Lincoln county

Health Equity Data Analysis

Evaluation Summary

2nd Edition

Fall 2017

Marketing Campaign Evaluation

# Data summary

## Purpose

During the fall of 2017, Southwest Health and Human Services (SWHHS) conducted focus groups and key informant interviews with residents, 55 years of age and older and professionals who serve residents from Lincoln County, MN. The purpose of these activities was to gather input from the community regarding the unique health needs of the communities in Lincoln County. Participants were given a $15.00 gift certificate for their local grocery store in exchange for taking part in the focus group or key informant interview.

## Method of data collection

Southwest Health and Human Services staff asked local service providers to help recruit participants for the focus groups and key informant interviews. Four focus groups and eight key informant interviews were conducted with residents, 55 years of age and older, of Lincoln County. Twelve questions were asked of participants, with several probing questions available to ensure adequate information was received.

## C:\Users\ann.orren\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\5749AFSA\ivanhoe.jpgSTRENGTHS OF LINCOLN COUNTY

Throughout this process, residents discussed the strengths of their communities. Examples include having a supportive community, with many volunteers, active social clubs, helpful neighbors, and a tight-knit community. The groups also frequently mentioned the importance of the church in their community as well as resources such as local grocery stores, clinics, first responders and pharmacies.

## Participant Responses

**Definition of Health**

When asked about their definition of health, participants’ responses included having the ability to participate in the community independently, feeling good physically and mentally, and eating healthy. Other answers included being able to enjoy retirement, being socially active, having a positive attitude and finding joy in life.

*“It’s important to laugh every day.”*

**Health issues/barriers to health**

Common health issues included chronic conditions such as diabetes, cancer, kidney disease, obesity, respiratory issues, Alzheimer’s/Dementia, effects of Agent Orange, and general aches and pains. Other health related issues included environmental concerns, such as pesticides, insecticides, and radon levels. Participants also reported a lack of social opportunities in their community, leading to isolation.

Barriers to good health included limited access to healthcare due to insufficient transportation options, limited healthcare plan coverage and inadequate choices regarding physicians and specialty care. Several conversations also revolved around older residents only seeking medical services when there is something wrong. Regular check-ups would help prevent or lessen the severity of many chronic conditions. Health professionals would have the opportunity to provide education and assist in managing conditions.

*“Many problems could have been caught earlier.”*

**Resources or Supports Utilized**

The main sources of health information are by word of mouth, newspaper, physicians, TV and the internet.

Commonly utilized resources included grocery stores in each of the communities, programs such as NAPS, the food shelves, Senior Dining and Meals on Wheels. There are a few fitness centers in the county, although the cost is a barrier for some residents. Classes such as Bone Builders and Matter of Balance are seen as a valuable resource as well.

While some participants reported a lack of community support as a barrier to being healthy, others commended their community for being tight-knit and willing to volunteer. An increase in volunteers, especially younger adults could aide in activities like delivering groceries or Senior Dining meals.

Participants also discussed their appreciation for the hospitals, clinics and pharmacies that are in the county, but were quick to mention that the services are inadequate because of limited open hours and insufficient access to specialists.

*“I wouldn’t survive without this box.” (Referring to food provided by NAPS program.)*

**Social Activities/Supports**

Participants reported staying socially active by participating in church and library events and various community clubs. The local cafés, libraries, gas stations and senior dining sites also serve as a place for residents to congregate. Also mentioned was the importance of volunteering and the impact on the community. Staying physically active by joining a fitness center or participating in classes such as Bone Builders was also seen as a way to stay socially active.

When asked what SWHHS or other community organizations could do to support older adults in Lincoln County, members of the group mentioned the need for additional volunteers, more access to physical fitness opportunities during the cold months of winter and during extreme heat. Participants also mentioned the need for more intergenerational activities.

**SHIP related questions**

**Physical Activity**

Participants found resources like the golf courses, fitness centers and exercise programs useful for being physically active however; many cannot afford the cost of membership. The use of walking paths and trails are dependent on the weather and many participants mentioned concern of falling.

Physical limitations were also reported when discussing barriers to health. Fear of falling and general aches and pains make activity more difficult. The weather also kept residents from utilizing the trails in the winter.

In general, residents were much more likely to partake in activities if their peers were also involved. Many mentioned that a simple personal invite is effective at getting more participation.

**Healthy Eating**

While local Farmer’s Markets and grocery stores are assets in the community, each group mentioned that there are barriers associated with them as well. Farmer’s Markets are only open seasonally and for a short time each week. There are usually very few vendors, which limits variety. The option of getting groceries delivered in town is appreciated, but fresh fruits and vegetables and other healthy food options are often more expensive in smaller local grocery stores, making it more economical to purchase less nutritious foods.

There is a bus service that will transport residents to larger communities for grocery shopping, but the cost is too much for some and there is a restriction on the amount of groceries allowed on the bus.

Several mentioned that cooking for only one or two people is difficult. Educational opportunities for general nutrition information and education on how to cook smaller portions would be appreciated. Participants even mentioned having groups get together to cook and then each taking smaller portions home.

Senior dining, the NAPS program and the Meals on Wheels programs were mentioned as a strength to each community, but the nutritional value of the food/meals varied between programs. Overall, participants expressed appreciation for the services and options available in their community, but felt there were ways to improve. For example, residents stated that if they knew what was included in the NAPS boxes prior to them being delivered, residents could be better equipped to prepare the food.

Pride was also a common theme in each group. It’s thought that many community members don’t utilize certain programs because they are seen as “welfare”. Suggestions for improving this were to reframe the marketing for these programs and speak with people face to face to encourage use. Again, it seems that having peers taking part was a great incentive for others to attend.

*“Sometimes people just need to be led.”*

**Awareness of tobacco use**

Overall, participants were aware of the dangers of tobacco use. Anti-tobacco campaigns are widely seen. There does not seem to be high use of electronic cigarettes in public places, but traditional tobacco products (cigarettes, cigars, and chewing tobacco) are seen used outside of bars and restaurants or during work breaks, outside of businesses.

 *“Everyone should know they are not good for them”*

While the dangers are widely known about tobacco, participants still thought prevention efforts were important, especially among youth. They also appreciated that it is difficult for users to quit.

Recommendations for helping users quit included reducing stress and utilizing the Helpline and other cessation tools. Increasing tobacco regulations was mentioned several times as a way to keep youth from starting. Participants mentioned increasing the age to 21 to purchase tobacco as well as raising the cost of tobacco.

*“It’s an addiction, so it can be hard to quit”*

## recommendations

Based on findings from focus groups and interviews, several recommendations could be considered. Some recommendations are program specific and some will take several organizations and community involvement.

**Physical Activity**

* Local schools allow residents to walk in their buildings before and after school-free of charge
* Increase the programs available through The Minnesota River Area Agency on Aging
* Collaborate with other service providers for recruiting participants and trainers
* Apply for Live Well at Home grants. Meet with community members to determine priorities

**Healthy Eating**

* Expand or extend Farmers Markets in all communities
* Pursue Farmer’s Market Nutrition Program (exclusive for seniors) to help address healthy food accessibility. (requires considerable organization for Farmer’s Markets and an increase in access to produce during summer months.)
* Better and more frequent distribution of summer produce already in the area. Marketing for not only those who would utilize the produce, but also those who have an abundance and who are willing to share is important for the success of this
* Grocery stores
	+ Extend their delivery options or provide additional transportation opportunities
	+ SHIP could offer services to local grocery stores for store assessment, identification of healthy options, messaging/educational materials. (Nutrition Network)
* Educational opportunities for older population i.e. cooking class for how to cook for one, how to can garden goods, chronic disease education, etc. (collaborate with ACE and U of M Extension)
* Improved Food shelf access –Hendricks has none, Lake Benton by appt. only, Ivanhoe is in the old hospital with limited hours
* Backpack program for older members at churches

**Healthcare**

* Provide additional education on the importance of preventative services and understanding health insurance
* Implement/expand telemedicine opportunities
* Increase opportunities through MNRAAA and ACE; like Communities for a Lifetime, Live Well at Home and Senior LinkAge Line
* Work with directors of home health agencies on providing training for staff so they can adequately promote healthy food options; healthier choices. (Hendricks, Avera, Prairie River, Wild Rose, Prairie Home Hospice, Golden Home Care)
* Increase Veteran’s Services to include local providers
* Provide transportation of prescription medications between clinics, pharmacies and hospitals within the county for easier access
* Partner with local hospitals/transit to offer free rides to and from appointments

**Transportation**

* Improve access of transportation for residents through continued partnerships with United Community Action Partnership (UCAP) and Community Transit
* Increase number of volunteer drivers and reimbursement of drivers by collaborating with United Community Action Partnership and Community Transit

**Promotion/Awareness of existing resources/programs**

* Identifying existing community assets
* Increase awareness of programs offered in Lincoln County. This would require collaboration between: ACE, Extension, UCAP, Community Transit, SRDC, SWHHS, local hospitals/clinics/home care providers, etc.
* Increase awareness of local trails. Ensure trails are properly maintained
* Utilize specific marketing strategy or reframe resources for programs such as the Food Shelfs, NAPS and Meals on Wheels for better utilization (not welfare)
* Engage in dialogue with local government regarding barriers, trends to overall wellbeing in Lincoln County
* Encourage informal supports. Informal ride shares to through Church.

**List of acronyms:**

SWHHS-Southwest Health and Human Services

SHIP-Statewide Health Improvement Partnership

ACES-Advocate, Connect, Educate

MnRAAA-Minnesota River Area Agency on Aging

SMSU-Southwest Minnesota State University

NAPS-Nutrition Assistance Program for Seniors

BCBS-Blue Cross Blue Shield

UCAP-United Community Action Partnership

SRDC-Southwest Regional Development Commission

**List of Questions asked during focus groups and key informant interviews**

1. What does being healthy mean to you?
2. What are the greatest health issues you hear about or observe as concerns among adults 55 and over in Lincoln County?
3. What makes it difficult for you to be healthy? What do you see as the main barriers to good health for you? …for adults 55 and over in Lincoln County?
4. What resources or supports do adults 55 and over in Lincoln County use to be healthy? Where do they primarily get health-related information?

**Social Supports**

1. What ways are adults 55 and older in Lincoln County socially active in their community? (volunteer, church, membership in organizations, etc.) What could SWHHS or other community organizations do to support the active involvement of older adults in your community?

**Physical activity questions**

1. What makes it easy for you to engage in physical activity, like walking, biking, gardening, dancing, etc. in your community? What makes it difficult? *(PROBE: Is there anything specific about* adults 55 and over in Lincoln County *that SWHHS should know regarding physical activity and what would help* adults 55 and over in Lincoln County *get more physical activity?)*
2. What types of supports would help older adults engage in more physical activity? What are some specific ways would you suggest SWHHS or other community organizations get involved in supporting physical activity?

**Healthy eating questions**

1. What makes is easy for you to eat healthy foods (i.e., eating more fruits, vegetables, whole foods and less sugary, processed, and/or high fat foods)? What makes it difficult?

**Tobacco use questions**

1. To what degree are you aware of the effects of the use of tobacco on health?
2. Where do you notice people smoking in the community (places you frequent) (e.g., smoking, e-cigarettes, smokeless tobacco)?
3. What makes it difficult for people to quit smoking? What would make it easier for people?

**Closing question**

1. Is there anything you would like to share with SWHHS about health in adults 55 and over in your community that we did not cover during this discussion?