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Community Engagement and Needs Assessment Process and Report Glenn Medical Center Willows, CA
November 1, 2018

Process:

The hospital Chief Operations Officer and Quality Coordinator conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented segments of the community. Meetings were approximately an hour and a half in length. The guide "A Community Health Needs Assessment Toolkit", written and prepared by National Center for Rural Health Works Oklahoma State University **and the** Center for Rural Health and Oklahoma Office of Rural Health with advice and input from Community Health Needs Assessment National Advisory Team, was used as a backbone and template for this process and report. A survey of community attitudes and issues regarding health and health care in the county was prepared and conducted. Using historical patient care data and input from the advisory committee, the primary service area of Glenn Medical Center was determined. Community members from throughout the service area were included. For example, participants included consumers, community leaders, public health officials, health care officials, education leaders, hospital staff and police and fire officials. The meetings were conducted on May 31, 2018, August 16, 2018 and September 11, 2018.

Economic Impact:

An economic impact study to indicate the value of health care and specifically the hospital to the community's economic environment and viability was conducted.

In 2017, Glenn Medical Center had 144 full and part time employees with a payroll of \$7 million (not including benefits package). The secondary multiplier for hospital employment was 1.38 meaning that for every job in the hospital, an additional 0.38 job was created for a total employment impact of 54 additional jobs created in the county.

Considering the income multiplier of \$0.22, the average impact of retail sales for the county is estimated to be \$1.6 million.

Health Indicators and Health Outcomes:

Data compiled using the "Community Commons" database, indicated the following information for discussion:

- Vulnerable populations were identified including those in poverty, with identified disabilities, with limited English proficiency and with no high school diploma.
- Poor dental health (13.1% lower than state average)
- Accessibility/availability of dental health professionals (79.93% lower than stage average)
- Accessibility/availability of mental health providers, defined as psychiatrists, psychologists, clinical social workers and counselors with mental health training at 32 mental health workers for a population of 27,995 (166.2 MHW below state avg)
- Access to primary care (MDs, DOs) 6 PMDs to 27,955 population or 65.25 PMD below state avg.
- Incidence of Colon and Rectal Cancer at 46.5 per 100,000 population or 9.4 above stage avg.
- Obesity in adults at 26.5% of population with a BMI >30 or 4.10% above state avg.
- Cancer screening (mammogram) at 53.87% of Medicare enrollees with screening in the past 2 years (2012) or 4.9% below state avg.
- Food security-food desert at 10.06% above state avg.
- Access, consistent source of consistent medical care--35.55% of individuals without primary care physician.
- Ambulatory care sensitive condition discharge rate of 49.8 per 1,000 discharges. This means that Medicare patients were admitted to the hospital for Pneumonia, dehydration, diabetes related illness which could have been prevented if they had better access to primary care sources.
- Physical inactivity with 18.3% of residents having no physical activity in the leisure time.
- Lung cancer rates of 63.4 per 100,000 population compared with 44.6 per 100,000 statewide.
- Self reported asthma at 21.9% of population compared with 14.2% statewide.
- Overall poor health with an age adjusted death rate of 166.8 per 100,000 population compared with 115 per 100,000 statewide.

Economic and Demographic Data and Information:

Economic and demographic data and information were compiled using "Community Commons".

Population with slight growth at 6.03% compared with 9.99% statewide.
 Projected growth by race:

White	Black	Am	Asian	Nat	Other races	Mult race
		Ind/Alaska		Hawaiian/Pacific		
		Native		Islander		
+5.29%	+49.03%	+12.14%	-19.15%	-31.45%	+14.8%	-0.59%

- Unemployment rate of 6% compared with 4.2% statewide.
- Age breakdown of service area

Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
1,929	5,142	2,337	3,138	3,181	3,566	3,489	4,363

• Population of service area by race:

White	Black	Asian	Native	Native	Other	Mult
			Am/Alaska	Hawaiian/Pacific	race	races
			Native	Islander		
23,004	287	552	534	72	2,025	670

• Population of service area by ethnicity:

Total population	Total	% рор	Non-Hispanic pop	% pop Non-	
	Hispanic/Latino	Hispanic/Latino		Hispanic	
27,145	9,345	34.43%	17,800	65.57%	

Population by households and families with children >18 years old

Total households	otal households Total family households		% families w/children
			>18
9,801	6,830	3,498	35.69%

Potential solutions or approaches to the problems and the information gained from the local survey were discussed at the third community meeting.

- Breast cancer education and screening were seen as a solution to the high death rate and under utilization of cancer screening services. Education must be culturally sensitive and timely presented to local women.
- Colon and rectal cancer education and screening were seen as a solution to high death rate and under utilization of colon cancer screening services.
- Glenn Medical Center will pursue grant funding to educate population on topics:
 - Obesity in all population groups
 - Nutrition education
 - Cancer screening
 - o Fitness

Glenn Medical Center is and will continue to pursue a variety of positive changes for health care and access to health care in the Glenn County service area. These include:

- Website development with contact list for updates and e-Newsletters with health and wellness topics.
- Telemedicine services
- Expanded physical/occupational therapy services
- New doctors and mid-level providers
- Health fairs
- Outreach to community and surrounding areas

Conclusion:

It should be noted that the population base of the Glenn County service area precludes offering a variety of services on site. However, Glenn Medical Center will continue to work to maximize the array of services available to local consumers.

With appropriate funding, Glenn Medical Center will continue to dedicate resources towards the following projects:

- Health and Wellness clinics
- Telemedicine services for specialty services
- Expanded medical staff
- Expanded mid-level providers
- Education and community outreach
- Improving education and access to cancer screening services
- Health fair
- Nutritional education and resources

GLENN MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT 2018 IMPLEMENTATION PLAN

1. Cancer education and screening

Glenn Medical Center will focus on Wellness care by providing the resources necessary to increase our outpatient care services. This will be done by both expanding the number of providers available as well as expanding the availability of appointments to those providers.

Provision of both colon and breast cancer screening will be a focus in the upcoming years.

2. Improvement in overall health and wellness to community

Glenn Medical Center will focus on the provision of health and wellness appointments to educate and provide guidance in screening studies and personal habits including diet and exercise.

Glenn Medical Center will explore disease or condition specific programs such as Pain Management, Hepatitis C, Diabetes and other education and/or treatment options that may benefit our community.

This will occur via expanded providers in our outpatient clinics and the availability of "same day" appointments when available. We have a Registered Dietitician on staff to assist in this endeavor.

3. Glenn Medical Center will continue exploring effective ways to provide specialty services within our local community, including the use of Telemedicine services.