# Healthcare Access Survey Report

March, 2015

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# INTRODUCTION

## BACKGROUND

Data about the utilization of healthcare services, health insurance coverage, and barriers to access of services in Yolo County are not readily available or are outdated, particularly since the implementation of the Affordable Care Act (ACA, also known as ObamaCare) in 2014. Specifically, results of the California Health Interview Survey (CHIS) for 2013-14 will not be available until September 2015, and results of the 2014 American Community Survey (ACS) not until the end of 2015. These data sources are also not available at the smaller levels of geography, except as five-year aggregates in the case of the ACS. Furthermore, there is a sizable immigrant farmworker population in the county that may not be reached in these surveys and many of them are not eligible for ACA health insurance.

In addition to the timeliness and availability of countywide data, a relatively high proportion of residents live in rural communities that are geographically distant from medical provider offices and the county's two hospitals in Woodland and Davis. Depending on their insurance carrier, residents may have to travel to Sacramento (>25 miles from most of Yolo County's cities) to receive some or all of their medical care. Using public transport to travel these distances can be difficult as public transit bus routes are fragmented and primarily designed to enable working commuters to travel to Sacramento or Woodland.

We therefore undertook primary data collection at a variety of locations and venues that included medical providers, food distribution centers, the county library system, the Department of Employment and Social Services, the Women Infant and Children's Nutrition (WIC) Program, a housing project, and a few faith-based organizations. The data collected in this survey will help us to identify gaps in access and barriers to healthcare services that affect Yolo County residents so that effective strategies to reduce them can be implemented.

The questionnaire covered respondents' perception of their own health; age, race, household size and income demographics; employment status, use of services for medical, dental and psychological health issues in the past year, and how respondents felt about their medical providers. It also included questions about the distance and time required to travel to medical providers and how long it took to be seen by a provider after calling for an appointment.

## ACKNOWLEDGMENTS

The Yolo County Department of Health Services wishes to thank the following organizations and individuals for assisting with distribution of the survey: the Department of Alcohol Drug and Mental Health, the Department of Employment and Social Services, Patty Wong (Yolo County Libraries), the WIC Program, Alicia Kelly (CommuniCare), Harbor Medical Clinic, Winters Healthcare Foundation, Madison Migrant Center, New Harmony Mutual Housing, St Paul's Lutheran Church, the Russian Baptist Church (West Sacramento), Suicide Prevention and Crisis Services, and the Woodland and Esparto food banks.

## EXECUTIVE SUMMARY

A total of 579 surveys were collected between August 15 and Oct 7, 2014. A high percentage of respondents (82%) considered themselves to be in good-to-excellent health. However, almost half (45%) of respondents suffered from a chronic health condition. Two-thirds of these respondents reported that their chronic conditions were under control, but a sizeable percentage (20%) indicated their chronic conditions were poorly managed.

The percentage and number of persons without health insurance was larger than previously estimated in the US Census Bureau American Community Survey (ACS). Whereas the 2013 one-year ACS estimate was that 15% of the population (about 30,000 persons) lacked health insurance, the current healthcare access survey suggested that a higher percentage of the population (20%) is without health insurance. Extrapolated to the entire county population, it would represent 41,000 persons or 11,000 more than the ACS estimate.

One hundred and fifteen respondents (20%) had no health insurance. Among age groups with at least 10 respondents, persons aged 25 to 44 were more likely to lack health insurance (23%). A high proportion of Hispanic respondents (27%) also lacked health insurance. The city with the highest proportion of respondents without health insurance was Winters (26%), but about 20% of respondents in West Sacramento, Woodland and other communities excluding Davis also lacked health insurance.

Respondents were more likely to lack health insurance if they were unemployed (26%) or part-time workers (22%) than if they worked full-time (15%). The occupations most likely to lack health insurance were workers in construction (31%), restaurant or fast food (30%), other occupations (27%) and agriculture (24%).

Lack of health insurance was also the top reason for avoiding healthcare services or screening (26%). Other major reasons for avoiding healthcare services and screening were being too busy (21%), having to wait too long to see a doctor (21%), and having high out-of-pocket copays (19%).

Among respondents without health insurance, despite the fact that almost half (48%) were at or below the federal poverty level (FPL), only 20% were planning to apply for health insurance through Covered California. Most did not know if they were eligible for Medi-Cal or Medicare. Only 18% of the uninsured with household incomes below the FPL planned to purchase health insurance through Covered California.

Two-thirds (66%) of respondents had a usual source of medical care, meaning that a sizeable proportion (one-third) did not. The percentage of respondents who lacked a usual source of medical care was significantly higher if they also lacked health insurance (74%).

A surprising 25% of respondents had used healthcare services at the Emergency Room (ER) in the past 12 months. While many respondents cited legitimate reasons for using the ER (a life-threatening illness or injury, or needing healthcare services outside regular business hours and on weekends), one-third of all reasons for ER visits fell into the following categories: not being able to obtain an urgent-care appointment in a timely manner, finding it more convenient to use the ER than waiting for an appointment, not having a regular doctor, and needing a prescription refilled.

Wait times to obtain medical appointments were generally acceptable, and 58% of respondents were able to obtain an appointment within seven days of requesting one. However, 25% of respondents reported waiting two weeks or longer to obtain an appointment.

Travel time to medical appointments was usually less than 30 minutes (for 81% of respondents), despite the rural nature of the Yolo County. For 7% of respondents, travel time to their medical provider exceeded 45 minutes. The median distance travelled to medical providers was 5 miles. In fact 56% of respondents fell into this category. However, 23% of respondents had to travel 15 miles or further to their medical provider.

Many respondents (48%) lacked dental insurance, which appears to be a barrier to obtaining dental services. Only 28% of respondents without dental insurance saw a dentist in the past 12 months compared to 75% of respondents with dental insurance.

Almost one in four respondents (24%) felt they needed to see a mental health provider, but only two-thirds of those who desired treatment actually received services. The top three barriers to obtaining mental health services were concern about the cost of treatment (47%), not knowing how to locate providers (38%), and fear of others finding out (21%).

## METHODOLOGY

Medical providers and community partners (n=38) were contacted by telephone and asked if they would be willing to post an announcement about the study in their facility, lobby or waiting room. They included community health clinics, county libraries and social services, the Department of Health Services (including WIC), food banks, senior living facilities, low-cost housing centers, food bank distribution centers, and faith-based organizations. The survey was made available in English, Spanish and Russian between August 15 and October 7, 2014. A web-based survey with a QR code for access from a smart phone was developed so that the survey could be completed online (in one of the three languages). The announcement about the survey given to providers and community partners included both a link to the website and the QR code. Approximately 3,100 hard copies of the survey were distributed at 15 participating locations in English (n=1,600), Spanish (n=1,000) and Russian (n=500). On-site staff assisted people who did not read and write sufficiently well to complete the survey by reading them the questions, the possible responses, and recording their responses in their preferred language.

The questionnaire was determined by the UC Davis Internal Review Board to be exempt from review because no personally identifying information was collected and it fell into the classification of public health evaluation and assessment rather than scientific research.

Surveys filled out by hand were entered into an Access database and responses were re-checked against the original questionnaire if there was a concern about their validity. Web-based surveys were downloaded, formatted to match the Access database, and appended to the Access file. Exact binomial confidence intervals for survey data were calculated in CDC's Epi Info Version 3.5.3. Binomial confidence intervals for US Census data (ACS) were calculated from the 95% standard error provided by ACS in their tables (http://factfinder2.census.gov, accessed January 29, 2015).

## DEMOGRAPHICS

The demographics of a population consist of characteristics such as age, sex, race, ethnicity, language and household size. Geographic location (city or area) of residence also plays a role in health outcomes. We examined the demographics of healthcare access survey respondents to determine if the survey was representative of our overall community. The proportion of survey respondents from each geographic region (census subdivision) was also compared to the estimated population in the latest available (2013) American Community Survey (ACS),[1] so that we could determine if any areas were over- or under-represented.

### SEX AND AGE

A much greater proportion of the survey respondents were women than men (ratio 4:1) than in the general population, where the ratio is about 1:1 (Table 1). We have observed this difference in other surveys.

Table 1. Comparison of Yolo County population to healthcare access survey respondents.

| Sex | Estimated Population, 2013† | | | Survey Respondents, 2014 | | |
|---|---|---|---|---|---|---|
| | Number | Percent | 95% CI | Number | Percent | 95% CI |
| **Male** | 100,216 | 49.0% | 48.7-49.3 | 112 | 20.7% | 75.0-82.1 |
| **Female** | 104,377 | 51.0% | 50.7-51.3 | 430 | 79.3% | 17.3-24.2 |
| **Not answered** | | | | 37* | | |
| **Total** | | | | 579 | | |

†Data Source: ACS 1-year estimate, 2013 county-level
*Excluded from the denominator when calculating % of respondents.

Most age groups were adequately represented in the survey, including people over 55 (Table 2). The 25- to 34-year-old and 35- to 44-year-old age groups were over-represented, accounting for 31% and 19% of respondents, respectively. Few teens (15 to 19) completed the survey; this was expected as the survey was targeted towards adults 18 years and older.

Table 2. Comparison of Yolo County population by age to healthcare access survey respondents.

| Age Group | Estimated Population, 2013† | | Survey Respondents, 2014 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| **15-19** | 20,280 | 10% | 17 | 3% |
| **20-24** | 28,194 | 14% | 57 | 12% |
| **25-34** | 27,347 | **13%** | 154 | **31%** |
| **35-44** | 23,701 | **12%** | 94 | **19%** |
| **45-54** | 23,949 | 12% | 70 | 14% |
| **55-64** | 21,300 | 10% | 57 | 12% |
| **65-74** | 12,968 | 6% | 31 | 6% |
| **75-84** | 7,330 | 4% | 16 | 3% |
| **85+** | 2,945 | 1% | 1 | 0.2% |
| **Total** | 204,593 | | 497* | |

†Data source: ACS 1-year estimate, 2013. *n=82 missing age data

## RACE AND ETHNICITY

The racial composition of the survey respondents was similar to the estimated overall composition of the population, except that Asians and Pacific Islanders were somewhat under-represented (Table 3). The largest Asian population in the county resides in the city of Davis, representing about 21% of the city's population (ACS, 2013), many of whom are UC-Davis students.

Table 3. Comparison of the race of Yolo County healthcare access survey respondents to the estimated racial composition of county residents.

| Race | Estimated Racial Composition Of Population, 2013† | | Survey Respondents, 2014 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent (of 352 records with data) |
| **Asian/Pacific Islander** | 28,056 | 14% | 32 | 9% |
| **Native American** | 1,495 | 1% | 8 | 2% |
| **Black** | 5,683 | 3% | 22 | 6% |
| **Other/multirace** | 31,529 | 15% | 45 | 13% |
| **White** | 137,830 | 67% | 245 | 70% |
| **Total** | 204,593 | | 352 | |

n=227 missing or declined
†Data Source: ACS 1-year estimate, 2013

The proportion of survey respondents who self-identified as being of Hispanic ethnicity was double the proportion estimated by the ACS 2013 (66% vs. 31%, respectively, Table 4).

Table 4. Comparison of the ethnicity of Yolo County healthcare access survey respondents to the estimated ethnic composition of county residents.

| Ethnicity | Estimated Ethnic Composition of Population† | | Survey Respondents, 2014 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent (of 417 records with data) |
| **Hispanic** | 64,010 | 31% | 273 | 66% |
| **Non-Hispanic** | 140,583 | 69% | 144 | 35% |
| **Total** | 204,593 | | 417 | |

n=162 missing or declined
†Data Source: ACS 1-year estimate, 2013

## HOUSEHOLD SIZE

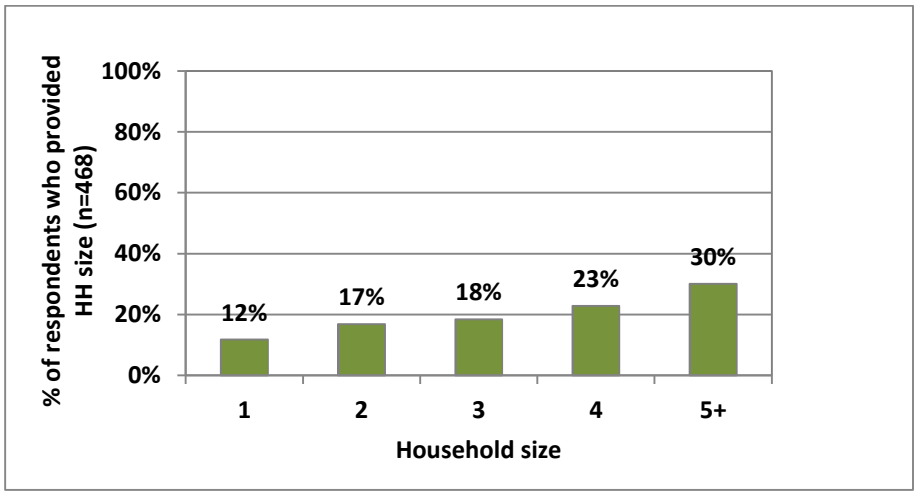
The average household size for Yolo County from the 2013 ACS was 2.8 persons, whereas it was considerably larger, 3.7 persons, for respondents to the healthcare access survey. The median household size of survey respondents was 4 persons and a surprising ~30% of the respondents lived in households with 5 or more people (Table 5 and Figure 1).

Table 5. Household size of healthcare access survey respondents.

| HH Size | Count | % of respondents providing HH size (n=468) |
|---|---|---|
| **1** | 55 | 12% |
| **2** | 79 | 17% |
| **3** | 86 | 18% |
| **4** | 107 | 23% |
| **5+** | 141 | 30% |
| Total | **468** | |

*n=111 missing (19.2% of total)

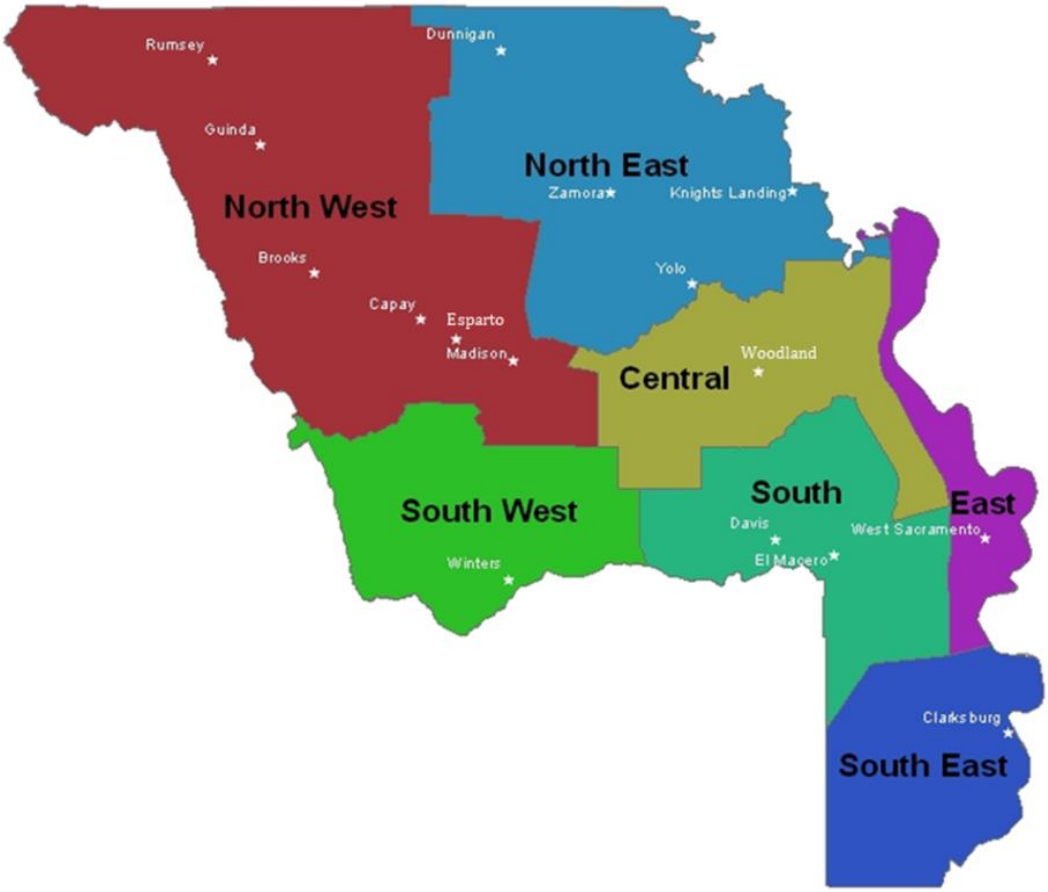
**Figure 1. Percentage of healthcare access survey respondents by household size.**



## REGION AND CITIES

Yolo County spans approximately 1,000 square miles and had an estimated population of 207,312 residents in 2014 (California Department of Finance). According to the 2013 ACS by census tract geography, 89% of the population (180,799 people) live in the three largest cities of Davis (72,439), West Sacramento (49,645) and Woodland (58,715). The remaining 21,000 are spread out across the county with about 8,600 in the Winters area in the South West region. The city of West Sacramento accounted for about half of the county's population growth between 2000 and 2010. These geographic regions and cities are displayed in Figure 2.

**Figure 2: Yolo County Regions**




Residents from the East (West Sacramento area) and South (Davis area) regions were under-represented in the survey, whereas residents from the Central region (Woodland area) were somewhat over-represented (Table 6). Outreach was conducted in several rural communities so that residents from the rural regions (North East, North West and South West) were better represented than would have been expected, based on their population size.

Table 6. Comparison of the geographic residence of healthcare access survey respondents to the estimated geographic distribution of county residents.

| Census Subdivision | Estimated Population, 2013† | | Survey Respondents, 2014 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| **Central (Woodland)** | 58,715 | 30% | 230 | 49% |
| **East (West Sacramento)** | 49,645 | 26% | 87 | 15% |
| **North East (Dunnigan, Knights Landing)** | 3,653 | 2% | 48 | 8% |
| **North West (Guinda, Madison)** | 4,975 | 3% | 43 | 7% |
| **South (Davis, El Macero)** | 72,439 | 36% | 120 | 21% |
| **South East (Clarksburg)** | 4,262 | 2% | 3 | 0.5% |
| **South West (Winters)** | 8,599 | 4% | 46 | 8% |
| **Did not state** | | | 2 | 0.3% |
| **Total** | 202,288 | | 579 | |

†ACS 5-year estimate by census tract (2009-13)

## LANGUAGE

Since Yolo County has a sizeable immigrant population, it is important for patients to be able to communicate with healthcare providers in their native tongue. Language barriers may hinder outreach to residents with limited understanding of the English language and make it more difficult for them to access healthcare services. In Yolo County an estimated 70,792 residents aged 5 and older speak a language other than English at home, which represents 36.5% of the population. For healthcare access survey respondents, Spanish was the predominant foreign language in which the survey was completed, representing about 30% of respondents (Table 7). A few questionnaires were returned in Russian. About half of respondents spoke English at home and almost one-third (32%) spoke Spanish (Table 8). Eleven percent of respondents spoke both English and Spanish at home, and 6% spoke languages other than English or Spanish. These languages included Chinese, Filipino, German, Hebrew, Hindu, Nepali, Portuguese and Russian.

Table 7. Comparison of language in which respondents completed the survey to the language spoken at home by Yolo County residents.

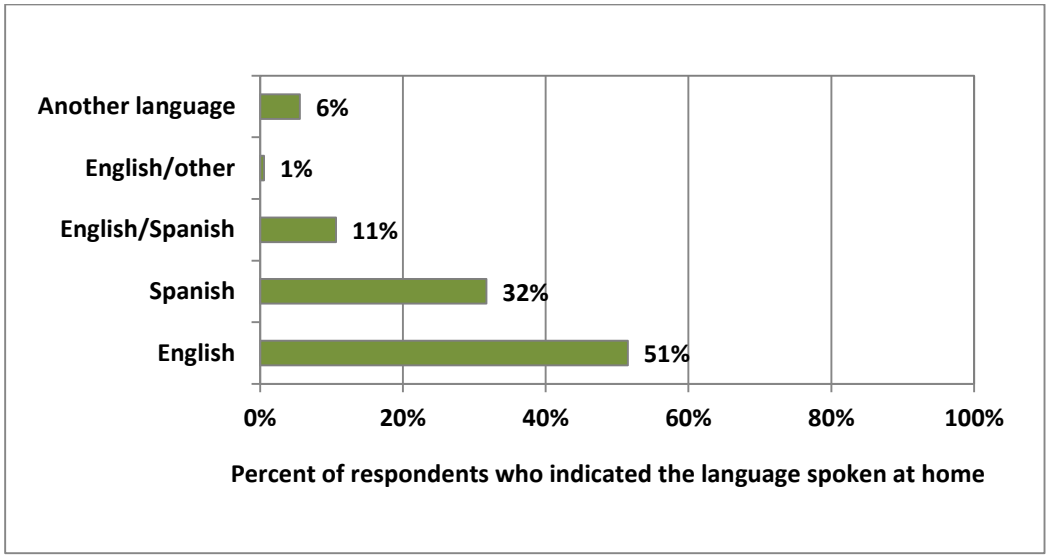
| | Language Spoken at Home by Population, 2013† | | Language in which Respondents Completed Survey, 2014 | |
|---|---|---|---|---|
| **Language (5+ yrs)** | **Number** | **Percent** | **Number** | **Percent** |
| **English** | 122,283 | 64% | 401 | 69% |
| **Spanish** | 42,460 | 22% | 173 | 30% |
| **Russian** | Not avail | | 5 | 1% |
| **Other** | 27,832 | 15% | | |
| **Total** | 192,575 | | 579 | |

†Data Source: ACS 1-year estimate (Language Spoken at Home for Ages 5+), 2013

Table 8. Languages spoken at home by respondents.

| Language | Count | % of respondents answering Q28 (n=536) |
|---|---|---|
| English | 276 | 52% |
| Spanish | 170 | 32% |
| English/Spanish | 57 | 11% |
| English/Other | 3 | 0.6% |
| Other | 30 | 6% |
| Not answered | 43 | |
| **Total** | **579** | |

**Figure 3. Language spoken at home by survey respondents.**



## SOCIAL AND ECONOMIC CIRCUMSTANCES

### INCOME

Personal income frequently determines the type and accessibility of healthcare services. Income insecurity may prevent patients from seeking needed care, lead to delays in treatment, or result in poor management of chronic conditions. The ACS reported that the median household income in Yolo County was $55,918 in 2013.

Table 9. Household (HH) income of healthcare access respondents.

| Income Range | Count | % of respondents | 95% LCL | 95% UCL |
|---|---|---|---|---|
| **Less than $10,000** | 132 | 22.8% | 22.0% | 29.7% |
| **$10,000 to $14,999** | 68 | 11.7% | 10.5% | 16.5% |
| **$15,000 to $24,999** | 85 | 14.7% | 1.9% | 5.1% |
| **$25,000 to $34,999** | 61 | 10.5% | 13.5% | 20.1% |
| **$35,000 to $49,999** | 44 | 7.6% | 1.4% | 4.4% |
| **$50,000 to $74,999** | 33 | 5.7% | 9.3% | 15.0% |
| **$75,000 to $99,999** | 14 | 2.4% | 6.3% | 11.4% |
| **$100,000 to $149,999** | 16 | 2.8% | 4.5% | 9.0% |
| **$150,000 or greater** | 13 | 2.2% | 1.6% | 4.6% |
| **Declined to state** | 113 | 19.5% | | |
| **Total** | 579 | | | |

### POVERTY

Table 10. Federal poverty level (FPL) guidelines based on household size and income.[2]

| Federal Poverty Level Guidelines | |
|---|---|
| **Family/ Household Size** | **Poverty Guideline** |
| **1** | $11,670 |
| **2** | $15,730 |
| **3** | $19,790 |
| **4** | $23,850 |
| **5** | $27,910 |
| **6** | $31,970 |
| **7** | $36,030 |
| **8** | $40,090 |

*For families/households with more than 8 persons, add $4,060 for each additional person.*

Within Yolo County, the ACS estimated that 19% or 36,993 individuals live in households with incomes below the FPL. This percentage is slightly higher than the 14% estimated for the entire state of California.

The table to the right displays the 2014 FPL guidelines. To determine if a household (HH) is below the FPL, the annual HH income is compared to the upper limit of the poverty guideline for that HH size. For example, if a family of four has annual HH income of $22,500, then that HH and its members are considered to be living below the FPL (less than $23,850 for HH size of four).

Table 11. FPL status of healthcare access survey respondents (n=294 with income and household size data).

| Below FPL guideline | Count | % of respondents (n=294) |
|---|---|---|
| **Yes** | 132 | 45% |
| **No** | 67 | 23% |
| **Could not be calculated** | 95 | 32% |
| **Total** | 294 | 100% |

The federal government determines levels of poverty based on the family size, age of family members and the gross annual HH income. Based on HH size and the maximum income in the brackets used in the survey, FPL level was assigned as falling below the FPL or not. Any respondent who reported annual household income of <$10,000 was automatically classified as living below the FPL guideline, since all HH sizes fall below the minimum FPL at that income level. The FPL could not be determined for all respondents with income data, even if HH size was provided, due to the difference in income ranges between the healthcare access survey and FPL guidelines. These income ranges were used because they matched the county's earlier 2013 Community Themes and Strengths survey and are readily comparable to the ACS.

Forty-five percent of healthcare access survey respondents for whom FPL was calculated were living below the FPL guideline, 23% were above it, and the FPL status could not be calculated for 32% of respondents.

## EMPLOYMENT

Steady employment often means a steady paycheck, income benefits, and stability necessary for good health. Unemployment creates financial instability and barriers to insurance coverage, ability to cover co-payments and prescription costs, access to healthy food, and other necessities of life that contribute to poor health status. Furthermore, long-term unemployment has large negative effects on mental health due to elevated levels of anxiety, frustration, disappointment, alienation, and depression.[3]

The unemployment rate among respondents was significantly higher than the county average over the past year. The higher unemployment rate among respondents may be related in part to recruitment location. In many instances, community outreach was to recipients of county or public services such as WIC, Social Services and the Food Bank. Generally, the unemployment rate in Yolo County has mirrored that of the state, but has not recovered as quickly. Unemployment rates were collected for the three metropolitan areas in Yolo County: West Sacramento, Woodland, and Davis. Unemployment rates in all three cities resemble the trends at the state and in Yolo County. However, the city of West Sacramento has experienced unemployment rates roughly six percentage points higher than the county and Woodland two percentage points higher, whereas the city of Davis was four percentage points lower.

Table 12. Employment status of Yolo County healthcare access survey respondents.

| Type of employment | Count | % of respondents (n=532) |
|---|---|---|
| **Full-time** | 144 | 27% |
| **Part-time** | 102 | 19% |
| **Retired** | 44 | 8% |
| **Unemployed** | 181 | **34%** |
| **Disabled** | 61 | 12% |
| **Not answered** | 47 | |
| **Total respondents** | 579 | |
| | | |

Table 13. Type of employment of healthcare access survey respondents.

| Occupation Description | Count | % of respondents providing occupation (n=439) |
|---|---|---|
| City, county, or state government | 59 | 13% |
| Construction | 16 | 4% |
| Education | 53 | 12% |
| Farming/agriculture | 33 | 8% |
| Healthcare | 54 | 12% |
| Manufacturing/factory | 17 | 4% |
| Other | 84 | 19% |
| Power or utility company | 3 | 1% |
| Restaurant/fast food | 43 | 10% |
| Retail store | 21 | 5% |
| Seasonal | 1 | 0.2% |
| Student | 2 | 0.5% |
| Technical/Professional | 31 | 7% |
| Transport or trucking | 9 | 2% |
| Work from home | 13 | 3% |
| | | |
| Total | 439 | |

## HEALTH STATUS OF RESPONDENTS

### RESPONDENTS' RATING OF THEIR OWN HEALTH

The assessment of a person's health status can be based a number of factors, including self-perception of health status, presence of physical limitations or chronic disease, and not seeking medical care when needed. The majority (81.5%) of survey respondents reported having good-to-excellent health (Table 14), although a sizeable percentage (42%) reported only "good" health status. About 1 in 5 respondents or 18% reported either fair or poor health status.

Table 14. Self-reported health status of Yolo County healthcare access survey respondents.

| Health Status | Count | % of respondents |
|---|---|---|
| Excellent | 79 | 14% |
| Very good | 148 | 26% |
| Good | 245 | 42% |
| Fair | 82 | 14% |
| Poor | 22 | 4% |
| Not answered | 3 | 0.5% |
| **Total** | **579** | |
| Total with good to excellent health | **472** | **82%** |

### PREVALENCE OF PHYSICAL LIMITATIONS

Twenty-five percent of respondents (n=145) reported suffering from a condition that substantially limited one or more physical activities. Most physical disability (76%) related to walking, climbing stairs, reaching and lifting (Table 15). In addition, half had limitations that made it difficult to work at a job or business and 15% checked either three or all four of the options for physical limitations.

Table 15. Types of physical condition limiting activities of Yolo County healthcare access survey respondents (n=145 with physical limitations).

| Type of Physical Limitation | Count | % with physical limitations |
|---|---|---|
| **Walking, climbing stairs, reaching, lifting, carrying** | 110 | 76% |
| **Dressing, bathing, getting around inside home** | 24 | 17% |
| **Going outside home alone to shop or visit doctor** | 31 | 21% |
| **Difficulty working at a job or business** | 72 | 50% |
| **Total with Physical Limitations:** | 145 | |
| | | |

## PREVALENCE OF CHRONIC CONDITIONS

Chronic health conditions may affect a person's quality of life and their ability to function within society. Some chronic conditions are manageable and allow individuals to continue contributing to society, while others may be highly debilitating. Nearly half of respondents (45%) reported living with some type of chronic health condition. Among the conditions listed as "other" were diabetes, endometriosis, gall stones, fibromyalgia, hepatitis C, high cholesterol, hyper/hypothryroidism, kidney disease, multiple sclerosis, obesity, and organ transplant. About two-thirds of respondents with chronic health conditions indicated that their condition was under control. This could be why 70% of respondents with chronic conditions reported having good-to-excellent health. However, 20% of respondents with chronic conditions indicated their condition was not well-controlled.

Table 16. Prevalence of chronic health conditions among Yolo County healthcare access survey respondents.

| Chronic Health Condition | Count | % of respondents |
|---|---|---|
| Asthma/lung disease/COPD/ emphysema | 77 | 13% |
| Autoimmune disease | 13 | 2% |
| Cancer | 24 | 4% |
| Diabetes | 75 | 13% |
| Heart disease | 31 | 5% |
| Hypertension | 103 | 18% |
| Mental illness | 68 | 12% |
| Drug/alcohol problem | 13 | 2% |
| Physical disability | 47 | 8% |
| Other | 30 | 5% |
| Total respondents | 579 | |
| | | |
| Total respondents with ANY chronic condition | 263 | 45% |
| Respondents with chronic condition reporting good to excellent health | 184 | 70% |

## HEALTHCARE SERVICE USAGE AND ACCESS

Health is affected by a wide range of factors including social and economic circumstances, the built environment, individual behavior, and clinical care. Individual and community health are the byproducts of these factors interacting in complex ways with each other. Their impact depends on individual traits and circumstances operating at the individual and community level. Some individuals maintain good health despite negative economic and social circumstances, while others need higher levels of support from the medical community to achieve optimum health. Understanding these factors and how they influence health is critical to our efforts to improve community health.

In this section of the survey, we evaluated the availability of health insurance, utilization of medical services, ease of access (distance and time to travel to medical providers as well as the length of time to obtain an appointment) and patient interaction with their medical provider.

### HEALTH INSURANCE

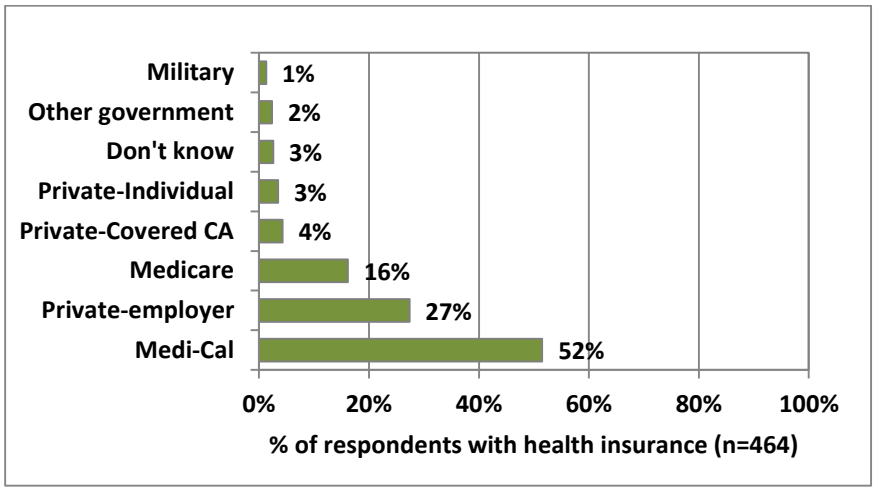
Eighty percent of the survey respondents had health insurance and 20% were without. Extrapolating to the estimated 207,312 residents living in Yolo County in 2014, 41,255 persons lack health insurance. The healthcare access survey differs by 5% from the 2013 one-year ACS estimate of 30,406 persons lacking health insurance, who represent 15% of the population. This discrepancy could be due to the locations where surveys were collected that may have been biased towards low-income households, or the 2013 ACS under-estimated the number of people lacking health insurance by ~10,000 persons.

Among respondents with health insurance, 52% were on Medi-Cal, 35% were covered by private plans, and 16% were on Medicare (Table 17, Figure 4). A total of 71% of respondents with health insurance had coverage through some type government-sponsored plan.

Table 17. Type of health insurance for respondents with coverage (n=464).

| Insurance Type | Count | % of respondents with health insurance |
|---|---|---|
| **Medi-Cal** | 239 | 52% |
| **Private-employer** | 127 | 27% |
| **Medicare** | 75 | 16% |
| **Private-Covered CA** | 20 | 4% |
| **Private-Individual** | 16 | 3% |
| **Don't Know** | 12 | 3% |
| **Other government** | 11 | 2% |
| **Military** | 6 | 1% |
| **Total*** | 464 | |

**Figure 4. Percentage of respondents with health insurance.**

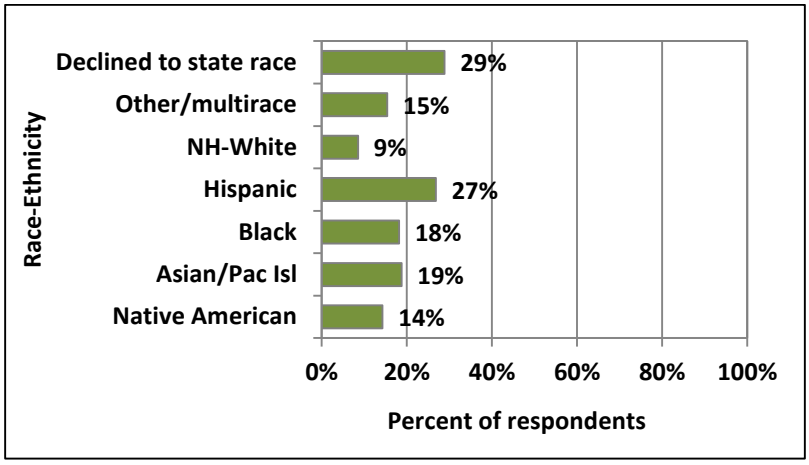



Few respondents without health insurance were Asian, Black or White although Non-Hispanic (NH)-White persons are estimated to comprise 49% of the county population. The percentage of Hispanics (27%) without health insurance was higher than any other race-ethnicity (Table 18, Figure 5).

Table 18. Race-ethnicity of respondents without health insurance.

| Race-ethnicity | Total | No. without health insurance | % of respondents |
|---|---|---|---|
| **Native American** | 7 | 1 | 14% |
| **Asian/Pac Islander** | 32 | 6 | 19% |
| **Black** | 22 | 4 | 18% |
| **Hispanic** | 265 | 71 | **27%** |
| **NH-White** | 188 | 16 | 9% |
| **Other** | 13 | 2 | 15% |
| **Declined to state race** | 52 | 15 | 29% |
| Total | **579** | **115** | |

**Figure 5. Race-ethnicity of respondents without health insurance.**

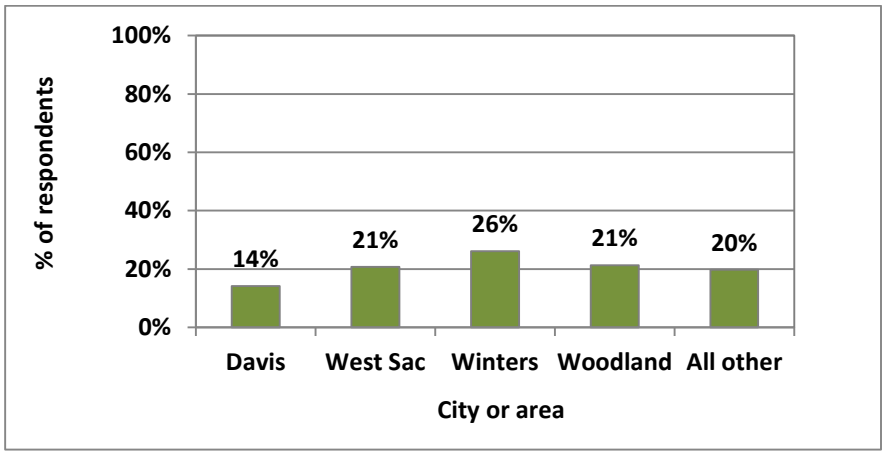



The city with the highest percentage of respondents lacking health insurance was Winters at 26% (Table 19, Figure 6). The percentage of respondents without health insurance in other communities ranged from a low of 14% in city of Davis to 21% in the cities of West Sacramento and Woodland.

Table 19. Respondents without health insurance by city or area.

| City/Area | Total | No. without health insurance | % of respondents |
|---|---|---|---|
| **Davis** | 120 | 17 | 14% |
| **West Sac** | 87 | 18 | 21% |
| **Winters** | 46 | 46 | 26% |
| **Woodland** | 230 | 49 | 21% |
| **All other** | 96 | 19 | 20% |
| **Total** | 579 | 115 | 20% |

**Figure 6. Percentage of respondents without health insurance by city or area.**

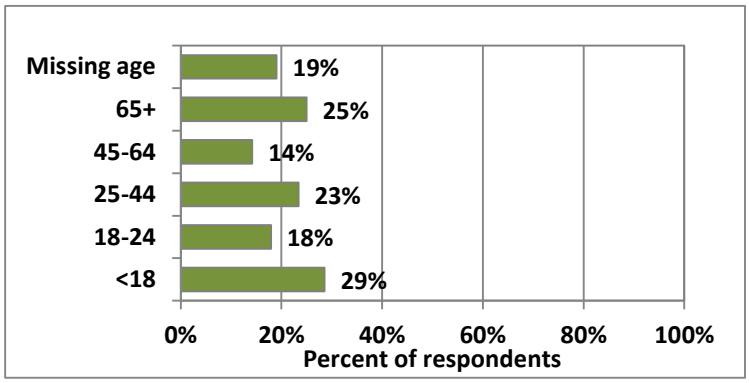


Among the 91 respondents without health insurance who provided their age, nearly two-thirds (64%) were aged 25 to 44 years old, i.e., adults of working age who are expected to be at low risk for health problems. The 25- to 44-year-old age group as a percentage of all respondents in that age group also had the highest proportion without health insurance at 23% (Table 20, Figure 7). The number of respondents under 18 or over 64 was too small to draw any conclusions, but 25% or more of these age groups also lacked health insurance. The 2013 ACS estimated that 30% of persons aged 25 to 44 lacked health insurance, which is higher than the 23% in the present survey.

Table 20. Age groups of survey respondents without health insurance.

| Age Group | Count | No. without health insurance | % of respondents |
|---|---|---|---|
| **<18** | 7 | 2 | **29%** |
| **18-24** | 67 | 12 | 18% |
| **25-44** | 248 | 58 | **23%** |
| **45-64** | 127 | 18 | 14% |
| **65+** | 4 | 1 | 25% |
| **Missing age** | 126 | 24 | 19% |
| **Total** | **579** | 115 | 19% |

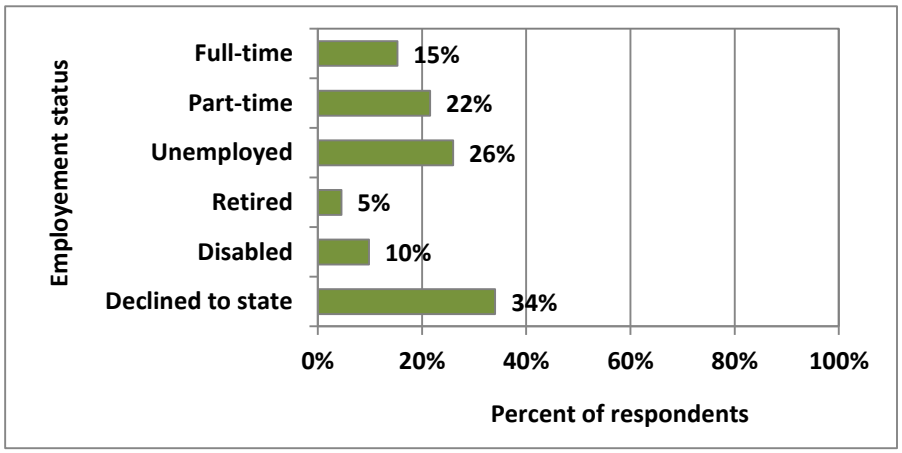
**Figure 7. Age groups of respondents without health insurance.**




Among those with chronic conditions (n=263 respondents), 88% had health insurance, suggesting that people with chronic illnesses are aware of their greater need for healthcare services and make health insurance a high priority. Respondents with chronic conditions who had health insurance were more likely to report their condition as under control (70%) than those with chronic conditions who did not have health insurance (48%).

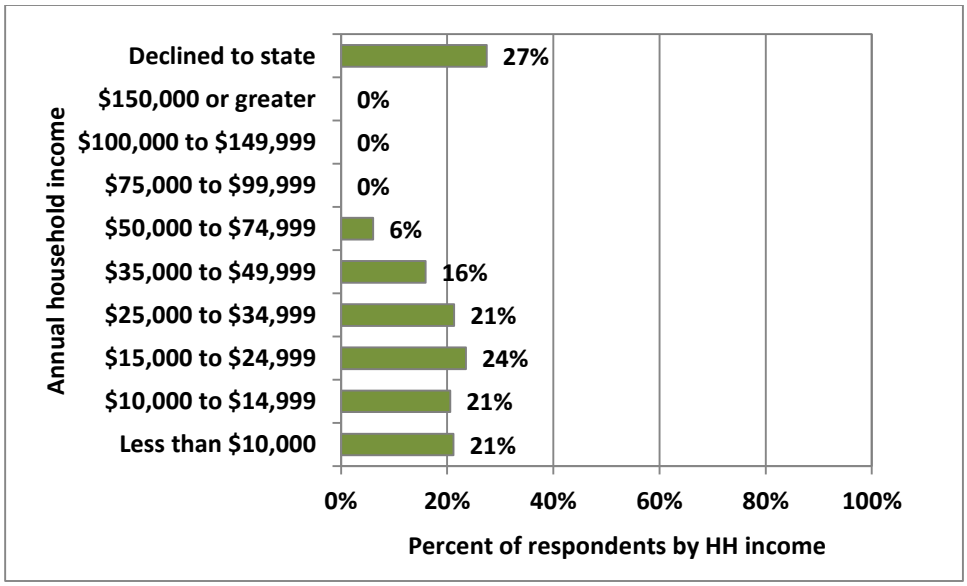
Respondents were more likely to have health insurance if they were employed full-time than if they worked part-time or were unemployed (Figure 8). Few respondents who classified themselves as disabled (10%) or retired (5%) lacked health insurance.

**Figure 8. Respondents without health insurance by work status.**




Respondents were more likely to lack health insurance if they were in lower income brackets (Figure 9), with the percentage ranging from 21% to 24% for all annual HH incomes below $35,000.

**Figure 9. Respondents without health insurance by income.**

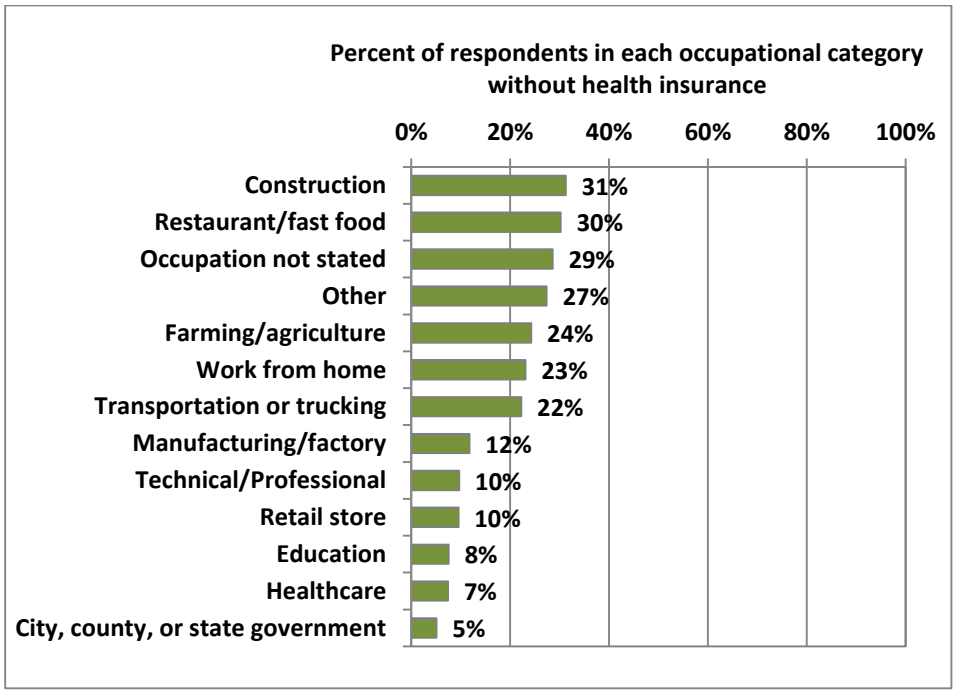


Respondents who worked in construction, restaurant or fast food, transportation, farming, other occupations, or worked from home were least likely to have health insurance (Table 21, Figure 10).

Table 21. Type of occupation and health insurance coverage.

| Occupation Description | Total employed | No. without health insurance | % of employed respondents without health insurance |
|---|---|---|---|
| City, county, or state government | 59 | 3 | 5% |
| Construction | 16 | 5 | 31% |
| Education | 53 | 4 | 8% |
| Farming/agriculture | 33 | 8 | 24% |
| Healthcare | 54 | 4 | 7% |
| Manufacturing/factory | 17 | 2 | 12% |
| Other | 84 | 23 | 27% |
| Power or utility company | 3 | 1 | 33% |
| Restaurant/fast food | 40 | 13 | 29% |
| Retail store | 21 | 2 | 12% |
| Seasonal | 1 | 1 | 100% |
| Student | 2 | 1 | 50% |
| Technical/Professional | 31 | 3 | 10% |
| Transport or trucking | 9 | 2 | 22% |
| Work from home | 13 | 3 | 23% |
| Occupation not stated/unemployed | 140 | 40 | 29% |
| Total | 579 | 115 | 20% |

**Figure 10. Respondents without health insurance by occupation (excludes occupations with <9 responses).**



Among respondents who lacked health insurance, only 20% planned to apply health insurance through Covered California and a sizeable proportion (37%) were unsure whether or not they would apply (Table 22). Some (12%) had no health insurance although they believed they were eligible for Medi-Cal or Medicare (Table 23). Again, a sizeable proportion (37%) were unsure if they would qualify for these programs.

Table 22. Plans to apply for health insurance via Covered California by respondents without health insurance.

| Plan to apply via Covered California | Count | % of respondents without medical insurance |
|---|---|---|
| **Yes** | 23 | 20% |
| **No** | 30 | 26% |
| **Not sure** | 43 | 37% |
| **Not answered** | 19 | 17% |
| Total | **115** | |

Table 23. Eligibility of respondents without health insurance for Medi-Cal or Medicare.

| Eligible for Medi-Cal or Medicare | Count | % of respondents without health insurance |
|---|---|---|
| **Yes** | 14 | 12% |
| **No** | 37 | 32% |
| **Not sure** | 43 | 37% |
| **Not answered** | 21 | 18% |
| Total | **115** | |

Of the 241 respondents who fell below the FPL, only 7.5% planned to apply for health insurance through Covered California, although their HH income would qualify them for Medi-Cal with no out-of-pocket premiums. Many simply were not sure or did not provide an answer to the question, suggesting that there is a great deal of confusion about the qualifications for Covered California and by inference Medi-Cal (since HHs below the FPL should qualify for Medi-Cal). Alternatively, some respondents may have known that they were not eligible for Covered California because of their immigration status.

Table 24. FPL vs. plans to apply for health insurance through Covered California.

| Below FPL | Plan to apply for health insurance through Covered California | | | | |
|---|---|---|---|---|---|
| | Yes | No | Unsure | No answer | Total |
| **Yes** | 18 | 63 | 45 | 115 | 241 |
| **No** | 9 | 32 | 22 | 112 | 175 |
| **Could not determine** | 20 | 40 | 28 | 75 | 163 |
| **Total** | 47 | 135 | 95 | 302 | 579 |

An individual who has an income less than 133% of the FPL is eligible for Medicaid benefits (known as Medi-Cal in California)[4] and persons who are disabled or over 65 are Medicare-eligible. Based on their HH size and income, 241 respondents could have met the income guidelines, but only 36% of those below the FPL knew that they were eligible.

Table 25. FPL vs eligibility for Medi-Cal or Medicare.

| **Below FPL** | **Eligible for Medi-Cal or Medicare** | | | | |
|---|---|---|---|---|---|
| | Yes | No | Don't know | No answer | Total |
| **Yes** | 87 | 18 | 27 | 109 | 241 |
| **No** | 22 | 28 | 17 | 108 | 175 |
| **Could not determine** | 47 | 22 | 26 | 68 | 163 |
| **Total** | 156 | 68 | 70 | 285 | 579 |

## UTILIZATION OF HEALTHCARE SERVICES

### *Utilization of medical providers and medical home*

Over 80% of respondents had seen a medical provider in the past 12 months (Table 26). However, the percentage dropped considerably for those lacking health insurance (Table 27). Only 61% of those without health insurance saw a medical provider compared to 86% of those with health insurance.

Table 26. Visits to a medical provider in the past 12 months.

| Visited medical provider | Count | % of respondents |
|---|---|---|
| **Yes** | 470 | 81% |
| **No** | 109 | 19% |
| **Total** | 579 | |

Table 27. Visits to a medical provider and health insurance.

| | Health Insurance | | |
|---|---|---|---|
| **Visited medical provider** | Yes | No | Total |
| **Yes** | 400 | 70 | 470 |
| **No** | 64 | 45 | 109 |
| **Total** | 464 | 115 | 579 |

Two-thirds (66%) of respondents indicated they had a usual source of medical care (AKA a primary care provider [PCP] or medical home), leaving about one-third without a PCP. The percentage of respondents with a PCP was significantly lower (26%) for respondents without health insurance.

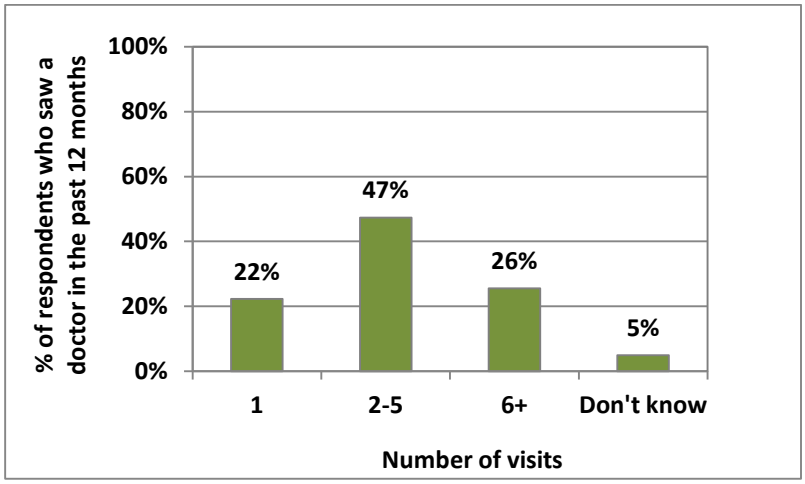
About 22% of respondents visited a medical provider only once in the past 12 months, 47% two to five times and 26% six or more times (Table 28). One hundred and forty-three (26%) of respondents indicated they would have liked to see their medical provider more often. Of respondents rating their health as fair or poor (n=104), 72 (70%) saw their provider two to six times in the past 12 months, which differed little from the percentage among all respondents (73%).

Table 28. Number of visits to a medical provider in the past 12 months.

| No. of visits | Count | % of respondents to Q9 |
|---|---|---|
| **1** | 100 | 22% |
| **2-5** | 213 | 47% |
| **6+** | 115 | 26% |
| **Don't know** | 22 | 5% |
| **Total** | 450 | |

n=129 responses were missing for this question.

**Figure 11. Number of visits to a medical provider in the past 12 months.**




## *Importance of screening*

Health screenings can prevent the onset of life-threatening disease and detect disease at an earlier stage when it can be treated more effectively. Yolo county residents need to know where to get screened and what their screening options are. About 93% of respondents thought it was extremely or very important to receive regular healthcare screening.

Table 29. Respondents' rating of the importance of receiving regular healthcare services and screening.

| Rating | Count | % of respondents to Q17 |
|---|---|---|
| **Extremely important** | 265 | 48% |
| **Very important** | 243 | 44% |
| **Somewhat important** | 35 | 6% |
| **Not important** | 5 | 1% |
| **Not answered** | 31 | |
| **Total respondents** | 579 | |

## *Avoidance of obtaining healthcare services and screening*

While most respondents perceived screening as an important component of their healthcare, about one in five (19%) had avoided obtaining healthcare services or screening.

Table 30. Avoidance of obtaining healthcare services and screening by Yolo County healthcare access survey respondents.

| Avoided medical care | Count | % of respondents |
|---|---|---|
| **Yes** | 107 | 19% |
| **No** | 472 | 82% |
| **Total** | 579 | |

There are a variety of factors that could prevent a person from seeking healthcare services or screening. They may include lack of access to care, language barriers, being uninsured, and lack of trust in the medical profession. Nearly 20% of Yolo County residents stated they avoided obtaining healthcare services, with the foremost reason being lack of health insurance (26%). Other top reasons for avoiding healthcare services and screening were being too busy (21%), having to wait too long to see a doctor (21%), having out-of-pocket copays that were too high (19%), and difficulty in getting an appointment due to clinic hours (13%).

Table 31. Reasons for not seeking healthcare services or screening by Yolo County healthcare access survey respondents.

| Reason | Count | % of patients who avoided services* |
|---|---|---|
| **No health insurance** | 28 | 26% |
| **Had to wait too long to see a doctor** | 22 | 21% |
| **Too busy** | 22 | 21% |
| **Have health insurance, out-of-pocket too costly** | 20 | 19% |
| **Difficult to get appt due to clinic hours** | 14 | 13% |
| **No need for services (not sick)** | 10 | 9% |
| **Difficult to get appt due to lack of doctors** | 9 | 8% |
| **Not sure/don't know** | 9 | 8% |
| **No transport** | 8 | 7% |
| **Doctor doesn't speak same language** | 8 | 7% |
| **Other** | 6 | 6% |
| **Do not trust doctors** | 5 | 5% |

*Note: Totals will not equal 100% as respondents could check more than one reason for avoiding healthcare screening.

### *Visits to the Emergency Room (ER)*

A major source of primary care for many persons is in the ER, especially if they lack health insurance and wait until a health problem has become serious before seeking medical attention. Persons who lack a primary care physician may also be more likely to seek primary care in the ER because they do not receive preventive services and needed medication to control chronic disease (Starfield et al. 2005).[5] In the current survey, 25% of respondents reported visiting the ER in the past 12 months. This estimate is supported by actual ER visit data available from the Office of Statewide Hospital Planning and Development. In 2013, 50,880 individual ED visit encounters were logged by Yolo County residents in hospitals statewide. This figure represents about 25% of the 205,688 residents, although these data do not account for >1 ER visit by the same individual.

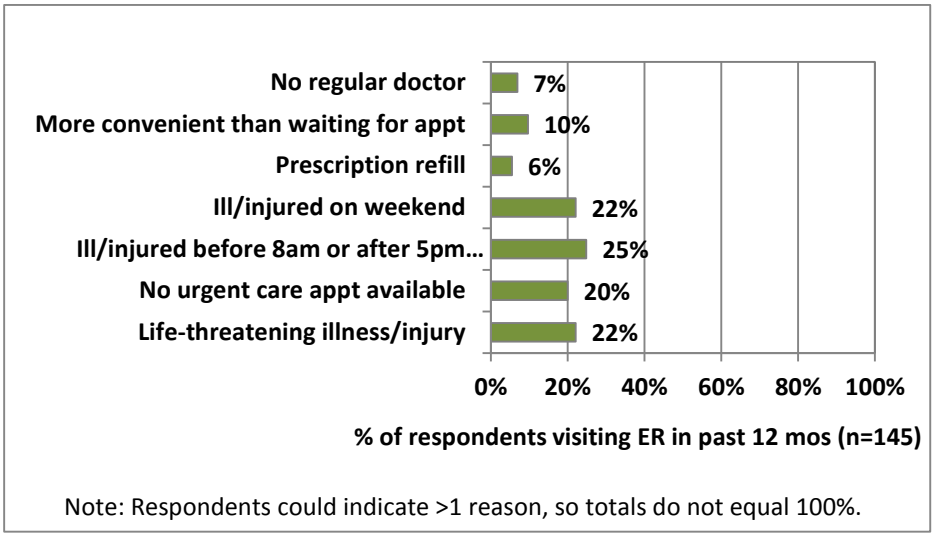
Of the 145 survey respondents who visited the ER in the past 12 months, 22% had a life-threatening illness or injury, 25% fell ill or were injured before or after normal office hours on a weekday, and 22% fell ill or were injured over the weekend (Table 32, Figure 12). Many cited reasons that suggest barriers to healthcare access, such as not being able to obtain an urgent-care appointment in a timely manner (20%), finding it more convenient to use the ER than waiting for an appointment (10%), not having a regular doctor (7%), and needing a prescription refilled (6%). One-third (33%) of responses cited one or more of the latter four reasons for visiting the ER, suggesting a sizeable number of ER visits could be avoided with a larger or more flexible network of healthcare providers in Yolo County.

Table 32. Reasons cited by survey respondents for visiting the ER in the past 12 months.

| Reason for ER Visit | Count | % of ER patients (n=145) |
|---|---|---|
| **Ill/injured before 8am or after 5pm (weekday)** | 36 | 25% |
| **Ill/injured on weekend** | 32 | 22% |
| **Life-threatening illness/injury** | 32 | 22% |
| **No urgent care appt available** | 29 | 20% |
| **More convenient than waiting for appt** | 14 | 10% |
| **No regular doctor** | 10 | 7% |
| **Prescription refill** | 8 | 6% |

*Note: Totals will not equal 100% as respondents could check more than one reason for visiting the ER.

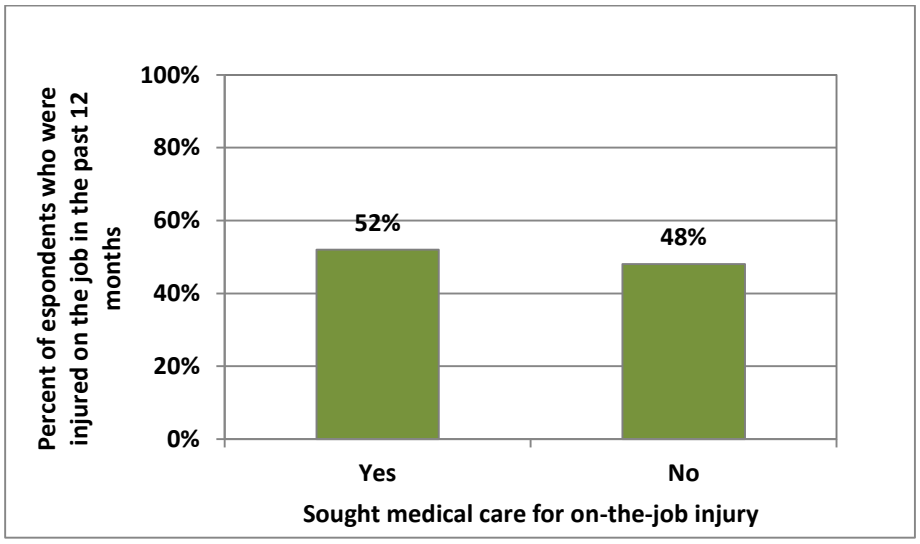
**Figure 12. Reasons for healthcare access survey respondents to visit the ER in the past 12 months.**




## *Work-related injury*

A small percentage of the 413 employed respondents reported that they were injured at work (6%). Among these 25 respondents, only 52% sought medical care for their work-related injury (Figure 13). Reasons cited for not seeing care for a work-related injury included the injury being too slight, having no time, having to drive too far for medical care, and having allergies.

**Figure 13. Percent of employed respondents who became injured on the job and sought medical care in the past 12 months.**



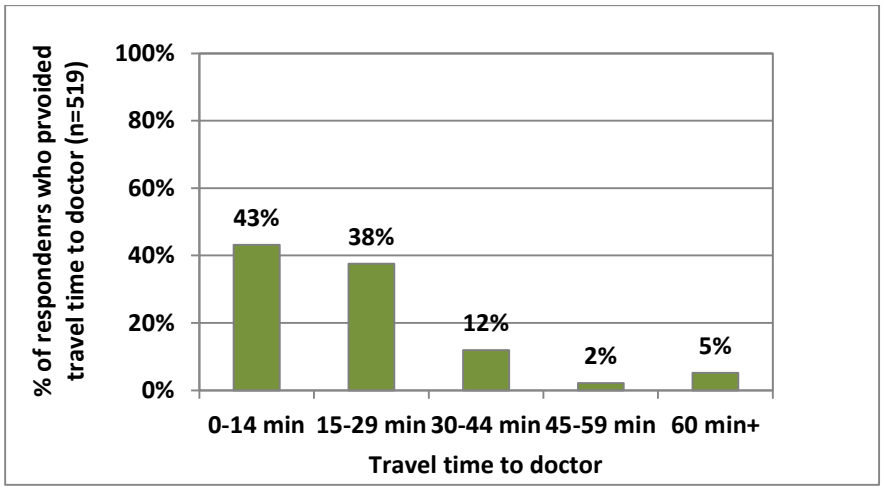
### *Distance and time to travel to medical provider's office*

It took less than 30 minutes to travel to the medical provider's office for about 81% of the 519 respondents who answered the question about travel time, and 43% had no more than a 15-minute journey (Table 33, Figure 14). However, 7% of respondents travelled more than 45 minutes to reach their healthcare provider.

Table 33. Travel time estimated by healthcare access survey respondents to their medical provider.

| Travel time (min) | Count | % of respondents (n=519) |
|---|---|---|
| **0-14 min** | 224 | 43% |
| **15-29 min** | 195 | 38% |
| **30-44 min** | 62 | 12% |
| **45-59 min** | 11 | 2% |
| **60 min+** | 27 | 5% |
| **Missing** | 60 | |
| **Total** | 579 | |
| | | |
| **Mins-mean** | 19.1 | |
| **Mins-median** | 15 | |

**Figure 14. Travel time estimated by survey respondents to their medical provider.**



About half of respondents traveled less than 5 miles to visit their provider and 77% lived no more than 15 miles away (Table 34, Figure 15). Distance to the medical provider did not differ by annual HH income (Table 35).Nonetheless, a fairly sizeable percentage (23%) had to travel 15 miles or more. About 4% drove 30 or more miles to reach their medical provider.

Table 34. Distance traveled by healthcare access respondents to their medical provider's office.

| Miles to provider | Count | % of respondents (n=482) |
|---|---|---|
| **0-14 mi** | 369 | 77% |
| **15-29 mi** | 87 | 18% |
| **30-44 mi** | 20 | 4% |
| **45-59 mi** | 4 | 1% |
| **60 mi+** | 2 | 0.4% |
| **Missing** | 97 | |
| **Total** | 579 | |
| | | |
| **Miles-mean** | 9.2 | |
| **Miles-median** | 8 | |

**Figure 15. Distance traveled by healthcare access respondents to their medical provider's office.**

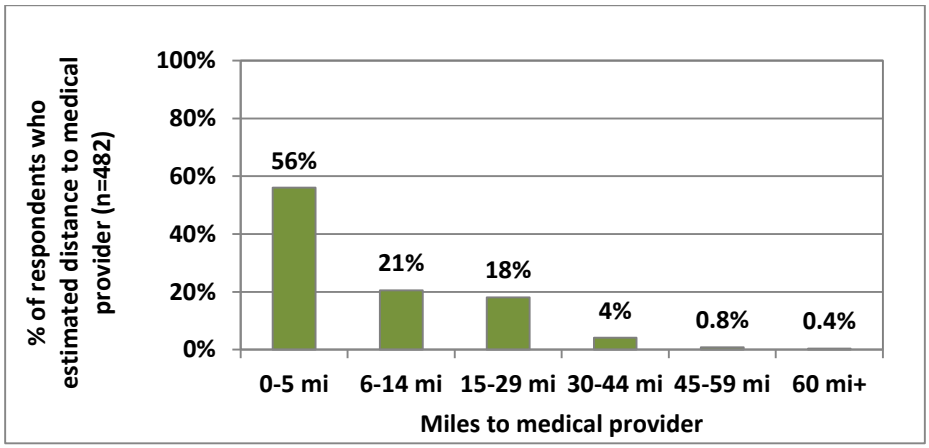


Table 35. Income and median distance travelled to medical provider's office.

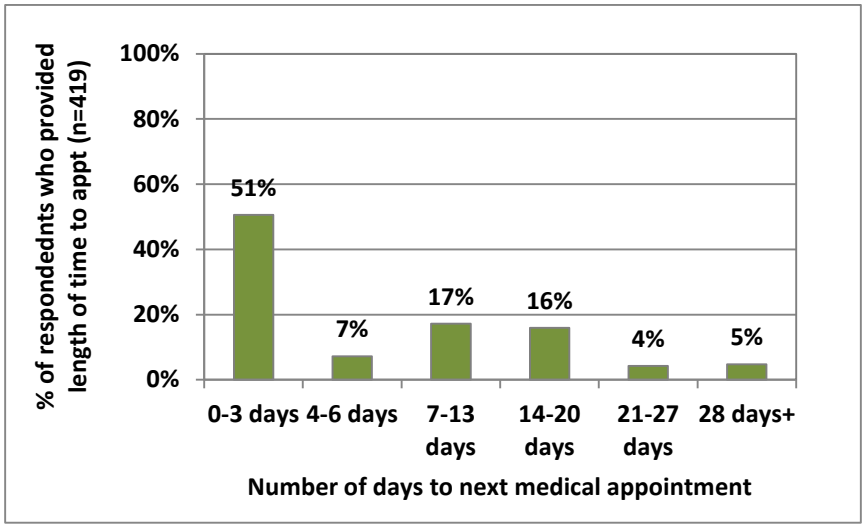
| Income | Median distance (miles) | No. responses |
|---|---|---|
| **Decline to state/no answer** | 5.0 | 72 |
| **Less than $10,000** | 5.0 | 113 |
| **$10,000 to $14,999** | 5.0 | 58 |
| **$15,000 to $24,999** | 6.0 | 75 |
| **$25,000 to $34,999** | 5.0 | 49 |
| **$35,000 to $49,999** | 5.5 | 40 |
| **$50,000 to $74,999** | 8.0 | 32 |
| **$75,000 to $99,999** | 2.0 | 14 |
| **$100,000 to $149,999** | 8.0 | 16 |
| **$150,000 or greater** | 5.0 | 13 |
| **Missing travel dist.** | | 97 |
| **All respondents** | 5.0 | 579 |

About 58% of respondents were able to obtain a medical appointment within 7 days of requesting one. Conversely, this means that 42% waited 7 days or longer. Twenty-five percent of respondents had to wait 14 days or longer to obtain an appointment and 5% waited longer than 28 days (Table 36, Figure 16).

Table 36. Number of days estimated by healthcare access survey respondents to the next available medical appointment.

| Days to appt | Count | % of respondents (n=419) |
|---|---|---|
| **0-3 days** | 212 | 51% |
| **4-6 days** | 30 | 7% |
| **7-13 days** | 72 | 17% |
| **14-20 days** | 67 | 16% |
| **21-27 days** | 18 | 4% |
| **28 days+** | 20 | 5% |
| **Missing** | 160 | |
| **Total** | 579 | |
| | | |
| **Days-mean** | 7.5 | |
| **Days-median** | 3 | |

**Figure 16. Number of days estimated by healthcare access survey respondents to the next available medical appointment.**



### *Satisfaction with the speed of obtaining a medical appointment*

Most respondents (69%) were very satisfied or satisfied with the amount of time needed in advance to schedule a medical appoint (Table 36). The percentage of respondents who were very satisfied or satisfied fell to 47% for those who had to wait seven days or more to schedule an appointment (Table 38).

Table 37. Yolo County healthcare access survey respondents' satisfaction with the speed of obtaining a medical appointment.

| Rating | Count | % of respondents (n=539) |
|---|---|---|
| **Very satisfied** | 180 | 33% |
| **Satisfied** | 193 | 36% |
| **Neutral** | 110 | 20% |
| **Unsatisfied** | 41 | 8% |
| **Very unsatisfied** | 15 | 3% |
| **Not answered** | 40 | |
| **Total respondents** | 579 | |

Table 38. Satisfaction levels of patients who waited seven or more days for a medical appointment.

| Rating | Count | % |
|---|---|---|
| **Very satisfied** | 33 | 19% |
| **Satisfied** | 51 | 29% |
| **Neutral** | 54 | 31% |
| **Unsatisfied** | 28 | 16% |
| **Very unsatisfied** | 10 | 6% |
| **Not answered** | 1 | 0.6% |
| **Total respondents with appt taking 7+ days** | 177 | |

### *Satisfaction with help and medical information from medical provider*

Among survey respondents, 79% strongly agreed or agreed that their medical provider was helping them and giving them the best medical information available (Table 39).

Table 39. Respondents' satisfaction with medical information provided by their doctor.

| Rating | Count | % of respondents (n=536) |
|---|---|---|
| **Strongly agree** | 188 | 35% |
| **Agree** | 237 | 44% |
| **Neutral** | 85 | 16% |
| **Disagree** | 19 | 4% |
| **Strongly disagree** | 7 | 1% |
| **Not answered** | 43 | |
| **Total respondents** | 579 | |

### *Feeling that medical provider listens to patient's concerns*

Similarly, a high percentage (82%) strongly agreed or agreed that their medical provider listened to their concerns (Table 40).

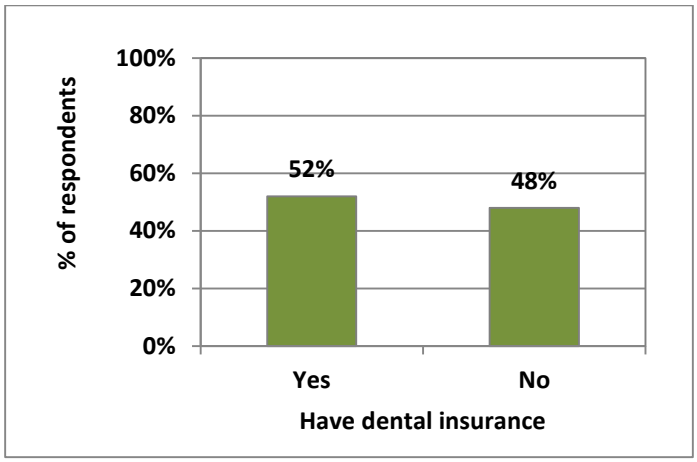
Table 40. Respondents' feelings that their medical provider addresses their concerns.

| Rating | Count | % of respondents to Q16 (n=538) |
|---|---|---|
| **Strongly agree** | 205 | 38% |
| **Agree** | 237 | 44% |
| **Neutral** | 73 | 14% |
| **Disagree** | 19 | 4% |
| **Strongly disagree** | 4 | 0.7% |
| **Not answered** | 41 | |
| **Total respondents** | 579 | |

## DENTAL INSURANCE AND UTILIZATION OF SERVICES

The availability of dental care within a community has a marked effect on quality of life, as poor dental health is associated with poor nutrition and increased likelihood of infections and illness. Only about half (52%) of respondents had dental insurance (Figure 17) and about half (53%) reported visiting a dental provider in the past 12 months.

**Figure 17. Percent of respondents who saw a dentist in the past 12 months.**




The percentage of respondents without dental insurance who saw a dentist in the past 12 months (29%) was much lower than the 75% of respondents with dental insurance who saw a dentist in the past 12 months (Table 41). Even among those with dental insurance, 25% did not visit the dentist within the past 12 months.

Table 41. Dental insurance and dental visits by healthcare access survey respondents in the past 12 months.

| | Have dental insurance | | |
|---|---|---|---|
| **Visited dentist in past 12 mos** | **Yes** | **No** | **Total** |
| **Yes** | 226 | 80 | 306 |
| **No** | 75 | 198 | 273 |
| **Total** | 301 | 278 | 579 |

## MENTAL HEALTH SERVICES

Mental health encompasses both mental illness (specific psychoses and medical diagnoses) and behavioral health (i.e., addiction to drugs or alcohol). People with good mental health are able to function successfully in society, adapt to change, and have the resiliency to withstand adversity and stress. In addition, levels of support influence mental health outcomes.[6] During the last 12 months, 24% (nearly one-quarter) of Yolo County survey respondents reported feeling that they needed professional help to address their mental health, emotions, nerves, or use of alcohol or drugs (Table 42). However, only about two-thirds of those needing mental health services actually saw a mental health professional (Table 43).

Table 42. Respondents who felt they needed mental health services in the past 12 months.

| Needed mental health services | Count | % of respondents |
|---|---|---|
| Yes | 141 | 24% |
| No | 438 | 76% |
| Total | 579 | |

Table 43. Use of mental health services in the past 12 months by respondents needing services (n=141).

| Saw mental health provider | Count | % of respondents needing mental health services |
|---|---|---|
| Yes | 94 | 67% |
| No | 47 | 33% |
| Total | 141 | |

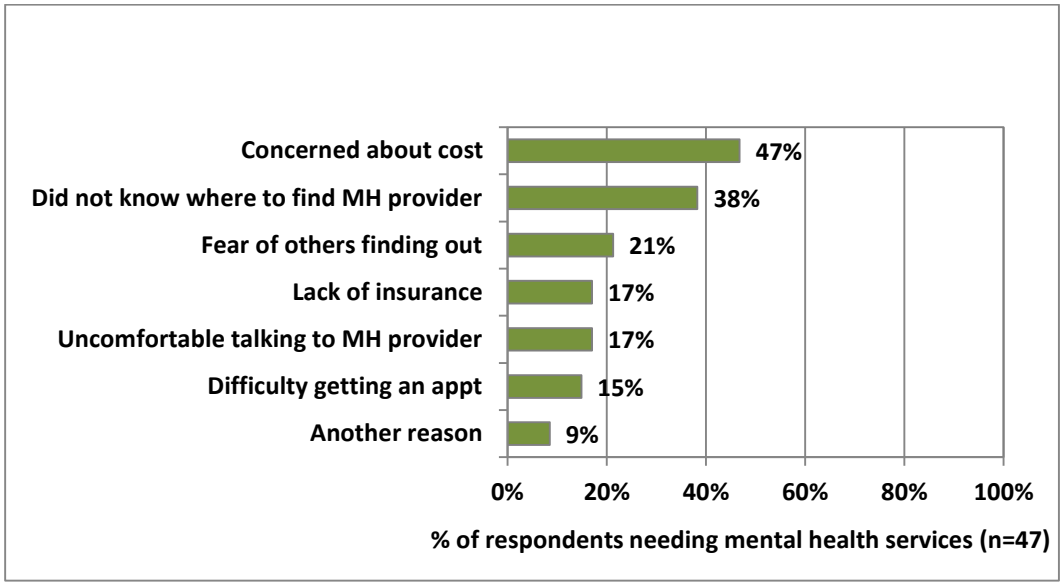
The main reasons cited by respondents who did not seek needed mental health services included the cost of mental health services, not knowing how to locate providers, fear of others finding out about their mental health condition, being uncomfortable talking to a mental health provider, and not having health insurance coverage for mental health services (Table 44, Figure 18).

Table 44. Reasons why respondents needing mental health services did not receive them (n=47).

| Reasons for not seeing a mental health provider | Count | % of respondents not receiving mental health services |
|---|---|---|
| **Concerned about cost** | 22 | 47% |
| **Did not know where to find MH provider** | 18 | 38% |
| **Fear of others finding out** | 10 | 21% |
| **Uncomfortable with talking to MH provider** | 8 | 17% |
| **Lack of insurance** | 8 | 17% |
| **Difficulty getting an appointment** | 7 | 15% |
| **Other** | 4 | 9% |

"Other" reasons included: dealing with it on my own, waiting for Medi-Cal approval and feeling healthy.
Note: >1 reason could be provided.

**Figure 18. Reasons why respondents needing mental health services did not receive them (n=47).**



## CONCLUSIONS

More than 80% survey respondents rated their health as good, very good or excellent, despite the fact that 45% of respondents stated that they suffered from some type of chronic condition. Respondents with chronic conditions were more likely to have health insurance than those without chronic conditions. The leading chronic conditions were hypertension (18%), diabetes (13%), asthma/COPD/lung conditions (13%) and mental illness (12%). One-quarter of respondents also said they had some type of physical limitation, most of which fell into the category of walking, climbing stairs, reaching, lifting or carrying. Fifteen percent of respondents had physical limitations in three or more of the four categories, essentially meaning that they had difficulty managing the activities of daily living.

Eighty percent of respondents had health insurance, with over 70% being insured through a government-sponsored plan. A higher percentage of respondents (20%) lacked health insurance than was estimated by the 2013 ACS (15%). The difference could be due to greater sampling of low-income residents but may also represent an actual difference from the 2013 ACS estimate. Extrapolated to the county population, the difference represents an additional 10,000 county residents who may lack health insurance.

About 45% of respondents lived in households below the FPL guideline. Among the 115 respondents without health insurance, only 20% were planning to apply for health insurance through Covered California. About 48% of respondents without health insurance had household incomes below the FPL and would have qualified for Medi-Cal, but only about 10% were planning to apply for Covered California or knew if they were eligible for Medi-Cal (or Medicare). Most did not know their eligibility status. Many respondents may have been eligible to obtain health insurance through Covered California at no cost, but were not aware of it.

Almost half of respondents lacked dental insurance (48%) and only 53% of all respondents had received any dental care in the past 12 months. Whether or not a respondent received dental care was highly correlated with having dental insurance. Only 28% of those without dental insurance had received dental care in the past 12 months compared to 75% of those with dental insurance.

A quarter of respondents desired mental health counseling services but only two-thirds of those with a need actually received mental health services. The main barriers to receiving mental health services were concerns about cost, not knowing where to locate mental health service providers, fear of others finding out about their mental health problems, and being uncomfortable talking to mental health service providers.

Most respondents were highly satisfied with the information they received from their medical provider and felt that their concerns were heard. More than half of respondents lived within 5 miles of their medical provider and travel time to the provider was less than 15 minutes for 43% of them.

Distance and travel time to medical providers did not seem to be a barrier to receiving care, but the speed of scheduling appointments could be an issue. One-fourth of respondents had to wait two weeks or more for an appointment. This is borne out by respondents' use of ER services: 25% of respondents had visited the ER in the past year and about one-third of ER visits were for conditions that were not life-threatening.

Reasons for using the ER included: not being able to obtain an urgent-care appointment, finding it more convenient to use the ER than waiting for an appointment, needing a prescription refill, or not having a regular doctor. It appears there is a need for better education of patients about how to obtain and where to go for urgent-care appointments as well as greater availability of urgent-care services in Yolo County. Medical providers and insurance carriers may want to include after-hours telephone advice numbers on patient insurance cards or provide patients with information on how to obtain urgent-care appointments. Expanding the network of urgent-care physicians may also be warranted to reduce the use of ER services.

HEALTHY YOLO

Our Community Our Future

# Community Health Access Survey

## Do you live in Yolo County?

## Have a few minutes?

## Help identify gaps in health care access!

**Your participation matters!**

The Yolo County Department of Health Services wants to understand what it is like to seek health care in the county.

This survey is voluntary and anonymous.

HEALTHY YOLO is a collaborative, participatory approach to help improve the health and quality of life for all in Yolo County.

**Questions or concerns? Please contact:**
Yolo County Epidemiologist
(530) 666-8458 or
Haydee.dabritz@yolocounty.org

UC Davis Office of Research
(530) 754-7679 or
ORExecutiveMgtAsst@ad3.ucdavis.edu

## How do I take the survey? There are 3 options:

**1. Get a paper survey from the staff**
**2. Visit www.HealthyYolo.org and take the survey online**
**3. Use your phone to scan the QR code below to reach the online survey**

**Yolo County Department of Health Services**
137 N. Cottonwood Street
Woodland, CA 95695

HEALTHY YOLO

Our Community Our Future

# Encuesta de Acceso a la Salud de la Comunidad

## ¿Usted vive en el Condado de Yolo?

## ¿Tiene algunos minutos?

## ¡Ayude a identificar las brechas en el acceso de atención de salud!

**Su participación importa**!

El Departamento de salud del Condado de Yolo quiere entender como es obtener atención de salud en el condado.

Esta encuesta es voluntaria y anónima.

YOLO SALUDABLE es un enfoque colaborativo y participativo para ayudar a mejorar la salud y calidad de vida para todos en el Condado de Yolo.

**Preguntas o preocupacione? Por favor contacte:**
Epidemióloga del Condado de Yolo
(530) 666-8458 o
Haydee.dabritz@yolocounty.org

Oficina de Investigación de UC Davis
(530) 754-7679 o
ORExecutiveMgtAsst@ad3.ucdavis.edu

## ¿Como tomar la encuesta? Hay 3 opciones:

1. **Obtener una encuesta por escrito por parte del personal**
2. **Visita www.HealthyYolo.org y tomar la encuesta en linea**
3. **Utilice su teléfono para escanear el código QR de abajo para llegar a la encuesta**

**Yolo County Department of Health Services**
137 N. Cottonwood Street
Woodland, CA 95695

HEALTHY YOLO

Our Community Our Future

# Опрос о Доступе к Медицинской Помощи в Йоло Округа

## Вы живете в Yolo Округа?

## Есть несколько минут?

### Помочь выявить пробелы в доступе к медицинской помощи!

**Ваше участие очень важно**!

Департамент здравоохранения округа Yolo хочет понять, знаете ли вы как искать медицинской помощи в округе Yolo.

Этот опрос является добровольным и анонимным

Здоровый Йоло является совместной работой, участия и подхода, чтобы помочь улучшить здоровье и качество жизни для всех проживающих в Yolo округе.

**Вопросы или проблемы? Пожалуйста, обращайтесь:**
Эпидемиолог Yolo округа.
(530) 666-8458 или
Haydee.dabritz@yolocounty.org

UC Davis бюро исследований (530) 754-7679 или
ORExecutiveMgtAsst@ad3.ucdavis.edu

## Как принять участие в опросе? Есть 3 варианта:

1. **Получить документ опроса от сотрудников**
2. **Зайти на www.HealthyYolo.org и принять участие в опросе**
3. **Использовать телефон для сканирования QR кода ниже, чтобы принять участие в опросе.**

**Департамент здравоохранения Yolo уезда**
137. н. Коттонвуд улица
Woodland, CA 95695

HEALTHY YOLO
Our Community Our Future

# Community Health Access Survey

You must live in Yolo County to take this survey. You do not have to take this survey.

This is an anonymous survey. Please do not write your name anywhere on this survey. Please seal the completed survey in the attached envelope and give it to a staff member at this location.

This survey will be used by the Yolo County Department of Health Services to evaluate the access to health care in the county. This is an opportunity for you to help us better understand what it is like to seek health care. Your input is very important and will help us identify gaps in health care access in the county. For the purposes of this survey, a physician's assistant or nurse practitioner may also be considered when answering questions that ask about a doctor.

Only take this survey once. The survey should take no longer than 10 minutes to complete.

If you have any questions, please contact Haydee Dabritz at 530-666-8458 or Haydee.dabritz@yolocounty.org

1. What city in Yolo County do you live in?

❑ Clarksburg ❑ Esparto ❑ Madison ❑ Woodland
❑ Davis ❑ Guinda ❑ West Sacramento ❑ Yolo
❑ Dunnigan ❑ Knights Landing ❑ Winters ❑ Other _____

2. In general, would you say your health is:

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

3. Do you have a condition that substantially limits one or more physical activities?

❑Yes ❑ No If No, please skip to question 4.

If **yes,** which activities are affected? **Check all that apply.**

❑ Walking, climbing stairs, reaching, lifting, or carrying
❑ Dressing, bathing, or getting around inside your home
❑ Going outside the home alone to shop or visit the doctor
❑ Difficulty working at a job or business

4. Have you ever been told by a doctor that you have: **Check all that apply.**

❑ Asthma/lung disease/COPD/emphysema
❑ Autoimmune disease
❑ Cancer
❑ Diabetes
❑ Heart disease
❑ Hypertension (high blood pressure)
❑ Mental illness
❑ Drug or alcohol problem
❑ Physical disability
❑ Other: _____

5. If you had or have any of the previously mentioned conditions, are they currently under control as a result of treatment or remission?

   ❑ Yes ❑ No ❑ Not applicable

6. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or use of alcohol or drugs?

   ❑ Yes ❑ No If No, please skip to question 7.

   **If Yes,** have you seen a doctor or mental health professional (counselor, psychiatrist, or social worker) for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

   ❑ Yes ❑ No

   If you **did not seek** medical care, why not? **Check all that apply.**

   ❑ I was concerned about the cost of treatment.

   ❑ I did not feel comfortable talking with a professional about my personal problems.

   ❑ I was concerned about what would happen if someone found out I had a problem.

   ❑ My insurance does not cover treatment for mental health problems.

   ❑ I was not able to get an appointment.

   ❑ I did not know where to go for help.

   ❑ Other: _____

7. Do you have health insurance?

   ❑ Yes ❑ No

   If **Yes**, what type:

   ❑ Private – employer or someone else's employer

   ❑ Private – Covered California

   ❑ Private – individual plan

   ❑ Medi-Cal

   ❑ Medicare

   ❑ Military or VA

   ❑ Other government

   ❑ Don't know

If **No**:

Do you plan to get health insurance through Covered California?

❑ Yes ❑ No ❑ Not Sure

Are you eligible for Medi-Cal or Medicare?

❑ Yes ❑ No ❑ Don't know

8. Do you have a usual source of medical care or a regular doctor?

❑ Yes ❑ No

9. Did you see a doctor in the past 12 months?

❑ Yes ❑ No

If **yes:** How many times did you see your doctor in the past 12 months?

❑ Once ❑ 2 - 5 times ❑ 6 or more ❑ Don't know

10. Would you have liked to (or felt you needed to) see the doctor more often?

❑ Yes ❑ No

11. How far do you travel to your regular doctor? ____ miles

12. How long does it normally take you to get to your regular doctor's office from your home?

____ minutes OR ____ hours

13. When you last called the medical clinic for an appointment, how quickly could you be seen by a doctor?

___ days OR ___ weeks OR ❑ Don't know

14. Were you satisfied with how quickly you were able to get an appointment?

❑ Very Satisfied ❑Satisfied ❑ Neutral ❑ Unsatisfied ❑ Very Unsatisfied

15. Do you believe that your doctor is helping you and giving you the best medical information?

❑ Strongly Agree ❑ Agree ❑ Neutral ❑ Disagree ❑ Strongly Disagree

16. Do you feel that the doctor listens to your concerns?

❑ Strongly Agree ❑ Agree ❑ Neutral ❑ Disagree ❑ Strongly Disagree

17. How important is it to you to have regular healthcare services and medical screenings?

❑ Extremely Important ❑ Very Important ❑ Somewhat Important ❑ Not Important

18. Have you avoided getting healthcare services or medical screenings in the past 12 months?

❑ Yes ❑ No

If **Yes**, **please check all that apply.**

❑ I have to wait too long to see a doctor
❑ I was/am too busy
❑ The doctor does not speak the same language as I do
❑ I did not have transportation to the medical clinic
❑ The medical clinic is not open all of the time, so it is difficult to get an appointment
❑ There are not enough doctors in my area, so it is difficult to get an appointment
❑ I did/do not have any health insurance
❑ I did/do have health insurance, but it does not cover all of my costs
❑ I did not need healthcare services or medical screenings because I was not sick
❑ I do not trust the healthcare providers
❑ Not sure / Don't know
❑ Other: _____

19. Did you visit the emergency room in the past 12 months?

❑ Yes ❑ No

If **No, go to question #20.**

If **Yes,** on your last visit, did you go there because you: **Check all that apply.**

❑ Had a life-threatening illness or injury
❑ Could not get an urgent care appointment with my doctor
❑ Became ill or injured before 8am or after 5pm on a weekday
❑ Became ill or injured during the weekend
❑ Needed to refill a prescription
❑ Thought it seemed more convenient than waiting for an appointment
❑ Do not have a regular doctor, this is my usual source of care

20. Do you have dental insurance?

❑ Yes ❑ No

21. Have you been to the dentist in the past 12 months?

❑ Yes ❑ No

# Community Health Access Survey

22. Are you currently employed?

❑ Full-time ❑ Part-time ❑ Retired ❑ Unemployed ❑ Disabled

23. What is or was your main occupation?

❑ City, county, or state government
❑ Construction
❑ Education
❑ Farming/agriculture
❑ Healthcare
❑ Manufacturing/factory
❑ Power or utility company
❑ Restaurant/fast food
❑ Retail store
❑ Technical/Professional
❑ Transport or trucking
❑ Work from home
❑ Other: _____

24. Did you become sick or injured on the job in the past 12 months?

❑ Yes ❑ No ❑ Not applicable (not working)

If **Yes,** did you seek medical care for your job-related illness or injury?

❑ Yes ❑ No

If **No,** why not? _____

25. What is your gender?

❑ Male ❑ Female ❑ Transgender ❑ Decline to state

26. Age: _____ ❑ Decline to state

27. Please specify your race:

❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Decline to state
❑ Native Hawaiian or Other Pacific Islander
❑ White
❑ Other: _____

Are you Hispanic/Latino? ❑ Yes ❑ No ❑ Decline to state

28. What language(s) do you primarily speak at home?

❑ English ❑ Spanish ❑ Other: _____ ❑ Decline to state

29. How many people live in your home, including yourself? _____ ❑ Decline to state

30. What is your annual household income?

❑ Less than $10,000
❑ $10,000 to $14,999
❑ $15,000 to $24,999
❑ $25,000 to $34,999
❑ $35,000 to $49,999
❑ $50,000 to $74,999
❑ $75,000 to $99,999
❑ $100,000 to $149,999
❑ $150,000 or greater
❑ Decline to state

HEALTHY YOLO
Our Community Our Future

# Encuesta Acceso a la Salud Comunitaria

Usted debe vivir en el Condado de Yolo para tomar la encuesta. Usted no tiene que tomar esta encuesta.

Esta es una encuesta anónima. Por favor no escriba su nombre en cualquier parte de esta encuesta. Por favor, sellar la encuesta completada en el sobre adjunto y entréguelo a un miembro personal de este lugar.

Esta encuesta será utilizada por el Departamento de Salud del Condado de Yolo para evaluar el acceso a la atención médica en este municipio. Esta es su oportunidad para que nos ayude a comprender mejor lo que es como buscar atención médica. Su aportación es muy importante y nos ayudará a identificar las discrepancias en el acceso al cuidado de la salud en el condado. Para el propósito de esta encuesta, ayudante médico o una enfermera practicante también puede tomarse en cuenta al responder a la pregunta que pregunte referente de un médico.

Sólo tome esta encuesta una vez. La encuesta no deberá tomar más de 10 minutos en completarse.

Si usted tiene alguna pregunta, por favor pónganse en contacto con Haydee Dabritz al (530) 666-8458 o Haydee.dabritz@yolocounty.org

1. ¿En qué ciudad del condado de Yolo vive usted?

❑ Clarksburg ❑ Esparto ❑ Madison ❑ Woodland
❑ Davis ❑ Guinda ❑ West Sacramento ❑ Yolo
❑ Dunnigan ❑ Knights Landing ❑ Winters ❑ Otro _____

2. En general, Usted diría que su salud es:

❑ Excelente ❑ Muy Buena ❑ Buena ❑ Justa ❑ Mala

3. ¿Tiene una condición que limita sustancialmente una o más actividades físicas?

❑Sí ❑ No Si No, pase a la pregunta 4.

**Si es afirmativo,** ¿qué actividades se ven afectados? **Marque todas las que apliquen.**

❑ Caminar, subir escaleras, alcanzar, levantar o cargar
❑ Vestirse, bañarse o moverse por el interior de su hogar
❑ Saliendo afuera de casa para hacer compras o visitar al médico
❑ Dificultad para trabajar en un empleo o negocio

4. Alguna vez le ha dicho a un médico que usted tiene: **Marque todas las que apliquen.**

❑ Asma / enfermedad pulmonar / EPOC / enfisema
❑ Enfermedad Autoinmune
❑ Cáncer
❑ Diabetes
❑ Enfermedad del corazón
❑ Hipertensión (presión arterial alta)
❑ Enfermedad mental
❑ Problema de drogas o alcohol
❑ Discapacidad física
❑ Otro: _____

5. ¿Usted tuvo o tiene alguna de las condiciones mencionadas anteriormente, estan actualmente bajo control como consecuencia del tratamiento o de remisión?

   ❑ Sí ❑ No ❑ No aplicable

6. ¿Hubo algún momento durante los ultimo 12 meses que usted sintió que tal vez necesitaba ver a un profesional debido a problemas con su salud mental, las emociones, los nervios o el uso de alcohol o drogas?

   ❑ Sí ❑ No Si No, por favor pase a la pregunta 7.

   **Si es afirmativo,** ¿usted fue a visto a un médico o profesional de salud mental (consejero, psiquíatra o trabajador social) para los problemas de su salud mental, las emociones, los nervios o uso de alcohol o drogas?

   ❑ Sí ❑ No

   ¿Si **no busco** atención médica, por qué no? **Marque todas las que apliquen.**

   ❑ Yo estaba preocupado por el costo del tratamiento. .

   ❑ No me sentía cómodo hablando con un profesional acerca de mis problemas personales..

   ❑ Yo estaba preocupado por lo que pasaría si alguien se enterara que tenía problemas personales.

   ❑ Mi seguro no cubre el tratamiento de problemas se salud mental.

   ❑ No pude conseguir una cita.

   ❑ Yo no sabía a done ir por ayuda.

   ❑ Otro: _____

7. ¿Tiene un aseguranza medica?

   ❑ Sí ❑ No

   Si es **afirmativo**, qué tipo:

   ❑ Privado – empleador o el de otra persona

   ❑ Privado – Cubierto California

   ❑ Privado – plan individual

   ❑ Medi-Cal

   ❑ Medicare

   ❑ Militar o VA

   ❑ Otras atraves del gobierno

   ❑ No lo sé

Si **No**:

¿Tiene planes de obtener una seguranza médica a través de Cubierto California?

❑ Sí ❑ No ❑ No lo sé

¿Es elegible para Medi-Cal o Medicare?

❑ Sí ❑ No ❑ No lo sé

8. ¿Tiene una fuente de atención médica habitual o un médico de cabecera?

❑ Sí ❑ No

9. ¿Ha visto un médico en los últimos 12 meses?

❑ Sí ❑ No

¿Si es **afirmativo:** Cuántas veces vio a su médico en los últimos 12 meses?

❑ Una vez ❑ 2 - 5 veces ❑ 6 o mas ❑ No lo sé

10. ¿Le hubiera gustado (o sentido que necesitaba) ver al médico con más frecuencia?

❑ Sí ❑ No

11. ¿Que tan lejos viaja para ver a su médico de cabecera? _____ Millas

12. ¿Cuánto tiempo hace normalmente en llegar a la oficina de su médico de cabecera desde su hogar?

____ Minutos O ____ Horas

13. ¿La última vez que llamó a la clínica médica para una cita, que tan pronto pudo ver a su médico?

___ Días O ___ Semanas O ❑ No lo sé

14. ¿Quedó satisfecho con la rapidez con que pudo obtener una cita?

❑ Muy satisfecha ❑Satisfecha ❑ Neutral ❑ Insatisfecha ❑ Muy insatisfecha

15. ¿Cree usted que su médico le está ayudando y que le da mejor información médica?

❑ Totalmente de acuerdo ❑ De acuerdo ❑ Neutral ❑ No estoy de acuerdo ❑ Totalmente en desacuerdo

16. ¿Cree usted que el medico escucha sus preocupaciones?

❑ Totalmente de acuerdo ❑ De acuerdo ❑ Neutral ❑ No estoy de acuerdo ❑ Totalmente en desacuerdo

17. ¿Qué tan importante es para usted tener servicios de salud regulares y exámenes médicos?

❑ Extremadamente importante ❑ Muy importante ❑ Algo importante ❑ No Importante

18. ¿Ha evitado obtener servicios de salud o exámenes médicos en los últimos 12 meses?

❑ Sí ❑ No

Si afirmativo, **por favor marque todas las que aplican.**

❑ Tengo que esperar demasiado tiempo para ver a un doctor
❑ Yo estaba /estoy demasiado ocupado
❑ El médico no habla el mismo idioma que yo
❑ Yo no tenía el transporte a la clínica médica
❑ La clínica médica no está abierto todo el tiempo, así que es difícil conseguir una cita
❑ No hay suficientes médicos en mi área, por lo que es difícil conseguir una cita
❑ Yo no tengo / tenía ningún seguro de salud
❑ Yo si tengo / tenia seguro de salud, pero no cubre todos mi gastos
❑ Yo no necesitaba los servicios de salud o exámenes médicos porque no estaba enfermo
❑ No confío en los proveedores de atención médica
❑ No estoy seguro / No sé
❑ Otro: _____

19. ¿Visitó la sala de urgencias en los últimos 12 meses?

❑ Sí ❑ No

Si **No**, pase a la pregunta # 20

Si afirmativo, en su última visita, fue usted allí porque usted**: Por favor marque todas las que aplican**

❑ Tenía una enfermedad o lesión potencialmente mortal
❑ No pude obtener una cita de atención urgente con mi doctor
❑ Me enferme o me lesione antes de las 8 am o después de las 5 pm en día laborable
❑ Me enferme o me lesione durante el fin de semana
❑ Necesitaba renovar una receta
❑ Pensé que parecía más conveniente que la espera de una cita
❑ No tengo un médico de cabecera, éste es mi fuente habitual de atención

20. ¿Tiene aseguranza dental?

❑ Sí ❑ No

21. ¿Ha ido al dentista en los últimos 12 meses?

❑ Sí ❑ No

22. ¿Esta usted actualmente empleado?

❑ Tiempo completo ❑ Medio tiempo ❑ Retirado ❑ Desempleado ❑ Deshabilitado

23. ¿Qué es o era su ocupación principal?

❑ Ciudad, condado o gobierno estatal
❑ Construcción
❑ Educación
❑ Granja/agricultura
❑ Salud
❑ Fabricación/fabrica
❑ Planta o empresa de servicios públicos
❑ Restaurante/ comida rápida
❑ Tienda de autoservicio
❑ Técnico/profesional
❑ Transporte o de camiones
❑ Trabajar desde casa
❑ Otro: _____

24. ¿Usted se enfermó o lesiono en el trabajo en los en los últimos 12 meses?

❑ Sí ❑ No ❑ No aplicable (no trabajo)

**Si afirmativo**, ¿usted busco atención médica para su enfermedad o lesión relacionada con el trabajo?

❑ Sí ❑ No

Si **No,** porque? _____

25. ¿Cuál es su sexo?

❑ Hombre ❑ Mujer ❑ Transgénero ❑ Reusó contestar

26. Edad: _____ ❑ Reusó contestar

27. Especifique su raza:

❑ American Nativo o Nativo de Alaska
❑ Asiático
❑ Negro o Afro Americano
❑ Reusó contestar
❑ Nativo de Hawái o Otro Islas del Pacifico
❑ Blanco
❑ Otro: _____

¿Usted es Hispano/Latino? ❑ Sí ❑ No ❑ Reusó contestar

28. ¿Qué idioma (s) habla principalmente en casa?

❑ Ingles ❑ Español ❑ Otro: _____ ❑ Reusó contestar

29. ¿Cuántas personas viven en su hogar, incluido usted? _____ ❑ Reusó contestar

30. ¿Cuál es su ingreso familiar anual?

❑ Menos de $10,000
❑ $10,000 a $14,999
❑ $15,000 a $24,999
❑ $25,000 a $34,999
❑ $35,000 a $49,999
❑ $50,000 a $74,999
❑ $75,000 a $99,999
❑ $100,000 a $149,999
❑ $150,000 o más
❑ Reusó contestar

HEALTHY YOLO
Our Community Our Future

# Опрос о Доступе к Медицинской Помощи в Йоло Округа

Вы должны жить в Yolo уезд чтобы принять участие в этом опросе .

Это анонимный опрос. Пожалуйста, не пишите ваше имя нигде в этом опросе. Пожалуйста, после того как вы ответили на вопросы, положите опрос в конверт и отайте сотруднику на месте данного опроса.

Это обследование будет использоваться Департаментом здравоохранения Yolo уезд для оценки доступа к медицинской помощи в округе. Это возможность для вас, чтобы помочь нам лучше понять, как вы освдомлены о доступе и получении к медицинской помощи. Ваш вклад очень важен и поможет нам выявить пробелы доступа к медицинской помощи в округе. Для целей этого опроса помощник врача в или практикующая медсестра могут рассматриваться ка врач.

Вы можете участвовать в опросе только один раз. Опрос займет не более 10 минут вашего времени.

Если у вас есть какие-либо вопросы, пожалуйста свяжитесь с Айди Dabritz на 530-666-8458 или Haydee.dabritz@yolocounty.org

1. Город в Yolo уезд вы живете?

❑Clarksburg ❑Esparto ❑Мэдисон ❑Вудленд
❑Davis ❑Guinda ❑Вест Сакраменто ❑Йоло
❑Данниган ❑Knights Landing ❑Winters ❑ Другие ___

2. В общем, вы скажете, что ваше здоровье:

❑Отлично ❑Очень хорошо ❑Хороший ❑ не очень хорошее ❑ плохое

3. В данный момент существует какие либо физическое состояние, что существенно ограничивает одно или несколько физических нагрузок?

❑Да ❑Нет, если нет, перейдите к вопросу 4.

Если **Да,** какие виды деятельности затрагиваются? **Отметьте все, что относится.**

❑Ходьба, подъем по лестнице, дотянуться, поднимать или переносить вещи

❑ Одевания, купаться, или передвигаться внутри вашего дома

❑ Ходить в магазин или посетить врача

❑ Трудности работать, ходить на работу

4. Вы когда-нибудь на приёме у врача сказали врачу или медсестре, что у вас есть: **Отметьте все, что относится к.**

❑ Астма/заболевания/ХОЗЛ/эмфизема
❑ Аутоиммунные заболевания
❑ Рак
❑ Диабет
❑ Болезнь сердца
❑ Гипертония (высокое кровяное давление)
❑ Психическое заболевание
❑ Проблема наркотиков или алкоголя
❑ Физической инвалидности
❑ Другие: ___

5. Из выше отмеченных вами физических недомоганий, являются ли они в настоящее время под контролем в результате лечения или на стадии улучшения?

   ❑ Да ❑ нет ❑ не относится

6. В течении последних 12 месяцев, вы чувствовали, что вам нужно обратиться к врачу специалисту из-за проблем умственного или психического здоровья, эмоций, нервов или из за употребления алкоголя или наркотиков?

   ❑ Да ❑ нет, если нет, перейдите к вопросу 7.

   **Если да,** врача специалиста вы видели был (консультант, психиатр или социальный работник) для решения проблем вашего умственного, психического здоровья, эмоций, нервов или из за употребления алкоголя или наркотиков?

   ❑ Да ❑ нет

   Что препятствовало вам искать медицинской помощи, почему? **Отметьте все, что относится к.**

   ❑ я был обеспокоен(а) о стоимости лечения.

   ❑ я не чувствую себя комфортно говорить с врачом или медсестрой о моих проблемах

   ❑ я был обеспокоен(а) тем, что произойдет, если кто-то узнает, что я имел(а) проблемы

   ❑ Моя страховка не покрывает лечение проблем психического здоровья.

   ❑ я не смогла попасть на прием.

   ❑ я не знаю, куда обратиться за помощью.

   ❑ Другие: _____

7. У вас есть медицинская стрховка?

   ❑ Да ❑ Нет

   Если **Да**, какая:

   ❑ Частная – работодатель или через работодателя члена семьи

   ❑ Частная – Covered California

   ❑ Частный – индивидуальный план

   ❑ Medi-Cal

   ❑ Medicare

   ❑ Другие

   ❑ Не знаю

Если **нет**:

Планируете ли вы получить медицинское страхование через Covered California?

❑ Да ❑ нет ❑ Не уверен

Вы подходите чтобы обратиться и получить медецинскую страховку через Medicare или Medi-Cal?

❑ Да ❑ нет ❑ не знаю

8. У вас есть источник регулярного врача или медицинской помощи?

❑ Да ❑ нет

9. Обращялись ли вы к врачу в течение последних 12 месяцев?

❑ Да ❑ Нет

Если **Да:** сколько раз вы обращялись к врачу в течение последних 12 месяцев?

❑ Один раз ❑ 2-5 раз ❑ 6 или более ❑ Не знаю

10. Вы бы предпочли посещать врача чаще. (или чувствовал вам необходимо)?

❑ Да ❑ нет

11. Как далеко находится офис вашего доктора от вашего дома? ___ (miles)

12. Как долго обычно длится вам добраться до Вашего регулярного врача из вашего дома?

___ минут или ___ часов

13. Когда последний раз вы обращались в медецинский офис для визита к врачу и как долго вам пришлось ждать до назначенного визита?

___ дней, ___ недель или месяц(ев) ___ ❑ Не знаю

14. Вы были удовлетворены как быстро вы смогли попасть на прием?

❑ Очень Удовлетворен(а) ❑ Удовлетворен(а) ❑ Нейтральный ❑ Недовольн(а) ❑ Очень недовольн(а)

15. Вы удовлетворены тем как ваш врач помогает вам и даёт вам полную медицинскую информацую?

❑ Полностью согласен ❑ Согласен ❑ Нейтральный ❑ Не согласен ❑ Категорически не согласен

16. Вы считаете, что врач слушает ваши проблемы?

❑ Полностью согласен ❑ Согласен ❑ Нейтральный ❑ Не согласен ❑ Категорически не согласен

17. Как это важно для вас иметь регулярных медицинских услуг и медицинского обследования населения?

❑ Чрезвычайно важно ❑ Очень важно ❑ Абсолютно не важно ❑ Не важно

18. Были ли причины чтобы вы избегали в получение медицинских услуг и медицинского обследования в течение последних 12 месяцев?

❑ Да ❑ нет

Если **Да, пожалуйста, отметьте все, что относится.**

❑ я должен был(а) ждать слишком долго, чтобы попасть к врачу
❑ я был(а) слишком занят(а)
❑ Врач не говорит на языке, на котором говорю я
❑ У меня нет транспорта чтобы поехать к врачу
❑ Дни и часы работы медецинского офиса не подходят для меня чтобы назначить визит к врачу
❑ в моем районе не хватает врачей, поэтому трудно получить назначение к врачу
❑ я не имею какой-либо медицинской страховки
❑ я имею медицинскую страховку, но она не покрывает все мои расходы
❑ мне не нужно услуг здравоохранения или медицинского обследования населения потому, что я был болен, не
❑ я не доверяю медицинским работникам
❑ Не уверен / не знаю
❑ Другие: _____

19. Вы посещали офис скорой помощи (emergency) в течение последних 12 месяцев?

❑ Да ❑ Нет

Если **нет, перейдите к вопросу #20.**

Если **Да,** во время вашего последнего визита в офис скорой помощи (emergency) вы прибегнули к их услугам потому что вы: **отметьте все, что относится.**

❑ Имел(а) угрожающие жизни заболевания или травмы

❑ Не смог/ла получить назначение неотложной помощи с моим врачом

❑ заболел/ла или получил/ла травму, до 8 утра или после 5 вечера в будний день

❑ заболел/ла или получил/ла травму в выходные дни

❑ Необходимость для получения закончившихся лекарств по рецепту

❑ Думал(а) казалось более удобным, чем ждать назначения к доктору

❑ Я не имею регулярного врача, это мой обычный источник медицинской помощи

20. Вы имеете стоматологическую страховку?

❑ Да ❑ Нет

21. Вы были у зубного врача в течение последних 12 месяцев?

❑ Да ❑ Нет

22. Вы в настоящее время работаете?
❑ Полный рабочий день ❑ Неполный рабочий день ❑ На пенсии ❑ Безработный ❑ инвалид

23. В какой сфере услуг вы работаете ?

❑ Города, округа, или государственное правительство
❑ Строительства
❑ Образование
❑ Сельское хозяйство
❑ Здравоохранения
❑ Завод
❑ Питания или утилити компании
❑ Ресторан/фаст-фуд
❑ Розничного магазина
❑ Технических/профессиональных
❑ Транспорт и грузоперевозки
❑ Работа на дому
❑ Другие: _____

24. Вы забалели или были ли травмированы на работе в течение последних 12 месяцев ?

❑ Да ❑ Нет ❑ не относится

Если **да,** вы обратились за медицинской помощью через медецинскую страховку компании где вы работаете в связи с полученной болезнью или травмой?
❑ Да ❑ Нет

Если **нет,** почему? _____

25. Ваш пол?
❑ Мужчина ❑ Женщина ❑ отказываюсь отвечать

26. возраст: _____ ❑ отказываюсь отвечать

27. Пожалуйста, укажите ваши расы:
❑ Американских индейцев или Аляски
❑ Азии
❑ Чёрных или афроамериканцев
❑ Упадок государства
❑ Коренных гавайцев или других тихоокеанских островов
❑ Белый
❑ Другие: ___

Являются испаноязычные/латино? ❑ Да ❑ No ❑ отказываюсь отвечать

28. На каком языке/ах вы говорите дома?
❑ Английский ❑ Испанский ❑ другие: _____ ❑ отказываюсь отвечать

29. Сколько людей живёт в вашем доме, включая себя? _____ ❑ отказываюсь отвечать

30. ваш годовой доход?

❑ Меньше, чем $ 10,000
❑ $10,000 до $14,999
❑ $15,000 до $24,999
❑ $25,000 до $34,999
❑ $35,000 до $49,999
❑ $50,000 до $74,999
❑ $75,000 до $99,999
❑ $100,000 до $149,999
❑ $150,000 или больше
❑ отказываюсь отвечать

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