

# Community Health Needs Assessment



**Barlow Respiratory**  
HOSPITAL

Trusted ♦ Proven ♦ Award-Winning

**2017**

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## **Introduction**

Barlow Respiratory Hospital (Barlow) is a 105-bed, long-term acute care hospital that serves Los Angeles County and the surrounding regions. Barlow's Main campus is located in Downtown Los Angeles and we have satellite campuses within both PIH Health Hospital in Whittier and Valley Presbyterian Hospital in Van Nuys. We treat patients with medically complex conditions, many of whom are ventilator-dependent, that need the continued long-term acute care we provide after they are discharged from a short-term acute care hospital. Barlow admits patients from all over Southern California, but our primary service area is Los Angeles County. Approximately 94% of our patients reside in Los Angeles County.

In July of 2017, Barlow completed a Community Health Needs Assessment (CHNA) as required by state and federal law. The CHNA is the basis for our community benefit plan, which outlines how Barlow will give back to the community it serves. The CHNA includes primary data collection and secondary data analysis that focus on the health needs of the community area we serve.

This document is a descriptive summary of the process and outcome of the CHNA. It is accompanied by an Implementation Plan that describes the activities we plan to undertake in order to address some of the needs identified by the CHNA, in keeping with our not-for-profit status and mission.

## **Methodology**

We conducted a series of interviews from people who represent the broad interests of the community served by Barlow, including representatives of low-income, medically underserved, and chronic disease populations, health care providers and practitioners, and other community leaders. A list of those that were interviewed is included with this report as Attachment 1.

We also collected information and data from a variety of sources to examine our service area demographics, economic indicators, and other important factors that affect the health needs of our patients and community.

Despite our best efforts there are certain Information gaps that impact our ability to assess the health needs of our community, including the fact that some raw and tabulated data was several years old.

## **Identification and Prioritization of Health Needs**

Based on the results of the primary and secondary data collection, health needs were identified. The identified health needs were:

- Access to Care
- Chronic Disease Conditions
- Smoking
- Homelessness

Mental Health  
Nutrition and Physical Activity

### Priority Health Needs

After identifying the health needs of the community we serve, we then prioritized those needs based on the following criteria:

- Our Existing Organizational Infrastructure and Capacity
- Our Pre-Existing Competencies and Expertise
- Our Existing Relationships in the Community
- Any Available Ongoing Investment

The health needs were prioritized as follows:

Priority Health Needs	Ranking
Access to care	High
Chronic disease conditions	High
Smoking	High
Homelessness	Low
Mental health	Low
Nutrition/physical activity	Low

### Community Input

Interviews were conducted in July, 2017. The individuals that were interviewed addressed community health matters that affected the residents of Los Angeles County. They were asked to share their perspectives on a number of topics, including:

- The biggest health and social issues or concerns facing the community.
- Any challenges or barriers faced in obtaining health and social services.
- Any challenges or barriers to obtaining prevention and treatment services.
- Specific challenges or barriers faced in obtaining behavioral health services.
- Specific challenges or barriers faced in obtaining prevention and treatment services for chronic diseases.
- Any existing and needed actions/activities to address these issues.
- The recommended roles for hospitals and healthcare providers in addressing community health needs.

Responses and trends relative to each of these topic areas are summarized below.

## **Biggest Health Issues or Concerns Facing the Community**

The biggest issues and concerns in the community were identified to include:

- Obesity and diabetes stemming from poor nutrition and lack of access to grocery stores or physical activity.
- Income disparities and resulting in lack of insurance or access to health care.
- Homelessness, and associated complications.
- Health disparities that impact communities of color and lower-income communities.
- Increase in respiratory diseases and chronic lung diseases such as asthma and COPD.
- Strokes, heart disease and their causes, such as hypertension and high cholesterol.
- High incidence of depression.
- Dental problems and lack of access to dental care.
- Gang violence and violence in the home.
- Teen pregnancy.
- People living longer and needing more ventilator assistance, wound care, long-term antibiotics and services at a higher level than skilled nursing.

## **Challenges or Barriers Faced in Obtaining Health and Social Services, Including Prevention and Treatment**

Interview respondents were asked about the problems and challenges children and families face in obtaining several different types of services. The most frequently identified challenges were lack of insurance and cost. Additional challenges included:

- Lack of awareness of the importance of ongoing preventive and primary health care in the absence of symptoms.
- Shortages of primary care physicians.
- Low reimbursement rates by Medi-Cal and increasingly by Medicare.
- Poor health habits and lack of compliance with physician recommendations.
- Lack of knowledge of existing community clinic options or eligibility requirements.
- Access to information about the Affordable Care Act (ACA), including eligibility and enrollment processes.
- Health care is not seen as a priority in the spectrum of issues facing some people.
- Difficulty obtaining specialty care referrals and authorizations under managed care.
- Not enough specialty care to serve uninsured patients.

- General confusion about the health care system and how to access services.
- Limited availability of social services along with long waits for services and significant paperwork/bureaucracy to obtain services.
- Lack of knowledge of how to access social services or which services people may be eligible for.
- Lack of reimbursement or payment structures for social services.

### **The Specific Challenges or Barriers Faced in Obtaining Behavioral Health Services**

Interview respondents were asked about the specific challenges or barriers faced in obtaining behavioral health services. Responses included:

- Lack of inpatient psychiatric treatment resources.
- Under-diagnosis of depression and lack of recognition of how “massive” the incidence is.
- Insufficient outpatient treatment options.
- Lack of knowledge of affordable treatment options in the community.
- Lack of a supportive family structures and dynamics.
- Stigma associated with mental health problems in many cultures can also be a significant barrier to accessing services.

### **The Specific Challenges or Barriers Faced in Obtaining Prevention and Treatment Services for Chronic Diseases**

Interview respondents were asked about the specific challenges or barriers faced in obtaining prevention and treatment services for chronic diseases. Response included:

- Lengthy authorization processes.
- Pressure on appropriate lengths of treatment due to cost and limited insurance coverage.
- Lack of availability of local or easily accessible treatment options.
- High cost of medications and durable medical equipment.
- Insufficient support from primary care physicians.

### **Suggestions Regarding Needed Actions/Activities to Address All These Issues**

Interview respondents were asked what would make it easier to obtain health and social services, including prevention and treatment, as well as chronic disease and behavioral health services. Suggestions included:

- Public education about the importance of screening and wider availability of screening clinics, run by nurse practitioners, to focus on hypertension and other indicators of heart disease.
- Public education about affordable primary care clinics in neighborhoods.
- Establishment of screening opportunities or mobile clinics where community members have trusting relationships with the organization, which can also help to overcome transportation and language barriers.
- Play areas for children so mothers can fill out forms and talk to professionals.
- Transportation assistance to medical appointments.
- Better information about the ACA to address community confusion about how it will work and how it will impact them.
- Increased number of primary care physicians and incentives for people to practice primary care, especially in lower-income or less desirable areas, where quality, affordable health care providers are needed.
- Increase specialty care appointments/capacity to better meet the need for uninsured patients.
- Better funding for outpatient clinics to help prevent the need for hospitalizations and to help people transition from an inpatient setting.
- Provide social services at known community agencies that have the trust of local residents.
- Conduct outreach and engage with people regarding available services and eligibility.
- More affordable housing and other social services needed for the homeless.
- Reform/redesign services to improve access and improve payment.
- Better reimbursement rates for outpatient and inpatient services.
- More acknowledgement and recognition of the issue of depression.
- Reduce stigma associated with mental illness and treatment.

### **Recommended Roles for Hospitals and Health Care Providers in Addressing Community Health Needs**

Interview respondents were asked for recommendations on how hospitals and other health care providers can help address community health needs. Suggestions included:

- Providing medical homes and case management to ensure that there is follow-up with patients regarding their care and treatment.
- Focus on keeping patients at home instead of using the hospital or emergency room.
- Establish health services or screening clinics at community agencies and settings in lower-income communities where residents have trusted relationships.

- Provide health care services during extended hours to facilitate access for people working during the day.
- Provide outpatient obesity and diabetes clinics for children.
- Conduct education campaigns and community outreach on making healthy choices.
- Provide more family planning education and parenting classes on important topics for new parents.
- Increase the availability of nurses in schools to better meet the needs of children with asthma, diabetes or other health conditions who may require care at school.
- Establish wellness centers focused on prevention and education at low-cost or free.
- Use technology better to help facilitate access to care.

## **Other Comments**

Interview respondents were given an opportunity to share any final thoughts or comments.

Many commented on Barlow's long tenure as an important part of the health care infrastructure in Los Angeles, and its outstanding reputation in the medical community, especially in regard to ventilator weaning and caring for patients with complex chronic illnesses.

## **Health Care Facilities and Community Resources**

The following are links to sources for health care facilities and community resources.

### Hospitals

A list of hospitals and hospital systems is available through the Hospital Association of Southern California and can be found at: [www.hasc.org/member-hospitals-systems](http://www.hasc.org/member-hospitals-systems).

### Community Clinics

A list of community clinics is available at: [www.ccalac.org](http://www.ccalac.org).

### Community Resources

Community resources throughout Los Angeles County can be found at: 211 LA County [www.211la.org](http://www.211la.org).

### Attachment 1: Community Stakeholders

	<b>Name</b>	<b>Title</b>	<b>Organization</b>
1	Phillip Fagan, MD	Board Member	Barlow Foundation
2	Azmy Ghaly, MD	Chief of Staff	Barlow Respiratory Hospital
3	Pegi Matsuda	Senior Vice President, Community & Marketing Development	Valley Presbyterian Hospital
4	Sanjay Vadgama, MD	1) Medical Director, Barlow at VPH & 2) Medical Director, Hospitalist Program and ICU	1) Barlow Respiratory Hospital & 2) Valley Presbyterian Hospital
5	John Kea, MD	Medical Staff Member, Internal Medicine	St. Vincent Hospital, St. Francis Hospital, Barlow Respiratory Hospital
6	Nadeem Chishtie, MD	Medical Staff Member	PIH Health, Barlow Respiratory Hospital
7	Alan Rothfeld, MD	Board Member	Barlow Respiratory Hospital
8	Sarkis Semerdjyan	Health Deputy	Office of Los Angeles County Supervisor Hilda Solis
9	Reanna Thompson	Chief Nursing Officer	PIH Health
10	Karen Longpre	Director, Care Management	Keck Medical Center of USC
11	Surena Boyce	Vice President, Business Development	Health Quality Management Group