SWEET HOME, OR

Unmet Healthcare Needs: A Qualitative and Quantitative Approach
SWEET HOME STATISTICS

- Population: 9800 people
- Schools:
  - 4 Elementary Schools
  - 1 Junior High School
  - 1 High School
- $34k median income vs $46k in surrounding cities
- 15 miles from Sweet Home to Lebanon Community Hospital, a critical access hospital

Figure 1. Overall Scores By Service Area

Mean (Average) Score by Geographic Area

- Oregon
  - Urban: 52
  - Rural (without Frontier): 37.9
  - Rural (including Frontier): 38.3
  - Frontier: 40.4

Sweet Home
- Rural: 34

Scio
- Rural: 38

Lebanon
- Rural: 41

Brownsville
- Rural: 44

Albany
- Urban: 48

Corvallis/Philomath
- Urban: 61

Sweet Home Key Variables:
1. Primary Care Capacity Ratio
2. Mental Health Providers
3. Dentists
4. Preventable Hospitalizations
TWO TEAMS - ONE MISSION

Background Research
IRB Approval

• Qualitative team
• Focus Groups:
  • 5 focus groups/interviews
  • Stratified population
  • Ask open-ended questions
  • Look for common themes

• Quantitative team
• Dx simplification/organization
• Chart review
  • ER visits
  • Admissions
  • Family Medicine Clinic

Compare Data
Look for Solutions!
QUALITATIVE TEAM
RESEARCH QUESTIONS

- What do you think prevents Sweet Home residents from accessing health care?
- What do you think is the biggest health concern for Sweet Home residents?
What local health resources are you aware of?
- Do you think Sweet Home residents use these resources?
- What do you think Sweet Home residents use them for?

What additional resources do you think would be most beneficial to improve the health of Sweet Home residents?
## Community Identified Resources

### Medical
- **Family Practice**
  - Sweet Home Family Medicine (SHFM)
    - Primary care
    - Weekday walk-in care
  - Sweet Home Health Center
    - 1 physician
- **Dental**
  - 2 private practices

### Other
- **Boys and Girls Club**
- **Fire Department**
- **Public Transportation**
- **Community Pride**
- **Community Health Fair**
- **Food Bank**
- **Meals On Wheels**
CONCERNS: PRIMARY CARE TURNOVER

• High turnover
• Difficulty getting established
• No more private practitioners

• “most of the folks that I talk to about it have gone outside of Sweet Home even for their primary care.”
• “I can’t keep a doctor. I’ve had 10 or 12, or 15 or 20 of them in the last however many years. They are here and then they are gone…it’s frustrating as the dickens..”
CONCERNS: AFTER HOURS CARE

• No medical care available in evenings or on weekends
• Fire station used as a resource

“..after 6 (weekdays) there's nothing here….the fire department I think they're very good but like I said they're very busy.”

“‘My biggest thing is is I’m really glad that we now have the walk in clinic but I would like to see it open longer than 5 o’clock.”
CONCERNS: TRANSPORTATION

- Linn Benton Bus - Weekdays only
- Ride Share program

- “We’ve got a lot of shut-ins that just can’t get out and get their food, get their, get the things they need.”
- “There’s a lot of people that don’t have the transportation to go to Lebanon. And but I am glad that we finally did get (a walk-in clinic) here but I wish it was open a little longer hours.”
CONCERN: AGING POPULATION

• 38% of residents are between the ages of 45-74
• Fewer local jobs – more commuters

• “(Elder care) is going and is continuing to become a larger and larger issue everywhere but we’re really starting to see it on the curbside here in Sweet Home. “

• “We used to have a very thriving timber industry in town, and that’s pretty much gone away…. So most people in this community I believe commute…. there has been a very noticeable increase. “
CONCERNS: HOMELESSNESS

• Affordable Housing shortage

• 237 students or 10% of the Sweet Home student population are without permanent housing.

• “it goes with affordability and those with the least are going to go where it's least expensive, and well that pushes them further up the canyon- which is Sweet Home.”

• “Homeless numbers in the school district go up every year….I don’t know what the number is now but its way over 200.”
CONCERNS: MENTAL HEALTH CARE

- Little treatment available.
  - 1 clinical psychologist, 4 days a week, not currently accepting new patients

- “I think when you see mental health counselling or any type of counselling the hub is Albany and then Lebanon gets some service and then by the time you come out to Sweet Home its 1 day a week. “

- “And to even get in to the mental health services here in town you first have to go to an intake service in Albany and they don’t make appointments for it. You just go over there and sit and wait and hope they get to you.”
CONCERNS: HEALTH EDUCATION, DISEASE PREVENTION & NUTRITION

- Identified poor nutrition as a source of chronic disease
- 71% of Sweet Home students on free and reduced lunch.
- Boys and Girls Club meal program
- Drug, Alcohol, and Tobacco education

“But diet is definitely something that can head off a lot of those problems, like diabetes and cardiovascular problems for sure. I personally have been educated by my daughter….”

“I think a big part of what we need what probably everyone needs, is education. Education not only for health but also for diabetes and even just eating properly and stuff like that.”
CONCERN: MENTORSHIP

• Lack of professional role models for youth

• "The community is tired of what it is and the community is ready to move forward and embrace some changes"

• “(In the past), it didn't take a lot of Education to make a lot of money. So when you graduated from high school- or you didn’t - you should go make a family wage job. People didn't really push for you to go get a college education.”

• “Kids here are just looking for Heroes”
TWO TEAMS - ONE MISSION

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IRB Approval

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  • Admissions
  • Family Medicine Clinic

Compare Data
Look for Solutions!
Oregon.gov reports higher than average rates of preventable disease-causing behaviors such as smoking, little physical activity, soda consumption, and obesity.

We sought to find the most prevalent reasons residents of Sweet Home were being seen at their local PCMH and also seeking care at the Lebanon Hospital.

Our dataset from 2017 contained over 12k PCP encounters, 3.8k ED visits, and 700 LCH Admissions.

Our painstaking contribution was categorizing and organizing these entries broadly by organ system and more specifically by diagnosis.
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HOSPITAL ADMITTING DIAGNOSES

- SMALL BOWEL OBSTRUCTION: 12
- PREGNANCY COMPLICATIONS: 12
- ALTERED MENTAL STATE: 12
- CELLULITIS: 14
- SEPSIS: 19
- PREGNANCY (OTHER): 20
- STROKE: 21
- CHEST PAIN: 27
- CHF: 28
- NORMAL LABOR: 30
- COPD: 31
- PNEUMONIA: 42
• Trends in the ED data: many MSK complaints, diabetes, chronic CV/Pulmonary diseases, and nicotine dependence. Surprising number of dental complaints as well, highlighting the importance of dental care to the town of Sweet Home.

• Somewhat surprised and puzzled by the lack of substance abuse encounters, given what we know about substance abuse in rural towns and Sweet Home specifically.

• The Lebanon Community Hospital does not have inpatient psychiatric services, so psych patients are sent to Corvallis or Salem for intensive treatment when needed.

• Limitations:
  • We categorized and labelled the data by hand, leaving possibilities of mislabeling.
  • Addresses of patients listed could be incorrect, a problem all hospitals face.
  • ICD-10 codes are tricky, and medical billing plays a role in patient diagnosis.
  • Patient problem lists are rarely culled, and thus seem to follow patients forever.

• Overall we learned that preventable diseases (Hypertension and T2DM) and those related to mental health are the most common problems facing Sweet Home, and this is what we will look to address in future projects.
INVITATION TO COLLABORATE

• Ask the experts!

• Please write
  • 2 possible solutions for the CCO
  • 2 possible solutions for community leaders
SAMARITAN’S 3X5 CARD

• Psychiatric Services:
  • Assess potential partnerships with SHS’s Regional Health Education Hub for classes such as Mental Health First Aid and QPR for Sweet Home.

• Weekend/Evening Care:
  • Explore the feasibility of utilizing SHS’s Mobile Clinic to meet some of the weekend and evening care needs of the Sweet Home community.

• Dental Services:
  • Look for partnership opportunities with the Coast to Cascades Community Wellness Network to address oral health (CCCWN).
• Smoking Cessation:
  • Reach out to SHS’s Regional Health Education Hub about providing current programs such as “Freedom from Smoking” to the Sweet Home community.

• Nutrition and Wellness Education:
  • Develop a strategic plan to increase access and participation in programs/classes offered through SHS such as CHIP and Plant-Based Kitchen.

• Substance Abuse:
  • Explore outreach opportunities with the developing Samaritan Treatment and Recovery Center (STAR).
ADDITIONAL SOLUTIONS

• Community Resources Promotion

• Youth Mentorship & Community Education classes with Western U students

• Patient Advisory Committee for CCO
QUESTIONS?
REFERENCES


• Van Gundy K. Substance Abuse in Rural and Small Town America. https://scholars.unh.edu/cgi/viewcontent.cgi?article=1006&context=carsey
Figure 5: This figure shows the categories of diagnostic codes used for patients with registered address in a rural town in Oregon who visited their Patient-Centered Medical Home in 2017.
Figure 1: This figure shows the categories of diagnostic codes used for patients with registered address in a single rural town in Oregon for the year 2017. This figure includes data from a subset of the total data from the ED. A total of 1272 of 3840 data points were sample and categorized for this graphic.
Category One: Availability of Providers Are needed providers available locally?
1) Travel Time to Nearest Patient Centered Primary Care Home (PCPCH)
2) Primary Care Capacity (Percent of Primary Care Visits Able to Be Met)
3) Mental Health Providers per 1,000 Population
4) Dentists per 1,000 Population

Category Two: Ability to Afford Care Is it affordable to see these providers?
5) Percent of Population Between 138% and 200% of Federal Poverty Level (FPL)

Category Three: Utilization Is primary physical, mental and oral health care being used?
6) Ambulatory Care Sensitive Conditions (ACSC)/ Preventable Hospitalizations per 1,000 Population
7) Inadequate Prenatal Care Rate per 1,000 Births
8) Emergency Department Non-Traumatic Dental Visits per 1,000 Population
9) Emergency Department Mental Health/Substance Abuse Visits per 1,000 Population
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Designation</th>
<th>Total Score</th>
<th>Travel Time to Nearest PCPCH</th>
<th>Primary Care Capacity Ratio</th>
<th>Mental Health Providers per 1,000</th>
<th>Dentists per 1,000</th>
<th>138-200% of Federal Poverty Level</th>
<th>Preventable Hospitalizations per 1,000</th>
<th>Inadequate Prenatal Care Rate</th>
<th>Emergency Department Dental Visits per 1,000</th>
<th>Emergency Department Mental Health Visits per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweet Home</td>
<td>Rural</td>
<td>34</td>
<td>10</td>
<td>0.40</td>
<td>0.20</td>
<td>0.11</td>
<td>15%</td>
<td>14.9</td>
<td>52.1</td>
<td>6.4</td>
<td>13.6</td>
</tr>
<tr>
<td>Scio</td>
<td>Rural</td>
<td>38</td>
<td>12</td>
<td>0.00</td>
<td>0.19</td>
<td>0.00</td>
<td>14%</td>
<td>8.8</td>
<td>47.4</td>
<td>3.5</td>
<td>8.0</td>
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<tr>
<td>Lebanon</td>
<td>Rural</td>
<td>41</td>
<td>10</td>
<td>1.32</td>
<td>0.30</td>
<td>0.28</td>
<td>12%</td>
<td>14.0</td>
<td>39.5</td>
<td>5.9</td>
<td>14.2</td>
</tr>
<tr>
<td>Oregon</td>
<td></td>
<td>41.1</td>
<td>13.3</td>
<td>1.80</td>
<td>1.90</td>
<td>0.42</td>
<td>12%</td>
<td>9.1</td>
<td>54.7</td>
<td>4.8</td>
<td>15.6</td>
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<tr>
<td>Albany</td>
<td>Urban</td>
<td>48</td>
<td>10</td>
<td>1.19</td>
<td>1.27</td>
<td>0.37</td>
<td>13%</td>
<td>7.6</td>
<td>33.7</td>
<td>7.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Corvallis/Philomath</td>
<td>Urban</td>
<td>61</td>
<td>10</td>
<td>2.60</td>
<td>2.64</td>
<td>0.40</td>
<td>10%</td>
<td>4.4</td>
<td>49.6</td>
<td>2.1</td>
<td>14.4</td>
</tr>
</tbody>
</table>