RURAL HEALTHCARE ISSUES & CHALLENGES

In the Tug Hill Seaway Valley Region

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On behalf of:
The Northern Border Regional Planning Program Consortium of NNY
December 30, 2022

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Introduction

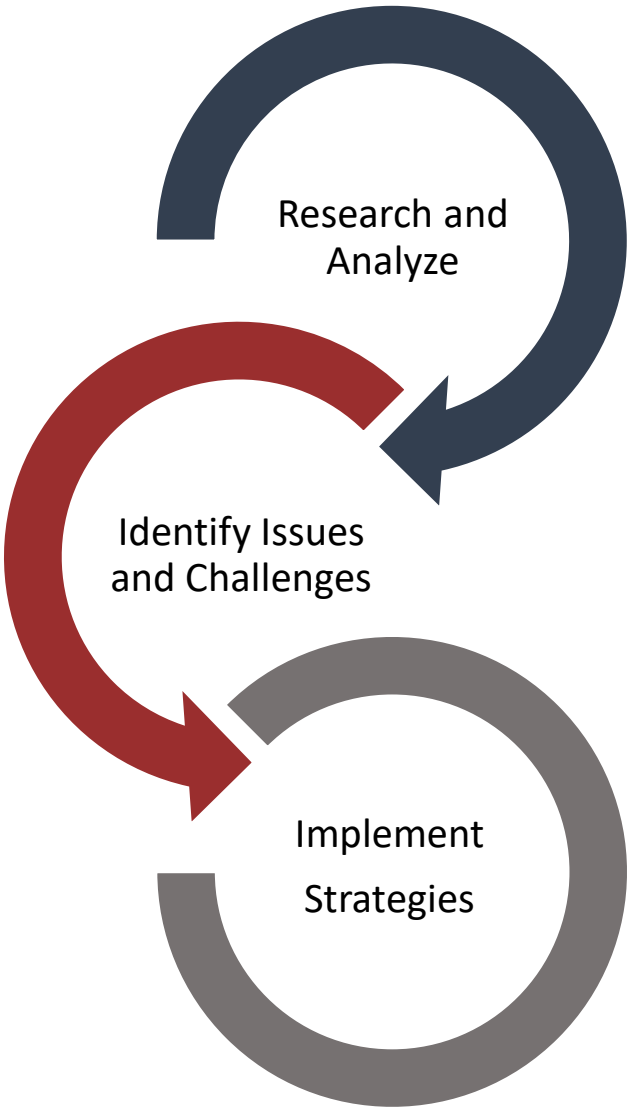
Made possible through HRSA grant funding, the Tug Hill-Seaway Valley Rural Northern Border Planning Program Consortium was formed to identify healthcare gaps and challenges in the rural designated areas of Jefferson, Lewis, and St. Lawrence counties. Consortium members represent stakeholders working in the healthcare sector, including community-based organizations, public health agencies, and health planning organizations.

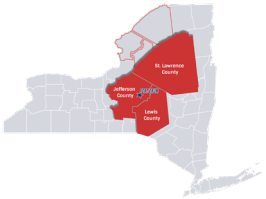
The consortium conducted a series of focus group sessions and key informant interviews throughout rural designated areas of the region to gain insight into current healthcare challenges and identify unmet needs. The data obtained was used to create this report of findings. The information in this report will help to inform healthcare partners as they develop and implement strategies to mitigate barriers and challenges.

A community health survey was also conducted during the summer of 2022 to gain further insight into the health behaviors and perceptions of rural residents as well as the extent of healthcare-related challenges in the rural designated areas of the region. It was designed with guidance from the consortium and the North Country Health Compass Partners to inform healthcare leadership and provide leaders with the tools necessary to make data-driven decisions. Information contained in the survey report will help to set a baseline for monitoring and evaluating strategies. Comparing current survey results against data from previous years will help to identify statistically significant trends and the efficacy of past initiatives.

The community health survey also serves to empower community members, giving them a voice to be heard, and interviewers with a venue to raise awareness about current issues, existing services, and future plans.

The information obtained from qualitative and quantitative research will be used to inform healthcare partners, engage patients, raise awareness, and implement strategies toward improved health outcomes and access to care. It will also help to inform public health agencies and hospitals who are required by the state to develop and implement a county-wide Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).


Research and Analyze
Identify Issues and Challenges
Implement Strategies



Background

The Tug Hill-Seaway region of New York State is comprised of three predominantly rural counties in northern New York: Jefferson, Lewis, and St. Lawrence. This largely rural region covers 5,223 square miles and has a total population of 253,150.[1] The target population includes people living in Lewis, St. Lawrence, and the designated rural areas of Jefferson counties in New York State (NYS). The HRSA-designated rural areas of Jefferson County include census tracts largely encompassing Clayton, Alexandria Bay, Wilna, and portions of Theresa. As of the 2017-2021 American Community Survey 5-Year estimates, the HRSA-designated rural population is 146,698 and comprises 58% of the entire Tug Hill Seaway Region.[2] The service area population includes several health-related disparities, notably among those who live in poverty, the BIPOC community, those living with a disability, or those with limited health literacy.

Several geographical features impact access to healthcare services, including the area's rurality, the presence of the Adirondack mountains, and the harsh winter climate. The service area lies within the St. Lawrence River and Canadian border to the north, Lake Ontario to the west, and the Adirondack mountains to the east. The rural service area is one of the most sparsely populated parts of NYS, with a population density of 34 people/sq mi— nearly 9 times less than the state average of 429 people/sq mi.[3] Several of the consortium hospitals, including River Hospital and Clifton-Fine Hospital, are Critical-Access Hospitals. The service area is less racially diverse compared to most of NYS, with BIPOC populations making up 8.0% of the population in the HRSA-designated rural geographies, compared to the NYS average of 45.3%.[4] While the region is not racially diverse, the BIPOC population is an extreme minority position.

The service area is remarkably socioeconomically depressed compared to the rest of the state and national averages. The median annual income of all households in the HRSA-designated rural service area is $60,649, which is $8,372 lower than the 2021 national average of $69,021 from the American Community Survey 5-year estimates, and $14,508 lower than the NYS average of $75,157. In the rural service area, 15.0% of all households fall below the federal poverty line (compared to the NYS average of 13.4%). Further, 23.2% of children in the service area fall below the federal poverty line (compared to 18.4% of children in NYS). St. Lawrence County is particularly remarkable in its poverty statistics, where 16.2% of all households are in poverty, and 26.2% of children live in poverty.[5] People in poverty may struggle with a nexus of income-, social-, and physical environment-related challenges that impact their

[1] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com
[2] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com
[3] 2020 Census Demographic Data Map Viewer. https://mtgis-portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=2566121a73de463995ed2b2fd7ff6eb7
[4] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com
[5] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com

ability to live long and healthy lives—leading people in poverty to experience shorter life expectancy, higher rates of infant mortality, and higher death rates for the 14 leading causes of death nationally.[6]

Furthermore, the service area is rural, which presents additional healthcare barriers for those struggling with poverty. All three counties in the region are Medicaid eligible population Health Professional Shortage Areas (HPSAs) for primary care and dental health. Jefferson County and St. Lawrence County are Medicaid eligible population HPSAs for mental health.[7] In addition, large portions of the region are designated as Medically Underserved Areas (MUAs) for primary care.[8] The region has 61 primary care physicians per 100,000 population, well below the NYS rate of 108 per 100,000 population.[9] These shortages and other healthcare-related issues have been further exacerbated by the COVID-19 pandemic, an aging population, and a continued increase in the number of young adults leaving the region seeking work in larger urban areas. A unique aspect of the region is its proximity to the Fort Drum 10th Mountain Division, the only U.S. Army installation without its own inpatient hospital. Soldiers and families of the Fort Drum Army base rely on local healthcare entities for their healthcare needs, which places additional demand on the existing healthcare workforce.

Since the service area is a HRSA-designated provider shortage area, it can be difficult for people to identify an available provider. Once linked with a provider, people in poverty may struggle to secure transportation to their appointment. Public transportation is not readily available in the service area, so residents must rely on private transportation. Furthermore, the harsh climate and its effects on vehicle maintenance compound transportation problems, particularly for the impoverished. Through 2019, 22% of regional residents report transportation has caused a difficulty in attending medical appointments. This rate more than doubles for those who make less than $25,000 a year, for those without a vehicle at their household, and for persons with a disability.[10]

This is especially significant when considering that the service area has a higher percentage of the population who have one or more disabilities (15.4%), compared to NYS (11.6%) and national (12.6%) averages. Of those over the age of 65, there is also a higher percentage who have a disability in the region (ranging from 36.0% in Jefferson County to 35.5% in St. Lawrence County and 32.0% in Lewis County) versus the NYS average of 30.6%.[11]

As of 2018, 38% of the Tug Hill Seaway region's adult residents are obese, exceeding the statewide rate of 28%.[12] The rate of obesity among children and adolescents is 22%, exceeding the statewide-

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[6] Czapp, P. and Kovach, K. (2015). *Poverty and Health-The Family Medicine Perspective (Position Paper)*. American Academy of Family Physicians. https://www.aafp.org/about/policies/all/poverty-health.html

[7] HRSA HPSA Find tool. https://data.hrsa.gov/tools/shortage-area/hpsa-find

[8] HRSA MUA Find tool. https://data.hrsa.gov/tools/shortage-area/mua-find

[9] *Area Health Resource File* (2021-2022 Release Year). Physicians, Primary Care (County Level File). Population, All (County Level File) via https://data.hrsa.gov/topics/health-workforce/ahrf

[10] *Transportation in Northern New York State*. Retrieved June 1, 2021, from http://www.ncnyhealthcompass.org/content/sites/fortdrum/Regional_Transportation_Survey.pdf

[11] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com

[12] NYS Behavioral Risk Factor Surveillance System, data as of August 2020 via NYSDOH Prevention agenda Dashboard

excluding-NYC average of 17%. In total, 39% of children and adolescents in the region are either overweight or obese compared to 34% in the state (excluding NYC).[13]

Finally, the service area has a markedly lower percentage who have completed a bachelor's degree or higher. Compared to the NYS average of 38.1% who have completed a bachelor's degree or higher, this figure is only 22.8% for the HRSA service area: 23.6% for St. Lawrence County, 18.8% for Lewis County, and 20.7% for the rural tracts of Jefferson County.[14] This has implications for the health literacy, sense of healthcare autonomy and control, and overall health outcomes of the target population. For example, in a recent regional Community Health Survey, 89% of respondents with a bachelor's degree or higher indicated they are "actively working to improve their health," compared to 74% for those who reported no college education (p. 63). Furthermore, when asked "When you go to the doctor, how often would you say you understand the instructions you receive?", 63% of respondents with a bachelor's degree or more answered "always" versus only 51% among those who reported no college education (p. 33).[15]

The unique challenges of the service area led to significantly worse overall health outcomes compared to state averages.

Leading Causes of Death, 2018-2021 Average

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Files

	Tug Hill Seaway Region		New York State	
Cause of Death (ICD-10 Categories)	Rate (per 100,000 population)	Deaths (average per year)	Rate (per 100,000 population)	Deaths (average per year)
Diseases of the circulatory system	282.5	694	285.8	55,848
Neoplasms (Cancer)	208.8	513	175.6	34,315
Diseases of the respiratory system	95.5	235	74.5	14,553
External causes of morbidity and mortality	65.8	162	58.9	11,512
Endocrine, nutritional, and metabolic diseases	58.8	145	39.5	7,710
Mental and behavioral disorders	57.2	141	45.2	8,825
Diseases of the nervous system	48.7	120	44.9	8,767
Diseases of the digestive system	43.8	108	29.5	5,774
Codes for special purposes (COVID-19)	37.3	92	73.5	14,356
Diseases of the genitourinary system	25.3	62	19.5	3,804
Certain infectious and parasitic diseases	15.9	39	20.0	3,902
*All other categories**	28.1	69	26.6	5,200
Total mortality	967.5	2377	893.3	174,565

*Categories with mortality rates of less than 10.0 for the region were combined into this metric.

[13] Student Weight Status Category Reporting System (SWSCRS), 2017-2019 via NYSDOH Prevention agenda Dashboard

[14] US Census Bureau ACS 5-Year 2017-2021 via mySidewalk Seek, www.mysidewalk.com

[15] *2020 Community Health Survey of Adult Residents*. Retrieved June 1, 2021, from http://www.ncnyhealthcompass.org/content/sites/fortdrum/Reports/20200922_Community_Health_Survey_Report.pdf

Qualitative Research

This section of the report summarizes findings from key informant interviews and focus group sessions. A number of key themes and insights emerged from this study. The issues and challenges identified from both research methods are broken into two categories: workforce and service shortages, and socio-cultural factors. Some key issues are listed in both categories in order to illustrate the underlying causes of the identified issues as described by participants.

Research Methodology

The Fort Drum Regional Health Planning Organization conducted a series of key informant interviews and focus group sessions seeking regional perceptions, opinions, ideas, and beliefs about the current state of regional healthcare services and related issues. This report presents a summary of these findings.

A total of 13 key informants were interviewed including regional community members and stakeholders within the existing system of services. Informants included individuals with first-hand knowledge in the following areas: pharmacies, hospitals, primary care locations, community-based organizations, public health agencies, school districts, social services, peer support groups, and mental health clinics. Informants were made aware that participation was voluntary and that a summary of findings would be shared with the consortium and eventually made public. Interviews were conducted by FDRHPO staff using a standard interview script.

Key Informant Interviews (13 participants):

KII	County	Date	Venue	KII TYPE
Key Informant 1	Lewis	3/2/2022	Zoom Virtual	Education
Key Informant 2	Lewis	3/11/2022	Zoom Virtual	Social Services
Key Informant 3	St. Lawrence	3/11/2022	Zoom Virtual	Family Practice
Key Informant 4	St. Lawrence	3/11/2022	Zoom Virtual	Social Services
Key Informant 5	Lewis	3/16/2022	Zoom Virtual	Education
Key Informant 6	Lewis	3/18/2022	Zoom Virtual	Social Services
Key Informant 7	St. Lawrence	3/18/2022	Phone	Community Services
Key Informant 8	St. Lawrence	3/18/2022	Zoom Virtual	Family Practice
Key Informant 9	Jefferson	3/21/2022	Zoom Virtual	Mental Health
Key Informant 10	Lewis	3/21/2022	Zoom Virtual	Case Coordinator
Key Informant 11	Lewis	3/24/2022	Zoom Virtual	Family Practice
Key Informant 12	Jefferson	3/28/2022	Zoom Virtual	Case Coordinator
Key Informant 13	Jefferson	3/28/2022	Zoom Virtual	Education

Eight 75- to 90- minute focus group sessions were conducted with community members located in designated rural areas of the region. Participants were recruited through onsite and online promotions. Participants were vetted to ensure they lived or worked in a rural setting. Due to COVID-19 complications, most focus group sessions, and all key informant interviews were conducted virtually via Zoom teleconference. Two of the eight focus group sessions were conducted in person: one in Alexandria Bay, NY, and the other in Lowville, NY. All three counties were represented in the focus group sessions and key informant interviews.

Focus Group Schedule (27 participants):

#	County	Date	Time	Location
1	St. Lawrence	4/13/2022	5:30 PM	Zoom Virtual Session
2	Lewis	4/18/2022	9:30 AM	Zoom Virtual Session
3	Jefferson	4/19/2022	1:30 PM	Zoom Virtual Session
4	Jefferson	4/20/2022	5:30 PM	Zoom Virtual Session
5	Lewis	4/21/2022	5:30 PM	Zoom Virtual Session
6	St. Lawrence	4/22/2022	1:30 PM	Zoom Virtual Session
7	Lewis	6/9/2022	11:00 AM	Lowville, NY
8	Jefferson	6/30/2022	1:00 PM	Alexandria Bay, NY

Statement of Limitations

Qualitative research findings were limited to the perspectives and opinions provided. It is likely that all regional perspectives were not identified in this report. Some research questions were designed to elicit personal experiences while others were tailored to professional perspectives. Despite limitations inherent in qualitative research methods, this report provides an in-depth insight into the perspectives and experiences of those affecting and affected by the current healthcare system in the rural areas of Jefferson, Lewis, and St. Lawrence counties.

Focus groups and key informant interviews seek to develop insight and direction, rather than quantitatively precise measures. Due to the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference. The reader is reminded that this report is intended to clarify complex issues and point out the direction for future research. The data presented here cannot be projected to a universe of similar respondents. The value of focus groups and key informant interviews lies in their ability to provide observers with unfiltered comments from a segment of the target population and for decision-makers to gain insight into the beliefs, attitudes, and perceptions of their consumer base.

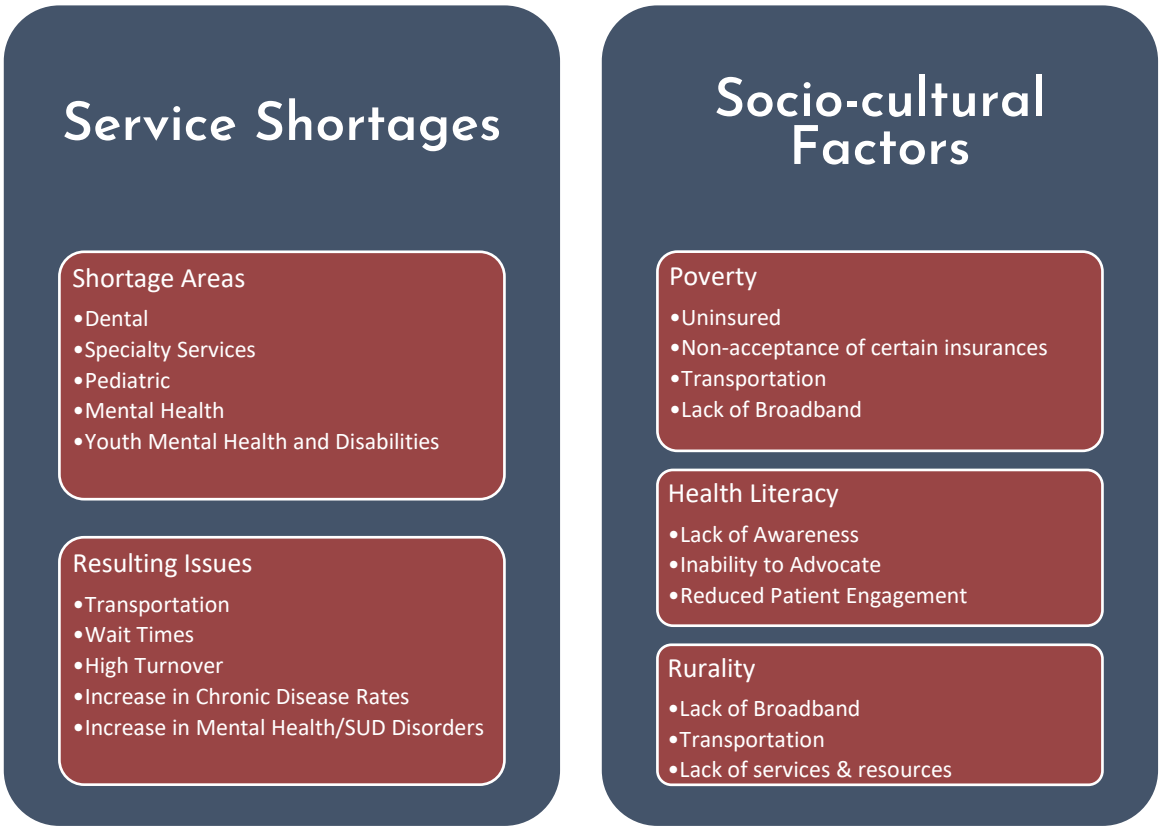
Key Informants

Key Informant Interviews

The following is a summary of key findings from key informant interviews conducted with 13 stakeholders in the region. All informants work, volunteer, or reside in Lewis County, St. Lawrence County, or the rural designated areas of Jefferson County.

Key informants were comprised of stakeholders within the existing system of services and included individuals with expertise and first-hand knowledge of healthcare services, community-based services, or educational services. Informants were made aware that participation was voluntary and that a general summary of responses would be shared with the consortium and HRSA. Key Informants were identified and agreed upon by the consortium and conducted by Fort Drum Regional Health Planning Organization (FDRHPO) staff who are formally trained to conduct qualitative research. Interviews were conducted using a standard interview script.

Overall, perceptions and opinions were similar across stakeholder types and counties with some variation in the stated severity of issues and challenges. The issues identified fell into two categories: workforce/service shortages and socio-cultural factors.



Workforce and Service Shortages

All informants noted that service shortages exist in multiple healthcare sectors. Sectors of greatest concern included specialty care, dental care, pediatric care, and mental health services. According to informants, the shortage issue contributes to secondary issues like extraordinarily long wait times to be seen, burdensome travel requirements to find care, and high provider turnover, which often leads to higher patient anxiety and decreased engagement.

> "For dental care, they don't get care, or it takes a while to get in. Toothaches should be seen immediately but there's no dentist available."

Socio-Cultural Factors

A number of socio-cultural issues were mentioned, most related to socio-economic status. Residents that were uninsured or underinsured were mentioned as being most prone to forgoing care. On the occasions when healthcare appointments are scheduled, this population still struggles to find transportation to their appointments. A number of individuals and families can't afford their own vehicle or have a shared household vehicle that is unreliable. This is especially problematic in the deepest rural areas of the region where public transportation is rare or non-existent. Even those who can afford reliable transportation struggle to access care due to the proximity of many services. Residents are compelled to take time off of work and travel long distances in order to receive the care they need. Informants who work directly in the healthcare sector noted that this issue causes excessive "no-show rates" making it unsustainable for providers who are struggling to keep their doors open.

> "Transportation's a big one. A lot of times when we reach out to them, they say that they just couldn't make it."

> "Primary care takes a couple of days to get in, specialty care takes months, and behavioral health is longer."

> "We need all of the services increased here. Wait times are long."

Most of the informants mentioned tele-medicine as a potential solution to help address some of the "no-shows" but also noted that there are challenges with broadband access. A significant number of individuals and families can't afford the level of broadband required to conduct a tele-medicine encounter. Additionally, of those who can afford to pay for broadband services, a portion of them live in areas where broadband services are not accessible.

> "It's not that parents don't know that getting their six-year-old daughter to a dental appointment isn't important, but if they're not sure what they're going to feed them for dinner or what couch they're going to sleep on tonight, then that drops the weight on the priority scale."

Another issue mentioned was a lack of health literacy and awareness of services among some residents. Some residents are unaware of existing services or are not able to navigate the healthcare system to seek care. Others are not aware that certain services exist altogether.

A few informants noted that a significant sub-group of the population have a fixed mindset on when to seek care. Some residents believe that a provider should be seen only when someone is extremely sick or injured. Informants expressed concern that assumptions like these prevent residents from obtaining the care they need, which will lead to poor health outcomes.

> Some patients think 'Oh, I need care, I should be able to get in right away'. They're not wrong. It should be like that. But the fact is, they can't."

Informants who work in the healthcare field expressed frustration with some patients who expect to be seen right away for any reason at any time. They mentioned that, while they would like to be able to accommodate this expectation, they simply cannot, especially in light of the recent workforce shortage.

"On the adult side, we have a 30% no-show rate."

Focus Groups

Focus Group Sessions

Six community focus group sessions were held in the region. While some sessions were held onsite toward the tail end of the study, most sessions were held remotely due to COVID-19. To ensure all geographies were represented adequately, individual sessions were targeted to specific county residents.

There were, on average, four participants per focus group session. Several participants were not included in the study after discovering that they lived outside of the rural designated areas of the region. Responses from 27 residents were recorded and analyzed. Residents in St. Lawrence County were from Heuvelton, Ogdensburg, Canton, Massena, and Potsdam. Massena reaches the most northern portion of the county; Canton is a more central town; and Ogdensburg is the only city within the county. Participants from Jefferson County were all from Alexandria Bay with the exception of one participant from Theresa. The rural designated areas in Jefferson County include Alexandria Bay, Clayton, Wilna, and a portion of Theresa. Residents from Lewis County were from Lowville, and Copenhagen. Lowville is the most populous town within the entire county and is located at the county's center.

FDRHPO promoted these events through various outreach efforts. An event invitation was sent out via email to a group of stakeholders, and a flyer was shared with this same group to be posted throughout the region. Additionally, printed flyers were distributed to various community locations, such as libraries, village/town offices, post offices, and pharmacies. The events also were promoted on the FDRHPO website, social media, etc.

Prior to the events, participants were encouraged to register using an online link (distributed through the promotional materials); however, registration was not required in order to attend. Registrants were asked to attend only one of the sessions. Most of the sessions were held remotely with the exception of the last two sessions that were held at River Hospital in Alexandria Bay, and Northern Regional Center for Independent Living (NRCIL) in Lowville. To minimize scheduling conflicts for those interested in participating, events were scheduled at various times and days. The report includes perceptions and opinions from 27 individuals: five from Jefferson County, thirteen from Lewis County, and nine from St. Lawrence County.

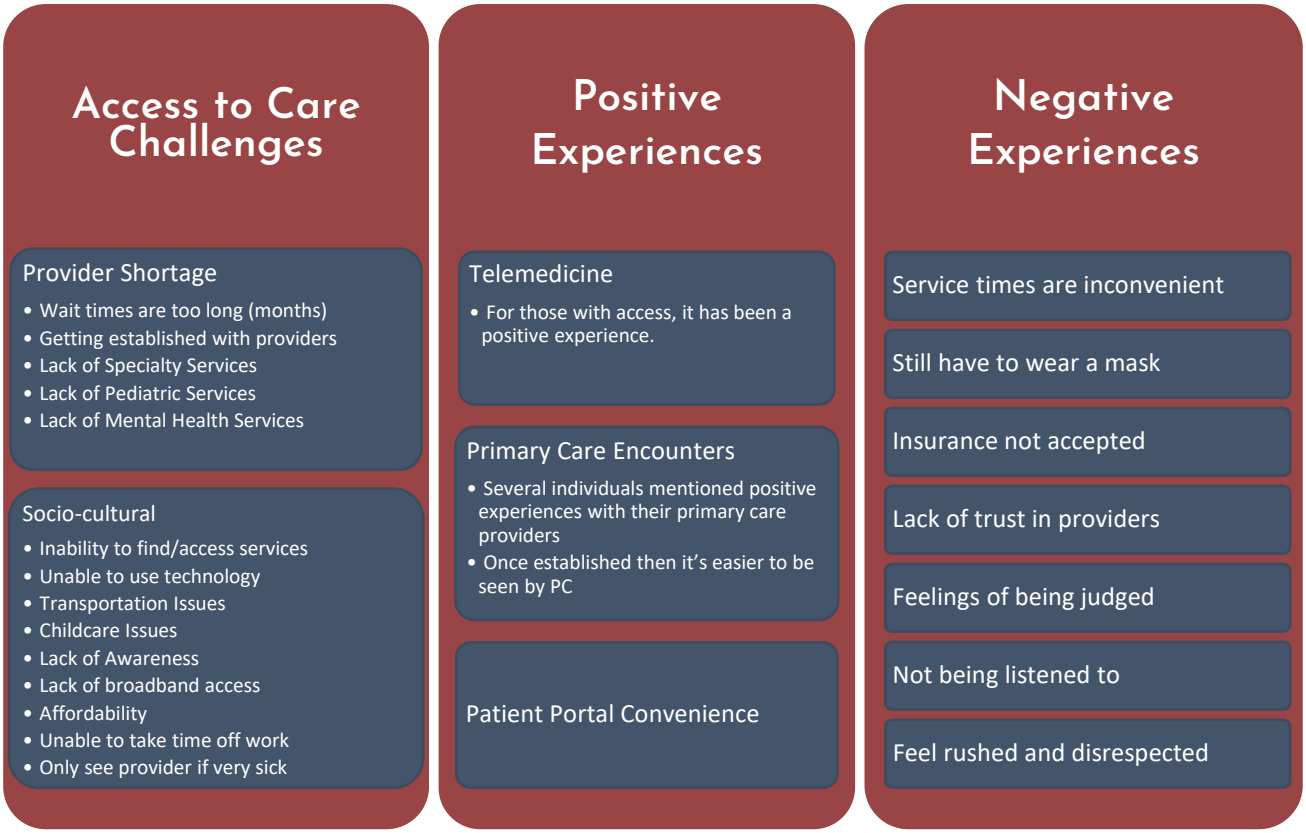
Recruiting participants to remote sessions proved more challenging than expected. Registration numbers were high. However, after vetting registrants, we discovered that some were ineligible because they lived outside the designated areas of the study. Because of the pandemic, most focus group sessions were conducted virtually with the exception of the last two sessions which were held onsite in June. To promote participation, moderate incentives were offered to those who completed a focus group session.

The focus group discussions, led by trained facilitators, followed a moderator's guide. Questions centered on participants' views about challenges and issues related to patient engagement and access to care. FDRHPO staff developed a moderator's guide with input and guidance from the consortium.

Participants were directed to share their responses in a free-flowing, open discussion format. In addition to the facilitator, a notetaker was present for each session, and discussion was digitally recorded for the purpose of report writing. What was said, not who said it, was documented to preserve anonymity for participants and to encourage open and honest dialogue. Each discussion was designed to be conducted with 3-12 participants and to last approximately 60 to 90 minutes.

Participants were asked to answer questions as residents of their county and patients of local healthcare facilities. Professional and community backgrounds varied and included the following: retired residents, elderly individuals, parents, residents with special needs, educators, healthcare professionals, displaced workers, veterans, unemployed, and military family members.

Responses from focus group participants were similar to answers obtained from key informants, and naturally fell into the same two categories: workforce shortages, and socio-cultural factors. While their responses were very similar to key informant responses, focus group participants were able to provide additional insights into underlying causes, and share some positive and negative healthcare experiences.



Workforce Shortage

According to participants, provider shortages in nearly every healthcare sector are causing excessive wait times for patients. In some cases, patients are waiting 6 or 7 months to be seen by a healthcare provider. They also expressed frustration with high provider turnover claiming that it is difficult to maintain a trusting relationship with local providers because they don't stay in the area very long. A few indicated that the COVID-19 pandemic may

> "I'm constantly having to go to Syracuse or Rochester for care."

be partially to blame for these issues because the pandemic was causing delays and putting extra stress on providers and staff.

Socio-Cultural Factors

Older participants felt overwhelmed with the thought of accessing the internet or using cellular technology to seek care. Others noted that they have limited or no access to online or cellular services making it impossible for them to leverage telemedicine services. However, those who did have adequate broadband or cellular service were favorable towards telemedicine.

> "Telemedicine, I don't want that to go away."

Some residents indicated that their overall experience with local healthcare providers was generally positive. Many participants with established providers mentioned an appreciation for their primary care providers and local pediatricians. The availability of patient portals was also mentioned favorably as a positive change toward improved communication with healthcare providers. Others had mixed feelings about their overall experiences. Those who had negative experiences felt like they were being rushed, dismissed, or judged during some of their encounters. Some did make note that this issue may have been exacerbated by the COVID-19 pandemic, which put added stress on providers at the time.

> "You feel like you have a connection with a doctor and then they're gone. Turnover is terrible."

> "Travel long distances to get to specialty and then time off work. It's too hard. We need all of the services increased here."

Some participants with mental illness or substance use disorders shared that their decision to seek treatment for mental illness or substance use was delayed because they were concerned about the reaction from family members, friends, or co-workers. Some of those who sought and found treatment struggled dealing with high provider turnover. Mental health and substance use patients felt vulnerable when first receiving treatment. Continuously having to rebuild a trusting relationship with new providers caused added stress for some. The stigma surrounding mental illness and substance use is also a heightened concern for residents where personal privacy is more difficult to maintain. To avoid stigma or discrimination, some individuals with a mental illness or substance use disorder choose to hide their symptoms or self-medicate in an attempt to alleviate the symptoms.

> "I don't want to run into somebody that I know on my way to the wellness center, or have somebody see me coming out of the clinic."

Similar to responses from key informants, focus group participants described a number of socio-economic issues including lack of affordability, insurance denials, transportation issues, childcare barriers, and job-related conflicts. Transportation, in particular, was a topic of concern for many participants, especially those who rely on third-party or public transportation. Third-party transportation isn't as reliable as it should be, and public transportation is scarce and hard to navigate.

> "Public transportation here is too hard. Medicare transport wasn't reliable."

Variations in Key Findings Among Counties

Even though responses were similar in each county, some variations in severity were identified in certain areas.

- Transportation barriers were most prevalent in St. Lawrence County.
- Dental and specialty services were more of a concern for participants in St. Lawrence County compared to the other two counties.
- Digital connectivity barriers were identified in all three counties, but reception issues were more prevalent in the deeper rural areas of Lewis and St. Lawrence counties compared to the rural designated areas of Jefferson County.

Qualitative Research Summary

As mentioned previously, focus group sessions and key informant interviews seek to develop insight and direction, rather than quantitatively precise measures. Qualitative reports are intended to clarify complex issues, provide context, and provide direction. The value of this type of research is that the data obtained provides insight into the beliefs, attitudes, and perceptions of the community.

Community Health Survey

Intended Outcome

The intended outcome of this study is to gain insight into the nature and extent of healthcare challenges and issues in the rural designated areas of the region by obtaining information from a diverse group of stakeholders and rural residents of the Tug-Hill Seaway Valley region. This information will help to identify and assess key rural health issues and challenges to address disparities, inequities, and rural healthcare needs.

More than 1900 regional community members participated in a community health survey during the summer of 2022. Additionally, 242 Fort Drum soldiers were surveyed on base as part of this study. This data will be used to support the development of community health assessments for county hospitals and public health agencies, and to support rural healthcare partners in their strategic planning efforts, including the NYS Community Health Improvement Plans (CHIPs). For more information on the community health survey, and the community health assessment, full reports are available on each county public health website.

Community Health Survey Methodology

The survey instrument used in this study was developed through the collective efforts of the evaluation specialists at the Fort Drum Regional Health Planning Organization, together with the North Country Health Compass Partners and the Northern Border Regional Planning Program Consortium. The survey included approximately fifty health-related questions organized in separate sections of the interview, including a section on demographic information. A mixed-mode survey sampling methodology utilizing random telephone interviewing, online surveying, SMS text push-to-web surveying, and intercept (face-to-face) surveying was employed in this study with a total of 1,976 North Country adult residents and 242 Fort Drum soldiers completing the survey in May and June of 2022.

Using this mixed-mode sampling methodology, the resulting participation rates for this study (approximately 16% of all valid telephone numbers attempted, approximately 8% of all valid email invitations distributed, and approximately 1% of all valid SMS text invitations distributed) are considered very good among the industry standards of survey sampling. With a sample of 1,976 completed surveys in the region, data reported in this study for the three-county region in 2022 will have an average margin of error of approximately ±2.3%, using a 95% confidence level and having included the design effect of weighting on that margin of error.

Modality	% of Sample
Cell Phone	20%
Landline	19%
Email	50%
SMS	1%
Intercept	10%

Community Health Survey Findings

Access to Care and Patient Engagement Issues

Provider/Service Shortages, Long Wait-times

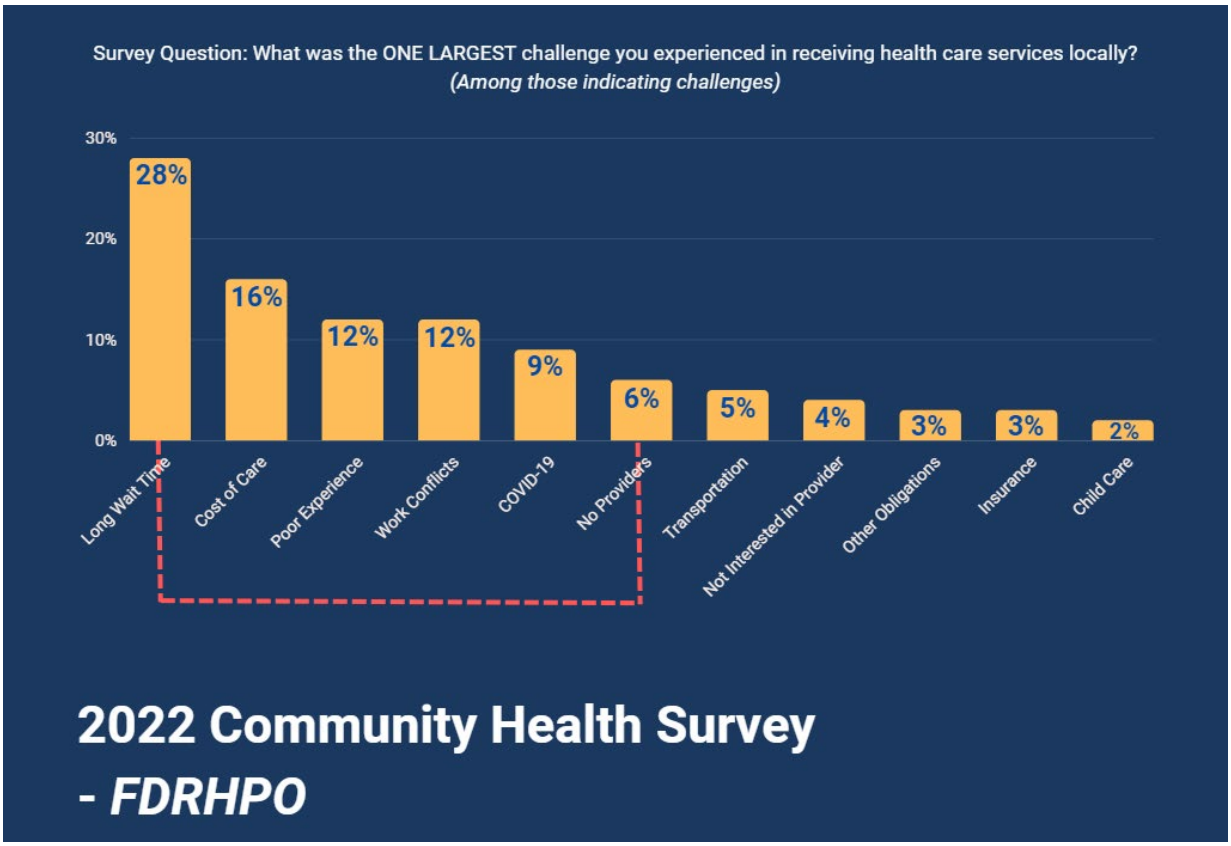
Consistent with our key informant interview and focus group findings, 2022 survey results showed that rural residents are experiencing access-to-care challenges in multiple areas. This is not surprising considering the unprecedented healthcare workforce shortage in the area. The most common challenges within the past year include access to dental/oral health services (28% noting difficulty), primary care (25%), and optometry/eye care (19%). When analyzing certain subgroups, challenges become even more prominent:

- 43% of those with "Less than Good" dental health say they have experienced difficulty in receiving dental/oral health services.
- 29% of those with "Less than Good" mental health say they have experienced difficulty in accessing behavioral/mental health services.
- 24% of those with children in the home say they have experienced difficulty accessing pediatric, child and adolescent health services.

ACCESS TO CARE: WHAT IS YOUR ONE BIGGEST CHALLENGE?

Participants in the rural designated areas of the region were asked to indicate the one biggest challenge in receiving health care services. Approximately 34% claimed that the biggest challenge to receiving health care services is the exceptionally long wait times to obtain an appointment or the unavailability of a provider in the area. These findings are consistent with the qualitative research findings and the region's designation as a health provider shortage area (HPSA). Other common challenges mentioned were cost of care (16%), poor past experiences with a provider (12%), work schedule conflicts (12%), and the COVID-19 pandemic (9%).

Approximately **34%** claimed that the biggest challenge to receiving health care services is the exceptionally long wait times to obtain an appointment or the unavailability of a provider in the area.

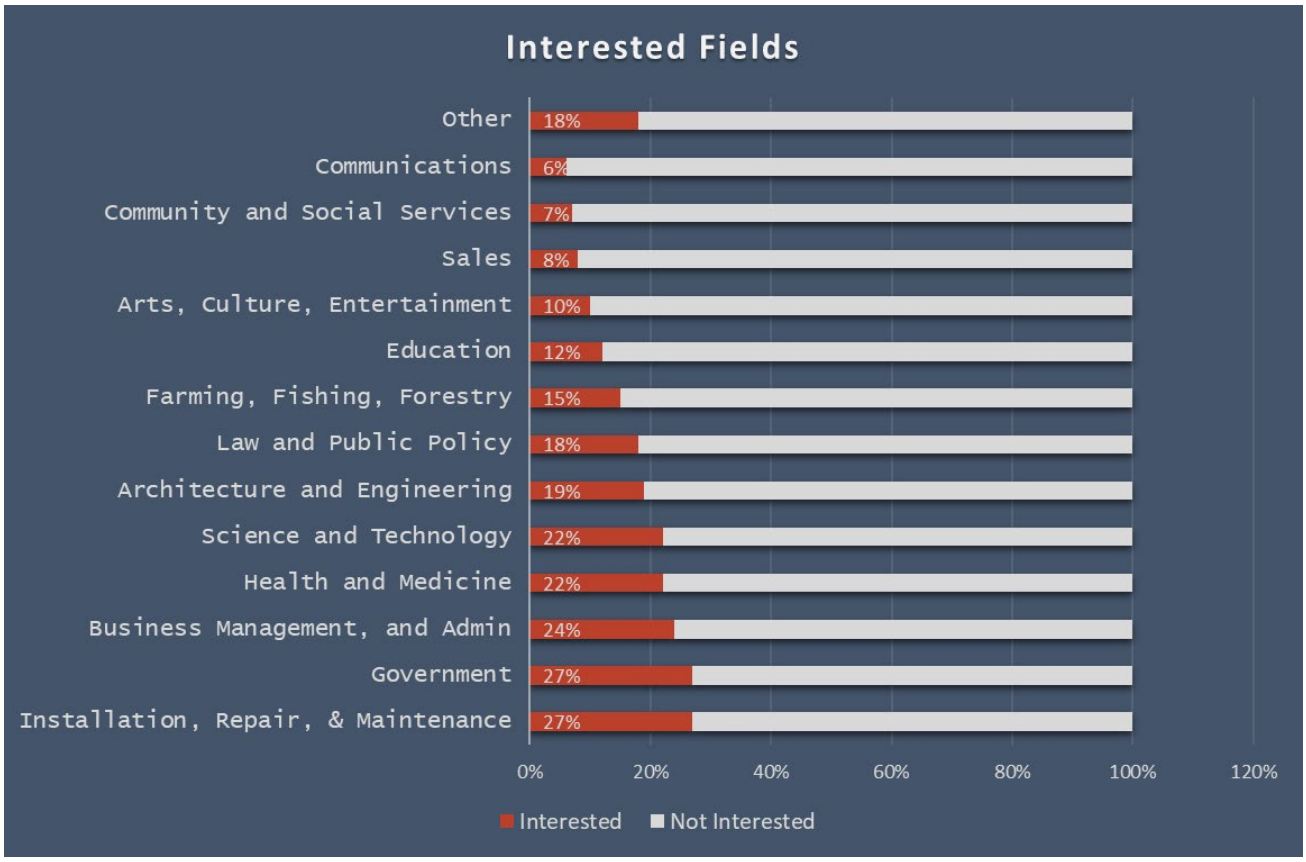


Specific Sector Access to Care Challenges

- More than one-fourth of residents in the region have experienced challenges or difficulties in receiving dental or oral health services locally in the past 12 months.
- Approximately one-fourth of residents in the region have experienced challenges or difficulties in receiving primary care services locally in the past 12 months.
- Approximately one-in-five residents in the region have experienced challenges or difficulties in receiving optometry and eye care services locally in the past 12 months.
- Approximately one-in-seven residents in the region have experienced challenges or difficulties in receiving behavioral and mental health locally in the past 12 months. This is noteworthy considering that fewer residents actually need mental health services compared to services like primary care, and dental care.
- Almost one-tenth of residents in the region have experienced challenges or difficulties in receiving women's health or OB-GYN services locally in the past 12 months. This is noteworthy considering that roughly only half of the population actually need these services compared to services like primary care, and dental care.
- Approximately one-in-twenty-five residents in the region have experienced challenges or difficulties in receiving substance abuse or addiction services locally in the past 12 months. This is noteworthy considering that fewer residents actually need substance use services compared to services like primary care, and dental care.

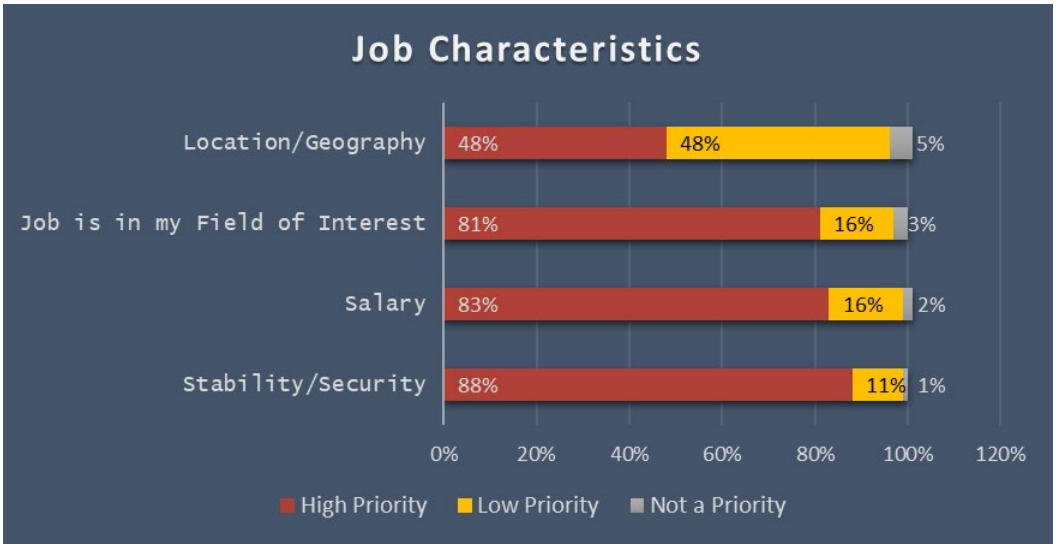
Barriers for the Fort Drum Military Population and Families

Military Question 1:
What fields of work are you most interested in finding employment (Choose all that apply)?



A supplemental survey of Fort Drum soldiers was conducted as part of this study in order to identify unique challenges specific to the military population and their families. Soldiers were asked questions related to healthcare access, social connectedness, workforce opportunities, and supports available to them as they transition from the military to the civilian workforce. A total of 242 regional soldiers were surveyed. Many transitioning Fort Drum soldiers entering civilian life choose to live and work outside of the region. These are often thoroughly trained individuals with skills sought after by regional employers. Highly skilled workers leaving the area is a lost opportunity for regional employers especially in the healthcare sector where the need is great. Because of this, we included survey questions to better understand why transitioning soldiers and their families either leave or stay in the state and/or region. Military respondents were asked to indicate the field of work they are most interested in, and the characteristics associated with the preferred job of choice. Of the 242 respondents, 22% indicated interest in 'Health and Medicine' and 81% indicated that being able to locate a job in their field of interest is a 'high priority'. This suggests the possibility that some transitioning soldiers entering the healthcare workforce would be inclined to stay in the area if healthcare job opportunities were available to them. However, state rules and regulations make it overly burdensome for many of them and their spouses. This discourages them from remaining in the area especially when they could transfer to other states that don't pose these restrictions.

Military Question 2:
For each of the following factors, please indicate whether it is a priority in your choice of a job.

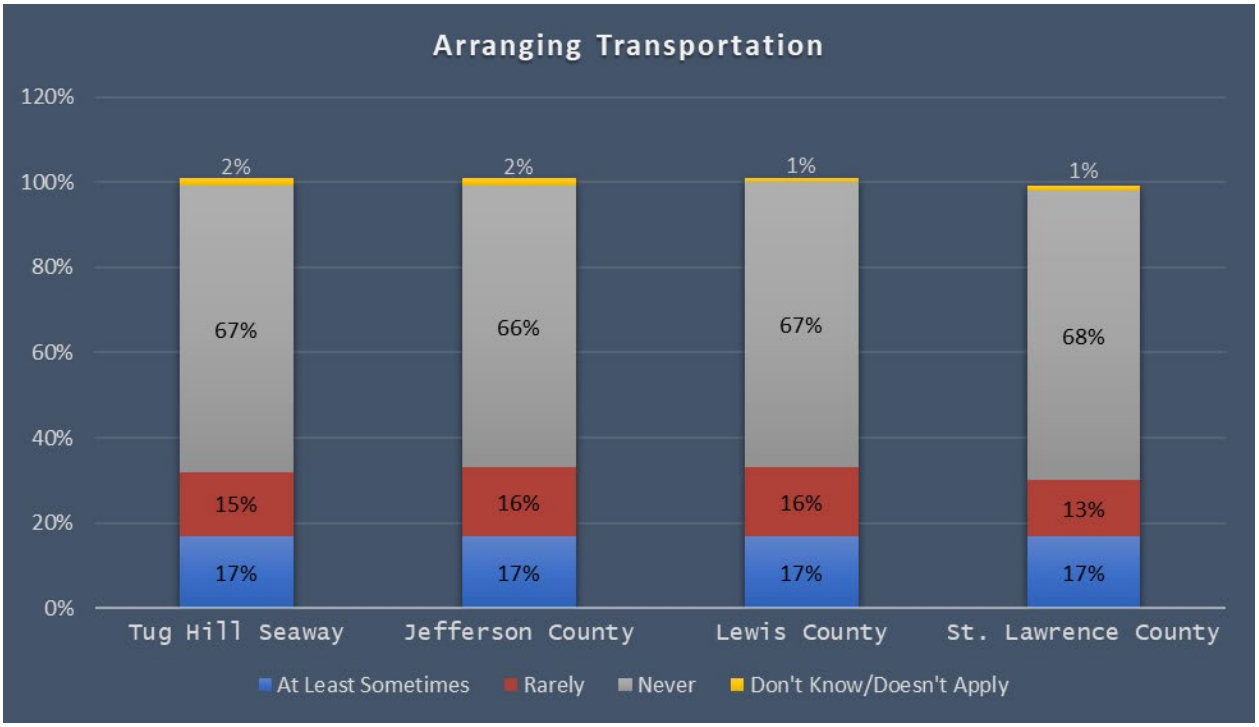


For example, active-duty soldiers, operating as military medics, receive comprehensive and rigorous training that prepares them for the healthcare-related responsibilities assigned to them. While considerable overlap exists between military medic training and civilian nursing education, soldiers transitioning from the military to the civilian workforce receive no credit or advanced standing towards a nursing program or nursing career. Despite their skills and extensive experience, transitioning army medics in New York State must undergo many of the same lengthy processes and requirements as civilians who have no training or experience in healthcare. These barriers discourage transitioning soldiers from seeking nursing programs or careers in New York State after leaving the military. They also impose unnecessary time and costs on transitioning soldiers. Unlike other states, there is currently no expedited pathway to New York State nursing licensure for military medics.

Transportation Barriers

On the 2022 community health survey, 5% of the respondents claimed that transportation was the one biggest challenge in accessing care: an increase from prior surveys. Additionally, the percentage of respondents claiming to "Never" have difficulty, fell from 79% in 2018 to 67% in 2022. Demographics most likely to site transportation challenges are those over the age of 75, members of the BIPOC community, those without children in the household, persons with a disability, households with under $25,000 annual income, caregivers, Medicaid beneficiaries, and Medicare beneficiaries.

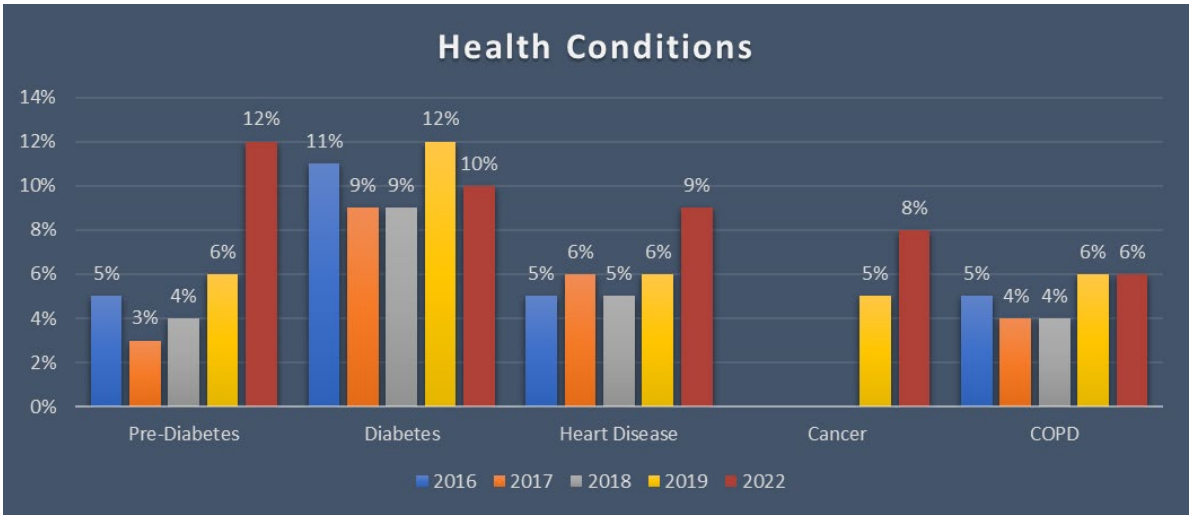
Questions: How often do you have difficulty arranging transportation?

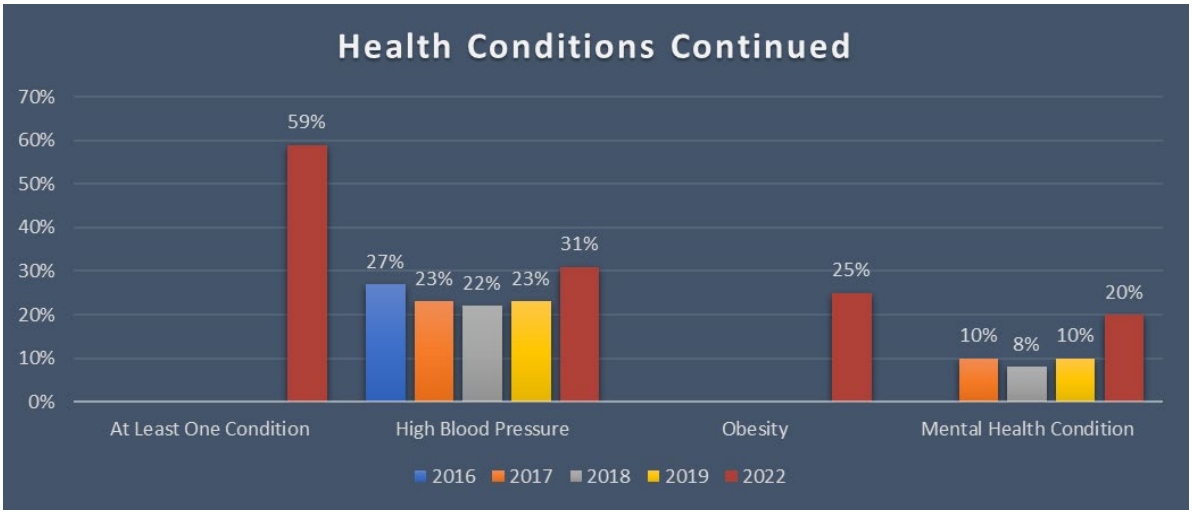


Low Engagement in Chronic Disease & Self-Management Programs

In 2022 we reintroduced a question about chronic conditions that hasn't been asked since 2019. Participants in the 2022 survey were asked if they have been diagnosed with at least one of the following: high blood pressure, obesity, mental health issue, pre-diabetes, diabetes, heart disease, cancer, or COPD. Rates of diagnosed chronic diseases are significantly higher in 2022 than they were in 2019 when they were last studied. About three-in-five regional residents (59%) indicated that they have been diagnosed with at least one of the eight chronic health conditions mentioned: high blood pressure (31%), obesity (25%), a mental health condition (20%), pre-diabetes (12%), diabetes (10%), heart disease (9%), cancer (8%), and COPD (6%). Overall, chronic condition rates have increased for high blood pressure, mental health conditions, pre-diabetes, heart disease, and cancer.

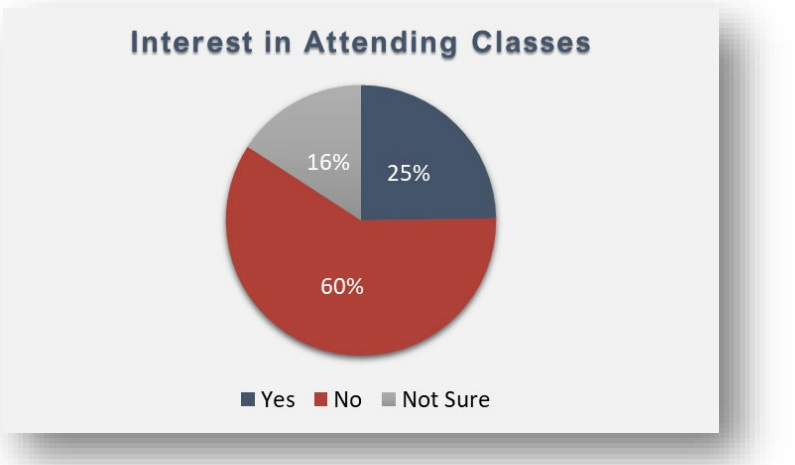
Question: Have you been diagnosed with any of the following conditions?





Demographic subgroups more likely to report a diagnosis include females, those over the age of 35 (especially those ages 55-74 and even more-so those over the age of 75), white persons, households with either a Veteran or no military affiliation (especially with a Veteran), those without children in the household, persons with a disability, caregivers, insured, Medicaid beneficiaries, Medicare beneficiaries, non-Tricare beneficiaries, and VA beneficiaries.

Since the pandemic, access to health-related programs like chronic disease self-management, diabetes self-management, tobacco cessation, and diabetes prevention programs have severely declined in availability. Some programs have not yet resumed since the pandemic started. Programs that have started back up are experiencing low participation rates. Community interest in learning more about chronic disease prevention and management is low with only 25% of diagnosed participants stating that they are willing to take a chronic disease prevention or management course.

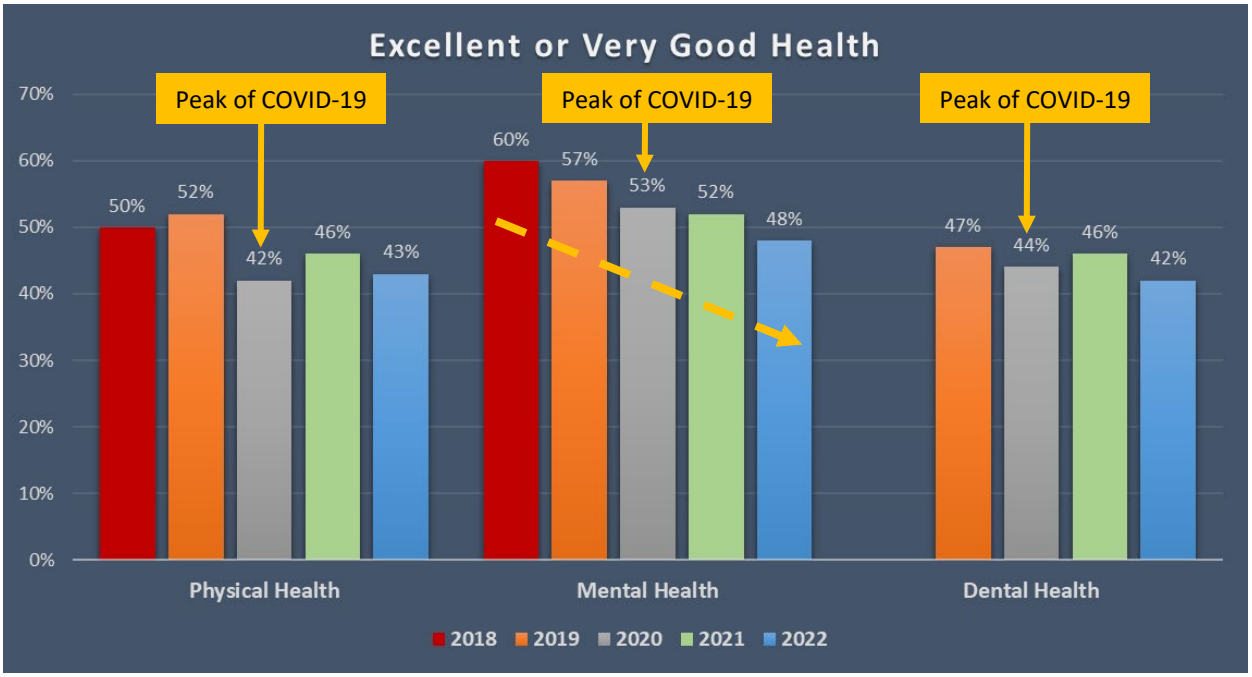


Gatekeeper trainings like Mental Health First Aid, QPR, CALM, and ASIST, that are designed to prevent mental health crises, suicidal ideation, and suicide attempts, have also been slow to resume. It is worth noting that these results were obtained at the tail-end of the COVID-19 pandemic. We plan to continue monitoring the availability of prevention programs, community offerings, and health-related activities as well as changes in behaviors such as scheduling healthcare appointments and screenings, attending social gatherings, participating in self-management and prevention programs, and other activities that affect overall health. Increasing these behaviors back to pre-pandemic rates is crucial for maintaining mental and physical wellness.

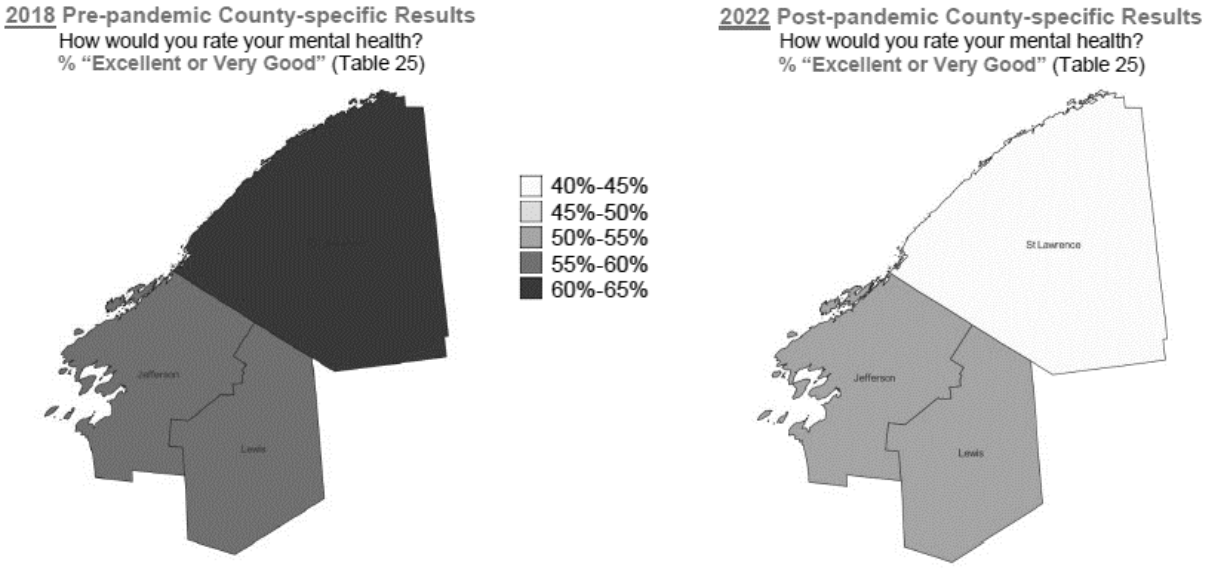
Increased Need in Mental Health Treatment

Participants in the 2022 survey were asked to assess their personal physical, mental, and dental health. Responses from 2022 were compared to responses from 2018, 2019, 2020, and 2021. Response rates for individuals saying that they have 'excellent' or 'very good' physical and dental health in 2022 were slightly lower than most of the previous years, but still within the margin of error. However, the decreased rate of individuals who assessed their mental health as 'excellent' or 'very good' in 2022 was significant. This data is consistent with the rate increase of individuals claiming to have a mental illness diagnosis in 2022.

Question: "How would you rate your physical, mental, dental health?"



For reference, the following image is a geo-spatial visualization comparing pre-pandemic and post-pandemic rates of individuals citing “excellent’ or ‘very good’ mental health.



Community Health Survey Summary

This community health survey report was completed during the summer of 2022 with the following key findings:

- The most common access to care challenges cited by survey participants are in the following sectors: dental health (28%), primary care (25%), and eye care (19%).
- Access to care challenges are more prominent among certain subgroups.
    - Parents with children cite difficulties in accessing pediatric, child, and adolescent health services.
    - Of the respondents citing 'less than good' mental health, 29% experience difficulty receiving mental health services.
    - Of those who claim to have 'less than good' dental health, 43% experience challenges accessing dental health services.
- Compared to previous years, more people are citing difficulty arranging transportation.
- Self-reported physical and dental health seems to be maintaining since the pandemic while self-reported mental health conditions continues to decline steadily.
    - Those more likely to cite 'less than good' mental health include members of the LGBTQ community, persons with disabilities, and individuals with insurances like Medicaid.
- Engagement in self-management and prevention programs has declined since the pandemic. Not surprisingly, chronic disease rates have increased.
- The rate of participants citing 'excellent' or 'very good' mental health has continued to fall since 2018, declining precipitously in 2022.

Summary of Findings

While each research strategy provided unique insights, there was a significant overlap in findings as illustrated in the image below:

Recommendations

Recommendations will be broken into three main categories: access to services, geography and rurality, and socio-cultural factors. Consideration was given to the feasibility of implementing each recommended strategy and the impact of each intervention.

Category 1: Access to Services

By far, the issues cited most often were those related to the service shortages. This issue was also mentioned as an underlying cause of secondary issues and challenges. Workforce challenges unique to the regional military population were also identified.

Strategy 1: Identify the healthcare workforce roles in highest demand and develop a recruitment and retention workforce strategy with stakeholders from the existing FDRHPO Recruitment, Retention, Education Committee.

Recommendation	Resource Links
• Leverage the FDRHPO regional recruitment, retention, and education committee comprised of healthcare employers, educational institutions, and community-based stakeholders. • Develop a recruitment strategy that includes enhancing the education-to-workforce pipeline. • Provide rural immersion program opportunities for higher ed. students. • Provide tuition assistance, and financial incentives for students entering workforce sectors in highest need. • Join, leverage, and contribute to the Health Workforce Collaborative: online platform designed to connect and engage community stakeholders in collaborative efforts that support the healthcare workforce in New York State. • Work with regional colleges and BOCES to provide needed educational programs leading to degrees, NYS certifications, or NYS licenses: surgical technologist, home health aide, certified nurse aide, dental hygienist, licensed practical nurse, registered nurse, etc.	• FDRHPO Workforce Program • Health Workforce Collaborative

Strategy 2: Relieve the workforce shortage through advancement of telemedicine.

Recommendation	Resource Links
• Continue advancing telemedicine in the region by facilitating the North Country Telehealth Partnership and Learning Collaborative to help increase access to health care through the use of telecommunications. The Telehealth Learning Collaborative hosts a bi-monthly conference hosted by the North Country Telehealth Partnership. It brings together stakeholders from across	• Telehealth Partnership

New York State to help ensure successful telemedicine project implementation, continuity, and sustainability.

Strategy 3: Mitigate healthcare workforce challenges unique to the military population (Fort Drum soldiers and their families).

Recommendations

- Provide transitioning soldiers and their families with support as they transition out of the military into the civilian workforce. Provide education and resources about healthcare-related work opportunities in the area.
- Examine regional conditions and resources that promote the successful adjustment to civilian life, identify the needs of transitioning soldiers and their families, and determine their level of satisfaction with current social supports and protective factors that exist to facilitate this transition.
- Remove barrier for transitioning military medics who want to become licensure NYS nurses. Work with BOCES, NYS Ed Dept., and NYSDOL to develop an expedited pathway towards becoming a licensed nurse in NYS. This will help to encourage transitioning military medics to pursue a career in healthcare and remain in the region.

Resource Links

- Promote and facilitate the Health Career Army Pathway Program (HCAPP) for military soldiers and their families, supporting their entrance into the healthcare workforce within the rural designated areas of the region.
- Identify current needs by conducting a Fort Drum Army Base intercept survey to be included with future regional community health surveys.

Category 2: Geography & Rurality

Transportation issues were a common theme throughout the study. Access to care barriers exist in the region in large part because of the long distances many residents need to travel to reach their destination. According the 2022 community health survey, more people are experiencing transportation challenges compared to previous years. Issues are more prevalent in St. Lawrence County, and deeper rural areas of Lewis County. Rural residents of Jefferson County also experience transportation challenges, but not to the same extent. While transportation services exist in each county, services don't often extend past county borders. This is particularly troublesome for residents in St. Lawrence and Lewis counties who rely on third-party transportation to access care often found outside their county lines in Jefferson County and beyond. Telemedicine has the potential to address some transportation barriers, but it is not accessible for many who need it.

Strategy 1: Ensure that transportation providers and decision makers are represented on existing FDRHPO regional healthcare committees. Leverage partnerships, and facilitate collaboration among healthcare organizations, community-based organizations, educational institutions, and transportation providers in order to mitigate transportation challenges to and from Jefferson County services and resources.

Recommendations

- A Jefferson County Coordinated Transportation Plan is underway to help address transportation needs for individuals in the three-county region. Ensure that committee partners and residents are given the opportunity to contribute to the Jefferson County Coordinated Transportation Plan. Ensuring access to and from Jefferson County is not a complete solution to all transportation barriers, but it is a notable improvement that will address a significant number of transportation issues for regional residents. Reliable and consistent transportation throughout the three counties will mitigate transportation gaps that rural residents currently face.
- Invite transportation stakeholders to join FDRHPO Health Compass Partners Committee.

Resource Links

- Jefferson County Coordinated Transportation Plan

Strategy 2: Advance and promote telemedicine throughout the region to address transportation barriers. Leverage existing data and resources to identify digital deserts, promote telemedicine, and increase the availability of telemedicine opportunities throughout the region.

Recommendations

- Leverage existing tele-communications studies recently conducted. In an effort to improve broadband access in St. Lawrence County, Lewis County, and Jefferson County, the Development Authority of the North Country (DANC) asked residents to participate in a survey to help determine the needs and opportunities for broadband. We recommend collaborating with DANC and leveraging their data to identify digital deserts in the region and solutions to mitigate barriers.
- FDRHPO and The Adirondack Health Institute (AHI) partnered together in 2022 to conduct a telemedicine study in order to assess digital and educational needs as well as overall readiness to utilize telecommunications for patient encounters. Results of the study will be available in March of 2023. We recommend leveraging this data along with the data mentioned above to identify needs, address barriers, and inform partners.

- Promote and maintain the FDRHPO/AHI Telehealth Partnership consisting of 100+ partner organizations working together to advance telemedicine and telehealth services in the region.

Resource Links

- Development Authority of the North Country

- Adirondack Health Institute Telehealth Support

Category 3: Socio-Cultural Factors

Reduced patient engagement, lack of awareness of services, provider burn-out, increasing rates of mental health and substance use disorders.

Strategy 1 : Reduce stigma, educate, and raise awareness.

Recommendations

- Continue to provide community members with a voice to be heard regarding their health (focus groups sessions, surveys, etc.)
- Develop, maintain, and promote a regional directory of healthcare services including mental health/SUD services.
- Promote chronic disease prevention and self-management programs offered in the region. Encourage providers to make regular referrals to these programs.
- Educate healthcare professionals on health literacy along with culturally competent approaches free from discrimination.
- Work with DCS in each county to offer Crisis Intervention Training (CIT) to law enforcement. Include training on science of addiction, mental health disorders, de-escalation, and alternatives to the justice system.
- Provide Mental Health First Aid training to faculty and staff in regional school districts to inform them about the warning signs of mental issues and suicidal ideation.
- Provide community education and raise awareness about the stigma of mental health disorders.
- Make QPR training available to employers, workers, and the community at large.
- Ensure school-aged children receive education on coping skills, and mental health well-being.
- Ensure educators/parents understand the effects of adverse childhood experiences on children and how to mitigate the effects.

Resource Links

- Crisis Intervention Training Resources
- Mental Health First Aid Resources
- QPR Gatekeeper Training
- American Society of Addiction Medicine
- National Diabetes Prevention Program
- Chronic Disease Self-Management Program
- Diabetes Self-Management Education
- Learn Adverse Childhood Experiences
- SAMHSA EBP Resource Center
- SAMHSA Rural Opioid TA
- Mental Health Association of NYS
- NYSED.GOV

Acknowledgements

In conducting, analyzing, preparing, and presenting this data, members of the Fort Drum Regional Health Planning Organization's Population Health Team, the North Country Health Compass Partners, and the Rural Northern Border Regional Planning Program Consortium played vital roles.

This specific report is the result of a collaborative effort among the following individuals:

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Appendices

Appendix A: Key Informant Interview Script

Appendix B: Focus Group Script

Appendix A

HRSA-21-106
Rural Northern Border Regional Planning Program
Tug Hill Seaway Valley Region

Key Informant Interview Toolkit

Fort Drum Regional Health Planning Organization
Tug Hill Seaway Valley RNBRPP Consortium
March 2022

Tug Hill Rural Northern Border Regional Planning Program

INTRODUCTION AND THANK YOU

Thank you for meeting with me today about this important issue. Do you have any questions before we start?

PURPOSE OF THE INTERVIEW

The Fort Drum Regional Health Planning Organization (FDRHPO) is the conducting a series of Key Informant Interviews to identify health care needs and issues in the rural designated areas of the region. The purpose of these interviews is to collect information from a diverse range of people (community leaders, professionals, or residents) who have first-hand knowledge about the county. The goal is to gain insight from key stakeholders who can help us identify county needs and develop a plan to improve the health care system in the region.

ENTITIES INVOLVED

FDRHPO was awarded grant funding from HRSA to conduct a regional assessment. We receive guidance and support from a consortium of stakeholders that include public health agencies and regional hospitals. This is one of several assessment activities that will help us identify county needs and develop a plan to address them.

THE INTERVIEW PROCESS

We are asking all participants the same 12 questions and potentially 1 or 2 additional questions specific to the individual's expertise or role in the county. **Do you mind if I record or take notes of our interview to ensure that no important insights are missed?** If recorded, the recording will not have your name on it and your specific answers will not be shared in public.

DEFINITIONS

Healthcare Development Focus Areas:

- Access to Care - timely use of personal health services to achieve the best health outcomes.
- Patient Engagement - the desire and capability to actively choose to participate in care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider or institution, for the purposes of maximizing outcomes or improving experiences of care.
- Workforce – individuals engaged in or available for work in healthcare

Demographic Questions:

Please state your name and your role in the organization.

How long have you worked here?

What population do you serve? *Please be specific and note any marginalized populations.*

What services, resources, and information does your organization provide?

Access to Care Questions:

How has your county's health care needs changed in the past few years?

Optional: how has utilization of healthcare services changed in the past few years?

What are some of the common barriers to health care access in your county?

Of the barriers listed, choose the top three that have the greatest negative impact on access to care.

Rate using 1, 2, and 3 *(3 being the most negative impact)*

Poverty	*Mental Health Issues*	*Substance Use*
Transportation Issues	*Housing Issues*	*Lack of Trust in Providers*
Uninsured	*Poor Health Literacy*	*Awareness of Resources*
Provider Shortage	*Lack of Internet/Cell*	*Proximity to Provider*
Physical Disabilities	*Unengaged, Indifferent*	*Stigma/Privacy Concerns*

What health care services are the most difficult to access in your county?

When it comes to access to care issues, which specific populations (groups) in your county are you most concerned about, and why (experience the greatest healthcare disparities)?

[*populations: women, minorities, LGBTQ+, children, families, rural residents, poverty]*

What solutions do you believe will help improve patient access to care?

Patient Engagement Questions:

How would you rate patient engagement in your county on a scale of 1 – 10, 10 being the best?

[Define Patient engagement for them first]

What solutions do you believe will help improve patient engagement?

Workforce Questions:

The nation is experiencing a provider & healthcare staff workforce shortage. How has this affected your organization and the staff's ability to perform their jobs effectively?

In light of worker shortages, are there any inter-agency or cross-organizational collaborations being implemented to help fill workforce and care gaps?

Concluding Questions:

In what ways has COVID-19 affected these issues?

What specific actions, policies, or funding priorities need to be taken, or that you would recommend, to improve access to care and patient engagement in your county?

Do you have anything else to add or any questions for us?

Appendix B

FOCUS GROUP & FORUM HRSA 21-106
2021-2022 SCRIPT

FOCUS GROUP MODERATOR'S GUIDE

TOPIC
Community Forum and Focus Group – Community Access to Care

INTRO:

Hello, my name is _____ and I am the moderator for today's group discussion.

I work for the Fort Drum Regional Health Planning Organization in Watertown, NY. We are a non-profit organization that supports and strengthens entities located in Jefferson, Lewis, and St. Lawrence counties working in the healthcare system. We do this in various ways. Some of those ways include facilitating partner collaboration, data analytic support, Health IT and Telemedicine support, professional trainings, addressing workforce shortages, identifying gaps, and leveraging resources to fill those gaps. One of our projects is to work with regional partners to identify issues and challenges in patient access to care. This is why we are here today … to hear from you and to understand your opinions and perceptions related to a patient's access to care in your community.

ACKNOWLEDGEMENT
I want to thank you for coming in today and for fitting this session into your schedule.

PURPOSE
I will be asking a series of questions to facilitate discussion and to help gather input on barriers and gaps in your community related to healthcare access and overall patient engagement. The information will be used to develop strategies to improve resources and services in the region.
We'd like to better understand your perceptions, opinions, beliefs, and attitudes regarding this topic.

DISCLOSURES & PERMISSIONS

FACILITY SETTING

Recording: today's session will be recorded for note taking purposes only. What was said, not who said it, will be reported.

Notetakers: there may be a notetaker. Similar to the recording, the notetaker will capture what was said, not who said it.

These notes will simply be used to assist us with report writing.

RESTROOMS & FOOD/BEVERAGES

At any time, please feel free to excuse yourself to use the restroom or to get more food or beverages; but we ask that there only be one person be up and out at a time to ensure the conversation continues without interruption.

GUIDELINES

To make this an effective research session, here are some guidelines:

1. Please talk one at a time.
2. Talk in a voice as loud as mine.
3. Avoid side conversations with your neighbors.
4. Allow for different points of view. There are no wrong answers.
5. The people around this table come from a variety of backgrounds. This topic can be very personal, please be respectful of each person's view points and experiences.
6. Not everyone has to answer every question, but if I notice that you haven't had a chance to speak, I may invite you into the conversation.
7. I might have to interrupt conversation to ensure we get through all the questions.
8. I may look at the paper occasionally throughout our discussion to ensure I don't miss anything.

SELF INTROS [Facilitator should be the last to do the INTROs]

I'd now like to move into introductions. If you don't mind, could we go around the table and each of us introduce yourself to the group and tell us: (the following should be displayed on an easel)

1. Your first name
2. What stakeholder type you represent (i.e., healthcare professional, school personnel, law enforcement, community member at large, etc.)
3. Examples What makes a healthy community? What do you do to stay healthy? What does health mean to you?
4. One reason you came to this event/why you are interested in participating

TRANSITION

Thank you for sharing a bit about yourselves. It is helpful to know a bit about you as we move into our conversation. We want to begin with some general discussion around access to healthcare services.

TOPIC A: ACCESS TO CARE:

1. What are some of the local healthcare services you use?
2. Imagine you want to set up a healthcare appointment. What steps do you need to take?
3. What things make it easy to access healthcare services?

    PROBE: Is this the same for primary care services, mental/behavioral health services, and specialty services?

4. What makes it difficult to access healthcare services? Examples if needed: transportation, scheduling and wait times, childcare, cost, insurance, not existent/no services

    PROBE: Is this the same for primary care services, mental/behavioral health services, and specialty services?

    PROBE: Are there certain people impacted more by these barriers than others?

5. What services do you need that are not available locally?

    PROBE: Where do (or would) you have to go to access these services?

6. What do you think is needed to make these services and resources more accessible to everyone in your county? In other words, what are some possible solutions to the problems that we've discussed today?
7. Are there any other factors that prevent you, your family, or your neighbors from going to the doctors or maintaining good health?

TOPIC B: PATIENT ENGAGEMENT:

Now we want to talk about your experiences with local healthcare providers.

1. Think about your last healthcare visit. When you finished your visit, how did you feel about your experience?

    PROBE: Is your provider responsive to your health needs?

    PROBE: Is your provider respectful of you and your priorities?

    PROBE: When giving you an explanation or providing instructions, does your provider do it in an understandable way?

    PROBE: Do you feel like you have a say in decisions regarding your health care?

2. What sources do you trust most for health-related information? [Local providers, the internet, local public health, national news outlets, providers at the national level, etc.] ?

PROBE: Why don't you contact your healthcare provider?

3. What are some factors that would cause you to delay or refuse necessary care?
4. What are some reasons that people seek healthcare outside of the local area?

TOPIC C: RECENT FACTORS: Finally, we want to discuss the lasting impact of the COVID-19 pandemic on your access to care and experiences with healthcare.

1. How has COVID-19 impacted your perceptions or opinions of healthcare services in your county?
2. How has COVID-19 impacted your ability and/or desire to receive necessary care?
3. Tell us about the impact of telemedicine has had on your ability to access healthcare?

CLOSURE
Last Questions:

1. What was the one thing that stood out to you most during the discussion?
2. Is there anything you wish to mention that we haven't discussed?

<u>NOTES for Moderator</u>

- Timing Cues:
  - 15, 10, 5, 2 (minute markers to notify facilitator)
  - Who What When Where How. Avoid "do you" questions
- No Cheerleader Words