Group Health Care Focus Group Report

I. Executive Summary

Group Health Care (GHC) commissioned focus-group surveys in six counties (Keene, Montgomery, Arlington, Wilcox, Burlington, and Derry) to determine the healthcare needs of the area residents. Participants solicited for the focus group surveys were adults, over 18 years old, and living in the respective counties surveyed. The surveys were conducted by Research International (RI) between September 7th and 15th of 200X. The results of the analysis indicate the following:

- The data suggests the prevalence of several common diseases and disorders in Keene, Montgomery, Arlington, Wilcox, Burlington, and Derry counties. These include diabetes, heart disease, high blood pressure, drug addiction, cancer, arthritis, and depression.

- The data suggests that residents of Keene, Montgomery, Arlington, Wilcox, Burlington, and Derry counties strongly perceive a need for more access to affordable, quality healthcare in their communities.

- Residents are particularly concerned with long waiting time, lack of extended hours of availability, and not being treated with care and respect by their providers.

- Participants have very positive attitudes toward being treated by Family Nurse Practitioners and/or midwives – in many cases, participants expressed a preference for Family Nurse Practitioners over doctors for their prenatal and routine medical care.

- Participants have very positive attitudes toward GHC facilities. GHC clinics would be warmly welcomed by residents of the six counties studied, implying a strong potential for success in these areas.

- Given the GHC philosophy of, “providing and preparing trained nurse-midwives and nurse practitioners for rural areas where there is inadequate medical service…,” the immediate and deep need for adequate medical service expressed by those involved in the focus group discussions strongly warrants GHC to establish clinics in the rural communities examined in this study.

II. Background and Rationale

GHC is a non-profit organization. Its philosophy is to help families in rural, low-income areas to receive medical assistance.
Consistent with the vision of the founders and the current leadership, GHC has evolved to meet the ever-changing community needs. GHC looks forward to many, many more years of service. In accordance with its vision to serve the medically underserved, GHC plans to explore the possibility of expanding its services. Specifically, they are looking at six medically underserved counties in this region: Arlington, Wilcox, Burlington, Montgomery, Keene, and Derry. As a first step to discovering the potential for expansion, they have contracted with Research International (RI) to conduct focus-group surveys in these six counties.

III. Methodology

RI conducted six focus groups to address the needs of this project. A total of 67 participants were included in the six focus groups. The participants were solicited based on two criteria, that they should be adults over 18 years of age and residents of respective counties.

The following is a list of counties surveyed, dates, and the number of participants:

Group I	Arlington County	September 7	6:00 to 7:30 p.m.	5 Participants
Group II	Burlington County	September 8	12:00 to 1:30 p.m.	16 Participants
Group III	Wilcox County	September 8	3:15 to 4:45 p.m.	11 Participants
Group IV	Montgomery County	September 14	6:00 to 7:30 p.m.	13 Participants
Group V	Keene County	September 14	12:00 to 1:30 p.m.	11 Participants
Group VI	Derry County	September 15	5:00 to 6:30 p.m.	11 Participants

With the help of the client, RI developed a moderator's guide. An experienced moderator from RI moderated the discussion for all focus groups. All focus-group discussions were video taped. Transcripts from all focus groups were used in the preparation of this report.

Focus-Group Survey Method: Focus group surveys are a qualitative research method. Focus group surveys help the client understand some important reasons that may be responsible for a trend or need among the target audience. This type of research is helpful in gaining feedback and individual perceptions and ideas that cannot be obtained through quantitative research. Focus groups generate discussion that can lead to the expression of ideas and opinions useful to clients. Data from focus groups cannot be projected to the general population. The selection of focus-group participants is not based upon randomization or other population representative methods. Therefore, focus groups are not

intended to provide measurable data that can be applied to an entire population. The findings reflect on the generated ideas and beliefs of the participants.

IV. Survey Findings

The data analysis of the focus group data is organized around the key research questions. This study focuses on five general questions/issues regarding residents' perceptions about health care. These questions involved

- Participants' perceptions of general healthcare issues facing the community
- Participants' perceptions of the quality of existing healthcare providers in the community
- Participants' perceptions of clinical healthcare providers
- Participants' perceptions of alternatives to traditional providers and treatments
- Sources of information available to participants regarding healthcare services/treatments in the community

Each of these main issues is broken down into sub-issues for the sake of organization. It is important to note that the order of the issues and sub-issues, as they are reported here, may not always follow the order in which issues were discussed in the transcripts. This is because focus-group methodology often requires the moderator to change the order of questions (the protocol used to direct discussions is included at the end of this analysis) as the discussion unfolds in order to maintain the coherence and integrity of the group process. Therefore, some contributions by focus-group members bearing directly on the issues under analysis occur out of order or at varying points during the discussion.

Further, the discussions are considered as a whole rather than being broken down county by county to depict the general perceptions and attitudes of those living in the communities under study. When there are exceptions in particular counties, those exceptions are noted and discussed more fully.

Issue 1: Perceptions of Healthcare Issues Facing the Community

Common diseases/disorders affecting the community. Focus group participants mentioned several common diseases and disorders prevalent in the region. Among them are diabetes, heart disease, high blood pressure, cancer, and drug addiction. Although depression was not offered by any of the participants, almost all agreed when asked if it was a serious health problem in the community. While only the Burlington County group initially mentioned arthritis in response to

the first question, arthritis emerged as a problem at some point in the discussion for each of the other counties.

Implications. It is clear from the discussion of major health problems that health clinics could benefit the community by providing preventative care. For example, heart disease, high blood pressure, and diabetes all have roots in obesity. Health clinics could provide education and weight management treatment for both children and adults in helping to prevent these problems. Educating children about proper nutrition was directly mentioned by the Arlington County group as a needed service in their community. They implied a grassroots approach to dealing with the problem.

Treating arthritis also offers a clear opportunity for local health clinics. As mentioned later in the discussion below, few focus group participants had knowledge of alternative therapies such as herbal remedies or massage. While few had such knowledge, most of those who complained of arthritis pain welcomed the opportunity to try alternative treatments for pain relief.

The ubiquity of drug dependence and depression across the counties may also provide an opportunity for local clinics to provide needed healthcare alternatives for many communities.

Ability to afford healthcare. Another healthcare issue facing these communities involves the ability to pay for services. As reported elsewhere in this report, the average incomes in these counties are relatively low. The focus-group participants identified two problematic groups in particular: The working poor and the elderly. The working poor with no children make a little too much to qualify for medical cards and the elderly collect a little too much in social security to qualify for complete medical coverage. As one participant explained, *"It's when you don't have any children and you're not disabled that you pay $500 a month [for insurance]. That's the kind of people that don't get insurance."*

The lack of affordable healthcare was cited by several people as a reason for some women's failure to seek proper prenatal care. A woman in Wilcox County provided an example, *"I think we have a problem with people not having funds, money to go… [seek prenatal care]. I know people myself that don't go because they don't have the money."*

Implications. It is clear that GHC can fill a gap in the healthcare system by providing affordable healthcare to low-income and elderly members of these communities.

Access to healthcare facilities. One potential problem facing any healthcare provider considering expansion into these communities is the inability of the most needy community members to get to the clinics. Some participants identified lack of transportation as a barrier to using healthcare services. While the

participants in the focus groups identified several transportation services for poor and elderly community members, it was clear from the discussions that not everyone could take advantage of these services. Some participants pointed out that the transportation services would not travel to some of the more remote areas or that some transportation services required a fee that was unaffordable to those who need the service.

Implications. If GHC wants to target those most in need of medical care they should consider providing some kind of alternative transportation source for this group.

Attitudes toward prenatal care. Participants were asked specifically about their attitudes toward prenatal care. Uniformly, the groups agreed that early and consistent prenatal care was crucial for the health of the child and the mother. However, the groups also generally perceived that the women (especially teen) in their communities were not getting the prenatal care they needed. The reasons given for the lack of care centered around three main problems: 1) the women are not educated about the importance of early prenatal care; 2) the women don't have transportation to clinics; and 3) the women can't afford to pay for regular prenatal care.

Implications. When the recognized need for quality prenatal care is combined with the positive perceptions toward alternative care providers (as discussed below) it becomes clear that GHC has a **very strong opportunity** for success in these communities given its strong reputation. Given its traditional focus on providing care to rural women and children, and given the need for such healthcare in these communities, GHC has a strong foundation for expanding into these areas.

Issue 2: Perceptions of the Quality of Existing Healthcare Providers

In general, the perceptions of the quality of current clinical healthcare providers appear to be fairly negative. While there were participants who were happy with the quality of care they received, the complaints were abundant. The preponderance of the complaints clustered around three issues:

1. Limited availability. Several of the participants said that there were not enough clinics available to them. Many shared their frustration with the inconvenience of having to travel to a distant area for even the most basic healthcare needs such as checkups and having current prescriptions extended.

Availability of healthcare is also perceived to be limited due to the limited hours of operation. Many participants point out that when they get sick on weekends or

late at night, they have no options other than hospital emergency rooms or clinics as far away as RI.

When participants were asked if they thought that their community was underserved medically, the unanimous answer was *"yes."*

2. Waiting time. By far the largest problem identified by the focus group participants was the amount of time they had to wait to be seen by a physician (or alternative provider). Participants explained that the clinics are crowded and they perceived that the providers are overworked causing patients to wait from hours to days to be seen. The following representative comments sum up what the participants felt regarding the waiting times and overcrowding:

"I'd just as soon get me a doctor in Wilcox because of that [the waiting time]. Because you can drive to the city and back while you're sitting. For my doctor, three hours is a short time to sit to see him."

"When you are really sick, you don't feel like sitting there two or three hours."

"There's several times you can't sit in there. There are so many people in there."

3. Quality of treatment. Along with the lack of availability and long waits, there were several complaints regarding the general quality of care participants received from their providers. In the discussions, the following four specific issues emerged as problems:

i. Limited time with doctors. The limited availability and overcrowding are perceived by some of the participants to result in lower quality care. The following comment by a participant in Montgomery County sums up this belief:

"Most of the time they are in too big of a rush to take much time to make you feel like they are really concerned. Like they said they are booked double every 15 minutes. And they rush you in and rush you out and you don't get to ask a lot of questions or spend a lot of time."

This reflects the largest complaint regarding the quality of treatment: The time spent with patients. As a Burlington County participant explains, *"I don't think they spend enough time with you to find out what's wrong with you."*

ii. Lack of respect for patients. While some of the participants expressed that they had thoughtful, caring healthcare providers at the clinics, the majority said that they felt as though the doctors did not treat them with the respect and dignity that they deserve. As a Keene County participant said, "A lot of times they talk down to you. They are very condescending." One Burlington County participant suggests that doctors from outside of the region stereotype their

patients, "We are not the Beverly Hillbillies….There are very educated well rounded people in this area and we don't deserve to be talked down to."

iii. Lack of concern for patients. Besides feeling disrespected, there is a perception that doctors are not generally concerned with their patients' welfare. A Keene County participant shared this experience:

"I had a spell with my heart in physical therapy and I was trying to tell my doctor and I told him I need my medication that I'm taking for my thyroid glands…and he told me to 'shut up,' that he couldn't concentrate on what he was writing."

Another participant in the same group said the following:

"I went to the doctor a while back with my mother and I wasn't even sick. He (came) up and said, 'You're sick, you need a shot.' He (came) up and gave me a shot and I still don't even know what for."

In general, Keene county participants strongly felt that the doctors are more interested in making money and than the welfare of the patients.

iv. Lack of familiarity with patients' medical histories. In many of the counties, participants identified doctors' high turnover rate in their community as a cause for poor quality healthcare. In many of the clinics in these counties, doctors rotate in and out on a regular basis, so patients have less trust in them. Participants also expressed frustration with not being able to count on other types of providers/facilities to remain permanently in their community. A Burlington County participant's remarks pretty well represent the sentiments across all counties surveyed:

"We only have one doctor here who has been here for a while. There's such overcrowding because everybody wants to see [that doctor] because they know this person isn't going anywhere. It's very difficult to go in and see a new doctor who you suspect probably, in 2 or 3 months, is not going to be here anymore."

Implications. The focus group data clearly indicates that the local clinical healthcare facilities suffer from several negative attitudes held by the residents. As will be indicated again below, GHC has a strong opportunity for expanding into these areas and creating more favorable impressions about healthcare providers.

- The data strongly suggest that residents in these communities are very open to alternatives to their present healthcare providers.
- Opening clinics with expanded hours would increase availability and reduce wait times for patients making them very attractive alternatives to current providers.

- Training individuals who are already (or are interested in becoming) permanent residents of the communities they serve would decrease turnover and result in more positive perceptions of GHC as a provider by building trust in their patients.
- As indicated below, positive perceptions of nurse practitioners on the part of the community residents places GHC at an advantage through providing healthcare providers who are sensitive to the concerns of the local people as well as the local culture.

Issue 3: General Attitudes Toward Clinical Healthcare Providers

Overview. Participants' attitudes about the providers available to them currently were mixed and heavily negative. However, general attitudes toward clinics were favorable when compared to traditional providers such as hospitals and doctor's office visits. The waiting time, expense, and trust in the clinical healthcare providers were all compared favorably to more traditional outlets. The following representative comments capture the feelings of the participants toward the clinical healthcare providers:

"When you go to the [emergency room] you might sit there, sometimes six hours. If we had more clinics in the area, I think the healthcare clinics would be the choice between the two, because of that." (Montgomery County)

"I'd rather go to the clinic. I don't mind waiting a half hour if they are busy or if they get an emergency…. If they'll talk to you like you're a human being and don't talk down to you and if they're concerned for you welfare. The emergency room is not much better than this clinic is up here because they've got these foreign doctors in there. They don't care." (Keene County)

"They [clinics] are faster and they pay more attention than a hospital." (Wilcox County)

"I think if they were accessible, people would use them rather than a lot of the family doctors. Especially if the quality of care was good. That would be the answer to a lot of people." (Derry County)

Reasons for visiting clinics. Focus-group participants were asked to identify the reasons for their visits to clinics. While most did not make appointments for visits, those with chronic problems said they were likely to schedule appointments when they could. Several reasons for clinic visits were cited including**:**

- General check-ups
- Common illnesses such as cold and flu
- Injuries such as broken bones and lacerations.
- Treatment of chronic ailments such as back problems, diabetes, etc.

- Renewal of prescriptions

Barriers to clinic visits. Participants were asked why they may avoid going to a clinic. The most common answers were the amount of time they had to wait to be seen, inconvenient location (or lack of clinics in immediate area), and inconvenient hours. Other barriers included lack of transportation and lack of money to pay for visits (as discussed above). One group of participants also identified concerns about being associated with those seeking narcotics as a reason for avoiding visits to health clinics.

Perceptions of GHC. Participants were asked specifically about their knowledge of Group Health Care. Only a minority had direct knowledge about GHC. Perhaps the strongest impressions about GHC, among those who had knowledge, involved nurses on horseback and assistance with childbirth. One Arlington County participant said, "That's who delivered me." An elderly participant in Montgomery county said, "I remember seeing them with their dogs, riding their horses with their saddlebags…." Those who did have knowledge of GHC had unanimously favorable opinions. The following are representative comments:

"They were very caring people. They gave us as good of care as they could with the facilities that they had." (Montgomery County)

"From way back, it's always been favorable. I worked with an agent from Chesire County and she had used the service." (Arlington County)

Implications. These data provide evidence favorable to the success of expanding GHC clinics into this area. The participants have generally favorable opinions of clinical facilities but feel there are too few to adequately provide for the needs of their communities. The need for quality healthcare combined with a generally favorable attitude about GHC among those familiar with it suggests strong potential for GHC facilities in these communities. There would be little competition from hospitals and doctors' offices since the participants favor clinics over traditional outlets. Expanded hours of availability and managing wait times effectively would provide GHC with a huge market advantage over competitors.

Issue 4: Perceptions of Nontraditional Providers and Treatments.

Overview. Overall, participants had very favorable perceptions of nurse practitioners, midwives, and alternative/complementary therapies.

Nurse practitioners/physician assistants. Participants were asked about their experience with nurse practitioners (and/or physician assistants) as primary care providers. Most had at least some experience with such providers and overall, opinions were favorable. For a majority of patients, nurse practitioners were

perceived more favorably than doctors. Participants identified several issues that they felt made nurse practitioners attractive including:

- The perception that nurse practitioners care more than doctors
- The perception that nurse practitioners will spend more time with patients
- The perception that nurse practitioners are more careful in their treatment of patients
- The perception that nurse practitioners are well qualified for treating simple medical problems
- The perception that nurse practitioners treat patients with respect and dignity

Some representative comments indicate the following:

"I think the nurse practitioners, when I have seen them, you feel more at ease with them and they can take more time with you. You feel like they care more about you than when you saw a regular doctor." (Montgomery County)

"At least they treat you like a human being." (Keene County)

"I go to a nurse practitioner. And I think she is more knowledgeable than the doctors I've been too." (Wilcox County)

"Jill is the nurse practitioner. Dr. M., she's the doctor. When I go up there I like to go see Jill because she has a better bedside manner. I'm glad to know that Dr. M is there because I know if Jill runs into something she needs help with, she goes and consults the doctor. But I'd rather see the nurse practitioner." (Burlington County)

Implications. It is clear that those who participated in the focus groups would welcome treatment by nurse practitioners. Given that nontraditional providers such as nurse practitioners are the hallmark of GHC, it seems clear that GHC clinics would be very attractive to residents. The potential success for expanding GHC clinics into these communities seems particularly evident when the general dissatisfaction with current facilities is taken into consideration.

While the overall attitudes among the participants toward nurse practitioners were positive, some focus group participants did express concerns. It is important to note these concerns since GHC will need to actively address these beliefs in order to reach the largest market. The most common concerns were

- The perception that nurse practitioners can not prescribe scheduled drugs
- Doubts that there would be adequate medical backup for serious medical illness or injury
- A lack of knowledge about the level of training and qualifications of a nurse practitioner

Midwifery. As with the perceptions of nurse practitioners, those participants who were familiar with midwifery services had generally favorable opinions of them. Some of the women used a midwife. As with the nurse practitioners, participants perceived midwives to be more caring and concerned than doctors are with patients as individuals. Most participants also seemed favorable to the idea of giving birth in a facility run by a midwife, rather than in a hospital, as long as a doctor was close and the facilities well equipped for emergencies.

The focus group participants did share several concerns about using a midwife, however. Among their concerns were

- The perception that midwives do not allow drugs for pain during childbirth
- The concern that complications to a pregnancy will not be handled well by a midwife
- A lack of knowledge about the training and qualifications of a midwife

Implications. To make GHC clinics more attractive, the concerns and misperceptions regarding qualifications and the quality of care that can be expected of N.P.'s and midwives should be dealt with in some way. One possibility for handling patients' concerns would be to construct a list of "Ten Myths about Midwives" that answers these concerns specifically. The list can be posted as a large poster in the clinics and perhaps distributed as a pamphlet at local events.

Gender preference for provider. Because of the gender role expectations associated with terms such as "nurse" and "midwife," participants were asked if they had a preference for male or female healthcare providers. Almost all participants agreed that qualifications mattered more than the sex of the provider. A small number of women did agree that they would prefer a female provider for treatment of health problems associated with the female reproductive system, childbirth, and the like.

Perceptions of alternative/complimentary therapies. The participants across counties were about evenly split among those who had little or no knowledge of alternative therapy, those who had negative perceptions (especially regarding herbal therapy), and those who had positive experiences or perceptions. In general, those who had positive perceptions of alternative therapies already had experience with them or had positive perceptions/experience with traditional folk remedies. An Arlington County resident expressed this viewpoint:

“Now my mother-in-law is from the old school, I mean she goes into the mountains and digs these things, roots and so forth, and makes tea on them. And she still does that. That’s what she grew up on and it doesn’t hurt her a bit.”

A Burlington County participant echoed the following perception,

"Old people in the mountains, they know. They can identify the herbs growing in the ground wild and know what to use them for… A person I worked with said once, 'you can't argue with success' and it's true."

However, there were many concerns expressed about the use of alternative therapies. Among the most common were

- A concern that herbal remedies are untested by the FDA
- The perception that people self-medicate without enough knowledge about these therapies
- The perception that herbal therapies will interact with prescribed medication with negative results
- A concern that alternative therapies will not work at all, wasting the patient's time and perhaps allowing the condition to worsen

While some participants had negative perceptions of alternative therapies, most expressed interest in learning more about such therapies. Further, most said that they would be interested in a healthcare provider educated in both traditional and alternative/complementary therapies.

Implications. While many participants voiced negative perceptions about certain alternative therapies, most admitted that it was lack of knowledge about the therapies rather than negative beliefs founded in experience or some other kind of hard evidence. Therefore, these beliefs should not be taken to mean participants would be against the use of alternative therapies but instead that GHC has an excellent opportunity to educate patients about such therapies.

Issue 5: Sources of Information Regarding Healthcare Services/Treatments

Overview. Before expanding into any region, it is especially helpful to understand whom the community trusts in getting advice about a service provider. Therefore, participants were asked to identify whom they asked and trusted in getting advice about healthcare issues and providers.

Opinion leaders. It is clear from participants' responses during the focus group discussions that communication with other members through word-of-mouth has a strong influence on healthcare decisions. Many of the participants also identified family members with healthcare training or experience as their primary source (other than doctors) of information regarding healthcare. There seemed to be unanimous agreement among participants of all counties that word of a new clinic offering quality care would spread rapidly among community members.

Implications. It is clear from the focus-group discussions that GHC would incur very low costs in marketing and advertising their services in these communities. Because the need for quality healthcare is so high in the communities surveyed for this study, simply informing people about the clinic immediately after opening would probably be all of the initial advertising that would be needed. However, to create competitive barriers and establish a leadership position, GHC should focus on creative ways of promoting the services in the region, soon after they begin providing the services.

Appendix

Focus Group Survey Questions

Perceptions of Health Care

1.What do you feel are the biggest healthcare problems in the community? (i.e. not enough Dr.'s, not affordable?)

2. How do you feel about the quality of healthcare facilities other than hospitals that are currently available to you? (Do you feel like you get the attention and answers that you deserve?)

3. Describe to me your ideal health care facility. (clinic, home health care for delivery?)

4. Tell me how you feel about the gender of your healthcare provider. (Would you rather be treated by a male or a female?)

5. Female questions
   a. Do you think it is necessary to visit a clinic before you get pregnant? (Would you like to know your health before you become a mother?)
   b. Once you are pregnant, how soon do you go to the Dr., and how often during?

Current Healthcare Facilities

1.Can you suggest some areas of improvement for the health clinics? (Do you remember an experience that was either really good or really bad?)

2.Do you feel that you have the resources and access to the healthcare facilities? (Do you have insurance issues, transportation problems, anything that would stand in your way of visiting the health clinic.)

Visiting a Health Care facility

1. Tell me the reasons that you have or might visit a health clinic. (Do you just go for emergencies or do you go for check ups or flu shots)

2. How often do you visit the health care facility?

3. When you do go to a clinic do you usually schedule an appointment, or do you go as a walk in patient?

4. What keeps you from making or keeping an appointment at a health clinic?

Need for more/better health care facilities

1. How do you feel about visiting health clinics as apposed to hospitals?

2. Would you visit health clinics more if there were more of them? (If they were closer to you)

3. What do you know about a family nurse practitioner?

4. How would you feel about visiting a healthcare provider that is not a physician?

5. Have you ever used a nurse practitioner or a physician's assistant?

Nurse – Midwife Services

1. Tell me what you know about midwifery service
    a. How do you feel about using midwifes for delivery?
    b. How do you feel about using a facility that is not a hospital where a midwife will deliver?
    c. Would you consider using a midwife to deliver your baby or recommend it?

2. What have you heard about Group Health Care?

3. What do you know about alternative and complementary therapies? (Natural herbal therapy?)

4. Would you like to see providers have more knowledge about alternative and complementary therapies?

Sources of Information

1. Who in your opinion is a credible person (s) in the community?

2. When you have a question about healthcare whose suggestion do you value most (other than Dr.'s and local healthcare facilities).

Insurance

1. Tell me about you current situation with insurance.

2. Do you have any trouble getting Medicaid?

3. Do you have any trouble getting prescriptions?