2018 Community Needs Healthcare Assessment

Conducted by ACHC in February-March 2018

What story does the survey data tell us? It is a multifaceted picture, as it considers both our patients and our non-patients, those that come to see us on a regular basis and those who may have come once or twice but have no ongoing medical relationship with us. The survey asks for feedback on all the various programs and agencies within our catchment area, not only those programs operated by Asher CHC. It also integrates all the data gathered through the public meeting discussion, an online survey limited to seven questions, and a written mailed survey with 34 questions.

As we sift through the data, certain recurrent themes rise to the top. There were 227 people overall who responded to our request for Community Needs information; 204 responses from the written surveys, and 23 from the online survey and the three community meetings. Their themes, their predominant ideas, are shared here.

Some points to keep in mind as you read through the survey results:

- Of the 227 total respondents, 189 (or 83%) answered they do receive their healthcare from Asher CHC. The remaining 38 (17%) either do not utilize Asher CHC for their medical care, or didn't answer the survey question at all.
- Within the community meetings, the online survey, and the written survey we sought responses concerning all healthcare programs (or lack thereof) within the catchment area, not only Asher CHC's programs.
- These survey results focus on 'needs' but there was a strong thread within the comments that people
 recognize and sincerely appreciate the services, resources, and the personnel we do provide in this
 frontier rural setting.
- Additional specific details pertaining to each survey method has been attached as appendices.
- The format of the data we received from the written surveys *versus* the public meetings/online survey was structured differently, and so will be easier to understand if digested separately. That information is assembled separately below.

The story from the Community Meetings & Online surveys; the greatest health concern:

Public Community Meetings responses: By distilling the content of the meeting discussions, plus examining the 'dot-system' ranking*, these Community Needs rose to the top:

- Additional and expanded Dental, Vision, Hearing and other specialty medical services
- Additional and expanded Senior/Youth educational and motivational programs; expanded Tele-Health
- Increased communication as to what services ACHC offers (online/website mentioned most frequently, postal mailing was secondary).

(*dot-system ranking: Attendees prioritize by using colored dots to show their order of importance, on a list created during the meeting from their comments)

Online Survey responses: All of the respondents indicated their residency within the catchment area. This survey contained seven total questions. When distilled, the top Community Needs shared were: (percentage calculated by number of the answers indicating this as a top need)

- Expanded/additional types of local medical services/specialists (vision, chiropractic, hearing, massage)
 (92%)
- More medical providers at the Clinic/ more diverse types of medical providers at Clinic (67%)
- Longer or expanded Clinic hours (67%)
- Better medical billing services for Clinic (42%)

The online survey generated 26 answers for **Dreams for our Healthcare Future**:

- Increased/expanded offerings of types of medical services (27%)
- More opportunities for specific/ specialized types of exercise (23%) water therapy most popular
- Longer/expanded clinic hours (19%)

The story from the Written surveys; the greatest health concern:

There were 770 written surveys mailed (one to each postal address in Wheeler County); we received 204 back with answers, or 26.5%.

One of the most telling survey questions as it relates to perceived community needs is question #7: "Which of the following would you say is the most important health concern our community is facing today?"

Of the nine categories already listed for them, plus a customizable 'other' category, the respondents were able to rank each in order from their highest concern to lowest concern.

There are two primary ways to digest this question's data:

The Highest Concerns Only: Below, we calculated only the concerns that ranked as the two highest (without factoring in the *midrange* and *lowest* concerns).

Note: Rankings were consistently the same whether we were looking at only ACHC patients, or looking at all respondents.

- 1st: Drug abuse
- 2nd: Alcohol abuse
- 3rd: Lack of access to higher medical care
- 4th to 9th in order: Obesity, Mental health concerns, Isolation and Ioneliness, Tobacco use, Domestic violence, and lack of recreational facilities

or the Full Spectrum Considered: Another way to distill this question's data is to assign a value to the full spectrum of rankings across the board – factoring in the *highest* concerns, *midrange*, and *lowest* concerns (giving appropriate weight to the answers).

Using this method, we did see a minor shift: Drug and Alcohol abuse remain the top two concerns, but Obesity jumps to third over Lack of Access to Higher Medical Care (fourth), with all the remaining concerns holding the same lower order.

Other Written Survey questions that go beyond their greatest health concern...

There were many other questions presented beyond the perceived *greatest health concern* of our catchment area. Questions about barriers to care, have the respondents gotten all the medical/ dental/ prescription medication assistance they have needed? Do they have insecurities about housing/ food/ transportation? Depression, mental health, and substance abuse issues are broached. What interaction have the respondents had with the community health worker? What are the chronic conditions they are struggling with currently, and what are the countywide events they'd like to see Asher CHC sponsor in the future.

There's much to be learned from the respondents' answers, such as:

- About half responded they sought medical care outside Wheeler County because they couldn't get it
 here (48%)
- The biggest barrier to care they report is simply residing in this *remote rural location* (12%), but most felt the question was *not applicable* to their situation (78%)
- About half of the respondents who needed medical care in the last 6 months received it from Asher CHC, and the ones who report they didn't, gave 'not able to get a timely appointment' as the most common reason (14%)
- Most cited for improvement to our local access to healthcare was a tie: More medical care providers and Expanded clinic hours/days (39% each)
- About one-third of the respondents who needed Dental care in the last 6 months were able to receive it from Asher CHC, and the most cited reason for not getting it was *cost too high* (10%)
- 85% of the respondents who needed prescription medications received all they needed, with only 2% citing they didn't because the cost was too high
- 94% report negative to the *housing insecurity* questions
- Two question relating to *food insecurity* and funds for adequate food, received a 90% negative/no food insecurity and a 67% negative/no food insecurity
- Difficulty to access transportation received 6% as rarely, and 89% as not applicable
- Interesting to note that within the full scope of all survey responses, concern for *drug and alcohol abuse* ranked high throughout, however 92 % cite not needing help (or having anyone in their household that needed help) for substance abuse, and 94% deny a struggle with prescription/pain medication or opioid abuse (or knowing someone who does).

In Conclusion: The Combined Story, and Recommendations

When we blend the results from the written surveys, the public community meetings and the online responses (all weighted appropriately), we can see certain themes repeat and dovetail together.

We start at the top of the following summary table with the highest concern for community healthcare needs, and include our recommendations and/or plans to address it either now or in the near future.

2018 Community Healthcare Needs Summary Table

Written Survey	Issue by Order of Importance	Alternative/ Appropriate Entities	ACHC's plans to address ◆ = Items we already do, or can do ❖ = Budget, Time or Personnel restrictions	Comment
			Focus on Screening & Referrals/ CCS	*
	Drug Abuse	LCAC / CCS	invited to Health Fair	
	Alcohol Abuse	LCAC / CCS	Focus on Screening & Referrals/ CCS invited to Health Fair	•
	Higher Medical Care		Screening & Referrals /Tele-health/ Health Fair	•
	Obesity	LCAC	Screening/Tele-health/Health Fair	♦
	Mental Health	LCAC / CCS	Tele-health Access/ CCS invited to Health Fair	•
	Loneliness/Isolation	Some isolation by personal preference	Screening & referral /CHW outreach/ CCS	•
	Tobacco	LCAC	Screening/Education/ Cessation Program/Tobacco Quit Line (OCHIN)	•
	Domestic Violence	Law Enforcement	Screening & Referral/ Counseling/ Education	•
	More Recreational Facilities	City or County finance issue		
On-Line/		Alternative/		
Meetings	Issue by Order of	Appropriate		
	Importance	Entities	ACHC's plans to address	
	Expanded Dental		All Services are currently available.	•
	More Education	LCAC	Health Fair/ CHW connect Pts to existing resources	•
	More Medical			♦
	Specialty Services		Health Fair/ Tele-Health	
	More ACHC			•
	Advertised Services		New Website/ Cont press releases	
	More Medical		Cont to work toward PT/ Budget	♦
	Providers		restrictions	

	More Diverse			*
	Providers		Budget restrictions	
			Employment retention/ Budget	*
	Longer Clinic Hours		restrictions	
			Similar across all programs/ due to	*
	Better billing services		complexity is outside our direct reach	
Future		Alternative/		
Dreams	Issue by Order of	Appropriate		
	Importance	Entities	ACHC's plans to address	
			Cont to work toward PT/ Telehealth/	•
	More Medical		future study to understand & focus	
	Services		efforts to greatest interest	
		LCAC / City-		
	Specialized Exercise	Co Concern		
	Longer Clinic Hours		Employment retention	*
	Emergency Dental		Budget Concerns	*
	Improve Spray Clinic		In process	•
	Add x-ray to Spray		Budget/Personnel Concerns	*
	Expanded Pharmacy	Condon	<u> </u>	*
	Services	Pharmacy	Budget/Personnel Concerns	
	More hours in	,		*
	Mitchell		Employment Retention	
		Dr. in		*
	Chiropractor	Condon	Budget Concerns	
	Physical Therapy			
	Pool	City Concern		
		LCAC / City		
	Exercise Programs	Concern		
			Successful event 2 yrs ago/ possible	•
	Vision Services	LCAC	repeat in future	
	Yearly Colorectal		We currently do this/ cont to be	•
	screening	LCAC	proactive	
	Home Health in	AHHS /		
	South County	NEWCHD		
	Education on specific	Condon		•
	Med Mgmnt	Pharmacy	PA provides as needed	
	Support Service -Care	AHHS/ DHS		*
	Givers	programs	CHW - limited	

Appendix A "Public Meetings"

PUBLIC MEETINGS: 3 Community Meetings; sign in's: 11 total ~ Mitchell Feb 13; Fossil Feb 19; Spray Feb 26

The community meetings were held in February and due to very stormy weather, the turnout was lower than hoped for. However, the people who did brave the weather were very vocal and had great input. It's important to note that we asked about ALL healthcare systems within our catchment area—not just factors relating to what ACHC offers or covers. We wanted to know where the gaps are; where the unmet needs are. We posted Categories of Healthcare that we wanted the attendees to think about (tickler list; included below).

The Asher CHC facilitators asked questions and encouraged discussion within three main topics: What is going well right now? Where are the gaps currently? What are the dreams for the future? Each of the communities are unique in their geography and their demographics. True to form, each community had slightly different priorities. Shown are the top three answers by community.

ΝЛ	Δ	H	i	ca
IVI	c	u	ı	ca

preventative
urgent care
family practice
chronic conditions
respite care/ caregiver assistance
hospice / home health
welfare checks/ condition assessments
post-op/ post-ER/ post-hospital 'bridge care'

Youth

medical health mental health

drug/suicide awareness

Dental

(preventative/ongoing/emergent)

Vision

(preventative/ongoing/emergent)

Mental health/ counseling

Substance abuse

Emergency response- i.e. Ambulance

	Fossil	Spray	Mitchell
1. What are the	a. ACHC in Fossil is	a. That we have an	a. That we have an ACHC Clinic in
existing	open a full week	ACHC Clinic in place in	place in Mitchell.
positives right	(M-F) schedule.	Spray.	b. Local dental services are readily
now with our	b. ACHC strives to	b. Local dental services	available.
local	provide a full staff	are readily available.	c. That Mitchell still has a volunteer
healthcare	of medical	c. How the Clinic's	Ambulance.
system?	providers.	existence helps reduce	
	c. there are	the workload for the	
	supportive local	volunteer Ambulance.	
	agencies (EMTs,		
	SAR, Sheriff's		
	Office)		

2. Where do they see the healthcare gaps currently; where does the current structure fall short?	a. Need vision services. b. Yearly screening (EVERY year) for colorectal c. Structured exercise programs (all across demographics).	a. Need emergency dental. b. Better public informed of ACHC programs and clinic's limitations (ie not an ER) c. Improved clinic facility in Spray.	a. 3-way tie: * System of regular welfare checks on remote seniors; * Pharmacy services; * Expanded clinic advertising. b. Multiple 'tie': * expanded Clinic hours in Mitchell; * increased outreach and activities for both youth and seniors; * Home Health in South County (gaining or retaining); * revisit S. County being included in Health District. c. Again, multiple 'tie': * Outreach on telehealth and other services (CCS, etc); * Expand telehealth offerings (diabetes) (cardiovascular); * more educ on medication
3. What are the dreams we wish for, for our healthcare system; what do we need that we don't have currently (no dream too big or farfetched)?	Each ranked the same level: * physical therapy pool; * Chiropractor; * After visit follow up contact // post event & in-home (for clinic visits that are or could be serious conditions); * Expanded pharmacy services; * Comprehensive suicide prevention.	a. 24-hr urgent care b. vision & eyeglasses services c. organized exercise programs for seniors (physical fitness)	management; * need updated/better website; * Support services for caregivers. a. 2-way tie: * X-ray capabilities in Mitchell; * Vision services. b. 2-way tie: * paid paramedic and paid Amb responders; * Hearing services. c. 2-way tie: * 24-7 clinic providers on call / urgent care; * Therapy pool.

Appendix B "Online Survey"

ONLINE: Online brief survey – 7 questions:

1- What are in Wheeler C	•	ings you can	think of tha	t would im	prove the CURRENT	health care	e system or services
,	2- If you could dream of anything NEW to add to our health care system (no goal too high, no dream too farfetched), what would you add? (Option to list 3)						
3- When you right now? (ories below), what d	o you thinl	c is working well
medical	youth	seniors	dental	vision	mental health	substanc abuse	e emergency response
	4- As we work to improve the future health care services for our area, what do you want us to know? What should we keep in mind?						
5- Regarding Wheeler County, Oregon: Do you							
live here fu	ll time	live her	e part time		only visit or trave	l through	never come to Wheeler County
6- If you don't live here personally, do you have family that does live here? (Yes or No)							
7- Any additi	7- Any additional thoughts to share?						

The online survey was posted by local new media Wheeler County News for approx. two weeks; there were three places online (one website and two on Face Book) where the link to survey could be found.

We received 12 online survey responses. Several people commented that they appreciated ACHC asking, and for caring enough to survey and gather responses.

Appendix C "Written Surveys"

WRITTEN SURVEYS, postal mailed:

Approx. 770 written surveys mailed out at end of February 2018 to all postal addresses in the County; both POB's and rural addresses.

34 questions, multiple choice with the option on many to make comment. Deadline to return survey was March 9, 2018 however we did not establish template within which to tally the results until May 2018, so we included all returned surveys (whether after March 9 or not).

People had approx. 2 ½ weeks to respond (but as stated, we included all we received)

Number that responded who say YES they use ACHC for their medical care= 166 (81%)

Number that responded who say NO they do not use ACHC for their medical care= 26 (13%)

Number that responded who didn't answer or "unknown" if they use ACHC for their medical care= 12 (6%)

Total # written surveys returned= 204

Appendix D "Category of Questions, all venues"

Types of questions from all three venues:

Subject	Written Survey	Specifically asked in	Specifically asked in	Total # of questions we
	Question #	Public Mtg?	Online	asked on this
	Question #		Survey?	subject
Do you get your healthcare locally, and how do you feel about that?	1,2,3,5,6			5
Health or Medical Ins coverage or status	4			1
Perception of most imp health concern for communities	7			1
What would improve our communities' health care (**)	8			1
Future HC events they want to see (++)	9			1
Need for medical care (currently/ last 6 mths)	10			1
Access to health care/medical care	11,12			2
Access to Dental care	13,14,15			3
Access to medications	16,17,18			3
Access to mental health care/substance abuse help	19,20,21			3
Opioid; possible abuse	22			1
Depression	23,24,25			3
Financial struggles; food insecurity	26,27,28			3
Adequate transportation	29			1
CHW program	30,31,32,33			4
What health conditions do they have	34			1
What are the positives right now with our current local HC system ? (incl ACHC as well as other HC providers)		Yes, asked & discussed	Yes; asked about 8 categories Q3	2
Where does the current local HC system need to get better? (incl ACHC as well as other HC providers) This Q also relates to (**) above		Yes, asked & discussed	Yes, could give 3 answers Q1	2
What are your HC system DREAMS for our future ?		Yes, asked	Yes, could	2
This Q also relates to (++) above		& discussed	give 3 answers Q2	_
Opportunity to Freestyle comment // not 'choices'		yes	Yes, 2 times Q4 & Q7	3
Do you live here full time or not? Only visit? Never come?			Yes, Q5	1
If you DON'T live here, do you have family here?			Yes, Q6	1

Total number responses from all venues (mailed, online and 3 community meetings)= 227

Appendix E "Responses to the Other Questions"

Note: The denominator used is 204, the number of written surveys received. Because every respondent did not answer every single survey question, the percentages may not add up to 100%.

Do you have one person you think of as your doctor or Medical Provider ?	Yes, 87%
Is that medical provider associated with Asher CHC?	Yes, 58%
(If you do) why do you seek medical care outside of Wheeler County?	Needed care I can't get locally, 48% Do not have confidence with local providers, 10% Had established care elsewhere previously, 9% Small community, concern with privacy, 5% Question not applicable, 14%
Health or Medical Ins coverage or status	Medicare, 58% Private or employee provided, 46% Medicaid, 14% Sliding scale, 10% No insurance, 2%
Need for medical care (within the last 6 mths)?	Yes, 84% No, 15%
Did they get all the medical care they needed?	Yes from outside the area provider, 52% Yes from ACHC, 43% Not applicable, 15%
If they didn't get all the care needed, why?	No timely appointment, 14% Cost too high, 6% Question is not applicable, 74%
At ACHC, do you feel you have experienced any of these barriers to access health care/medical care?	Gender, 0% Race or Ethnicity; Cultural barrier, 0.5% Income, 2% Education level, 0.5% Sexual orientation, 0% Age, 1% Disability, 2% Reside in remote/rural location, 13% Question is not applicable, 77%

At out-of-area providers, do you feel you have experienced any of these barriers to access health care/medical care?	Gender, 0% Race or Ethnicity; Cultural barrier, 0.5% Income, 3% Education level, 0% Sexual orientation, 0% Age, 1% Disability, 2% Reside in remote/rural location, 11% Question is not applicable, 78%
One thing that could improve local access to healthcare?	More care providers, 39% Expanded clinic hours/days, 39% More in-home services, 12% Lower costs, 9% Wider variety of tele-health, 2% No improvement needed, 13%
Need for dental care (within the last 6 mths)?	Yes, 68% No, 29%
Did they get all the dental care they needed?	Yes from ACHC, 31% Yes from outside the area provider, 29% Not applicable, 27%
If they didn't get all the care needed, why? Need for prescription medications (within the last	Cost too high, 10% No timely appointment, 6% Question is not applicable, 76% Yes, 85% No, 14%
6 mths)?	
Did they get all the medications they needed?	Yes, 85% No, 5%
If they didn't get all the medications needed, why?	Cost too high, 2% Couldn't pick up script, 1% Couldn't get script delivered to home, 0.5% PCP refused to refill, 0% Question is not applicable, 84%

Need for Substance Abuse help or Mental Health help (within the last 6 mths)?	Yes, 8% No, 92%
Did they get all the help they needed?	Yes, 5% No, 5% Not applicable, 87%
If they didn't get all the help needed, why?	The person didn't believe they needed help, 2% Cost too high, 0.5% Couldn't get appointment with local provider, 0.5% No transportation to out of area provider, 0.5% No transportation to local provider, 0% Question is not applicable, 90%
Do you, or someone you know, struggle with prescription pain medication abuse or Opioid medication abuse?	Yes, 5% No, 94%
Depression In the last 6 months, have you been bothered by having little interest or pleasure in doing activities?	Several days, 2% More than half the time, 6% Every day, 3% Only occasionally, 13% Only once or twice, 4% Not applicable, 70%
If you have been feeling down, depressed or hopeless in the last 6 months, how often?	Several days, 3% More than half the time, 5% Every day, 4% Only occasionally, 7% Only once or twice, 7% Not applicable, 71%
Does a physical, mental, or emotional problem limit your ability to work or perform routine tasks?	Yes, 20% No, 78%
Housing insecurity In the last 12 months, were you or other members of your household unable to pay your rent, mortgage, or utility bills?	Yes, 4% No, 94%
Food insecurity If in the last 12 months you had to cut the size of meals or you skipped meals because there wasn't enough money for food, how often?	Daily, 0% Often, 1% Sometimes, 4% Rarely, 4% Once, 0% Not applicable, 90% No, 1%
If in the last 12 months you have been worried that your food would run out before you got money to buy more, how often?	Daily, 0.5% Often, 2% Sometimes, 4% Rarely, 4% Once, 0% Not applicable, 67% No, 1%
If in the last 12 months it was difficult to access transportation when you needed it, how often?	Daily, 0% Often, 1% Sometimes, 3% Rarely, 6% Once, 1% Not applicable, 89% No, 0.5%

CHW program Had previously heard about the CHW program?	Yes, 32% No, 67%
Would this type of CHW program be generally helpful, now or in the future?	Yes, 86% No, 4% Unknown, 2%
In the last 12 months have you been the recipient of services from the CHW program?	Yes, 13% No, 84%
Did CHW provide the care/services needed or expected?	Yes, 10% No, 1% Exceeded expectations, 2% Question not applicable, 82%
Respondent's current health conditions	High blood pressure, 46% Chronic Pain, 32% Diabetes, 19% Depression, Mental Health, 18% Cancer, 10% Not applicable, 31%
What topics would respondents like to see covered in future Countywide outreach events	Drug /alcohol abuse, tobacco cessation, 44% Chronic conditions & preventative screenings, 42% Mental health, depression, suicide awareness, 37% Health, diet and exercise; healthy lifestyle, 35% Better health education for our youth/students, and their parents, 34% None, or see my comments last page, 15%
Respondents who provided additional written comments of any sort	Had no added written comments, 73% Had written comments, 27%