LAWRENCE COUNTY

ACCESS TO CARE

EVALUATION SUMMARY

November 2019

OHIO UNIVERSITY
College of Health Sciences and Professions
Appalachian Rural Health Institute

Public Health
Prevent. Promote. Protect.
Gallia County
Health Department

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Introduction and Background

Appalachian Rural Health Institute, Ohio University

The Appalachian Rural Health Institute (ARHI) is within the College of Health Sciences and Professions (CHSP) at Ohio University. As a consortium of researchers with specific experience and expertise in quantitative and qualitative research methods, ARHI is committed to improving the health of people who reside in Appalachia. Our approach is to use community-based studies and projects that specifically focus on Appalachian health needs, issues, and disparities. We understand the challenges faced in providing care to improve public health in Appalachia.

Purpose and Objectives of this Study

The overall purpose of this project is to assist local health departments in Ohio with public health accreditation documentation related to access to care. Specifically, the objectives are:

- To compile rural health priorities as identified in rural and Appalachian Counties in Ohio; and
- To focus on access to care (Domain 7) in the public health accreditation guidelines, by
    - Collecting health care access data from community members; and
    - Assembling health care access data from secondary sources.

Lawrence County

ARHI facilitated a session with health care professionals in Lawrence County on June 14, 2019. The facilitator's agenda for this session is in Appendix A and the participant list is attached as Appendix B. The purpose of this meeting was to review public perception of gaps in access to care and to evaluate strategies that could work to address these gaps in the county.

Health Care Strategies

Robert Wood Johnson Foundation (RWJF) developed a comprehensive guide of strategies to address access to health care. *What Works for Health* offers evidence-based approaches to improving health across a range of factors.[1] For the purpose of this work, we focused on the Access to Care strategies documented by RWJF and specifically targeted to rural communities.

Health Care Access Team Assessment: Individual representatives from health care and public health in Lawrence County first identified strategies that they wanted to discuss (Table 1) and then evaluated the strategies using a rubric designed by ARHI (Appendix C). This rubric assesses each strategy using two major categories: 1) impact and 2) feasibility. The average ratings are summarized in Table 2. The average ratings are categorized as follows: **H**igh = 4-6; **M**oderate = 2-3.9, and **L**ow = 0-1.9.

[1] http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

Table 1. Tally of Votes to Prioritize Strategy Discussion	# of votes
Activity Programs for Older Adults. Offer group educational, social, or physical activities that encourage social interactions, regular attendance, and community involvement among older adults.	5
Career Academies. Establish small learning communities in high schools focused on health care fields including technology, finance, and communication.	4
Community Health Workers. Engage professional or lay health workers to provide education, referral and follow-up, case management and home visiting for those at high risk for poor health outcomes.	6
Cultural Competence Training for Health Care Professionals. Focus on skills and knowledge to value diversity, understand and respond to cultural differences, and increase awareness of providers' cultural norms.	2
Federally Qualified Health Centers (FQHCs). Increase support for non-profit health care organizations, such as Hopewell Health Centers, that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of their ability to pay.	5
Health Career Recruitment. Include academic support and professional experiences for high school, college or post-baccalaureate students.	4
Health Insurance Enrollment & Outreach. Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.	6
Medical Homes. Provide continuous, comprehensive, whole person primary care that uses a coordinated team of medical providers across the health care system.	1
Places for Physical Activity. Modify local environments to support physical activity, increase access to new or existing facilities for physical activity, or build new facilities.	7
Retail Clinics. Establish clinics in retail stores that provide basic services for simple health conditions and procedures such as sore throats, immunizations, pregnancy testing, lipid and diabetes screening.	2
Rural Training in Medical Education. Expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas.	0
Rural Transportation Systems. Establish transportation services for areas with low population densities, using publicly funded buses and vans on a set schedule, volunteer ridesharing, or other means.	3
School-based Health Centers. Provide health care services on school premises to attending elementary, middle, and high school students; services provide by teams of nurses, nurse practitioners, and physicians.	6
Telemedicine. Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring. Also called "telehealth."	3
Telemental Health Services. Provide mental health care services via telephone or videoconferencing. Similar to telemedicine.	2

Public Support: The sample who completed an online survey (78 people) provide some indication of public support for specific strategies. The complete results of the Lawrence County Access to Care survey are found in Appendix D. This support is categorized based on percentages of respondents who support the strategy "a lot:" **H**igh = more than 75% of respondents support the strategy "a lot;" **M**oderate = 50-74.99%; and **L**ow = less than 50 percent.

Table 2. Summary of Strategies and Their Evaluation

	County Workgroup		Public
Strategy (Abbreviation)	**Impact**	**Feasibility**	**Support**
Activity Programs for Older Adults	**H**	**H**	**H**
Community Health Workers (CHW)	**H**	**H**	**M**
Federally Qualified Health Centers (FQHC)	**H**	**M**	**H**
Health Career Recruitment (Recruit)	**H**	**M**	**M**
Health Insurance Enrollment & Outreach (Insurance)	**H**	**M**	**H**
Medical Homes (Medhome)	**H**	**M**	**M**
Places for Physical Activity (Active Places)	**H**	**H**	**H**
Rural Training in Medical Education (Training)	**H**	**M**	**H**
Rural Transportation Systems (Transport)	**M**	**M**	**M**
Telemedicine (Telemed)	**H**	**M**	**L**
Telemental Health Services (Telemental)	**M**	**M**	**L**

The specific average workgroup ratings are shown in the figure below, sorted by those that averaged the highest impact scores to the lowest impact scores. The average ratings for each criteria are noted in Table 3. Refer the rubric (Appendix C) for how the strategies were rated. The strategy that rated the highest for impact were federally qualified health centers (FQHC) and medical homes at 5.55. The strategies with the highest feasibility scores are Activity Programs for Older Adults and Providing Places for Physical Activity.

The next step for identifying strategies to improve access to care in Lawrence County involved identifying how much weight to give impact and feasibility when deciding which strategies to explore further.

Table 3. County Team Ratings
(highest to lowest impact)

Strategy	Impact	Feasibility	Difference
FQHC	5.55	3.64	-1.91
Telemed	5.33	2.83	-2.50
School Centers	5.17	3.33	-1.83
Career Acad	5.00	5.00	0.00
Older Activities	4.92	5.08	0.17
Medhome	4.67	2.33	-2.33
Recruit	4.60	3.40	-1.20
CHW	4.58	4.08	-0.50
Active Places	4.50	5.08	0.58
CultComp	4.40	4.40	0.00
Insurance	4.25	3.67	-0.58
Transport	4.20	2.20	-2.00
Rural Train	4.00	2.67	-1.33
Retail	3.80	3.60	-0.20
Telemental	3.60	2.40	-1.20

Appendix A
Facilitator's Agenda
Lawrence County
June 14, 2019

Supplies/Materials:

- State research summary—with rubric
- Sign in sheets
- Evaluation forms
- Copies of survey

1. **Introductions (10 minutes)**
    a. Have a sign-in sheet to get names, affiliations, and emails
    b. Invite participants to look at the state report
2. **Overview/Orientation (30 minutes)**
    a. Review state report
    b. PHAB Domain 7
        i. Gaps (rural health report)
            1. Survey
                a. Sent a letter to all health departments
                b. Contacted all health departments through their Facebook pages and asked if they would share a link on their page
                c. Boosted the Facebook post
                d. More than 10,000 accessed the FB post, more than 1,000 accessed the survey, 695 completed it.
            2. We found similar concerns in all rural counties
            3. Ask if there is anything they want to add to the state data that is different in their communities
        ii. Strategies
            1. Introduce the RWJF What Works activities
            2. They developed strategies for rural communities and have assigned an evidence rating to each:
                a. <u>Scientifically supported (SS):</u> Most likely to make a difference. Tested in multiple robust studies with consistently positive results
                b. <u>Some evidence (SE):</u> likely to work, but further research is needed to confirm effects; tested more than once and results trend positive overall
                c. <u>Expert opinion (EO):</u> recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs is needed

d. Insufficient evidence (IE): limited research documenting effects; need further research with stronger design
e. Mixed evidence (ME): tested more than once with inconsistent results; further research is needed
f. Evidence of ineffectiveness (IE): not good investments; tested with negative or harmful results

3. We only selected strategies that are SS, SE, or EO

3. Strategy Evaluation (60-90 minutes)

a. Review and identify strategies for ranking
    i. Review list of strategies on the evaluation form (alphabetical)
    ii. Eliminate any that they do not want to evaluate based on their knowledge
        1. Have them mark the 5 that they definitely want to talk about
        2. Fill in the attached tally to see which ones will be discussed first
b. Explain rubric
    i. Use rubric from report
    ii. Assure them that this a based on their judgement and expertise, just like if they were grading a paper
c. Apply rubric to each strategy
    i. Talk through each strategy before they make their independent scores
    ii. Spend no more than 10 minutes on each strategy
d. Capture comments and discussion

4. Follow up

a. Report
    i. We will prepare a short report that shows how their group evaluated the strategies
    ii. This is a starting point for identifying what they will work on
b. Strategy implementation

Appendix B

Lawrence County Health Care Access Meeting

Participants

Name	Organization
Michael Kingery	ILCAO Family Medical
Carol Allen	IIB
Susan Heald	AFCFC/River Hills Prevention Connection
Debbie Fisher	Lawrence County Health Department (LCHD)
Brian Elswick	LCHD
Courtland Bowman	LCHD
Melissa Mullins	LCHD
Sam Heighton	Ironton Alive
Deedra Brown	CAO WIC
Stephanie Barnett	LCHD
Sandy Newman	LCHD
Georgia Dillon	LCHD
Angela Doyle	LCHD

Appendix C

Evaluation Rubric

	Indicator	High (2 points)	Moderate (1 point)	Low (0 points)	Score
Impact Criteria	# of people served	Strategy has potential to improve health care access for more than 50% of the population	Strategy has potential to improve health care access for 25-50% of the population	Strategy has potential to improve health care access for less than 25% of the population	
	Population characteristics	Strategy only focuses on underserved and low-income people and other vulnerable populations	Strategy has some focus on underserved and low-income people and other vulnerable populations	Strategy does not focus on underserved and low-income people and other vulnerable populations	
	RWFJ rating	RWJF rating of SS (scientifically supported)	RWJF rating of SE (some evidence) or EO (expert opinion)	RWJF rating of IE (insufficient evidence), Mixed (mixed evidence) or EI (evidence of ineffectiveness)	
				Total Impact Score	
Feasibility Criteria	Cost	Strategy does not require significant new funding sources	Strategy requires some (marginal) new funding sources	Strategy requires significant new funding sources	
	Personnel	Strategy relies on the involvement of community members	Strategy involves a few key stakeholders in the community	Strategy does not involve community members	
	Time	Strategy can be implemented within 24 months	Strategy will take more than 24 months to implement	Strategy is no defined timeline or it is impossible to identify the time it will take to implement	
				Total Feasibility Score	

Appendix D

Survey Results

The Lawrence County Health Department (GCHD) disseminated an online survey through social media during summer 2019. Although only 78 people completed the survey, the results can be used as one indicator of public perception of local access to health care. Figure D1 compares results from a statewide survey (Ohio) in rural and Appalachian counties with the results from Lawrence County. Figure D2 summarizes used of services in Lawrence County.

Figure D1. Enough Health Care Services in Your County?
(% respondents)

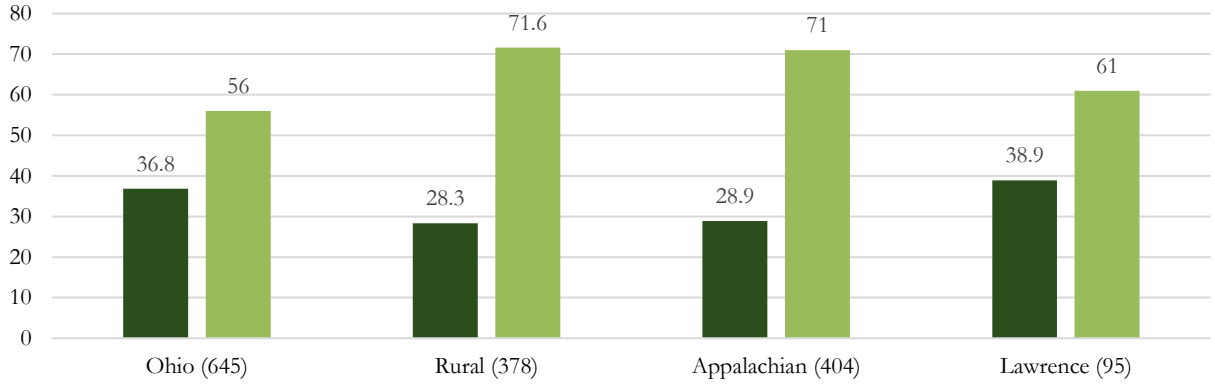


Figure D2. Services Used & In County,
# of people using services

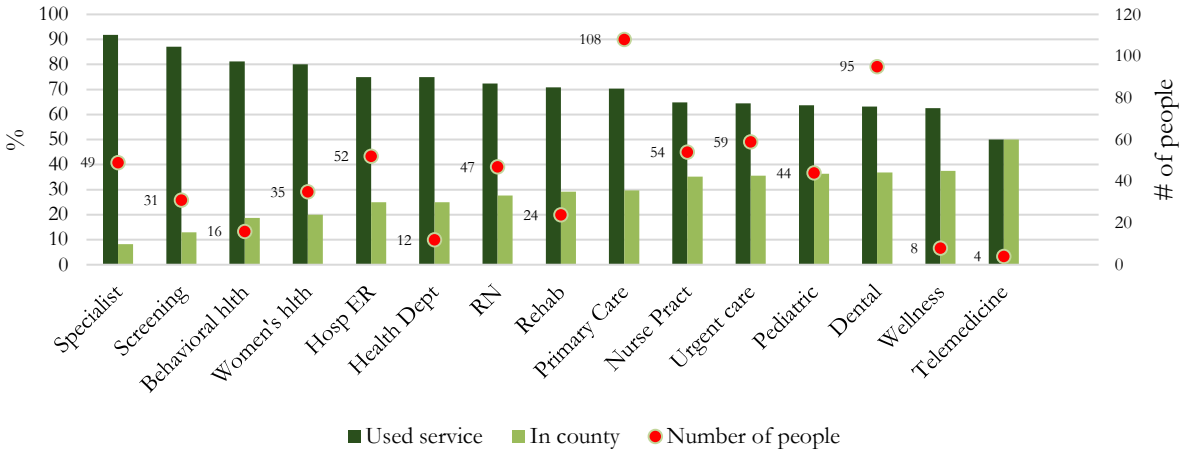
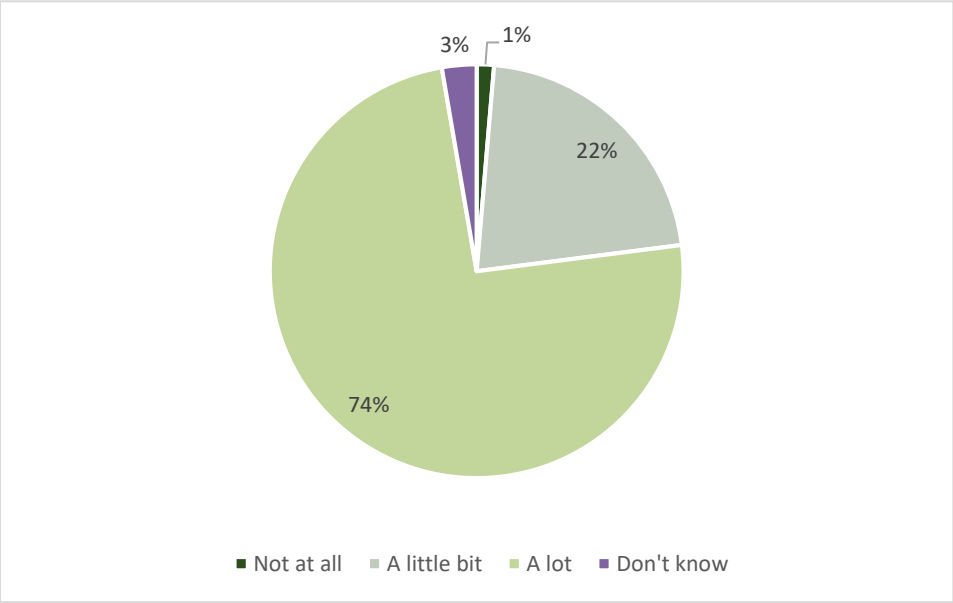


Figure D2 shows 40 people accessed specialty care, but a very percentage of these people accessed this care in Lawrence County. Similar conditions exist for many of the other services with substantial percentages of people who accessed the services using them in a different county. Overall most of the respondents (108) accessed primary care.

PUBLIC SUPPORT FOR STRATEGIES

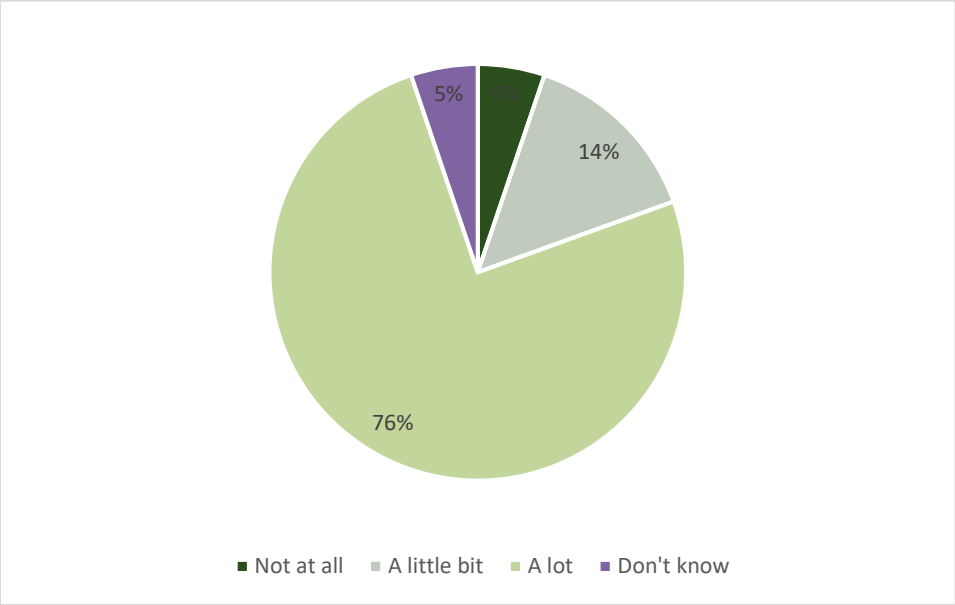
Rural transportation services

Rural transportation services provide transportation across large areas that have low population densities and lack established public transportation systems.



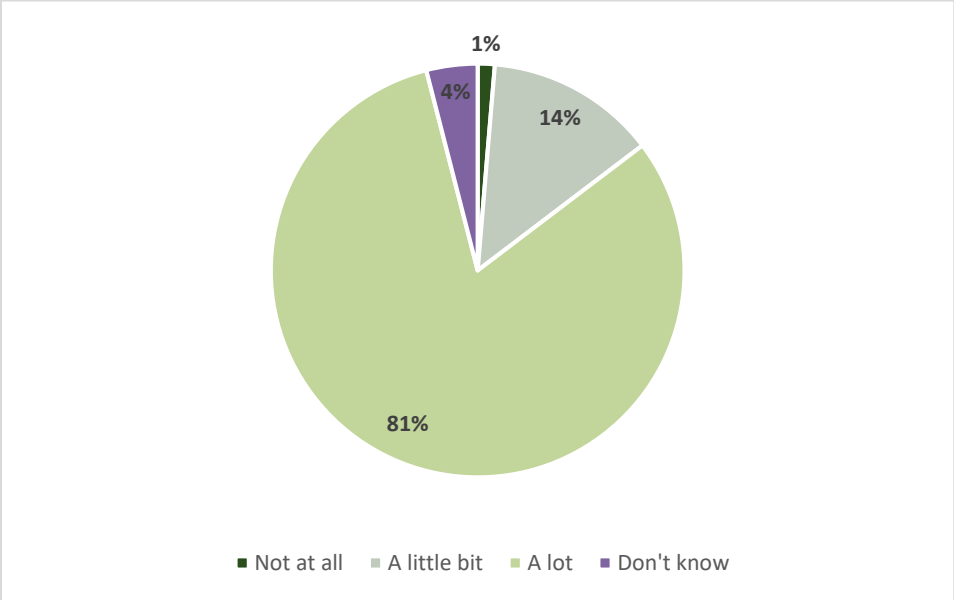
Federally qualified health centers

FQHCs are community-based health care providers that receive funds from the HRSA (Health Resources & Services Administration) Program to provide primary care in underserved areas.



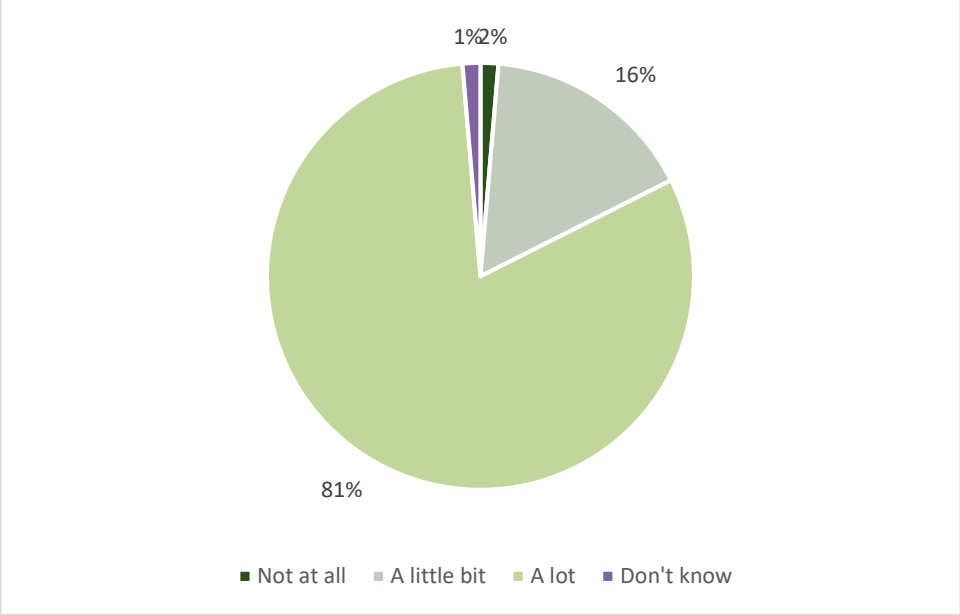
Health insurance enrollment and outreach

Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.



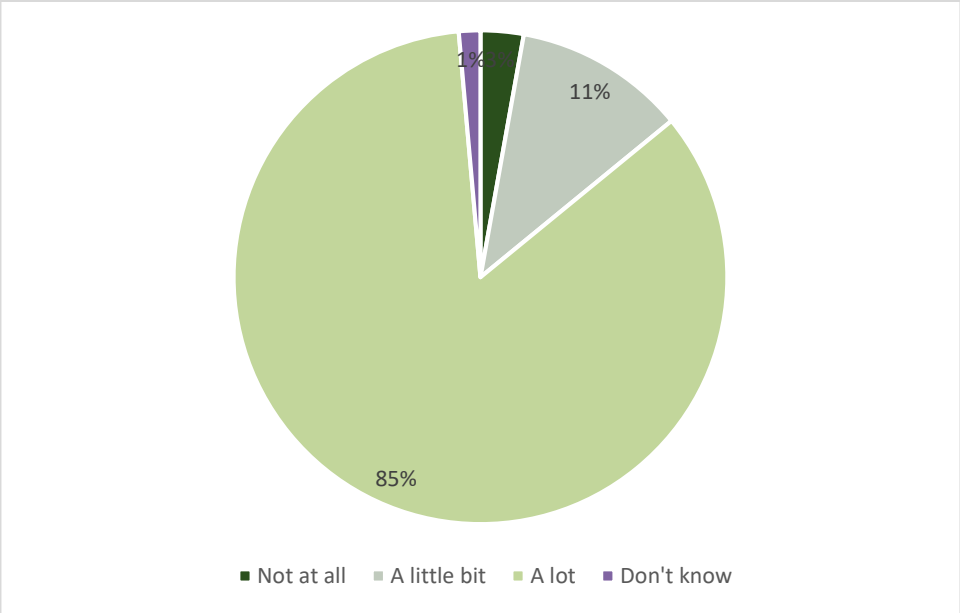
Places for physical activity

Enhancing access to places for physical activity involves changes to local environments that create new opportunities or reduce the cost of existing opportunities (e.g. creating walking trails, building exercise facilities, or providing access to nearby facilities.



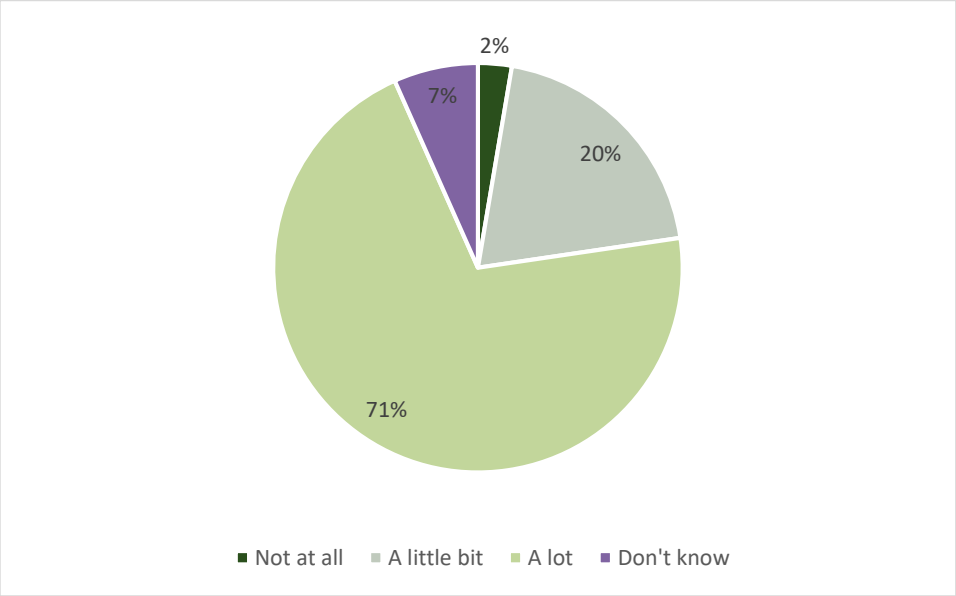
Activity programs for older adults

Educational, social, or physical activities in group settings that encourage personal interactions, regular attendance, and community involvement



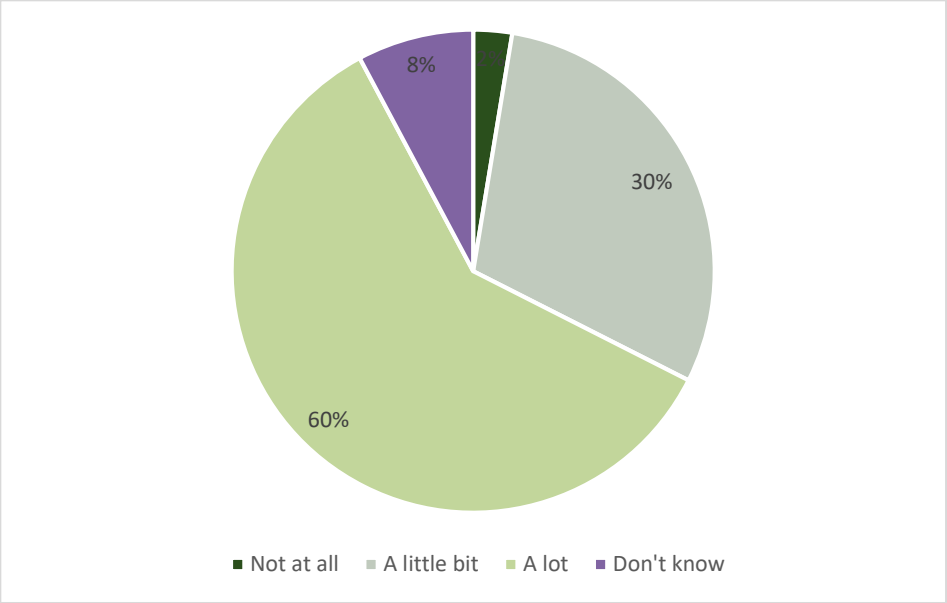
Community health workers

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.



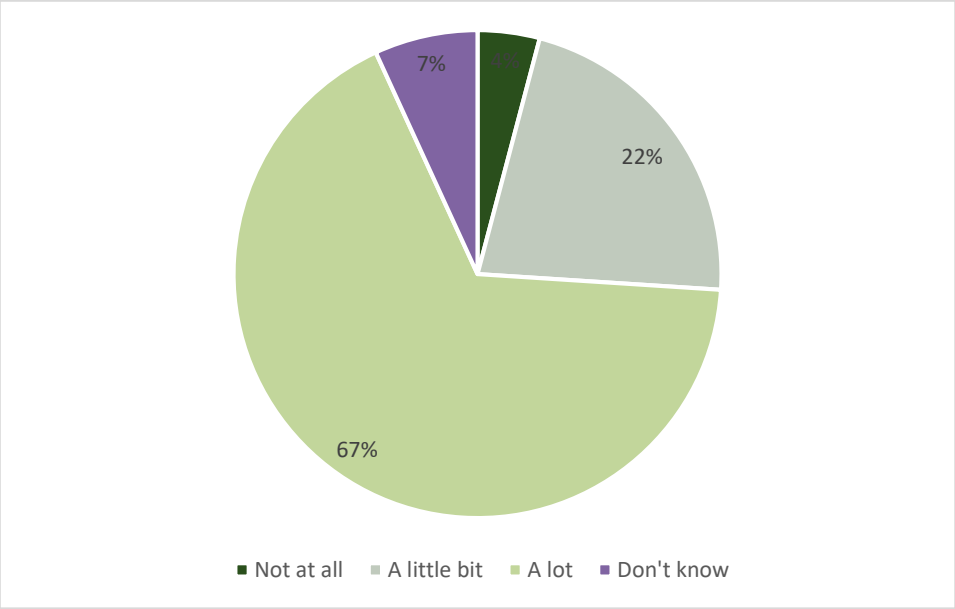
Career academies

Career academies prepare high school students for both college and careers. They link students with peers, teachers, and community partners. They have three key elements: 1) a small learning community; 2) a college prep curriculum with a career theme; and 3) an advisory board.



Medical homes

Medical homes provide continuous, comprehensive, whole person primary care. In this model of care, personal physicians and their teams coordinate care across the health care system, working with patients to address all their preventive, acute, and chronic health care needs, and arranging care with other qualified health professionals as needed. Medical homes offer enhanced access, including expanded hours and easy communication options for patients. They also practice evidence-based medicine, measure performance, and strive to improve care quality.



Telemedicine

Services can encompass primary and specialty care, referrals, and remote monitoring of vital signs, and may be provided via videoconference, email, smartphones, wireless tools, or other modalities (ATA). Telemedicine can supplement health care services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited access to care.