

HEALTH RESOURCE CAPACITY ASSESSMENT

for PUTNAM, CONNECTICUT

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Prepared for:

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EXECUTIVE SUMMARY

Putnam is a tightly knit, rural community of 9,0002 residents in Connecticut's Northeast corner. Residents are strongly committed to their town and health care institutions are responsive to the community's needs. Day Kimball Hospital is the dominant health care provider as well as a major employer in town. The hospital enjoys considerable community support and is fiscally stable. However, Putnam faces some serious challenges. Student performance is lower than the rest of the state, median income is low, and unemployment is consistently higher than the rest of the state.

"We are a small town with big city problems."
-- Putnam resident

This paper describes a health care capacity and resource assessment for Putnam. The study included focus groups, interviews, surveys of parents and childcare providers, collection of health indicator data and public input. A workgroup of community representatives was convened to guide the project and prioritize recommendations. The group includes local and state elected officials,

"There are absolutely no pediatric psychiatric resources in the community."

"When you have a suicidal teen, you can't do anything for them. There is no place to send them. You have to send them home."

-- area physicians

health care providers, school representatives, social service providers, Day Kimball management and staff, and Putnam residents.

Putnam residents face several critical challenges to their health. Parents are under considerable stress and find it increasingly difficult to meet their families' needs. The number of uninsured and underinsured residents is a serious problem, for both health and economic reasons. Many residents do not access appropriate preventive care due to lack of coverage. Access to primary care for adults is difficult; there is a shortage of providers in the region. Transportation is a significant barrier to health care, particularly for seniors. There is a critical shortage of mental health and substance abuse treatment resources leading to extended stays for troubled youth in inappropriate settings. Teen pregnancy rates have historically been a problem in Putnam. Rates of asthma are extremely high; causing the deaths of two young people in the last six months. Smoking rates are high, particularly among children. Many residents identified childhood obesity as a problem. Lyme disease rates are among the highest in the state. Access to dental care has been

"I don't understand. Why do some people get health insurance, and other people work hard too and they don't have it? . . . It isn't right."
-- Putnam 8th grade student

extremely limited, but the advent of a dental van in the region within the year should ease the problem.

The workgroup ranked twenty recommendations collected from the community and research. The most pressing were:

- 1) expand access to health care,
- 2) improve access to mental health services and substance abuse treatment
- 3) increase access to transportation
- 4) expand access to affordable, comprehensive health insurance, and
- 5) more structured activities for teens.

The workgroup agreed that one important intervention to address many of these goals would be to create a community center for Putnam. There was significant support for the community center across Putnam; it was suggested as a solution in focus groups, interviews, and surveys. The center could offer recreational resources, opportunities to socialize across generations, health care services, as well as information on community resources and assistance in applying for and accessing those resources.

The workgroup has agreed to continue meeting to implement the recommendations, enhance communication across fields and resource sharing.

“There is this feeling in the Northeast corner that we are way out there, which is good and bad. But if there is a problem, we look to each other and just figure it out.”
-- Putnam educator

INTRODUCTION

The Northeast District Department of Health (NDDH) serves twelve rural communities in Northeastern Connecticut with data collection, analysis and health planning activities, among other responsibilities. A comprehensive assessment of the health care needs of the district has not been conducted. To begin this task, NDDH commissioned a health care needs assessment for the town of Putnam.

Putnam is a tightly knit community with an array of social and health care needs. Putnam is one of the largest towns in the region, with the highest population density. The Connecticut Hospital Association performed a preliminary needs assessment for Putnam in 1993. Putnam is home to the region's largest health care institution, Day Kimball Hospital and its corporate parent, Health Network of New England, offering a comprehensive range of services to the community. Putnam's town government is stable, well organized and responsive to community needs. Both town and hospital leadership were very supportive of the project and their help was critical to its success.

The goals of the study were to: 1) assess the health care challenges and assets of Putnam, 2) draft realistic recommendations to address those needs, 3) strengthen a system that is responsive to Putnam's future needs and capacities, and 4) develop a process for adaptation by similar communities.

It is hoped that this community-driven process for needs assessment will serve as a model for similar rural communities. NDDH founded and coordinated the regional Community Health Coordinating Council, a group of key health, social service and provider organization leaders working collaboratively to improve the health of Northeastern Connecticut. This study will play a key part in the work of the Council.

METHODOLOGY

The study was conducted between February 27 and May 15, 2001.

A community workgroup was convened to guide the project. The group met five times, March 15 and 30 and April 30, 2001 at Day Kimball Hospital in Putnam. Members were given a choice of either lunch or dinner meetings on each day. In addition to the meetings, there were frequent telephone conversations and individual meetings with members over the study period.

The membership represented a wide diversity of stakeholders in Putnam – state and local elected officials and government agencies, health care providers across fields, health care administrators, educators, child care providers, social

service agency representatives and Putnam residents. Members are listed in the Appendix.

The workgroup guided the project, including assistance in recruiting focus groups, reviewing materials, identified individuals for interviews and conducting meetings. During the course of those meetings, enthusiasm for the project grew and the group intends to continue working after the study ends -- to implement the recommendations, enhance communication and resource sharing.

The study included five focus groups, listed below.

| Date, Time | Composition | Location | Number of participants |
|-------------------|--------------------|--|-------------------------------|
| 3/21, 7:30 am | physicians | Day Kimball Hospital | 9 |
| 3/21, noon | discharge planners | Day Kimball Hospital | 7 |
| 3/21, 5:00 pm | parents | Putnam Family Resource Center | 7 |
| 3/22, noon | seniors | Little River Acres Senior food program | 7 |
| 3/22, 1:30 pm | students | Putnam Middle School | 12 |

A survey of parents of Putnam 2nd through 5th graders was sent home with students; 22 were returned. A telephone survey of all seven licensed childcare providers in Putnam was conducted. To elicit public input for the project, Dr. Andrews was a guest on Marc Allard's call-in radio show on WINY, Putnam on 3/26/01. Interviews were conducted with 32 key stakeholders. A survey was conducted of area providers accepting new patients, both by the investigator and Day Kimball Hospital. Data for town disease incidence and social indicators were collected from a variety of sources, listed in the Appendix.

Final study recommendations were the product of prioritization by the workgroup. Suggestions were collected from all sources, including focus groups, interviews, surveys, public input and research. The resulting collection was mailed to workgroup members in a survey format (see Appendix) and further discussed in two workgroup meetings. The final rankings were entirely defined by the community workgroup.

PUTNAM DESCRIPTION

DEMOGRAPHICS

Putnam is a very appealing, rural town of 9,002¹ residents in the northeastern corner of Connecticut. Putnam is a closely-knit community with a strong sense of civic involvement and volunteerism. Ninety six percent of residents are white; English is the predominant language². Putnam is the retail center for neighboring communities and has developed a thriving antiques district. Putnam's town government is well organized and stable. The cost of living in Putnam is low, with the lowest equalized mill rate and median house price among Connecticut towns its size.³ Putnam's crime rate is the 13th lowest among Connecticut's 169 towns.⁴ In 1998, 78% of eligible Putnam residents were registered to vote compared to 55% statewide.⁵ Through interviews, focus groups and public input, the town's commitment to the health of residents and health care institutions is clear. There is widespread resistance to offering local family planning services and a very small but significant defensiveness regarding gun ownership. Despite a very low tax rate, there is resistance to an increase in local taxes.

The level of commitment and civic engagement in Putnam may be its greatest assets. Enthusiasm for the town was virtually unanimous from all sectors. This investigator encountered a remarkable level of cooperation and openness both for this project and to improve the health of town residents. Town leaders and health care institutions were eager to hear both positive and negative feedback. Recruiting for five focus groups within a very tight timeframe could have been a great challenge, but everyone contacted was very willing to help and generous with their time. Busy community leaders were eager to participate in the workgroup that guided this project and intend to continue meetings after the study is complete.

Putnam faces several challenging social issues. As one resident stated, "We are small town with big city problems." The state has designated Putnam as a "distressed municipality"⁶. Per capita income for Putnam residents was \$18,936 in 1998, compared to \$37,452 for the state overall. Unemployment has been consistently higher than state averages⁷. The predominant categories of

¹ 2000 Census.

² 1998 Census estimate.

³ "Rating the Towns", *Connecticut Magazine*, 2001. Based on data from The Commercial Record's Real Estate Trendlines Report, CPEC.

⁴ CT Dept. of Economic and Community Development, 1998-1999.

⁵ State of Connecticut Social Indicator Data, CT Department of Mental Health and Addiction Services, 1/30/01.

⁶ Connecticut Department of Economic Development, 2001.

⁷ *Information for Workforce Investment Planning*, CT Dept. of Labor, 2000-2001.

employment for Putnam residents are manufacturing (20%), retail sales (23%) and services (30%).⁸

| Unemployment rate⁹ | Putnam | Connecticut |
|--------------------------------------|---------------|--------------------|
| 1998 | 4.7% | 3.4% |
| 1999 | 3.9 | 3.2 |
| 2000 | 3.0 | 2.3 |
| as of 2/01 | 3.5 | 2.5 |

Many students in Putnam’s public schools face significant challenges. 31.8% of students are eligible for free and reduced price lunches compared to 23.6% statewide.¹⁰ Twenty percent of students live in poverty compared to 14% statewide.¹¹ 16.4% of students receive special education services compared to 12.8% statewide.¹² Drop out rates are consistently above the state average; the cumulative rate for Putnam High School Class of 1999 was 18.7% compared to the statewide average of 14.3%.¹³ On the 2000 CT Mastery Test, Putnam students ranked 141st out of 163 districts.¹⁴

Putnam has a higher proportion of residents on public assistance than the rest of the state¹⁵. In fiscal year 2000, there were 140 reports to the Department of Children and Families of child abuse in Putnam involving 422 children. Fifty-four of those reports were substantiated, involving 152 children. Forty-five Putnam children were in Out of Home Placement.¹⁶

| State FY 1999 | Putnam | | Connecticut | |
|------------------------------------|-------------------|----------------------------|--------------------|----------------------------|
| | Recipients | Rate/1000 residents | Recipients | Rate/1000 residents |
| Food stamps | 693 | 75.9 | 177,376 | 54.0 |
| Temporary Family Assistance | 334 | 36.6 | 89,526 | 27.3 |
| State Supplement | 77 | 8.4 | 26,028 | 7.9 |
| Medicaid only | 875 | 95.9 | 197,676 | 60.2 |

⁸ Total Non-farm Employment, Dept. of Labor, Office of Research, June 1999.

⁹ Information for Workforce Investment Planning, CT Dept. of Labor, 2000-2001, CT Economic Digest, April 2001.

¹⁰ Putnam School District, Strategic School Profile 1999-2000, CT State Dept. of Education.

¹¹ US Census, Jan. 5, 2001.

¹² Putnam Special Education Profile 1999-2000, CT State Dept. of Education.

¹³ CT Dept. of Education.

¹⁴ “CT Mastery Test Rankings by Town”, Hartford Courant, 2/15/01.

¹⁵ Information for Workforce Investment Planning, CT Dept. of Labor, 2000-2001, Dept. of Public Health population estimates, 1999.

¹⁶ Department of Children and Families, Child Abuse Reports, 7/1/99 to 6/30/00.

HEALTH CARE INFRASTRUCTURE

Putnam has a strong healthcare infrastructure. The region's community hospital, Day Kimball Hospital, is located in Putnam. Several key stakeholders identified the hospital as the greatest health care asset in Putnam, and its continued stability as a top priority. The hospital is not only the largest provider of health care for Putnam residents, but also a major employer. The hospital is part of the Health Network of New England, which also includes the Center for Healthy Aging, home care and homemaker services, hospice services, and associated physician practices, all with offices in Putnam. The hospital supports a vigorous Wellness Program, which is very active in public health and health education activities for the region. The Wellness Program is supported in part by local governments in the region.

In 1999, Day Kimball Hospital had 72 staffed beds and employed 671 full time equivalents. Average occupancy rose from 55.6% of staffed beds in 1995 to 79.2% in 1999. Tertiary care is provided through an affiliation with the University of Massachusetts Memorial Medical Center. While operating margins have declined in recent years, Day Kimball is financially stable. Approximately 50% of the hospital's revenue comes from public payers (Medicaid and Medicare); Day Kimball benefits from designation as a rural hospital. In recent years the hospital has implemented several successful cost reduction initiatives to improve efficiency. The hospital is currently conducting a strategic planning process.

Day Kimball's information systems are advanced, facilitating physician communication with the hospital and progress in developing electronic medical records. Physicians noted that communications within the hospital and associated networks work efficiently and are not a barrier to care.

Day Kimball enjoys considerable community support and is held in very high regard for the quality of care provided. The community responds energetically to hospital fundraising appeals. In turn, the hospital is very responsive to community needs. After requests for expanded hours at the Pediatrics Center, the hospital responded by staying open on evenings and weekends for appointments. In response to an increase in Hepatitis C rates in the region, the hospital developed a support group for sufferers. In response to cuts to Healthy Start, a critical outreach program to at-risk pregnant women and families, the hospital subsidized the program to ensure no reduction in services.¹⁷

Putnam is also part of the Community Health Coordinating Council, an advisory committee organized by the local health department, the Northeast District

¹⁷ Physicians' focus group, interviews, "The Health of Connecticut's Hospitals", Office of Health Care Access, 1/16/01, Day Kimball Hospital, and the Bristol Group.

Department of Health, with a diverse membership representing key health, social and provider organizations in the region.

HISTORY OF PLANNING INITIATIVES

There is a remarkable spirit of cooperation among local institutions. As an example, leaders of several local institutions recognized that access to dental care is a serious problem in the region (see Dental Care section), further complicated by transportation issues common to rural areas. To address the problem, four community organizations are collaborating on a project to acquire and operate a dental van for the area. Day Kimball Hospital accessed state funding to purchase the van; Generations Family Health Center, the local federally qualified health center, will staff the van; the Northeast Connecticut Council of Governments, through their transit district, will garage and maintain the van; and the Northeast District Department of Health will provide scheduling and educational support for the program. Putnam residents appear to expect this level of cooperation from their community leaders, and seem surprised that it is not more common elsewhere.¹⁸

A previous planning initiative to address teen pregnancy, while very productive and cooperative, did not receive funding to implement the resulting recommendations.¹⁹ Another planning initiative to coordinate human service delivery in the region was not successful for a variety of reasons related to the timing of the proposal.²⁰ In response to reductions in ridership and complaints from towns, the transit district run by the North East Connecticut Council of Governments (NECCOG) undertook a successful reorganization and restored community support.²¹

¹⁸ Key stakeholder interviews.

¹⁹ Plainfield-Killingly Teen Pregnancy Prevention Planning Strategy, July 1998; Windham Teen Pregnancy Prevention Planning Initiative Strategic Plan, June 22, 1998.

²⁰ "An Initiative to Better Address the Human Service Needs of Northeastern Connecticut", NECCOG, 4/9/96.

²¹ interviews

HEALTH NEEDS/BARRIERS TO CARE

PARENTAL STRESS

The most common recurring theme across populations in Putnam was the high level of stress faced by young families. The word “struggle” was used over ten times during the parent focus group. Health care providers, school representatives, social service providers, children and town residents also voiced this concern. Seniors in their focus group had to search to identify their own unmet health care needs, but were quick to identify the challenges facing young families.

Parental stresses included both parents working long hours, often at more than one job, sometimes on different shifts. Parents felt growing economic pressures; that they are working harder for less and less money. Parents recognized the increasing challenges facing their children but felt powerless to address them. In a survey of 5th through 12th graders, Putnam students reported a lower level of parental bonding than students statewide.²² Putnam families face transportation challenges that exacerbate social isolation and difficulty in meeting family needs (see Transportation section).

Time constraints were particularly pressing. Parents felt that they don’t have enough time to spend with children talking, preparing meals, helping with homework. Parents are always rushing and always tired. When middle school students were asked if they thought that kids have enough time with their parents, one responded, “It’s never a good time to talk.” As one childcare provider stated, “Finding time to read a story at bedtime is just not realistic for these families.”²³

Lack of insurance is a significant problem for many working parents. One woman in town quit her job so she and her husband could qualify for HUSKY, Connecticut’s public health insurance program. Another mother hurt her hand twice at work, but her son said she was very happy because her employer paid for the treatment. Many families are not aware that HUSKY is available for low-income working parents, but for many Putnam parents the income limits are too low. Even for families with insurance, high copays and deductibles are often barriers to accessing care. While families are criticized for inappropriately using the emergency department, it is often the most rational choice in a complex and inaccessible system.²⁴

²² Connecticut Substance Abuse Prevention Student Survey, Putnam Public Schools, Health Services Research Unit, Dept. of Community Medicine & Health Care, UConn Health Center, 4/30/99.

²³ Interview

²⁴ Focus groups

Making arrangements for preventive health care is often not a top priority for stressed families. Several providers stated that some parents only get check ups for their children when it is required for school registration. Parents noted that it can take up to six months to schedule an appointment. When that appointment is missed, due to changing work schedules or unreliable transportation among other reasons, it can take six months again to schedule another.²⁵ Several stakeholders emphasized the need for a walk-in clinic in Putnam. For some parents there is a lack of understanding about the importance of preventive health care.

Some parents are reluctant to access help through public programs. There is a strong stigma attached to some programs, and parents may choose to manage on their own rather than “take a handout.” Some parents reported rude treatment by providers and social service agencies.²⁶

A critical shortage of childcare slots, particularly for infants and afterschool programs, was noted by many in the community. Childcare providers reported long waiting lists and many calls for applications. Needs for parenting classes and offering childcare at town programs, activities, and classes were emphasized by parents. Many providers were frustrated by the challenge of engaging busy parents in any programs designed for them. Many felt that the neediest parents do not advocate for themselves within government and social agencies because of time constraints and a sense of powerlessness.²⁷

In some families, pressures on parents build up until they become overwhelming. This can lead to depression and alcohol or substance abuse. As one parent described, “Once one problem isn’t solved, it leads to more problems, and that leads to more problems. It snowballs.”

Many stakeholders stated the need for a central resource for information and services and assistance in applying for programs. The need for case management services and assistance in navigating the maze of programs available for families was also noted (see Availability of Health Care section).²⁸

UNINSURED

Many Putnam residents and providers noted lack of insurance or inadequate coverage as a significant barrier to accessing health care.²⁹ When admitted to the hospital coverage is arranged for most, but lack of coverage forces many Putnam residents to miss preventive visits and to delay care when sick. While there are no estimates of the number of uninsured or underinsured by town in

²⁵ Focus group

²⁶ Focus group

²⁷ Focus group

²⁸ Focus groups, interviews

²⁹ Parent surveys, focus groups, interviews and public input.

Connecticut, it is likely to be high in Putnam given lower income levels and the predominance of part time work in retail and nonprofessional service occupations. High copays and deductibles were frequently mentioned as barriers to care. Many respondents stated that they or someone they knew had delayed care due to cost and/or lack of insurance.

One focus group participant in her 50's has a complex, pre-existing condition. She works only part time due to her condition and does not have access to employer sponsored health benefits. She spends most of her salary now for coverage, but when the rate goes up next year she will be forced to drop coverage and "take my chances."

A provider related the case of a client who had visited the emergency department, was diagnosed with a urinary tract infection and given a prescription for an antibiotic. The woman did not have health coverage and could not afford to fill the prescription. Two weeks later she presented again at the emergency room with a serious kidney infection and had to be admitted.³⁰

Most Putnam children have health coverage either as a dependent on an employer-based plan or through the HUSKY program. HUSKY is Connecticut's public health coverage plan for families. HUSKY covers uninsured children at all income levels, but parent eligibility is income limited. The HUSKY program received only positive comments in Putnam both from providers and parents. As of March 1, 2001 there were 624 Putnam children and 240 adults enrolled in HUSKY Part A (Medicaid).³¹ These numbers are within the expected range based on numbers of Putnam students receiving free or reduced price lunch (the two programs have equivalent eligibility criteria). However, there were only 22 children enrolled in HUSKY Part B (Connecticut's SCHIP program), which serves uninsured children at higher income levels.³² Several key informants felt that public education is needed to let families know that coverage is available through HUSKY for all uninsured children regardless of income level, and for low-income parents. A need to increase parent eligibility income limits was expressed by parents, providers and children.³³

AVAILABILITY OF HEALTH CARE

Availability of health care was sharply split by population. Access to care for children was universally regarded as good or excellent. The only provider of pediatric care in Putnam is the Pediatrics Center at Day Kimball Hospital. In response to parent requests, the Ped.s Center expanded to evening and weekend hours in July 2000. This reduced appointment waiting times to two or

³⁰ interview

³¹ Department of Social Services.

³² Department of Social Services.

³³ Interviews, public input, focus groups.

three weeks.³⁴ The expansion was widely praised by the community. At the time of this study, all physicians at the Ped.s Center were accepting new patients.

In contrast to children, access to primary care for adults was reported as a serious problem by many residents and providers. Getting appointments at the few practices taking new patients can take very long, 6 months or more. The nearest community health center, Generations Family Health Center, has a satellite office in the neighboring town of Danielson. Waiting times for other services, such as mammograms, are long for providers within Putnam, but are much shorter if patients are able to travel to neighboring towns.³⁵

Inappropriate use of the emergency department and consequent long waits for treatment were noted by many in focus groups and interviews as serious problems in Putnam's health care system. Routine ear infections were the most common diagnosis for Emergency Department non-admission visits at Day Kimball Hospital compared to 77th most common diagnosis at emergency departments across Connecticut.³⁶ Recognizing their safety net role in accepting anyone who comes through the door, the ED has created a Prompt Care area to handle minor problems within an hour; the area is open 12 hours everyday.³⁷

Seniors and providers reported a reduction in access due to the withdrawal of Medicare HMOs from the region, and the difficulty and cost of obtaining supplemental insurance. High prescription drug costs were often noted as a barrier to care for seniors.

The need for a central resource for information on health care, patients' rights and assistance in applying for programs or accessing care was a common theme across populations. Systems are complex and many give up before they find a source that meets their need. When asked in interviews and focus groups, respondents had a difficult time identifying where most residents get health information. The most common answers were doctor's offices, the hospital and town hall.

A need for case management was stated often, particularly for young families (see Parental Stress) and for seniors. The loss of the prenatal clinic at Day Kimball Hospital was reported as a loss for the community. While private providers have increased capacity to cover Medicaid births, they do not provide the wraparound case management services that were available at the clinic.

A case management program for low income, uninsured or underinsured, elderly patients suffering from chronic diseases was very successful. The Chronic Disease Management (CDM) Program operated from October 1998 to March

³⁴ Interviews, focus groups.

³⁵ Focus groups, interviews, parent surveys

³⁶ Day Kimball Hospital, the Bristol Group, 10/1/99 to 3/31/00.

³⁷ Interview

2000 in a nine town area; 25% of clients were from Putnam. Clients averaged 5.75 chronic conditions and 5.85 medications per patient. Clients received integrated, comprehensive case management services through Day Kimball Hospital's Center for Healthy Aging, Generations Family Health Center, United Services and the Area Agency on Aging. During the length of the program, hospital days were reduced from 3.77 average to 0.99 days. ER visits were reduced from 0.42 to 0.35/client.³⁸ The program closed when funding ran out.

Workforce shortages across provider types are common in Putnam as in the rest of Connecticut. The most severe problem was reported for home health and home care workers. These shortages, more than rate issues, threaten the ability of home care programs to continue to meet growing demand and keep frail elderly residents out of costly long term care.³⁹

Hospital management, providers and town residents all noted a shortage of physicians in the area, particularly specialists. Physicians blamed the problem on reimbursement rates and managed care. The nature of a rural community appeals to some potential providers, but not others. There were varying perceptions of practice in a rural setting – escape from some urban health problems balanced by lack of access to high profile teaching and research institutions.⁴⁰ At the time of this study, of fourteen Internal Medicine physicians in the area, seven were taking new patients, none of who have offices in Putnam. Of twenty Family Practice physicians in the area, six were accepting new patients, two with offices in Putnam. All four OB/GYN physicians and two Certified Nurse Midwives in the area were accepting new patients, all with offices in Putnam. There are only three psychiatrists in the area and none are accepting new patients. There are five Psychologists in the area, all five were accepting new patients, but only one has an office in Putnam.⁴¹

TRANSPORTATION

Transportation was identified by a large majority of stakeholders and focus group participants as a barrier to care, in many cases the greatest barrier to care. This is not surprising in a rural town. The problem appears to be most pressing for seniors. Day Kimball Hospital and senior housing complexes are on bus lines run by NECCOG, however seniors who do not live on the bus line or are visiting providers who are not near the hospital must make arrangements with friends, family or social service organizations.

Transportation is also a large concern for families. Families with HUSKY coverage must call at least 48 hours in advance, which is a problem for non-emergency, but urgent complaints like ear infections and fevers. For stressed

³⁸ CDM Program Summary Report, 2000.

³⁹ interviews

⁴⁰ focus groups, interviews

⁴¹ survey of providers in the area, interviews.

parents balancing many family needs (see Parent Stress), making arrangements for transportation at least two business days before an appointment is not always realistic. Many lower income families rely on older cars that are not reliable.⁴² The only taxi service in the area went out of business over a year before this study and it is sorely missed.

NECCOG's local bus system received praise for responsiveness to community concerns. The transit system was in crisis a few years ago with very low ridership. Several towns withdrew their support of the system. In a reorganization, NECCOG responded to community needs and concerns and is widely praised for the turn-around. The system has increased ridership, increased fixed routes and has a "floater" bus that can respond to riders' needs off the fixed route. Overall, there was frustration that transportation needs still far outweigh available resources.⁴³

The town of Putnam runs an ambulance service that is also highly valued by the community. The town charges users \$300 for a ride but doesn't press the issue with those not able to pay. The ambulance system combines paid and volunteer staff. Increasing training burdens were identified as a concern. The system is stable, unlike many other rural communities, but when asked town leaders acknowledge some potential future concerns.⁴⁴

Transportation concerns raised less frequently included medical transfers for tertiary care and to other health care settings, emergency transportation when outside Putnam, and the inability of family to visit relatives in care at facilities far from town.⁴⁵

MENTAL HEALTH AND SUBSTANCE ABUSE

Behavioral health issues were rated as Putnam's greatest health concern by Day Kimball Hospital management, providers, schools, and other stakeholders.⁴⁶ Several providers stated that they have no place to refer patients, particularly teens. "There are absolutely no pediatric psychiatric resources in the community." "When you have a suicidal teen, you can't do anything for them. There is no place to send them. You have to send them home." During one study visit to Day Kimball Hospital, a suicidal teenager had been waiting for 72 hours in the emergency department for a suitable placement. According to hospital staff, this is not a rare event. Middle school students in the focus group noted a need for "someone to talk to."

⁴² Focus groups, interviews

⁴³ Focus groups, interviews

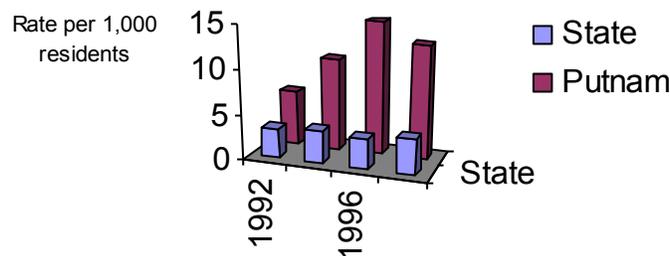
⁴⁴ Focus groups, interviews

⁴⁵ Focus groups, interviews

⁴⁶ Interviews and focus groups, "The Health of Connecticut's Hospitals", Office of Health Care Access, 1/16/01.

Putnam’s needs for behavioral health services is higher than other communities in the state. Physicians stated that alcohol abuse rates are very high in the community, with substance abuse rates increasing. 1.7% of Putnam students receive special education services for emotional disturbance compared to 1.4% statewide.⁴⁷ Mental health problems are two of the most frequent reasons for visits to the Emergency Dept. at Day Kimball Hospital. Anxiety State and Major Depressive Disorder were the 19th and 21st most frequent diagnosis for ED non-admission visits from 10/1/98 to 9/30/99, respectively; they were ranked 40th and 172nd statewide.⁴⁸ Within Putnam’s Educational Reference Group (13 towns similar on social indicators), 8.7% of youth and 8.3% of adults need alcohol or substance abuse treatment. These rates are among the highest in the state, not significantly different than the needs in the state’s largest cities.⁴⁹ Rates of arrest for driving under the influence are significantly higher for Putnam residents than the rest of the state.⁵⁰

Driving Under the Influence, Arrests



A survey of Putnam middle and high school students in 1997 found that the most widely used substance is alcohol. Half of 11th and 12th graders reported recent alcohol use and 39% stated that when they drank during the past month they had three or more drinks at one time. For some ages alcohol use was lower than the state average, for other age cohorts rates were similar to state averages. Students perceived alcohol, tobacco and marijuana to be easily available and perceived more alcohol and drug use in their neighborhoods than students statewide. However Putnam students also reported higher levels of protective factors than students statewide (such as understanding the harm that comes from substance use, less favorable attitudes toward substance use, high levels of

⁴⁷ Town of Putnam, Special Education Profiles, CT Dept. of Education, 1999-2000.

⁴⁸ Day Kimball Hospital, the Bristol Group. Anxiety State and MDD were ranked 20th and 15th from 10/1/99 to 3/31/00 compared to 41st and 152nd statewide.

⁴⁹ “Connecticut Compendium on Substance Abuse Treatment Need”, UConn Health Center, Dept. of Community Medicine & Health Care, Yale University School of Medicine, April 2001.

⁵⁰ State of CT Social Indicator Data, Putnam, Department of Mental Health and Addiction Services, 1/30/01.

family management and more likely to report parental intolerance of substance use).⁵¹

There is a severe lack of treatment slots across behavioral health needs, including inpatient, outpatient, detox, alcohol, and substance abuse treatment. The only treatment slots available are far from Putnam (in many cases on the other side of the state) with long waiting lists. Inadequate reimbursement rates for those services were blamed for the shortage. At the time of the study, there were only three psychiatrists in the Putnam area and none were accepting new patients.⁵²

Day Kimball Hospital has reversed an earlier decision to reduce behavioral health service delivery. New management has strongly reaffirmed the hospital's commitment to providing the community with in-patient behavioral health treatment. However concerns remain about the financial viability of those services. The hospital has instituted critical efficiency initiatives in this area.⁵³

There is optimism but also considerable anxiety among providers, both institutions and individuals, about the state's recent KidCare proposal. The majority of providers support KidCare's shift in treatment priority from residential to community-based care. However there is concern that capacity is not sufficient to handle the need. Rates for outpatient treatment have not kept up with inflation and investment in infrastructure has been inadequate. Providers are concerned that their responsibilities will increase without sufficient resources.⁵⁴

TEEN PREGNANCY

High teen pregnancy rates were identified by several key informants and focus group participants as a concern. Putnam has been identified in statewide studies as a high-risk community for teen pregnancy⁵⁵. However, there is some anecdotal evidence that the rate has decreased in recent years. As Putnam is a small town and numbers of births are low, it is difficult to state definitively whether there has been progress.⁵⁶

Attitudes toward teen parents varied. Some participants felt that teen pregnancy is tolerated, even celebrated, in some families. Several respondents stated that teen pregnancy is sometimes generational – teen mothers are often the

⁵¹ "Connecticut Substance Abuse Prevention Student Survey", Putnam Public Schools, UConn Health Center, Dept. of Community Medicine and Health Care, DMHAS, 4/30/99.

⁵² Interviews, focus groups, provider survey

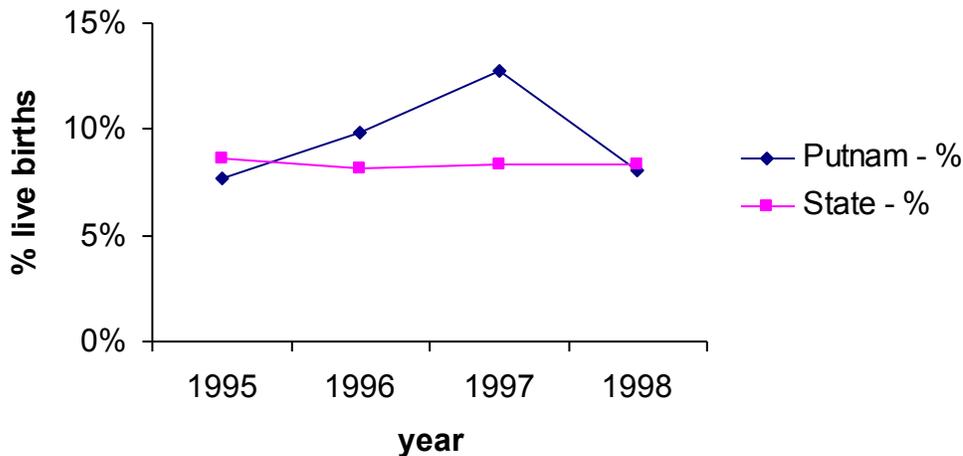
⁵³ Interviews

⁵⁴ Interviews

⁵⁵ J. Palley, unpublished data, Dept. of Obstetrics & Gynecology/Family Planning Program, University of Connecticut Health Center, 2001.

⁵⁶ CT Department of Public Health, vital statistics, R. S. Richter, Teen Pregnancy in Connecticut, 1998, Parisky Group, Health Status indicators in CT Rural Towns, 1999

Teen pregnancy rate



daughters of teen mothers. Sentiments were expressed that for some teens there is no role model for delaying pregnancy, that it is seen as a right of passage, that it is sometimes a response to dysfunctional family life and that many teens “have no goals, no vision for their future” to encourage delaying parenthood.

Using three year averages (1995 to 1997), most of the births to Putnam teens were to 18 and 19 year olds (62%) as is typical of the state overall (60%). However, half of those 18 and 19 year old mothers had not completed high school (50% vs. state average 42%). Over one quarter of Putnam teen mothers already had a child (27% vs. 20% state average). One Putnam teen mother gave birth to her third child during those years. Fathers averaged three years older than Putnam teen mothers, mirroring the state average.⁵⁷ It should be noted that these statistics, while concerning, are based on only 26 total teen births over the three years.

Putnam, together with other towns in Northeastern Connecticut, participated in a regional teen pregnancy prevention planning process in 1998 through Quinebaug Valley Youth and Family Services. The study included focus groups, surveys of youth and providers, research and community collaboration. A survey of sexual activity was administered to 1,351 high school students from Putnam, Plainfield and Killingly in the spring of 1998. Ninety percent of students felt that the number of unplanned pregnancies among teens is a problem. Almost half of students have had sexual intercourse. Of students who are sexually active, only 58% answered that their parents are aware of their sexual activity. Of the other 42%, half are not sure if their parents know and half claim that their parents are not aware. Forty one percent of respondents had either taken a pregnancy test themselves or their partner had taken one. By far the most common answers to

⁵⁷ J. Palley, unpublished data, Dept. of Obstetrics & Gynecology/Family Planning Program, University of Connecticut Health Center, 2001.

the question of why teens do not access services were embarrassment, fear and concerns about confidentiality.⁵⁸ It is important to note that these results are combined for students from all three study towns. Only the last question was analyzed separately by town and Putnam student responses were similar to those of students from other towns.

In our study, there was unanimity on the best remedy to prevent teen pregnancy, namely providing more structured activities for teens during afterschool and vacation hours. Many were concerned that “kids just hang out and get into trouble because they have no other option.” This recommendation was made by physicians, students, and parents in focus groups and several key informants in interviews. Recommendations included involving students in developing programs, sports options for youth that are not on formal athletic teams, providing transportation for students and/or having the programs at the school, and “making it fun”. The need for a community center was often stated. Increased structured activities for teens was also cited in the final recommendations of the 1998 teen pregnancy prevention planning process – specifically increased teen recreational facilities and activities, programs that build self-esteem, sports programs for all youth, programs developed by teens for teens, and programs targeting at-risk youth and teen parents.⁵⁹

LYME DISEASE

The incidence of Lyme Disease in Putnam is approximately double the state average. The incidence was at or below the state average from 1993 through 1996, but saw a precipitous increase from 1997 to 1998.⁶⁰ Tick-borne fever is the 41st most common reason for an emergency department visit without admission at Day Kimball Hospital compared to ranking as the 770th most common diagnosis statewide for 10/1/99 to 3/31/00.⁶¹ Windham County has the highest Lyme disease rate in the state and Connecticut has one of the highest rates in the country.⁶² Most Putnam residents are unaware of the high incidence of Lyme disease in their area. NDDH is planning a regional Lyme disease health education campaign.

⁵⁸ Judith Delmas, Survey of Teen Sexuality, Quinebaug Valley Youth and Family Services, June 1998.

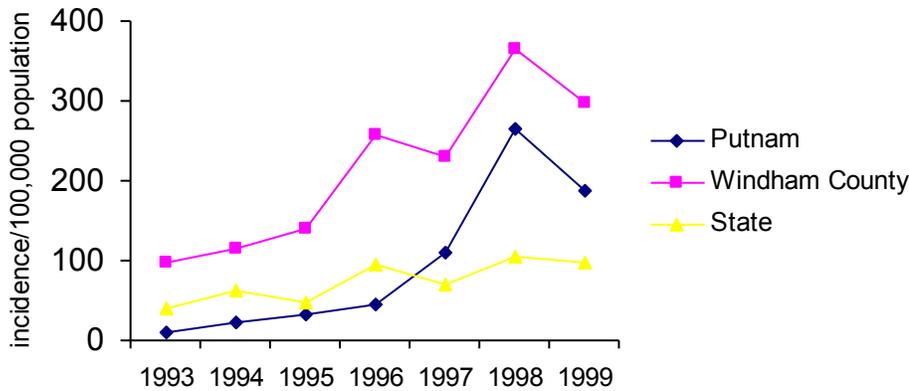
⁵⁹ Plainfield-Killingly Teen Pregnancy Prevention Planning Strategy, July 1998; Windham Teen Pregnancy Prevention Planning Initiative Strategic Plan, June 22, 1998.

⁶⁰ CT Dept. of Public Health, Epidemiology Program.

⁶¹ Day Kimball Hospital, the Bristol Group. Tick-borne fever ranked 47th at Day Kimball Hospital vs. 801st for the state from 10/1/98 to 9/30/99.

⁶² CT Dept. of Public Health, Epidemiology Program.

Lyme Disease



ASTHMA

High asthma rates in Putnam were noted as a key health concern in focus groups, interviews and parent surveys. In the six months preceding this study, two young people (ages 14 and 21) arrived at Day Kimball's Emergency Department already dead of asthma.⁶³ In fiscal year 1996, Putnam had the tenth highest rate of asthma hospital discharges among all 169 Connecticut towns. This may be magnified by a significant number of residents without health insurance (see Uninsured section) who cannot access preventive care and are therefore more likely to be admitted to the hospital.⁶⁴ Asthma is the 31st most common diagnosis for Emergency Dept. nonadmission visits at Day Kimball Hospital compared to 167th most common diagnosis at emergency departments statewide.⁶⁵ A study last year estimated the prevalence of asthma among schoolchildren by surveying school nurses. As the survey was based on the number of children receiving medication for asthma in school, the survey captured children who are receiving preventive care. The study found that Windham County had the highest rate of students with asthma in the state, (9.7% vs. 8.7% statewide).⁶⁶

SMOKING

High rates of smoking in Putnam were identified in focus groups and interviews as a prime health concern. Providers stated that children begin smoking at an

⁶³ Day Kimball Hospital executive.

⁶⁴ "Asthma: A Growing Health Concern in Connecticut", CT Office of Health Care Access, 11/97.

⁶⁵ Day Kimball Hospital, The Bristol Group, 10/01/98 to 9/30/99.

⁶⁶ "A Survey of the Prevalence of Asthma Among School Age Children in Connecticut", Environment & Human Health, 2000.

early age in Putnam. In a survey of Putnam 5th and 6th grade students, 11% reported smoking cigarettes, far higher than the rate among students statewide (7%).⁶⁷ Focus group participants noted that many parents smoke, serving as poor role models, and that parents under stress have no time to talk with children about risky behaviors (see Parental Stress Section).

A need for smoking cessation programs and supports was identified by several stakeholders. Day Kimball Hospital has recently instituted a smoking cessation program in response to community and staff requests, but will not accommodate all the need.

EXERCISE, NUTRITION AND OBESITY

Recurring concerns voiced by many in the Putnam community centered on the related issues of poor nutrition, physical inactivity, and resulting obesity. Providers stated that, in their experience the problem is growing and is particularly critical among youth. The US Centers for Disease Control has labeled childhood obesity an “unprecedented epidemic.”⁶⁸ Less than half of Putnam students passed all four physical fitness tests during the 1999-2000 school year (42.7%). While this is similar to the state average, it is far below the goal.⁶⁹ Connecticut adults are more likely to have been advised by a health professional to lose weight than national averages, and the rate is greater among low income respondents.⁷⁰

Several child care providers noted poor food choices as a serious health concern among their families. One observed that “kids are eating chips and Coke for breakfast and we wonder why they can’t learn.” Reasons given for poor nutrition included both lack of information and time constraints (see Parental Stress section). Focus group parents stated that they don’t have time to shop for and prepare nutritious meals, to exercise, or to monitor their children’s meals and activity.

Several residents and providers described the work of the local Women, Infants and Children (WIC) program as excellent in promoting healthy eating habits among their clients. Many residents, both parents and children, stated that Putnam needs more active extracurricular options for children beyond competitive athletic programs. Students noted needs ranging from plowing sidewalks so people can walk in the winter to elaborate playspaces available during afterschool hours and vacations.

⁶⁷ Connecticut Substance Abuse Prevention Student Survey, Putnam Public Schools, Health Services Research Unit, Dept. of Community Medicine & Health Care, UConn Health Center, DMHAS, 4/30/99.

⁶⁸ “Promoting Better Physical Health for Young People Through Physical Activity and Sports,” Centers for Disease Control, 11/29/00.

⁶⁹ Strategic School Profile 1999-2000, Putnam School District, CT Dept. of Education.

⁷⁰ Behavioral Risk Factor Surveillance Survey, US Centers for Disease Control, 1998.

DENTAL CARE

Poor dental health was noted as a serious health problem by many Putnam providers and residents, particularly for low-income residents. Problems are both a severe shortage of providers and a lack of information about the importance of dental health. One focus group parent stated that she has heard other parents say, "It's just their baby teeth. They're going to lose them anyway." It was reported that only one dentist in Windham County accepted HUSKY coverage at the time of the study.⁷¹ Sixty two percent of HUSKY children in Windham County did not receive any preventive dental visits between July 1998 and June 1999.⁷² Dental disorders are the 16th most common reason for emergency department visits at Day Kimball Hospital compared to 43rd statewide.⁷³

To address the issue, a group of health care institutions in the region have collaborated on a project to purchase and operate a dental van in the area (see Prior Planning Initiatives section). Months before the project has been implemented and no specific public outreach has been conducted, Generations Health Family Health Center has received calls requesting visits by the van, resumes from hygienists applying to staff the van, and calls from dentists willing to volunteer their services.⁷⁴

HEALTH STATUS INDICATORS

In 1991, the Centers for Disease Control developed a set of 18 health status indicators to track the general health of the population.⁷⁵ The indicators were chosen to help communities track the health status of residents. Following those is an analysis of other indicators relevant to Putnam, suggested by research or study participants. The health status of Putnam residents on many of the indicators are discussed in more detail elsewhere in this report. An important caveat to remember when considering these data is that because Putnam is a small town, numbers are very small, particularly when measuring infrequent occurrences. This leads to wide variations in rates and what appears to be a very high or low rate may be an artifact. Whenever possible, we have used data with larger sample sizes, either by averaging over several years or choosing related indicators with higher frequency.

⁷¹ Focus groups, interviews

⁷² Utilization of Dental Services by Children Enrolled in Medicaid Managed Care, CT Children's Health Project, 4/26/00.

⁷³ Day Kimball Hospital, the Bristol Group, 10/1/98 to 9/30/99.

⁷⁴ interviews

⁷⁵ U.S. Dept. of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. Health objectives for the nation. *Morbidity and Mortality Weekly Report* 1991; Vol. 40., No.27:1-3.

Putnam's age adjusted mortality rate is significantly higher than the state average 799.0 – compared to 631.1 per 100,000 residents.⁷⁶ The rate of deaths due to cancer in Putnam is at or slightly below the state average; between 1990 and 1994 there were 111 cancer deaths among males in Putnam (based on age distribution 122 would have been expected) and there were 128 cancer deaths among females (exactly as would be predicted by age alone). The crude rates (not age adjusted) for cancer deaths from 1995 to 1998 are also very similar to state averages.⁷⁷ Between 1989 and 1991 there were no motor vehicle–related deaths in Putnam.⁷⁸ In 1997 there were only 5 motor vehicle accidents in Putnam total, a rate very similar to the statewide average.⁷⁹ There were no homicides in Putnam between 1989 and 1991.⁸⁰ The rate of violent crime offenses in Putnam is considerably lower than in the rest of the state (averaging 1.4 per 1000 residents for the years 1992, 1994, 1996 and 1998 vs. 4.26 for the state).⁸¹ Putnam's age-adjusted rate of deaths due to cardiovascular disease is approximately equal to the state average (Putnam 265.6 vs. state 206.8 per 100,000 1989 to 1991).⁸² There were 9 breast cancer deaths in Putnam in 1997, a rate not significantly different than the statewide rate.⁸³ There were no suicides in Putnam between 1989 and 1991.⁸⁴ There was one infant death among 117 total births in Putnam from 1998-1999.⁸⁵ Nine cases of AIDS have been reported in Putnam residents from 1980 through 2000.⁸⁶ There were no reported cases of syphilis in Putnam in 1996 or 1997.⁸⁷ There was only one case of tuberculosis among Putnam residents between 1995 and April 2001.⁸⁸ There were no cases of measles (Rubeola) reported anywhere in CT in either 2000 or through 4/7/01.⁸⁹ Air quality in Windham County is better than other parts of the state—the entire state is designated as a non-attainment area for Ozone. Windham County is labeled by the Environmental Protection Agency as serious non-attainment for Ozone targets, but has reached attainment for CO level targets.⁹⁰ In 1998, of 111 total births 23 received non-adequate prenatal care (20.9%), and 21 received late or no prenatal care (19.1%) compared to the state rates of

⁷⁶ "Looking Toward 2000: An Assessment of Health Status and Health Services", Dept. of Public Health, Feb. 1999, "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁷⁷ CT Dept. of Public Health, CT Tumor Registry, March 1998, April 2000, April 2001.

⁷⁸ "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁷⁹ CT State Dept. of Transportation, CT Accident Summary Tables, May 3, 1999.

⁸⁰ "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁸¹ State of CT Social Indicator Data, Putnam, DMHAS, 1/30/01.

⁸² "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁸³ CT Dept. of Public Health, CT Tumor Registry, April 2000.

⁸⁴ "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁸⁵ CT Dept. of Public Health, 5/10/2000.

⁸⁶ CT Dept. of Public Health, 1/31/2000.

⁸⁷ "Health Status Indicators in Connecticut Rural Towns", the Parisky Group, Feb. 1999.

⁸⁸ CT Dept. of Public Health, TB Control Program, 4/27/01.

⁸⁹ Provisional cases of selected notifiable diseases, United States, CDC, 4/7/01.

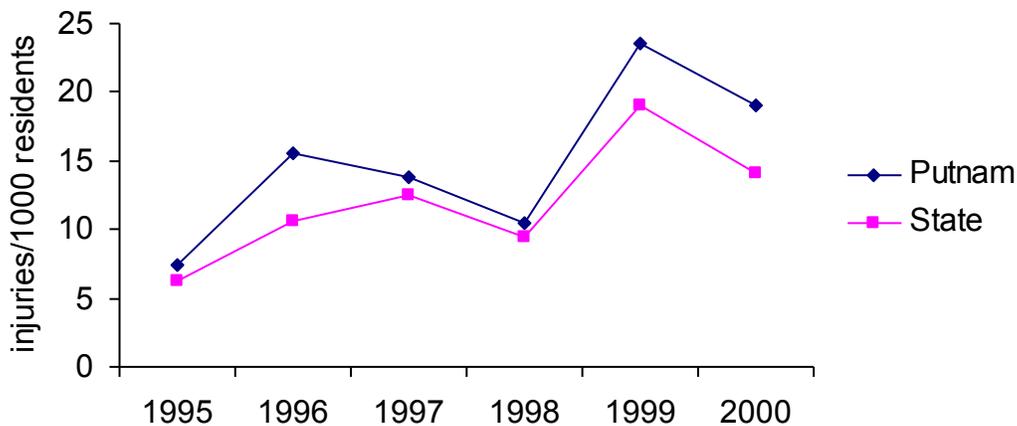
⁹⁰ US Air Quality Nonattainment Areas, Environmental Protection Agency, 7/31/00.

12.2% and 14.4%, respectively.⁹¹ Of the 111 births in Putnam in 1998, 6 were low birthweight, a rate of 5.5%, compared to the state rate of 7.8%.⁹²

Putnam providers have noted an increase in Hepatitis C rates recently and a high incidence of abnormal pap smears due to papillomavirus infection. Hepatitis C rates were not available for this study. While rates of HIV infection and most STDs are low in Putnam, providers noted that given the high rate of unprotected sex, it is inevitable that STDs will become an issue for Putnam. Statements were made in focus groups that Putnam is not ready for that increase, and a great deal of public education should be occurring now.⁹³

Putnam's rate of injuries reported to the state Workers' Compensation Commission is consistently higher than the statewide average, although not markedly higher.⁹⁴

Workers compensation injuries



Source: CT Workers' Compensation Commission, DPH, US Census.

Overall, only the overall mortality indicator is significantly higher than the statewide average. The rate of violent crime in Putnam is much lower than the statewide rate and remained consistently low over the entire 1990's.

⁹¹ CT Dept. of Public Health, CT Resident Births, Vital Statistics, 1998.

⁹² CT Dept. of Public Health, CT Resident Births, Vital Statistics, 1998.

⁹³ Focus group

⁹⁴ Statistical Division, CT Workers' Compensation Division, 4/18/01, CT Dept. of Public Health, US Census.

RECOMMENDATIONS

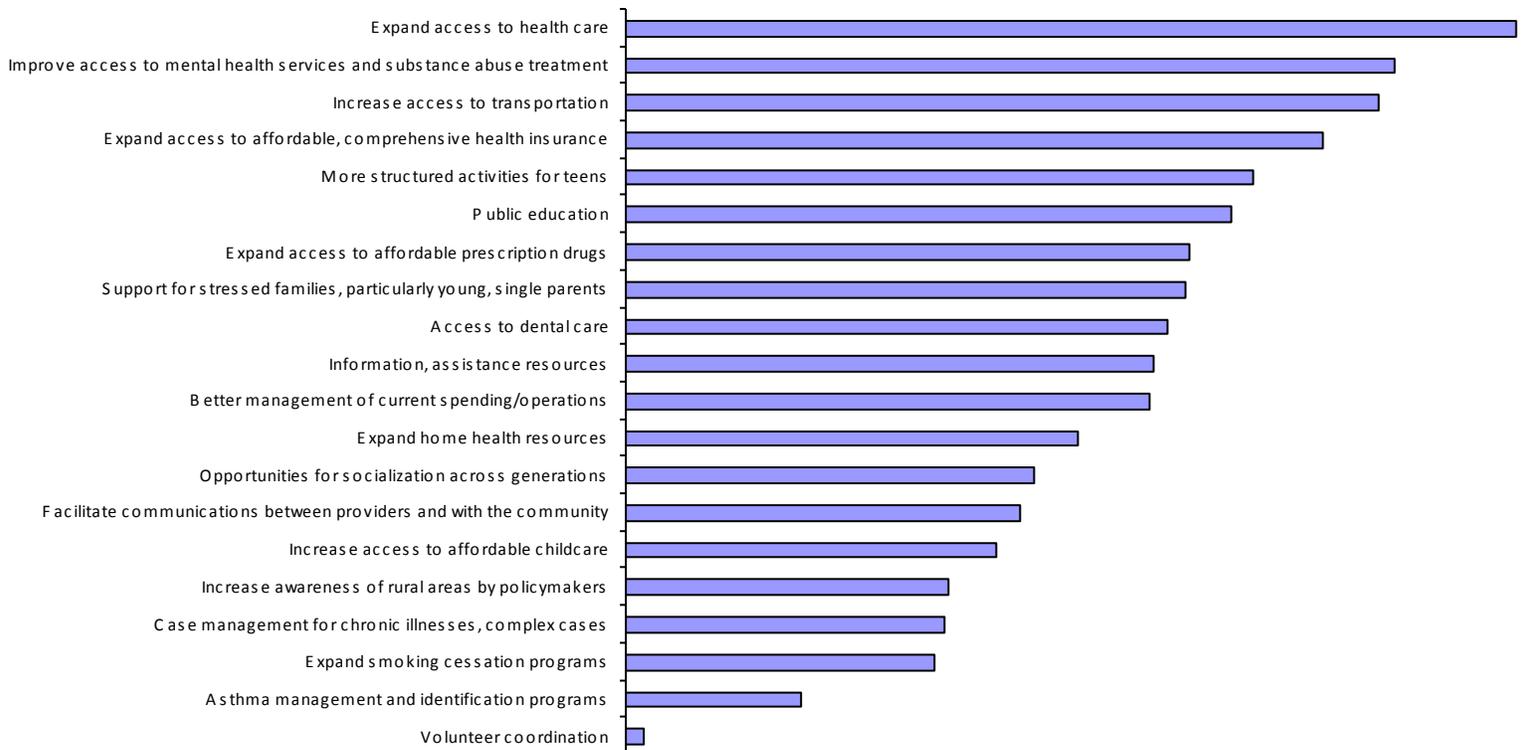
Potential recommendations were collected from focus groups, interviews, surveys, public input, research, and workgroup meetings. Collected recommendations were grouped into 20 categories and sent to workgroup members to prioritize (see Appendix). As several members were the only representatives for defined constituencies in Putnam, members were also given the opportunity to star one item that would be included in the final list, regardless of aggregate scores. Six members starred items and the group agreed to star another (see below). Starred items were:

- Expand access to health care
- Improve access to mental health services and substance abuse treatment
- Better management of current spending/operations
- Support for stressed families, particularly young, single parents
- Case management for chronic illnesses, complex cases
- Expand home health services
- Establish a Putnam community center

In the April 30, 2001 workgroup meeting, members discussed the need for a community center to address many of the recommendations. The need for a community center was a common need expressed by Putnam residents, providers and other stakeholders throughout the study. The workgroup agreed to include “Establish a Putnam community center” as a separate recommendation and to give it a star.

Twenty-one members returned their survey. There was a wide spread in scores for virtually every item. Many members noted in the comments section that it was very difficult to choose, that all the items were important.

Recommendation rankings



Lessons learned from the needs assessment process that would be applicable to future needs assessments were:

- The critical importance of engaging community leaders from the beginning
- Ensuring that the community retains control of the process and results
- Inviting a wide diversity of community representatives to the workgroup
- Flexibility in meeting times, providing food for meetings
- Looking beyond statistical data to collect perceptions from town residents and providers through surveys, focus groups, public input, whatever means are appropriate to the town
- Emphasizing community context and history in any analysis
- A broad definition of “health” to include quality of life issues such as family stress, child care, schools, and transportation
- Focusing on solutions appropriate for the local culture and environment – for example, a recommendation to expand family planning services to address teen pregnancy was not appropriate for Putnam and would not have been successful
- Emphasizing long term goals and building a process to implement the recommendations from the first workgroup meeting

WORKPLAN

The workgroup made strong commitments to continue meeting both to implement the recommendations and to continue the communication and collaborations begun in the group. It was decided to convene a smaller working group to meet on a regular basis to help guide the implementation process. The importance of maintaining priorities was emphasized; there was concern that the process not be diverted by outside influences such as funding opportunities that do not address the identified needs of the community. The importance of connecting the workgroup to regional health planning structures was stressed, particularly the Community Health Coordinating Council. The importance of basing initiatives on data about the needs of the community and evaluating the effectiveness of any initiatives was clear. The need to continue monitoring Putnam's health care environment and anticipate challenges and opportunities is critical.

It was decided that designation of a specific timeframe and workplan to implement the recommendations was premature and not appropriate for this study. To ensure successful implementation, plans must be developed over time by the community and the workgroup using the need assessment as a guide. Any plans must be responsive to changes in Putnam's health care environment as they arise.

Plans to disseminate the results of the needs assessment to the community and to build community support included:

- Publication of the executive summary in the annual town report
- Posting the report on-line
- Distribution through SPAN, a regional social service providers' collaboration
- Distribution to area providers
- Mailing a summary to all Putnam residents
- Convening a facilitated community forum to describe the report and the recommendations

SUMMARY

Putnam is a closely-knit, rural community facing increasing health care challenges. Some of those challenges are related to economic forces – lack of insurance, family stress; some relate to the rural character of the town – transportation, lack of providers, access to care; and some are challenges faced by many Connecticut towns that are particularly acute in Putnam – behavioral health services, dental care, smoking, asthma, and obesity.

Putnam’s town leaders and provider community are deeply committed to meeting those challenges and maintaining the health of the community. There is a clear recognition that Putnam’s health care environment is changing. Very busy community leaders and providers were eager to devote time to this study and to continue the ensuing planning process. There is also a pervasive optimism and confidence that the community will work together to solve problems.

Putnam’s health care infrastructure should be able to comfortably meet those challenges, with the significant exception of behavioral health care. Institutions in Putnam have a history of flexibility and resourcefulness in responding to challenges. As one resident put it, “There is this feeling in the Northeast corner that we are way out there, which is good and bad. But if there is a problem, we look to each other and just figure it out.”

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APPENDIX

WORKGROUP MEMBERS

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Virginia Army
Chaplain
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APRN
Planned Parenthood, Danielson

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Putnam Town Recreation Dept.

Kathy Carter
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Generations Family Health Center

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Dr. Ann Errichetti
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Susan Esons
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John Filchak
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North East CT Council of
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Dr. Ken Hetzler
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Day Kimball Hospital

Janet Johnson
Immunization Coordinator
Day Kimball Hospital

Gloria McCulloch
Putnam resident

Deb Moyer
Young Parents Program
United Services

Mayor Dan Rovero
Town of Putnam

Cindy Rumsey
School Nurse
Putnam Middle School

Don St. Onge
Director, Wellness Programs
Day Kimball Hospital

Wendy Osborn
WIC

Joan Salheny
Director, Behavioral Services
Day Kimball Hospital

Deb Savoie
Director, Finance & Information
Generations Family Health Center

Senator Donald Williams
CT State Senator – 29th District

Laura Williams
Director
Putnam Family Resource Center

INTERVIEWS

- Sarah Aldrich, Pediatrics Center, Day Kimball Hospital
- Virginia Army, Chaplain, Day Kimball Hospital
- Hope Barton, Planned Parenthood of CT
- Willie Bosquet, Putnam Recreation Dept.
- Kathy Carter, Putnam Housing Authority
- Ron Coderre, Development, Day Kimball Hospital
- Dr. Ian Cummings, Emergency Dept., Day Kimball Hospital
- Doug Cutler, Putnam Town Planner
- Representative Jefferson Davis
- Kathy Demers, Center for Healthy Aging
- Carol Emmerthal, Healthnet Homecare Hospice of Northeast CT
- Dr. Ann Errichetti, CEO, Day Kimball Hospital
- Susan Esons, Northeast Homemakers
- John Filchak, Executive Director, NECCOG
- Janet Johnson, Immunization Coordinator, Day Kimball Hospital
- Karen King, United Services
- Gloria McCulloch, Putnam resident
- Rev. Tom Meyer, Putnam Congregational Church
- Deb Moyer, Young Parents Program, United Services
- Wendy Osborn, WIC
- Phillipa Paquette, Putnam school psychologist
- Jim Perras, constituent aide to Sen. Williams
- Rita Reiss, NECCOG
- Mayor Dan Rovero, Putnam
- Cindy Rumsey, Putnam school nurse
- Don St.Onge, Wellness Programs, Day Kimball Hospital
- Joan Salheny, Behavioral Services, Day Kimball Hospital
- Deb Savoie, Generations Family Health Center
- Mary Ellen Soukup, Healthy Start, Day Kimball Hospital
- Joanne Wenger, Little River Acres Senior Center
- Senator Don Williams
- Laura Williams, Putnam Family Resource Center

RECOMMENDATION RANKING SURVEY

April 18, 2001

To: Putnam Health Assessment Workgroup

Re: Potential recommendations

These are the recommendations – all of them – that we’ve collected from all sources. They are in no particular order. I have grouped them under similar categories. If you feel strongly about different items under a category, please explain in the comments section at the end.

Your assessment can be for your clients, the whole town, the neediest population – that is up to you. It would be helpful if you consider the feasibility of the recommendation -- whether the community would be supportive, budget, history of similar initiatives, etc. It would also be helpful if you consider the likely impact of the recommendation – would it really address the problem, or just feel good.

Please rank them in order of importance -- 1 being the most important recommendation. As there are some on the work group who are the only member representing their constituency, we decided to allow everyone to star one item. The starred recommendations will be included in the final list regardless of how many other members vote for it.

If I have completely confused you, give me a call (203) 562-1636 or email andrews_clark@compuserve.com.

Thanks
Ellen Andrews

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Name _____

| Ranking | Recommendation |
|---------|--|
| | Increase access to affordable childcare <ul style="list-style-type: none">• particularly infant and afterschool care |
| | Increase access to transportation <ul style="list-style-type: none">• reduce need to call 24 to 48 hours ahead• trips for urgent needs that aren't emergencies |
| | Opportunities for socialization across generations |

| | |
|--|--|
| | <ul style="list-style-type: none"> • community center |
| | <p>More structured activities for teens</p> <ul style="list-style-type: none"> • sports, active options for non-athletes and athletes • swimming pool • “playgrounds” • supervised programs • teen center – safe place to go, fun • mentoring program, provide positive role models |
| | <p>Expand access to health care</p> <ul style="list-style-type: none"> • recruiting more physicians and other providers • walk-in clinic • further expanding hours at current sites • expand free physicals offered at schools • expand HUSKY to higher incomes and adults without children • increase the frequency of physicals required for school • local access to family planning services |
| | <p>Expand access to affordable prescription drugs</p> <ul style="list-style-type: none"> • expand ConnPACE to higher incomes and other age groups |
| | <p>Information, assistance resources</p> <ul style="list-style-type: none"> • a centralized location or service for families, seniors, teens, and others • information on what is available -- public and private • assistance in applying for/accessing those services • information on managed care, choosing a plan, provider • centralized source for who is taking new patients and who takes what insurer |
| | <p>Volunteer coordination – one local source to match potential volunteers with community needs</p> |
| | <p>Improve access to mental health services and substance abuse treatment</p> <ul style="list-style-type: none"> • recruit more providers • encourage providers to accept Medicaid • increase funding to meet current services and coming increases in demand • increase treatment slots across the spectrum of services • address stigma |
| | <p>Better management of current spending/operations –</p> <ul style="list-style-type: none"> • evaluation to eliminate duplication and ensure that the community is getting what it is paying for • monitoring to ensure that services are addressing the community’s needs, not missing anything • maximize efficiency with diminishing resources • ensure that resource planning is data driven • focus on long-term goals |

| | |
|--|---|
| | <p>Public education –</p> <ul style="list-style-type: none"> • nutrition • exercise • Lyme disease – risks not recognized • HIV and STDs • drugs and alcohol • domestic violence • importance of preventive care, for children and adults • importance of dental care • to address stigma about people with mental illness • child abuse • how to navigate complex health care systems, patients’ rights • reduce inappropriate use of ER • services that are available now -- how to access them, an appreciation of what is available (how tax dollars are spent, what is provided to kids in school, etc.) • educate the broader community about the needs of different populations |
| | <p>Expand home health resources</p> <ul style="list-style-type: none"> • recruit more workers • more supports to retain current workers • raise reimbursement rates • allow LPNs to provide more types of care • sliding fee scale for services |
| | <p>Expand access to affordable, comprehensive health insurance</p> <ul style="list-style-type: none"> • expand HUSKY information – available for higher incomes and for parents • help in applying for assistance • expand HUSKY eligibility to higher income parents and to adults without children • educate public that preventive care prevents disease and saves money • work with employers |
| | <p>Access to dental care</p> <ul style="list-style-type: none"> • need to support and nurture the dental van program |
| | <p>Facilitate communication between providers and with community</p> <ul style="list-style-type: none"> • foster realistic expectations for institutions, services • coordinate resources • better planning, responsiveness to crises • both formal and informal processes/networks |
| | <p>Support for stressed families, particularly young, single parents</p> |

| | |
|--|--|
| | <ul style="list-style-type: none"> • parenting skills training, time management • access to information on services • activities • nutrition and exercise information for whole family • expand hours at clinics, offices • expand sites • assistance in scheduling appointments, transportation • expand HUSKY parents' eligibility |
| | Increase awareness of rural areas by policymakers <ul style="list-style-type: none"> • unique needs and strengths |
| | Case management for chronic illnesses, complex cases <ul style="list-style-type: none"> • reconstruct CDM program for near elderly • more in-home supports |
| | Expand smoking cessation programs |
| | Asthma management and identification programs |

Feel free to add any comments or another recommendation:

PARENT SURVEY

We need your help. We are conducting a study of the health of Putnam residents and, as the parent or guardian of a child in the Putnam schools, we'd like to ask you a few questions. Your answers will be kept completely confidential. If you'd like a copy of the final report, please check here

If you have any questions about the study or this questionnaire, call us at the Northeast District Department of Health 774-7350 and ask for Laura Sasser.

When you are finished, please have your child return the survey to his/her teacher.

Name: _____

Address: _____

What is your age? _____ How many children do you have? _____

What are their ages? _____

Are there other adults living in your home? Yes No How many? _____

Who do you ask if you have a question about your family's health? Circle all that apply

- | | | | |
|---|-----------------------------------|---|-------------------------------|
| a | a friend or family member | d | call the hospital or a clinic |
| b | my doctor or health care provider | e | no one |
| c | search the internet | f | other |

When was the last time you saw a doctor for a check up for yourself? _____

Where did you go for the check up? _____

How long did you have to wait for an appointment? Circle one

- | | | | |
|---|----------------------|---|----------------------|
| a | less than a month | d | five or six months |
| b | one or two months | e | more than six months |
| c | three or four months | | |

When was the last time one of your children saw a doctor for a check up? _____

Where did you take them for the check up? _____

How long did you wait for an appointment? Circle one

- | | | | |
|---|----------------------|---|----------------------|
| a | less than a month | d | five or six months |
| b | one or two months | e | more than six months |
| c | three or four months | | |

Do you have health insurance for yourself? Yes No
Do your children have health coverage? Yes No

If yes, is it through:
Circle one

- a an employer
- b The state/HUSKY
- c self-pay

**If you don't have insurance,
how long have you been uninsured?**
Circle one

- a Less than 6 months
- b 6 months to a year
- c over a year

Is the cost of health care a problem for you or your family? Yes No

Have you ever limited health care for yourself or your family due to cost, for example delayed seeing a doctor or not filled a prescription? Yes No

Is there a gun in your home? Yes No

If so, are there trigger locks on the gun(s)? Yes No

Is it locked separately from the ammunition? Yes No

Does anyone in your home smoke? Yes No

Do you and your family regularly wear seat belts in the car? Yes No

Do you exercise regularly? Yes No

How do you rate your health? Circle one

- a Excellent
- b Very good
- c Good
- d Fair
- e Poor

How do you rate the health of your family overall? Circle one

- a Excellent
- b Very good
- c Good
- d Fair
- e Poor

What health needs do you see for people in Putnam? What could be done to make people healthier?

Please answer the questions below for you and your child. Place a check (✓) on each line that applies.

YOU YOUR CHILD

- | | | | |
|-----------|--|-------|-------|
| 1. | How long has it been since you last visited the dentist or a dental clinic? | | |
| a. | Within the last year? | _____ | _____ |
| b. | Within the past two years? | _____ | _____ |
| c. | Within the past five years? | _____ | _____ |
| d. | Five or more years ago? | _____ | _____ |
| e. | I have never been to the dentist or a dental clinic. | _____ | _____ |
| 2. | What are the most important reasons that you have not visited the dentist in the last year? | | |
| a. | Fear, nervousness, pain, dislike going | _____ | _____ |
| b. | Cost | _____ | _____ |
| c. | Do not have or do not know a dentist | _____ | _____ |
| d. | Can not get to the office or clinic | _____ | _____ |
| e. | No reason to go (no problems, no teeth) | _____ | _____ |
| f. | Other more important things to worry about | _____ | _____ |
| g. | Have not really thought about going to the dentist | _____ | _____ |
| 3. | Do you have dental insurance coverage that pays for some or all of your routine dental care? | | |
| a. | State Assistance: Fee-for-Service (Medicaid, Title 19) | _____ | _____ |
| b. | State Assistance: Managed Care (“HUSKY A”, “HUSKY B”) | _____ | _____ |
| c. | Private Fee-for-Service Insurance | _____ | _____ |
| d. | Private Managed Care Insurance | _____ | _____ |
| e. | No dental insurance coverage | _____ | _____ |
| 4. | Are you eligible for State Assistance (Medicaid, HUSKY A, HUSKY B) but cannot find a dentist to care for you? | | |
| a. | Yes | _____ | _____ |
| b. | No | _____ | _____ |
| 5. | In the past two years, how many days total have severe dental problems prevented you from engaging in your daily activities such as work or school? (include dentist visits for emergency or non-routine treatment) | | |
| a. | One half day or less | _____ | _____ |
| b. | One full day | _____ | _____ |
| c. | Two full days | _____ | _____ |
| d. | Five or more days | _____ | _____ |
| e. | None | _____ | _____ |
| 6. | If a local dental health center were available in your community, would you be interested in receiving dental care there? | | |
| a. | Yes | _____ | _____ |
| b. | No | _____ | _____ |

THANKS

This investigator would like to express her gratitude to the many residents of Putnam who generously offered their time and expertise to make this project a success. Not only is Putnam a closely knit town of people who support each other, they were also very helpful to a newcomer, asking lots of nosy questions. This ambitious project was completed in a very tight timeframe only because of that cooperation. I found a remarkable level of openness from virtually every Putnam resident, even those who I suspect didn't really understand what I was doing or why I was doing it. I enjoyed all the interviews and focus groups, and found myself looking forward to workgroup meetings. I am confident that Putnam will find solutions to any future challenges.

I will miss Putnam.

Ellen Andrews

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