2019 COMMUNITY DISCUSSION GROUP REPORT

SUMMARY OF FINDINGS

Every three years, the Health District of Northern Larimer County conducts a community health assessment to determine health status and identify health-care needs of Health District residents. The assessment includes a series of community discussion groups and a community health survey of adult residents in Larimer County.

In 2019, 2,532 Larimer County residents (1,682 Health District residents) completed the survey and in November and December the Health District hosted 11 community discussion groups attended by 158 community members.

Discussion group participants came from a wide variety of perspectives, including the the general community, people of varying incomes and housing statuses, different races and ethnicities, a mix of ages including older adults, business and community leaders, health care providers, mental health providers, dental providers, health and human services organizations, and other non profit organizations.

A professional facilitator led each discussion group. While the discussions were allowed to progress naturally, the facilitator presented two leading questions and asked prompting questions to further discussion or get the group back on track. The two leading questions 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?

Each discussion group emphasized different community issues, but common themes emerged across all groups. The Health District's Evaluation Team took an in-depth look at the discussions and used qualitative analysis software to identify the strongest themes and areas of concern within our community. The team found large umbrellas of themes, and subcategories that related to each. The results of this analysis, detailed in this report, will be used to guide planning, development, implementation, and innovation within the Health District.

ACCESS TO CARE

The problems and barriers regarding access to care have been a consistent theme throughout the history of the Health District community health assessments. Participants in previous assessments have voiced concerns over the cost, availability, and confusing nature of health insurance and health care. Transportation barriers to accessing care reemerged as a frequent theme in the 2019 discussion groups.

COST OF HEALTH INSURANCE AND HEALTH CARE

Concerns over the cost of health care and health insurance have been voiced since 2010 and those worries continue to persist.

Members of the community noted that they, or people they know, have neglected to seek necessary care because of concerns about payment. They described the struggle of choosing between paying for health insurance and covering other necessary bills. One community member explained the dilemma this way: "I work full time but I can't afford health insurance, I mean $8k deductibles, $400 premiums—do I pay rent or do I pay health insurance?"

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Not only were participants concerned with the cost of health insurance, they were worried about the cost of health care itself. For example, one community member stated, "I can afford insurance; I just can't afford to use it." As this discussion progressed, participants were frustrated that they paid a monthly fee to have insurance, but the cost of using the insurance was beyond their budget. Specifically, the high price of prescriptions was a source of irritation among participants.

> **"I can afford insurance; I just can't afford to use it."**

In addition, community members discussed their fear of using emergency services due to the high cost. "Emergency transport … would bankrupt nearly everyone in this room," said one attendee.

Participants currently on Medicaid pointed out that while buying in to the federal health insurance program for those needing financial assistance isn't a problem, the co-pays are too high, highlighting the fact that even though affordable health insurance options exist, actually using the benefits is not always affordable.

Some individuals who do not qualify for Medicaid said they still do not have the income to cover the cost of needed treatment and medications. A community member whose household income was just over the limit for Medicaid told the group about his struggle to pay for prescriptions and treatment for his health issues. Additional concern was voiced about lack of transparency regarding medical bills. Actual out-of-pocket costs for patients are hard to determine up front, and health care providers may not know the costs of various treatment options, leaving the patient stressed about the unknown cost of necessary care.

One individual pointed out the shift towards a gig economy and its impact on insurance enrollment. Specifically, if people are working multiple part-time jobs, they likely are not receiving insurance benefits through any of their employers.

CLIENT AND PROVIDER CONFUSION

Regardless of education level or income, community members noted the difficulty of understanding the health care and health-insurance systems. Anecdotal stories were shared about confusing situations that demonstrated the need to consolidate resources, provide health education, and empower community members to take their health care into their own hands.

> **"So many resources, but the resources don't talk to each other! It's hard to navigate everything."**

Not only did community members describe how confusing it was to navigate the health-care system, health-care providers have a similar issue, especially when trying to understand Medicaid. One provider commented, "More providers might be willing to take [Medicaid] insurance if they had a clue on how to figure it out".

A private therapist stated that it would be beneficial to have training and resources for the therapy community on how to bill for different insurance types.

Discussion group attendees noted that a possible solution could be to address health literacy so patients are empowered to take ownership of their health. Additionally, providers ought to simplify language and explain diagnoses, treatment options, and other medical decisions more clearly to patients.

As one person observed, "It's across the age spectrum that people don't know what is available to them. [Our community] is rich in resources. But sometimes it is overwhelming for those in crisis, those who live on a low income, or those who are facing challenges with the aging process. It is something we can continually work on."

Understanding Medicaid and Medicare (the federal insurance program for people over 65 and for certain people with disabilities) was also a point of confusion for community members who use these programs. They complained that Medicaid changes their policies so often that it is hard to understand what is required to qualify and how to use the services that are available at any given time.

Building on the confusing nature of the health-care system, participants also voiced a need for consolidation, coordination, and better advertising of available resources in our community. "So many resources, but the resources don't talk to each other! It's hard to navigate everything," explained one frustrated community member.

Key leaders in the community and in health care also highlighted the need for coordination of resources. They agreed that there is a lack of defined roles and responsibilities of public health and health services organizations.

> **"In the nonprofit sector, we see duplication and gaps [in services]. Who in Larimer County is taking the lead?"**

Multiple groups discussed how they were unaware of the resources available to them. For example, a group member would bring up an issue they were facing and a different group member would explain an existing, local program that addresses that specific issue. Participants mentioned the lack of communication and coordination inter-organizationally and suggested a different tactic than simply handing out pieces of paper that listed resources. Others supported the idea of a clearing house that directs residents to available resources. One key leader noted, "In the nonprofit sector, we see duplication and gaps [in services]. Who in Larimer County is taking the lead?"

BEHAVIORAL HEALTH SERVICES

A number of discussion groups raised concerns over the availability of behavioral health services, with many emphasizing the need for lower cost mental and behavioral health services. A community member who specifically works with youth trying to access substance use assistance stated that most of her clients are referred down to Denver because there are limited options available in northern Colorado. She also mentioned that Medicaid does not cover residential or sober living options.

Many participants acknowledged the complexities of addressing behavioral health issues. For example, some expressed concern that providers are not recognizing addiction symptoms before patients are discharged from emergency care, further perpetuating any issues. A separate concern was raised about inter-generational support groups as someone pointed out that it does not make sense to put a 70-year-old in a support group with 20 year olds. Care providers could create age-brackets so people potentially have more in common and more relatable based on lived experience. Please see "Burdens of Disease" section (pg 8) for more information related to mental health and substance use.

TRANSPORTATION

Transportation and how it impacts one's ability to get needed health care was brought up in every group, a noted difference from previous Community Health Assessments. Participants described the difficulty in getting to appointments if they do not own a vehicle. Multiple community members, primarily those living on a low income, reported that they would use emergency services to get someplace to receive health care because they could not find or afford reliable transportation. They mentioned that free or lower-cost rides are only an option when scheduled weeks in advance. As one health-care professional stated, "Sometimes, the only transportation is emergency services."

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Specific concerns about the ability of older adults and rural community members to get to their appointments were discussed. A community member noted that people outlive their ability to drive by about 10 years, making transportation a major barrier to health care for older adults.

Additionally, participants brought up problems with current programs that are designed to make transportation to health care easier and more convenient. Medicaid patients said that they would be put on hold for an hour when calling to set up a ride. A health-care professional said that a major problem with these services is the "(low) number of drivers, driver trainings, and customer service."

> **"You better not break your leg on a weekend."**

Health-care professionals suggested multiple solutions, some more feasible than others. Overall, the top solution offered was to develop programs that focus on transportation for those who need it most, specifically rural community members and older adults. There was a consensus that developing programs which transport patients from the hospital to their home would be difficult to implement.

A health care provider noted that their organization's policy was not to provide transportation home from appointments is because a driver must make sure that the patient gets into their home. For example, "Say a man hasn't been home for two months and its winter—is the heat on? It's scary to be the last person to drop someone off." Health-care providers defended the lack of transportation services by noting that their organization's policy limits what they can offer. One person believed that the focus should be on empowering families to take more responsibility, stating, "We can't condition everyone to just think 'voucher.' "

Discrimination within transportation companies was also mentioned as a hurdle. "Taxis are refusing to transport homeless people due to past experience," according to one health-care worker. A participant experiencing homelessness described how limited transportation restricts where he could receive care, noting that the Transfort bus that ran from the Blue Spruce campus to Poudre Valley Hospital did not run on weekends. He summarized this situation by claiming "You better not break your leg on a weekend".

PROVIDER AVAILABILITY

Enduring long wait times to get an appointment was a concern raised primarily among low income community members and those depending on safety net services. Some community members expressed frustration over both a lack of availability of appointment times and not enough options for care. People pointed out that some facilities that could relieve the backup do not offer walk-in hours.

QUALITY OF CARE

While subpar quality of care was mentioned across all discussion groups, this concern was most prominent among those participants living on a low income and/or from groups commonly facing discrimination based on gender, race, ethnicity, or housing status.

Three major subtopics relating to quality of care were identified: perceived discrimination, lack of time spent with patients, and treatment plans.

> **"They're putting a bandage on a battle wound. They're not fixing the problem, they're not even addressing it."**

There were multiple participants who felt doctors did not understand the severity or complexity of their illnesses and chose to give them a simple solution that was not fully addressing the long-term issue. Discussion group participants expressed frustration with a lack of comprehensive treatment plans that could treat the root cause, rather than just the symptom. Further frustration was expressed at the doctor's readiness to prescribe pills, rather than lifestyle changes or alternatives to medication. As one community member put it, "They're putting a bandage on a battle wound. They're not fixing the problem, they're not even addressing it."

The concern over a lack of personal, comprehensive treatment plans stem from the patient perception that medical professionals are not spending enough time with each patient. Community members, specifically those who utilize safety net medical providers, felt that health-care providers did not allocate enough time to evalute their needs and quickly prescribed them inadequate treatment plans to get them out the door.

DISCRIMINATION

Some patients felt as if their inadequate treatment plans and the lack of time spent with them was due to discrimination against the economically disadvantaged, as well as a lack of compassion for their situation. A participant experiencing homelessness told a story about how he felt harassed because of his socioeconomic status at a medical facility. This, in turn, made him not want to seek out care in the future because he was discouraged by the encounter.

Some solutions were discussed as one participant suggested that doctors undergo "compassion training" to better serve everyone in the community regardless of their work or housing situation.
One community member said that perceived discrimination pushes people to not use preventative or non-emergency services. He said, "When everyone is discriminating against you, you have no choice but to go to the ER."

COMMUNITY DYNAMICS/ SOCIAL DETERMINANTS OF HEALTH

HOUSING

Housing was a major topic discussed in multiple discussion groups, with references to rising housing costs and the lack of acceptable affordable housing options. A nonprofit leader emphasized that "We need to put health and housing in the same sentence."

Participants voiced apprehension and frustration with the rising costs of housing in our community because the lack of housing is a health issue. Many participants stated that they are unable to afford rent/mortgages, childcare, health insurance, and other necessary bills. One person noted the connection between mental health and housing prices, "The stress of increasing housing prices is impacting people's general mental health." Those living on lower incomes or fixed incomes were particularly concerned, although increasing housing costs was an issue recognized by all groups.

> **"Permanent supportive housing is a key factor for people not to just cycle through the system. [We] need to stabilize people where they are at."**

Older adult community members noted that they have lived in the community for many years, but now are being priced out of their housing. A local leader shared that "more than half of our population has a concern about housing. Definitely elders are concerned about housing. We have to bring services along with housing to certain high-need populations."

> **"The U+2 Rule is directed at college students, but older adults aren't having raves and putting couches on the roof or anything."**

Additionally, community members have observed that wages have not increased at a comparable rate with the increased cost of housing, causing decreased buying power in the hands of the consumer. This adds to the stress of finding permanent housing, further impacting the health of our community.

Community members also expressed dissatisfaction with current affordable housing options, with special focus on a lack of emergency and permanent housing services for those under 18. The current programs are not addressing root causes of the issue: "Permanent supportive housing is a key factor for people not to just cycle through the system. [We] need to stabilize people where they are at."

Members of the community who participate in addressing housing issues made it clear that these programs are not long-term solutions and expressed frustration with the strict rules enforced in these programs (i.e. no pictures on the walls, limited visitor hours). They voiced the need for a long-term solution, rather than temporary fixes.

The U+2 Rule was discussed multiple times in different discussion groups. The older adult population complained that while they understand this rule's primary intent is to limit rowdy college homes, they are prohibited from living and sharing expenses with other people their age because of this policy. "The U+2 Rule is directed at college students, but older adults aren't having raves and putting couches on the roof or anything."

CHILD CARE COSTS / WORKFORCE

A growing concern among community members focuses on the sky-rocketing cost of childcare. A community member described putting their own health care needs on hold and avoiding treatment because childcare either costs too much or is too difficult to locate.

Participants repeatedly discussed not only the lack of an early childcare workforce, but also problems associated with the high turnover rate in the early childcare profession. "We could use 1,000 more people in the early childcare workforce!" one professional insisted.

Others pointed out that the high turnover rate among early childcare teachers could have a negative impact on our community. **"There is a lack of continuity in childcare. [Parents] can't afford to work or go to school and we're causing problems for young children with attachment issues that relate to mental health."** One mom also expressed that it made more financial sense for her to stay at home with her children then continue to pay childcare costs.

RACE AND REPRESENTATION

Key community leaders admitted that they had limited information about the health issues of marginalized communities, specifically mobile home parks and Spanish-speaking families. Leaders stated that people in these particular populations are not participating in traditional data collection efforts, and thus are not represented in the decision-making process regarding programming and policy. These leaders expressed the need for community outreach tailored to these groups in order to gather quantitative and qualitative data that could better inform programs and policies "The data we have doesn't illuminate the disparities we have in our community, and there isn't a sense of urgency to allow for oppressed people experiencing those disparities to be able to share that information."

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Members of these communities echoed and verified the need for more information on underrepresented communities. A participant in the Spanish-speaking discussion group explained, "Latinos need to be involved in community politics; nobody is inviting those folks in. I never see anyone who looks like me. What are we doing as a community that is telling people like me that you aren't welcome here? Larimer County needs to be intentional." Others echoed this concern, insisting that they would feel less stress and more acceptance if they were represented in local community issues. **"The stress keeps them in the shadows,"** as one participant described. Concerns over documentation status is causing chronic stress among the area's Hispanic community which may lead to members developing substance use disorders.

Community members are worried about the plight of undocumented immigrants, particularly children. They voiced concern about the effects of trauma, like being separated from their parents, and how these experiences can have negative impacts on their future.

Health-care professionals explained that it is difficult to treat undocumented immigrants and there is confusion about where they can go to receive help. Some participants were disgruntled that the Health District does not help undocumented immigrants, as Colorado law prevents the Health District from providing public assistance to undocumented individuals unless it is an emergency or caring for a child.

BURDENS OF DISEASE

ADDICTION

Discussion group participants often mentioned the multi-faceted problem of drug and alcohol addiction in our community, highlighting the physical and emotional effects that addiction can have, as well as the stigma surrounding addiction. Participants agreed that many people are not receiving necessary care to address their addiction because they do not want to face the stigma that comes with seeking treatment.

> **"Addiction stems from mental health, you can't really separate the two."**

One community member stated, "Addiction deserves the same respect as other diseases". This comment led to a separate discussion regarding the need for an increase in quantity and quality of mental health services that focus on addiction.

Citizens voiced concern about alcohol use across all ages and populations. "Alcohol use in the community is also a problem. Continuing to just talk about opioids misses the bigger picture. There's an awareness issue—since alcohol is legal, people think it must be OK. Access to alcohol is overwhelming."

In terms of smoking, an addiction therapist added that addiction to tobacco is particularly prominent in marginalized communities.

Concerns about the increased prevalence of methamphetamine users was discussed. One community member stated that they have seen meth use span across all socioeconomic and racial groups but specifically mentioned the increase of meth use in mobile home parks.

GENERAL MENTAL HEALTH

Stigma surrounding mental health issues was discussed as well as the lack of mental/behavioral health care providers. Health care providers, specifically those already employed in the behavioral health field, spoke about the lack of psychiatrists and psychologists. A suggestion was made to build capacity within the primary care system by training primary care physicians (PCP) to manage medicine for their patients, rather than requiring patients to see a psychiatrist. However, it was noted that some cases are far too complicated to be handled by a PCP and there is an urgent need for more psychiatrists in our community.

> **"I explained to the psychiatrist that there was no pill they could give me to help me with what I'm dealing with—racism and social injustice. We want a doctor that looks like us and understands who we are."**

Community members discussed how difficult it is to have a mental health issue as a person of color in Larimer County. There seems to be a gap of understanding in this area regarding diverse populations. In particular, they said that psychiatrists are generally not sensitive enough to the unique difficulties and stressors that people of color face. One community member stated, "I explained to the psychiatrist that there was no pill they could give me to help me with what I'm dealing with—racism and social injustice. We want a doctor that looks like us and understands who we are."

As one therapist put it, "We need culturally competent treatment, not based on income." The participants stressed that there needs to be more non-religious addiction services for those who do not hold the same beliefs.

AGING

Participants discussed a variety of concerns regarding our community's aging population. A lack of mental/behavioral health providers who specialize in geriatrics was identified as a big gap in our system that should be addressed with urgency. As one mental health provider put it, "There is a need for a specialist who can understand the difference between diagnosing dementia, substance abuse, and other mental health issues. When not diagnosed correctly, clients get misplaced."

Other major themes included the need for insurance coverage in retirement, confusion around Medicare benefits, and how to connect with all of the community resources for older adults.

Discussion group members mentioned training and using care coordinators to better help older adults navigate the health care system. There is a lot of existing confusion around what Medicare covers or provides with no clear solution for who can address those questions and concerns. Some participants said that the current care coordinators are not educated or informed on certain aspects of Medicare.

> **"Without health insurance coverage, it's hard to act on the knowledge that you may have."**

In addition, a lack of coordination of resources was also pointed to as an ongoing problem for older adults. There are a variety of programs and institutions that aim to help this specific population, but awareness seems to be lacking, "There aren't coordinated resources for our aging population the way there may be for cancer or other medical issues," one person said.

While there is a need for both coordination and overall awareness of health information and resources, "Without health insurance coverage, it's hard to act on the knowledge that you may have."

As a result, people feel the need to continue working even when they want to retire to keep their insurance and avoid the confusion of public benefits and options after age 65. They also worry that they cannot afford Medicare copays or paying out of pocket for dental, vision, or hearing services that may not be covered by Medicare without purchasing supplemental plans."

CAREGIVERS AND LONG-TERM CARE

When an older adult needs daily help or supervision, hard choices have to be made since many people cannot afford assisted living facilities while others want to remain in their homes and in a community where they are comfortable.

Many participants stressed a need to focus on the health of caregivers for older adults as well as older adults themselves. Community Nurse Assistants (CNAs) are in short supply, or families have no savings to pay them, so family members or loved ones are left with the burden of becoming a caregiver. This poses a great challenge, as these people are generally not trained to be caregivers and causes stress on both the person and their caregiver. **"I see that affecting mental health. Caregivers suffer from mental health issues,"** one person noted.

Caregiver burnout was a common concern among individuals and it was recognized that CNAs often leave their roles for higher paying jobs, creating frequent turnover. It was suggested that pay should be increased and better incentives should be created to mitigate this turnover

SUGGESTIONS:

The 2019 discussion groups identified a wide variety of challenges, such as gaps in access to care, confusion over what services exist, challenges in navigating the health care system, challenges in social determinants of health, such as housing and transportation, and much more. Participants proposed a number of suggestions for the Health District to partner with other agencies, or become a more vocal advocate for solutions.

Some of these suggestions include: Creating a resource clearing house for northern Colorado; Facilitating frequent intra-agency collaboration among patient navigators and inter-agency meetings with area navigators to provide up-to-date information on available resources (including Medicaid/Medicare and local providers accepting those insurance programs); Teaching public health literacy courses and hosting presentations on the roles and responsibilities of public health agencies in Larimer County; Creating workshops for regional health-care providers about culturally competent care and understanding the concerns of diverse populations; and creating a transportation task force to find reliable, affordable ways to transport patients to and from appointments and to pick up prescriptions, eliminating the use of emergency response vehicles for non-urgent services.

Although these groups represented different populations, socioeconomic statuses, and perspectives, the issues and concerns were consistent throughout. Overall, the 2019 community discussion groups play a crucial role in informing and educating the Health District about the lived experience of those in Larimer County.