



**Community Health Assessment Qualitative Data Report**

**Prepared for:** The BRIGHT Coalition

**Date:** 2/28/2025

**Prepared by:** Kim Link, WKU Associate Professor of Nursing and Allied Health & Co-Director of the Institute for Rural Health

**Table 1. BRIGHT Coalition Community Health Assessment Data Collection Committee Members.**

<b>Members</b>	<b>Employer</b>
Amanda Reckard (Co-Chair)	Barren River District Health Department
Dr. Kim Link (Co-Chair)	Western Kentucky University
Sarah Widener	Med Center Health
Annette Runyon	Med Center Health
Susan Willis	Barren River District Health Department
Olivia McGhee	Barren River District Health Department
Ashli McCarty	Barren River Health Department
Dr. Qingfang Song	Western Kentucky University
Dr. Susan Eagle	Western Kentucky University (at time of data collection)
Lynn Blankenship	University of Kentucky Cooperative Extension Service
Dr. Lauren McClain	Grantibly

**Table 2. WKU Student Assistants.**

<b>Name</b>	<b>Student Status</b>	<b>Department</b>
Ariel Powers	Graduate	Environmental and Occupational Health Science
Blake Kendrick	Undergraduate	Chemistry and Biochemistry (Pre-Med)

### Executive Summary

This report presents the qualitative findings from interviews and a focus group with community leaders representing diverse populations in the Barren River Area Development District (BRADD) region. The goal of this study was to identify key health challenges, barriers to care, and opportunities for improving well-being in the community. These interviews and the focus group were conducted in addition to the Community Health Assessment (CHA) quantitative survey to gain a deeper understanding of community health needs and experiences beyond the statistical trends captured in the survey. While the survey provided broad community-level data on healthcare access, chronic conditions, and social determinants of health, qualitative methods allowed for an in-depth exploration of why these issues exist, uncovering underlying systemic and cultural factors.

The interviews were conducted with key stakeholders who represent populations that experience distinct healthcare barriers, such as individuals from refugee communities, agricultural workers, and older adults. These conversations provided rich narratives that highlighted gaps in healthcare accessibility, provider-patient relationships, and economic challenges impacting health behaviors. The focus group specifically engaged leaders from the refugee community, offering critical insights into the unique healthcare challenges faced by marginalized populations, including language barriers, cultural disconnects with healthcare providers, and mistrust in the medical system.

Key findings from this assessment highlight several pressing community health concerns:

1. **Mental Health Access** – There is a severe shortage of mental health providers in rural areas, compounded by stigma and financial barriers. Many residents delay or avoid seeking care due to fear of judgment and a lack of understanding of available resources.
2. **Chronic Disease Management** – Conditions such as diabetes, cardiovascular disease, and obesity were frequently cited as major health concerns. Limited access to preventive care, poor nutrition, and economic barriers contribute to worsening health outcomes.
3. **Healthcare Accessibility** – Transportation challenges, long wait times for appointments, and the cost of healthcare services create significant barriers to access, particularly for low-income and rural residents.
4. **Provider-Patient Relationships** – Many individuals feel that healthcare providers do not listen to their concerns or understand their cultural and socioeconomic backgrounds. This issue was especially pronounced among refugee and immigrant populations, leading to mistrust and hesitancy in seeking care.
5. **Economic Instability and Health** – Low wages and financial hardships directly impact access to healthcare, nutritious food, and stable housing. Economic struggles were consistently identified as a major determinant of poor health outcomes.
6. **Dental Care Shortages** – There is a significant lack of affordable dental care, particularly for Medicaid recipients and uninsured individuals. Many community members go without routine dental visits, leading to worsening oral health conditions.

7. **Maternal and Child Health** – Gaps in prenatal and postpartum care remain a concern, especially for minority and low-income women. Additional support for maternal health programs and early childhood development services is needed.
8. **Substance Use and Addiction Services** – Substance misuse continues to be a major issue in the BRADD region. Access to addiction treatment programs remains limited, and stigma surrounding substance use prevents many individuals from seeking help.
9. **Food Insecurity and Nutrition** – Many families struggle with accessing healthy foods, often relying on low-cost, processed options due to financial constraints. Expanding food assistance programs and nutrition education initiatives is critical to improving community health.
10. **Social Isolation and Loneliness** – Rural residents, the elderly, and individuals with disabilities experience significant social isolation, which negatively impacts mental and physical health. Community-based initiatives to increase social engagement and support networks are needed.

By integrating these qualitative insights with the CHA survey results, this report presents a more holistic understanding of community health disparities and opportunities for intervention. The findings emphasize the need for increased culturally competent healthcare services, mental health resource expansion, and policy initiatives to address economic and transportation barriers that restrict healthcare access. This report provides recommendations for strengthening health equity and fostering collaborative efforts between healthcare providers, local governments, and community organizations to improve well-being in the BRADD region. Addressing these systemic issues through targeted interventions will be essential to promoting sustainable health improvements and ensuring equitable healthcare access for all residents.

## **Introduction & Methodology**

### **Purpose of the Assessment**

This assessment focuses on the health needs and challenges within the Barren River Area Development District (BRADD) region. The purpose of this qualitative community health assessment was to:

- Identify prevalent health issues affecting residents.
- Understand barriers to healthcare access and social determinants of health.
- Highlight existing community strengths and resources.
- Provide recommendations to enhance community well-being.

### **Data Collection Methods**

The purpose of conducting interviews and focus groups alongside the CHA survey was to capture perspectives from key individuals with particular knowledge or experience regarding hard-to-reach or hard-to-identify populations who would not be reached through the online survey. These individuals included leaders working with refugee populations, agricultural workers, low-income families, and other underserved groups. By gathering qualitative data from these stakeholders, we were able to uncover barriers, cultural considerations, and lived experiences that numbers alone could not fully capture. Participants were selected based on their

roles within the community and their expertise in serving populations facing significant healthcare access challenges. The inclusion of these diverse voices ensures a more comprehensive and inclusive understanding of the region’s healthcare landscape.

Prior to conducting interviews, Institutional Review Board (IRB) approval was obtained from Western Kentucky University (WKU). The interviews were conducted by members of the BRIGHT Coalition’s Community Health Assessment Data Committee between May and September of 2024 via Zoom or face-to-face meetings, and the focus group was conducted in a face-to-face meeting (see Table 3).

The findings in this report are based on qualitative data gathered through:

- Eleven in-depth interviews with community leaders from various organizations across the BRADD region via Zoom or face-to-face meetings (see Table 3).
- One focus group with community leaders who represented refugees from marginalized and underserved populations via a face-to-face meeting (see Table 3).
- Direct quotation analysis was conducted to ensure authentic representation of community voices while maintaining anonymity.

**Table 3. Interview and Focus Group Details.**

<b>Date</b>	<b>Type of Leader</b>	<b>Type of Session</b>	<b>Interviewer(s)</b>	<b># of Participants</b>	<b>Length of Session/Format of Session</b>
5/3/24	Special Needs Population	Interview	Kim Link	1	53 minutes/Zoom
5/14/24	Agricultural Community	Interview	Kim Link	1	48 minutes/Zoom
5/29/24	Community Fitness Facility	Interview	Susan Eagle	1	38 minutes/Face-to-Face
6/7/24	Faith-Based, Offering Services to Underserved and Unhoused Individuals	Interview	Susan Eagle	1	44 minutes/Zoom
6/24/24	Programming for Pregnant and New Mothers	Interview	Amanda Reckard	1	13 minutes/Face-to-Face
6/27/24	Family Resource Coordinators for Local School Systems	Interview	Amanda Reckard	2	51 minutes/Zoom

7/23/24	Organization for Refugee Populations	Interview	Lauren McClain & Sarah Widener	1	57 minutes/Face-to-Face
7/23/24	Community Leaders from Refugee Population	Focus Group	Amanda Reckard, Sarah Widener, Olivia McGhee, & Qingfang Song	7	61 minutes/Face-to-Face
7/25/24	Organization for Low-Income Preschool Programming	Interview	Lauren McClain & Sarah Widener	1	42 minutes/Zoom
8/6/24	Child Abuse Prevention Organization	Interview	Lauren McClain	1	46 minutes/Zoom
8/26/24	Organization for the Aging	Interview	Amanda Reckard	1	53 minutes/Zoom
9/27/24	Substance Abuse Treatment Program	Interview	Amanda Reckard & Olivia McGhee	1	23 minutes/Zoom

## Thematic Analysis

Thematic analysis was conducted to systematically identify patterns and recurring themes within the qualitative data. Thematic analysis is a qualitative research method used to analyze text-based data by identifying and categorizing key themes that emerge from participants' responses. This process involved:

- **Familiarization with Data:** Reviewing all interview and focus group transcripts to gain an overall understanding.
- **Initial Coding:** Assigning labels to relevant sections of text that relate to key health concerns, barriers, or community strengths.
- **Theme Development:** Grouping similar codes into broader themes that reflect overarching issues within the community.
- **Review and Refinement:** Ensuring that the themes accurately represent the data and align with quantitative findings from the survey.

By applying thematic analysis, this study was able to distill large amounts of qualitative data into key themes that inform policy recommendations and community interventions. The integration

of these findings with the community health assessment survey results provides a well-rounded picture of health challenges and opportunities in the BRADD region.

## **Findings**

### **Current Landscape of the Healthcare Community**

The healthcare landscape within the Barren River Area Development District (BRADD) region reflects a complex interplay of economic, social, and systemic factors that shape health outcomes for residents. The findings from this community health assessment highlight persistent gaps in healthcare accessibility, mental health services, and culturally competent care, particularly for underserved populations, including rural residents, low-income families, refugees, and individuals with chronic conditions.

A primary concern in the region is the limited availability of healthcare services, exacerbated by provider shortages, long wait times, and financial barriers. Many residents struggle to access timely medical care, preventive services, and mental health support due to a lack of insurance coverage, high healthcare costs, and limited transportation options. Additionally, systemic barriers, such as language differences and cultural disconnects between providers and patients, contribute to widespread dissatisfaction with healthcare interactions, particularly among refugee and immigrant communities.

Compounding these challenges are rising rates of chronic illnesses such as diabetes, cardiovascular disease, and obesity, which are strongly linked to economic instability, food insecurity, and limited access to preventive care. Mental health concerns, including anxiety, depression, and substance use disorders, have also emerged as pressing issues, with community members citing stigma, insufficient provider availability, and long waitlists as significant obstacles to receiving care.

Despite these challenges, community-driven initiatives have played a vital role in bridging healthcare gaps, with faith-based organizations, local coalitions, and non-profits stepping in to provide essential services such as food assistance, mental health outreach, and health education. However, sustainable solutions require increased investment in healthcare infrastructure, expanded provider networks, and targeted policy interventions to ensure equitable access to care for all residents.

The following sections of this report will explore these key themes in further detail, providing insights into the specific challenges faced by the community and highlighting opportunities for improvement through targeted interventions and policy changes.

### ***Providers Do Not Listen and Do Not Understand Us***

A recurring concern among community members is that healthcare providers often rush through appointments and fail to truly listen to patients' concerns. Many individuals feel that providers are focused on treatment rather than understanding the patient's perspective, leading to miscommunication, frustration, and a sense of being ignored.

*"We feel like providers just focus on treating and servicing us, but they don't take time to understand us." – Community Leader, Refugee Population*

For individuals from diverse cultural backgrounds, these challenges are even more pronounced. Some community leaders noted that differences in healthcare systems, cultural expectations, and language barriers contribute to misunderstandings, particularly for women seeking care. Many feel that providers make assumptions rather than taking the time to understand their experiences.

*"As a community we have a long way to go to be able to learn a lot of things here because whatever when it comes to medical related what is done in our community, I mean in our countries it's not how it happens here. There's a lot of miscommunication and confusion and especially when it comes to women. We are having a lot of challenges we feel like...the providers are not paying attention on us, to listen to us and a to get to understand us before they do anything they are just focusing on treating and servicing us, but they don't listen... if we are not being included and know where they're coming from and why they're doing this we feel like [we are] ignored." – Community Leader, Refugee Population*

*"That is another issue, is people with English as a second language, oh my goodness, talk about inadequate health care and I mean, and I even find with the system, is like they get kind of shuffled to the bottom of the pile because you can't communicate with them...they're the last ones to get probably the help they need because of the language barrier." — Leader of an Organization Focused on the Prevention of Child Abuse*

Many patients feel that doctors rush through visits and avoid engaging in deeper conversations, leaving them hesitant to ask questions or advocate for themselves. The result is a lack of trust in the healthcare system, leading some individuals to seek alternative care options or switch providers in search of someone who will take the time to listen. This issue is particularly pronounced in refugee and immigrant communities, where cultural differences and communication barriers further contribute to feelings of disconnect between patients and providers.

*"For me, as a community leader I feel like the doctor like rush[es] and wants to leave. They worry that you're going to ask for help, or they have to do something for you, so it's different. Sometimes you feel like you want to change the doctor to somebody who can listen to you." – Community Leader, Refugee Population*

Patients who feel dismissed by their providers may choose to delay care or turn to non-Western healthcare alternatives from their native country, as they feel more comfortable with traditional remedies and practices. Some patients expressed that their cultural background influences how they view and manage health conditions, and they feel that Western medicine does not always acknowledge or respect these perspectives.

*"So again, if people take time to learn, people take time to know that we are coming from maybe third world or maybe the richest, but things were not done this way. So help us out. Don't just push, push drugs, push, push your professionalism... COVID came here*

*my country. We did not want anything to do with anything... But let me tell you the truth, the natural stuff that most foreigners use were really helpful. Everyone was positive COVID... but nobody's sick because we use the natural... At the end of the day, the natural things we do, the roots of something, they live for something way better than this medication.*” – Community Leader, Refugee Population

Cultural differences also play a significant role in healthcare decision-making. Some patients feel that providers do not take the time to understand their backgrounds, customs, or healthcare preferences, leading to misunderstandings, frustration, and resistance to certain treatments.

*“Just for us, because we are here, we are learning the culture of this country. They need to learn our culture so that they can be able to do their jobs easily and effectively. If you don't, you're just almost like you're treating us like maybe an animal. No, I'm serious, because you're not trying to learn about me. How are you going to connect with me? How are you going to or why I don't want to? To receive treatment. I don't want C-section...you are not going to know, and you're going to blame me.... I think it's the system. It's not because they don't want to it's just because they want to rush and do what they need to do, so we appreciate them, but we need to learn from each other.”* – Community Leader, Refugee Population

These frustrations are not limited to any one group—leaders working with aging and agricultural populations also report that older adults and farmers frequently feel dismissed by medical professionals, reinforcing their reluctance to seek care.

*“One of the biggest things that with two of my clients is that they are never heard. If they get to go to the doctor and when they get to go to the doctor, the doctors don't listen.”* – Community Leader for the Aging Population

*“It's just they needed someone to listen to them.”* – Leader in the Agricultural Community

The lack of patient-centered care has led to mistrust in the healthcare system, discouraging individuals from seeking necessary medical attention. Addressing this issue will require greater cultural competency training for providers, improved communication strategies, and a shift toward patient-centered care models that prioritize listening, engagement, and trust-building. As illustrated by a refugee leader, even the smallest amount of time spent understanding a different culture can have a significant impact on patient care:

*“What we want them to know about us when they are taking care of us, you know, like people, like from Africa, if you say ‘Jambo’, just when somebody get in, I open, I feel like they smile, we connect. Now I'm open to talk to you. So, if they can come and just hear something like that...Yeah, Jambo is ‘hello’, but you say speaking my language. I know you don't speak Swahili, but just for you to say ‘Jambo’, you're connecting me with you. You're making me feel like you really care...Even to learn that one word.”* –Community Leader, Refugee Population

## **Current Health-Related Conditions in the Community**



***Cardiometabolic Diseases (Diabetes, Cardiovascular Conditions, and Obesity) are the Most Prominent Physical Health Conditions***

Among the most pressing physical health concerns in the BRADD region, diabetes, cardiovascular disease, and obesity were the most frequently cited by community leaders. These conditions affect a wide range of populations, including low-income families, rural agricultural workers, and refugee communities. Many interviewees expressed deep concern over the high prevalence of diabetes and hypertension, with some noting that these issues are continuing to worsen over time due to dietary changes, socioeconomic factors, and limited access to preventive care.

*"Diabetes and blood pressure for sure."* – Leader of Agency Serving Refugee Populations

For some refugee populations, dietary transitions after resettlement have contributed to an increase in diabetes and cardiovascular conditions. Community leaders reported that many individuals have moved away from traditional, nutrient-dense foods and now rely on highly processed, readily available options, leading to increased rates of blood sugar and blood pressure complications.

*"For health, more diabetes, more blood sugar, the part with the food I think, when they came to here, a country before with mega honey. So, all the food they get to eat whatever they want to, but at the moment for their health, blood sugar, blood pressure, yes. So, their health, not normal."* – Community Leader, Refugee Population

Similar concerns were echoed across other sectors of the community, with leaders noting that diabetes and cardiovascular disease remain top health priorities that require more attention.

*"When we looked at the physical health, health issues, you know, it was all the cardiovascular kind of things, and then diabetes were the top two."* – Faith-Based Community Organization Leader for Low-Income Preschool Programming

For individuals engaged in physically demanding work, such as agriculture, chronic conditions remain a major issue. Many farmers and rural workers struggle with poor lipid, glucose, and triglyceride levels, placing them at increased risk for heart disease and diabetes-related complications.

*"Very few farmers had normal values with their lipids, glucose, triglycerides."* – Leader in the Agricultural Community

Even in fitness and wellness settings, diabetes and obesity are among the most common concerns voiced by community members. Leaders in these spaces emphasized that many residents are actively seeking weight loss support but often face barriers related to food access, education, and financial limitations.

*“Diabetes is, you know, through the roof.”* – Leader of Community Fitness Facility in a Rural County

*“The big thing to me is what most people come in and say, they wanna lose weight. They wanna lose weight. Weight is a big issue and it’s a huge factor.”* – Leader of Community Fitness Facility in a Rural County

Obesity, in particular, was linked to poverty and food insecurity, with community leaders recognizing that economic hardships often limit access to healthier food choices. Many individuals rely on inexpensive, calorie-dense foods, which contribute to high obesity rates and related chronic conditions.

*“Obesity is pervasive, I think, in this population. Some because of diet, some because of poverty, and that is the food that’s available, most available and accessible to them. I would place that on poverty probably as much as anything.”* – Community Leader for Special Needs Individuals

Addressing cardiometabolic diseases in the region will require a multi-faceted approach, including greater access to preventive healthcare, better nutrition education, increased availability of affordable healthy foods, and targeted community interventions to support long-term health improvements.

### ***Mental Health and Substance Use Disorders are Prevalent and Must be Addressed***

The critical need for mental health and substance use services was a dominant theme across interviews and the focus group. Many participants emphasized that limited access to providers, long wait times, and a shortage of specialized services have made it difficult for individuals to receive timely and effective care. The COVID-19 pandemic further exacerbated mental health concerns, leading to a notable rise in anxiety, depression, and substance use throughout the community.

*“I would always say substance use, but I’m going to throw mental health in there as well, especially since COVID, we’ve seen an increase.”* – Leader of a Substance Abuse Treatment Program

Many community leaders reported seeing an increasing number of families struggling with addiction issues, highlighting the intergenerational impact of substance use disorders and the need for greater support systems to address these challenges.

*“I’m sure that you hear this quite often, but we see a lot of families that are struggling with addiction issues.”* — Leader of an Organization Focused on the Prevention of Child Abuse

Efforts to reduce stigma and increase mental health awareness are ongoing, but there remains a strong need for targeted education and outreach. Some organizations have started integrating social-emotional learning approaches into their community programming, using non-clinical

language to make conversations about mental health more accessible and reduce fear of judgment.

*“I feel like a need that’s not being addressed is the mental health issue. And we’re trying to destigmatize that, trying to carefully choose our words, like we try it, almost every community event to have something out there and we take the social-emotional learning approach. So we talk about like, when you feel sad when you feel stressed out, language that doesn’t sound clinical in a way, it protects us liability-wise, but also just allowing us to have some of those conversations and, you know, even just acknowledging, hey, everybody has a period when they feel blue, you know.”* – Faith-Based Community Organization Leader for Low-Income Preschool Programming

Mental health needs are particularly pressing in specific populations, such as new mothers, where postpartum depression remains a significant but under-discussed concern.

*“Mental health is a big thing. Like I said, postpartum depression.”* – Leader of Programming for Pregnant and New Mothers

Additionally, there is a lack of mental health services tailored for young children, leaving families without appropriate therapeutic interventions for early childhood behavioral and emotional concerns. The limited availability of therapists who specialize in working with young children often results in long wait times or families being unable to access care altogether.

*“Behaviorally or mental health-wise there aren’t therapists who take littles or very few, and if they do take them, it’s a long wait to get them in.”* — Family Resource Coordinator from Local School District

The disability community also faces substantial challenges in accessing appropriate mental health support. Leaders stressed the importance of expanding provider availability and increasing specialized services for individuals with disabilities.

*“I do think that that for everybody at large, but specifically for the disability population, better access to mental health providers.”* – Community Leader for Special Needs Individuals

Addressing mental health and substance use needs in the BRADD region will require expanding provider availability, reducing stigma, and increasing community-based interventions. Greater investment in early intervention services, specialized therapy options, and targeted support for vulnerable populations is essential to improving mental health outcomes across the region.

### ***Stigma is a Major Issue for Individuals with Mental Health and Substance Use Disorders Across the BRADD Region***

Stigma surrounding mental health and substance use disorders remains a significant barrier to seeking care in the BRADD region. Many residents hesitate to reach out for help due to fear of judgment, societal misconceptions, and deeply ingrained beliefs about mental illness and

addiction. As a result, individuals who could benefit from treatment often delay or avoid seeking support, leading to worsening mental health conditions and continued struggles with substance use.

*"People don't want to admit they have a problem because they're afraid of how they'll be treated."* – Leader of a Substance Abuse Treatment Program

The shortage of mental health providers in rural areas further compounds the issue, leaving individuals without accessible services. Community leaders emphasized the need to normalize conversations about mental health and increase the availability of mental health resources across underserved regions.

*"We do not have mental health providers in rural areas and there's still a lot of stigma associated with mental illness. I think with short-term it would be great if we, somehow, we could normalize mental health."* – Leader in the Agricultural Community

In many cases, individuals struggling with mental health challenges have been raised in environments where mental illness is dismissed or misunderstood, making it even more difficult for them to seek help. Faith-based and community leaders working with vulnerable populations expressed frustration that harmful narratives about mental health persist, preventing people from accessing the care they need.

*"Some of them don't think that mental illness is real because that's what they've been told their whole life and I just want to be like, 'Ah, you've got to get medicated, you'd probably feel a lot better.' Or just like talk to someone, you know, so yeah, I would definitely say that the health care system is letting them down."* – Faith-Based Community Leader Offering Services to Underserved and Unhoused Individuals

Addressing mental health stigma will require widespread education, increased access to mental health providers, and community-driven efforts to create a culture of acceptance and support. Normalizing mental health conversations, expanding services in rural areas, and strengthening local outreach programs are critical steps toward reducing stigma and ensuring that individuals feel safe and supported when seeking help.

### ***Loneliness and Isolation are Present and of Concern***

Loneliness and social isolation have emerged as significant public health concerns, particularly among rural residents, the elderly, and individuals with special needs. Community leaders emphasized that isolation is more than just a social issue—it has direct consequences on physical and mental health, increasing the risk of depression, anxiety, and chronic illnesses. Limited social engagement opportunities, mobility restrictions, and geographic barriers further exacerbate this issue, leaving many individuals without essential support networks.

*"Another big issue and that is farmers are lonely people."* – Leader in the Agricultural Community

For individuals with special needs, social isolation can lead to heightened health risks due to a lack of consistent social interaction, engagement, and community inclusion.

*“They're at higher risk [for health issues] because of loneliness and isolation.”* –  
Community Leader for Special Needs Individuals

Among elderly populations, limited transportation, reduced mobility, and fewer social outlets contribute to prolonged isolation. Many older adults, particularly in rural areas, struggle to maintain consistent social connections, which can lead to deteriorating mental and physical health.

*“If I could fix something, it would be that our elderly people that, you know, that that are getting isolated.”* – Leader of Community Fitness Facility in a Rural County

Addressing loneliness and isolation requires targeted community interventions, such as increasing access to social programming, enhancing transportation options, and fostering stronger community networks. Leaders stressed the need for intentional outreach efforts to ensure that vulnerable individuals have opportunities to connect, engage, and receive the support they need to thrive.

### ***Accessible Dental Care is Lacking***

Access to affordable and routine dental care remains a critical gap in the region’s healthcare system, particularly for low-income and uninsured individuals. Community leaders highlighted the limited number of dental providers who accept Medicaid, as well as the scarcity of affordable options for those without insurance. As a result, many residents go without necessary dental care, leading to untreated conditions and worsening oral health outcomes.

*“We initially started doing dental screening, we had three days of dental screenings. And I mean, like, I had more people than I could that I could possibly get screens, and we kept having to book like additional screening days...there were a lot of people who really needed dental care who hadn’t gotten dental care.”* – Faith-Based Community Organization Leader for Low-Income Preschool Programming

For children, limited access to dental providers and fear of repercussions can be additional barriers. Some parents hesitate to seek dental care for their children due to concerns about mandated reporting and potential involvement from child welfare agencies.

*“We have had some really severe dental cases the past couple of years, and I feel like it’s kind of progressively getting worse...we do have a dentist that comes in the fall and the spring, if I can get the parents to consent to that but a lot of times they're scared to do that because if their kids have really bad dental health, they don't want to get reported to DCBS, and they get scared about that.”* — Family Resource Coordinator from Local School District

While some community programs provide temporary relief, such as mobile dental clinics or periodic dental team visits, these infrequent services are not enough to meet the ongoing needs of the community. Many families are left without regular dental checkups, preventive care, or treatment for serious dental issues.

*“We don’t have an adequate number of dentists who accept the medical card. We do have a dental team come twice a year...but we have so many uninsured families.”* —  
Family Resource Coordinator from Local School District

The shortage of accessible dental care providers continues to place oral health at risk for many community members. Addressing this issue will require expanding dental care access for Medicaid recipients, increasing the availability of affordable options for uninsured families, and supporting community-based dental initiatives to ensure that all residents receive consistent and preventive dental care.

### ***Maternal and Child Health Remains a Leading Health Priority in the Community***

Maternal and child health continues to be a top health concern within the community, with leaders emphasizing the need for improved prenatal care, early childhood development support, and family-centered resources. Despite existing efforts to support maternal health, there remain significant gaps in care, particularly among minority women and underserved families. Community leaders expressed the importance of expanding programs that provide education, developmental monitoring, and holistic family support to improve long-term health outcomes for mothers and children.

*“There were three [college] students presenting [at a local event], and one of them did it on the maternity, you know, the increase in poor outcomes for maternity care among minority women. And so, and the things, you know, it made me feel good when I was listening that we’re doing the right things I feel like, but it still points to the fact that there’s a big gap that needs to be filled”* –Faith-Based Community Organization Leader for Low Income Preschool Programming

For infants and young children, developmental milestones are a major focus, with programs aiming to ensure that babies meet critical physical and cognitive growth markers.

*“For babies specifically, [we focus on] developmental, physical development, like them walking on time, crawling on time, meeting all those just like milestones that they should be meeting.”* –Leader of Programming for Pregnant and New Mothers

Community-based programs also stress the importance of building relationships with families and providing ongoing home visits to offer personalized support. Many families in need benefit greatly from compassionate, non-judgmental assistance, helping them overcome challenges and create healthier environments for their children.

*“There are so many good families out there who just need, like, they just need the extra support and help. And so not counting someone out based on what you may see or perceive, but like, really getting to know people and know their stories is huge, and that's a lot of what like, that connection that the ongoing home visitor makes with the families, I think, is what makes our program so successful.”* –Leader of Programming for Pregnant and New Mothers

Community leaders stress the need for expanded food assistance programs, better transportation solutions, and increased support for culturally diverse food access. Addressing food insecurity in the BRADD region requires a multifaceted approach, including policy changes, stronger community partnerships, and continued investment in food education and distribution programs.

### ***Concerning Health Trends in Youth***

Community leaders expressed concerns about several emerging health trends affecting young people, including the increasing prevalence of vaping, lack of physical activity, and heightened stress levels. These issues are seen as contributing to both immediate and long-term health challenges that require community-wide efforts to address.

The use of vaping products among youth was a top concern raised by multiple community members. Leaders noted that young people are increasingly exposed to high-potency substances, including THC-infused vape products, which can have unpredictable effects on their mental and physical well-being.

*“My number one would be youth using vapes...I don't know what they used to have in them but nowadays there's so much stuff out there for young people to get their hands on. I said when you're putting THC in a liquid that you don't never know what it's coming what it's coming altering their mind and I said you know I'm no doctor. I said but I can tell you these kids they they're totally different. They're zoned out.”* – Leader of Community Fitness Facility in a Rural County

The concern extends beyond immediate health risks, as early exposure to nicotine and other substances can create long-term dependency issues. Some leaders emphasized the need for early prevention efforts to curb youth engagement with vaping products.

*“[A long-term health goal I would like to see is] No vaping...Not putting anything that's not needed in your body. And they start younger and younger and younger.”* – Family Resource Coordinator from Local School District

Another key issue highlighted by community members is the decline in physical activity among children. Several leaders attributed this to reduced opportunities for movement in schools, particularly the cutback of recess and physical education programs. This decline in daily activity is believed to have negative effects on children's physical and mental health.

*“Schools nowadays people don't like to hear this but when I was growing up, we had your recesses two or three times and we had your PE classes, you know for an hour. Now*

*they don't do that. In our primary centers with some kids that go a whole year without a PE class.*” – Leader of Community Fitness Facility in a Rural County

Leaders stressed that regular movement, proper nutrition, and adequate sleep are essential components of youth health, but these basic needs are often not prioritized in many children's daily routines.

*“[The children] need nutrition, movement, exercise, and sleep.”* – Family Resource Coordinator from Local School District

Youth stress levels are also a major concern, with leaders emphasizing that children today face pressures that previous generations did not. Factors such as family stress, lack of social interaction, and increased responsibilities at home have contributed to heightened anxiety and emotional struggles among young people.

*“And I think that we are in a time, and our children are suffering, where they are not with multiple ages and knowing how to interact and learning how to do for themselves with a loving hand helping instead of doing it for themselves the best way they can for survival. I think our parents are so stressed because texting back and forth with a friend is nothing like having a friend there with you. You know sharing a meal together around the table. If parents are working all the time, if you don't stop at some point in time and interact with your kids and talk about that day, then they went to school, they follow these instructions all day long, they did everything they could to stay out of trouble, they worked as hard as they could, they came home, took care of themselves, now they're doing all of this. They don't know who's coming in, if anybody's going to take care of them. They've got to take care of their little brothers or little sisters or keep an eye on big brother, big sister, whatever it is they've got to do. There's no one to help.”* – Family Resource Coordinator from Local School District

The cumulative effects of stress, lack of exercise, and substance use are seen as major threats to the long-term well-being of youth in the BRADD region. Community leaders emphasized the need for increased mental health resources, more physical activity opportunities, and stronger preventive measures to address these growing concerns.

### ***Caregivers Also Need Support***

Caregivers, including parents, grandparents, and guardians, play a critical role in supporting the health and well-being of children and individuals with special needs. However, many caregivers struggle with limited access to resources, financial strain, and a lack of support for their own mental and physical health needs. Community leaders emphasized the importance of providing services that not only address the needs of those they care for but also support the caregivers themselves.

*“[We] need more services for the entire family, not just for our child. So, we can get services for the child, but the family, especially single moms or single dads or*



*grandparents, they don't get that mental health help the child can get. But the caregiver needs help they can't get because they can't afford it, and insurance just doesn't cover it.”*  
– Family Resource Coordinator from Local School District

For many caregivers, the emotional and physical demands of caregiving are overwhelming, particularly for those who are also facing financial hardships. Some struggle with accessing healthcare for themselves, leaving their own medical and mental health needs unaddressed.

*“We have a lot of grandparents raising grandkids now. They're already struggling financially, and they don't have the same energy they did when they raised their own kids. But there's no extra help for them. They're just expected to take care of everything.”*  
– Leader of an Organization Focused on the Prevention of Child Abuse

Beyond financial and healthcare concerns, caregivers often lack time for self-care and respite services, leading to burnout. Many caregivers feel isolated and unsupported, with few community programs that offer mental health support, counseling, or respite services.

*“It's just exhausting for them. They give everything to their families, but there's nothing left for them. And if they ask for help, they feel like they're failing as a parent or caregiver.”* – Community Leader for Special Needs Individuals

Community leaders emphasized the need for more accessible caregiver support programs, including mental health services, peer support groups, and financial assistance programs.

*“The kids have services, but what about the parents? We need more programs that help parents and caregivers learn how to take care of themselves while they're taking care of their families.”* – Family Resource Coordinator from Local School District

To better support caregivers, there is a need for expanded mental health services, community-based caregiver support groups, and policies that recognize and address the challenges caregivers face. Providing accessible, affordable respite care and caregiver wellness programs would help ensure that those providing care are also receiving the support they need to continue their vital role in the community.

## **Barriers to Achieving Optimal Health in the BRADD Region**

### ***Theme: Cost of Healthcare and Lack of Adequate Insurance Coverage Prevents Optimal Health Outcomes***

The high cost of healthcare and inadequate insurance coverage are major barriers preventing many individuals from achieving optimal health outcomes in the BRADD region. Community

leaders frequently highlighted how poverty, lack of affordable insurance options, and gaps in coverage make it difficult for families to access necessary medical services.

*“It’s poverty, health insurance, you know, you can’t get adequate health care because you can’t get adequate health coverage.”* – Leader of an Organization Focused on the Prevention of Child Abuse

While Medicaid provides coverage for some individuals, particularly children, many adults and families fall through the cracks, unable to qualify for assistance but still unable to afford private insurance. This gap leaves many without access to preventive care, specialist visits, or treatment for chronic conditions.

*“I feel like access to adequate health insurance. I mean a lot of babies if they have Medicaid, they have access but there’s that group of people that fall straight through the cracks, you know.”* – Leader of an Organization Focused on the Prevention of Child Abuse

*“[I] feel like a lot of it is negative just because with the families I work with you know just trying to get them into providers that accept Medicaid and things like that can be really hard, and so sometimes they just don’t get the care they need. So, I feel like a lot of what I hear [about health and well-being] is negative.”* – Family Resource Coordinator from Local School District

For many families, healthcare is available for children but not for caregivers, leaving parents, grandparents, and other family members without access to the mental and physical healthcare services they need. This lack of coverage limits their ability to care for themselves, ultimately impacting the well-being of the entire family unit.

*“[We] need more services for the entire family not just for our child, so we can get services for the child but the family, especially single moms or single dads or grandparents that don’t get that mental health help the child can get, but the caregiver needs help they can’t get because they can’t afford it, and insurance just doesn’t cover it.”* – Family Resource Coordinator from Local School District

Beyond healthcare costs, the rising cost of living has compounded financial hardships, making it even more difficult for individuals to prioritize their health. When families are struggling to meet basic needs, healthcare often becomes a secondary concern.

*“Just the cost of living and how expensive everything is. Our families are really struggling with just being able to have their basic needs met. So, all that makes it hard to get to your optimal place of happiness. You know, when you don’t have the basic necessities.”* – Leader of Programming for Pregnant and New Mothers

Some specific populations, such as farmers and self-employed individuals, face additional challenges due to the high cost of private insurance. Many cannot afford comprehensive coverage and are left without essential medical care.

*“One thing they [farmers] certainly say [is a barrier to good health] is the cost of insurance because so many of them are, are private pay.”* – Leader in the Agricultural Community

For older adults, the cost of medications is a major concern, with many having to choose between paying for essential prescriptions or covering other basic expenses like food and transportation.

*“Medications are too high. They're having to choose whether they eat or whether they get their medication. I have one client that really needs another medication, and Medicare will only pay X amount of it. And she can't pay for the rest of it because it's either pay for the repairs on her car to get other places or get this medication.”* – Leader for the Aging Population

*“You know, and it's sad because some of these people are having to think whether ‘Do I take my medicine, do I pay for my medicine, or do I eat?’ You know?”* – Leader of Community Fitness Facility in a Rural County

The financial burden of healthcare costs, inadequate insurance coverage, and unaffordable medications continues to place significant strain on families, seniors, and vulnerable populations. Community leaders emphasized the urgent need for expanded healthcare access, improved affordability, and policies that bridge insurance coverage gaps to ensure that all residents can receive the care they need without financial hardship.

### ***Housing Instability and Lack of Affordable, Safe-Housing***

Housing instability emerged as a critical barrier to health and well-being in the BRADD region. Community leaders emphasized that lack of stable, affordable housing exacerbates other challenges, including substance use, employment struggles, and overall health outcomes. Many noted that strict housing policies often exclude individuals with substance use disorders, making it difficult for them to achieve stability.

*“Everyone has the right to housing, but we look at it as you have to be sober to have a house. You know, if your basic needs are not met, you know, you don't care about your substance use, you can't go to work, you can't raise your children, you can't do any of that. If you don't have a roof over your head, you don't have food in your belly. And we have no... we have no housing for people who are unhoused, especially if they're actively using.”* – Leader of a Substance Abuse Treatment Program

Beyond housing availability, poor housing conditions were also identified as a major concern. Some families and individuals who do have shelter still live in unsafe environments with inadequate living conditions, such as rodents, insects, and structural issues, which negatively impact their physical and mental health.

*“Housing was another issue as far as like unsafe, you know, rodents, insects, kind of thing.”* – Faith-Based Community Organization Leader for Low-Income Preschool Programming

Leaders working with vulnerable populations expressed frustration with the lack of affordable housing options, particularly for low-income individuals and families. Many believe that local efforts to address housing shortages have been insufficient, leaving many community members in unstable or unaffordable living situations.

*“The city overall with housing and affordable housing is just not doing a good job either.”* – Faith-Based Community Leader Offering Services to Underserved and Unhoused Individuals

The intersection of housing instability, financial insecurity, and health disparities continues to place significant burdens on families and individuals in the BRADD region. Community leaders emphasized the need for expanded affordable housing programs, improved housing conditions, and policies that remove unnecessary barriers to stable housing for those most in need.

### ***Food Insecurity and Access to Nutritious Food is a Concern for Low-Income Individuals***

Food insecurity remains a pressing issue for many low-income families and underserved populations in the BRADD region. Community members and local leaders emphasized the challenges of affording nutritious food, with many residents relying on food pantries and assistance programs to meet their daily needs. The high cost of fresh produce, dairy, and protein sources further limits access to healthy meals, contributing to diet-related health concerns such as obesity and diabetes.

*“Our top thing was food insecurity.”* – Faith-Based Community Organization Leader for Low Income Preschool Programming

*“Well, I know that food insecurity is a big deal with a lot of families we serve because a lot of the families we serve, of course, are low income. Health doesn't matter if you can't afford food.”* — Leader of an Organization Focused on the Prevention of Child Abuse

Community organizations and food pantries play a crucial role in helping families access essential food items, but the demand continues to exceed supply. Families often have to prioritize quantity over quality, choosing inexpensive, high-calorie foods to stretch their grocery budgets.

*“If you were to go to the grocery that stuff's expensive, so people aren't probably trying, I mean I can imagine that they're spending their money on things that are gonna fill them up, not picks that are healthy for them, so we offer a variety, like we have milk, have eggs, we have meat, which a lot of places don't offer either, and that's why a lot of our neighbors come here, because we have surveyed them as they've come through and asked them what their priorities are, we've made a list, and meat and milk and produce are at*

*the top, because those things are expensive and they're good for you. I mean, it depends on the meat, right? The produce is like everybody's favorite thing.*” –Faith-Based Community Leader Offering Services to Underserved and Unhoused Individuals

Beyond financial constraints, stigma and accessibility issues also prevent many individuals from seeking food assistance. Some residents feel ashamed or hesitant to visit food pantries, while others face transportation barriers that limit their ability to access food distribution sites.

*“When folks come to the grocery [food pantry] for the first time, they're always a little bit, like, nervous, you know, they feel like they're being judged or, um, it's just not very dignifying. Yeah, they'll justify and say, 'I've never had to do this before.' And I'm like, 'That's okay.' I think the way that we have it set up is really helping with that. So, I think there are people who are so nervous about going somewhere for help and just ask me for help, that they would continue to live unhealthily.”* –Faith-Based Community Leader Offering Services to Underserved and Unhoused Individuals

*“There's a lot of kids out there like that. But, you know, I think that, you know, going to bed hungry for young kids, is one thing in (rural) County. And there's so many good people in (rural) County that have resources that are helping give that. But, like, I go back to say, some kids may not have transportation.”* –Leader of Community Fitness Facility in a Rural County

For refugee and immigrant families, accessing culturally appropriate and affordable food poses additional challenges. Some families struggle to find international ingredients, and many who do not qualify for federal assistance programs are left with limited food options.

*“It's not that easy, unless, because it's very expensive, to buy those international ingredients to make meals, it's very expensive. Only those who are with Medicaid, they can afford...SNAP, food stamps...They can afford, but others even though you know you just go there when you really want to just taste that and make food, but you cannot afford to be buying that.”* –Community Leader, Refugee Population

*“When you go to international store, you have to make sure you have a lot of money to make sure you get good. Maybe instead, I... we went to American store. We can go back so many times but international only, like one time or two time, we go there because they are fresh and expensive.”* – Community Leader, Refugee Population

Additionally, many families relying on Supplemental Nutrition Assistance Program (SNAP) benefits find that the monthly allotment is not enough to cover healthy food choices, forcing them to opt for cheaper, less nutritious options. Some community programs have responded by offering nutrition education to help families stretch their resources further.

*“It's hard to eat healthy when the SNAP benefits don't cover enough, so you buy the cheaper and then we started doing a lot of classes with parents on being able to make the SNAP dollars go further” —Family Resource Coordinator from Local School District*

### ***There is a Need for Education in the Community to Improve Health Literacy***

Community leaders emphasized that limited health literacy is a major barrier to achieving better health outcomes, particularly among vulnerable populations. Many residents lack awareness of warning signs, preventive care measures, and the long-term management of chronic conditions, leading to delayed treatment and poor health management.

*“Besides the language, besides the transportation, I would say it's lack of education, because if you don't know the warning signs and you don't know those early symptoms, then you don't, you don't know. You don't know what you don't know, and you don't take action, you know.” – Faith-Based Community Organization Leader for Low-Income Preschool Programming*

For some individuals, a lack of understanding about proper nutrition and healthcare access prevents them from making healthy choices. Leaders working with substance use recovery programs noted that many clients neglect their health due to a combination of financial barriers, misinformation, and lack of health-seeking behaviors.

*“Our clients, our patients, don't go to the doctor, they don't take care of themselves, you know, they don't eat good, they don't eat healthy, so just on this side of the world, not great.” – Leader of a Substance Abuse Treatment Program*

Health literacy gaps are particularly concerning for parents and caregivers, as they often lack knowledge about developmental milestones and basic preventive care for children. Many parents do not recognize when their child may be falling behind in development or requiring medical attention.

*“I think the biggest issue for us and the thing that, because our mission is to prevent child abuse, our focus is a lot on children. And, you know, things like the screenings that we do of the kids, a lot of parents don't even know what their child's milestones should even look like.” – Leader of an Organization Focused on the Prevention of Child Abuse*

Even when healthcare resources are available, many families struggle with navigating the system or understanding how to access services, resulting in underutilization of existing health programs.

*“Just there's a lot of resources in town. It's just getting the families to get to those places and be able to access those resources.” – Leader of Programming for Pregnant and New Mothers*

In some cultural communities, there is a misconception that taking medication temporarily resolves chronic conditions, leading individuals to discontinue treatment too soon and experience recurring health issues.

*“They will expect to go for like high blood pressure. They will expect to go to doctor office. And with the medication that they are given, they would just think that if they are done, they don't need to worry about it anymore, and then maybe a few months or a few weeks later, they are back to the same situation. They will go back for you get what I mean. And so, it's not something that they can just take a medicine and good for the rest of their life.”* – Community Leader, Refugee Population

Some community members know they have health conditions but lack an understanding of what their diagnosis actually means for their long-term health and daily management.

*“I would say a lot of times, many of them do not understand exactly what they have going with their health. They know they have issues, but to an extent, they don't understand exactly what, what those issues are...a lot of times knowledge, just like, or they may know their diagnosis, but not really what that means to their long-term health.”* – Administrative Leader of Facility Serving Refugee Populations

*“So they know that, like, I have high blood pressure, and I may have come with a bottle of medicine, but I would assume that it runs out and so, like, they know, a lot of them know that, hey, I have this medicine, but they don't really know what it's for, or I know they told me that I have more when I get here. So, they understand that [it] needs to be re-filled, but just not necessarily what it does for instance.”* – Administrative Leader of Facility Serving Refugee Populations

Health literacy is also critical for preventive care, yet many families do not understand the importance of early intervention. One leader emphasized the need for early dental care education, as many parents do not realize that young children require routine cleanings to prevent long-term dental issues.

*“If we could get them to understand the need for maintaining good health while they're healthy, in order to prevent some of these, that will change so much. That if we could get families to understand that the three-year-old that doesn't have dental issues, needs to still get a teeth cleaning every six months in order to make sure that they never need that, or that if they do need it that it gets addressed immediately and doesn't go years and their teeth are rotting out in their mouth.”* – Administrative Leader of Facility Serving Refugee Populations

For rural populations, particularly farmers, accessing health education is a challenge. However, some leaders pointed out that tailored digital health messaging could be an effective way to reach these communities.

*“I have found that farmers today are really connected to technology. About tailored messages and so forth, perhaps be, and that would have to be tailored to the area in*

*which farmers resided and so forth, that maybe that could be a way to get educational messages out.” – Leader in the Agricultural Community*

Improving health literacy across the community will require culturally competent education, accessible preventive care information, and stronger outreach programs to ensure that individuals understand not just their diagnoses, but also how to manage their health effectively over time.

### ***Lack of Reliable Transportation Limits Access to Healthcare and Essential Services***

Transportation barriers were identified as a major obstacle for many residents in the BRADD region, particularly for stay-at-home parents, elderly individuals, refugee populations, and those living in rural areas. Without reliable transportation, many individuals struggle to access healthcare, social services, and community resources, leaving them isolated and underserved.

*“We have a lot of stay-at-home moms, and so who are, you know, without transportation, or without language interpretation, sometimes who are without cell phones, and so they’re very isolated, and it’s hard, it’s hard to get to them, it’s hard to get that information to them.” – Faith-Based Community Organization Leader for Low-Income Preschool Programming*

*“When you have people that can’t get to um to medical appointments because the routes don’t go in places that these people live, to get them to said medical places, then that’s another thing.” – Administrative Leader of Facility Serving Refugee Populations*

The lack of public transportation options was a repeated concern, with leaders pointing out that residents often have to rely on friends, family, or costly alternatives to get to medical appointments, school, or work. For many, transportation is a daily challenge that prevents them from receiving necessary healthcare and social support.

*“We have no public transportation. You can’t get a cab... you have to pay somebody to take you. If you don’t have a friend who just does it... transportation is our main barrier.” – Family Resource Coordinator from Local School District*

*“So, transportation, like I said earlier, if they don’t have a car to go to the doctor’s appointment, we can refer to the doctor’s office, but if they can’t get there, then that’s tough.” – Leader of Programming for Pregnant and New Mothers*

For rural communities, the issue is even more pronounced. Many residents live far from available services, and without reliable transportation, they cannot reach essential healthcare, employment opportunities, or community programs.

*“I could have a lot more clientele, out here where I am if we had transportation, and I know that that’s a major issue for everybody because the transportation issues in this town are either too expensive or and or they’re not big enough to take care of [the] county.” – Leader for the Aging Population*



*“But, you know, you see some of the kids that really get to use some of their tools that I'm talking about, and they live way out the county, and they just don't have the resource or someone to take care of them and get them to those...the transportation.”* – Leader of Community Fitness Facility in a Rural County

Without affordable and accessible transportation options, residents remain disconnected from critical services, leading to delayed medical care, reduced community participation, and increased financial strain. Community leaders emphasized the urgent need for expanded transportation services, particularly in rural areas, to ensure that individuals can access the healthcare and resources they need.

## **Community Strengths and Resources**

### ***Community-Led Efforts Are Strengthening Health and Well-Being***

Many non-profit and faith-based organizations are playing a crucial role in improving health outcomes in the BRADD region. These organizations, along with community coalitions like the BRIGHT Coalition, have stepped in to fill gaps in healthcare access, education, and wellness initiatives. From local churches to non-profit agencies like United Way, Refuge BG, and the 4-H Extension offices, grassroots efforts are making a tangible difference in the lives of residents.

*“I will say that there are some of the community groups themselves, that their leaders are really stepping up and helping, even though they don't have a defined organization, they're stepping up for their community to say, hey, we see that this is a need, and that this group of people have these health concerns, and we need to be sure that they attend to them, even if their family doesn't realize how serious their needs are. So, there are some of those individual communities that are stepping up to help make sure that um those individuals are getting what they need.”* – Administrative Leader of Facility Serving Refugee Populations

One significant way community-led efforts have improved public health is through health screenings and early intervention programs, particularly in rural areas where residents may not regularly visit healthcare providers. These screenings have helped individuals detect health issues early and seek treatment before conditions worsen.

*“I think the screening that we've done in the rural communities is very important. I know several people that they've called me back and said, ‘Hey, I had no idea my blood pressure was up and now I'm on medication.’”* – Leader in the Agricultural Community

In addition to screenings and medical outreach, health education programs are gaining traction in community spaces. Organizations are developing realistic and culturally relevant health education programs that help people make small, achievable changes to their lifestyles.

*“I think I do feel like those things are being addressed and probably in part because of the BRIGHT coalition. I know that the health department is part of that coalition, and they have they've been coming into the [agency] monthly to do healthy recipes, and they*

*do have an understanding that you're not going to go in there with celery sticks and seeds and get and win over, and you know so, basically what they're doing you know it might not be health food that they're making in there, but they're appealing to our population. In that instead of an ice cream...what if we did frozen yogurt and we sprinkled it with this instead of that and so, they feel like that's something achievable.” – Community Leader for Special Needs Individuals*

These community-led initiatives demonstrate a deep understanding of the populations they serve. Rather than imposing unrealistic health expectations, organizations work to meet people where they are, providing practical and attainable solutions to improve health outcomes. Whether through health screenings, nutrition education, or direct outreach, these efforts are making a meaningful impact on the well-being of the BRADD region.

### **Recommendations for Improving Community Health and Well-Being**

The findings from the community health assessment highlight critical areas where improvements can be made to enhance health outcomes and overall well-being in the BRADD region. These recommendations focus on expanding access to care, strengthening community support systems, and addressing the needs of both individuals and caregivers.

#### **Expand Access to Healthcare and Mental Health Services**

Limited healthcare access, particularly for mental health services, remains a significant challenge. Many residents struggle to find affordable providers, while others face long wait times or lack culturally competent care. To address these barriers:

- Increase the number of healthcare and mental health providers accepting Medicaid and uninsured patients.
- Expand telehealth services, particularly in rural areas, to improve access to mental health counseling and specialized care.
- Enhance cultural competency training for healthcare providers to improve communication and trust with diverse populations.
- Develop partnerships with local organizations to provide mobile health clinics offering preventive care, screenings, and mental health support.
- Increase funding and resources for mental health programs, including early intervention services, school-based counseling, and substance use treatment programs.

#### **Strengthen Support for Caregivers**

Caregivers, including parents, grandparents, and guardians, play an essential role in the health and well-being of children and individuals with special needs. However, many caregivers experience financial strain, emotional stress, and a lack of access to services for themselves. To better support caregivers:

- Expand mental health services tailored to caregivers, including counseling and support groups.

- Develop respite care programs to provide caregivers with temporary relief.
- Increase financial assistance programs that help caregivers manage healthcare costs for themselves and their dependents.
- Offer caregiver education programs that provide tools for managing stress, accessing resources, and maintaining their own health.
- Ensure that healthcare and social service programs take a whole-family approach, offering services that support both caregivers and those they care for.

### **Improve Transportation Solutions for Healthcare Access**

Transportation barriers were consistently cited as a major obstacle preventing residents from accessing healthcare, employment, and essential services. Many individuals, particularly those in rural areas, struggle to get to medical appointments due to a lack of public transportation options. Recommended actions include:

- Develop a community-based transportation program to provide affordable and reliable rides for medical appointments, grocery shopping, and employment opportunities.
- Increase funding for public transportation options, particularly in rural areas.
- Collaborate with local organizations and volunteer networks to establish a ride-share or shuttle system for residents with limited mobility.

### **Address Food Insecurity and Expand Nutrition Programs**

Food insecurity continues to be a significant concern, particularly for low-income and refugee populations. Limited access to affordable, nutritious food contributes to poor health outcomes and chronic disease. The following initiatives can help improve food access:

- Expand food assistance programs, including SNAP benefits and local food pantries, to meet growing demand.
- Support local farmers' markets and community gardens to increase access to fresh, healthy food.
- Implement culturally inclusive food assistance programs that provide international ingredients for refugee and immigrant populations.
- Increase nutrition education programs to help families make the most of food assistance and promote healthy eating habits.

### **Strengthen Preventive Care and Health Literacy Initiatives**

Many community members lack education on preventive health measures, chronic disease management, and health literacy, leading to worsened health outcomes. Recommended actions include:

- Develop targeted health education campaigns to increase awareness of preventive screenings, vaccination programs, and routine healthcare visits.
- Increase outreach in schools and community centers to provide education on diabetes, cardiovascular disease, mental health, and substance use.

- Provide language-accessible health resources for non-English-speaking community members.
- Encourage community-based health workshops and screenings in collaboration with local health departments and faith-based organizations.
- Expand caregiver education programs to ensure that parents and guardians understand health milestones, preventive care, and chronic disease management.

### **Expand Affordable Housing and Address Housing Instability**

Housing instability remains a key issue impacting health and well-being. Many individuals, particularly those facing financial hardship, live in unsafe conditions or struggle to find stable housing. The following actions can help address these concerns:

- Increase the availability of safe, affordable housing options for low-income families and individuals experiencing homelessness.
- Develop emergency housing assistance programs for individuals at risk of eviction or displacement.
- Provide supportive housing initiatives that integrate mental health and substance use treatment services.
- Advocate for policy changes to protect tenants from unsafe living conditions.

### **Expand Access to Dental Care**

A lack of access to affordable dental care was frequently identified, particularly among low-income families and uninsured individuals. Strategies to address this issue include:

- Increase the number of dental providers accepting Medicaid and sliding-scale payments.
- Support mobile dental clinics and school-based dental screenings to provide preventive care to underserved populations.
- Educate families on the importance of dental health and regular checkups to reduce long-term oral health issues.

### **Support Youth Wellness and Healthy Lifestyles**

Concerns about youth health trends, including vaping, lack of physical activity, and increased stress levels, highlight the need for targeted interventions:

- Implement school-based health programs focusing on mental health, physical fitness, and substance use prevention.
- Increase access to after-school activities and community fitness programs to encourage physical activity among youth.
- Enhance education on the risks of vaping and substance use through youth-centered campaigns.

### **Expand Community-Led Health Initiatives**

Local organizations, including non-profits and faith-based groups, are already doing significant work to improve health outcomes. Strengthening these efforts will help sustain and expand their impact:

- Increase funding for community-led health programs to ensure long-term sustainability.
- Support grassroots efforts that provide essential services, including screenings, nutrition programs, and transportation assistance.
- Foster stronger collaboration between healthcare providers, community organizations, and local government to create a more unified approach to addressing health disparities.

## **Conclusion**

By implementing these recommendations, the BRADD region can take meaningful steps toward improving healthcare access, reducing disparities, and fostering a healthier, more resilient community. Supporting caregivers, strengthening community partnerships, and expanding access to critical health services will be essential in ensuring that all residents, including those in vulnerable populations, have the resources and support they need to achieve optimal health and well-being.