

**Cooley Dickinson Health Care
Healthy Communities Committee**
Summary of Health Care Access Community Health Forum
Amherst Survival Center

I. Overview

On September 27, 2013 a 90-minute community forum on health care access was conducted at the Amherst Survival Center. Seventeen (17) individuals attended; 13 women and 4 men. The diverse group of participants included: State Representative Ellen Story; health care providers; Julie Federman, the Director of the Amherst Health Department; prevention specialists; college students; community-based organization staff; community residents; and members of the Amherst Survival Center.

A key goal of the forum was to obtain local input on the priority health care access issues facing residents in the region. We sought to learn more details about barriers to care and how consumers felt those barriers could be mitigated. Additional goals included obtaining participant reaction to and feedback on the findings derived from previously conducted health needs assessment surveys, focus groups, and key informant interviews. We wanted to know if this information resonated with consumers based on their personal and family experiences. The forum was also designed to obtain input on community needs to further inform planning underway to establish a community health center in Amherst. Participants were also asked for their ideas on how Cooley Dickinson Hospital and its community partners, such as local officials and health care providers, could work together more collaboratively and effectively to improve health care access.

II. Key Themes and Priorities

a. Health Insurance Barriers

- When life circumstances change (job, income, disability status, homelessness, etc), it is very hard to navigate the frequently confusing and overwhelming system and maintain health insurance without gaps/lapses in coverage; system does not work for someone without an address; system forces people to lie about their residence and needs
- Specific services are not consistently covered: i.e., eye care, alternative medicine, certain medications
- Insurance dictates which providers you must go to, even if that requires additional travel
- Student health needs require coordination between local providers, such as CDH, and on-campus college health services; there may not be smooth transitions and effective communication between the two systems
- Income inequality is a problem; people with Mass Health get less care

b. Availability of Care

- Difficult to find psychiatrists, especially those taking Mass Health or Medicare insurance
- Mass Health and Medicare lack dental care coverage and support for nutrition education
- Lack of comprehensive addiction services; providers may not have information and resources to refer clients beyond AA
- Patients with mental health issues are discharged from the hospital with very limited or no transitional or follow-up services
- Lack of smoking cessation programs and resources

c. Transportation Barriers

- PVTA van service not available/accessible; one can be denied use of the van; times for van service do not fit needs; as a result, people use an ambulance for transportation
- Need to take 3 buses to get from Amherst to Northampton; can take hours
- No rides home after discharge from hospital; patients may not be able to afford cab ride and often don't feel well enough to take the bus home

d. Community needs for proposed Amherst health center

Transportation

- On a bus route
- Provide free transportation between health center and local agencies such as the Survival Center and other service providers

Operating hours and procedures

- Evening, weekend hours with a hybrid of scheduled appointments and walk-in services
- 24/7 on-call services for medical advice over the phone
- Website for accessing healthy living information and communications anytime

Essential on-site services

- Child care; dental care; vision care; pharmacy; physical therapy; pain management; smoking cessation
- Screenings, early diagnosis, and care management for chronic diseases
- Alternative therapies-nutritionists, yoga, tai chi, massage, chiropractic, acupuncture, herbal medicine, stress management programs
- Support groups for: women; people with arthritis; parents of children with disabilities; patients and family members coping with addiction and mental health issues

Staffing

- Social workers in addition to medical/clinical staff
- Staff who are familiar with the local community and its resources able to provide enrollment and knowledgeable referrals to other programs such as health insurance and food stamps
- Staff must be culturally competent and non-judgmental in *all cultures* including economics, mental health and addiction issues - not just race, language and ethnicities

III. Summary and Next Steps

- Inadequate transportation, complex regulations in health insurance plans, lack of insurance coverage for services, and lack of coordination of care between providers can be significant barriers to individuals seeking care, especially for those with Mass Health, Medicare, or who are coping with chronic diseases, mental health, and addiction issues.
- Participants were very supportive of the plans for an Amherst health center; it needs to be a comprehensive "one-stop shop" with accessible transportation and a multitude of medical/health care, alternative medicine, health promotion, and support services available on site.
- Participants expressed willingness to engage in ongoing discussions to provide further input into the plans for improved transportation and health services and for the new community health center.