

2015 Island County

Community Focus Groups

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Introduction

What does Island County need to be a healthier place to live, learn, work, and play?

Our opportunity for health starts long before we need medical care. Everyone in our community should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background. And we all should have access to health care and support services for those times when our health is poor.

A series of eight focus groups were conducted with residents of Island County as part of a broad community health planning process for Island County, Washington. The results of these focus groups will go into the Island County Community Health Assessment Report, and distributed widely throughout the county and region. The Community Health Assessment is used by community leaders, agency directors and staff, service providers, and community groups to help make informed decisions about what health needs exist in our community and what work needs to be done. The Community Health Assessment is the first step in our Community Health Planning Process and will be used to identify community-wide priorities to improve our health and quality of life.

Island County Public Health, along with its partners from the Island County Community Health Advisory Board, Board of Health, and local agencies, thanks all community members who participated and helped us better understand what Island County needs to be a healthier place to live.

More information about the Island County Community Health Planning Process can be found at the Island County Public Health webpage: www.islandcountyahc.org/page/89

Methods

Topic Guide Development

The topic guide was created from a model guide developed by the National Association of City and County Health Officials. Questions were adapted by Island County Public Health staff, with feedback from the Community Health Advisory Board, and the North Sound Regional Assessment Team. See Appendix A for a full copy of the topic guide.

Recruitment

Focus groups were scheduled to be conducted with sub-groups of the Island County population that have been identified at the state or national level as a population with health disparities compared to the wider population, or were under-represented by the community-wide survey conducted in August 2015. Specific populations targeted for recruitment included:

- Hispanic/Latino
- Filipino
- Black/African American
- Lesbian, Gay, Transgender, Bisexual and Queer (LGBTQ)

Community Health Advisory Board, Community Health Assessment Team, and Board of Health members helped to organize groups and recruit participants. Active recruitment was conducted during the months of June through November 2015. Community leaders, organizations, and individuals known to be connected with each of these sub-populations were contacted via phone, email, and in-person meetings, and asked to support the organization of and participation in these focus groups. Printed flyers and emails were distributed at locations and through networks identified by members of each sub-population.

Participant Demographics

A total of eight focus groups were conducted between August 11 and November 19, 2015.

Three focus groups were held with members of the Community Health Assessment Team, comprised of current or former service providers from a broad spectrum of disciplines. A total of 12 CHAT members participated.

Three focus groups were conducted with individuals identifying as lesbian, gay, bisexual, or transgender (LGBT), totaling xx participants.

Two focus groups were held with members of the black and African American community. A total of 6 participants represented this community.

Defining a Healthy Community

Across all focus groups, two major themes emerged regarding characteristics of a healthy community. The availability of services to support an individual’s basic needs included many sub-themes or definitions, but there was consistent reiteration of the provision of this support. Connection of individual community members with each other – whether through their physical location as neighbors, or volunteer or social opportunities, or some shared trait – was the most frequently discussed characteristic of a healthy community.

Theme 1: Meeting Basic Needs of Individuals and Families

Specific basic needs discussed by participants included:

- Housing
- Education
- Food
- Social Interaction
- Clothing
- Heat
- Medical Care
- Mental Health and Substance Abuse Care

One individual summarized these sentiments in this statement:

“Maybe just adequate resources to meet basic needs....Do we have enough food access? Do we have enough affordable housing and shelter? Do we have sufficient clothing, heat?... Do we have sufficient access and providers for basic health care?...Is there affordable, accessible, broad range of activities for people to participate in?”

Associated with this provision of services was the importance of integration and cooperation between existing service providers. As a participant stated,

“Everything, whether you are talking about housing, or health or whatever so the more that we can help people in a wraparound service where they know what’s available and how to connect with it and how to stretch those resources that we have as much as we can by good communication”

Theme 2: Community Connections

Several sub-themes were expressed within the context of social connections and how individuals within a community interact.

Diversity

Diversity among community members – in age, income, race, religion, skills or sexuality – was frequently expressed as an important quality of a health community that both drew people together, and added to an individual’s quality of life. Closely aligned with this desire for diversity was acceptance of that diversity by all members. One participant noted,

“Well, one [quality of a healthy community] I would say, is that a community that is able to accept the diversity within its own population. I mean it’d be nice if they accepted the diversity in the entire world, but at least within their own boundaries.”

Another individual commented on the importance of flexibility when diversity leads to changes in the community.

"A healthy community involves generations that I think it's important that there is a deep listening within, all the phases of life as we go through. And that healthy communities are flexible to meet the demands, the changing demands of that community."

Opportunities to Connect

Social activities – whether organized community events, volunteer opportunities, gathering of friends, or small interactions between neighbors – were mentioned often as a basic need, among food, health care, and shelter.

Some individuals connected this theme with that of diversity, noting that it is these types of interactions that help bring greater acceptance of diverse community members. One individual described a volunteer experience that brought together individuals from multiple communities in Island County:

"Not to put a damper on that but it is also the case that there are different communities on Whidbey that probably have that kind of sharing among themselves but they don't cross over very much...And I think that kind of example and experience for people [that break those boundaries], helps people get to know each other as human persons, in spite of their difference. Their difference aren't even part of the conversation."

Size of Community

The size of a community – both in geography and population – was noted as an important characteristic that supports, but is not inherent to, a healthy community.

"A healthy community involves a size that we can chew. That we are not biting off more than we can chew or there's more population for us to consider than the small group that wants to support it."

A smaller size was perceived to provide a more accessible environment, where community members felt they could participate and see the impact of their work. This involvement of community members for the “common good” was then associated with a healthy community.

"To make a healthy community you have to be willing to give."

This belief that a small community supports more involvement and connection between members, however, was juxtaposed by the desire for increased collaboration between the communities that compose Island County, and recognition of the value when those boundaries are crossed. Fostering a “sense of community” while also creating a willingness to help individuals in the wider community of Island County was the challenge put forth to residents and leaders.

Additional Characteristics of a Healthy Community

Other characteristics of a healthy community mentioned by participants included economic security, safety, open and healthy environment, and investment in prevention-based services.

Health Care System

Access to health care – in all its shape and sizes – is for many a core element in defining and evaluating their health. Naturally it was a primary topic of conversation by focus group participants. Themes were wide-ranging and numerous, from how to attract health care providers to come and stay, collaboration between our military and non-military health care services, impacts of the Affordable Care Act and remaining gaps in services, and our system's ability to adapt to an aging population.

Theme 1: Improved communication about the availability of health-related services will improve access to care for many.

New residents, long-time residents with new health care needs, individuals with limited English skills, and low-income residents seeking out free or low cost services all would benefit from improved communication of services that are available by Island County providers. Many noted that services exist, but it is the knowledge of availability and how to access those services that remains a barrier.

Translation

The increasing racial and cultural diversity of Island County was noted by several participants, and the limited availability of written materials in their language and translating services as a barrier to accessing care.

"I think with the language barrier and not knowing where they will get the resources like let's say, they want breast care, they want, let's say, eye checkup or basic checkup. Because they don't have insurance, they don't know where to go."

Comprehensive Source of Information

A point of frustration by several participants was the lack of a comprehensive source of information on the availability of health care services. A new resident to Island County shared,

"I mean I can find out what art festivals are here and all that kind of stuff but I don't know what doctor to choose...So, I think that they can do a little more as far as welcoming new folks and here's whether they are geriatric specialist, or whoever."

Individuals new to the community and with limited English skills were noted as having particular difficulty accessing information. One participant shared her idea for improvement:

"They [service providers] can also have those pamphlets or information on their board and say, hey if you need this kind of information, this is the person you go....Maybe have some of these 'Welcome to Oak Harbor, Welcome to Island County' [information sheets] in different languages so that, it can be understood by those people."

Theme 2: Limited availability of health care providers is a barrier to care.

Long wait times for appointments, limited evening and weekend care, and frequent turnover in providers were all associated with decreased access to health care. All participants recognized the issue is complicated and multi-faceted, but stressed that it is an important barrier for which solutions are badly needed.

Urgent Care and Walk-In Clinic Availability

Many participants voiced frustration at a lack of alternatives to a trip to the emergency room, when faced with a semi-urgent medical issue after normal business hours or on weekends. The need for an urgent care clinic and/or walk-in clinic that served residents with all types of insurance (or the lack of) was expressed frequently as a potential solution to reducing emergency room visits.

Provider Retention and Appointment Wait Times

Wait times for appointments – weeks and up to months – was brought up at each focus group. Several participants noted it was a particularly acute issue for residents with Medicaid due providers limiting new patients by insurance type, but others shared that even with private insurance they had difficulty getting a timely appointment. The lack of providers, retention of those providers, and the stress placed on current providers due to high volumes, was often discussed. Poor retention was noted as a barrier to building a trusting relationship with a provider that could improve quality of care.

“It’s very hard when you move here to get established because there are so few GP’s [general practitioners]. There aren’t enough entry points for those who want to get established with a doctor, and a lot of times, the General Practitioners don’t stay.”

“I think what we have in place is really great. I just feel like those providers, I just don’t want to stress them out. There’s such a big caseload and increase in population on the island, so they can only handle so many. You know, it would kind of be nice to spread the caseload to other people.”

Specialty Care Providers

Several participants commented on the lack of specialty care providers, but feelings were mixed on the extent of the problem. Some residents felt that the county’s rural character did not warrant a need for specialty care providers, and that the “cost” of living in a rural area included the travel required for that type of care. Others expressed frustration at the significant burden it placed on residents, particularly on older adults with limited mobility, and families with children with special healthcare needs. One participant recommended that existing health care providers do a better job of educating residents on the “non-traditional” routes of care that are available.

“The community doesn’t know what we can do for healthcare.... So, it makes it pretty untenable in some cases to have everything here, but we do have either tele-medicine, through the hospital where for example a psychiatrist or a neurologist can do consultation with a patient in the emergency department at the time they are there, to see whether or not somebody needs to get a certain drug to dissolve a clot after a stroke, or a heart attack or something like that. So, that, they can, they can get many of the services, but it’s hard

to explain sort of the process to people. Because ... we are so used to a traditional way of doing business.”

Theme 3: Cost of Care – Even With Insurance

Individuals with incomes just over the qualifications for Apple Health – those making just over 138% of the Federal Poverty Line – were identified as having particular difficulty shouldering the cost of insurance premiums and deductibles. As one participant explained,

“Apple Health is actually the expanded Medicaid, so we have this gap. Apple Health does pay for it [insurance premiums]. But they can’t find a provider because they’re so impacted. The ones with the low income that are just over eligibility for Apple Health which is 138% of the federal poverty line. So if you’re at 150% of the federal poverty line, you don’t qualify for Apple Health and you can’t pay the premium.”

One resident shared his experience with insurance coverage, saying,

“Yeah, but a lot of people even though if they have Obamacare they still can’t pay the co-pay. Because they don’t have enough resources coming in to survive. Cause once you pay your rent, your food, then you go in, they said OK, you need this special care, and they send you to a doctor, like say your copay is \$25, generic drugs is \$10. And they say, how you gonna pay? Because, if let’s say you choose bronze HAS 1000 for example. And it’s your cut is \$1600, and you have to come out of your pocket \$1600 [even if] your monthly payment is maybe 0. In order for you to get the care, right, you have to pay the \$1600 out of your pocket before, if you go to the Emergency Room, before you can get covered.”

Dentistry

Adult dental care was discussed by participants in one focus group as currently very difficult to access for residents with no or publicly-funded insurance. Finding providers, receiving the amount and level of care that is needed, and the cost of co-pays and deductibles were all noted as significant barriers that often resulted in a resident not receiving dental care.

Organizations that provide medical cost support were praised, as was Whidbey General Hospital for offering sliding scale fees, particularly for residents of racial and ethnic minorities. However, associated with those praises were acknowledgements that it is not enough, and that unexpected medical costs were a common cause of families falling into unstable financial situations that jeopardized other basic needs such as food and housing.

Theme 4: Services for an Aging Population

Specialty medical services, in-home care, and adequate residential facilities to support an aging population were topics frequently discussed by older focus group participants, and those providing services to the older adult population. Increasing the type and availability of in-home services is an important issue for many participants, associating these services with a higher quality of life and cost savings. Capacity of existing facilities for assisted living and long-term care were areas of noted concern.

“Well, I think the other thing is that any community, and us too, needs to be cognizant of is the changing demographic. And the demographic on South Whidbey is, that there are a lot

of retired people, living here, and the needs of an aging population are you know, different than from a young working community like in Mill Creek...And Maple Ridge up in Freeland, is exceptionally inadequate and there are no decent facilities here on the south end, unless you are a wealthy person that can take care of our aging community. We need more small residential, affordable health facilities”

Members of the LGBT community raised concerns about receiving respectful, quality care if they must transition to more supportive housing and care.

“And that’s one of the concerns that is being discussed in the gay community is that they don’t want to have to go back into the closet because of their caretakers or it being a religious organization where you get converted or try to convert you in the process. And that’s really frightening to people not to feel that they can be accepted for who they are on the one hand, but also their partnership and their relationship on the other.”

Theme 5: Health Care System Collaboration and Coordination

Coordination of care – between organizations, facilities, disciplines, and colleagues – was frequently discussed in association with improved patient outcomes, and organizational efficiency.

Multi-Disciplinary Coordination

For residents struggling with multiple basic needs, the lack of coordination of services was frequently described with strong emotion. As one frustrated service provider shared,

“When it comes to mental health here, you have all these people walking around saying, don’t mess with me. Because they are trying to survive. They are trying to survive, they are not trying to say, I want the health care, I want the food. They are trying to find, Where do I start? Where do I lay down tonight?”

Another participant shared her story, noting,

“I know from my experience... I hated having to drive over here to talk to this person, and they weren’t there and then they’re like, Oh well you need to go over here. And I’m like, dude, I’m over here burning up the little bit of gas that I have, trying to find these people and then they are not there. Like, that’s, it just bring me from zero to 100. So, I’m like, I don’t want to do this. And people are like, oh veterans, they get out and then get lazy. It’s not that they get lazy, they get fed up. Like, and then it’s like, you get to go from here and hey, guess what the closest place is Bellingham for this or, hey you gotta go down to Seattle for this, this and that and it’s like, are you kidding me?”

When an individual receives services from any organization – be it health care, housing or food - poor communication was often perceived to be associated with a missed opportunity for referral and coordination of care to other necessary services.

“And so I think it’s less a lack of actual resources, it’s more people don’t know about it. They [services providers] don’t know or they’re not passing along that information [about other available services]. Some people are educated about the information but they are limited on their scope on what they are supposed to say. So, if I know the information and

it's not in my job description, I'm not gonna tell you. Because that means I'm going over my job description...the social worker can handle it."

Military and Non-Military Health System Collaboration

Individuals receiving or associated with the health care system available at Naval Air Station Whidbey Island or through other regional military-based institutions frequently noted their satisfaction with the level and quality of care available. However, it was noted that when individuals had to go outside the military-based system, they often had to travel outside of Island County, and there was significant room for capacity and improvement in communication and collaboration between service providers. Improved feedback regarding the impact of military referrals on the community's healthcare system was noted as one area for improved communication between providers.

Theme 6: Health Care Concerns in the LGBT Community

Members of the LGBT community expressed three primary concerns with regards to the existing health care system.

Education of Providers

Several participants expressed concern whether health care providers received adequate training to screen and address health issues more common to lesbian, gay, bisexual or transgender patients. Technical training was one concern, but also a provider's sensitivity and willingness to discuss these issues were equally as important.

Health Information for Youth

Many participants, regardless of sexual identity, expressed concerns over sexual health education for youth in our community. However, members of the LGBT community expressed particular concern for improved education and resources for youth to better understand their sexual identity, and the potential health issues associated with sexual activity and gender transitions. Primary care providers were discussed as one important potential source of this information for youth, but the barriers – including a willingness to hold a discussion by both the provider and the youth – were significant.

Assisted-living and Long-Term Care

As noted above, the availability of in-home care, assisted living and long-term care facilities that are sensitive and accepting of a LGBT patient and the patient's partner were strong areas of concern. There was a strong desire for a more open discussion about unique needs and concerns. One participant shared,

"I do think that since there is an older gay population here, assisted living and nursing care and the sensitivities of that is an issue that should probably be more openly discussed."

Priority Health Issues

At the end of each focus group, participants were asked to share what issues they thought should be prioritized in Island County. Those results and comments are listed below.

Community Services

- Coordination of services and increased coverage of care for basic needs.
- Improved collaboration and “sense of unity” between communities – those on Whidbey Island, and particularly Camano Island.
- Increased sensitivity and availability of services for our minority populations, particularly with regards to translation and communication of available services.

Food Assistance

- Food assistance, including emergency food (soup kitchen) availability for immediate food assistance, and increased services for the homeless population that are unable to prepare foods.
- Food assistance, especially emergency food assistance and hot meal service

Health Care

- Access to adult dental care for low income residents.
- Single point of entry for information on available health services and providers.
- Respite care for families with children and family members with special health care needs.
- Awareness and discussion by health care providers and facilities on health concerns for members of the LGBT community
- Medical cost support for families struggling with deductibles and co-pays.
- Improving health care provider retention

Health Education

- Health education in schools to improve “health literacy”.
- Sex education and health care services for youth.

Housing

- Housing and medical care for an aging population.
- Housing availability, across the spectrum of needs.
- Emergency shelter.
- Housing and homelessness.
- Affordable housing.

Mental Health

- Mental health
- Mental health, particularly increasing the number of providers accepting publicly-funded insurance.

Other

- Additional investment in early childhood and parenting programs.
- Maintenance of the community’s open spaces and rural character.
- Improved veteran assistance.
- Substance abuse
- Improved public transportation, including evenings and weekends
- Improved transportation, particularly between Whidbey and Camano Islands.

Appendix A

Focus Group Topic Guide

Welcome: Introduce moderator and assistant

Introduction: Our topic today is about our health and the health of people in our community. The results will be used as part of a larger assessment about what health needs exist, and what could be done to help make them better. It will help determine what services are provided by your health department and other community organizations. You were selected because you can speak uniquely about your experience as a member of the Black/African American community in Island County.

Meeting Guidelines:

- No right or wrong answers, only differing points of view
- We're tape recording, one person speaking at a time
- We're on a first name basis
- You don't need to agree with others, but you must listen respectfully as others share their views
- We ask that you turn off your phones. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.
- My role as facilitator will be to guide the discussion
- Talk to each other, not to the facilitator or recorder

Questions:

Have each participant state their name, and answer the following question:

1. What brought you to live in Island County?

After everyone has had an opportunity to share:

2. What do you believe are 2-3 important characteristics of a healthy community?
3. Are you satisfied with the quality of life in your community?
If Yes: 3a. What contributes to you being satisfied with the quality of life in your community?
If no: 3b. What would like to see?
3c. How does that differ from what currently exists?
4. Are you satisfied with the health care system in your community?
If Yes: 4a. What contributes to you being satisfied with the health care system?
If no: 4b. What would like to see?
4c. How does that differ from what currently exists?
5. Is this community a good place to raise children?
If Yes: 5a. What contributes this being a good place to raise children?
If no: 5b. What would like to see?
5c. How does that differ from what currently exists?
6. Is this community a good place to grow old?
If Yes: 6a. What contributes to this being a good place to grow old?
If no: 6b. What would like to see?
6c. How does that differ from what currently exists?

7. Are their networks of support for individuals and families during times of stress and need?
If Yes: 7a. What is important for those support networks to exist?
If no: 7b. What would like to see?
7c. How does that differ from what currently exists?
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?
If Yes: 8a. In what ways do you see individuals and groups contributing to the community's quality of life?
If no: 8b. What would like to see?
8c. How does that differ from what currently exists?
9. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in your community?
10. What do you believe is keeping your community from doing what needs to be done to improve health and quality of life?

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