

**Delaware Federally Qualified Health Center /
Henrietta Johnson Medical Center
Market Research Study**

FINAL REPORT

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Submitted to:

The Delaware Health Care Commission

Submitted by:

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A. Background and Introduction

The primary goal of this project was to conduct primary and secondary market research that would allow the Delaware Health Care Commission (DHCC) and other stakeholders in the state to better understand the perceptions, attitudes, level of satisfaction/awareness, and behavioral propensities of individuals who are current users of federally qualified health center (FQHC) services and past users of FQHC services, as well as those who have never used FQHC services. The intent was that this information could then be used to assist DHCC and others to invest their limited resources to better position and grow Delaware's FQHCs in the current healthcare marketplace. More specifically, DHCC intended that the information from this study would assist them to better understand the attitudes and behaviors of current and potential FQHC users and their target populations so that they could 1) best target their resources to specific, high need populations, 2) promote the most effective outreach, education, and awareness programs, and 3) support general programmatic goals and efforts at the state's FQHCs.

In response to these goals, the DHCC funded John Snow, Inc to carry out a study that was conducted in the summer of 2006 using the Henrietta Johnson Medical Center (HJMC) and its patient-base as a proxy for FQHC-patients throughout the state. The study had three primary objectives. First, the Project Team set out to review existing secondary data on the demographic, socioeconomic, and health care access-related characteristics of HJMC's service area/target population and HJMC's current and former patients. Second, the Project Team organized three separate patient satisfaction and access to care survey projects targeting current HJMC patients, former HJMC patients, and those who have never been served at HJMC. Finally, the Project Team developed a market research and patient satisfaction assessment manual that could be used as a guide by other FQHCs in Delaware to carry out similar studies in the future.

The following is a listing of the major questions that the Project Team developed as a guide for data collection efforts. These questions will become the organizing framework for our discussion of findings below.

- Who does HJMC serve and how well does it reach out to its target population?
- From which geographic areas does HJMC draw most of its patients?
- Where do people in the community access health care services? Does the community face access barriers?
- How aware is the community of HJMC and, for those who are aware or who are current/past patients, how did they first hear of HJMC?
- What services do HJMC patients receive at HJMC?
- Do current or past patients have family members who use HJMC services?
- To what extent have current HJMC patients missed their appointments? Why do patients miss appointments and does HJMC make reminder calls?

- How satisfied are HJMC's patients with health center operations and the care they receive?
- What are the primary reasons that former HJMC patients no longer access services at HJMC?
- What are the primary reasons that those who have never been seen go to their current health care provider?

In order to implement this project, the JSI Project Team worked with a very responsive and cooperative group at HJMC to develop a specific methodology and action plan. The project was kicked off in June of 2006 and primary data was collected in July and August. Secondary data was compiled in September 2006 and the analysis and reporting took place in October and November.

B. Description of Approach and Methodology

The following is a brief review of the quantitative and qualitative methods that were applied to implement the study as well as other key components of the approach.

B1. Initial Planning Meeting

In June of 2006, the JSI Project Team met with staff from HJMC. The goals of the meeting were to 1) clarify the goals and objectives of the project, 2) discuss and agree upon the core elements of the study's methods, and 3) discuss and compile any existing information or data from HJMC that would assist the Project Team to conduct the work. Meeting participants left the meeting with individual lists of action steps that were necessary to develop the final study methods and kick-off the project. The ultimate result of this meeting was a formal methodology and workplan for the study.

B2. Primary Data Collection

As referenced above, the goal of the project with HJMC was to collect primary data from three different populations: 1) current users, 2) former users, and 3) those in the service area who had never used HJMC services. The following is a brief review of the methods that were developed to collect primary data from these groups.

a. Current Users

The Project Team set a goal of collecting 100 surveys from current users and after some discussion decided that the best way to administer these surveys was by applying a face-to-face survey methodology. Patients at HJMC's Southbridge and Riverside sites were approached and asked if they were interested in completing a survey while they were waiting in the waiting room. A vast majority of the surveys were completed with minimal assistance from the Project Team staff, although staff was on hand to answer questions. When patients were finished with their surveys they either gave them to the Project Team member standing by or put them in a box at a designated table. In a small number of cases, the project staff helped the respondents to complete the surveys by reading the questions and recording the answers.

The Project Team surpassed their goal of 100 surveys, collecting 129 total surveys in HJMC's waiting rooms. Eighty-one surveys were collected at Southbridge and 39 were collected at Riverside.

An additional 50 surveys were collected from current users during community-based data collection efforts that were developed primarily to collect surveys from those who had never used HJMC's services. The methodology for this group will be described below.

b. Past Users

The Project Team set a goal of collecting 100 surveys from past users and after some discussion decided that the best way to collect this information was by conducting phone surveys. Former patients were identified through a specialized query of HJMC's practice management system and an electronic data file was created with the contact information for all past users. A "Past User" was defined as any HJMC patient who had been seen within the last four years but who had not been seen at all in the last two years.

Once the list of former users was developed, the Project Team created 10 random samples of 100 patients. The Project Team's trained phone interviewers then attempted to contact the patients on these randomly generated patient lists. The interviewers attempted to contact patients in the order that they were reported on the list. Interviewers collected information from those who they were able to contact and who agreed to participate. Those that agreed to be surveyed were sent \$5 in the mail after they completed the survey. If the patients were not home or unable to complete the survey when the interviewer called, then the interviewer made three call backs. If after the third call back, the interviewer was unable to administer the survey, then the patient was deemed "unable to contact" and crossed off the list. Once the interviewer completely exhausted the list on one of the randomly generated lists, then the interviewer selected another randomly selected list of 100 names.

With respect to Past Users, the project did not reach the goal of 100 surveys. After more than 50 hours of calling, the project team completed 50 phone surveys, while attempting roughly 800 randomly generated patients. An additional 19 surveys were collected from past users during the community-based data collection efforts that were developed primarily to collect surveys from those who had never used HJMC's services, bringing the total surveys for past users to 69. Based on cost considerations as well as project deadlines, the Project Team made the decision to discontinue additional attempts to reach past users.

c. Never Users

The Project Team set a goal of collecting 300 surveys from those who had never used HJMC's services and opted to collect this information using a face-to-face survey methodology. Potential respondents were identified and approached at 10 different community sites. Eight of the sites were private social service organizations and two were part of the state service site network. Each of the organizations were approached with the assistance of HJMC's staff. The private community sites were given \$500 for participating.

The Project Team worked with the staff at these organizations to develop a process that would allow the JSI Project Team to identify potential respondents while they were waiting for services in the organizations waiting room or as they entered the building. Potential respondents were asked if they could complete the survey and those who agreed and completed the survey were given \$5 as a stipend. Similarly to the situation with current users, a vast majority of the surveys were completed with minimal assistance from the Project Team staff, although staff was on hand to answer questions. When patients were finished with their surveys they either gave them to the Project Team member standing by or put them in a box at a designated table. In a small number of cases, the Project Staff helped the respondents to complete the surveys by reading the questions and recording the answers.

The Project Team surpassed their goal for never user, collecting 406 surveys at the 10 organizations that participated. The following is a listing of the organizations that participated and the number of surveys that were drawn from each setting.

Organization	Location	English Surveys	Spanish Surveys	Total Surveys
Hilltop Lutheran Community Center	Westside/Hilltop	54	4	58
Peoples Settlement Association	Eastside	63	-	63
Latin Community Center	Westside	10	29	39
Neighborhood House	Southbridge	39	-	39
Kingswood Community Center	Northeast	40	6	46
Northeast State Service Center	Northeast	19	-	19
Rose Hill Community Center	New Castle	49	3	52
New Castle Senior Center	New Castle	14	-	14
Howard J. Weston Community Center	New Castle	55	-	55
Delawarr State Service Center	New Castle	21	-	21
Total Surveys		364	42	406

d. Survey Development

Three surveys were developed that were tailored specifically to the different populations being surveyed (current, past and never users). The Project Team worked with HJMC staff to design the surveys for each group of respondents. The surveys were segmented into three major Categories: 1) Demographics, 2) Access to Care, and 3) Perceptions of HJMC. In creating the surveys, the Project Team drew heavily from existing proven, validated surveys. Specifically, most of the questions from the demographic section and the access to care section were drawn from the Center for Disease Control and Preventions, Behavioral Risk Factor Survey System (BRFSS) core survey. With respect to the section on Perceptions of HJMC, most of the questions were drawn from a patient satisfaction survey that was developed by the Health Resources Services Administration’s, Bureau of Primary Health Care (HRSA/BPHC).

Samples of the surveys that were administered are included in Appendix A.

B3. Secondary Data Collection, Management, and Analysis

The Project Team compiled, managed, and analyzed relevant data from the 2005 HRSA, Uniform Data System (UDS) Report as well as data from the US Census Bureau's, 2000 Decennial Census to facilitate a description of HJMC's current patients as well as a description of HJMC's service area population. More specifically demographic, socio-economic, and health-related data was compiled that would allow the Project Team to characterize the various populations by age, sex, race/ethnicity, income, poverty status, and insurance. With respect to the HRSA UDS data, information was compiled for HJMC. It was also compiled for the four FQHC sites in Delaware in aggregate as well as for the nation as a whole. With respect to the 2000 Decennial Census Data, information was compiled for the 13 census tracts that make up HJMC's designated service area as well as for Wilmington, New Castle County, the State, and the nation.

Analytically, this information allowed the Project Team to review how HJMC's current patient characteristics compared to the characteristics of the other FQHCs in the State and the nation. Similarly, the data allowed the Project Team to review how HJMC's service area population characteristics compared to Wilmington and to larger geographic areas. To facilitate the analysis, a series of data tables was created to visually show the data across the various geographies along with a series of bulleted statements summarizing the key findings. These tables and the summary bullets are included below in Section C.

B4. Patient Origin Analysis

The Project team analyzed data reported by HJMC in its 2005 UDS Report and combined it with existing geographic information to conduct a rudimentary GIS Mapping analysis. The objective of the analysis was to determine how HJMC's current patients were distributed geographically through out HJMC's service area. In other words, from which communities does HJMC draw its patients?

The UDS report requests that sites designate their users by zip code. A significant limitation of this analysis is that in 2005 HJMC only provided specific zip code designations for 4,173 of their 5,610 users. The remaining 1,437 users were reported in the aggregate as coming from "other" zip codes. The Project Team has gone forward with its patient origin analysis but it should be clearly noted that 26% of HJMC's patients are not included in this analysis.

C. Summary of Findings

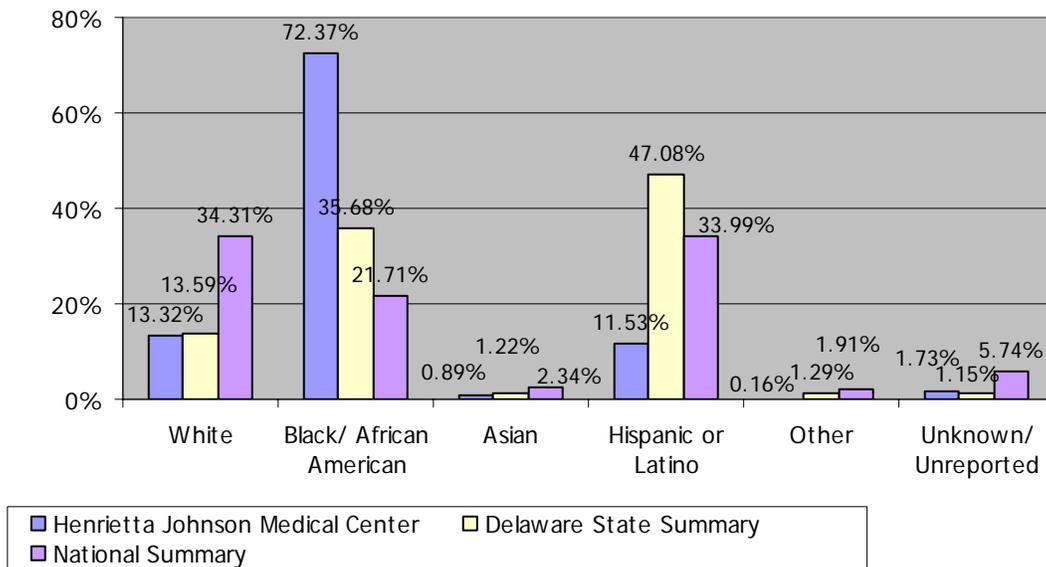
C1. Findings from Secondary Data Review

- a. What are the demographic and socio-economic characteristics of those being served by HJMC as compared to the state's other FQHCs and the nation's FQHCs.**
 - Across the country, FQHCs typically see a disproportionate number of female and younger patients. HJMC's user population is similar to national and Delaware patterns in terms of the gender distribution, in that they serve more females than males. By age, however, HJMC sees an older population than the rest of Delaware and than FQHCs nationally. 19% of HJMC's patients are under 18 compared to 28% in Delaware and 35% nationally. On the other end of the age spectrum, 34% of HJMC's patients are over 45 compared to 24% in Delaware and 27% nationally.

Age Group	Henrietta Johnson Medical Center				Delaware State Summary				National Summary			
	Male Users	Female Users	Age group Total	Age group %	Male Users	Female Users	Age group Total	Age group %	Male Users	Female Users	Age group Total	Age group %
0-5	172	156	328	5.85%	1,284	1,448	2,732	12.51%	1,002,122	984,747	1,986,869	14.06%
6-12	167	184	351	6.26%	856	1,032	1,888	8.65%	792,404	783,026	1,575,430	11.15%
13-18	167	241	408	7.27%	621	939	1,560	7.14%	610,379	808,604	1,418,983	10.04%
19-24	175	445	620	11.05%	672	1,917	2,589	11.86%	415,454	978,941	1,394,395	9.87%
25-34	298	672	970	17.29%	1,298	2,984	4,282	19.61%	669,864	1,375,892	2,045,756	14.47%
35-44	415	632	1,047	18.66%	1,347	2,204	3,551	16.26%	739,270	1,156,217	1,895,487	13.41%
45-64	575	854	1,429	25.47%	1,647	2,554	4,201	19.24%	1,149,983	1,668,221	2,818,204	19.94%
65+	155	302	457	8.15%	341	691	1,032	4.73%	383,785	614,194	997,979	7.06%
Gender Totals	2,124	3,486	5,610	100%	8,066	13,769	21,835	100%	5,763,261	8,369,842	14,133,103	100%
Gender %	37.86%	62.14%			36.94%	63.06%			40.78%	59.22%		

- HJMC also serves a much larger proportion of minority clients than do FQHCs in the State and nation and HJMC's minority population is significantly Black/African American. 72% of HJMC's clients are Black/African American, compared to 36% statewide, and 22% nationally. Hispanic Latino clients at HJMC represent another 12% of the population, bringing the proportion of racial/ethnic minorities served to over 84%.

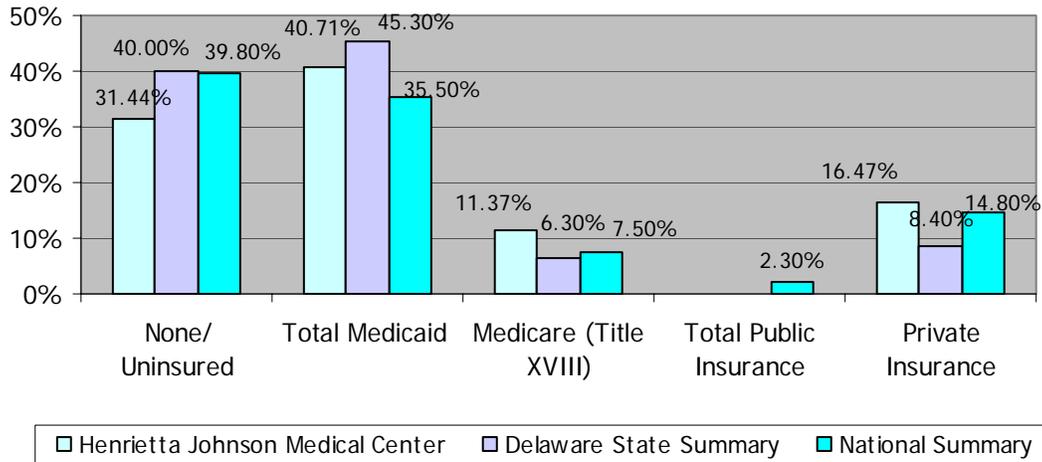
Percentages of 2005 UDS Clients by Race/Ethnicity



- While there are some places HJMC's payer mix differs from state and national averages, in general, HJMC mix is similar to typical FQHCs in that the largest payer is Medicaid (41% for HJMC) and the center also serves a high proportion of uninsured patients (31%). Reflecting the older age distribution of HJMC patients, the HJMC serves more Medicare

patients than FQHCs in Delaware and nationally. HJMC serves slightly less Medicaid patients than the statewide average, but more than the national average. They also serve more privately insured patients. Overall, HJMC's payer mix is positive compared to other FQHCs.

**Percentages of 2005 UDS Clients
by Principal Third Party Insurance Source**



- It is unknown how many HJMC clients are truly living at or below poverty level because 60% of clients' incomes are unreported. However, of the clients for whom poverty status is known, 96% are below 200% of the FPL, compared to 78% statewide, and 90% nationally.

Income as Percent of Poverty Level	Henrietta Johnson Medical Center			Delaware State Summary			National Summary		
	Users/ Patients	% of Total	% of Known	Users/ Patients	% of Total	% of Known	Users/ Patients	% of Total	% of Known
100% and Below	1,553	27.68%	69.49%	10,929	50.10%	59.50%	7,836,932	55.50%	70.80%
101 - 150%	490	8.73%	21.92%	3,628	16.60%	19.70%	1,567,943	11.10%	14.20%
151 - 200%	142	2.53%	6.35%	1,589	7.30%	8.60%	733,152	5.20%	6.60%
Over 200%	50	0.89%	2.24%	2,227	10.20%	12.10%	937,492	6.60%	8.50%
Unknown	3,375	60.16%		3,462	15.90%		3,057,584	21.60%	
Total	5,610	100%		21,835	100%		14,133,103	100%	

- In 2005, HJMC provided 15,810 medical visits for 4,739 individual patients (or users) and 2,315 dental visits for 906 users. HJMC averages of 3.3 medical visits per user and 2.5 dental visits per user are extremely close to FQHC State and national averages. HJMC does not have a mental or behavioral health specialist so reports no visits or users in this category.

PERSONNEL BY MAJOR SERVICE CATEGORY	Henrietta Johnson Medical Center				Delaware State Summary				National Summary			
	Visits	%	Users	%	Visits	%	Users	%	Visits	%	Users	%
Total Medical Care Services	15,810	87.23%	4,739	83.95%	62,872	86.37%	17,805	82.13%	42,028,321	88.31%	12,437,386	84.16%
Total Dental Services	2,315	12.77%	906	16.05%	9,924	13.63%	3,874	17.87%	5,562,632	11.69%	2,340,710	15.84%
Total	18,125	100%	5,645	100%	72,796	100%	21,679	100%	47,590,953	100%	14,778,096	100%

b. What are the demographic and socio-economic characteristics of HJMC's service area as compared to the City of Wilmington, the County of New Castle, the State, and the nation?

Data tables characterizing the demographic and socio-economic characteristics of HJMC's service area population as compared to Wilmington overall, New Castle, the state, and the nation are included below. Following these tables are selected key findings drawn from the tables.

Socio-economic and Language Data for HJMC's Service Area with US, State, County, and City Comparison Data

	United States		Delaware		New Castle County		Wilmington		HJMC Service Area*	
	#	%	#	%	#	%	#	%	#	%
Median Hsld Income (1999)	41,994		47,381		52,419		35,116		27,593	
Distribution of Population by Poverty Status										
Total	273,882,232		759,117		483,558		69,450		27,249	
< 50% of FPL	15,337,408	5.6%	33,374	4.4%	21,043	4.4%	7,253	10.4%	3,798	13.9%
< 100% of FPL	33,899,812	12.4%	69,901	9.2%	40,710	8.4%	14,819	21.3%	7,473	27.4%
< 200% of FPL	81,194,609	29.6%	175,767	23.2%	95,795	19.8%	28,413	40.9%	13,804	50.7%
Distribution of All Households by Income										
Total Households	105,539,122		298,755		188,974		28,661		10,128	
Less than \$10,000	10,067,027	9.5%	21,125	7.1%	11,944	6.3%	4,444	15.5%	2,155	21.3%
\$10,000 to \$14,999	6,657,228	6.3%	15,284	5.1%	7,785	4.1%	2,132	7.4%	1,033	10.2%
\$15,000 to \$24,999	13,536,965	12.8%	33,898	11.3%	18,761	9.9%	3,886	13.6%	1,537	15.2%
\$25,000 to \$49,000	30,965,514	29.3%	86,943	29.1%	50,344	26.6%	8,435	29.4%	2,911	28.7%
\$50,000 to \$99,000	31,339,849	29.7%	99,631	33.3%	67,330	35.6%	6,978	24.3%	2,027	20.0%
\$100,000+	12,972,539	12.3%	41,874	14.0%	32,810	17.4%	2,786	9.7%	465	4.6%
Distribution of All Households by Primary Language Spoken and Linguistic Isolation**										
English Speaking Households	85,633,619	81.1%	263,070	88.1%	163,832	86.7%	24,719	86.2%	9,138	90.2%
Non-English Speaking Households	19,905,503	18.9%	35,685	11.9%	25,142	13.3%	3,942	13.8%	990	9.8%
Linguistically Isolated Households	4,361,638	4.1%	5,480	1.8%	3,911	2.1%	920	3.2%	239	2.4%
Linguistically isolated - Spanish	2,571,597	2.4%	3,082	1.0%	2,190	1.2%	640	2.2%	192	1.9%
Linguistically isolated - Indo-European	855,080	0.8%	1,268	0.4%	858	0.5%	178	0.6%	33	0.3%
Linguistically isolated - Asian	804,731	0.8%	1,020	0.3%	774	0.4%	85	0.3%	4	0.0%
Linguistically isolated - Other	130,230	0.1%	110	0.0%	89	0.0%	17	0.1%	10	0.1%
Distribution of Households and Families by Family Composition (Head of Household 15-64 years old)***										
Total Households***	83,263,669		233,824		152,077		22,166		7,675	
Non-Family Households***	23,009,223	27.6%	64,085	27.4%	44,114	29.0%	8,702	39.3%	2,285	29.8%
Family households***	60,254,446	72.4%	169,739	72.6%	107,963	71.0%	13,464	60.7%	5,390	70.2%
Total Married-couple families	45,759,776	55.0%	126,719	54.2%	80,018	52.6%	6,427	29.0%	1,897	24.7%
Total Other families	14,494,670	17.4%	43,020	18.4%	27,945	18.4%	7,037	31.7%	3,493	45.5%
Single-Fathers with children (0-18)	2,172,774	2.6%	6,308	2.7%	3,826	2.5%	616	2.8%	263	3.4%
Single-Mothers with Children (0-18)	7,358,882	8.8%	22,391	9.6%	14,044	9.2%	3,944	17.8%	2,079	27.1%

* HJMC Service Area includes the following 13 Delaware census tracts: 1, 6.01, 6.02, 7, 8, 9, 15, 16, 17, 19, 20, 154, and 155.

** Households are linguistically isolated when there is no one over 14 years old living in them that speaks English-Well

*** Only includes those households where the head of household (householder) is between 15 and 64 years of age.

**Demographic Data for HJMC's Service Area
with US, State, County, and City Comparison Data**

	United States		Delaware		New Castle County		Wilmington		HJMC Service Area*	
	#	%	#	%	#	%	#	%	#	%
Total Population	281,421,906		783,600		500,265		72,664		29,591	
Gender										
Male	137,916,186	49.0%	380,003	48.5%	242,823	48.5%	34,711	47.8%	14,634	49.5%
Female	143,505,720	51.0%	403,597	51.5%	257,442	51.5%	37,953	52.2%	14,957	50.5%
Age										
0-5	23,026,164	8.2%	61,395	7.8%	39,609	7.9%	5,901	8.1%	2,608	8.8%
6-12	29,125,714	10.3%	79,287	10.1%	50,982	10.2%	7,873	10.8%	3,709	12.5%
13-17	19,990,879	7.1%	53,280	6.8%	33,653	6.7%	4,892	6.7%	2,102	7.1%
18-24	27,067,510	9.6%	74,980	9.6%	51,211	10.2%	7,143	9.8%	3,487	11.8%
25-44	85,482,828	30.4%	237,498	30.3%	158,477	31.7%	23,324	32.1%	9,123	30.8%
45'64	61,749,839	21.9%	175,490	22.4%	108,369	21.7%	14,354	19.8%	5,271	17.8%
65+	34,978,972	12.4%	101,670	13.0%	57,964	11.6%	9,177	12.6%	3,291	11.1%
Females 15-44	61,769,789	21.9%	173,910	22.2%	116,002	23.2%	16,839	23.2%	6,542	22.1%
65-84	30,818,411	11.0%	91,272	11.6%	51,684	10.3%	7,808	10.7%	2,874	9.7%
85+	4,160,561	1.5%	10,398	1.3%	6,280	1.3%	1,369	1.9%	417	1.4%
Race/Ethnicity										
White (Non-Hispanic)	194,514,140	69.1%	568,356	72.5%	353,821	70.7%	23,304	32.1%	4,019	13.6%
Black (Non-Hispanic)	33,707,230	12.0%	147,124	18.8%	98,672	19.7%	40,425	55.6%	23,189	78.4%
Hispanic or Latino	35,238,481	12.5%	37,321	4.8%	26,307	5.3%	7,151	9.8%	1,650	5.6%
Asian (Non-Hispanic)	10,067,813	3.6%	15,970	2.0%	13,153	2.6%	611	0.8%	131	0.4%
Other (Non-Hispanic)	7,894,242	2.8%	14,829	1.9%	8,312	1.7%	1,173	1.6%	602	2.0%

* HJMC Service Area includes the following 13 Delaware census tracts: 1, 6.01, 6.02, 7, 8, 9, 15, 16, 17, 19, 20, 154, and 155.

- In HJMC’s service area, larger proportions of the population in 2000 were living in poverty and in low income categories as compared to Wilmington overall, New Castle County, the state, and the nation.
 - In 2000, approximately 14% of the population in HJMC’s service area was living in deep poverty, defined as living in households earning less than 50% of the federal poverty level (FPL), as compared to roughly 10% for the City of Wilmington and between 4% and 6% for New Castle, Delaware and the nation.
 - Roughly 27% of HJMC’s service area was living in Poverty compared to 21% for the City of Wilmington and 9% for the state overall.
 - More than half, 51%, of HJMC’s service area population were living in low income households in 2000, compared to only 41% of the population of Wilmington and 23% for the state as a whole.
- In HJMC’s service area much larger proportions of households are headed by single parent householders than in Wilmington overall and other larger geographic areas.
 - In HJMC’s service area more than 30% of the households are headed by single parents and 27% of all households are headed by single mothers. In Wilmington

overall, 20% of households are headed by single parents, and 18% of headed by single mothers.

- In HJMC's service area, 90% of the households are categorized as English speaking compared to 86% in both Wilmington overall and New Castle County, 88% in Delaware, and 81% for the nation overall.
- HJMC's service area is made up of a much larger proportion of African Americans than the City of Wilmington and certainly New Castle, the State and nation. Alternatively, HJMC's service area has smaller proportions of Whites, Hispanics, Asians, and people in other racial categories.
 - 78% of HJMC's service area population is African American compared to 56% for the City of Wilmington, 19% for the State, and 12% for the nation.
 - 6% of HJMC's service area population is Hispanic compared to 10% for the City of Wilmington overall and 5% for both New Castle County and the state.
- HJMC's service area population has slightly higher proportions of children (0-17 years old than the population of Wilmington as well as the county, state, and nation. Not surprisingly, HJMC's service area has slightly lower proportions of young and older adults 18+
 - 28% of the HJMC's service area population is younger than 18 compared to 26% for Wilmington and between 24% and 25% for the County, state, and nation.

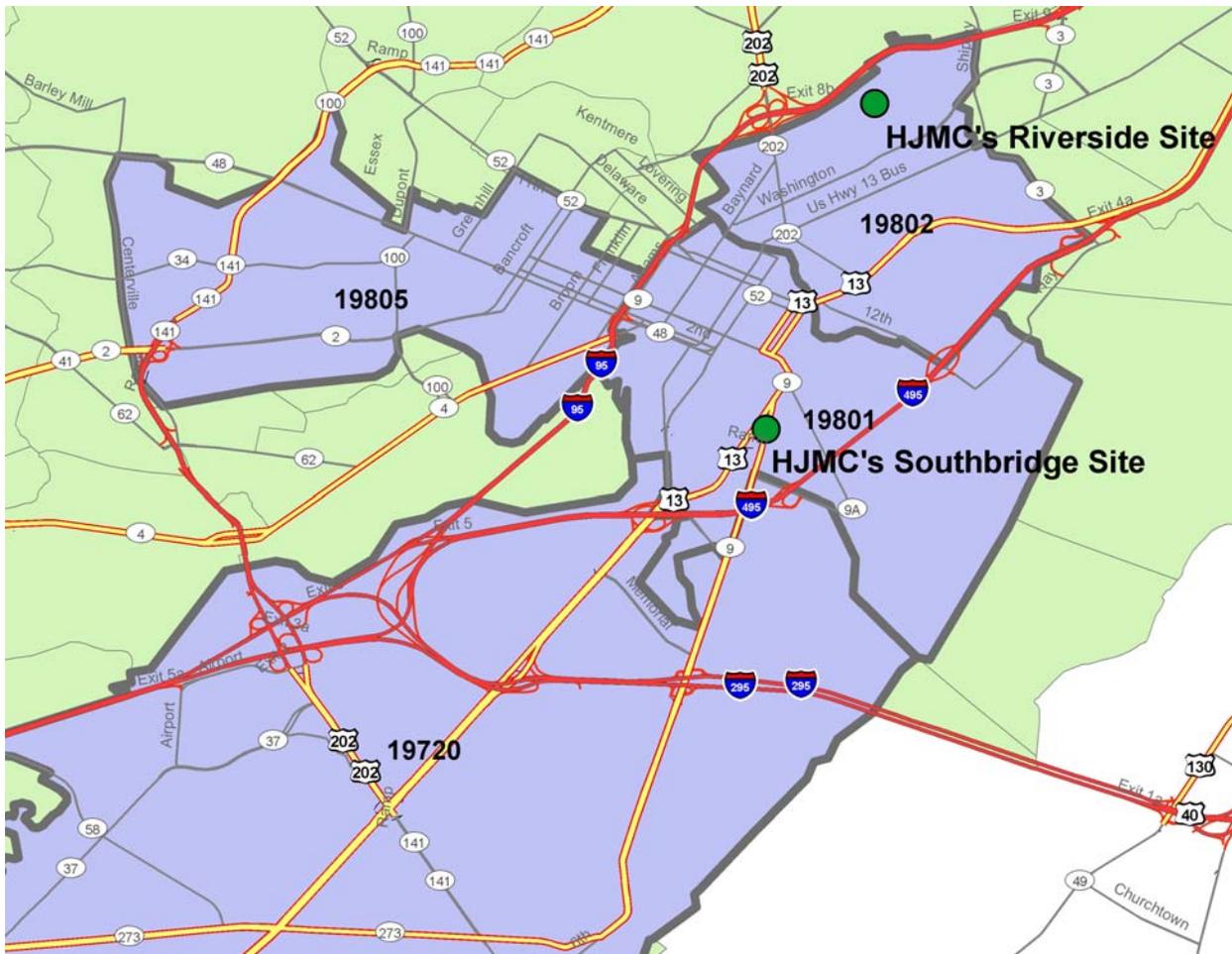
C2. Findings from Patient Origin Analysis

- Not surprisingly, the largest proportion of HJMC's patients in 2005, among those who were designated to specific zip codes, were from the communities in east and central Wilmington, including the Southbridge area directly surrounding HJMC's main site.
 - Zip code area 19801 spans from the Southbridge area where there main site is located and includes large portions of east and central Wilmington.
- The next largest proportion of HJMC's patients, among those who were designated to specific zip codes, were from zip code 19720, which is in New Castle.
 - Zip code 19720 is a geographically very large zip code. While we do not know for sure, one might assume that a majority of HJMC's patients who live in this zip code live in the northern portion, closest to its main site.
- The smallest proportions of those who have been designated to a specific zip code are from the westside of Wilmington (zip code 19805), as well as the northeast portion of Wilmington (zip code 19802).

Number of HJMC Patients by Zip Code, 2005

Zip	Area/Community	HJMC Patients
19720	New Castle Area	1,221
19801	Wilmington - Southbridge/Central	1535
19802	Wilmington - Northeast	856
19805	Wilmington - West Side	561
Other/ Unknown	Other areas In-side and Outside of Wilmington	1437
Total Patients		5,610

Map of HJMC's Service area Showing the Zip Codes where HJMC draws 75% of its Patients, 2005



C3. Findings from Primary Data Collection

A. Demographic Characteristics of Survey Samples

All survey data can be referenced in Appendix B.

Current Users

- 170 current users surveyed were from age 1 to 74 with the majority falling between ages 18-54, and the most from 25-44. 68% were female and 32% male.
 - This is fairly consistent with the actual gender breakdown that HJMC is serving based on 2005 UDS data, which showed that 62% of clients were female.
 - The age distribution of our survey respondents generally reflected the age distribution of HJMC current patients, particularly when looking at smaller groupings. Overall, there were slightly larger proportions of children in the survey sample, significantly larger proportions of young- and middle-aged adults, and significantly smaller proportions of older adults.
 - 23% of survey respondents were children, 0-17 years old, compared to 19% for HJMC's patients
 - 4% of survey respondents were older adults, 65 years old or more, compared to 8% for HJMC's patients
 - The remaining 73% of respondents were young and middle aged adults, 18-64 years old, compared to 62% for HJMC's patients
- By race, 75% of responding current users were Black or African American, 11% were Hispanic (7% of users prefer their doctor speak Spanish.), 9% were White, 5% were American Indian/Alaskan Native, 1% were Asian, and 5% were something else. The remaining 5% did not know, were unsure, or declined to answer.
 - The racial/ethnic mix of respondents is closely reflective of HJMC's patient population. UDS data shows that HJMC serves about 72% Black or African American clients, 11.5% Hispanic/Latino clients and 13% White clients.

Race	2005 UDS data	Current Users	Past Users	Never Users
Black/African American	72%	75%	64%	65%
White	13%	9%	17%	19%
American Indian/Alaskan Native		5%	2%	3%
Asian	1%	1%	4%	1%
Other		5%	4%	9%
Don't know/not sure	2%	4%	2%	1%
Refused		1%	0%	1%
Native Hawaiian or Other Pacific Islander		0%	0%	0%

- 28% of HJMC users surveyed reported that they were from New Castle, followed by those who reported that they were from various neighborhoods in Wilmington. Eighteen percent (18%) reported that they were from Northeast Wilmington, 16% from Southbridge, 15% from Eastside, 9% from Westside/Hilltop, and 5% from Westside/Center City.

Past Users

- 69 past users surveyed were from age 17-80 with the majority falling between ages 25-54. 74% were female, and 26% were male.
- 13% were Hispanic, 6% prefer their doctor speak Spanish.
- By race, 64% were Black or African American, 17% were White, 2% were American Indian/Alaskan Native, 4% were Asian, and 4% were something else. The remaining did not know, were unsure, or declined to answer.
- 34% of past users surveyed are from New Castle, followed by in the Wilmington neighborhoods 22% from Northeast, and 11% each from Southbridge, West Side/Hilltop, and West Center City.

Neighborhood	Current Users	Past Users	Never Users
East Side	15%	6%	12%
Northeast	18%	22%	11%
New Castle	27%	34%	37%
Southbridge	16%	10%	5%
West Center City	5%	10%	5%
West Side/Hilltop	9%	10%	12%
Other	10%	6%	18%

Never Users

- 406 never users surveyed were from ages 4 to 98 with the majority falling between ages 18-64, and the most from 25-34. 82% were female and 18% were male, compared to 68% current female users surveyed.
 - The highly skewed sample with respect to gender is a result of the fact that surveys were collected almost exclusively during the morning and early afternoons, which biased our sample to identifying women. A number of our community locations also were community camps, and in this case mothers were more likely to be responsible for their children
- 15% were Hispanic, 8% prefer their doctor speak Spanish.
- By race, 65% were Black or African American, 19% were White, 3% were American Indian/Alaskan Native, 1% were Asian, and 9% were something else. The remaining did not know, were unsure, or declined to answer.

- 37% of never users surveyed are from New Castle, followed by those in the Wilmington neighborhoods 12% from East Side, 12% from Westside/Hilltop, and 11% from the Northeast. 18% were from somewhere else.

b. Access and Use

Current Users

- 64% of users responded that they go to a doctor's office and 22% responded that they go to a community health center or public health department.
- Lead reasons that HJMC users seek care at HJMC include, convenience of the location (57%), the staff is friendly (55%), getting an appointment is easy (45%), needed services are offered (45%), convenience of hours it is open (43%).
- 69% of current users surveyed most frequently go to the Southbridge location; the others go to Riverside.
- 45% of users surveyed have been clients for more than 5 years, and 41% for 1-5 yrs. 14% have been clients for less than a year.
- 24% of users do receive some kind of medical or dental services elsewhere as well.
- 48% of users first heard about HJMC through a family member or friend. 10% heard of it through a doctor referral. Numerous other reasons accounted for less than 10% each.
- Services received at HJMC by current users over the past two years include routine check up or physical exam (77%), follow up care (42%), women's health (37%), urgent or sick care visit (24%), well or sick child care (22%), dental services (17%), health screening or education (12%), obstetrical care (9%), podiatry (5%).
 - We believe that users may have been reading "women's health" to include obstetrical care as surveys collected in the waiting room during the obstetrical clinic primarily showed women visiting for women's health appointments.
- 39% have missed an appointment at HJMC within the past year. 41% did not always call to cancel the missed appointment, and 10% never called to cancel the missed appointment.
 - The leading reason appointments were missed is that they were forgotten (20%). 9% could not get time off of work.
 - 89% surveyed typically receive reminders for their appointments, 8% do not.
- 17% of users could not get care at some point when they needed it in the past 12 months.
 - 50% cited cost as the main reason they couldn't get this care.

- 42% of users have children who do not use HJMC services and 37% have other adult members of their household who do not use HJMC services.

Place you seek care when you are sick or need advice about your health	Current Users	Past Users	Never Users
Doctor's Office	64%	68%	79%
CHC or public health clinic	22%	22%	5%
Hospital outpatient dept	2%	3%	5%
Hospital emergency room	11%	4%	9%
Some other kind of place	0%	3%	1%
No usual place	1%	0%	1%
Do not know	1%	0%	1%

Past Users

- 68% of past users responded that they go to a doctor's office and 22% responded that they go to a community health center or public health department.
- Lead reasons that past users seek care at their current place of care include convenience of the location (57%) and reasonable cost (36%).

Reasons you go to your primary place of care	Current Users	Past Users	Never Users
The location is easy for me to get to	57%	57%	52%
The hours it is open are good for me	43%	12%	33%
The cost is reasonable	36%	36%	17%
It has a good reputation	37%	29%	23%
It has friendly staff	55%	19%	28%
The staff speak my language	19%	6%	13%
It offers the services I need	45%	2%	20%
Getting an appointment is easy	45%	10%	37%
It is located in a safe area	27%	9%	21%
Other	6%	3%	14%

- 60% of past users surveyed more frequently went to the Southbridge location; the others went to Riverside.
- 20% of past users surveyed were clients for more than 5 years, and 64% for 1-5 yrs. The remaining 16% were clients for less than 1 year.
- 46% of past users first heard about HJMC through a family member or friend. 13% heard of it through a doctor referral. Numerous other reasons accounted for less than 10% each.
- 71% of past users went to HJMC for a routine check up or physical exam, follow up care (12%), women's health (10%), urgent or sick care visit (9%), well or sick child care (4%), dental services (13%), obstetrical care (16%).
- 19% of past users currently have no health insurance; of those that do, 40% have Medicaid, 28% have Medicare, 19% have private insurance.

- 20% of past users could not get care at some point when they needed it in the past 12 months.
 - 36% cited cost as the main reason they could not get this care, 19% said there was too long of a wait for an appointment, 13% cited distance as the reason, and 19% had other reasons.
- 12% of past users have children who do use HJMC services; 43% have other adult members of their household who do use HJMC services.

Never Users

- 79% of those surveyed usually go to a doctor’s office when they are sick or need advice about their health, 5% go to a community health center, 9% go to a hospital emergency room, although again, the accuracy of the answers are questionable given confusion about the distinction between doctor’s office and community health center.
- Lead reasons that never users seek care where they do include convenience of the location (52%), and getting an appointment is easy (37%)
- 12% of never users have no health insurance; of those that do, 36% have Medicaid, 25% have Medicare, and 31% are privately insured.
- 11% of never users could not get care at some point when they needed it in the past 12 months.
 - 43% cited cost as the main reason they could not get this care.
- 30% of never users have never heard of HJMC; of those that had heard of it 36% heard of it through a family member or friend, 14% by driving by the office, and 11% from a community event/health fair.

How did you first hear of HJMC?	Current Users	Past Users	Never Users
Doctor referral	10%	13%	4%
Agency referral	6%	9%	2%
Emergency room referral	4%	0%	1%
Family member/friend	48%	46%	36%
Newspaper/radio	1%	0%	4%
Website	1%	0%	11%
Community event/health fair	6%	10%	2%
Mailing/Flyer	0%	2%	14%
Driving by the office	6%	2%	<1%
Other	10%	12%	15%
Don't remember	8%	7%	11%

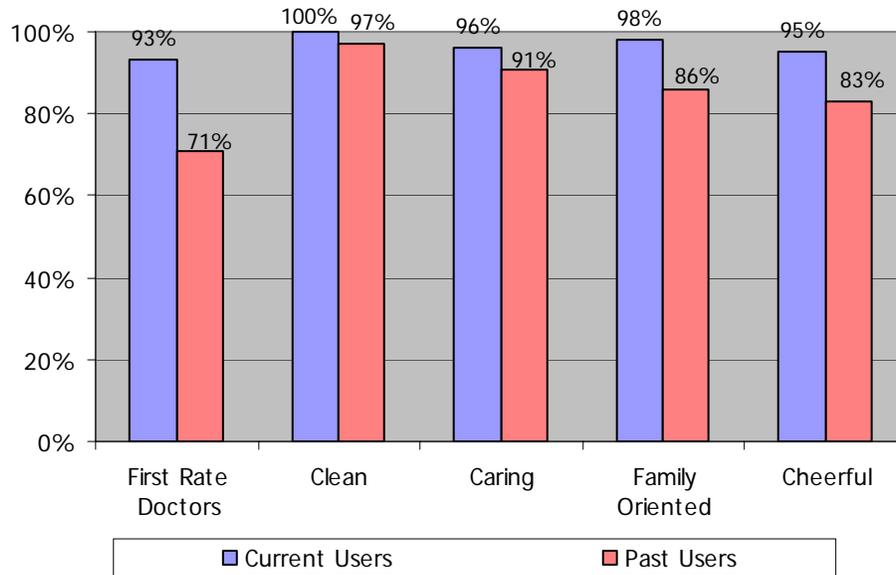
c. Perceptions of HJMC

Current and Past Users

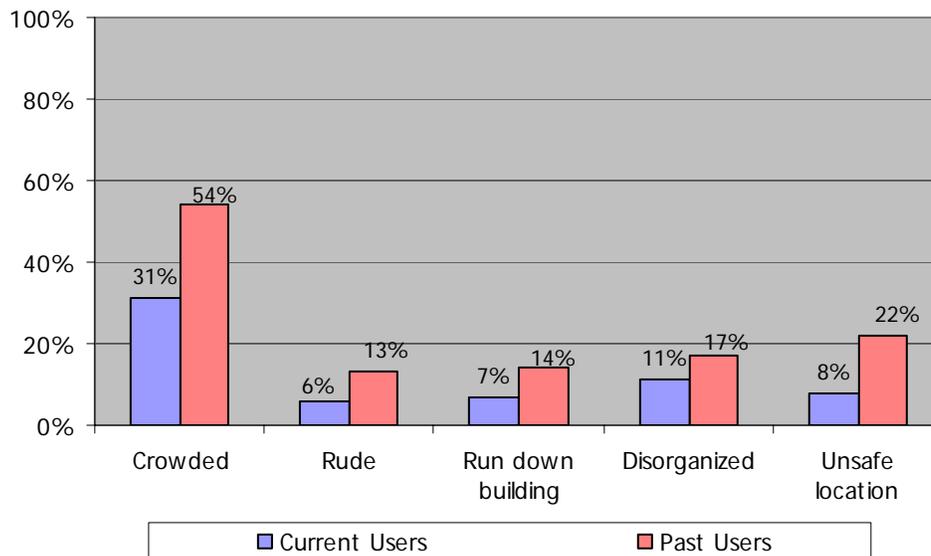
- Overall, both current and past users have favorable perceptions of HJMC, associating favorable words such as “clean”, “cheerful”, “caring”, and “family oriented” with the center. However, across the board, past users gave slightly lower ratings on positive attributes and

higher ratings on all negative attributes than current users. Notably, the most negative characteristic cited was that the center is perceived as crowded by 31% of current users and 54% of past users. Past users also had a significantly less favorable opinion than current users, about the quality of the medical staff (71% of past users perceived HJMC to have first rate doctors compared to 93% of current users). 22% of past users also felt the clinic was in an unsafe location, compared to only 8% of current patients.

Which words do you associate with Henrietta Johnson Medical Center?

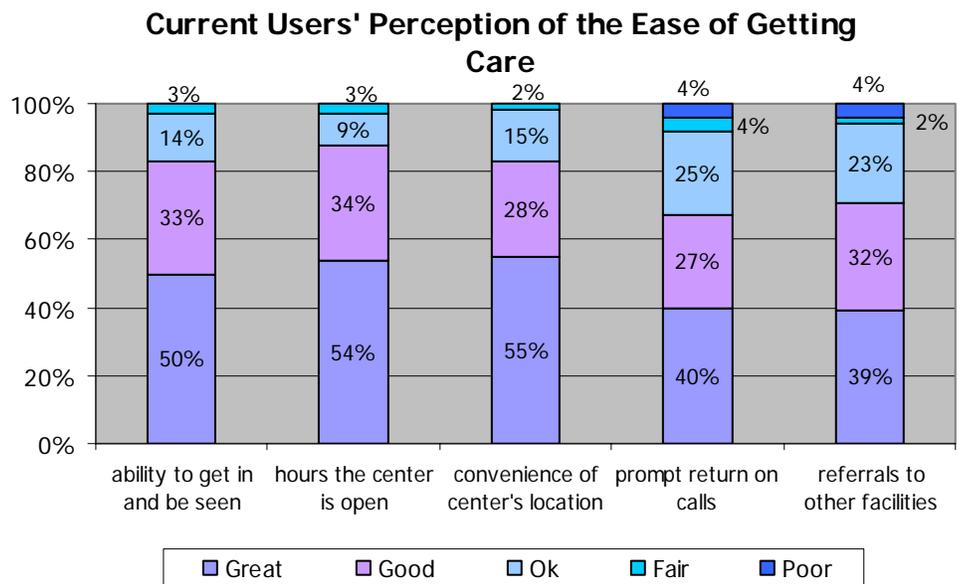


Which words do you associate with Henrietta Johnson Medical Center?



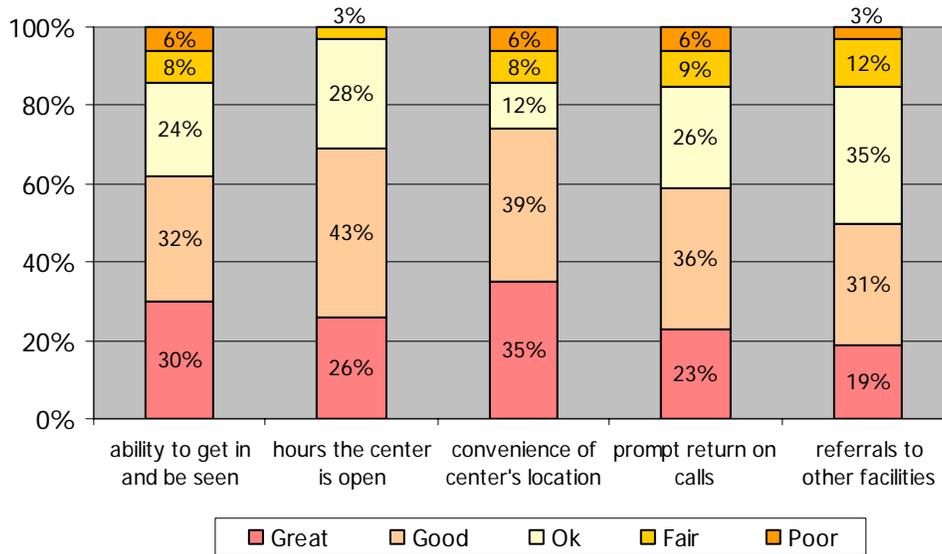
(Note: Never users were also asked this question, though overall they did not feel that they knew enough about HJMC to have any opinion or perceptions. 30% had never even heard of HJMC.)

- Current users were generally happy with HJMC’s hours, their ability to get in and be seen and the convenience of the center’s locations. More than 80% of respondents rated these items as “great” or “good”.
- Current users were less pleased with the promptness on returning calls and the convenience of getting referrals to other facilities. Only 67% think that HJMC does a good or great job returning calls promptly and 71% think the referral process is good or great.



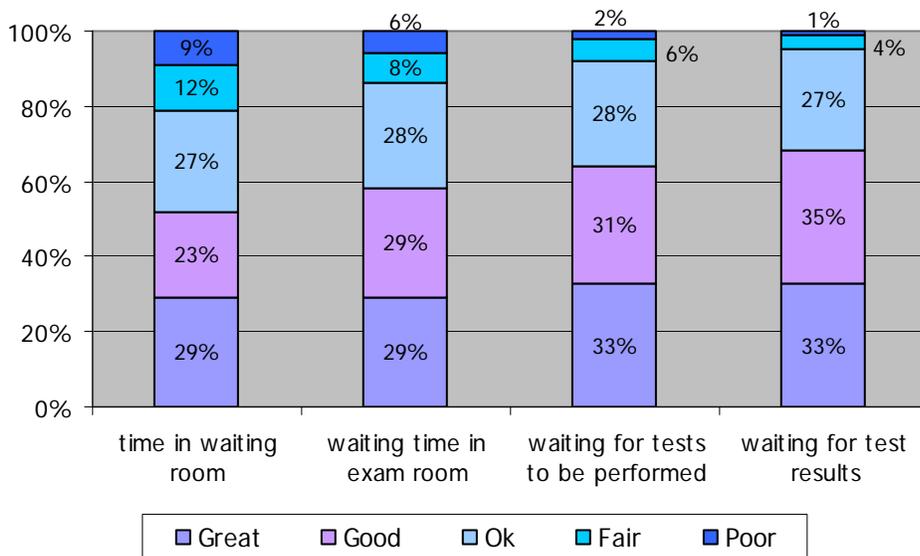
- Past users were generally less happy than current users in regards to the ease of getting care at HJMC. In particular, only 50% felt that referrals to other facilities were good or great. And like current users, they reflected some dissatisfaction with regards to promptness on return of calls. Additionally, only 62% of past users thought the ability to get in and be seen was good or great.

Past Users' Perceptions of the Ease of Getting Care



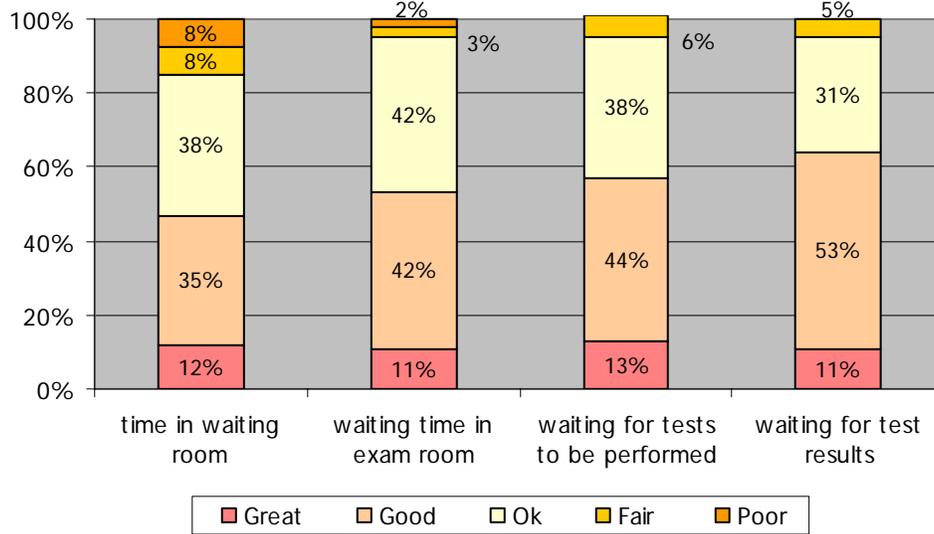
- Time waiting is one of the areas where current users are the least happy with HJMC. Only half of current users feel that time spent in the waiting room is good or great and 9% believe it is poor. Likewise there is room for improvement on waiting time in the exam room.

Current Users' Perceptions of Time Waiting



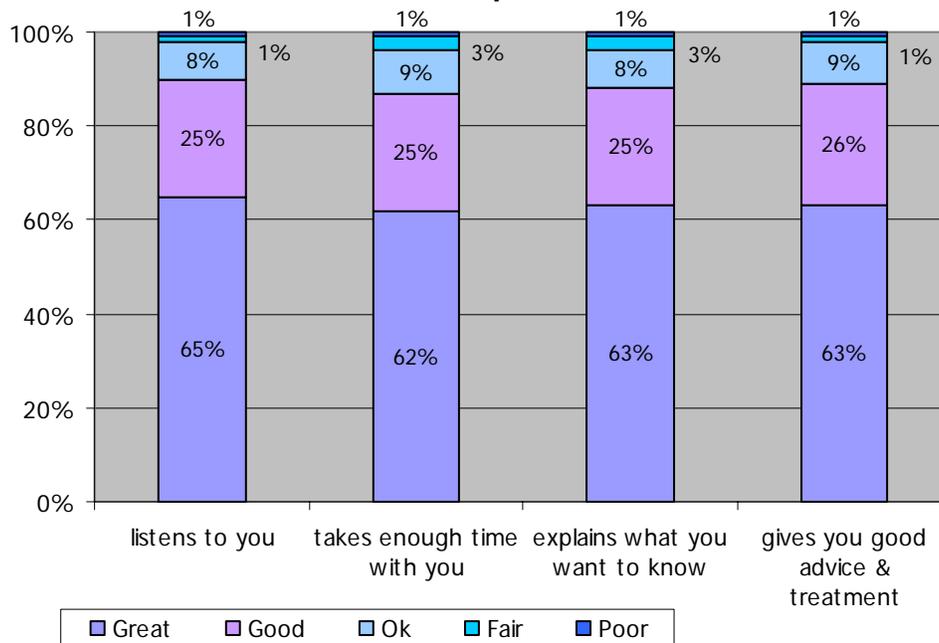
- Less than half of past users feel that time spent in the waiting room is good or great and 8% believe it is poor. Likewise there is room for improvement on waiting time in the exam room.

Past Users' Perceptions of Time Waiting



- Current users of HJMC, generally feel good about the care they receive from their providers, with close to 90% responding “good” or “great” to all provider-related questions. The lowest good-great response was 87% to the question about whether providers spend enough time with patients, however, that is a very normal observation.

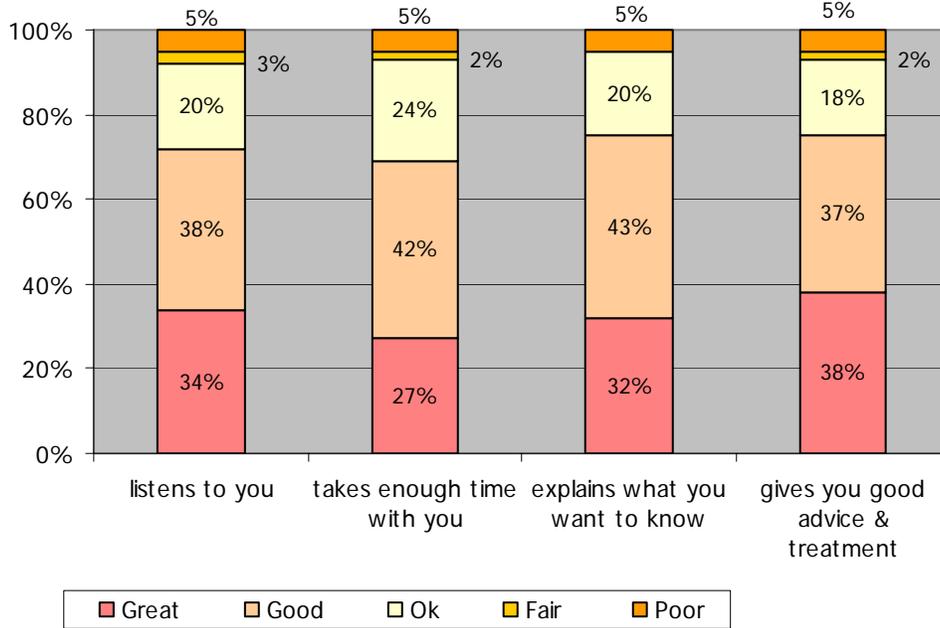
Current Users' Perceptions of Providers



- Past users were less positive than current users regarding providers at HJMC. Only 72% felt that the providers do a good or great job of listening to them (compared to 90% of current

users). 27% felt that providers do a great job of taking enough time with them, compared to 62% of current users.

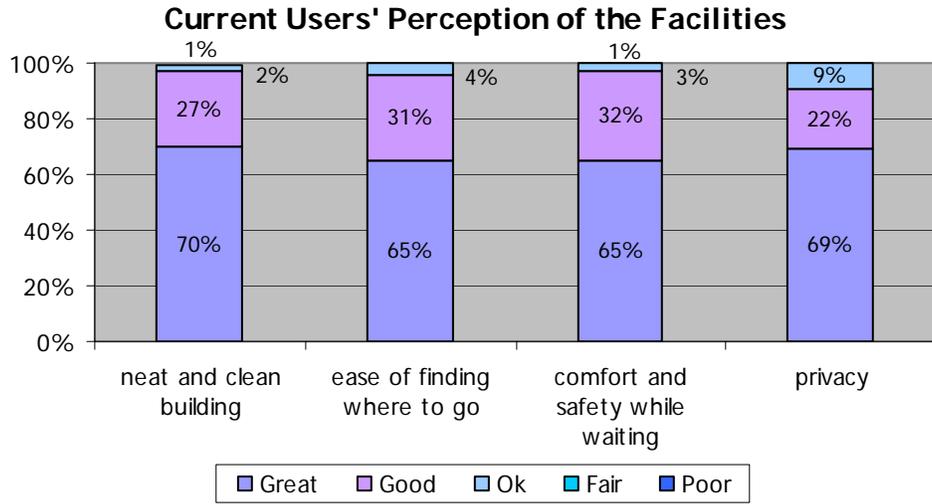
Past Users' Perceptions of Providers



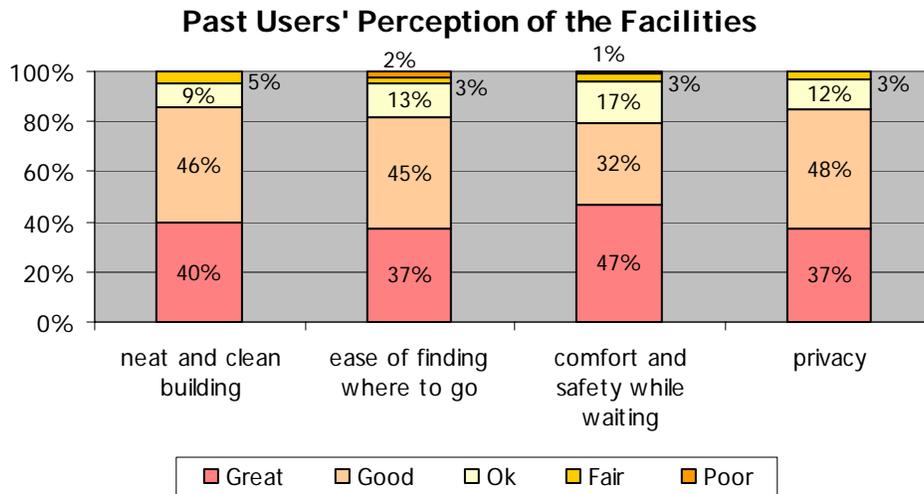
Staff	Current Users					Past Users				
	Great	Good	Ok	Fair	Poor	Great	Good	Ok	Fair	Poor
Speaks in a language you understand	71%	23%	4%	1%	1%	54%	36%	10%	0%	0%
Sensitive to the needs of people of your race and ethnicity	63%	24%	11%	0%	2%	33%	36%	23%	3%	5%
Nurses/medical assistants are friendly & helpful to you	70%	20%	8%	2%	<1%	44%	35%	17%	4%	0%
Nurses/medical assistants answer your questions	67%	20%	12%	1%	<1%	37%	40%	19%	3%	1%
Other staff are friendly and helpful to you	65%	24%	8%	3%	0%	33%	38%	20%	3%	6%
Other staff answers your questions	61%	27%	10%	2%	0%	26%	41%	23%	5%	5%

- Current and past users are overall very satisfied that HJMC staff speaks with them in a language they can understand. However, 13% of current users, and 31% of past users felt HJMC staff is doing only an “OK to poor job in being sensitive to the needs of people of their/race/ethnicity.
- Current users feel that the nurses and medical assistants are friendly and helpful and answer their questions. Past users felt slightly less that this was true. Past users also felt less sure that other staff were friendly and helpful and answered their questions.
- Current users are overall very happy with HJMC’s facilities. 97% think the building is great or good in terms of being neat and clean. 96% think it is good or great in terms of ease of

finding where to go. 97% feel good or great about their comfort and safety while waiting. None felt that HJMC ranks poorly on any of these measures.

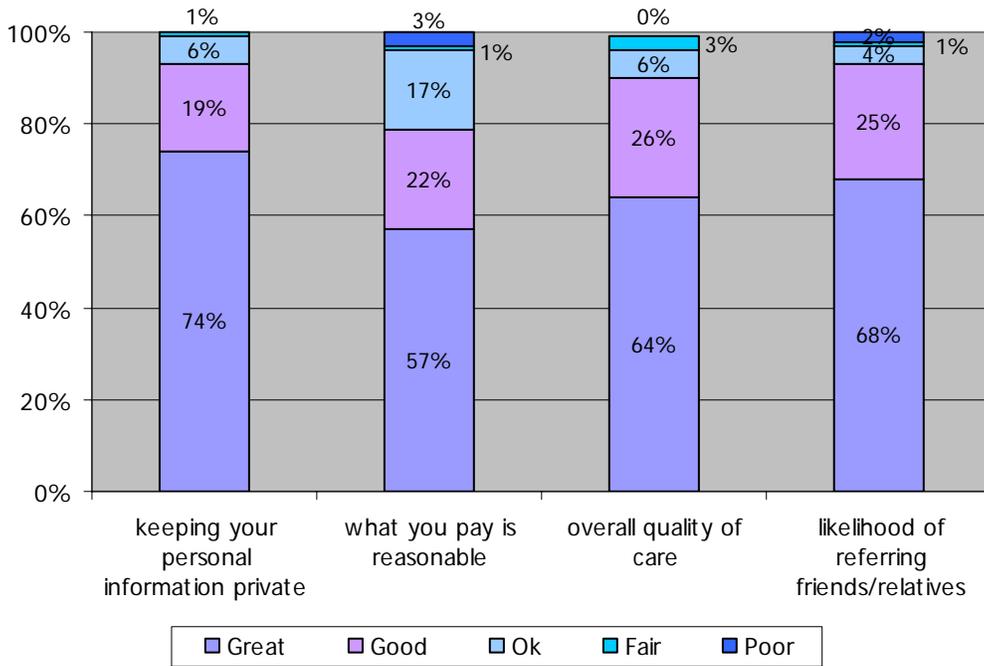


- Past users were somewhat less favorable than current users about HJMC’s facilities.



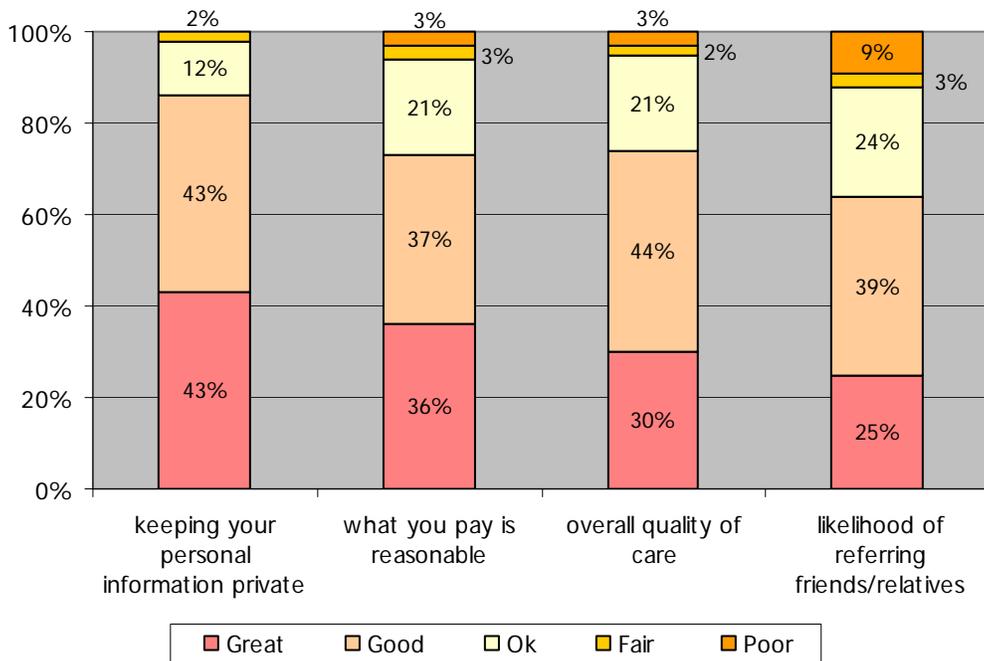
- Current users were happy overall with the quality of care they receive at HJMC and 93% said that there was a good or great chance that they would refer family and friends to HJMC. 21% thought that HJMC is doing less than good on reasonableness of costs. They did believe that HJMC does a good or great job keeping their personal information private.

Current Users' Perceptions Overall



- Past users much more than current users felt that what they pay might not be very reasonable. 21% thought this was only ok. 21% also thought the quality of care was only ok. Past users were less likely to refer friend and relatives.

Past Users' Perceptions Overall



- Past users stopped going to HJMC for a variety of reasons; 23% found a doctor outside of HJMC they wanted to use and 7% found a doctor outside of the center they wanted their child to use, 19% cited other reasons, 9% found getting an appointment to be too difficult, 4% were not happy with the services they received, 3% did not need to see a doctor anymore, 1.5% could not afford it, 1.5% do not think HJMC is located in a safe area, 1.5% said HJMC did not offer the services they needed, 1.5% said it was too difficult to get to.
- 46% of past users would consider going back, and 5% were not sure.

Reasons past users stopped going to HJMC	Percent
I/my child didn't need to see a doctor	3%
I couldn't afford it	1%
Getting an appointment was difficult	9%
I don't think HJMC is located in a safe area	1%
HJMC didn't offer the service(s) I/my child needed	1%
HJMC was too difficult to get to	1%
I found a doctor outside the center I wanted to use	23%
The staff didn't speak my language	0%
I wasn't happy with the services I/my child received at HJMC	4%
I found a doctor outside the center for my child that I wanted to use	7%
Other	19%

Never Users

- 30% of never users have never heard of HJMC
- 47% of never users would consider going to HJMC for medical or dental services and 24% were not sure. Of those that would consider going to HJMC, 45% would go to Southbridge location and 20% to Riverside. 47% would consider going for a routine check up or physical exam, 6% would go for obstetrics, 44% would go for dental services, 20% would go for follow up care, 15% would go for well or sick child care, 27% would go for women's health, 9% would go for podiatry, and 15% would go for health screening or education.
- Of those who would not consider going to HJMC for services, 42% are already happy with their current physician, 7% think their current physician is easy to get to, 14% do not know what services HJMC offers, 7% do not think HJMC is in a safe location, 5% do not need to see a doctor.

D. Discussion/Conclusions from Findings

a. Who does HJMC serve and how well does it reach out to its target population?

- Overall findings from our analysis show that the demographic and socio-economic characteristics of HJMC's patients are typical for a federally qualified health center across nearly all variables with the exception that HJMC serves a slightly larger proportion of middle aged and older adults (45 years old or older) than the typical FQHC and slightly smaller proportions of children (0-18 years old).

- HJMC’s patient mix also reflects the characteristics of its service area and its target population. The project team sees no major issues with respect to HJMC’s efforts to reach out to specific segments of its target population. HJMC is serving those who you would expect based on the characteristics of the service area population.
- While there is still room for growth, HJMC’s overall penetration rate into its service area and target population is very good and HJMC’s visit per patient ratio is close to the state and national average.
 - In 2005, HJMC served 5,610 patients for 18,125 visits. On average patients were seen 3.3 times per year, which is, once again, very close to the state and national average.
 - In 2005, there were 29,951 people living in the 13 census tracts that make up HJMC’s service area and 13,804 of these people were living at 200% of the federal poverty level (FPL) or below. Based on these figures, in 2005 HJMC served 19% of the entire service area, often termed its penetration rate, and served 32% of the low income target population. The later figure is based on the conservative assumption that 80% of HJMC’s patients are living at 200% of FPL or below. (According to the 2005 UDS, more than 90% of HJMC patients were living at 200% FPL or below but a large proportion of patient’s incomes were not reported.)
 - These are very respectable penetration rates and, if anything, slightly higher than what the Project Team might expect given the urban nature of the service area and the competitive nature of the market place.

b. From which geographic areas does HJMC draw most of its patients?

(Data for this analysis was drawn from patient information that HJMC reported on its 2005 Uniform Data System (UDS) Report submitted to the Health Resources Services Administration’s Bureau of Primary Health Care in the Spring of 2006. It should be noted that zip code data was not reported for 1,437 (25%) of HJMC’s 5,610 patients in 2005. Therefore, one should be cautious about drawing conclusive findings from this data.)

While the Project made great efforts to draw surveys from throughout HJMC’s service area the sample sizes were not large enough nor were the sampling methodologies rigorous enough for us to draw any statistically valid conclusion regarding the geographic distribution of HJMC’s patients.

- According to data reported in HJMC’s 2005 UDS Report, HJMC draws significant numbers of patients from all areas of its service area but, as one would expect, draws most significantly from the Wilmington communities that are in closest proximity to its main site in Southbridge. (See map on and table on page 11 above)
 - 1,535 or 37% of HJMC’s patients who were reported on the UDS Report in 2005 were from zip code 19801, in the eastern portion of Wilmington.

- Zip code area 19801 spans from the Southbridge area where there main site is located and includes large portions of east and central Wilmington.
- The next largest proportion of HJMC’s patients, among those who were designated to specific zip codes, were from zip code 19720, which is in New Castle.
 - 1,221 of HJMC’s patients or 30% were from zip code 19720 in New Castle.
 - Zip code 19720 is a geographically very large zip code. While it is not known for sure, one might assume that a majority of HJMC’s patients who live in this zip code live in the northern portion, closest to HJMC’s main site.
- The smallest proportions of those who were reported on the UDS are from the western portion of Wilmington (zip code 19805), as well as the northeast portion of Wilmington (zip code 19802).
 - 856 patients or 20% of those who were reported on the UDS were from zip code 19802 in the northeast and 561 or 13% are from zip code 19805 in the western and south western portions of Wilmington.
- Overall, more information is needed to complete this analysis, partly due to the fact that there is missing data but mostly because the analysis is using zip code data as the geographic unit of analysis. Zip codes cover large areas and thus do not allow for a particularly focused analysis. The analysis could be improved by using full patient address data that would allow the Project Team to pinpoint HJMC’s patients to a specific street segment or address.

c. Where do people in the community access health care services? Does the community face access barriers?

- Virtually everyone that was surveyed reported that they had a “usual place” that they went to when they were sick and needed advice about their health.
 - Less than 1% of current users (1), 0% of past users (0), and just over 1% of never users (4) reported that they did not have a “usual place” where they went when they were sick.
- A large majority of those who were surveyed across all three groups said that they went to a private doctor’s office as opposed to a community health center, a hospital clinic, or the hospital emergency room when they were sick and needed advice about their health. Based on discussions with respondents and the fact that many were currently using HJMC as their source of care, the Project Team believes that respondents often did not distinguish between a private doctor’s office and a community health center.
 - 79% of those who had never used HJMC services and 68% of past HJMC patients said that they went to a private doctor’s office as their usual source of care. Interestingly, even 64% of the current HJMC users that were surveyed responded said that they went to a doctor’s office rather than a community health center for their care.

The data on current users could reflect the fact that HJMC calls itself a Medical Center rather than a community health center. However, as a whole, the data across all user categories might suggest that HJMC should continue to market itself as a private clinic or a large private, group practice rather than as a community health center.

More information is need on this issue, perhaps gathered through focus groups, to explore issues related to community perceptions regarding health centers as compared to doctor's offices.

- Despite the fact that nearly everyone reported that they had a usual source of care, there are some significant barriers that hinder access to care for those who were surveyed. 17% of current HJMC users, 20% of past users, and 11% of never users who were surveyed could not get care at some point when they needed it in the past 12 months.
 - Those surveyed were 2 to 4 times more likely to NOT get needed care in the last year than Delawareans statewide. In 2003, according the state's behavioral risk factor survey, only about 5% of adults reported that there was a time they needed medical care, but could not get it in the last year. Young adults (12%) and Hispanics (14%) were most likely to go without needed care.
 - Across all survey groups (current, past, and never users), cost was cited as the main reason that they couldn't get the care they needed, followed by much smaller proportions of survey respondents who cited lengthy wait times and travel distances as the major reasons.
 - 50% of current users, 37% of past users, and 43% of never users cited cost as the main reason they could not get the care they needed.
 - Furthermore, 36% of past users reported that cost of care played a role in switching to their current place of care.
 - Cost should not be cited as a barrier for patients of community health centers. The data strongly suggests that HJMC needs to reinforce the fact that care is available regardless of a patient's ability to pay and that they need to explore the health center's use of its sliding fee scale and nominal fee levels.

d. How aware is the community of HJMC and, for those who are aware or who are current/past patients, how did they first hear of HJMC?

- 30% of the never users that were surveyed had never even heard of HJMC. This suggests that HJMC needs to do more marketing and community education work to boost its name recognition.
- Of the never users who had were aware of HJMC, 36% had heard of it or learned about it through a family member or friend. Additionally, almost half of current users (48%) first

heard about HJMC through a family member or friend. This would suggest that HJMC should market its services by encouraging its current and former patients to promote HJMC to their family members and friends.

- 16% current users and 20% of past users reported that they had first heard of HJMC from a health care provider or social service agency. This suggests that HJMC should develop strategies to encourage more referrals from its partners and other health and social service agencies..

e. What services do HJMC patients receive at HJMC?

- Among the current and past users who were surveyed roughly 75% said that they receive routine check ups or physical exams at HJMC. An additional 42% of current users said that they received follow-up or chronic disease care.
- Only 16% of current users and 13% of past users said that they received dental services. This information would suggest that HJMC should think strategically about how it can encourage its current patients to access its dental services. This would allow HJMC to improve access to dental and expand its dental user/visit counts.
- Similarly, only 12% of current patients and none (0%) of past patients said that they received health education and screening services at HJMC. It is possible that respondents were not familiar with the term “education and screening” and therefore did not select it appropriately, nonetheless, the data suggests that HJMC should explore whether it needs to expand its education and health screening efforts.
- Only 23% of current users and 9% of past users reported that they received urgent or sick care at HJMC. 10% of current patients reported that they go to the hospital emergency room when they are sick and need acute care services. Based on this information, there seems to be a need to promote HJMC as a place to go when their patients are sick not just a place for routine check-ups and follow-up care. HJMC should also review its scheduling policies for urgent/same day appointments to ensure they are responsive to their sick patients.

f. Do current or past patients have family members who use HJMC services?

- 42% of HJMC’s current users have children who do not use HJMC services and 37% of current users have other adult members in their households who do not use HJMC services. Based on this information and the fact that most people first heard of HJMC through a family member or friend, HJMC should market its services in the community through its current and past users.
- Similarly, HJMC currently serves the children and adult family members of many of the past users who were surveyed. Of the past users who have children, 25% of them have children who access services at HJMC. Additionally, 43% of past users have other adult members of their household who use HJMC services.

- This would suggest that that overall past users have not left HJMC due to a major or fundamental problem with services but perhaps due to issues of convenience or specific service needs. If a patient did have a major issues or problem with services, one might assume that other family members would be deterred from accessing services.

g. To what extent have current HJMC patients missed their appointments? Why do patients miss appointments and does HJMC make reminder calls?

- A significant proportion (39%) of HJMC’s current patients who were surveyed reported that they had missed at least one HJMC appointment within the past year. 41% said that they did not always call to cancel the missed appointment, and 10% said they never called to cancel the missed appointment(s). While such patterns are not unusual in urban community health centers, they do not have to be accepted. Many health centers have successfully improved their “no-show” rates through measures such as open-access scheduling systems.
- On the positive side, 89% reported that they typically receive reminder calls prior to their appointments, 8% said that they do not receive reminder calls.
- The leading reason appointments were missed is that they were forgotten, followed by issues related to a family emergency and the fact that they could not get time off of work.

h. How satisfied are HJMC’s patients with health center operations and the care they receive?

- Overall both current and past users of HJMC services are currently or were very satisfied with HJMC’s services and have a positive impression of HJMC as an organization. Current user’s responses were more positive across all categories. The following are highlights of the survey findings.
 - 90% of current users reported that the overall quality of care at HJMC was good or great and 93% said that there was a good or great chance that they would refer family and friends to HJMC.
 - Past users were less pleased with respect to the overall quality of care but still generally positive. 75% of past users said that the overall quality of care was good or great and 64% said there was a good or great chance that they would refer family or friends.
 - Both current users and past users associated favorable words such as “clean”, “cheerful”, “caring”, and “family oriented” with the center.
 - Specifically, with respect to current users, 95% to 100% of those who responded, depending on the specific word, said they associated the words “clean”, “cheerful”, “caring”, and “family oriented” with the center. With respect to past users, the numbers are slightly lower but still very high.

The figures range from 83% to 97% depending on the specific word in question. See page 17 above for specific details.

- The most negative word association was “crowded” and “unsafe location”. 31% of current users reported that they associated the word “crowded” with the site and 54% of past users. 22% of past users associated the words “unsafe location” with HJMC, compared to only 8% of current patients.
- Past users had a significantly less favorable opinion than current users, about the quality of the medical staff. 71% of past users associated with words “First Rate Doctors” with HJMC compared to 93% of current users.
- Current users were generally very satisfied with issues related to access to services (e.g., HJMC’s hours, ability to be seen by a provider, and convenience) as well as the quality of the care they receive from their providers (e.g. providers ability to listen, time with provider, and providers ability to communicate and explain issues).
 - More than 80% of current users rated issues related to access to care as good or great. Close to 90% of current users responded “good” or “great” to all questions related to quality of health care providers.
 - Past users were generally less satisfied than current users in regards to these access and quality issues. In particular, only 50% felt that referrals to other facilities were good or great and only 72% of past users felt that HJMC’s providers do a good or great job of listening to them compared to 90% of current users.
- Both current and past users were somewhat dissatisfied with respect to HJMC’s ability to return phone calls promptly and get referrals to other agencies. Current users were also somewhat dissatisfied with waiting times.
 - Only 67% of current users and 62% of past users reported good or great in this area. Only 71% of current patients and 50% of past users think the referral process is or was good or great.
 - Only half of current users felt that the amount of time spent in the waiting room was good or great and 9% believed it was poor. Likewise there was room for improvement on waiting times in the exam room.
- 45% of current patients surveyed have been seeing HJMC providers for more than 5 years and an additional 41% have been seeing providers at HJMC for between 1 and 5 years. 14% of current patients have been seeing HJMC providers for less than 1 year. Comparison data is not available but, based on our experience, the data indicates that a large proportion of patients are loyal and happy with services

i. What are the primary reasons that former HJMC patients no longer access services at HJMC?

- Past users reported that they stopped going to HJMC for a variety of reasons but only 4% of past users said that they stopped going to HJMC because they were not happy with the services they were receiving.
 - The most frequently cited response (30%) was simply that they found a doctor outside of HJMC that they preferred or that was more convenient to use. Similarly, 57% of past users said that their current place of care was more convenient for them.
 - 9% of past users found getting an appointment at HJMC to be too difficult, 3% did not need to see a doctor anymore, 1% could not afford it, 1% do not think HJMC is located in a safe area, 1% said HJMC did not offer the services they needed, and another 1% said it was too difficult to get to. 18% refused to answer specifically.
 - 46% of past users reported that they would consider going back.
 - This data suggests that HJMC should probe in more depth what is motivating people to switch providers. The survey has not identified any fundamental problem; perhaps HJMC could with limited effort refine some of its systems in ways that would allow them to retain these patients. For example, they could improve their referral system, build capacity in certain service areas, or provide transportation to specific areas. A series of focus groups with past users could highlight some important issues.
- As mentioned above, many of the past adult users who have children (25%) send their children to HJMC. Additionally, 43% of past users surveyed have other adult members of their household who use HJMC services.
 - If a patient did have a major issue with the quality of services, one might assume that other family members would be deterred from accessing services.

j. What are the primary reasons that those who have never been seen go to their current health care provider?

- As with past users who were surveyed, the lead reasons that they go to their current health care provider is convenience of the location followed by ease of getting an appointment.
 - 52% of never users cited convenience of location and 37% reported ease of getting an appointment.

- 47% of never users would consider going to HJMC for medical or dental services. Not surprisingly, this proves that there is a potential market out there that HJMC should continue to try to recruit.
 - 47% would consider going for a routine check up or physical exam, 44% would go for dental services, and 20% would go for follow up care.
 - Of those that would consider going to HJMC, 45% said that they would go to Southbridge location and 20% to Riverside.