

COOLEY DICKINSON HEALTH CARE
HEALTHY COMMUNITIES COMMITTEE

FOCUS GROUP SUMMARY

I. Overview

On June 25th and 26th, three focus groups were conducted to further explore the availability of health care services and other aspects of a healthy living environment in the mid-Pioneer Valley. The primary purpose of the focus groups was to hear the experiences and concerns of the group participants. However, in each of the groups, discussions naturally evolved into information sharing among participants regarding availability of and access to community services and support.

Focus group participants generally lacked awareness of CDHCC's healthy communities efforts. They appreciated the opportunity to share their perspectives on various aspects of the living environment in the mid-Pioneer Valley, and complimented CDHCC on its sponsorship of these forums for community input. Each of the groups also had consensus around the need for additional forums and means for input regarding the concerns raised during the focus group discussions.

The participants in each of the three groups represented a relatively diverse range of demographic characteristics. Because of their self-selection, however, the focus group participants were generally individuals with specific, and in many cases multiple, health-related concerns (i.e., generally "the 10%"). Participation in the focus groups included the following:

- **Access** - There were 6 participants in the group, including 5 women and 1 man.
- **Easthampton** – There were 8 participants in this group, including 5 women and 3 men.
- **Mental Health** – There were 14 participants in this group, including 6 women and 8 men.

II. Areas of Consensus Across All Three Groups

Despite the different organizing topics for the focus groups, the participants from all three groups shared a number of similar observations about the overall health of the mid-Pioneer Valley.

- Almost unanimously, the mid-Pioneer Valley was perceived to be a healthy place to live. Among the attributes most frequently identified in this regard were the natural environment, community attitudes supporting healthy behaviors, and overall access to a healthy living environment (compared to more urban areas or other states).
- Distinct cultural differences among the communities within the mid-Pioneer Valley were noted, reflecting their varying demographic and socioeconomic characteristics. Each community was seen as having its own set of healthy communities-related strengths and weaknesses.

- Perhaps most striking was a general consensus among the various focus group participants that there is a “need to fight” to get the services that you need or for which you should have insurance coverage. Specific problems identified most frequently within the health care system were:
 - Difficulties associated with MassHealth, particularly when there were changes in personal/employment status and with regard to eligibility for specific services (such as dental, vision, hearing, and non-traditional medicine).
 - Lack of information and referral related to supportive services available in the community.
 - Lack of care coordination and follow-up by providers, resulting in fragmented and untimely care.
- A general lack of preventive health services was identified. However, given the nature of the discussions, it was not clear whether this reflects a lack of availability of prevention/wellness services or a lack of awareness regarding how and when to access them. Most frequently mentioned as lacking were:
 - Mental health screenings, particularly for younger individuals.
 - Smoking cessation programs.
 - Overall health screenings (ideally followed by targeted health information based on the results).
- Transportation constraints were identified by participants in each of the three groups as negatively impacting access to health care and other community services. Specific improvements identified as needed were:
 - Extended schedules, particularly in the evenings and during weekends.
 - Lower cost options.
 - Expanded routes in order to access specific locations.

III. Additional Group-Specific Concerns

The table below summarizes the specific concerns identified by each of the three focus groups associated with health care concerns, other needs, and how CDH could be of further assistance. These are in addition to the concerns described in Section II, and were in most cases regarded as lower priorities.

Issue Area	Access Group	Easthampton Group	Mental Health Group
Health Care Concerns	<ul style="list-style-type: none"> ● Inadequate primary care. ● Long waits required to schedule physician visits. ● Need more urgent care. ● Need more options for specialty care. 	<ul style="list-style-type: none"> ● Inadequate primary care. ● Long waits required to schedule physician visits. ● Need to travel for specialists. ● Lack of mental health and addiction treatment. ● No nursing home in town. 	<ul style="list-style-type: none"> ● Inadequate number of/ access to psychiatrists. ● Expanded mental health programs and services needed, such as early screening, day treatment, and transitional care. ● More timely access to primary care when medication prescriptions need to be renewed. ● “Don’t make me say ‘I’m going to kill myself’ in order to receive timely care.
Other Needs	<ul style="list-style-type: none"> ● The health care system is complicated, bureaucratic, dysfunctional, and not patient-friendly. ● Health care has become driven by a profit motive. ● Insurance companies/ health plans dictate the type of care you will receive. ● “It’s a full time job being sick, especially if you are poor.” 	<ul style="list-style-type: none"> ● Need information/referral and other support services for individuals who are neither young nor elderly (i.e., fall between the cracks). ● Need year-round homeless shelters. ● Need additional, all-day, affordable child care (so that parents can seek full time jobs). ● Need more after-school activities. 	<ul style="list-style-type: none"> ● Need more sharing of best practices/scope of services among community agencies (e.g., Amherst Survival Center praised for its extensive services and user-friendliness). ● Need to enhance family support and resources. ● Need enhanced access to housing, both year-round homeless shelters and low cost/public housing. ● Police need to be better educated regarding individuals needing mental health/addiction treatment. ● More global issues, such as stigma associated with those requiring mental health services, economic disincentives in the public assistance system, and inadequacies of the foster care system.
How Could CDH Help	<ul style="list-style-type: none"> ● Improve availability of buses going to/from CDH. ● More care coordinators/ navigators/advocates. ● Need an on-site pharmacy. ● Expanded urgent care. ● Expanded addiction treatment. ● More preventive care, specifically smoking cessation. 	<p>Provide services in Easthampton, specifically:</p> <ul style="list-style-type: none"> ● Information and referral services (in collaboration with existing community groups). ● Walk-in/urgent care. ● Comprehensive outpatient center that could serve both Easthampton and the Hill Towns. 	<ul style="list-style-type: none"> ● Expanded mental health and addiction treatment services. ● Enhance facilities and services in the emergency room for individuals requiring mental health services (e.g., Mercy’s approach cited as a good approach).