Health District
OF NORTHERN LARIMER COUNTY

Community Health Discussion Groups Summary
October 2013

Community Concerns:

- **Affordable Care Act**
- **Barriers to Care**
  - **Cost of Care and Cost Transparency**
  - **Transportation**
  - **Awareness of Existing Services**
- **Mental Health and Substance Use**

The 9 Health Discussion Groups

1. Business Leaders
2. Seniors
3. Spanish Speaking Community Members
4. Physicians and Dentists
5. Community Leaders
6. Community Members
7. Mental Health Providers
8. Low Income Residents
9. Health and Human Service Providers and Non-Profit Health Professionals

Introduction

Every three years since 1995, the Health District of Northern Larimer County (Health District) has conducted a community health assessment to determine the health status and health care needs of Health District residents. This assessment is used to guide the planning, implementation and evaluation of services and programs that the Health District provides.

The community health assessment has two main components:

1. A mailed community health survey
2. A series of community discussion groups.

The *community health survey* provides quantitative data to help understand the health status of our community. For the first time, in 2013, the survey was offered online in addition to the paper-based mailed version. The survey is mailed to a random sample of Larimer County residents.

The *community discussion groups* provide a complementary, qualitative perspective from individuals that adds depth to the data collected through the health survey.

In 2013, nine community discussion groups took place during one week in October, with a total of 182 participants. Two groups were held to get input from local health care providers that included physicians and dentists, and mental health and substance abuse treatment providers. Another group gathered leaders from various local health and human service agencies and non-profit organizations. Two groups were held with community government and business leaders. Four sessions were held for groups of community members, including one open group for local residents, one designed for seniors, another among lower income residents and one conducted in Spanish.

All nine discussion groups provided the opportunity to hear diverse perspectives and varied experiences of health and health care. The items discussed and key themes identified will help the Health District plan for and direct services in the next few years.

The nine groups followed the same basic agenda and began with introductions, then started the conversation with two questions, followed by discussion and then closing remarks. The two questions were asked as follows:

1. What do you see as health challenges for you, your family, friends and the community?
2. What advice do you have for the Health District?

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Introduction

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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 across the groups. Some of the themes represented a notable shift from years past, while others raised continuing concerns and challenges that have been previously heard.

Key themes, defined as areas of conversation that arose in all nine groups, and additional information garnered from the 2013 community health discussion groups are summarized in the following report. ●

Affordable Care Act

As major elements of the Patient Protection and Affordable Care Act (ACA), also referred to as Obamacare, went into effect in late 2013 and early 2014, it does not come as a surprise that the ACA was a dominant topic of discussion across all nine groups. Participants were supportive of the ACA, but many were concerned, and community members, employers and care providers voiced their uncertainties about changes and the future of health care.

"I am ignorant about the changes in health care!"

There were questions regarding the shift in how health care will be paid for and managed. for example, one question was about payment sources for physicians and dentists, with regard to Medicaid and Medicare patients. Physicians conveyed concerns about the movement from self-employed and private practices to larger systems. They considered the impact that this shift will have on both patients, in their options for choosing a provider, and on providers, with the potential for a shift in quality of care.

Other focal points included questions regarding the effect of the ACA on behavioral health care providers; the implementation of the 10 essential benefits, such as vision exams for all children; and whether there would be capacity issues for providers who accept Medicaid as so many more people become eligible.

On a positive note, the role of the ACA in expanding access to and coverage of preventive care is significant, and several participants noted that they are pleased with the increased preventive care coverage. The importance of prevention and overall wellness in lowering the costs of future health care and in quality of life were noted across groups. Participants gave encouraging testimonies of changes they have already experienced in the areas of primary prevention and wellness.

However, multiple groups were concerned that even with the ACA, not everyone will be able to afford insurance and some may elect to pay the penalty instead of paying for coverage. Additionally, for those with insurance, services may still be too expensive.

As one participant noted, "There is going to be a lot of misunderstanding about who is still not covered or who needs additional help. [The ACA] hasn't fixed everything." Larimer Health Connect, a current program coordinated by the Health District, was presented to all groups as a valuable resource to help people understand and access health coverage as the ACA goes into effect. This topic will continue to evolve as we move forward into 2014 and beyond, and continuing to monitor the changes brought about by the ACA will be important. ●

Barriers to Health Care

Cost of Care and Cost Transparency:

The cost of health care was a theme that permeated all group discussions. Cost has long been a challenge for those without health insurance. Now, as a growing number of people enroll in high deductible health insurance plans, participants indicated that costs remain a major challenge even for the insured. Participants expressed that regardless of insurance status, the cost of medical, dental, and mental heath care needs to become more affordable, for children and adults, as do the prescriptions and treatments recommended by providers.

"I've found it to be a daunting process to find out [what provider] I should call."

Individuals with lower incomes agreed that even though they often cannot afford the full cost of care, they are willing to contribute what they can. "I think that [contributing] makes you feel more self-worth. You're not just getting a handout. But I don't want to see people who just can't pay not get care."

Multiple groups, including health care providers and consumers, expressed the viewpoint that an individual's ability to pay should not be linked to the quality of care received, and those with more resources should not automatically receive more attention and better care.

Associated with the cost of care is the topic of cost transparency. Participants repeatedly expressed frustration that when they seek care and their providers give treatment options, the providers are typically unaware of the costs, making it hard for clients to understand cost implications so that they can make the best choices for themselves.

"The financial element is out of control, out of your control."

Additionally, many were exasperated after receiving bills for their medical care that were so much higher than they had anticipated, with one participant exclaiming, "What are they charging for!" Confusion around the basis for these startling costs, and distress about their lack of control, were major elements in this conversation.

A greater availability of self-advocacy resources and trainings was one suggestion to help patients feel more confident in making health care decisions.

Providers, too, recognized the high cost of care. They noted several contributors, including the role that pharmaceutical and insurance companies play in driving that cost, and the cost of electronic changes. They noted that the strategies providers are being encouraged to implement to lower costs – such as complete installation of Electronic Health Record systems for records management and ease of sharing across providers and care-coordination liaisons for all provider offices – come at a significant upfront cost to a practice, one that makes it exceedingly difficult to "keep the lights on."

Many participants stressed the importance of prevention and overall wellness in addressing the high cost of care. However, the difficulty in changing people's behaviors was recognized, although participants did make a few suggestions. One example was to assist employers, both large and small, in designing and utilizing wellness programs or health fairs to better engage their employees and to make healthy choices both easy and fun.

The cost of care is, notably, a topic that has come up in each round of discussion groups since 2007 and is still a primary concern. As the Affordable Care Act is implemented, consumers and providers alike hope to see the costs of care contained.

Access to Care:

Along with concerns about the *cost* of care came the issue of *access* to care. While cost itself is a barrier for many when seeking care for medical, dental or mental health needs, other compounding factors play a role.

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Barriers to Health Care

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Transportation:

Transportation was noted as one of the top two reasons why participants felt they struggled to access health care. Transportation is seen as a significant barrier to care, especially for seniors and other residents who are unable to drive or who do not have their own vehicle, and participants gave multiple examples. They noted several difficulties with Transfort, the city bus service, including the long trip times, necessity of bus route transfers, and limited operating hours. These factors make it difficult for individuals to take time off of work for appointments, to make it to those appointments on time, or to go after work. There are also challenges when picking up a prescription, for example, which might only take five minutes, but the next bus won't be available for an hour.

Door—to—door transportation services and medical buses have limited routes and are hard to book. Taxi services are felt to be difficult to utilize due to expense and time it takes for the taxis to come. A restructuring of transportation services emerged as an essential need of community members.

Awareness of Existing Services:

Another major barrier that participants identified in accessing care was a lack of awareness of the health services that exist in the area, including those that the Health District provides. Community members, employers and even care providers thought that a 'one-stop-shop' in the form of a provider directory would be a valuable resource. HealthInfoSource.com, a local health information website provided by the Health District might serve as a useful first step for people seeking a local provider. It was suggested that more advertisement and education about existing services, for both providers and consumers, would be worthwhile. As a result, providers may be better able to refer patients who are unable to cover the cost of care or need a specific service; employers could advise their employees on local resources; and community members could more easily locate providers who meet their needs. ●

Mental Health and Substance Use

The community is increasingly recognizing the significance of mental health and substance use in our community, as evidenced by its inclusion in the Larimer County Strategic Plan, The Department of Health's 2013 Community Health Improvement Plan, and the plans of the Larimer County Mental Health and Substance Abuse Partnership. Mental health and substance use was also a recurring theme in the discussion groups.

Coordination Between Medical and Behavioral Health Providers:

Many groups were concerned about the lack of communication and coordination between primary care doctors and mental health providers. Patients felt that all aspects of their health (medical, mental, vision and dental health) should be considered by their doctors when seeking care, rather than being "siloed."

"We are still putting behavioral health into a silo. [It] is all part of overall health."

Likewise, both physicians and mental health providers expressed their preference for more communication between the specialties so that cross-referrals would become easier. It was noted that there is a need for a 'convener' to encourage physicians and mental health providers to meet and become familiar with each other and their resources, increasing the overall quality of care for patients. One participant expressed her hope that as the Affordable Care Act comes into play, the expansion of health information exchange technologies will improve communication and care coordination.

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Mental Health and Substance Use

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It was, however, brought to attention that the visits with physicians are so short that there is simply not time to talk about health on multiple fronts. One provider expressed how frustrating it is to feel as if you are simply "pushing people through," but with so many people who need care, he felt as if there was no other choice.

The Health District's Integrated Care Program, where behavioral health experts work alongside primary care providers, was identified as a good example of addressing this lack of coordination between mental health and substance use providers and primary care. Addressing the issue of cross-provider communication is only one piece of the puzzle, and the question of how to get more people better care remains.

Specific Gaps in Care: Child Psychiatric Care, Inpatient Beds

Two large gaps in mental health and substance use care, as identified by health care providers and parents, are the lack of local child psychiatric services and the lack of local inpatient beds for both children and adults. As a community, "We are working on early identification and early intervention [in mental health], but then we don't have the services to address the needs. Where do we get the appropriate help? If we don't have psychiatric services, what do we do?" Parents have to travel to Boulder and Denver to receive much needed services for their children.

"There are many people like me… who have mental health issues who are not getting help."

Mental health providers believe that, over time, they have seen a rise in the prevalence of depression, anxiety and other mental health issues in children in the county, possibly due to increased exposure to "trauma, stress and violence," and stated that they think the need for investment in primary prevention is clear.

Another issue mentioned was the misuse and abuse of prescription drugs, particularly opiate addiction, often resulting from chronic pain medications. Improved communication and coordination between providers was mentioned as critical to identifying and addressing addiction in patients. There are few local resources available for detoxification of those addicted to opiates, and there is a severe lack of inpatient care available for those in need.

Mental health providers also emphasized a need for education and training in best practices for substance use treatment. ●

Conclusion

Participants noted that many of the issues that were brought up are integral to the overall patient experience and will intensify as the baby boomer generation continues to reach retirement age. They noted that just as we must offer assistance to the aging population, we must also invest in our youth because their health today is an indicator of their health in the future. An increase in prevention and wellness efforts, through focusing on education, active living and healthy eating, were considered by participants to be something that would serve our community well, as would changes in local policies to better support these efforts.

Though we may be challenged by the state of health and health care, there are numerous opportunities for improvement. Many suggestions arose in the discussion groups for how our community could try and combat these health-related challenges. While not all suggestions can be implemented by the Health District, the Health District can serve as an advocate, a convener and an organizer within the community to work toward the alleviation of these challenges in conjunction with other community organizations. ●

A Note of Thanks

The Health District would like to sincerely thank all participants in our 2013 Community Health Discussion Groups. The discussions, challenges and feedback have provided invaluable information assist in community health planning in the coming years. Together, the insight and perspectives will help organizations better understand the state of health and health care in northern Larimer County, and make better decisions about future services. ●

This document is a compilation of the comments of 182 participants of the Health District of Northern Larimer County's 2013 Community Health Assessment Community Discussion Groups.

The second component of the 2013 Community Health Assessment is a written survey, completed by 2,819 randomly selected Larimer County residents.

If you have questions or want more information on the 2013 Community Health Survey, please contact:

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Community Health Discussion Groups
2013 Topic Area Matrix

Introduction

The matrix is designed to provide insight into the broad spectrum of topics discussed throughout the 2013 Community Discussion Groups. The nine discussion groups were held during the last week of October and were comprised of health care providers, health and human service providers and non-profit leaders, community government and business leaders, and members of the community. The purpose of the matrix is to demonstrate the range of topics discussed and to highlight the most heavily discussed topics within and across the discussion groups. This matrix has been created to provide an approximate visualization of qualitative data and should not be considered exhaustive or quantitatively precise.

Topic areas have been divided into four primary categories: health services and treatment; health insurance; health promotion, health behaviors and disease prevention; and systems and policies that influence health. Categories are designed as macro-level classifications that incorporate micro-level health matters, specifically those which arose during the group discussions.

The size of the bar in each cell is approximately proportional to the number of comments received regarding each health matter. The health matters included in the matrix are value-neutral, that is to say a matter such as the 'Affordable Care Act and health insurance exchange' is representing any and all comments made related to this topic and does not select for positive or negative commentary. Topics discussed during the groups may fit into and have been tagged as multiple health matters. Following the matrix is a glossary that provides definitions and provides examples within the included health matters.

We appreciate each individual that participated in the 2013 Community Discussion Groups and have constructed this matrix with the intention of honoring and visualizing all comments and ideas shared during the discussion group week.

About this Matrix

This matrix was prepared by Health District of Northern Larimer County staff. The Health District is a special district serving the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Susan Hewitt, Evaluation Coordinator, at (970) 224-5209 or by e-mail at shewitt@healthdistrict.org.

Community Health Discussion Groups 2013 Topic Area Matrix

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