

Health Resource Capacity Assessment for Danielson, Connecticut

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Prepared for:

The Northeast District Department of Health

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CONTENTS

1.	Executive Summary	Page 3
2.	Introduction	5
	<i>Methodology</i>	5
3.	Danielson Description	7
	<i>Demographics</i>	7
	<i>Healthcare Infrastructure/Resources</i>	9
	<i>Planning Initiatives</i>	11
4.	Health Needs and Barriers to Care	12
	<i>Funding and Healthcare Costs</i>	12
	<i>Uninsured</i>	13
	<i>Transportation</i>	16
	<i>Dental care</i>	17
	<i>Child abuse</i>	18
	<i>Mental health</i>	20
	<i>Substance abuse and Hepatitis C infection</i>	21
	<i>Exercise, nutrition and obesity</i>	22
	<i>Asthma and smoking</i>	23
	<i>Teen pregnancies</i>	24
	<i>Workers' compensation</i>	25
	<i>Coordination of efforts, Information</i>	26
5.	Recommendations	28
6.	Key Stakeholder Interviews	30

Executive Summary

Danielson is a small borough of 4,265 residents within the Northeastern Connecticut town of Killingly. Danielson faces some significant challenges that most stakeholders believe are getting worse rather than better. In contrast to

If it doesn't come from a box, our families haven't eaten it.
-- a Danielson educator

both the rest of Killingly and to Connecticut, Danielson residents are more likely to be living in poverty, unemployed, drop out of school, lack a college education, and become a parent as a teenager. One in eight Danielson residents does not have access to a vehicle in their household – a serious obstacle in a rural community. Rates of child abuse, particularly child sexual abuse, are “intolerable” in Danielson. Businesses are deeply concerned about meeting skyrocketing health benefit costs. Poor nutrition and rising obesity is a serious concern, particularly among those who care for Danielson’s children.

There is deep concern among all stakeholders about government cuts to health services as the health care needs of Danielson residents are intensifying. There is a widespread perception that these cuts have fallen disproportionately on Connecticut’s rural Northeast corner. A large number of Danielson residents rely on state health coverage programs. Current and proposed budget cuts to these programs are severe and will accelerate the growth in Danielson’s already sizeable uninsured population. Accessing dental care and mental health services is very difficult, especially for low-income residents covered by public programs.

They [the state] are just allowing the health care infrastructure to decay. We are on a crash course.
-- a physician

However, Danielson is fortunate to be served by several strong, stable healthcare institutions deeply committed to ensuring the health of all residents. Among those institutions are Generations Family Health Center, a federally qualified health center with a satellite clinic in Danielson, providing care to

Everyone deserves the right to receive health care treatment and to be well, no matter whether the person has or does not have insurance.
-- Danielson business focus group participant

Danielson’s growing uninsured population; Day Kimball Hospital, the area’s acute care hospital in neighboring Putnam offering a wide array of social support services and educational outreach; and the Northeast District Dept. of Health, a proactive leader in health planning for the region. A collaborative project across at least four area institutions to acquire and operate a mobile dental van has been very successful in improving oral health care access, particularly for children.

Other institutions in Danielson, while not direct health care providers, are very sensitive to health issues and, in some cases, are developing programs outside their direct responsibilities to address health needs. The Women’s Center, the region’s sexual assault crisis

program, is developing a child abuse advocacy center in Danielson. There is a state police barracks in Danielson, with a strong community-policing program that

People are really struggling, squeezing every dollar. It is very hard.
--a Danielson community leader

is very sensitive to the community's needs and to rising drug addiction rates and the need for treatment resources. Danielson is home to a transitional homeless shelter serving both individuals and families, with staff that is responsive to the needs of both the community and shelter residents. Childcare

providers and public school educators are well informed and responsive to the health needs of Danielson's children.

Some stakeholders described the community as fractious and not united in a shared commitment to addressing Danielson's health needs. However, many also expressed a strong desire to work together, share information and resources. Even in difficult budget times, the Danielson area has found ways to identify and address specific health problems through collaboration. Despite a strongly independent, self-sufficient spirit, there is significant support for shared solutions to improve the health of Danielson residents.

You can't assume you are OK if you don't get a cut . . . If any of us gets cut, it affects us all. There are such limited options in the Northeast corner. We are interdependent.
-- a social service worker

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 town of Putnam was conducted by NDDH in 2001. That assessment led to a series of formal and informal health initiatives that continue benefiting the community two years later. To build on that success, a similar assessment was commissioned to identify health needs and make recommendations for the borough of Danielson.

The goals of this study are to

- 1) Accurately assess the health care challenges and assets of Danielson
- 2) Draft realistic recommendations to address those needs effectively
- 3) To provide a blueprint to strengthen a system that is responsive to Danielson's unique needs and capacities for the future.

It is hoped that this community assessment for Danielson will serve as a catalyst for on-going health planning and improvement.

Methodology

This study was conducted between January and June of 2003.

Interviews were conducted with twenty-one key stakeholders in Danielson's health including business leaders, educators, health care providers, administrators, public officials, public health and social service contacts. Interviews were conducted in-person, by phone, by conference call and by email.

Three focus groups were held.

- April 30th with 17 participants from the Danielson Rotary Club
- May 7th with 23 participants from the Danielson Main Street Merchants Association
- May 29th with 8 participants at the Quinnebaug Valley Senior Center

A telephone survey of Danielson childcare providers was conducted. Fourteen of the 16 licensed providers including all three licensed centers were contacted successfully.

Data for disease incidence and planning initiatives were gathered from various local, state and national sources, as noted. When possible Danielson data was used. In other cases, data for the entire town of Killingly was used.

It is important to note that Danielson is a small community. Consequently, numbers are very small, especially when measuring infrequent health events. Wide variations in rates and what appear to be very high or very low rates may

be an artifact. Whenever possible, we have used data with larger sample sizes, such as averaging over several years or choosing related indicators with higher frequency.

The final draft was shared with four stakeholders from health care institutions serving Danielson. The report was revised in response to their comments.

Danielson Description

Demographics

Danielson is a small, rural borough of 4,265 residents within the town of Killingly, in rural northeastern Connecticut. Danielson is on the western edge of Killingly, bordering Brooklyn, more specifically East Brooklyn. While Danielson covers less than 10% of the area of Killingly, about 25% of Killingly residents live in Danielson. Most Danielson residents are white (92%) and English is the predominant language (90%) as is true for both the rest of Killingly and East Brooklyn but unlike the rest of Connecticut (83% and 82% respectively). Almost one in four Danielson residents is under the age of 19 (23%), slightly higher than surrounding towns and the state overall.¹

Considerably more Danielson residents live in poverty than Killingly overall or statewide. Per capita incomes for Danielson and East Brooklyn residents are well below those for Killingly and for Connecticut. In the 2000 US Census, Danielson's unemployment rate was significantly higher than Killingly's or Connecticut's.² In January 2003, Killingly's unemployment rate of 7.9% was considerably higher than Connecticut's at 5.3%.³ Killingly has consistently been listed as a labor surplus area by the Connecticut Dept. of Labor.⁴ In the 2000 Census, Windham County (which includes Danielson) had Connecticut's highest rate of residents living in emergency and transitional shelters.⁵

Economic indicators ⁶ , 2000	Per capita income	Individuals living in poverty	Unemployment rate ⁷
Danielson	\$16,042	13.1%	7.8%
East Brooklyn	\$15,093	15.5%	4.3%
Killingly, total	\$19,779	8.7%	5.7%
Connecticut, total	\$28,766	7.9%	5.3%

The top five employers in Killingly are Frito-Lay, Inc., Staples, Inc., Brooks Distribution, Cornucopia Natural Foods and the Killingly Public School System.⁸ Danielson workers are employed primarily in production, transportation, and

¹ 2000 US Census

² 2000 US Census

³ Percent of civilian labor force, *The Connecticut Economic Digest*, March 2003.

⁴ CT Dept. of Labor, *Labor Surplus Areas in Connecticut*, 2/25/03.

⁵ *Census 2000 Special Reports: Emergency and Transitional Shelter Population 2000*, Oct. 2001. An important qualification – homeless population numbers are notoriously difficult to quantify. The Census document includes four pages of disclaimers outlining that this number includes only people living in shelters and does not include those who do not seek shelter services or who are turned away. It is important to also note that Windham's rate at 93 shelter residents per 10,000 total population is only marginally higher than Hartford County at 92 per 10,000.

⁶ 2000 US Census

⁷ Percent of civilian labor force, 2000 US Census

⁸ CT Dept. of Economic and Community Development, *Town Profiles: Killingly*, June 2002.

material moving occupations (27%), service occupations (26%), sales and office occupations (21%) and management, professional and related occupations (17%). This profile is not significantly different than for all Killingly residents.⁹

Both Danielson and East Brooklyn residents ages 21 to 64 years are more likely to suffer from a disability than averages for Killingly total or statewide (25% Danielson, 26% East Brooklyn vs. 22% Killingly, 17% CT)¹⁰.

Being a rural community, transportation is important to accessing healthcare. Twelve percent of Danielson residents and 24% of East Brooklyn residents do not have a vehicle available in their household. Only 8.1% of Killingly residents are without access to a vehicle.¹¹

Crime rates in Killingly are low at 22 per 1,000 residents compared to the statewide average of 33.¹²

Danielson and Killingly residents over age 25 are far less likely to have a bachelor's degree than the rest of Connecticut (12% and 13% vs. 31%) and East Brooklyn residents are even less likely to have a bachelor's degree (4%).¹³

There are significant differences between social and academic indicators for children from Killingly's two elementary K through 4th grade schools. Killingly Memorial School is located in Danielson and the vast majority of students live in Danielson. Killingly Central School serves children from other boroughs of the town.¹⁴ Not surprisingly given poverty levels, almost half of Memorial School students (Danielson) are eligible for free or reduced price lunch (46%) compared to one in three at Central School (35%) or one in four statewide (26%)¹⁵.

Danielson elementary school students excel academically. Fourth grade students at Memorial School (Danielson) in 2001-02 were more likely to have met the state goals for all three CT Mastery Test areas (46%) than children from Central School (36%) or all Connecticut 4th graders (43%). Memorial School students were also far more likely than their Central School counterparts to pass all 4 state Physical Fitness Tests (68% vs. 34%; the statewide average was even lower at 32%). Student attendance at both schools was very high (both 94%) as was the state average (96%)¹⁶.

⁹ 2000 US Census

¹⁰ 2000 US Census

¹¹ 2000 US Census

¹² CT Dept. of Economic and Community Development, *Town Profiles: Killingly*, June 2002.

¹³ 2000 US Census

¹⁴ Killingly school district maps, personal communication with school administrative staff, 4/03

¹⁵ *Strategic School Profile 2001-02*, Killingly Memorial School, Killingly Central School, CT Dept. of Education

¹⁶ *Strategic School Profile 2001-02*, Killingly Memorial School, Killingly Central School, CT Dept. of Education

However in later grades, Killingly students had fallen behind their statewide counterparts in reaching mastery test goals (6th grade—36% Killingly vs. 45% CT, 8th grade – 38% Killingly vs. 44% CT, 10th grade – 11% Killingly vs. 24% CT). The cumulative 4-year drop out rate for Killingly High School's Class of 2001 was more than twice the rate for other CT high school students (29% vs. 11% CT). Graduates of the Killingly Class of 2001 were also less likely to be pursuing higher education (63% vs. 79% CT) and more likely to be unemployed (2.0% vs. 0.7% CT).¹⁷

Healthcare Infrastructure/Resources

In many ways, Danielson is both rich and poor in healthcare resources.

Danielson is served by a strong and healthy acute care hospital, Day Kimball Hospital, in the next town of Putnam, Danielson is home to a satellite clinic site for a federally qualified health center, Generations Family Health Center. Danielson is part of an active, regional local health district, the Northeast District Department of Health. The Yellow Pages serving Danielson lists 159 physicians and 58 dentists serving the area. While some local physicians have retired recently, others have been hired and several practices are recruiting. Medicare and hospital databases list 15 physicians/providers practicing in Danielson, including five family practice physicians, one chiropractor, three optometrists, one podiatrist, one oral surgeon, 3 orthopedic surgeons, and one psychologist. Three of seven providers answering the question are not accepting new patients.¹⁸ The US Economic Census lists 16 health care and social assistance establishments in Danielson, including six physicians' offices, five offices of other providers, and one nursing and residential care facility as of 1997.¹⁹ Danielson is home to a facility for the care of substance abusers (New Perceptions/Right Turn and Transitions Outpatient Services) and a nursing home (Haven Health Center).²⁰ Danielson is also home to a wide array of social service providers, a Planned Parenthood Clinic, a state police troop barracks, and a homeless shelter. Killingly Memorial School, serving Danielson, has an active health support staff including a school nurse and social worker.²¹

Day Kimball is the area's only acute care hospital located in Putnam, approximately 10 miles from the center of Danielson²², accessible by public transportation. Day Kimball has also established an outpatient service site in Danielson. Day Kimball provides emergency, obstetrics, hospice, medical intensive care, oncology, psychiatric, cardiac care, clinical nutrition, homecare

¹⁷ *Strategic School Profile 2001-02*, Killingly School District, CT Dept. of Education

¹⁸ Day Kimball Hospital Physicians Directory, Medicare Participating Physicians Directory, Connecticut INFOLINE, 5/03

¹⁹ *1997 Economic Census: Health care and social assistance*, US Census Bureau, August 1999.

²⁰ CT Dept. of Public Health, Licensed Health Care Facilities Database, 3/18/03, Connecticut INFOLINE, 6/03

²¹ Stakeholder interviews

²² www.mapquest.com

and homemakers, diagnostic radiology, laboratory, MRI, neurology, nuclear medicine, pediatrics, rehabilitation, rheumatology, inpatient and outpatient surgical services²³. While many Connecticut hospitals are struggling, Day Kimball is in relatively good financial shape with 72 staffed beds, 673 full time equivalent employees, and 4.5% positive operating margins for FY 2001, up from 1.1% in FY 2000²⁴. Day Kimball offers an extensive array of health education, wellness, support group, screening, and outreach programs for the area, financed primarily from operating income. Public support for Day Kimball is very high and perceptions of care quality are generally high. One childcare provider described access to care for children at the Day Kimball Ped.s Center as “amazing”.²⁵

Generations Family Health Center, a federally qualified health center based in Willimantic, has a satellite clinic in Danielson with 8 exam rooms. Generations is the main primary care safety net provider in Danielson for the uninsured and residents on State Administered General Assistance (SAGA), Medicaid and HUSKY. Generations is a federally designated Health Care for the Homeless site providing comprehensive, coordinated services targeted to the homeless population.²⁶ Generations’ case mix is 35 to 40% SAGA, 25-30% HUSKY, 17% uninsured and approximately 15% privately insured. For the uninsured, Generations is often the only provider accepting patients on an affordable sliding fee scale. Stakeholders regard Generations very positively; typical comments include, “I don’t know what we would do without them” and “They are a Godsend.” Generations has been successful in recently hiring two new providers and opening a new clinic in neighboring Brooklyn. While capacity at the Danielson facility is limited by space, efforts are being made to find a new site allowing Generations to serve growing uninsured, HUSKY, Medicaid and SAGA caseloads. While noting that state budget cuts have hit community health centers hard, Generations’ administrators are deeply committed to continuing and expanding services provided in Danielson.²⁷

Despite these deep and stable resources for care, stakeholders and focus group participants noted a challenge for residents in accessing care, especially severe for the uninsured and those on SAGA, HUSKY or Medicaid. Waits for dental care, substance abuse treatment, and mental health services are substantial and often require travel to other towns²⁸. In January 2002, Danielson was designated as a Medically Underserved Area (MUA) by the US Health Resources and Services Administration. This designation is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the

²³ Stakeholder interviews, Day Kimball Hospital website, www.hnne.org

²⁴ *Annual Report on the Financial Status of Connecticut’s Short Term Hospitals for Fiscal Year 2001*, Office of Health Care Access, 2/03

²⁵ Stakeholder interviews

²⁶ Health Care for the Homeless Program Information, Bureau of Primary Health Care, US Dept. of Health and Human Services, www.bphc.hrsa.gov/programs/HomelessProgramInfo.htm

²⁷ Stakeholder interviews

²⁸ Stakeholder interviews

population age 65 or over. This designation allows Danielson access to new federal resources including community health center funds and workforce training programs²⁹. Providers in the area noted the need for applications and designations for Danielson as a mental health and a dental MUA to access resources for those services³⁰.

Planning Initiatives

There are several on-going collaborations in the area that hold great promise. A regional collaboration between the Northeast District Dept. of Health, Day-Kimball Hospital, Generations Family Health Center and the Northeast CT Council of Governments, was successful in purchasing and operating a mobile dental van for the region that is the only source of dental care for thousands of area children (see Dental). Currently, a broad collaboration led by the Women's Center, the region's rape crisis program located in Willimantic, has been active in developing a local Child Advocacy Center, to address the region's high child sexual abuse rates. Day Kimball Hospital has provided free space at their facility in Danielson for the Center and the state police have provided video equipment. (see Child Abuse). Both of these initiatives are cited by stakeholders, proudly in many circumstances, as examples of the community identifying needs and cooperating to address them. Not only do these planning initiatives hold the potential to address specific issues, but can also form the basis for developing on-going health planning structures, information and resource sharing networks in the area (see Coordination of Efforts).

²⁹ Guidelines for Medically Underserved Area and Population Designation, Health Resources and Services Administration, US Dept. of Health and Human Services, 5/03.

³⁰ Stakeholder interviews

Health Needs and Barriers to Care

Funding and Health Care Costs

The rising costs of health care combined with reductions in government support for health spending were mentioned by virtually every stakeholder as a significant challenge³¹. Health care costs rose 16.4% in Connecticut from the first quarter of 2002 to the first quarter of 2003.³² Danielson was not exempt from these rising costs.

Businesses saw inflation for health care benefits far outpacing their profits. Focus group participants gave examples of \$700 - 750/month and higher for family coverage. Special burdens on small businesses were emphasized. Stakeholders report more employers shifting those increased costs onto workers and some who are forced to drop coverage for employees completely. It is clear that businesses are very reluctant to take these measures and are seeking other options. It is also clear that, by and large, community members understand this and do not blame local businesses.³³

Recent state budget cuts fell disproportionately on services to low-income residents. Cuts have included reductions in payment levels across provider types, despite large increases in costs including insurance coverage and rents. One provider stated that his institution loses \$30 on each physical and \$65 for each dental visit under Medicaid³⁴. Public health programs targeted for cuts include substance abuse prevention programs, tobacco education, children's health initiatives, and breast and cervical cancer detection and treatment. Increases to mental health spending, long neglected in state funding, are beginning to be eroded.³⁵ Cuts to HUSKY, Medicaid and SAGA have been devastating to Danielson (see Uninsured). One stakeholder stated, "They [the state] are just allowing the health care infrastructure to decay. We are on a crash course."

There is a perception among many in the Northeast corner that these cuts have fallen disproportionately on this rural area. Typical comments included:³⁶

- We get shortchanged up here. People think we are a rural community and so we don't have the same needs as the cities. It's not true.
- It's not fair. We pay the same taxes here in the Northeast corner, but we don't have the same systems. Services don't follow the need.

³¹ Stakeholder interviews, focus groups

³² *Connecticut Prices: Medical Prices Surge, but Weightier Food and and Housing Prices are More Stable*, *The Connecticut Economy*, Spring 2003, CT Center for Economic Analysis

³³ Stakeholder interviews, focus groups

³⁴ Stakeholder interviews

³⁵ *Budget Connections*, CT Voices for Children, Jan. 2003, <http://info.med.yale.edu/chldstdy/CTvoices/kidslink/kidslink2/reports/PDFs/SpendingCutstoDate1.03.PDF>

³⁶ Stakeholder interviews

- Every year we have to juggle more balls in the air – do even more with less.
- The state is no help at all. When you meet with them, they act as if they know it all. They don't recognize the savings we represent to them.
- We are forgotten up here.

Growing medical costs, and other costs of living, are seen as a significant stress and barrier to care for Danielson residents. One stakeholder said, "People are really struggling, squeezing every dollar. It is very hard."³⁷

Uninsured

One in ten Connecticut residents lacks health care coverage.³⁸ Town specific measures of the uninsured are not available, but it is likely that Danielson's rate is above the state average. Low income is the most closely correlated indicator with lack of insurance. Half of Connecticut's uninsured live in households with incomes below \$30,000/year³⁹. In 2000, Danielson's median annual income was \$31,969, compared to Connecticut's median of \$53,935.⁴⁰ Day Kimball Hospital's costs of uncompensated care (for the entire region, including Danielson) grew by 25% from 1999 to 2001 to reach \$1,925,444.⁴¹

Connecticut's uninsured are 3.7 times less likely to have a regular source of primary care, are 6.5 times as likely not to get care for a medical emergency, and 6.7 times less likely to receive care for an injury or illness.⁴²

Communities with high rates of uninsured suffer along with the individuals and families directly affected. Many uninsured residents cause strains on health providers and institutions including fewer hospital beds and fewer services such as trauma centers. Half of all bankruptcies are caused by high medical bills, creating an economic burden touching entire communities. Public health risks increase in proportion to uninsured populations. When uninsured patients delay early detection and preventive care, they are forced to access care at later stages of disease, when problems are more difficult and costly to treat. These increased costs are shifted onto private and public payers causing a cycle of rising health care costs and more uninsured.⁴³

³⁷ Stakeholder interviews

³⁸ Center for Medicare and Medicaid Services, 2001

³⁹ *Summarizing the Findings of OHCA's 2001 Household Survey*, OHCA, April 2003, www.ohca.state.ct.us

⁴⁰ 2000 US Census

⁴¹ *Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2001*, OHCA, Feb. 2003, www.ohca.state.ct.us

⁴² *Summarizing the Findings of OHCA's 2001 Household Survey*, OHCA, April 2003, www.ohca.state.ct.us

⁴³ *A Shared Destiny: Community Effects of Uninsurance*, Committee on the Consequences of Uninsurance, Institute of Medicine of the National Academies, 2003.

Virtually all key stakeholders noted the rising number of uninsured and skyrocketing health care costs as significant barriers to the health of Danielson residents. Many gave this as their first and only response as the greatest barriers to health in Danielson. Focus groups also strongly emphasized the uninsured and health care costs. Most felt the problem was likely to grow worse. One commented that Danielson didn't fully share in the good economic times of the late 1990s but is suffering disproportionately from the current recession. Another sees a gradual "dilution of wages" in the area. Many felt that the growing number of uninsured and underinsured residents will significantly undermine the healthcare infrastructure and cause irreparable harm affecting all the region's residents, including those with and without coverage.⁴⁴

Businesses noted the huge burden of double-digit inflation on companies during an economic downturn. The Chamber of Commerce receives calls "every day" from individuals and business owners looking for affordable insurance.⁴⁵

Consumers and community leaders noted difficulty in paying for basic services – rising copayments and premiums. Many emphasized dramatically rising drug prices and the effects on the elderly. The ACCESS homeless shelter in Danielson reports an increasing number of uninsured working poor seeking shelter. Several noted that rising medical costs combined with rising numbers of residents without coverage are forcing people to forgo preventive care and check ups that could detect problems early. One also noted that people are forced to seek care in the Emergency Dept. for problems that could have been avoided or should have been seen in a doctor's office. Several predicted that this will eventually lead to even higher medical costs.⁴⁶

Providers noted, often with great emotion, personal conflict between their obligations to pay their staff and meet their business costs with an ethical obligation to provide care to the growing number of patients who cannot afford it. Safety net providers are feeling an increasing level of pressure –from rising caseloads, soaring costs and reduced government funding (see Funding and Healthcare Costs). Day Kimball Hospital reported a significant increase in the number of uninsured patients. There is concern that this will lead to reductions in services or availability, making matters even worse just as the demand grows, creating a downward cycle. "You're only as strong as your weakest link."⁴⁷

Others noted the public health risks posed by a growing segment of the population who do not regularly access preventive and primary care.

⁴⁴ Stakeholder interviews, focus groups

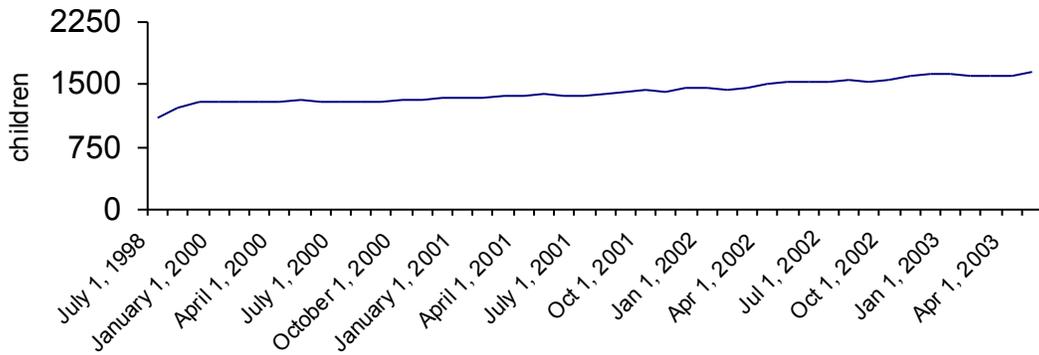
⁴⁵ Stakeholder interviews, focus groups

⁴⁶ Stakeholder interviews

⁴⁷ Stakeholder interviews

One bright spot for the uninsured according to stakeholders, is the HUSKY program – Connecticut’s Medicaid and SCHIP combined program. Significantly expanded in 1999, the HUSKY program covers uninsured citizen and legal immigrant uninsured children at any income level and parents up to 150% of the federal poverty level.⁴⁸ Not surprisingly, since the economic downturn that began in 1999, HUSKY enrollment has grown – statewide and in Killingly.⁴⁹ Stakeholders report that the HUSKY program has been a critical safety net for the increasing numbers of newly uninsured in Danielson. There is a great deal of support for HUSKY in Danielson.⁵⁰

Killingly HUSKY Part A enrollment, < age 19



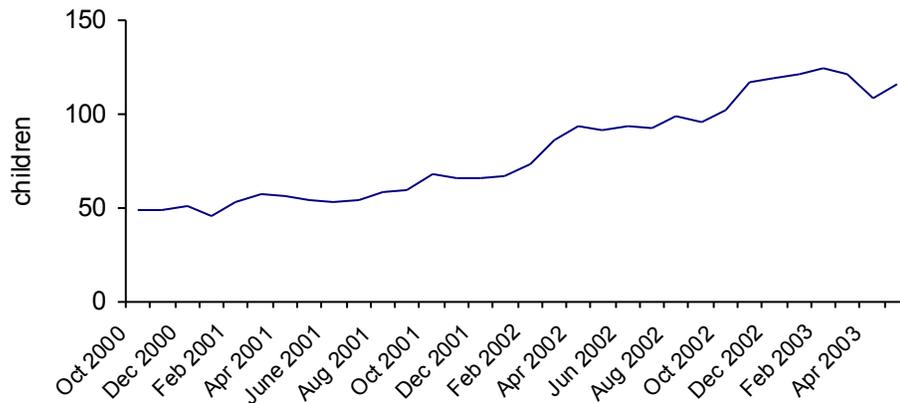
Note: HUSKY Part A is Medicaid coverage – covering children up to 185% of the federal poverty level.
 Source: Children’s Health Council

⁴⁸ Department of Social Services, www.huskyhealth.com

⁴⁹ Dept. of Social Services and ACS enrollment reports

⁵⁰ Stakeholder interviews

Killingly HUSKY Part B enrollment, < age 19



Note: HUSKY Part B is SCHIP coverage – covering uninsured children above 185% of the federal poverty level.
Source: Children’s Health Council

Despite the progress of the HUSKY program, stakeholders were very concerned that the state has made significant cuts to the HUSKY program and is planning more.⁵¹ 27,000 Connecticut HUSKY consumers were scheduled to lose coverage as of April 1, 2003. Legal advocates were successful in securing a temporary restraining order to delay those cuts, but on May 30, 2003 a federal court ruled that the state may go forward with those cuts. Consumers are expected to lose coverage beginning July 1st.⁵² As of this writing, state budget negotiations have included varying levels of further cuts in services, increases in premiums and copayments as well as the potential loss of SAGA, a state-funded coverage program serving 25,000 Connecticut residents⁵³. Stakeholders predict that those cuts will fall heavily on Danielson residents forcing many to delay care and check ups, leading to higher costs for all payers, including the state. One characterized the cuts as “very foolhardy.”⁵⁴

Transportation

Lack of transportation was noted in virtually every stakeholder interview as a significant barrier to accessing health care. Twelve percent of Danielson residents do not have access to a vehicle in their household.⁵⁵ Because Danielson is a rural community, this represents a serious challenge to accessing care. While Danielson is home to several primary care practices and a

⁵¹ Stakeholder interviews

⁵² Legal Assistance Resource Center of Connecticut, personal communication, 5/30/03

⁵³ CT Health Notes, March through May 2003

⁵⁴ Stakeholder interviews

⁵⁵ 2000 US Census

community health center satellite, referrals for specialty care or tests outside the area can be a significant problem. Unreliable transportation leads to missed appointments that patients have often waited months to get. Both lack of transportation and the consequent interruptions in care fall hardest on low-income and elderly patients. Transportation challenges and missed appointments also hurt the productivity and finances of providers, especially those who serve a larger proportion of uninsured and Medicaid consumers.⁵⁶

There is no local taxi service. Medical transportation services require 48 hours notice and are unreliable. One stakeholder noted that families are forced to, “call the ambulance for a fever to take them to the Emergency Room because they have no transportation.” Another noted that ambulance use by Danielson residents is the highest in the area, commenting that people are forced to “use the ambulance as a taxi.”⁵⁷

Public busses do not run in the evenings and due to regional routes it can take hours to get back and forth to an appointment for testing at Day Kimball Hospital in neighboring Putnam. A physician at Day Kimball Hospital noted that some patients discharged at night have to walk home. Bus service was recently “revamped” which has improved service.⁵⁸

Many services, including mental health and dental care, require referrals to Norwich or Hartford. One stakeholder commented, “Asking our parents to go to Hartford -- well it might as well be Hong Kong.”⁵⁹

There are no school-based health centers in Danielson or the entire Northeastern CT corner, but the new dental van (see Planning Initiatives) has visited 31 schools in the area. The van is seen as a significant improvement in overcoming transportation and other challenges to accessing dental care for Danielson’s children.⁶⁰

Dental care

A large majority of stakeholders listed poor dental health and a severe shortage of dentists who take Medicaid, SAGA, HUSKY and uninsured patients in the area as one of the most serious threats to Danielson’s health. Providers noted cases of adults in Danielson who had never seen a dentist. A doctor said he had seen a 28 year old woman who’d lost all her teeth due to decay and had other patients with “teeth you can see light through.” While there are 58 dentists listed in Danielson’s Yellow Pages, at least three of which have offices in Danielson, only one dentist in the area accepts children on HUSKY and only one other accepts

⁵⁶ Stakeholder interviews

⁵⁷ Stakeholder interviews

⁵⁸ Stakeholder interviews

⁵⁹ Stakeholder interviews

⁶⁰ Stakeholder interviews

adult HUSKY/Medicaid patients.⁶¹ While every child in the HUSKY program is entitled to two dental visits per year, in Windham County 64% HUSKY children received no preventive dental visit in federal fiscal year 2001, and 80% received no dental treatment visit. Both of those rates were down slightly from the previous year.⁶²

Several stakeholders noted that the presence of the new dental van has improved the situation immensely, especially for children's access to care. The dental van is a joint project of the Northeast District Dept. of Health, Day Kimball Hospital, Generations Family Health Center, and the Northeast Connecticut Council of Governments. The van provides dental screenings and preventive services by a dental hygienist and a dentist. Between April 1 and November 30, 2002, the van served 4200 area children. The van has visited 31 schools in the region as well as many community sites, such as the Danielson library, shelters and farms to serve migrant workers. The van is widely viewed as the most successful example of cooperative planning for effective solutions to improve health.

However, a crushing need for more dentists in the area accepting HUSKY, SAGA, Medicaid and uninsured patients, especially adults, was cited by many as their highest recommendation for this report.⁶³ Childcare providers and other stakeholders noted that many parents did not appreciate the need for children to visit a dentist in early childhood, long before they lose baby teeth. Several also felt that dental care is not as high a priority for the uninsured, given that dental care is costly and many do not consider it as important as other health care.⁶⁴

Child Abuse

Recent media reports that Northeastern Connecticut has the highest rates of child abuse and child sexual abuse in the state were noted by many stakeholders in interviews.⁶⁵ While the overall crime rate in Killingly is lower than the state average (22 per 1,000 residents Killingly vs. 33 per 1,000 statewide⁶⁶), rates of child abuse and child sexual abuse are far higher for Danielson than state averages. In state fiscal year 2002, there were 889 reports of child abuse in Danielson, 193 of which were substantiated. This rate is seven times the statewide rate of substantiated child abuse reports. In 2002, there were 26 reports of child sexual abuse, five of which were substantiated. Danielson's

⁶¹ Stakeholder interviews

⁶² *Dental Care Utilization Unchanged Among Children Enrolled in HUSKY A: FFY 2001*, Children's Health Council, May 2002

⁶³ Stakeholder interviews

⁶⁴ Childcare provider survey, stakeholder interviews

⁶⁵ *Agency Releases Sexual Abuse Study*, NBC Channel 30, 5/2/03, www.nbc30.com; *New Research shows profile for most sexual abuse cases in CT*, CBS Channel 3, 5/2/03, www.wfsb.com

⁶⁶ CT Dept. of Economic and Community Development, *Town Profiles: Killingly*, June 2002.

substantiated child sexual abuse rate is six times the statewide rate.⁶⁷ Danielson is home to 25 convicted sex offenders required to register with the State Police; this rate per population is eight times the state average.⁶⁸ This is at a time when child sexual abuse cases are declining nationally and in Connecticut.⁶⁹ Family violence arrests for Killingly are not significantly different than statewide averages (7.3 Killingly vs. 6.1 CT per 1000 population in 2001) nor are they significantly more or less likely to involve children (40% Killingly vs. 43% CT).⁷⁰

Recognizing this problem, community representatives and organizations have joined together to address and prevent child sexual abuse. The Women's Center, the regional rape crisis project in Willimantic, has taken the lead in organizing the community and developing a Child Advocacy Center in Danielson. The need for such centers was highlighted statewide in a report and conference by the Children's Trust Fund. It was recognized that children who report abuse are often, unintentionally, re-traumatized in the process of reporting and follow up services and treatment for victims and non-offending family members is inconsistent.⁷¹ Child Advocacy Centers are based on a national model from the National Children's Alliance as a place where victims are cared for by a multidisciplinary team of police, social service workers and prosecutors who work together toward justice with respect for the child's needs. Children are interviewed by trained personnel only once or twice in a child-friendly environment with a hidden, closed-circuit TV hook up to team members who can pose questions through the interviewer. Families are consistently connected with services and treatment to help the entire family heal. Recommendations for prevention programming include prevention programs specific to children, parents and family members, professionals and communities.⁷² Day Kimball Hospital has provided free space for the Center in Danielson, the Women's Center is writing grants, the state police have donated video equipment, local fundraising events are planned and within the next month an ad-hoc community group will spend a day to clean up and renovate the space.⁷³

⁶⁷ *Town Pages: Number of Accepted Reports and Allegations to DCF, State Fiscal Year 2002*, Department of Children and Families, www.state.ct.us/dcf/townpages. Report covers period from 7/1/01 to 6/30/02. Rates are based on 2000 Census populations under age 19 for Danielson and for Connecticut.

⁶⁸ CT Department of Public Safety, Sex Offender Registry, as of 5/27/03, www.sor.state.ct.us. Note: It is not possible to determine either for Danielson or CT what number of sex offenders' crimes involved children.

⁶⁹ Jones, L. and D. Finkelhor, *The Decline in Child Sexual Abuse Cases*, Juvenile Justice Bulletin, US Dept. of Justice, January 2001

⁷⁰ *Family Violence Detailed Report 2001*, State of CT Dept. of Public Safety, Division of State Police, Crimes Analysis Unit

⁷¹ S. Diehl, *Prevention Strategies: What Do We Know from the Practitioners' View?*, The Prevention of Child Sexual Abuse: National and State Perspectives Forum, 5/2/03, Children's Trust Fund

⁷² E. Lyon, N. Steward, and N. Moodie, *Prevention Strategies: What Do We Know From CT Data Sources?*, prepared for The Prevention of Child Sexual Abuse: National and State Perspectives Forum, 5/2/03, by the Children's Trust Fund

⁷³ Stakeholder interview with Wendy Moher

One stakeholder noted that state budget cuts have resulted in the loss of the local prosecutor focusing on child sexual abuse. He felt strongly that this position was effective in combating the problem and needs to be restored.

Mental Health

Inadequate mental health system capacity was cited by numerous stakeholders as a severe shortage in Danielson. It is estimated that between 87,500 and 125,000 Connecticut residents have a diagnosable mental health condition⁷⁴.

United Services, the local mental health safety net provider, is seeing increasing caseloads with declining available resources and, consequently, has substantial waiting lists for virtually all services. Medicaid rates do not meet the costs of delivering care. Administrators have stated that they will be forced to reduce services and capacity. Adult services were identified by many as especially tight. United Services' grant funding from the state Dept. of Mental Health and Addiction Services focuses only on patients with "severe and persistent mental illness" who comprise roughly 10% of the population needing care⁷⁵. United Services also provides an emergency response unit, which is "very busy". However, providers are placed in the very difficult position of stabilizing emergency patients, who are then placed on a waiting list for many months, during which the patient declines without treatment and ends up needing emergency services again. Many providers, both within United Services and in the community, movingly described personal feelings of helplessness to change the situation. One stated, "It is completely unacceptable to expect someone who is depressed to wait 9 months for treatment and not expect them to get worse in the meantime." Providers across fields universally recognized and appreciated the difficult position United Services and their providers have been placed in by state funding decisions.

The state recognizes this need, most recently in the *Report of the Governor's Blue Ribbon Commission on Mental Health*, July 2000, a collaborative analysis of the mental health needs of Connecticut residents.⁷⁶ There has been progress toward some of the report's recommendations, but that progress has not yet touched Danielson⁷⁷. There is skepticism among some stakeholders that it ever will (see Funding and Healthcare Costs).

⁷⁴ *Report of the Governor's Blue Ribbon Commission on Mental Health*, July 2000, <http://www.dmhas.state.ct.us/blueribbonreport.htm>

⁷⁵ *Report of the Governor's Blue Ribbon Commission on Mental Health*, July 2000, <http://www.dmhas.state.ct.us/blueribbonreport.htm>

⁷⁶ <http://www.dmhas.state.ct.us/blueribbonreport.htm>

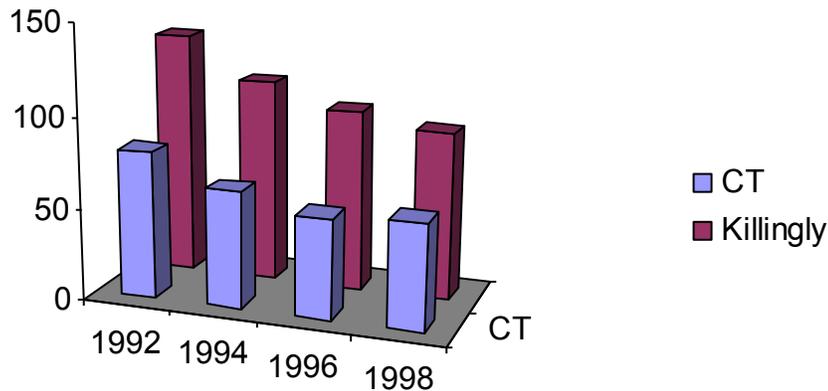
⁷⁷ Stakeholder interviews

Substance Abuse and Hepatitis C infection

Many stakeholders noted substance abuse and Hepatitis C infection rates as very most serious concerns for Danielson.⁷⁸ High rates of substance use, specifically heroin, in nearby Willimantic have received considerable media and policymakers' attention⁷⁹. Stakeholders report that those problems are present in Danielson as well and that matters are getting worse. No one feels that enough resources are being devoted to controlling the problem, prevention or treatment. Stakeholders are universally frustrated at the lack of slots available for people who seek treatment, especially substance abusing mothers. A police trooper commented that people are trying to stay clean, but they can't get into treatment for long enough periods to be effective. "These aren't bad people, they just got caught up in it [drugs] and can't get out." The only access point for methadone treatment is in Willimantic, a serious challenge for shelter residents in Danielson.

Rates for drug abuse violation (adults and juvenile), liquor law violations (adult and juvenile), driving under the influence and alcohol-involved fatal accidents for Killingly residents from 1992 through 1998 were at or below statewide averages. However Killingly's rates of accidents involving alcohol, though declining, were far higher than statewide averages.⁸⁰ Recent studies have shown that alcohol and other drug use rates have stabilized in Connecticut, however youth are beginning alcohol and drug use at earlier ages.⁸¹

Alcohol involved accident rate, per 1000 pop.



Stakeholders report that Hepatitis C rates are extremely high in the area and growing. An emergency dept. physician stated that he had already seen three

⁷⁸ Stakeholder interviews

⁷⁹ Hartford Courant, "Heroin Town", 10/02.

⁸⁰ State of Connecticut Social Indicator Data, DMHAS, http://www.dmhas.state.ct.us/sig/pdf/GPIY2000_final.pdf

⁸¹ *The Governor's Prevention Initiative for Youth 2000 Student Survey: State of Connecticut*, DMHAS, http://www.dmhas.state.ct.us/sig/pdf/GPIY2000_final.pdf

infected patients that day by early afternoon. Most credit growing IV drug use with the rise in infection rates. One provider noted that Hepatitis testing is expensive, costing \$60 for the first test and another \$60 to confirm a positive result. She felt that “we are only seeing the tip of the iceberg on this disease.”⁸²

Hepatitis C infection is the most common chronic blood borne infection in the US; 60% of infections are due to IV drug use. The Centers for Disease Control reports that 1.8% of Americans are infected, often with no symptoms. Chronic liver disease is the tenth leading cause of death in the US, and 40 to 60% of this disease is related to Hepatitis C infection. There is no vaccine for Hepatitis C.⁸³ The CT Dept. of Public Health has reported no physician diagnoses positive for Hepatitis C, but estimates 4000 Connecticut residents are positive for the virus.⁸⁴

Killingly reported no HIV cases during 2002 and only one AIDS case from 1980 through 2002⁸⁵. However, community AIDS workers report having several Danielson cases over the years, including a child.⁸⁶

Exercise, nutrition and obesity

Concerns about a decline in healthy lifestyles -- inadequate nutrition, declining levels of exercise and increasing obesity -- were voiced by a large number of stakeholders, focus group participants and childcare providers in the survey. Concerns crossed populations and perspectives and were very strongly stated in many cases. Stakeholders blamed the expense of buying fresh foods for struggling families, growing time constraints and stress on parents, and lack of public awareness or appreciation of the effects of obesity. Many reported that parents were more likely to react with denial than adaptive responses when informed that their children may be overweight.⁸⁷

Killingly students were slightly more likely to pass all four Physical Fitness tests identified by the state Dept. of Education than other children in Connecticut, however both are far below healthy goals (36.5% Killingly vs. 34.4% CT).⁸⁸ Less than one in three Connecticut residents eats five or more servings of fruits and vegetables each day. One in four participated in no physical activity in the last month. Over half of Connecticut residents are at risk for health problems related to being overweight.⁸⁹

⁸² Stakeholder interviews

⁸³ *Facts about Hepatitis C*, US Centers for Disease Control, 10/31/98

⁸⁴ CT Dept. of Public Health, www.dph.state.ct.us

⁸⁵ *HIV and AIDS Cases Reported by City/Town of Residence*, CT Dept. of Public Health, 3/18/03

⁸⁶ Stakeholder interview

⁸⁷ Stakeholder interviews, focus groups, and Danielson childcare provider survey

⁸⁸ *Strategic School Profile, 2001-2002, Killingly School District*, CT Dept. of Education

⁸⁹ Behavioral Risk Factor Surveillance System, US Centers for Disease Control, <http://www.cdc.gov/brfss/index.htm>

The US Centers for Disease Control reports that obesity has risen at an epidemic rate over the last twenty years and is growing worse. Obesity puts people at higher risk for dozens of chronic and acute diseases including stroke, high blood pressure, diabetes, complications of pregnancy, and some types of cancer.⁹⁰

Stakeholders noted informal walking clubs, Weight Watchers groups and a local wellness studio as positive developments in Danielson. Stakeholders and survey respondents recommended more public education about healthy eating, more community resources for affordable healthy food, more reliable transportation and local cooperation with the WIC program, and more opportunities and community awareness on the importance of regular exercise.⁹¹

Asthma and Smoking

High asthma rates were noted as a key concern by childcare survey respondents. Many noted that an increasing number of children in their care suffered from the disease and an increase in smoking among parents of children in their care. Many felt that parents, particularly young parents, were not aware or did not appreciate the serious damage caused by second-hand smoke.⁹²

During 1997 and 1998, Killingly children under age 14 had forty-nine visits to the Emergency Room for asthma and eleven were hospitalized for the disease.⁹³ 12.3% of Connecticut residents reported having asthma in 2001, up from 10.8% in 2000. 18.4% of adults ages 18 to 24 reported having asthma in 2001. One in five Connecticut residents smoke cigarettes. One in three 18 to 24 year olds smokes.⁹⁴ Seventy-six Killingly residents died of lung cancer between 1995 and 1999. Based on population demographics, only 60 deaths would have been expected.⁹⁵

An educator noted that she received a comprehensive manual on controlling asthma in the schools from the state Department of Public Health/Dept. of Education/United Way that was very helpful. The school used the information to reduce several asthma triggers within the school and since that point have had no referrals for asthma treatment, which she characterized as “remarkable”. Several stakeholders noted the need for more smoking cessation programs and public education about the dangers of secondhand smoke, particularly for those suffering from asthma.⁹⁶

⁹⁰ Nutrition and Physical Activity, US Centers for Disease Control, <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>

⁹¹ Stakeholder interviews, focus groups, and Danielson childcare provider survey

⁹² Danielson childcare providers' survey

⁹³ *Asthma in Connecticut*, CT Dept. of Public Health, May 2001.

⁹⁴ Behavioral Risk Factor Surveillance System, Centers for Disease Control, <http://www.cdc.gov/brfss/index.htm>

⁹⁵ *Incidence of Selected Cancers in Connecticut by Town, 1995-1999*, CT Dept. of Public Health, May 2002, www.dph.state.ct.us

⁹⁶ Danielson childcare provider survey

Teen pregnancies

Killingly has been consistently identified as an at-risk community for teen pregnancy with rates significantly higher than the statewide average.⁹⁷ This was confirmed by several stakeholders in interviews, however others did not feel that Danielson's rate was high.⁹⁸ In 1999, 38 of the 236 births to Killingly residents were to teen mothers, a rate much higher than the statewide rate (16.1% Killingly vs. 7.9% CT). Fourteen of those Killingly teen births were to mothers under age 18 (5.9% vs. 2.9% CT)⁹⁹. The average fathers' age of babies born to Killingly teen moms was 21.47 (1995-1997); fathers averaged 1.3 years older than teen moms, the lowest difference among CT's 23 communities at risk for teen pregnancy. Killingly teen mothers ranged between 9.25 (15-year old moms) and 11.04 (19 year-old moms) years of education, very similar to averages for Connecticut's 23 at-risk communities. The vast majority of Killingly teen moms do not have other children (87%).¹⁰⁰

Killingly births were more likely to be low birth weight (11.5% vs. 7.6% CT) and to have received late or no prenatal care (14.7% vs. 10.8% CT) than the Connecticut average.¹⁰¹ In 1999, Killingly residents suffered two fetal deaths and two infant deaths – one within 27 days of birth, the other between 28 days and one year of age.¹⁰²

Stakeholders involved in care management and childcare providers noted the special challenges facing young mothers. Many felt that young parents, particularly those from low-income families, feel overwhelmed by the responsibilities of parenthood and that many are unprepared educationally or emotionally to handle it. Instability in public assistance programs, such as HUSKY, have made matters worse.¹⁰³ In 2000, 40% of Killingly births (86 births) were covered under Medicaid/HUSKY Part A.¹⁰⁴

A care manager for at-risk mothers at Day Kimball Hospital noted that she has seen a significant increase over the years in teen pregnancies in Danielson. She also noted an increase in substance abusing pregnant women and a serious

⁹⁷ Rosemary S. Richter, *Teen Pregnancy Prevention in Connecticut*, Dept. of OB & Gyn/Family Planning Program, UConn Health Center, 11/98

⁹⁸ Stakeholder interviews

⁹⁹ *Connecticut Resident Births, 1999, Table 4: Births to Teenagers, Low Birthweight Births, and Prenatal Care for Counties, Health Districts and Towns*, CT Dept. of Public Health OPPE

¹⁰⁰ J. Palley, Unpublished data for 1995-1997, Dept of OB & Gyn/Family Planning Program, UConn Health Center, 2001.

¹⁰¹ *Connecticut Resident Births, 1999, Table 4: Births to Teenagers, Low Birthweight Births, and Prenatal Care for Counties, Health Districts and Towns*, CT Dept. of Public Health OPPE

¹⁰² *Connecticut Resident Births, 1999, Table 7: Infant, Neonatal and Postnatal Deaths*, CT Dept. of Public Health OPPE

¹⁰³ Stakeholder interviews

¹⁰⁴ *Births to Mothers in HUSKY A by Town, 2000*, Children's Health Council, Jan. 2003, www.childrenshealthcouncil.org

lack of treatment options available. Language barriers are becoming more serious and more diverse. Another care manager noted that more young parents lack basic parenting skills. She sees more incidents of young parents not being able to appropriately discipline their children, verbal abuse and a general lack of coping skills.¹⁰⁵

Killingly, together with other towns in Northeastern Connecticut, participated in a regional teen pregnancy prevention planning process in 1998 through Quinebaug Valley Youth and Family Services¹⁰⁶. 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 the question of why teens do not access services were embarrassment, fear and concerns about confidentiality.¹⁰⁷ 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 Killingly student responses were similar to those of students from other towns. A set of recommendations was drafted to address and prevent teen pregnancy including collaborations among towns, service providers, early intervention, positive youth development, focused discussion group opportunities for youth with other community stakeholders, mentoring programs, improved transportation, and evaluation.¹⁰⁸ Unfortunately, funding was not available to implement the recommendations.

Worker's compensation

Focus group participants noted that workers' compensation costs have risen sharply in recent years.¹⁰⁹ Danielson residents have a significantly higher rate of worker's compensation claims than either Connecticut or the rest of Killingly (Danielson 243, CT 55 and Killingly 0.49 claims/1000 population, 1997 through

¹⁰⁵ Stakeholder interviews

¹⁰⁶ *Windham Teen Pregnancy Prevention Planning Initiative, Strategic Plan*, June 1998

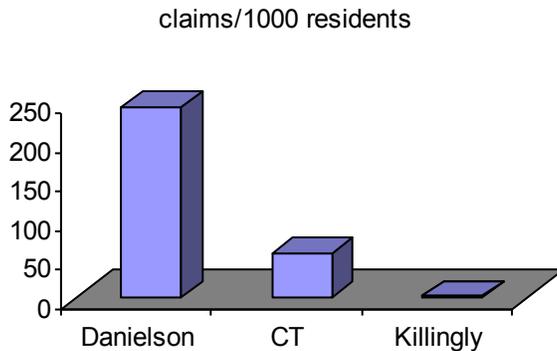
¹⁰⁷ Judith Delmas, *Survey of Teen Sexuality*, Quinebaug Valley Youth and Family Services, June 1998.

¹⁰⁸ *Plainfield- Killingly Teen Pregnancy Prevention Planning Strategy*, Quinebaug Valley Youth and Family Services, July 1998

¹⁰⁹ Focus groups

2002)¹¹⁰. Focus group participants felt that more education and advocacy to reduce work-related injuries was needed.¹¹¹

Worker's Compensation Claims Rates, 1997-2002



Source: CT Workers' Compensation Commission, 2000 US Census

Coordination of Efforts, Information¹¹²

While difficult to quantify, a lack of community coordination and information sharing about health issues was apparent in many interviews. This was most apparent in providers who were not aware of what is available in the community. Several health care leaders were frank in noting that they do not know how their colleagues at other institutions in the area are faring either in terms of capacity to handle increasing caseloads or fiscally in tight budget times. In some cases, this leads to misunderstandings about competing/conflicting roles, especially among safety net health, education and social service providers who refer patients to each other.

When asked if the Danielson community was united with a common vision for health, very few stakeholders said yes. One provider noted that in tight budget times, when everyone is asked to do more with less, the first thing to go is the hard work of developing and maintaining collaborations. Others noted that the Danielson community is dealing with so many needs, that it is hard to give each the attention it deserves. Others made stronger comments, including terms such as "fractious" and "everyone is out for themselves."

A few safety net providers described subtle community resistance to their populations. However the ACCESS homeless shelter in Danielson described a process over two years to listen to community concerns about the shelter and its

¹¹⁰ Statistical Division, CT Worker's Compensation Division, 5/19/03, 2000 US Census population counts, Note: Because town of residence is not a required field in the Division's database, residence is unknown for 2.2% of total CT cases

¹¹¹ Focus groups

¹¹² Stakeholder interviews, focus groups and childcare provider survey

residents and address them with policy changes and improved safety. This sensitivity and responsiveness led to a marked improvement in community relations and a greater appreciation for the shelter and the services provided to Danielson.

There was also a clear need for better information to the community about health care resources. In the course of interviews and survey calls for this study, this researcher encountered a significant number of responders who were unaware of significant policy changes and resources available. These included more than one responder who was unaware that HUSKY parents and children who had received cut off notices were in fact still enrolled in the program due to court action. A care manager was unaware that Connecticut's Medicaid program covers uninsured women at any income level diagnosed with breast or cervical cancer for the duration of their treatment.

There is a clear need for communication and developing a framework for understanding in finding common solutions to common problems. As one social service provider wisely put it, "You can't assume you are OK if you don't get a cut, or only a small cut. If any of us gets cut, it affects us all. There are such limited options in the Northeast corner. We are interdependent."

Information sources for clients were also a source of concern for many respondents. Most had trouble answering the question – Where do people in Danielson go for information about their health? Answers included Day Kimball Hospital, physicians and other health care providers, social service agencies, town hall, INFOLINE, the Internet, local newspapers, the local health dept., and schools. However, several noted that more centralized and publicized sources of health information for residents are needed in all areas. A childcare provider noted the critical role they play in identifying problems and informing parents about health issues – they are trusted advisors who see families every day.

Recommendations

Potential recommendations were collected from stakeholder interviews, focus groups, the childcare providers' survey and research. These recommendations were reviewed by a group of key stakeholders.

They are presented in no particular order.

- *Restore funding to vital health services* – This was by far the most commonly cited recommendation across fields and populations. Concerns included the need for provider rates to at least meet the costs of providing care and building the health care safety net. While there was concern about local and federal cuts, the greatest concern was directed at current and proposed state funding cuts. Advocacy must be widespread across the community and on behalf of all sectors and populations.
- *Restore coverage to HUSKY parents and further expand coverage under the program* – With a large low-income population, public coverage programs are vital to improving the health of Danielson. Advocacy should be directed to restore previous cuts, stop current proposals and work for expansions of coverage. Given budget constraints, reasonable consumer costs and finding opportunities for efficiencies in the system were offered by some stakeholders as options to consider.
- *Expand opportunities for local collaborations* – While all noted that finding time to collaborate is more difficult in tight budget times, that is precisely when it becomes the most necessary. It is critical that this mechanism be user-friendly, respectful of time constraints, and designed by participants to be effective.
- *Develop networks of improved communication at all levels of the health care system* – It is particularly important for staff who directly interact with patients to have accurate, timely sources of information to ensure that existing programs are maximized. Several noted the need to include non-health providers who see residents every day, including childcare providers, teachers and clergy. Again, it is critical that this mechanism be developed by participants and consumers of the information to be sure it is used effectively. Several respondents noted a need for more workers to help people identify and apply for various forms of assistance.
- *Expand primary care options in Danielson, especially at the Generations Family Health Center* – Virtually all stakeholders predict an increase in the number of Danielson residents without insurance coverage. The clinic is “stretched” now and desperately needs a larger facility with more staff. The Danielson community should be solicited for their support. A wellness van, similar to the successful dental van, was suggested for the region.
- *Expand options for affordable health coverage for businesses and individuals* – Businesses are actively searching for affordable benefit options to offer their employees. While this is difficult to do locally, options include offering better information on currently available options including

the state employee pool, CBIA, Chamber of Commerce offerings, packages with reduced benefit packages and options to give consumers more flexibility with less cost. Any of these options must be accompanied by extensive information on financial and health risks, quality of care, coverage details and likely consumer costs.

- *Expand transportation options* – Churches have created volunteer-based networks offering rides to appointments which could be expanded. Resources to expand the public bus system are needed. Danielson desperately needs a reliable, affordable taxi service. Inappropriate use of ambulance services burdens the system with unnecessary costs that reduce resources available for other services.
- *Expand capacity for mental health treatment* – The problem is particularly critical for adults with moderate mental health needs. This will require advocacy for more resources from the state and communities.
- *Expand capacity for dental services* – This problem is especially acute for adults. Expansions of services at the new dental van would build on what is already working for Danielson.
- *Expand substance abuse treatment slots*, especially long term rehabilitation to ensure success
- *Support and expand current child abuse prevention initiatives* including treatment, sensitivity toward victims and their families, prevention efforts and community monitoring – Restore funding for the local prosecutor position.
- *Expand awareness among state policymakers of the needs of rural communities* through advocacy efforts
- *Expand public education campaigns about healthy lifestyles* including nutrition and exercise
- *Expand safe sites for exercise* – Specifically mentioned were more places to walk and an indoor pool.
- *For elderly residents*
 - More congregate housing
 - A new assisted living facility for the handicapped and those with early dementia
 - More physicians with geriatric training
 - New senior center with improved, expanded facilities
 - Create a community advisory board to develop a plan
- *Smoking cessation programs*, especially for pregnant women

One very wise stakeholder summed up his recommendation as, “Listen to people. Just listen.”

Key Stakeholder interviews

Hope Barton, APRN – Planned Parenthood, Danielson
Pam Brown – Division Director, Prevention and Early Intervention Services, United Services
Belinda Clark – Windham Regional Community Council, Willimantic
Ian Cummings, MD – Emergency Dept., Day-Kimball Hospital, Putnam
Kathy Demers -- Center for Healthy Aging, Putnam
Cheryl Desjardins – Homeless shelter, ACCESS, Danielson
Donna Doyle – School nurse, Killingly Memorial School
Ann Errichetti, MD – President, CEO, Day-Kimball Hospital, Putnam
Trooper James Filmore – Community Policing Program, Troop D, Danielson
Earl Henrichon – VP of Services, United Services
Brenda Keefe – Principal, Killingly Memorial School
Karen King – VP for Planning and Systems Dev., United Services
Betty Kusaj – Executive Director, Northeast Chamber of Commerce
Joan Lucason – Social worker, Killingly Memorial School
Wendy Moher – Women’s Center, Willimantic
Wendy Osborn – WIC, Day-Kimball Hospital, Putnam
Brother Bob Russell – Our Lady of La Salette Church, Brooklyn
Christian Sarantopolous – Killingly Council President
Arvind Shaw, MD – Generations Family Health Center, Willimantic
Holly Shippee – Office Manager, Generations Family Health Center, Danielson
Mary Ellen Soukup – Healthy Start, Day-Kimball Hospital, Putnam