

# Health District

OF NORTHERN LARIMER COUNTY

## Community Discussion Groups Summary November 2010

### Introduction

Since 1995, every three years the Health District of Northern Larimer County has conducted a community health assessment to determine the health status and healthcare needs of Health District residents. This assessment is used to guide the planning, implementation, and evaluation of services that the Health District provides. This triennial process is used so that health status trends may be followed and health service needs within the community can be understood on a regular basis.

The assessment has three main components:

1. A written community health survey
2. A series of community discussion groups
3. A review of other local, state, and national health data and health trends

The written community health survey provides quantitative data to help understand the health needs of our community. The community discussion groups provide a rich, qualitative perspective from individuals within the community that adds depth to the information collected through the health survey. The review of local, state, and national trends enables comparison of the health survey data with that of other communities, locally and nationally.

In 2010, nine community discussion groups took place during one week in November with a total of 133 participants representing a diverse population of community members. Four groups were held with healthcare consumers: members of the general public, representatives for local businesses, low-income residents, and Spanish-speaking residents. Two

groups were held with local healthcare providers: a group with physicians and dentists and another with mental health practitioners. Three additional groups were held with community government and business leaders, representatives from health and human service and nonprofit agencies, and with Health District staff.

All groups followed the same agenda and were asked the following questions to stimulate conversation and discussion:

1. What do you see as health challenges for you, your family, friends, the community and society?
2. What advice do you have for the Health District and what role would you like it to take?

Additionally, some groups were asked:

3. How has the healthcare system changed since 2007?

Issues discussed were either initiated by participants or raised by the group facilitator. Although each of the nine groups represented different perspectives within the community, similar themes emerged that portrayed a definitive shift from previous years. Amidst the conversations there was a greater sense of frustration, concern, and genuine interest in the health challenges facing our community and the future of our healthcare system.

Themes and additional information learned from the 2010 discussion groups are summarized in the following report.

## Community Discussion Groups Summary—November 2010

### Rising Healthcare Costs

All groups expressed concern over the rising cost of healthcare: deductibles and out-of-pocket expenses are going up, and with the downturn in the economy, the number of uninsured or underinsured is rising. The doctors, dentists and mental health providers stated that they believe patients are putting off seeking care until their symptoms are severe and are frequently foregoing preventative treatments and screening appointments altogether. They feel that this has resulted in patients presenting with more complex symptoms that often require extensive treatment and/or referrals to specialists (which they also felt that many patients are then unable to afford). Mental health providers specifically stated that they feel the quality of care is suffering, as patients space their appointments out further and further to keep costs down.

On a related topic, the issue of the difficulty of accessing low cost healthcare was raised frequently during both the provider and consumer discussion groups in regards to primary and specialty care.

Both types of groups felt that with the downturn of the economy, there are greater numbers of patients uninsured or underinsured, and the demand for low-cost healthcare is rising. Those agencies that provide such low-cost or pro bono care (Salud, the Family Dental Clinic, etc.) are unable to meet the demand with existing resources. Waiting lists are growing, and many patients, especially adults, are waiting months to receive an appointment.

This last point was a major theme in the low-income discussion group. It was stated several times that by the time many patients can get an appointment to see

a provider they have already self-medicated with over-the-counter drugs or sought other care options, often at the emergency room (ER). In turn, the burden on the ER is increasing as more and more patients seek care there due to convenience, reduced cost for those with low income and a lack of alternatives.

### Importance of Care Coordination and Agency Collaboration

Strikingly, every group brought up the importance of care coordination and community collaboration in one form or another. Medical homes (a form of care coordination) were mentioned several times in the various provider groups as a way to reduce spiraling medical costs and relieve pressure on overworked emergency rooms in the community. The consumer discussion groups called for partnerships to address this community concern.

Providers from all fields appeared interested in collaborating with one another and finding opportunities to

meet and discuss the issues presenting themselves in the community. Provider “swaps” and cross-field partnerships (e.g., phone psychiatric consultations for primary care physicians [PCPs] or dentists training ER doctors in dental issues) were suggested several times in the various provider discussion groups.

The importance of investment in Health Information Exchange systems was mentioned by doctors and dentists both as a method of gathering accurate, up-to-date data for analysis of the community’s health and for facilitating

*I am self-employed. So many of us are uninsured or underinsured, and we don't seek care with a \$5,000 deductible to spend out-of-pocket. I know for a fact that people like me are not getting taken care of early and we wait until things get really bad. This town does a good job of hiding it. And it is not just a problem for the uninsured, it hits the underinsured too.*

## Community Discussion Groups Summary—November 2010

medical partnerships, though it was also acknowledged that such a system would not necessarily allow information sharing between all types of providers (health and human service, medical, mental health, etc.).

### Affordable Care Act/ Healthcare Reform

Consumers, businesses, and providers all expressed confusion and worry over the Patient Protection and Affordable Care Act (or Affordable Care Act, ACA) and the effect that healthcare reform will have on the current system. Consumers do not understand what exactly it means for their insurance coverage; small business owners continue to find themselves wading through a bewildering list of coverage options without information on how to make the best decision for themselves and their employees; and providers are unable to answer their patients' questions about the new healthcare law's impact on their practices.

Business leaders and patients with low incomes voiced skepticism over the ability of healthcare reform to improve health outcomes. There was a general call for more education around the ACA as well as the creation of tools for small business owners to assist them in choosing insurance for their employees. Several groups suggested that a healthcare reform specialist position be staffed to keep abreast of policy and implementation issues and analyze impacts at the local level.

The primary care physicians in the doctors and dentists discussion group also expressed concern over the "changing face of primary care." They stated that they are seeing the schedules at their

practices open up as patients stop calling for routine appointments. They feel that this reduction in revenue coupled with cuts to Medicare reimbursement has made primary care an unattractive and unaffordable field for many medical students, who frequently have thousands of dollars in loan repayments. They stated that the number of medical students choosing to go into primary care is falling, and many existing primary care physicians are integrating into larger medical systems rather than remaining in private practice. Medical providers are concerned that this will lead to a lack of capacity to address primary healthcare demand in the community which they expect

may rise with the implementation of healthcare reform. They also feel a reduction in available PCPs will result in higher rates of preventable diseases as many screening appointments and preventative treatments occur in primary care.

In the business leaders' discussion group, one opportunity that emerged during the discussions around healthcare reform was the

growing interest in employee wellness programs. Business leaders stated they would be interested in such a program but did not feel they could realistically afford to implement one, and the suggestion was made to create an "on the road" employee wellness program for businesses with smaller numbers of employees. A suggestion was also given for several small businesses to pool their resources for a joint wellness program.

*Medicare cuts are disastrous. We have now closed the doors of my practice to new Medicare patients for the first time (something I am philosophically opposed to doing). If cuts go through, we won't be able to keep the doors open with the current Medicare patient mix.*

## Community Discussion Groups Summary—November 2010

### Health and Program Information and Referral

The consumer discussion groups voiced a desire for clear, objective information concerning good health practices such as diet and exercise. It was stated several times that—though the Internet is increasingly a repository for health information—it is very difficult for a consumer to know what is legitimate information and what is not. Per the general public discussion group, a local, trusted source of health information and program referrals would be very welcome. The health and computer literacy of the public were suggested as key points to keep in mind when designing any type of online database. On the same topic, health and human service providers felt that a “road map” for health and human service programs is needed, especially given the complex eligibility rules for programs such as Medicaid and Medicare.

Additionally, it was stated during several consumer discussion groups that many smaller non-profits, medical practices, and service programs need assistance promoting their program and getting the word out to those who would benefit from their services. It was suggested in the business leaders’ discussion group that larger medical systems could be educated about the different programs available in the community in order to make referrals to patients who may benefit from them. A suggestion was made during the same discussion group to host a Fort Collins “Health Fair” to allow these smaller programs an opportunity to show what they have to offer.

### Aging Population

The consumer and health and human service provider discussion groups mentioned the looming change in demographics for the community as the Baby Boomer generation ages. An increase in Alzheimer’s and dementia is expected, and health and human service providers expressed concern that there are very few resources currently in place for these

patients and their families. There is no organization doing medical management for dementia patients locally and no “road map” of local services available.

It was also suggested by health and human service providers that medical professionals in the community needs additional training on the issue of dementia. They felt that physicians need to feel confident in raising the issue with elderly patients in order to make rapid referrals once symptoms are noted. First responders also need training in dementia in order to recognize and respond to it appropriately when out on emergency calls.

*This gets to me personally. My family has been providing informal care as my mom and dad age, but it had reached a point that they need more than our informal care. We are finding it surprisingly difficult to find information and resources for their care, like nursing homes and assisted living options, even in my family that is highly medically educated. I don't know how to make it more clear about where to go to get help, short of hiring an experienced home health aide; the solution we are trying with my parents.*

Additionally, many consumers are now finding themselves in a place to care for aging parents or grandparents. They are finding the current system murky and expensive and expressed interest in education on Long Term Care (LTC) options. A suggestion was voiced to train Medicare experts on LTC options in order to help address this gap in knowledge. Health and human service providers also stated that the community needs more resources and

## Community Discussion Groups Summary—November 2010

programs in place to support those caregivers who choose to care for their aging family member at home, in many cases the most economical option.

Finally, participants in the health and human service providers' discussion group drew attention to the increasing rate of the reverse of the above mentioned situation: seniors caring for grandchildren and great grandchildren. There are not many services to support these seniors, and the situation is frequently a stressful one, particularly when the senior does not have a large enough income to care for both themselves and their dependents. Health and human service providers stated that in some cases, seniors are foregoing prescribed medications in order to purchase food and other living necessities.

### Obesity

Adult and childhood obesity was brought up in all types of discussion groups as a growing concern in the community. Despite Colorado's relatively low prevalence of obesity when compared to the rest of the country, incidence is on the rise.

Something voiced by the key leaders and other discussion group participants is inadequate nutrition was a major contributor to obesity and that a community-wide nutrition education campaign is needed. Various avenues to impart such information (and other health information) in order to reach Larimer County residents were given:

Larimer Center for Mental Health's weekly family forum, schools, trailer park offices, leaflets in utility bills, churches, mailings, and organizations such as the Fort Collins Housing Authority, the Hope Center, Catholic Charities, and the Food Bank. Fruit and vegetable consumption—particularly in children—was also raised as a concern. It was suggested during

the key leaders' discussion group that Larimer County look to Weld County's successful Farm to School program for a viable model to increase consumption.

Though there was a slightly larger focus on nutrition during the discussion groups, many individuals also raised the need for increased physical activity. A community-wide campaign modeled on the current Fort Collins Reads was suggested as an appropriate intervention during the general public discussion group. It was also suggested that there should be better marketing of existing public resources (e.g., parks) to promote health and a science-based education campaign targeting youth to emphasize the benefits of physical activity.

### Mental Health and Substance Abuse

Mental health and substance abuse were cited as continuing issues in Larimer County, particularly in regards to children. Health and human service providers felt that more mental health services are needed for young people, especially psychiatric services for children. Additionally, key leaders and mental health providers expressed concern over increased prescription drug abuse and the proliferation of street drugs, including the currently legal drug "Spice," which is popular among youth. Other concerns in the arena of mental health voiced during the discussions were access to therapy and psychiatry for Spanish speakers, low-cost options for those who are unable to afford the full cost of care, continued stigma around mental health issues, and the high county suicide rate.

*What drives unhealthy food is convenience and eating out. If you have the information, you can eat healthy and cook healthy balanced meals at home. People need to be educated that it isn't cheaper to eat out.*

## Community Discussion Groups Summary—November 2010

Another issue which was passionately raised by the mental health provider discussion group is the lack of capacity for psychiatric medication evaluation and prescription. Few mental health providers have prescription authority, and many patients are waiting a month or two or much longer before having a medication evaluation. Mental health providers stated that they often refer their patients to a PCP instead to obtain a prescription for psychiatric medications when referral to a local psychiatrist is not possible.

However, it was the perspective of mental health providers that primary care physicians are often not comfortable prescribing psychiatric medications; due to unfamiliarity with their use, and often prescriptions are not getting written. One solution suggested was the idea of a provider expertise “swap,” whereby PCPs were invited to sit in on psychiatric sessions to gain a greater understanding of mental health care and form relationships with local mental health providers. Another idea was a paid psychiatric advice line that PCPs could call at a nominal fee when needing advice on psychiatric medications.

In a separate but related issue, even when a patient receives a prescription, access to psychiatric drugs can be limited due to a lack of transparency around the cost at local pharmacies. It can take a patient several hours of phone calls to find the lowest price, and it was suggested that the Health District maintain a website with up-to-date information on the cash price of the most prescribed psychiatric medications in order to reduce this issue.

In general, there was a strong call for better case management and care coordination in the realm of mental health services.

### Dental Care

Per several discussion groups, access to affordable dental care remains an issue in the community for consumers. Many adults without dental insurance find themselves at a loss when they have oral health issues, and the current capacities of low-cost dental care options are not meeting the demand.

*My patients drive all around to try to find the lowest prices on prescriptions.*



*I have patients saying, “I’m having to choose between my medical care and my mental health care, and I can’t do both.”*

The issue of dental care was also raised in regards to the overcrowding of ERs. Adults with tooth pain are arriving at the ER in greater numbers than ever before, and it was the perspective of the medical providers that the ER doctors on staff do not have the training and capability to address

their dental issues. Expensive scans are ordered, antibiotics are prescribed, and the patients are leaving the ER with the problem teeth still in their mouths.

A suggestion was made to have a dentist work some shifts at the ER to address such incidents. Additionally, it was suggested that ER doctors be trained in recognizing dental symptoms and referring the patients to appropriate dental care.

### Care Disparities

All of the discussion groups discussed various healthcare disparities present in our community. The difficulty for individuals with low incomes to obtain primary and specialty health, mental, and dental care services was mentioned time and again, and it was very clear that the community is aware of the differences in healthcare access between the *haves* and the *have-nots*.

*There is a growing understanding that dental health doesn’t just impact teeth, but contributes to heart disease and strokes.*

## Community Discussion Groups Summary—November 2010

The health issues of the undocumented population were also mentioned in regards to mental health and primary care access. Additionally, it was noted that the teen pregnancy rate in Latinas is substantially higher than in other group, and this is a disparity that the local Health Department has chosen to address.

Mental health providers raised the issue of a lack of services available for veterans. Veterans frequently have mental health needs, yet many of them are uninsured or underinsured and unable to afford adequate care. The suggestion was made that stronger partnerships with veterans' services agencies be formed to find a solution to this issue.

Finally, the lack of services available for those recently released from prison was noted by both key leaders and health and human service providers. Once released from prison they may not qualify for public programs, and many are unable to afford insurance otherwise. It was suggested that "health summits" be held in prisons and halfway houses to promote applicable programs and provide health information.

### Medical Marijuana and Alternative Therapies

During the key leaders' discussion group, the concern was voiced that with the legalization of medical marijuana, illicit marijuana usage in teens has risen substantially, which is tying up police officers as they spend more time responding to such incidents. Additionally, participants in the health and human service providers discussion group stated that they feel that medical marijuana puts them "in a weird position," as some of their clients seem to benefit

from medical marijuana access, yet youth in our community are now seeing medical marijuana dispensaries on every corner and getting mixed

messages. It was stated in the same discussion group that medical marijuana "muddled the waters" around tobacco prevention and control. Participants also expressed concern over the rise in usage from a public health standpoint and stated a desire to engage in more policy work around the issue by working to educate legislators.

*I agree that legalizing medical marijuana has muddled the water. My background is in mental health/substance use and also tobacco prevention and control and this is undoing progress in these areas. It has really set us back and divided people.*

Additionally, doctors and dentists stated during their discussion group that they do not know how to answer their patients' questions when the issue of medical marijuana is raised as part of pain management. The providers stated they do not have adequate knowledge on drug interactions, effects, etc., and have no training in how to manage or address marijuana in a medical way.

The use of alternative therapies (chiropractors, meditation, etc.) was the subject of a similar conversation for mental health providers. Per that discussion group, patients are increasingly asking for their provider's opinion on the use of such therapies, but many providers do not have enough information to give a confident assessment. It was suggested in these discussions that training and education around both of these topics would be welcome and useful.

### Conclusion

Individuals, employers, and providers alike shared different perspectives from within the healthcare system but provided similar feedback. It was the perception of the public that the current healthcare system is expensive, fragmented, and confusing,

## Community Discussion Groups Summary—November 2010

and above all, there is a sense of uncertainty and unease about the future of the healthcare system.

Participants perceive a great distance between the *haves* and *have-nots*, and it is strongly felt that many people are not getting the care they need due to access or coverage limitations. In most discussion groups, the need for system-wide change was stressed, and a general call was given for increased focus on care coordination and agency cooperation. On an optimistic note, there were many potential solutions voiced during the discussions around these issues, most of which

were focused on committing local resources to address local problems.

Our great thanks to all participants of the 2010 Community Discussion Groups. The discussions and feedback provided have given the Health District and others valuable information. They provided personal insight and diverse perspectives to the many health challenges individuals in our community face. These comments will help to educate and guide discussion within the Health District and other community agencies.

*Agencies are overwhelmed quicker and people aren't getting as much service. Available resources are being used quicker.*

This document is a compilation of the comments of 133 participants of the Health District of Northern Colorado's 2010 Community Health Assessment Community Discussion Groups.

The second component of the 2010 Community Health Assessment was a written survey, which was completed by 3,537 randomly selected Larimer County residents. Information will be made public through newspaper articles, fact sheets, and the Health District web site.

If you have questions or want more information on the 2010 Community Health Survey, please contact:

Susan Hewitt  
Health District of Northern Larimer County  
120 Bristlecone Drive  
Fort Collins, CO 80524  
(970) 224-5209 / shewitt@healthdistrict.org