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CT SIM CAB YOUNG ADULT LISTENING SESSION REPORT

MANCHESTER COMMUNITY COLLEGE, MANCHESTER:
OCTOBER 14, 2016

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NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD

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EVENT OVERVIEW

On October 14, 2016 – The State Innovation Model Consumer Advisory Board (SIM CAB), in partnership with the North Central Regional Mental Health Board (NCRMHB) and Manchester Community College (MCC), organized Young Adult Community Conversations about Healthcare Access. The purpose of the joint sponsored forum was to offer young adults a place to discuss and learn about healthcare access, express their health concerns, and encourage them to take action steps together to address identified healthcare concerns. Small group discussions were organized to create a more secure and positive atmosphere for participants. The event took place at the Cheney Jarvis Dining Room in the Culinary Arts Center.



Approximately 45 people attended the event. About 32 attendees participated in Community Conversations (some attendees circulated among the groups and listened in). Community Conversation participants included SIM CAB members, Program Management Office (PMO) staff, NCRMHB and MCC staff, and of course, young adults. About 25 young adults attended, many from Manchester Community College's FIRSTScholars Health Careers Pathway Learning Community, some from Goodwin Community College, and others from the community.



The event kicked off with registration and complimentary refreshments, along with door prizes for participants. The keynote speaker was Dr. Mark Schaefer, SIM Director. He gave a PowerPoint presentation highlighting major aspects of healthcare reform and healthcare challenges in our state. Challenges included high healthcare insurance deductibles and premiums, which affected people's medication management and use of preventive care. Reforms included chronic disease management and insurer-funded rewards for prevention efforts. Participants learned about SIM's goals - healthier people and communities, smarter spending, better care, health equity, and empowered consumers.

Afterwards, the audience was split up into three large dialogue circles. Each group was facilitated by one NCRMHB staff, and PMO staff recorded notes on a large flipchart. Groups went through the Community Conversation guide, section by section, covering an arc of dialogue. These questions addressed healthcare access, young adult health concerns, and ideas to address these issues. PMO staff and CAB members expressed their own challenges in obtaining appropriate and timely healthcare. They also supported the group dialogues by answering young adults' questions about challenges to healthcare access. Some issues addressed included access to behavior health and obtaining individual insurance

coverage. The Community Conversations wrapped up by reconvening the three groups, and each group presented their top two ideas to address healthcare issues. NCRMHB is currently developing a report for the SIM CAB that outlines the students' ideas and analyzes pre-event and post-event survey results.

KEY FINDINGS:

1. Young adults believed that cultivating trusting peer groups gives them the space to talk about health issues.
2. In regards to the Affordable Care Act (ACA), most young adults appreciated the provisions, including that insurers can no longer deny coverage based on pre-existing conditions. However, some young adults preferred to avoid health insurance and pay the ACA penalty, because it's less expensive to pay the doctor as needed.
3. Students acknowledged the difficult transition from their pediatrician to an adult primary care doctor. Young adults wanted to know more about healthcare and health insurance, but it is difficult to find the answers.
4. Many young adults noted that there is a need for translation services, especially for sign language interpreters. A majority of the students had friends that do not speak English.
5. Since many young adults traveled primarily by bus, transportation was a major issue to accessing healthcare. Some students discussed their frustration with Logisticare and wondered about alternative options, such as using Uber.
6. Many young adults had experience with mental health issues. Some admitted to being survivors of childhood sexual trauma. Others talked about bullying. LGBT young adults discussed a concern with coming out; they acknowledged the high suicide rate for LGBTs. Some young adults expressed interest in holistic healthcare to address mental health issues. Many expressed a fear of reaching out for help.
7. Many young adults knew someone who overdosed. Rather than referring their friends to services, many students took on the responsibility of becoming their friends' primary support. Some young adults believed that doctors and therapists only wanted to medicate them and worried about being caught in the cycle of overmedicating.
8. Young adults felt that the healthcare system should be involved in normalizing discussions about sexual health. One young man believed that porn prevents other young men from making real-life romantic connections; he wants healthcare professionals and counselors to talk about this issue.
9. To access help for healthcare issues, many young adults from MCC go to Planned Parenthood.

EVENT DETAILS

WHAT WE LEARNED:

Young adults joined the discussion for a variety of reasons. They wanted to learn what others thought about healthcare and understand their options. They realized they lacked knowledge about health insurance and wanted education. They planned to work in the field and wanted to anticipate what they might need to know to help others. Many young adults wanted to make a difference in the state healthcare reform efforts.

Young adults believed being healthy means feeling well mentally and physically. Within being healthy, they talked about taking care of themselves, eating



well, having a mind-body-spirit connection, and engaging with holistic health. Some students talked about being healthy as needing to rely less on doctor's visits and being able to do what they wanted with their lives.

Young adults believed that cultivating trusting peer groups gives young adults the space to talk about health issues. Many affirmed that it was easier to talk about healthcare in a group of well-known peers, like in the MCC FirstScholars



group, than among young adults at-large. Young adults in one group shared that because they were in a program together, socialized together, were encouraged to share their experiences, and went through orientation activities – they built trust. Trusting each other allowed these young adults to be open with their stories and with their healthcare concerns; young adults within this group commonly agreed that they were generally more accepting in this cohort than in the general student population at MCC. Conversely, young adults shared that feeling judged will stop young adults from talking about issues like healthcare.

CHALLENGES ABOUT HEALTHCARE:

When discussing challenges about healthcare, young adults shared a range of perspectives on the Affordable Care Act (ACA). Many understood the ACA was a way to improve the system. Young adults liked that insurers must cover mental health benefits in parity with physical health, and that insurers can no longer deny coverage due to pre-existing conditions. Young adults were surprised about the fact that in the past, insurers charged different insurance rates and doctors charged unequal healthcare prices for different communities; for example, the medical field used to charge women more than men. Young adults were glad that the ACA addressed this disparity. Young adults also recognized how the ACA helps immigrants. Nonetheless, young adults felt the healthcare system was still broken and continues to be expensive. Many young adults shared that their families cannot afford copays so they cannot afford prescriptions and do not go to the doctor. Young adults felt that the ACA failed to address the rising costs of healthcare. The majority of young adults were shocked that the ACA charged a penalty to those without insurance. Even with this penalty, some young adults felt it is still less expensive to pay the doctor as needed than pay for health insurance. They agreed that the ACA and our healthcare system need improvement.



Young adults lamented that they did not learn about the ACA in school. Many shared that their parents handled their health insurance, but acknowledged that they will have to assume these responsibilities in the near future. Some shared that they had their insurance cards, but do not know what to do with them. Young adults already anticipated that the transition from state insurance will be expensive. Others acknowledged the difficult transition from their pediatrician to an adult primary care doctor. Many shared that there are no obvious resources to figure out any healthcare information – that individuals must proactively search to find the answer. Young adults asserted that they want to know more about healthcare and health insurance, but it is difficult to find the answers.



Some young adults said that they experienced discrimination in healthcare due to their racial background. One black woman shared that her family has repeatedly waited longer than anyone else at the emergency room, and she believed it was due to discrimination. She felt helpless to do anything about discrimination, so she waited patiently until her family could be seen. In addition to addressing discrimination, she felt that healthcare providers could work on developing cultural sensitivity. Many young adults noted that there is a need for translation services, especially for sign language interpreters. A majority of young adults had friends that do not speak English. One student shared that she was from Germany and that her family that does not speak English; she cited frustration that there are Spanish translators but none for

Germans. Young adults agreed that there needs to be more language options in healthcare.

Major issues of concern for young adults ranged from lack of money, to stress, mental health issues, sexual health, and stigma of using healthcare. In college, lack of finances were very stressful for many students. Financial constraints affected young adults' transportation options, ability to access healthcare, and opportunities to socialize with their peers. Since many young adults traveled primarily by bus, transportation was a major issue to accessing healthcare. Some students discussed their frustration with Logisticare and wondered about alternative options, such as using Uber. Those who made it to their medical appointments struggled to pay for the visit, or to pay for the follow up medical care. Any additional out-of-pocket costs not covered by Husky(Medicaid) became a major financial hurdle, and at least half the young adults at this Community Conversation used state-funded health insurance and healthcare. Many young adults expressed confusion with Husky. While some believed Husky was good, others discovered that not all doctors accept this form of insurance. Students believed that providers should accept more insurance plans. Some students noted that holistic care was not covered. Overall, lack of financial resources resulted in students feeling pressured to juggle school and work, which can compound mental and physical health issues.



Many young adults felt disconnected from mental health services, and both stigma and lack of money prevented them from taking action on their health until it is too late. To address these issues, young adults believed they need a space to talk, expanded training to recognize warning signs, and holistic treatment to address their issues. Many young adults had experience with mental health issues, including personal or family issues with mental health disorders like anxiety and depression, eating disorders, and bipolar disorder or being survivors of childhood sexual trauma. Others talked about



schizophrenia. Some admitted to bullying. LGBT young adults discussed a concern with coming out; they acknowledged the high suicide rate for LGBTs.

Young adults reported feeling isolated and unable to connect with their parents about their stress levels. They felt that their parents were unsympathetic to the stresses of being a student. Young adults often heard parental warnings that they have it easy, and that stress will only worsen after college. Some students shared that they struggled with ADHD but were not given adequate help or were not taken seriously when they shared their learning disability. Other students felt they were not getting enough sleep, worked too much, and no matter what they do, cannot do their best.

Many expressed a fear of reaching out for help. In addition to the normal stresses of school, many young adults admitted to experiencing depression. Since depression was often brushed off by friends and family, most felt uncomfortable sharing their mental health concerns. Some students believed that all their friends struggled with anxiety, but since it was accepted to be the norm, when someone needed help they could not recognize the problem. Students also talked about the prevalence of eating disorders. One student talked about the problem of parents accepting eating disorders as a normal part of growing up. If a parent had an eating disorder, their child may develop the problem. Cultural norms seemed to play a big role in young adults' experience of healthcare.

Young adults also talked about their concern with addiction issues and their long-term recovery. Many young adults knew someone who overdosed. Most young adults understood that people with addictions do not realize they have a problem. Young adults agreed that stigma existed in regards to mental health and addiction issues. To address this problem, young adults often offered themselves as resources for their friends, telling peers to "vent to me" rather than referring people to services. Some young adults with experience in the mental health system shared that using group and individual outpatient therapy was very helpful. One person found immense help at a local inpatient crisis program, which they liked because the program had group therapy and could recommend medication as necessary. Another person found group therapy more useful than individual therapy visits or any other treatment modalities. Some young adults worried that doctors and therapists only wanted to medicate them. They knew that when medicine failed, they should go back to the doctor and try another medication, but they worried about needing more pills and being caught in the cycle of overmedicating.



Young adults also worried about sexual health. They shared that a lot of young adults do not use protection because they do not realize the dangers. Students also worried about rape issues and discussed ways to address these concerns. One young man believed that porn prevents other young men from making real-life romantic connections; he wants healthcare professionals and counselors to talk about this issue. Young adults felt that the healthcare system should be involved in normalizing discussions about sexual health. Students noted that their peers would sneak around to get free condoms, and concluded that to address sexual health issues, we first need to address the embarrassment around this subject and make sex easier to talk about.

To access help for healthcare issues, young adults go to a range of places. These include peers, parents, career services, and the emergency room. They also go to Planned Parenthood and refer friends there to get tested. Young adults do not tend to go to the doctor – they know they should but they do not. If they do go to the doctor, young adults shared that differences exist in doctor visits for boys and girls. For example, students noted that doctors tend to ask girls more questions about sexual health.



SIM CAB FEEDBACK:

One SIM CAB member stated, "I especially enjoyed being able to talk in a small group with young people who are smart and engaged. I thought that the process was enjoyable and interesting."

Another SIM CAB member shared, “This was an excellent event. As a person who works with this population on a regular basis, I was impressed with the overall level engagement and willingness of those in my group to participate in the discussion. The use of the community conversation approach was extremely helpful for gathering a broad array of actionable information.”

Thanks to the event, SIM CAB members now want to engage 1-2 young adults to serve on the SIM CAB committee. A SIM CAB member explained, “One suggestion that has remained on my mind since the forum was the "community ambassador" idea. This involves providing stipends to students on college campuses to raise awareness about the topic of health reform and SIM transformations.”

RECOMMENDATIONS:

Young adults wanted more education on the State Innovation Model (SIM) because this event was their first exposure to healthcare reform initiatives. Students believed SIM should engage a young person as a SIM representative to leverage peer support and to share information about healthcare reform. In order to get more young adults involved in healthcare-related work, they suggested that SIM focus on developing more programs accessible to high school and college students. Students affirmed that events like the one at MCC – Community Conversations – helped highlight issues in an engaging manner.



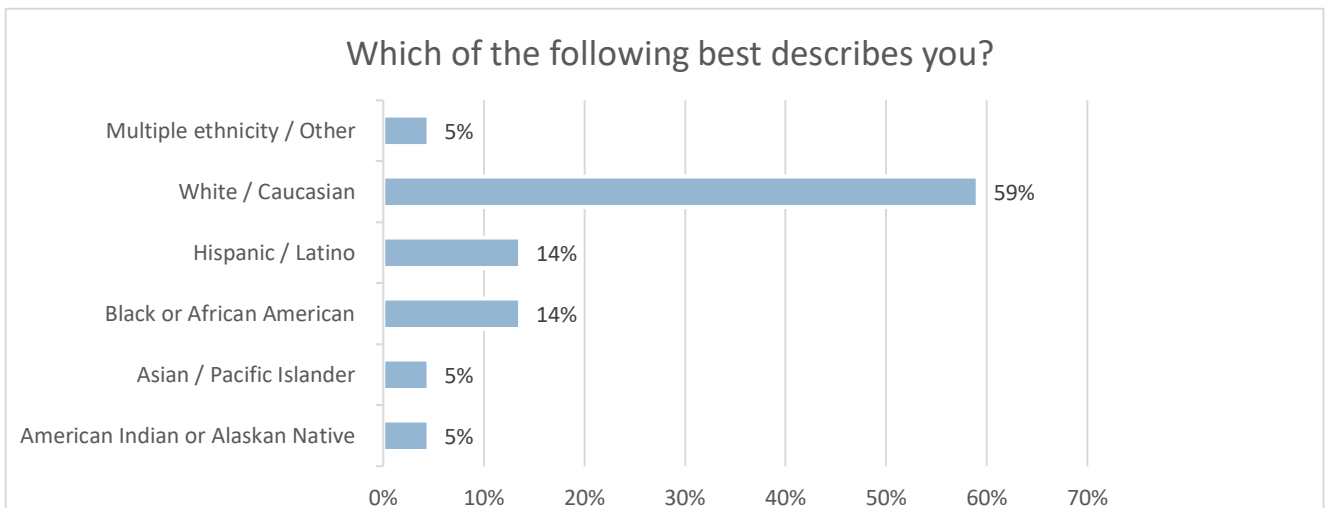
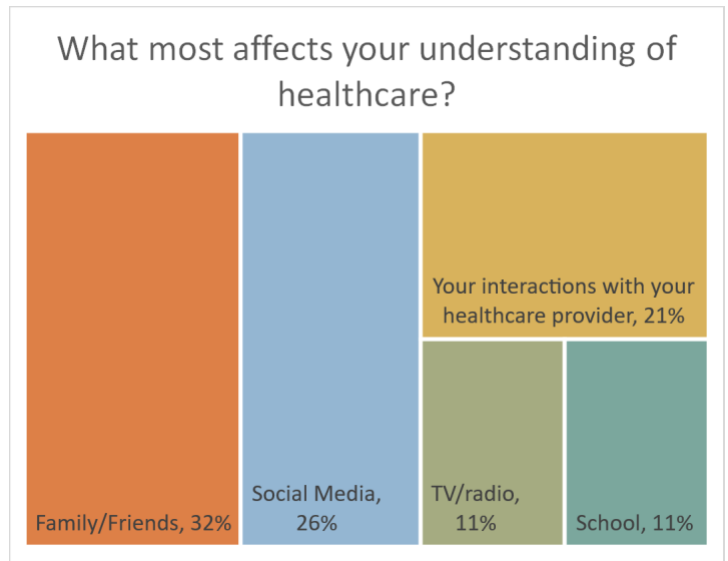
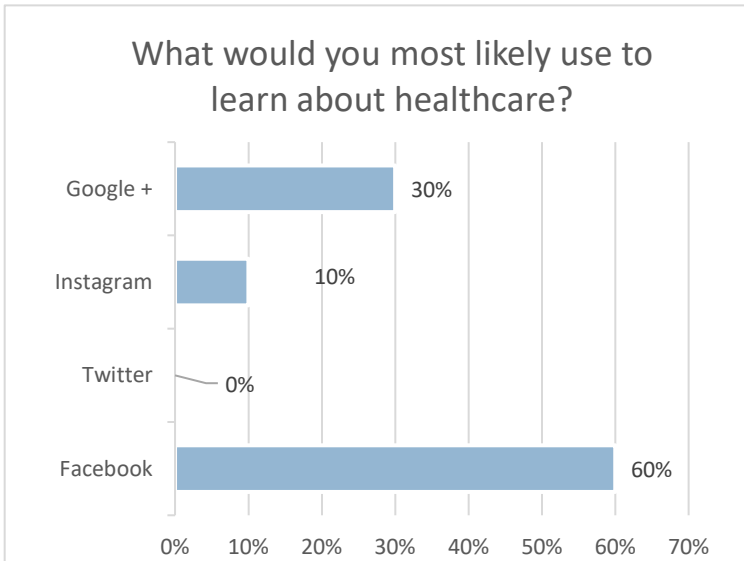
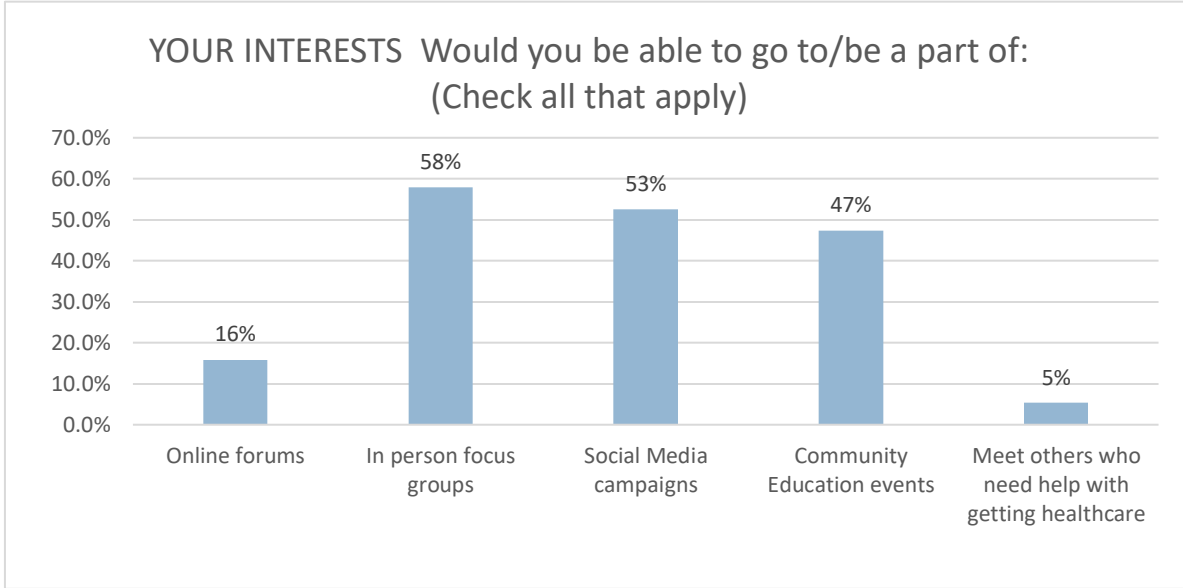
Moreover, young adults felt it was important to offer programming that engaged parents and young adults in learning about healthcare together. This way, parents can share what they know with their child, and the family can learn about current healthcare policies together. Some young adults wondered what will happen to the ACA after the election. Young adults agreed that it is good to be able to stay on your parents’ insurance until age 26.

To better support better healthcare, young adults wanted to be involved in developing:

- Advocacy in schools to talk about mental health and addiction issues
- A Young Adult Healthcare Ambassador who can connect to and advocate for peer connections – campus/community ambassadors can help teach other young adults about healthcare
- Information about health insurance, healthcare access, and managing healthcare at doctor’s offices, when families see a healthcare provider
- More group discussions to promote learning and sharing resources among young adults
- A curriculum to help young adults navigate the healthcare system – many do not know what to do when they turn 18; perhaps offer a webinar or have a counselor speak with them about these issues; healthcare access class in high school or college

To respond to the challenges around lack of knowledge about healthcare, young adults suggested using social media to teach others. They also believed SIM needed in-person engagement – a warm connection, and brand ambassadorship.

PRE SURVEY FEEDBACK



POST SURVEY FEEDBACK

