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Annual Evaluation Report 2020



**Report to The Chanda Center for Health
October 2020**

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Introduction

The Chanda Center for Health (CCFH) is an innovative health care center that specifically addresses the needs of participants with long-term injuries through multiple service modalities. CCFH's mission is to deliver and advocate for integrative therapy, primary care, and other complementary services to improve health outcomes and reduce healthcare costs for persons with physical disabilities. CCFH is supported by the Chanda Plan Foundation (2020), an organization that aims to promote the mission of the Chanda Center for Health by providing sustainable financial support. Individuals with spinal cord and other long-term physical injuries have unique health-related needs, including chronic pain mitigation (Marcondes et al., 2016), information access (Matter et al., 2009), and psychosocial support (Post & Leeuwen, 2012). Complementary and alternative medicine provides a promising and popular direction for this population, particularly for pain management (Rudra et al., 2018; Taylor et al., 2019).

In January 2020, CCFH partnered with Research Evaluation Consulting LLC (REC) to evaluate the programs and services offered to CCFH participants. The evaluation included the following goals:

- Track overall, behavioral health, and care coordination outcomes;
- Update metrics to better assess program outcomes;
- Meet evaluation needs related to reporting to the Board and funder requests;
- Continue tracking satisfaction with services for internal assessment processes;
- Provide actionable recommendations to improve evaluation practices and processes; and
- Collect evidence of impact to assist with grant reporting and strategic decision-making.

In July 2020, REC completed a Semi-Annual Initial Findings Report reflecting the experiences of CCFH participants between October 2019 and March 2020 (Shtivelband, Spahr, & Sidman, 2020). Based on findings from this round of data collection, REC and CCFH worked together to update and streamline the Participant Health and Life Survey (PHL Survey) and CCFH's participant outcome goals, presented in *Table A*. These revised outcome goals were designed to be accurate, achievable, and relevant to CCFH participants. In addition, such goals took into account the potential influence of the COVID-19 pandemic on participant outcomes during this time period.

Table A. Updated CCFH Participant Outcome Goals

Overall Goals
Goal 1: 70% of participants will be satisfied with acupuncture, chiropractic care, massage therapy, and primary care.
Goal 2: 70% of participants will report the same or better health rating compared to six months ago.
Goal 3: 70% of participants will experience reduced severity of pain or no change in pain.
Goal 4a: 70% of participants will report that care from CCFH improved their quality of life.
Goal 4b: 70% of participants will report that care from CCFH allowed them to spend less on traditional health care.
Goal 4c: 70% of participants will report that care from CCFH increased their time spent in social activities.
Goal 5: 70% of participants will report mid-to-high confidence in their health-related self-efficacy.
Behavioral Health Goals
Goal 1: 70% of participants will be satisfied with behavioral health services.
Goal 2: 50% of participants will experience a reduction in their Burns Anxiety Inventory scores.
Goal 3: 50% of participants will experience a reduction in their Burns Depression Checklist scores.
Goal 4: 50% of participants will experience a reduction in PTSD scores.
Care Coordination Goals
Goal 1: 70% of participants will be satisfied with care coordination services.
Goal 2a: 70% of participants report satisfaction that the care coordination plan fully addressed their needs.
Goal 2b: 70% of participants report that care coordination improved their access to community resources.
Goal 2c: 70% of participants report that care coordination improved their access to basic needs (e.g., housing, food).

This report presents information about the methods used for this evaluation and then presents findings from the following five areas: 1) Participant Demographics, 2) Overall Outcomes, 3) Behavioral Health, 4) Care Coordination, and 5) Final Thoughts. REC summarizes the extent to which each of the metrics in *Table A* were achieved and the report concludes with a list of actionable recommendations to support CCFH in the future.

Methodology

This section summarizes the different project tasks that REC conducted and presents the techniques utilized to conduct, analyze, and interpret the current round of data collection from CCFH participants. Please see the Semi-Annual Initial Findings Report (Shtivelband, Spahr, &

Sidman, 2020) for information about the methods used in the first half of REC's evaluation, including the data and document review and stakeholder interviews.

Participant Health and Life Survey Revisions

In July and August 2020, REC and CCFH worked to update the PHL Survey to better capture meaningful and relevant metrics for the organization. Revisions also focused on streamlining data collection to reduce both staff and participant burden. For example, in the past, CCFH collected on-site and off-site participant data using different surveys. The current survey changed this to include a subset of questions for off-site services. This change centralized data collection into one tool to save staff time and resources. This newly revised survey measures the following outcomes:

- Length of time receiving services at CCFH;
- Overall health and outlook;
- Satisfaction with acupuncture, chiropractic services, massage therapy, primary care, and off-site services;
- Experiences with pain;
- Medication usage;
- Behavioral health;
- Care coordination;
- Additional needs;
- Impact of care from CCFH; and
- Final thoughts.

Each of these areas represent an important aspect of holistic health and wellness targeted by care from CCFH (see *Appendix A* for a copy of the survey). Importantly, REC retained selected questions that performed well on the previous PHL Survey to be able to assess changes in outcomes over time.

In the past, evaluations compared the most recent data to baseline data. While this approach can capture changes within participants over time, survey questions and responses have changed substantially over time. Because of this, CCFH and REC decided to focus on comparisons between the March 2020 and September 2020 data for all participants who completed both PHL Surveys. In addition, it was reasoned that COVID-19 may have changed participant experiences as service delivery changed during this time period. Thus, this comparison represents the most accurate reflection of CCFH's current impact on their participants and also recognizes the COVID-19 pandemic as a challenge unique to 2020.

Unique ID

Previous versions of the PHL Survey asked participants to provide their name and select demographics (e.g., race, gender). The revised survey did not ask for participants' names or

demographics but instead included three question prompts that created a unique identifier for each survey participant. REC recommended this change to encourage participants to respond completely and honestly to survey questions about satisfaction or personal behaviors (e.g., usage of medication). The three questions included:

- Please select the month of your birthday;
- Please select the day of your birthday; and
- Please enter the last four digits of your social security number.

The specific prompts were chosen to collect responses that were unique enough to differentiate between participants but that also remain consistent over time (Direnga, Timmerman, Lund, & Kautz, 2016). The resulting IDs served to safeguard participant privacy and keep data confidential while still allowing outcome data to be matched across time.¹

Data Collection and Compilation

In August 2020, REC worked with CCFH to upload the PHL Survey into SurveyMonkey.² Data were collected between August 28, 2020 and October 1, 2020. REC then created a master dataset that included CCFH participant demographics, September 2020 survey data, and March 2020 survey data matched by individual participants. Finally, CCFH provided the most recent behavioral health and care coordination data for analysis.

Data Analysis

For all project tasks, REC worked with both quantitative (e.g., close-ended) and qualitative (e.g., open-ended) data. Quantitative data, or information that is easily represented through numbers, included rating statements (e.g., “How would you rate your average experience of pain over the past week?”) and multiple-choice questions (e.g., “For how long have you been getting services at the Chanda Center for Health?”). Many of these multiple choice questions used Likert Scale responses.³ REC examined the overall characteristics of all data, focusing on frequencies⁴ and

¹ CCFH provided REC with a master list of participant names and unique IDs to facilitate matching data from the current survey to data provided in March 2020.

² SurveyMonkey is an online survey administration platform (<https://www.surveymonkey.com>).

³ Likert Scale: A fixed set of survey responses to questions or statements. For example, to rate satisfaction with different CCFH services, participants could choose from four response options – two negative options and two positive options: 1) Very Dissatisfied, 2) Dissatisfied, 3) Satisfied, and 4) Very Satisfied.

⁴ Frequencies: A count of data, such as the number of participants that answered a survey question.

descriptive statistics⁵ such as the mean,⁶ range,⁷ and standard deviation.⁸ To compare participant data between March and September 2020, REC used inferential statistics⁹ such as t-tests.¹⁰

Qualitative data, or information not easily represented by numbers, came primarily from open-ended responses (e.g., “Is there anything else you would like to share about your experience at the Chanda Center for Health?”). Open-ended data explores complex phenomenon, such as opinions and personal statements. REC analyzed all given responses, coded them for common themes and patterns, and grouped those themes together using a Grounded Theory¹¹ approach. This method summarized typical responses for each question and helped to illustrate groups of responses. REC also included representative quotes to better capture the themes identified from the analyses.

Sample Size

Throughout this report, REC reported the sample size or n . Sample size refers to how many individuals provided an answer for a particular question. The sample size varied as not all participants completed PHL Surveys in both March and September or participated in behavioral health and care coordination sessions. The capitalized and italicized letter ‘ N ’ indicates the total number of responses, or the total sample size. For example, when evaluating results from the September 2020 PHL Survey, a capital ‘ N ’ was used when discussing the total sample of 109 cases. Conversely, a lower-case and italicized ‘ n ’ represents any number of interview cases less than 109.

⁵ Descriptive statistics: Techniques used to describe groups of data. Examples include the mean, range, and standard deviation.

⁶ Mean/Average response (M): An average (i.e., arithmetic mean) used to describe the central tendency of groups of data.

⁷ Range: A number computed by subtracting the minimum number in a dataset from the maximum number in that dataset. The range describes the spread of a set of data, with a higher number often indicating more spread in the data and a lower number indicating less spread in the data. Outliers, or unexpected extreme values, may influence the range. When reporting the range, REC ensured that no outliers influenced the interpretation.

⁸ Standard Deviation (SD): The consistency of responses of each question (i.e., the spread of the data within a range of scores). A higher SD indicates that the data is more spread out with differing answers. A lower SD signifies that the data is all clustered together, so resident responses are more similar.

⁹ Inferential Statistics: Techniques used to identify significant patterns in groups of data (e.g., do Projects of different sizes rate their satisfaction with Community Initiatives in different ways?).

¹⁰ T-tests: This statistical test compares two groups of data to determine if they are significantly different (i.e., Are responses from March 2020 significantly different from September 2020?).

¹¹ Grounded Theory Approach: A technique developed for analyzing qualitative data. Key steps include coding all responses for major categories/concepts, grouping those categories/concepts, and identifying relevant relationships between responses (Hallberg, 2006).

Results

The following sections present key findings from the September 2020 PHL Survey and comparisons between data collected in March and September. The results are divided into four subsections: 1) Participant Demographics, 2) Overall Outcomes, 3) Behavioral Health, and 4) Care Coordination. **A total of 109 participants (100%) provided data on the September 2020 survey. Comparisons over time reflect data from 87 of these participants (79.8%) who also provided data on the March 2020 survey.**

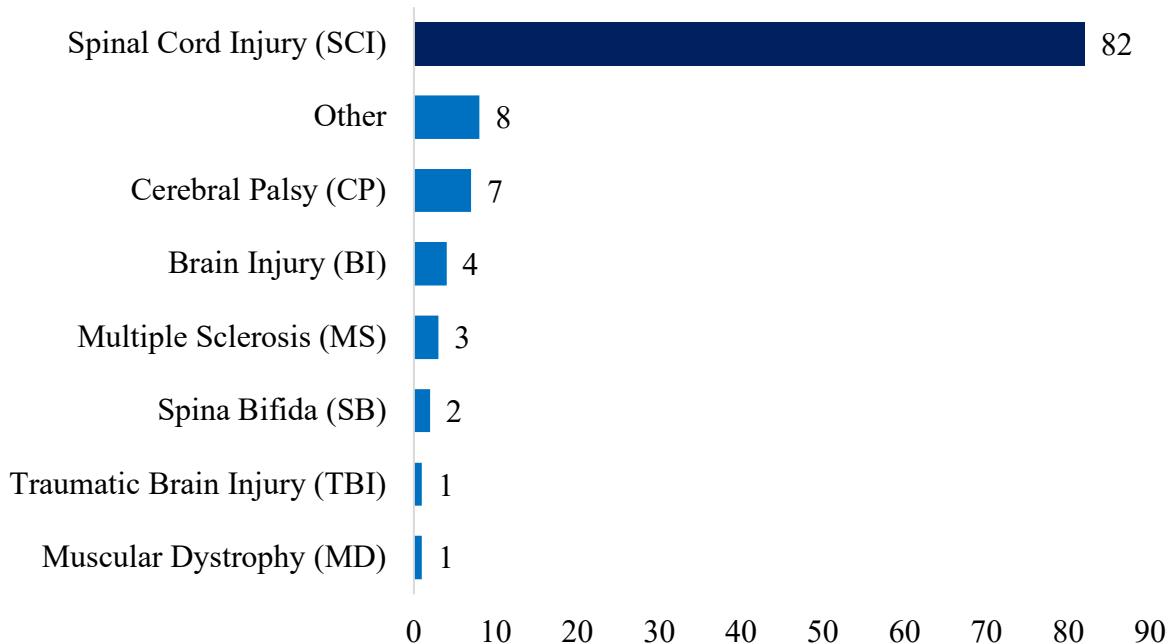
Part 1. Participant Demographics

This section describes the 109 participants (100%) who provided data on the September 2020 survey.

Primary Diagnosis

A primary diagnosis was available for 108 participants (99.1%). Most individuals ($n = 82$, 75.9%) had a spinal cord injury (SCI), followed by Other ($n = 8$, 7.4%) and Cerebral Palsy (CP) ($n = 7$, 6.5%). *Chart A* presents the full breakdown of diagnosis codes.

Chart A. Diagnosis Codes (n = 108)



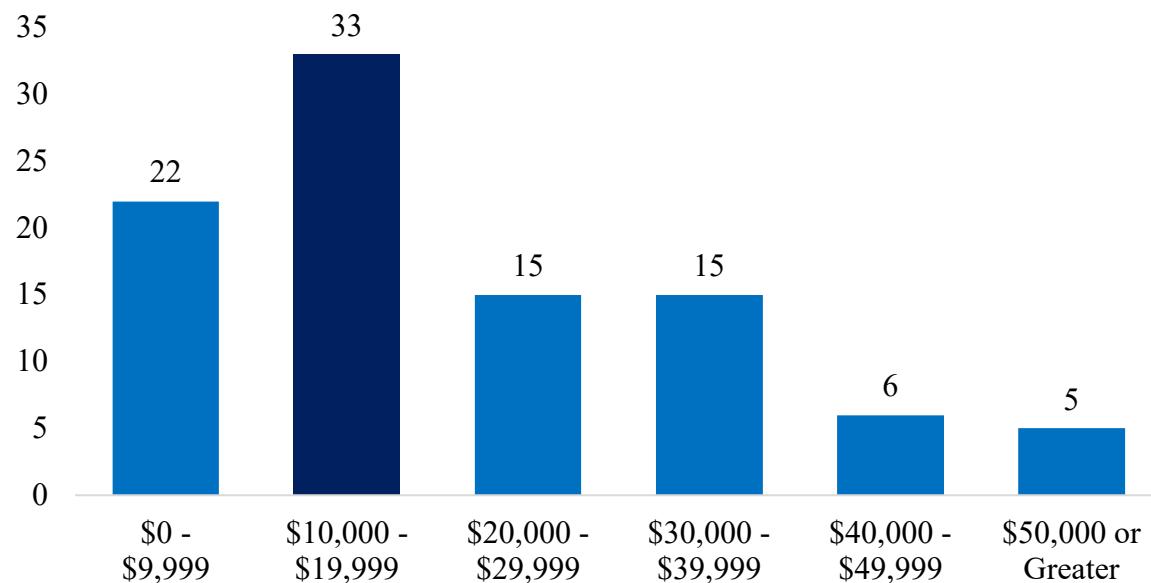
Funding Program

Program codes were available for 108 participants (99.1%). Participants were most commonly funded through Spinal Cord Injury (SCI) Waivers ($n = 66$, 61.1%), Sliding Scale (SS; $n = 32$, 29.6%), and Private Pay ($n = 8$, 7.4%). One participant each (0.9%) was funded through the Children with Life Limiting Illness Waiver (CLLI) and Craig – Private Pay.

Income

Income data were available for 96 participants (88.1%) and ranged from \$0 to \$260,000. The median income was \$17,346.¹² Most participants had incomes between \$10,000 and \$19,999 ($n = 33$, 34.4%), \$0 and \$9,999 ($n = 22$, 22.9%), \$20,000 and \$29,999 ($n = 15$, 15.6%), or \$30,000 and \$39,999 ($n = 15$, 15.6%). *Chart B* presents the full breakdown of income ranges.

Chart B. Income Ranges (n = 96)



Age

Age was available for 108 participants (99.1%) and ranged between 3 and 74 years. The average participant age was 43 years ($SD = 15.49$).

Gender

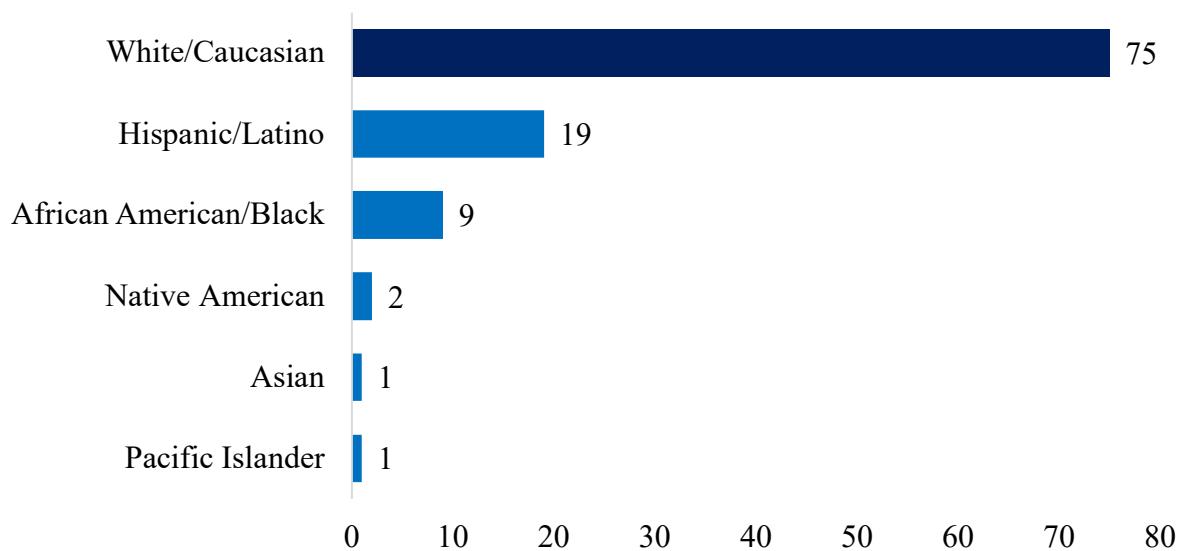
Gender was also available for 108 participants (99.1%), with most individuals identifying as male ($n = 60$, 55.6%) or female ($n = 47$, 43.5%). One participant (0.9%) identified as transgender.

Race

Race data were available for 105 participants (96.3%). Of these, two individuals (1.9%) identified with more than one race category. Most frequently, participants identified as White/Caucasian ($n = 75$, 71.4%), followed by Hispanic/Latino ($n = 19$, 18.1%) and Black/African American ($n = 9$, 8.6%). *Chart C* presents the full breakdown of race.

¹² REC chose to report the median or middle, income as a measure of central tendency over the average because one participant had an income of \$260,000 while the next highest income was \$120,000. Outliers such as these influence the average ($M = \$24,728.88$, $SD = \$29,765.79$) while the median is more stable for extreme values.

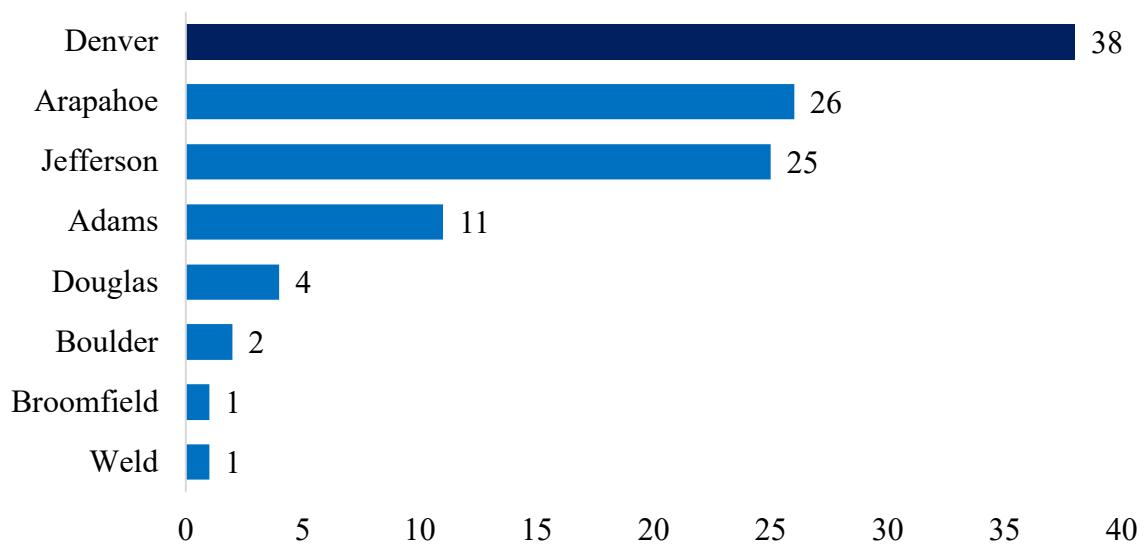
Chart C. Race (n = 105)



Location

Demographic data included participants' state and county of residence, which were available for 108 individuals (99.1%). All of these participants (100%) lived in Colorado. The most frequent counties of residence included Denver ($n = 38$, 35.2%), Arapahoe ($n = 26$, 24.1%), and Jefferson ($n = 25$, 23.1%). *Chart D* presents the full distribution of county of residence data.

Chart D. County of Residence (n = 108)



Veteran Status

Data on veteran status were available for 73 participants (67%). Of these, two participants (2.7%) held veteran status.

Workers' Compensation

Workers' compensation data were available for 33 participants (30.3%). Of these, only one participant (3%) received workers' compensation benefits.

Part 1. Summary

Taken together, these demographic findings suggest that the CCFH participants who completed surveys most often had a spinal cord injury and were funded through either an SCI Waiver or Sliding Scale. Income ranges most commonly fell between \$0 and \$29,999, with a median of \$17,346. On average, participants were 43 years of age and slightly more individuals identified as male compared to female. The majority identified as White/Caucasian and all reported living in Colorado. Most participants were not veterans nor received workers' compensation benefits.

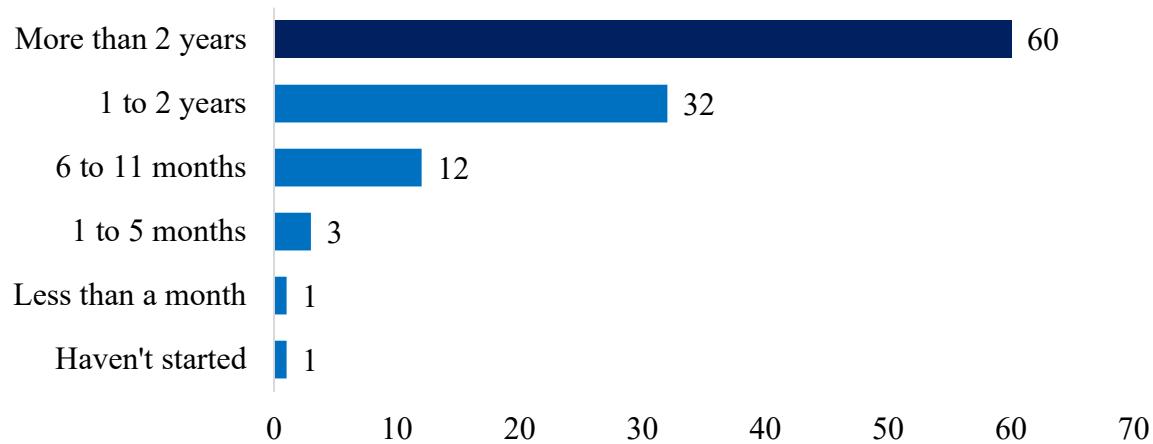
Part 2. Participation in Services and Satisfaction

This section presents findings from the September 2020 PHL Survey related to participation in health services and participant satisfaction with those services.

Length of Time Receiving Services from CCFH

Participants responded about how long they had been receiving services from CCFH. Responses ranged from 1 (i.e., Not started) to 6 (i.e., More than 2 years). All 109 participants (100%) answered this question. Most participants had been receiving services for more than 2 years ($n = 60$, 55%), between 1 to 2 years ($n = 32$, 29.4%), or between 6 to 11 months ($n = 12$, 11%). *Chart E* presents the full breakdown in responses.

Chart E. Length of Time Receiving Services from CCFH (N = 109)



CCFH Services and Satisfaction

One major section of the survey asked participants if they had received acupuncture, chiropractic care, massage therapy, or primary care from CCFH in the last six months. Participants who reported receiving any of these services then estimated how many sessions they had attended and also rated their satisfaction with the: 1) Availability of Appointments, 2) Impact of the Services

on Health and Wellbeing, 3) Quality of the Services, and 4) Safety while Receiving Services. Satisfaction responses ranged from 1 (i.e., Very Dissatisfied) to 4 (i.e., Very Satisfied). This section presents key findings in utilization and satisfaction with CCFH services.

Acupuncture

A total of 64 participants (59.3%) received acupuncture services over the past six months.¹³ These participants most frequently received 5 to 8 acupuncture sessions ($n = 16$, 25%) during this time period. As a whole, the majority of participants ($n = 46$, 71.9%) received 12 or fewer sessions in the last six months. *Chart F* presents a full breakdown of acupuncture session frequency.

Chart F. Acupuncture Session Frequency (n = 64)

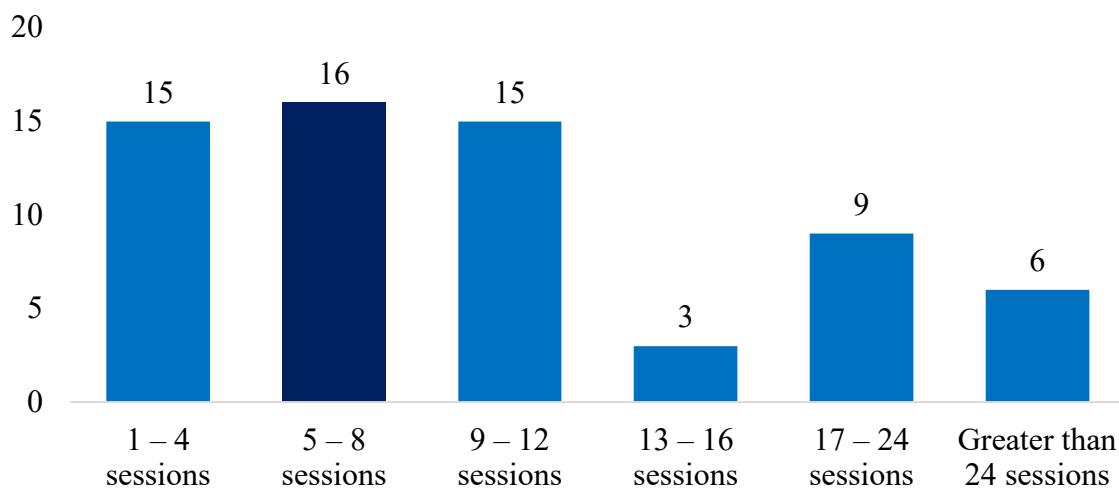


Table B presents how satisfied participants were with each aspect of acupuncture care. These findings suggest that the participants who utilized acupuncture were highly satisfied with the services. Of note, no participants chose Very Dissatisfied for acupuncture care and for each aspect of care, the most frequent response was Very Satisfied. On average, participants gave the highest satisfaction ratings for Safety while Receiving Acupuncture, and the lowest satisfaction ratings for the Availability of Scheduling an Appointment. Averaged across all four aspects of acupuncture care, participants rated their satisfaction at a 3.75 out of 4 ($SD = 0.32$). **Participants who received more acupuncture sessions over the last six months expressed greater overall satisfaction with acupuncture care ($r = 0.25$, $p = 0.05$).**¹⁴

¹³ A total of 108 participants (99.1%) responded whether they had received acupuncture over the last six months.

¹⁴ r : This represents an inferential statistical technique called a correlation, which identifies the strength of the relationship between two variables (e.g., as one variable increases, does the other variable increase, decrease or stay constant?). Correlations can range from -1 to +1. Values closer to either -1 or +1 represent a stronger relationship between the two variables, whereas values closer to 0 represent a weaker relationship. Positive correlation values mean that as one variable increases, the other variable also increases. Negative correlation values mean that as one

Table B. Acupuncture Satisfaction Ratings ($n = 64$)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Acupuncture	0 (0%)	0 (0%)	4 (6.2%)	60 (93.8%)	3.94 (SD = 0.24)
Quality of Acupuncture Services	0 (0%)	0 (0%)	10 (15.6%)	54 (84.4%)	3.84 (SD = 0.37)
Impact on Health and Wellbeing	0 (0%)	1 (1.6%)	23 (35.9%)	40 (62.5%)	3.61 (SD = 0.52)
Availability of Appointments	0 (0%)	3 (4.7%)	20 (31.3%)	41 (64%)	3.59 (SD = 0.58)

Chiropractic Care

A total of 42 participants (38.5%) received chiropractic care in the last six months.¹⁵ Most frequently, these participants received between 1 and 4 sessions or between 9 and 12 sessions ($n = 10$, 23.8% each). On the whole, most participants ($n = 29$, 69%) received 12 or fewer chiropractic care sessions in the last six months. *Chart G* presents the full breakdown of chiropractic session participation.

Chart G. Chiropractic Care Frequency ($n = 42$)

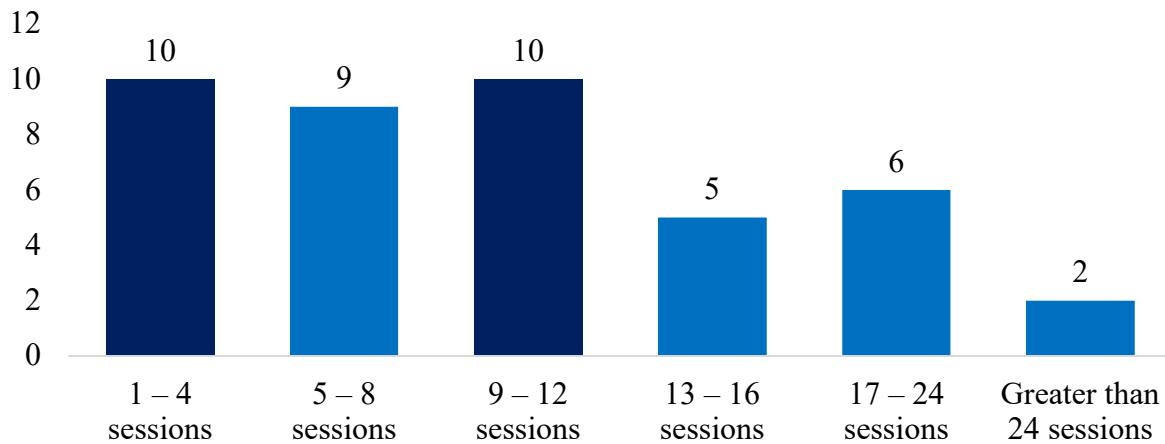


Table C presents the breakdown for satisfaction with each aspect of chiropractic care. These results indicate that the participants who took part in chiropractic care provided high ratings of satisfaction. For each aspect of chiropractic care, the most frequent response was Very Satisfied.

variable increases, the other variable decreases. A correlation of 0.25 is positive and small, which means that, as participants received more acupuncture sessions, they also tended to report higher satisfaction with acupuncture.

¹⁵ A total of 108 participants (99.1%) responded whether they had received chiropractic care over the last six months.

Participants were most satisfied with their Safety while Receiving Chiropractic Care and least satisfied with the Availability of Appointments.

Averaged across all four aspects of chiropractic care, participants rated their satisfaction at a 3.74 out of 4 ($SD = 0.36$). Participants' frequency of chiropractic care had no demonstrable relationship with their overall satisfaction ($p > .05$).

Table C. Chiropractic Care Satisfaction Ratings ($n = 42$)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Chiropractic Care	0 (0%)	0 (0%)	6 (14.3%)	36 (85.7%)	3.86 (SD = 0.35)
Quality of Chiropractic Care Services	0 (0%)	0 (0%)	8 (19%)	34 (81%)	3.81 (SD = 0.40)
Impact on Health and Wellbeing	0 (0%)	1 (2.4%)	10 (23.8%)	31 (73.8%)	3.71 (SD = 0.51)
Availability of Appointments	0 (0%)	1 (2.4%)	16 (38.1%)	25 (59.5%)	3.57 (SD = 0.55)

Massage Therapy

Eighty-seven participants (80.6%) participated in massage therapy in the last six months.¹⁶ These participants most often received between 17 and 24 sessions ($n = 24$, 27.6%) or between 9 and 12 sessions ($n = 23$, 26.4%). *Chart H* presents the full distribution of massage session frequency.

¹⁶ A total of 108 participants (99.1%) responded whether they had received massage therapy over the last six months.

Chart H. Massage Therapy Frequency (n = 87)

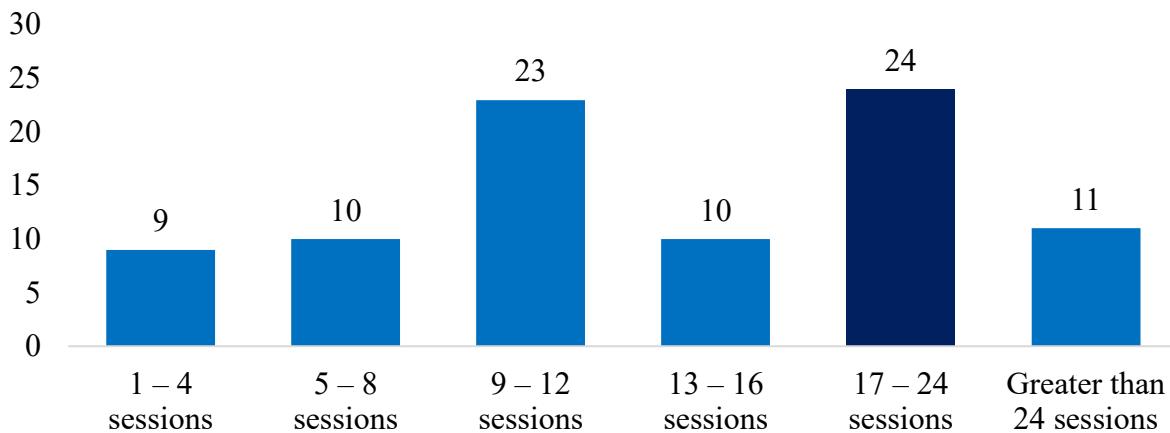


Table D presents the breakdown for satisfaction with each aspect of massage therapy. Again, for those participants who received massage therapy, satisfaction with this service was Very High. Most frequently, participants responded Very Satisfied for all four aspects of massage therapy. The Satisfaction with Safety while Receiving Massage Therapy again had the highest average rating and Satisfaction with Scheduling Appointments again had the lowest average rating. On average, participants rated their overall satisfaction with massage therapy at a 3.72 out of 4 ($SD = 0.47$). Participants' frequency of massage therapy sessions had no particular relationship with their overall satisfaction ($p > .05$).

Table D. Massage Therapy Satisfaction Ratings (n = 87)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Massage Therapy	1 (1.1%)	0 (0%)	10 (11.5%)	76 (87.4%)	3.85 (SD = 0.45)
Quality of Massage Therapy Services	1 (1.1%)	1 (1.1%)	14 (16.1%)	71 (81.6%)	3.78 (SD = 0.52)
Impact on Health and Wellbeing	2 (2.3%)	2 (2.3%)	19 (21.8%)	64 (73.6%)	3.67 (SD = 0.64)
Availability of Appointments	1 (1.1%)	1 (1.1%)	32 (36.8%)	53 (60.9%)	3.57 (SD = 0.58)

Primary Care

Finally, 19 participants (17.4%) received primary care in the last six months.¹⁷ Participants most often ($n = 17$, 89.5%) utilized 1 – 2 primary care sessions over the last six months. *Chart I* presents the full breakdown for primary care utilization.

Chart I. Primary Care Frequency (n = 19)

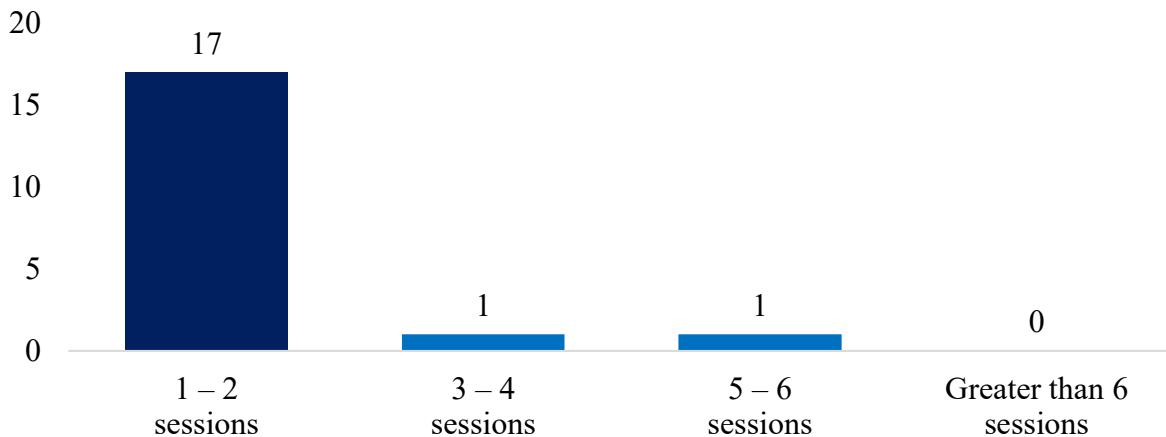


Table E presents the breakdown for responses with each aspect of primary care. These findings suggest that participants who utilized primary care were largely satisfied with their experience. The most frequent responses for each of these aspects of care were Satisfied or Very Satisfied. Satisfaction with Safety had the highest average rating and the Impact of Primary Care on Health and Wellbeing had the lowest average rating. On average, participants rated their overall satisfaction with primary care at a 3.38 out of 4 ($SD = 0.57$). Participants' frequency of primary care sessions had no demonstrable relationship with their overall satisfaction with this service ($p > .05$).

Table E. Primary Care Satisfaction Ratings (n = 19)

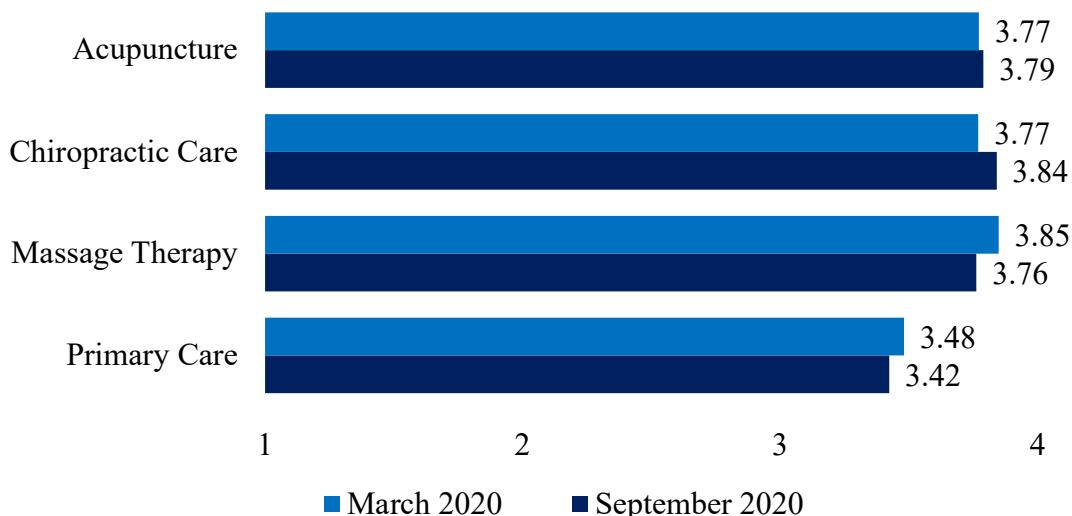
Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Primary Care	0 (0%)	0 (0%)	8 (42.1%)	11 (57.9%)	3.58 ($SD = 0.51$)
Quality of Primary Care Services	0 (0%)	2 (10.5%)	8 (42.1%)	9 (47.4%)	3.37 ($SD = 0.68$)
Availability of Appointments	0 (0%)	3 (15.8%)	7 (36.8%)	9 (47.4%)	3.32 ($SD = 0.75$)
Impact on Health and Wellbeing	0 (0%)	3 (15.8%)	8 (42.1%)	8 (42.1%)	3.26 ($SD = 0.73$)

¹⁷ One additional participant (0.9%) responded “Yes” to receiving primary care services, however, they did not provide any further survey data. As such, this individual was not included in further analyses.

Changes in Satisfaction with Services

Between 13 and 61 participants (11.9% and 56%, respectfully) rated their satisfaction with acupuncture, chiropractic care, massage therapy, and primary care on both the March and September 2020 surveys. On average, participants' satisfaction slightly increased for acupuncture and chiropractic care over this time period, but slightly decreased for massage therapy and primary care (see *Chart J* for more detail).¹⁸ **Such findings indicate that ratings remained stable for participants between March and September of 2020.**¹⁹

Chart J. Changes in Satisfaction with Services (n = 13 – 61)



Off-site Services and Satisfaction

Participants responded about their participation in, and satisfaction with, any off-site services funded through CCFH. Twelve participants (11.2%) received off-site services in the last six months.²⁰ Of these, participants most frequently utilized Other Services ($n = 6$, 50%), which included behavioral health/counseling, biofeedback, and the Peak Center. These participants also utilized off-site massage ($n = 5$, 41.7%), adaptive exercise ($n = 3$, 25%), and chiropractic care ($n = 1$, 8.3%). *Chart K* presents the frequencies of off-site sessions.

¹⁸ These comparisons were not statistically significant ($p > .05$)

¹⁹ In both March and September, satisfaction was high for all services. This could suggest a ceiling effect, or the point at which scores cannot increase further. For example, satisfaction with CCFH services ranges from 1 to 4. With average satisfaction for chiropractic care at 3.84 out of 4 in September, this leaves little room for improvement in scores over time.

²⁰ A total of 107 participants (98.2%) responded whether they had received off-site services over the last six months.

Chart K. Frequencies of Off-Site Service Sessions (*n* = 12)

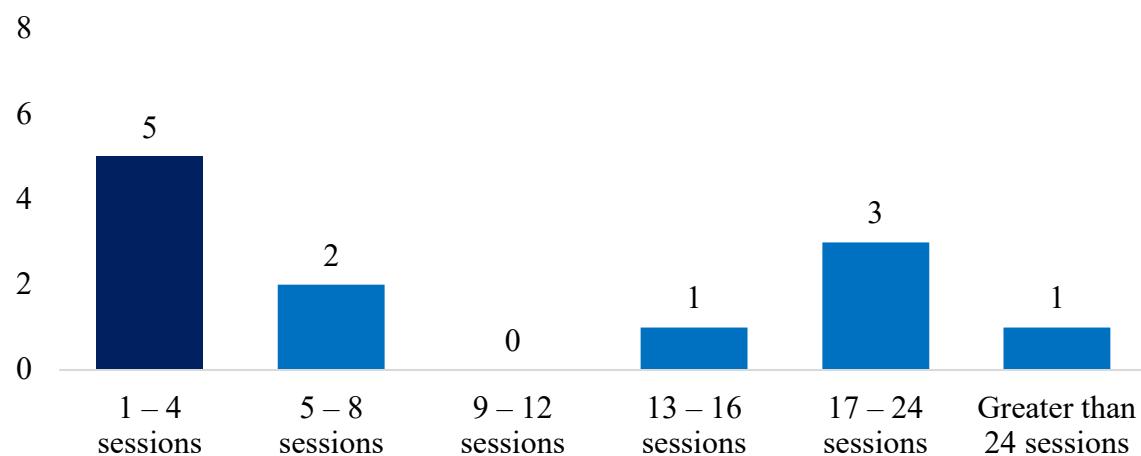


Table F presents the breakdown in responses for each aspect of off-site services.²¹ These findings suggest that participants who utilized off-site services were Satisfied with their experience. Most frequently, participants responded Very Satisfied for each aspects of off-site care. On average, participants rated their overall satisfaction with off-site services at a 3.67 out of 4 (SD = 0.89). Participants' frequency of off-site sessions had no demonstrable relationship ($p > .05$) with their overall satisfaction.

Table F. Off-Site Service Satisfaction Ratings (*n* = 12)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Off-Site Services	1 (8.3%)	0 (0%)	1 (8.3%)	10 (83.3%)	3.67 (SD = 0.89)
Quality of Off-Site Services	1 (8.3%)	0 (0%)	1 (8.3%)	10 (83.3%)	3.67 (SD = 0.89)
Availability of Appointments	1 (8.3%)	0 (0%)	1 (8.3%)	10 (83.3%)	3.67 (SD = 0.89)
Impact on Health and Wellbeing	1 (8.3%)	0 (0%)	1 (8.3%)	10 (83.3%)	3.67 (SD = 0.89)

Part 2. Summary

Overall, CCFH participants expressed satisfaction with on-site and off-site health and wellness services. Regarding on-site services, the majority of participants had received care from CCFH for more than two years. In the last six months, individuals most often utilized massage therapy

²¹ Please note that only one individual responded Very Dissatisfied for all four aspects of care.

and acupuncture, and least often utilized chiropractic and primary care.²² Participants expressed high overall satisfaction with all four services, particularly with feeling safe while receiving services. Satisfaction with acupuncture and chiropractic care only slightly increased between March and September, while satisfaction with massage therapy and primary care only slightly decreased. These changes were not statistically significant, suggesting that satisfaction with these services was stable during the last six months.

Finally, a small group of participants also received off-site services for massage, adaptive exercise, chiropractic care, behavioral health, and biofeedback through funding from CCFH. Overall, most individuals expressed satisfaction with these off-site services. The next section presents key findings regarding participant outcomes including pain, impact from CCFH services, and overall perceptions of health.

Part 3. Participant Health Outcomes

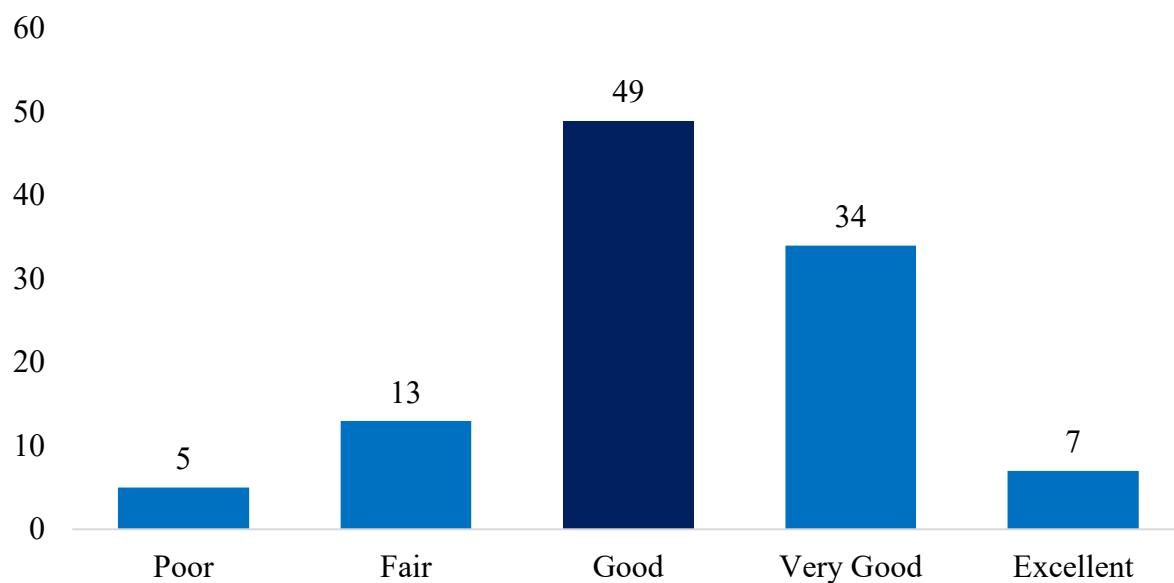
This section presents key findings regarding health outcomes, including ratings of current health, changes in health compared to six months ago, experiences with pain, medications, health-related self-efficacy, and the impact of care from CCFH.

Current Health

One-hundred and eight participants (99.1%) rated their current health on a scale from 1 (i.e., Poor) to 5 (i.e., Excellent). These individuals had an average rating of 3.23 out of 5 (SD = 0.91), which falls between 3 (i.e., Good) and 4 (i.e., Very Good). Most often, participants chose Good ($n = 49$, 45.4%), or Very Good ($n = 34$, 31.5%). **In fact, over 83% of participants ($n = 90$) rated their current health as Good or better.** Please see *Chart L* for more detail. Overall, such findings indicate that many CCFH participants have a positive outlook on their overall health, but some individuals have room for improvement.

²² The survey also included a section for satisfaction with dental care. Due to an issue with the survey, only 19 participants (17.4%) were asked if they had received dental care in the last six months. Of these, only two had received dental care (10.5%). These two individuals responded Very Satisfied for all four aspects of dental care.

Chart L. Rating Current Health (n = 108)

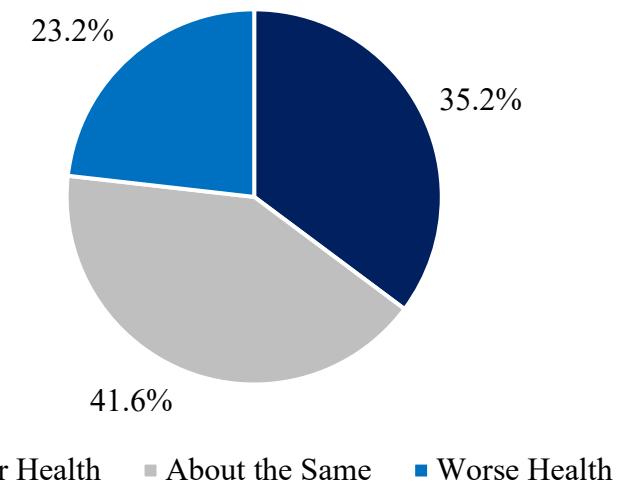


Health Compared to Six Months Ago

Participants also responded how their health has changed compared to six months ago. A total of 108 participants (99.1%) answered this question, with responses ranging from 1 (i.e., Much Worse) to 5 (i.e., Much Better). Most frequently, participants ($n = 45$, 41.7%) said their health was About the Same as six months ago, followed by Somewhat Better ($n = 27$, 25%), and Somewhat Worse ($n = 19$, 17.6%). Eleven participants (10.2%) chose Much Better and six participants (5.6%) chose Much Worse. **These data reveal that most individuals experienced either no change or a small change in their health over the last six months.** *Chart M* presents the percentage of participants who reported better health, about the same quality of health, and worse health compared to six months ago.²³

²³ In *Chart M*, “Better Health” includes Somewhat Better and Much Better. “Worse Health” includes Somewhat Worse and Much Worse.

Chart M. Rating Current Health ($n = 108$)



Health Over the Past 30 Days

On the September 2020 PHL Survey, participants ($n = 108$, 99.1%) also rated three statements about their physical and mental health over the past 30 days. Responses ranged from 1 (i.e., 0 days) to 5 (i.e., Greater than 20 days). Larger values correspond to more frequent *poor* health days in the last month. On average, participants had slightly more poor mental health days ($M = 2.31$, $SD = 1.11$) than poor physical health days ($M = 2.23$, $SD = 1.17$). Participants had the least number of days where poor health affected their usual activities ($M = 2.06$, $SD = 1.17$), but all of these average values fell between 2 (i.e., 1 to 5 days) and 3 (i.e., 6 to 10 days). Most often, participants had between 1 and 5 days of poor mental health ($n = 49$, 45.4%), between 1 and 5 days of poor physical health ($n = 42$, 38.9%), and 0 days where their poor health affected their usual activities ($n = 42$, 38.9%). Overall, these findings suggest that most participants experienced at least a few days of poor physical or mental health, but some were able to keep these issues from affecting their usual activities. *Table G* presents the response breakdown for these statements.

Table G. Health Over the Past 30 Days (n = 108)

For how many days...	0 days	1 – 5 days	6 – 10 days	11 – 20 days	20 + days	Average Rating (SD)
Was your mental health not good?	24 (22.2%)	49 (45.4%)	19 (17.6%)	9 (8.3%)	7 (6.5%)	2.31 (SD = 1.11)
Was your physical health not good?	32 (29.6%)	42 (38.9%)	20 (18.5%)	5 (4.6%)	9 (8.3%)	2.23 (SD = 1.17)
Did poor physical or mental health keep you from doing your usual activities?	42 (38.9%)	40 (37%)	11 (10.2%)	8 (7.4%)	7 (6.5%)	2.06 (SD = 1.17)

Participant Pain

A total of 106 participants (97.2%) rated their experience of overall pain in the last week. To rate their pain, participants chose a value between 0 (i.e., No Pain) and 10 (i.e., Worst Pain). Larger values corresponded to experiencing worse pain and every other number was assigned a qualitative description.²⁴ On average, participants rated their pain at a 3.92 out of 10 (SD = 2.20). These responses suggest that on average, participants experienced levels of pain falling between Mild and Moderate.

Changes in Pain

REC also examined the extent to which participants' pain ratings changed between March and September 2020. A total of 74 participants (67.9%) rated their overall pain in both surveys.²⁵ On average, **pain slightly increased** ($p > .05$) from March ($M = 3.46$, $SD = 2.34$) to September ($M = 3.72$, $SD = 2.25$). Participants' pain ratings most often stayed the same between March and September ($n = 27$, 36.5%). Another 25 participants (33.8%) experienced an increase in pain and 22 participants (29.7%) experienced a decrease in pain. Overall, these data suggest that participants varied in their recent experiences with pain, with many reporting little change between March and September.

Belief About Being Pain Free

A total of 106 participants (97.2%) rated the statement, "I believe that I can be pain free". Responses ranged from 1 (i.e., Strongly Disagree) to 4 (i.e., Strongly Agree). On average, individuals rated this question at a 2.67 out of 4 (SD = 0.75) which falls between 2 (i.e., Disagree) and 3 (i.e., Agree). **Of note, 63 participants (59.4%) either Agreed or Strongly Agreed with this statement but the remaining 43 participants (40.6%) Disagreed or**

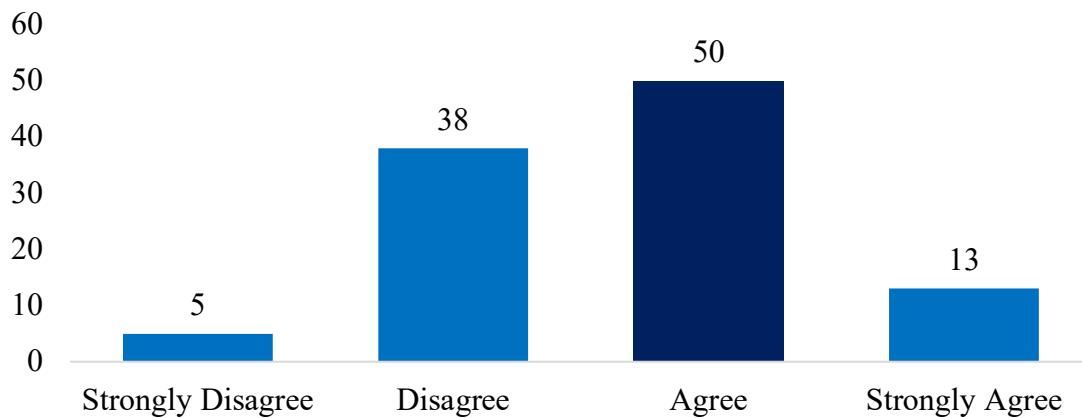
²⁴ The pain scale included the following levels: 0 (i.e., No Pain), 1, 2 (i.e., Mild Pain), 3, 4 (i.e., Moderate Pain), 5, 6 (i.e., Severe Pain), 7, 8 (i.e., Very Severe), 9, and 10 (i.e., Worst Pain).

²⁵ These average values differ from the pain section above because this analysis only includes participants who also had March data available.

Strongly Disagreed, suggesting that many individuals feel that they cannot be pain free.

Chart N presents the full breakdown of responses.

Chart N. Belief About Being Pain Free (n = 106)



Use of Medication

One set of questions asked participants about their experiences taking medications for pain and depression/anxiety.²⁶

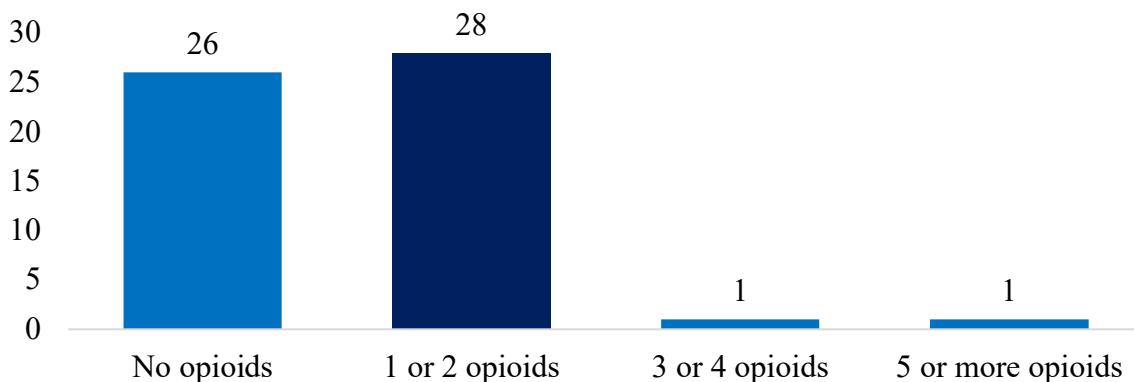
Medications to Address Pain

The first question asked whether participants took over the counter or prescription medications for pain. A total of 106 participants (97.2%) answered this question. **Of these, 56 individuals (52.8%) responded that they take medications for pain.** Individuals most frequently took one or two medications ($n = 38$, 67.9%), followed by three or four medications ($n = 13$, 23.2%) and five or more medications ($n = 5$, 8.9%).

As a follow-up question, those individuals who used pain medication responded how many of those medications were opioids. **Slightly over half of these participants (53.6%) took one or more opioids for pain.** *Chart O* presents the full breakdown of opioid use.

²⁶ The response method for medication usage changed between March and September 2020. As such, comparisons were unavailable for this time period.

Chart O. Number of Opioids Used to Treat Pain (n = 56)



Medications to Address Anxiety or Depression

Next, participants responded about whether they used over the counter or prescription medications for anxiety or depression. A total of 106 participants (97.2%) answered this question. **Of these, 37 individuals (34.9%) responded that they take medications for anxiety or depression.** Individuals most frequently took one or two medications ($n = 32$, 86.5%), followed by three or four medications ($n = 4$, 10.8%), and five or more medications ($n = 1$, 2.7%).

Helping Participants Address Medication Usage

One final medication question asked participants how CCFH could support them with their medication usage. A total of 106 participants (97.2%) responded to this question. The majority ($n = 79$, 74.5%) said that they did not need help or that they did not take medications. Ten participants (9.4%) discussed how services from CCFH have already helped them manage their pain. For example, one participant wrote, “My number of med[ications] are at the lowest possible because of the services I receive from the CCFH.” Another individual shared, “Finding the best alternatives for my body that are safe, healthy, and a natural alternative. The Chanda Plan Foundation has supported me through this and has given me plenty of examples that I can work with to help alleviate my pain.” Another six individuals (5.7%) discussed wanting help with changing or reducing their medications, such as the following quote, “Yes, I need help picking a new anti-anxiety medicine. I take [medication name] and it doesn’t really work for me.” Another individual wanted to reduce their medications, saying, “I only take two prescriptions, but I would always be open to exploring options to get off medication.” An additional five individuals (4.7%) said they did not know or were unsure how CCFH could help with their medications. For example, one of these participants wrote, “I don’t know. I didn’t know that CCFH could do that.” Finally, three participants (2.8%) said they wanted to explore alternatives for dealing with pain and/or depression and anxiety, and three participants (2.8%) listed the medications they currently take. Overall, while most participants felt that they do not need further help from CCFH, some participants would like help changing their medication or reducing the amount they take. Of

note, a few participants did not know how CCFH could help or wanted to explore alternatives to medication.

Health and Daily Life

Another section of the survey asked participants to rate the extent to which their current health was limiting a variety of activities and their ability to work.

Health-Related Self-Efficacy

Health related self-efficacy refers to how much people believe that they can produce the health outcomes that they desire (Amtamann et al., 2012). Using a scale from 1 (i.e., Not at All) to 5 (i.e., Completely) participants rated different aspects of their health-related self-efficacy. A total of 108 participants (99.1%) responded to these statements. These data suggest that, on average, participants felt most able to figure out effective solutions to issues that come up related to their health condition or disability. Conversely, they felt least able to keep their health condition or disability from being the center of their life. Across all statements, participants had an average rating of 3.16 out of 5 ($SD = 0.87$)²⁷, which falls between 3 (i.e., Quite A Bit) and 4 (i.e., A Lot). This means that together, **these CCFH participants have a somewhat positive degree of health-related self-efficacy**, but there is still room for improvement for many individuals. *Table H* presents each statement and the average responses. Please note that higher average values correspond to higher health-related self-efficacy.

Table H. Health-Related Self-Efficacy ($n = 108$)

You can...	Average Rating (SD)
Figure out effective solutions to issues that come up related to your health condition or disability?	3.51 ($SD = 1.01$)
Bounce back from frustration, discouragement or disappointment that your health condition or disability may cause you?	3.41 ($SD = 1.08$)
Keep the physical discomfort related to your health condition or disability from interfering with the things you want to do?	3.10 ($SD = 1.01$)
Keep your health condition or disability from interfering with your ability to interact socially?	3.09 ($SD = 1.18$)
Keep your health condition or disability from interfering with your ability to deal with unexpected events?	3.00 ($SD = 1.08$)

²⁷ REC analyzed the scale reliability of this group of statements. Scale reliability refers to the extent to which groups of questions or statement ratings measure one outcome, such as health self-efficacy. Scale reliability is measured using Chronbach's Alpha (α), which can range from 0 to 1. Higher values correspond to a more reliable scale, but any value above 0.70 corresponds to acceptable reliability. A total of 108 participants (99.1%) rated these statements and are thus reflected in the scale. The six health self-efficacy statements had acceptable scale reliability ($\alpha = 0.86$), which means that together, they appropriately measured health self-efficacy.

Keep your health condition or disability from being the center of your life?	2.85 (SD = 1.12)
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Impact of Care from CCFH

Finally, participants responded to different questions about how much the care received from CCFH positively influenced different aspects of their health and wellbeing. A total of 105 participants (96.3%) responded to each statement. Responses ranged from 1 (i.e., Not at All) to 4 (i.e., Completely). Please note that higher values for these statements correspond to more positive outcomes. *Table I* presents the response breakdown for each question, the average rating, and standard deviation.

These data suggest that, on average, participants experienced the most benefit for improved Quality of Life and Reduced Severity of Pain. Areas with the least benefit included Improved Ability to Function Independently and Increased Time Spent Participating in Social Activities or Doing Paid or Volunteer Work. Across all eight statements, participants had an average score of 2.48 out of 5 (SD = 0.69), which falls between 2 (i.e., Somewhat) and 3 (i.e., Significantly).

Such findings suggest that, overall, participants are seeing a positive impact on their lives as a result of care from CCFH. Yet, there is room for growth, particularly for improving independent functioning and increasing time spent participating in social activities or doing paid or volunteer work.

Table I. Impact of Care from CCFH (n = 105)

How has the care you received from CCFH...	Not at All	Somewhat	Significantly	Completely	Average Rating (SD)
Improved your quality of life?	1 (1%)	29 (27.6%)	56 (53.3%)	19 (18.1%)	2.89 (SD = 0.70)
Reduced the severity of your pain?	8 (7.6%)	31 (29.5%)	54 (51.4%)	12 (11.4%)	2.67 (SD = 0.78)
Reduced the number of days you are in pain?	8 (7.6%)	34 (32.4%)	52 (49.5%)	11 (10.5%)	2.63 (SD = 0.78)
Improved your physical mobility?	4 (3.8%)	46 (43.8%)	44 (41.9%)	11 (10.5%)	2.59 (SD = 0.73)
Allowed you to spend less on traditional health care?	18 (17.1%)	30 (28.6%)	45 (42.9%)	12 (11.4%)	2.49 (SD = 0.91)
Improved your ability to function independently?	23 (21.9%)	39 (37.1%)	32 (30.5%)	11 (10.5%)	2.30 (SD = 0.93)

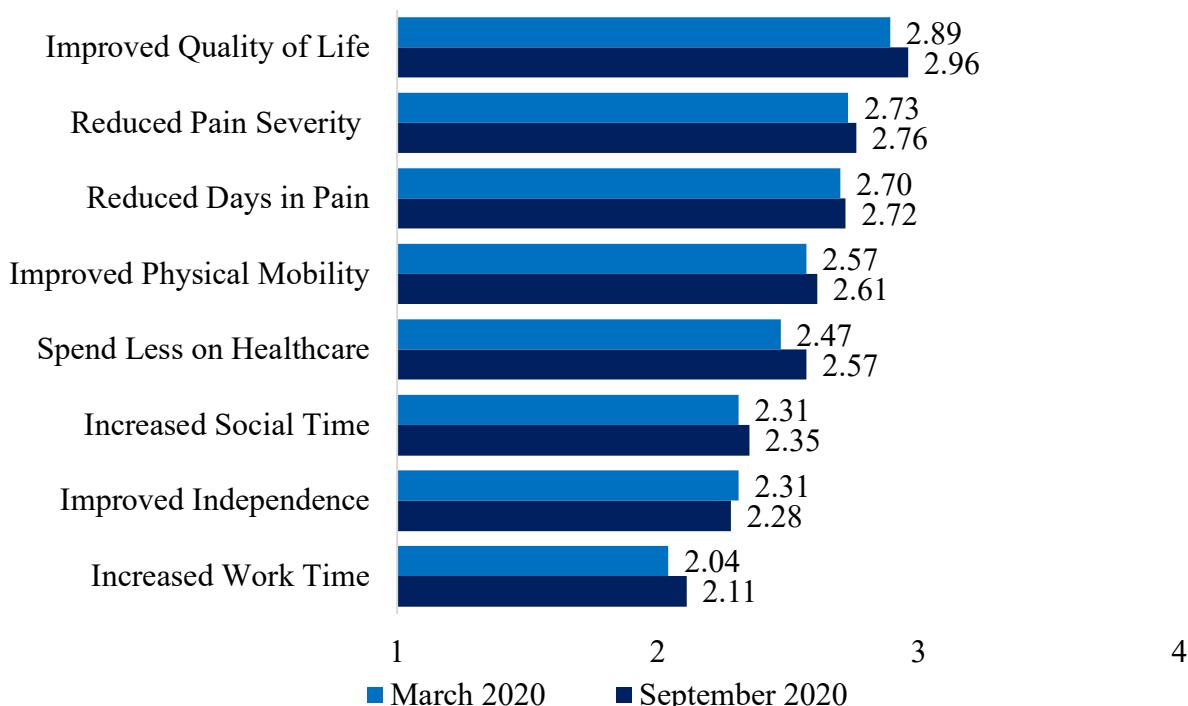
Increased the time you are able to spend participating in social activities?	23 (21.9%)	40 (38.1%)	31 (29.5%)	11 (10.5%)	2.29 (SD = 0.93)
Increased the time you are able to spend doing paid or volunteer work?	47 (44.8%)	23 (21.9%)	25 (23.8%)	10 (9.5%)	1.98 (SD = 1.04)

Changes in Impact of Care Ratings Compared to March 2020

A total of 74 participants (67.9%) rated the statements about the impact of care on the March and September 2020 surveys. Compared to March, participants provided slightly higher average ratings on the September survey for all outcomes except for an Improvement in the Ability to Function Independently, but none of these improvements were statistically significant. The two areas that experienced the biggest increase in average ratings included participants' Improved Quality of Life and Increased Time Spent Doing Paid or Volunteer Work. For both, the average ratings increased by 0.07. Together, these findings suggest that compared to six months ago, participants perceived a slight increase in positive outcomes as a result of care from CCFH.

Chart P presents the average rating for each statement during both surveys.

Chart P. Changes in Impact of Care (n = 74)



Part 2. Summary

The September PHL Survey assessed a number of participant health outcomes. When asked to rate their health overall, about 83% of participants rated their health as Good or better. In comparing their health to six months ago, the majority of participants said their health was the same (42%) or better (35%). Individuals most often reported that they had 1 to 5 days of poor mental health (45%) and poor physical health (39%). Even still, most participants (39%) reported 0 days of this poor health affected their usual activities. Participants also responded that their pain remained the same (36%) or decreased (30%) in the past six months. Indeed, on average, participants rated their overall pain between 3 and 4 on a 10-point scale, which increased only slightly compared to March. However, a subgroup of participants reported that their health (23%) or pain (34%) worsened. Furthermore, only 59% of participants agreed with the statement, “I believe that I can be pain free”, which means that 41% of participants believe that they cannot be pain free.

Next, around 53% of individuals responded that they take medications to address pain, with some of these medications being opioids. About 35% of participants took medications to address anxiety or depression. When asked how CCFH could help support them with their medication usage, most participants (75%) responded that they did not need help or took no medications. Some participants discussed the effectiveness of CCFH services (9%), expressed a desire to change or reduce their medications (6%), stated that they did not know how CCFH could help (5%), discussed wanting to explore alternatives (3%), and listed their medications (3%).

When rating statements about their health self-efficacy or to what degree participants believe they can produce the health outcomes that they desire, individuals felt most strongly that they could figure out effective solutions to issues relating to their health condition or disability. Conversely, participants felt least able to keep their health condition or disability from being the center of their lives. Overall, these participants expressed a somewhat positive health-related self-efficacy. Regarding the impact of care from CCFH, participants most often agreed that care from CCFH improved their quality of life, but least that it increased the time they were able to spend doing paid or volunteer work. Together, participants expressed that they are experiencing positive health benefits from CCFH, a belief that increased slightly between March and September of 2020.

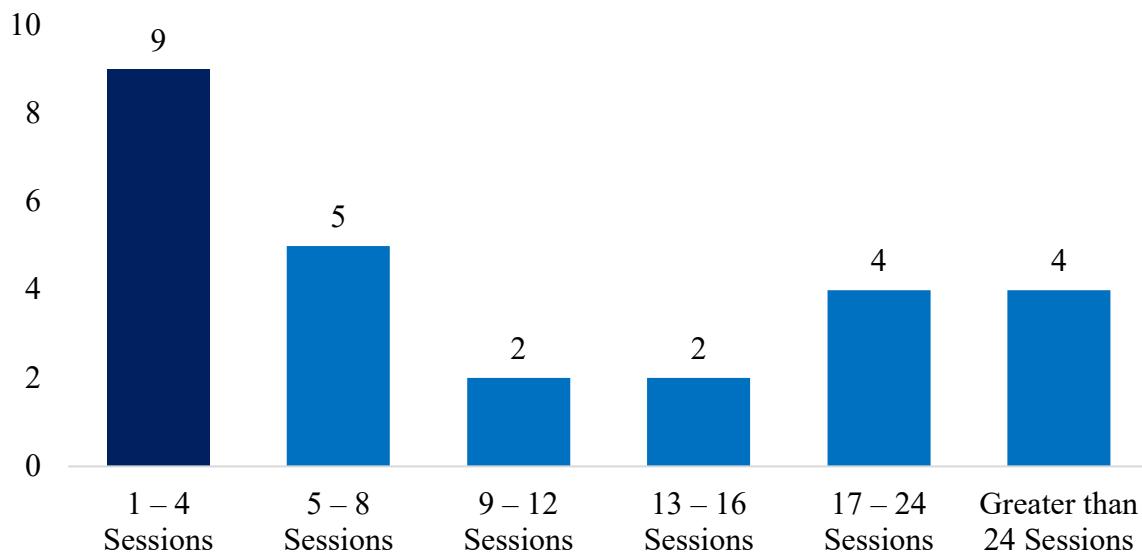
Part 3. Behavioral Health

This section presents findings for behavioral health outcomes, such as participants’ satisfaction with behavioral health services and scores on the Burns Depression Checklist, Burns Anxiety Inventory, and the Post-Traumatic Stress Disorder (PTSD) Checklist.

Satisfaction with Behavioral Health

A total of 26 participants (23.9%) said that they received behavioral health services in the last six months. Most often, participants ($n = 9$, 34.6%) utilized one to four sessions. *Chart Q* presents the full breakdown of behavioral health session utilization.

Chart Q. Behavioral Health Session Frequency (n = 26)



Individuals who received behavioral health services also rated their satisfaction with the availability of appointments, quality of services, and impact of behavioral health on overall wellbeing. Responses ranged from 1 (i.e., Very Dissatisfied) to 4 (i.e., Very Satisfied). These findings indicate that individuals were most satisfied with the Availability of Behavioral Health Appointments and least satisfied with the Impact of Behavioral Health on Overall Wellbeing. Across all three aspects of behavioral health care, participants had an average score of 3.67 out of 4 ($SD = 0.42$). This rating falls between Satisfied and Very Satisfied. **Overall, these results suggest that participants were quite satisfied with behavioral health services.** *Table J* presents the breakdown in responses for each aspect of care.

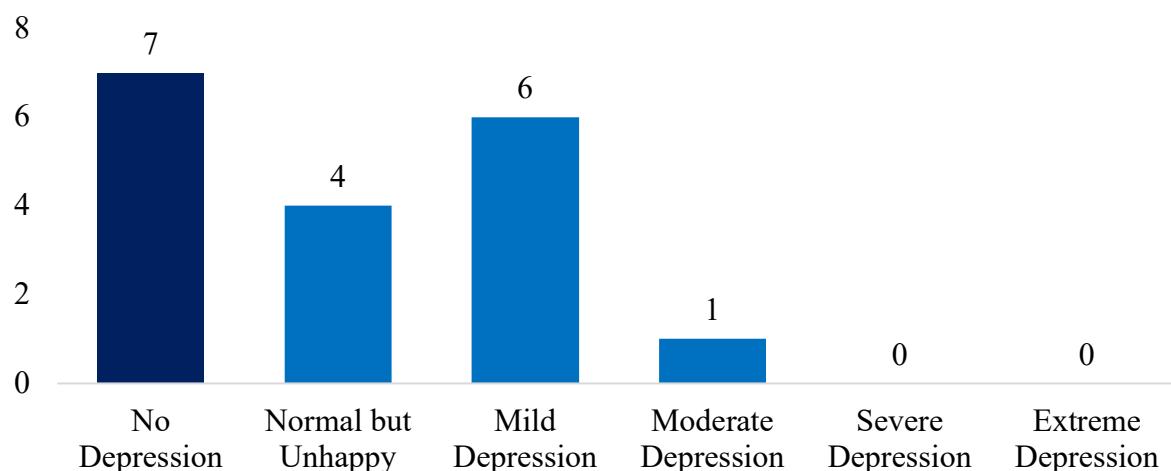
Table J. Behavioral Health Satisfaction Ratings (n = 26)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Availability of Appointments	0 (0%)	0 (0%)	6 (23.1%)	20 (76.9%)	3.77 (SD = 0.43)
Quality of Behavioral Health Services	0 (0%)	0 (0%)	9 (34.6%)	17 (65.4%)	3.65 (SD = 0.49)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	11 (42.3%)	15 (57.7%)	3.58 (SD = 0.50)

Burns Depression Checklist

The Burns Depression Checklist is a tool used to screen for levels of depression. Total scores on this checklist can range from 0 to 100, with higher numbers indicating more severe depressive symptoms. Total scores can be compared to one of six ranges, which corresponds to depression categories. A total of 18 individuals (16.5%) had recent data from the Burns Depression Checklist.²⁸ Total scores ranged from 0 to 31, with an average of 9.39 ($SD = 8.45$). This average was at the high end of the “Normal but Unhappy” category. The largest number of participants ($n = 7$, 38.9%) fell within the range of No Depression, and only one participant (5.6%) was categorized as having Moderate or more severe depression. *Chart R* presents the number of participants who had total scores in each checklist category.

Chart R. Burns Depression Checklist ($n = 18$)



Changes in Burns Depression Checklist Compared to Baseline

A total of 13 participants (11.9%) had a Burns Depression Inventory score from both March ($M = 8.23$, $SD = 5.42$) and September ($M = 9.00$, $SD = 6.64$). On average, depression scores increased slightly during this time.²⁹ Comparing September scores to those from March, nine participants (69.2%) had no change in their total depression score, two participants (15.4%) had a decrease in their score, and two participants (15.4%) had an increase in their score. Only two participants (15.4%) changed their depression category during this time.³⁰

²⁸ Recent data included scores from August, September, or October 2020. These scores were used because they are the most recent reflection of participants’ outcomes using these inventories.

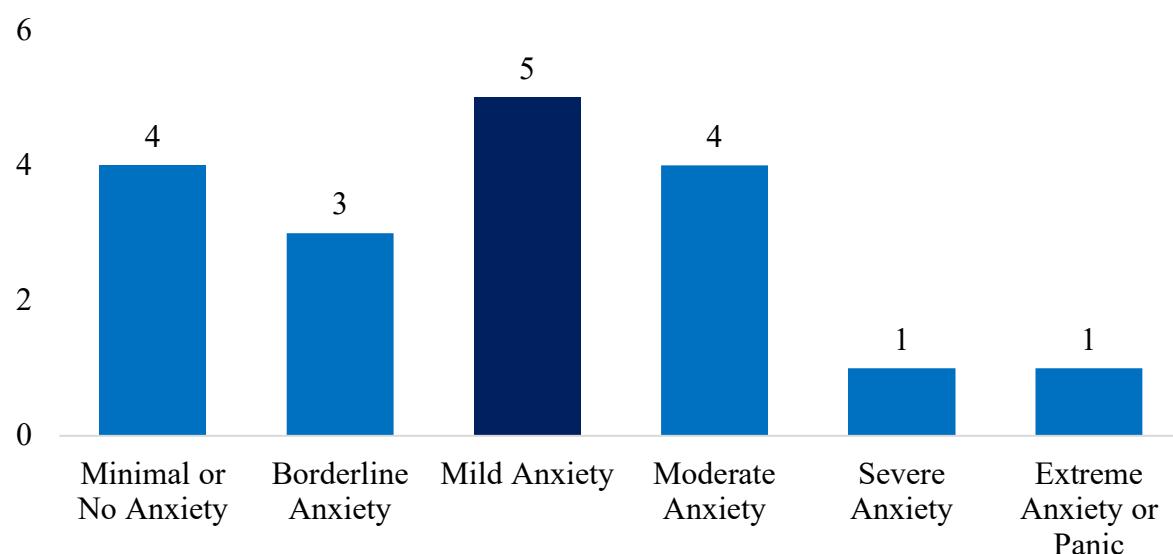
²⁹ This change was not statistically significant ($p > .05$)

³⁰ Compared to March, one participant (7.7%) fell into a more severe depression category and one participant (7.7%) fell into a less severe depression category.

Burns Anxiety Inventory

The Burns Anxiety Inventory is a tool used to screen for different levels of anxiety. Total scores on this Inventory can range from 0 to 99, with higher numbers indicating more anxiety. Total scores can be compared to one of six ranges, which corresponds to anxiety categories. A total of 18 individuals (16.5%) had recent data from the Burns Anxiety Inventory. Total scores ranged from 0 to 55, with an average of 16.00 ($SD = 14.53$) which falls into the Mild Anxiety category. *Chart S* indicates that these participants most often had Mild Anxiety ($n = 5$, 27.8%). However, one-third of the participants ($n = 6$, 33.3%) did have anxiety that was categorized as Moderate or more severe. *Chart S* presents the number of participants who had total Burns Anxiety Inventory scores in each category.

Chart S. Burns Anxiety Inventory (n = 18)



Changes in Burns Anxiety Scores Compared to Baseline

A total of 14 participants (12.8%) had a Burns Anxiety Inventory score from both March ($M = 17.50$, $SD = 15.12$) and September ($M = 18.00$, $SD = 15.00$). On average, the total anxiety scores for these participants slightly increased during this time.³¹ Comparing September scores to those from March, seven participants (50%) had a decrease in their score and the other seven participants (50%) had an increase in their score. As a result of these score changes, five participants (35.7%) were in a less severe anxiety category in September, five participants (35.7%) had no change in their anxiety category, and four participants (28.6%) were in a more severe anxiety category in September.

³¹ This change was not statistically significant ($p > .05$).

Post-Traumatic Stress Disorder (PTSD) Checklist (CL-5)

Finally, some data were available for participants who were administered the PTSD Checklist. This is a tool used to screen for different levels of PTSD. Total scores on this inventory can range from 0 to 80, with higher numbers indicating more PTSD symptoms. Research suggests that a total score of 31 or higher is appropriate for a provisional diagnosis of PTSD (Weathers et al., 2013). A total of 16 participants (14.7%) had a recent score for the PTSD Checklist. Total scores ranged from 0 to 47, with an average of 7.44 ($SD = 14.77$). Two participants (12.5%) had a score of 31 or higher, indicating provisional PTSD.

Changes in PTSD Scores Compared to Baseline

A total of 14 participants (12.8%) had both March ($M = 7.79$, $SD = 16.43$) and September 9.00 ($SD = 15.56$) PTSD scores. Scores slightly increased during this time.³² Compared to March, six participants (42.9%) had the same PTSD score, four participants (28.6%) had a reduction in their score, and four participants (28.6%) had an increase in their score. No participants changed their provisional PTSD categorization between March and September.

Part 3. Summary

In the last six months, 24% of participants who completed the survey said they received behavioral health services. These participants reported high overall satisfaction with behavioral health - in fact, all participants who rated behavioral health responded Satisfied or Very Satisfied to all aspects of care. Next, 17% of participants had recent data available from the Burns Depression Checklist and the Burns Anxiety Inventory, two common behavioral health screening tools. Overall, most participants scored on the lower levels of depression. The most frequent category was No Depression and only one participant had depression levels categorized as Moderate or More Severe. Compared to March, the majority of these individuals experienced no change in their depression scores (69%).

Levels of anxiety varied more, with some participants scoring in the lowest levels (e.g., Minimal or No Anxiety) but a few others scoring in the highest levels (e.g., Severe Anxiety, Extreme Anxiety or Panic). Most frequently, participants scored in the Mild Anxiety category. Current anxiety scores were similar when compared to March, with some participants increasing their scores (50%) and others decreasing their scores (50%) Finally, 15% of participants had data from the PTSD checklist. Of these, two participants had a score indicating provisional PTSD. On average, participants' current PTSD scores were slightly higher compared to March. Most often, participants (43%) experienced no change in their PTSD scores. The next section presents key findings about care coordination.

³² This change was not statistically significant ($p > .05$).

Part 4. Care Coordination

The following results reflect key trends in care coordination services and participants' access to food, housing, and medical needs.

Satisfaction with Care Coordination

Fifteen participants (14.2%) reported that they received care coordination services in the last six months. These participants either received one to four sessions ($n = 12$, 80%) or five to eight sessions ($n = 3$, 20%). Individuals rated their satisfaction with various aspects of care coordination services, such as the availability of appointments, quality of care coordination services, the impact of care coordination on overall health and wellbeing, among others. Responses ranged from 1 (i.e., Very Dissatisfied) to 4 (i.e., Very Satisfied). These data suggest that participants were most satisfied with how care coordination improved their access to basic needs and the overall quality of care coordination services. Further, the most frequent response for all five rating statements was Very Satisfied. Across all statements, participants had an average rating of 3.69 out of 4 ($SD = 0.56$), suggesting **high overall satisfaction with care coordination**. *Table K* presents the breakdown in responses for each aspect of care coordination services.

Table K. Care Coordination Satisfaction Ratings ($n = 101$)

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Improved Access to Basic Needs (e.g., Food, Housing)	0 (0%)	0 (0%)	4 (26.7%)	11 (73.3%)	3.73 ($SD = 0.46$)
Quality of Care Coordination Services	0 (0%)	0 (0%)	4 (26.7%)	11 (73.3%)	3.73 ($SD = 0.46$)
Availability of Appointments	0 (0%)	1 (6.7%)	3 (20%)	11 (73.3%)	3.67 ($SD = 0.68$)
Care Coordination Plan Addressed Needs	0 (0%)	1 (6.7%)	3 (20%)	11 (73.3%)	3.67 ($SD = 0.68$)
Improved Access to Community Resources	0 (0%)	1 (6.7%)	3 (20%)	11 (73.3%)	3.67 ($SD = 0.68$)
Impact on Health and Wellbeing	0 (0%)	1 (6.7%)	3 (20%)	11 (73.3%)	3.67 ($SD = 0.68$)

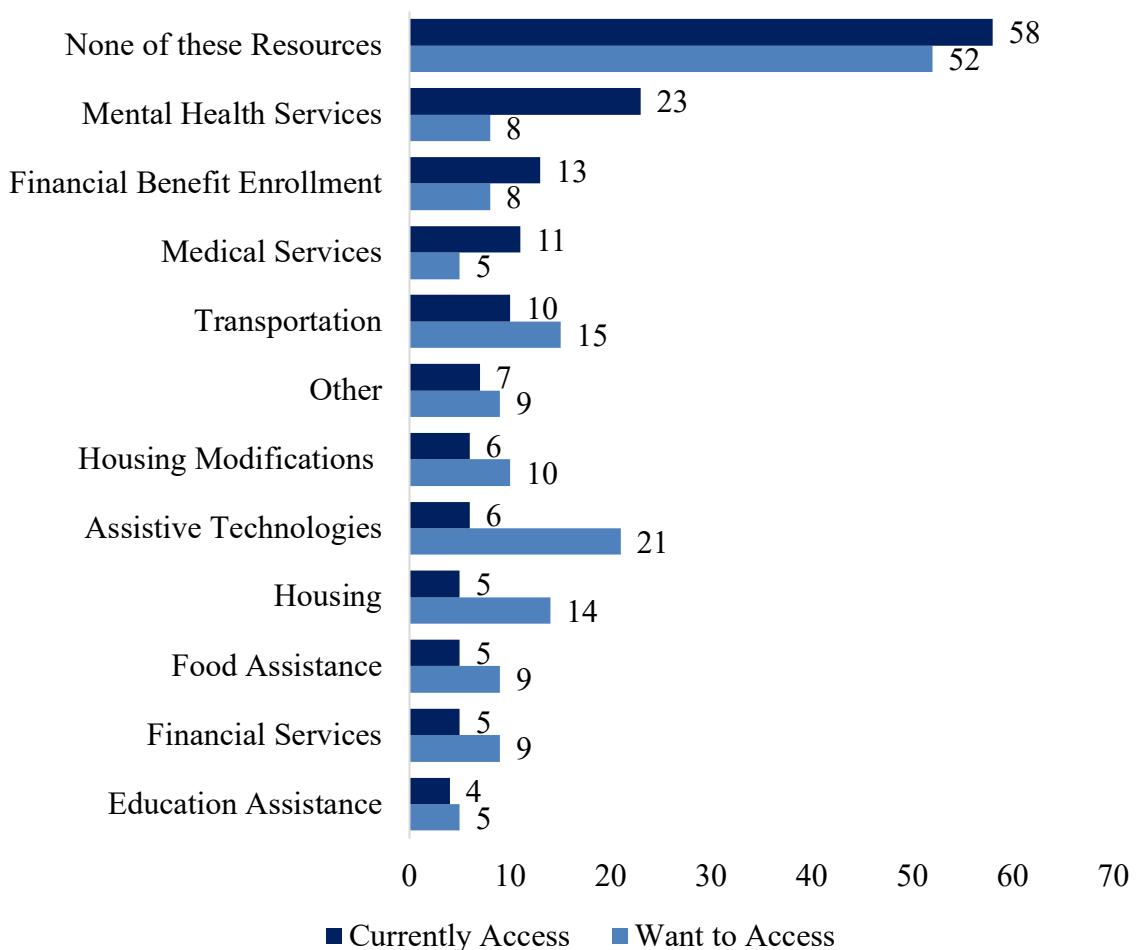
Access to Resources

Finally, participants were asked to consider what resources they currently accessed through CCFH and what resources they would like to access. The survey presented individuals with 12 resource categories (e.g., assistive technology, housing) and participants selected all options that applied to them. A total of 106 participants (97.2%) chose at least one option for what they currently accessed and for what they wanted to access. *Chart T* presents each category, the

number of participants who received those services, and number who wanted to access these services.

For services that participants currently access, individuals most often chose None of these Services ($n = 58$, 54.7%), Mental Health Services ($n = 23$, 21.7), and Financial Benefit Enrollment ($n = 13$, 12.3%). For services that participants wanted to access, individuals most often chose None of these Services ($n = 52$, 49%), Assistive Technologies ($n = 21$, 19.8%), and Transportation ($n = 15$, 14.2%). These findings suggest that CCFH participants have varied needs regarding access to resources, but about half of these individuals feel no need to access additional services.

Chart T. Access to Resources (n = 106)



Part 4. Summary

While only 15% of participants received care coordination services, those who did expressed high overall satisfaction with this CCFH service. Regarding current access to resources through CCFH, participants most often chose none, mental health services, and financial benefit enrollment. About half of these individuals felt no need to access additional services, but some

participants wanted help with assistive technologies and transportation. The next section discusses the extent to which outcomes were achieved this year for the evaluation.

Part 5. Final Thoughts

Two final survey questions asked participants to reflect on what more CCFH could do to better support their needs and whether they had any final thoughts to share.

Better Serving Participant Needs

A total of 104 participants (95.4%) responded about how CCFH could better to serve them and address their overall needs. Of these, over half ($n = 57$, 54.8%) said there was nothing else that CCFH could do or that they were unsure of additional supports. Another 21 participants (20.2%) offered additional praise for CCFH. As one individual wrote, “Words cannot do you guys [CCFH] justice, these services have dramatically improved my quality of life! I don't know where I would be without your support...”. Likewise, another participant stated, “I'm very satisfied with the services and lucky CCFH is a part of the community and available to me. Two thumbs up!” and a third wrote, “You guys are great. Always on top of things and my massage therapy sessions are a life saver.” These responses demonstrate just how satisfied some participants are with CCFH and their services.

Ten participants (9.6%) wrote about their specific healthcare or service needs, such as adaptive exercise, strength training, or stress reduction. For example, one participant wrote, “Provide adaptive exercise” while another individual shared, “I would like to deal better with emotional stress.” Other individuals discussed services that they needed, including transportation, housing, financial, and food assistance. As one participant wrote, “Help out more with housing and financial assistance education.” Another participant wanted to explore outside services, saying, “Help with the outside services I did inquire about them when I first got on the SI Waiver in 2018, but I have had no one assist me.” Together, these participants all identified additional needs for healthcare support or in accessing services.

Eight participants (7.7%) discussed the frequency or timing of sessions as a way to better serve them. Some of these individuals wanted more frequent sessions. For example, one participant shared, “I would like more than 1 appt a month of each”, while another wanted, “...more PT appointments.” Other participants focused on the timing of sessions. For instance, one participant stated, “CCFH does great, I have no complaints currently. It would be nice, when yoga comes back post-pandemic to have it during the weekend.” Likewise, an additional participant said, “...more availability so apts fit into my schedule better...” These comments highlight some frequency and timing needs where participants want to engage in services more often and at varied times. Another set of eight responses (7.7%) discussed miscellaneous support, such as affordability, being available when needs arise, having a female primary care provider, fewer surveys, less staff turnover, having a social area to interact with other participants, and issues with the COVID-19 pandemic.

Taken together, these responses demonstrate the individual, varied needs of some participants. While the majority of individuals said that CCFH could not support them further or offered additional praise for the organization, other participants discussed wanting more healthcare support or services, and increased frequency of sessions or sessions hosted at different times.

Additional Feedback

Finally, 103 participants (94.5%) provided additional feedback they had for CCFH. Most of these comments ($n = 66$, 64.1%) focused on positive feedback about the therapies, staff interactions, or the impact of care on quality of life. For example, two individuals discussed their appreciation for healthcare services, saying, “Getting services here allows me to be able to maintain my part time job. Without them I wouldn’t be able to work” and “The Chanda Center is essential to my healing and recovery process. I strongly believe that the therapy I receive directly impacts my ability to manage pain and function better.” Other comments included praise for the CCFH staff, such as, “Very friendly staff and competent staff” and “[Staff member] is fabulous. She does such a great job... She always has a positive attitude. She is flexible. We love her!” Additional individuals responded about the impact of care on their quality of life, such as, “The Chanda Plan has changed my life in the most positive way!” Likewise, one participant stated, “I have been really excited that I found you guys and it has saved me a lot of money and has helped improve my quality of life.” Together, these responses highlight the positive experience participants have at CCFH.

Another 29 participants (28.2%) wrote that they had nothing more to share at this time, while the remaining eight comments (7.8%) mentioned other concerns. These included issues with care during the COVID-19 pandemic, the frequency or timing of service offerings, primary care concerns, and staff turnover.

Discussion

In January 2020, CCFH partnered with Research Evaluation Consulting LLC (REC) to continue the organization’s previous evaluation efforts. As part of this project, REC and CCFH updated the bi-annual PHL Survey and revised the core set of participant outcome goals. Based on the findings presented above, *Table L* presents each goal, and reports whether these goals were achieved, partially achieved, or not yet achieved. Further details on progress towards each goal can be found in the Results section of this report.

Table L. September 2020 CCFH Participant Outcome Goals

Goals	Status	Explanation
<i>Overall Metrics</i>		
Goal 1: 70% of participants will be satisfied with acupuncture, chiropractic	Achieved	<ul style="list-style-type: none">• 95.3% - 100% of participants were satisfied with acupuncture.• 97.6% - 100% of participants were satisfied with chiropractic care.

care, massage therapy, and primary care. ³³		<ul style="list-style-type: none"> • 95.4% - 98.9% of participants were satisfied with massage therapy. • 84.2% - 100% of participants were satisfied with primary care.
Goal 2: 70% of participants will report the same or better health rating compared to six months ago.	Achieved	76.9% of participants reported the same or better health rating compared to six months ago.
Goal 3: 70% of participants will experience reduced severity of pain or no change in pain. ³⁴	Partially Achieved	66.2% of participants reduced severity of pain or no change in pain.
Goal 4a: 70% of participants will report that care from CCFH improved their quality of life. ³⁵	Achieved	99% of participants reported that care from CCFH improved their quality of life.
Goal 4b: 70% of participants will report that care from CCFH allowed them to spend less on traditional health care.	Achieved	82.9% of participants reported that care from CCFH allowed them to spend less on traditional health care.
Goal 4c: 70% of participants will report that care from CCFH increased their time spent in social activities.	Achieved	78.1% of participants reported that care from CCFH increased their time spent in social activities.
Goal 5: 70% of participants will report mid-to-high confidence in their health-related self-efficacy. ³⁶	Partially Achieved	57.4% - 78.7% reported mid-to-high confidence in their health-related self-efficacy.
<i>Behavioral Health Goals</i>		
Goal 1: 70% of participants will be satisfied with behavioral health services.	Achieved	100% of participants were satisfied with behavioral health services.
Goal 2: 50% of participants will experience no change or a reduction in their Burns Anxiety Inventory scores. ³⁷	Achieved	50% of participants experienced no change or a reduction in their Burns Anxiety Inventory scores

³³ This includes the percentage of participants who responded “Satisfied” or “Very Satisfied” to the different statements about each CCFH service.

³⁴ Only the 74 participants (67.9%) who had data from both March and September were included in this outcome goal.

³⁵ Goals 4a, 4b, and 4c include the percentage of participants who responded “Somewhat” or “Significantly” or “Completely” to the respective rating statements.

³⁶ This includes the percentage of participants who responded “Quite A Bit” or “A Lot” or “Completely” for the confidence statements about medical self-efficacy.

³⁷ Only 13 participants (11.9%) who had data from both March and September were included in this outcome goal.

Goal 3: 50% of participants will experience no change or a reduction in their Burns Depression Checklist scores. ³⁸	Achieved	84.6% of participants experienced no change or a reduction in their Burns Depression Checklist scores.
Goal 4: 50% of participants will experience no change or a reduction in PTSD scores. ³⁹	Achieved	71.5% of participants experienced no change or a reduction in PTSD scores.
Care Coordination Goals		
Goal 1: 70% of participants will be satisfied with care coordination services.	Achieved	93.3% - 100% of participants were satisfied with care coordination services.
Goal 2a: 70% of participants report satisfaction that the care coordination plan fully addressed their needs.	Achieved	93.3% of participants reported satisfaction that the care coordination plan fully addressed their needs.
Goal 2b: 70% of participants report that care coordination improved their access to community resources.	Achieved	93.3% of participants reported that care coordination improved their access to community resources.
Goal 2c: 70% of participants report that care coordination improved their access to basic needs (e.g., housing, food).	Achieved	100% of participants reported that care coordination improved their access to basic needs.

Out of the 15 revised goals, 13 were Achieved (86.7%) and two were Partially Achieved (13.3%). These encouraging findings suggest many benefits of working with CCFH. In particular, most participants reported satisfaction with services, even with behavioral health at 100% satisfaction. Further, all impact of care goals were Achieved, meaning that participants have noticed the how care from CCFH has changed different parts of their health, such as overall quality of life and the amount of money they spend on traditional health care. The care coordination goals were all achieved as well, with 100% of participants reporting that care coordination improved their access to basic needs.

Regarding areas of improvement, only 66.2% of participants reported the same or reduced pain, which only partially achieved this goal. Of note, however, this goal does not include those participants who rated their pain in March but not in September, meaning that these findings may not fully represent changes in pain for all CCFH participants. Interestingly, 40.6% of participants felt that they cannot be pain free. This mindset regarding pain may influence feelings of reduction in pain, possibly making it more difficult for participants to experience an

³⁸ Only 14 participants (12.8%) who had data from both March and September were included in this outcome goal.

³⁹ Only 14 participants (12.8%) who had data from both March and September were included in this outcome goal.

improvement in this area. Moving forward, CCFH should continue to investigate their participants' experiences with pain and mindset about pain to identify the best ways to provide support.

Likewise, between 57.4% and 78.7% of participants reported mid or high health self-efficacy, only Partially Achieving this goal. This was the first time the medical self-efficacy questions were used on the survey, so these findings will serve as a good baseline for future growth. Participants' lowest rated statements for medical self-efficacy included not letting disabilities impact their ability to deal with unexpected events and not letting disabilities be the center of their life. Self-efficacy impacts overall health outcomes such as pain and wellbeing and is thus an important outcome in individuals with chronic illness or injury (Amtamann et al., 2012) These findings present an opportunity to address medical self-efficacy for CCFH participants, perhaps folded into behavioral health sessions or regular provider-participant interactions.

Next, this evaluation report captured CCFH's efforts during the unprecedented COVID-19 pandemic. It is important to note how the lasting effects of the pandemic may have influenced these findings. For example, to ensure safety of their participants and staff CCFH reduced their in-person service offerings. Since many of these services require participants being present, such as acupuncture and chiropractic care, virtual offerings may not have the same impact on health outcomes. It is also important to recognize that the pandemic is both an acute and chronic stressor to many, something likely exacerbated in vulnerable populations. Added physical and psychological stressors may have influenced some care outcomes more than others, such as participants' medical self-efficacy and feeling like they can be pain free. Other outcomes assessed in this evaluation, such as whether care from CCFH increased time spent in social activities, are directly impacted by the pandemic, as many forms of social interactions are put on hold for safety concerns. Further, it is possible that the COVID-19 pandemic influenced the amount of change when comparing data from March and September. For example, participants rated almost all of the impact of care statements higher in September (e.g., How has the care from CCFH improved your quality of life?"'), but only by a small amount. Larger positive changes may have been observed under more typical conditions. It will be important to continue monitoring participant health outcomes as the COVID-19 pandemic continues to evolve.

Limitations

A few limitations were identified in this evaluation. First, different CCFH services are utilized by varying numbers of participants. Offerings such as massage therapy had the most utilization, while primary care had much less utilization. As such, some findings presented above represent small sample sizes of data. Small sample sizes can limit the identification of consistent trends and make it more difficult to assess overall impact. For example, negative experiences by one or two participants in a small group of responses can have an extreme effect on the overall results. Second, some comparisons between the March and September data were possible. However, given the major changes to the survey, this evaluation could not compare all health outcomes to

identify changes over time. While this was a natural limitation coming from improvements to the survey, it will be important to keep the questions as consistent as possible moving forward to strengthen future comparisons. Finally, it is difficult to determine and separate out the influence of the COVID-19 pandemic. The results presented in this evaluation may have been better if not for the unprecedented pandemic.

Actionable Recommendations

This report summarized key findings from the September 2020 PHL Survey. Based on these findings and observations of the CCFH data, REC suggests the following recommendations for this organization moving forward.

Recommendation 1. Keep the PHL Survey Questions the Same for 2021.

REC and CCFH made a variety of significant updates to the PHL Survey to streamline data collection, such as removing demographic questions and only presenting participants questions for the services that they utilized. The REC team also added some new questions, such as the frequency of service utilization and assessing medical self-efficacy. These new questions provided interesting and important data about participants' experiences at CCFH. Moving forward, REC recommends that CCFH retain the same core questions in 2021 and beyond as these questions remain relevant. Keeping the PHL Survey the same across time will facilitate comparisons over time and ensure that meaningful questions are being asked consistently across years.

This does not mean that the survey cannot change. As CCFH changes to meet the unique needs of its participants, it will be important to evaluate when new survey questions need to be added to better capture experiences and outcomes. Nonetheless, with a core set of survey questions, CCFH can both identify health trends over time and collect vital data moving forward.

Recommendation 2. Explore and Refine Outcome Metrics

As part of this evaluation, CCFH and REC also revised the participant outcome metrics to complement changes in the PHL Survey. Given the major survey changes and unique health situation of COVID-19, the team decided to set more conservative outcome thresholds compared to past evaluations (e.g., 70% participant satisfaction with CCFH services for September 2020 compared to 80% participant satisfaction with CCFH services in past years). Most of the revised metrics were achieved, suggesting various positive effects from working with CCFH. However, some results were closer to the outcome thresholds than others. For example, about 98% of participants were satisfied with chiropractic care, a percentage much above the target goal of 70%. Conversely, only 78.1% of participants reported that care from CCFH increased their time spent in social activities. This percentage of participants is much closer to the target goal of 70%.

Therefore, REC recommends identifying which outcome metrics have room for growth and adjusting the target goal appropriately. When making these judgements, it will be important to

identify approximately how many participants will contribute to the metric. For example, fewer participants utilize primary care, so satisfaction with primary care will be based on a smaller overall group of participants. When setting target thresholds for metrics, ensure to identify how likely participants are to change over time. Satisfaction with CCFH services have been consistently high over time, so this target goal could increase to 80% or 85% satisfaction with services. For more complex metrics that may take time to change, such as a decrease in pain, impact of care from CCFH, or medical self-efficacy, the target goal should also increase more slowly. Overall, when setting goals for participant health outcomes, REC recommends regularly calibrating the metrics to levels that represent positive momentum but are also achievable.

Recommendation 3. Encourage Data Collection and Continue to Protect Participant Confidentiality.

Another change to the PHL Survey was to utilize unique identifiers (i.e., person-specific numbers/letter combinations) instead of names on surveys with the goal of safeguarding participant privacy and keeping data confidential. Ideally this change increased the number of participants who decided to complete the survey and improved the honesty of survey responses. REC recommends continuing to use this strategy when collecting data and to encourage all CCFH participants to complete the PHL Survey in 2021. CCFH can assure participants that their data is confidential and incredibly valued by the organization. Encouraging participation in the survey will increase validity of results and provides a more accurate picture of how CCFH makes a difference in the lives of their participants. CCFH could try incentivizing participation in the survey by using a raffle system with small prizes (e.g., \$10 gift cards, a free acupuncture, chiropractic, or massage session) for a random three participants. This is a common technique used for encouraging people to provide survey data and may help to increase the response rate for CCFH moving forward.

Recommendation 4. Continue Collecting Open-Ended Participant Data.

Revisions to the PHL Survey included additional open-ended questions, such as how CCFH can support participants' in their medication usage. While many participants said that the question did not apply or that they did not need assistance with medication, a few individuals requested assistance with decreasing their medications and others wanted more information about alternative approaches to treating pain and depression. This information is highly useful for CCFH reaching out to individuals.

CCFH participants are all unique with varied needs and while open-ended questions take more time to complete and analyze, they provide a richness of information that accounts for individual experiences. In certain areas, such as pain outcomes, open-ended follow-up questions may provide vital information. The reduction in pain outcome metric was only Partially Achieved on both the March and September 2020 surveys. As such, an open-ended question about how CCFH can help participants better handle or reduce their pain may provide needed information to achieve this metric moving forward. Further, asking for participants' opinions and personal

experiences is particularly important during the COVID-19 pandemic, when individuals may need more tailored support to maintain positive health.

Recommendation 5. Explore Innovative and Intuitive Ways to Monitor CCFH Data.

Working with data can be both challenging and rewarding. To support CCFH, the REC team recommends refining the data tracking tools used by this organization. Currently, this includes the Excel files for behavioral health, such as the Burns Depression Checklist, Burns Anxiety Inventory, and PTSD Checklist. Such improvements could include creating or refining tracking tools for CCFH data and developing user-friendly data dashboards to visually display key metrics, or redundancies. REC suggests discussing how this data is being used by the behavioral health team and identifying ways to make the process more streamlined and the information more accessible for providers. Each of these activities would be expected to bolster CCFH's internal capabilities to monitor the organization's activities and impact on an easier and continual basis. Up-to-date information would be more readily available when needed for strategic and service-related decisions. REC would be happy to discuss strategies to better support data tracking and monitoring as an addendum to the current scope of work.

Recommendation 6. Consider Developing New Evaluation and Communication Tools to Strengthen and Support CCFH Moving Forward.

REC understands that CCFH is interested in continuing previous evaluation efforts to track key outcomes while using evaluation findings for organizational improvement, strategic decision-making, and “course correcting” programs and activities when appropriate. The recommendations above are intended to move CCFH’s current evaluation practices forward immediately. Additional evaluation tools should be considered for different purposes. For example, additional data collected during periods of change or uncertainty (e.g., COVID-19, social unrest, safety concerns) could help CCFH attract additional funding.

Furthermore, REC recommends that CCFH consider developing a logic model that includes a theory of change. This “living document” would visually capture CCFH as an organization, articulate how CCFH achieves its mission, vision, and goals, and clearly communicate to internal and external stakeholders why the organization exists and what drives its services and activities. This evaluation tool also clarifies other considerations that can influence organizational impact (e.g., program assumptions, external factors, barriers). REC also recommends that CCFH develop a process and/or outcome evaluation plan. These tools would help ensure that CCFH services and activities are implemented as intended and position CCFH to measure the impact of its work. In sum, a thoughtfully developed logic model with a theory of change and implementing evaluation plans would lay the foundation for CCFH’s future evaluation, strategy, and data-driven decisions and support CCFH as an organization committed to continuous learning and improvement. REC welcomes conversations with CCFH about these additional services and tools.

Conclusion

CCFH and REC worked together to track participant health outcomes, update the semi-annual survey, and assess outcome metrics. Evaluation efforts in the last six months have helped streamline data processes and position CCFH to start collecting consistent, reliable, and accurate data moving forward. This report presented data collected in September 2020 using the revised PHL Survey and also highlighted comparisons between the March and September data. Overall, participants expressed high satisfaction with CCFH and their services – in fact, 13 out of 15 goals were Achieved! Specific areas of improvement include helping participants address and reduce their pain and improving their health self-efficacy. A smaller group of participants also discussed wanting more frequent sessions offered at a wider variety of times. These identified areas for improvement can serve as opportunities for organizational growth and development. Moving forward, REC recommends the following eight actionable recommendations: 1) Keep the PHL Survey the Same for 2021, 2) Explore and Refine Outcome Metrics, 3) Encourage Data Collection and Continue to Protect Participant Confidentiality, 4) Continue Collecting Open-Ended Participant Data, 5) Explore Innovative and Intuitive Ways to Monitor CCFH Data, and 6) Consider Developing New Evaluation and Communication Tools to Strengthen and Support CCFH Moving Forward. These evaluation results, coupled with a strong commitment to holistic health care, positions CCFH well for a successful next year of further growth.

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Appendix A – Revised Participant Health and Life Survey

Page 1. Introduction

Welcome to the Chanda Center for Health (CCFH) Participant Health and Life Survey! CCFH is partnering with Research Evaluation Consulting (REC), an external evaluation firm, on this planning and evaluation work. This semi-annual survey is designed to assess your satisfaction with the services you receive through CCFH. Your feedback is valuable for helping us increase the quality of CCFH services. The survey should take approximately 15-20 minutes to complete.

Participation in this survey is required and please note that every question on this survey requires a response. The first three questions will anonymize your responses, so please answer honestly.

Both CCFH and REC thank you in advance for your valuable input. We look forward to reviewing your responses.

Page 2. Unique ID and Time at CCFH

Please answer the following questions to create a unique ID for your responses. This will keep your thoughts and opinions private and not associated with your name.

1. Please select the month of your birthday. (Choose one)

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

2. Please select the day of your birthday. (Choose one) [Options 1 through 31]

3. Please enter the last four digits of your social security number. (Open-ended)

4. For how long have you been getting services at the Chanda Center for Health (CCFH)?

(Choose one)

Haven't started

Less than a month

1 to 5 months

6 to 11 months

1 to 2 years

More than 2 years

Page 3. Overall Health and Outlook

To answer the following questions, please think about your overall physical and mental health.

5. On a scale from 1 (i.e., Poor) to 5 (i.e., Excellent), where would you rate your **CURRENT** health? (Choose one)

1 (Poor)

2 (Fair)

3 (Good)

4 (Very good)

5 (Excellent)

6. Now, thinking about your physical health, which includes physical illness and injury, for how many days **during the past 30 days** was your physical health not good? (Choose one)

0 days

1 – 5 days

6 – 10 days

11 – 20 days

Greater than 20 days

7. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days **during the past 30 days** was your mental health not good? (Choose one)

- 0 days
- 1 – 5 days
- 6 – 10 days
- 11 – 20 days
- Greater than 20 days

8. **During the past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (*Choose one*)

- 0 days
- 1 – 5 days
- 6 – 10 days
- 11 – 20 days
- Greater than 20 days

9. **Compared to six months ago**, how would you rate your health in general now? (*Choose one*)

- Much worse than six months ago
- Somewhat worse than six months ago
- About the same as six months ago
- Somewhat better now than six months ago
- Much better now than six months ago

10. Please rate how much you agree or disagree with the following statements: (*Choose one for each statement*)

How confident are you that...	Not at all	A little	Quite a bit	A lot	Completely
a. You can keep the physical discomfort related to your health condition or disability from interfering with the things you want to do?	<input type="checkbox"/>				
b. You can keep your health condition or disability from interfering with your ability to deal with unexpected events?	<input type="checkbox"/>				
c. You can keep your health condition or disability from interfering with your ability to interact socially?	<input type="checkbox"/>				

d. You can keep your health condition or disability from being the center of your life?	<input type="checkbox"/>				
e. You can bounce back from frustration, discouragement or disappointment that your health condition or disability may cause you?	<input type="checkbox"/>				
f. You can figure out effective solutions to issues that come up related to your health condition or disability?	<input type="checkbox"/>				

Page 4. Acupuncture Services

Please consider your experiences receiving acupuncture at CCFH.

11. **In the last six months**, have you received acupuncture services at CCFH? (*Choose one*)

- Yes <*If selected, continue to Q12*>
 No <*If selected, skip to Q14*>

Page 5. Acupuncture Services Continued

Please consider your experiences receiving acupuncture at CCFH.

12. **In the last six months**, about how many acupuncture sessions have you received? (*Choose one*)

- 1 – 4 sessions
 5 – 8 sessions
 9 – 12 sessions
 13 – 16 sessions
 17 – 24 sessions
 Greater than 24 sessions

13. How satisfied or dissatisfied are you with the following aspects of acupuncture services at CCFH? (*Choose one for each aspect of care*)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of acupuncture appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of acupuncture services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while getting acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Impact of acupuncture on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Page 6. Chiropractic Services

Please consider your experiences receiving chiropractic care at CCFH.

14. **In the last six months**, have you received chiropractic care at CCFH? *(Choose one)*

- Yes <*If selected, continue to Q15*>
- No <*If selected, skip to Page Q17*>

Page 7. Chiropractic Services Continued

Please consider your experiences receiving chiropractic care at CCFH.

15. **In the last six months**, about how many chiropractic care sessions have you received?

(Choose one)

- 1 – 4 sessions
- 5 – 8 sessions
- 9 – 12 sessions
- 13 – 16 sessions
- 17 – 24 sessions
- Greater than 24 sessions

16. How satisfied or dissatisfied are you with the following aspects of chiropractic services at CCFH? *(Choose one for each aspect of care)*

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of chiropractic appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while getting chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impact of chiropractic services on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 8. Massage Therapy Services

Please consider your experiences receiving massage therapy at CCFH.

17. **In the last six months**, have you received massage therapy at CCFH? (Choose one)

- Yes <If selected, continue to Q18>
 No <If selected, skip to Page Q20>

Page 9. Massage Therapy Services Continued

Please consider your experiences receiving massage therapy at CCFH.

18. **In the last six months**, about how many massage therapy sessions have you received?

(Choose one)

- 1 – 4 sessions
 5 – 8 sessions
 9 – 12 sessions
 13 – 16 sessions
 17 – 24 sessions
 Greater than 24 sessions

19. How satisfied or dissatisfied are you with the following aspects of massage therapy at the CCFH? (Choose one for each aspect of care)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of massage appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while getting massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impact of massage therapy on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 10. Primary Care Services

Please consider your experiences receiving primary care (e.g., annual care, health check-ups, medication refill requests) at CCFH.

20. **In the last six months**, have you received primary care at CCFH? (Choose one)

- Yes <*If selected, continue to Q21*>
 No <*If selected, skip to Q23*>

Page 11. Primary Care Services Continued

Please consider your experiences receiving primary care at CCFH.

21. **In the last six months**, about how many primary care sessions have you received? (*Choose one*)

- 1 – 2 sessions
 3 – 4 sessions
 5 – 6 sessions
 Greater than 6 sessions

22. How satisfied or dissatisfied are you with the following aspects of primary care services at CCFH? (*Choose one for each aspect of care*)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of primary care appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while getting primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impact of primary care on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 12. Dental Care Services

Please consider your experiences receiving dental care at CCFH.

23. **In the last six months**, have you received dental care at CCFH? (*Choose one*)

- Yes <*If selected, continue to Q21*>
 No <*If selected, skip to Q23*>

Page 13. Dental Care Services Continued

Please consider your experiences receiving dental care at CCFH.

24. **In the last six months**, about how many dental care sessions have you received? (*Choose one*)

- 1 – 2 sessions
- 3 – 4 sessions
- 5 – 6 sessions
- Greater than 6 sessions

25. How satisfied or dissatisfied are you with the following aspects of dental care services at CCFH? (Choose one for each aspect of care)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of dental care appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of dental care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while getting dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impact of dental care on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 14. Off-Site Services

Please consider your experiences receiving any off-site services funded through the Chanda Center for Health.

26. In the last six months, have you received any off-site services funded through the Chanda Center for Health? (Choose one)

- Yes <If selected, continue to Q24>
- No <If selected, skip to Q27>

Page 15. Off-Site Services Continued

Please consider your experiences receiving any off-site services (e.g., acupuncture, adaptive yoga) funded through the Chanda Center for Health.

27. What service(s) did you receive? (Select all that apply)

- Acupuncture
 Adaptive exercise
 Adaptive yoga
 Chiropractic services
 Massage services
 Other (Please specify) _____

28. In the last six months, about how many sessions did you receive? (*Choose one*)

- 1 – 4 sessions
 5 – 8 sessions
 9 – 12 sessions
 13 – 16 sessions
 17 – 24 sessions
 Greater than 24 sessions

29. How satisfied or dissatisfied are you with the following aspects of these off-site services?

(*Choose one for each aspect of care*)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety while receiving services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impact of services on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 16. Experiences with Pain

Next, please think about your experiences with physical pain.

30. How would you rate your average experience of **OVERALL** pain in the past week? (*Choose one*)

- 0 (*No pain*)
- 1
- 2 (*Mild pain*)
- 3
- 4 (*Moderate pain*)
- 5
- 6 (*Severe pain*)
- 7
- 8 (*Very severe*)
- 9
- 10 (*Worst pain*)

31. Please rate how much you agree or disagree with the following statement (*Choose one*):
“I believe that I can be pain-free.”

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Page 17. Pain Medication Usage

*The next questions focus on your **CURRENT** pain medication usage. Please note that your responses are completely anonymous, so please answer honestly.*

32. Do you take medications for pain? (*Choose one*)

- Yes <*If selected, continue to Q30*>
- No <*If selected, skip to Q32*>

Page 18. Pain Medication Usage Continued

The following questions ask you about the different types of pain medications that you take.

33. About how many different types of medications (both prescription and over the counter) do you take for pain? (*Choose one*)

- 1 – 2
- 3 – 4
- 5 or more

34. How many of these medications are opioids (e.g., codeine, tramadol)? (*Choose one*)

- 0
- 1 – 2
- 3 – 4
- 5 or more

Page 19. Depression and Anxiety Medication Usage

The next questions focus on your CURRENT depression and anxiety medication usage. Please note that your responses are completely anonymous, so please answer honestly.

35. Do you take medications for depression or anxiety? (*Choose one*)

- Yes <*If selected, continue to Q33*>
- No <*If selected, skip to Q34*>

Page 20. Depression and Anxiety Medication Usage Continued

The following questions ask you about the different types of depression and anxiety medications that you take.

36. About how many different types of medications (both prescription and over the counter) do you take for depression or anxiety? (*Choose one*)

- 1 – 2
- 3 – 4
- 5 or more

Page 21. Medication Support

The next question asks about how CCFH can support you with your medications.

37. How can CCFH support you with your medications? For example, do you need help reducing the total number of medications you take or switching medications that are causing negative side effects? (*Open-ended*)

Page 22. Behavioral Health

Please consider your experiences with behavioral health at CCFH.

38. **In the last six months**, have you attended behavioral health sessions at CCFH? (Choose one)

- Yes <If selected, continue to Q36>
 No <If selected, skip to Q38>

Page 23. Behavioral Health Continued

Please consider your experiences with behavioral health at CCFH.

39. **In the last six months**, about how many behavioral health sessions have you received?

(Choose one)

- 1 – 4 sessions
 5 – 8 sessions
 9 – 12 sessions
 13 – 16 sessions
 17 – 24 sessions
 Greater than 24 sessions

40. How satisfied or dissatisfied are you with the following aspects of behavioral health services at CCFH? (Choose one for each aspect of care)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of behavioral health appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Impact of behavioral health services on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 24. Care Coordination

Please consider your experiences with care coordination at CCFH.

41. **In the last six months**, have you utilized care coordination services at CCFH? (Choose one)

- Yes <If selected, continue to Q39>
 No <If selected, skip to Q41>

Page 25. Care Coordination Continued

Please consider your experiences with the CCFH care coordination team.

42. In the last six months, about how many care coordination sessions have you received?

(Choose one)

- 1 – 4 sessions
- 5 – 8 sessions
- 9 – 12 sessions
- 13 – 16 sessions
- 17 – 24 sessions
- Greater than 24 sessions

43. How satisfied or dissatisfied are you with the following aspects of care coordination services at CCFH? (Choose one for each aspect of care)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Availability of care coordination appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall quality of care coordination services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. That the care coordination plan you helped create fully addresses your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. That care coordination has improved your access to community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. That care coordination has improved your access to basic needs (e.g., housing, food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Impact of care coordination on your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 26. Additional Needs

Please consider your needs and what additional services CCFH could help you find.

44. Which of the following services are **currently** being provided by CCFH, CCFH referrals, or other programs? (Please select all that apply)

- Assistive technologies (AT) (i.e., devices or equipment that can be used to help fully engage in life activities)

- Emotional and mental health services
- Enrollment in Medicaid or other benefit programs
- Financial services (e.g., tax preparation, budgeting guidance)
- Education assistance (e.g., tutoring, guidance)
- Food assistance
- Housing (e.g., securing a place to live)
- Housing modifications (e.g., making changes to your home to support your health and mobility)
- Medical services
- Transportation assistance
- Other (Please specify) _____
- None of the above

45. Which of the following services **would you like to receive** from CCFH or another organization? *(Please select all that apply)*

- Assistive technologies (AT) (i.e., devices or equipment that can be used to help fully engage in life activities)
- Emotional and mental health services
- Enrollment in Medicaid or other benefit programs
- Financial services (e.g., tax preparation, budgeting guidance)
- Education assistance (e.g., tutoring, guidance)
- Food assistance
- Housing (e.g., securing a place to live)
- Housing modifications (e.g., making changes to your home to support your health and mobility)
- Medical services
- Transportation assistance
- Other (Please specify) _____
- None of the above

Page 27. Impact of Care from CCFH

Please consider your interactions and care received from CCFH across the last six months.

46. If you have started receiving services from CCFH, how, if at all, has the care you received...
(Choose one rating for each statement)

	Not at all	Somewhat	Significantly	Completely
a. Improved your physical mobility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improved your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reduced the number of days you are in pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduced the severity of your pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Improved your ability to function independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Increased the time you are able to spend doing paid or volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Increased the time you are able to spend participating in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Allowed you to spend less on traditional health care (medications, doctor's visits, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. What, if anything, can CCFH do better to serve you and address your overall needs? (*Open-ended*)

Page 28. Final Thoughts

This final question asks for any additional thoughts you may have about your experiences as a CCFH participant.

48. Is there anything else you would like to share about your experience at CCFH? (*Open-ended: This will be shared with CCFH staff as an anonymous comment*)

Thank you for your time and input!