



Projecting and Charting Healthcare Needs and Services in the Mad River Valley

Needs Assessment Survey & Service Mapping

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University of Vermont Graduate and Undergraduate Students, Fall Semester 2011

Objective

Our objective was to investigate the current health service needs for the population of the Mad River Valley (MRV) while creating a directory of available services to serve as an informative clearinghouse. First, we collected both quantitative and qualitative data through a public survey. This data formulated a sample that reflected the population's access and use of the Mad River Valley Health Center (MRVHC), and general health concerns and needs for the area. These will provide insight into possible healthcare and general wellness resource options for the MRVHC Board to consider moving forward. The Board is interested in this research to assess which service providers are needed so they can recruit them, and identify locations where they can be housed in the MRV.

With this information we created a listing of services utilizing a Google Map to serve as an educational tool to inform and connect available health and wellness service providers to the general population and visitors. While conducting the survey we were also able to educate the public about the MRVHC and the current services provided. Through our data we hope to have created a useful and informative report on community health needs within the MRV.

Survey Methodology

We conducted the survey in-person on the afternoon of Saturday, October 15. It was a partially random sample; the members of the public who participated all fell under the constraints of shopping at the three locations we used to conduct the survey during that timeframe. The survey itself contained 3 general demographic questions, 3 quantitative questions (one dependent on a previous answer) that focused on visitation and knowledge of the health center, and 3 qualitative questions (one dependent on a previous answer) that addressed current MRV health concerns and needs. (See Appendix A for sample survey collection sheet.)

Teams from our group approached the public outside Mehuron's Supermarket, Sweet Pea and the Community Farmer's Market at the Waitsfield Green. The survey distribution process went well, and we were able to get a great response rate (48 respondents). People were willing to help us out, and each survey took about two minutes to complete. Each member of our group was able to gain valuable experience conducting a survey through this means, and we directly engaged the public to start thinking about community health issues. Additionally, we felt this methodology was a good approach because it enabled the MRVHC, with us serving as representatives, to have a visual and interactive presence in the research process. That speaks to community much better than the alternative paper, or electronic survey methodologies that could have been used to gather this data. An in-person survey was also effective since respondents could provide information quickly and orally that was recorded by us. If an individual was unaware of the MRVHC, or the specific services offered, we were able to provide

them with the pamphlet we developed (Appendix B). For complete survey results by question please consult the attached Excel file.

Limitations

We were limited by the members of the public who chose to shop at the locations where we conducted our survey during the specific date and time window when we were there. In collecting the data, members of our group coded the residence of those surveyed in different ways ranging from primary/secondary/nonresident; resident/nonresident; and town that they were from. We recognize through the analysis process that some individuals by responding that they were residents may have been in fact secondary residents. We speculate that the 5 secondary residents noted in our findings in reality was a higher sample amount. This was a good learning experience for us to be sure in the future that all our data is collected in a uniform fashion. We do not see this discrepancy causing a major problem with the purpose of this research since everyone in the MRV, primary resident or not, was the target population for data collection. Additionally, some missing data points from abstentions by non-residents and human error should be noted. These are described in more specific detail in the following data analysis.

Quantitative Findings

The difficulty that resulted in these data sets was some abstentions from non-residents who did not want to answer questions and some human error from an in-person survey collection methodology. Some of these non-residents did offer qualitative comments, so we kept them in the survey records for the Board's review.

Respondents: 48

Male: 12 Female: 36

Resident: 32 Secondary Resident: 5 Non-resident: 11

Are you aware of the MRVHC?

Label	Frequency	Valid Percent
No	10	22.7
Yes	34	77.3
Total	44	100.0
Missing	4	

N= 48; Note: 4 of the non-residents did not answer this question

Of the 32 primary residents 90.6% were aware of the health center.

Have you utilized the MRVHC?

Label	Frequency	Valid Percent
No	15	37.5
Yes	25	62.5
Total	40	100.0
Missing	7	

N=48; **Note: 7 of the non-residents did not answer this question**

Of the 32 primary residents 77% have utilized the MRVHC's services.

If answered "no" to utilized services (15), then are you aware of the services offered?

Label	Frequency	Valid Percent
No	6	75.0
Yes	2	25.0
Total	8	100.0
Missing	7	

N=15; Note: This data sample may need to be thrown out, of the 7 missing from this data group some are non-residents as well, but others are missing from what must have been human error in collection.

Qualitative Findings

In our survey, we asked those who have not utilized MRVHC services why they have not. The most frequent response was they had not needed to use the services to date. Others stated that they were only visitors to the Mad River Valley or secondary residents that spend the majority of their time out of town. One respondent noted that they were once turned away from the MRVHC after being told it was not accepting new patients.

Several respondents noted that they were very satisfied with the services the MRVHC provides. The most common suggestions for additional services in the MRV were critical services, notably elder and dental care. Some respondents acknowledged they would like to see additional wellness services including nutritionists and alternative medicine practitioners. Some respondents stated they have gone to Central Vermont Medical Center for many things, but they feel lucky to have many services in the MRV. Many respondents simply stated that they would like to see more doctors overall, including emergency and family care.

The top community health concerns expressed by respondents included: Making healthcare more affordable, especially for children. Limited MRV services are difficult to make appointments for, notably wellness and mental health services. Limited elderly care (a respondent noted that the closest senior daycare services are as far away as Middlebury). Child and teenager nutrition as well as teenager drug use. Additional single respondents stated concerns with the river water quality and injuries from skiing accidents. For a complete listing of responses please see the attached Excel file.

Service Mapping

We created an online interactive map of the health and wellness resources available in the MRV using a Google Map. These listings encompass a number of different providers and resources for individuals to utilize in order to pursue a healthy lifestyle. This map serves as a resource for residents and visitors to the MRV to inform them about these services that they may have previously overlooked. We recognize we may have omitted some resources that are appropriate for this map that may not have come to the forefront during our research. The solution to this, and an overarching reason for choosing this online mapping methodology, is the ability to update and revise the map in a quick and easy fashion. This enables a number of administrators to make the map a resource that can evolve over time. The categories and grouping are described on the map itself.

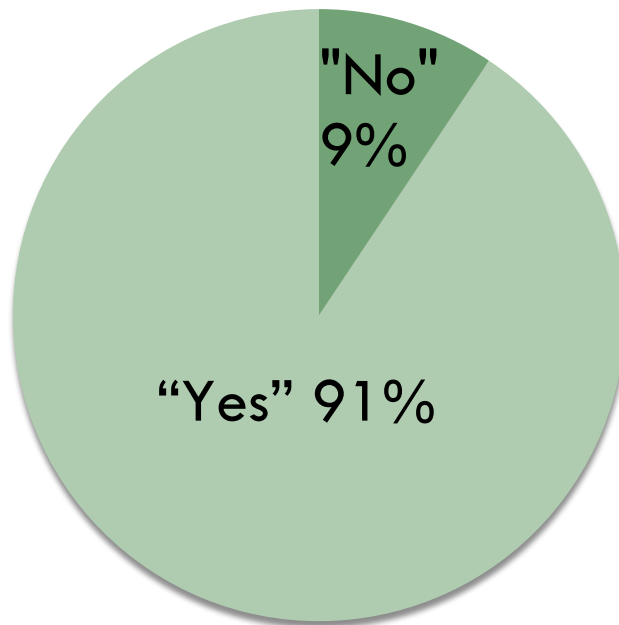
The map is currently available to any member of the public, and can be viewed by searching for it online by using this direct link: <http://g.co/maps/7jwe7>. Only administrators can edit the map. We have created a Google log-on and password for the Board to use to update the map moving forward. We envision the map being shared using a link on the MRVHC's website and through email distribution. See Appendix C for a user-guide to update the map.

Next Steps

Using our survey analysis and a review of the present resources available in the MRV, we recommend that the Mad River Valley Community considers using some of these suggestions to further investigate and eventually mitigate the healthcare and wellness needs apparent through the research we conducted this semester.

- Bi-monthly Community Meetings
 - Used to connect community members
 - Further investigate and communicate health issues and concerns
 - Build a community participatory environment to discuss these issues
- Assess Senior Services
 - Explore resources for senior housing and daily care in addition to the Senior Center and the Senior Meals programs
 - Potentially offer educational classes for healthy living
 - Further investigate what health services are only available outside the area
- Formation of a Youth Group and Education Series
 - A means to communicate health concerns and provide education directly
 - Address nutrition and at-risk behaviors, sex education
 - Explore inclusion of junior non-voting member to the MRVHC board

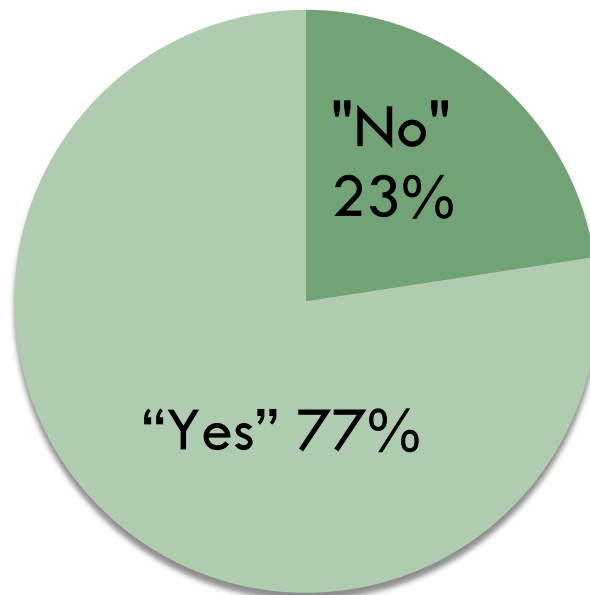
**Are you aware of the MRVHC?
(primary resident grouping)**



N=32

Exhibit 1: Gauging awareness of the MRVHC from those self-identified as primary residents

**Have you utilized the MRVHC services
(primary resident grouping)**



N =32

Exhibit 2: Gauging the use of MRVHC services by those self-identified as primary residents.