

# NW CT Health Enhancement Communities

## Priority Aims Expanded Engagement

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Charlotte Hungerford  
Hospital

A Hartford HealthCare Partner



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Charlotte Hungerford Hospital

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## I. ACKNOWLEDGEMENTS

This Community Health Assessment Data Scan was compiled during the HEC Pre-Planning Phase to summarize data from existing local Community Health Needs Assessments and related reports relevant to the HEC Priority Aims. That document was intended to be used as a resource for NW CT HEC Communities in their review of data related to the Priority Aims, and to identify where information was lacking or in need of updating at the local level. Upon completing the Pre-Planning Phase, the HEC Steering Committee acknowledged below, received additional funding to determine next steps, and continued engaging a broader community profile.

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## I. INTRODUCTION

Understanding residents' current health status in northwest CT and the multitude of factors that influence health enables identifying priorities for health planning, existing community strengths and assets upon which to build, and areas for further collaboration and coordination.

The Health Enhancement Community (HEC) Initiative recently launched by the CT State Office of Health Strategy (OHS) and Department of Public Health (DPH) aims to improve the health and well-being of all residents in Connecticut and reduce the rising trends of health care costs by improving community health, health equity, and preventing poor health. The HEC Initiative has four ambitious yet achievable goals:

- Make Connecticut the healthiest state in the country.
- Achieve health equity for all Connecticut residents.
- Make Connecticut the best state in which children grow up.
- Slow the growth of Connecticut's health care spending.

The formation of HECs across the state is a primary strategy to achieve these goals. The vision is that HECs will support long-term, collaborative, and cross-sector efforts to improve community health in defined geographies. HECs will improve the social, economic, and physical conditions within communities that enable individuals and families to meet their basic needs, achieve health and well-being, and thrive throughout their lives. HECs will focus on two health priorities that are critical for Connecticut:

- **Improving Child Well-Being for Connecticut Children, Pre-Birth to Age 8 years:** Assuring all children are in safe, stable, and nurturing environments through preventing Adverse Childhood Experiences (ACEs), and increasing protective factors that build resilience and mitigate the negative impact of toxic stress.
- **Improving Healthy Weight and Physical Fitness for All Connecticut Residents:** Assuring that individuals and populations maintain healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so.

## II. COMMUNITY FORUM AND KEY INFORMANT INTERVIEW SUMMARY PROTOCOLS

### Instrument Development

The HEC Work Group initially met to discuss the questions addressed, focusing on the two priority areas. EdAdvance staff proposed an initial set of approved questions by all HEC Work Group members and later by the Steering Committee at subsequent meetings. The items used for all initial data collection activities were:

1. In what ways do you feel your community supports children in growing up healthy?
2. How do you feel about the quantity and quality of early childhood resources available in your community, such as Head Start, pre-school, school readiness programs, etc.?
  - a. How affordable are these resources?
3. How do you feel about the quantity and quality of local resources available to families to support healthy growth and development in their children, such as health care and parenting programs?
4. In what ways does the physical environment in your community support healthy eating and physical activity for children and adults?
  - a. How could this be improved for children? For adults?
5. What concerns do you have about safety in your community?
6. What do you think are the most common challenges families in your community are dealing with in raising their children today?
7. What other comments would you like to add?

### Instrument Calibration

During the expanded engagement period of data collection activities, the HEC Work Group agreed to allow a broader and more open question set to allow respondents greater freedom in expressing their thoughts. Therefore, the item set was modified and reduced to include more open-ended questions designed to collect more detailed responses. The smaller question set allowed the interviewer to pursue more focused follow-up questions designed to explore areas of concern or support. The iteration of the initial data set changed dramatically on or around March 11, 2020, when the Covid-19 pandemic impacts began to be felt by the community at large. A vast majority of the respondents from that date forward-focused their attention to the community's needs with the state-wide quarantine's new reality. Data collected over the next four months was firmly focused on the fears and facts of the situation. Another dramatic shift of respondent attention occurred on or around May 27, 2020, due to the events surrounding the death of George Floyd in Minneapolis, Minnesota. As a result of these two significant events, the question set shifted focus while still maintaining its original core ideas. While the following questions were not asked of every participant in the same manner, they do represent the change in focus:

1. In what ways do you feel your community supports children? How have those supports been impacted since the outbreak of Covid-19?
2. How has your community adapted to the needs of children after the state-wide quarantine?
3. What concerns do you have about safety in your community?
4. What do you think are the most common challenges families in your community are dealing with in raising their children today?

### Individual Interviews

The questions discussed above were initially intended to collect responses from various focus groups focusing on groups that were underrepresented in the initial round of data collection. Focus groups were scheduled with community members whose native language was not English, with Senior Citizens, undocumented community members, and individuals working with mental health issues. Unfortunately, a majority of these focus groups were canceled due to concerns around Covid-19. The research team was able to reschedule many of these interactions as one-to-one or small group conversations virtually. As of August 1, 2020, 56 individual and small-group interviews resulted in more than 80 audio data hours.

### Online Feedback

An online version of the interview questions was developed (<https://forms.gle/gCyuyzma2KG7xWSV7>) and shared with community members. 924 responses were collected, and the information gathered was entered into NVivo with a notation to identify them as asynchronous findings. There were 209 responses received in Spanish, 8 in Portuguese, and 12 in Mandarin. Those results were translated and entered into NVivo with a notation.

### Data Collection Methodology

The expanded engagement round of data collection was dramatically different from the pre-planning phase. A vast majority of the discussions did not occur in person but rather were conducted either on the phone or online (Zoom and Google Meet). This changed how the questions were asked and the responses recorded and analyzed. During a traditional focus group discussion, researchers adopt the role of a "facilitator" or a "moderator." In this setting, the researcher facilitated or moderated a group discussion between participants and not between the researcher and the participants. Unlike interviews, the researcher thereby took a peripheral, rather than a center-stage role.

In contrast, interviews involve a one-to-one, qualitative and in-depth discussion where the researcher adopts the role of an "investigator." This implies the researcher asks questions, controls the discussion dynamics, or engages in dialogue with a specific individual. The data collected during the pre-planning phase was done with an assistant in the room whose role included observing non-verbal interactions and the group dynamics' impact and documenting the discussion's general content, thereby supplementing the data. This could not be done online or over the phone.

### Analysis Methodology

All interview and focus group conversations were recorded with the permission of the participants. Approval was also granted when the mode of communication shifted to virtual or over the phone. There were several instances where participants did not wish their conversations to be recorded. The research team was permitted to take notes during these conversations. After completing the project, three community members who had initially allowed to have their voices recorded requested those recordings deleted, and their discussions struck from the record. Great effort was taken to ensure the privacy of all participants.

Upon completing an interview or focus group, the recording was immediately transferred into the NVivo software program. "NVivo is intended to help users organize and analyze non-numerical or unstructured data. The software allows users to classify, sort, and arrange information; examine relationships in the data; and combine analysis with linking, shaping, searching, and modeling."<sup>1</sup> Conversations conducted in languages other than English were first translated into English by a third-party contractor and then entered into NVivo. Online survey information was also translated, when necessary, and entered into NVivo. The massive data set was then coded by the question, data collection date, and respondents' demographic (when known). Significant themes (nodes) were identified, and all data was coded. The results that follow reflect the significant issues discussed by large numbers of participants across long periods.

### III. FINAL RESULTS

#### Executive Summary

The purpose of this report is to reflect the most prevalent issues expressed by the community. Throughout the project timeline, several vital ideas were consistently mentioned in several ways. The manner and voracity with which they were discussed evolved and were amplified due to the medical and social events during the spring and summer of 2020. What follows are the seven critical take-aways from the community conversations. In the next section, these ideas will be broken down by question with added context for clarification.

#### Key Ideas

1. There is a general sense that children are less safe in their communities than they were even ten years ago. A large number of respondents (78%) spoke to this in a variety of contexts. This was undoubtedly truer of minority respondents (97%) and was amplified after the COVID outbreak and the BLM movement. Parents who grew up in the same communities spoke of a time when there were allowed to play outside without fear. Many of those same parents do not let their children outside without adult supervision. The influence of drugs and drug culture was most often cited as the primary reason for this. Many minority population members also discussed the fear of public safety officers as another primary reason for this overall sense of dread.

Several respondents (39%) went so far as to say they did not feel as if their children were safe in schools. For some parents, there was a fear of drugs and violence. For other parents, there was a fear of institutionalized Racism. While the overall sense of the education systems in the communities polled was positive, many community members expressed pessimism towards schools' role in the community.

These ideas were real before the COVID outbreak and the BLM movement and became more apparent after. Throughout the first few weeks after the outbreak and social justice movements, there was a profound sense of fear in every conversation conducted. Parents spoke of their confusion as to what

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<sup>1</sup> <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/about/nvivo>

to do with their children. They spoke of both short-term and long-term impacts on their financial, family, and education situations. Additionally, there was a sense of distrust for authorities in the community, state, and federal governments. Many felt as if the issues were being used for political gain and did not know where to turn to get unbiased information. Respondents in minority populations expressed these fears more dramatically. Many felt unsafe going to a hospital to get tested, even if there was a legitimate need to do so.

Other population members who did not have children in community schools were also fearful of what impacts the outbreak and social justice movements would have on their lives. Many senior citizens, for example, were frightened to leave their homes. They were worried that the resources they depended on would no longer function, and they would be left to fend for themselves. Mental health professionals spoke of the dramatic impact these issues would have on members of their communities. They spoke to the increasing number of domestic violence incidences, the decreased influence of professionals on students' daily lives, and the police's inability to interact with community members who needed greater supervision.

2. Parents and community members are fearful that the internet has exposed children to more unsafe experiences than they should be experiencing. The impact of the internet on child safety was mentioned in 75% of all conversations. This number was slightly lower (69%) in the minority populations. As parents and other community members explained their fears of letting their children play outside, they also addressed their fears of allowing their children to play online for long periods. Concerns ranged from less physical activity to difficult conversations with unknown actors.

After the COVID outbreak and the closing of community schools, parents were even more fearful. Many respondents were still leaving home to go to work every day and left their children home to learn virtually. These parents expressed great fear in what their children were doing online all day. *"I know my sons are doing their work, they get good grades, but they stay on the computer for 12 hours a day now. When I ask why so long, they say it's for school work. That just cannot be good for them. They're getting little social interaction, and they never move around. We try to enforce screen time restrictions, but it's almost impossible to do now that they have to do all their schoolwork online."*

Mental health professionals often spoke about the impact the internet has had on overall child safety. They discussed the impact a constant stream of information has on intellectual and social development. Many told stories of bullying and sexual abuse performed online. According to many mental health professionals, these issues are amplified in minority populations whose parents often do not trust reporting issues to school or police authorities.

3. Many community members were not aware of the resources available to their young children. The question specifically mentioned, "Head Start, pre-school, school readiness programs, etc.". A surprising majority of the minority community (64%) did not know what some or all of these resources were. When the programs were explained, these respondents were upset that they were not aware sooner. *"This is how it's different for us versus them. They grew up knowing about this stuff. They were*



*in these programs as kids. They go to doctors who tell them about these programs. Most of us are new here; we don't know about these things. There aren't any doctors who speak our language well enough to explain these things to us. Our kids struggle, and we all just assume it's because of the language. But we don't get the help that people from here do. That's why we came here for our kids to get these things. I wish I'd known they were available; I totally would have used them."* Members of the community who were involved in the administration of these programs were surprised to hear this. They outlined all of the steps they had taken to ensure the equality of resources. This disconnect is a constant theme throughout the work.

4. **Community members feel there is less sense of community than there used to be.** A large number of respondents (72% of all, and 70% of minority respondents) discussed this issue in various contexts. The loss of perceived safety discussed in Key Idea 1 was intimately tied to the idea that the community was not as close as it used to be.

The increased time spent online discussed in Key Idea 2 was a cause, according to some respondents. Others pointed to a decrease in the importance of faith-based interactions. Still, others felt as if the youth sports environment had siloed children into one sport while not allowing them to interact with other students in other sports. Whatever the reasoning, most respondents felt that the community had been "tribalized," where people would spend time with others who shared a particular set of beliefs. *"The community, as we used to know it, doesn't exist anymore. There are no more common shared experiences with everyone that brings us together. We've all been specialized and only talk to those that have the same specialty as we do. Whether that's travel soccer or our kids' drama club, none of us spend any real-time talking to folks who are different than us. And that's just a microcosm for our country as a whole. We don't have communities anymore; we have tribes. And many of those tribes are at war with each other."*

Unsurprisingly, this issue was amplified after the COVID outbreak and BLM movement. In nearly every conversation that took place after these events, the respondents spoke of their impact on the sense of community. Senior citizens expressed greater feelings of loneliness and isolation. Parents told of the effects of their children's social-emotional development. There was a real sense of fear that whatever community that still existed before these events would never come back.

5. **Children do not get adequate exercise.** Nearly 70% of all respondents identified this as a pressing issue for the health of all children. Key Idea 2 addressed the impact of the internet on fitness. There are other factors, however, mentioned by respondents for this trend. Parents and education stakeholders discussed the decreased importance of physical education classes in schools. As funding for schools has become more stressed, there is a perceived lack of time and energy spent on physical education. There were also concerns that the need for more social-emotional learning was taking time away from physical education classes.

Other respondents pointed to youth sports as a contributing factor. *"Our kids are encouraged to play just one sport year-round. You might think that it makes them more fit, but it doesn't. It makes them*

*better at one thing. When we were kids, you played all the sports. You were more fit because you did lots of things. Nowadays, they only do one thing."*

This was another area that was dramatically affected by the COVID outbreak. All youth sports in the area were canceled, and children missed out on entire seasons. Parents and other stakeholders expressed concern for the long-term impacts of this loss.

6. Access to quality healthcare, healthy food options, and team sports are not equitable. This sentiment was expressed by nearly all (97%) minority respondents and most respondents in general (68%). The reasons given for this inequality were varied. Most spoke of the financial burdens resource acquisition places on families with limited financial means. The primary point of discussion was the role of health insurance. Many minority respondents told stories of how they did not have health insurance and were scared to get health insurance because some of their families were undocumented. They also shared a high degree of frustration. *"How can we ever get ahead if we can't even stay healthy? I'd love to have insurance, but my job doesn't offer it. I'd go out and buy my own if it weren't so expensive. And I've heard stories about how people here have gotten in trouble with immigration when they've tried. It's just not fair."*

Access to affordable, healthy food was also a critical talking point. Minority respondents spoke of the differences in food options in their communities versus those in more affluent neighborhoods. Some went so far as to mention the differences in school lunch options for their schools versus students' possibilities in other schools.

These issues were all amplified after the COVID outbreak and BLM movements. Many respondents were fearful of the effect of losing school lunches would have on the overall health of their children. Parents were afraid that their children not being in schools would dramatically decrease their overall health. *"We don't love the schools, but they do get two meals a day there. They have a nurse who can look after our kids. We don't have a doctor, so the school nurse is the only person we trust to look after her. Our kids are learning English there. They won't get that at home. They are going to fall so much further behind everyone else. I'm terrified right now."*

7. Community members, especially those in minority populations, have a greater distrust towards those making decisions about public health and safety. This was an issue that was mentioned periodically before the COVID outbreak and BLM movement events. In days leading up to the social justice movement events, there was an increase in the amount of time spent on these issues and the emotion in which they were expressed. When both events were prevalent in the communities and the news, it was the conversation's primary topic.

Members of the minority communities were clear in their distrust of the police and public health officials. *"None of us trust them to have our best interests in mind. Look at who is being impacted by all of this; it's us. It's our people. How can we trust the police or the health folks when they don't look like*

*us. They never talk about us or what we need. They care about most folks. Most people around here are white. Why should they take care of us or look after us."*

This distrust intensified and became more prominent as time went by. During one of the final interviews conducted, a young mother expressed the fears of many others eloquently by saying, *"What you see now is something that many of us have felt since we were young. Our country and our community do not look at us as equals. They see us poor because they think we're lazy; they don't look at the deeper institutionalized reasons we are so. They see us as a drain on their society, as lowering their property values. When a community feels less than, that becomes ingrained in our children. They grow up feeling that way too. The inferiority complex felt amongst our youth is debilitating. This struggle is real and has been for generations. Now recently, you see how that historical attitude has impacted us directly. COVID is killing more of us than them. The police are killing more of us than them. The hospitals are treating more of them than us. How can we trust society and a system that treats us as less than? People like to talk about equality. Equality does not exist in our community. My kids will never feel equal."*

### Question Summary

As mentioned earlier, the questions were changed and made more open-ended during the project's Expanded Engagement period. For a more detailed description of the original question set, please see the Priority Aims Assessment Data Report completed in December 2019.

1. In what ways do you feel your community supports children? How have those supports been impacted since the outbreak of Covid-19?

Every person interviewed described some level of understanding for the state-wide quarantine and how it affected their ability to receive services. Initially, most respondents agreed with the closing of schools and the limiting of personal interactions.

*"I'm a parent of two elementary school kids here in town. I'm glad the state has closed the schools. I worked with geriatric patients and was afraid of passing the infection to them and then their friends. I'm still terrified of all of us getting sick and what that would mean for us financially, but I'm confident in the steps the state is taking."*

*"I work with students who have severe mental health and developmental issues. I'm not sure where they are going to go now that we are closed. Don't get me wrong, I think it was the only thing to do, but I'm not sure what this means long term. I'm doing the best I can with meeting their needs online, but it's nowhere close to meeting their needs."*

*"The mayor's office is doing the absolute right thing now. The risk is just too high for everyone. I get how this is going to affect everyone in ways we probably don't even comprehend yet, but this has to be done to protect*

everyone."

There was, however, a high degree of frustration over how dramatic the quarantine effects have been. This became more evident as time passed.

*"When this all started, we were all for it. But this is going on for too long. I see how this could be important for folks living in a city or Fairfield County, but not us. My husband has been out of work for weeks; my kids have been out of school longer. We don't know how we're going to pay our rent, and now we have to decide between putting food on the table or paying our bills. Shouldn't we be able to choose what precautions we take? For us, the cure has been much worse than the disease."*

*"My father used to go to the Senior Center every day. That's where he would meet his friends, talk to his counselor, get a hot meal. He has borderline dementia, and going there, I think, helped him to have some level of sanity. He hasn't been able to go in weeks, and it's had a dramatic effect on his mental health. The people there have tried to make up for them being shut down, but it's just not the same."*

*"There is no community anymore. The community effectively shut down once COVID hit. This is unreal. I can't see my doctor. My kids can't see their friends. I know everyone is frustrated, I know people just want to get back to the way it was, I just don't think that's ever going to happen. At least not anytime soon."*

*"I'm afraid of what impact this is going to have once this ends. The economy here was struggling before this happened, and I know this will make it worse. A lot of the programs my family was involved with will probably go away. My kids are going to be feeling the effects of this for years to come."*

After the events in Minneapolis at the end of May, the discussion quickly turned to the role of the police force in the everyday lives of children in the community.

*"After what happened last week and after seeing all of the protests, I'm worried about what's going to happen to the police here in town. My kids play in their leagues, and it's a big part of who they are. I would hate to see people turn against them. I would hate to see the leagues close down as a result."*

*"I've always been afraid of the cops. We know they look for us and go after*

*us just because we're not from here. I talk to my kids about them all the time. I tell them to run away if they get too close. I think everyone sees now what we've seen since we got here."*

## 2. How has your community adapted to the needs of children after the state-wide quarantine?

Most respondents addressed the work being done by schools to meet the educational needs of the students. There was an understanding that these were difficult times for everyone, especially teachers. Interestingly, most of the respondents whose native language was not English felt as if their children were being left behind, and not enough was being done to keep them engaged. Additional thoughts focused on the nutritional needs of students who were out of school and daycare for those children whose parents were essential employees.

*"When you say community, you are referring to the schools, right? Because everything else is shut down. My kids are taking all of their classes online and are finding it really difficult. It's not the school work or the technology; it's just a different routine. Kids are more comfortable when they have routine, and right now, they don't."*

*"As a teacher, this is a tremendously difficult time. I'm older and not great with technology. Now I'm supposed to teach all 100 of my kids online? I have a hard-enough time checking my email. I feel like I'm cheating them out of an education. I want to do better; I do; I just don't know-how. That guilt has impacted my entire life. I'm snapping at my husband, I'm short with my grandkids, and I'm overeating. I just want this to be over."*

*"I love the idea that the schools are still providing food for the kids. I know a few families in town who depend on that, and they were scared that their kids would go hungry. I've even heard a few restaurants in the area are giving out free lunches to kids. That's one of the reasons I love living here; people take care of each other."*

*"We don't speak English well. During normal times, my kids work with teachers to make sure they get stuff done. Now they don't. Those people try to teach them, but our computer at home is too slow and doesn't always work. I'm worried my kids will be so far behind everyone else when they go back in the fall."*

## 3. What concerns do you have about safety in your community?

Safety concerns focused primarily on Covid-19, the quarantine, and what life might look like when the quarantine ended. At the beginning of the quarantine, many respondents were fearful of local hospitals' capacity to treat patients. In contrast, others thought the quarantine efforts would place too much unnecessary burden on health care providers. After the death of George Floyd, the conversation immediately shifted to the physical safety of citizens and the role of police in society.

*"I work with the elderly here, in town so I've been following the recent events closely. I get worried during the normal outbreak and this seems to be so much worse. I hope the shutdown they're talking about for the schools will be for everyone. I would hate to see the guys and gals I work with get sick, and I'm not sure the hospital could handle an outbreak. They are great professionals over there and do great work. But they are small, and I'm sure they're resources are limited. It's all so scary right now."*

*"What is this going to look like when it ends? You asked about safety, and I think that's just more than people's health safety, which is what this is all about. I don't want people to get sick, but is this that bad? I don't know anyone who's gotten it. And they're saying most people don't get sick when they do get it. But if we stay closed and no one has money to eat, isn't that going to be a bigger problem? I can see a world where crime goes up a lot because people are desperate."*

*"I've always felt safe in my home. One of the reasons I like living here is because it's quiet. But when you see what's going on in the world, you have to wonder. I'm an older white woman, and I've never dealt with these issues. I hear people talking about defunding the police. I don't want that to happen. I think the police here are good people and wouldn't do anything like that."*

*"What happened to that man in Minnesota has been happening forever. I see it when my kids get stopped by the police. They pull them over because they're Mexican. They're good kids; they don't break any laws. But police is police. They aren't here to protect us, they're here to protect people like you."*

#### 4. What do you think are the most common challenges families in your community are dealing with in raising their children today?

The challenges of living in quarantine were the primary topics of conversation. The new reality of being at home for school and all other activities weighed heavily on the minds of parents. Community members missed their daily interactions with those that helped the children. There was a pervasive sense of loneliness in most conversations. For some individuals, the events in Minnesota brought greater attention to concerns they already had. As with most questions addressing this issue, the minority subgroups had much more to share and were open about their experiences. In contrast to the conversations had with these subgroups in the pre-planning phase, there was a greater sense of frustration and anger in the most recent discussions.

*"I think the greatest challenge we have right now is the unknown. No*

*one's ever experienced anything like this before, so there's no precedent. We don't know how this is going to affect our kids. We don't know the short- and long-term impacts this is going to have. It's almost like going through 9/11 again. We have no idea what the world is going to look like in the future; we just know it won't look the same."*

*"You know what the biggest challenge is, waking up every morning and knowing today is going to be exactly like yesterday. I miss talking to the teachers and the counselors. My kids miss being with their friends. I know everyone is so worried about the physical health of everyone, but what about mental health? When kids go back to school is, anyone going to help explain to them why it's safe now and it wasn't when they left? My girl won't go outside because she's afraid of getting sick, and now, it's magically going to be ok for her to be around hundreds of people? Her anxiety is going to go through the roof."*

*"My kids spend way too much time online. It's hurting their ability to function in the real world. I know they're doing their schoolwork there, but what else are they doing? I have to work, I can't watch them 24 hours a day."*

*"Racism. It's been that way since we got to this country. We knew it was bad, but we didn't think it would be like this. Killing people because they're black? In my country, that happens all the time, and we learned to live with it. But we came here because we wanted a better life for our kids. But it's just the same. I'm sad most days now."*

### III. Conclusions

This work's purpose was to gather the opinions of as many community members as possible around improving healthy weight and physical fitness for all Connecticut residents and improving child well-being for Connecticut children, pre-birth to age eight years. The formation of Health Enhancement Communities is meant to support long-term, collaborative, and cross-sector efforts to improve community health in defined geographies. HECs will improve the social, economic, and physical conditions within communities that enable individuals and families to meet their basic needs, achieve health and well-being, and thrive throughout their lives. Throughout conversations, there was a wide variety of opinions about where the community stood in both of these respects. In many cases, the views were divided along demographic lines. While the views expressed below were not universal for each group described, there is enough evidence to suggest that members of each population widely share them.

In conversations with primarily white individuals, there was a high degree of trust in the institutions charged with caring for the greater community's needs. There was little enthusiasm for forming different groups of oversight for this population to monitor health and safety outcomes. Instead, the group believed the current framework of agencies was capable of doing the work. A majority of these individuals felt as if the community was safe and healthy. That there were resources available to meet their needs, and access to them was not a high bar to overcome. The events that took place across society during this work were seen as evidence the system was working. They believed COVID would not impact them in no small degree because systems were already in place to test and treat every member of society. There was a long-standing trust with the police and a feeling that the country's events were isolated incidents. The group felt their children were safe, cared for, and living in an environment where many of the obstacles discussed were not significant factors.

Individuals interviewed who have been traditionally underrepresented, in general, had a very different view of the community's capacity to meet the critical objectives of the work. These individuals believed much more work needed to be done to centralize the appropriate resources and educate people on how and when to access the resources. There was a general belief that the current system for improving the community's health and safety was established before it had become more diverse. While many individuals were applauded for working diligently to level the playing field, the efforts were not seen as having been institutionalized. Many were unaware of resources available to them and, when they were known, felt as if they were out of reach for a variety of reasons. Members of these communities felt as if they were less safe than others. In many conversations, a belief was expressed that children were not well cared for by the community and that safety was not seen as a priority.

Participants from these communities also believed they were disproportionately affected by the COVID pandemic. There was uncertainty as to the location and availability of testing facilities. There was an overwhelming sense of fear over how the coming months would continue to affect their health and financial well-being. Many individuals were also more vocal about how the situation associated with the Black Lives Matter Movement may impact their safety. Many individuals expressed fear there would be a backlash against their communities as a result of protests. The idea that a group would be convened to make access to all resources more equitable was encouraging.

While it is beyond the current work scope to suggest possible next steps for the HEC, it is clear that more work needs to be done to address the described inequalities. Nearly all individuals who participated in this study were encouraged that their voices were being heard. Many were interested in knowing how this effort may impact their daily lives. While the opinions of what type of work should be done differed, no one suggested the current system was perfect. Finally, there is clear and overwhelming evidence that the impact of COVID and the social justice movements that exploded in the middle of this work clearly put added pressure on the types of work the HEC would look to coordinate. Careful thought should be put into how these issues could impact the goals of HEC.

#### IV. Data Limitations

The Steering Committee and Research Team made a great effort to engage as many individuals as possible



in the population. The results are representative of the communities in which they were collected. There were, however, individuals who wished to participate and could not, primarily due to their inability to access appropriate technology during the pandemic lockdown.

The data set contains a vast amount of information. The coding performed by the research team was purposeful in its intent to give voice to the most common responses. There were insufficient time and resources available to address all of the ideas put forth. While many of the undiscussed ideas were individual, there still may be underlying themes present in the data not mentioned in the findings.