



# Community Health Needs Assessment Focus Groups Report



January 2012

## BACKGROUND AND METHODOLOGY

Backus Health System is leading a comprehensive Community Health Needs Assessment. The aim of the study is to identify the needs of those who reside in the hospital's service area. Research in support of the CHNA included a Secondary Data Profile, a Household Telephone Survey, Interviews with Key Informants and Focus Groups with community residents. The following report outlines the findings from the Focus Groups.

Backus Health System contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to facilitate three focus groups comprised of consumers from the communities served by the hospital. The goal was to gather qualitative feedback regarding access to care, health education/communication, healthy behaviors, and community health infrastructure.

Three Focus Groups were conducted December 19-20 in Norwich, CT. The first focus group was conducted with nine representatives from Backus Health System's Patient Family Advisory Committee, a standing advisory group. The group was held at William W. Backus Hospital. A second focus group was held with seven members of a consumer advocacy committee at United Community Family Services (UCFS), a federally qualified (look-alike) health center located in Norwich. The third focus group, also conducted at UCFS, included eight participants who were representatives of culturally diverse populations within the community.

All the focus groups lasted 90 minutes. Each participant was offered a \$50 Wal-Mart gift card as a thank you for their time and participation.

Holleran created a discussion guide in consult with Backus Hospital representatives, consisting of 15 questions designed to illicit responses and group discussion around barriers to care, cultural competency, and communication channels. A copy of the tool can be found in Appendix A. Key themes from the discussion are identified and select quotes are included throughout the report.

## FOCUS GROUP RESULTS

### Access to Care

#### *Where do you/your constituents go for routine care and check-ups?*

The majority of participants reported having medical homes and using them as their source of routine care. Some used local private providers (family physicians, pediatricians and OBGYN providers) and others mentioned one of the nearby federally qualified health centers. Two individuals said they received their routine care through specialists – a pulmonary specialist and an oncologist. More than one indicated they did not seek routine care because they felt they were well and not in need of care. One participant said he went to a nearby walk-in clinic. There was a comment about it being hard to find nearby pediatricians willing to take new patients. It was noted that some Asian residents traveled to New York City for routine care so that they could interact with providers who spoke their language and understood their culture. One participant commented on the problems caused when providers decide to leave particular care networks. The commenter also indicated insurance company databases frequently are not accurate when listing their participating providers.

#### Quotes

“It’s hard finding pediatricians, even with insurance. I finally did – 30 minutes away.”  
“Why go to the doctor if you are not sick.”

#### *Where do you or your constituents go for care when you/they are sick?*

The most frequent response to this question was their “primary care provider.” After normal office hours and/or on weekends most indicated they would go the Backus Hospital emergency room. One person mentioned using a middle school-based clinic, and commented favorably about the quality of the care received. It was also mentioned that many uninsured individuals resist seeking care because of the high cost and only go to the emergency room when they were “really, really sick.”

This question stimulated considerable group discussion not only about *where* they went for care, but also about many of their concerns *when* they received sick care. Language barriers were mentioned (Creole was one example). Use of the language line was viewed as somewhat impersonal. Another respondent indicated they sometimes he had to wait two to three days to get an appointment at his medical home indicating, to him, that there was either a “capacity problem” or just poor scheduling procedures. Several individuals indicated that “more office visit time” should be allowed for patients with language barriers in order to assure quality of care. All seemed to agree that it was essential for patients to create a personal relationship with their physicians in order for there to be trust. One participant commented about her visit to the Backus emergency room that “there were no people of color.” She stated that the healthcare system should reflect the make-up of the community it served and there was need for more diversity.

## Quotes:

“Sometimes patients with pain other than heart pain or clear trauma who are seen in the ED are not taken seriously.”

“There are no people of color in the Backus ED. Norwich is not all of European descent.”

“Choice of care is tied to your insurance, to some degree.”

***Do you feel like you are actively involved in making decisions about your health care and health? Why/Why not?***

There was broad and strong agreement across the groups that patients needed to be self-advocates when interacting with their providers. Most felt they, themselves, were actively engaged. There was some discussion about feelings of intimidation when physicians are focused more on the computer in the room than on them as patients. They felt that providers needed to show compassion when in the examination room and that they needed to focus all their attention on the “conversation.” Respondents felt they were less actively engaged in the emergency room. One person expressed frustration that she was frequently not able to see the provider she wanted to see at her medical home. Another indicated how pleased she was at her medical home, where they give a form to patients while they are in the waiting room to write down their questions, in advance. She felt this worked very well.

## Quotes:

“Patients need an advocate if they aren’t aggressive themselves.”

“If you don’t ask, you won’t know.”

“People need to know how to ask questions.”

“Nothing substitutes for the conversation.”

***Have you or someone you know has difficulty obtaining health care services in the past few years? If yes, what were the reasons?***

Participants offered a long list of instances where they felt this was true. One referenced difficulty when her pediatric provider left town. Another spoke about providers changing the insurances they accepted. Several referenced that the state-provided Husky insurance did not give them access to all local specialists, and that they needed to travel to New Haven or Hartford for this care. A key theme was that few specialists accept Husky insurance. Furthermore, participants felt the drug formulary was not adequate under Husky. The absence of local autism-related care was mentioned. Some felt there were not enough providers, in general.

One attendee noted the gap in insurance coverage when older adults have stopped their working career, but are not yet old enough to receive Medicare. Another observed that there is a loss in coverage when employers switch insurance plans to reduce their costs. Several shared their experience of having to wait weeks to get an initial appointment with a new primary care provider. One participant felt that there was a difference in quality of care at the FQHC she visited with her daughter, than when she went to a private provider. She felt the receptionist was arrogant, disrespectful, and obviously didn’t care. She ended up leaving with the parting statement “We won’t be coming back.”

**Quotes:**

“If doctors don’t know you personally, they really don’t care.”

“Employers are changing coverage plans to reduce costs, but these have less benefits.”

“Doctors listed online as being “in network” in some cases, are not.”

“I had to wait weeks to get my first appointment with a new doctor.”

***Where can/do uninsured and underinsured individuals go when they need health care?***

UCFS, Generations, and the hospital ER were most frequently mentioned in response to this question. Also mentioned were walk-in clinics, CVS, and the hospital mobile van.

One “under-insured” individual stated that because she has a high co-pay, she researches her health issue online before deciding whether to seek the care. In some instances, she decides to simply “tolerate her health condition” rather than seek care.

Some in the room expressed fear that when healthcare reform provides insurance to millions more Americans, that there will be even longer waits for care – like other countries such as Canada. One person expressed satisfaction with the care she and her family was receiving at Generations. A comment was made that just having health insurance was not going to make everybody healthy – that there was much to it than that.

Another observed that while women were more likely to seek care when they felt they needed it, men were much less likely to do so. Some expressed optimism about the future bringing better care to the uninsured.

**Quotes:**

“A lot of people don’t get the care they need.”

“People self-medicate, using the drugs they have or friends have.”

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

The groups mentioned were young adults, the homeless, veterans, foreign born residents having a preference for Eastern-based treatments, undocumented citizens, military families (on Tri-Care), mental health patients, Asians, French Creole, and Hispanics.

One participant mentioned that there were patients who simply didn’t seem to get better, despite receiving care locally. He felt they were not being properly diagnosed. Others commented that it was “sad” that people they knew had to travel far to get the care they needed. While it was noted that the healthcare system was working to expand its capacity to deliver care in more languages, and was beginning to post website information in multiple languages, a key theme was that there was opportunity to improve cultural competency among health care providers.

***What could help improve access to care in the community or make it easier to navigate the health care system?***

One participant stated that the “stressors in the system needed to be identified, and then addressed one by one.” He felt there was more care that could be provided by “trained non-physicians.” In short, use more allied health professionals. There were very positive comments made about the “Access to Care” specialists at Backus Hospital. Helping to connect patients to available insurance plans was seen as crucial. Several participants felt that provider offices needed to set aside more appointment time slots to accommodate sick patients. Being told that “the soonest we can see you is two to three days from now” was viewed as unacceptable.

Expanded hours of operation came up more than once – particularly for primary care offices. There was also a recommendation for more school-based health clinics.

One creative idea was for the high schools to provide instruction to adolescents on how and when to access the healthcare system and how best to manage their own care. These lessons could be woven into broader “life management skills” training.

## **Health Education/Communication**

***Where can people get health information/education in the community? What kind of education is available?***

Participants offered a long list of resources, including: family, friends, and “backpack flyers” from schools, senior centers, government offices, newspapers, radio stations, churches, libraries, and supermarkets. One person mentioned the CVS “one minute clinic” as a good idea.

The internet was discussed as a growing source of information, particularly for younger residents. There was a broad consensus that the various support groups and other issue-specific programs offered through Backus Health System were positive and should be continued, if not expanded. Several participants also mentioned UCFS and the Uncas Health District as good sources of health information. Physician office pamphlets were also noted.

Use of the free computers at the public library was then discussed. While this was a good way for a person to gain access to the internet, it was felt by some that the library staff were “not very helpful” to visitors who needed help. They recommended that the library work to make the public feel more welcome and comfortable at the computers --- particularly if they needed training. One specific comment referred to this as a relevant issue for the homeless.

A participant mentioned that her health insurance company employed “health coaches” that actually call patients to help them get the information they need to better address health issues raised during their care. This was viewed as a form of case management. “WebMD is a credible online source of health information.”

***Do you feel that people in the community are aware of the health care services/options that are available to them? Why or why not?***

Some felt people were generally aware while others did not. Most felt that more could be done to advertise what services were available. Others thought that residents would not seek out care until they needed it. In this view, the need drives the search.

One participant noted that a significant population of those “less aware” of services were the many individuals who worked at the casinos, but who maintained primary residences elsewhere – in some cases NYC. It was also noted that language barriers challenged widespread awareness of services.

There was a comment about how fragmented the health care system was, in general, and how this made it very difficult to people to get a clear sense of what was available and where. People seem to go in all directions for different care. There is no unifying structure. Backus hospital competes with two other systems, and advertisements are placed in Norwich area papers from other health care systems. New primary care offices from one system are opening up practices where a competing system already has established offices, serving to undercut the viability of these. The public health system boundaries are different from the health care service areas which are different from the emergency management planning areas. There are multilayered reasons why the population seems to go in so many different directions.

The fact that Backus Hospital allows the use of its facilities for community agency programs is a very good and positive thing. The monthly Backus Hospital newsletter was also referenced as being an excellent way to help the community grow more aware of available services and programs. There is also an internal Backus newsletter (every two weeks) that goes to all system employees. Social media is used by the hospital to spread information about healthcare issues and services.

One participant felt that people don't know enough about how their bodies worked, and that this needed to be better addressed in the local schools.

**Quotes:**

“If you don't need it, you won't seek care.”

“The average adult understands little of how there bodies work.”

“We need to remember that health care is a business. The bottom line is that they need to make money”

***Would you be interested in opportunities or programs to help improve your and your family's health?***

The respondents value these kinds of services and welcomed more. One requested more "integrated medicine" services. Another liked the idea of offering more programs exploring alternative medicine.

Several attendees liked the idea of encouraging more employee wellness programs. They saw real value in this, and felt it would be a win for both the employees and the employers. But, it needed to be advocated by someone.

There was positive mention of a cancer support group as well as a program for stroke victims and their families. They liked health issue support. A past program demonstrating the hospital's new DaVinci robot was seen as a wonderful opportunity for the public to learn more about new available technologies.

One program idea several participants would like to see more of were opportunities to meet local physicians. These could be "face-to-face" meetings where physicians could talk to the public about care issues and how they approached their work.

Quote:

"I stopped smoking at a Backus Health System program 20 years ago."

***What kinds of health information would be most helpful to you and how would you like to receive that information?***

While there weren't many specific kinds of health information topics mentioned during this discussion, there were comments about ways to receive it. One person felt there needed to be a more developed partnership between the health care system and community providers in a way that tapped into the wide range of talented individuals who could speak publicly about a wide range of health issues. This could become a rich, ongoing, rotating source of interesting health information to community residents that was centrally advertised.

Because different people get their health information in different ways, participants thought that multiple ways of dissemination should be used, including: billboards, the Healthy Connections newsletter, CDs, and other local media.

There was mention of a need for more information regarding drug and alcohol abuse and gambling addiction. Finally, a participant shared her recent discovery that there was an online AA program available for people unable to travel to program locations. She said this was an example of a program few people were aware of.

## Healthy Behaviors

### *Do you feel there are opportunities in your community for children and adults to be active?*

While respondents acknowledged the availability of some open space and several nice parks and sidewalks around town, they didn't feel they were that inviting or (in the case of private fitness centers) easily affordable. There is a nice indoor skating rink. People don't want to go downtown at night.

The absence of a good public transportation system was also mentioned as a barrier to getting to some of the hiking parks outside of town. And the recent loss of the YMCA was seen as a "sad thing." There are few bike paths. Travel soccer is good, but costs money.

Focus group members felt that the Norwich area was a car community – not a community designed to encourage physical activity. They felt there were few indoor activities during the winter months. The schools did offer some good programs for children, but accessing them required engaged parents, and this in itself can be challenging. One attendee stated that a local school was having so much difficulty getting parents to attend PTA meetings, they changed the meeting location to be closer to the where the parents lived.

Parents are reluctant to let their kids go outside. Many kids are spending five to six hours per day watching TV or playing on computers.

#### Quotes:

"There are not many affordable indoor activities."

"Not enough physical activities for kids to do year round."

"It takes engaged parents and transportation to get kids into physical activity."

"Active parenting courses should be pushed. We don't have enough active parents."

"The parks are OK, but they are not lit up at night."

## Community Health Infrastructure

### *What health care programs/services are working well in the community?*

Crisis related services were mentioned as working well, as was the partnership between Backus Health System and the local soup kitchen. The smoking cessation program co-sponsored by the American Lung Association and Backus Health System was another example. Flu shot programs (including through the Uncas Health District) were mentioned, as was the Groton Senior Center's blood pressure checks, bone density screening, and free winter coats, which are supported by Backus through its outreach van. A church-run food distribution program was cited as another good example. Respondents liked to see Backus Health System as a strong partner in these programs and encouraged the health system to seek out additional opportunities to support these types of partnerships. The concept of bringing health services to community locations where various groups of people were already congregating made good sense to the focus group attendees.

#### Quotes:

"I'd like to see Backus do more health fairs."

### *What can health providers do to improve health and quality of life in the community?*

This question stimulated many suggestions. Here are some, grouped by category.

#### At the provider level:

- Better listening skills, more compassion
- Better “customer service” (beginning at reception desk)
- More focus on patient/less on computer keyboards
- Start appointments on time (honor patient’s time)
- Expand office hours
- Resist tendency toward over medication
- Recognize those patients that need “extra time” and allow for that
- Enhance cultural sensitivity for foreign-born patients
- Recruit more diverse staff
- More clearly reflect insurance plans accepted at the practice

#### At community programming level:

- Involve more physicians in these programs
- Remember that some people are illiterate in their own language
- Health fairs are good – we need more of them
- More programs about purchasing and preparing healthy foods
- Bring healthy food preparation classes into public schools
- Sponsor “meet the doctor” programs to allow community members to see and hear from local physicians

#### At system level:

- Re-think phone system “options” (give callers quicker access to real person)
- Develop patient email “portal” system to facilitate Q&A between patients and providers
- Explore the possibility of utilizing skills of residents holding foreign health degrees in some support capacity so that these talents can be put to some good use; Perhaps help these individuals earn the required certifications to they need to practice.

#### At community level:

- Work towards greater acceptance of foreign-born or non-English speaking newcomers to the community
- More embrace of the positive aspects that come with diversity

## Concluding Thoughts

### Strengths

Most participants were aligned with a medical home and see their family doctor regularly. It was acknowledged that area health care providers had made positive inroads to improve multi-language communications. The availability, awareness, and success of health improvement programs were consistent throughout the discussion. Partnerships between health providers and social services were seen as positive and an important framework for community health improvement.

Health information is distributed widely across the community and participants listed a variety of sources ranging from family and friends to media, community organizations, and their physician. Respondents in the group actively sought out health and wellness opportunities (a tendency that may be elevated due to some participant's involvement in a health care advisory capacity). Backus Health System was seen as a health leader and recognized for its outreach efforts. A variety of Backus-supported services were recognized by the group as examples of programs and services that are working well. Participants encouraged Backus to continue these partnerships and seek out additional opportunities.

### Opportunities

While improvements were noted by the participants, a common theme was the need for continued cultural competency training. Limited access to care due to provider capacity, as well as few specialists accepting Husky Insurance, was discussed. Some participants thought the Husky drug formulary was limited. Participants recommended extending office hours, particularly for primary care providers.

Individuals who seek health information are able to access it through a variety of local resources. The library was seen as a free resource to access health information that could be improved by training staff about accessing health information and providing a welcoming environment for all residents. Some in the group saw the variety of health care system options as confusing and disjointed. The opportunity to provide additional health and wellness programs including "integrated medicine," employee wellness, and physician talks were noted. Continued use of a variety of channels to disseminate information was encouraged, as well as the creation of a speakers bureau or similar opportunity to tap into experts from across health and human services organizations to provide community education. A specific need for drug and alcohol abuse and gambling awareness was noted.

Participants viewed Norwich as a "car community" and observed there were limitations for opportunities to be active, despite several parks and organized activities. Transportation and cost were seen as the biggest barriers to accessing recreational activities.

In general, respondents had a positive view of Backus Health System and its work to improve community health. Building on past successes, focus group participants offered a wide variety of ways that Backus can continue to improve its community health efforts. Participants offered suggestions that ranged from improved interaction with physicians to health literacy and cultural competency to using foreign-trained professionals to provide services.

## APPENDIX A: Discussion Guide

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### OPENING SCRIPT

Thank you for taking the time to participate in this Focus Group as part of a Community Health Needs Assessment for Backus Health System. This is a discussion group about health. My name is \_\_\_\_\_ with Holleran, an independent research firm based in Lancaster, PA.

I anticipate that the session will last approximately 90 minutes. Your identity and your comments will be kept confidential, so I ask that you be frank with your responses and share your honest opinions.

I'd like to go over the ground rules to help the group run smoothly. First, the session is being audio taped. I am taping the session to make sure I report everyone's feedback and opinions accurately. Second, it's important that we have one person speaking at a time. You may be making some very valid points, but if you're sharing them with the person next to you while someone else is talking, your insight will be lost. Last, I ask that you respect every person's right to his or her own opinion. The point of having focus groups is to collect various points of view.

My responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

Before we get started, does anyone have any questions?

## ACCESS TO CARE

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**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. Where do you/your constituents go for routine care and checkups?**

*Do you get regular checkups or do you see a doctor only when you are sick or need treatment?*

**2. Where do you/your constituents go for care when you are sick? I am finding the two are very different?**

**3. Do you feel like you are actively involved in making decisions about your health care and health? Why/Why not?**

*Probes: What would make you more likely to feel engaged or empowered to be in charge of your health?*

**4. Have you or someone you know had difficulty obtaining health care services in the past few years? If yes, what are the reasons?**

*Probes: What are the most significant barriers that keep people in the community from accessing health care? Ex. Insurance coverage, copays, availability of providers, transportation, cost, language/ cultural barriers, accessibility, and awareness of services*

**5. Where can/do uninsured and underinsured individuals go when they need health care? Is that a good option? Why or why not?**

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

**7. What could help improve access to care in the community or make it easier to navigate the health care system?**

## HEALTH EDUCATION/COMMUNICATION

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**Next, I want to talk to you about how you gain information about health and health services in the community.**

**8. Where can people get health information/education in the community?**

**What kind of education is available?**

*Probes: Health provider, clinic, pharmacist, health educator, nurse, nutritionist, churches, family members, magazine/newspaper, TV, radio, etc. Explore online/electronic options for getting health information*

- 9. Do you feel that people in the community are aware of the health care services/options that are available to them? Why or Why not?**
- 10. Would you be interested in opportunities or programs to help improve/ your health and your family's health?**  
*Probes: What types of opportunities? What would make you more likely to participate?*
- 11. What kinds of health information would be most helpful to you and how would you like to receive that information?**  
*Probes: Tips about healthy eating, recipes, exercise, etc. What format of information do you prefer? - Brochures, booklets, flyers, newspaper articles, church newsletters/programs, videos, radio programs, television programs, etc. do you prefer?*

## **HEALTHY BEHAVIORS**

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- 12. Do you feel there are opportunities in your community for children and adults to be active?**
- 13. What challenges do you think people face in trying to stay physically fit and eating healthier? Probes: What suggestions do you have to address these barriers/ challenges?**

## **COMMUNITY HEALTH INFRASTRUCTURE**

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- 14. What health care programs/services are working well in the community?**  
*Probes: Do you see any opportunity for partnerships between agencies/existing services?*
- 15. What can health providers do to improve health and quality of life in the community?**

Those are all the questions I have for the group. Is there anything you thought we would talk about that we didn't? Is there anything else you'd like to add that could be helpful for Backus Health System as they work to provide programs and services that meet the needs of the community?

Thank you again for your participation. I appreciate your candid responses. Your feedback is valuable and will help Backus Health System to improve their services.