



Community Needs Assessment Samaritan Regional Health System

Samaritan Regional Health System's (SRHS) organizational mission is to "take the lead in promoting the health and wellness of people in the communities we serve." In order to fulfill this mission, it is important to understand the healthcare needs of the community. This report was designed to garner such an understanding through the involvement of a broad spectrum of stakeholders.

This report is presented in three major sections. The first section is a "Community Health Survey" of Ashland County residents. The survey consisted of fill-in-the-blank questions designed to elicit responses from Ashland County residents' opinion of the healthcare needs in the County.

The second section presents a focus group assessment of stakeholders' opinions of healthcare needs in the County. The three focus groups included members representing business and community leaders, medical professionals and end users – patients.

It should be noted that the survey and focus group assessments were performed under the guidance and collaboration of Oscar McKnight, Ph.D., a professor at Ashland University and statistical contractor for business in Ohio and surrounding states. Dr. McKnight was also the moderator for the focus groups.

The third section of the Community Needs Assessment report includes a prioritized description of the community health needs identified as well as a description of existing healthcare facilities and other resources within the community available to meet the needs identified.



COMMUNITY HEALTH CARE SURVEY

ASHLAND COUNTY

Overview

Overall survey participation size was 407; however, when corrected for residing in Ashland County (N = 372). The statistical number of participants needed to represent Ashland County (Population size = 55,004) is 270: survey confidence level is 90% with a margin of error <5%.

Over 90% of participants report having some sort of health insurance. Seventy-five percent of participants report that their “health care needs are met.” Forty-five percent of the participants believe that there is a need for more services in Ashland County. The top reported needed services are: Wellness, Eldercare and Mental Health.

Services listed as areas that have impressed Ashland County residents are: staff, ER and convenient and fast service. Whereas, five areas are listed where “needs are not being met” – affordable care for low income; more doctors and free clinics; eldercare; ER customer service; and, more mental health providers.

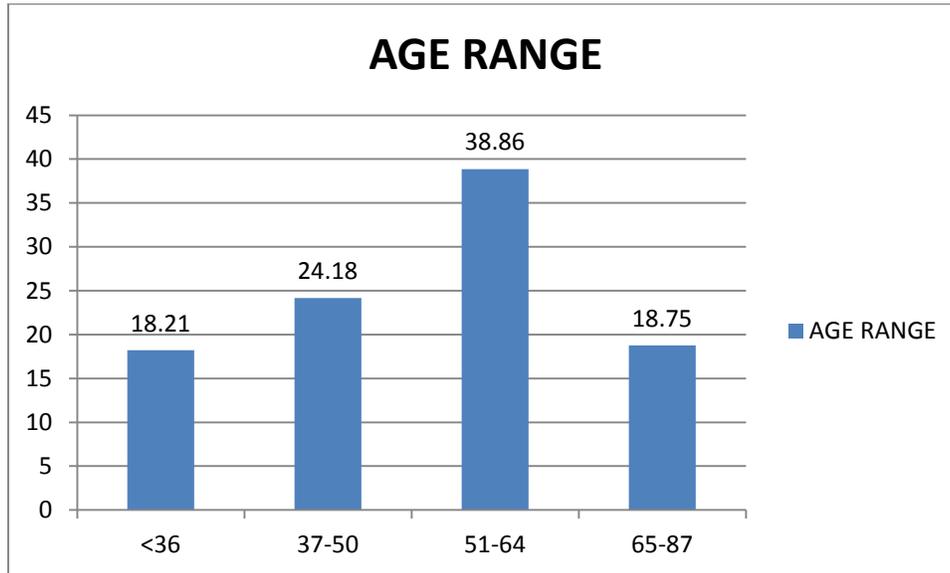
Participants in Ashland County listed five areas of need: affordable care; eldercare; care for uninsured; education; and, heart care.

The last question posed to Ashland County residents asked if there was anything else we should know that we did not ask. Participants stated: cost is too high for most in Ashland County; you need to advertise more about services; and there is a lack of family doctors in Ashland County.

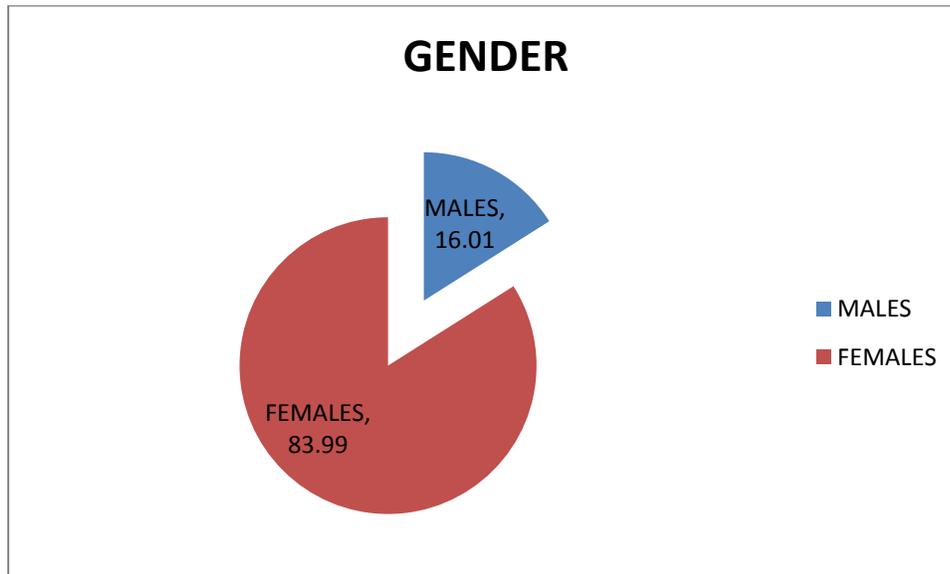
There is a statistically significant relationship between health care needs and – health insurance status, age and education level of Ashland County residents (listed in relative rank-order of significance). Read this report carefully – especially the key segmentation findings.



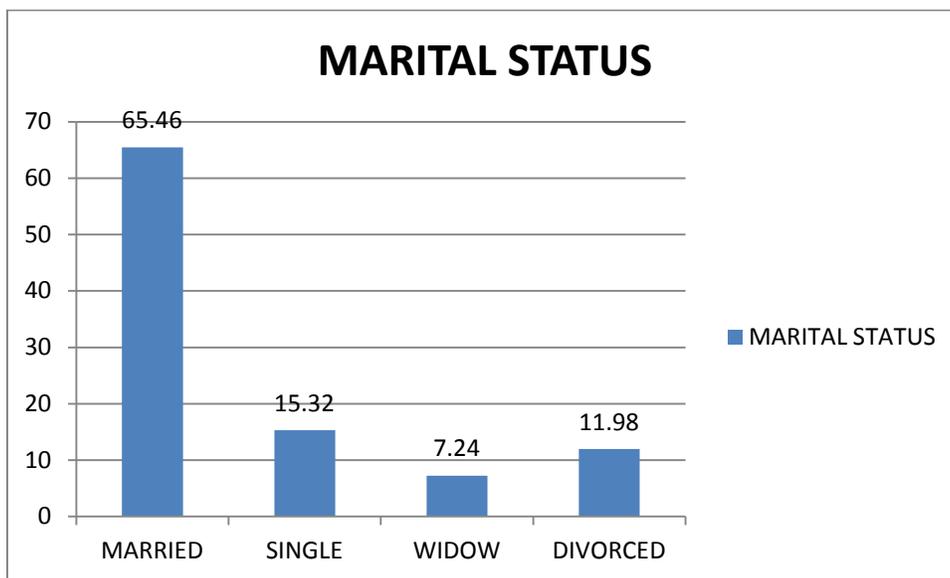
DEMOGRAPHIC SUMMARY OF PARTICIPANTS



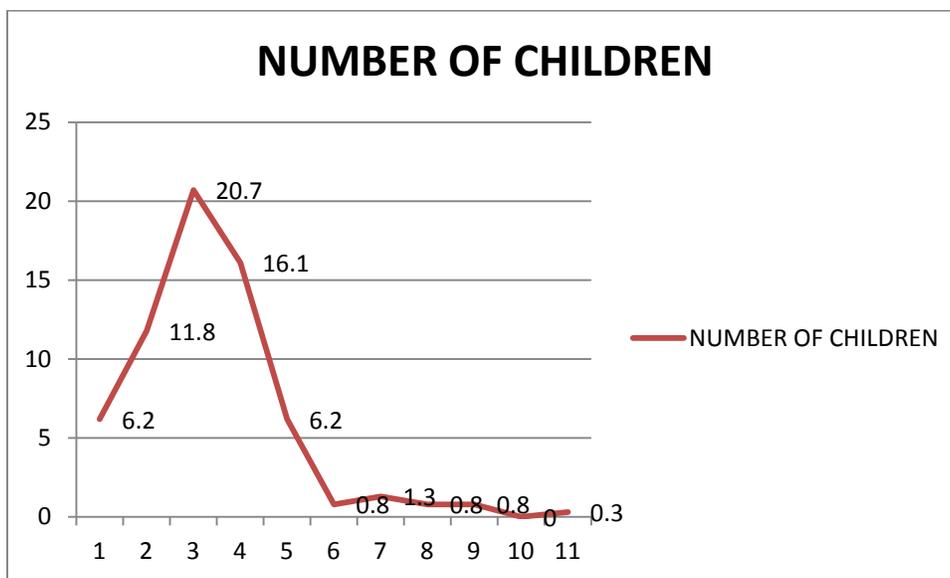
Note. Mean age = 51.39; data reflect percentage.



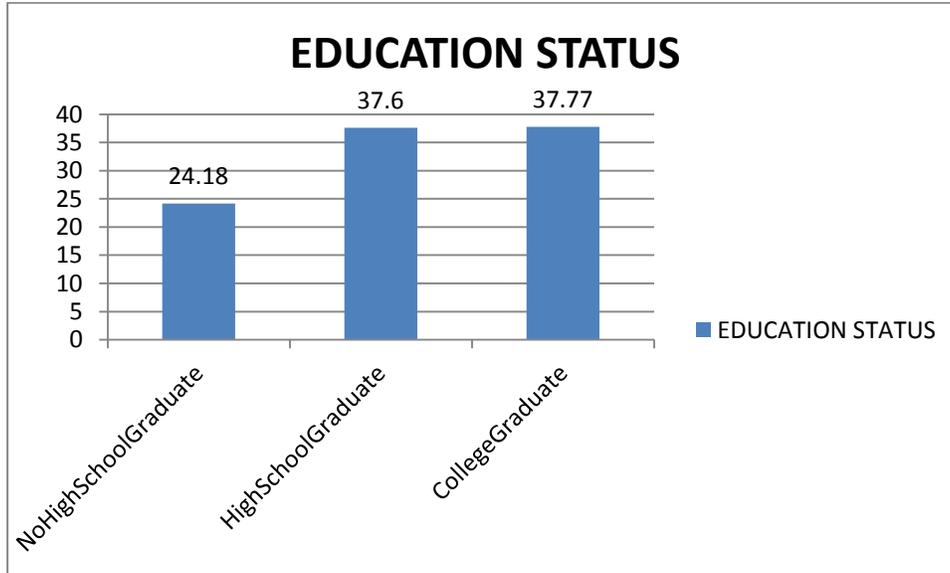
Note. Data reflect percentage.



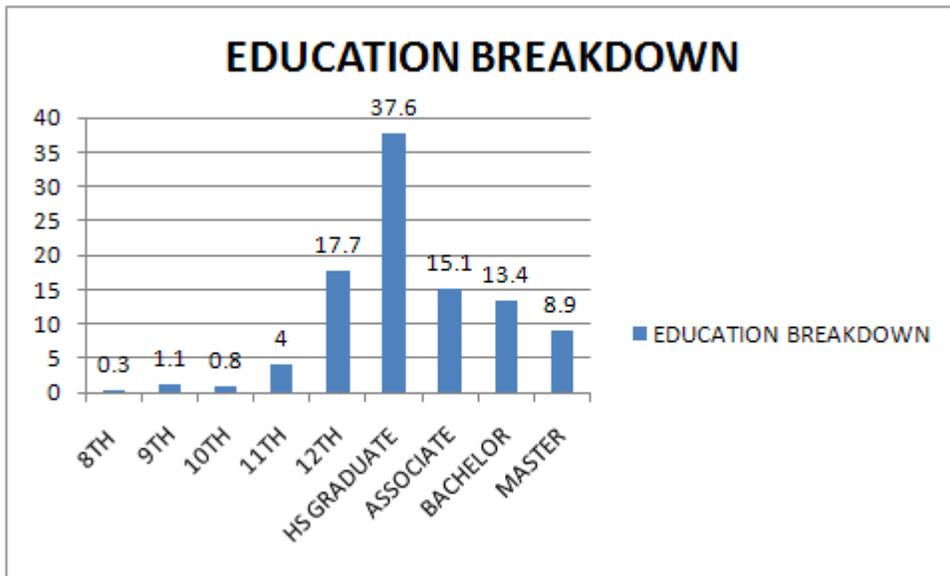
Note. Mode = Married; data reflect percentage.



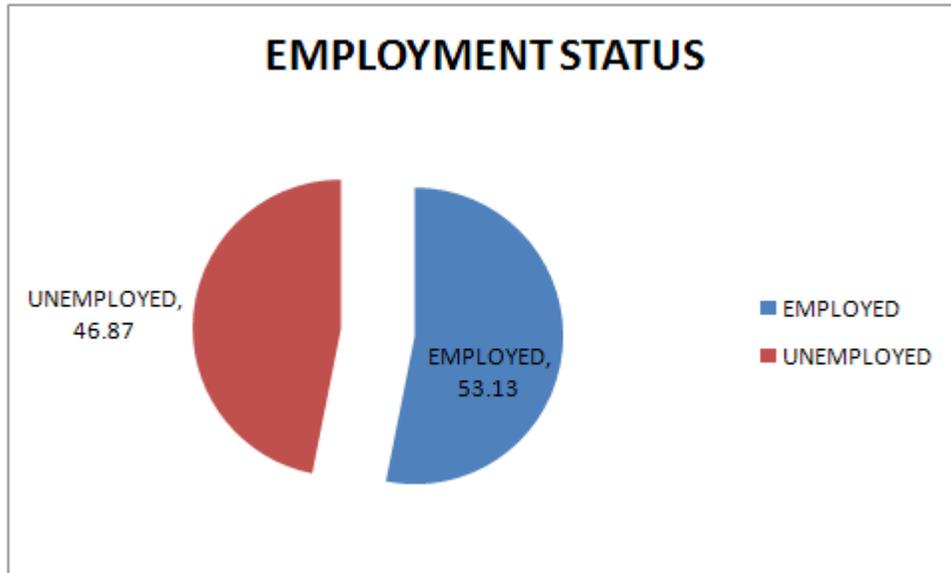
Note. Mean number of children = 2.35; data reflect percentage.



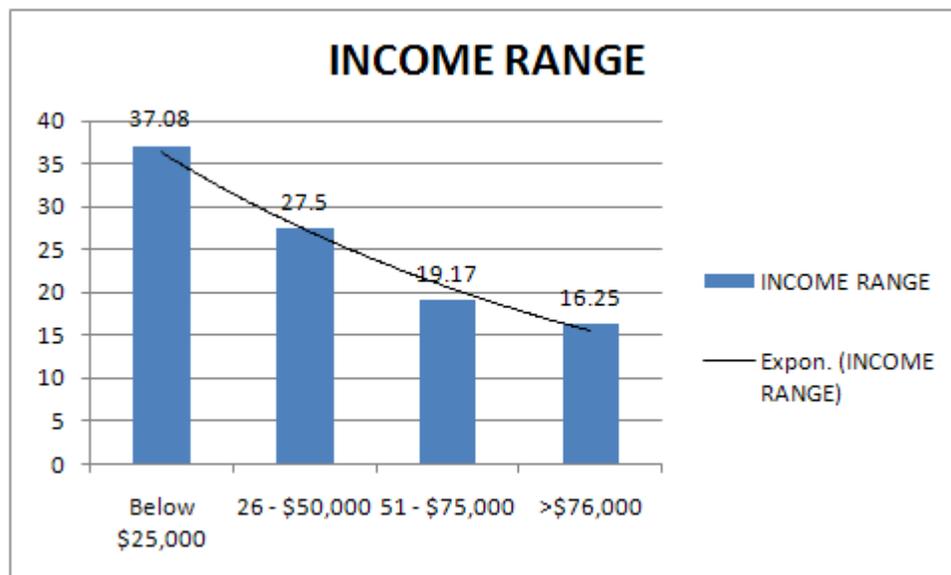
Note. Mean education level = 13.84 years.



Note. Data reflect percentage.



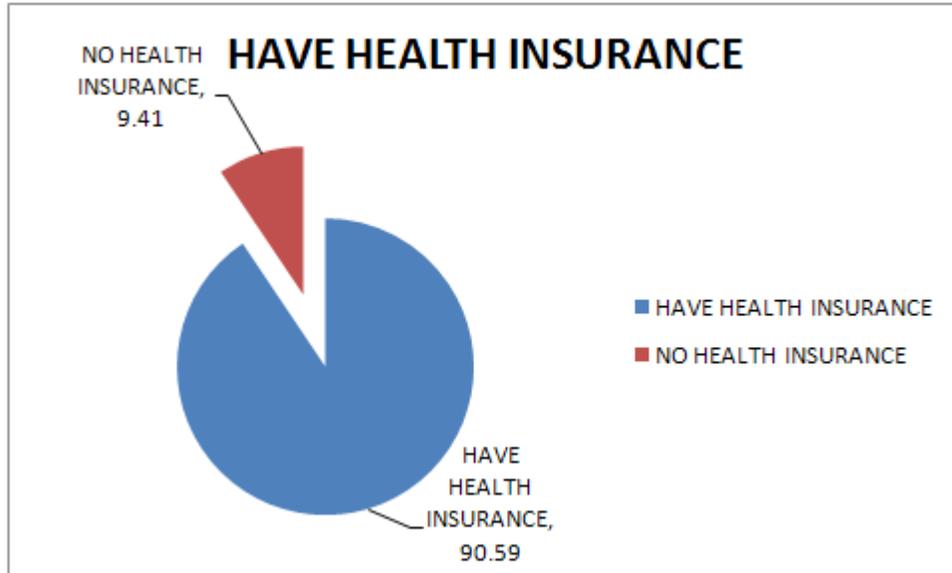
Note. Data reflect percentage.



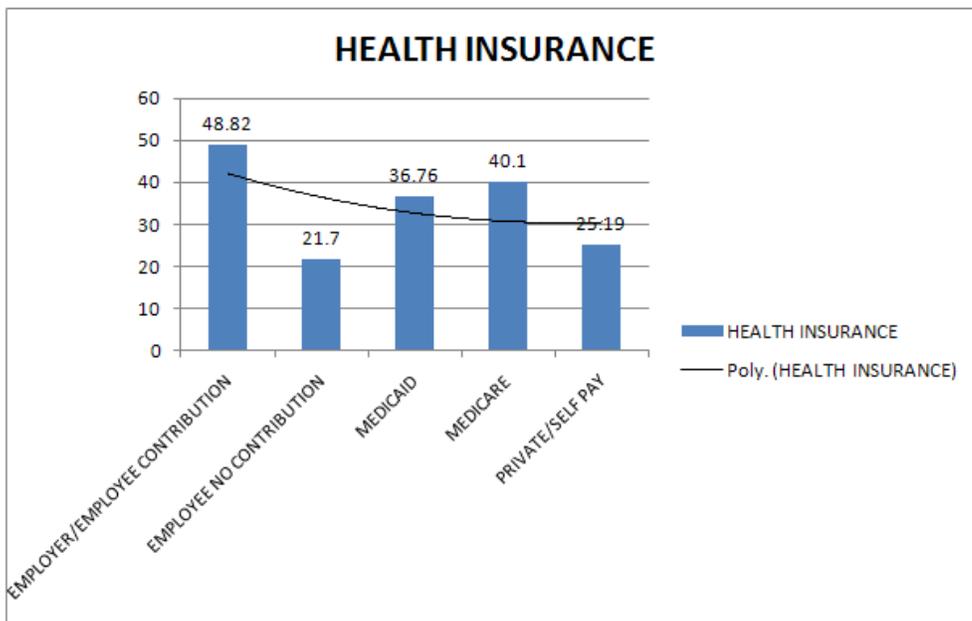
Note. Mean income = \$43,825



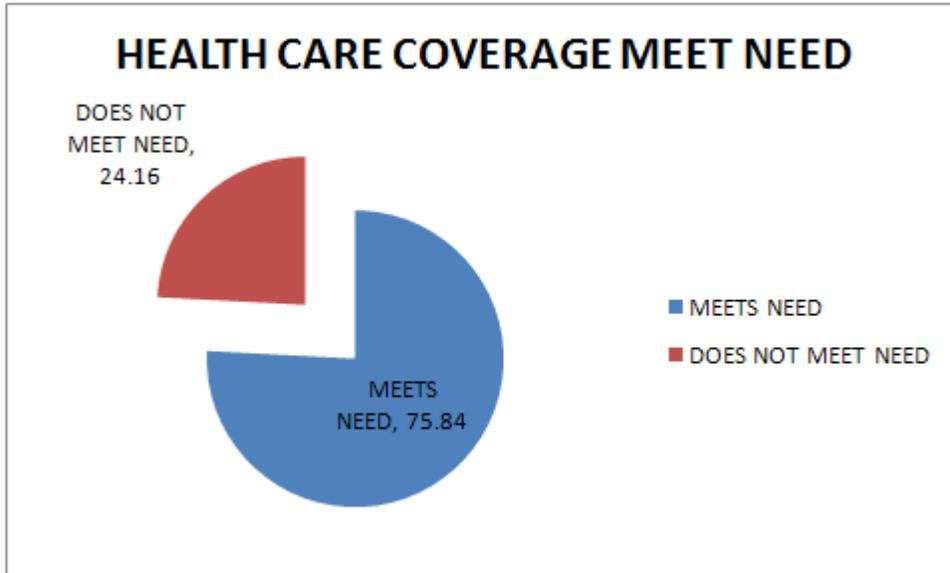
Samaritan Regional Health System



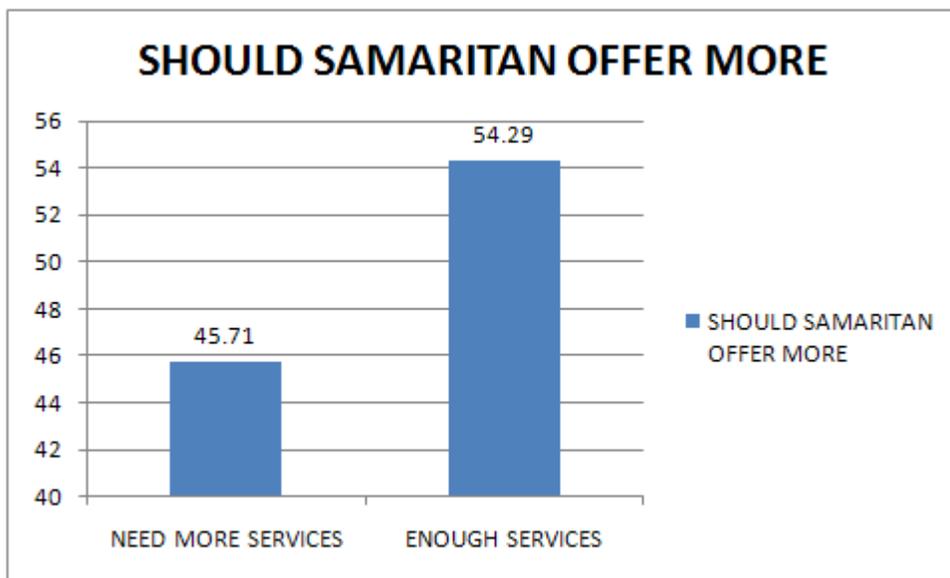
Note. Data reflect percentage.



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Note. Data reflect percentage.



Should Samaritan Regional Health System offer more services? If yes, what type?

**TYPE OF SERVICE NEEDED
(Multiple responses)**

<u>TOP RESPONSES</u>	<u>NUMBER</u>
Wellness program - gym	6
Eldercare	5
Mental health	5
Financial help	4
Free clinic	4
Bring back old services and care hours	3
Daycare	3
Nutrition	3
Care for uninsured	2
Diabetes and cancer treatment	2
Prenatal care	2
Urgent care	2
Women's care	2

Note. 72 participants commented.

**TYPE OF SERVICE NEEDED
(Single response)**

Acupuncture	Loudonville clinic	Prevention, obesity - teens
Aftercare for gastric bypass	Low cost testing	Quality of care
Autism support group	Low income flu shots	Services for underprivileged woman
Bariatric surgery	Medication support	Services for uninsured
Checkups	More advanced services	Stay current to patients needs
Disability support	More trauma levels	Teen drug rehab
Geriatric specialists,	Neurologists Newer MRI machines	Urgent care, transportation for elderly
Dementia care	No appointment testing	
Heart	Orthopedic-floor	
Local Cancer Care	Pediatric care	Walk-in child checkups
Longer hours for urgent care		

Note. 72 participants commented.



Samaritan Regional Health System

What has impressed you the most about health care in Ashland County?

WHAT HAS IMPRESSED YOU (Multiple responses)

<u>TOP RESPONSES</u>	<u>NUMBER</u>
Staff	25
ER	24
Convenient and fast	19
Available care	12
Quality care	12
Variety of services	11
Growth of care	10
Doctors	8
Nothing	7
Maternity	6
Home health care	3
Nurses	3
Hospice	2
Informative courses	2
More places take Medicaid	2
Surgery	2

Note. 187 participants commented.

WHAT HAS IMPRESSED YOU (Single response)

Accessibility	Everything	Medical information
Building expansion and improvements	Eye care	Middle income help with bills
Christian Ashland health center	Facilities	Modern equipped facility
Clinics for uninsured	Fibro support groups	Offers for uninsured
Collaboration between agencies	Free clinic	Outpatient services
Community involvement	Health dept	Prompt and caring
Competent and friendly	Healthy and clean helpful and willing	Proximity
Cost	Helpfulness and willingness	Senior care low prices
Done right	Hospital system	Service for uninsured
Easy process	Joint program, Christian clinic	Small nice hospital
Efficient and caring staff	Low costs	Using Loudonville hospital for labs
Eldercare	low income health clinic	VA does a wonderful job
	Mammograms and blood work	Weiner plan

Note. 187 participants commented.



What needs in health care are not being met in Ashland County?

**WHAT NEEDS ARE NOT BEING MET
(Multiple responses)**

<u>TOP RESPONSES</u>	<u>NUMBER</u>
Affordable care for low income	18
More doctors and free clinics	13
Eldercare	8
ER customer service	8
More mental health providers	7
Pediatrics	5
Allergy specialists and neurologist	3
Neurology, vascular	3
Weekend care	3
Better services, more doctors	2
Cancer treatment	2
Diabetic assessment/treatment	2
OBGYN	2

Note. 127 participants commented.

**WHAT NEEDS ARE NOT BEING MET
(Single response)**

Autism and sensory	Full time cardiologist	Obesity place with appointments not required
Baby checkups	General counseling	Poor dentistry
Better birthing center	Lazy nurses	Prenatal support
Better city coverage	Longer Q-care hours	Prevention and nursing home needs
Better nursing homes	Loudonville clinic	Public education
Birthing/OB area	Mammograms for uninsured	Saturday morning sports
CA infusion center	Medical Coverage	Medicine clinic
Care on weekends	Medication help overall	Seizure care
Communication critical	Medication options	Skin cancer screenings
Doctor's customer service	Medication prices	Special need populations
Doctor availability	More advanced care	Specialized doctors without referrals
Easier to obtain Medicaid	More home health nurses	Trauma hospitals
Education programs	More physicians	Well baby care
Efficient timing	More specialists	Wellness program and baby care
ER specialists	More than the basics	Yearly checkups
Excessive costs for minor care	Neurosurgeon	
Follow-up for serious health conditions	Nursing care is poor	
	Nursing home support	

Note. 127 participants commented.



Samaritan Regional Health System

What do you feel is the greatest health care need in Ashland County?

**GREATEST HEALTH CARE
(Multiple responses)**

<u>TOP RESPONSES</u>	<u>NUMBER</u>
Affordable care	34
Eldercare	19
Care for uninsured	7
Education	7
Heart care	7
Wellness programs	6
Women's healthcare	6
Affordable medication	5
Urgent care	5
ER care	4
Physicians	4
Trauma center	4
Childhood obesity and diabetes	3
Wellness programs	3
Better doctors	2
Dieting/weight loss programs	2
Eye care	2
More mental health providers	2
Regular health care	2

Note. 160 participants commented.

**GREATEST HEALTH CARE
(Single response)**

24hr pharmacy access	Cardiac education for ER	General support services
Aging	Care and ability to deliver	Glasses or dentistry
Allergy specialist	Premature delivery	Health fairs
Alternative therapies	Care for the mentally ill	Hearing loss
Autism	Care for uninsured,	Home help
Availability to all	More doctors	Insurance
Available education and literature	Care for women and children	Longer clinic hours
Better care for unemployed	Everyday sickness, flu, cold	Maternity ward
Better ER care	Free health care	Medical help for back problems are needed
Better hours for Q-care	Free health care for needy	More heart doctors
Better insurance coverage	Free or reduced cost dentistry	More timely manners
Cancer screening	Friendly staff	Pediatric care
Cancer treatment center		

Note. 160 participants commented.



What else should we know about health care in Ashland County that we did not ask?

WHAT ELSE SHOULD WE KNOW (Multiple responses)

<u>TOP RESPONSES</u>	<u>NUMBER</u>
Cost is too high for most in Ashland county	10
You need to advertise more about services	5
Lack of family doctors in Ashland county	2

Note. 44 participants commented.

WHAT ELSE SHOULD WE KNOW (Single response)

Care is not the best here	I have learned to use the Cleveland clinic first	Nurses pretend to be doctors
Dental and eye care is needed	I hear that we are behind the times	Nurses should treat us like people
Doctors do the best they can with what they have	I hear they are not friendly to the poor	People are using alternative health means
Doctors will spend time with you if they are around	If you are really sick they fly you out - if you have money	People here hesitate before going to a hospital
Drug abuse services are needed	Just give us help	They closed my hospital
ER needs more staff	Long wait time	They have taken away more services than they add
Good hospital to hospital collaboration	Meets needs locally and by referrals	We need more help in the county
How does Obama care help us in Ashland county	My doctor dropped me because of my bill	We used to have better services in Ashland County
I drive to Wooster for many of my needs	Need for more doctors	When you are really sick you have to go to Cleveland or Columbus

Note. 44 participants commented.



KEY SEGMENTATION FINDINGS

There are three significant general characteristics of an Ashland County resident in relationship to determining if health care needs are met. They are (listed in relative rank-order of significance): health insurance, age and education.

HEALTH INSURANCE

Employer/Employee Contribution

This Ashland County resident earns \$26,000 – \$50,000, states their health care meets their needs, believes eldercare is needed, has 1 – 2 children, is either married or divorced, is a high school graduate, in the age range of 51 – 64, and is most satisfied with the convenient and fast service.

Full Employer Sponsored Plan

This Ashland County resident had 5 or more children, is married, with an age range of 65 – 87, states their health care needs meets their needs, earn less than \$25,000, and is not impressed with staff – nor with available care.

Medicaid

This Ashland County resident earns less than \$25,000, is single, not impressed with the ER, did not graduate high school, in the age range of 65 – 87, is impressed with current and available care, states health care needs are met, impressed with staff, but reports more services are needed – specifically, eldercare.

Medicare

This Ashland County resident is in the age range of 65 – 87, is impressed with available care, earns \$26,000 – \$50,000, is not impressed with staff, they have children, and is a high school graduate.

Private (Self-Pay)

This Ashland County resident has children, believes eldercare is needed, is married, earns less than \$25,000, is not impressed with staff, not employed and not impressed with current and available care.



AGE

Under 37 years old

This Ashland County resident has health insurance, earns \$26,000 – \$50,000, participates in an employer/employee contribution plan, states health care needs are met, believes eldercare is needed, has 1 – 2 children, is divorced, and impressed with convenient and fast service.

37 – 50 years old

This Ashland County resident states their health care needs are not being met, they desire more services, with more doctors and clinics, are not impressed with staff, they are divorced, impressed with ER, tend to be male, earns \$26,000 – 50,000, are employed, but not impressed with convenience or speed of service delivery.

51 – 64 years old

This Ashland County resident earns \$26,000 – 50,000, has no children, is divorced, is not impressed with the quality of care, health care needs are not met, participates in an employer/employee contribution plan, and is not impressed with the ER.

65 – 87 years old

This Ashland County resident is impressed with available care, earns \$26,000 – 50,000, participates in either Medicaid or Medicare, is not impressed with staff, is married, had children and graduated high school.



EDUCATION

Did Not Graduate High School

This Ashland County resident is not employed, participates in either Medicaid or Medicare, earns less than \$25,000, is single, is not impressed with the ER, is in the age range of 65 – 87, is impressed with available care, has no children, health care needs are met, is impressed with staff, and wants more services.

High School Graduate

This Ashland County resident is divorced, earns less than \$25,000, believes Ashland County needs doctors and clinics, is impressed with the variety of services, health care needs are met, is impressed with both the ER and available care, typically receives Medicaid, and states a need for affordable healthcare.

College Graduate

This Ashland County resident believes there is a need for eldercare, has no children, impressed with the convenience and fast service, health care needs are met, earns \$26,000 – 50,000 or above \$76,000, believes there is a need for more service, but impressed with the variety of current services, is not impressed with the ER, however, impressed with overall available care, is single and participates in an employer/employee contribution plan.



FOCUS GROUPS

ASHLAND COUNTY

Background

This research examines the general healthcare needs of Ashland County and not any specific hospital or independent healthcare provider. In 2010, the first of a three part Community Needs Assessment commenced.

In the 2010 project, Ashland County residents completed a fill-in-the-blank survey – 372 participants. The survey results represented Ashland County with a confidence level of 90% with a margin of error of less than 5 percent.

In 2011, the second phase of the Community Needs Assessment introduced an analysis of focus group responses. Specifically, the focus groups were expert panels representing business and community leaders, medical professionals and end users - patients. The Community Health Care Assessment Focus Groups were conducted Dec. 6, 7, & 8. The Key Finding of the focus group assessment was, according to Dr. McKnight, "group responses support the 2010 survey findings." In addition, focus group results confirm community survey results; that is, the majority of Ashland County residents believe that more healthcare services are not necessary. However, both research groups did offer services to consider:

SURVEY TYPE OF SERVICE NEEDED	FOCUS GROUP TYPE OF SERVICE NEEDED
Wellness Eldercare Mental Health	Wellness (Educational) Eldercare (Coordinated Care) Mental Health (Psychiatric) Quick Care (Fri, Sat & Sun)



Process

Each focus group began with participants independently filling-out the same survey as administered to the residents of Ashland County in 2010. Participants then had an opportunity to discuss their thoughts and feelings, both individually and in a group process.

Findings

Participants responded to five questions. As a baseline, this research used the survey results.

Should Samaritan Regional Health System offer more services? If yes, what type?

Yes – More Services Needed

TYPE OF ASSESSMENT	QUESTION	RESPONSE
SURVEY	Yes, more services	45% - “yes” – 19% offered suggested areas
FOCUS GROUP	Yes, more services	Range of services meets the county needs – “majority group consensus”

Note. Focus group results confirm community survey results; that is, the majority of Ashland County residents believe that more healthcare services are not necessary. However, both research groups did offer services to consider.



Should Samaritan Regional Health System offer more services? If yes, what type?

What Type of Services Needed: Top Responses

SURVEY TYPE OF SERVICE NEEDED	FOCUS GROUP TYPE OF SERVICE NEEDED
Wellness Eldercare Mental Health	Wellness (Educational) Eldercare (Coordinated Care) Mental Health (Psychiatric) Quick Care (Fri, Sat & Sun)

Note. * = not unique to focus group – participants introduced this in the 2010 survey.

What has impressed you the most about health care in Ashland County?

Top Responses

Survey-Impressed Participants	Focus Group-Impressed Participants
Staff ER Convenient and fast	Staff ER Convenient and fast



Available care Quality care Variety of services	Available care Quality care Variety of services Upgrades to hospital*1

Note. * = not unique to focus group – participants introduced this in the 2010 survey.

What needs in health care are not being met in Ashland County?

Needs Not Met	Needs Not Met
Affordable care for low income More doctors and free clinics	Affordable care for low income More doctors and free clinics Heart Care/Testing* Cancer Treatment*

Note. * = not unique to focus group – participants introduced this in the 2010 survey.

What do you feel is the greatest health care need in Ashland County?

Health Care Need	Health Care Need
Affordable care Eldercare	Affordable care Eldercare Family Doctors*

Note. * = not unique to focus group – participants introduced this in the 2010 survey.



What else should we know about health care in Ashland County that we did not ask?

What else should we know	What else should we know
Cost is too high You need to advertise more Lack of family doctors	Cost is too high You need to advertise more Lack of family doctors Difficult to recruit doctors* Family Doctors leave too soon* Insurance dictates service*

Note. * = unique to focus group – participants did not introduce this in the 2010 survey.

Key Findings: Overall

1. Focus group responses support survey findings.

Needs

1. Participants stressed the need to get health care information out to the residents.
2. Participants expressed difficulty with getting, recruiting and maintaining family doctors.
3. Needed is more coordination of health care for the elderly.
4. Participants discussed a need for additional wellness and educational services.
5. Need for urgent or quick care extended hours.
6. Need for affordable care options.
7. Participants discussed limited ability to receive on-going or emergency psychiatric care.
8. Need a directory of physicians or available health care in the county.
9. Participants discussed a need for Heart care treatment and testing.
10. Needed are cancer treatments or services.

Agreement

1. Ashland County has a wide range of services available – given the size of county.
2. Insurance providers and cost are dictating services.
3. Quality of service is more important than quantity.
4. Outside medical resources or treatments are available within 60 minutes.
5. Public appreciates the upgrades to hospital system.



GENERAL COMMENTS

(Written by focus group participants – randomly listed)

Need more quick or urgent care
Ashland County has great EMT service
Need prevention services
Elderly have difficulty finding primary care
Navigation of system is difficult

Limited urgent care hours
Should publish a book or index of available services
The county does plenty
Mental health services are lacking
Limited primary care physicians

No advertising of medical services in county
No big gap in services
What the county lacks in quantity of care – it makes up in quality care
Great people at the hospital
Private physicians are refusing to take patients without a referral from a friend

No pay – no service philosophy with private doctors
Do not over extend services just to say the county has them
Low cost care is increasing in the county; for example, dental
No way to schedule a heart test quickly in the county
Range of service is remarkable for a county like Ashland



Cancer treatment is out of the county
The county could use some alternative medicine clinics
Need public education programs
Many underinsured citizens
Obama Care will change everything

Communication between providers could be better
Having a 211 hotline is great
Cannot get general counseling services without a severe history or diagnosis
More coordination of services with assisted living facilities
Obesity is out of control in the county

Lacking independent insurance fund to help those in need of medical care
May need a wound center in the future
Need local chemotherapy
Integrate mental health into the hospital system
Timely testing needed

Nurse practitioners needed but not respected
Caring attitude in the county
Pediatric care needed
Need a hepatitis specialist in the county
Technology could help with communication



COMMUNITY HEALTH NEEDS ASSESSMENT

Next Steps

The third and final section of the Community Needs Assessment report includes a prioritized description of the community health needs identified as well as a description of existing healthcare facilities and other resources within the community available to meet the needs identified. Prioritization was accomplished through in-depth discussion with Dr. McKnight and several members of SRHS's management to thoroughly understand the results of the survey and focus group findings. Multiple courses of action were reviewed and selected/eliminated through consideration of resources, alignment to strategic goals and mission, urgency of need, estimated feasibility and ability to measure the subsequent impact of implementation. (See Table I at end of report for priority ranking detail.) The resulting plan of action was presented to SRHS's Board of Directors and approved at the October 21, 2013 board meeting. The following are the significant health needs in priority order with #1 being the first priority.

1) Quick Care – In 2009, QCare was established in response to market demands for alternatives to Emergency Department care and to limited immediate access to family physicians for treatment of minor injuries and illnesses. Hours were initially designated Monday through Thursday from 11:00am to 6:30pm. As usage of QCare increased and community response escalated, a second physician was added and days were changed to Monday through Friday. The anticipated impact of these changes is easier, more convenient access to health care for minor illnesses and injuries for the community. Usage is monitored on a continuous basis through multiple quality assurance measures including numbers of visits, time of visit, reason for visit, etc.

2) SRHS Board of Directors and administration continue to support the importance of wellness and wellness education for both the community at large and its employees. A wide variety of education classes are offered on a monthly basis including childbirth, breast-feeding, freedom from smoking, pre-op education classes for knee and hip replacement patients, community education series (physicians and other healthcare professionals present one-hour talks on the hot topics currently in healthcare as well as topics suggested by the public), Medicare Part D (in conjunction with OSHIP),



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American Heart Association BLS and ACLS classes, and many more. In addition, SRHS hosts support groups such as cardiac rehab, diabetes education, arthritis and fibromyalgia, and breast cancer survivor. Wellness programs are presented in conjunction with multiple community partners including Hospice, Akron Children's Hospital, Mental Health Board, and the Ohio State Extension office to name a few. SRHS participates in multiple health fairs and schedules speakers for local organizations such as Rotary, Kiwanis, local middle school and high school fairs and career days, area churches and Leadership Ashland. SRHS, the local YMCA, and the Ashland Fire Department partner together to promote weight loss, exercise, and heart healthy awareness through a variety of venues and programs. Wellness is and continues to be a priority for this organization. The anticipated impact of such programs is a better educated and more informed community regarding health and wellness. The impact of such programs will be measured by monitoring participation and reviewing results of evaluations completed at the end of presentations. Community feedback is welcomed and vital to the planning of the Community Education Series and topics for support groups. Joint replacement education is additionally monitored via multiple volume, market share, attendance and patient satisfaction metrics.

3) SRHS recognizes the need for quality mental health services and is working closely with local mental health professionals to strengthen this bond and create new opportunities to educate employees and the community about mental health issues. A committee between hospital and mental health advocates has been established and is working on a number of issues. Working with the Mental Health and Recovery Board, the hospital is exploring the possibility of adding a psychiatrist to staff. In addition, the VP of Clinical Services now sits on the Appleseed Community Mental Health Board and is coordinating meetings between physician offices and mental health staff to foster a broader access to expanded referral and consultative resources for primary care providers. A mental health series of education classes was introduced to hospital staff in 2010 and continues. The anticipated impact of this strategy will be a greater understanding of mental health needs between SRHS and mental health professionals in the community. This will be monitored with on-going feedback between all parties.



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4) Eldercare, while not a primary service offered by SRHS, is supported by this organization in many ways. The hospital participates in the Nursing Home Care Collaborative which is a committee made up of healthcare professionals from nursing homes, assisted living facilities, mental health agencies, the hospital and other partners invested in ensuring smooth transitions of care for this patient population. Education and support groups are available to the elderly and are included in the description for Wellness services. The hospital’s Social Services department is instrumental in addressing their needs as they are patient advocates, addressing needs such as homelessness, poverty, family break-up, mental illness, physical and mental disability, alcohol and substance abuse, domestic violence and much more. They place the needs of the patient first and foremost while helping families and loved ones navigate difficult life transitions. Press Ganey patient satisfaction scores as well as Medicare and Medicaid quality measures help SRHS monitor the impact of these services.

Samaritan Regional Health System is committed to the health and well-being of its employees and community. This report represents SRHS’s efforts to share information that can lead to improved health status and quality of care available to Ashland County residents, while building upon and strengthening SRHS’s existing infrastructure of services and providers. This report will be made available to the general public via the organization’s website and in print upon written request.

Table 1	Burden	Scope	Severity/ Urgency	Feasibility/ Effectiveness	Disparity	Importance	Total
Wellness Education	2	4	1	2	4	4	17
Eldercare	3	3	3	2	2	2	15
Mental Health	4	2	3	1	4	2	16
Urgent Care	4	4	4	4	2	5	23

1 = Low priority

3 = Average priority

5 = High priority