino/Latina	6	1.4
Asian	2	0.5
Native American	19	4.5
Multiracial	22	5.3
Other	7	1.7
Total	418	100
<i>Gender</i>		
Female	269	63.9
Male	151	35.9
Other	1	0.2
Total	421	100
<i>Age</i>		
18-29	17	4.1
30-39	31	7.4
40-49	70	16.8
50-59	141	33.8
60-69	101	24.2
70-79	40	9.6
≥ 80	17	4.1
Total	417	100
<i>Languages spoken at home:</i>		
English	420	99.8
Spanish	10	2.4
Asian Language	1	0.2
Native American	9	2.1
Other	8	1.9

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Percentages are based on total number of respondents who provided information for a given variable.

Total percentage may not equal 100 due to rounding.

Poverty Level, Education Level and Employment Status for Del Norte County Respondents

<i>Federal Poverty Level (FPL)*</i>	Frequency	Percent
≤99% FPL	63	17.7
100%-199% FPL	81	22.8
200%-299% FPL	60	16.9
≥300% FPL	151	42.5
Total	355	99.9
<i>Highest Level of Education</i>		
No High School	24	5.7
GED/ High School Certificate	19	4.5
High School Graduate	56	13.3
Vocational Training	19	4.5
Some College	152	36.2
College Graduate	63	15.0
Graduate/Professional Training	87	20.7
Total	420	99.9
<i>Employment Status</i>		
Company/Business/Agency	167	39.8
Homemaker	22	5.2
Self-Employed	39	9.3
Unemployed	19	4.5
Laid-off but looking	5	1.2
Retired	120	28.6
Disabled	46	11.0
Student	1	0.2
Total	419	99.8

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Percentages are based on total number of respondents who provided information for a given variable.

Total percentage may not equal 100 due to rounding.

*Poverty Thresholds obtained from U.S. Census Bureau, "Poverty Thresholds 2006"

<http://www.census.gov/hhes/www/poverty/threshld/thresh06.html>

Length of Time Respondent has Lived in Local Area and Type of Dwelling

<i>How long have you lived in the local area?</i>	Frequency	Percent
< 5 years	90	21.7
5-9 years	66	15.9
10-19 years	103	24.8
20-29 years	52	12.5
30-39 years	47	11.3
40-49	25	6.0
≥ 50 years	32	7.7
Total	415	99.9
<i>What type of dwelling do you live in?</i>		
House	272	64.8
Duplex	13	3.1
Mobile Home/ Trailer	115	27.4
Building w/ 3 or more units	16	3.8
Other	4	1.0
Total	420	100

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Percentages are based on total number of respondents who provided information for a given variable.

Total percentage may not equal 100 due to rounding.

Total Number of People Living in the Household and Total Number of Children Under the Age of 18 Living in the Household

Total number of people living in household	Frequency	Percent
1 person	120	29.0
2 people	186	44.9
3-4 people	77	18.6
≥ 5 people	31	7.5
Total	414	100
<i>Total number of children under 18 in the household</i>		
No children under 18	304	72.4
1 child	53	12.6
2-4 children	57	13.6
≥ 5 children	6	1.4
Total	420	100

Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Percentages are based on total number of respondents who provided information for a given variable.

Total percentage may not equal 100 due to rounding.

Appendix B

Quotes from Del Norte County Respondents

“Within the past 12 months, were you able to get the healthcare (including mental healthcare) you needed? If No, please explain why.”

Federal Poverty Level Unknown
“Yes. No. New doctors will not take Medicare or Champ V.A.”
“No. Made appointments, attended and no response to results or other appointments.”
“No good family M.D.’s available.”
“No. Not enough doctors to see everyone.”
“No. Doctor Shortage.”
“No. I don’t know who to see and I don’t have \$.”
“No. Didn’t chase it down.”
“Yes. In Arcata.”
“No. My primary care physician is no longer seeing patients.”
≤99% Federal Poverty Level
“No, doctors not always available or overbooked.”
“No. No doctors or dentists available for new patients in Del Norte or take CMSP.”
“Yes and No. Cannot find a doc for my health. Found one for mental.”
“No. No insurance.”
“No. Money.”
“No. Not enough psychologists available.”
“No. Dentist.”
“No. “A” Street Clinic full all the time. Or they say they can’t take you.”
“No. Too few doctors in Crescent City - went to Arcata.”
“No. “A” Street Clinic refused to see me, kept telling me to call back later.”
“No. Lack of doctors.”
“No. I did intake with county mental health 3 or 4 months ago. They said they’d get back to me-they never have.”
“No. Need operation on hand.”
“No. No health coverage and not enough \$\$ to pay privately.”
“No. No doctors at clinic.”
“No. Lack of local doctors, can’t get office visit.”
“No. No insurance-money in community property is frozen due to divorce proceedings and it isn’t in my name. Minimum wage etc.”

“No. No doctors available or willing to take new patients or Medi-Cal.”
“No. Sutter coast “politics” has caused most medical professionals (of all kinds including dentists) to leave Del Norte.”
“No. Cannot find a doctor.”
“No. Can’t get my knees and ankles fixed.”
“No. I’ve been seen a few times, however, still having same problem (flank pain).”
“No. Sometime doctor office filled up do due to short of doctors.”
“No. No doctors available who take Medi-Cal.”
“No. Needed mental healthcare when it is essentially unavailable in this community.”
“No. Too few doctors in Crescent City.”
“No. Our community health center does not accept new adult patients with Medi-Cal.”
“No, am on Medi-Cal due to not working. Del Norte has lost several doctors and most doctors don’t take Medi-Cal. (I finally got into a doctor here after an 18 month wait).”
“No. No doctor’s in or no doctor’s.”
“Yes. V.A. Health care. [Veterans Affairs].”
“No, dental work because cost of transportation and appts.”
“No. You must go to clinic for meds.”
“No. Limited. Most M.D don’t take Medicare or Medi-Cal.”
100-199% Federal Poverty Level
“No sometimes.”
“Yes. d/t [due to] pregnancy & medical, before pregnancy, 0 insurance, healthcare a major concern.”
“No. Old doctor retired, new doctor went south, good doctors are scarce here.”
“No. I haven’t any healthcare + I make too much for Medi-Cal. Only Open Door sliding scale.”
“No. No doctors here (Crescent City).”
“No. Do not have insurance.”
“No. I just can’t afford it.”
“No. Lack of doctors.”
“No. Doctors only in two days a week and can’t get appointment.”
“No. If I had needed any, I am unemployed with no insurance!”
“Most.”
“No. Clinic doc refused renewing thyroid meds based on year-old lab report.”
“Yes. No. Because you only have a small selection in the area I live in same specialist’s for most people have to go out of town because there’s no resources.”
“No. Not enough doctors in our area + no health insurance.”
“No. Unable to see physician immediately after stroke.”
“No. Too cheap to pay for it.”

“No. Lack of finances.”
“No. high deductible & job change = waiting period.”
“No. Doctors aren’t taking new patients.”
“No. No insurance.”
“No. Did not have the Money.”
“No. Too expensive, inadequate benefits, no transportation, and generally unavailable.”
“No. No Veteran’s clinic in Del Norte Co.”
“No. No Insurance. Don’t qualify for Medi-Cal and can’t afford disabilities.”
“No. Don’t qualify for funding and can’t afford it (full cost).”
“No. Limited doctors and mental health cuts in Del Norte county for the population.”
“No. Have CMSP [County Medical Service Program]-couldn’t afford to get to Eureka to see provider.”
“No. No dentists here accept Medi-Cal except “A” St. Clinic - I can’t meet their hours.”
“Yes. But must travel out of Calf [California]. Docs here are too in to money.”
“No. Couldn’t afford it.”
“No. Too expensive.”
“No. All doctors left the clinic.”
“Yes. But difficult to find internist-Crescent City and Eureka Internal Medicine Practices not taking new patients. I was fortunate to find a doctor when I had to go Sutter Coast Urgent Care and was referred to new doctor opening practice in Brookings.” (remainder of quote was removed as it revealed personal information)
200-299% Federal Poverty Level
“No, local physicians will not accept health insurance (military retired).”
“No. Incompetent health care providers.”
“Yes, but I paid for it.”
“Yes. At other home in Colorado.”
“No. Physicians not taking new patients.”
“No. Tribal care wants me to try Medi-Cal first.”
“No. Shortage of doctors in Del Norte County.”
“No. Haven’t tried.”
“No. Can’t get medical staff to call back to make appointments.”
“Even with good insurance co-pays cost too much.”
“No. Takes 2-3 months for appt.”
“No. Lack of income.”
“No. No insurance.”
“No. Will not do therapy anymore.”
“No. No insurance.”
“No. No one available.”

“No. Shortage of doctors in Del Norte=few patient openings for basic care and lack of in-county care for specialists.”
≥300% Federal Poverty Level
“No. Doctor too busy to see me-referred to urgent care or E.R.”
“No \$ and great health.”
“No. Insurance would only pay a larger portion of tests @ group facility.”
“No.”
“No.”
“No. lack of caring or listening of complaints.”
“No. More help with baths, wife hip in July had to pin.’
“No.”
“Yes. It took awhile to be seen, but was able to get care.”
“No. We have no doctors in town accepting new patients-especially w/ chronic pain.”
“No. I have just moved here and there are no Drs available at this time, I am on a waiting list.”
“No. No doctor could find out why my ulcers did not heal. I went to New York for Doctors.”
“No. I go to UCSF [UC San Francisco] for specialist concerning surgery and stroke.”
“No. Some docs are in Medford, OR”
“No. No psychiatrists in Del Norte county, nobody who practices cognitive-behavioral therapy.”
“No. Dr was inadequate and misdiagnosed me.”

“Within the past 12 months, were you able to get your child(ren) the healthcare (including mental healthcare) they needed? If No, please explain why.”

Federal Poverty Level Unknown
“No. Not enough doctors to see them.”
≤99% Federal Poverty Level
“No.”
“No. My children need to see a dentist + are not able.”
“No. Could not find a doctor nearby who knows about childhood anxiety.”
“No. Too full.”
100-199% Federal Poverty Level
“Yes. Father provides it and she has Medi-Cal for her disabilities.”
“No. The person assisting with our “healthy families” app. messed up and we were denied.”
“No. Don’t want to spend time because they can’t make the money they want (Healthy Families)”
“No. Lack of doctors.”
“Yes. Ex wife is on state assistance and receives Medi-Cal for our dependents.”
“No. No, doctors in our region will not take my children’s insurance. To see the dentist, it is a 6-12 month wait.”
“No. Certain services not provided except through ER and can’t afford to pay.”
“Yes. No. There is only one place in Crescent City that will accept my insurance for my children. I would have to go out of town if I want someone else.”
200-299% Federal Poverty Level
“Yes, but I paid for it.”
“No. N/A.”
≥300% Federal Poverty Level
No quotes

Note: Includes quotes from respondents with children under the age of 18 only.

Appendix C

Towns Where Del Norte County Respondents go for Health Care

Location of Doctors offices/clinics used by Del Norte County Respondents

Town	Frequency	Percent
Crescent City	216	70.4
Brookings Harbor, OR	21	6.8
Eureka	19	6.2
Arcata	12	3.9
Medford, OR	10	3.3
Smith River	5	1.6
Grant's Pass, OR	3	1.0
McKinleyville	2	0.7
Redding	2	0.7
Ashland, OR	1	0.3
Fairfield	1	0.3
Ft. Bragg	1	0.3
Fortuna	1	0.3
Mammoth Lakes	1	0.3
Sacramento	1	0.3
San Jose	1	0.3
Ukiah	1	0.3
Willow Creek	1	0.3
Eugene, OR	1	0.3
Gilroy	1	0.3
Weaverville	1	0.3
Vallejo	1	0.3
Davis	1	0.3
Mendocino	1	0.3
Smith River	1	0.3
Other out of area	1	0.3
Total	307	100

Note: Percentages were calculated by dividing the frequency of a given town by the frequency of all towns.
Each respondent could provide multiple towns.

Responses are from the question, "Where do you go for health care? Doctor's office/clinic- what town?"

Location of Emergency Departments used by Del Norte County Respondents

Town	Frequency	Percent
Crescent City	115	94.3
Vallejo	2	1.6
Eureka	1	0.8
Grant's Pass, OR	1	0.8
Roseburg, OR	1	0.8
Red Bluff	1	0.8
Eugene, OR	1	0.8
Total	122	100

Note: Percentages were calculated by dividing the frequency of a given town by the frequency of all towns. Each respondent could provide multiple towns.

Responses are from the question, "Where do you go for health care? Emergency room- what town?"

Location of Urgent Care Centers used by Del Norte County Respondents

Town	Frequency	Percent
Crescent City	108	98.2
Arcata	1	0.9
Roseburg, OR	1	0.9
Total	110	100

Note: Percentages were calculated by dividing the frequency of a given town by the frequency of all towns. Each respondent could provide multiple towns.

Responses are from the question, "Where do you go for health care? Urgent Care center- what town?"

Location of Indian Health Clinics used by Del Norte County Respondents

Town	Frequency	Percent
Smith River	9	50.0
Klamath	4	22.2
Arcata	3	16.7
Crescent City	2	11.1
Total	18	100

Note: Percentages were calculated by dividing the frequency of a given town by the frequency of all towns. Each respondent could provide multiple towns.

Responses are from the question, "Where do you go for health care? Tribal Health Clinic- what town?"

Location of Other Health Care Facilities used by Del Norte County Respondents

Town	Frequency	Percent
Crescent City	14	35.0
Eureka	10	25.0
Medford, OR	6	15.0
Brookings Harbor, OR	2	5.0
San Francisco	2	5.0
Smith River	2	5.0
Mendocino	1	2.5
Willow Creek	1	2.5
Roseburg, OR	1	2.5
Other out of area	1	2.5
Total	40	100

Note: Percentages were calculated by dividing the frequency of a given town by the frequency of all towns. Each respondent could provide multiple towns.

Responses are from the question, "Where do you go for health care? Other- what town?"