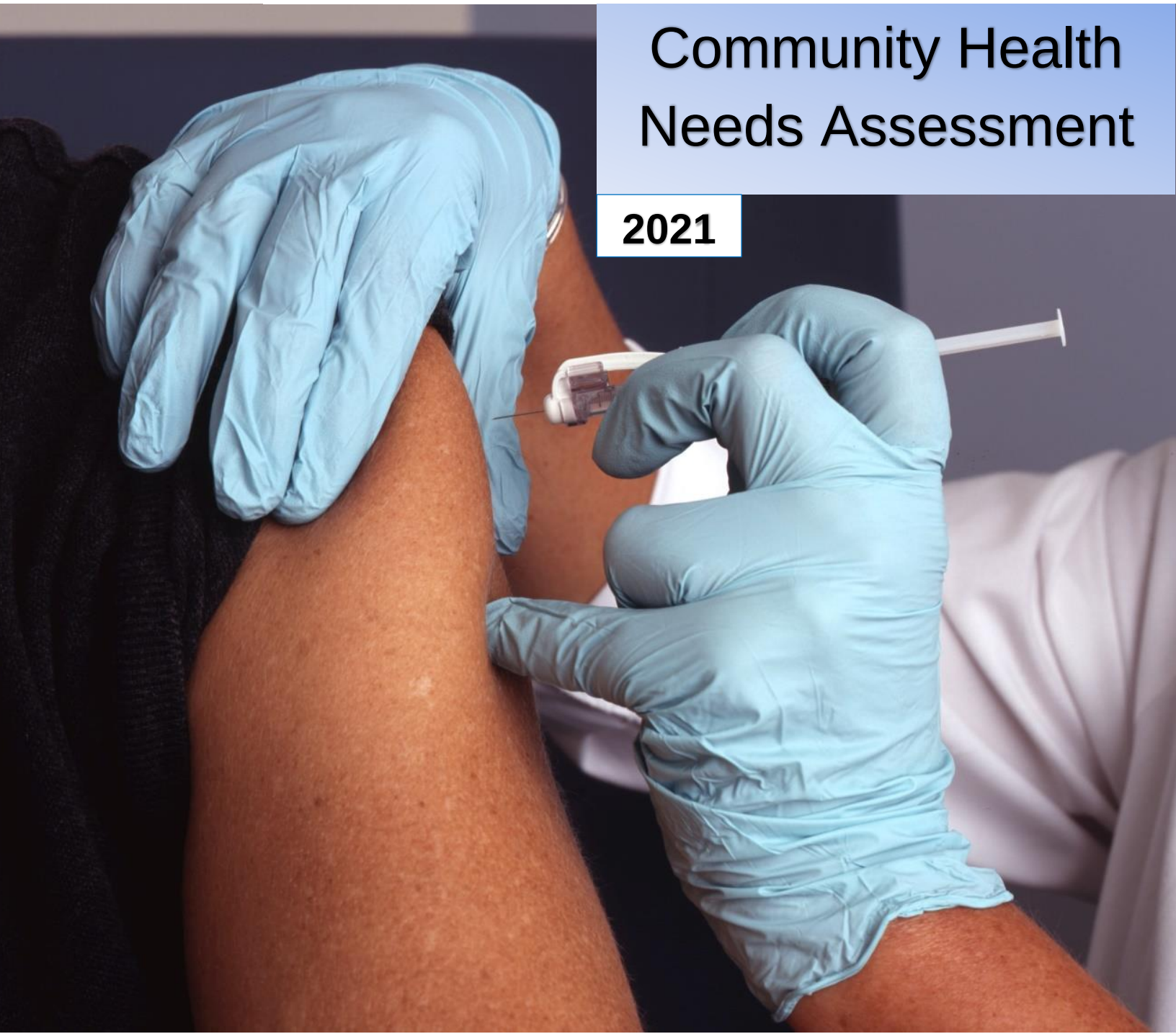
HONOR Community HEALTH



Community Health Needs Assessment

2021

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Executive Summary

Honor Community Health (HCH), formerly named Oakland Integrated Healthcare Network (OIHN), operates as a 501(c)3 non-for-profit community-based health center, and is designated as a Federally Qualified Health Center (FQHC). HCH provides comprehensive, integrated primary, behavioral health, and dental care, and other specialty services at 21 sites throughout Oakland County. HCH focuses on providing for health and wellness needs, through high-quality health services, of the underserved and of those who have little or no access to healthcare, regardless of income and insurance status.

HCH seeks to “honor” its community and patients, to make a difference in lives and support being well, both mentally and physically. As part of supporting the community and its patients, and to maintain its FQHC status, HCH engages in regular community health needs assessments which inform future programming, planning, leveraging resources, and mobilization efforts around health priorities. This community health needs assessment describes the health status and salient social determinants of health of the community in which it serves. The needs assessment goes beyond looking at only health status, but describes broader social determinants of health that influence health and wellness. The needs assessment process is a truly engaged, rigorous, and collaborative one. It relies on the collection and integration of numerous secondary and primary data sources, from federal, state, county, and local data, and through the input of partners, providers, and namely, patients, on their lived experiences around health and wellness.

This needs assessment was done in collaboration with Oakland University’s Department of Interdisciplinary Health Sciences Community Health Engagement and Empowerment Research Lab (CHEER Lab) and grew out of the Healthy Pontiac, We Can! coalition. The collaboration provided a unique and beneficial opportunity for both parties, with both partners being integrated into and familiar with community health work in the area. The process of engaging in the needs assessment builds on local expertise, expands capacity, and provides service-learning opportunities for involved university students.

The needs assessment contains findings and recommendations from two major data sources across multiple years: 1) secondary data (Service Area Demographics, Health Disparities, and Health Indicators), and 2) primary data (Community Input). The secondary data are from a variety of sources at the federal, state, county, and local level. These data provide a broad view of the health status of the population which HCH serves, including significant health disparities communities and families face. Primary data come from partners, providers, and patient surveys, focus groups, and in-depth, one-on-one interviews. These data speak life into the secondary data, contextualizing the data, and providing HCH with an in-depth understanding of the many complex factors that influence health and wellness.

Individuals living within HCH’s service area are faced with complex barriers to care and have significant health needs. While Oakland County as a whole shows adequate health outcomes, the communities within HCH’s service area experience significant health disparities, namely poverty and access to care. Approximately 30% of individuals living within the Pontiac area live in poverty and approximately 14% are uninsured. The area also experiences significant racial/ethnic health disparities, with the African American/Black and Hispanic populations reporting numerous poorer health outcomes around both mental and physical health, disability, access to care, blood pressure, asthma, diabetes, and cancers.

Patients, providers, and partners cited numerous cost-related barriers, such as lack of insurance, inability to pay co-pays, cost of prescription drugs, affordability of specialty care, and high deductibles as significant barriers to seeking medical treatment. All groups also cited transportation as a barrier to care and significant need around mental health services in particular. Within the homeless population, HIV+ individuals, and obstetrics patients, additional themes emerged around trust, continuity of care, and outreach.

Overall, the needs assessment data showed positive recognition of HCH's work and commitment to the community and patients. Data highlighted needed areas of attention in terms of new or expanded services, namely around transportation, psychiatry/mental health, substance abuse, and physical therapy services. Data also supports continuing heavy outreach and education services with community members to build trust and educate individuals on HCH's services. Moving forward, this needs assessment will be used in the strategic planning process to guide prioritization of health needs, leveraging resources, and mobilizing efforts to meet the health needs of the community.

HONOR COMMUNITY HEALTH

Honor Community Health (HCH), formerly known as Oakland Integrated Healthcare Network (OIHN), is a nonprofit 501(c)(3) community health provider with locations throughout Oakland County. These 21 sites provide access to quality health services regardless of income or insurance status for those who have little or no access to health care. HCH services include behavioral health, dental services, primary care and other specialty services. Honor Community Health is a federally qualified health center (FQHC). A FQHC provides broad health services (medical, mental, dental, and more) to underserved communities offering a sliding fee scale payment option to break down barriers in accessing healthcare.

HISTORY

With a decade of service to underserved patients in the Oakland County area, HCH has had a significant impact. HCH was founded in 2011, qualified for FQHC look-alike status in 2012, and received FQHC status in 2015.

In this past decade, HCH has more than doubled their number of health care delivery sites and served more than 50,000 patients.

HCH is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #H80CS28354 called Health Center Cluster.

MISSION

To provide for the health and wellness needs of the underserved of Oakland County through the provision of comprehensive, integrated primary, behavioral health, and dental care.

ABOUT THE NEEDS ASSESSMENT

PURPOSE

The purpose of this health needs assessment is to critically examine the service population of Honor Community Health (HCH) to depict overall health, identify health needs, unravel disparities, and unearth environmental and behavioral causes of poor health status. The results of this endeavor will allow HCH to focus programming at identified subpopulations and bolster programming to address health needs that are a true priority in this community of service.

AUTHORS

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ACKNOWLEDGEMENTS

We are grateful to all in the community who shared their ideas and experiences during focus groups, interviews, and surveys.

PROJECT SUPPORT

Organizations that contributed to this project's success include:
Honor Community Health
Oakland University
Centro Multicultural La Familia
Healthy Pontiac, We Can! coalition

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PROCESS

Honor Community Health participates as a partner in the Healthy Pontiac, We Can! (HPWC!) Coalition, which was developed in 2011 to allow living a healthy lifestyle to be a more accessible option in the Pontiac community. The coalition promotes sharing resources in the pursuit of this mutual goal.

To maintain its accreditation as a Federally Qualified Health Center (FQHC) and its eligibility to receive federal funding from the Health Resources and Services Administration, Honor Community Health (HCH) is required to complete a community health needs assessment every three years. In addition to ensuring that HCH has access to critical funding necessary to serve its patients, these assessments also serve as a mechanism for HCH to be plugged into the present needs of its patient community, so the FQHC's programming can adapt to meet these needs as they evolve.

In the spirit of shared resources, Oakland University, another HPWC! coalition partner, which has met much of the coalition's past research needs, partnered with HCH in their upcoming community health needs assessment. In this way, HCH enlisted the assistance of a familiar local partner which has extensive experience working with the community HCH serves.

A NOTE ABOUT COVID-19

The COVID-19 pandemic significantly impacted the timeline and methods of this needs assessment. A delay in primary data collection was sustained for a year from March 2020 to March 2021. The format of qualitative data collection methods was altered to meet the real-world constraints of potential COVID-19 exposure. Therefore, an in-person focus group series pivoted into a series of virtual interviews. Despite contributors to this project being unable to collaborate in-person, virtual collaboration remained strong and the quality of this project persevered.

DATA COLLECTION METHODS

This needs assessment is a mosaic of data assembled from a range of sources, some of which are secondary sources (pre-existing information originally collected for other purposes) and some of which are primary sources (information collected directly as a part of this needs assessment process). Secondary data sources contributed solely quantitative data (e.g., derived from surveys); whereas primary sources contributed both quantitative and qualitative data (e.g., derived from interviews).

PRIMARY DATA SOURCES

PATIENT SATISFACTION SURVEY

To collect data on the patient-perceived quality of care provided by HCH, surveys were administered to HCH medical patients annually from 2016 to 2020 and to dental patients annually 2017 to 2020.

COMMUNITY NEEDS SURVEY

To uncover patient-perceived social determinants of health and community health needs, this survey was administered to 2,906 HCH medical patients in 2021.

COMMUNITY LEADER AND PROVIDER/STAFF SURVEY

To uncover provider-perceived social determinants of health and community health needs, this survey was administered to 110 HCH providers in 2021. A nearly identical survey tailored to a different audience elicited the opinion of community leaders on local needs and social determinants of health; this survey was distributed to 84 leaders in 2021.

FOCUS GROUPS

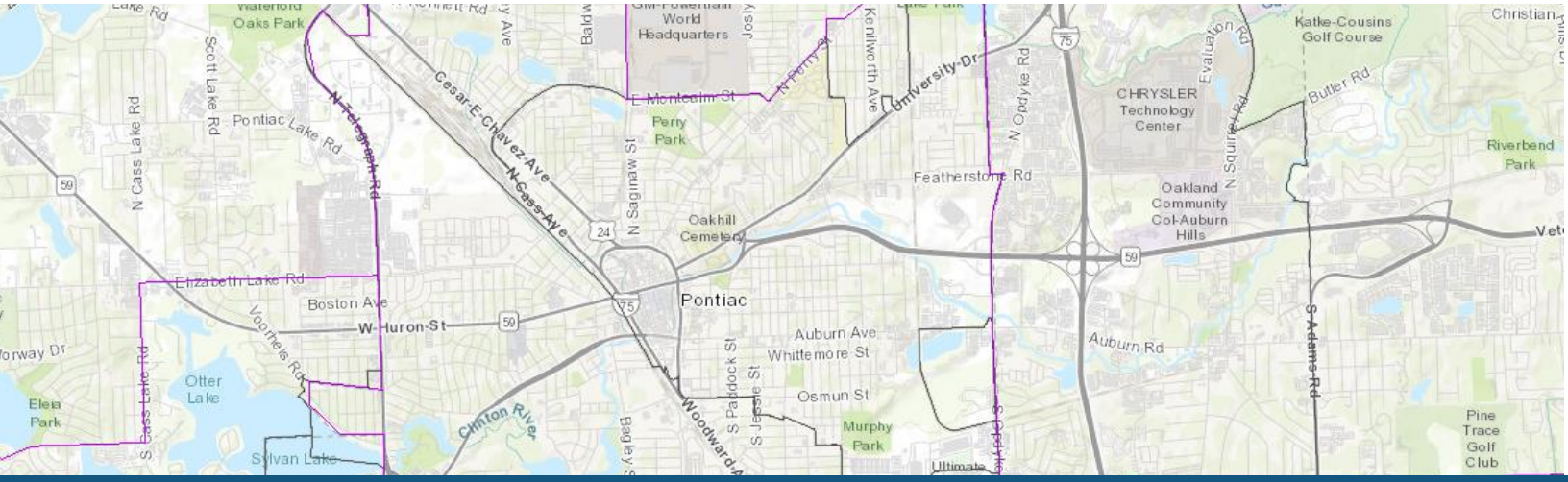
To solicit more elaborate, detailed qualitative feedback and highlight minority voices from critical communities of care, a series of focus groups were conducted. In November 2018, a focus group composed of five individuals from the HCH patient population was held at an HCH clinic location in Pontiac. In March 2020, a focus group composed of seven Hispanic individuals was held at Centro Multicultural La Familia, a nonprofit in Pontiac serving Latinx families. Although further focus groups were planned to be included in the series, the COVID-19 pandemic caused a need to convert this type of data collection, which is best done in a congregate setting, into phone interviews of key informants.

INTERVIEWS OF VULNERABLE PATIENTS & THEIR PROVIDERS

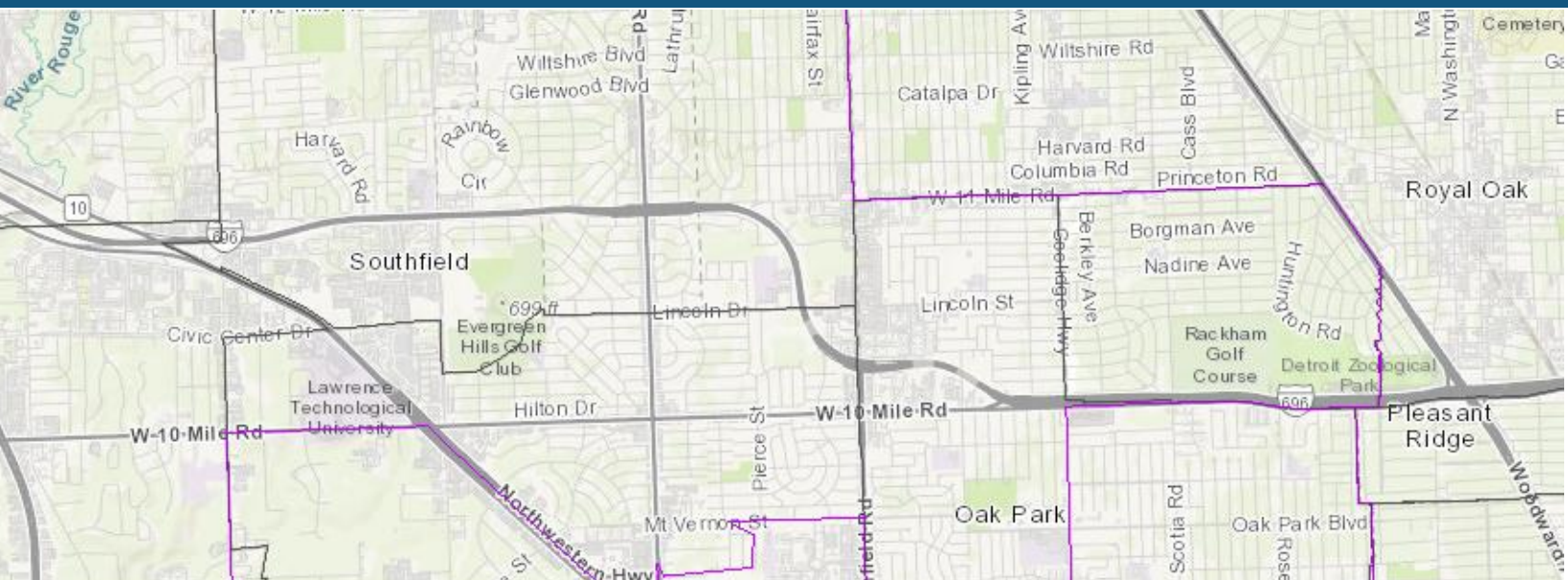
Due to the COVID-19 pandemic, the original planned focus group series was abbreviated due to concerns of congregating groups and, instead, key informant interviews were pursued as the preferred mode to gather elaborate qualitative feedback. In 2021, 10 total interviews were conducted from the following HCH subpopulations: homeless providers (5 interviews), HIV positive patients (3 interviews), and pregnant/postpartum women (2 interviews).

SECONDARY DATA SOURCES

Sources of secondary data included the US census, the American Community Survey, and the Michigan Department of Health and Human Services. This data was used to examine demographic characteristics and needs in the service area and its different regions.



SERVICE AREA DEMOGRAPHICS, HEALTH DISPARITIES, & HEALTH INDICATORS



SERVICE AREA DEMOGRAPHICS, HEALTH DISPARITIES, & HEALTH INDICATORS

HONOR COMMUNITY HEALTH SERVICE AREA

Honor Community Health serves multiple locations in the Oakland County area including: Pontiac, Waterford, Auburn Hills, Southfield, Ferndale, and Farmington. The city of Pontiac is the center of its service area and houses the majority of its clinics and patients.

Figure 1 shows a map of Oakland County with the shaded regions illustrating where 85% of HCH patients live. The green dots represent HCH's two major locations.

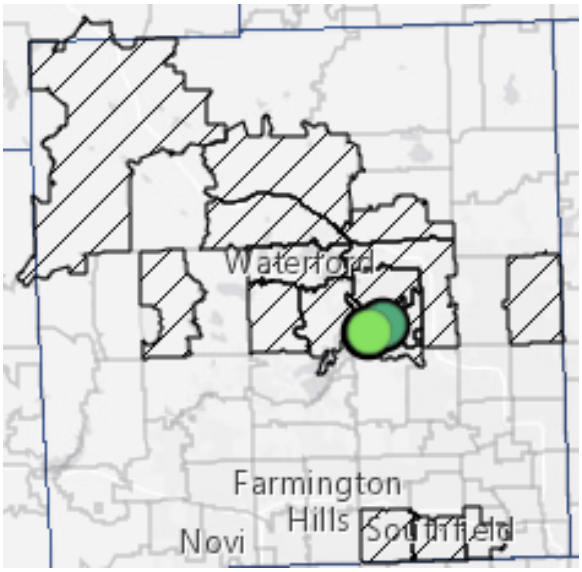


Figure 1. HCH Service Area

Category	*City of Pontiac*	*City of Waterford*	*City of Southfield*	*Oakland County*	*Michigan*	*US*
Population	59,772	72,361	72,689	1,259,201	9,986,857	327,167,434
Age Breakdown						
Under 5	8.6%	5.6%	4.3%	5.4%	5.7%	6.1%
Under 18	26.2%	19.3%	18.4%	21.0%	21.5%	22.4%
65 and over	10.4%	15.9%	20.4%	16.8%	17.7%	16.0%
Sex						
Female	51.5%	50.9%	54.8%	51.0%	50.7%	50.8%
Male	48.5%	49.1%	45.2%	49.0%	49.3%	49.2%
Race						
White	39.7%	86.6%	23.1%	75.3%	79.2%	76.5%
Black	48.8%	5.6%	69.4%	14.0%	14.1%	13.4%
American Indian	0.4%	0.5%	0.1%	0.3%	0.7%	1.3%
Asian	1.3%	2.0%	1.9%	8.0%	3.4%	5.9%
Native Hawaiian	0.0%	0.1%	0.0%	0.0%		0.2%
Two or more races	7.6%	3.2%	4.0%	2.2%	2.5%	2.7%
Hispanic or Latino	18.1%	7.1%	1.8%	4.2%	5.3%	5.2%

Table 1. 2019 US Census Bureau Data comparing demographics between the HCH service areas to Michigan and the United States.

SERVICE AREA DEMOGRAPHICS

Oakland County as a whole has a slightly older population compared to the rest of the United States. Oakland County also has a slightly higher Asian population and lower Hispanic/Latinx population. The city of Pontiac, where the majority of HCH clinics and patients reside has slightly different demographics from the rest of the county. Pontiac has a younger population compared to the average of the county. Pontiac also has different racial demographics compared to the rest of the county. Pontiac is home to 36.8% Black individuals, 37.4% White individuals, 6.4% Asian individuals, 4.4% multiracial individuals, and 14.6% Latinos (see Table 1).

Category	*City of Pontiac*	*City of Waterford*	*City of Southfield*	*Oakland County*	*Michigan*	*US*
Economy						
median household income	$33,568	$62,321	$55,705	$79,698	$57,144	$62,843
per capita income	$19,076	$34,524	$33,104	$44,629	$31,713	$34,103
% persons in poverty	30.7%	10.0%	11.3%	7.8%	13.0%	10.5%
% employed (civilian)	54.7%	-	56.8%	63.8%	57.8%	60.2%
Unemployment rate (civilian)	11.9%	-	6.9%	4.1%	5.9%	4.5%
Not in labor force	37.9%	-	39.0%	33.4%	38.5%	36.4%
Housing						
Owner-occupied housing rate	40.5%	72.2%	47.8%	71.0%	71.2%	64.0%
Median gross rent	$815	$875	$1,125	$1,080	$871	$1,062
Persons in household	2.52	2.35	2.22	2.46	2.47	2.62
Health						
% pop. uninsured (<65)	13.7%	7.8%	6.5%	5.7%	6.9%	9.5%
% under 65 with disability	16.8%	9.3%	12.9%	7.7%	10.2%	8.6%

Table 2. 2019 US Census Data Economic factors for service area compared to Michigan and United States

SERVICE AREA ECONOMIC DISPARITIES

Oakland County has an overall higher median household income and lower percentage of persons in poverty when compared to the state of Michigan and the rest of the country. However, there are pockets of disparity within the county. Focusing on the city of Pontiac where the majority of HCH patients live, the median household income is $46,130 lower than the rest of the county and Pontiac has 22.9% more persons poverty compared to the rest of the county. The city of Pontiac also has a higher percentage of the population uninsured and under 65 with a disability when compared to the rest of the service area, as well as the state and country. The area highlighted in Figure 2 show that three Pontiac zip codes: 48340, 48342, and 48341 have 25% or more of their population living in poverty. Figure 3 illustrates that those same three zip codes also have 10% or more of the population uninsured. Figure 4 highlights that the 48341 zip code has 23% or more of its population living with a disability as well as the 48030 zip code in Hazel Park. The two green dots on each map represent HCH's two major locations.

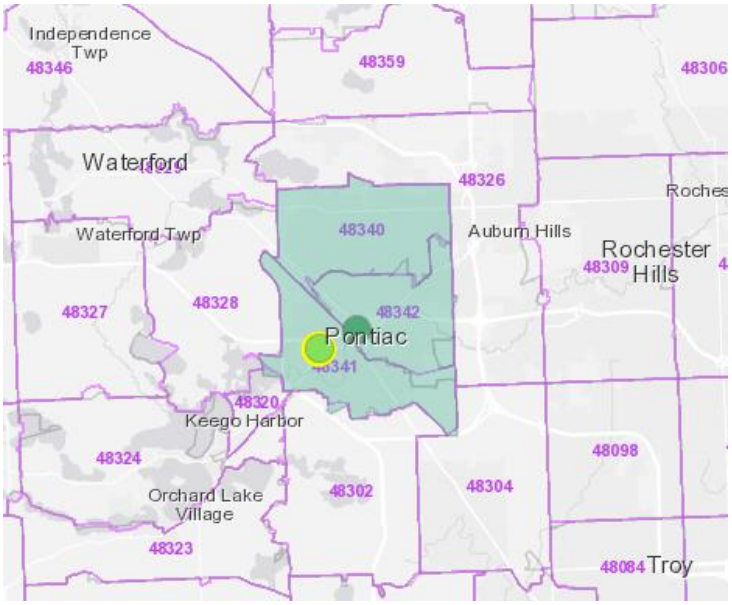


Figure 2. UDS Mapper Zip codes in Oakland County with 25% or more of the population in poverty

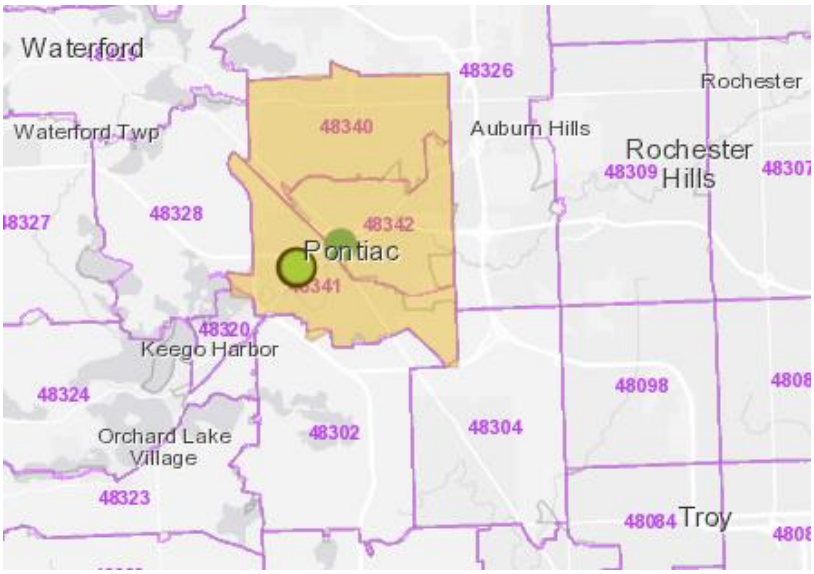


Figure 3. UDS Mapper Zip codes in Oakland County with 10% or more of the population uninsured

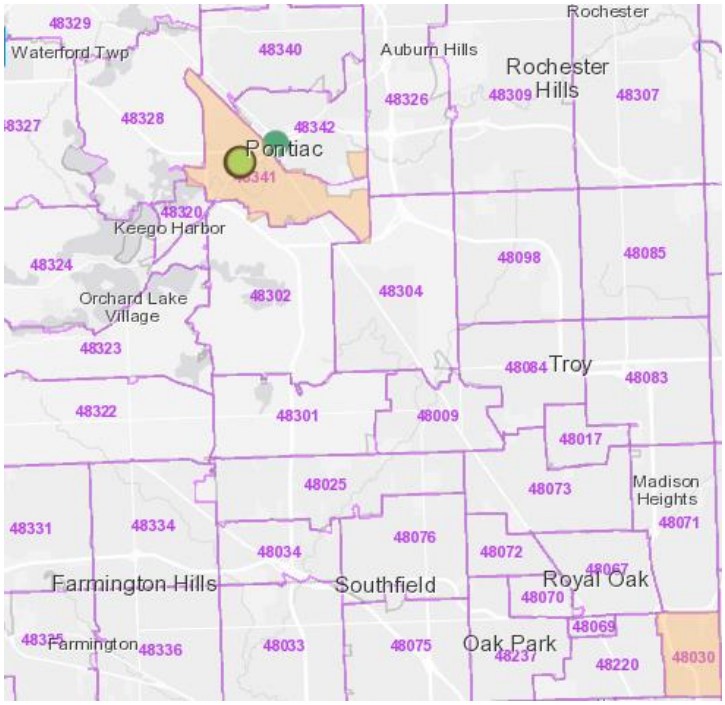


Figure 4. UDS Mapper zip codes in Oakland County with 23% or more of the population living with a disability

OTHER HEALTH AND SOCIAL INDICATORS – OAKLAND COUNTY COMPARED TO MICHIGAN

The following table provides an overview of other health and social indicators of Oakland County (OC) compared to Michigan data. This data shows Oakland County faring better on all indicators compared to Michigan data overall; however, this does not provide an accurate view of the health of individuals living within HCH's service area, due to the pockets of disparities between zip codes as described above and between racial/ethnic groups as further described.

	2018		2017		2016		2015		2014	
	OC	MI	OC	MI	OC	MI	OC	MI	OC	MI
Population-to-one dentist ratio	940:1	1,380:1	970:1	1,420:1	980:1	1,450:1	990:1	1,485:1	1,005:1	1,522:1
Population-to-one mental health provider	330:1	430:1	350:1	460:1	370:1	500:1	396:1	539:1	450:1	661:1
Obesity prevalence	26%	31%	26%	31%	26%	31%	27%	32%	27%	32%
% Adult smokers	15%	20%	15%	21%	14%	21%	15%	20%	15%	20%
low birth weight rate 5 year average (<2500g)	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.1%	8.4%	8.1%	8.1%
Poor or fair health	12%	17%	11%	17%	12%	16%	11%	14%	11%	14%
poor physical health days (average # of days in last month)	3.3	4.3	2.8	4.0	3.3	3.9	3.1	3.6	3.1	3.6
poor mental health days (average # of days in last month)	3.6	4.4	3.3	3.9	3.6	4.2	3.4	3.7	3.4	3.7
% physical activity (adults 20+)	19%	23%	19%	23%	20%	23%	19%	23%	20%	24%
% adults reporting excessive drinking	20%	21%	20%	20%	20%	20%	18%	18%	18%	18%
% Food Insecure	13%	15%	14%	16%	14%	16%	14%	17%	14%	18%
% with limited access to healthy foods	5%	6%	5%	6%	5%	6%	5%	6%	5%	6%
% children in single parent households	25%	34%	25%	34%	25%	34%	25%	34%	25%	33%
violent crime (per 100,000)	195	444	195	444	223	464	223	464	246	478
% severe housing problems	15%	16%	16%	17%	16%	17%	16%	17%	16%	17%

Table 3: County health and social indicators compared to Michigan, 5-year trends, Michigan County Health Rankings

The following table, Table 4, provides an overview of health indicators across racial/ethnic groups. This data shows clear disparities between racial/ethnic groups in Michigan, with those who identify as Black or Hispanic reporting higher levels of morbidity across health indicators.

		2017	2016	2015	2014
Poor mental health days in last 30 days	White	13.10%	13.00%	10.80%	12.10%
	Black	17.50%	15.30%	15.00%	14.90%
	Other	13.20%	12.30%	13.70%	15.90%
	Hispanic	15.00%	16.80%	20.30%	18.60%
Poor/fair physical health	White	14.30%	14.40%	12.80%	11.60%
	Black	17.60%	13.70%	13.60%	15.50%
	Other	15.40%	11.30%	12.60%	14.60%
	Hispanic	12.80%	13.10%	14.20%	16.10%
Disability	White	26.80%	27.40%	24.90%	24.90%
	Black	31.10%	27.00%	27.40%	25.20%
	Other	20.60%	22.60%	23.00%	22.80%
	Hispanic	20.10%	18.00%	22.00%	23.30%
Obesity	White	31.00%	32.10%	29.80%	30.20%
	Black	41.20%	38.50%	40.20%	33.60%
	Other	24.20%	21.00%	22.70%	27.20%
	Hispanic	38.20%	37.10%	41.00%	36.80%
No healthcare access due to cost	White	10.1%	11.8%	11.3%	13.0%
	Black	16.7%	15.1%	16.6%	19.1%
	Other	13.4%	19.3%	14.1%	15.1%
	Hispanic	17.0%	15.8%	22.8%	29.9%
Ever told high blood pressure	White	34.2%		32.3%	
	Black	44.9%		43.0%	
	Other	24.7%		27.1%	
	Hispanic	23.5%		23.6%	
Cholesterol ever checked	White	93.7%		85.0%	
	Black	93.5%		81.7%	
	Other	87.4%		74.5%	
	Hispanic	93.7%		70.5%	
Ever told high cholesterol	White	36.2%		39.7%	
	Black	35.2%		32.9%	
	Other	25.1%		32.9%	
	Hispanic	23.7%		32.0%	
No checkup in past year	White	27.1%	27.3%	29.1%	29.6%
	Black	18.9%	19.7%	21.6%	19.6%
	Other	33.1%	31.1%	29.2%	30.3%
	Hispanic	31.6%	38.1%	25.8%	28.5%
Current Asthma prevalence-adult	White	10.3%	10.7%	9.9%	10.1%
	Black	15.3%	14.6%	11.8%	14.2%

	Other	11.1%	9.2%	11.6%	12.2%
	Hispanic	9.5%	6.7%	11.5%	13.4%
Ever told diabetes	White	10.5%	11.0%	10.4%	9.9%
	Black	14.6%	12.7%	13.3%	13.8%
	Other	8.8%	11.0%	7.8%	10.1%
	Hispanic	12.2%	9.5%	10.1%	8.9%
Ever told depression	White	23.8%	22.9%	19.6%	20.9%
	Black	23.1%	19.4%	19.3%	17.6%
	Other	22.7%	21.0%	2.6%	19.1%
	Hispanic	23.3%	18.9%	21.9%	27.2%

Table 4. Percent (%) Reporting conditions across racial/ethnic groups in Michigan, MDHHS

MORTALITY RATES IN THE SERVICE AREA

The following tables 5-8 describe mortality rates in the service area. Across all service areas, including Oakland County and Michigan, the top three causes of death are heart disease, cancer, and unintentional injuries. However, there are differences between racial groups and men and women. Men in Pontiac and Southfield experience significantly higher rates of death due to heart disease than women.

Pontiac 2017, crude rates per 100,000

	Total			White			Black		
Cause of Death	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
All Causes of Death	1,043.6	1,132.2	957.4	1,184.3	1,235.3	1,131.3	954.9	1,074.8	844.2
1. Heart Disease	301.0	369.5	234.4	342.3	393.8	288.9	278.1	366.8	196.2
2. Cancer	172.3	169.5	175.0	181.0	200.7	160.5	170.0	154.5	184.3
3. Unintentional Injuries	58.5	74.6	42.9	70.8	69.5	72.2	49.4	77.2	*
4. Chronic Lower Respiratory Diseases	51.8	37.3	66.0	90.5	54.0	128.4	24.7	*	*
5. Stroke	48.5	40.7	56.1	63.0	54.0	72.2	40.2	32.2	47.6
6. Alzheimer's Disease	26.8	*	49.5	23.6	-	48.1	30.9	*	53.5
7. Diabetes Mellitus	31.8	44.1	19.8	23.6	38.6	*	37.1	51.5	*
8. Kidney Disease	25.1	20.3	29.7	*	-	*	34.0	*	41.6
9. Pneumonia/Influenza	18.4	*	29.7	23.6	-	48.1	15.5	*	*
10. Intentional Self-harm (Suicide)	*	*	*	*	*	*	-	-	-
All Other Causes	304.4	359.3	250.9	346.3	409.2	280.8	275.0	321.8	231.9

-: A dash indicates a zero value.
*: An asterisk (*) indicates that the data do not meet standards of reliability or precision.

Table 5. 2017 Pontiac Causes of Death, crude rates per 100,000, MDHHS

Southfield 2017, crude rates per 100,000

	Total			White			Black		
Cause of Death	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
All Causes of Death	1,249.9	1,322.1	1,190.2	1,481.0	1,457.2	1,505.6	1,180.1	1,277.6	1,106.1
1. Heart Disease	400.2	440.7	366.8	493.7	568.4	416.4	377.5	397.9	362.0
2. Cancer	241.8	223.4	257.0	225.8	217.0	234.9	251.6	229.9	268.2
3. Unintentional Injuries	43.7	72.4	20.0	68.3	82.7	53.4	34.3	66.3	*
4. Chronic Lower Respiratory Diseases	35.5	33.2	37.4	47.3	*	64.1	32.4	35.4	30.2
5. Stroke	99.7	90.6	107.3	147.1	113.7	181.5	83.9	84.0	83.8
6. Alzheimer's Disease	43.7	27.2	57.4	84.0	*	128.1	28.6	22.1	33.5
7. Diabetes Mellitus	49.2	66.4	34.9	47.3	72.3	*	47.7	61.9	36.9
8. Kidney Disease	32.8	30.2	34.9	*	*	*	40.0	39.8	40.2
9. Pneumonia/Influenza	24.6	33.2	17.5	26.3	*	*	24.8	35.4	16.8
10. Intentional Self-harm (Suicide)	*	*	*	-	-	-	*	*	*
All Other Causes	273.2	295.8	254.5	325.6	289.4	363.1	251.6	291.8	221.2

-: A dash indicates a zero value.
*: An asterisk (*) indicates that the data do not meet standards of reliability or precision.

Table 6. 2017 Southfield Causes of Death, crude rates per 100,000, MDHHS

Oakland County 2017, crude rates per 100,000

	Total			White			Black		
Cause of Death	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
All Causes of Death	857.3	860.7	854.0	921.7	919.2	924.2	868.4	905.6	837.9
1. Heart Disease	245.5	259.4	232.2	262.6	277.1	248.5	266.8	284.3	252.4
2. Cancer	179.2	178.3	180.0	192.0	193.8	190.4	181.4	165.5	194.5
3. Unintentional Injuries	37.0	46.9	27.5	40.1	48.4	31.9	34.6	57.6	15.7
4. Chronic Lower Respiratory Diseases	41.7	35.0	48.2	48.8	39.3	58.1	25.4	28.8	22.6
5. Stroke	50.9	42.5	59.0	54.4	44.8	63.9	54.0	50.4	57.0
6. Alzheimer's Disease	35.1	22.1	47.6	41.2	26.1	56.0	21.6	10.8	30.5
7. Diabetes Mellitus	20.9	23.5	18.3	20.6	24.0	17.3	28.1	33.6	23.6
8. Kidney Disease	14.6	15.7	13.5	13.7	15.1	12.4	23.2	21.6	24.6
9. Pneumonia/Influenza	16.9	16.5	17.2	18.8	18.1	19.6	14.6	15.6	13.8
10. Intentional Self-harm (Suicide)	10.4	16.3	4.7	12.6	20.2	5.2	3.2	*	*
All Other Causes	205.1	204.5	205.8	216.7	212.3	221.1	215.5	233.9	200.4

-: A dash indicates a zero value.
*: An asterisk (*) indicates that the data do not meet standards of reliability or precision.

Table 7. 2017 Oakland County Causes of Death, crude rates per 100,000, MDHHS

Michigan 2017, crude rates per 100,000

	Total			White			Black		
Cause of Death	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
All Causes of Death	979.0	1,006.8	952.0	1,022.2	1,041.7	1,003.0	902.9	968.4	843.3
1. Heart Disease	252.6	271.3	234.5	261.0	279.4	243.1	254.8	277.9	233.7
2. Cancer	207.2	219.8	195.1	219.0	233.8	204.5	176.9	179.8	174.3
3. Unintentional Injuries	57.4	73.4	41.9	57.9	71.9	44.2	59.8	86.7	35.3
4. Chronic Lower Respiratory Diseases	57.1	54.7	59.4	64.4	61.5	67.3	28.9	28.0	29.8
5. Stroke	50.1	42.6	57.4	52.1	43.4	60.7	48.2	45.0	51.1
6. Alzheimer's Disease	44.4	27.4	60.9	50.6	31.0	70.0	21.0	13.5	27.9
7. Diabetes Mellitus	28.1	31.7	24.5	28.2	32.2	24.3	30.2	32.0	28.5
8. Kidney Disease	18.8	19.3	18.3	18.0	18.6	17.5	25.2	25.9	24.7
9. Pneumonia/Influenza	18.0	17.1	18.9	18.8	17.9	19.6	16.1	15.2	16.9
10. Intentional Self-harm (Suicide)	14.1	22.7	5.8	15.8	25.4	6.3	5.7	9.1	2.6
All Other Causes	231.2	227.0	235.3	236.3	226.8	245.6	236.1	255.4	218.5

-: A dash indicates a zero value.
*: An asterisk (*) indicates that the data do not meet standards of reliability or precision.

Table 8. 2017 Michigan Causes of Death, crude rates per 100,000, MDHHS

INFANT MORTALITY IN THE SERVICE AREA

	Pontiac	Southfield	Oakland County	Michigan
Infant Death Rates per 1000 live births	9.4 ± 3.4	9.0 ± 3.8	5.6 ± 0.5	6.7 ± 0.3

Table 9. Infant Death Rate Per 1000 live births 2016-2018 data MDCH

In the HCH service area of Oakland County, the infant death rate is lower than that of the state at 5.6 per 1000 live births compared to 6.7 per 1000 live births. However, the city of Pontiac's and Southfield's infant death rate is higher than that of the county and the state at 9.4 and 9.0 deaths per 1000 live births respectively.

TRENDS IN INSURANCE COVERAGE IN THE SERVICE AREA

Over 90% of the Oakland County civilian noninstitutionalized population have some form of insurance coverage. The majority of those with insurance hold private insurance. Between 2015 and 2019 the percentage of the civilian non-institutionalized population without insurance coverage fell from 8.1% to 2.6%.

Oakland County	**2019**	**2018**	**2017**	**2016**	**2015**
Civilian Noninstitutionalized Population	1,246,756	1,244,672	1,235,853	1,229,304	1,223,588
With Insurance Coverage	95.6%	95.1%	94.2%	93.0%	91.9%
Private	81.8%	81.0%	80.6%	79.8%	79.0%
Public	28.3%	28.0%	27.5%	26.9%	26.4%
Without Insurance Coverage	2.6%	4.9%	5.8%	7.0%	8.1%

Table 10. Trends in insurance coverage in Oakland County 2015-2019 Census Data

Pontiac	**2019**	**2018**	**2017**	**2016**	**2015**
Civilian Noninstitutionalized Population	58,386	58,548	58,566	58,438	58,474
With Insurance Coverage	87.6%	87.0%	85.4%	84.3%	83.2%
Private	46.2%	45.2%	46.0%	45.4%	45.0%
Public	52.2%	53.2%	50.3%	50.8%	50.1%
Without Insurance Coverage	12.4%	13.0%	14.6%	15.7%	16.8%

Table 11. Trends in insurance coverage in Pontiac 2015-2019 Census Data

Over 80% of the Pontiac civilian noninstitutionalized population have some form of insurance coverage. The majority of those with insurance had some form public insurance. In the city of Pontiac, more of the civilian noninstitutionalized population is without insurance coverage than compared to the rest of the county. Between 2015 and 2019 the percentage of the civilian non-institutionalized population without insurance coverage fell from 16.8% to 12.4%.

Southfield	**2019**	**2018**	**2017**	**2016**	**2015**
Civilian Noninstitutionalized Population	72,562	72,815	72,659	72,494	72,271
With Insurance Coverage	94.7%	94.1%	92.7%	91.6%	89.9%
Private	74.4%	74.8%	72.6%	71.5%	69.7%
Public	38.4%	36.9%	38.0%	38.1%	37.2%
Without Insurance Coverage	3.2%	5.9%	7.3%	8.4%	10.1%

Table 12. Trends in insurance coverage in Southfield 2015-2019 Census Data

Over 90% of the Southfield civilian noninstitutionalized population have some form of insurance coverage. The majority of those with insurance had private insurance. In the city of Southfield, slightly more of the civilian noninstitutionalized population is without insurance coverage than compared to the rest of the county. Between 2015 and 2019 the percentage of the civilian non-institutionalized population without insurance coverage fell from 10.1% to 3.2%.

TRENDS IN POVERTY IN THE SERVICE AREA

Oakland County	2019	2018	2017	2016	2015
All families	5.4%	5.8%	6.3%	6.9%	7.4%
All people	8.2%	8.6%	9.0%	9.6%	10.1%
Under 18 (of all people)	10.0%	10.5%	11.3%	12.2%	13.1%

Table 13. Trends in poverty Oakland County 2015-2019 Census Data

Between 2015 and 2019 the poverty rate for all people in Oakland County fell from 10.1% to 8.2%. The trend for the percentage of families in the county who lived below the poverty level fell during this time too from 7.4% in 2015 to 5.4% in 2019. Of all people whose income was below the poverty line those under 18 dropped from 13.1% in 2015 to 10.0% in 2019.

Pontiac	2019	2018	2017	2016	2015
All families	26.7%	27.1%	30.6%	30.9%	32.4%
All people	30.7%	31.9%	34.1%	34.4%	35.7%
Under 18 (of all people)	43.0%	45.3%	48.6%	50.8%	51.4%

Table 14. Trends in Pontiac 2015-2019 Census Data

The percentage of people and families living below the poverty level in Pontiac was significantly higher than the rest of the county from 2015-2019. The percentage of all families whose income was below the poverty level dropped from 32.4% in 2015 to 26.7%. The percentage of people in the Pontiac whose income was below the poverty level dropped from 35.7% in 2015 to 30.7% in 2019. Of all people whose income was below the poverty line those under 18 dropped from 51.4% in 2015 to 43.0% in 2019.

Southfield	2019	2018	2017	2016	2015
All families	6.9%	7.0%	9.4%	11.4%	12.0%
All people	11.3%	11.3%	13.0%	14.8%	15.2%
Under 18 (of all people)	14.2%	13.8%	17.5%	20.5%	20.5%

Table 15. Trends in Southfield 2015-2019 Census Data

The percentage of people and families living below the poverty level in Southfield was slightly higher than the rest of the county from 2015-2019. The percentage of all families in Southfield whose income was below the poverty level dropped from 12.0% in 2015 to 6.9%. The percentage of all people in Southfield whose income was below the poverty level dropped from 15.2% in 2015 to 11.3% in 2019. Of all people whose income was below the poverty line those under 18 dropped from 20.5% in 2015 to 14.2% in 2019.

TRENDS IN AGING POPULATION IN THE SERVICE AREA

Oakland County	2019	2018	2017	2016	2015
Total Population	1,257,584	1,259,201	1,241,860	1,235,215	1,229,503
Under 5	5.4%	5.4%	5.5%	5.5%	5.5%
Under 18	20.7%	21.0%	21.8%	22.1%	22.4%
65+	17.3%	16.8%	15.5%	15.1%	14.6%

Table 16: Trends in Oakland County 2015-2019 Census Data

The overall population of Oakland County has increased slightly from 2015 to 2019. The population under 5 years old has remained at around 5.5 – 5.4% of the population. The population under 18 has dropped slightly over the five-year span falling from 22.4% to 20.7%. The 65 and older group has grown as a proportion of the population in the county from 14.6% to 17.3% over the 5-year span.

Pontiac	2019	2018	2017	2016	2015
Total Population	59,438	59,772	60,039	59,920	59,928
Under 5	9.0%	8.6%	8.6%	8.4%	8.2%
Under 18	26.7%	26.2%	26.2%	26.4%	26.4%
65+	10.0%	10.4%	10.4%	10.5%	10.5%

Table 17: Trends in Pontiac 2015-2019 Census Data

The overall population of Pontiac didn't change significantly from 2015 to 2019. The proportion under 5 years old grew slightly from 8.2% to 9.0% of the population over the 5 years. The proportion of the population under 18 has remained fairly steady at around 26%. The 65 and older group has dropped very slightly as a proportion from around 10.5% to 10.0% of the population in Pontiac.

Southfield	2019	2018	2017	2016	2015
Total Population	72,689	73,158	73,228	73,055	72,859
Under 5	4.30%	4.80%	4.80%	5.00%	5.40%
Under 18	18.40%	19.40%	19.40%	19.60%	20.30%
65+	20.40%	19.00%	19.00%	19.10%	18.20%

Table 18: Trends in Southfield 2015-2019 Census Data

The overall population of Southfield didn't change significantly from 2015 to 2019. The proportion under 5 years old fell from 5.4% to 4.3% of the population over the 5 years. The proportion of the population under 18 fell slightly from 20.3% to 18.4% of the population. The 65

and older group has grown as a proportion from 18.2% to 20.4% of the population.

GRANDPARENTS IN THE HOME

Oakland County	2019	2018	2017	2016	2015
# of grandparents living with grandchildren under 18	17,837	17,877	18,665	19,404	18,444
# of grandparents responsible for own grandchildren	4,914	5,135	5,727	6,068	5,365
% of grandparents responsible for own grandchildren	27.5%	28.7%	30.7%	31.3%	29.1%

Table 19: Trends in Oakland County 2015-2019 Census Data

From 2015 to 2019 the overall number of grandparents living with grandchildren who are under 18 fell from 18,444 to 17,837. The percent of grandparents who are responsible for their grandchildren under 18 fell from 29.1% to 27.5% of grandparents that live with their grandchildren.

Pontiac	2019	2018	2017	2016	2015
# of grandparents living with grandchildren under 18	1,711	1,563	1741	1944	1,669
# of grandparents responsible for own grandchildren	627	558	751	953	683
% of grandparents responsible for own grandchildren	36.6%	35.7%	43.1%	47.8%	40.9%

Table 20: Trends in Pontiac 2015-2019 Census Data

From 2015 to 2019 the number of grandparents living with their grandchildren remained relatively the same in Pontiac. The percentage of those grandparents who were responsible for their grandchildren fell from 40.9% to 36.6% from 2015 to 2019.

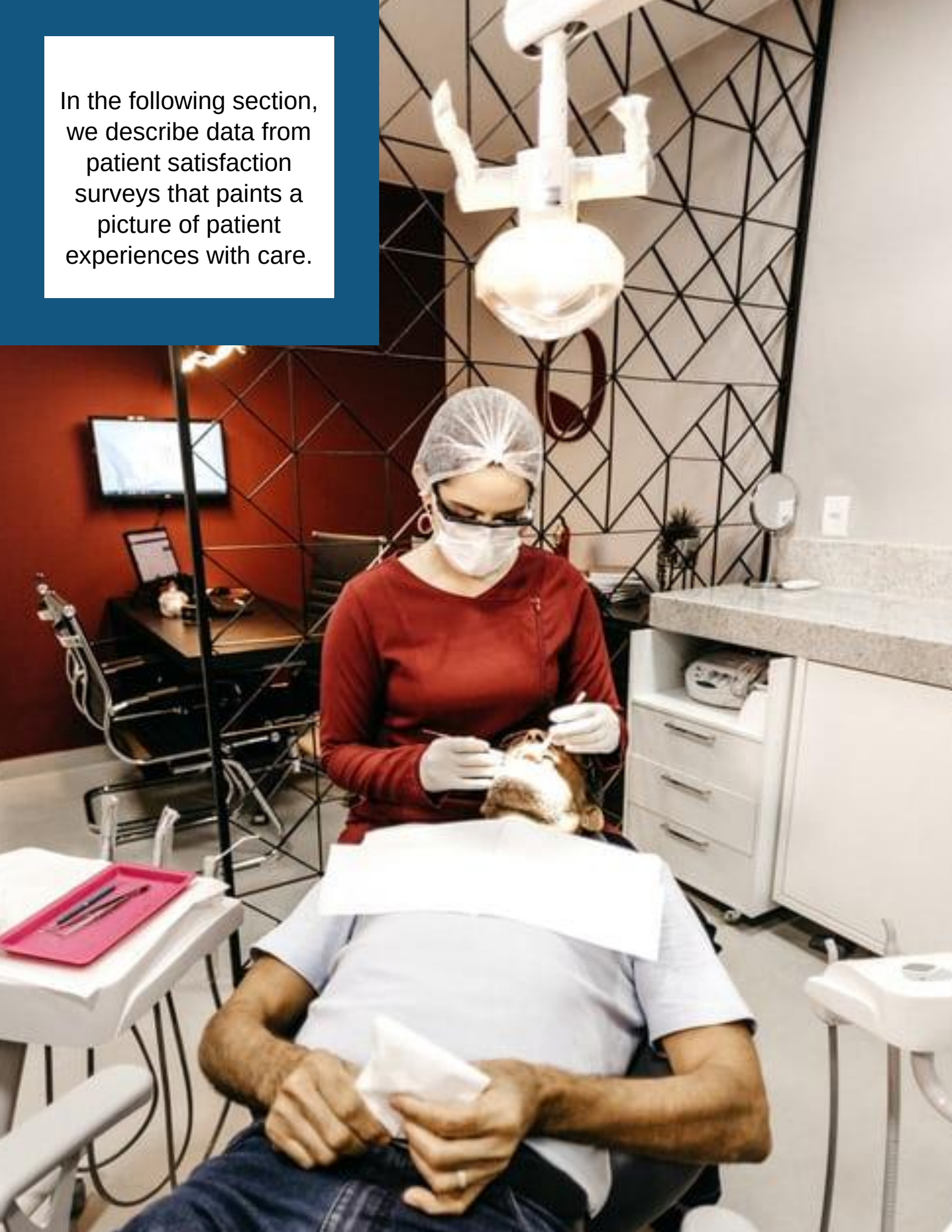
Southfield	2019	2018	2017	2016	2015
# of grandparents living with grandchildren under 18	1,327	1,403	1,553	1,568	1,517
# of grandparents responsible for own grandchildren	338	415	535	597	529
% of grandparents responsible for own grandchildren	25.5%	29.6%	34.4%	38.1%	34.9%

Table 21: Trends in Southfield 2015-2019 Census Data

From 2015 to 2019 the number of grandparents living with their grandchildren fell slightly in Southfield. The percentage of those grandparents who were responsible for their grandchildren fell from 34.9% to 25.5% from 2015 to 2019.

COMMUNITY INPUT PRIMARY DATA

In the following section, we describe data from patient satisfaction surveys that paints a picture of patient experiences with care.



PATIENT SATISFACTION SURVEY

PURPOSE

The primary purpose of this survey was to determine the satisfaction level of HCH's current services, concrete ways HCH can improve its services, patient health needs, and barriers to care.

METHODS

This survey was distributed to HCH medical patients each year from 2016 to 2020 and dental patients each year from 2017 to 2020. Surveys were distributed via paper handouts, text messages, and social media. 227 total medical patients participated in the survey in 2020, 372 in 2019, 253 in 2018, 115 in 2017, and 110 in 2016. In total, 53 dental patients participated in the survey in 2020, 92 in 2019, 83 in 2018, and 42 in 2017. Table 22 demonstrates the demographic qualities of 2020 medical and dental survey participants, as compared to the demographic qualities of HCH patients overall. Overall, survey participants were similar to HCH patients as a whole, albeit with high representation of female patients.

The survey included a demographic section, probes on engagement with primary and preventative care, a basic patient satisfaction assessment, a thorough investigation of perceived barriers to care, queries to reveal services patients could benefit from in the future, a poll of patient-perceived health problems in the community, and a question asking the best method of communicating new service offerings with patients. Although this survey tool was created for HCH's use in this assessment and has not been validated, many of its lines of questioning are theoretically based in the Health Belief Model, which includes the concept of perceived barriers (i.e. transportation, unaccepted insurance) being a major detriment to patient care-seeking behaviors.

Table 22. Demographics

	Medical Participants	Dental Participants	Compared to HCH patients
	Age (*n* = 15031)	(n = 53)	
0 to 12	14.2%	1.9%	1,782
13 to 19	8.9%	5.7%	1,830
20 to 29	14.1%	9.4%	1,765
30 to 39	15.6%	18.9%	2,190
40 to 49	14.5%	26.4%	2,104
50 to 64	22.1%	28.3%	3,062
65 or older	10.6%	9.4%	1,100
	Ethnicity (*n* = 13376)	(n = 36)	
Hispanic	22.5%	33.3%	3,422
Non-Hispanic	77.5%	66.7%	10,004
	Gender (*n* = 14474)	(n = 25)	
Male	35.6%	52.0%	5,915
Female	64.0%	48.0%	7,590
Neither*	0.4%	0.0%	300

*Includes transgender, other, choose not to answer

RESULTS

MEDICAL PATIENT SATISFACTION SURVEY

In this section, the results of the patient satisfaction survey that was distributed to medical patients are delineated. Patients referred to in this section are medical patients who were participating in HCH medical care services, as distinguished from HCH dental care service patients, who are referred to in the following section.

HCH had several areas of strength as pertains to customer service, attentiveness to patients, and overall patient satisfaction. For five consecutive years (2016 to 2020), 96% to 99% of patients found front desk friendly and helpful. At the same time, 95% or more of patients reported that medical assistants (MAs) were friendly and helpful, listened, and answered questions. Similarly, in this period, between 93% and 99% of patients said their providers listen to them.

In 2020,

97%

OF PATIENTS

said their HCH medical providers listen to them.

An impressive 93% to 98% of patients said they would refer family of friends to HCH. It is worth noting that although the percentage of patients responding positively to all these measures was extremely high, each of these measures dipped the lowest point during 2017.

Patients feeling unable to get checkup appointments and saying their calls to HCH don't go through easily was more or less stable between 2018 and 2020, never increasing sufficiently to match their 2016 level. See figures 5 and 6.

Figure 5

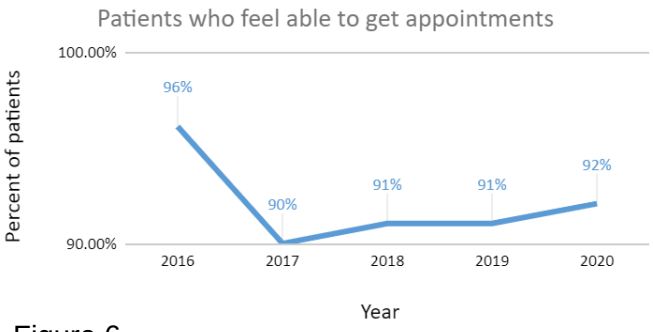
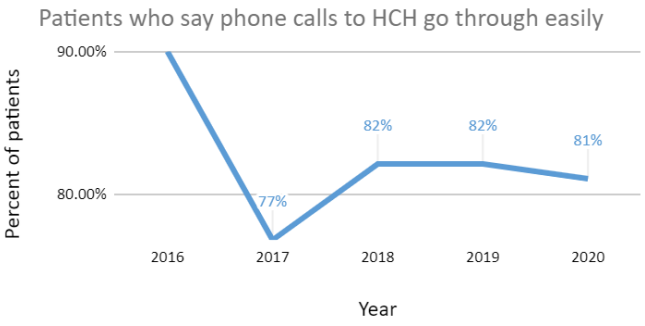


Figure 6



Between 2016 and 2019, there was a subtle decrease in the percentage of patients who felt able to get checkup appointments (96% to 91%) and the percentage of patients who said phone calls to HCH went through easily (90% to 82%). In 2018, both of these measures experienced an uptick from their lowest readings in 2017 (90% and 77%, respectively), but the percentages of patients feeling unable to get checkup appointments and saying their calls to HCH don't go through easily was more or less stable between 2018 and 2020, never increasing sufficiently to match their 2016 level.

Figure 7

HCH had several areas in which it could stand to improve: respecting patient time, involving patients in their own care, and further reducing the prohibitive cost of care. The percentage of patients who said that HCH does not call them back quickly enough has hovered around 20% from 2016 to 2020 (see figure 7). Similarly, over this

same time frame, 19% to 25% of patients have complained about the length of waiting time to see their provider.

HCH had some unideal measures on involving patients in their own care. From 2016 to 2018, almost a fourth of patients said no one at HCH discussed their health goals with them or gave them a copy of their care plan. In 2019, there was a 5% increase in patients who said they had this conversation and a corresponding 5% increase in patients who received a copy of their care plan, suggesting some temporary improvement in this area; however, in 2020, the percentage of patients who said someone discussed their health goals with them declined almost back to pre-2019 levels and the percentage of patients who received a copy of their care plan plummeted far below pre-2019 levels to only 68% (see figures 8 and 9). These 2020 measures may be attributable to changes in care during the COVID-19 pandemic.

Figure 8

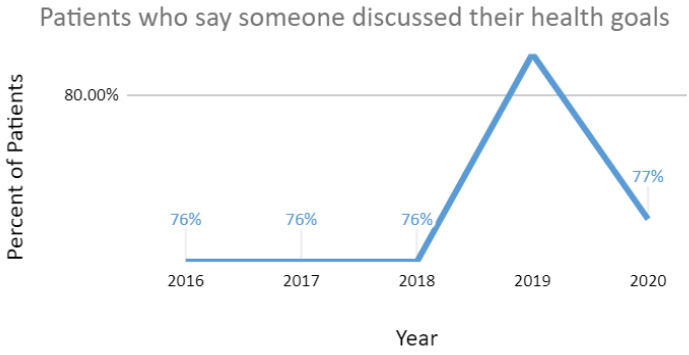
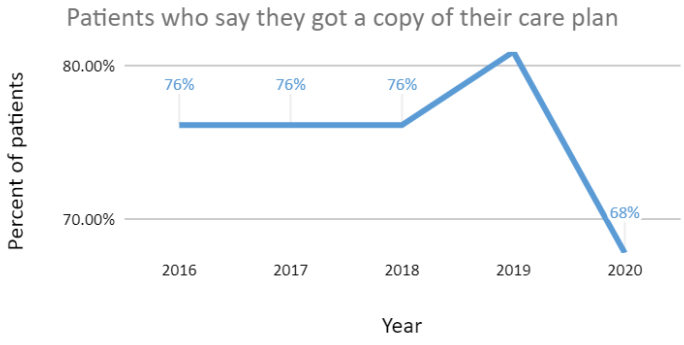
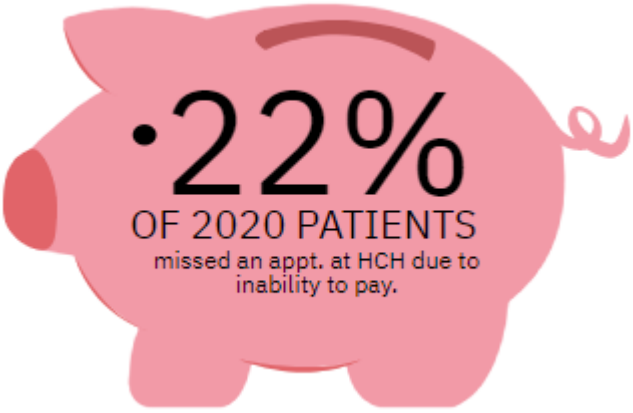


Figure 9



From 2016 to 2019, 19% to 31% of patients felt what they pay for care is unreasonable. In 2020, 22% of patients had missed an appointment at their HCH clinic, because they did not have the money to pay.



Patient Perspective

"Either companies don't offer insurance, or it costs too much to pay the deductibles. For working people who have insurance, deductibles are too high. It costs $4000 out of pocket before they help. What's even the point of having insurance?"

DENTAL PATIENT SATISFACTION SURVEY RESULTS

In this section, the results of the patient satisfaction survey that was distributed to dental patients are described. Patients referred to in this section are patients who were participating in HCH dental care services, as distinguished from HCH medical care service patients, who are referred to in the preceding section.

There was a slight downward trend from 2017 to 2019 followed by a resurgence (though not quite to 2017 levels) in 2020 in the percentage of patients who said:
1. phone calls to HCH went through easily (see figure 10)
2. they were called back same day (see figure 11)

3. the waiting time was acceptable (see figure 12)
4. their provider was considerate of their personal or family beliefs (see figure 13)
5. other providers were involved in their care as needed (see figure 14)

Figure 10

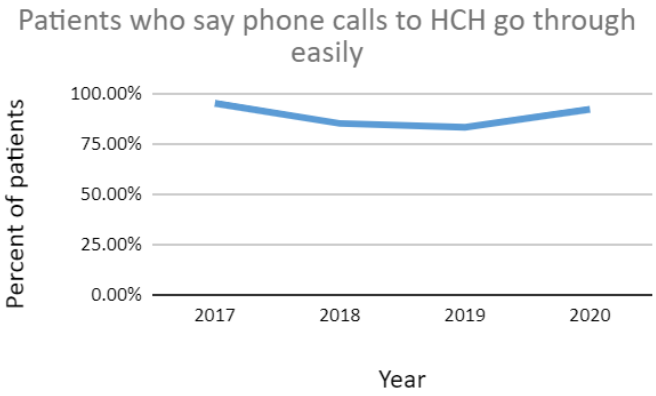


Figure 11

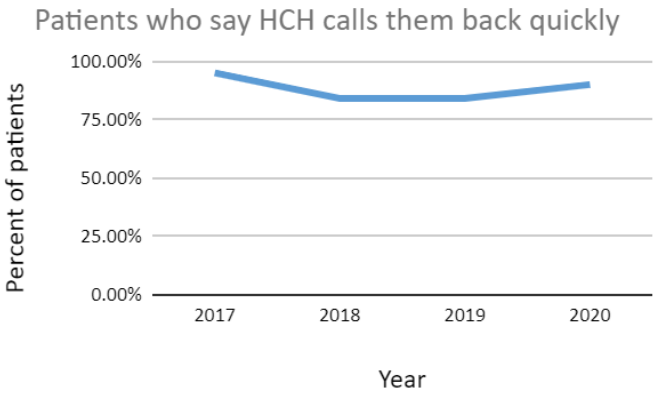


Figure 12

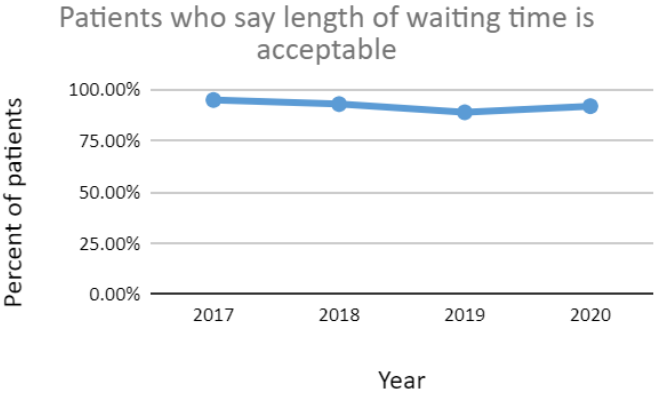


Figure 13

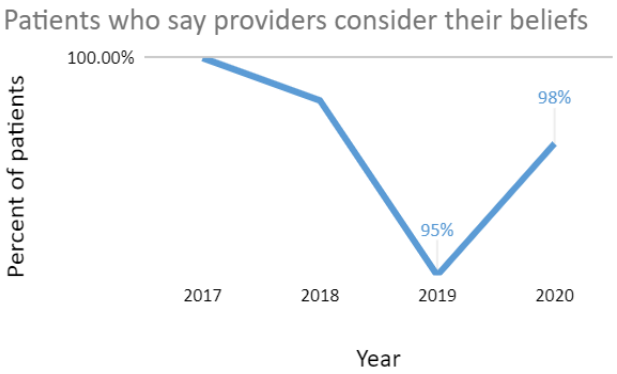
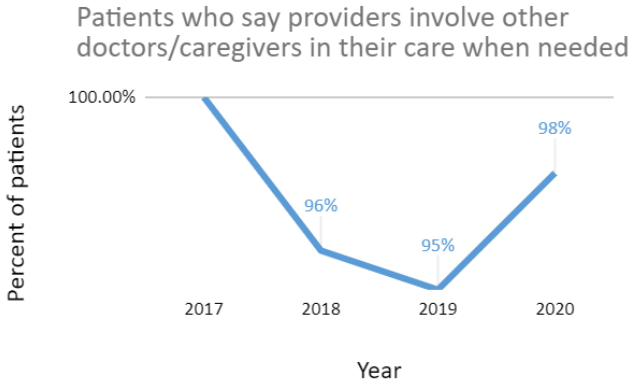


Figure 14



From 2017 to 2020, the percentage of patients who felt able to secure appointments declined by 9% (see figure 15).

Figure 15

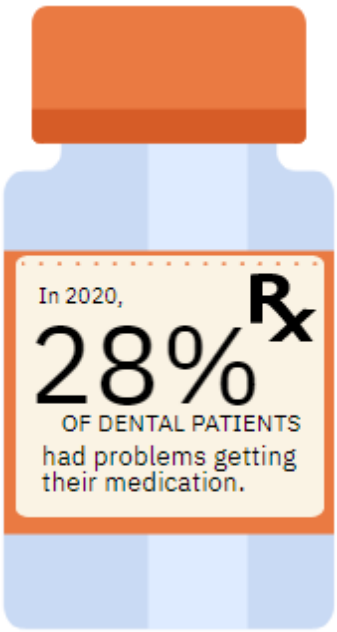
HCH had several areas of strength in the oral health services, including quality of care and attentiveness to patients. From 2017 to 2020, almost all patients (98% or higher) have consistently said providers give them good advice and treatment, listen to them, spend enough time with them, and answer their questions. In the same time period, almost all patients (97% or higher) have consistently also said the dental assistants are friendly and helpful, answer questions, and listen to them. Furthermore, virtually all of the patients from 2017 to 2020 (99% or more) would refer family or friends to HCH.

100%

OF 2020 DENTAL PATIENTS

would recommend HCH to family or friends.

HCH had a few consistent areas of poor performance in their dental services needing intervention related to involving patients in their own care. From 2017 to 2020, 15% to 20% of dental patients said no one discussed their oral health goals with them. From 2017 to 2019, 8% to 19% of patients said they did not receive a copy of their treatment plan.



HCH also should look into assisting patients in overcoming barriers to securing medication (i.e., cost, transportation), as from 2017 to 2020, 23% to 36% of patients had problems getting their medication.

In the following section, we delineate and compare data from patient, provider, and community partner surveys.

PATIENT, PROVIDER, & PARTNER SURVEYS

Surveys were used to assess current patient, provider, and partner feedback on community needs and what additional services were needed. There were 146 patients, 22 providers, and 11 partners who responded. Demographics of providers (64% white, 14% Hispanic, 91% female, and partners (82% white, 0% Hispanic, 72% female) varied from patient (46% white, 19% Hispanic, 67% female), which should be kept in mind when interpreting results. Full data from these surveys are included in Appendix D.

Respondents were asked what the top issues facing people in the community at this time. The top ranked responses by group included:

Patients:

1. Mental health (n=65)
2. Poverty, low-income (n=60)
3. Obesity (n=46)
4. Affordable healthcare (n=42)
5. Alcohol and drug addiction (n=38)

Providers:

1. Poverty, low-income (n=20)
2. Mental health (n=19)
3. Obesity (n=19)
4. Transportation (n=18)
5. Alcohol and drug addiction (n=16)

Partners (all tied for 1st place):

- Alcohol and drug addiction (n=10)
- Housing/homelessness(n=10)
- Mental health (n=10)
- Poverty, low-income (n=10)

While the individual rankings varied slightly, the same issues were reported by all 3 groups. Respondents were also asked "what keeps people in your community from seeking medical treatment?", and responses included:

Patients

1. Lack of insurance (n=84)
2. Can't afford specialty care (n=46)
3. Insurance doesn't cover needed services (n=45)
4. Unable to pay copays (n=37)
5. Prescription drug costs too high (n=37)
6. Transportation (n=37)

Providers

1. Transportation (n=19)
2. Lack of insurance (n=17)
3. Insurance doesn't cover needed services (n=11)
4. Deductible too high (n=11)
5. Mistrust of doctors (n=11)
6. Language barriers (n=11)

Partners

1. Unable to pay copays (n=9)
2. Transportation (n=9)
3. Lack of insurance (n=8)
4. Prescription drug costs too high (n=8)
5. Insurance doesn't cover needed services (n=7)

It is important to note that most of the top issues related to access to health care related to poverty and low-income status of households. In later questions, patients were asked about affordability of care through Honor Community Health, and 85% of respondents indicated they paid "a fair price" while only 13% of respondents indicated they paid "too much". Despite feeling the cost of care at Honor Community Health is fair, 21% of respondents reported that their copay kept them from getting the care they needed, and this number increased to 35% for Hispanic respondents. The majority of patients (60%) felt that a copay between $5 and $10 would be affordable to them.

When examining cultural issues related to access to health care, 57% of patients had seen a provider that looked like them or that they related to, indicating a need for greater diversity of health care providers. About 8%

of patient survey respondents reported that racism from healthcare providers was a barrier to accessing the health care they need. Six percent of patients indicated that language was a barrier for them, however this number was 21% for Hispanic respondents, indicating a need for translation services to be available for Spanish-speaking patients.

In the following section, we examine focus group data illuminating patient and community perspectives.

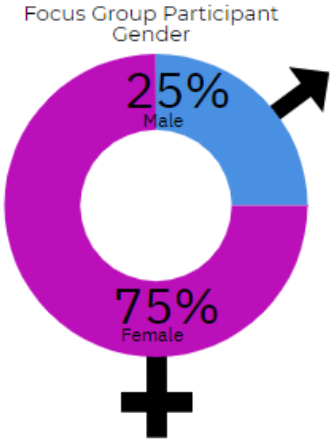
FOCUS GROUPS

Two focus groups were conducted to examine community health needs, especially barriers to living a healthy lifestyle and barriers to accessing care. In November 2018, a focus group composed of five individuals from the HCH patient population was held at an HCH clinic location in Pontiac. In March 2020, a focus group composed of seven Hispanic individuals was held at Centro Multicultural La Familia, a nonprofit in Pontiac serving Latinx families.

PARTICIPANT DEMOGRAPHICS

The first focus group, conducted in November 2018, included five participants recruited via flyers posted at an HCH clinic in Pontiac. These participants included four women and one man aged 40 to 58 years old (one participant did not disclose her age). The majority of participants were Black. Three were Pontiac residents, one lived in Orion Township, and another was a resident of West Bloomfield.

The second focus group, conducted in March 2020, included seven participants recruited from the service population of Centro Multicultural La Familia. The participants were Hispanic individuals, including 5 women and 2 men.



Both focus groups were biased in their overbalance of female participants. The experiences of male patients and community members may not have been thoroughly conveyed in this portion of the data collection.

FOCUS GROUP GUIDES

Both focus group guides contain questions which attempt to tease out barriers to care or barriers to living a healthy lifestyle. These guides are heavily based in the Health Belief Model. Additionally, there are other questions about community needs, areas of quality improvement for HCH and healthcare services in the community at large, and the factors that lead patients to seek out emergency services instead of primary or urgent care.

The focus group conducted with five HCH patients in 2018 posed the following questions:

1. Tell me about your community.
2. What are some resources in your community?
3. What do you think are the biggest health problems in your community?
4. What are some of the challenges that you face when accessing healthcare?
5. What are some reasons why people in this community might get a physical every year?
6. Tell me about your experience with accessing services such as: Doctor/Primary Care, Dentist, Eye Doctor, and Pain Management Services/Physical Therapy. What other services have you had a hard time accessing?
7. How can existing services at Honor Community Health be improved?
8. What type of health services would you like to see Honor Community Health in the future?

The focus group conducted with seven Hispanic community members in 2020 asked the following questions, which here have been translated into English:

1. To start, tell me about your family and what types of health services your family needs?

2. What are the major worries that you and your family have in relation to health?
3. How do you pick a doctor? How do you decide when to go to the doctor, the hospital, or urgent care?
4. How would you describe the health services in Oakland County?
5. Are there appropriate services in respect to your culture? Have you sensed discrimination or mistreatment from a medical professional?
6. For what reason would you not go to the doctor to receive preventative care, for example, an annual exam?
7. For what reason does someone not go to the doctor when they are sick?
8. Have you had to go to the emergency room in place of a doctor's appointment? If you have, what happened and how did you decide to go to the emergency room?

COMMON THEMES ACROSS FOCUS GROUPS

Affordability

Participants of both focus groups—patients and Hispanic community members alike—took issue with the unaffordability of health insurance, medication, and healthcare in general. They shared that high costs present a financial burden, even with insurance:

"For the people that don't have insurance and for those of us that have it as well, the payments and co-payments are rather high…not all of the medicine is covered."

They cited difficulty finding a doctor that accepts the individual's insurance and is affordable:

"My sisters' kids have Medicaid and it's hard to find dentists and especially eye doctors in Pontiac. There's one eye doctor in Pontiac who takes Medicaid."

Time

Patients and Hispanic community members also said that lack of time was a barrier to receiving healthcare:

"I think it's time. You get your kids to school, go to work, pick kids up, go back to work, and go home….We don't go to the doctor until we feel like we gonna die. And then we don't even follow up, because we're working"

They noted that hours of health care centers, appointment availability, and wait times are not meeting the needs of patients' busy schedules:

"If I'm sick, I always have to wait 2 or 3 weeks to be seen."

Transportation

Patients detailed how lack of transportation poses a barrier to receiving healthcare:

"I just found out that they (HCH) offer transportation; that's great, because I have clients that don't have transportation. Her daughter needs counseling, but she doesn't have transport. How is she gonna get there?"

Hispanic community members also stated:

"it's a problem of distance because a lot of us don't drive."

THEMES ILLUMINATED IN THE PATIENT FOCUS GROUP

Medical Mistrust

Patients expounded on the mistrust of healthcare and healthcare workers that is prevalent in their community. This mistrust sometime manifested in beliefs that healthcare workers were deliberately abusive and medical practices were harmful:

“They say I don’t know why they go and want to get injected with shots and get injected with viruses.”

At other times, mistrust grew out of experiences with healthcare workers who were incompetent:

“They didn’t know what they were doing.”

Resources

Patients pointed to a lack of resources in the community to support healthy lifestyles:

“There’s a food desert, if you live in downtown Pontiac. You can’t get to a grocery store. There are only two grocery stores. Family Dollar stores are popping up, and they’re not getting the healthy food. There’s not a lot of resources.”

They also explained that the local resources that exist are insufficient or have steep barriers to access:

“I think most resources are grassroot resources. A lot of informal groups or centers, churches, food banks.”

“So when you go to OLHSA and Lighthouse you can’t get any assistance unless you know how to work the system.”

Eligibility

Patients stated it was difficult to qualify for aid when they needed it:

“If you make too much money, you don’t qualify but they don’t factor bills, rent, utilities, or that Pontiac has the highest car insurance in Oakland County.”

Also, they pointed out the potential for discontinuity of care for those whose eligibility for Medicaid and MIChild varies over time, as some doctors may accept one insurance but not another:

“My regular physicians don’t take Medicaid.”

HCH was praised as a place one can go to avoid such discontinuity:

“Now that I’m working and losing Medicaid, I can still go to my doctor at HCH to keep continuous care.”

Holistic Methods

Patients expressed the desire to avoid quick diagnoses when it comes to mental health, especially in children. They would appreciate holistic alternatives to medication:

“They should find some other way other than just giving their kids medication to keep them in school. My principal and teacher

said he (son) needs medication. But I said what's the step in-between that?"

They concluded that many people self-medicate using drugs and alcohol in order to avoid the incapacitating effects of powerful prescription psychotropic medication:

"Sometimes I wake up and feel like the world is crashing in around me, so I take half a gummy (edible) and it helps and makes me feel less stressed. I feel like those meds (prescribed psychotropic medication) make you zoned out, and I don't want to feel zoned out."

THEMES ILLUMINATED IN THE HISPANIC COMMUNITY MEMBER FOCUS GROUP

Cultural Competence

Hispanic community members explained their encounters with health care professionals' microaggressions:

"I notice a lot is that the mouth is trying to say something but what the body is saying and physical language is completely the opposite. So...the body and the mouth need to say the same thing."

Pointing to health care professionals' lack of respect for the culture of their patients, they called for training in cultural competence:

"I feel that we need...a lot of training in the culture."

Language Barrier

Hispanic community members vocalized that a lack of Spanish-speaking healthcare workers and interpretation services makes it difficult for non-English-speaking patients to access health care services:

"I have a need to talk to someone that speaks Spanish, because I don't speak English. A little bit, but the problem...in the clinic is that there is not a person that speaks Spanish

Table 1. Themes identified with corresponding exemplary quotes.

Theme	Illustrative quotes
Affordability	"Either companies don't offer insurance, or it costs too much to pay the deductibles. For working people who have insurance, deductibles are too high. It costs $4000 out of pocket before they help. What's even the point of having insurance? I can't afford blood pressure medication, which costs me $40."
	"My regular physicians don't take Medicaid. I have nothing bad to say about here (HCH), I get treated better here than when I had better insurance."
Time	"Usually the doctors are only there 9-5 but I work 9-5 also. So when will I go to the doctor?"
Transportation	"We don't have mass transit, and Lyft and Uber cost too much."
	"People are resourceful, but there's no public transit. On the east side, 33% percent don't have cars."
Medical Mistrust	" I know a lot of people who take meds but don't want to be in the system. My son refuses to take medication, because he says the government is gonna track me. He refuses."
	"I don't like that dentist. I been there years ago. Wasn't sensitive or gentle. I'll try again, because it's been years. I have a nice hygienist at Huron who cares about me."
	"all these doctors come and go and they don't know what's wrong"
Resources	"There's no rec center. I see a lot of people have health issues."
	"There are no resources. I have been looking. I live in Lake Orion and deal with that school district. In Pontiac they don't have anything. But I don't want to be the only Black mom in the group where I am."
Eligibility	"I'm a single mom with one kid, and I make too much to be considered for assistance...$20,000-30,000 is too much to the government"
	"So to get my kids on MIChild, I would lie about how much we made because if I didn't we wouldn't be able to afford insurance."

Holistic Methods	"Going back to mental health services. Young kids are very quick to be diagnosed with ADHD. It's go to the doctor to get medications."
	"There should be another step before jumping right to medication."
	"They are like zombies. They are so high from that medicine."
	"I think a lot of people drink and do drugs because of mental health and they don't want to get medicated"
	"So he smokes weed, and it calms him and helps his anxiety"
Cultural Competence	"There is a certain degree of discrimination and people don't show it, but indirectly it comes off."
Language Barrier	"I think that it is very important that for health locations, there is a person that speaks Spanish too."

In the following section, we examine interview feedback sharing the experiences of vulnerable patients and their providers.

INTERVIEWS

Ten interviews were conducted to uncover community health needs, especially those of particularly vulnerable patient groups. Three subpopulations were interviewed: homeless service providers, HIV positive patients, and obstetric patients. Five homeless service providers, three HIV positive patients, and two obstetric patients participated. Interviews were completed over the phone from April to June 2021.

PARTICIPANT DEMOGRAPHICS

The interviewees who were homeless service providers were female, abled, had an average age of 50, and racially, they were 80% White and 20% Black. All were currently stably housed, and 20% had previously experienced homelessness.

The interviewees who were HIV positive patients were in their thirties and forties. All were housed; two thirds were renters, and one third lived with parents. The majority (66.6%) were African American. All were employed with a mean household income was $26,800, and 33.3% had a disability. All were insured, some privately and some through Medicaid.

The obstetric interviewees were African American women in their twenties with Medicaid insurance. They were unemployed, and their average annual household income was $18,000. Both were renters.

INTERVIEW GUIDES

The interview guides contain questions which attempt to tease out barriers to care. These guides are heavily based in the Health Belief Model. Additionally, there are other questions about community needs, areas of quality improvement for HCH and healthcare services in the community at large, and the factors that lead patients to seek out emergency services instead of primary or urgent care.

In addition to some follow-up probes, the interview guide for HIV positive and obstetric patients contained the following main questions:

9. Tell me about the kinds of health services that you and your family need.
10. What are major worries that you and your family have in relation to your health and your family members' health?
11. Are you able to get the preventive services that you need, like yearly physicals, dental care, etc.?
12. What sorts of challenges do you face when accessing healthcare?
13. What sorts of challenges, if any, do you have in following medical advice or following your care plan?
14. How would you describe health resources in your community?
15. Tell me about your experiences specifically with HCH.
16. What do you like best about the services and care you receive through HCH?
17. What improvements in service delivery would be helpful at HCH?
18. What additional services would be helpful in your community, and specifically at HCH?
19. Some people have more opportunities than others. In an ideal world, what would need to change in order for everyone to have the opportunity to be healthy?

The interview guide for homeless service providers included many of the same questions just phrased to ask about the interviewees' clients' experiences rather than the interviewees' own experiences. However, the homeless service provider guide also included the following unique probes:

- Please describe any existing problems in the coordination and delivery of health and/or housing services.
- What, if any, valuable local services are underfunded?
- How has COVID-19 changed the funding for, coordination, and delivery of housing services?

See Appendix F for the full interview guides.

THEMES ILLUMINATED IN THE HOMELESS PROVIDER INTERVIEWS

Difficulties Housing People in Oakland County

Housing service providers spoke to why it is difficult to house all the unhoused individuals in Oakland County. They overwhelmingly pointed to the lack of affordable housing units and explained conditions which exacerbate this issue. They shared insight that the fair market rent (FMR) and Area Median Income (AMI) values, which provide the benchmark for what housing voucher recipients are able to spend on rent, are too low, which results in voucher recipients remaining homeless, vouchers expiring, and voucher funds not being used, creating a false illusion that those funds are not needed:

“The number one issue is that there are not enough affordable housing units for everyone.”

“We build affordable housing as much as possible. But construction costs are through the roof.”

“The lack of affordable housing. This needs to be a future action item. In Oakland County you can discriminate based on the source of income and not rent to someone with a subsidy. Therefore, people end up living in substandard conditions.”

Community Coordination

Housing service provider interviewees called for better coordination between the range of local community entities serving the homeless population. They saw communication as the answer to existing coordination failures. Such communication improvements would include more community calls; Honor networking with social service providers to advertise its services; Honor providing a reliable emergency after-hours line that shelter staff can call; and a shared health records system between Honor, social service providers, and local hospital systems:

“Continuing to educate the housing providers, the schools, the court and probation systems on what they (HCH) do, who they serve, how they can serve, and answer questions – do they have to have Medicaid do they have to have an ID would go a long way”

“I think, maybe they're, they're (Honor) getting to be a little bit more known in the community, you know, and that they can be, you know somebody's primary provider”

“I also am only very recently familiar with Honor.”

“really being able to have that wrap around partnership…and not necessarily just sticking your backs like I'm housing that's all I do but helping individuals figure out a way to get to Honor and…Honor working with the housing providers to provide those services. So, I think really just that open communication.”

“In terms of (HOPE) Recoup, it would be nice to have more medical oversight, and on the weekends that’s a major issue. There’s not good follow-up. It’s someone who had diabetes and had a crash, went to the hospital, and came out. The staff didn’t know exactly what was wrong, called the answering service at Honor, and didn’t hear back for a while. They (Honor) tend not to

staff during those times. It's hard to get a call back (from Honor) then."

Accessing Technology

Housing providers spoke about their clients' barriers to accessing communications technology (e.g., phone, internet, computer). They detailed how not having access to this technology affects their health and well-being:

"(Clients worry about their) ability to maintain appointments. If using government phones, they may have new phone numbers each month…Gap in communication is such an issue with new phone numbers all the time."

"Some of them really appreciate the convenience of not having to travel, so they would like to continue with that route especially those who feel more comfortable during the pandemic not being around other sick people. Others don't have video capability or feel weird about the video capability and think the government is listening in."

"They probably don't have access to internet, so telehealth is not probably something they can do."

"Very few have access to broadband after (they leave shelter), because many go to subsidized housing after they leave shelter. Often the rent includes utilities but not internet…They don't even have a data card. They don't have computers. They may have a smart phone but not necessarily the ability to video call."

Transportation

Housing providers pointed to lack of transportation as a huge barrier to their clients making it to appointments, including health and social service appointments. To address this issue, Honor needs to allocate budget to and advertise same-day transportation services in addition to continuing to open more locations:

"I worry that we have so many new staff that many are not aware of transportation options at Honor/Medicaid transportation. It would be helpful to have Honor send out email blasts to CHN/providers about their transportation services."

"It's a priority for them…to be able to have transportation if they need it same day. Budget drives a lot of stuff that we do and sometimes there are funds and sometimes there are not. Honor transportation is not advertised and it's kind of a back room deal and sometimes they say their funds are gone. So sometimes that's an issue. So, we're scrambling to get them there."

"I think people who live in close proximity to an Honor location, that eliminates a big barrier. Those folks may be accessing care a little bit more than others."

"Transportation can be a huge barrier that our folks don't have reliable transportation that the gas the wear and tear that's a scarce resource a vehicle it may be a shared resource between different families. Oakland County we don't have good public transportation at all."

"The second part is transportation; they might default to ER because they can provide an ambulance. This is a population that does not plan ahead. They can get insurance transportation, but it takes three days ahead of time (to schedule)."

Mental Health

Housing service providers shared their thoughts on how mental health affects the population they serve and interacts with their ability to access healthcare and live healthily. Interviewees also pointed out that individuals are more commonly referred to Community Mental Health (CMH) for mental health services than HCH, despite that many of their clients are displeased with

CMH services (they speculate due to high CMH caseloads and staff turnover). Interviewees note that HCH can be a good alternative for patients who have had a poor experience with CMH. They urge HCH to secure a psychiatrist on staff:

“the mental health interferes with their ability to be healthy. We had a client with anxiety who had mild COPD and smoked and he would have anxiety attacks and believe he couldn’t breathe. We gave him a pulse oximeter to check his oxygen level and calm him down. If you only see mental health services a few times a year through community health…It’s better to have mental and physical health services together. Sometimes there’s an insurance restriction for people to be seen at Honor and I know they’re working on that. I don’t know if we’ve had anyone who’s seen the social worker and if they need the psychiatrist, they have to go to CMH. If they (Honor) had a way to partner with CMH in house to have a psychiatrist, that would be very helpful. The trust in Honor is much higher than CMH because of the turnover in CMH vs Honor. To go see your own same doctor, that is very comfortable for folks. To have your doctor recommend you go see mental health services at that same practice.”

“Substance use is another big issue in the homeless population. 9/10 is they have mental health condition they have substance abuse too.”

“I would say there's a high percentage of persons with disabling conditions. And so, you know, as that relates to health, both mental health and physical health”

“I talk to folks connected with Easter Seals. Easter Seals folks are normally displeased with their case workers”

Outreach

Interviewees advocated for outreach with the unhoused population, including spreading the word about HCH services, mobile care, home visits, health education (especially diabetes care) classes, and regular check-ins with high-need patients:

“Haven’t seen a lot of people connected with Honor which could be an outreach issue.”

“people don’t know about free or low-cost clinics”

“Basic knowledge of health tends to be poor. Honor did outreach before and there was a man with a red face. I suggested he go see them to check his blood pressure. I asked him if he has high blood pressure and he says, ‘oh no, everyone in my family dies of a heart attack.’ I challenged him that I would get my blood pressure checked if he did too, and so he did. His blood pressure turned out being massively high, and once he knew that, he invested in a cuff and would check it 5-6 times a day a keep track, but until he learned about blood pressure, he didn’t know. And he learned about the cuff at Rite Aide. With a little bit of coaching, he really embraced it.”

“Diabetes is a huge problem. They might not have access to better diet. At our (HOPE) Recoup center, we have people who don’t know how to use a glucometer; they don’t understand how diet even a piece of fruit might not be a good choice. They might need more coaching than comes in a typical appointment, more like a class or someone who would call them regularly like four times a week and the access to that, because Pontiac is a pretty big food desert.”

“nutrition, of course is related to health, and persons who are homeless. Yes, they can eat…shelter meals…and then also there are numerous food banks. But again, getting to those locations is difficult and I was thinking of that, if there was a mobile unit…like a food truck that could go out to go out into the neighborhood and providing healthier nutritious meals.”

“The other thing is that medicine still tends to be office based. In AVALON Ann Arbor they have a program called FUSE Frequent user systems engagement. It’s a model out of CSH and they have only a couple sites in the U.S. but for us to be able to work together to do this it provides for clinician visits in the home. We used to have a clinic in the shelter that was supporting guests that was from Honor. They had so many signups because it was a comfortable place for them to be. The FUSE was that for your home. If you’re have trouble with diabetes, you may have someone stopping by regularly.”

“As far as health care is concerned…maybe people wouldn't necessarily come to Honor…but if they met somebody, you know, in that street outreach type atmosphere and a mobile unit or even some of those services came to them…in a private setting like a van type, you know, mobile home type of thing and they were able to go in and kind of talk through things in there and work on that trust factor”

Trust

Interview participants defined the importance of earning patient trust and how to do so:

“that trust piece…sometimes…individuals that really are literally homeless on the street have a lot of things with them… how you would present walking into a…doctor's office…bringing all of those things with them? So I think just really being able to feel comfortable and having that trust and that could start you know with some of that outreach piece”

“that builds trust…giving information and…stating it in a factual way instead of…saying you should or shouldn't do this…and…giving people that decision making power to back to them, so that helps them make informed decisions so I think that builds trust, and also doing what you say you're going to do right. So if they say you know these things are happening or we will be coming to your community to do X, Y or Z, that they're doing those things. I'd like to add to that I, I know Honor is very committed to providing trauma informed care. And I think that helps to build trust because it shows that they're concerned… about the person and not inflicting further trauma or making the person feel uncomfortable or just being sensitive that persons who are homeless have a lot, a lot going on…not just physical health but with mental health…So I think their commitment to providing trauma informed care is…extremely helpful in building trust.”

“There’s an acute lack of trust in healthcare. They go to the hospital and experience treat and street and they tend to be sicker when they arrive at the hospital then if they had gone to see someone early. Even though they have health insurance they still do that. Building that trust makes a difference. One patient has a doctor that is so patient. That has made all the difference. Before that he had 66 ER visits in 6 months and cost his insurance company $150,000. Honor did a great job and I’m sure insurance company is dancing for joy. And he’s not the only one who’s such an expensive client. That’s what Honor does really well building relationship, but it’s still pretty limited while in the office. Outreach makes a difference”

“overall Honor does really well with a difficult population. Every year the impact is higher and the resistance is lower.”

Reactionary Care

Interviewees discussed how their clients delay care until it’s an emergency and engage in reactionary more than preventative care. They detailed how their clients cannot prioritize their health until their health condition is urgent; therefore, they need HCH to provide urgent care type walk-in or same-day appointments:

“a lot of times, individuals in this situation… homeless may not seek treatment until

it's...emergency room level…and some may use the emergency room in different ways that aren't necessarily appropriate”

“if they have a health need it’s an immediate need. We spend a lot of effort to try to get people to understand how to get to use primary care correctly. People say I’m coughing up blood but I’ve been coughing up blood for a week and now they’re telling someone about this. Honor can provide same day services…They decide at the last minute…I’m not sure if they can get in that day.”

“(Preventative care is) very accessible to them but it’s a new concept. Overall, the Honor docs and nurse practitioners make a big impression on the folks we serve. It’s not hard to convince folks to go to a physical. Some folks prep for colonoscopies while in shelter. Many don’t see the importance of this (preventative care), because they’re reactionary. I’m dating myself now, but in the early, 90s people only went to the doctor when they’re sick, and they (shelter residents) are still in that mindset. We need more education around preventative care.”

“somebody may have access to health care insurance company right so they've signed up but they have to go do an initial visit with their doctor before they can get services… Honor can be that service provider for them so making the connection to now I have insurance to this is where you go to to have treatments. And so I think that people wouldn't necessarily wait as long if they were having issues if they…had that connection and I think some of that could start with meeting people where they are and I think honor is starting to do some of that work. But…not everyone can get to the clinic that they have, or the hours that they have and so I think…then maybe…it turns into an ER visit, whether that's warranted or not…maybe it's not an ER type service but now it's…10pm and…they’re feeling very ill so they've decided to go that route instead of making some of those connections and…taking care of those preventative type things”

“Most people want dental when they have a massive toothache. Honor is great about accommodating them come over in an hour.”

COMMON THEMES ACROSS PATIENT INTERVIEWS

Friendly & Helpful Staff

Patients across obstetric and HIV positive subpopulations felt that the staff at HCH was friendly and helpful:

“It seems like they care at Honor. They don’t try to throw me out the room. They explain things”

“(provider) has put me onto everything: dental care, other programs that I would be interested”

“Great experience”

Cost

Some interviewees spoke about the cost of medication being prohibitive, and one mentioning needing assistance with copays as well:

“Need help with copay and heart medicine”

Nutrition

Patients talked about what helps or hinders their health:

“temptation. Fried foods and sweet tooth”

“Junk food. Wanting a snack before bed.”

In addition, the following medical advice was said to be difficult to follow:

“Following nutrition programs and weight loss. Healthy foods are more expensive.”

Physical Activity

Patients listed the following as things that help keep them healthy:

“Environment – lot of activities, go to park, do some exercise.”

“Parks nearby so you can get exercise and walk around.”

“Exercise programs”

THEME ILLUMINATED IN THE HIV PATIENT INTERVIEWS

Mental Health

Patients described newly receiving mental health services as a positive experience. Also, patients described the need for more mental health services to meet their and others’ needs:

“Getting help with (mental health)…right now and it’s great. It’s very new for me right now.”

“I would probably add more mental health services because I feel like we don't have enough. I know that as the state of Michigan we used to have a lot of mental health services but now we're in a limbo land.”

THEMES ILLUMINATED IN THE OBSTETRIC PATIENT INTERVIEWS

Discontinuity of Care

Pregnant and postpartum women discussed disliking not consistently seeing the same provider throughout their prenatal care. Moreover, multiple interviewees gave birth in the care of a different provider than the one they had been seeing for prenatal care:

"last time I went there if you can make it by 4:00, you can see Dr. Ram. I arrived at 3:05 but couldn’t see Dr. Ram. The doctor switches a lot. Last time it was Dr. Switaluta. This time it was a woman doctor. They said I was seeing Dr. Ram, but I saw a walk-in doctor. No, I don’t think it affects my care. Nine times out of ten, you see the same doctor, but with this office, you never do.”

Gifts & Donations

Pregnant and postpartum interviewees remarked positively on the gifts and donations they would receive from Honor during their appointments:

“They’re good. They give me little packages when I go like free diapers if I need, food, and anything they think I might be interested in. And the OB coordinator gave me maternity clothes donated by other women.”

Securing Appointments

Obstetric patient interviewees discussed a complex view of their ability to secure appointments. One patient expressed that she had general difficulty with finding a doctor who had appointment availability. Another patient raved about Honor’s regular scheduling procedure. However, this same interviewee shared a story about an unnecessary ER visit that could have been avoided if HCH had not had a two week wait. A patient also complained of the waiting time in office to get into her appointments:

“And they’re good about that. They send a little notecard of next appointment, and if you miss an appointment, the women at the desk or the OB coordinator calls you and says ‘Hey, is everything ok?’ and reschedules.”

“They will let you know your appointment time, and even if you arrive 10 minutes early, there’s a 30 minutes wait time.”

Table 1. Themes identified with corresponding exemplary quotes from housing service providers.

Theme	Illustrative quotes
Difficulties housing people in Oakland County	"We just got emergency housing vouchers …There's been a bunch of people being pulled from the housing preference choice voucher waitlist. The problem is that they haven't increased the funding allowed. So, they're still going off FMR and AMI which are incredibly low, and there's an incredible housing shortage, so the housing that is available the landlords can get a lot more than the voucher $750 per month…[Landlords say] I can get someone in here for $950 a month tomorrow...Vouchers are expiring before people can use them… [Clients] feel like they get the golden ticket. They say, 'Where can we use them?' And we say, 'We don't know. Good luck.'…The vouchers are not worth enough money. We got so much money for the rapid rehousing grant and we can't spend all the money." "the lack of affordable housing, and not just in terms of the numbers of units, but also in terms of the fair market rent value. So, the, the rent is often a lot higher than the fair market rent and so the subsidies are not able to able to pay. But I think just in general, there's just a lack of a lack of affordable units."
Community Coordination	"Communication – it's hard to get ahold of folks. There's got to be a better way to do it. You don't want to email people too much, because that's rude. We all work in silos. I work in housing. You do mental health, but all these things are largely connected. Food insecurity, racism, it's all connected. We all have the same goal, but when we're operating so separately from each other. Homeless providers attend a call every Tuesday and I would love more coordination between those with mental health providers and others." "Our staff are more apt to refer clients who aren't getting their mental health care to CMH than Honor. I think there are lot of people we are referring to the CMH system who have a history with the CMH system and are unhappy with CNS, so it would be great if our staff could be reminded to refer to Honor for an alternative to CMH system. They can get their dental, primary, and behavioral services all in one at Honor. It's not at the forefront of our staff's mind, because the CMH system has been around forever."
Technology Barrier	"I've had people worrying about finding doctors and providers that will accept their insurance. How do find a provider? You have to go online and not everyone is tech savvy. It's a gap with getting people who are homeless connected with these services. You have folks in shelter who

	have more resources but you have those who are unsheltered who don't have these things – in their car or in an abandoned building."
	"case managers had to do intakes virtually. And then our persons who are homeless are not in general, don't always have access to technology but particularly during the pandemic because the places where they might access technology like a library, were closed."
Transportation Barrier	"Transportation is always going to be the biggest barrier. The bus system is less than perfect. Getting to the grocery store, doctor appointments, mental health appointments…Some have insurance transport, but getting to appointments is such an issue."
	"I started in like 2005 in this this nonprofit homeless sector, and it seems like we've been talking about barriers--transportation barriers--for years. And I, I don't see it changing much…it's virtually impossible to get to an appointment on time or persons who's homeless. First of all, they have to get to the bus stop, which might necessitate them walking for several miles just to get to the, to the bus stop and then trying to coordinate the timing of the, of the bus coming arriving and then you've got you know weather conditions and the winter and so it's just…kind of daunting to me that something different hasn't been tried or done to address the transportation barrier and not just the healthcare but to all, all of the appointments that are that are needed."
Mental Health	"I think in our permanent housing situations and they have case managers checking in with them each month/support, they're much more likely to get their meds and stay on them. It's the folks homeless on the street, that staying on the meds regularly doesn't really happen…Staying on meds is a challenge for these folks. Our staff are more apt to refer clients who aren't getting their mental health care to CMH than Honor. I think there are lot of people we are referring to the CMH system who have a history with the CMH system and are unhappy with CNS, so it would be great if our staff could be reminded to refer to Honor for an alternative to CMH system. They can get their dental, primary, and behavioral services all in one at Honor. It's not at the forefront of our staff's mind because the CMH system has been around forever."
	"sort of weaving some of that mental health service and as you're providing those physical health services may build that trust around…engaging…mental health type of conversations with individuals."
Outreach	"the process of getting connected to services is not clear for folks. Maybe if there's more transparency and what it means to access services. With mental health services, people are like well they're going to lock me in a psych department. With Roseville PD, they do

	well with outreach, they offer free showers, Judson was there. In Oakland County, for an event like that to take place, it would be huge. It's hard to know that if that outreach isn't being done."
	"(Agency name) has the…(outreach) team and…Half of their job is building rapport because homeless have been burned by the system so they don't trust."
	"The mobile dental unit is great for prevention, and that service is very valuable. They haven't been running it in the pandemic. You have to make it convenient, and the mobile unit is very convenient and it's very social."
Trust	"I think another barrier is that a lot of folks we are serving are people of color and a lot of them don't trust so we need to do work to give access to those resources. The onus needs to fall on the health provider to make them feel more comfortable"
	"more training to their staff for physical and dental providers on the trauma that goes along with housing instability. Many dental care providers have a disconnect about the trauma of homelessness and the anxiety of going to the dentist. Training on diagnostic codes that can be included in their billing that can help trigger social services."
	"Continue to open up more locations because the physical presence in the community makes a difference. They've made a difference in the city of Pontiac. They should be more physically seen in the community"
Reactionary Care	"A lot of folks say that they haven't see a doctor in 20 years. It's that fear of the unknown. It's been so long since that they've seen a doctor that they're afraid their doctor is going to say you have diabetes, glaucoma, your teeth need pulled, you have a slew of ailments. The doctor is going to say you have to see all these specialists and need to make time for all of this care."
	"Going to see a doctor is not an immediate priority when you don't know where you and your kids are going to sleep tonight."
	"Housing – when people feel like they have safe secure housing, they can focus on their health, their family's health. Housing is key to be able to free up that space in your head."

Table 2. Common themes identified among both patient groups with corresponding exemplary quotes.

Theme	Illustrative quotes
Friendly & Helpful Staff	"I think it's they're really supportive, for one, and with me being a first-time mom with my son, they answered a lot of questions and they gave me little packets with information and anything I may have missed during the appointment. They were always so hands-on with me. And when I did the sugar glucose test, they were like so this is why we're doing this. Never had to wonder why things were being done. They explained. You've got everything together. They're encouraging."
Cost	"But recently gave B6 over the counter and had to pay cash at the pharmacy. Unexpected. I thought the doctor would prescribe something insurance would cover. It had happened through my son as well. I know how to check into it with insurance. Prescribed miserable with nausea so went ahead and paid but I didn't have the cash at the time. B6 was $5 but they recommended co-med that was $20. Even if I did have to pay the cash for it, I wish I would have known ahead of time."
Nutrition	"try to eat healthier foods because my son is two and we try to follow a good diet and my husband is healthier than me, and I am trying to improve my diet"
Physical Activity	"Environment – lot of activities, go to park, do some exercise."

Table 3. Theme of mental health identified from HIV patient interviews with corresponding exemplary quotes.

Theme	Illustrative quotes
Mental Health	"I have received help from CNS. Ok new experience" "son's mental health – doctors aren't a help with the mental health. He was hospitalized recently related to mental health issues. It's a struggle to support child with autism…son needs help with his mental health, with TTI, needs mental health services, and an agency with his condition."

Table 4. Themes identified from obstetric/postpartum patient interviews with corresponding exemplary quotes.

Theme	Illustrative quotes
Discontinuity of Care	“only thing I don’t like is that every time you go you have a different doctor. I just relocated to Michigan and didn’t know any hospital and didn’t have insurance. Honor helped me get insurance during my pregnancy. They always took care of us. You go, they examine you, and if there’s any difficulty, they let you know. I delivered with a different doctor. Everything was ok, but I didn’t like it switching.”
Gifts & Donations	“At times they give you gifts, especially if you are pregnant. A lot of gift cards and even items that people donate, and they show you where you can get diapers from. And everyone is friendly over there.”
Securing Appointments	““I found out at home with a home pregnancy test and the hospital gave ultrasound in ER to say pregnancy was six weeks. Insurance covers ER so I went that route and it would be quicker than waiting for an appointment at Honor. Most of the time as soon as you’re in the office, they’re good at scheduling an appointment before you have to leave the office. I found at six weeks and it was a two week wait to get into Honor.”

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

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SERVICE AREA DEMOGRAPHICS, HEALTH DISPARITIES, AND INDICATORS OF HEALTH

Secondary data for the needs assessment came from a variety of sources at the federal, state, county, and local city or zip code, namely the US Census and American Community Survey, the Michigan Department of Health and Human Services, and County Health Rankings. While these data can paint a broad picture of the health situation within Honor Community Health's service area, there are limitations at the local level in providing a complete epidemiological profile and view of social determinants of health. To account for these limitations, it is possible to infer from other state, county, city, and zip code data, and to triangulate with primary data sources for a more complete picture.

Key findings from the Service Area Demographics, Health Disparities, and Indicators of Health section:

- There are significant disparities within Oakland County. While the county's profile as a whole has fairly positive health indicators compared to the State of Michigan, there are significant pockets of disparities.
- Individuals living within the service area experience significantly higher levels of poverty. For example, approximately 30% of individuals living in the Pontiac area live in poverty compared to 8% in Oakland County.
- There are severe racial and ethnic health disparities across Michigan. Those who identify as African American or Black and Hispanic report numerous poorer health outcomes including poorer mental health, physical health, disability, access to health care, blood pressure, asthma, diabetes, and cancers. Major services areas include Pontiac (approx. 50% African American or Black, 18% Hispanic or Latino) and Southfield (approx. 70% African American or Black). While there is limited data at the local level on these health outcomes, it can be inferred based on other data that those living within the service area also experience these poorer health outcomes.
- Available data shows additional disparities:
    - Individuals living with the service area experience higher rates of disability for those under the age of 65 (17-25%) compared to Oakland County (8%).
    - Infant mortality rates are significantly higher within the Pontiac area (9.4 per 1000) and Southfield (9 per 1000) compared to Oakland County (5.6 per 1000).
    - About 1 in 7 are uninsured within the Pontiac area as compared to 1 in 20 within Oakland County.
- Oakland County is experiencing an increase in those over the age of 65 living within it. Of those who have grandchildren in Pontiac, over 1 in 3 are responsible for their grandchildren and 1 in 4 in Southfield.

COMMUNITY INPUT PRIMARY DATA SECTION

Primary data serves to contextualize the secondary data and provide additional insight among patients and the most vulnerable patient groups, providers working within Honor, and community partners. This needs assessment included data from patient satisfaction surveys collected each year; recent patient, provider and partner feedback surveys; patient focus groups

(English and Spanish-speaking populations); and one-on-one in-depth interviews with select patient populations.

Key findings from the primary data:

- Overall, there are high levels of satisfaction within the patient population, with more than 95% of patients stating that front desk staff and medical assistants are friendly and helpful, and more than 93% of patients state that their providers listen to them and that they would refer family and friends.
- While still reporting high levels of satisfaction, some areas of improvement include calling patients back more quickly, reducing the length of time to see a provider, and having providers discuss health goals with patients.
- Patients, providers, and community partners all report mental health, poverty, obesity, alcohol and drug addiction, and homelessness as the top issues facing the community.
- Patients, providers, and community partners all report cost/coverage related issues (lack of insurance, insurance not covering needed services, inability to afford specialty care, deductibles being too high, inability to pay co-pays, cost of drugs) and transportation as being top barriers to care.
- When asked about what other services Honor should provide, patients, providers, and partners overwhelmingly responded with physical therapy, psychiatry, substance abuse, and massage therapy services. Open-ended data from patients also indicate that patients want to see more mental health services offered.
- Focus group data with the general patient population and the Hispanic population showed concerns around mental health, cost, and transportation.
- Among homeless patient providers, those living with HIV, and those receiving obstetrics services, additional concerns around outreach, continuity of care, and trust were voiced.

RECOMMENDATIONS

The recommendations provided here reflect those from Oakland University Department of Interdisciplinary Health Science's Community Health Engagement and Empowerment Research Lab (CHEER Lab) who were integrally involved in the creation of the needs assessment. These recommendations do not include Honor Community Health's input. The findings and recommendations stated here will be used by Honor to guide future strategic planning processes, to leverage resources, and mobilize efforts around health priorities.

Recommendations include:

- Data: Continue to explore local data available to understand pockets of disparities and explore additional methods of data collection and data sharing.
- Transportation: Continue to offer transportation services and expand, if possible, on same-day services, offering transportation funds. Explore adding locations throughout the county. Continue to offer and expand mobile clinic services, and explore offering home visits.
- Additional services: Explore expanding psychiatry and other mental health services, substance abuse, and physical therapy services.
- Outreach: Continue outreach and education services with the community to build trust and educate community on services.
- Continuity of care: Have providers and schedulers work together to provide continuity of care for most-vulnerable patients.

- Specific recommendations for the homeless patient community:
    - Focus on outreach (e.g. mobile unit care, home visits, health education classes including diabetes and other preventative care, regular patient check-ins for those who need it).
    - Continuing to work on community coordination (e.g. being on more community calls, advertising services among community workers especially as an alternative to CMH for mental health services for patients who distrust CMH, building a shared health record system, and providing more after-hours support to HOPE Recuperative Care Center).
    - Honor should explore offering urgent care services or same-day appointments to accommodate this population, which tends to be reactionary rather than preventative when it comes to health.
- Specific recommendations for the obstetrics patient community:
    - Patients expressed a need for more continuity of care. Although it is a common practice in obstetrics to rotate providers, the obstetric patients interviewed discussed not being able to see a consistent provider and ultimately delivering with a provider they had never met.
- Specific recommendations for the HIV+ patient community:
    - Continue to build and expand mental health service offerings.

APPENDICES

APPENDIX A:

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW PRESENTATION SLIDES

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Partnership

- Honor Community Health
- Oakland University's School of Health Sciences, Department of Interdisciplinary Health Sciences
- Community Health Engagement and Empowerment Research Lab (CHEER Lab)
- Healthy Pontiac, We Can! coalition, including Centro Multicultural La Familia

Overview of the Community Health Needs Assessment

- Purpose
- Process and COVID-19 impact
- Data sources
  - Secondary data sources
  - Primary data sources

Secondary data sources

- Methods
- Disparities
- Morbidity/mortality
- Limitations with the data
- Review of trends across time
  - US Census
  - American Community Survey (ACS)
  - Health Resources & Service Administration (HRSA)
  - City Data
  - County Health Rankings
  - Michigan Department of Health and Human Services (MDHHS)
  - US Bureau of Labor
  - Substance Abuse and Mental Health Service Administration (SAMHSA)

Figure 1. HCH Service Area

Findings

- Major areas of disparities within Oakland County
- Economic
  - Poverty rates (~30% in poverty in Pontiac area vs ~8% in Oakland County)
  - Median household incomes (~$33,000 in Pontiac vs. ~$80,000 Oakland County)
- Access to healthcare/insured rates (~14% uninsured in Pontiac vs. ~5% in Oakland County)
- Disability under 65 (17-25% in Pontiac vs. ~8% in Oakland County)

Figure 1. HCH Service Area

Findings

- Disparities between racial/ethnic groups across Michigan on health indicators
  - African American/Black and Hispanic populations report numerous poorer health outcomes
  - Mental health, physical health, disability, access to health care, blood pressure, asthma, diabetes, cancers
- Leading causes of death: (1) Heart disease, (2) cancer, followed by stroke, unintentional injuries, chronic lower respiratory disease
- Infant mortality rates significantly higher in Pontiac (9.4 per 1000) and Southfield (9 per 1000) vs. Oakland County (5.6 per 1000)

Primary data sources

- Description of data sources
- Methods
  - Either distributed by HCH or conducted by OU or partner
  - Open/closed-ended data
  - Qualitative/quantitative data
- Patient satisfaction survey (annually)
- Patient, partner, provider feedback survey
- Focus groups (general and Hispanic population)
- In-depth interviews (homeless population providers, OB patients, HIV+ patients)

Findings-Medical patient satisfaction surveys

Areas of excellence

- Front desk staffing/medical assistants-friendly and helpful (95% +)
- Providers listening to patients (93%+)
- Patients referring family/friends (93%+)

Areas of improvement

- Calling patients back more quickly (~22% report not getting timely callbacks)
- Reducing the length of time to see a provider (23% report waiting longer that they wanted)
- Discussing health goals (25% report no discussion)

In 2020, 22% of patients missed an appointment at HCH due to inability to pay.

"Either companies don't offer insurance or it costs too much to pay the deductibles. For working people that have insurance, deductibles are too high. It costs $4000 out-of-pocket before they help. What's the point of even having insurance?"

	1	2	3
Patients (145)	Mental Health	Poverty	Obesity
Providers (22)	Poverty	Mental Health	Obesity
Partners (10)	Alcohol and drug addiction	Housing/homelessness	Mental health Poverty

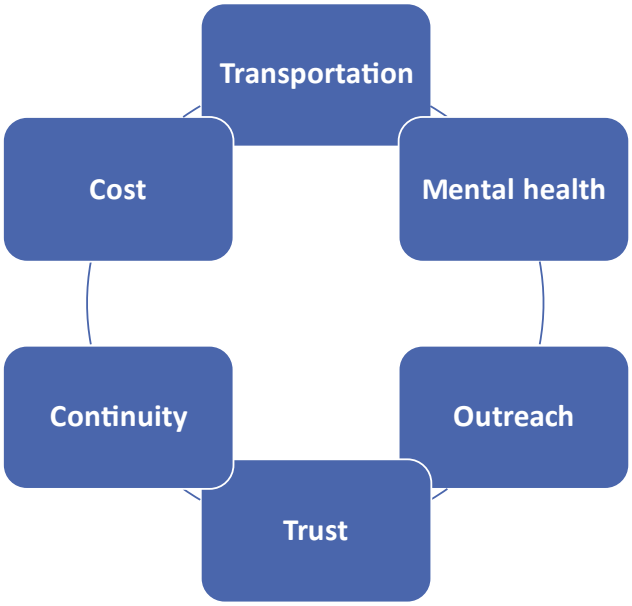
Issues facing the community

	1	2	3
Patients (145)	Lack of insurance	Insurance doesn't cover needed services	Can't afford specialty care
Providers (22)	Transportation	Lack of insurance	Insurance doesn't cover needed services/deductibles too high
Partners (10)	Unable to pay co-pays	Cost of prescription drugs	Transportation

Barriers to seeking medical treatment

	1	2	3
Patients (145)	Physical Therapy	Substance Abuse	Massage Therapy
Providers (22)	Psychiatry	Physical Therapy	Substance Abuse
Partners (10)	Psychiatry	Substance Abuse	Physical Therapy

What other services should Honor provide?



Major themes: Patient focus groups and in-depth interviews

Quotes

- "(Provider) has put me onto everything: dental care, other programs that I would be interested."
- "That trust piece…sometimes…individuals that really are literally homeless on the street have a lot of things with them… how you would present walking into a…doctor's office…bringing all of those things with them? So I think just really being able to feel comfortable and having that trust and that could start you know with some of that outreach piece."
- "Transportation can be a huge barrier that our folks don't have reliable transportation that the gas, the wear and tear that's a scarce resource, a vehicle it may be a shared resource between different families. Oakland County we don't have good public transportation at all."
- "Getting help with (mental health)…right now and it's great. It's very new for me right now."
- "Son's mental health – doctors aren't a help with the mental health…It's a struggle to support a child with autism… "
- "And they're good about that. They send a little notecard of next appointment and if you miss an appointment, the women at the desk or the OB coordinator calls you and says 'Hey, is everything ok?' and reschedules."

Key findings

- Validation across data points→ agreement between data sources
- Overall, there are high levels of patient satisfaction and positive recognition of Honor's work
- No clear data that shows where to expand services within Oakland County, outside of establishing more locations
- **Transportation** is a major barrier to care
- Issues related to **coverage** and **cost** are pervasive (1 in 4 are not seeking care because of cost-related issues)
- **Trust** of medical system and healthcare providers is an issue for particular populations
- **Mental health** is an issue described across all patient populations
- Relative agreement between patients, providers, and partners about **needed services**
- **Continuity of care** and **community outreach** continue to be needed areas of focus

Recommendations

- Continue to explore local data available to understand pockets of disparities
- Transportation → Continue to offer transportation services and expand, if possible, on same-day services, offering transportation funds, locations, mobile clinics
- Explore expanding psychiatry and other mental health services, substance abuse, and physical therapy services
- Continue outreach and education services with our community to build trust and educate community on services
- Continuity of care → Have providers and schedulers work together to provide continuity of care for most vulnerable patients

APPENDIX B:

SECONDARY DATA TABLES

Click HERE to open the following dataset: Secondary Data

	Oakland County	Michigan
% children in poverty (0-17)	11.0%	21.0%
Unemployment rate	4.2%	4.90%
population-to-one dentist ratio	940:1	1,380:1
population-to-one mental health provider ratio	330:1	430:1
Adult obesity prevalence	26.0%	31.0% (range:24%-40%)
% Adult smokers	15.0%	20.0%
low birth weight rate 5 year average (<2500g)	8.0%	8.0%
premature deaths	5,700	7,300.0
poor or fair health	12.0%	17.0%
poor physical health days (average # of days in last month)	3.3	4.3
poor mental health days (average # of days in last month)	3.6	4.4
% physical activity (adults 20+)	19.0%	23.0%
% adults reporting excessive drinking	20.0%	21.0%
Sexually transmitted infections	310.6	469.1
Food environment index	8.0%	7.0%
% Food Insecure	13.0%	15.0%
% with limited access to healthy foods	5.0%	6.0%
% children in single parent households	25.0%	34.0%
violent crime (per 100,000)	195	444
% severe housing problems	15.0%	16.0%

Table 23: 2018 Community indicators in Oakland County, compared to the state as a whole

Michigan					
	2019	2018	2017	2016	2015
Total Population	9,986,857	9,995,915	9,925,568	9,909,600	9,900,571
Age					
Under 5	5.7%	5.7%	5.8%	5.8%	5.8%
Under 18	21.5%	21.7%	22.3%	22.5%	22.7%
65 & Over	17.7%	17.2%	15.9%	15.4%	15.0%

Table 24: Trends in Michigan 2015-2019 Census Data

Category	Indicator	Service Area (Oakland County)
Obesity	Adult obesity prevalence	26.0%

Table 25: Obesity in Oakland County (2016-2018)

APPENDIX C:

PATIENT, PROVIDER, AND PARTNER SURVEYS

PATIENT SURVEY

Honor Community Health Patient Survey

Thank you for agreeing to take this survey. We appreciate your time and valuable feedback. Your responses will be anonymous and any identifying information you provide will be removed from the data.

1. What is your age?

□ 18 – 24 □ 25 – 34 □ 35 – 44 □ 45 – 54 □ 55 – 64 □ 65 – 74 □ 75+

2. What is your gender?

□ Male □ Female □ Transgender □ Non-binary/third gender □ Prefer not to say

3. Are you Hispanic, Latino/a, or of Spanish origin?

□ Yes □ No □ Prefer not to say

4. What is your race?

□ Asian □ Black, African, or African American □ Middle Eastern or North African
□ Multiracial □ Native American or Alaska Native □ Pacific Islander
□ White or European □ Other, please specify: _____
□ Prefer not to say

5. What is your highest level of education you have completed?

□ Some high school
□ High School/ GED
□ Some college
□ Associate degree
□ Bachelor degree
□ Graduate or professional degree
□ Other:_____

6. What is your employment status? (Choose the one that best describes you)

□ Employed full-time □ Employed part-time □ Disabled □ Retired
□ Student □ Homemaker □ Self-employed □ Unemployed

7. Which of the following best describes your type of occupation? (mark all that apply)

□ Agriculture, forestry, farming, and gardening
□ Production of raw materials and goods, manufacturing
□ Construction, architecture, surveying, technical building services
□ Natural sciences, geography, informatics
□ Traffic, logistics, safety and security
□ Commercial services, trading, sales, hotel business, tourism
□ Food preparation and serving
□ Business, accounting, law, administration
□ Healthcare, social sector, teaching, education
□ Linguistics, literature, humanities, social sciences and economics, arts, media, culture and design
□ Armed forces and law enforcement
□ Other: _____
□ Not applicable

8. What is your total annual household income from all sources? For example, if you earn $27,000, your partner earns $15,000, and another person who lives with you earns $600, your household income is $42,600. (Choose the range including your annual household income)

□ Less than $10,000
□ $10,001 to $19,999
□ $20,000 to $29,999
□ $30,000 to $39,999
□ $40,000 to $49,999
□ $50,000 to $59,999
□ $60,000 to $69,999
□ $70,000 to $79,999
□ $80,000 or more

9. Which of the following best describes your current housing situation?

□ Homeowner
□ Renter
□ Living with others but not paying rent or mortgage
□ Living with others and assisting with paying rent or mortgage

10. Please check the issues facing people in your community at this time:
(Check all that apply)

□ Access to healthy food
□ Affordable healthcare
□ Alcohol and/or drug addiction
□ Childcare
□ Clean environment
□ Domestic violence
□ Education
□ Housing/homelessness
□ Immigration/citizenship status
□ Lack of physical activity
□ Mass incarceration
□ Mental health
□ Obesity
□ Poverty/low income
□ Public safety and crime
□ Racial discrimination
□ Recreational and leisure opportunities
□ Safe drinking water
□ Social support
□ Transportation
□ Un/underemployment
□ Other, please specify: _____

11. What keeps people in your community from seeking medical treatment? (Check all that apply)

□ Lack of insurance
□ Deductible too high
□ Can't afford specialty care
□ Health services too far away
□ No time/too busy
□ Judgement from healthcare workers
□ Racism from healthcare workers
□ Sexism from healthcare workers
□ No appointments available
□ Dropped for missed appointments
□ Don't know how to find doctors
□ Don't feel the need to
□ I don't know
□ Insurance doesn't cover need service/procedure
□ Unable to pay co-pays
□ Prescription drug costs too high
□ Transportation problems
□ Fear (not ready to face health problems)
□ Cultural or religious beliefs
□ Mistrust of doctors
□ Childcare problems
□ Doctor not accepting new patients
□ Too long of a wait at the doctor's office
□ Language barrier/do not speak my language
□ None/no barriers
□ Other, please specify: _____

12. What services would you like to see Honor Community Health provide in the community?

_____
_____

13. Honor provides primary care, dental care, OB/GYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor provide? (Check all that apply)

□ Cancer care □ Psychiatry □ Substance abuse treatment
□ Physical Therapy □ Massage Therapy □ Chiropractic □ Acupuncture
□ Other, please specify: _____

14. Do you feel like what you pay for healthcare services at Honor is…?
□ Too much □ A fair price □ Too little

15. Does your current co-pay keep you from getting the healthcare you need?

□ Yes □ No

16. What is an affordable co-pay for you when receiving healthcare at Honor?

□ $5 to $10 □ $15 to $20 □ $25 to $30

17. Are you seeing a doctor who looks like you? Or that you identify with?

□ Yes □ No

Thank you for your completing this survey. We appreciate your feedback!

SPANISH TRANSLATION OF PATIENT SURVEY

Encuesta de pacientes de salud comunitaria de honor

Gracias por aceptar participar en esta encuesta. Agradecemos su tiempo y sus valiosos comentarios. Sus respuestas serán anónimas y cualquier información de identificación que proporcione se eliminará de los datos.

1. ¿Cuál es tu edad?

□ 18 – 24 □ 25 – 34 □ 35 – 44 □ 45 – 54 □ 55 – 64 □ 65 – 74 □ 75+

2. ¿Cuál es su género?

□ Masculino □ Mujer □ Transgénero □ No binario / tercer género □ Prefiero no decirlo

3. ¿Eres hispano, latino / a o de origen español?

□ Sí □ No □ Prefiero no decirlo

4. ¿Cuál es su raza?

□ Asiático □ Negro, Africano o Afroamericano □ Medio Oriente o África del Norte
□ Multirracial □ Nativo Americano o Nativo de Alaska □ Isleño del Pacífico
□ Blanco o Europeo □ Otro, especifique por favor _____
□ Prefiero no decirlo

5. ¿Cuál es el nivel más alto de educación que ha completado?

□ Algún instituto
□ Escuela secundaria / Examen General equivalente a diploma secundaria
□ Alguna educación superior
□ Grado asociado
□ Grado de bachiller
□ Título de posgrado o profesional
□ Otro _____

6. ¿Cuál es tu situación laboral? (Elige el que mejor te describa)

□ Empleado de Tiempo complete
□ Empleado de medio tiempo □ discapacitado
□ Retirado
□ Alumno □ amo a casa
□ Trabajadores por cuenta propia □ desempleados

7. Cuál de las siguientes opciones describe mejor su tipo de ocupación? (marque todo lo que corresponda)

□ Agricultura, silvicultura, agricultura y jardinería
□ Producción de materias primas y bienes, fabricación.
□ Construcción, arquitectura, topografía, servicios técnico de edificación
□ Ciencias naturales, geografía, informática
□ Tráfico, logística, seguridad y protección
□ Servicios comerciales, coomerico, ventas, hotelería, turismo
□ Preparación y servicio de alimentos
□ Negocios, contabilidad, ley, administración
□ Cuidado de la Salud, sector social, enseñando, educación
□ Lingüística, literatura, humanidades, ciencias sociales y economía, artes, medios de comunicación, cultura y diseño
□ Fuerzas armadas y cumplimiento de la ley
□ otro _____
□ No aplica

8. Cuál es el ingreso familiar anual total de todas las fuentes? Por ejemplo, si usted gana $27,000, su pareja gana $ 15,000 y otra persona que vive con usted gana $600, su ingreso familiar es de $ 42,600. (Elija el rango que incluya su ingreso familiar anual)

□ menos que $10,000
□ $10,001 a $19,999
□ $20,000 a $29,999
□ $30,000 a $39,999
□ $40,000 a $49,999
□ $50,000 a $59,999
□ $60,000 a $69,999
□ $70,000 a $79,999
□ $80,000 o mas

9. ¿Cuál de las siguientes opciones mejor describe su situación actual de vivienda?

□ Dueño de casa
□ Inquilino
□ Viviendo con otras personas pero no pagar el alquiler ni la hipoteca
□ Viviendo con otras personas y ayudar a pagar el alquiler o la hipoteca

10. Por favor marque los problemas que enfrentan las personas en su comunidad en este momento: (Marque todo lo que corresponda)

□ Acceso a alimentos saludables
□ Cuidado de salud Asequible
□ Adicción al alcohol y / o drogas
□ cuidado de niños
□ Ambiente limpio
□ Violencia doméstica
□ Educación
□ vivienda / desamparo □ estatus de inmigración / ciudadanía
□ falta de actividad física
□ encarcelamiento masivo □ salud mental
□ obesidad □ pobreza / bajos ingresos

□ Seguridad pública y delincuencia
□ Discriminación racial
□ Oportunidades recreativas y de esparcimiento
□ agua potable segura □ apoyo social
□ Desempleo
□ Subempleo □ Otros, por favor especifique: _____

11. ¿Qué impide que las personas de su comunidad busquen tratamiento médico? (Marque todo lo que corresponda)

□ Falta de seguro medico
□ El seguro medico no el servicio / procedimiento necesario
□ Deducible demasiado alto
□ incapaz de pagar copagos
□ No puedo pagar la atención especializada
□ Los costos de los medicamentos recetados son demasiado altos
□ Servicios de salud estan demasiado lejos
□ problemas de transporte
□ Sin tiempo / demasiado ocupado
□ Miedo (no esta listo para enfrentar problemas de salud)
□ Juicio de los trabajadores de la salud
□ Creencias culturales o religiosas
□ Racismo de los trabajadores de la salud
□ Desconfianza de los médicos
□ Sexismo de los trabajadores de la salud
□ Problemas de cuidado de niños
□ No hay citas disponibles
□ Doctor no acepta pacientes nuevos
□ Abandonado por citas perdidas
□ Demasiado tiempo de espera en el consultorio del médico
□ No sé cómo encontrar médicos.
□ Barrera de idioma / no hablan mi idioma
□ No sientes la necesidad de
□ ninguna / sin barreras
□ no sé
□ Otros, por favor especifique_____

12. ¿Qué servicios le gustaría que Honor Community Health brinde en la comunidad?

_____
_____

13. Honor brinda atención primaria, atención dental, obstetricia / ginecología, podiatría (cuidado de los pies), pediatría, tratamiento de VIH / SIDA, opciones de telesalud, inscripción en seguros medicos, transporte, servicios de referencia para personas sin hogar y traducción. ¿Qué otros servicios debería proporcionar Honor? (Marque todo lo que corresponda)

□ Cuidado de cáncer □ Psiquiatría
□ tratamiento para abuso de sustancias
□ terapia física
□ Terapia de Masajes

□ quiropráctica
□ acupuntura
□ Otros, Por favor especifique_____

14. Siente que lo que paga por los servicios de atención médica en Honor es
□ demasiado □ un precio justo □ demasiado poco

15. ¿Su copago actual le impide recibir la atención médica que necesita?

□ Si □ No

16. ¿Qué es un copago asequible para usted cuando recibe atención médica en Honor?

□ $5 a $10 □ $15 a $20 □ $25 a $30

17. ¿Está viendo a un médico que se parece a usted? ¿O con quien te identificas?

□ Si □ No

Gracias por completar esta encuesta. ¡Agradecemos sus comentarios!

PROVIDER SURVEY

Honor Community Health Provider Survey

Thank you for agreeing to take this survey. We appreciate your time and valuable feedback. Your responses will be anonymous and any identifying information you provide will be removed from the data.

1. What is your gender?

□ Male □ Female □Transgender □ Non-binary/third gender □ Prefer not to say

2. Are you Hispanic, Latinx, or of Spanish origin?

□ Yes □ No □ Prefer not to say

3. What is your race?

□ Asian □ Black, African, or African American □ Middle Eastern or North African
□ Multiracial □ Native American or Alaska Native □ Pacific Islander
□ White or European □ Other, please specify: _____
□ Prefer not to say

4. What is your role at Honor Community Health?

□ Administration □ Behavioral health clinician □ Dental assistant □ Dentist
□ Desk staff □ Doctor □ Medical assistant □ Nurse
□ Nurse practitioner □ Other, please specify: _____

5. Please check the issues facing your patients and their community at this time:

(Check all that apply)

□ Access to healthy food □ Affordable healthcare □ Alcohol and/or drug addiction
□ Childcare □ Clean environment □ Domestic violence
□ Education □ Housing/homelessness □ Immigration/citizenship status
□ Lack of physical activity □ Mass incarceration □ Mental health
□ Obesity □ Poverty/low income □ Public safety and crime
□ Racial discrimination □ Recreational and leisure opportunities
□ Safe drinking water □ Social support □ Transportation
□ Un/underemployment □ Other, please specify: _____

6. What keeps your patients and others in their community from seeking medical treatment? (Check all that apply)

□ Lack of insurance □ Insurance doesn't cover need service/procedure
□ Deductible too high □ Unable to pay co-pays
□ Can't afford specialty care □ Prescription drug costs too high
□ Health services too far away □ Transportation problems
□ No time/too busy □ Fear (not ready to face health problems)
□ Judgement from healthcare workers □ Cultural or religious beliefs
□ Racism from healthcare workers □ Mistrust of doctors
□ Sexism from healthcare workers □ Childcare problems
□ No appointments available □ Doctor not accepting new patients
□ Dropped for missed appointments □ Too long of a wait at the doctor's office
□ Don't know how to find doctors □ Language barriers
□ Don't feel the need to □ None/no barriers
□ I don't know □ Other, please specify: _____

7. In your experience, what do you believe are the most pervasive health issues of concern in your patient community? (Check all that apply)

□ Alcoholism or addiction □ Alzheimer's disease □ Arthritis □ Asthma
□ Cancer □ Chronic lower respiratory disease □ Dental problems
□ Diabetes □ Heart disease □ Infant mortality
□ Injury □ Kidney disease □ Maternal complications
□ Mental health problems □ Overweight/obesity □ Pneumonia/influenza
□ Self-harm/suicide □ Stroke
□ Other, please specify: _____

8. From your experience, what missing services are most needed to improve the health of your patients and their community? (Check all that apply)

□ Addiction □ Childcare □ Dental health □ Disability
□ Domestic violence □ Food/Nutrition □ Eldercare □ Employment
□ Health, please specify: _____
□ Housing □ Income □ Legal □ Maternal/infant
□ Mental health □ Multicultural □ Goods/supplies □ Education
□ Religious □ Translation □ Transportation □ Utilities/bills
□ Physical activity □ Veteran □ Home repair □ Youth
□ Other, please specify: _____

9. Honor provides these services: primary care, dental care, OBGYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor provide? (Check all that apply)

□ Cancer care □ Psychiatry □ Substance abuse treatment
□ Physical Therapy □ Massage Therapy □ Chiropractic □ Acupuncture
□ Other, please specify: _____

10. Do you feel like what the patients pay for healthcare services at Honor is…?
□ Too much □ A fair price □ Too little

11. Do the majority of patients you see at Honor Community Health look like (or share a similar identity with) you?
□ Yes □ No

Thank you for your completing this survey. We appreciate your feedback!

PARTNER SURVEY

Honor Community Health Partner Survey

Thank you for agreeing to take this survey. We appreciate your time and valuable feedback. Your responses will be anonymous and any identifying information you provide will be removed from the data.

1. What is your gender?

□ Male □ Female □ Transgender □ Non-binary/third gender □ Prefer not to say

2. Are you Hispanic, Latinx, or of Spanish origin?

□ Yes □ No □ Prefer not to say

3. What is your race?

□ Asian □ Black, African, or African American □ Middle Eastern or North African
□ Multiracial □ Native American or Alaska Native □ Pacific Islander
□ White or European □ Other, please specify: _____
□ Prefer not to say

4. What type of services does your organization provide? (Please check all that apply)

□ Addiction □ Childcare □ Dental health □ Disability
□ Domestic violence □ Food/Nutrition □ Eldercare □ Employment
□ Health □ Housing □ Income □ Legal
□ Maternal/infant □ Mental health □ Multicultural □ Goods/supplies
□ Education □ Religious □ Translation □ Transportation
□ Utilities/bills □ Physical activity □ Veteran □ Home repair
□ Youth □ Other, please specify: _____

5. To what service area is your organization limited? (check one)

□ Pontiac □ Waterford □ Auburn Hills □ Southfield □ Farmington □ Ferndale

□ Oakland County □ Southeast Michigan □ Michigan □ Nationwide □ Global
□ Other, please specify: _____

6. Please check the issues facing your clients or their community at this time:
(Check all that apply)

□ Access to healthy food □ Affordable healthcare □ Alcohol and/or drug addiction
□ Childcare □ Clean environment □ Domestic violence
□ Education □ Housing/homelessness □ Immigration/citizenship status
□ Lack of physical activity □ Mass incarceration □ Mental health
□ Obesity □ Poverty/low income □ Public safety and crime
□ Racial discrimination □ Recreational and leisure opportunities
□ Safe drinking water □ Social support □ Transportation
□ Un/underemployment □ Other, please specify: _____

7. What keeps your clients and others in their community from seeking medical treatment? (Check all that apply)

□ Lack of insurance □ Insurance doesn't cover need service/procedure
□ Deductible too high □ Unable to pay co-pays
□ Can't afford specialty care □ Prescription drug costs too high
□ Health services too far away □ Transportation problems
□ No time/too busy □ Fear (not ready to face health problems)
□ Judgement from healthcare workers □ Cultural or religious beliefs
□ Racism from healthcare workers □ Mistrust of doctors
□ Sexism from healthcare workers □ Childcare problems
□ No appointments available □ Doctor not accepting new patients
□ Dropped for missed appointments □ Too long of a wait at the doctor's office
□ Don't know how to find doctors □ Language barriers
□ Don't feel the need to □ None/no barriers
□ I don't know □ Other, please specify: _____

8. From your experience, what missing services are most needed to improve the health of your clients and their community? (Check all that apply)

□ Addiction □ Childcare □ Dental health □ Disability
□ Domestic violence □ Food/Nutrition □ Eldercare □ Employment
□ Health, please specify: _____
□ Housing □ Income □ Legal □ Maternal/infant
□ Mental health □ Multicultural □ Goods/supplies □ Education
□ Religious □ Translation □ Transportation □ Utilities/bills
□ Physical activity □ Veteran □ Home repair □ Youth
□ Other, please specify: _____

9. What existing programs/services in the community are doing the best job at improving the health of the community? _____

10. Honor provides these services: primary care, dental care, OBGYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor provide? (Check all that apply)

□ Cancer care □ Psychiatry □ Substance abuse treatment
□ Physical Therapy □ Massage Therapy □ Chiropractic □ Acupuncture
□ Other, please specify: _____

Thank you for your completing this survey. We appreciate your feedback!

APPENDIX D:

PATIENT, PROVIDER, AND PARTNER SURVEY REPORTS

PATIENT SURVEY REPORT

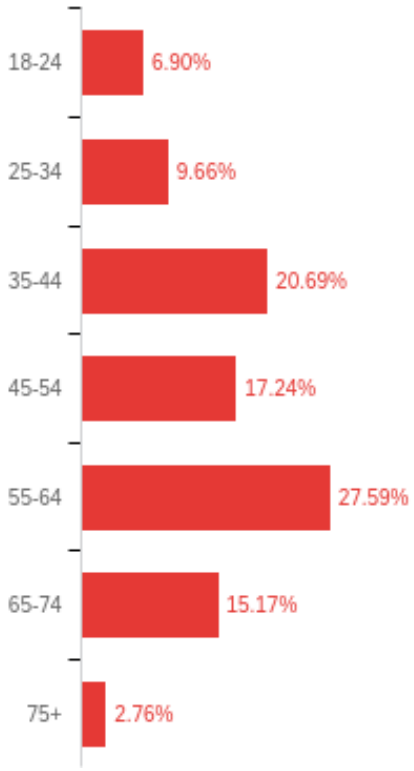
CHNA

HCH CHNA Patient Survey - English (combining)

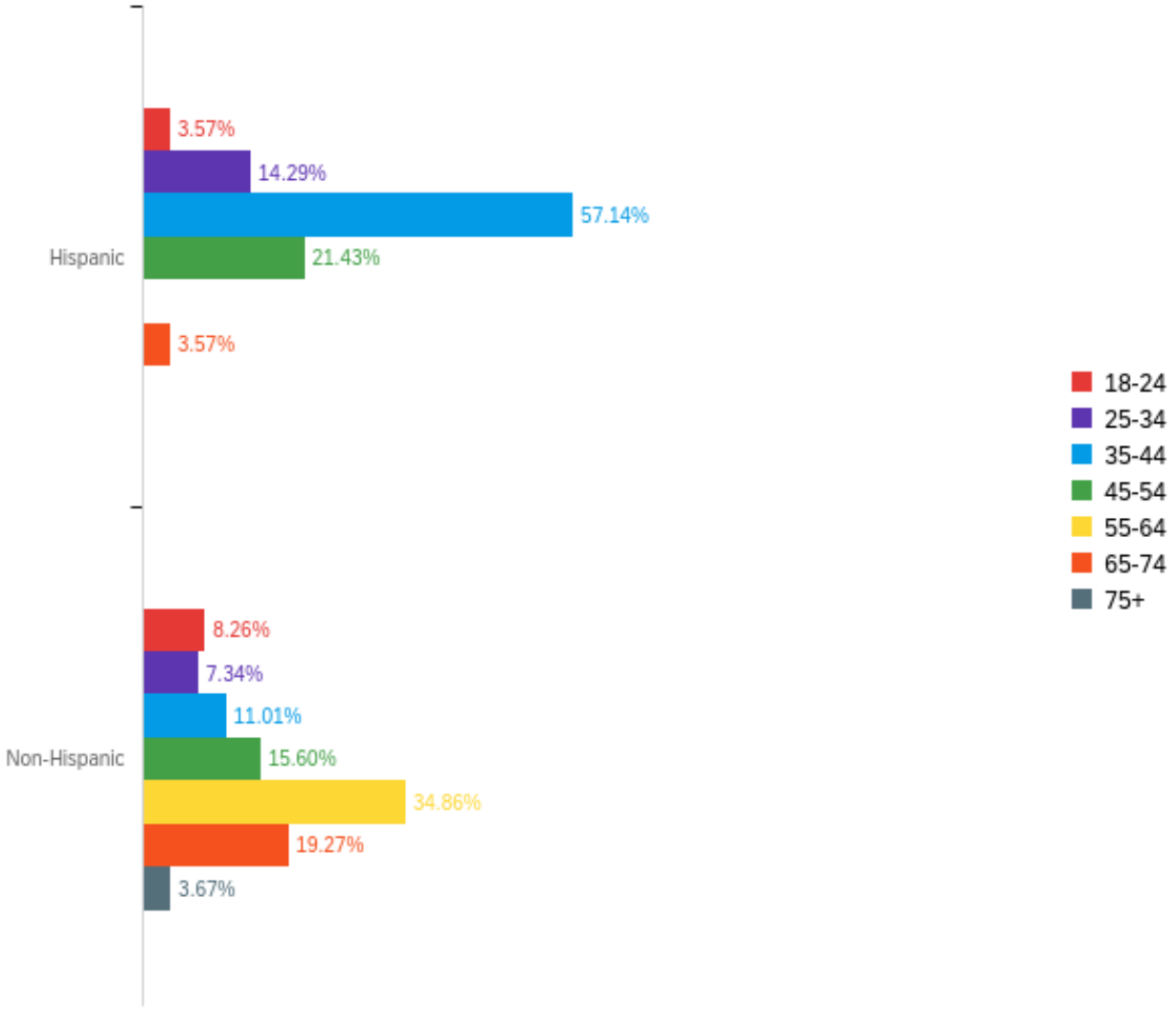
June 25th 2021, 7:40 pm MDT

Age

All respondents



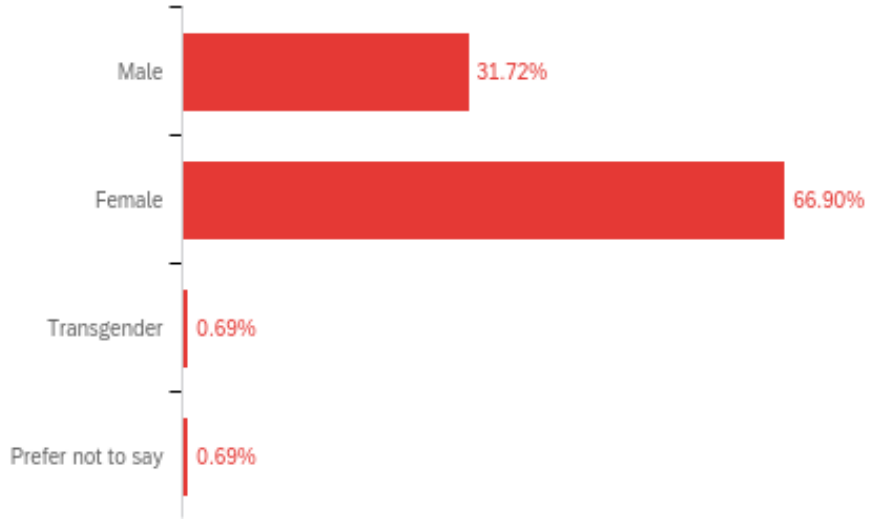
Age by Hispanic origin



Hispanic respondents were slightly younger than Non-Hispanic respondents.

Gender

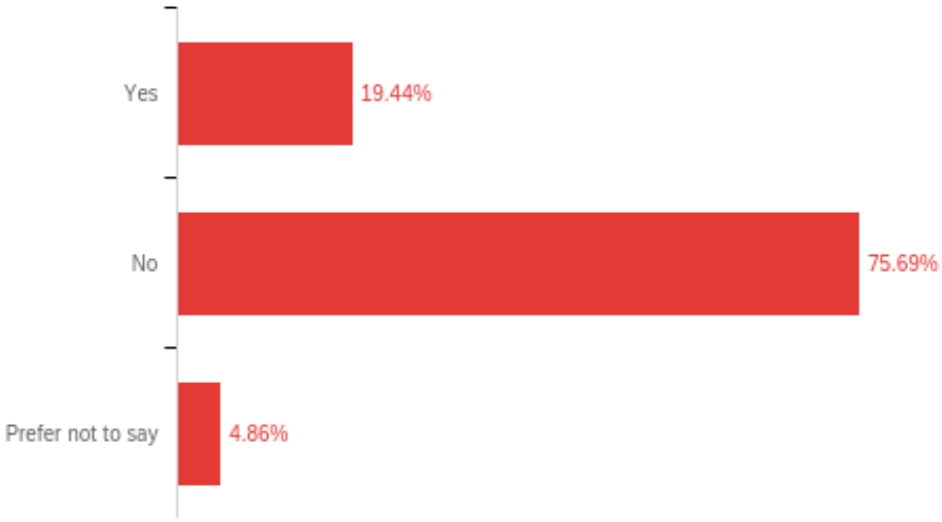
All respondents



Gender by Hispanic origin

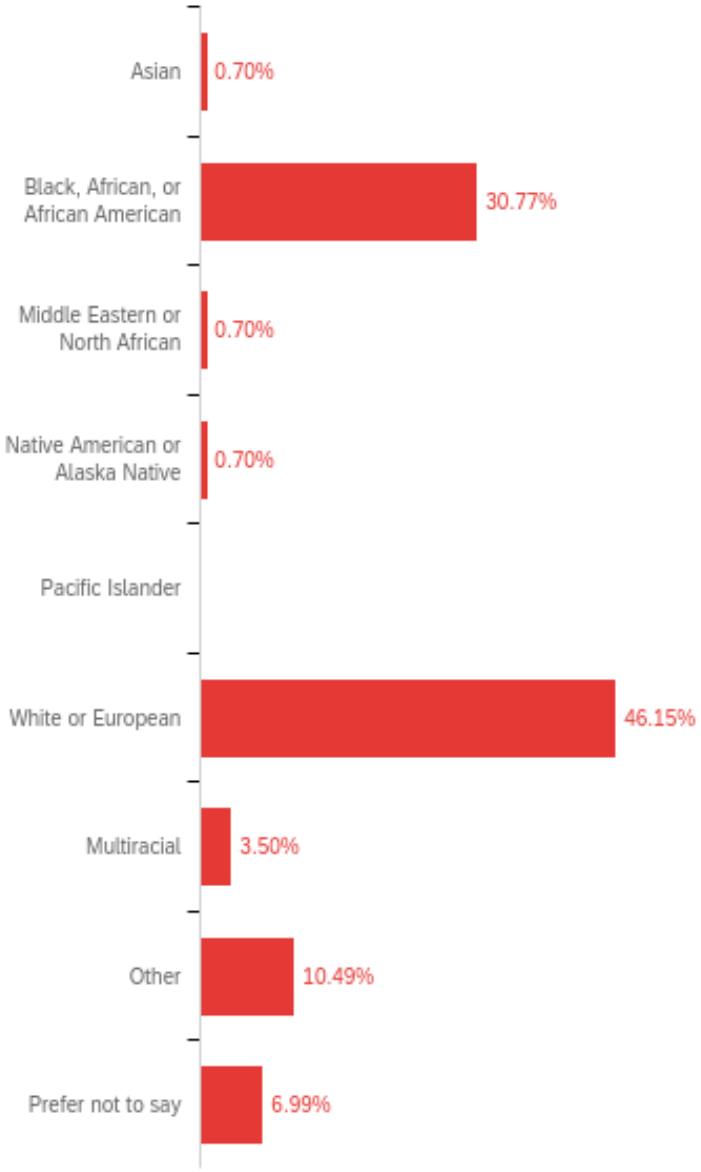
There was a lightly higher percentage of female respondents who were Hispanic (75%) than non-Hispanic (65%).

Hispanic, Latinx, or Spanish origin



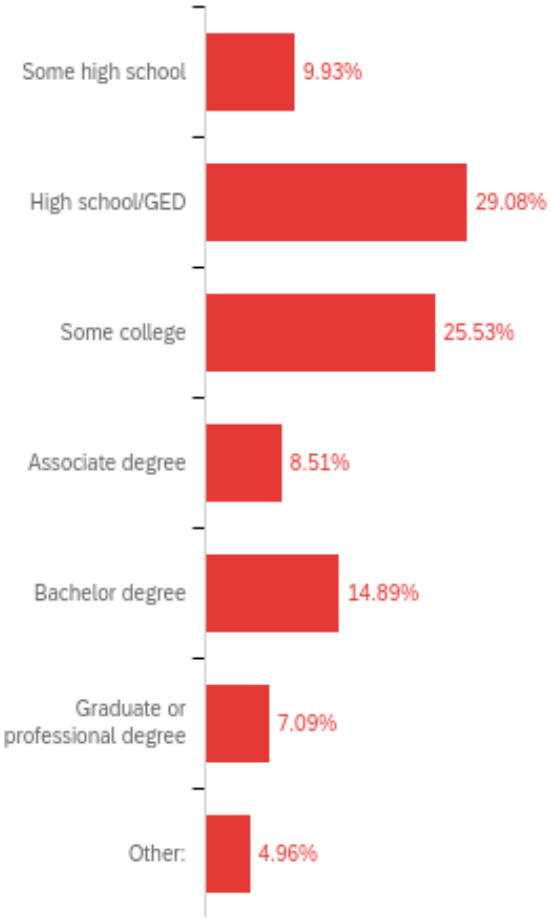
Nearly 20% of respondents were of Hispanic origin, which is close to the population demographic. Participants who chose "Prefer not to say" are not shown in analyses that compare Hispanic and non-Hispanic responses.

Race

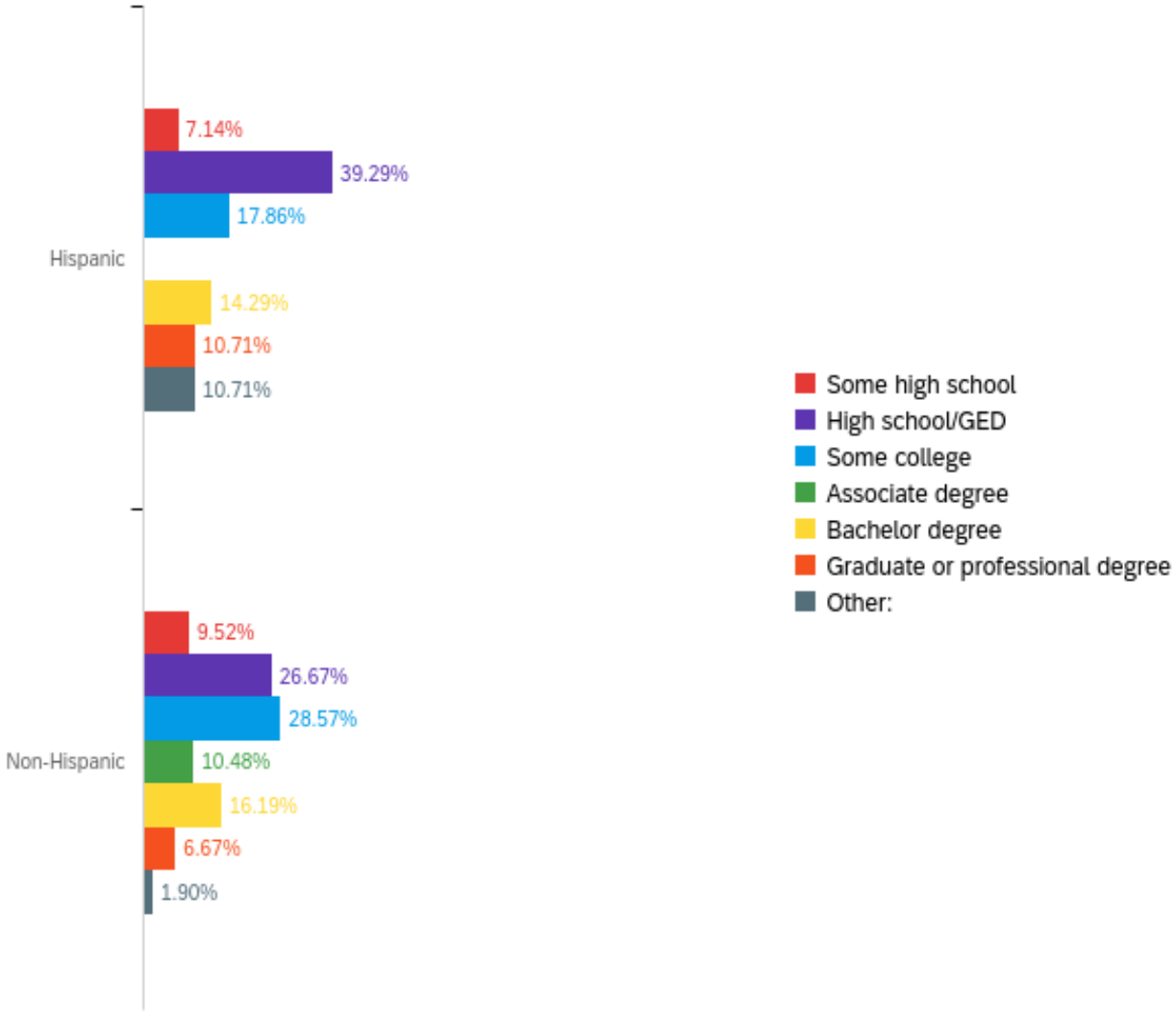

Asian
0.70%
Black, African, or African American
30.77%
Middle Eastern or North African
0.70%
Native American or Alaska Native
0.70%
Pacific Islander
White or European
46.15%
Multiracial
3.50%
Other
10.49%
Prefer not to say
6.99%

Education

All respondents



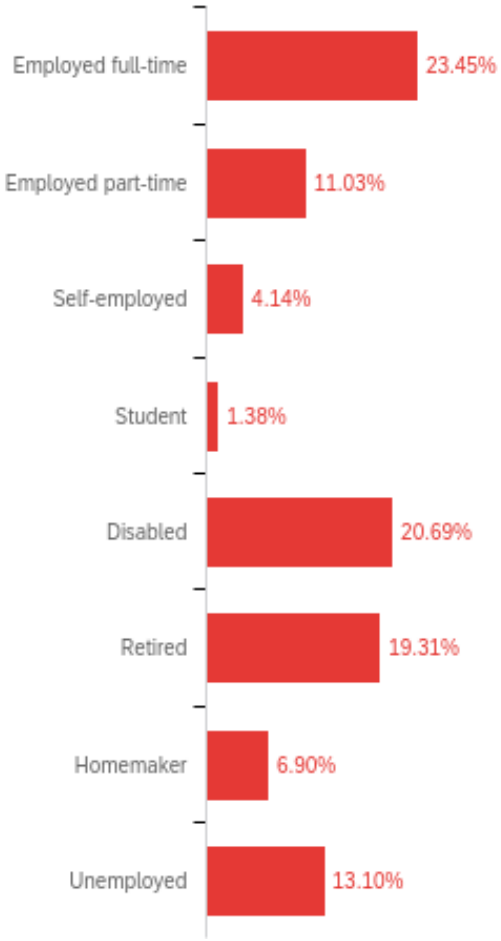
Education by Hispanic origin

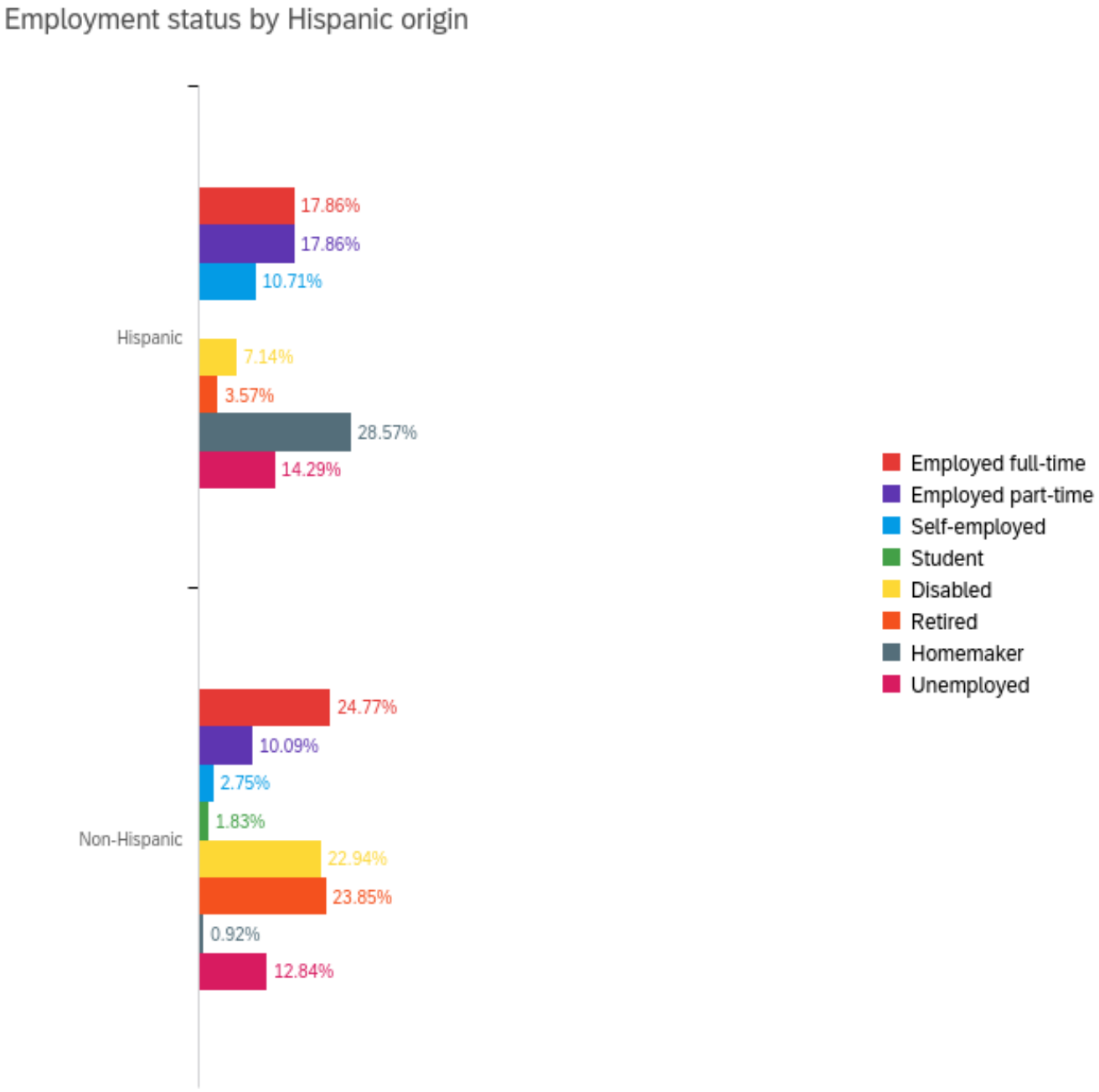


35.1% of Hispanic respondents had a Bachelor's degree or higher, compared to 24.76% of non-Hispanic respondents.

Employment status

All respondents

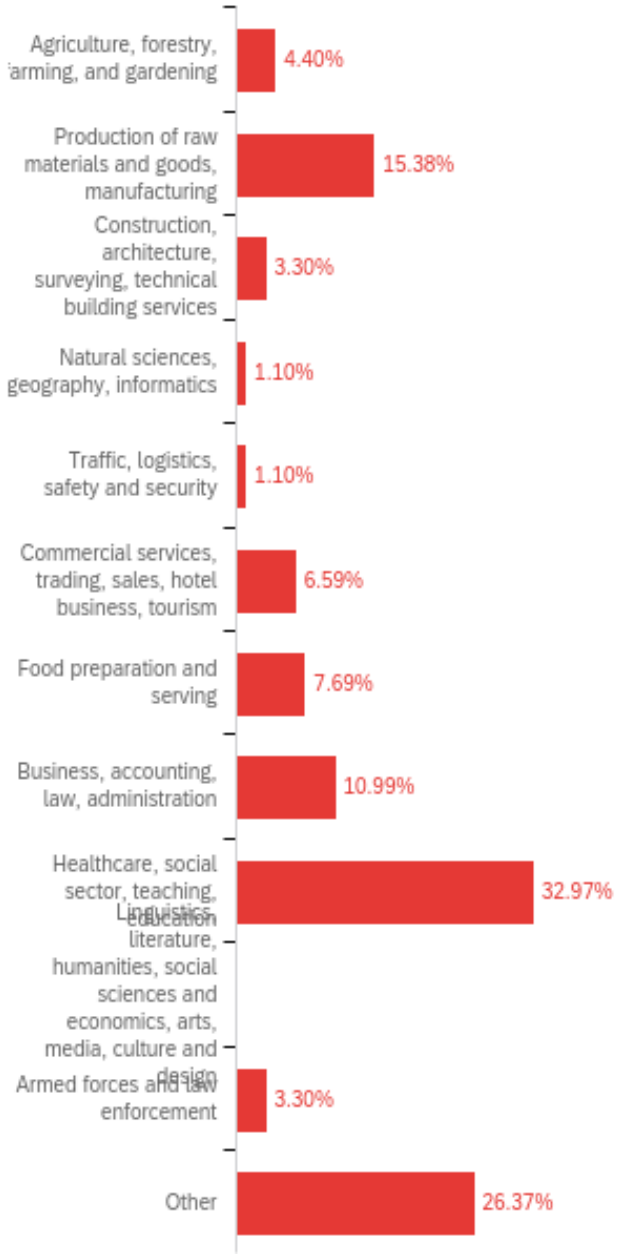




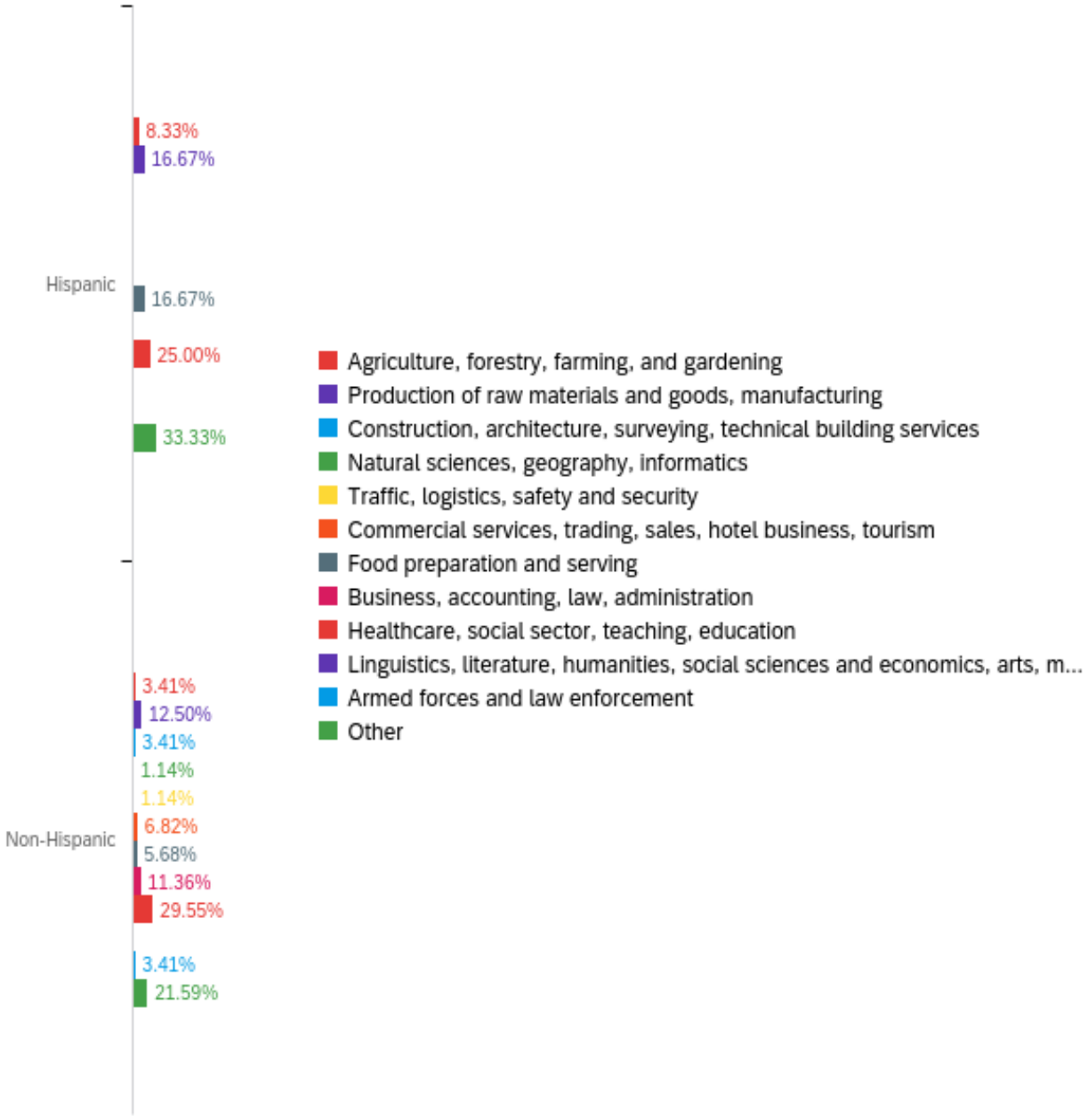
Hispanic respondents were more likely to be homemakers (28.58%), while non-Hispanic respondents were more likely to be disabled (22.94%) or retired (23.85%). Similar numbers of respondents were employed part or full time between Hispanic (35.72%) and non-Hispanic (34.86%) respondents.

Occupations

All respondents

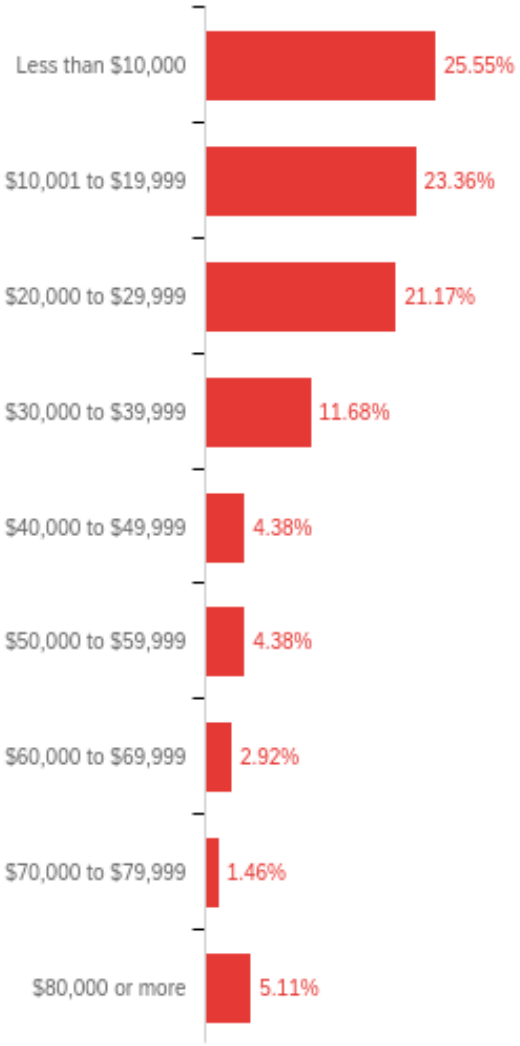


Occupations by Hispanic origin

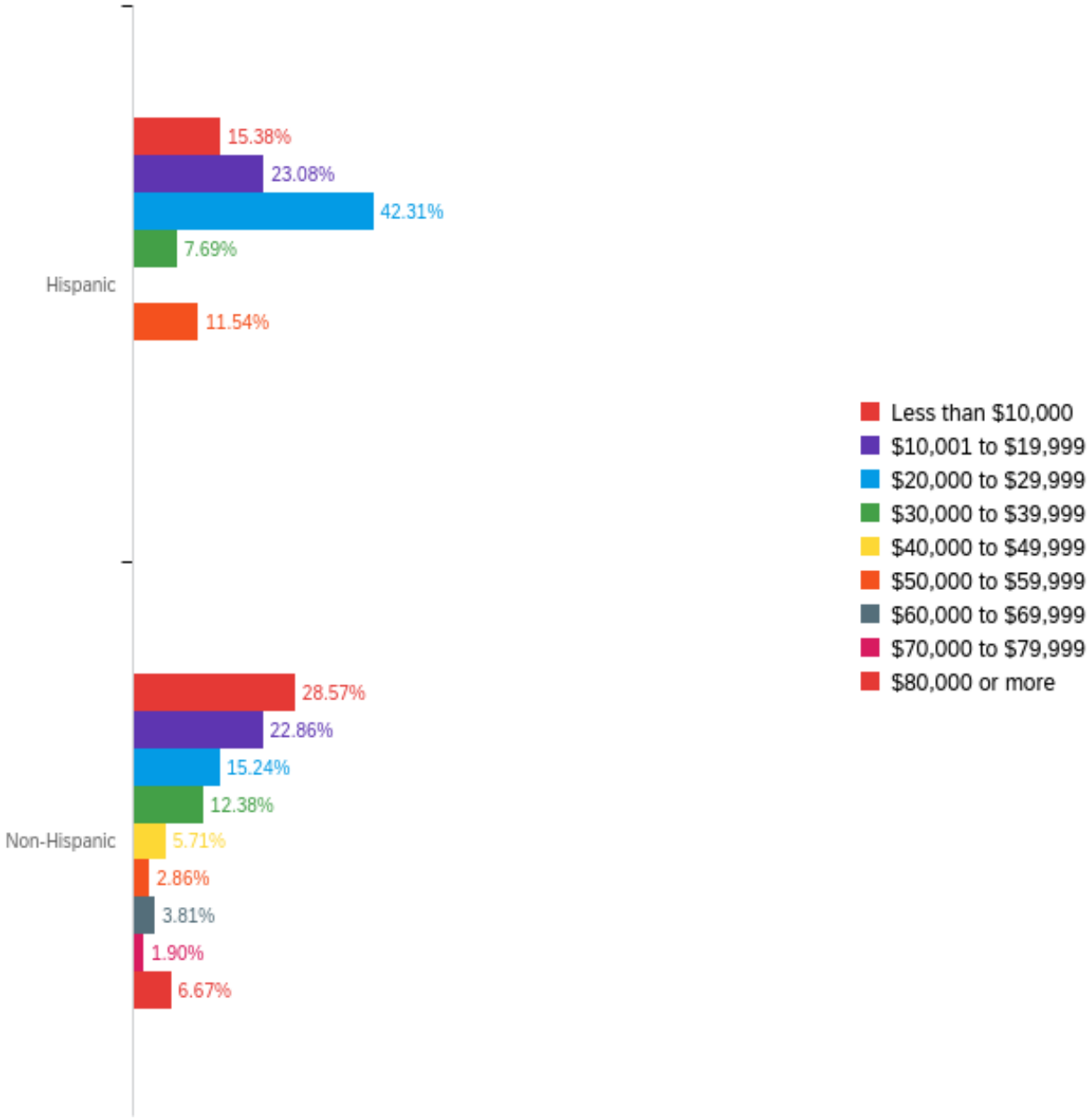


Annual household income

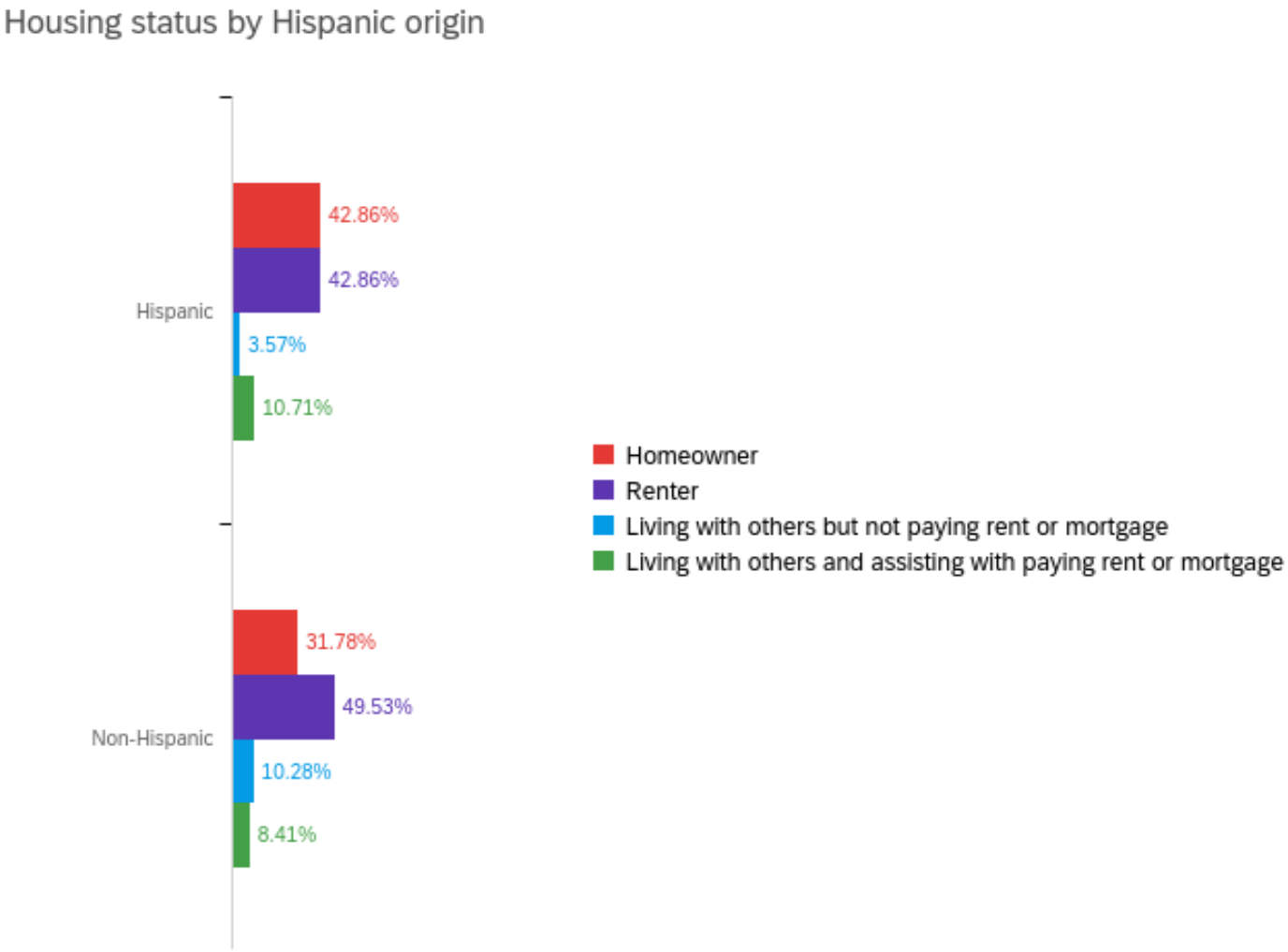
All respondents



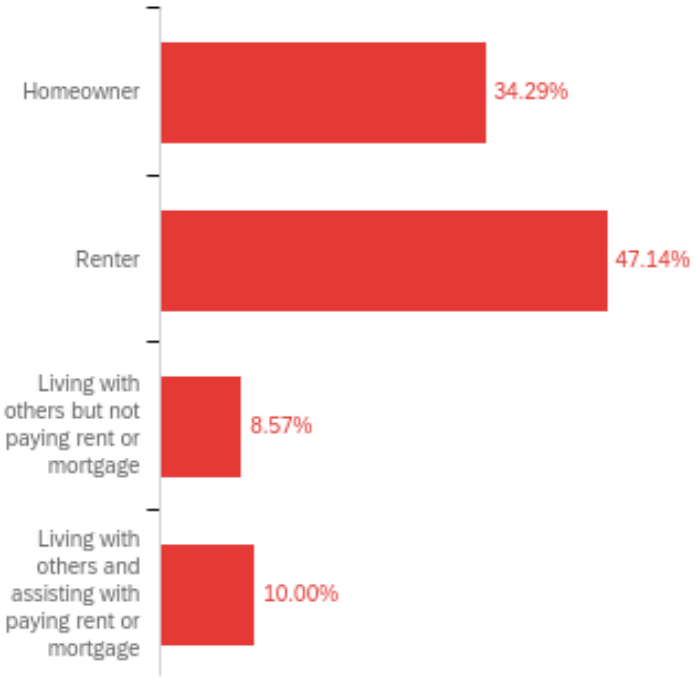
Annual household income by Hispanic origin



Hispanic respondents had a higher annual household income than non-Hispanic respondents.

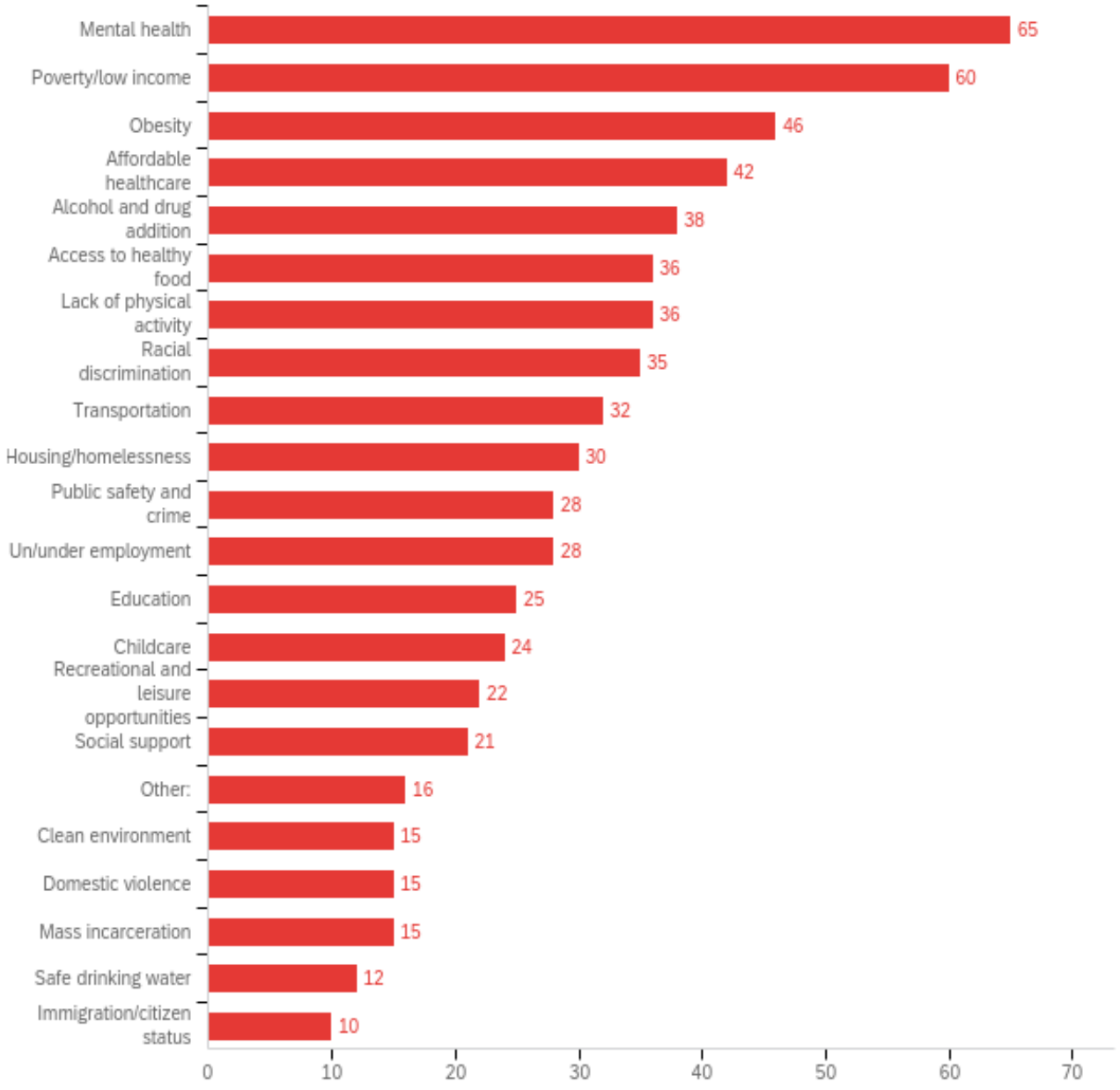


Housing status

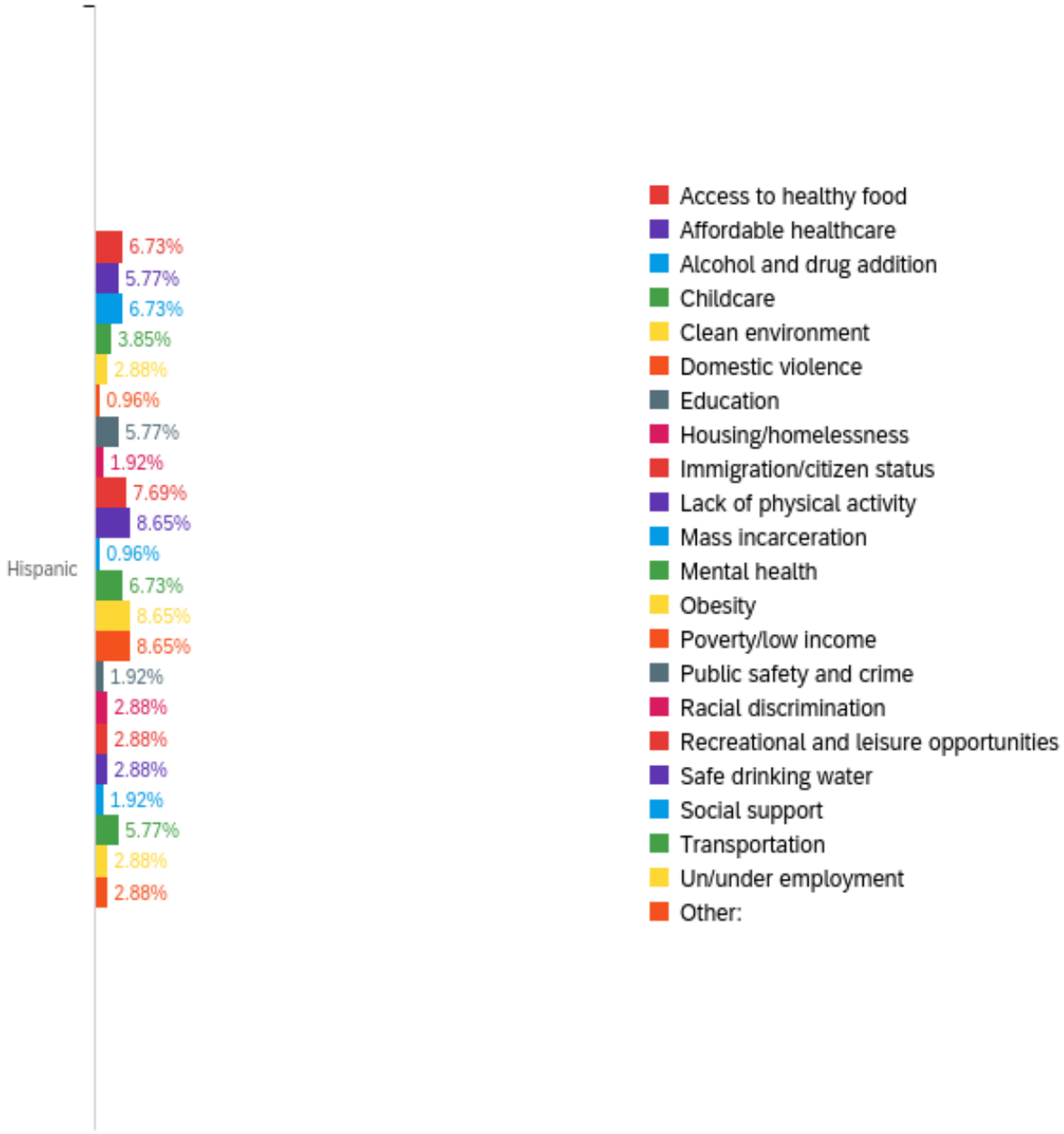


Hispanic residents were more likely to own their home (42.86%) than non-Hispanic residents (31.78%), with nearly half of all respondents renting their homes (47.14%).

Top issues facing people in the community at this time: (Check all that apply)

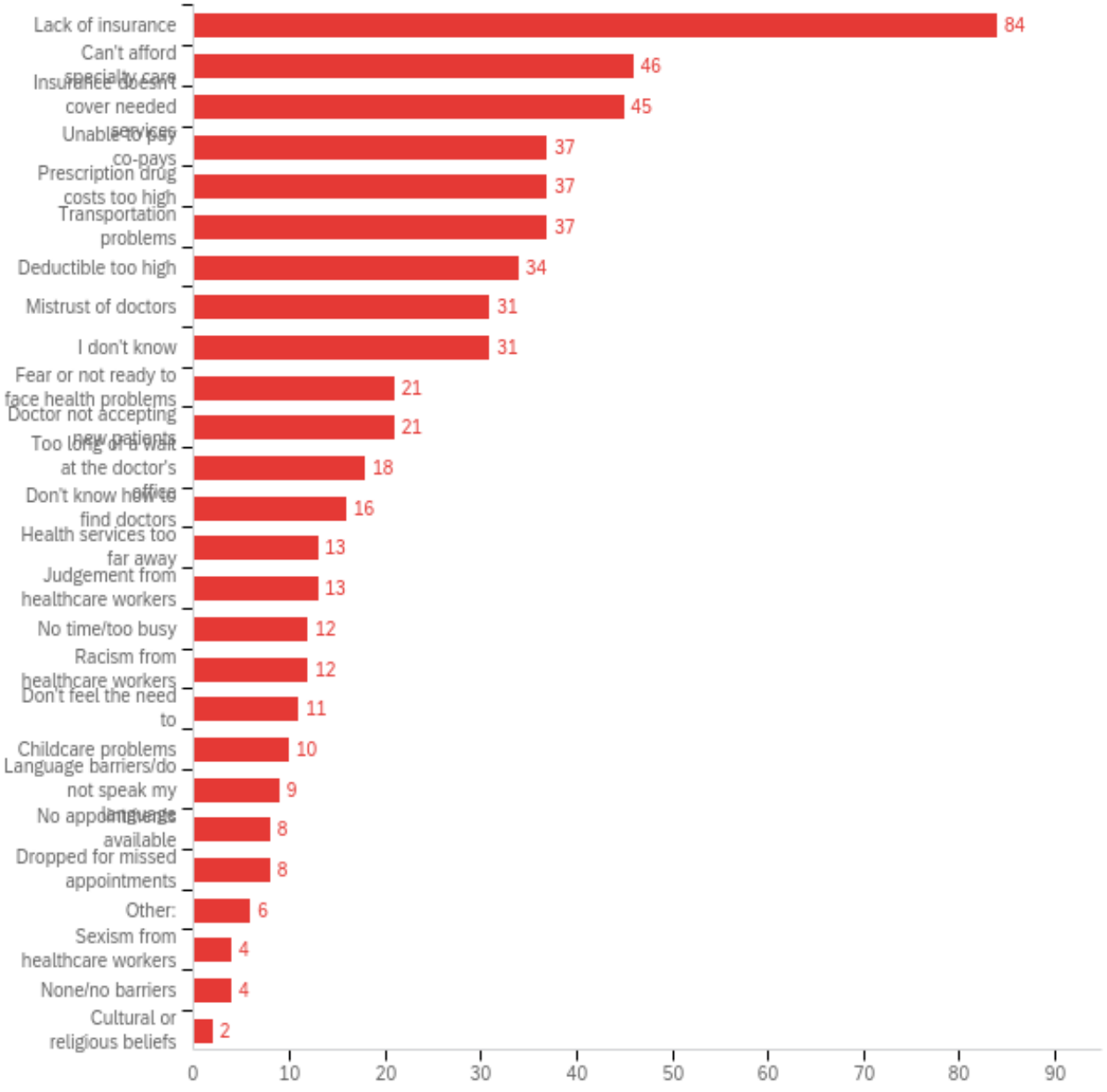


Top issues facing people in the community, by Hispanic origin

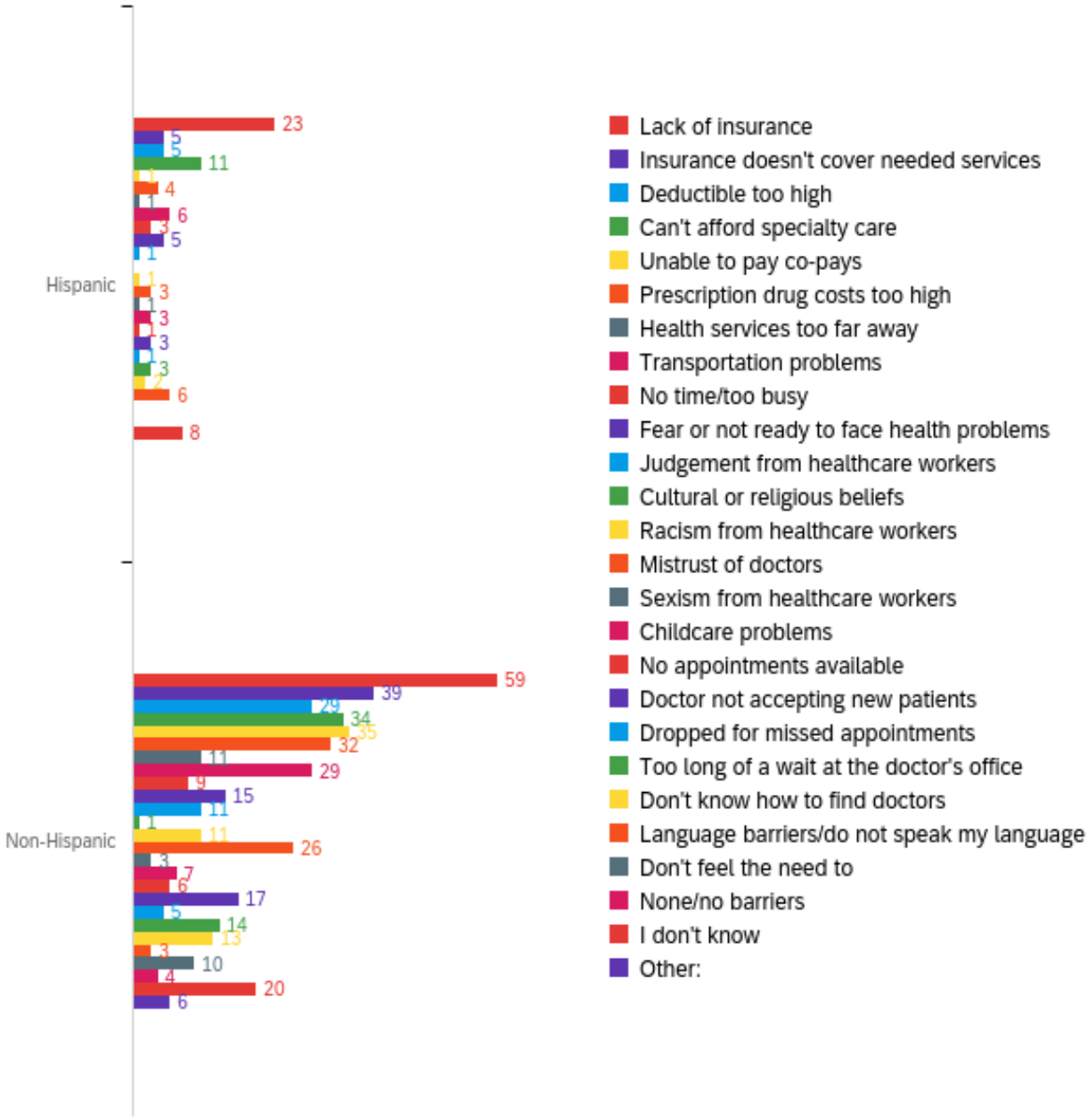


The top 3 issues reported by all respondents included mental health, poverty/low income, and obesity. Hispanic respondents noted lack of physical activity and immigration and citizen status issues among their highest concerns facing the community.

What keeps people in your community from seeking medical treatment? (Check all that apply)

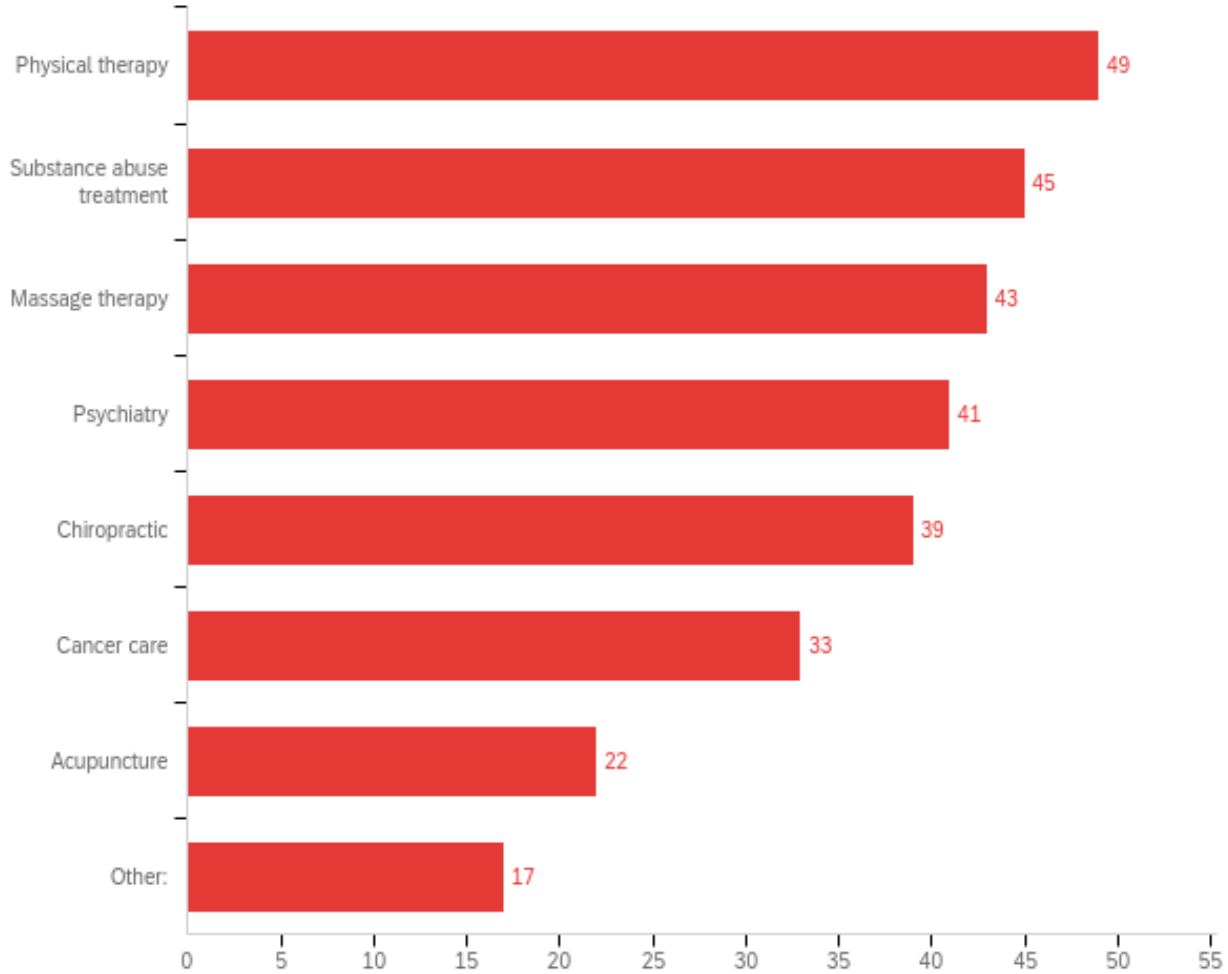


What keeps people in your community from seeking medical treatment, by Hispanic origin

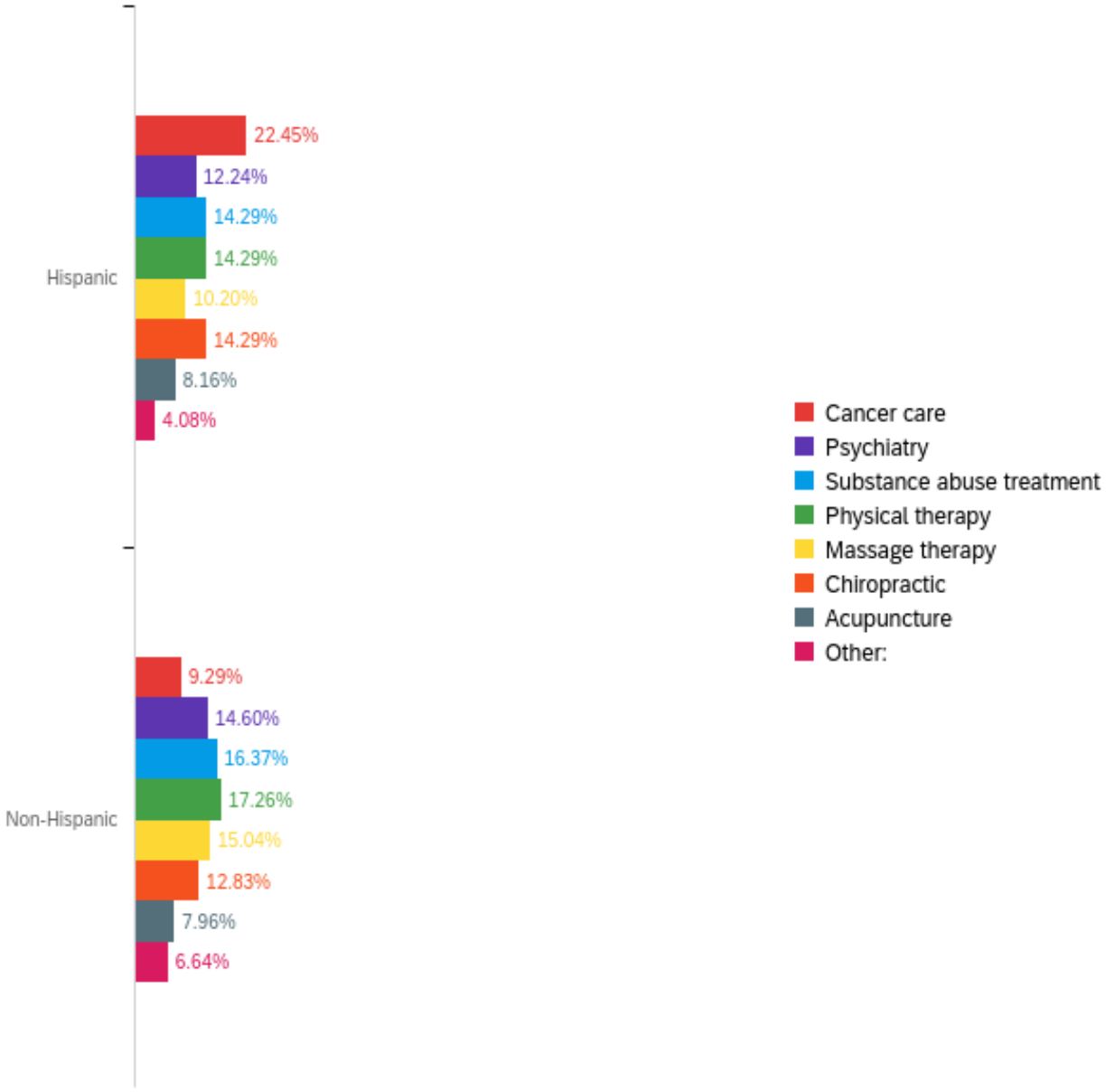


Lack of health insurance was the biggest concern that prevent the community from receiving healthcare. Additional barriers typically relate to poverty and financial resources including high insurance deductibles, affordability of copays, specialty care, access to transportation. 31 out of 146 (21.23%) total respondents reported mistrust of medical professionals as a barrier to access to healthcare. 12 respondents (8.22% of respondents reported racism as a concern, and 9 out of 146 respondents (6.16%) of respondents reported language barriers.

Honor provides primary care, dental care, OB/GYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor Community Health provide? (Check all that apply)

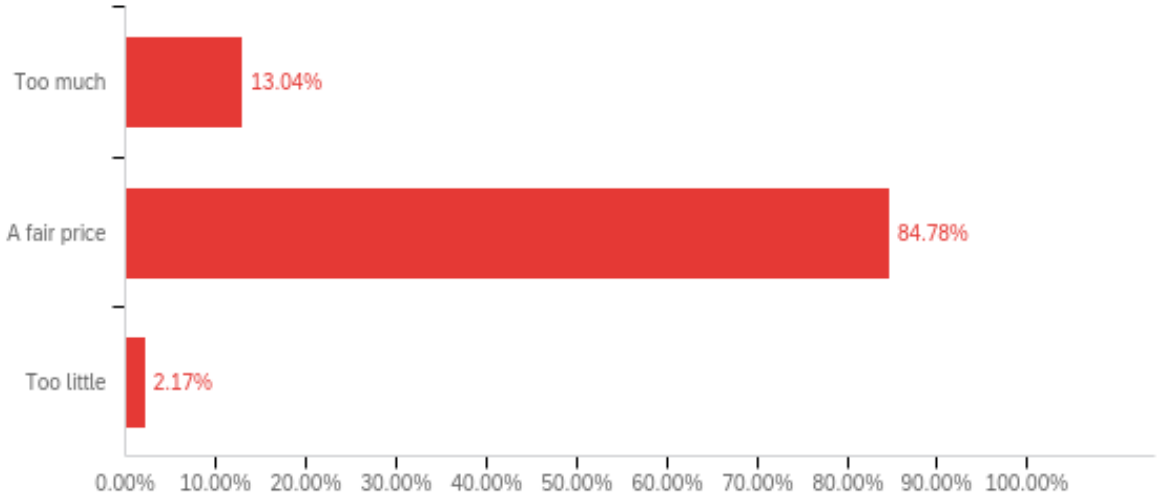


What additional services should Honor Community Health provide, by Hispanic origin

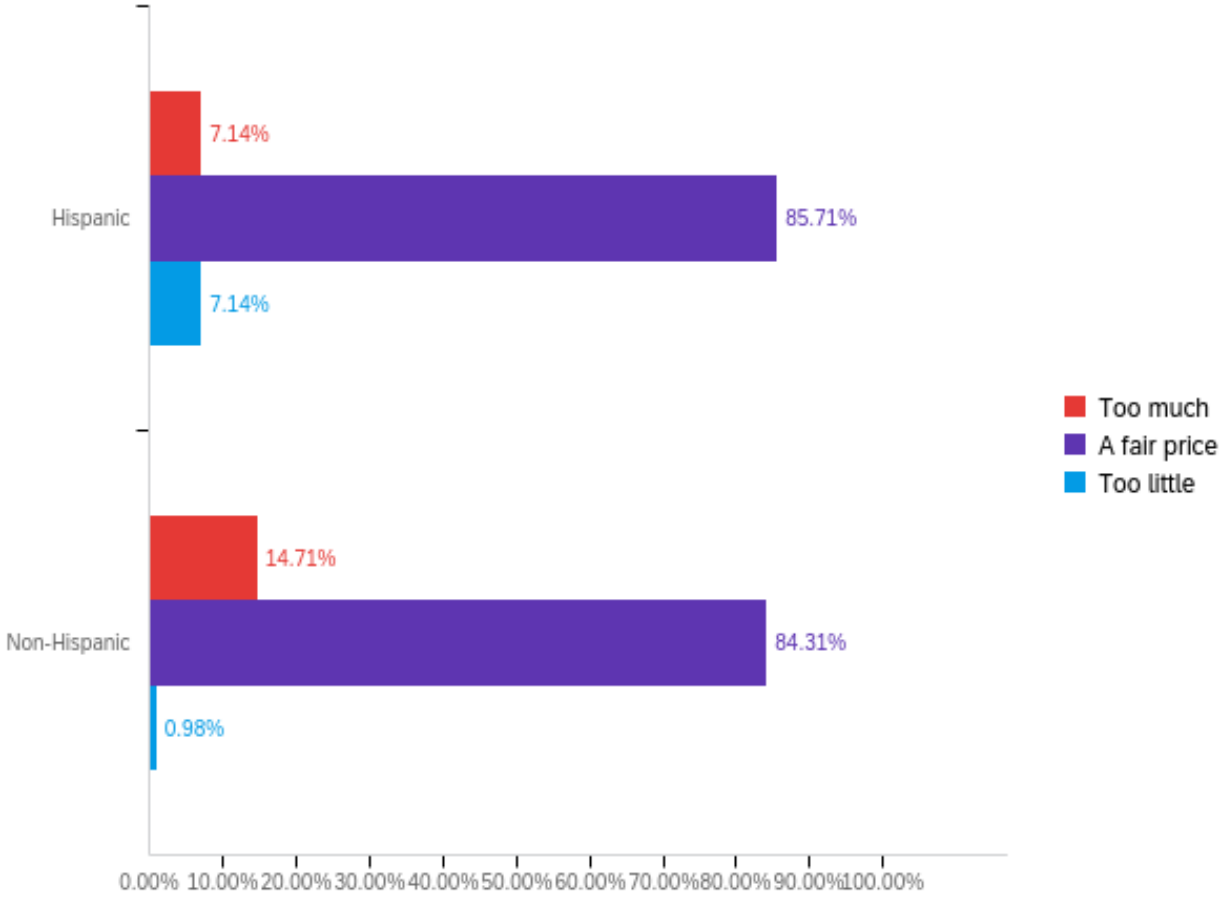


The additional services requested varied by population. Hispanic respondents asked for cancer care, substance use/abuse treatment, physical therapy, and chiropractic care, while non-Hispanic respondents requested physical therapy, substance abuse treatment, and massage therapy. When responses are combined, physical therapy, substance abuse treatment, and massage therapy are the top 3 requested services. It is interesting to note that respondents reported mental health concerns as one of the most significant health care issues faced by the community, however psychiatry was ranked lower than other services as desired by the community. This may indicate confusion on the term psychiatry as it relates to treatment of mental health. Honor Community Health should examine the nuances inn mental health care and treatment within their service area.

Do you feel like what you pay for healthcare services at Honor Community Health is…?

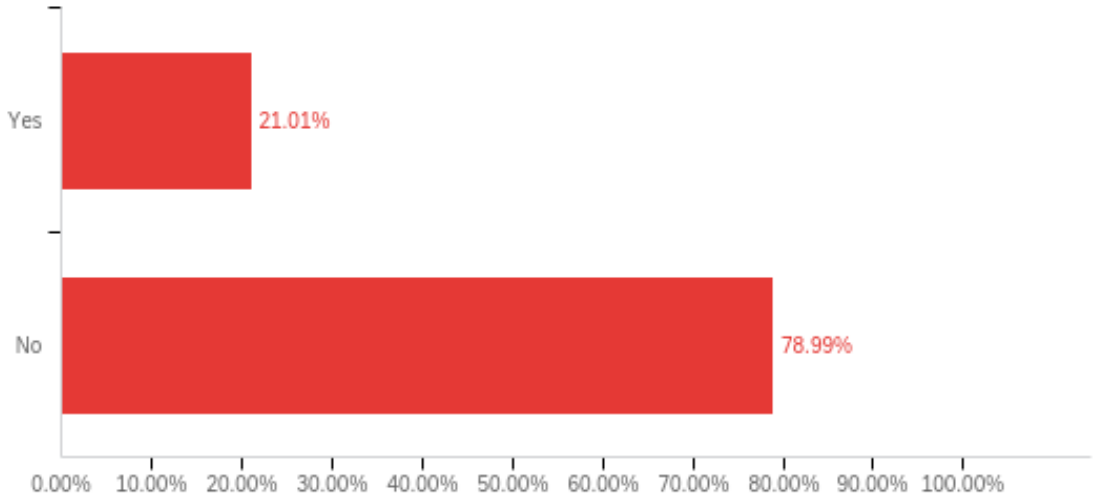


Do you feel like what you pay for healthcare services at Honor Community Health is...?
by Hispanic origin

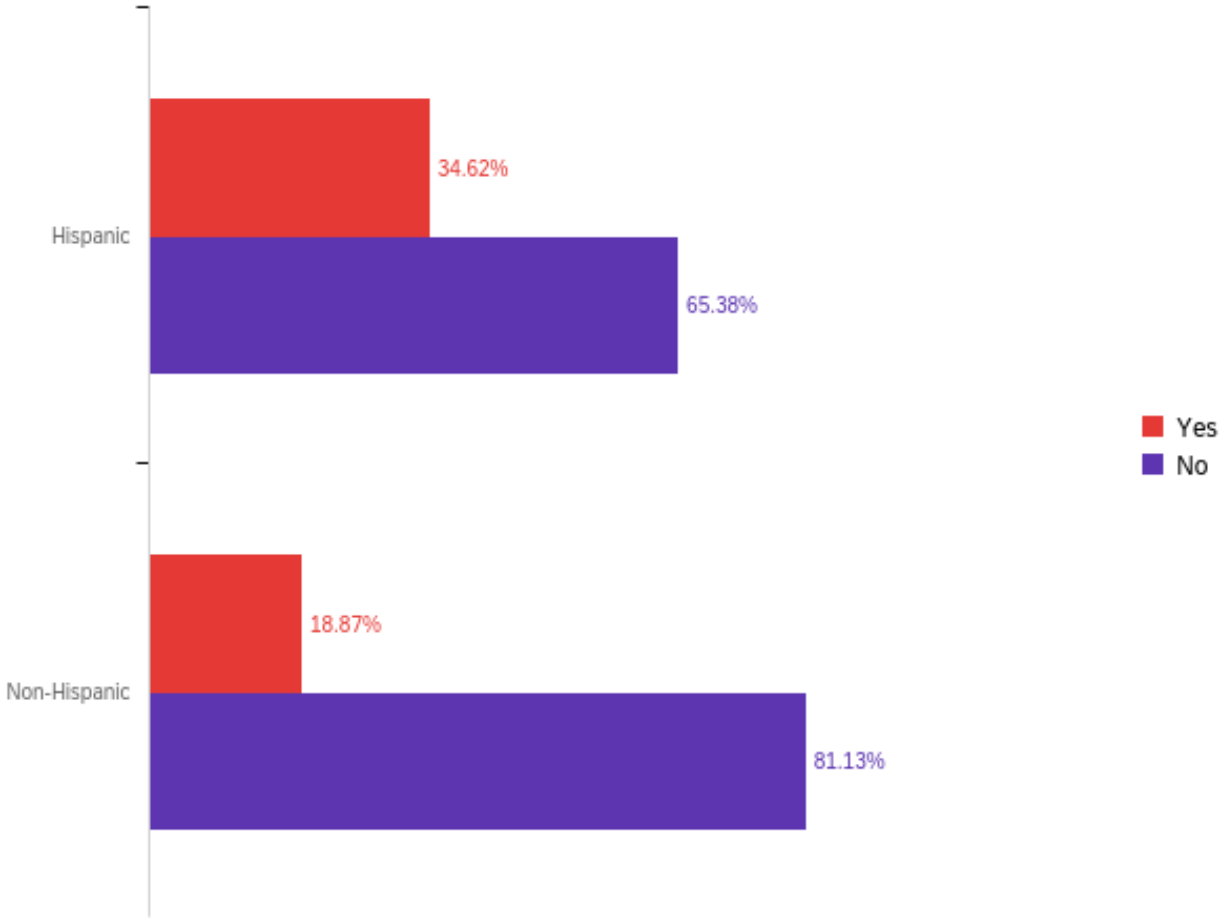


The majority of respondents fels that the pay for services at Honor Community Health was fair.

Does your current co-pay keep you from getting the healthcare you need?

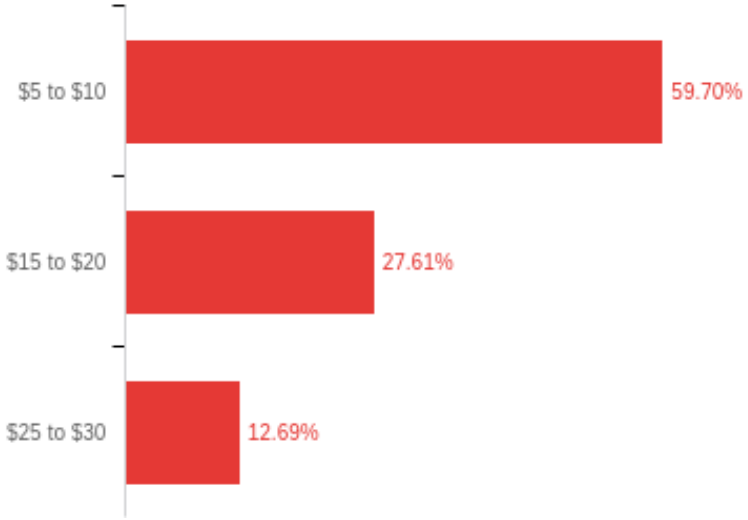


Does your current co-pay keep you from getting the healthcare you need? by Hispanic origin

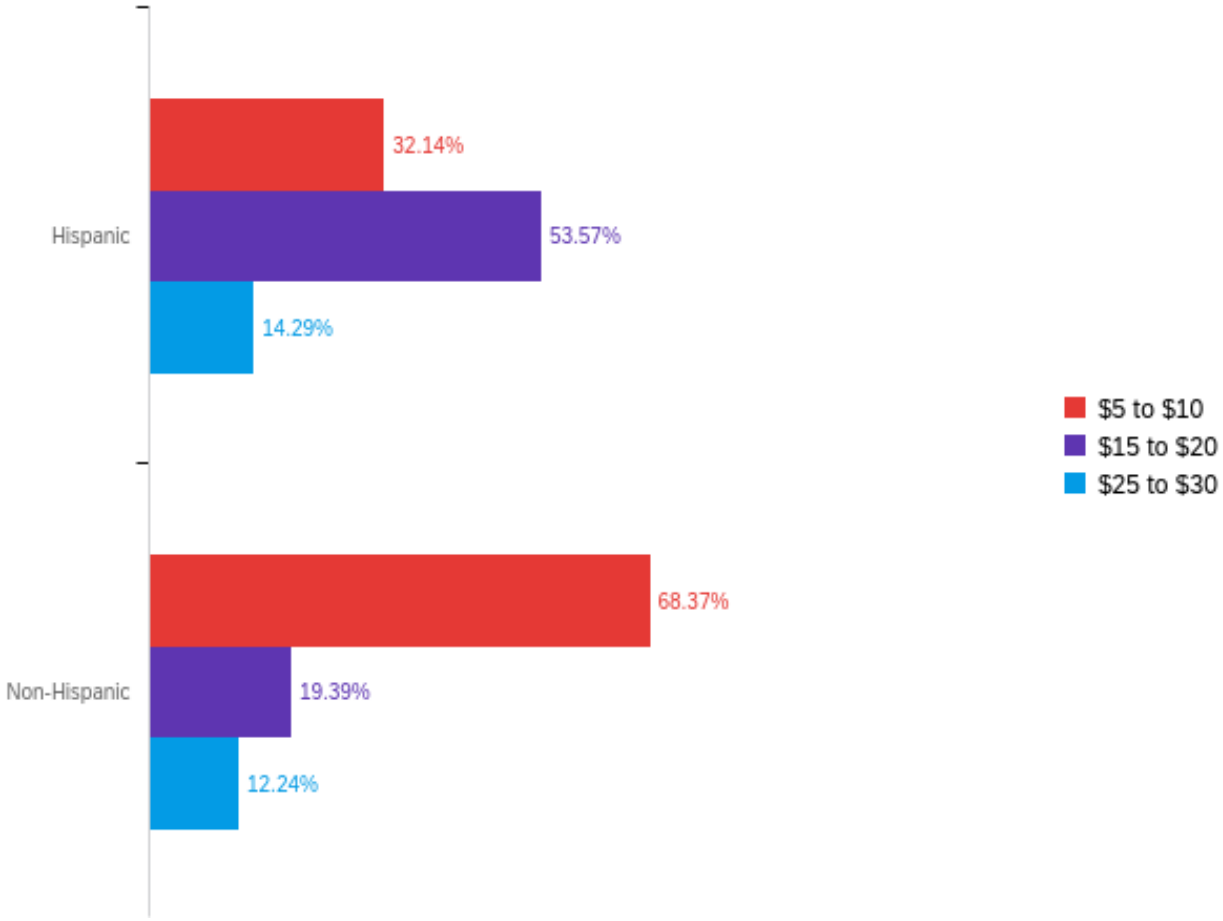


Despite noting they felt they paid a fair price for health care services at Honor Community Health, one-third of Hispanic respondents and 1 in 5 non-Hispanic respondents indicated their co-pay prevented them from seeking medical care.

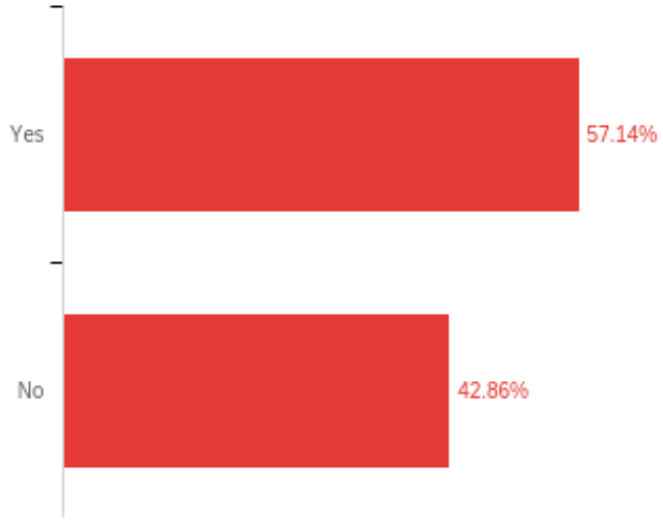
What is an affordable co-pay for you when receiving healthcare at Honor?



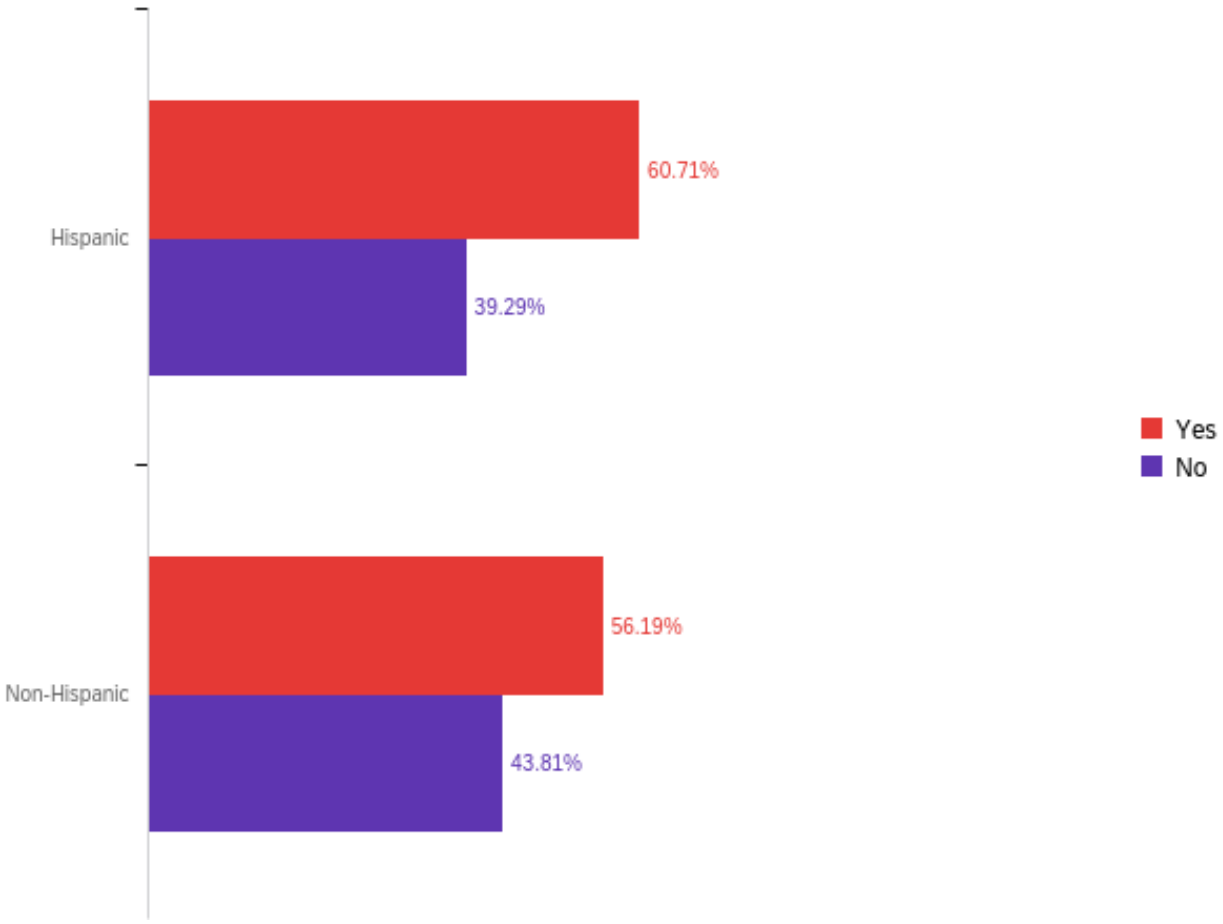
What is an affordable co-pay for you when receiving healthcare at Honor? by Hispanic origin



Are you seeing a doctor who looks like you? Or that you identify with?



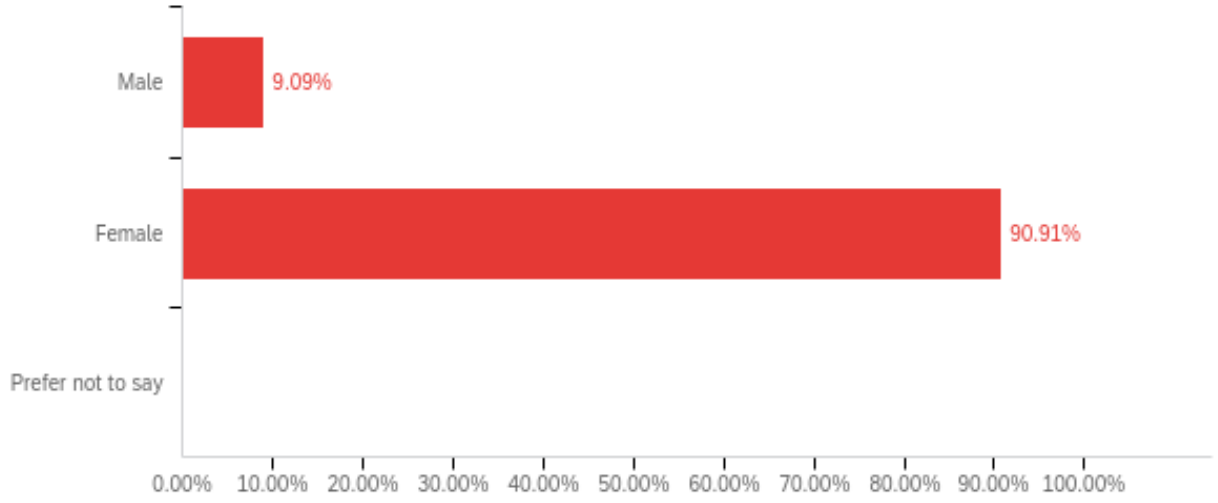
Are you seeing a doctor who looks like you? Or that you identify with? by Hispanic origin



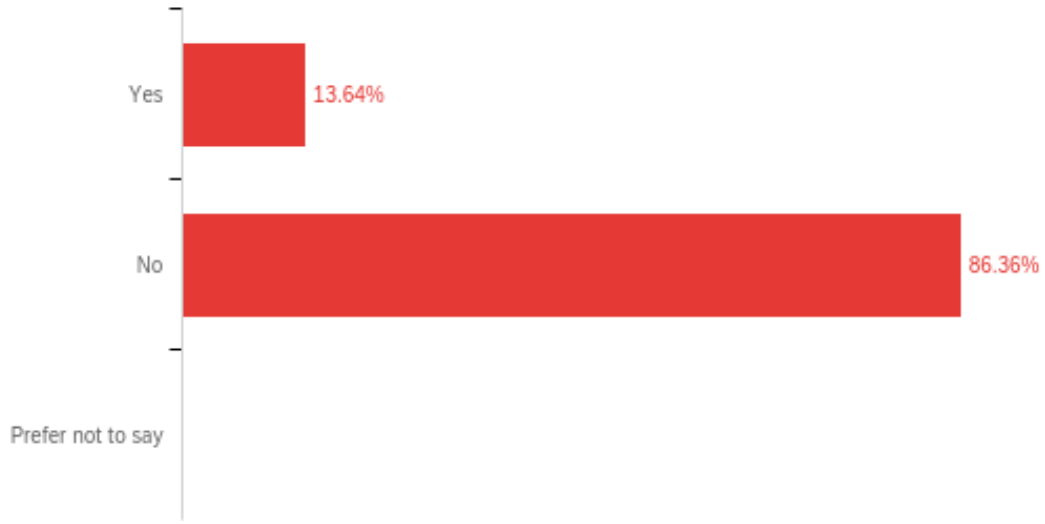
Many participants (42.86%) reported not seeing a doctor who looks like them, or who they can relate to, indicating an opportunity for improving diversity in hiring of healthcare professionals.

CHNA Provider Survey Report

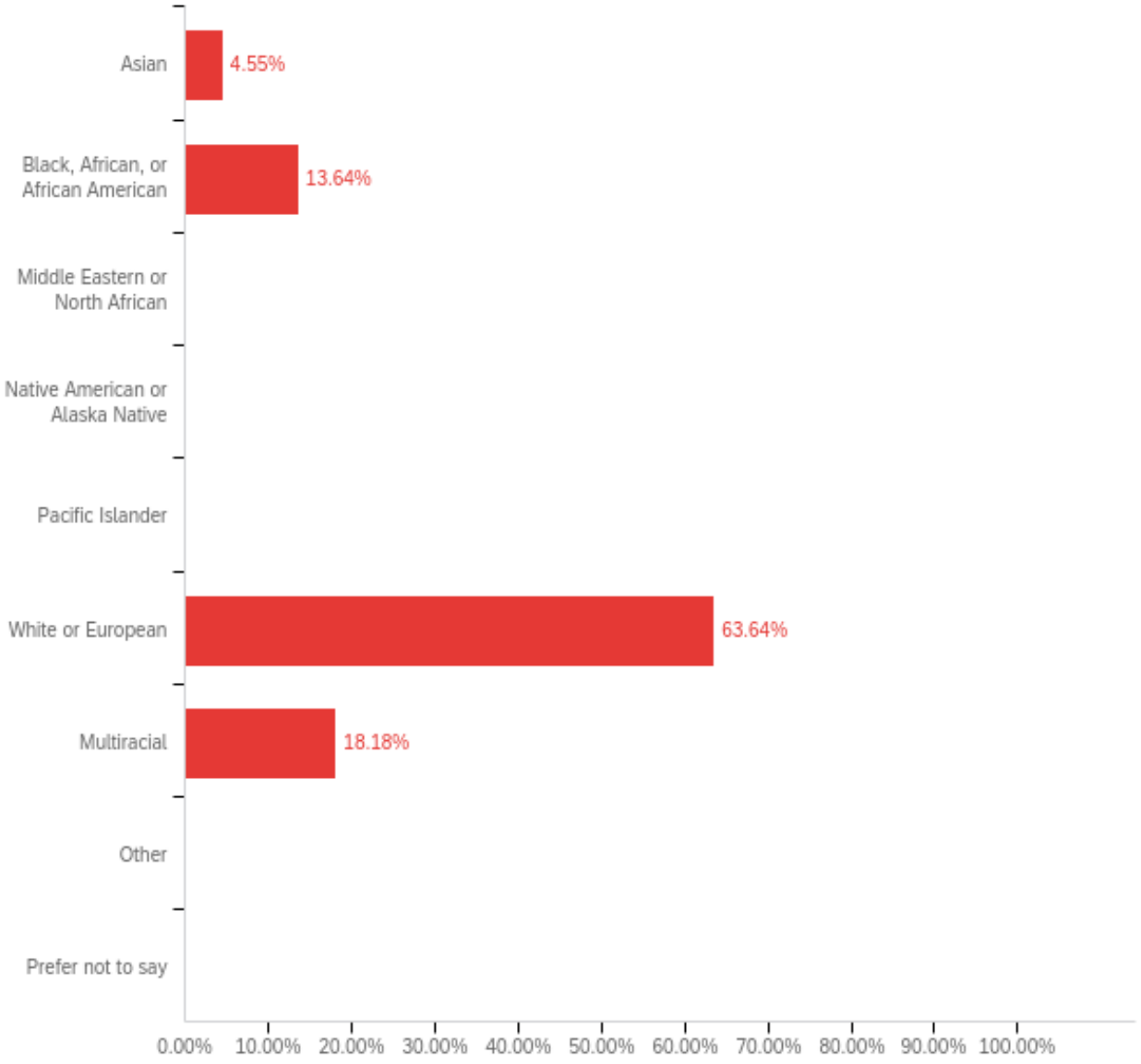
Gender



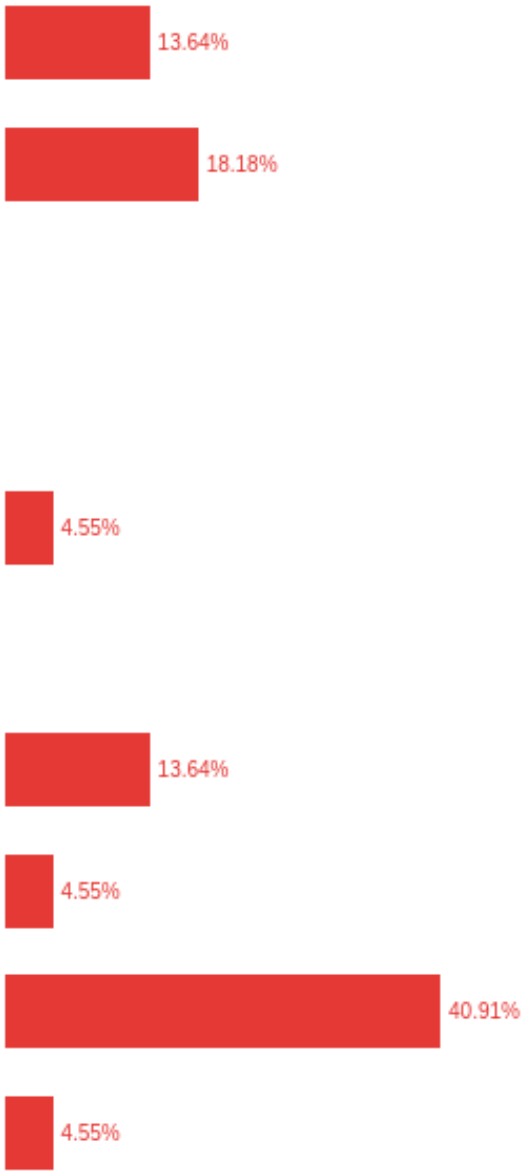
Hispanic, Latinx, or Spanish origin



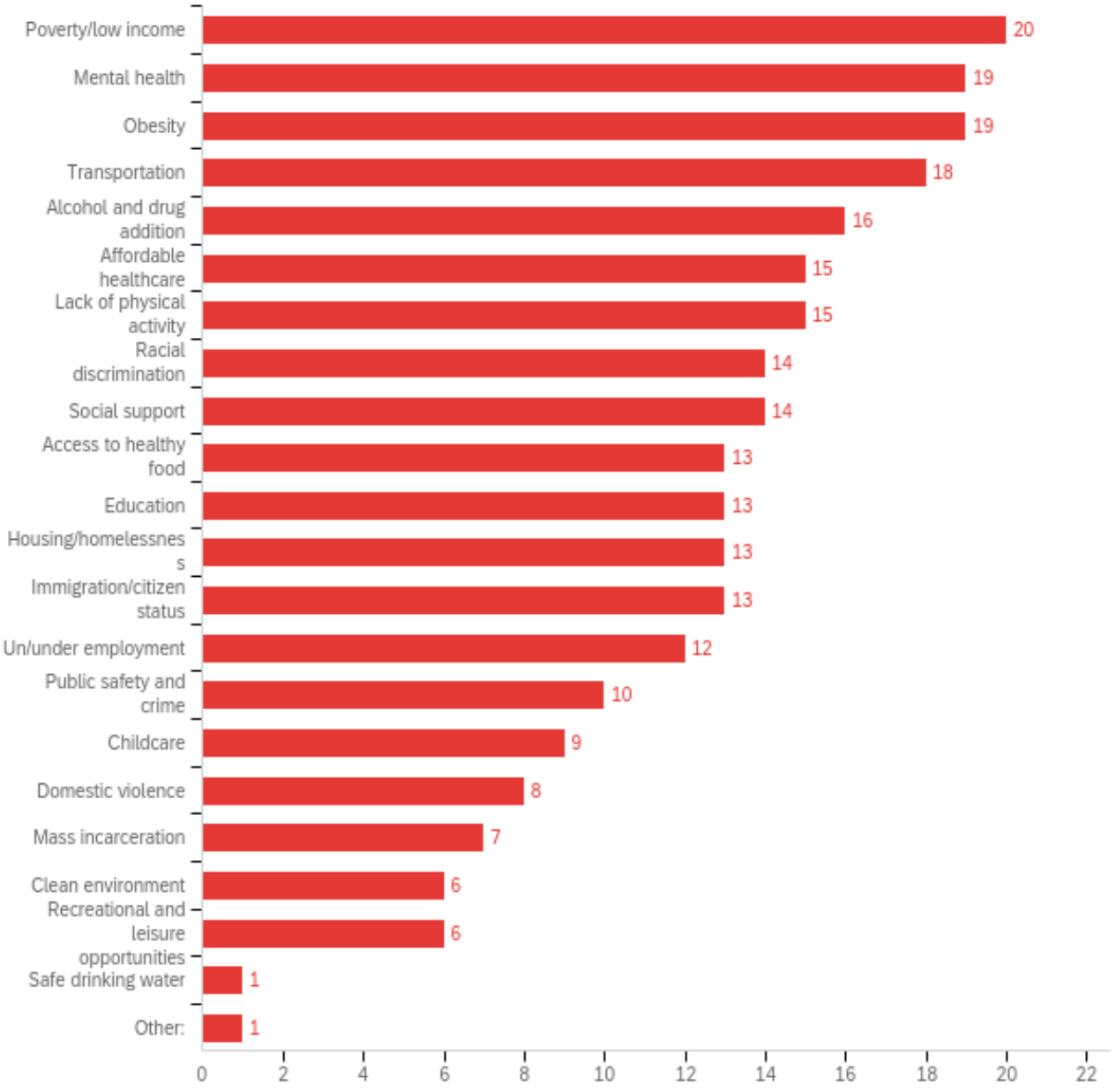
Race


Asian
4.55%
Black, African, or African American
13.64%
Middle Eastern or North African
Native American or Alaska Native
Pacific Islander
White or European
63.64%
Multiracial
18.18%
Other
Prefer not to say
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%
80.00%
90.00%
100.00%

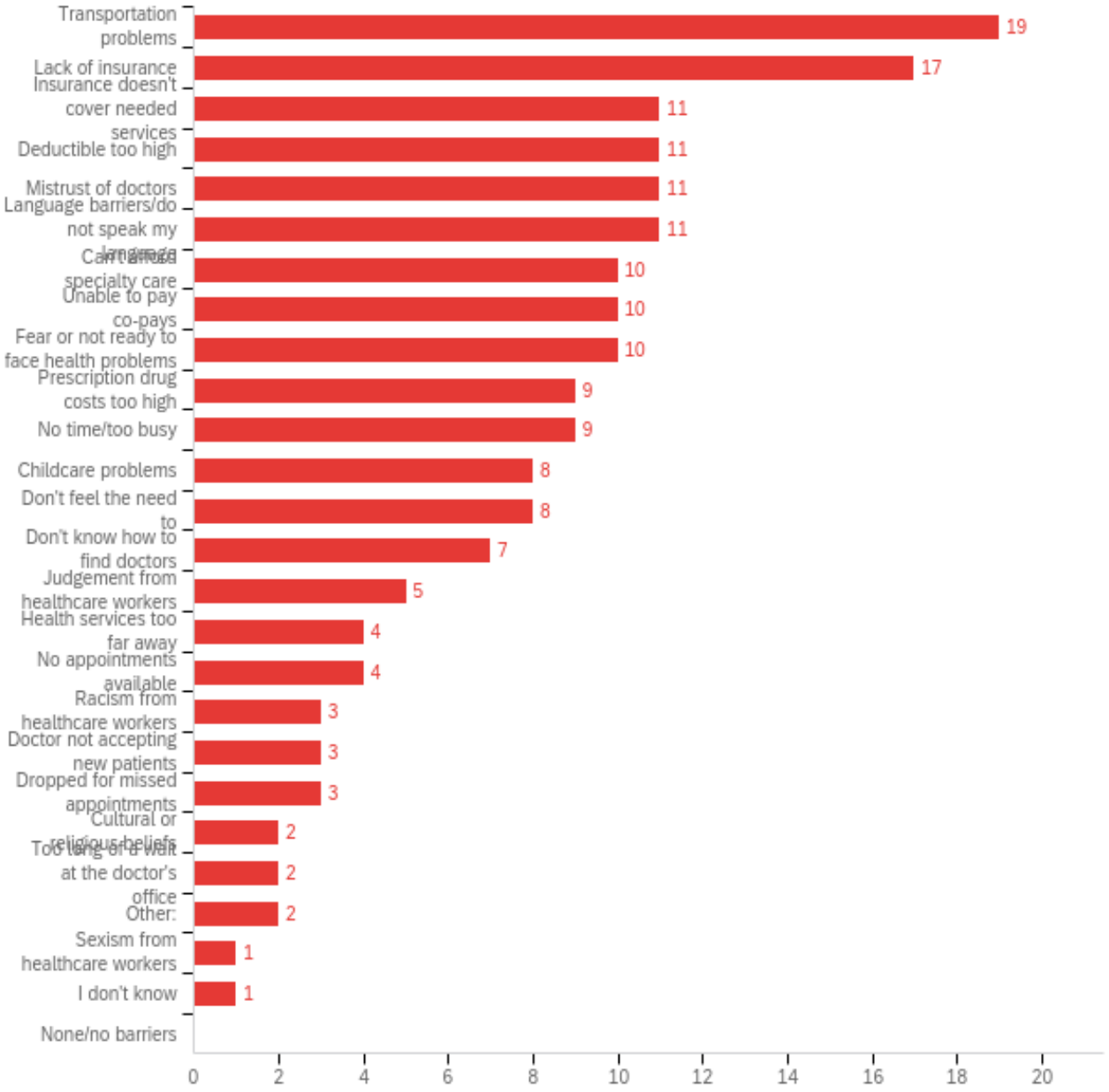
What is your role at Honor Community Health?



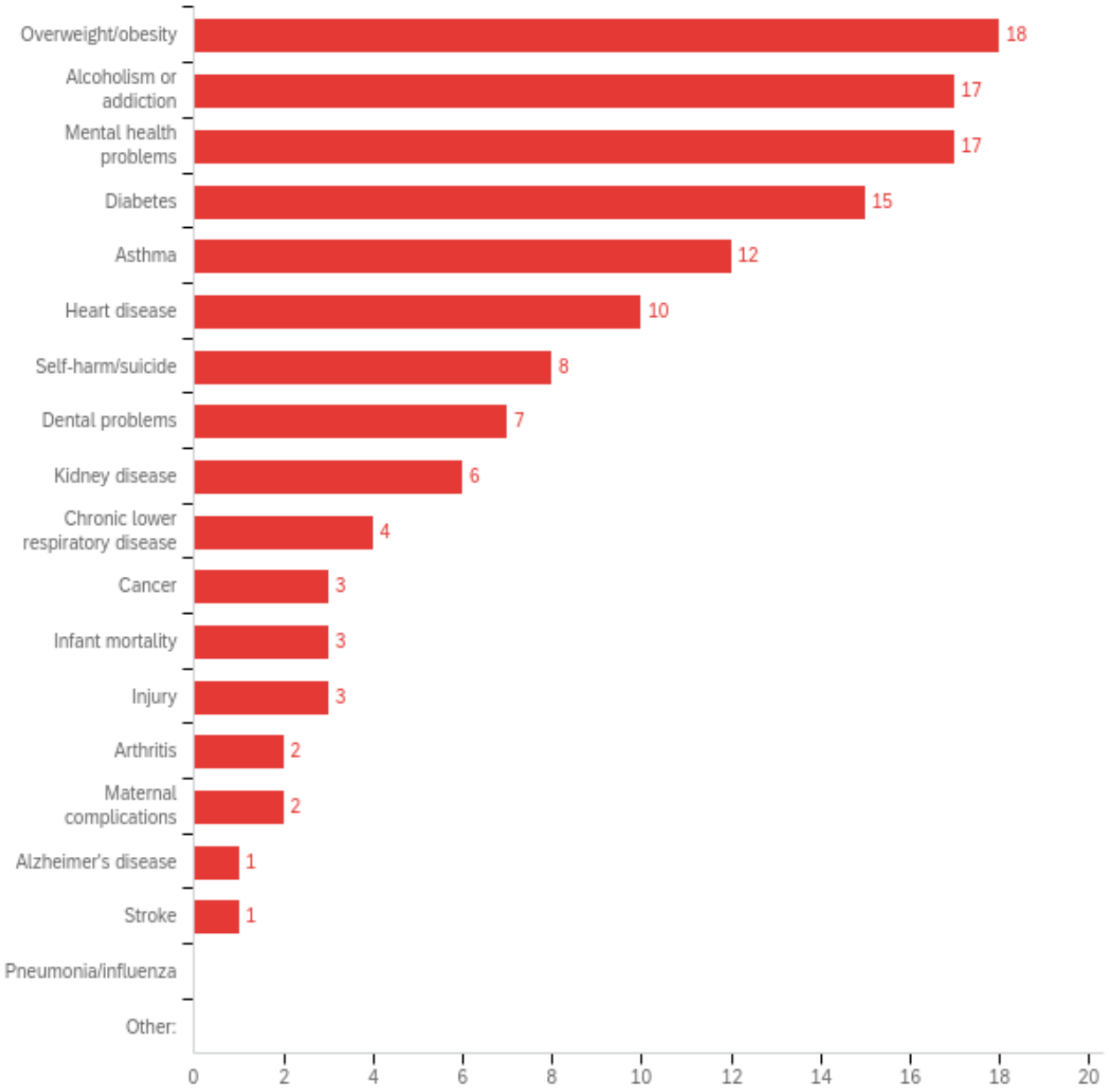
What issues are facing your patients and their community at this time: (Check all that apply)



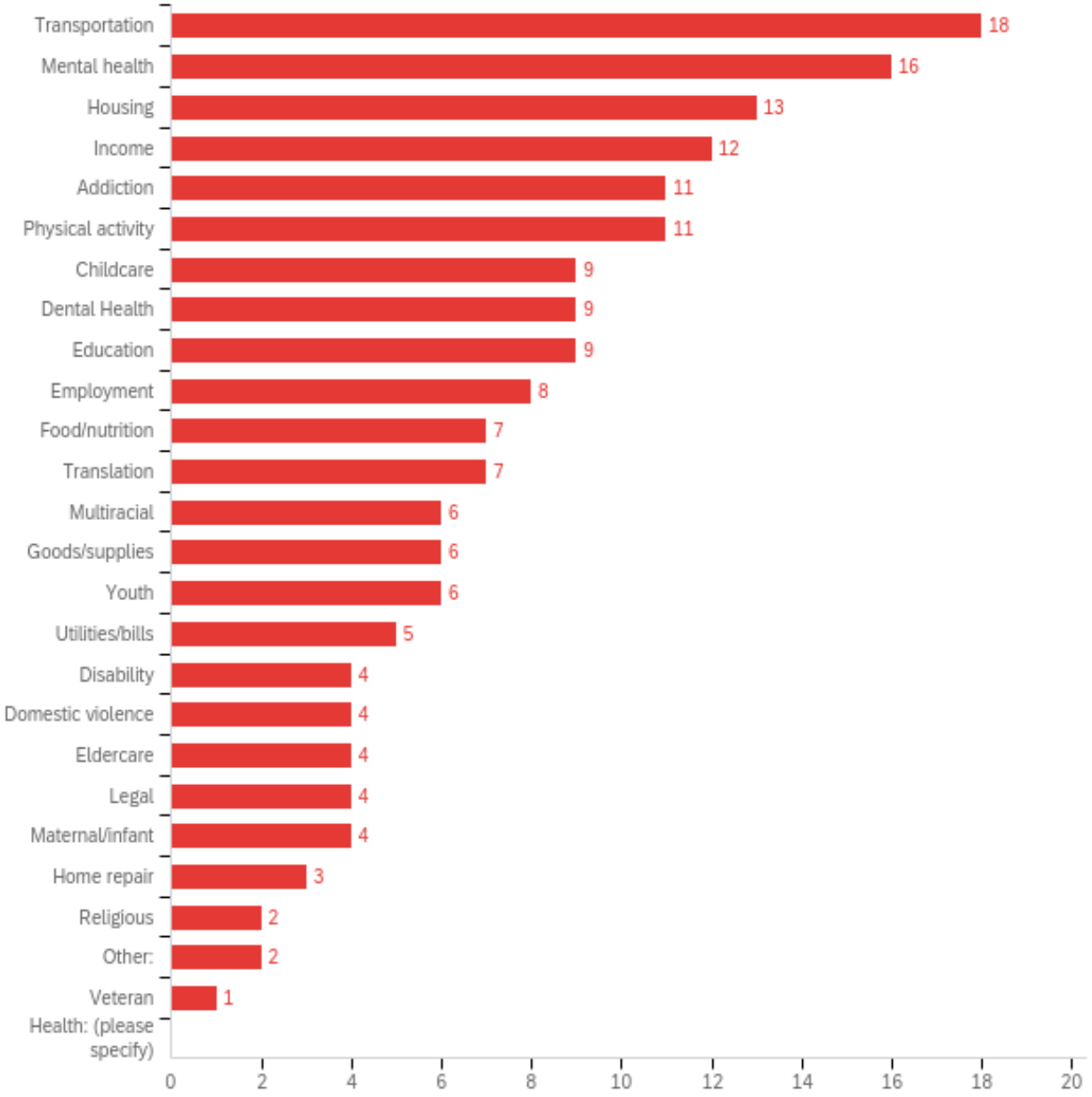
What keeps your patients and others in their community from seeking medical treatment? (Check all that apply)



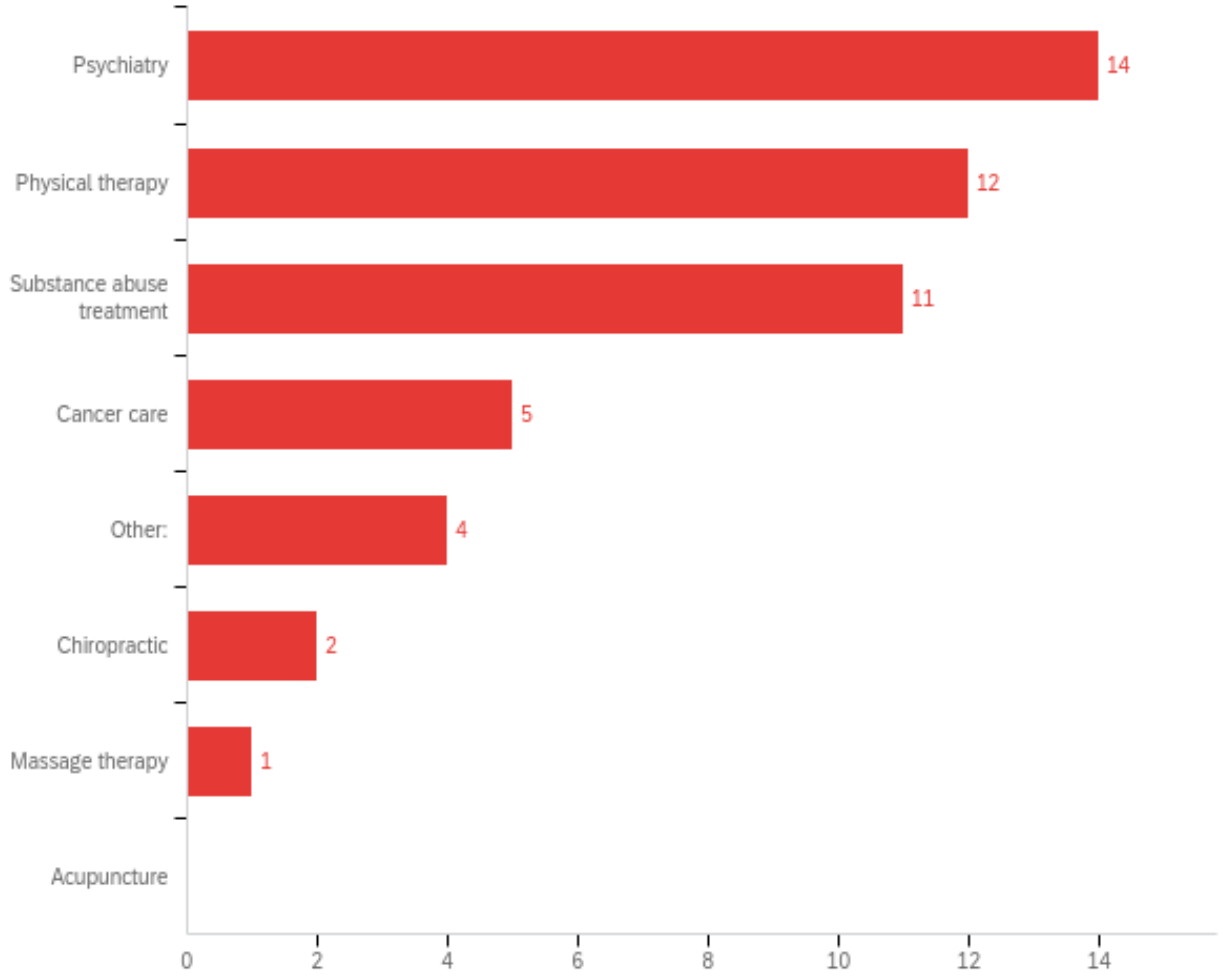
What do you believe are the most pervasive health issues of concern in your patient community? (Check all that apply)



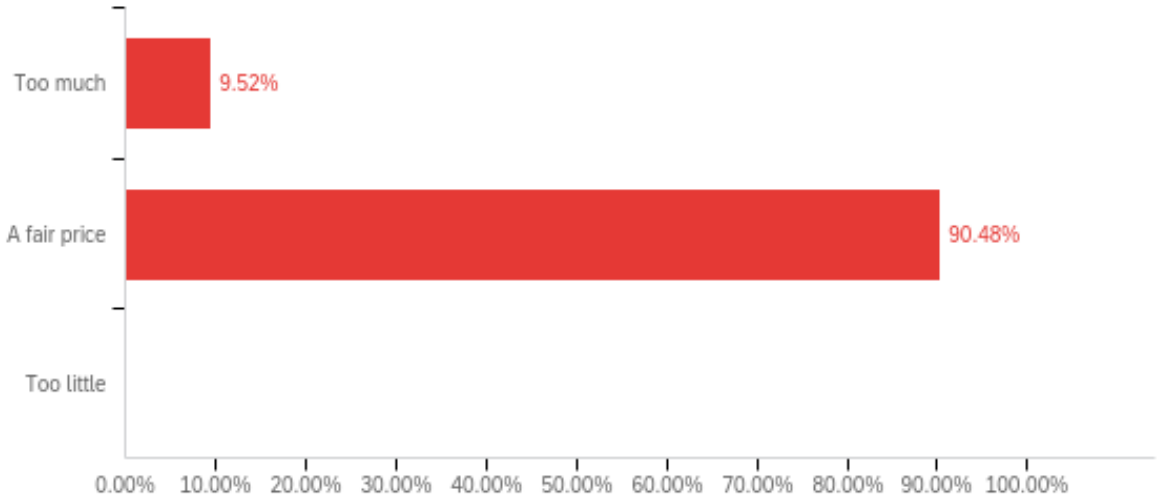
What missing services are most needed to improve the health of your patients and their community? (Check all that apply)



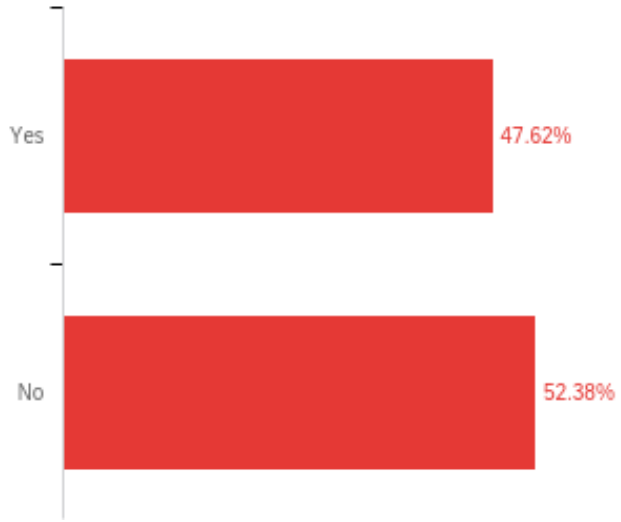
Honor Community Health provides primary care, dental care, OB/GYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor Community Health provide? (Check all that apply)



Do you feel like what the patients pay for healthcare services at Honor Community Health is...?

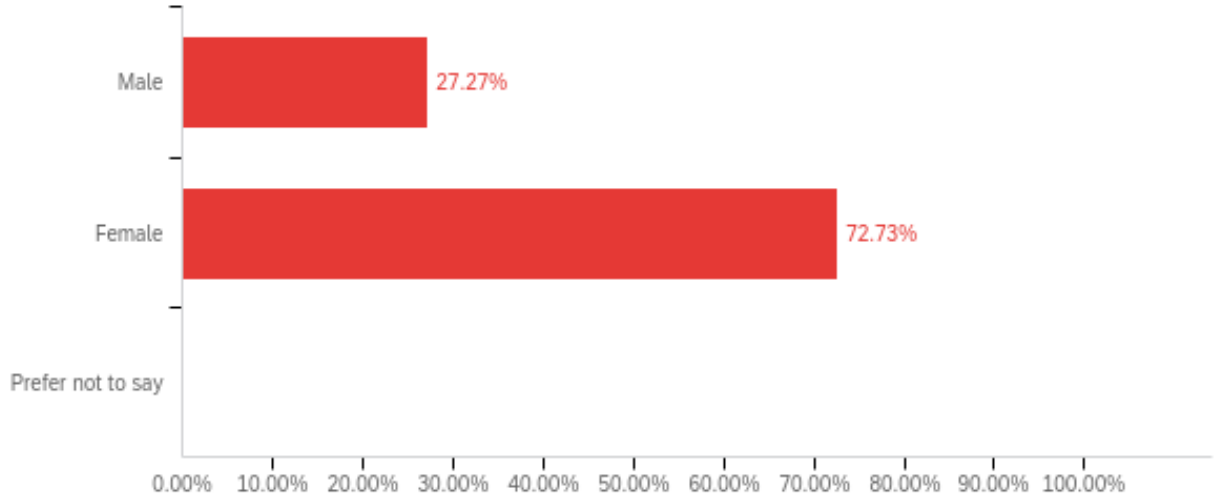


Do the majority of patients you see at Honor Community Health look like (or share a similar identity) with you?

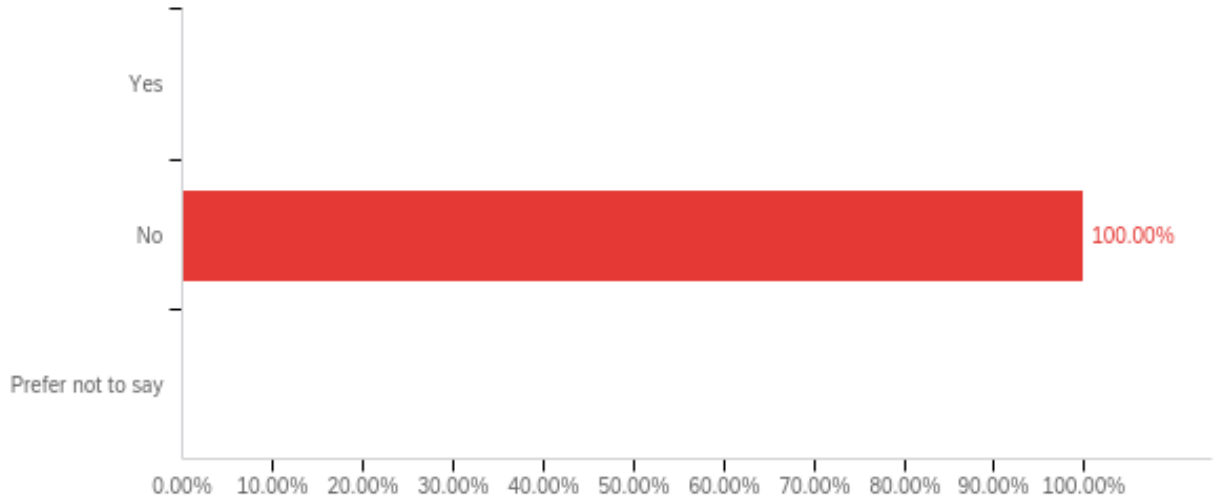


CNHA Partner Survey Report

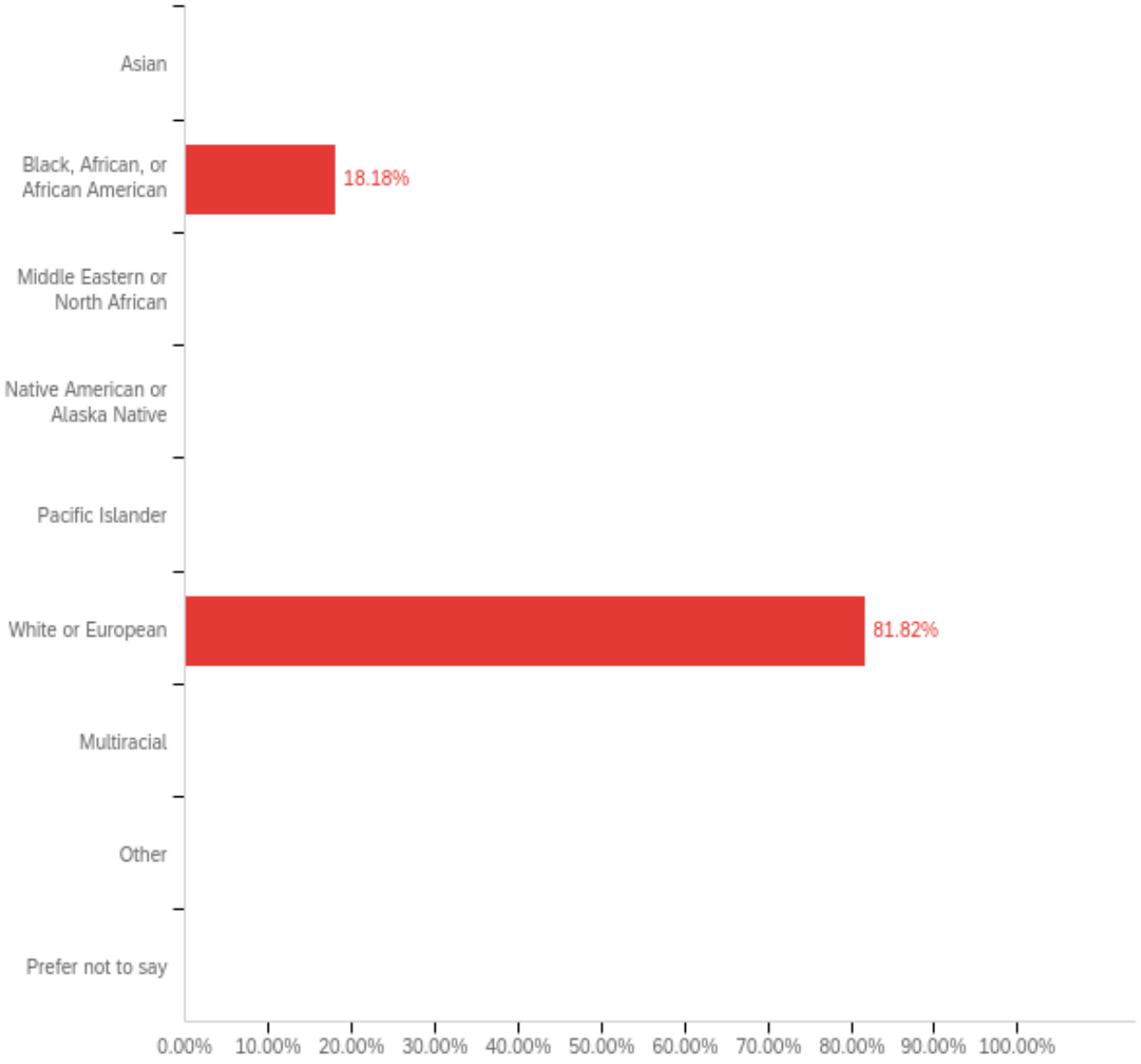
Gender



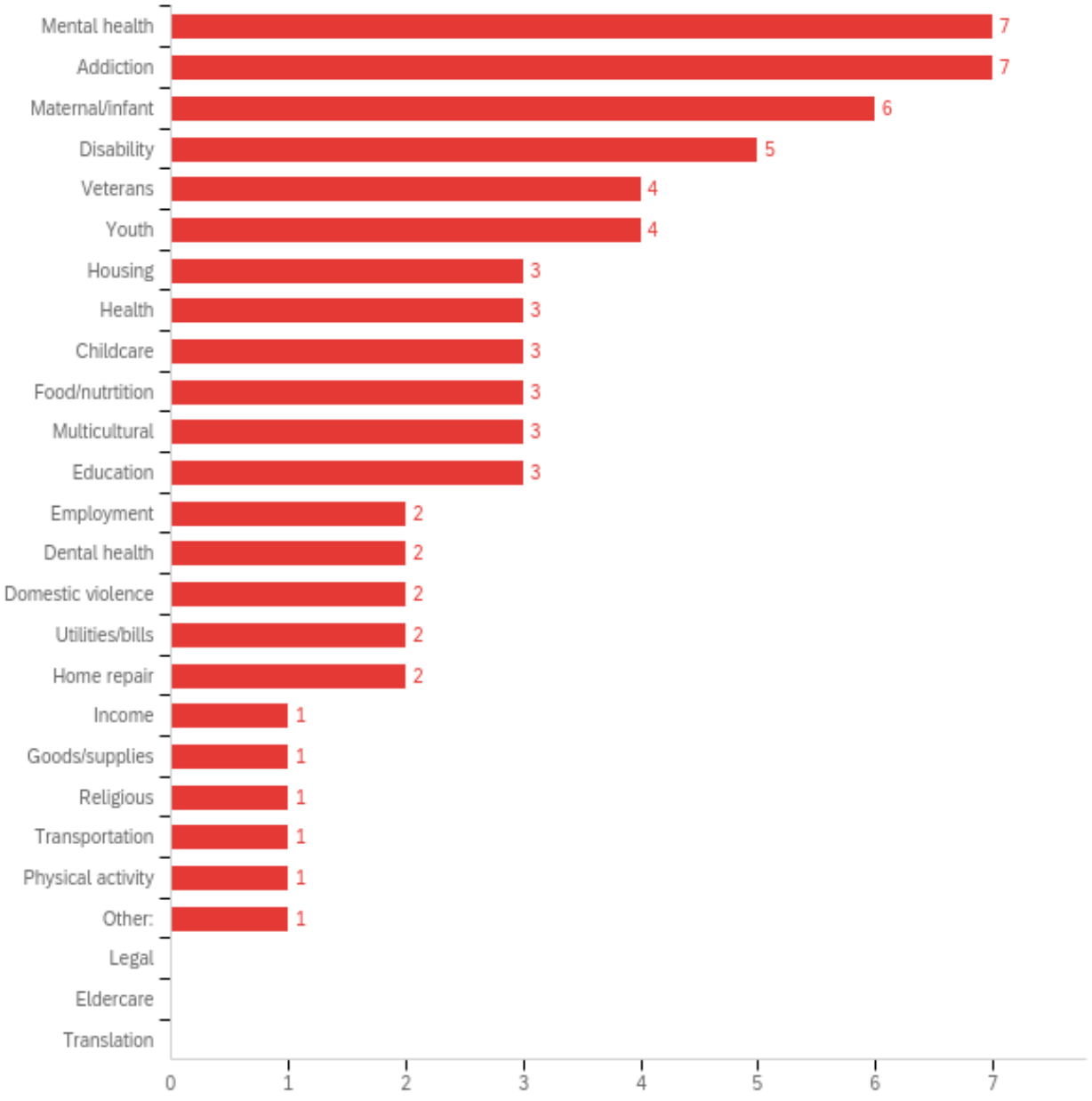
Hispanic, Latinx, or Spanish origin



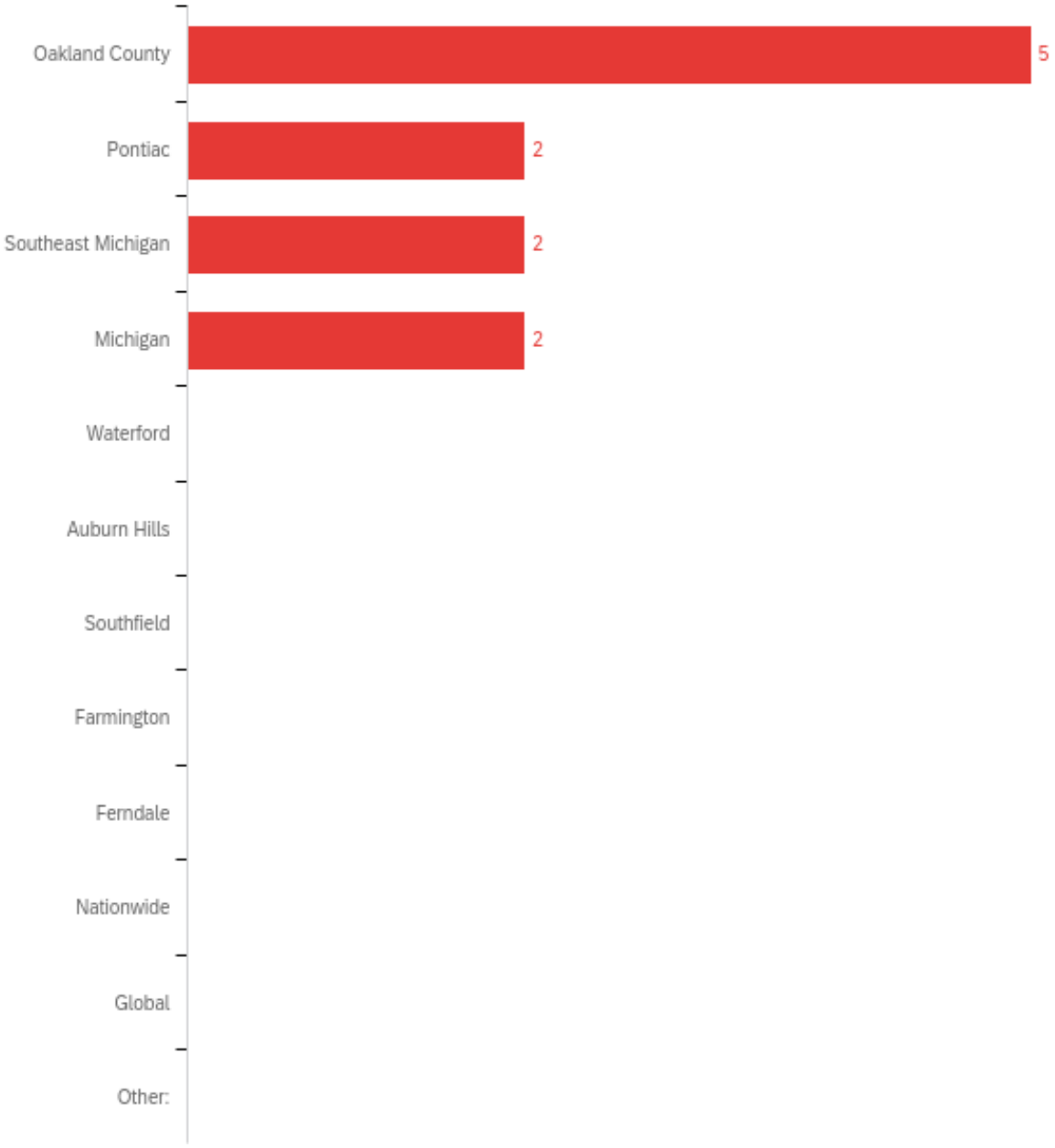
Race


Asian
Black, African, or African American
18.18%
Middle Eastern or North African
Native American or Alaska Native
Pacific Islander
White or European
81.82%
Multiracial
Other
Prefer not to say
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%
80.00%
90.00%
100.00%

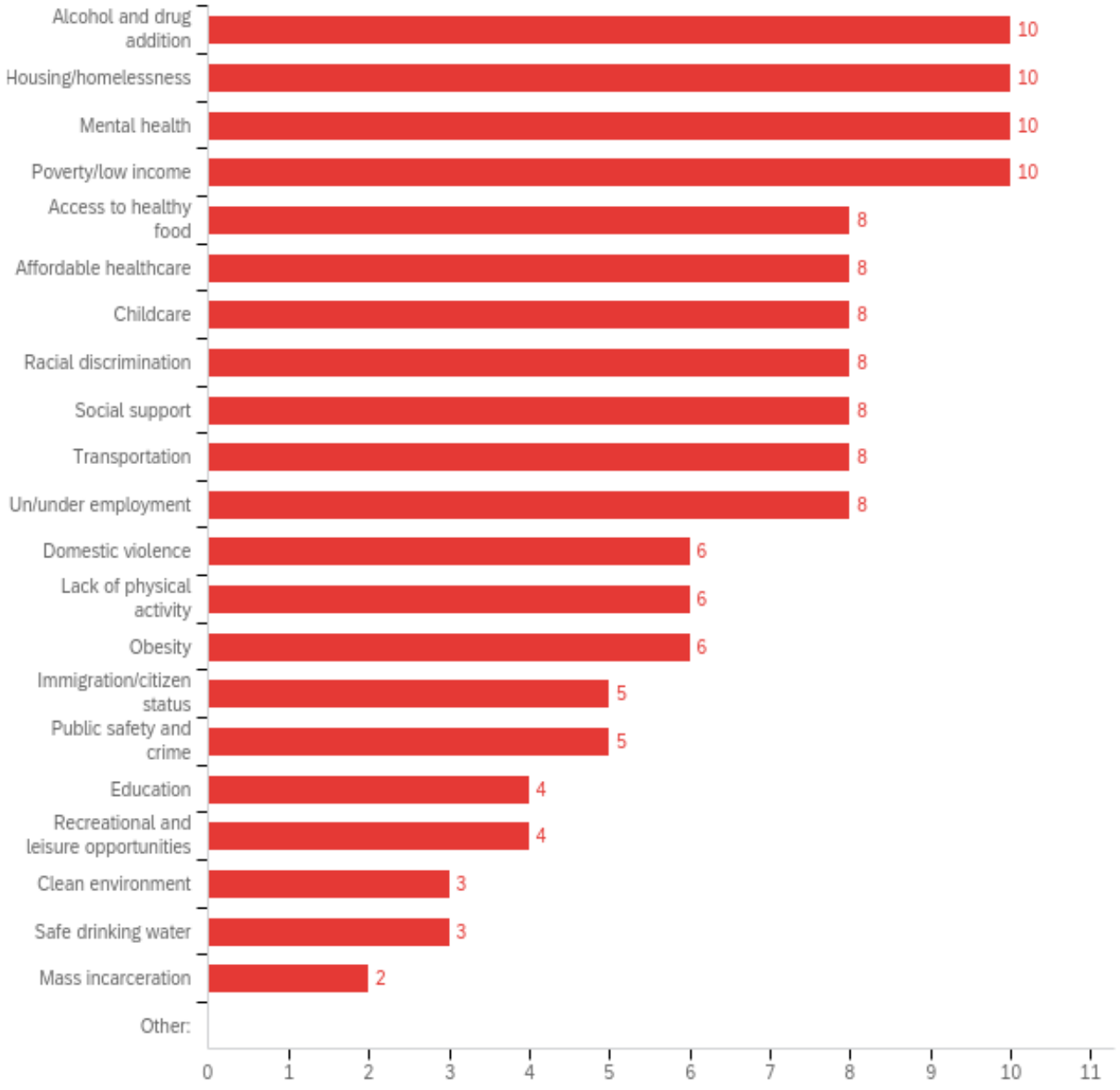
What services does your organization provide? (Check all that apply)



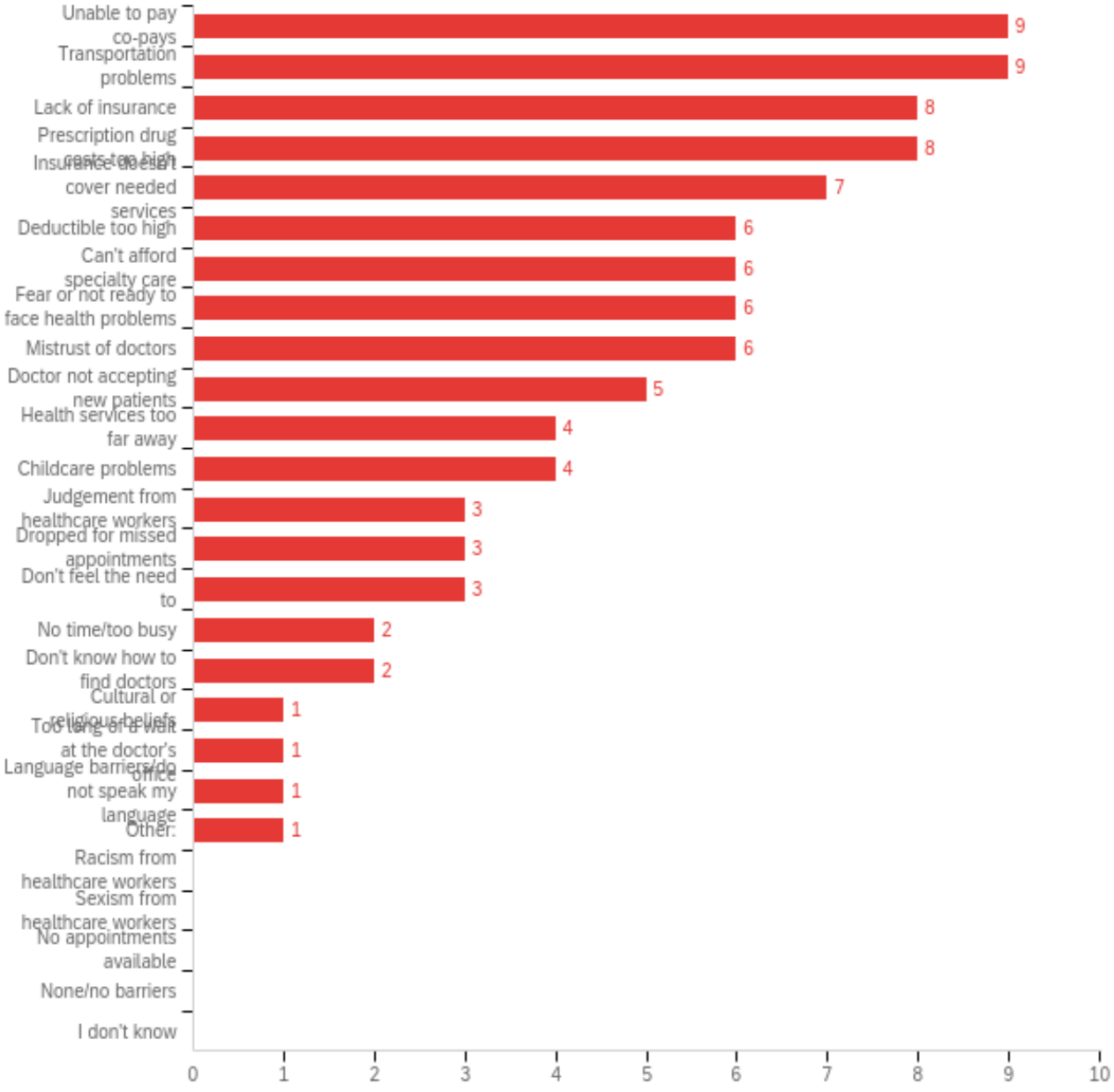
To what service area is your organization limited? (check one)



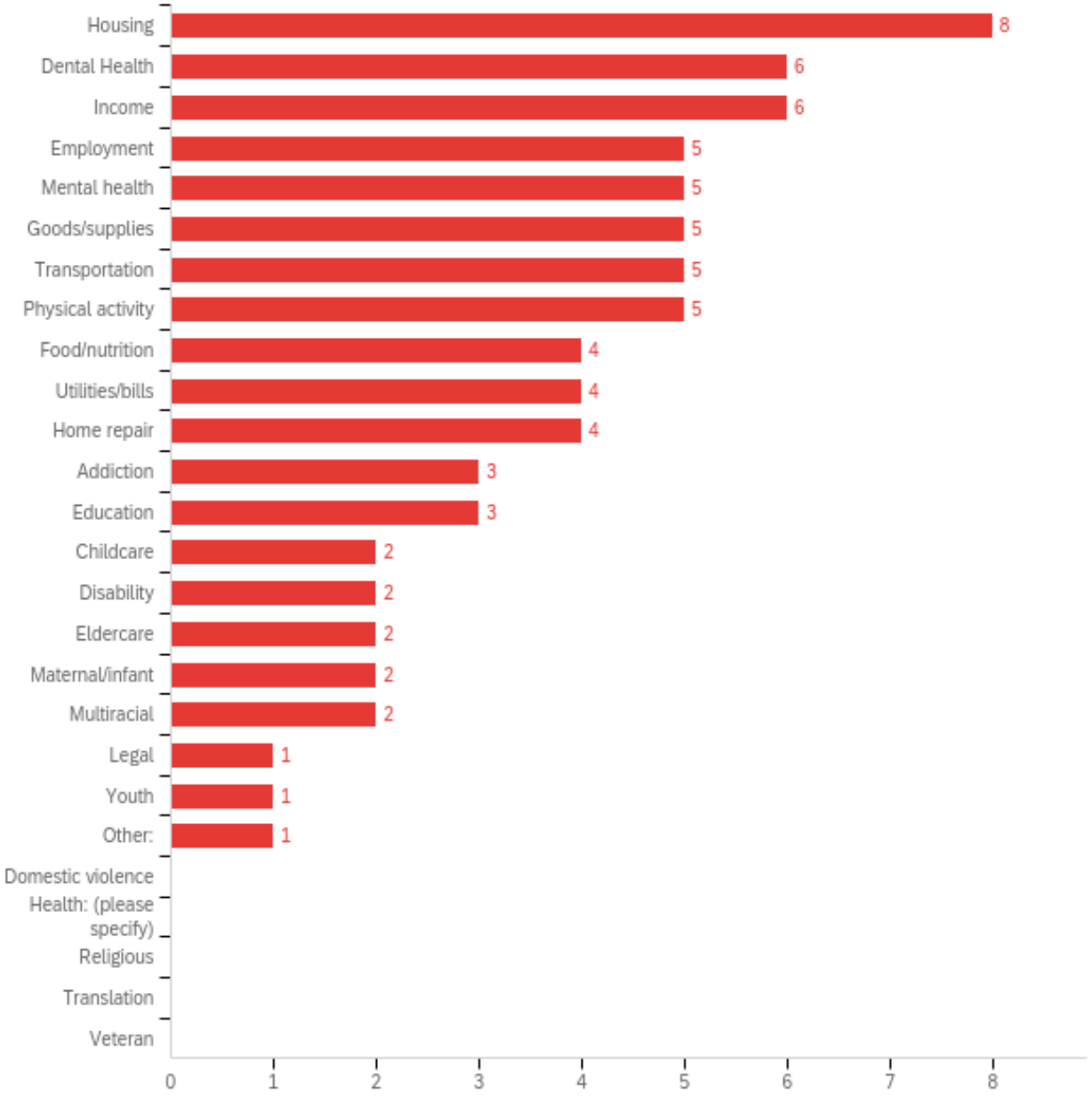
What issues are facing people in your community at this time: (Check all that apply)



What keeps people in your community from seeking medical treatment? (Check all that apply)



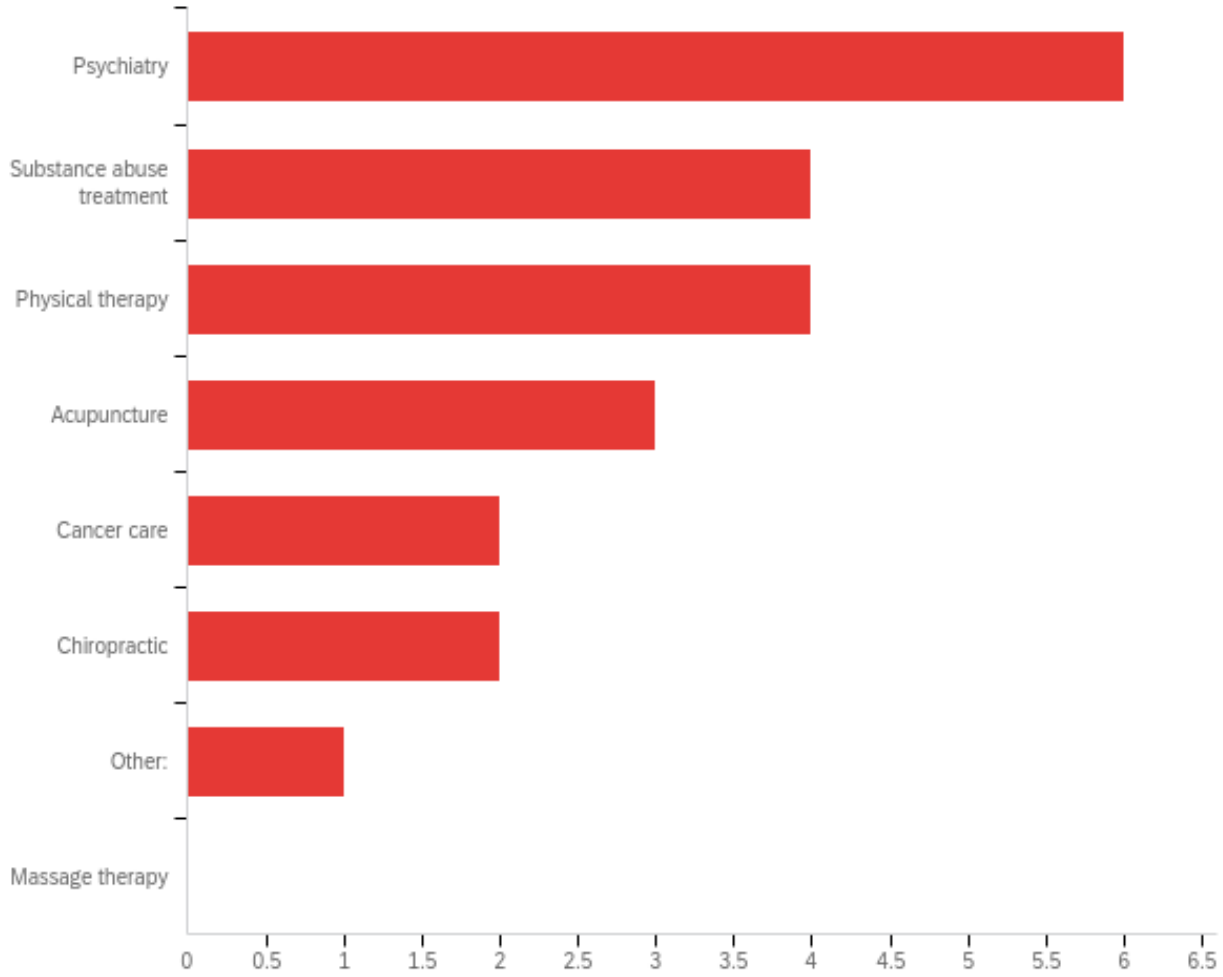
What missing services are most needed to improve the health of your clients and their community? (Check all that apply)



What existing programs/services in the community are doing the best job at improving the health of the community?

What existing programs/services in the community are doing the best job at improving the health of the community?
Unsure who are doing the best - I think there are combinations of programs/org doing this but not sure what criteria to use to determine "best".
My Covid Response, Senior Centers, Sprout Food Store,
Easter Seals
OCHD and Honor
Honor Health Oakland County Health Division Lighthouse Oakland county Youth Assistance HAVEN Grace Centers of Hope

Honor Community Health provides primary care, dental care, OB/GYN, podiatry (foot care), pediatrics, HIV/AIDS treatment, telehealth options, insurance enrollment, transportation, homeless referral services, and translation. What other services should Honor Community Health provide? (Check all that apply)



APPENDIX E:

FOCUS GROUP SCRIPTS

PATIENT FOCUS GROUP GUIDE

Focus Group with OIHN

- Opening Script (background on Honor Community Health)
- Have time for participants to introduce themselves & to introduce ourselves
  - Name, age, location
- Note that responses are completely voluntary and that they will be recorded

Questions:

1. Tell me about your community.
2. What are some resources in your community?
3. What do you think are the biggest health problems in your community?
4. What are some of the challenges that you face when accessing healthcare?
5. What are some reasons why people in this community might get a physical every year? What are some reasons why people in this community might not get a physical every year?
6. Tell me about your experience with Honor Community Health.
   a. Tell me about your experience with accessing services such as:
      i. Doctor/Primary Care
      ii. Dentist
      iii. Eye Doctor
      iv. Pain Management Services/Physical Therapy
   b. What other services have you had a hard time accessing?
7. In the last year, have you had to go to the emergency room because you couldn't go anywhere else to get care?
8. What do you like best about Honor Community Health?
9. How can existing services at Honor Community Health be improved?
10. What type of health services would you like to see at Honor Community Health in the future?

- Wrap Up

HISPANIC COMMUNITY MEMBER FOCUS GROUP GUIDE

Focus Group Schedule:

- Opening- have participants sign in and invite participants to get food
- Thank participants for coming
- Note that responses are voluntary and that responses will be recorded

Questions:

1. To start, tell me about your family and what types of health services your family needs?
2. What are the major worries that you and your family have in relation to health?
3. How do you pick a doctor? How do you decide when to go to the doctor, the hospital, or urgent care?
4. How would you describe the health services in Oakland County?
5. Are there appropriate services in respect to your culture? Have you sensed discrimination or mistreatment from a medical professional?
6. For what reason would you NOT go to the doctor to receive preventative care, for example, an annual exam?
7. For what reason does someone NOT go to the doctor when they are sick? 8. Have you had to go to the emergency room in place of a doctor's appointment? If you have, what happened and how did you decide to go to the emergency room?

- Wrap up- thank participants again
- Pass out gift cards

APPENDIX F:

IN-DEPTH INTERVIEW SCRIPTS

HOUSING SERVICES PROVIDER INTERVIEW GUIDE

Thank you for your time in speaking with me today. I have some questions to ask you about your health care experiences and this will help HCH improve their services.
Before we begin, I want to go over a few things with you.

- Confidentiality
  - All of your answers will be de-identified meaning that your name will not be attached to your answers.
  - Please share as you feel comfortable, but nothing overtly identifying
- I will be taking notes to capture your overall thoughts and feelings to share information with HCH to improve practices. I will not share your name or identifying information.
- Both positive and negative points of view are valuable
- Interviewer (me) is neutral (my feelings are not hurt by any comments)
- The interview will take about 20 minutes
- Any questions?

Key questions (to be tailored if a single person or family):

1. Tell me about the kinds of health services that your clients and their families need?
2. What are major worries that your clients have in relation to their health and their family members' health?
3. Are your clients able to get the preventive services that they need, like yearly physicals, dental care, etc.?
   a. And how about specific care needs like access to special medications or specific care around their health needs?
4. What sorts of challenges do your clients face when accessing healthcare? [major barriers including financial, transportation, general access, finding the right doctor, other SDOH-related issues etc.]
5. What sorts of challenges, if any, do your clients have in following medical advice or following their care plans? [specific needs, access, costs, patient/doctor relations]
6. How would you describe health resources in the community?
   a. What are things in the community help your clients to be healthy?
   b. What things in the community make it hard for your clients to be healthy?
7. Please describe any existing problems in the coordination and delivery of health and/or housing services.
   a. What makes it difficult to house every unhoused person in Oakland County?
8. What, if any, valuable local services are underfunded?
9. What are existing and upcoming funding priorities related to housing and health services?
   a. How do you expect those funding priorities to impact unhoused individuals in Oakland County?
10. If you're able to speak to this, how has COVID-19 changed the funding for, coordination, and delivery of housing services?
    a. How do you expect this to change over the rest of the fiscal year and beyond into 2022?
11. Tell me about any clients' experiences you know of specifically with HCH. [in accessing care with a doctor/primary care, dentist, physical therapy, behavioral health, or other special services]
    a. How do your clients feel about telehealth services at HCH? Have your clients been able to access the care they needed during the pandemic? Has COVID-19 changed how your clients have sought health care?
    b. What have been your clients' experiences accessing mental or behavioral health services at HCH (or in general)?
12. What do you like best about the services and care at HCH?
13. What improvements in service delivery would be helpful at HCH?
14. What additional services would be helpful in your community, and specifically at HCH? [including medical, behavioral, or other SDOH-type needs]
15. What would need to change for individuals who are or have experienced homelessness to have the opportunity to be healthy as those who are stably housed?

Demographic questions:

- age
- gender
- employment status
- race
- household income
- healthcare coverage
- disability status
- housing status

PATIENT INTERVIEW GUIDE

Interview script: Hi, I'm _____ and I'm working with Honor Community Health to do their Community Health Needs Assessment. I'm contacting you today, because you expressed interest in participating in a virtual interview. Is now a good time to talk?

Thank you for your time in speaking with me today. I have some questions to ask you about your health care experiences and this will help HCH improve their services.
Before we begin, I want to go over a few things with you.

- Confidentiality
  - All of your answers will be de-identified meaning that your name will not be attached to your answers.
  - Please share as you feel comfortable, but nothing overtly identifying
- I will be taking notes to capture your overall thoughts and feelings to share information with HCH to improve practices. I will not share your name or identifying information.
- Both positive and negative points of view are valuable
- Interviewer (me) is neutral (my feelings are not hurt by any comments)
- The interview will take about 20 minutes
- Any questions?

Key questions (to be tailored if a single person or family):

1. Tell me about the kinds of health services that you and your family need. (this would probably tell us what group they are in)
   a. What about the health needs of people who are in a similar situation as you? What kinds of services do you think people need?
2. What are major worries that you and your family have in relation to your health and your family members' health?
   a. What are the major worries that you have about your health (after the birth, your baby's health, your HIV+ status, the treatments you need, etc.)?
3. Are you able to get the preventive services that you need, like yearly physicals, dental care, etc.?
   a. And how about specific care needs like access to special medications or specific care around your health needs (post partum, HIV+ status, homelessness)?
4. What sorts of challenges do you face when accessing healthcare? [major barriers including financial, transportation, general access, finding the right doctor, other SDOH-related issues etc.]
5. What sorts of challenges, if any, do you have in following medical advice or following your care plan? [specific needs, access, costs, patient/doctor relations]
6. How would you describe health resources in your community?
   a. What are things around you that help you be healthy?
   b. What things around you make it hard to be healthy?
7. Tell me about your experiences specifically with HCH. [in accessing care with a doctor/primary care, dentist, physical therapy, behavioral health, or other special services]
   a. Have you used telehealth services at HCH? If so, how did you feel about the services you received?

    b. Have you ever tried to access mental or behavioral health services? If so, what was your experience?
8. What do you like best about the services and care you receive through HCH?
9. What improvements in service delivery would be helpful at HCH?
10. What additional services would be helpful in your community, and specifically at HCH? [including medical, behavioral, or other SDOH-type needs]
11. Some people have more opportunities than others. In an ideal world, what would need to change in order for everyone to have the opportunity to be healthy?
    a. Given that the survival and health of mothers and infants is not equal among races, what do you think needs to change for all mothers and babies to have the opportunity to live and be healthy?
    b. What do you think needs to change for people living with HIV to have an equal opportunity to be healthy?
    c. What would need to change for everyone who is homeless to have the same opportunity to be healthy as everyone else?

Other demographic questions to ask (age, employment status, race, household income, healthcare coverage, disability status, housing status)

APPENDIX G:

PATIENT SATISFACTION SURVEY RESULTS 2021

MEDICAL PATIENT RESULTS

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	0-12	13-19	20-29	30-39	40-49	50-64	65+
1. Patient Information											
Patient's age	Aggregated Data Nov 2019 to	15031	0.00		14.2%	8.9%	14.1%	15.6%	14.5%	22.1%	10.6%
	Oct 2020	227	0.00		1.3%	5.3%	16.7%	18.1%	28.6%	26.0%	4.0%
	Honor 0121	67	0.00		4.5%	11.9%	19.4%	16.4%	22.4%	25.4%	0.0%
	Family Medicine Center	22	0.00		0.0%	9.1%	18.2%	13.6%	36.4%	22.7%	0.0%
	Orchard Lake Center	20	0.00		0.0%	0.0%	5.0%	5.0%	25.0%	60.0%	5.0%
	Summit Center	74	0.00		0.0%	0.0%	16.2%	25.7%	40.5%	16.2%	1.4%
	Plum Hollow Center	42	0.00		0.0%	4.8%	19.0%	14.3%	16.7%	28.6%	16.7%
	Baldwin Family Medical Center										

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Male	Female	Do not identify as male or female				
Patient's gender	Aggregated Data Nov 2019 to	14474	0.00		35.6%	64.0%	0.4%				
	Oct 2020	208	0.00		45.2%	53.8%	1.0%				
	Honor 0121	59	0.00		33.9%	64.4%	1.7%				
	Family Medicine Center	22	0.00		22.7%	77.3%	0.0%				
	Orchard Lake Center	17	0.00		58.8%	41.2%	0.0%				
	Summit Center	71	0.00		66.2%	32.4%	1.4%				
	Plum Hollow Center	37	0.00		32.4%	67.6%	0.0%				
	Baldwin Family Medical Center										

Questions	Data Filter	Count	Mean	M ɔan ɓs a ɔerc ent o ɔos sibl sco re 0 2 0 4 0 6 0 8 0100	Yes, Hispani c or Latino	No, not Hispani c or Latino					
Do you consider yourself Hispanic or Latino?	Aggregated Data Nov 2019 to	13376	0.00		22.5%	77.5%					
	Oct 2020	202	0.00		20.3%	79.7%					
	Honor 0121	57	0.00		36.8%	63.2%					
	Family Medicine Center	21	0.00		47.6%	52.4%					
	Orchard Lake Center	17	0.00		23.5%	76.5%					
	Summit Center	70	0.00		0.0%	100.0					
	Plum Hollow Center	36	0.00		16.7%	83.3%					
	Baldwin Family Medical Center										

Questions	Data Filter	Count	Mean	M ɔan ɓs a ɔerc ent o ɔos sibl sco re 0 2 0 4 0 6 0 8 0100	Very Good	Good	Fair	Poor			
How would you rate your general health?	Aggregated Data Nov 2019 to	14908	2.95		26.4%	45.6%	24.0%	3.9%			
	Oct 2020	217	2.66		11.5%	51.2%	29.0%	8.3%			
	Honor 0121	59	2.75		15.3%	52.5%	23.7%	8.5%			
	Family Medicine Center	21	2.90		19.0%	57.1%	19.0%	4.8%			
					4.8%	61.9%	23.8%	9.5%			

	Orchard Lake Center	21	2.62		11.0%	50.7%	27.4%	11.0%			
	Summit Center	73	2.62		4.8%	42.9%	47.6%	4.8%			
	Plum Hollow Center	42	2.48								
	Baldwin Family Medical Center										
2. Ease of Getting Care											
Able to get appointment for checkups (yearly exams, well-visits, regular follow-up visits)	Aggregated Data Nov 2019 to Oct 2020	15102	3.46		55.8%	35.8%	7.4%	1.1%			
	Honor 0121	218	3.12		33.9%	46.8%	16.5%	2.8%			
	Family Medicine Center	63	3.24		47.6%	31.7%	17.5%	3.2%			
	Orchard Lake Center	22	3.18		36.4%	50.0%	9.1%	4.5%			
	Summit Center	21	3.38		47.6%	42.9%	9.5%	0.0%			
	Plum Hollow Center	72	3.00		31.9%	40.3%	23.6%	4.2%			
	Baldwin Family Medical Center	38	2.95		5.3%	84.2%	10.5%	0.0%			
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor	N/A		
Able to make same-day appointment when sick or hurt	Aggregated Data Nov 2019 to Oct 2020	14707	3.19		39.7%	33.2%	13.5%	4.5%	9.2%		
	Honor 0121	201	2.91		24.9%	40.3%	22.4%	5.5%	7.0%		
	Family Medicine Center	57	2.92		28.1%	29.8%	21.1%	7.0%	14.0%		
	Orchard Lake Center	23	2.84		21.7%	34.8%	17.4%	8.7%	17.4%		
	Summit Center	19	2.94		26.3%	31.6%	31.6%	0.0%	10.5%		
	Plum Hollow Center	72	2.92		29.2%	38.9%	26.4%	5.6%	0.0%		
	Baldwin Family Medical Center	28	2.93		7.1%	78.6%	14.3%	0.0%	0.0%		

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor			
Health center hours work for me	Aggregated Data Nov 2019 to Oct 2020	14975	3.50		57.8%	34.7%	6.7%	0.8%			
	Honor 0121	213	3.15		34.3%	48.4%	16.0%	1.4%			
	Family Medicine Center	59	3.32		50.8%	32.2%	15.3%	1.7%			
	Orchard Lake Center	22	3.27		36.4%	54.5%	9.1%	0.0%			
	Summit Center	20	3.30		40.0%	50.0%	10.0%	0.0%			
	Plum Hollow Center	73	3.00		31.5%	39.7%	26.0%	2.7%			
	Baldwin Family Medical Center	37	3.03		8.1%	86.5%	5.4%	0.0%			
Phone calls get through easily	Aggregated Data Nov 2019 to Oct 2020	14784	3.23		47.4%	34.0%	13.3%	5.4%			
	Honor 0121	213	2.79		31.0%	30.0%	26.3%	12.7%			
	Family Medicine Center	59	3.15		44.1%	32.2%	18.6%	5.1%			
	Orchard Lake Center	22	3.09		45.5%	31.8%	9.1%	13.6%			
	Summit Center	20	3.05		40.0%	30.0%	25.0%	5.0%			
	Plum Hollow Center	73	2.81		26.0%	35.6%	31.5%	6.8%			
	Baldwin Family Medical Center	37	1.84		5.4%	13.5%	40.5%	40.5%			
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor	N/A		

I get called back quickly	Aggregated Data Nov 2019 to	14933	3.14		40.0%	34.8%	16.1%	5.2%	3.9%		
	Oct 2020	213	2.93		27.7%	39.4%	27.2%	3.8%	1.9%		
	Honor 0121	56	2.89		35.7%	23.2%	28.6%	8.9%	3.6%		
	Family Medicine Center	22	3.20		45.5%	22.7%	18.2%	4.5%	9.1%		
	Orchard Lake Center	21	3.10		42.9%	28.6%	23.8%	4.8%	0.0%		
	Summit Center	73	2.93		24.7%	45.2%	28.8%	1.4%	0.0%		
	Plum Hollow Center	39	2.74		5.1%	64.1%	30.8%	0.0%	0.0%		
	Baldwin Family Medical Center										
Able to get medical advice when the office is closed	Aggregated Data Nov 2019 to	14360	3.05		28.5%	27.7%	14.0%	5.4%	24.5%		
	Oct 2020	194	2.72		17.5%	36.1%	20.6%	10.3%	15.5%		
	Honor 0121	57	2.80		21.1%	21.1%	21.1%	7.0%	29.8%		
	Family Medicine Center	21	2.67		9.5%	28.6%	9.5%	9.5%	42.9%		
	Orchard Lake Center	19	2.38		10.5%	26.3%	31.6%	15.8%	15.8%		
	Summit Center	73	2.73		23.3%	41.1%	20.5%	15.1%	0.0%		
	Plum Hollow Center	22	2.86		4.5%	72.7%	18.2%	0.0%	4.5%		
	Baldwin Family Medical Center										
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor			
Length of time waiting at the clinic	Aggregated Data Nov 2019 to	14771	3.12		38.1%	40.2%	17.4%	4.3%			
	Oct 2020	212	3.06		31.1%	46.7%	19.3%	2.8%			
	Honor 0121	58	2.86		31.0%	29.3%	34.5%	5.2%			
	Family Medicine Center	23	3.04		34.8%	43.5%	13.0%	8.7%			
	Orchard Lake Center	22	3.14		36.4%	45.5%	13.6%	4.5%			
	Summit Center	72	3.35		41.7%	51.4%	6.9%	0.0%			
	Plum Hollow Center	35	2.74		2.9%	68.6%	28.6%	0.0%			
	Baldwin Family Medical Center										
3. Facility											
Easy to find clinic	Aggregated Data Nov 2019 to	14941	3.66		70.0%	26.7%	2.8%	0.4%			
	Oct 2020	210	3.41		47.1%	47.1%	5.7%	0.0%			
	Honor 0121	60	3.58		66.7%	25.0%	8.3%	0.0%			
	Family Medicine Center	20	3.45		60.0%	25.0%	15.0%	0.0%			
	Orchard Lake Center	20	3.35		40.0%	55.0%	5.0%	0.0%			
	Summit Center	71	3.37		40.8%	54.9%	4.2%	0.0%			
	Plum Hollow Center	37	3.22		21.6%	78.4%	0.0%	0.0%			
	Baldwin Family Medical Center										
Lobby and waiting room was comfortable and clean	Aggregated Data Nov 2019 to	14713	3.66		70.5%	25.7%	3.2%	0.5%			
	Oct 2020	202	3.47		52.5%	42.1%	5.4%	0.0%			
	Honor 0121	56	3.70		75.0%	19.6%	5.4%	0.0%			
	Family Medicine Center	20	3.55		65.0%	25.0%	10.0%	0.0%			
	Orchard Lake Center	20	3.45		55.0%	35.0%	10.0%	0.0%			
	Summit Center	71	3.34		39.4%	54.9%	5.6%	0.0%			
	Plum Hollow Center	33	3.30		30.3%	69.7%	0.0%	0.0%			
	Baldwin Family Medical Center										

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor			
3. Facility (Cont'd)											

Exam room was comfortable and clean	Aggregated Data Nov 2019 to	14767	3.69		72.1%	24.9%	2.7%	0.4%			
	Oct 2020	201	3.50		54.2%	41.8%	4.0%	0.0%			
	Honor 0121	58	3.71		72.4%	25.9%	1.7%	0.0%			
	Family Medicine Center	20	3.70		80.0%	10.0%	10.0%	0.0%			
	Orchard Lake Center	20	3.50		60.0%	30.0%	10.0%	0.0%			
	Summit Center	72	3.32		36.1%	59.7%	4.2%	0.0%			
	Plum Hollow Center	29	3.38		37.9%	62.1%	0.0%	0.0%			
	Baldwin Family Medical Center										
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor	N/A		
Handicap accessibility	Aggregated Data Nov 2019 to	14352	3.61		52.2%	22.6%	3.1%	0.6%	21.4%		
	Oct 2020	202	3.35		38.6%	36.1%	6.9%	1.5%	16.8%		
	Honor 0121	57	3.22		38.6%	14.0%	15.8%	3.5%	28.1%		
	Family Medicine Center	20	3.50		55.0%	15.0%	5.0%	5.0%	20.0%		
	Orchard Lake Center	20	3.31		30.0%	45.0%	5.0%	0.0%	20.0%		
	Summit Center	72	3.39		36.1%	47.2%	2.8%	0.0%	13.9%		
	Plum Hollow Center	31	3.32		35.5%	61.3%	3.2%	0.0%	0.0%		
	Baldwin Family Medical Center										
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor			
4. Front Desk											
Friendly and helpful to you	Aggregated Data Nov 2019 to	14929	3.71		75.4%	21.3%	2.7%	0.6%			
	Oct 2020	213	3.44		53.5%	38.0%	7.0%	1.4%			
	Honor 0121	60	3.63		76.7%	13.3%	6.7%	3.3%			
	Family Medicine Center	22	3.86		90.9%	4.5%	4.5%	0.0%			
	Orchard Lake Center	20	3.60		65.0%	30.0%	5.0%	0.0%			
	Summit Center	72	3.18		30.6%	58.3%	9.7%	1.4%			
	Plum Hollow Center	37	3.27		32.4%	62.2%	5.4%	0.0%			
	Baldwin Family Medical Center										
5. Nurses and Medical Assistants											
Listens to you	Aggregated Data Nov 2019 to	15048	3.71		74.2%	22.7%	2.7%	0.4%			
	Oct 2020	208	3.45		52.9%	39.4%	7.2%	0.5%			
	Honor 0121	60	3.63		70.0%	25.0%	3.3%	1.7%			
	Family Medicine Center	22	3.86		90.9%	4.5%	4.5%	0.0%			
	Orchard Lake Center	20	3.55		60.0%	35.0%	5.0%	0.0%			
	Summit Center	72	3.21		31.9%	56.9%	11.1%	0.0%			
	Plum Hollow Center	32	3.25		34.4%	56.3%	9.4%	0.0%			
	Baldwin Family Medical Center										
Friendly and helpful to you	Aggregated Data Nov 2019 to	14557	3.72		75.3%	21.9%	2.4%	0.5%			
	Oct 2020	198	3.46		53.5%	39.9%	6.1%	0.5%			
	Honor 0121	60	3.60		70.0%	21.7%	6.7%	1.7%			
	Family Medicine Center	21	3.86		90.5%	4.8%	4.8%	0.0%			
	Orchard Lake Center	19	3.58		63.2%	31.6%	5.3%	0.0%			
	Summit Center	72	3.24		31.9%	59.7%	8.3%	0.0%			
	Plum Hollow Center	24	3.33		33.3%	66.7%	0.0%	0.0%			
	Baldwin Family Medical Center										
		14913					2.7%	0.4%			

Answers your questions	Aggregated Data Nov 2019 to Oct 2020	205	3.70		73.6%	23.2%	8.8%	1.0%			
	Honor 0121	60	3.40		51.2%	39.0%	11.7%	0.0%			
	Family Medicine Center	22	3.55		66.7%	21.7%	4.5%	0.0%			
	Orchard Lake Center	19	3.73		77.3%	18.2%	5.3%	0.0%			
	Summit Center	73	3.53		57.9%	36.8%	9.6%	1.4%			
	Plum Hollow Center	29	3.19		31.5%	57.5%	6.9%	0.0%			
	Baldwin Family Medical Center		3.38		44.8%	48.3%					
6. Provider(s)											
Listens to you	Aggregated Data Nov 2019 to Oct 2020	14611	3.72		75.1%	22.2%	2.4%	0.3%			
	Honor 0121	206	3.46		53.9%	37.9%	8.3%	0.0%			
	Family Medicine Center	65	3.54		64.6%	24.6%	10.8%	0.0%			
	Orchard Lake Center	20	3.65		75.0%	15.0%	10.0%	0.0%			
	Summit Center	19	3.63		68.4%	26.3%	5.3%	0.0%			
	Plum Hollow Center	73	3.42		50.7%	41.1%	8.2%	0.0%			
	Baldwin Family Medical Center	27	3.07		11.1%	85.2%	3.7%	0.0%			

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Very Good	Good	Fair	Poor			
6. Provider(s) (Cont'd)											
Spends enough time with you	Aggregated Data Nov 2019 to Oct 2020	14387	3.65		69.6%	26.3%	3.5%	0.5%			
	Honor 0121	201	3.44		53.7%	36.8%	9.0%	0.5%			
	Family Medicine Center	63	3.46		61.9%	22.2%	15.9%	0.0%			
	Orchard Lake Center	20	3.80		85.0%	10.0%	5.0%	0.0%			
	Summit Center	20	3.50		55.0%	40.0%	5.0%	0.0%			
	Plum Hollow Center	73	3.38		46.6%	46.6%	5.5%	1.4%			
	Baldwin Family Medical Center	23	3.17		26.1%	65.2%	8.7%	0.0%			
Answers your questions	Aggregated Data Nov 2019 to Oct 2020	14490	3.70		73.1%	23.8%	2.7%	0.4%			
	Honor 0121	202	3.45		54.0%	37.1%	8.9%	0.0%			
	Family Medicine Center	60	3.55		65.0%	25.0%	10.0%	0.0%			
	Orchard Lake Center	20	3.75		85.0%	5.0%	10.0%	0.0%			
	Summit Center	19	3.63		68.4%	26.3%	5.3%	0.0%			
	Plum Hollow Center	74	3.43		48.6%	45.9%	5.4%	0.0%			
	Baldwin Family Medical Center	27	2.93		11.1%	70.4%	18.5%	0.0%			
Friendly and helpful to you	Aggregated Data Nov 2019 to Oct 2020	14359	3.72		75.3%	22.1%	2.2%	0.4%			
	Honor 0121	198	3.49		56.1%	37.9%	5.6%	0.5%			
	Family Medicine Center	61	3.54		65.6%	24.6%	8.2%	1.6%			
	Orchard Lake Center	20	3.80		85.0%	10.0%	5.0%	0.0%			
	Summit Center	19	3.63		68.4%	26.3%	5.3%	0.0%			
	Plum Hollow Center	73	3.48		50.7%	46.6%	2.7%	0.0%			
	Baldwin Family Medical Center	23	3.04		13.0%	78.3%	8.7%	0.0%			
		14451					2.4%	0.4%			

Gives you information you can understand	Aggregated Data Nov 2019 to	201	3.70		73.5%	23.7%	10.0%	1.0%			
	Oct 2020	63	3.42		54.2%	34.8%	9.5%	3.2%			
	Honor 0121	20	3.49		65.1%	22.2%	5.0%	0.0%			
	Family Medicine Center	19	3.75		80.0%	15.0%	5.3%	0.0%			
	Orchard Lake Center	72	3.63		68.4%	26.3%	6.9%	0.0%			
	Summit Center	25	3.42		48.6%	44.4%	28.0%	0.0%			
	Plum Hollow Center		2.84		12.0%	60.0%					
	Baldwin Family Medical Center										
Considers your personal or family beliefs	Aggregated Data Nov 2019 to	14209	3.65		69.6%	26.7%	3.0%	0.7%			
	Oct 2020	184	3.43		53.8%	38.0%	5.4%	2.7%			
	Honor 0121	59	3.37		59.3%	25.4%	8.5%	6.8%			
	Family Medicine Center	20	3.75		80.0%	15.0%	5.0%	0.0%			
	Orchard Lake Center	19	3.47		52.6%	42.1%	5.3%	0.0%			
	Summit Center	73	3.42		47.9%	47.9%	2.7%	1.4%			
	Plum Hollow Center	11	3.09		18.2%	72.7%	9.1%	0.0%			
	Baldwin Family Medical Center										
Gives you good advice and treatment	Aggregated Data Nov 2019 to	14226	3.70		73.3%	23.7%	2.5%	0.4%			
	Oct 2020	191	3.46		53.4%	40.3%	5.2%	1.0%			
	Honor 0121	59	3.54		66.1%	23.7%	8.5%	1.7%			
	Family Medicine Center	19	3.79		78.9%	21.1%	0.0%	0.0%			
	Orchard Lake Center	17	3.47		52.9%	41.2%	5.9%	0.0%			
	Summit Center	74	3.41		48.6%	44.6%	5.4%	1.4%			
	Plum Hollow Center	20	3.10		10.0%	90.0%	0.0%	0.0%			
	Baldwin Family Medical Center										
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 0 20 40 60 80100	Yes	No	N/A				
7. Experience with Today's Visit											
My provider and my other doctors/caregivers share information about my care.	Aggregated Data Nov 2019 to	13846	1.92		75.6%	6.2%	18.2%				
	Oct 2020	175	1.92		79.4%	6.9%	13.7%				
	Honor 0121	56	1.85		62.5%	10.7%	26.8%				
	Family Medicine Center	17	1.90		52.9%	5.9%	41.2%				
	Orchard Lake Center	18	1.94		94.4%	5.6%	0.0%				
	Summit Center	74	1.97		94.6%	2.7%	2.7%				
	Plum Hollow Center	8	1.75		75.0%	25.0%	0.0%				
	Baldwin Family Medical Center										

Questions	Data Filter	Count	Mean	Mean as a percent of possible score 20 40 60 80100	Yes	No	N/A				
7. Experience with Today's Visit (Cont'd)											
Did anyone ask if you have problems with the medicine you take?	Aggregated Data Nov 2019 to	13945	1.81		69.1%	15.8%	15.1%				
	Oct 2020	177	1.83		77.4%	16.4%	6.2%				
	Honor 0121	55	1.54		45.5%	38.2%	16.4%				
	Family Medicine Center	18	1.94		83.3%	5.6%	11.1%				
	Orchard Lake Center	17	1.76		76.5%	23.5%	0.0%				
	Summit Center	73	1.99		98.6%	1.4%	0.0%				
	Plum Hollow Center	12	1.92		91.7%	8.3%	0.0%				
	Baldwin Family Medical Center										

Do you have problems getting your medicine? (transportation, pharmacy hours or cost)	Aggregated Data Nov 2019 to Oct 2020 Honor 0121 Family Medicine Center Orchard Lake Center Summit Center Plum Hollow Center Baldwin Family Medical Center	14247 180 59 18 18 74 9	1.77 1.49 1.76 1.88 1.89 1.11 1.67		20.5% 47.8% 20.3% 11.1% 11.1% 89.2% 33.3%	69.4% 46.1% 64.4% 77.8% 88.9% 10.8% 66.7%	10.1% 6.1% 15.3% 11.1% 0.0% 0.0% 0.0%				
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 20 40 60 80100	Yes	No					
Did someone talk with you about your goals for your health?	Aggregated Data Nov 2019 to Oct 2020 Honor 0121 Family Medicine Center Orchard Lake Center Summit Center Plum Hollow Center Baldwin Family Medical Center	13756 177 54 17 17 73 14	1.77 1.78 1.57 1.76 1.71 1.97 1.71		77.0% 78.0% 57.4% 76.5% 70.6% 97.3% 71.4%	23.0% 22.0% 42.6% 23.5% 29.4% 2.7% 28.6%					
Questions	Data Filter	Count	Mean	M ɔan ɓs a ɔerc ent o ɔos sibl sco re 2 04 06 08 0100	Yes	No	N/A				
Did you get a copy of your care plan?	Aggregated Data Nov 2019 to Oct 2020 Honor 0121 Family Medicine Center Orchard Lake Center Summit Center Plum Hollow Center Baldwin Family Medical Center	13890 177 55 16 18 74 12	1.79 1.68 1.50 1.55 1.63 1.84 1.42		67.8% 59.9% 38.2% 37.5% 55.6% 83.8% 41.7%	18.0% 28.8% 38.2% 31.3% 33.3% 16.2% 58.3%	14.2% 11.3% 23.6% 31.3% 11.1% 0.0% 0.0%				
Questions	Data Filter	Count	Mean	M ɔan ɓs a ɔerc ent o ɔos sibl sco re 2 04 06 08 0100	Yes	No					
Were you asked if you had visits with other healthcare providers since your last visit with us?	Aggregated Data Nov 2019 to Oct 2020 Honor 0121 Family Medicine Center Orchard Lake Center Summit Center Plum Hollow Center Baldwin Family Medical Center	13645 180 53 17 17 73 18	1.70 1.79 1.47 1.82 1.76 1.99 1.94		69.9% 79.4% 47.2% 82.4% 76.5% 98.6% 94.4%	30.1% 20.6% 52.8% 17.6% 23.5% 1.4% 5.6%					
Questions	Data Filter	Count	Mean	M ɔan ɓs a ɔerc ent o ɔos sibl sco re 2 04 06 08 0100	Yes	No	N/A				
Were you helped with making appointments to see other providers for specialty care?	Aggregated Data Nov 2019 to Oct 2020 Honor 0121 Family Medicine Center Orchard Lake Center Summit Center Plum Hollow Center Baldwin Family Medical Center	13938 184 55 16 18 72 21	1.85 1.87 1.67 1.77 1.87 1.97 2.00		64.2% 76.6% 50.9% 62.5% 72.2% 94.4% 100.0	11.5% 12.0% 25.5% 18.8% 11.1% 2.8% 0.0%	24.3% 11.4% 23.6% 18.8% 16.7% 2.8% 0.0%				
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 20 40 60 80100	Yes	No					

8. General											
Do you see the same provider for most of your medical visits at this clinic?	Aggregated Data Nov 2019 to Oct 2020	14123	1.89		89.0%	11.0%					
	Honor 0121	185	1.82		82.2%	17.8%					
	Family Medicine Center	59	1.66		66.1%	33.9%					
	Orchard Lake Center	18	2.00		100.0	0.0%					
	Summit Center	17	1.76		76.5%	23.5%					
	Plum Hollow Center	74	1.89		89.2%	10.8%					
	Baldwin Family Medical Center	15	2.00		100.0	0.0%					
Questions	Data Filter	Count	Mean	Mean as a percent of possible score 20 40 60 80100	Yes	No	N/A				
You may need community services that we do not provide. (such as food pantry or housing) Have we helped you connect to those services?	Aggregated Data Nov 2019 to Oct 2020	14007	1.53		30.1%	27.2%	42.7%				
	Honor 0121	171	1.70		55.6%	24.0%	20.5%				
	Family Medicine Center	57	1.36		22.8%	40.4%	36.8%				
	Orchard Lake Center	17	1.44		23.5%	29.4%	47.1%				
	Summit Center	17	1.58		41.2%	29.4%	29.4%				
	Plum Hollow Center	73	1.93		91.8%	6.8%	1.4%				
	Baldwin Family Medical Center	5	1.80		80.0%	20.0%	0.0%				
Questions	Data Filter	Count	Mean	M an bs a erc ent o oos sibl sco re 2 04 06 08 0100	Yes	No					
Do you feel that we help you to make healthy lifestyle choices?	Aggregated Data Nov 2019 to Oct 2020	14047	1.94		94.0%	6.0%					
	Honor 0121	182	1.92		91.8%	8.2%					
	Family Medicine Center	55	1.91		90.9%	9.1%					
	Orchard Lake Center	17	1.94		94.1%	5.9%					
	Summit Center	16	2.00		100.0	0.0%					
	Plum Hollow Center	74	1.99		98.6%	1.4%					
	Baldwin Family Medical Center	18	1.56		55.6%	44.4%					
Would you send your friends and family to us?	Aggregated Data Nov 2019 to Oct 2020	14007	1.97		97.4%	2.6%					
	Honor 0121	181	1.96		96.1%	3.9%					
	Family Medicine Center	61	1.89		88.5%	11.5%					
	Orchard Lake Center	18	2.00		100.0	0.0%					
	Summit Center	15	2.00		100.0	0.0%					
	Plum Hollow Center	73	2.00		100.0	0.0%					
	Baldwin Family Medical Center	12	2.00		100.0	0.0%					
Do you understand what we ask you to pay for your care?	Aggregated Data Nov 2019 to Oct 2020	13874	1.91		91.5%	8.5%					
	Honor 0121	172	1.93		93.0%	7.0%					
	Family Medicine Center	62	1.85		85.5%	14.5%					
	Orchard Lake Center	15	2.00		100.0	0.0%					
	Summit Center	16	1.88		87.5%	12.5%					
	Plum Hollow Center	73	1.99		98.6%	1.4%					
	Baldwin Family Medical Center	4	2.00		100.0	0.0%					
		14071									

Have you ever missed an appointment at this clinic because you did not have the money to pay?	Aggregated Data Nov 2019 to Oct 2020	172	1.22		22.1%	77.9%				
	Honor 0121	57	1.38		37.8%	62.2%				
	Family Medicine Center	18	1.19		19.3%	80.7%				
	Orchard Lake Center	15	1.11		11.1%	88.9%				
	Summit Center	73	1.13		13.3%	86.7%				
	Plum Hollow Center	7	1.64		64.4%	35.6%				
	Baldwin Family Medical Center		1.29		28.6%	71.4%				
Questions	Data Filter	Count	Mean	Mean as a percent score 0 20 40 60 80 100	Very Good	Good	Fair	Poor		
How would you rate your overall experience with this visit?	Aggregated Data Nov 2019 to Oct 2020	14117	3.68		71.7%	25.4%	2.5%	0.4%		
	Honor 0121	184	3.40		45.7%	50.0%	3.3%	1.1%		
	Family Medicine Center	58	3.50		62.1%	29.3%	5.2%	3.4%		
	Orchard Lake Center	18	3.78		77.8%	22.2%	0.0%	0.0%		
	Summit Center	17	3.65		64.7%	35.3%	0.0%	0.0%		
	Plum Hollow Center	73	3.23		27.4%	68.5%	4.1%	0.0%		
	Baldwin Family Medical Center	16	3.13		12.5%	87.5%	0.0%	0.0%		

Report Created on 2/15/21

DENTAL PATIENT RESULTS

1. Patient Information What is your age?

Response	Frequency	Percent	0 20 40 60 80 100
0-12	1	1.9%	
13-19	3	5.7%	
20-29	5	9.4%	
30-39	10	18.9%	
40-49	14	26.4%	
50-64	15	28.3%	
65+	5	9.4%	

What is your gender?

Response	Frequency	Percent	0 20 40 60 80 100
Male	13	52.0%	
Female	12	48.0%	

Transgender	0	0.0%

Response	Frequency	Percent
Yes, Hispanic or Latino	12	33.3%

Do you consider yourself Hispanic or Latino?

No, not Hispanic or Latino	**24**	**66.7%**

What is your race? (mark one or more)

Response	Frequency	Percent
Asian	1	2.5%
Black/African American	12	30.0%
White	28	70.0%
Native Hawaiian	0	0.0%
Other Pacific Islander	1	2.5%
American Indian/Alaskan Native	2	5.0%

Response	Frequency	Percent
Very Good	14	27.5%
Good	17	33.3%
Fair	14	27.5%

How would you rate your dental/oral health?

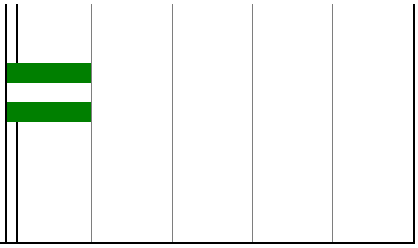
Poor	**6**	**11.8%**

2. Ease of Getting Care

Able to get appointment for checkups (yearly exams, and regular follow-up visits)

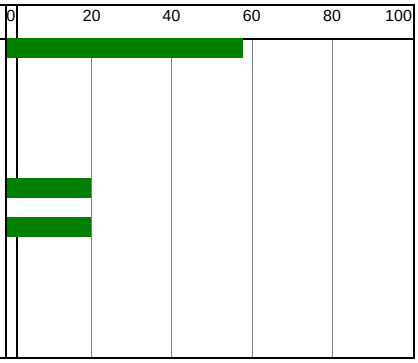
Response	Frequency	Percent
Very Good	27	52.9%

Good	17	33.3%
Fair	5	9.8%
Poor	2	3.9%



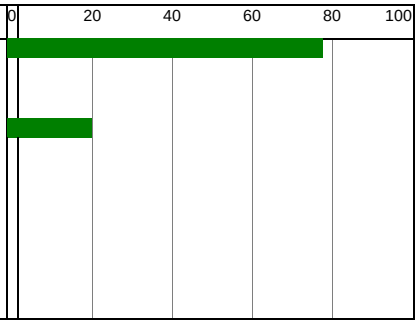
Able to make same day or next day appointment when you have a toothache

Response	Frequency	Percent
Very Good	26	52.0%
Good	16	32.0%
Fair	6	12.0%
Poor	2	4.0%



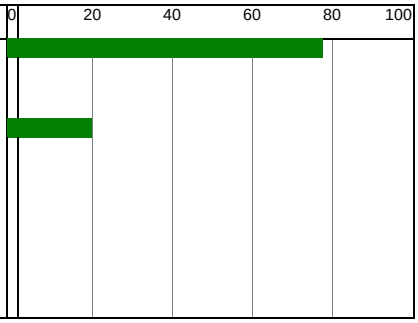
Dental clinic hours work for me

Response	Frequency	Percent
Very Good	35	67.3%
Good	15	28.8%
Fair	2	3.8%
Poor	0	0.0%



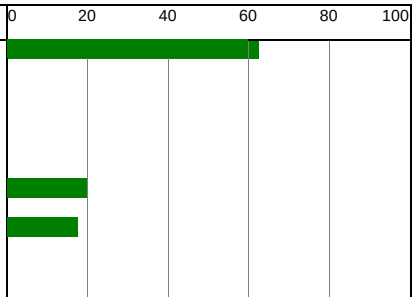
Phone calls get answered quickly

Response	Frequency	Percent
Very Good	33	63.5%
Good	15	28.8%
Fair	2	3.8%
Poor	2	3.8%



Phone calls returned same day

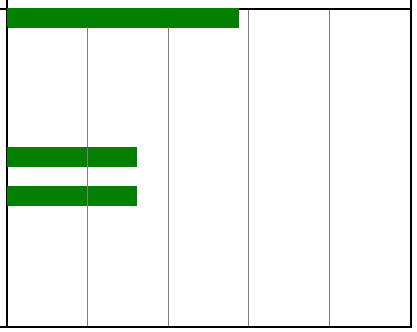
Response	Frequency	Percent
Very Good	30	58.8%
Good	16	31.4%
Fair	5	9.8%



Poor	0	0.0%

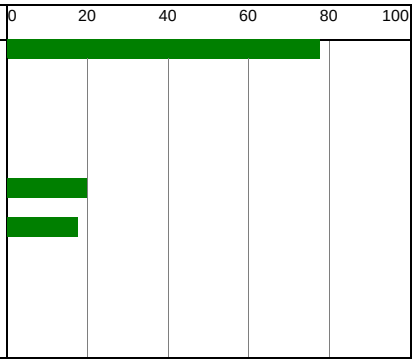
Able to get dental advice when the office is closed

Response	Frequency	Percent
Very Good	20	45.5%
Good	14	31.8%
Fair	10	22.7%
Poor	0	0.0%



Length of time waiting to be seen

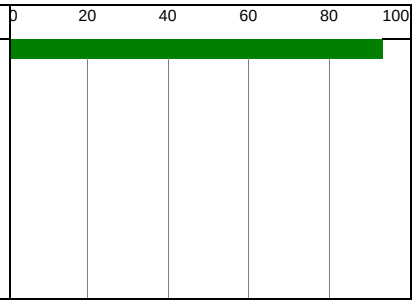
Response	Frequency	Percent
Very Good	32	62.7%
Good	15	29.4%
Fair	4	7.8%
Poor	0	0.0%



3. Facility

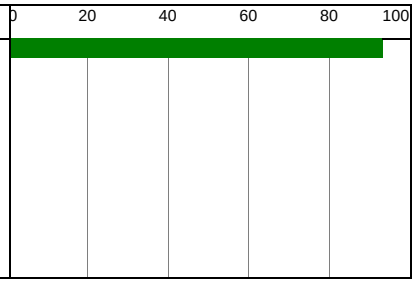
Easy to find dental clinic

Response	Frequency	Percent
Very Good	43	84.3%
Good	7	13.7%
Fair	1	2.0%
Poor	0	0.0%



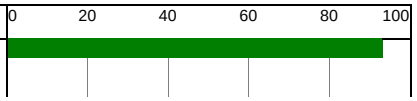
Lobby and waiting room were comfortable and clean

Response	Frequency	Percent
Very Good	47	90.4%
Good	4	7.7%
Fair	1	1.9%
Poor	0	0.0%



Exam room was comfortable and clean

Response	Frequency	Percent



Very Good	46	92.0%
Good	4	8.0%
Fair	0	0.0%
Poor	0	0.0%

Handicap accessibility

Response	Frequency	Percent
Very Good	42	84.0%
Good	6	12.0%
Fair	2	4.0%
Poor	0	0.0%

4. Front Desk

Friendly and helpful to you

Response	Frequency	Percent
Very Good	48	94.1%
Good	3	5.9%
Fair	0	0.0%
Poor	0	0.0%

5. Dental Assistant

Listens to you

Response	Frequency	Percent
Very Good	50	96.2%
Good	1	1.9%
Fair	1	1.9%
Poor	0	0.0%

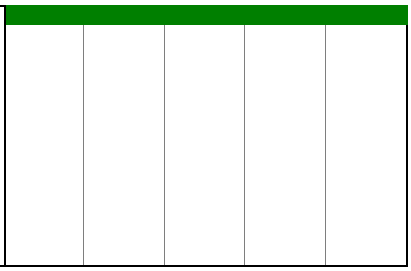
Friendly and helpful to you

Response	Frequency	Percent
Very Good	47	95.9%
Good	1	2.0%
Fair	1	2.0%
Poor	0	0.0%

Answers your questions

Response	Frequency	Percent

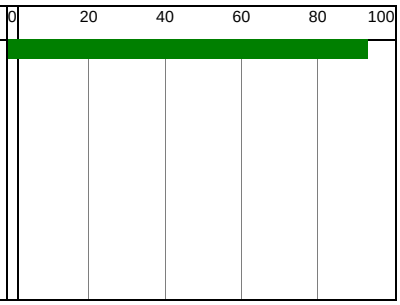
Very Good	49	96.1%
Good	1	2.0%
Fair	1	2.0%
Poor	0	0.0%



6. Dentist/ Hygienist

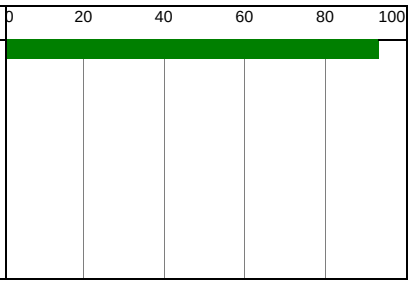
Listens to you

Response	Frequency	Percent
Very Good	49	94.2%
Good	2	3.8%
Fair	1	1.9%
Poor	0	0.0%



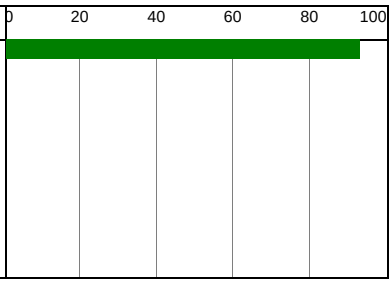
Spends enough time with you

Response	Frequency	Percent
Very Good	46	90.2%
Good	4	7.8%
Fair	1	2.0%
Poor	0	0.0%



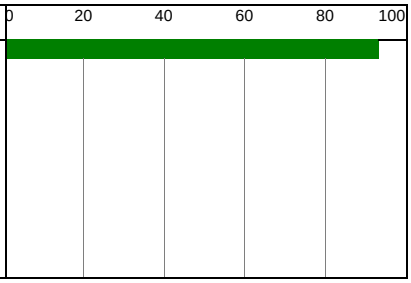
Answers your questions

Response	Frequency	Percent
Very Good	46	90.2%
Good	4	7.8%
Fair	1	2.0%
Poor	0	0.0%



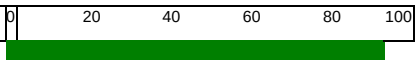
Friendly and helpful to you

Response	Frequency	Percent
Very Good	46	92.0%
Good	3	6.0%
Fair	1	2.0%
Poor	0	0.0%

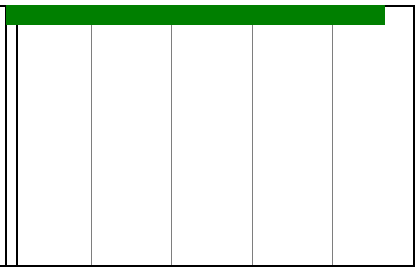


Gives you information you can understand

Response	Frequency	Percent

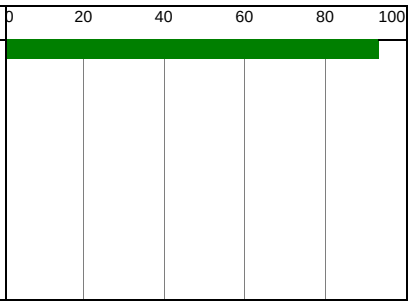


Very Good	48	92.3%
Good	2	3.8%
Fair	2	3.8%
Poor	0	0.0%



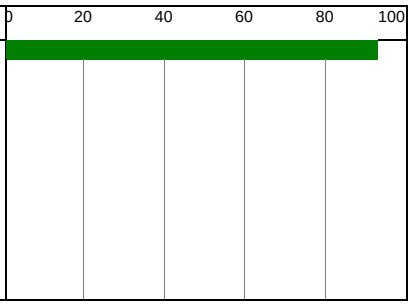
Considers your personal or family beliefs

Response	Frequency	Percent
Very Good	42	84.0%
Good	7	14.0%
Fair	1	2.0%
Poor	0	0.0%



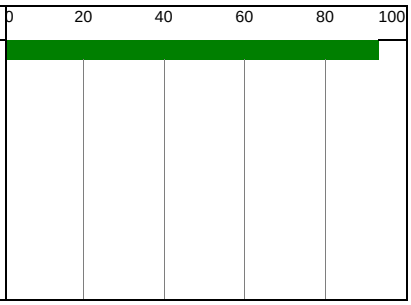
Involves other doctors and caregivers in your care when needed

Response	Frequency	Percent
Very Good	43	87.8%
Good	5	10.2%
Fair	1	2.0%
Poor	0	0.0%



Gives you good advice and treatment

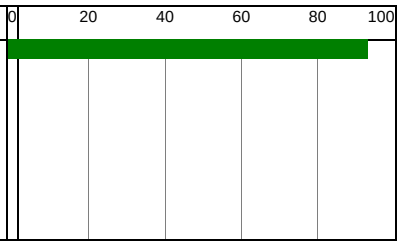
Response	Frequency	Percent
Very Good	44	86.3%
Good	6	11.8%
Fair	1	2.0%
Poor	0	0.0%



7. Experience with Today's Visit

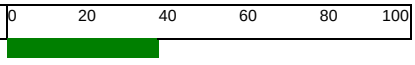
Did anyone ask if you have any health or dental problems?

Response	Frequency	Percent
Yes	48	92.3%
No	2	3.8%
Not Applicable	2	3.8%

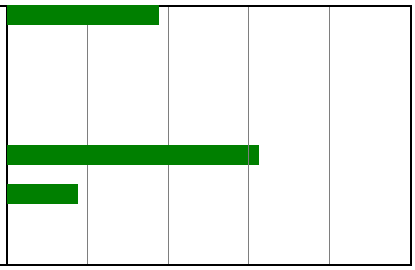


Do you have problems getting your medication? (transportation, or problems w/cost)

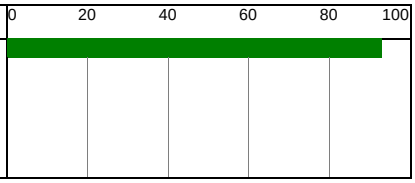
Response	Frequency	Percent



Yes	14	28.0%
No	31	62.0%
Not Applicable	5	10.0%



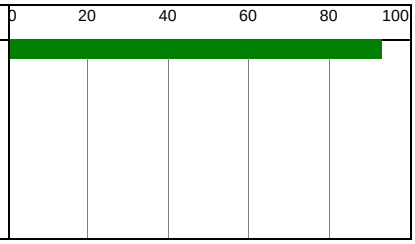
Response	Frequency	Percent
Yes	42	82.4%



Did someone talk to you about your goals for your oral health?

No **9** **17.6%**

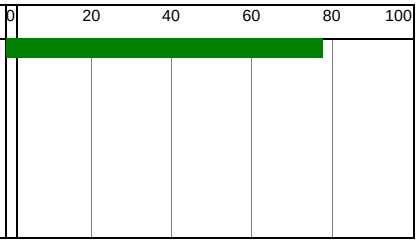
Response	Frequency	Percent
Yes	46	92.0%
No	1	2.0%



Did staff go over your dental treatment plan?

Not Applicable **3** **6.0%**

Response	Frequency	Percent
Yes	35	70.0%
No	2	4.0%

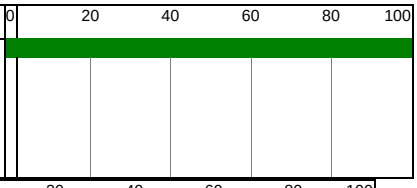


Were you helped with making appointments to see other providers or for specialty care?

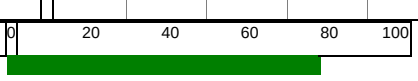
Not Applicable **13** **26.0%**

Did anyone ask if you have allergies?

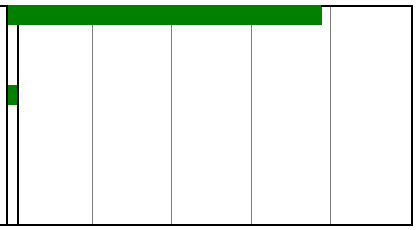
Response	Frequency	Percent
Yes	45	95.7%
No	2	4.3%



Response	Frequency	Percent

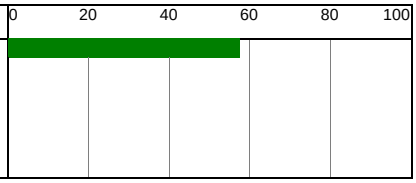


Yes No	39 9	78.0% 18.0%
Not Applicable	2	4.0%



8. General

Response	Frequency	Percent
Yes	24	49.0%

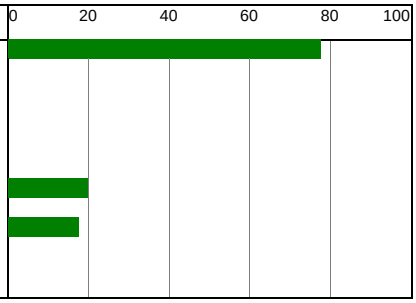


Have you ever been given information on what it means to have a "health home" or a "medical home"?

No **25** **51.0%**

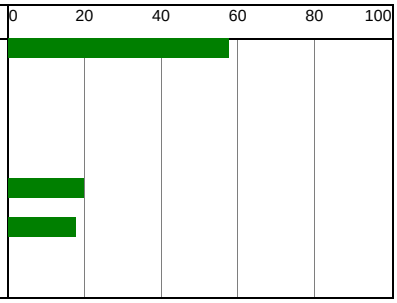
If yes, do you feel that we are your health/medical home?

Response	Frequency	Percent
Yes	30	66.7%
No	6	13.3%
Not Applicable	9	20.0%



You may need other services that we do not provide. Have we helped you find other services you need?

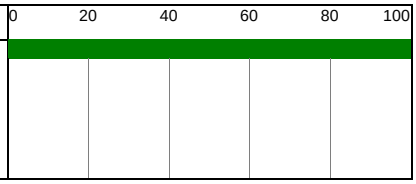
Response	Frequency	Percent
Yes	25	52.1%
No	8	16.7%
Not Applicable	15	31.3%



Do you feel that we help you to make healthy lifestyle choices?

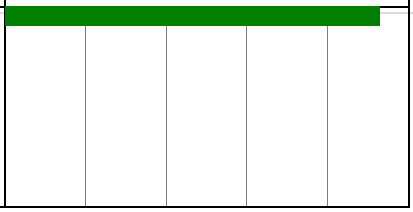
Would you send your friends and family to us?

Response	Frequency	Percent
Yes	50	100.0%
No	0	0.0%

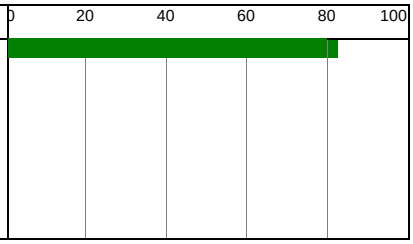


Do you understand what we ask you to pay for your care?

Response	Frequency	Percent
Yes	46	92.0%
No	0	0.0%
Not Applicable	**4**	**8.0%**



Response	Frequency	Percent
Yes	39	79.6%
No	1	2.0%
Not Applicable	**9**	**18.4%**



Do you feel what you pay is reasonable?

Reports Created on 2/16/2021