

COOLEY DICKINSON HEALTH CARE  
HEALTHY COMMUNITIES COMMITTEE

**KEY INFORMANT INTERVIEW SUMMARY**

**I. Participants**

- Ray Conway, MD, CDH Emergency Department.
- Frank Dingler, Cooley Dickinson Practice Association.
- Joel Feinman, PhD, Valley Medical Group.
- Sam Gladstone, MD, Healthy Communities Committee.
- Clare Higgins, Community Action.
- Karin Jeffers, Clinical & Support Options
- Jim Kruidenier, Stavros.
- Leslie Laurie, Tapestry.
- Nancy Maynard, Highland Valley Elder Services.
- Heidi Norton-Smith, Northampton Survival Center.
- Matt Pitoniak, CDHCC Board Chair.
- Trisha Smallman, Amherst Survival Center.
- Susan Stubbs, ServiceNet.

**II. Summary**

Discussion Topics	Synthesis of Responses
Access to health services.	<ul style="list-style-type: none"><li>• Interviewees had bi-modal responses to the level of access to health services in the mid-Pioneer Valley:<ul style="list-style-type: none"><li>– For individuals with middle to high income levels and/or higher levels of education, access was perceived to be approximately 8, on a scale of 1 (very low) to 10 (very high).</li><li>– However, individuals with lower income levels, lower educational levels, language/cultural barriers, special needs (e.g., those with physical disabilities), or living in the most rural areas were perceived to have significantly lower access to health services. Ratings of 3 or below were generally identified for these individuals.</li></ul></li></ul>

Discussion Topics	Synthesis of Responses
	<ul style="list-style-type: none"> <li>● The following deficiencies in the access to health services were most frequently identified:               <ul style="list-style-type: none"> <li>— Lack of availability of primary care providers, measured in terms of waiting times for appointments and ability to take new patients.</li> <li>— Lack of patient convenience and attention to language, cultural, and other special needs.</li> <li>— Lack of transportation.</li> </ul> </li> </ul>
Availability of prevention and wellness services.	<ul style="list-style-type: none"> <li>● Interviewees generally rated the availability of prevention and wellness services as lower than access to health services.</li> <li>● Overall, ratings were generally in the range of 5 to 6, on a scale of 1 (very low) to 10 (very high).</li> <li>● The following observations were most frequently noted:               <ul style="list-style-type: none"> <li>— Similar to access to health services, disparities exist based on differences in income and educational levels.</li> <li>— The mid-Pioneer Valley lacks a consistent focus and investment in prevention and wellness services.</li> </ul> </li> </ul>
Healthy behaviors.	<ul style="list-style-type: none"> <li>● Interviewees generally rated the presence/demonstration of healthy behaviors in the mid-Pioneer Valley at approximately 7, on a scale of 1 (very low) to 10 (very high).</li> <li>● While it was noted that the population of the mid-Pioneer Valley was generally knowledgeable about healthy behaviors, lack of sufficient actionable information was indicated for those with lower income and educational levels.</li> </ul>
Healthy living environments.	<ul style="list-style-type: none"> <li>● Interviewees generally rated the presence of a healthy living environment in the mid-Pioneer Valley at approximately 8, on a scale of 1 (very low) to 10 (very high).</li> <li>● Numerous examples of assets in the living environment were noted, including bike trails, gyms, natural recreational areas, SNAP benefits accepted at farmers' markets, and access to information at public libraries and community agencies.</li> <li>● However, interviewees frequently identified the lack of public transportation as a significant barrier to accessing these community assets.</li> </ul>

Discussion Topics	Synthesis of Responses
<p>Changes in community health dimensions over the last five years.</p>	<ul style="list-style-type: none"> <li>● No dimensions of a healthy community were perceived to have declined over the last five years in the mid-Pioneer Valley.</li> <li>● Generally, interviewees perceived that there was greater awareness and knowledge of healthy behaviors as well as improvements in terms of the healthy living environment.</li> <li>● No significant change was perceived in access to health services or the availability of prevention and wellness services.</li> </ul>
<p>Impact of healthcare reform/ increased insurance coverage on community health.</p>	<ul style="list-style-type: none"> <li>● Generally, interviewees perceived that there has been a positive impact on the overall health of the community as a result of expanded insurance coverage in Massachusetts.</li> <li>● However, the following challenges were noted: <ul style="list-style-type: none"> <li>– Access to primary care.</li> <li>– Gaps in coverage for specific needs, such as eyeglasses, hearing aids, wheelchairs, personal care support, and mental health services.</li> </ul> </li> </ul>
<p>Suggested measures for community health.</p>	<ul style="list-style-type: none"> <li>● Interviewees provided extensive suggestions for potential indicators to use in measuring the extent to which the mid-Pioneer Valley is a healthy community.</li> <li>● The measures that received multiple mentions include: <ul style="list-style-type: none"> <li>– Focus on youth, such as immunizations, teen births, physical education in schools.</li> <li>– Disease conditions, such as diabetes, respiratory conditions, substance abuse.</li> <li>– Behaviors, such as smoking, obesity.</li> <li>– Healthcare access, such as primary care, dentists, mental health.</li> <li>– “Failures” in the medical system, such as ED visits, readmissions.</li> <li>– Environmental conditions, such as air quality, exercise/recreational facilities.</li> </ul> </li> </ul>

Discussion Topics	Synthesis of Responses
Suggested community-based initiatives.	<ul style="list-style-type: none"> <li>● Interviewees identified population sub-groups that could benefit from new/enhanced community-based initiatives.               <ul style="list-style-type: none"> <li>– Most frequently noted among the chronic conditions, in order by number of mentions, are diabetes, obesity, mental health, substance abuse, and smoking.</li> <li>– Most frequently noted among vulnerable populations, in order of number of mentions, are individuals with language/cultural barriers, youth, and the homeless.</li> </ul> </li> <li>● Interviewees also noted the types of approaches/interventions that are perceived to be the most effective. The most frequently mentioned were:               <ul style="list-style-type: none"> <li>– One-on-one interventions/support.</li> <li>– Non-medical care coordination, including interpersonal support, compliance monitoring/encouragement, and referral.</li> <li>– Screening, particularly in primary care offices.</li> </ul> </li> </ul>
Effectiveness of community-wide initiatives.	<ul style="list-style-type: none"> <li>● The mid-Pioneer Valley was noted as having a long history and collaborative culture supporting collective, community-wide initiatives.</li> <li>● Interviewees provided the following recommendations related to ensuring the effectiveness of community-wide initiatives:               <ul style="list-style-type: none"> <li>– Encourage greater involvement by the medical community.</li> <li>– Identify initiatives that are focused and targeted to creating practical, workable solutions.</li> <li>– Access the full range of skills, experience, expertise, and perspectives related to the initiative; avoid “recreating the wheel” by taking full advantage of the lessons learned from others locally, regionally, and nationally.</li> </ul> </li> <li>● Interviewees also noted that important side-benefits result from community-wide initiatives, including:               <ul style="list-style-type: none"> <li>– Information transfer related to the scope of services provided by participating organizations.</li> <li>– Relationship building among participants.</li> <li>– Identification of opportunities for smaller collaborative projects/programs.</li> </ul> </li> </ul>

Discussion Topics	Synthesis of Responses
<p>Cooley Dickinson involvement in community health.</p>	<ul style="list-style-type: none"> <li>● CDH is perceived as a trusted and influential leader in the mid-Pioneer Valley.</li> <li>● Many of the interviewees were surprised to learn about CDH's long history of support for the development of a model healthy community in the mid-Pioneer Valley.</li> <li>● Generally, interviewees indicated that they would like to see CDH take on an even more high-profile position with regards to healthy communities issues and opportunities. While additional investment of financial and/or human resources would be appreciated, it was more frequently noted that CDH should: <ul style="list-style-type: none"> <li>— Lends its name/endorsement to appropriate healthy communities initiatives, even when CDH may not be directly involved.</li> <li>— Be a role model as an employer/large corporation in providing incentives that promote healthy behaviors.</li> </ul> </li> <li>● Specific suggestions that were noted by two or more interviewees include: <ul style="list-style-type: none"> <li>— More internal education for the CDH board and medical staff related to healthy communities issues and concerns.</li> <li>— Greater investment and participation in prevention and wellness services.</li> <li>— Participation in regional health information sharing initiatives.</li> <li>— Greater participation (i.e., beyond Jeff Harness) with community groups and agencies.</li> </ul> </li> </ul>
<p>One aspect that most needs to change in order to become a model healthy community.</p>	<ul style="list-style-type: none"> <li>● The interviewees provided a diversity of responses, with no multiple mentions or consistent themes.</li> <li>● While this type of collective response indicates that there is no agreement regarding the barriers to the development of a model healthy community in the mid-Pioneer Valley, it also generally indicates that there is no single burning issue that needs to be addressed.</li> </ul>

<b>Discussion Topics</b>	<b>Synthesis of Responses</b>
Aspect/characteristic that needs to remain the same.	<ul style="list-style-type: none"><li>● Interviewees agreed that the following aspects/characteristics related to healthy community development in the mid-Pioneer Valley were important to retain:<ul style="list-style-type: none"><li>— Maintaining the programs and community assets that have already been developed.</li><li>— Maintaining the progressive perspectives and collaborative attitudes that have facilitated the achievements to-date.</li></ul></li></ul>