



Public Health Focus Groups

Grand County, 2012

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PUBLIC FOCUS GROUPS

GRAND COUNTY

INTRODUCTION

OVERVIEW

Corona Insights is pleased to present this report of research findings for two focus groups conducted in November, 2012, with full-time Grand County residents. This research was designed to assess feelings, perceptions, and knowledge of healthcare in the county in order to establish priorities for improving the availability of public health services in the future.

The following report includes a description of the project design, methodology, and implementation of the research, along with detailed focus group findings.

REPORT LAYOUT

This report is divided up into a number of major sections, which include the following:

- ➔ **Summary of Key Findings** – This section contains a brief overview of the key findings and themes of the research.
- ➔ **Background and Methodology** – This section provides a detailed description of the approach used for this project in terms of goals, methodology, and demographic characteristics of respondents.
- ➔ **Detailed Research Findings** – This section contains findings of each of the study’s main questions individually.
- ➔ **Appendix: Moderator Guide** – The moderator guide used for this study is included in this appendix.

TOPICS EXPLORED IN THE FOCUS GROUPS

The majority of the focus group participants previously completed a telephone survey about community health needs. During the focus groups, they were then able to build upon some of the survey findings and also explain why they feel the way they do about potential long-term strategies for healthcare in Grand County.

Participants spoke about how well their health needs are currently being met, and they also gave their thoughts about prioritizing health options for the future. Additionally, they discussed communication messages and modes that might be effective in reaching Grand County residents.

SUMMARY OF KEY FINDINGS

Key findings produced from in-depth analysis of the focus groups are presented below. Detailed findings, which expand on the following key findings and include verbatim comments from interviewees, are presented later in this report.

- ➔ **Most Grand County residents leave the county to receive medical care.** Upon discussing participants' healthcare network in detail, it was apparent that most people tend to migrate to Summit County or the Denver metro area to receive healthcare services. A fair number of participants also traveled to Steamboat, as well. Kremmling and Granby, however, also attract a fair number of patients when treatment is available.

According to participants, the lack of specialization in the county makes it necessary to travel to get specialty care. It didn't seem to particularly bother participants that they had to commute for healthcare; instead, they seemed to accept the fact that traveling to the Front Range to receive care was a tradeoff to live in their chosen towns.

“In this county, you have specialists that will come over once a day, but then they can't do procedures that are necessary. So they send you out wherever they think you'd be best treated. So, yeah...when you need specialists, you're going to be going over to the Front Range.”

- ➔ **Residents have a limited definition of “healthcare.”** Few participants in the focus groups seemed to have a holistic view of healthcare that encompassed other services or providers outside of doctors, hospitals, dentists and specialists. In fact, only 1 person in each group expanded their definition of a healthcare network to include other services such as recreational centers and massage therapy. After discussing this anomaly further, other participants continued to refute the idea that something like a rec center falls under the “healthcare” umbrella, saying that it's more of a “treat” or is “not something that's part of our lifestyle.”

- ⇒ Based on these responses, Corona Insights recommends that Grand County Public Health provide outreach to help residents better understand and embrace a more holistic approach to their health – one that doesn't define “health” as only “healthcare.” The discussions also indicate that most residents generally don't think of public health services as being part of their health network.

- ➔ **When it comes to recreation options, participants reported that they rely most on the outdoors for their fitness needs.** No one in either of the groups mentioned a need for a local rec or fitness center; rather, residents seemed to think that a rec center might be somewhat unnecessary. Instead, most participants agreed with the idea that there are countless recreational activities that they can do in the valley for free.

“That is what we sell in Grand County. The locals have to remember and get it in their mind...there's so much available here. You don't have to spend any money to take a walk.”

- ➔ **It was almost unanimous that owning a vehicle was a non-negotiable necessity in terms of accessing healthcare as a Grand County resident.** Only one resident in either focus group didn't own a vehicle, and this resident agreed that having a vehicle “ would greatly improve (his) ability to get healthcare.” Otherwise, most participants agreed that if they didn't have a vehicle, they would

have to move in order to access health services. When it came to seniors, however, most participants seemed to think that seniors have better transportation options to access healthcare than anybody else in the county due to public transportation services for seniors. (However, none of the participants in the groups had direct or indirect experience with senior transportation services.)

➔ **Uninsured and low-income residents were generally successful at finding ways to obtain healthcare services.** Several uninsured participants were able to mention assistance programs unaided, including the Colorado Indigent Care Program, the Mountain Family Center and ACHES and PAINS vouchers.

⇒ One area that both insured and uninsured participants agreed was lacking in the area was adult dentistry. Participants were quick to point out that low-income kids could obtain dental services, but adults could not. In fact, it became clear that, for many uninsured people in Grand County, adult dentistry is a bigger problem than health care.

“I apply for the Colorado Indigent Care Program once a year. That allows me to get the services I need. *The only thing I’m lacking is adult dentistry.*”

⇒ One uninsured resident noted that she and her family deferred preventative care because they had no insurance, and that having insurance would likely increase their use of preventative care.

⇒ Participants who had visited the Mountain Family Center spoke very highly of their experiences there and their successes in finding the information that they needed. Perhaps Grand County Public Health could seek increased partnership with the Center since it seems to be a good source of information and referrals in the county.

➔ **When it came to Public Health services and programs, it quickly became clear that one of the biggest issues is simply a lack of awareness.** Awareness was acknowledged by participants in both groups as an issue that should be a top public health priority in Grand County in the next 5 years.

⇒ Many participants lacked awareness surrounding whether or not they would qualify for public assistance programs. More specifically, they simply assumed they wouldn’t be eligible for public health programs because they didn’t really think that they were “low-income.” It would be helpful to encourage residents to determine their eligibility rather than assuming they aren’t eligible, and to increase awareness around what qualifies as low-income.

“To implement a program but not tell anyone it’s here I think is our biggest issue. New programs are implemented all the time. You’ve got to be in a circle to know what and where these programs are, or at least know somebody that’s used the programs. (Top priority is) awareness of existing programs and any new ones that they would implement.”

➔ **There is little agreement amongst participants concerning how to increase awareness.** Throughout the discussions, several participants mentioned that they also didn’t know how to go about finding these programs in the first place. Suggestions for how to do this kind of outreach were very fragmented; for example, some participants liked the idea of direct mailings, while others advocated the newspaper.

⇒ The most common ways participants suggested to increase awareness included a dedicated section in the phone book, as well as a 411/informational phone line. While we recognize that Grand County already has a 211 number, no one in the focus groups was aware that one exists. Hence, we would suggest increasing awareness around this service.

⇒ Some participants have sought help through social services, and they also mentioned that this was the first place they turned. Ultimately, however, participants were unable to receive the help or direction that they needed because social services counselors didn't know where to send them. This might be a good place for Grand County Public Health to increase partnerships to disseminate knowledge of programs and services.

“When I went to social services because I figured they would know about everything...they didn't help me at all.”

➔ **Regarding youth health in Grand County, residents generally agreed that they're in good shape.** It's only when children need to see specialists that parents are forced to seek healthcare outside of the county.

⇒ Although it was not discussed in great detail, for the most part, participants seemed to agree that the lack of mental health services for youth were particularly problematic.

⇒ Participants also mentioned that schools were the main local resource for kids. There seemed to be an impression that if some health or preventative need has to be met, it's being accomplished in the schools as opposed to via other resources. One resident consented, “Whatever's done here is done through the schools.”

“Mental health services up here are extremely difficult. They're just not helpful.”

➔ **Overall, participants in both ends of the county seemed to have a perception that seniors are very well taken care of in Grand County.** In fact, several people asserted that healthcare for seniors in the county is better than it is for younger residents. Participants in both Granby and Kremmling agreed, though, that the lack of a nursing home was a big gap in county resources.

“The seniors up here thrive. You can absolutely anticipate that if you can breathe and the altitude doesn't affect your living, you can expect a full and healthy life up here. Probably more than a 12 year old.”

⇒ Other than a nursing home, the only suggestion for improving senior healthcare was affordability, specifically in regards to prescription medication.

➔ **Public safety is a promising referral partner.** When asked where their first call would be in a non-emergency situation where health information or a referral was needed, participants cited many potential sources: their physicians, public safety organizations, and others.

⇒ Public safety organizations were mentioned frequently, including both police and fire. Interestingly, two participants who worked in public safety indicated that they received these types of calls, but neither was familiar with Public Health or its services.

BACKGROUND AND METHODOLOGY

Corona Insights was retained in 2012 by the Grand and Summit County Public Health departments to conduct a joint assessment of public health needs.

This report includes findings strictly from the focus groups in Grand County. Other research that is part of this health needs assessment is reported separately and includes a review of existing research and other secondary data; a community survey of residents; an informal survey of Spanish speaking residents, a key person focus group of maternal and child health providers, an online questionnaire with stakeholders; and a retreat facilitation to review all findings and recommendations with key stakeholders in Grand and Summit County, with the goal of developing a list of priorities for future efforts.

Note that some of this year's research built upon processes and outcomes from previous research, but it was also updated to make sure new issues and needs facing the counties today were addressed.

PROJECT SCOPE

Corona Insights conducted two focus groups in Grand County. The first group took place in Kremmling at the Grand County CSU Extension Hall Office on November 13th, 2012 between 6-8 pm. The second focus group took place at the Granby fire house on November 14th, between 6-8pm. A total of 16 full-time Grand County residents were in attendance.

RECRUITING PROCESS

Earlier in the engagement, Corona Insights conducted a public survey of community health needs among Grand County residents. Everyone who completed the telephone survey was eligible for these follow-up focus groups. Of those who chose to provide their name and phone number during the survey, Corona Insights created a list and contacted potential focus group participants based on a few basic criteria:

- Must be a full-time resident of Grand County
- Must not work for Grand County Public Health or in the market research industry
- Must have completed the telephone survey (in its entirety) about community health needs

Additionally, both groups were recruited to include a mix of ages and genders.

Corona Insights handled all aspects of the recruiting process, including creating the list of potential participants, calling them and screening them for the group, and then following up and providing them with all necessary information after they agreed to participate. Although most of our focus group participants were recruited according to this process, due to low incidence, Corona Insights also recruited two participants on site in Granby and two more participants were recruited for our Kremmling group through a direct mailing. Ultimately, recruiting was successful with 7 participants in the Kremmling group and 9 participants in the Granby group.

FOCUS GROUP PARTICIPANTS

Characteristics of the groups are summarized below, based on information that was collected during the recruiting process and introductory remarks during the group. The numbers in parentheses on the chart indicate the number of times a particular response occurred.

	Group 1 Kremmling	Group 2 Granby
Number of participants	7	9
Gender	Female (4)	Female (4)
	Male (3)	Male (5)
Age	<35 (1)	<35 (2)
	35-49 (2)	35-49 (3)
	50-64 (2)	50-64 (2)
	65+ (2)	65+ (2)

Additionally, groups contained a mix of working people and retirees, as well as people who do and do not have health insurance. These criteria helped ensure that a well-rounded sample of Grand County residents participated in the focus groups.

FOCUS GROUP MODERATION

Moderator: Kevin Raines, principal at Corona Insights, moderated both focus groups. Kevin is a very experienced moderator and is also very familiar with previous work conducted for a similar project with Summit County Public Health. He is also the overall project manager for this engagement.

Moderator's Guide: The focus group moderator's guide was assembled by Corona Insights based on survey findings and based on input from Grand County Public Health. This guide was used as a standard but somewhat flexible guideline for discussion in that the moderator had the option to diverge from the guide if appropriate. The same guide was used during both groups, and a copy is provided in the Appendix of this report.

LOGISTICS

Focus Group Recording: Corona Insights set up audio- and video-recording equipment in order to effectively capture participants' feedback during the focus groups. Tapes were then viewed to accurately capture verbatim comments from participants.

Incentives: Each participant was given \$80 cash for participating in a focus group. Additionally, Grand County Public Health provided a light meal and beverages for those in attendance.

DETAILED RESEARCH FINDINGS

Specific focus group findings are detailed in this section, with direct comments noted in quotations wherever possible. Findings are reported by each major topic area addressed in the discussions, and generally follow the order of the moderator's guide.

Topics covered during discussion are presented within this report in the following order:

- ➔ Healthcare Network in Grand County
- ➔ Constrained Healthcare Network in Grand County
- ➔ Low-Income Health in Grand County
- ➔ Youth Health in Grand County
- ➔ Senior Health in Grand County
- ➔ Specific Health Issues, Resources and Services
- ➔ Information and Communications

HEALTH NETWORK IN GRAND COUNTY

HEALTH NETWORKS

Most Grand County residents leave the county to receive medical care if they cannot receive the care they need in Grand County. Upon beginning the focus groups, the moderator asked participants to start with an exercise. Participants were given a map of the region and were asked to list the services they receive in different locations around Colorado that are related to their health. From this exercise, we saw that most Kremmling participants migrate to Summit County for their care; whereas most Granby participants migrate to the Denver Metro area.

Overall, participants' health networks were widely dispersed; however, we also found that participants stay in their respective counties for care when it is available. While most participants recognized that they would prefer to have more convenient care, it didn't seem to necessarily bother participants that they have to commute for their health network. Instead, they just accepted that commuting was necessary and part of the tradeoff of living in Grand County. Most agreed that, especially in cases where a specialist is needed, they have to go to the Front Range for medical care.

- ➔ "In this county, you have specialists that will come over once a day, but then they can't do procedures that are necessary. So they send you out wherever they think you'd be best treated. So, yeah...when you need specialists, you're going to be going over to the Front Range."

DEFINITIONS OF "HEALTH NETWORK"

Residents have a limited definition of their health network. When listing the different kinds of people or organizations who are involved in their household's health, few participants seemed to have a

holistic view of their health that encompassed other professionals or services besides doctors, dentists, and specialists. When asked to follow up on whether participants would include fitness, massage therapists, or other forms of services in their healthcare network, respondents did not believe that they would expand their definition. Similarly, when asked if immunizations would fall under participants' health networks, most agreed that they would, but conceded that it's not something that they think about. As such, Corona Insights recommends that Grand County Public Health provide outreach to help residents better understand a more holistic approach to their health – one that doesn't define "health" as "healthcare."

Later in our discussion, we asked participants in the Granby group what they think the public health department does. While they were able to name several services, it also became clear that participants generally don't think of public health as being part of their health network.

RECREATION/FITNESS OPTIONS

In general, participants are satisfied with recreation options in the county. When prompted to elaborate, the majority cited the outdoors as their primary source for recreation and most seemed to think that recreational centers were somewhat unnecessary.

The quotes below received resounding agreement from other focus group participants.

- ➔ "That is what we sell in Grand County - the locals have to remember and get it in their mind...there's so much available here. You don't have to spend any money to take a walk."
- ➔ "There are so many things you can do here in the valley for free."

Participants were also easily able to name several indoor fitness options, indicating that they felt the supply was sufficient.

CONSTRAINED HEALTH NETWORK IN GRAND COUNTY

After drawing their health networks, participants were asked to consider two adjustments:

- If they had a vehicle, they were asked how their network might change if they did not have one (and vice versa).
- If they had health insurance, they were asked how their network might change if they did not have insurance (and vice versa).

TRANSPORTATION

Groups were unanimous regarding the necessity of owning a vehicle in order to access and receive healthcare. Only one participant in either of the two focus groups didn't have a vehicle. For the remaining participants, it was unanimous that, in order to access healthcare, owning a vehicle is non-negotiable since there is no public transportation in Grand County. When asked how their healthcare would change if they didn't own a vehicle, the majority of participants agreed that they would have two options – either rely on friends or family, or leave the county.

- ➔ "If you're too specific on any needs, you're done. You have to move."

→ “Without a vehicle, I would not be living in Grand County. I would be living in Denver.”

Yet despite participants’ negative reactions to the idea of accessing healthcare without a vehicle, most were aware of senior transportation options and perceived that seniors are in good shape when it comes to accessing healthcare without a vehicle. In fact, participants were in strong agreement with the following statement: “Seniors have better transportation than anybody else in the county.” That said, none of the participants had any experience, direct or indirect, with the senior transportation services. Their perceptions were based on seeing the van in the county.

HEALTH INSURANCE

Uninsured participants’ healthcare networks wouldn’t change if they did have health insurance. Only 5 out of 16 participants were uninsured, yet they didn’t express that their healthcare would be much different if they did have health care. Most uninsured participants seemed to agree that, if they did have health insurance, they would actually see a primary physician as opposed to settling for not seeing one at all. Their use might increase, but for the most part their network wouldn’t change.

→ “Not a whole lot would change, other than probably going to the doctor myself.”

→ “If I had insurance, I would probably *get* a primary doctor. My dentist probably wouldn’t change.”

However, when asked to imagine what healthcare would be like *without* health insurance, insured participants implied that drastic changes would have to be made. Most insured participants agreed that they simply wouldn’t go to the doctor without health insurance. Others agreed that they would have to move in order to access affordable healthcare.

→ “We’d probably have to move closer to what I call ‘civilization.’ And not have the lifestyle we have here.”

LOW-INCOME HEALTH IN GRAND COUNTY

HEALTHCARE OPTIONS

Uninsured and low-income participants were generally successful at finding ways to obtain healthcare services. When asked what people do if they don’t have insurance and have lower incomes, participants who fell into that classification were able to mention several assistance programs unaided, including the Colorado Indigent Care Program and the Mountain Family Program. Others were also familiar with ACHES and PAINS vouchers.

Still, despite the accessibility of healthcare for low-income residents in Grand County, there was a general consensus that affordable adult dentistry is one area where a gap exists. Based on the feedback we received during this portion of the groups, as well as comments made during the initial healthcare network exercise, it is clear that, for many Grand County residents, adult dentistry is a bigger problem than health care. The following quote was widely agreed upon:

→ “I apply for the Colorado Indigent Care Program once a year. That allows me to get the services I need. *The only thing I’m lacking is adult dentistry.*”

AREAS FOR IMPROVEMENT

Awareness of programs for low-income healthcare is an issue for Grand County residents. In fact, when asked what the most valuable thing the community could do to help improve health for lower income people, both groups agreed that awareness was the number one issue. Several participants mentioned that they tried to find help through social services, but were not directed towards any public health programs. Instead, most participants seemed to “accidentally” find out about programs through word of mouth or by knowing somebody else who was already enrolled in a low-income program. This meant that newer residents in particular faced a lag in becoming aware of services.

- ➔ “Make you aware of programs....And you know, you’re scrambling for health care, and I went to social services and they don’t help you at all.”
- ➔ “Things just aren’t well-known. And we don’t get the information that people in Granby might get, with services right there. So I kind of went with other people to find out what’s going on.” [Kremmling participant.]

Still, when asked how awareness of these services could be improved, there wasn’t any general agreement in terms of how to deliver this information. Instead, participants’ ideas were incredibly fragmented and ideas were multilateral. Some participants mentioned the newspaper, while others suggested direct mail. Still others suggested that fliers posted on their door would be the best delivery method.

BARRIERS

When asked what the biggest barrier was in terms of healthcare access for people with lower incomes, participants agreed that affordability of both insurance and services was their primary problem. Uninsured participants often don’t end up going to get treatment at all when they have a health need due to financial constraints.

- ➔ “I have a problem finding insurance for my income.”
- ➔ “Finding insurance – the right insurance that I can afford. Because I can’t, I don’t even end up going to the doctor.”

YOUTH HEALTH IN GRAND COUNTY

HEALTHCARE AVAILABILITY

Participants generally agreed that if your children are healthy, you’re in good shape; whereas residents with children who need to see specialists must go out of the county for healthcare. This conclusion was reached by participants in both focus groups and several were able to list examples when they had to travel outside of the county to receive care for their children.

- ➔ “I think as long as you have a reasonably healthy child, you’re okay in Grand County. If you have a child with any kind of special needs, *you will be traveling.*”
- ➔ “If your child has a fracture or something sports-related, we have orthopedics that comes once a week. If it’s something more advanced, you’re probably going to Steamboat or Denver.”

- “My daughter had appendicitis and her doctor diagnosed it here and said, ‘Get her to Summit right now.’”

One particular area that was brought up as problematic was mental health care for the youth in the county. Although this wasn’t elaborated upon by one participant, she conceded that she had to go out of the county to seek mental health care for her child.

- “Mental health services up here are extremely difficult – they’re just not helpful. The logistics issue is anyone from this county generally gets sent to Grand Junction, which is still ridiculous for anyone who lives here.”

YOUTH PROGRAMS/SAFE PLACES

Grand County participants agree that they don’t have a good network for youth programs. Significant discussion in each group centered on “social preventative” measures to keep kids on a positive social path. Parents agreed that there aren’t many programs for youth outside of what’s done in schools and routine health care. Schools were cited as a main resource for youth, and there appeared to be an impression that if something preventative is being done, it’s being done in the schools as opposed to other resources.

- “Whatever’s done here is done through the schools.”

Participants didn’t necessarily talk about where there were particular needs for youth health preventative care. Generally, participants said that the area they thought was the greatest need for kids was a program or outlet where they could be social and active. Yet, upon talking more, we discovered that this need has been addressed before and the programs or organizations didn’t end up lasting.

- “They had a D.A.R.E. program a few years ago. I haven’t really heard about it since.”
- “I would give anything to win the lottery and build some kind of teen center.” After this quote, another respondent noted that a teen center had been started at one point, but closed due to lack of interest. Some participants noted that the library was perhaps the main teen “hang out” place.

AREAS FOR IMPROVEMENT

When asked to talk about one thing that could improve youth health in Grand County, Granby participants were quick to mention and agree on “better parenting” as the answer. Participants especially agreed that parents should receive some sort of training or parenting courses, and they also expressed that kids need more encouragement or “participation” from their parents.

- “Kids have plenty of opportunities, and if the parents are willing to get them out the door, I think they’d have a lot more opportunities in life.”
- “Participation – they’re raising themselves because their parents are working so hard.”

Granby participants also spoke of their town having a “village” atmosphere, where parents work hard but “everyone watches everyone’s children.” Generally, participants agreed with the idea that this is one of the biggest assets of their community. However, it is worth noting that our moderator was approached by two participants after the conclusion of the focus group who privately disagreed with this “village” notion – especially in its applicability to newer residents in the county.

SENIOR HEALTH IN GRAND COUNTY

AGING IN PLACE

Participants in both communities seemed to have a perception that seniors are very well taken care of in Grand County. In fact, many participants agreed that healthcare for seniors in the county is better than it is for younger residents. When it comes to aging in place, it was mentioned that Kremmling has excellent assisted living programs (which were also known and used by Granby residents). However, participants conveyed that a significant gap in senior care is the lack of a nursing home in Grand County.

- “I think the care for seniors here is better than the care for young families. But there’s so many more of us.”
- “The seniors up here thrive. You can absolutely anticipate that if you can breathe and the altitude doesn’t affect your living, you can expect a full and healthy life up here. Probably more than a 12 year old.”
- “Our only gap is a nursing home. We only have a few beds at the hospital for extended care, so we need a nursing home. That’s a gap that’s clearly needed. When we look at the demographics, 40% of the population will be 60 or greater next year.”

In the focus groups, we also found that many seniors have veteran’s benefits or have been to the VA in regards to healthcare, yet they worry about younger residents and future seniors getting the same kind of benefits. These participants mentioned that they currently have multiple ways to get care, but they think that the next generation of seniors might have more of a problem than they do.

- “I believe more of the seniors were involved in military service than a lot of the younger people are now. The attitudes have changed.”
- “I’m more concerned for young families. I think they slip through the cracks and they can’t afford insurance.”

Other than a nursing home, the only suggestion for senior healthcare improvements was affordability. This suggestion was highly agreed upon by Granby focus group participants, and was especially relevant with regard to the high costs of prescription medication.

- “Help with prescriptions. I can’t afford prescriptions with Medicare.”
- “Affordability of medications.”

PLANNING FOR AGING

Most participants don’t plan for aging or the kind of healthcare services that they’ll need as seniors. When asked some questions regarding this issue, most participants said they don’t really plan or anticipate their own health needs or what they might do if they need healthcare outside of the county as they age. For some, it seemed as though they preferred to stay in their own present needs rather than focus on the future, while others didn’t know where to start in terms of beginning to plan for elderly care. Lack of awareness and resources was certainly regarded as an issue in this matter.

- ➔ “I think it’s just one day at a time, and just keep truckin’ and that’s all you can do. I don’t look that far forward.”
- ➔ “I’m probably the one who should be thinking about that, but I never think about it. I don’t have a plan, but I think that’s part of the problem. Until you have a situation...we have responsibilities personally. I don’t think most of the people are aware of what’s available to them.”

SPECIFIC HEALTH ISSUES, RESOURCES AND SERVICES

AWARENESS/ELIGIBILITY

Grand County participants are generally unaware of benefits and public health programs that are available to them. Throughout the discussion with participants in both focus groups, it became evident that participants were simply unaware of the programs that were available to them – much less how to go about finding them in the first place. Notably, one participant said, “It’s frustrating looking when you have no idea where to start.” This statement received lots of agreements from other participants, as well. Awareness was also acknowledged by participants as an issue that should be a top public health priority in Grand County in the next 5 years.

- ➔ “To implement a program but not tell anyone it’s here I think is our biggest issue. New programs are implemented all the time. You’ve got to be in a circle to know what and where these programs are, or at least know somebody that’s used the programs. (Top priority is) awareness of existing programs and any new ones that they would implement.”

Additionally, participants simply assumed that they didn’t qualify for public health programs or benefits. Basically, there was a general consensus among participants that they thought benefits are more restrictive in terms of eligibility than they really are. One resident stood out as being especially assertive in terms of her ineligibility – citing that she’s not “really low-income”, so she doesn’t really qualify.

- ➔ “I’ve heard a lot of people say they don’t qualify, so they don’t end up trying. I think that’s a problem.”
- ➔ “...But how do we become aware if we are (eligible)...if we don’t want to go to the doctor unless we’re in so much pain? How do we find that spot? That’s not just for people looking for the services, but also for social workers who need to apply that to their clients.”

TOP FOUR PRIORITY AREAS FOR IMPROVEMENT

Participants were asked to comment on the high-priority needs areas identified in the previously completed public survey.

Maternal/infant/child health. As this issue was discussed in various stages of discussion in both focus groups, it became clear that it is generally known and accepted that maternal/child health is largely unavailable in Grand County and that mothers/children have to seek healthcare in other areas of the state. One participant simply said, “You can’t have a kid in Grand County now.” This statement was widely agreed upon by other participants.

It was also acknowledged that this area of healthcare isn't practiced in the county due to the lower population relative to the rest of the state; therefore, there is less of a demand for an OB/GYN or pediatric specialist. While older participants noted that babies had been birthed in Grand County in the past, most participants recognized that it's not feasible to have the facilities needed for safe delivery in the modern world.

- ➔ "There isn't a demand – there's no OB/GYN. There aren't a lot of babies born."
- ➔ "We don't have the capacity to afford someone to deliver babies. You've got to keep someone on staff 24/7. And you only deliver about 10 babies a year. If you look at the feasibility, it's just not here."

Senior health. Here, again, participants mentioned the need for a nursing home in Grand County. This was also mentioned as a top public health priority in Grand County for the next 5 years. Participants elaborated on this point, mentioning that driving to Denver to receive elderly care means that residents are having to use a lot of time and gas to take care of aging seniors in the county. There also seemed to be some general agreement that nursing homes would benefit families, not just seniors. One participant said, "Because if grandma needs to be in a nursing home, you're gonna want them to be close so that you can enjoy this lifestyle we have here."

Alcohol/substance abuse. When asked why alcohol or substance abuse is a problem in Grand County, it was generally accepted as a problem that occurs due to boredom and availability. Age was also cited as a reason behind the issue, with one resident mentioning that kids graduate from college, move to Winter Park, and want to be "ski bums." Several mentioned that the legal drinking age isn't really enforced in the county, either. It also appeared as though participants believed that while substance abuse treatment is certainly needed in the county, prevention is futile. In fact, Granby participants agreed with a participant who was a local bar owner who said 'we will never win the prevention battle, so we should just concentrate on treatment in terms of substance abuse'.

- ➔ "What are you gonna do after work? It's dark out, it's cold, you can't walk to anything, so let's all carpool and go to a bar and hang out and drink."
- ➔ "Some of it is just a victim of rural America. It's easy to cook meth out in the woods. It's easy to hide things, easy to sneak things around. There's not a lot of law enforcement here. I think it happens because it's rural, and I don't know if there is a way to fix it. As far as the drinking goes out here, no one cares about being underage...I think a lot of the drug and alcohol problems are just of boredom and availability."
- ➔ "There are only 3 programs for recovering addicts – Luna Counseling, mental health, and I think there's another in Fraser. There's not a whole lot of choices once you do get in trouble."

Access to services. Participants weren't surprised that access to services was one of the top priority areas from the public survey. Upon elaborating on this idea further, most cited that transportation and simply getting around the county was a barrier to services. Others mentioned that they'd like to have specialists come through the county to provide services from time to time.

- ➔ "Being able to have rotating specialists...having these specialists being able to rotate through. We don't have the facilities to house these people long-term – and knowing that they're coming through. It'd be nice if, once a month, they're here for a couple of days and can see people."

- ➔ “Being such a spread out county – especially with Kremmling being so big – it’s hard even in the county to get to some services. Even in the county still, I think there’s transportation issues.”

PREVENTATIVE HEALTH PRACTICES

Residents are generally well-informed of resources for preventative healthcare practices in the county. Several older participants mentioned that Medicare and the VA provide preventative care. Another mentioned that Kroger has a “huge preventative plan.”

- ➔ “Once you hit that magic 65, Medicare does a lot of preventative stuff. But, also, the VA is doing that for me.”

Amongst the rest of the focus group participants, it seems as though, in general, participants fell into one of two camps regarding preventative health practices. Either they are aware of preventative care and recognize that it costs more money that they might not necessarily want to spend, or they were not aware of preventative services until it was covered under their health insurance. It is apparent that, in both scenarios, money and affordability is a driving factor in whether or not patients choose to receive preventative care.

- ➔ “I never thought about preventative care before, but now that it’s in my plan, once it’s available to you...if it’s not, you’re not going to think about it. Now I can do it, it’s not going to cost as much. They tell me, ‘Hey you can use this resource.’ Whereas before, I knew it was there but I had to spend more to do it.” [This participant had been uninsured in the past and had recently been able to obtain health insurance.]
- ➔ “One thing I’ve noticed lately – this last visit – they asked if I wanted preventative stuff done. All it is is they’re running more tests on you. Basically, it just ends up costing you more. It depends – do you really want to spend that money to do that? Is it worth it to you?”

INFORMATION AND COMMUNICATIONS

INFORMATION SOURCES

When it comes to information sources for hearing about healthcare programs or what services are offered in their communities, there is no general consensus for residents’ preferences. When asked the question “Where do you look for information when you need help that’s not a 911 call?” responses varied considerably and included some of the following suggestions:

- ➔ **Public safety.** A majority of participants suggested that, in a general case of needing health-related information, they would call a public safety organization, such as the local police or fire station.
 - > “I’d call the police department – they may know different entities and resources.”
 - > “It’d probably be someone within the fire department.”
 - > “They (police) have resources and knowledgeable resources that I wouldn’t have expected, so it depends upon the situation.”
 - > “It used to be Granby’s medical clinic...if not, I’d call the EMT station.”

- **General Practitioner.** When one Kremmling resident suggested that she would call her general practitioner to get direction on where to go with a health-related issue, the entire group nodded in acknowledgement. They all seemed to agree that they could get more personalized care and advice from a local doctor compared to those in other counties.
 - > “I think the natural assumption is that there’s nothing here to help. My first resource thinking out of the box is to call my general practitioner. These guys are the ultimate country doctors to me. That’s what I love about our little country doctors here – is they show they’re human. In Summit, it’s all about getting you in and out.”
- **Networking.** Participants also suggested that they would simply ask other people around the community or network for suggestions on who to contact in different situations. This idea resounded strongly with some mentioning in other parts of the discussion that their communities have a “village” feel where everyone looks out for one another.
 - > “I’d go to the community and ask a knowledgeable person. I’d find somebody with personal experience.”
- **Social Services.** Most participants who are in social services programs mentioned that they would go to social services first. However, most participants who fell into this category were also quick to point out that social services was not particularly helpful for them.
 - > “When I went to social services because I figured they would know about everything...they didn’t help me at all.”
 - > “Our social services, compared to other counties, are 2 months behind. They’re short staffed. You feel like you’re a hamster in a wheel, and you’re not getting anywhere. And no one’s there to direct you.”
- **Mountain Family Center.** A fair amount of participants mentioned that they were both aware of Mountain Family Center and also spoke very highly of its services and the center’s ability to point residents in the right direction when it comes to healthcare. Whereas several participants felt that social services was a roadblock, Mountain Family Center was cited as knowing where to send people when they need help.
 - > “Mountain Family was the best in this county. They’re the ones that do food drives, low income, Thanksgiving boxes, the Christmas program...they actually helped me.”
- **Advocates for Victims Assistance.** One participant from the Granby group mentioned that he worked with Advocates for Victims Assistance (also known simply as “Advocates”) as a source of healthcare related information. The participant’s exact words regarding the group are disclosed below.
 - > “...I’m active with Advocates, and we have, in this county, one of the most active Advocates groups of anywhere in Colorado for this sized community. There’s a lot of support there for women that have...need to have this. They work with every social agency in the county and they know the contacts. So that’s how, for some people, that’s a quick way to do it.”

PREFERRED WAYS OF GETTING INFORMATION

Again, there was no solid consensus regarding the different modes of receiving healthcare-related information or finding out what is going on in the community. However, the following modes of communication stood out in the discussions:

- ➔ **411/Informational Phone Line.** While we recognize that Grand County already has a 211 line, most participants asked for some kind of “411” or informational phone line where they can access information about ongoing programs or events in their community, as well as finding out when specialists are coming through town. Additionally, one resident suggested “throw(ing) things going on in the school on the hotline,” so that she can keep her high-risk infant healthy. This makes it apparent that awareness of the existing 211 line is an issue in Grand County.
 - > “One click, one call service – we need one phone number to call.”
 - > “Where you get a flyer that prompts you to call a hotline...you can call it in and just listen. I think that’s a great idea – everybody’s got a phone.”
- ➔ **Phonebook.** Several participants in both groups agreed that their preferred way of getting information regarding health would be through the phone book. Specifically, participants agreed on wanting a section of the phone book dedicated entirely to public health or long-term health programs and their contact information.
 - > “You know what I would love to have? A dedicated section in the phonebook. There (currently) isn’t a really good, clear-cut “This is where you go for __.”
 - > “I think the phonebook is awesome for long-term programs. A dedicated section to those long-term programs that you might need.”

APPENDIX: MODERATOR'S GUIDE

WELCOME AND BACKGROUND ON THE FOCUS GROUP (1 MINUTE)

Welcome. Thank you for making time to be here today. My name is _____ and I am with Corona Insights, a local market and demographic research firm. Our firm has been hired by Grand County Public Health to gather opinions about health care here in Grand County.

Before we get started, I'll give you an introduction about what we're going to do tonight and the reasons that we're doing it.

Grand County Public Health is interested in hearing from citizens like yourselves to assess your feelings, perceptions and knowledge of health care in Grand County. This focus group is part of a health needs assessment being conducted in Grand County to determine the current and future health needs of residents here. The feedback we get tonight will be combined with other research including the survey that many of you responded to in order to create a long-term strategy for health care in Grand County.

LOGISTICS (1 MINUTE)

So that's the big picture. Now let's talk about how this process will work. We'll be here for about two hours. Please help yourself to refreshments if you haven't done so already. If you want to get up to get more to eat or drink, or go to the bathroom, feel free to do so. We do have people observing to take notes, and we are also audio taping and videotaping the session for reporting purposes. Your comments will be summarized and reported anonymously, though, and we won't ever identify you personally as a participant. Finally, we promised to pay you \$80 for participating today, and you will be paid at the end of the session.

GROUND RULES (2 MINUTES)

Have any of you have participated in a focus group before?

The rules are simple: I'll bring up a topic, and I want to get your thoughts and opinions. Sometimes I'll ask a question and we'll just go around the table and get everyone's thoughts, and other times I'll just wait for anyone to answer. Feel free to respond to something that someone else says, and feel free to disagree, but please show respect for others even if you disagree with their opinions. There are no wrong answers. At certain points during our discussion I may poll the group to determine how many of you agree or disagree about a certain issue. This will be done to summarize opinions for reporting back to the client.

Keep in mind that we want everyone to participate. If you're not talking, I'll eventually notice and ask you for your opinions. On the other hand, if you're the only one talking, please recognize that and give others a chance to participate.

Finally, I may politely interrupt if you're talking about something that strays off our topics. No disrespect is intended if I do this, but we have a lot to accomplish tonight so we need to stay focused so we can make sure that we don't need to keep you beyond our scheduled two hours.

INTRODUCTIONS (10 MINUTES)

First, let's briefly introduce ourselves, using a "one minute biography." In one minute or less, tell us the important facts about yourself: your first name, family status, and what you do for a living or where you go to school. You can also tell us how long you've been a resident of Grand County and what you like best about living here. [Followup: ask movers what brought them to Grand County.]

HEALTHCARE NETWORK IN GRAND COUNTY (15 MINUTES)

We'll begin by asking some general questions about healthcare services in Grand County.

1. We're going to start with an exercise. I'm going to give you a map, and write on it the names of people and organizations who are involved in your household's health. Put them in the circle that corresponds to their location. We don't need to know names of people, just the services you receive.
2. [For those who go outside the county] Why do you leave Grand County for those services?
3. How well do current services in the county meet *your* or *your household's* needs? Why do you say this?
4. [Ask if necessary.] Do factors that are not directly healthcare related impact your health? How do they fit into your health network? Behavioral, environmental, etc.

CONSTRAINED HEALTHCARE NETWORK IN GRAND COUNTY (10 MINUTES)

5. Do you have your own vehicle? Now if you have your own vehicle, imagine what your health care network would be like if you didn't. And if you don't have your own vehicle, how would it be different if you did? Tell me the differences, if any.
6. Now if you have insurance, imagine what your health care network would be like if you did not have insurance. And if you don't have insurance, how would it be different if you did? Tell me the differences, if any.

LOW-INCOME HEALTH IN GRAND COUNTY (15 MINUTES)

7. What do people do if they don't have insurance and they have lower incomes? [Listen for sliding scales, ACHES and PAINS vouchers, Middle Park Medical accepting all types of plans, no low income dental]
8. How much of an issue are the following things in terms of access for people with lower incomes?
 - i. Transportation
 - ii. Insurance
 - iii. Health facilities that will accept low-income patients on a sliding scale, voucher, etc.

9. What is the most valuable thing that the community could do to help improve health for lower income people?

YOUTH HEALTH IN GRAND COUNTY (15 MINUTES)

10. Anyone have kids, or had them? Think back to the general network you drew earlier. Is it any different for youth? *If you have experience or knowledge of teens roughly age 12 to 19, concentrate on that group. Otherwise, you can go younger.*
11. Are there different needs that youth have? [Listen for drugs/alcohol, sex education, nutrition, obesity, bullying, pediatric specialties.]
12. Do your kids have a safe place to go if they have a health issue they don't know how to handle?
 - ⇒ Does drugs/alcohol (and mental health), sex education fall into the realm of health? How about health care? Who should they be targeted to How do we think it might be different for seniors?
13. What is the most valuable thing that the community could do to help improve health for youth?

(TEN MINUTE BREAK)

SENIOR HEALTH IN GRAND COUNTY (10 MINUTES)

14. Think back to the general health network we drew earlier. Is anything different for seniors?
15. We talked about issues like transportation, insurance, and health services that are offered. Do those impact seniors differently?
16. Is it possible to grow old in Grand County and stay in your home? Is Grand County different than other places in Colorado or the U.S. in that regard?

SPECIFIC HEALTH ISSUES, RESOURCES, AND SERVICES (10 MINUTES)

Now let's have a discussion about some more specific public health issues and the availability of services for these.

17. *What area of health-related services could be improved the most in Grand County? Please explain.*
18. What do you think should be the top public health priority areas for Grand County to concentrate on in the next five years? Please explain.
19. On the telephone survey that you participated in, we gave a list and asked respondents for the top priority areas. We'd like to understand a little more about why each of these rose to the top of the list. We'll discuss the top 4, in no particular order. [Moderator: For each-

maternal/infant/child health, senior health, alcohol/substance abuse, access to health services-ask the following]

- ⇒ Why do you think this is an important issue in Grand County?
- ⇒ What resources are available right now to assist with this health issue?
- ⇒ What else can be done by Grand County to help with prevention of this problem?

20. Does Grand County need places for people to exercise?

- i. What are ways to get exercise? Seniors? Kids?
- ii. What have people actually used? Why have they rejected other options?

INFORMATION AND COMMUNICATIONS (20 MINUTES)

At this point in discussion, we'd like to talk with you about information need and possible communications from the County that will be effective.

21. What kind of health-related information do you regularly keep up with? [Moderator: listen for specific examples]

- ⇒ What is the most common source for this type of information? [Moderator: probe about why they choose certain sources]

22. Are you currently aware of any Grand County health resources or programs related to health?

- ⇒ If so, which ones come to mind?
- ⇒ What do you know about this health resource or program?

23. What kind of health-related information would you like to receive from Grand County?

- ⇒ If the County was communicating about the top health issues [maternal/infant/child health, senior health, alcohol/substance abuse, access to health services], what type of information would be most helpful?

24. Let's talk a little more about your preferred ways to consume health-related information such as the type of information just discussed?

- ⇒ Think about *how* you would most prefer to receive this information. i.e. through what means? [Moderator: listen for online vs. traditional channels] Please explain.
- ⇒ [Discuss word of mouth, newspaper and radio. Have participants discuss examples, etc.]

25. Are health care materials easy for people to understand? What do you find most confusing about healthcare information that you look for or receive?

CONCLUSION

Thank you very much for your time! This information will be very useful to the County as it considers how to best continue to serve and communicate to folks like yourselves. Now, we've promised you a payment...