

# Ridgecrest Regional Hospital Community Health Needs Assessment

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Prepared by Act Too Consulting



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## Executive Summary

In 2015, Ridgecrest Regional Hospital (RRH) contracted with Act Too Consulting to conduct a Community Health Needs Assessment (CHNA). The CHNA satisfied three objectives a) RRH understands the health needs of the community, b) RRH complies with the IRS notice regarding Section 9007 of the Affordable Care Act for 501(c)3 hospitals, c) RRH has additional input to the strategic planning process.

From November 2015 to January 2016 data were gathered through a public opinion survey. In March 2016, inputs were gathered via phone and on-line survey from local community members who represent the broad interests of the community including those who have special knowledge of underserved segments of the community.

The data collected were compared to Kern county, California state, and National trends and goals for the public health. This analysis produced a set of twelve issues and gaps that apply to the community served by RRH. A Community Health Needs (CHN) committee comprised of RRH Corporate Board members, local medical providers, and RRH administration reviewed the gaps and issues and established priorities for these twelve issues. Figure 44 lists the issues and gaps within the three tiers of priority.

Subsequently, the RRH CEO and Executive Board reviewed the gaps and issues and determined which were feasible for RRH to pursue. The next step will be a tactical plan of activities, services, or processes to address the selected issues and gaps.

## Process and Methods - Community Health Needs Assessment

There are three phases to the process used to develop the community health needs assessment a) data collection, b) analysis, and c) prioritization.

This report contains the results of all of these phases. Implementation planning follows these phases and is conducted using the information contained within this report.

Each phase is outlined in detail below.

- a. Data Collection. Data were collected through three methods: a public opinion survey, inputs from local health experts or representatives of segments of the community, and reviews of existing reports and public data.
  - o *Public Opinion survey*. The survey was distributed via several methods to ensure broad awareness and could be completed via an online website and a paper survey. This included access directly through the RRH website, advertisement in the RRH Outlook mailing which goes to every household in the service area, and notification to all Ridgecrest Chamber of Commerce members. In addition, approximately 13,500 direct mail surveys were sent to addresses in Ridgecrest, Inyokern, and Trona. To motivate participation, survey respondents could enter to win a drawing for an iPad.

- An additional 1500 surveys were handed out at doctor's offices, Southern Sierra Medical Clinic, Rural Health Clinic, IWV Water District Health Fair, and Ridgecrest community fairs.
  - The online survey was available in English and Spanish though no one completed the Spanish version. A total of 1420 people responded to the survey. A copy of the survey is included in Appendix VI.
  - *Expert Input.* Individuals with broad knowledge of health needs in the community or those that could represent medically underserved segments of the community were identified and contacted for with an on-line survey or over the phone interviews with Act Too Consulting. The list of people interviewed is included in Appendix II.
  - *Review existing data.* Act Too Consulting researched other relevant data sources or existing community health needs assessments or reports that pertained to the coverage area. These data were included in the analysis phase of the process. The list of these references is included in Appendix III.
- b. Analysis. Act Too Consulting's researchers conducted the analysis of data collected and drafted an initial set of gaps and issues for consideration by a Community Health Needs (CHN) committee. Details from the analysis are included within this report.
- c. Prioritization. The CHN committee was comprised of RRH Corporate Board members, RRH Executive Board members, local medical providers, and RRH administration. The list of committee members is included in Appendix IV. The CHN committee met twice in June 2016. The CHN committee's first meeting included a review and discussion of the initial gaps and issues provided by Act Too Consulting.

The committee then agreed to use the following prioritization criteria:

- The community prioritizes the issues over other issues
- Clear disparities/inequities
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level

At the second meeting, the CHN committee ranked and prioritized the twelve issues and gaps. Each member was asked to rank the issues from highest to lowest based on the criteria above. The individual rankings were then consolidated to determine the final ranking. Table 7 lists the average ranking of the twelve issues and gaps. This ranking process resulted in three tiers of priority. Figure 44 contains the final priority with Substance Abuse/Mental Health earning the highest priority. Obesity/Nutrition, Heart Disease/Stroke, Diabetes, and Cancer are included the next tier of priority for the community.

## About Act Too Consulting

Act Too Consulting was established in 2008 and provides organization assessment and development services to public and private sector clients. Dr. Keith Ray and Dr. Joan Goppelt are the co-owners and consultants in Act Too Consulting. Each has a Ph.D. in Human and Organizational Systems from Fielding Graduate University. They have extensive experience in conducting research within organizations and communities. Dr. Goppelt has lived in the local community since 1983 and Dr. Ray has lived in the local community since 1987.

Act Too Consulting provides expertise in designing data collection and analysis methods to meet clients' objectives. While they have limited knowledge of the medical and health services domain they do have special knowledge in conducting qualitative and quantitative research and blending these methods to meet the assessment needs.

## Coverage – Description of Service Area for the CHNA

Ninety-five percent of the inpatient and outpatient services that RRH provides are provided to residents living in the Ridgecrest, Inyokern, and Trona zip codes so this was chosen as the service area for purposes of the needs assessment. This community health needs assessment accounted for the primary service area as described below and did not take into account any secondary service areas. The demographic data below are obtained from the U.S. Census Bureau and American Community Survey 2010-2014.

### Primary Service Area

The primary service area has a population of 36,869 people living in 5 zip codes. When compared to United States national demographics, this area is represented by population with a higher educational level and higher median income. A map of the service areas and a list of zip codes are below.

Zip Code	Post Office Name
93527	Inyokern
93528	Johannesburg
93554	Randsburg
93555	Ridgecrest
93562	Trona

*Table 1 Primary Service Area Zip Codes*



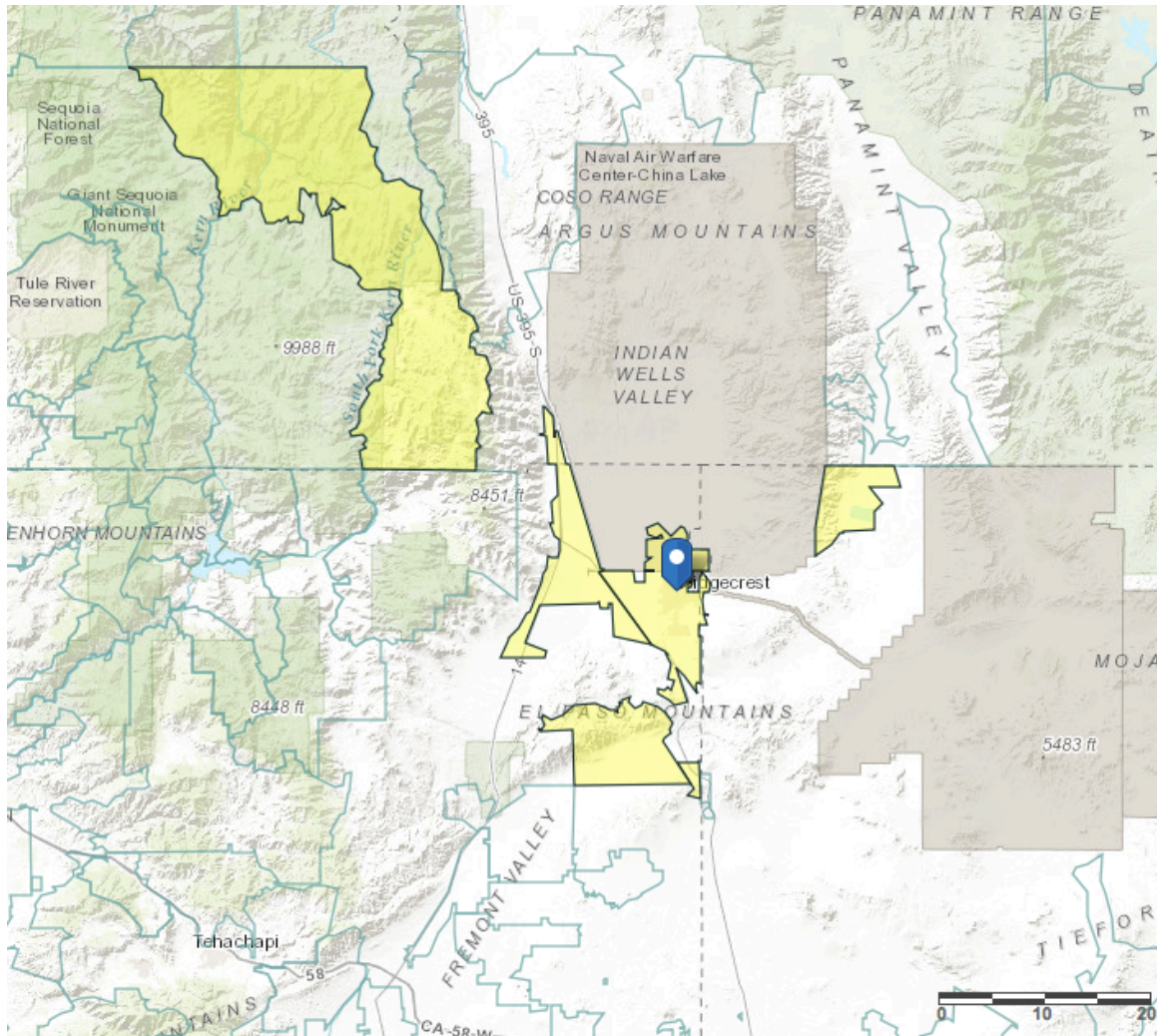


Figure 1 Map of Primary Service Area

**Population**

The primary service area population has increased moderately over the last few years. The area's population grew 6.5% between 2010 and 2014, increasing by approximately 2247 residents. None of the zip codes in the primary service area experienced a decline in population. This is lower than the rate of growth than is expected for California (2.2%) and the U.S (1.7%) for that same time period.

	Service Area	California	US
2010 Census	34,622	37,254,503	308,758,105
American Community Survey 2014	36,869	38,802,500	318,857,056
% Growth	6.5%	4.2%	3.3%

Table 2 Population Growth of Service Area Compared to California and U.S. Population

Age

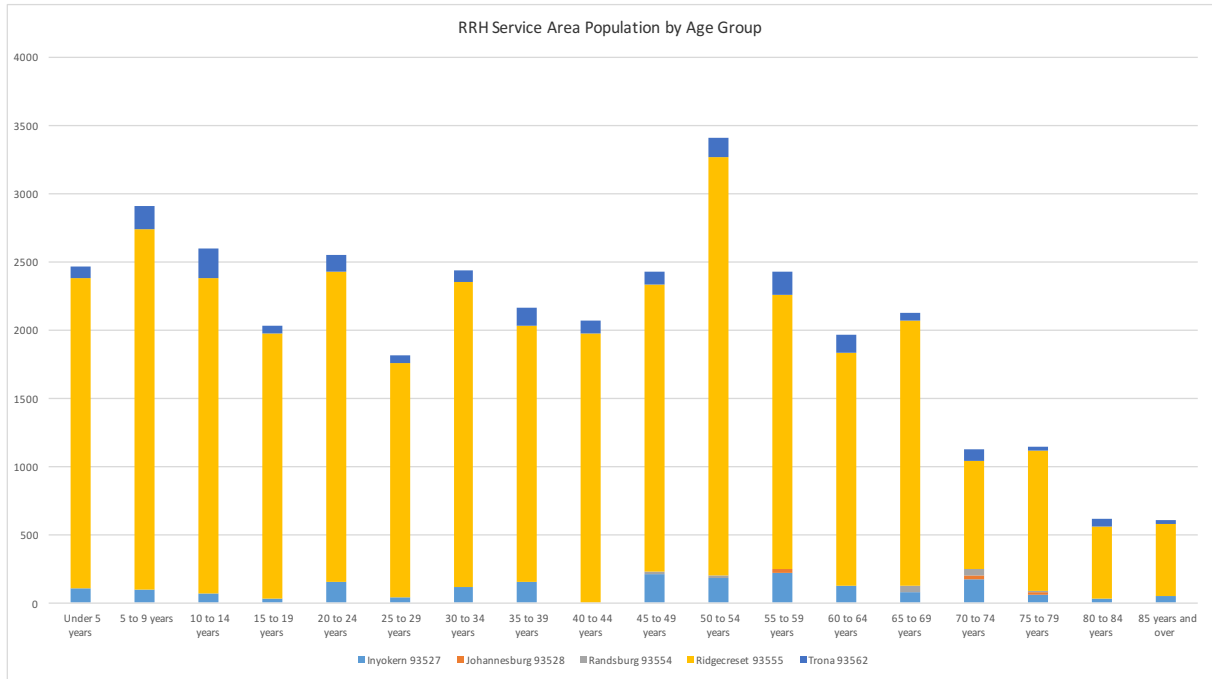


Figure 2 Service Area Population by Age Group

The largest age group in this area is 50-54 years of age, and accounts for 9.2% of the primary service area population. Nationally, this age group accounts for 7.2%.

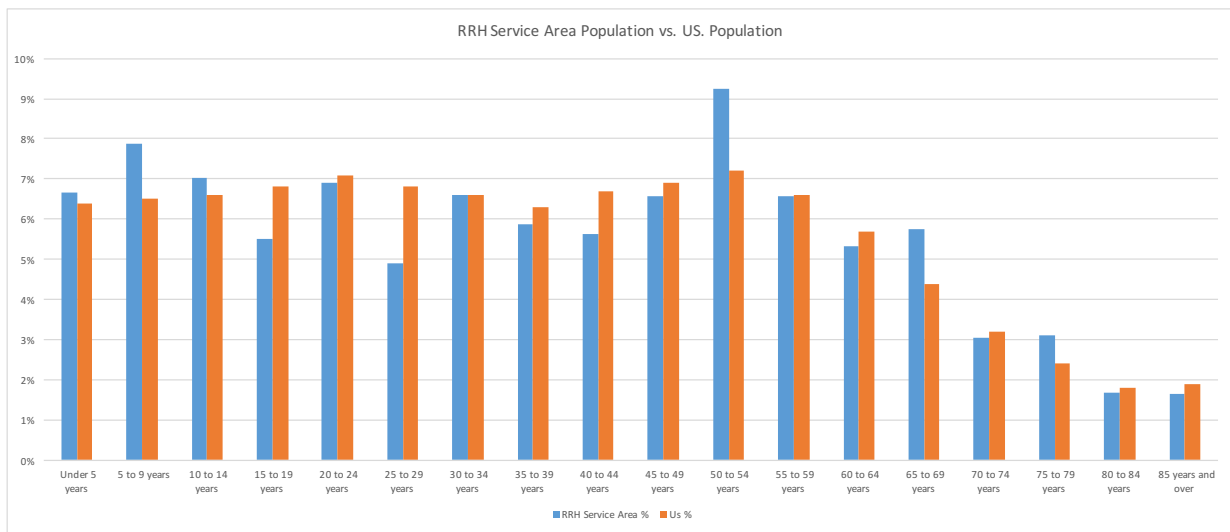
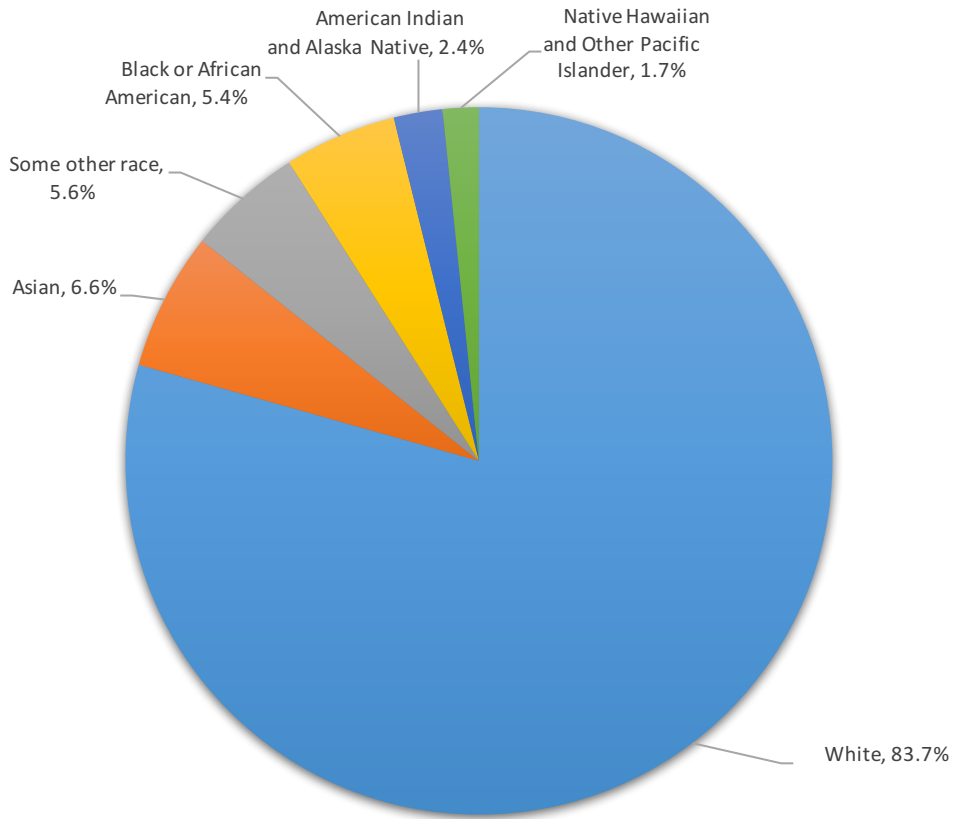


Figure 3 Service Area Age Group Population Compared to U.S. Population

### Ethnicity



*Figure 4 Racial Diversity of Service Area*

The service area is less ethnically diverse compared to the US overall. The majority of residents are White (83.7%) followed by Asian (6.6%). Hispanic or Latino of any race comprise 14% of the population.

Ethnicity plays some role in determining community need for health care services, as some ethnic groups may experience elevated or lowered rates of disease incidence based on hereditary or cultural factors. Clusters of some ethnic groups within a service area may also create the need for additional care givers with fluencies in a particular language or cross-cultural competence.

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Hispanic or Latino (of any race)
Service Area	83.7%	5.4%	2.4%	6.6%	1.7%	5.6%	14.0%
California	65.8%	7.1%	1.9%	15.4%	0.8%	14.0%	38.20%
United States	76.3%	13.7%	1.7%	5.9%	0.4%	5.2%	16.90%

Table 3 Racial and Ethnic Diversity Compared to California and US populations

### Education

Education level has been linked to the general health of a population. A low education level may place additional demands on specialists and emergency/urgent care physicians, while a higher educational level may reflect a greater utilization of primary care physicians. Residents in this service area have a level of education that is higher than the US overall. Majority (65%) of the population in the primary service area has some college or higher level of education. Whereas in the US 58% and in California 61% of the population have some college or higher level of education.

### Household Income

The highest median household income in the area is \$62,533, found in Ridgecrest (93555). The lowest median income in the primary service area, \$13,906 was reported in Johannesburg zip code 93528. These compare with the median household income in California (\$61,489) and the U.S. (\$53,482).

A lack of available resources to the indigent may increase volumes in the emergency room, as patients lacking primary care access often seek routine care through emergency services. Approximately 1,940 households (13 %) in the primary service area earn less than \$15,000 annually.

	Service Area Zip Code					California	US
	93527	93528	93554	93555	93562		
Median Income	52,123	13,906	26,813	62,533	30,478	61,489	53,482

Table 4 Median Income of Service Area Compared to California and U.S.

## Public Opinion Survey Results

### Survey Sample Demographics and Comparison to Population

This public opinion survey was purely voluntary and therefore a comparison to target population is required in order to understand how close the sample represents the total service area population. A total of 1420 survey responses were received. In demographic areas where the number of participants in the survey does not match the population, caution should be given to the robustness and validity of these data to represent the concerns of those who fall within a particular demographic characteristic.

For the following demographic comparisons, Census data were obtained from American Community Survey 2010 – 2014 from the U.S. Census Bureau. Except for Response by Zip Code, comparative census data are from zip code 93555 in order to simplify comparisons.

### Response by Zip Code

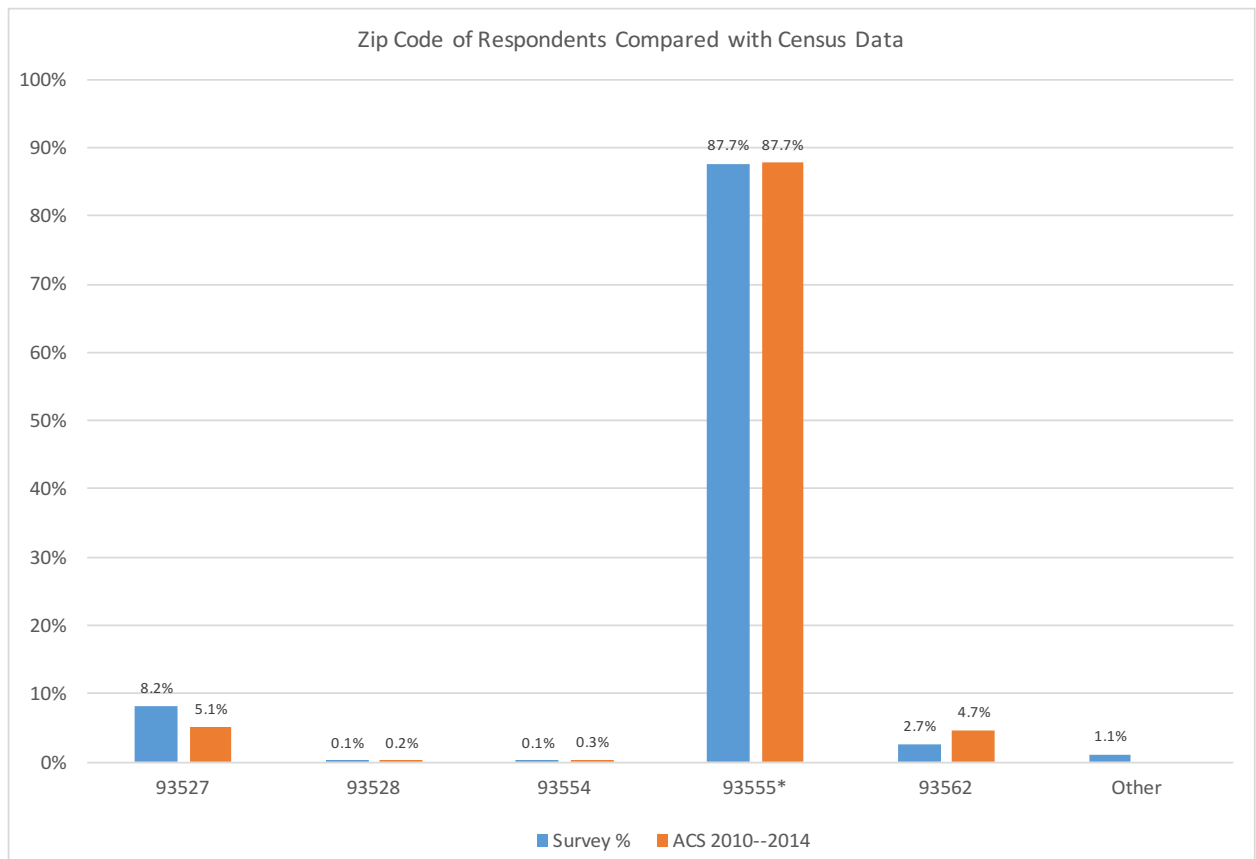
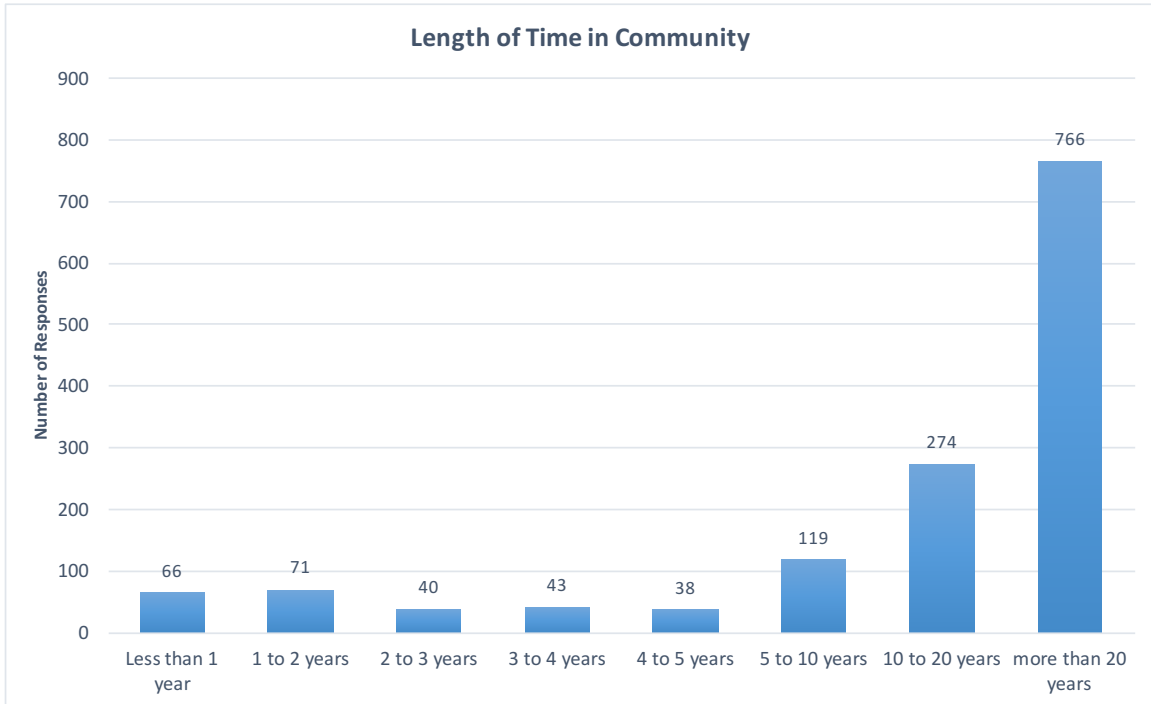


Figure 5 Zip Code of Respondents

Due to the large direct mail campaign as well as other promotional initiatives, the survey obtained representative responses from people living within the zip codes in the service area. Inyokern (93527) is slightly over represented and Trona (93562) is slightly underrepresented.

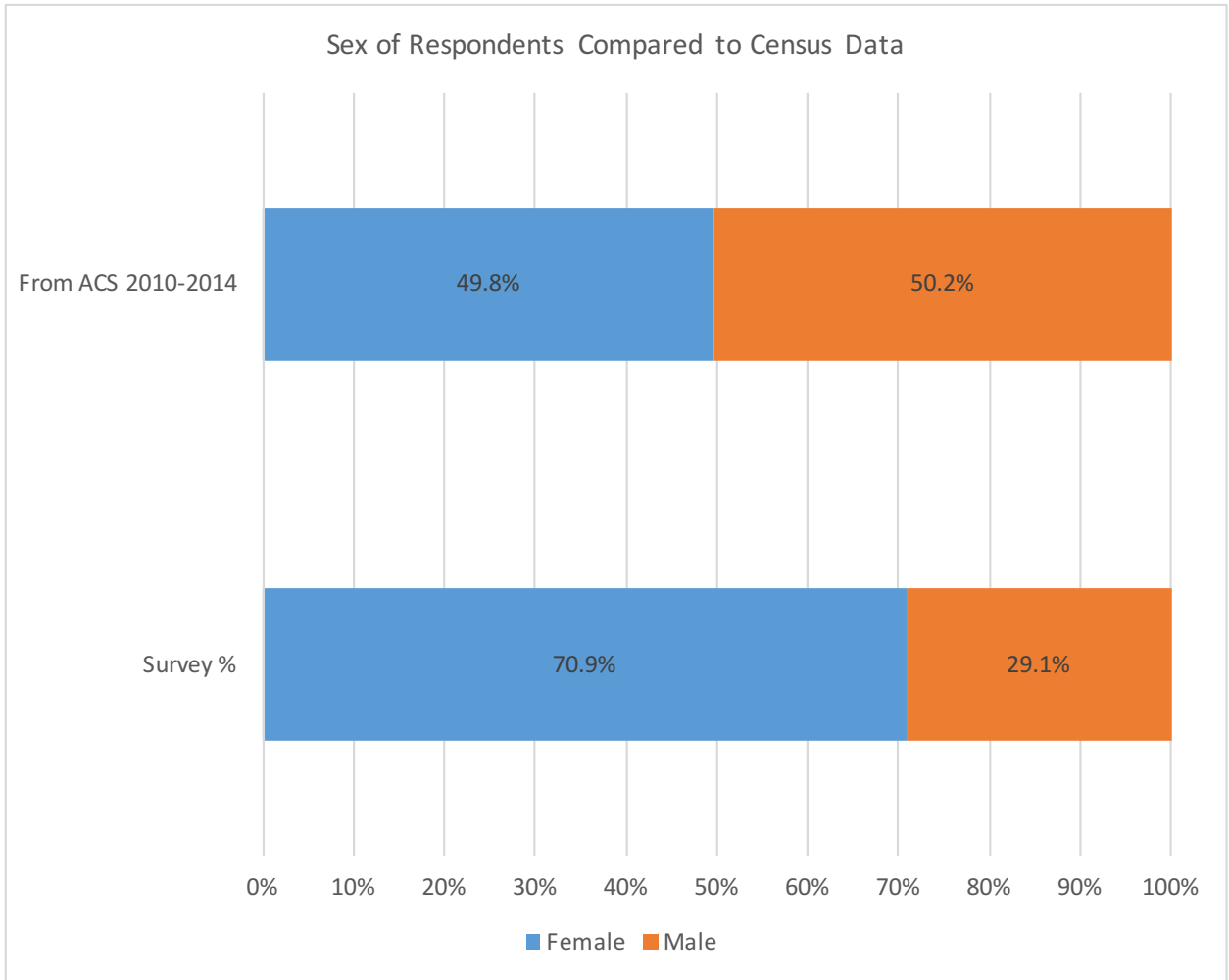
**Years in Community**



*Figure 6 Length of Time in Community*

More than half (54%) of respondents have lived in the community for more than 20 years. Approximately 19% have lived in the community between 10 and 20 years. Another 18% have lived in the community less than 5 years. There are no data readily available for geographic mobility of residents in the service area.

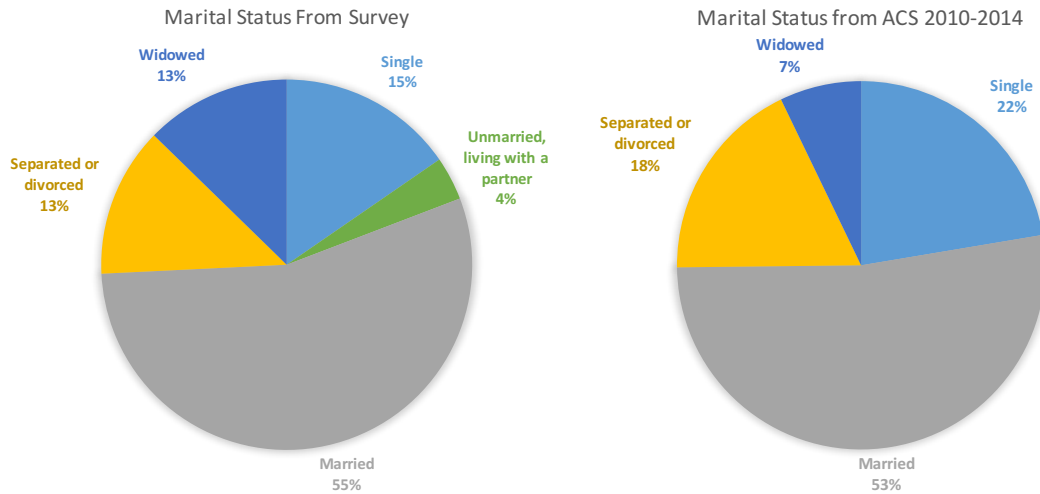
### Gender of Respondents



*Figure 7 Gender/Sex of Respondents*

Survey responses indicate a higher distribution of female vs male respondents. This may skew some of the results and comparative statistical analysis may be performed to understand if there is a significant difference in responses between females and males. Note that the questionnaire asked for “Gender” and the Census survey asked for “Sex.”

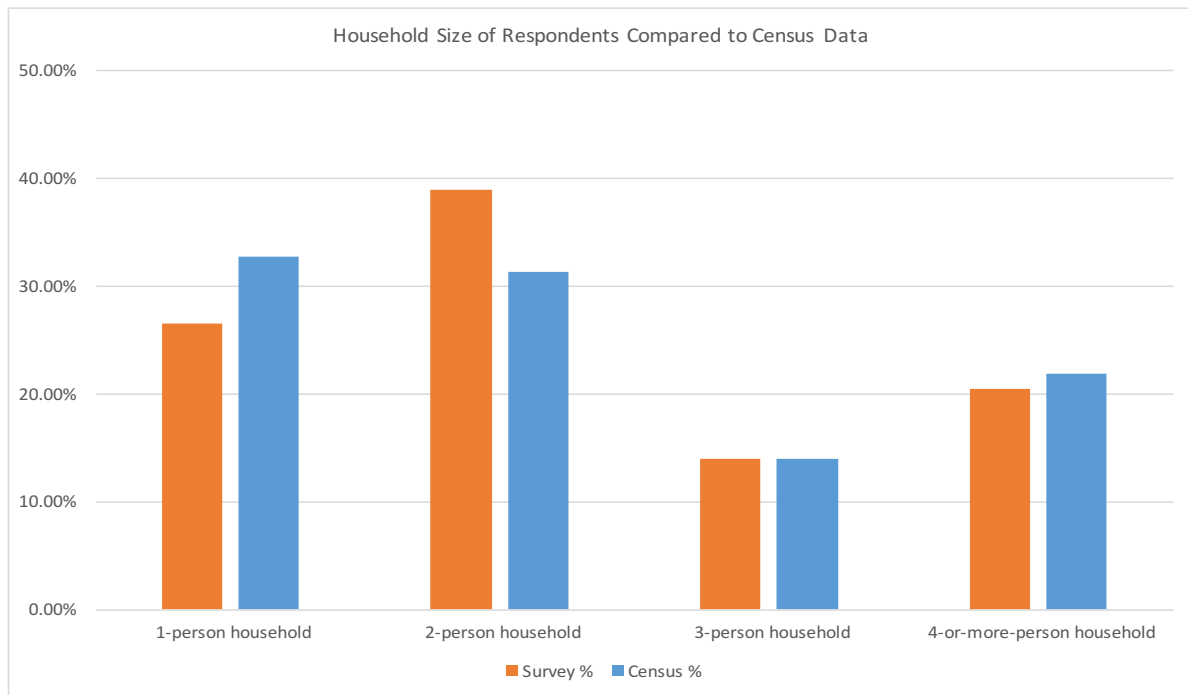
**Marital Status**



*Figure 8 Marital Status of Respondents*

The marital status of the respondents matched the population for Married but was under represented for “Separated or divorced”, and “Single.” The group of respondents who are “Widowed” are overrepresented in this survey.

**Number of People in Household**



*Figure 9 Household Size*

One-person households are slightly underrepresented (-6.2%) compared with the population and two-person households are slightly overrepresented (+7.6%) as compared



with the service area population. Three- and four-person household respondents are approximately representative of the population.

**Age of Respondents**

The age of survey respondents compared well with the service area population age. However, the 75 years old or older age group was overrepresented and not surprisingly, the 18-24 year old age group was underrepresented. There is an unexplained underrepresentation of the 40-49 year old group.

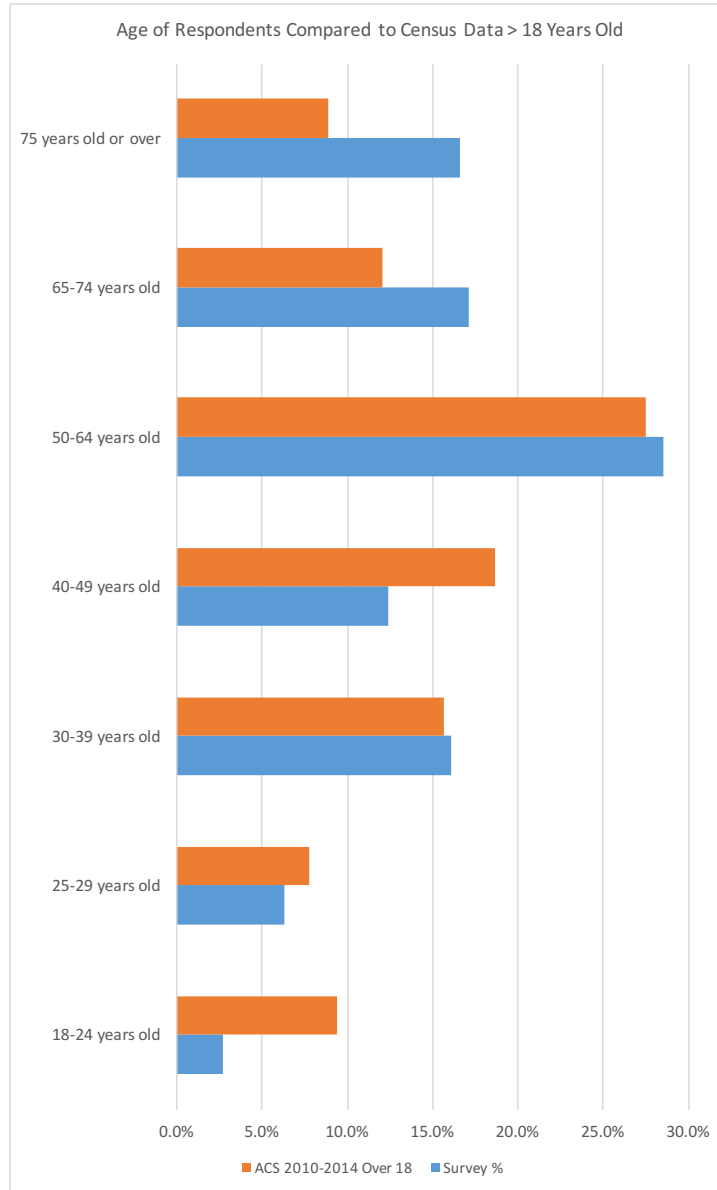


Figure 10 Age of Respondents

### Race and Ethnicity

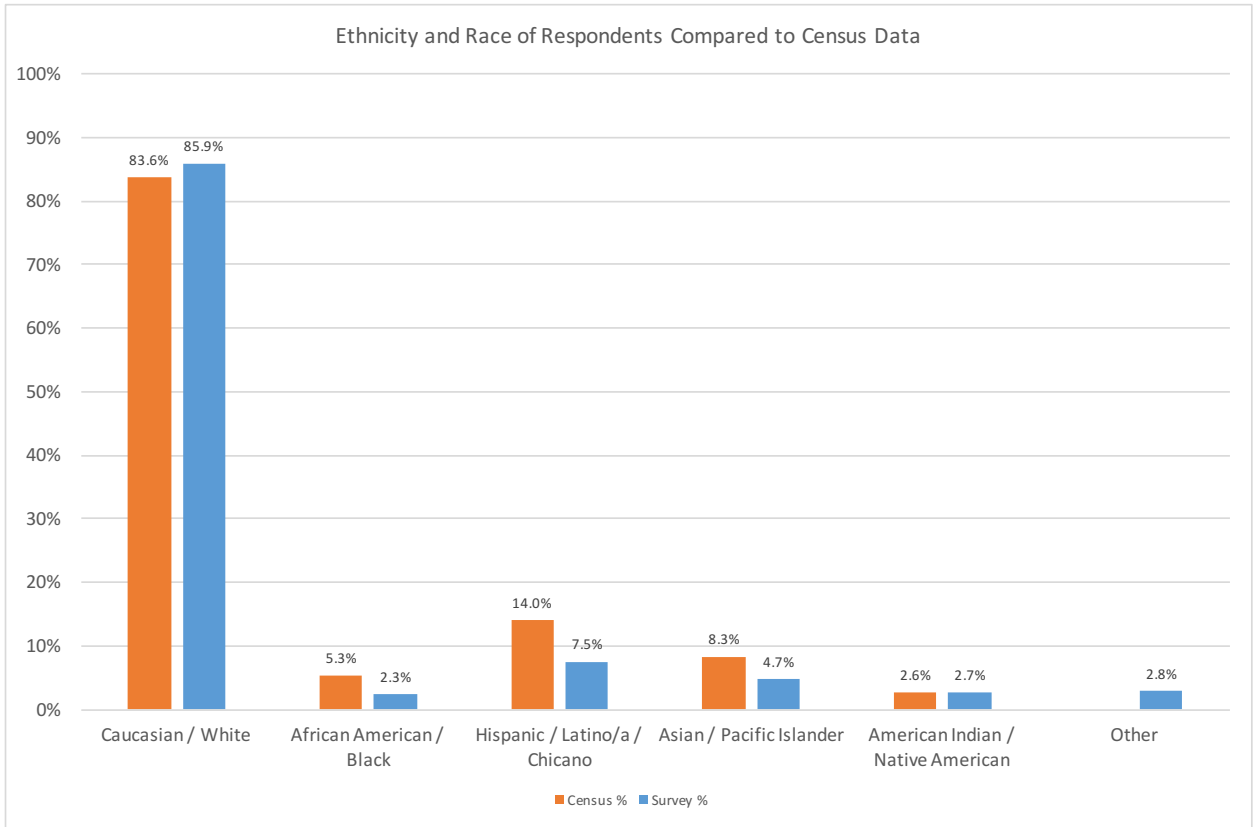
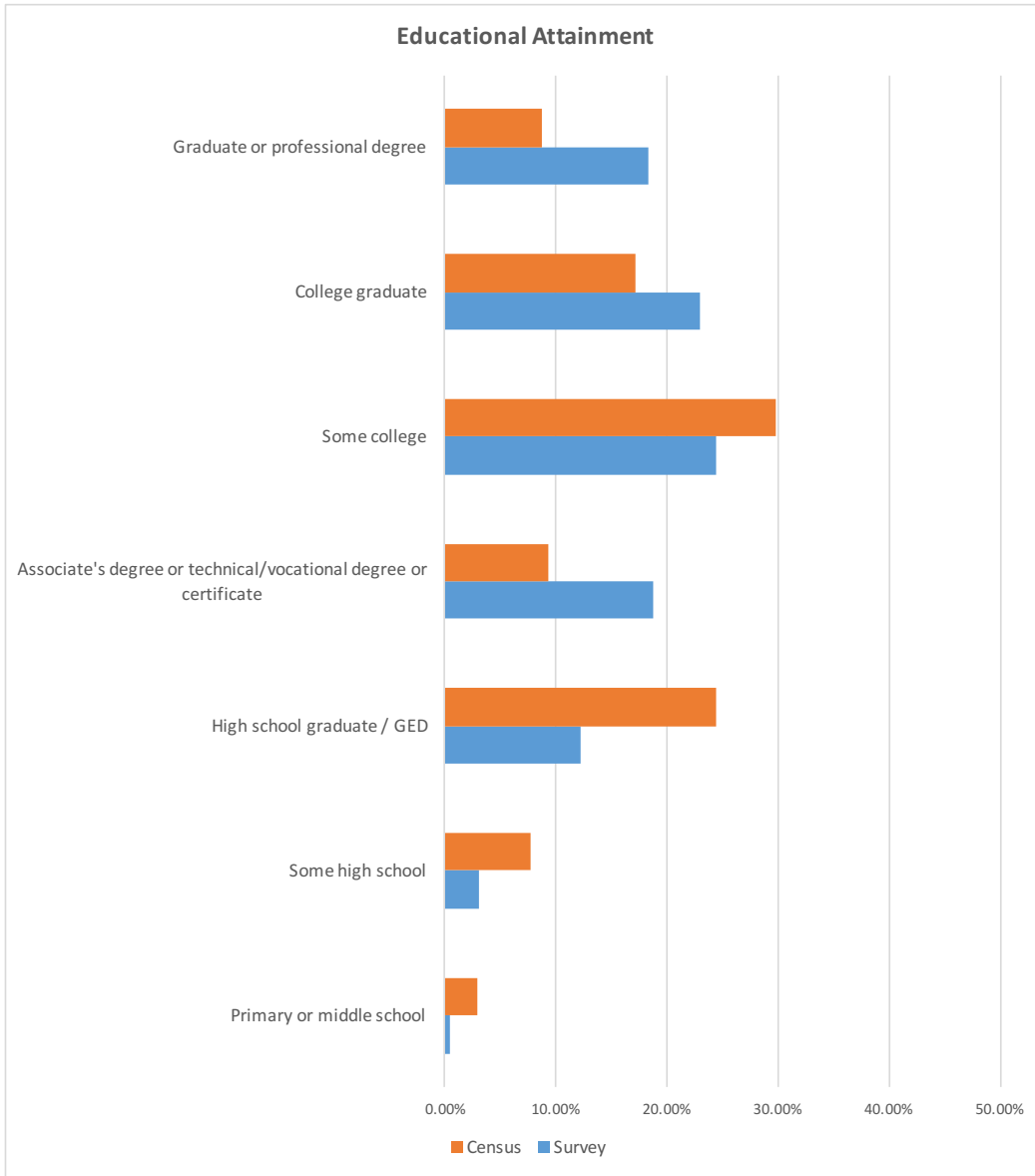


Figure 11 Race and Ethnicity

While White respondents are slightly overrepresented, Black, Hispanic, and Asian / Pacific Islander respondents are underrepresented by approximately half each in the survey data. Note that since respondents could select more than one category, the total percentage of all categories is greater than 100%.

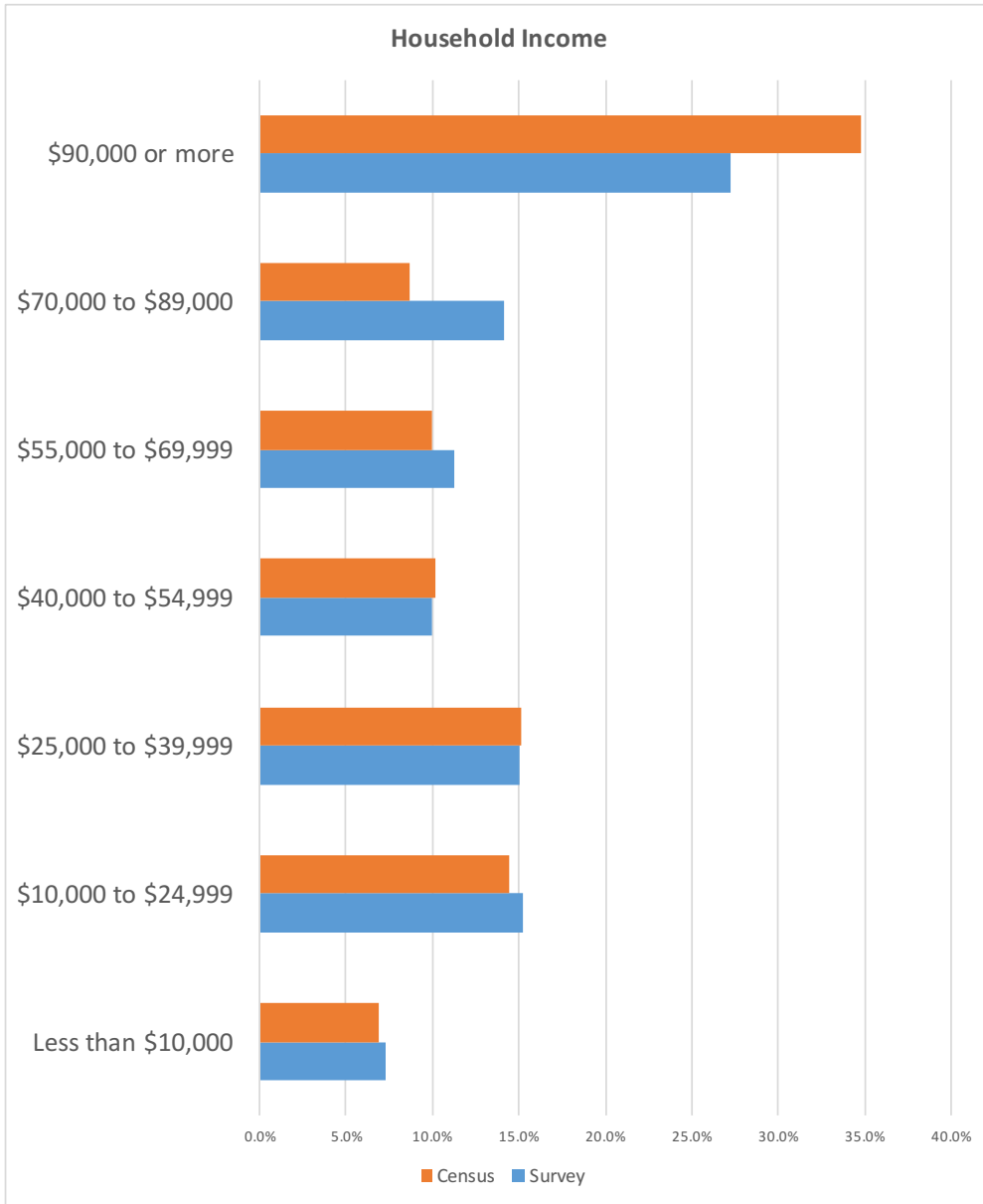
**Educational Attainment**



*Figure 12 Educational Attainment*

Those people with a high school degree or less are under-represented in the survey responses. Additionally, those people with a college degree or graduate/professional degree are over-represented. Compared with the community at large, people with an associate’s degree or technical/vocational degree are over-represented.

**Income**



*Figure 13 Income*

Income of respondents matched closely with the service area demographics except for the \$70,000-\$89,000 category which is overrepresented and the \$90,000 or more category which is underrepresented.

**Health Care Information**

The next three charts represent respondent’s information regarding how often they have seen a medical practitioner and their insurance coverage information. No comparison data was used in the analysis.

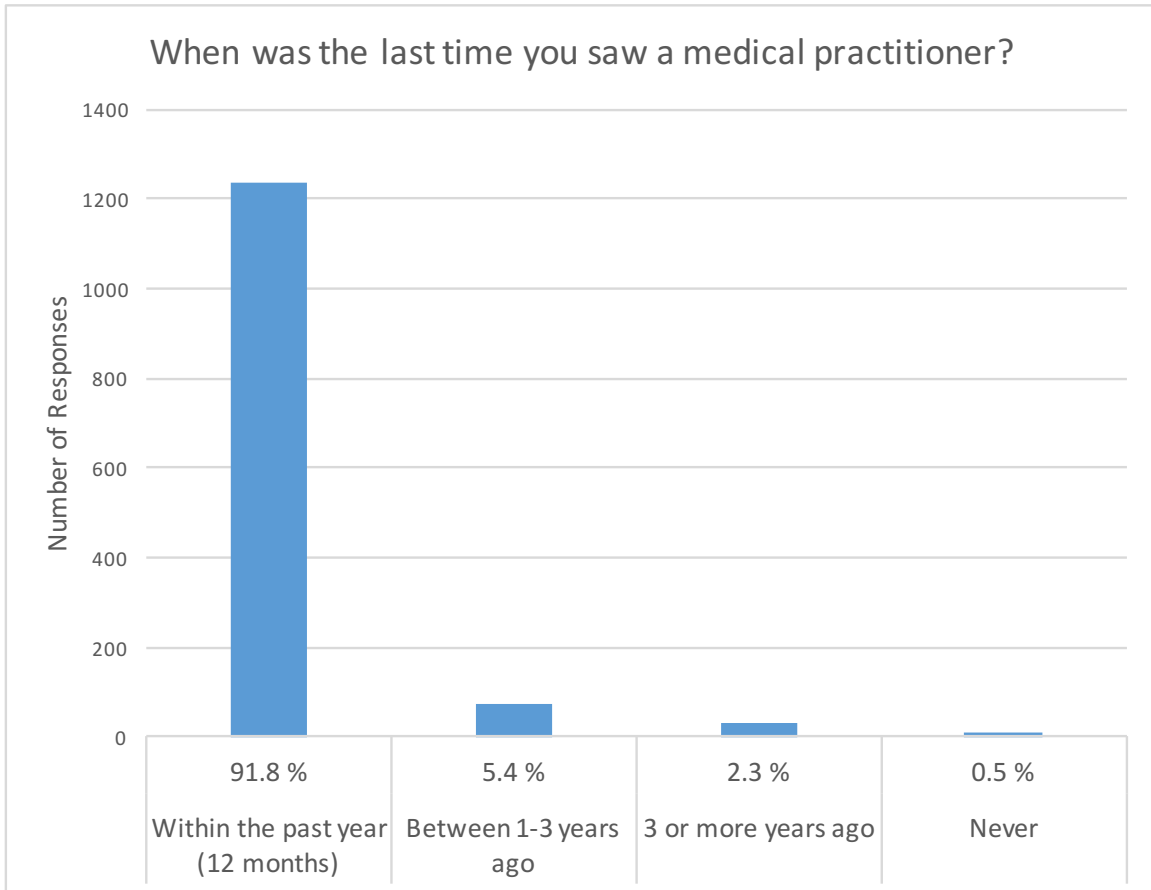


Figure 14 Last Visit to Medical Practitioner

Do you have a primary care physician for regular check-ups?

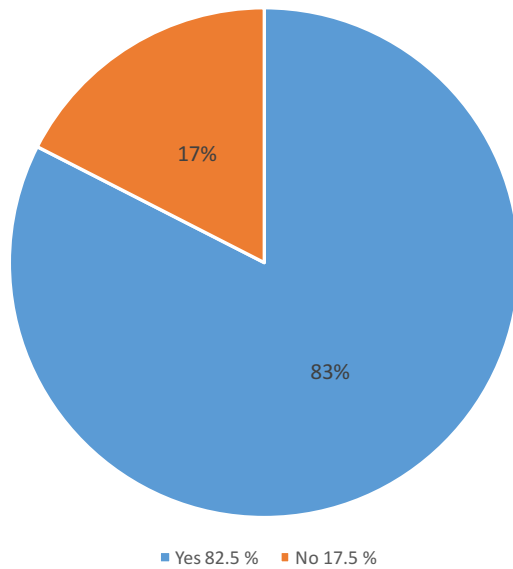


Figure 15 Primary Care Physician

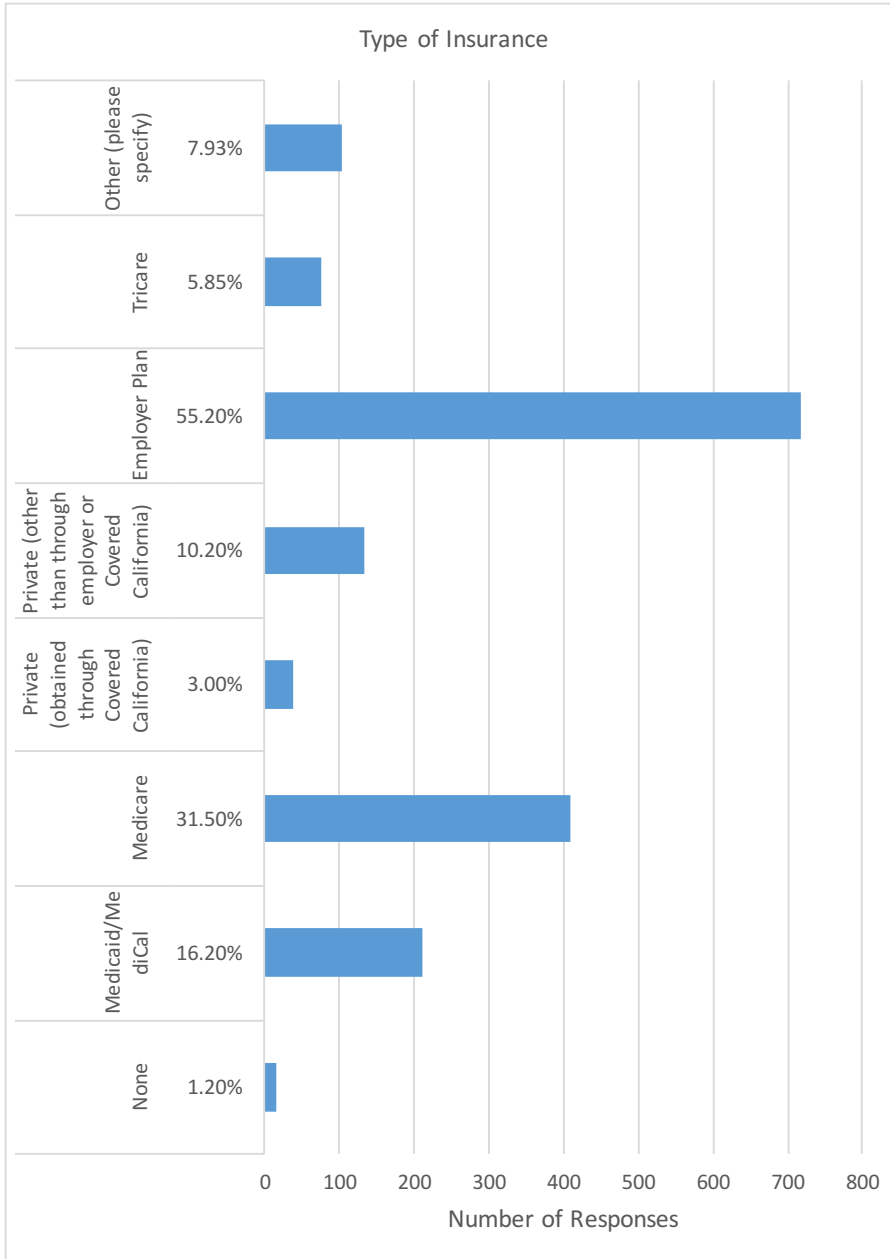


Figure 16 Type of Insurance

### Information Gaps

The community survey response was underrepresented by those identifying as Black, Hispanic, and Asian / Pacific Islander as compared to U.S. Census data. There is a minor risk that health needs of these communities was not identified by this survey. These data are compensated by information obtained from questionnaires and inputs from experts who have special knowledge of these groups. No known information gaps are large enough to limit the ability to assess the community’s health needs.

## Analysis of Public Opinion Survey Responses

Act Too Consulting conducted the analysis of the 1420 public opinion survey responses. Representation and survey coverage should be taken into consideration when evaluating this data.

### Considerations when Reading Data in Charts and Tables

People taking the survey could choose the questions they answered, therefore the total number of responses to any individual question may differ from the total number of surveys collected. In other words, people could skip questions. The only mandatory question to make the survey acceptable was an entry for the zip code of the respondent.

These questions include a Don't Know option as a response:

- Q4: In general, how big of a problem are the following health issues in your community?
- Q5: What is the availability of services in your community for the following health issues?
- Q6: What is the quality of services in your community for the following health issues?

Charts and tables including percentages of responses to the above questions (Q4, Q5, Q6) include the "Don't Know" responses in the total response count. Therefore, percentages reflect the percentage of all responses to the question.

This question included a No Opinion or Don't Know response:

- Q7: Please indicate how much you agree or disagree with each statement (on amount and type of medical services)?

Charts and tables including percentages of responses to Q7 removed the No Opinion responses from the total response count. Therefore, percentages reflect the percentage of responses of people that expressed an opinion.

### Public Opinion Regarding Community Health Services (Q7)

Figure 17 shows the distribution of survey respondents' opinion about amount or type of services available in the community. The chart is sorted with the statements most agreed with at the top and the most disagreed with at the bottom of the chart. The total number of respondents with an opinion to the individual question is shown to the right of the graph.

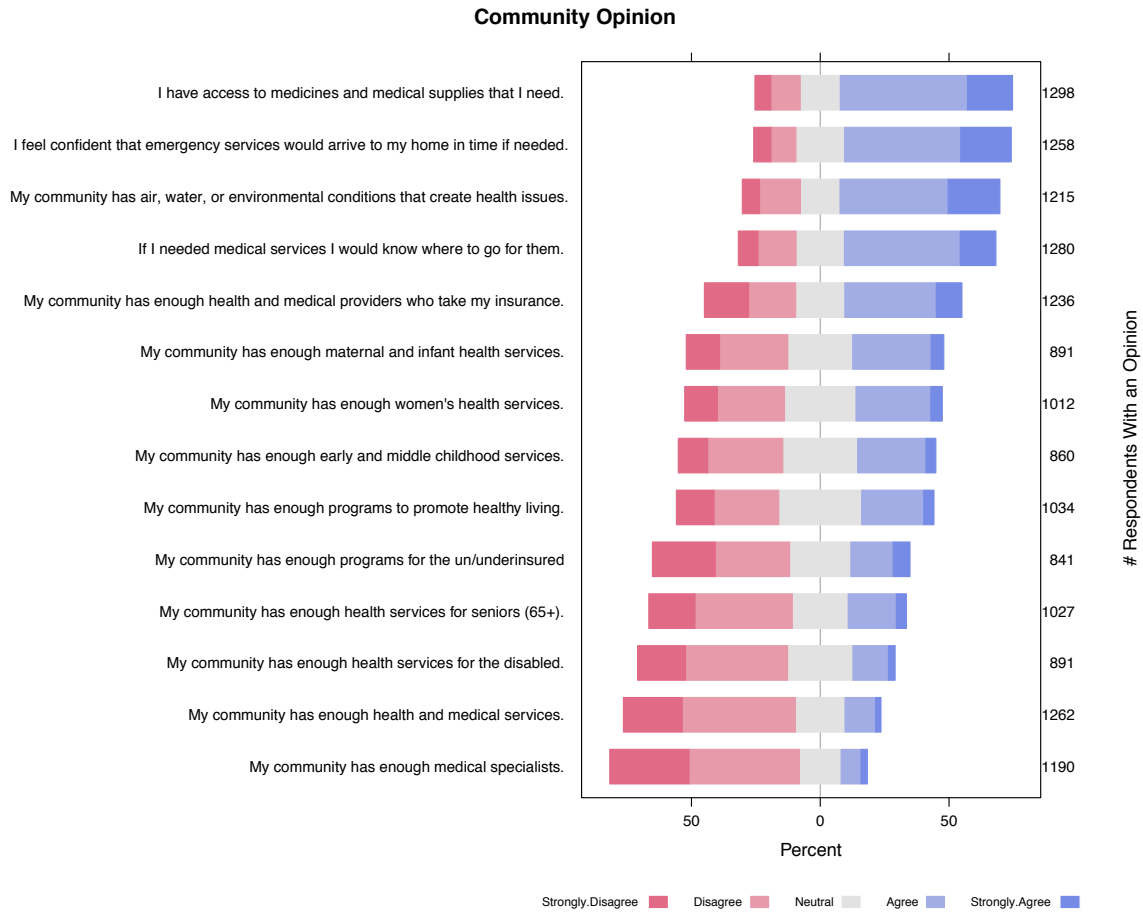


Figure 17 Community Opinions on General Amount and Type of Services (Q7)

Figure 18 contains a chart that compares averages (of the same data that is in Figure 17) of the responses from respondents who consider themselves:

- Professional medical, wellness, or mental health service provider to the community
- Representative of a medically underserved segment of the community
- Representative of an agency/organization/group that serves/supports the community
- None of the above

Average responses are calculated by assigning a numerical value to the responses as shown below. Then, summing the responses to a particular question and dividing by the total number of responses to obtain an average. This enables a comparison between type of respondent.

<i>Response</i>	<i>Numerical Value</i>
<b>Strongly Disagree</b>	-2
<b>Disagree</b>	-1
<b>Neutral</b>	0
<b>Agree</b>	1
<b>Strongly Agree</b>	2



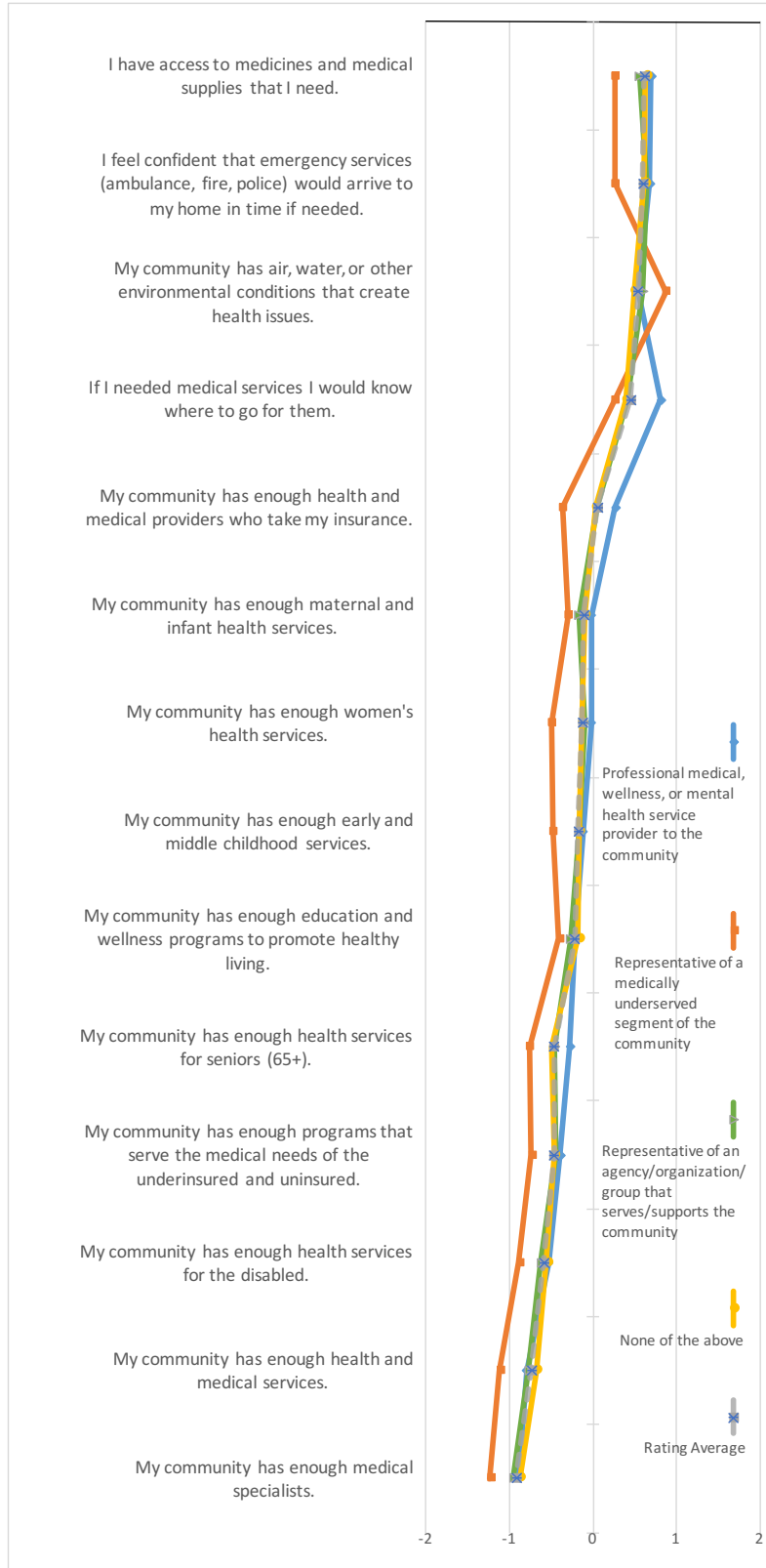


Figure 18 Comparison of Average Responses (Q7) Based on Type of Respondent (Q3)

## *Analysis*

Starting at the bottom of the chart in Figure 17, respondents indicated most strongly that there are not enough medical specialists, followed by not enough health and medical services.

Moving up the chart, respondents indicated an absence of health services for the disabled, with a lower number people overall with an opinion on this topic. Representatives of this communities (disabled) may have greater awareness of the extent of availability of these services. In other words, if people don't require these services, it is less likely that they are aware of the availability.

The number of people with an opinion rises again with the question about health services for seniors. Respondents indicated strongly that there are not enough services for seniors.

Respondents indicated an absence of services for the underinsured and uninsured and this statement also has less people who have an opinion for this question. Representatives of these communities (underinsured, uninsured) may have greater awareness of the extent of availability of these services.

Continuing to move up the chart, respondents continue to disagree more than agree that there are enough programs to promote healthy living, enough services for early and middle childhood, and enough women's health services.

Responses move towards more agreement on enough services for maternal and infants, enough providers that take insurance, and knowing where to go for medical services. In the comment analysis there was evidence of continuing issues with insurance (see Figure 32) and requests for a complete directory of services (see Figure 37).

There continues to be agreement that the community has air, water, or environmental conditions that create health issues. This question is reverse scored where agreement represents a concern.

Finally, there is strong agreement that emergency services will arrive in time and that access to medicine and medical supplies exists. However, respondents who live in the outlying area of Trona or in other areas further than 20 miles from Ridgecrest indicated that they would not have emergency services that would arrive in time to their home if needed.

From Figure 18, the average opinion on all questions moves more towards strongly disagree when looking at the average for respondents who represent members of medically underserved segments of the community. While respondents that are providers in the community have slightly higher average responses to each question. In other words, those who provide medical services may have a different perspective of availability from those that may have difficulty accessing those same services, due to cost, insurance, proximity.

**Public Opinion Biggest Health Issues (Q4)**

The charts in Figure 19 and Figure 20 are the summary of survey respondents’ opinion about the biggest health issues within the community. Figure 19 is sorted from left to right by the decreasing percentage of the response “Very Big Problem”. Figure 20 is sorted left to right by decreasing combined percentage of “Very Big Problem” plus “Somewhat of a Problem”.

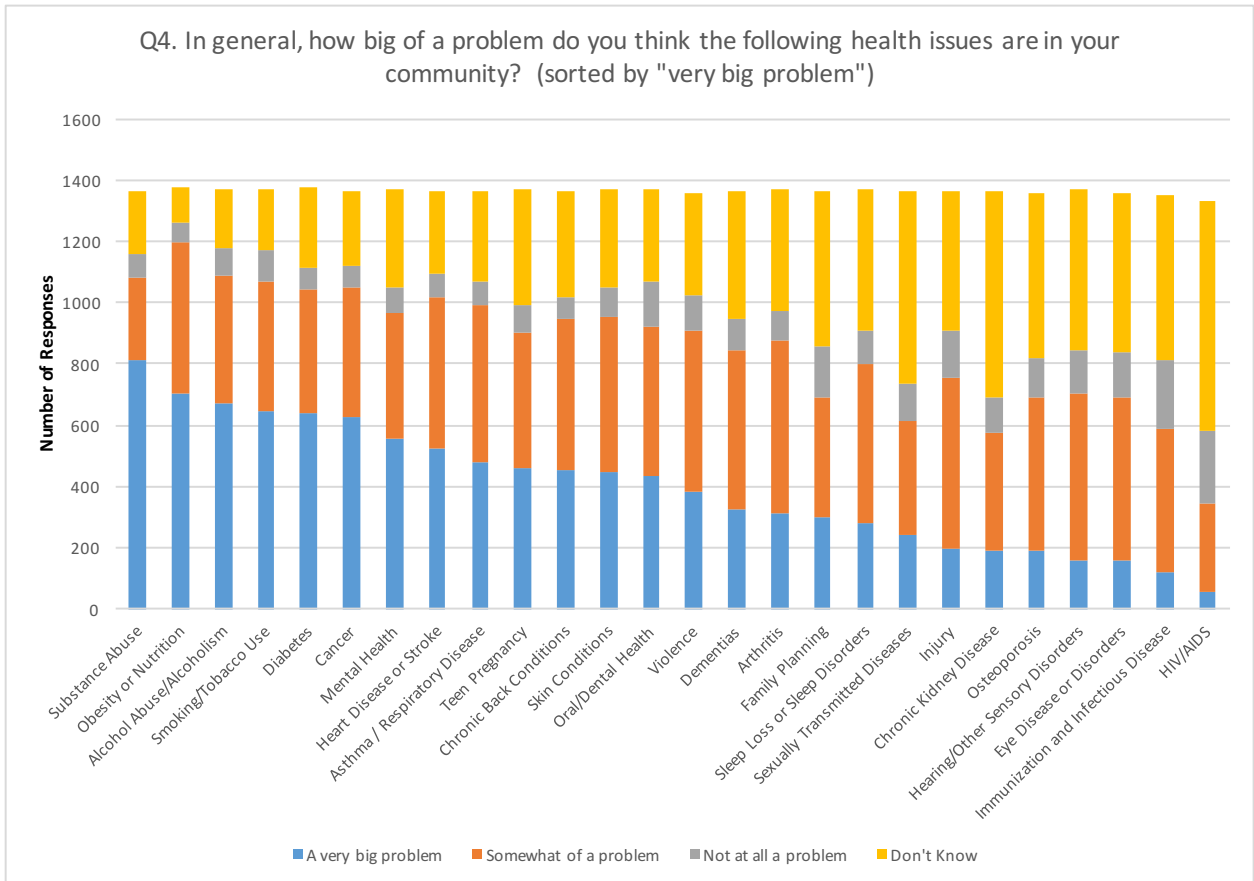


Figure 19 Biggest Health Issues - Sorted by number of “Very Big Problem” responses (Q4)

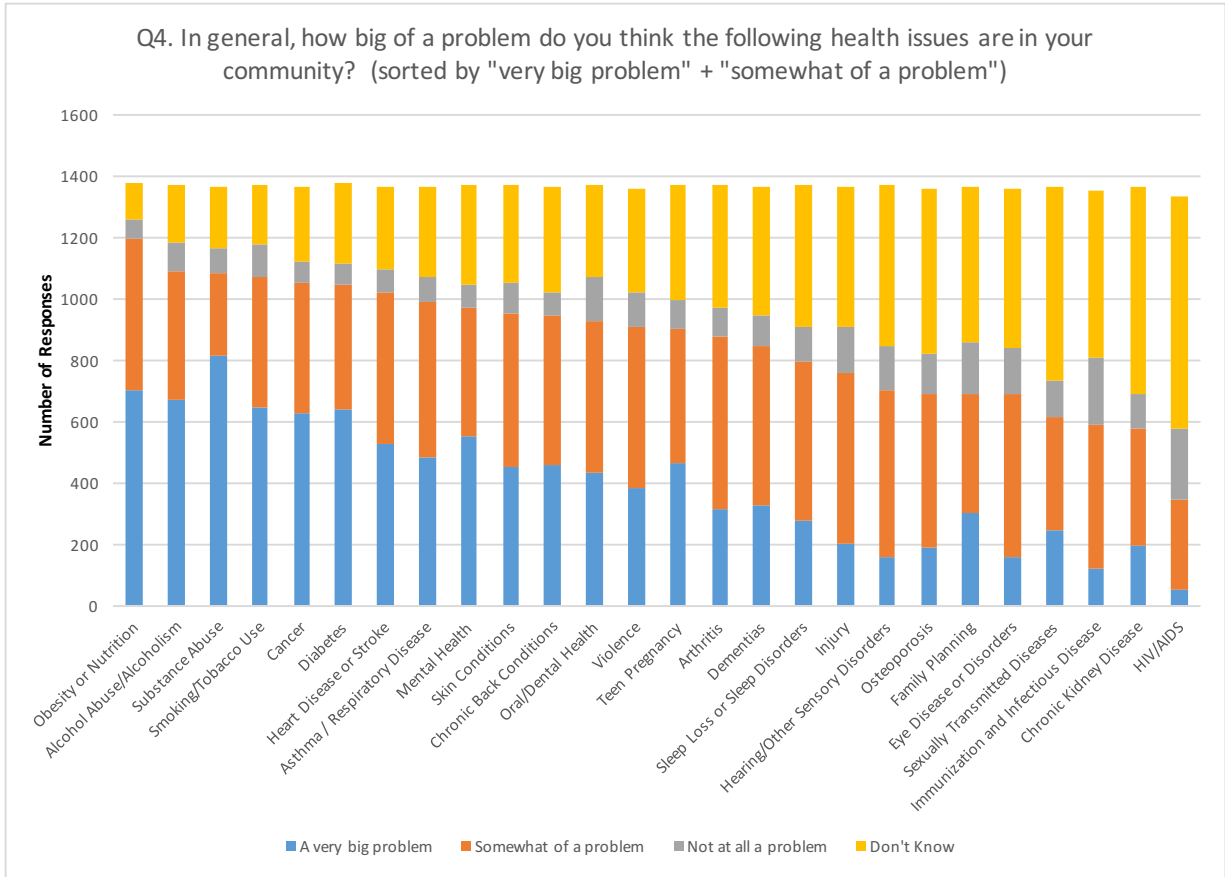


Figure 20 Biggest Health Issues - Sorted by "Very Big Problem" plus "Somewhat of a Problem" responses (Q4)

**Analysis**

The top ten health issues considered to be *very big problems* in the community according to public opinion are:

1. Substance Abuse
2. Obesity or Nutrition
3. Alcohol Abuse/Alcoholism
4. Smoking/Tobacco Use
5. Diabetes
6. Cancer
7. Mental Health
8. Heart Disease or Stroke
9. Asthma/Respiratory Disease
10. Teen Pregnancy

The top ten health issues shift slightly when responses of *very big problem* plus *somewhat of a problem* are added to obtain a ranking. The top ten health issues then become:

1. Obesity or Nutrition
2. Alcohol Abuse/Alcoholism
3. Substance Abuse
4. Smoking/Tobacco Use
5. Cancer
6. Diabetes
7. Heart Disease or Stroke
8. Asthma/Respiratory Disease
9. Mental health
10. Skin Conditions

The order of the top ten changes for several issues and Skin Conditions moves up into the top ten and Teen Pregnancy drops to 14<sup>th</sup>.

#### **Public Opinion Regarding Availability of Services (Q5)**

Respondents were asked their opinion on the amount of services available in the community for each of the health issues. The summary in the chart in Figure 21 is sorted left to right by the number of responses obtained from combining the “no services” plus “some services” answers. In other words, the items to the left would be considered those that the public think are lacking most in availability. Figure 22 is sorted from left to right by the number of responses indicating there were “enough services available”. In other words, the items to the left would be considered those that the public think are most available in the community.

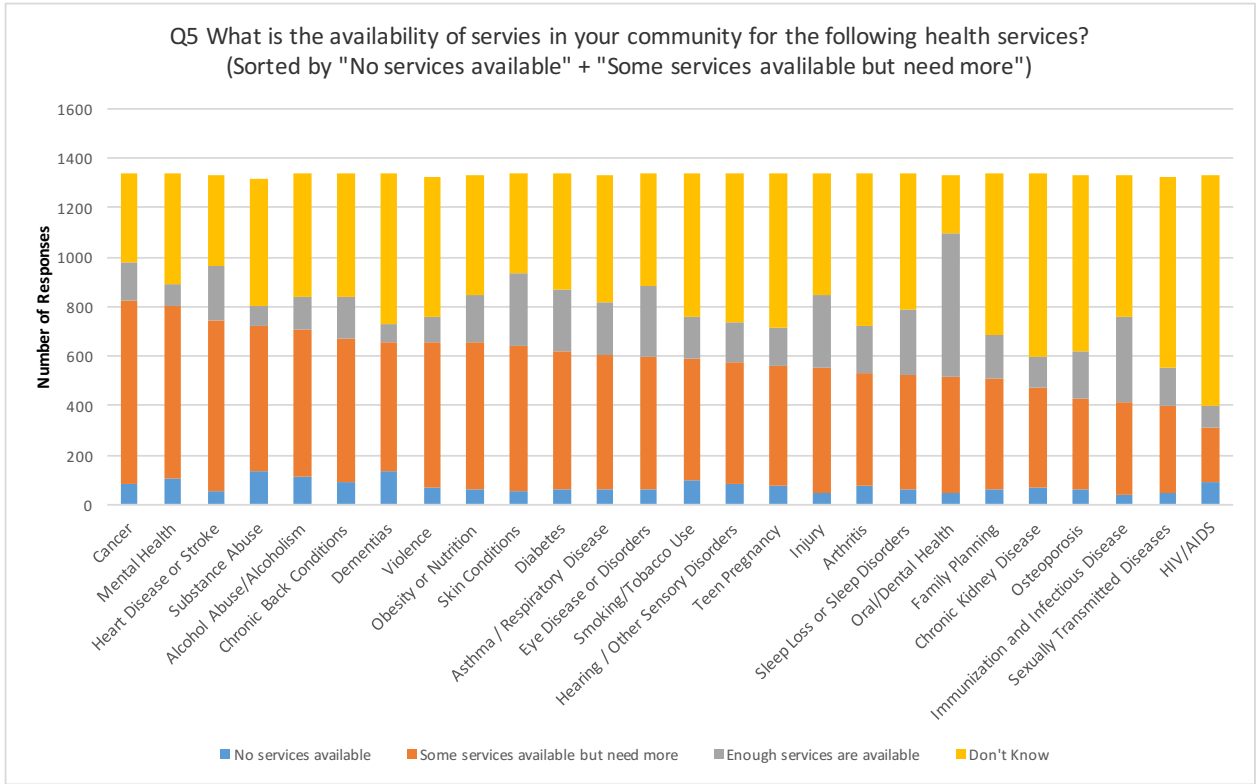


Figure 21 Availability of Services for Each Health Issue – Sorted by least available (Q5)

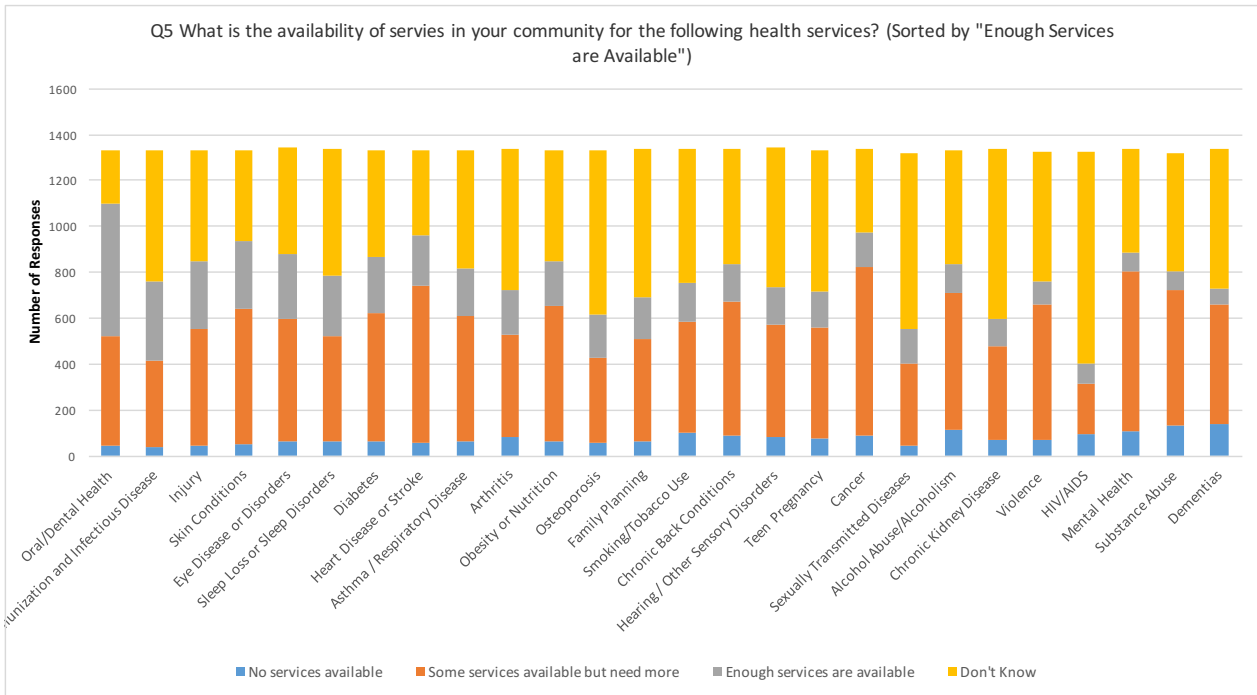


Figure 22 Availability of Services for Each Health Issue - Sorted by most available (Q5)

## Analysis

According to the survey, the health issues with *least availability* are:

1. Cancer
2. Mental Health
3. Heart Disease or Stroke
4. Substance Abuse
5. Alcohol Abuse/Alcoholism
6. Chronic Back Conditions
7. Dementias
8. Violence
9. Obesity or Nutrition
10. Skin Conditions

Conversely the services for these issues are considered to be *most available* according to the survey.

1. Oral/Dental Health
2. Immunization and Infectious Disease
3. Injury
4. Skin Conditions
5. Eye Disease or Disorders
6. Sleep Loss or Disorders
7. Diabetes
8. Heart Disease or Stroke
9. Asthma/Respiratory Disease
10. Arthritis

Oral/Dental Health is the only issue where the responses of “enough services are available” is greater than the “no services” plus “some services responses”.

Skin Conditions and Heart Disease or Stroke appear in both the least available and most available top ten lists.

## Public Opinion Regarding Quality of Services (Q6)

Respondents were asked their opinion on the quality of services available in the community for each of the health issues. The summary in the chart in Figure 23 is sorted left to right by the number of responses of “very poor” for quality. In other words, the items to the left would be considered those services that the public think have the least quality. The summary in the chart in Figure 24 is sorted left to right by the number of responses with “very good” combined with “acceptable”. In other words, the items to the left would be considered those services that the public feels have the best quality.

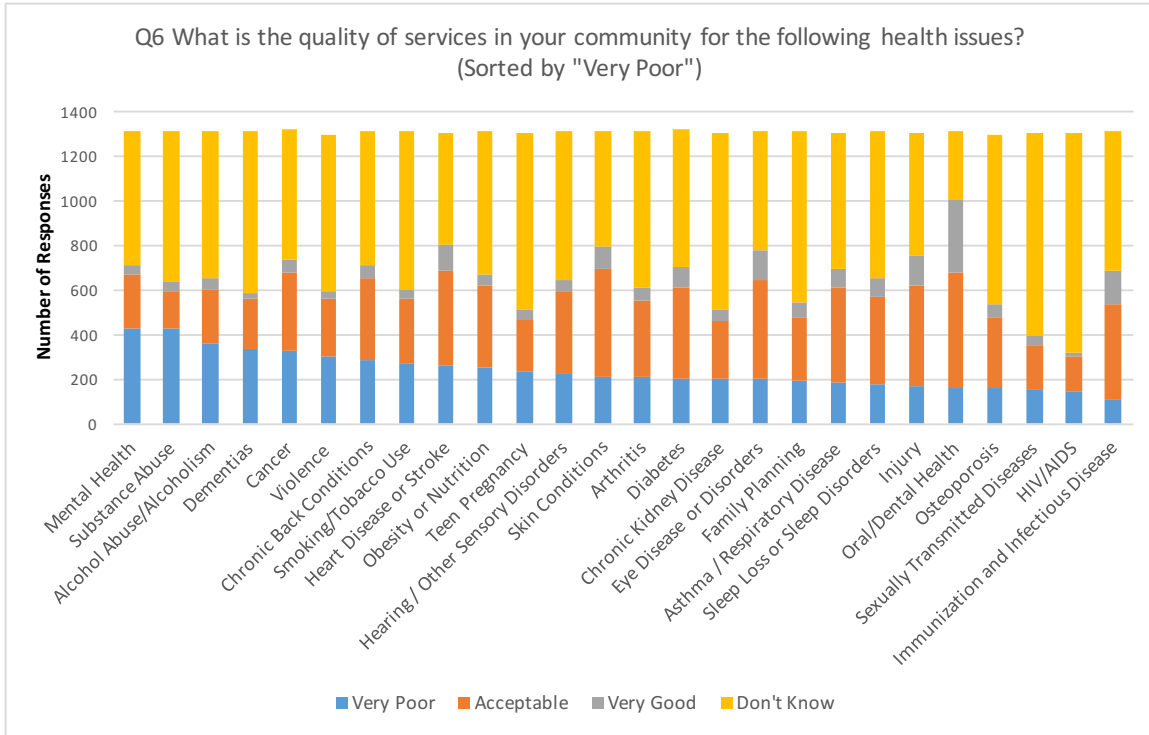


Figure 23 Quality of Services for each Health Issue - Sorted by Very Poor (Q6)

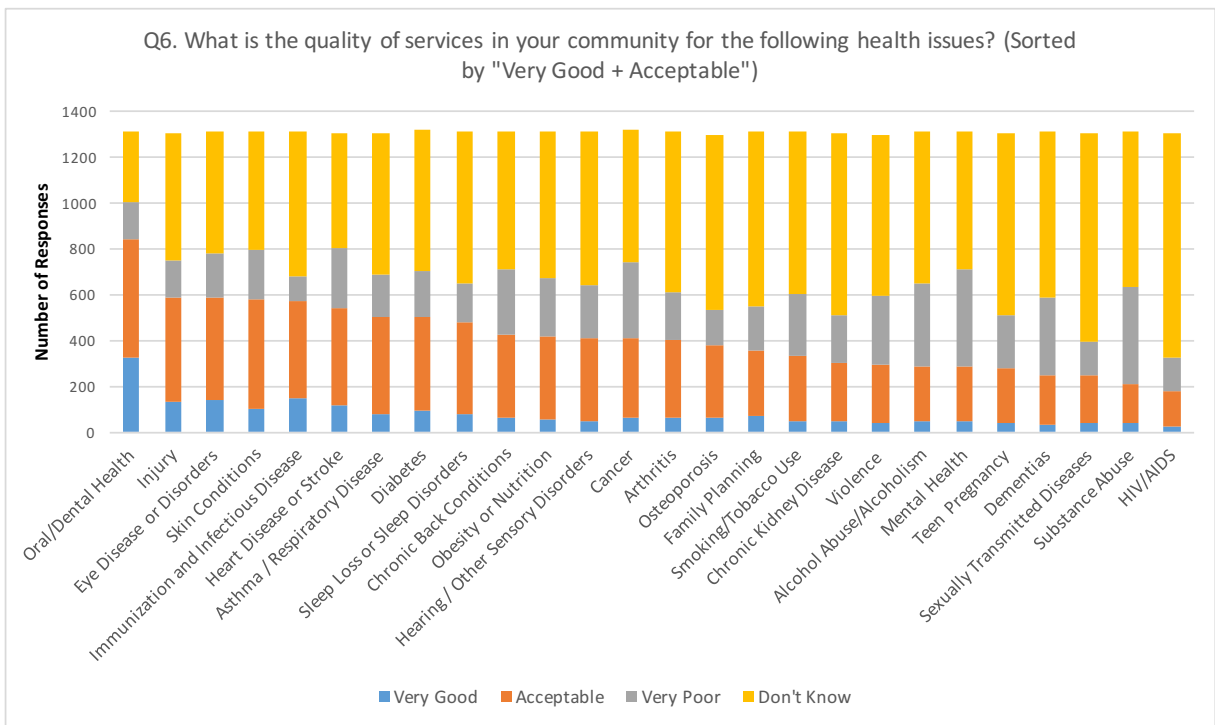


Figure 24 Quality of Services for each Health Issue - Sorted by Very Good + Acceptable (Q6)



## Analysis

According to the survey, the health issues perceived to have the *least quality* are:

1. Mental Health
2. Substance Abuse
3. Alcohol Abuse/Alcoholism
4. Dementias
5. Cancer
6. Violence
7. Chronic Back Conditions
8. Smoking/Tobacco Use
9. Heart Disease or Stroke
10. Obesity or Nutrition

Conversely the services for these issues are considered to be *acceptable or good quality* according to the survey.

1. Oral/Dental Health
2. Injury
3. Eye Disease or Disorders
4. Skin Conditions
5. Immunization and Infectious Disease
6. Heart Disease or Stroke
7. Asthma/Respiratory Disease
8. Diabetes
9. Sleep Loss or Sleep Disorders
10. Chronic Back Conditions

Note that perspectives of the quality for Heart Disease or Stroke and Chronic Back Conditions appear in both.

## Combining Biggest Health Issues with Availability and Quality

A ranking order was established for each each issue for how big the issue is, how available services are, and perspectives on the quality of the services. This summary of rankings are shown in Table 5. Figure 25 charts the culmination of ranks based on from the individual rankings within biggest health issues, availability, and quality. The ranking of health issues from most critical to least critical are shown from left to right where the rankings (rank order) are combined across all three questions. This is one way to identify the top gaps in the community based up how large the issue is, what services are available, and what the quality is of the available services.

Answer Options	How Big Issue Order (Q4)	Availability Order (Q5)	Quality Order (Q6)	Combined Rank
Substance Abuse	3	4	2	1 <sup>st</sup>
Alcohol Abuse/Alcoholism	2	5	3	2 <sup>nd</sup>
Cancer	5	1	5	3 <sup>rd</sup>
Mental Health	9	2	1	4 <sup>th</sup>
Heart Disease or Stroke	7	3	9	5 <sup>th</sup>
Obesity or Nutrition	1	9	10	6 <sup>th</sup>
Chronic Back Conditions	11	6	7	7 <sup>th</sup>
Smoking/Tobacco Use	4	14	8	8 <sup>th</sup>
Dementias	16	7	4	9 <sup>th</sup>
Violence	13	8	6	10 <sup>th</sup>
Diabetes	6	11	15	11 <sup>th</sup>
Skin Conditions	10	10	13	12 <sup>th</sup>
Asthma / Respiratory Disease	8	12	19	13 <sup>th</sup>
Teen Pregnancy	14	16	11	14 <sup>th</sup>
Hearing/Other Sensory Disorders	19	15	12	15 <sup>th</sup>
Arthritis	15	18	14	16 <sup>th</sup>
Eye Disease or Disorders	22	13	17	17 <sup>th</sup>
Oral/Dental Health	12	20	22	18 <sup>th</sup>
Injury	18	17	21	19 <sup>th</sup>
Sleep Loss or Sleep Disorders	17	19	20	20 <sup>th</sup>
Family Planning	21	21	18	21 <sup>st</sup>
Chronic Kidney Disease	25	22	16	22 <sup>nd</sup>
Osteoporosis	20	23	23	23 <sup>th</sup>
Sexually Transmitted Diseases	23	25	24	24 <sup>th</sup>
Immunization and Infectious Disease	24	24	26	25 <sup>th</sup>
HIV/AIDS	26	26	25	26 <sup>th</sup>

Table 5 Rank order of health issues from the survey Q4 Q5 Q6

How big issue column is the ranking based on combining *very big problem* plus *somewhat of a problem* answers. Availability is the ranking based on combining *no services* plus *some services but need more* answers. Quality is ranking based on *very poor* answers.

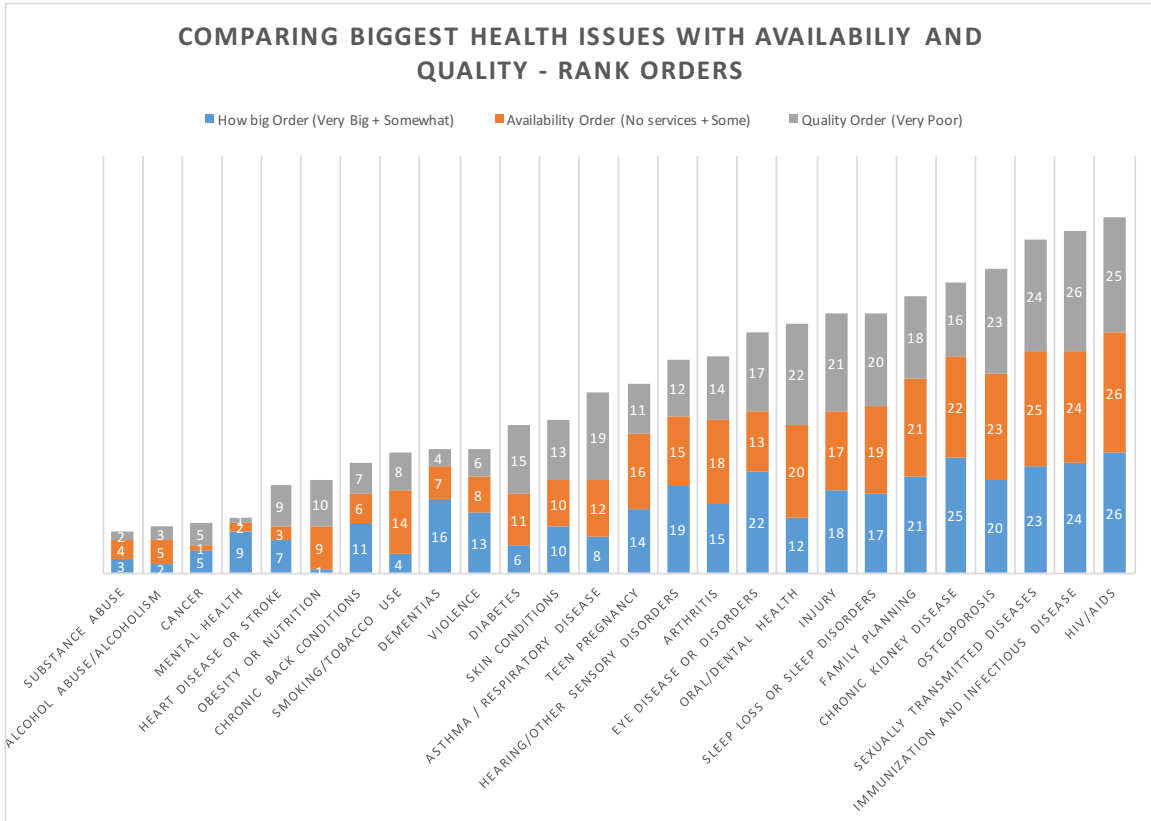


Figure 25 Comparing Biggest Issues with Least Availability and Least Quality – Combined Rank from Survey

**Public Opinion on Issues that make it Difficult to Get Medical Care (Q11)**

Respondents were asked about issues that make it difficult for them to receive the medical care they needed. Figure 26 a chart of the summary of those responses sorted from top to bottom by the highest to lowest percentage of responses. Respondents could select from a list of issues or write in another issue if their particular issue was not already listed.

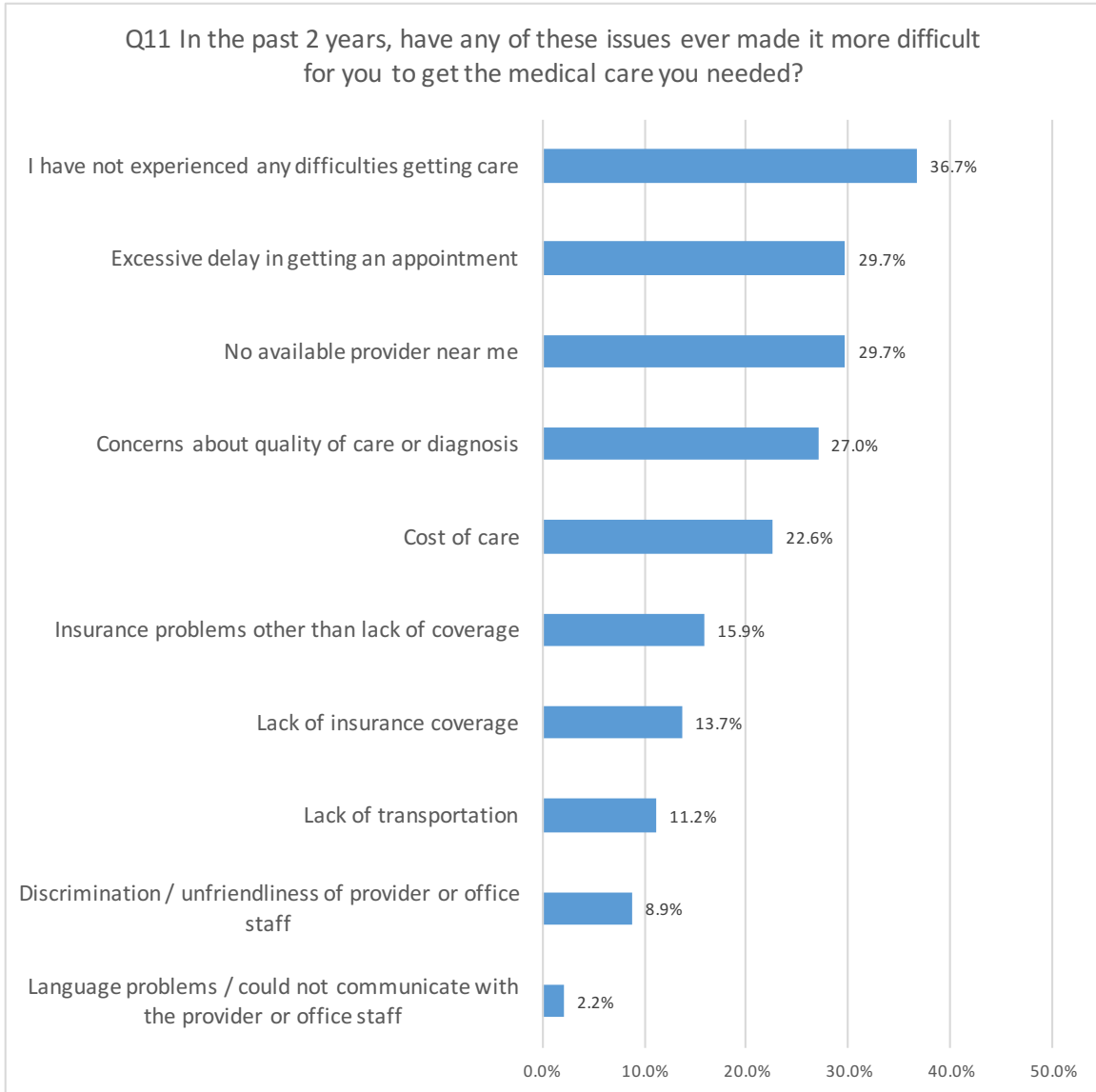


Figure 26 Issues (Access) that Make Obtaining Medical Care Difficult (Q11)

**Analysis**

Slightly more than a third (37%) of respondents have not experienced any difficulties in getting care. The two most common issues (30%) that impact access include *excessive delays in getting an appointment* and *no available provider near me*. These access issues indicate a need for more providers locally. The next issue is about concerns for the *quality of care or diagnosis* (27%) which can be the reason people do not seek care or leave the area for care. The next access issue has to do with the *cost of care* (23%), indicating the need for more low cost options. The next highest percentages, 16% and 14%, are noted as *insurance problems other than lack of coverage* and *lack of insurance coverage* (see comment analysis on insurance issues in Figure 32). *Lack of transportation*

was an issue for 11% of the respondents. Figure 37 also includes a theme of comments on transportation. The final two access issues were noted by 9% and 2% of the respondents and are *discrimination/unfriendliness of provider or office staff* and *language/communication problems*. The comment analysis from the survey also exposed a theme title Patient Experience, see Figure 36 which would contain further evidence of these last two issues.

### Public Opinion Written Responses to Most Important Things to Improve Care (Q8)

Respondents were able to provide written responses in their own words to the question “What are the most important things that your community’s health agencies could do to improve the quality and availability of care in the area?”. Respondents could also further expand on their responses to the questions on health issues, availability, quality, and access issues. All of these comments were included in the qualitative analysis.

### Analysis

About 60% of survey responses (857 respondents) included written comments. Analysis of the comments produced a set of themes. The themes are described in Appendix I in alphabetical order. The themes are also grouped into some larger categories as part of the analysis. An individual theme may appear in one or more categories.

#### Theme Categories

- a. Top Themes Overall - All themes that have 20 or more comments
- b. Specialists
- c. Recruiting Providers
- d. Why People go Out of Town
- e. Substance Abuse
- f. Insurance and Billing
- g. RRH Operations
- h. Health Services for Seniors
- i. Women’s Health Services
- j. The Patient Experience
- k. Community Broader Needs
- l. Remote Areas
- m. Wellness & Healthy Lifestyle

Figure 27 contains the themes that had at least 20 related comments. Each of the comments is from a different respondent, so the number of comments is the number of people who mentioned something related to this theme. Many individual responses included more than one theme.

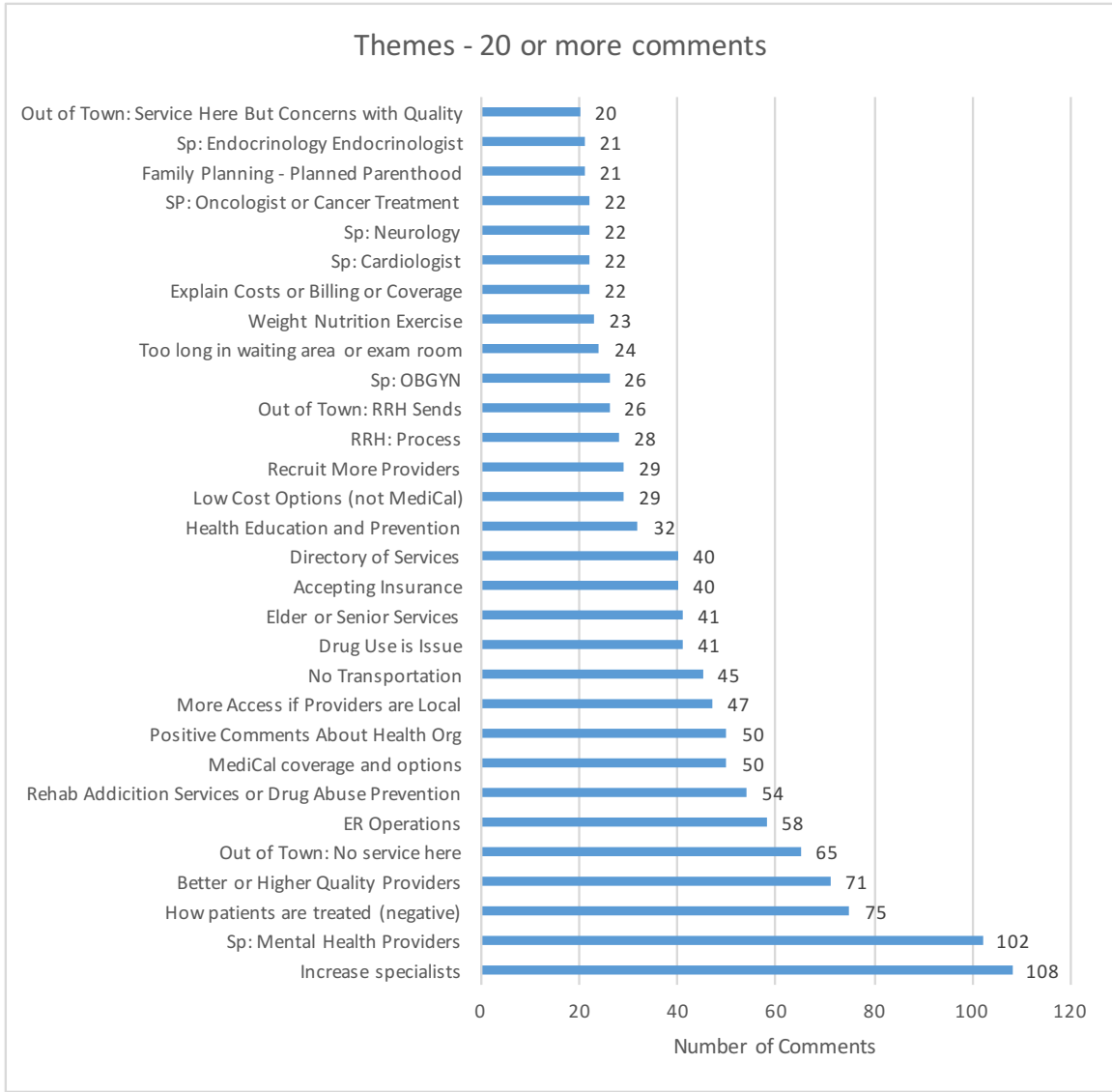


Figure 27 Top Themes from Derived from Comments - 20 or more

Brief explanations for those themes with fifty comments or more are provided below.

The top two themes derived from the written comments include requests to *increase specialist* providers and requests for more *mental health providers*. In each case, over one hundred respondents mentioned these needs. See Figure 28 on Specialists that further expands on the type of specialists requested.

The next most prevalent theme included *how patients are treated* with getting access to providers, the experience of interacting with providers and provider staff, and follow-up from appointments, lab tests, and procedures. The seventy-five comments in this theme contain primarily negative or frustrating experiences from the patient perspective.

The next highest number of comments was the need for *better or higher quality providers*. Seventy-one respondents suggested that quality is an issue, with concerns

about inaccurate diagnosis and an inability to find satisfying solutions for their health issues.

Sixty-five respondents mentioned that they go *out of town for service* due to the fact that there is no service locally or the services locally have extensive wait times. There is a set of themes that contain the reasons people leave town for services. These are summarized in the Why People Go Out of Town section. This theme is related to the need and requests to *increase specialists*.

Respondents provide comments and suggestions with regards to RRH emergency room operations (*ER Operations*). Fifty-eight respondents suggested process revisions, requests for changes in staff behaviors, and extensive wait times.

Fifty-four responses requested local substance abuse and addiction support for drugs, alcohol, and other addictions (*Rehab Addiction Services or Drug Abuse Prevention*). Many respondents mentioned a link between mental health, addiction, and drug use.

Fifty respondents mentioned the need for more options for those use who have MediCal insurance (*MediCal coverage and options*). While several mentioned that services do now exist locally they expressed concern over significant delays in getting appointments and limited choices in providers.

The surveys also contained fifty positive comments about advances and improvements in local health services. These comments were primarily directly at RRH efforts to improve services, improve facilities, and recruit additional providers to the area (*Positive Comments about Health Org*).

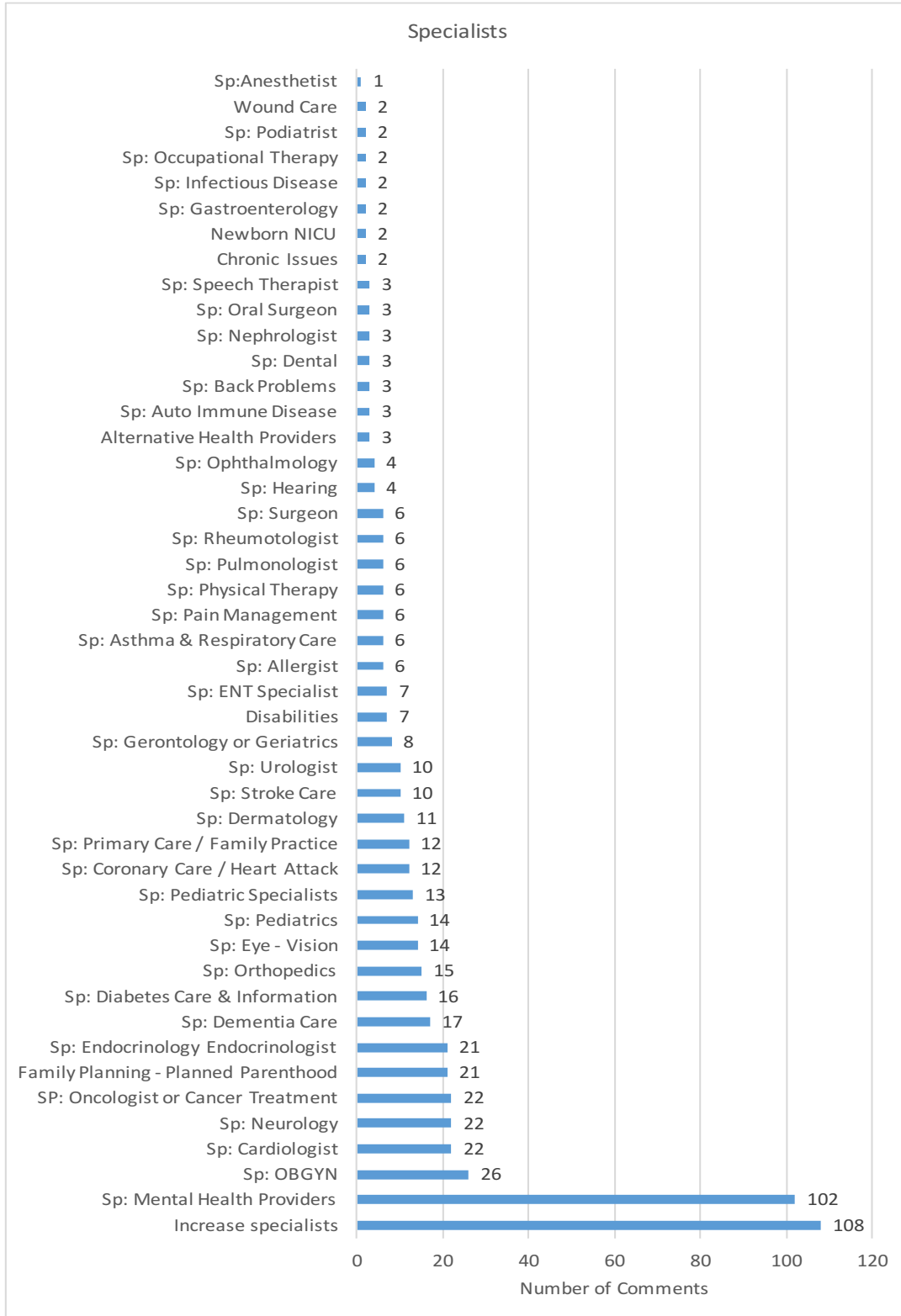


Figure 28 Specialists - Comments

Figure 28 is the Specialist category and contains the distribution of themes that contain comments requesting access to more specialist or subspecialty areas. Of note is the

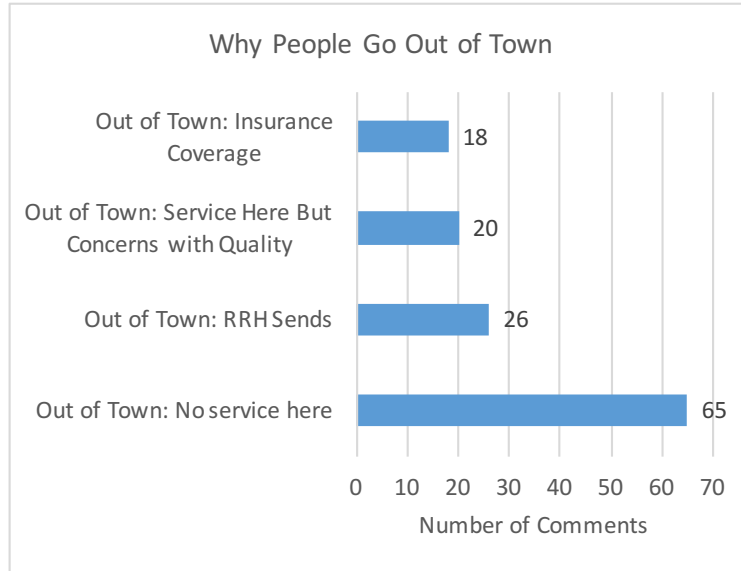


amount of requests for more mental health providers. Also combining requests for cardiologists (22) with requests for coronary care / heart attack care (12) bring the total comments to 34 and place requests for care for heart diseases third in comment frequency regarding specialists.



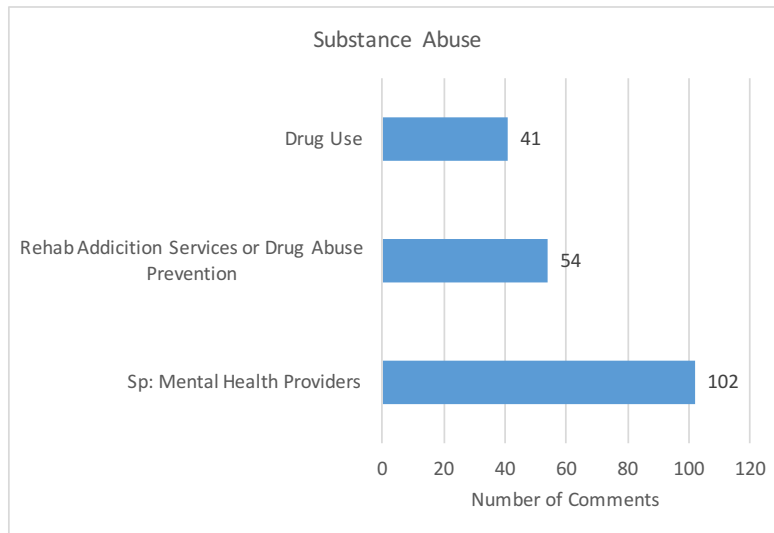
*Figure 29 Recruiting Providers – Comments*

Figure 29 contains themes related to Recruiting Providers. This includes requests to recruit more providers, retain those that are recruited, providers that live locally and therefore available more often, and requests for better or higher quality providers. While respondents would like more access to local providers this is also mediated by the concerns about needing higher quality providers. Some respondents recognize the challenges associated with recruiting providers who want to live in a small desert community.



*Figure 30 Why People Go Out of Town – Comments*

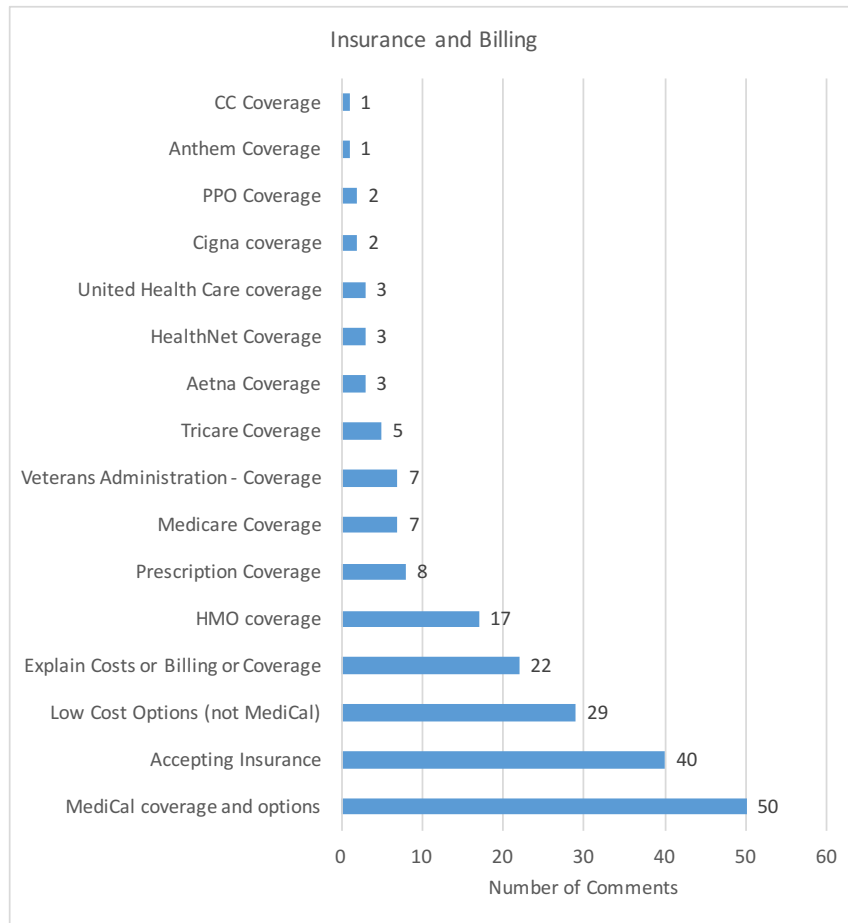
Figure 30 documents the reasons respondents listed for leaving town for services. There are four main themes, a) there is no service locally or it takes too long to get an appointment locally, b) RRH sends patients out of town for care that is not available at RRH, c) service is available locally but there are concerns about the quality of the provider or service, and d) the local provider does not accept the respondent’s insurance. In general, respondents express a desire to stay local, but deem it necessary to use services out of town for these four reasons.



*Figure 31 Substance Abuse Support – Comments*

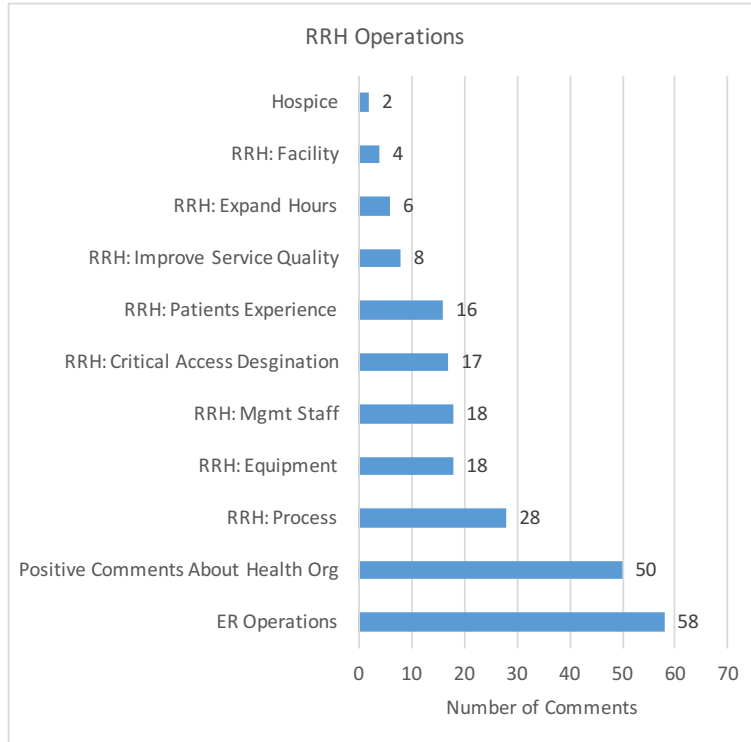
Figure 31 is the category of themes related to needed services for substance abuse and rehabilitation. Most respondents recognize the linkage between mental health and addiction, therefore the requests for more mental health providers is also included in this category. Several responses relayed frustration with the lack of local county or other

services when someone is struggling with mental health or addiction issues. Drug use was the most frequent health issue that was emphasized in written comments, with forty-one respondents making a note of drug use in their comments.



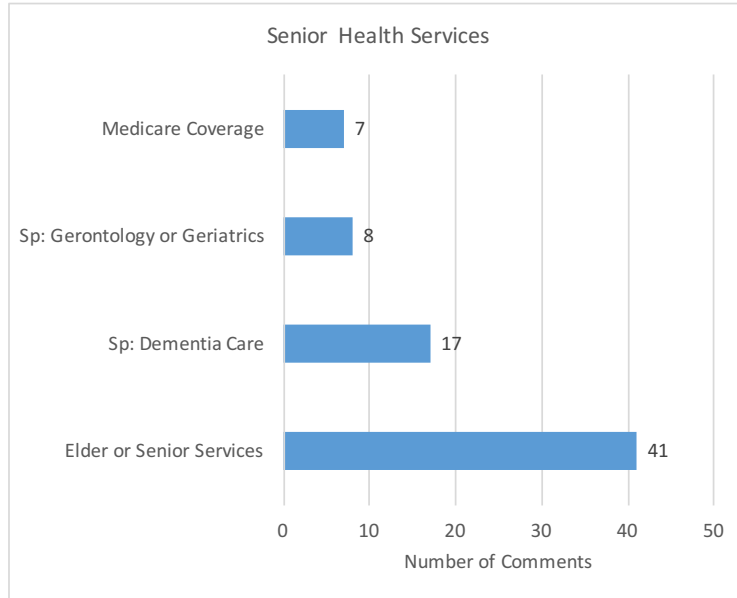
*Figure 32 Insurance and Billing - Comments*

Figure 32 contains Insurance and Billing themes. Many MediCal recipients would like more options or broader coverage for local services. These are often the same population that have difficulty traveling out of town for services. Included in this category are requests to accept more insurance or to offer coverage for a specific insurance. Of note is a theme with 22 comments about the need to provide more information on costs, billing, or what is covered and not covered by insurance. Some people expressed frustration about not having this information up front before a procedure is ordered.



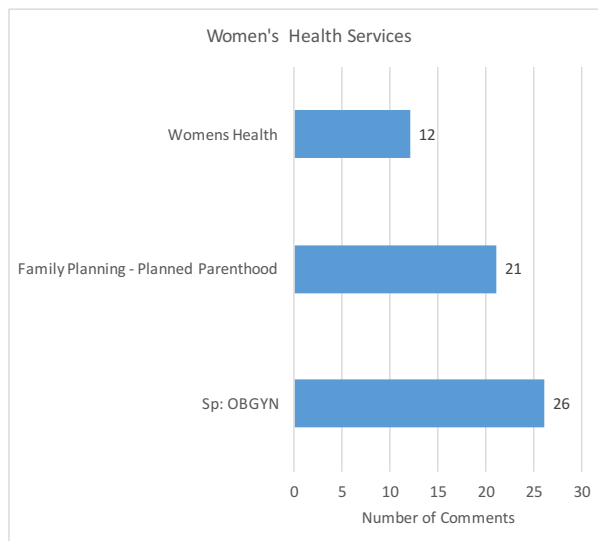
*Figure 33 RRH Operations – Comments*

Figure 33 contains themes related to the category of RRH operations. Over fifty respondents mentioned experiences and suggestions for ER operations. This includes improving wait times, staff interactions, and other Emergency Department processes. Positive comments regarding improvements in overall health services due to RRH is another theme included in this category. Comments, not specific to ER operations, were placed into several themes. These included suggestions for process changes, requests for additional or upgraded equipment, comments specific to RRH management and staffing, expanding hours in clinics or urgent care, patients experience (outside of ER) with staff or providers, improving service quality, and expanding the facility. There were 17 mentions of limitations in service, number of beds available, or transferring patients via helicopter or ambulance due to changes in RRH designation changes. While most commenters did not use the term critical access designation, the analyst interpreted the respondent’s comments as referencing changes in operations due to this relatively recent designation. All of the comments in this theme, without any information that would identify the respondent, were provided to the RRH CEO for use in the on-going RRH process and quality improvement programs.



*Figure 34 Health Services for Seniors - Comments*

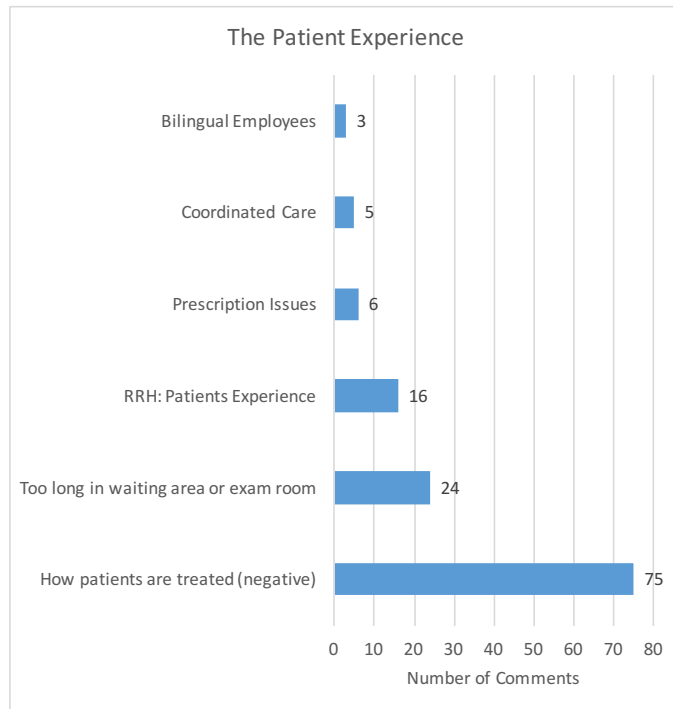
Figure 34 contains themes related to Health Services for Seniors. Over forty comments mentioned the need to increase services for seniors. These comments included making services more affordable, such as vision and dental, ensuring seniors understood services available, home visits for elderly, expansion of skilled nursing facility, and more retirement homes. Included in this category were specific requests for detection, care, and more facilities for patients with dementia. Some respondents also would like more doctors who specialize in diseases and issues of advanced age. Several comments mentioned resent loss or less coverage for Medicare.



*Figure 35 Women's Health Services – Comments*

Figure 35 combines theme related to Women’s Health Services. There were twenty-six requests for more or consistent OBGYN providers that are local. Family planning such as

birth control counseling and fertility counseling, as well as specific requests for a local planned parenthood branch were mentioned. Other requests included providers who specialized in menopause and women’s health outside of pregnancy.



*Figure 36 The Patient Experience – Comments*

Figure 36 contains themes related to the Patient Experience with local health care. This includes how providers interact with patients, making appointments, whether patients feel heard or listened to, and getting results of labs. Twenty-four comments mentioned having to wait too long in the waiting area or exam room for a scheduled appointment. Others mentioned having issues with communication between provider and pharmacy (Prescription Issues) or lack of seamless or coordinated care (e.g. having to provide orders more than once or one provider not having medical records).

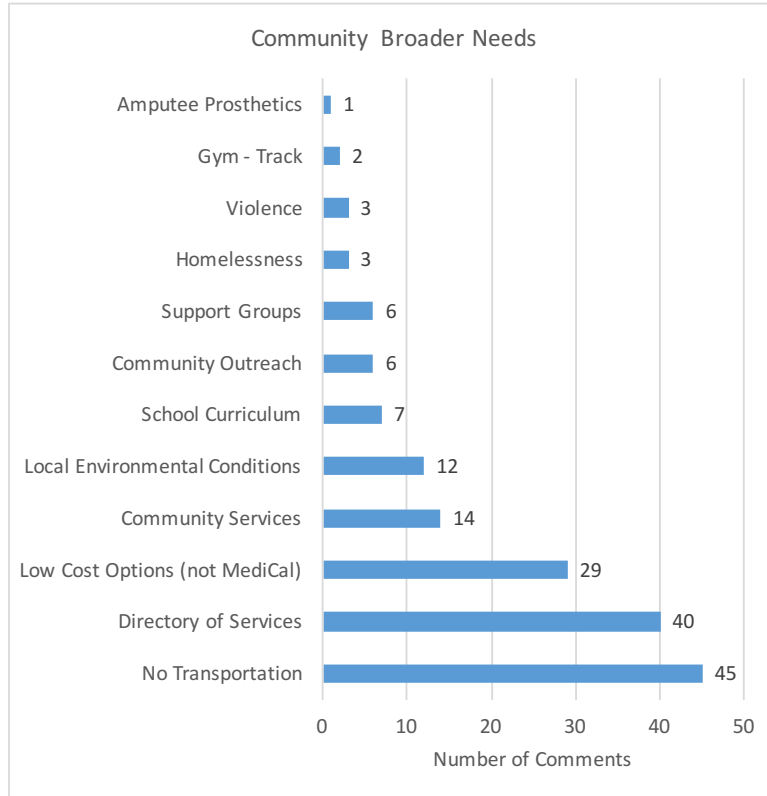


Figure 37 Broader Community Needs - Comments

Figure 37 is the category of Broader Community Needs. These themes are not specific health services but are related to health issues and access to health services.

The largest theme in this category has to do with *transportation* to appointments. Forty-five respondents expressed concern about not having transportation, having to rely on others for transportation, suggestions for transportation services to either local or out of town appointments, or a concern that they will in the future not be able to drive themselves to out of town appointments.

The second theme is having a single *directory of services* so that people can find local providers and also understand the insurance coverage for each provider. Included in the directory of services theme are comments from people wanting to know fees or perceived quality of the providers.

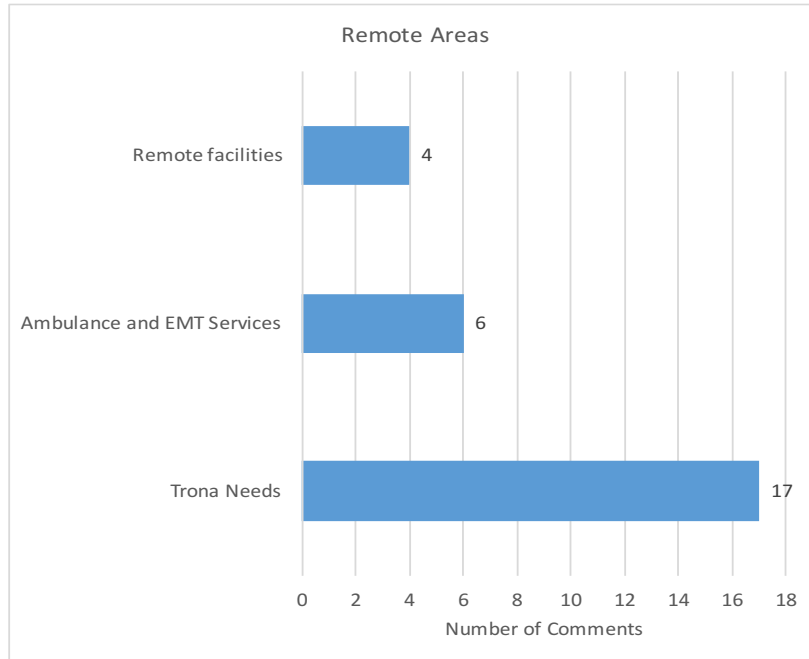
Another significant theme in this category were comments related to having more *low cost options* in order to help the low income populations, through more affordable services, periodic low cost or free screenings, food programs, resources and support networks.

*Community services* included requests for more shelters for the homeless, places for teens and young adults to socialize, shopping assistance, and housing.

*Local Environmental Conditions* included comments about air quality, water usage, cancer rates, economic development, and jobs.

Some suggested an updated *School Curriculum* to include more sex education, nutrition, and healthy habits.

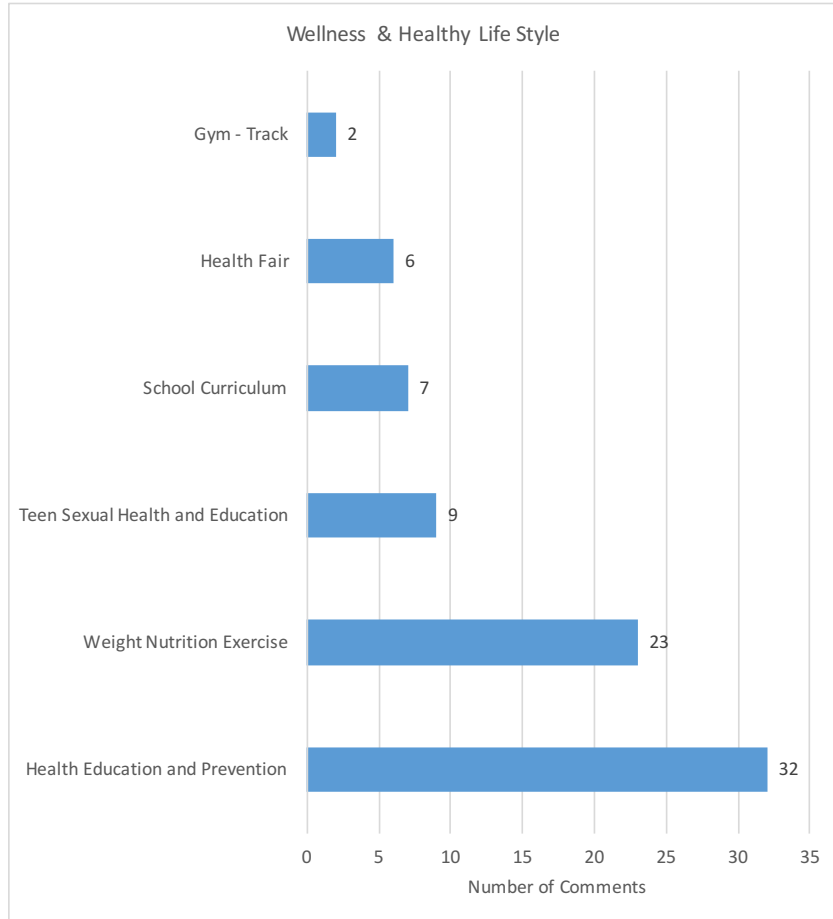
Finally, this category included requests for more *Support Groups, Community Outreach* or involvement, rising *homelessness*, rising *violence*, and need for another *gym and indoor track*.



*Figure 38 Remote Areas – Comments*

Figure 38 are themes related to Remote Areas where residents need to travel 20 or more miles to Ridgecrest for services. In some instances, residents in these remote areas are not confident that ambulance or emergency services would reach them in time of need. In particular, Trona residents mentioned the RRH clinic as positive and also requested additional services such as community transportation to Ridgecrest, more open days for the Trona clinic, a pharmacy, home health, senior services, dental, pediatrics, obstetrics and gynecology.





*Figure 39 Wellness & Healthy Lifestyle - Comments*

Figure 39 is the Wellness & Healthy Lifestyle themes. Thirty-two respondents suggested more *Health Education and Prevention* programs and information. Twenty-three others mentioned the need for *Weight, Nutrition, and Exercise* programs and information. Nine people suggested more *Teen Sexual Health and Education*. Six people mentioned the *Health Fair* as an important event to promote health. As mentioned in the Broader Community Services category there were several suggestions for changes to school curriculum, a request for another gym and indoor track.

## Expert Input on Health Issues and Services

Input from experts in the local community produced a set of information on the health needs and services. Appendix I lists the experts who provided input along with their area of expertise and knowledge.

### Questions for experts

- What in your opinion are the top community health needs for Ridgecrest and surrounding areas?
- What are the trends, issues, or factors that are driving these community health needs? For example, these may be demographic or societal trends, local, state or national policy, or environmental factors.
- What activities or initiatives are currently underway in the community to address the needs you have mentioned?
- What more needs to be done in order to address the needs you have mentioned?
- The public survey on community health needs gathered 1420 responses from the community. As you look at the top 10 health related issues from the survey, would you agree these are the greatest areas of need? What is missing or should be included?

### Top community health needs

- Psychiatry and psychotherapists. Specifically, there are too few child therapists.
- Need to recruit additional providers including: urologist, pulmonologist, and psychiatrist. Need a hematology/oncology treatment center.
- Increasing the availability of specialty care for the low-income, disabled, underserved populations. Partnering with other larger institutions as well as recruiting. This would serve other populations as well.
- Obesity (and diseases that accompany obesity), drugs, mental health, STDs
- Mental health – we need more providers in this area. Educating people how to navigate the health care system for all needs. Substance abuse programs for all ages.
- Mental health and addiction, diabetic education. Congestive heart failure resources.
- Substance abuse, alcoholism, addictions to meth and heroin.
- Transportation to get access to care. Have several cases of children that need to see providers out of town such as for neurology, pediatric endocrinology. Families are unable to afford or obtain transportation to these appointments.
- Mental health – often related to substance abuse.
- Increase in homeless in the community
- Obesity continues to be a large issue for the community.
- Smoking and Tobacco use continues to be an issue.
- Kern county has a high number of Sexually Transmitted Diseases and this is also reflected in the local Ridgecrest community. Rates of chlamydia and syphilis are rising.

## Trends

- Expanding population of younger professionals who are likely to use mental health providers. Fewer people are trained in child and family psychotherapy and even fewer want to migrate to a desert community. There are also challenges with training interns, they tend to leave after training. Also, insurance companies will not pay for interns-in-training providing services. It takes three years of experience to get on the provider panels.
- CMS mandated changes, state legislative, and other Federal/national policy does drive changes.
- Aging population demographic, increasing cost of care, and increasing complexity of obtaining and maintaining a cadre of professionals.
- The culture of Ridgecrest in general is not health oriented. Changes have been made over time, such as fun runs, walking paths, etc. Still, access to affordable, healthy food remains an issue. There is also a divide between wealthier individuals and low income individuals.
- In our community there appears to be barriers at all levels in trying to find resources that will help those who need help. There are not enough qualified people at the state offices that are empathetic enough to give solid advice or ask the question so that the client can understand the system.
- Rising STDs may be connected to substance abuse.
- Demographics are changing, the community has more Spanish speaking residents, more African Americans.

## Activities and initiatives underway

- Rural Health Clinic has introduced mental health counseling. I will continue to train interns in mental health.
- RRH recruiting
- Nutrition programs within the schools. Providing more mental health experts. Fun runs.
- Have psychiatry at Rural Health Clinic. The Accountable Care Organization (ACO) is working on diabetic education and congestive heart failure resources.
- Recognize that the Kern county supervisors, with Mick Gleason, are working on efforts to decrease meth production and use within the county.
- There are programs available such as Family PACT that provides services.
- The Collaborative that brings all resource agencies together once a month is a tremendous asset in the community.

## What more needs to be done

- Recruit and train child therapists
- In addition to CHNA, we need to do more intensive studies. Whether it is a benefit/cost analysis to see if the volume or data is sufficient to support the different service lines and products or to discontinue current service or start a new service.
- Explore partnering as a strategy for access to more specialties.
- A community wide initiative that addresses and encourages healthy behaviors.

- We should try to educate people in the community about the access to care. There isn't a central area where people can get several things done on the same day. The agencies have offices all over town.
- Working together across the community to build resources and serve in a positive way.
- Would really like to see a medical or transport van service that provides transportation to out of town facilities on a monthly basis for appointments, such as Loma Linda and Bakersfield.
- Residence substance abuse facility is needed locally.
- More encouragement and education on health food choices.
- Education for families regarding addiction.

#### **Additional top health issues**

- Local alcohol rehab, alcohol counselors
- Complex pregnancies may be more of a care issue in general rather than the term "teen pregnancy"
- Education on STDs and family planning (2)

## Comparison of 2013 survey with 2016 survey

Three main survey questions are worth comparing between the original 2013 CHNA survey and the most recent 2016 CHNA survey.

### Enough Services – Comparison 2013-2016

The first question is the opinions of the sufficiency of the amount by type of service available in the community. Figure 40 compares the distribution of responses by percentage between the two surveys where the questions were equivalent. It is worth noting that the 2016 survey gathered approximately 1200 more responses than the 2013 survey and is deemed to be more representative of the community overall than the 2013 survey.

Nine of the thirteen questions represent more agreement in 2016 from 2013 that services are sufficient. This could be an indication that actions taken as a result of input from the 2013 CHNA are closing some of the service gaps. See Table 6 for a list of those actions.

The questions that showed little change or a lowering of opinion between 2013 to 2016 include:

- I feel confident that emergency services would arrive to my home in time of need.
- If I needed medical services, I would know where to go for them.
- I have access to the medicines and medical supplies I need.
- My community has air, water, or environmental conditions that create health issues.\* (\*this issue is reverse scored with agreement indicating a more negative opinion)

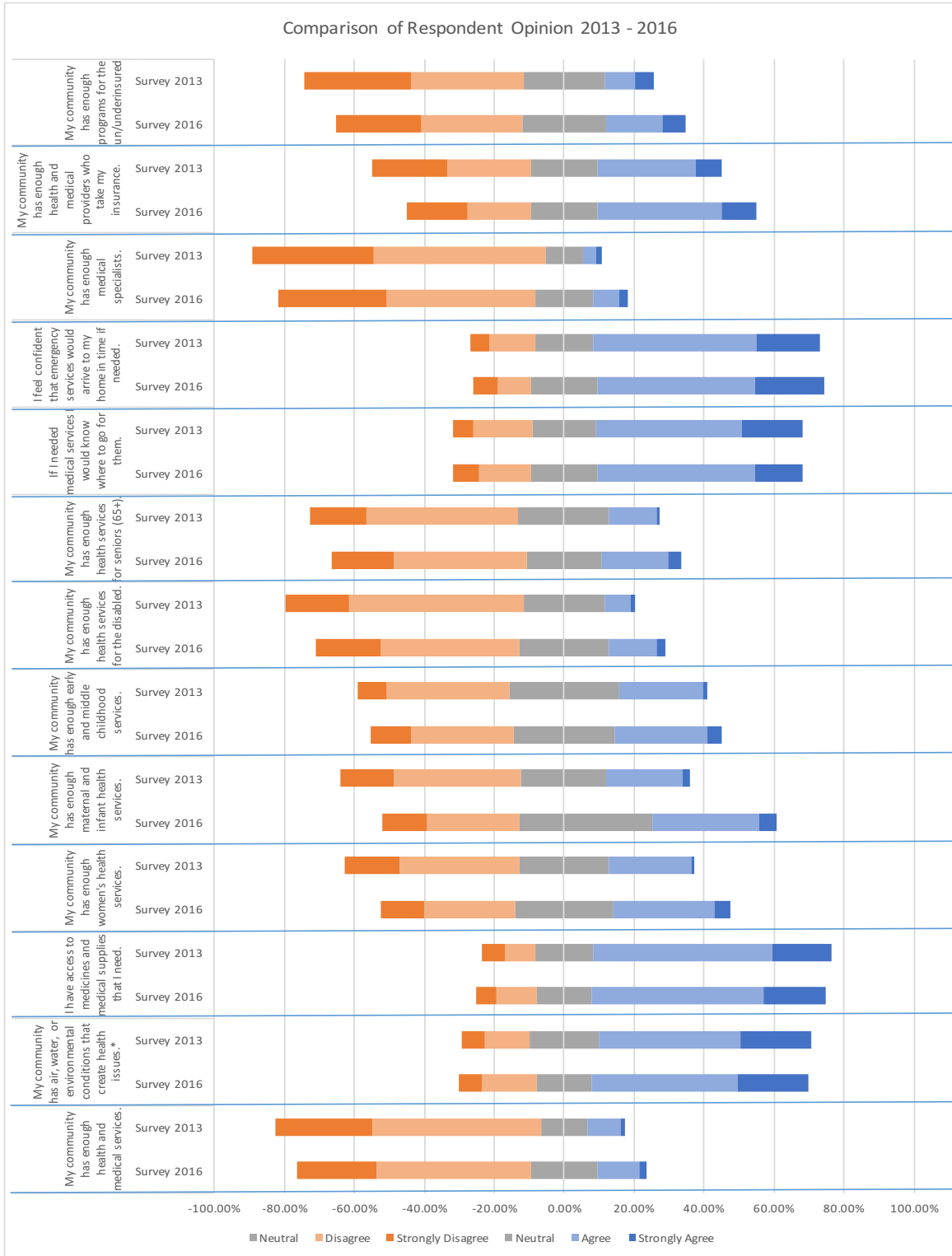


Figure 40 2013 – 2016 Comparison of Opinions on General Amount and Type of Services in the Community

### Biggest Health Issues – Comparison 2013-2016

The second question that is worth comparing is the perception of how much of a problem particular health issues are for the community. This comparison is shown in Figure 41 which compares answers of “Very Big Problem” between 2013 and 2016. Most responses indicate a reduction in the size of problem, with Obesity or Nutrition and Teen Pregnancy issues showing 10% or more reduction in “Very Big Problem” responses.

Substance Abuse, Oral/Dental Health, and Violence are viewed as 5% more of a very big problem in 2016 than in 2013

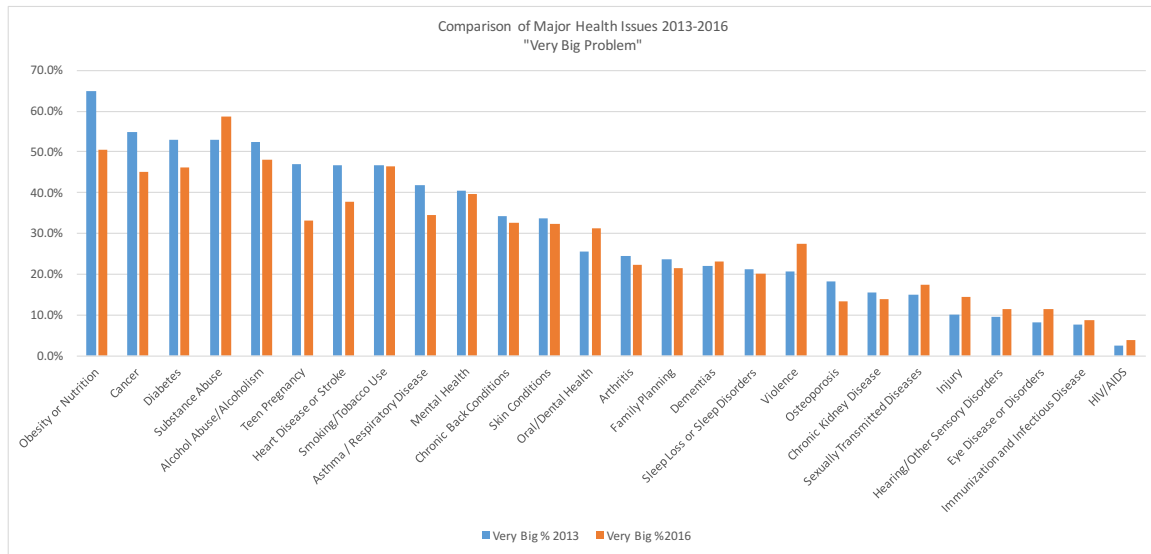


Figure 41 2013 - 2016 Comparison of Major Health Issues includes “Very Big” percentage of responses

To further compare this question, Figure 42 adds the percentage of “Very Big Problem” with “Somewhat of a problem” answers. In this comparison only Substance Abuse is viewed as a larger problem in 2016 than in 2013. In addition, the issues listed below show a 10% or more reduction in “Very Big Problem” plus “Somewhat of a problem” responses.

- Asthma/Respiratory Disease
- Chronic Back Conditions
- Teen Pregnancy
- Dementias
- Sleep Loss or Sleep Disorders
- Injury
- Osteoporosis
- Family Planning
- Immunization and Infectious Disease
- Chronic Kidney Disease

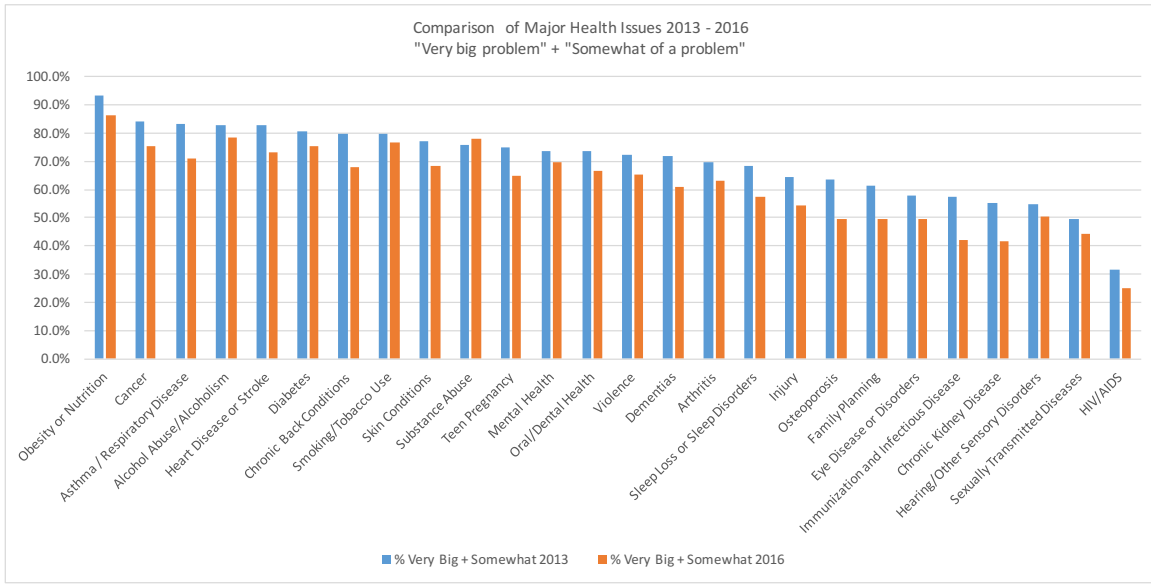


Figure 42 2013 - 2016 Comparison of Major Health Issues includes “Very Big” plus “Somewhat of problem” percentage of responses

### Issues with Access – Comparison 2013-2016

Finally, the third question that is worth comparing between 2013 and 2016 is the issues with access. Figure 43 shows this comparison.

Two of the responses, *excessive delay in getting an appointment* and *concerns about quality of care/diagnosis*, were included as options for people to choose in 2016. These were collected as write-in responses in 2013 and therefore will have less responses from 2013 since it takes more effort for the respondent to write-in an issue than select one from a list of possible choices.

The 2016 responses include a wider distribution in demographics, in particular more responses from lower and middle income levels. This could be the explanation for why the percentage of responses for *never experienced any difficult getting care* decreased between 2013 and 2016.

The *lack of transportation* issue showed over 5% increase between 2013 and 2016. This issue also emerged as a theme from the written comment analysis Figure 37.

All the other access issues were within 5% when compared between 2013 and 2016.



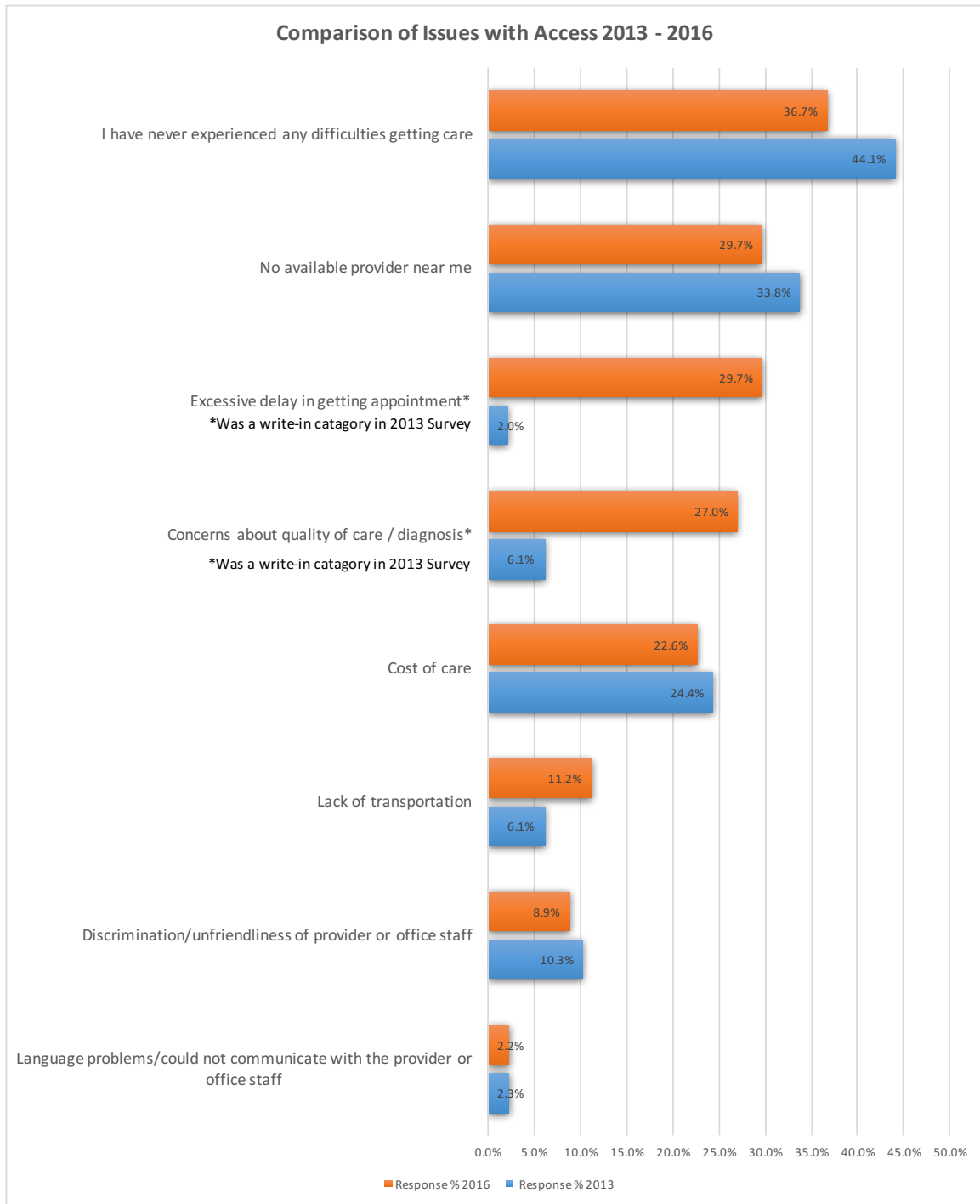


Figure 43 2013 – 2016 Comparison Issues with Access

### Strategies and Projects Initiated from 2013 CHNA

2013 CHNA Gap	RRH projects and actions from 2013-2015
<b>Lack of quality providers</b>	RRH recruited 15 physicians with expertise in Family Practice, Pediatrics, OB/GYN, Dental, Gastroenterology, General Surgery, Orthopedics, Podiatry, and Dermatology to the community.
<b>Lack of access for uninsured and under-insured</b>	<p>Expanded services offered through the Rural Health Clinic including a Dental Clinic and Trona area clinic.</p> <p>Introduced a Patient Transport Van for ease of commute to/from the hospital.</p> <p>Introduced a Fast Track Process to reduce ER waiting time.</p> <p>Introduced a Personal Care Services for those in need in Ridgecrest, Trona, Inyokern, and Red Mountain.</p> <p>Through Child Health &amp; Disability Prevention Program and Every Woman Counts, the Rural Health Clinic offers affordable health care services such as regular checkups and immunizations to low income families.</p>
<b>Lack of mental health services</b>	Introduced a local team of full time mental health specialists. Expanded the tele-psychiatry program to 5 days per week.
<b>More providers that live in the local community</b>	In addition to the efforts recorded above under lack of quality providers. RRH expanded it's earn-to-learn program which offers education assistance to young people in the community. RRH started a career shadowing opportunity for high school students.
<b>Providers not taking insurance</b>	For any RRH affiliated physician, almost all insurances are accepted, unless the insurance will not contract with RRH.
<b>Easier to locate area physicians</b>	RRH publishes a Physician Directory at least annually or when significant changes occur.
<b>Chronic disease and other health needs</b>	<p>RRH launched the Creating Healthy Lives department and has expanded the annual Health Fair and community outreach and education efforts.</p> <p>Introduced a telemedicine service for Stroke Diagnosis and Response</p>
<b>Dissatisfaction with patient experience in clinics</b>	RRH implemented and is monitoring patient satisfaction surveys in all the RRH operated clinics.

Table 6 RRH Actions and Projects from 2013 CHNA

## Issues and Gaps Ranked and Prioritized

Act Too Consulting identified the initial issues and gaps based on their analysis. The issues and gaps were then discussed by the RRH CHN prioritization committee and updated to the list of twelve issues show in Table 7. The gaps and issues included both Health Issues and Health Service and Access issues. The committee members then each ranked these issues based on the following criteria:

- The community prioritizes the issues over other issues
- Clear disparities/inequities
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level

The average ranking derived from consolidating the individual rankings is shown in Table 7.

<i>Average Rank (based on individuals ranking from 1 (highest) to 12 (lowest))</i>	<i>Gap or Issue</i>
<b>Health Issues</b>	
1.3	Substance and Alcohol Abuse, Addiction Treatment, Rehabilitation, Mental Health Services
5.6	Heart Disease and Stroke
6.3	Cancer
5.4	Obesity and Nutrition
5.8	Diabetes
7.4	Smoking/Tobacco Use
8.8	Asthma/Respiratory Disease
<b>Health Service and Access</b>	
7.4	Access to Specialists
7.1	Medical Provider Recruitment
7.5	Services for Low Income/MediCal
7.2	Senior Health Services Including Dementia
8.3	Women's Health Services

*Table 7 Ranked Gaps and Issues*

From this ranking process, three tiers of priority emerged (Figure 44). Clearly the Substance/Alcohol Abuse/Mental health issue earned the highest priority. The second tier contains the Heart Disease/Stroke, Cancer, Obesity, and Diabetes health issues. The third tier contains the remaining health issues of Smoking/Tobacco Use and Asthma/Respiratory Disease as well as all of the Health Service and Access gaps.

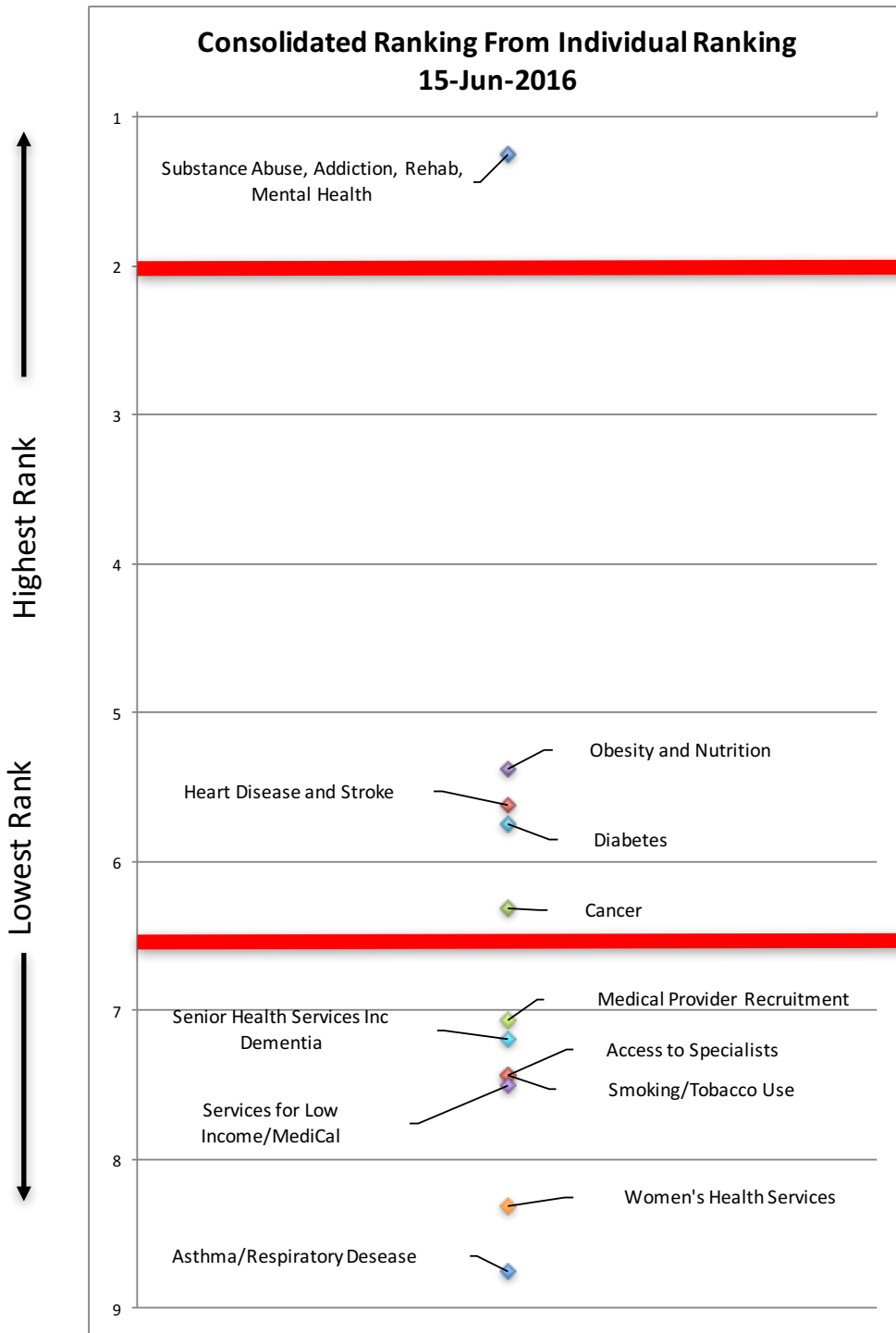


Figure 44 Prioritized Issues and Gaps

Each issue or gap is described in detail below along with supporting data. An explanation of the source of each area of supporting data is included in Table 8.

Column Title	Source
Combined Rank	Table 5 Rank order of health issues from the survey Q4 Q5 Q6
Size of Problem	Percentage of total responses. Figure 20 Biggest Health Issues - Sorted by "Very Big Problem" plus "Somewhat of a Problem" responses (Q4)
Availability of Services	Percentage of total responses. Figure 21 Availability of Services for Each Health Issue – Sorted by least available (Q5)
Quality of Services	Percentage of total responses. Figure 23 Quality of Services for each Health Issue - Sorted by Very Poor (Q6)
Most Important Issue	Number of comments recorded in the open ended question “What are the most important things that your community’s health agencies could do to improve the quality and availability of care in the area?”
Expert Input	From other data sources that represent an expertise or broad knowledge of community health needs.
Community Opinion	Percentage of those that expressed an opinion. Figure 17 Community Opinions of General Amount and Type of Services (Q7)
Access Issues	Figure 26 Issues (Access) that Make Obtaining Medical Care Difficult (Q11)

*Table 8 Interpreting the Supporting Data for Issues and Gaps*

## Health Issues

### Substance and Alcohol Abuse, Addiction Treatment, Rehabilitation, Mental Health

Lack of availability and access to treatment for substance use disorders is a dominant thread from survey responses. Substance abuse and alcohol abuse/alcoholism were reported as two of the largest health issues in the community. Over half of the responses indicated a lack or gap in availability for these issues. A third to a quarter of responses indicated that the quality of available services is very poor.

Availability of and access to mental health services is another critical need from the survey. This issue includes making more mental health services available for all types of insurance coverages. Survey comments and expert input also indicated a special need for child/adolescent behavioral therapy and child psychiatry.

Experts indicate that there is often a co-occurrence of mental health and substance use disorders and the CHN committee agreed, therefore this set of issues and services are listed as one gap for prioritization purposes.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Substance Abuse	1 <sup>st</sup>	79% “Very Big” or “Somewhat of a Problem”	55% “No services” or “Some services but need more”	32% “Very Poor”	96 Comments	Experts also indicated this as a high priority need.
Alcohol Abuse / Alcoholism	2 <sup>nd</sup>	80% “Very Big” or “Somewhat of a Problem”	53% “No services” or “Some services but need more”	28% “Very Poor”		Experts also indicated this as a high priority need.
Mental Health	4 <sup>th</sup>	71% “Very Big” or “Somewhat of a Problem”	60% “No services” or “Some services but need more”	33% “Very Poor”	102 Comments	All experts indicated this as a high priority need.  Specifically, there is a critical gap in child therapy expertise  ECG Medical Staff Dev Plan recommends recruitment of up to 2 psychiatrists.

## Heart Disease and Stroke

Heart disease and stroke are viewed as significant health issues in the local community. Comments indicated that more local care for heart attack and stroke was desired. Cardiology care in the local community is primary diagnostic in nature according to interviews conducted by ECG as part of the August 2015 Medical Staff Development Plan. ECG recommended that cardiology, other than for succession planning, was not a necessary recruitment area. Neurology coverage was viewed as a service gap by ECG and recruitment suggested as a remedy for this gap.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Heart Disease and Stroke	5th	75% “Very Big” or “Somewhat of a Problem”	56% “No services” or “Some services but need more”	20% “Very Poor”	66 Comments combining “Sp: Cardiologist, Sp: Neurology, Sp: Coronary Care/Heart Attack, Sp: Stroke Care”	ECG Medical Staff Dev Plan recommends recruitment of a Neurologist.  Expert indicated need for Congenital Heart Failure resources.

## Cancer

According to the public survey, cancer and cancer treatment are viewed as the 3<sup>rd</sup> most significant health issue and service gap for the community. While some services are available locally, comments referred to the need for more or higher quality services in this area.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Cancer	3rd	77% “Very Big” or “Somewhat of a Problem”	61% “No services” or “Some services but need more”	25% “Very Poor”	22 Comments “Sp: Oncologist or Cancer Treatment”	Experts also indicated this was a current service gap.

**Obesity and Nutrition**

Obesity continues to be a major health issue, not only for the local community, but in all of Kern county. Survey respondent’s suggested making more fresh fruits and vegetables available to low income families. More programs to educate people on the value of good nutrition, exercise, and weight management were also suggested.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Obesity and Nutrition	6th	87% “Very Big” or “Somewhat of a Problem”	49% “No services” or “Some services but need more”	19% “Very Poor”	23 Comments	Experts also indicated this was a high priority issue that needs to be addressed.  Increasing community wide initiatives for healthy living.

From the survey, when asked if there were enough programs to promote healthy living, results were 40% strongly disagree or disagree. While 28% strongly agree or agree that there are enough programs to promote health living.

**Diabetes**

Diabetes is viewed as the 5<sup>th</sup> most *very big problem* in the community by survey respondents. There are some services available and the quality is deemed more acceptable than services for other less prevalent health issues. Additional information and care for diabetes sufferers was deemed a most important issue for the community by sixteen respondents. It may be useful to consider this gap co-occurring with the Obesity and Nutrition gap. Endocrinology was mentioned as a needed specialty by twenty-one people, which while relevant for diabetes may also have been mentioned for other health issues.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Diabetes	11th	76% “Very Big” or “Somewhat of a Problem”	47% “No services” or “Some services but need more”	15% “Very Poor”	37 Comments combining “Sp: Diabetes Care & Information, Sp: Endocrinology Endocrinologist”	ECG Medical Staff Dev Plan suggests part-time coverage by an Endocrinologist.  Diseases associated with Obesity were said to be a high priority need.



### Smoking/Tobacco Use

Smoking and Tobacco use are seen as a serious health issue, ranking as the 4<sup>th</sup> *very big problem*. However, the survey responses indicate awareness of some services available and the quality of those services somewhat greater than for other substance addictions. This gap could be considered in concert with asthma and respiratory disease or be addressed through wellness programs.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Smoking/Tobacco Use	8th	78% “Very Big” or “Somewhat of a Problem”	44% “No services” or “Some services but need more”	21% “Very Poor”	Some comments related to programs that promote healthy living may apply to smoking / tobacco use	Public health expert continues to see this a priority issue.

### Asthma/Respiratory Disease

Asthma and respiratory diseases are the ranks as the 9<sup>th</sup> *very big problem* according to survey responses. Quality of the services available ranks higher than for many other health services, with only 14% considering quality very poor.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Asthma / Respiratory Disease	13th	72% “Very Big” or “Somewhat of a Problem”	45% “No services” or “Some services but need more”	14% “Very Poor”	12 Comments combining: “Sp: Asthma & Respiratory Care, Sp: Pulmonologist”	ECG Medical Staff Dev Plan recommends recruitment of 1 Pulmonologist for outpatient needs

### Health Services and Access

#### Access to Specialists

Access to specialists, availability of local specialists, or transportation to out of town specialists is a common theme in the public opinion survey. Refer to Figure 28 for the variety of specialists that survey respondents requested through their written comments. The August 2015 Medical Staff Development Plan provided by ECG Management Consultants confirms the need for more specialists in the local community.

Issue / Topic	Community Opinion	Most Important Issue	Access Issues	Expert Input
<b>Increase Specialists</b>	Enough medical specialists?  74% “Strongly Disagree” or “Disagree”	108 Comments “Increase specialists”  65 Comments “Out of Town: No service here”	30% “No available provider near me”	Experts indicated that more access to specialties was needed in the local community. Either through recruitment or partnering.  ECG Medical Staff Dev Plan recommends recruitment of up to 16 specialty FTEs
<b>Transportation</b>	n/a	45 Comments	11% “Lack of transportation”	Experts indicated that transportation to out of town appointments is a critical gap in community services

### Medical Provider Recruitment

Two-thirds of survey respondents disagreed that there was enough health and medical services in the community. Ninety written responses included requests to recruit more providers, have more providers that lived in the local community, and to make efforts to retain providers once recruited. Also, thirty percent of survey respondents indicated that an excessive delay in getting an appointment was an issue for obtaining necessary medical services. The August 2015 Medical Staff Development Plan provided by ECP Management Consultants confirms the need for more medical staff in the local community, for both current gaps and succession planning purposes.

Issue / Topic	Community Opinion	Most Important Issue	Access Issues	Expert Input
<b>Recruit More</b>	Enough health and medical services?  67% “Strongly Disagree” or “Disagree”	29 Comments	30% “Excessive delay in getting an appointment”	ECG Medical Staff Dev Plan recommends recruitment of up to 13 primary care FTEs and up to 16 specialty FTEs.
<b>More Access if Providers are Local</b>	n/a	47 Comments	11% “Lack of transportation”	Experts indicated that recruitment was on-going with several gaps remaining to be filled.
<b>Retain Providers</b>	n/a	14 Comments	n/a	No mention of retention issues from experts.

**Services for Low Income/MediCal**

Since the 2013 CHNA, the community opinion about services for the un/underinsured has improved (63% disagree or strongly disagree in 2013, as compared to 53% in 2016), indicating that more services are available now than in 2013. Respondents suggest that more options and more providers who accept MediCal and offer low cost options are needed. Survey input suggests that there are excessive delays in getting appointments with the providers that do accept MediCal insurance. In addition to medical providers, assistance may come in the form of healthy food programs for the low income, occasional low cost clinics for vision and dental, and assistance with transportation to out of town appointments.

Issue / Topic	Community Opinion	Most Important Issue	Access Issues	Expert Input
Services for Low Income/MediCal	Enough programs for the un/underinsured?  53% “Strongly Disagree” or “Disagree”	79 Comments combining “MediCal coverage and options, Low Cost Options (not MediCal)”	23% “Cost of care”  30% “Excessive delay in getting appointment”	Experts indicated the need for more access to specialties.  More education and assistance with navigating the health care system.

**Senior Health Services Including Dementia**

Approximately 15% of the population in the service area is over 65 years of age. It is expected that growth in the senior market relative to the overall population will occur in the next 5 years. Healthcare needs rise as people get older. Also access to out of town appointments and treatments become more challenging for the senior population. Dementia was viewed as the 9<sup>th</sup> most significant health issue and service gap in the local community.

Issue / Topic	Community Opinion	Most Important Issue	Expert Input
Senior Health Services	Enough health services for seniors (65+)?  56% “Strongly Disagree” or “Disagree”	56 Comments combining “Elder or Senior Services, Sp: Gerontology or Geriatrics, Medicare Coverage”	Experts indicated an aging demographic as a trend, which leads to increased needs for medical services.

Issue / Topic	Combined Rank	Size of Problem	Availability of Services	Quality of Services	Most Important Issue	Expert Input
Dementia	9th	62% “Very Big” or “Somewhat of a Problem”	49% “No services” or “Some services but need more”	26% “Very Poor”	17 Comments	No mention of this health issues from experts.

**Women’s Health Services**

The community opinion regarding women’s health services has improved since the 2013 CHNA where 50% of respondents strongly disagreed or disagreed that enough women’s health services were available. The 2016 survey indicated that just under 40% now have a similar opinion. In addition, 33% of respondents indicated they strongly agreed or agreed that the community has enough women’s health services. However, fifty-nine comments on surveys indicated that women’s health services remains a most important gap to continue to close in the community. Some comments indicated the need for women’s health providers that focused on menopause and other health issues rather than just pregnancy.

Issue / Topic	Community Opinion	Most Important Issue	Access Issues	Expert Input
<p><b>Women’s Health Services</b></p>	<p>Enough women’s health services?</p> <p>39% “Strongly Disagree” or “Disagree”</p>	<p>59 Comments combining “Women’s Health, Family Planning – Planned Parenthood, Sp: OBGYN”</p>	<p>n/a</p>	<p>Local care for more complex pregnancies was stated as a high priority need.</p> <p>ECG Medical Staff Dev Plan recommends recruitment of up to 2 OBGYNs</p>

## Appendix I – Description of Themes Derived from Written Comments

Theme	Description
<b>Accepting Insurance</b>	Accept the insurance that people have, be in network providers for the insurance that local employers use.
<b>Aetna Coverage</b>	Coverage for Aetna insurance. Indications are that RRH no longer accepts. People with Aetna indicate they need to go out of town for routine exams.
<b>Alternative Health Providers</b>	Want to see alternative health options such as chiropractic, integrative care, herbal alternatives, holistic medicine that includes mental, physical, and spiritual components.
<b>Ambulance and EMT Services</b>	Timeliness or need for more emergency services. Suggestions about the need for more competition in ambulance services.
<b>Amputee Prosthetics</b>	Amputees needing prosthetics services locally.
<b>Anthem Coverage</b>	Anthem insurance coverage.
<b>Better or Higher Quality Providers</b>	Comments that tell of poor quality, misdiagnosis, lack of competence, need for better doctors, need for higher quality doctors.
<b>Bilingual Employees</b>	Mentions of need for bilingual employees. Spanish - English.
<b>CC Coverage</b>	Coverage needed for insurance obtained through Covered California.
<b>Changes in Health Care Overall</b>	Comments about health care in general, larger than local issues.
<b>Chronic Issues</b>	Mentions of need for chronic illness treatment.
<b>Cigna coverage</b>	Need for local providers that accept Cigna insurance.
<b>Community Outreach</b>	Request for more promotion, outreach into the community to increase awareness of what is available, how to access services, listen to the needs of the community.
<b>Community Services</b>	Services mentioned that are not directly medical or health but are seen as needed within the community. For example, homeless shelters, more meals for the low income, social places and activities for teens,

Theme	Description
<b>Coordinated Care</b>	Part of the patient experience, such as seamless medical records, smooth handoffs between physicians.
<b>Directory of Services</b>	Make is easier to locate services, know which services take which insurance, rating of quality of service. One location for everything that is available in the community.
<b>Disabilities</b>	Mentions of need for providers with experience in disabilities such as paralysis.
<b>Drug Use is Issue</b>	Comments that emphasized drug use as a significant health issue within the community. Includes meth, heroin, prescription drugs.
<b>ER Operations</b>	Comments about ER operations including wait time, patient experience, quality of care, staffing.
<b>Elder or Senior Services</b>	Requests for more services for the elderly and 65+ community.
<b>Explain Costs or Billing or Coverage</b>	Requests for more education on the costs of services, wanting to know costs upfront, how to make sense of bills, how to understand what their insurance will or does cover and what it will not. Some frustration with current billing or evidence of inaccurate billing.
<b>Family Planning - Planned Parenthood</b>	Requests for more family planning services, such as a local planned parenthood clinic. More providers that help with fertility, birth control decisions, provide education on options. Assistance for teen pregnancies.
<b>Gym - Track</b>	Requests for more options for gym and track facilities.
<b>HMO coverage</b>	Requests that services be covered by HMO.
<b>Health Education and Prevention</b>	Requests and suggestions for education and awareness of healthy habits and options. More information that will help prevent illness.
<b>Health Fair</b>	Requests to keep the health fair or increase frequency of health fair.
<b>HealthNet Coverage</b>	More providers that accept HealthNet insurance.
<b>Homelessness</b>	Comments citing homelessness as a community issue.
<b>Hospice</b>	Suggestions for hospice operations and

Theme	Description
	coverage.
<b>How patients are treated (negative)</b>	Descriptions of how patients have been treated in ways they did not appreciate or found frustrating. Negative experiences with health organizations in the community. This can be when seeking treatment or appointments, at the actual appointment, or subsequently in trying to obtain the results of tests or follow-ups. Comments specific to waiting time when at the provider are also coded separately. Either under ER Operations if it related to ER Wait time. Or under Too Long in Waiting Room or Exam Room if not related to the ER.
<b>Increase specialists</b>	Either more specialists or increase frequency of visits of out of town specialists, longer hours, more days, etc.
<b>Local Environmental Conditions</b>	Comments regarding environmental conditions or concerns such as water, air, radiation on base, local jobs.
<b>Low Cost Options (not MediCal)</b>	Requests for more assistance when income is limited, but not so low that they qualify for MediCal, or in cases where they have no insurance. Includes requests to make some services low cost in the case of low income situations or when patient is paying cash. Includes requests for eye and dental care at low cost.
<b>MediCal coverage and options</b>	Need more services or more providers who take MediCal as insurance Increase the number of providers that accept MediCal so that people who have MediCal insurance can get treatment in a timely manner, or get quality treatment. Some feel that the options available to MediCal are either booked to far out or of poor quality.
<b>Medicare Coverage</b>	Comments that indicate some providers no longer accept Medicare or the coverage has changed or that more local options are needed.
<b>More Access if Providers are Local</b>	Desire to have providers that live locally, are available 5 days a week, are available when needed, are part of the community.

Theme	Description
<b>Newborn NICU</b>	Requests for newborn NICU.
<b>No Transportation</b>	Cannot travel, or did not travel out of town to get medical care, do not have any means of transportation, cost of going out of town is prohibitive, know of others who do not have any means of transportation, anticipating that will not have means of transportation in the future, suggestion to provide transportation - both locally and out of town.
<b>Out of Town: Insurance Coverage</b>	A provider or service is available locally, but my insurance does not cover that provider or local service.
<b>Out of Town: No service here</b>	There is no local provider, or local provider cannot perform the treatment in town, or there is too long of a wait to get into the local provider so service is not available when needed.
<b>Out of Town: RRH Sends</b>	Patients are transferred or referred out of town from RRH.
<b>Out of Town: Service Here But Concerns with Quality</b>	Service is here locally, but left town due to concerns about the quality or capability of the provider. Either direct experience or through other's stories. Or indicated would leave town if treatment is needed due to lack of confidence in local providers.
<b>PPO Coverage</b>	Requests for PPO coverage.
<b>Pending</b>	This item was sent to the RRH clinic director to be addressed directly.
<b>Positive Comments About Health Org</b>	Positive comments about local health organizations.
<b>Prescription Coverage</b>	Indications that prescriptions are not covered or affordable.
<b>Prescription Issues</b>	Issues with getting refills, communication between provider and pharmacy.
<b>RRH: Critical Access Designation</b>	Issues regarding transfer of patients out of RRH due to lack of beds. Implications that changes in RRH designation have caused a lack of service locally.
<b>RRH: Equipment</b>	Requests or suggestions for needed, new, or updated equipment at RRH.
<b>RRH: Expand Hours</b>	Requests for expanded service hours for clinics and pharmacy.



Theme	Description
<b>RRH: Facility</b>	Suggestions for expansion or upgrades to the RRH facility.
<b>RRH: Improve Service Quality</b>	Comments about improvements in general related to service or quality.
<b>RRH: Mgmt Staff</b>	Suggestions or issues regarding RRH management and staffing.
<b>RRH: Patients Experience</b>	Descriptions of patients experience, mostly experiences that caused concern or frustration in some way.
<b>RRH: Process</b>	Suggestions or issues with doctors privileges, transfers
<b>Recruit More Providers</b>	Comments about recruiting and attracting more providers. (usually a more generic comment as compared to comments that specifically request more specialists)
<b>Rehab Addiction Services or Drug Abuse Prevention</b>	Requests for substance abuse and alcoholism services, addiction and rehab facilities, programs for drug abuse prevention.
<b>Remote facilities</b>	Requests from people who live in remote areas.
<b>Retain Providers</b>	Comments about retaining providers. Some indications that doctors, after recruited, are leaving the area.
<b>SP: Oncologist or Cancer Treatment</b>	Oncology or cancer treatment
<b>School Curriculum</b>	Suggestions for programs or education in the schools.
<b>Sp: Allergist</b>	Allergies, Allergist
<b>Sp: Anesthetist</b>	Anesthetist - certified
<b>Sp: Asthma &amp; Respiratory Care</b>	Asthma, Respiratory
<b>Sp: Auto Immune Disease</b>	Auto immune disease
<b>Sp: Back Problems</b>	Back problems, chronic
<b>Sp: Cardiologist</b>	Cardiology, cardiologist, heart specialist
<b>Sp: Coronary Care / Heart Attack</b>	Care for heart attacks or heart disease
<b>Sp: Dementia Care</b>	Expertise in diagnosing, treating, care, facilities for patients with dementia
<b>Sp: Dental</b>	Dental care
<b>Sp: Dermatology</b>	Dermatologist or Dermatology
<b>Sp: Diabetes Care &amp; Information</b>	Diabetes treatment, care, and information for those with diabetes
<b>Sp: ENT Specialist</b>	ENT specialist
<b>Sp: Endocrinology Endocrinologist</b>	Endocrinology, Endocrinologist
<b>Sp: Eye - Vision</b>	Vision, eye, care

Theme	Description
<b>Sp: Gastroenterology</b>	Gastroenterology
<b>Sp: Gerontology or Geriatrics</b>	Doctors who specialize in advanced age and elderly diseases
<b>Sp: Hearing</b>	Hearing diagnosis and treatment
<b>Sp: Infectious Disease</b>	Infectious diseases
<b>Sp: Mental Health Providers</b>	Need mental health services such as psychiatry, counselors, on-site services.
<b>Sp: Nephrologist</b>	Nephrology, kidney disease
<b>Sp: Neurology</b>	Neurology, Neurologists
<b>Sp: OBGYN</b>	Obstetrics, Gynecology
<b>Sp: Occupational Therapy</b>	Occupational therapy
<b>Sp: Ophthalmology</b>	Ophthalmology
<b>Sp: Oral Surgeon</b>	Oral surgeons
<b>Sp: Orthopedics</b>	Orthopedics, bone fractures, care on weekends, joint replacements
<b>Sp: Pain Management</b>	Pain management doctors
<b>Sp: Pediatric Specialists</b>	Specialties in pediatrics
<b>Sp: Pediatrics</b>	Pediatricians
<b>Sp: Physical Therapy</b>	Physical therapists
<b>Sp: Podiatrist</b>	Podiatrist, Podiatry
<b>Sp: Primary Care / Family Practice</b>	Primary physicians, primary care, family practice
<b>Sp: Pulmonologist</b>	Pulmonologist
<b>Sp: Rheumatologist</b>	Rheumatologist or Rheumatology
<b>Sp: Speech Therapist</b>	Speech therapy, speech therapist
<b>Sp: Stroke Care</b>	Stroke diagnosis and treatment
<b>Sp: Surgeon</b>	Surgeon, general surgery
<b>Sp: Urologist</b>	Urologist, Urology
<b>Support Groups</b>	Requests for more support groups in the community.
<b>Teen Sexual Health and Education</b>	Suggestions that more education on sex, birth control, and safe habits for teens in the community.
<b>Too long in waiting area or exam room</b>	Doctors behind schedule, causing patients to wait.
<b>Tricare Coverage</b>	Requests for more providers that take Tricare insurance.
<b>Trona Needs</b>	Needs of the Trona residents.
<b>United Health Care coverage</b>	Requests for providers to take United Health Care insurance.
<b>Veterans Administration - Coverage</b>	Requests for more VA coverage or services.
<b>Violence</b>	Comments that violence is a rising issue in the

Theme	Description
<b>Weight Nutrition Exercise</b>	community. Requests and suggestions for more programs that combat obesity, help people make better diet and nutrition choices, education on eating healthy, exercise programs and information.
<b>Womens Health</b>	Requests for more women's health services. Distinct from OB. Includes need for treatment and education on menopause, well woman exams, birth control.
<b>Wound Care</b>	Requests for more providers that treat wounds.

## Appendix II - Local Health Experts Who Provided Input

<b>Kevin C. Seymour - Ph.D, Licensed Clinical Psychologist</b>	
<u>Background and qualifications:</u> Member of the community since 1980. Provider of clinical psychology services in the local community for 36 years. Past participant in community health collaborations. Sage Community Health Center, Founding Board Member/President, Leapin Lizard's Child Care Center, Founding Board Member/President, Sierra CommCare/Creating Healthy Lives (non-profit) Founding Board Member/President, Kern County Behavioral Health Board (that determines county mental health needs and funding), past corporate board member Ridgecrest Regional Hospital.	<u>Knowledge of:</u> Mental health issues
<b>Thomas M. Bui – RRH Administrator for Clinics and Ambulatory Services</b>	
<u>Background and qualifications:</u> Senior healthcare executive at Naval Air Weapons Station. Retired from military and became administrator at RRH. Knowledge and experience in local community needs and referral process to specialists.	<u>Knowledge of:</u> Low income populations, disabled citizens, underserved populations, insured patients
<b>Lawrence N. Cosner Jr, MD – Medical Director RRH Rural Health Clinics</b>	
<u>Background and qualifications:</u> Lifelong member of the community. Practicing medicine in the community since 1986. Memberships: American College of Physicians, American Academy of Medical Directors, American Medical Informatics Assn., California Medical Association, Kern County Medical Society, Director Executive Board RRH.	<u>Knowledge of:</u> Low income, disabled, underserved populations
<b>Tera Moorehead – RRH Directory of Community Outreach</b>	
<u>Background and qualifications:</u> Director of Community Outreach for 4 years, where my goal is to provide nutrition and health information and resources to the community. Bachelor's degree in Nutrition and working on a Master's in Nutrition with a focus on community health and intervention.	<u>Knowledge of:</u> Youth of the community, low income populations
<b>Harriet Luzinas-Smith – BSDH, RDHAP, Special Projects Coordinator for Kern County Children's Dental Health Network</b>	
<u>Background and qualifications:</u> Registered Dental Hygienist in the local community since 2002. Expertise in dental hygiene and public health dental hygiene. Works with Kern County Children's Dental Health Network (KCCDHN) providing school-based dental services for children in the eastern Kern County communities. Director Executive Board RRH.	<u>Knowledge of:</u> Children 0-5, including low income and underserved
<b>Samantha Mongoar, DO, ACO Medical Director Rural Health Clinic and Associate Medical Director Rural Health Clinic</b>	
<u>Background and qualifications:</u> Training and experience in working in rural and small communities. Worked at the Rural Health clinic for past few years.	<u>Knowledge of:</u> Low income patients, underinsured,

	psychiatric and /or addiction issues
<b>Margaret Martin, RN, PHN – Kern county public health nurse serving East Kern communities</b>	
<u>Background and qualifications:</u> Kern County Public Health nurse serving the local community since 1982. Bachelor’s degree in Nursing and also served as a home health nurse in the local community. Thirty years of experience in public health.	<u>Knowledge of:</u> Entire community for public health. Key referral point for community resources for special needs, underinsured communities.

### Appendix III - Data Sources Used in Analysis

#### Data Sources and References for Analysis

1	Ridgecrest Regional Hospital Community Health Survey (public opinion) (Nov 2015 – Jan 2016)
2	Input from local health care experts (Mar 2016)
3	ECG Management Consultants Medical Staff Development Plan for Ridgecrest Regional Hospital (Aug 2015)
4	Ridgecrest Regional Hospital Usage Data
5	Healthy Kern Community Health Needs Assessment (2012/2013) at <a href="http://healthykern.org">healthykern.org</a>
6	HealthyPeople.gov 2020 Topics and Objectives
7	US Census Bureau – American Fact Finder ( <a href="http://factfinder2.census.gov">factfinder2.census.gov</a> )
8	National Center for Health Statistics ( <a href="http://www.cdc.gov/nchs">www.cdc.gov/nchs</a> )

## Appendix IV –Community Health Needs (CHN) Prioritization Committee Members

<i>Name</i>	<i>Role / Title</i>
Thomas Bui	Administrator of Clinics and Ambulatory Services
Carol Burge	Corporate Board Member
William Cannata, MD	Chief of Staff, Medical Provider
Lawrence Cosner, MD	Executive Board Member, Medical Provider
Kim Duff, LVN	Clinic Manager, Rural Health Clinic
Kyle Garrett	Operations Analyst
Sandy Gilliam, MSRN	Administator of Patient Care Services
Carol Grant	Program Manager
Michael Grant	Chief Information Officer
Tanner Hannon	Administrative Intern
Bud Haslam	Executive Board Member
Margaret Hickman, RN	Clinic Manager, OB/GYN, Pediatrics, Rural Health Clinic
Tamara Khalifeh	Executive Assistant
Dana Lyons	Executive Board Chair
Adan Martinez	Administrative Intern
Celia Mills, RN, PHN	Administrator of Care Coordination and Community Health
Tera Moorehead	Director of Community Outreach and Community Wellness
Ralph Nueller	Corporate Board Member
Love Singh, MD	Corporate Board Member, Medical Provider
James Suver	Chief Executive Officer

## Appendix V – Existing Health Care Facilities, and Resources in the Service Area

The summary of community health resources was assembled from telephone directories, advertisements in local print media, RRH Directory of Medical Services, and on-line searches conducted in March 2016. Health care facility availability does not remain static and we have taken steps to ensure the most recent information is available at the time of this report but some inaccuracies may exist in the listings.

A detailed listing of the health care facilities, resources, and doctors with offices in Ridgecrest is included here. These data were obtained from telephone directories, advertisements in local print media, and on-line searches in March 2016.

Provider Of	Facility or Group Name	Doctor or Provider	Phone	Ridgecrest Office Address
Acupuncture	Acupuncture Center of Ridgecrest	Shinjiro Kanazawa Linda Lyman	760-371-1520	136 Garnet Ave
Acupuncture		Jennifer Essex	760-375-2426	555 S China Lake Blvd, Ste 300
Acupuncture		Wenkie Tsun	626-203-9102	5327 Sydnor Ave
Allergy/Immunology	Allergy & Asthma Care	Alan Gorenberg, MD Joshua Gibbs, DO Yana Samarasena, MD Joshua Broad PA-C	760-446-2935	1314 N Norma St
Assisted Living	High Desert Haven		760-371-1989	1240 College Heights Blvd
Assisted Living, Home Health	Sanderson's Health Services		760-375-4511	720 N Norma St, Ste E
Audiology	Beltone Hearing Aid Center		760-375-4327	801 N Downs, Ste H
Audiology		Thomas Metz, FAAA	760-375-9399	121 S China Lake Blvd
Cancer Center (Chemotherapy, Radiation Therapy)	Antelope Valley Cancer Center	Yuchi Peter Peng, MD H.K. Shamasunder, MD Mukund G Shah, MD Ronald W Miller, MD Neeraj Agnihotri, MD Berna Roig, MD	760-446-7714	1517 N Downs St
Cardiology	AV Cardiology Associates	Sanjaya Khanal, MD	661-674-4222	1409 N Norma St
Cardiology	Ridgecrest Regional Hospital	Earl W Ferguson, MD		
Cardiology and Internal Medicine	Ridgecrest Regional Hospital	Ghassan Mohsen, MD	760-446-3277	1111 N China Lake Blvd
Cardiology	Lancaster Cardiology Group	Shun K Sunder, MD	760-446-1699	1535 N China Lake Blvd
Cardiology	Ridgecrest Regional Hospital – Rural Health Clinic	Brijesh Bhami, MD	760-499-3855	1111 N China Lake Blvd
Cardiology	Ridgecrest Regional Hospital – Rural Health Clinic	Rasham Sandhu, MD	760-499-3855	1111 N China Lake Blvd
Cardiology		Avinash Mondkar, MD	760-446-2981	1043 N China Lake Blvd
Chiropractic, Massage Therapy		June Leslie Wieder, DC	760-375-7771	131 S Gold Canyon
Chiropractic	Ledesma Chiropractic	David Ledesma, DC	760-559-3148	139 N Balsam St, Ste 1800
Chiropractic	Rural Health Clinic Ridgecrest Regional Hospital	Glenn C Podell, DC	760-499-3855	1111 N. China Lake Blvd
Chiropractic	Hayman Chiropractic	David Hayman, DC	760-375-9711	300 E Ridgecrest Blvd

		Scott Hayman, DC		
Chiropractic	Bluhm’s Chiropractic Clinic		760-373-2234	
Chiropractic	Flower Family Chiropractic		760-375-2426	
Chiropractic	Hodges Chiropractic		760-373-5553	
Chiropractic		Mary Vegher, BS, DC	760-446-2200	
Chiropractic	Heritage Family Chiropractic		760-446-1088	978 N Norma St
Community Wellness & Outreach	Ridgecrest Regional Hospital	Tera Moorehead	760-499-3825	
Dentistry	Rural Health Clinic Ridgecrest Regional Hospital	Michael Chong, DDS Michael Leung, DDS	760-499-3855	1111 N China Lake Blvd
Dentistry	Whiting Family Dental	Scott E. Whiting, DDS Robert J. Whiting, DDS Lisa Cox, RDH	760-375-6999	841 N Downs St
Dentistry		Ahn Jong Gill DDS, MSD	760-375-3988	133 E California Ave
Dentistry		Steven C Chandler, DDS	760-375-8416	214 E California Ave
Dentistry	Children’s Dental Group	Robert Bang, DDS	760-446-8688	501 Joyner, Ste B
Dentistry		Paul Mayberry, DDS	760-446-6441	501 W Joyner Ave
Dentistry	The Dentist House	Josef Mamaliger, DDS	760-657-4049	544 W Drummond, Ste A
Dentistry		Michael Bachman Sr., DDS Michael Bachman Jr., DDS	760-375-8512	700 N Sanders St, Ste B
Dentistry		Brian L. Danielsson, DDS, MAGD	760-371-4800	700-A N Sanders St
Dentistry	A.V. Dental Care	Alvin Vasquez, DDS Brent Hansen, DDS	760-375-2622	840 N Norma St, Ste A
Dentistry		Dale L. Christenson, DDS	760-446-7480	911 W Perdew
Dentistry (Dentures)		George Dracopoulos, DDS	760-499-1975	1101 N Norma St
Dentistry (General, Orthodontics)	Ridgecrest Family Dentistry	Anne Bohman, DDS Lorna Offutt, DDS	760-446-9011	900 N Heritage Dr, Ste D
Dentistry (Orthodontics)	Snow Orthodontics	Gilbert H Snow, DDS	760-446-2233	1101 Norma St
Dentistry, Oral Surgery	RC Dental Office	Agosto Oei, DDS Jack Tran, DDS Rennie Cheung, DMD, MD	760-375-8416	214 E California Ave
Dermatology	Ridgecrest Dermatology & Skin Cancer	Daniel Taheri, MD Jessica Ribera, PA-C Sam Abaza, MD Kristine Hirschfield, MD	760-266-4802	1200 N. China Lake Blvd, Ste C
Dermatology	Ridgecrest Dermatology & Skin Cancer Center	Jeffrey Ross Gunter, MD	760-384-2592	801 N Downs, Ste B
Dermatology		Jasbir Sandhu, MD	760-371-3008	301 W Drummond Ave
Dermatology	Southern Sierra Specialty Center	Ali R Lashgari, MD	760-499-7260	1011 N China Lake Blvd, Ste B
Dialysis	Indian Wells Valley Dialysis		760-371-7506	212 S Richmond Rd



Dietician Nutrition	Ridgecrest Regional Hospital	Amy Fuller, RD	760-499-3781	
Dietician Nutrition		Jill Rachael, RD	760-446-7978	900 N Heritage Dr, Ste E2
Emergency Care (24/7)	Ridgecrest Regional Hospital	Robert Deichert, MD Conrad Hanstein, MD Charles A Shull, MD Kurt Conner, PA-C Beth Osweiler, PA-C	760-499-3884	1081 N China Lake Blvd
Family Practice	First Valley Medical Group	Thankarajam Jothikumar, MD Syed Hassan, MD	760-446-1691	1534 N China Lake Blvd
Family Practice, Primary Care, Internal Medicine	Heather Stone Medical Clinic	David Lusk, MD Apama Childers, PA Douglas Roberts, MD Jessica Roberts, PA	760-446-4571	900 N Heritage Dr, Ste E
Gastroenterology	Southern Sierra Specialty Center Ridgecrest Regional Hospital	Eric Frey, MD Maurice Dusol Jr, MD, FACP, FACG	760-499-7260	1011 N China Lake Blvd
Gastroenterology	High Desert Gastroenterology	P. Dharmaraja, MD	760-446-2196	1535 N China Lake Blvd, Ste B
Gastroenterology	Sierra Gastroenterology Group	S.E. Moorthy MD	760-446-3813	1541 N China Lake Blvd
Gastroenterology	High Desert Gastroenterology	Kumaravel T. Perumalsamy MD Vivaik Tyagi, MD	760-446-5902	900 Heritage Dr. Bldg A  1111 N China Lake Blvd, Ste 301
Home Care	Sierra View Home Care Services		760-446-8800	1275 N Norma St
Home Care	Ridgecrest Regional Hospital Personal Care Services		760-499-3617	1653 Triangle Drive
Home Health Personal Care Services	Ridgecrest Regional Hospital		760-499-3617	
Hospice	Ridgecrest Regional Hospital		760-499-3617	
Intensive Care Unit	Ridgecrest Regional Hospital		760-446-3551	
Internal Medicine	Rural Health Clinic Ridgecrest Regional Hospital	Lawrence N Cosner, Jr, MD Samantha Mongar, DO	760-499-3855	1111 N China Lake Blvd
Internal Medicine Pediatrics		Kain Kumar, MD	760-375-7777	907 Drummond Ave
Internal Medicine	Desert Oasis Clinic	Pedro L Farinha, MD	760-446-2981	1041 N China Lake Blvd
Internal Medicine, Family Practice, Pediatrics,	Southern Sierra Medical Clinic, Ridgecrest Regional Hospital	Gul I Anwar, MD Hope A Wildenberg, MD Love Singh, MD Aisha Rollins, MD Erika McClure, MD Megan Stone, DO	760-446-6404	1041 N China Lake Blvd
Internal Medicine, Cardiology	Compassionate Doctors Medical Group	Iresha C Gooneshinghe, MD, FACP, FACC	760-371-3008	301 W Drummond Ave

Internal Medicine, Geriatrics, Nephrology	Owens Peak Medical Clinic	Cornelius Vanderhoek, MD	760-375-0100	815 N Downs St, Ste B
Laboratory	Ridgecrest Regional Hospital		760-499-3576	
Lung Disease Support	Better Breathers Club Ridgecrest Regional Hospital	Offering support and services for: COPD, Lung Cancer, Asthma, Fibrosis	760-499-3766	1081 N China Lake Blvd
Medical and Dental Clinic	Omni Family Health.		800-300-OMNI	1133 N Chelsea St
Medical Clinic	Rural Health Clinic Ridgecrest Regional Hospital	Emilee Dean, FNP Shirley Hartman, ASW Debbie Holt, NP Jo Litzinger, FNP Linda Longbottom, FNP-BC Anita Mayberry, NP Marc Moawad, MA Todd Rowland, FNP Andrew Ryan, PA-C Christian Schwartz, PA-C Alessa Siler, FNP-BC	760-499-3855	
Medical Clinic	Trona Clinic Ridgecrest Regional Hospital		760-499-3855	
Medical Supplies	High Desert Medical & Sleep Supplies		760-375-3680	112 N China Lake Blvd
Mental Health	Rural Health Clinic Ridgecrest Regional Hospital	Jeanette Francis, PsyD Darlene Wheeler, PhD Telepsychiatry: Gary Farber, MD Jagdeep Garewal, MD Alejandra Suzuki, MD Swati Thacker, MD	760-499-3863	
Mental Health		Dorias, Darrelyn, LMFT Guinivere, Bork, LMFT	760-977-1286 760-371-7777	
Mental Health	Christian Research & Counseling Center		760-499-9220	
Mental Health	Advanced Counseling Center	Lawrence J Coates, PhD Apurva Shah, MD Gary Freedman, MD	760-375-9879	121 S China Lake Blvd
Mental Health		Lori Weidner-Alvarez, MFT	760-499-7448	1615 N Downs, Ste B
Mental Health	Sierra View Counseling & Psychotherapy	Richard Rohrllick, MSW, ACSW, BCD	760-375-0348	350 E Ridgecrest Blvd, Ste 101
Mental Health	Center for Personal & Family Counseling	Kevin Seymour, PhD Anita Shumway, LMFT Lynn Seely, CADC-II, SAP, CEAP Bob Huey, MA, LMFT	760-446-5515 760-384-3000 760-382-1783	501 Atkins St

Mental Health & Substance Abuse	College Community Services Outpatient clinic for Kern Mental Health System		760-499-7406	1400 N Norma St
Mental Health, Unassisted Living	Desert Willow Apartments		760-446-1166	1337 N El Prado St
Nephrology	Lancaster Palmdale Nephrology Medical Practice	Vinay Sunku, MD Shamila Senanayake, MD	760-371-2428	301 W Drummond Ave
Obstetrics/Gynecology	Women's Health Specialists Ridgecrest Regional Hospital	Rose Stone, MD – OB/GYN Billie Guerra, DO – OB/GYN Alessa Siler, FNP-BC	760-499-3827	
Obstetrics/Gynecology		Bobby R Miller Jr, MD	760-499-7222	1011 N China Lake Blvd, Ste A
Ophthalmology		Ira E Opatowsky, MD	760-446-5555	1409 N Norma St
Ophthalmology		Victor A Holmes, MD	760-446-3800	1541 N China Lake Blvd
Optometry		Daniel Mallory, OD Lori Steyn, OD	760-446-5555	1409 N Norma St
Optometry	Focus Optometry Center	Jennifer Chen, OD	760-375-9709	905 Drummond Ave
Optometry		Ronald L. Ogren, OD Caroline K Robinson, OD	760-375-4496	808 N Norma St
Orthopedic Surgery (Sports, Hand, Rehab & Pain Management)	Valley Orthopedic Institute	Mehul Taylor MD Anand Shah MD Kenneth Park, MD Lucas Bader, MD	760-446-2900	1533 N Downs
Orthopedics & Sports Medicine	Healthy Bone & Joint Center Ridgecrest Regional Hospital	Healthy J Desai, MD Michael Pahl, MD	760-446-8692	1041 N China Lake Blvd
Pediatrics	Rural Health Clinic Ridgecrest Regional Hospital	Wanda Abreu, MD Marcia Michalik, MD	760-499-3846	1111 N China Lake Blvd
Pediatrics		Victoria Schauf, MD	760-446-7978	1133 N Chelsea St
Perinatal Services & Education	Ridgecrest Regional Hospital		760-499-3032	
Pharmacy	Center Professional Pharmacy		760-446-4141	1109 N China Lake Blvd
Pharmacy	Walgreens		760-384-2358	101 Drummond Ave
Pharmacy	Walmart		760-371-4974	911 S China Lake Blvd
Pharmacy	Rite-Aid		760-375-0223	101 N China Lake Blvd
Pharmacy	Sav-On (Albertsons)		760-384-4020	927 S China Lake Blvd
Physical Therapy	Heritage Physical Therapy		760-446-3611	540 Perdew Ave, Ste C
Physical Therapy	AllCare Therapy Services		760-371-1411	935 E Ridgecrest Blvd
Physical Therapy	Ridgecrest Physical Therapy		760-371-1606	459 S China Lake Blvd
Physical Therapy	Bishop & Associates Physical Therapy		760-384-4441	730 N Norma
Physical Therapy Occupational Therapy Speech Language Therapy	Ridgecrest Regional Hospital Outpatient Rehabilitation Services		760-499-3631	1081 N China Lake Blvd

Podiatry	Indian Wells Podiatry Group	Lawrence Horn, DPM	760-446-3338	1314 N Norma St
Podiatry	Ridgecrest Regional Hospital	Jamie Mieras, DPM	760-499-3277	1111 N China Lake Blvd
Podiatry		Huy D Nguyen, DPM	760-446-3800	1541 N China Lake Blvd
Primary Care, Internal Medicine	Reen Medical Group	Amikjit S. Reen, MD Sandeep A. Reen, MD	760-499-3848	1525 N Norma St, Ste B
Pulmonary, Critical Care, Sleep Medicine	Sleep Diagnostic Center	Syed S. Ahmed, MD, FCCP	661-945-8717 661-945-1118	1615 N Downs, Ste A
Pulmonary, Respiratory Therapy	Respiratory Therapy & Sleep Lab Ridgecrest Regional Hospital		760-499-3766	1101 N China Lake Blvd
Radiology	Radiology and Diagnostic Imaging Ridgecrest Regional Hospital	Lawrence McNutt, MD	760-499-3702	
Radiology	Advanced Imaging Center		760-446-1999	900 N Heritage Dr, Bldg B
Rheumatology	Lancaster Rheumatology	Javeed Ahmed, MD	760-499-9185	1535 N China Lake Blvd
Surgeon, Vascular	Vascular Institute of Southern California	Raman K. Talwar, MD	661-916-9416	900 N Heritage Dr, Ste E
Surgeon, Spine	Advanced Spine Insitute, Neck & Back Specialists	K. Pad Payman, MD	661-264-2100	119 S Gold Canyon
Surgery (Vascular, Critical Care, General)		William D. Suval, MD, FACS	760-446-3000	1541 N China Lake Blvd
Surgery & Outpatient Services	Ridgecrest Regional Hospital	William Cannata, MD Kishore Tonsekar, MD	760-499-3431 760-499-7260	
Surgery, General		Paul F. Stemmer, MD	760-446-3700	
Transitional Care & Rehab (Geriatric)	Ridgecrest Regional Hospital		760-499-3380	
Urgent Care	Ridgecrest Regional Hospital		760-499-3800	
Urgent Care	Heather Stone Medical Clinic		760-446-4571	900 N Heritage Dr, Ste E
Urology		Eugene Rajaratnam, MD	760-446-2023	1535 N China Lake Blvd
Urology	Urologic Institute	Vodur C. Reddy, MD Pedram Ilbeigi, DO, FACS	760-382-9269	1541 N China Lake Blvd

## **Appendix VI – Survey Instrument**

## Introduction

**Ridgecrest Regional Hospital (RRH)** serves the Southern Sierra Region of East Kern county, including the communities of Ridgecrest, Inyokern, Trona, Johannesburg, and Randsburg.

**To understand the community needs** and resources in the Southern Sierra Region, RRH conducts a community health needs assessment every three years. As part of the assessment, we survey area residents to better understand the health concerns and services in the community. The information from the survey, along with public health data, and community health experts input, will enable RRH's CEO and Board of Directors to develop plans to improve health services for the community.

**We value your ideas and comments** and invite you to share them with us by completing this questionnaire. Thank you for taking the time to complete the full survey.

**Before you begin**, we want to assure you that your answers are kept private and anonymous. We do not need your name or any other personal information by which you can be identified. We will combine your answers with other answers and will not use names or other identifying information in any reports or presentations.

For further information, please contact:

Dr. Joan Goppelt  
Act Too Consulting, Inc.  
760-301-5566  
joan@acttooconsulting.com

Jim Suver  
Ridgecrest Regional Hospital CEO  
760-499-3901  
james.suver@rrh.org

**You can also take the survey on-line at: <https://bit.ly/RRH>**

## Where you live

1. What zip code do you live in?

93555

93556

93526

93527

93528

93554

Other (please specify)

2. How long have you lived in your community?

Less than 1 year

1 to 2 years

2 to 3 years

3 to 4 years

4 to 5 years

5 to 10 years

10 to 20 years

More than 20 years

3. Would you consider yourself (check all that apply):

Professional medical, wellness, or mental health service provider to the community

Representative of a medically under served segment of the community

Representative of an agency/organization/group that serves/supports the community

None of the above

## Community Health Issues

4. In general, how **big of a problem** do you think the following health issues are in your community?

	Not at all a problem	Somewhat of a problem	A very big problem	Don't Know
Obesity or Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma or other Respiratory Disease (e.g. COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease or Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral / Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health and Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization and Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis (Osteoarthritis, Rheumatoid, Juvenile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Back Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementias, Including Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing and Other Sensory or Communication Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury (accidental or occupational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence (physical, verbal, emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Loss or Sleep Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Disease or Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking / Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Abuse / Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse (other than Tobacco or Alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



## Availability of Services

5. What is the **availability of services** in your community for the following health issues?

	No services available	Some services available but need more	Enough services available	Don't Know
Obesity or Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma or other Respiratory Disease (e.g. COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease or Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral / Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health and Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization and Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis (Osteoarthritis, Rheumatoid, Juvenile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Back Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementias, Including Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing and Other Sensory or Communication Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury (accidental or occupational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence (physical, verbal, emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Loss or Sleep Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Disease or Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking / Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Abuse / Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse (other than Tobacco or Alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## Quality of Services

6. What is the **quality of services** in your community for the following health issues?

	Very Poor	Acceptable	Very Good	Don't Know
Obesity or Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma or other Respiratory Disease (e.g. COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease or Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral / Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health and Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization and Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis (Osteoarthritis, Rheumatoid, Juvenile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Back Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementias, Including Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing and Other Sensory or Communication Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury (accidental or occupational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence (physical, verbal, emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Loss or Sleep Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Disease or Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking / Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Abuse / Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse (other than Tobacco or Alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## Opinions

7. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know
My community has enough health and medical services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has air, water, or other environmental conditions that create health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to medicines and medical supplies that I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough women's health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough maternal and infant health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough early and middle childhood services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough health services for the disabled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough health services for seniors (65+).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I needed medical services I would know where to go for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that emergency services (ambulance, fire, police) would arrive to my home in time if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough medical specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough health and medical providers who take my insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough programs that serve the medical needs of the under insured and uninsured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has enough education and wellness programs to promote healthy living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on any of the above?

## Your Health Care Experiences

8. What are the most important things that your community's health organizations could do to improve the quality and availability of care in the area?

9. When was the last time you saw a medical practitioner such as a doctor, nurse, or physician's assistant? (Either for a regular check-up or for a specific health condition.)

- Within the past year (12 months)
- Between 1-3 years ago
- 3 or more years ago
- Never

10. Do you have a primary care physician that you see for regular check-ups or minor medical problems?

- Yes
- No

11. In the past 2 years, have any of these issues ever made it more difficult for you to get the medical care that you needed? (Choose all that apply)

- Cost of care
- Lack of transportation
- Insurance problems other than lack of coverage
- Lack of insurance coverage
- Language problems / could not communicate with the provider or office staff
- Discrimination / unfriendliness of provider or office staff
- No available provider near me
- Concerns about quality of care or diagnosis
- Excessive delay in getting an appointment
- I have not experienced any difficulties getting care
- Other (please specify)

## General Individual or Family Information

12. What kind of health insurance do you currently have? (Choose all that apply)

- None
- Medicaid/MediCal
- Medicare
- Private (obtained through Covered California)
- Private (other than through employer or Covered California)
- Employer Plan
- Other (please specify)

13. What is your gender?

- Female
- Male

14. What is your marital status? (Choose one)

- Single
- Unmarried, living with a partner
- Married
- Separated or divorced
- Widowed

15. Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4 or more

16. What category best describes your age?

- Under 18 years old
- 18-24 years old
- 25-29 years old
- 30-39 years old
- 40-49 years old
- 50-64 years old
- 65-74 years old
- 75 years old or over

17. How would you describe your ethnic/racial background? (Choose all that apply)

- Caucasian / White
- African American / Black
- Hispanic / Latino/a / Chicano
- Asian / Pacific Islander
- American Indian / Native American
- Other

18. What is the highest level of education that you have completed? (Choose one)

- Primary or middle school
- Some high school
- High school graduate / GED
- Associate degree or technical/vocational degree or certificate
- Some college
- College graduate
- Graduate or professional degree

19. What category best describes your annual household income?

- Under \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$54,999
- \$55,000 - \$69,999
- \$70,000 - \$89,999
- \$90,000 or more

20. What is your primary language?

- English
- Spanish
- Other (please specify)