



**Harrington HealthCare System
Community Health Needs Assessment
Focus Group Report**

November 2013

***Prepared By:*
The Institute for Community Health**



Institute for Community Health

A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare

Background

In 2013, the Institute for Community Health (ICH) worked with Harrington HealthCare System's Needs Assessment Committee to undertake a comprehensive Community Health Needs Assessment (CHNA) process. The goal of this assessment was to better understand the needs and assets of the communities in the hospital's catchment area, and how Harrington can fill gaps in meeting community needs moving forward. This needs assessment process included an extensive review of secondary community data sources, focus groups with key populations of interest (senior citizens, Latinos, and substance users in recovery), and meetings with the Harrington HealthCare Health Needs Assessment Committee.

As a critical part of this assessment process, a series of semi-structured qualitative focus groups were conducted with key populations of interest in the Harrington catchment area. These groups were comprised of individuals representing the senior, Latino, and recovery community populations in Harrington's catchment area. The focus groups gathered participant perspectives on community needs, assets and barriers to care in the region, as well as ideas for potential solutions to identified needs. Focus groups also explored participant perspectives on opportunities specifically for Harrington HealthCare System moving forward.

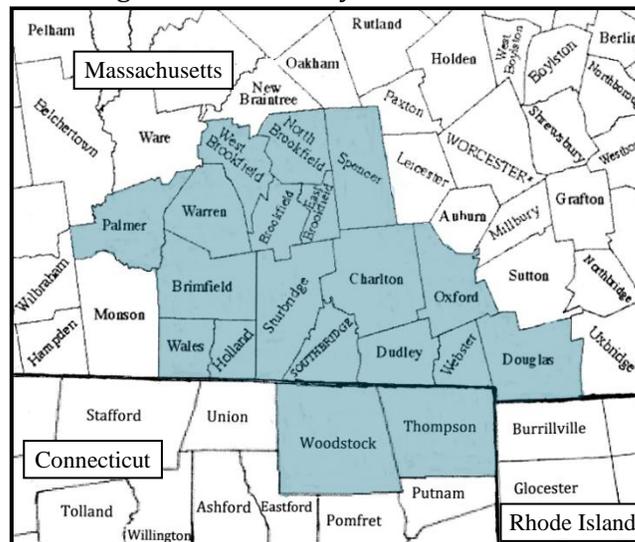
This report presents a summary of results on community needs, assets, barriers, and future opportunities in Harrington HealthCare System's catchment area of interest from the perspective of focus group participants. This catchment area is located primarily in the southern region of central Massachusetts, and includes 17 Massachusetts communities (Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Palmer, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield) as well as two communities (Thompson and Woodstock) in northern Connecticut (see map).

Methods & Limitations

A total of three focus groups were conducted with individuals representing three populations of interest in the Harrington HealthCare catchment area: (1) senior citizens (older adults), (2) Latinos, and (3) substance users in recovery. Harrington HealthCare leadership chose these populations for focus groups based on their identification as particularly vulnerable populations in the hospital catchment area. The senior and recovery groups were comprised of lay community members, while the Latino group consisted of key stakeholders representing community organizations serving the Latino population.

Groups were conducted by Institute for Community Health (ICH) staff in September through October 2013 using a semi-structured focus group guide developed by ICH in collaboration with Harrington HealthCare leadership (see Appendix A). Focus groups explored the following issues for both the broader community as a whole and within the specific population represented by each group:

Harrington HealthCare System Catchment Area



- Top health issues of concern in the Harrington catchment area, including vulnerable populations in the community and barriers to addressing these concerns
- Community assets, strengths, and resources
- Perceptions of Harrington HealthCare System in the community, including assets, strengths, and resources
- Suggestions for how challenges in the community could be addressed, including potential community-wide solutions and specific opportunities for Harrington

Prospective participants in the groups of interest were identified and approached (in-person, by phone, or via email) for focus group participation by human-subjects-certified Harrington HealthCare System staff. Focus groups were scheduled for times that were convenient for participants. All three focus groups were facilitated by ICH staff, and verbal consent was obtained from all participants. Groups lasted up to 90 minutes each, and all were tape-recorded to facilitate note-taking and ensure information was accurately reported. Content analysis of all interviews was then performed by ICH staff to identify key themes across the catchment area and for particular populations of interest. Key themes were identified based on considering a combination of number of groups within which the theme arose, number of respondents within each group who discussed the theme, and also intensity with which themes were discussed within and across groups.

It should be noted that the responses described here represent only the perspectives of the individuals who participated in the focus groups, and do not necessarily provide a complete picture of community needs, assets, or perspectives on Harrington HealthCare within each target population of interest or in the region as a whole. Given the scope of this assessment, a limited number of groups were conducted with a small overall sample size. This limitation was considered when using this data to create the overarching priorities presented in this report. However, as part of our mixed-methods approach, data from the three focus groups provided rich insight to complement other findings.

Sample

Three focus groups were conducted with a total of 24 individuals representing populations of interest identified by Harrington HealthCare. The three groups included a senior citizen group (n=9), a Latino group (n=10), and a substance users in recovery group (n=5). Overall, participants in each group felt they could speak to at least one of the 17 communities within the Harrington catchment area, with a majority expressing familiarity with the communities of Southbridge, Webster, Dudley, Charlton, Sturbridge, and Spencer.

Of the 24 individuals who participated in the focus groups, the majority (62.5%, n=15) were members of the lay community, including all participants in the senior and recovery groups. In the Latino group, the majority of participants (n=9) were key stakeholders working in leadership positions for various organizations in the region that serve the Latino community.

The majority (62.5%, n=15) of the focus group participants were female (n=5/9 in the senior citizen group; n=8/10 in the Latino group; and n=2/5 in the recovery group).



Highlighted Findings

Overall, the **top concerns** highlighted by focus group participants included:

- *Access to/affordability of care and insurance coverage;*
- *Crime and safety;*
- *Health education and medical understanding (e.g. around chronic disease, ADHD, physical activity, and sexual health);*
- *Obesity, nutrition, physical activity and related diseases (e.g. diabetes, hypertension);*
- *Substance abuse and mental health (e.g. prescription and newer drug use amongst youth); and*
- *Youth and children's health issues.*

Vulnerable populations included *families, homeless individuals and families, immigrants, Latinos, low-income individuals and families, senior citizens, veterans, and youth.*

Participants most frequently highlighted *access to/affordability of transportation services; lack of community cohesiveness; and a need for increased outreach/marketing as barriers to addressing identified concerns* in the community. Additional barriers identified included *lack of cultural competency; lack of community confidence in ability to obtain needed services; lack of individual motivation and need to change social norms; lack of funding for sustaining community programs; and changes in MassHealth eligibility requirements affecting affordability of care.*

Community assets and resources highlighted across the majority of communities included *community-wide activities (e.g. activities on the common); a number of large community agencies/foundations (e.g. Catholic Charities, Harrington Hospital); and local community services and programs (e.g. Big Brothers Big Sisters, food assistance and free care programs, senior services) across a variety of service areas.* Focus group participants also highlighted a number of **assets and resources specific to Harrington HealthCare** such as *clean and accessible facilities; good outreach and community involvement from Harrington; high quality of care; positive experiences with specific services offered at Harrington (e.g. interpreter services, mental health clinic); and Harrington's willingness to make improvements.*

Regarding **areas and suggestions for improvement**, focus group participants provided suggestions as to what could be done in the communities that Harrington serves to improve the health issues discussed. Most frequently noted **community-wide suggestions and opportunities** for improving care and services including increasing *community cohesion and willingness to make changes (e.g. through agency networking); increasing health education and services; and providing youth and family supports including positive, affordable youth activities.* Additional suggestions included development of a *centralized community resource or center; increasing crime reduction efforts; a focus on cultural competency, awareness, and diversification; increasing physical activity opportunities and green space; and encouraging social and community norm changes.*

Participants also provided suggestions specifically on how **Harrington HealthCare could become more engaged in the community** to address identified health concerns. Participants felt Harrington could focus on *addressing youth issues; community coordination and outreach; health education (e.g. around chronic disease, prescription drugs, nutrition/physical activity, and teen sexual health); and taking measures to increase health services and improve access.* Participants in one group also wanted to see increased *cultural competency and diversification of staff.*

A more detailed summary of results is presented below.



PART I. COMMUNITY PERSPECTIVES: NEEDS & ASSETS

A) Top Health Needs & Vulnerable Populations

Participants were asked to describe the health issues they are most concerned about in their community, as well as populations especially vulnerable to or at risk of health concerns.

Top Concerns

Across all three focus groups, a majority of participants highlighted the following as top health and social needs in the community (listed alphabetically):

➤ ***Access to/Affordability of Care and Insurance Coverage***

Access to and affordability of care, health services, and adequate insurance coverage was highlighted across all three focus groups as a top health concern in the community, especially for the *working poor, senior citizens, and veterans*. Participants expressed concerns over changing health policies and how the changes would affect care. They also described the lack of access to specific services such as *dental care, same-day surgeries, and prescriptions*, recounting community members' experiences having to skip needed treatments and medications because they were unable to afford care.

"My father that worked for 50 years has to be worried about a medicine stipend and skipping the last few. He's paying for insurance on top of the retired insurance and I don't understand why that happens... he skipped his insulin the last month because of this..." - Senior Group Participant

➤ ***Crime and Safety***

Crime and safety – especially amongst *youth* - were discussed at length in two of the three groups. Participants described increases in shootings and stabbings in their communities, noting crime as often *drug-related, gang-related, or over petty disputes*.

"The crime is so petty now. People are getting stabbed over 20 bucks because you didn't pay me for the bag I gave you... even over pot because you owe someone money. It's so ridiculous." - Recovery Group Participant

➤ ***Health Education and Medical Understanding***

Participants also highlighted *lack of health education and medical understanding* of conditions and treatments (e.g. around *chronic disease, ADHD, physical activity/nutrition, and sexual health*) as an area of concern in the community. This was especially highlighted as an issue for the *Latino community, new immigrants* (e.g. Polish, African, and Latino), and *youth*.

➤ ***Obesity, Nutrition, Physical Activity and Related Diseases***

Obesity, poor nutrition, lack of physical activity, and related diseases such as *diabetes and hypertension* were highlighted across all three focus groups as top health concerns. Groups attributed these issues to various factors such as *access to and affordability of healthy food options and opportunities for sustained physical activity; lack of motivation* to be active, especially



amongst youth; *physical ailments* (e.g. fibromyalgia) impeding exercise; and *social norms*—particularly in the Latino community—that hinder physical activity.

➤ **Substance Abuse and Mental Health**

Substance abuse and mental health were also highlighted in all three groups as top health concerns. In particular, participants noted issues with: *smoking/tobacco use*; *prescription drug abuse*; the growing use of *newer drugs* (e.g. Molly, Ketamine), especially amongst youth; *substance abuse related mental health issues* (i.e. depression, anxiety); and the need for more *day programs* (specifically for the recovery community) and *mental health services*. *Youth, new immigrants, and veterans* were noted by participants as populations most vulnerable to these health issues.

➤ **Youth and Children's Health Issues**

Youth and child health issues such as *ADHD, asthma, abuse/neglect, and teen pregnancy* (in particular lack of services, lack of access to discrete services, and stigma associated with receiving services) were also mentioned as top concerns in the Harrington catchment area. Participants also noted a number of social concerns affecting youth, such as *bullying, peer pressure, and the lack of programming and activities in the community* to keep youth focused on positive development.

Vulnerable Populations

Focus group participants identified the following populations as being particularly vulnerable to the health concerns within the community (listed alphabetically):

➤ **Families**

All three groups discussed families as a population at risk for numerous health concerns. In particular, participants highlighted the need for more *parent and family supports*, especially for *single-parent families, low-income families, young families, and immigrant families*. Participants described a number of issues related to parenting, such as *lack of discipline; lack of parental involvement with their children; and poor parent/school relationships*.

➤ **Homeless Individuals and Families**

The homeless were also mentioned as a vulnerable population in the Harrington catchment area. As noted in one group in particular, *homelessness amongst families* is hidden and typically goes unnoticed in the community.

➤ **Immigrants**

Immigrants, in particular *new immigrants* (e.g. Polish, African and Latino) were identified as particularly vulnerable to *mental health issues*. The need for increased *health education* amongst immigrant populations was also highlighted.

➤ **Latinos**

The Latino population, including new immigrants as noted above, was also highlighted as—particularly vulnerable. In particular, the need to change *social norms* (e.g. to encourage increased physical activity) and the need for more *culturally-competent health education and services* were highlighted for this population.



➤ **Low-Income Individuals and Families**

Participants across all groups highlighted low-income individuals and families (e.g. working poor families) as particularly vulnerable to a multitude of health concerns, in particular *access to services*. Socioeconomic disparities related to *employment, housing, and education* were noted.

➤ **Senior Citizens**

Seniors (older adults) were identified as being vulnerable to *health care access/affordability and insurance coverage issues*.

➤ **Veterans**

Participants also identified veterans as particularly vulnerable to *mental health and substance abuse concerns* as well as *health care access/affordability and insurance coverage issues*.

➤ **Youth**

As noted, youth were also identified as a group at-risk for numerous health concerns, including *mental health and substance abuse* (esp. growing use of *newer drugs*); *ADHD*; *asthma*; and *abuse/neglect*. *Bullying* and *peer pressure* were also identified as concerns amongst youth, as was increasing youth perpetration of *crime* in the community. The need for increased *health education for youth* (e.g. around *sexual health/teen pregnancy*) as well as increased opportunities for *positive youth activities* in the community were noted.



B) Barriers to Care

Focus group participants were asked to think about factors that make it difficult for community members to prevent or address the health concerns identified as top health needs in the community.

Barriers most frequently highlighted by participants were as follows (listed alphabetically):

➤ **Access to/Affordability of Transportation Services**

Access to and affordability of transportation services was mentioned in all three groups, in particular transportation services for *senior citizens* (many of whom don't drive) and transportation to meetings for the *recovery community*. The need for more *emergency transportation services* was also highlighted amongst senior citizens in particular, with participants citing long wait times if you call for an ambulance.

➤ **Lack of Community Cohesiveness**

Participants in the Latino and recovery groups highlighted a *lack of community cohesion* as a barrier to addressing health concerns in the community.

"Because people feel like these problems have persisted for so many years, they feel like no one is doing anything..." -Latino Group Participant

➤ **Need for Increased Outreach/Marketing**

Participants in the Latino and recovery groups also highlighted the need for increased marketing of available programs and services in the community, expressing a *general lack of knowledge* around resources, activities, and programs in the community. In particular, participants noted the *fragmented, disconnected, and siloed nature of many services* in the community, as well as the *lack of a centralized resource* to obtain information about community programs and services being offered.

Additional barriers highlighted by some participants included the following (listed alphabetically):

➤ *Changes in MassHealth eligibility requirements affecting affordability of care*

➤ *Lack of funding for sustaining community programs*

➤ *Lack of individual motivation and need to change social norms* around taking care of one's health

➤ *Lack of community confidence in ability to obtain needed services*, in particular for the Latino population

➤ *Lack of cultural competency* amongst medical providers, schools, police, and major systems in the Harrington catchment area as a whole

"[Programs are] not going to last... they're going to lose their funds." - Latino Group Participant



C) Community Assets & Resources

Participants were asked to describe what they consider to be their community's assets and strengths, including resources available to community members. Participants were also asked to describe existing programs or services that address any of the health issues they prioritized in the community. Assets and resources mentioned by participants are listed below, categorized as community-wide and specific to Harrington HealthCare System.

Community-Wide Assets and Resources

- **Community-wide activities**, including:
 - *Activities on the common* (concerts, fundraisers, etc.)
 - *Church-sponsored activities* (e.g. vacation bible school)
- **Larger community agencies/foundations**, including:
 - *Catholic Charities*
 - *Harrington Hospital*
 - *Rehabilitative Resources, Inc.*
 - *United Way*
- **Local community services and programs**, including:
 - *Big Brothers Big Sisters* mentoring program
 - *Child/youth services* (e.g. You, Inc. and local sports programs)
 - *CHNA 5*
 - *Food assistance services/programs* (e.g. food pantries, food stamps, WIC)
 - *Free care programs*
 - *Senior citizen services* and *general access to care for seniors*, including:
 - *Community events for seniors*
 - *Good levels of family engagement in senior care*
 - *Nursing homes*
 - *Prescription drug access*
 - *Senior centers*
 - *Senior insurance coverage*
 - *Substance abuse programs*
 - *Transportation services*

Assets and Resources Specific to Harrington HealthCare System

Participants across all three groups also noted general satisfaction with services and facilities at Harrington HealthCare System, noting the following strengths in particular (listed alphabetically):

- **Clean and accessible facilities**
- **Good outreach and community involvement from Harrington**
 - *Commitment to community services*
 - *Strong community presence and willingness to collaborate*

"Harrington is an important agency in the community." - Latino Group Participant



- **High quality of care**, in particular *senior citizen care, substance abuse classes, the mental health clinic, knee/spine care, and rehab services*
- **Positive experiences with specific services offered at Harrington**, including:
 - *After-care nurses & home visiting programs*
 - *Free-care van*
 - *Interpreter services*
 - *Mental health clinic*
 - *Preventive health department (health education, mammograms, etc.)*
 - *Provision of meeting spaces for recovery community meetings*
 - *Senior citizen lunches*
 - *Veterans meals*
 - *Volunteer program*
- **Willingness to make improvements**

*"[Harrington is] actually taking the initiative to make improvements."
- Senior Group Participant*



PART 2. COMMUNITY PERSPECTIVES: AREAS FOR IMPROVEMENT & SOLUTIONS

A) Community-Wide Solutions

Focus group participants were asked to provide suggestions as to what could be done in the communities that Harrington serves to improve the health issues discussed.

Across all three groups, participants made the following suggestions for improving care and services in the community as a whole (listed alphabetically):

➤ **Community Cohesion and Willingness to Make Changes**

Participants across all groups noted a general *lack of willingness to come together* in the community, noting *siloed approaches* and a need for *increased political will and community willingness* to make changes in the community. Participants expressed a particular need for:

- Continued *collaboration amongst Latino leaders*
- Increased *networking & collaboration amongst community agencies*
- More *invested community leadership*, noting *“staff, teachers, people running your community who don’t live here, [are] not invested and don’t care to an extent.”*
- More *community volunteers* and increased *volunteering amongst parents* in the community

“Need more willingness to help one another...siloed people focus on their own thing.” – Senior Group Participant

“No one cares to do anything for our community...people tend to be unwilling [to volunteer].” – Recovery Group Participant

➤ **Health Education and Services**

Participants across groups expressed the need for increased *health education* and efforts to improve patient understanding of medical conditions and treatment options, particularly around *chronic health conditions, nutrition and physical activity, and sexual health* (for youth). Participants also expressed a desire for increased *substance abuse services*.

➤ **Youth and Family Supports**

Youth issues were discussed at length in all three focus groups, with participants expressing particular need for the following supports for youth, parents and families:

- *Decreased wait times* for youth activities, and *increased access to and affordability* of youth programs
- Increased *parental supports, family supports, and parent involvement*
- *More health education and services* for youth (e.g. around ADHD, nutrition/physical activity, sexual education, discrete health services)
- More *positive youth activities, affordable sports programs, parent-led youth activities, and increased green space, parks, and other spaces* for youth



Additional suggestions highlighted by some participants (one or two groups) included the following (listed alphabetically):

➤ **Centralized Community Resource or Center**

Participants in two groups expressed the need for *increased advertising of community programs* (especially those available for *youth*) through a *centralized community resource* where residents could obtain information about community activities, programs, and resources. In particular, participants suggested the *creation of one or more community centers*, such as a center for the Latino community or one for recovering substance users to socialize with peers and help them stay on the path to recovery.

➤ **Crime Reduction Efforts**

Participants in two groups discussed at length the need to address *crime and safety* in the community. Proposed suggestions included:

- Increasing the *police presence* in communities
- Starting with addressing *youth issues* (e.g. lack of activities, lack of parent involvement), given that many participants identified youth as those involved in crimes in the community

➤ **Cultural Competency, Awareness, and Diversification**

The importance of increased *cultural competency and cultural awareness* across community organizations and systems was discussed at length in the Latino focus group in particular, including the need to *decrease discrimination* towards the Latino community. The need for *more diversified staff and leadership across agencies in the community* (e.g. schools, police department, etc.) was also highlighted.

➤ **Physical Activity Opportunities and Green Space**

Participants in one group also expressed the need for more *opportunities for people to be physically active* as well as increased *green space and parks* in the community, especially for *youth*. They also noted a need for increased efforts regarding *cleaning and preventing littering* in the community.

➤ **Social and Community Norm Changes**

Participants in one group expressed the need to address underlying *social issues and norms* contributing to poor health in the community, in particular:

- Addressing *stigma around utilizing services* (e.g. around *teen sexual health*)
- *Modeling positive behaviors* (e.g. *healthy eating and physical activity*)



B) Opportunities for Harrington

Participants were also asked to provide suggestions on how Harrington HealthCare could become more engaged to address identified health concerns.

Across the focus groups, participants felt that Harrington HealthCare System could focus on the following to improve services (listed alphabetically):

➤ **Addressing Youth Issues**

In addition to addressing youth issues within the community as a whole, participants in all three focus groups made suggestions around Harrington specifically taking the lead in addressing youth issues. Suggestions included Harrington *developing youth programs, leading parent groups, and employing a youth program director/coordinator.*

"[Does Harrington] have a youth program or youth program director?" - Recovery Group Participant

➤ **Community Coordination and Outreach**

Participants would like to see increased community development and outreach from Harrington; this was particularly highlighted in the Latino focus group. For example, participants expressed wanting to see:

- Increased *outreach to community leaders and organizations*
- More *community activities* offered by Harrington, especially for *senior citizens* and *youth*
- More *health fairs* (to bring organizations and residents together)
- More *information and advertising on the Harrington website about services and programs* offered

Participants in the Latino focus group also expressed a particular desire for Harrington to continue *bringing together leaders in the Latino community*, as well as a desire to see the *results of the current community health needs assessment and resulting strategic plans disseminated back to the community.*

"I don't want to see another initiative. I want a strategic commitment for long term capacity building." -Latino Group Participant

➤ **Health Education**

Participants across groups expressed a desire for more health education, including:

- *Health education for people with chronic health conditions*, including *diabetes, asthma, and ADHD*
- *Health education for youth*, especially around *nutrition/physical activity* and *sexual health*
- *Patient education around prescription medications*

➤ **Health Services and Access**

Participants across groups also made a number of suggestions for Harrington around improving or increasing access to health services, including:

- *Addressing teen pregnancy* through a *community clinic for youth* that provides *discrete access to services* – e.g. birth control and STD testing
- Assisting the recovery community with *transportation to recovery meetings* – e.g. escort service



- *Bringing mental health clinicians into the ER*
- *Decreasing ER wait times*
- *Growing Harrington's referral network and relationships with outside community agencies in effort to connect patients to additional services*
- *Increasing emergency services*
- *Increasing focus on the patient and patient-centeredness by physicians*
- *Increasing free care van advertising*
- *Increasing substance abuse services*

Participants in the Latino focus group also wanted to see a **more diversified staff and board** as well as **increased cultural competency** amongst existing staff. A number of opportunities for Harrington suggested by participants included:

- *Bringing on more Latinos to the Harrington board*
- *Hiring more Spanish-speaking providers*
- *Increasing opportunities for Spanish-speaking volunteers to work with Harrington – e.g. offering ESL training courses for volunteers so that they are not turned away if they do not speak English*
- *Increasing the provision of multilingual materials for patients*
- *Instituting required, ongoing cultural competency trainings for staff*
- *Taking the lead in a community effort to educate and employ the Latino workforce in healthcare and other fields through Harrington community education programs and partnerships with educational institutions*

Participants in the Latino focus group also suggested Harrington use the progress made within interpreter services as a model for expanding services within other departments, including expanding interpreter services itself.



Appendix A.

Harrington HealthCare System Needs Assessment – Focus Group Guide

Welcome/Introduction:

- *Welcome, and thank you for taking the time to talk with us today.*
- *We work for the Institute for Community Health, and Harrington HealthCare has contracted with us to conduct an assessment to better understand what is going on in the communities that they serve.*

Purpose/Goals:

- *We are talking to you today because your group has been identified as an important source of information about your community.*
- *Today's conversation will last for about 90 minutes.*
- *We will be asking you some questions to get your ideas and opinions about some of the health needs and strengths of your community, and how Harrington HealthCare can best serve its communities.*
- *For this needs assessment, we are most interested in the health needs in the 19 cities and towns that are served by Harrington HealthCare, listed here [towns will be listed on chart in room].*

Confidentiality:

- *We will keep your individual answers private and will not include any identifying information about you in the data we give Harrington HealthCare or in our final report. Results will only be reported for all participants as a whole in a general way. We will not produce reports on individual participants.*
- *We ask that you help us maintain confidentiality by honoring our request to keep our group conversation today private. Please do not share anything that is said by anyone in this group today or talk about the content of this discussion with others outside of this room.*

Choice to Participate:

- *Your participation today is totally your choice. If you don't want to participate, just let us know.*
- *You may also choose not to answer particular questions if you don't want to.*

Recording:

- *We will be recording our discussion today to make sure we accurately capture what you say and do not miss any of your comments. As soon as we are done putting our report together, we will destroy the recording. Is it OK if we record this? We will also be taking notes while we talk.*

Guidelines:

- *My role today will be to guide our conversation.*
- *What you have to tell us is very important. There are no right or wrong answers, so please be candid with your responses. It is important to hear both your positive and negative opinions.*
- *Please feel free to share your point of view even if it differs from what others have said.*
- *Please listen respectfully as other share their views. It is important that only one person talks at a time so we can hear everything everyone has to say.*
- *We would like everyone to participate, so I may call on you if I haven't heard from you for a while.*
- *Please let us know if you need us to repeat or clarify anything.*
- *We ask that you turn off or silence your cell phones so that we are not interrupted.*

Closing:

- *Do you have any questions about this process before we get started with our questions?*



Warm-up

Let's begin by going around the room with some introductions.

1. Please tell us your name, and which of the 19 towns that Harrington HealthCare serves you are most familiar with. [Refer to towns listed on flipchart.]

Community Health Needs

2. What do you think are the main health issues in the towns that Harrington HealthCare serves?

Probes:

- These can be physical health issues like diabetes, obesity, cancer, heart disease, asthma, etc.; health issues related to substance abuse/mental health; or other social issues/determinants that affect health related to unemployment, low-income, language barriers, etc.
- What about obesity, nutrition/healthy food access, physical activity? How big an issue do you think those are? (of specific interest)
- We are particularly interested in learning from you about the needs of Latinos/seniors/those in recovery. What about for this group, what are the main health concerns? [tailor to specific group]
- How big a concern/issue do you think _____ is?
 - Latino Group Probes:
 - Access to care/insurance/other community resources for Latinos?
 - Mother and infant health?
 - Senior Group Probes:
 - Access to care/insurance/other community resources for seniors?
 - Recovery Group Probes:
 - Access to care/insurance/other community resources? Access to substance abuse prevention/treatment resources in particular?

3. What populations in the towns that Harrington HealthCare serves are especially at risk of health concerns?

Probes:

- What about specific communities of color or immigrant groups? Other at-risk populations?
- Do you feel Latinos/seniors/those in recovery [tailor to specific group] are particularly at-risk of any health concerns? If so, what?
- Are there any particularly at-risk groups within the Latino community/seniors/the recovery community? [tailor to specific group]. Who?
 - Latino Group Probes:
 - Teens/adolescents in the Latino community? E.g. adolescent pregnancy?
 - Recovery Group Probes:
 - Youth substance use/users? Access to substance abuse and mental health services for youth? Access to adolescent treatment programs?

4. What do you think are the biggest things that make it difficult for community members to prevent or address these health issues? [List out some of the health issues that have already been mentioned.]

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Probes:

- *What do you feel are the biggest barriers to care for Latinos/seniors/those in recovery? [tailor to specific group]*
 - *Latino Group Probes:*
 - *What about language barriers, English literacy issues, adequate translation of patient materials into Spanish?*
 - *Senior Group Probes:*
 - *To what extent do you feel senior health needs are well addressed in the community? Do you feel families are generally included enough in decision making around senior health issues (e.g. around end of life care?)[If yes or no, ask them to explain their answer.]*
 - *Recovery Group Probes:*
 - *What about barriers experienced with accessing substance abuse treatment programs or mental health services?*

Assets and Resources

5. What programs and services currently exist to address the health needs that you have identified? [List needs already discussed here.]

Probes:

- *What community or clinical services are already available in the towns that Harrington HealthCare serves to benefit community members?*
- *What about specific services for Latinos/seniors/those in recovery? [tailor to specific group]*
- *What services or programs are missing in the community? [if not already addressed above]*

Perceptions of Harrington HealthCare

6. What programs and services are you aware of at Harrington HealthCare that address the health needs that we've talked about?

Probes:

- *What about for Latinos/seniors/those in recovery?*

7. What is your opinion of these programs?

8. What is your opinion of Harrington HealthCare and their community programs in general?

Probes:

- *What does Harrington HealthCare do especially well?? What about for Latinos/seniors/those in recovery?*
- *What could Harrington HealthCare do better? What about for Latinos/seniors/those in recovery?*

9. To what extent do you think Harrington HealthCare is currently helping the health concerns of the 19 towns served?

Probes:



- *Do you feel they are meeting the needs of the groups of people we talked about earlier or the health issues you mentioned as priorities? [Will re-state what these issues/populations were.]*
- *What about the health needs of Latinos/seniors/those in recovery?*

Potential Solutions

10. In your opinion, what could be done in the communities that Harrington HealthCare serves to improve the health issues that we have been talking about? *[Will go through the health concerns and/or populations mentioned one by one as needed.]*

Probes:

- *What about community programs, clinical programs, services and partnerships?*

11. Do you have suggestions on what Harrington HealthCare could do in the communities it serves to address these concerns?

Probes:

- *Are there specific health issues in the community in which Harrington HealthCare should take the lead in addressing?*

Wrap-Up

12. Is there anything else about community health needs and priorities that you would like to share with us?

13. Do you have any other comments or question?

Thank you for your time and participation!

