



# Community Themes and Strengths



## Community Themes & Strengths Assessment

The Community Themes & Strengths Assessment is the third of four major assessments utilized in the Mobilization for Action through Planning and Partnerships (MAPP) process.

### *Purpose*

The purpose of this assessment is to (1) assess community needs, (2) gauge perceptions of health consumers, (3) gather suggestions and ideas for improvement, and (4) to plan for both short- and long-term improvement in health outcomes for Polk County residents.

### *Goal*

The goal of the Community Themes & Strengths Assessment is to help community partners within the local health system to better anticipate and manage change in the environment in order to incorporate these findings into the Polk County Community Health Improvement Plan (CHIP).

### *Method*

Two sources of data were obtained for this assessment. First, a sample of Polk County residents from difference socioeconomic and racial backgrounds through a paper/pencil survey instrument. This survey was distributed in three languages, English, Spanish, and Haitian-Creole. Second, the same survey instrument was placed on the web using a commercial electronic survey service (SurveyMonkey©). RSA developed questionnaire items, both forced-choice items and open-ended items were included, as well as items soliciting basic demographic information (e.g., age, gender, race, income level, employment status, and zip code). Questions were designed to illicit responses regarding consumer satisfaction with (1) access to the health care system, (2) perceived barriers to access, (3) compliance or adherence to medical care, and (4) overall health status of the individual and family unit. Thirty-four specific questions were incorporated using a five-point Likert Scale. Open-ended questions were specifically related to use of the mental health care system, as well as, barriers to accessing maternal and child health resources. The data obtained from both the web survey and the paper and pencil surveys were correlated with the demographic data provided by the consumers. In addition, in order to expand on these findings, the answers to the open ended questions were analyzed to determine if there were any common themes.

### *Results*

A total of 1,106 health consumers participated in the survey. Of those responding, 38.5% were male, 61.4% were female. Of these, 55.8% were under the age of 40, while 44.2% were above the age of 40. Consumers reporting they were employed were 63.6%. Approximately 52% of the consumers reported their household income as less than \$29,000, whereas 47.5% reported their income was higher than \$30,000 annually. Consumers were also asked to provide their zip code of residence. There were 84 different zip codes reported, scattered throughout Polk County. The most frequently reported zip codes include 33880, 33881, 33884, 33898, 33868, 33860, 33853, 33844, 33841, 33843, 33838, 33837, 33830, 33823, 33815, 33813, 33812, 33811, 33810, 33809, 33805, 33803, and 33801. Zip code level analysis will be conducted during the next phase of MAPP (2007) in order to better direct resources and efforts.

Table 1 provides basic demographic information for the survey sample.

Table 1 <i>Demographic Information for Health Consumer Survey Respondents</i>	
<i>Gender</i>	
Male	38.5%
Female	61.4%
<i>Status</i>	
Employed	63.6%
Self-employed	2.6%
Out of work more than 1 year	6.5%
Homemaker	10.4%
Student	3.5%
Retired	1.4%
Unable to work	7.0%
Other	5.1%
<i>Race</i>	
White	52.9%
Black	20.1%
Asian	.9%
Native Hawaiian, Pacific Islander	.2%
American Indian	.5%
Hispanic	22.0%
Other	3.1%
<i>Income</i>	
0-\$20,000	35.5%
\$20,000-\$29,000	17.1%
\$30,000,-\$39,000	12.9%
\$40,000-\$49,000	8.6%
\$50,000 and above	26.0%
<i>Age</i>	
Under 20 years of age	7.4%
20-40 years of age	48.4%
41-64 years of age	42.4%
65 and above	1.8%

### ***Responses by Majority***

The majority of survey respondents indicated that they have one primary doctor or clinic, that they have received their annual exams, and that they have transportation to get to the doctor's office or clinic easily. Respondents also indicated they have one primary dentist and have received a dental exam during the past year. Approximately one-half of the respondents indicated that they have health insurance, and that coverage was made available to them through their employer. Despite coverage, respondents indicated that it was still difficult for them to afford the medical care and medications they or their family needed. Between one-third and one-half of the respondents indicated that they had knowledge of how to become healthier, about programs to improve health, where to go for substance abuse treatment, mental health services or Hospice care. Slightly more than one-third indicated they were satisfied with the quality of health care in their community. Table 2 provides overall survey results per each survey question.

Table 2  
*Percent response to questions regarding Access, Barriers to Health Care, and Patient Adherence*

Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I have one doctor or clinic that I go to for my routine health care.	<b>69%</b>	18%	5%	3%	5%
I have had a regular physical exam during the past year.	<b>64%</b>	15%	5%	5%	1%
My doctor's office or clinic is close to my home.	<b>55%</b>	23%	7%	7%	8%
I have a car or other transportation to easily get to the doctor's office or clinic.	<b>78%</b>	10%	4%	3%	5%
A family member or I were unable to get health care during the past year.	18%	11%	11%	10%	<b>50%</b>
I have one dentist that I go to for my dental care.	<b>45%</b>	13%	13%	7%	23%
I have had a dental exam or cleaning in the past year.	<b>41%</b>	10%	9%	8%	33%
My dentist's office is close to my home.	<b>31%</b>	17%	15%	9%	28%
A family member or I received dental care during the past year.	<b>49%</b>	13%	8%	6%	24%
A family member or I were unable to get dental care we needed during the past year.	19%	10%	13%	9%	<b>49%</b>
I have health insurance that covers my health care needs.	<b>53%</b>	17%	6%	7%	17%
All of my family's health care needs are covered by health insurance.	<b>39%</b>	19%	8%	11%	23%
Health insurance is available through my job.	<b>50%</b>	8%	9%	6%	28%
I can afford to buy health insurance through my job.	<b>43%</b>	16%	11%	10%	32%
I do not have health insurance.	15%	5%	8%	6%	<b>66%</b>
I do not want health insurance.	9%	3%	9%	6%	<b>74%</b>
I have tried to get health insurance for my family or myself and could not get it.	12%	8%	15%	7%	<b>59%</b>
A family member or I had an illness that was not treated because we had no insurance.	13%	7%	12%	8%	<b>60%</b>
I know where I can go for health care even if I don't have insurance.	<b>36%</b>	9%	12%	7%	25%
I can afford to buy the medicine my doctor tells me a family member or I need to take.	26%	23%	14%	11%	<b>26%</b>

Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I can afford the health care I believe my family or I need.	25%	22%	13%	13%	<b>27%</b>
My doctor or clinic helps me get medicine my family or I need that we cannot afford.	18%	15%	25%	12%	<b>30%</b>
I have used someone else's medicine because I could not buy my own.	7%	6%	12%	9%	<b>66%</b>
In general I am in good health.	<b>41%</b>	33%	10%	8%	8%
My doctor has told me that I have a long-term or chronic illness.	17%	9%	11%	7%	<b>58%</b>
I take the medicine my doctor tells me to take to control my chronic illness.	21%	8%	11%	6%	<b>54%</b>
I know where to go to get information on health care and staying healthy.	<b>47%</b>	16%	16%	4%	17%
I know about programs in my community that can help me become healthier.	<b>45%</b>	22%	13%	6%	14%
I know where to go for mental health services in my community.	<b>39%</b>	21%	15%	8%	19%
I know where to go for substance abuse services in my community.	<b>39%</b>	20%	15%	8%	18%
I know how to get end-of-life care or hospice care in my community.	<b>34%</b>	19%	17%	8%	22%
I am satisfied with the level of health care available in my community.	<b>36%</b>	24%	16%	8%	17%
I believe language is a barrier to my family's or my ability to get health care.	23%	15%	13%	10%	<b>38%</b>

### ***Respondents by Income***

Despite the differences in the frequency in responses as indicated in the above tables, Income Level was the greatest predictor of how an individual would respond, particularly in the \$0 to \$20,000 income group. Residents in this income group indicated they had greater difficulty in affording health insurance provided by their employers and that they tried to get health insurance but were unsuccessful. They also indicated with greater frequency that they knew where to go for health care even if they did not have health insurance. This income level also indicated that they did not have the same level of patient adherence to medical care in terms of taking medication they were told to take by their physician. They also reported with less frequency that they had one primary care physician or clinic that they go to for routine care. This income group also indicated with greater frequency than the other income levels, that they were not generally in good health. This group also had the lowest responses for knowledge about programs to

improve health, where to go for substance abuse treatment, mental health services or Hospice care. The income group \$20,000 to \$29,000 also indicated they had decreased levels of knowledge about these health care services.

### ***Optional Mental Health Questions***

Five optional questions regarding mental health and mental health care were made available to the SurveyMonkey© respondents. Respondents were given the opportunity to by-pass these questions. Table 3 provides some of the respondents' verbatim comments as well as frequencies of themes.

Table 3 <i>Frequency of responses to survey questions regarding Mental Health Care, and Service.</i>		
Survey Question	Response	
	Yes	No
Have you or a family member experienced a mental illness in the past year?	22.6%	<b>77.7%</b>
Did you or your family member seek mental health services when needed?	32.2%	<b>67.1%</b>
Were you or your family member able to access the mental health services when needed?	48.9%	<b>51.5%</b>
Were you successful in getting the help that you or your family member needed?	<b>56.8%</b>	43.7%
<b>If you were not successful in finding and receiving treatment or care, please tell us why?</b>	Frequency of Responses	
<b><i>Theme: Access and Quality of Care</i></b>	<b>39%</b>	
<i>"The physician was not helpful – answer was medication – never offered therapy or dealing with problems – only psychiatrist available at the time."</i>		
<i>"I was able to get mental health care for two of my foster children one time a month they could both use services more frequently but the closest facility is 45 minutes away and the facility is usually so booked that getting them in more than one time a month is difficult."</i>		
<i>"The problem with mental health issues is no insurance, little availability to good help. All they want to do is prescribe pills, no one ever wants to find out why...they don't want to talk just hand out antidepressants."</i>		
<i>"To get a mental health appt. you must make an appt., then wait one to three months, do intake, then make an appointment for one to three months to see a therapist or doctor. You are treated rude or ignored most of the time."</i>		
<i>"The low cost and free mental health care services my XXXX was able to access were not productive in any way. The individuals who assisted her were not of the same standard as in the private sector. They did not come across as being well educated, experienced, or even concerned enough to truly help her."</i>		
<i>"No response to voicemails left at XXXX."</i>		
<i>"Dr.'s were not able to provide the help that I wanted for him, and also it takes a long time."</i>		
	Frequency of Responses	
<b><i>Theme: Cost</i></b>	<b>26%</b>	
<i>"I'm afraid of the bill...sometimes its difficult to buy a bottle of aspirin (generic) for a headache."</i>		
<i>"Insurance and money"</i>		
<i>"Not being insured and the cash price was too much."</i>		
<i>"In some cases you have to be low income and qualified for other government help, so if you are a hard working person but at the same time can't afford to pay for insurance you have to choose to put food on the table."</i>		
<i>"I was unable to find services that met my needs. I am sure they are available but the only service I could find, I was not able to afford."</i>		

**Qualitative Responses Maternal Child Health**

Open-ended questions specific to Maternal Child Health were also added to the web-version of the survey. Questions were designed to illicit information and ideas for improving access to maternal and child health care. Responses were gathered via SurveyMonkey©, and analyzed for recurring themes. Table 4 presents some of the respondents’ verbatim responses as well as frequencies of themes.

Table 4 Frequency of responses to survey questions regarding Maternal Health Care.	
Survey Question	Response
<b>What do you believe is the largest barrier to pregnant women starting maternity care early in their pregnancy?</b>	Frequency of Responses
<b>Theme: Inadequate or no insurance and cost</b>	<b>43%</b>
“Cost – so many of the tests are not covered fully by insurance.”	
“Cost – during my last pregnancy, we had crappy insurance and I even waited until about three months along to go in and be monitored because my deductible was so high.”	
“Financial concerns – even women who have insurance may not be able to afford the co-payment or to take time off from work. Women who have no insurance may also lack transportation and if working, may not be able to take paid leave time from work.”	
“Most of the clients that I see have a hard time getting in to see a doctor because they are trying to get on Medicaid. Sometimes it takes while for the Medicaid to get approved.”	
“Getting an appointment in a reasonable amount of time while waiting for Medicaid to kick in.”	
“That Medicaid is only guaranteed for 45 days some women wait till later in the pregnancy to apply to ensure that [the] hospital bill will be payed.”	
	Frequency of Responses
<b>Theme: Access (Lack of physicians)</b>	<b>26%</b>
“Lack of qualified ObGyn’s close to my home – the distance to a hospital where a qualified ObGyn works at [is too far] I have a vehicle but for women I have known who do not have transportation as there are no buses in our area.”	
“It’s hard to get an appointment early on because the physicians have so many patients.”	
“Having health care in a convenient location. Having transportation to reach the location.”	
“Back-logged doctors.”	
“Getting an appointment with a physician. There are usually long wait times for an appointment with a physician, especially if you are a new patient. Also there can be barriers if you have no insurance.”	
“Difficulty accessing early care. Early appointments not available.”	
“Lack of appointments in the public and private sector. The private sector is about 4-5 weeks wait.”	
	Frequency of Responses
<b>Theme: Education</b>	<b>16%</b>
“Lack of education regarding the importance of prenatal care.”	
“Knowledge about assistance.”	
“Not knowing how to go about it.”	
“Not realizing the necessity of being under the care of a doctor and what it can mean to her and her baby.”	
“Knowing where to go to get good quality care and affordable.”	



Table 4

Frequency of responses to survey questions regarding Maternal Health Care.

Survey Question	Response
<b>What do you believe is the largest barrier to teens accessing maternity health care?</b>	Frequency of Responses
<b>Theme: Fear</b>	<b>53%</b>
<i>“Most likely they are afraid of telling their parents.”</i>	
<i>“Hiding the truth of the pregnancy”</i>	
<i>“Fear of pregnancy being discovered.”</i>	
<i>“I bet the largest barrier is fear – afraid to get help or ask for help and HAVE NO CLUE how to access help.”</i>	
<b>Theme: Lack of Knowledge</b>	<b>34%</b>
<i>“Not knowing what to do and where to go to get help and the importance of care.”</i>	
<i>“Lack of understanding of its importance.”</i>	
<i>“Maybe there should be more education and resources available. Many teens tend to hide their pregnancies for a time and don’t seek health care right away.”</i>	
<i>“Denial and lack of awareness about resources available to them, and the need to utilize them early.”</i>	
<i>“Not having a lot of education as far as pregnancy, prevention. XXXX had an excellent program for teens until the age of eighteen, until the governor took that away. Where is the prevention?”</i>	
<b>Name one key idea for preventing teen pregnancy in Polk County.</b>	
<b>Theme: Education (Both abstinence as well as birth control methods)</b>	<b>66%</b>
<i>“Being able to get them the proper birth control and safe sex methods and education at home and at the schools. Parents are in denial about their children and their sexual activity.”</i>	
<i>“Awareness. Sex Education classes need to be taught in the high schools. They need to bring in someone who is in that position (pregnant &amp; a teen) and show them the consequences and how it has affected their life. The ups &amp; downs. I don’t believe teens these days realize how much responsibility is involved and exactly what the consequences of having sex, not to mention all the STD’s, etc.....out there. The kids need real human beings to share their personal story with them.”</i>	
<i>“Education. Not a new idea, but maybe starting in elementary school.”</i>	
<i>“Protection!! They won’t let you talk about protection in school and teens don’t know where to get protection if they want it or what is available to them. Yes waiting to have sex is ideal in the “perfect world” but teens having sex now are not going to stop. They need basic education – that is not provided to them in school.”</i>	
<i>“Educate, educate, educate – sex education from 3<sup>rd</sup> grade and above with a parent present for instructional activities – perhaps presented after school.”</i>	
<i>“I believe in abstinence but I also believe that we need to get our heads out of the clouds, and be realistic about what today’s teens are really doing. There needs to be more education on what is available regarding birth control and how to get it.”</i>	
<b>Theme: Distribute birth control (via schools and programs)</b>	<b>17%</b>
<i>“Providing information and providing protection.”</i>	
<i>“Comprehensive sex education in the schools with the focus on contraception not just abstinence.”</i>	
<i>“I believe that teens should not only be introduced to abstinence, but they should be provided with contraceptive devices. The reality is, teens are sexually active, and we can prevent these teens from becoming pregnant by providing them with condoms, birth control, etc.”</i>	
<i>“More accurate birth control information given in the school system.”</i>	

Table 4  
*Frequency of responses to survey questions regarding Maternal Health Care.*

Survey Question	Response
<i>“ACCURATE abstinence info followed by low cost, accessible, and effective contraception.”</i>	
<i>“Birth control education in school (school health).”</i>	
<i>“Give school nurses the authority to give birth control in school...”</i>	
<i>“Increase sex education and birth control methods in high school.”</i>	
<b><i>Theme: Increase programs and activities</i></b>	<b>11%</b>
<i>“Activities that they can afford financially and time wise.”</i>	
<i>“Have more activities to keep them occupied so they don’t have time to waste...”</i>	
<i>“Programs with more one-on-one interaction”</i>	
<i>“Provide challenging activities for high risk youth, mentored by a positive role model.”</i>	
<i>“Programs and seminars with young females.”</i>	
<i>“Esteem building programs and mentoring with other older women who will listen and provide a safe place for young women...”</i>	

***Summary Findings***

The results of this survey illustrate the importance of health education efforts for all Polk County residents. Lack of knowledge about how to become healthier as well as accessing programs to help them become healthier, stood out as the most important need for all groups, including gender, race/ethnicity, and income level. Those with higher income levels reported higher knowledge levels in all categories. This is not necessarily attributed to the residents’ annual income, but rather, is perhaps more reflective of the educational attainment level of those individuals. Those at the income level of less than \$29,000 annually had the greatest need for increased health education efforts in all categories.