UCONN HEALTH

HEALTH DISPARITIES INSTITUTE

FOCUS GROUP BRIEF REPORT

Phase 1

DECEMBER 2024

Recommended Citation: Community Research Team. Phase 1 Focus Group Brief Report. UConn Health Disparities Institute. 2024.

Corresponding Author: Dr. Linda Sprague Martinez, spraguemartinez@uchc.edu.

PHASE 1 FOCUS GROUP BRIEF REPORT

INTRODUCTION

The Commission on Racial Equity in Public Health (CREPH) is tasked with addressing the impact of racism on health and advancing racial equity in Connecticut. In 2024, CREPH contracted the Health Disparities Institute (HDI) at UConn Health to initiate community-based participatory research and strategic planning. As part of this work, HDI assembled a community research team (CRT) to design and implement a statewide community assessment. In this report, a brief overview of the methods is provided, and key themes are outlined.

PURPOSE

The purpose of these focus groups was to assess community perceptions of drivers of health inequity to mitigate the impacts of racism on the health of CT residents. The data collected from these focus groups informed the strategic planning process for CREPH.

COMMUNITY RESEARCH TEAM

The data that informs this report was made possible by our Community Research Team. Both Community Research Advisors and Community Faculty co-led the design and implementation of the focus group protocol with UConn Health Disparities Institute. Together, we developed questions, recruited participants, facilitated groups, and conducted data analysis.

HDI Team

- Linda Sprague Martinez, PhD
- Gillian Betz, MPH, CHSE
- Valen R. Diaz, MPH, MCHES
- Zaire Bartholomew, MPH
- Emil Coman, PhD
- Trisha Pitter, MS

Community Research Advisors

- Amber M. Costin
- Amber Parker
- Katia Ruesta-Daley, MSW
- Leslie M. Brown, BS
- Millie Landock, BA, CCHW
- Quiana Mayo
- Stephanie Lazarus, MPA
- Teth Pickens

Community Faculty

- Pastor André L. McGuire, BA, JD
- Armando Jimenez
- DeLita Rose-Daniels, CHW
- Jennifer Ibarra, MPH
- Yadley Turnier, MPH

METHODS

Regions: Focus groups were conducted across the state in regions disproportionately impacted by racial health inequities. Bridgeport, Greater

Hartford, Greater New Haven, Norwich/New London, and Windham/Willimantic, were the regions concentrated on for focus groups.

Sampling and recruitment: A convenience sampling approach that involved purposive, snowball sampling as well as availability sampling was used. The CRT specifically sought to include people impacted by health inequity and frontline workers who served them, including people of color, unhoused populations, low-income populations, renters and homeowners, uninsured individuals, and those enrolled in Medicare/Medicaid (HUSKY).

Specific recruitment activities involved distributing fliers, sending emails, making phone calls, attending meetings, conducting outreach and networking efforts, making in-person visits to community-based organizations, leveraging social media, and reaching out to previous community research advisor applicants.

Procedures: People interested in participating completed a registration form. Participants were asked about their transportation, childcare, and language needs as well as any dietary restrictions because transportation, food, youth facilitation, and language services were provided at each group. Those who registered were contacted by a member of the community research team to confirm their participation and complete a demographic form. This process was conducted in both English and Spanish. At each group, members of the community research team served in roles including facilitator, note taker and observer. At the onset of the group, the facilitator reviewed the elements of informed consent and explained to participants what to expect during the group. They then moved through each of the prompts using the facilitator guide. Groups were audio recorded, and notes were taken.

Data analysis: Recordings were transcribed by a professional transcription service in the language the group was conducted. Data was analyzed by a 9-member coding team, 4 of which were bilingual (English and Spanish).

FINDINGS

A total of nine focus groups in English and Spanish were conducted with 69 participants from across the state. One group was virtual and eight were in person. Below is a summary of who participated in the focus groups and the themes that emerged, including the impacts of racism, needs and barriers, solutions, and existing community resources. Quotes are also included to illustrate these themes.

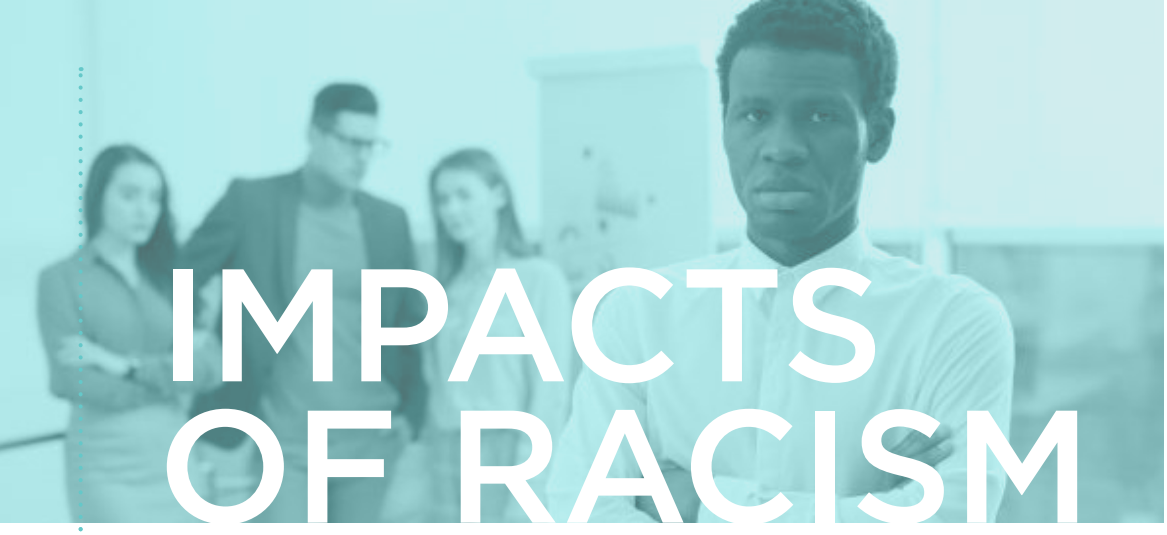
Please note quotes have been edited for length and clarity.

PARTICIPANTS

Most focus group participants:

- Spoke English or were bilingual in English and Spanish
- Identified as Black or Latino/a/e
- Identified as women
- Were between the ages of 30–59 years
- Had either Medicaid or private insurance

See Appendix 1 for detailed participant demographic information.



IMPACTS OF RACISM

The impacts of racism were a recurring theme across all focus groups. Participants highlighted how systemic racism affects multiple aspects of their lives. Below is a summary of key themes:

- There are significant disparities in resource availability, with predominantly white areas having better access to services.
- Despite Connecticut's reputation as a wealthy, progressive state, Black and Brown individuals experience racism in everyday life, in places and systems such as grocery stores, the legal system, hiring practices, and healthcare.
- Racism and discrimination are barriers to healthcare and when you are of another [non-white] racial background you are seen as if you have no value.
- Stigma surrounds mental health in communities of color, emphasizing a "push through, be strong" mentality.
- There is limited availability of diverse mental health providers.
- Mental health services are often inaccessible, including difficulty obtaining diagnoses and inadequate follow-up care after being prescribed medication.
- Racism in hiring practices (e.g., bias related to race, hair texture, accents, and education requirements) and workplace exclusion are barriers to employment and financial stability.
- The legacy of redlining and gentrification drives displacement and resource inequities in Black and Brown communities.
- Systemic racism and ableism in schools, where Black and Brown children, especially those with disabilities, face a lack of resources and encouragement, perpetuate a generational cycle of disadvantage.
- Police brutality, gun violence, and intergenerational trauma need to be addressed through greater government involvement.

WHAT WE **HEARD ABOUT**
IMPACTS OF RACISM

Here are some quotes from participants that illustrate the impacts of racism.

> ...the racism definitely is...everywhere from the schools, the grocery stores—in our communities, the grocery stores...for us gettin' charged—for the same penalties they gettin' charged... For us not havin' our own interests... own establishments or own businesses and they hire all... that work for us or workin' for other people. There's an article that came on and talked about how Connecticut—racism is almost the same as it was damn near before... So in the workforce, we're way more segregated than ever.
>
> **– Participant, Hartford, English language group**

> I had some savings here, I sent them to my country, because I already said I was going to die... Later, I had another appointment where I was accompanied by the husband of a cousin. They speak perfect English... the appointment was the two of them and me sitting on the gurney. She [the provider] never addressed me at any time.... and I even asked to change doctors, but they didn't want to change her... when I go to appointments with her, she never touches me, never. She just stands in front of me. ...she doesn't even look at me...
>
> **– Participant, New Haven, Spanish language group**

> ...the position I hold at my job is the same position I've been holding for almost 30 years, and I feel as though the money I make is not what everybody else making in my same position. So, my job—I want it to pay my bills to be able to live. But if I was of another color, if I wasn't of the Black and Brown community, I feel as though my pay would be increased, and I would have more of the money in my job description.
>
> **– Participant, Hartford, English language group**

> Like a person of color, just comin' into this country, we have what's called pretty much posttraumatic slave disorder. We came into this with problems and deep-rooted issues that have never been addressed, and then now we're just behind the ball on gettin' help, and the help is not there for people that look like us.
>
> **– Participant, Hartford, English language group**

HEALTHCARE AND MENTAL HEALTH

Participants highlighted needs, barriers, and solutions across the domains of healthcare and mental health, living conditions and affordable housing, and financial stability and education. The themes in each of these areas are outlined below, followed by participant quotes illustrating these themes.

NEEDS/BARRIERS

- Cost
- Language barriers
- Insurance status
- Transportation
- Employment and income tied to insurance and receiving government benefits
- Fear of speaking up or using government resources, particularly for undocumented people
- Navigating the medical system and jumping through hoops
- Medical debt leads to stress, worry, and avoidance of seeking care
- Stigma
- Lack of diversity of providers who reflect the communities they serve
- Challenges with resource awareness and not knowing where to go or who to ask
- Need for advocates in mental healthcare
- Fear of losing custody of children when seeking help for mental health issues
- Broken trust
- Complex trauma
- The impact of gun violence on mental health
- Accessibility and location of providers
- Burnout and exhaustion
- Not enough support for people with mental health issues or people experiencing homelessness

SOLUTIONS

- More explanation and education about cost of care and insurance and benefits
- Centralized location to provide information about available programs and services
- Expansion of wraparound services
- Better interpretation services
- More bilingual providers and more diverse healthcare workforce, improved cultural competence
- Affordable or no-cost health clinics in each town
- Eliminate copays and cover mental health services
- Use plain language
- Advocacy programs to navigate insurance
- Continue COVID-era practices, such as late hour appointments, telehealth, and home visits
- Mobile behavioral health vans
- 24-hours mental health walk-in clinics
- Specialized hospital units for mental health and homelessness
- More follow-up care and wellness checks for patients with mental health conditions
- More government involvement in mental healthcare in schools
- Behavioral departments to support young people in community health centers
- More mental health support for older adults
- Improve provider-patient interactions and provide training for more respectful and effective interaction
- Reduce discrimination

EXAMPLES OF WHAT **WE HEARD ABOUT**

NEEDS AND BARRIERS

...she recently had an emergency situation, and a $4000-something bill came in. She still had active insurance. She's in collection right now because she had a $8000-something bill come in...

– Participant, New Haven, Spanish language group

They [insurance companies] can...tell the people, 'This is for you, and this is not for you.' Because there's lots of people, they don't have insurance. They are afraid to go to the doctor or the hospital because it's expensive.

– Participant, Willimantic, English language group

I also think training professionals to work with more diverse populations to make it more comfortable to enter those spaces, and that leads to...hiring more diverse professionals. I think that is something that is really important.

– Participant, Bridgeport, English language group

I think education on services available, on insurance and what is covered. I've been in school for a long time, and I still have some skepticism and fear when dealing with healthcare professionals and trying to figure out what something is going to cost me when I walk in the door, which often prevents from me from going to the doctors because I'm worried about the bills I'll have to pay for it.

– Participant, Bridgeport, English language group

In regard to the racial piece...I don't see a lot of diversity even at like the front desk window, and that can be a barrier or a deterrent for somebody of color. And, then once you actually get in the door and you want a provider, that's kinda nonexistent as well.

– Participant, Hartford, English language group

They [mental health services] just don't have enough programs. There's not enough current programs for people... with mental health. They out on the street walkin' and eatin' outta the garbage can with these mental health, and the state just not doin' nothin'.

– Participant, Hartford, English language group

EXAMPLES OF WHAT **WE HEARD ABOUT**

SOLUTIONS

And my recommendation is that they need to do follow-ups on people with mental health issues. They know they [the patient's] name is in the [medical records] system, and they been to these mental health facilities. They need to check on them as they release them from those facilities. There need to be a person out here in the community that's checkin' up on these people to do a follow-up on them, makin' sure they regulatin' on they meds. 'Cause once they get out here and hit the streets, they ain't thinkin' about takin' no meds, you know, on a regular, you know, they just out here, and they right back into the same stuff again. They come arrest them again or put them back in the facility, then – same old thing. It go around and around and around. When is that issue ever gonna stop? When is they ever gonna check up on the people that they let out of these facilities that's now here on these streets?

– Participant, Hartford, English language group

LIVING CONDITIONS AND AFFORDABLE HOUSING

NEEDS/BARRIERS

- Poor housing conditions: black mold, roaches, rats, asbestos, lead
- Poor water quality
- Respiratory issues, pneumonia, kidney health
- Lack of accessible housing for disabled people
- Fear of eviction used as retaliation for raising complaints
- Negligent landlords and lack of urgency and follow-through on complaints
- Lack of landlord accountability
- Limited awareness of tenants' rights
- Feeling hopeless and stuck due to poor housing conditions, high costs, and barriers to securing alternative housing
- Unaffordable rent prices and high housing cost burden
- New housing developments are too expensive
- Limited availability of safe and affordable housing
- Available housing does not meet community needs or reflect current economic realities
- Barriers to obtaining housing, like income, credit scores, long wait lists, and criminal records
- Discrimination
- Gentrification
- Redlining
- Housing instability could lead to incarceration
- Loud neighbors, cars, and emergency response vehicles late at night
- Fear of walking down the street, particularly for older populations
- Distrust of public authorities, like EMS and police
- Unsafe conditions in and limited accessibility to housing shelters

SOLUTIONS

- Reform low-income housing application processes and reduce credit score requirements
- Reduce housing cost burden through rent capping and increased housing subsidies
- Advocacy for tenant's rights
- Stronger accountability measures for landlords, such as a task force
- Restrict out of state landlords from buying and flipping properties
- Accessible resources to report landlord neglect
- Enforcement to prevent discriminatory housing practices and reporting mechanisms for housing discrimination
- More transparency from Section 8
- Capital investments to improve quality of housing
- Tailored outreach to disproportionately affected populations about available resources and rights
- Break the cycle of concentrating poverty in specific neighborhoods
- Support local ownership of properties
- Explore funding sources like marijuana tax revenues for affordable housing and community development
- Increased access to financial and housing education
- Promote apartment/home ownership through incremental payment plans, affordable loan options, and existing home ownership programs

EXAMPLES OF WHAT **WE HEARD ABOUT**

NEEDS AND BARRIERS

...last year, I lived...in a house, and it had black mold in it, and like the landlord knowingly moved me into the house where there was black mold. So not only was it like physically like impacting me, I would wake up, and I would just be so fatigued. I was just so lazy all the time, and I'm like something's wrong. My allergies were really bad, but then like also mentally, it's like when you look up like black mold, you know that it can kill you. So, I'm like, I gotta get up outta here, how am I gonna get outta here? I have to move – like all my stuff had mold on it, so I'm [throwing out] my stuff, and then also, I have to find like a new place to live or just like try to figure out that. I'm working, so I'm like I can't – and then on top of it, as we all know, rent in Connecticut is crazy, you have to have like three times the rent just to move into another place. So financially, it's like how can I do this...If you don't have like access to like certain resources or just certain like support systems. You can kinda just feel like hopeless, and you're just like, 'Well, let me just stick it out here and like hopefully somethin' happens.

– Participant, Bridgeport, English language group

So, I feel like people are feeling stuck... on both ends. It's like it's crazy with the application fees and like what they're requiring, but then also the lack of accountability for maintaining the apartment and the housing...

– Participant, Hartford, English language group

What I have noticed in the Black and Brown communities is that sometimes police and authorities they...they take us as a threat versus in different communities they might handle with a little more care and understandin' versus the Black and Brown communities.

– Participant, Hartford, English language group

I think it's the price stuff, like you said, the rents and stuff...the landlords are running amok and each year, rents could go up and then that's very stressful on ya, – where are ya gonna live? Especially if you have children, and then you gotta decide well, do I buy food, I have to pay rent, and you're constantly...a lot of landlords don't do certain things. Then maybe someone doesn't know I can go to the Housing Authority and see my rights. So that can be very stressful. And not to mention, a lot a landlords discriminate. They look at you [for] a minute, the apartment's available, the next minute it's not.

– Participant, Bridgeport, English language group

People don't know how to raise credit. They don't know. The income that the person is getting, the landlords want them to make like four times or three times the rent that they are paying. And that's hard if there's an apartment that's...worth $2000, they want you [to make] $6000, plus leave them $6000 before they put you in the apartment.

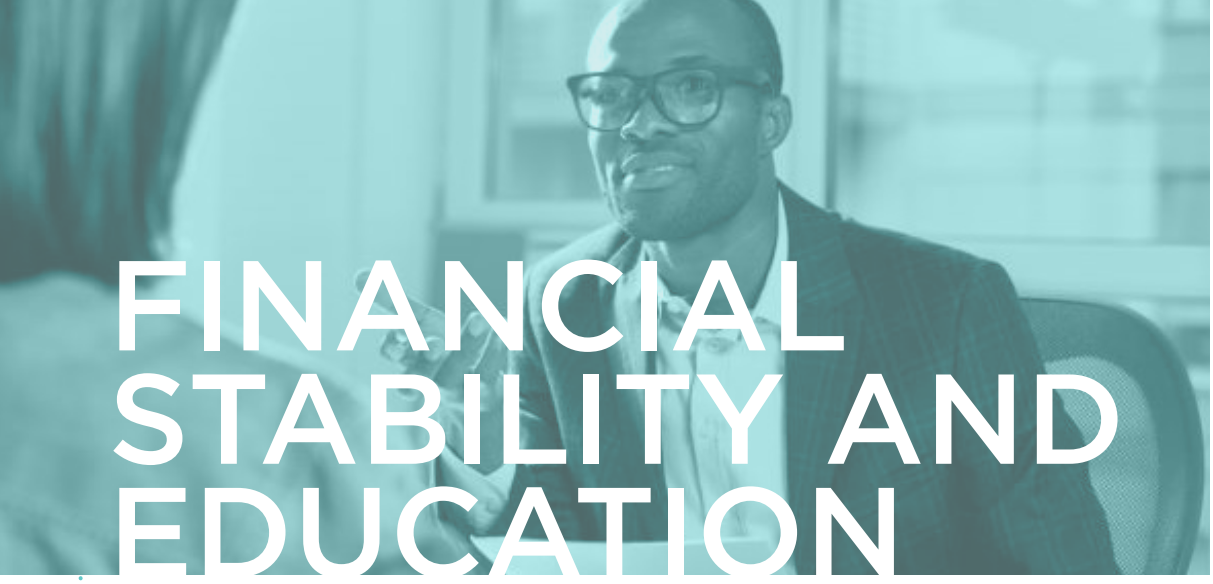
– Participant, New Haven, Spanish language group

EXAMPLE OF WHAT **WE HEARD ABOUT**

SOLUTIONS

A tenant taskforce to hold landlords accountable. You can call 211 or you can call DCF, but if you have like a tenant issue or you wanna call on a landlord, I think it needs to be taskforce that you can call besides Department of Public Health, you know what I mean, or the news. It needs to be like an in-between person that can uphold this landlord.

– Participant, Hartford, English language group



FINANCIAL STABILITY AND EDUCATION

NEEDS/BARRIERS

- Lack of available jobs
- Need to work multiple jobs to make ends meet
- Lack of mental health resources
- Lack of quality affordable childcare and flexible options
- Education and having a degree valued more than experience limits employment opportunities
- Citizenship
- Not having a living wage can lead to crime

SOLUTIONS

- Raise awareness among parents and teachers about stigma around disability
- More equitable education services that are not concentrated solely in white-majority neighborhoods
- Affordable and flexible child care
- Expand access to higher education for more opportunities for educational advancement, such as community colleges and continuing education
- Trusted advocates to connect community members to existing economic security programs and resources and to provide ongoing support and self-advocacy training
- Expand free job training programs
- Accessible, bilingual workforce development programs
- Employer incentives to create pathways to citizenship through employment
- Career development opportunities, like ESL programs
- Provide all resources and communications in multiple languages
- Create and/or better publicize mechanisms for reporting discrimination in employment and education

EXAMPLES OF WHAT
WE HEARD ABOUT
NEEDS AND BARRIERS

> It's almost like the system just sets you up to either depend on them or, just still work until you just...until you drop dead but you still gonna be poor. So, it's almost like it's a catch. It's like, "Okay, I either don't do anything, but if I do a little somethin' that's gonna put me over the threshold of like this resource that's makin' my ends meet, then I gotta pick up another job," which then means you have less time for yourself and your family. It's just – it's a vicious cycle.
>
> **– Participant, Hartford, English language group**

> ...another barrier. It's called citizenship. So, for many of our immigrant... populations that they cannot access services. They [new immigrants] cannot access certain jobs because they are not citizens ...
>
> **– Participant, Norwich, Bilingual English-Spanish language group**

> I definitely still say childcare is a struggle, because sometimes people can't get the amount a hours that they want or need to make ends meet. And also, second thing is that people are havin' to work multiple jobs in order to make ends meet.
>
> **– Participant, Hartford, English language group**

EXAMPLE OF WHAT **WE HEARD ABOUT**
SOLUTIONS

> I think in early childhood education, addressing some of the inequities that we're seeing in our school system. I think about my role and organization where we're trying to increase access to higher education to working adults, so developing more options for adult and continuing education, especially with helping them address the financial barriers that come with pursuing more work and educational opportunities. And then I think just addressing some of the other barriers that the group has said, affordable childcare, transportation, that often prevent people from taking on more job responsibilities.
>
> **– Participant, Hartford, English language group**

EXISTING COMMUNITY RESOURCES

Participants described several existing community resources that can be leveraged to facilitate the solutions they recommended. These resources were specifically named in focus groups and are not an exhaustive list. Examples of these resources include:

- Norwalk Community Health Center
- Mobile Mental Health Van
- My Ride
- Veyo Cars (the contracted non-emergency medical transportation service for Medicaid in the state)
- 211
- Local community centers
- Fair rent commissions
- Local food pantries and soup kitchens
- Local farmers markets
- Gather New Haven
- Second Chance Initiative Program

NEXT STEPS

These focus group findings will inform Phase 2 of the statewide community assessment, which will further vet and refine solutions identified by participants in these focus group discussions. The results of this phase will be instrumental in shaping and informing the CREPH strategic plan to make Connecticut a more racially equitable state.

More detailed information on the focus group facilitation guide and results is available upon request. Please contact Muna Abbas, Associate Commission Analyst, Commission on Racial Equity in Public Health, at muna.abbas@cga.ct.gov. To learn more about UConn HDI's community-based participatory research approach to assessment, please contact Dr. Linda Sprague Martinez at spraguemartinez@uchc.edu.

DETAILED FOCUS GROUP PARTICIPANT DEMOGRAPHICS

We conducted a total of nine focus groups, summarized below.

REGION	LANGUAGE	FORMAT
Hartford	English	In person
Hartford	English	Virtual
Willimantic	Spanish	In person
Willimantic	English	In person
Bridgeport	Spanish	In person
Bridgeport	English	In person
New Haven	Spanish	In person
New Haven	Spanish	In person
Norwich	Bilingual (English & Spanish)	In person

Below is a summary of all focus group participants and the following demographics: language(s) spoken, racial/ethnic identity, gender identity, age, and health insurance.

We engaged a total of 69 focus group participants across nine focus groups. Demographic data is missing from 1 participant on racial identity and from 2 participants on all other items, so the below information represents 67–68 participants.

LANGUAGE	N	%
English	39	58%
Spanish / Español	9	14%
English & Spanish	19	28%
Total	**67**	**100%**

RACE AND ETHNICITY	N	%
Black or African American	31	46%
Hispanic or Latino/a/e*	26	38%
White	5	7%
American Indian/Alaska Native	1	1.5%
Black & White	2	3%
Black & Hispanic*	1	1.5%
Black & American Indian/Alaska Native	1	1.5%
Black, White & American Indian/Alaska Native	1	1.5%
Asian	0	–
Middle Eastern or North African	0	–
Native Hawaiian or Other Pacific Islander	0	–
Total	**68**	**100%**

*Detailed Hispanic or Latino/a/e Identity	N	%
Colombian	1	4%
Cuban	3	12%
Dominican	2	8%
Ecuadorian	3	12%
Mexican	5	19%
Nicaraguan	1	4%
Peruvian	2	8%
Puerto Rican	9	35%
Total^	**26**	**100%**

^1 participant missing this response

Gender Identity	N	%
Woman	50	75%
Man	17	25%
Transgender	0	–
Genderqueer or non-binary	0	–
Gender identity not listed	0	–
Total	**67**	**100%**

Age Range	N	%
18–29	8	12%
30–39	18	27%
40–49	14	21%
50–59	15	22%
60–69	11	16%
70 or >	1	2%
Total	**67**	**100%**

Insurance	N	%
Medicaid/HUSKY	36	50%
Medicare	7	10%
Veteran Affairs	2	3%
Private*	20	27%
None	7	10%
Total^	**72**	**100%**

*Through my employer or union, purchased by myself directly, or other.
^Total amounts to more than 67 because some participants reported more than one insurance type.

Commission on Racial Equity in Public Health (CREPH)

Our mission is to make policy and systems change recommendations to eliminate racial and ethnic inequities.

We advance this mission through study, documentation, policy analysis, and collaboration with impacted communities, state agencies, and stakeholders.

Our vision is a healthy, racially equitable state.

UConn Health
Health Disparities Institute

Our mission is to advance systemic change by tackling root causes of health inequities and implementing sustainable solutions through interdisciplinary community-based participatory research partnerships, data-driven community action, and workforce development efforts with communities disproportionately impacted by inequities.

UCONN HEALTH
HEALTH DISPARITIES INSTITUTE

Our vision is equitable health, education, and economic opportunity for all in Connecticut.