# COMMUNITY NEEDS ASSESSMENT, 2003

To assess current unmet community health care needs of the Providence Health System, Southern Oregon Service Area, a working group was formed during the summer of 2003 consisting of Bart Rodrigues, Director of Mission; Brian Herwig, Assistant Administrator of Professional Services; Deborah Elliott, Director of Marketing and Community Relations; and Cynthia Scherr, management consultant to PMMC. We have drawn upon the following sources of information for the assessment: a survey of community leaders, a survey of PMMC management, focus groups with community leaders, reports compiled by several different local health and human service organizations, census data, regional economic and quality of life indicators and national data on health care trends.

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## Executive Summary

The critical unmet health needs in our community are community-wide, multi-stakeholder and not solely healthcare provider issues. The major unmet needs identified in our assessment are:

- Access to Primary Care
- Prescription Assistance
- Frail Elderly[1]

In our research and in the reports we reviewed by other agencies, Dental Care and Mental Health Care are specifically mentioned as additional critical unmet needs.

Interestingly, the community survey also identified the same top three issues as the ones that could be best addressed by organizations working together, with mental health and chemical dependency following immediately after. Brainstorming with community leaders and management generated a wealth of ideas for how to address the major unmet needs in collaboration with others.

When we asked focus group participants how they would personally allocate resources to address issues, the order of priority shifted somewhat. They would allocate resources first to primary care, then to dental care, frail elderly, prescription assistance and mental health. While not inconsistent with overall priorities, it was interesting to see the passion around allocating resources to dental care.

Results from this most recent needs assessment are corroborated by Jackson County Dept. of HHS Annual Plan 2003/04; ACCESS; Inc. Community Needs Assessment, February 2003; and the Jackson County Continuum of Care Analysis done by the Health Care Coalition.[2] Community perception of the major unmet needs is expressed consistently and supported by many data sources.

[1] For the purposes of this discussion, the Frail Elderly are defined as a) someone who is age 85 or older and/or b) has multiple chronic medical conditions, or c) has impaired Activities of Daily Living (ADLs).

[2] Participants include representatives from PMMC, RVMC, ACH, La Clinica del Valle, On Track, Community Health Works and the Medical Director for the Joint Medical Staff.

## Community Perspective—Online Survey Results

We selected 74 community leaders to participate in a web-based survey, 41 of whom responded. Respondents included 12 employees (includes employed physicians), 11 board members, 12 agency/organization representatives, and 3 physicians.

The top five unmet needs, as mentioned above, are:

1. Access to Primary Care
2. Prescription Assistance
3. Frail Elderly
4. Mental Health
5. Dental Care

Respondents identified the barriers to meeting critical health care needs in our community. Most of them can be grouped into three categories: a) lack of resources, both government and personal; b) competition between and among providers and c) bureaucracy—government, insurance and hospital.

Respondents believe that cost, lack of information and lack of access to providers prevent individuals in our community from seeking and receiving critical health care services. There was also some mention of lack of trust in the health care system.

Given that Providence has devoted considerable resources to school-based health clinics and prenatal care, it is gratifying to see that children are no longer at the top of the list of the most medically needy group in our community. In this survey, the overwhelming majority of respondents (25 of 41) identified the elderly as the neediest group in our community, followed almost equally by children (13 of 41) and adolescents (12 of 41). In addition, the working poor and the Latino community were also mentioned as being in particular need. 65% of respondents believe that Latinos have unmet health care needs.

When we looked at underserved areas by geography, respondents identified West Medford, Upper Rogue and Eagle Point as the neediest areas. This is one place in which respondent's opinions differ from actual census data on poverty levels. The two communities with the highest number of families living in poverty

in our market area are White City (19%) and Ashland (12%).[3] However, when asked to comment on areas in need of health care services, White City and the Applegate Valley were also mentioned.

Since part of the purpose of this assessment is to identify potential areas for collaboration, we asked about which unmet needs could best be addressed by organizations working together. Respondents agreed that the top three unmet needs, Access to Primary Care, Prescription Assistance, and Frail Elderly, were good candidates for collaborative efforts. Suggested collaborators and partners include: La Clinica del Valle; Rogue Valley Medical Center; Community Health Center; Ashland Community Hospital; Jackson County Health and Human Services; Medford School District; ACCESS, Inc; Three Rivers Community Hospital; Merle West Medical Center; Jackson County Medical Society; OnTrack; Health Care Coalition of Southern Oregon; RVCOG; Chamber of Commerce; CERVS; Ashland Senior Program; Salvation Army; Gospel Mission; and St. Vincent DePaul.

Respondents suggested that we collaborate with others by being a catalyst for new efforts, advocating for addressing unmet health care needs, funding community efforts, partnering with other organizations in joint ventures, and promoting volunteerism.

The answer to our question about how the respondent's organization could collaborate with Providence reflected the variety of their affiliations. Responses include: joint venture partner, event underwriter or other form of financial sponsor, students who will become future health care employees, service delivery, outreach, and service delivery.

## Management Perspective—Survey Results

Directors from the PHS, Southern Oregon Service Area were also surveyed about unmet community needs and of the 36 directors, 15 responded. Over 46% of these managers identified Access to Primary Care as the major unmet community need. Frail Elderly and Behavioral Health were also identified as unmet needs. Managers saw affordable housing and prescription assistance as critical problems for the Frail Elderly. They identified lack of

[3] Family Needs in Jackson County and Ashland: Insights from the 2000 Census, Southern Oregon Regional Services Institute, Southern Oregon University.

insurance, lack of information and low reimbursement of Medicaid as the main barriers to getting Access to Primary Care.

When asked if there are other needs that PHS should consider to improve the health of the community, management specifically mentioned the needs of the Latino population, prescription assistance, counseling for cancer patients, transition assistance for patients, routine screening and women's health.

Managers suggested many of the same partnerships as the community survey respondents as a way of meeting unmet needs, including: La Clinica del Valle, Community Health Center, Latino Chamber of Commerce, RCC, SOU, churches, police department, SODA, CASA and local and city governments.

## Community Perspective—Focus Group Results

### Process

To take the pulse of current community concerns, we conducted a web-based opinion survey and three focus groups. Participants included business leaders, educators, government officials, foundation executives, physicians, safety net clinic administrators, human service agency representatives, health care providers, hospital Board members, and Providence administrators. Results of the three focus groups had a total of 28 participants, drawn from the same audience. Most focus group participants completed the survey prior to the focus group and we used the results of that survey as a basis for discussion of unmet community health needs.

### Top of Mind

When we asked focus group participants what issues were top of mind for them regarding unmet health care needs, three major categories emerged:

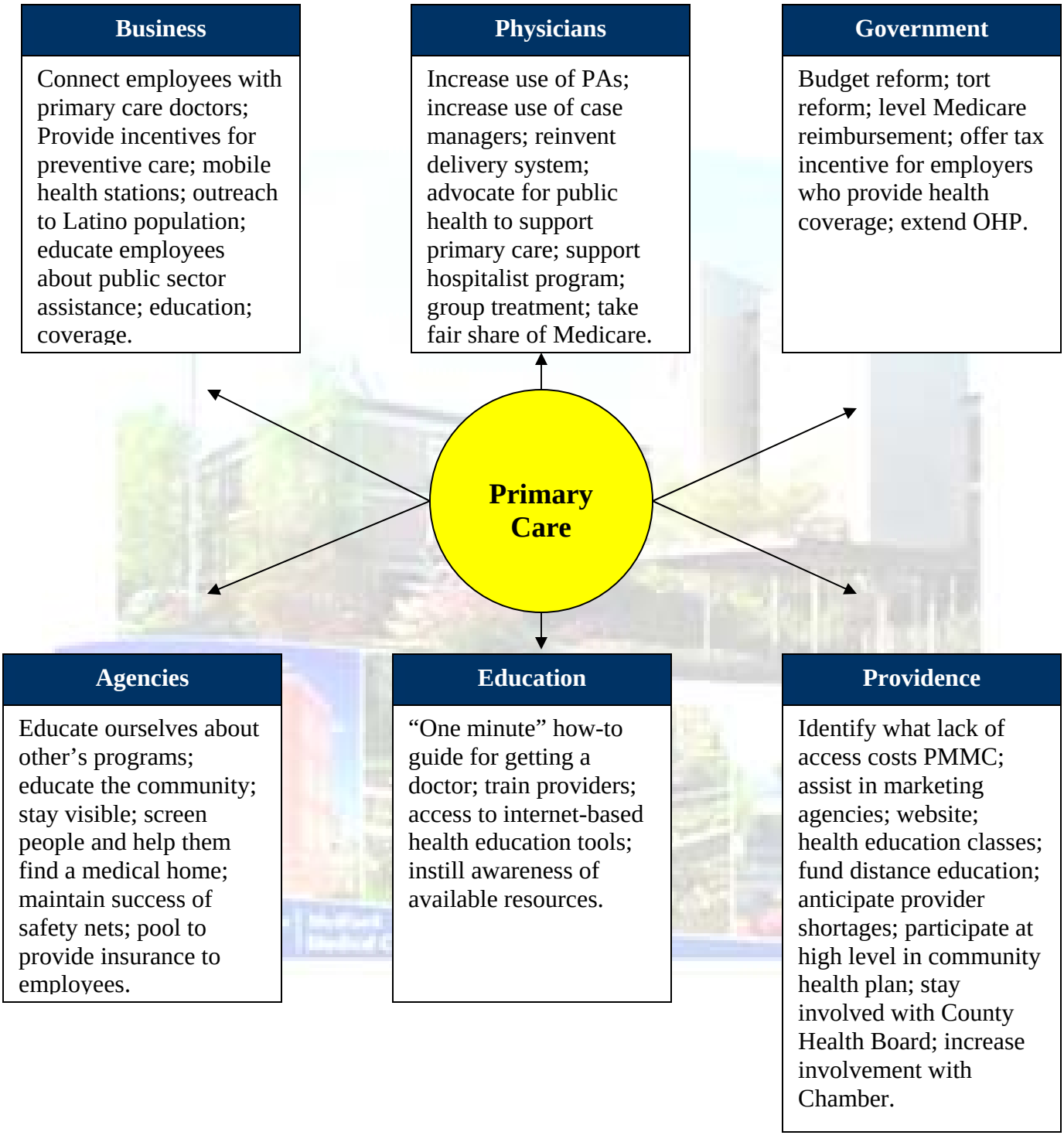
1) *Reimbursement*-- under which participants named issues such as Medicare, OHP, specialist shortages and retaining physicians;
2) *Access*—which was a wide umbrella, including affordability, outreach, education, Latino community, seniors, primary care, mental health, pharmaceutical costs and dental care; and
3) *Government regulation, funding and legislation*—including under- and un-funded programs, lack of sound public policy, liability and risk issues, building codes and tort reform.

These "top of mind" categories line up with the top three unmet needs that the groups identified. Access to primary care touches all three concerns: reimbursement, access and government. Prescription assistance is both an access issue and a government regulation and funding issue. The Frail Elderly are impacted by all three issues as well. In order to significantly impact the top three unmet needs, partners and collaborators will have to address issues of reimbursement, access and government involvement.

**Brainstorm on Partnerships and Collaboration**

We asked the focus group participants to assist in a brainstorming effort on how different community groups can collaborate on addressing the top three unmet community health needs: A) Access to Primary Care, B) Prescription Assistance, and C) the Frail Elderly. This exercise resulted in many ideas for collaborative solutions. The diagrams below illustrate the potential partnerships and associated project ideas.

# Brainstorm on Partnerships and Collaborations



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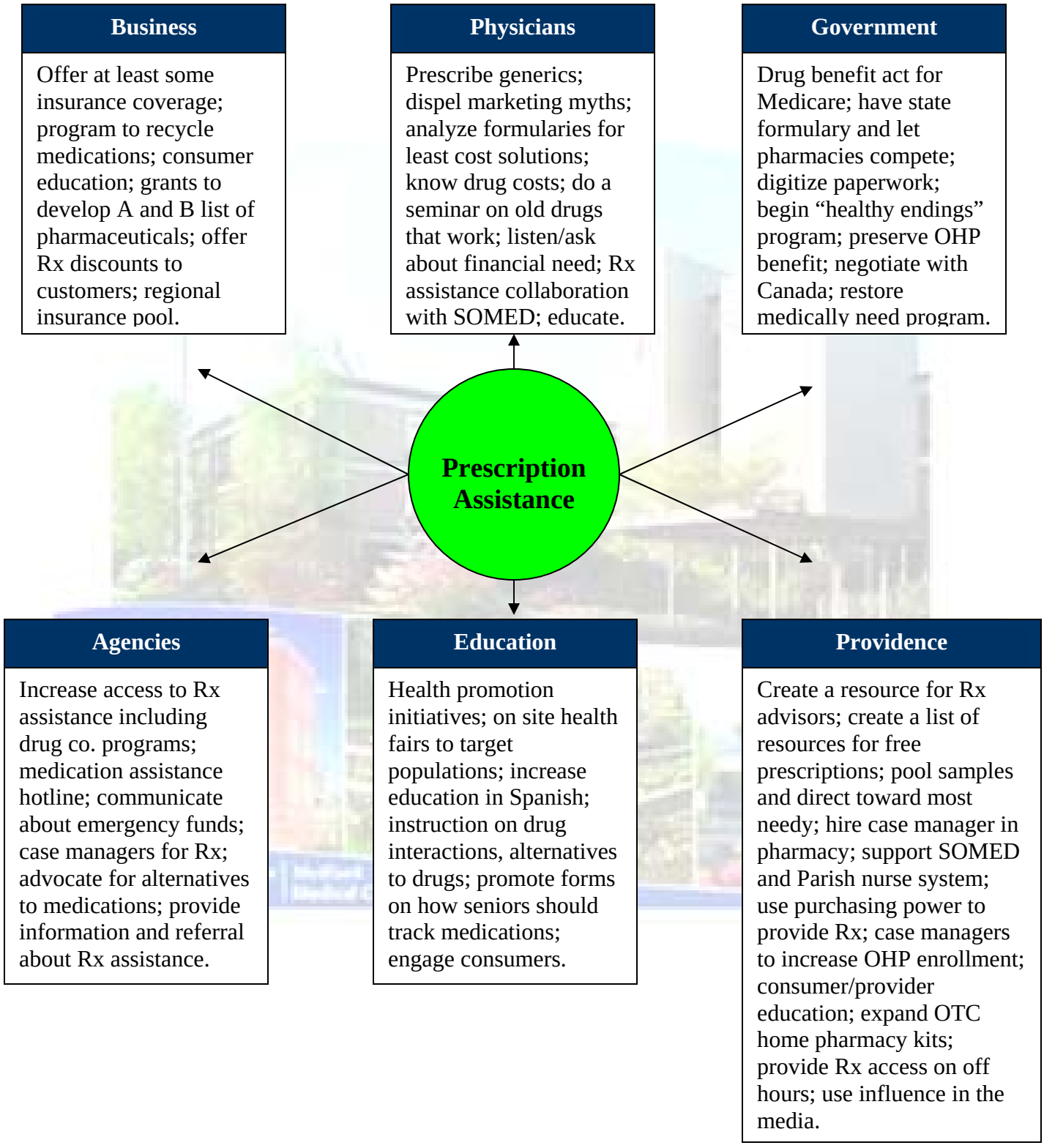

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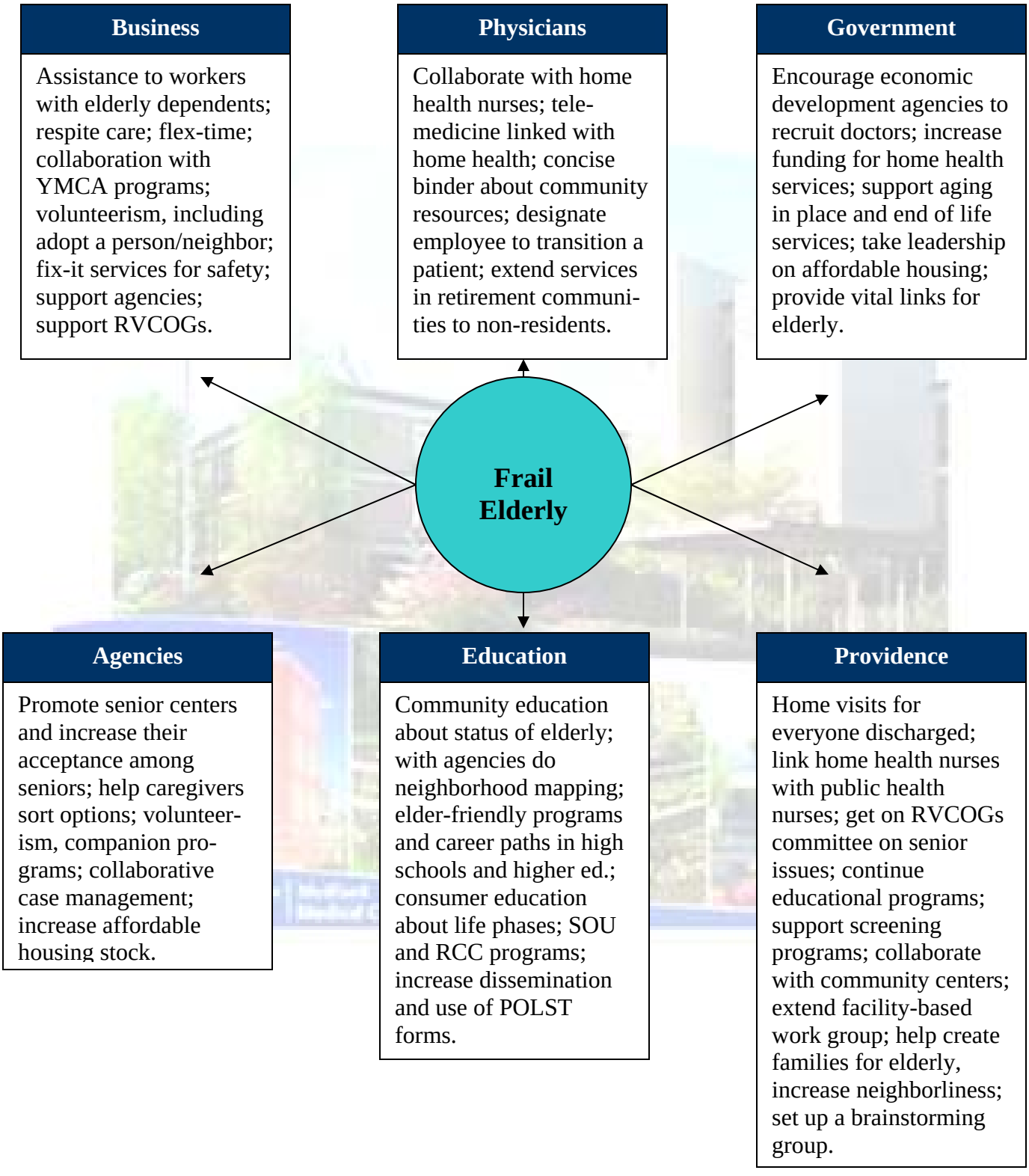

## Discussion

### *Access to Primary Care*

Access to primary care is becoming a critical issue in our community, regardless of socio-economic status. Jackson County's population increased 15.2% from 1993-2002 compared to the state's 12.7% increase. Our Physician Needs Assessment (see Appendix H) shows that given the current population of Jackson County, we have 28 fewer primary care physicians (adjusted for the elderly population) than the target number. The biggest shortage is of internists (25 fewer than target) who would generally treat the senior population. Several internal medicine physicians have left the market because of declining reimbursements and poor quality of life in primary care.

During the period of July '02-August '03, of patients presenting to the ED that were admitted, 19% had no PCP listed on their record. Medicare ED inpatients were well below this average with only 10-11% not having a PCP. Commercial inpatients show about 33% with no PCP listed. Inpatient Medicaid (OHP) likewise shows close to that at 35%.

For patients seen in the ED and discharged, 42% did not have a PCP listed. Medicare ED outpatient visits only had 17% without a PCP. Commercial ED outpatient visits showed 35% with no PCP and almost half of outpatient ED Medicaid visits, 49%, had no PCP.[4]

While PMG-S physicians all accept Medicare and Medicaid, data from the Oregon Medical Association Preliminary Report of 2003 Physician Workforce Assessment suggests that the overall number of doctors who are limiting acceptance is higher in Southern Oregon than the rest of the state. Physician rationing of the number of Medicaid and Medicare patients is a key driver of the access issue.

[4] The limitation of this analysis is that it may not be an actual indication of whether or not the patient has a PCP in reality and is an "unassigned" patient, or whether the patient simply did not know who their PCP was at the time of registration. Please also note that this question may not be reliable at times.

The Rogue Valley has 13 safety net clinics[5], most of them school-based. Of the safety net clinics, four treat adults in addition to children, and one of those serves the Latino Community.

Unmet needs of the Latino Community were mentioned repeatedly by participants in the focus groups and the survey of SOSA Management. Latino concentration is highest in White City (17%), Medford (9%) and Phoenix (9%), with Jackson County as a whole being 7%. Latinos have lower income levels than the rest of the population and twice the rate of poverty. [6] The Latino population has increased from 4.1% in 1990 to 6.7% in 2000, representing an 63% increase in the Rogue Valley, and is projected to be 9.8% in the state by 2025[7].

***Prescription Assistance***

SOMAC, Southern Oregon Medication Assistance Coalition, is a community-wide effort to provide prescription assistance to those who most need it. However, the effort is not yet well known in the community. PMMC has just begun to participate in this effort.

PMG has been providing prescription assistance to its patients for the last 4 years. The program assists the patient by researching which medications are available through prescription assistance and then helps them fill out the application. Usually 250 people are receiving assistance at any one time. Just last year PMMC received a grant from Pfizer, which it decided to use to add a medical assistance coordinator to the hospital staff. This position is in the budget for next year as well as another half time person beginning in July. We are also using a software program to track patients on the assistance program. After the pilot year, Providence will decide whether or not to open its program to the community.

For patients who most need it, drug companies offer prescription discount programs. For example, Together Rx, Novartis Care Card, Orange Card, Pfizer Share Card, Lilly Answers, etc. People

[5] Lorna Byrne Middle School, Scenic Middle School, Washington Elementary School, Rogue River Health Clinic, Ashland High School, Crater High School, Crossroads Alternative High School, Jewett Elementary School, Medford Community Health Center, White City Community Health Center, La Clinica del Valle (two locations), Siskiyou Community Health Center.
[6] Family Needs in Jackson County and Ashland: Insights from the 2000 Census. Southern Oregon Regional Services Institute, Southern Oregon University.
[7] U.S. Census Bureau, Population Division.

who need drugs the most have the most trouble navigating the system—they tend to be the least literate or frail elderly. Some private businesses have emerged that charge patients a nominal fee to fill out their paperwork. To our knowledge, Providence has the only program in our area to provide free help in applying for prescription assistance.

***Frail Elderly***

Over the next 10 years, Southern Oregon's population growth is expected to outpace the state's, with seniors forming a disproportionate part of that growth. According to the 2000 census, Jackson County's population 65 years and older comprises 16% of the population, compared with just 12.8% in the rest of the state. 6.9% of persons 65 and older live below the poverty level. Meeting the needs of the frail elderly, especially those below the poverty level, will continue to be a community need.

As part of the focus group, we asked participants to identify the major unmet needs of the Frail Elderly. The group prioritized the needs as follows:

- Support for aging in place
- Mental health care
- Assistance in how to use prescriptions
- Prescription costs
- Isolation and access to social support
- Affordable housing
- Transportation

While Oregon is widely considered the most progressive state for senior care because of its innovative aging in place programs, our focus groups perceived the need to be much greater than can currently be met. Since 1985, nursing-home caseloads have dropped 9%; in-home and community-based care cases have grown 224%.[8] There was a lot of concern among participants about support for aging in place and the isolation of the elderly.

There are several community groups working on the problems of the frail elderly, including the RVCOGs advisory committee on senior issues, LARC, and the Five Families group led by Dr. Brummer.

[8] The Palm Beach Post (West Palm Beach, FL), August 5, 2002, p. 1A.

**Next Steps:**

The critical unmet health needs in our community are community-wide and not solely healthcare provider issues. It is our hope that we will be able to think together in a way that would summon up our deeply held common sense, wisdom and potential as a community in southern Oregon.

There has been much written in recent years about the need for organizations such as Providence Health System to increase its use of partnerships and networks to solve community problems. There is little doubt that our budgets will continue to be tight in the years ahead. Thus, organizations must begin to marshal, coordinate, and inspire other organizations to collectively work on community needs and problems.

We trust that this Community Needs Assessment report will be both informative and useful to you as we move to assuming responsibility for our community in southern Oregon.