

Humboldt 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

Jessica L. Van Arsdale, MD, MPH, Director of Health Research
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The California Center for Rural Policy at Humboldt State University is a research center committed to informing policy, building community, and promoting the health and well-being of people and environments.



This research and report were made possible by a grant from The California Endowment and in-kind support from Humboldt State University.

Acknowledgements

The California Center for Rural Policy would like to thank:

- The California Endowment for supporting this work
- Sheila L. Steinberg, PhD, Director of Community Research, CCRP
- Steven J. Steinberg, PhD, Director, Institute for Spatial Analysis, Humboldt State University
- Terry Uyeki, MEd, Director of Evaluation & Community Services, CCRP
- GIS Analysts: Rebecca Degagne, Nicolas Ramirez, Jennifer Pollom, Andy Braden
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- Undergraduate Student Research Assistants: Kali Patterson, Jenna Barry, Dawne Abdul Al-Bari, Katie Camarata, Rose Urich, Ruthie Maloney, Liz Hannig, Nanette Yandell, Sadie LaBrie, Jillian Jackson, Julie Newby-Wadsen, Jean Sebastien Pradel, Juliet Thrapp
- Research Associates: Chris Aberson, Brian Davis
- Advisory Board: Gary Blatnick, Cathy Larsen, Ann Lindsay, Herrmann Spetzler, Santiago Simental, Terry Supahan, Phyllis Webb
- Rollin Richmond, PhD, Humboldt State University President, & Denice Helwig, Special Assistant to the President
- Office Manager: Kristina Bollman

Suggested Citation:

Van Arsdale J., Barry J., Humboldt County Selected Findings from the Rural Health Information Survey, 2006: Access to Health Care and Food Security. Humboldt State University: California Center for Rural Policy, 2008.

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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 Humboldt 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 880 residents of Humboldt County. The main findings by topic are:

Ability to Get Needed Health Care

- 19.5% of Humboldt County respondents reported they were not able to get needed health care in the 12 months prior to the survey. The main barrier reported was having no insurance.
- 30% 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 (11.5%). The main barriers reported by low-income respondents were having no insurance and concern about the quality of care available.

* 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

- 14.2% of respondents with children indicated they were unable to get their children needed health care in the 12 months prior to the survey. The main barriers reported were having no insurance, difficulties finding and receiving oral health care and concerns about the quality of care available.
- 22.8% of the low-income respondents (<200% FPL) reported they were unable to get their children needed health care. This is 4.8 times higher than non low-income respondents (≥200% FPL) who reported they were unable to get their children needed health care (4.8%).

Regularly Leaving the County for Health Services

- 13.1% of the respondents from Humboldt County reported regularly leaving the county for health services.
- The most commonly reported reason for regularly leaving the county for health services was quality is better elsewhere (44.7%), followed by needed services not available (37.7%).
- Of the respondents from Humboldt 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 (62.8%), followed by oral health (23.3%).
- Of the respondents from Humboldt County who reported regularly leaving the county for specialty care, the most commonly reported specialty was surgery (26.1%), followed by unspecified specialties (21.7%), endocrinology (17.4%), and oncology (13%).

Food Security

- Of all respondents from Humboldt County, 9.5% 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 21.6 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 6 times more likely to experience hunger due to not being able to afford enough food compared to non low-income respondents (≥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 Humboldt 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, 880 were from residents of Humboldt County. Exhibit 1 provides a breakdown of the location of respondents from Humboldt County. All respondents who indicated Humboldt 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 Humboldt). See Appendix A for demographics of the Humboldt respondents.

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

City/Town	Zip Code	Frequency	Percent of Humboldt Sample
Willow Creek	95573	144	16.4
McKinleyville	95519	114	13.0
Fortuna	95540	100	11.4
Hoopa	95546	90	10.2
Whitethorn	95589	82	9.3
Eureka (Cutten)	95534	68	7.7
Orleans	95556	59	6.7
Orick	95555	38	4.3
Carlotta	95528	29	3.3
Weott	95571	27	3.1
Alderpoint	95511	24	2.7
Honeydew	95545	21	2.4
Phillipsville	95559	21	2.4
Samoa	95564	17	1.9
Korbel	95550	13	1.5
Redcrest	95569	10	1.1
Bridgeville	955262	10	1.1
Klamath	95548*	4	0.5
Mad River	95552*	2	0.2
Fort Bragg	95488*	1	0.1
Leggett	95585*	1	0.1
Laytonville	95454*	1	0.1
Gasquet	95543*	1	0.1
Weaverville	96093*	1	0.1
ZIP Code stamp unreadable		2	0.2
County Total		880	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 Humboldt County is their primary county of residence.

Total percentage may not equal 100 due to rounding.

Access to Health Care in Humboldt County

Of the respondents from Humboldt County who needed health care, 19.5% were unable to get the health care they needed in the year prior to the survey.

Reasons Humboldt County respondents were unable to get needed health care were explored using qualitative analysis. The main barrier reported was having no insurance coverage. Other top reasons reported were the cost of health care, a lack of health care providers, issues with finding and receiving mental health care, the quality of care received, and money issues.

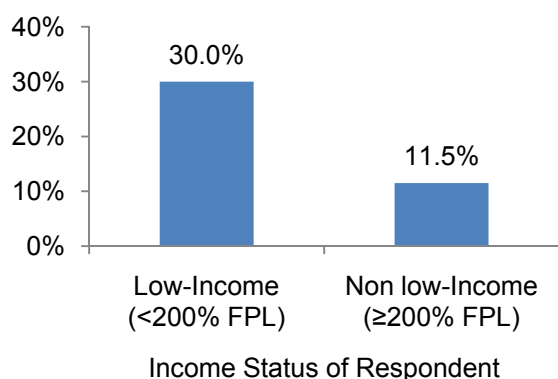
Other barriers reported less frequently were perceived poverty, difficulty obtaining oral health care, difficulties getting scheduled for appointments, general insurance issues, lack of services and geographic isolation.

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*), 30% 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 ($\geq 200\%$ FPL) who reported an inability to get needed health care (11.5%) (Exhibit 2). There is a trend with improved ability to obtain needed health care as the socioeconomic status improves (Exhibit 3).

Exhibit 2: Unable to Get Needed Health Care by Income Status of Respondents (n = 664)



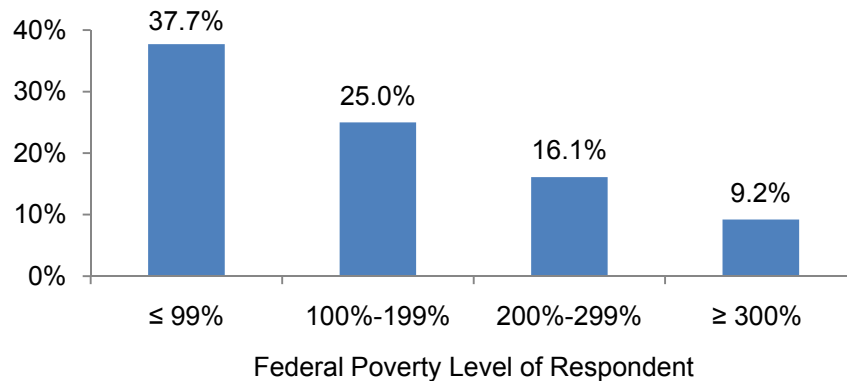
Income Status		Unable to Get Needed Health Care	
	Frequency	Frequency	%
Low-Income (<200% FPL)	290	87	30.0%
Non low-Income ($\geq 200\%$ FPL)	374	43	11.5%
Total	664	130	19.6%

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 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 = 664)



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 primary barriers to obtaining needed health care by respondents living in poverty (≤99% FPL) were concerns about the quality of care available, issues related to poverty and difficulties obtaining oral health care.

For respondents living between 100-199% FPL the primary barriers to obtaining health care were having no insurance, the cost of health care, money issues and difficulties finding and receiving mental health care.

Of the respondents living between 200-299% FPL the primary barriers were the cost of health care, a lack of health care providers and money issues.

Of the respondents living at or above 300% FPL the primary barriers to obtaining needed health care were a lack of health care providers, a lack of insurance and difficulties scheduling appointments.

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 880 respondents from Humboldt County, 253 reported having children under the age of 18 in the household. Of these, 197 reported needing health care for their children in the year prior to the survey, of which 14.2% were unable to obtain the needed health care.

The primary reasons reported for not being able to obtain needed health care for children were having no insurance, difficulties finding and receiving oral health care and concerns about the quality of care available.

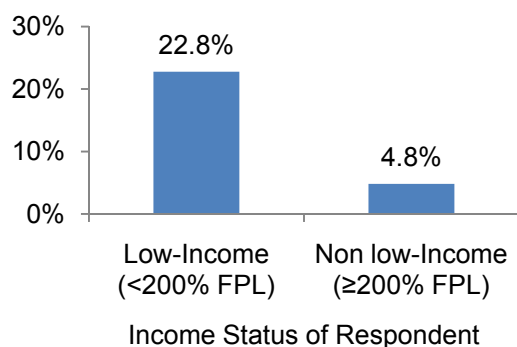
Other reasons reported less frequently were difficulties finding and receiving mental health care, difficulties scheduling appointments, issues with publicly funded insurance, issues related to poverty and having to leave the local area for care.

Poverty and Access to Health Care for Children

Of the low-income respondents (<200% FPL), 22.8% reported they were unable to get their children needed health care. This is significantly higher than non low-income respondents ($\geq 200\%$ FPL) who reported they were unable to get their children needed health care (4.8%) (Exhibit 4). There is a trend with improved ability to obtain needed health care for children as the socioeconomic status improves (Exhibit 5).

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
($n = 184$)**

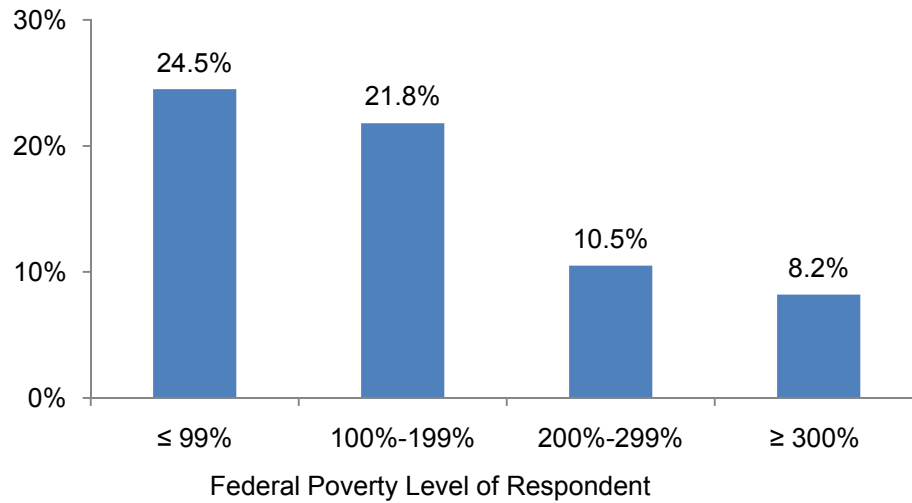


Income Status		Unable to Get Needed Health Care for Children	
	Frequency	Frequency	%
Low-Income (<200% FPL)	101	23	22.8%
Non low-Income ($\geq 200\%$ FPL)	83	4	4.8%
Total	184	27	14.7%

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.

Exhibit 5: Unable to Get Needed Health Care for Children by Federal Poverty Level of Respondents (*n* = 184)



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

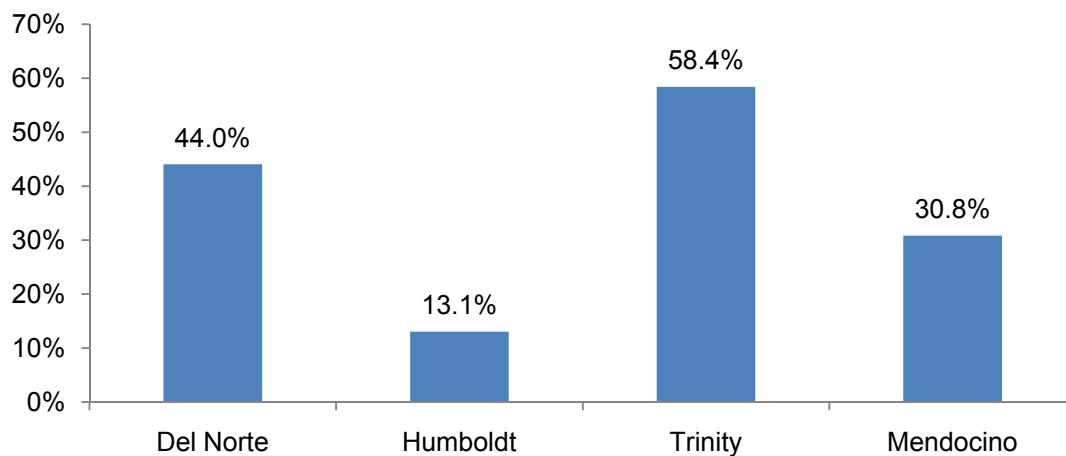
This analysis was for the question “Within the past 12 months were you able to get your child(ren) the health care (including mental health care) they needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and reported having children under the age of 18 living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

Leaving the County for Health Services

Of the respondents from Humboldt County, 13.1% reported regularly leaving the county for health services. By comparison, this was reported by 44% of the Del Norte 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 Humboldt 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%

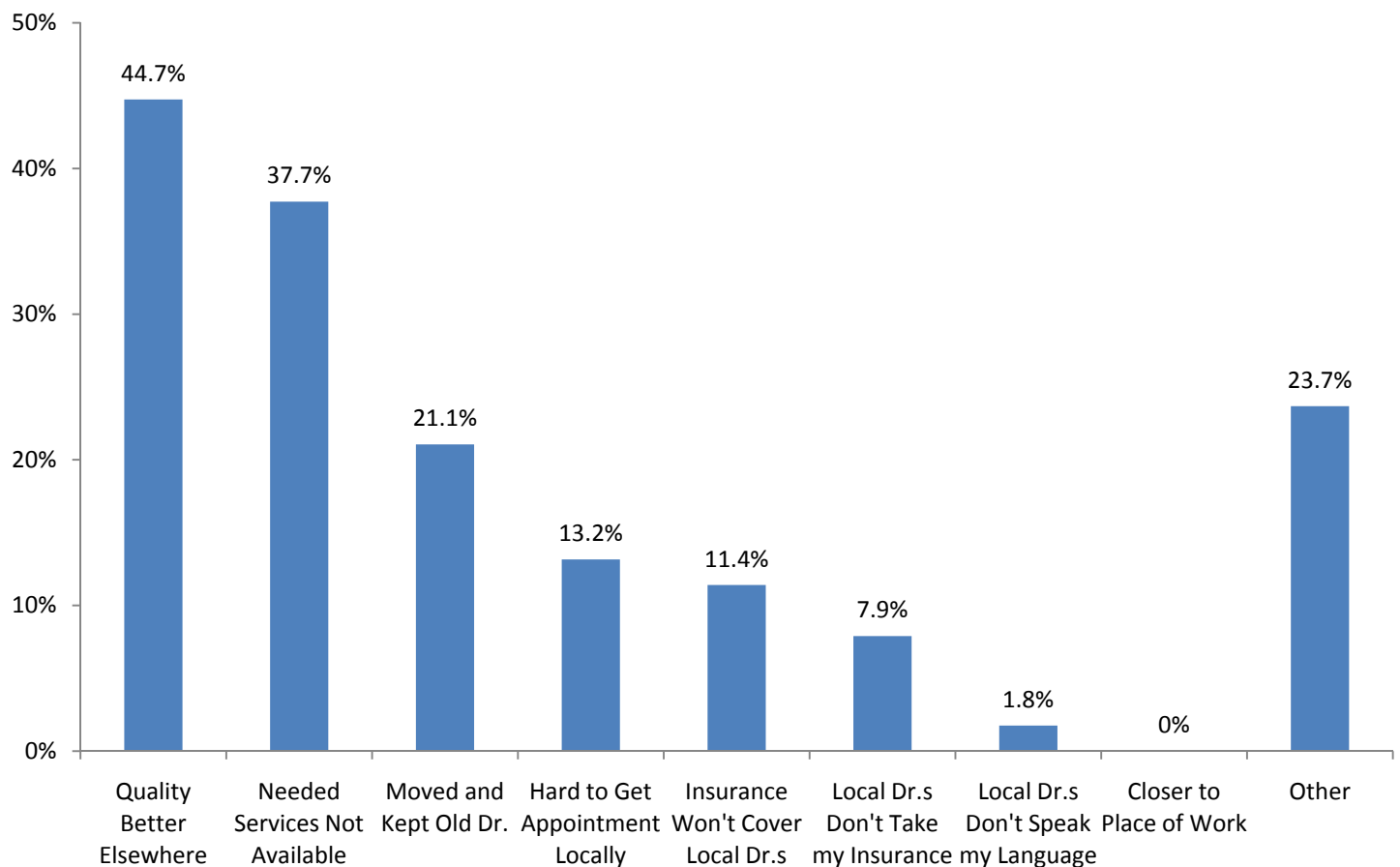
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

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 Humboldt County for Health Services

Of the respondents from Humboldt County who reported regularly leaving the county for health services, the most commonly reported reason was quality is better elsewhere (44.7%), followed by needed services not available (37.7%). Additional reasons were reported less frequently (Exhibit 7).

Exhibit 7: Reasons for Regularly Leaving Humboldt County for Health Services (*n* = 114)

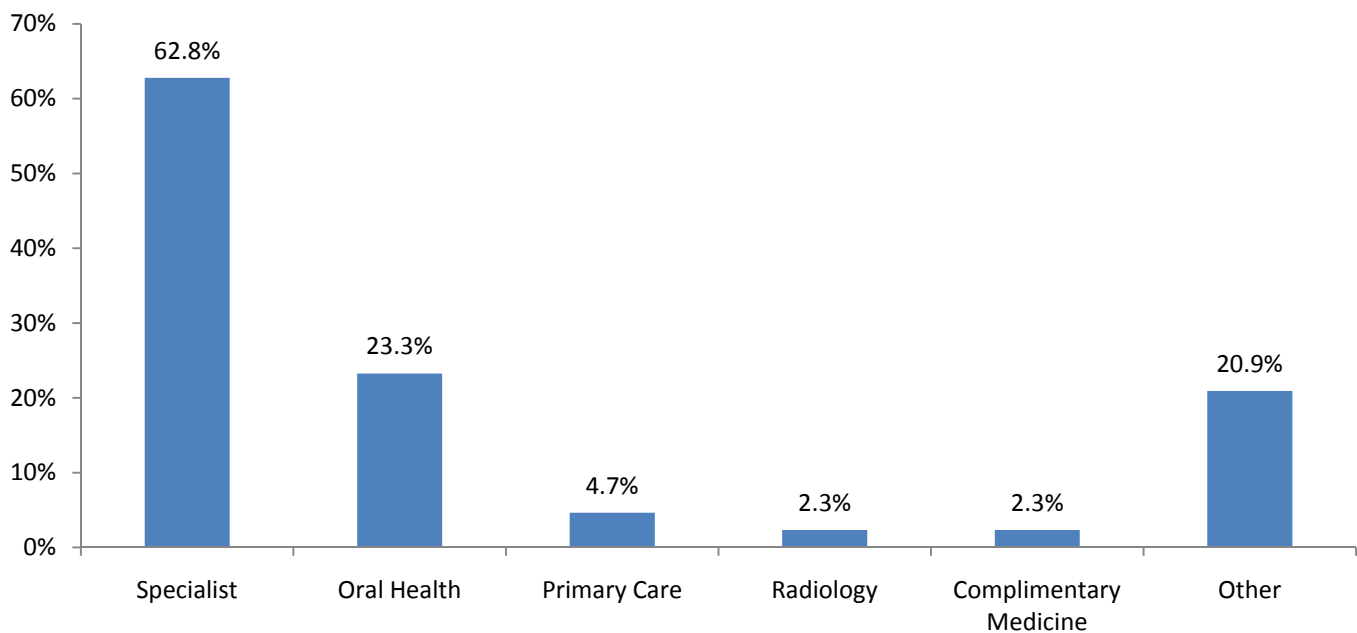


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Services Regularly Sought Outside Humboldt County

Of the respondents from Humboldt 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 (62.8%), followed by oral health (23.3%). Additional services were mentioned less frequently (Exhibit 8).

Exhibit 8: Types of Services Reported by Humboldt County Respondents who Regularly Leave the County Because Needed Services are not Available (*n* = 43)

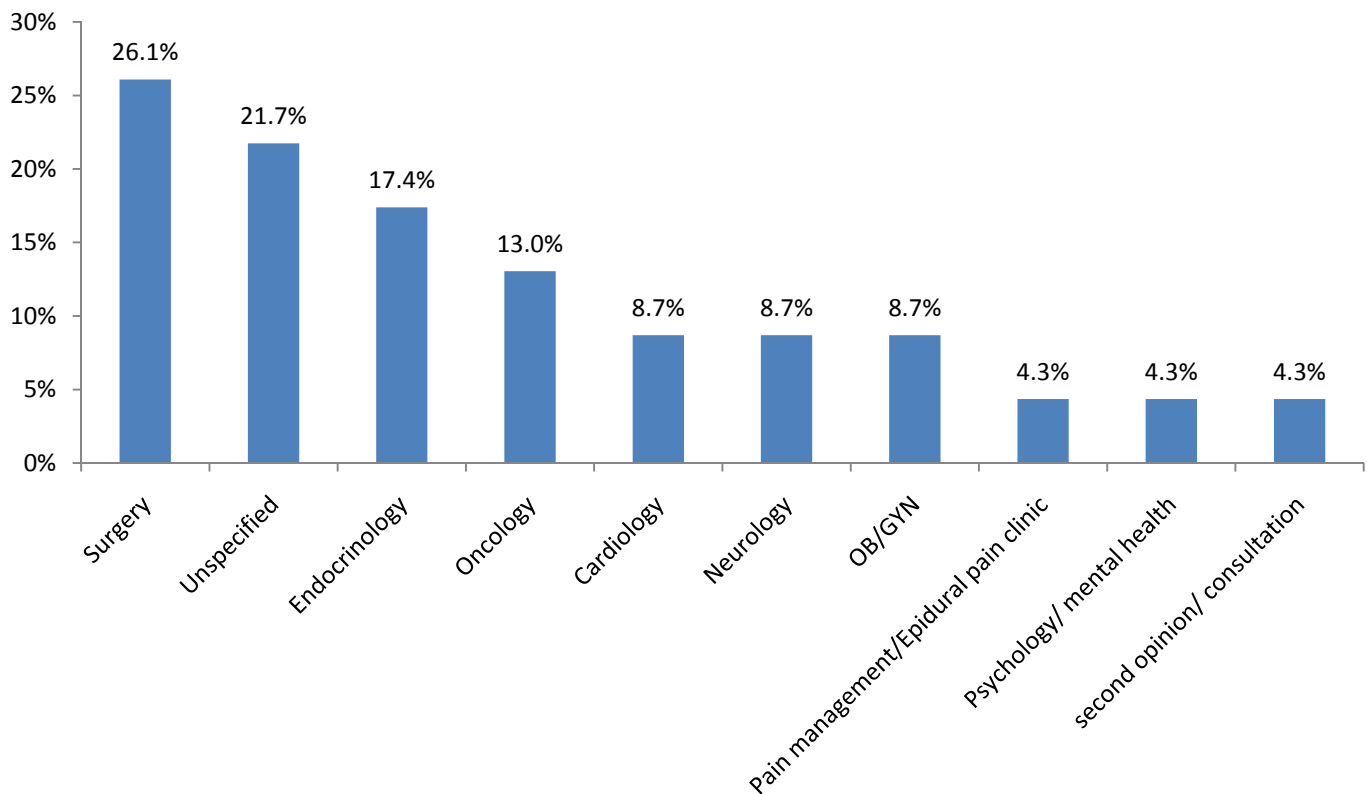


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Specialty Care Regularly Sought Outside Humboldt County

Of the respondents from Humboldt County who reported regularly leaving the county for specialty care, the most commonly reported specialty was surgery (26.1%), followed by unspecified specialties (21.7%), endocrinology (17.4%), and oncology (13%). Additional specialties were mentioned less frequently (Exhibit 9).

Exhibit 9: Specialty Care Needed by Humboldt County Respondents who Regularly Leave the County for Health Services (*n* = 23)



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

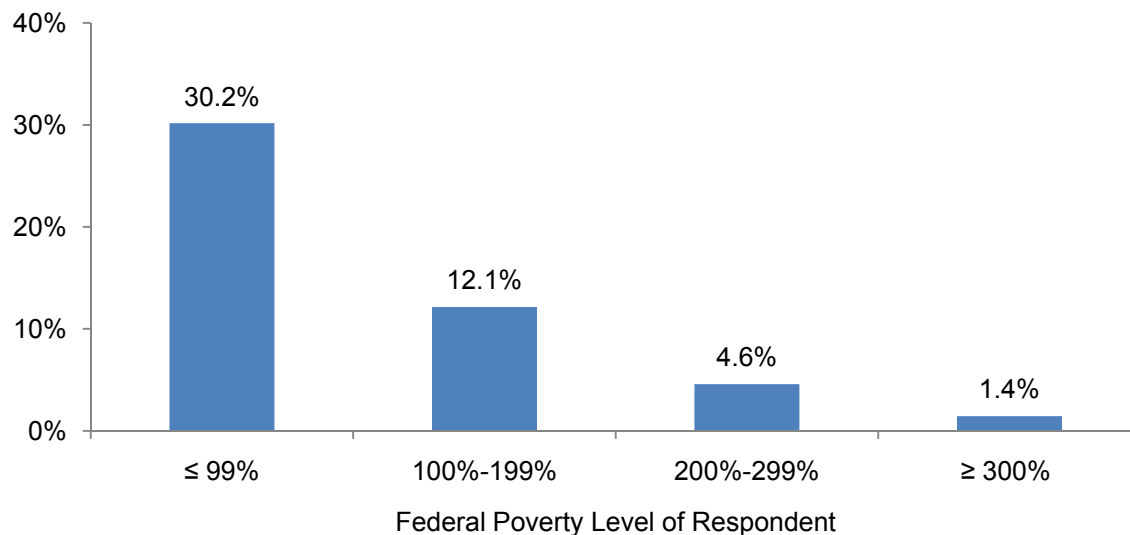
Very Low Food Security

Of all respondents from Humboldt County, 9.5% 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 21.6 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* = 761)



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

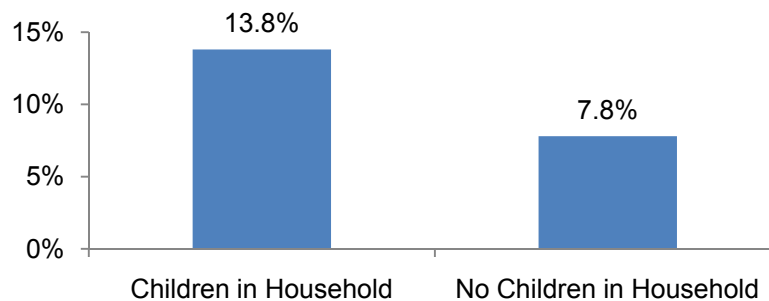
This analysis was for the question “In the last 12 months were you or people living in your household ever hungry because you couldn’t afford enough food?” The analysis was restricted to respondents who answered “yes” or “no” to the question in addition to providing information necessary for determining 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 (13.8%) compared to households without children (7.8%) (Exhibit 11).

Low-income respondents (<200% FPL) with children under the age of 18 were 6.1 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).

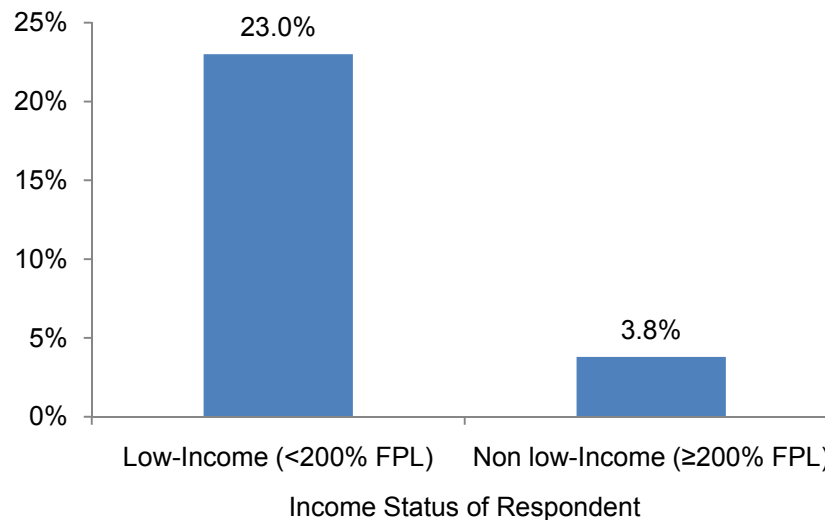
Exhibit 11: Very Low Food Security by Households with Children Under 18 ($n = 861$)



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 ($n = 227$)



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 Humboldt 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 4.8 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 31 are a lack of insurance, providers that do not accept Medi-Cal and difficulty accessing dental services.

Similarly, for adults, low-income respondents were 2.6 times more likely to report difficulties obtaining needed health care than non low-income respondents. It is interesting to note that quality of care was reported as the primary reason respondents living in poverty were not able to obtain needed health care. By comparison, lack of health insurance was the primary reason respondents living at 100-199% FPL were not able to obtain needed health care. This finding suggests that people living in poverty and likely receiving publicly funded insurance are concerned about the quality of care available to them. For people living at 100-199% FPL, lack of health insurance is a major barrier to receiving health care as they may be making too much money to qualify for publicly funded insurance, but not enough to purchase private insurance. Lack of health care providers was mentioned most frequently by those living at or above 300% FPL, which suggests that even when people can afford private insurance they may not be able to access health care due to a lack of health care providers.

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 Humboldt 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 Humboldt, Del Norte, 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 Humboldt County Sample

Ethnicity, Gender, Age and Language for Humboldt County Respondents

Characteristics	Frequency	Percent
<i>Ethnicity</i>		
White	677	78.2
African American	3	0.3
Latino/Latina	9	1.0
Asian	2	0.2
Native American	84	9.7
Multiracial	66	7.6
Other	25	2.9
Total	866	99.9
<i>Gender</i>		
Female	580	66.5
Male	292	33.5
Total	872	100
<i>Age</i>		
18-29	74	8.6
30-39	95	11.1
40-49	158	18.4
50-59	247	28.8
60-69	178	20.7
70-79	76	8.8
≥ 80	31	3.6
Total	859	100
<i>Languages spoken at home</i>		
English	867	99.2
Spanish	22	2.5
Asian Language	3	0.3
Native American	19	2.2
Other	25	2.9

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 Humboldt County Respondents

<i>Federal Poverty Level (FPL)*</i>	Frequency	Percent
≤99% FPL	129	16.7
100%-199% FPL	212	27.5
200%-299% FPL	153	19.8
≥300% FPL	277	35.9
Total	771	99.9
<i>Highest Level of Education</i>		
No High School	40	4.6
GED/ High School Certificate	35	4.0
High School Graduate	116	13.3
Vocational Training	36	4.1
Some College	323	37.0
College Graduate	166	19.0
Graduate/Professional Training	156	17.9
Total	872	99.9
<i>Employment Status</i>		
Company/Business/Agency	289	33.2
Homemaker	60	6.9
Self-Employed	199	22.9
Unemployed	32	3.7
Laid-off but looking	9	1.0
Retired	199	22.9
Disabled	76	8.7
Student	6	0.7
Total	870	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.

*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	132	15.2
5-9 years	114	13.1
10-19 years	170	19.6
20-29 years	150	17.3
30-39 years	147	16.9
40-49	51	5.9
≥ 50 years	104	12.0
Total	868	100
<i>What type of dwelling do you live in?</i>		
House	655	75.5
Duplex	25	2.9
Mobile Home/ Trailer	132	15.2
Building w/ 3 or more units	28	3.2
Other	28	3.2
Total	868	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

<i>Total number of people living in household</i>	Frequency	Percent
1 person	233	26.8
2 people	371	42.6
3-4 people	212	24.4
≥ 5 people	54	6.2
Total	870	100
<i>Total number of children under 18 in the household</i>		
No children under 18	627	71.3
1 child	114	13.0
2-4 children	129	14.7
≥ 5 children	10	1.1
Total	880	100.1

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 Humboldt 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
“No, because I still lived with my mom, but I was over 18.”
“No. Don’t get to go to the dentist often enough.”
“Medi-Cal healthcare limited to 4 days a week.”
“No, mental healthcare is iffy and behaviorable. The last thing a sick person wants to be told is they’re thinking badly.”
“No. Closest town to me is Redway.”
“No. Need deep tissue work on back, neck and shoulders.”
“No. We don’t do counseling we just supply drugs!”
“Yes, but I was traveling in Asia and got it there.”
“No. Kimaw Medical Center is very low in funds, short staffed, provide basic services to low income families of which I am one.”
“No, can’t afford it.”
“Unable to get a general physician.”
“Yes, but not in our community!”
“No. HPV.”
“No. Work comp has been decimated by Swatzanager [Schwartzanegger].”
“No. No women’s health specialists in Southern Humboldt who accept insurance.”
“No. It’s been 3 months since one dentist found a cavity, but it will be another 3 months before my appointment to fill it. I have Blue Cross dental insurance.”
“No.”
“Yes. No. Feminine stuff-ok; mental stuff-ok; knee injury no.”
“No. I own 2 cars.”
“No. Finances.”
“No. No local asst. [assistance], no services available.”
≤99% Federal Poverty Level
“No. No insurance for meds.”
“No. School health center was closed for summer.”
“No. No car.”
“No. No money.”
“No. Too far to drive.”

"No. Provider claimed I did not need help. I was turned away-mainly due to my lack of finances/ability to pay."
"No. Transportation."
"No. Two to three months to get appointment."
"No. No mental health here and a doctor only Weds. In summer every other Wednesday."
"No. Had to drive to Fortuna emergency 2 times because they (Garb)[Garberville] wouldn't see us."
"No. Good question. It's stupid. I should."
"No. Medi-Cal takes too long to approved help."
"No. Mental healthcare from Co. is inadequate, and it takes forever."
"No. Dental needs not met."
"No. I need a night guard to prevent teeth grinding. Rest facial muscles. I need assistance with employment."
"No. No money."
"Yes for Diabetes. No on dental, have been trying for more than a year to find dentist who will take Medical for new patient."
"No. Cancer second opinion."
" No. No coverage."
"No."
"No. Lack of adequate transportation to doctors, drug stores, hospitals; some needs not provided for on Medi-Cal."
"No. Can't afford dental, vision."
"No. Low income"
"I have received excellent and appropriate health care here in Orick."
"No money."
"Yes. No. Couldn't get all because of \$."
"No. No medical insurance."
"No. Too sensitive to "nosey-know-it-alls" given to "running lives of quiet, polite folk (esp. church)."
"No. No transportation between Garberville and Eureka."
"No. Trouble finding a counselor and a lot of difficulty getting my son mental help. This county doesn't have communication need with agency's. County jail is its answer. I feel the reason of Cherrie Moore getting killed."
"No. Wait too long (hours) -appointments too far down the road."
"No. Told Dr. something wrong with stomach- she didn't do anything."
"No. Cause it seems like the doctor's are only for money, not my health."
"No, my ins. [insurance] had hard time covering my medical-you had to call to get a OK for it."
"I don't feel comfortable going to."
"No. No money."
"No. Dental is hard to come by for Medi-Cal."

"No. Because when I tell the doctor my problem it is like they don't care!"
"Yes. Workman's comp. No. No insurance."
"Yes. Still have 1 yr. to go on health insurance from past employer (COBRA). YEAH FOR COBRA."
"No. I fixed the problem with mindset change."
"No. I am uninsured and no money for "extras"."
"No. Lack of dental services, lack of optometry services."
"No."
"No. I don't need any."
"No. Not had tests for financial reasons."
100-199% Federal Poverty Level
"No. Lack of disposable income + no ins."
"No. Cannot afford it."
"Physical health care, yes; mental health care, no, despite thorough research + attempts to access private and county providers."
"No. This is a good question. In this part of Humboldt Co. there is no home health service and so I had to stay in Sacramento to get IV infusions. Partly this is a problem with Medicare which is inflexible re: payments."
"No, often can't afford doctor or dentists visits."
"No. Money!"
"No. Transitioning from San Francisco Co. to Humboldt."
"No. I commute two hours to work, + when I get home I don't feel like I have time to travel to receive healthcare. Mental healthcare not needed just physical."
"Yes. I have not applied for mental treatment."
"No services locally."
"No. Only for my back. I have little income and no health ins. [insurance]."
"No. Have no health ins. [insurance]."
"No. No insurance and no \$ to pay out of pocket."
"Yes/No. I have no health insurance so had to pay for the prostate exam & biopsy myself-very challenging."
"No. Workers comp. denies chiropractic care."
"No. Mental healthcare is in Eureka, too far to get for me."
"No. Not in Humboldt County."
"No. No Medi-Cal or money."
"No. Only sometimes."
"No. I don't have health care."
"No. No insurance; can't afford."
"No money."

"No. Couldn't afford it."
"No. Don't like to go to Dr.'s."
"No. Can't afford."
"No. No insurance or money."
"No. Cost and geographic inconvenience."
"Yes. I have to pay out of pocket. No medical."
"No. My flu was misdiagnosed, turn into life threatening pneumonia and chronic asthma, they would not give me meds subscription."
"No. Cost without healthcare insurance."
"No mental health care."
"Yes. When I went to the doctor."
"No. \$ lack."
"No. Limited MH [Mental Health] access. Only 6 visits per annum [Latin- year]."
"No. I need alternative health care."
"No. Can't afford it."
"Yes. No. I have no health insurance now. I ended in April 06."
"No. Lack of money, poor providers in area."
"No. Money."
"No."
"No. No insurance."
"No. No insurance."
"No. Money."
"No. Counseling cost \$125.00 per hour or higher. I am lower middle class and don't have that type of money. You learn to be quiet."
"No. Dental is like 3 months waiting list to get in."
"No. My ailment is not life threatening. Indian Health policy classifies my knee as a priority No.2 and will not pay for a knee replacement."
"No. Poor insurance plan."
"No. Physical healthcare 80%; mental healthcare too expensive."
"No. No insurance."
"No. Applied for Medi-Cal but was unable to attend my interview due to a family members health."
"Yes. Can't afford bill."
"No. I have Kaiser, closest/ Santa Rosa."
"No. Specialist not taking new patients."
"Yes. But Medicare pays ½ only."
"No."

200-299% Federal Poverty Level
"No. Uninsured-low income."
"No. I have ins. yet it's too costly to see a doctor."
"No. Lack of money."
"Yes, except Blue Cross HMO wouldn't approve acupuncture."
"No. Way too long of a wait to get medical or dental appointments."
"No. Local clinics closed on weekends."
"No. Limited budget meant choose physical health over mental health."
"No. My Blue Cross policy covers nothing except some hospitalization."
"No. Can't afford it, no insurance."
"Yes. I could have another bill. No. I didn't want to make another bill."
"No. Found new female nurse practitioner OLC now."
"Lost job at St. Joe's- can't afford insurance."
"No. My chart is too thick and doctors aren't listening to me anymore."
"No. No reliable, trustworthy, doctor offices in area."
"Yes. No. Can't afford surgery to fix hernias."
"No. Couldn't afford it."
"Yes. Busy schedule combined with limited days when therapist."
"No. No time, no \$."
"Yes. No. Not the help I needed."
"No. Too expensive (much!)"
"No. 6 hour waiting time at Mad River Emergency Room."
"No. Hurt my neck on a job-work comp. delayed my medical care & there are no orthopedic back specialists here."
"No, 2 hr. drive each way is too expensive (as is treatment)."
"No.Can't find one that can help with problem-low depression."
≥300% Federal Poverty Level
"No. Veteran mental health not available in W.C. [Willow Creek]."
"No. I live in the USA. I'm not rich."
"No. Availability of good primary and specialist care is a challenge locally."
"No. Uninsured; can't afford."
"No. No health insurance with my job!"
"No. Didn't have the need/too much internal hand wringing over this."
"Dr. over worked, difficult to get timely appointments."
"No. Not really--hard to get timely appt."
"No. Couldn't get an MD to see my Achilles Tendon for 3.5 weeks."
"No. I was able to see a doctor, but they (2) couldn't/didn't help me."
"No. Not always-not easy to get in to see the good doctors."

“No. Scheduling-no slots available.”
“Yes, if I paid for it out of pocket.”
“No. Unable to locate a local endocrinologist and other specialist.”
“Yes, finally, but lots of searching.”
“No. Not in Humboldt County.”
“No. Money-out of area specialist-high deductible.”
“No. Difficult to access due to distances.”
“No. Refused annual mammogram because local hospital no longer accepts my insurance.”
“Yes. I’m a veteran with PTSD [Post traumatic stress disorder, if I wasn’t a vet I’d be screwed in Humboldt County.”
“No. Too far to go.”
“No. Poor communication between doctors’ offices.”
“Yes. Dentist.”
“No. No insurance. Pay as private pog. [Last sentence was hard to read. We read it as the fact that the person is paying for medical care out of pocket.]”
“Yes. I drive to UCSF Medical Center monthly.”
“Yes and no, not every time.”
“No. I struggle with not having a personal physician.”
“No. Limited number of psychotherapists both covered by our insurance and accepting new patients.”
“No. No insurance.”

“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. Same reason as stated above. [Kimaw Medical Center is very low in funds, short staffed, provide basic services to low income families of which I am one.]”
“Yes, but not in our community!”
≤99% Federal Poverty Level
“No. No mental health here and a doctor only Weds. In summer every other Wednesday.”
“No. Son had broken arm and they turned us away”
“No. No money.”
“No. No coverage.”
“No. No appointments, doctor unable to accept Medi-Cal.”
“No. Uninsured and we live below the poverty line.”
“No. Couldn’t get referral for pediatric dental services.”
“No. Not necessary.”
“No, again, the dental, for doctor we go to Eureka Pediatrics.”
“Yes. No.”
100-199% Federal Poverty Level
“No.”
“No. Would like to find a holistic/naturopathic MD/ pediatrician in area. Also need insurance to cover it.”
“No. No health insurance”
“No, local clinics area closed on weekends with no emergency services available. 50 miles to receive E.R. help.”
“No. Dental.”
“No. Not here -we have lost all confidence in the doctors up here.”
“No. Medi-Cal doesn’t carry the providers our children needs.”
“No. Needs dental care that is more in touch with special needs children.”
“No. See above. [Applied for Medi-Cal but was unable to attend my interview due to a family members health.]”
“No. No health insurance.”
“No. Same as above. [lack of money, poor providers in area]”
“No. Same reason above [no insurance and no \$ to pay out of pocket]”
“No. We had to wait until they got well-no health insurance. They had lice, low grade allergic reactions, sore ears, colds, + headaches.”

200-299% Federal Poverty Level
"No. Daughter on Medi-Cal, hard to find doctors to accept it"
"No. We go to the natural route. Doctors want to push pharmaceuticals, not okay."
"No. 5 hour waiting time at Mad River Urgent Care with no care. Left to see what would happen."
≥300% Federal Poverty Level
"Yes. No. Yes - mental health care for my son, but we have to go out of the area for our pediatric neurologist."
"No. Have been trying to get counseling for a foster child (niece we have) and have troubles w/ referrals."
"Yes and no, too far away, problem resolved before we could get an appointment."

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

Appendix C

Towns Where Humboldt County Respondents go for Health Care

Location of Doctors offices/clinics used by Humboldt County Respondents

Town	Frequency	Percent
Eureka	161	22.3
Willow Creek	125	17.3
Fortuna	114	15.8
Arcata	93	12.9
Garberville	50	6.9
McKinleyville	46	6.4
Redway	35	4.8
Hoopa	23	3.2
Fairfield	12	1.7
Orleans	9	1.2
Other out of area	8	1.1
Ferndale	7	1.0
San Francisco	7	1.0
Alderpoint	5	0.7
Crescent City	3	0.4
Scotia	3	0.4
Reno	3	0.4
Medford, OR	2	0.3
Sacramento	2	0.3
Davis	1	0.1
Etna	1	0.1
Ft. Bragg	1	0.1
Grant's Pass, OR	1	0.1
Marin	1	0.1
Petrolia	1	0.1
Redding	1	0.1
Roseburg, OR	1	0.1
San Jose	1	0.1
Santa Rosa	1	0.1
Weaverville	1	0.1
Mad River	1	0.1
Redwood City	1	0.1
Laytonville	1	0.1
Happy Camp	1	0.1
Total	723	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 Humboldt County Respondents

Town	Frequency	Percent
Eureka	50	25.1
Fortuna	49	24.6
Arcata	48	24.1
Garberville	30	15.1
Hoopa	6	3.0
Fairfield	5	2.5
Mad River	3	1.5
Crescent City	2	1.0
Mckinleyville	2	1.0
Cutten	1	0.5
Marin	1	0.5
Yreka	1	0.5
Stanford	1	0.5
Total	199	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 Humboldt County Respondents

Town	Frequency	Percent
Eureka	29	43.3
Hoopa	19	28.4
Arcata	9	13.4
Crescent City	2	3.0
Fairfield	2	3.0
Fortuna	1	1.5
Garberville	1	1.5
Other out of area	1	1.5
Redway	1	1.5
Mad River	1	1.5
Orick	1	1.5
Total	67	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 Humboldt County Respondents

Town	Frequency	Percent
Hoopa	45	47.9
Orleans	20	21.3
Arcata	18	19.1
Fortuna	3	3.2
Mammoth Lakes	1	1.1
Ukiah	1	1.1
Kilman	1	1.1
Davis	1	1.1
Eureka	1	1.1
Garberville	1	1.1
Mad River	1	1.1
Happy Camp	1	1.1
Total	94	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 Humboldt County Respondents

Town	Frequency	Percent
Eureka	33	28.4
Arcata	21	18.1
Garberville	12	10.3
Fortuna	9	7.8
San Francisco	7	6.0
Redway	6	5.2
Willow Creek	5	4.3
Mckinleyville	3	2.6
Fairfield	2	1.7
Redding	2	1.7
Sacramento	2	1.7
Whitethorn	2	1.7
Stanford	2	1.7
Alderpoint	1	0.9
Delano	1	0.9
Folsom	1	0.9
Hoopa	1	0.9
Medford, OR	1	0.9
Orleans	1	0.9
Santa Rosa	1	0.9
Ukiah	1	0.9
Petaluma	1	0.9
Dinsmore	1	0.9
Total	116	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?"