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Greater Waterbury
Health Improvement Partnership
Community Health Needs Assessment
Focus Groups Reports

February 22, 2013

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BACKGROUND AND METHODOLOGY

The Greater Waterbury Health Improvement Partnership is leading a comprehensive Community Health Needs Assessment (CHNA). The partnership is comprised of Saint Mary's Hospital, Waterbury Hospital, Staywell Health Center, Waterbury City Health Department, United Way of Greater Waterbury, and the Connecticut Community Foundation. The aim of the study is to identify the health needs of those who reside in the City of Waterbury and the surrounding communities that fall within the service areas of the two hospitals. Research in support of the CHNA included a Secondary Data Profile, a Household Telephone Survey, a Key Informant survey, four focus groups with community residents and two focus groups with healthcare providers. The following report outlines the findings from the Waterbury hospital physician provider focus group.

The Partnership contracted with Holleran Consulting, an independent research and consulting firm located in Lancaster, Pennsylvania, to facilitate the six focus groups in order to gather qualitative feedback regarding access to care, health education/communication, healthy behaviors, and community health infrastructure.

Two Focus Groups were conducted on Thursday, February 21, 2013. One was at Saint Mary's Hospital and the other at the South-End Neighborhood recreation center. Two more focus groups were conducted the next day on February 22nd. The first of these was at Waterbury Hospital, the second at the Hillside Historic District Neighborhood Association. The final two groups were conducted on February 23rd at the WOW/NRZ Community Learning Center and in the Brooklyn Neighborhood at Joe's Parish Center.

All the focus groups lasted 90 minutes. Participants at the neighborhood focus groups were provided a $25 cash payment as a thank you for their time and participation. The physician group attendees were provided a $25 gift card.

Holleran created two discussion guides in consult with Partnership representatives, consisting of 10 questions for the neighborhood groups and 11 questions for the physician groups. All were designed to illicit responses and group discussion around access to care, cultural competency, physical activity, nutrition/healthy eating habits, weight/obesity, and health information. A copy of the physician tool can be found in Appendix A of this report. Key themes from the discussion are identified and select quotes are included throughout the report.

SAINT MARY'S HOSPITAL PHYSICIAN FOCUS GROUP REPORT

ACCESS TO CARE

What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?

The lack of health insurance was the number one mentioned barrier, followed by an inadequate number of physicians. Poverty was also mentioned. When asked about the size of the uninsured population, one participant estimated 10%, although some felt that percentage was actually higher, based on patient census.

The point was also made that even patients with insurance, specifically Medicaid, did not have assured and timely access to primary care or to specialists. One commenter offered "very few specialists accept the low Medicaid reimbursements." Another responder stated this was an "enormous problem." In addition to Medicaid patients having to travel longer distances for care, in some cases, the waiting period to be seen was three months. One clinic provider indicated that there were "not enough slots even for primary care patients." Demand exceeds capacity.

"New patients are the most difficult to fit in." One emergency department physician shared how in some cases there were repeated ED visits for patients that had medical homes, due to the limited hours of operation at some clinics. Regarding language barriers, it was reported that 60% of patients seen at Saint Mary's Children and Family Health Center are Spanish-speaking and about one-half spoke Spanish exclusively. It was reported that many of the patients are of Portuguese descent. Transportation was not seen as major barrier. Many patients walk or travel by bus, when traveling locally.

One additional barrier was that some of the uninsured who are eligible for government-issued insurance are unaware of their eligibility.   "There are limited services available to help link individuals to the insurance coverage they are eligible to receive."   Another barrier is the expectation that uninsured patients are expected to pay at the time of service, even pending possible enrollment in an insurance plan.

Are there specific populations in this community that you feel are not being adequately served by local health services?

Beyond the broader concerns regarding Medicaid patients, focus group participants identified those with mental or behavior health issues as being underserved. "Those addicted to pain medications and those with bipolar issues are the hardest to care for." "It is hard for primary care doctors to get these patients into the care they need, and the doctors do not want to assume responsibility for them." "They don't want to be the physician of record." This mentality results in the message "Sorry, we can't see you."

To compound the problem, some psychiatrists see these patients as "creating an uncomfortable situation" and may decide to not take them. "In the aftermath of the Sandy Hook Elementary School shooting, there are legal issues." It is hard to get care for mentally ill patients showing any signs of potential violence or suicidal tendencies. The sources are "quite limited." Participants observed that "more patients are being referred for mental assessments." The available in-patient beds "are always full" and there are not enough out-patient services available. Discharge planning is a real challenge because there are so few places to discharge them to. One physician explained that he was unable to refer a patient to a pain clinic because his patient had an addiction to pain medication. "We don't know where to discharge them. These are the problems we sometimes face."

Discussion then focused on the uninsured population. Participants thought that during this poor economy, many insured patients were not getting the care they needed because they could not afford even the co-payments. The "seasonally uninsured" population was discussed as a special population lacking adequate access to care. These individuals are laid off for part of the year, and lose their insurance coverage during that time. Sometimes they are unable to return for follow-up visits because they have lost coverage in the interim.

Participants noted Saint Mary's Hospital's sliding fee patient assistance program and reported that it "was not quite generous." One attendee observed that fees for the uninsured are inflated. "Even when the fees are discounted, they are high."

Participants felt that the largest single factor predicting adequacy of health services was the quality of health coverage. Those lacking quality insurance were the most at-risk of not receiving the care they needed.

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In general, where do uninsured and underinsured individuals go when they are in need of primary care services? Why?

Participants noted the mobile medical clinic known as the Malta House of Care which serves those "with no other options." This service is supported through the Catholic Archdiocese. The van screens and treats patients, serving a limited number of patients as "a mobile medical home." The van parks in several church locations around the city, using the churches as "de facto waiting rooms." The services are free to those with no ability to pay.

Other sources of care for the uninsured and underinsured include several clinics including: the Children & Family Health Center supported by Saint Mary's Hospital, the Chase Clinic operated by Waterbury Hospital, and two Federally Qualified Health Center (FQHC) Staywell Health Center and the Community Health Center. Patients lacking insurance can also go to either of the two hospital Emergency Departments (ED's).

The Waterbury Health Access Program (WHAP) is an additional service available to uninsured patients. While not a large program, it has been successful in helping to link needy patients with volunteer physician providers – both primary care and specialty providers. The participating doctors are on centralized roster, and agree to see the patients in their own offices. The Malta Van takes advantage of the WHAP program to help get care for some of their patients.   Participants noted that as effective as the WHAP program has been, "it's state funding is presently in jeopardy." Originally started with federal funding, in recent years it has been able to continue only with a special state allocation. "This support may now be going away." Without continued funding for the necessary support staff, which includes several case managers who link patients with insurance and sources of care, "the project will become rudderless."

What healthcare services not currently provided in the community area do you think need to be available?

The absence of "specialty health care across the board for the uninsured/underinsured is a huge missing piece." This is also true for Medicaid patients. There are "not enough providers in the Waterbury area who are willing to see these patients."

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KEY HEALTH ISSUES & CHALLENGES

What major health issues do you see in your community, especially among low income or underserved populations such as minority groups or people with disabilities?

Several health conditions were mentioned by the group, including: hypertension, high cholesterol, diabetes, and morbid obesity. Bipolar disease and chronic pain were mentioned next. One physician suggested that there was "widespread emotional despair" within the community which was contributing to the disease burden. He cited the rich past of Waterbury when "brass was the silicon of its day." He felt there had been a loss of "community identity," worsened by the economic recession. "Many residents smoke, eat, and drink too much." Another physician said "many adult diseases are self-inflicted."

What challenges do people in the community face in trying to stay physically fit and eat healthier?

The group felt that while there was access to healthier foods, these healthier choices were more expensive, particularly fresh fruits and vegetables. "Fast food is more affordable."

The group did not believe there were enough opportunities for physical activity in the city of Waterbury. "We need more places to play." Options are not widespread. Some people walk in the mall. One commenter said that "modern life is sensitized to less activity levels." One person expressed hope that the greenway development currently being planned along the river will bring more exercise opportunities. The group agreed that the city parks are unsafe at night. The suburban areas were felt to have better and safer parks, and generally more exercise opportunities.

Related to health and well-being, what would you say are the major weaknesses/areas of opportunity for the community?

The high unemployment in Waterbury was identified as having a major negative impact on the health of the community. The very high teenage pregnancy rate was also mentioned. Participants shared that one-half of the high school students in Waterbury do not graduate. The absence of a state run mental health facility was another major weakness. "Most other major cities in the state have such a facility, but not Waterbury." "Even residents with health insurance are financially stressed and don't follow through on their care due to copayment costs." This lack of compliance with care plans adds to the burden of illness.

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What recommendations do you have to improve the health of the community?

Participants thought that "First and foremost, the City needs economic development." Unsuccessful attempts have been made in the past. "There are too many vacant store fronts." There is not enough "hope and optimism among the residents." The overall health of the community is significantly impacted by poor economic conditions.

One participant thought that more investment should be made in school health and physical education programs. "Healthy habits begin early in life. Children need to be taught about health. Schools budget cuts are eliminating these kinds of programs." Another respondent stated she had recently read that 25% of all non-sleeping time worldwide is idle – even more so in the U.S.

Some thought steps should be taken to "cut waste and duplication within the healthcare system." Others thought "There needs to be more case workers, outreach staff, and providers to increase the system capacity." One participant endorsed the coordinated care model and felt "the current system needs an overhaul."

A provider stated that while many people had heard the term 'medical home,' "few knew what it really entailed." He gave an example that emergency room care is very different than care in a medical home where a physician knows the patient and where there is a trusted and valued relationship between the provider and the patient. He felt that the power of a medical home came down to a "trusted relationship."

There was also a recommendation to expand the hours of operation at the various clinics. This would greatly reduce the volume of patients seeking care in the emergency departments. "If these facilities really want to be medical homes, they should find ways to address the needs of their patients across more hours than simply 9-5 on weekdays. Private doctors take calls at night." It was pointed out that the cost of seeing a patient in the emergency department can be 10 times higher than seeing the same patient with the same symptoms in a private medical home. This is because "EDs do not know the patients, do not have access to the patient records, and will run more tests to be sure it covers all the bases before releasing the patient."

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PROVIDER RESOURCES

What obstacles do you encounter when caring for your patients?

Managing Medicaid patients is very difficult for primary care providers. There are definite medical legal liabilities involved. "Trying to get these patients services takes a lot of time – during which you are not seeing other patients. Frequently, you will not be able to get adequate specialty care for them."

What resources would help you better meet the needs of Waterbury residents?

The healthcare system in Waterbury is, itself, threatened. If the hospitals closed, the health status of community residents would fall precipitously. Both hospitals have had recent years where they lost money, and neither one has the profit margin to support the capital re-investment needs to maintain modern plants and cutting-edge technologies. "These are 100-year-old facilities. Both [hospitals] are remarkably weak financially." "They do not have staying power and are financially stressed." There is a fear the hospitals will not survive the next 10 years. "Their reserves are not what they should be."

An increase in provider reimbursement rates would help the hospital bottom lines. However, the trends have been in the opposite direction. The failure to merge the two hospitals in 2012 was a set-back for the community. One commenter questioned whether there should be two, and felt that it was essential that their resources be merged and made more efficient.

What role can local hospitals and public health play in helping you meet the health needs of the Waterbury community?

There is a Waterbury Health Department. The surrounding suburban areas are served by several public health districts. These agencies provide some services. The several mentioned included TB control, STD follow-up, several school-based services, flu shots, and environmental health services such as retail food inspections. But it was acknowledged that most of the focus group attendees did not know much about the health department activities.

The group then moved to a discussion of information technology issues surrounding the healthcare system. While both hospitals have moved to electronic health records, they are not sharing access. "They are each in their own silo." The potential benefits of shared IT systems have simply not been realized. One physician commented about the Regional Information Organization (RIO) that was formed in the Finger Lakes Region of New York State, and was

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meeting great success. "Here in Waterbury, the two hospitals have not been able to implement a similar concept."   He pointed out that "a patient could go to one hospital in Waterbury and get a million dollar work-up and then go across town and do the same thing all over again and no one would know." Another example offered was that in France all citizens have health insurance cards that contain their medical history. There are no paper records. Wherever they go for care, they provide their card and the providers can see everything. This happens because it is a national priority. Providers in Waterbury are calling for tests and expending unnecessary health care resources because they lack timely access.

CLOSING THOUGHTS

Participants in this group held many opinions about the local health care system and shared them freely. Several key issues kept coming up, including the poor reimbursement rates for Medicaid patient care. They are very concerned about the long-term financial viability of the present system. Between the large number of uninsured residents in Waterbury City who need care and the failing infrastructure, several felt that it was only a matter of time until the system broke down.

The barriers to specialty care for the uninsured and for those with Medicaid surfaced multiple times. No one felt the mental health care system was working well. Finally, the need for economic development in the city was identified as a crucial factor in improving the overall health of the community.

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WATERBURY HOSPTIAL PHYSICIAN FOCUS GROUP REPORT

ACCESS TO CARE

What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?

A shortage of primary care providers was the first barrier identified.   Participants pointed out that these physicians are the lowest paid providers and often care for the "worst payer mix of patients." The extremely low reimbursement for Medicaid patients is the number one factor. "It costs us more to see these patients than what we receive in reimbursement." While "most primary physicians don't mind doing some free care," there are limits. There is a huge barrier in trying to get Medicaid patients linked with specialists. One physician indicated he was reluctant to take Medicaid patients because "once you see them, you own them," and have a responsibility to advocate for them in making referrals. "This takes considerable time away from other patient care time." Sometimes patients need to travel to New Haven or Hartford to access the specialty care they need and, on top of the travel time, they often must wait several months for an appointment. "The bottom line issue in accessing health care is reimbursements."

While most participants felt that cultural barriers were not a significant problem, language barriers were a different issue. The various clinics are well-staffed with bilingual employees, but other parts of the healthcare system are not, including hospital-based providers and private physician offices. In these settings there is reliance on the language line service (hospital-based offices) or on patients bringing translators with them (private offices).

It was mentioned that Connecticut has many small (1-2 physician) office practices – far more than other states—and that most of these providers are older and well-established. They also take few new patients. Younger primary care providers coming to the area have loans they are still carrying and discover that the patients available to them are, in many cases, those having lower reimbursement rates (e.g. Medicaid patients).

Transportation was identified as a "big problem," particularly for the elderly and those with disabilities. There is a bus system, but this was viewed as being inconvenient. There is a Medicaid transport benefit for some patients, but this requires a two- to three-day lead time for scheduling and the service is frequently not on time. There are private taxi cabs, but it is a costly option.

Participants noted administrative time required for health insurance claims and government programs. Paperwork for disability claims and medication re-orders was mentioned specifically.

Lack of awareness of available services was identified as a barrier. Some attendees thought that a significant portion of the community simply do not have an awareness level about the various sources of care in the community and/or how to access these sources.

A final barrier that came up was the signage in private physician offices indicating that all co-payments were due "on the day of treatment." This is perceived by some patients as a barrier, resulting in their decision to seek care at one of the clinic locations or even at the hospital emergency department where no such signs are posted.

Are there specific populations in this community that you feel are not being adequately served by local health services?

Patients with co-occurring mental and physical health issues were identified as a specific population of concern. Non-English speaking patients were also identified, particularly in cases where they needed to see multiple providers. Participants thought that minority populations, in general, may not be receiving adequate health services including "language-based minorities" such as Albanians, Portuguese, and Eastern Europeans. There is also a sizable African American population, many of whom live in poverty. A final category was identified as "service industry workers" with low wages and no health insurance coverage. "Most of [these individuals] end up at one of the two Federally Qualified Health Centers (FQHC's)."

Elderly and homebound patients were also identified, as were respite populations such as those living in group homes or halfway houses.

In general, where do uninsured and underinsured individuals go when they are in need of primary care services? Why?

Six care locations were identified, including: Child & Family Health Center at St. Mary's and the Chase Clinic at Waterbury Hospital, Community Health Center and Staywell Health Center (both FQHCs); Malta House of Care Van, and Planned Parenthood. One participant felt that most emergency department patients are there because they feel they cannot wait until the next morning, when many of them could seek care at their respective medical homes. Participants also shared that care received through an emergency department could be 10 times as expensive as a patient with the same health issue being cared for in their medical home.

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What healthcare services not currently provided in the community area do you think need to be available?

The group agreed that every service needed is present "to at least some degree in the community." It was noted, however, that very few (if any) psychiatrists accept insurance as payment. They operate on a direct payment basis. Beyond that, "there are too few mental health service providers, overall." One provider stated "It is as if mental health problems don't exist."

While there are substance abuse treatment services available in the community, there is not an "in-patient substance abuse detox service."

When asked about the availability of dental services, participants pointed out that since the reimbursement rates were increased two years ago, dental care is more generally available.

KEY HEALTH ISSUES & CHALLENGES

What major health issues do you see in your community, especially among low income or underserved populations such as minority groups or people with disabilities?

Drug and alcohol abuse were the first issues mentioned. Cocaine was specifically mentioned, as was prescription drug abuse. Many residents also smoke tobacco. A representative from Staywell Health Center stated that "Thirty-six (36) percent of their patients used tobacco. Obesity was brought up and one participant commented that "Waterbury needs more data on obesity."

The looming problem of how to manage the elderly population with dimension was raised. "The skilled nursing facilities in the area avoid taking them." This results in unwanted patients remaining in the hospital for extended periods. Not only is this an inappropriate use of hospital space, "it skews the average length of stay statistics for the hospital which is one of the so-'report card' measures."

One participant expressed concern about the "high incidence rate of late-stage breast cancer diagnoses in the community."

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What challenges do people in the community face in trying to stay physically fit and eat healthier?

One physician stated, "People have to want to exercise and eat right." Some participants felt fresh fruits and vegetables were not that much more costly than other, less healthy, foods but others felt the opposite. One commented, "If patients could afford a $7-$8 pack of cigarettes, they could certainly afford healthier foods, if they wanted to." Participants thought it was an educational challenge to get patients to adopt healthier lifestyles. It was reported that while fresh fruits and vegetables were available year round, there were fewer supermarkets due to recent closings. "For residents without a vehicle, it is a question of how many groceries they can carry home." There are many McDonald's locations in town and these are closer than supermarkets to many neighborhoods. One positive development is the growing number of farmers' markets. Staywell Health plans to provide health screenings at these locations.

When questioned about the availability of safe and inviting parks, one participant said, "You wouldn't want to go to the parks after dark, or even during the day, in some cases." The town green space is dominated by the bus system and many individuals loiter in the area. Participants rated the crime level at "medium."

Related to health and well-being, what would you say are the major weaknesses/areas of opportunity for the community?

One of the major areas of weakness was too many patients seeking care at the emergency departments rather than through a medical home location. One participant spoke positively about the "My Health Direct" program that had the goal of getting more patients into medical homes. Another major weakness is the unmet mental health needs in the community.

What recommendations do you have to improve the health of the community?

The number one recommendation was to raise the Medicaid reimbursement rate to a more reasonable level. One physician stated "All your access problems would go away" if this was done. Adding more patient navigators to the system focusing on both health care and wellness was another recommendation. "'People need help with their insurance." Another recommended moving the existing Malta House of Care Van to more locations around the city.

Many agreed that mental health treatment needed to be expanded and that there should be better collaboration among community partners. There was an expressed need for more

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homeless shelter beds. It was believed that 50% or more of the homeless suffered from mental illness, and that this population was growing as a result of the current economic recession.

Participants thought that it was important to continue the existing Waterbury Health Assess Program (WHAP). This program is built around a pool of volunteer physicians who agree to take uninsured patients. Participants expressed that the "program is built on a good concept." Support staff includes a program coordinator and several case managers. "It works because people get connected." Financial support originally came from the federal government and, most recently, the state of Connecticut. There is concern that the state may soon eliminate their support resulting in the program closing down.

Finally, it was agreed that Waterbury needed more economic development and the legislative delegation representing the area needed to do a better job of bringing state and federal resources to the community.

PROVIDER RESOURCES

What obstacles do you encounter when caring for your patients?

By far, insurance-related issues represent the greatest obstacles for the providers. "Every plan is different and there is great variability from one to another." One physician described it as "a living nightmare." Medicare, in contrast, was considered "easy." "It seems that everyone wants us to do the paperwork for free for things like disability, home health care authorization, and HIV patient medication renewals." Furthermore, there are different drug formularies that change frequently. "Small physician practices simply don't have the ability to manage all the paperwork burdens."

The obstacle of patients not taking their medications properly or completely was raised. Participants thought this problem that could be better managed with enhanced case management. It was stated that 25% of prescriptions are never even filled.

What resources would help you better meet the needs of Waterbury residents?

This question brought discussion back to the need to remove physicians' administrative requirements, allowing them to redirect these energies back to direct patient care. "Take away the administrative hassles." "Make the overall health care system more seamless," was another suggestion.

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There was also discussion about a new federal effort to provide "enhanced" Medicaid reimbursements beginning in 2013, although several participants were cautious of the new federal commitment. Primary care providers are fearful that if they agree to take on more Medicaid patients under the new program, down the road if it changes back, they would be left being responsible for the patients.

What role can local hospitals and public health play in helping you meet the health needs of the Waterbury community?

The group thought that "The hospitals do a good job now. Overall the entire system does." There is clearly a need for more public service announcements to educate community residents about issues such as "Do you know where to go when you need a physical?"

Discussion turned to the recent elimination of "care tax revenue" as a source of city funding. This was a decision of the Governor that will result in the loss of $20 million dollars per year for Waterbury. Participants thought this would worsen the city's fiscal problems and its capacity to help solve community issues impacting the health of residents. "Will property taxes have to be raised to make up the difference, causing even more residents to move out?"

"There must be a public health solution. Whoever can do more to help build a healthier community needs to do more. And everyone must be honest with what we can and cannot do." "Individuals who have insurance should not go to the emergency departments inappropriately." "The hospitals need to better share their respective areas of expertise." We need to "move the bar higher." "In many respects it comes down to shared responsibility. Everyone needs to take a part. And there is a need for government involvement and support."

CLOSING THOUGHTS

Participants in the group held many opinions about the local health care system and shared them freely. Four central themes were identified. The perceived inadequate level of reimbursement payments for Medicaid patients presented a major system barrier. The lack of specialty care access for the uninsured and for Medicaid patients was seen as another system weakness. The third main issue is absence of an effective mental health care system. Finally, participants acknowledged a need to improve the existing transportation system.

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WATERBURY NEIGHBORHOOD FOCUS GROUPS REPORT

ACCESS TO CARE

What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?

All four groups referenced the lack of health insurance as a main barrier. The high cost of co-payments was also mentioned as was the cost of medications. "My co-payments at the ED are outrageous." "I don't want to neglect my health, but you have to pay the mortgage." One person mentioned increasing annual deductibles as another barrier. The increasing monthly premium for Charter Oak health insurance was also noted. Some neighborhood residents used to have health insurance, but lost it when they became unemployed.

Transportation was identified as a barrier by three of the four groups. Participants referenced the limited number of bus stops and the long lead time (48 hours) required to access a medical van. "It can be a long walk just to get to a bus station." There are long waits between rides. "It can take all day to see your doctor." Transportation was thought to be even more of a challenge "for seniors who can't walk well and others who are in wheelchairs."

Providers' limited hours of operation was identified as a barrier by one group. "There are very few places to go for care after hours other than the emergency departments." This was thought to be true at the area clinics and at private medical offices.

Two groups felt there were language barriers, mainly pertaining to the Spanish-speaking community, although a significant Albanian population was also identified. Area clinics were thought to have more bi-lingual staff than private medical providers. One participant recounted a recent visit to one of the emergency departments during which they saw Spanish-speaking patients "struggling to communicate" with ED staff because the bi-lingual staff person scheduled to work the shift had called in sick.

Lack of awareness of where to go for care was identified as a barrier by three of the groups. "People don't know where to go. They don't know what clinics are available to them."

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Lack of legal status was identified as a barrier in that these individuals were not eligible for any insurance programs and had to "self-pay" when receiving any services.

It was pointed out that patients who have Husky Care (Medicaid) experience access barriers when seeking primary care and specialty care. "Not many providers will take Husky." There were feelings that "the clinics just pass you around." That "people look down on you."

The close proximity of the Saint Mary's clinic to the homeless shelter was identified as an access barrier because people seeking care had to contend with a waiting room flooded with homeless people who were there trying to stay warm.

Finally, "fear and lack of trust" were identified as barriers. Some people are afraid of doctors and hospitals while others "just don't trust the healthcare system."

Are their specific populations in this community that you feel are not being adequately served by local health services?

Beyond the broad category of "uninsured" residents, African Americans and a rapidly growing Hispanic/Latino population were specifically mentioned as underserved. South American, Portuguese, and Dominican populations were also noted, along with "single moms with kids."

The sizable homeless population was identified as a group not receiving adequate health services. "I'm two steps away from being homeless," one participant offered. Those with mental illness, including the homeless, are also not getting the care they need. These include mentally ill residents previously discharged from institutions and from the local hospitals. One person stated that "20% of the prison population is mentally ill."

Homebound populations, including seniors were listed, as were elderly residents living in long term care facilities. "The families need to check up on them daily to help feed them because staff simply leaves the food and goes." While there is Veteran's Administration (VA) Hospital in West Haven, it is 45 minutes away, and some veterans who need care will not travel that far away. Teens were mentioned by one group as not being able "to see a doctor or to afford medications." There were also reported issues

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regarding sexually transmitted diseases among the youth and "limitations on what can be done with underage children."

In general, where do uninsured and underinsured individuals go when they are in need of primary care services?

The first place mentioned by two of the groups was the hospital emergency departments. "EDs have to treat you. It's the place to go if you do not have health insurance." EDs were also identified by some as being "more convenient because they were closer to home." Some commented on the "long waits associated with the EDs." The two hospital-based clinics and the FQHCs were also identified as sources for care. Planned Parenthood was listed, as was a small primary care "walk-in" medical clinic located on Frost Road called Prime Care. The Malta House of Care Van was also noted.

One attendee stated that the private medical offices "only want to know what insurance you have." He did not feel they cared about him as a person. It was observed that "you have to have an appointment to go to Staywell." Participants said that new patients faced the longest wait times. "It took weeks to get an appointment."

Considering the challenges faced by many residents in accessing the healthcare system, one participant stated, "When you are down and out, you better know how to survive."

What healthcare services not currently provided in the community area do you think need to be available?

Several groups identified dental care as being "hard to find if you have no insurance." "Dental is a big issue around here." One participant indicated it took her grandson "two years to get a dental appointment." One of the FQHC's "only has a dental hygienist." It was pointed out that elderly Medicare patients must pay out of pocket for preventive dental services such as cleanings.

There was agreement across the groups that mental health services were inadequate. One person stated, "You have to commit a crime to get mental health care." Another said, "Psychiatrists can't relate to your problems. "They give you meds and ship you

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out."   Another felt, "People have nowhere to go for mental health services." "Some patients just sit on the town green." "A hospitalized patient can sign themselves out even if they should not be back on the street."   One participant recalled a day program that had existed years ago at Waterbury Hospital for people with mental issues, but it was no longer available.

KEY HEALTH ISSUES & CHALLENGES

What major health issues do you see in the community, especially among low income or underserved populations such as minority groups or people with disabilities?

Asthma, diabetes, cancer, tobacco use, depression, lung and prostate cancer, heart disease, high cholesterol, high blood pressure, strokes, drug and alcohol abuse, mental illness, and prescription drug abuse were all listed. Abuse of cold medicines like Nyquil and Robitussin was also noted as an issue, as was addiction to pain medication. One participant commented that given the long delays in getting appointments (particularly for specialists) sometimes resulted in people being on pain medications longer than they should, increasing their chances of becoming addicted. The automatic refilling of pain medication prescriptions when no longer needed can also create problems.

Participants observed "Everyone smokes cigarettes." It was pointed out that small cigars (same size as cigarettes) are far cheaper than regular cigarettes (only $2/pack vs. $8 /pack) and that these are popular "even though they are not as healthy."

The reluctance of many men to seek health care when they should was also identified as a big issue. "Men brag that they haven't been to a doctor since they left the army." Others said that they delay seeking care when they have problems. Part of this is "fear of knowing the truth." Consequently, they sometimes die young.

What challenges do people in the community face in trying to stay physically fit and eat healthier?

There was broad agreement across the groups that Waterbury did not offer adequate opportunities for residents to be physically fit.   Notable comments included: "There are no safe parks." "Sidewalks are not in good condition." "Streets are of an old design, they are not wheel chair or baby carriage friendly." "If we had good parks, people might

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walk." "Waterbury is going in the opposite direction than the rest of the country." "The city acts like it is 1950, with the sole focus of roads being to move cars." "There are no bike trails." "We have patchwork asphalt." "Exercise opportunities are worse now than they used to be." "The schools used to be open for kids to use for free, now you have to pay." "Today's parks have crooked slides and broken sprinklers." One of the parks is too close to a homeless shelter. "The parks have been neglected for 30 years." "There are syringes on the ground." "Years ago there was free summer camp." "The most walking the kids get is walking in mall while they socialize."

While it was acknowledged that there were some recreation center programs available, most of these had associated costs. Some thought that the Police Athletic League (PAL) offered some good programs. Participants also acknowledged that the town had a good YMCA that used a sliding fee scale to charge for its programs. One person noted that, "Even small costs can be a barrier for the poor." It was stated that "There is no place for the youth to go to be physically active or even to just socialize. So they loiter and then get involved with the police." Another said, "Years ago, we used to walk and play in the cemetery. It was nice, but we were kicked out." "When I was young, you could stay in the park if you were on your best behavior." "There were good programs." Participants also acknowledged that there can be a lack of motivation to becoming physically active.

One attendee who loved to swim said he could only do so during the summer season when public swimming was available. He said he felt "much better in the summer than during the winter when he couldn't swim."

All the groups agreed that fresh fruits and vegetables were available year round either at the supermarkets or at the various farmer markets. Some felt the farmers' markets were more affordable, while others felt the opposite. "The markets have good stuff," said one participant. The farmers' market located on the town green was nice, but "you have to fight your way thru panhandlers and the homeless to shop there." There are six to eight farmers' markets in Waterbury and the Women, Infants, and Children (WIC) program provides vouchers that can be used at the markets. There are few community gardens in Waterbury, "far fewer than in other nearby cities." Several attendees spoke about their own backyard gardens, and how they shared their tomatoes with neighbors. Attendees doubted that many tenants would have their own gardens and wondered whether landlords would even allow them. Some spoke about not being able to get to

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the supermarkets because of lack of transportation and having to carry the purchases back to their homes, "but the healthier foods are there if you want them."

Most public schools provide free breakfasts for low-income children and even snacks during the aftercare sessions.   These were seem as good programs.

Some attendees felt that fresh fruits and vegetables were a "luxury," and that the ability to have a good diet came down to money.   Prepared foods are more readily available, quicker, and are popular with people who work long hours and arrive home tired.

Related to health and well-being, what would you say are the major weaknesses/areas of opportunity for the community?

The lack of jobs was mentioned by one group. "People without money will steal." There are many young adults in Waterbury, and they have to compete for jobs against older and more experienced workers. This prevents many of the youth from getting a chance to work. The unemployment rate is high. For youth who are trying to find a job, any kind of police record (even minor juvenile offenses) further reduces their opportunities. "Being in the court system is like having 10 strikes against you."

Participants noted the number of vacant buildings around the city. "They are an eyesore and lower property values." There is also a big litter problem in the community. Both adults and kids litter, and garbage cans are left on sidewalks. "Too many residents and landlords do not care." "They are not invested in the areas where they live." A new city blight ordinance is a good step, but it is not being effectively enforced and does not cover everything it should, such as garbage cans.

The poor condition of the schools was mentioned. It was shared that someone had shot a video showcasing the many safety and health problems in the schools, including those relating to asbestos and asthma.

Participants noted that many kids don't stay in the same school for an entire school year because their parents "hop from apartment to apartment." In some cases they are "rent jumping" which involves avoiding rent payment by moving out in the middle of the night. As a result, kids are becoming new students in schools all times of the year.

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One area of strength is a long-planned greenway project that would develop a new park along the river. Another hope is that the Waterbury Housing Authority will re-open one of its closed buildings to provide safe and affordable housing for eligible low-income residents.

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COMMUNITY ASPIRATIONS & CAPACITY

What do you feel should be done to improve the health of the community?

Many suggestions were made by the various groups, including (in no particular order):

- Bring back the Staywell Health Center medical van.
- Sponsor a large, free dental clinic in Waterbury, similar to ones in other parts of Connecticut.
- Expand the hours of operation of daycare centers to accommodate parents work shifts that end after 5 pm.
- Open satellite medical clinics in the poorer neighborhoods to improve access.
- Clean-up the city parks and assure that there is one safe park for each neighborhood.
- Improve the transportation system.
- Offer more health screenings in convenient locations.
- Offer smoking cessation programs.
- Invest more in school-based smoking prevention.
- Provide safe and clean public restrooms in the downtown area.
- Sponsor more community gardens.
- Move the buses off the town green, assure police presence, and reclaim this space for shared use by all.
- Doctors should not "talk over the heads of their patients" and "not like we are stupid." The providers need to show more compassion.
- Provide a ride service for special needs patients.
- Recruit community volunteers to help staff new youth programs, including more Zumba classes and Wi exercise games.
- Offer public education programs on managing health conditions.
- Clean up blighted properties and step-up enforcement of new blight ordinance and other quality of life issues, including litter.
- Install speed bumps to slow traffic in residential areas.
- Provide on-going health education campaigns covering a wide range of community health issues.

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What do you think organizations within Waterbury can do to improve health and quality of life in the community?

One attendee urged the city to "concentrate on the city as a whole" rather than in certain favored areas. "Everyone should be treated the same." Some felt that organizations could help in identifying and supporting community facilities where kids could go to exercise and socialize.

Economic development came up again during these discussions, including the development of the many brownfield locations (past industrial use) within the city. Securing more state dollars could help with this challenge.

There is a need for more general counseling services in many neighborhoods. People have issues and few people to discuss them with.

Organizations could assist with the hiring of more grant writers to bring more government and private sector grant dollars to Waterbury.

Finally, there is a need for more community mentors, to set positive role models for many of the youth who lack them. One participant spoke of an encounter she had many years ago with her neighbor. The participant had dropped an empty bag of potato chips onto the ground. The neighbor picked it up and returned it to her saying, "I think you dropped this. This is our community and we all need to keep it nice." The participant said she never littered again. The group agreed that positive role models make an impact.

What do you think could encourage more community involvement, advocacy, and partnership around health issues?

Positive parenting principles were raised by several participants. "There is no parental discipline anymore." Parents do not call other parents when they see a child misbehaving. "Kids need to learn lessons." "Too many kids today are telling their parents what to do."

Efforts need to be expended to try and instill more pride in the city and within the various neighborhoods. Creating better and more effective ways of communication

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among residents was related as one way to increase community involvement, including use of social media. "To effect change, you need to reach as many people as possible, so you need to use social media."

The mass snow shoveling campaign was seen by several participants as a great example of how to bring the community together. "It was a win for the schools and the city, and a win for the kids who participated."

One neighborhood official spoke about his hopes of creating a community organizing training institute for the city. The initiative would involve education and training workshops and seminars to help people come together.

Some felt that churches were an untapped resource and could become more involved in advocacy. "Churches are everywhere, and they are just sitting there." One person stated there was a Waterbury Interfaith Ministry. Others noted that some churches have nurses who give flu shots.

Participants thought that workplaces could contribute, as well as Post University, the University of Connecticut, and Naugatuck Community College. It was shared that Walgreens Pharmacy offered free blood pressure screenings for an entire month. The group saw this as one example of a good business contribution.

CLOSING THOUGHTS

While the four neighborhood groups were different in composition and perspective, they shared many common concerns. All groups saw the absence of health insurance coverage as the primary barrier to accessing care. The groups noted that even with insurance, like Husky Care, access was limited.

Many of the participants were long-time Waterbury residents and remembered back to years ago when things were different, and in their opinion, better. Participants in the groups had hopes of turning the city around and sought help to carry out the recommendations they provided that stemmed from health concerns to homelessness, transportation needs, decreased quality of life, lack of pride in the city, and unemployment.

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ACCESS TO CARE

I'm going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.

1. **What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?**
   Probes: *Is there a language or cultural barrier? Is transportation a barrier? What issues do you see related to those barriers?*

2. **Are there specific populations in this community that you feel are not being adequately served by local health services?**
   Probes: *Which populations? What recommendations do you have to reach those underserved populations?*

3. **In general, where do uninsured and underinsured individuals go when they are in need of primary care services? Why?**

4. **What healthcare services not currently provided in the community area do you think need to be available?**
   Probes: *Are there services that are missing? Are there enough providers? Are there waiting lists for services?*

KEY HEALTH ISSUES & CHALLENGES

5. **What major health issues do you see in your community, especially among low income or underserved populations such as minority groups or people with disabilities?**

6. **What challenges do people in the community face in trying to stay physically fit and eat healthier?**

Probe: *What health challenges do you think children and youth in the community face? Do you feel safe in your neighborhood? Neighborhood surroundings?*

7. **Related to health and well-being, what would you say are the major weaknesses/areas of opportunity for the community?**

8. **What recommendations do you have to improve the health of the community?**
   Probe: *What suggestions/solutions do you have to address health issues?*

PROVIDER RESOURCES

9. **What obstacles do you encounter when caring for your patients?**

10. **What resources would help you better meet the health needs of Waterbury residents?**

11. **What role can local hospitals and public health play in helping you meet the health needs of the Waterbury community?**

ACCESS TO CARE

I'm going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.

12. **What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?**
    Probes: *Is there a language or cultural barrier? Is transportation a barrier? What issues do you see related to those barriers?*

13. **Are there specific populations in this community that you feel are not being adequately served by local health services?**
    Probes: *Which populations? What recommendations do you have to reach those underserved populations?*

14. **In general, where do uninsured and underinsured individuals go when they are in need of primary care services? Why?**

15. **What healthcare services not currently provided in the community area do you think need to be available?**
    Probes: *Are there services that are missing? Are there enough providers? Are there waiting lists for services?*

KEY HEALTH ISSUES & CHALLENGES

16. **What major health issues do you see in your community, especially among low income or underserved populations such as minority groups or people with disabilities?**

17. **What challenges do people in the community face in trying to stay physically fit and eat healthier?**
    Probe: *What health challenges do you think children and youth in the community face?*

18. Related to health and well-being, what would you say are the major weaknesses/areas of opportunity for the community?

COMMUNITY ASPIRATIONS & CAPACITY

19. What do you feel should be done to improve the health of the community? *Probe*: *What suggestions/solutions do you have to address health issues?*

20. What do you think organizations within Waterbury can do to improve health and quality of life in the community?
    Probe: *What issues/challenges do you think the organizations may face in trying to address health issues in the community? What is their role?*

21. What do you think could encourage more community involvement, advocacy, and partnership around health issues?