



**Community Health Needs Assessment  
Key Informant Interviews Report**

**William W. Backus Hospital  
Norwich, Connecticut**

**October 2012**

## Background & Methodology

Beginning in the summer of 2102, staff from the William W. Backus Hospital collaborated with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to develop a questionnaire to gather feedback from key community stakeholders. The questionnaire consisted of a quantitative section (Part A) and a qualitative section (Part B). Responses to both sections were gathered during on-site “face-to-face” interviews conducted by Holleran in Norwich (or other nearby locations) over a three-day period in September. The content of Part A of the questionnaire focused on perceptions of community needs and strengths across three key domains:

1. Access to care
2. Key health issues and challenges
3. Quality of life

Holleran staff worked closely with the hospital in providing a list of community organizations, agencies, and government offices to consider when selecting Key Informants. Working with leadership from William W. Backus Hospital, specific individuals to be interviewed were selected and invited to participate. A copy of the questionnaire can be found in Appendix A.

Holleran gathered 49 completed questionnaires as part of the scheduled interviews. It is important to note that the number of completed surveys and limitations to the sample yield results that are directional in nature and may not necessarily represent the entire population within the hospital’s service area.

The Key Informant Interviews (Part B of the survey) were open-ended in nature and consisted of seven questions. These focused on such issues as challenges relating to non-English speaking community residents, primary care services for uninsured/underinsured residents, barriers to accessing care, gaps in healthcare services, the impacts these factors are having on poor health outcomes, possible ways to improve the community health, and strategies that might encourage more community engagement and dialogue. Twenty three separate interview sessions were convened. Sixteen were “one-on-one” with seven involving small groups of individuals primarily coming from a similar sector (i.e., public health officials). One respondent who was unable to attend submitted her comments in writing. It is important for the reader of this report to note that the frequencies of responses summarized in the qualitative section reflect group sentiment as well as individual sentiments.

## Overview of Quantitative Results

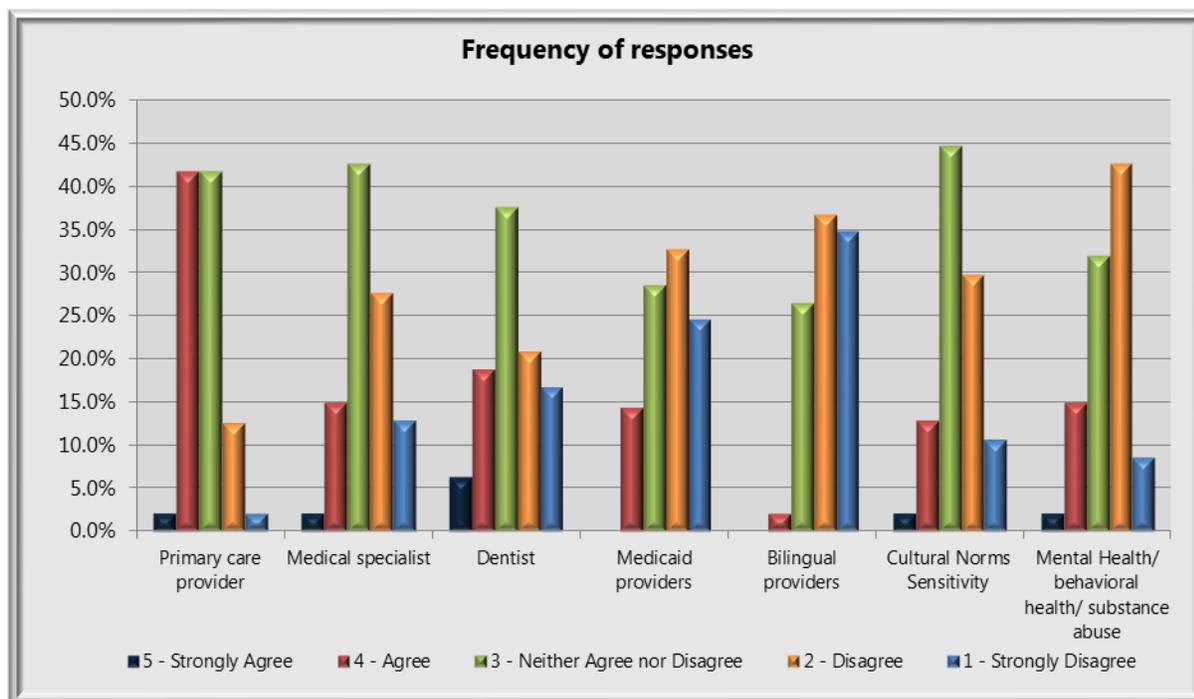
### Access to Care

The first set of questions focused on access to health care services. Individuals were asked to respond to a series of statements whereby they agreed or disagreed with the corresponding statement (1=strongly disagree; 5=strongly agree). The overall results from the Access to Care responses are listed below in table 1.

**“On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:”**

Factor	Mean Response	Number of Respondents	Corresponding Scale Response
The majority of residents in the area are able to access a primary care provider.	3.29	48	Neither Agree nor Disagree
The majority of residents in the area are able to access a medical specialist.	2.66	47	Disagree
The majority of residents in the area are able to access a dentist when needed.	2.77	48	Disagree
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	2.33	49	Disagree
There are a sufficient number of bilingual providers in the community.	1.96	49	Strongly Disagree
Providers are sensitive to cultural norms when providing care to special populations in the community.	2.66	47	Disagree
The majority of the residents in the community would know where to go if they needed mental health/ behavioral health/substance abuse treatment.	2.60	47	Disagree

**Table 1:** Mean responses and corresponding scale for health care access factors.



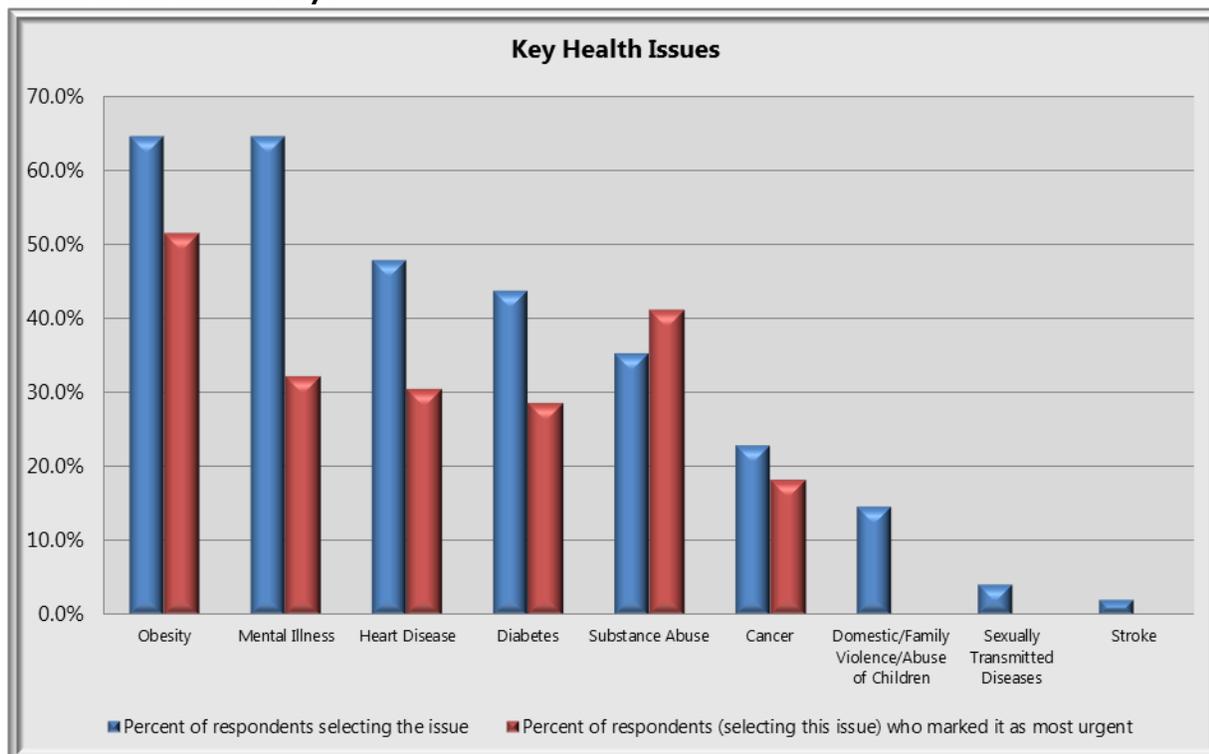
**Figure 1:** Distribution of responses for the health care access factors.

For most of the questions in this section of the survey, respondents “disagreed” that access was adequate. These questions covered access to medical specialists, dentists, acceptance of Medicaid or other forms of government-issued insurance, knowledge of where to access mental or behavioral health services or substance abuse treatment services, and provider sensitivity to cultural norms when providing care. For the question relating to adequacy of bilingual providers, there was actually “strong disagreement.” The one question where respondents were neutral was the first question that asked about access to a primary care provider. There were no questions where on average respondents “agreed” or “strongly agreed.”

### Key Health Issues & Challenges

In this section of the questionnaire, individuals were asked to choose three health issues they deemed most significant in the community from a pre-defined list. The three issues most frequently cited were Obesity (64.6%), Mental Illness (64.6%), and Heart Disease (47.9%). Diabetes was the next most frequently mentioned issued followed by substance abuse, cancer, and domestic/family violence/child abuse. The issues reflecting the lowest levels of concern were stroke and sexually transmitted diseases. See Figure 2 below.

**“What do you perceive as the three most significant (most severe or most serious) health issues in the community?”**



**Figure 2:** Key Informant opinions of key health issues for the William W. Backus service area.

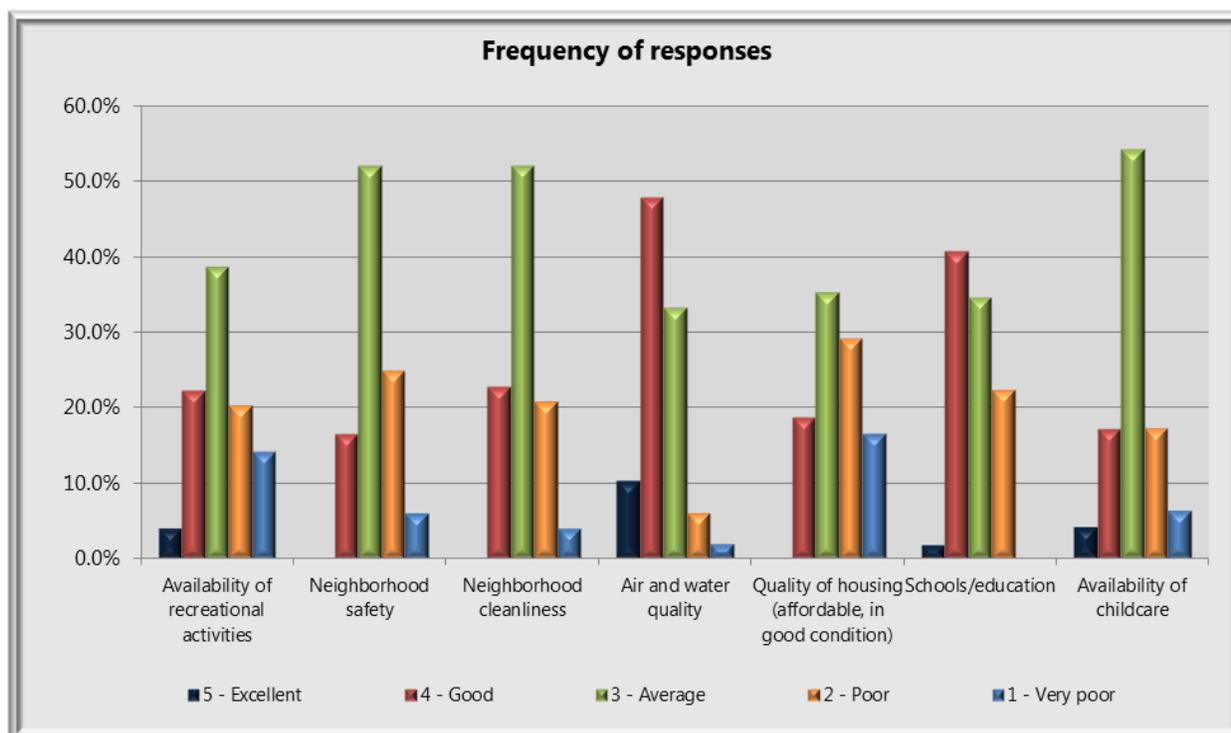
### Quality of Life Issues

The questionnaire was not limited to clinical aspects of community health, but also solicited feedback on several quality of life factors, including the availability of recreational activities, neighborhood safety and cleanliness, air and water quality, quality/affordability of housing, schools/education, and availability of childcare. Similar to other sections on the questionnaire, individuals responded on a 1 through 5 Likert scale with 1=very poor and 5=excellent. Table 2 reflects the Key Informants' responses.

**“On a scale of 1 (very poor) through 5 (excellent), please rate the following areas as related to community quality of life:”**

Factor	Mean Response	Number of Respondents	Corresponding Scale Response
Availability of recreational activities	2.82	49	Poor
Neighborhood safety	2.79	48	Poor
Neighborhood cleanliness	2.94	48	Poor
Air and water quality	3.58	48	Average
Quality of housing (affordable, in good condition)	2.56	48	Poor
Schools/education	3.22	49	Average
Availability of childcare	2.96	46	Poor

**Table 2:** Mean responses and corresponding scale for quality of life factors.



**Figure 3:** Distribution of responses for the quality of life factors.

Of the factors above, Air and Water Quality was rated the highest with a mean score of 3.58. This was followed by Schools/Education that received a mean score of 3.22. Both of these scores correspond to an “average” rating. All the remaining factors range from a mean score of 2.96 down to 2.79. These correspond to a “poor” rating. None of the measures averaged a “good” or “excellent” rating.

### Overview of Qualitative Results

Respondents were asked to answer seven (7) open-ended questions to gather qualitative research. Following is a summary of responses for each question. It was pointed out that questions relating to “community” were defined as the William W. Backus service area.

#### *Referring back to the question regarding bilingual providers in the community, what languages do you think are the most needed?*

The Key Informants most frequently identified Spanish (22), Chinese (21), and Haitian Creole (20), in that order, as the three most important non-English languages spoken in the community. Other mentioned languages included Asian (3), Polish/Russian (2), and S. Korean, Albanian, Middle Eastern, Cambodian, French Canadian, Tibetan, and Portuguese – all being mentioned once. It was reported by more than one respondent that the public schools identified as many as 20-40 different languages being spoken by students. Table 3 depicts the most frequent responses.

Most Needed Languages	Number of Mentions
Spanish	22
Chinese	21
Haitian Creole	20

**Table 3:** Most needed languages

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

As in the prior question, the Key Informant responses were tightly clustered around three main service providers. The number of mentions is in parentheses. These included United Community Family Services (22), the William W. Backus Hospital emergency room (19), and Generations Family Health Center (18). United Community Family Services is a Federally Qualified Health Center (FQHC) “look-alike” facility, while Generations Family Health Center is an FQHC. Other providers named included school-based health clinics (4), Day Kimball Hospital (1), school nurses (1), New York City providers (Chinese-speaking), homecare (1), private medical offices (1), and a walk-in urgent care site (1). Table 4 depicts the most frequent responses.

Sources of Primary Care for Uninsured/Underinsured	Number of Mentions
United Community Family Services (FQHC look-alike)	22
Backus Hospital Emergency Room	19
Generations Family Health Center (FQHC)	18
School-based clinics	5

**Table 4:** Sources of primary care for uninsured/underinsured

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

Key informants named more than two dozen perceived barriers to care. As expected, cost topped the list (19 mentions). This was closely followed by transportation (18) and lack of health insurance coverage (10). It was made clear by numerous respondents that the cost barrier was present even for many patients who had some form of insurance -- in the form of “co-pays” relating to premiums or care visits.

The middle tier of barriers included language (9), a lack of awareness regarding available services (9), and those relating to cultural/racial differences (8). Five respondents (5) identified a physician shortage, while four (4) felt there was a feeling in the community that the healthcare system just “didn’t care.” Several informants (4) felt that sometimes other family life stresses overshadow healthcare needs and these become a barrier to seeking timely care. Health literacy was also mentioned as a barrier, alluding to the idea that if people had a better understanding of why and when they needed to seek care, they could make more informed decisions.

Several informants (3) referenced the stigma associated with seeking mental health services and several (3) mentioned a “new” medical taxicab policy restricting the transport of non-patient siblings due to liability concerns. This policy also reportedly allows only one parent to accompany a child on their medical appointment.

Finally, there were on two mentions of a variety of other barriers including: lengthy medical office wait times, a basic fear/distrust of the system, the need for more “off-hour” appointment times, a denial of need for care even when it is apparent, the absence of family support services (such as childcare), reliance upon folk remedies, the need for better physician training relating to hospice care utilization, homelessness, and the unavailability of specialty care for Medicaid populations. See Table 5 below.

Barriers	Number of Mentions
Cost	19
Transportation	18
Lack of insurance	10
Language	9
Awareness	9
Cultural/racial	8
Physician shortage	5
Providers "don't care"	4
Other life issues	4
Health Literacy	4
Mental Health Stigma	3
Medical cab restrictions	3
Office "wait time"	2
Distance to Specialists	2
Fear/distrust	2
Off-hour appointments	2
Denial of need	2
Lack of social supports	1
Reliance folk remedies	1
Low MD hospice referrals	1
Insurance Enrollment Complexity	1
Homelessness	1
Absence of specialty care	1
Child care	1
Legal Status	1

**Table 5: Barriers**

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

By far, the number one service gap identified by Key Informants (mentioned by 14) was for mental health services. While services are generally available in the community, there are significant wait times associated with certain services. Some informants also commented about the numerous agencies involved and the public confusion about who does what and about the overlapping of services. One respondent said that while standard medical protocols existed for diseases such as diabetes, there were few such protocols for mental health treatment. Another stated a need for "in-home" mental health services. Yet another mentioned there were not enough providers who understood mental health needs of the young and of the elderly (e.g. need for geriatric psychiatry). One commented that volunteer first responders had "minimal" mental health training and that this sometimes inadvertently "escalated" mental health patient transport issues.

Finally, one respondent felt that mental health care for children was too quick to "label and medicate."

The second most mentioned gap (n=7) related to the need to provide specialty care to government-insured patients (e.g. Medicaid patients on Connecticut's Husky Healthcare Insurance program). This gap in service came up repeatedly and related not so much to the absence of specialty providers in the greater Norwich area, but to their unwillingness to accept these patients. Informants stated that low-income patients needed to travel 45 minutes to an hour in order to access specialty services. The most mentioned specialties included orthopedics, dermatology, ophthalmology, gastrointestinal, and urology.

The need for more educational programs in the community was mentioned during five of the interview sessions, mostly focusing on a need for prevention-related programs. Dental care service gaps were raised four times, followed by the need for more autism-related services, which was mentioned three times.

Seventeen (17) other miscellaneous issues were raised once or twice during the Key Informant interviews, and these can be seen in the Table that follows.

<b>GAPS</b>	<b>Number of Mentions</b>
Mental Health Services	13
Access to Medical Specialists (Medicaid)	7
Education on Prevention	5
Dental Care	4
Autism Support Services	3
Chronic Disease Prevention	2
After hour Medical Appointments	2
Substance Abuse Services	2
In-home Nursing Care for Aging Pop.	2
Workplace Wellness	1
24 hr. Pharmacies	1
Child Support Groups	1
After hour daycare	1
Tobacco Cessation Programs.	1
In-home care giver support services	1
Housing for severely disabled	1
Basic Human Needs	1
Better school/health connections	1
Elderly outreach	1
Primary Care Providers	1
Reproductive Care	1
Mental health training (First Responders)	1
Nutrition Services	1
Asthma Education	1

**Table 6: Gaps**

***How are the issues discussed in the last two questions contributing to the poor health outcomes of the community?***

Key Informants shared broad agreement in responding to this question. Nineteen (19) agreed that the barriers to care and service gaps resulted in more illness and more serious illness in the community: In short, more morbidity. Sixteen (16) informants then made the “cost” connection, commenting how the absence of needed care or delays in receiving care would ultimately increase healthcare costs. Interestingly, three (3) respondents made the observation that when community residents fail to get the care they need; this serves to weaken the vitality of the entire community by reducing the productivity of those affected.

Six (6) other miscellaneous community outcomes were mentioned during the interview sessions. These included an increase in “self-medication,” more “scars vs. stitches,” more serious co-disorders, poorer care coordination, less community outreach, and an increase in child abuse/neglect. The Table 7 that follows depicts these varied responses

Poor Health Outcomes	Number of Mentions
More illness (morbidity)	19
Higher Cost	16
Reduced Community Vitality	3
More Self-Medication	1
“Scars vs. Stitches”	1
More Co-Disorders	1
Poor Care Coordination	1
Less Patient Outreach	1
School Entrance Delays Due to Waits for New Patient Well Child Exams	1
Increased Child Abuse/Neglect	1

**Table 7:** Poor health outcomes

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

The most commonly mentioned ideas among these responses were to invest more in prevention (n=7) and to increase public education/health literacy (n=7). Then second most common suggestion was the need for more affordable recreational opportunities (n=6). The next tier of responses (n=4) included the need for more community collaboration and more access to medical specialists (specifically for those having Medicaid or other government-issued health insurance). More health screenings, more access to fresh fruits and vegetables, and universal health coverage for all were all mentioned three times.

The remaining responses (having 1 or 2 mentions) covered thirty-one other ideas and ran the gamut from the need for more employee wellness programs to the need for more jobs, to the expansion of school-based health services, expanded use of the hospital health van, and need to address the growing obesity epidemic. There were many other interesting responses including the need for better physician training on hospice care utilization, mandatory drug screening in the public schools, and the need to assure the continued financial viability of the Backus Hospital system. Table 8 depicts these responses.

Suggestions for Improvement	Number of Mentions
Investments in Prevention	7
Public Education/Health Literacy	7
Afford Recreational opportunities	6
Community Collaborations	4
Increased Access to Specialty Care	4
More screenings	3
More Access to Fresh Fruits/Vegetables	3
Healthcare Coverage for All	3
Employee Wellness	2
More Patient-Welcoming Clinics	2
More Personal Responsibility for Health	2
More Jobs	2
Afford Housing	2
Patient-Centered care	2
Expansion of School-based Health Services	2
Expand Backus Hospital Medical Van Use	2
Focus on obesity epidemic	2
Increase Hospice Utilization	1
Help Nurses Working in Healthcare to Lose Weight to Set Better Examples	1
Collect/share Community Health Data	1
Mandatory Drug Screening in Schools	1
Backus should take lead in community health	1
Increase physician education Re: Hospice	1
Resource inventory	1
Increase number of Public Forums	1
Increase physician involvement in community health projects	1
Increase provider reimbursement payments	1
Improved Communications between care partners	1
Safe Parks	1
Reduce emergency Room Wait Times	1
Assure Backus Hospital fiscal solvency	1
Increase prescription drug access/monitoring	1
Improve mental health/substance treatment coordination	1
New Community Center	1
Decrease Health Disparities	1
More intergenerational programs	1
Increased Cultural Sensitivity	1
More family support services	1
Improve transportation system	1

**Table 8:** Suggestions for improvement

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

This question resulted in almost as many different suggestions (n=29) as did the prior question. The most common responses (n=5) centered on the need for more community dialogue and more community education. The next most frequent suggestion (n=4) from the interviews was to increase outreach to the faith community. The need for more community “leadership” also came up four times as did the more specific suggestion that the necessary leadership should, in fact, come from Backus Hospital (four additional mentions). The need for more community collaboration and for better school/parent engagement was mentioned three times. The suggestion to convene more town meetings exploring community health issues was mentioned twice as was the need to include more incentives as a way of getting more residents involved and engaged in public events such as health screenings.

Nineteen other ideas were mentioned only once. These ranged from very specific suggestions such as restoring Greenville Park and adding more sidewalks, to specific suggestions on improving the overall effectiveness of the healthcare system, including the need to expand the “circle of influence” that guides the system to breaking down the silos that exist between the physicians and community based agencies. Other responses varied on theme and are depicted in Table 9 below.

Ideas to Encourage Community Involvement	Number of Mentions
More Community Dialogue	5
Public Education	5
Engage Faith Community	4
Hospital taking lead with community	4
More Community Leadership (general)	4
Collaboration	3
Greater School/parent Engagement	3
Offer Patient Incentives	2
More Town Hall Meetings	2
Catastrophic/Sensational News	2
Identify and Celebrate Small Successes	1
Make health care costs transparent	1
Hospital partnering with Physicians in Community	1
Decrease Language Barriers	1
More Workplace Wellness	1
Restore Greenville Park	1
Overcome Community Apathy	1
Community-based agencies taking lead in community	1
"On call" dental services	1
Increase Patient Respect	1
More Affordable Housing	1
Reduce Obesity	1
Decrease negativity around community leaders	1
Assure diverse agenda	1
More Jobs	1
Better leverage community resources	1
Expand Healthcare System "Circle of Influence"	1
More Sidewalks	1
Break down physician/agency silos	1
Better Coordination of Services	1

**Table 9:** Ideas to encourage community involvement

## Concluding Thoughts

### Strengths

Broadly speaking, it was made very clear by numerous Key Informants that the William W. Backus Hospital is held in high regard in the greater Norwich community. There is a real sense of pride. It was also clear that the hospital had improved over the years, was moving in the right direction, and did genuinely care about the community and the health of its residents. The interviews also showed a high level of dedication among the different community-based agency directors and staff. People were delighted to talk about what they did and how committed they were to their patients and clients.

### Barriers to Care

Key Informants identified cost, transportation, and the lack of health insurance as the three main barriers to care. There was also the issue of many medical specialists in the Norwich area not accepting patients having government-provided health insurance (i.e., Medicaid). With the nearest Medicaid-accepting providers 45 minutes to 1 hour away (such as in New Haven or Hartford), this is a significant access barrier. The large minority populations (Spanish, Chinese, and Haitian) in and around Norwich, with their varying languages and cultural customs, clearly present major challenges for the healthcare system, community service providers and the public schools. Tied to the overall cost issue has also got to be the economic downturn of the nearby casino industry that has reduced the number of job opportunities and health benefit coverage.

Transportation was listed as a barrier to accessing care throughout the study. Key Informants acknowledged that the current transportation infrastructure does not adequately and efficiently aid residents in getting to the health services they need, when they need them. When transportation is a barrier, residents are forced to use more costly health care delivery options, such as the emergency room. It may also impede them from keeping health appointments that could help them in preventing disease or better managing chronic conditions.

### Recommendations for Community Health Improvement

Survey respondents saw opportunities for policy change to encourage healthier lifestyles. A greater investment in upstream prevention and more widespread education were at the top of their suggestions. They saw promise in increasing community collaborations, in better engaging the faith community, and in Backus Hospital using its good name and reputation as a “convener” to stimulate more community dialogue and advocacy. They see a need for more affordable recreation, more access to fresh fruits and vegetables, more health screenings, and more employee wellness programs.

### Next Steps

Holleran recommends that William W. Backus Hospital examine the key health priorities and barriers, evaluate the scope of these issues, and determine its' greatest ability to impact community health improvement. As these key issues will serve as the platform for future community health improvement planning, it is recommended that further investigation take place to understand the “whys” behind statements made by Key Informants. Increased learning about best ways to overcome barriers or collaborate with community agencies and health providers will inform Backus Hospital's strategies to address identified community needs. Holleran recommends that Focus Groups be held with community stakeholders and other target populations as identified in this study and the preceding Secondary Data and Household Studies.

## **APPENDIX A: QUESTIONNAIRE**

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# **Key Informant Interview Survey Tool**

**William W. Backus  
Hospital**

**August 6, 2012**

## ACCESS TO CARE

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On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements.

Strongly disagree ← → Strongly agree

<b>HEALTHCARE</b>	
1. The majority of residents in the area are able to access a primary care provider.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. The majority of residents in the area are able to access a medical specialist.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. The majority of residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5. There are a sufficient number of bilingual providers in the community.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6. Providers are sensitive to cultural norms when providing care to special populations in the community.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

7. Referring back to question five regarding bilingual providers in the community, what languages do you think are most needed?

Strongly disagree ← → Strongly agree

SOCIAL SERVICES	
8. The majority of the residents in the community would know where to go if they needed mental health/ behavioral health/substance abuse treatment.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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

10. What would you say are the most significant barriers that keep people in the community from accessing healthcare when they need it?  
*Probe: Is transportation a barrier? What issues do you see related to transportation?*

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

12. How are the issues discussed in the last two questions contributing to the poor health outcomes of the community?

## KEY HEALTH ISSUES & CHALLENGES

13. Please rank in order the three most significant health issues (1 being most severe/serious; 3 being least severe/serious) you perceive in the community. **(Choose Only Three)**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Domestic/Family Violence/ Abuse of Children
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Obesity	

## QUALITY OF LIFE

On a scale of 1 (very poor) through 5 (excellent), please rate the following items related to community quality of life:

	Very poor		↔		Excellent
<b>NEIGHBORHOOD/ENVIRONMENT</b>					
14. Availability of recreational activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Neighborhood safety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. Neighborhood cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. Air and water quality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. Quality of housing (affordable, in good condition)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. Schools/education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. Availability of childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21. 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?*

*What could WWBH do?*

*Probe: What issues/challenges do you think the hospital may face in trying to address health issues in the community? What is their role? How is the hospital perceived?*

*What could you or your organization do?*

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