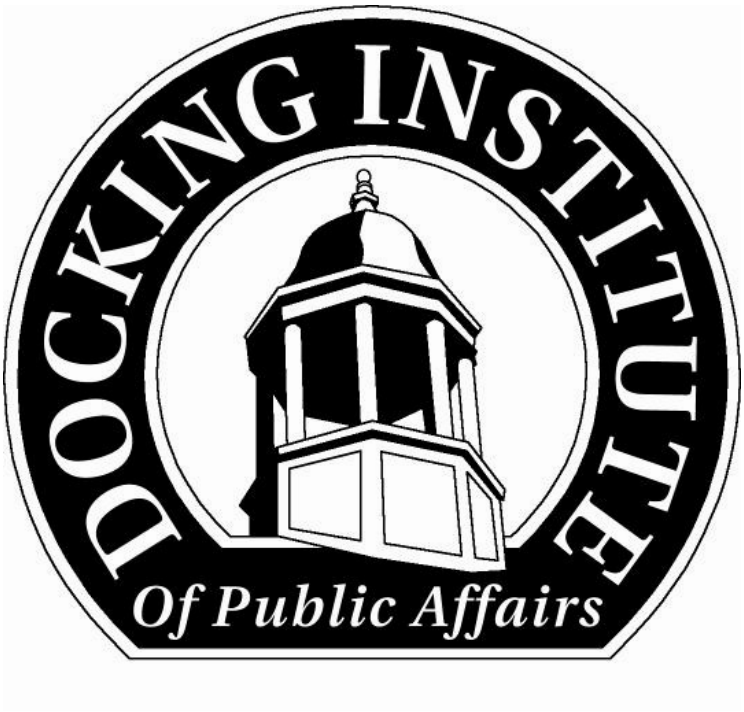
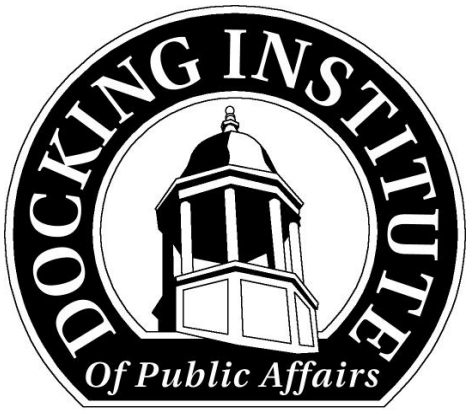
Alternative/Complementary Medicine Survey: Exploring Consumer Behavior in Kansas



Fort Hays State University
600 Park Street
Hays, Kansas 67601



Fort Hays State University
600 Park Street
Hays, Kansas 67601-4099
Telephone: (785) 628-4197
FAX: (785) 628-4188

The staff of **The Docking Institute of Public Affairs** and its **Center for Survey Research** is dedicated to serving the people of Kansas. If you have any questions, comments, or need assistance, do not hesitate to call one of our staff.

Joseph A. Aistrup, Ph.D.
Director

Brett Zollinger, Ph.D.
Assistant Director

Michael Walker, M.S.
Research Scientist

Roseanna McCleary,Ph.D.
Policy Fellow

Cathy Drabkin
Conference Coordinator

Joyce Wiemers-Wolfe, M.S.
Research Associate

Alternative/Complementary Medicine Survey: Exploring Consumer Behavior in Kansas

A survey for the Kansas Hospital and
Education Research Foundation

Report Prepared by

Roseanna McCleary, Ph.D.
Policy Fellow

And

Brett A. Zollinger, Ph.D.
Assistant Director

The Docking Institute of Public Affairs
University Center for Survey Research
Fort Hays State University
600 Park Street
Hays, Kansas 67601-4099

Introduction

The Kansas Hospital Education and Research Foundation commissioned the Docking Institute of Public Affairs to conduct a survey of consumers in the State of Kansas to determine use patterns and attitudes towards complementary and alternative medical care. A telephone survey which focused on ten core complementary and alternative medicine (CAM) interventions in depth and seven additional modalities was developed which targeted adults in five regions in the State of Kansas. Interventions chosen were based on existing CAM prevalence studies that indicated specific modalities that are most frequently used. Survey questions were developed in collaboration with KHERF.

A total of 2,166 interviews were completed, with no less than 400 respondents from each of the five designated regions. This was accomplished using a stratified random sampling technique and data were subsequently weighted by region for the state-level analyses. The following report reflects both state- and regional-level analysis of these survey data.

Alternative/Complementary Medicine Survey:
Exploring Consumer Behavior in Kansas
KHERF Survey
Conducted October 24, 2001, to December 6, 2001

Executive Summary

The Kansas Hospital Education and Research Foundation contracted with the Docking Institute of Public Affairs to conduct a telephone survey of Kansas residents. The primary objectives of this survey were to:

- Describe the type of CAM modalities used most frequently by consumers in Kansas
- Assess the acceptance of CAM modalities among consumers
- Determine access to and desire for various CAM modalities
- Measure consumer perceptions regarding physician and medical insurance acceptance of CAM modalities in their area**.**

From the analysis of the survey results we find that:

- 82.8% of Kansans rate their health as excellent (31.1%) or good (51.7%)
- Regional differences exist in perceptions of overall health status. The Southcentral region has the largest percentage (5.7%) rating their health as "poor" and the Northeast has the highest percentage of those rating their health as "excellent" (32.8%).
- A total of 1,034 (47.8%) respondents responded "yes" to at least one of the ten core CAM usage questions.
- When ranked, use of prayer (73%) and spiritual healing (25.4%) were the highest of the CAM modalities mentioned.
- After prayer and spiritual healing, use of herbal products (24%), chiropractor (16.6%), and aromatherapy (15.7%) were the highest reported.

- While use of folk medicine was one of the least frequently used CAM modalities across Kansas (3.5%), use was high among respondents (8.1%) in the Southwest region.
- Use of a chiropractor was especially high among respondents in the Northwest/Northcentral (24.5%) and Southwest (23%) regions.
- There are high levels of awareness of the ten selected CAM modalities with chiropractor (97.5%), acupuncture (96.1%), and herbal products (92%) leading.
- Rural regions tended to have lower levels of reported awareness of particular CAM modalities
- Use of CAM modalities appear to fall into preventive and interventive categories – some modalities such as chiropractor use and acupuncture are more of an intervention approach as opposed to mind-body practices or megavitamin therapy which are more preventive.
- Respondents use CAM modalities for specific conditions, a large number of which appear to be pain-related.
- In half of the core CAM modalities, a majority of respondents reported that they had also seen an MD or nurse practitioner (NP) for the specific condition for which they are using CAM therapy.
- With the exception of one of the ten core CAM modalities, the majority of those who reported seeing an MD or NP for the specific condition for which they are using CAM therapy, also received a prescription for medicine or therapy for that condition.
- Mean number of visits/use related to CAM therapies varied due to the particular modality. Those requiring use of a CAM practitioner had lower mean visits per month.
- The majority of CAM use was paid for out of pocket.
- There is a small percentage of respondents whose insurance companies have paid for their CAM use. This involved massage (5.7%), chiropractor (15.8%), acupuncture (16.8%), megavitamin therapy (2.4%), relaxation therapy (5.4%), and energy healing therapy (2.7%).

- Out of pocket costs per month varied from as high as $140 a month for a Lifestyle Diet to $9.34 a month for energy healing therapy.
- Mean number of minutes to access CAM practitioners or services was higher in rural regions.
- Travel to practitioner-related CAM services such as massage therapists or acupuncturists had higher mean travel times.
- Respondents got the majority of their information about CAM modalities from their family and friends, however, a significant percentage of MD's and NP's were named as the first source of information for acupuncture (24%), megavitamin therapy (18.4%), lifestyle diet (14.5%), energy healing (12.1%), and mind-body therapies (12.1%).
- With the exception of Lifestyle Diet, the Internet was not a significant source of information for CAM.
- When reasons for use of CAM modalities were explored, only 3% saw CAM as an alternative to traditional medicine.
- Reasons also reflected primary prevention as a reason to use CAM modalities.
- 9.1% of respondents preferred only traditional medicine.
- 58.2% of respondents felt that their health was good and that they didn't need to use CAM modalities.

Methods

Between October 24 and December 6, 2001, the Docking Institute of Public Affairs University Center for Survey Research completed interviews with a representative sample of Kansas adults. Random digit dialing (RDD) was used to randomly sample households in the state, and a random selection technique was used within the household to select an adult respondent. The person over 17 with the most recent birthday was targeted. The survey was conducted using a Computer Aided Telephone Interviewing (CATI) system. The CATI system allows interviewers to code survey information into a computer database as the interviewers administer a questionnaire to a respondent. A total of 3,615 households were successfully contacted after up to ten calls. In 2,166 of these households, an adult household member (person over 17) agreed to be interviewed. This represents a cooperation rate of 60%.[1]

Because the Kansas Hospital and Educational Research Foundation (KHERF) was interested in findings within regions of the state in addition to the state level, a stratified sampling technique was employed to ensure that rural regions of the state were not underrepresented in the final sample. No less than 400 interviews were completed in each of the five regions surveyed. Using a 95% confidence level, this results in a +/-5.0% margin of error within regions. Again using a confidence level of 95%, the 2,166 completions at the state level results in a +/-2.1% margin of error (assuming no response bias). Importantly,

[1] American Association of Public Opinion Research standards were used to define cooperation rates. The 60% cooperation rate represents the most conservative cooperation rate as both respondent refusals (RR) and household level refusals (HR) are added together along with completed interviews (C), and then this sum is divided into the number of completed interviews: C/(C+RR+HR). The less conservative cooperation rate only incorporates respondent refusals, C/(C+RR), and the cooperation rate using this formula was 62% for the present study.

the margin of error for subgroup analyses is larger. Responses for subgroups of less than 40 are primarily suggestive.

The stratified sampling technique requires that responses be weighted for all state level analyses. For all such analyses, responses are weighted by region proportionate to each region's percentage of the state's total population[2], using 2000 US Census counts to establish both regional and state population totals.

Survey Instrument

The Docking Institute and the Kansas Hospital and Educational Research Foundation (KHERF) agreed on the survey items used. It was the responsibility of KHERF to identify information areas and objectives of the survey. It was the responsibility of the Docking Institute to develop survey items that were technically correct and without bias. Question wording and the design of the survey instrument is the property of the Docking Institute and is not to be used without written permission from the Director of the Docking Institute. A copy of the survey instrument appears as Appendix 1.

---

2 The weighting formula is: (V / -) / (n / N)
Where: V = population of region
- = state population
n = sample size of region

Sample Demographics

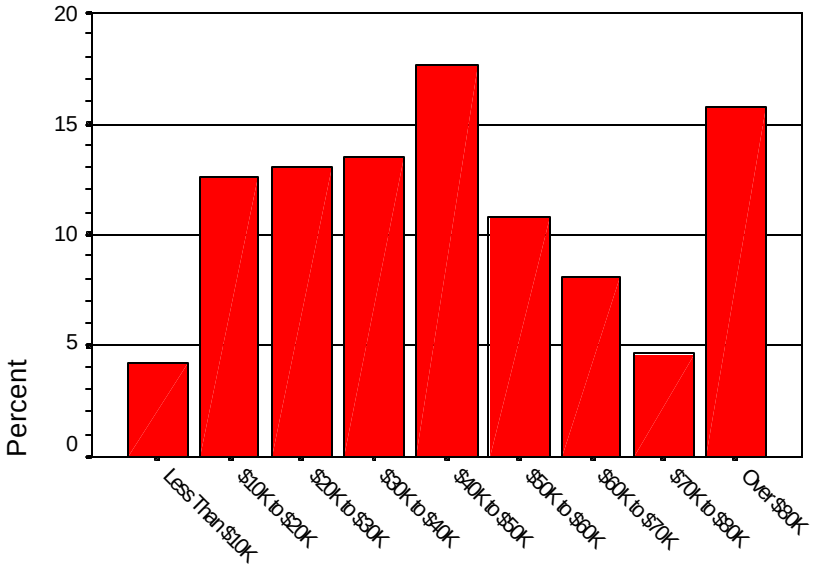
Respondents were asked to indicate the year they were born. From this age was calculated. Table 1 shows summary statistics on age by KHERF region and for the state as a whole. Not surprisingly, the Northwest/Northcentral KHERF region has the highest mean (53 years) and median (53 years) age among the five regions. The Southeast region has the second highest median age at 49 years. The Northeast and Southcentral regions tie on median age at 46 years. Somewhat surprisingly the youngest median age (45 years) is found in the Southwest region, a region more rural than the Northeast and Southcentral KHERF regions. However, this anomaly is associated with the ethnic composition of the Southwest region. Additional analyses (not shown) find that the median age among the non-Hispanic respondents from the Southwest region is much closer to other regions and the same as the state median age at 47 years. However, the median age among the Southwest region's Hispanic respondents, who constitute a relatively large percentage (20%) of this region's respondents, is 38 years.

Table 1. Age by Region

	Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
Median	53	45	46	49	46	47
Mean	53	47	48	51	47	48

Figure 1 illustrates the income distribution of respondents for the state as a whole. The single largest percentage (17.6%) of respondents have household incomes in the $40,000 to $50,000 category. The second largest percentage (15.8%) have household incomes above $80,000 per year. About 61% of all respondents had household incomes of $40,000 to $50,000 or less.

Figure 1. Household Income Distribution: State Level (All Respondents)



q23 Total Family Income

Cases weighted by REGIONWT

Table 2 shows the income distribution within each region and for the state as a whole. The Northeast KHERF region has a distribution notably higher than the state and all other regions. The single largest percentage (19.4%) of respondents in the Northeast have household incomes in the $80,000 and over category, followed by 17.1% in the $40,000 to $50,000 category. This region's income distribution essentially "pulls" the state level income distribution up relative to the other region's in the state. In terms of the overall lowest income region of the state, the Southeast tends to have the lowest incomes with 75% of the respondents from this region having incomes $40,000 to $50,000 or less,

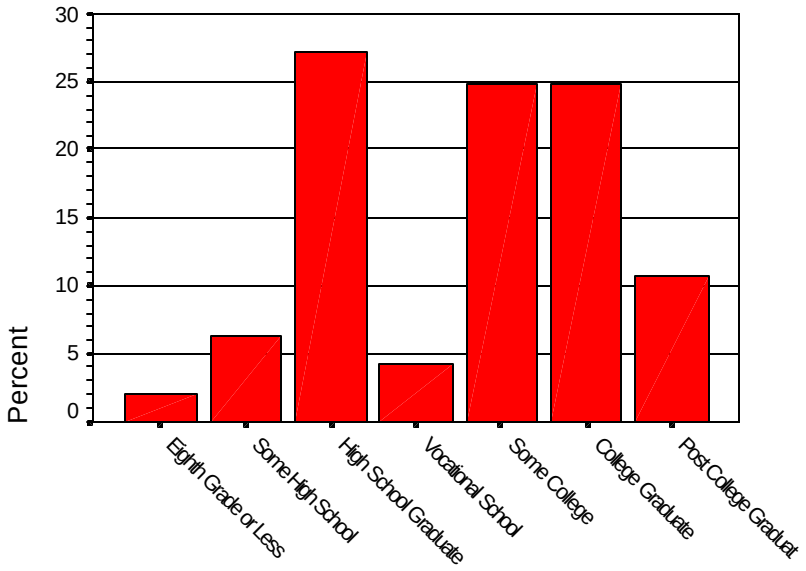
followed closely by the Southwest region, where 73% have household incomes of $40,000 to $50,000 or less.

Table 2. Household Income by Region

	Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
< $10K	6.9%	4.7%	2.5%	8.2%	5.0%	4.2%
$10 – 20K	15.4%	12.9%	11.8%	17.2%	11.9%	12.6%
$20 – 30K	15.1%	19.3%	11.0%	15.0%	14.1%	13.0%
$30 – 40K	16.6%	16.6%	12.6%	17.5%	12.4%	13.5%
$40 – 50K	13.7%	19.6%	17.1%	17.5%	19.1%	17.65%
$50 – 60K	10.3%	7.7%	11.2%	8.2%	11.3%	10.8%
$60 – 70K	4.9%	9.2%	9.8%	5.2%	6.6%	8.1%
$70 – 80K	5.4%	2.7%	4.5%	4.9%	4.7%	4.6%
> $80K	11.7%	7.4%	19.4%	6.3%	14.9%	15.8%

Respondents were asked to indicate the highest level of education they had achieved. Figure 2 shows education for the entire, statewide sample. The single largest percentage (27%) have a high school diploma as their highest level of education. This is followed by equal percentages (24.8%) in two educational categories, having “some college” and “college graduate.”

Figure 2. Education Distribution: State (All Respondents)



q20 Educational Level

Cases weighted by REGIONWT

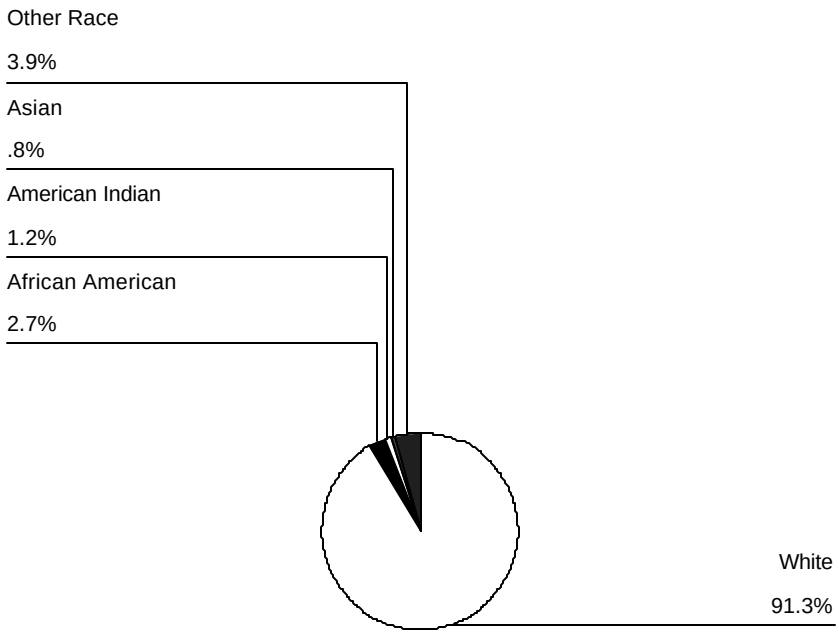
Table 3 reports percentages in each educational category by region and the state as a whole. The highest educational levels are found in the Northeast KHERF region, with about 29% holding a Bachelors degree and about 11% having more than a Bachelors. In addition, this region has the lowest percentage (0.5%) having an eighth grade education or less. The Southcentral region has the second highest education levels, with about 21% holding a Bachelors degree and about 13% having done post-Bachelors’ work.

Table 3. Highest Educational Level by Region

	Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
8th Grade or Less	3.8%	8.8%	0.5%	2.6%	2.7%	2.0%
Some High School	7.1%	8.3%	5.7%	10.6%	5.8%	6.4%
High School Graduate	31.8%	30.2%	26.7%	28.1%	25.5%	27.1%
Vocational School	3.8%	5.5%	4.2%	5.0%	3.9%	4.2%
Some College	23%	25.6%	22.3%	29.5%	28.2%	24.8%
College Graduate	23.2%	17.5%	29.2%	17.7%	21.2%	24.8%
Some Post Bachelors	7.2%	4.2%	11.4%	6.6%	12.8%	10.7%

To ascertain racial background, respondents were asked “Do you consider yourself White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander or some other race?” Figure 3 shows that the vast majority (91.3%) consider themselves White. The second single largest category is “other race” at 3.9%.

Figure 3. Racial Distribution: State (All Respondents)



Cases weighted by REGIONWT

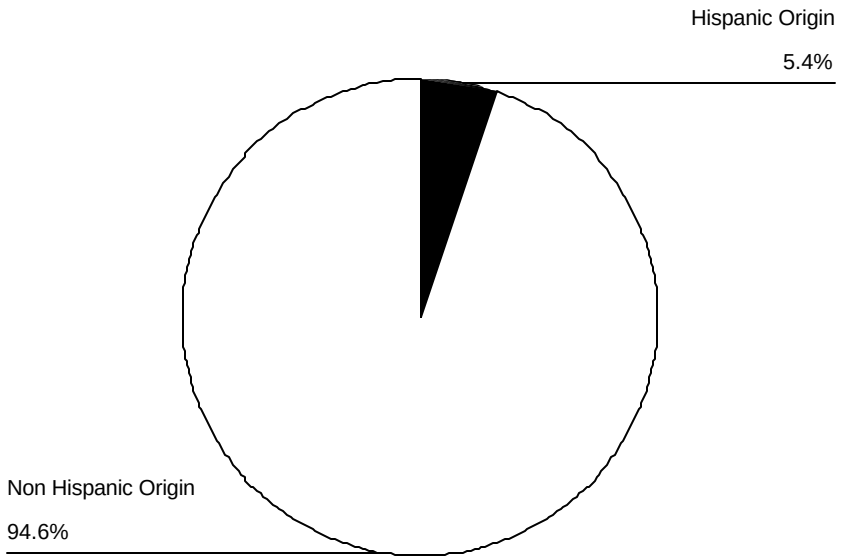
Table 4 shows the racial distribution in each region and for the state overall. The Northwest/Northcentral KHERF region has the largest percentage (95.5%) of Whites. The Southwest has the smallest percentage (81.7%) of Whites. It is important to note that the 14.8% who classified themselves as “some other race” all classify themselves (analysis not shown) as being from Mexican or Hispanic origin on a separate question. The single largest percentages of Blacks appear in the Southcentral region (3.4%) and the Northeast region (3.0%).

Table 4. Racial Distribution by Region

	Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
White	95.5%	81.7%	91.6%	94.4%	90.8%	91.3%
Black	1.2%	1.5%	3.0%	1.4%	3.4%	2.7%
Am Indian	1.2%	2.0%	0.7%	2.6%	1.5%	1.2%
Asian	0.5%	0.0%	1.2%	0.0%	0.5%	0.8%
Other Race	1.7%	14.8%	3.5%	1.6%	3.9%	3.9%

Respondents were asked whether they are of Mexican or some other Hispanic origin. Figure 4 shows that about 5% of the respondents consider themselves of Hispanic origin.

Figure 4. Hispanic Origin Distribution: State (All Respondents)



Cases weighted by REGIONWT

Table 5 shows that the Southwest KHERF region stands out with a relatively high percentage, 20%, being of Hispanic origin. The next closest region is the Southcentral at 5.6%.

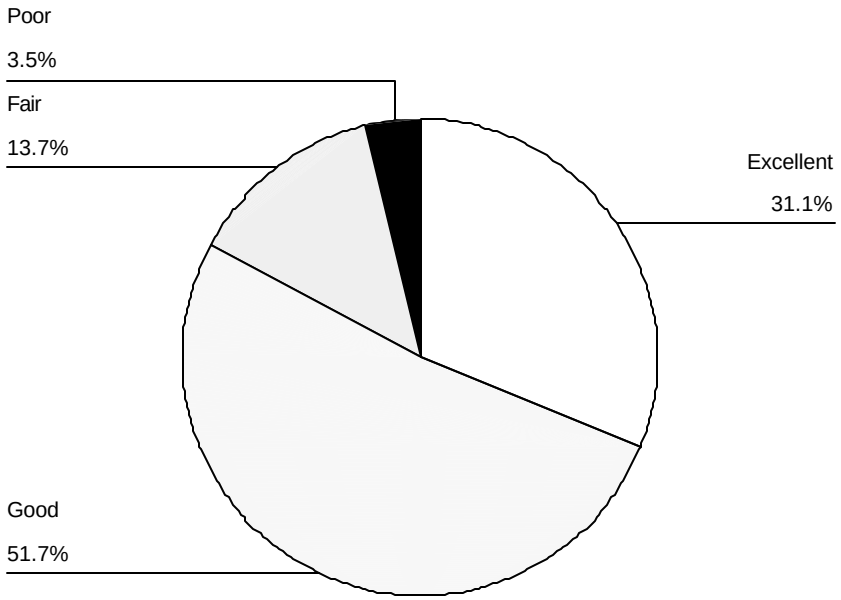
Table 5. Hispanic Origin by Region

Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
1.2%	20.0%	4.7%	2.8%	5.6%	5.4%

Health Condition

Respondents were asked to provide information on overall health status. Figure 5 shows results of a question that asked "Would you say your own health is excellent, good, fair, or poor?" The vast majority of respondents report a favorable assessment of their overall level of health, with about 31% rating it excellent and about 52% rating it good.

Figure 5. Self Rating of Overall Health Status: State (All Respondents)



Cases weighted by REGIONWT

Table 6 shows overall health status within each region and the state. The largest difference in percentage choosing "excellent" between regions, 6.0%, is slightly larger than regional samples margins of error (+/- 5.0%). The Northeast has 32.8% of its respondents indicating that their health is excellent, while the smallest excellent rating, 26.8%, is found in the Southeast. The Southcentral region has the largest percentage (5.7%) rating their own health as "poor," and the Northeast has the smallest percentage (2.2%) rating their health as poor.

Table 6. Self Rating of Overall Health Status by Region

	Northwest/ Northcentral	Southwest	Northeast	Southeast	Southcentral	State
Excellent	30.8%	28.4%	32.8%	26.8%	30.0%	31.1%
Good	48.5%	53.9%	51.6%	49.4%	52.8%	51.7%
Fair	17.0%	14.7%	13.4%	19.9%	11.6%	13.7%
Poor	3.7%	3.0%	2.2%	3.9%	5.7%	3.5%

Use and Awareness of Complementary and Alternative Medicine (CAM) Modalities

In 1993, Eisenberg, et al., published a benchmark study of the prevalence and frequency of use of unconventional therapies in the United States. This group replicated the survey in 1997 and they found that CAM use had increased during the intervening years (Eisenberg, et al., 1998). Of the 16 modalities studied, rates of use were highest for prayer, relaxation techniques, chiropractic, and massage in the 1990 survey and prayer, relaxation techniques, herbal medicine, massage, and chiropractic in the 1997 survey.

Based on Eisenberg, et al., and other prevalence studies, ten core CAM interventions were focused on in the current survey. These interventions had the highest rates of use in previous CAM studies. They include:

- Massage
- Chiropractor
- Acupuncture
- Herbal Products
- Lifestyle Diet
- Megavitamin Therapy
- Relaxation Therapy
- Energy Healing Therapy
- Mind-Body Practices
- Folk Medicine

Respondents were asked questions that involved usage during the past 12 months, payment, availability, concomitant use of traditional medicine, and information source. In addition, respondents were asked on a simple “yes” or “no” basis, whether they had used aromatherapy, homeopathy, reflexology, acupressure, prayer, spiritual healing, naturopathy, or other alternative medicines or practices.

Depending on the type of CAM intervention, respondents were asked about their usage; subsequent questions related to use took the form of number of visits to a practitioner (e.g., visits to a massage therapist), frequency of usage (e.g., length of time on a lifestyle diet), or how often is the therapy practiced (e.g., relaxation therapy).

In the current survey, reported CAM use showed a different set of preferences than those in the Eisenberg studies, as shown in Figures 6 and 7. When ranked, use of prayer (73%) and spiritual healing (25.4%) were higher than other methods. Following these is the use of herbal products (24%), a chiropractor (16.6%), and aromatherapy (15.7%). Use of massage therapy was ranked sixth among the methods (8.2%) and was a lower rate than that cited in the 1998 Eisenberg survey (11.1%).

Question 14 asked: Are there any other alternative medicines or practices not mentioned here that you have used in the past 12 months? Of the 98 who answered yes, methods and practices ranged from exercise, music therapy, magnet therapy, electrotherapy, crystal healing, hydrotherapy, "chocolate chip cookie" therapy, to use of specific herbs and teas such as glucosamine or green tea. Several answers in this category fit other questions asked previously, such as use of herbal medicine and folk medicine. Five respondents to Question 14b reported a specific folk medicine therapy and seven respondents reported use of specific herbs.

Figure 6. CAM Use and Type in Last 12 Months for Core 10 CAMs

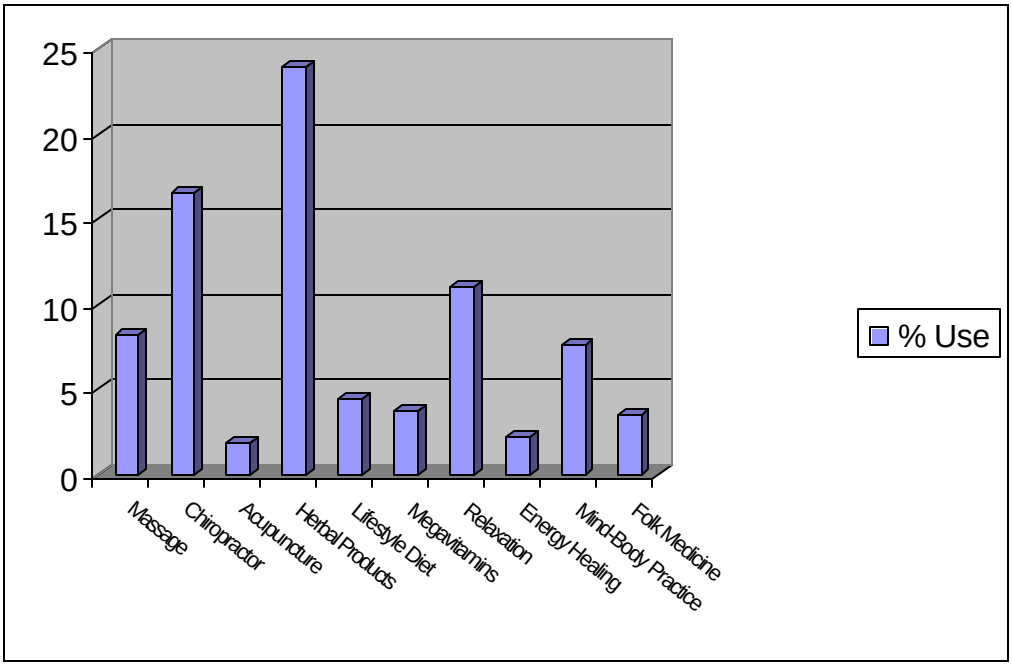
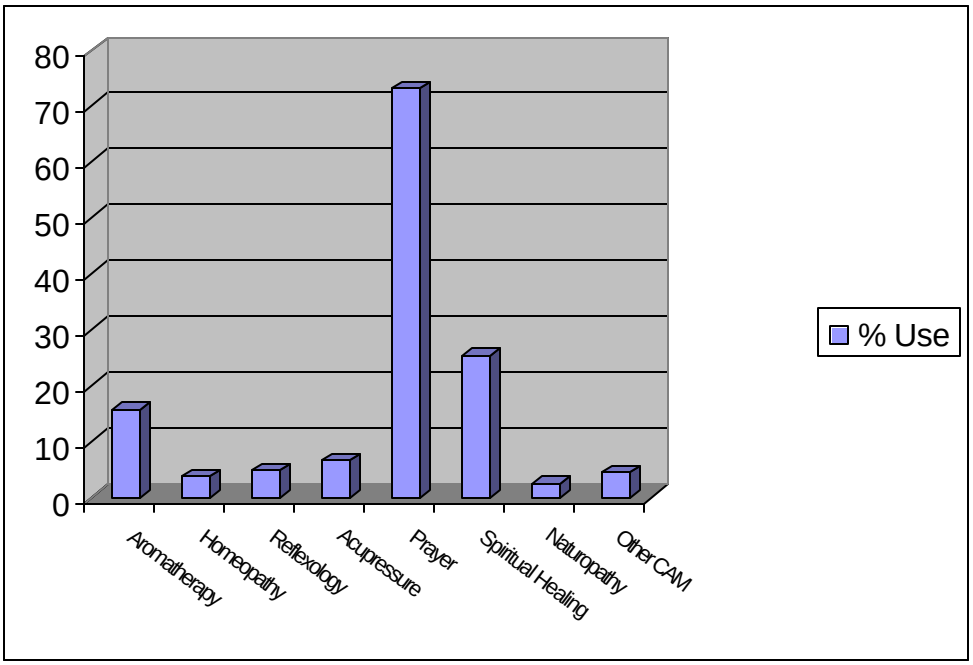


Figure 7. Other CAM (non Core CAMs) Usage Over Past 12 Months



When split by regions, usage of the various CAMs tends to be higher in the Southcentral and Northeast regions with a few exceptions (see Figures 8 and 9).

As shown in Figure 8, the use of Folk Medicine was significantly higher in the Southwest region (8.1%) and may be a reflection of the higher number of Hispanics in this region. Also, chiropractor use was much higher (24.5%) in the Northwest and Northcentral region and the Southwest region. Prayer tends to be high in all regions, and spiritual healing is relatively high as well. The latter may be somewhat due to question ordering, as this question followed the prayer question in the course of the interview, and it is therefore, likely that some equated prayer with spiritual healing.

Figure 8. Percent of CAM Use by Region

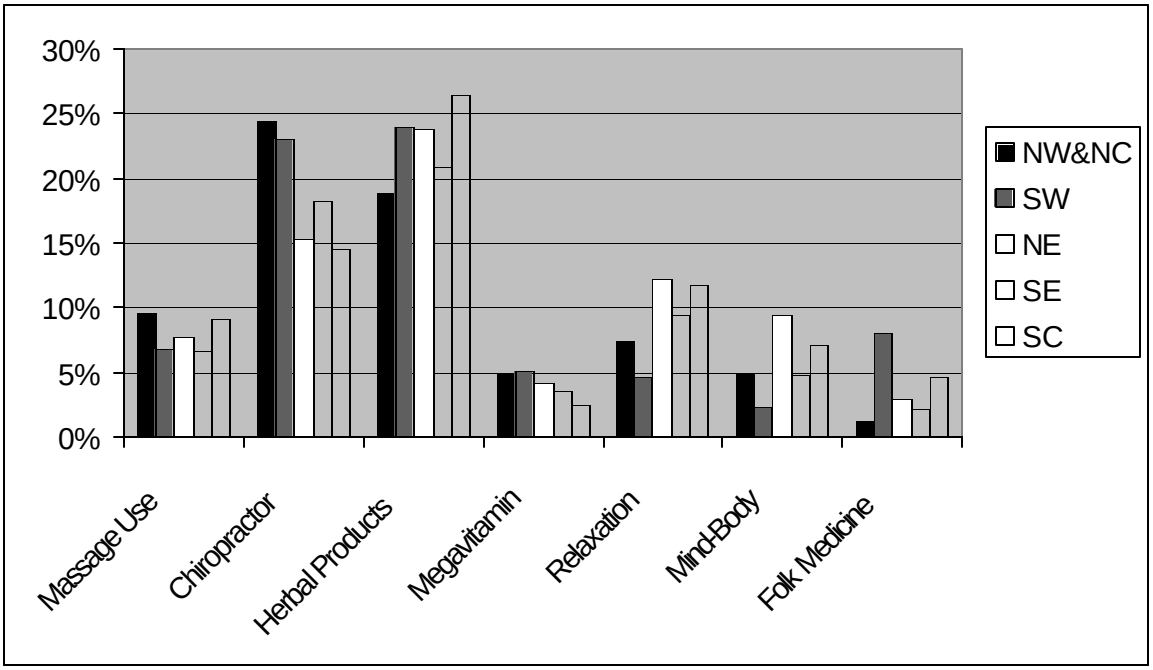


Figure 9. Percent of CAM Use by Region

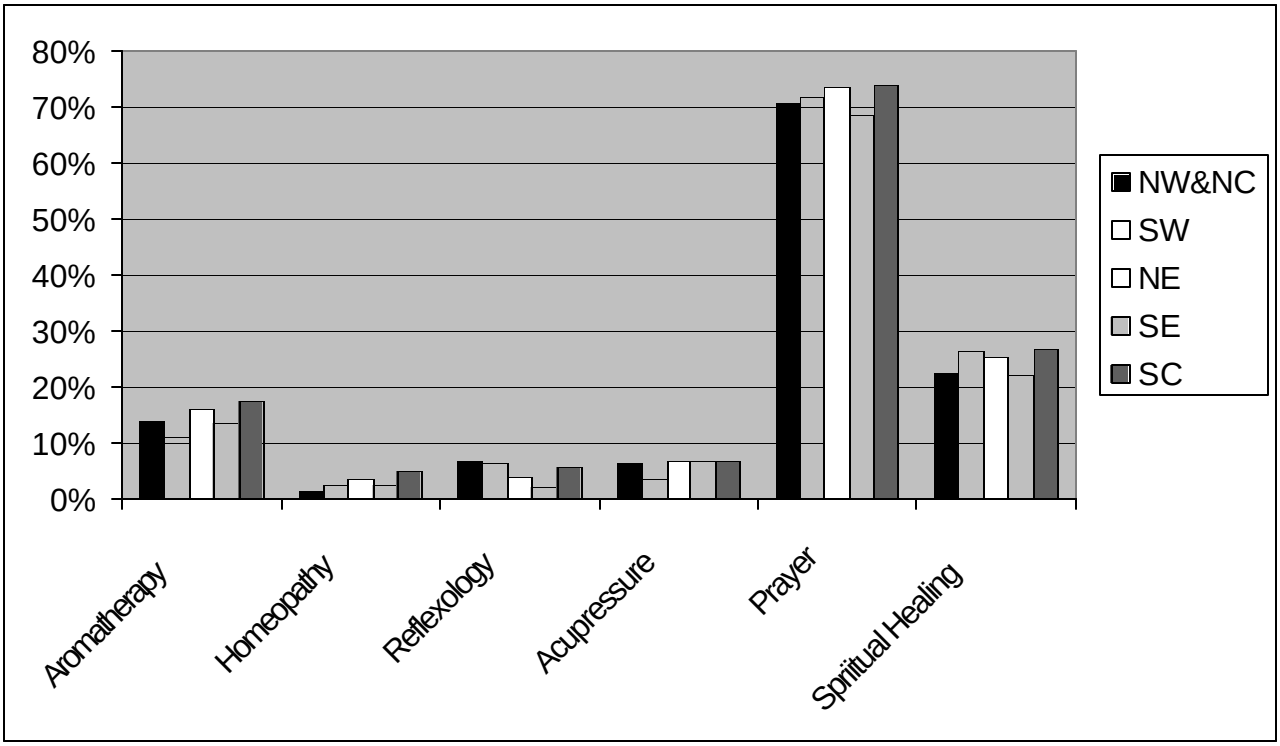


Table 7. Use of Chiropractor and Folk Medicine by Region (%)

Region	Folk Medicine	Chiropractor Use
NW & NC	1.2%	24.5%
SW	8.1%	23%
NE	2.9%	15.3%
SE	2.1%	18.2%
SC	4.7%	14.6%

When respondents were asked if they had heard of the selected CAM modalities, with the exception of energy healing therapy, a majority reported yes. Figure 10 shows percentage of use and statewide awareness of CAM modalities. By rank, among the top five, chiropractor had the highest level of awareness (97.5%) which was followed by acupuncture (96.1%), herbal products (92%), mind-body practices (82.8%), and massage (80.6%). Lowest levels were seen in energy healing (46.7%) and megavitamin therapy (50.2%). Though approaching significance (P = .066), a correlation between use and awareness cannot be definitively inferred.

A breakdown of awareness of CAM by regions is shown in Figure 11. There was some variability among regions with the more urban Northeast and Southcentral regions having higher levels of awareness overall. The more rural regions (Northwest and Northcentral, Southwest, and Southeast) had lower levels of awareness overall.

Figure 10. Percent of Use and Awareness of Selected CAM Modalities

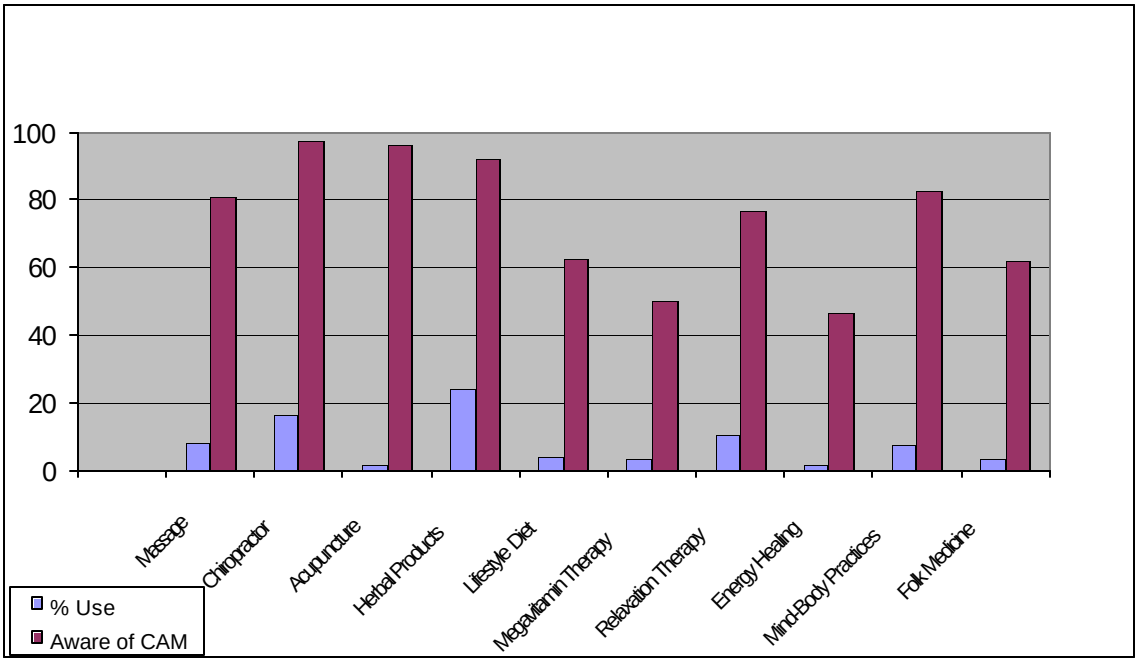
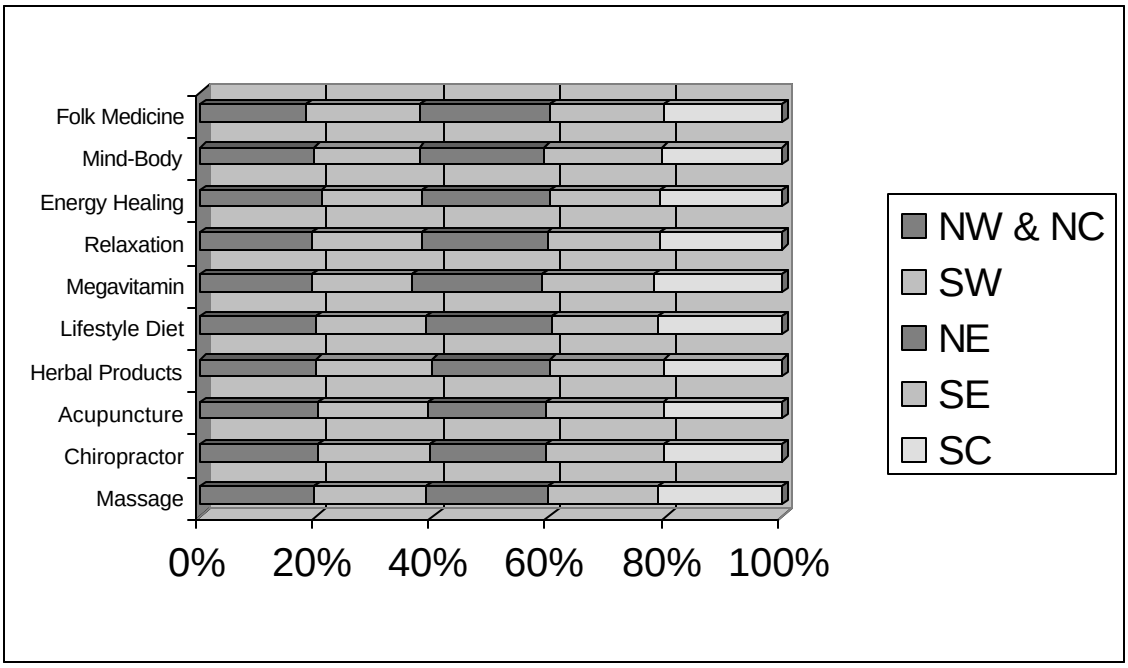


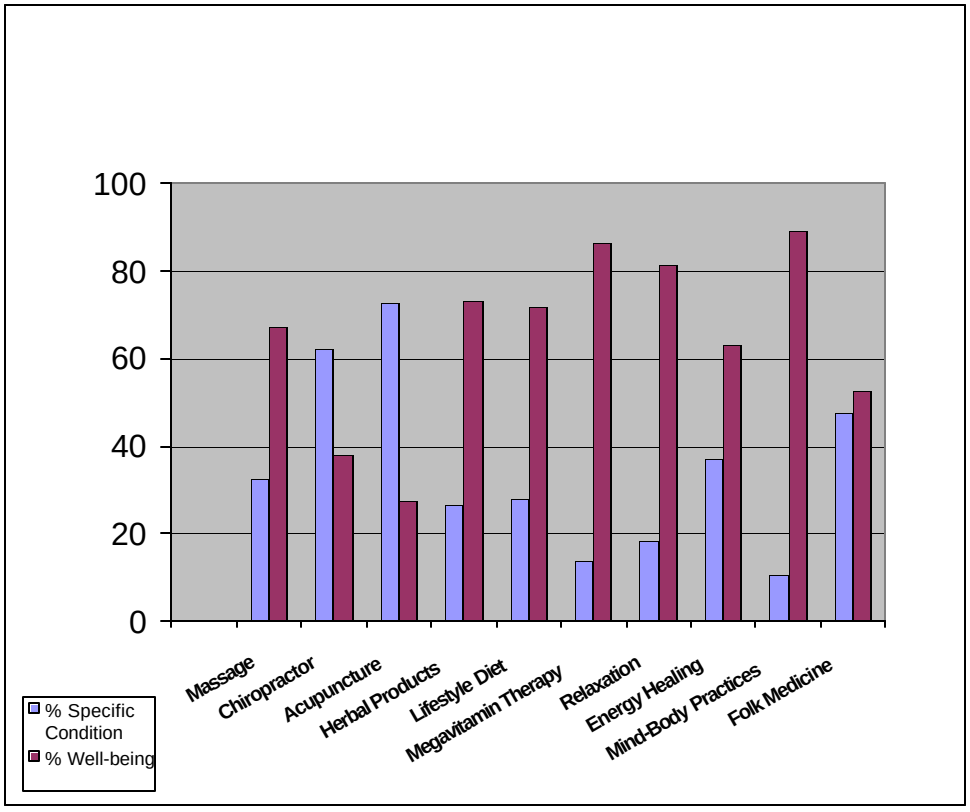
Figure 11. Percent Awareness of CAM by Region



CAM Use for Specific Conditions

Figure 12 shows reported use of CAM for a specific condition or for general well being. This categorization suggests a difference between preventive and intervention-based CAM modalities. In particular, use for a specific condition of acupuncture (72.5%), a chiropractor (62.1%), and folk medicine (47.6%) appear to be more strongly related to an intervention approach than the other types listed. Conversely, use for general well-being of mind-body practices (89.3%), megavitamin therapy (86.2%), relaxation (81.5%), and herbal products (73.2%) may be more strongly related to a preventive approach.

Figure 12. Percent of Use of a Specific Condition or for General Well-being



Those respondents who reported use of CAM for a specific condition were then asked what that condition was. Table 8 shows percentages of the most prevalent of these conditions. Of note is that with the possible exception of heart

disease, all other reasons for use listed were related to pain issues. Other examples of medical conditions with lower percentages included: injuries, diabetes, sinus problems, stress, colds/flu, cholesterol, and pregnancy. When compared with Eisenberg, et al. studies (1993; 1998), some similarities appear, e.g., high use of massage and chiropractor for those with neck and back problems, and high use of relaxation for headaches.

Table 8. Users by Medical Condition and Type of CAM Used (%)

Medical Condition	Massage (%)	Chiro-practor (%)	Acupunc-Ture (%)	Herbal Products (%)	Life-style Diet (%)	Mega-vitamin (%)	Relaxa-tion (%)	Energy Healing (%)	Mind-Body Practice (%)	Folk Medi-cine (%)
Neck and Back Problems	23.6%	65.5%	38.0%	1.9%	0%	0%	9.6%	31.5%	22.8%	0%
Fibromyalgia	17.7%	0.9%	0%	3.7%	0%	0%	0%	0%	0%	0%
General Pain	0%	4.0%	6.9%	0%	0%	0%	6.5%	0%	0%	0%
Arthritis	5.0%	2.2%	0%	8.4%	0%	0%	0%	0%	0%	0.7%
Headaches	3.0%	2.8%	0%	0%	0%	0%	9.5%	20.5%	0%	0.7%
Heart Problems	0%	0%	0%	5.2%	14.8%	0%	0%	0%	9.7%	7.4%

Complementary Use of Alternative Medicine

Other questions asked of respondents who reported use of a CAM modality included whether they had seen a doctor (MD) or nurse practitioner (NP) for their specific condition (e.g., Q4c3) and whether their MD or NP had prescribed medication or therapy for that condition (Q4c3b). Table 9 shows percentages of those using a particular CAM, those who use it for a particular condition, those who see a MD or NP for this condition in addition to the CAM use, and those who received a prescription for medicine or therapy for their particular condition. In five of the 10 CAM modalities (massage, acupuncture, lifestyle diet, megavitamin therapy, and relaxation therapy) a majority of respondents reported that they had seen an MD or a NP for the specific condition

that they are using the CAM therapy. With the exception of Mind-body Practice, a majority of this group had received a prescription for their specific condition. These data suggest complementary use of alternative medicine and traditional medicine with some modalities such as megavitamin, acupuncture, or relaxation showing higher rates of concomitant use.

Table 9. Prevalence of Use, Use for a Specific Condition, Seen MD or NP for Condition, and Prescription for that Condition (%)

CAM Modality	Using	Use for Specific Condition	Seen MD or NP for Condition	Who Received Prescription for Condition
Massage Therapy	8.2% (N=178)	34.0% (N=60)	62.6% (N=38)	61.4% (N=23)
Chiropractor	16.6% (N=359)	62.6% (N=220)	39.0% (N=86)	67.1% (N=57)
Acupuncture	1.9% (N=42)	76.5% (N=32)	63.8% (N=20)	59.5% (12)
Herbal Products	24.0% (N=519)	26.4% (N=135)	43.3% (N=59)	80.0% (N=47)
Lifestyle Diet	4.4% (N=94)	26.6% (N=25)	52.0% (N=13)	71.5% (N=9)
Megavitamins	3.7% (N=80)	15.5% (N=12)	73.7% (N=9)	64.7% (N=6)
Relaxation Therapy	11.0% (N=239)	19.6% (N=47)	62.7% (N=29)	81.5% (N=23)
Energy Healing	2.2% (N=48)	31.9% (N=15)	36.6% (N=5)	83.3% (N=4)
Mind-Body Practice	7.6% (N=165)	9.5% (N=16)	21.1% (N=3)	7.9% (N=?)
Folk Medicine	3.5% (N=77)	51.6% (N=38)	45.3% (N=17)	67.3% (N=12)

Frequency of CAM Use

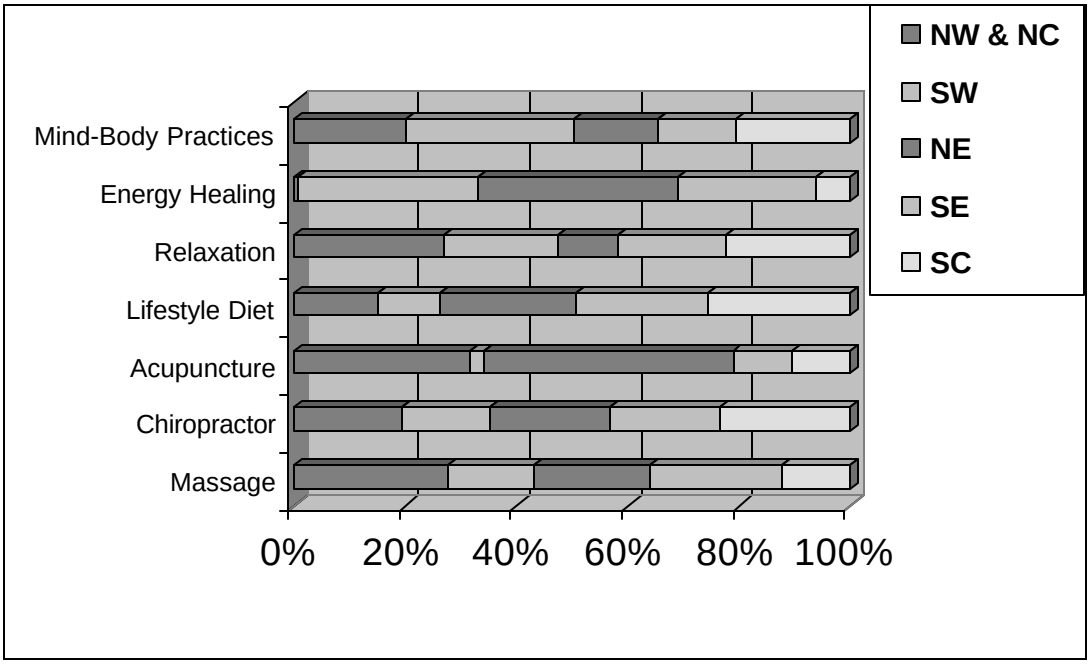
To determine respondents' frequency of use, mean and median visits per month, number of uses per month, and frequency of use were calculated. Table 10 shows the mean and median usage of selected CAM. Comparisons of different types of CAM are difficult due to the nature of each method used. The higher mean use of lifestyle diet, relaxation, energy healing, and mind-body practices, may reflect the preventive aspect of these particular methods.

Table 10. Mean and Median Visits/Uses Per Month by CAM

Type of CAM	Mean	Median
Massage (visits/month)	1.8	0.33
Chiropractor (visits/month)	1.1	0.33
Acupuncture (visits/month)	1.0	0.25
Lifestyle Diet (months on diet)	3.53	2.0
Relaxation Therapy (use/month)	16.4	12.0
Energy Healing (use/month)	6.8	0.4
Mind-Body Practice (use/month)	4.8	4.0

Figure 13 shows a comparison of mean visits/use of CAM by region. Frequency of use of lifestyle diet in the Southeast (20.2 visits/month) and relaxation in the Northwest/ Northcentral regions (27.3 visits/month) is much higher than other regions. This may be due to the nature of the CAM or to availability of a specific therapy. E.g., the Northeast had higher rates of use of acupuncture (1.7 visits/ month) and energy healing (10.7 visits/ month) and could be a result of higher availability of practitioners in those regions. Both lifestyle diet and relaxation are CAM methods that can be practiced everyday without the need for a practitioner visit or special resources which is reflected in the higher mean number of visits across regions.

Figure 13. Mean Use/Visits Per Month by Region



Payment of CAM

Respondents were asked two questions regarding how they paid for the CAM method used. The first question asked the respondent if the CAM therapy is paid for with insurance, out of pocket, a combination of the two, or "other." Figure 14 shows this breakdown. With the exception of chiropractor use, the majority of CAM use was paid out of pocket or some "other" method. It should be noted, however, that a small percentage of respondents' insurance companies do pay for the listed CAM which may reflect a trend toward payment of alternative methods (See Table 11).

Figure 14. Percent of Payment of CAM Use.

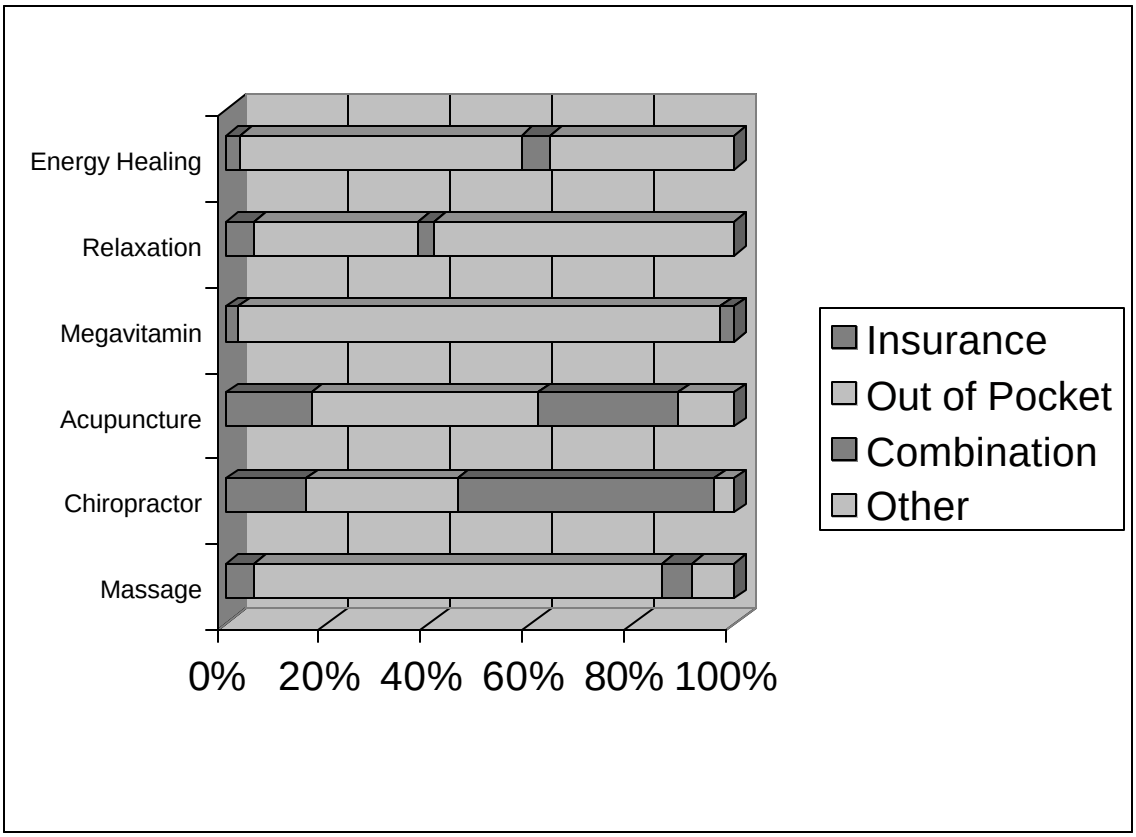


Table 11. Percent of Insurance Covered CAM

	Massage	Chiropractor	Acupuncture	Mega-Vitamin	Relaxation	Energy Healing
Insurance Covered	5.7%	15.8%	16.8%	2.4%	5.4%	2.7%

Respondents were also asked on average, how much their out of pocket expense was for their use of a particular CAM therapy. The mean and median of out of pocket costs by month is shown in Table 12. With the exception of energy healing, all costs per month exceeded that spent on traditional medicine. Not surprising, respondents spent the highest amounts per month using a Lifestyle diet (mean = $140).

Table 12. Cost Per Month of Use of Traditional Medicine and CAM Use

Type	Mean	Median
Traditional Medicine	$14.46	$2.08
Massage	$51.30	$15.00
Chiropractor	$19.00	$8.00
Acupuncture	$56.11	$9.60
Herbal Products	$26.78	$10.00
Lifestyle Diet	$140.00	$100.00
Megavitamin Therapy	$32.42	$20.00
Relaxation Therapy	$28.30	$15.64
Energy Healing	$9.34	$3.83
Mind-Body Practice	$16.52	$1.67

Distance Traveled to Access CAM

In order to assess how available CAM therapy was in different regions, respondents were asked how far they travel to access either a practitioner, specific products, or CAM groups or classes. Mean minutes of distance traveled is shown in Table 13. Travel to practitioner-related services had the highest mean travel times (acupuncture-18.3 minutes, chiropractor-15.1, massage therapist-13.6).

Table 13. Mean and Median Number of Minutes Traveled to Access CAM

Type of CAM	Mean	Median
Massage	13.6	10.0
Chiropractor	15.1	10.0
Acupuncture	18.3	10.0
Herbal Products	10.0	5.0
Lifestyle Diet	9.7	5.0
Megavitamin Therapy	10.6	5.0
Relaxation Therapy	3.8	0.0
Energy Healing	5.3	0.0
Mind-Body Practices	4.4	0.0
Folk Medicine	9.6	5.0

When split by region (Table 14), rural regions (the Northwest/Northcentral, Southwest and Southeast) overall show a longer mean distance to travel to access CAM practitioners and resources. This could be a reflection of a lack of availability of CAM resources in these rural areas.

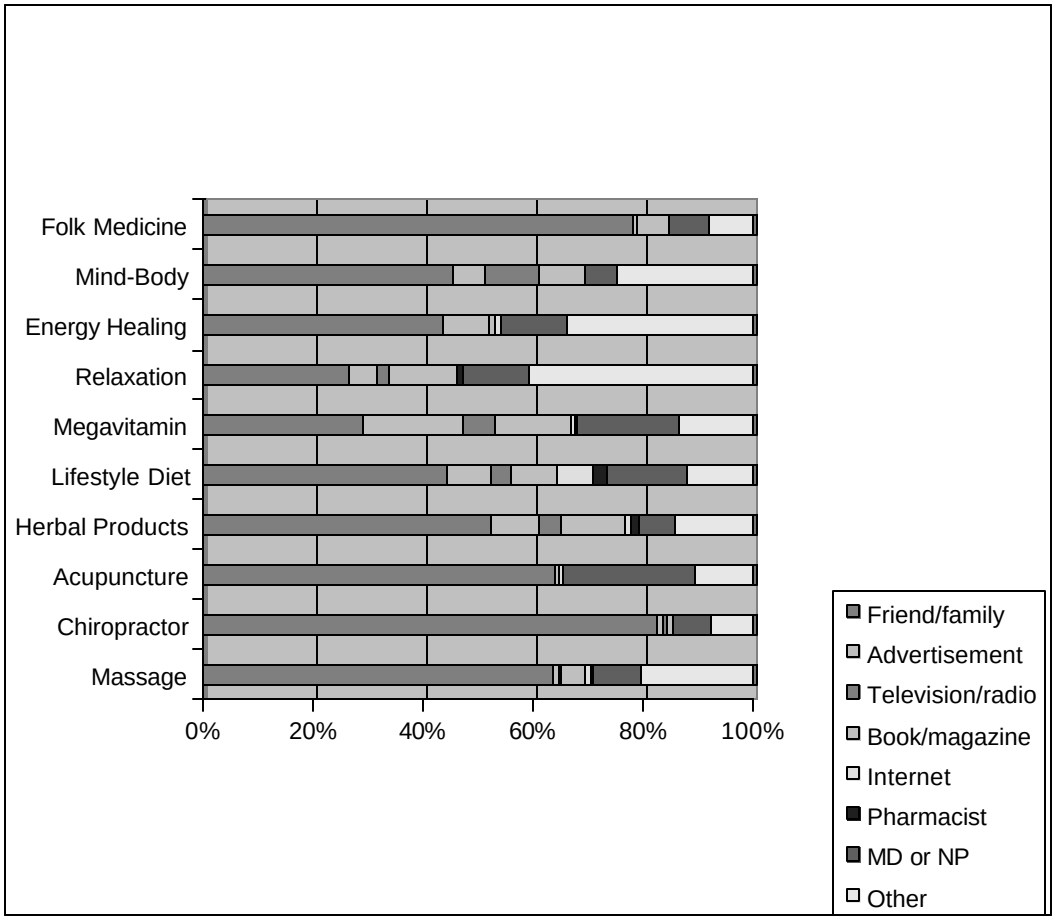
Table 14. Mean Minutes Traveled to Access CAM by Region

REGION		q3f Massage: Minutes Traveled	q4f Chiropractor: Minutes Traveled	q5f Acupuncture: Distance Traveled	q6f Herbal Products: Distance Traveled	q7f Lifestyle Diet: Distance Traveled	q8f Megavitamin Distance Traveled	f Relaxatio Minutes Traveled	q10f Energy Healing: Minutes Traveled	q11f Mind-Body Practices: Minutes Traveled	q12f Folk Medicine: Minutes Traveled
Northwest&North	N Valid	40	105	11	77	17	21	31	1	21	5
	Mean	**20.58**	**18.16**	**9.82**	**14.01**	**11.24**	**25.33**	**5.94**	**1.00**	**3.48**	**15.00**
Southwest	N Valid	32	107	8	104	14	24	21	8	11	36
	Mean	**23.41**	**19.44**	**23.00**	**15.47**	**6.79**	**10.17**	**2.38**	**5.88**	**.91**	**11.06**
Northeast	N Valid	32	63	7	94	20	14	48	7	38	10
	Mean	**11.47**	**14.27**	**22.86**	**8.27**	**8.55**	**8.21**	**4.63**	**1.43**	**4.05**	**8.50**
Southeast	N Valid	28	79	3	88	13	15	40	5	21	7
	Mean	**19.82**	**22.34**	**25.00**	**13.72**	**14.15**	**14.80**	**1.40**	**6.60**	**3.57**	**8.57**
Southcentral	N Valid	39	62	10	107	16	10	46	10	29	17
	Mean	**11.87**	**11.45**	**14.60**	**10.08**	**11.31**	**5.80**	**2.61**	**9.80**	**5.72**	**9.71**

Source of Information of CAM

To determine the source of referral and information about the particular CAM method used, respondents were asked who first provided information to them. This was categorized as: Friends or family, an advertisement, television or radio show, a book or magazine article, the Internet, a pharmacist, an MD or NP, or some other source. Figure 15 shows the percentage of information source categories for the chosen CAM modalities. Friends and family make up the majority of information sources, however, there was a significant percentage of MD's and NP's who were named as the first source of information for acupuncture (24%), megavitamin (18.4%), lifestyle diet (14.5%), energy healing (12.1%), and mind-body therapies (12.1%). The "other" category showed a higher percentage than the typical media sources of television, radio, books or magazines. With the exception of Lifestyle diet (6.4%), the Internet was a very small percentage of the overall information sources.

Figure 15. First Source of Information on CAM



Reasons for Using or Not Using CAM

Of the 1,446 comments reported for open ended Question 15b, ten categories emerged that characterized why respondents use CAM therapies. Table 15 shows these categories and percentages of those whose answers fell in these categories.

There is a strong prevention component seen in the 22.2% who use CAM to maintain their health and well being. This is also reflected in the 7.4% of comments regarding use for relaxation and stress relief. Only 3% of the comments mentioned using CAM as an alternative to traditional medicine. This may reflect a more complementary aspect to CAM as opposed to a substitution of alternative medicine for traditional medicine.

Table 15. Reasons for Using CAM Modalities (%)

Reason	Percent
Alternative to Traditional Medicine	3.0% (N = 44)
Referred by Someone	3.7% (N = 53)
Faith Related	11.4% (N = 165)
Because They Work	15.3% (N = 221)
Specific Physical Problem	10.8% (N = 156)
Restores Health/Helps to Feel Better	14.7% (N = 212)
Experimentation	2.5% (N = 37)
Relaxation/Stress Relief	7.4% (N = 107)
For Energy	0.8% (N = 12)
To Maintain Health/Well Being	22.2% (N = 321)
Other	2.7% (N = 40)
Don't Know/No Answer	5.4% (N = 79)

Table 16 shows reasons why respondents do not use any of the CAM therapies in the survey. There were 692 total responses to the open ended Question 16 that asked for reasons why CAM was not used. A majority (58.2%) responded that the therapies were simply not needed because respondents were healthy and almost 1 in 10 respondents preferred traditional medicine. Only 1.3% reported availability as a reason for non-use.

Table 16. Reasons for Not Using CAM Modalities

Reason	Percentage
Didn't Need Them	58.2% (N = 403)
Prefer Traditional Medicine	9.1% (N = 63)
Don't Believe	8.9% (N = 62)
Lack of Knowledge	8.5% (N = 59)
Against Belief System/Faith	6.5% (N = 45)
Don't Like	3.2% (N = 22)
Monetary Reasons	1.5% (N = 10)
Availability	1.3% (N = 9)
No Time	1.1% (N = 8)
Other	0.5% (N = 3)
Don't Know/No Answer	1.2% (N = 8)

Conclusion

CAM, though not following the same patterns as other CAM prevalence studies, has a significant number of users in Kansas. There is a preventive aspect to CAM use and it appears to be more complementary rather than alternative. As would be expected, usage of particular CAM modalities varies across the designated five state regions, however, awareness of the ten core CAM interventions was high in all regions.

Having a high awareness does not necessarily mean that high use of CAM exists currently. While mean distance traveled is not extremely high, one can speculate whether more availability of CAM practitioners and resources would increase reported use. Also, it is not known whether the impact of the shortage of primary health care resources is a factor in higher usage of CAM such as that seen in chiropractor use in the Northwest and Northcentral regions.

If Kansas follows the trend toward increasing CAM usage, current health care providers of traditional medicine need to explore whether the complementary aspect of alternative medicine is a viable option for them.

Filename: KHERF report B&W version.DOC
Directory: C:\DOCUME~1\mwalker\LOCALS~1\Temp\C.Lotus.Notes.Data
Template: C:\Documents and Settings\mwalker\Application Data\Microsoft\Templates\Normal.dot
Title: Methods
Subject:
Author: D Hirai
Keywords:
Comments:
Creation Date: 2/21/2002 4:01 PM
Change Number: 12
Last Saved On: 10/2/2002 11:18 AM
Last Saved By: Preferred Customer
Total Editing Time: 230 Minutes
Last Printed On: 10/2/2002 1:31 PM
As of Last Complete Printing
Number of Pages: 42
Number of Words: 5,128 (approx.)
Number of Characters: 29,231 (approx.)