

**ACCESS TO CARE**  
**in Belpre, Marietta, and Washington County**

**EVALUATION SUMMARY**  
**December 2019**

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## Introduction and Background

### *Appalachian Rural Health Institute, Ohio University*

The Appalachian Rural Health Institute (ARHI) is within the College of Health Sciences and Professions (CHSP) at Ohio University. As a consortium of researchers with specific experience and expertise in quantitative and qualitative research methods, ARHI is committed to improving the health of people who reside in rural areas in general and Appalachia in particular. Our approach is to use community-based studies and projects that specifically focus on Appalachian health needs, issues, and disparities. We understand the challenges faced in providing care to improve public health in Appalachia.

### *Project Purpose, Objectives, and Methodology - Washington County, Ohio*

The overall purpose of this project is to assist local health departments in Ohio with public health accreditation documentation related to access to care. Specifically, the objectives are:

- To compile rural health priorities as identified in rural and Appalachian Counties in Ohio; and
- To focus on access to care (Domain 7) in the public health accreditation guidelines by
  - Collecting health care access data from community members; and
  - Assembling health care access data from secondary sources.

In collaboration with the Marietta/Belpre Health Department and Washington County Health Department, ARHI Director Michele Morrone, PhD, facilitated a session with health care providers, public health professionals, and numerous community partners practicing in Washington County, the City of Belpre, and/or the City of Marietta (collectively called the “Health Care Access Team” on following pages of this report) on June 13, 2019. The facilitator’s agenda for this session is in Appendix A, and the participant list is attached as Appendix B. The purpose of this meeting was to review public perception of gaps in access to care and to evaluate strategies that could work to address these local gaps.

The Washington County and Marietta/Belpre Health Departments collaborated with other members of Washington County Health Partners to disseminate an online access to care survey to local residents through social media, community events, notices put on local water bills, and paycheck stuffers during summer and fall 2019. The survey is located in Appendix C and the results are summarized in Appendix D.

### Health Care Strategies Rubric Used for this Project

With the support of the Robert Wood Johnson Foundation (RWJF), the University of Wisconsin Population Health Institute developed *What Works for Health*, a comprehensive guide of strategies to address access to health care. It offers evidence-based approaches to improving health across a range of factors.<sup>1</sup> For the purpose of this work, we focused on the Access to Care strategies

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<sup>1</sup> <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

specifically targeted to rural communities.

Health Care Access Team Assessment

Individual representatives from health care, public health, and community partners first identified strategies that they wanted to discuss (Table 1).

| Table 1. Tally of Votes to Prioritize Strategy Discussion  | # of votes |
|--|------------|
| <b>Activity Programs for Older Adults.</b> Offer group educational, social, or physical activities that encourage social interactions, regular attendance, and community involvement among older adults.   | 4          |
| <b>Career Academies.</b> Establish small learning communities in high schools focused on health care fields including technology, finance, and communication.  | 2          |
| <b>Community Health Workers.</b> Engage professional or lay health workers to provide education, referral and follow-up, case management and home visiting for those at high risk for poor health outcomes.  | 12         |
| <b>Cultural Competence Training for Health Care Professionals.</b> Focus on skills and knowledge to value diversity, understand and respond to cultural differences, and increase awareness of providers' cultural norms.  | 6          |
| <b>Federally Qualified Health Centers (FQHCs).</b> Increase support for non-profit health care organizations, such as Hopewell Health Centers, that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of their ability to pay. | 9          |
| <b>Health Career Recruitment.</b> Include academic support and professional experiences for high school, college or post-baccalaureate students.   | 2          |
| <b>Health Insurance Enrollment &amp; Outreach.</b> Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.   | 9          |
| <b>Medical Homes.</b> Provide continuous, comprehensive, whole person primary care that uses a coordinated team of medical providers across the health care system.  | 8          |
| <b>Places for Physical Activity.</b> Modify local environments to support physical activity, increase access to new or existing facilities for physical activity, or build new facilities.   | 5          |
| <b>Retail Clinics.</b> Establish clinics in retail stores that provide basic services for simple health conditions and procedures such as sore throats, immunizations, pregnancy testing, lipid and diabetes screening.  | 4          |
| <b>Rural Training in Medical Education.</b> Expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas.   | 4          |
| <b>Rural Transportation Systems.</b> Establish transportation services for areas with low population densities, using publicly funded buses and vans on a set schedule, volunteer ridesharing, or other means.   | 15         |
| <b>School-based Health Centers.</b> Provide health care services on school premises to attending elementary, middle, and high school students; services provide by teams of nurses, nurse practitioners, and physicians.   | 13         |
| <b>Telemedicine.</b> Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring. Also called "telehealth."   | 8          |
| <b>Telemental Health Services.</b> Provide mental health care services via telephone or videoconferencing. Similar to telemedicine.  | 10         |

The health care, public health, and community representatives (the “LHD Workgroups”) then assessed the strategies using an evaluation rubric designed by ARHI (Appendix D). This rubric judges each strategy using two major categories: 1) impact and 2) feasibility. The participants were asked to assess strategies separately for the jurisdictions served by Marietta/Belpre Health Department (i.e., the cities of Marietta and Belpre) and by Washington County Health Department (i.e., the townships and villages lying outside the two cities), since impact and feasibility could vary between the jurisdictions. Average ratings are summarized in Table 2. The average ratings are categorized as follows: **High** = 4-6; **Moderate** = 2-3.9, and **Low** = 0-1.9.

This table also includes the average responses of the online survey respondents as an indication of public support for specific strategies. This support is categorized based on percentages of respondents who support the strategy “a lot:” **High** = more than 75% of respondents support the strategy “a lot;” **Moderate** = 50-74.99%; and **Low** = less than 50%.

| <b>Table 2. Summary of Strategies and Their Evaluation</b> |                       |                        |                    |                        |                |
|--|-----------------------|------------------------|--------------------|------------------------|----------------|
| <b>Strategy (Abbreviation)</b>                             | <b>LHD Workgroups</b> |                        |                    |                        | <b>Public</b>  |
|  | <b>Impact</b>         |                        | <b>Feasibility</b> |                        | <b>Support</b> |
|  | <b>County</b>         | <b>Marietta/Belpre</b> | <b>County</b>      | <b>Marietta/Belpre</b> |                |
| <b>Activity Programs for Older Adults (OLDER)</b>          | H                     | H                      | H                  | H                      | M              |
| <b>Career Academies (CAREER)</b>                           | M                     | H                      | M                  | H                      | M              |
| <b>Community Health Workers (CHW)</b>                      | H                     | H                      | M                  | H                      | M              |
| <b>Cultural Competency Training (CULCOMP)</b>              | H                     | H                      | M                  | H                      | M              |
| <b>Federally Qualified Health Centers (FQHCs)</b>          | H                     | H                      | M                  | M                      | M              |
| <b>Health Career Recruitment (RECRUIT)</b>                 | H                     | H                      | M                  | H                      | M              |
| <b>Health Insurance Enrollment &amp; Outreach (INSURE)</b> | H                     | H                      | M                  | H                      | H              |
| <b>Medical Homes (MHOME)</b>                               | H                     | H                      | M                  | M                      | M              |
| <b>Places for Physical Activity (PHYSAC)</b>               | H                     | H                      | M                  | H                      | M              |
| <b>Retail Clinics (RETAIL)</b>                             | M                     | H                      | M                  | M                      | NA             |
| <b>Rural Training in Medical Education (TRAIN)</b>         | M                     | H                      | M                  | M                      | M              |
| <b>Rural Transportation Systems (TRANSP)</b>               | M                     | M                      | M                  | M                      | M              |
| <b>School-based Health Centers (SCHOOL)</b>                | H                     | H                      | M                  | M                      | NA             |
| <b>Telemedicine (TMED)</b>                                 | H                     | H                      | M                  | H                      | L              |
| <b>Telemental Health Services (TMENT)</b>                  | M                     | M                      | M                  | H                      | L              |

The specific workgroup ratings are shown in Tables 3A (Washington County) and 3B (Marietta/Belpre; on the next page), ranked from highest to lowest average impact scores. The average feasibility ratings for each criterion are also noted. Refer to the rubric (Appendix D) for how the strategies were rated.

Participants rated Federally Qualified Health Centers (FQHCs) as the most impactful strategy for Marietta/Belpre and Washington County as a whole. However, the feasibility of this strategy was rated very low for both settings. Activity programs for older adults were rated as the most feasible strategy for implementation in Washington County and second highest for Marietta/Belpre; implementation of cultural competency training was rated as the most feasible strategy for implementation in Marietta/Belpre.

| <b>Table 3A. Average Ratings for Washington County</b><br>(Highest Possible Rating = 6)   |                               |             |                                       |
|---|-------------------------------|-------------|---------------------------------------|
|   | Impact<br>(highest to lowest) | Feasibility | Difference*<br>(Impact – Feasibility) |
| <b>FQHCs</b>  | 5.10                          | 2.95        | 2.14                                  |
| <b>School-based health centers</b>  | 4.76                          | 3.10        | 1.67                                  |
| <b>Telemedicine</b>   | 4.70                          | 3.15        | 1.55                                  |
| <b>Medical homes</b>  | 4.76                          | 3.50        | 0.95                                  |
| <b>Places for physical activity</b>   | 4.42                          | 3.79        | 0.63                                  |
| <b>Health career recruitment</b>  | 4.30                          | 3.90        | 0.40                                  |
| <b>Activity programs for older adults</b>   | 4.30                          | 4.10        | 0.20                                  |
| <b>Cultural competency training</b>   | 4.16                          | 3.89        | 0.26                                  |
| <b>Community health workers</b>   | 4.10                          | 3.67        | 0.43                                  |
| <b>Health insurance enrollment &amp; outreach</b>   | 4.05                          | 3.71        | 0.33                                  |
| <b>Career academies</b>   | 3.90                          | 3.90        | 0.00                                  |
| <b>Rural training in medical education</b>  | 3.70                          | 3.20        | 0.50                                  |
| <b>Telemental health services</b>   | 3.62                          | 3.81        | -0.19                                 |
| <b>Rural transportation systems</b>   | 3.52                          | 3.00        | 0.52                                  |
| <b>Retail clinics</b>   | 3.40                          | 3.00        | 0.40                                  |
| Interpretation: Positive numbers indicate that the strategy is rated more impactful than feasible; the greater the number, the larger the gap between impact and feasibility. |                               |             |                                       |

**Table 3B. Average Ratings for Marietta/Belpre**  
(Highest Possible Rating = 6)

|   | Impact<br>(highest to lowest) | Feasibility | Difference*<br>(Impact – Feasibility) |
|---|-------------------------------|-------------|---------------------------------------|
| <b>FQHCs</b>                                      | 5.67                          | 3.17        | 2.50                                  |
| <b>Cultural competency training</b>               | 5.50                          | 5.17        | 0.33                                  |
| <b>Telemedicine</b>                               | 5.33                          | 4.00        | 1.33                                  |
| <b>Medical homes</b>                              | 5.17                          | 3.17        | 2.00                                  |
| <b>School-based health centers</b>                | 5.00                          | 3.17        | 1.83                                  |
| <b>Activity programs for older adults</b>         | 4.83                          | 5.00        | -0.17                                 |
| <b>Places for physical activity</b>               | 4.83                          | 4.67        | 0.17                                  |
| <b>Community health workers</b>                   | 4.67                          | 4.83        | -0.17                                 |
| <b>Health career recruitment</b>                  | 4.67                          | 4.33        | 0.33                                  |
| <b>Health insurance enrollment &amp; outreach</b> | 4.50                          | 4.33        | 0.17                                  |
| <b>Career academies</b>                           | 4.33                          | 4.17        | 0.17                                  |
| <b>Retail clinics</b>                             | 4.00                          | 3.00        | 1.00                                  |
| <b>Rural training in medical education</b>        | 4.00                          | 3.67        | 0.33                                  |
| <b>Telemental health services</b>                 | 3.50                          | 4.67        | -1.17                                 |
| <b>Rural transportation systems</b>               | 2.50                          | 3.83        | -1.33                                 |

Interpretation: Positive numbers indicate that the strategy is rated more impactful than feasible; the greater the number, the larger the gap between impact and feasibility.

## Appendix A

### Facilitator's Agenda for Washington County, Cities of Marietta/Belpre Health Care Access Meeting

#### Supplies/Materials:

- Summary of [Rural Health Care Access: Research Project](#) (completed by Appalachian Rural Health Institute, January 2019) and Evaluation Rubric
- Sign in sheets
- Evaluation forms
- Copies of survey

#### 1. Introductions (10 minutes)

- a. Have a sign-in sheet to get names, affiliations, and emails
- b. Invite participants to look at the state report

#### 2. Overview/Orientation (30 minutes)

- a. Review state report
- b. PHAB Domain 7
  - i. Gaps (rural health report)
    1. Survey
      - a. Sent a letter to all health departments
      - b. Contacted all health departments through their Facebook pages and asked if they would share a link on their page
      - c. Boosted the Facebook post
      - d. More than 10,000 accessed the FB post, more than 1,000 accessed the survey, 695 completed it.
    2. We found similar concerns in all rural counties
    3. Ask if there is anything they want to add to the state data that is different in their communities
  - ii. Strategies
    1. Introduce the RWJF What Works activities
    2. They developed strategies for rural communities and have assigned an evidence rating to each:
      - a. Scientifically supported (SS): Most likely to make a difference. Tested in multiple robust studies with consistently positive results
      - b. Some evidence (SE): likely to work, but further research is needed to confirm effects; tested more than once and results trend positive overall

- c. Expert opinion (EO): recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs is needed
  - d. Insufficient evidence (IE): limited research documenting effects; need further research with stronger design
  - e. Mixed evidence (ME): tested more than once with inconsistent results; further research is needed
  - f. Evidence of ineffectiveness (IE): not good investments; tested with negative or harmful results
3. We only selected strategies that are SS, SE, or EO

### 3. Strategy Evaluation (60-90 minutes)

- a. Review and identify strategies for ranking
  - i. Review list of strategies on the evaluation form (alphabetical)
  - ii. Eliminate any that they do not want to evaluate based on their knowledge
    - 1. Have then mark the 5 that they definitely want to talk about
    - 2. Fill in the attached tally to see which ones will be discussed first
- b. Explain rubric
  - i. Use rubric from report
  - ii. Assure them that this is based on their judgement and expertise, just like if they were grading a paper
- c. Apply rubric to each strategy
  - i. Talk through each strategy before they make their independent scores
  - ii. Spend no more than 10 minutes on each strategy
- d. Capture comments and discussion

### 4. Follow up

- a. Report
  - i. We will prepare a short report that shows how their group evaluated the strategies
  - ii. This is a starting point for identifying what they will work on
- b. Strategy implementation

## Appendix B

### Washington County, Cities of Marietta/Belpre Health Care Access Meeting

#### Participants

| <b>Name</b>        | <b>Organization</b>   |
|--------------------|---|
| Court Witschey     | Washington County Health Department (WCHD)                    |
| Carla Rasmussen    | WCHD  |
| Jayne Call         | WCHD  |
| Mindy Cayton       | Buckeye Hills Regional Council                                |
| David Browne       | Washington County Behavioral Health Board (WCBHB)             |
| Christine Berg     | WCHD  |
| Jamie Vuksic       | Washington County Job and Family Services (WCDJFS)            |
| Deann Green        | WCDJFS  |
| Roxanne Jarell     | WCHD  |
| Fallo Caudill      | Equitas Health (FQHC look-alike)                              |
| Robin Bozian       | Southeastern Ohio Legal Services (SEOLS)                      |
| Hilles Hughes      | WCBHB   |
| Michele Sturgeon   | WCBHB   |
| Genesis Vaughn     | Equitas Health (FQHC look-alike)                              |
| Stacy Kramer       | Nationwide Childrens' Hospital                                |
| Randy Prince       | Retired Pharmacist  |
| Laura Bays Flowers | WCHD  |
| Bruce Kelbaugh     | Volunteer   |
| Gary Williams      | Ely Chapman Education Foundation                              |
| Anne Goon          | Marietta/Belpre Health Department                             |
| Heather Warner     | GoPacks   |
| Amy Nahley         | WCHD  |
| Deanna Shuler      | Memorial Health System  |
| Lisa Valentine     | Washington County Retired and Senior Volunteer Program (RSVP) |
| Cindy Davis        | Washington County Family & Children First Council             |

## Appendix C

### Public Health Care Access Survey



## Instructions

There are some important health concerns in your community that may be related to access to health care services. Your local officials are working to identify why it might be difficult for some people to get high quality health care services.

The Appalachian Rural Health Institute at Ohio University is helping gather information about access to health care. We invite you to complete this survey to share your experiences and opinions about health care services near where you live.

Your participation is completely voluntary and anonymous. Your responses to this survey will provide critical information to improve health care and could benefit you by improving services.

You should NOT complete this survey if you are:  
Under 18 years old  
Do not live in Ohio

If you are uncomfortable answering any of the questions on this survey, please leave them blank or do not complete the survey.

This survey will take 10-15 minutes of your time. Once you are finished, for maximum privacy, you can clear your browser history and close your browser.

If you have any questions about this survey or would like to know about how you can participate further in improving access to health care, contact Dr. Michele Morrone at [morrone@ohio.edu](mailto:morrone@ohio.edu)



## Consent

Please check the boxes below:

\_\_\_ I am at least 18 years old and am participating in this survey voluntarily.

\_\_\_ I live in Ohio

What county do you live in?

Do you live in the City of Marietta? (Y/N) \_\_\_

Do you live in the City of Belpre? (Y/N) \_\_\_

In general, do you think there are enough health care services for people who live in (circle responses):

| Your county  | Marietta     | Belpre       |
|--------------|--------------|--------------|
| Yes          | Yes          | Yes          |
| No           | No           | No           |
| I don't know | I don't know | I don't know |

## Use of services

If you were to get sick or needed to see a medical professional, where would you go first? (circle one)

A doctor's office

A nurse practitioner

A community health center that offers a discounted fee

A retail clinic like Walmart

A hospital emergency room

An urgent care center

Some other place

I don't know

Check all of the boxes for health care services you used in the past 12 months and identify if these services were in the county you live in.

(Leave the box blank if you did not use these services)

|   | Services used?           | In your county?          |
|---|--------------------------|--------------------------|
| Primary care such as a family physician                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatric services such as a pediatrician                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Nurse practitioner who is your primary care provider                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered nurse at a doctor's office, hospital, clinic or other location | <input type="checkbox"/> | <input type="checkbox"/> |
| Women's health services such as gynecologist or obstetrician              | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency room of a hospital or clinic                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical services such as an ambulance or paramedic              | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental care such as a dentist or dental hygienist                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Home health care such as a home health aide or hospice                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Speciality care such as a heart doctor, allergist, or cancer doctor       | <input type="checkbox"/> | <input type="checkbox"/> |
| Dialysis  | <input type="checkbox"/> | <input type="checkbox"/> |
| Telemedicine such as online chat or video call                            | <input type="checkbox"/> | <input type="checkbox"/> |



On average, how much TIME do you spend traveling to see the following health care providers?

|                            | Less than 15 minutes  | Between 15 and 30 minutes | Between 30 and 45 minutes | Between 45 and 60 minutes | More than 60 minutes  | I do not use these services |
|----------------------------|-----------------------|---------------------------|---------------------------|---------------------------|-----------------------|-----------------------------|
| Primary care               | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| Community health center    | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| Hospital or emergency room | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| An urgent care center      | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| A specialist               | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| Dialysis                   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| Behavioral health clinic   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |
| Substance abuse services   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>       |

If you went to a hospital emergency room in the past 12 months, was it for a condition that you thought could have been treated by a regular doctor? (Circle answer)

Yes

No

I don't know

I did not go to a hospital emergency room in the past 12 months

In general, how satisfied are you with the following related to your health care?

|                            | Satisfied             | Somewhat satisfied    | Not satisfied at all  | I have no opinion     |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Convenience                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Courtesy of providers      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| information from providers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the past 12 months, was there a time that you thought you needed to see a health care professional, but were unable to? (Circle answer)

Yes

No

I did not feel I needed to see a health professional in the past 12 months

The last time you tried to get general medical care, about how many days did you have to wait until the first appointment was available?

Enter the number of days

\_\_\_\_\_ I was able to get an appointment the same day

\_\_\_\_\_ I was never able to schedule an appointment

\_\_\_\_\_ I don't know/can't remember

\_\_\_\_\_ I have never tried to schedule an appointment for general medical care

The last time you tried to get specialist care, about how many days did you have to wait until the first appointment was available?

Enter the number of days

\_\_\_\_\_ I was able to get an appointment the same day

\_\_\_\_\_ I was never able to schedule an appointment

\_\_\_\_\_ I don't know/can't remember

\_\_\_\_\_ I have never tried to schedule an appointment with a specialist

Have you ever felt that a doctor, or other health care provider, or their staff judged you unfairly or treated you with disrespect? (circle answer)

Yes

No

I don't know

In the past 12 months, was there a time when you did not have any health insurance? (circle answer)

Yes, for at least some time

No, I was insured the entire time

I don't know

In the past 12 months, did you have any problems paying or were unable to pay any of your medical bills? This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills or home care bills. (circle answer)

Yes

No, I was able to pay all of my medical bills

I don't know

What type of insurance does your family have? Circle all that apply.

Plan purchased through an employer or union

A plan that you or another family member buys on your own

Medicare

Medicaid or other state program

TRICARE, VA, or military

Other sources (identify these if you know them)

None

Don't know, not sure

"Out of pocket" is the amount of money you pay that is not covered by any insurance or special assistance you might have. It does not include any premiums you pay for your health insurance or any health care cost that might be reimbursed. It does include co-pays. How much did you spend "out of pocket" for health care for you and your family during the past 12 months? (circle answer)

\$0

\$1-\$199

\$200-\$499

\$500-\$999

\$1,000-\$2,999

\$3,000-\$4,999

\$5,000 or more

I don't know

Did any of the following situations apply to you in relation to medical bills? Circle all that apply.

You or someone in your family took added hours at current job or took another job to help cover medical cost

You were unable to pay basic necessities like food, heat, or rent because of medical bills

You took on credit card debt

You took out a loan

You cut back on savings or took money out of savings

You declared bankruptcy

I don't know

None of the above

If you or someone you knew needed help with the following health problems, would you be able to identify local services available?

|                             | Yes                   | No                    | Don't know/ not sure  |
|-----------------------------|-----------------------|-----------------------|-----------------------|
| Drug abuse                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Weight management           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tobacco use                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcohol use                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic illness             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospice or end of life care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of food                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Strategies

Here are some ideas for improving health care in your county. Do you support these ideas a lot, a little bit, or not at all?

|  | Do not support at all | Support a little bit  | Support alot          | I don't know or I am not sure |
|--|-----------------------|-----------------------|-----------------------|-------------------------------|
| Train people who live in the county to help other people understand and get healthcare services.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Make sure that places that get money from the federal government and provide health care to everyone can stay open.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Make it easier for students to afford their education if they agree to work in health care in the county or other rural areas. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Have a single office or clinic that helps you arrange all of your medical care.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Give new nurses more training.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Teach medical students about working in rural areas.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Use computers or phones to provide general health care.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Use computers or phones to provide mental health care.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |

Here are some more ideas to improve health care in your county. What do you think of these?

|  | Do not support at all | Support a little bit  | Support alot          | I don't know or I am not sure |
|--|-----------------------|-----------------------|-----------------------|-------------------------------|
| Get more high school students to go into health care.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Help people find health insurance.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Have a professional check your home for ways it might be making you sick.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Make it easier to get fresh and healthy foods.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Offer more programs for older adults.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Have plenty of places for exercise.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Improve transportation for people to get health care.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Work with older adults to make sure they stay healthy.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |
| Increase the amount of money that health care providers get from Medicaid. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |

## Demographics

How old are you?

Gender (circle answer)

Male

Female

Other

How many people live in your household?

Zip code

Are you? (circle answer)

Employed full time by someone else Self-  
employed

Unable to work because of disability

Employed by the military

An unpaid worker for a family business or farm

Unemployed and looking for work

Not employed and not looking for work

A student

Retired

Other

What is your annual household income? (Includes all sources and all people in the household, circle answer)

Less than \$10,000

\$10,000-\$29,999

\$30,000-\$49,999

\$50,000-\$69,999

\$70,000-\$89,999

\$90,000-\$100,000

\$100,000 or more

What is the highest degree or level of school you have completed? (circle answer)

No schooling completed

8th grade

Some high school

High school diploma

Some college or technical school

Associate's degree

Bachelor's degree

Master's degree

Professional degree

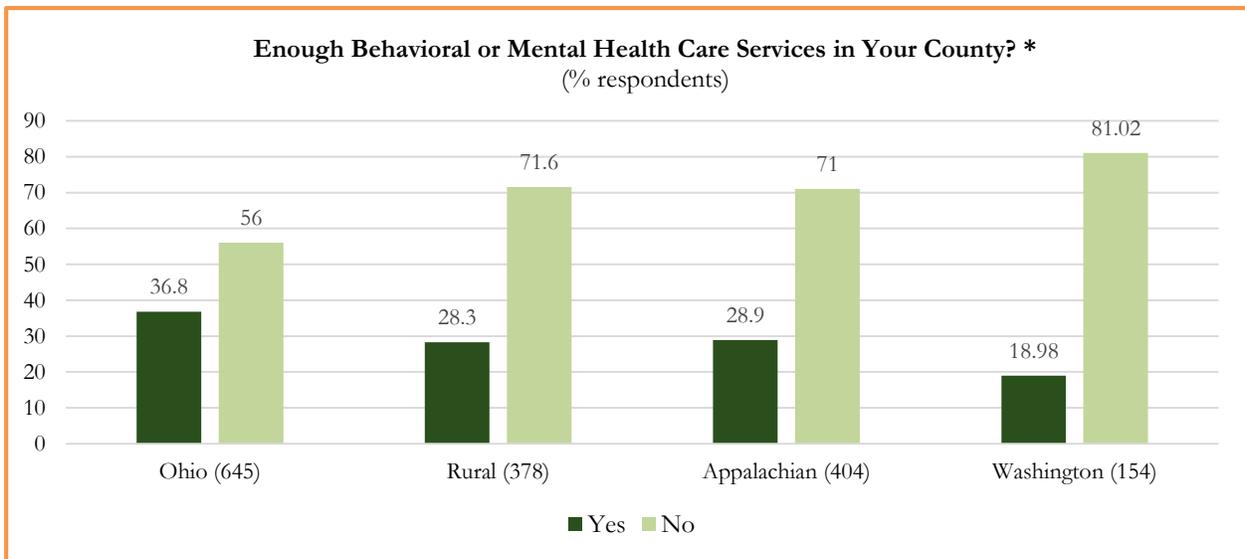
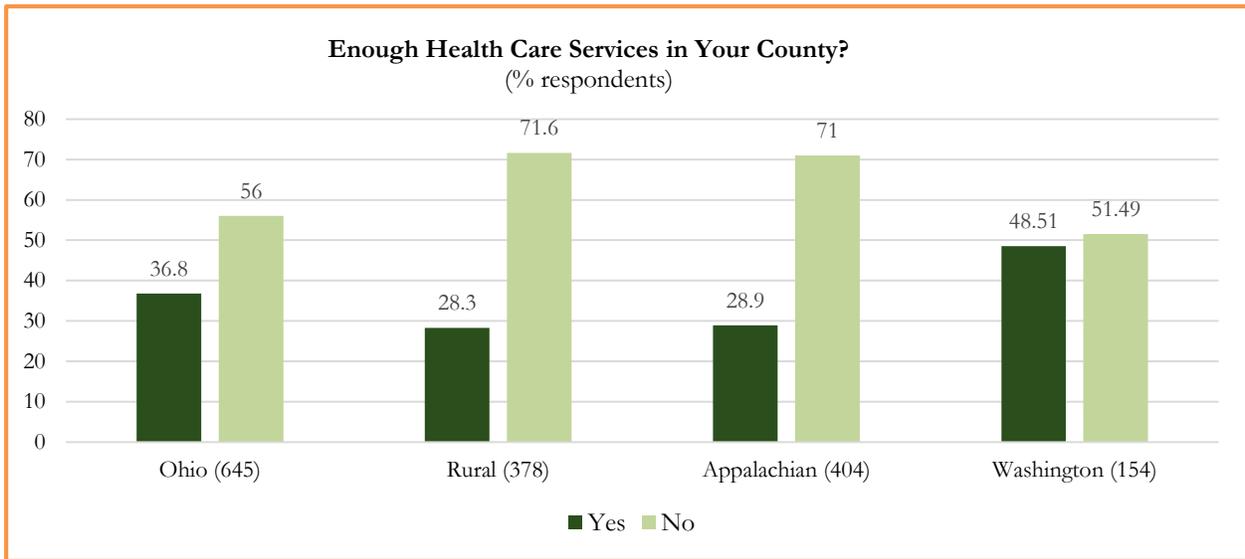
Doctoral degree

Use the space below to write any comments.

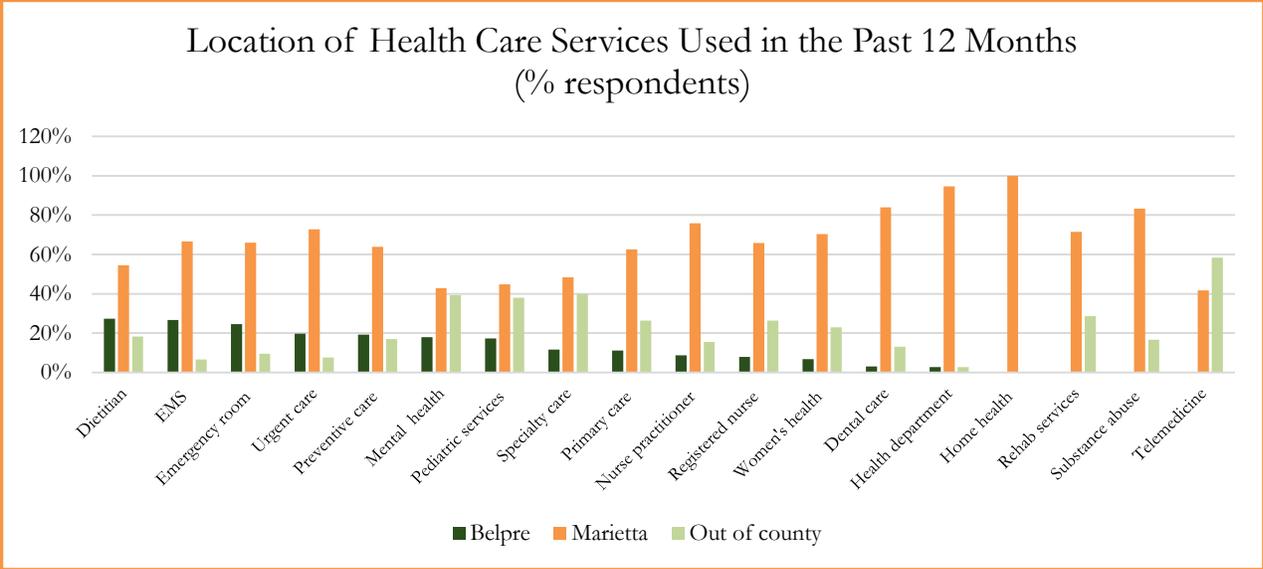
## Appendix D

### Public Health Care Access Survey Results

The Washington County and Marietta/Belpre Health Departments disseminated an online survey to local residents through social media, community events, notices put on local water bills, and paycheck stuffers during summer and fall 2019. More than 130 people completed the survey, and the results can be used as one indicator of public perception of local access to health care. The figures below compare results from a statewide research survey conducted by ARHI (i.e., *Summary of Rural Health Care Access: Research Project*) in rural and Appalachian counties with the results from Washington County.



\*This question was not asked in the statewide research survey conducted by ARHI (i.e., *Summary of Rural Health Care Access: Research Project*); the Ohio, Rural, and Appalachian results reflect responses to “Enough Health Care Services in Your County?” question above.



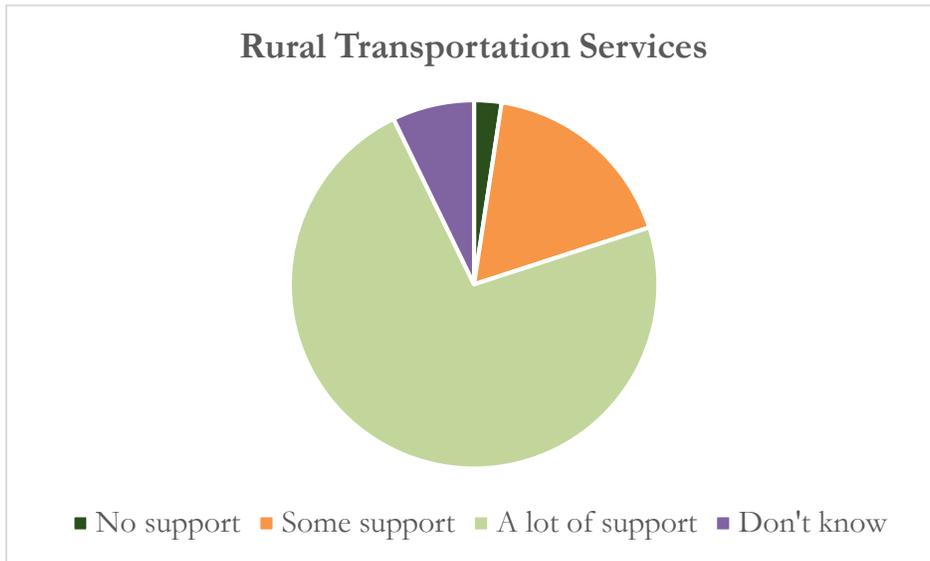
As the figure above depicts, the majority of health care services used in Washington County were accessed in the City of Marietta. Overall, the table below summarizes the number of people who used services by the location (i.e., type) of the service use.

|                    | Total | Belpre | Marietta | Out of county |
|--------------------|-------|--------|----------|---------------|
| Dental care        | 100   | 3      | 84       | 13            |
| Primary care       | 99    | 11     | 62       | 26            |
| Women's health     | 74    | 5      | 52       | 17            |
| Urgent care        | 66    | 13     | 48       | 5             |
| Specialty care     | 60    | 7      | 29       | 24            |
| Nurse practitioner | 58    | 5      | 44       | 9             |
| Emergency room     | 53    | 13     | 35       | 5             |
| Preventive care    | 47    | 9      | 30       | 8             |
| Registered nurse   | 38    | 3      | 25       | 10            |
| Health department  | 37    | 1      | 35       | 1             |
| Pediatric services | 29    | 5      | 13       | 11            |
| Mental health      | 28    | 5      | 12       | 11            |
| EMS                | 15    | 4      | 10       | 1             |
| Rehab services     | 14    | 0      | 10       | 4             |
| Telemedicine       | 12    | 0      | 5        | 7             |
| Dietitian o        | 11    | 3      | 6        | 2             |
| Home health        | 6     | 0      | 6        | 0             |
| Substance abuse    | 6     | 0      | 5        | 1             |

## PUBLIC SUPPORT FOR STRATEGIES

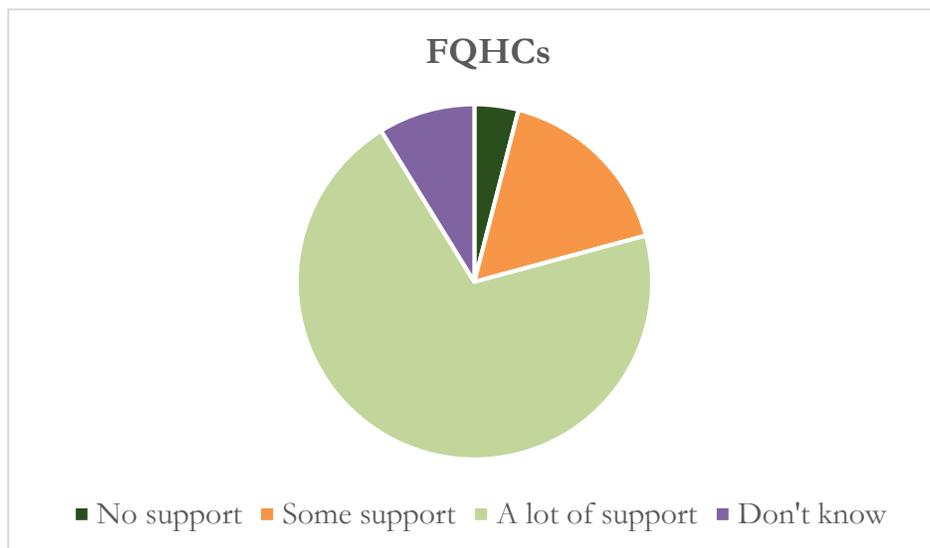
### Rural transportation services

Rural transportation services provide transportation across large areas that have low population densities and lack established public transportation systems.



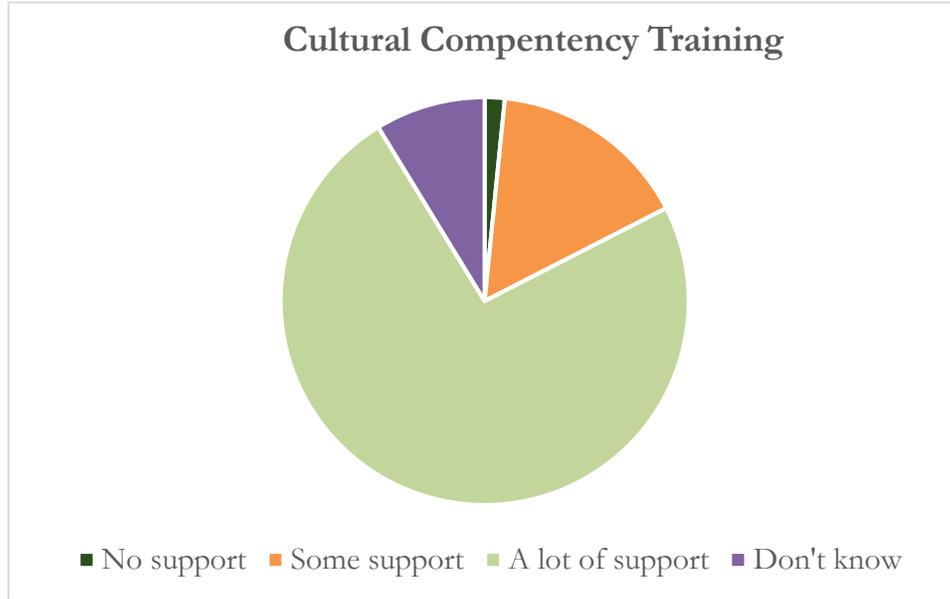
### Federally qualified health centers

FQHCs are community-based health care providers that receive funds from the HRSA (Health Resources & Services Administration) Program to provide primary care in underserved areas.



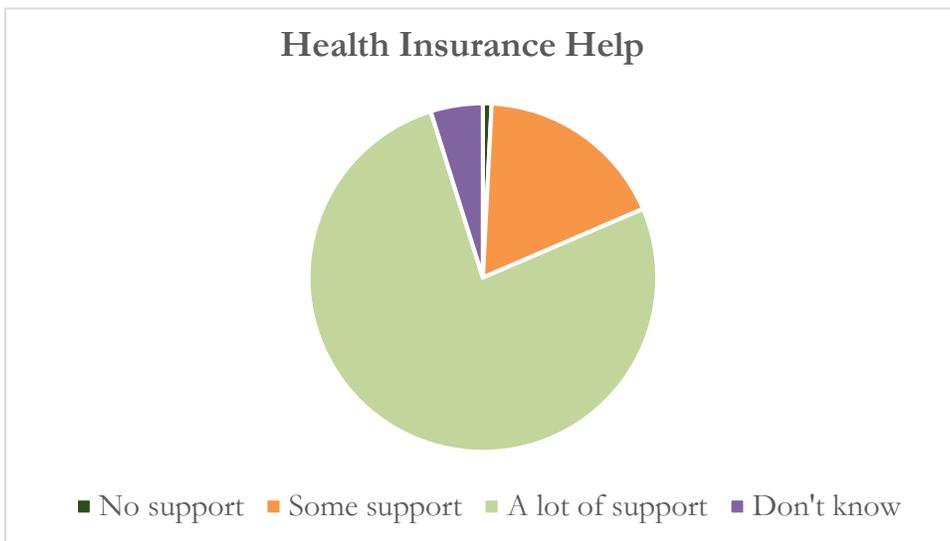
Cultural competence training for health care professionals

These are training opportunities focused on health care professionals' skills and knowledge to value diversity, understand and respond to cultural differences, and increase awareness of providers' and care organizations' cultural norms.



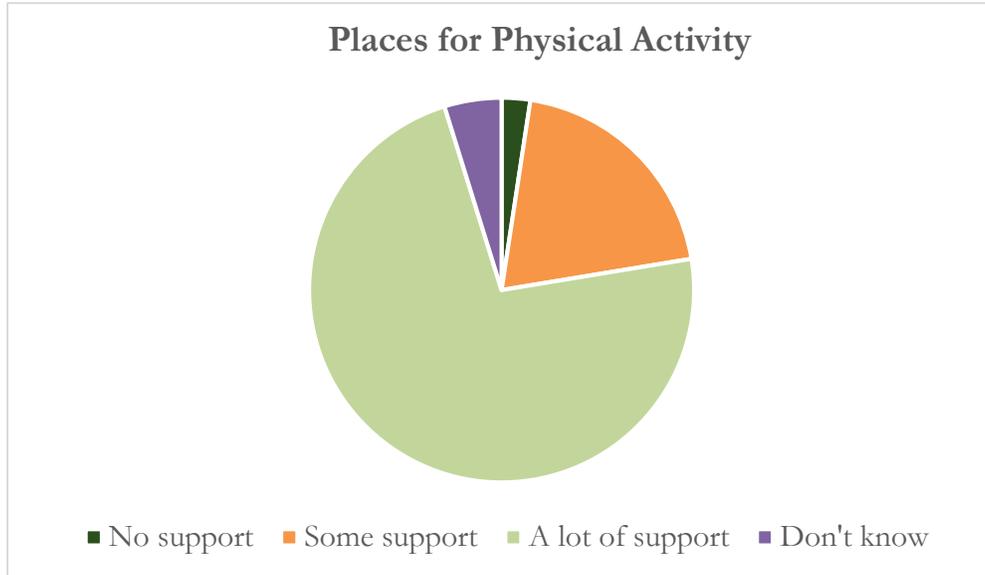
Health insurance enrollment and outreach

These are efforts to provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.



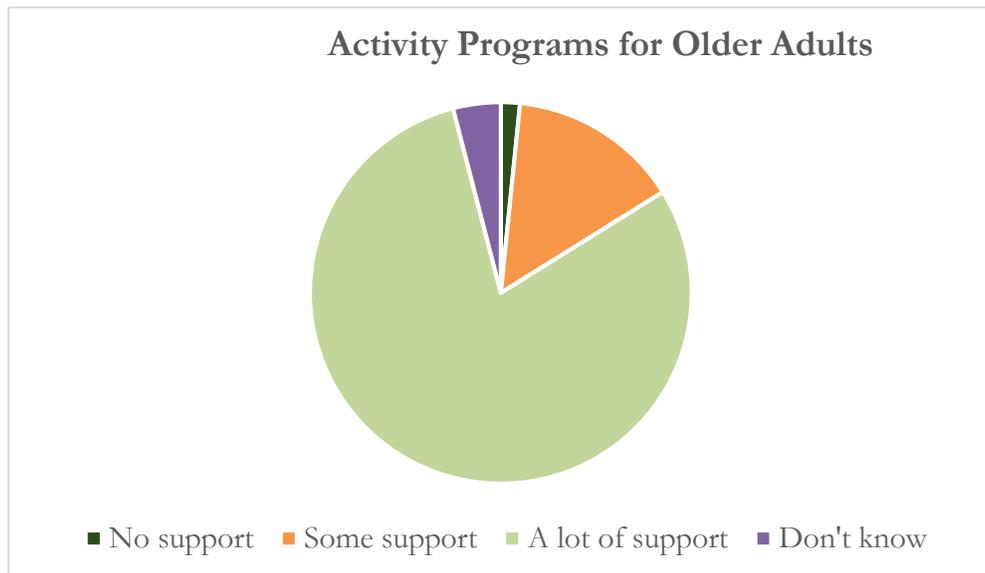
### Places for physical activity

Enhancing access to places for physical activity involves changes to local environments that create new opportunities or reduce the cost of existing opportunities (e.g., creating walking trails, building exercise facilities, or providing access to nearby facilities).



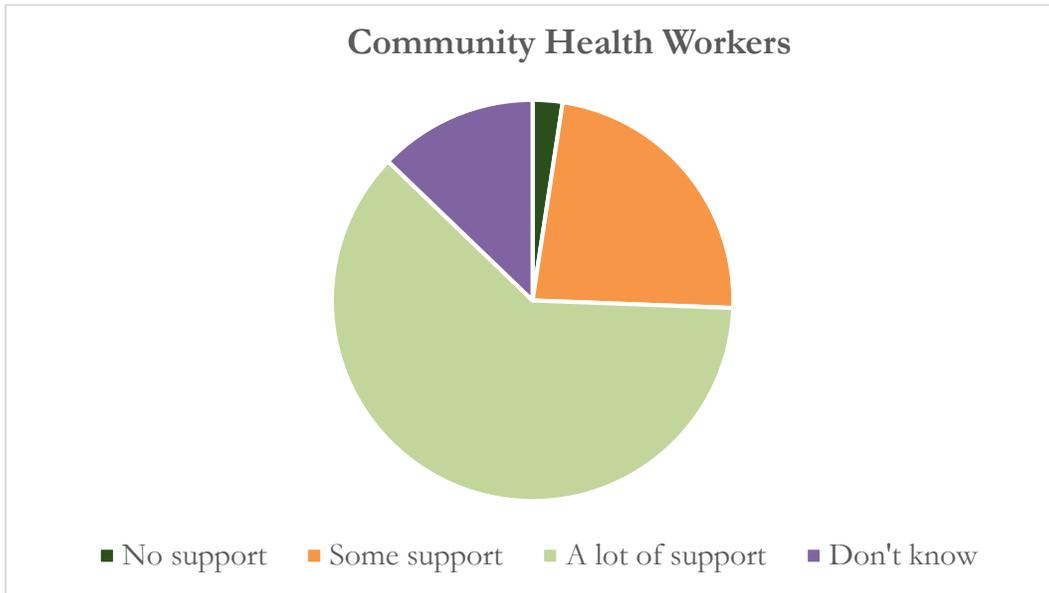
### Activity programs for older adults

Educational, social, or physical activities for older adults in group settings encourage personal interactions, regular attendance, and community involvement.



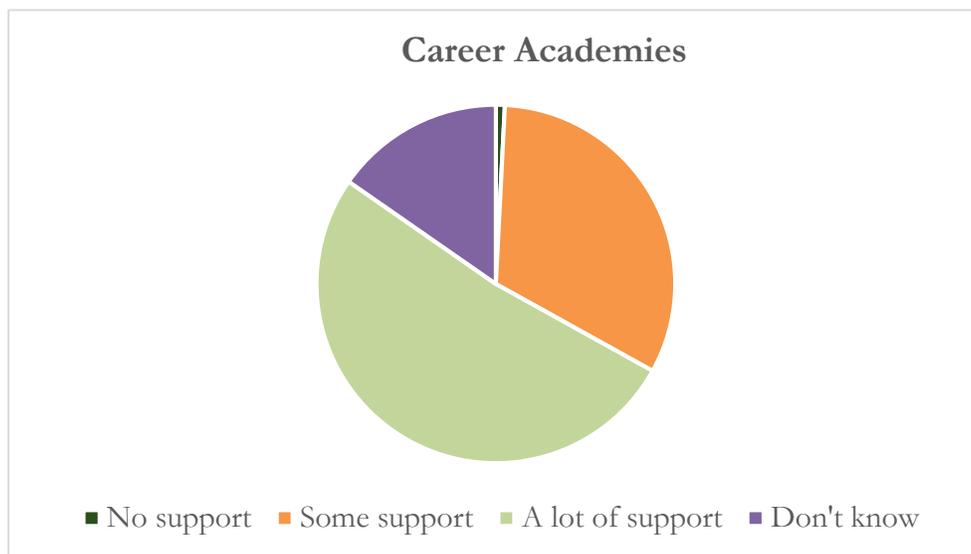
### Community health workers

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.



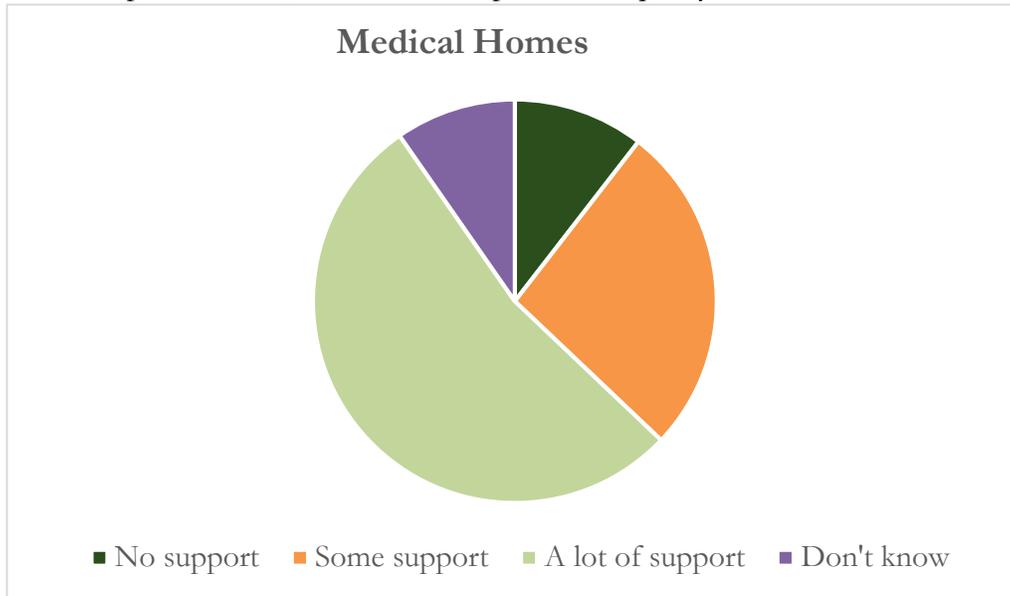
### Career academies

Career academies prepare high school students for both college and careers. They link students with peers, teachers, and community partners. They have three key elements: 1) a small learning community; 2) a college prep curriculum with a career theme; and 3) an advisory board.



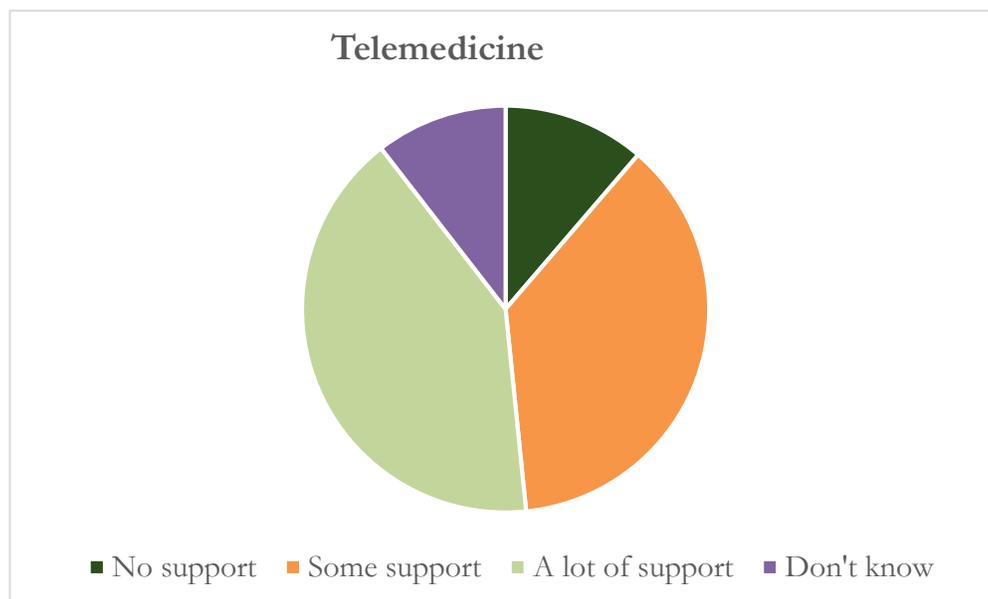
### Medical homes

Medical homes provide continuous, comprehensive, whole-person primary care. In this model of care, personal physicians and their teams coordinate care across the health care system, working with patients to address all of their preventive, acute, and chronic health care needs and arranging care with other qualified health professionals as needed. Medical homes offer enhanced access, including expanded hours and easy communication options for patients. They also practice evidence-based medicine, measure performance, and strive to improve care quality.



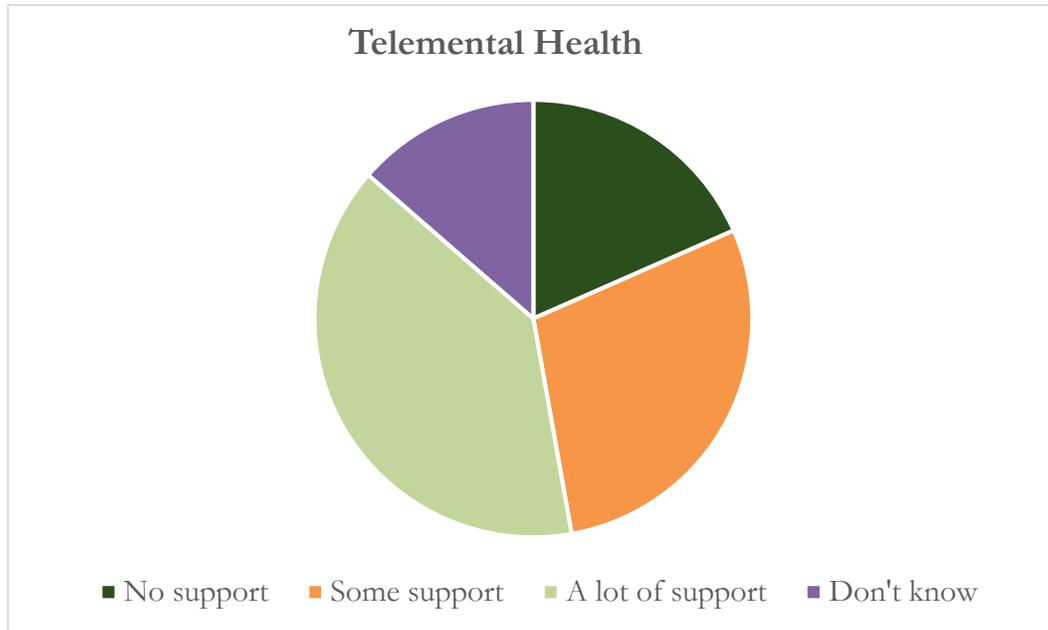
### Telemedicine

Services can encompass primary and specialty care, referrals, and remote monitoring of vital signs. They may be provided via videoconference, email, smartphones, wireless tools, or other modalities. Telemedicine can supplement health care services for patients who would benefit from frequent monitoring or be used to provide services to individuals in areas with limited access to care.



Telemental health services

Telemental health is a subset of telehealth that uses technology to provide mental health services from a remote location. This includes telepsychology, telepsychiatry, and telebehavioral health.



## Appendix E

### Evaluation Rubric

|                                | Indicator                  | High (2 points)   | Moderate (1 point)  | Low (0 points)  | Score |
|--------------------------------|----------------------------|---|---|---|-------|
| <b>Impact Criteria</b>         | # of people served         | Strategy has potential to improve health care access for more than 50% of the population    | Strategy has potential to improve health care access for 25- 50% of the population            | Strategy has potential to improve health care access for less than 25% of the population              |       |
|                                | Population characteristics | Strategy only focuses on underserved and low-income people and other vulnerable populations | Strategy has some focus on underserved and low-income people and other vulnerable populations | Strategy does not focus on underserved and low-income people and other vulnerable populations         |       |
|                                | RWJF rating                | RWJF rating of SS (scientifically supported)  | RWJF rating of SE (some evidence) or EO (expert opinion)                                      | RWJF rating of IE (insufficient evidence), Mixed (mixed evidence) or EI (evidence of ineffectiveness) |       |
| <b>Total Impact Score</b>      |                            |   |   |   |       |
| <b>Feasibility Criteria</b>    | Cost                       | Strategy does not require significant new funding sources                                   | Strategy requires some (marginal) new funding sources   | Strategy requires significant new funding sources   |       |
|                                | Personnel                  | Strategy relies on the involvement of community members                                     | Strategy involves a few key stakeholders in the community                                     | Strategy does not involve community members   |       |
|                                | Time                       | Strategy can be implemented within 24 months  | Strategy will take more than 24 months to implement   | Strategy is no defined timeline or it is impossible to identify the time it will take to implement    |       |
| <b>Total Feasibility Score</b> |                            |   |   |   |       |