

# Use of community-based participatory research techniques in identifying and assessing health-care access indicators within a community setting

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# Healthy Community Council HCC Mission

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- Community-based organization composed of representatives from nearly 70 entities
- Enhancing the **quality of life** for the community through **collaborative efforts of individuals, agencies, and institutions.**



# HCC Vision

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- Assess community needs
- Identify areas of priority
- Help plan and coordinate initiatives
- Evaluate



# Overview

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- Formed HCC Assessment committee
- Established goals and objectives
- Gathered and reviewed community assessments
- Reviewed HCC 2001 Assessment
  - Integrated process (adults and seniors)



# Getting Started...

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- Developed assessment categories and indicators
- Obtained feedback on indicators at a HCC quarterly meeting
- Identify indicators as survey items or existing data items
- Generated assessment survey items
- Pilot tested assessment



# Assessment Categories

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- Economic Vitality
- Community Infrastructure
- Environmental Quality
- Health and Wellness
- Social Welfare
- Education
- Youth



# Methodology

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- Obtained Institutional Review Board approval
- JMU Health Science students call potential participants
- Two methods
  - English-speaking population
  - Latino population



# Sampling

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- Purchased random sample from Survey Sampling International, Inc. (SSI)
- Used stratified random sampling techniques based on zip code
  - 1,645 packets mailed
  - 684 returned
  - Sampling error = 3.8% (Dillman)
  - Response rate = 42%





# Data Analysis

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- Scanned surveys into SPSS 13.0
- Conducted descriptive analysis
  - Frequencies and cross tabulations
- Disseminated data to action team members to review and interpret
- Hired technical writer to finalize report



# Latino Assessment Methodology

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- Purchased 1,000 names
- Conducted assessment via telephone
- Utilized Spanish-speaking callers (script)
- Used modified version of English-speaking assessment
- Entered and analyzed data in SPSS 14.0
- N=266 completed surveys



# Demographics Adult (64 and younger) English

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- Age
  - $\leq 24$  years = 1%
  - 25-44 = 23%
  - 45-64 = 46%
- 46% are male
- 78% are married
- 11% incomes below \$25,000
- 17% incomes between \$35,000-50,000



# Demographics Senior (65+) English

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- Age 65+ = 29% of all survey participants
- 41% are male
- 59% are married
- 36% live alone
- 16% incomes below \$15,000
- 17% incomes between \$15,000-25,000



# Demographics Latino population

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- Age
  - $\leq 24$  years = 15%
  - 25-44 years = 68%
  - 45-64 = 15%
  - 65+ = 2%
- 38% are male
- 59% are married
- 34% had incomes below \$15,000
- 36% had incomes between \$15,000 and \$25,000



# Barriers to Health Care

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- HP 2010 = 7%
- Latinos = 13% (Above HP 2010 goal)
  - Lack of insurance = 65%
- Adults = 6%
  - Health care provider not available = 48%
  - Lack of insurance = 34%
- Seniors = 2%
  - Health care provider not available = 67%
  - Communication barriers or problems = 33%



# Health Insurance Coverage

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- Latinos
  - Yes = 54%
  - No = 47%
- Type of Insurance
  - Company/Employer = 90%
  - 3% = Medicaid
  - 0.7% = FAMIS
  - Don't know = 6%



# Health Insurance Coverage English-speaking population

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- Did not assess English-speaking population
- Virginia 05 (CDC BRFSS) = 89% are insured
- Virginia Atlas 2004 = 86% in city and 89% in county





# Medical Interpreter Latino population

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- Need a medical interpreter
  - Yes = 63%
  - No = 37%
  
- If yes, who interprets?
  - Office/Hospital interpreter = 54%
  - Adult acquaintance = 47%
  - Child under 18 years = 13%
  - Social worker = 4%
  - Other = 2%



# Barriers to Dental Care

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- Latinos – no data
- Adults = 7%
  - Lack of dental insurance = 53%
  - Dentist no available = 33%
- Seniors = 4%
  - Lack of dental insurance = 71%



# Barriers to Obtaining Needed Medications

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- Latinos = no data
- Adults = 6%
  - Lack of Rx drug coverage = 40%
  - Rx coverage would not approve = 32%
  - Communication barriers = 24%
- Seniors = 3%
  - Pharmacy not available = 20%
  - Lack of Rx drug coverage = 8%



# Health Care Spending

Amount	Adults	Seniors	Latinos
Less than \$100	67%	60%	64%
\$100-299	25%	34%	26%
\$300-499	6%	3%	5%
\$500-700	1%	1%	4%
\$700+	1%	2%	0%



# ED visits (uninsured)

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- 2005 = 19%
- 2004 = 18%
- 2003 = 19%
- 2002 = 21%
- 2001 = 23%



# Conclusions

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- High level of insurance coverage
- Medical interpreters are needed
- Slight increase in use of ER for the uninsured
- Health care spending is low



# Outcomes

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- Grant dollars brought into the community:  
**\$8,754,660**
- Grant dollars from local sources:  
**\$2,631,177**
- Total of combined dollars:  
**\$11,385,837**
- Community Resource Center
- Generations Crossing



# Limitations

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- Use of landlines (cellular telephones)
- Access to those with low literacy levels, mobility issues, and vision problems
- Longitudinal limitations
  - Changed wording of certain survey assessment questions





# HCC Assessment Subcommittee

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- Andree Gitchell
- Betsy Hay
- Todd Hedinger
- Jane Hubbell
- Nancy Lantz
- Susannah Lepley
- Kristi Lewis
- Stacey Morris
- Ann Myers
- Elizabeth Phelps
- David Sallee
- John Taylor
- Judith Trumbo
- Marilyn Turner
- John Whitfield



# Questions?

Please visit our web site at

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[www.healthycommunitycouncil.org](http://www.healthycommunitycouncil.org)

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