

The 2012 Texas Rural Survey: Medical and Healthcare Services



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The Rural Reality

Rural areas are home to many of the industrial, agricultural, cultural, and natural resources that make Texas a great state. Rural areas are also home to one of our greatest resources – *people*.

Data from the United States Census Bureau suggest that nearly 3.8 million people live in rural areas throughout the Lone Star State.¹ In other words, the population of rural Texas is greater than or roughly equal to the resident populations of 24 other individual states.

In Texas, rural people and communities face certain challenges that differ from their urban and suburban counterparts. It is important to keep in mind, however, that Texas is not alone in this respect. Research indicates that the social and economic fabric of rural areas throughout the United States has been progressively weakened by a number of regional, national, and global changes over the past few decades. Transformations in economic, demographic, social, and spatial organization have had profound effects on rural areas all across this country.²

As in most other states, rural areas in Texas have been, and continue to be, impacted by these structural-level occurrences. An examination of county-level data shows that between 2000 and 2010, 39% of the nonmetropolitan counties in Texas experienced a reduction in their resident populations. Further, nonmetropolitan counties within Texas maintain, on average, lower per capita incomes, higher poverty rates, greater levels of aged-

dependency ratios with fewer workers to support those over age 65, and lower labor force participation rates than do urban areas.

U.S. Census Bureau data affirm that Texas residents living in nonmetropolitan counties are *older, less educated, and poorer* than their metropolitan counterparts. In addition, the quantity and quality of many amenities and public services are frequently inadequate to meet the needs of rural Texans. In rural Texas, pressing needs exist for job creation, increased incomes, economic growth, modernization, improved service delivery, and business recruitment, retention and expansion activities.

The Texas Rural Survey

Between July 2012 and October 2012, a random sample of 4,111 individuals living in 22 rural places in Texas were contacted and asked to participate in the Texas Rural Survey. This report explains the methodology and summarizes the findings of that study.

Methodology

Study Site Selection

The first step of this research required the selection of case study sites. According to the Texas State Data Center, there were a total of 1,752 places in the state of Texas in 2010. This total includes both incorporated places (concentrations of populations having legally defined boundaries) and census designated places (concentrations of population that are locally identifiable by name but not legally incorporated).

Of those 1,752 places, 1,511 (86%) had a population of 10,000 or fewer in 2010. Upon examination of the 1,511 places with populations under 10,000, we noticed what

¹ U.S. Census Bureau, 2010 Census.

² Brown, David L. and Kai A. Schafft. 2011. *Rural People and Communities in the 21st Century: Resilience and Transformation*. Cambridge, UK: Polity Press.

appeared to be “natural breaks” in the sizes of population. About one-third of the 1,511 places had populations of 499 or fewer. Another one-third had populations between 500 and 1,999 residents. The remaining one-third had populations between 2,000 and 10,000. As of the 2010 Census, these 1,511 places represented roughly 11% of the total population of Texas, or approximately 2.7 million people. To use the previous analogy, the number of Texans living in these 1,511 places was greater than or roughly equal to the resident populations of about 16 other states.

In accordance with the research design of the project, one place within each of the three population categories (499 or fewer, 500-1,999, and 2,000-10,000) was selected as a study site within each of the seven Texas Department of Agriculture’s Rural Economic Development Regions (see Appendix A). Due to the large percentage of places with populations of 499 or fewer in the West Region, an additional place in the population category was selected as a study site. Hence, the total number of places included as study sites was 22. The 22 randomly selected places chosen to serve as study sites are shown in Appendix A.

Data Collection

A standard self-administered mail survey following the methodological procedures espoused by the tailored design method (TDM), which incorporates repeated mailings to sampled individuals, was used to gather the data.³ The TDM uses a multiple-contact approach to increase response rates from the sample population.

In July of 2012, an informational letter was first mailed to a stratified random sample of 4,124 households across the 22 study sites. The

informational letter, which was printed in English on one side and Spanish on the other side, informed residents that their household was randomly selected for participation in an upcoming study on rural Texas. Included with the letter was a pre-paid addressed postcard. Residents were instructed to return the postcard if they preferred to receive a copy of the questionnaire printed in Spanish. Instructions on the postcard were printed in both English and Spanish. Thirteen households requested that the survey questionnaire not be sent. Those 13 addresses were not replaced. Hence, the final sample size was 4,111.

In August of 2012, the survey questionnaire was mailed to the sampled households. To obtain a representative sample of individuals within households, a response from the adult who most recently celebrated his/her birthday was requested in the cover letter. The survey questionnaire, organized as a self-completion booklet, contained 46 questions and required approximately 50 minutes to complete. After the initial survey mailing and two follow-up mailings during September and October of 2012, a total of 712 completed questionnaires were returned.

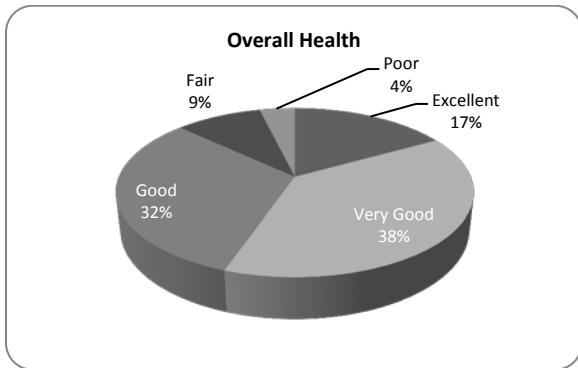
³ Dillman, Don A., Jolene D. Smyth, and Leah Melani Christian. 2009. *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method*. Hoboken, NJ: John Wiley & Sons, Inc.

Medical and Healthcare Services

The survey instrument included four measures regarding medical and healthcare services. These included: (1) general health; (2) access to health care; (3) health care providers; and, (4) perceptions of medical and healthcare services.

General Health

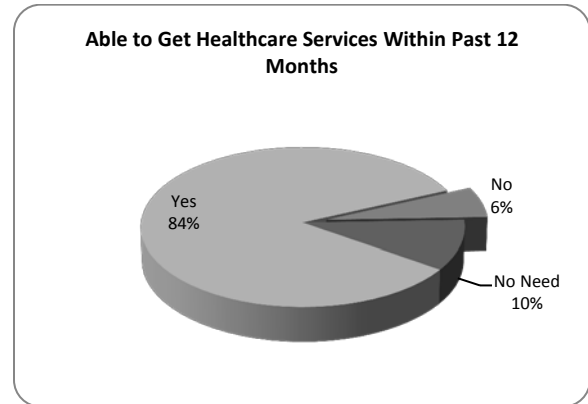
Respondents were asked to indicate whether their current health was “excellent,” “very good,” “good,” “fair,” or “poor.”



- Overall, the majority of respondents (55%) indicated that their general health was “excellent” or “very good.”
- About 32% of respondents felt that their general health was “good.”
- Only 13% reported that their health was “fair” or “poor.”

Access to Healthcare

An overwhelming majority of respondents (84%) indicated that they or their family members were able to obtain healthcare services when they needed them within the past 12 months.

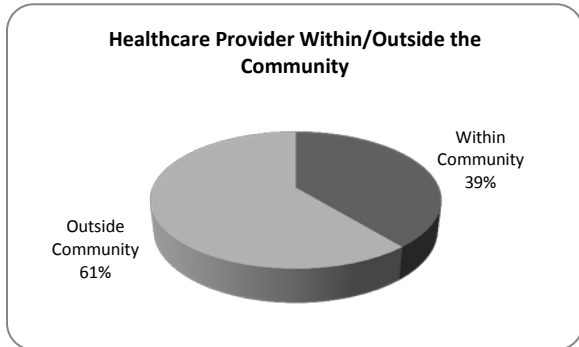


Of the 6% of respondents who reported that they or their family members were not able to obtain healthcare services when they needed them within the past 12 months:

- 56% stated that the healthcare services cost too much.
- 51% stated that they did not have health insurance.
- 15% stated that they did not have a good doctor in their community.
- 10% stated that they did not have transportation.

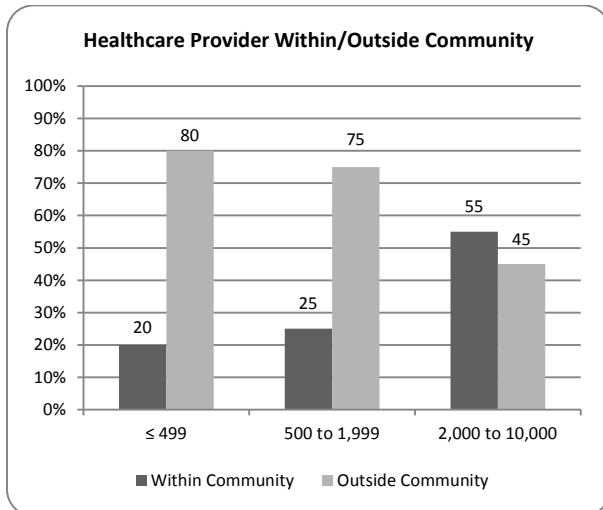
Healthcare Providers

The majority of respondents indicated that they had a regular healthcare provider. However, most respondents reported that their regular healthcare provider was located *outside* of their community. Only 39% of respondents had a regular healthcare provider within their community.



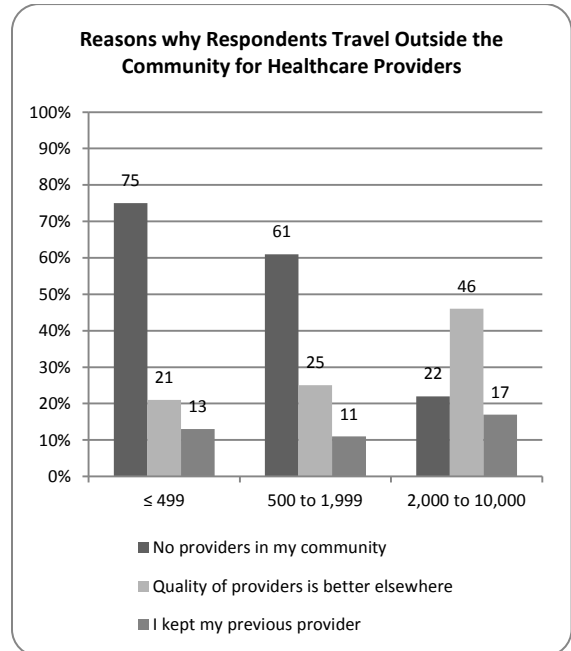
Healthcare Providers by Size of Community

Significant differences existed when the location of healthcare providers (within or outside of respondent’s community) by size of place was examined. As population size increased, the more likely respondents were to have a regular healthcare provider within their community.



- About 55% of respondents from communities with populations of 2,000 to 10,000 have a regular healthcare provider within their community.

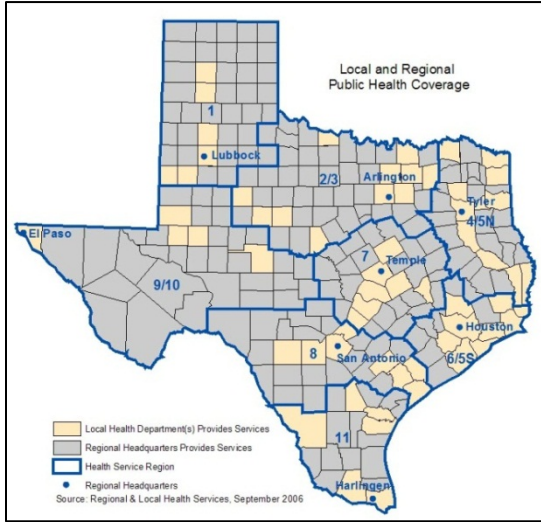
Respondents who indicated that they travel outside of their community for their healthcare provider were then asked to specify why. The most popular reasons chosen by respondents were: (1) “there are no healthcare providers in my community,” (2) “the quality of healthcare providers is better elsewhere,” and (3) “when I moved to my community, I kept my previous healthcare provider.”



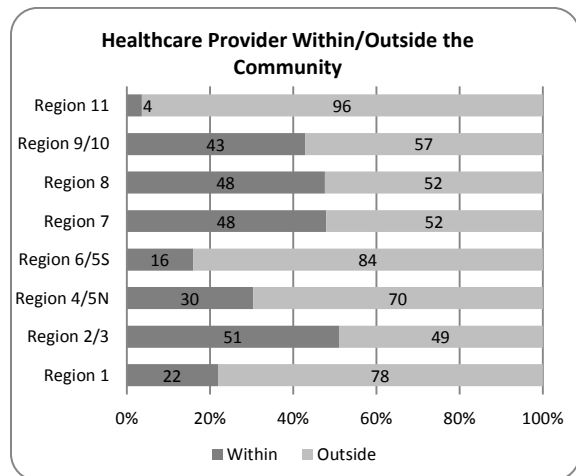
- A majority of respondents from communities within the population categories of 499 or fewer and 500 to 1,999 reported “no providers in my community” (75% and 61%, respectively).
- 46% of respondents from communities within the population category of 2,000 to 10,000 reported “the quality of providers is better elsewhere.”

Healthcare Provider by Health Service Region

The Texas Department of State Health Services (DSHS) divides the state into eleven public health regions. However, for administrative purposes, there are eight regional public health offices⁴. The eight regions, shown on the map below, were used for the data analysis. The map illustrates the local and regional public health coverage in Texas.



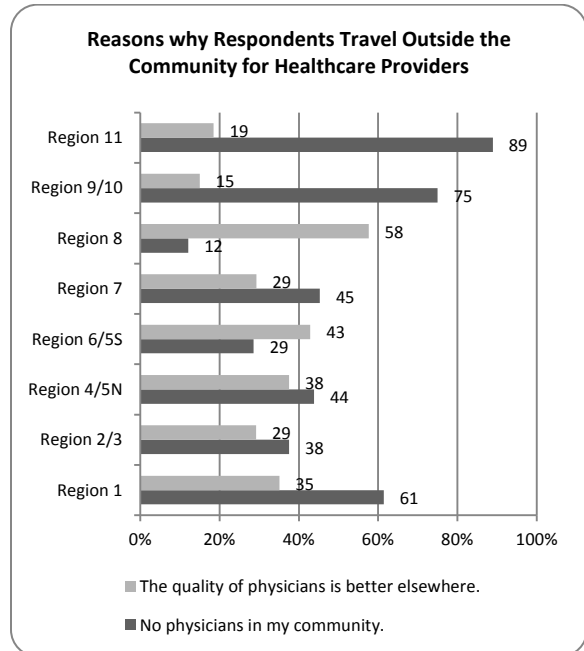
When examining the location of healthcare providers (within or outside of respondent’s community) by region, certain differences are apparent.



⁴ Texas Department of State Health Services. “Center for Health Statistics Texas County Numbers and Public Health Regions.” Available at: http://www.dshs.state.tx.us/chs/info/info_txco.shtm.

- Respondents from Region 2/3 were most likely to have a regular healthcare provider within their community (51%), followed by respondents from Region 7 (48%) and Region 8 (48%).
- Respondents from Region 11 were least likely to have a regular healthcare provider within their community (4%).

Respondents’ reasons for traveling outside the community also differed by public health service region.

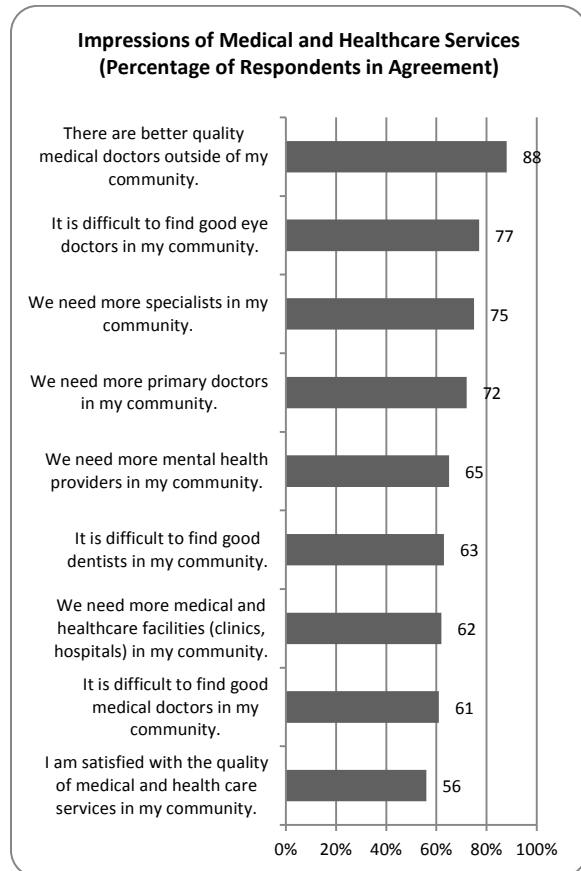


When respondents were asked why they traveled outside their community for a regular healthcare provider:

- 89% of respondents in Region 11 indicated that they had “no providers in their community.”
- 75% of respondents in Region 9/10 and 61% in Region 1 indicated there were “no providers in their community.”
- In contrast, for Region 8, only 12% indicated “no providers in their community,” whereas 58% indicated “the quality of providers is better elsewhere.”

Perceptions of Medical and Healthcare Services

Overall, respondents maintained negative perceptions regarding medical and healthcare services within their community.



- About 90% of respondents felt there were better quality medical doctors outside of their community.
- More than 70% of respondents felt they needed more primary doctors within their community.
- Only 56% of respondents were satisfied with the quality of the medical and healthcare services within their community.
- The majority of respondents were concerned about the quality and availability of eye doctors, dentists, mental healthcare providers, and healthcare facilities in their community.

Perceptions of Medical and Healthcare Services by Size of Community

When examining impressions of medical and healthcare services by size of place:

- Respondents from communities within the population category 500 to 1,999 had the strongest negative perceptions among all statements except the “need for more specialists within the community.”

Perceptions of Medical and Healthcare Services by Health Service Region

When examining perceptions of medical and healthcare services by health service regions:

- Respondents from Region 11 had the strongest negative perceptions for five of the nine statements.

Of respondents from Region 11:

- Only 21% were satisfied with the quality of medical and healthcare services.
- 86% felt they needed more primary doctors in their community.
- 78% felt they needed more specialists in their community.
- 78% felt they needed more medical and healthcare facilities in their community.
- 80% indicated that it was difficult to find good medical doctors in their community.

Conclusions

In terms of issues related to health and healthcare services, Texas is one of the most disadvantaged states in the United States. Of the 50 states, Texas ranks 40th in overall health, 43rd in the number of primary care physicians per 100,000 population, and 50th in the percentage of the population that *does not* have health insurance. Overall, rural populations, who often encounter barriers to accessing healthcare services, tend to be more medically vulnerable and underserved than their less rural counterparts.

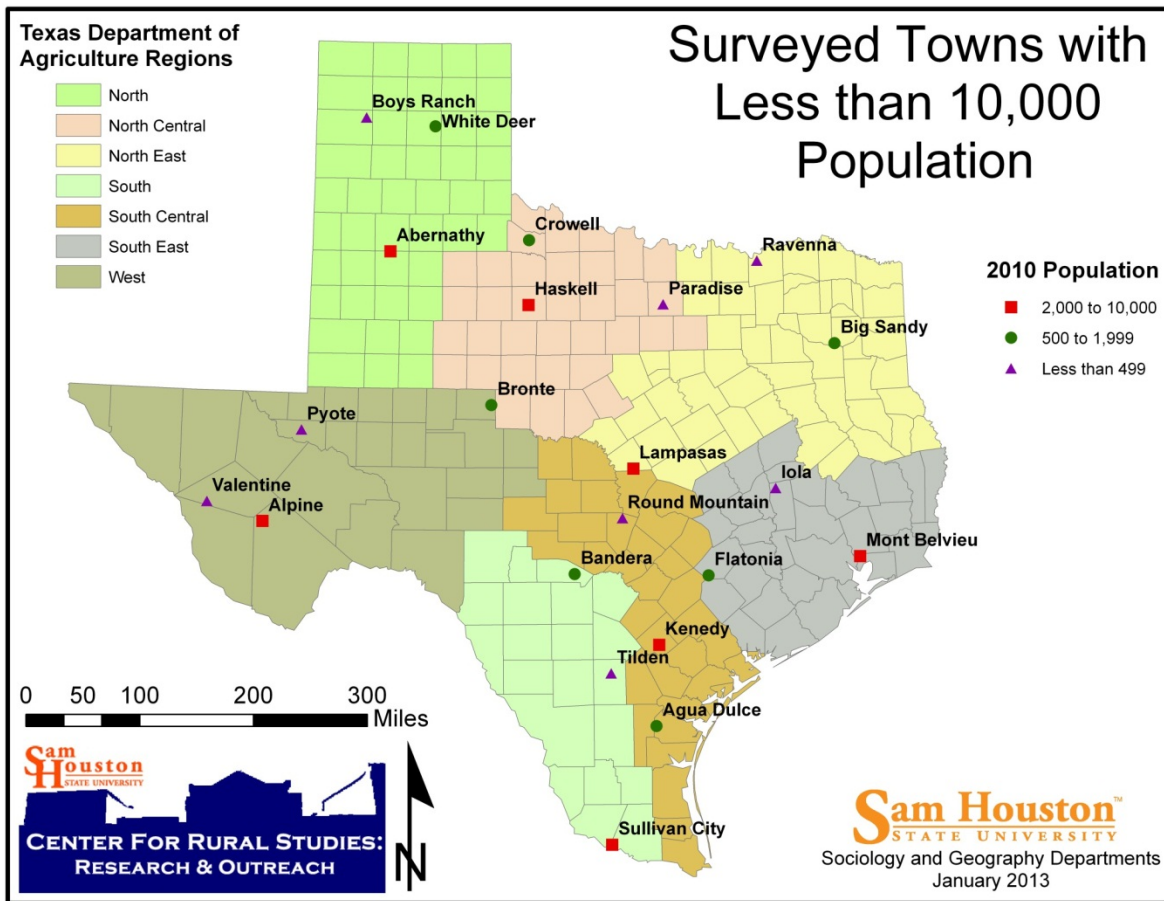
The results from the survey revealed unexpectedly high proportions of rural residents reporting that they (1) are healthy, (2)

can access healthcare when needed, and (3) have a regular provider of healthcare. Despite these findings, the analysis exposed the existence of significant disparities in health and healthcare between rural places of different sizes and between different regions of the state.

Both availability and quality of healthcare services and providers within the community were of great concern for rural residents. However, levels of concern varied among communities of different sizes and location. In terms of availability, the smallest communities and those within Health Service Region 11 were most likely to seek healthcare outside of the community, primarily due to the unavailability of providers within the community. Quality of healthcare providers, however, was more of a concern for residents within the largest communities and therefore a major reason to seek health care services outside the community.

Regardless of the size or geographic location of the communities, relatively low levels of satisfaction with the quality of healthcare providers and services were reported. It should be noted that residents within communities of 500 to 1,999 population and those within Region 11 had the lowest levels of satisfaction and the highest levels of need regarding availability and quality and healthcare providers and services.

Appendix A



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