Florida Rural Health Plan Update

Report from Town Hall Meetings

Gail R. Bellamy, Ph.D.
Director, BCBS of Florida Center for Rural Health Research and Policy
Florida State University College of Medicine
<gail.bellamy@med.fsu.edu>

Table of Contents

INTRODUCTION

A series of Rural Town Hall Meetings were conducted as one part of the 2008-09 Rural Health Plan Update sponsored by the Florida State Office of Rural Health. Five meetings were held:

Bradford County	February 4, 2009
Liberty County	February 16, 2009
Madison County	March 6, 2009
Highlands County	March 12, 2009
Hendry County	March 13, 2009

The number of meetings and the choice of sites for the meetings were decided by the Rural Health Plan Update Advisory Committee. The Town Hall meetings were intended to engage rural consumers in the validation of needs/issues raised through and by key informants and to specifically identify and/or highlight issues of particular concern to different parts of the state.

Dr. Gail Bellamy, Director of the Center for Rural Health Research and Policy at Florida State University College of Medicine, facilitated the meetings with support from Dr. Lynne Hinnant, Senior Research Associate, FSU College of Information. Local sponsors for the individual meetings handled all the arrangements, including publicity (see Appendix A for press releases, flyers, etc.).

Each meeting began with a short PowerPoint presentation (see Appendix B) providing participants with some background on the project, outlining the plan for the meeting, detailing the ground rules for discussion, indicating the next steps in the report preparation process, and ending with a listing of the priorities identified by the key informants,

Participants were given a form on which they were asked to provide basic demographic information for use in the final report. Those interested in receiving a copy of the report were asked to provide additional contact information (email address, mailing address). Dr. Bellamy separated identifying information from demographic information immediately after each meeting

Approximately 130 people participated in the meetings, and 122 completed the demographic information requested. The overwhelming majority (~85%) were Caucasian. The greatest number of racial/ethnic minorities participated in the Highlands and Hendry County Town Halls. The average age of participants was 52. 103 were employed. Two-thirds of participants were women. 24 participants indicated that they were representing themselves, i.e. the consumer perspective. Organizations represented included but were not limited to the local health departments, community health center, hospital, home health, sheriff's department, schools (k-12, community college)., the faith community (churches, faith-based human service agencies) and area non-profits. Table 1 provides a demographic breakdown of the participants by Town Hall location.

TABLE 1:	Comparative demographics of participants					
	State	**Brad**	**Lib**	**Mad**	**High**	**Hend**
# Participants	130/**122**	41/**40**	18/1**5**	**20**	**34**	15/**13**
Non-Caucasian	21	2	1	0	14	4
Average age	52	52.6	55.3	50.1	51.5	53.2
#/% Employed	102/84	32/80	9/60	19/95	31/91	11/85
#/% Male	40/33	10/25	7/47	10/50	10/29	3/23
#/% rep. self	24/20	7/18	6/40	4/20	4/12	3/23

Each meeting followed the same format, proceeding in a series of steps.

Step 1 involved a public validation of the priorities identified by the key informants. Each group was asked to indicate with a display of hands whether the issues identified by the key informants are important issues in their community. The response across groups was unanimous in affirming these issues. Participants were then asked to individually rate each of the issues, using forms provided, in terms of its importance to their community (Likert scale from very important to no importance) and the urgency of the issue for their community, i.e., how quickly did something need to be done to remedy the issue (Likert scale, now to over 5 years).

Step 2 involved the identification by participants of issues not reflected in the priorities outlined by the key informants.

Step 3 was intended to narrow the list of issues identified in Step 2 to a smaller, representative list lending itself more readily to the rating process. The audience participated actively in helping to group related issues or recommending when a given issue should remain as a stand-alone. Once this step was completed, each participant rated the more limited list of issues according to the importance of each to the community and the urgency they felt to address it.

Step 4 was intended to provide each participant with a parting look at the three issues of greatest concern to their group as a whole. This step involved all of the issues, those identified by the key informants, and the final "limited" list created during the town hall. The issues were written on flip-charts and placed at the front of the meeting room. Each participant was asked to place three colored dots on the three issues they felt were most important to their community.

RESULTS

The Town Hall format provided answers to three basic questions of importance to a statewide health plan for rural Florida:
1) Are there issues around which there is general consensus, which everyone agrees are critical?
2) Is there significant diversity in concerns that might suggest regional strategies relating to programs, policies, and regulation?
3) Does this method of information gathering help to surface issues of importance to rural health in Florida that might not otherwise rise to the top?

In answer to the first question, the answer is unequivocally "yes." There was unanimous endorsement of the issues identified by the key informants. In addition, the affordability of health care services continues to be an issue for rural Floridians, particularly, but not exclusively,

for specialty care and prescription drugs. Transportation that enables residents to get to the care they need and the broader set of services they need has become harder to come by since the last health plan was developed. The availability of care other than from 9-5, Monday through Friday, is an issue shared by rural Floridians statewide.

The answer is also "yes" to the second question. There are issues for rural Southern Florida that are different from the Northern Panhandle and that will require some creativity (programmatically, policy-wise, regulatory) to address. To start, the south is very agricultural, and depends upon migrant and seasonal labor to a greater extent than other parts of the state. This creates particular workforce challenges, not just in the numbers of providers needed to care for the population, but also in those providers' cultural competence and their availability on a seasonal (not full-time) basis. However, it is not just the southern parts of the state that are challenged. The panhandle itself is not a single "rural" environment. Some of the communities are economically healthier than others, although all have faced and continue to face challenges resulting from the current economic downturn.

Finally, the answer to question three is also a "yes." Even acknowledging that a majority of Town Hall participants were either health care providers or representing health providers, they raised important and different issues that are key to addressing the health needs of rural residents of the state. The issues of communication, collaboration, and cooperation among the health and human service providers in the community were raised across-the-board, yet were not specifically mentioned by key informants.   Networking to make the best use of scarce resources by eliminating duplication and fragmentation has long been recognized as essential for small, under resourced communities.

A striking thing about these Town Halls was community recognition of what are labeled 'social determinants of health;' looking beyond medical care toward a healthy community. For example, economic issues facing the community were raised either directly or indirectly at each meeting. Participants explicitly recognized that the quality of health care available to their residents is related to the economic health of their community. In addition, the related issues of literacy, and e-literacy were mentioned alongside health literacy as issues that are relevant and important to the health of their community and its people.

The State of Florida has made some great strides toward improving rural health care since the release of the first rural health plan in 2002, including, but certainly not limited to:
- The Medicare Flexibility Program which has helped small rural hospitals at risk of closure to remain open as critical access hospitals in their communities.
- The FSU College of Medicine, with a mission that targets rural and vulnerable populations, opened its doors increasing the number of physicians choosing primary care.

At the same time, service consolidations, revenue stagnation or budget cuts, and other challenges arose that left some communities poorer today than they were in 2002.

Rural health is a moving target and the role of the Florida State Office of Rural Health is to continually monitor the health of Florida's rural communities, recording both the positive actions and activities that are underway and the new threats that emerge along the way. The former is

needed to demonstrate what has been done to address the community concerns. The latter is in the interest of ongoing surveillance.

The remainder of the report covers the findings from each of the individual Town Hall meetings and ends with the results from the aggregation of responses across meetings. A complete listing of all the issues identified in Step 2 and subsequent groupings created in each of the Town Halls is included in Appendix C.

Organizational representation:	
Hospital	10
AHEC	3
Elected official	5
City	2
Other health care	7
Library	2
Health Dept	7
Human Services	3
Church	1

Starke, Bradford County

Approximately 42 people participated in the first Town Hall meeting held in the Bradford County Library in Starke. 40 participants completed the demographic information. The average age of participants was 52.6 years. 25 percent of participants are male (n=10), 80 percent (n=32) are employed, 18 percent (n=7) attended representing themselves.

Participants could rate the importance of an issue overall, (e.g., rate "primary care") and/or rate the underlying concerns (i.e., the importance of affordability, availability, and accessibility of primary care.)[1]

Individual Ratings of Key Informant Issues

Mental Health received the highest scores for importance, with concerns about availability and accessibility scoring slightly higher than affordability. Primary care and specialty care tied for number two. Accessibility, i.e., getting to care as a function of distance and transportation, was the highest scoring concern relating to primary care, while affordability (co-payments, no public funding, and no programs for uninsured) was the greatest concern for specialty care. Dental care tied with prescription drugs for third place in importance.   Concern about availability scored highest for dental care, while affordability was the greatest concern associated with prescription drugs.

With respect to urgency, i.e. needing attention now, primary care scored highest, again with emphasis on accessibility. Mental health tied with specialty care and prescription drugs for second place on the urgency question. Dental care came in third for urgency. Affordability was the most urgent concern for specialty care and prescription drugs, while availability was most urgent for mental health.

---

1   In practice, the number of participants rating the overall issue varied so much within and across each of the groups that this average provides little or no information of value. Ratings are, therefore, provided for each of the sub-heads—availability, accessibility, and affordability. The overall rating for each issue within a group is the average of the three sub-scores rounded to the nearest .10. It is that rounded number upon which rankings are based.

	IMPORTANCE		URGENCY	
	Score	Rank	Score	Rank
Primary Care	**4.6**	**(2)**	**4.6**	**(1)**
• Affordable	4.6		4.4	
• Available	4.6		4.6	
• Accessible	4.7		4.8	
Specialty Care	**4.6**	**(2)**	**4.5**	**(2)**
• Affordable	4.8		4.7	
• Available	4.6		4.4	
• Accessible	4.5		4.5	
Chronic Care Management	**4.4**	**(4)**	**4.2**	**(4)**
• Affordable	4.6		4.4	
• Available	4.5		4.1	
• Accessible	4.3		4.2	
Dental Care	**4.5**	**(3)**	**4.3**	**(3)**
• Affordable	4.4		4.4	
• Available	4.6		4.3	
• Accessible	4.5		4.2	
Chronic Care Prevention	**4.3**	**(5)**	**4.2**	**(4)**
• Affordable	4.4		4.3	
• Available	4.3		4.3	
• Accessible	4.3		4.1	
Mental Health	**4.7**	**(1)**	**4.5**	**(2)**
• Affordable	4.6		4.5	
• Available	4.8		4.6	
• Accessible	4.7		4.4	
Prescription Drugs	**4.5**	**(3)**	**4.5**	**(2)**
• Affordable	4.8		4.7	
• Available	4.5		4.4	
• Accessible	4.3		4.3	

Additional Issues

The following categories/issues were identified by the participants as concerns for their communities:

1. Centralizing services: This category captured concerns about closing locally based services in the interests of cutting costs and greater efficiencies but with the unintended impact of creating a barrier to care for those without transportation.
2. Access
3. Basic human needs: The economy plays a role in increasing demands on food kitchens and increasing numbers of homeless.
4. Digital divide-literacy: Literacy, health literacy, e-literacy (use of computers, Internet), along with limited access to broad-band.
5. Elders
6. Public Health/Prevention

7. Transportation: although an issue reflected within each of the key informant issues, transportation was regarded as so important it needed to be a stand-alone issue. Includes transportation for groceries and other essentials beyond health.
8. Emergency Medical Services
9. Psycho-social supports: support groups not just those pertaining to illness
10. Substance abuse: Although considered as part of mental health, treatment services for substance abuse are significantly different enough to warrant special attention.
11. Funding
12. Continuum of care: Reflects concerns that collaboration and communication across provider services are fragmented. Residents don't know what services exist, who provides the service, and how to access them.
13. Customer relations

Individual Rating of Additional Issues

Funding and transportation received the highest scores for importance. Funding also received the highest score for urgency, while transportation came in second.

IMPORTANCE			URGENCY	
	Score	Rank	Score	Rank
1) Centralizing	3.7		3.8	
2) Access	4.6	(2)	4.6	(3)
3) Basic Human Needs	4.2	(4)	3.9	
4) Digital Divide-Literacy	3.8		4	
5) Elders	4.4	(3)	4.5	(4)
6) Public Health/Prevention	3.8		4.1	
7) Transportation	4.8	(1)	4.8	(2)
8) EMS	3.3		3.9	
9) Psycho-social supports	3.7		3.9	
10) Substance abuse	3.7		4.1	(5)
11) Funding	4.8	(1)	4.9	(1)
12) Continuum of care	3.6		3.6	
13) Customer relations	3.9		4	

Group Public Vote on All Issues
The public vote on all of the issues included only one of the key informant issues, mental health, in the top five vote getters. The number one issue was funding, followed in descending order by access, transportation, elders, and mental health.

Key informant issue	# Votes	Rank
Primary Care	2	
Available	1	
Accessible	2	
Affordable	1	
Specialty Care	3	
Accessible	3	
Affordable	3	
Chronic disease management		
Dental care	4	
Chronic disease prevention		
Available	4	
Mental Health	7	(5)
Prescription drugs		
Available	1	

Identified Issue Categories and votes		
Centralized services		
Access	17	(2)
Basic Human Needs	3	
Health Literacy (digital divide)	1	
Elders	8	(4)
Prevention/Public Health	2	
Transportation	14	(3)
Emergency Medical Services	1	
Psycho-social Supports		
Substance abuse		
Funding	26	(1)
Network-continuum of care		
Customer relations	1	

Bristol, Liberty County

Eighteen people attended the Town Hall at the Veterans Memorial Civic Center in Bristol, 15 of who completed the demographic profile. The average age of participants was 55.3 years. Sixty percent (n=9) of participants were employed. Forty percent (n=6) of attendees were there representing themselves, two more represented both their organization and their own personal concerns. Forty-seven percent (n=7) were men. Forty-five percent of attendees identified themselves as retirees, three of which had been employed in health professions.

Organizational representation:	
Hospital	
AHEC	
Elected official	1
City	
Other health care	3
Library	
Health Dept	4
Human Services	
Church	

Individual Ratings of Key Informant Issues:
Primary care and prescription drugs were the issues that scored highest on importance, tying for first place. Specialty care, dental care, and mental health tied for second place. Affordability was the highest scoring concern for specialty and dental care. Availability scored highest for mental health.

Primary care and prescription drugs also scored highest on the urgency of the issue, i.e. how soon something needed to be done. Dental care came in second and mental health third.

	IMPORTANCE		URGENCY	
	Score	Rank	Score	Rank
Primary Care	**4.8**	**(1)**	**4.9**	**(1)**
• Affordable	4.9		4.9	
• Available	4.8		5	
• Accessible	4.9		4.6	
Specialty Care	**4.5**	**(2)**	**4.6**	**(4)**
• Affordable	4.6		4.6	
• Available	4.5		4.6	
• Accessible	4.4		4.5	
Chronic Care Management	**4.3**	**(3)**	**4.6**	**(4)**
• Affordable	4.4		4.6	
• Available	4.4		4.7	
• Accessible	4.1		4.5	
Dental Care	**4.5**	**(2)**	**4.8**	**(2)**
• Affordable	4.7		4.9	
• Available	4.6		4.7	
• Accessible	4.2		4.7	
Chronic Care Prevention	**4.3**	**(3)**	**4.4**	
• Affordable	4.5		4.5	
• Available	4.3		4.3	

• Accessible	4.1		4.3		
Mental Health	**4.5**	**(2)**	**4.7**	**(3)**	
• Affordable	4.5		4.7		
• Available	4.7		4.6		
• Accessible	4.4		4.7		
Prescription Drugs	**4.8**	**(1)**	**4.9**	**(1)**	
• Affordable	4.9		4.9		
• Available	4.8		5		
• Accessible	4.8		4.8		

Additional Issues

The following categories/issues were identified by the participants as concerns for their communities:

1. Threats to the hospital (financial)
2. EMS: Need for more helicopter pads, more EMS
3. Prevention: health education/prevention, basic preventive care for children
4. Funding: limited funding/tax base, loss of transportation funding, fear of Medicaid reform
5. Model best practice
6. Electronic Medical Record
7. Education: rural specific internships, get universities involved, public awareness and information dissemination
8. Emergency Room: triage and monitoring in ER; stand-alone ER
9. Networking: increase interagency communications
10. Elder Care: upgrading home care services, services for aging population
11. Community Resources: caregiver education and supports
12. Access : rural HMOs further limit access
13. Epidemiology: appearance of increased rates of morbidity

Individual Ratings of Additional Issues

Funding scored highest on importance, followed by threats to the hospital, emergency room, emergency medical services, elder care, and community resources. The last two categories tied for fifth place. With regard to urgency, the threats to the hospital were seen as the most urgent issue, followed by prevention and the electronic medical record which tied for second place, access, emergency medical services, and education.

	IMPORTANT		URGENCY	
	Score	Rank	Score	Rank
1. Threats to the hospital	4.8	(2)	4.9	(1)
2. EMS	4.5	(4)	4.4	(4)
3. Prevention	4.4		4.7	(2)
4. Funding	4.9	(1)	4.4	(4)
5. Model best practice	3.9		3.9	
6. EMR	4.1		4.7	(2)

7. Education	4.3			4.4	(4)
8. Emergency Room	4.6	(3)		4.1	
9. Networking	4.1			3.9	
10. Elder Care	4.4	(5)		4.1	
11. Community Resources	4.4	(5)		4.1	
12. Access	4.5	(4)		4.6	(3)
13. Epidemiology	3.9			3.9	

Group Public Vote on All Issues

In the public voting, funding got the most votes followed by prescription drugs, threats to the hospital, education, specialty care, and electronic medical records. The last two tied for fifth place. Two of the key informant issues, prescription drugs and specialty care, made it into the top five.

	#Votes	Rank
Key informant issues		
Specialty Care	5	(5)
Chronic care management		
Dental Care	2	
Chronic care prevention	2	
Mental Health	2	
Prescription Drugs	8	(2)
Additional Issues		
Threats to hospital	7	(3)
EMS	3	
Prevention	4	
Funding	12	(1)
Model/Best Practices		
EMR	5	(5)
Education	6	(4)
Emergency Room	3	
Networking	2	
Elder Care	1	
Community Resources	2	
Access 3		
Epidemiology		

Madison, Madison County

Twenty people attended the Town Hall at the Madison County Agricultural Center in Madison. Everyone completed the demographic profile. The average age of participants was 50.11 years. 20 percent (n=4) of attendees were there representing themselves. Fifty percent (n=10) were men. Ninety-five percent (n=19) employed. At least two participants served on the hospital's board of directors.

Organizational representation:

Hospital	6
AHEC	
Elected official	
City	
Other health care	3
Library	
Health Dept	2
Human Services	1
Church	
Other	3

Ratings of Key Informant Issues
Of the 20 participants, 19 completed the rating forms (95% response rate). Specialty care and mental health received the highest scores for importance, tying for first place, followed by prescription drugs and primary care.

Primary care scored highest on urgency followed by specialty care. Affordability and availability of primary care were the two highest scored urgent concerns.

	IMPORTANCE Score	Rank	URGENCY Score	Rank
Primary Care	4.1	(3)	4.5	(1)
• Affordable	4.4		4.7	
• Available	4.1		4.7	
• Accessible	3.8		4.3	
Specialty Care	4.4	(1)	4.4	(2)
• Affordable	4.4		4.4	
• Available	4.5		4.4	
• Accessible	4.3		4.3	
Chronic Care Management	3.9	(4)	4.3	(3)
• Affordable	4.1		4.4	
• Available	4		4.4	
• Accessible	3.7		4.1	
Dental Care	3.8		4.3	(3)
• Affordable	4.2		4.4	
• Available	3.7		4.4	
• Accessible	3.5		4	
Chronic Care Prevention	3.8	(5)	4.3	(3)
• Affordable	3.9		4.4	
• Available	3.9		4.4	
• Accessible	3.6		4.1	
Mental Health	4.4	(1)	4.3	(3)

• Affordable	4.4		4.4		
• Available	4.4		4.3		
• Accessible	4.3		4.1		
Prescription Drugs	4.2	(2)	4.1	(4)	
• Affordable	4.5		4.3		
• Available	4.2		4.2		
• Accessible	3.8		3.9		

Additional Issues

The following categories/issues were identified by the participants as concerns for their communities:

1. Funding and incentives: low reimbursement rates; provision for low risk births; costs more to receive my care locally (insurance); economic-not prevention oriented
2. Transportation: how people at far ends of county can get to care; services inconvenient and limited due to lump sum Medicaid reimbursement
3. Economics: brain drain, youth gone; provision for low risk births; lack of health insurance; quality of health care affected by quality of economic life
4. Education-Health Literacy & Literacy: health outreach to educate consumer; lack of literacy and how this affects health choices; health literacy
5. Capital Infrastructure: new hospital building
6. Prevention: obesity, health literacy, personal responsibility
7. Social Issues: flat population doesn't support specialists; lack of health insurance; cultural shift in food choices to those less healthy

Individual Ratings of Additional Issues

There was a three-way tie for first place in importance between funding/incentives, economics, and education. Capital infrastructure came in second followed by social issues. Funding took first place for the urgency of the issue, followed by capital infrastructure, educational, economics, and transportation.

	IMPORTANCE		URGENT	
	Score	Rank	Score	Rank
1. Funding and incentives	4.8	(1)	4.9	(1)
2. Transportation	4.1	(5)	4.2	(5)
3. Economics	4.8	(1)	4.6	(4)
4. Education-Health Lit & Lit	4.8	(1)	4.6	(3)
5. Capital Infrastructure	4.6	(2)	4.7	(2)
6. Prevention	4.3	(4)	4.2	
7. Social Issues	4.4	(3)	4.1	

Group Public Vote on All Issues

In the public vote, education and economics tied for the most votes followed closely by funding and capital infrastructure, tying for second place. Availability of specialty care was ranked third. Specialty care was the only key informant issue making it into the top five.

	#Votes	Rank
Key informant issues		
Chronic care prevention—		
Available	2	
Accessible	1	
Mental Health	4	
Primary care		
Available	1	
Accessible		
Specialty care	2	
Affordable	1	
Available	7	(3)
Prescription drugs		
Affordable	2	
Additional issues		
Funding & Incentives	9	(2)
Capital Infrastructure	9	(2)
Prevention		
Education –Lit and Health Literacy	10	(1)
Economics	10	(1)
Transportation	1	
Social issues	1	

Sebring, Highlands County

Thirty-four people attended the Town Hall at the Bert J. Harris Jr Agricultural Center in Sebring; all of whom completed the demographic profile. The average age of participants was 51.5 years. Twelve percent (n=4) of attendees represented themselves. Twenty-nine percent (n=10) of participants were male. Ninety-one percent (n=31) were employed.

Organizational representation:

Hospital	1
AHEC	
Elected official	
City	
Other health care	8
Library	
Health Dept	6
Human Services	6
Church	1
Other	3

Ratings of Key Informant Issues

Of the 34 participants, 21 completed the rating forms (62% response rate). Primary care received the highest score for importance. Accessibility and affordability of primary care were the greatest concerns. There was a three-way tie for second place between specialty care, dental care, and mental health. The availability of specialty care, affordability of dental care, both the availability and accessibility of mental health care, and the affordability of prescription drugs were the highest scored concerns.

Urgency was greatest for primary care and mental health, followed by specialty care. Dental care tied with prescription drugs as the third most urgent issue.

	IMPORTANCE		URGENCY	
	Score	Rank	Score	Rank
Primary Care	**4.6**	**(1)**	**4.5**	**(1)**
• Affordable	4.6		4.5	
• Available	4.4		4.5	
• Accessible	4.7		4.6	
Specialty Care	**4.5**	**(2)**	**4.4**	**(2)**
• Affordable	4.4		4.3	
• Available	4.6		4.4	
• Accessible	4.4		4.4	
Chronic Care Management	**4.4**	**(3)**	**4.2**	**(4)**
• Affordable	4.5		4.1	
• Available	4.2		4.1	
• Accessible	4.5		4.2	
Dental Care	**4.5**	**(2)**	**4.3**	**(3)**
• Affordable	4.6		4.3	
• Available	4.3		4.4	
• Accessible	4.4		4.1	
Chronic Care Prevention	**4.3**	**(4)**	**4.1**	**(5)**
• Affordable	4		4.1	
• Available	4.4		4.1	
• Accessible			4	

Mental Health	**4.5**	**(2)**	**4.5**	**(1)**
• Affordable	4.5		4.5	
• Available	4.6		4.7	
• Accessible	4.6		4.4	
Prescription Drugs	**4.3**	**(4)**	**4.3**	**(3)**
• Affordable	4.6		4.4	
• Available	4.1		4.2	
• Accessible	4.2		4.4	

Additional Issues

The following categories/issues were identified by the participants as concerns for their communities:

1. Alternative and complementary medicine: non-traditional medical approaches; providers need to look out-of-the-box for care opportunities
2. Migrant population: accessible services for migrant workers; doctors need to have greater awareness of patient circumstances
3. Prevention/personal responsibility: lack of registered dieticians; focus on preventive areas in dental and other areas; prevention education in schools; PE in schools
4. Pediatric dental: pediatric dental care, dentists do not take Medicaid
5. Transportation: no public transportation
6. Communication/collaboration: registry/information bank of services in the county/communities; lack of communication between providers; wonderful school facilities that sit vacant at night and weekends
7. Vision prevention and care: accessible, available, affordable
8. Un- and under insured: nursing students do not have health insurance; no access to care for uninsured; doctors need to have greater awareness of patient circumstances
9. Increase elderly services: elderly living alone, adult day care for dementia
10. Regulatory reform—being able to distribute unused drugs

Individual Rating of Additional Issues

Eleven participants completed rating forms for the additional issues identified. Transportation and the un- and underinsured tied for first in importance, followed by communication/collaboration, prevention/personal responsibility, and the migrant population. Services for the elderly came in fifth. Transportation was also the most urgent issue followed by community/collaboration, prevention/ personal responsibility, the un- and underinsured and pediatric dental care.

	IMPORTANT		URGENT	
	Score	Rank	Score	Rank
1. Alternative and complementary medicine	3.2		3.09	
2. Migrant population	4	(4)	3.82	
3. Prevention/personal responsibility	4.4	(3)	4.55	(3)
4. Pediatric dental	4	(4)	4.27	(5)
5. Transportation	4.6	(1)	4.73	
6. Communication/collaboration	4.6	(2)	4.64	(2)

7. Vision prevention and care	4	(4)		4.27	(5)
8. Un- and under insured	4.6	(1)		4.36	(4)
9. Increase elderly services	3.9	(5)		4.09	
10. Regulatory reform—unused drugs	3.8			4	

Group Public Vote on All Issues
In the public vote, primary care and mental health/substance abuse/addictions were the first and second place issues, with transportation third, communication/collaboration fourth, and prevention/personal responsibility and migrant population tied for fifth.

	#Votes	Rank
Key Informant Issues		
Dental care	3	
Mental Health/Substance Abuse/Addictions	7	(2)
Primary care	9	(1)
Specialty care	3	
Chronic Care management	3	
Prescription drugs	1	
Additional Issues		
Migrant population	4	(5)
Alternative & complementary Services		
Prevention/personal responsibility	4	(5)
Pedi-dental	1	
Transportation	6	(3)
Communication/collaboration	5	(4)
Vision prevention and care	1	
Un- and under insured	1	
Increase elderly services	2	
Regulatory reform	2	

Clewiston, Hendry County

Fifteen people attended the Town Hall at the Clewiston Public Library; 13 (87%) of whom completed the demographic profile. The average age of participants was 53.23 years. Eighty-five percent (n=11) of participants were employed. Twenty-three percent (n=3) of participants were men. Twenty-three percent were there representing themselves.

Organizational representation:	
Hospital	2
AHEC	
Elected official	
City	
Other health care	2
Library	
Health Dept	6
Human Services	
Church	

Individual Ratings of Key Informant Issues
Of the 15 participants, 11 completed the rating forms (73% response rate). Specialty care scored highest on importance. Chronic care management and prescription drugs tied for second place, with primary care coming in third. The availability of specialty care and primary care, along with the affordability of prescription drugs were the concerns scoring highest.

Specialty care scored highest for urgency. Chronic care prevention and prescription drugs were tied for second place.

	IMPORTANCE		URGENCY	
	Score	Rank	Score	Rank
Primary Care	4.4	3)	4.6	3)
• Affordable	4.		4.5	
• Available	4.7		4.8	
• Accessible	4.3		4.6	
Specialty Care	4.6	1)	4.8	1)
• Affordable	4.6		5	
• Available	4.7		4.7	
• Accessible	4.5		4.7	
Chronic Care Management	4.5	(2)	4.3	
• Affordable	4.6		4.3	
• Available	4.6		4.5	
• Accessible	4.5		4.3	
Dental Care	4.1		4.4	(5)
• Affordable	4.1		4.5	
• Available	4.1		4.5	
• Accessible	4		4.3	
Chronic Care Prevention	4.2	(5)	4.7	(2)
• Affordable	4.3		4.8	
• Available	4.3		4.8	
• Accessible	4.1		4.5	
Mental Health	4.3	4)	4.5	(4)
• Affordable	4		4.5	

• Available	4.4		4.5	
• Accessible	4.5		4.5	
Prescription Drugs	""""""""""""""""""""""4.5	**(2)**	""""""4.7	**(2)**
• Affordable	4.8		4.8	
• Available	4.3		4.8	
• Accessible	4.6		4.3	

Additional Issues

The following categories/issues were identified by the participants as concerns for their communities:

1. Transportation: no ability to get to services
2. Federal Impact: should rural areas be exempted from some federal/state regulation?
3. Provider shortage: telemedicine could fill some provider specialty gaps; support groups for individuals dealing with various challenges; national nursing shortage; no home health agency that accepts Medicaid; no 24 hour emergency care
4. Pediatric care: pediatric dental care; often school nurse is first responder for pediatric care; pediatric neuro-developmental
5. Prevention: health education in schools; obesity, nutrition, tobacco, parenting knowledge
6. Literacy/health lit/e-lit: ~45 of population without high school diploma; bilingual/translation issues for health providers; ~50 percent Hispanic population second to Miami-Dade; population that does not have access to computers and know how to use them.
7. Funding: many health providers do not take Medicaid; NHSC docs/providers turnover; budget
8. Un- and under insured: greater poverty levels lead to brain and money drain; high unemployment
9. Technology: moving so fast that rural communities cannot afford
10. Seasonal flux in patient population: influenced by migrant/seasonal worker population, regular illness cycles/seasons

Individual Ratings of Additional Issues

Transportation headed the list for importance followed by provider shortages, pediatric care, funding, and prevention. However, the most urgent problems were pediatric care and prevention, tied for first place, followed by education/literacy and funding tied for second.

	IMPORTANCE		URGENT	
	Score	Rank	Score	Rank
1. Transportation	5	(1)	4.6	(3)
2. Federal Impact	3.4		3.9	
3. Provider shortage	4.9	(2)	4.4	(5)
4. Pediatric care	4.9	(2)	4.9	(1)
5. Prevention	4.8	(3)	4.9	(1)
6. Literacy	4.3		4.8	(2)
7. Funding	4.8	(3)	4.8	(2)
8. Un- and under insured	4.6		4.5	(4)

9. Technology	4	4
10. Seasonal flux in pt. Pop.	3.6	3.5

Group Public Vote of All Issues

The top three vote getters in the public vote were funding/incentives, un- and underinsured, and education/literacy. None of the key informant issues were included in the public vote.

	#Votes	Rank
Key informant issues		
Primary care	2	
Specialty Care	4	(4)
Chronic care management	3	
Dental Care	1	
Chronic care prevention	3	
Mental health	1	
Prescription Drugs	1	
Additional issues		
Transportation	1	
Federal regulatory/state impact on rural		
Provider shortages	4	(4)
Pediatric Care	4	(4)
Prevention	1	
Literacy-health-e-lit (language)	5	(3)
Funding/incentives	9	(1)
Un-under-insured	6	(2)
Technology		
Seasonal population flux		

STATEWIDE

One hundred and twenty-two participants completed demographic information, a response rate of 94 percent. Average age of participants reporting age (n=114) overall was 52.3 years. Thirty percent of participants were male. Eighty-four percent (n=102) were employed. Approximately 20 percent (n=24) said they were representing themselves rather than a specific organization. Representatives of health organizations were the dominant participant group which included hospitals, health departments, clinics, home health, area health education centers, rural health partnerships, and others. Public members of hospital and clinic boards of directors participated. Five elected officials and/or their representatives participated, along with two local sheriff's departments, county commissioners, and city representatives. Two multi-county libraries were represented, as was the faith community (churches and church-based human services), some area non-profits (e.g., YMCA, SHINE), community colleges, and the local media.

The participants were unanimous in their validation of the issues identified by the key informants as important to their communities. Primary care was the highest rated of the key informant issues, followed in order of decreasing importance by chronic care management, prescription drugs, specialty care, dental care and mental health tied for 5th, and chronic care prevention. The urgency of the issue for participants was highest for primary care, followed by specialty care, prescription drugs, mental health, dental health, chronic care prevention, and chronic care management coming in last. Urgency did not always track importance for participants as seen in the rating of chronic care management coming in second in importance but last in terms of the urgency with which it needed to be addressed.

	IMPORTANCE		URGENCY	
	Score	Rank	Score	Rank
Primary Care	4.5	(1)	4.6	(1)
• Affordable	4.6		4.6	
• Available	4.5		4.7	
• Accessible	4.5		4.6	
Specialty Care	4.5	(1)	4.5	(2)
• Affordable	4.6		4.5	
• Available	4.6		4.5	
• Accessible	4.4		4.4	
Chronic Care Management	4.3	(3)	4.3	(4)
• Affordable	4.4		4.4	
• Available	4.3		4.3	
• Accessible	4.2		4.2	
Dental Care	4.3	(3)	4.4	(3)
• Affordable	4.4		4.5	
• Available	4.3		4.4	
• Accessible	4.2		4.2	
Chronic Care Prevention	4.2	(4)	4.3	(4)
• Affordable	4.3		4.3	
• Available	4.2		4.3	

• Accessible	4.1	4.2
Mental Health	4.5 (1)	4.5 (2)
• Affordable	4.5	4.5
• Available	4.6	4.5
• Accessible	4.5	4.4
Prescription Drugs	4.4 (2)	4.4 (3)
• Affordable	4.7	4.6
• Available	4.4	4.5
• Accessible	4.3	4.3

Table 2 provides a side-by-side comparison of the average scores for each of the Town Halls and statewide. Table 3 provides a side-by-side listing of the community generated issue areas. These have been color coded to show areas of concern shared by two or more communities.

Prevention was raised as an issue at all five Town Halls. Public Health and Prevention issues included within this category were items such as: health education and physical activity in school, and personal responsibility (obesity, nutrition, and tobacco).

Funding and financial incentives, education/literacy, and transportation were explicitly identified in 4 of the 5 communities.

Table 2: Key Informant Issues: Comparison of Town Hall Average Scores to Statewide Average

IMPORTANCE

	State	Rank	Brad	Lib	Mad	High	Hen
Primary Care	4.5	1	4.6	4.8	4.1	4.6	4.4
Specialty Care	4.5	1	4.6	4.5	4.4	4.5	4.6
Chronic Care Management	4.3	3	4.4	4.3	3.9	4.5	4.4
Dental Care	4.3	3	4.5	4.5	3.8	4.5	4.1
Chronic Care Prevention	4.2	4	4.3	4.3	3.8	4.3	4.2
Mental Health	4.5	1	4.7	4.5	4.4	4.5	4.3
Prescription Drugs	4.4	2	4.5	4.8	4.2	4.3	4.5

URGENCY

	State	Rank	Brad	Lib	Mad	High	Hen
Primary Care	4.6	1	4.6	4.9	4.5	4.5	4.6
Specialty Care	4.5	2	4.5	4.6	4.4	4.4	4.8
Chronic Care Management	4.3	4	4.2	4.6	4.3	4.2	4.3
Dental Care	4.4	3	4.3	4.8	4.3	4.3	4.4
Chronic Care Prevention	4.3	4	4.2	4.4	4.3	4.1	4.7
Mental Health	4.5	2	4.5	4.7	4.3	4.5	4.5
Prescription Drugs	4.4	3	4.5	4.9	4.1	4.3	4.7

- Funding and financial incentives included issues such as: providers not accepting Medicaid or even some private insurance; threats to the hospital; prevention services not covered; limited funding/tax base; fear of Medicaid reform; unfunded mandates, reimbursement levels too low; specialist refusal to accept out-of-county Medicaid/Medicare/self-pay referrals.

- Education covered the gamut from literacy, to health literacy, to e-literacy and the digital divide. Bi-lingual/translation services, low education attainment. How lack of literacy affects health choices. Educating providers about the services that are available in the community. Physical education. Education that gives residents hope, a reason for people to make a change. Public awareness and information dissemination. E-government. Getting the universities and colleges involved.

- Transportation was inferred within each of the key informant issues as a factor limiting access. In four of the communities transportation was raised as a major issue in its own right. Transportation was needed for non-emergency medical care, for groceries and other activities.

Issues relating to the elderly were raised in 3 of the communities, as were issues relating to networking/communication/continuum of care. All of these issues referred to provider/agencies not being aware of what each other was doing or what was available within the community to address concerns of residents. Increasing elder services was a major issue, and included adult day care for dementia, programs for elders living alone, and upgrading home care services.

Economics was only identified as a category in one Town Hall, but economic issues ran through most of the communities. Participants touched on how things have worsened for their communities since the last health plan. They continue to experience high unemployment and brain drain as people leave the community for jobs and opportunities elsewhere. They observe how the quality of health care in their community is affected by the quality of their economic life. Participants specifically mentioned the loss of services in their communities as state budgets have been cut and services cut back. Transportation services were specifically mentioned as a service that has been cut back over the years.

Not surprisingly, issues related to migrants were specifically raised in the meetings conducted in the two southern locations (Highlands and Hendry counties), as were issues related to the un- and underinsured. The seasonal flux of migrant farm workers places strains on local providers who need to staff-up or down.

A striking thing about these Town Halls was community recognition of what are labeled 'social determinants of health;' looking beyond medical care toward a healthy community.
For example, economic issues facing the community were raised either directly or indirectly at each meeting. Participants explicitly recognized that the quality of health care available to their residents is related to the economic health of their community. In addition, the related issues of literacy, and e-literacy were mentioned alongside health literacy as issues that are relevant and important to the health of their community and its people.

The State of Florida has made some great strides toward improving rural health care since the release of the first rural health plan in 2002, including, but certainly not limited to:

- The Medicare Flexibility Program which has helped small rural hospitals at risk of closure to remain open as critical access hospitals in their communities.
- The FSU College of Medicine, with a mission that targets rural and vulnerable populations, opened its doors increasing the number of physicians choosing primary care.

At the same time, service consolidations, revenue stagnation or budget cuts, and other challenges arose that left some communities poorer today than they were in 2002.

TABLE 3: Common Themes

KEY INFORMANT ISSUES	BRADFORD	LIBERTY	MADISON	HIGHLANDS	HENDRY
	Centralizing	Threats to hospital #3	Funding & Incentives #2	Alternative & complementary medicine	Transportation
	Access #2	EMS	Transportation	Migrant Population #5	Federal Impact Provider
	Basic Human Needs	Prevention	Economics #1	Prevention/personal responsibility #5	Shortage #4
	Digital Divide- Literacy	Funding #1	Educ-Health Lit & Lit #1	Ped-dental	Pediatric Care
	Elders #4	Model best practice	Capital Infrastructure #2	Transportation #3	Prevention
	PublicHealth/Prev	EMR #5	Prevention	Communication/collaboration #4	Educ/Literacy #3
	Transportation #3	Education #4	Social Issues	Vision prevention and care	Funding #1
	Funding #1	Emergency Room		Un- and underinsured	Un-Underinsured #2
	Substance Abuse	Networking		Increase elderly services	Technology
	Psycho-Social Supports	Elder Care		Regulatory reform re: unused drugs	Season flux
	EMS	Community Resources			
	Continuum of care	Access			
	Customer Relations	Epidemiology			
	Mental Health #5	Prescription Drugs #2	Specialty Care #3	Mental Health/SA/Addictions #2 Primary Care #1	Specialty Care #4
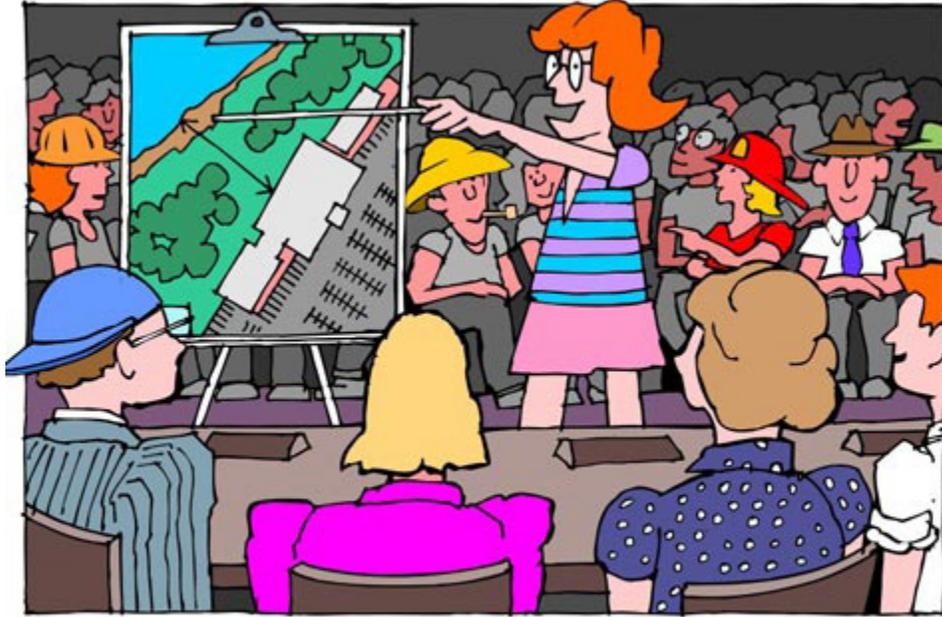
TOWN MEETING

What are the most pressing health concerns in your community? We want to know.

Date: Wednesday, February 4, 2009

Time: 11:30 a.m. until 2:30 p.m.

Place: Bradford Public Library

456 West Pratt Street, Starke

Sponsored by: Florida Department of Health, Bradford County Health Department, North Central Rural Health Partnership

Local People Asked to Share Their Health Concerns

"We are so excited that Starke has been selected as one of five locations for "town hall" meetings to get input from people in rural areas about health concerns," stated Winnie Holland, Administrator of Bradford and Union County Health Departments. The session is scheduled on Wednesday, February 4 from 11:30 a.m. until 2:30 p.m. at the Bradford County Public Library. The State Office of Rural Health wants to know what rural people think are the top health issues and is sponsoring these sessions.

Don't miss this chance to have your voice heard. The session will begin at 11:30 and information will be shared about the process and what is expected to result from all the people participating. Everyone is invited to participate.

All people in Bradford, Union, Levy, Columbia, Alachua and other surrounding rural counties are invited to participate in this meeting. The facilitator, Dr. Gail Bellamy, FSU Professor, will lead the discussion and comments from the participants will be documented and provided to the State Office of Rural Health. These sessions allow local people an opportunity to share what matters to them and what they think should be emphasized when it comes to rural areas.

Rural health has some unique characteristics related to the delivery of health care services because there are often limited providers, transportation is often a key issue and many of the people living in rural areas work for small employers who are not able to

provide health care. "Living in a rural area in Florida provides many great conditions when it comes to families and having good relationships but we are often challenged to receive all the services within our own community—we are very fortunate to have a local hospital and physicians that provide good services," said Winnie Holland.

FOR IMMEDIATE RELEASE
March 4, 2009

Contact: Kelly J. Johnson
Heartland Rural Health
Network, Inc.
863-452-6530
kelly.johnson@hrhn.org

State Office of Rural Health Seeks Local Input on Health Priorities

Avon Park –The health of Florida's rural residents is an ongoing concern. To address these concerns, the Florida Office of Rural Health, established in 1991 through state legislation, is tasked to identify priority rural health issues and develop a Rural Health Plan. This Rural Health Plan helps to establish policies and activities towards resolving identified issues relating to health and health care services for rural residents. The Office of Rural Health is currently in the process of updating this plan and is seeking input from rural residents throughout the state of Florida. A total of five "town hall" meetings are being organized throughout the state to actively involve rural residents in the development of an updated rural health plan.

Our rural area was selected to host one of the town hall meetings and the Community Health Improvement Planning Council of Highlands County (CHIP) has agreed to host this event. The "town hall" meeting will be held on Thursday, March 12th at the Agri-Civic Center, 4505 S. George Blvd. in Sebring. The meeting will start at noon and a light lunch will be provided. Reservations are not required. The purpose of the meeting is to help the state office identify health priorities as seen by Florida's rural residents. All individuals from Highlands, Hardee, DeSoto and other surrounding rural counties are invited to participate in this meeting. The facilitator, Dr. Gail Bellamy, a Florida State University College of Medicine professor, will lead the discussion. Comments from participants will be documented and provided to the State Office of Rural Health. These "town hall" meetings allow local rural residents to share their opinions on health priorities impacting our rural communities. Please plan to attend and provide your health priorities for Florida's Rural Health Plan. For more information please contact Jackie Rawlings, Chairman of CHIP, at 863-382-7208.

Charlie Crist   Ana M. Viamonte Ros, M.D., M.P.H.
Governor   State Surgeon General

January 13, 2009

Dear Rural Health Leader/Resident:

The State of Florida, Office of Rural Health, is currently revising the State Rural Health Plan and is seeking input from individuals living in rural areas in Florida. There are five "town hall" meetings scheduled throughout Florida.

This is your opportunity to have your voice heard!! Don't miss this chance to ensure that your issues are a top priority for the State Rural Health Plan.

Our regional meeting will be held in Starke at the Bradford Public Library conference room, 456 West Pratt Street, Starke, Florida, 32091 on Wednesday, ***February 4, 2009, from 11:30 a.m. until 2:30 p.m.*** The discussion will be facilitated by Dr. Gail Bellamy, FSU Professor.

A light lunch will be served and it is not necessary to attend the entire meeting—we have scheduled the meeting during lunchtime to ensure that the largest number of people will be able to attend.

This meeting is designed for people from Alachua, Bradford, Columbia, Hamilton, Dixie, Gilchrist, Levy, and Union County. If you have any questions, please contact Winnie Holland, Bradford/Union CHD at 904-964-7732 or Diane Mauldin, ACORN Clinic, 352-485-1133.

We look forward to hearing from you. For your information, we are including a one page summary of what the purpose of the State Rural Health Plan is and some topics that have been included in the past.

TOWN MEETING

What are the most pressing health concerns in your community?

"We want to know."

Date: Monday-February 16, 2009
Time: 2:00 pm/EST - 4:00pm/EST
Place: Veteran's Memorial Civic Center
Bristol, Florida

TOWN MEETING

What are the most pressing health concerns in your community?

"We want to know."

Date: Monday-February 16, 2009
Time: 2:00 pm/EST - 4:00pm/EST
Place: Veteran's Memorial Civic Center
Bristol, Florida

Bradford County Telegraph *Serving the Community Since 1879*

Home -> News -> News -> Top Stories   Tuesday 3 February, 2009

NEWS SEARCH

[   ] [go]
Advanced search

News
- Top Stories
- Bradford County news
- Lake Region news
- Union County news
- Editorial/Letters to the Editor
- Features
- Sports
- Crime/Courts
- Obituaries
- Weather
- ▶ Fun and Games
- ▶ Consumer Guide
- ▶ Personal Finance
- ▶ Lifestyles
- ▶ Community
- ▶ Classifieds
- ▶ Links
- ▶ Business Directory
- ▶ Our Newspaper
- ▶ Administrative

Top Stories

All invited to town meeting on health care

By: Mark J. Crawford, Editor   January 22, 2009

✉ Email to a friend   ▣ Voice your opinion

Are you concerned about access to health care in the area or other health issues? An upcoming town hall meeting will give you the opportunity to have input in the development of a State Rural Health Plan.

The meeting will take place Wednesday, Feb. 4, from 11:30 a.m. to 2:30 p.m. at the Bradford County Public Library at 456 W. Pratt St. in Starke.

A light lunch will be served to those in attendance.

This regional meeting is open to residents of both Bradford and Union counties. The Florida Office of Rural Health is in the process of revising the State Rural Health Plan. Dr. Gail Bellamy, a professor from Florida State University, will facilitate the meeting.

While the meeting is scheduled for three hours, it is not necessary to stay the entire time. It has also been scheduled during the lunch hour to help ensure the greatest amount of participation possible.

"We are so excited that Starke has been selected as one of five locations for town hall meetings to get input from people in rural areas about their health concerns," said Winnie Holland, administrator of the health departments in Bradford and Union counties.

A limited number of providers, transportation restrictions and the lack of health care insurance coverage are among the issues typically experienced in rural areas.

"Living in a rural area in Florida provides many great conditions when it comes to having good relationships; but we are often challenged to receive all the services within our own community. We are very fortunate to have a local hospital and physicians that provide good services," Holland said.

The goals of the State Rural Health Plan include improving the health status of Florida's rural citizens, increasing the proportion of the population in rural areas with financial access to health services and expanding the availability of coordinated systems of high quality health services to rural residents.

The state has reviewed health assessments from 24 rural counties and found that all could be classified as medically underserved. In most rural counties, the overall mortality rate is higher than it is for the state as a whole. Those counties also tend to have a higher-than-expected number of deaths from accidents, chronic liver disease and diabetes, and a higher number of perinatal deaths.

Some priorities for change have been issued, including:
-Decrease teen pregnancy.
-Increase access to prenatal care.
-Decrease incidence of HIV/AIDS, TB and STDs.
-Decrease incidence of diabetes, asthma, high blood pressure and heart disease.
-Decrease unintentional injuries, including homicide.
-Increase prevention and health education.
-Address substance abuse and mental health issues.
-Provide assistance with prescription drugs.
-Increase access to information about programs and services.
-Provide affordable dental services.
-Decrease alcohol-related crash deaths.

Five regional meetings are being held throughout the state and the Bradford County Public Library was chosen as the site for the meeting in this region.

The region includes not only Bradford and Union counties but Alachua, Columbia, Dixie, Hamilton, Gilchrist and Levy as well.

The town meeting is sponsored by the Florida Department of Health, Bradford County Health Department and North Central Rural Health Partnership.

For more information, please call Holland at (904) 964-7732.
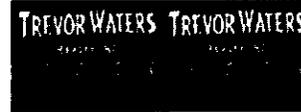
COMMUNITY BRIEFS

...s hosts ...ance

The public is invited to attend. Seating is limited. Admission, popcorn and lemonade are free

There also ...from 7-10 ...oyce ...the enter-

Big band plays for dance club

SEBRING — The Highlands Social Dance Club hosts ballroom dancing from 7-9:30 p.m. Friday at the Sebring Lions Club on Sebring Parkway. Music will be provided by the big band sound of The Golden Era.

Free ballroom dance instruction from Walt and Sue is available at 6:30 p.m.

Dance the night away to waltzes, cha-chas, foxtrots, rumbas, jitterbug and other ballroom favorites.

All club dances are open to the public. Appropriate dress required.

Admission is $5 for members and $7 for non-

...le set up

...ome to the ...ur own ...light ...is only $5. ...ormation, ...00.

...clubhouse, ...for a

...t ...CID — The ...will be at ...nal Bank

...today. ...nors will ...physical, ...non-fast- ...d cholesterol

...9 with

State office seeks local input on health priorities

Special to the News-Sun

AVON PARK — The health of Florida's rural residents is an ongoing concern. To address these concerns, the Florida Office of Rural Health, established in 1991 through state legislation, is tasked to identify priority rural health issues and develop a Rural Health Plan.

This Rural Health Plan helps to establish policies and activities towards resolving identified issues relating to health and health care services for rural residents. The Office of Rural Health is currently in the process of updating this plan and is seeking input from rural residents throughout the state of Florida.

A total of five "town hall" meetings are being organized throughout the state to actively involve rural residents in the development of an updated rural health plan.

This rural area was selected to host one of the town hall meetings, and the Community Health Improvement Planning Council of Highlands County (CHIP) has agreed to host this event. The "town hall" meeting will be held on Thursday at the Bert J. Harris Jr. Agriculture Center, 4505 S. George Blvd. The meeting will start at noon and a light lunch will be provided. Reservations are not required and it is not necessary to attend the entire meeting.

The purpose of the meeting is to help the state office identify health priorities as seen by Florida's rural residents. All individuals from Highlands, DeSoto,

Hardee, and other surrounding rural counties are invited to participate in this meeting.

The facilitator, Dr. Gail Bellamy, a Florida State University professor, will lead the discussion. Comments from participants will be documented and provided to the State Office of Rural Health.

These "town hall" meetings allow local rural residents to share their opinions on health priorities impacting the state's rural communities. Plan to attend and provide health priorities for Florida's Rural Health Plan.

For more information contact Jackie Rawlings, chairman of CHIP, at 382-7208.

OBITUARIES

Worley Babb

Worley A. "Pops" Babb, 67, of Avon Park died Feb. 27, 2009.

Born in Coeburn, Va., he

Chandler Funeral Home, Lake Placid.

Robert Inghram

Robert Maxwell Inghram, ...

Edsel Neubauer, 86, of Sebring died

Edsel Neubauer

Edsel S. Neubauer, 86, of Sebring died

Sebring. Swann's Mortuary, Sebring, is in charge of arrangements.

Robert Thompson

Robert Dale

Rural Health Initiative

WHICH SERVICES ARE NEEDED IN HIGHLANDS COUNTY?

By GARY PINNELL
Highlands Today

SEBRING — The number one health care problem in Highlands County isn't the lack of doctors, specialists, dentists or mental health services, it's transportation.

That's what 40 participants agreed at the Community Health Improvement Planning Council, held Thursday afternoon at Bert J. Harris Jr. Agricultural Center.

"You can have all the services in the world, but if they can't get to them, forget it," said Suzanne Crews, a parish nurse at Florida Hospital. She coordinates 300 volunteers and works with 70 churches.

"I get calls every week," she said. "They can't get to the grocery store."

The Florida Office of Rural Health called the town hall meeting in Highlands and four other rural counties to determine if initiatives need to be developed, or whether programs are already in place.

Highlands County's Human Services Department is trying to develop a community resources guide that will be available to the police and other service agencies, said Mary Foy, interim director.

Representatives of Redland Christian Migrant Association complained that children need more access to dental facilities. Actually, said Crews, the South Florida Community College dental hygienist school offers free teeth cleaning,

RURAL HEALTH

X-rays and examinations to anyone under age 18. They do not repair or extract teeth, though.

Translation services are needed. Eleven percent of Highlands County residents are foreign born, according to the U.S. Census, but most health care providers don't understand the language or the culture of their patients, said another RMCA representative.

Michele Heston, director of nursing education at SFCC, said insurance is a problem for nursing students. "They're learning all these wonderful things, like holistic medicine, but they're not taking care of themselves. They're delaying care. They don't have health insurance. It's too expensive."

Another working nurse, a single parent, has opted out of insurance at one of her two workplaces so she'll have enough money to pay the mortgage.

Diabetes clinician Kathy MacNeill with Heartland Rural Health Network said nearly everyone over 40 needs glasses, but many don't have vision insurance and don't get vision care.

Other complaints: there is no public adult day care, children's day care isn't affordable to low-wage workers, people living alone aren't getting care, there is no public mental health assistance for people with Post Traumatic Stress Syndrome.

More info: Jackie Rawlings, 863-382-7208.

Highlands Today senior reporter Gary Pinnell can be reached at 863-386-5828 or gpinnell@highlandstoday.com

Residents Get Chance To Weigh In On Health Care Priorities

By JOE SEELIG
Highlands Today

AT THURSDAY TOWN HALL MEETING

AVON PARK — In an effort to address the health care concerns of rural residents in Highlands and surrounding counties, the Florida Office of Rural Health will hold a town hall meeting starting at noon, Thursday, at the Bert J. Harris Jr. Agricultural Center to receive public input.

These town hall meetings allow residents to share their opinions on health priorities affecting their communities, a news release stated.

Thursday's meeting is one of five, and the Community Health Improvement Planning Council of Highlands County (CHIP) will host the local event.

Formerly known as the Highlands County Agri-Civic Center, the meeting will be at 4505 S. George Blvd., in Sebring.

"Our whole purpose is to address the health needs of Highlands County and to see if we can develop initiatives or support initiatives that are already there," said Jackie Rawlings, chairwoman of CHIP on Tuesday.

Rawlings said the other meetings have either been held already or will be held in other parts of

HEALTH CARE PRIORITIES

Continued From Page 1

the state.

State health officials want to know if providers, consumers and businesses think the area is in need of more health care providers.

"Do we need more family practitioners or do we need more specialists, more diabetes care?" Rawlings asked. "Do we need more transportation for health care, more recruitment by insurance companies to providers?"

The Florida Office of Rural Health, which was established in 1991 through state legislation, is identifying priority rural health issues and developing a Rural Health Plan, according to a news release.

> "Do we need more family practitioners or do we need more specialists, more diabetes care ...Do we need more transportation for health care, more recruitment by insurance companies to providers?"
>
> **Jackie Rawlings**
> *chairwoman of CHIP*

"This Rural Health Plan helps to establish policies and activities towards resolving identified issues relating to health and health care services for rural residents," the release stated.

"The Office of Rural Health is currently in the process of updating this plan and is seeking input from rural residents throughout the state of Florida."

Reservations are not required, a light lunch will be provided and it is not necessary to attend the entire meeting.

All individuals from Highlands, Hardee, DeSoto and other surrounding rural counties are invited to participate in this meeting.

The facilitator, Gail Bellamy, a Florida State University professor and director of the Center on Rural Health Research and Policy at FSU's College of Medicine, will lead the discussion.

For more information, contact Jackie Rawlings at 863-382-7208.

Highlands Today reporter Joe Seelig can be reached at (863) 386-5834 or jseelig@highlandstoday.com.

Updating Florida's Rural Health Plan

Capturing the Community's Voice

March 2, 2009

Sponsors: Madison County Memorial Hospital, Florida

Department of Health, Florida State University College of Medicine

Acknowledgement

Gail R. Bellamy, Ph.D.
Director, BCBS of Florida
Center for Rural Health
Research and Policy
FSU College of Medicine

Background

- Florida State Office of Rural Health

- Florida's 2001 Rural Health Plan (Released 2002)

- Purpose and Use of Health Plan

- Review of all county assessments conducted since 2001-- COMPLETE
- Survey of key informants Fall 2008-- COMPLETE
- PEACH Exercise--COMPLETE
- Town Halls

Town Halls

- Conduct 5 around the state in February
  - Bradford County-February 4-COMPLETED
  - Liberty County-February 16
  - Madison County-TBD
  - Highland County-TBD
  - Hendry County-TBD

Town Hall Activities

- STEP 1: Validate the priority areas identified by the key informants for your community/region

- STEP 2: Identify additional issues of concern to your community that do not appear to be represented in the list.

- Group related issues under a broader heading. Retain all identified issues.

- STEP 3: Individually rank all of the issues according to their importance to your community and the urgency of the issue.

- STEP 4: As a group, publicly rank the 3 issues to determine which issues you feel must be addressed starting in the coming year.

- Summarize results from each Town Hall.

- Identify areas of shared concern and divergence statewide

- Provide results to FL State Office of Rural Health

- Provide results to each Town Hall sponsor.

Town Hall Ground Rules

- No sidebars please.
- One person speaks at a time.
- Please do not use acronyms
- Questions may be asked to clarify ideas.
- Ideas will be reviewed to look for themes.
- Please turn-off or turn cell-phones to silent or vibrate

Any questions before we begin?

What the key informants said:

#1 Primary Care

#2 Specialty Care

#3 Chronic Care Management

#4 Dental Care

#5 Chronic Care Prevention

#5 Mental Health

#5 Prescription Drugs

Specific concerns

- No/limited care available locally

- Can't get to care (transportation, distance)

- Can't pay/afford care (copayments, no public funding, no programs for uninsured)

- Patients don't do what they're told (compliance)

- Patients choose to do things that can hurt them/are unhealthy (smoking, drink to excess, use illegal drugs or use legal drugs in other than the right way, engage in unprotected sex)

- Primary Care
- Specialty Care
- Chronic Care Management
- Dental Care
- Chronic Care Prevention
- Mental Health
- Prescription Drugs

APPENDIX C: Complete listing of issues and categorization by Town Hall

Bradford/Union Town Hall
February 4, 2009

All issues identified, grouped by categories

Centralized Services
- Centralizing services
- One stop centers (multiple applications for services)
- Convenient location for counties
- Lack of knowledge about services available in community
- Centralized info and referral

Access
- Centralizing services has reduced access
- Assistance always seems to be outside immediate county (1-800 to number far away) #2
- Local availability needed   #2
- Mammography #2
- Rural health clinic   #2
- Capacity limits of clinics   #2
- Disability issues – access   #2
  Basic Human Needs
- Homelessness/shelters #3
- Funding for limited income   #3
- Food Bank   #3
  Health Literacy/Digital Divide
- Language issues   #4
- Requirements of eligibility are difficult to navigate #4
- Applications on-line especially for those with limited computer skills   #4
- E-government issues—0n-line access   #4

Elders
- Long term care nursing homes quality   #5
- Adult congregate living facilities   #5
- Home care services   #5
- Case management for elderly #5
- Seniors to maintain meds   #5
- Adult day care #5
- Elder care   #5
  Prevention/Public Health
- Teen sexual health issues, std's-pregnancy   #6
- Prevention/education #6
- Education of chronic care   #6

Transportation
- Transportation for non-emergency medical care   #7

- Transportation -Medicaid pays, Medicare does not, non-emergency medical transportation #7
- Service design #7
  Emergency Medical Services
- EMS-access-timeliness #8
  Psycho-social supports
- Child care within provider offices   #9
- Traditional support groups missing (AA, NA, Weight Watchers)   #9
- Shelters for abused women   #9
  Substance Abuse
- Substance Abuse/rehabilitation   #10

Funding
- Lack of providers that will accept Medicaid #11
- Refusal to accept out of county Medicaid/Medicare/self-pay by specialty providers   #11
- Lack of secondary payor for Medicare   #11
- Unfunded mandates   #11
- Reimbursement level for providers too low—especially specialists-doesn't cover costs #11
- Funding of services   #11
  Network-continuum of care
- Lack of continuum of care—integration of services, intergovernmental   #12
  Customer Relations
- Lack of trust of some of the agencies—fear #13
- Public perception of public health clinics   #13
- Health fairs   #13
- Get info to people who really need it-culturally appropriate #13

Environmental health issues

Issues grouped under key informant issues
- Mental illness **MENTAL HEALTH**
- Optical care   **SPECIALTY**
- Durable medical equipment   **SPECIALTY**
- Cancer treatment   **SPECIALTY**
- Pain center   **SPECIALTY**
- Special needs children services   **SPECIALTY**
- Outpatient therapy   **SPECIALTY**
- Fitness and wellness programs for low income   **CHRONIC DIS PREVENTION**
- Dental care for mentally handicapped   **DENTAL**
- Pediatric dentistry   **DENTAL**

Liberty-Calhoun
February 16

Complete list of issues by category:

<u>**Categories**</u>
Threats to hospital
- Continued success of local hospital (urgent care)

EMS
- We need more helicopter pads for emergency medical services
- EMS

Prevention
- Health education /prevention, specifically chronic illness
- Children's basic preventive care beyond "shots"

Funding
- Rural areas Do Not needs HMOs, they further complicate the process
- We need to be able to build onto the "base which is the community health clinic
- Very limited funding/tax base
- No "land" money for infrastructure projects
- Incentives
- Funding resources, logistics
- Loss of transportation funding
- Fear of Medicaid reform declining revenues
- Reimbursement
- Matching funds to counties from the state, incentivize
- State health funding decisions are oriented toward the urban county

Model/Best Practices
- Analytic service model review

EMR
Education
- Get the universities involved
- Internship specific to rural issues
- Accountability/best practice measures
- Bringing academic statistical "credibility" to the pressing anecdotal health issues
- Use the data we already have
- Public awareness and information dissemination

Emergency Room
- Emergency room triage and monitoring of patients in waiting rooms
- Stand-alone emergency room: legal issues prevent (legislative action required)

Networking

- Bring agencies together, increase interagency communication
- We need to be able to build onto the "base" which is the community health clinic

Elder Care
- Home care services upgrading versus nursing homes
- Aging rural county populations (geriatric, mental health, prescriptions)

Community Resources
- Caregiver education and supports , depression and self-care

Access
- Rural areas do NOT need HMOs, they further limit access

Epidemiology
- Appearance of increased/elevated rates of morbidity (clusters of cases)

Specialty Care
- Laboratories
- Local specialty care and diagnostics (pediatricians, cardiologists, orthopedics)
- Eye and hearing screening
- Hearing aids
- Physical therapy for disability

Mental Health
- Substance abuse/rehabilitation
- Education

Dental Care
- Dentures

Services have actually deteriorated since 2001.

The number of problems confronting us at times seems overwhelming.

Complete list of issues grouped in categories:

CATEGORIES
Economics
- quality of health care affected by quality of economic life
- brain drain, youth gone and elderly population increasing
- provision for low risk births
- Increase employer sponsored health insurance plans
- lack of health insurance
- health care providers negatively affected by lack of health wealth in community

Education-Health Literacy
- charitable community part of health outreach to educate the consumer
- education
- lack of literacy and how this affects health choices (education)
- health literacy
- educate local health providers what services are available –also educate insurers
- physical education
- increase hope, a reason for people to make a change

Capital Infrastructure
- CAP INFRA new hospital building (cap infrastructure)

Funding
- provision for low risk births
- Medicare-rural areas reimbursed at a lower rate
- managed health rewards going to free standing facilities
- it costs me more to receive my health care locally
- economic-not prevention oriented
- has to be a SHIFT TOWARD WELLNESS CARE (education)
- Make your money here but spend it somewhere else (bypass)
- doctors stuck on receive incentives for the 30 day script
- increase personal responsibility for health

Prevention
- increase personal responsibility for health
- obesity
- health literacy

Transportation
- how do people at the far ends of the county get to services
- if they have transportation services they are inconvenient especially non-emergency, exacerbated by lump sum Medicaid reimbursement (not in providers financial interests to promote services or increase availability, they receive the same amount of money regardless)

Social Issues
- cultural shift in food choices to those less healthy and to tobacco

- lack of health insurance
- obesity
- increase hope, a reason for people to make a change
- computer age
- flat population doesn't support specialists
- how do we advocate health issues for individuals who are easily overwhelmed

Highlands County
March 12

Complete listing of issues grouped in categories:

Migrant population
- Translation services for care not just language but culture
- Accessible services for migrant workers
- Doctor's need to have a greater awareness of patient circumstances

Alternative & complementary services
- Non-traditional medical approaches
- Providers need to look "out of the box" for care opportunities, e.g., group care

Prevention/personal responsibility
- Lack of registered dieticians for prevention and maintenance
- Take responsibility for them
- We need to focus on preventive care in dental and other areas
- Preventive education in schools
- P.E. in schools/school lunches
- People delaying access to health care causing them to be quite sick

Pediatric Dental
- Dental care-pediatrics, specialty care
- Dentists do not take Medicaid

Transportation
- Transportation: should be on equal par with the other 7 issues listed by key informants. No public transportation

Communication/collaboration
- Registry/information bank of services in the county/communities
- Lack of communication, also between providers
- Need facilities to provide existing services
- No assistance for PTSD. Didn't know where to turn after car accident.
- Wonderful school facilities that sit vacant at night and on weekends.

Vision prevention and care
- Vision Care---all 3 areas—accessible, available, and affordable

Un- and under-insured
- No access to care for uninsured 1/8 Doctor's need to have a greater awareness of patient circumstances
- Nursing students do not heave health care insurance

Increase elderly services
- Adult day care for dementia
- Elderly living alone

Regulatory Reform

- Regulatory reform---completely good prescriptions being destroyed in nursing home facilities because of laws prohibiting their use by other than originally intended patient.

Funding/Incentives
- Doctor's receive monetary incentives to prescribe expensive medication
- More funding needed for child care.
- Doctor's receive monetary incentives to encourage multiple doctor visits

Education/Literacy/Digital Divide
- Access to computer and www resources
- Literacy/health literacy, information literacy

Other
- Services are taken up by part-time residents, who also volunteer and invest money and resources in the local economy.

Additional items included under key informant issues

PRIMARY CARE:
- Providers-not enough, dental and primary care

PRESCRIPTION DRUGS:
- Medications---not affordable

MENTAL HEALTH:
- Really missing mental health counselors, not just medications
- Addictions ^& addictive behaviors
- Psychiatric care for adolescents

HENDRY County
March 13, 2009

Complete listing of issues grouped by category:

Transportation
- No ability to get to services-no transport

Federal regulatory/state impact on rural
- Should rural areas be appropriately exempted from some federal/state regulation---which is hurting more than helping (IMPTALA?)

Provider shortages
- Telemedicine in the rural areas could fill some provider specialty gaps, but need provider incentives
- Support groups for individuals dealing with various challenges
- National nursing shortage
- Provider shortage across the board (orthopedic surgeon, have to go approx. 100 miles
- Many health providers (ancillary specialist) do not take Medicaid
- Specialist many not even take private insurance
- Limited obstetrics & gynecology especially for low risk pregnancy
- Medical providers do not want to come to rural areas
- Trouble getting American docs (non-J1 vista)
- No home health that is a Medicaid providers.
- Verify the credentials of current health providers and properly educated deal with provider shortages in other ways
- NO 24 hour emergent care must go 30 miles to closest emergency room
- Trauma care-non available locally—requires tremendous coordination
- NO school nurses (one nurse for 5 schools due to state budget)

Pediatric care
- Addiction and addictive e behavior, especially at the adolescent stage
- Also no home health pediatric provider
- Finding mental health (broadly defined) for children is incredibly difficult-includes learning disability
- Often a school nurse is the only person first responder of pediatric care
- Pediatric dental care
- Pediatric neuro development
- People using the ER in lieu of a doctor's visit

Prevention/personal responsibility
- Personal responsibility
- Prevention-obesity, nutrition, tobacco, parenting knowledge

- Health education in schools (PE, home economics) health broadly defined

Education/Literacy/E-literacy
- ~45 % of population without high school diploma
- Bilingual/translation issues for health providers
- Cultural diversity, ~50% Hispanic population second only to Miami-Dade
- Population-large section-that do not have access to computers and how to use them

Funding/Incentives
- Incentives/funding for hospitals from Medicare aren't working
- Many health providers (ancillary specialist) do not take Medicaid
- Specialist many not even take private insurance
- NHSC docs/providers turnover
- Budget
- Doctors who are salaried versus doctors who are self-employed, especially in rural areas and especially for specialists and when you consider malpractice fees
- Very difficult to recruit and retain specialist and provide them with facilities (no $)
- No home health that is a Medicaid providers.
- Trouble getting American docs (non-J1 vista)
- Funding
- Rural areas tend to have greater poverty levels leads to brain and money drain.

Un- and under-insured
- Rural areas tend to have greater poverty levels leads to brain and money drain.
- High unemployment
- Uninsured/underinsured

Technology
- Population-large section-that do not have access to computers and how to use them
- Technology is moving so fast to rural communities cannot afford

Seasonal population flux
- Seasonal population flux and impact on provider staffing levels—influenced by migrant/seasonal worker pop, regular illness cycles/seasons
- Cultural diversity, ~50% Hispanic population second only to Miami-Dade

Other
- Patients who are in deepest need and most disadvantaged a\re often the most gateful.
- Medical and nursing profession is ultimately a calling; however, doctors need to make a living

- Making the public aware of changing services, changing reputation of local providers.

Items added to key informant issues:
MENTAL HEALTH
- Addiction and addictive e behavior, especially at the adolescent stage
- Some individuals cycle through the medical system who are not compliant and potentially unable to be