

Report on 2024 Community Healthcare Needs Survey

Wheeler County, Oregon and the catchment area for Asher Community Health Center are a microcosm for the rural healthcare difficulties experienced in the USA currently. According to Rural Health Information Hub¹, the nationwide barriers of workforce shortages, family finances, transportation, health literacy, and concerns with privacy and quality care are not unique to our frontier-rural locale. All over the USA, towns struggle like we do.

There were also two unexpected events that could have an effect on local health and medical care:

- Lone Rock Fire (137,000+ acres burned; activated Level-3 evacuations in Wheeler County), and
- Local ambulance suspends EMS response (*at the time of this report, the City of Fossil Volunteer Ambulance has suspended operations until additional medical crew can be solicited and trained*)

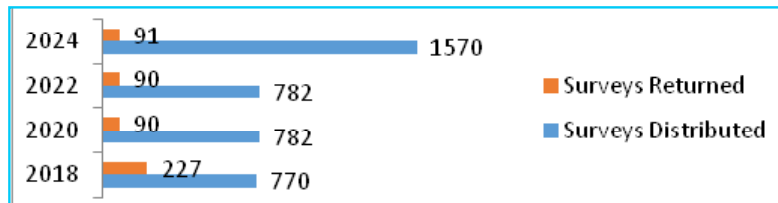
So this year, survey respondents were given an opportunity to comment about local medical/ healthcare services during an Emergency Event, and also to share their thoughts about local Ambulance services. (See comments in Addendum B.)

This 7-page summary report covers highlights only, and is not meant to replace your own review of the complete information.

- **Addendum A** – quick list of the survey’s Q&A choices
- **Addendum B** – this is the full data collected from all respondents; each question with answer-data (numbers/ percentages) *plus* the extra comments shared (*if the survey was signed, that name was not included; other names are intact*)

2024 survey time-line & details

- July 2024: Survey design and creation
- August 2024: (1st - 5th) Posters, press releases (ACHC website; Times-Journal) – online survey launched; 1570 USPS surveys mailed (to all of the postal patrons in Wheeler Co., Condon, Kimberly, Monument)
- Deadline was Aug. 15th but all surveys received through Aug. 26th were included in data and report
- Total survey responses received: 91 – (14 online; 77 print)



Additional 2024 survey considerations:

- All handwritten paper-survey responses were carefully entered into the database for complete and consistent data analysis
- 15 respondents signed their name to the survey (2 said “No ACHC follow up or contact”) – An ‘outreach list’ is being provided to ACHC administration for follow up

What did we seek to learn from our 2024 Survey?

About those who responded:

Is your PCP with Asher? If not, why not?
Why seek healthcare outside County?
Do you face discrimination, or other limiting factors? What chronic conditions do you struggle with?
Do you feel isolated?
What resources would help you the most?

Social Determinants of Health:

Financial strain or difficulty?
Food availability or insecurity?
Transportation? Secure place to live?

Are you getting needed help for Mental Health? Substance abuse?

Are you receiving help needed for: Medical care? Dental care? Medications? ...If not, why not?

What is the community perception of Opioid or other pain medication abuse?

Community perception of Emergency event resources? Emergency care and Ambulance services?

What are their overall healthcare concerns?

What do they want to see in the future to improve wellness, personal health, and local medical care?

¹ <https://www.ruralhealthinfo.org/topics/healthcare-access#barriers>

Answer Overview - what can we learn?

Of those who responded to Q22 in the survey, 49% indicated “yes”, they are using ACHC as their PCP (primary care provider). Compared to 2018: 83%; 2020: 66%; 2022: 44%

Biggest reason for obtaining care outside of Wheeler County? (Q23) Primarily to get care they can’t get locally (51%). With our frontier-rural location, it seems there will always be a need for travel outside the area for specialty care and higher-level medical services.

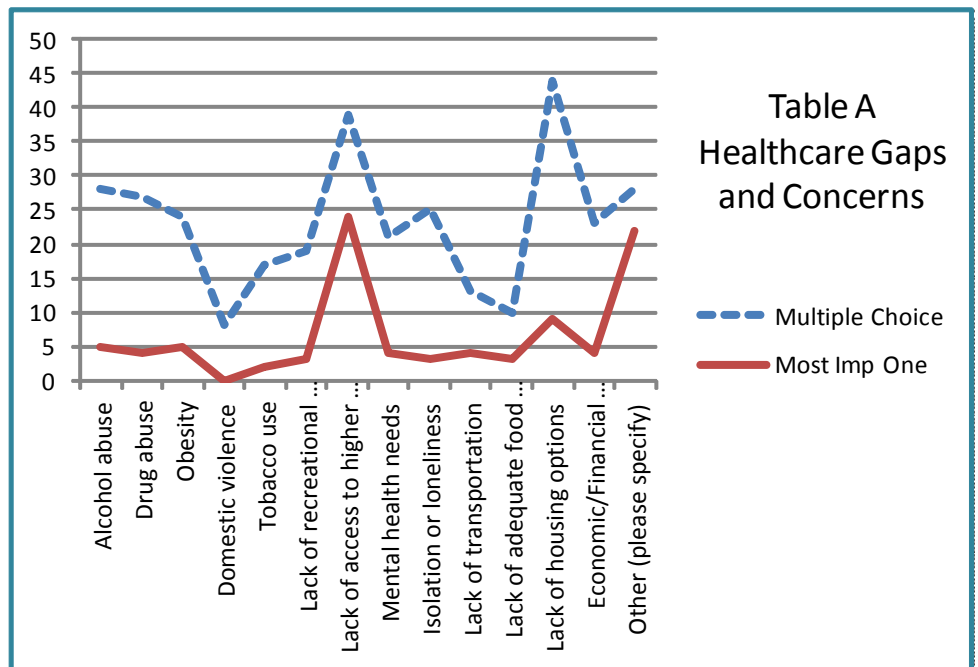
What do respondents see as barriers to healthcare, such as discrimination (gender, race, ethnicity, sexual orientation, income, education level), or limiting factors (age, disability, remote location)? (Q24)

The answer, “Residing in a remote rural location” was once again the top reason given, at 26%. And 70% said they didn’t perceive any limitations, or they felt the question didn’t apply to them.

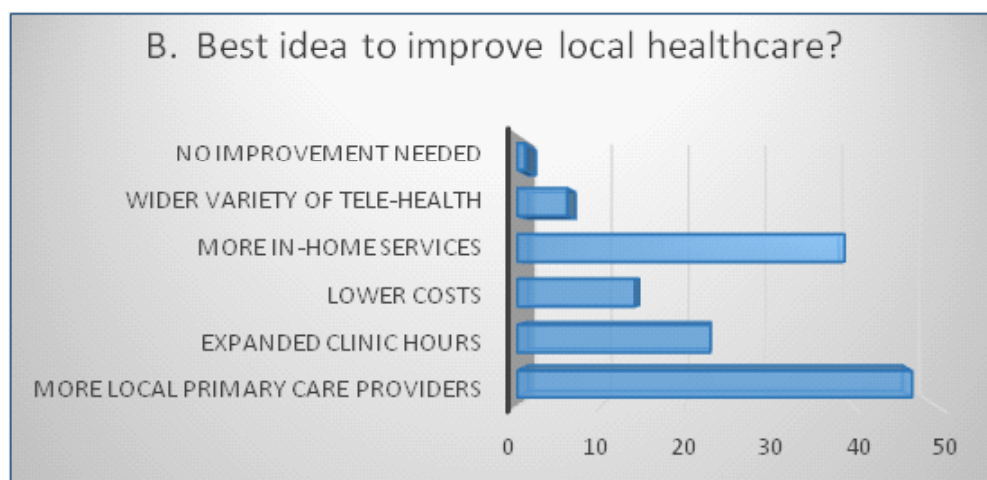
Current Serious Concerns:

What do respondents see as the most serious local healthcare gaps and concerns? We ask this question two ways – and start with a ‘big net’. We give a list of common concerns and allow for multiple affirmative answers. Next, we asked them to drill it down to one single concern. (Table A) Q1 and Q2

It lends credibility to the answers when we see how the lines parallel each other. “Lack of housing options” and “Lack of access to higher medical care” are clearly seen as the highest concerns.



When allowed multiple answer-choices, “Lack of housing options” was the top answer. However, its interesting to note that when asked, ‘Do you have a secure place to live?’ in Q19, 100% of the people who responded to that question (85 people) all said YES.



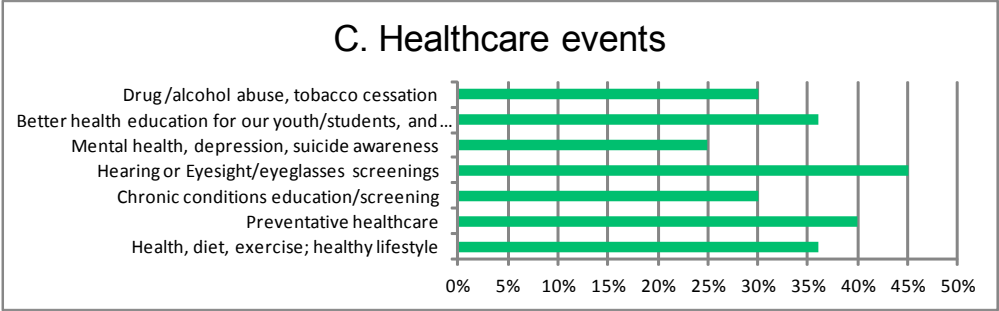
What’s needed – ideas for the future

Q3 ~ When asked to give their single best idea for improving access to healthcare locally, respondents gave the top ranking to two clear leaders: “More Primary Care Providers” (63%), and “More in-home services” (45%).

Its also interesting to note one comparison here: Respondents felt that “Expanded clinic hours” was a more important issue to address than having “Lower costs”. (Table B)

Public Healthcare Events

Q4 ~ And what county-wide healthcare events and educational resources do respondents feel are most needed? “Hearing and eyesight screenings” are once again a clear standout, but this year respondents also gave higher marks to better health education for youth, for preventative education and healthy lifestyle. Does this mean our current local population might be more receptive to learning healthy lifestyle changes? (Table C)



Getting the care needed? And if not, why not?

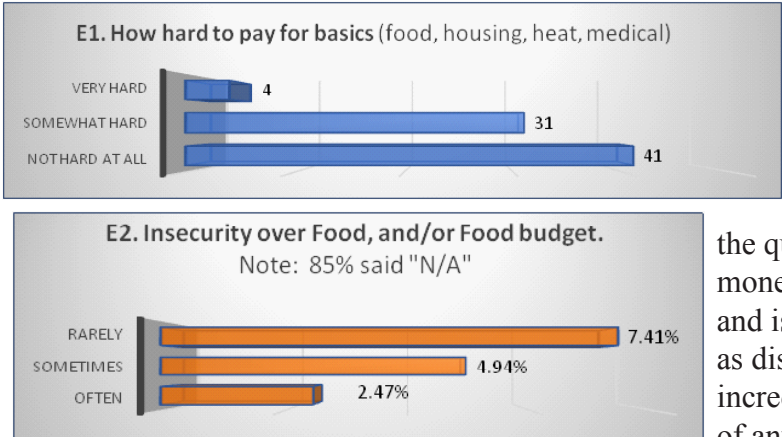
In Table D, we seek to understand possible gaps in various areas of local health care that impact our residents: Medical care, dental care, medications, and mental health. (Q7-9-11-13)

Table D.	Top Barrier chosen	2nd barrier chosen (if tied, 2nd/3rd)
Medical Care	Couldn't get a timely appt at ACHC	Couldn't get transportation to ACHC
Dental Care	Costs too much	Couldn't get a timely appt at ACHC
Medications	Couldn't get script delivered to home	Tied: High cost, and couldn't pick up script
Mental Health	Costs too much	Tied: Couldn't get appt, and didn't believe they needed help

Social Determinants of Health (SDH or SDoH)

The E Tables take a quick look at the gaps in social/ environmental needs of the respondents. Social determinants of health can have a significant yet hidden impact on a person’s ability to improve their health.

Identified as a “Priority Area” in Healthy People 2030² (US Dept. of Health and Human Services), SDH is seen as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” SDH can be grouped into 5 domains: Economic, Education, Access to Quality Health Care, Neighborhood and built-environment, and social-community context. This is where we recognize the importance of



E3. Do you have a Lack of Transportation?	
No	88%
Yes, but not to critical things	6%
Yes, to critical appts and things	4%

but older adults can be especially vulnerable. To have a better sense of the depth of the questions and comments, review full data in Addendum B. (E1-2-3 are from Q18-20-21)

Isolation and loneliness

As indicated above, this is a very important SDH consideration in our remote region. Do our constituents feel cut off or isolated? Do they wish they had more opportunities for social activities?

No: 71% Yes: 29% (an increase from the 22% reported in the 2022 survey)

2 <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Pain medication / Opioid Misuse

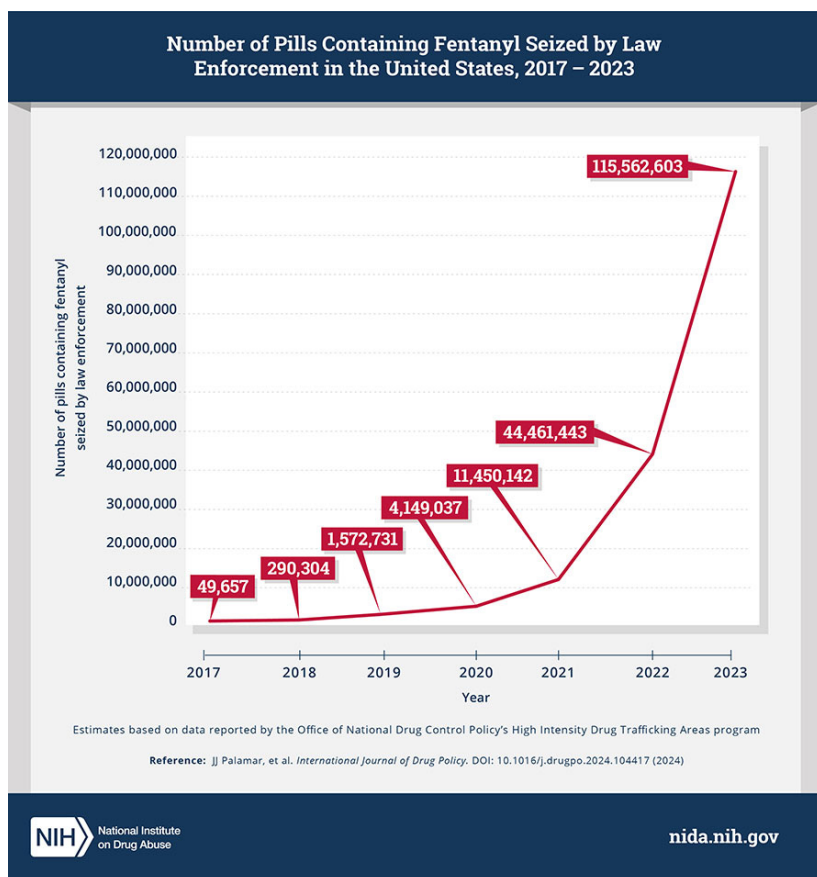
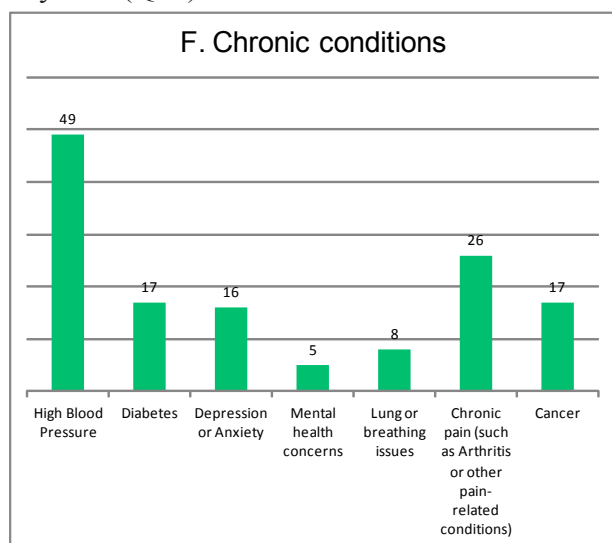
According to the National Institute on Drug Abuse, the 2023 rise of illicit fentanyl is both dangerous and dramatic³. (see table at right) And the Oregon Health Authority reports 1392 unintentional opioid overdose deaths* in 2023, (*with final numbers potentially higher once all the data is in). The 1392 deaths are a substantial increase from 280 deaths in 2019⁴.

This year, 89% of our respondents said “no” to Q14, “Do you, or does someone you know, struggle with prescription pain medication or opioid medication use?”

Opioids include prescription opioids (natural and semi-synthetic opioids and methadone), heroin, and synthetic opioids other than methadone (primarily fentanyl).

Self-assessment, Mental Health

72% of respondents said “not applicable” or “only once or twice” were they bothered by feeling down, depressed or hopeless. Another 22% said “occasionally”. Only 6% were feeling down, depressed or hopeless as often as “every day; more than half the time; or several days”. (Q15)



Physical, Mental, Emotional problems limitations?

Most respondents (74%) don't feel they are limited by physical, emotional or mental problems (Q16).

Chronic Conditions

Table F (Q5) looks at the diagnosed chronic conditions reported. Topping the list is High Blood Pressure, or hypertension (HTN). Called the “silent killer” because it often has no symptoms, can go undetected for a long time, but all the while is harming organs and health. HTN can quietly damage blood vessels, cause heart disease, heart failure, stroke, kidney disease, vision loss, and more. Do these conditions align with proposed new regional projects? With healthcare Providers' priorities for patient education?

Comments on Emergency Events (wildfire, flood, damaging storms)

New within this 2024 survey was the opportunity for respondents to comment on health and medical resources during local emergency events - Q30. The opinions varied widely, from ‘everything was great’ to ‘everything was bad’. There was a mention of Asher Clinic not being an additional resource during the Lone Rock Fire, but

³ <https://nida.nih.gov/news-events/news-releases/2024/05/over-115-million-pills-containing-illicit-fentanyl-seized-by-law-enforcement-in-2023>

⁴ https://www.oregon.gov/oha/PH/PreventionWellness/SubstanceUse/Opioids/Documents/quarterly_opioid_overdose_related_data_report.pdf

there were also comments of appreciation to ACHC that Asher Clinic continued to operate during the wildfire. All of the individual comments are shown in Addendum B, Q30.

Is Ambulance Response a critical health care service?

Another new comment opportunity was, “Do you consider local emergency ambulance response to be a critical healthcare service?” This was added as an opportunity to hear back on the issue of diminishing ambulance volunteers, and the potential loss of services. Online this was shown as a separate question (Q31), and written comments were included in the database here when they spoke specifically to the Ambulance Services subject. However, you will find *many* references to the fear of losing local EMS / Ambulance throughout the other survey question’s responses and comments.

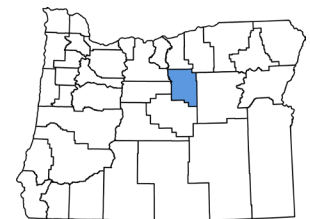
Is Ambulance considered a critical healthcare service? Of 35 responses: 100% “yes” - (zero “no”; zero “unsure”).

Final Additional Respondent Comments, Q33

Question 33 was the spot to add a respondent’s final comments online, but also a place to add extra handwritten comments provided on paper. It is also the place to add ‘clarifying comments’ for certain specific questions (example: Q29 has no ‘comment box’ and is just a ‘yes-or-no’ answer, but if those questions had a handwritten comment, it was added here with the question number was identified).

Demographics, Resources, other Assessments and Surveys

- Wheeler County census, government demographics:
https://data.census.gov/profile/Wheeler_County,_Oregon?g=050XX00US41069
- CAPECO Community Needs Assessment Report 2021 (the most recent):
<https://www.capeco-works.org/cna.html>
<https://publizr.com/capeco/community-needs-assessment-report-2021?html=true#/0/>
- 2019 EOCCO Community Health Plan (CHP) for Wheeler County (the most recent):
https://www.eocco.com/-/media/EOCCO/PDFs/CHIP/chip_wheeler.pdf
- St. Charles Health System (Oregon) 2023 Annual Report:
<https://www.stcharleshealthcare.org/2023-annual-report>
- Asher Community Health Center (ACHC) assessments & surveys:
<https://asherhealth.org/achc-surveys>



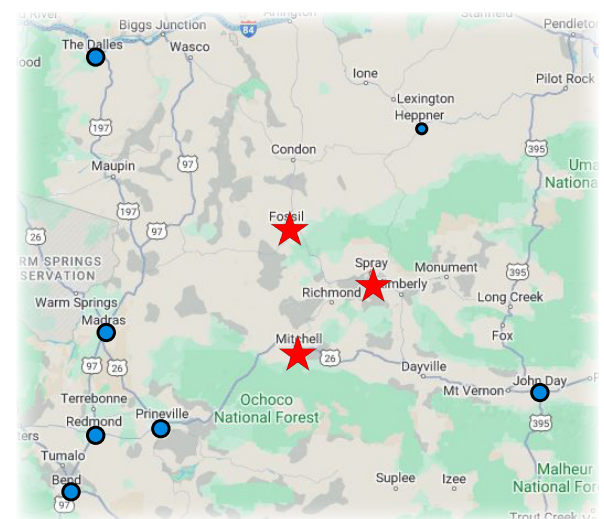
Medical Resources and Care Gaps

Resource: Asher Community Health Center (ACHC), FQHC (Federally Qualified Health Center), with 3 clinic locations in the catchment area: Fossil, Spray, and Mitchell. Each location has medical services as well as dental services. Physical Therapy is available at Fossil ACHC.

Resource: Emergency medical services: Spray Vol. Ambulance; Mitchell Vol. Ambulance; Fossil Vol. Ambulance.

Resource: Hospitals & Emergency Departments located in The Dalles, Madras, Redmond, Bend, Prineville, John Day, and Heppner.

Care Gaps as of August 2024: There are no local Hospice or Home Health programs; no Community Paramedicine/Mobile Integrated Health program; no X-Ray imaging services currently at ACHC. Currently Fossil Vol. Ambulance is out-of-service awaiting additional medics.



- ★ FQHC Health Clinics, and Ambulance Services
- Hospitals for Emergency Care

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EOCCO: Eastern Oregon Coordinated Care Org.
 GOBHI: Greater Oregon Behavioral Health, Inc.
 RAP: Rental Assistance Program
 CCS: Community Counseling Solutions
 CHW: Community Health Worker
 AccuHealth: remote Pt monitoring program

CAPECO: Community Action Program of East
 Central Oregon
 VOCA: Victims of Crime Act
 HITS: screening, “Hurt, Insult, Threaten, Scream”
 SNAP: Supplemental Nutrition Assistance Program
 WCCT: Wheeler County Community Transportation

Q-1: Which of the following present serious local concerns?	Issue listed by Order of Importance	Alternative/ Appropriate Entities	ACHC’s Plan to Address <i>X = Items we already do, or can do. O = Budget, Time, or Personnel restrictions.</i>	Comment
	Lack of housing options	Haven House/ GOBHI RAP	ACHC Social determinants of health screening; referral to one of GOBHI’s rental assistance programs	
	Lack of access to higher medical care	St Charles, St Alphonsus	Physical Therapy, FT Dentist, Referrals, tele health, St Alphonsus screening, Casey Eye & Lions Club, contractual relationships, facilitate assistance for Pt transportation with WCCT and EOCCO ride program	
	Alcohol abuse	GOBHI/ CCS	Screenings, referrals, supportive medical services, community education, MediPlay outreach, ACHC website listings of resources	
	Drug abuse	GOBHI/ CCS	Screenings, referrals, supportive medical services, community education, MediPlay outreach, ACHC website listings of resources	
	Isolation / loneliness (when not preferred)	CCS / senior meal sites	Referrals to CCS Peer Support or Warmline, community outreach and education of programs, CHW outreach	
	Obesity	Glover Gym / GOBHI	Tele health nutritional counseling, CHW referral, Provider directed care plan, MediPlay outreach	
	Economic/ Financial insecurity	SNAP/ DHS / CAPECO / Veggie RX / Food Bank/ OHP Assister	Refer to local resources, make connections with regional agencies, nutritional drink samples give-away (CHW)	
	Mental health needs	CCS/ GOBHI	Screenings, referrals, networking between providers for continuity of care, staff trainings, MediPlay outreach, ACHC website listings	
	Lack of rec facilities	City or County / EOCCO	Glover Hall gym, membership fee assistance	
	Tobacco use	Wheeler Co. Public Health	Screening, counseling, prescriptions, MediPlay outreach, ACHC website listing	
	Lack of transportation	WCCT/ EOCCO	Distribute cards with WCCT contact info, EOCCO ride program, ACHC website listing, social determinants of health screenings; AccuHealth	
	Lack of adequate food supplies	LCAC/ SNAP/ CAPECO / Food Bank	Refer to Veggie RX, Senior meal site, CHW nutritional drink samples give-away, referral to services, social determinants of health screening	

	Domestic violence	Law enforcement/ VOCA aide	HITS screenings, referral, educational materials, MediPlay outreach	
Q-3: What things would improve our local access to health care... Future Dreams	Issue by Order of Importance	Alternative/ Appropriate Entities	ACHC's Plan to Address X = Items we already do, or can do. O = Budget, Time, or Personnel restrictions.	Comment
	More local PCPs		Continue to seek/recruit more ACHC Providers	
	More in-home services		AccuHealth; CHW; virtual tele-health provider visits; Community Paramedicine/Mobile Integrated Health program	
	Expanded clinic hours		Keep focus on adding providers to accommodate longer/extended hours and days per week	
	Lower costs		340B program with local pharmacy; medical sliding fee program; dental sliding fee program	
	Wider variety of tele-health		Seek and negotiate additional tele-health programs	
Q-24: Have any of the following limited your ability to receive adequate health care? (Discrimination)	Issue by Order of Importance	Alternative/ Appropriate Entities	ACHC's Plan to Address X = Items we already do, or can do. O = Budget, Time, or Personnel restrictions.	Comment
	Reside in remote rural location- 26%	WCCT/ EOCCO	CHW home visits, St Alphonsus, Tele health, virtual visits, in-home provider visits	
	Age- 5%	GOBHI / DHS	Local agency assistance, use clear, simple language on forms, closed loop communication used, Cultural competency staff training	
	Income Level- 5%	DHS / EOCCO / OHP	Sliding fee scale, free sports physicals & BP checks, vaccines for children, Cultural competency staff training, community health fair screening events, Social determinants of health screening	
	Disability- 4%	DHS / EOCCO / OHP	Cultural competency staff training, ADA accessible facilities, connection to assistance agencies	
	Gender- 1%		Cultural competency staff training	
	Sexual Orientation- 1%		Cultural competency staff training	
	Race, ethnicity, cultural barrier- 0%		Cultural competency staff training	
	Education Level-0%		As much as possible using clear simple language forms, closed loop communication used	