

Champions for Colorado School-Based Clinics

Grand County Key Informant Interview Summary

With feedback from the Grand County Rural Health Network (GCRHN), Youth Healthcare Alliance designed a Key Informant Interview <u>questionnaire</u>, which Youth Healthcare Alliance then used to interview five people in Grand County. The Community Advisory Council (CAC) for GCHRN was interviewed as a group as well, and GCHRN also interviewed 2 additional individuals. This totals 8 completed interviews, with the GCRHN CAC counting as 1 interview. KII was conducted in February and March of 2023. The KII questionnaire was designed to gather feedback from both West and East Grand County key community members. The questionnaire included questions about health needs and access points in each school district and across the county, especially for young people across different service areas, as well as the need for and suitability of a school-based health center (SBHC). The interviewees represented the following organizations:

- Grand Foundation
- Private Mental Health Practice
- Grand Beginnings
- Homegrown Talent Initiative
- Middle Park Health
- Mountain Family Center
- Mind Springs Health (mental health provider)
- East Grand School District school health staff
- West Grand School District school health staff
- Community Advisory Committee (other members)
 - Summit Community Care Clinic
 - Grand County Public Health
 - Grand County Human Services
 - Pregnancy Resource Center
 - o Private mental health provider
 - Private psychiatrist
 - Private dentist

Youth Healthcare Alliance completed the theming of the responses, based on the number of interviewees who mentioned that theme. This does not count the number of times an identified

theme was raised by the interviewee, meaning the number of responses does not weight the prevalence with which a theme was referenced over the course of the individual interviews, only the number of individual interviews in which it occurred at least once. Each theme serves as a category where other items mentioned could have fit under that theme – for example, the mental health category includes mentions of the word "depression," "anxiety," as well as the direct use of the term "mental health." Substance misuse has its own category, and it is separate from mental health and behavioral health (which typically means both mental health and substance use).

We conducted the interviews intending to uncover similarities and differences between East Grand County School District and West Grand School District. The school health staff within each district spoke about the unique qualities of the district where they work, and other interviewees were more able to speak to the county as a whole. All interviewees noted cultural and access differences between West and East Grand, in that East Grand had more "urban-like" centers and ease of access and was closer to the Denver metro area to get more services. They also noted that West had fewer resources, higher relative needs, and was more rural and culturally individualistic. Beyond that, the responses tended to be more focused on the whole county.

QUANTIFYING THE THEMES

We uncovered specific themes that had arisen across all interviews when discussing the health needs of the community as well as the possibility of building SBHCs in each district. The top theme that was the most pervasive across all conversations was mental health – the need for more care in the community as evident by various anecdotes and experiences – and the openness among all interviewees in finding solutions to this challenging problem, especially in the form of a SBHC. As one interviewee noted, youth mental health is not unique to Grand County, but is particularly challenging given its rural nature and lack of robust transportation infrastructure that prevents people from seeking the care they need in a timely manner.

We categorize the top themes in each district below, noting how many interviewees named the specific theme. We did not count the number of times the individual interviewee brought up the theme.

For East Grand County, the following themes were identified through the eight key informant interviews (the CAC counts 1 interview):

Theme	# of KII Respondents
Mental health	8
Care for Spanish-speaking population	5
Behavioral health	5
Food insecurity/Nutrition	4
Transportation/Distance to care	5

Substance misuse	4
Dental health (need for more providers and education)	4
Preventive care for Medicaid and uninsured	3
Housing	2

For West Grand County, the following themes were identified because of eight key informant interviews (the CAC counts 1 interview):

Theme	# of KII Respondents
Mental health	8
Access to care	3
Care for Spanish-Speaking community	3
Dental health	3

OUALITATIVE THEME ANALYSIS

Mental health was the topic that came up repeatedly, across all interviews pointing to it as a very clear need to be addressed across Grand County. The following quote from one key informant reflects the overall sentiment of all the interviews: "In my opinion, mental health is by far the top priority." Interviewees indicated that the SBHC could be a potential solution to this particular challenge.

Interviewees also mentioned that the advantage of living in Grand County is how small it is population-wise, as one said: "Overall, the biggest part for all of us here is that we are so close-knit that it makes it feel like we are not alone in doing anything. That's why I really like the community." And another said: "I feel like we collaborate across all levels with different services, and we are very fortunate for that. Those ties are really strong, and we are so rural that you really have to be able to do that to meet all the little pockets in the community." Living in a small community where people know many of the key players works to one's advantage when making systemic changes as you are able to collaborate. However, another interviewee pointed out that geographically, the county is quite spread out with physical barriers that make travel to resources longer. And with limited resources, this makes it more challenging to provide timely access to care. Interviewees also mentioned that there is no dedicated pediatrician in the area, so to access pediatric care, residents have to travel outside the county, visit the ER, or see a general practitioner. The SBHC seemed to offer a solution in providing more child- and youth-focused healthcare.

Relatedly, interviewees discussed how integrated care was very much needed, and that was an attractive component of the SBHC model, as one interviewee noted: "You have to go everywhere to get different parts of your body checked out." This pointed out the need for comprehensive, integrated services with a no-wrong-door approach, where individuals can come in for any care they need and it's under one roof. Additionally, interviewees discussed the importance of many different nonprofits and services in the community and how that should be integrated with a new healthcare entity.

Interviewees discussed the specific needs of immigrants and individuals who do not speak English, as they may be less health-literate, may not know where they can access health care, or may not receive services that accommodate their language or cultural needs. As one individual said: "Immigrants don't know what care they can get due to the barriers in communicating. It is hard to watch because parents can't take their kids to get care due to language barrier." Any new access points will need to consider the cultural and language needs of immigrants in the community.

Another population that was identified as in need of better care across a few interviews was the LGBTQ+ population, as they may not receive affirming care in many places in the community. Having a location that can provide confidential and supportive care for these community members was critical for some interviewees.

More broadly, interviewees shared important points about how any new access points needed to integrate the family into the young person's care, as they said: "You cannot consider the needs of the young child without considering the needs of the family. Very important because our system doesn't operate that way." This is critically important given that parents may be living with their own mental health or substance use issues, and the family may need to be treated as a whole unit to be successful.

On a relevant note, interviewees shared how there are childcare challenges across the whole county that compound challenges within health care. On one hand, providers and staff facing childcare challenges may find it difficult to be as available as they're needed, and on the other, families not able to secure childcare may find it difficult to access needed care in a timely manner.

Interviewees raised the need for more regular, comprehensive care systems for adolescents, and that was another important element of the SBHC, as they said: "Adolescents need regular care. We need better systems here."

Further, specific services were raised as needs that the SBHC could likely fulfill. Reproductive health care access is limited in the community, for adolescents in particular. One person shared that "Planned Parenthood was so important for affordable reproductive health care. Planned Parenthood closed because of a loss of funding. The public health agency does not do any reproductive health and they have to go to Denver."

Similarly, dental care came up as a need. Interviewees noted the lack of access for uninsured and Medicaid patients as well as the need for adding more dental access at the school directly. One interviewee noted that schools are integrating more screenings and sealant care, and having a dental chair at the school would be the most logical next step in addressing the needs.

Additionally, immunizations are a need in the community. The public health agency offers immunizations; however, the location may not always be feasible, so having that directly at the school in coordination with school nurses may be helpful.

OUTLIERS

Many interviewees overlapped in the aforementioned topics; however, there were a few pieces that were raised by single individuals. These included the need for more autism care in the community, as well as the need for more specialty care in general. One interviewee asked questions about if the SBHC were to be established, how we were anticipating hiring sufficient providers for it given the workforce shortage statewide, and in the community.

Although one interviewee noted the importance of improving health care for young people who are uninsured or on Medicaid, they noted the concern about missing other populations with that targeted focus. Another interviewee noted a concern about the SBHC fracturing existing systems of care in the community.

CONCLUSIONS

Out of all eight interviewed, six people were interested in serving on the Community Advisory Committee for a possible SBHC and all eight were interested in helping promote the SBHC model and sharing the information with others. Many were also open to collaborating with the SBHC once established so the community could connect across needed resources easily. All the people that were interviewed were very supportive of the SBHC concept, thought it was a good idea, needed in the community, and wanted to be involved in some capacity. Two were less familiar with the model than the others and wanted more information; however, were not directly or strongly opposed.

A few interviewees brought up the following items as being critical aspects of the SBHC model that would benefit their community:

- · Integrated care inclusive of reproductive, dental, and mental health care access
- Having multiple services and supports under one roof in a convenient location that many families access regularly
- Having the SBHC as another option in the community to limit travel challenges, especially for those with multiple jobs

As key leaders of the community who understand the health needs of the two districts, all key informants seemed essential to bring to the table for next steps and to leverage their connections to bring along others as well.