

The Rural Health Information Survey, 2006

Selected Findings for Klamath



By The California Center for Rural Policy at Humboldt State University

Jessica L. Van Arsdale, MD, MPH, Director of Health Research



The Rural Health Information Survey, 2006

Selected Findings for Klamath

Report compiled May, 2011

By The California Center for Rural Policy at Humboldt State University

Jessica L. Van Arsdale, MD, MPH, Director of Health Research



Humboldt State University
California Center for Rural Policy
1 Harpst Street
Arcata, CA 95521
(707) 826-3400
www.humboldt.edu/ccrp
ccrp@humboldt.edu

The California Center for Rural Policy at Humboldt State University is a research and policy center committed to informing policy, building community, and promoting the health and well-being of rural 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.

The California Center for Rural Policy would like to thank:

- The California Endowment for supporting this work.
- Laura Olson, Program Manager, The California Endowment.
- The rural residents who participated in The Rural Health Information Survey.
- Statistical Advisor: Howard Stauffer
- Advisory Board: Gary Blatnick, Cathy Larsen, Ann Lindsay, Herrmann Spetzler, Santiago Simental, Terry Supahan, Phyllis Webb, Harry Jasper
- Rollin Richmond, PhD, Humboldt State University President
- Denice Helwig, Special Assistant to the President
- Office Manager: Kristina Bollman

Suggested Citation:

Van Arsdale J. The Rural Health Information Survey, 2006: Selected Findings for Klamath. Humboldt State University: California Center for Rural Policy. May, 2011.

Table of Contents

Background & Methods	6
Results	
Response Rates	7
Demographics.....	8
Type of Housing.....	11
Phones, Computers, Internet Access.....	11
Mold in the Home.....	11
Health Status	12
Access to Health Care	12
Health Insurance.....	13
Oral Health Care	13
Transportation and Access to Health Care	14
Food Security.....	14
Distance to Grocery Store.....	15
Meeting Basic Needs	15
Health Behaviors.....	16
Health Information.....	16
Limitations	17
Quotes from Respondents	17

Background

The Rural Health Information Survey (RHIS) 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 healthcare, and other determinants of health among residents in rural Northern California with the goal of providing useful information for planning and policy development aimed at improving health in the region. This is the largest and most comprehensive study of this type that has ever been conducted in this rural region of Northern California.

Del Norte County and the adjacent tribal lands (DNATL) is one of fourteen places in California participating in Building Healthy Communities (BHC), an initiative of The California Endowment (TCE). The goal of BHC is to “support the development of communities where kids and youth are healthy, safe and ready to learn.” For more information about BHC please visit <http://www.calendow.org/healthycommunities/>. In order to support the work happening in DNATL, this report was created for the Healthy Klamath Coalition to provide some baseline data about Klamath residents.

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.

In the fall of 2006, a total of 23,606 surveys were mailed to a random sample of adults residing in the four counties of Del Norte, Humboldt, 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

In addition to basic demographics, this report explores the responses to the following selected questions, limited to respondents from Klamath.

- “In your home, do you have a phone?”, “In your home, do you have a computer?” and “In your home, do you have Internet access?”
- “Do you currently have mold in your home on an area greater than the size of a dollar bill?”
- “In general, how would you rate your general health?”
- “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.”
- “What types of health insurance do you have?”
- “To the best of your knowledge, when did you last have your teeth cleaned at a Dentist’s office?”
- “Is transportation a problem in meeting the health needs of you or your family?”
- “In the last 12 months were you or people living in your household ever hungry because you couldn’t afford enough food?”
- “How far away from your home is the store where you normally buy food?”
- “How do you feel about your household’s total income per year?”
- “How often do you smoke cigarettes” and “How often do you drink four or more alcoholic beverages on one occasion?”
- “How do you usually learn about health?”

Analysis

Quantitative data was entered and analyzed using SPSS (18.0). To compare proportions, Chi Square was used to test for statistical significance with a P value of <0.05 considered statistically significant.

Results

Response Rates

The total number of surveys completed and returned for all four counties was 3,003 (12.7% overall response rate). A total of 2,950 surveys provided usable responses for analysis. Of these, 421 were from Del Norte County residents with 81 from Klamath residents.

Demographics

The majority of the sampled respondents in Klamath identified themselves as white (78.2%), followed by Native American (11.5%), multiracial (7.7%) and other (2.6%).

The sample was comprised of more women (66%) than men (34%). The age of respondents ranged from 22 to 86 years with a mean of 56 years (Exhibit 1).

The amount of time respondents had resided in the local area ranged from less than a year to 63 years, with a mean of 17 years (Exhibit 2).

Of the respondents who provided information for determining poverty level ($n=70$), 27.1% were living below the federal poverty level (FPL)*, 35.7% were living between 100-199% FPL, 10% were living between 200-299% FPL, and 27.1% were living at or above 300% FPL. Combining the first two levels of poverty, 62.9% of the sample was low income ($\leq 200\%$ FPL) (Exhibit 3).

The majority of respondents were retired (36.3%) or employed by a company or business (28.8%). The remainder were disabled (13.8%), unemployed (8.8%), homemakers (7.5%), or self-employed (5.0%) (Exhibit 4).

The highest level of educational attainment reported by respondents was some college (30.9%), followed high school graduate or equivalent (27.2%), college graduate (13.6%), did not complete high school (12.3%), graduate or advanced degree (11.1%), and vocational training (4.9%) (Exhibit 5).

Over half of the respondents reported living in mobile home or trailer (54.3%), followed by a house (42%). Multiple unit structures and other living situations were reported by less than 4% of the respondents (Exhibit 6).

Half of the respondents reported no internet access in their home, while 42.3% reported no computer, and 6.3% reported no phone in their home (Exhibit 7).

One in four respondents reported mold in their home greater than the size of a dollar bill (Exhibit 8).

Exhibit 1: Age of Survey Respondents ($n=81$)

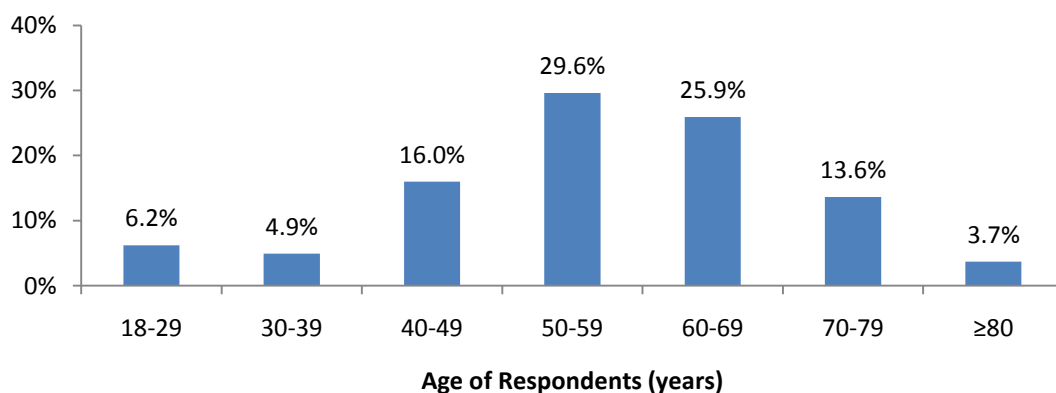
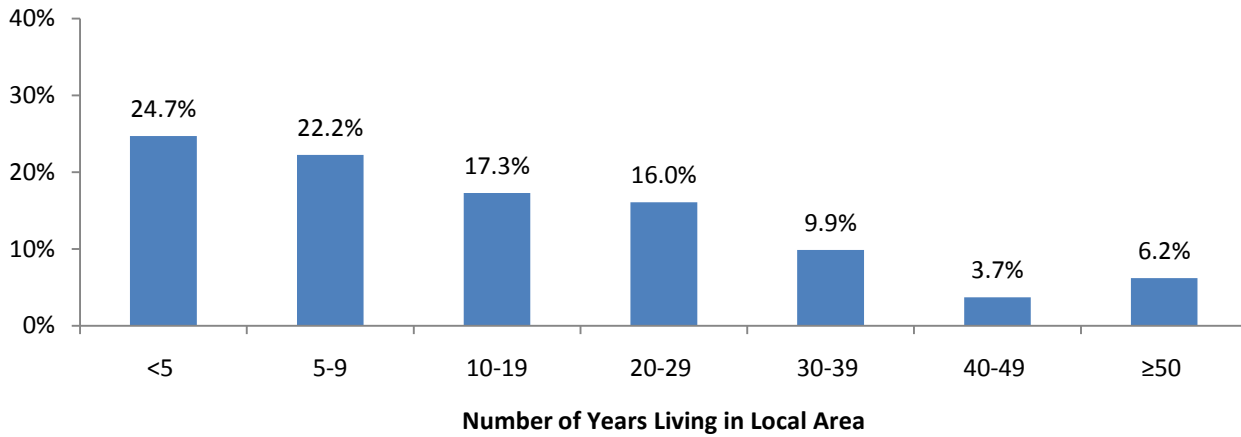
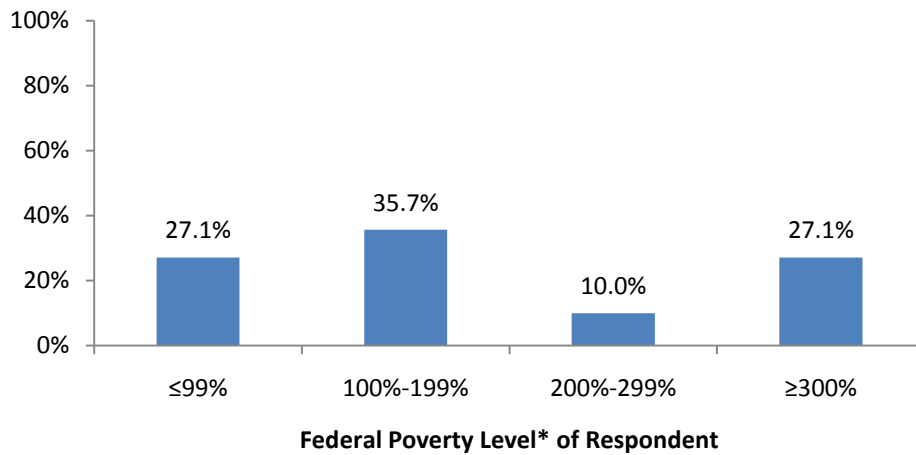


Exhibit 2: Length of Time Respondents Have Lived in the Local Area (n=81)



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

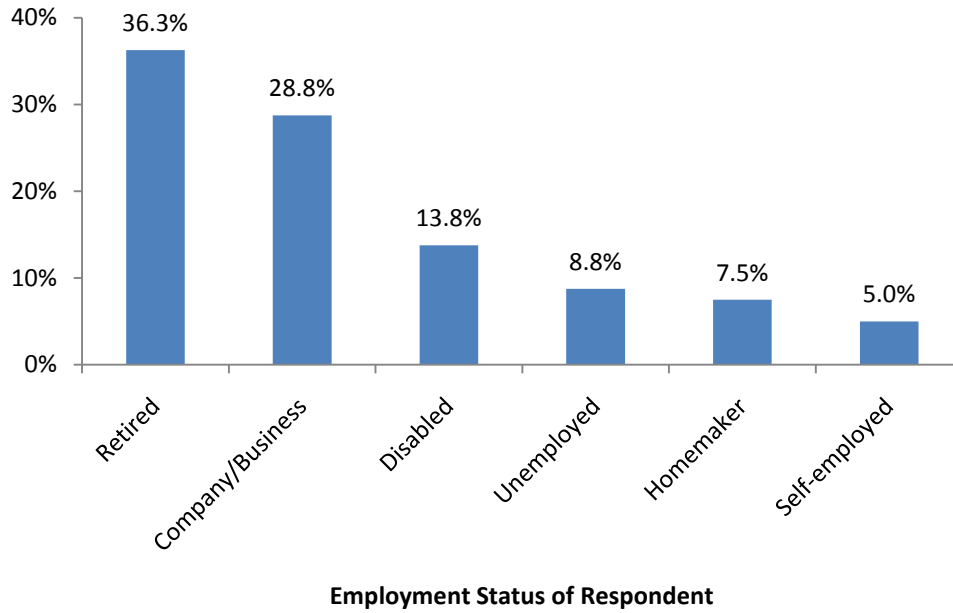
Exhibit 3: Poverty Level of Respondents (n=70)



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

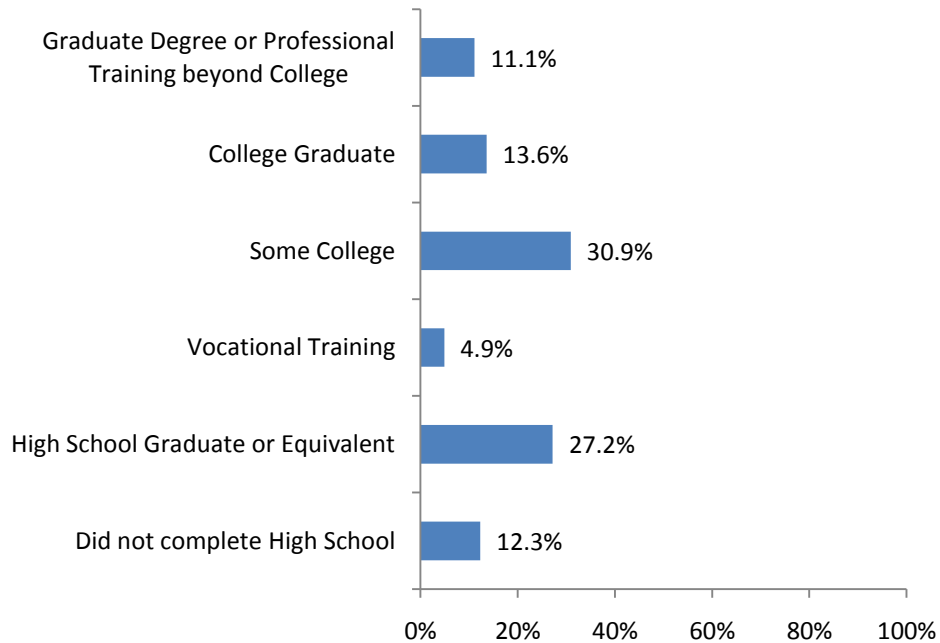
* The Federal Poverty Level (FPL) varies by household size. For a family of four (two adults, two children) the 2006 Federal Poverty Level (100% FPL) was \$20,444, 200% FPL was \$40,888 and 300% FPL was \$61,332

Exhibit 4: Employment Status of Respondents (n=80)



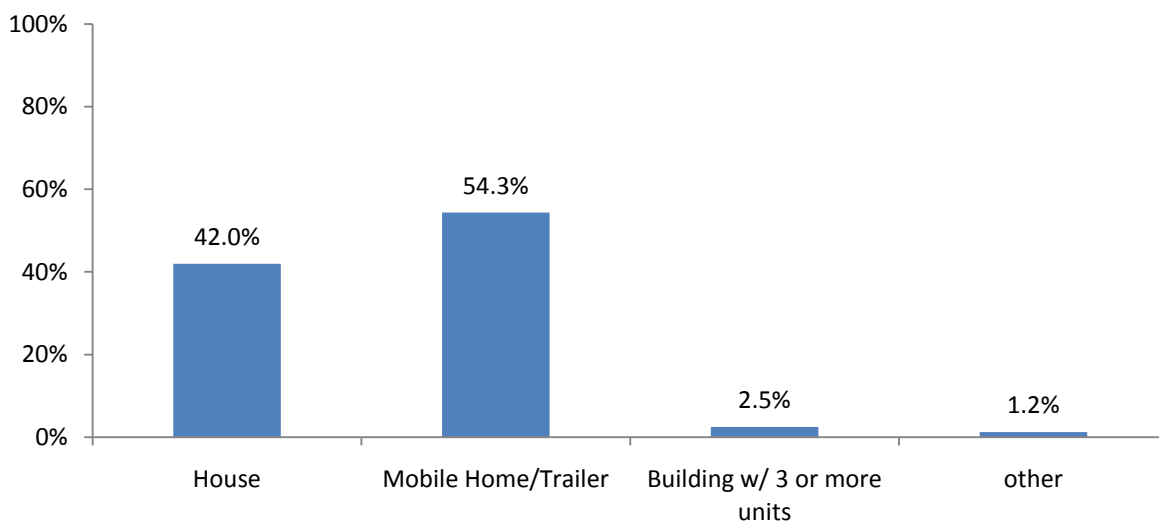
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Exhibit 5: Highest Level of Educational Attainment (n=81)



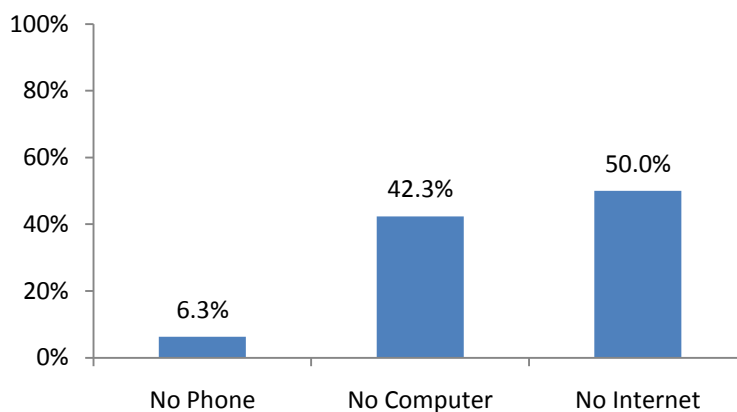
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Exhibit 6: Type of Housing (n= 81)



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

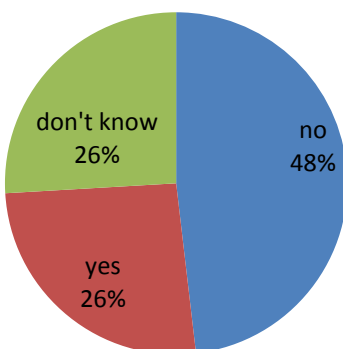
Exhibit 7: Phone, Computer, Internet Access in the Home



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

Notes: Respondents were asked if they had internet access in their home, but did not differentiate between broadband or dial-up.

Exhibit 8: Respondents Reporting Mold in the Home



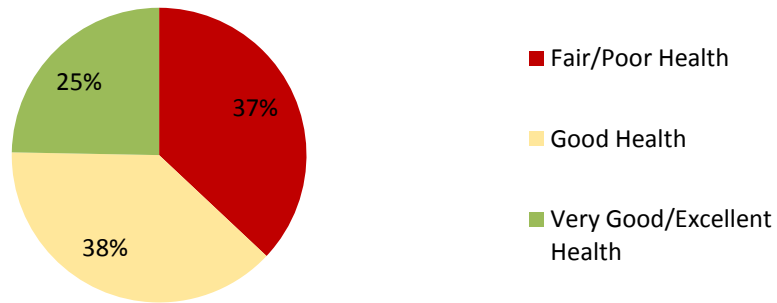
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Notes: This represents the percent of respondents who reported currently having mold in their home on an area greater than the size of a dollar bill.

Health Status

The percent of respondents who rated their general health as good (38%) was similar to those who rated their health as fair or poor (37%). Very good or excellent health was only reported by 25% of respondents (Exhibit 9).

Exhibit 9: Health Status of Respondents (n = 81)

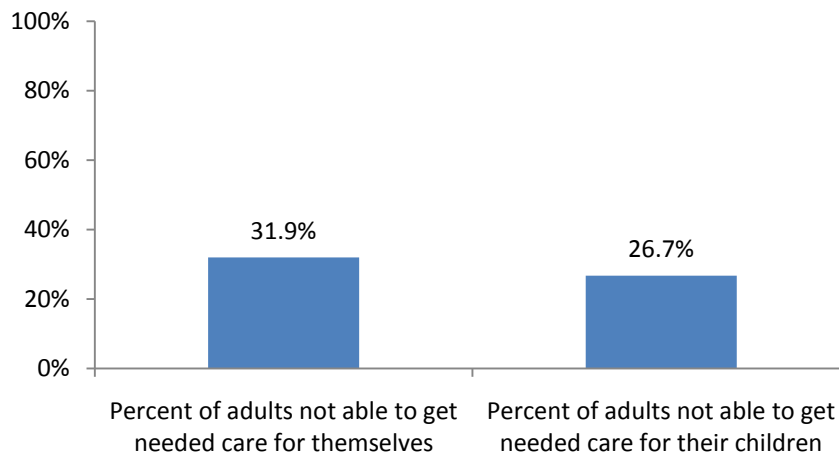


Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Access to Health Care

Of the sampled respondents in Klamath who needed health care, 31.9% reported they were unable to get the health care they needed in the year prior to the survey. Of the respondents who had children under the age of 18 in the home, 26.7% reported they were not able to get needed healthcare for their children in the prior year (Exhibit 10).

Exhibit 10: Unable to Get Needed Health Care in Past 12 Months



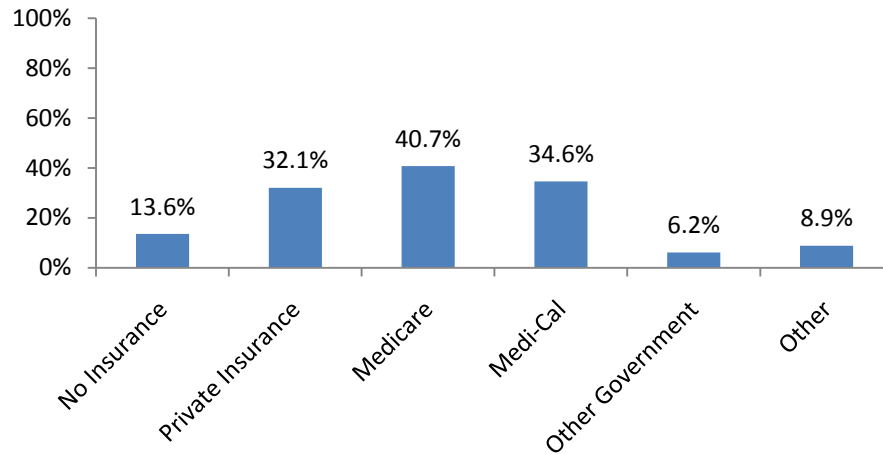
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Notes: This analysis was for the questions, “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 this question. Analysis for children was restricted to respondents who indicated they had children under the age of 18 in the home and answered “yes” or “no” to the question “Within the past 12 months were you able to get your children the healthcare (including mental healthcare) they needed?”

Insurance

Of the respondents in Klamath, 13.6% reported having no health insurance, while 32.1% reported having private health insurance, 40.7% Medicare, 34.6% Medi-Cal, 6.2% other government insurance, and 8.9% other types of coverage (Exhibit 11).

Exhibit 11: Health Insurance Status



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

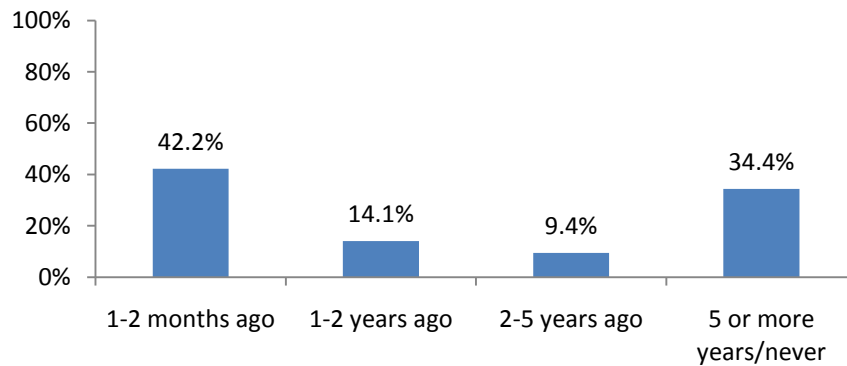
Notes: This analysis was for the question “What types of health insurance do you have?”

The total percent may exceed 100 as many respondents have more than one type of insurance.

Oral Health

Nearly half (42.2%) of the respondents reported having their teeth professionally cleaned in the past year, however, one in three reported it had been five or more years or they had never had their teeth professionally cleaned (Exhibit 12).

Exhibit 12: Time since Last Professional Teeth Cleaning



Length of Time Since Last Professional Teeth Cleaning

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

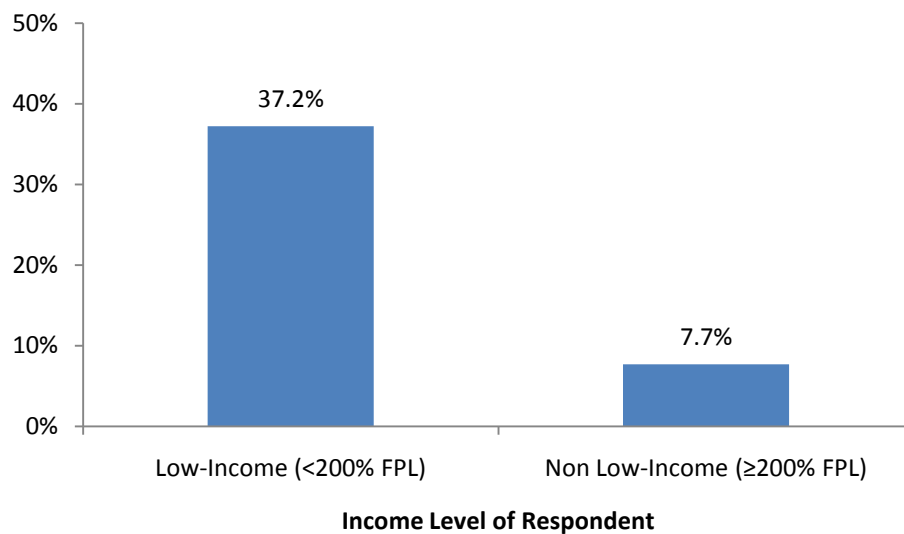
Notes: This analysis was for the question, “To the best of your knowledge, when did you last have your teeth cleaned at a Dentist’s office?”

Respondents who answered “don’t know” or “not applicable” were excluded from the analysis.

Transportation and Access to Health Care

Of all the respondents from Klamath, 26.3% reported transportation as a problem in meeting health needs for themselves or their families. Low-income respondents were significantly more likely to report transportation problems (37.2%) compared to non low-income respondents (7.7%) (Exhibit 13).

Exhibit 13: Respondents Reporting Transportation as a Problem Meeting Health Needs by Income Level (n=69)



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

Notes: This analysis was for the question, “Is transportation a problem in meeting the health needs of you or your family?” Analysis was restricted to respondents who answered the question and provided information necessary for determining income level.

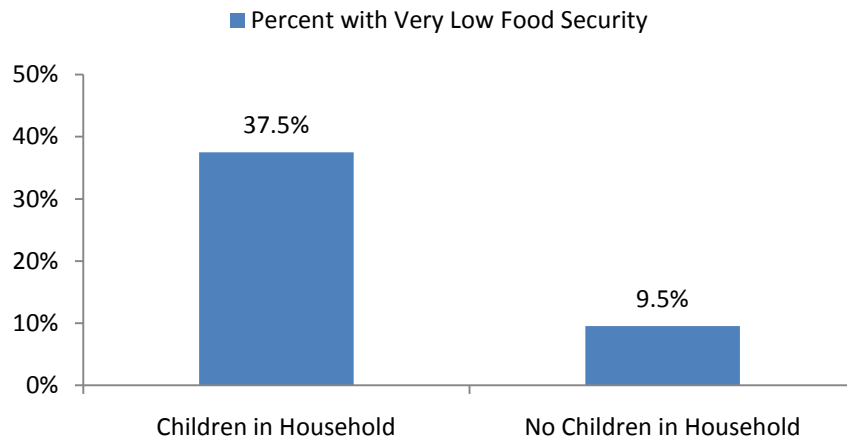
Access to Food

Very Low Food Security

Of all respondents from Klamath, 15.2% reported episodes of hunger in the prior year due to not being able to afford enough food (a measure of very low food security).

Households with children under the age of 18 were significantly more likely to report very low food security (37.5%), compared to those without children (9.5%) (Exhibit 14).

Exhibit 14: Very Low Food Security by Presence of Children in Household (n =79)



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

Notes: 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 on children under the age of 18 living in the household.

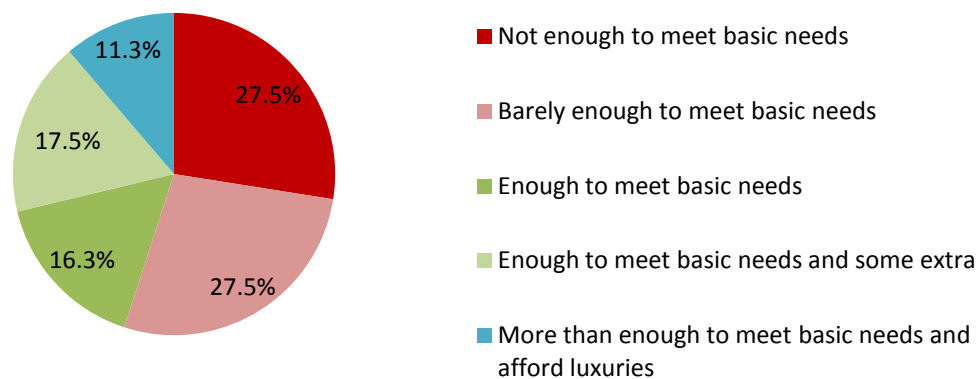
Distance to Grocery Store

Respondents were asked to report the number of miles from their home to where they usually buy food. The minimum was 0.25 miles and the maximum was 70 miles with a mean of 20 miles.

Household Income- Enough to Meet Basic Needs?

Respondents were asked how they feel about their household’s total income. The majority of respondents (55%) reported that their household’s annual income was not enough or barely enough to meet basic needs, such as housing, heat, food, clothing and transportation (Exhibit 15).

Exhibit 15: Perceptions about Household Income (n =80)



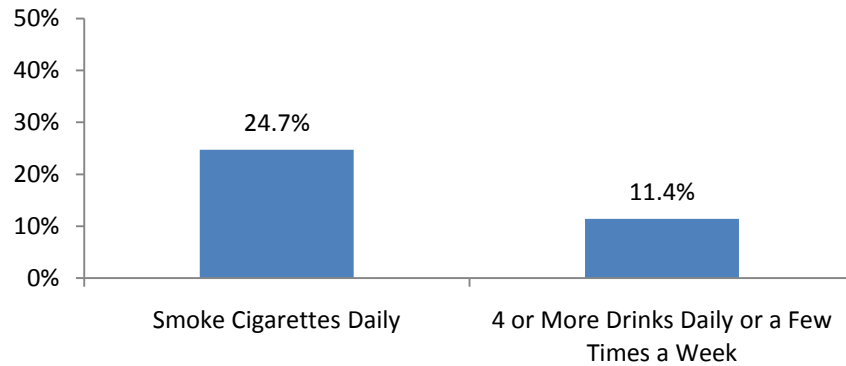
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Notes: This analysis was for the question, “How do you feel about your household’s total income per year?” Basic needs were defined as housing, heat, food, clothing, and transportation.

Health Behaviors

A quarter of respondents reported smoking cigarettes on a daily basis and one in nine reported drinking 4 or more alcoholic beverages everyday or a few times a week (Exhibit 16).

Exhibit 16: Smoking and Drinking (n= 81)



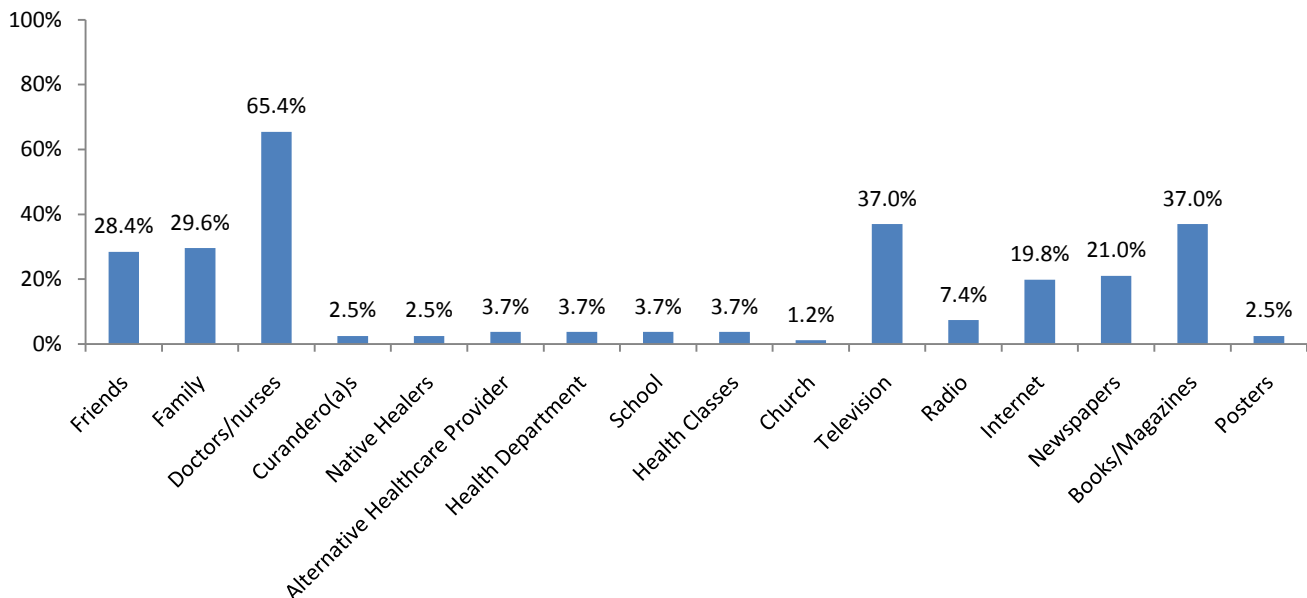
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

Notes: This analysis was for the questions, “How often do you smoke cigarettes” and “How often do you drink four or more alcoholic beverages on one occasion?”

Health Information

Respondents were asked how they usually learned about health. The majority (65.4%) reported learning about health from doctors/nurses, followed by books/magazines (37%) and television (37%), family (29.6%) and friends (28.4%) (Exhibit 17).

Exhibit 17: Usual Source of Health Information (n=81)



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

Notes: This analysis was for the question, “How do you usually learn about health?” Respondents were asked to choose the 3 main sources.

Limitations

This study provides information about the respondents of the survey and does not necessarily describe the population in general. A large percentage of the Klamath sample was white, retired, middle-aged women who had completed high school or some college. Therefore, it is very likely that this sample underestimates the extent of the conditions/issues for the rest of the population in Klamath. However, this is the largest study ever conducted in this rural region of California and it provides some baseline data for Klamath, which can be used to identify areas in need of further research.

Quotes from Respondents

Within the past 12 months were you able to get the health care (including mental health care) you needed?

- “No, Dental work because cost of transportation and appointment.”
- “No, Shortage of doctors in Del Norte- few patient openings for basic care & lack of in county care for specialists.”
- “No, Did not have the money.”
- “No, Cannot find a doctor. “
- “No, Lack of doctors. Lack of finances.”
- “No, Doctors only in 2 days a week & can’t get an appointment.”
- “No, Dentist”

What is the greatest difficulty you encounter in meeting the health needs of you and your family?

- “Contacting and establishing a quality doctor that listens and takes the time to talk about medical care.”
- “Timeliness of appointments (takes too long unless it is an emergency) and distance.”
- “Cost, transportation, availability of doctors accepting patient.”
- “Live 30 minutes from hospital with limited services.”
- “Getting appointments around my work schedule. Traveling distance.”
- “Insurance does not cover this area.”
- “Nothing available locally. Indian clinic for Indians only.”
- “Getting an appointment. Drs. are overworked in Crescent City.”
- “40 mile round trip- gas prices.”
- “Too far away, no money.”
- “Money.”
- “Being seen in a timely manner.”
- “Finding a decent and available doctor nearby.”
- “Finding a knowledgeable physician and solid family doctor.”
- “Blue Cross, quality of hospital and doctors in Del Norte County.”
- “Finding a doctor who will take our insurance.”

- “Lack of MDs.”
- “Cost of insurance going up each year.”
- “Transportation.”
- “Cost.”
- “We need doctors.”
- “Not many doctors here and income can’t afford costs.”
- “Transportation, bad eye sight, don’t drive.”
- “Lack of quality doctors.”
- “Getting meds when you need them and good doctors to see you.”
- “Cannot pay for it.”
- “Distance and dental care. Its costs over \$300 to have one tooth extracted.”
- “Finding out the Dr. qualifications.”
- “Worry about serious illness like cancer.”
- “No access to good doctors/ too few doctors in clinics that take Medicaid (I prefer those doctors/clinics that serve the poor!)”
- “It’s just a run around for a Karuk living in DN County.”
- “Lack of doctors taking new patients.”
- “Cannot find doctor.”
- “Insurance only pays a portion of cost, saying the additional costs are above normal?”
- “Crescent City has very few doctors and almost none accept Medi-Cal or Medicare other than doctors at clinics.”
- “Not everything is covered by Medi-Cal.”
- “Not being correctly diagnosed.”
- “Lack of doctors- someone I can connect with.”
- “Getting an appointment- getting there- finances.”
- “When living in a rural community, low-income, we have become very self-sufficient rather than incur bills- to the point of idiocy. I am afraid of the financial burden.”
- “Finding a competent doctor and one who takes my insurance.”
- “Paying balance after insurance pays.”
- “Dr. doesn’t spend enough time per visit.”
- “Unable to afford all that is needed.
- “No doctors available.”
- “Having to go on a bus to nearest town.”
- “Can’t afford medicine since the law changed.”
- “Work in Fortuna and live in Klamath- lack of public transportation.”
- “Distance and cost.”
- “Finding a new doctor who can take care of my needs.”
- “Cost.”
- “Money.”
- “Cost. Medical care in Del Norte County is horrible. Unable to get much assistance.”
- “Distance, availability.”

Is transportation a problem in meeting the health needs of you or your family?

- “Yes, Nothing available locally in Klamath.”
- “Yes, I worry about cost after I retire.”
- “Yes, I’m not always able to drive anymore. 40 mile RT to Crescent city.”
- “Yes, Can’t drive. Need driver.”
- “Yes, the price of gas is too high.”
- “Yes, no vehicle. I must depend on others.”
- “Yes, bad eye sight, don’t drive.”
- “Yes, hard time getting gas money.”
- “Yes, distance.”
- “Yes, gas prices too high.”
- “Yes, don’t always have gas money. Old car.”
- “Yes, gas too expensive.”
- “Yes, everyone works around here & if needed, after work they pick up what I need.”
- “Yes, when I’m sick or injured there is no public transport so I have to call on friends to drive me.”
- “Yes, sometimes don’t have the gas to go.”
- “Yes, trips to Medford take away from work.”
- “Yes, public transportation.”

Please visit the CCRP website for additional reports, briefs and maps.

Humboldt State University
California Center for Rural Policy
1 Harpst Street
Arcata, CA 95521
(707) 826-3400
www.humboldt.edu/ccrp
ccrp@humboldt.edu

