

	English				Spanish	
Question #1	Where do you go for healthcare?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses	Telehealth	Telehealth nurse comes into community to check blood pressure	Telehealth in ER in Webster County	Telemedicine --for endocrinologist and oncology	Avoid Healthcare as much as possible	Community Health Center, Mary Lanning, Hastings Family Care, Family Medical Center, Convenient Care, Urgent Care
	Employer health screenings	No care --those who have huge premiums or high deductibles avoid care, use home remedies instead of accessing care	PT for school athletes	Employer --health fair	Dental services--in Mexico and UNL Dental	
	LHD as followup	Out of town --especially for Seniors with Medicare, EMTs transport people from rural communities to out of town care, Veterans go out of State,	Out of town --specialty care (eye doctor) or because they are established care in Hastings--will go to Grand Island, Hastings	LHD --Clay County HD for shots and physicals	Mary Lanning Healthcare, Family Care, Harvard Convenient care Monday's and Thursdays, Hastings Community Health Center in Hastings, Hastings Convenient Care, Urgent care, SHDHD, Sutton Clinic (they said its more economic),	
	PT for college student athletes	Emergency services/EMT --stop in at EMT full-time employment to get screenings, seniors call 911, "Live Assist" for seniors to alert if services are needed.	Doctor and specialty care in Webster County	Out of town --(Geneva, Aurora, Hastings, Superior)	Mexico for screening tests (colonoscopies and mammograms)	
	Alternative medicine --acupuncturist, chiropractor,	Brodstone Hospital	Pharmacy for screenings (i.e. blood pressure checks and immunizations)	Community-based Organization --Lions Club for eye checks		
	Internet (google, web MD) to self-diagnose	Doctors	Dental in Webster County			
	Out of town --specialty care (i.e. Children's Hospital)					
	Urgent Care --cheaper, more convenient, faster					

	English				Spanish	
Question #2	Where do you get most of your health information?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez--SHDHD	L Vazquez--SHDHD
Responses:	<p>Family and friends --Mom, word of mouth</p> <p>Internet--Web MD(2 comments), Mayo Clinic website (2 comments), Employers have wellness incentives to look at preventative educational resources online site look on internet to see if they need to go to doc WebMD and Mayo Clinic sites are trusted because of the branding and reputation before internet came around, unbiased information</p> <p>Doctor</p>	<p>Friends/neighbor</p> <p>Pharmacists</p> <p>Internet--Facebook, google it and then follow up with doc</p> <p>Doctors--hospital patient portal, direct communication with doc on phone or online</p>	<p>Family and friends-- coffee group, family members who are docs</p> <p>Internet</p> <p>Doctor--printed summary from doc</p> <p>Health fairs</p> <p>School--health classes</p> <p>Chiropractor</p> <p>Beauty Shop</p> <p>Wearable technology and Health Apps--Fit bit</p> <p>Newspaper</p>	<p>Family and friends--local senior group at meals and coffee</p> <p>Internet</p> <p>School--Educators Health Alliance (promotes healthy behaviors and personal health assessments and incentives)</p> <p>Health Apps</p> <p>Employer--inservices and trainings through employer</p> <p>UNL Extension office--print, website, etc.</p> <p>Nursing on-call service--provided through employer as a benefit</p> <p>Insurance Company--nurse follow-up</p>	<p>Would ask Siri, Hastings focus groups, Google, community health workers such as Beverly (Head Start), Lorena and Lis from SHDHD. They also mentioned that in case of a strong pain they take garlic for migraines or other home remedies for different strong pain. One of the group members didn't take her migraine medications because she didn't want to run out of them, she misunderstood that she had more refills and the bottle said to take continuously. Members continued to talk about what are some medications or remedies for pain.</p>	<p>Lorena Najera from the Health Department, Doctor's Office, Google, Dr. Juan 's book from Univision Television, Information from Schools, Diabetes group, Focus Groups in the community, Blood pressure prevention program from SHDHD and YMCA</p>
Notes:	<p>*Drug ads on TV--should there be ads on TV?</p> <p>*Medical Marijuana--good and bad info on internet about it, illegal in Nebraska, youth are using more and not sure of the impact of use on youth or long-term use, easier to get</p> <p>*Prescription medications--pill parties with youth, shared on the bus, sold for "\$10 a pop", folks on these meds will keep 2-3 day supply to take when they go back to doctor as many are tested to see if they are using them and sell the rest of the supply (27 pills or so).</p>	<p>Do not access anymore--Newspapers used to print directories of services (AA, support groups, etc.)</p>				
Question #2A	Is the health information you see/receive easy to understand (health literate)?					
Responses	<p>Hospitals--patients have to take home information and read on their own; patients do not always understand their Do Not Resuscitate and sign it</p> <p>Schools--kids come to school with medications (ex: inhaler) and do not know how to use it.</p>	<p>Hospitals need to make sure that patients are able to understand information given to them</p>	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group	Not asked at this focus group

Question #3	English				Spanish	
	In your family or your friend's families, what are your biggest concerns about your health care?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	Cost	Cost	Cost --healthcare and senior care/nursing home care	Cost --Ambulance; health insurance, drug costs	Cost (7 comments)--concerned about medical bills	Cost --healthcare; health insurance, financial assistance guidelines have changed
	Habits --energy drink and kids, taking care of yourself before getting sick	Transportation --no vehicle or cannot drive to appointment; cost of travel for out of town care; ambulances are used as transportation	Availability of senior care --where do seniors go when they can't take care of themselves anymore	Transportation --	Health status --regulating diabetes and high blood pressure--participate in diabetic and high blood pressure	
	STIs among LGBTQ population --hard to get relevant information (i.e. schools do not teach implications of unprotected anal sex for high risk populations, etc.	New technologies only available in certain part of state and missing out	Availability of providers after hours --do not stay at hospital after hours (for on-call)	Adequate Senior Care --nursing homes are not up to standard and pts don't receive adequate care; alzheimer's patients are locked in rooms because no providers and facility is not prepared to treat them		
		No family support for seniors at appointments	Getting care outside of community --when providers leave the community, patient has to go out of town to receive care	Getting care outside of community --No Hospital in county; health care providers leave the community and many positions are filled with State agencies		
			Delayed rescue --Seniors not being found right away if they fall	Delayed rescue --EMS shortage; EMS fatigue for volunteer emergency responders; increased training discourages volunteers from joining		
				Respite care --no support for caregivers		
				Inadequate training for school staff --not able to care for students with physical/mental/behavioral health needs;		
	Notes:	"I'm young but I don't feel that scared about it. I worry about them (parents) to be able to raise kids and pay for healthcare."			Stigma getting treatment for MH services	
Participant had heart surgery 20 years ago--and took a lot of money to maintain health status. Had to change lifestyle. Young people need to get involved in this issue to change things. Pharmaceutical companies are playing a scheme. Nobody seems to see this.				Using drugs and alcohol to self-medicate for MH issues		
Participant's brothers had to retire to take care of their wives (MS and Liver transplant) early. Brothers are medically poor.				Limited budgets for community agencies providing care		
Have to choose how frequent to use medicine to save money.						

	English				Spanish	
Question #4	What kinds of health care services are used (or not used) by people you know?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	Mental Health Services at schools -middle and high school students accessing counselors; college kids look for the availability of these services when selecting schools	Chiropractic care during pregnancy-- due to insurance this service was not accessed throughout pregnancy	Health savings plan --has one-- but acts as a deterrant to care		Self-management groups --The total package diabetes group, blood pressure group at SHDHD and YMCA. Health checkup every 6 months with HFC	Medications and remedies accessed from Mexico or Mexican groceries stores. Pain Clinic, Doctor, Ambulance
	Health Fairs/Biometric screenings at employers and hospitals	Dental care --have insurance but don't have offices who take insurance	Immunization clinic at Superior Clinic			
		Home health	mental health services			
Notes:				Not used: Support groups Counseling services offered through employer Benefits offered as Employee Wellness		

	English				Spanish	
Question #5	What kinds of health care services do you use to prevent health problems?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez--SHDHD	L Vazquez--SHDHD
Responses:	Dental Care	Walking-- paths, groups	Dentist	Walking--at community pool	Preventive screenings--mammogram, pap smear, project Homeless Connect (eye screening)	Preventive cares
	Preventive screenings--mammogram	Wellness programs--Tai Chi and Yoga through hospital	Eye Care	Wellness programs--health fairs through employer	Massage	Health fairs
	Walking	Fall prevention	Take vitamins	Massages	Self management programs--diabetic group and blood pressure group	Immunizations
	Wellness programs--Health screenings and programs through employer	Fitness centers--Community fitness centers, hospital workout facility	Regular physicals	Immunizations at Clay County HD	Home remedies--herbal	Self management programs--diabetic group and blood pressure group
		Sand volleyball--have to travel out of town	Healthy weight	Environmental health--County sprays for mosquitos		Home remedies--herbal
		Gymnastic classes offered in other communities	Home blood pressure kit	Community facilities--outdoor activities, baseball		Healthy eating
		Bicycles--community member refurbishes bikes and gives to low-income families/community orgs	Wearable technology--fit bit	Social gatherings at the Community Club--to prevent social isolation		
		Cardiac Rehab	Good everyday practices--don't shut file cabinet with knees			
Notes:		City Clerk in Nelson--welcome packet describes opportunities in community				

Question #6	English				Spanish	
	What do you view as strengths of our local health care?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	Health ministry through church	Hospital --working to expand services; critical access hospital; still growing in times of closures	doctors/providers --good care	Community of care through churches		Doctors/providers --neurosurgeons, cardiologists
	Hospital (Mary Lanning) --wide range of providers/professionals	Docs and providers collaborate --making continuity of care better for patients	Clinics --quick clinics to get basic services and relay to provider	Local Clinic		Pain Clinic
	No out of town travel for good health care	Clinic and other health services --provides care for others in surrounding towns too	Value of community caring for each other --hair stylist checked on person when she missed an appointment,	Strong community connections --social connections		Acupuncture
		EMT services --large squads--need to focus on recruiting younger EMTs		Clay center senior center		
				4H extension office		
			EMT/EMS training			
Notes:	People read tidbits through church bulletins every week, attending health screening/blood pressure screening events that are linked with their faith.	Gap in MH services Not a lot of connections between providers			There is no strength in this community Lack of local health	

Question #7	English				Spanish	
	What do you view as future local health care needs in our community?					
Date of Focus Group	7/9/2018	7/12/2018	7/16/2018	7/19/2018	7/24/2018	7/27/2018
# of participants	14	12	8	10	7	7
Site	Hastings/Adams County	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Harvard Public Schools/Clay County	Hastings/ Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone	Lorena Najera	Lorena Najera
Scribe	S Nicholson--NALHD	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	L Vazquez-SHDHD	L Vazquez-SHDHD
Responses:	Baby Boomers --ability to afford healthcare	Elderly Care --appropriate care and qualified professionals to offer services	Assisted living facility closed --in Blue Hill and other areas/gap in service	Elderly care --more providers and facilities	Low income Emergency Department or clinic or convenient care, pharmacy, dentist, food pantry (Catholic Social Services); Transportation; Gym for kids and parents as a way to prevent illness; medical interpreter for vision clinic	Dentists that accept Medicaid; bilingual medical doctors, bilingual staff in every clinic
	Clinic closures --in rural communities people are not going to travel for services	Access to care out-of-town --family cannot or will not make appointments outside of community, have to travel for specialists	Healthcare providers and services leaving community as population shrinks	Improved education and wellness systems		
	Shift culture towards being physically active and healthy eating over a lifetime -- education to start with families and young kids, school PE classes focus on weight lifting vs other options to be physically active (i.e. juggling), sports are competitive in nature vs. focus on lifetime fitness, when kids go out for sports expensive equipment is needed and at times kids don't stick with sport (losing the lifetime fitness approach) because they did not succeed at the sport, Hastings has walk path but need a walking buddy or group to feel safe walking on trail	Job/Economic issues --working more than one job to make ends meet and not able to afford healthcare, young community members are not motivated to work at jobs in the community, who will take ownership of small businesses and farms as owners retire?	Mental health needs --state hospital closed and local clinics did not open for care, need to focus on prevention of mental health issues vs. reacting to mental health crisis	Increased services for mental/behavioral health		
	Obesity --big problem in future, connected health issues, Obesity problem is growing and starts with families, current incentives around obesity reduction focus on person vs family unit,)	Veterans --increasing # of veterans returning to rural communities, VA reports that there are not enough resources for returning Veterans,	Addiction issues (2 comments)--drugs seem more prevalent in youth, no way to report suspected drug activities in the community	Drinking water shortage		
	Multicultural and lingual providers needed for health care services -- not only for race/ethnicity, gender, age but also including deaf people to access health care (hearing aides are often not covered by insurance); LGBT population--accessing health and mental health services, know where to go, who provides respectful services	Addressing prevention with families who are struggling to meet ends -- families receive services, CPS does not help, how to reach these families about health issues (i.e., Nutrition, hygiene, mental health issues, early intervention)	Crime rate increasing --due to addiction and law enforcement unable to address it	Affordable care		
	LGBT population --sexual education in high school is focused on heterosexual behaviors and information, mental health services needed when LGBT "comes out", in school and in community LGBT does not know who to talk to, get services from, etc., higher risk population that does not have access to relevant health information nor do they know where to get	Financial Literacy --starting with youth				
		Outreach and education needs --for services and prevention (i.e. diabetes education classes, education about services to engage public in services that are offered, connecting people to services				
	Mental Health needs --not being met					
	EMS/EMT burnout --volunteer service					
	Affordable healthcare --addressing the needs of those who work more than 1 job, no access to major medical [insurance] policy, self-employed					
Notes:	not enough resources and support available in the community to offer families in need Possible solutions for mental health unmet needs: use churches to connect with people/as possible support in mental health train people to provide suicide prevention and mental health first aid at points of non-traditional access (businesses, bankers, etc.)	Focus group seems all middle class, is there outreach to lower incomes? Lifestyles have become so busy that it is difficult to slow down and relax.		There was discussion about how they have to learn the language		

Health System Leaders

Question #1	Where does your contingency go for healthcare?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Out of town care --Access to health care is spread out many go to Hastings or VA in Grand Island	Providers in Hastings, Kearney, Grand Island, childbirth and Pediatric care in Hastings	Ambulance is used as taxi service	Hospital/Clinics --Doctor's offices, Mary Lanning Mental Health and Hospital services, Urgent care, Third City Clinic, Community health center, Emergency Rooms,
	Assisted living/nursing homes	Local pharmacy goes to assisted living to give flu shots	Younger people receive care at elderly care facilities	Telehealth
	Hospital --improvements have increased access to services easier for families	Hospital/Clinics --Webster Hospital Clinic (flu shots too), Main street clinic (flu shots too), Emergency room, Smith Center, KS clinic, Grand Island VA, Omaha VA	Urgent Care --for uninsured	Employer based --employee website (Healthcare Blue Book), employee wellness coaching, Employee Assistance programs.
		Worksite Wellness: City of Red Cloud offeres cash incentives for wellness programs Private employer offers discount at YMCA, and cash incentives for using wellness programs	Pharmacy --internet based, Mexico and Canada	Community-based services -- schools (nurses/counselors), pharmacies, health fairs, health department, parrish nurse
			Faith-Based help with mental health care	Community college Dental
			Self-diagnose/medicating --get info online, travel to Mexico to get medication for a self-diagnosed condition, self-medicating for addictions due to lack of providers	Internet
			Telehealth for mental health care	
Notes:	Health Insurance --hoping Brodstone Administrators will work to accept VA Choice insurance; changes to medicaid have decreased access to services (eye care); changes to Medicare has not changed access but veterans have to receive care through VA (medicare is a secondary provider)	Veteran population in Webster County is decreasing Hard to find consistent caregivers in the community--often see a different provider at each visit (decreased continuity of care with this model)	Faith-based could be a point of access for people to receive treatment in areas with provider shortages Some people don't get treatment due to lack of services cost share plan (insurance)	

Health System Leaders

Pharmacists are link between provider and patients...to ensure consistency

Telehealth--use of telehealth is generational thing, millennials probably more likely to feel comfortable with online services; Elderly patients seem to prefer in person visits so that their doctor can physically check their symptoms

discourages people from getting preventative care causing higher medical bills once treatment is sought out; Increase in cost share plans /"Christian" coverage plans

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Question #1A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Hospitals have expanded services (Brodstone and Mary Lanning)	<p>Out-of-town providers/services--Hastings and Grand Island provide more specialists, people are used to travelling more so it isn't a big deal to get care out-of-town, doctors are limiting specialty clinics in smaller communities because patients travel more to bigger communities,</p>	<p>Insurance--Urgent Care use increasing due to lack of insurance, Medicare is changing what it reimburses and increased funding for ambulance service, delay care due to lack of insurance, increased demand in billing requirements and liability</p>	<p>less insurance coverage--urgent care requires payment upfront, ER visits can write off charge for visit</p>
		<p>Telehealth-- elderly care because patients can't travel, mental health services, hospital increased use of telehealth for specialties</p>	<p>Connected community--people are less connected to neighbors so the ambulance is used more often for taxi service</p>	<p>Getting into mental health services is not easy--only physically healthy folks can get into detox</p>
				<p>Transportation to services/appointments an issue</p>

Health System Leaders

				Students do not have the money to afford office visits/get care, health is not a priority for them, urgent care is more accessible to this population if care is needed, working multiple jobs to make ends meet
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Question #2	Where does your contingency get most of their health information?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Internet --facebook (especially for school stuff like sports physicals, etc.), younger folks online	Internet--facebook, google, online, Web MD, Mayo Clinic. CDC online	Internet --a lot of info online and hard to get patients correct info	Internet --Facebook, Google
	Media --ads in print and on TV	School --reimnders about vaccinations, etc.	Ads --commercials advertising medication	Media --TV ads, pharmacy ads, TV shows/Dr. Oz, magazine ads and commericals, posters
	Friends --coffee, same conditions, word of mouth	Ads	Friends --coffee time	Family/friends --word of mouth, students (peer to peer),
	Provider	Friends --neighbors		Doctor/Provider
		Doctor		Pharmacy
				Employer --HR and Doctor through employer
Notes:	Health literacy is important		Need to educate folks about Medicare benefits--the books is so big people don't read it	Wellness programs and support groups
				We've become desensitized, Dysfunction = normal, Cultural impact, Healthcare Connections, non-profit agencies, Faith-based agencies, Rural farm families--family members in healthcare, don't access/don't want to know, Self-prescribe, Hairdresser, Alternative Medicine, In Home Party

Health System Leaders

Question #2A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Technology--30 years ago the only way was to talk to you doc or library	Using technology in health --hand held devices to access health information, texts from providers as reminders	Increase in technology	Technology and internet access: More information is available which leads to self-diagnosis, but the information available may not always be accurate; less "call Grandma" is happening
		Increase in self-diagnosis		Faith-based insurance options are new
		Shrinking health history --younger generations don't have history past immediate family members		Access to memory care and places that work with Alzhemiers
Notes:	Docs are more engaged with patients --driven by patient satisfaction, younger docs want to be more personable, VA has changed their manner spending more time with clients.			

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Leaders

Question #3	What are the biggest concerns your contingency has about health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	<p>Cost of care--high cost of health care decreases ability to save money, high medication costs, covering the cost of basic care needs not covered by Medicare,</p>	<p>No in town care--not wanting to travel out of town for care when clinic closes, not having access to care in smaller communities</p>	<p>Out-of-town care--people do not want to travel out of the community for providers</p>	<p>Quality of care/healthcare system--availability/access to care : Appointment availability: mental health issues will get scheduled out 3 weeks/detox, ability to access, availability of services/specialties, access to quality care, timely crisis treatment, new to area getting into see physician, specialty areas, doctors move around; connection/relationship with providers /bedside manor; Legal : HIPAA, Laws and regulations, possible litigation; other : farmers don't access care until necessary; Complex medical issues --Obesity, mental health stigma (espec. among farmers), correct source of problem, continuity of care, challenges adapting to current health needs (in reference to Obesity), stress/uncertainty in Ag field (mental health)</p>
	<p>Insurance--working more than one job to have health insurance (farmers), Medicare doesn't cover all health costs, understanding Medicare benefits and management, go without insurance (farmers)</p>	<p>Quality of care--hard to refill RX because docs have limited hours/availability in community; less face-to-face time with provider because of more patients due to schedule of provider in town (i.e. every week in town, etc.), high patient loads, losing personal relationship with doc</p>	<p>Lack of Mental Health services-- Schools do not have resources for mental health, absence of long term care facilities for youth with mental health issues, Veterans can't access service due to wait times</p>	<p>Cost/price--monthly cost of insurance, high deductible, cost of employee insurance, cost of healthcare, prices increasing, medication increase, can't get healthcare costs down and decrease overutilization can't get people to take care of themselves Save or have coverage) results in high healthcare costs</p>

Health System Leaders

		<p>Cost--fearful to go to doc because of high costs</p>		<p>Insurance--high deductibles, losing Medicaid, insurance, older generation won't leave employment because they need the insurance, ACA: low deductible at first--but cannot afford now, many not covered or only catastrophic, some small operations are forming "corporations" and hiring an employee to get insurance</p>
				<p>Transportation</p>
				<p>Education to prevent health behaviors/issues multicultural and health literate-- English Language Learners have problems over time with vision, etc., language barrier both ways, knowledge deficit (in reference to Obesity), Home EC or life skills classes in the past--nothing in the catholic schools, generational gap of knowledge, kids at zone program teaching parents about healthy meals, kids loack of exposure to healthy foods--may not eat the health foods--use to eating processed foods, importance of preventive care/push back on "incentive for wellness" programs, health literacy, lack of education; Technology : technology, googling what's wrong</p>
<p>Notes:</p>				<p>Pay equity--behavioral health/substance abuse</p> <p>Increase ER visits</p> <p>Access to food (in reference to Obesity)</p> <p>Many live on ramen noodles</p> <p>Time</p>

Health System Leaders

Question #3A	How has this changed over time?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Costs are rising--not have health care needs met due to high costs	Service model has changed--doctors refer out to specialists more than they used to, have to make appt with doc vs. calling when something is wrong, longer wait times for getting in to see doc, docs not seeing pts for regular check-up/preventative care	Social isolation	Preauthorizations, availability, relationship, affordability, specializations/declines
		decreasing population is reducing services	High burn out of health care providers, EMTs, etc because of high demand	
		Cost of care and insurance has increased, Declining health due to high costs--people don't get in when they need to because they can't afford it		

Question #4	What kinds of health care services are used (or not used) by people you know?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Occupational therapists/Physical therapists	Occupational Therapist at schools	Mental Health Services (Not Used) often not covered by insurance	Telehealth services with technology to help with multiple languages is an improvement to accessing care NOT USED Employer Issued Insurance has Telehealth/internet--doc appointments--generational trend perhaps?
	Mental health services (USED) through school nurse and counselor, VA, used more in younger generations, Banker who does a lot of ag loans acts as counselors--	Mental health services--licensed MH provider, UNMC telehealth for behavioral health, Geriatric mental health services through telehealth/mary Lanning, School counselors, ASAP drug prevention through schools,CASA/SASA services	Veteran services--not used because veterans are not aware of their benefits and how to access the VA	Alternative medicine--(massage, chiropractor, essential oils) cheaper than going to the doc, utilization and access and education

Health System Leaders

	Preventative care --school physicals, Gym	NOT USED --health fair vaccination clinics, 25-40 year olds not taking advantage of community civic activities	Immunization clinics --uninsured use these clinics--insured folks do not use these clinics because they are not covered by insurance	Mental Health --wait list and crisis driven
	Socialization --just being able to talk and listen	Preventative care --Health fairs for affordable lab draws, Immunization clinics, Fitness facilities at City Council Buildings		preventative care --vision/dental, health fairs, school RN/NP, health department, YMCA classes for cooking and free membership (NOT USED often due to decreased motivation/distance), college fitness centers
				Dental care --not accessed, not used, limited providers with Medicaid, cash up front, popular among college students
				Medical services --primary clinics, ambulatory/surgical services, ER, Urgent Care, community health center, urgent care
				Transportation --can't get to Omaha/Lincoln for care
				Employer programs --EAP, Wellness program
Notes:	<p>Mental health services wants/concerns--no therapy for geriatric community (psych nurse administers meds only), hospital and schools work together to provide mental health services, mental/behavioral health professionals in schools, no mental health services for Veterans suffering from addictions, kids have constant access to technology and internalize issues, suicide prevention training for non-traditional partners (i.e. bankers)</p> <p>Geriatric facilities are used by younger families to access care because it is the only option</p>			Healthcare Savings Accounts may not be utilized

South Heartland Community Health Assessment 2018
Focus Group Synthesis
Health System Leaders

Question #5	What kinds of health care services do you use to prevent health problems?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Prevention --Wellness; VA immunization and prevention programs	Community based --Community fitness center, Active playground, Program started by local businesses to provide healthy foods	Community-based --Food pantry at church; Health fairs--used as a basic check to monitor blood pressure, etc.	Community-based --immunization clinics, DPP, blood pressure management programs, Blood pressure machinges at community locations, church screenings/classes, YMCA/YWCA, (free membership), health fairs, health screening through insurance, flu vaccinations, Safe Kids bike helmets, WIC, meals on wheels
		Group --Yoga, Tai chi (sponsored by SHDHD), Zumba groups	Individual --cooking with healthy foods vs. processed foods, organic/non-GMO food	Groups --social groups, friends advertising healthy activities, fitness classes, Mary Lanning Health Classes, YWCA after school programs, Zone/education classes through Revive, inc.
	School based --Playground, walking to school, prevention and nutrition programs at school	School-based --Edible schoolyard; Greenhouse at high school	Education --teach patients how to prevent recurring hospital visits at home health care visits	School-based --health programs, wellness programs, assessment/wellness, early head start
		Education --Encourage families to be active and limit sedentary activities; Education to families		Primary care --Every woman matters, primary care, depression screenings, substance abuse screenings, tobacco screenings, Hastings Family Planning
		Tech free center		Alternative care/holistic
				Workplace based wellness --health fairs, employee wellness programs
				Policy/environmental/system supports --walking and biking trail, waiver/care management services, DHHS medicaid applications, Clean Indoor Air Act and education about smoking has provided great benefit, Kids accepting of seatbelt use, Wellness incentives

South Heartland Community Health Assessment 2018

Focus Group Synthesis

Health System Leaders

				<p>Individual--vitamins, supplements, look for healthy items when eating out, fitbit/activity trackers, smart moves--time/remembering, budget management services--resources, goal setting, strategy planning, safety--car seat installation, gyms</p>
				<p>Mental Health--opportunity house (day services/AA/NA), south central behavioral services, senior citizens mental health grant through sunny side</p>
				<p>Education--scrubby bear, healthy beginnings (parenting programs), education = prevention/start with youth through lifespan</p>
Notes:	<p>Uninsured--don't receive care, farmers try to have healthier behaviors like regular exercise, questions about Obamacare and high deductible plans (may discourage folks to get insurance)</p>			<p>No DARE program anymore</p> <p>Health Fairs: patients responsibility to share with providers, employer based</p>

Health System Leaders

Question #6	What do you view as strengths of our local health care?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/30/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Schools provide free and reduced meals to respond to the high rate of children's poverty	Engaged education system	Many health services in Sutton --people don't have to travel out of town	School meal programs
	Community connectedness --feeling connected through coffee talk, volunteers support community activities	Hospital --open in current times of closures, new providers coming to hospital, asset to community	Strong relationships --between providers and patients	Access to Care --alternative hours, most HC services are available--basic/specialty/diverse services, PCP (most in network) available--emergency visits and short wait for scheduled visits, wide range of brilliant providers, Choice between pharmacies--locally owned, 2 urgent care clinics, many providers--problem is keeping current list of available services, Mary Lanning Center, Cancer care close to home, Clinics for underserved, Specialists, Access to care, choices and options, levels of care to elderly, new specialists (healthcare), new providers to reduce case loads, home town providers, availability, connection within the comm providers, meeting people's time constraints/referrals, hospital--offer specialties/telehealth, central location, specialists here, access to care, satellite facility;
	Safe community	EMS --local asset to help start treatment for patients		Mental health -- strong mental health, strong recovery from addiction, better mental health access, good recovery community, ACT team--south central behavioral services, Region 3, levels of care for behavioral health
	Access to outdoor activities --pools, parks, ball programs			
				Advocates--very helpful! Not available to everyone, community support, size of community--interaction, positive part of community, want healthy community, accountability
				Employer based wellness programs
				Workforce development --school of nursing and dentistry to feed health system

Health System Leaders

				Community-based programs--to promote their missions and serve the community, Safe Kids programs, YMCA, YWCA, Ryde program, Homeless shelter, good program for food
				System for services to interact--networking, non-profits good at referring to each other and staying connected, communication between agencies unless regulations get in the way, EMR, Great collaboration, centralized database for access to information, good network/communication, technology brought into hospital, easy to work with in community
Notes:		Perception that State discourages small volunteer emergency services		Spec Children Fund People sometimes overwhelmed or fearful Experience and new ideas

Question #7	What do you view as future demands of our local health care system?			
Date of Focus Group	7/12/2018	7/16/2018	7/19/2018	7/9/2018
# of participants	5	8	14	43
Site	Superior/Nuckolls County	Red Cloud/Webster County	Clay Center/Clay County	Hastings/Adams County
Facilitator	Susan Ferrone	Susan Ferrone	Susan Ferrone	Susan Ferrone
Scribe	T Burns--NALHD	T Burns--NALHD	T Burns--NALHD	S Nicholson--NALHD
Responses:	Aging population and greater needs	Workforce needs --maintaining and recruiting health care providers, Maintain EMS services for rural areas	Workforce needs --increased educational requirements for volunteer responders (CEUs and training) for maintaining EMT licensure and becoming EMT, limited resources and fewer EMTs longer response times, funding restrictions from State for emergency services in rural areas, increased workloads for health care providers with decrease in funding	Multicultural and multilingual care --an increase in minority populations, providers/health care system need to be responsive to different cultures and languages, bilingual employees for YMCA are hard to find, cultural changes, minorities
	Reduced population in county	Collaborating to enhance services and availability	Aging population --need for care and facilities, intergenerational care and financial responsibility for elderly parents,	Connecting as a community/population --engage in faith-based orgs, advocacy programs (i.e. zone program) utilizing retired volunteers,

Health System Leaders

<p>Facility closures and out-of town care</p>	<p>Maintain population in county--to keep current services</p>	<p>Mental Health Care--need facilities/services</p>	<p>Aging population--advocate for due to lack of family members who live close, independent living/retirement, not financially prepared for future years, communication with aging pop, affordable senior care, angry/mental health issues, non-traditional community living (age 45-65) cannot live independently</p>
		<p>Sharing trusted information about local services</p>	<p>Mental/Behavioral health needs--shortage of providers, addictions/drugs/break-ins, youth experimenting with drugs/marijuana, detox, anger issues, drug use at younger age,</p>
			<p>Technology--using apps and alerts on cell phone to reach more population, do outreach via technology, widening gap between those who can access care through technology, generational gaps on how to use technology</p>
			<p>Economic opportunities--people want benefits with jobs, less opportunity in Adams County for entry level positions with benefits</p>
			<p>Focus on Prevention-- decrease chronic disease, decrease cost of healthcare, education about how to take care of self, education about preventative care, focus on family and social networks vs. individuals, treatment of chronic patients in emergency instead of true emergency</p>

Health System Leaders

				<p>Accessing health care services/system-- education to people on how to access healthcare, process on getting into the system with docs taking new patients, motivation to access or engage in established health care, encouraging engagement with own health care, incentivize (lower deductibles or premiums), easier process to access health care, expanded health care hours, low-income population, minority populations, awareness about what one needs/doesn't need, fall through the cracks</p>
<p>Notes:</p>				<p>Pharmacy/medication costs</p> <p>Teen pregnancy</p> <p>Transporation</p> <p>Prolonging life vs. death</p> <p>Shopping for health care instead of family</p>