



FOUNDATION
— *for* —
COMMUNITY
HEALTH
Prevention, Access, Collaboration

**A Study of
Community Health Needs
Conducted for the Foundation for
Community Health**

EXECUTIVE SUMMARY

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INTRODUCTION

The Foundation for Community Health (FCH), founded in 2003¹, is a private, not-for-profit foundation dedicated to maintaining and improving the physical and mental health of the residents of the greater Harlem Valley in New York and the northern Litchfield Hills of Connecticut, with an emphasis on serving those most vulnerable.²

Since its inception, FCH has awarded nearly \$8 million in grants to a variety of nonprofit organizations in the region. For the first ten years of its work, FCH focused its efforts in three priority areas: oral health, mental health and access to healthcare. These priorities were identified based on a health needs assessment commissioned by the Foundation in 2004.

In 2014, FCH's Board of Directors was interested in reassessing the Foundation's strategy to determine where it could best serve community needs. This needs assessment was commissioned to help inform those decisions. Because the Board was very interested in learning what community residents and providers serving the community see as the key health needs in the region, a substantial component of the needs assessment focuses on gathering feedback from community residents, leaders, and service providers.

The report draws on quantitative and qualitative data from three sources. Secondary data come from the U.S. Census and state agencies (labor, education, and public health) as well as data collected by community-based agencies and researchers and community health needs assessments. A web-based Community Stakeholder Survey, sent to approximately 450 stakeholders in or serving the 17 communities, was used to gather information about perceived health concerns and needed services in the region (43% response rate). Ten focus groups with 82 community stakeholders were conducted to gather a more in-depth perspective on health status and needs in the communities served by the Foundation.

COMMUNITY BACKGROUND AND HEALTH STATUS

The Social Determinants of Health

- The total population of the 17 communities comprising the FCH service region is estimated to be about 51,410 (2012). About 19% of the region's population is over age 65, compared to 14% for both Connecticut and New York. Overall, the communities in Litchfield County served by the Foundation are older than those served in Dutchess and Columbia. FCH communities in Dutchess, by contrast, have a comparatively younger population.
- About 94% of the region's population is White, compared to 81% for the state of Connecticut and 68% for New York. The region is diversifying: both the Dutchess and Litchfield counties experienced a substantial increase in Hispanic residents between the 2000 and 2010. Today, Hispanics of any race comprise 6% of the region's population. Towns served by FCH in Dutchess have higher rates of diversity than those in either Litchfield or Columbia.
- The region is rather affluent, although there are pockets of poverty. Most FCH towns had a median household income higher than their respective states. While overall, a smaller proportion of families in FCH towns are in poverty compared to Connecticut and New York, the poverty rate by FCH town varies from a low of 1% in Salisbury to a high of 10% in Amenia. The

¹ FCH was initially funded with assets from the sale and conversion of Sharon Hospital to a for-profit organization.

² The communities served are: Amenia, Ancram, Copake, Dover, Northeast, Pine Plains, Stanford, and Washington (NY) and Canaan (Falls Village), Cornwall, Goshen, Kent, Norfolk, North Canaan, Salisbury, Sharon, and Warren (CT).

proportion of children eligible for free and reduced lunch in schools increased in all three counties between the 2006-2007 and 2010-2011 school years.

- Education status varies substantially across FCH towns. About 89% of the region's residents over the age of 25 have a high school degree or higher, a rate similar to the state of Connecticut and higher than the state of New York. However, 42% of residents in Litchfield towns have a Bachelor's degree or higher compared to about 30% of those in Columbia and 22% of those in Dutchess. In many FCH communities in Dutchess over 10% of residents over age 25 have not completed high school or high school equivalency.

Health Status

- A lower proportion of Litchfield County residents reported poor or fair health than residents of Dutchess or Columbia counties. The number of poor physical health days reported was similar across FCH counties and similar to Connecticut and New York. A higher number of poor mental health days were reported by residents in Columbia County than in Litchfield County, Dutchess County, and the states.
- Rates of mortality due to many causes are higher for residents of Columbia County than for Dutchess County and for the rest of New York, however hospitalization rates are lower. Dutchess County hospitalization rates were lower than the state for many causes with the exception of unintentional injuries and drug-related causes. Deaths due to all causes are similar between Litchfield and Connecticut while hospitalizations are lower for Litchfield for all causes except alcohol and drug abuse. Rates of death due to diabetes were lower in all three FCH counties compared to their states.

HEALTH AND HEALTH CARE NEEDS

Top Health Concerns

- Top health concerns for the region included mental health, health care access (transportation, cost of health care, and provider availability), substance use, and obesity and chronic disease. This was consistent across survey respondents and focus groups.
- There was some variation across respondents. In Columbia, access to primary care was identified as a top concern by a higher proportion of survey respondents than in either Litchfield or Dutchess. A higher proportion of respondents in Litchfield identified mental health as a top issue than in the other two areas.

Mental Health

- Both quantitative data and focus group information collected for this study point to mental health as a significant health issue for the region. Over half of survey respondents identified it as one of the top three health concerns in the region. In focus groups, respondents expressed concerns about mental health in their families and communities. Quantitative data indicate that adult suicide rates in all three counties both were higher than for the states. Additionally, the rate of use of public mental health services by adults between 2007 and 2013 was substantially higher for Dutchess County than for Columbia County or the state overall. Furthermore, the rate of use of these services has grown faster for both Dutchess and Columbia counties over this time period than for the state overall. Similar data about Litchfield are not available.
- Growing mental health concerns among children and youth were identified as a top health concern by survey respondents and focus group members. Survey data from the Region One

middle/high school in Litchfield and Dutchess County schools show concerning trends relative to depression, suicide, and eating disorders among middle and high school youth. Similar data about Columbia were not available. Respondents attributed mental health concerns among children and youth to childhood trauma, poor parenting, overmedication, school pressures, and the challenges of growing up in today's world.

- Untreated mental illness was a concern among respondents. They attributed this to a lack of mental health screening services, cost of care, few mental health providers in the region and few providers willing to accept Medicaid, and insurance constraints that limit mental health visits and services (although several expected this last would change with ACA). An additional barrier is stigma. Stigma associated with mental illness was reported to be strong in Hispanic communities, which creates barriers for those seeking care. Additional barriers for Hispanic residents seeking mental health care are lack of awareness of available mental health services, few bi-lingual providers, documentation status, and cost.
- Mental health prevention and treatment services for lower-income residents include Hudson Valley Mental Health and Hudson River Healthcare; however lack of sufficient providers constrains the ability of these organizations to meet the demand for services. The recent closure of services of the Northwest Center for Family Service [the Lakeville office of Community Mental Health Affiliates (CMHA)] have also raised concerns in the region. Additional mental health providers in the region include, Housatonic Youth Services Bureau, Astor Services for Children and Families, NAMI (National Alliance on Mental Illness) of Mid-Hudson, and Women's Support Services. CMHA and Charlotte Hungerford Hospital's Behavioral Health Services also offer out-patient services in Torrington, CT. The availability of local services for emergency mental health issues was also identified as a concern.
- Respondents provided several suggestions to address mental health in the region:
 - More Mental Health Services/Providers: Residents expressed concern that the availability of mental health services is decreasing as needs are increasing and are likely to continue to increase as health reform is implemented. Respondents suggested mobile approaches including traveling counselors who could visit community organizations such as a community centers, schools, or senior programs.
 - Enhanced Screening Services for Children and Youth: Respondents advocated for a prevention-based approach to mental health. They suggested more screenings in schools and in physicians' offices. Reaching young children (before they begin school) with screening was also seen as important. However, to be effective there must be providers to whom to refer those identified as needing mental health services. Additionally, respondents noted that follow-up needs to be conducted with those referred to ensure that they are connected to services.
 - Greater Outreach to Hispanic Residents and More Culturally Appropriate Services: To meet the mental health needs of Hispanic residents, more bi-lingual mental health providers and support groups, translated materials, and access to interpretation services during mental health visits are needed. To overcome stigma associated with mental health and to encourage help seeking, focus group members suggested outreach and education in the Hispanic community, in partnership with trusted faith and community leaders.

Health Care Access

- Access was a substantial concern for respondents: 73% of survey respondents reported that they believed residents faced barriers to accessing health care services. About 60% of these reported that lack of transportation was a top three barrier to health care access. Focus group

members named transportation as one of the most significant barriers to accessing health care and other services in the region. Several stated that they or people they knew delayed or went without health care due to transportation constraints. Seniors unable to drive, lower income residents, and Hispanic residents in particular face transportation barriers. Existing transportation services in the region include Dial-A-Ride and other volunteer-staffed services, two fixed route bus systems and ADA Complementary Paratransit Services, Medicaid-funded medical transportation for eligible individuals, and transportation offered to patients by Hudson River Healthcare. Respondents reported that these services were insufficient to meet growing demand and are chronically underfunded.

- About half of stakeholder survey respondents reported that the cost of healthcare was a barrier to care. This is consistent with findings from a recent survey of residents of Dutchess and Columbia counties that found that affordable health care ranked third among 17 community priorities. Key health care cost concerns among respondents included high co-pays, deductibles, and health insurance premiums as well as high medication costs. Lower income families struggle to meet these costs and sometimes forgo health care to meet other expenses. The cost of health insurance was a key concern. Some focus group members reported that they successfully purchased health insurance through the new Marketplaces while others reported that they were unable to do so.
- Lack of providers was identified as a barrier to health care access in both the survey and in focus groups. About 25% of survey respondents reported that lack of primary care providers was one of the top three barriers to accessing health care in the region. The number of providers (primary, mental health, and dental) per population is lower in FCH counties than in the two states overall. Columbia County has been designated by the HRSA as a dental Health Professional Shortage Area (HPSA) and Litchfield County has been designated as a mental health HPSA. Lower income residents and seniors face additional challenges accessing health care because some providers are not willing to accept Medicaid and Medicare. These residents tend to obtain care at the region's two Federally Qualified Health Centers (FQHC), however high demand for services can mean long wait times for appointments and delayed health care; one of the FQHCs is currently expanding to increase its capacity to meet the need for services. In addition, the lack of primary care and urgent care services in the region has led to increased use of hospital emergency rooms for health services that could be more efficiently addressed by other health providers.
- About one third of survey respondents reported that lack of awareness of existing health services was a top barrier to accessing health care. In focus groups as well, members reported that they believed that there was a lack of publicity about existing services, both health services and social services, and that this prevented some residents from accessing services that they need.
- Although not mentioned as frequently as other challenges to accessing health care, some focus group members reported that they or people they knew faced challenges in navigating the health care system including understanding levels of insurance coverage, which physicians accept which insurances, and co-pay and deductible requirements.
- Survey respondents and focus group members provided several suggestions to enhance health care access:
 - **More Providers:** Respondents recognized that ACA will have a substantial impact on provider availability and provider networks, but in what ways is not yet known. New legislation allowing nurse practitioners to practice independent of physicians may help to increase access to primary care in the region. Implementing new provider models, such as Community Paramedicine, was also suggested as a strategy to enhance health care access.
 - **Support for Transportation:** Existing transportation services are valued and needed by community members and demand for these services continues to rise. Residents

acknowledged that extensive public transportation systems are unrealistic in the region and suggested that continued support is needed to underwrite these low-cost services such as Dial-A-Ride to assist residents who do not have private transportation.

- Resources to Pay for Health-Related Costs: While medication assistance programs exist, respondents saw a need for similar financial support to cover other health-related costs such as health visit co-pays, deductibles, and uncovered services such as eyeglasses and hearing aids.
- More Outreach and Information about Existing Services: Respondents suggested the development of local and regularly-updated set of information/directory about health and other services available in FCH communities that includes information about when they are offered, eligibility requirements, and fees and any financial support available. Respondents also saw a need for a regularly-updated list of local primary care physicians, specialists, and mental and dental providers, including what insurance they take. Information should be provided in multiple formats to reach different audiences.

Substance Use

- About one third of survey respondents identified substance abuse as a top health concern for the region and community challenges related to substance use were discussed in every focus group, and often very extensively. Residents expressed concerns about heroin/opiates, prescription drugs, and marijuana. Heroin was specifically singled out due to recent deaths in the community. Focus group members shared several reasons for the rise in the use of these substances including over-prescribing of painkillers, rising rates of stress and mental illness, and easy accessibility.
- Dutchess County has the third highest rate of admissions to certified rehabilitation programs for primary substance of heroin and/or other opiates of the seven counties comprising the Hudson Valley Region, and a rate substantially higher than the state of New York. Between 2002 and 2011, the proportion of admissions for treatment in Columbia and Greene counties doubled for heroin use and increased from 2% to 12% for other opiate use. Similar data for Litchfield are not available.
- Data show that smoking rates and alcohol use rates among adults in Columbia, Dutchess, and Litchfield counties are the same as for New York and Connecticut. However, a higher proportion of adults in Litchfield County reported drinking excessively.
- Available data on youth substance use show that rates of use of alcohol and marijuana among youth are of concern, especially among older students. Tobacco use was comparatively low and data suggest use is declining among students in the Region One school district. Respondents attributed drug use among youth to several factors including a lack of other things for youth to do as well as peer pressure.
- Identified barriers to accessing substance use services are similar to those for mental health and include lack of screening, few providers, cost, and stigma.
- Focus group members and survey respondents reported that, like mental health services, there are few programs and services to address substance abuse in the region. Some are private facilities and economically out of reach for many. More accessible and local services include Trinity Glen, Mid-Hudson Addiction Recovery Center (three sites), and Twin County Recovery Services. Housatonic Youth Services Bureau and the Council on Addiction and Prevention Education (CAPE) were mentioned as the primary prevention and early intervention providers for youth in the region.
- Community stakeholder survey results and focus group discussions point to the need for a variety of substance use services including:

- More Substance Use Services/Providers: As with mental health services, residents believed that more affordable substance use services were needed in the community. These services should address the full spectrum of the disease from prevention to early intervention to treatment and include both in- and out-patient services and programs.
- More School-Based Substance Use Treatment and Prevention Services: Focus group members and survey respondents alike saw a need for greater substance use intervention in the schools. Suggestions included more school-based counselors, the use of evidence-based prevention education in the schools, and teacher training to help educators identify youth at risk. Suggestions also included focusing on youth most at risk for substance use through more intensive programs such as mentoring. Additional suggestions included more activities to keep youth engaged such as community-based recreation programs and internships and community service projects.
- Enhanced Outreach and Education: Respondents felt that more was needed to educate all community members about the dangers of substance use especially the epidemic of opiate use. Some communities are currently working on this through events like prescription drug “take back” days and community forums. Respondents believed more could be done to raise awareness and some suggested media campaigns could be effective in changing opinions and behaviors about substances.
- Improved Provider Prescribing Practices: Respondents suggested training to ensure that providers are educated about abuse of pain medication and are able to better monitor prescribing as well as follow-up to help ensure patients do not become addicted.

Obesity and Chronic Disease

- Over 30% of survey respondents identified chronic disease as one of the top three health concerns for the region. Focus group members also identified obesity as a concern for residents. Rising rates of obesity are attributed to a lack of access to healthy food and physical activity, a more sedentary lifestyle, lack of time, and a general trend toward highly processed foods and large serving sizes. Adult obesity rates in FCH counties are about the same as for the states, with Litchfield experiencing slightly lower rates than the state of Connecticut. However, the combined prevalence of overweight and obesity in Dutchess County was slightly higher than the statewide average. Similar data are not available for Columbia or Litchfield.
- While focus group members reported that obesity was a concern across all demographic groups, they expressed concern particularly for rising obesity in children, including very young children. Data about obesity among youth show that rates of obesity among students in Columbia and Dutchess counties are slightly higher than in New York. Overweight and obesity rates vary across FCH towns with some towns experiencing rates over 40%. Adult diabetes rates have risen in all three FCH counties and the states. Data about obesity rates among youth in Litchfield County are unavailable. However, information about physical fitness among youth in the area indicate that less than half of students in some Litchfield schools are able to pass physical fitness tests.
- Accessibility of affordable and healthy food was a challenge reported by respondents. Statistics show that a smaller proportion of residents in Dutchess and Columbia counties than in the state of New York have access to healthy food; a higher proportion of Litchfield residents than residents of Connecticut have access to healthy food. The cost of food, including costs associated with traveling to purchase it, was a substantial concern to many focus group members, especially seniors and lower income residents. This has been exacerbated by the recent closure of a local supermarket. Several towns have community gardens and farmer’s markets, not all do (however plans are in place to expand markets to new towns). Food pantries were reported to

have limited healthy choices and the region has few affordable restaurants that serve healthy meals.

- Lack of physical activity is another contributor to obesity. Respondents reported that there are many opportunities including parks, playgrounds, and a rail trail in the area; however, access is largely limited to those with private transportation. Secondary data indicate that a smaller proportion of residents in all three FCH counties, especially Litchfield County, have access to exercise opportunities compared to other residents in the states. Some fitness programs are offered through community organizations and local schools, however, many cost money to participate, which can be prohibitive for some residents.
- Suggestions to address obesity and chronic disease concerns shared by survey respondents and focus group members include:
 - Promotion of Chronic Disease Self-Management Programs: There is a need for more programs, based on evidence of success, to help those with chronic disease.
 - More Education About Healthy Lifestyles: Stakeholders suggested that more written materials and in-person education/training were needed. Suggested topics focused largely on nutrition and included what comprises a balanced meal, how to read food labels, how to purchase healthy foods on a budget, and how to prepare quick but healthy meals. Multiple outlets for information are needed because attendance at “classes” or community forums are often lower than expected. Written materials about nutrition could be sent home with students, and shared through food pantries, food programs, and ESL classes to reach non-English speakers.
 - Greater Access to Affordable and Healthy Food: Enhancing affordability of healthy foods through supplemental programs such as Health Bucks at local farmer’s markets was suggested. Several respondents also suggested that more be done to create community gardens and to promote farmer’s markets to lower income residents of the region.
 - Enhanced Access to Physical Activity Classes: Respondents suggested that more opportunities for physical activity be offered. They also suggested that more be done to raise awareness of those opportunities that are currently available, including financial support such as scholarships for summer camps and youth sports programs. Community-wide events, such as a fitness challenge, were also seen as a way to promote physical activity among residents.

Other Health Needs

- *Oral Health*: Although oral health was not identified as a top three health concern by many completing the community stakeholder survey, the topic was discussed in several focus groups. A 2012 resident survey found that access to dental care was the top unmet need for health care services in Dutchess County. The availability of dental care was a concern: the region has few dentists and access is further constrained for lower income residents because some dentists do not accept Medicaid. Residents also reported that dental care is expensive. Hudson River Health Care and the Greater Torrington Community Health and Wellness Center offer dental care to Medicaid patients and charge a sliding fee for services but wait times were reported to be long. Schools were seen as playing a critical role in enhancing the oral health of children in the region. Trend data point to substantial reductions in tooth decay among elementary age students over the past several years.
- *Communicable Diseases*: Although data point to high rates of Lyme Disease in FCH counties, this issue was not often mentioned in focus groups or surveys. Rates of sexually-transmitted infections were substantially lower in FCH counties than in the states of New York and Connecticut overall.

- *Asthma*: Mortality and morbidity statistics indicate a higher rate of asthma deaths and hospitalizations in FCH counties than in the two states. However, data about asthma-related ED visits, for both young children and those of all ages, indicate that rates are lower in Columbia and Dutchess than in New York.
- *Maternal and Child Health*. Maternal and child health concerns were not prominent themes in most focus groups and interviews. Quantitative data additionally indicate that FCH communities are similar to or better than on key measures of maternal and child health.
- *Screening and Prevention*: Screening was not a prevalent theme in either survey results or focus groups and quantitative data. Screening rates for diabetes are slightly higher in Dutchess County than in Litchfield, Columbia, and the states. Mammogram screening rates are higher in Dutchess and Columbia counties than in New York overall.

Health Needs of Sub-Populations

- *Hispanics*. Hispanics are the largest non-White population group in the FCH service region, comprising 6% of the total population. A variety of data indicate that Hispanics in FCH counties experience health disparities including higher death rates, high rates of obesity and mortality and hospitalization due to diabetes, lower rates of health screening, and less access to health, mental health, and oral health services than their non-Hispanic White counterparts. The primary barriers to health care access encountered by Hispanic residents in the area include lack of health insurance, language, cost, and availability and lack of awareness of services. Suggestions to address these barriers and improve health outcomes among Hispanics in the community included:
 - Enhanced Language Access: Enhancing the number of bi-lingual providers and interpretation services especially in services such as mental health, dental health, and other specialties, was frequently mentioned as a strategy to enhancing access and improving outcomes for Hispanics. Focus group members also expressed a need for more translated information including instructions for follow-up care and medication.
 - More Culturally Appropriate Mental Health Services: Untreated mental illness was identified as a substantial challenge for the Hispanic community, which is worsened by substantial stigma surrounding the illness. Respondents suggested more should be done to enhance awareness of mental illness in the community by working with trusted leaders and community members to educate about mental illness and promote help-seeking behavior. Availability of bi-lingual providers, interpretation services, language-appropriate screenings, Spanish-speaking mental health support groups were also seen as important.
 - Enhanced Health Literacy: Enhance understanding about healthy behaviors and available health and social services through extended outreach to Hispanic members of the community through partnerships with existing programs such as ESL classes as well as outreach through media such as Spanish TV and radio. Essential to any successful strategy to reach Hispanic residents, according to focus group members, is the engagement of trusted community leaders such as those who are from the church.
 - Utilization of Community Health Workers: Community health workers (CHWs) were suggested as a effective support to enhance health care access and health outcomes for Hispanics. Often lay people from the community, CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, and give informal counseling and guidance on health behaviors. They can be a critical bridge to enhancing health care access and supporting healthy behaviors.
- *Seniors*. Given the large senior population in the FCH service region, the needs of seniors was identified as an area of particular concern. Challenges to seniors' health include health care

costs, transportation challenges, social isolation, memory loss, and lack of awareness of services and/or reluctance to accept services. Insufficient follow-up care after a hospital stay was also a concern among seniors and providers who work with them. While visiting nurses successfully fill this role, according to respondents, they are not able to reach all patients who need support. Suggestions to address these barriers and improve health outcomes among Hispanics in the community included:

- Enhanced Home-Based Health and Related Services: Expansion of VNA and home health aide services and support to help seniors pay for these services. Additional suggestions included the use of telehealth approaches such as home monitoring devices and videoconferencing as well as Community Paramedicine to overcome some of the challenges to health access for seniors and other residents in the region.
- Programs to Reduce Social Isolation: Because they play an important role in helping seniors to maintain social connections and be active, focus group members and survey respondents suggested that social and physical activity programs should be expanded. Closely related this, several seniors suggested that intergenerational programs be implemented in the area. Ideas included programs in which seniors read to children and programs in which young people help with chores at seniors' homes for community service credit.
- More Outreach and Information about Existing Services: Promote existing services to seniors with a regularly-updated set of information that is available through technology but also in hard copy such as directories, flyers, newsletters, and newspapers.

SUMMARY OF FINDINGS

Relying on secondary data about the region, a community stakeholder survey, and ten focus group discussions with community residents and providers, this report provides an overview of the social and economic environment of the towns FCH serves, the health conditions and behaviors that affect residents, and perceptions of health and health care needs. Several overarching themes emerge from this analysis:

Mental health was identified as an important health concern by focus group and survey participants, and current services were largely seen as insufficient to meet the need.

Consistent with national and state trends, mental health was identified as a top concern in the region by both focus group members and survey respondents. The use of mental health services in the region has increased over time. Rising and untreated mental illness among children and youth and Hispanic residents were of particular concern to community residents. Challenges to improved mental health include lack of mental health screening services, cost of care, few mental health providers in the region and few private providers willing to accept Medicaid, and insurance constraints that limit mental health visits and services. Stigma associated with mental illness also creates barriers to care. Respondents reported a need for more mental health providers—and those which are more accessible, including available in schools and who can serve non-English speakers. More screening and prevention services, including those based in schools, physicians' offices, and community organizations are also needed. Finally, education and outreach was seen as needed to overcome stigma associated with mental illness and promote help-seeking behaviors.

Access to health care, including primary, behavioral, and oral health, is a substantial concern in the region and is constrained by transportation, cost burdens, and lack of providers. As a rural region, the FCH service area faces the same challenges as other rural areas do. Lack of providers, across all health needs, is a fundamental constraint to health care access in the region. The region both lacks a sufficient number of providers, but lower income residents face additional challenges because some providers do not accept Medicaid. The lack of providers and services for

mental health and substance use issues was reported of particular concern because of the rising concern about these issues in the community. As in many rural areas, transportation barriers were identified as a substantial barrier to health care access in the FCH service area as well as a barrier to accessing other services. Lack of access to transportation can lead to delayed or unobtainable health care, inefficient use of emergency services, and reduced access to social and recreational opportunities and healthy food. Cost of health care was also a common concern in the region. The continued implementation of the health insurance marketplaces and Medicaid expansion will have implications for the health system in some substantial ways, including costs of health insurance, access to services, and the workforce. Currently, however, some of the region's residents face barriers to paying for health care, including premiums, co-pays, devices, and deductibles.

Substance use, especially the use of painkillers and opiates, is a pressing concern for community residents. Rising substance abuse rates in the region were a top-of-mind issue for residents in the FCH service area. As nationally and in New York and Connecticut, abuse of prescription drugs and cheaper opiate substitutes, were of great concern. Existing services to identify and treat those with substance use issues were seen as inadequate and underfunded. In addition, issues of substance abuse and mental health are intricately intertwined, creating further challenges for the health system. Additional barriers to addressing substance use issues in the community include lack of screening services, cost of treatment, and stigma. Respondents reported a need for more affordable substance use services, enhanced school-based services including deeper intervention with those youth considered most at risk of substance abuse, enhanced community education, and improved provider prescribing practices.

Obesity, especially among children and youth, is a concern for the region and is seen as linked to a lack of opportunities for physical activity and healthy eating. While obesity rates for adults and children/youth in the FCH service area are similar to those of surrounding communities and the state of New York and Connecticut, there are some communities that experience higher rates. Additionally, they expressed concern about affordable healthy food and fitness opportunities, where secondary data show lower levels of access for FCH communities than others. Lack of knowledge about healthy food and lack of access to healthy food emerged as a key challenge, especially as a local supermarket has recently closed. Suggestions to address obesity and related chronic diseases included more chronic disease self-management programs, greater access to healthy and affordable food and physical fitness opportunities, and more outreach and education about healthy lifestyles.

Hispanics, who comprise the region's largest non-White population, encounter additional difficulties that negatively affect their health. State, county, and national data point to health disparities among non-White populations. Survey and focus group feedback collected for this study indicate that barriers to good health and well-being for the region's Hispanic population include many of the challenges facing other vulnerable populations including transportation, cost, and lack of awareness of services. Hispanic residents face additional barriers including communication access barriers such as the lack of bi-lingual providers, interpreters, and translated materials, particularly for mental health, oral health and specialty services. Suggestions to address these barriers and improve health outcomes among Hispanics in the community included increasing communication access, providing more culturally appropriate mental health services, efforts to enhance health literacy, and employment of community health workers.

The aging of the region's population was noted by many and concerns about seniors were prominent. The FCH region has a higher proportion of seniors than other communities and the states of New York and Connecticut. As baby boomers age, seniors are expected to comprise an

ever increasing proportion of the population in the region. Concerns about seniors were prominent in focus groups and surveys. Challenges to seniors' health include health care costs, transportation challenges, social isolation, memory loss, and lack of awareness of services and/or reluctance to accept services. Insufficient follow-up care after a hospital stay was also a concern among seniors and providers who work with them. Suggestions to address the health needs of an aging population included enhanced home-based health and a related services, programs to reduce social isolation, and more outreach to seniors about existing services.