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All of the analyses, findings, data and recommendations contained within this report are exclusive property of the Windham Consortia.

As required by the Code of Ethics of the National Council on Public Polls of the United States Privacy Act of 1974, The Center for Research & Public Policy maintains the anonymity of respondents to surveys the firm conducts as well as participants in focus group sessions. No information will be released that might, in any way, reveal the identity of the respondent/participant.

Moreover, no information regarding these findings will be released without the written consent of an authorized representative of the Windham Consortia.

TABLE OF CONTENTS

SECTION 1

Introduction.....Page 3

SECTION 2

Methodology.....Page 5

SECTION 3

Highlights & Select Verbatim Responses.....Page 6

Health Status6
Awareness of Area Health Organizations19
Expectations of Area Health Services32
Community Health Care Needs42
Deliberative Health Care Needs Card44
Group/Segment Specific Insight51
Specific Health Care Needs55
Barriers to Receiving Health Care Services64
The Interesting / Unexpected69

SECTION 4

AppendixPage 89

Focus Group Guidebook
Focus Group Transcripts

1 INTRODUCTION

The Center for Research & Public Policy (CRPP) is pleased to present the results to a series of seven focus group sessions conducted on behalf of the Windham Consortia. The Consortia membership includes: United Services, Windham Hospital, Day Kimball Hospital, Natchaug Hospital, Generations Family Health Center, VNA East, Northeast District Department of Health and Community Health Resources

Using a qualitative research design, CRPP conducted seven focus group sessions, which took place at the Access Agency in Willimantic, United Services in Dayville and Day Kimball's Plainfield Healthcare in Plainfield. The core composition of each group includes: First Responders, Latinos, Community Leaders, School Based Health, Boomers, Faith Based and Youth.

Residential sample for recruitment purposes was provided by CRPP. Sample for the professional groups was developed and provided by both CRPP and the Windham Consortia.

All sessions were organized by CRPP staff. Windham Consortia members donated focus group meeting facilities in the three cities. A total of 86 participants participated in the seven groups. This report summarizes information collected from the focus group sessions which occurred on August 1, 2 and 3, 2011.

The areas for investigation during the skier/boarder focus groups included:

- Perceptions of community health care status;
- Current health insurance status, having PCPs and Oral health providers;
- Perceptions of current community standard of living;
- Awareness of area health care facilities and organizations;
- Input on the availability of area specialists and walk-ins;
- Views on use of emergency rooms;
- Expectations of area health care service organizations;
- Strengths and weaknesses of area health care service organizations;
- Area health care needs – under-met and unmet;
- Views on emerging needs;
- Needs specific to Faith Based, School Based, First Responders and Community Leaders;
- Views on needs related to addictions, care givers, health/fitness, and mental health; and
- Barriers to receiving needed health care in the community.

Section II of this report discusses the methodology used in conducting the focus group study.

Section III includes highlights and select verbatim responses derived from an analysis of the quantitative research.

Section IV is an appendix including a copy of the focus group guidebook used by the moderator while facilitating the study, as well as a full written transcript for each of the seven focus groups which took place.

METHODOLOGY

The Center for Research & Public Policy moderated and organized a series of focus groups on behalf of the Windham Consortia.

The focus groups took place August 1, 2 and 3, 2011 in Willimantic, Dayville and Plainfield, CT.

Following each group within the study, CRPP project staff would review information collected and look for common themes displayed throughout the study. Section 3 of this report presents each covered section of the focus group guidebook along with select verbatim responses provided by group participants to help summarize and support common views expressed by the actual participants during the study.

The focus group sessions were organized by CRPP staff. CRPP ensured that nearly 100 potential participants were recruited for each group to ensure 8 – 12 participants actually attended. A total of 86 participants attended the sessions.

For their time and participation, all respondents received a cash incentive “as a small token of appreciation.”

Each session was approximately 90 minutes in length.

For more detailed information, readers may refer to the full, written transcripts which may be found in a separate bound appendix to this report. Additionally, audio recordings of each group are submitted along with this report and will be live on a designated website for one year.

HIGHLIGHTS

The following is a summary of results from the seven focus group sessions. Select verbatim responses related to the topic discussed are presented in italics. Each set of verbatim responses is preceded by First Responders, Latinos, Community Leaders, School Based, Boomers, Faith Based and Youth – indicating the seven participant groups. Highlights may be followed by group initials (FR, L, CL, SB, B, FB, Y) – indicating the originating group. This summary follows the order of the moderator’s guidebook.

ON HEALTH STATUS ...

Health Status Today

- **Nearly all participants, in all groups, see a direct link between the downturn in the economy and declining health care of residents in area communities. They note that the number of under-insured is increasing significantly. SB**
- **Working parents, reportedly, are finding it difficult to get children to needed medical care. SB**
- **Many see patients coming home from hospitals too early. B**
- **Most see little difficulty finding physicians but suggest that Veterans need to travel to Newington, CT or Rhode Island for needed care. B**
- **Participants reported seeing growing incidence of tick borne illness along with mental health problems and cancer. B / FB**
- **Among youth, diabetes, mental illness, asthma, obesity and chronic illness is seen as increasing. There appears to be insufficient dental care and child psychiatry in the area for youth as well. Some offered that youth tend to eat cheaper, unhealthy foods compared to older residents. B / Y / SB**
- **First Responders suggested they are seeing more “self-pays”, drug abuse, alcohol, and mental health transports than in years past. And, because of lack of insurance, they are transporting more complaints such as upset stomachs. FR**
- **Participants see many seniors in dire situations caused by negative changes to Title 19. L**

- **Nearly all participants agreed with those reporting there appears to be two States of Connecticut. Many described themselves as living in “a different Connecticut” when it comes to health and economic status. And, many see strong demographic differences between Windham and Windham County as well. CL**

First Responders

Well, my sense is declining. Since I will admit that I have a very skewed perspective for what I do. I'm a pathologist in the emergency room. So, lots of substance abuse. So. And recently, I think - the last year and a half, the economy has really laid out, as far as I can see. I hear it in the stories of the mental health, and I see it in increased deaths. Alcohol and substance.

And my thinking says declining too.

And then there are people who work and can't afford insurance. So they might be the - this had been at the Cumberland Farms. And they're making money, but they're not making enough to also get health insurance.

It seems, in the last few years, being in the transport business of patients, that I've seen increase in self-pays. Increase in drug abuse, increase in alcohol abuse, increase in medical disorders.

The patient can come for a number of reasons to a single appointment, and - but the doctor, of course, can only write one code for that visit. And basically have to eat all the other things that she might do. You know, so that's - it's a disincentive to continue accepting new state patients, for instance. But on the other hand, the patients themselves have trouble, because they find it very - a lot of them are sort of marginally employed, if they have jobs at all

How is it, you know - agreeing with Lindy, I mean, the first responder aspect. We see that - a lot more people going up to the medical places with a lot less in the way of problems. You know. Stomach problems, a headache, a migraine, you know. That type of thing. And it used to be, you didn't call an ambulance unless you really had a problem. Nowadays, like I said, it's for the simplest little things.

You know what, I think that - you know, so far, our discussion has been, like, kind of pointing the fingers at insurance companies and bad employers who don't - but, you know, I think there's a certain amount of personal responsibility in healthcare. In addition to working in the ED, I do case management. And so, screen all the admission to the hospital. And I always wanted to actually count the numbers of the triple threat. Alcohol, drugs, obesity, you know, that were in people. That - people don't take a lot of personal responsibility for their health.

Latinos

From what I see on TV, pretty bad.

I don't know, with the elderly. There are a lot of things that they take away. It's not right.

Yeah, or they limit them as to what medications and stuff they can get.

That is a big issue.

Yeab, I think it's limited, too, to how much medicine you're - to how much medicine you can get that are not coming out of your pocket.

Another thing - a new thing came out in the news where I go to Beaumont Healthcare. I don't know if it's going to be affected to Title 19 or Social Security or stuff like that, because I'm mentally ill, and I get the help, but I don't know if they can all get help. So I don't know how it's going to be for a poor person, you know.

Community Leaders

Well, one of the things that we find is that we have, in the Windham County, is we have a lot of undocumented citizens. So, you know, healthcare for them is problematic. Lots of times, they don't want to come to the hospital and really don't want anyone to know that they're here. And we are here to try to get them whatever services we can.

And I think one of the biggest struggles for Windham County is the dichotomy between the Windham section of Windham County and the rest of Windham County statistically, and what that looks like. I think we have this micropolitan with very significant and unique needs that are different in a lot of ways than what the rural outlining communities in Windham County need, and I think that often makes it difficult to partner on funding opportunities to meet some of those needs. As far as the current health status, I think, particularly the area of behavioral health, that we are declining as a county. But, it is the lowest income part of the state, and so we're already affected by people with mental health needs, and then as the services continue to diminish, it puts an excessive burden on the justice system and the hospital system to meet the needs that the community is no longer meeting.

Just recently, I think it was the Trust for America's Health that released health status rankings on a national level, of which Connecticut was ranked as the 4th healthiest state in the United States, which I guess is kudos to us, but Windham County is not that Connecticut that they are referring to. And some of the recent county health rankings that came out list Windham County as either 7th out of 8 counties or 8th out of 8 for our health status, health outcomes.

Specifically what Donna was saying about behavioral health needs, and I know I'm biased toward the child population, but there is even a greater need within the pediatric population for behavioral services. Even worse for kids. And we're working towards improving that. At the hospital, they're bringing in a child psychiatrist, but I think there is still much more work that needs to be done. But my other sort of passion is trying to work towards the, working on the obesity epidemic in the area, and I just - it's extremely difficult when there aren't many services to try to counsel families and help people out, because there really are limited opportunities for families, especially low-income families, to make any progress with helping them battle the obesity of their kids and the adults in the families. I just wanted to add one other thing to the previous comments. We also have the third highest rate of teenage pregnancy in the state, only behind Hartford and Bridgeport. Our teenage pregnancy rate is 18-19%, and I think that also is a significant problem. And we all know that we have the highest rate of child sexual assault or molestation by a family member in the state, and the state is the highest in the country.

Just one more comment on the obesity. That is a terrible problem. I see a lot of teenage girls, particularly Latina, and we see Type 2 diabetes now in very young individuals, and also a syndrome called polycystic ovarian syndrome, which is associated with menstrual difficulties and diabetes and hypertension.

School Based

Healthcare - I feel that there's a need for more education on healthcare of how - especially mothers. I've been very involved with moms and children and health issues concerning moms who don't know how to cook, moms who don't know how to take care of their children. And I think just more education of motherhood, taking care of families is very important.

I'm happy with it. They just built a - Day Kimball Hospital just built a new facility right down the road from my house, and it's beautiful. It has - they have everything in there, x-rays, mental health, walk in, blood, everything. They have everything. It's a big, huge, new building, and it's kind of like a mini-hospital, but they have all kinds of radiology.

I see declining. I see a lot of people with chronic health conditions that are not taking good care of themselves. I see a lot of young diabetics. I see a lot of young people with chronic renal failure that are having to go for dialysis. A lot of kids who have chronic medical conditions, so overall I see a decline in the overall population.

I think that families in general are encumbered by increased health needs today, and there are services out there. Sometimes the ability to access them can be difficult because of transportation, because of parents - sometimes parents are working, and just, I think just taking the time and knowing that it's time to take that next step in seeking help.

I think our area too it's indigenous. We're so spread out. There's not really a nucleus, not a big town and we are an agricultural community mostly up here so a lot of the people - it's a widespread situation. And I agree. I think there are a lot more health issues that - you know. You need some help. You can't get it.

Yeah, I think a gap is growing between the families that have insurance and the families that don't have insurance where the family is either on state insurance. I think by and large the families who get state insurance do not receive the same level of care as those who are better insured. There's also a whole group of people where the families are employed, but they make too much money to qualify for Husky insurance, and their jobs don't carry health benefits, and so those folks. And I work with some of the aids at school and others are uninsured. They might make \$50,000 a year, but they're uninsured and they can't really afford to get sick. So there's more and more of that now too.

That middle person with the co-pay is too high for those - you know - for some of those families. They can't pay the co-pays on them.

There's probably some concern there with declining health because you're not seeking care because you either can't afford to pay or you can't be seen because you haven't paid.

The economic times are playing a part in that.

Boomers

Declining.

Nutrition and exercise.

We could say we're a more aging population in this area, so I know we're declining, but there are different needs.

I think you would think the older people are the ones - the healthiest because I think the most of the money in the community is with the older people. With the younger people, there's not jobs around here economically like there used to be. So I think they're the ones that have to eat the cheaper food and they eat more fast food and stuff. I think that's part of the reason why there's such declining health, because you see a lot of younger people who are very overweight.

I would add to that only because I happen to be a health care professional, too, and I've seen people who are coming home sicker than they used to in the past. And the services are not necessarily easily available to them. I do home care.

Coming home from hospitals, nursing homes, transitional care units. Sometimes people take other family members out of facilities when they're not really capable of caring for them in the home. And I - because we're such a rural area, the services just aren't readily available. Transportation is a big one. We have people who can't get anywhere.

I've got to say that I never would get active in the community, but I feel rising health costs and co-pays and cuts are keeping people away from health care.

I agree with that.

I mean, you get a little older, your money's tighter and you can shy away from things that you - don't appear to be necessary.

There's a lot of people around with no health insurance at all and it's because economically things are so bad.

Faith Based

It just seems that I've been running into so many people that are afflicted with cancer and I just - its mind blowing. Almost every week, you know, at church we have somebody with new or are praying for somebody and it just seems to me that there's been an increase in that.

I've seen a lot more tick related illnesses.

Some of what I'm seeing is great decline in physical health, but I think mental health issues are becoming more prominent.

I think in the elderly housing units - that's one of the things that was brought up is that assessments for people who are living there for dementia, for Alzheimer's. Sometimes not enough assessment by the MD's because possibly they shouldn't be living alone. They shouldn't be living in elderly housing by themselves without any assistance. And they don't know where to go.

There's not enough information out there for the elderly.

Youth

I'm healthy.

I think I hear more about diabetes.

It runs in my family a lot.

Yeah. Well, like for a couple years my uncle wasn't able to take care of himself and due to that he passed away.

My uncle had a health induced diabetes. He got that from alcoholism which I didn't know you could kinda like give yourself it, but certain things that you do -

Yeah, exactly. It's amazing stuff that's out there 'cause it'll tell you, hey, should I be an alcoholic or not? No. I'm gonna get psoriasis when I'm 30. I probably shouldn't drink. Probably should change my life around. I'm gonna get lung cancer. I should start running and quit smoking or whatever 'cause if people see the numbers that this is what your blood is telling you is gonna happen, listen to your body as opposed to listening to Lipitor commercials.

Have Insurance? / PCPs? / Oral Health Care?

- **Among youth group participants, under half had health care insurance and others will lose their insurance at 26 years of age. About half reported having a primary care physician, and many said they typically can find care when needed but rarely can afford resulting prescriptions. Y**
- **Many participants describe the need for more geriatric physicians in the area. FB**
- **Nearly all tended to agree with participants that health insurance is a very complex, confusing and difficult process to navigate. Some suggested this is intentional and always an ongoing battle for reimbursement or coverage. FR**
- **Others discussed stressed employers who are hiring at less than 30 hours weekly to avoid the cost of health insurance. FR**
- **Participants noted that many PCPs are not taking Medicare patients. FR**

- **Most see the region having enough PCPs and Dentists but not enough that are taking Medicare and Medicaid. L**
- **Some describe the State Medicaid reimbursement rates for dental services as awful. CL**
- **Others see it becoming increasingly difficult to get insurance to cover the placement of patients in psychiatric facilities. CL**

First Responders

Over the years, we've definitely seen a dramatic increase in people who are self-pay, or who are effectively self-pay if they have a high deductible, which means they're paying first out of pocket.

And there's the additional complications with the health managed savings account, and healthcare accounts, helping to count. Very often, patients don't really understand how that works. So what we do is, they see - they end up seeing the doctor a number of times. The doctor bills out to the patient's insurance, which may or may not have changed some internals. And it comes back, you know, for several visits' worth of services that are not covered.

I know of a person who works full time, and she just had to let go of her insurance, because her insurance for herself was going to be \$1,000 a month. That was going to be her out-of-pocket cost.

Once we bring the patient to the hospital. Then - and if it's a self-pay, sometimes I'll go back and ask the hospital a week later if there's any changes in this A, B, C patients' insurance status. Otherwise we have to bill them privately. And the collection on private pays is dismal. And over 20% of our patients are self-pay.

It's definitely getting worse.

And I think the pay people are making is - has not risen as the cost of insurance. I think insurance prices have gone up so quickly that the wages have not been keeping up with it. And I think that's a big issue.

And they hire them for just under the number of hours where it would be required that they provide insurance. And it's just - so, these people - although they may have, you know, 30 hours of work a week with this one employer, they don't - they're not entitled to benefits.

Difficult to find PCPS.

Yeah. And I think if they have - on Medicaid or Medicare, sometimes they're restricted.

I know our endocrinologist here at the hospital says, when he takes a Medicare patient, by the time he pays his employees to fill out the paperwork to get reimbursed for that care, and he gets that reimbursement back, he's put out \$10 in care - in cost to his staff. So he doesn't make any money at all from that.

I do know of one private physician, local to me, who has chosen to not accept insurance at all. And it's just a cash only arrangement, much like a small town doctor. And I think that's the way he's setting himself up, and I think that's attractive to a certain segment of what - population.

You're starting to see that. I think it's a \$500 retainer on your doctor for the year. You show up, I bill you direct. There's no deductible, there's no insurance. So he can work with his fees. That's interesting.

Latinos

So I think right now I have a physician in healthcare with the hospital and everything with Title 19.

No, not with our insurance, no. It's hard. A lot of people are not accepting people, newcomers. You just have to call and ask them, see if they have openings.

We have a problem. If you're sick now, they want to see you two weeks from now.

And it depends on what insurance you got, that they'll take you.

Yeab, I mean they're burning the candle at both ends.

Not a lot of dental.

Yeab, not around here.

Well, not for dental. It use to be everything six months you got a cleaning. Now it's every year that they will pay.

And for some of the children it's impossible, because like with my son, they don't see him, because one, he's little, and two, he'll bite the dentist. So I have to try to get into the Children's Hospital in Hartford, and they're booked, so he hasn't been able to go anywhere.

I have a one and a half year old, and she gets seen by Generations. They usually come when he's here every six months, which is great.

Community Leaders

I'd just like to add one, another problem that I've seen, not myself, but what I've heard about is the lack of dental care for children. It's unbelievable. I'm, I was appalled when I heard what the statistics were.

But, that's an insurance issue, as well, since you raised the insurance issue. I mean, that has manifested in part, in large part, by the awful rates that our State Medicaid program pays for dental care. Nobody wants to take a Medicaid patient. And I think that is increasingly being reflected in other areas of care, as well. And, since I know about Medicare, the squeeze is put on providers more and more and more by Medicare, as well, and all of these insurance issues actually are started to create - have and continue to create - worse access issues. They will only be exacerbated what has happened yesterday and today.

Yeah, there are plenty of dentists.

I have to get authorization from insurances for placing people in psychiatric facilities and nursing homes. We're seeing the spectrum where it's more and more difficult. It's more difficult to get authorization for patients to obtain psychiatric help. There are some managed Medicares where a person goes into the hospital and they're going to need rehab in a nursing facility one to two weeks, or whatever. You call to get pre-cert and you'll hear, "Well, the person has \$120.00 a day that they have to pay," which they aren't aware of whatsoever, so they aren't going to go because they don't have that kind of money. So, the insurance is getting more difficult to get authorization, and when you get authorization for mental health, sometimes they are in there two days and out the door they go.

As someone in the trenches doing that authorization for any kind of surgery or any kind of patient, no matter what the age or insurance, it's getting more and more difficult to get authorization for general surgery.

We are having to refer them on, and we cannot get the authorization even for things such as MRIs. And we would spend, we were having spending hours trying to wade through these.

School Based

There are a lot of dentists in the area, but if you don't have a commercial insurance, you're out of luck.

Boomers

And I know it's a big problem for people my age. I have some friends that are 60 who retired and then they're stuck with these huge health care payments to keep insurance. I have a friend, he's my age, he doesn't live in Windham, but he lives in the State of Connecticut and he's thinking of only getting catastrophic insurance.

My costs are quite up there and I'm very healthy, but preventative or having any tests done, it's all out of pocket.

Faith Based

I have a significant number of parishioners who do not have health insurance. Adults I mean children seem to get under the HUSKY plan and are able to get coverage, but parents and grandparents - particularly people in that range where they're not quite eligible yet for Medicare, but they're, you know, 50 somethings.

I think that the elderly population there is a problem with finding good geriatric doctors. Doctors who can really look at the needs of the elderly. But I think geriatric doctors are very much in need because of the population. Everybody's living longer.

People needing surgery and can't find a surgeon who will, you know, the parishioner has had chronic sick trouble for years and years and years and years and it was labeled a pre-existing condition and she couldn't afford - she's Medicare and couldn't afford to do it.

I think there's enough.

Well I know my son he had the insurance and there wasn't a dentist that would take him. He called every dentist that he could find in the book basically and nobody would take him.

No one would take the insurance. Once he said what he had for insurance they wouldn't take him.

Youth

So I'm trying to get onto SAGA now 'cause I'm in between jobs so to speak.

Yeah, they keep me on until I'm 25. And I'm not sure if they can - They can keep me on if they want to with paying or something, but that's what they said. It doesn't matter - I don't have to be in school or anything. They just keep me on until I'm 25. I don't have to worry about it yet.

We have the best dental plan that the state has to offer through whatever, Anthem Blue Cross or whatever, but it doesn't cover anything. I mean it covers like cleanings so I mean yeah, I guess I go for cleanings, but it doesn't cover - I think it covers like 10% of everything else. It like covers nothing and it's expensive.

Standard of Living

- **Over half of the participants in the youth group were unemployed. Working youth suggested they can't save at minimum wage and cite the high area cost of living compared to places like Texas. Y**
- **Others, in older groups, noted that college graduates are leaving the area because of the local economy. B**
- **The dire economic situation is described by one participant who suggested she can't even afford to get work – suggesting the cost of transportation to work is insurmountable. L**
- **Other community needs assessments are showing that transportation is a leading need – driving everything from access to work and health care appointments.**

- **One community leader indicated that food bank use is up 58% within the last 12 months alone – as a metric used to demonstrate growing numbers of working poor.**
CL

First Responders

I see quite a bit of - and experienced myself - people who work very hard, work throughout the week, but they work - they're cobbling together three or four jobs, occupations. Also may be doing volunteer stuff too. But at the end of the day, there's nothing that amounts to - I don't have insurance. It goes through my spouse. I do a bunch of stuff. I've got, like, five part time jobs, and I do things in the community. But it could be a lot of those people out there that are working, they're doing good things for the community, but they're not insured.

I mean, we have plenty of people that are no-shows. They'll make an appointment to come in for diabetes education, but they don't show up for their appointments. They may or may not have insurance. I think people are stressed in a lot of different ways. I think grandparents are now watching grandkids, because people need to - are going to save money. They can't bring them to daycare anymore. So they have a lot more stressors that way. And then people will say, I can't afford the gas to come.

Latinos

It's going downhill quick, man. Just getting back and forth to work, you have people that can't even afford to get to work. It use to be that someone in the area, down where I'm living, you'd go to Providence in a heartbeat. It's a 40 minute drive. Now they're limited to - they can't afford to get there. So you start with, you know, working at the Wal-Mart, McDonald's, Burger King, and that's all that town has to offer.

It's a lot - I mean a lot of people use to carpool, but it's getting hard.

No. That's going downhill real quick.

Community Leaders

Not improving dramatically.

But there is a difference from the Northeast corner of the county to the Southwestern corner. It's a bit of a different demographic in education level.

In regard to standard of living, Windham County is the most insecure region of the state, and one of the programs we also run is a food bank. We've seen a significant, or at least 50 - what, last time I looked, it was 58%, but I know it has gone up since then - increase in the last 12 months in utilization of the food campaign, mostly by elderly and the working poor. A lot of people were laid off from other jobs that are now at entry-level jobs and cannot make it without food support, even though they are working.

We link our food bank to every kind of service we can through literature, but there's also a literacy issue. So, just putting it in a handout doesn't always necessarily get the job done.

School Based

Declining.

Declining which is just a direct result of the economy, but there's no way around that. I mean -

I say over the last several years it's been declining. I think, personally, it's declining at a much slower rate right now than it has been. I'm not saying it's plateaued or in the upswing or anything, but it's not a straight cut down for a lot of people now. It's - the decline is a little less steep so.

You see a lot of houses that are just abandoned. Yeah, there's a sticker on it that says this house has been found to abandoned/vacant.

Boomers

When I was a kid, everyone was middle class. Everyone worked at a factory. People had money. And now, there's no industry.

I'm a retired school teacher and in Putnam 57 percent of the entire school is on reduced or free lunches.

At best, when I moved here, and it's - as I understand it - it's gotten worse.

But I don't see it - I don't see it depressed. And I don't see the work force being depleted. I see young people around. I see everybody - I couldn't believe that they were going to build that mall.

I know the Community Development Administrator in Killingly. And she fills me in on this stuff at times. But it's - factually, it's economically depressed. And maybe you don't see it, but it's there.

And factually, it is getting worse. And factually, high school graduates generally, as they're looking for viable employment, they're leaving. And college graduates don't return.

I would just say in Pomfret we have people who are always on the edge. You go and you talk to people and some of them - you find that people are trying to stretch out tires on their car. They're waiting longer to have their cars serviced. Filling up their oil tanks is now a difficulty. And you find people who are both working and we still have this in our public school that both parents are both working, just trying to stay where they are. I say it's tough times.

Faith Based

I think the economic downturn, you know, the numbers aren't real numbers. For example if you just look at unemployment - the figures. Well, you know, they're hovering around nine, nine and half - that kind of thing, but what's happened is that people have left good paying job that had benefits. Now they're working jobs that don't offer the same kind of benefits that they used to have. So they're not in the unemployment figure, but they're in a job that doesn't offer them the benefits that they had before and they don't have the money to purchase it themselves

They're not hired to work the number of hours that would qualify them for insurance. They work at a job that, you know, are capped at 25 or 30 hours and the employer says you have to be working 40 to get the coverage.

Youth

Yeab, I've been looking for a job.

Yeab. Most people I've talked to are. Out of work. Like they said that we're coming out of the recession, but I don't think a lot of people are.

Yeab. Everyone's having trouble right now, even people that I know that are financially stable and well off so to speak and yet everyone's pretty much struggling right now.

The cost of living is disgusting in Connecticut.

Disgusting.

We're one of the top three counties for the cost of living.

Just to have car insurance, health insurance and pay for an apartment you gotta be making \$900 a week and that doesn't even include food.

It was like \$595 a month for a three bedroom, two bathroom apartment in Texas and then you come up here and it's like \$1000 for a nice one.

Down South it's so much cheaper.

We're trying to get out and start our lives and it's impossible it seems. You're stuck at your parent's house until who knows when really until you get a good enough job.

And paid minimum wage you have no way to save money.

ON AWARENESS ...

- **All focus group participants were asked to report the names of health care organizations and facilities they were aware of in the area. The following are those named across all groups...**
- **ARC,, VNA, Walk-in on the Green, CareNet, Crossroads, Eastern Connecticut State University, Holland Road, Mansfield OBGYN, Quality Homemakers, Wingdale, NetChild, Union Joshua, Windham Hospital, Day Kimball Hospital, CPASS, Natchaug Hospital, Generations, Planned Parenthood, CPAP, Ness, Backus Hospital, Mansfield Family Practice, walk-ins, Putnam, Plainfield, the new Backus ER facility, Perceptions Program, Prompt Care, Community Companions & Homemakers, DNA, CCCI, CCS, Access, WAIM, Daily Bread, Interfaith, TEEG, Covenant Soup Kitchen, New Ways and Hospice.**
- **Overall awareness levels of area health care providers, among non-health care professionals would be described as limited. Just one participant, across seven groups, named 211 as a resource.**

Name Health Facilities / Organizations

First Responders

Windham Hospital and Day Kimball.

Generations.

Well, in Danielson, up in Killingly, there are one, two, three - I would call them doctor's offices, but medical centers.

Some of them are owned by Day Kimball. And the doctors work for them.

Walk-in clinic in Putnam. Or there's a walk-in clinic in Plainfield.

Willimantic has one.

There's a Planned Parenthood in Danielson.

The hospitals seem to be branching out in smaller areas, in smaller units, to help get these people in. To get them the help that they need.

Well, Backus Hospital. It's actually building an ER, emergency room, in Plainfield currently. And we do transport from Danielson area to Backus.

For Day Kimball, diversion is very rare. I can recollect once in the last five years. But, they test it daily for the population and the ER. It's a sad - I think this is a result of the fact that people with Medicaid and without a car or any way of transportation to a doctor's office just assume to call 911 and have us take them to the hospital for anything.

Latinos

You're talking about the hospital over here, Generations right next door?

There's Day Kimball Hospital. There's a facility on Green Hollow Drive which is associated with Day Kimball. There's Windham Hospital. There's Backus Hospital.

The walk-in.

The walk in clinic, there's one down in Plainfield.

Windham Hospital.

This is the only one that's here. I mean there's doctor's offices, but they're different than Generations.

Then I'll go to New Ways.

New Ways that's on Main Street.

With my children. Generations.

He won't go to the doctor's unless he's sick.

Like me, I've been sick. I stopped going for care.

Satisfaction

- **Generally, all participants were very satisfied with the health care organizations and facilities in the area.**
- **Nearly all agreed that emergency room waits as well as lack of communication between doctors was troubling but did not necessarily impact their levels of satisfaction with each.**
- **And, conversations returned to insurance – that doctors won't see them until their bills are paid so they are forced to go to the emergency rooms.**

First Responders

Yeab.

Nodding your head yes.

Well, I - I think the main complaint would be, in these people we just spoke about, going to a Day Kimball and having to wait six or seven hours.

Usually the wait time.

Latinos

I like my doctor. I'm having actually issues right now with payments, my insurance payments, my bills. So they won't see me until that bill's paid, and it's been like over six months. So, it's the hospital emergency room for me.

Every time I've had absolutely no issues. I've been in, taken care of it. She went to a new doctor today because the one she had quit. The lady walks in with her file and goes, "I haven't even got a chance to read your file yet," shows up a half hour late. You know, she had no idea what she's doing, just decided she's going to change all the medication, all the protocols. So they really need to communicate more.

The emergency room is a nightmare in here. It really is.

There's a lot of bureaucracy involved. I mean, they have to follow all this protocol, like if this thing goes in this basket or this bag or this bag. I mean I think the organization could be quite a bit shortened.

School Based

Mine's been very high.

Mine has been high with Backus and mediocre for Day Kimball.

People just wait, and wait and wait. And then they get they get mad because they're waiting. Someone in the waiting room they called the police on her by the time I was leaving because she was so upset that she was just waiting even though she had an appointment.

I didn't want to say in terms of like - satisfaction. One thing that I do really like about Day Kimball is the new computerized system and that every time I go to a doctor who's in the Day Kimball System, they can pull up my history within the Day Kimball System and see what medications I'm on and stuff, and that's really wonderful.

I do like that very much. The only problem I've ever had was with the ER. That was the only - with the physicians, and I had surgery at Day Kimball. Those were fine. It's just the ER that I've had issues.

I think one good idea that I've seen is that at Windham Hospital they post on the computer or they post in the area the waiting time.

Boomers

No. I feel that my doctor's an insurance lackey.

She'll do whatever the insurance company - she states she shares a distaste for insurance companies. In practice, it's not true. She'll do whatever the insurance company suggests.

I think - I pick and choose. Depends what it is. There's some things that - I find my general practitioner, I think is great. And there's some services I take at the hospital. For a number of services it's been great as opposed to going to Hartford. You walk in and it's - you're taken care of quickly. But there's some things I would rather go somewhere else for. Providers that are specialists.

Youth

Day Kimball, I've used everything for Day Kimball and I like them honestly. I mean they do, they give you a lot of unnecessary tests

I went there with my kidney stones, but I went in there screaming. I was screaming. I couldn't do anything. I was horrible. They treated you pretty quickly, though, right? Yeah.

I loved Day Kimball. And I love their pediatric center except for making appointments. It sucks, but other than that it's good.

The Mansfield OB/GYN where I go they're really good.

Specialist Availability

- **It appears that residents and leaders throughout all seven groups agree there is a lack of specialists in the area but have become resigned to trips to Hartford, Boston, New York and Rhode Island are necessary. And, some add that this lack of regional specialists is a barrier to care because many do not have the means to reach distances for appointments.**
- **Some participants note that the lack of specialists is especially critical for children. Any need to see a child specialist typically means a trip to Hartford. L / SB**

First Responders

Child, adolescents - child and adolescents. I would - we have terrible shortage in the Danielson area. They do around here too, I don't know. We also have a terrible shortage of dentists and oral surgeons that are willing to accept Medicaid, state.

And endocrinologists.

I think we need a neurologist too.

Latinos

For specialists, like for my kids, I have to go out into Hartford.

You usually have to go to like Hartford, Norwich - Norwich Hospital.

You can go to specialists at Norwich. They have a lot of them.

And the majority of specialists, the state won't pay for it.

Community Leaders

I think what you allude to is, it's not just dental. It's any specialization. I have a client who has some kind of growth on his face. It's pretty hideous. He can't find a dermatologist who is willing to take his damn insurance.

I can comment on that. At Windham Hospital, we have been looking for a dermatologist now for a long, long, long time and have not been successful. Dermatology, most of them are not going into general dermatology. They are going into cosmetic dermatology. You don't have to fuss with the insurance companies and you have a nice life. So, that's a significant problem.

No.

Particularly in primary care, which I consider a specialty. Pediatrics, internal medicine, family medicine. A tremendous problem there.

School Based

For children they're very difficult to access in this community.

So again transportation comes into play, and Husky does provide transportation for services, but you have to call in ahead of time. You have to set it up, and there has to be an adult there. So there's many variables that come into play that really impede access I think.

It's fine if the way that if you have to go for testing or something - my son had to go for some testing. It's an all-day process because you do have to get there and get your kids in there. And then you wait and you see the doctor. You don't go on your lunch break, or you don't take the morning off to take your kid to the desk. It's an all-day thing.

And they do have satellites primarily in the greater-Hartford area, and then they come out with some of their specialty clinics into the different neck of the woods. A cardiology clinic, there's a pulmonary clinic. There's an orthopedic clinic, and they maybe come once a month. Make it easier.

I haven't had a problem finding specialists.

Boomers

No.

I know Day Kimball pulls in a - they pull in a lot of specialists out of UMass. For clinics. Some come once a week. Sometimes once a month. They pull in specialists.

Faith Based

People don't seem to mind going to Hartford.

I just had a parishioner with a massive heart attack a week and a half ago and he was transported immediately from Day Kimball to UMass in Worcester and was out to see him a number of times during his stay and got excellent attention and care there.

I think the populations adjusted from what we just talked about. I don't know that I've heard any complaints about, you know, gotta have a heart surgery, you know, gotta go down to Saint Francis or something.

It's hard to know that a community of this size could really support that kind of care and that number of specialists.

I mean transportation becomes an issue sometimes.

Youth

I definitely think so. If you need anything really targeted, you have to go to U-Mass or to Hartford. Hartford is the main place if you want a good targeted specialist for something. They have a few here and there for hospitals and stuff, but if it's anything where they really have to look into it or you need targeted help or anything that's too complex, they send you up there. So I definitely think so.

Yeah. We got, right after we had the baby, we got sent to Hartford with them because - All they had to do was like they gave him a pill and they did a picture thing to see if his digestive system was working right. So we had to go all the way over there and stay there for three days just for that one test. Yeah.

Enough PCP's?

- **Nearly all participants, across all seven groups, agree there appears to be enough PCPs in the area – that the issue is acceptance of insurance.**
- **Some noted that the region lost a designation allowing it to receive medical students locally. CL**
- **Others cite a growing problem of seeing PAs or assistants instead of physicians. B**

First Responders

Not really.

Latinos

I think there is.

I think there - yeah, that's true. There is. It's just who covers what, or who will accept the insurance that you have. There's a lot of dentists around.

Community Leaders

Well, I can speak as far as Day Kimball Healthcare, we have an LLC which we have over now of more than half of primary care physicians in our 13-town service area, as part of our LLC. And what we're seeing is patient visits go down, and I think that relates to the insurance issue. The insurance issue, again, is two problems: One, people without insurance; and, number two, people with insurance who can't afford the co-pays or the deductibles, so they are utilizing their insurance less.

I don't think it's a breach of confidence to say a constant problem was finding practitioners. Constant. And it's a combination of the pay scale in Northeast Connecticut, and people don't want to come.

We lost our designation, too. We used to be an area that had a federal designation to receive medical students for med loan forgiveness, and there are still, some sections of the county are still a HIFSA, we're still an MUA, certain sections of the county, or an MUC, but we are not designated any longer to be on that physician forgiveness region. It's so limited now to sparsely rural, pioneer or American Indian, and that really sort of change recruitment, I think, 15 years ago or 12 years ago when that changed.

A lot of them are going to be retiring.

The average age of physicians in Connecticut is well over 50. At Windham Hospital - it's been awhile since I've looked at the data, but maybe you know - a good proportion of the primary care doctors are over 60.

So, the aging, and I always mention nurses, the average age of the nurse at our hospital is 45. The average age of the specialty nurses, the ones that work in the ICU, is something like 50. And then that's a whole other issue, the nursing shortage, but maybe we'll talk about it later.

School Based

I had a problem with that. When I first moved here four years ago, I called several primary care doctors and asked if they were accepting new patients, and they weren't.

Boomers

But now it's - even though you're already his patient, you don't see him. You see him the admin. And I don't think - in three or four years, I don't think I've seen my doctor.

No.

I don't have any figures and numbers, but I do know - and you brought up a point about Windham Hospital taking over that office. The hospitals are buying up these doctors.

Because of that malpractice insurance. They kind of have to answer to someone else now, too. I think that makes all the assistants. So now you have one doctor working and then having assistants. You're not getting - they apparently don't have enough primary care doctors because we don't get a one-on-one always.

Youth

I think there are.

I was gonna say maybe there wouldn't be enough if everybody wanted to go look for one at once.

There are actually more than I remember. I think there's enough around.

I don't know because there's been a few times where I've had to make an emergency appointment and I couldn't get in for a week or two and maybe if there was more, they'd be able to take you for something.

If you need an emergency appointment, you're gonna try your doctor, you're gonna try your place. You're not just gonna call around. So I think there's definitely enough, but in that kind of situation you're not just gonna call other places and try and get in to be a new - 'Cause you're new and you gotta go there and do the paperwork and see if they accept your insurance and then if you have financial problems like you need to only go certain places so I mean in that sense it's a problem.

Enough Walk in Centers?

- **Interestingly, while most see enough walk-in centers in the County, many suggest there would not be if more people needing care had access to transportation. FR**
- **Some first responders offered that new walk-ins won't really help with overcrowding in ERs because they don't transport to walk-ins. FR**
- **Most welcome the anticipated new Backus ER facility.**
- **Some participants presented concerns about continuity of care when residents go to walk-ins, and ERs as well as their physician offices. CL**
- **Others suggested that, going forward, any new walk-in facilities should be more strategically placed – that they may not be covering all areas of the County. B**
- **Nearly all agreed there needs to be a community wide effort to clarify when to use walk-ins as opposed to ERs. FB**

First Responders

In our area, I think they're branching out. They're doing a great job. They're trying to do their job.

That's where you would think the pink-eye would go, if they didn't have a physician. But I think that's probably - don't provide transportation to the walk-in clinic. So that would be an issue.

Transportation, to be able to walk in.

You have to drive or walk.

Latinos

Well, sometimes it's a wait. It depends on what kind of day they're having.

Community Leaders

Yes. They do.

In Windham, in Willimantic, we only have one urgent care center.

I manage the walk-in center that is in Willimantic. We see approximately 45-50 patients a day. We're open seven days a week. Whether you could really support another walk-in center right in Willimantic, I don't know. I think that would just kind of slip. But, one of the problems that you have is physicians, to have sufficient physicians. I mean, I struggle all the time, and our physicians are working a lot of hours to keep us open seven days a week. And we do

provide an alternative to the emergency room. And we have a 50% ownership with Windham Hospital. We're very cooperative with their ER.

I'd say, too, that even with offices, if the offices are staffed so that they do not have a physician in their office, they defer patients to the walk-in clinics or the ER. That's the only choices they have. And we found that even people who are Generations patients still come to the ED a lot. They claim that they waited at Generations for hours and never got seen. Whether that's true or not, we don't know.

One of the problems with a walk-in center is we're urgent care, and these people need primary care help. So, we need to be able to refer them one. There is an insufficient number of primary cares who are taking new patients for us to be able to take these people and get them to the next step so they can maintain their healthcare.

And those that use the walk-in that have a primary care, you know, can be diverted back. I mean, a lot of times we're just appointed if patients are going to a walk-in when we're open and ready to see patients, because you lose the continuity of care and you can't get, you know, the same level of care, because it's somebody who has never met you before, who doesn't know any of your history, who has no access to your records, and, you know, you're putting them in charge of your healthcare. We struggle with that. I mean, we understand the need for walk-ins, but at the same time we're trying to get our population that, you know, identify yourself with a doctor, because we do not like to be referred to as a clinic, because we're a physician practice.

One of the problems that we have at Generations, and I'm a consultant over there two days a week, is no-show rate. The no-show rate is at least 30-40%. So, I think we need to develop some sort of system or align the system or something. Transportation help or something to get the patients there. I mean, that's a lot of patients. And I'll go and I'll be scheduled for maybe seven or eight patients, and I've had days where maybe two or three show up.

And I think that really exacerbates so many of the issues with chronic disease, because you have an exacerbation of the issue, you know, you're having difficulty breathing, so you go to the ER because you can't breathe. They fix it, but you don't reconnect with the primary care, so you don't get ongoing care and you're not getting to the bottom of some of the chronic disease issues that we could manage better if we had a more connected system.

Boomers

I don't think there's anything up northeast. Really northeast.

Could use some more strategically placed.

Faith Based

There may be confusion too about when to use the walk in clinic versus the emergency room. I know that's not always clear and, you know, in the middle of a crisis or, you know, somebody's taken a fall or has an injury that needs stitches.

Youth

I think they're pretty good with those, but every time I've walked in it's been pretty nice, not very long waits and stuff.

I don't know about for guys, but I know with Planned Parenthood you can just walk in and get an appointment.

There's a lotta access in Willimantic and Mansfield.

Yeab. There's one in Pond Hill, a walk-in center, and that's pretty fast.

Use of the Emergency Rooms?

- **From first responders to youth, group participants see misuse of the emergency rooms. Many attribute it to the lack of transportation available to many residents. Some even suggest physicians are to blame – sending patients unnecessarily to the ER when they are busy. B / FB**

First Responders

Pink-eye. You know? It's - and these are the kind of things that are really putting an undue burden on emergency health services in the ERs.

Strongly agree – ERs are overused.

Yes.

Well, that's where the issue is. They don't have a primary care person, so where else are they going to go to if they don't have their own transportation? You know. You know, if they have their own transportation, well, maybe there's not enough out there about walk-in clinics. I don't know.

Just out of curiosity, a particular patient that we have has been a frequent flier at Day Kimball Hospital. And sees a lot of services. And we calculated once, just out of interest. She's cost over \$1 million. Just one patient. So, we go back and forth.

It's psychological problems. But there ought to be some place that would be better suited to her visions that she has. Or the - going to, you know, Hotel Day Kimball.

But the - that - but the ED can't turn people away.

And they can't.

Latinos

I'm dead.

For me, the last time I used the emergency room, it was because I was drinking a pill. They was doing - they was numbing me. When I was taking it, I was shaking, and you know, when I drink the pill, I feel like it was crack or something like that with it. I was like, "Oh my god, I don't do no drugs, no nothing, and now this place is doing this to me?"

I don't know. Like when I'm hurt or something.

No, I don't like being in the hospital.

You know, to be honest about something, going back a little, I think that's one of the major problems why in the hospital we have issues with somebody like him, because he's sick, and he could go into the emergency room and like to give you something for the pain, they'll look at you automatic in a whole different way, because there's such a major problem in this town. You don't get what you need because so many people go in there, you know, to get proscriptions just to abuse them, and when you go in there and you're really in pain or something, they won't give it to the people who need it.

School Based

I work in the Emergency Room and there are people that access ER services that should not be there.

Last week there was a girl in there who wanted a pregnancy test.

Boomers

Emergencies. I tell you, the last time I went - and that's why I didn't want to visit that place anymore. I went with bronchitis and they were taking me in for CT scans and all sorts of stuff.

You think you got unnecessary care? Totally.

My daughter took my grandson to the emergency room because he was having difficulty breathing. He had a bad cold. When she took him there, they told her that she should not have gone to the emergency room. This was one o'clock in the morning. They told her she should have waited until her doctor's office opened. So the insurance denied and my daughter got stuck with not only a sick kid, but the emergency room bill.

That sounds like a typical breathing call.

I was scared.

Are people that you know using the ER inappropriately? Yes.

Most of the people that don't have insurance go because they can't get into a doctor's office.

Or, you call a doctor and find he's on call or something and instead of seeing the patient in the office, they'll say send them to the emergency room.

Go for accidents. You may be cut off your finger. What are you going to do? Wait to go to the doctor's office?

Faith Based

I think so, so far for those kind of, you know, more acute.

I think it depends upon the kinds of insurance that they have. Or lack thereof. The folks who don't have insurance I think they just kind of do what they need to do. They depend upon it being covered at the emergency room and hopefully being able to be received and treated. I think that insurance does play a big factor in that decision.

If I've got insurance then I've got more options. If I've got no insurance the emergency room will at least have to see me.

To that point, my husband worked for the fire department. He's up in Sterling and either people haven't called the ambulance for a stomach ache, so it's only emergency room for a stomach ache or minor little things that you could go to a walk in clinic for or you could call a doctor. It also depends on the time of day. Because, you know, the hours at the walk in clinics or whatever that's a big factor too on that. But it's amazing on how many little things they call the fire department for and an ambulance for and so -

That's education again. People don't know, you know, the distinction. They don't know who does what.

I think that's very important, you know, when do you go to your doctor. When do you go to a walk in clinic, when do you go to emergency room and I know doctors will help.

Youth

Massive loss of blood.

That'd be a good idea, Jonathan.

Like the kidney stones, something like urgent, you can't wait another day, you can't wait to make an appointment.

Like broken bones, things like that.

They have a number which I think, 'cause I didn't know about this until recently, they have a number and you can call and you tell them your symptoms and stuff like that and they tell you if you really should come in right away or wait.

They know they're in pain and something's not right, but they don't know if it's gonna go away tomorrow or it's gonna get worse and a lotta people wait until the point where they have to go to the emergency room.

ON EXPECTATIONS ...

Expectations

- **Boomers suggested their expectations of the area health care organizations and facilities included 20 minute waits when seeking care, reasonable fees, access, and to receive care with or without insurance.**
- **Youth expect not to be “talked down to” as well as have reasons for waits in ER explained to them – suggesting this would relax them. As readers might expect, youth participants expect the best technology available for care delivery.**
- **Faith Based participants sought personal, prompt care with digitalized quick access to records as well as competence. Participants in this group represented others in their growing anger over the tough books or tablets more common to physicians during exams. Many report “talking to the ceiling while each physician is busy staring at their tablets”.**
- **School Based professionals added accuracy, quality, cleanliness, best effort, follow through, good communication, outreach and privacy.**
- **First Responders and Latinos were looking for shorter wait times to get in for care.**
- **Community Leaders spoke more about constituent expectations as they described an expectation of immediacy – warranted or not. They see patients expecting not only health care but financial counseling on how to secure needed insurance coverage for care.**

First Responders

And I had to wait three months to go see them. So I think having a shorter wait time is - just to see the specialist.

And I know the endocrinologist up here has a pretty long wait just to see. So -

Up to a month, I would say. Would be acceptable in my eyes. And like, you know, people would feel that way.

I have to have surgery on this finger tomorrow morning at Day Kimball. And the doctor with whom I consulted - I think it was about a month and a half before I could get in to see him.

Be there when you need them.

Latinos

I mean, to get my needs met.

I mean, because the money wants to be shared among that same group of whether it be doctors, researchers, politicians. You know, they got their own little groups of people That's a want expectation.

Some people want courteousness, others want quick service.

I would expect that with the state take of healthcare that they would have more shared information between each other. They would know who's out there. They would know who specializes in what. They would make sure people get to the doctors they need. They would provide transportation if they needed it.

Community Leaders

I think the immediate, you know, the immediacy of it. They want to be seen now, you know, and that's part of the reason, like I said, for the EDs for primary care problems, or even for physicals. People will go to a walk-in clinic for a physical, which really rocks our world.

That's really interesting, because that immediate gratification piece is so prevalent in a depressed, economically depressed, community, is I don't have much, so I'm going to take what I have and I'm going to spend it now or get it now or fix it now, and there isn't, you know, there aren't high levels of education. You know, it's sort of there's got to be this whole community campaign to educate a group of people who don't come to the table, many with high school diplomas, about the benefits, the personal benefits, to ongoing care or ongoing planning, whether it's economic planning or healthcare planning. So, I think some of it is just the reality that we live in an economically depressed community with so few, so many residents being educationally challenged and economically challenged, and it's all about in the moment. Everybody is living in the moment.

The other piece I'd like to add to the conversation is the technology piece. What we've seen as that immediacy, you know, it's got to be served and it's going to be served now. With the advent of the Internet and technology, people who do have resources there, now they have already self-diagnosed, because they already went out on WebMD, they've already gone to a million different Websites.

I just have to say for one thing, from a hospital viewpoint, is that what we are seeing more and more is that patients are coming to us with the expectation of not just receiving medical care. They come in with the expectation that financial counseling is going to get them the insurance that they need. But, you know, we get people insurance. Our financial counselors are great. And you're always going to have those undocumented. You're going to have those people that are afraid and they will come to the hospital at the last minute. And then you have the elderly that we find they're coming back in, because they don't have the money for their prescriptions.

School Based

Quality.

Accuracy.

Cleanliness.

Best effort.

I don't expect everybody to get everything 100 percent of the time, but -

Follow through.

Faster follow up and also friendly would be nice.

Good communications.

Outreach yeah.

Privacy.

Boomers

I would say a reasonable charge for reasonable service and, just as an example, I took my daughter - she had extra ear wax in her ear and because the insurance code for that requires not a Q-Tip, but an instrument that they - a cotton clip on the end - they charged \$240. That's ridiculous.

I expect, when I go to a doctor, I expect to not wait more than 20 minutes.

Access. I go with access. You can't just get up and quote and telling you if you can't wait, go to the emergency room. We're not experts. We don't know if I have an emergency whether it's dehydration or whatever. So you're putting the onus on me to make a judgment about my critical health at that moment. And I may not be lucid enough to know what I should do.

My expectation is that somebody who's sick and needs care will get it, whether they can afford to pay for it or not. I don't think that - if you can't afford health insurance and you're sick, I think you should still get care.

Faith Based

Personally prompt care.

They take my insurance.

Competent care and ability, you know, with the sort of advent of having digital medical records to be able to access those records quickly.

I think somebody who really listens to them too. And I think the advent of the computer has - you go into some doctors offices and they will be looking more at the computer than they're listening to the patient and I have a mother who's 103 and I - and primary care for her and she, you know, I've gone to different doctors, but her primary medical doctor is one who really will listen to her.

There's no eye contact, there's just them looking at the monitor and you talking into space.

But one doctor who probably looked at her for 30 seconds - most of time he asked her questions looking at the screen. Something's missing.

Competence - just personal care.

Particularly in the emergency room. I mean I hear a lot of complaints of this - part of that and I think most people understand the need to triage when you're in the emergency room there's so many more acutes that are gonna get seen first and you might need to wait to get your finger stitched.

Youth

Well, sometimes I've noticed at Day Kimball, like I have bad teeth so like not having dental insurance, I go there when it's like really bad and severe to try to find something to help. So like they're - Sometimes when they think you're in pain, but they're not sure, you get sat out in the hallway on like a bed with curtains covering you if there's no one there to really help you. They're just like we'll get to you when we get to you, but you see nurses standing around drinking coffee and looking through magazines when there are people lying all over the hallway.

Have someone actually inform you of what the situation is. Like I'm fine if someone tells me we're having a backup, like then it's understandable. It's like I can't rush you if someone else has a more important problem, but like if there was nothing to be done and there's people sitting there in pain like it's your job to help them so why not do it instead of sitting around.

I think that he was saying about communication is an issue.

It definitely needs to be better at sorting out who needs more attention and who doesn't. Some people do abuse the emergency - They just go in there for every little thing, but then there's some people who are really there for something serious and they treat everybody the same.

Don't leave people isolated 'cause the biggest thing is if you're isolated and you're sitting in a hallway or sitting in a corner, you're forgotten unless you're screaming.

Not use age as a discrimination.

Strengths

- **Admittedly, the sessions were all geared to collect views on health care needs, concerns, problems and issues. Participants, however, readily offered praise for the collective of providers in the region when asked.**
- **Participants saw strengths that included the collaborative nature of the providers that benefit everyone. They saw a large, cooperative system tied together and working together in unison.**
- **They saw the “small” community of providers offering care and compassion. They see the local hospitals as a draw for employers seeking new out-of-state employees, committed health care professionals, and some new PCPs in the area making house calls.**
- **Others specifically praised home draws for lab work for the homebound and the professionalism of area home care professionals. Reminder calls for appointments were also appreciated.**

First Responders

I think that it's that - I think that Windham Hospital, I think it's still very personalized care. I think it's pretty compassionate, because it's still pretty small. And a lot of times, the doctors recognize the patients' names on the trackers, and they know that they've treated them.

We also try to be culturally connected. We have a lot of Hispanic patients, so we really try to do things, we have the interpreters available.

From the EMS perspective, one thing is that they very much know the community.

Well, we do have many patients that we transport many, many times. And I probably know the person you're referring to. And, so, I think that's good, because they recognize myself when I'm on the ambulance from when I own a business.

Latinos

Well, I know for me, they always make sure I get my appointments - what I need to get done is getting done.

Yeah, I like it when they call you. Like you have so much to do throughout the day, and you get that phone call and it's like. "You have your appointment tomorrow at such time." I love that, when I get that phone call. It's like I forgot my appointment, and they just reminded me. I like it. It's great.

I haven't really bumped into or have had my family complain about people being real mad or rude to them. Everybody seems to be on board, and they want to do what's best.

Community Leaders

Well, psychologically, when we talk to small business or larger business or employers that are thinking about coming to the area, we use the fact that there is a local hospital in Windham as a real, as an important weapon. We consider it a real asset.

I think that a real asset is that people who provide healthcare around here, they're really committed. Or else they wouldn't be here. They'd be somewhere else. And I think that's a huge asset that we have here.

I think it's an amazing spirit of collaboration that exists in Northeastern Connecticut. And you used the word "system," and, indeed, from a public health perspective we view it as a public health system. Clearly, alone we cannot do it, like any of us in any of the silos, so to sit on this large coalition that includes social service agencies, physicians, hospitals, healthcare providers, the college, we have Senate Pro Tem Don Williams who sits on it, on the Representatives. We have major stakeholders involved who are seeing the entire picture, and it's a wonderful opportunity - we meet once a month - to be able to come together collectively and hear about not only the challenges, but the good things that other organizations are doing. And we're constantly piggybacking.

Approximately three years ago, my mother went into her final illness, and had a local doctor for many years, a primary care physician. And I was just so totally blown away by the way he was able to tell me, "OK, you get in touch with this person now. You get in touch with this group here." We were able to keep her at home rather than trying to get her into a nursing home. That was just out of the question from a family point of view. But, the groups that came together to take care of her through her last days were just fabulous. Truly incredible. And you talk about care - it was just amazing.

That's wonderful. At Windham Hospital, there's actually kind of a revolution going on in healthcare. In association with a Hartford healthcare organization, I think is going through some changes and I think they're good. We've been able to recruit a wonderful group of radiologists and also a wonderful group of oncologists that are functioning very well.

I think a real strength in Northeastern Connecticut is the ability of the community to support itself. I think that because we've been the quiet corner for a very long time, we've had to figure out how to get it done without a whole lot of other supports and services, and there's a spirit of generosity that really supports a lot of what needs to happen in the healthcare infrastructure that comes from the community.

School Based

I already said the electronic information is really good, and the Day Kimball that I've dealt with in all of the offices that are associated with that have been very friendly.

I think they're all trying to meet the needs of the community with the resources that they've got.

I'm alive.

Actually I'm too, but they do - I think that they work together pretty well in terms of - My father-in-law, I'm sorry my husband's uncle had a heart attack and they transferred him up to U Mass and they - He lives in this area and all his follow-up is sort of back and forth between here and there, and the doctors in both areas, despite that they're across state lines and such, have been working together very well, and that's nice to hear because that's not always the case.

That's been a long-term collaborative relationship.

Boomers

I think that walk-in clinic in Willimantic is very nice. I haven't had - when I first moved here I didn't have a doctor and I went there and they were great.

I think the two gerontologists I know here are making home visits, which for elderly patients.

If you're having difficulty getting a family member out because they're bed-bound or whatever, these people are making home visits.

I think if you need blood work or you need x-ray or you need some - and your doctor wants you to have tests run, I've found that if I go to Day Kimball I can go in and I can walk right in and the wait is very short.

The lab is great.

I agree with that.

They do home draws. If there's somebody that's homebound, you can get arranged through your doctors, and this is anywhere, to get blood work done in your home.

I think we do have a lot of home care people in Windham County. There's a lot of different groups and I think that's a wonderful thing.

Contrary to consensus, I've never had a problem with a referral to a specialist in the area. They've always been in the immediate area with the exception of the dermatologist was in Willimantic. Which is a half-hour drive.

I've seen an increase in alternative care just in the six years I've been here. Chiropractors, acupuncture. There's a waiting list - a two-month waiting list to see acupuncturists. That's awesome. That wasn't around when I moved here six years ago.

Faith Based

I know people in the congregation last year who was just in the hospital speak very highly of the care given at the Day Kimball Hospitals, so has a very favorable reputation.

I like my own doctor. I mean of all the doctors I've dealt with for different things and my wife has dealt with, you know, operations and things they've all been very competent. I'd say they have the three - timely appointments is sometimes an issue, but by in large I've been very happy with the treatment.

I think that most of them will want to do the best they can for the patient or they think they do.

Youth

Clean. A clean environment.

They are obviously trying to improve and from what I've heard from older people up till now - Like I know people who won't even go to a hospital anymore and they really have, they have improved a lot. They are getting better, but there is still a lot of things to work on.

I think the financial end of it, too, they're really trying to find a lotta ways to help people pay for stuff, not just send 'em a bill. Now they'll sit down and talk to you after you go there and try to put you on a plan or really just try to help you figure out how you're gonna pay for it.

Technology definitely. I mean we can even go to a place that has a robot surgeon that has those magnifiers or whatever for the surgeries. That's amazing right there. It's just a matter of getting to the big hospital that has it if you have something that serious that needs to be taken care of and you can't put one of those machines in every little town kinda thing.

Yeah, technology is really good now. It's helped a lotta things.

Local EMTs, too. Our neighbor's Life Alert went off yesterday and the ambulance came rolling through. It was a false alarm, but something happened and they were there right away.

And volunteer firefighters the same thing. They're the first to respond.

Weaknesses

- **Participants offered perceived weaknesses including hallways packed with patients in the local ERs, having ERs used for primary and not emergency care. FR**
- **Others offered long wait times to schedule an appointment, as well as at an appointment, as a weakness. L**
- **The lack of translators and data were added as weaknesses. CL**
- **Some suggested the lack of mental health care especially children psychiatrists and psychologists was a significant weakness. These participants also saw a lack of training for teachers on mental health issues in children as a weakness.**
- **Others considered the general lack of information on wellness or wellness education a weakness.**

First Responders

Well, it would be the - on the other hand, the ER is overwhelmed on many occasions. They're lined up down the hallways like suitcases. And that becomes a problem. We have issues with patient turnover, which - it's starting the ones out of service for a longer than normal time, because we're waiting to turn over to a nurse.

We're being utilized as a primary care institution, as opposed to an emergency care.

Do you think people call 911 and take the ambulance to the ER because they think they'll get into the doctor than if they were to drive themselves? Yeah. That is absolutely one of the perceptions that patients have.

I would - that was actually - it's the reality, too.

And then I think - you're someone who doesn't overuse the ER, but you do have to use it at one point in time. That's very difficult when you get there, and you want that emergent care, but you have to wait behind the other people who have taken the ambulance because they need primary care.

Latinos

Yeah, and taking forever.

Taking a long time waiting for them to see you.

And even getting an appointment. I know like to see an eye doctor, you need to wait.

Community Leaders

Back up the tape, the first hour.

Clearly, the funding piece of it, as I've alluded to, puts us at a disadvantage in so many different ways. Again, because of the lack of data, and this is why we're so grateful for the assessment that is being done, the general lack of data to support the needs and the outcomes and the health status that we see specifically in Northeastern Connecticut.

I think particularly in Windham, but other parts of the county, you know, in our state, for example, the federal government requires that there be interpretive services paid for through Medicaid. It's not funded in this state. And there have been several tries to get it funded, and it has failed several times. And they're violating the law in Connecticut, but that's how it is here.

If I could, it's a huge issue for Latinos. Bringing a child and asking them to interpret for you. Bringing a sister, talking about sensitive sexual issues, sexual history, abuse history, victimization.

The weakness is that we are very fractured and we have a very difficult system to navigate. So, it's great if you're an insider, if you've been here forever and you know the players.

School Based

But it's still, even when there's some long-term relationship in any organization, the communication isn't always there, so it's nice that it's not just that they have that collaboration and that they can do that, but that they maintain the good communication because -

I think for me one of the critical pieces that's missing is the mental healthcare and good coordination of mental healthcare. It is extremely difficult to find a good psychiatrist. There are not children's psychiatrists and psychologists around. There's not really good training for teachers around mental-health issues in children.

Mansfield is over a thousand kids. It's very difficult for a kid who has any mental-health challenges to adapt to a building that size. And the hoops that they have to jump through to be able to be in a smaller, supportive environment are very difficult.

I think children come to school and work the high school population and they come with baggage. It's not as simple as - you know - I think as in the past. There's many more variables playing into it. I work at a school-based health center and I think it's - which is located in the high school, and I think it's a very positive - These kids are lucky to have access to that care because they can come for mental-health services or medical services right in the school so they have a safe place to go to come and to unburden themselves as to what the issue is. And that goes from guys - you know - male and female many times with their sexual health needs we deal a lot. You know - played a bit with that. And mental-health needs I think that it just runs the gamut. Some of them haven't had a physical in they can't tell me how long it's been.

Boomers

Again, I'd just like to bring up the fact that they should have more wellness for people. I know that they have a cardiac at Windham Hospital. They have a cardiac kind of thing that's supposed to be really good. I have a friend that's in it and she really likes it a lot. And I think they should offer more stuff like that. More wellness.

Yes. Like taking classes.

Opportunities

- **Participants saw some regulation changes – allowing reverse transports by area ambulances – freeing up emergency room and other beds. And, they saw strategic public transportation to walk-ins helping reduce ER numbers and even EMS vans to walk-ins. FR**

First Responders

Opportunities in respect of increased volumes, increased revenues. Increase my employees' pays. Better benefits. I would like to see some changes in regulations, in regard to what emergency medical services can do. There was a bill in the Connecticut legislature that never made it out of subcommittee, where - this is kind of technical stuff. But if I hold a PSA in the town of Killingly, I can do emergency transports. Well, if I'm at Day Kimball, and we took a patient from the nursing home earlier, why not allow us to take that patient out of Day Kimball and get them back to the nursing home to free up the dead space? So, that does two things. It gets us, rather than going back to our home base. And it gets Day Kimball a free bed. So, things of that nature, I would like to see.

Well, I think it would be cool to have some kind of a van or something that would be available, if there's a walk-in clinic. It'll get some of these people. Just trying to take off room - all of the emergency services, you know. Have some kind of public - more public transportation that could get them to walk-ins.

ON REGIONAL HEALTH CARE NEEDS...

Under-met / Unmet Health Care Needs

- **Uniformly, across all groups, participants called for more mental health services, health insurance support, transportation to health care providers, childhood mental health services and dentists and physicians who take all insurance plans.**

- **Other reported needs were reported to be: care for autism, diabetes, tick borne illnesses, sexual abuse programs, orthodontist care, dental clinics, eye clinics, sex education, services for special needs children, more immediate care for those needing mental health services, oral surgeons that accept state insurance, homeless falling through cracks, shelters, alcohol/drug counseling, convalescent rehabilitation, lifting devices for obese patients, pediatric dental care, health, nutrition and fitness programming, caregiver support (education, home support, companions), community health care education, inexpensive ways to eat healthy, coordination of efforts between church and state, and delivery services for medications to patients – especially seniors.**

Deliberative Community Health Care Needs

Following approximately 90 minute discussions during each focus group session, participants were asked to review an extensive list of health care programs and services. Each was asked to indicate if they felt there were too few, too many or about the right number of each of the programs and services presented. The following tables report the results on a composite basis (all participants in all groups) as well as separately by each group. “Don’t know” responses were removed from the data. “Too Few” is often viewed as need. The programs and services that 80.0% or more suggested as a need are shaded for easy reference.

Deliberative Community Health Care Needs

Composite Results: The following table presents the composite results from participants in all seven focus group sessions. “Don’t know” responses were removed from the data.

Community Health Care Programs and Services	Too Few	About Right	Too Many
Childcare – allowing travel to medical appointments	95.8	4.2	---
Fitness and obesity education / programs	94.0	4.8	1.2
Transportation to health care services	93.9	6.1	---
Health insurance support	93.8	4.9	1.2
Veterans health care	90.9	7.8	1.3
Caregiver education and support	89.9	10.1	---
Behavioral risk prevention programs	85.5	11.8	2.6
Alzheimer’s/Dementia support groups	85.5	13.0	---
Caring for elderly parents / support	85.5	11.8	2.6
Nutrition education	84.1	15.9	---
Food/meals for those in need	84.1	15.9	---
School age bullying prevention services	83.6	13.7	2.7
Parenting support programs	82.5	17.5	---
Behavioral / mental health services	80.0	18.8	1.2
Domestic violence prevention education	79.2	20.8	---
Alcohol & substance abuse prevention	79.2	16.9	3.9
Health and lifestyle education	75.5	24.5	---
Recreation programs	74.7	24.1	1.2
Health advocates	73.8	22.5	3.8
School based health care services	72.0	28.0	---
Family planning care	71.4	25.7	2.9
Diabetes education/services	70.7	28.0	1.3
Fitness centers or gyms	65.9	30.5	3.5
Dental services	65.5	28.6	6.0
Alternative health care	62.7	33.3	3.9
Home health care services	59.5	40.5	---
Alternative medicines	58.0	34.0	8.0
Health care centers / facilities / walk-ins	54.1	44.7	1.2
Emergency medical services (EMTs, paramedics)	49.4	50.6	---
Emergency preparedness	45.8	52.1	2.1
Youth / child abuse programs / prevention	44.1	55.9	---
Addiction support	43.0	53.2	3.8
Gambling addiction support	39.1	59.4	1.4
Smoking cessation programs	38.6	60.0	1.4
Alcohol & substance abuse care	34.6	59.0	6.4
Access to birth control	33.8	62.2	4.1
Sleep disorder programs	31.9	68.1	---
Safe sex education	31.5	64.4	4.1
Primary care physicians	31.4	64.0	4.7
Eye care physicians / services	26.7	73.3	---
Pre-natal care services	25.0	72.7	2.3
Dentists	23.5	71.8	4.7
Hospice care	12.9	87.1	---

Deliberative Community Health Care Needs

Composite and Leadership Results: The following table presents “Too Few” results on a composite basis as well as by the four leadership focus group sessions. “Don’t know” responses were removed.

Community Health Care Programs and Services	Composite	First Responders	Community Leaders	School Based	Faith Based
Childcare – allowing travel to medical appointments	95.8	100.0	100.0	100.0	100.0
Fitness and obesity education / programs	94.0	75.0	92.3	100.0	100.0
Transportation to health care services	93.9	62.5	100.0	100.0	100.0
Health insurance support	93.8	100.0	100.0	90.0	100.0
Veterans health care	90.9	100.0	76.9	87.5	100.0
Caregiver education and support	89.9	100.0	92.9	100.0	84.6
Behavioral risk prevention programs	85.5	100.0	84.6	100.0	100.0
Alzheimer’s/Dementia support groups	85.5	100.0	66.7	75.0	92.3
Caring for elderly parents / support	85.5	100.0	83.3	88.9	92.3
Nutrition education	84.1	50.0	84.6	80.0	100.0
Food/meals for those in need	84.1	75.0	64.3	77.8	92.3
School age bullying prevention services	83.6	57.1	100.0	90.9	100.0
Parenting support programs	82.5	71.4	78.6	100.0	83.3
Behavioral / mental health services	80.0	75.0	78.6	100.0	100.0
Domestic violence prevention education	79.2	85.7	72.7	81.8	91.7
Alcohol & substance abuse prevention	79.2	71.4	85.7	100.0	90.0
Health and lifestyle education	75.5	40.0	81.8	57.1	87.5
Recreation programs	74.7	37.5	46.2	90.9	84.6
Health advocates	73.8	71.4	61.5	70.0	92.9
School based health care services	72.0	37.5	66.7	100.0	66.7
Family planning care	71.4	66.7	69.2	66.7	72.7
Diabetes education/services	70.7	85.7	30.8	62.5	90.9
Fitness centers or gyms	65.9	25.0	64.3	70.0	84.6
Dental services	65.5	85.7	92.9	54.5	71.4
Alternative health care	62.7	33.3	40.0	71.4	87.5
Home health care services	59.5	50.0	21.4	60.0	69.2
Alternative medicines	58.0	33.3	40.0	71.4	75.0
Health care centers / facilities / walk-ins	54.1	50.0	21.4	45.5	61.5
Emergency medical services (EMTs, paramedics)	49.4	50.0	7.1	45.5	66.7
Emergency preparedness	45.8	20.0	25.0	66.7	42.9
Youth / child abuse programs / prevention	44.1	40.0	81.8	70.0	36.4
Addiction support	43.0	28.6	69.2	60.0	38.5
Gambling addiction support	39.1	20.0	71.4	14.3	41.7
Smoking cessation programs	38.6	40.0	58.3	---	45.5
Alcohol & substance abuse care	34.6	42.9	57.1	54.5	30.0
Access to birth control	33.8	20.0	84.6	45.5	23.1
Sleep disorder programs	31.9	16.7	8.3	20.0	33.3
Safe sex education	31.5	14.3	53.8	50.0	18.2
Primary care physicians	31.4	37.5	78.6	9.1	14.3
Eye care physicians / services	26.7	---	21.4	30.0	36.4
Pre-natal care services	25.0	---	20.0	---	20.0
Dentists	23.5	37.5	64.3	27.3	21.4
Hospice care	12.9	12.5	---	12.5	9.1

Deliberative Community Health Care Needs

Composite and Residential Results: The following table presents “Too Few” results on a composite basis (all seven groups) and by the three residential groups. “Don’t know” responses have been removed.

Community Health Care Programs and Services	Composite	Latinos	Boomers	Youth
Childcare – allowing travel to medical appointments	95.8	90.0	100.0	83.3
Fitness and obesity education / programs	94.0	90.0	100.0	92.9
Transportation to health care services	93.9	100.0	100.0	83.3
Health insurance support	93.8	80.0	100.0	85.7
Veterans health care	90.9	90.0	100.0	85.7
Caregiver education and support	89.9	90.0	91.7	75.0
Behavioral risk prevention programs	85.5	60.0	91.7	66.7
Alzheimer’s/Dementia support groups	85.5	87.5	100.0	80.0
Caring for elderly parents / support	85.5	77.8	93.3	63.6
Nutrition education	84.1	90.0	85.7	85.7
Food/meals for those in need	84.1	100.0	86.7	92.9
School age bullying prevention services	83.6	100.0	81.8	53.8
Parenting support programs	82.5	90.0	91.7	64.3
Behavioral / mental health services	80.0	50.0	73.3	76.9
Domestic violence prevention education	79.2	70.0	85.7	66.7
Alcohol & substance abuse prevention	79.2	66.7	71.4	69.2
Health and lifestyle education	75.5	100.0	85.7	66.7
Recreation programs	74.7	88.9	86.7	78.6
Health advocates	73.8	60.0	84.6	69.2
School based health care services	72.0	90.0	83.3	53.8
Family planning care	71.4	77.8	81.8	63.6
Diabetes education/services	70.7	80.0	76.9	76.9
Fitness centers or gyms	65.9	70.0	71.4	61.5
Dental services	65.5	50.0	46.7	61.5
Alternative health care	62.7	80.0	83.3	55.6
Home health care services	59.5	90.0	80.0	50.0
Alternative medicines	58.0	40.0	83.3	62.5
Health care centers / facilities / walk-ins	54.1	80.0	80.0	42.9
Emergency medical services (EMTs, paramedics)	49.4	80.0	71.4	35.7
Emergency preparedness	45.8	60.0	66.7	57.1
Youth / child abuse programs / prevention	44.1	22.2	18.2	36.4
Addiction support	43.0	11.1	35.7	46.2
Gambling addiction support	39.1	25.0	18.2	50.0
Smoking cessation programs	38.6	37.5	30.8	50.0
Alcohol & substance abuse care	34.6	11.1	21.4	23.1
Access to birth control	33.8	44.4	10.0	92.3
Sleep disorder programs	31.9	80.0	28.6	66.7
Safe sex education	31.5	30.0	30.0	16.7
Primary care physicians	31.4	20.0	33.3	21.4
Eye care physicians / services	26.7	40.0	18.2	36.4
Pre-natal care services	25.0	66.7	---	50.0
Dentists	23.5	20.0	93.3	92.3
Hospice care	12.9	28.6	15.4	18.2

First Responders

I was going to say. Maybe true emergent care is well covered. I mean, I think that the people who really need care get there. They're not - you know, there aren't people, bodies laying around in the street. They really get there. There really are a good group of doctors. There's a priority system, that if you are really in need, clutching your chest or whatever, you're going to go to the head of the line. So that triage system is very good up there.

She said that child/adolescent psychiatry is definitely a problem in the Danielson area for sure. And then, you get this in oral surgeons that accept state insurance. I mean, we don't have any.

Alcohol counseling, drug counseling. People - homeless people that seem to fall through the cracks. That end up with the lightest thing in the ER and the ambulance, for just a place to stay and a meal.

Well, we don't have a shelter up here. So the homeless are truly homeless. There's a family shelter, and there's a no-freeze shelter that sees them. But otherwise, there's no shelters..

I don't know, like transportation and walk-in center could be expanded. So they'll get the patients to facilities where they could get care, other than the ER.

I think we could use some more convalescent rehab-type homes, too. Especially for the older people, like - you know, if they have any still-type situations, and they need places to stay

I think autism.

And associated disabilities. That's becoming more and more and more prevalent.

Well, of course relates to diabetes. That's prevalent. And it's not only an issue for the patient, it's an issue for their caretakers, for ambulance services. The lifting mechanisms. It's a very expensive proposition.

Latinos

The insurance coverage is varied here. So that's a need I guess. I mean, probably including some education in the school systems, so by the time these kids are out on their own, they got some clue as to where to go, how to go about it, who to contact, how to deal with insurance companies.

Absolutely. I mean, they teach you a lot about sex education, how not to do drugs, how to eat healthy, how to stay physically fit. When a kid is out on his own, and he gets sick, he goes, "I don't even know how to call a doctor."

Helping a person make sure they're going to get to their appointments.

Transportation - I get to, how you call, stuff for the kids to do, because there ain't nothing around here. So some of those things.

Sometimes in this town, it's not accessible all the time.

Community Leaders

I think one at the beginning of the session was a lot of comments about behavioral health. And I think that is one where we need the players to come together and do a better job. United Services. Natchaug Hospital runs on Day Kimball campus in Putnam the Day Clinic. And, of course, we have our psychiatric in-patient unit, about 15 beds, and the census is high almost every day. But, there is a lack.

Access to public transportation.

If you're on Medicaid, you have access to appointments, medical appointments, dental appointments, through your Medicaid. It's Logistic Care. We have to call them up for people going home all the time. But, what I find is so interesting is a lot of people on Medicaid don't know they exist.

Pediatric dental care.

But, so, in an attempt to work on the obesity problem, we're having to get a YMCA for the area and it's still in process, but I'm hoping that it will help, especially because from the months of October through March, it's pretty miserable outside and most people will not go out and exercises, so those are the months that people look at me and I tell them that their kids need to be more active, and they say, "How?"

Well, it has been made, but the oral health.

School Based

Sex education.

And mental health believe me, yes.

Special need.

Even at that mental-health services are very hard to come by in our area - good ones.

Or the waiting time.

The services - when you have that need you have it today. You're not going to have it three weeks from now or four weeks from now, you have it today.

Transportation -

Other children's needs that are not well met are around the dental clinics, around orthodontic work and eye clinics for those children who are uninsured or underinsured.

I think that that's another - for the seniors who are on Medicare to find a provider who takes Medicare, because the providers only take so many Medicare patients because of reimbursement purposes.

Right and so therefore for you to try to get a provider, a primary care provider, or physician or - you know - nurse practitioner, some provider may be difficult if they've met their quota.

Obesity, diabetes.

Autism, Asperger's.

I think in this area one of the things that really needs more attention is people need to look at the effects of tick-borne illnesses.

This community has one of the highest statistical rates of sexual abuse and incest.

Boomers

More walk-in clinics, probably, right? At least a couple.

I'm going to go with - not necessarily home care, nursing and that, but home support services. Caregivers, companions.

I think they need to advertise the services that are available too.

Directory. That's it. I have a directory out of Day Kimball that had everything that was available in - and I don't think it's been published for 10 years. I'm still carrying around my dog-eared copy.

I really think they need to offer more mental health services because you see a lot of people out on the streets that you know were kicked out of Norwich Hospital.

More transportation.

We have volunteer programs where people will drive people for cancer treatments. But I wouldn't know where to find that. That's another thing.

I'd like to see a senior center where we can - and have it open with education, preventative, connection, communication. All of that.

Yes. Transportation.

Faith Based

I don't know if there's a weakness much but I see a need in my congregation around this sort of health and wellness education. And there's not a lot of stuff around. They're Christian and, you know, the answer is no we shouldn't smoke, we should eat well, we should exercise, but on a sort of practical level how do we do that. Or for folks who are smoking how do they get help and support to quit?

I think that there's a segment of the population that's just starting into a greater risk with the economy and its people who struggle with mental illness or mental retardation and that - not necessarily severe, but are in that fringe group. They're very qualified prior to the economic downturn, but now, you know, programs and funding and budgets are decreasing and the services that were offered to them are shrinking.

I often thought, you know, churches really support families a lot of time that if it wasn't for the church they would fall apart and you know, it is partly economic stresses and a lot of times it is mental health issues. All a lack of employment opportunities for people who are not highly skilled.

Related to that just in probably the last year and half and probably related to the economic - larger economic issues, but suicide prevention concept. I've had a couple of crisis in the last year and half with parishioners or family members of parishioners that were in suicide crisis and, you know, first time to have got that - involved in that - no sense of where I can go for support for me is the priest trying - the parishioner in crisis. But I know of other folks there are reaching those levels of desperation and you know even something as simple as a list in a book of sort of who to call could, you know, with the resources. Before it gets into the actual crisis itself.

The transportation issue that we talked about a few moments ago - I think, you know, particularly in the more rural areas that information is unknown.

The other thing with transportation is very often the elderly can't get their medications. There's only one pharmacy in our area that delivers.

Bonneville was the only one in Danielson that delivers. And so it makes it difficult for people who don't drive, who don't have a homemaker or a companion who can go get it for them, who don't have a family member.

I think having support groups for those kinds of issues would be very, very beneficial.

Youth

Definitely more available facilities that are affordable and not just practical.

And more education.

It's - I would say it's the nutrition in the schools because if you set up quality nutrition in the schools and you tell the parents to set it up at home then what do they do? Eat junk food at their friend's house. I mean if you can set up a

community they see groups of vegetables, have a garden in your backyard or grow some plants on your porch or whatever you can do. Every little plant helps in foods or nutrition. And then exercise.

Yeah. It's very expensive to have the really good nutritional plans.

Emerging Health Care Needs

- **Participants frequently suggested that mental health care was not so much a need as was effective, mental health care. The distinction was made across several groups.**
- **Others complained that mentally ill patients were getting pills instead of education on healthy living.**
- **Others offered emerging needs as diabetes, obesity, and tick borne illnesses.**

First Responders

You touched on mental illness, mental healthcare? Is that an emerging need? Is that getting larger in the area? Absolutely.

I think it's - I think it's the - I mean, I - again, it's not particular to this community. But I think it's just totally ineffective. I mean, I think there's a lot of things that - all you do is get a prescription. You go, you get a prescription. It's not - there's no - how do you live a healthy life? How do you prevent this sort of stuff from happening? How do we teach you? You know? Everything is - it kills versus skills. And it's obviously - it's on the cheap, because it's about time face to face with a physician, and how long it takes to do that.

And there needs to be better stress management than smoking a cigarette, or downing a bottle of vodka.

ON GROUP SPECIFIC INSIGHT...

Faith Based

- **Faith based participants regretted that sometimes they face Church/State barriers to cooperation. Some cited specific lost opportunities to cooperatively run programming. Others held high interest in and sought education on resources available.**

Faith Based

I think most of it would be just helping us be educated about what the resources are so that we could then pass that along to the folks that need services. And whether that's a piece of paper that we hand them or just an awareness of, you know, oh you're a diabetic in my congregation, your having - you just mentioned you're having trouble controlling your sugar here's - you have a couple of - not just going back to your doctor but here are some other resources that I know about or here are teenagers in crisis in my congregation I have a sense.

And we always try - and we have a couple of RN's in the congregation who a few years ago with that H1N1 flu bug got out came up with the idea of just doing a forum at coffee hour with our own congregation and doing some just basic education around what that new flu was and where vaccines were able to be gotten and sort of who qualified for them, you know, first it was sort of, you know, more high risk people who could get the first wave of those.

And there was concerns about sharing communion in our church. Were they all gonna get the flu together and so it was really a great for local contact and it was kind of safe place 'cause it nurses that were members of our congregation. But those were very well attended and they've kept doing it so that was a crisis point a couple years ago, but they've done it the last couple of winters as well.

It's all communication. To have communication for people to give you stuff so you can communicate it to other people.

I think having some kind of a form informing us of programs, support groups, possible solutions to different issues is maybe a time or two a year. Inviting community leaders to come together and say this is what we have in our community and give us, you know, give me a menu. And I don't probably want it in the mail. I get too much mail that I just can't sort through.

An e-mail too.

Community Leaders

- **Community leaders also sought sharing of information and coordination of outreach and other activities.**

Community Leaders

Sharing of information, I think is critical. That is one of many successes we saw with this coalition that we brought together, is that for the first time in quite a long time, that spirit - and not to say that it didn't exist before - it exists now on a different level, because everybody realizes, you know, we're all floating in the same pool, really with the same life jackets on, and unless we help each other up into the life boats somebody is going to sink. It's that simple. And we can't afford to let one more provider, one more agency, one more organization sink. We can't do it. We owe that to our communities to help keep each other afloat so we can save them. So, I think that sharing of resources is critical.

School Based

- **School Based participants were looking for training in mental health / severe behaviors as well as special needs. They called for a resource for educators – someone to email with questions they faced in specific situations.**

School Based

I would definitely like some training in the mental health severe behaviors. I had a couple of kids. I'm teaching for six years, and I've had a few that have had some severe behaviors that I've had to call my administration to come - I'm taking the kids out into the hallway. You need to come and get so and so who's in the room throwing things and at them and skipping over desks and stuff like that. You know that kind of thing.

I don't think that the schools are prepared to meet with mental-health needs, and it's the bottom of the list of things that need to go on. And they're all so overwhelmed and concerned about trying to bring their scores up and improve their numbers and all of that kind of good stuff that the kids that's acting out, that's not going to be such the highest priority because the dollars and cents are going to say it's going to cost us a lot more to provide a one-to-one or additional -

Not only the training for the emotional and behavioral, but also for special needs too. You mentioned autism earlier, I would love to attend a training on how to reach student who has autism or some other specific need. It would be great to have a different - a variety of trainings. geared to teachers.

Just again to reinforce that people in the schools are not prepared to deal with mental-health issues, and the schools are not prepare to provide the training for their staff.

I think that's a bonus to have the school-based health center where I know that I as a nurse practitioner - I do receive lots of questions from the educators. They come in quite frequently with questions and concerns and how can I work with this student.

If there was a regional person that they could e-mail or - you know - just get their - to get their questions answered. I would think that would be really be beneficial. So that when you're faced with something and you don't know what to do, and your principal doesn't know where to send you, and your school nurse doesn't know what to do, at least you know who to e-mail.

EMS

- **EMS professionals called for more training, more local training. They cited the need for living wages for their EMTs/Paramedics.**
- **They called on medical professionals not to make it so easy for ER patients to get pills – helping to break the cycle of their “frequent flyers”.**

- **Economically, allowing charges for transfers would help them significantly and they sought better technology to communicate such things as EKGs from the rigs.**

First Responders

More training. And we're seeing some of that. Right now, training of - for all these different groups is very spotty, hard to come by. Northeast Connecticut is always - it is rarely a place where statewide trainings go on. You usually get the notice of training - there's training available in several locations, and there's not one east of the river. Or if it is, it's New London or Norwich. So. Multiple training opportunities.

We're making it too easy for these people in the hospital. Don't make it so easy to get that prescription. You know? Make - I don't know if there's something that's cause to put the liability back on the doctor. But if they're willing to give a prescription so easily, it's just a roundabout for the patient. If they come in, they get prescription, they go back out.

For each pain, they get another pill. Or another prescription.

Or they say, don't write the prescription. After awhile, they'll give them that there in the ED. So now you're encouraging an ED visit.

There's got to be a way to break that cycle.

I don't know, I hate to say - I used to live in Belgium. And I think it's as free as is possible. And there, everybody has essentially Medicare. And through the government, you do pay in taxes. But it costs a lot less than paying for insurance package here. And I had to take advantage of the system there. I was in the hospital for awhile after an accident. And it's wonderful not to have to think of medical bills. And there is a co-pay for everybody. So they don't have people come in, choosing just the ER for things they can go to a doctor about. And there's a small co-pay, so everybody has to pay something. So, I guess it lessens the tendency to abuse the system there. And I - you know. It's just too bad that we've become so fully entrenched in the insurance system here. That - I think that's a major problem. I think if we didn't have all these different payors, and all the bureaucracy and administrative costs, we could focus more on providing the care for people that need it. It wouldn't solve all the problems, but I think it would go a long way towards dealing with the issues that we've discussed here.

I think they'll provide a more timely turnover of patients. I can see down the road better use of technology, and being able to communicate, to let me through an ER from an ambulance. The EKGs and that - those critical components is where a person is really having an MI, versus just chest pain. And whether that doctor can say, we're going to divert you to - directly to UMass. And bypass the community hospital, so they can get to the lab and can get some work done. That kind of thing.

I think it's going to be - and in the reverse of that, that makes the EMS workers like myself more excited about our field, in that it makes it easier to attract more people, and retain the ones we have. If we have more tools to work with.

ON SPECIFIC HEALTH CARE NEEDS ...

Addictions

- **Interestingly, when discussing addictions, many suggested that cell phones, iPods, iTouches and video games are addictions – all also related to the issue of obesity. CL**
- **Some thought smoking programs related to kids were increasingly important. SB**
- **Others noted that there are enough addiction services in the area – what is needed is effective, addiction services. FR**
- **Some saw the damage gambling is doing to the stability of families already on the edge. CL**

First Responders

We have enough treatment places.

You know, I'm thinking, when we were talking about the treatment, we didn't mention the methadone clinic. There's a methadone clinic that's in the area too. We don't have enough effective treatment in the area.

And I don't know that anything has been identified as particularly effective.

I don't even know if there's anything out there. I don't feel that enough, I guess. We're talking about the emergency basis, I guess it's not where people are ending up. And even hearing the stories, unless they're not saying it, I can honestly say - probably in the last year, I've heard gambling mentioned once in a clinical case that I was involved in.

Latinos

I think there is. I think there's too many of them. I think it's overwhelming, as a matter of fact. The amount of help that's out there for people with addictions. I mean, I happen to know personally people who are addicted to heroin. They don't work. It's considered a disability. They get a house. They get food. They get transportation, and they don't work.

Community Leaders

Easily over half of our clients will come in with a mental health issue, a combination of trauma and substance abuse.

It is. Yes.

The casinos have really ramped up how hard it is to have a stable family in Northeastern Connecticut.

It is one of our best attended groups and we run it on Monday night, 52 weeks a year, even if Christmas falls on a Monday, and it is heavily attended even on Christmas. More on Christmas. Holidays are a tough time for gamblers. Yeab.

I know this one probably hasn't hit the clinical diagnosis yet, but technology addiction to cell phones, iPods, iTouches, video games. We are seeing, well, we're going into schools and talking to kids about obesity issues as a result of sedentary lifestyles and physical activity, and we're seeing it, in a large degree, to adults.

And again, when you talk Windham County, we're fairly rural, fairly isolated, and that technology is one of the few things that most households have access to. They may not have a car to get to a youth center or senior center, but they've got a computer.

School Based

Right there's definitely drug and alcohol issues. Gambling - I think that there is some.

I think there is probably some gambling programming needed. I mean you just see it in the newspapers with this person stealing money.

AA in this area has a lot of good meetings.

I think smoking programs still need to be targeted to kids. I'd say still are picking it up at a very young age.

I would say not only prevention of smoking for youth, but the two people that I know in our family that have had major heart attacks are smokers, and they've been smoking since they were 12 years old and they're in their fifties now, and they are having a really hard time stopping.

Some of them are there, and you know with young kids it's chewing tobacco. It's not just cigarettes. It's another mode of tobacco too.

I know the D.A.R.E. program came to my kids' school. Boy my kids are afraid of ever doing it.

The other hot issue that is not getting enough prevention is pot.

It's very accessible.

I mean I live in the town where they - what was it the biggest pot field in the history of the state in Canterbury recently?

Boomers

Willimantic I believe offers some addiction services.

You can't just go there. You have to be referred. You first go to Windham Hospital or another hospital like Backus and then they can refer you, but you can't just say I need help.

Smoking. I see a lot of people in this area still smoke. And I really think they should offer smoking - non-smoking - how to stop smoking stuff and advertise it. It's ridiculous the price of cigarettes.

Faith Based

I think so.

There always seems to be somebody in the hospital with an addiction problem. A lot of times they themselves don't avail themselves up to others, so I'm not sure how to best answer that.

I think it's the statewide directory of AA meetings that we keep available in the parish. They seem to disappear over the course of the year. But I don't have anything related to smoking cessation groups or gambling addiction groups and that is something I'm aware of.

Youth

I agree with Linda with helping people with problems and stuff, but a big problem is people who wanna go through with it and pay the money I mean people who are addicts don't really have money to do, to go to any of those programs or get treatment and if they don't have health insurance then they're gonna tell them basically the answer is just go out and get high because we can't pay for it. It's cheaper just to buy drugs. I think that's an issue.

Bullying

- **While adults disagreed, based on the results to the Deliberative Community Health Care Needs Card, youth participants didn't see bullying as a large problem – except perhaps at the middle school level.**

Youth

To tell you the truth, from what I've seen, what I've heard, like back in the day and now, when I was in high school, I went to two different high schools, and I never saw any bullying at all. And I was friends with like groups of kids and I was friends with like popular kids, too, and I never really saw any of that, very, very little.

I mean people that like pick on each other and some people are just gonna be assholes, but I mean I haven't seen anything outrageous.

I think it's with the younger kids honestly. Middle school.

Younger than high school.

Middle school actually I know of people who were bullied in middle school.

I definitely think middle school is like where everyone has to try and see almost how far they can push their levels and everyone else. In high school no one really cares what anyone else do and they're just like all right, peace. Like see you later.

Care Givers

- **Interestingly, many could not name any or did not know of any existing support groups for care givers. CL**
- **Others suggested there was a strong need for care giver support in the community. They see professional home care services as too expensive and not covered by insurance. They also see this group as underpaid FR**
- **Some called for training and certification of care givers as well as transportation for the elderly. L**
- **Others called for education and training for care givers on how to advocate for those in their care. B / L**

First Responders

It's too expensive for a lot of them to get support. And it's not always covered by their insurance.

I mean, I think the families aren't so, you know, close as they used to be. People are traveling, and the families - you know, you go where the job is. You don't stay near your mom and dad anymore.

Absolutely. I think a lot of you don't have that family unit type, as much as you used to.

Latinos

Again, transportation is an issue. I think if you're a caregiver, you should be required to go to some of these meetings with the doctors. You should be required to get them information. If you're going to be issued as a caregiver, you to need to have some knowledge as to what you're doing.

Education. Again, communication between doctors and clients and doctors and caregivers is not the most forthcoming, and if you're not acclimated enough or don't have time enough to go out and get it on your own, it's just not there.

Yeah, a lot of elderly people need the transportation. I mean, a lot of them can't drive. I've seen a couple of them take the only bus we have here, and you see them having a hard time just getting off the bus, but they don't have nobody to depend on. They have to do it on their own.

I think it's hard, because these people need to advocate for the person they're caring for, and they don't have the education to advocate for them, so they just go with the flow.

Community Leaders

They may not be in the best of health themselves, and, so, where is that caregiver for the mom or dad, or where is the caregiver because in today's economy everybody is working? So, it makes it very difficult. If you have financial resources, we've got all kinds of help for you. If you don't, then -

The Caregiver Support Group, but I don't think it's running anymore. There used to be.

School Based

They need a respite.

Boomers

People - a lot of people don't have a good understanding of what they're undertaking when they say I can do this. And a lot of education is needed there and no matter how close it is within a family, they need somebody else to kind of give them a break for a while.

And the problem around the caregivers is it's a very low paying job. So the people that go for these jobs are not well educated and they're doing it because they need a job. Not because - out of the goodness of their hearts.

Faith Based

Yes because like I said I go to a lot of elderlies and stuff and I've been through with my parents all the stuff and that with them being sick and everything in that and they'll talk to me - their kids and stuff and say well you do understand what I'm going through. And I'm like yeah I understand, but they're like well how do we get this and how do we get that and I'm like I really don't know. I wish I knew.

Health / Fitness / Wellness

- **The consensus across all the groups that there are likely enough health and fitness centers in the area but not enough affordable ones. SB**
- **And, some returned to the issue of personal responsibility suggesting there were enough programs available but residents are not availing themselves. FR**
- **Some suggested subsidies for health and fitness facility use/membership or reimbursement based on use. L**
- **Transportation, again, became an issue when discussing gym / fitness center facilities. These participants also noted how they are educated to eat healthy but how much more expensive it is to eat well. L**

First Responders

I know we've done several programs. They'll be signed up to come, fifteen, twenty people, and they just don't show up.

And there's walking trails all over the place. And facilities are great, but to me, if you can get out the door and walk, that is your fitness program right there. It's incumbent upon the person to do it themselves.

There's all kinds of fitness groups, and fitness places to go to. Walking trails, the whole thing. You've just got to get out there and do it.

Latinos

Not enough.

I have a place to go.

There is two, and I think - I mean, I don't know if it's enough, honestly.

Yeab, but nobody can afford them.

Yeab, because you're paying \$20 a month or whatever.

And getting there.

Getting there is an issue.

Actually, I think they should do programs for the kids on like exercises and stuff like that. I think that's a major thing that they need to do.

It's after school, and she would take the little girl - the teacher would jog while the little girl rides the bike and helping her to lose weight. I mean, if you see people getting together and helping the children out - give them something to do. The kids really don't have anything to do here.

Because in middle school you're suppose play dodge ball and stuff like that, but they don't got like a gym for them. So like a little bit of weight lifting or walking or riding the bicycle after school. They're actually got that stuff in high school, but not really in middle school.

The poorer you are, the more crap food you're forced to eat.

I can go to McDonald's for three bucks and eat every day [LAUGHTER].

That's true, though.

That's true. I didn't think about it.

What's a salad cost you? \$5, and that's at McDonald's with the sweet sauce on top? You know, go in the store and do some grocery shopping. You go, "Oh my God." I come out with one little bag and it costs me \$40 for decent food.

Rather expensive.

One thing, if you eat well, you'll be skinny because you can't afford to eat that much anyways [LAUGHTER].

If you want to buy something cheap, too, go to the Latino section and just buy rice and you're always going to -

Rice and beans, white bread, you're in like Flynn. Oh yeah, don't forget Pop-Tarts.

So yeah, you have to eat rice and beans.

You know, how many people are sick, because they eat crappy all the time? You don't have the energy, you don't want to get up and do anything, and you know, they need to do something about turning this food thing around, because people are going to buy what they can afford.

I mean, I get it for my daughter, which is good. I get the cereal, the milk, so I mean it's good. Eggs.

They give you fruits now.

Fruits and vegetables.

And vegetables, yeah.

It's a need.

Community Leaders

That are accessible to everybody.

Yeab, affordable.

Free or low fees.

School Based

People cannot just afford that.

We've been trying to bring the Y in to Putnam.

Yes and it's - you can provide a whole family with different opportunities of health. There's swimming and different exercise programs and I find - I know there's a lot of controversy with the fitness gyms that are in the area versus the Y and how the Y has done in the past in Norwich.

Especially affordable swimming lessons.

A couple of programs but, \$200, \$300. I mean it's crazy.

Boomers

Recreation.

Faith Based

There's a need for it, but then it's how much does it cost? It all comes down to, you know, people are losing their jobs and everything and stuff. They don't have the money.

Like we have in our church a group that deals with healthy eating and directing - dealing with issues of obesity and, you know, and those kinds of things. I'm not sure that I could go to any of the health centers though and advertise that. If I'd even be permitted to do that because most times there's a - oh if this is church related you know we can't really sign off on that. We can't, you know, that kind of a thing. So it'd be nice if there was a openness that as we developed these kinds of programs in our church and we can that the health institutions would be willing to allow us to promote them. You know in the centers.

Behavioral / Mental Health

- **All participants see area mental health programs but wonder about effectiveness of each. FR**

First Responders

Effective, no. I mean, I think that the problems with kids are through the roof.

No, you're right too. That's it's effective. Because now that I'm thinking about this - and I'm not taking any shots at United Services. But their facility in Danielson is one of our best customers, because as soon as any of the patients act out in any way negatively, they're on the phone to the ambulance to take them to the ER. Instead of, like you said, dealing with the problem in an effective manner.

School Based

There is really very few child psychiatrists in the area.

I think it's middle school years. I think when they get to middle school it's just that the stress level increases and the academic stress, course load increases as well.

Pre-Natal Care

Latinos

I think there's only one. I think it's only one, but it has - the Windham Hospital and OB/GYN are connected.

They have some care, but that's not enough.

I mean, I'll admit some of the hospitals have made huge, huge improvements. It use to be vaccinations weren't even legal in this state. They use to have nothing to do with midwives. They use to have no sorts of - they did some nutrition, but again, they were basically giving you vouchers for junk food.

School Based

It's available.

It's available.

I know at Windham hospital, I think.

Day Kimball has a program too.

And they're very - it's a very welcoming environment.

And actual Backus has -. They have a prenatal program through United Community Family Services, UCFS. So there are program that hits three big areas.

ON BARRIERS ...

Barriers

- **Barriers to needed health care were large, but relatively limited to: cultural (including translation), financial, education on where to secure care, transportation, cost of prescriptions, the stigma of mental health illness, and HIPPA Laws (with unintended consequences).**
- **Expanded upon, participants called for seminars on HIPPA Laws to accurately project what can and cannot be done.**
- **And, Faith Based participants see the Church/State issue as needing defining and clarity. Participants suggest the issue has served as a barrier to cooperation and care for parishioners and church goers.**

First Responders

In some ways, culture.

Financial. Educational.

Latinos

People are working, can't afford it.

I think it's just not knowing and education.

Not knowing where they can get it.

A lot of people are not aware. You'd be surprised. A lot of people are not aware, "Hey, you know, you're this ill. You can walk in and go to this place, and maybe they really will help you.

And it's money. I mean, I have to take this type of drug because that's what the state will pay for, when even the doctor that's giving it to you says, "You really need to have something else."

Even at the pharmacy, sometimes I even have to ask if they have a different brand of the same medication, because it's so expensive.

Community Leaders

Translation.

Translation issues. And it's not just the Hispanic population, because at our walk-in center, we're doing a lot with the students that are coming in to Eastern from foreign countries, or their children or their spouses who are speaking Korean and Japanese and who know what other, needing school physicals. I think it's beyond just the Spanish.

Policies, because some of the legislation that just gets in the way of people who are willing to help.

You mentioned transportation and insurance issues, and now we're adding to it.

School Based

There's a lot of language barriers, which is a huge issue not only in this area but as you go down a little further south into the Norwich community, I think the Norwich Public Schools have close to forty languages being spoken. So how would those families being able to access healthcare? In this area, there's quite a few of the Asian languages that are being spoken, and in Windham there's a lot of Mexican and Puerto Rican, Spanish, South American. As you look around, that's where we're all light.

Transportation.

Most people aren't just going to walk into the doctor's office and not pay anything whether it be for services, prescriptions, different other -

And I have some people that have \$50 co-pays.

And that - talk about a cost. And then to get the medication, it's \$15 or \$20 many times so not only is it the co-pay at the provider, it's the medication and all of the sudden you've racked up a bill.

And if you're someone who is working at a job where you have to be there until six o'clock so that you can get paid because you don't get sick time, then your only option available to you is Emergency Room. So that's why we're seeing the people in the Emergency Room for the ear infection or something along those lines which then, of course, racks up everybody else's costs.

I think in terms of mental health there's that stigma. People don't want to be known as their diagnosis. They want to be known as a person.

Boomers

Money.

Transportation:

Language.

Shyness.

Awareness.

The lack of knowledge. The directory. The advertising.

Faith Based

I mean it's – part of the lack of communication is almost as an intentional interpretation of these privacy laws.

Youth

How expensive it's gonna be.

People that have specific health issues, but maybe can't afford to go all the way to Hartford or Boston or wherever there is a special needs hospital that they need.

Age discrimination again.

Making a conscious decision do I have six hours to waste right now? Like I have 104 fever, is it worth it? Should I try to sleep it off?

The Interesting / The Unexpected Highlights

- **The serious nature of lack of transportation – getting to work, getting to needed health care, getting to walk-ins, getting to health clubs/fitness programs, getting to specialists.**
- **The growing difficulty reported getting insurance authorizations for needed health care and surgeries.**
- **The idea of subsidies for reimbursable support for health club use.**
- **The notion of new education programs for youth on navigating the health care insurance maze.**
- **And, allowing EMS to transport both ways to open beds quicker.**
- **The need to not only educate residents on how to eat healthy but where to buy healthy food at reasonable costs.**
- **How few participants knew of 211 and called for a new print directory or asset map of all County health care providers, programs and services – such as one that was vaguely recalled created by Day Kimball 10 years ago.**
- **The overriding need for mental health care for adults and young people alike. And, the associated call for effective care.**
- **The struggle for continuity of care when patients scatter to the ER, to walk-ins, and to their respective physicians.**
- **The consensus that the area sees a system of care in the area that is effectively working together with professionals putting forward their best effort.**
- **How casinos are viewed by many as negatively impacting the stability of area families – already stressed and hanging by a thread economically.**
- **How cell phones, iPods, iTouches, video games and other electronic personal devices are increasingly considered addictions requiring remediation. And, increasing obesity.**
- **The need to add the topic of health care services and programs when teaching parenting.**
- **The associated decline in the health status of the community as the economy struggles.**

- **The call for training educators in severe mental health behaviors and providing more resources for their questions.**
- **The continuing stigma of mental health illness as a barrier to care.**
- **The serious and troubling concern expressed about Church/State divisions as a barrier to health care cooperation.**
- **How area residents have adjusted and accepted the lack of specialists.**
- **How the leading need among youth is dental care.**
- **The disdain held for the newer tablets used by physicians while treating or visiting with their respective patients. As one participant summed it up: “Something’s missing when the doctor looked at me for 30 seconds and most of the time asked questions while fixated on a screen”.**
- **The call among First Responders for more training on suicidal patients – or minimally more information.**
- **Community leaders saw themselves as new allies with the health community but needed more training, education and communication.**
- **How HIPPA laws can be an unintended barrier to care.**

Appendix