

**RESEARCH  
EVALUATION  
CONSULTING**



## **March Evaluation Report 2021**



**Report to The Chanda Center for Health  
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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 disabilities through integrative services such as acupuncture, physical therapy, and behavioral health care within a collaborative and consumer driven model. 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 (2021), an organization that aims to promote the mission of the Chanda Center for Health by providing sustainable financial support. Individuals with spinal cord injuries and other long-term physical disabilities 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 proactive direction for this population, particularly for pain management (Rudra et al., 2018; Taylor et al., 2019). Recent research also suggests that individuals with spinal cord injuries are much more likely to utilize physical therapy to manage their long-term condition, a crucial modality among the many integrative therapies offered by CCFH (Martini et al., 2020).

In February 2021, CCFH partnered with Research Evaluation Consulting LLC (REC), an external evaluation company, to continue an evaluation of the programs and services offered to CCFH participants. The evaluation included the following seven goals:

- 1) Track overall outcome goals, including participant satisfaction, self-rated health, change in pain levels, perceived changes in quality of life, perceived changes in healthcare spending, time spent in social activities, and self-related health-efficacy;
- 2) Track behavioral health outcomes, including satisfaction with services and changes in participants' Burns Anxiety Inventory, Burns Depression Checklist, and PTSD Checklist scores;
- 3) Track care coordination outcomes, including participant satisfaction, meeting participants' overall needs, access to community resources, and access to basic needs;
- 4) Update metrics, if necessary, to better assess program outcomes;
- 5) Meet the evaluation needs related to reporting to the board and funder needs;
- 6) Provide actionable recommendations to improve evaluation practices and processes; and
- 7) Collect evidence of impact in order to assist with grant reporting and strategic decision-making.

REC leveraged trends from the previous evaluation year to inform the approach for this current project. Specifically, REC and CCFH updated the Participant Health and Life Survey (PHL Survey) based on findings from the 2020 evaluation. In addition, the evaluation approach was updated for 2021. Instead of every 12 months, REC and CCFH decided to fully examine participant trends every 6 months. The purpose of this change was to more thoroughly track and

monitor participant trends over time. This report focuses on trends from the March 2021 PHL, which CCFH administered between March 1 and March 31, 2021. The current survey asked participants about their health over the past six months, from September 1, 2020 through February 28, 2021. Where possible, REC compared health trends from the current March 2021 PHL Survey to those from September 2020 PHL Survey.<sup>1</sup>

Next, since 13 out of 15 outcome goals were achieved in 2020, more ambitious goals were set for 2021. *Appendix A* includes a table showing the CCFH outcome goals from September 2020, the extent to which they were achieved, and how that influenced the outcome goals for March 2021. Please refer to *Table A* below to examine the current outcome goals for 2021.<sup>2</sup>

***Table A. March 2021 Updated CCFH Outcome Goals***

<b><i>Overall Goals</i></b>
Goal 1: 90% of participants will be satisfied with acupuncture, chiropractic care, massage therapy, and primary care.
Goal 2: 80% of participants will report the same or better health rating compared to six months ago.
Goal 3: 80% of participants will experience reduced severity of pain or no change in pain.
Goal 4a: 90% of participants will report that care from CCFH improved their quality of life.
Goal 4b: 80% of participants will report that care from CCFH allowed them to spend less on traditional health care.
Goal 4c: 80% of participants will report that care from CCFH increased their time spent in social activities.
Goal 5: 80% of participants will report mid-to-high confidence in their health-related self-efficacy.
<b><i>Behavioral Health Goals</i></b>
Goal 1: 90% of participants will be satisfied with behavioral health services.
Goal 2: 70% of participants will experience a reduction in their Burns Anxiety Inventory scores.
Goal 3: 80% of participants will experience a reduction in their Burns Depression Checklist scores.
Goal 4: 70% of participants will experience a reduction in PTSD scores.
<b><i>Care Coordination Goals</i></b>

<sup>1</sup> CCFH administered the September 2020 PHL Survey between September 1 and September 30, 2020. This survey asked participants about their health during the prior six months, from March 1, 2020, through August 31, 2020.

<sup>2</sup> In the *Discussion* section, see *Table O* for a summary of which goals were achieved (pages 38 and 39).

Goal 1: 90% of participants will be satisfied with care coordination services.
Goal 2a: 90% of participants report satisfaction that the care coordination plan fully addressed their needs.
Goal 2b: 90% of participants report that care coordination improved their access to community resources.
Goal 2c: 90% of participants report that care coordination improved their access to basic needs (e.g., housing, food).

This report is divided into the following sections: 1) Introduction, 2) Methodology, 3) March 2021 PHL Survey Results, 4) Discussion, 5) Actionable Recommendations, 6) Conclusion, 7) References, and 8) Appendices. The *Introduction* presents the goals guiding this evaluation and how the report is organized. The *Methodology* summarizes the approach REC implemented to collect data as well as the techniques used to analyze and interpret the findings. The *Results* describes key findings and trends from data collection, which includes CCFH participant demographics, overall outcomes, behavioral health, and care coordination. To examine changes in participant health, this section also reports the comparisons between September 2020 and March 2021 PHL data. The *Discussion* interprets these key findings and summarizes the extent to which each of the goals in *Table A* were achieved. The *Actionable Recommendations* provides CCFH with strategic, data-driven recommendations moving forward, and the *Conclusion* wraps up the report. The *References* lists any citations, and the *Appendices* includes information about revising the outcome metrics and a copy of the March 2021 PHL Survey.

## Methodology

This section presents the techniques utilized to conduct, analyze, and interpret the current round of data collection from CCFH participants.

### March 2021 PHL Survey Revisions

Based on findings from the September 2020 PHL Survey, REC and CCFH updated survey tool to better capture meaningful and relevant metrics for the organization. REC added a variety of questions that addressed provider-based satisfaction<sup>3</sup> and a section on physical therapy as an integrated service modality offered through CCFH. Finally, REC streamlined some sections and questions to reduce participant burden. The March 2021 PHL Survey included the following sections:

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

Each of these areas represent an important aspect of holistic health and wellness targeted by care from CCFH (see *Appendix B* for a copy of the survey). REC retained most questions from the previous PHL Survey to be able to assess changes in outcomes over time. This report will compare trends between the September 2020 and March 2021 for all participants who completed both PHL Surveys.

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<sup>3</sup> These provider-based satisfaction questions were added to the PHL Survey to reduce participant survey burden. Formerly, CCFH collected provider-based satisfaction data in a separate survey tool. The team decided that incorporating those questions into the bi-annual PHL Survey would be easier for participants overall. As this data does not associate with any outcome goals in *Table A*, this data is not reported in this document. All provider-based satisfaction questions were optional.

## **Unique ID**

The PHL Survey included three questions that create a unique ID. These IDs served to safeguard participant privacy and keep data confidential while still allowing outcome data to be matched across time.<sup>4</sup> These 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.<sup>5</sup>

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).

## **Data Collection and Compilation**

In February 2021, REC worked with CCFH to upload the PHL Survey into SurveyMonkey.<sup>6</sup> Data were collected between February 22 and April 1, 2021. REC then created a master dataset that included CCFH participant demographics, March 2021 Survey data, and September 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.<sup>7</sup> REC examined the overall characteristics of all data, focusing on frequencies<sup>8</sup> and descriptive statistics<sup>9</sup> such as the mean,<sup>10</sup> range,<sup>11</sup> and standard deviation.<sup>12</sup> To compare

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<sup>4</sup> 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 September 2020.

<sup>5</sup> Of note, a separate survey link was generated for any potential participant without a social security number. These individuals were matched based on their answers to the first two questions. To fully protect participant confidentiality, CCFH administered this separate survey to the appropriate individuals.

<sup>6</sup> SurveyMonkey is an online survey administration platform (<https://www.surveymonkey.com>).

<sup>7</sup> 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.

<sup>8</sup> Frequencies: A count of data, such as the number of participants that answered a survey question.

<sup>9</sup> Descriptive statistics: Techniques used to describe groups of data. Examples include the mean, range, and standard deviation.

<sup>10</sup> Mean/Average response (M): An average (i.e., arithmetic mean) used to describe the central tendency of groups of data.

participant data between September 2020 and March 2021, REC used inferential statistics<sup>13</sup> such as t-tests.<sup>14</sup>

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 Theory<sup>15</sup> 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 September 2020 and March 2021 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 March 2021 PHL Survey, a capital ‘*N*’ was used when discussing the total sample of 105 participants.<sup>16</sup> Conversely, a lower-case and italicized ‘*n*’ represents any number of individuals less than 105.

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<sup>11</sup> 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.

<sup>12</sup> 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.

<sup>13</sup> Inferential Statistics: Techniques used to identify significant patterns in groups of data (e.g., do participants of varied tenure with CCFH rate their health in different ways?). Inferential statistics result in p-values. P-values under .05 (i.e.,  $p < .05$ ) suggest that differences are extreme enough to draw conclusions from, whereas p-values over .05 ( $p > .05$ ) correspond to differences that do not indicate meaningful differences.

<sup>14</sup> T-tests: This statistical test compares two groups of data to determine if they are significantly different (i.e., Are responses from March 2021 significantly different from September 2020?).

<sup>15</sup> 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).

<sup>16</sup> One additional participant completed the survey, but through investigation by CCFH and REC, it was determined that this individual provided intentionally negative responses throughout the survey to intentionally bias the results and create a situation where CCFH would not achieve their outcome goals. This data was brought to the attention of CCFH for additional review. As the data did not represent true feedback to the organization, this case was excluded from analysis.

## Results

The following sections present key findings from the March 2021 PHL Survey and provides comparisons between data collected in September 2020 and March 2021. The results are divided into four subsections: 1) Participant Demographics, 2) Overall Outcomes, 3) Behavioral Health, and 4) Care Coordination. Comparisons between September 2020 and March 2021 are integrated into each section. **A total of 105 participants (100%) provided data on the March 2021 Survey. Of these, 84 participants (80%) also provided data on the September 2020 Survey.**

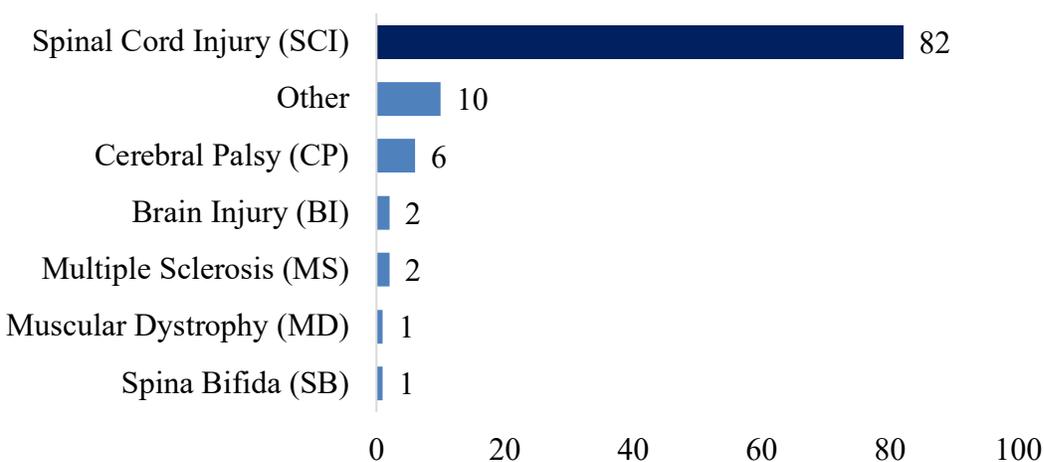
### Part 1. Participant Demographics

This section describes the 105 participants (100%) who provided demographic data on the March 2021 PHL Survey.

#### Primary Diagnosis

A primary diagnosis was available for 103 participants (98.1%)<sup>17</sup>. Most individuals ( $n = 82$ , 79.6%) had a Spinal Cord Injury (SCI), followed by Other ( $n = 10$ , 9.7%), and Cerebral Palsy (CP;  $n = 6$ , 5.8%). Please see *Chart A* for a full breakdown of primary diagnosis.

*Chart A. Primary Diagnosis (n = 103)*



#### Primary Funding Program

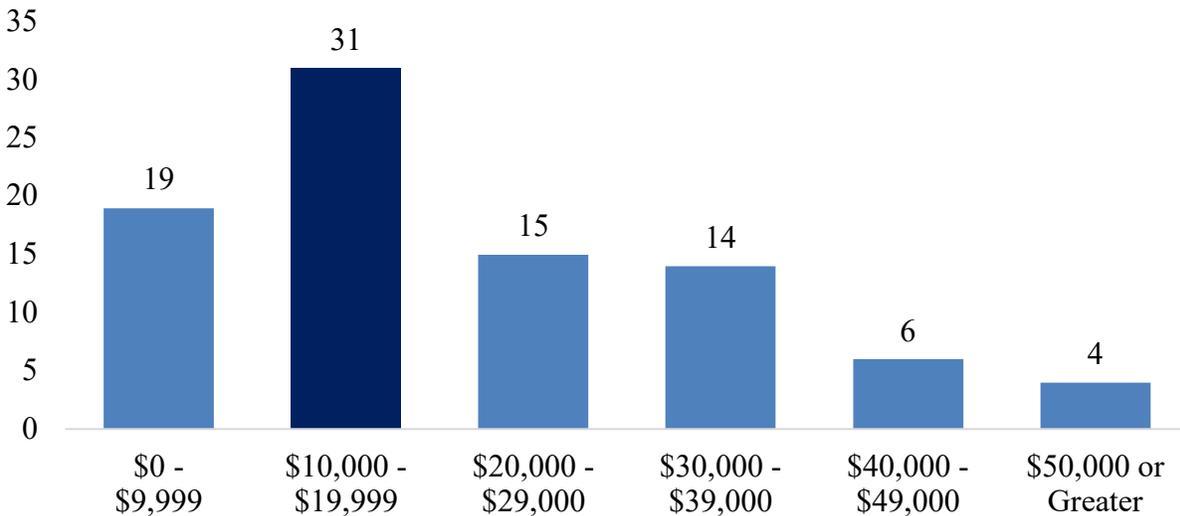
Primary funding program codes were available for 103 participants (98.1%). Of these, most were funded through Spinal Cord Injury (SCI) Waivers ( $n = 67$ , 65%), Sliding Scale (SLS;  $n = 26$ , 25.2%), Private Pay ( $n = 5$ , 4.9%), and Craig – Private Pay ( $n = 3$ , 2.9%). One participant each (1%) was funded through the Children with Life Limiting Illness Waiver (CLLI) and TriWest.

<sup>17</sup> One participant had both a Spinal Cord Injury and Brain Injury. This individual was counted in both categories.

## Income

Income data were available for 89 participants (84.8%) and ranged from \$0 to \$260,000. The median income was \$18,000.<sup>18</sup> Most often, participants had an income between \$10,000 and \$19,999 ( $n = 31$ , 34.8%), between \$0 and \$9,999 ( $n = 19$ , 21.3%), and \$20,000 and \$29,000 ( $n = 15$ , 16.9%). *Chart B* shows the breakdown of participant incomes.

**Chart B. Income Ranges ( $n = 89$ )**



## Age

Age was available for 103 participants (98.1%) and ranged between 3 and 72 years. The average age was about 44 years ( $SD = 15.00$ ).

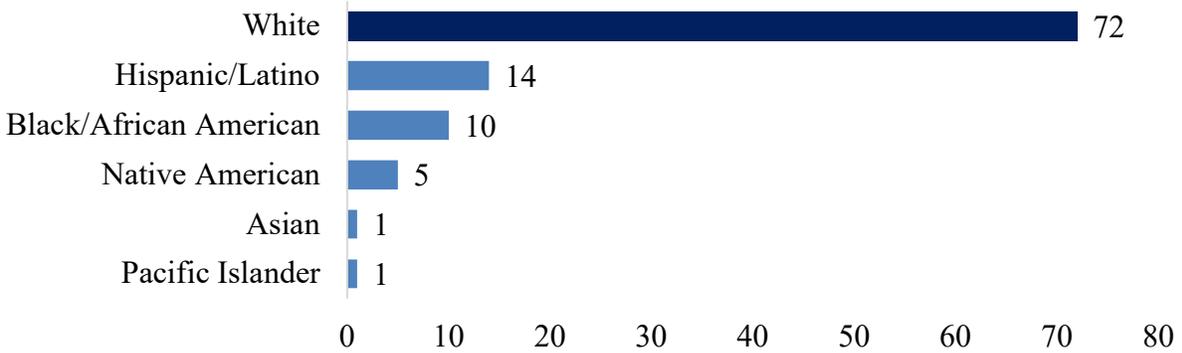
## Race

Race data were available for 101 participants (96.2%). Most frequently, participants identified as White ( $n = 72$ , 71.3%), Hispanic/Latino ( $n = 14$ , 13.9%), and Black/African American ( $n = 10$ , 9.9%). Two individuals (2%) identified with more than one race category.<sup>19</sup> *Chart C* presents the full breakdown of race.

<sup>18</sup> 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 can influence the average ( $M = \$24,715.69$ ,  $SD = \$30,217.50$ ) while the median is more stable for extreme values.

<sup>19</sup> These two individuals were counted in all applicable racial categories.

**Chart C. Race (n = 101)**



### **Gender**

Gender was also available for 103 participants (98.1%) with about half identifying as female ( $n = 53, 51.5\%$ ) and male ( $n = 50, 48.5\%$ ).

### **Veteran Status**

Data on veteran status were available for 75 participants (71.4%). Of these, three participants (4%) were veterans.

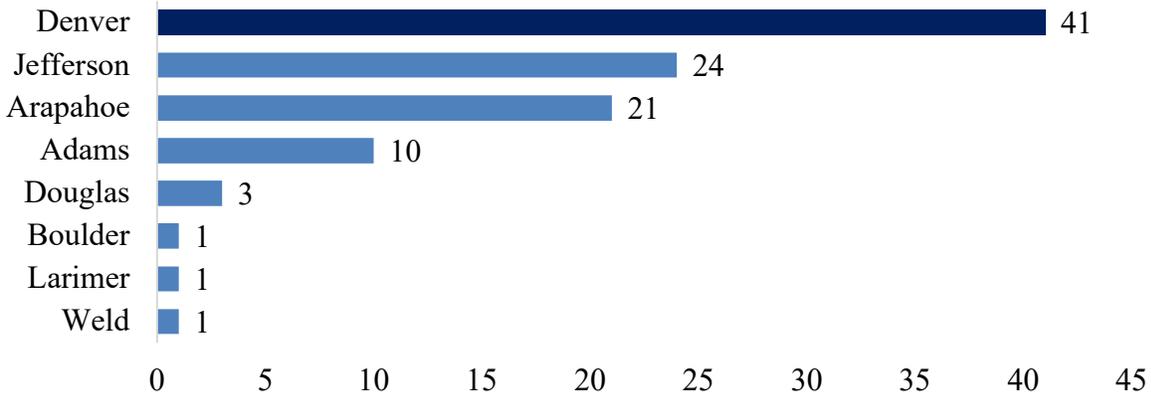
### **Workers' Compensation**

Workers' compensation data were available for 40 participants (38.1%). Of these, only one participant (2.5%) received workers' compensation benefits.

### **Location**

Demographic data included participants' state and county of residence. State information were available for 103 individuals (98.1%), and all lived in Colorado. County of residence data were available for 102 individuals (97.1%), with the most frequent counties including Denver ( $n = 41, 40.2\%$ ), Jefferson ( $n = 24, 23.5\%$ ), and Arapahoe ( $n = 21, 20.6\%$ ). *Chart D* presents the full distribution of counties.

**Chart D. County of Residence (n = 102)**



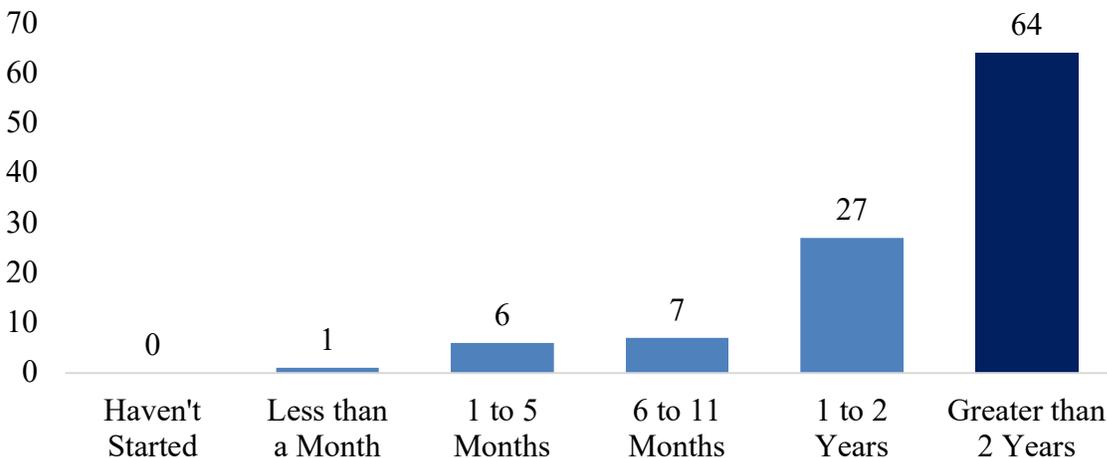
### Part 2. Participation in Services and Satisfaction

This section presents findings from the March 2021 PHL Survey focused on engagement with CCFH services.

#### Length of Time Receiving Services from CCFH

Participants responded about how long they had been receiving services from CCFH. All 105 participants (100%) answered this question. Most participants had been receiving services for greater than 2 Years ( $n = 64, 61\%$ ), followed by 1 to 2 Years ( $n = 27, 25.7\%$ ), and 6 to 11 months ( $n = 7, 6.7\%$ ). See *Chart E* to better understand how long participants have received services from CCFH.

**Chart E. Length of Time Receiving Services from CCFH (N = 105)**



#### CCFH Services and Satisfaction

One major section of the survey asked participants if they had received acupuncture, chiropractic care, massage therapy, physical therapy, primary care, and dental 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 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).

### *Acupuncture*

All 105 participants (100%) responded as to whether they received acupuncture services over the past six months. Of these, 63 participants (60%) had received acupuncture services and 62 participants (98.4%) responded about their session frequency and satisfaction with this service. **Most participants received acupuncture between 9 and 12 times, which is about twice a month** ( $n = 19, 30.6\%$ ). The remaining participants engaged with acupuncture between 17 to 24 times ( $n = 15, 24.2\%$ ), 5 to 8 times ( $n = 9, 14.5\%$ ), 1 to 4 times ( $n = 8, 12.9\%$ ), 13 – 16 times ( $n = 8, 12.9\%$ ), and greater than 24 times ( $n = 3, 4.8\%$ ). Next, participants were asked to rate their satisfaction with different aspects of acupuncture services. See *Table B* for additional information about satisfaction ratings, average scores, and standard deviations.

*Table B. Acupuncture Satisfaction Ratings (n = 62)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Acupuncture	0 (0%)	0 (0%)	10 (16.1%)	52 (83.9%)	3.84 (SD = 0.37)
Quality of Acupuncture Services	0 (0%)	1 (1.6%)	11 (17.7%)	50 (80.7%)	3.79 (SD = 0.45)
Impact on Health and Wellbeing	0 (0%)	1 (1.6%)	19 (30.7%)	42 (67.7%)	3.66 (SD = 0.51)
Availability of Appointments	0 (0%)	2 (3.2%)	19 (30.7%)	41 (66.1%)	3.63 (SD = 0.55)

**Between 96.8% and 100% of participants were Satisfied or Very Satisfied with different aspects of acupuncture services CCFH.** In fact, participants had an overall average rating between Satisfied and Very Satisfied ( $M = 3.73, SD = 0.37$ ). On average, participants gave the highest satisfaction ratings for Safety while Receiving Acupuncture ( $M = 3.84, SD = 0.37$ ) and the lowest satisfaction ratings for the Availability of Scheduling an Appointment ( $M = 3.63, SD = 0.55$ ). **These findings suggest that the participants who utilized acupuncture were highly satisfied with the service.**

\*\* Further analyses revealed that participants who engaged in more acupuncture sessions over the past six months expressed significantly higher overall satisfaction with acupuncture services ( $p < .05$ ).

### Chiropractic Care

A total of 104 participants (99%) responded as to whether they received chiropractic care over the past six months. Of these, 44 participants (42.3%) had received chiropractic care.<sup>20</sup> **Most frequently, participants received chiropractic care between 9 and 12 times, which is about twice a month** ( $n = 16$ , 36.4%). Other participants engaged with acupuncture between 1 to 4 times, 5 to 8 times, and 17 to 24 times (each  $n = 8$ , 18.2%), followed by 13 to 16 times and greater than 24 times (both  $n = 2$ , 4.5%).

These participants rated their satisfaction with chiropractic care. *Table C* presents the breakdown in satisfaction ratings, average scores, and standard deviations.

*Table C. Chiropractic Care Satisfaction Ratings (n = 44)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Chiropractic Care	0 (0%)	0 (0%)	7 (15.9%)	37 (84.1%)	3.84 (SD = 0.37)
Quality of Chiropractic Care Services	0 (0%)	0 (0%)	10 (22.7%)	34 (77.3%)	3.77 (SD = 0.42)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	12 (27.3%)	32 (72.7%)	3.73 (SD = 0.45)
Availability of Appointments	0 (0%)	1 (2.3%)	16 (36.4%)	27 (61.4%)	3.59 (SD = 0.54)

**Between 97.7% and 100% of participants were Satisfied or Very Satisfied with chiropractic care at CCFH, with a high overall average rating between Satisfied and Very Satisfied ( $M = 3.73$ ,  $SD = 0.36$ ). Participants expressed the most satisfaction with their Safety while Receiving Chiropractic Care ( $M = 3.84$ ,  $SD = 0.37$ ) and the lowest satisfaction with the Availability of Scheduling an Appointment ( $M = 3.59$ ,  $SD = 0.54$ ). Such responses suggest that individuals who utilized chiropractic care expressed high satisfaction with this service.**

\*\* Those individuals who received more chiropractic care sessions over the last six months expressed much greater overall satisfaction with chiropractic care ( $p < .05$ ).

### Massage Therapy

A total of 103 participants (98.1%) responded whether they had received massage therapy over the last six months. Of these, 90 participants (87.4%) had received massage therapy. **Most frequently, participants received between 17 and 24 sessions, which is about 3 to 4 times a month** ( $n = 32$ , 35.6%). Other participants received between 9 to 12 sessions ( $n = 19$ , 21.1%), 1 to 4 sessions ( $n = 11$ , 12.2%), 5 to 8 sessions ( $n = 11$ , 12.2%), greater than 24 sessions ( $n = 10$ ,

<sup>20</sup> One participant responded “no” to receiving chiropractic care, but also rated their satisfaction with chiropractic care. As such, this individual’s responses were not included for satisfaction with chiropractic care.

11.1%), and 13 to 16 sessions ( $n = 7, 7.8\%$ ). Participants next rated their satisfaction with massage therapy. *Table D* presents the breakdown in satisfaction ratings, average scores, and standard deviations.

*Table D. Massage Therapy Satisfaction Ratings (n = 90)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Massage Therapy	0 (0%)	0 (0%)	13 (14.4%)	77 (85.6%)	3.86 (SD = 0.35)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	20 (22.2%)	70 (77.8%)	3.78 (SD = 0.42)
Quality of Massage Therapy	0 (0%)	0 (0%)	20 (22.2%)	70 (77.8%)	3.78 (SD = 0.42)
Availability of Appointments	0 (0%)	2 (2.2%)	31 (34.4%)	57 (63.3%)	3.61 (SD = 0.53)

**Between 97.8% and 100% of participants were Satisfied or Very Satisfied with massage therapy at CCFH, with a high overall average rating between Satisfied and Very Satisfied ( $M = 3.76, SD = 0.33$ ). Participants expressed the most satisfaction with their Safety while Receiving Massage Therapy ( $M = 3.86, SD = 0.35$ ) and the lowest satisfaction with the Availability of Appointments ( $M = 3.61, SD = 0.53$ ). Such responses suggest that individuals who utilized massage therapy expressed high satisfaction with this service.**

\*\* Satisfaction with massage therapy did not relate to the session frequency ( $p > .05$ ).

### *Physical Therapy*

A total of 103 participants (98.1%) responded as to whether they received physical therapy services in the last six months. Of these, 16 participants (15.5%) engaged in physical therapy. **Most frequently, participants received between 1 and 4 sessions, which is less than once a month ( $n = 5, 31.3\%$ ).** Other participants received 9 to 12 sessions ( $n = 3, 18.8\%$ ), 17 to 24 sessions ( $n = 3, 18.8\%$ ), 13 to 16 sessions ( $n = 2, 12.5\%$ ), greater than 24 sessions ( $n = 2, 12.5\%$ ), and 5 to 8 sessions ( $n = 1, 6.3\%$ ). *Table E* presents the breakdown in satisfaction ratings, average scores, and standard deviations.

*Table E. Physical Therapy Satisfaction Ratings (n = 16)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	3 (18.8%)	13 (81.2%)	3.81 (SD = 0.40)
Safety while Receiving Physical Therapy	0 (0%)	0 (0%)	3 (18.8%)	13 (81.2%)	3.81 (SD = 0.40)
Quality of Physical Therapy	0 (0%)	0 (0%)	4 (25%)	12 (75%)	3.75 (SD = 0.45)
Availability of Appointments	2 (12.5%)	2 (12.5%)	2 (12.5%)	10 (62.5%)	3.25 (SD = 1.13)

**Between 75% and 100% of participants were Satisfied or Very Satisfied with physical therapy at CCFH.<sup>21</sup>** Participants' overall average rating was between Satisfied and Very Satisfied (M = 3.66, SD = 0.40). Participants expressed the most satisfaction with the Impact of Physical Therapy on their Health and Wellbeing (M = 3.81, SD = 0.43) and their Safety while Receiving Physical Therapy (M = 3.81, SD = 0.43) but the lowest satisfaction with the Availability of Appointments (M = 3.25, SD = 1.13). **Such responses suggest that individuals who utilized physical therapy were highly satisfied with the service.**

\*\* Satisfaction with physical therapy did not relate to session frequency ( $p > .05$ ).

### *Primary Care*

A total of 103 participants (98.1%) responded as to whether they received primary care in the last six months. Of these, 12 participants (11.7%) had received primary care. **Most frequently, participants received either 1 or 2 sessions, which is about once every three months ( $n = 7$ , 58.3%).** All other participants received 3 or 4 sessions ( $n = 5$ , 41.7%). *Table F* presents the breakdown in satisfaction ratings, average scores, and standard deviations.

*Table F. Primary Care Satisfaction Ratings (n = 12)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	5 (41.7%)	7 (58.3%)	3.58 (SD = 0.51)
Quality of Primary Care	0 (0%)	0 (0%)	6 (50%)	6 (50%)	3.50 (SD = 0.52)
Safety while Receiving Primary Care	0 (0%)	0 (0%)	6 (50%)	6 (50%)	3.50 (SD = 0.52)
Availability of Appointments	0 (0%)	1 (8.3%)	6 (50%)	5 (41.7%)	3.33 (SD = 0.65)

<sup>21</sup> Please note that only 4 participants (25%) expressed any dissatisfaction with physical therapy, which was specific to scheduling an appointment. The percentage of dissatisfied participants, 25%, appears higher because only 16 individuals total engaged in physical therapy.

**Between 91.7% and 100% of participants were Satisfied or Very Satisfied with primary care at CCFH.** Participants' overall average rating was between Satisfied and Very Satisfied (M = 3.48, SD = 0.52). Participants expressed the highest satisfaction with their Impact on Health and Wellbeing (M = 3.58, SD = 0.51), but the lowest satisfaction with the Availability of Appointments (M = 3.33, SD = 0.65). **Such responses suggest that individuals who utilized primary care expressed overall high satisfaction with the service.**

\*\* Satisfaction with primary care did not relate to session frequency ( $p > .05$ ).

### *Dental Care*

A total of 103 participants (98.1%) responded as to whether they received dental care in the last six months. Of these, seven participants (6.8%) had received dental care. **Most frequently, participants received between 1 and 2 sessions, which is less than once every three months ( $n = 6$ , 85.7%).** One participant (14.3%) received 3 or 4 sessions. *Table G* presents the breakdown in satisfaction ratings, average scores, and standard deviations.

*Table G. Dental Care Satisfaction Ratings ( $n = 7$ )*

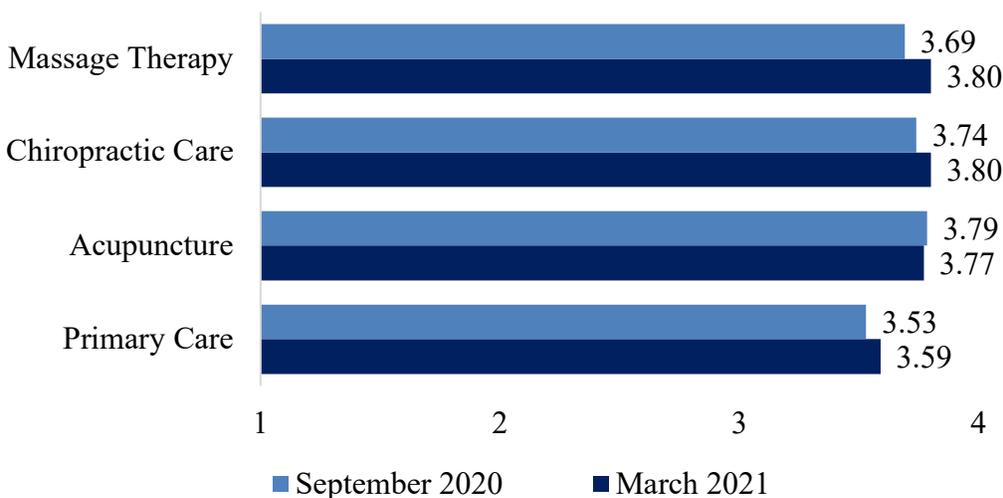
Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Safety while Receiving Dental Care	0 (0%)	0 (0%)	1 (14.3%)	6 (85.7%)	3.86 (SD = 0.38)
Availability of Appointments	0 (0%)	1 (14.3%)	1 (14.3%)	5 (71.4%)	3.57 (SD = 0.76)
Impact on Health and Wellbeing	0 (0%)	0 (0%)	3 (42.9%)	4 (57.1%)	3.57 (SD = 0.53)
Quality of Dental Care	0 (0%)	0 (0%)	3 (42.9%)	4 (57.1%)	3.57 (SD = 0.53)

**Between 85.7% and 100% of participants were Satisfied or Very Satisfied with dental care at CCFH.** Participants' overall average rating was between Satisfied and Very Satisfied (M = 3.64, SD = 0.45). Participants expressed the most satisfaction with their Safety while Receiving Dental Care (M = 3.86, SD = 0.38) and the lowest satisfaction with the Availability of Appointments, Impact on Health and Wellbeing, and Quality of Dental Care (all at M = 3.57, SD = 0.53-0.76). **Such responses suggest that individuals who utilized dental care were highly satisfied with the service.**

### Changes in Service Satisfaction

Chart F presents the average satisfaction ratings in September 2020 and March 2021 for massage therapy, acupuncture services, chiropractic care, and primary care.<sup>22</sup>

Chart F. Changes in Service Satisfaction ( $n = 9 - 72$ )



While ratings varied slightly over time, participants maintained high satisfaction with all of these services ( $p > .05$ ). Follow-up analyses on specific aspects of satisfaction revealed that participants' satisfaction with their Safety while Receiving Acupuncture significantly decreased ( $p < .05$ ) from September 2020 ( $M = 3.96$ ,  $SD = 0.20$ ) to March 2021 ( $M = 3.88$ ,  $SD = 0.33$ ). No other aspects of satisfaction significantly changed ( $p > .05$ ) between September and March, suggesting that satisfaction levels for both time periods were very high.

### 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.

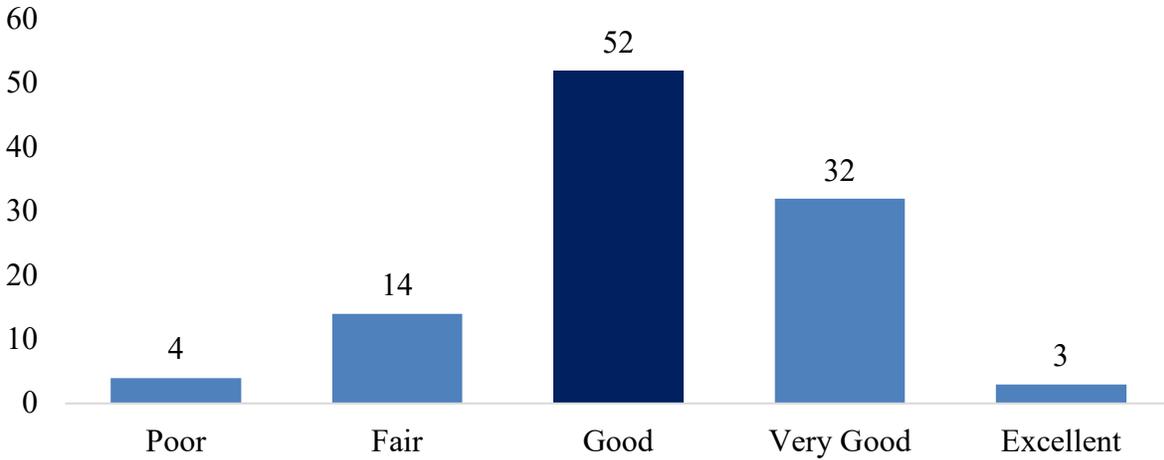
#### Current Health

All 105 participants (100%) rated their current health on a scale from 1 (i.e., Poor) to 5 (i.e., Excellent). These individuals had an average rating of 3.15 out of 5 ( $SD = 0.83$ ), which falls between 3 (i.e., Good) and 4 (i.e., Very Good). Most often, participants chose Good ( $n = 52$ , 49.5%) or Very Good ( $n = 32$ , 30.5). **In total, over 82% of participants ( $n = 87$ ) rated their current health as Good or better.** Overall, such findings indicate that most CCFH participants

<sup>22</sup> Only one individual rated their satisfaction with dental care on both PHL surveys, and thus no dental care comparisons with September PHL data were available. Satisfaction with physical therapy was added to the PHL survey in March 2021, so no comparisons were available for this service.

rated their current health favorably, but some individuals still have room for improvement. Please see *Chart G* for more detail.

*Chart G. Rating Current Health (N = 105)*



#### *Changes in Current Health Rating*

A total of 84 participants (80%) rated their health on the September 2020 (M = 3.25, SD = 0.96) and March 2021 (M = 3.25, SD = 0.83) PHL Surveys. On average, **self-rated health for these individuals did not change during this time** ( $p > .05$ ).

#### *Health Compared to Six Months Ago*

Participants also rated how their health had changed compared to how they felt six months ago. All 105 participants (100%) answered this question, with responses ranging from 1 (i.e., Much Worse) to 5 (i.e., Much Better). Most frequently, participants ( $n = 41$ , 39.1%) said their health was Somewhat Better, followed by About the Same ( $n = 34$ , 32.4%), and Much Better ( $n = 16$ , 15.2%). Twelve participants (11.4%) chose Somewhat Worse, and two participants (1.9%) chose Much Worse. **In total, 91 participants (86.7%) reported the same or better health rating compared to six months ago.**

#### *Changes in Health Compared to Six Months Ago*

Eighty-four participants (80%) rated their change in health across the last six months on the September 2020 (M = 3.21, SD = 1.02) and March 2021 (M = 3.40, SD = 0.96) PHL Surveys.<sup>23</sup> **Participants felt that their health had slightly improved between September 2020 and March 2021.** However, that this change was not statistically significant ( $p > .05$ ).

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<sup>23</sup> Ratings in September 2020 would represent how participants' thought their health had changed between March 2020 and September 2020, whereas ratings in March 2021 would represent how participants' thought their health had changed between September 2020 and March 2021.

### Health Over the Past 30 Days

All participants ( $N = 105$ , 100%) 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).

Most often, participants had between 1 and 5 days of poor physical health ( $n = 46$ , 43.8%), between 1 and 5 days of poor mental health ( $n = 52$ , 49.5%), and between 1 and 5 days where their poor health affected their usual activities ( $n = 43$ , 41%). Overall, these findings suggest that **most participants experienced at least a few days of poor physical or mental health and these days somewhat affected their usual activities**. *Table H* presents the response breakdown for these statements.

*Table H. Health Over the Past 30 Days (N = 105)*

For how many days...	0 days	1 – 5 days	6 – 10 days	11 – 20 days	20 + days
Was your physical health not good?	23 (21.9%)	46 (43.8%)	17 (16.2%)	6 (5.7%)	13 (12.4%)
Was your mental health not good?	20 (19%)	52 (49.5%)	20 (19%)	6 (5.7%)	7 (6.7%)
Did poor physical or mental health keep you from doing your usual activities?	35 (33.3%)	43 (41%)	13 (12.4%)	7 (6.7%)	7 (6.7%)

### Changes in Health Over the Past 30 Days

A total of 84 participants (80%) responded to these questions on both PHL Surveys. *Table I* below presents the average ratings on each PHL Survey and how that average rating changed over time. Please note that smaller values correspond to more positive outcomes.

*Table I. Changes in Health Over the Past 30 Days (n = 84)*

For how many days...	September 2020 PHL	March 2020 PHL	Change?
Was your physical health not good?	2.31	2.27	Decreased
Was your mental health not good?	2.36	2.15	Decreased
Did poor physical or mental health keep you from doing your usual activities?	2.10	2.00	Decreased

**Compared to September 2020, ratings for physical, mental health, and participation in usual activities slightly improved in March 2021.** However, these changes were not statistically significant ( $p > .05$ ).

### Participant Pain

A total of 103 participants (98.1%) rated their experience of overall pain in the last week and over the last month. 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.<sup>24</sup>

On average, over the last week, participants rated their pain at a 4.02 out of 10 (SD = 2.13), and over the last month participants rated their pain at a 3.87 out of 10 (SD = 1.98). **These responses suggest that on average, participants typically experienced levels of pain between Mild and Moderate.**

### Changes in Weekly Pain

REC also examined the extent to which participants' weekly pain ratings changed between September 2020 and March 2021.<sup>25</sup> A total of 82 participants (78.1%) rated their overall pain in both surveys. Most often, participants' weekly pain ratings decreased between September 2020 and March 2021 ( $n = 29$ , 35.4%). Another 27 participants (32.9%) experienced an increase in pain and 26 participants (31.7%) experienced no change in pain ratings. On average, weekly pain ratings slightly decreased from September 2020 ( $M = 3.89$ ,  $SD = 2.14$ ) to March 2021 ( $M = 3.66$ ,  $SD = 1.90$ ). **Overall, these findings suggest that weekly pain levels slightly improved between September 2020 and March 2021.** However, these changes were not statistically significant ( $p > .05$ ).

### Belief About Being Pain Free

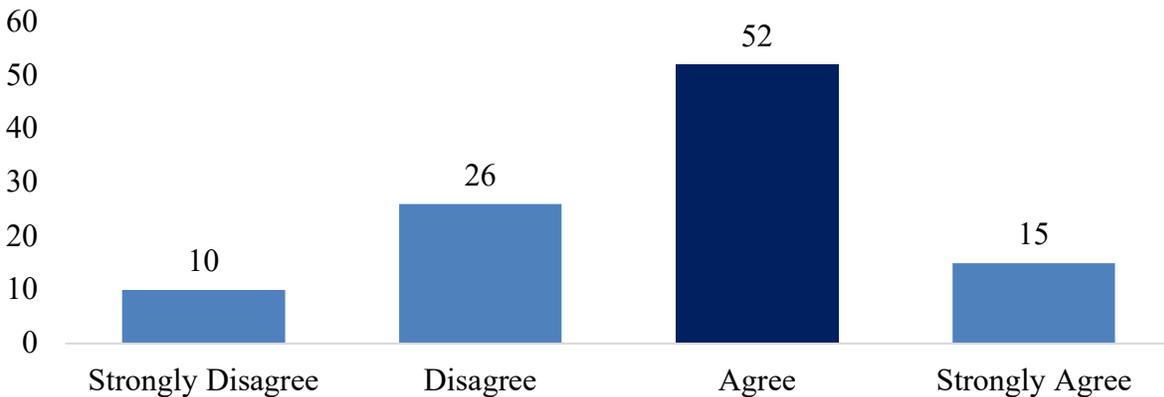
A total of 103 participants (98.1%) rated how much they agreed with the statement, "I believe that I can be pain free". Responses ranged from 1 (i.e., Strongly Disagree) to 4 (i.e., Strongly Agree). On average, individuals rated this question at a 2.70 out of 4 (SD = 0.84) which is between 2 (i.e., Disagree) and 3 (i.e., Agree). **Of note, 67 participants (65%) either Agreed or Strongly Agreed with this statement, but the remaining 36 participants (35%) Disagreed or Strongly Disagreed, suggesting that many individuals feel that they cannot be pain free.** *Chart H* presents the full breakdown of responses.

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<sup>24</sup> Every other number was assigned a qualitative description. 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).

<sup>25</sup> Monthly pain ratings were not asked on the September 2020 PHL survey. As such, comparisons were not conducted.

*Chart H. Belief About Being Pain Free (n = 103)*



### *Changes in Pain Beliefs*

A total of 82 participants (78.1%) rated this statement on both surveys.<sup>26</sup> On average, beliefs that participants could be pain free slightly increased from September (M = 2.67, SD = 0.74) to March (M = 2.77, SD = 0.79). **This suggests that participants held a slightly more positive attitude about pain in March 2021.** However, this change was not statistically significant ( $p > .05$ ).

### *Medications Used to Address Pain*

One question asked participants if they took over the counter or prescription medications for pain. A total of 103 participants (98.1%) responded to this question, and of these, **59 individuals (57.3%) reported that they take medications for pain.** Individuals most frequently took one or two medications ( $n = 41$ , 69.5%), followed by three or four medications ( $n = 17$ , 28.8%) and five or more medications ( $n = 1$ , 1.7%).

### *Opioid Usage*

As a follow-up question, these participants were asked if they used pain medication and how many of those medications were opioids. Most took one or two opioids ( $n = 32$ , 54.2%) or no opioids ( $n = 27$ , 45.8%).

### *Changes in Pain Medication Use*

A total of 39 participants (37.1%) took pain medications in September 2020 and March 2021. On average, **the use of pain medications slightly decreased** between September (M = 1.44, SD = 0.68) and March (M = 1.31, SD = 0.52). However, this change was not statistically significant ( $p > .05$ ).

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<sup>26</sup> These average values differ from the pain section above because this analysis only includes participants who also had March data available.

### **Medications Used to Address Anxiety or Depression**

Next, participants ( $n = 103$ , 98.1%) responded about whether they used over the counter or prescription medications for anxiety or depression. **Of these, 34 individuals (33%) reported that they take medications for anxiety or depression.** Individuals most frequently took one or two medications ( $n = 31$ , 91.2%), followed by three or four medications ( $n = 2$ , 5.9%), and five or more medications ( $n = 1$ , 2.9%).

### **Changes in Anxiety or Depression Medication Use**

A total of 24 participants (22.9%) took anxiety or depression medications in September 2020 and March 2021. On average, **the use of anxiety or depression medications slightly decreased** between September ( $M = 1.17$ ,  $SD = 0.48$ ) and March ( $M = 1.08$ ,  $SD = 0.28$ ). However, this change was not statistically significant ( $p > .05$ ).

### **Helping Participants Address Medication Usage**

One question asked participants how CCFH could help them with their medication usage. A total of 101 participants (96.2%) responded to this question. Four themes were identified from the analysis: 1) No Further Support Needed, 2) CCFH Consultation Needed, 3) CCFH Helped Reduce Medication Usage, and 4) Miscellaneous Comments.

**No Further Support Needed.** Most participants ( $n = 78$ , 77.2%) indicated that they did not need further support with medications, or they weren't sure how CCFH could help. Many participants wrote, "N/A", "no", or "nothing", but others said they were satisfied with their current medication schedule. For example, one participant stated, "I have reduced my number of medication[s] to the bare minimum needed" and another wrote, "My medicine is well regulated." These responses demonstrate that some participants take medication but are not looking to change this usage. Of note, six participants did not know how CCFH could help them with their medications.

**CCFH Consultation Needed.** Ten participants (9.9%) wanted assistance from CCFH, stating that they had questions, would like consultation around their current medication regimen, needed support to control symptoms at night, or would like to start or stop certain medications. One participant shared, "Consultation on medications would be helpful as a second opinion". Another stated, "I would like to know how I better can control [symptoms] at night," and another wrote, "I need management of pain. Reducing is not an option." Two individuals wrote about sleeping medications, stating, "I eventually would like to get off a prescription sleeping pill that I take."

**CCFH Helped Reduce Medication Usage.** Nine participants (8.9%) responded that they were able to decrease their medication use due to the support of CCFH. As one participant shared, "Thanks to the foundation, I don't take any medication," while another wrote, "The health care I

receive at CCFH helps me keep my drug dependency down.” A third shared, “Receiving these treatments, acupuncture, chiropractic care, and massage has assisted me a great deal. I have decreased the amount of medications.”

**Miscellaneous Comments.** Four participants (4%) shared miscellaneous comments regarding medication usage. One participant stated, “No pain meds available anywhere,” while another commented about their specific medication usage. Two other participants requested for pain relief through massage.

### Health and Daily Life

Next, participants rated 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 (Amtmann et al., 2012). Using a scale from 1 (i.e., Not at All) to 5 (i.e., Completely) participants rated their confidence in different aspects of health-related self-efficacy. All 105 participants (100%) responded to these statements. **Please note that higher average values correspond to more positive outcomes.** Table J presents each statement and the average responses.

**Table J. Health-Related Self-Efficacy (N = 105)**

How confident are you that you can...	Average Rating (SD)
Bounce back from frustration, discouragement or disappointment that your health condition or disability may cause you?	3.46 (SD = 0.97)
Figure out effective solutions to issues that come up related to your health condition or disability?	3.42 (SD = 0.93)
Keep your health condition or disability from interfering with your ability to interact socially?	3.12 (SD = 0.99)
Keep the physical discomfort related to your health condition or disability from interfering with the things you want to do?	3.01 (SD = 1.02)
Keep your health condition or disability from being the center of your life?	2.96 (SD = 1.08)
Keep your health condition or disability from interfering with your ability to deal with unexpected events?	2.91 (SD = 1.00)

Across all statements, participants had an average confidence rating of 3.15 out of 5 (SD = 0.82)<sup>27</sup>, which falls between 3 (i.e., Quite A Bit) and 4 (i.e., A Lot). On average, participants felt

<sup>27</sup> 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

most confident to bounce back from disappointments related to their condition. Conversely, they felt least confident in keeping their health condition or disability from interfering with their ability to deal with unexpected events. This means that **participants have a slightly positive view of health-related self-efficacy**, but there is still room for improvement.

### *Changes in Health-Related Self-Efficacy*

A total of 84 participants (80%) responded to these statements on both surveys. *Table K* presents the average rating for each statement.

*Table K. Changes in Health-Related Self-Efficacy (n = 84)*

How confident are you that you can...	September 2020 PHL	March 2021 PHL	Change?
Bounce back from frustration, discouragement or disappointment that your health condition or disability may cause you?	3.56	3.54	Decreased
Figure out effective solutions to issues that come up related to your health condition or disability?	3.56	3.55	Decreased
Keep your health condition or disability from interfering with your ability to interact socially?	3.26	3.23	Decreased
Keep the physical discomfort related to your health condition or disability from interfering with the things you want to do?	3.20	3.13	Decreased
Keep your health condition or disability from being the center of your life?	3.01	3.08	Increased
Keep your health condition or disability from interfering with your ability to deal with unexpected events?	3.08	2.99	Decreased

Overall, while responses to these statements shifted slightly over time, **participants maintained a slightly positive view of their health-related self-efficacy on both surveys** ( $p > .05$ ).

### **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. All 105 participants (100%) 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 L* presents the response breakdown for each question, the average rating, and standard deviation.

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using Chronbach's Alpha ( $\alpha$ ), 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. The six statements had excellent scale reliability ( $\alpha = 0.91$ ), which means that they measured health-related self-efficacy well.

*Table L. Impact of Care from CCFH (N = 105)*

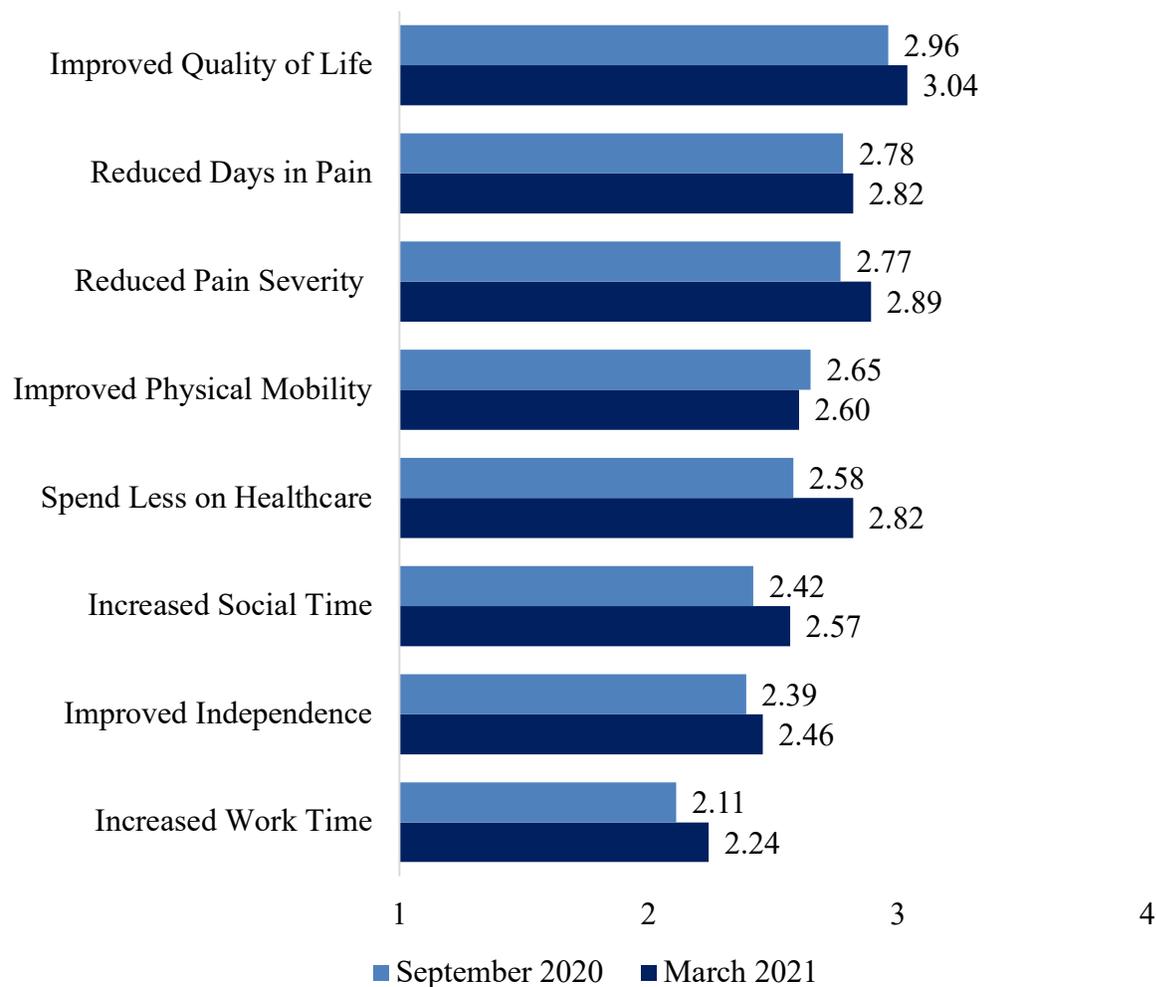
How has the care you received from CCFH...	Not at All	Somewhat	Significantly	Completely	Average Rating
Improved your quality of life?	0 (0%)	19 (18.1%)	67 (63.8%)	19 (18.1%)	3.00 (SD = 0.60)
Reduced the severity of your pain?	1 (1%)	29 (27.6%)	60 (57.1%)	15 (14.3%)	2.85 (SD = 0.66)
Reduced the number of days you are in pain?	1 (1%)	32 (30.5%)	58 (55.2%)	14 (13.3%)	2.81 (SD = 0.67)
Allowed you to spend less on traditional health care?	8 (7.6%)	29 (27.6%)	47 (44.8%)	21 (20%)	2.77 (SD = 0.86)
Improved your physical mobility?	7 (6.7%)	39 (37.1%)	48 (45.7%)	11 (10.5%)	2.60 (SD = 0.77)
Increased the time you are able to spend participating in social activities?	10 (9.5%)	42 (40%)	44 (41.9%)	9 (8.6%)	2.50 (SD = 0.79)
Improved your ability to function independently?	12 (11.4%)	41 (39%)	43 (41%)	9 (8.6%)	2.45 (SD = 0.81)
Increased the time you are able to spend doing paid or volunteer work?	34 (32.4%)	28 (26.7%)	33 (31.4%)	10 (9.5%)	2.18 (SD = 1.00)

Across all eight statements, participants had an average score of 2.65 out of 4 (SD = 0.60), which falls between 2 (i.e., Somewhat) and 3 (i.e., Significantly). 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 doing paid or volunteer work. **Such findings suggest that, overall, participants saw a positive impact on their lives because of care from CCFH.** Yet, there is room for growth, particularly for improving independent functioning and increasing time spent doing paid or volunteer work.

### *Changes in Impact of Care from CCFH*

A total of 83 participants (79%) rated the statements about the impact of care on the September 2020 and March 2021 Surveys. Compared to September, participants provided slightly higher average ratings on the September Survey for all outcomes except for an Improvement in Physical Mobility. **Follow up analyses revealed that in March 2021, participants felt significantly more that care from CCFH allowed them to spend less on traditional health care ( $p < .05$ ).** None of the other comparisons were statistically significant ( $p > .05$ ). Together, these findings suggest that compared to six months ago, participants perceived an increase in positive outcomes because of care from CCFH. *Chart I* presents the average rating for each outcome during both surveys.

*Chart I. Changes in Impact of Care (n = 83)*



#### **Part 4. 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 103 participants (98.1%) responded whether they received behavioral health services over the last six months. Of these, a total of 22 participants (21.4%) had received behavioral health services. **Most often, participants (n = 7, 31.8%) utilized 17 to 24 sessions, which corresponds to between 3 and 4 times a month.** Six participants (27.3%) received 9 to 12 sessions, 4 participants (18.2%) had 1 to 4 sessions, 3 participants (13.6%) had 5 to 8 sessions, and 2 participants (9.1%) had 13 to 16 sessions.

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). *Table M* presents the breakdown in responses for each aspect of care.

**Table M. Behavioral Health Satisfaction Ratings (n = 21 – 22)**

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Availability of Appointments	1 (4.5%)	0 (0%)	5 (22.7%)	16 (72.7%)	3.64 (SD = 0.73)
Quality of Behavioral Health Services	1 (4.5%)	1 (4.5%)	4 (18.2%)	16 (72.7%)	3.59 (SD = 0.80)
Impact on Health and Wellbeing	1 (4.8%)	1 (4.8%)	6 (28.6%)	13 (61.9%)	3.48 (SD = 0.81)

**Between 90.4% and 95.5% of participants were Satisfied or Very Satisfied with behavioral health services at CCFH, with a high overall average rating between Satisfied and Very Satisfied (M = 3.59, SD = 0.74). Participants were most satisfied with the Availability of Appointments (M = 3.64, SD = 0.73) and least satisfied with the Impact on Health and Wellbeing (M = 3.48, SD = 0.81).**

\*\* Satisfaction with behavioral health did not relate to session frequency ( $p > .05$ ).

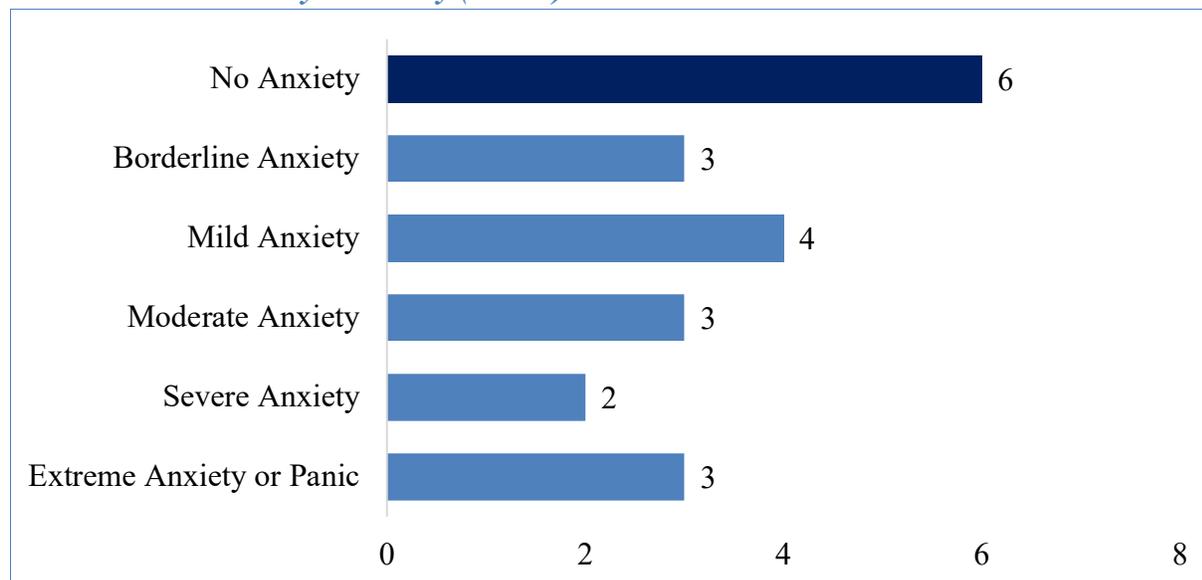
### **Changes in Satisfaction with Behavioral Health**

A total of 15 participants (68.2%) rated their satisfaction with behavioral health on both the September 2020 (M = 3.73, SD = 0.42) and March 2021 (M = 3.64, SD = 0.51) PHL Surveys. **Such findings suggest participants maintained a very high satisfaction with behavioral health services.**

### **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 21 participants (20%) had recent data from the Burns Anxiety Inventory. Total scores ranged from 0 to 65, with an average score of 20.14 (SD = 19.83) which is in the Mild Anxiety category. Most frequently, participants had No Anxiety ( $n = 6, 28.6%$ ). However, more than one-third of the participants ( $n = 8, 38.1%$ ) did have anxiety that was categorized as Moderate or more severe. *Chart J* presents the number of participants in each Burns Anxiety Inventory category.

*Chart J. Burns Anxiety Inventory (n = 21)*



### *Changes in Burns Anxiety Scores*

A total of 12 participants (11.4%) had a Burns Anxiety Inventory score from both March (M = 14.67, SD = 9.57) and September (M = 13.42, SD = 12.86). On average, the total anxiety scores for these participants slightly decreased during this time. However, this change was not statistically significant ( $p > .05$ ).

Comparing September scores to those from March, eight participants (66.7%) had a decrease in their score, three participants (25%) had an increase in their score, and one participant (8.3%) had no change.

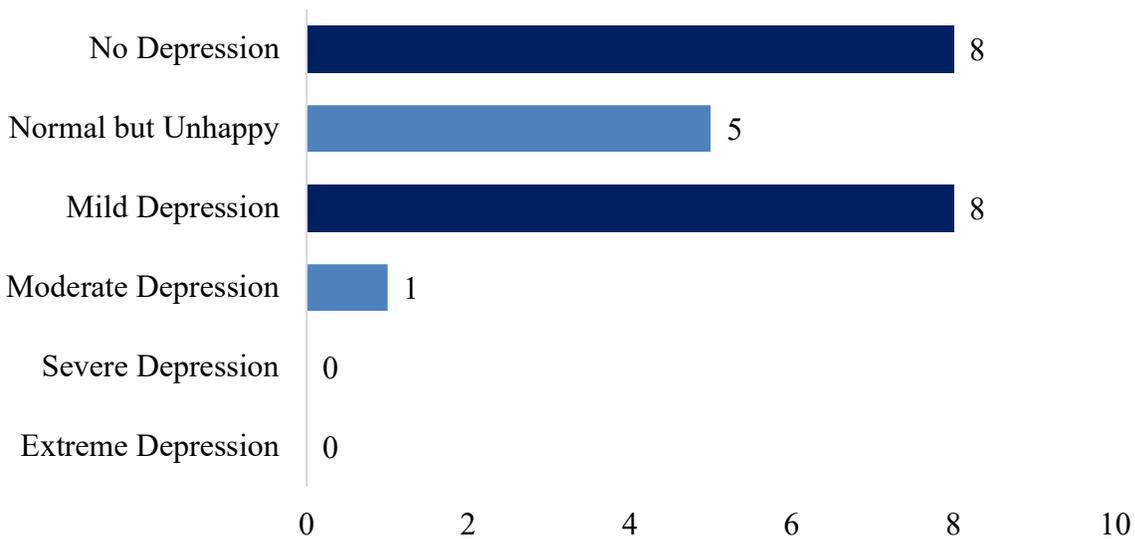
### *Burns Depression Checklist*

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. Twenty-two participants (21%) had recent data from the Burns Depression Checklist.<sup>28</sup> Total scores ranged from 0 to 35, with an average of 9.82 (SD = 8.74), which was at the high end of the Normal but Unhappy category. The largest number of participants were in the No Depression ( $n = 8$ , 36.4%) or Mild Depression ( $n = 8$ , 36.4%) ranges. *Chart K* presents the number of participants who had total scores in each checklist category.

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<sup>28</sup> Recent data included scores taken between October 1, 2020 and March 31, 2021. These scores were used because the data most closely corresponds to the March 2021 PHL survey and retains the largest number of current data.

*Chart K. Burns Depression Checklist (n = 22)*



#### *Changes in Burns Depression Checklist*

Of participants with Depression Checklist scores, 13 individuals (12.4%) had a Burns Depression Inventory score from both September 2020 (M = 9.54, SD = 8.18) and March 2021 (M = 7.38, SD = 6.79).<sup>29</sup> **On average, depression scores decreased slightly between September 2020 and March 2021.** This change was not statistically significant ( $p > .05$ ).

Comparing September scores to those from March, six participants (46.2%) experienced a decrease in their depression scores, four participants (30.7%) experienced an increase in their depression scores, and three participants reported no change (23.1%).

#### **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 23 participants (21.9%) had a recent score for the PTSD Checklist. Total scores ranged from 0 to 61, with an average score of 11.17 (SD = 16.60). **Two participants (8.7%) had a score of 31 or higher, indicating provisional PTSD.**

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<sup>29</sup> September 2020 scores were those taken between April 1, 2020 and September 30, 2020. This data most closely matched the September 2020 PHL survey while retaining the largest number of scores.

### *Changes in PTSD Scores Compared to Baseline*

A total of 8 participants (7.6%) had both September 2020 (M = 8.63, SD = 14.20) and March 2021 (M = 3.63, SD = 9.10) PTSD scores. Scores slightly decreased during this time. This change was not statistically significant ( $p > .05$ ).

Compared to September, five participants (62.5%) had the same PTSD score and three participants (37.5%) had a decreased score. PTSD categorization did not change for any participants between September and March.

### **Part 5. 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**

A total of 103 participants (98.1%) responded as to whether they had received care coordination services in the last six months. Of these, 16 participants (15.2%) had received care coordination services. **These participants most often had 1 to 4 sessions ( $n = 12, 75%$ ), which is less than once per month.** Three participants (18.8%) had 5 to 8 sessions and one participant (6.2%) had 9 to 12 sessions.

Between 15 and 16 individuals (93.8% and 100%) 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). *Table N* presents the breakdown in responses for each aspect of care coordination services.

*Table N. Satisfaction with Care Coordination (n = 15 – 16)*

Satisfaction with...	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Average Rating (SD)
Availability of Appointments	1 (6.3%)	0 (0%)	5 (31.3%)	10 (62.5%)	3.50 (SD = 0.82)
Quality of Care Coordination Services	1 (6.3%)	0 (0%)	6 (37.5%)	9 (56.3%)	3.44 (SD = 0.81)
Care Coordination Plan Addressed Needs	1 (6.7%)	0 (0%)	6 (40%)	8 (53.3%)	3.40 (SD = 0.82)
Improved Access to Basic Needs (e.g., Food, Housing)	1 (6.7%)	0 (0%)	6 (40%)	8 (53.3%)	3.40 (SD = 0.82)
Impact on Health and Wellbeing	1 (6.3%)	0 (0%)	7 (43.8%)	8 (50%)	3.38 (SD = 0.81)
Improved Access to Community Resources	1 (6.3%)	0 (0%)	7 (43.8%)	8 (50%)	3.38 (SD = 0.81)

Between 93.3% and 93.7% of participants were Satisfied or Very Satisfied with care coordination services at CCFH<sup>30</sup>, with a high overall average rating 3.42 out of 4 (SD = 0.80). This falls between 3 (i.e., Satisfied) and 4 (i.e., Very Satisfied). Participants were most satisfied with the Availability of Appointments (M = 3.50, SD = 0.82), but least satisfied with the Impact on Overall Health (M = 3.38, SD = 0.81) and Improved Access to Community Resources (M = 3.38, SD = 0.81).

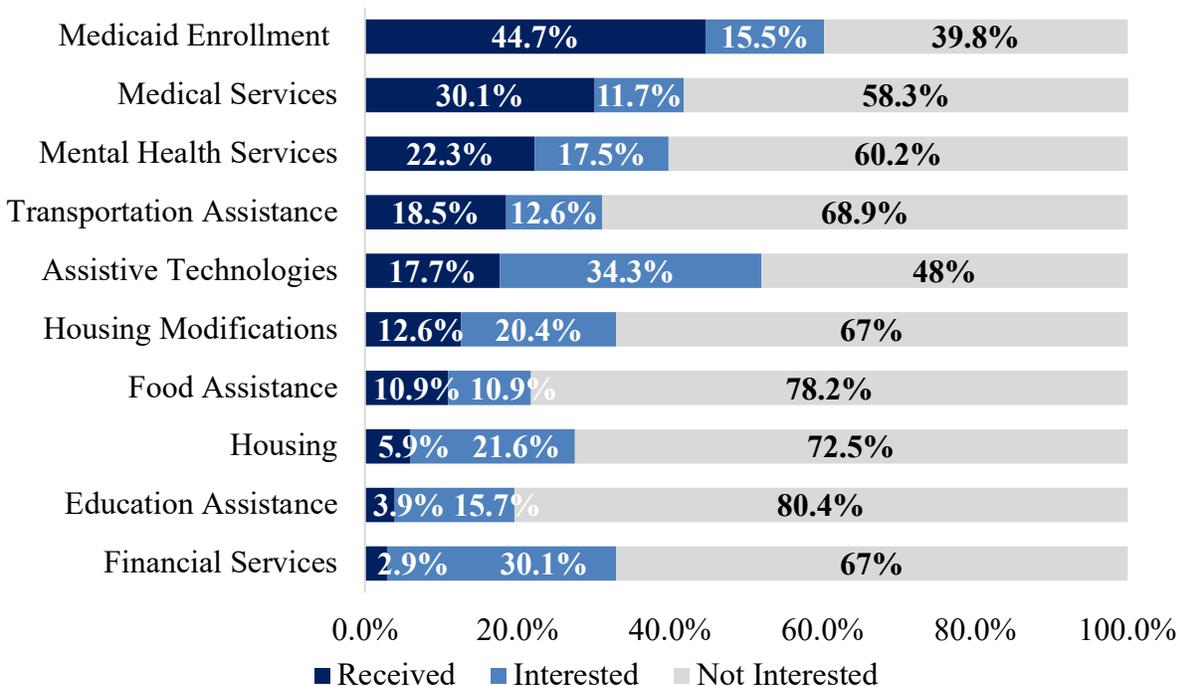
### Changes in Satisfaction with Care Coordination

Seven participants (6.7%) rated their satisfaction with care coordination on both the September 2020 (M = 3.33, SD = 0.67) and March 2021 (M = 3.46, SD = 0.51) PHL Surveys. **Such findings suggest participants maintained their satisfaction with care coordination services.**

### Access to Health Resources

Finally, participants were asked to consider what types of health services they received through CCFH, CCFH referrals, and other programs (e.g., assistive technologies). The survey presented individuals with 10 types of services and participants responded if they: 1) Already received that service, 2) Did not receive that service **but were interested in it**, or 3) Did not receive that service and had no interest. Between 101 and 103 participants (96.2% and 98.1%) responded to this question. *Chart L* presents the categories and the frequency of responses for each.

**Chart L. Access to Health Resources (n = 101 – 103)**



<sup>30</sup> The same individual responded with Very Dissatisfied for all aspects of care coordination.

Overall, these data show that the top three health services participants already received included enrollment in Medicaid ( $n = 46, 44.7\%$ ), Medical Services ( $n = 31, 30.1\%$ ), and Emotional and Mental Health Services ( $n = 23, 22.3\%$ ). **Participants were most interested in CCFH's support with Assistive Technologies ( $n = 35, 34.3\%$ ), Financial Services ( $n = 31, 30.1\%$ ), and Housing ( $n = 22, 21.6\%$ ).** Participants were least interested in Education Assistance ( $n = 82, 80.4\%$ ), Food Assistance ( $n = 79, 78.2\%$ ), and Housing ( $n = 74, 72.5\%$ ).

## Part 6. 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 101 participants (96.2%) responded to how CCFH could better serve them and address their overall needs. Responses addressed the following key themes: 1) Nothing Else Needed from CCFH, 2) Praise and Gratitude for CCFH, and 3) Scheduling and Availability Needs, 4) Other Individual Participant Needs, and 5) New Service Offerings. Please note that participants' responses often addressed multiple themes and were counted in all applicable categories.

*Nothing Else Needed from CCFH.* About 67% of these participants ( $n = 68$ ) stated their needs were met, or that there was nothing else that CCFH could do to better serve their needs. These responses simply included "Nothing" or "N/A".

*Praise and Gratitude for CCFH.* Thirty-two participants (31.7%) expressed praise and gratitude for CCFH. These responses addressed the impact of CCFH on participants' lives, praise for CCFH services, and overall gratitude to be connected to CCFH. As shared by one participant, "I can't do justice in writing. They all go above and beyond to help improve my quality of life." Another participant expressed, "Thank you Chanda for having such amazing courage starting this foundation that has changed my life for the better!!!" Another participant shared, "Thank you for having all the therapies under one roof that make it really easy and convenient to get services. Thank you for always going above and beyond!" Finally, one participant stated, "CCFH has helped me find better methods of pain management and I am incredibly grateful for the program." Overall, many participants were grateful for the services they received from CCFH and that these services made a positive difference in their lives.

*Scheduling and Availability Needs.* Thirteen participants (12.9%) stated that they wanted flexibility in accessing more services at CCFH. Specifically, some participants struggled with being able to schedule appointments, while others desired more frequent appointments. For instance, some participants requested greater availability from their physical therapist or massage provider, while others discussed how services in general could be more accessible to those who work. As one participant wrote, "Expand service hours. [It's] very hard to be a full-time

professional and make appointments 9-5 M-F. Should have some later appointment set aside for only people that work.” Another participant shared, “My one wish/ hope is that flexibility with other massage therapists were available. I've tried to schedule with Jill for years and no success.” Others wanted a more flexible cancellation policy or ability to switch appointment types (i.e., use an acupuncture appointment to receive a massage). Ten participants also described issues with scheduling services through their insurance. Others stated that an expansion of the SCI Waiver would support them in accessing more services. As one participant stated, “...it would be nice if the state allowed for more appointments in all categories and a revolution of accessibility!” In summary, these participants felt that CCFH could better serve their needs with more service and appointment flexibility.

***Other Individual Participant Needs.*** Ten participants (9.9%) discussed needs unique to their situations, such as additional information about finding caregivers, how to choose a home and home modifications, access to transportation, finding job opportunities, and access to in-home services. For instance, one participant wrote, “I just have a few questions as far as home mods and things like that, that I would love to receive some more information on”, while another participant needed information about securing new PT and becoming Medicare certified”. Another participant expressed a desire for more community at CCFH, while another hoped for the level of activities that was available prior to the COVID-19 pandemic. Another participant wanted in-home services, writing, “I would like to get more than 1 treatment a week, but I would like the services in my home, that’s where I am more comfortable, and it helps me relax more during my session.” Overall, these participants shared that they had additional needs and would like CCFH to help find these resources.

***New Service Offerings.*** Finally, five participants (5%) wrote about wanting new CCFH services. Examples of new services that participants wanted to experience included a wheelchair clinic, Rolfing Structural Integration, warm water therapy, Eye Movement Desensitization and Reprocessing (EMDR) Therapy, and access to exercise equipment. As one participant wrote, “Have a massage therapist who specializes in rolfing or structural integration”, while another suggested, “Access to exercise equipment be available for disabled [such as a] bicycle, standing machine, arm exercise, [and] warm water therapy.” Together, these participants provided suggestions for CCFH expanding and adding new services that could benefit this community.

### **Additional Feedback**

At the end of the survey, 101 participants (96.2%) provided additional feedback for CCFH. The following themes emerged from analysis: 1) Praise and Gratitude for CCFH, 2) CCFH Staff and Community, and 3) More Scheduling Suggestions. Please note that participants’ responses often addressed multiple themes and were counted in all applicable categories.

***Praise and Gratitude for CCFH.*** Most participants ( $n = 65$ , 64.4%) expressed words of gratitude and appreciation for CCFH. Comments included praise for therapies, staff, and the overall care at CCFH. One participant shared, “I love this place,” while another participant wrote, “CCFH is a bright light among flickering candles.” Another individual shared, “I’m so thankful for the services at CCFH. They are definitely a benefit for those of us with disabilities. I feel [healthier] when I have these options.” One participant shared the impact that CCFH had on their lives, writing, “I absolutely LOVE coming to the Chanda Center and feel that my life has been greatly impacted positively by receiving the many services provided! I spent many months in the hospital during the years prior to coming to Chanda Center and have only spent 3 days in the hospital since starting here.” Similarly, another participant stated, “It has been a blessing. I would not have been able to physically go to work without the Center. This has changed my life” while yet another participant shared, “Since I have been here, my life has changed. [CCFH} has dramatically helped me.” Overall, such findings illustrate the gratitude that participants have for CCFH and the ways in which this organization has positively impacted their lives.

***No Additional Feedback.*** A total of 30 participants (29.7%) had no additional feedback for CCFH. These individuals simply wrote “No” or “N/A”.

***CCFH Staff and Community.*** Twelve participants (11.9%) described the sense of community they felt at CCFH, both with staff and with other participants. As one participant described, “I love coming, for services and friendships,” while another participant wrote, “I am impressed with the level of care and concern your staff shows to patients and am grateful to have been a recipient of such care. If only the entire health care system could run like your establishment... thank you for the outstanding service you provide to the community.” A third individual discussed the friends that they have made at the center, sharing, “The Chanda Plan has been a great gift to my life. I’ve made friends...I always feel important and welcome”. These comments indicate that some participants value the service and connection they find with others at CCFH.

***More Scheduling Suggestions.*** Five participants (5%) shared additional feedback about scheduling and accessing services, including providing multiple services on the same day, accessing in-home services, finding ways to access more treatments, and an expansion of providers. For example, one participant wrote, “It would be nice if the dentist and dental hygienist could come on the same day, but I like that they are experienced with disabled people, and I don't have to get out of my wheelchair.” Another participant wrote about an expansion of services, stating, “Would love to see an expansion of providers, particularly Chiropractic care.” In sum, these final comments included more thoughts about scheduling and accessing care.

## **Discussion**

In February 2021, 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. Below is a summary of each report section.

### **Part 1. Participant Demographics Summary**

This section presented participants' demographic findings. Of the 105 individuals who completed the March 2021 PHL Survey, the majority had a Spinal Cord Injury (80%) and were funded through Spinal Cord Injury (SCI) Waivers (65%). Most frequently, participants had an income between \$10,000 and \$19,999 (35%) and were, on average, 44 years old. Most participants identified as White (71%), while slightly over half (52%) identified as female. Only 4% were veterans and about 3% received workers' compensation benefits. All participants lived in Colorado (100%), with most living in Denver (40%).

### **Part 2. Participation in Services and Satisfaction Summary**

This section focused on participation in CCFH services and satisfaction with those services. Overall, CCFH participants expressed high satisfaction with all health and wellness services. Almost 87% of individuals had been receiving care from CCFH for at least one year, suggesting that many have a long history with the organization. In the last six months, individuals most often utilized massage therapy and acupuncture (about 87% and 60%, respectfully) and least often utilized primary care and dental care (about 12% and 7%, respectfully). Participants expressed high overall satisfaction with all services, particularly massage (3.76 out of 4) and acupuncture (3.73 out of 4). Services with the lowest satisfaction ratings included primary care (3.48 out of 4) and dental care (3.64 out of 4). For all except primary care, participants most were most satisfied with their Safety while Receiving Services and least satisfied with the Availability of Appointments. Overall, satisfaction comparisons between September 2020 and March 2021 revealed that, even though outcomes shifted slightly, participants remained satisfied with CCFH services over time.

### **Part 3. Participant Health Outcomes Summary**

The March PHL Survey assessed several participant health outcomes. When asked to rate their health overall, about 82% of participants rated their health as Good or better. In comparing their health to six months ago, most participants (87%) reported the same or better quality of health. Neither self-rated health or participant's health compared to six months ago drastically changed between September 2020 and March 2021.

Regarding their health in the past 30 days, individuals most often reported that they had 1 to 5 days of poor mental health (50%) and poor physical health (44%) and 1 to 5 days where this poor health affected their usual activities (41%). Acute health ratings did improve slightly from

September 2020 to March 2021, but these changes were not significant. Overall, over the last week and the last month, participants typically experienced levels of pain falling between Mild and Moderate. Compared to September 2020, over a third of participants (35%) experienced a decrease in pain, about a third (33%) experienced an increase in pain, and slightly fewer (32%) experienced no change in pain. Furthermore, only 65% of participants agreed with the statement, “I believe that I can be pain free”, which means that the remaining 35% of participants believe that they cannot be pain free. Pain free beliefs only slightly increased from September 2020 to March 2021.

Around 57% of individuals responded that they take medications to address pain, with some of these medications being opioids. About 33% of participants took medications to address anxiety or depression. The use of both pain and anxiety or depression medications only slightly decreased since September 2020. When asked how CCFH could help support them with their medication usage, most participants (77%) responded that they did not need help or took no medications. Some participants desired help from CCFH to change or reduce their medications (10%), discussed the effectiveness of CCFH services for reducing their pain (9%), or shared miscellaneous comments regarding their medication usage (4%).

Overall, these participants expressed a slightly positive health-related self-efficacy (3.15 out of 5) which remained stable since September 2020. Regarding the impact of care from CCFH, participants most often agreed that care from CCFH at least somewhat improved their quality of life (100%), but least that it increased the time they were able to spend doing paid or volunteer work (68%). As compared to September 2020, participants felt much more that care received from CCFH allowed them to spend less on traditional health care in March 2021. Together, participants expressed that they are experiencing positive health benefits from CCFH, a belief that increased slightly between September 2020 and March 2021.

#### **Part 4. Behavioral Health Summary**

In the last six months, 21% of participants who completed the survey said they received behavioral health services. These participants reported high satisfaction with aspects of behavioral health – between about 90% and 95% said they were Satisfied or Very Satisfied. Even though scores varied slightly between September 2020 and March 2021, participants maintained high satisfaction with behavioral health.

For the Burns Depression Checklist, recent data were available for 21% of participants. Most participants had lower depression scores, with over half in the No Depression or Normal but Unhappy categories (59%). The remaining participants (41%) had either Mild or Moderate Depression scores. Comparing individuals’ September and March scores, the majority experienced a decrease in their total depression scores.

For the Burns Anxiety Inventory, recent data were available for about 20% of participants. Some participants (43%) scored in the lowest levels (e.g., No Anxiety, Borderline Anxiety), but others (24%) scored in the highest levels (e.g., Severe Anxiety, Extreme Anxiety or Panic). Most frequently, participants (29%) scored in the No Anxiety category. Most often, anxiety scores decreased between September and March. Finally, PTSD checklist data were available for 22% of participants. Of these, two participants (9%) had a score indicating provisional PTSD. Most often, participants experienced No Change in their PTSD scores.

### **Part 5. Care Coordination Summary**

In summary, about 15% of participants participated in care coordination services and most expressed satisfaction with the care that they received. Compared to September 2020, satisfaction with care coordination remained high in March 2021. When asked which health services participants received most often, individuals had help with Medicaid Enrollment (45%), Medical Services (30%), and Mental Health Services (22%). Participants expressed the most interest in Assistive Technologies (34%), Financial Services (30%), and Housing (22%). Finally, participants were least interested in Education Assistance (80%), Food Assistance (78%), and Housing (73%).

### **Part 6. Final Thoughts Summary**

Two final questions asked participants how CCFH could better serve their needs and if they had any final feedback to share. Most often, participants felt that CCFH completely met their needs (67%) or offered praise and gratitude for the Center (32%). A group of participants requested more flexibility in scheduling CCFH services (13%), discussed their unique needs (10%), or requested new service offerings (5%). Similarly, most final feedback focused on praise and gratitude for CCFH (64%). Some participants had nothing else to share (30%), described the sense of community they felt from CCFH (12%), and provided additional scheduling suggestions (5%).

### **Status of Outcome Goals**

Based on the findings from this evaluation, *Table O* presents each goal, and reports whether these goals were Achieved, Partially Achieved, or Not Yet Achieved. **Of the 15 outcome goals, 13 with Achieved (86.7%) and 2 were Partially Achieved (13.3%)! Such findings are quite promising and demonstrate the ways in which CCFH is making a difference in the lives of the people they serve.** Further details on progress towards each goal can be found in the Results section of this report.

*Table O. March 2021 CCFH Participant Outcome Goals*

<b>Goals</b>	<b>Status</b>	<b>Explanation</b>
<b>Overall Goals</b>		
Goal 1: 90% of participants will be satisfied with acupuncture, chiropractic care, massage therapy, and primary care. <sup>31</sup>	Achieved	<ul style="list-style-type: none"> <li>• 97.8% - 100% of participants were satisfied with massage therapy.</li> <li>• 97.7% - 100% of participants were satisfied with chiropractic care.</li> <li>• 96.8% - 100% of participants were satisfied with acupuncture.</li> <li>• 91.7% - 100% of participants were satisfied with primary care.</li> </ul>
Goal 2: 80% of participants will report the same or better health rating compared to six months ago.	Achieved	86.7% of participants reported the same or better health rating compared to six months ago.
Goal 3: 80% of participants will experience reduced severity of pain or no change in pain. <sup>32</sup>	Partially Achieved	67.1% of participants experienced reduced severity of pain or no change in pain.
Goal 4a: 90% of participants will report that care from CCFH improved their quality of life. <sup>33</sup>	Achieved	100% of participants reported that care from CCFH improved their quality of life.
Goal 4b: 80% of participants will report that care from CCFH allowed them to spend less on traditional health care.	Achieved	92.4% of participants reported that care from CCFH allowed them to spend less on traditional health care.
Goal 4c: 80% of participants will report that care from CCFH increased their time spent in social activities.	Achieved	90.5% of participants reported that care from CCFH increased their time spent in social activities.
Goal 5: 80% of participants will report mid-to-high confidence in their health-related self-efficacy. <sup>34</sup>	Partially Achieved	65.7% - 83.8% of participants reported mid-to-high confidence in their health-related self-efficacy.
<b>Behavioral Health Goals</b>		
Goal 1: 90% of participants	Achieved	90.4% - 95.5% of participants were satisfied with

<sup>31</sup> This includes the percentage of participants who responded “Satisfied” or “Very Satisfied” to the different statements about each CCFH service.

<sup>32</sup> Only 82 participants (78.1%) who had data from both March and September were included in this outcome goal.

<sup>33</sup> Goals 4a, 4b, and 4c include the percentage of participants who responded “Somewhat” or “Significantly” or “Completely” to the respective rating statements.

<sup>34</sup> This includes the percentage of participants who responded “Quite A Bit” or “A Lot” or “Completely” for the confidence statements about medical self-efficacy.

Goals	Status	Explanation
will be satisfied with behavioral health services.		behavioral health services.
Goal 2: 70% of participants will experience no change or a reduction in their Burns Anxiety Inventory scores. <sup>35</sup>	Achieved	75% of participants experienced no change or a reduction in their Burns Anxiety Inventory scores.
Goal 3: 80% of participants will experience no change or a reduction in their Burns Depression Checklist scores. <sup>36</sup>	Partially Achieved	69.3% of participants experienced no change or a reduction in their Burns Depression Checklist scores
Goal 4: 70% of participants will experience no change or a reduction in PTSD scores. <sup>37</sup>	Achieved	100% of participants experienced no change or a reduction in PTSD scores.
<b>Care Coordination Goals</b>		
Goal 1: 90% of participants will be satisfied with care coordination services.	Achieved	93.3% - 93.7% of participants were satisfied with care coordination services.
Goal 2a: 90% of participants report satisfaction that the care coordination plan fully addressed their needs.	Achieved	93.3% reported that the care coordination plan fully addressed their needs.
Goal 2b: 90% of participants report that care coordination improved their access to community resources.	Achieved	93.7% of participants reported that care coordination improved their access to community resources.
Goal 2c: 90% of participants report that care coordination improved their access to basic needs (e.g., housing, food).	Achieved	93.3% of participants reported that care coordination improved their access to basic needs (e.g., housing, food).

## Limitations

A few limitations were identified in this evaluation. First, different CCFH services were utilized by varying numbers of participants. Offerings such as massage therapy had the most utilization, while primary care was utilized less. As such, some findings presented above represent small sample sizes of data. Small sample size 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, while some comparisons between the September and March data were possible, this evaluation could not compare all health outcomes to identify changes over time. While this was a

<sup>35</sup> Only 12 participants (11.4%) who had data from both March and September were included in this outcome goal.

<sup>36</sup> Only 13 participants (12.4%) who had data from both March and September were included in this outcome goal.

<sup>37</sup> Only 8 participants (7.6%) who had data from both March and September were included in this outcome goal.

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 continued influence of the COVID-19 pandemic. While CCFH has been opened and most participants have returned for services, the results presented in this evaluation may still have been affected by the pandemic.

## **Actionable Recommendations**

This report summarized key findings from the March 2021 PHL Survey and compares outcomes to the September 2021 PHL Survey. Based on these findings and observations of the CCFH data, REC suggests the following recommendations for this organization moving forward: 1) Celebrate Successes Internally and Externally, 2) Expand Service Availability and Session Flexibility, 3) Consistently Administer Behavioral Health Measures, 4) Add Global Satisfaction Questions to the PHL Survey, 5) Keep Other PHL Survey Questions the Same for September 2021, 6) Explore Innovative and Intuitive Ways to Monitor CCFH Data, and 7) Develop New Evaluation and Communication Tools to Strengthen and Support CCFH.

### **Recommendation 1. Celebrate Successes Internally and Externally**

Survey results revealed the consistent successes of CCFH on their health and wellbeing of their participants – Overall, 13 out of 15 outcome goals were achieved in this six-month evaluation! Across the survey, participants expressed gratitude for CCFH and satisfaction for their various services. This appreciation may be felt most keenly now as there has been much change, transition, and hardship the last year and a half due largely to the COVID-19 pandemic.

Taking time to celebrate these findings internally with CCFH staff, along with sharing the many positive representative quotes included in this full report, will help bolster support for the organization. Doing so would also likely provide professional inspiration, motivation, morale, and support staff retention. Celebrating these successes externally with participants could also highlight and emphasize the value of CCFH's health services and the holistic and integrated health perspective. Communication and marketing to current participants could encourage them to utilize additional services that might be new to them but are seen as helpful to fellow participants. In addition, such communication and marketing may bolster referral efforts from existing participants. Publicizing these positive findings externally may encourage potential new participants to reach out to and join this organization. REC recommends that CCFH celebrate successes in ways that strengthen its relationships both internally with staff and externally with participants, and that publicizes its services in an indirect but positive way.

### **Recommendation 2. Expand Service Availability and Session Flexibility**

While expressing overall satisfaction and gratitude for CCFH, participants continued to discuss service availability and flexibility as a key issue throughout the PHL Survey. For example, the availability of appointments had the lowest satisfaction ratings for acupuncture, chiropractic care, massage, physical therapy, primary care, and dental care. This trend is not new to the March 2021 PHL Survey; the availability of appointments was also the lowest rated aspect of care for acupuncture, chiropractic care, and massage on the September 2020 PHL Survey (Spahr, Shtivelband, & Sidman, 2020), suggesting an ongoing issue. Also, in this evaluation, a key theme from the open-ended data was participants wanted better scheduling and availability of services. Some of these participants struggled with scheduling appointments, as their availability did not match the provider they wished to see. This issue may be felt most by those participants

who work traditional job hours, as they cannot access services during the work week. Given this feedback, CCFH should consider expanding availability outside of working hours, such as evening and weekend sessions. For more popular therapies, such as massage therapy, acupuncture, and chiropractic care, bringing on additional providers could also help relieve these scheduling concerns. Offering these types of services in participants' homes may also be an option to consider. Interestingly, for behavioral health and care coordination, participants expressed the most satisfaction with the availability of appointments, which could be due to having more overall availability from providers or the ability to host virtual care sessions. While virtual care is not possible for most other CCFH services, having additional flexibility in terms of scheduling appointments may lead to much more satisfaction with the services overall.

Along with scheduling appointments, some participants discussed concerns about insurance and being able to easily switch appointment types. For example, some individuals wrote that they struggled accessing services being funded by the SCI Waiver. Given that about 65% of participants are funded under this waiver, CCFH may need to provide additional support in terms of accessing sessions and find other ways for participants to access additional sessions if necessary. Likewise, other participants wanted more flexibility in their service utilization, such as using an acupuncture appointment to receive a massage. However, this suggestion may not be practically feasible. Overall, REC recommends that CCFH consider different avenues to help participants flexibly access the services that improve their health most, accounting for various program funding sources.

### **Recommendation 3. Consistently Administer Behavioral Health Measures**

While reviewing and analyzing the three behavioral health data sources (e.g., Burns Anxiety Inventory, PTSD Checklist), it appeared that not all behavioral health participants received all three measures and the timing of administration varied based on the individual. For example, some participants completed the Burns Depression Checklist in March 2020 and March 2021, but others completed it only in September 2020. Likewise, the administration of these tools occurred on a "rolling basis", so it is difficult to match when participants complete these additional measures to the different time periods with the bi-annual PHL Survey. Consistency in administration is important for identifying when changes occur for individuals and what information is used to identify these changes. REC recommends standardizing the administration of these behavioral health tools. This may include determining how often participants should complete these questionnaires, making sure all behavioral health participants complete all three questionnaires, and ensuring that participants complete the questionnaires around the same time, ideally shortly prior to administration of the PHL survey. Bringing more consistency to the administration of the Behavioral Health Measures will help CCFH better track and monitor participants who may be more vulnerable or need additional support. In addition, collecting this data consistently will help improve the sample size in the bi-annual evaluation; enabling REC to

better examine trends and outcomes for participants who receive this service. REC welcomes the opportunity to discuss the development of a data dashboard to support this recommendation.

#### **Recommendation 4. Add Global Satisfaction Questions to the PHL Survey**

Participants consistently express high satisfaction with CCFH services in the PHL Survey, reflected in the achieved satisfaction goals in *Table O* above. However, these findings do not reflect global measures of satisfaction in working with CCFH. Open-ended responses included overwhelming gratitude for CCFH, such as what a positive impact CCFH made on participants' lives, consistent praise for health services, and overall gratitude to be connected to CCFH. Other participants focused on the CCFH staff and community, saying that they had made friends with both staff and other participants. Such stories reveal satisfaction with CCFH that is not directly reflected in the survey questions that focus on services. Moving forward, REC suggests adding new questions asking about participants' overall satisfaction with CCFH and their likelihood to recommend CCFH to other individuals looking for holistic care. These types of questions would be easy to complete for participants and have been quite useful for our other clients for marketing, communication, and funding efforts. As REC and CCFH continue to work together, we can also look into what questions may not be performing as well and either delete or revise these questions. This approach, one of continuous improvement, will free up space in the PHL Survey for other meaningful metrics in the future.

#### **Recommendation 5. Keep the PHL Survey Questions the Same for September 2021**

REC and CCFH continued to update the PHL Survey to streamline data collection. The REC team also added some new questions and sections, such as rating satisfaction with physical therapy and asking about pain levels over the last month. These new questions provided interesting and needed information about participants' experiences at CCFH. Moving forward, REC recommends that CCFH retain the same core questions in September 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. However, timing is critical in evaluation. REC recommends waiting until the next evaluation year to make any major PHL Survey modifications. 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. Keeping core questions the same on the PHL survey will become even more important as CCFH and REC create the pre-treatment survey to collect baseline data from new participants. A core set of survey questions ensures that CCFH can identify health trends over time and collect vital data moving forward.

#### **Recommendation 6. Explore Innovative and Intuitive Ways to Monitor CCFH Data**

Working with data can be both challenging and rewarding. REC recommends refining the data tracking tools used by CCFH to better streamline data collection efforts. Currently, this includes the Excel files for behavioral health, such as the Burns Depression Checklist, Burns Anxiety

Inventory, and PTSD Checklist. These tools work well for storing information, but they do not easily present changes in depression, anxiety, and PTSD over time. Improvements could include creating or refining tracking tools for CCFH data and developing user-friendly data dashboards to visually display key metrics, or eliminate 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 activities and impact on a continual basis. Up-to-date information would also 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 7. Develop New Evaluation and Communication Tools to Strengthen and Support CCFH**

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 determine the extent to which outcome goals were achieved. Findings from this evaluation indicate that in the last six months, CCFH achieved 13 out of 15 outcome goals, demonstrating tremendous success in helping participants improve their health and wellbeing! Almost all participants expressed some satisfaction with CCFH services and gratitude for the organization. Based on our findings from this evaluation, REC recommends that CCFH: 1) Celebrate Successes Internally and Externally, 2) Expand Service Availability and Session Flexibility, 3) Consistently Administer Behavioral Health Measures, 4) Add Global Satisfaction Questions to the PHL Survey, 5) Keep Other PHL Survey Questions the Same for September 2021, 6) Explore Innovative and Intuitive Ways to Monitor CCFH Data, and 7) Develop New Evaluation and Communication Tools to Strengthen and Support CCFH. Implementing these recommendations will help CCFH continue to make a difference in the lives of individuals with physical disabilities and help your organization continue to tell your story of impact.

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## Appendix A – Revised Outcome Metrics

In February 2021, REC and CCFH updated the CCFH participant outcome goals, based on the performance on the last round of data collection. As all goals were Achieved or Partially Achieved from the September 2020 PHL Survey, all goal percentages for this round of data collection were increased. *Table P* presents each goal, the target percentage for September 2020, status of the goal in September 2020, and new target percentage for March 2021.

*Table P. Updates to Outcome Goals*

<b>Overall Goals</b>	<b>September 2020 Target</b>	<b>September 2020 Status</b>	<b>March 2021 Target</b>
Goal 1: Satisfaction with services	70%	84.2% - 100% (Achieved)	90%
Goal 2: Health ratings compared to six months ago	70%	76.9% (Achieved)	80%
Goal 3: Changes in pain	70%	66.2% (Partially Achieved)	80%
Goal 4a: Improved quality of life	70%	99% (Achieved)	90%
Goal 4b: Spend less on traditional health care	70%	82.9% (Achieved)	80%
Goal 4c: Increased time in social activities	70%	78.1% (Achieved)	80%
Goal 5: Confidence in health-related self-efficacy.	70%	57.4% - 78.7% (Partially Achieved)	80%
<b>Behavioral Health</b>	<b>September 2020 Target</b>	<b>September 2020 Actual</b>	<b>March 2021 Target</b>
Goal 1: Satisfaction with behavioral health	70%	100% (Achieved)	90%
Goal 2: Reduction in Burns Anxiety Inventory	50%	50% (Achieved)	70%
Goal 3: Reduction in their Burns Depression Checklist	50%	84.6% (Achieved)	80%
Goal 4: Reduction in PTSD scores	50%	71.5% (Achieved)	70%
<b>Care Coordination</b>	<b>September 2020 Target</b>	<b>September 2020 Actual</b>	<b>March 2021 Target</b>
Goal 1: Satisfaction with care coordination	70%	93.3% - 100% (Achieved)	90%
Goal 2: Plan addressing needs	70%	93.3% (Achieved)	90%
Goal 3: Improved access to community resources	70%	93.3% (Achieved)	90%
Goal 3: Improved access to basic needs	70%	93.3% (Achieved)	90%

## Appendix B – March 2021 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. 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 <If selected, skip to Q6>
- Less than a month <If selected, continue to Q5>
- 1 to 5 months <If selected, continue to Q5>
- 6 to 11 months <If selected, continue to Q5>
- 1 to 2 years <If selected, continue to Q5>
- More than 2 years <If selected, continue to Q5>

**Page 3. Impact of Care from CCFH**

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

5. \*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"/>

**Page 4. Overall Health and Outlook**

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

6. \*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)

7. \*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

8. \*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

9. \***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

10. \***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

11. \*Please select the best response for 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 5. Acupuncture Services

Please consider your experiences receiving acupuncture at CCFH.

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

- Yes <If selected, continue to Q13>
- No <If selected, skip to Q17>

### Page 6. Acupuncture Services Continued

Please consider your experiences receiving acupuncture at CCFH.

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

- 1 – 4 sessions (less than 1x per month)
- 5 – 8 sessions (about 1x per month)
- 9 – 12 sessions (about 2x per month)
- 13 – 16 sessions (between 2-3x per month)
- 17 – 24 sessions (between 3-4x per month)
- Greater than 24 sessions (more than 4x per month)

14. \*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"/>

15. Please select all of the providers that you have worked with for acupuncture services. (Choose all that apply)

- Lisa Bullis
- Stephen Corsale
- Yvonne Piper

16. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all responses for each provider and will NOT be shared with the provider themselves. (Open-ended)

## Page 7. Chiropractic Services

Please consider your experiences receiving chiropractic care at CCFH.

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

- Yes <If selected, continue to Q18>

No <If selected, skip to Q22>

**Page 8. Chiropractic Services Continued**

*Please consider your experiences receiving chiropractic care at CCFH.*

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

*(Choose one)*

- 1 – 4 sessions (less than 1x per month)
- 5 – 8 sessions (about 1x per month)
- 9 – 12 sessions (about 2x per month)
- 13 – 16 sessions (between 2-3x per month)
- 17 – 24 sessions (between 3-4x per month)
- Greater than 24 sessions (more than 4x per month)

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

	<b>Very Dissatisfied</b>	<b>Dissatisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>
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"/>

20. Please select all of the providers that you have worked with for chiropractic services.

*(Choose all that apply)*

- Dr. Jenna Kloor
- Dr. Jennifer Hartley
- Dr. Shaun Kloor

21. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all

responses for each provider and will NOT be shared with the provider themselves.  
(Open-ended)

**Page 9. Massage Therapy Services**

Please consider your experiences receiving massage therapy at CCFH.

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

Yes <If selected, continue to Q23>

No <If selected, skip to Q27>

**Page 10. Massage Therapy Services Continued**

Please consider your experiences receiving massage therapy at CCFH.

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

(Choose one)

1 – 4 sessions (less than 1x per month)

5 – 8 sessions (about 1x per month)

9 – 12 sessions (about 2x per month)

13 – 16 sessions (between 2-3x per month)

17 – 24 sessions (between 3-4x per month)

Greater than 24 sessions (more than 4x per month)

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

	<b>Very Dissatisfied</b>	<b>Dissatisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>
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"/>

25. Please select all of the providers that you have worked with for massage therapy. (Choose all that apply)

Charlly Enroth

Chelsea Price

- Crystal Hinton
- Dana Fritschi
- Hailey Strampel
- Jill Brekken-Good
- Joby Siciliano
- Julia Weldon
- Lynn Daniels
- Molly Boroughs
- Rachael Griffin

26. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all responses for each provider and will NOT be shared with the provider themselves.  
(Open-ended)

### Page 11. Physical Therapy Services

*Please consider your experiences receiving physical therapy at CCFH.*

27. **\*In the last six months**, have you received physical therapy at CCFH? (Choose one)
- Yes <If selected, continue to Q28>
  - No <If selected, skip to Q32>

### Page 12. Physical Therapy Services Continued

*Please consider your experiences receiving physical therapy at CCFH.*

28. **\*In the last six months**, about how many physical therapy sessions have you received?  
(Choose one)
- 1 – 4 sessions (less than 1x per month)
  - 5 – 8 sessions (about 1x per month)
  - 9 – 12 sessions (about 2x per month)
  - 13 – 16 sessions (between 2-3x per month)
  - 17 – 24 sessions (between 3-4x per month)
  - Greater than 24 sessions (more than 4x per month)

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

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

30. Please select all of the providers that you have worked with for physical therapy. (Choose all that apply)

Sara Schaffer

31. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all responses for each provider and will NOT be shared with the provider themselves. (Open-ended)

### Page 13. Primary Care Services

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

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

Yes <If selected, continue to Q33>

No <If selected, skip to Q35>

### Page 14. Primary Care Services Continued

Please consider your experiences receiving primary care at CCFH.

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

1 – 2 sessions (about 1x every three months)

- 3 – 4 sessions (about 1x every two months)
- 5 – 6 sessions (about 1x every month)
- Greater than 6 sessions (more than 1x per month)

34. \*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 15. Dental Care Services

Please consider your experiences receiving dental care at CCFH.

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

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

### Page 16. Dental Care Services Continued

Please consider your experiences receiving dental care at CCFH.

36. \*In the last six months, about how many dental care sessions have you received?

(Choose one)

- 1 – 2 sessions (about 1x every three months)
- 3 – 4 sessions (about 1x every two months)
- 5 – 6 sessions (about 1x every month)
- Greater than 6 sessions (more than 1x per month)

37. \*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 17. Experiences with Pain**

*Next, please think about your experiences with physical pain.*

38. \*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)

39. \*How would you rate your average experience of **OVERALL** pain in the **PAST MONTH**? (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)

40. \*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 18. 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.*

41. \*Do you take medications for pain? (*Choose one*)
- Yes <If selected, continue to Q42>
  - No <If selected, skip to Q44>

#### Page 19. Pain Medication Usage Continued

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

42. \*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
43. \*How many of these medications are opioids (e.g., codeine, tramadol)? (*Choose one*)
- 0
  - 1 – 2
  - 3 – 4

5 or more

### Page 20. 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.

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

Yes <If selected, continue to Q45>

No <If selected, skip to Q46>

### Page 21. Depression and Anxiety Medication Usage Continued

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

45. \*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 22. Medication Support

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

46. \*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 23. Behavioral Health/Counseling

Please consider your experiences with behavioral health/counseling at CCFH.

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

Yes <If selected, continue to Q48>

No <If selected, skip to Q52>

### Page 24. Behavioral Health/Counseling Continued

Please consider your experiences with behavioral health/counseling at CCFH.

48. **\*In the last six months**, about how many behavioral health/counseling sessions have you received? (*Choose one*)

- 1 – 4 sessions (less than 1x per month)
- 5 – 8 sessions (about 1x per month)
- 9 – 12 sessions (about 2x per month)
- 13 – 16 sessions (between 2-3x per month)
- 17 – 24 sessions (between 3-4x per month)
- Greater than 24 sessions (more than 4x per month)

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

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

50. Please select all of the providers that you have worked with for behavioral health/counseling services. (*Choose all that apply*)

- Gary Stockman
- Nicole Miller

51. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all responses for each provider and will NOT be shared with the provider themselves.  
(*Open-ended*)

**Page 25. Care Coordination**

*Please consider your experiences with care coordination at CCFH.*

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

- Yes <If selected, continue to Q53>  
 No <If selected, skip to Q57>

**Page 26. Care Coordination Continued**

Please consider your experiences with the CCFH care coordination team.

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

(Choose one)

- 1 – 4 sessions (less than 1x per month)  
 5 – 8 sessions (about 1x per month)  
 9 – 12 sessions (about 2x per month)  
 13 – 16 sessions (between 2-3x per month)  
 17 – 24 sessions (between 3-4x per month)  
 Greater than 24 sessions (more than 4x per month)

54. 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"/>

55. Please select all of the providers that you have worked with for care coordination services. (Choose all that apply)

- Carrie Easton

56. To help us understand and improve your experiences at CCFH, we would like your feedback about these providers. Please take a moment to provide any specific feedback or stories about working with these individuals. Make sure to name the provider in your feedback. This information will be shared with CCFH in its entirety as an aggregate of all responses for each provider and will NOT be shared with the provider themselves.  
(Open-ended)

**Page 27. Additional Needs and Services**

CCFH is able to help you access a variety of services to meet your health needs. For the following question, please think about the services that you currently receive or would like to receive through CCFH, CCFH referrals, or other programs.

57. \*For each of the following services, please select the option that best reflects your current needs. (Choose one response for each option)

	Yes, I receive this service	No, I do not receive this service and have no interest	No, I do not receive this service, <b>but I am interested</b>
Assistive technologies (AT) (i.e., devices or equipment that can be used to help fully engage in life activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional and mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment in Medicaid or other benefit programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial services (e.g., tax preparation, budgeting guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education assistance (e.g., tutoring, guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g., securing a place to live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing modifications (e.g., making changes to your home to support your health and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

mobility)			
Medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Page 28. Final Thoughts**

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

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

59. \*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!**