

Community Needs Assessment – Engaging Rural Communities

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Community Health Needs Assessment



- *A community health needs assessment is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.*
 - Catholic Health Association of the United States, 2012



Who?

- Coordinated Care Organizations (CCOs)
- Not-for-profit hospitals
- Public Health Agencies
- Others?



Collecting and Analyzing Data

- **Secondary data** is existing data that has been collected by someone else, typically for purposes other than those planned by the user.

- **Primary data** is original data compiled by or on behalf of the user, specifically for their intended purpose.

Collecting Primary Data

- Community participatory meetings
- Key informant interviews
- Focus groups
- Mail surveys





YOU ARE INVITED TO ATTEND!

Help Shape the Future of Health and Healthcare in Lake County

Keeping Healthcare Local

ISSUES FOR DISCUSSION

- Health Department Services
- Hospital Services
- Physician Services
- Emergency Services
- Dental Health
- Counseling Services
- Drug, Alcohol & Tobacco Issues
- Behavioral Health
- Elderly and Teen Health
- Cancer/Heart Disease/
Chronic Conditions
- Health Education and
Prevention Programs
- Wellness
- Obesity
- Other Important Health and
Healthcare Issues

Through the Keeping Healthcare Local community meeting, work with your neighbors in a relaxed conversational setting to develop a list of what you like and dislike about the local health care system, as well as what changes can be made in Lake County to establish healthier communities.

WHO: Lake County CHIP and the Community

WHAT: Community Meeting on Healthcare to
Identify the Health Needs in Lake County

WHEN: Thursday, Sept. 26th, 5:30 - 8 pm

WHERE: Elks Lodge, 323 N. F St.

*Food, transportation, and childcare provided

**RSVP with CHIP Coordinator,
John V. Adams**

541-947-2114 ext. 375 Cell: 541-219-0907

Sponsored by Lake Health District, EOCCO and Lake County





Mail Surveys – Things to Consider

- Survey Design
- Sampling Design
- Survey Fielding
- Analysis & Reporting

**Community Health Needs Assessment:
South Lake County, Oregon**

We need your help to understand the health and health needs of people living in your community. The results of this health assessment will be used to inform decision makers in Lake County and help shape health care policies to better meet the needs of communities like yours.

INSTRUCTIONS: For each question, please fill in the box that best represents your answer. Your results are completely confidential, and you can choose not to answer any question you do not want to answer. When you are finished, please place the questionnaire in the postage-paid envelope we have provided and drop it in the mail. We understand that your time is valuable, so we have enclosed \$2 as **compensation for your time**.

If you have questions about this health assessment, please contact the Oregon Office of Rural Health at 503-494-4450. Thank you for your time!

START HERE ↘

ACCESS TO HEALTH CARE
These questions help us understand how easy or hard it is to get health care in your community.

1. What is your health insurance status? *Mark all that apply.*

- I don't have health insurance
- Oregon Health Plan (OHP)/Medicaid
- Medicare
- Employer or family member's employer
- A private plan I pay for myself
- Veteran's Administration
- Other coverage: _____
- I don't know

2. Is there a place you **usually** go to receive medical care?

- Yes
- No → **IF NO, SKIP TO QUESTION 4**

3. Where do you **usually** go to get medical care?
Mark only one.

- Lake County Medical Clinic
- Warner Mountain Medical Clinic
- Lake District Hospital ER
- VA Medical Clinic
- Some other place (tell us): _____

4. Do you have one person you think of as your personal doctor or health care provider?

- Yes
- No → **IF NO, SKIP TO QUESTION 6**
- I'm not sure

5. What is your health care provider's profession?

- Doctor
- Nurse Practitioner
- Physician Assistant
- Naturopath
- Other

6. Thinking about the last six months, was there a time when you or someone in your household needed medical care?

- Yes
- No → **IF NO, SKIP TO QUESTION 9**

7. If you or someone in your household needed care in the last six months, did they get all the care they needed?

- Yes → **IF YES, SKIP TO QUESTION 9**
- No



Grant County Survey Experience

- 7445 – 2010 Census Total Population Grant Co
- 3352 – 2010 Census Total Households
- 1946 – Number of Surveys Mailed
- 1042 – Number of Surveys Received
- 53.5% response rate

- Incentive used: \$3.00 cash
- Personalized cover letter used



Lake County Survey Experience

- 7895 – 2010 Census total population Lake Co.
- 3456 – 2010 Census total households
- 1500 – Number of Surveys Mailed
- 180 – Number of surveys undeliverable
- 564 – Number of Surveys Received
- 42.7% response rate

- Incentive used: \$2.00 cash
- Personalized cover letter not used