A Report to:
Con Alma Health Foundation
Blueprint for Health New Mexcio

HEALTHCARE ACCESS AND RESOURCE NEEDS

Submitted by:
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For the
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Final Report

The work undertaken to complete the healthcare assessment contract between the San Juan County Partnership (SJCP) and the Con Alma Foundation is described below.

Contracted Activities:

1. **Review existing literature** – the needs assessment questionnaires used by the SJCP in past years were reviewed for the types of demographic information requested of local residents. The bulk of the items on the final questionnaire for this contract came from the 2008 version of the SJCP San Juan County Needs Assessment report. Additionally, web-based materials and articles published in the peer-reviewed literature were also reviewed for demographic questions which were associated with understanding problems citizens have with accessing healthcare here in the USA. Specific sources reviewed included: Pew Research Centers, the National Center for Health Statistics, Centers for Disease Control and Prevention, the National Healthcare Disparities Report (2008), Robert Wood Johnson Foundation, various reports from the Agency for Healthcare Research and Quality, and selected articles from the Journal of Community Health.

2. **Create assessment tool** – a device consisting of four sections was created and reviewed by various volunteers from our community. The various sections of the questionnaire asked for feedback on demographics, perceptions of healthcare needs that occurred in the previous year, how people were scheduling their appointments, and a final section on obstacles that these volunteers encountered while trying to get healthcare needs met.

3. **Generate media attention** – the opportunity to participate in this needs assessment was broadcast on several local radio stations. During various meetings held during July and August, the opportunity to participate was also described (these included the Community Health Improvement Council meetings, the Dine' Ba' Hozho Coalition meetings, etc.).

4. **Hold at least three focus groups** – a total of eight focus groups were scheduled with different constituencies around San Juan County. However, only three groups were actually conducted – a group with senior citizens, a group with hair dressers, and with women residing in the local domestic violence shelter. In the other instances, one problem or another caused the meetings to be cancelled. Several times no one showed up to participate and in one instance most of the intended participants called in sick the day the focus group was to be held. Results of the focus groups conducted are attached below.

5. **Identify at least three local** employers – see item 4. above, over 25 unemployed adults were included in the pool of those completing the needs assessment.

6. **Identify at least three local service providers** – seven different groups allowed for distribution of surveys (rural healthcare center, agency serving those with disabilities, senior center, domestic violence agency, agency serving foster children, an outpatient health clinic, and an entity helping homeless obtain shelter).

7. **Provide incentives** – a drawing was made available for those interested in receiving some opportunity for a prize. Most participants chose to place a ticket in the drawing.

8. **Participate on the BluePrint** – the agency director has been participating in this effort as scheduled.

Survey and Focus Group Results

Data were gathered from a sample of those living in San Juan County during the month of August 2011. Those participating in the assessment were broadly representative of those over the age of 18 living in San Juan County at this time. While the assessment process did not use any level of randomization to insure that the results might be representative, the demographic match between the sample and the county as a whole might suggest some level of confidence that the conclusions obtained from these assessment might be meaningful. In general, almost all participants were broadly satisfied with their healthcare providers and the ease with which services had been obtained. However, there was broad validation of the problems caused by a lack of money has been causing. Even those with insurance provided through their employer often mentioned that the co-pays or other restrictions in their policies created economic problems in accessing care.

Sample

The short time available for this assessment to be completed did not allow for an elaborate recruitment process. Those willing to complete either the survey or to participate in the focus group were allowed to do so with only one restriction – they had to consider themselves as "living" in San Juan County. A small number of those initially contacted to participate were either tourists, shoppers, or others who were only passing through the community.

Survey. Over 250 people were willing to complete the access survey during the month of August. Venues in which people were given the opportunity to complete an assessment included local nonprofit agencies, the county fair, local high education entities, healthcare centers, a Rotary Club, and a farmers market. Geographically, most potential respondents were approached in the Farmington area, however communities in the eastern and western portions (Navajo Nation) of the county were also included. Potential respondents were given a brief description of the device, the need that was being filled by gathering and summarizing the information, plus a description of the option of participating in a drawing from amongst those completing a survey. A copy of the 2008 San Juan County Needs Assessment was available to show interested parties what type of report might be completed based on the results of the survey.

As has been common in the recent past, a much higher proportion of women than men have been willing to provide information about themselves. Approximately equal numbers of males and females were approached for their participation, but 72% of the respondents to the survey ended up being female. On the other hand, as respondents were asked to report about the healthcare needs both that they and their families experienced, we may consider the information obtained may be more broadly applicable to both sexes than it might appear. In other regards, the sample obtained matches the county profile in broad manner. About half of the respondents were Anglo and the other half of the respondents were split between Dine', Hispanic, and African American. Perhaps the most surprising demographic characteristic was the high number of respondents that either had no insurance or who were provided coverage through one of the programs supported by the state and the federal government. Please see Table 1 for the various demographic comparisons that were made.

Sample Demographics

Sample size	252
Gender of Participants	71% women
Ethnicity……..	47% Anglo, 29% Dine', 16% Hispanic
Age	39% between 18 and 30
	35% between 31 and 50
	29% between 51 and 70
Educational Attainment	17% less than High School
	41% graduated from High School
	42% post High School credential
Employment Status……..	54% working full or part-time
	25% unemployed
Length of Residence	range between 1 month and 72 years, mean = 22.3 years
Household Size	48% between 2 and 4 individuals
	31% between 5 and 8 individuals
	15% singletons
Health Insurance Status……	36% some type of private insurance
	37% Medicare/Medicaid/IHS/VA
	27% no insurance

Table 1. A large number of individuals were willing to provide information on the access to healthcare survey. Less than five of those approached and who completed a survey were not willing to provide the requested demographic information. However, a number of individuals were suspicious as to whether or not we would "sell" their information or otherwise use the requested information for some other purpose.

We have not seen statistics previously on the distribution of perceived needs for various types of healthcare so the data provided on this dimension gives us new insight into how services are perceived by our respondents. Table 2 provides the distribution of responses made by the respondents in this survey. Brief descriptions of possible categories of needs were created to reflect the most commonly available healthcare services adults might try to access. The possible choices ranged from those that might have allowed an individual to avoid becoming ill or needing other healthcare services through the most intensive services that are commonly accessed. Please be aware that because a need was identified does not mean that these services were actually used by the respondents or even available in this county.

Surprisingly the most frequently identified services were those outside of most predictions – namely, dental and pharmacy services. These were closely followed by needs for optical and regular outpatient medical services. Other services were perceived as needed on a much less frequent basis. A number of individuals stated that the survey should have included a behavioral and or mental health service category.

Recent History of Perceived Needs by Respondents and Their Families in the preceding 12 month period

Percent of Respondents Identifying Need in rank order from high to low

71% needed dental services: *help to repair teeth and/or gums*

70% needed pharmacy services: *help to control health problems*

67% needed optical services: *help to assist with vision*

63% needed regular illness care: *care for minor health problems*

56% needed preventative services: *help that keeps you from needing healthcare*

41% needed emergency services: *help in an emergency situation*

33% needed hospitalization: *help for major medical problems*

20% needed rehabilitation care: *help to return to full functioning*

12% needed audiological services: *help to assist with hearing*

11% needed long-term care: *help with problems that require constant medical care*

10% needed other services: *behavioral/mental health, various labs*

Table 2. The pattern of healthcare needs identified by respondents. These needs were identified as being present either for the individual him/herself or for an immediate member of their family. The italicized descriptors were used to give the respondents a common cue to help them choose amongst the possible healthcare items. Many respondents had needs across multiple categories. Several parents noted that having kids at home meant that they were visiting some type of healthcare provider on a constant basis. By identifying a need, there was not a presumption that the need had actually been medically verified by a qualified professional nor that services for that need had been obtained.

Focus Groups. Potential groups were recruited based on the knowledge of the lead investigator. Groups included profit and nonprofit companies that represented the range of possible businesses across San Juan County. Several oil field service companies were approached and expressed an initial interest – but were unable to actually participate. Those individuals who did participate came from a hair salon, a senior citizens center, and a domestic violence shelter. Specific demographic information was not gathered from these volunteers but the groups were 90% plus women and ranged in age from 18 to the mid 80s. A total of 32 individuals participated in at least a part of any one focus group. Economically, all were either at or below poverty level. Most participants had at least an opportunity for health coverage either through their employer or through various governmental supports (Medicaid, Indian Health Services, or Medicare).

Survey/Focus Group Design

Survey creation. A number of sources were reviewed for the types of items that might be included on the survey. Two important considerations were kept in mind a) continuity with other surveys of this type done locally and b) what might the literature have to say about the most common types of obstacles to healthcare. A four part survey was completed that asked respondents demographic information, recent healthcare needs, how they might schedule

appointments, and the types of obstacles experienced either currently or in the recent past. The survey was reviewed by several local parties including several who specialize in healthcare research. Due to time constraints, the survey was not translated into either Dine' (Navajo) or Spanish – several non-English speakers were given the chance to answer the survey items and if they were accompanied by someone who spoke Dine' or Spanish they did their best to complete the questions asked. A copy of the survey is attached.

Focus group structure. Each focus group was begun by providing the participants an introduction to the needs assessment process undertaken by the SJCP every four years. Details specific to the current emphasis on trying to understand problems in accessing local healthcare services were then given. Questions from the participants about the format and the necessity of this assessment were then answered. Everyone was briefed on the confidential nature of what was being discussed. The facilitator then allowed the group members to discuss their perceptions of needs for access. If the conversation lagged or if specific topics had not been addressed, the facilitator prompted the group to move on. Group members found the topic to be easy to discuss and the facilitator had to do little except keep notes on the comments made.

Results

Survey. Data were obtained from a total of 252 individuals from various parts of San Juan County. It should be noted that the majority of those participating did not identify any obstacles while they were getting their healthcare needs met. Most of the respondents provided reassurance to the survey administrators that the respondents were happy with the healthcare services they received. They were appreciative of the care given to them by their physician and other healthcare providers. On the other hand, a small number of individuals were very unhappy with the state of healthcare in San Juan County and provided comments regarding poor care, how horribly expensive care was, how aggressive some businesses were in pursuing payment for healthcare provided, and how the respondents' health had suffered as a consequence. Other individuals were somewhere in between and they easily identified a series of obstacles that made getting the care they thought they needed more difficult.

Data were summarized for all respondents as seen in Tables 3a and 3b. For convenience in examining the relative percentage of respondents claiming that a particular obstacle was a problem for them, the data were shown first without any structure, merely in reverse order from most to least frequent. To provide another view of these same data, a second system that organized the results in logical categories and the frequencies within those categories is shown. Other logical categorizations would certainly be possible, those suggested seemed to encompass the key issues for the respondents.

The number one obstacle was that of not having enough money to afford whatever services might have been needed. This lack of adequate financial resources was seen across all groups – those with insurance, those without, those with jobs, and those that were unemployed or retired. This consistent pattern also was not altered across ethnicities or locations within the county. However, those with higher levels of education reported this obstacle less frequently. Occurring with less frequency were the remainder of the obstacles listed, with transportation and the length of time people had to wait to see their provider being next in line. While language difficulties were one of the least frequently mentioned concerns, this was probably artificially reduced due to the survey being available only in English. Several non-English speakers were assisted in

responding to the survey but more might have volunteered if other language versions had been available.

Healthcare Access Obstacles Identified

Percent of Respondents Identifying Obstacle
in rank order from high to low

43% - lack of money
26% - had to wait too long for their appointment
23% - transportation problems

19% - couldn't get time off from work
19% - no family doctor
19% - couldn't get an appointment
19% - there was a waiting list
17% - insurance co-pays were too much

14% - insurance plan didn't cover what was needed
14% - doctor/hospital/etc. wouldn't accept my insurance
12% - didn't know where to go for the help I needed
11% - medical staff didn't show me respect
11% - doctor didn't spend enough time with me
11% - family obstacles
10% - no one in San Juan County provides what you needed
10% - office visit was too short

8% - didn't feel welcomed by health providers
8% - couldn't get help after receiving diagnosis
8% - didn't know eligibility requirements for getting help
7% - couldn't get insurance preauthorization
6% - insurance was only for me, not for my family
6% - couldn't get a referral

5% - didn't believe regular medical care could help them
4% - insurance plan was too confusing
4% - doctor's instructions were too confusing
4% - didn't have a phone to call for help (or no phone reception)
4% - couldn't get diagnostic testing done
2% - medical staff didn't speak my language
2% - didn't have any medical records

Table 3a. The pattern of obstacles to accessing assistance for healthcare needs identified by respondents. These obstacles were identified as being present either for the individual him/herself or for an immediate member of their family. Many respondents identified multiple obstacles. had needs across multiple categories. Please note that the majority of respondents did not identify any obstacles in accessing care for themselves or their families.

Healthcare Access Obstacles Identified

Percent of Respondents Identifying Obstacle
in rank order from high to low by category

Payola
43% - lack of money
23% - transportation problems
4% - didn't have a phone to call for help (or no phone reception)

Providers
19% - no family doctor
19% - couldn't get an appointment
19% - there was a waiting list
10% - no one in San Juan County provides what you needed
8% - couldn't get help after receiving diagnosis
8% - didn't know eligibility requirements for getting help
6% - couldn't get a referral
4% - couldn't get diagnostic testing done
2% - didn't have any medical records

Personal/Social
26% - had to wait too long for their appointment
19% - couldn't get time off from work
12% - didn't know where to go for the help I needed
11% - medical staff didn't show me respect
11% - doctor didn't spend enough time with me
10% - office visit was too short
8% - didn't feel welcomed by health providers
5% - didn't believe regular medical care could help them
4% - doctor's instructions were too confusing
2% - medical staff didn't speak my language

Payors
17% - insurance co-pays were too much
14% - insurance plan didn't cover what was needed
14% - doctor/hospital/etc. wouldn't accept my insurance
7% - couldn't get insurance preauthorization
6% - insurance was only for me, not for my family
4% - insurance plan was too confusing

Table 3b. The pattern of obstacles to accessing assistance for healthcare needs identified by respondents as grouped into logically related categories. These obstacles were identified as being present either for the individual him/herself or for an immediate member of their family. Many respondents identified multiple obstacles. Please note that the majority of respondents did not identify any obstacles in accessing care for themselves or their families.

Focus Groups. Focus groups were held with three sets of adults in three different settings – a hair salon, a senior center, and with women in a domestic violence shelter. Five other sites had initially agreed to participate in the assessment process but were unable to hold the groups as planned. One site cancelled when several vital staff called in sick the day scheduled for the event and insufficient staff were available to cover. Several sites made participation voluntary and no one came to the meetings. A site invited members of their group but were unable to hold a meeting during the month of August.

Participants in the focus groups that were able to meet, identified several sets of concerns. One issue was certainly shared by the respondents to the survey and that was the costs associated with any of the healthcare services that might be needed. Money was a limiting factor on almost everything. The young women working in the salon chose not to purchase health insurance through the business they worked for because they were under the age of 26 and were still covered by their parents' policies. No adult was able to independently purchase health insurance for themselves and/or their families. For those who were covered by Medicaid or Medicare, the key issues were whether or not services were available under the policies and whether or not any service providers in the county would sign them on as clients. People were afraid that if their current physician retired or moved they would not be able to find another primary care provider. Those with Medicare and Medicaid also mentioned gaps in services such as the difficulty in getting dental care, assistance with hearing aids, and primary prevention supports.

Transportation was again mentioned as an important issue. It was pointed out that due to the geographic distribution of the various healthcare providers, getting a health need met usually meant more than just one trip to one provider. Each service might either be in different parts of town or even in different parts of the county.

Portability of the insurance products was also a concern of several people. They felt like they weren't able to get services when they moved around the state or the local area because their insurance wouldn't be accepted in their new location. Enrolled members of various tribes noted the limited nature of the availability of IHS services in various parts of this county and in other parts of New Mexico and Colorado.

Interestingly, participants were highly satisfied with their pharmacy services. Several people mentioned that their pharmacists helped them understand their medications much better than the professionals that provided the prescriptions. Overall, the participants as a group were satisfied with the care given by their providers once the actual care was available. Most of the stressors were felt around the uncertainty of being able to get care or not.

No one described a final problem using these words but concern was expressed about the uncoordinated nature of the existing healthcare network. No one was receiving comprehensive or seamless care. Care was episodic and usually problem oriented. Identifying who was the healthcare provider who really had an overall picture of the health needs of the individual and their families was difficult.

Conclusions

This needs assessment provides some level of insight into healthcare access issues here in San Juan County. The results seem to follow patterns identified in other parts of the USA when individuals have been directly solicited for feedback. While we might have some level of confidence in these results we should also be rather hesitant to make generalizations that are too

broad from these data. The recruitment process might certainly have had unplanned biases which could have influenced the data collected.

Future assessments of this type might also include questions related to the consequences of the delays or obstacles to healthcare. For example, it might be useful to understand how long people have to postpone care, on average, and if this results in greater levels of illness and/or disability as consequence. Several national groups have also looked at the economic consequences on individuals and families that have occurred due to use of healthcare services. People have been asked to identify whether or not costs for healthcare caused delay of purchases of other necessary items (for example, caused people to miss a rent payment) or did the costs result in greater family debt or bankruptcies.

The results of this survey will be used in conjunction with the ongoing activities of the Community Health Improvement Council and will be reported to other interested groups in the county. A modified set of questions from this survey might also be included in a revised questionnaire used in the comprehensive county needs assessment that will be conducted later this calendar year.

SAN JUAN COUNTY PARTNERSHIP

The San Juan County Partnership is conducting a new cycle of needs assessments. The information gathered will allow local healthcare agencies to respond in a better manner. The final report will be published in the winter of 2012. Thank you for your help.

This survey is **anonymous** so no one will know that you gave any particular answer to any particular question.

Please do not put your name anywhere on this survey.

Date survey completed: _____

Section A. Background information
Please place an **X** next to the answer that describes you or give your answer in the space provided.

1. what is your gender _____male _____female
2. what is your ethnicity _____Anglo ____Dine' ____Hispanic ____other
3. what language do you speak at home ____English ____Dine' ____Spanish
4. how many people live in your home ____1 ____2 to 4 ____5 or more
5. how old are you _____
6. how many years of school have you completed
   ____less than High School ____graduated from High School
   ____vocational degree ____college degree
7. what is your current work situation
   ____ employed full-time ____employed part-time
   ____unemployed ____homemaker ____retired ____other
8. what type of health insurance do you have
   ____private ____VA ____IHS ____Medicare ____Medicaid ____none
9. what is your home zip code _____
10. how long have you lived in San Juan County _____

Section B. Recent Healthcare History
Please place an **X** next to *each* type of healthcare you (or your family) needed in the past 12 months – even if you didn't get those services.

____preventative services:…..help that keeps you from needing healthcare (for example, vaccinations, family planning, etc.)
____emergency services:…..help in an emergency situation (for example, a heart attack, fall resulting in a broken bone, etc.)
____regular illness care:…..care for minor health problems (for example, colds, sore back, etc.)
____hospitalization:……..help for major medical problems (for example, surgery, severe infections, etc.)
____pharmacy services:…….help to control health problems (for example, blood pressure meds, pain meds, etc.)
____long-term care:……help with problems that require constant medical care (for example, dialysis, hospice, nursing home, etc.)
____rehabilitation care:……help to return to full functioning (for example, physical therapy, cognitive retraining, etc.)
____dental services:……help to repair teeth and/or gums (for example, cavities)
____optical services:……..help to assist with vision (for example, glasses)
____audiological services:.help to assist with hearing (for example speech therapy, hearing aids, etc.)
____other services:……..please specify_____

Section C. Accessing Healthcare
How do you usually get a healthcare appointment? (place an **X** in only one space)

____in person ____on the phone ____email ____mail ____ other (please identify)

Section D. Obstacles to Healthcare
What obstacles got in the way of getting healthcare for yourself or your family these past 12 months? Place an **X** next to every obstacle that was present.

____ couldn't get time off from work
____ lack of money
____ insurance co-pays were too much
____ couldn't get insurance preauthorization
____ insurance plan was too confusing

____ insurance plan didn't cover what was needed
____ insurance was only for me, not for my family
____ doctor/hospital/etc. wouldn't accept my insurance
____ family obstacles
____ transportation problems

____ no family doctor
____ had to wait too long
____ couldn't get an appointment
____ no one in San Juan County provides what you needed
____ there was a waiting list

____ didn't know where to go for the help I needed
____ didn't believe regular medical care could help me
____ doctor's instructions were too confusing
____ office visit was too short
____ didn't have a phone to call for help (or no phone reception)

____ medical staff didn't speak my language
____ medical staff didn't show me respect
____ couldn't get diagnostic testing done
____ didn't feel welcomed by health providers
____ couldn't get help after receiving diagnosis

____ couldn't get a referral
____ didn't have any medical records
____ didn't know eligibility requirements for getting help
____ doctor didn't spend enough time with me
____ other – please specify