

ec HealthNet Health Care Provider Survey

No comprehensive look at community health care would be complete without listening to the voices of health care providers. As a part of the EC HealthNet community health care assessment, 210 surveys were mailed to health care providers in the four-county region of Clarke, Kemper, Neshoba and Newton. "Health care providers" was defined broadly to include not only physicians, but also allied health fields and health care support services such as physical therapists, pharmacies, hospice agencies, and medical supply companies. In addition, safety agencies such as fire and law enforcement were included, as were organizations whose primary purpose is education, such as local community colleges and Mississippi State University Extension Service.

The surveys included two pages of information (see the last pages of this publication). The first page asked for basic information about the health care organization, including address, phone number, hours of operation, and specific services available. This information was compiled into county-specific health care resource directories. The directories were mailed to each of the providers as well as distributed to community members at community forums in for June 2004. The second page of the survey asked four open-ended questions regarding the providers' opinions about pressing health issues in the communities. This report summarizes those responses.

Of the 210 surveys mailed, 43 (20 percent) were returned. Given a target audience of busy health care professionals, this was considered an acceptable response rate. The responses were distributed across the four counties fairly evenly, with eight from Clarke County, nine from Kemper, ten from

Neshoba, fifteen from Newton, and one from a professional serving multiple counties. The largest category of respondents (35 percent) was primary care professionals (physicians or family nurse practitioners serving in local clinic settings). Other respondents (one to four per category) represented oral health, mental health, health education, pharmacies, rehabilitation, vision care, emergency services, home health, nursing homes, hospice, hospitals, physical therapy, and public health.

QUESTION 1

The first question asked these professionals related to health promotion/education needs in the community. The providers were given a list of potential health education topics and asked to identify the top three priorities, numbering them 1,2,3. A space was also provided for additional topics if needed. These were the topics:

- Accident Prevention
- Cancer Screening
- Cardio Vascular Health
- Depression
- Diabetes
- Exercise
- Hypertension
- Nutrition
- Oral Health
- Substance Abuse (Drugs/Alcohol)
- Teen Pregnancy
- Tobacco Use
- Vision Care
- Weight Management/Obesity
- Other

Some of the respondents prioritized

(1,2,3) the topics, while others simply marked (x) their top three. Both types of responses were considered important and were captured in the analysis. The results are shown below. The number indicates how many respondents selected that topic by priority. Only one topic, “end of life care,” was added to the “other” line.

Top Three Priorities for Health Education

	1 st Priority	2 nd Priority	3 rd Priority	Non-ranked responses (x)	Total responses
Accident Prevention			1	1	2
Cancer Screening	2	2	3	2	9
Cardio Vascular Health	5	2	2	2	11
Depression			2	4	6
Diabetes	5	4	3	4	16
Exercise	1	2	1	1	5
Hypertension	1	3	1	4	9
Nutrition	2	2		1	5
Oral health	1	2	1		4
Substance Abuse	9	4	2	5	20
Teen Pregnancy	1	2	4	4	11
Tobacco Use	2	5	5	2	14
Vision Care					0
Weight Management/Obesity	3	4	3	5	15
Other: End of Life Care	1				1

Priorities can be considered in two ways: total number of responses for each item or priority ranking of responses. The top six health education concerns identified by total number of responses are as follows:

- Substance abuse (20 responses), which the professionals indicated included illegal drugs, alcohol, and misuse of prescription drugs
- Diabetes (16 responses)
- Weight Management/Obesity (15 responses)
- Tobacco Use (14 responses)
- Cardio-Vascular Health (11 responses)
- Teen Pregnancy (11 responses)

These were the highest first priority health education issues as determined by #1 votes:

- Substance abuse (9 responses)
- Cardio Vascular Health (5 responses)
- Diabetes (5 responses)
- Weight Management/Obesity (5 responses)

The second list mirrors the first except for omitting “Tobacco Use,” which received the highest number of second priority votes (5) and third priority votes (5), and “Teen Pregnancy,” which received the second highest number of third priority votes (4). Thus, looking at the responses in either way presents a fairly consistent picture of the area’s health education needs. It should also be noted that some of these issues are closely related and may be considered together in program planning, such as “weight management” with components of “exercise” and “nutrition,” all of which are related to diabetes and cardio vascular disease. Likewise, “substance abuse” and “tobacco use” have common education elements.

QUESTION 2

Providers were asked this open-ended question: “What do you see as the three biggest barriers to health care access in this community?” Most of the responses centered around three main themes: education, financial concerns, and access/availability of services. Education concerns, mirrored the responses in Question 1, with providers voicing a need for strong prevention/health promotion education within the community. Other education concerns included a need for a larger pool of trained health care workers and a need to educate the community on the availability of health care resources in the area, a concern the health care directories mentioned above were designed to address.

The two largest financially related concerns were related to the cost of health care in an economically depressed area and the lack of affordable insurance. Several providers noted that low income and high unemployment rates among community members contributed to the citizens’ inability to afford appropriate health care services. A lack of adequate health insurance coverage compounds the problem.

Access/availability issues addressed a broad range of services. However, the overwhelmingly largest number of concerns were related to adequate transportation. The providers indicated that some patients are not getting adequate care because they have no way of getting to services needed. Other concerns included increased access to primary care clinics and providers and the need for a hospital in Kemper County. Following is a more detailed listing of the responses.

THEMES

NUMBER OF RESPONSES

Education:

- | | |
|---|----|
| • Prevention knowledge/education needed in community | 18 |
| • Lack of trained health care workforce | 5 |
| • Awareness of health care facilities available in the community | 5 |
| • Literacy (impacts a patient’s ability to follow directions) | 1 |
| • Cultural beliefs and acceptance | 1 |

Money:

- **Income/Unemployment vs. cost of health care, economics** 24
- **Affordable insurance** 10
- **Indigent care/Uninsured (emergency room misuse)** 2
- **Medicare/Medicaid payments are less than costs of service delivery** 1
- **Tort reform – malpractice issues** 1
- **Prescription costs** 1
- **Insurance restrictions** 1
- **Funding for adequate services** 1

Access/Availability:

- **Expand Service**
 - o Better access to clinics 3
 - o Availability of primary care providers 3
 - o Increased mental health services; more involvement from Weems (local mental health provider in the region) 2
 - o Availability of personnel to provide services 1
 - o Availability of health care on Friday afternoons 1
 - o Limited health care services 1
 - o Follow-up appointments not consistently made or kept 1
 - o Busy physician schedules – physicians overloaded 1
 - o Specialists only open at certain hours/limited service (Cardiologists, pediatrician) 1
- **Create Services**
 - o Transportation to non-emergency health care appointments 14
 - o Hospital in Kemper County (currently does not have one) 4
 - o Partnering with other rural hospitals to cost-share expensive credentialed health professionals to serve patients 1

Other:

- **Patient apathy** 2
- **Too much politics in community hospitals** 1
- **Competition in the health care field** 1
- **Indifference of public civic leaders** 1

QUESTION 3

The third question was, “What health care resources are currently lacking and most needed in this community?” Again, the number one response related to prevention/health promotion was education. Other responses grouped around the same themes as in Question 2. While no other single resource was identified by as many as was education, a number of insightful responses were offered. The responses are summarized below.

THEMES

NUMBER OF RESPONSES

Education:

- **Prevention education needed** (specific areas mentioned are listed below) 16
 - o Sex education (abstinence, STDs)
 - o Diabetes
 - o Obesity
 - o Tobacco intervention

- o Obesity (exercise/nutrition)
- o Cardio vascular disease/hypertension
- o Effects of taking multiple medications
- o Personal motivation
- **Lack of trained health care workforce** 1
- **Educate community about capabilities of local healthcare providers** 1
- **Better trained emergency dispatchers** 1

Economics:

- **Prescription assistance** 4
- **Serving people with no insurance/charity care** 2
- **Tort reform** 1
- **Funds to expand health care services** 1
- **Adequate funding for healthcare, particularly for children and teens** 1

Access/Availability:

- **Expand services** (These services were perceived to exist in the region, but needed expansion to cover the existing needs):
 - o Screening readily available to public (diabetes, cancer, etc.) 4
 - o Primary Health Care Physicians 3
 - o Efficient emergency services 3
 - o Up-to-date
 - o Improved ambulance response times
 - o More Emergency Medical Responders
 - o Mental health services 2
 - o Social workers 1
 - o Rural health clinics 1
 - o Day care services 1
 - o Home health care 1
 - o Nursing home facilities 1
 - o Dental care for indigent and Medicaid 1
 - o Medical care for indigent children and infants 1
 - o Senior citizen health care 1
- **Create services** (These services were perceived to be nonexistent in the region but greatly needed):
 - o Hospital (Kemper) 6
 - o Fitness center 4
 - o Specialized services 2
 - o Transportation for nonemergency health care 2
 - o Weekend clinics 1
 - o Inpatient hospice 1
 - o Surgeon who will cover emergency room and the Certified Registered Nurse Anesthetist backup 1
 - o Prenatal care 1
 - o Alcohol and drug facilities 1
 - o Nutrition/meals for elderly living alone 1
 - o Mammography 1
 - o Cost effective weight loss program 1
 - o Substance abuse unit 1

- o Inpatient physical therapy 1
- o Dietician services by a registered dietician 1
- **Reduce duplication/coordinate services** 2

QUESTION 4

The final question asked to the providers was, "What other concerns do you have regarding health care and/or disease prevention education in this community?" Again, health care professionals focused on education, with the majority of the responses falling within that realm. Other issues mirrored many of those in Questions 2 and 3.

Education/Prevention

- **Education on:**
 - o Healthy lifestyles
 - o Diabetes
 - o Hypertension
 - o Teen pregnancy/unwanted pregnancy
 - o Sexually transmitted diseases
 - o Obesity
 - o Substance abuse - widespread use in schools and community
 - o Tort reform/lawsuit abuse especially related to medication/product liability
- **Regular health fair to educate on disease prevention**
- **Peer based education**
- **Education to professionals on ethics of dealing with rural population**
- **A good first aid course in high school**

Finances

- **Cost containment**
- **Difficulty getting appointments for Medicaid clients with specialists**
- **Legislative and political action to improve economic growth and education opportunities**

Access/Availability

- **Expand Services**
 - o More automatic external defibrillators for the fire department in Kemper County
- **Create Services**
 - o Put Emergency 911 system in place in Kemper County
 - o Drug/alcohol rehab service

Other

- **High rate of cancer in the area**
- **Environmental quality**
- **Incentives for healthy choices**
- **Require annual screening for various conditions**
- **Domestic violence**
- **Unwanted pregnancy**

SUMMARY

From these findings, it is clear that health care providers are concerned about a number of health care issues. Their top concerns are as follows:

- **Adequate health education on the community level, with potential topics being:**
 - o Substance abuse
 - o Diabetes
 - o Weight Management/Obesity
 - o Tobacco Use
 - o Cardio Vascular Health
 - o Teen Pregnancy
- **Affordable health care for low income, uninsured, or underinsured individuals**
- **Transportation to needed health care services for those without this resource**
- **Increased access to primary care**
- **A hospital in Kemper County**

This valuable insight will be considered as the EC HealthNet partners begin planning for community health care improvement. The partners and Mississippi State University Extension Service wish to thank all health care providers for their time and effort in providing this information.

CONCLUDING NOTE

On July 22-23, 2004, the EC HealthNet partners met to consider the findings of this study and the other pieces of the community health needs assessment, which included a telephone survey, economic impact report, community forums, and health care gaps analysis. As a result, two priority issues were identified to guide the first joint efforts of the Network. Those issues were obesity prevention education and recruitment/retention/training of health care providers for the region. These two issues mirrored the concerns of the health care providers surveyed in this study.

Prevention Education: The partners believe that by addressing obesity through education, they will also impact diabetes and cardio-vascular health, three of the top six health education priorities identified in this survey. The first initiative planned toward this goal is a community-wide walking program to increase physical activity, a major factor in weight control, and the management and prevention of both diabetes and cardio-vascular disease. The walking program will incorporate weekly education sessions on nutrition, chronic illness prevention, and physical fitness.

Recruitment/Retention/Training of Health Care Providers: Recognizing the need for additional, well-trained health care providers, as did the professionals responding to this survey, EC HealthNet partners plan to look at the recruitment, retention, and training needs of the region. The first effort will be to establish Explorers' Clubs in each of the four counties. This Boy Scout- created initiative targets both males and females in high school who have an interest in health careers. The participants meet monthly to learn more about the different options available within the health sector through both lecture format and shadowing experiences. One guiding factor influencing the partners to beginning with this program is the body of research that suggests that rural health care providers who grew up in the region are more likely to remain in the region for a longer period of time than those recruited from outside. This led the EC HealthNet partners to the concept of "growing their own" future health care providers by introducing teens to health care careers and nurturing their interest.

In September 2004, the EC HealthNet submitted a three-year grant proposal to fund additional initiatives aimed at these two goals.

Report compiled by Rachel Welborn, Community Health Coordinator, Mississippi State University Extension Service, December 2004.



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