



Park DuValle
Community Health Centers, Inc.

**HEALTH CARE
NEEDS ASSESSMENT**

2018



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We would like to acknowledge Louisville Metro Department of Public Health and Wellness for their work in the development of the 2017 Health Equity Report.¹ With permission from LMPHW, this needs assessment uses the maps and the data analysis underlying these maps for the majority of the health indicators for Jefferson County. The Health Equity Report has a primary focus on the root causes of health. In its 168 pages, it includes not only the data associated with our history of inequities in health, housing, and opportunity, but also the practices and policies that, if implemented, would give all persons a better opportunity to be healthy and live fully. The report can be found at: <https://louisvilleky.gov/government/center-health-equity/louisville-metro-health-equity-report-2017>

*Prepared for Park DuValle Community Centers, Inc. by REACH
Evaluation with contributions and assistance from the Center for Health
Equity and the Louisville Metro Department of Public Health and Wellness*

¹ Center for Health Equity. 2017 Health Equity Report: Uncovering the Root Causes of Health. Louisville Metro Department of Public Health and Wellness. 2017; Louisville, KY. Available at: <https://louisvilleky.gov/government/center-health-equity/louisville-metro-health-equity-report-2017>



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SATURDAY, 9 AM - 4 PM
CLOSED SUNDAYS, HOLIDAYS,
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10:00 AM—7:00 PM Tues

**Park DuValle
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1015 West Chestnut Street
Louisville, KY 40203
(502) 584-2992

Hours of Service:
8:00 AM—5:00 PM
Monday—Friday
(Next to Coleridge Taylor)

**Park DuValle
at Newburg**
2237 Hikes Lane
Louisville, KY 40218
(502) 479-8930

Hours of Service:
8:00 AM—5:00 PM
Monday—Friday
(Bardstown Square)

Contents

Park DuValle Organizational Profile	6
Community Profile.....	7
Park DuValle Community Health Center	
Client Profile	8
Health Indicators.....	9-21
Poverty.....	9
Education.....	10
Transportation.....	11
Limited English.....	12
Infant Health	13
Teen Pregnancy.....	14
Mental Health.....	15
Tobacco Use	16
Death Due to All Causes	17
Drug and Alcohol Deaths.....	18
Cancer Deaths	19
Diabetes Deaths.....	20
Heart Disease Deaths	21
Patient Satisfaction Survey Results, 2017	22-24
Conclusion.....	25

Park DuValle Organizational Profile

The timing of the current needs assessment coincides with the 50 year anniversary of Park DuValle Community Health Center (PDCHC). The event honoring this milestone has been entitled **50th Anniversary Gala: Celebrating the Past...Poised for the Future**, and will be celebrated by people throughout the community.

Park Duvalle Community Health Center, founded in 1968, is the oldest federally qualified health center (FQHC) in the Commonwealth of Kentucky. It is a community-based 501(c)(3) non-profit corporation and receives funding under Section 330 of the Public Health Service (PHS) Act.

Today, PDCHC delivers services through four sites in two counties. The main site for Park DuValle Community Health Center is located at 3015 Wilson Ave. Services offered at the main site include: preventive health services, primary adult and pediatric medical care, women’s health, family planning, primary dental care including dental hygiene, behavioral health services, social services, nutrition counseling, immunizations, pharmacy, X-ray, laboratory, Women, Infants and Children’s Program (WIC) and transportation services. Mammography is offered one week per month in collaboration with the Partnership for Cancer Control. Free health education, disease management, life skills and wellness classes are offered to patients and members of the broader community. Our three satellite sites directly offer preventive and primary health, medical and dental care services and other services including pharmacy by referral to the main site.

On weekends, the main site is open to adult and pediatric patients on Saturdays from 9 a.m. until 4 p.m. with primary care physicians or nurse practitioners and nurses on site. Pharmacy, laboratory and dental services are also open on Saturday from 9 a.m. until 4 p.m.

Dental services are available at all four locations during the week and on Saturdays at the main site only.

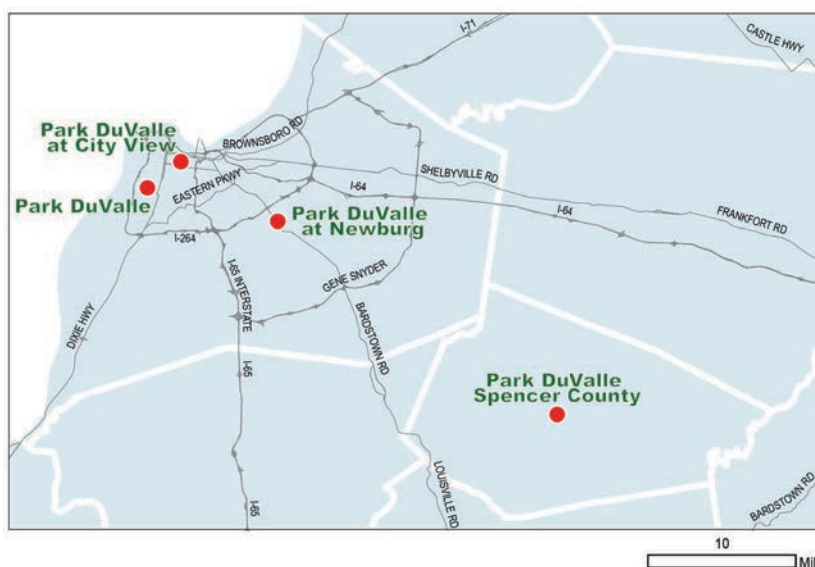
Services are also available on Tuesday evenings at the main site until 8 p.m. and until 7 p.m. at the Spencer County location. Behavioral health services are

available at the main site on the second and fourth Tuesday evenings until 8 p.m. as well. (Services, schedules, and locations are listed on page 4.)

PDCHC offers sliding fee discounted services to anyone who presents for health care services based on eligibility criteria determined by the Federal Poverty Guidelines. Eligibility for sliding fee scale discounts is based on income and household size. Patients who do not meet income guidelines for sliding fee discounted services or who prefer to receive services without providing income documentation may be served at full fee/undiscounted rates or by using their public or private insurance plans.

With the four locations, Park DuValle Community Health Center has become a key resource for medical and dental health services. The centers are strategically located in neighborhoods of high need and low resources: two within Louisville Metro’s urban core, one near a traditionally African American suburban neighborhood, and one within a rural community with limited access to primary care. Park DuValle Community Health Center (PDCHC) prides itself in holding level 3 NCQA Patient Centered Medical Home (PCMH) recognition at all four sites.

It is our goal to provide patient-centered care to all our patients, including those who are un-insured and/or under-insured and often go neglected in the healthcare system. PDCHC currently provides patient-centered care at all four facilities by adopting the care team approach to enhance population and care management, self-care support and coordination of care.



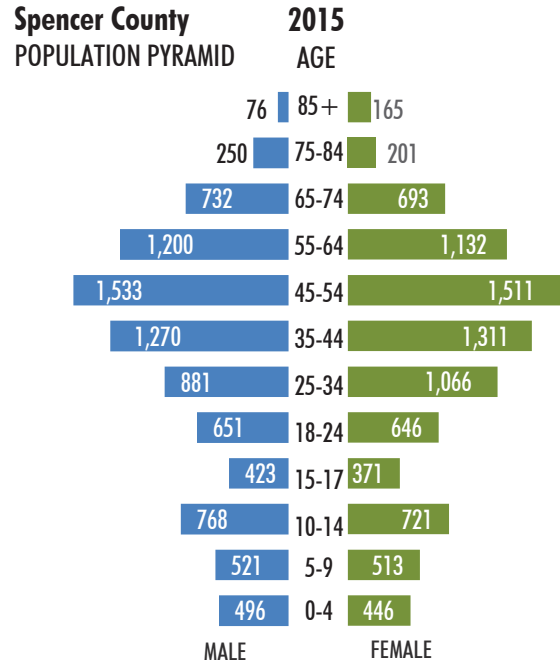
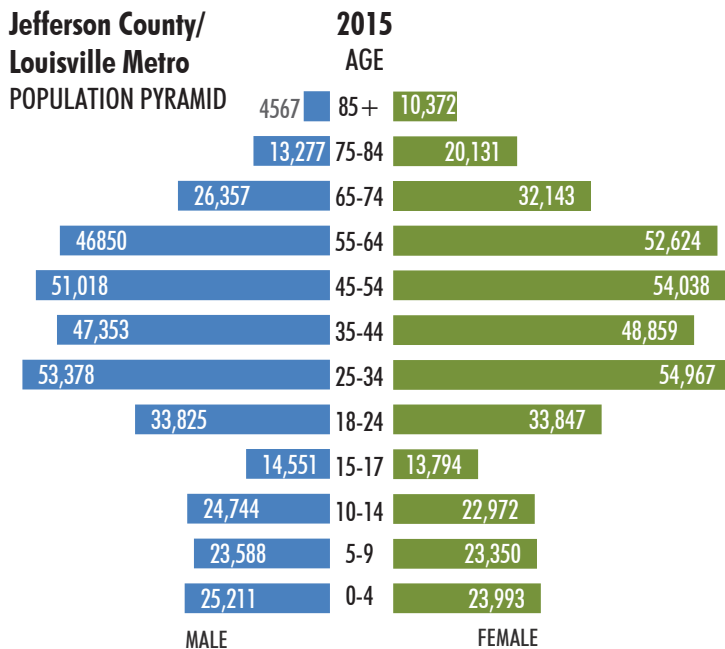
Community Profile

Jefferson County total population in 2015 **755,809**

48% Male | 52% Female

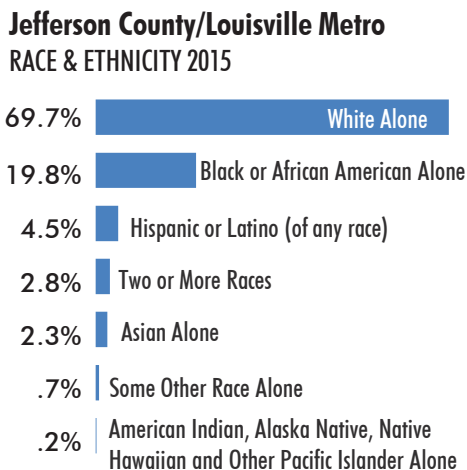
Spencer County total population in 2015 **17,577**

50% Male | 50% Female



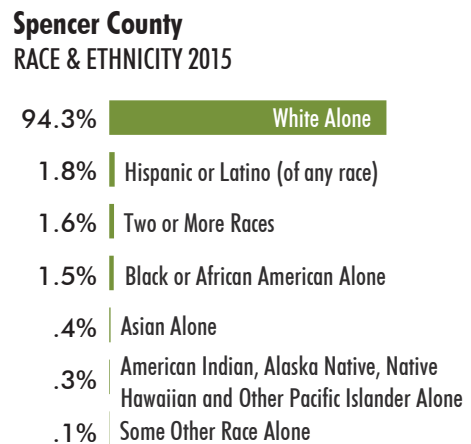
Jefferson County Race & Ethnicity

69.7% "White Alone"

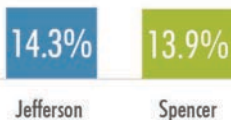


Spencer County Race & Ethnicity

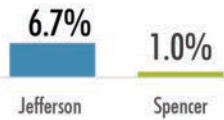
94.3% "White Alone"



FOREIGN BORN
PERCENTAGE OF RESIDENTS BORN OUTSIDE THE UNITED STATES



DISABILITY
PERCENTAGE OF RESIDENTS HAVING A DISABILITY



Data Source: American Community Survey 2015 (5 year estimates: 2011-2015)

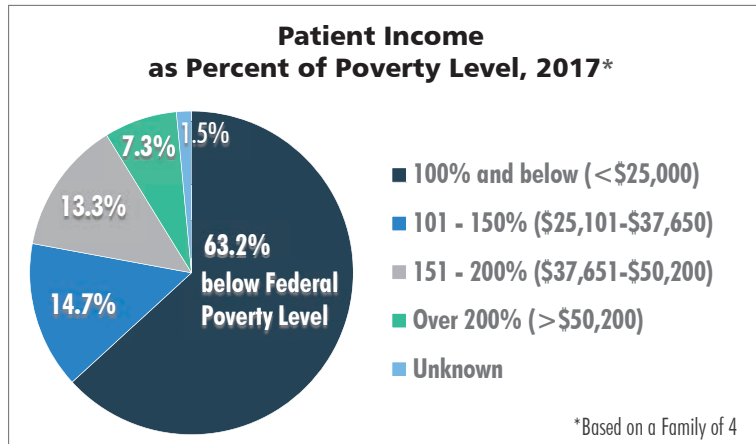
Park DuValle Community Health Center Client Profile

Over sixty-three percent (63%) of the patients served by Park DuValle Community Health Centers in 2017 were at or below the Federal Poverty Level, a total of 12,894 patients.

Nearly twenty-nine percent (29%) of all patients served by Park DuValle are uninsured, forty-nine percent (49%) are on Medicaid or Medicare and the remaining patients are privately insured.

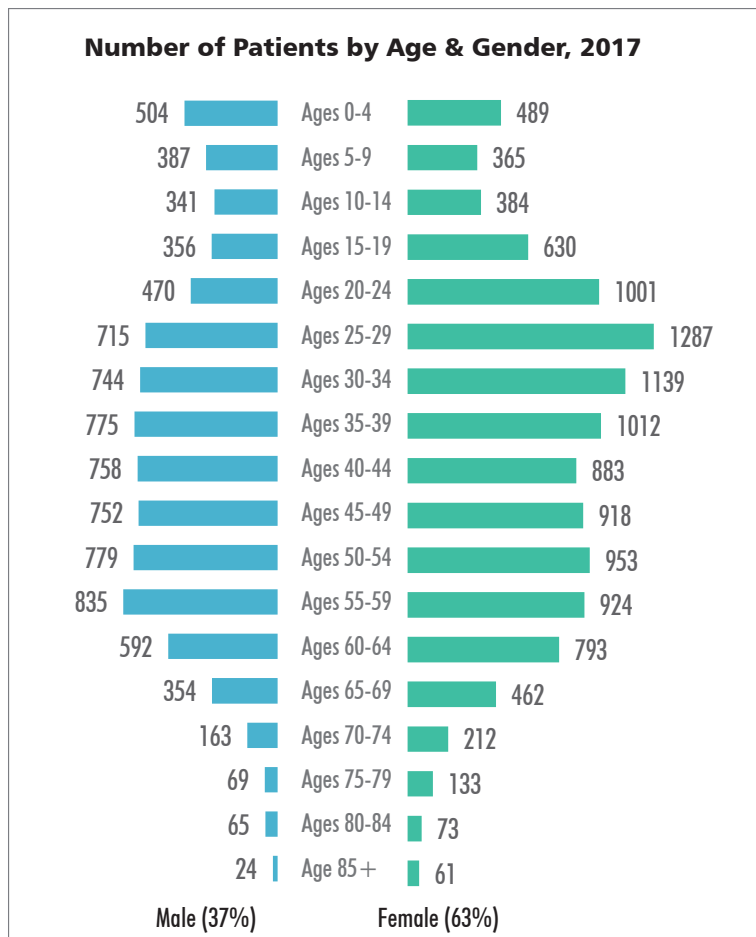
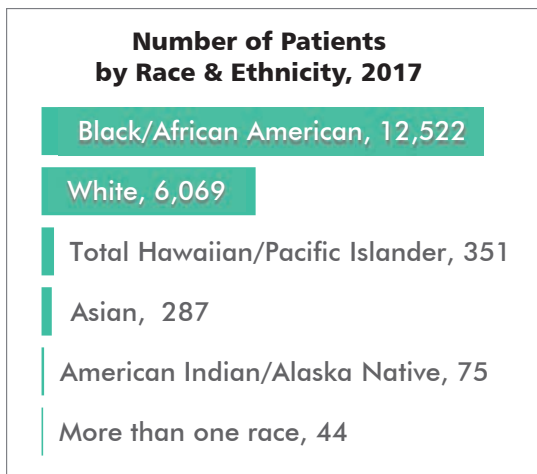
Nearly sixty-five percent (65%) of the patients in 2017 were Black or African-American, thirty-one percent (31%) were White, and nine percent (9%) were Hispanic/Latino.

The Park DuValle Community Health Centers served significantly more women in 2017, with 6,901 (37%) men and 11,719 (63%) women.



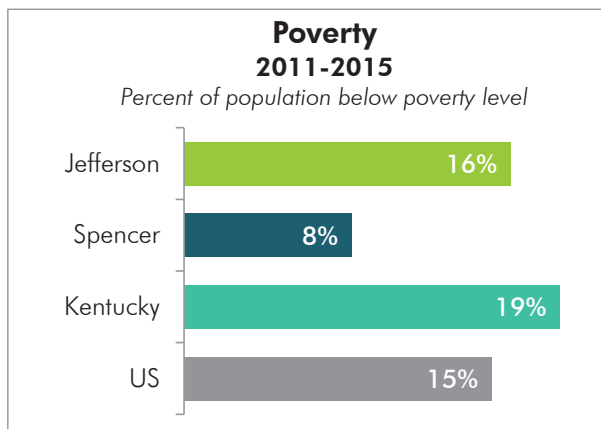
Patient Insurance Status, 2017

Principal 3rd Party Payment Source	Age 0-17 % of Total Users	Age 18 & Up % of Total Users	ALL AGES % of Total Users
None/Uninsured	2.1%	26.4%	28.6%
Medicaid (Title XIX)	10.3%	32.5%	42.8%
Medicare (Title XVII)	0.0%	6.2%	6.2%
Private Insurance	2.2%	20.1%	22.4%

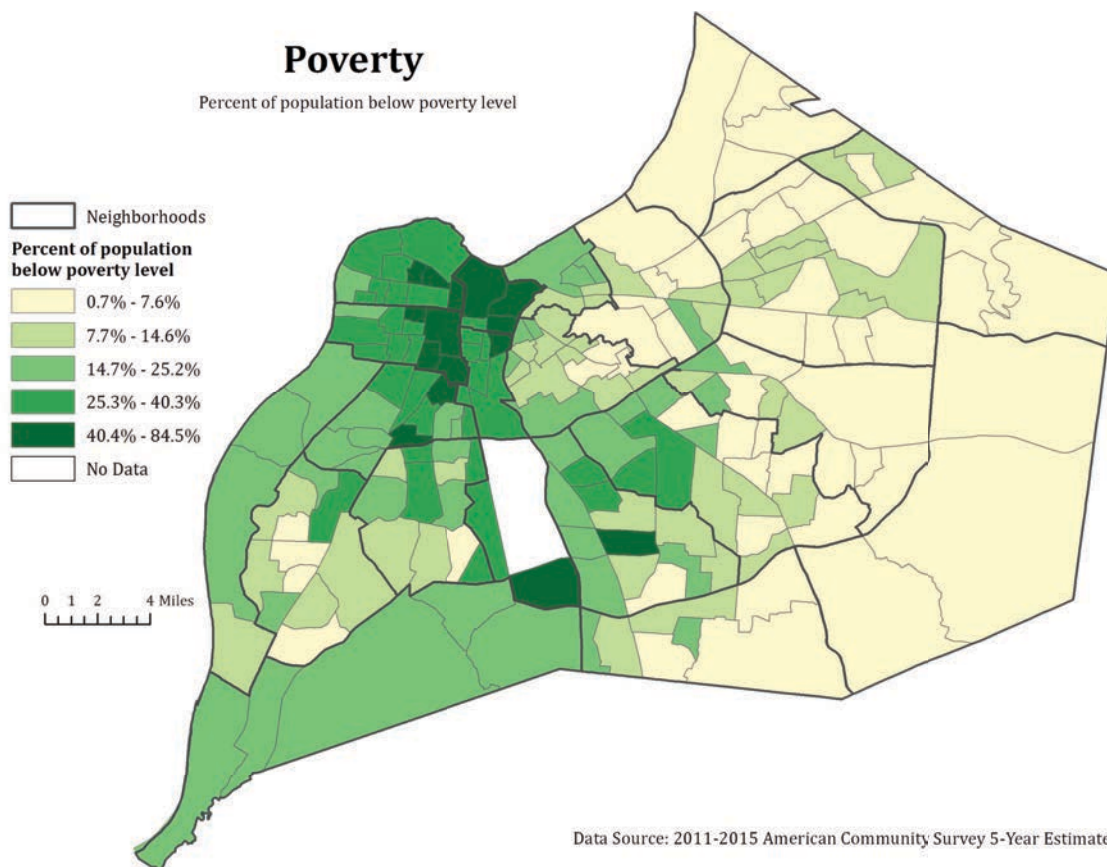


Poverty

Poverty is associated with many negative health outcomes. People in impoverished neighborhoods often have limited access to healthy foods, transportation, and are exposed to stressors associated with poor health outcomes. Kentucky has higher levels of poverty than the US. Jefferson County, as a whole, has lower rates of poverty than Kentucky, though some neighborhoods have very high levels of poverty. Spencer County has lower rates of poverty than the state and Jefferson County.



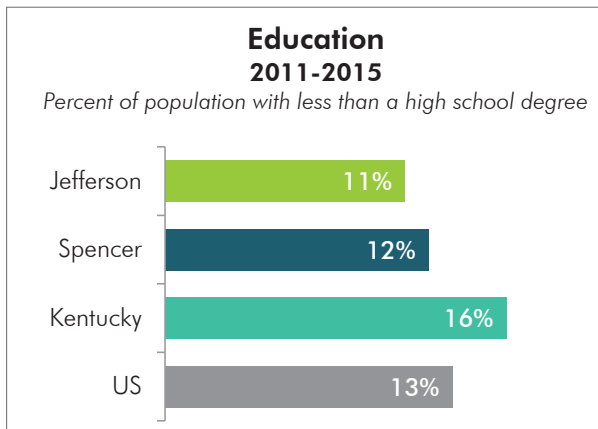
Data Source: 2011-2015 American Community Survey 5-Year Estimates



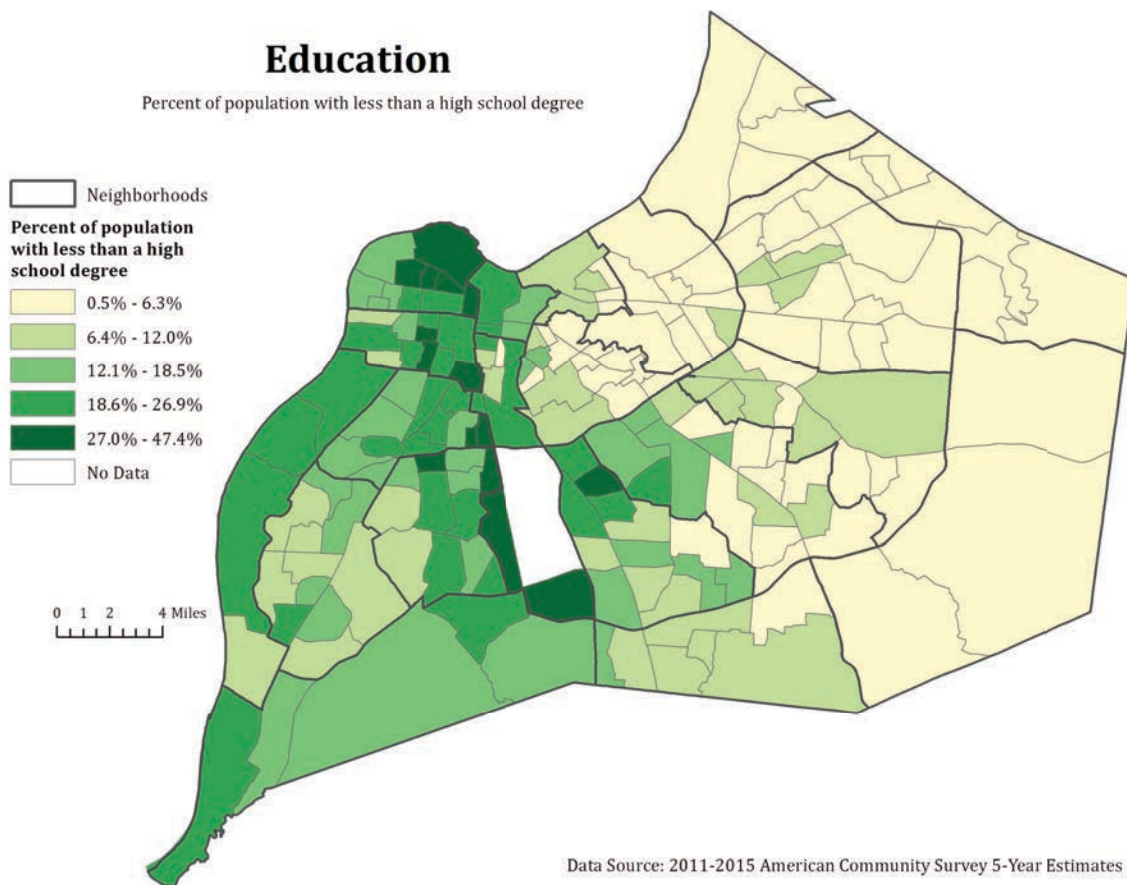
Data Source: 2011-2015 American Community Survey 5-Year Estimates

Education

Education is a strong predictor of health, with those who have more education being generally healthier than those with less education. Higher education is associated with higher income, better health literacy, and improved health behaviors. Kentucky has a higher rate of adults without a high school degree than the US, though Jefferson and Spencer Counties both have lower rates than the state and the US. Certain areas in West and South Louisville have very high percentages of the population without a high school degree.



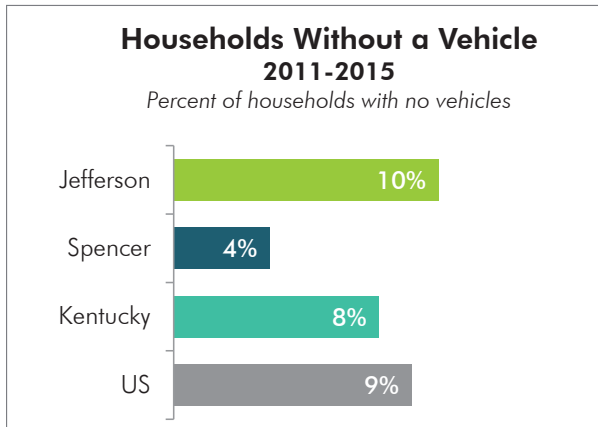
Data Source: 2011-2015 American Community Survey 5-Year Estimates



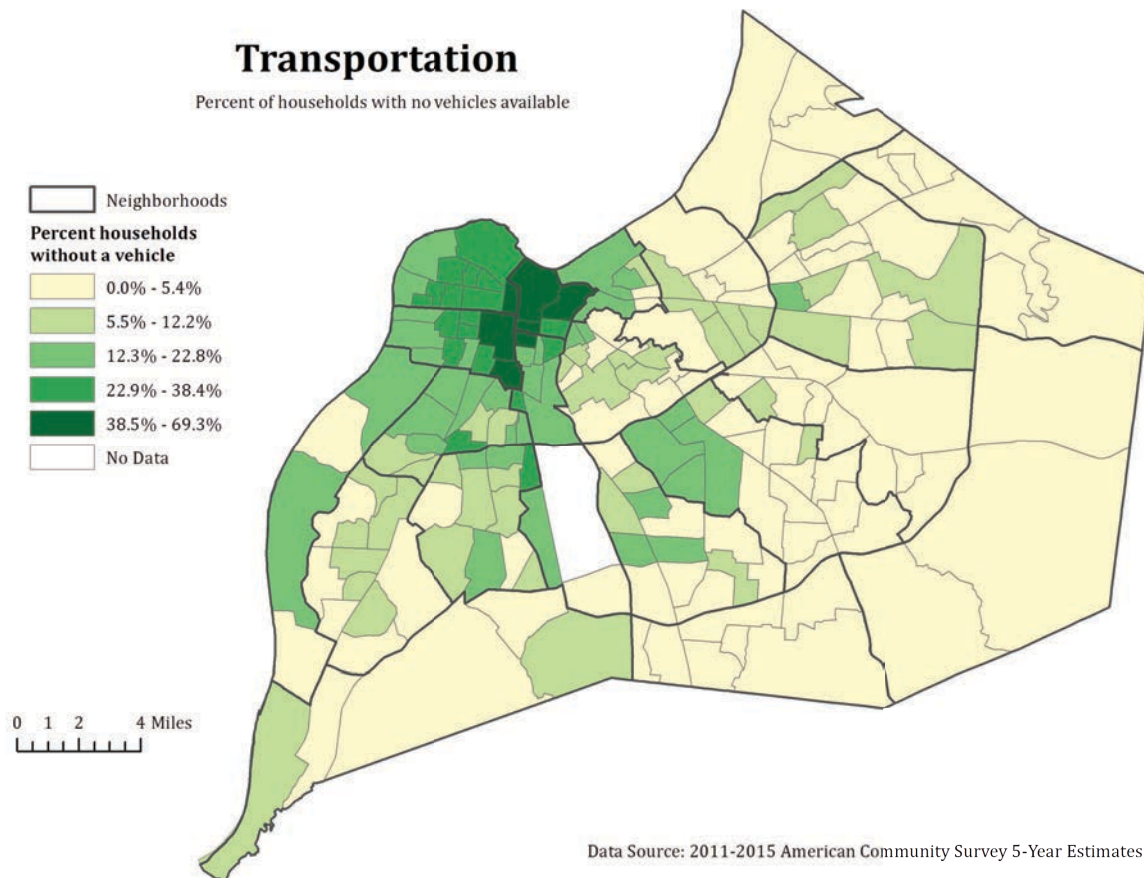
Data Source: 2011-2015 American Community Survey 5-Year Estimates

Transportation

Lack of transportation is a barrier to health. Those who lack a personal vehicle may be limited in terms of employment opportunities, ability to access healthy foods, and ability to access medical care. Kentucky has a slightly lower percentage of households without a vehicle than the US. Jefferson County has a higher percentage than Kentucky and the US, and Spencer County has a lower percentage.



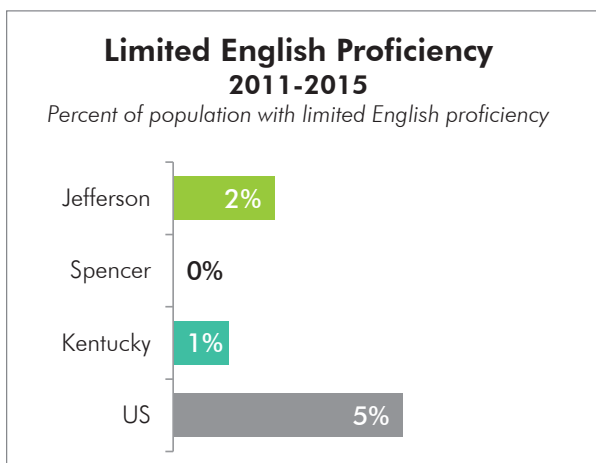
Data Source: 2011-2015 American Community Survey 5-Year Estimates



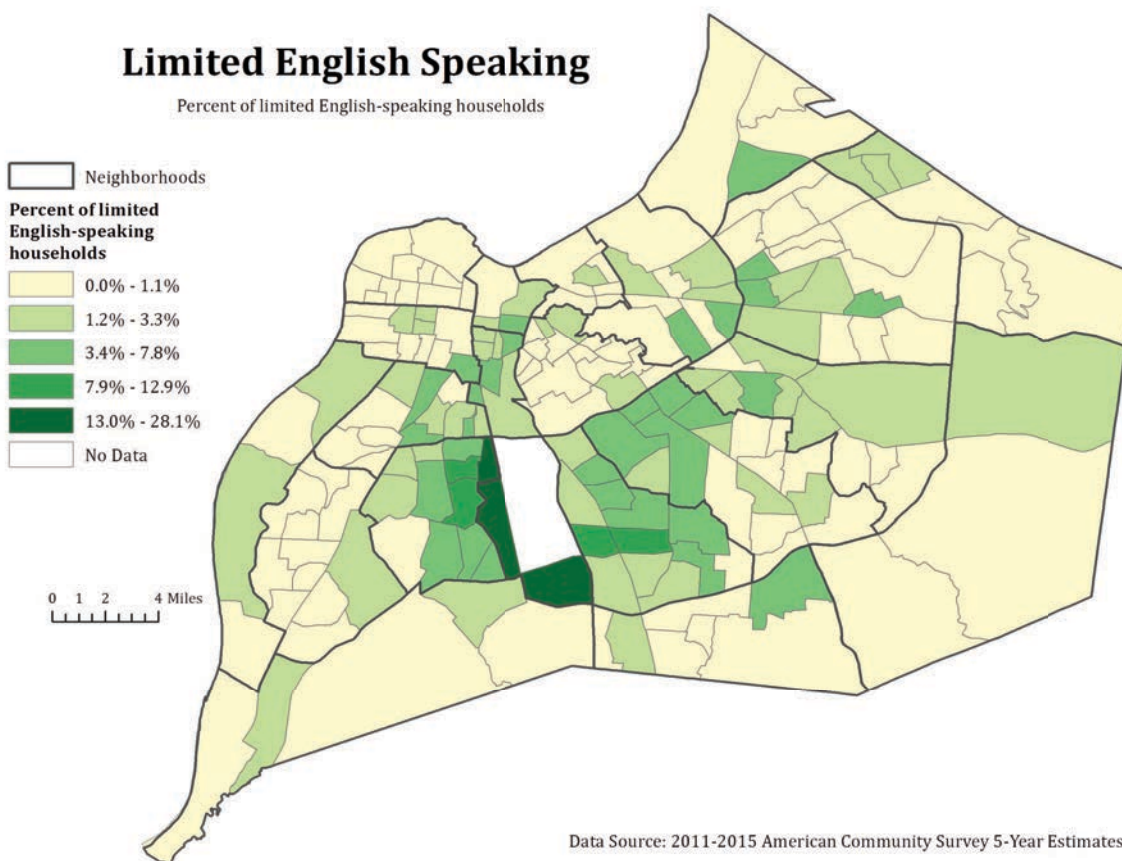
Data Source: 2011-2015 American Community Survey 5-Year Estimates

Limited English Proficiency

Limited English proficiency is another barrier to health. Immigrants and their families may face barriers accessing medical care, public services and assistance, and job opportunities due to their limited English ability. Kentucky has a lower rate of limited English-speaking households than the US as a whole. Jefferson County's rate is higher than Kentucky's, but less than 1% of the households in Spencer County were estimated to have limited English proficiency. The largest concentration of limited English-speaking households in Louisville is in South Louisville.



Data Source: 2011-2015 American Community Survey 5-Year Estimates



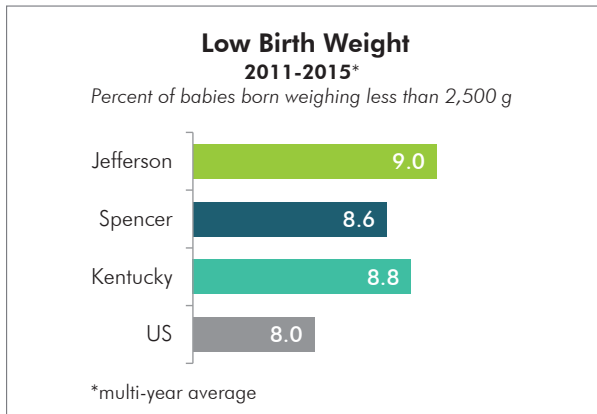
Data Source: 2011-2015 American Community Survey 5-Year Estimates

Infant Health

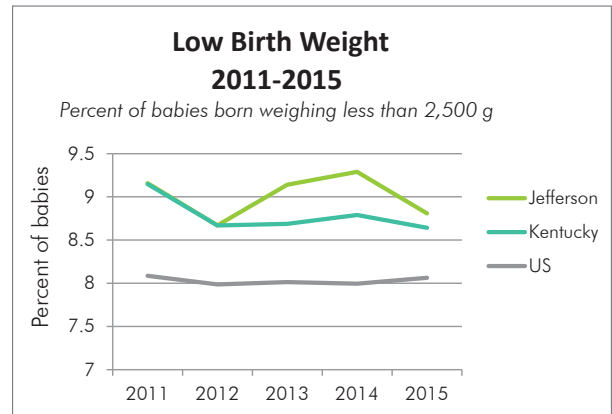
The Centers for Disease Control and Prevention (CDC) defines 'infant mortality' as the death of an infant before their first birthday. Babies with low birth weight are those who weigh less than 5.5 pounds immediately after birth. Low weight at birth has the potential for lifelong impact on motor skills, social development and learning dis/abilities, as well as the financial stability of the parent/guardian due to the significant associated medical costs. Though not all preterm births or low birth weights result in death, the CDC identifies both of these outcomes as significant risk factors for infant mortality. Because preterm births and low birth weights make it difficult to fight off infections, develop important bodily functions, and grow into a healthy adult, death is a much higher risk.

Far and away, preterm births, low birth weights, and infant mortality disproportionately affect Black babies. This is important because infant outcomes can impact health throughout the rest of one's life. Kentucky and Jefferson Counties have a higher rate of low birth weight babies than the United States, and the Spencer County rate is roughly comparable to Kentucky's.*

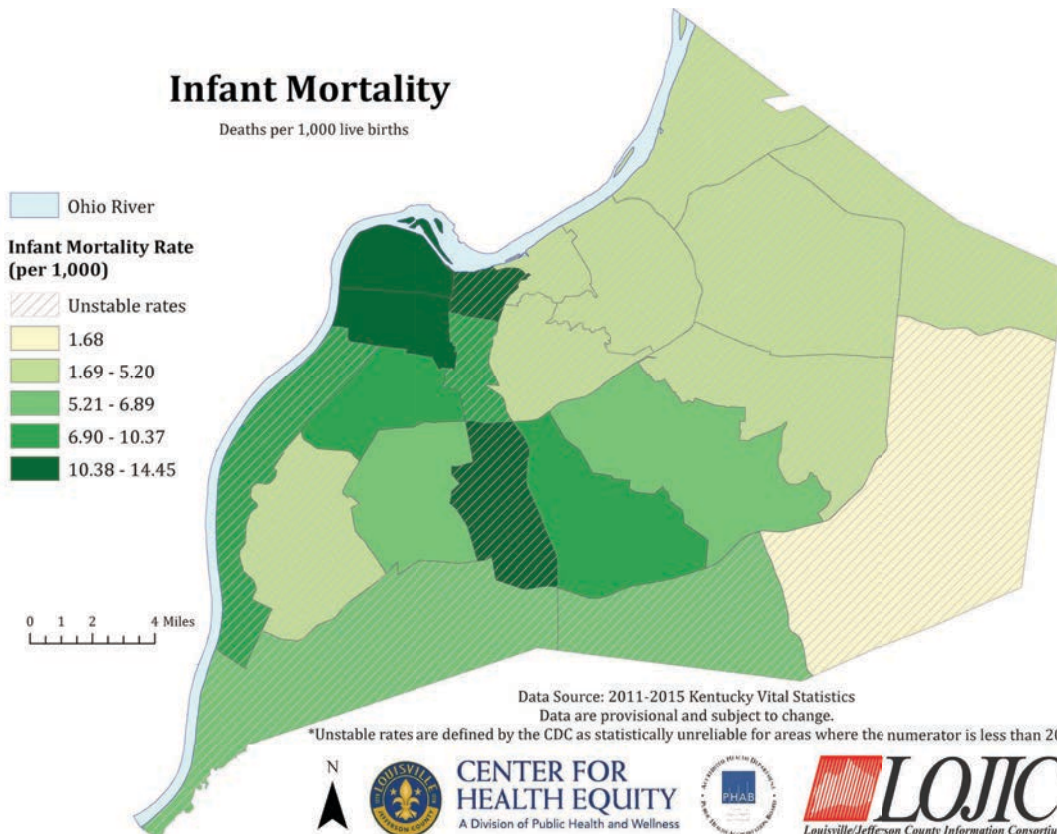
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Natality public-use data 2007-2016



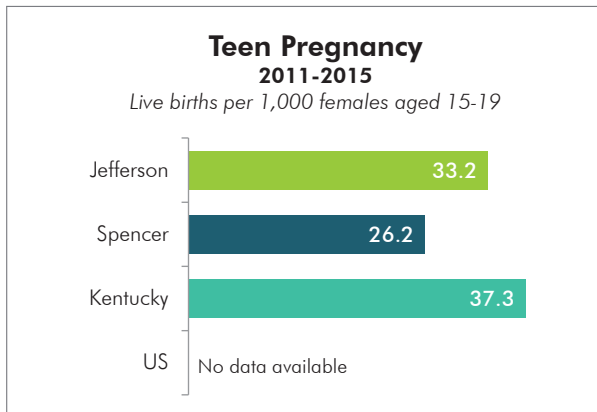
Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Natality public-use data 2007-2016 [NOTE: Annual data for Spencer County are unstable (n < 20) and are not portrayed.]



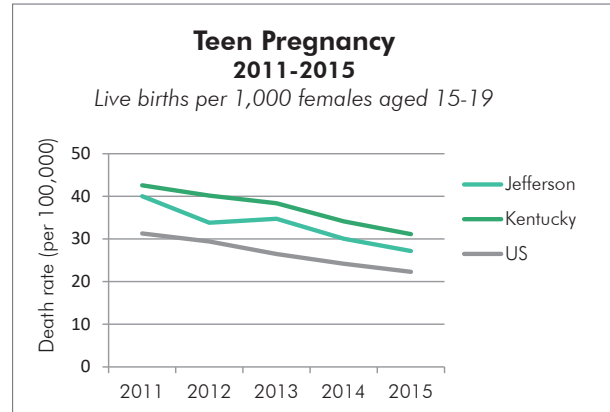
Teen Pregnancy

Pregnancy can have a negative impact on educational attainment and income for pregnant teens, which can have a health impact over the course of their lifespan. Some of this impact can be attributed to unintended pregnancies. Approximately 45% of all pregnancies in the United States are unintended - meaning they are unwanted or mistimed; for teenagers, the number is closer to 77%. Pregnancy for teenagers often results in not obtaining a high school diploma and leads to higher rates of unemployment. Additionally, women who experience unintended pregnancies are less likely to get prenatal care, which is important for the health of both infant and parent. The teen pregnancy rate has declined over the past several years in the US, Kentucky, Jefferson, and Spencer Counties. Kentucky has had a higher rate of teen pregnancy than the US over the past several years. Both Jefferson and Spencer Counties' teen pregnancy rates are lower than Kentucky's. In Jefferson County, teen pregnancy is having the largest impact on young girls of color, especially those who are not Hispanic or Black. These girls, who are Asian, Native American, Pacific Islander, etc. are having a child at rates four times higher than White girls during the ages of 15-19.*

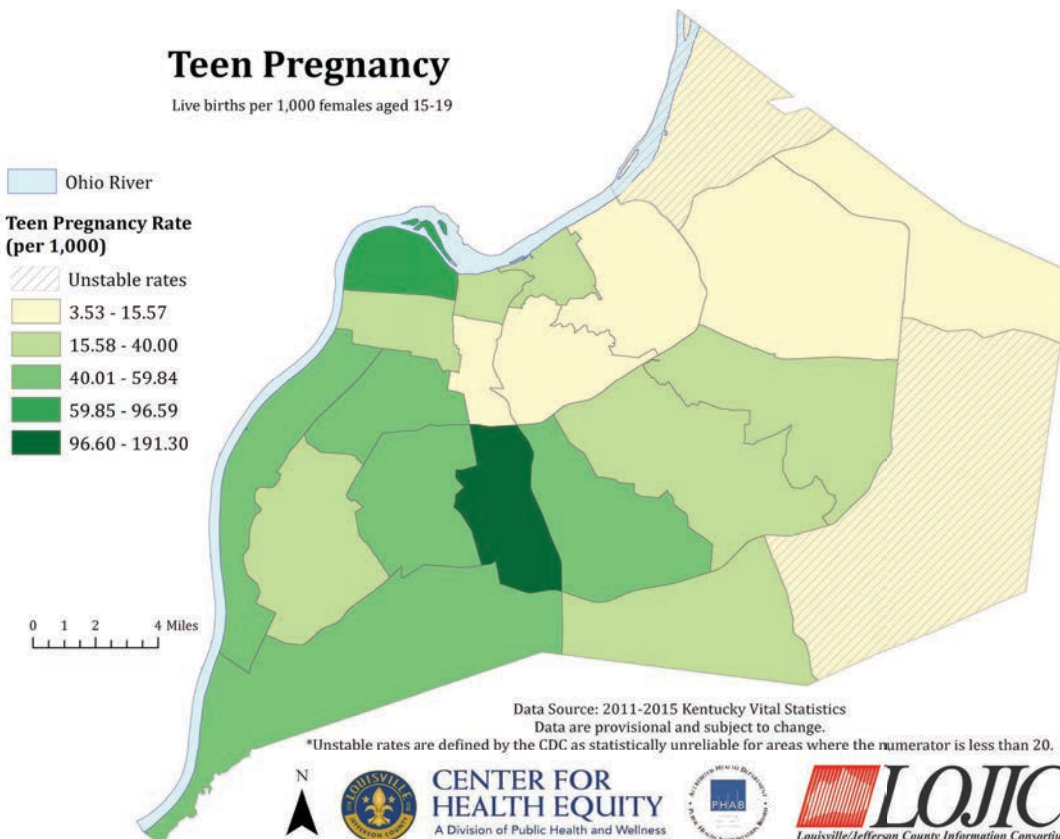
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics



Data Source: 2011-2015 Kentucky Vital Statistics, CDC [NOTE: Annual data for Spencer County are unstable (n < 20) and are not portrayed.]

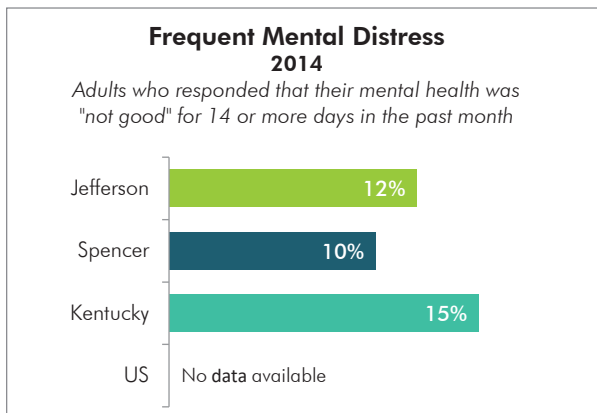


Mental Health

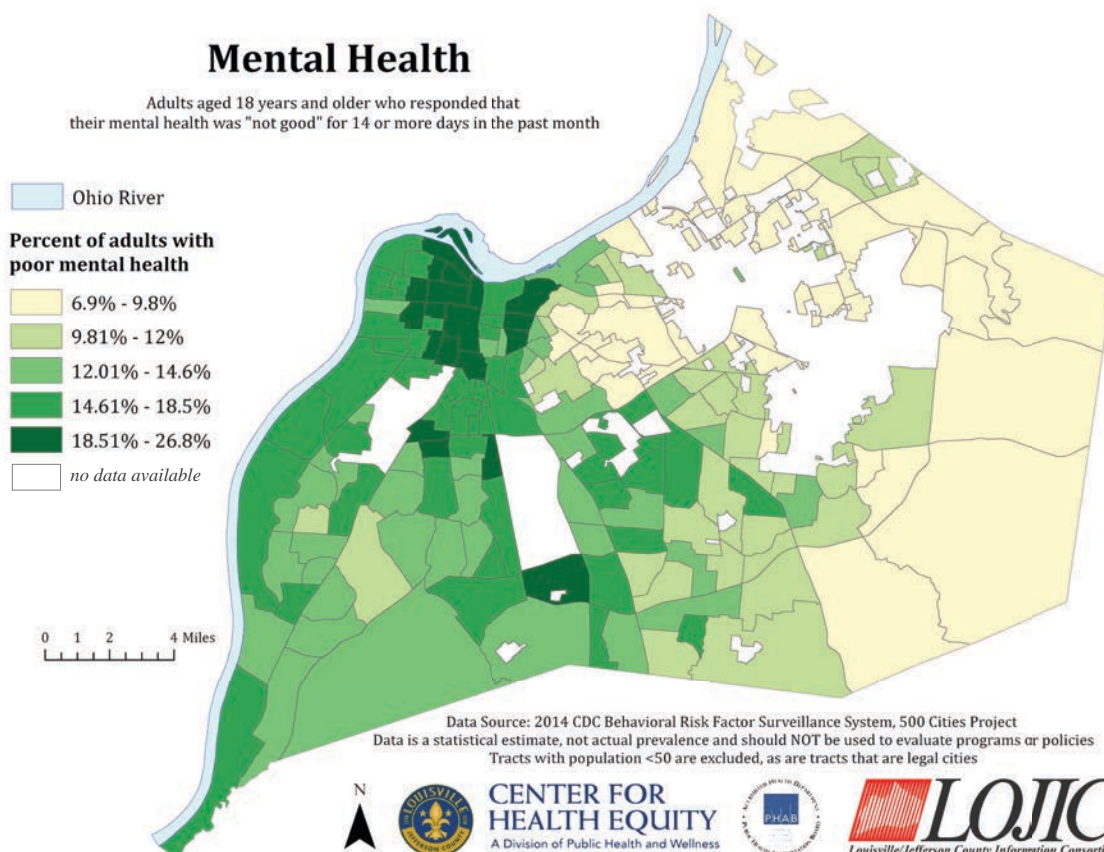
According to the Centers for Disease Control and Prevention (CDC), mental wellness is associated with improved health outcomes. Mental wellness may include having lower levels of a sense of helplessness, higher levels of intimacy (e.g. feeling very close with family and friends), and lower reports of chronic diseases. Evidence shows that mental illness is closely connected to the chance of being diagnosed with chronic diseases like diabetes, asthma, and cardiovascular disease.

Mental health data are not easy to obtain at a population health level. Our best estimates come from calculations created by the CDC, portrayed here. They use county-level data from the Behavioral Risk Factor Surveillance System (BRFSS) and use mathematical formulas to determine which counties and census tracts have higher percentages of adults with poor mental health.*

*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2014 BRFSS, County Health Rankings

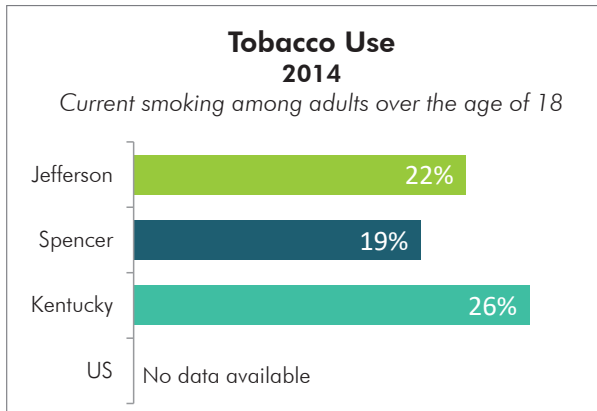


Tobacco Use

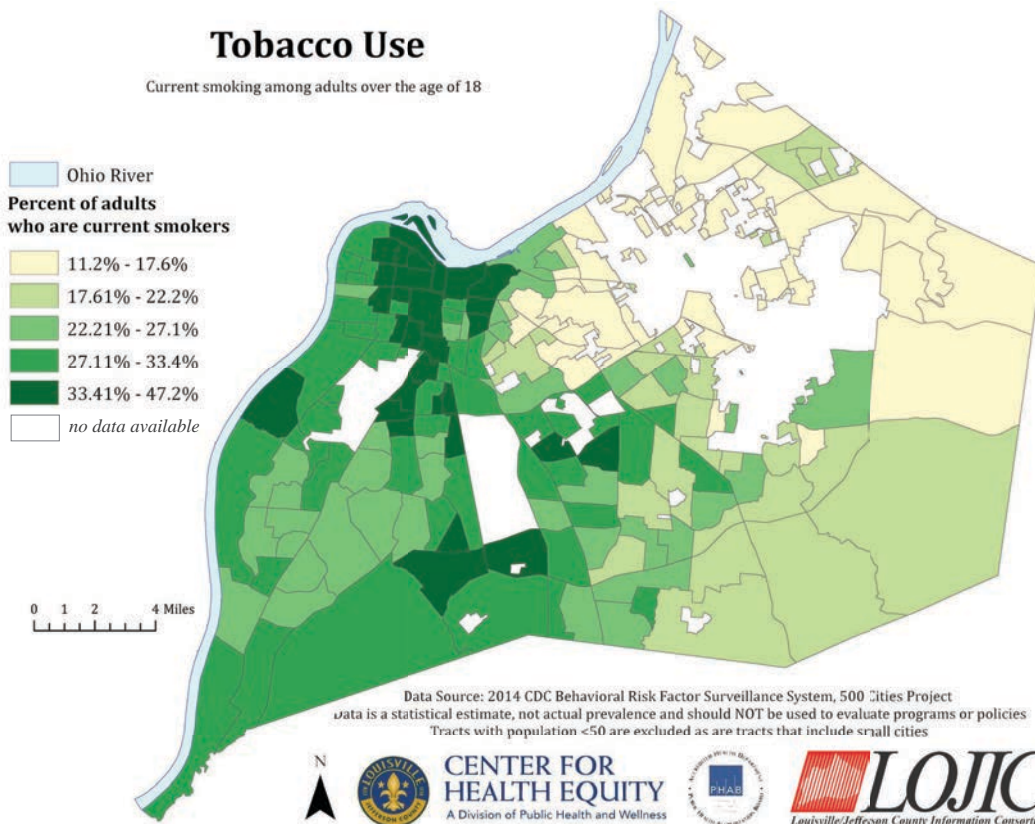
According to the Centers for Disease Control and Prevention (CDC), smoking tobacco remains the leading cause of preventable death and disease in the United States. Smoking and using tobacco can be harmful in numerous ways, including leading to heart disease, lung disease, poor oral health, and cancer in many parts of the body. Many chemicals found in cigarettes - the most popular tobacco product - are known by researchers to cause cancer.

Tobacco use among adults and youth has declined steadily in the US and Kentucky in recent years. However, Kentucky still has the second highest smoking rate in the nation. Data for small counties and census tracts are difficult to obtain. Our best estimates come from calculations created by the CDC. They use county-level data from the Behavioral Risk Factor Surveillance System (BRFSS) and use mathematical formulas to determine which counties and census tracts have higher percentages of adults who currently smoke. Jefferson and Spencer County's smoking rates are estimated to be lower than Kentucky's.*

*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



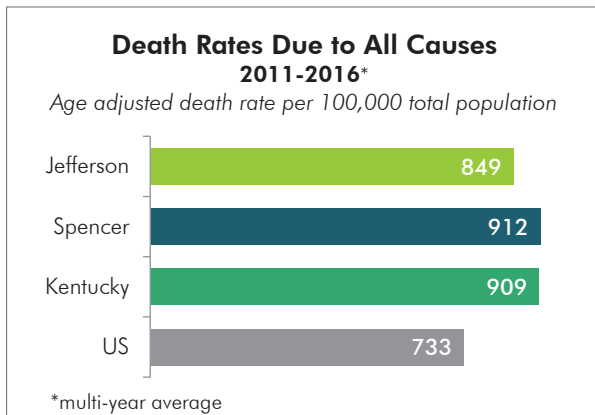
Data Source: 2014 BRFSS, County Health Rankings [NOTE: Data for Spencer County is a statistical estimate, not actual prevalence, and should NOT be used to evaluate programs or policies.]



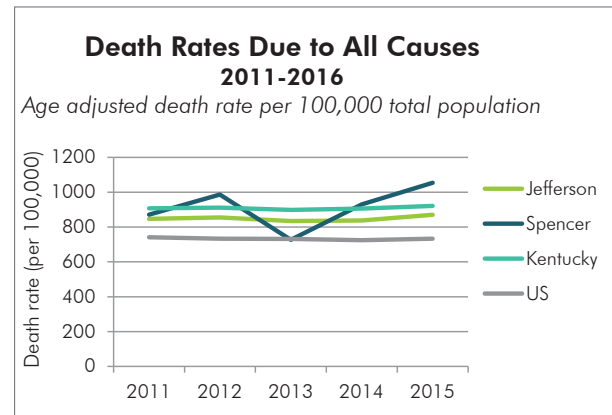
Deaths Due to All Causes

Total mortality, or deaths due to all causes, is a broad measure of health. Kentucky as a whole has a higher total mortality rate than the US. Jefferson County has a slightly lower rate than Kentucky's rate, and Spencer County's rate is roughly similar to Kentucky's as a whole. However, different populations are dying at different rates. Men have higher death rates than women because they are more likely to die prematurely from things like overdose, transit accidents, homicide and suicide. We also find that Black populations regardless of gender, are dying at greater rates, in part due to systemic oppression which differently patterns the way people experience root causes such as housing, employment, and education.*

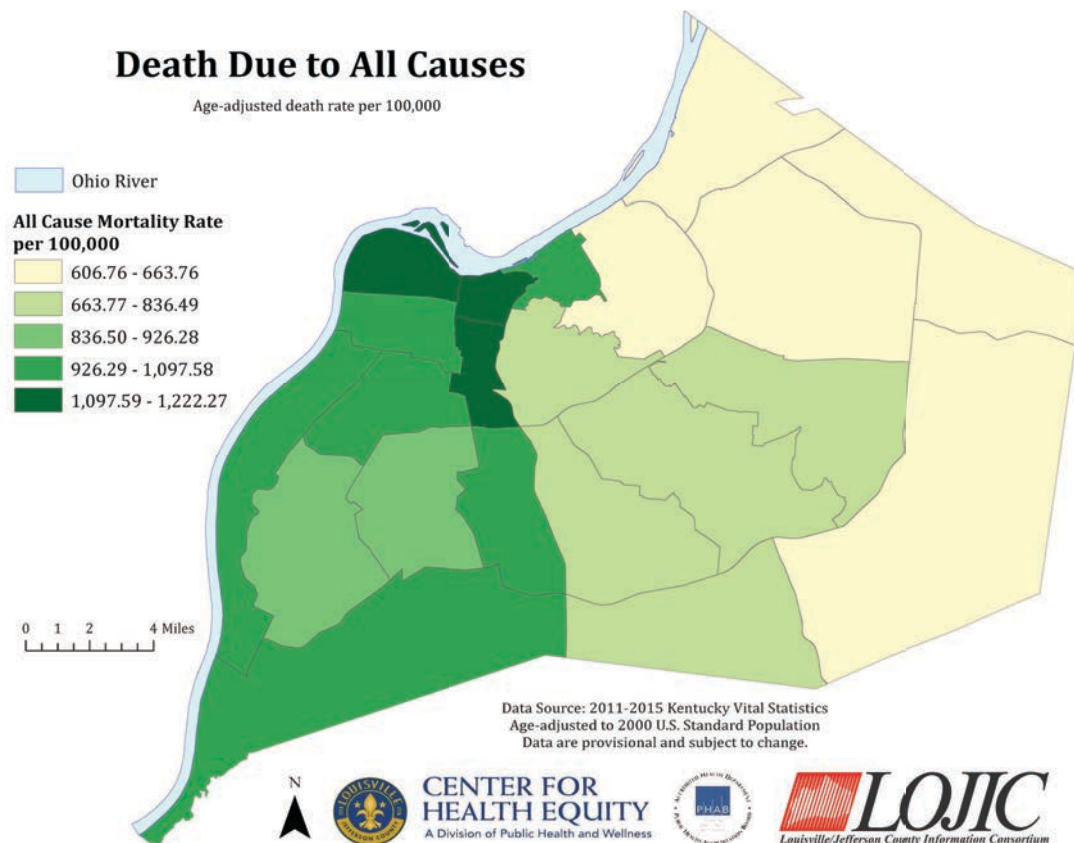
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.

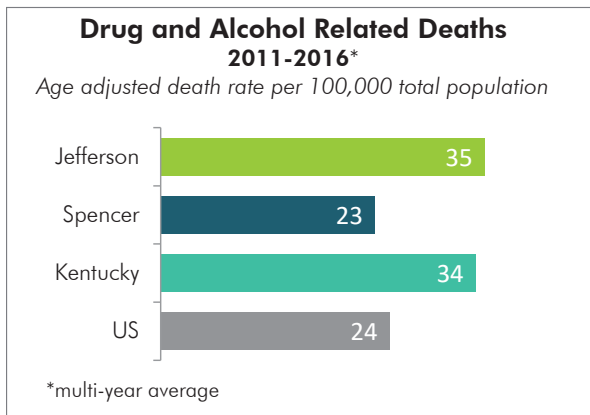


Drug and Alcohol Deaths

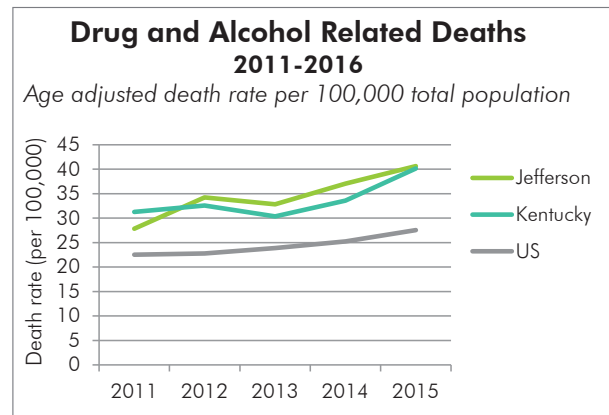
The specific health impact of substance use depends on which and how often substances are used. According to the National Institute on Drug Abuse, there are general impacts on health outcomes, which can include heart disease, stroke, cancer or lung disease. Substance use can also worsen a person's mental health, isolate them from their support system, or impact their ability to maintain housing or employment. In the most extreme cases, using substances can result in overdose and death.

Unlike many other health outcomes that have either declined or remained stable, the recent opioid epidemic has caused drug- and alcohol-related deaths to rise across all demographic groups. Kentucky has been hit particularly hard, with one of the highest drug death rates in the country. White men are most affected, with death rates almost twice that of the next most affected group, Black men. Jefferson County has a higher death rate due to drugs and alcohol than the state rate, and Spencer has a lower death rate.*

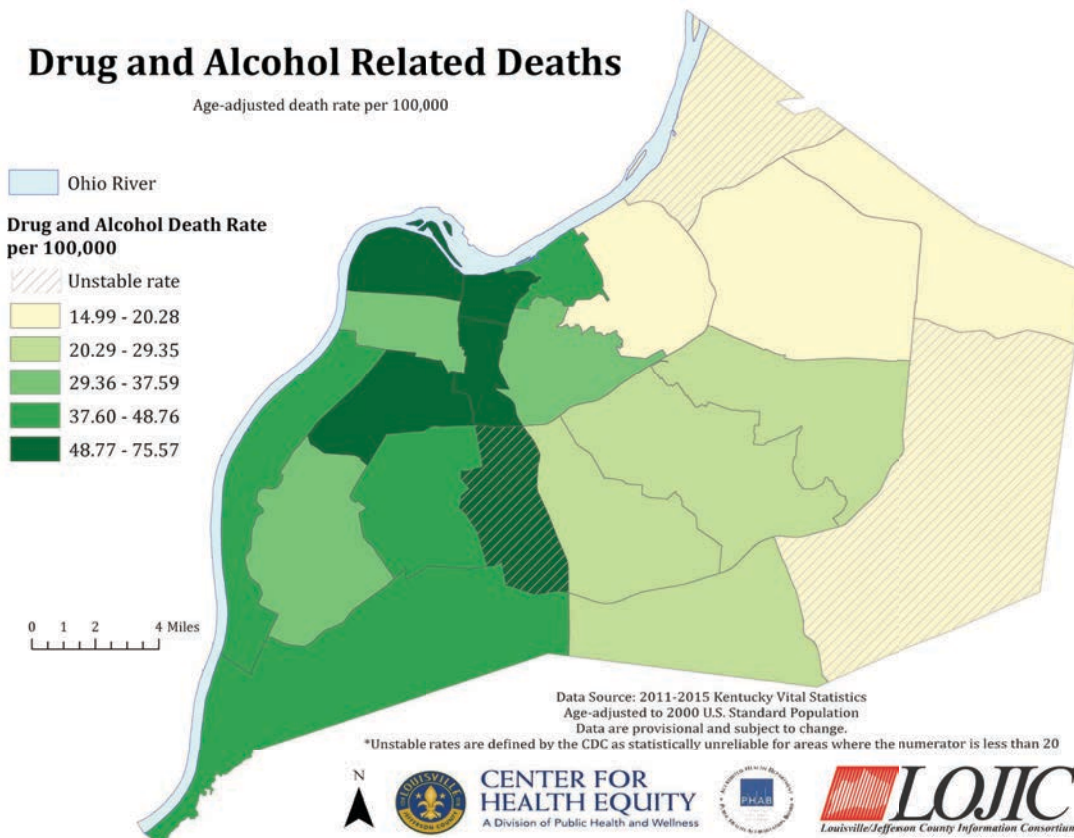
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.



Data Source: Data Sources: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population. [NOTE: Annual data not available for Spencer County]

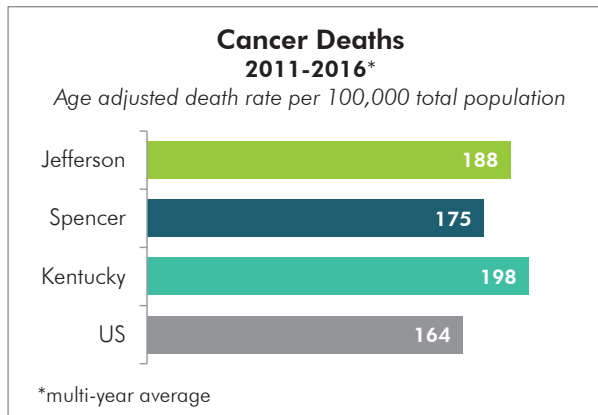


Cancer Deaths

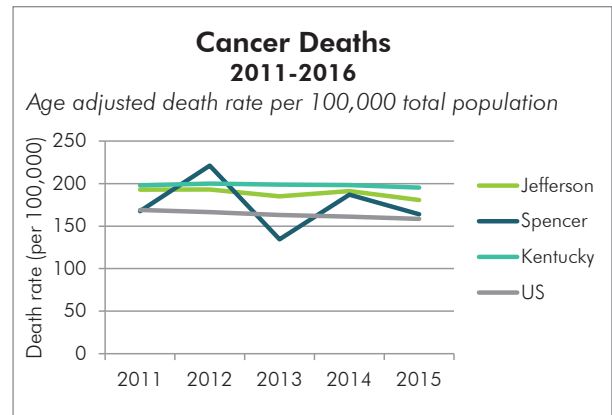
Cancer is the leading cause of death in Kentucky. Cancer touches all populations in the United States, but certain groups are more impacted than others. For example, some people may be more likely to develop cancer because of where they live or the type of job they have. Others might lack access to healthcare, so that when they finally receive a diagnosis (identifying a disease from its signs and symptoms), their cancer is further along, and they are more likely to experience more adverse effects from treatment or have their cancer result in death.

Not all those who get cancer die from it, as the incidence rate (how many new people are diagnosed each year) is 2.5 times higher than the death rate in Kentucky. However, Kentucky has the highest cancer death rate in the country. Both Jefferson and Spencer County's cancer death rates are lower than Kentucky's but still higher than the national rate. In Louisville, elevated cancer death rates are clustered in the entire western half of the county. Overall, White and Black men are dying at higher rates than women from any kind of cancer.*

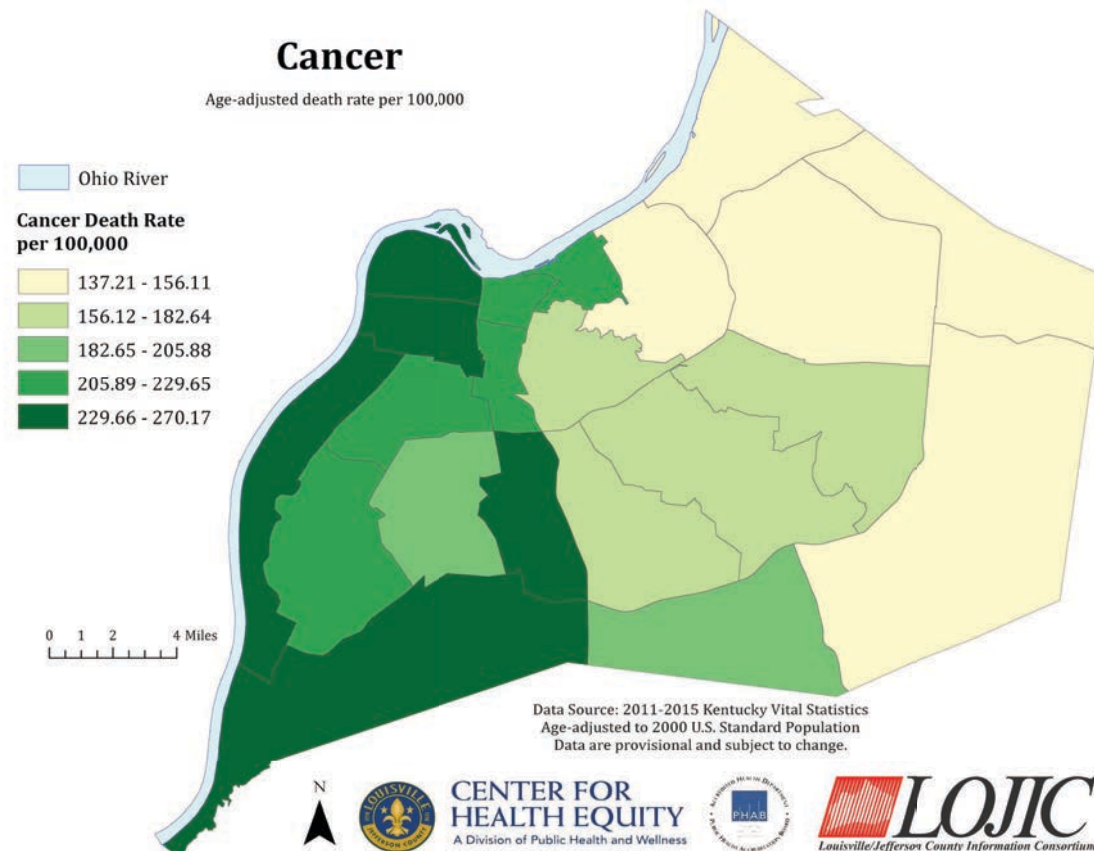
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.

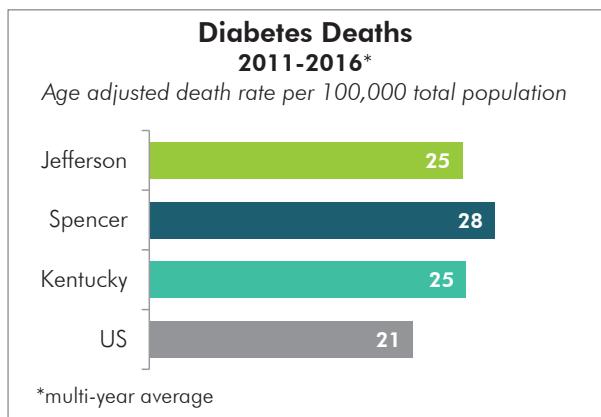


Diabetes Deaths

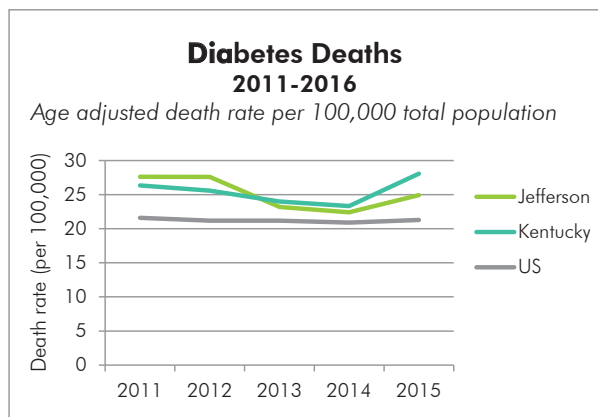
Other chronic diseases like heart disease, high blood pressure, and kidney disease are closely related to diabetes. The combination of these coexisting chronic diseases can make it difficult for people to self-manage their diabetes. It can be stressful to deal with a long-term condition like diabetes, which may explain why there are higher rates of anxiety and depression in those with diabetes. Diabetes is expensive to manage effectively, which adds more stress and burden to patients. The healthcare costs for people with diabetes are more than twice that of people without diabetes.

The data portrayed here show deaths that are directly attributable to diabetes. These represent the most severe cases, those who die from complications or who do not have the resources to properly manage their disease. It does not reflect people who die from other causes but also have diabetes. The rate of diabetes deaths in Kentucky is higher than the national rate. Spencer County has a higher rate of diabetes deaths than the state rate, and Jefferson County has a similar rate to the state. The downtown area has the highest rate of death due to diabetes. Black men are dying at a higher rate than the rate for Louisville Metro, and men generally had rates higher than women.*

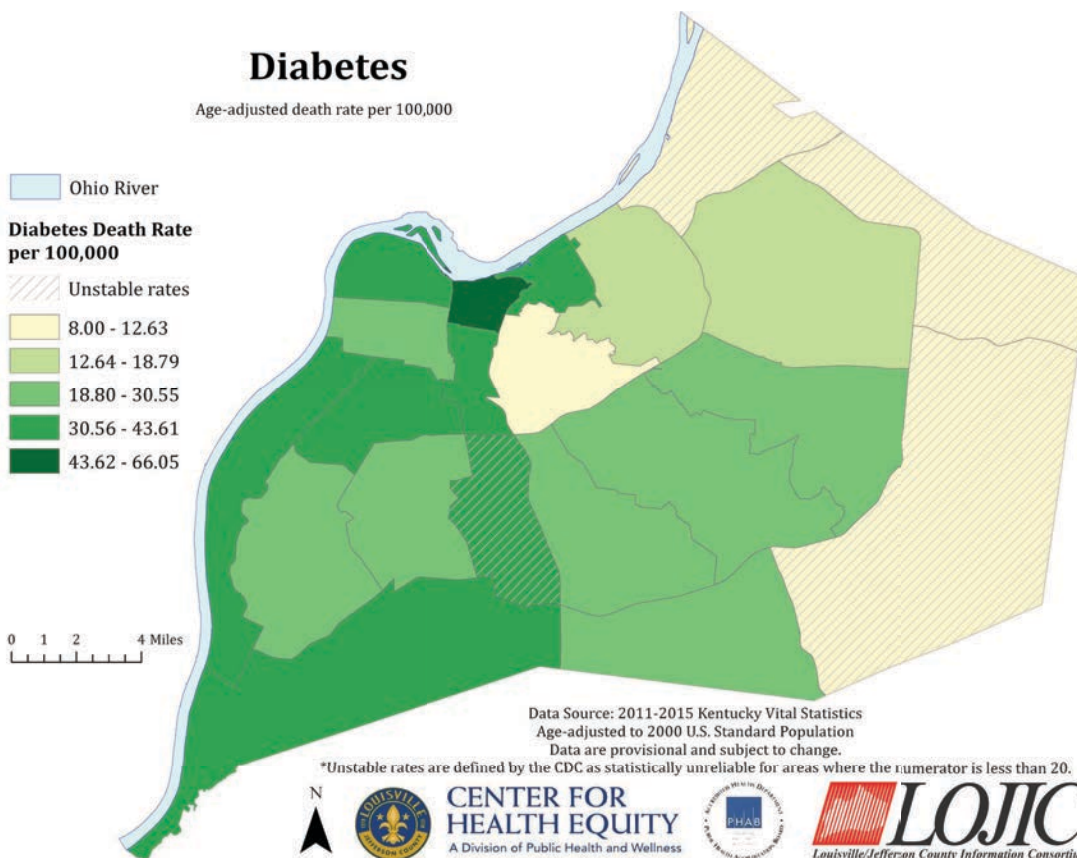
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population. [NOTE: Annual data not available for Spencer County]

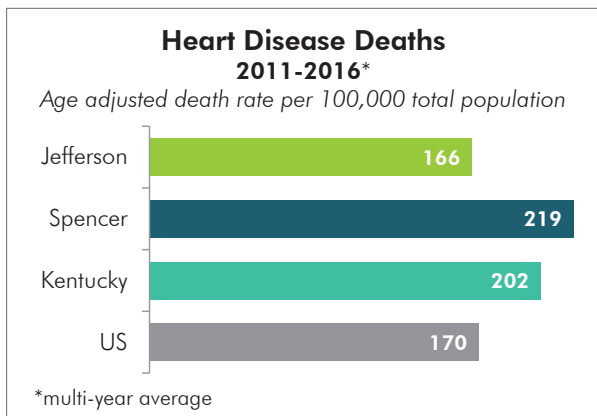


Heart Disease Deaths

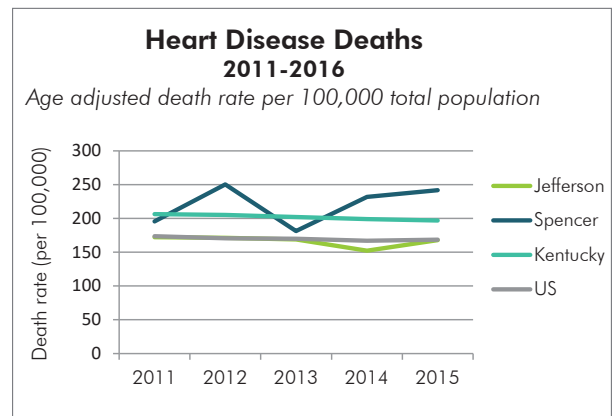
Heart disease is the leading cause of death in the United States, and the second leading cause of death in Kentucky. Even when heart disease does not result in death, significant complications can arise from heart disease. These complications may include not being able to exercise or do other physical activities, experiencing an abnormal heart rate, chest pain, an impaired ability to talk or eat, fatigue, and sleep issues. Developing heart disease or having a heart attack is a significant life event. People are more likely to experience depression after a heart attack because of uncertainty about the future, inability or delay in returning to regular activities, and the stress of making changes in health behaviors. All of this may hinder their ability to follow up on their recovery and rehabilitation efforts.

Kentucky has a higher rate of heart disease deaths than the US, and Spencer County has an even higher rate than the state. Jefferson County has a roughly equivalent rate of heart disease deaths to the US, though striking disparities are present in the city. Heart disease death rates are higher in the downtown core, Old Louisville, and the Northwest core. Men die from heart disease at higher rates than women, and Black people die at higher rates than their White counterparts.*

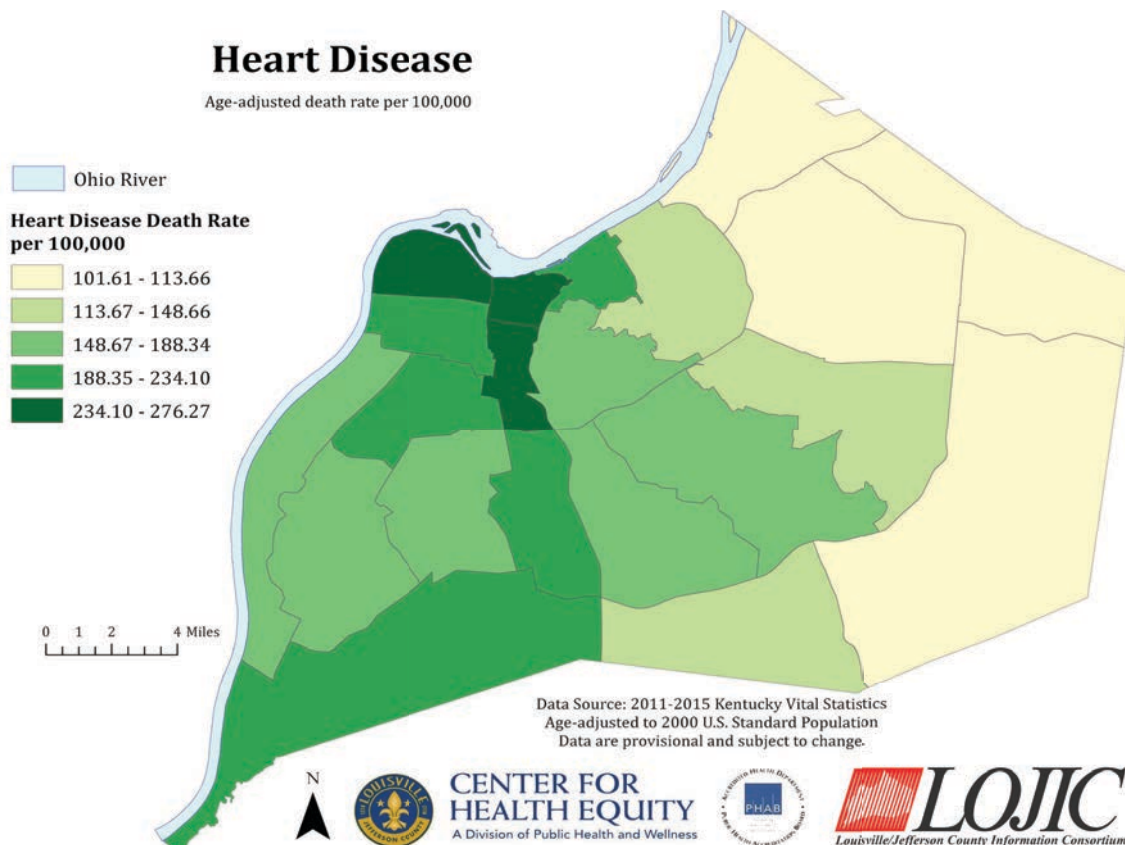
*SOURCE: Adapted from the 2017 Louisville Metro Health Equity Report, Center for Health Equity, Louisville Metro Department of Public Health and Wellness



Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.

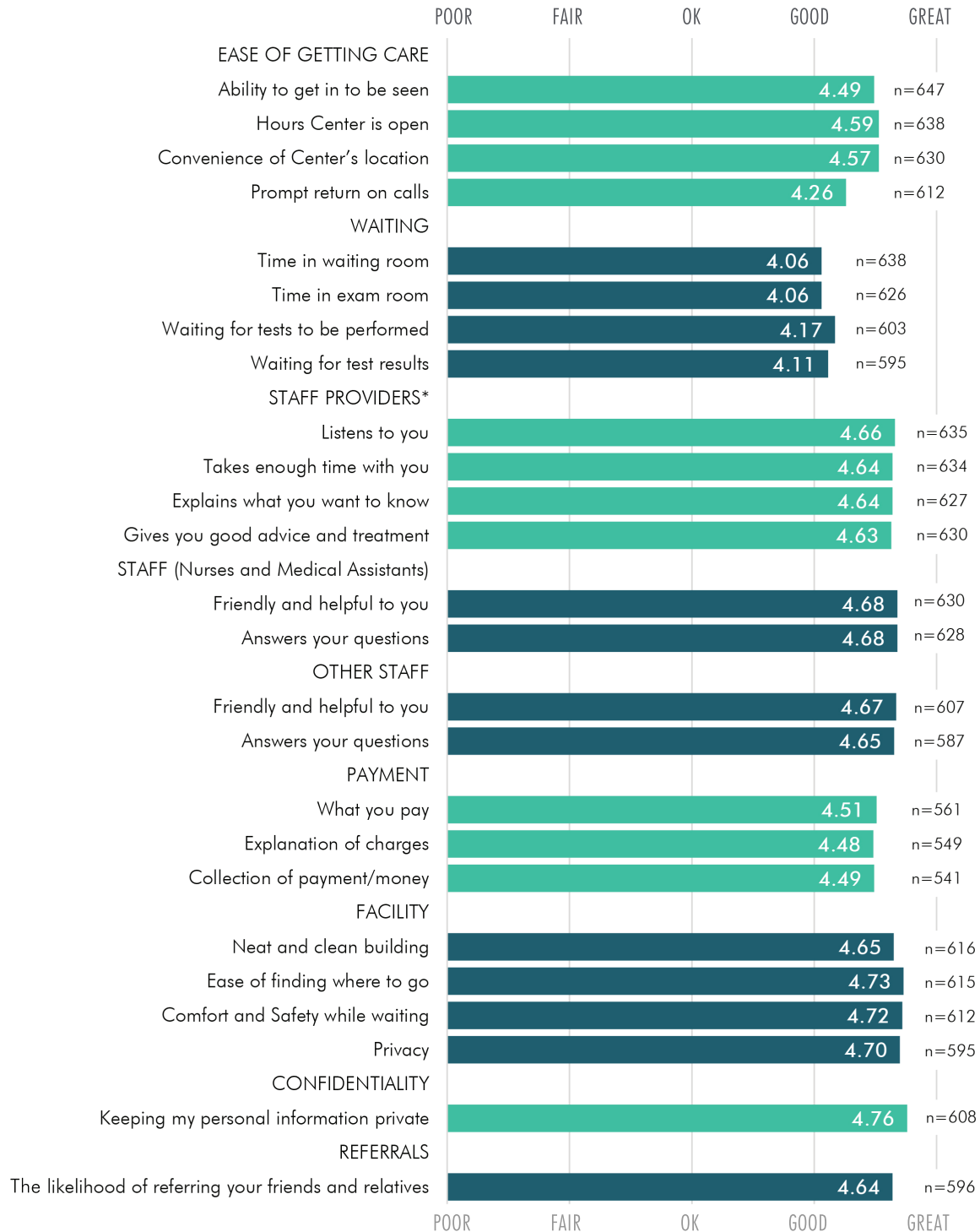


Data Source: 2011-2015 Kentucky Vital Statistics, CDC WONDER Multiple Cause of Death 1999-2016 Online Database. Age-adjusted to the 2000 US Standard Population.



Patient Satisfaction Survey Results, 2017

Six hundred and fifty-nine (659) patients responded to the Patient Satisfaction Survey in calendar year 2017. On the survey, patients were asked to let Park DuValle Health Center know how they felt about the services they received. The instructions specified that their responses would be used to make improvements. The chart below provides the average response for each item. On a scale of 1-5, with 1 being poor and 5 being great, the vast majority of the responses were either great or good. (NOTE: Items on the last half of the survey had fewer responses.)



*Physician, Dentist, Physician Assistant, Nurse Practitioner

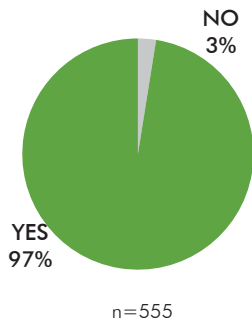
Patient Satisfaction Survey Results, 2017

(continued)

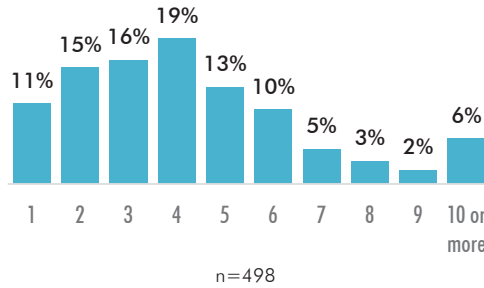
n = number of responses

ACCESS

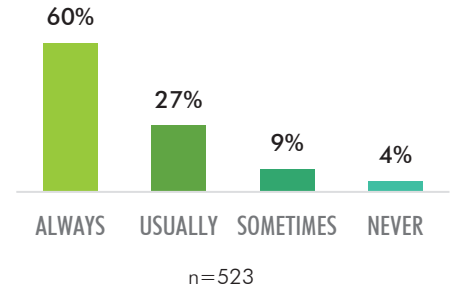
Do you consider this center your regular source of care?



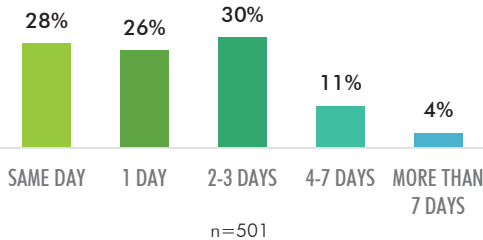
In the last 12 months, how many times did you visit your provider to get care for yourself?



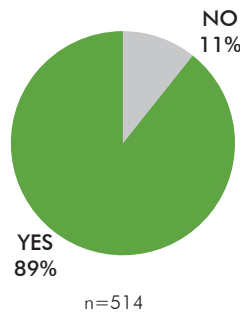
In the last 12 months, when you phoned your provider to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?



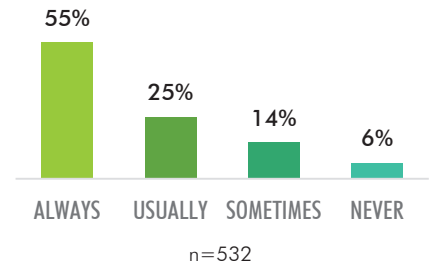
In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?



Did this doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?

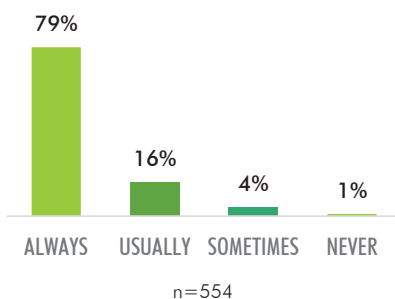


In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

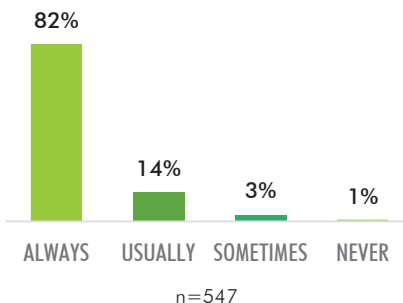


COMMUNICATION

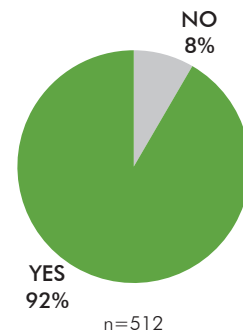
In the last 12 months, how often did your doctor explain things in a way that was easy to understand?



In the last 12 months, how often did your doctor listen carefully to you?



In the last 12 months, did you talk with your doctor about any health questions or concerns?

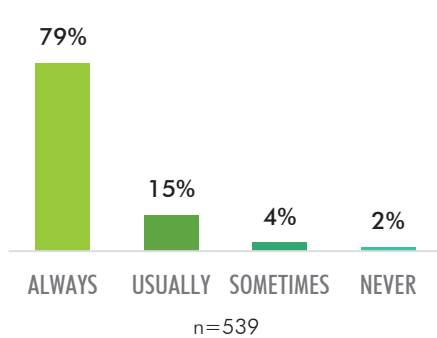


Patient Satisfaction Survey Results, 2017

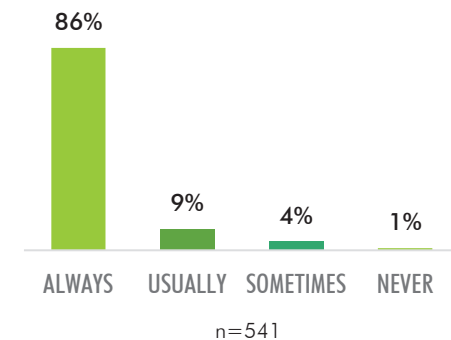
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COMMUNICATION (continued)

In the last 12 months, how often did your doctor give you easy to understand information about these health questions or concerns?

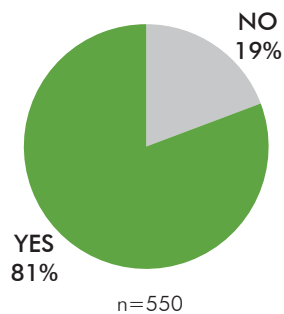


In the last 12 months, how often did your doctor show respect for what you had to say?

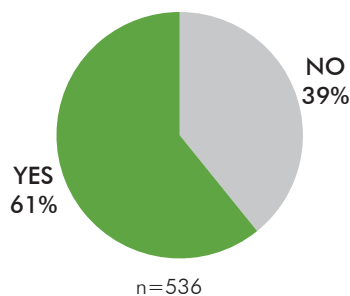


WHOLE PERSON CARE

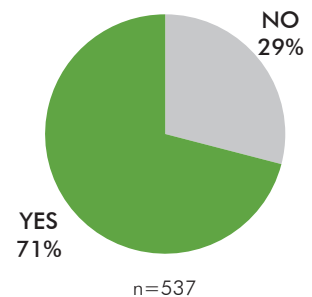
In the last 12 months, did anyone in this office talk with you about specific goals for your health?



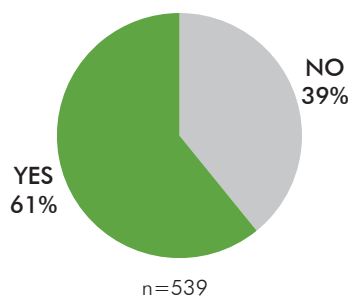
In the last 12 months, did anyone in this office ask you if there are things that make it hard for you to take care of your health?



In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?



In the last 12 months, did anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or mental or emotional illness?



The results of the Patient Satisfaction Survey reflect the responses of patients from all clinic locations. However, prior to drafting the current needs assessment, the data were analyzed to see if there were any significant differences among various subpopulations. Analysts looked for differences among clinics (location) and among the gender, race and ethnicity of patients. The level of satisfaction was similar across sites, among males and females, and among racial groups. The only differences that were found were among respondents who identified as Hispanic or Latino. These differences were predominantly in the areas of perceived access. However, because the number of Hispanic or Latino respondents is so small (19), the data are not displayed separately, as the results may not be reliable.

Conclusion

The Park DuValle Community Health Center, Inc., with its three locations in Jefferson County and a satellite clinic in Spencer County, is addressing a critical need for health care among the populations it serves. In Jefferson County, the main Park DuValle clinic and Park DuValle at City View are located in neighborhoods that have higher all-cause mortality rates and higher rates of infant mortality; and all three Jefferson County clinics are located in areas of high poverty and with higher percentages of African Americans.

Patients participating in the Park DuValle Community Health Center Patient Satisfaction Survey (throughout calendar year 2017) overwhelmingly expressed positive experiences in terms of ease of attaining health care services, in their ability to get in to see the doctor, in the hours of operation of the centers, and especially the convenience of location for the centers' operations. The vast majority of patients found waiting times, times in exam rooms and having tests performed, as well as the time in learning about test results to be very satisfactory.

Relationships with staff, including physicians, physician assistants, nurse practitioners, nurses, and operational staff, were categorized as 'great' or 'good' in more than 90% of all experiences, including having positive feelings about being listened to, getting questions answered, and getting good advice and treatment in the clinic. Issues related to overall communications, payment, confidentiality, and access to care were also rated very highly by patients.

There has been considerable improvement in the percent of patients who responded that their provider had talked with them about their health care goals (from 75% in 2014 to 81% in 2017). Improvement was also reported in the areas of "whole person care". The percent of patients who reported that someone had talked with them about a personal problem, including alcohol or other drugs and mental or emotional illness, increased from 52% in 2014 to 60% in 2017. Even more progress was shown on the question related to depression, with 70% of patients reporting that they had been asked if they had experienced feeling "sad, empty or depressed". This was an increase of 13 percentage points over the 2014 rate of 57%. These data are indicative of Park DuValle's progress in achieving the goal of fully integrating behavioral health services into their primary care PCMH Model.

As evidenced by the health outcomes and barriers data presented in this report and through information derived through the 2017 Patient Satisfaction Survey, it is clear that Park DuValle Community Health Center continues to fill a critical need for high quality primary care, dental care, and behavioral health care services and are especially well located in areas of very high health care need in the Jefferson and Spencer County service areas.

Park DuValle Community Health Center is a 501c3 non-profit, federally qualified health center that has served the local community for over 50 years. Park DuValle Community Health Center strives to adhere to the highest quality standards of patient care, regardless of patients' insurance status or ability to pay.

www.pdchc.org



“You are not here merely to make a living. You are here in order to enable the world to live more amply, with greater vision, with a finer spirit of hope and achievement. You are here to enrich the world, and you impoverish yourself if you forget the errand.”

—Woodrow Wilson



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