2016 Community Health Assessment

Community Discussion Forums
Summary of Findings

Health District
OF NORTHERN LARIMER COUNTY

Top Community Concerns

- **Increasing Cost of Health Care and Health Insurance**
- **The Need for Mental Health Services**
- **Aging Population**
- **Prevention, Wellness, and Patient Education**
- **Community Engagement**
- **Social Determinants of Health**

The 10 Community Discussion Forums

- **Business Leaders**
- **Community Members**
- **Economically Disadvantaged Community Members**
- **Health and Human Services Providers and Nonprofits**
- **Key Leaders**
- **Key Leaders in Mental Health**
- **Medical Professionals and Dentists**
- **Mental Health Providers**
- **Seniors**
- **Spanish-Speaking Community Members**

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 assessment has two main components:

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

The community health survey provides timely local data to help us understand the health status of our community. The survey is mailed to a random sample of Larimer County residents and is completed by about 2,500 adults each time. The community discussion groups provide a complementary, qualitative perspective that adds depth to the data collected through the health survey.

In 2016, nine community discussion groups took place during one week in November. A tenth group was held in February 2017. A total of 156 people participated. Two of the groups were held to get input from local health-care providers including physicians, dentists, and mental health and substance use treatment providers. A third group consisted of leaders from various local health and human services agencies and nonprofit organizations. Local business owners and managers were invited to another group. Four sessions were held for community members, including the general public, seniors, economically disadvantaged residents, and Spanish-speaking residents. Another group was held with community government leaders and the heads of key agencies. The last group, in February of 2017, included leaders representing mental health and substance use

agencies. The 156 participants contributed diverse perspectives and described varied experiences of health and health care within the community. The items discussed and key themes identified will help the Health District plan for and direct services in the next few years.

The ten groups were led by an expert facilitator and all followed the same basic agenda. The conversations began with introductions, and two questions were then posed to the group, followed by discussion and then closing remarks. The two questions asked were:

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 and the organizations that work with the Health District?

Issues discussed were brought up by participants or raised by the group facilitator. Although each of the ten 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 in community discussions.

Increasing Cost of Health Care and Health Insurance; Access Issues

One of the most frequently discussed concerns was the increasing cost of health-care services, health insurance, and deductibles and copays for health care, dental care, and prescription medications. Participants noted that people are delaying or not getting care because of cost, and several expressed concerns about what might happen with the recent political changes at the national level. "There's a lot of anxiety when you don't know what's going to happen to your health," said one community member.

Community members noted the difficulty in understanding and determining costs of specific medical procedures. In particular, community members said that health-care providers often do not know the cost of the procedures and treatments they recommend, making it difficult for patients to factor in out-of-pocket costs when making choices about care. Similarly, community members expressed confusion regarding shopping for insurance plans, finding it difficult to determine what is covered and what is not among their choices of health insurance plans.

We also heard concerns about the increasing difficulty of affording dental care. It was noted that dental care is usually separate from regular health insurance plans, and that dental insurance plans have limited levels of coverage. It can sometimes take multiple visits and procedures to treat dental problems, and costs add up quickly. Teledentistry was mentioned as a way to both increase access to more rural areas and help contain costs, utilizing a hygienist who can perform many procedures under the direction of a dentist who has seen the X-rays. Health-care providers also reported gaps in being able to get some specialty oral health care (for example, endodontics, oral surgery, prosthodontics), particularly for those who need sedation and who are on Medicaid or for whom affordability is a big issue, and sometimes for children.

In almost every group, the high cost of prescription medications was discussed, with a sense that drug prices are increasing exponentially. This problem is made worse by great variability in the medications offered and the costs through different health insurance plans. One participant mentioned that Wyoming has a program to recycle medications and wondered if Colorado could develop a similar program.

The participants in the forums for Spanish-speaking persons and economically disadvantaged persons shared many challenges in obtaining needed health care. Even when covered by health insurance, important services such as care coordination, and interpretation were not easily accessible. They also noted that wages are not keeping up with their out-of-pocket health-care costs and that the process of qualifying for assistance can be very frustrating. Participants knew of people who were just over the income limit to qualify for assistance, yet didn't have the financial resources to pay for the care they needed. This resulted in having to make very difficult choices between basic needs including health care, housing, and utilities. Indeed, representatives from local health and human services and government agencies at the discussions acknowledged that this was an increasing problem and that more community members are struggling to pay for their rent, utilities, food, and health care.

Business owners/managers discussed at length the challenges of providing health insurance for their employees. While it is difficult to retain employees without offering health insurance, it is also hard for employers to afford it, and difficult to find a plan or plans that work for all of their employees. One business owner mentioned that the high cost of providing health care ultimately increases the cost of the company's products, which they must pass on to consumers. Others noted that for some businesses, profit levels and revenue streams are so unpredictable and variable that it is very difficult to budget for health insurance for their employees. Others said that they can't offer choice in plans at a reasonable cost. This conversation led one individual to state that "there is no way we could provide health insurance for our employees." Another said, "Health insurance is by far the biggest HR cost for us."

Another business owner noted the difficulty in choosing one "best" health insurance plan. She felt it was inappropriate for her to choose for her employees who had quite different lifestyles, needs, and preferences. She decided to stop offering health insurance for her employees due to the difficulty and gravity of the decision. "I didn't want to pick [health insurance] for my employees and I don't think businesses should pick for employees – it is one of the hardest, most painful things I have to do every year. We don't offer health insurance anymore."

Other employers echoed that it was a difficult decision for them as well. One small-business owner said that the company provides health insurance to all full-time staff and believes it helps with employee retention, but it is a huge expense and burden. Other business owners

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and managers mentioned that the lack of cost transparency across the health-care system was a barrier, and that costs should be published. "When someone works with my business, they know what it is going to cost them before deciding to work with me." Some employers said that they would support health insurance that goes with the person, not the job.

Several employers and nonprofit leaders wondered why small and mid-size employers cannot pool together to have negotiating power to cover their employers.

On a more positive note, many business owners and key government leaders expressed appreciation that the Affordable Care Act (ACA) improved transparency of benefits and made it easier to compare plans. Business and health-care providers noted that the ACA has created a safety net so people can get care earlier, and expressed concern that without it, costs would shift to acute care – they noted a potential impact "if Medicaid expansion goes away." Participants in the community and seniors' forums noted the importance of the ACA for those who have pre-existing conditions, who want to cover their children up to age 26, and for those who receive free preventive care. A primary care provider mentioned the importance of health-care reform in creating innovative services like the Medicaid Accountable Care Collaborative (MACC) team, which provides extensive care coordination for those with complex health-care needs, saying "I can't imagine doing our job without them now."

Participants in the community forum also expressed significant fear of potential changes to Medicare, noting that they and their friends and family rely heavily on its provisions in their later years.

Some mentioned the hope that the change in leadership at the national level would keep what is working well, and fix what is not.

The Need for Mental Health Services

"We have to find a way to fill these critical gaps or we'll continue to waste dollars and negatively impact lives." – Community Leader

Mental health and substance use was a key topic addressed in the community discussions held three years earlier in 2013, and it was again a major point of discussion in 2016. Nine of the discussion groups were held just one week after the defeat of ballot issue Larimer 1A, which asked voters to approve a new tax to create a behavioral health center in our community. Many participants in the 2016 groups stated that they were very disappointed that the issue failed to pass, especially since there was little organized opposition to the tax increase. Government and mental health agency leaders in the groups reflected that "citizens didn't pick up on the need for a behavioral health center and push it forward," and that there should have been more engagement between those creating the ballot measure and local voters. There was conversation around how organizations can work together better in the future to make funding a behavioral health center a reality.

Problems with the current "system" of mental health and substance use treatment were brought up in every discussion group, and participants talked about the gaps in services for those experiencing a

mental health problem. They noted that the current wait time for a psychiatric appointment for adults is 6-8 weeks and is even longer for children and adolescents. Key leaders in mental health were worried about the lack of providers to serve our community as a whole and especially the limited care available for children. They noted that we don't have a good, standardized way to screen kids for social/emotional issues in medical settings, which is related to physician reimbursement. They mentioned that finding behavioral health care for children ages 0-5 was especially hard. They also noted the increasing demand for services "across the board" and they did not anticipate that the number of high needs children and adults was likely to decrease in the future.

Health-care providers noted that behavioral health in primary care is a "game changer" – that addressing mental health improves motivation and health – and that "we don't have enough in our community – primary care needs far more mental health access for patients."

Some participants were particularly concerned about children's mental health and that suicidal thoughts seemed to be starting at younger ages. With the recent increase in child suicides in the community, parents in attendance expressed their concerns about bullying, feeling there was an absence of community education around bullying, especially regarding what parents can do. Participants in the Spanish-speaking group, in particular, said their children were increasingly the targets of bigotry and were being bullied and threatened at school. These episodes were negatively impacting their children's mental health and well-being.

Mental health providers mentioned that clients are coming in with higher levels of anxiety than before, with one saying that "it's a challenge like I've never seen in 30 years of practice."

Mental health providers and leaders alike suggested training for teachers and anyone who works with children in the local school districts (Thompson and Poudre School Districts) and recommended courses in QPR (Question, Persuade, Refer), Mental Health First Aid (helping people identify signs and know what to do) or Mental Health Matters. They also mentioned the need for more formal training around the issue of bullying, and particularly for parents. Another recommendation was including mental health standards in schools (equivalent to academic standards) – in order to catch early signs of

"We are outgrowing our mental health and substance use services."

"The severely ill end up in substitute care like the Emergency Department and jail."

things like ADHD, depressive disorder, etc. – and that other communities have successfully implemented such mental health standards.

It was noted that there are many players in our community working on the mental health needs of children and in preventing youth suicides. One example mentioned was a new addition to the community, the Child, Adolescent, and Young Adult Connections (CAYAC). CAYAC helps fill the gap of very limited resources for child mental health. CAYAC provides brief therapy, child psychology appointments, child psychiatry appointments, and assists with navigating systems of care, as well as connecting clients to treatment, resources, and support.

Across groups, participants noted the lack of substance use treatment and detox programs in our community. Mental health providers noted that medical and mental health providers often miss substance use disorder in their patients. They also mentioned the need for support groups that are not based on 12-step programs for those with substance use disorders.

Health providers also noted that opioids are definitely an issue in our community. A major issue, they noted, is our community's challenge in finding other appropriate pain management, since there is legitimate pain management need, and people in pain are desperate to find relief. One provider said, "As a provider, I am being told (through payment limitations) that I can't use some medications, but I don't have enough other options that work for pain." Another noted that it can take months to get a patient with serious pain in to see a neurologist. They noted that payment for alternative pain management, including cognitive behavioral approaches, is critical, as is provider and community education about pain management.

Many families and professionals also worried about the lack of prevention for substance use. One mental health provider noted that "If I could go back 30 years, I would focus a lot more on preventive care, like human development, and provide community education for youth." They noted that working on prevention can help prevent crisis situations from developing. In the business discussion group, particpants noted that "mental health gets swept under the table," and that "substance use is THE challenge," as well as the need for assistance with stress reduction for employees.

Many of the conversations regarding substance use centered on marijuana, as it was legalized for recreational use in 2014. Mental health providers noted that people are now self-medicating with marijuana to manage chronic pain. One business leader raised concerns on the lack of research and the potential hazards if employees are under the influence of marijuana while operating equipment. A person from a local nonprofit felt that "legal doesn't mean safe, and as a community, we need to provide education and more precautionary measures." Another local nonprofit representative described efforts in working with local retailers on a responsible retailer program. He noted "the dispensary industry wants legitimacy and to be seen as progressive – especially regarding prevention and responsibly limiting access to youth." This nonprofit was partnering with the retailers to have labeling on every package regarding safe storage. Key leaders in mental health also advocated for more funding for preventing marijuana use. Other health and human services providers noted that there are some efforts aimed at educating youth, and the need to "keep kids safe," but mentioned that a large gap also remains in educating adults about marijuana.

Aging Population

A common issue raised in many groups was the aging population and health care. Concerns centered on access to affordable medical, dental, mental health, and preventive health care for older adults, with participants feeling that there was a general lack of knowledge about community resources. Health-care providers in attendance noted the small number of geriatricians in our community – and across the country – and said that it is often difficult for seniors and their caretakers to make

appointments and receive the medical services they need. Some of the health and human services providers mentioned that this was especially an issue for aging residents in rural parts of the county. Others noted that there is a significant need for dentures for seniors who cannot afford them.

A particular issue was dementia and mental health issues – one person mentioned that there are no psychiatrists that will work with seniors, and another commented that mental health issues in long-term care could be managed with better assistance, as well as education and understanding of front line staff, which could lower discharges for mental health or dementia reasons.

"Are we headed for the perfect storm? More elderly, not enough money to live on, lack of enough health services, Medicaid beds being reduced?" - Health and Human Services group participant

Health-care providers noted the need for robust education and support for families and caregivers of those with dementia, early in the disease, noting that it is hard to get placements for people when families bring them to a provider late in the disease process.

Dental providers also noted barriers faced by senior citizens in accessing oral health care, and they advocated for more prevention and education for seniors. "There's no reason that someone shouldn't get to their 100th birthday with all their teeth. It's easier to prevent than deal with it down the line." However, several seniors mentioned that the lack of dental insurance leads them to skip yearly cleanings and checkups and that they only go to dentists for emergency treatment of their teeth and gums.

Health and human services providers noted that our community is looking at a looming shortage of affordable long-term care beds and that there is a lack of knowledge of resources among local seniors and those who care for aging family members. This was also discussed in the seniors' group, with some saying that they did not know where to go when they needed help. One gentleman shared a story of needing information but not receiving it until his problem got so bad he ended up in the emergency room. From one service provider's view his biggest challenge is providing seniors with information and options so they can make informed decisions: "We have resources but people don't know how to get to them!" Another individual noted that seniors will take information only from people and organizations they trust, so if these trusted organizations can educate more people about services, then more seniors would be able to get the care they need.

Participants in the community forum noted the need for families who care for the elderly to have support and assistance, listing in particular the need for understanding their family members' mental health needs, financial management, adapting their homes, and having help negotiating the changes from one level of care to the next. Mental health providers noted that a major issue that they are seeing is a growing need to help people experiencing the stress of caregiving, and that there is very little support for families of elderly who are cognitively impaired.

Many of the conversations regarding seniors and the aging population revolved around the need for cultural change and to educate the community on aging across all generations. One health-care provider noted that, "The stigma is aging, plain and simple." Another brought up the struggle with the

idea of getting older. Many community members also expressed concerns with the lack of advance-care directives and coming to terms with end-of-life care. It was noted that the Health District recently began a program to encourage and assist people in completing advance care directives, with the vision that advance care planning will become a natural and expected part of the continuum of care in our community.

Health issues were not the only issues facing the growing population of senior citizens. During our forums it was brought up that those who most often use the Food Bank for Larimer County's services were age 62 years and older. Many of these older Food Bank clients were coming three to four times a month and "maxing out" the ability of the Food Bank to serve everyone who needs help. It was also mentioned that Meals on Wheels supports a growing list of seniors, providing many of those individuals with their daily nutrition.

Prevention, Wellness, and Patient Education

Several physicians and dentists mentioned the importance of focusing on prevention and wellness, noting the high cost of treating conditions that could be avoided. They wanted to inform their patients that preventing illness and getting care earlier makes a difference, and saves money down the road, and wondered how they could better educate patients on the importance of preventive care. They noted that electronic health records help identify prevention opportunities, but that it can be hard to raise motivation in patients to work on their own health.

A dentist expressed that if more children had adequate nutrition and flossed and brushed their teeth regularly, many dental problems would be avoided: "When there is a foundation of care and patients take responsibility for their health, there are fewer chronic dental problems." One physician said his current strategy is to tell his patients the truth, give them all the information, and tell them what they will face if they do not change their lifestyle habits. However, the need for all health-care providers to be cognizant of cultural differences was mentioned. Providers noted the need to be aware of particular traditions, customs, and dietary preferences when they advocate for their patients to make behavior changes.

Business leaders indicated that efforts to "normalize wellness" might pay off. Numerous ideas were circulated, such as giving employees a half hour certain days in order to get exercise, asking employees not to come in when they have communicable illnesses, getting wellness checks, doing checks for blood pressure and diabetes, addressing weight issues, eating well, stress reduction, and making referrals to mental health services.

Community Engagement

Community resources, engagement, and collaboration were brought up in each community forum. Some participants noted a seeming lack of resources, while others noted that there were plenty of resources available in the community, but that these resources may be hard to find. Some of the Spanish-speaking and economically disadvantaged community members at these forums noted a

particular need for help navigating systems to find resources. This was also noted in the group for seniors. One participant shared the story about needing mental health care for a relative, but he did not know where to look for help. Even though he tried, he was unable to get answers to his questions. His relative's condition worsened until it resulted in a hospitalization. There, at the inpatient facility waiting room, he saw a pamphlet with information that could have prevented his relative from becoming severely ill if he had known about it in the first place.

Consumers may have difficulty locating resources, but those from local organizations discussed the hurdles they face distributing their information and services to the public. This led to a discussion around cross-organizational communication. It was felt that some organizations focused on only what they are working on and that collaborating with other organizations was not always prioritized. One reason stated was "the fear of stepping on another organization's toes." Key leaders, health and human services providers, and those with nonprofit organizations all noted that our community needs to

"The fear of stepping on another organization's toes [prevents collaboration]."

work more on intentional collaboration. This was also discussed in the health-care and mental health providers' forums. Participants noted the many intersections of mental health and physical health and mentioned that these aspects are too often treated separately. They noted it would be best if physicians and mental health specialists worked together to have the healthiest and happiest patients.

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, work, live, and age, as well as the wider set of forces and systems that shape the conditions of daily life and impact people's health. The conversations regarding social determinants of health in our forums focused on challenges with transportation, affordable housing, affordable child care, graduation rates, and economic disparities, including sustainable wages. Health and human services providers, seniors, general community members, and the economically disadvantaged community members all brought up transportation as a barrier. It can take a long time to get where you need to go using public transportation. At the time the forums were conducted, the city's bus system did not run on Sundays. A senior shared a personal story where her husband was discharged from the hospital, but she had no means to get him home. Fortunately, the police, this time, were able to give her husband a courtesy ride home.

A number of discussion participants noted the high cost of housing in our community and that some parts of the city are becoming extremely expensive places to live. Particular housing challenges that

were mentioned include affordability, the need for more permanent supportive housing, and housing for seniors.

The changing demographics of our community were also mentioned, and in particular, it was noted that some communities are experiencing much higher levels of poverty and low incomes than in prior years.

Other Community Concerns

Many topics came up over the course of the ten discussion forums. In addition to key findings and themes already covered, other topics that emerged less frequently included chronic pain, obesity, healthy eating, and active living. The built environment, which includes all of the physical components of communities, was also mentioned, particularly in terms of the ease or difficulty getting from one place to another. A few participants were especially concerned about environmental issues, including air quality and emissions. There was concern about whether the country would lose its progress on environmental protections (such as the Paris Climate Agreement), and whether community members really understood the impact of that. Another participant cited "rolling coal" (where pickup truck drivers intentionally spew black exhaust), wood burning stoves, and outdoor fire pits being hazards for community members, especially to those with heart conditions or asthma or other respiratory illnesses. In addition, the transient and homeless population, as well as women's health and rights, and the needs of these populations were discussed.

Advice from the Community

Many suggestions were given in the discussion groups for how our community could 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 selected challenges in conjunction with other community organizations.

One community member suggested the need for educating the public and local leadership regarding health issues and the social determinants of health: "Leadership needs to help shape policy around these social determinants." Key government and organizational leaders also noted the importance of thinking more broadly than the health-care system. They focused on the idea of creating a community that works for everyone while focusing on populations that are disparately affected, including economically disadvantaged populations, people of color, the LGBTQ community, people experiencing homelessness, and the aging population. A question was raised about whether our municipalities spend less on health and human services issues than other municipalities. In the community forum, a participant suggested that a key role is to give organizations advice on how they can most impact health.

"Leadership needs to help shape policy around these social determinants."

Others gave the advice to assist community organizations with information regarding Medicaid and Medicare, access to specialists, financial supports for health care, and navigating the complex systems to locate resources. They also mentioned the need for a messenger between community members and decision-makers. Seniors specifically mentioned the need to help improve physical and mental health services for veterans and help other community organizations better inform the public about their services.

Health-care providers, including dentists, doctors, and mental health providers, requested help in educating the community on preventive care. Mental health providers specifically mentioned education around trauma, addiction, and homelessness in the community. Health and human services providers and nonprofit organizations also mentioned the need for education as well as training opportunities, and advocacy for more services for children and adolescents in crisis. They supported the continuation of the use of data to drive decision-making. A specific idea was to build up access to what resources are available in our community. Some felt that the local 2-1-1 service that connects people to services and volunteer opportunities may not be up to date and was missing some key specialized information. Seniors mentioned that many seniors do not use computers, so resources need to be available in a variety of ways. Another specific recommendation from the seniors' forum was to be sure that hospital emergency rooms have information available on what families need to know about mental illness.

Key leaders, health and human services providers, and nonprofit organizations supported the fostering of more collaboration among organizations and with the public. One idea was to have an annual fair so that health and human services providers could learn about the services that they all provide. Business leaders supported events for local businesses to network and learn strategies for handling employer-provided health insurance and other options for keeping employees well and productive.

Conclusion

Individuals from the community at large and from various professions and leadership roles shared their perspectives regarding some of the challenges to the health and well-being of the community and what can be done to improve the health of our community. Despite their different backgrounds, participants voiced many similar issues and solutions. These included concerns surrounding the costs of health care and health insurance, gaps in services for mental health and substance use, the need for more prevention and community education, and concerns related to the aging population. Forum participants also shared suggestions for how best to improve the health of community members. The Health District will continue to work in conjunction with other organizations to improve the health of our community.