

Stanford MEDICINE

BACKGROUND

In 2019, a needs assessment for the Stanford Family Medicine Residency clinic was conducted with the hopes of improving the curriculum's community outreach. Goals of the assessment were: to gather quantitative and qualitative data to increase resident understanding of their patient population, to influence residency recruitment to better represent our patients' demographics, and to guide future resident community projects.

METHODS

- Gathered de-identified demographic data of the patient population through electronic medical record reports. Obtained social determinants of health data from the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) survey, which had been integrated to clinic workflow prior to this study.
- 2. Created and distributed an anonymous "Health Needs Assessment" survey (Figure 1) to a random sample of clinic patients for one week in April 2019. Questions included ranking importance of health issues, opinions about health need priorities, and feedback for improving clinic experience.
- 3. Completed descriptive analysis on all data collected. Patient's zip codes were mapped using the American Academy of Family Physician's Health Landscape software, and geographic analysis was then compared to Santa Clara Public Health's Public Health Interactive Maps. Qualitative responses from patient feedback were grouped into overlying themes and distributed to clinic providers.
- 4. Conducted outcomes survey in 2021, following two years of publicizing findings within the residency program. Survey examined the health assessment's effect on resident attitudes towards their clinic population and the impact on their individual scholarly projects.

REFERENCES

- HealthLandscape Turning statistics into information. Retrieved May 1, 2019, from https://www.healthlandscape.org/PopHealthProfiler/
- Public Health Interactive Maps. (n.d.). Retrieved May 1, 2019, from https://sccphd.maps.arcgis.com/apps/MapSeries/ind ex.html?appid=b43cdd360add4bdf9ab517a0a765d5 07

improvement included increased access/availability, better communication, and improved environment decor/logistics (**Figure 4**). • 22 / 28 residents responded to the outcomes survey. 73% reported that the needs assessment had a positive influence on their perspective towards the clinic and its patients. 25% had their scholarly projects directly influenced by the assessment's results (**Figure 5**)

Figure 1. Health Needs Assessment survey distributed to patients in April 2019.

Conducting a Health Needs Assessment at a Family Medicine Residency Clinic

Stanford-O'Connor Family Medicine Residency, San Jose, CA

RESULTS

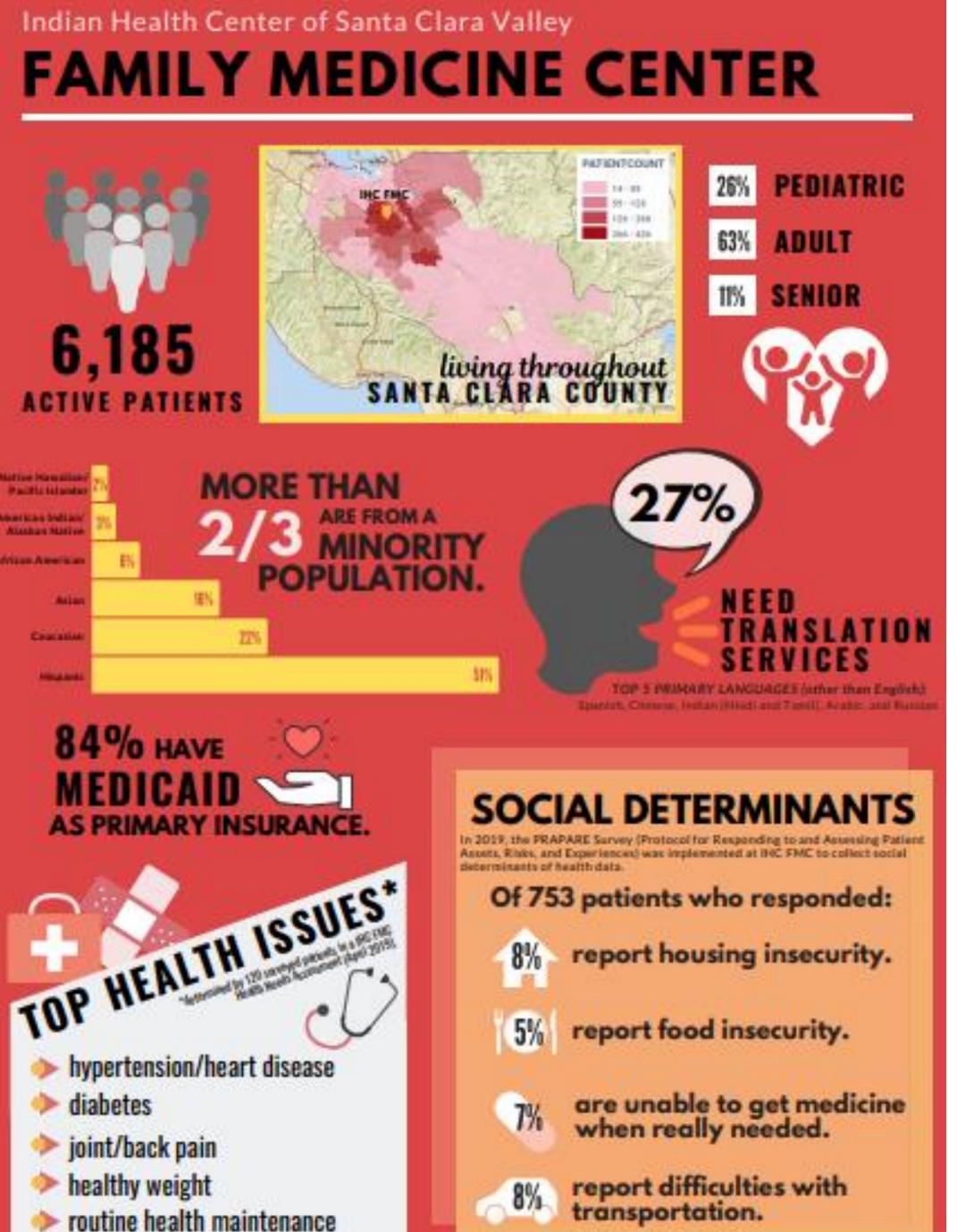
Clinic demographic and patient social determinants of health results were summarized into an infographic for easy-view (Figure 2). This infographic was distributed to all residents and clinic staff, shared during residency applicant recruitment, and posted online on the residency website.

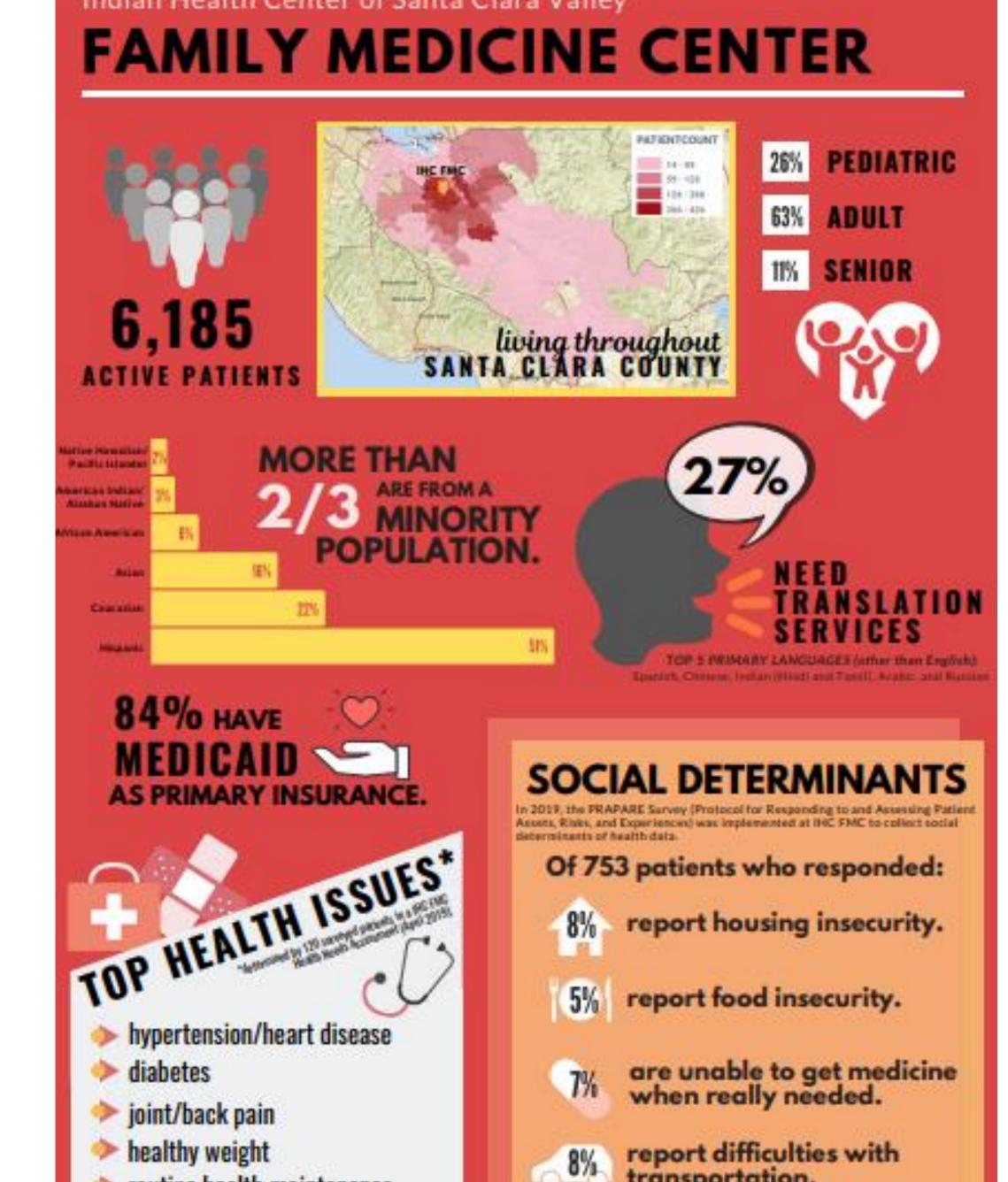
Geographic mapping of patient ZIP codes showed that most patients live in Santa Clara and west San Jose, which has a greater density of health disparities compared to Santa Clara County's public health data (Figure 3).

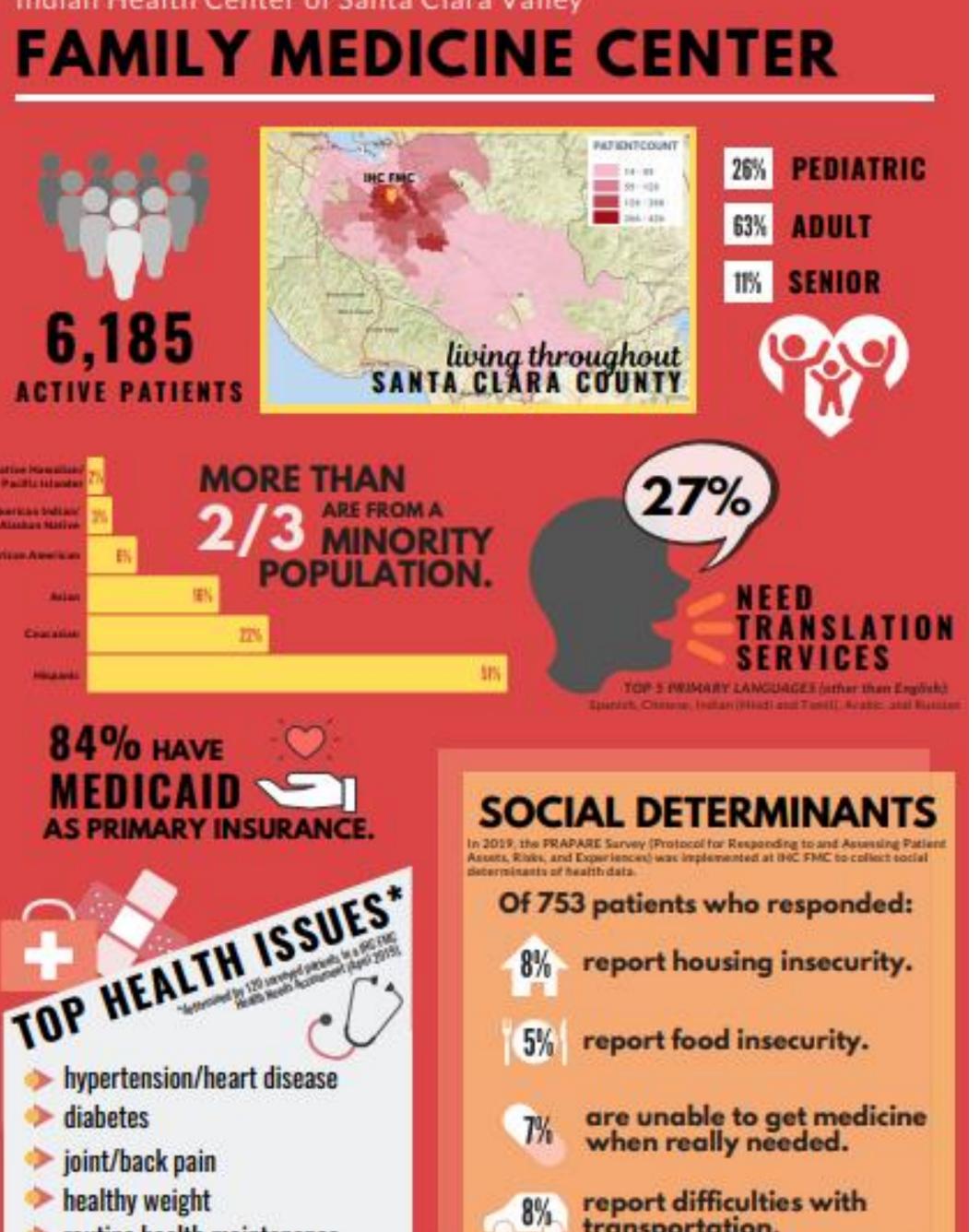
123 patients submitted "Health Needs Assessment" surveys. Top health issues, barriers to health, and needs for improving health are summarized in Table 1. Most patients provided positive feedback regarding clinic care delivery and empathy. Suggestions for clinic

l	ndian Health Center – Fami	ly He	alth Center Health Needs Assessment
ISCL	AIMER: The purpose of this survey is to assist	us in im	proving our health care delivery and services for all of our
atier	ts, including you. Any information obtained	in this su	rvey will not be identified to your name or medical chart and will
ot aj	fect your visit today. Thank you for your par	ticipatio	nJ
looo	e select the top five health issues that y	ou find	important to you and your family
	Diabetes		Joint or back pain
	Heart disease/High blood pressure	H	Women's health/Prenatal care
	Stroke	Н	Mental health
	Lung disease/Quit smoking		Alcohol/Drug use
	Cancer	П	Sexual health
	Healthy weight		Routine check ups/Vaccinations
	Nutrition		Vision/Dental health
	Other:		VISION/Dental health
Vhat _ _ _ _ _ _	do you feel are barriers to getting heal Cost/Insurance issues Cultural/language barriers Lack of available doctor Location/transportation Other: None		for you or your family? Select all that apply. Fear (eg.not ready to talk about medical problem) Too much paperwork Don't understand the need to see a doctor Time (eg. clinic hours, job/school schedule)
Vhat	do you need more of to improve your	or your	family's health? Select all that apply
	Free or affordable health screenings		Safe place to live/walk/play
_	Access to healthier food		Recreation facilities
3	Access to transportation		Stress reduction
	Job opportunities/training		Mental health support
	Education opportunities		Care support (children, elderly)
	Stable/affordable housing		Cultural or religious community
	Other:		
Vhat	does our clinic do well for your or your	family	s health?

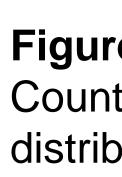
What could our clinic do better to improve your or your family's health? Please suggest any specific projects, services, or assistance we could offer

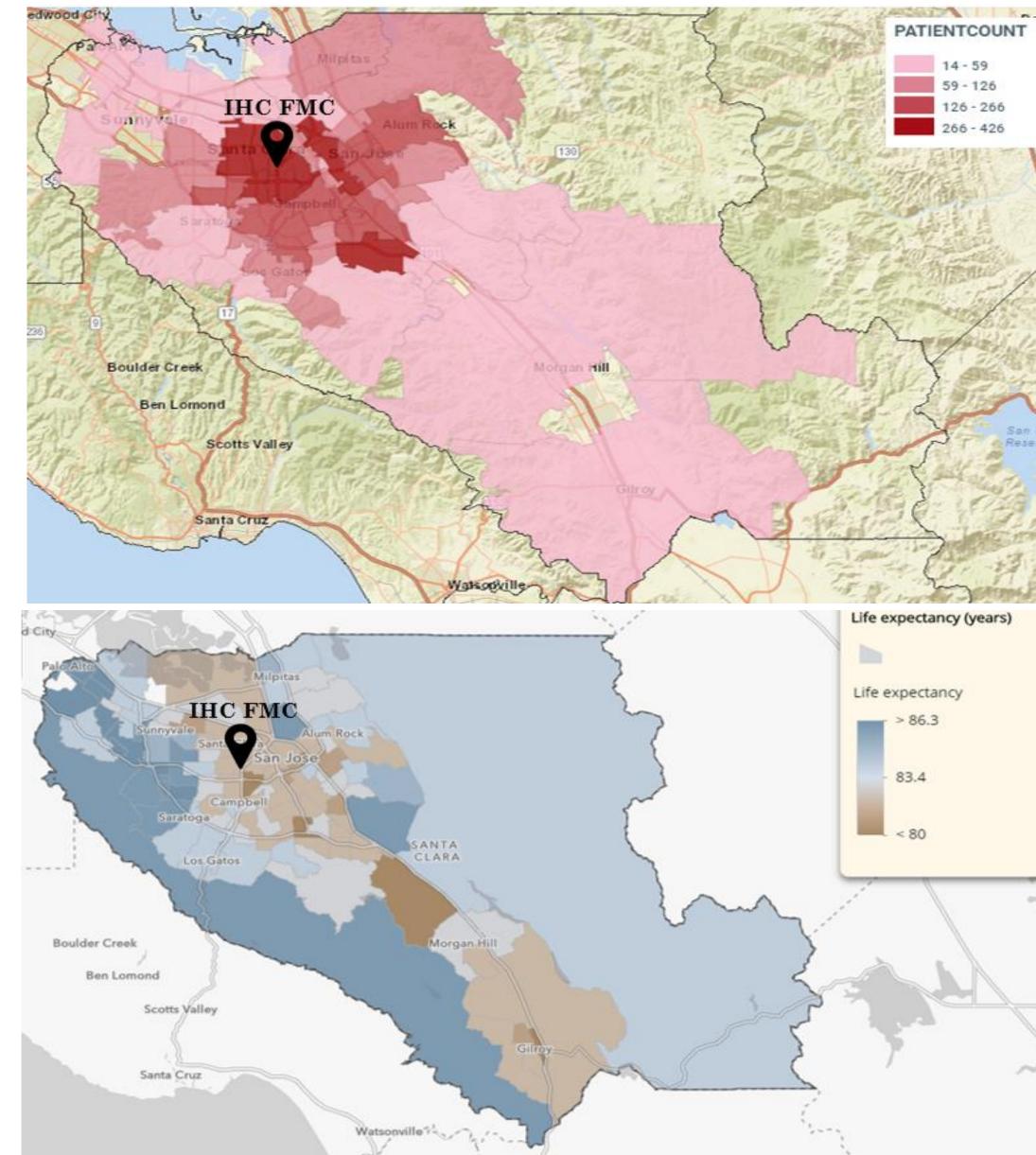












Return to: Dr. Ha Updated 4/2019

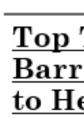
Emmeline Ha, MD; Andrew Schechtman, MD

Figure 2. Infographic of clinic demographic information

using assessment results.

Figure 3. Distribution of clinic patients in Santa Clara County (top) corresponds with lower life expectancy distribution map published by Santa Clara County (bottom).

Top Heal <u>Issue</u> Impo to Pa



<u>Top</u> <u>Neec</u> orde Imp Heal

patients.

Increase • More op • Late ho Commun • Improve • Online • Prescrip • Trans e Environ

• Add plan Better parking

Patient-centered and community-oriented approaches facilitate critical insight into assessing and prioritizing health problems. This simple health needs assessment yielded actionable insights that helped Stanford Family Medicine residents better understand the needs of their clinic patients. This understanding influenced clinic improvement initiatives and future resident projects.





Table 1. Patient results from needs assessment survey.

<u>Five</u>	Heart disease/High Blood pressure		
lth es	Diabetes		
<u>ortant</u> atients	Joint or back pain		
<u>utionts</u>	Healthy Weight		
	Routine check ups/vaccinations		
<u>Three</u> riers	Cost/Insurance Issues		
lealth -	Time (e.g. clinic hours, job/school schedule)		
	Lack of available doctor		
Five	Free or affordable health screenings		
<u>ds in</u> er to	Stress reduction		
<u>rove</u> lth	Access to healthier food		
	Stable/affordable housing		
	Mental health support / Care support (children/elderly)		

Figure 4. Suggestions for improvement proposed by

5.
Access
pen appointments ours vs. weekend availability
nication
ed answering service (e.g rerouting, forward directly to FMC during business hours) capabilities (e.g. scheduling appointments) ptions: on time refills, clarifying dose changes (e.g. after visit summaries) education/training for staff
mental
ants

Figure 5. Impact of assessment results on resident attitudes and education.

"Did results from the needs assessment positively influence your perspective of our clinic and its patients?"



"The infographic was very helpful for recruitment season and for my own understanding of our clinic population/actual breakdown." – PGY-1

"Did the needs assessment results or infographic influence your FCM or QI project in any way?"



"I looked at the needs that patients reported to try to address some of the gaps in care, such as more availability of appointment times." – PGY-2

CONCLUSIONS