

Mendocino 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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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 Mendocino 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 705 residents of Mendocino County. The main findings by topic are:

Ability to Get Needed Health Care

- 17.6% of Mendocino 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 having no insurance, the cost of health care, lack of health care providers and perceived poverty.
- 28.6% 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 (9.4%). The main barriers reported by low-income respondents were having no insurance, the cost of health care, and perceived poverty of the respondent.

* 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

- 12.3% 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 concerns about the quality of care received from providers, difficulty finding and receiving oral health and mental health services, unspecified insurance issues and having to leave their immediate area for care.
- 19.6% of the low-income respondents (<200% FPL) reported they were unable to get their children needed health care. This is nearly 4 times higher than non low-income respondents (≥200% FPL) who reported they were unable to get their children needed health care (5.4%).

Regularly Leaving the County for Health Services

- 30.8% of the respondents from Mendocino 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 (42.8%), followed by needed services not available (35.3%).
- Of the respondents from Mendocino 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 (86.8%), followed by oral health (5.3%) and radiology services (5.3%).
- Of the respondents from Mendocino County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (21.2%), followed by neurology (16.7%) and dermatology (10.6%).

Food Security

- Of all respondents from Mendocino County, 8.5% 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 32.8 times as likely to experience hunger due to not being able to afford enough food as those living at or above 300% poverty.
- 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.

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 Mendocino 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, 705 were from residents of Mendocino County. Exhibit 1 provides a breakdown of the location of respondents from Mendocino County. All respondents who indicated Mendocino 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 Mendocino).

See Appendix A for demographics of the Mendocino respondents.

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

City/Town	Zip Code	Frequency	Percent of Mendocino Sample
Ukiah	95482	193	27.4
Laytonville	95454	151	21.4
Covelo	95428	63	8.9
Comptche	95427	54	7.7
Little River	95456	53	7.5
Elk	95432	44	6.3
Hopland	95449	40	5.7
Leggett	95585	34	4.8
Yorkville	95494	31	4.4
Laytonville-Branscomb	95417	12	1.7
Fort Bragg	95488	9	1.3
Alderpoint	95511*	1	0.1
Crescent City	95531*	1	0.1
Mad River	95552*	1	0.1
Orleans	95556*	1	0.1
Whitethorn	95589*	16	2.3
Missing ZIP Code	NA	1	0.1
Total		705	100.1

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 Mendocino County is their primary county of residence.

Total percentage may not equal 100 due to rounding.

Access to Health Care in Mendocino County

Of the respondents from Mendocino County who needed health care, 17.6% reported they were unable to get the health care they needed in the year prior to the survey.

Reasons Mendocino County respondents were unable to get needed health care were explored using qualitative analysis. The barriers reported most frequently were lack of health insurance, the cost of health care, lack of health care providers and perceived poverty.

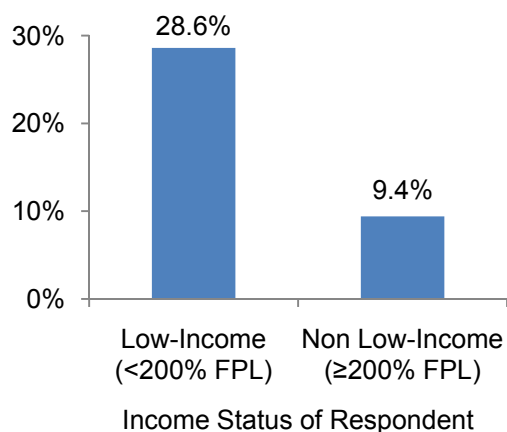
Other barriers reported less frequently were issues with publicly funded insurance, concerns about the quality of care available, difficulty obtaining mental health and oral health services, unspecified issues with money and insurance, being under-insured, being geographically isolated and having to leave the local area for care.

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*), 28.6% 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 (9.4%) (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 = 540)



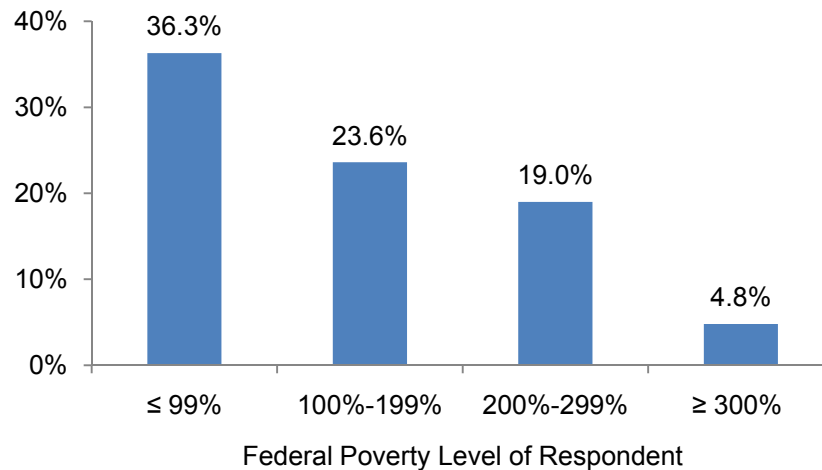
Income Status		Unable to Get Needed Health Care	
	Frequency	Frequency	%
Low-Income (<200% FPL)	231	66	28.6%
Non low-Income ($\geq 200\%$ FPL)	309	29	9.4%
Total	540	95	17.6%

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 = 540)



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

Frequently mentioned barriers to obtaining needed health care for all levels of poverty were a lack of health insurance and the cost of health care.

Poverty was commonly mentioned as a barrier to obtaining needed health care among the respondents living in poverty (≤99% FPL).

A lack of health care providers was frequently mentioned by respondents living above the FPL (100-199% FPL, 200-299% FPL and ≥300% FPL).

Issues with prescription drugs and with quality of available care were frequently mentioned by respondents living at 200-299% FPL.

Respondents living at or above 300% FPL frequently mentioned needing to leave the local area to receive 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 705 respondents from Mendocino County, 168 reported having children under the age of 18 in the household. Of these, 122 reported needing health care for their children in the year prior to the survey of which 12.3% were unable to obtain the needed health care.

The primary reasons reported for not being able to obtain needed health care for children were concerns about the quality of care received from providers, difficulty finding and receiving oral health and mental health services, unspecified insurance issues and having to leave their immediate area for care.

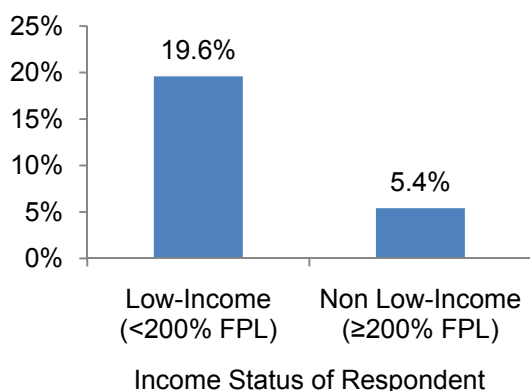
Other reasons reported less frequently were having no insurance (often not qualifying for publicly funded insurance, but not making enough to purchase private insurance), issues with transportation, geographic isolation and difficulties getting appointments (i.e. long wait time for appointments).

Poverty and Access to Health Care for Children

Of the low-income respondents (<200% FPL), 19.6% 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 (5.4%) (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* = 112)**

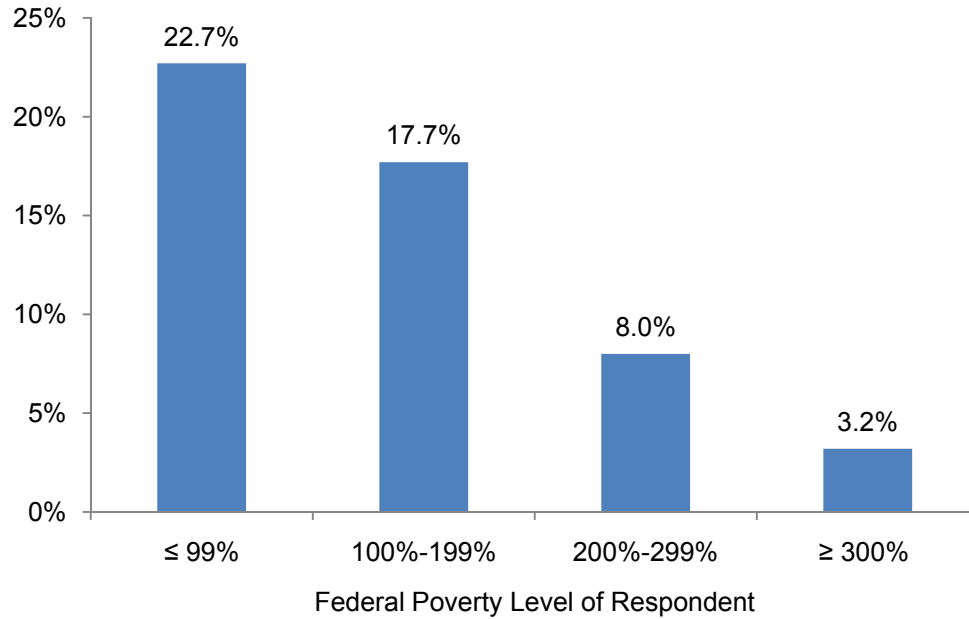


Income Status		Unable to Get Needed Health Care for Children	
	Frequency	Frequency	%
Low-Income (<200% FPL)	56	11	19.6%
Non low-Income ($\geq 200\%$ FPL)	56	3	5.4%
Total	112	14	12.5%

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* = 112)



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

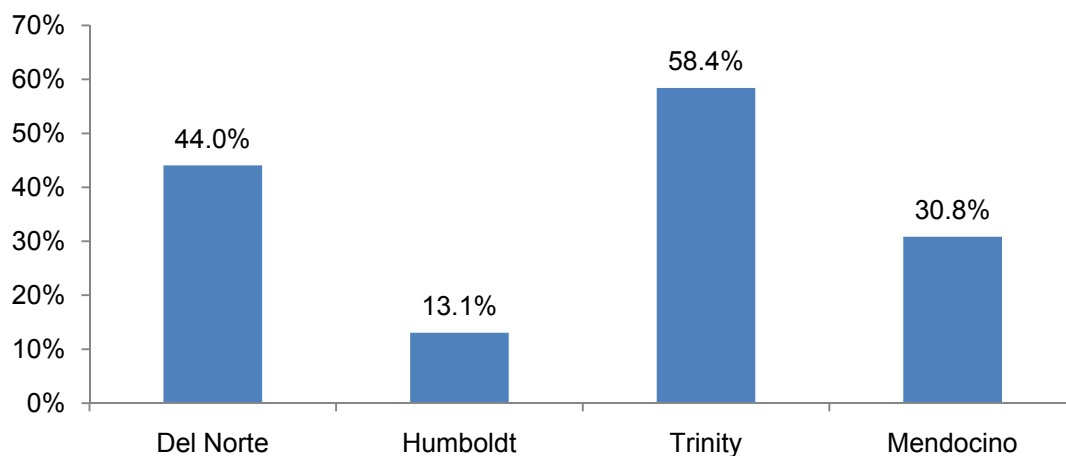
This analysis was for the question “Within the past 12 months were you able to get your child(ren) the health care (including mental health care) they needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and reported having children under the age of 18 living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

Leaving the County for Health Services

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

See Appendix C for a list of all of the towns where Mendocino 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%

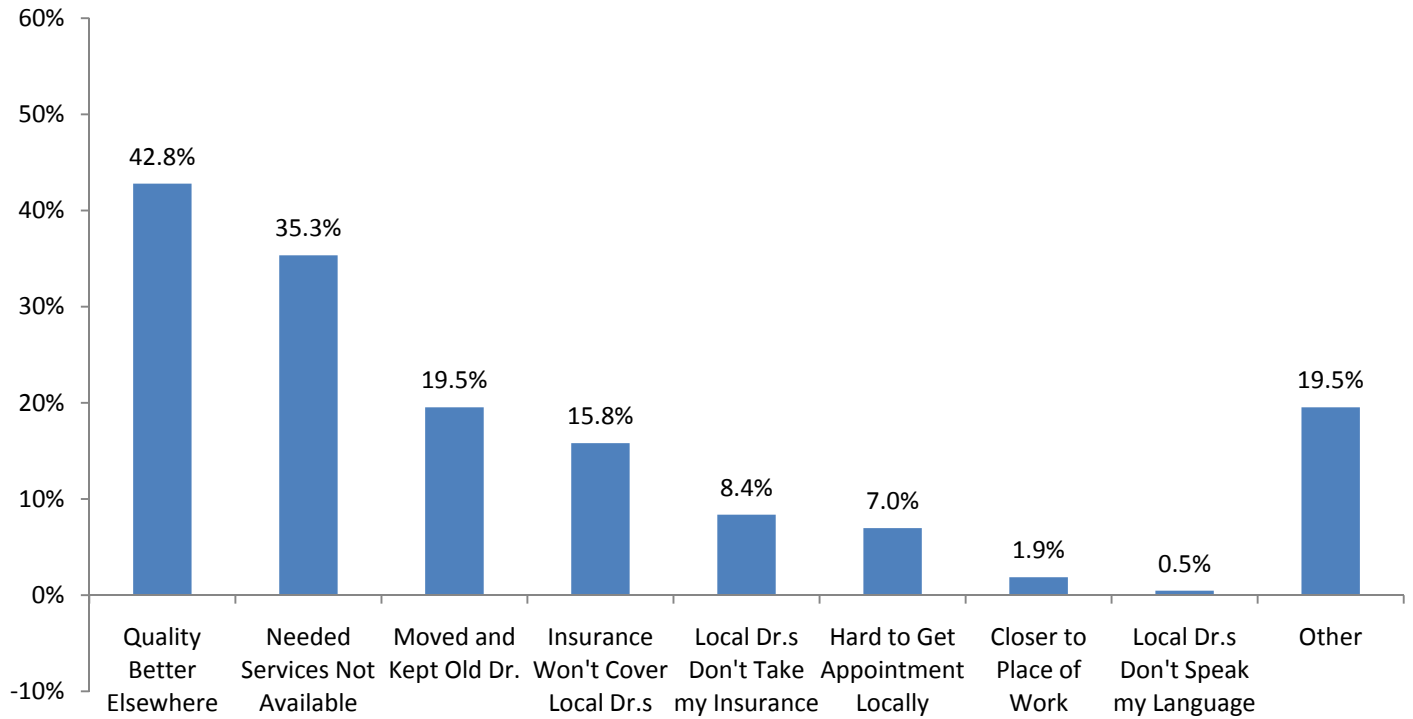
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

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 Mendocino County for Health Services

Of the respondents from Mendocino County who reported regularly leaving the county for health services, the most commonly reported reason was quality is better elsewhere (42.8%), followed by needed services not available (35.3%). Additional reasons were reported less frequently (Exhibit 7).

Exhibit 7: Reasons for Regularly Leaving Mendocino County for Health Services (n = 215)

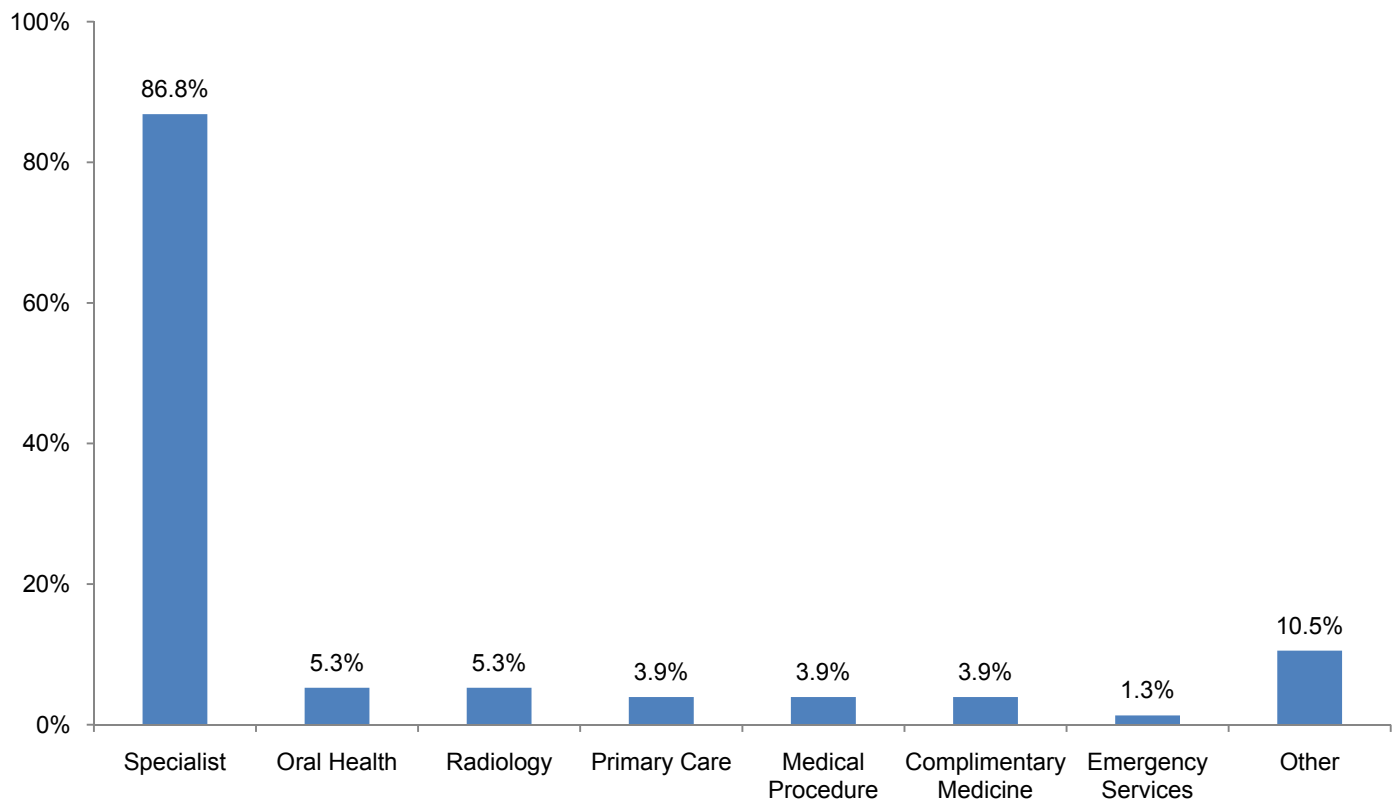


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Services Regularly Sought Outside Mendocino County

Of the respondents from Mendocino 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 (86.8%), followed by oral health (5.3%) and radiology (5.3%). Additional services were mentioned less frequently (Exhibit 8).

Exhibit 8: Types of Services Reported by Mendocino County Respondents who Regularly Leave the County Because Needed Services are not Available (*n* = 76)

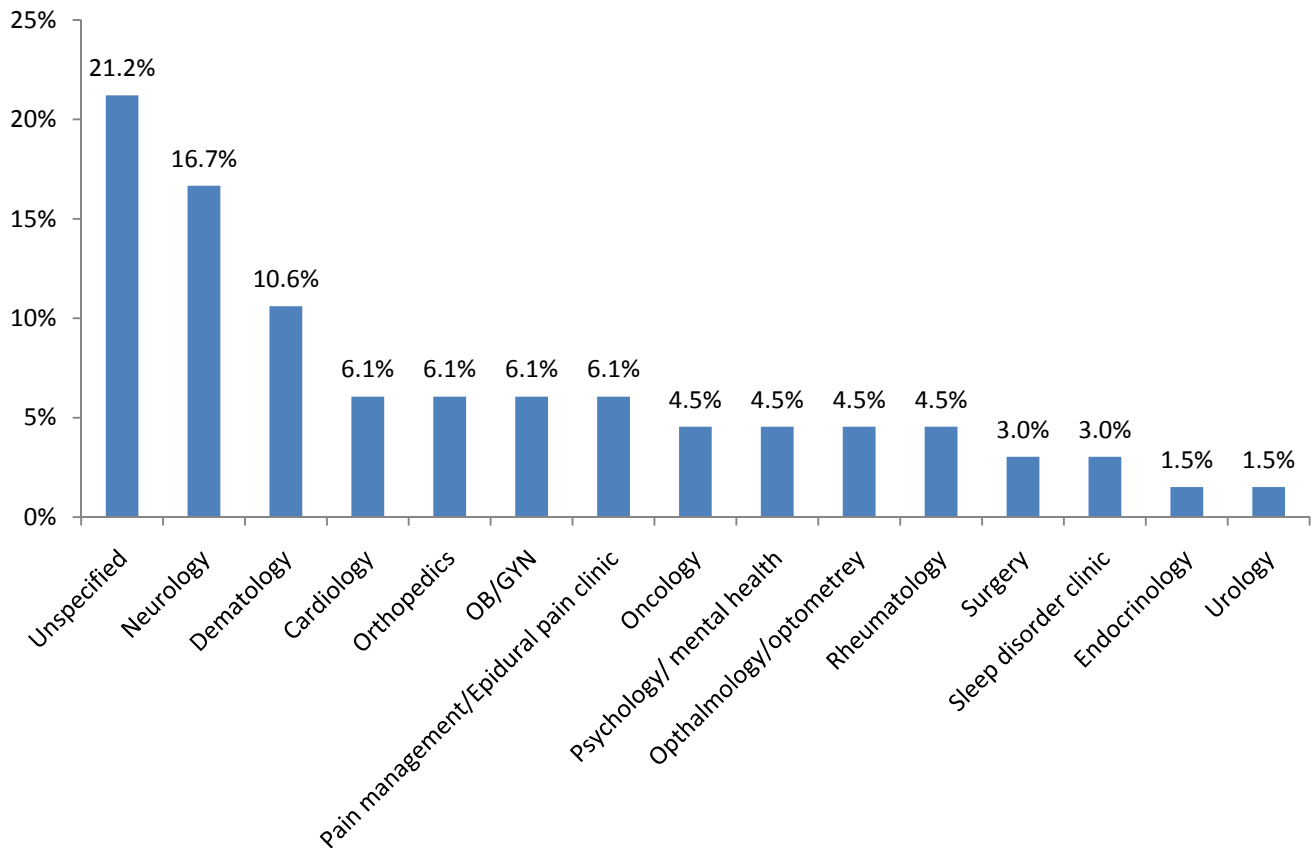


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Specialty Care Regularly Sought Outside Mendocino County

Of the respondents from Mendocino County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (21.2%), followed by neurology (16.7%) and dermatology (10.6%). Additional specialties were mentioned less frequently (Exhibit 9).

Exhibit 9: Specialty Care Needed by Mendocino County Respondents who Regularly Leave the County for Health Services (n = 66)



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

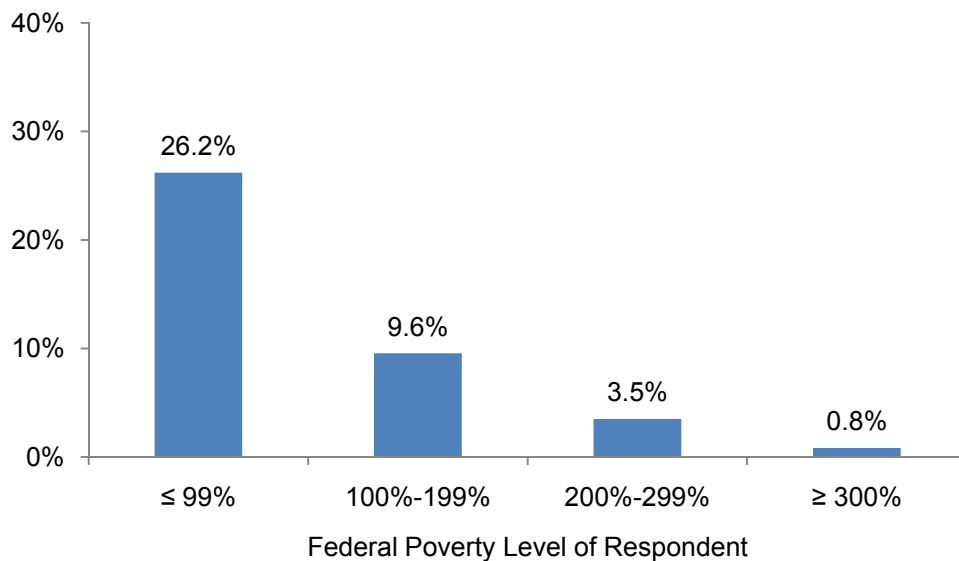
Very Low Food Security

Of all respondents from Mendocino County, 8.5% 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 32.8 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* = 618)



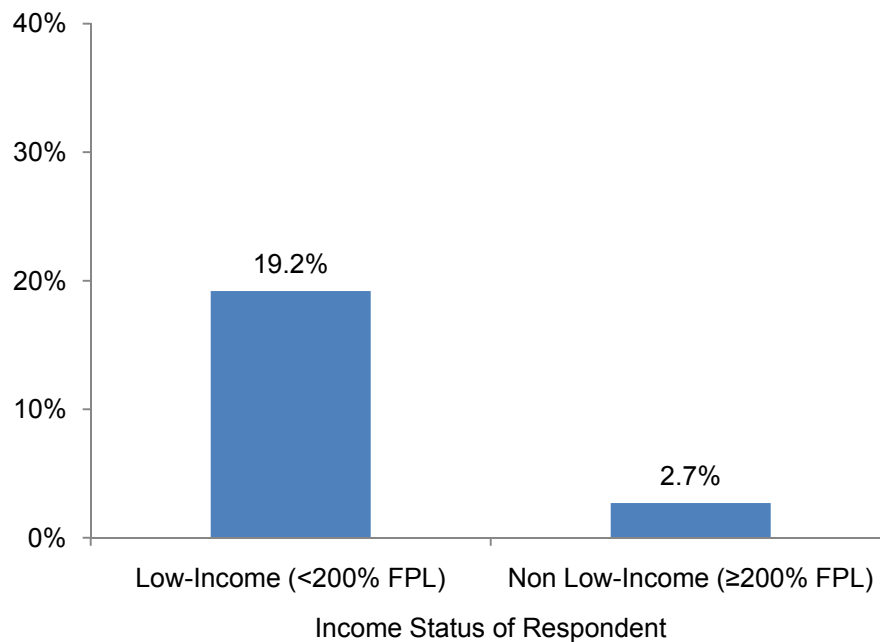
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

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

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 11).

Exhibit 11: Very Low Food Security in Households with Children Under 18 by Income Status of Respondent ($n = 147$)



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 Mendocino 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.

A concerning finding is that low-income families with children are 3.6 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 obtaining mental and oral health services, transportation problems, lack of insurance and concerns about the quality of care available.

Similarly, for adults, low-income respondents were 3 times more likely to report difficulties obtaining needed health care than non low-income respondents. Lack of health insurance and the cost of health care were the most commonly mentioned barriers to accessing health care for adults regardless of income status.

A high percentage of respondents reported regularly leaving the county for health services. The main reasons for regularly leaving the county were quality is better elsewhere and needed service not available. The primary service was specialty care with neurology and dermatology being the most frequently mentioned specialties.

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 Mendocino 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 Mendocino County Sample

Ethnicity, Gender, Age and Language for Mendocino County Respondents

<i>Ethnicity</i>	Frequency	Percent
White	598	85.4
African American	1	0.1
Latino/Latina	8	1.1
Asian	5	0.7
Native American	21	3
Multiracial	43	6.1
Other	24	3.4
Total	700	99.8
<i>Gender</i>		
Female	453	64.4
Male	250	35.6
Total	703	100
<i>Age</i>		
18-29	49	7.1
30-39	68	9.8
40-49	98	14.1
50-59	253	36.5
60-69	144	20.7
70-79	61	8.8
≥ 80	21	3
Total	694	100
<i>Languages spoken at home:</i>		
English	691	98.2
Spanish	47	6.7
Asian Language	7	0.8
Native American	7	1
Other	24	3.4

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 Mendocino County Respondents

<i>Federal Poverty Level (FPL)*</i>	Frequency	Percent
≤99% FPL	106	16.9
100%-199% FPL	160	25.6
200%-299% FPL	115	18.4
≥300% FPL	245	39.1
Total	626	100
<i>Highest Level of Education</i>		
No High School	18	2.6
GED/ High School Certificate	16	2.3
High School Graduate	64	9.2
Vocational Training	26	3.7
Some College	228	32.6
College Graduate	183	26.1
Graduate/Professional Training	164	23.5
Total	699	100
<i>Employment Status</i>		
Company/Business/Agency	248	35.3
Homemaker	26	3.7
Self-Employed	211	30.0
Unemployed	19	2.7
Laid-off but looking	9	1.3
Retired	149	21.2
Disabled	36	5.1
Student	5	0.7
Total	703	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	106	15.1
5-9 years	89	12.7
10-19 years	156	22.3
20-29 years	159	22.7
30-39 years	130	18.5
40-49	26	3.7
≥ 50 years	35	5.0
Total	701	100
<i>What type of dwelling do you live in?</i>		
House	551	78.7
Duplex	7	1.0
Mobile Home/ Trailer	96	13.7
Building w/ 3 or more units	19	2.7
Other	27	3.9
Total	700	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 (M = 2.2)	Frequency	Percent
1 person	221	31.5
2 people	304	43.3
3-4 people	143	20.4
≥ 5 people	34	4.8
Total	702	100
<i>Total number of children under 18 in the household</i>		
No children under 18	533	76.0
1 child	75	10.7
2-4 children	89	12.7
≥ 5 children	4	0.6
Total	701	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 Mendocino 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. Covered UPS-union while working: dropped when disability forced retirement. Too far from Kaiser-Santa Rosa, Ca. Rotten deal.”
“No. Not needed.”
“No. No Medi-Cal.”
“Yes. But it is far from home!”
“No. if you don’t have insurance.....”
“No. No coverage.”
“No. Time to access reproductive health services not available w/in 1 hour.”
“No. Don’t need it any mental help or anything like that.”
“No. Insurance company harassing me + doctor.”
“No. Only group mental health is available on Medi-Cal.”
“No. No money or ins.”
“No. No personal doctor. No one who knows my personal health, no follow through.”
“I have no insurance.”
“No. short on good doctors.”
“No. Didn’t have the coverage.”
“Yes. Luckily I didn’t get sick. If I needed it I wouldn’t have been able to afford it.”
“No. Mental? There is no coverage with CMSP [County Medical Services Program] for therapy other than a 3 hour drive for a 30 min appointment with someone I don’t get to choose.”
“Yes. No. Paid cash for most health care.”
≤99% Federal Poverty Level
“No. Couldn’t pay for all the dental work I should get.”
“No. No insurance.”
“No. I am a disabled veteran getting little to no help thru veterans services.”
“No. Too expensive.”
“No. Can’t afford an MRI.”
“No. No ins. or Medi-Cal.”
“No. Unable to afford it without medical insurance.”
“No. Lack of insurance lack of money.”
“No. cost prohibitive; don’t trust local doctors.”

"No. too far to travel and type not covered by Medi-cal."
"No. pretty far to clinic/hospital and expense."
"Yes. Good dental care."
"No. lack of funds, distance, doctors retirement."
"No. Cannot afford it for myself, my children come 1st w/ healthcare."
"No. Insurance is limited some things are no longer covered."
"The anxiety is sometimes overwhelming."
"No. There isn't any confidentiality, so I try to go out of town which I really can't afford."
"No."
"No. wanted mental health care-but must be referred by courts."
"No, because you are over-looked if you have Medi-Cal."
"No. I am an injured-work w/ multiple injuries x6 and I have had more than my share of holdups from insurance company 12 years!!!"
"Recently."
"No. No money, No insurance."
"No. No psychologist/counseling available with CMSP [County Medical Services Program]. Absolutely no psycho-therapy from licpsyc. [Licensed Psychologist/Psychotherapist]."
"No. With Medi-Cal as my insurance I am very limited as to treatment and doctor."
"No. Sometimes the mental health care providers couldn't provide services needed."
"No. No competent doctors or therapists."
"No. No insurance. Doctors want payment at time of service."
"Yes. and No. Money shortage and no insurance. I have gotten a few months."
"No. No insurance-cannot afford."
"No. Couldn't pay for it."
"No. No insurance + insufficient funds."
"No. No insurance and living well below poverty level to self pay."
"No. No transportation."
"No. Only tribal counseling facilities available."
100-199% Federal Poverty Level
"No. No insurance. Can't afford to go to the Dr. our income puts us over Medi-Cal."
"No. I need a neurologist but there is none in Mendocino"
"No. Not here."
"No. Insurance is \$5000 deductible so I basically have it for emergency critical issues."
"No. too expensive."
"No. No benefits, local health center charges me 70.00 per visit, have to drive over an hour for therapy - M/H 2X's a month, no dental."

“Yes. Flu shot.”
“No. Transportation not available to Sonoma.”
“No. Money.”
“No. I am single and can’t afford my \$35 co-pay when needed.”
“No. Because it was not covered by my insurance.”
“No. Insurance, no good local health clinic.”
“No. Too expensive- insurance always excludes me.”
“No. Some types are too expensive. Am still paying off medical bills.”
“No. Rarely go because of high deductible and low income.”
“No. Only walk-in is ER - only place open.”
“Yes. Went to Santa Rosa for skin cancer check.”
“No, I need alternative health care.”
“No. No insurance and no money for dentist.”
“No. No insurance. Could get x-rays to determine thumb problem but if surgery required couldn’t afford so why do it (For example).”
“No. No insurance-little income.”
“No. Would’ve gotten a check-up, + maybe had one minor thing looked at, but I don’t have a family practitioner—the one I had retired.”
“No. Economic issues.”
“No. [mental healthcare circled] Regarding my child - he was capped off by my insurance - & they won’t pay for any more visit.”
“Yes. But w/out ins. it took all of my IRA. Husband cong. [congenital] heart.”
“No. No insurance.”
“No. Not enough money to pay for what I felt I needed.”
“No. Costs too much.”
“No. Doctors and nurses at the clinic are overloaded - don’t always have enough time to really give adequate care to everyone.”
“No. I can’t afford health insurance-I need a pap test + some blood work.”
“No. No lesbian OB/GYN.”
“No. No insurance coverage. Didn’t qualify for CMSP.”
“No. I make too much money, 1800 a month.”
200-299% Federal Poverty Level
“No. Poor health insurance.”
“No.”
“No. No health insurance.”
“No. Dental and other medical I’m only covered by family planning.”
“No. Have waited 4 months to see a podiatrist.”

"No. Insurance doesn't cover."
"No. Too expensive."
"No. There is only for people on drugs I'm not."
"Yes. As you know salaries are lower here and quality of talent is lower than southern California."
"No. Couldn't afford it."
"No. No insurance and low income."
"Yes. By driving to Santa Rosa."
"No. No one will treat back pain medicinally."
"No."
"No. Didn't meet Med deductible-deemed level 2-for eye Dr. exam."
"No. No reliable, trustworthy, doctor offices in area."
"Yes. Family planning. And No. can't afford dental."
"No. switched carriers 6 months exclusion pre existing condition care and prescriptions."
"No. N/A, didn't go."
"No. Didn't go to Dr., toughed it out."
"No. No insurance."
≥300% Federal Poverty Level
"Yes. But after trying several unskilled doctors and having to travel about 100 miles away."
"No. Fear of employer knowing I needed mental health care."
"No. Doctor doesn't take patient on short notice, long wait times."
"No. No insurance, Cannot afford health care."
"Yes. Without insurance, I paid."
"No. Getting an appt w/ doctors. Unless an absolute emergency is difficult."
"Yes. No. I was able to start but once diagnosed Blue Cross drop me and prescriptions run \$400 a month so I just take medication when symptoms occur."
"Yes, but I have to drive 2-3 hours for specialist care."
"No. No dermatologists here-mental health-lack of insurance coverage."
"Yes. I have Medicare- need PersCare [a type of PPO basic plan] for myself."
"No. Very Limited medical providers."
"No. couldn't afford it."
"No. I was on Cobra after losing my job. I chose not to go to a doctor for anything because I didn't want any condition on my record to affect my obtaining private health insurance."
"No. No "local" doctors. My doctor is 4 hours away."

“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. Need to be on health plan—they want you to drive too far.”
≤99% Federal Poverty Level
“Yes. No. Limited knowledge by local MD’s—will have to go to Shriner’s in Sacto.”
“Yes. My daughter has started her menstrual period.”
“No. My son’s dental.”
“No. They aren’t comfortable with the providers.”
“No. Medical coverage for braces at a distance. Transportation + time a problem.”
“No. My son had a strep infection all over his body which required 3 MD visits and 1 ER visit. The care was mediocre and expensive.”
“No. It’s hard to get a doctor. There is a waiting list—would like to leave pediatrics.”
“No. No vehicle.”
100-199% Federal Poverty Level
“No. Same as above [no ins., can't afford to go to the doctor our income puts us over Medi-cal]”
“No. Not available here. She sees therapist bimonthly in Willits M/H is available 1 day every other week here in Covelo.”
”No. See above. [mental healthcare circled] Regarding my child, he was capped off by my insurance and they won't pay for any more visits.”
“No. Not always enough appointment times available by counselor + psychiatrist.”
“Yes. Barely! Doctors won’t see kids if not patient MCH [Mendocino County Health] Clinic won’t see you if you are insured!”
“Yes. No. except dental - payment thru Medi-Cal sucks!”
“No. On a weekend the only place to bring a sick kid is the ER.”
“No. I have to travel to UCSF for a daughter with ongoing medical condition.”
200-299% Federal Poverty Level
“No. We go to the natural route. Doctors want to push pharmaceuticals, not okay.”
“No. Well because small community everybody knows and suspect the worst.”
≥300% Federal Poverty Level
“No. My child has been denied coverage because he gets migraine headaches.”
“Yes. 2 hr drive to pediatrician.”

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

Appendix C

Towns Where Mendocino County Respondents go for Health Care

Location of Doctors offices/clinics used by Mendocino County Respondents

Town	Frequency	Percent
Ukiah	181	30.1
Laytonville	114	19.0
Ft. Bragg	82	13.6
Mendocino	44	7.3
Willits	40	6.7
Santa Rosa	31	5.2
Other out of area	16	2.7
Boonville	12	2.0
Garberville	12	2.0
Redway	11	1.8
San Francisco	9	1.5
Healdsburg	8	1.3
Arcata	4	0.7
Covelo	4	0.7
Eureka	3	0.5
Fortuna	3	0.5
Palo Alto	3	0.5
Redwood Valley	3	0.5
Cloverdale	2	0.3
Davis	2	0.3
Oakland	2	0.3
Sebastopol	2	0.3
Alderpoint	1	0.2
Anderson	1	0.2
Crescent City	1	0.2
Dinsmore	1	0.2
Lakeport	1	0.2
Marin	1	0.2
Petaluma	1	0.2
Point Arena	1	0.2
San Jose	1	0.2
Smith River	1	0.2
Stanford	1	0.2
Upper Lake	1	0.2
Walnut Creek	1	0.2
Total	601	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 Mendocino County Respondents

Town	Frequency	Percent
Ukiah	71	38.4
Willits	56	30.3
Ft. Bragg	38	20.5
Garberville	4	2.2
Santa Rosa	4	2.2
Healdsburg	4	2.2
Arcata	2	1.1
Eureka	2	1.1
Fortuna	1	0.5
Laytonville	1	0.5
San Jose	1	0.5
Petaluma	1	0.5
Total	185	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 Mendocino County Respondents

Town	Frequency	Percent
Ft. Bragg	5	26.3
Santa Rosa	5	26.3
Ukiah	5	26.3
Fortuna	1	5.3
Laytonville	1	5.3
Willits	1	5.3
Other out of area	1	5.3
Total	19	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 Mendocino County Respondents

Town	Frequency	Percent
Covelo	29	63.0
Ukiah	8	17.4
Redwood Valley	4	8.7
Round Valley	2	4.3
Sacramento	1	2.2
Lakeport	1	2.2
Laytonville	1	2.2
Total	46	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 Mendocino County Respondents

Town	Frequency	Percent
Ukiah	28	24.3
Santa Rosa	25	21.7
Laytonville	14	12.2
San Francisco	11	9.6
Willits	9	7.8
Ft. Bragg	6	5.2
Mendocino	5	4.3
Eureka	3	2.6
Garberville	2	1.7
Oakland	2	1.7
Monterey	2	1.7
Arcata	1	0.9
Fortuna	1	0.9
San Jose	1	0.9
Covelo	1	0.9
Boonville	1	0.9
Palo Alto	1	0.9
Ft. Miller	1	0.9
Other out of area	1	0.9
Total	114	99.1

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

Total may not equal 100% due to rounding.

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