



## **Community Needs Assessment Health Sector**

October 10, 2010

4:30-6:30pm, Orcas Fire Hall

Attending Invitees: Holly Berman, Jean Bried, Diane Boteler, Rick Doty, Laurie Gallo, Valerie Harris, Jean Henigson, Phoebe Hershenow, Rick Hughes, Brenda Ivans, Tamara Joyner, Jim Litch, Paul Losleben, Molly Roberts, Barbara Safriet, Alison Shaw, David Shinstrom, Ken Speck, Andrew Stephens, Ian van Gelder, Carla Weston, Norm Zimlich

Attending OICF Trustees: Rachel Adams, Diane Berreth, President, Bruce Coffey, Adina Cunningham; OICF Staff: Hilary Canty, Kate Long

Note: Check marks below indicate multiple responses to the item. for all questions. Colored dots below represent votes for the most important items in questions two and three.

### **1. What is Working? (All)**

- Great private support (phenomenal support at Rays)
- Patients able to get appointments on short notice ✓✓✓✓
- Uninsured/underinsured are able to gain assistance ✓✓✓
- Better coverage (than DSHS thanks to Tamara) for children
- Great diversity of care/provider options ✓✓✓✓✓
- Shared knowledge within sector of what is available on Orcas
- High clinical skill levels available
- Good attention to developing needs
- Good collaboration among community to create solutions
- Public health support is excellent (esp. for special ed.)
- Families are able to access coverage
- PT is working well
- Good ethic about nutrition
- New relationship between hospice of North and local hospice
- Good awareness of fire/EMS services
- Airlift insurance
- Good place for unassisted senior living
- Hearts + Hands great resource

- Fall program provided by EMS
- Community commitment to wide variety of services
- IRHI

**Question #:2 What Community Needs are Not Being Met? What do You Hear from Patients?**

Group 1

- Translation services during medical appointments ✓
- Challenging access for specialty consults
- Transportation to on (off?) island appointments ●
- Need to balance available resources (duplication exists) ● ●
- Unaddressed mental health needs
- Access to appropriate 24-hour care ● ● ● ● ● ●
- Assisted living (esp. for dementia) and minimal in-home ● ●
- Emergency/disaster prep
- Prescription medical addiction/Dr. hopping/shopping
- Great reliance on private donors (esp. a few large donors) ✓ ● ● ● ● ● ●
- Lack of funding for adult (parent) immunizations
- Inadequate DSHS reimbursement to providers ● ● ●
- Voter fatigue may exist due to over budgeted fire/emergency
- PT/post op not covered
- Lifeline limitations (esp. during power outage) ●
- Detox service access ● ● ●
- State support declining
- Inability to fill DSHS meds on island
- Lack of coordination among health ed options ● ● ● ● ● ●

Group 2

- Difficulty with meeting urgent needs for people with mental health and substance abuse issues ✓ ✓
- Lack of funding for mental health needs
- Lack of attention to preventive health care in general
- Cost:
  - Inadequate compensation of basic/preventive care,
  - Insurance favors medical specialists
  - General practitioners not adequately compensated—difficult to recruit new
- Charitable support insufficient
- Storage for hospice supplies (being addressed)

- Lack of directed services for growing Hispanic population
- Waste of expensive medications once a patient dies
- Lack of Communication and cooperation between primary care providers √ √ √
- On-going cancer care on island—facility/center/in-home treatments
- Underinsured/uninsured residents reluctant to go to provider until emergency situation = more costly
- Preventive care could be better
- Awareness in communication of subsidized care
- Transport for basic life support/non-emergency √ √
- Lack of intercommunication between and among providers—no pro-active attempt to foster communication

### Group 3

- Lack of financial help and transportation limits Senior's access to dental care
- Lack of insurance for many limits their access to dental care
- Limited in home care for Seniors
- Access to mental health care, particularly for those needing DSHS support, is limited
- Communication and knowledge of alternative care options is limited
  - Impacts coordination of care between alternative and
- Lack of FQHC facility to improve reimbursement levels
- Limited understanding/limited information or education of the availability of services and financial help in general
- Information on services and coordination among services, how to access, how to get financial help is lacking
- Narrow base of philanthropic support from a few individuals will not last forever
- Limited or no availability of certain services:
  - a. Pediatrics
  - b. OB/Gyn
  - c. Cardiology
  - d. Orthopedics
  - e. In home care
  - f. Emergency mental health care

### Unmet needs (ranked consolidated list):

- Lack of central source of information and coordination of services, access, and financial assistance
- Lack of specific services
- Lack of central full service facility, including FQHC

- Transportation issues
- Dental care access issues

### Question #3: Primary Causes of Unmet Needs

#### Group 1

- Difficulty in convening sector to focus on solutions
- Reimbursement models and state (gov) fund insufficient to cover costs of services ●●●●
- Disconnect between public desire for services and how much it costs to cover these services ●●●●
- Absence of health planning-valid statistic data ●●●●●
- Lack of collaboration between the practices leads to inadequate services ●
- Lack of centralized location
- Lack of community wide call coordinators ●●
- Narrow bandwidth of current health leaders ●
- Rural realities
- Senior density ●●●
- Year round services without year round population
- Primary care physicians do not work together ●
- Lack of integration ●
- Lack of preventive health education in schools ●
- Need for storage facility for mobility equipment
- Medical flight costs

→Not prioritizing prevention and wellness ●●●●●

#### Group 2

- Unique geographic and economic environment of island, and the cost and availability of services ●●●●●
  - High cost of living
  - Small island community—innately restricted in what we can offer; challenge to prioritize
  - Low wage level on island; more people going without insurance; cost of transportation
- Difference between what patient wants vs. what is required by regulatory agencies—waste ●
- Because of fractured clinical system, orcas not eligible for federal funds/support , example: FQHC ●●●●●

- Centralized communication of what is available—directory of services offered on island/ coordinated effort in marketing
- Disjointed communication of preventive health care; lack of mutual understanding  
• • •
- Approach from a business perspective doesn't work (market based approach doesn't work). • • • •

### Group 3

Major Causes in Rank order:

1. Limited number of philanthropists and other sources of financial help
2. Lack of coordination and information on services
3. Lack of affordable insurance
4. Low critical mass for full range of specialists
5. Poor public transportation
6. Some service providers are stretched too thin

### Question 4: Core Learnings from Today (All)

- How so much of the problem(s) doesn't have anything to do with money
- Problem – communication and coordination ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Investment in issue ✓ ✓ ✓ ✓ ✓ ✓
- Core of health planning present in community
- Meetings like this
- IRHI
- How much I didn't know about services ✓ ✓
- Insufficient funding a growing problem
- Tremendous health expertise for on-island solutions ✓ ✓ ✓ ✓
- Lack of planning and coordination
- Lots of good ideas and passion ✓ ✓ ✓ ✓
- So much of the problem does have to do with money, and is not sustainable