**Barriers/Concerns about Health and Healthcare**

**Maintaining financial viability in the midst of changes related to ACA**

**Mental Health Care- Regional Service Area designations**

**Access and care coordination**

**Use of the ER as primary care**

**Lack of resources and education for patients/clients**

**Ability to affect healthy lifestyles and support behavioral change**

**Driven by: Limited time spent with patients; Lack of social service or community resources for:**

**Chronic disease education and management**

**Lay health workers**

**Classes or other opportunities**

**Health advisor programs**

**Localized examples; Room One, Community Action**

**Transportation-large geographic area**

**Health Literacy**

**Language and Cultural barriers to care**

**Undocumented worker’s reluctant to seek care**

**Separate Tribal health system; different regulations**

**Distrust of health systems and values associated**

**Substance abuse issues with no Inpatient treatment or medical detox options in county**

**More Timely Referrals for Hospice**

**Need of Educational opportunities to doctors and their staff regarding Home Health & Hospice – meds, tests, treatments, how to make referrals, signing of orders**

**Improve Communication between all health care facilities**

**Financial - we have more regulations (both state and federal) to comply with, budget cuts (so less money to implement the increased regulations) as well as consistently higher acuity residents to care for.**

**Staff retention**

**Therapy support - We have limited speech therapy available to us and no occupation therapy**

**We should cultivate active lifestyles by making bike trails, paddle-boarding access on the river, trail access in our forests and parks, ‘Max’ (from LCCH)-type activities with school-aged children, and other exercise- promoting activities.**

**We need to establish health *literacy* with all of the diverse cultures and groups within our county (i.e. Native Americans, Latinos, Geriatrics, Veterans, School-aged Children, etc.) (This means knowing what’s good for us and having incentive to choose to do what’s good for us.)**

**Health care access is critical—by this I don’t mean financial access (our government has addressed that en mass over the last couple of years)—I mean physical access to primary care, inpatient care, and urgent care in a manner that doesn’t drive up costs and combines resources of already-existing providers. Transportation is critical to this access in a county of our size.**

**Transportation for patients to specialty appointments**

**Availability of providers/retaining current providers**

**Communication barriers - interpreters**