

Health

Focus Group Discussion Notes

April 30, 2009

The United Way of Monmouth County (UWMC) Health Focus Group Discussion was held on April 30, 2009 from 9:30 AM to 11:30 AM at the New Jersey Natural Gas Building, Conference Rooms C, D & E, 1415 Wyckoff Road, Wall, New Jersey.

Facilitator

Lynn Goldhammer, Consultant

Participants

Mary Pat Angelini, Prevention First
Carol Ann Armenti, Ocean Monmouth Legal Services
Samantha Caiola, Big Brothers Big Sisters
Kristen Creed, The Arc of Monmouth
Nina Goossens, Visiting Nurse Association of Central Jersey
Rita Gulden, CASA of Monmouth County
Steve Horvath, Division of Mental Health and Addiction Services
Phyllis Kinsler, Planned Parenthood of Central Jersey
Janice Krolack, Community YMCA Family Services
Steve Lazar, Community YMCA Family Services
Tim Lockwood, Wegmans
Mary Nicosia, Parker Family Health Center
Kay O'Keefe, Regional Perinatal Consortium
Ronald Povola, Division of Mental Health and Addiction Services
Maryann Roper, CentraState Health Awareness Center
Charlie Ruggierlo, Providence Medical Center
Charlotte Scafani, Monmouth County Health Department
Dr. Anna Sweaney, Providence Medical Center
Anne Torre, Parker Family Health Center
James Wallace, Division of Mental Health and Addiction Services
Carla Ward, 180 - Turning Lives Around
Cindi Westendorf, 180 - Turning Lives Around
Julia G. Zapcic, CPC Behavioral Healthcare

UWMC Staff

Christine Jagerburger, Director of Community Impact

Overview/Background

UWMC is hosting seven facilitated focus group discussions in support of our Community Impact Transformation process. The Health focus group is the seventh in the series. This focus group specifically examines:

- Data from the Population and Health sections of the Social and Demographic Report
- Responses to the Community Leaders Survey question concerning Abuse/Neglect, Maternal and Infant Health, Mental Health, Physical Health, Substance Abuse, Barriers to Service and Additional Information

Please refer to the attached PowerPoint presentation for an overview of Community Impact and for the Health focus group's agenda & outline.

Discussion Topics

- What are the most critical Health issues, which includes: abuse & neglect, maternal & infant health, mental health, physical health and substance abuse issues
- What are the root causes of those issues
- What are the “best practices” to address those issues

Abuse and Neglect

Issues

- Gang violence
- Domestic and sexual violence
- Not providing health care for children
- Nursing facility abuse
- Bullying
- Elder abuse
- Child abuse
- Abuse towards women
- Teen dating violence
- Stalking
- Emotional abuse

- Use/impact of technology to perpetuate abuse
 - Harassment on-line and cell phones
 - Cyber bullying
 - kids are more connected to each other than to their family
 - Feels less personal through technology
 - Immediacy of the info
 - things people/children could have coped with if they had more time, but now 30 people know all at once, creating another type of stress
 - “sexting” – sending pictures that will embarrass

Underlying Root Causes

- Lack support/supervision at home of children
- Lack of knowledge of resources
 - where to go and who to turn to
- Lack of awareness of stressors that lead to abuse and neglect
 - Unemployment
 - Under- employment
 - Over employment (working too much time)
 - Financial stress
 - Substance abuse
 - Easy access to legal and illegal drugs: easy to get, cheap
 - Availability of alcohol in the home; purchasing through an older person
 - Mental health issues
 - Deterioration of family unit
 - Media
- Lack of awareness of healthy relationships

- Socio economic status
- Minority status
- Lack of education/vocational training
- Lack of medical coverage/insurance
- Lack of family/support systems
 - Isolation
 - No extended family
 - Grandparents/extended family may be substance abusers
- Lack of parenting skills:
 - Lack of knowledge of non-violent discipline skills/communications
- Lack of supervision in schools
- Lack of healthy coping skills
- Perpetuation of abuse
 - Abused children tend to abuse
- Cultural differences/issues
- Perpetuation in media and cultural icons – glamorizing unhealthy behaviors/violence

Best Practices

- Trauma treatment for abused individuals: sooner the better
- Specifically for child abuse: preventative programs and home visitation programs for at risk families before children are born
- Cultural competency
 - Other counties don't take children away if abused/neglected, parents don't understand it's even possible
- Teaching teachers and health care providers to notice signs of abuse
- Teen violence: Need to get awareness in schools:
- Schools having access to the data, and information/awareness on violence and how to protect oneself from pregnancy, disease and abuse
- Appropriate and effective leverage: legal systems, etc: sense of consequences

Maternal and Infant Health

Issues

- Lack of pre-conception healthcare practices
 - If women are not healthy before they become pregnant has negative impact
 - Gaps in health care system
- Substance abuse by pregnant women
- Mental health and domestic violence issues
- Lack of early pre-natal care
- Teenage pregnancies
- Post partum depression
- Premature births; low birth weight

Underlying Root Causes

- Lack of insurance and under-insurance
 - People don't know how to get insurance for children and pregnant women
 - There is more available than most people realize

- Every child under 18 is required to be insured, but there is a delay in getting the information so, don't have the care early
 - Some don't bring the children for care, even if they are eligible and covered
 - Lack of knowledge, working hours, transportation, etc.
 - Too much/too complicated of paperwork - overwhelming and confusing
- Reduced number of obstetricians:
 - System issue in that there are not enough opportunities for full care
- Lack of information/knowledge of available services
 - People are not getting early pre-natal care because they don't know where to go
- Lack of understanding and practice by employees and providers regarding what their customers are eligible for
- Denial of pregnancy
 - Fear of system
 - Fear of retribution of their own social systems/family,
 - Substance abusers don't want to lose custody, face arrest, etc.
- Teenage pregnancies
 - Don't want parents to know
 - Pregnancy as a status symbol in High Schools
- Lack of value of pre-natal care
- Lack of education on premature births and low birth weight babies
 - can be a major problem at birth and beyond
- Lack of support for single mothers and knowledge of how to care for an infant
- Lack of knowledge for parents
 - Don't know developmental norms/what's appropriate at different stages/age appropriate
- HIV
 - More manageable with early identification
- STD's
 - Easily addressed early, but impact birth health
- Cultural issues
 - Getting people to see a Doctor, some only want a female Doctor.
- Rate of unplanned pregnancies
 - (30-50% of all pregnancies at all socio-economic levels)
 - even if getting care, it is later in the pregnancy: best outcomes if prepared in advance following care and best practices before getting pregnant

Best Practices

- Education that starts in grammar school:
 - some getting pregnant before even knowing what it is
- Professional standards for all health care providers:
 - Ex: Review of approx. 100 hospital records (Mon-Ocean) where newly delivered mother had no prenatal care; documentation of family planning/birth control education rarely found.
- Affordability of birth control methods

Mental Health

Issues

- Education and self awareness
- Acceptance by population/stigma
- Affordability of care

- Mostly uncovered by insurance, and low reimbursement rates if it is covered
 - Public system is overwhelmed by need resulting in long waiting lists for people in crisis
- Lack of correct and appropriate diagnosis and treatment
- Suicide – especially among teens
- Criminal behavior
- Criminalization of mental illness
 - imprisoning rather than treating
- Co-occurrence of substance abuse and mental illness
- Co-occurring developmental disabilities and mental illness
- Senior mental health issues
 - Tend to feel very isolated, undiagnosed, greater stigma in that age group
- Lack of continuity of care from in-patient and out patient
- Adolescence and young adults
 - Few program for aging out youth
 - Assessment of children for mental illness
 - Children are over stressed with competition

Underlying Root Causes

- Impact of Insurance companies regarding the amount of care given
 - Example: 2 weeks detox for heroine with “good” insurance, 3 days with “bad”
 - Lack of standards
- Negative environment
 - Even if receiving good treatment, patients go back into same situations that drive them back to old behaviors
- Medication compliance
 - Cost
 - Stigma of taking medication
- Lack of dual diagnosis programs
 - Co-occurrence of substance abuse
 - Mental health professionals lacking consideration of substance abuse in patients
 - Co-occurring developmental disabilities and mental illness
 - As well as physicians who treat both
- Police and health care providers are required to look at state registered mental health information, but they don't
- Continuum of mental health that addresses and differentiates between temporary situations that can be addressed with coping skills and medication, and that which is more of “mental illness”
 - Some mental illness is chronic and some is not
 - 25% of the population may have a treatable mental/emotional issue over the course of a year; without treatment recovery is slower
- Lack of coordination between mental and physical health
 - Need to reinforce the connection
- Lack of community education about mental health issues
- Sigma
 - If identified as having mental illness people fear loss of life insurance, loss of privacy, qualification for work or services
 - May pay full price for meds at non-work place pharmacy to avoid anyone finding out
- Denial
- Lack of coping skills and life skills
- Lack of supporting housing for mentally ill
- Impact of parents mental health on the wellness of the child's mental health

- Lack of professionals through the school systems to address and meet needs

Best Practices

- Teach coping skills early/in schools/communities; awareness campaigns
 - Example: Test anxiety: what is it, how to cope with it
- Support and education for family members
- Anti-stigma practices
- Better housing for mentally ill, and supervised housing especially if medication is need
- Use of licensed practitioners and facilities
- Create equal standards in state psychiatric hospitals and community programs
- Developing ways to attract young people into the field of mental health

Physical Health

Issues

- Stress
- Addiction
- Obesity
- Treatment focused rather than prevention
- Insurance
- Life styles
- Environment – toxic physical spaces
- Chronic disease: diabetes, asthma, hypertension, cancer...
- Lack of knowledge of the Mind - Body connection

Underlying Root Causes

- Culture
 - “Keeping up with the Jones’s”
 - Stuff!!!
 - Our culture is programmed to ensure we make all the wrong choices
 - cost of education, design of communities, whole national culture
 - Cultural perception of what a healthy baby looks like
 - Cultural differences/influences
 - some cultures take pride in being seen as healthy and may avoid prevention before getting ill
- Life style
 - Diet
 - Exercise
 - Supersized-society
 - Stress
 - Glamorization of life style choices
 - Socialized drinking, smoking, partying, and drinking at home especially if upset/stresses
 - sets a coping style
- Parenting
 - Education for children at home and school
- Low rate of breast feeding
- Access to health care
 - Lack of primary care
 - Lack of insurance

- Treatment for crisis is easier to get than prevention
- Can get more/better treatment if sicker
- Lack of focus on preventive care
- Procrastination
 - Wait to see if it goes away or when it is more convenient to address
- Fear and denial of certain health care issues
 - Example: don't want a mammogram because don't want the answer
- Lack of physicians willing to take Medicaid
- Lack of partnering on good health practices
- Lack of individual responsibility, options and empowerment
- Lack of holistic approach/and holistic
- System not available after hours (9-5)
 - Have to give up work days/pay to get treatment
- Rapid world travel
- Speed at which we move

Best Practices

- Improve physician education
- Support for physicians to treat patients regardless of ability to pay
- Utilization of mid-level professionals

Substance Abuse

Issues

- Prescription abuse
- Access to treatment
- Treatment for pregnant women
- Childhood drinking and drugging/underage use
- Co-occurring disorders
- DUI-driving while under the influence

Underlying Root Causes

- Accessibility/availability of substances
- Lack of early identification, intervention and treatment
- Peer influence/peer pressure
- Family factors
 - resistance and lack of cooperation
 - Family history
- Lack of resources for treatment
 - Limited resources to meet demand for services
 - Waiting list
- Social expectations
 - Glamorization by media
 - Community norms
 - Culture
- Stigma
- Gang influence
- Lack of understanding of disease concept

- Depression
- Bad choices for coping with stress

Best Practices

- Improve physician's knowledge of substance abuse and medication
- Education on consequences of substance abuse
- Treatment including the family
- Creating alternate social norms
- Treatment network that covers and continuum of care for all modalities seamlessly
- Mentoring programs and community involvement
- Support groups, sponsors,
- Resistance education – peer to peer
- Relapse prevention programs
- Cold hard facts
- Licensure for clinicians and facilities

Overall issues

- Transportation is a key issue for people to receive treatment/access services
- Fragmented healthcare systems impact all of these issues
- Not addressing health as a system issue:
 - Trying to address these many issues as individual issues rather all part of a system where one thing impacts another: it's all continuing problems
 - Impact: wasting a lot of resources, duplication, delays

Overall Best Practices

- Focusing on prevention
 - Ensuring there is funding for prevention
- Early identification and intervention
 - Ensuring we are partnering awareness programs with treatment programs – get immediate matchup of resources to needs
- Expanding community education/awareness on health issues
 - Provide training to educators and parents
 - Information dissemination
 - Information in different languages for different sources of assistance
 - English as a second language services
 - Cultural and linguistic competencies
 - For example: 4 major counties of origin who are Spanish speaking, but different cultures – especially important in services provided
- Implementing evidenced based programs/ science based for prevention and treatment
- Improve training, standards and support for people employed in health related fields
- Overall coordination of health care services and programs
- Multi-disciplinary healthcare teams
- Mind/body/spirit approach