

Focus Group Analysis - Healthcare		
Concepts	Quotes	Themes
Weight management and coaching, nutrition and diet counseling	<ul style="list-style-type: none"> • We have a nutritionist in the hospital and then a private practice I think in the surrounding areas. • We did employ a nutritionist at the hospital until just recently and she left and we are just consulting it right now, outsourcing it until we get that position refilled. She would go to multiple facilities and do the menus for long term care and things like that. • She could have seen patients, we could have done education and I think maybe that's where we failed to put out into the community some of the things we could have done as billable services and education to the community. • Individual diet counseling: pros – support, accountability, possibly knowing that you're paying for a service that you would want to make it worth your money; Cons- you wouldn't have anyone going along with you other than your coach but you wouldn't have maybe those who are going through the same struggles that you are; It could get expensive • In-person groups: Pros - You would have the peer support and that accountability of others, feel like a community type event where people want to participate and they are not the only one doing it, Emotional support is a little higher in a group setting; Con - if you're not geared towards a group setting you would probably be a little overwhelmed. • Meal delivery services: Pros - you can find them on the internet, they can deliver it right to your doorstep, for the older people, they don't have to go out and get their groceries, having to do the shopping; Cons - they are expensive, it might be weird ingredients, you still have to do the prep work, so it's still the work but the ingredients are there. • Shakes: Pros - people buy a program so they are getting the shakes along with the exercise workout with the meal type system; Cons - a lot of it goes by taste, not a lot of options for the people that have restrictive diets, they get expensive. 	<ul style="list-style-type: none"> • Although there was a recognition that weight management and diet coaching are needed and desired, people will go online for information rather than pay the insurance co-pays to see an RD • There is a recognition that physical activity is a key to weight management and overall health, along with healthy eating • There was general agreement that a community-level approach to challenging people on a weekly basis to make changes or engage in activity might be the best way to approach weight management and healthy eating • Communication is challenging, in part due to the culture of the community that doesn't readily embrace newcomers • Making environmental changes to healthy eating and active living options seemed to be a priority

	<ul style="list-style-type: none"> • Online weight forums: Pros – anonymous, Cons - you can be one person online and somebody else, loss of accountability, you would have to travel to meet up with a representative. • Characteristics of an ideal weight management plan: recommended/ prescribed foods are available locally, appropriately pre-portioned foods, help reduce meal prep time, affordable long-term, continuing support group • Healthy eating and active living environments: at home the family has to kind of have that change of eating habits together, because just like anything else if there's food available that's unhealthy and easy to get to you are probably going to eat it if you are used to eating it in the past; • At work, we've got the vending machines and snack machines and then we've got the foods that are offered through the cafeteria and stuff like that so there's improvements there • We have Subway, but in Satanta anyway you can't order a salad, you can't order just a basic salad. A couple of the restaurants here serve salads. It's kind of a generic salad, it's just their shredded lettuce that they put on the tacos and they make their own little thing • If you are going to eat out in town, it's either burgers or Mexican food. Or pizza, there's sandwiches at the pizza place, but they are not necessarily healthy. • I would say on the produce side at our grocery store it's a little bit not as fresh as what people would want, usually if you buy it you want to use it that day because it won't be something that you will stock in your refrigerator and last very long. • I know Sublette has the seasonal farmers' market now, but I don't know how much fresh produce there is. Sometimes there's like tomatoes and stuff, but most of the time it's just the baked breads and salsas and stuff. • The lighting downtown could be improved so people could walk or run 	
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	<p>safely.</p> <ul style="list-style-type: none"> • The races in Satanta, we do good, quite a few Sublette, and then the southwest Kansas runners club or whatever brings people in but – • There are probably 10 or 12 in the community and then the rest are people that just follow those races. • Because we have three to four, the Relay for Life, the Pumpkin one, the Satanta Day and then the school has started doing one. • I think the vending machines with the donuts and the cookies and the snacks and the pop and stuff like that; I have been surprised because it's not the junk food that I'm restocking in the vending machines; • There's a Healthy Kansas initiative to remove vending machines and pop machines from healthcare facilities. I just haven't taken that step because partially I want to give the employees and the guests the opportunity to make that decision on their own rather than making it for them, but still with the option of giving them choices to make it healthy. • We put in sidewalks and walking has really increased. That needs to be added to. • It was a highway grant that we got and we put in quite a bit of them. • The Rec Center - We've had it about a year and a half. People go in and work out. It's more self-driven. It's open 24 hours. • The Rec Center, that's through the school system. It's tax supported. There's a charge. • \$20 per month or \$200 a year, you get a discount if you pay annually • And the hospital offers \$100 back if you attend twice a week • I think the Rec would spearhead some of these activities if we would develop like an adult volleyball tournament or something where all adults, no matter if they have kids, if they're single, something we can all do physically together. 	
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	<ul style="list-style-type: none"> • You have one person wearing multiple hats, we don't have a dedicated where all they do is Rec, we have a person who is the Rec director who also does school activities and then it comes to funding, and then it comes to just like the hospital, all of us wear multiple hats, it's finding the time and the funding to support it, and having somebody with that dedicated role would be huge. • Sublette has a Rec Center with a dedicated director and programs and things that go on besides just having a gym and Satanta is just starting to catch up to that. • Sublette also offers incentives like for teachers and firefighters and stuff, they all can go for free, so that is kind of a little break that they get. • • Lack in the area of the education part of teaching people how to move. It doesn't necessarily work the same way for everybody but getting people set up on just exercise plans that are customizable for them. • You kind of have to be connected to get in the softball league. I don't know that we can join the softball league. You have to be embedded in the community. • There is a farmers' market in Sublette. It's held in the park in the summertime. I know there's some fresh things, there's a lot of baking there, jellies, things like that, so the fresh aspect needs to be improved. • So if you're actually measuring the weight loss that happens so much better in a group where there is some accountability and encouragement. If you find the right person who can get a group together and then they start looking at how do we mark the trails. • Our Blue Cross Blue Shield has Medicus on Demand and I do think there is some weight management counseling available, I know people have used it for that. • About two years ago there was a Weight Watchers meeting going on in Sublette and there were 20 or 30 people initially 	
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	<p>going, and over a year it dwindled and died out.</p> <ul style="list-style-type: none"> • it could be just not Weight Watchers, maybe broaden that out to exercise and healthy eating, I hate exercise but okay, I went once around the park, a half mile, and you chart your progress and then I had how many vegetables, how many fruits, and then how many inches lost, you could have like everybody could decide what they want to make it, I need to be healthier, I need to be thinner but I do exercise. Everybody could say this is what my goals are. • Walk Across Kansas, we had quite a few teams in the county, I think, and the ones that ran all the time always won but they do have some that oh I cleaned the house today so that gives me – • The bad thing was it's not a yearlong thing, it's just a certain amount of time, and it was during the spring which for a lot of school employees is the busiest time of the year and so life happened and you didn't get to go. But we have done some things like that and I know that they did a dinner for the participants and I wasn't able to go. • We used to have a dietician that would come out, but we don't have a dietician regularly now. Through the hospital, and open to the community by referral • I think that would be valuable because some of what I find in the pharmacies people have misinformation. I keep hearing all these fad diets, like ketosis and stuff like that and no requirement for exercise. You can do it with diet or you can do it with pills. • Another thing would be diabetic. . I have been a diabetic for 40 some years so I know a little bit about it. I'm sure no expert but they did some classes years ago here at the hospital, through the hospital I think • I did a diabetic support group, but then it got to where nobody was coming to it, it was always the same three people, so we tried to offer things but we just didn't get anyone. • And there is classes that diabetics can 	
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	<p>take and they also do outreach, I have tried to get them to come out here. They can't do a full on class but they can have some, a focused group kind of like what we're doing here. So I'm still working on them coming out here.</p> <ul style="list-style-type: none"> • And then we also got a grant two years ago, a year ago, for wellness and we met in Sublette and we had physical therapy, teach with the elderly, exercise that they can do at home, the nutrition, and then they also did social. • Online meetings - Like it depends on the person like if they have computer access at home, you know, all that stuff. • Something that addresses diet and exercise concurrently, because you have to look at it from age group, you have to look at it from isolation because a big part of it out here is this is a farming community, this is a cattle feeding community, things like that. People work seven days a week, they make time for dinners and lunches on Sundays with their families after church, and the rest of the time it is go, go, go. They don't have time to think about meal prep, they don't have time to think about exercise, and alcoholism is rampant out here. • The big problem with the healthcare side of it is the increasing cost of healthcare and people don't want to pay a co-pay just to go get some information about their dietary concerns. They are going to get online and save that \$25 or \$50 co-pay. • There's not different physical activities or weight management classes or anything to get involved with that I know of. • The key to all of this is how do we communicate with the community that hey, here are the healthy choices, here is our exercise program for the day, it's Monday, everybody get out there and walk three or four blocks and tonight we are going to eat a low carb meal, steamed vegetables, baked chicken, baked chicken and ... • You are going to have people who are absolutely fascinated with the idea of getting outside, walking, run a Satanta 	
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	<p>half marathon, you are going to get people that are very excited about an idea like that. And then you are going to get the couch potatoes who go, you know what, I don't need any of that, you guys have a great time, I'm not going to do it. It's about community communication and interaction. We don't get outside enough.</p> <ul style="list-style-type: none"> • It's just changing the culture. And that's going to take time too. • I think probably what we need is a way of communicating to people, it's a real problem. I think we have willingness here. • I'm a tech person, I'm big into technology, I'm a believer in it, because it makes things comfortable, easy and convenient, which are the three core things to anything you are going to do successfully. • It's just all the families know each other, they have for years and that's just how it is. They get into that comfortable groove and outsiders, okay, where did you come from. 	
Dementia and Alzheimer's disease care	<ul style="list-style-type: none"> • Assessment by healthcare providers - time they do what is called a mini mental exam. If they need anything additional, medication or stuff on top of that, they can refer to someone. • Our long term care is not designed (for dementia care); our staff or high care people you have to go to Hugoton or somewhere like that to find a nursing home or facility that takes them. • There is Alzheimer's disease/dementia care available in Elkhart, Hugoton, & Lakin. They have one in Garden City with St. Catherine's. All of those are within a 60-mile radius • St. Catherine's also has a support group for the family. • I think our doctors are pretty comfortable with diagnosing and referring. Now getting them the care for it probably would be a little different because reaching out and Hugoton is probably the only place that I know of that really has a secure wing, an actual pod. • We tried to start a support group for 	<ul style="list-style-type: none"> • There is Alzheimer's disease/dementia assessment available locally, but in-patient care is not. • There is some adult day care and respite care available for caregivers to take a break, but it is not well utilized • Culturally, people don't ask for help with caring for family members • Lack of education about stages and disease progression is needed

	<p>families of people there at the long term care and I only had one person show up, nobody else showed up, and I advertised probably a good three months and sent everybody a flyer that has someone there at the long term care, and just a support group for families that had someone there at long term care, had one person show up.</p> <ul style="list-style-type: none"> • There's no daycare activities for adults in Haskell County so if you're caring for a parent or a spouse and you're still working, there's nowhere for them to go during the day. • There is day care 3 days per week at the assisted living center from 9-noon; we go get them, we bring them back, we feed them, we do everything. We could operate five days a week if we needed to, but right now we're at three days, and usually we get our referrals from the nursing homes, not really family, so I don't know how to break into that family mentality of no, this is my job to do it, you know. • A lot of what I see is the family will keep them as long as they can and as long as they have the patience for it and I think the education piece probably is not there, and a lot of them don't know those stages of the disease that they are going through and I think maybe with that education they would know everybody is different as far as how they process it, the timeframe could be different and the stages can change very slowly or very rapidly, and getting through those stages and getting the proper help that they need if they are going to try to manage it themselves at home, but what we see is they keep them as long as they can and when they can't anymore they will bring them into the facility. • The cost of respite care would be fully covered if people have both Medicare and a supplement, but it can get costly if they just have Medicare Part A • Some of that is cultural. The Hispanic population definitely keeps their family home and takes care of them. • And they know if they are going to have 	
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	<p>to spend down their assets that that may mean selling the house, selling property or things that they have in their family and that wasn't in the deck to begin with, so that is something that is a last resort if they absolutely have to do it, they try to get through it if they can without having to apply for Medicaid.</p> <ul style="list-style-type: none"> • And sometimes there is a stigma too, I don't want to have to be on Medicaid or something like that when in all reality when you look at the cost of the long term care facility you can't blame anybody for being on Medicaid after a certain amount of time, especially if it's been years that they have been on because the cost can really eat anybody's savings that they might have built up. • My own personal opinion is a lot of people won't come just because there is that stigma of we need help but we have to do this on our own, this is kind of the cowboy mentality, you know cowboy up, this is your mom, this is your dad, and this is our job to take care of them. • The thing about doing a daycare in the nursing home is when we have our beds full we don't have an extra bed for them to lay down and take a nap so we were putting them in just recliners which you know somebody might not want to sit in a recliner all day long, • The hospital does offer respite care for the caregivers, you know, if they need somebody to look out for someone they give care to 24/7, then they can be taken to the hospital and they can stay there, of course there's a fee, but they do help out just so you don't feel like you can't go anywhere because you have to take care of mom, dad, brother, sister or whatever. • There's essentially no home health in Haskell County. We have some agencies surrounding that come in on a very limited basis. We have a place now that does some home care, it's not a home health but it's mainly for Medicaid people which limits who can access that. • There's no support group that I know of for the primary caregiver so if you have a 	
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	<p>wife or a husband with dementia, she's alone or he's alone, and I think that can be a real challenge.</p> <ul style="list-style-type: none"> • Different cultures have different approaches to medicine and beliefs about their health, and that can complicate things. • We see a high percentage of low Germans in our clinics. A lot of them access the program which is a program and we're one of the highest accessed points for low Germans in the state. • It seems like referrals tend to be emergency, they will go on and on and on until it is completely out of hand and they show up in emergency and then they are looking for an inpatient place to send them. • Some of it I think is family culture, they don't, they wait, oh she just forgot, and it escalates and then it is further down the spectrum. And some of it is hard to refer and have people keep those appointments because they are out of the community and you have to figure out how you are going to get mom or dad there and gas money and neurology and you can't just fix everything on the first visit so you have to go back because they are just trying to get a baseline to see what's going on too with the specialist, and I think that plays a big challenging part, and either that or mom and dad have lived here forever and maybe just family dynamics just doesn't allow you to come back and visit mom and dad and then all of a sudden when you do you are like oh wow, you didn't realize what was going on. • Education on early acceptance - I think that's crucial, catching it early if you can. That way it doesn't come to the emergency room at this level. • What I guess people are talking about when they put this on the survey for the demented is what do I do with mom as I watch her slipping, living alone in a small town. And when do I take the car keys, when do I just commit her to some place, who is going to watch over her so some type of community watch group. 	
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	<ul style="list-style-type: none"> • I think the biggest drawback is finances. • These support groups would be good 	
Early Detection Works	<ul style="list-style-type: none"> • It is available through Garden City and we refer to them. • If we don't have anything available, we send them in to Genesis, and if they don't have insurance Genesis helps them out on that, Early Detection Works. • For mammograms, if they don't have insurance, yes, we send them to Garden because Garden City is the one that accepts with no insurance. If they do, we send them off to Liberal. • That's the access point for enrolling in the program and we don't do mammograms in this county so they do have to go to Garden or somewhere for those. But the pap smears are here, not the breast. Garden or Liberal is where we usually send. 	<ul style="list-style-type: none"> • EDW is available through Genesis in Garden City • People must register through the Garden City office and be qualified to receive free services • Clinical breast and pelvic exams are available at the Health Department in Sublette • No mammography is available in Haskell County. Women must go to Garden City or Liberal.
High risk obstetrical care	<ul style="list-style-type: none"> • We're just doing the prenatal, but on the GYN side of it I think it would be more so, I think all the providers would offer the service for their gynecology, but I know that the female providers are more liked in that and that's at the Sublette clinic. • We have two providers that do OB care, one will actually deliver at Lakin, and the other one refers at 36 weeks up to Lakin to deliver, and they have it worked out with Lakin. Just in the last year. It's just been since last summer when the one doctor, we didn't have two of those doctors until this last fall, so that wasn't available when people answered the survey • Other than that if they feel more comfortable going to Garden or Liberal then we would send them to one of those. • But there's no high risk in the county because they are all referred. • Well we have a lot of pregnancies that are high risk but not a lot of services. Garden City, the OBs will take care of high risk. Lakin has a doctor from Wichita that specializes in high risk that comes out once a month. But it's not easy to access here 	<ul style="list-style-type: none"> • Since the survey was completed, high-risk obstetrical care has become available through coordinated efforts of Haskell County providers and Kearny County Hospital, with assistance by a specialist from Wichita • The other option is going to Liberal or Garden City for that care

<p>After hours' non-emergency care</p>	<ul style="list-style-type: none"> • If they can't get into the clinic, they will come to the ER, it happens a lot • I just think it's so expensive to go to the emergency room. I think that people know that obviously they can't be denied service in the ER. A lot of them are uninsured, Medicaid or just low income • And even when it is, you know, when they should come into the ER for a real emergency illness sometimes they will wait if they are working or something like that and still come when it's convenient. • And in the past we have kind of catered to that mentality whereas we actually can see them if it's non-emergent and the doctor can recommend what to do and then tell them to come back to the clinic so that's a little bit of training or education for the patients as well and the providers, because it is hard if you have somebody that has come in, you have taken the time to see them, and now you're saying well this is non-emergent, you're gonna make it through the night, make an appointment at the clinic and come see me, and then they're gonna have a second expense when they could probably just write them a prescription right there and take care of it. • And I've been on both sides of the fence, you are working all day, you come home, baby has a cough and you get home and later oh gosh I didn't realize it was that bad and as a parent you're worried about your kid. • Some of it is you just didn't have time, people are working during clinic hours and they just didn't have time to get them to the clinic and I have to get my kid well because I have to go to work tomorrow, everybody needs to make an income • Wichita started a community access program, that's where a paramedic on duty, somebody isn't sure if they need to go to the emergency room or they need to just make an appointment and go with their doc, they'll call in and go, you 	<ul style="list-style-type: none"> • Perception is that a lot of non-emergent ED visits are by uninsured, Medicaid, and low-income individuals because they know that they cannot be denied care in the ED • A number of people simply use the ED when they can't get a clinic appointment or it is more convenient to use the ED • Discussion of an on-call system or using EMTs to make home visits where they assess need, were discussed enthusiastically, although funding of such systems was a concern • Pain management resources are lacking in Haskell County
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	<p>know, it's not an emergency but I definitely want somebody to come and take a look. That community access paramedic will go to their home, evaluate, do triage on them, and then decide if they need to be seen in the emergency room and transported by ambulance or go ahead and call the, physician line and then the physician will call back and get them scheduled.</p> <ul style="list-style-type: none"> • Financed by the county. In this county we have really raised our property tax rates in the last year. People are screaming, my opinion is the finances would not be there. • But what I thought too is if you had someone that people could call and you have could magnets that you hand out a doctor's appointment and say if you're in the middle of the night and you don't know you need someone to help you make that call, here's the number to call. But I think that's bigger than just being supported by this community. It could be a great thing for several communities to work together on. • Some of your insurance does have a help line. There is a \$25 co-pay, which I don't like that. It's like an office visit. • One thing about Medicus is it's a Board certified physicians who will also be able to prescribe a prescription. There is no place around here probably and I don't even know if there is a 24/7 pharmacy that you could go to get a prescription at 3:00 in the morning, but you could go get it filled the very next day and it wouldn't be that much. So I do think that might be where telemedicine could come into play, but you have to pay for that and maybe it would be something that the community or the county could get on board with and help offer to people. Or if more employers were willing to offer it. • I mean in the past if I had to have a prescription I just got the samples. The doctors have like a one-day pre-pack in the ER that they will give. • And they do say that 70% of the doctor's visits could be done, it doesn't 	
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	<p>have to be face to face in a sense but if it's something serious of course these people are going to say you need to get to your emergency immediately</p> <ul style="list-style-type: none"> • I think it has to be an on call system, not just you calling your doctor at 3:00 in the morning like maybe we did 50 years ago. I think it has to be the on call system or it would wear people out. • The clinic hours right now is it's open at 8:00, they start seeing patients from 9:00 until noon, then they're closed over lunch, they take calls and stuff but then they will start seeing patients from 2:00 until 5:00. And in Sublette three days a week If we from 1:00 to 4:00 we have a provider. • If we had the magic wand it would probably be until 6:00 and Saturday. • And I know we had that in the past but there wasn't a lot of use. Most of the clinics around that have had Saturday hours have quit them because the use was emergency room cases. • I know we've gotten busy, since the pharmacy has been open now people are coming in. It started slowly but not we're busy through lunch. • We're (pharmacy) open until 5:30, so we're open a half hour beyond the clinics. That way if they see the last patient at 5:00 in Sublette they have time to drive down. Like they will call us and say one is on the way. • It's a little easier to get a clinic appointment now than it was six months ago. We were several days on the waiting list for that, but now you typically can get in on the same day if you don't have a preference on the provider that you see. Sometimes if you do want to see a specific provider then it might be the next day that you will have to wait to get in. • And the pain management comes a lot through most people's ERs, whether that be migraines or anything else, but we try to manage those things through various techniques that might work because everybody is different and if things aren't working then we will refer 	
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	<p>people off to a pain management clinic.</p> <ul style="list-style-type: none"> • Great Bend has a pain management clinic – two hours and forty-five minutes away. 	
Drug and alcohol abuse treatment	<ul style="list-style-type: none"> • I think there's a huge need, especially with what the demands are of the packing plants and the feed lots, stuff like that, it's a pretty big need. Highly stressed jobs, six, seven days on, they work them • I think people see it in their families, they grow up with it, it's like drinking pop, it's like drinking milk • I mean you have a lot of that mentality of dad did it so it's okay for me, and it's acceptable, that man kind of thing, I think. I mean that's just me dealing with it in my private practice, that's what I always saw was dad did it so why is this a problem kind of thing. I think education definitely in that field might help, but I don't know if it would be received. I think it would help some who would want to receive it and those who really don't have an issue with it might receive it, but those who are really addicted to it they are not going to listen. • I used to do in private practice a lot of EAP counseling and get paid by the EAP. New Directions usually is out there. • We have talked about doing screenings for them because I can do that, I can't do the counseling part, but then where would we send them? So we would have to send them a ways away which most companies really don't want you to do that because they're working, so it's been a struggle with the alcohol and drug part of it, but I'm not sure how to solve that without bringing experts down here and setting up clinics. I think they would be busy but I think it would take a while too because again the stigma and everything else. • I think that's (stigma) why we don't have any because people haven't been using them. They would rather drive or go somewhere else where they are not known probably. 	<ul style="list-style-type: none"> • Drug and alcohol abuse are significant problems and there is a lack of in-patient and out-patient resources in Haskell County • In-patient facilities are available in Scott City, Great Bend • Alcohol consumption is an accepted part of the culture in the county • Some insurance plans offer EAPs that include drug and alcohol counseling • Businesses that are monitoring alcohol consumption by employees have observed that their safety records are improving • There is still stigma to asking for/receiving addictions help and that keeps people away

	<ul style="list-style-type: none"> • And I think there's a mentality, what I have worked with is they want to go inpatient, get rid of it, and then come home and be okay. And we try to explain to them, no, this is a process. You're inpatient just to help you a little bit, and then we're going to start with the other stuff. I've never had anybody that really followed through once you send them to inpatient. • Since I've been there four months, we've had two or three instances where other co-workers have said, hey I think so and so is drinking on the job or drunk on the job, and so they're now seeing the safety benefit of it, if they're not in their right mind it's only going to hurt someone else. And so that's good and we've made it to where it's not a tattletale environment, it's for your safety, we want every employee to go home safe at night. But it is changing that mentality of a company and just that it's not okay to drink on the job. • AA in Garden • I don't even think we have New Chance anymore. In Sublette, yeah. At the health department, there's AA. • State of Kansas says you have to be a drug and alcohol counselor to do that, but we (health dept. staff) can do a little bit of education on it and then we probably have to send them, I don't even think Garden has anybody anymore. I think we would have to send them to the Southwest Guidance in Liberal and hopefully they could find someone. • We used to have Valley Hope in Garden but it's no longer there. There's an inpatient facility in Great Bend and I think that is the closest one. • There used to be the Light House in Garden for women, he took women up by Scott City Lake I don't know if that's still, I mean he did outpatient too. 	
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