



Access to Healthcare

Williams County, Ohio

2017



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Administrative Summary

The Williams County Access to Healthcare community assessment is a comprehensive evaluation intended to examine barriers to receiving medical care services. Identification of gaps in access to healthcare specific to the area allows the health department to work in conjunction with area healthcare providers and community agencies to address barriers and implement effective strategies for improving care. The assessment aims to look at the healthcare system as a whole, including community agencies which may not provide direct care, but aide to healthcare access.

The results of this assessment will be utilized by the Williams County Health Department for planning purposes and made publicly available to the community and its' agencies.

Access Definition

Access is a multifaceted concept that describes an individual's ability or ease to utilize a service. Services must first be available and adequate before the opportunity to obtain healthcare exists. Though many Americans benefit from the Nation's healthcare system, others face barriers that make it difficult to obtain such services. The extent to which a population gains access to care then depends on social, cultural, economic, and geographic factors. Barriers such as high cost, availability, quality and appropriateness are often cited. Disparities in healthcare access can have negative consequences on population health and removing barriers to accessing healthcare must be addressed if equality of health outcomes is to be attained.

Barriers to healthcare services include:

- High cost of care
- Inadequate or no insurance coverage
- Lack of availability of services
- Lack of culturally competent care

(Source: Healthy People 2020 and CDC)

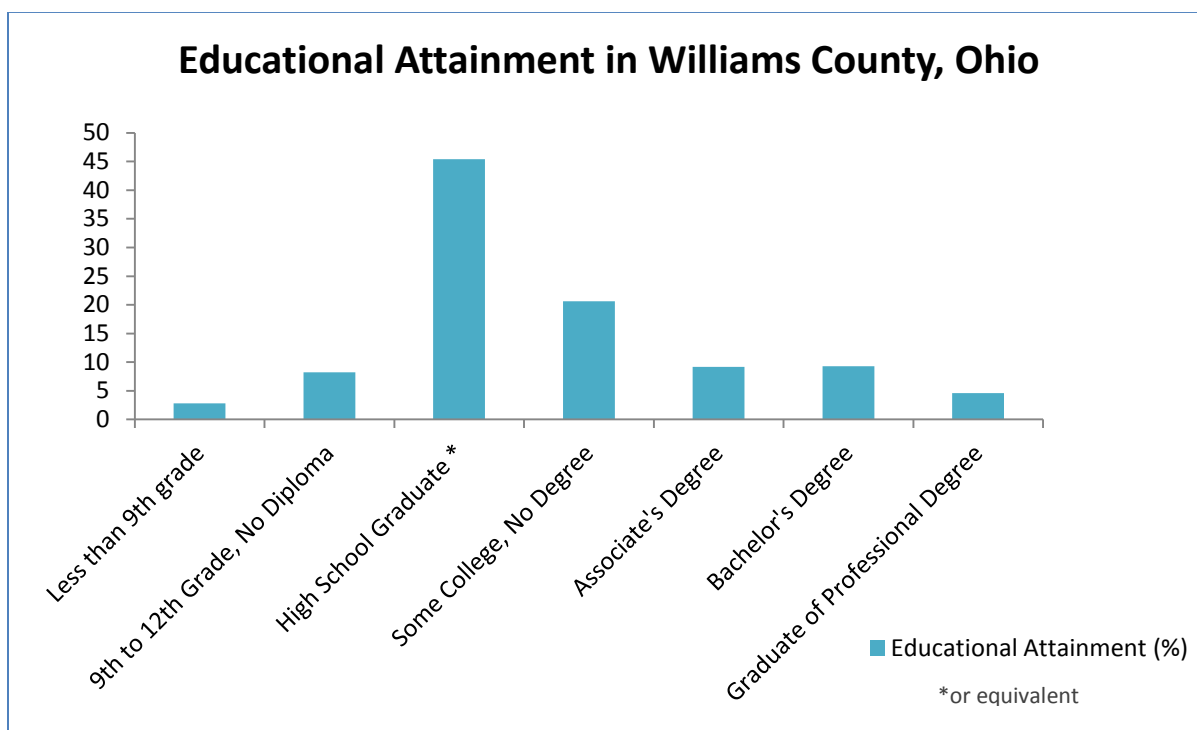
Introduction to Williams County

Williams County is located in northwest Ohio. The county has a total population of 37,642 (2010 Census) and a median age of 40.7 years. Residents are primarily white, non-Hispanic. The educational attainment, total income, source of health insurance coverage and percentage of uninsured individual's information is located in the table and figures below.

Table 1

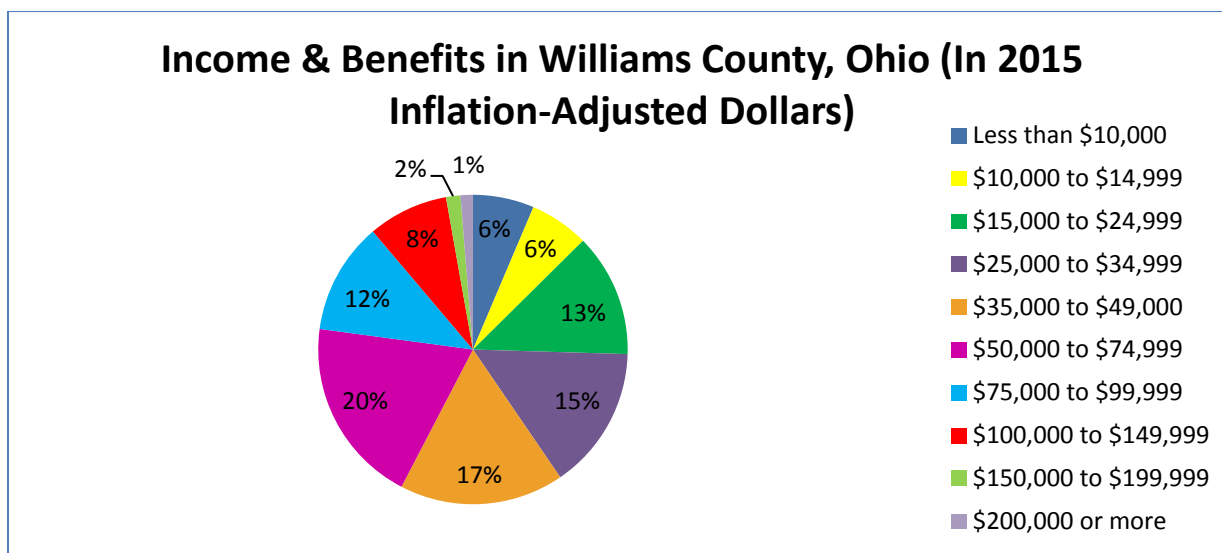
Demographic Characteristics	
Age (YEAR)	<u>Williams County</u>
≤19 years	9,879
20 to 39 years	8,620
40 to 64 years	13,112
≥65 years	6,031
Race/Ethnicity	
White	36,553
Black/ African American	489
American Indian and Alaska Native	242
Asian	274
Native Hawaiian and other Pacific Islander	15
Other	534

Figure 1



Source: United States Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

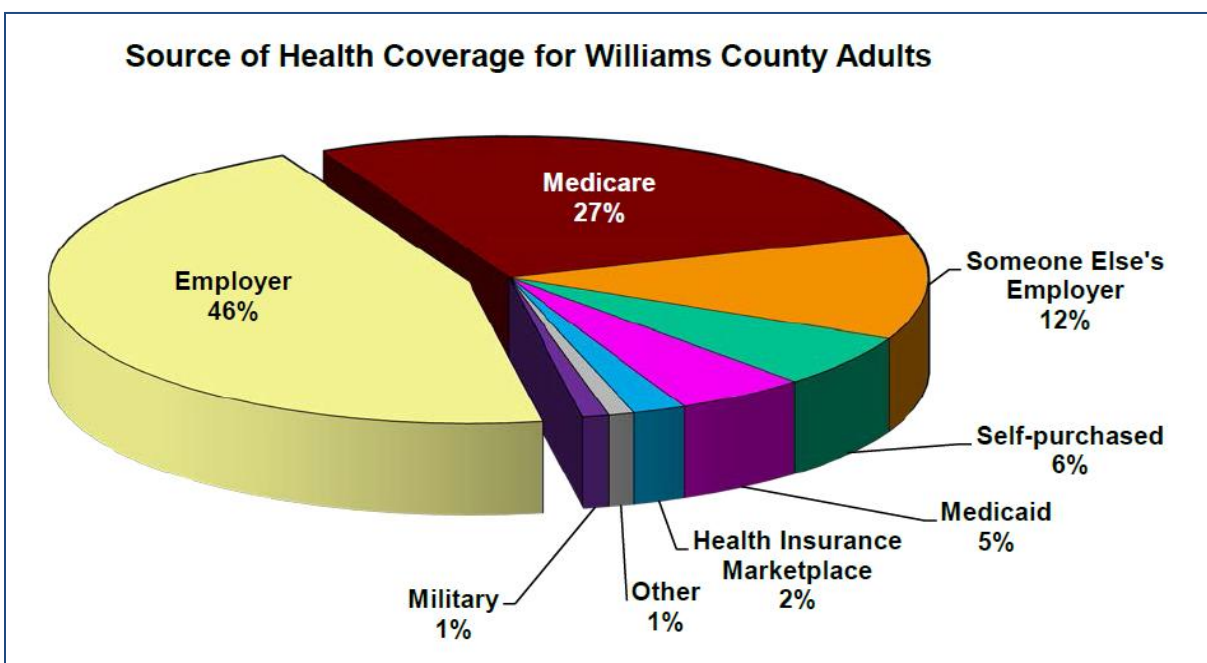
Figure 2



Source: United States Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

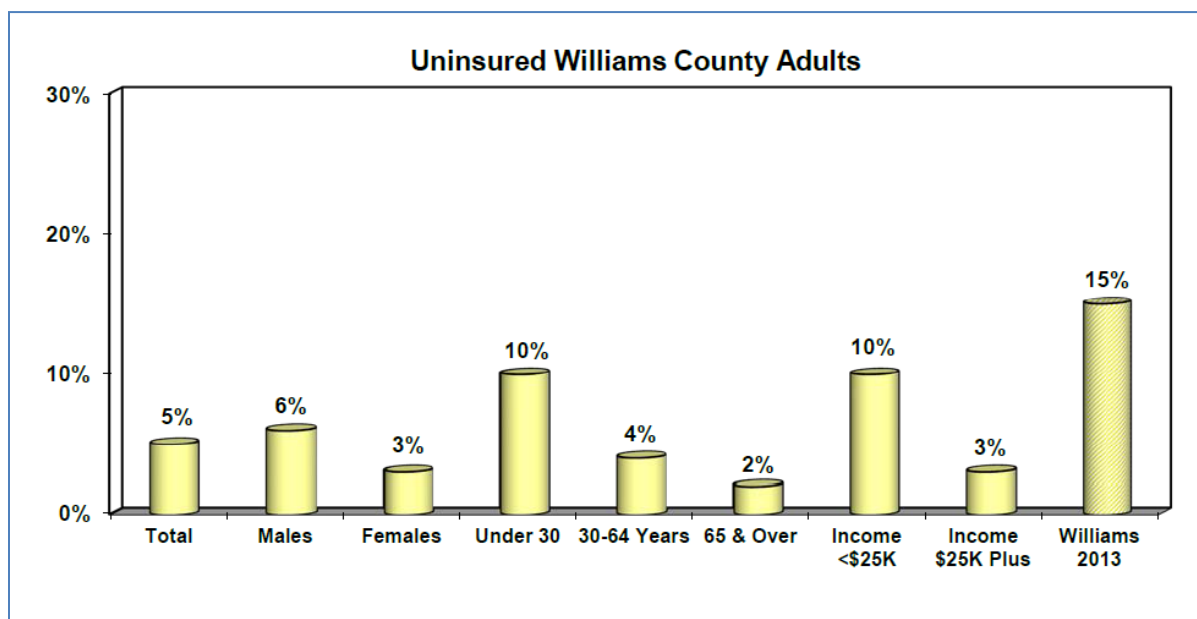
Yearly gross income of \$23,759 or below (for a single individual) is eligible for Federal and State funded food programs. According to the States Census Bureau, 2011-2015 American Community Survey 5-Year Estimates above, approximately 25% of the Williams County population fall into this category.

Figure 3



Source: 2016 Williams County Community Health Status Assessment

Figure 4



Source: 2016 Williams County Community Health Status Assessment

As noted in Figures 1 and 3, the majority of the population is high school-educated and has access to healthcare insurance. Data from the 2011-2015 American Community Survey 5-Year Estimates, show that manufacturing, retail trade, and educational services have the highest prevalence of service sector employment in the county. This type of employment is indicative of high school-graduates who do not seek advanced education. Pay scale of such employment is reflected in Figure 2, with half of the population earning \$25,000 to \$75,000 annually.

Vulnerable populations include unemployed and uninsured, children, the elderly, minorities, individuals living in poverty, and the disabled. Vulnerable populations are often those who lack access to healthcare. Income, education attainment,

and vulnerable population status contribute to the health status of Williams County. Figure 4 and Table 2 highlight the vulnerable populations that may meet challenges when attempting to actualize healthcare in Williams County.

Table 2

Vulnerable Populations	Number in Williams County
Disabled (non-institutionalized)	5,062
65 years and older	6,387
Minorities (non-white)	1,783
Hispanic or Latino	1,506

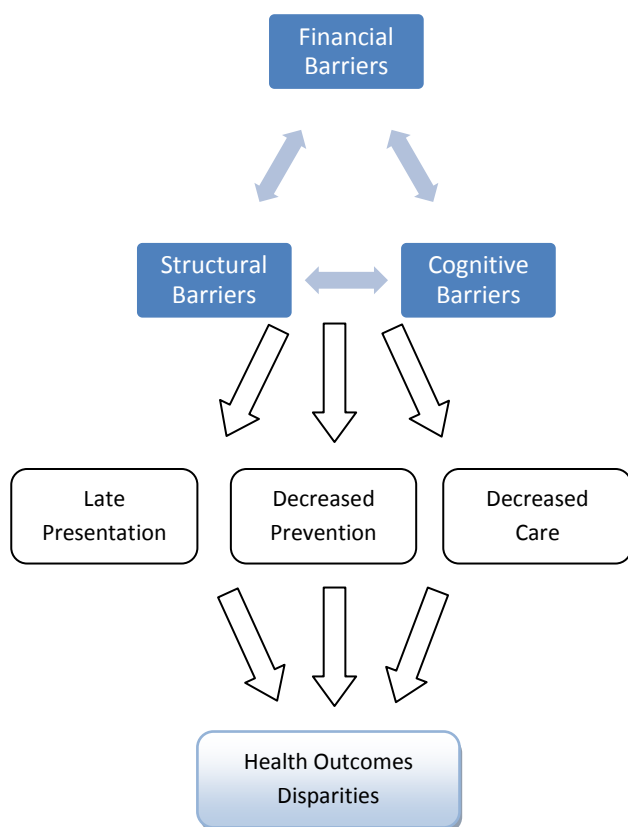
Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Assessment Framework

A county-wide level assessment was conducted in Williams County, Ohio to examine possible barriers to access to healthcare and gaps in service within the population served by the Williams County Health Department. The assessment process involved multiple aspects of the community to give an extensive look at the healthcare system, not just clinical care options.

The article, *Defining and Targeting Access Barriers* (J. Carrillo, V. Carrillo, Perez, Salas-Lopez, Natale-Pereira & Byron, 2011), introduced the Healthcare Access Barriers Model (HCABM) which would serve as the framework for this project. The HCABM (Figure 5) focuses on classifying modifiable financial, structural, and systematic/cognitive barriers. The HCABM model allowed for guidance in the classification, analysis, and reporting of modifiable healthcare access barriers identified in Williams County.

Figure 5 HCABM Model (J.Carrillo, V.Carrillo, Perez, Salas-Lopez, Natale-Pereira & Byron, 2011)



Methodology

Through research on access to care reports, it was determined that focus groups and organizational surveys would be the most efficient way to collect data. Institutional Review Board (IRB) approval was granted through the Ohio Department of Health prior to instrumentation being used. Respondents were informed that all information collected would be used for research-purposes only and would remain confidential and anonymous. No identifying information is included in the report. No compensation was offered to participants and all participation was voluntary. Data from 2016-2017 was used and analyzed using Microsoft® Office Excel® 2007 and an inductive thematic approach. Inductive thematic analysis consists of identifying, analyzing and reporting patterns or themes based on the data content (Braun & Clarke, 2006).

Basic demographic information was collected through the 2010 Census Bureau Fact Finder and 2015 American Community Survey (ACS). The ACS is an ongoing survey that collects information from approximately 1 in 38 households in Williams County. Individuals fill out either a paper or online questionnaire on a yearly basis and the results are disseminated to the United States Census Bureau and available for public use.

Table 3

Assessment Type	Data Collection
Population Survey	United States Census Bureau
Organizational Survey	Survey administered to community agencies
Focus Groups and Interviews	Select groups of high risk individuals
Data Collection and Analysis	Williams County Health Department

Organizational surveys were administered to community agencies through an online survey (SurveyMonkey) and paper copies were distributed at a quarterly community meeting held by the local probate judge. The online survey was sent to local agencies via email blasts and website postings. The purpose of the organizational survey was to gather information from community agencies that work with vulnerable populations in Williams County. These organizations are thought to be more aware of the challenges and barriers of receiving healthcare that vulnerable populations face due to the nature of their work. By recognizing interconnectedness exists, community organization responses give the assessment a more dynamic approach. The questionnaire used for the organizational survey can be found in Appendix A.

To target specific populations (e.g. elderly, Hispanic, low-income), focus groups and surveys were conducted throughout Williams County. Participants were from senior centers (through collaborating with the Williams County Department of Aging), Women, Infant and Children (WIC), residents of Bryan Community Apartments and Helping Hands Food Pantry in Montpelier. The senior center focus groups included participants that are 65 years or older. Participants who were eligible to receive benefits such as WIC, low income housing and food assistance comprised focus groups participants centered on the low income population. In order to collect responses from the Hispanic population, focus groups were conducted with individuals who attended Latino Day. Latino Day is offered one day per month through the Williams County Health Department. An interpreter is available to assist Spanish-speaking individuals involved in the WIC program. Focus groups were held with assistance from the interpreter at the Williams County Health Department in Montpelier, Ohio and at the satellite office in Bryan, Ohio.

The questionnaire used for focus groups and administered as surveys can be found in Appendix B.

Available Services

The 2016 County Health Rankings from Robert Wood Johnson ranked Williams County number 18 out of 88 counties in the State of Ohio for health outcomes. Williams County has a ratio of 1 primary care physician per 1,960 people compared to the national benchmark of 1 to 1,040; and a ratio of 1 dentist per 2,180 people compared to the national benchmark of 1 to 1,320. Figures 6 and 7 give access to care population densities. While Williams County fared on average in most categories to other Ohio counties, there is considerable room for improvement. The number of teen births per year is 41 compared to the national benchmark of 17. The percentage of respondents noting their access to exercise opportunities is 52% compared to the national benchmark of 91%. These numbers reflect a high percentage of teen pregnancies and limited access to exercise opportunities, which reflect on the overall health of the population.

2016 Williams County Health Assessment Findings

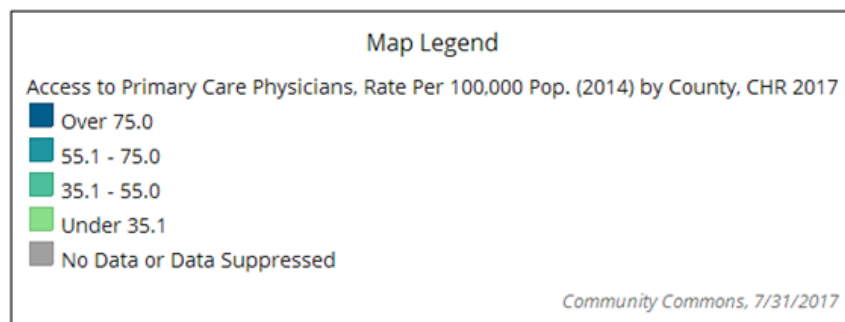
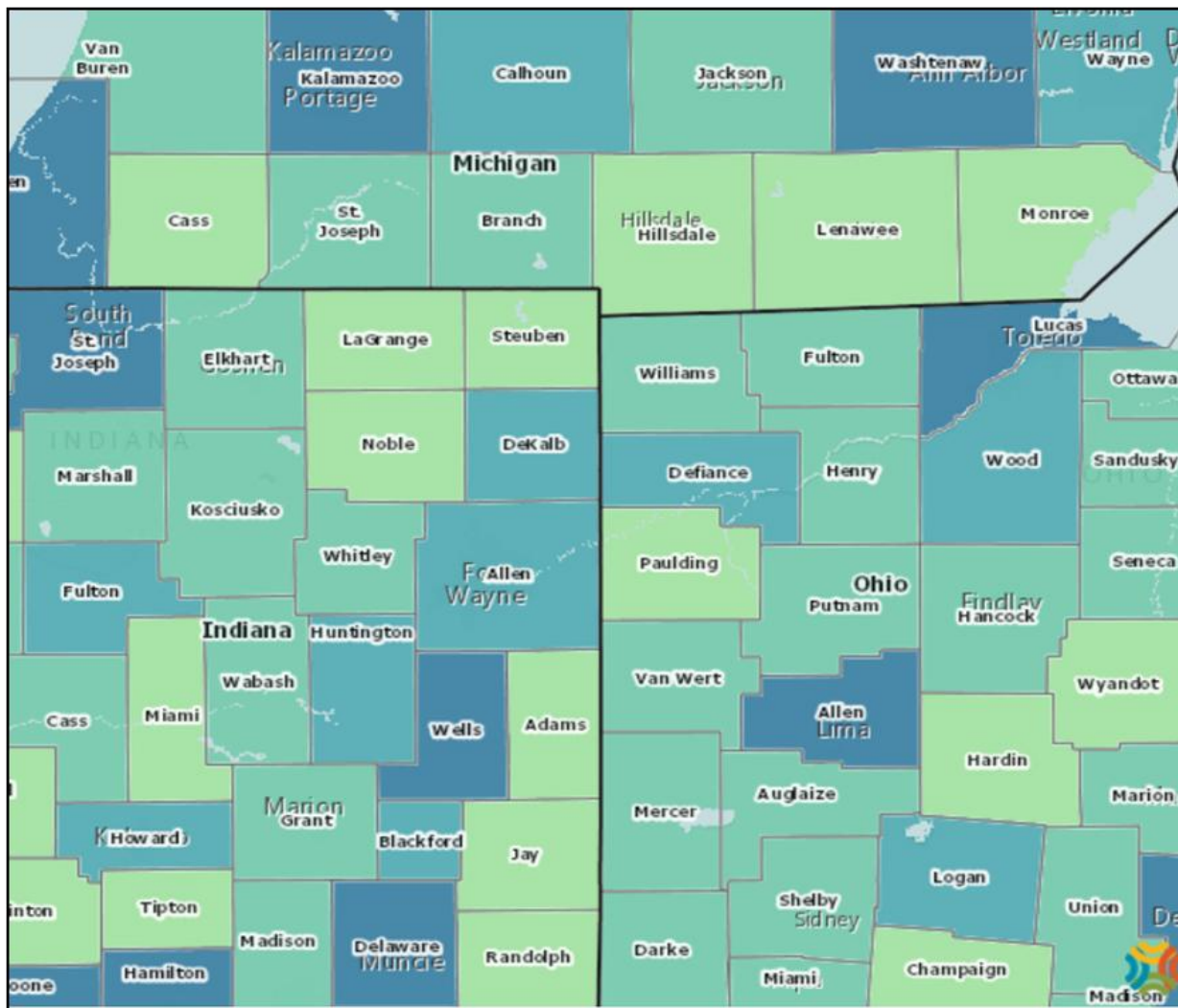
- 59% of Williams County adults had visited a doctor for a routine checkup in the past year
- 57% of adults went outside of Williams County for healthcare services in the past year
- 79% of adults over the age of 65 had visited a doctor for a routine checkup in the past year
- 25% of adults had more than one person they thought of as their personal healthcare provider
- 60% of adults reported they had a usual source of medical care
- 23% of adults reported not having a primary healthcare provider

Source: Community Health Assessment, 2016

Williams County is primarily serviced through healthcare systems in Bryan, Edgerton, and Montpelier, Ohio. The Community Hospitals and Wellness Centers (CHWC), Health Partners of Western Ohio and Parkview Physician's Group are the main provider systems. There are two hospitals and urgent care centers that serve Williams County residents. There is one local health department located in Montpelier, Ohio. Much of the county is rural and patients must travel to the more populated towns (e.g. Ft. Wayne, Archbold, Defiance) to receive healthcare.

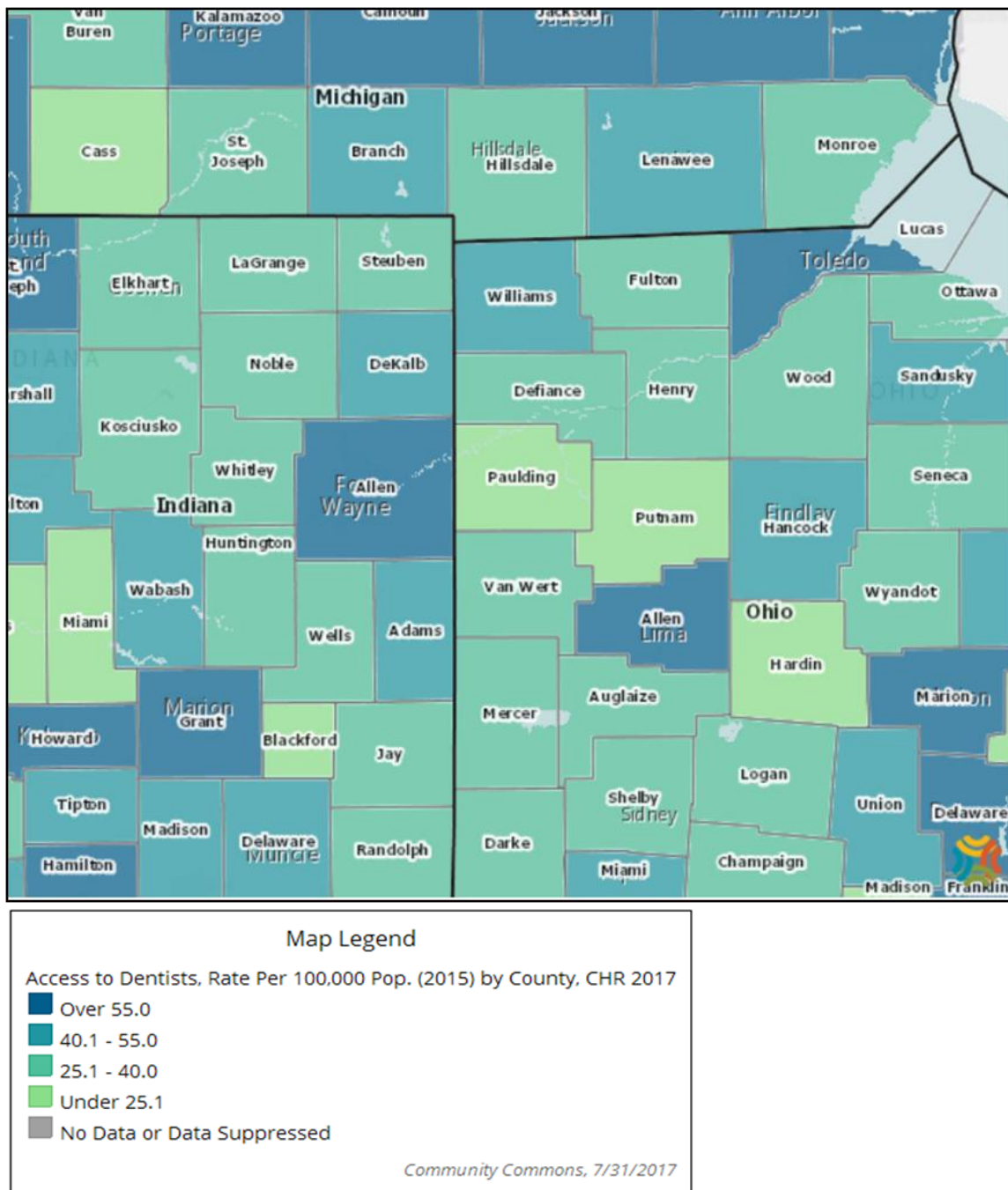
Figure 6 is a density map depicting access to primary care physicians per 100,000/population. Williams County falls into the 35.1 to 55.0 physician range and is comparable or above surrounding counties. A similar map is found in Figure 7 which shows a density map of access to dentists.

Figure 6



Source: University of Wisconsin Population Health Institute, County Health Rankings: 2017

Figure 7

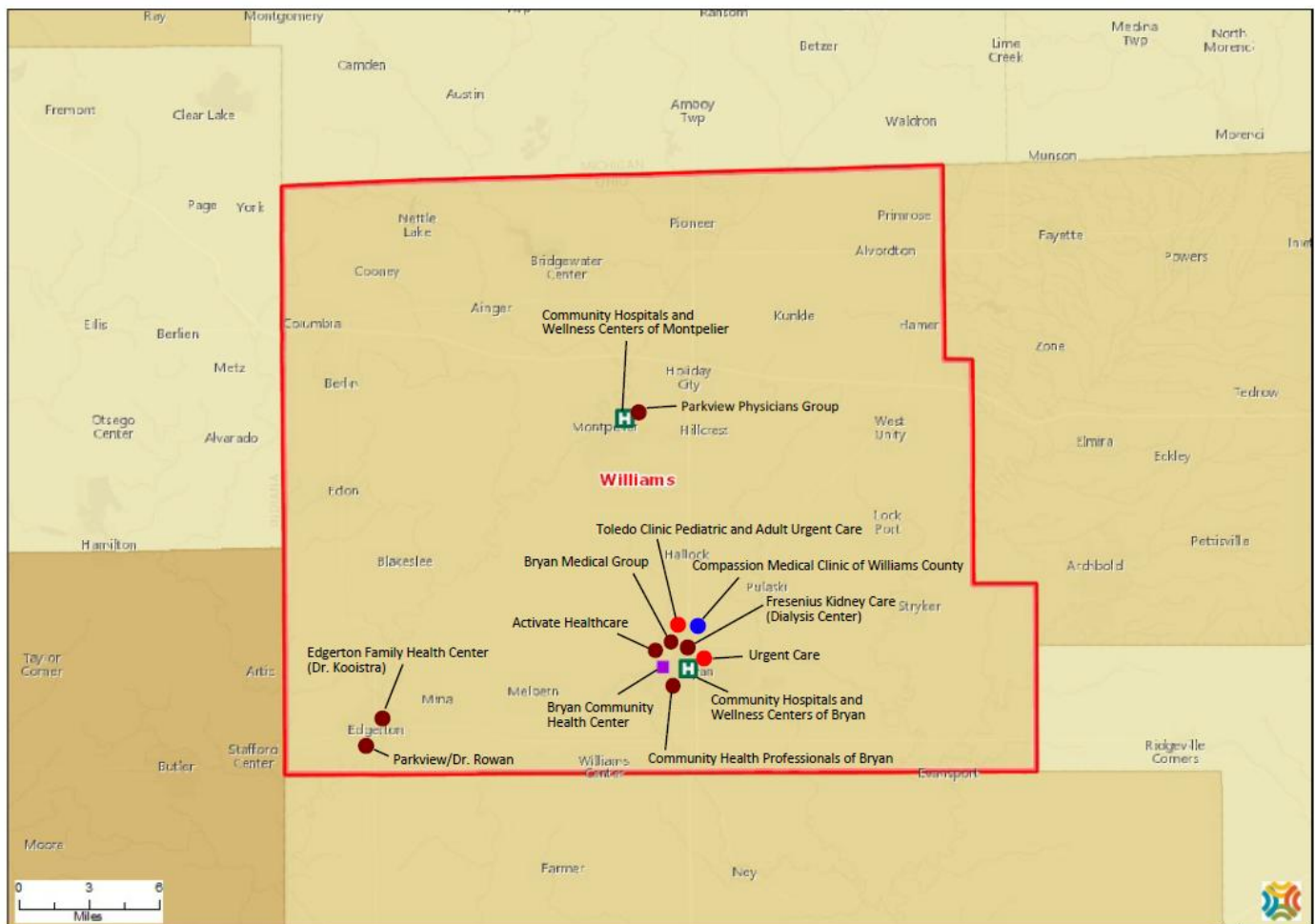


Source: University of Wisconsin Population Health Institute, County Health Rankings: 2017

Figure 8a

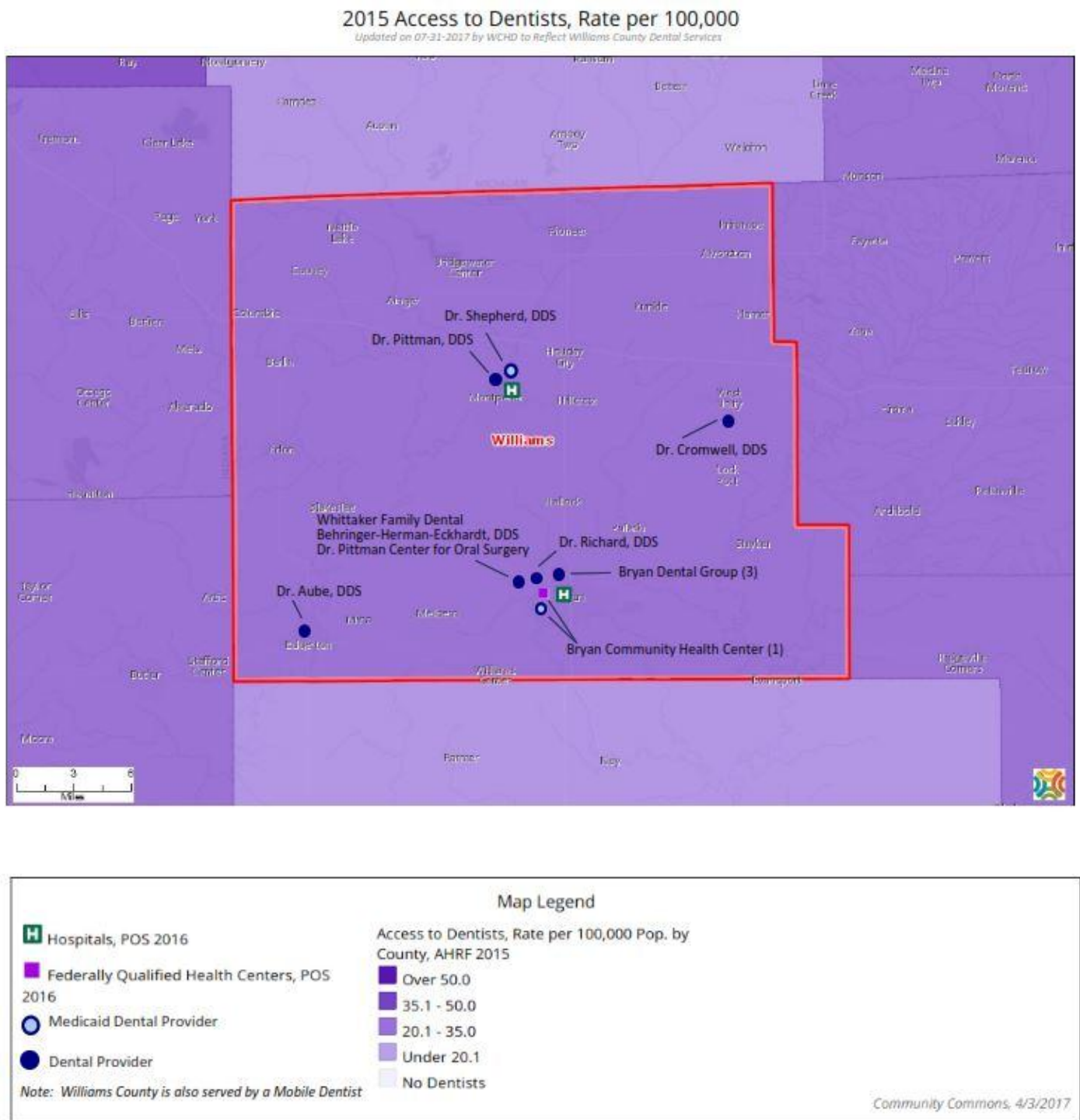
Access to Primary Care Physicians, 2014

Updated on 07-31-2017 by WCHD to Reflect Williams County Primary Care Providers



Source: University of Wisconsin Population Health Institute, County Health Rankings: 2017

Figure 8b



Source: University of Wisconsin Population Health Institute, County Health Rankings: 2017

Table 4

Healthcare Delivery System Characteristics	
Facility Type	<u>Williams County</u>
General surgery hospital	2
Montpelier	25 beds
Bryan	80 beds
Renal disease dialysis center	1
Urgent care	2
Community mental health center	1
Rehabilitation facility	2
Free medical clinic	1
Providers by Type ¹	
OB/GYN	6
Pediatrics	3
Primary Care Physicians	30
Cardiology	9
Hematology/Oncology	2
Dentists	6
Primary care physician to patient ratio²	1,960 to 1
Dentist to patient ratio²	2,180 to 1
Mental healthcare provider to patient ratio²	1,770 to 1

¹ Additional primary care providers (e.g. NP and PA-C) are available to work within the community health systems, but are not accounted for in this assessment. Area provider list made available by Parkview Physician's Group.

² County Health Rankings 2017, Retrieved from

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/williams/county/outcomes/overall/snapshot>

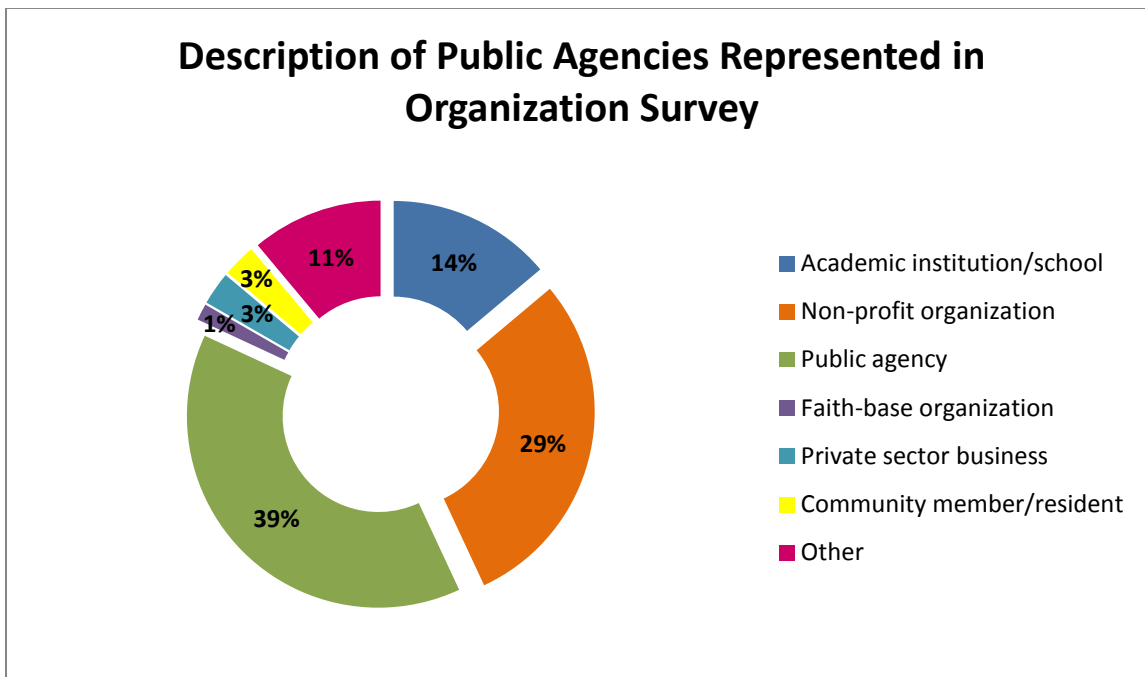
Additional information was collected from the 2016 Community Health Assessment which sampled persons 19 years or older from Williams County, Ohio. When asked the question: "within the past 12 months have you had any of the following problems when you needed healthcare," the majority of insured (66%) and uninsured (75%) respondents said they did not have any problems while receiving healthcare. The most common problems respondents stated included: not getting appointments when they wanted them, finding a doctor that would take them as a patient, not having enough money to pay for healthcare and not being able to get time off work to go to appointments. Responses on access to healthcare collected from the 2016 Community Health Assessment are included in Appendix C.

Findings

Organizational Survey

The organizational survey was distributed to area organizations throughout Williams County. The organizational survey was intended to gauge the overall culture and accessibility of community agencies aiding in healthcare service assess. The survey was modeled from the organizational survey used by the Ozarks Wellness Network (OWN) Access to Care Action Team (2015). A total of 73 respondents completed the survey either online through SurveyMonkey or through a paper copy, which was entered into SurveyMonkey manually. Open-ended question answers were examined for themes and multiple choice question answers were analyzed. Basic demographic information (e.g. gender, age, ethnicity, etc.) was not collected with this survey. Of those that responded, 92% of the community agency representatives stated they work directly with residents in the community. Figure 9 gives a breakdown of the types of agencies in which respondents from the organizational survey worked for. "Other" responses included the Sheriff, grant teams, government and hospital agencies. The majority of respondents in the organizational survey worked in either government (including law enforcement) or education. Surveyed agencies serve different niches, helping to expand data on access to care issues.

Figure 9

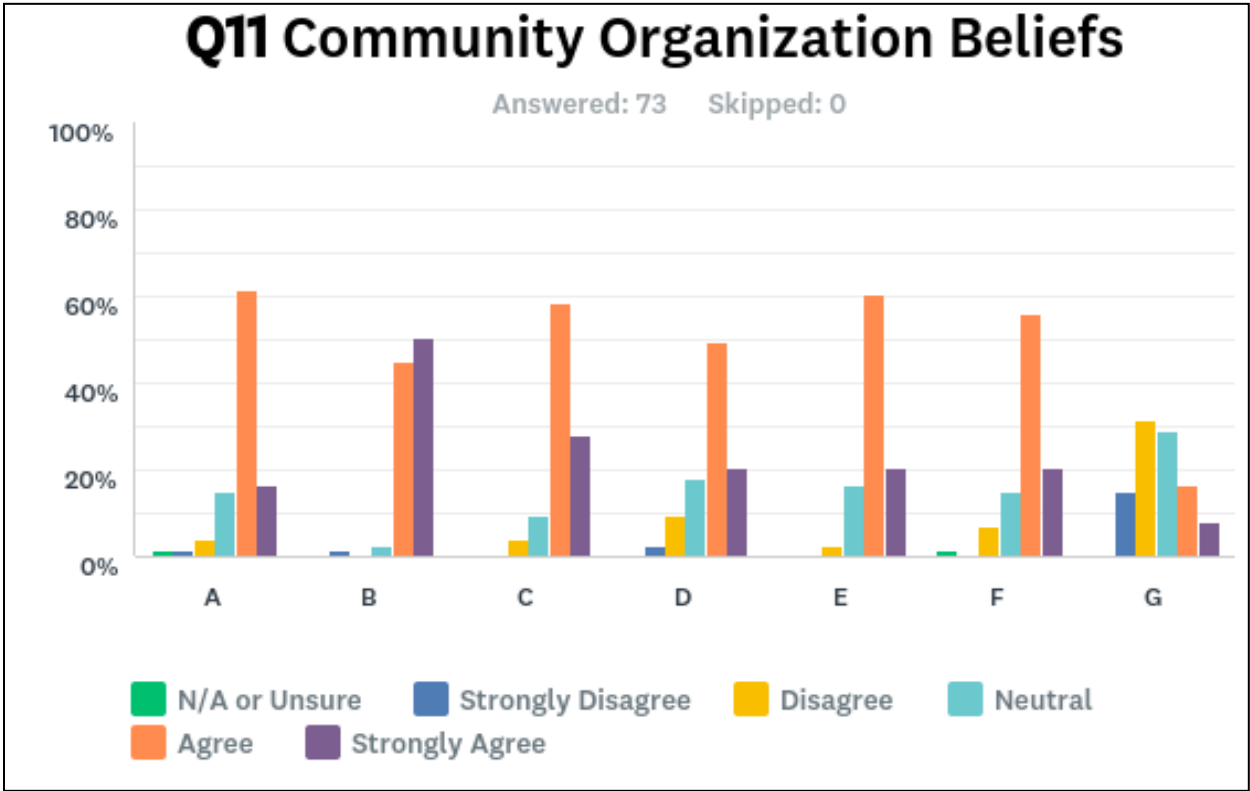


When asked about emerging health concerns in certain populations, themes were identified in the community agency responses. The following were noted health issues seen in Williams County:

- **Drug and Alcohol Abuse (Including Opioids)**
- **Mental Health**
- **Lack of Dental Care Access**
- **Food Deserts and Obesity**
- **Trauma-Impacted Children**
- **Immunizations (low vaccination rates)**
- **Lack of Insurance Coverage**
- **Transportation to Healthcare**

Drug and alcohol abuse in combination with untreated mental health disorders were most often cited. Lack of medical/dental/mental care providers, poverty, poor life choices, lack of resources, rural location, lack of transportation, and poor federal funding were also noted as possible contributing environmental, social and economic factors to the emerging health issues in Williams County.

Figure 10

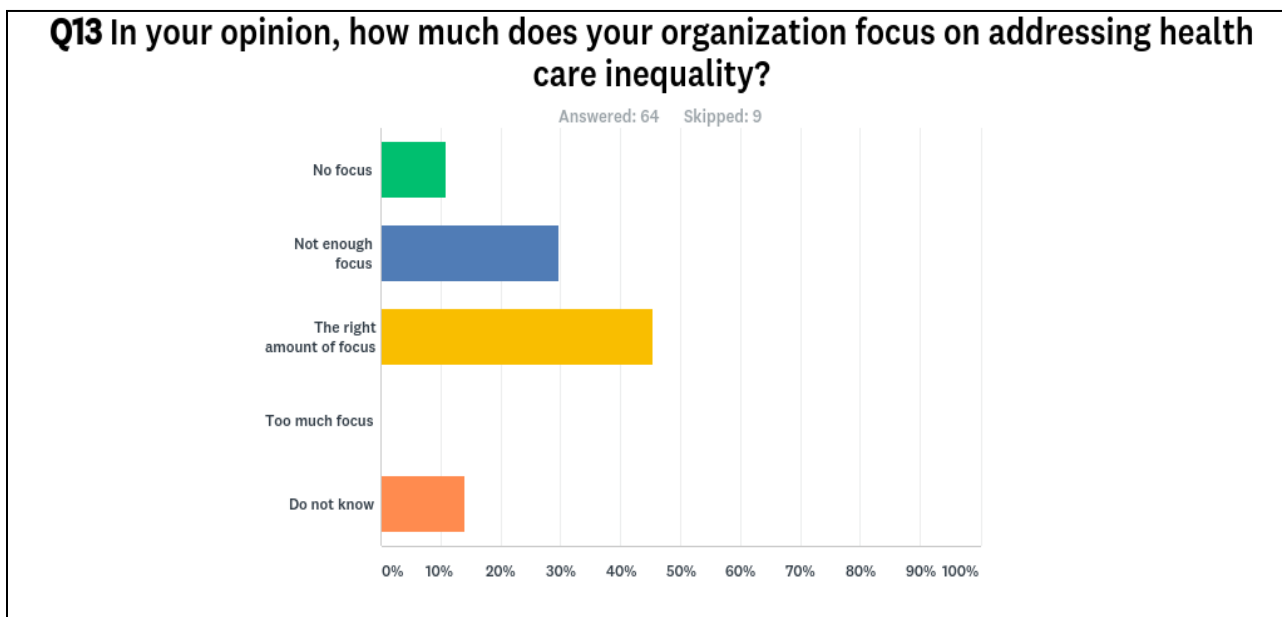


A: I understand the environmental, social and economic conditions that impact health in my community
B: I believe it is important to understand the beliefs and values of the residents and community members served by my organization
C: I have taken steps to enhance my own cultural competence and/or cultural understanding
D: I regularly have personally meaningful interactions and have learned from people of different cultures and backgrounds from my own
E: I feel my work environment is supportive of many different cultural perspectives
F: Staff at my organization are comfortable talking about race/racism and class/classism
G: I work with a culturally diverse staff.

Source: SurveyMonkey.com

Respondents from community organizations stated they and their organizations have identified health concerns and barriers present within the community. However, survey results show community agencies have room for improving cultural competency and addressing healthcare equality. Over 80% of respondents acknowledged their organization provided resources to community residents and partners to support addressing health inequality and had supportive collaborations between programs addressing health inequality.

Figure 11



Source: SurveyMonkey.com

Collaboration amongst community agencies is thought to have an impact on the ability to access healthcare. The most stated challenge community agencies face when attempting to collaborate with other community agencies is lack of funding. Additional collaboration challenges include: scheduling times that work for everyone, working on separate agendas, lack of understanding other agencies besides one's own, lack of networking, and the distance that must be traveled due to the rural location of Williams County. It is evident that community agencies acknowledge the importance of collaboration, but lack of resources is a challenge to doing so.

Focus Group Surveys

Table 5

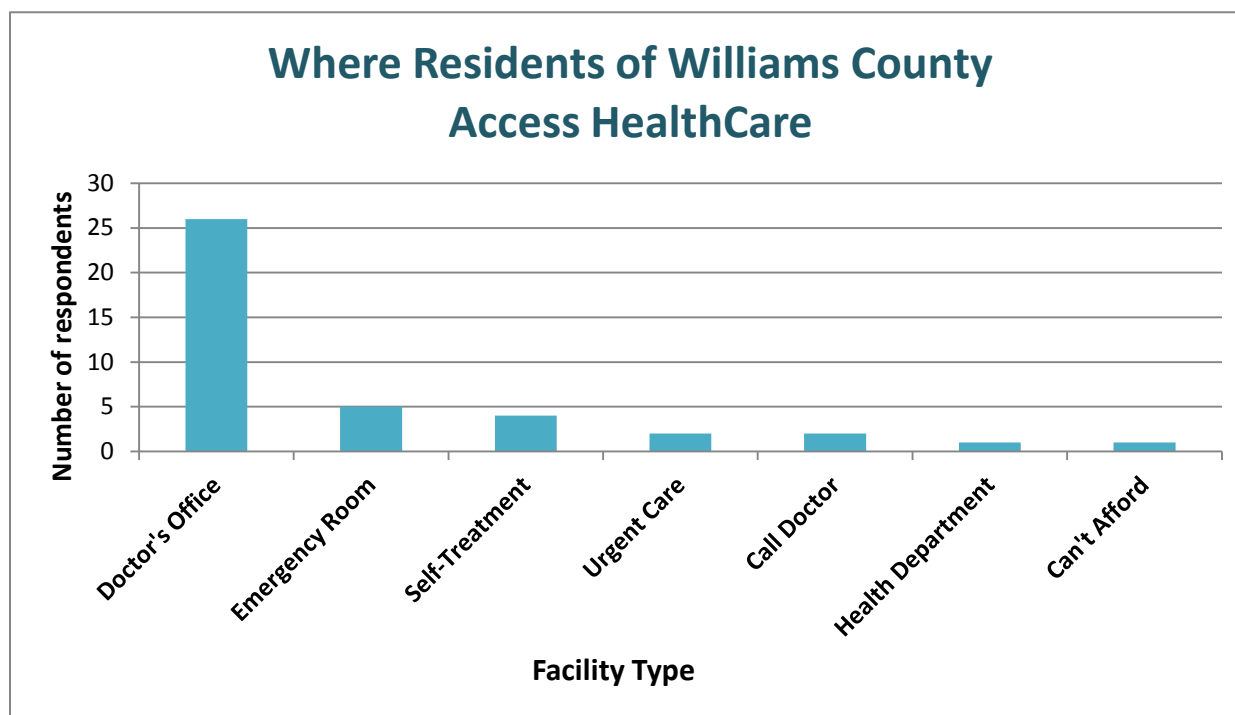
Demographics of Focus Group/Survey Participants	
Total Number of Participants: 64	
Elderly	
Total participants: 24	
Male: 4	
Female: 20	
Age (years): 40 to 49 (1), 60 to 64 (2), 65+ (21)	
Highest education level ¹ : Less than high school (4.2%), High school/GED (46%), Some college (37.5%), College graduate (12.5%)	
Ethnicity ¹ : Not Hispanic or Latino (71%), Hispanic or Latino (4.2%)	
Race ¹ : Caucasian (62.5%), Native American (21%), Other (16.7%)	
Hispanic or Latino	
Total participants: 8	
Male: 1	
Female: 7	
Age (years): 20 to 29 (2), 30 to 39 (3), 40 to 49 (1)	

Highest education level ¹ : Less than high school (12.5%), High school/GED (62.5%), Some college (0%), College graduate (25%)
Ethnicity ¹ : Hispanic or Latino (100%)
Race ¹ : Caucasian (37.5%), Other (12.5%)
Low Income²
Total participants: 32
Male: 4
Female: 24
Age (years): 20 to 29 (13), 30 to 39 (6), 40 to 49 (12), 50 to 59 (3), 60 to 64 (2), 65+ (1)
Highest education level ¹ : Less than high school (9.4%), High school/GED (53.1%), Some college (15.6%), College Graduate (9.4%)
Ethnicity ¹ : Not Hispanic or Latino (59.3%)
Race ¹ : Caucasian (66%), Native American (6.3%), Other (3.2%)

¹ Percentage calculated from total number of participants in each category

² Income data not collected. Participants were pulled from low-income housing, food assistance programs and WIC assistance.

Figure 12



Access to Care Challenges

Through focus group and survey data there were reoccurring themes that began to develop. Themes can be categorized into financial, structural and cognitive in nature. Self-reliance or self-treating was the most common response for individuals not seeking care across all groups.

Table 6

Examples of Financial, Structural and Cognitive Barriers	
Financial	
No insurance or inadequate insurance	
Gas money for transportation to and from doctor's appointments	
Child care	
Structural	
Hours of healthcare operation	
Lack of public transportation	
Waiting line	
Lack of physicians and healthcare providers	
Cognitive	
Communication barriers	
Self-medicate or self-assessment instead of seeking professional care	

Figure 13

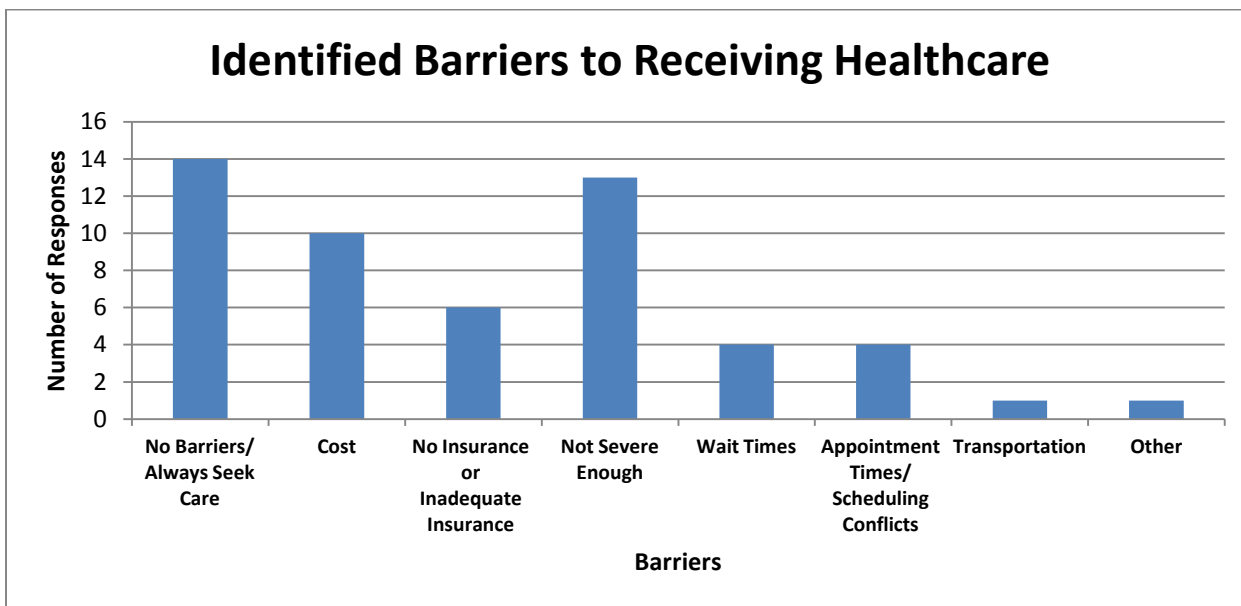


Figure 14

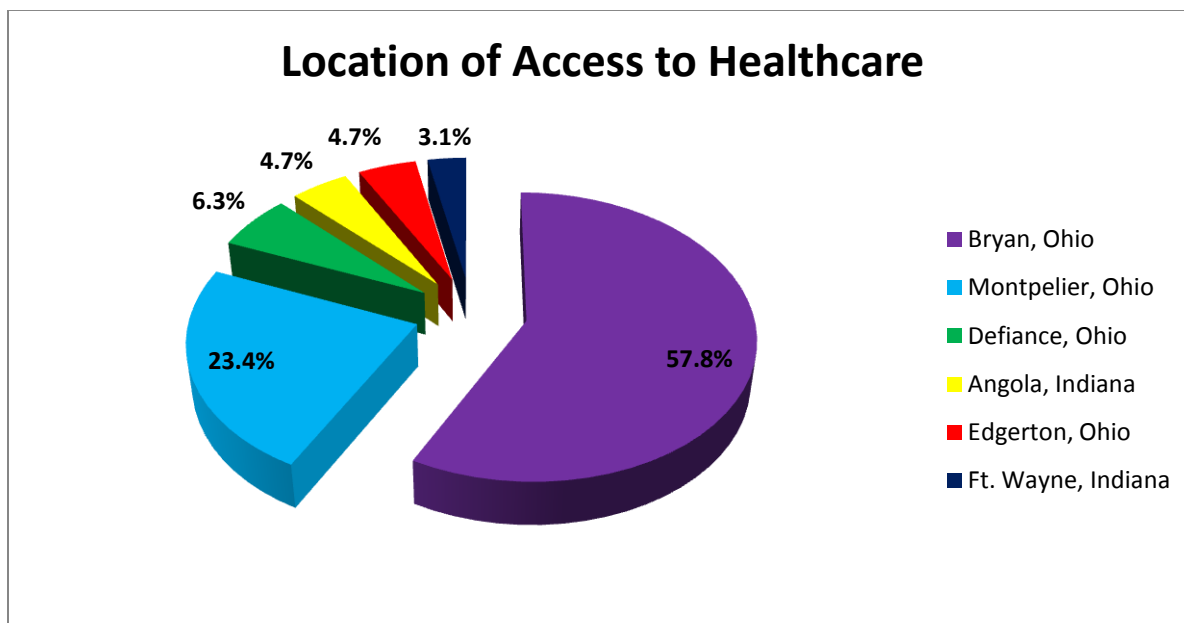
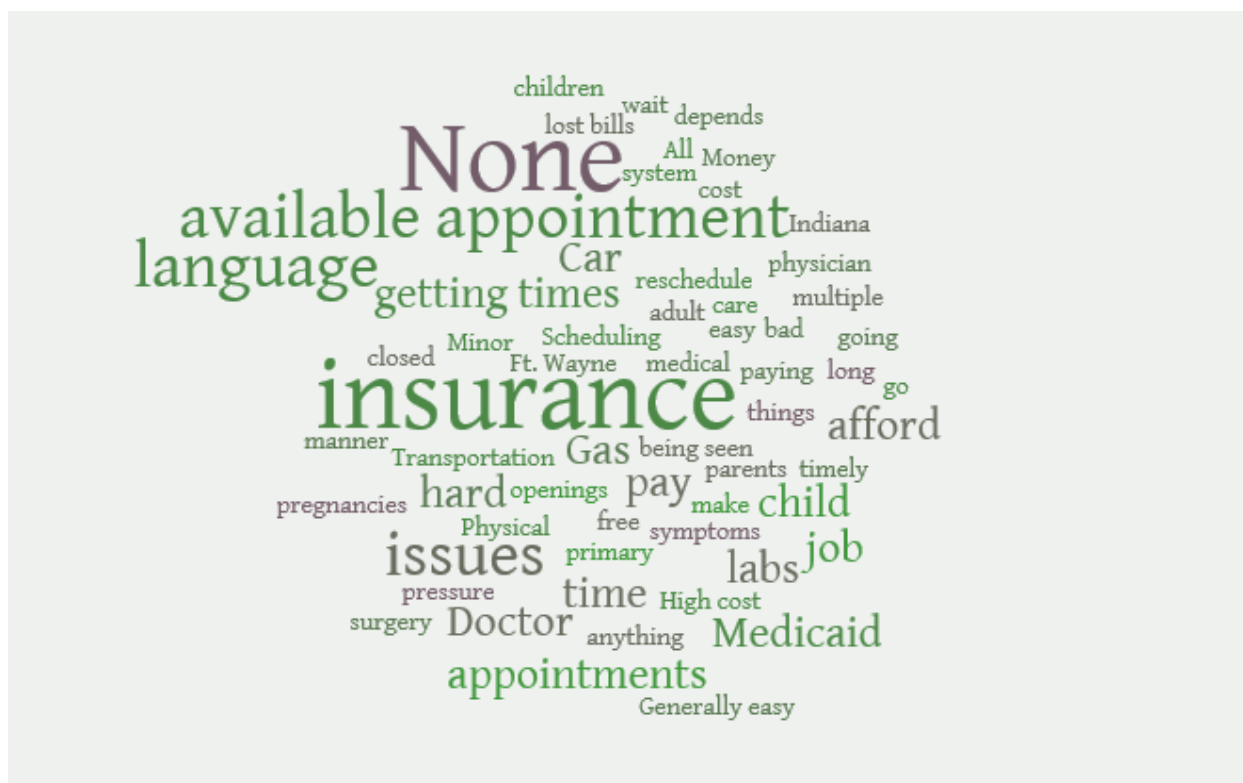


Figure 15: Word Cloud: Problems Faced When Seeking HealthCare in Williams County



Primary Care

Barriers for entering the healthcare system included accessing physicians, difficulties scheduling appointments and medical providers not accepting respondent's insurance. The elder population focus group had multiple respondents state that physicians retiring, relocating, or dying was an issue. After losing a primary care physician to one of the mentioned circumstances, participants had difficulty finding a replacement physician that would accept them as a new

patient. The emergency room or urgent care centers seemed to be options for those individuals who could not get in to see their primary care doctor.

“I couldn’t find a doctor after mine retired; I had to get accepted by my wife’s doctor. If it weren’t for the connection with my wife’s doctor, I couldn’t get in anywhere”

“Doctors retire or die”

“More nurse practitioners are coming into the medical centers and making it easier to see a provider. I would go to a nurse practitioner”

“I go to urgent care over the doctor because I can get in there”

“If going to a primary care physician it takes a while to be seen or make an appointment”

“Generally easy to get in to see a doctor (in Williams County)”

“We go to the ER (emergency room). It’s faster than making an appointment”

“It is hard to get in (to see a doctor)”

Self-Reliance

The majority of respondents stated their reason for not seeking care in Williams County was self reliance to self treat. Respondents also said they would seek information on their own and take over-the-counter medications instead of going to see a doctor. The general theme for relying on self-care was to “wait it out” and go to the doctor if something was more severe or self-treatment didn’t work.

“Depends on how severe it is. If it is a simple cold I will just take medicine. If more severe, I will go to the doctor.”

“We first assess the symptoms to see if we can treat it at home. If so, we take medication (OTC) if not we schedule a Dr. appointment”

“We will assess the sickness and determine if a doctor visit is necessary (i.e. high fever, cold lasting more than a few days, rash...)”

“Try to cure ourselves first, then if not go to the doctors”

“If my symptoms get so bad that I can’t do anything”

“If it is something simple, I will just take care of it myself”

“Common things that medicine could take care of myself”

Transportation

Transportation was cited by a few respondents as a barrier to accessing healthcare services. The cost of gas was one reason they were unable to access care. No respondents mentioned lack of public transportation as a barrier.

“I don’t have a ride. I have to call the senior center to get a ride”

“Transportation issues. We have a car, but paying for gas. My boyfriend lost his job”

“Car issues, depends”

Financial

Respondents from all populations stated money was an issue to receiving care. A common minor theme occurred within the elderly population who had Medicare insurance, but were unable to afford supplemental insurance or their supplemental insurance did not cover all healthcare costs. Some respondents from the low income population went without insurance because they were unable to afford it.

“I’m not poor, but I’m not rich... I still get assistance and it’s hard to get healthcare costs covered”

“Money- no insurance supplement”

“If it’s just a cold, nothing. I can’t always afford to go”

“Go to the doctors if I can afford it”

“Money (is an issue). Mother of my kid and my kid are on Medicaid, but I don’t have it. I got kicked off my parent’s insurance. There are so many bills backed up. I just let the immune system do its job.”

“We have to go to certain places that accept our insurance. I have to get my blood work done at a certain place so I don’t have to pay. If I go anywhere else I have to pay a co pay”

“Doctors aren’t cheap”

“If it were cheaper I feel a lot more people would seek care. Lot of people need care, but can’t afford it.”

“The medical insurance or insurance is wonky and I’ve had to reschedule multiple times”

“Too expensive. No insurance.”

Language, Beliefs and Health Literacy

When asked where participants get information about health from, the top three responses across all groups were: (1) Google/internet (2) make a call into the doctor or nurse (3) a family member. Additional responses included the health department, health clinics and television. The majority of respondents sought out information when they felt the need. Additionally, many respondents answered “yes” to the question “When your dentist or doctor gives you printed information, do you understand the information?” Of all respondents, 44% answered “yes”, 6.3% answered “no”, 12.5% answered “sometimes” and 1 respondent stated that they receive information, but it is not explained to them. There was a trend with the Hispanic population stating they did not understand information, only understanding information sometimes, or only understanding if an interpreter is present. Only 3 respondents from the Hispanic population stated they understood information given to them by their doctor or dentist.

“Wish they would fill out the paperwork for you. It is boring and confusing”

“When you feel rushed and that they don’t listen to what you’re saying. That’s what makes a bad experience”

“No (don’t understand), because it is always in English”

“No (doctors do not understand beliefs), because there are things that we should not do and here I see people doing. For example, when a baby is born, one should not drink cold water, cover their heads or eat cold fruit.”

“Yes, he understands me real well. Sometimes I think he knows me better than I do”

“Doctor introduced himself, doctor was kind, made me feel comfortable, and I understood him”

“Yes, because the pediatrician of my baby gives it to me in Spanish”

“If they have it interpreted”

Recommendations

Through the organization survey and focus group data collection, barriers to healthcare access were analyzed and recommendations can be made. Overall, the assessment showed the majority of individuals had no barriers to receiving healthcare. However, there are still unmet needs. What unmet primary care need exists in Williams County? (1) Access to dental care (2) Mental/Behavioral healthcare (3) Affordable pharmaceuticals

The following is a list of suggested measures that healthcare providers and community agencies can work on to improve access to healthcare in Williams County based on data collected for this report:

- i. **Increase the number of community agency meetings for collaboration efforts.**
- ii. **For those community agencies interested in improving the mental/behavioral healthcare to start a community health action group to address current issues.**
- iii. **Provide educational resources to 65+ population on supplemental insurance programs and options.**
- iv. **Staffing nurse practitioners and physician assistants for additional primary care services.**
- v. **Continue to provide educational resources to the community for preventive care.**
- vi. **Improve health literacy through collaboration efforts with community agencies.**
- vii. **Increase dental care providers.**
- viii. **Have healthcare providers in the area research ways to implement telemedicine into practice.**
- ix. **Make sure healthcare providers have adequately staffed interpreters on site.**
- x. **Increase education efforts on substance abuse treatment center options.**

Limitations

Though this assessment aimed to encompass all healthcare providers and collect the most detailed information on access to care barriers, there were some limitations. The assessment took place in Williams County only and should not be generalized to other counties. Focus groups and organizational surveys were pulled from a volunteer convenience sample and actual residency of participants was not collected. There were a limited number of respondents to the organizational survey and low participation focus group numbers. Most respondents to the focus group survey questions were white females. Demographic information was not collected from the organizational survey participants.

Direct income data was not collected from focus group participants, rather low income status was assumed based on participation from residents of low income housing or individuals receiving food assistance/WIC assistance. The focus group assessment aimed to include vulnerable populations only; therefore, data from the general population was not represented.

How Does Williams County Compare?

Healthy People 2020 stated that barriers to health services can include: cost of care, health insurance coverage (or lack thereof), availability of services, and lack of culturally competent care (Health.gov, 2017). A study completed by the Robert Wood Johnson Foundation found some of the top barriers that adults face in the U.S. when accessing healthcare. Similar barriers and themes were found in Williams County as well when focus groups were completed to determine access to care.

Top Barriers to Receiving Healthcare:

Williams County	United States*
Cost	Cost
No/Inadequate Health Insurance	No/Inadequate Health Insurance
Wait Times	Appointment Times/ Scheduling Conflict
Appointment Times/ Scheduling Conflict	Travel Time to get to Health Facility

* Data pulled from the Robert Wood Johnson Foundation, 2011

Community Health Assessment Comparisons:

During the most recent Community Health Assessments, residents revealed that the below table categories were some of the barriers they experienced when seeking care. Williams County residents appear to experience cost as a barrier less often than its neighboring counties, while experiencing problems with appointment times more often than residents in neighboring counties.

	Williams County 2016	Henry County 2016	Defiance County 2012	Fulton County 2016
Cost	8%	23%	12%**	29%
Appointment Times (inconvenient hours, unable to get in)	20%	17%	11%	17%
Insurance (lack of/doctor would not accept)	7%	8%	12%**	15%
Too Busy/Could not get time off Work	10%	7%	2%	6%

**Defiance County combined this barrier, in a response stating that the residents did not have enough money to pay for health care or insurance

Acknowledgements

Bryan Community Apartments
Helping Hands Food Pantry of Montpelier
Williams County Health Department
Williams County Department of Aging

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Appendices

- a. **Organizational Survey**
- b. **Focus Group Survey**
- c. **Crosstabulations from 2016 Community Health Assessment**

APPENDIX A: Organizational Survey

Williams County Access to Care Assessment Organizational Survey

Thank you for taking the time to complete this survey. The purpose of this survey is to better understand our community and how residents access health care services. We greatly value your input and appreciate any insight you may be able to provide. All responses are confidential and anonymous.

Section A. Introductory Questions - Please tell us a little about your organization and your role within the organization.

1. Which of the following best describes your organization, group, or institution?

<input type="checkbox"/> Academic institution/school	<input type="checkbox"/> Faith Based Organization
<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Private Sector Business
<input type="checkbox"/> Community group/coalition	<input type="checkbox"/> I am a Community Member/Resident
<input type="checkbox"/> Public agency	<input type="checkbox"/> Other _____
2. What does the agency you work/volunteer with primarily do?

<input type="checkbox"/> Health Advocacy/Policy	<input type="checkbox"/> Direct Health Care
<input type="checkbox"/> Other Advocacy/Policy	<input type="checkbox"/> Other Direct Services
<input type="checkbox"/> Research	<input type="checkbox"/> Social Services
<input type="checkbox"/> Private Business	<input type="checkbox"/> Other _____
3. Do you work directly with community residents in your current position? ☐ Yes ☐ No
4. In the populations and community served by your organization, are there any emerging or concerning health issues among specific groups that you see? Please list below.

5. If yes, what would you describe as contributing environmental, social and economic factors that affect the health concerns identified above?

Please indicate how much you agree or disagree with the following statements.	N/A or Unsure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. I am familiar with information resources that can help me identify and learn about major concerns in the community I serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am familiar with the major health care inequalities affecting residents in the community we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am familiar with the strengths and resources of the community we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am familiar with the demographic composition of the community we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Part of my job is to bring the community's voice into my organization's decision-making processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Part of my job is to take my organization's messages to the community.				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Do you work with community groups as part of your job?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

13. If yes, then what types of community groups do you work with?

- ☐ Groups that advocate for basic needs
- ☐ Neighborhood groups
- ☐ Faith-based groups
- ☐ Youth development/leadership groups
- ☐ Community members not affiliated with an organization or group
- ☐ Other _____

14. I have trusting relationships with community partners. ☐ Yes ☐ No

Please indicate how much you agree or disagree with the following statements.	N/A or Unsure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. I understand the environmental, social, and economic conditions that impact health in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I believe it is important to understand the beliefs and values of the residents and community members served by my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have taken steps to enhance my own cultural competence and/or cultural understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I regularly have personally meaningful interactions and have learned from people of different cultures and backgrounds from my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel my work environment is supportive of many different cultural perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Staff at my organization are comfortable talking about race/racism and class/classism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I work with a culturally diverse staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Your Organization's Role in the Community

Please indicate how much you agree or disagree with the following statements.	N/A or Unsure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. My organization has trusting relationships with community partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I believe that my organization's partners represent the interests and needs of community residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. In your opinion, how much does your organization focus on addressing health care inequality?	<input type="checkbox"/> No Focus <input type="checkbox"/> Too Much Focus <input type="checkbox"/> Not Enough Focus <input type="checkbox"/> Don't Know <input type="checkbox"/> The Right Amount of Focus					

Please indicate how much you agree or disagree with the following statements.	No	Somewhat	Yes	Don't know
25. I think my organization demonstrates a commitment to addressing the environmental, social and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I think my organization has strategies in place to advocate for public policies that address environmental, social and/or economic conditions that impact health care inequality. ☐ ☐ ☐ ☐

Please indicate how much you agree or disagree with the following statements.	N/A or Unsure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
27. My organization should play a significant role in addressing the environmental, social and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My organization values input from other community residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. My organization is responsive to the priorities of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. My organization has provided resources to community residents and groups to support their concerns and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. My organization works with non-health-focused networks in the community to address issues that can impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. My organization sets standards and expectations for how we work with the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. In general, my organization's programs are structured to address the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. A range of culturally appropriate program delivery models are planned and implemented at my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My organization creates and distributes oral and written information that is appropriate for the cultural, linguistic and literacy needs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My organization periodically completes assessments of the cultural and linguistic needs of the community we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My organization plays an active role in developing, maintaining and supporting networks in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. My organization is able to adapt to new communities and changes within the populations we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Staff at my organization understands residents' concerns in our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Staff at my organization understands the major causes of health inequality in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Staff at my organization is familiar with local strengths and resources of residents and community agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Staff is encouraged to learn about ways to address the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Staff is encouraged to be creative in addressing new challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Community Collaboration

44. How much does the local healthcare system show a general understanding of the environmental, social, and economic conditions that affect health?

- ☐ None
 ☐ A lot
☐ Some
 ☐ Don't Know

45. There is support from management within my organization for collaborations between programs addressing health inequality.

- ☐ Yes
 ☐ No

46. My organization has provided resources to community residents and partners to support their concerns and needs for addressing health inequality

- ☐ Yes
 ☐ No

Please indicate how much you agree or disagree with the following statements.	N/A or Unsure	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
47. I think my organization and other agencies like mine, have a general awareness of the environmental, social and economic conditions that impact the health of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Addressing the environmental, social and economic conditions that impact health in the community is a high priority among local organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. What has been challenging about the collaboration between your organization and other organizations/groups like yours?	<hr/> <hr/> <hr/>					

50. My organization collaborates with public agencies or community based organizations to address the following:

- | | | |
|--|------------------------------|-----------------------------|
| Accessibility of basic needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Community safety and violence prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recreation opportunities, parks and open space | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Community economic development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation planning and availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Environmental protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Early childhood development and education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Youth development and leadership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Healthcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you for your time and effort in completing this survey. Your input is greatly appreciated as we work to better understand the community we serve.

APPENDIX B: Focus Group Questions

Focus Group Questions for All Participants:

1. What do you and your family do when someone gets sick?
2. When you get sick, where (what town) do you go to for an appointment? *Round Robin.*
3. What problems do you face when you need to see a doctor?
4. If you **do not** seek care when you get sick, why don't you?
5. What would make it easier to get healthcare in Williams County?
6. Where do you get information about health from? Please be specific as possible.
7. When your dentist or doctor gives you printed information, do you understand the information?
8. Think of a time you've had a positive/negative experience at the doctors.

What made it positive or negative?
9. *If you've changed your primary care provider in the past? What are some reasons why?*
10. Do you feel like your doctor understands your beliefs and values related to receiving medical care? Explain.

These questions are optional:

Age:

☐ 18-19yrs ☐ 20-29yrs ☐ 30-39yrs ☐ 40-49yrs ☐ 50-59yrs ☐ 60-64yrs
☐ 65+yrs

Gender:

☐ Male ☐ Female

Highest Education Level:

☐ less than high school ☐ high school/GED
☐ some college ☐ college graduate

Ethnicity:

Additional Questions for the Spanish-Speaking Focus Group:

1. How does your dental provider communicate with you in person?

Select all that apply:

- ☐ Interpreter provided
- ☐ Interpreter through the phone or computer
- ☐ My family member interprets for me
- ☐ I bring my own interpreter
- ☐ Nothing is provided in my language

2. How does your healthcare provider communicate with you in person?

Select all that apply:

- ☐ Interpreter provided
- ☐ Interpreter through the phone or computer
- ☐ My family member interprets for me
- ☐ I bring my own interpreter
- ☐ Nothing is provided in Spanish

3. When your dentist or doctor gives you printed information, is it in Spanish?

Do you understand the information you receive?

APPENDIX C: 2016 Community Health Assessment Crosstabulations

<i>Within the past 12 months, have you had any of the following problems when you needed healthcare?</i>				
<i>Retrieved From HCNO: 08-22-2016</i>	Insured	Uninsured	Income <\$25,000	Income >\$25,000
Plan does not allow me to see doctors in Williams County	2%	0%	2%	1%
I had to change doctors because of my healthcare plan	6%	0%	8%	4%
I couldn't find a doctor to take me as a patient	16%	0%	20%	13%
I couldn't find a doctor that I am comfortable with	4%	0%	7%	2%
I couldn't get appointments when I wanted them	21%	5%	24%	19%
I didn't get health services because of discrimination	0%	0%	0%	0%
I didn't get health services because I was concerned about my confidentiality	<1%	0%	0%	<1%
I didn't have enough money to pay for healthcare	7%	20%	7%	9%
I didn't have insurance	2%	5%	3%	2%
I didn't have transportation	<1%	0%	0%	<1%
I did not have anyone to watch my parent or senior family member	0%	0%	0%	0%
I didn't have anyone to take care of my children	1%	0%	2%	<1%
I was too busy to get the healthcare I needed	5%	0%	5%	6%
I was too embarrassed to seek help	1%	0%	2%	1%
I could not get time off of work	6%	0%	7%	4%
I had another problem that kept me from getting healthcare	1%	0%	0%	<1%
I have not had any of these problems in the past 12 months	66%	75%	62%	68%