

Community Health Needs Assessment Appendix III

Community/Agency Qualitative Research

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I. EXECUTIVE SUMMARY

Executive Summary: Introduction

One requirement of the Community Health Needs Assessment (CHNA) process is to obtain insights into community healthcare needs from stakeholders who constitute, represent, and/or serve the communities of focus.

SoutheastHEALTH addressed this requirement in several ways:

- 1. Utilizing county-level data from the most recent Behavioral Risk Factor Surveillance System (BRFSS) survey of community members. This survey was an important data source for Appendix I: Epidemiologic and Socio-Demographic Analysis.**
- 2. Distributing an online questionnaire to give all of the members of the Healthy Communities Coalitions in the area an opportunity to respond.**
- 3. Conducting in-person focus groups with the Healthy Communities Coalitions in Cape Girardeau County and Ripley County.**
- 4. Obtaining perspectives of members of the SoutheastHEALTH Boards, following a presentation of the secondary data analysis. Board members include leaders in business and government, educators, and healthcare professionals with deep involvement in the community.**

This report summarizes the findings of the online survey and focus groups.

Executive Summary: Key Findings

Survey respondents and focus group participants identified the strongest perceived health-related needs in the community, based on their agencies' experience as well as personal insights:

- **Access barriers**
 - Financial barriers (un- or under-insured; lack of providers accepting patient's insurance)
 - Transportation
 - Limited local healthcare resources in outlying communities
 - Low socioeconomic status, affecting the resources and lifestyles of families
- **High incidence conditions vs. limited resources**
 - Behavioral health conditions, including alcohol and chemical dependency: lack of residential treatment centers as well as outpatient care for youth through adults
 - COPD, perhaps smoking-related
 - Diabetes
- **Risk factors**
 - Tobacco use
 - Obesity
- **Healthcare provider limitations**
 - Lack of dental providers, including those who would accept Medicaid or sliding scale payment
 - Limited long-term care services
 - Limited orthopedics providers accepting Medicaid
 - Limited dialysis services
 - Hospital staffing turnover or shortages
 - Narrow provider networks that limit some patient's access to certain services

Executive Summary: Opportunities for Health Enhancement

Participants suggested specific programs and approaches to enhance the health status of the community:

- Preventive initiatives – along with reducing the barriers to access, such as low awareness, insufficient (or no) insurance coverage, and transportation
 - Basic preventive screenings
 - Smoking cessation
 - Addressing the precursors of diabetes
 - Accessible fitness facilities
- Expanding behavioral health programming
- Care management services, ranging from enrollment of individuals who qualify for assistance to active disease management
- Leveraging technology to facilitate access, bringing care to the community: tele-health visits, apps, mobile vans, etc.
- Addressing children’s health knowledge and behaviors through expanded in-school programs that “trickle up” to other household members
- Expanding community awareness of available health-focused programs and resources



II. ONLINE SURVEY WITH HEALTHY COMMUNITIES COALITION

Methodology

- **The online survey was distributed to members of the Healthy Communities Coalitions in Cape Girardeau, Ripley, and Stoddard counties.**
- **To date, nine completed responses were received, representing the perspectives of individuals and/or agencies involved with healthcare in multiple roles, as consumers, community coordinator for a non-profit agency, healthcare providers, and government employees.**
- **Respondents addressed questions related to:**
 - **Unmet needs in the community**
 - **Challenges facing local healthcare resources, including SoutheastHEALTH**
 - **Opportunities for SoutheastHEALTH to better serve the community**

Audiences for Online Survey

Cape Girardeau County Healthy Communities Coalition

- Around the Clock Medical Alarms
- Cape Girardeau County Public Health Center
- City of Cape Parks & Rec
- City of Cape Parks & Rec
- Community Caring Council
- Community Caring Council
- Cross Trails Medical Center
- EPIC (Early Prevention Impacts Community)
- First Midwest Bank
- Gibson Recovery Center
- Jackson R-2 School District
- Laughing Stalk Farmstead/Cape Girardeau County Public Health Center
- Missouri Department of Health and Senior Services
- Saint Francis Medical Center
- Southeast Missouri State University
 - Department of Nursing
 - Department of Dietetics
- SoutheastHEALTH
- TNT Fitness

Stoddard County Healthy Coalition Group

- Physician of Stoddard County Rural Health Clinic
- Regional Healthcare Foundation
- Stoddard County Health Department
- Colonial Home Care
- Dexter Chamber of Commerce
- Cypress Nursing Facility
- Child Development Center
- Stoddard County Health Department
- Southeast Missouri Behavioral Health
- Central Gardens Residential Care Facility
- American Lung Association
- Representatives from SoutheastHEALTH

Ripley County Community Advisory Group

- Ripley County Rural Health Clinic
- Outgoing County Commissioner
- The Colonial Retirement Home
- Colonial Home Care
- Walnut Street Assisted Living
- Ripley County Memorial Hospital Board Members
- Ripley County Health Center
- Department of Health & Senior Services
- Active Community Members

Unmet Needs in the Community

- **More providers who accept Medicaid, uninsured, and underinsured patients – including specialists, dental services, and preventive (primary) care**
- **More behavioral health services, including residential, inpatient, and outpatient for both youth and adults**
- **Providers/specialists and programs focusing on diabetes management – for both children and adults**

Challenges Facing Local Healthcare Resources (Including SoutheastHEALTH)

- **Barriers to access, such as lack of insurance or inability to afford co-pays, limit use of existing services among some segments that need care.**
- **Financial challenges due to regulation, levels of insurance coverage, and healthcare costs**
- **Stability of staffing levels, in a competitive environment**
- **Exclusive provider networks that lock out some patients**

Opportunities for SoutheastHEALTH to Better Serve the Community

- **Preventive initiatives**
- **Behavioral health care, especially for youth**
- **Expansion of services that address unmet needs: behavioral health, NICU**
- **More collaboration among disciplines, enhancing access and continuity of care**
- **Addressing access and affordability barriers to ensure greater use of preventive care**
- **Leveraging technology, such as tele-health visits, apps, and mobile vans to facilitate access to providers**



III. FOCUS GROUP IN CAPE GIRARDEAU COUNTY

Methodology

- One focus group was conducted with members of the Cape Girardeau County Healthy Communities Coalition.
- Twelve coalition members attended, representing 10 agencies. *(See list of agencies. →)*
- Respondents addressed questions related to:
 - Health-related challenges facing the community
 - Perceptions of community healthcare providers
 - Level of partnership around community health issues
 - Potential solutions to address challenges and unmet needs

- Cape Girardeau County Public Health Center
- City of Cape Girardeau Parks & Recreation
- Community Caring Council
- Cross Trails Medical Center
- Early Prevention Impacts Community (EPIC)
- First Midwest Bank
- Jackson R-2 School District
- Missouri Department of Health and Senior Services
- Saint Francis Medical Center
- Southeast Missouri State University

Assessment of the Health of the Community

- **Community health level:**
 - Differs widely, ranging from very healthy to very unhealthy.
 - Overall, this area ranks below state averages, with Cape County ranking higher than most of the other southeast MO counties.
 - Tobacco use rates in the “Boot-heel” area are much higher than other areas of the state.
- **Factors perceived to affect level of health:**
 - Income
 - Access to health care (especially in the counties outside of Cape Girardeau)
 - Access to healthy options
 - Cultural challenges

Most Important Community Health Issues

- **Perceived issues – “lack of ...”:**
 - **Knowledge about how the choices made now will impact health in the future**
 - **Motivation to change unhealthy behaviors**
 - **Awareness about what services and programs are available**
 - **Education**
 - **Supportive family traditions and cultural norms**
 - **Mental health services**
 - **Affordable and convenient health care**
 - **Time (lack of time/higher value on convenience)**
- **Potential solutions:**
 - **Implement more dieticians in schools to help kids learn how to cook and eat healthy.**
 - **Implement more prenatal education.**
 - **Ensure sustainable community policies to make sure all residents have access to what they need (schools, playgrounds, medical services, etc.).**

Perceptions of Community Health Services

- **Physicians/Providers – Perceived Gaps**
 - Orthopedic care – physicians not accepting Medicaid
 - Psychiatry – people are in desperate need of medications
 - Mental health services – insufficient
 - Rural counties – lack of specialists and have to travel far for services
 - Underinsured – can't afford to go to the doctor because of high deductibles
 - Coverage for the uninsured
- **Physicians/Providers – Perceived Quality of care**
 - Community has the perception that there are better doctors in St. Louis and that it is less expensive there.
 - This community is viewed as a “regional provider”; there's a sense that this helps get highly qualified physicians, but also that the cost is much higher.
 - The presence of teaching hospitals in St. Louis is appealing – viewed as more “cutting edge.”

Perceptions of Community Health Services *(continued)*

- **Ambulance**
 - Expensive in rural areas
 - No competition in Cape Girardeau County – drives up cost
- **Mental Health and Alcohol/Chemical Dependency Treatment**
 - Definite lack; only two treatment centers in Cape; long wait to get a bed; insurance coverage/issues and distance also affect access to treatment
 - Youth treatment: almost nonexistent
- **Health Care for Children**
 - Not many specialties for children, including Pediatric Endocrinologists to treat Diabetes (Type 1), no Pediatric ENTs, Pediatric Cardiologists, etc.
 - There is an adequate supply of regular Pediatrics for Primary Care.
- **Preventive Health Care**
 - There is a perception that health care is not for prevention, only for when you get sick.
 - Some feel the services are available, but people choose to not access it.

Perceptions of Community Health Services *(continued)*

- **Nursing Home**
 - **Not enough availability in the outlying counties.**
 - **Some facilities better than others in Cape County, with some just meeting standards**
 - **Resident's payer source – perceived to play a role in the quality of care they receive**
 - **A gap between the transition from “we can't do anything more for you” to hospice – but great quality of hospice care in this area**
- **Dental Care**
 - **Inadequate availability for the lower socioeconomic category**
 - **People don't usually seek preventive dental care, only when they are in pain and in need of services.**
 - **Lack of knowledge about the importance of going to the dentist and the link to underlying conditions**
 - **No Pediatric Dentistry available**

Community Involvement Around Preventive Services and Reduction of Risk Factors

- **There is good community engagement in these types of partnerships/coalitions, but mostly from professionals and organizations, not necessarily individual citizens.**
- **People are more likely to advocate when it's within the realm of their job specifications.**
- **Efforts tend to follow funding, which isn't always available.**
- **There is not much (consumer) advocacy; generally only because of a recent issue that developed.**
- **For someone to get involved, it seems like something has to touch them personally.**



III. FOCUS GROUP IN RIPLEY COUNTY

Methodology

- One focus group was conducted with members of the Ripley County Community Advisory Group of Ripley County, MO.
- Ten of the coalition members attended, representing 9 agencies. *(See list of agencies. →)*
- Respondents addressed questions related to:
 - Health-related challenges facing the community
 - Perceptions of community healthcare providers
 - Level of partnership around community health issues
 - Potential solutions to address challenges and unmet needs

Ripley County Community Advisory Group

- Ripley County Rural Health Clinic
- Outgoing County Commissioner
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- Colonial Home Care
- Walnut Street Assisted Living
- Ripley County Memorial Hospital Board Members
- Ripley County Health Center
- Department of Health & Senior Services
- Active Community Members

Most Important Community Health Issues

- **Specific Health Conditions**

- **COPD**
- **Diabetes**
- **Multiple factors affecting especially midlife women: obesity, depression, diabetes, heart disease – some potentially related to impact of smoking; increasing depression perceived as related to declining health status**

“At one time a group tried offering diabetic help meetings, but ended up with a lot of no-shows after a few weeks. The people just give up and don’t commit to getting healthier; there’s no support to continue.”

- **Other chronic diseases, especially those related to tobacco use**

- **Lack of Services**

- **No dialysis unit available locally**
- **No resources or help for the disabled or elderly to fill out paperwork to get enrolled in programs/services available to them**
- **Perception that services for management of chronic conditions are insufficient**

Most Important Community Health Issues (continued)

- **Health Plan Coverage**
 - **Lack of awareness of what programs/services are available for that population**
 - **Hard to keep up with what has been paid by Medicare; seems like people end up paying for things they may have not had to pay for**
 - **Substantial cuts from Medicaid and Social Services lead to a lack of resources.**
- **Family Structure and Influence**
 - **Lots of single parent families in this county and families, with grandparents raising the kids**
 - **Reliance on the schools to feed children in lower socio-economic level families**

“Healthy food is more expensive; it’s cheaper to eat unhealthy than to eat healthy.”

“Parents of the lower socioeconomic status kids are fine with their kids going to school to eat instead of at home, since they would rather spend their money on beer and cigarettes.”

Proposed Solutions to Address Community Health Issues

- **Advocacy program**
 - To educate people on what services and program are available; help them enroll; with dedicated full-time staff
- **Education/programs that facilitate a healthier lifestyle**
 - **Focus on younger age groups**
 - *“Start educating the younger ages on the importance of a healthy diet, exercise, and positive lifestyle changes.”*
 - *“Change has to start with school age; the older group is not as likely to change their behaviors. However, parents still have to be in charge of their kids and hopefully the parents will become interested in what their kids bring home from school.”*
 - *“Need to try and break the chain through the kids, educate them and get them on the right path to begin with.”*
 - **Build on existing programs**
 - *“Some schools in Ripley County have a grant that offers before- and after-school programs for children, with art activities, extra library time, a meal after school, and sometimes physical activity. They would likely welcome someone to come in and talk to kids about healthy lifestyles.”*
 - *“Ripley County also has a Youth Coalition that focuses on using tobacco where the University Extension, Health Department, and Behavioral Health from Poplar Bluff go in and do different classes on smoking.”*
 - *“There used to be a program to show kids how to brush their teeth that made a big impression; would be good to implement a program like that again.”*

Key Findings: Opportunities for SoutheastHEALTH and the Coalition to Better Serve the Community

- **Start a Head Start program to serve the lower socioeconomic segment.**
- **Open a fitness facility with indoor equipment, a track, and programs for all ages.**
 - **At present, there are no gyms available in the area; only the armory is available for walking, but isn't utilized much.**



III. FOCUS GROUP IN STODDARD COUNTY

Methodology

- One focus group was conducted with members of the Stoddard County Healthy Coalition of Stoddard County, MO.
- Ten of the coalition members attended, representing 12 agencies. *(See list of agencies. →)*
- Respondents addressed questions related to:
 - Health-related challenges facing the community
 - Perceptions of community healthcare providers
 - Level of partnership around community health issues
 - Potential solutions to address challenges and unmet needs

Stoddard County Healthy Coalition Group

- Physician of Stoddard County Rural Health Clinic
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- Stoddard County Health Department
- Southeast Missouri Behavioral Health
- Central Gardens Residential Care Facility
- American Lung Association
- Representatives from SoutheastHEALTH

Most Important Community Health Issues

- **Specific Health Conditions**

- **COPD**
- **Diabetes**
- **Multiple factors affecting overall health wellness in addition to smoking: obesity, depression, diabetes, heart disease – some potentially related to impact of smoking; increasing depression perceived as related to declining health status**

“At one time our group tried to obtain community support for a smoke-free community, the initiative failed to pass through the community council.”

- **Other chronic diseases, especially those related to tobacco use**
 - **Behavioral health services especially for youth.**
 - **Perception that some services for management of chronic conditions are insufficient**
- **Health Plan Coverage**
 - **Lack of awareness of what programs/services are available for that population**
 - **Hard to keep up with what has been paid by Medicare; seems like people end up paying for things they may have not had to pay for**

Proposed Solutions to Address Community Health Issues

- **Advocacy program**
 - To educate people on what services and program are available; help them enroll; with dedicated full-time staff
- **Education/programs that facilitate a healthier lifestyle**
 - **Focus on younger age groups**
 - *“Start educating the younger ages on the importance of smoking cessation, healthy diet, exercise, and positive lifestyle.”*
 - **Build on existing programs**
 - *“Stoddard County has a Youth Coalition that focuses on using tobacco and actively engages community about the harmful effects of use.”*