

Trinity County

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



By The California Center for Rural Policy at Humboldt State University

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

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- Graduate Student Research Assistants: Adrianna Bayer, Launa Peeters-Graehl, Mike Porter, Adriana Guzman, Alyssa Nguyen
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Table of Contents

Executive Summary	6
Methods	9
Results	
Response Rates and Demographics	10
Access to Health Care	11
Poverty and Access to Health Care	11
Access to Health Care for Children.....	13
Poverty and Access to Health Care for Children.....	13
Leaving the County for Health Services.....	14
Very Low Food Security.....	18
Very Low Food Security in Households with Children.....	19
Discussion	20
Appendix A: Demographic Tables	21
Appendix B: Quotes from Trinity County Respondents	24
Appendix C: Towns Where Trinity County Respondents go for Health Care.....	30

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 Trinity 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 940 residents of Trinity County. The main findings by topic are:

Ability to Get Needed Health Care

- 17.2% of Trinity 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 the cost of health care and lack of insurance.
- 31.8% 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 (8.4%). The main barriers reported by low-income respondents were having no insurance and cost of health care.

* 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

- 10.3% of respondents with minor children indicated they were unable to get their children needed health care in the year prior to the survey. The primary barriers reported were difficulties finding and receiving mental health care, a lack of health care providers and having to leave the local area for care.
- 14.8% of the low-income respondents (<200% FPL) reported they were unable to get their children needed health care. This is 2.2 times higher than non low-income respondents (≥200% FPL) who reported they were unable to get their children needed health care (6.8%).

Regularly Leaving the County for Health Services

- 58.4% of the respondents from Trinity County reported regularly leaving the county for health services.
- The most commonly reported reason for regularly leaving the county for health services was needed services not available (50.2%), followed by quality is better elsewhere (42.1%).
- Of the respondents from Trinity 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 (89%).
- Of the respondents from Trinity County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (22.3%), followed by OB/GYN (11.6%) and ophthalmology/optometry (11.6%).

Food Security

- Of all respondents from Trinity County, 6.6% 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 22 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 3.5 times more likely to experience hunger due to not being able to afford enough food compared to non low-income respondents ($\geq 200\%$ FPL) with children under the age of 18.

Methods

Survey Design and Sampling

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

A total of 23,606 surveys were mailed to a random sample of adults residing in the four counties of Humboldt, Del Norte, Trinity and Mendocino. The sampling strategy employed the use of a Geographic Information System (GIS) to map the population density with an overlay of the locations of post offices. All of the post offices in low population density areas (<11 people per square mile) were selected (total post offices = 24; total post office boxes = 8,165). Post offices located in higher population density areas (\geq 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 Trinity 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, 940 were from residents of Trinity County. Exhibit 1 provides a breakdown of the location of respondents from Trinity County. All respondents who indicated Trinity 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 Trinity).

See Appendix A for demographics of the Trinity respondents.

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

City/Town	ZIP code	Frequency	Percent of Trinity Sample
Weaverville	96093	349	37.2
Hayfork	96041	205	21.8
Lewiston	96052	76	8.1
Douglas City	96024	71	7.6
Junction City	96048	62	6.6
Trinity Center	96091	43	4.6
Burnt Ranch	95527	28	3.0
Mad River	95552	27	2.9
Big Bar	96010	22	2.3
Hyampom	96046	22	2.3
Ruth	955261	6	0.6
Bridgeville	955262*	5	0.5
Willow Creek	95573*	19	2.0
Alderpoint	95511*	2	0.2
Cutten	95534*	1	0.1
Fortuna	95540*	1	0.1
ZIP Code stamp unreadable		1	0.1
Total		940	100

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 Trinity County is their primary county of residence.

Access to Health Care in Trinity County

Of the respondents from Trinity County who needed health care, 17.2% were unable to get the health care they needed in the year prior to the survey.

Reasons Trinity County respondents were unable to get needed health care were explored using qualitative analysis. The main barriers reported were the cost of health care and lack of insurance.

Other barriers reported were difficulties finding and receiving mental health care, having to leave the local area for care, concerns about the quality of care available, lack of health care providers, issues with publicly funded insurance, issues related to poverty and money, geographic isolation, transportation problems and difficulties obtaining prescription drugs.

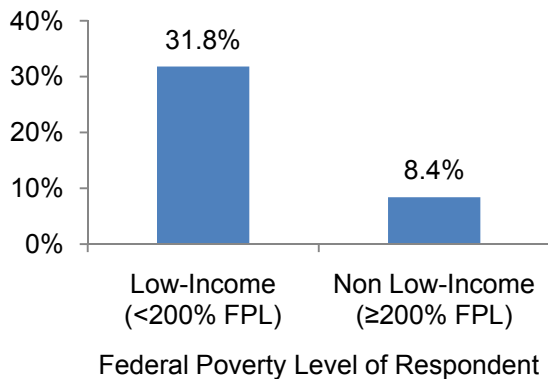
See Appendix B for quotes explaining why respondents were unable to obtain needed health care in the year prior to the survey.

Poverty and Access to Health Care

Of the low-income respondents (<200% FPL*), 31.8% 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 (8.4%) (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 = 688)



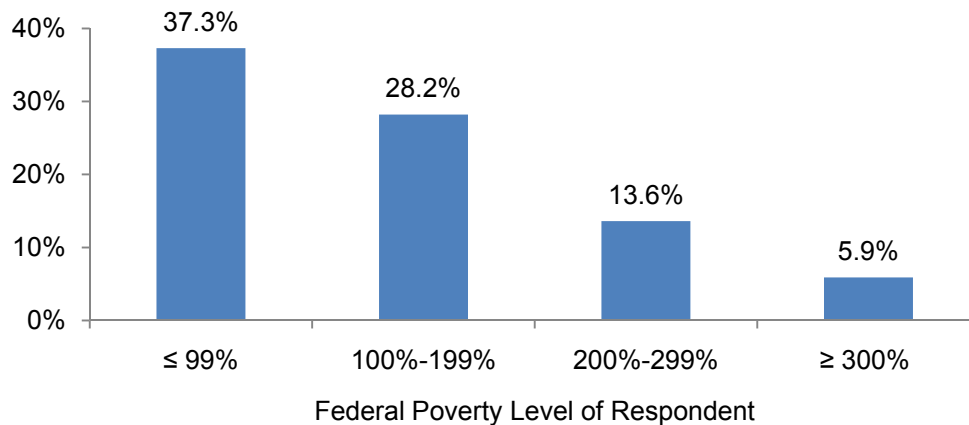
Income Status	Unable to Get Needed Health Care		
	Frequency	Frequency	%
Low-Income (<200% FPL)	258	82	31.8%
Non low-Income (\geq 200% FPL)	430	36	8.4%
Total	688	118	17.2%

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 = 688)



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 having no insurance, the cost of health care and transportation issues.

For respondents living between 100-199% FPL the primary barriers to obtaining needed health care were having no insurance, being under-insured and the cost of health care.

Of the respondents living between 200-299% FPL the primary barriers were the cost of health care, having no insurance and difficulties finding and receiving mental health care.

Of the respondents living at or above 300% FPL the primary barriers to obtaining needed health care were a lack of health care providers, having to leave the local area for care and concerns about the quality of care available.

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 940 respondents from Trinity County, 190 reported having children under the age of 18 in the household. Of these, 145 reported needing health care for their children in the year prior to the survey, of which 10.3% were unable to obtain the needed health care.

The primary reasons reported for not being able to obtain needed health care for children were difficulties finding and receiving mental health care, a lack of health care providers and having to leave the local area for care.

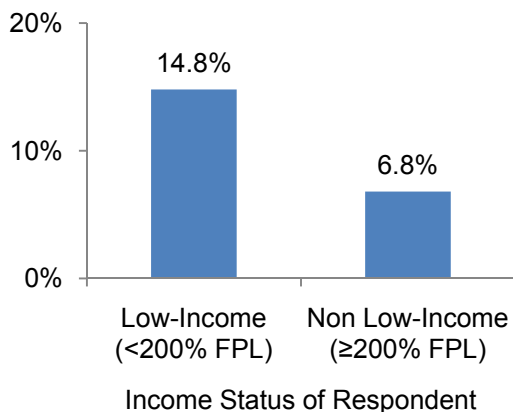
Other reasons reported less frequently were difficulties finding and receiving oral health care, having no insurance or being under-insured, issues with publicly-funded insurance and private insurance and the cost of health care.

Poverty and Access to Health Care for Children

Of the low-income respondents (<200% FPL), 14.8% reported they were unable to get their children needed health care. This is significantly higher than non low-income respondents (≥200% FPL) who reported they were unable to get their children needed health care (6.8%) (Exhibit 4).

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

Exhibit 4: Unable to Get Needed Health Care for Children by Income Status of Respondents (n = 135)



Income Status	Unable to Get Needed Health Care for Children		
	Frequency	Frequency	%
Low-Income (<200% FPL)	61	9	14.8%
Non low-Income (≥200% FPL)	74	5	6.8%
Total	135	14	10.4%

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

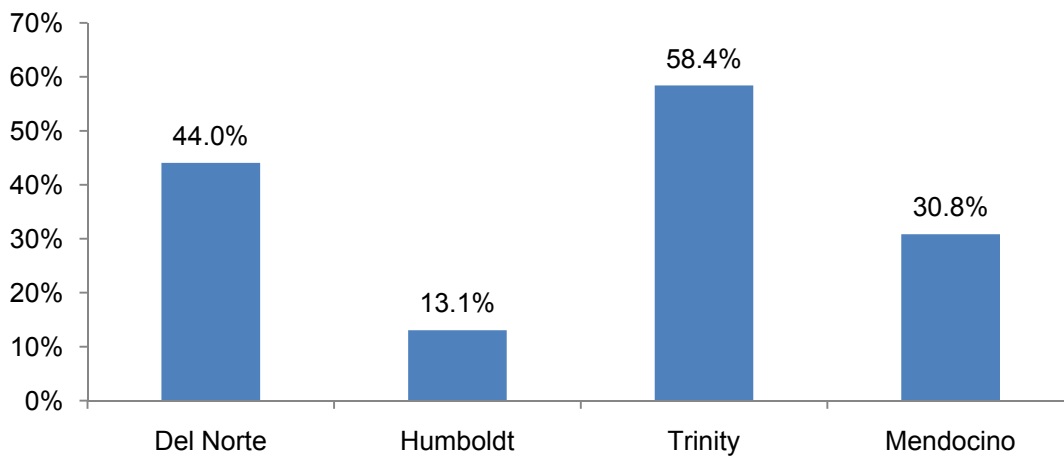
This analysis was for the question “Within the past 12 months were you able to get your child(ren) the health care (including mental health care) they needed?” The analysis was restricted to respondents who answered “yes” or “no” to the question and reported having children under the age of 18 living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

Leaving the County for Health Services

Of the respondents from Trinity County, 58.4% 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 30.8% of the Mendocino County respondents (Exhibit 5).

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

Exhibit 5: 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%

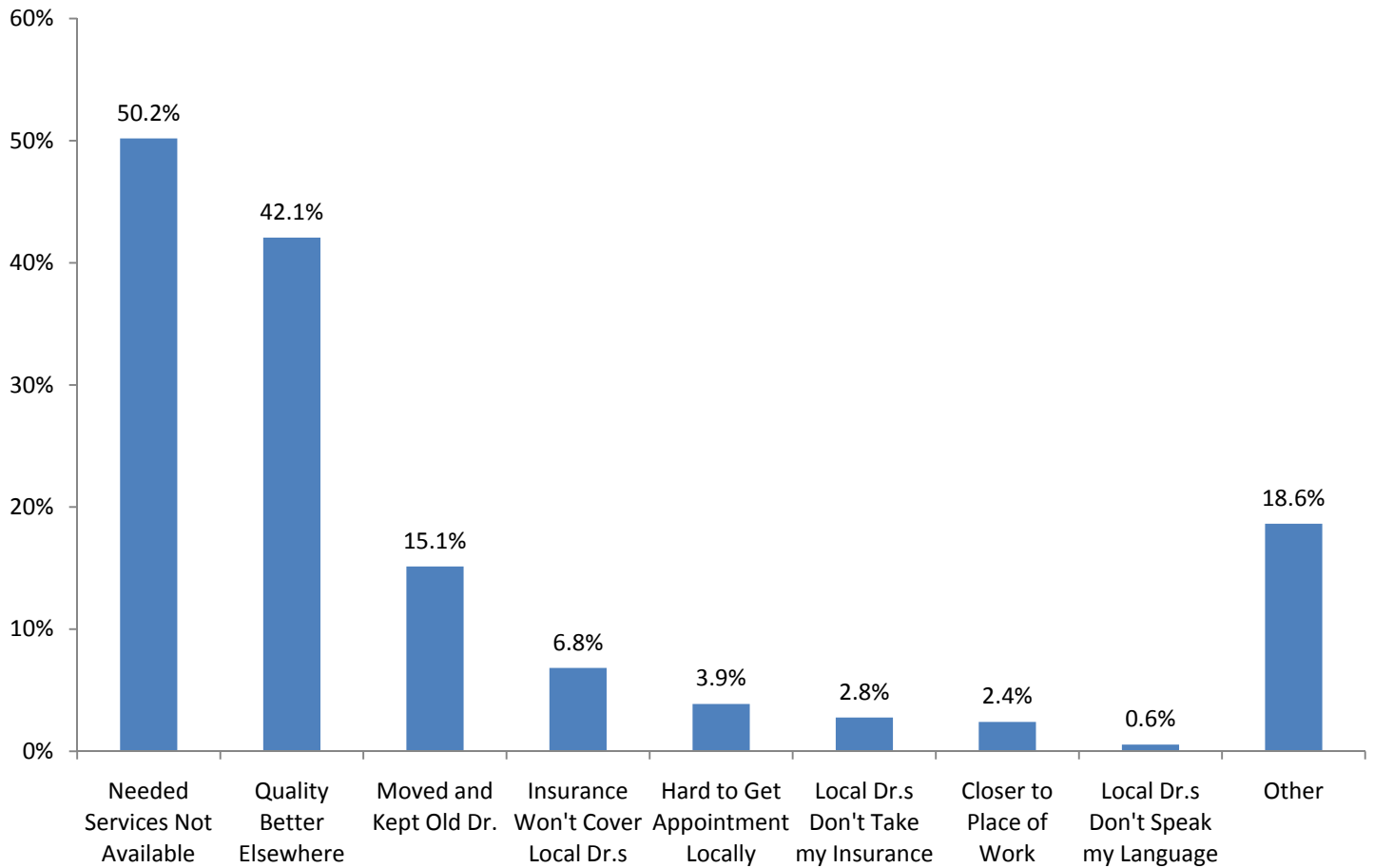
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

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 Trinity County for Health Services

Of the respondents from Trinity County who reported regularly leaving the county for health services, the most commonly reported reason was needed services not available (50.2%), followed by quality is better elsewhere (42.1%). Additional reasons were reported less frequently (Exhibit 6).

Exhibit 6: Reasons for Regularly Leaving Trinity County for Health Services (n = 542)

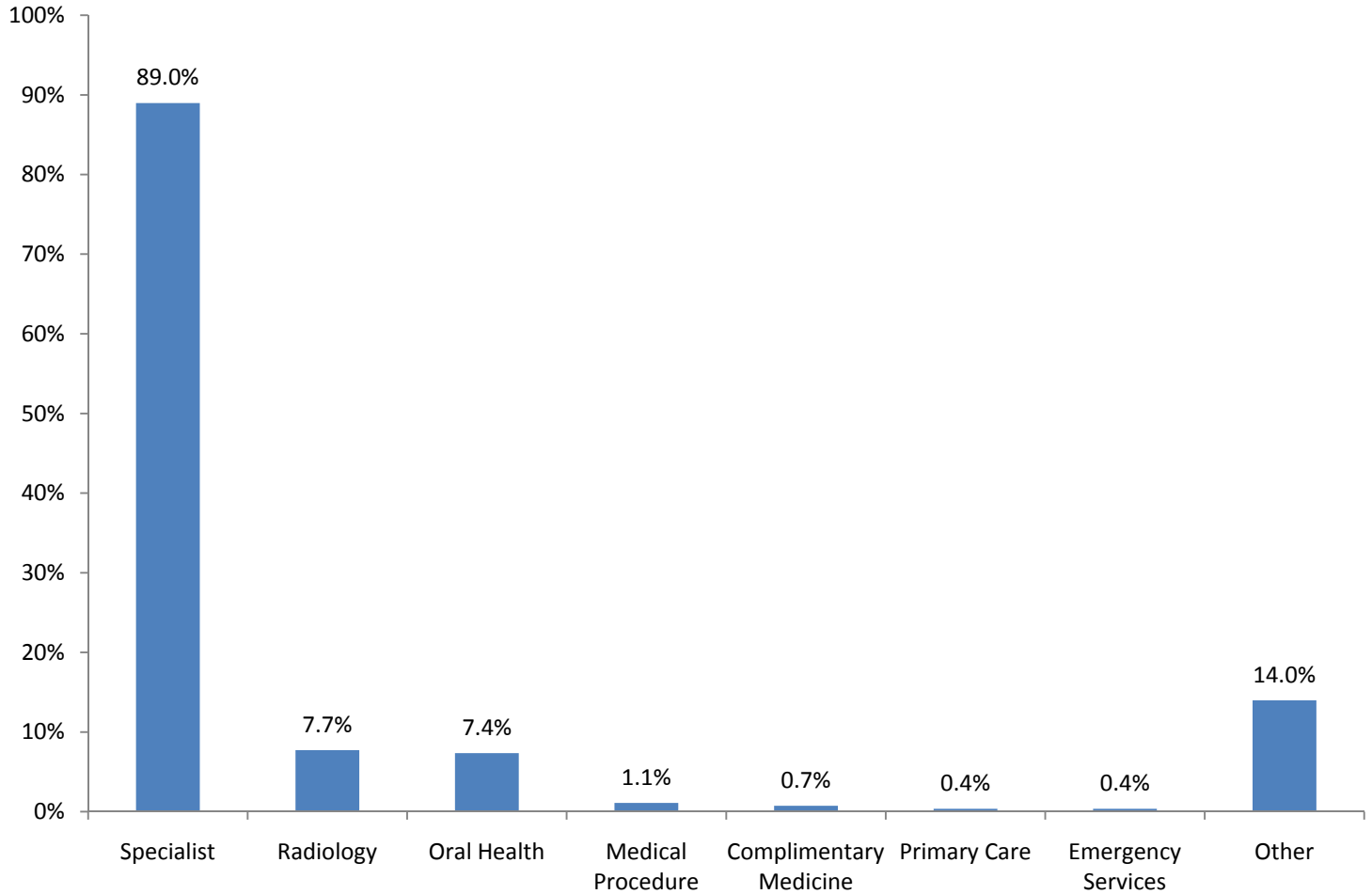


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Services Regularly Sought Outside Trinity County

Of the respondents from Trinity 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 (89%), followed by radiology (7.7%) and oral health (7.4%). Additional services were mentioned less frequently (Exhibit 7).

Exhibit 7: Types of Services Reported by Trinity County Respondents who Regularly Leave the County Because Needed Services are not Available (n = 272)

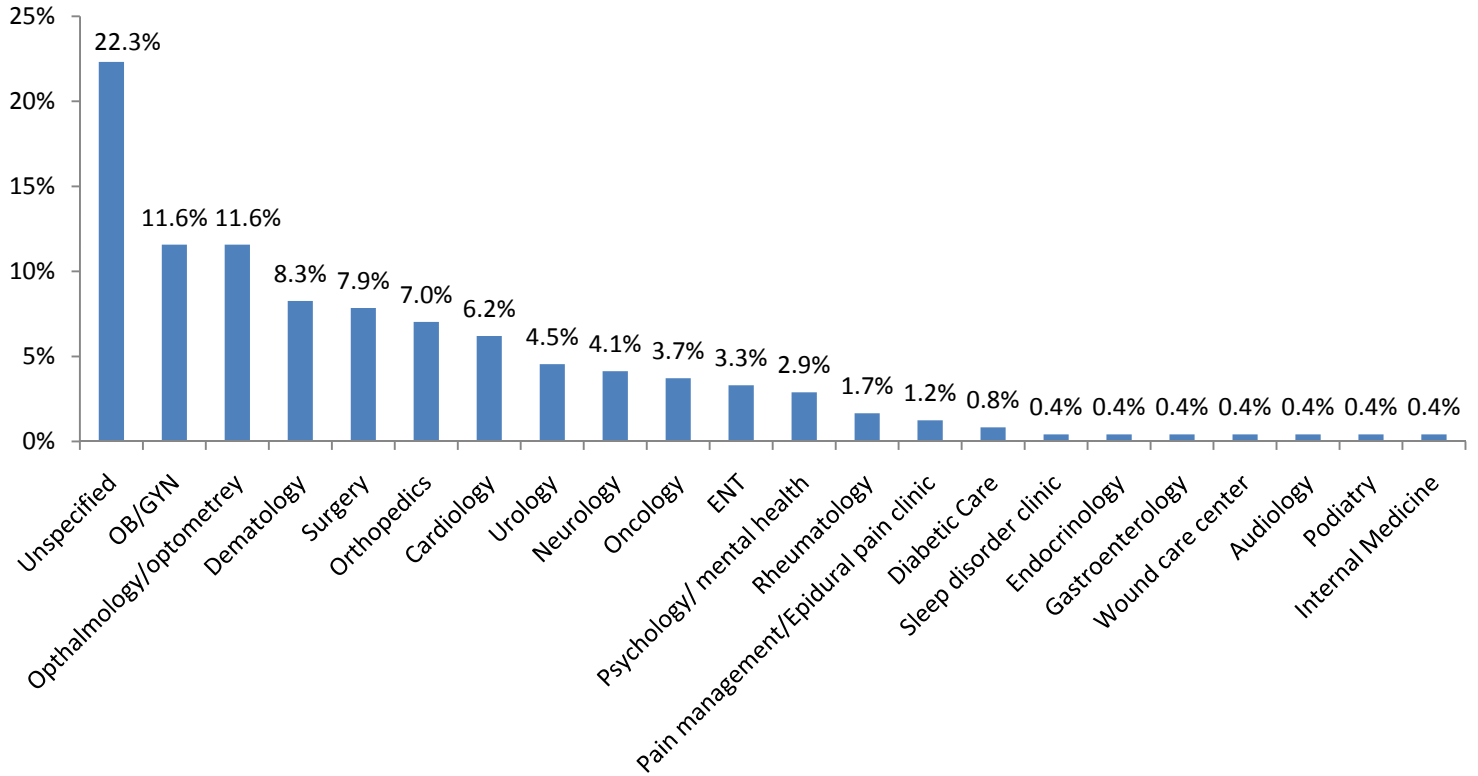


Source: Rural Health Information Survey, 2006, California Center for Rural Policy
Total percent is greater than 100 because each respondent could provide multiple reasons.

Types of Specialty Care Regularly Sought Outside Trinity County

Of the respondents from Trinity County who reported regularly leaving the county for specialty care, the most commonly reported specialty was unspecified (22.3%), followed by OB/GYN (11.6%) and ophthalmology/optometry (11.6%). Additional specialties were mentioned less frequently (Exhibit 8).

Exhibit 8: Specialty Care Needed by Trinity County Respondents who Regularly Leave the County for Health Services (n = 242)



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

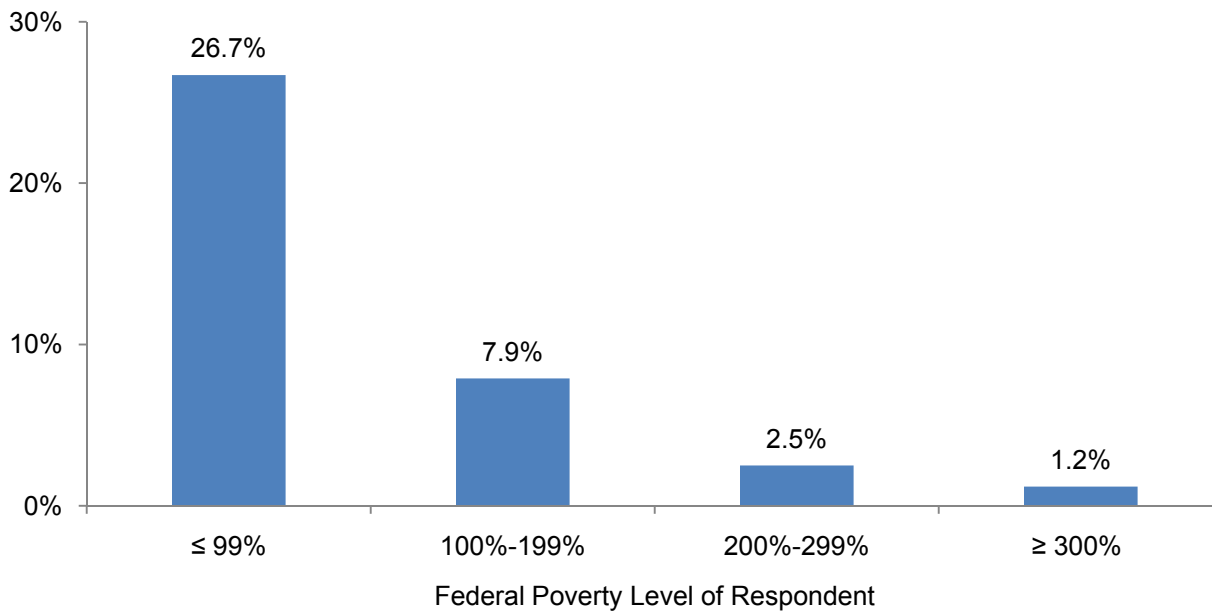
Very Low Food Security

Of all respondents from Trinity County, 6.6% 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 22 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* = 803)



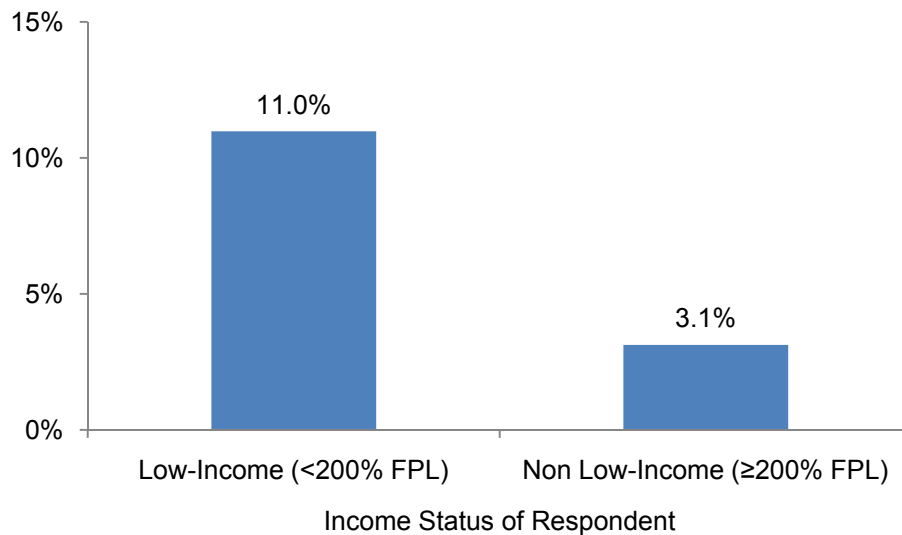
Source: Rural Health Information Survey, 2006, California Center for Rural Policy

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 3.5 times more likely to experience hunger due to not being able to afford enough food compared to non low-income respondents ($\geq 200\%$ FPL) with children under the age of 18 (Exhibit 11).

Exhibit 11: Very Low Food Security in Households with Children Under 18 by Income Status of Respondent ($n = 178$)



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 Trinity 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 2.2 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 a small number of quotes; however, the primary barriers that emerge from the quotes on page 29 are lack of insurance and difficulty accessing mental health services.

Similarly, for adults, low-income respondents were 3.8 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 low-income adults.

A high percentage of respondents reported regularly leaving the county for health services. The primary reason for regularly leaving the county was to obtain specialty care. Numerous specialties were mentioned, but OB/GYN and ophthalmology/optometry were mentioned most often.

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 Trinity 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 Trinity County Sample

Ethnicity, Gender, Age and Language for Trinity County Respondents

Characteristics	Frequency	Percent
<i>Ethnicity</i>		
White	821	88.0
African American	0	0
Latino/Latina	11	1.2
Asian	4	0.4
Native American	24	2.6
Multiracial	42	4.5
Other	31	3.3
Total	933	100
<i>Gender</i>		
Female	578	61.7
Male	358	38.2
Other	1	0.1
Total	937	100
<i>Age</i>		
18-29	33	3.6
30-39	46	5.0
40-49	128	14.0
50-59	287	31.3
60-69	232	25.3
70-79	133	14.5
≥ 80	57	6.2
Total	916	99.9
<i>Languages spoken at home</i>		
English	928	98.8
Spanish	36	3.8
Asian Language	7	0.7
Native American	6	0.6
Other	20	2.1

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.

Poverty Level, Education Level and Employment Status for Trinity County Respondents

<i>Federal Poverty Level (FPL)*</i>	Frequency	Percent
≤99% FPL	116	14.4
100%-199% FPL	191	23.7
200%-299% FPL	162	20.1
≥300% FPL	336	41.7
Total	805	99.9
<i>Highest Level of Education</i>		
No High School	40	4.3
GED/ High School Certificate	23	2.5
High School Graduate	108	11.6
Vocational Training	36	3.9
Some College	343	36.8
College Graduate	169	18.1
Graduate/Professional Training	213	22.9
Total	932	100
<i>Employment Status</i>		
Company/Business/Agency	279	29.9
Homemaker	35	3.7
Self-Employed	138	14.8
Unemployed	20	2.1
Laid-off but looking	6	0.6
Retired	362	38.8
Disabled	91	9.7
Student	3	0.3
Total	934	99.9

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 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	167	17.9
5-9 years	154	16.5
10-19 years	210	22.5
20-29 years	194	20.8
30-39 years	131	14.0
40-49	42	4.5
≥ 50 years	36	3.9
Total	934	100
<i>What type of dwelling do you live in?</i>		
House	738	78.8
Duplex	9	1.0
Mobile Home/ Trailer	149	15.9
Building w/ 3 or more units	18	1.9
Other	22	2.4
Total	936	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 Number of People Living in the Household and Total Number of Children Under the Age of 18 Living in the Household

Total number of people living in household	Frequency	Percent
1 person	245	26.3
2 people	484	51.9
3-4 people	173	18.5
≥ 5 people	31	3.3
Total	933	100
<i>Total number of children under 18 in the household</i>		
No children under 18	748	79.9
1 child	89	9.5
2-4 children	92	9.8
≥ 5 children	9	1.0
Total	938	100.2

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 Trinity 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. Doctors over loaded don’t have time needed.”
“No. No mental health doctors in Weaverville; needed to go to Redding.”
“No. Dr I trusted moved - the other is long distance.”
“No. Called 911 then passed out-no response.”
“No. Can’t afford it.”
“Yes. Out of county providers.”
“No. My only insurance is V.A. [Veterans Affairs] health care.”
“No. Hayfork doctors can find you a doctor some place else, usually Redding when it’s too hot, the run around for months the person loses interest and fails to show up.”
“No. Snowed in all winter...but got email consultation when needed.”
“No. Access time - long waits, limited choices, long distance for more choice.”
“No. Couldn’t afford it period.”
“Yes. Yearly checkup.”
“No. No money.”
“Yes. Yes, counseling. Ins. [insurance] limits to 20 visits a year.”
“No. Redding Ca. eye service was not good. Difficulty in getting the right medication.”
“No. Can’t always afford it.”
≤99% Federal Poverty Level
“No. Cannot afford the high cost - make borderline amount so not qualify for Medi-Cal without a lien on my house.”
“Yes. No. Mental health funds are limited-difficult to attain help.”
“Healthcare not needed. Stop the spraying of chemicals and all problems would stop. Also it would help if the cost of vitamins and herbs could be covered by Medi-Cal to keep healthy.”
“No. Takes time + skill. Got it at last.”
“No. Couldn’t afford an eye exam, skin exam, pap smear, mammogram.”
“No. I am in a verbally abusive relationship-not married, 2 kids, new to town. I am plotting leaving within a year. We know we’ll separate = I’m just concerned with surviving day to day. Have been to HRN [Human Response Network] for support.”
“No. It’s so far away!”
“Yes. Did not seek treatment for depression, already have too many medicines.”
“No. No money or health care plan.”
“No. Some but not all - cost prohibitive.”

“No. Not covered by Medicare.”
“No. No \$ for travel expenses on living.”
“No. no insurance.”
“No. My car has been down and I live 100 miles from good health care.”
“No. Not available? Financially not possible. No health insurance.”
“No. 1. Not willing to sign over lien on house even though low income. 2. Transportation 3. Mental health is not private!!!”
“Yes. No. Redding doctors are very ignorant regarding Lyme Disease. My specialist in San Francisco provides my care now.”
“No. Cannot afford.”
“No. Because of history physician won’t issue correct meds.”
“No. Not enough money.”
“No. No money or transportation to VA.”
“Can’t afford.”
“No. Healthcare yes, mental healthcare no.”
“No. Unavailable to me-No ins. except CMSP.”
“No. No transportation available to medical facilities, doctor (12 mi), clinic (50 mi), hospital (280 mi).”
“No. Couldn’t find dentist in Trinity or Humboldt County that would accept Denta-Cal.”
“No. Not enough money.”
“No. Lack of transportation.”
“No. I have no insurance and the closest sliding scale clinic more than 2 hours drive.”
“No. I avoid the doctor due to cost.”
“No. because health ins [insurance] only covers so much rest is out of pocket.”
“No. No medical coverage. I pay cash for doctor appointments and prescriptions.”
“I have CMSP. It drops you every 6 months, then it takes up to two months to get back on.”
“No. Conflict of interest in mental health. Too busy in health care office.”
“No. Can’t afford it.”
“No. No money, no insurance.”
“No. Can’t afford it, no insurance.”
“No. Can’t afford blood tests-health care dentist.”
100-199% Federal Poverty Level
“No. No insurance.”
“No. Didn’t try.”
“No. Costs are too high. After paying for health insurance, cannot afford doctor. (\$5,000 deductible).”
“No. Inadequate health insurance or none.”
“No. Was in mental clinic twice no help!”
“No. No policy for teeth. Too expensive.”

“Don’t know.”
“Yes but I had a negative reaction to medication (Boniva) that has taken a while to overcome.”
“No. Distance and cost.”
“No. No insurance; income not supporting doctor/dental bills/glasses.”
“No. Mostly cost.”
“Yes. No mental health care.”
“No. I have no health insurance.”
“No.”
“No. Finances, ins. Medicare now Blue cross Freedom Blue doesn’t help financially enough.”
“No. Medi-Cal lapsed - no blood pressure meds for awhile.”
“No. No money.”
“No. Must drive six hours - each way to doctor’s office and cannot afford the fuel.”
“No.”
“No.”
“No. No \$.”
“No. Insurance will not pay - I pay so much for insurance that no money is left for doctors.”
“No. Didn’t want it-didn’t care.”
“No. Having no transportation here, I can’t make regular monthly appointments.”
“No. Not enough counselors.”
“No. No health coverage.”
“No. Because of my uncorrected disks, when I graduated from college my healthcare company would not renew my coverage.”
“No. Expense.”
“No. Too expensive.”
“No. My CMSP [County Medical Service Program] was cancelled and I had to get it reinstated.”
“No. No insurance, no access to medical care.”
“No. Shasta Co. wouldn’t take a Trinity Co. insurance.”
“Healthcare not needed. No. Just went on Medicare last month.”
“No. Lack of insurance, cost.”
“Yes. But not up to my standards.”
“No. No insurance not enough money.”
“No. Unable to pay for it.”
“No, Bad health insurance (high deductible)--\$5,000.”
“No. No health ins.”
“No. No ins. [insurance] or money.”

“No. I have no insurance.”
“No. Lack of doctor in Weaverville.”
“Yes. Most of the time. No. Had to go out of my area for surgery.”
“No. Very few Drs. in this area know much about RSD [Reflex Sympathetic Dystrophy].”
“No. insurance deductible for test too much. Co-pay too much. Test too expensive.”
“No. Refused counseling at Behavior Health [Behavioral Health Services] VA refused treatment”
“Yes. Because I now receive free medication on an assistance program from Wyeth Pharmaceutical.”
“No. Self-employed, can’t afford it.”
“No. Self-employed, can’t afford plans.”
“No. The doctor here is no good.”
200-299% Federal Poverty Level
“No. Lack of money.”
“No. None needed.”
“No. No health care insurance.”
“Yes. Out of the area Shasta Co.”
“No. Did not seek mental health due to cost.”
“No. Cost. I’m on Medi-Cal.”
“No. Can’t afford to go to a specialist. No insurance.”
“Insurance doesn’t cover mental health.”
“Yes. Credit card enables me a visit per year.”
“No. Unable to find + afford mental healthcare.”
“Yes. I often turn to books and internet for research. Doctors for routine care.”
“No. Could not find doctor for urgent care of skin allergy.”
“No. No insurance, cannot afford it.”
“No. No real help for mental health other than drugs available.”
“No. My deductible + co-pay is high.”
“No. Fear of cost.”
“Yes, except hard to see specialists.”
“No. Overworked doctors-lack of dentists-poor doctors office hours.”
“No. My depression is sporadic (I lost my spouse).”
“No. Inaccessible.”
“No. No health insurance.”
“No. Money.”
≥300% Federal Poverty Level
“No. Doctors too far away - have to take a full day off work for a 15 min office visit.”
“No. Did not feel motivated to seek it. Homeopathic/naturopathic medicine not encouraged as an option.”

“Somewhat. Hard to find quality doctors and therapists.”
“No. I was taken care of by State Compensation Fund - but dropped because of our governor cancelling all case’s, even though I won health care.”
“No. Adequate M.H. [mental health] practitioners not available in our county.”
“No. No gynecologist in area.”
“No. Kaiser member no Kaiser here.”
“No. Healthcare provider is in bay area.”
“No. No adequate dental care in our area.”
“Yes. In Redding.”
“No. I have residency in Sacramento County, so I can go to Kaiser.”
“Yes. (I have a doctor in Shasta County).”
“Irrelevant.”
“No faith in my doctor.”
“Yes. In Redding.”
“No. Too expensive.”
“No. No always enough \$ to even pay co-pay/deductible.”
“No. no funds.”
“No. Not locally. I had to go to Redding, but I did get care.”
“No. Local GP [general practitioner] too uninformed, yet reluctant to refer to specialists in the city.”
“No. No health insurance until recently 7/06.”
“Yes. No. Dentist.”

“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. Can’t afford costs can’t make it, can’t sell it.”
≤99% Federal Poverty Level
“No.”
100-199% Federal Poverty Level
“No. No medical insurance.”
“No. No psychiatrist, No (child) psychiatrist.”
“No. No health insurance - \$8000 deductible.”
“No. No dental in county that take Medi-Cal.”
“No. No insurance.”
“No. No mental health care in the area.”
“No. Mental healthcare limited to a tele-psych.”
“No. No pediatric endocrinologist in area. Had to go to UC Davis.”
200-299% Federal Poverty Level
“Yes. Doctors. No. No dentist.”
“Yes. Except she has OCD and the nearest specialist is in Sacramento-also we have Blue Cross or it would cost us 100.00 per session.”
“No. Medi-Cal.”
“Yes. Out of the area - Shasta Co.”
“Yes. Regular doctor appt. for sore throat nothing major.”
“No. same as # 4 [my deductable + co-pay is high].”
≥300% Federal Poverty Level
“No. Dentist.”
“No. Mental health service for children is weak + expensive for non-Medi-Cal.”
“No. Same as 4 [healthcare provider is in bay area].”
“Yes. Healthy families.”

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

Appendix C

Towns Where Trinity County Respondents go for Health Care

Location of Doctors offices/clinics used by Trinity County Respondents

Town	Frequency	Percent
Weaverville	380	46.3
Redding	215	26.2
Hayfork	76	9.3
Eureka	28	3.4
Willow Creek	25	3.0
Mad River	21	2.6
Other out of area	15	1.8
Fortuna	13	1.6
Sacramento	7	0.9
Arcata	5	0.6
Shasta Lake City	3	0.4
San Jose	2	0.2
Santa Rosa	2	0.2
Trinity Center	2	0.2
Walnut Creek	2	0.2
Yreka	2	0.2
Anderson	1	0.1
Antioch	1	0.1
Ashland, OR	1	0.1
Boonville	1	0.1
Cotton Wood	1	0.1
Crescent City	1	0.1
Davis	1	0.1
Dinsmore	1	0.1
Freemont	1	0.1
Junction City	1	0.1
Los Altos	1	0.1
Los Angeles	1	0.1
Mendocino	1	0.1
Orange County	1	0.1
Orleans	1	0.1
Red Bluff	1	0.1
Rohnert Park	1	0.1
Round Mountain	1	0.1
Ruth Lake	1	0.1
San Francisco	1	0.1
Scotia	1	0.1
Vallejo	1	0.1
Total	820	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 Trinity County Respondents

Town	Frequency	Percent
Weaverville	209	77.4
Redding	37	13.7
Eureka	6	2.2
Fortuna	5	1.9
Arcata	3	1.1
Other out of area	2	0.7
Red Bluff	2	0.7
Mammoth Lakes	1	0.4
Mckinleyville	1	0.4
Willow Creek	1	0.4
Walnut Creek	1	0.4
Shasta Lake City	1	0.4
Douglas City	1	0.4
Total	270	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 Trinity County Respondents

Town	Frequency	Percent
Redding	22	61.1
Weaverville	6	16.7
Eureka	2	5.6
Other out of area	2	5.6
Arcata	1	2.8
Hoopa	1	2.8
Mad River	1	2.8
Ridge Crest	1	2.8
Total	36	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 Trinity County Respondents

Town	Frequency	Percent
Redding	5	38.5
Arcata	2	15.4
Hoopa	2	15.4
Hayfork	1	7.7
Davis	1	7.7
Eureka	1	7.7
Other out of area	1	7.7
Total	13	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 Trinity County Respondents

Town	Frequency	Percent
Redding	72	47.1
Weaverville	33	21.6
Hayfork	9	5.9
Eureka	6	3.9
San Francisco	6	3.9
Other out of area	4	2.6
Sacramento	4	2.6
Arcata	2	1.3
Davis	2	1.3
Fortuna	2	1.3
Santa Rosa	2	1.3
Trinity Center	2	1.3
Chico	1	0.7
Garberville	1	0.7
Junction City	1	0.7
Los Angeles	1	0.7
Mad River	1	0.7
Martinez	1	0.7
Mt. Shasta	1	0.7
Palo Alto	1	0.7
Redway	1	0.7
Total	153	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?"